

SevernSide

Integrated Urgent Care

Specimen Collection, Handling, and Transportation SOP

Specimen Collection, Handling and Transportation SOP

Version:	Owner:	Created:
V1	Fiona Payne	1 st October 2023
Published:	Approving Director:	Next Review
13 th December 2023	****	1 st October 2024

Contents

Introduction.....	3
Purpose of the SOP	3
Roles and responsibilities	3
Collection of Specimens	4
Blood Specimen Collection Process	5
Urine and swab Collection Process	6
Infection Prevention and Control for Specimen Collection	7
Information required on Specimen Container and Request form	8
Storage of Specimens	9
Transportation of Specimens	9

Specimen Collection, Handling and Transportation SOP

Purpose of the SOP

SevernSide IUC has a commitment and responsibility to the welfare, health and safety of their staff, patients and wider public and that they are protected from potential biological hazards, that may arise from the collection, dispatch, transportation and receipt of any biological materials.

It remains the prime responsibility of the Clinician obtaining the specimen to package them according to the instructions set out in this SOP.

Introduction

The aim of the SOP is to inform and provide a clear and robust standard operating process for the collection, storage, handling and transporting of specimens within the Integrated Urgent Care (IUC) Out of Hours (OOH) period.

Roles and responsibilities

- **All Clinical Staff working for IUC:**

To determine a clinical need through assessment for requiring Urgent Bloods or Urine Specimen or Swab.

To ensure that the guidance is followed outlined in this SOP for the collection and labelling of such specimens.

Ensure prompt transportation is arranged by communicating to the Host at the base.

- **Clinical Co-ordinators:**

Discussing and advising Clinicians on the consideration of bloods to be taken on a case-by-case basis where a Clinician feels bloods are warranted for a patient.

Chasing and Reviewing bloods within the Consult and Hold queue, communicating these results with the patient.

- **Shift Manager:**

To ensure all operational colleagues are adhering to the process.

To ensure that as far as is possible, any timelines are met, or resource is allocated to ensure this.

To report any delays or challenges that may affect the process.

Specimen Collection, Handling and Transportation SOP

- **Base Hosts:**

Receiving samples from clinicians, checking that patient details and other information is clear, legible and accurate.

Transferring patient details into the Base sample book, clearly and accurately.

Advising Shift Manager/Despatch Workflow and Capacity Co-Ordinator (Wa&CC) that sample(s) are ready to be collected.

Ensuring that at either end of the shift or at handover that there are no samples for collection or that a clear plan is in place to handover to next colleague.

Communicating effectively with Drivers, Shift managers and Wa&CC's throughout the process in line with the process detailed in the Host handbook.

- **Drivers:**

Collecting samples from bases and delivering to pathology labs within BNSSG area

Completing the relevant section in the sample book at point of collection.

Delivering samples to pathology labs whilst undertaking home visits

Ensuring patient details, and all related information as required is clearly noted on the drivers log sheet in line with the process detailed in the driver's handbook.

Communicating effectively with Hosts, Shift managers and Wa&CC's throughout the process in line with the process detailed in the Driver's handbook.

Collection of Specimens

Each base has a Blood collection kit, Urinalysis bottles (Olive top) and universal swabs.

It is the duty of the Clinician to follow protocol that specimens are correctly obtained, placed in the correct container and labelled.

Following completion of the labelling the specimen **MUST** be handed directly to the Host at the base with a verbal instruction that the specimen needs sending. It is not appropriate for the specimens to be left on the side when the Host is not present as this leads to a delay in arranging transportation of the specimen.

The Host must second check the patient details on the form to ensure that they are correct and the L8 code is correct.

When a patient is required to obtain their own urine specimens to bring to a base for a face to face appointment, it is important that they are given a full explanation of the process and a rationale (including the importance of hand washing prior to and on completion of the task).

It is the responsibility Clinicians to ensure that all tests are explained fully so that the patient can give informed consent.

Specimen Collection, Handling and Transportation SOP

Blood Specimen Collection process

When is it appropriate to do bloods in the Out of Hours period?

Consider doing bloods in IUC if it is clinically safe and necessary (ie. it will make a difference to the patient's management in that OOH period).

When is it not appropriate to do bloods in the Out of Hours period

- Bloods in children
- Troponin (unless in very rare situations, please always discuss with the Clinical Co-ordinator)
- Non-urgent bloods where the results will not change care of the patient during the OOH period.
- Unwell patients who would be better managed with hospital admission.

Considerations when taking bloods

Please be aware that SevernSide IUC has no formal transport arrangements for specimens and relies on our home visit drivers being able to pick them up from base and drop them at the laboratories. A realistic time frame from taking the bloods to getting the result back is approximately 12 hours so please consider this when using judgement on it being a clinically safe timeframe.

Organising a blood sample

If you think a patient needs an URGENT blood sample, please make sure your Adastra notes are clear.

Taking a blood sample

We have blood taking "kits" at the bases to make it easier to find the equipment you need.

Please ensure the BD Vacutainer for Blood Collection is the correct Colour Cap colour for the test required. [Please see further details here](#). Note the yellow tube is sometimes light brown / mustard colour.

Blue topped tube MUST be filled to the full draw volume.

All bottles must be inverted or gently rolled post blood collection; this is to ensure the preservative is mixed:

Blue topped tube: Rolled or inverted 3-4 times

Yellow topped tube: Rolled or inverted 5-6 times

All other Colour topped tubes: Rolled or inverted 8-10 times

Specimen Collection, Handling and Transportation SOP

Reviewing Blood Results

Please add clear and comprehensive notes to Adatastra and consider adding a one-line summary in caps to the first line in your history box, please see example below.

“PLEASE CHASE U+E AT AROUND 11PM AND PHONE PATIENT IF K+ IS GREATER THAT 6.5 TO ARRANGE ADMISION TONIGHT. IF IT IS LESS THAN 6.5 PLEASE TEXT THE PATIENT WITH A PLAN, FOR EXAMPLE, TO FOLLOW UP WITH GP SURGERY IN THE AM. “

Forward the case using the CC ADVICE FOLLOW UP option. This will add the case to the CONSULT AND HOLD queue, which is managed by the CC and will ensure the result is chased up.

District Nurse Requests

When bloods are necessary to be carried out by District Nurses the following day, for example house bound patients that do not require Urgent bloods to be carried out via a home visit from OOH, this needs to be referred over the phone to:

Sirona SPA: 0300 125 6789

Please ensure that the PLS option has been selected. Document clearly the reason for selecting this option with to following up the bloods the next day.

Managing patient's expectations for communicating their blood results to them:

When taking patient's bloods it is essential that the patient is given a clear explanation of when they are likely to receive the results of their blood tests, an ideal time frame would be 12 hours, however it essential to stress to the patient that this may not always be the case due to factors in delayed transportation times and delays within the labs that are unavoidable.

If the blood results have been checked by the CC and are not back at that time, then an update needs to be given to the patient either by phone call or text on when they will be reviewing the system again for the results.

At the time of taking the bloods give the patient the Patientline number with strict instructions if they have not heard any communication from IUC **after the 12-hour time frame** then to call in for prompting a result check.

Please write clearly in Adatastra how you have agreed with the patient for the results to be communicated. If appropriate and the patient can receive and access text messages, then text the patient if the results are normal, otherwise call them. If the results are abnormal then the patient needs to be called with this information and a management plan discussed.

Urine and Swab Specimen Collection Process

Urine Specimen Collection Process:

The Olive topped Urine tube in all bases is only to be used only for the transport of urine specimens for culture and sensitivity.

- Place sterile container with urine on a clean, flat surface.

Specimen Collection, Handling and Transportation SOP

- Do not touch tip of transfer straw (it must remain sterile).
- Place the tip of the transfer straw into the urine specimen ensuring the transfer straw does not touch the side of the container. See Figure #1. The container may be tipped at an angle if volume of urine is limited.
- Push tube into the holder, stopper down. Advance the tube over the puncture point to pierce the stopper.
- Hold tube in position until the flow stops (filled). The urine MUST meet the minimum fill line of 4 ml to be valid. Overfilling the transport tube will invalidate the test. Under filled tube will not be processed.
- Remove tube from the holder, leaving the transfer straw in the specimen container.
- Mix the tube 8-10 times by inversion.
- Ensure urine vacutainer tube is correctly labelled.
- Lift the transfer straw in the original container and allow specimen to drain. Discard transfer straw into biohazard container approved for sharps disposal.

Communicate with the patient that the usual turnaround time for obtaining results is 3 days. This will be for their own GP to review the results and communicate any abnormalities seen and to formulate a management plan for this eventuality.

Swab collection

Please ensure swabs used have not passed the expiry date and are intact with the seal unbroken. Once the swab is taken, please ensure that the tubing is labelled correctly.

Communicate with the patient that the usual turnaround time for obtaining results is 3 days. This will be for their own GP to review the results and communicate any abnormalities seen and to formulate a management plan for this eventuality.

Infection Prevention and control for Specimen Collection

The Clinician who obtains the specimen should make certain:

- Standard infection control precautions are applied at all times when obtaining specimens and appropriate PPE is worn.
- Care is taken to avoid contaminating any specimens

Specimen Collection, Handling and Transportation SOP

- The container is appropriate for the purpose intended. If there is leakage or an inappropriate container is used, the specimen will not be processed by the laboratory due to the risk of infection.
- The lid is securely closed
- There is no external contamination of the outer container by the contents
- Specimens are placed inside the plastic transport bag attached to the request form after they have been labelled
- The transport bag should be sealed using the integral sealing strip only
- Specimens received from patients should be transported to the laboratory by the IUC driver in the specialist 'DANIELS Diagnostic Specimen Container'. This should be cleaned with Green Clinell wipes after each usage.

Please follow BrisDoc Infection Prevention Control Policy Guidance [Infection Prevention and Control Policy – Radar \(radar-brisdoc.co.uk\)](https://www.radar-brisdoc.co.uk)

Information required on Specimen Container and Request form.

It is vital to Label samples correctly, if not, it may result in Pathology Services rejecting and not processing the specimen leading to a delay in patient treatment.

All specimen containers MUST be labelled with ALL the following:

- NHS number
- Patients first name and surname
- Date of birth
- Patients Address
- Date and time of specimen collection
- Initials or signature of the specimen collector

All specimen forms (biochemistry form/haematology form/microbiology form) MUST be labelled with ALL the following:

information:

- NHS number
- Patients first name and surname
- Date of birth
- Patients Address
- The required investigations to be highlighted/tick boxed
- Date and time of specimen collection

Specimen Collection, Handling and Transportation SOP

- Initials or signature of the specimen collector
- Location Code for their GP Surgery – [this can be found on the toolkit](#)

We cannot request investigations on ICE- please use a paper form.

Storage of Specimens

There are No facilities to store specimens in any IUC OOH bases, therefore it is necessary to alert the host of any specimens obtained as soon as possible so the transport to the Lab can be organised. This is especially important when the specimen is Urgent Bloods.

Transportation of Specimens

The recommended transport window and associated time is 4 hours. This time frame is required to prevent deterioration of samples particularly biochemistry. However, urine samples are less time critical.

OOH Drivers assist in transporting specimens to the Pathology Laboratory from a base and transport them to Labs dependent on proximity to either one of these sites:

- **University Hospital Bristol – Bristol Royal Infirmary**
- **Weston General Hospital**
- **North Bristol Trust -Southmead Hospital**

Once a driver has been identified, the WACC managing Home Visits should discuss with them the most appropriate way of getting the sample to the Pathology Lab in a time sensitive manner (within 4 hours of bloods being taken), taking full account of the Drivers knowledge of the locality, prevailing traffic conditions, travel times, parking arrangements and the time taken to actually hand the sample over to lab staff once in the building.

If a Host at a base informs a driver there is a sample to be collected/delivered the driver **MUST** ensure this is discussed with the WACC responsible for managing Home Visits OR the Shift Manager before departing.

If driver capacity appears to be limited and not being able to get the specimen to the pathology lab within the timeframe of 4 hours for bloods, then this needs discussing with the Shift Manager as a matter of urgency.

When the driver arrives at base to collect a sample they should:

Complete the samples logbook appropriately. If collecting samples from a base, the main entries will have already been made by the Host. You only need to complete the last 2 columns of the Samples Book as shown in the following example:

Specimen Collection, Handling and Transportation SOP

Date	Time Entered	Adastra No. & Patient Initials	Destination Laboratory	GP Surgery	Details Checked/ Entry made by (Print Name)	Collected By (Print Name)	Time Collected
12/03/18	12.20	54321 JB	B.R.I.	Newcourt	A. Host	A. Driver	14.31

- Treat the Specimen transportation process run as a Home Visit and complete the sections on the Drivers Visit Log Sheet.
- Clearly print the Adastra Number and Patient names in the appropriate columns. The Visiting address will be the name of the appropriate laboratory.
- On delivery, please ensure a drop off time is added to the arrival column and a clearly printed name and signature taken from the person receiving the sample.
- If there is no one available at the lab to sign for the sample, please document on the log where the sample was deposited and take a photograph with the Severnside car phone as proof of drop off. Where the log requires a printed name please add "SEE PHOTO."
- When taking the photo please ensure there are no patient identifiable information visible – the photo is for proof only that the samples have arrived at the lab and the handover of accountability for specimens has taken place.
- Remember to add the delivery time and location in the additional notes section of the drivers log sheet when delivering to the lab en-route between visits or return to base.
- Advise the WaCC of your departure and arrival times as you would for a Home Visit.
- Follow Processes detailed in Driver Handbook

Delivering Samples taken during a Home Visit

If you are able to deliver samples before or after a home visit, direct to a laboratory during the course of your driving shift, without returning to base, please ensure you:

- Check the correct container been used to house the sample and check the accompanying paperwork been fully and correctly completed including Patient NHS number if on the Adastra record and the GP Surgery L8 Code, this can be found on the clinical toolkit.
- Treat the samples run as a Home Visit and enter a new entry on your Divers Visit Log Sheet, repeating the Adastra Number and Patient name, the visiting address will be the appropriate laboratory.

Specimen Collection, Handling and Transportation SOP

- When you have dropped the sample off at the laboratory, please record the time and name of the person who took delivery of the sample.
- Advise the WaCC of your departure and arrival times as you would for a Home Visit.
- If you are unable to deliver the sample to a laboratory during your driving shift you should store the sample in the specialist 'DANIELS Diagnostic Specimen Container' in the car until you return to base. Then you should pass it to the Host for it to be treated in the same way as a sample taken at base would have been.
- At the end of a shift, it is important that you check the car fully to ensure there are no samples left in the vehicle.

Tables

Date	Version	Author	Change Details
September 2023	0.1	Fiona Payne	With input from Dr Louise Whyte and Andrew Mellor
29 th November 2023	1.0	Renuka Suriyaarachchi	Recommendation from SDIP to incorporate reference to Ops paperwork