

SevernSide

Integrated Urgent Care

Specimen Collection, Handling, and Transportation SOP

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Specimen Collection, Handling and Transportation SOP V1.6

Introduction

Brisdoc's mission statement "patient care by people who care" is enshrined in the Specimen collection, handling and transport SOP ensuring that SevernSide Integrated Urgent Care (IUC) provide safe, evidence based care when taking samples for further investigations. Furthermore, SevernSide IUC has a commitment and responsibility to the welfare, health and safety of their staff, patients and wider public to ensure they are protected from potential biological hazards, that may arise from the collection, dispatch, transportation and receipt of any biological materials.

Purpose of the SOP

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.

Other SOPs to read in conjunction

[Severnside IUC Driver Handbook](#)

[Host Handbook](#)

Shift Manager Handbook

Base Set up documentation for each Treatment Centre

[IUC Clinical Coordinator Handbook](#)

[Infection Prevention and Control Policy](#)

Roles and responsibilities

Clinical Staff

Clinical staff determine a clinical need for a specimen through clinical assessment by telephone or face to face assessment. Clinicians must ensure that the clinical rationale for all tests are explained, and a plan made to ensure that patients will have access to results as appropriate.

It is the prime responsibility of the clinician to ensure that the evidence-based guidance is followed as outlined in this SOP for the collection and labelling of specimens and to follow evidence-based Infection Prevention measures as detailed the Brisdoc IPC Policy when dealing with biological hazards.

Once a specimen is collected and labelled, a clinician will ensure prompt transportation is arranged by communicating to the Host at the base.

Clinical Co-ordinator

Clinical Co-ordinators (CC) may discuss and/or advice Clinicians on a case-by-case basis where samples such as bloods may be needed for further assessment of a patient.

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Cases while awaiting mainly blood results, are placed on a Consult and Hold queue which is managed and monitored by the CC. This ensures cases are reviewed in a timely manner.

Independently, pathology may flag results of concern that will need review by the clinical co-ordinator. In both these instances it may be necessary to contact the patient directly for further assessment and a management plan.

Shift Manager

Shift managers support all operational colleagues to ensure samples are dispatched in a timely manner and monitor any delays to this service.

Host

The Host receive samples from clinicians and ensure that all patient details are clear, legible and accurate.

The Host updates the Base Sample Book for each sample.

The Host informs the Shift Manager and /or Despatch Workflow and Capacity Co-Ordinator (Wa&CC) and Drivers when there are samples ready for collection at a Base.

The Host ensure That there are no samples left for collection at a Base at either end of the shift or at handover or there is a clear plan in place to handover to next Host in Base.

Driver

The Driver collects samples from bases and delivers them to pathology labs within BNSSG and completes the relevant section in the sample book at point of collection.

The Driver will clearly note all sample details in the Drivers Log Sheet.

The Driver will liaise with Hosts, Shift managers and Wa&CC's so samples can be dropped effectively whilst managing Home Visits.

Collection of Specimens

Each base has a Blood collection kit, Urine collection kits and universal swabs.

It is the duty of the Clinician to follow the appropriate, evidence-based clinical protocol to obtain specimens in the correct container. All specimens must be clearly labelled – Please see Labelling Specimen and Specimen Form.

The labelled 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 with special consideration to the correct L8 code.

If patients are required to bring urine specimens to bring to a base – Please follow the Urine Samples at Base SOP.

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Collection of Blood Specimen

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

It is appropriate to consider performing blood tests if a blood test is clinically necessary and indicated as part of the patient's management plan in that Out of Hours (OOH) period.

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

- Consider whether bloods in children are necessary
- Troponin (unless in very rare situations, please always discuss with the Clinical Coordinator)
- Non-urgent bloods where the results will not change management plan of the patient during the OOH period.
- Acutely unwell patients who would be better managed with hospital admission.

Considerations when taking bloods

SevernSide IUC has no formal transport arrangements for specimens and relies on our Drivers, whose main purpose is to home visit. A realistic time frame from taking the bloods to getting the blood result back is approximately 12 hours. This must form part of a clinician's judgement when considering urgent bloods and the need for a clinically safe timeframe.

Organising a blood sample

Clinicians must document appropriately in the clinical notes if an urgent blood sample is required.

Taking a blood sample

The Treatment Bases have blood collection kit boxes which has all the equipment necessary to take a venous blood sample.

[Ensure the BD Vacutainer for Blood Collection is the correct Colour Cap for the test required and follow the correct draw order as stated here.](#) Follow the Brisdoc IPC Policy. The yellow top commonly used for U&Es and CRP may be light brown / mustard colour.

The 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

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Reviewing Blood Results

All clinicians must add clear and comprehensive notes on-line as to next steps and add 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 reviewed and managed appropriately.

Requesting Blood in the Community

Bloods in the community are managed by Sirona and need to be referred through on number below. Bloods may be urgent when managed by the Urgent Community Response Team or routine if sent to the Community Teams.

Sirona SPA: 0300 125 6789

The Practice Liaison Service (PLS) option can be selected at the end of a consultation if the patient's own GP needs to be involved in the management plan of blood results with clear clinical documentation and a plan.

Sharing results of further tests with patients:

Patients must be given a clear explanation and expectation of when results will be available and a shared plan of how they will receive them and possible next steps.

An ideal time frame would be 12 hours for bloods, 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.

The clinician at the time of the blood test may give the patient, the Patient Line number, advising the patient to call the Patient Line if they have not heard any communication from IUC after the 12-hour time frame.

All agreed patient conversations and plans must be clearly documented in the patient note including how results will be communicated with the patient. 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.

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How to collect a urine sample at a Base

All urine samples collected at a base or brought into a base must be in a sealed white top urine bottle.

Call handlers and Work and Capacity Co-ordinator (WACC)

All call handlers and WACCs must clearly state to patients and carers that a urine sample may be required and will only be accepted in White Top Urine Bottle. If the patient or carer has a White Top Urine Bottle at home, this can be used. If the patient or carer does not have a White Top Urine Bottle, then Hosts and WACCs will advise them to collect this at a Treatment centre during the visit.

This may need time for patients and carers so ensure they arrive promptly for their appointment time and remind patients that if a urine sample is likely as part of their assessment, then to come in plenty of time and drink water in readiness for this.

Hosts

All Hosts only accept urine samples from patients and carers if given in a White Top Urine Bottle. Encourage patients and carers to use the facilities to gain a fresh sample.

Clinicians

All urine samples will be handled by a clinician and will be in a sealed White Top Urine Bottle. Where this is not possible such as children, a disposable vomit bowl may be used to collect urine at a Treatment Centre, this can be decanted into the White Top Urine Bottle.

In bases where there is a sluice present, urine can be poured away as clinical waste. Some bases will not have sluice facilities (such Christchurch, Downend). In these instances, the sealed White Top Urine Bottle must be disposed of re-sealed into a clinical waste bag. In Christchurch Downend, this can be done in the Nurses station. In some instances, patients may present containers with urine – these must be handed back to the patient. There are no facilities to dispose of these containers, especially glass containers.

Urine must never be emptied into sinks and if necessary, disposed into a toilet where there are no sluice facilities present.

Only the Olive topped Urine tube must be used for the transport and testing of urine specimens for culture and sensitivity.

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

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- *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.

Swab collection

Check 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.

Labelling specimen and completing specimen forms•

All samples must be labelled correctly, as this will avoid Pathology Services rejecting and not processing the specimens 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:

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- 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
- 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.

Specimens must be 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

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.

Transporting Specimens

All staff must follow BrisDoc Infection Prevention Control Policy Guidance [Infection Prevention and Control Policy – Radar \(radar-bridoc.co.uk\)](#)

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.

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.

Drivers transport specimens to the Pathology Laboratory from a base and transport them to laboratory 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.

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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.

It may be necessary to collect samples from Treatment Centres that are closed overnight – this would be Greenway and Clevedon. Samples will be stored in Sample Safes near the building. Please refer to individual Base Setup documents.

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, this will need discussion with the Shift Manager as a matter of urgency.

Driver collecting samples at a Base

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:

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 Case 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.

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- Follow Processes detailed in Driver Handbook

Driver taking Samples 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 Cleo 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 Cleo Number and Patient name, the visiting address will be the appropriate laboratory.
- 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.

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Appendix 1

Greenway and Clevedon sample safes

Location of the safes

Greenway's safe is located at the back of the surgery, next to base keys safe, you will only be able to access this safe via the back gates next door to the patient's car park, the code to access the back gates 24/7 is 2120#.

Clevedon's safe is located on the external wall next to the back door entrance. Codes are in the respective base set up documents and on Bitwarden.



Clevedon



Greenway

Please be aware the areas above may be dark at times. Please use the torches provided in the cars to light these areas.

Host Responsibilities

Host will first document the sample in the sample book as per usual process, the only difference is that where the driver's sign, the host will write "In sample's safe" and the time they placed the sample in the safe.

The host will then let the SM/WACC know and give them the following information:

1. **Case number**
2. **Patient initials**
3. **Time sample dropped in the safe**
4. **Type of Sample, Blood, Urine, Swab, etc**

The safes will be checked as per the Host Daily/Weekly Checklist at the beginning and end of every shift to make sure no samples were left behind.

Shift Manager/WACC Responsibilities

If the safe is used during a shift this will be logged on the Shift Manager Report noting information points 1-4 above. The Shift Manager will arrange for the samples to be collected

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and delivered to the relevant lab. The Driver will confirm to the Shift Manager the time the samples were collected.

The samples will be delivered, and the driver will complete their visit log as per usual process. Please ask the Driver to confirm the delivery time and add to the Shift Manager Report.

If the Call is received by the WACCs, then this info will need to be passed onto the Shift Manager.

If there are samples requiring collection at the end of your shifts, it is very important to remember to hand over to the next SM/WACC taking over after you to prevent delays in patient care.

Driver Responsibilities

Once a driver has been requested to collect the sample from the safe, upon arrival they will call the SM/WACC and confirm the following information for the sample:

1. **Case number**
2. **Patient initials**
3. **Time sample picked up**
4. **Type of Sample, Blood, Urine, Swab, etc**

This sample drop will be logged onto their visits log as per our usual process, once the sample is delivered, the Driver will need to call the Shift Manager to confirm the sample has been handed over to the lab.

Version Control

Date	Version	Author	Change Details
September 2023	1.1	Fiona Payne	With input from Dr Louise Whyte and Andrew Mellor
29 th November 2023	1.2	Renuka Suriyaarachchi	Recommendation from SDIP to incorporate reference to Ops paperwork
4 th February 2025	1.3	Renuka Suriyaarachchi	Incorporate Urine Samples at Bases v1.0 and sample safes
10 th March 2025	1.4	Renuka Suriyaarachchi	Added Appendix for base information.
4 th July 2025	1.5	Renuka Suriyaarachchi	Changes from Adatastra to Cleo
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