Birmingham Women's NHS
NHS Foundation Trust

Policy for Labelling and Transporting Laboratory Specimens

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Version Control Sheet

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1.1	Nov 2009	Nigel Coles, Quality Manager	Archived	Delete reference to multiple sclerosis
2.0	Jun 2011	Nigel Coles, Quality Manager	Archived	• Update to ADR 2009 Regs and CDG 2009 Regs • Add reference to Procedure for labelling and transporting placenta samples in Delivery suite • Minor typographical errors • Change to new trust policy format. • Comply with CPA standards v2.02 • Update to waste disposal bags • Change to directorate
3.0	Oct 2011	Nigel Coles, Quality Manager	Approved	• Updated by Jim Gray, Consultant Microbiologist to supersede previous separate infection control policy entitled Specimen collection, handling & transport Policy

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1. Introduction

Health and safety legislation requires laboratory staff to process separately from other work, using special precautions, any specimens which are known to present, or are suspected of presenting, a risk or danger of infection to laboratory staff.

In a hospital\clinic, it is likely that at any given time, there will be a number of patients presenting a risk of infection that are not identified, either because the diagnosis of clinical illness has not been made, or because the risk is present in the carrier state. Therefore, there is a need to ensure that all specimens are safely handled, contained and transported from the patient to the laboratory.

If a specimen is known to present, or is suspected of presenting an infection hazard, it is essential that staff can identify the specimen and are given information sufficient to enable them to take the appropriate precautions.

The NHS Litigation Authority (NHSLA) expects a safe system of work to be in place, which ensures correct patient identification of specimens and reports, and the procedure to be adopted in cases where specimen mislabeling occurs.

The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 ("CDG 2009"), came into force on 1 July 2009. They replace the 2007 regulations. The Regulations implement ADR 2009 (with a number of exceptions) which is explicit in the packaging requirements for the transport of dangerous goods by road. The Royal Mail also provides explicit requirements for the inland posting of diagnostic samples, which comply with the ADR regulations.

This document also describes the process for monitoring the effectiveness of the policy and associated procedures.

Information about the sampling requirements for specific assays can be obtained by either phoning the appropriate laboratory or referring to each laboratory User Manual.

2. Objectives

The objectives of this policy are to describe a safe system for the labelling, packaging and storage of pathological specimens at ward/clinic level and principles for safe transportation to the laboratory by hospital porters' and\or the use of hospital transport, taxis, couriers or the postal services.

3. Policy Scope

This policy applies to all employees who take specimens, label them and or transport them to a laboratory, irrespective of grade, level, location or staff group.

4. Indemnity Statement

The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise
- Have been fully authorised by their line manager and their Directorate to undertake the activity

- Fully comply with the terms of any relevant Trust policies at all times
- Only depart from any relevant Trust guidelines providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician, it is fully appropriate and justifiable. Such decisions are to be fully recorded in the patient notes.

5. Definitions

Diagnostic Specimens – human or animal materials that are being transported only for the purpose of diagnosis or investigation (UN3373)

Infectious Specimens – are reasonably known to contain a pathogen, and the pathogens cause infectious diseases in humans, or animals and humans (UN2814).

6. Duties and Responsibilities

6.1 Directorate Managers

It is the responsibility of Directorate Managers to ensure that:

- All staff in their directorate who request, collect and transport clinical specimens are familiar with this policy and associated procedures
- All staff in their directorate have access to appropriate parts of the policy and procedures
- All staff in their directorate who handle specimens receive adequate training and instruction of the requirements of this policy and its associated procedures
- There are adequate resources to enable this policy and its procedures to be performed correctly and in a safe manner
- Materials associated with this policy comply with standards recommended in this policy
- They, or a delegated representative, assist with any investigation or untoward incidents, or non-compliance with this policy
- They determine with appropriate managers the site of specimen storage areas within their area

6.2 Medical Staff

It is the responsibility of medical staff to ensure that:

- They are familiar with and apply this policy and associated procedures.
- They are aware of the hazards involved to other staff of the non-compliance with this policy
- When requesting specimens for analysis that may present a particularly high risk of infection, the attention of staff who may take the specimen must be drawn to any risk to themselves and any special precautions necessary when taking the specimen
- They or staff taking these specimens are aware of any additional labelling of the specimen container\pathology request form that may be required.

6.3 Clinical Staff (includes Medical, Midwifery, Nursing and Phlebotomy Staff)

It is the responsibility of clinical staff taking specimens to:

- Be trained in the taking of the appropriate specimens in a safe manner
- Be aware of the hazards to themselves and other staff of non-compliance with this policy
- To wear appropriate personal protective equipment
- Where possible, to avoid removing used needles from syringes, and on no account to resheath needles
- Ensure the container used is the appropriate one for the purpose is properly closed and is not externally contaminated by the contents.
- Ensure every request form and specimen container, must contain the following details to allow laboratory staff to provide the service requested and to resolve issues, should the need arise:
    - describes the nature of the specimen
    - the patient identity information that allows for unequivocal identification of the patient.
        - Hospital Registration number or NHS number
        - Surname
        - Date of birth
    - location
    - date and time specimen is taken
    - type of specimen and where appropriate anatomical site of origin
    - requestors contact details
    - appropriate clinical information.
    - investigations required
    - identity of priority status
- Ensure the appropriate labelling of specimen container and pathology request form if the patient is know or suspected of having a disease considered "high risk", as defined later in this policy.
- Ensure the specimen is packaged and stored in a suitable and safe manner and in a suitable place, whilst awaiting transportation to the laboratory
- Ensure that any urgent specimens are adequately packaged in accordance with this policy.
- Ensure that if taken by ward staff to the central specimen reception point within the hospital, that specimens are carried in a safe manner.

The clinician who sends the specimen must ensure that:

- The container used is the appropriate one for the purpose, is properly closed and is not externally contaminated by the contents
- Similarly, the pathology request form must not be contaminated
- The container is labelled with patient's registration number (and NHS number of non-registered BWH patients), full name and date of birth.
- "High risk" specimens (detailed in Appendix A) must have a **"DANGER OF INFECTION"** label attached to the container
- For most specimens, the container is placed into the leak-proof pathology bag with integral request form.
- The bag is sealed as directed on the form.
- On no account are these bags to be stapled, pinned or clipped

- These bags are not to be re-used
- Specimen containers which do not fit into the pathology bag are placed in a polythene bag which is sealed by knotting or the use of tape, but never by the use of staples, pins or clips. These bags should not be re-used. The Delivery suite has developed a separate procedure for the packing, labelling and transport of placenta samples (see Section 9 Associated Documents).
- The appropriate request form must accompany the specimen and must give full patient identification details. The type of specimen, time and date of collection, the required investigation and relevant clinical details, must also be given.
- If the integral request form\envelopes are not used, the request form is attached to the outside of the bag and **not** placed inside the bag with the specimen container
- Specimens awaiting collection are placed in the ward/clinic specimen container
- Specimens taken to a central reception point by ward/clinic staff for collection, must use the above box to carry the specimens.
- This box must be cleaned with detergent\water weekly or, if soiled, it must be cleaned immediately with 1% hypochlorite solution (see Spillage Procedure, Appendix B).
- If a taxi driver arrives to collect a specimen from the ward\clinic, the specimen must be handed over from the ward box. On no account, must the ward box be handed over to the driver.

6.4 Portering Manager / Associated Staff in Clinics, Patients' Homes

It is the responsibility of the Portering Manager etc to ensure that:

- All staff in the department who transport specimens are familiar with this policy and associated procedure.
- All staff in the department have access to the relevant parts of this policy and are trained in the requirements of this policy and its associated procedures.
- The staff in the department are aware of and know to how to carry out the procedure for dealing with spillages of pathological materials in accordance with the Spillage Procedure. (Appendix B)
- Spillage kits and appropriate protective equipment are available within the department and staff are aware of the spillage kit and protective clothing storage area.
- All materials associated with this policy comply with standards recommended in this policy and any equipment is maintained to an appropriate standard.
- That staff have appropriate supplies of equipment and any protective clothing necessary to perform this and associated policies.
- There is liaison with the appropriate departments concerning cleaning and disinfection of equipment used in this policy.

6.5 Portering Staff / Associated Staff in Clinics, Patients' Homes

It is the responsibility of portering staff to:

- Collect and transport pathological specimens in a safe manner in the procedures accompanying this policy.

- Convey only those specimens which are appropriately packaged and not leaking to the point of collection
- Be familiar with the procedure to be undertaken in the event of leakage or spillage of specimens or other untoward event in accordance with the Spillage Procedure. (Appendix B)
- Not to transport pathological specimens with any other items, e.g. waste, post, notes, x-rays, unless they are segregated from such items.
- Not leave pathological specimens which are not in a locked box or similar carrier in public areas
- To observe hygiene rules given in the accompanying "Safety Rules for Porters and Drivers" Appendix D)

6.6 Laboratory Managers

It is the responsibility of Laboratory Managers to ensure that:

- All staff in the department who transport clinical specimens are familiar with this policy and associated procedures
- All staff in the department have access to appropriate parts of the policy and associated procedures.
- All staff in the department are trained in the requirements of this policy and its associated procedures.
- The staff in the department are aware of and know how to carry out the procedure for dealing with spillages of pathological materials in accordance with the Spillage Procedure. (Appendix B)
- Spillage kits and appropriate protective equipment are available and that the storage sites for these materials are known by all staff in the department.
- All materials associated with this policy comply with standards recommended in this policy and equipment is maintained to an appropriate standard.
- There is liaison with the appropriate departments concerning cleaning and disinfection of equipment used in this policy.
- Their staff have appropriate supplies of equipment and any protective clothing necessary to perform this and associated policies.
- Suitable specimen storage facilities are available in each laboratory.
- Provide specific guidance for their service users in their user's manual.

6.7 Transport Drivers

It is the responsibility of drivers to:

- Collect and transport pathological specimens in a safe manner as instructed in the procedures accompanying this policy.
- Convey only those specimens which are appropriately packaged and not leaking to the laboratory.
- Be familiar with the procedure to be undertaken in the event of leakage or spillage of specimens or other untoward event in accordance with the Spillage Procedure. (Appendix B)
- Not to transport pathological specimens with any other items, e.g. waste, post, notes, x-rays, unless they are segregated from such items.
- Not leave pathological specimens which are not in a locked box or similar carrier in public areas.

- Observe hygiene rules given in the accompanying “Safety Rules for Porters and Driver”. (Appendix D)
- Specimens in transit must never be left unattended in an unsecured vehicle or at an unsecured location

6.8 External Taxi / Local Transport Providers

The contractor must have a Health and Safety Policy which satisfies the requirements of the Birmingham Women's NHS Foundation Trust.

- It is the responsibility of the contractor to ensure that all their personnel are informed of and are fully trained in the performance of this policy at all levels.
- It is the responsibility of the contractor to ensure that their policies and procedures reflect those contained within this policy.
- **NOTE:** Specimens must not be left by drivers at the receiving Hospital’s Porters’ Lodge. They must be taken to the appropriate department.

7. Procedures

7.1 Categorisation of Specimens

All specimens must be handled with care and treated by all personnel as a potential infection risk.

Low Risk Diagnostic Specimens (UN3373)

The majority of specimens collected and transported to the pathology departments do not present a significant risk of infection to staff handling them. These may be considered “low risk” diagnostic specimens. Such specimens will normally be packaged in a primary container (e.g. blood tube, swab tube, specimen pot) and an outer secondary container (a sealed pathology transport bag or sealed plastic bag). All specimens must be accompanied by an accurately, fully completed pathology request form which must preferably be integral and external to the bag. The tertiary container used to transport specimens around and between hospitals may vary in design, but must comply with the P60 specification outlined in this Policy.

High Risk Infectious Specimens (UN2814)

- Some patients may be suffering from or be suspected of having a disease which may present a higher risk to staff. Legislation requires specimens from such patients to be identifiable. A list of diseases presenting such a risk and the specimens from those patients constituting “high risk” specimens are given in Appendix A.
- The specimen containers and pathology transport bags used for these specimens will be identical to those used for routine specimens. The identification of risk associated with these specimens will be by the use of “**DANGER OF INFECTION”** labels. The specification for these labels is given in Appendix C.
- It is the legal responsibility of the person who requests the laboratory examination of the specimen to ensure that both the request form and the container are correctly labelled to indicate a danger of infection. **“DANGER**

OF INFECTION" labels must only be used for specimens which are suspected of or are known to contain pathogens listed in Appendix A.

7.2 Specimens that Contain Other Hazardous Materials

These include, pathological specimens which contain radioactive material, cytotoxic drugs, and specimen containers which may contain hazardous reagents. These represent a minority of specimens at the Birmingham Women's NHS Foundation Trust.

The requirements for the transportation of radioactive materials by road, are described in the ADR 2009 regulations. Local procedures for wards and departments concerning the packaging and transportation of radioactive materials and specimens containing radioactive residues are available and have been written with guidance from the Radiation Protection Adviser.

7.3 Fresh Un-fixed Histology Specimens

Specimens sent for histological examination that also require Cytogenetics analysis must be kept fresh (unfixed in formal saline). Once Cytogenetics has taken the required sample the rest of the tissue is fixed in formal saline ready for histological examination.

All placenta specimens from delivery suite must be sent fresh for histological examination (Please refer to 'Delivery Suite Procedure for the Preparation of Placenta Specimens for Histological Examination' - which can be found on the Trust Intranet).

It is important that fresh specimens are stored below 4 degrees centigrade as soon as possible, to prevent decomposition prior to histological examination.

7.4 Transportation of Specimens by Road

The ADR 2009 Regulations set out the conditions under which specimens can be carried by road. It gives details relating to the packaging and labelling of any biological samples transported by such means.

In view of these requirements, it is unlikely that wards would be able to comply without reference to the trusts laboratory services. Thus, any biological sample to be sent to another diagnostic laboratory should only be dispatched by the laboratory.

- Any staff sending specimens through the post directly from a ward must contact, in the first instance, the Directorate Manager within the Directorate to which they are accountable for authorisation before specimens are sent. Any specimens sent via the postal services must comply with current requirements for packaging.
- Any protocols, other than those described here, for the transportation of specimens issued from a laboratory should be checked by the Trust's Control of Infection team before specimens are sent through the post.

7.5 Specimen Transport Procedure within the Hospital

- The transportation of specimens from the ward to the central point within the hospital may be performed by ward staff or porters.
- Porters and drivers must have a copy of "Safety Rules for Porters and Drivers". Appendix D.
- Ward staff must transport the specimens in the ward specimen storage box

NOTE

- Specimens must be kept in locked area when unattended to prevent patient\general public access to the specimens.
- The boxes used to store the specimens must be washed weekly using detergent\hot water. If soiled, they must be cleaned using the spillage kit as directed.

7.6 Transportation of Specimens by Taxi / Local Transport Providers and Community Midwives from the Birmingham Women's Hospital

- An occasional "in hours" specimen and all "out of hours" specimens are transported by private taxi.
- Copies of this Policy and Procedures will be available to the contracted taxi companies.
- Taxi drivers must have a copy of "Safety Rules for Porters and Drivers" (Appendix D) and must also be familiar with the health and safety implications of transportation of pathological specimens and how to deal with spillage\leakage of any specimens. (Appendix B)
- Transport boxes used by drivers must conform to the standards described in this Policy (Appendix C). Transport boxes must not be placed on the vehicle seats. The boxes must be stored in the car boot or secured at the rear of the vehicle if an estate\transit style of vehicle is used
- The specimens must be transported in such a way that if leakage occurred, it would be contained within the outer container
- The outside of any transportation box must be labelled as per the Policy
- Spillage kits and other equipment to deal with spillage must be available at the headquarters of the vehicle's base or within the vehicle.
- Specimens in transit must never be left unattended in an unsecured vehicle or at an unsecured location.

8. Review, Monitoring, and Revision Arrangements

The requirements of this policy and procedures will be continuously monitored on the receipt of specimens in the laboratory. Significant discrepancies will be logged and the requesting clinician will be notified. Each laboratory department will produce an quarterly report (as part of the QQI report) detailing numbers of discrepancies and identify any significant trends or areas of the trust which consistently disregards this policy.

This policy will be reviewed every three years unless national or international guidance or legislation requires revision at an earlier date.

All Trust policies / guidelines will be monitored for compliance in one of three ways:

- **Review** is normally proactive and designed to evaluate the effectiveness of systems and processes;
- **Audit** is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria;
- **Continuous Audits** are repeated audit cycles to ensure new controls can be identified and tested as they arise.

Where deficiencies have been identified through any of the above, there must be evidence that recommendations and action plans have been developed and changes implemented.

The frequency and detail of the monitoring process is described in the table below:

Monitoring	Method	Frequency	Lead	Reporting to
External transport contractors	Audit	Annual	Quality Manager	Genetics and Laboratories Directorate
Identify trends via Incidents and/or non-conformities	Review	Annual	Quality Manager	Genetics and laboratories Directorate

9. Associated Documents

- Birmingham Women's NHS Foundation Trust Infection Control Manual. Available on the intranet

- Pathology User Manuals. Available at: U:\Pathology User Manual

10. References

Working with ADR. An introduction to the carriage of dangerous goods by road, Department of Transport; 2004; ISBN 1-904763-4732

European Agreement Concerning the International Carriage of Dangerous Goods by Road (ADR) 2009; United Nations, 2008. Available online at: http://www.unece.org/trans/danger/publi/adr/adr2009/09ContentsE.html

Carriage of Dangerous Goods Manual. Available online at: http://www.hse.gov.uk/cdg/manual/index.htm

Appendix A – List of Samples Considered "High Risk"

Suspected or Proven Infections in Category 3

All Specimens

1. HIV
2. Hepatitis B or C or D
3. Q fever
4. Rabies.
5. Transmissible spongiform encephalopathies (e.g. Creutzfeldt-Jakob disease)
6. Patients who have a fever and who have recently returned from Africa (risk of infection with category 4 pathogens)

Selected Specimens

7. Sputum and other material that may contain tubercle bacilli from patients with suspected or proven tuberculosis.

8. CSF, brain tissues and spinal cord material from patients classified as being ***at risk*** of having a transmissible spongiform encephalopathy.

9. Urine, faeces and blood from patients with suspected or proven typhoid or paratyphoid fevers.

10. Faeces from patients suspected or proven to have:

    a. Dysentery due to *Shigella dysenteriae* type 1.
    b. Infection with verotoxin-producing *E. coli* (VTEC) (e.g. *E. coli* O157).

11. Upper respiratory tract specimens, blood cultures, CSF and samples from skin lesions from patients with suspected or proven meningococcal infection, until 24 hours after commencing appropriate antibiotic therapy.

12. Other samples as directed by Infection Control Team.

Further information can be found in the Trust's Infection Control Manual which can be found on the Trust intranet.

Appendix B – Spillage Kit Procedure

DISINFECTION TABLETS FOR PREPARING "HYPOCHLORITE" SOLUTIONS
Hypochlorite solutions are not very stable and this may cause problems when diluted, thus throughout this policy fresh solutions are made using effervescent tablets.
The solutions recommended can be prepared as shown on the package.

AVOID USE ON METALLIC EQUIPMENT WHEREVER POSSIBLE.
WASH HYPOCHLORITE OFF METALLIC EQUIPMENT WITH DETERGENT AND HOT WATER AND DRY.

For blood/body fluid spillage – see spillage section of this policy.
Where possible, ensure good ventilation when using the higher strength chlorine solutions.

Use of Spillage Kits
These kits are only for use in cases of blood and body fluid/product spillage.
NOTE: FOR URINE – SEE NOTE 3.
This spillage kit contains:

- 1 tube of 10 x 1.8g tablets
- 1 x 500g disinfectant granules
- 1 x 1 litre bottle

The following items will also be necessary to use this kit:

- Orange waste bag
- Disposable cloths or paper towels
- Hot water and detergent
- Disposable gloves
- Disposable apron

Methods of Use

1. Put on apron and gloves
2. Sprinkle granules liberally over spillage, ensuring complete coverage. Leave for at least 2 minutes. Do not leave unattended.
3. Scoop debris into orange plastic bag.
4. Wipe up with damp paper towel any remaining powder – put paper towels into orange bag,
5. Wipe area with detergent and hot water.
6. Put all disposable equipment, gloves, apron etc into orange bag and seal.
7. Wash hands.

As an alternative to granules, 1 tablet may be dissolved in 100ml of water to give a hypochlorite solution of the same strength. This would only be for large volume or vertical spillages.

A fresh solution must be made up for each incident and disposed of carefully down the sluice. After use, the plastic bottle must be washed well and left upside down to drain before being stored dry.

NOTE 1: Chlorine gas may be generated when hypochlorites are used – only use in well-ventilated area.
NOTE 2: Chlorine containing products may bleach colour from carpets and upholstery.
NOTE 3: Caution – urine spills – contact of products with urine will liberate toxic gas. In the event of urine spillage, first soak up excess using paper towels and dispose of in clinical waste bag, then treat as for blood spillage.

If the spillage kit is required for any other purpose, please contact the Control of Infection Team.
Replacement spillage kits are available from pharmacy.

Appendix C – Packing Instructions Used for Specimen Collection and Transport

The following are requirements which must be met in order to ensure the safe collection and transport of specimens to the laboratory.

Specimen Containers

- Specimen containers must be sufficiently robust to withstand the stresses likely to be put upon them and must not leak in normal use.
- Specimen= containers and closures which are to be used more than once must be able to withstand autoclaving or disinfection and must remain leak-proof after each re-cycling process.
- Damaged closures or containers must be discarded and not taken back into use.
- Every specimen container label must describe the nature of the specimen, the identity and location of the person or details which would enable hospital staff to identify the source quickly, should the need arise,

Specimen Transport Bags

- These will be used whether or not a specimen is considered high risk.
- The transport bag must be sealed by means of an integral sealing strip or by other suitable means that can be opened without the use of sharp pointed instrument.
- Bags which require sealing by the use of pins, staples, or metal clips, are not acceptable.
- The bag should preferably have an integral request form or suitable means of containing the form other than in with the specimen, e.g. a separate document pocket.
- For larger pathological specimens, a suitable bag must be considered.
- Specimen transport bags must not be used more than once.

Specimen Transport Envelopes

These will be paper envelopes to be used for specimens carried by taxis.
These envelopes bear “Pathological Specimen”, “FRAGILE – WITH CARE – URGENT” and the UN3373 diamond.

Specimen Boxes

- Special specimen transport boxes are required for the safe transport of specimens which are classed as “Infectious Substances”.
- Several different styles of box are available but any box selected must comply with UN2814 requirements.

“Danger of Infection” Labels

Labels used for the identification of hazardous specimens as defined in this policy must confirm as follows:

- If applied by the user, be self-adhesive.
- Conform to internationally recognised health and safety standards. This will be a yellow label bearing black lettering stating **“DANGER OF INFECTION”** and have the biohazard trefoil.

Specific and up to date guidance can be found at the following UN Economic Commission for Europe (UNECE) website:
http://www.unece.org/trans/danger/publi/adr/adr2009/09ContentsE.html

Appendix D – Safety Rules for Community Midwives, Porters and Drivers

1. If you wear an overall, keep it properly fastened. Keep it apart from your outdoor clothing, not in your locker. Never wear your overall in the staff room or canteen.
2. Cover any cuts or grazes on your hands with waterproof dressings.
3. If you do touch a container accidentally, or you become contaminated by leakage from the specimen, then wash your hands as soon as possible.
4. Wash your hands before meal breaks and at the end of a session on duty.
5. Never eat, drink or smoke when you are carrying specimens.
6. Carry all specimens in the boxes/bags provided, not in your hands or in your pockets.
7. Containers are breakable, handle with care at all times.
8. If a specimen is leaking on the ward or at a central collection point, or the pathology form shows any signs of biological spoilage, do not remove it but inform your line manager. If it leaks in your box, or into your vehicle, inform a senior member of the laboratory staff immediately on arrival or contact your base for advice.
9. If you have an accident associated with a specimen whereby you become contaminated, inform a senior member of the laboratory staff or your manager immediately.
10. If you drop or break a specimen, use your radio to request a Spillage Kit and clean up spillage as per Spillage Procedure, Appendix B.
11. Never leave samples unattended in an unsecured vehicle or location.

NOTE
Your attention is drawn to the fact that whilst the specimens are in your possession, you have a duty of care and it is your legal responsibility under the Health & Safety Act to ensure that specimens are transported in a secure and safe manner.

Appendix E – Plan for Dissemination of Procedural Documents

To be completed by the Head of Corporate Affairs and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Policy for Labelling and Transporting Laboratory Specimens		
Date finalised:	4th November 2011	**Dissemination lead: Print name and contact details**	D Wyllie Ext 2601
Previous document already being used?	**Yes**		
If yes, in what format and where?	Intranet		
Proposed action to retrieve out-of-date copies of the document:	Archive previous version, and replace with version 2		

To be disseminated to:	**How will it be disseminated, who will do it and when?**	**Paper or Electronic**	**Comments**
All staff	Intranet	E	

Dissemination Record to be used once document is approved.

Date put on register / library of procedural documents	29th November 2011	**Date due to be reviewed**	4th November 2014

Disseminated to: (either directly or via meetings, etc)	**Format (i.e. paper or electronic)**	**Date Disseminated**	**No. of Copies Sent**	**Contact Details / Comments**
All staff	E	29th November 2011	0	

Appendix F – Equality Impact Assessment Tool

Policy/Function Details	
Name of Policy/Function[1], Service, Plan, SLA, Function, Contract or Framework:	Policy for Labelling and Transporting Laboratory Specimens
Is this a new policy or function?	New ☐ Existing ☐ Updated ☒
Responsible Manager	Nigel Coles
Date Assessment Completed:	4th November 2011
Sources of Data	

Screening Assessment					
Equality Group	**Impact**		**Status of Impact**		**Brief Detail of impact**
	Yes	**No**	**Positive**	**Negative**	
Race, Ethnicity, Colour, Nationality or national origin (incl. Romany Travellers, refugees and asylum seekers)		✓			
Gender or Marital Status of Men or Women		✓			
Gender or Marital Status of Transsexual or Transgender people		✓			
Religion or belief		✓			
Physical or Sensory Impairment		✓			
Mental Health Status		✓			
Age or perceived age		✓			
Sexual Orientation (Gay, Lesbian, Bisexual)		✓			
Offending Past		✓			
Other Grounds (i.e. poverty, homelessness, immigration status, language, social origin)		✓			

[1] Policy/Function for the purpose of this document also includes Services, Plans, SLAs, Contracts, Care Pathways and Service or Care Frameworks.

Assessment Narrative
Are there any alternative service/policy provisions that may reduce or eradicate any negative impacts?
N/A
How have you consulted with stakeholders and equalities groups likely to be affected by the policy?
Original version discussed with Health & Safety Committee. Only minor changes that reflect current guidelines, regulations and management arrangements. Overall objective of the policy has not changed.
What are your conclusions about the likely impact for minority equality groups of the introduction of this policy/service?
Low risk
How will the policy/service details (including this Equality Impact Assessment) be published and publicised?
On trust intranet
How will the impact of the policy/service be monitored and reviewed?
See policy

Assessor Name:	Nigel Coles
Assessor Job Title:	Quality Manager
Date Completed:	4th November 2011

Appendix G – Policy Checklist

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Has all the information on the front page been completed?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Is the method described in brief?	Yes	
	Is the responsible policy leads name and title clearly printed?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	Discussed policy with Dr J Gray, Consultant Microbiologist
	Is there evidence of consultation with stakeholders and users?	Yes	Original discussed with H&S Committee
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Are the intended outcomes described?	Yes	
	Is the language used in the document clear, jargon free and spelt correctly?	Yes	
5.	**Format**		
	Does the policy conform to the prescribed policy format?	Yes	
6.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited using Harvard referencing?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
7.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
8.	**Document Control**		
	Has a version control sheet been placed at the front of document, and been filled out correctly?	Yes	
9.	**Process to Monitor Compliance and Effectiveness**		
	Is there a plan to review or audit compliance with the document?	Yes	
10	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11	**Equality Assessment**		
	Has an equality impact assessment been carried out?	Yes	

Individual Approval			
If you are happy to approve this document, please sign and date it below, and put the document onto the DMS for final approval			
Name	Nigel Coles	Date	04/11/11
Signature			

Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name	Peter Thompson	Date	04/11/11
Signature			