The Royal Wolverhampton NHS
NHS Trust

IP04

Transportation of Clean and Contaminated Instruments, Equipment and Specimens

Contents

Attachments:

1.0 Policy Statement

This policy is a requirement to comply with The Health and Social Care Act: Code of Practice for health and adult social care on the prevention and control of infections (2012 updated 2022).

The Royal Wolverhampton NHS Trust provides clinical services on multiple sites across the city as well as providing a domiciliary service to patients within their own homes. A robust policy and documented processes are required to encourage safe management of specimens and contaminated used sharps/instruments/equipment.

The purpose of this policy is to facilitate safe management when transporting specimens or contaminated patient instruments/equipment in order to reduce the risk of injury or cross infection to staff, patients, relatives and members of the public.

Regulations on the transportation of biological agents are aimed at ensuring that the public and the workers in the transportation chain are protected from exposure to any agent that might be in the package. Protection is achieved through:

a) The requirements for rigorous packaging that will withstand rough handling and contain all liquid material within the package without leakage to the outside.

b) Appropriate labeling of the package with the biohazard symbol and other labels to alert the workers in the transportation chain to the hazardous contents of the package.

c) Documentation of the hazardous contents of the package must include information that may be necessary in an emergency situation.

d) Training of workers in the transportation chain to familiarise them with the hazardous contents so as to be able to respond to emergency situations.

2.0 Definitions

- Contaminated Instruments / Equipment - Any instrument or item of equipment that has been exposed to bodily fluids or been used on a patient during the course of their health care intervention.
- Specimens - Samples of blood, urine, faeces, other bodily fluids, e.g. aspirated serous collections, and tissue that have been taken for laboratory examination.

3.0 Accountabilities

3.1 The Infection Prevention Team are responsible for:

3.1.1 Updating this policy as per the review dates and in line with new guidance.

3.1.2 Providing training on the main elements of the policy through existing training methods.

3.1.3 Providing support on the implementation of this policy.

3.1.4 Auditing compliance with this policy 2 yearly.

3.2 Directorate Managers are responsible for:

3.2.1 Cascading to wards/ departments the contents of this policy.

3.2.2 Making contingency arrangements as required to maintain activity/ compliance with policy during emergency situations.

3.3 Senior Matrons/ Matrons/ Departmental Managers are responsible for:

3.3.1 Ensuring staff members are aware of the policy.

3.3.2 Monitoring compliance with the policy.

3.3.3 Challenging any staff seen to be practicing outside of the policy.

3.4 Senior Sisters/Charge Nurses are responsible for:

3.4.1 The implementation of this policy.

3.4.2 Making staff aware of and providing appropriate support and direction to enable staff members to follow this policy.

3.4.3 Providing equipment/consumables that will allow staff to adhere to this policy.

3.4.4 Completing local risk assessments should any aspect of this policy not be possible.

3.4.5 Auditing compliance with this policy (Appendix 1).

3.4.6 Maintaining accurate documented records as outlined in the policy detail.

3.4.7 Ensuring staff attend mandatory training updates which will outline key aspects of this policy.

3.4.8 Facilitating education on the content of this policy.

3.4.9 Reporting any breaches to this policy via the Trust's incident reporting system and directly to the Infection Prevention Team.

3.5 All staff, including Transport staff, are responsible for:

3.5.1 Adhering to this policy.

3.5.2 Reporting to their line manager if there is any issue within the clinical area which will prevent compliance with this policy.

4.0 Policy Detail

4.1 Procedure for the transportation of specimens in an inpatient hospital or health care setting or at a different hospital to where the sample will be tested.

For COVID 19 swabs

4.1.1 Check the swab label is fully completed before inserting into microbiology specimen bag.

4.1.2 Ensure the swab is double bagged and placed inside a microbiology transport bag (triple bagged) and **PRIORITY10** label is on the outside of the transport bag. If there are no PRIORITY10 stickers available, write it on the bag in indelible marker.

4.1.3 Any specimen taken in a ward or department must be obtained within the appropriate collection container, correctly labeled and placed in the relevant transport bag (i.e. Microbiology blue/ Blood Sciences green).

4.1.4 The specimen must be stored safely in a wipeable rigid container with a secure lid or a wipeable specimen receptacle and stored in a designated area prior to being transported to the laboratory or the collection point (if not transported immediately after collection).

4.1.5 If the specimen is transported to the laboratory via the pneumatic tube system, please refer to **section 4.3.**

4.1.6 If the specimen is obtained on site and is manually transported to the laboratory, it must be placed within a wipeable rigid container with a secure lid to ensure safe transportation which will reduce the risk of organism transmission in the event of an accident en route.

4.1.7 If the specimen is obtained off site from the laboratory, the specimen must be taken to the designated collection point (e.g. reception) as soon as possible after being obtained and placed within the designated transportation receptacle to await collection from the driver.

4.1.8 The rigid transportation box must conform to UN3291/UN3373.

4.1.9 The driver collecting the specimens must take the rigid transportation box from the vehicle into the area where the specimens are being collected and place the specimens within it.

4.1.10 The rigid transportation box must be placed within the rear compartment of the vehicle for transportation to the laboratory.

4.1.11 Upon arrival at the laboratory the rigid transportation box must be handed to the laboratory technician who will remove the specimens.

4.1.12 If leakage or spillage is observed, then gloves must be worn when transferring the specimen, and decontamination of the transportation box must be done (see sections 4.5 and 4.8).

4.2 Procedure for the care and handling of specimens obtained in theatre

4.2.1 Please refer to Appendix 4

4.3 Transportation of specimens via the pneumatic tube system

4.3.1 Please refer to Appendix 5

4.4 Procedure for the transportation of specimens obtained during a domiciliary visit

4.4.1 Any specimen taken within a patient's own home must be obtained within the appropriate collection container and placed in the relevant specimen wallet (i.e. Microbiology/ Clinical Chemistry).

4.4.2 The healthcare worker must have a spill kit or the products available, including decontamination wipes, and be aware of the process for decontaminating the car if a bodily fluid spillage was to occur – refer to IP19.

4.4.3 The specimen must be taken by the healthcare professional and placed directly into a wipeable rigid transportation box conforming to EU regulations (UN3291 or UN3373) then placed within the rear compartment of their vehicle.

4.4.4 The healthcare professional will deliver the specimens to the nearest healthcare premise with a specimen collection service or directly to the assigned laboratory as soon as is practicable.

4.4.5 Upon arrival at a healthcare premise the healthcare professional must transfer the specimens into the designated transportation collection point at the same time observing for signs of leakage or spillage. If leakage or spillage is observed, then gloves must be worn when transferring the specimen and the transportation receptacle must be decontaminated at the earliest opportunity (see sections 4.5 and 4.8).

4.4.6 If the specimens have been taken directly to the laboratory, the healthcare professional upon arrival must hand the transportation box to the laboratory technician who will empty it and return it to the healthcare professional.

4.5 Spillages of specimens

Please refer to IP19 Blood and body fluid spillage management policy and HS12 Decontamination of Medical Devices policy for comprehensive guidance on bodily fluid spillage management.

4.5.1 In the event of a leakage of a specimen within the transportation box ring Microbiology at New Cross Hospital for advice Tel: 01902 307999 ext. 88255.

4.5.2 Following removal of the specimen, the transportation box would require decontamination as outlined below:

- In the event of a bodily fluid spillage within a receptacle it must be decontaminated in an appropriate dirty utility facility using detergent and warm water and a 10,000 ppm solution of hypochlorite. Personal Protective Equipment must be worn and hand hygiene performed appropriately.

4.6 Transportation Receptacles

4.6.1 Transportation boxes/receptacles for specimens and dirty instruments must be in adherence to UN3291 or UN3373 as per EU regulations. Procured boxes/ receptacles must be of a rigid construction, leak proof, fitted with a secure lid and surfaces capable of effective decontamination. Refer to Appendix 2 for procurement information.

4.6.2 The box/receptacle must be labeled with a Bio Hazard sticker or statement of content e.g.: “Medical Specimens” or “Medical Instruments for Decontamination” and must be securely closed in transit.

4.7 Procedure for the transportation of used instruments

4.7.1 Single use/single patient use items are to be used whenever available and practical within services provided by the Trust, although it is recognised that several departments continue to safely use re-usable items that are re-processed using Central Sterile Services Department (CSSD).

4.7.2 Instruments used within a ward or department must have any disposable items and sharps removed and disposed of in accordance with HS10 Waste Management policy.

4.7.3 Single use items must be disposed of immediately after use, by the user, in the appropriate sharps box according to the size of the item and the volume.

4.7.4 Items requiring re-processing (excluding dental services – see 4.8 below) must be stored in a ‘used instrument’ box ready to transport back to the CSSD department as soon as possible after use. The box must be an approved rigid, leak proof ‘used instrument’ container that conforms to EU specification (UN3291 or UN3373) and must be decontaminated after use within CSSD (see HS12 Decontamination of Medical Devices Policy). A biohazard sticker must be attached to the transportation box. Biohazard stickers can be obtained by contacting CSSD.

4.7.5 Used instruments generated by community services must be placed in boxes that conform to EU (UN3291 or UN3373) prior to transportation back to a healthcare facility as soon as possible after use. If instruments are being

returned for re-processing, an approved rigid, leak proof 'used instrument' box is required which has a biohazard sticker attached. If single use items are used, an appropriately sized sharps box will be required. Once the temporary or permanent closure is on the sharps box, it can be safely transported in the rear of the vehicle. The 'used instrument' box must be decontaminated after use by the user or CSSD, dependent on local protocol. (See HS12 Decontamination of Medical Devices Policy).

4.7.6 Transport containers must be detergent cleaned, disinfected and dried after each use, preferably using a washer-disinfector. If this is not possible, containers must be detergent cleaned followed by disinfection using a 70% isopropyl alcohol product, prior to storing dry. Bleach, including hypochlorite solutions, must not be used, as residue may damage instruments. This should be undertaken by the user, or CSSD, dependent on local protocol.

Transportation of Sharps

4.7.7 The EN compliant sharps box must be returned to a healthcare facility for collection when any one of the following occurs:

A) Filled to the 'fill line' indicated on the container (instruments must never exceed the permissible marked mass);

B) When it has been assembled for 3 months despite not reaching the 'fill line' indicator;

C) If the staff member is going on extended leave/ long term sick, the line manager must arrange for the container to be returned.

N.B. Healthcare staff who travel in the community and carry sharps (used or unused) in the course of their work must follow a safe system of working at all times in line with local clinical and waste disposal policies.

D) Sharps must be stored safely and securely during transit in lease or staffs' own vehicles. **Staff must ensure the following.**

1. Follow instructions for assembly and use of sharps containers including the use of lid closing mechanisms e.g. temporary or permanent. This will prevent accidental spillage of sharps from the container.
2. Dispose of sharps immediately after use in an approved container suitable for transportation; close the lid using the temporary or permanent closure feature on the sharps bin or used instrument container and place in the boot of the vehicle for transportation.
3. Report any lid closing and locking mechanism problems to the line manager, contact the supplier who will advise and Datix the incident.
4. Sharps or used instrument containers once secured can be placed in a secondary robust container e.g. transportation box or nursing bag. This must then be placed in the locked boot of the vehicle for transportation.
5. Check the container at the end of the shift to ensure that no sharps have been dropped into the boot or that any spillages have occurred. If spillage has occurred the affected area (boot or nursing bag) will need to be decontaminated wearing suitable PPE and without compromising safety. If a sharp is identified in the vehicle please use a device, e.g. tweezers, to place into the sharps bin to limit hand contact and reduce risk or injury.

NB: Sharps have been found underneath and between seats, on carpets and in

boot spaces when cars have gone for vehicle repair or valeting or after collisions. Before a lease car is returned, the user must conduct a thorough check on the vehicle for any spillages or sharps. Staff that use their own vehicle must ensure the same checks are made at the end of each shift. Failing to take adequate precautions to protect oneself and others from needle-stick injuries is both a disciplinary issue and a criminal offence under the Health & Safety Legislation.

4.8 Procedure for the transportation of used dental instruments

4.8.1 Dental instruments used across inpatient and community facilities require a safe procedure for transporting back to a decontamination facility (potentially in staff members' own vehicles).

4.8.2 A transport container must be used which will aim to protect both the product during transit and the handler from inadvertent contamination. The container must be leak proof, easy to clean, rigid (which will reduce the risk of sharps injury), capable of being closed securely and robust enough to prevent instruments being damaged in transit. A low biohazard sticker must be attached to the transport container, which can be sourced via NHS Supply Chain.

4.8.3 Transport containers must be detergent cleaned, disinfected and dried after each use, preferably using a washer-disinfector. This should be undertaken by the user/ person on decontamination duties. If this is not possible, containers must be detergent cleaned followed by disinfection using a 70% isopropyl alcohol product, prior to storing dry. Bleach, including hypochlorite solutions, must not be used, as residue may damage instruments.

4.8.4 A protocol for transportation is required that ensures the segregation of contaminated instruments from clean or sterilized instruments. This should be locally produced.

4.8.5 Contaminated instruments will be regarded as low biohazard materials and must be part of a noted consignment (Appendix 3). This entails recording details of the items transported, the time of dispatch and the intended recipient. Records must allow each movement to be traced and audited if necessary. The consignment note must be positioned within the vehicle used for transportation and must carry a contact telephone number for the department. Records should be produced by the user and held within the department for auditing purposes.

4.9 Decontamination of transportation boxes (not 'used instrument' boxes)

Please refer to HS12 Decontamination of Medical Devices Policy and IP19 Blood and body fluid spillage management policy for comprehensive guidance on bodily fluid spillage management and decontamination regimes.

4.9.1 The transportation boxes must be washed out weekly with a solution of warm water and general-purpose detergent and dried thoroughly. Staff undertaking this task must access a dirty utility facility and wear PPE, i.e. disposable gloves, apron and eye protection. This should be undertaken by a designated person within the department.

4.9.2 In the event of a spillage within a transportation box, it must be decontaminated by the person using the box, using detergent and warm water followed by a 10,000 ppm solution of hypochlorite. PPE must be worn.

4.9.3 A record of the decontamination of the transportation box must be kept in a logbook held within all departments where the specimen boxes are used.

4.9.4 Audit on the use and cleanliness of the transportation box must be carried out by the department lead at least annually. Audit tool attached as appendix 1.

4.10 Transportation of contaminated equipment from the patient's own home (e.g. syringe drivers, suction equipment)

Refer to HS11 Protocol 5 – Transportation of Medical Devices for further information.

4.10.1 All medical devices or equipment potentially contaminated with or containing infectious substances which are being carried for disinfection, cleaning, sterilization or repair must be carried in accordance with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment 2009 and 2011 Amendment Regulations, and the European Agreement concerning the International Carriage of Dangerous Goods by Road (2013). Medical devices that are free from contamination but meet or contain items that meet the conditions of other classes of Dangerous Goods must also be transported in accordance with the Regulations.

4.10.2 Items of contaminated equipment must be decontaminated as per the manufacturer's instruction and in accordance with The Decontamination of Medical Devices Policy HS12 before transportation if at all possible. Portable detergent wipes should be used as standard within clinical services for decontamination purposes and these are suitable for the decontamination of most pieces of equipment.

4.10.3 A decontamination label must be attached clearly outlining the decontamination status of the equipment before it is transported, see Appendix 3. These labels can be sourced from Medical Physics.

4.10.4 If adequate facilities are not available the dirty equipment must be placed in a strong clear polythene bag and the neck of the bag sealed with Biohazard tape. Staff must wear PPE for this procedure. This equipment can be sourced from Medical Physics.

4.10.5 The bag containing the equipment must be placed in the rear compartment of the vehicle for transit back to a designated dirty utility at the nearest healthcare facility as soon as possible for decontamination in accordance with the manufacturer's instructions. This process must be documented and held locally.

4.11 Transportation of contaminated equipment from an inpatient facility for maintenance, service or repair

Refer to HS11 Protocol 5 – Transportation of Medical Devices for further information.

4.11.1 Items of contaminated equipment designed for re-use must be decontaminated whilst in the clinical area, as per the manufacturer's instructions, and before transportation for maintenance, service or repair. Portable detergent wipes should be used as standard within clinical services for decontamination purposes and these are suitable for the decontamination of most pieces of equipment.

4.11.2 Devices that need to be sent back to the manufacturer for repair, inspection or service must have a Decontamination Label completed by the

user following the appropriate cleaning/decontamination of the equipment before these devices are sent away.

4.11.3 If adequate facilities and equipment are not available, the contaminated equipment must have a Decontamination Status label attached specifically identifying that the equipment has NOT been cleaned which will alert the transporting and receiving department to the potential risk of cross infection (Appendix 2).

4.12 Procedure for the transportation of clean instruments

4.12.1 Clean instruments will be transported from central storage facilities/delivery depots to individual areas via the relevant transportation system.

4.12.2 Once received within the clinical area, the instruments must be transferred to their storage location as soon as possible to prevent unnecessary exposure and to reduce the risk of damage.

4.12.3 Instruments must be stored clean and dry in a sealed storage facility or racking designed for instrument storage but not on open shelving. Sterile items must not be stored on the floor.

4.12.4 Stock rotation must be undertaken to ensure expiry/re-processing dates are monitored.

4.12.5 Any visibly damaged packs must either be returned to CSSD for re-processing if re-usable instruments or disposed of if single use as they will be unsuitable for use.

4.13 Security

4.13.1 Transport boxes both for instruments or specimens must never be left unattended within public areas**.**
The transportation boxes must be securely closed and placed in the boot of the vehicle during transportation and if the vehicle is left unattended for any period of time.

4.13.2 When leaving a vehicle unattended, all bags, specimen and equipment transportation boxes, medical devices/equipment or instruments must be stored out of sight to reduce the risk of vandalism and theft.

4.14 Out of Hours arrangements – off site specimens

4.14.1 The nurse in charge of the clinical area must arrange for transportation of any urgent specimen to the relevant laboratory when out of hours, by contacting switchboard who will arrange with the designated taxi company.

4.14.2 Urgent specimens e.g. blood cultures or CSF – contact the on call Microbiologist for advice.

4.14.3 Once transport has been confirmed the nurse in charge must place the specimen wallet in the appropriate specimen transportation box and ensure that it is secure for transportation. This transportation box must be returned to the clinical area by the taxi company once the specimens have been delivered.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which can not be delivered through current training programme or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

6.1 The initial screening of this policy has not identified any adverse/negative impact and therefore a full equality impact assessment is not required.

7.0 Maintenance

7.1 The Infection Prevention Team will be responsible for reviewing and updating this policy.

8.0 Communication and Training

8.1 The approved policy can be found on the Trust Intranet system.
8.2 Managers and Matrons will be informed of the launch.
8.3 Staff will be notified of the launch via an all user email bulletin.
8.4 Key elements of the policy will be communicated through existing training methods.
8.5 Further training will be arranged in response to audit findings.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee / Group
Implementation	Matron Infection Prevention	Trust-wide Audit	2 yearly	Infection Prevention and Control Group Health & Safety Group Decontamination Group

Audit tool attached as Appendix 1

10.0 References

- Carriage of Dangerous Goods and use of Transportable Pressure Receptacles (2009) http://www.legislation.gov.uk/uksi/2009/1348/contents/made
- Control of Substances Hazardous to Health Regulations (2002) http://www.hse.gov.uk/coshh/
- Data Protection Act (1998) https://www.legislation.gov.uk/ukpga/1998/29/contents
- Department of Health 2012; (Updated 2022) The Health and Social Care Act Code of practice for adult health and social care on the prevention and control of infections and related guidance; DH London Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK (www.gov.uk)
- Department of Health (2013). Safe management of healthcare waste,
- NHS England » (HTM 07-01) Management and disposal of healthcare waste
- Department of Health (2013). Health Technical Memorandum 01-05: Decontamination in primary care dental practices, London.
- NHS England » (HTM 01-05) Decontamination in primary care dental practices
- Health and Safety at Work Act (1974). HMSO, London.
- Health and Safety at Work etc Act 1974 – legislation explained (hse.gov.uk)
- Health & Safety Executive (HSE). Access via: www.hse.gov.uk
- MHRA Management of Medical Devices (2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/421028/Managing_medical_devices_-_Apr_2015.pdf
- National Infection Prevention and control manual for England
- NHS England » National infection prevention and control
- Taking an oropharyngeal and nasopharyngeal swab for viral sample collection (e.g. COVID-19 test) in an acute hospital setting | Clinical Skills
- RWT Policy IP19 Blood and body fluid spillage management
- RWT Policy IP01 Hand Hygiene Policy
- RWT Policy HS10 Waste Management Policy
- RWT Policy HS11 The Management of Medical devices
- RWT Policy HS12 Decontamination of Re-usable Medical Devices Policy
- RWT Policy HS01 Management of Health and Safety Policy.
- RWT Policy OP13 Information Governance Policy.
- Sterilization, Disinfection and Cleaning of Medical Equipment – Guidance on Decontamination from the Microbiology Advisory Committee to the Department of Health
- The Controlled Waste Regulations (1992) http://www.legislation.gov.uk/uksi/2012/811/contents/made
- ADR (Accord European relative au transport international des merchandises dangereuses par route) Regulations, 2015, covers the transportation of Re-usable Invasive Medical Devices (RIMD) https://www.unece.org/trans/danger/publi/adr/adr_e.html

Part A - Document Control

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and Policy version: IP04 Version 8.0	**Policy Title:** Transportation of Clean and Contaminated Instruments, Equipment and Specimens	**Status:** Final		**Author:** Infection Prevention Team **Director Sponsor: Chief Nursing Officer**
Version / Amendment History	Version	Date	Author	Reason
	1	May 2007	Infection Prevention Team PCT	New Policy
	2	May 2010	Infection Prevention Team PCT	Expired – required revision
	3	Nov 2012	Jodie Winfield Infection Prevention Team	Amalgamation of PCT and RWHT policies and procedures New policy for RWHT – IP04
	4	March 2013	Carolyn Wiley IPN	Alert EFA/2013/001
	5	Jan 2015	Nurse Manager Infection Prevention	To reflect amendments to relating policy HS11 – Management of Medical Devices and adaption of audit tool in line with National requirements
	6	Feb 2018	Infection Prevention Team	Due to expire – Content revision
	7	Feb 2021	Infection Prevention Team	Full review

	8	March 2024	Infection Prevention Team	Due to expire- Full content revision

Intended Recipients: Trust wide.	
Consultation Group / Role Titles and Date:	
Name and date of Trust level group where reviewed	Trust Policy Group – March 2024 IPCG- December 2023
Name and date of final approval committee	Trust Management Committee – March 2024
Date of Policy issue	March 2024
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	March 2027

Training and Dissemination:

The approved policy can be found on the Trust Intranet system

Managers and Matrons will be informed of the launch and any revisions to the policy.

This policy revision/ launch will be communicated to staff using 'Stop Press', via an all user email bulletin
Basic Training will be provided on induction through the local induction process. Further training will be arranged in response to audit findings.

To be read in conjunction with:
HS11 The Management of Medical Devices, HS12 Decontamination of Medical Devices Policy, HS10 Waste Management Policy, IP01 Hand Hygiene Policy, IP19 Blood and body fluid spillage management Policy

Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required):
Completed Yes / ~~No / NA~~ If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904

Monitoring arrangements and Committee	IPCG

Document summary/key issues covered.

The Royal Wolverhampton NHS Trust provides clinical services from multiple sites across the region as well as providing a domiciliary service to patients within their own homes.

Robust procedures and arrangements for appropriate and safe transportation of used instruments, equipment and specimens must be in place to protect the health and safety of patients, relatives, staff members and the public.

Specimens collected in the course of treatments at any of these premises need to be transported (safely) to The Royal Wolverhampton Hospital Trust Laboratories and other designated collection points.

Used single use instruments require safe transportation back to a designated collection point for collection by the waste contractor.

Patient equipment that has been contaminated during patient care and cannot be safely decontaminated in the patients' home setting will need to be transported back to a

decontamination facility for cleaning prior to maintenance, reuse or disposal. Patient equipment that has become contaminated within an inpatient setting may require decontamination away from the clinical area, and therefore must follow the prescribed process to reduce the risk of cross infection during transportation.	
Key words for intranet searching purposes	
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.	**Yes / No (delete as appropriate)** If Yes include the following sentence and relevant information in the Intended Recipients section above – In the event that this is policy is made available to the public the following information should be redacted:

The Royal Wolverhampton NHS Trust

Appendix 1

Audit Tool For The Safe Transportation Of Clean & Contaminated Instruments, Patient Equipment & Specimens

Section 1: Documentation

No	Standard	Guidance	Yes	No	N/A	Comment
1	Are staff aware of where to locate policy IP04?	Ask staff				
2	Is there an operational procedure within the department for the decontamination of instruments?	Ask staff SOP needed even if CSSD used				
3	Have staff received an annual Infection Prevention update as part of the Trust mandatory training programme?	Ask staff Service Manager for training % If <100% score No				
4	Do staff have access to Personal Protective Equipment for decontamination purposes? E.g. gloves, aprons, & face/eye protection?	Ask staff				
			0	0	0	

Section 2: Contaminated Instruments & Equipment Transportation

No	Standard	Guidance	Yes	No	N/A	Comment
1	Are used instruments stored in rigid containers prior to collection?	Check holding area				
2	Do the used instrument containers display a biohazard label?					
3	Are the used instrument transportation boxes rigid and able to be securely closed during transit?	Check boxes				
4	Are the storage/transportation trucks clean and dry with no evidence of spillage?	Check trucks				
5	Does used equipment for service/repair/ cleaning, carry the relevant completed decontamination sticker/ certificate after cleaning according to manufacturer's guidelines - which states risk to service/ transport staff?	Check equipment for documentation				
6	If contaminated instruments are being transported by road, does the vehicle have suitable containers to protect instruments that conform to UN standards (UN3291 or UN3373) and carry a Biohazard label?	Ask staff /check vehicles				
7	Is there documented evidence of the consignment for each collection of used instruments?	Check documentation				
8	Do vehicles carry a body fluid spillage kit in case of spillage?	Check kit				

9	Do vehicles carry a supply of PPE (gloves, aprons and eye protection), hand decontamination products (wipes or gel) and decontamination wipes?	Check vehicles				
10	Are staff aware of the process for decontamination of the car following a bodily fluid spillage?	Ask staff				
11	Is the interior of the vehicle visibly clean?	Check vehicle				
12	Are used medical devices/equipment transported in a labelled biohazard bag prior to transportation for cleaning?	Check equipment				
13	Is there a dedicated "dirty" room for decontamination procedures of medical devices?	Check with staff				
			0	0	0	

Section 3: Clean Instrument & Equipment Transportation

No	Standard	Guidance	Yes	No	N/A	Comment
1	Are clean/sterile instruments stored in rigid containers on delivery?	Check holding area				
2	Are the clean instrument transportation boxes rigid and able to be securely closed during transit?	Check boxes				
3	Are the storage/transportation trucks clean with no evidence of spillage?	Check trucks				
			0	0	0	

Section 4: Transportation of Sharps

No	Standard	Guidance	Yes	No	N/A	Comment
1	Do the sharps containers conform to BS7320 (1990)/UN3291 standards?	Check sharps boxes				
2	Are sharps container correctly assembled?	Check boxes				
3	Are sharps boxes correctly labelled with date, location and signed on closure and not in use for more than 3 months?	Check boxes				
4	Are sharps bins permanently locked prior to disposal or temporary locked if still in use?	Check boxes				
5	Are sharps bin contents below the “fill” line?	Check boxes				
6	Are sharps bins secured in the vehicle boot in a transport box prior to transporting with the temporary close facility in use?	Check boxes				
7	Are staff aware of the procedure for managing a sharps injury?	Ask staff to describe				
			0	0	0	

Section 5: Transportation of Specimens

No	Standard	Guidance	Yes	No	N/A	Comment
1	Does the Organisation have a policy for the transportation of specimens?	Ask staff				
2	Have staff handling/ transporting specimens received appropriate training in this procedure?	Ask staff				
3	Are transportation/specimen boxes used to transport specimens e.g. blood, urine, and swabs?	Ask staff				
4	If transporting specimens by road, do the transport boxes conform to UN3373 e.g. a rigid, wipe-able box?	Check boxes in use				
5	Are the specimen transportation boxes labelled as a “biohazard”?	Check labelling is clear				
6	Are specimen containers sealed in a designated plastic transit bag? (e.g. Microbiology plastic bag)	Check specimens				
7	Are disposable latex/nitrile gloves worn when handling leaking specimens?	Ask staff, check supplies				
9	Can staff state the correct procedure to deal with any bodily fluid spillage?	Ask staff				
10	Are specimen transport boxes visibly clean and in a good condition?	Check boxes				
			0	0	0	

Appendix 2

Examples of available Transportation Boxes:

http://my.supplychain.nhs.uk/Catalogue/product/fsl262

Please contact Steris for procurement advice on 01902 694078

Appendix 3

Royal Wolverhampton Hospitals NHS Trust

Medical Physics & Clinical Engineering Department

Decontamination Status

Date..... Inventory No.....

Please tick appropriate boxes:

☐ Decontaminated According to Trust Policy

☐ Externally Cleaned but may require Internal Cleaning / Decontamination

☐ CAUTION! Equipment has been subject to Infectious Contamination!

Equipment Status

IS THE EQUIPMENT FAULTY?	YES	NO

If YES Please enter details of fault.....

.....

Signature..... Name..... Ward.....

Appendix 4

THEATRE SERVICES CLINICAL PRACTICES SUB-COMMITTEE

LocSSIP 8: Safe Handling and Management of Specimens

DRPOC_ACC_7_LocSSIPs_Theatres_FinalUpdate_Nov_2022.pdf (xrwh.nhs.uk)

Appendix 5

Pneumatic Air Tube process

The pneumatic air tube is managed by RWT Estates Department and is available across the New Cross Hospital site. Deliveries of 'carrier pods' are received by the central reception area within the Pathology Centre; the system is designed for rapid transport of pathology samples.

The following rules apply.

- All specimens must be sealed inside a transparent plastic specimen bag. This bag must be leak proof. The plastic bag should be attached to the request form.
- The sample must not be allowed to come into direct contact with request form.
- The plastic bags are placed into a carrier pod. These carrier pods must not be overfilled.
- High risk samples may only be sent by the air tube system if they are double bagged inside bio-hazard or pathology specimen bags as described above.
- Any mechanical or electrical faults or suspected system leaks must be reported on the Estates Hot Line (01902 307999 ext.88151) as soon as possible. Sample leakage/breaks should be reported as soon as possible to either Pathology Safety Officer, a Consultant Microbiologist or senior pathology member of staff who will provide the appropriate clean up decontamination advice or action.