



Transportation of Specimen Samples and Waste in the Community

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	04/04/2025

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Infection Prevention and Control Nurse
Interim Head of Midwifery
RCM Health, Safety and Wellbeing Representative

Circulated to the following for Consultation

Date	Role / Designation
03.10.2023	Infection Prevention and Control Nurse
02.11.2023	Community Midwives
02.11.2023	Maternity Safeguarding lead
02.11.2023	Head of Midwifery
02.11.2023	Assistant Head of Midwifery
02.11.2023	Woman and Childrens Directorate Leads
02.11.2023	Lead IPC Nurse
22.11.2023	Assistant Head of Children's Nursing
05.11.2023	Team Lead Community Children's Nursing

Groups approved at

Date	Group
03.01.2024	Maternity guidelines Group
15.01.2024	Women and Children's policies and procedures group

Evidence Base

Advisory Committee on Dangerous Pathogens (2013) Approved List of Biological Agents. Health and Safety Executive: London
Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004) (COSHH).
The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (amendment) Regulations 2011
The Health and Safety at work etc Act 1974
Public Health Wales Waste Management Policy (2020)
National Infection Prevention and Control Manual (2022)
Code of Practice on the Prevention and Control of Infections and related guidance (2015)
PTHB Standard Infection Prevention and Control Precautions (2023)
Welsh Health Technical Memorandum 07-01

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
Age	X				
Disability	X				
Gender reassignment	X				
Pregnancy and Maternity	X				
Race	X				
Religion or Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and Civil Partnership	X				
Welsh Language	X				
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document? No risks identified</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document? No issues identified</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>Cool bag to be provided to each community midwife / Nurse/ Healthcare Support Worker for the transportation of samples.</p>					

1 Introduction

This policy provides guidance to community staff involved in care provision in the community setting with the aim of reducing the risk of contact with hazardous substances and preventing all avoidable healthcare associated infections.

A clinical specimen can be defined as any bodily substance, solid or liquid, that is obtained for the purpose of analysis; examples include blood, sputum, pus, urine, faeces, and skin tissue. All specimens are potentially infectious, and all staff involved in collecting, handling, and transporting specimens must follow infection control precautions to reduce the risk of preventing transmission of infection and be aware of related infection prevention and control policies, examples Personal Protective Equipment (PPE) policy and Hand Hygiene policy.

Staff handling specimens are responsible and have a duty to safely collect, handle and transport specimens outlined under the Health and Safety at Work Act (1974) and COSHH Regulations 2002 (as amended). If specimens are not stored and transported safely, they pose a risk of infection to staff, patients and the wider public. Containers used for carrying and transporting specimens must be secure and conform to the relevant regulations set out in the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2011.

2 Objective

This policy gives guidance to community staff on the transportation of specimen samples and waste in a community setting.

The policy should be read in conjunction with the national and local policies on infection, prevention and control.

It is intended to reduce the risk to community midwives from contact with Healthcare Associated Infections (HCAI).

3 Definitions

- **PTHB** – Powys Teaching Health Board
- **COSHH** – Control of Substances Hazardous to Health Regulations
- **PPE** – Personal Protective Equipment
- **HCAI** – Healthcare Associated Infection
- **SICPs** – Standard Infection Prevention and Control Measures
- **CCN** – Community Children’s Nurse
- **HSW** – Healthcare Support Worker

4 Responsibilities

It is the responsibility of the clinician to ensure that specimens are correctly obtained, placed in the correct container, labelled, and transported safely. The clinician is also accountable for staff to which this procedure is delegated, ensuring that they have the knowledge of the process required.

4.1 Head of Service

- Staff are informed and have access to this policy.
- Read and understand this policy.
- Arrange regular reviews to ensure compliance with local and national guidance.

4.2 Assistant Head of Service

- Supporting the dissemination and compliance with this document.
- Support regular reviews to ensure relevance.
- Arrange additional information, instruction and training when identified.
- Follow up on any DATIX submissions arising from this document and liaise with the health and safety team.

4.3 Community Team Leads

- Ensuring compliance with this document.
- To fully understand and work within this document.
- To ensure that their team has the required equipment and PPE to comply.
- To ensure that their team is aware of and understands the requirements of the document.
- Highlight any additional information, instruction or training needs.

4.4 Community Midwives / Nurses and Healthcare Support Workers

- Responsible for ensuring that they understand the requirements of this document.
- Reporting any additional information, instruction or training needs.
- Any areas of non-compliance are highlighted and rectified through appropriate escalation and management.

5 Transportation of Specimen Samples in Community

Transport of specimens Under the Health and Safety at Work etc. Act 1974, all staff have a responsibility to protect themselves and others including patients and the wider public from inadvertent contamination from hazardous substances.

All specimens must be placed in a designated secure collection area until ready for collection.

If sample is of 'high risk' status, ensure specimen is placed in biohazard bag. Appropriate transportation packaging should be used in line with the Carriage of Dangerous Goods and use of Transportable Pressure Equipment (amendments) Regulations (2011).

Community staff who are expected to transport specimens in their own vehicle to healthcare premises must be provided with a secure, leakproof, robust container which complies with UN3373 regulations. A **blood mini-porter cool box** has been provided to each community staff member for transportation of samples.

The mini-porter cool box should be secured in the boot of the car prior to transportation in case of an accident and during hot weather to reduce sample deterioration.

5.1 Cleaning

These containers must be cleaned after use with either a disinfectant wipe such as a Clinell wipe or a disinfectant & detergent wipe such a biohazard wipe if contaminated with bodily fluid. PPE should be worn specifically disposable gloves. Standard infection prevention and control precautions must be always used.

All staff who are required to transport specimens where there is a risk of spillage are offered Hepatitis B vaccinations. This will be assessed through the occupational health screening process for staff on appointment to the health board.

5.2 Leakages

If specimens are placed in the correct container, not over filled and lids secure, the incidents of leakage will be extremely rare. Where a leakage of bodily fluids does take place during transportation, the sample should be discarded and the patient informed, and the sample retaken.

Cleaning of the blood mini-porter cool box should be as above in accordance with the cleaning and decontamination of equipment, medical devices, and the environment (including the management of blood and bodily fluid spillages) policy. The incident must be reported and recorded.

6 Transportation of Waste in Community

It is important that all community midwives / nurses and HSW follow the SICPs as documented in the PTHB Standard Infection Prevention and Control

Precautions Policy, in all settings and at all times whether infection is known to be present or not. This will reduce the risk of contact with healthcare associated infections. It will also reduce the risk of transmission of micro-organisms from recognised and unrecognized sources of infection.

When handling waste personal protective equipment should be used and must include gloves and an apron as a minimum. Additional PPE may be required if the situation is of increased risk.

Hand Hygiene must be adhered to and hands decontaminated following handling of waste containers either by washing or the use of an alcohol-based hand rub.

6.1 Spillages of waste during transportation

Contact with contaminated waste during transport or following a spillage of waste in a vehicle must be reported using the DATIX system to the governance lead and health and safety department.

Consideration must be given to exposure through broken skin and contact with mucous membranes including the eye/mouth. See Appendix A for the best practice on cleaning up spillages.

6.2 Safe disposal of waste

The Welsh Health Technical Memorandum 07-01 contains the regulatory waste management for the NHS in Wales including waste classification, segregation, storage, packaging, transport, treatment and disposal.

- Always return waste to the nearest maternity unit / hospital immediately after leaving the community setting and placed in the sluice room (where applicable) in preparation for collection by the porters.
- Waste bags must be no more than 3/4 full or more than 4kgs in weight and secured using a ratchet tag.
- All contaminated clinical waste bags must be double bagged prior to transport or transported in a secure wipe clean plastic container.
- Clinical waste and sharps boxes should be transported in the boot of the vehicle and secured to prevent movement or tipping to reduce the risk of leakage.
- Sharps boxes must have a dedicated handle and a temporary closure mechanism which must be employed when the box is being transported. The sharps box label must always be completed in full. Sharps boxes must be no more than 3/4 full, at which they must be sealed shut.

7 Training

Infection Prevention and Control mandatory training is annual for clinical staff to complete level 2, and all other staff level 1, accessed through ESR learning. It is the responsibility of the Manager to ensure ALL staff complete the mandatory training.

8 Monitoring Compliance, Audit & Review

Monitoring of compliance will be undertaken by the team leaders working in the community setting.

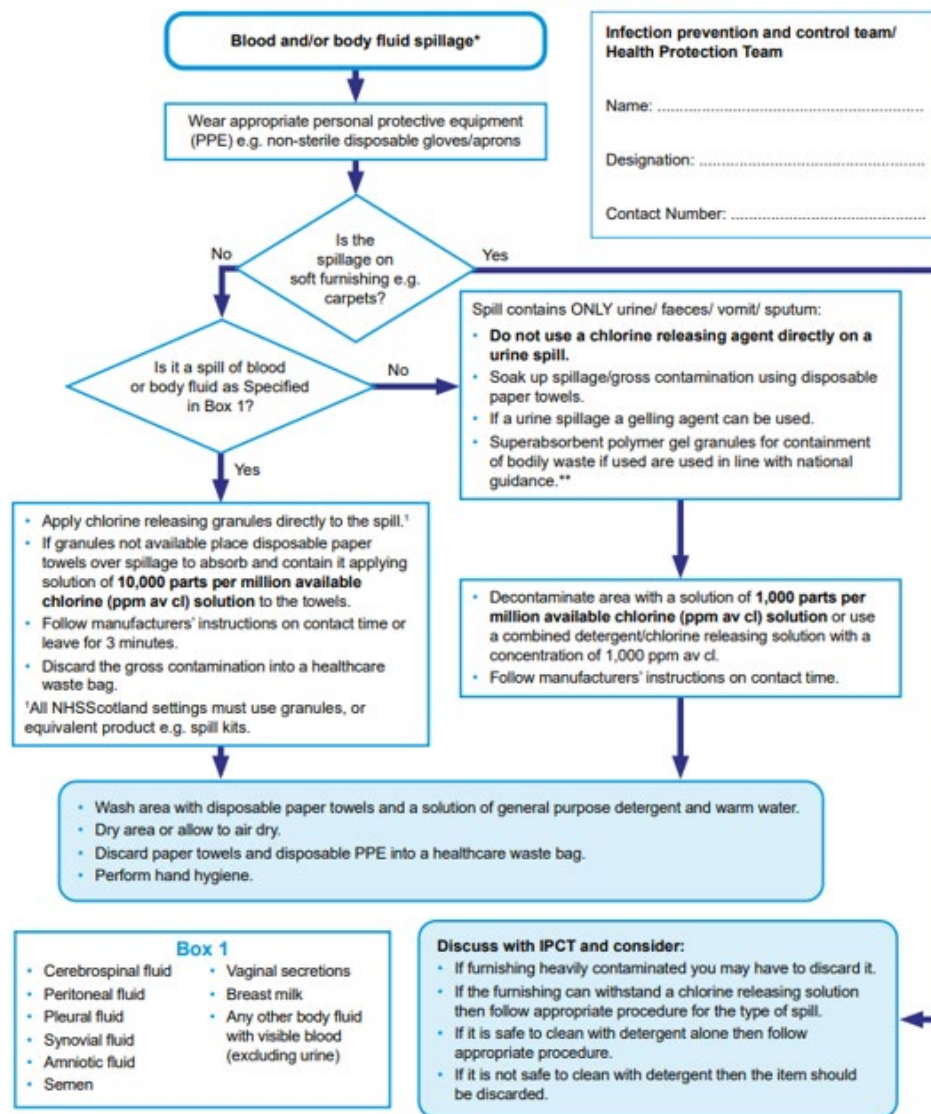
This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

9 References / Bibliography

- Department of Health (2015) The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.
- European Directive 2010/32/EU on the Prevention of Sharps Injuries in the Healthcare Sector
- Guide to donning (putting on) and doffing (removing) PPE (non AGP) in adult social care settings (text only version) - GOV.UK (www.gov.uk)
- Health and Safety at Work etc. Act 1974
- Health and Safety Executive 2013 Sharps Instruments in Healthcare Regulations
- Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK (www.gov.uk)
- HTM 07-01. Management and Disposal of Healthcare Waste 2013 WHTM 07-01.pdf (wales.nhs.uk) nwssp.nhs.wales/ourservices/specialist-estates-services/specialist-estates-services-documents/whtms-library/whtm-07-01-safe-management-of-healthcare-waste-pdf/
- <https://nhsproviders.org/media/690124/guidance-for-remobilisation-of-services.pdf>
- National Clinical Guideline Centre at The Royal College of Physicians; London
- National Infection Prevention and Control Manual: Chapter 1 - Standard Infection Control Precautions (SICPs) (scot.nhs.uk)
- National Infection Prevention and Control Manual: Home (scot.nhs.uk)

Management of blood and bodily fluid spillages

Best Practice: Appendix 9 – Management of blood and body fluid spillages



**Infection prevention and control team/
Health Protection Team**

Name:

Designation:

Contact Number:

* Scottish National Blood Transfusion Service and Scottish Ambulance Service use products that differ from those stated in the National Infection Prevention and Control Manual.

** Refer to [http://www.hfs.scot.nhs.uk/publications/1575969155-SAN\(SC\)1903.pdf](http://www.hfs.scot.nhs.uk/publications/1575969155-SAN(SC)1903.pdf) for further information in Scotland or <https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102937> in England.