

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Transport of Clinical Specimens

Version No.:	5.1
Effective From:	29 January 2013
Expiry Date:	31 January 2016
Date Ratified:	29 January 2013
Ratified By:	Laboratory Medicine Executive Group

1 Introduction

This policy covers the packaging and transport of specimens within and between hospital sites and lists the responsibilities of Ward staff, Messengers and Porters, and Pick-up Point staff.

There are four UN numbers that can be used to classify goods that contain infectious substances or pathogens, as dangerous goods for transport:

- UN 2814, Infectious Substances (affecting humans)
- UN 2900, Infectious Substances (affecting animals)
- UN 3291, Clinical Waste (Bio Medical Waste or Regulated Medical Waste)
- UN 3373, Diagnostic Specimens

Most Pathology specimens fall under the UN 3373 category and as such a risk category must be determined for each and details are provided in the text of this policy. Diagnostic material assigned to this category is only permitted to be transported for the purpose of diagnosis or investigation and include a variety of biological fluids and tissues but does not include live infected animals.

Note that Genetically Modified Organisms (GMO) and Micro-organisms must not be sent under UN 3373 conditions and must be transported under either UN2814 or UN 2900.

Adherence to the policy will ensure compliance with the HSE guidance contained in the document 'Safe working and the prevention of infection in clinical laboratories and similar facilities.' It includes advice on the use of air-tubes, Hopper service, couriers and taxis for specimen transport. The guidance covers specimens for each of the laboratories, with additional detail for urgent samples for Microbiology and for high-risk specimens. The flow diagram in Appendix A summarises the procedures.

2 Policy scope

This policy relates to all members of staff, included contracted courier staff, involved in the transit of a clinical sample (blood, urine, tissue etc) from the patient to the laboratory or between laboratories. The policy does not apply to Royal Mail staff or external transport providers, such as taxi drivers and non-contracted courier staff.

3 Aim of policy

The aim of the policy is to provide clear guidance to staff involved in the transfer of clinical samples to the laboratory to ensure this is accomplished in a safe, secure and timely fashion. This should ensure the safety of all staff handling samples and maximise the benefit to patients from prompt analyses.

4 Duties (Roles and responsibilities)

4.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.

4.2 Directorate managers and heads of service are responsible to the Executive Team for ensuring policy implementation.

4.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).

4.4 Staff are responsible for complying with policy.

5 Definitions

The meaning of the terms used in the context of this document:

- **Air tube**
The pneumatic specimen transport system that links wards and theatres with the laboratories.
- **Biochemistry**
Trust laboratory Part of Blood Sciences. Also known as Clinical Chemistry?
- **Biohazard**
A sample from a patient infected with a Hazard Group 3 or 4 biological agent (known or suspected)
- **Blood Sciences**
A collective term for the laboratories that examine blood samples. This includes Biochemistry, Haematology and Immunology.
- **Blood Transfusion**
Trust laboratory. Part of Blood Sciences
- **Cellular Pathology**
A department consisting of Cytology, Histopathology, Neuropathology and the Mortuary (FRH & RVI).
- **Courier**
The Trust's contracted operator who provides the inter-hospital courier service.

- **Cytology**
Trust laboratory where cells in fluids are examined. Part of Cellular Pathology.
- **Electronic requesting**
Requesting a laboratory examination via the eRecord system.
- **Frozen section**
A rapid, intra-operative diagnostic procedure carried out in Histopathology and Neuropathology on fresh tissue samples.
- **Haematology**
Trust laboratory. Part of Blood Sciences.
- **Health Protection Agency**
Government laboratory. Works with Microbiology.
- **Histopathology**
Trust laboratory where tissue samples are examined microscopically. Part of Cellular Pathology.
- **Hopper**
The regular minibus transport service that links the CAV, FRH and RVI sites.
- **Immunology**
Trust laboratory. Part of Blood Sciences.
- **Microbiology**
Trust laboratory where samples are examined for infectious agents.
- **Neuropathology**
Trust laboratory where tissue samples from the central nervous system are examined microscopically. Part of Cellular Pathology.
- **Sample**
Any body fluid or tissue extracted from a patient for laboratory examination.
- **UN3373 packaging**
Approved sample packaging (triple-pack) that meets the standard required for safe transport by road & rail.
- **Virology**
HPA laboratory at RVI. Examines samples for viruses.

6 Transport procedures

6.1 Packaging and transport within a hospital site

6.1.1 Ward staff responsibilities

Use the correct container for the analysis required (refer to the BD Tube Guide for blood specimens). Label the specimen container with the following essential information:

Patient's Name
Date of birth
NHS number/Hospital number
Date collected
Location

Fill in the corresponding request form (electronic or hard copy).

Consider risk of biohazard – see Section 4 and the [Sample Acceptance & Rejection Quick Reference Guide](#).

Place the specimen container into the plastic bag attached to the request form and seal the bag.

For electronic requesting, place the specimen in a separate specimen bag. There are designated bags for eRecord samples. Other plastic bags must not be used as this can result in specimens being delivered to the wrong department.

Ensure that tubes from only one patient are placed in the bag. Do not place specimens from multiple patients in one bag.

Note that the Histopathology/Neuropathology request form is separate from the specimen bag. Place the form and specimen in their respective compartments. To avoid contamination **do not** place the form in with the specimen. With larger specimen containers, bag the specimen and then place it with the form in a second bag so they do not get separated.

Send the sample promptly to the on-site laboratory.

6.1.2 Messengers and Porters rules and responsibilities

Clinical material is potentially hazardous. These rules minimise the risk to you, other staff, patients and visitors to the Trust. If in doubt, contact your Hospital Infection Control Team – FRH x31018; RVI x24994.

Always carry specimens in a safe manner and deliver them as soon as possible to the relevant laboratory or reception.

Handle specimen containers as little as possible. Wash your hands afterwards if you do handle them.

If a specimen is broken or leaking in the carrier, do not remove it. Take it to the Laboratory who will deal with it appropriately.

If a specimen is dropped and broken in the hospital, do not touch it or allow anyone else to touch it. In a clinical area, contact one of the nursing staff to deal with the specimen. In a non-clinical area or corridor, contact staff in the nearest clinical area or a Domestic Supervisor.

If the specimen contained Formaldehyde contact the Histopathology Laboratory (RVI ext. 24445) to ensure retrieval of the specimen and removal of the Formaldehyde hazard.

The Duty Supervising Porter must be informed of any and all spillages/breakages, and he should then inform the originating department.

After any spillage, wash your hands. Contaminated clothing should be removed and cleaned in accordance with the Trust Laundry Policy as soon as possible. Contact the Infection Control Team if you are unsure of what to do.

All accidents, spillages etc must be reported to and recorded by your Manager on DATIX. Advice can be provided by the Health & Safety Department.

Wash your hands frequently while on duty, especially before refreshment breaks and when finishing work.

6.1.3 Use of the Air Tube System

Correctly packaged specimens should not leak or break within the Air Tube system. However, never send the following items/specimens via the air tube:

- Needles Hazardous to Laboratory staff.
- Incorrectly packaged or Biohazard specimens Hazardous to all staff using the system. Decontamination of the system is expensive, difficult and may cause prolonged closure.
- Specimens not in a carrier These will break.
- Specimens for blood gas analyses (Biochemistry) Result affected.
- CSF specimens for Xanthochromia (Biochemistry) Result affected.

In the event of a spillage or breakage in the Air Tube System please contact the site Estates Department urgently:

FRH & RVI Estates Departments, x21000 – Trust Service Desk

Out of hours and at weekends contact the site Estates Shift Craftsman on x29201 (RVI) or x48804 (FH), or via Switchboard.

6.2 Packaging and transport between Newcastle hospital sites

6.2.1 Microbiology specimens

Microbiology laboratories are centralised on the FRH site.

Routine samples should be sent via Porter to the on-site RVI laboratory and will be transported to FRH Microbiology by regular courier.

Samples from the Centre for Life and Walkergate hospital must be sent in the appropriate UN3373 containers by courier or taxi as appropriate.

Urgent Microbiology samples **MUST NOT** be sent to the on-site laboratories but should be sent to FRH by taxi or hopper (see next paragraph).

6.2.2 Urgent Microbiology specimens

The Ward MUST notify Microbiology by telephone in advance of any urgent specimens (37291/31019 Microbiology or 26545/48890 Serology). Out of hours, all telephone calls must be made via switchboard.

Where request forms are still used the Ward must complete the request form and clearly mark it 'URGENT'.

The Ward must complete an 'Urgent Microbiology Specimens' slip and attach it to the specimen request form.

The Ward must ensure the specimen is correctly packaged and sent via the designated Pick-up points by Hopper or taxi to the correct destination. Supplies of UN3373 packaging are available at the designated Pick-up points.

Microbiology will return the packaging and containers to the designated Pick-up points.

High risk samples MUST be clearly identified by a biohazard label.

Virology samples

Routine samples should be sent via Porter to the on-site laboratory and will be transported to the appropriate laboratory by regular courier.

Urgent Virology samples for PCR

These are examined in the HPA laboratory at the RVI

The ward must notify this laboratory by telephone in advance of any urgent specimens (21108/21102/3/4)

Out of hours, all telephone calls must be made via switchboard to the on-call Virologist.

Urgent specimens must be clearly marked 'URGENT' and must be sent to the RVI laboratory. If samples are sent from other sites, they must be sent via the designated pick-up points by Hopper or taxi as above.

6.2.3 All Other Laboratories

During working hours the receiving laboratory is responsible for the safe transport of specimens to other sites once received from wards or clinics.

Out of hours (i.e. at nights, weekends and on bank holidays) Specimens to be sent to another site must be sent via the pick-up points. Incorrectly packaged specimens will not be sent.

Designated Pick-up Points:

RVI: Leazes Wing Reception, Ext. 25800/24903

FH: Freeman Main Reception, Ext. 26740

CAV: Cherryburn Main Entrance, Ext 23501

Note that taxis for specimens going off-site are ordered by reception staff at the Pick-up points. Reception staff at the pick-up point must be informed when a specimen for dispatch to another site is urgent. If tests are requested from more than one site, then the relevant number of samples must be sent to **each** site. The reception staff at pick-up points will maintain a supply of the packaging for safe transport of specimens.

6.2.4 Ward Staff Responsibilities

Use the correct container for the analysis required (refer to BD Tube Guide for blood specimens). Label the specimen container with the following essential information:

- Patient's Name
- Date of birth
- NHS number/Hospital number
- Date collected
- Location

Fill in the corresponding request form (electronic or hard copy). See [Sample Acceptance & Rejection Policy](#). **Consider risk of biohazard – see Section 4.**

Place the specimen container in the plastic bag attached to the request form and seal the bag.

For electronic requesting, place the specimen in a separate specimen bag. There are designated bags for eRecord samples. Other plastic bags must not be used as this can result in specimens being delivered to the wrong department.

Ensure that tubes from only one patient are placed in the bag. Do not place specimens from multiple patients in one bag.

The Histopathology/Neuropathology is separate from the bag. Place the form and specimen in their respective compartments. To avoid contamination do not place the form in with the specimen. With larger specimen containers, bag the specimen and then place it with the form in a second bag so they do not get separated.

If for Microbiology – fill in an Urgent Microbiology specimen slip and attach it to the request.

Send or take the sample to the appropriate designated pick-up point (urgent Microbiology or urgent Virology) or on-site laboratory (all other samples) and ensure it is placed in the correct container for transport.

6.2.5 Pick-up point Staff Responsibilities

Do not send incorrectly packaged or labelled specimens to other sites – instruct the staff member who brings an incorrectly packaged specimen to place it in the UN3373 container (see example below) or place it in the container yourself.

Supplies of the UN3373 packaging are kept at each Pick-up point and

Pick-up point staff are responsible for ensuring that an adequate supply of the packaging is always available.

Put the bagged specimen into the impervious secondary container. Write the destination site, originating ward and contact numbers on labels and attach to the outer cardboard container.

The outer and secondary packaging is reusable and will be returned to the pick-up points by the receiving laboratories.

6.3 Use of Courier, Hopper or Taxis

6.3.1 Use of the Hospital Courier

Couriers circulate between pathology receptions and the pick-up points at the various hospitals between the hours of 0800 – 1800 (Saturday morning to 1pm only).

Plastic or Aluminium boxes complying with Hazardous Goods By Road Regulations and UN3373 are used. Appropriate specimens, segregated into plastic bags and labelled with the destination, are placed into the boxes.

Boxes must be secured for transport in the back of a van/boot of a car. Cargo nets or straps as appropriate may be used.

The boxes will be disinfected weekly by laboratory reception staff.

Larger boxes complying with the same standards are available for large histopathology samples e.g. anatomical parts.



Blue Transport Box for Histopathology

6.3.2 Use of the Hopper service

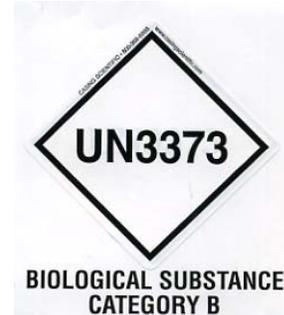
This is **only** to be used when the samples are **urgent** and the courier service is not operational or is inappropriate.

Hoppers circulate between the FRH, RVI (Leazes/Peacock Hall) and Centre for Life between the hours of 0800 and 1800.

Specimens must be packed into appropriate UN3373 'triple pack' containers, such as 'Bio-Bottles' or 'Pathopak', at the designated pickup point or Laboratory with the destination, originating ward and contact number on the outside before being taken to the pick-up point.



UN approved 'triple-pack' packaging for diagnostic specimen transport [example]



UN3373 Label

6.3.3 Use of Taxis

Taxis should only be used for transporting urgent specimens if there is no operational courier or Hopper. Urgent frozen sections for Histopathology should always be sent by taxi from FRH to RVI.

Specimens must be packaged in appropriate UN3373 transport containers, as for the Hopper (above), with destination, sender's details and contact numbers on the outside, when taken to the pick-up point. Supplies of packaging are available from:

RVI Leazes Wing Reception
FRH Main Reception

Taxis for specimens going off site are ordered by the ward from the Reception Point.

6.3.4 In the event of an accident or spillage

The courier/driver should telephone the contact number on the outside of the specimen transport box or container and inform the Duty Manager of the laboratory concerned, (or On-call Biomedical Scientist if out-of-hours) who will co-ordinate the Laboratory's response in conjunction with the Head of Department.

Biochemistry	Ext 29719 (RVI), 48889 (FRH)
Cytology	Ext 29120
Haematology	Ext 24761 (RVI), 31649 (FRH)
Histopathology	Ext 29120
Immunology	Ext 25295 (office hours – out of hours contact)

RVI Haematology for advice)
Microbiology Ext 37291
Neuropathology Ext 29120
Virology Ext 22108/22102/3/4

The laboratory should notify the originating wards of any specimens damaged or destroyed in transit.

6.4 The transport of high-risk specimens

It is a requirement by the Health and Safety Executive that anyone sending samples to a laboratory must provide relevant clinical details including recent foreign travel and any known or suspected infection with, or exposure to, high risk microorganisms.

Specimens from patients with certain infections are a particular risk to Laboratory staff who process them. Laboratories have special procedures in place to handle these specimens safely. The Laboratory **must** be made aware when a specimen is high risk by labelling **both** the request form, where submitted, and sample container with a biohazard label. A list of relevant infections is provided on the laboratory intranet site.

For electronic requesting, the biohazard label must be placed on the sample and the specimen placed in a separate specimen bag (not alongside other specimens). There are designated bags for eRecord samples. Other plastic bags must not be used as this can result in specimens being delivered to the wrong department.

A supply of biohazard labels should be available in each clinical area (obtain from Trust Supplies, stock printed stationery requisition, item no. NUTH78).



A Biohazard Label

High risk patients include those with conditions or infections detailed in **Appendix 2** below.

It is not necessary for safety reasons to identify the patient's condition on the request form, although it will aid diagnosis, **except** in the case of known or suspected Transmissible Spongiform Encephalopathy (TSE, e.g. CJD/vCJD). However it is a legal requirement that sufficient clinical information be provided to allow the laboratory to identify the risk and institute special handling and disposal procedures in the Laboratory.

Note that infectious specimens are safe to be transported by Hopper, courier or taxi when correctly packed in the UN approved triple packaging, as for other

diagnostic specimens, but in this instance the outer pack must display a UN2814 'Infectious Substance' biohazard label (often pre-printed on the outer box).



*Infectious
Substance Label (UN2814)*

The person requesting the test is responsible for following this policy. Failure to identify specimens from high risk patients in this way will be reported to the Head of the originating Department and Infection Control. Repeated failures will result in a formal complaint.

7 Training and Competency

7.1 Training

- All staff involved in the transportation of pathology specimens must have successfully completed an education and training process which followed by observation and supervision in the workplace setting.
- Continued maintenance of capability will be demonstrated by competence assessed annually by laboratory and Trust review.
- Written evidence of ongoing competence will be recorded in the Laboratory Medicine competence assessment and record form. A copy of this will be issued to the transport courier/driver and /or to their manager and another copy will be retained by a delegated manager within Laboratory Medicine
- Staff new to the trust or contracted to the Trust, who have been performing the skills elsewhere, must be familiarised with the Trust's policy and requirements by a trainer/assessor and written evidence of previous education and training will be required.
- Managers need to ensure staff are aware of and have access to policy guidelines and that the appropriate education, supervision and personal development reviews are in place to ensure safe practice.
- A record of competencies will be kept for audit and compliance purposes.

7.2 Competency

- Knowledge of all PCT infection prevention and control policies.

- Maintain safety and minimise the risk of the transmission of infection.

7.3 Performance Requirements:

- Individuals must be able to assemble and utilise all equipment associated with the safe transport of pathology specimens and materials.
- They must be able to carry out procedure according to trust guidelines.
- They must be able to observe infection control measures.
- They must be able to dispose of equipment and waste material in a safe and correct manner.
- They must be able to complete all appropriate and associated documentation.

All staff receive training will be delivered at induction and will be provided primarily by the contractors themselves in compliance with the Current Transport Regulations. Laboratory Medicine representatives in conjunction with Trust Health and Safety team representatives, must provide specific training in respect of the handling and packaging of pathology specimens and materials.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

9 Monitoring compliance with the policy

9.1 Annual audit will be carried out by Laboratory Medicine representatives to establish compliance to requirements and to ensure competences are maintained.

9.2 Any non-conformances will be brought to the attention of laboratory management and transport service management.

9.3 Individuals that do not conform to the requirements will not be permitted to practice until assessors are satisfied that the deficiencies have been addressed.

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
<p>CPA (UK) Ltd. Standards for the Medical Laboratory</p> <p>E4 Specimen transportation Specimen transportation systems need to ensure the timely arrival of specimens at the correct destination at minimum risk to both laboratory and non-laboratory personnel.</p>	Monitoring of compliance will be by Laboratory Management and/or Trust Health and Safety team audit. This should be performed annually as a minimum requirement.	Laboratory Medicine Quality Management representative and/or Trust Health and Safety representative.	Laboratory Medicine Executive	Annual
<p>E4.1 Laboratory management shall establish a procedure(s) for the transportation of specimens, that includes:</p> <p>a) ensuring the safety of the courier, the general public and receiving laboratory</p> <p>b) packaging, labelling and despatch</p>	Directorate Procedure (This Procedure)	Laboratory Medicine Management	Laboratory Medicine Executive	Bi-annual
<p>c) ensuring that the specimens arrive within a time frame appropriate to the nature of the requested examinations and protects the specimens from deterioration</p> <p>d) reporting incidents during transportation that may affect the quality of the specimen or the safety of personnel.</p>	Monitoring of compliance will be by Laboratory Management and/or Trust Health and Safety team audit. This should be performed annually as a minimum requirement.	Laboratory Medicine Quality Management representative and/or Trust Health and Safety representative.	Laboratory Medicine Executive	Annual

<p>E4.2 The procedures for the transportation of specimens shall meet all regulatory requirements.</p> <p>Where laboratory management do not directly manage or control the transport of specimens, a system should be established with consultation between laboratory and hospital safety advisors and be subject to safety audit</p>	<p>Monitoring of compliance will be by Laboratory Management and/or Trust Health and Safety team audit. This should be performed annually as a minimum requirement.</p>	<p>Laboratory Medicine Quality Management representative and/or Trust Health and Safety representative</p>	<p>Laboratory Medicine Executive</p>	<p>Annual</p>
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10 Consultation and review

The Directorate of Laboratory Medicine will engage with service users to determine their requirements and adapt its approach to transportation as appropriate to meet their expectations where possible. There will be a consultation process and user surveys will be undertaken at regular intervals to determine satisfaction. The service provider will review their approach and investigate non-conformities fully in accordance with Trust policy.

Service users are classified into the following groups:

- General Practitioners and their staffing teams.
- Hospital 'in patient' medical teams.
- Hospital in patient nursing teams.
- Hospital outpatient medical teams.
- Hospital outpatient nursing teams.
- Hospital support teams.
- Community based medical and nursing teams.
- Other services that refer work to the Trust.

Any service level agreements in place with any of the above stakeholders should contain defined review criteria and dates as appropriate.

11 Implementation of policy (including raising awareness)

This policy is supported by directional guidance on the Trust intranet.

12 References

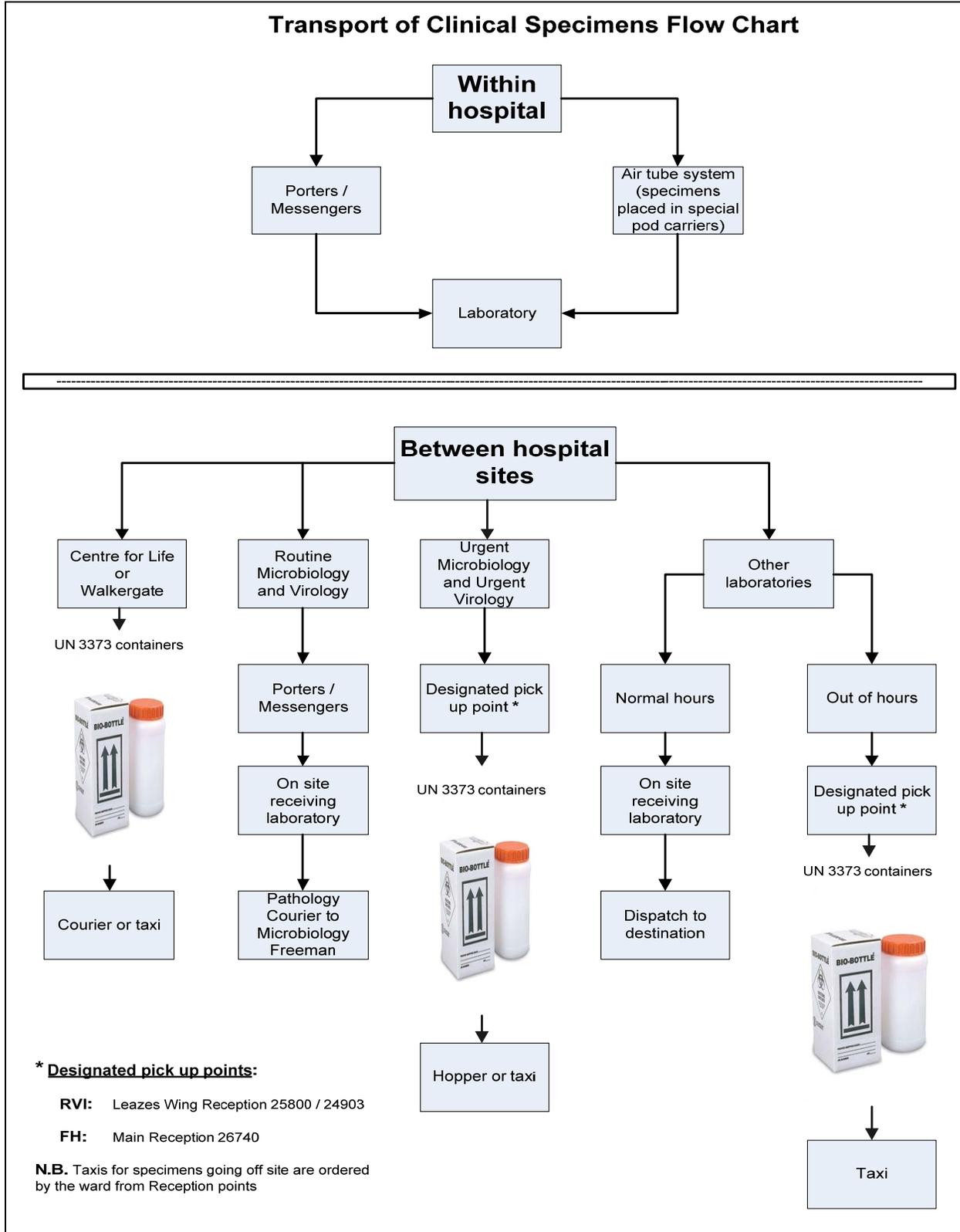
- HSE guidance [Infectious Substances, Clinical Waste & Diagnostic Specimens](#)
- HSE guidance [Carriage of dangerous goods](#)

- HSAC guidance 'Safe working and the prevention of infection in clinical laboratories and similar facilities', HSE Books 2003.
- Clinical Pathology Accreditation – [Standards for the Medical Laboratory](#) (refer to Standard E4 Specimen transportation)
- HSE Bulletin HID 5-2011 [Provision of key clinical information on laboratory specimen request forms](#). December 2012.

13 Associated documentation

- Trust [Sample Acceptance & Rejection Quick Reference Guide](#)
- Trust [Sample Acceptance & Rejection Policy](#)

Appendix 1



Appendix 2 – High risk infectious agents

Bacillus anthracis
Brucella abortus
Brucella melitensis
Brucella suis
Burkholderia mallei
Burkholderia pseudomallei
Francisella tularensis
Mycobacterium africanum
Mycobacterium avium/intracellulare
Mycobacterium kansasii
Mycobacterium leprae
Mycobacterium malmoense
Mycobacterium microti
Mycobacterium scrofulaceum
Mycobacterium simiae
Mycobacterium szulgai
Mycobacterium tuberculosis
Mycobacterium ulcerans
Mycobacterium xenopi
Rickettsia spp
Salmonella paratyphi A,B,C
Salmonella typhi
Shigella dysenteriae type 1
All Viral Haemorrhagic Fever agents
All Viral encephalitis agents
Hepatitis B
Hepatitis C
Hepatitis D
Hepatitis E
Herpesvirus simiae
Monkeypox
HIV
HTLV types 1 and 2
Simian Immunodeficiency virus
Rabiesvirus
Chikungunya
Alphaviruses
Creutzfeld-Jacob agent
Echinococcus granulosus
Echinococcus vogeli
Leishmania brasiliensis
Leishmania donovani
Naegleria fowleri
Plasmodium falciparum

Taenia solium
Trypanosoma brucei rhodesiense
Trypanosoma cruzi
Blastomyces dermatidis
Coccidioides immitis
Histoplasma capsulatum
Paracoccidioides brasiliensis
Penicillium marneffe

N.B. This is not an exhaustive list; the Laboratory or Infection Control Team may request this for patients with other infectious conditions.

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Transport of Clinical Specimens	Policy Author:	Bill McMeekin, Biomedical Scientist
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

Comments: This policy does not discriminate in any way on the basis of race, ethnicity, gender, nationality, culture, religion & belief, sexual orientation, age or disability.	Action Plan due (or Not Applicable): Not applicable.
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Name and Designation of Person responsible for completion of this form: Bill McMeekin, Chair, Laboratory Medicine Health & Safety Group..... Date: 23/01/2013.....

Names & Designations of those involved in the impact assessment screening process: Laboratory Medicine Health & Safety Group.....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.