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# 1.0 PURPOSE AND SCOPE

This document is a User Manual which describes the services provided by Pathology at Weston for University Hospitals Bristol and Weston (UHBW), for all users and the information contained herein is correct at time of printing.

# 2.0 REFERENCES AND DEFINITIONS

## 2.1 REFERENCES

N/A

## 2.2 DEFINITIONS

N/A

# 3.0 GENERAL INFORMATION

## 3.1 Availability

Routine Hours in Pathology are:

Blood Sciences: 09.00 - 17.30 Monday - Friday (exc. Public Holidays)

Microbiology: 08.30 - 17.00 Monday - Friday (exc. Public Holidays)

Please refer to individual discipline User Guides for details of Out of Hours service provided by each area of the laboratory.

## 3.2 Location

The Pathology Department can be found on the first floor of the main building. From the main staircase and lifts, turn left. You will then find the Pathology Department on your left past the Macmillan Centre.

The Pathology Department can be found on the first floor of the main building.
From the main stair case and lifts, turn left. You will then find the Pathology Department on your left.



#### Direction from the North

* Exit M5 J21
* At the 1st roundabout, take the third exit onto A370
* At the 2nd roundabout, take the second exit - A370
* At the 3rd roundabout, take the second exit - A370
* At the 4th roundabout, take the second exit - A370
* At the 5th roundabout, take the second exit - A370
* At the 6th roundabout, take the first exit onto A3033 Drove Road for 1.1 miles
* Turn left onto A370 Bridgwater Road for 0.6 miles
* At the roundabout, take the third exit onto Grange Road
* Turn right for the Hospital

#### Direction from the South

* Exit M5 J22
* At the 1st roundabout, take the third exit onto A38 Bristol Road for 1.7 miles
* At the 2nd roundabout, take the first exit onto A370 for 5.2 miles
* At the 3rd roundabout, take the first exit onto Grange Road
* Turn right into the Hospital

## 3.3 Contact information and clinical advice

Pathology is happy to discuss all aspects of the service with users. Outside of any infectious disease restrictions, you are welcome to visit the Department during routine working hours by making an appointment by phone, e-mail or letter. Trust staff can gain access to the Department with their security badge. Others should report to Pathology Reception and may prefer to make an appointment to ensure that the person they wish to see is available.

Consultants for all laboratories within Pathology are available during routine working hours to discuss problems, interpretation of Pathology results and review patient management where appropriate. An Infection Control Doctor is also available for advice. Outside routine working hours clinical advice is available by contacting the Weston General switchboard, as consultants may be offsite.

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| --- | --- | --- | --- |
| **General Enquiries** | **Internal Ext.** | **External** | **Available for Advice** |
| Switchboard/Main Hospital Reception  | 0 | 01934 636363 |  |
| HELPDESK General Enquiries | 3321 | 01934 647051 | Monday - Friday |
| Reception | 5308 |  | Monday - Friday |
| Pathology Supplies | Bleep 4 027 | Switchboard | Monday - Friday |
| Outside Routine Hours | Bleep 4 017 | Switchboard | Weekends, Bank Hols and 17.00 – 08.30hrs weekdays |
| FAX |  | 01934 881301 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IT Support** | **Internal Ext.** | **External** | **e-mail** | **Available for Advice** |
| Mr Daniel Riordan (Pathology IT Lead) | 5302 | 01934 647053 | Daniel.Riordan@uhbw.nhs.uk  | Predominantly via email due to flexible working location |
| Clinical Systems (ICE accounts and password reset) | 3817 | Switchboard |  | Monday - Friday |
| IT helpdesk | 3850 | Switchboard |  | Monday - Friday |

Please refer to individual discipline User Guides for support contacts relating to each area of the laboratory.

# 4.0 GOVERNANCE

## 4.1 Quality Standards

The Pathology laboratory here at UHBW (Weston), holds accreditation with the United Kingdom Accreditation Service (UKAS) for compliance with ISO 15189:2012. We are currently working towards compliance to the new ISO 15189:2022 standards. For detailed information on the accreditation status of individual tests, please refer to the MES tables on our intranet and internet pages. A comprehensive quality assurance program is an integral part of the procedures of the laboratory and is necessary for compliance with accreditation standards assessed by UKAS.

The relevant disciplines within the Department also comply with requirements from the following regulatory bodies: Medicines and Healthcare products Regulatory Agency (MHRA), The Human Tissue Authority (HTA), Health and Safety Executive (HSE).

The accreditation status of referral laboratories used by UHBW (Weston) can be found on the UKAS website and is checked annually to confirm that these laboratories are ISO 15189 compliant.

## 4.2 Service agreements

Each request accepted for Pathology services at UHBW (Weston) is considered a service level agreement. To provide this agreement the pathology department agrees to ensure the following conditions are met:

* The requirements of the customers and users, and of the provider of the laboratory services, including the examination processes to be used, shall be defined, documented and understood.
* The laboratory shall have the capability and resources to meet the requirements.
* Laboratory personnel shall have the skills and expertise necessary for the performance of the intended examinations.
* Examination procedures selected shall be appropriate and able to meet the customers’ needs.
* Customers and users shall be informed of deviations from the agreement that impact upon the examination results.
* Reference shall be made to any work referred by the laboratory to a referral laboratory or consultant.

## 4.3 Complaints and feedback

Feedback from our Users is welcomed, as it assists us in the improvement of our service. If you wish to contact us, please do so by email, telephone or letter explaining the area of concern and an appropriate member of the Pathology Team will aim to address the issue.

The Pathology Head of Service is: Adrian Brown

* E-mail: Adrian.Brown@uhbw.nhs.uk
* Direct number: 01173422575
* Internal extension from the Bristol site: 2575

The Pathology Deputy Head of Service is: Patrick Simms

* E-mail: Patrick.Simms@uhbw.nhs.uk
* Direct number: 01934 647009
* Internal extension from the Weston site: 3309

The Pathology Quality Manager is: Natalia Casey

* E-mail: natalia.casey@uhbw.nhs.uk
* Direct number: 01934647053
* Internal extension from the Weston site: 5306

We follow the Trust Complaints procedure (available on request) with the Complaints and PALS Dept. who provide advice and assistance to patients, carers, visitors and staff in resolving concerns.

An official complaint from a patient that asks for a response will be acknowledged within 3 working days. The complaint is then processed within an agreed timescale.

# 5.0 BEFORE THE SAMPLE IS TAKEN

## 5.1 Request form completion

It is essential that a patient can be identified from a test request and therefore the requirements for request information are –

* Forename and Surname
* Hospital Registration Number (MRN)
* Date of birth
* Patient location (do not leave blank, if this is an ED patient please write ‘ED’)
* Consultant
* Requesting clinician
* Date and time sample taken
* Sample type (and site where appropriate)
* Patient address
* Relevant clinical and drug details
* Investigations (tests) required

If this information is not given we may not have sufficient identification to positively identify the patient or determine necessary investigations, therefore, the sample may not be processed. All requests originating from the Emergency Department should, if possible show the consultant under whom the patient will be admitted, and the destination ward. Please ensure that all handwriting is legible as illegibility may result in incorrect test selection or process delay. Likewise, lack of information regarding patient location, tests required and clinical details may cause the same problems.

## 5.2 Electronic Requesting

Where possible, please use the electronic requesting system ICE for requesting tests. This enables a more rapid receipt and processing of samples within the laboratory. Please also ensure that the specimen is labelled with an ICE produced sticker (barcoded) before sending the specimen to the laboratory in the specimen bag.

Please ensure that you have selected the correct test and obtained the correct sample for this request before sending the specimen to the laboratory. Failure to do this may result in incorrect tests being performed or rejection of samples for processing.

For further information within the hospital please contact Clinical Systems for ICE login support (extension 3817) or the laboratory for help requesting tests on ICE (extension 3305).

## 5.3 Patient preparation and informed consent

*All procedures carried out on a patient need the informed consent of the patient. For most routine laboratory procedures, consent can be inferred when the patient presents himself or herself at the appointment with a request form and willingly submits to the usual collecting procedure, for example venepuncture. Patients in a hospital bed should normally be given the opportunity to refuse*.

It is the responsibility of the requesting clinician to obtain consent appropriate for the specimen collected. The laboratory will not check that consent has been obtained and a request implies to us that consent has been given. The laboratory does not normally require consent documentation to be sent alongside specimens but asks that it is recorded in patient notes where appropriate. For further information please consult the General Medical Council guidance.

# 6.0 COLLECTING THE SAMPLE

## 6.1 Sample labelling

It is imperative that any sample taken from a patient can be positively identified. In order to do so the minimum requirement for labelling is:

* Surname
* Forename
* Hospital registration number or date of birth
* Patient location, 1st line of address, postcode
* Date sample taken

These details are present on the labels generated on ICE requests. However any non-electronic requests must ensure the sample has been labelled correctly with the above criteria. For additional labelling requirements in each area of the laboratory please refer to appropriate discipline User Guide.

# 7.0 SAMPLE TRANSPORT

## 7.1 Sample transport within the hospital

The Air Tube System covers all the main areas of Weston General Hospital site and all samples transported via this route must be placed in safety specimen bags. There is an operational policy for the Air Tube System, with short instructions on each Pod system as well. Please refer to these for further instruction or contact the laboratory for advice.

**NEVER SEND HIGH RISK SAMPLES THROUGH THE AIR TUBE SYSTEM**

* All samples should be placed in safety bags and sent to Pathology.
* In areas where there is no air tube should send their samples by porter as soon as practicable to Pathology reception.
* For URGENT samples or an accelerated result please telephone the relevant laboratory to let them know the sample is coming.
* ICE bags with red URGENT marks on the bag are supplied to ED and ITU to make it easier for the laboratory to priorities these samples.
* A courier service collects samples from, and delivers supplies to, GP practices and also delivers samples from Pathology to other Bristol hospitals for referral tests.
* Informing others about any potential risk is part of an employee’s responsibility with the Health and Safety at Work Act.

**Samples that cannot be sent via the Air Tube System include:**

* Sputum samples, pleural fluids and other respiratory specimens
* Faeces and vomit for norovirus testing
* Precious/unrepeatable samples including CSFs, fluids and tissues
* Samples querying vCJD and other Category 4 organisms (see Section 6.5)
* Samples with large volume (>50ml)
* Samples requiring signature of receipt
* Other highly infectious samples, now excluding for Covid-19 testing.

These samples should be sent by hand as soon as possible to Pathology reception.

## 7.2 Small samples (including blood samples)

1. Only use the container recommended or supplied by the Pathology department.
2. Ensure that the container is properly closed and the outside is not contaminated by the contents.
3. Place the sample in the **sealed bag** with the request form attached.
4. Pack into a RED or YELLOW (not green or blue) air tube pod containing some absorbent material and send to the laboratory immediately.

## 7.3 Transporting outside the hospital

* A courier service collects samples from, and delivers supplies to, GP practices and also delivers samples from Pathology to other Bristol hospitals for referral tests.
* Tests referred to hospitals other than Bristol are sent by post, following the relevant guidelines or via Taxi.
* All samples must be safely contained in a leak proof container and this must be enclosed in an outer container, usually a sealed polythene bag with attached request form. An appropriate alternative procedure may be necessary when dealing with very large samples.
* Samples from patients known or suspected to be a health hazard to laboratory staff should be clearly labelled ‘Danger of Infection’. (For example patients suspected of CJD, Anthrax, Haemorrhagic Fever, Rabies). Danger of infection samples should **NOT** be sent to the laboratory before discussion with the relevant laboratory about specific transport arrangements. These labels can be obtained from the Microbiology laboratory.

Informing others about any potential risk is part of an employee’s responsibility with the Health and Safety at Work Act.

## 7.4 Transporting during out of hours

Transport of samples to the laboratory is the responsibility of the requesting clinician. In the event of failure of the Air Tube System, contact the hospital porters to take urgent samples to the laboratory.

## 7.5 High Risk samples – DO NOT SEND VIA AIRTUBE SYSTEM

Although a 'universal precautions' policy is adopted in the laboratory, samples from patients known or clinically suspected to be infected to be infected with HIV, Hepatitis B or C virus and samples taken from patients known or suspected to present a health hazard to laboratory staff should be clearly labelled **‘DANGER OF INFECTION’** on both the form and sample. This is especially important when sending samples of tissue, blood or other body fluids whether transported through the Air Tube system or not. These labels can be collected from the laboratory, please phone to arrange this collection. Informing others about any potential risk is part of an employee’s responsibility within the Health and Safety at Work Act.

## 7.6 Containment Level 4 Organisms

Certain organisms are classified as being Containment Level 4 by the Advisory Committee on Dangerous pathogens (ACDP). They require specialist laboratories designed for containment during manipulation of samples and cultures. Samples should **NOT** be taken or sent to the laboratory from patients suspected as having the following diseases without consulting the Medical Microbiologist, Head BMS and referring to the relevant Trust policy:

* Severe Adult Respiratory Syndrome (SARS)
* Viral Haemorrhagic Fever (VHF)
* Creutzfeldt Jakob Disease (vCJD)
* Rabies
* Anthrax

Likewise for Containment Level 4 organisms, please ensure that the request form is clearly labelled as **’DANGER OF INFECTION’** and use unambiguous and commonly recognised terminology. Failure to do this may result in risk to laboratory staff.

## 7.7 Medico-legal samples

Any samples submitted for medico-legal purposes should have a medico-legal form completed to accompany these samples to provide an unbroken chain of evidence. These samples should be phoned to the laboratory before transportation to ensure an appropriate member of staff is available to receive the specimen. The medico-legal request form and chain of evidence document is based on guidelines from the Royal College of Pathologists. If storage of samples is required, please ensure this is clearly stated on the request form.

# 8.0 ACCEPTANCE AND REJECTION CRITERIA

## 8.1 Unlabelled samples

The laboratory regularly receives samples that are unlabelled. We are unable to process these samples. In these cases, if no request form was received (such as from an inpatient or outpatient) there will be no ability to trace the sample and no report will be sent out via ICE to inform of the rejection.

Any such samples which are difficult to repeat (CSF, tissues etc) will be subject to discussion between the Head BMS and requesting clinician as these samples will have been brought in by hand and a bleep number for the requesting clinician available.

If samples are received with a request form and an unlabelled sample is received, the sample will be booked onto the system and a report sent out via ICE stating that the sample has been rejected.

## 8.2 Incorrectly labelled samples (different patient name/DOB on sample and form)

Samples that are incorrectly labelled, or have mismatched patient identifiers between the sample and request form, will not be processed. Any such samples which are difficult to repeat (see above) will be subject to discussion between the Head BMS and requesting clinician. It is possible that an ‘inadequately labelled specimen’ form may be signed by the clinician indicating that he/she is happy for the sample to be processed.

**Blood Transfusion laboratory operates a zero tolerance policy on labelling of samples. ANY** errors or amendments will result in rejection of the request.

## 8.3 Patients of unknown identity

A Careflow Record Number (T number) for each unknown patient will be created on Careflow with the name known, male or female, plus 1 2 3 etc if there are multiple unknown patients. These details should then be used in the Pathology computer and the patient details should be updated on that T number when they become available, or that T number should be merged into the correct T number if the patient is already registered.

# 9.0 URGENT REQUESTS

Please refer to individual discipline User Guides for details on the handling of urgent requests in each area of the laboratory.

# 10.0 EXTRA TESTS ON SAMPLES ALREADY IN THE LABORATORY

The laboratory keeps samples for as long as sample quality can be assured. Different tests have different degradation rates and so we will not be able to provide additional testing after samples have exceeded test-specific time limits. Please refer to appropriate discipline User Guide for details on extra tests offered by each area of the laboratory.

All extra test requests must be completed on an extra test request form and sent to the laboratory. Verbal requests are not acceptable without an appropriate request form. In addition, some samples that have been processed first in Blood Sciences may not be able to have extra tests requested for Microbiology due to the risk of contamination having occurred in the original processing. If unsure, please discuss with a member of the laboratory team.

## 10.1 Samples sent to referral laboratories for testing

Tests requested that are not performed at UHBW Weston pathology will be referred to another laboratory for testing. Where appropriate, local hospitals are used and turnaround times are monitored. Accreditation status of referral laboratories is checked regularly to confirm that these laboratories are working to recognised standards and are thus participating in approved EQA schemes for the tests we send them. Please refer to appropriate discipline User Guide for details on referred tests offered by each area of the laboratory.

# 11.0 DOWNTIME

All laboratory equipment is prone to occasional breakdown and may also be temporarily unavailable for scheduled maintenance. The laboratory makes every effort to minimise the impact on service users such as doing maintenance overnight but there may be delays in issuing results in rare circumstances. Following serious downtime, the laboratory attempts to prioritise the backlog of work appropriately and will send out Trust wide alerts when necessary.

# 12.0 RESULTS

## 12.1 Hospital

24 hour access to current and historical result data is available as part of the pathology enquiries system. Users are able to access results by a computer connected to the Trust network and logging into ICE. Please do this before contacting the laboratory.

**Please refer to discipline User Guides for policies on telephoning results in each area of the laboratory.**

## 12.2 GP

Results will be sent from Pathology at regular intervals throughout the day and are imported to the practice computer at intervals decided by the practice. Users will be able to access results through their own order communication system. Accessing of results in this way is faster, more accurate and more secure than telephoning the laboratory.

## 12.3 Telephone enquiries

Please restrict these as far as possible for results that are not yet available on the hospital computer or for those requiring clinical discussion. Please refer to the turnaround times for further information.

## 12.4 Urgent requests

Each area of the laboratory has specific procedures for communicating urgent results. Please refer to discipline User Guides.

# 13.0 TRUST ANTIMICROBIAL POLICY

Antibiotic level testing is performed in Biochemistry (with the exception of Amikacin and Teicoplanin which are referred to Bristol (PHE)). Please refer to the Biochemistry User Manual for further information.

To ensure the most cost effective use of antibiotics, and to minimise the emergence of resistant strains, antibiotic policies have been developed. These and other documents can be found in the Trust Intranet under “Policies & Guidelines” and “Antibiotic Policies”.

# 14.0 PATIENT CONFIDENTIALITY

Behaviour and practice in respect of confidential information of laboratory staff is governed by the HCPC Standards of conduct, performance and ethics and the Trust’s Staff Conduct Policy. There are also Department of Health publications, such as Confidentiality - NHS Code of Practice and laws such as the Data Protection Act 1998, Human Rights Act 1998, as well as the Caldicott Guidelines. The laboratory takes patient confidentiality seriously; including using swipe card access to the laboratory to ensure only those who are authorised are allowed entry. Please use our buzzer system at the front entrance of the laboratory to contact one of our staff members who can then assist you if you do not have laboratory access.

# 15.0 OTHER DOCUMENTS

If you require a copy of any of the documents listed below – please contact the laboratory. When receiving such documents from the laboratory, please remember to destroy previous versions as improvements are made to these documents from time to time.

|  |  |
| --- | --- |
| **Document reference** | **Title/Description** |
| QP-GEN-WGH-QM | Quality Manual – Describes how the laboratory is run and how we strive to provide a service based on ISO standards (15189:2012) |
| Path Gen94 | Measurement Uncertainty SOP |
| QP-GEN-UHBW-IDCNC | Identification and Control of Non-conformities, Complaints, Quality Improvement & Clinical Incident Reporting |
| External Document | Order of Draw (Produced for us by BD who manufactures the vacutainer tubes) |
| Mi046 | Use of the Air Tube System |
| C021LP-SPR-WGH-UnacCPPath Gen 303 | Rejection of samples, Time limits for specimen processing |
| MP-GEN-WGH-Records | Policy and Procedure for the Control of Records - WGH |