A. Policy

To provide instructions for the packaging and handling of laboratory specimens that are can be transported to the laboratory via the pneumatic tube system.

The following specimens **may not** be sent via the pneumatic tube system:

- 24 hour urines or timed urine specimens greater than 100 mls.
- 72 hour Stool fats.
- Specimens for Anatomical Pathology.
- Specimens for Cytogenetics or Molecular Biology (DNA) Laboratories.

For the transport of Blood Product issued from the Blood Bank (see [Blood Product Transport via Pneumatic Tube System (PTS)])

B. Specimen Preparation:

1. Specimens

   - Each specimen must be labeled with the appropriate specimen label generated by the Meditech computer; or if the Meditech computer system is down, a manual label containing the patient's full name, hospital / HCN number, date and time of collection, ward, and test(s) requested, accompanied by the appropriate requisition.

   NOTE: When the Meditech computer system is down a requisition must be sent with the sample.

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the server file version prior to use.
Requisitions should be kept separate from specimen in resealable plastic bag.

- Ensure the tops of all specimens’ containers are securely closed. ALL blood gases submitted in syringes are to be capped with plastic caps. **DO NOT TRANSPORT BLOOD GASES WITH NEEDLES ON THE TIP.** If transported immediately after collection, blood gases need not be transported on ice. However, if ice is available, it is preferable to put the sample in a resealable plastic baggie, and place this baggie in a second resealable plastic bag containing ice.

- All specimens **MUST** be bagged in a resealable plastic bag. Requisitions accompanying specimens are to be folded and placed in the outside pouch of the plastic bag. The specimens of **ONLY ONE patient** are to be placed in a resealable plastic bag. Roll bag up around specimens. Bagged specimens are placed in a Translogic Pouch™ found with the tube carrier.

- Several bagged specimens may be sent in one carrier. User must use discretion in identifying maximum capacity of carrier to avoid a spill or breakage.

**DO NOT OVERLOAD CARRIERS.**
**DO NOT EXCEED A TOTAL WEIGHT OF GREATER THAN 2.5 KG.**

- Place Translogic pouch in carrier.
- Make sure latches at both ends of the carrier are securely fastened before sending the carrier.

**DO NOT FORCE CARRIER CLOSURES.**
**DO NOT HAVE TRANSLOGIC POUCH PROTRUDING FROM CARRIER.**

- Send carrier as outlined in training guidelines for each pneumatic tube station. Send carrier to the appropriate station: **Laboratory Station 7**

**Note:** Before attempting to transport specimens, check the display on the PTS to ensure it does not indicate that there is a "system failure".

### 2. Specimen Leaks or Spills

**a. Leaks Contained within the resealable plastic bag**
• If the leak has caused the sample to have insufficient quantity for testing, the receiver will phone the originating department and notify them of the spill and request a repeat specimen. If necessary an incident report may be initiated with a copy to the originating department.

b. Leaks which penetrate the resealable plastic bag and the Translogic Pouch™

• Discard the specimen and request repeat.
• Dispose of the Translogic Pouch™
• Complete a pneumatic tube leakage AEMS report.
• If the spill has leaked beyond the liner to the carrier, the contaminated carrier should be placed in a biohazard bag and forwarded to CPD for sterilizing and aeration.

c. Leak appears to have gone beyond the carrier into the system

• The laboratory department will call maintenance (8133 or 24 hr pager #1855) and ask the person answering to "shut down" the pneumatic tube system due to a spill. Leave name; department; telephone local; pneumatic tube station number where the transaction originated and station number of its destination.
• The system will be shut down while the nature and extent of the spill has been determined. If required, steps to decontaminate the system will be undertaken by the Maintenance Department.

3. Pneumatic Tube System is Down

• When an area becomes aware the PTS is not operational, phone maintenance@ 8133 or page @1855.
• The length of the downtime will be relayed to staff serviced by the PTS and distribution via Pulse and Meditech.
• Care teams are responsible for transporting specimens to the laboratory during downtimes.
• Maintenance will notify staff via Pulse and Meditech when the system is operational again.

NOTE: During an initial downtime (the first 4 to 6 hours) it may not be possible to schedule extra staff for the transport of specimens. Regular distribution staff is responsible for providing coverage in addition to their regular duties. If possible the care areas can assist by transporting routine specimens to the lab if staff is available. Maintenance will inform Distribution of how long the system may be down. An overhead
announcement will be made when the pneumatic tube system is down and will be posted on Pulse and when there is a resumption of service.

C. Training Responsibility

Personnel in each pneumatic tube station location are responsible for training their own staff.

D. Notes

Each pneumatic tube station will be aliquoted a specific number of carrier tubes.

- Carrier tubes should be forwarded to deficient stations by utilizing the computerized return carrier function of the PTS i.e. "empty carrier return - 0".
- In order to allow this function of the system to work as it should, DO NOT BORROW CARRIER TUBES FROM ANOTHER STATION.
- Each station should immediately open all incoming carrier in the event that:
  - the transfer of the specimen was not completed;
  - in the laboratory department, the incoming specimens may require immediate handling procedures (ie: blood gases on ice, or specimen is for STAT analysis).
- Additional carriers and liners are kept in the Maintenance Department.
- The originating department of a carrier tube which contained a spill will be responsible for the cost of disinfecting/replacing the carrier tube.