NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

Accreditation Standards

Specimen Handling

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INTRODUCTION

The appropriate management of specimens is essential to patient safety. Specimen handling errors lead to inaccurate or incomplete diagnosis and the potential need for additional procedures. Specimen handling includes identifying, collecting, labeling, preserving, storing, preparing for transport, documenting and communicating. This standard also includes the handling of explanted medical devices and orthopedic hardware.

SPEC1.0 SPECIMEN HANDLING

SPEC1.1	**Specimen collection procedures ensure correct patient identification and protect specimen quality.**	
SPEC1.1.1	**M**	Specimen containers are large enough to protect and secure the specimen and preservative fluid. *Guidance: The specimen container needs to be large enough to contain and prevent damage of the specimen as well as prevent leakage of the preservative fluid. The use of preservative fluid should be verified with the surgeon. If used, the preservative fluid should contact all surfaces of the specimen and be of sufficient volume.*
SPEC1.1.2	**M**	Specimens are contained and labeled as soon as they are transferred off the sterile field. *Guidance: Specimens should be handed off the sterile field as soon as possible. If there is more than one specimen, a separate container is provided for each specimen. The label is secured to the container and not the lid of the container.*
SPEC1.1.3	**M**	The specimen container is labelled with the patient's identification. *Guidance: When placing the specimen in its container, the patient's identification is verified using two identifiers.*
SPEC1.1.4	**M**	The specimen container is labelled with the specimen type, site and marking. *Guidance: The specimen identification is verified verbally with the surgeon. If there is more than one specimen, a separate container is provided for each and the specimens are sequentially numbered.*
SPEC1.1.5	**M**	The specimen container is labeled with the date and time of collection.
SPEC1.1.6	**M**	The specimen container is labeled with the appropriate preservative fluid.
SPEC1.1.7	**M**	The specimen collection is documented on the intraoperative record. *Guidance: The type and number of specimens sent to the laboratory are documented on the operative record.*

SPEC1.1.8	**M**	The specimen container is placed in a biohazard bag for transportation to the laboratory. *Guidance: The specimen requisition is placed in the outside pocket of the bag to prevent contamination.*
SPEC1.1.9	**M**	A complete and accurate requisition accompanies the specimen. *Guidance: The patient's identifiers, specimen type and date and time of collection on the specimen container label match the information filled out on the requisition. The physician signs the requisition. By signing the requisition, the physician confirms the specimen and accuracy of the requisition.*
SPEC1.1.10	**M**	The specimen chain of custody is documented. *Guidance: A log is kept to track specimen(s) from the operating/procedure room to the transfer of the specimen to the laboratory. The log includes patient identification, type of specimen, date and time of specimen log in, name and signature of the surgical team member recording the specimen in the log, time of transfer of the specimen to the laboratory, the name and signature of the person who sends the specimen to the laboratory and the name of the person/service transporting the specimen to the laboratory. If staff is responsible for transporting specimens to the laboratory, any staff transporting specimens should have completed a transportation of dangerous goods training course (http://www.tc.gc.ca/eng/tdg/clear-tofc-211.htm).*
SPEC1.1.11	**M**	Specimens awaiting transport to the laboratory are stored in a manner that maintains specimen quality. *Guidance: Specimens that are not required to be immediately transported to the laboratory need to be properly stored (e.g. refrigerated, kept at room temperature). Acceptable time limits between specimen collection and delivery to the appropriate laboratory should be established and follow the laboratory recommended procedures (e.g. microbiology, pathology).*
SPEC1.2	**Return of explanted medical devices is appropriately managed.**	
SPEC1.2.1	**M**	Explanted medical devices being returned to the manufacturer are appropriately prepared. *Guidance: Explanted medical devices may need to be returned to the manufacturer if there potential problem with the device or the device has been recalled. Explanted medical devices being returned to the manufacturer are prepared (e.g. decontaminated, reprocessed) and labeled as directed by the manufacturer. Explanted medical devices (e.g. orthopedic hardware such as plates and screws) are never returned to the patient. Specimens (e.g. gallstones) are never returned to the patient.*
SPEC1.2.2	**M**	Return of explanted medical devices to the manufacturer is documented. *Guidance: Return of the explanted medical device is documented in the patient's medical record.*
SPEC1.3	**Policies and procedures contain all the information necessary for the safety of patients, staff and visitors.** *Intent: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.*	
SPEC1.3.1	**M**	There is policy and procedures for specimen handling. *Guidance: The specimen handling policy and procedures outline specimen collection and handling, identification, labeling, storage, chain of custody and transportation. In addition, the policy shall list surgical specimens that may be discarded, if any, in accordance with provincial legislation.*
SPEC1.3.2	**M**	There is policy and procedures for return of explanted medical devices.

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