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| **Safety Task Card** | | | | |
| **POR 08** | **Transport of Pathological specimens & blood** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Contact with infected material  Contact with cleaning products  Risk of radiation (check samples being moved) | | | Effects on the reproductive system and unborn babies  Cancer  Bruises and cuts  Infections  Irritation to skin | |
| **Safe System of Work** | | | | |
| * Trained staff only to transport pathological specimens or blood. This to include any Client procedure to ensure that the correct blood type is delivered to the correct location and for the correct patient * Pathological specimens to be contained within sealed specimen containers appropriate for the contents. * Appropriately and clearly labelled by Client staff. * Any container to be visually checked sealed and safe to move . Any concerns must be reported to the Client staff and not transported. * Specimens to be transported using designated secure specimen transport carriers. * Pathological specimens and blood to be transported promptly to their destination * Client staff at the destination to be warned if pathological specimens or blood leaks into the transporting bag/container. The container should then be cleaned and disinfected. * Implement COSHH procedures in accordance with the Health and Safety Manual when handling cleaning products. * Any movement of specimens that are radioactive is covered by the site RPA and if transported by public road under ADR requirement – gain advice from HSE prior to any task of this nature being completed. * Implement the Safe System of Work/Control Measures in the Spillage of Bodily Fluids Risk Assessment, Ref. MAN 18 and POR 07 Radiation | | | | |
| **Site Specific Actions**  List any actions required in addition to the above safe system of work | | | | |
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| The above control measures are implemented within my unit. All relevant staff are aware of these control measures and this is recorded in the training record for this safety task card. | | | | |
| Unit Manager Name | | Signed | | Date |

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| **Safety Card Training Record** | | | |
| **POR 08** | **Transport of Pathological specimens & blood** | | |
| I confirm that I fully understand the risks and control measures associated with the task  and that I will follow the Safe System of Work at all times. | | | |
| Operative Name | | Signature | Date |
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