**Guide for good practice- Chain of custody of cervical screening samples in primary care**

**1.1 Purpose**

The purpose of this guide is to ensure a complete chain of custody in primary care for cervical screening samples (smears) from the time the sample is taken from the patient to collection by transport services.

**1.2 Aim**

Currently any samples lost prior to being received at the Royal Wolverhampton Laboratory are the responsibility of General Practices to investigate unless there is clear evidence the sample was collected by courier services.

This document aims to establish a full chain of custody in primary care, this will:

* Make pathways in primary care more robust and less prone to sample loss
* Enable identification of samples lost in transit vs. lost in primary care
* Reduce the workload in general practice as, if collection of samples by courier can be evidenced, GPs will not be responsible to lead on the investigation for lost samples.

**1.3 Limitations:**

This guide should be used as part of a robust screening pathway. Sample takers are required to understand their roles and responsibilities as outlined in the national sample taker guidance. <https://www.gov.uk/government/publications/cervical-screening-pathway-requirements-specification/cervical-screening-pathway-requirements-specification#sample-taking>

**2.1 Creating a complete chain of custody in Primary Care**

For the cervical screening programme, the chain of custody in primary care refers to the collection, packaging, storage, and creation of an inventory list of cervical samples prior to collection laboratory transport.

Documentation should occur at the following steps in the screening pathway to create a complete chain of custody:

* Confirmation that the patient attended, and sample was successfully taken, on practice systems
* Upon immediate packaging of the cervical sample in clinic, the sample is taken directly to the larger purple bag. A sample log should be completed (appendix 1)
* Prior to the courier arriving, the purple bag should be sealed. A final check should take place to tally the number of samples on the log with the number of samples in the purple bag(s). This should be signed for by practice staff in reception-where the bag remains until collection. (appendix 1).
* Upon collection of the samples, the final column of the sample log should be completed by practice staff. The log is to be retained by the practice.

**2.2 Actions for Primary Care**

1. Implement a sample log held in reception (see appendix 1 for an example)-full process described in section 2.1
2. All staff that come into contact with cervical samples as part of the screening pathway should read and agree to implement this good practice guide (appendix 2).
3. Sample takers should follow a robust sample taking pathway (outlined in appendix 3). We would advise all sample takers to read and follow this pathway. This pathway can be printed and placed in areas of sample taking.

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| Date | Sample Taker | Patient Initials | Last 4 digits of NHS number | Time sample placed in purple bag | Pre-seal check  *Samples listed match number in purple bag* (Staff initials) | Date and time sample collected by courier (for completion by practice staff) |
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Appendix 1-Log of samples for collection by courier

Appendix 2-Training log, chain of custody in Primary Care

To be completed by all staff members involved in the sample pathway

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| Staff Member | Date | Please sign to confirm you will work in accordance with the guide to provide a full chain of custody |
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**Primary Care Cervical Screening: Best Practice and Failsafe Checks**

It is important that failsafe’s and safety checks are done when a patient comes for their cervical screening test. This will ensure that the sample is accepted at the laboratory and will reduce the chance of any errors, resulting in screening safety incidents, or harm.

**Patient and vial checks before patient entry into the room:**

* Check on Open Exeter and patient records to ensure patient has not been ceased or deferred from cervical screening (due to absence of cervix, age, etc)
* Check that the vial has not passed expiry date and has at least 14 days remaining
* One HMR101 should be printed for the patient, forms should not be printed in advance.

**Before the patient’s appointment:**

* Check the prior notification list (PNL) to see which patients are due for cervical screening
* Check the PNL against the practice list for up-to-date patient contact details and identify any patients who match the exclusion criteria (absence of cervix, age, etc).

**Pre-Appointment Checks**

**Patient and practice checks on entry to room:**

Vials are labelled in front of patient and patient checks the HMR101 form and vial to agree all information is correct:

* Patient to check the accuracy of details on screen prior to printing the e-request form
* Patient to check their personal details are correct (full name, DOB, NHS number, address)
* Check GP practice, name of sample taker and NMC/GMC code is correctly documented
* Label for vial should not cover the expiry date.

**After the test:**

Place the vial in an individual cervical screening sample bag with the corresponding request form in the separate pocket, ensure the bag is sealed properly:

* Cross check that the information on the vial and form is identical before sealing the bag
* Place sample bag into the correct cervical screening transport bag (purple bag supplied by Royal Wolverhampton Laboratory) ready for collection. Sample taker to complete practice sample log.

**Appointment Checks**

**Useful Guides:**

**Sample Taker Guide:** [Cervical screening: cervical sample taker training - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training)

**Sample Acceptance Policy:** [Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cervical-screening-accepting-samples-in-laboratories/guidance-for-acceptance-of-cervical-screening-samples-in-laboratories-and-pathways-roles-and-responsibilities)

**Patient should be added to a failsafe list:**

* It should be clear which patients are waiting for results and who within the practice will check that a result has been received for each sample taken
* Outstanding results should be followed up in a timely manner.

**Post clinic:**

Visual check of all bags with samples and forms at end of clinic to ensure no error has occurred.

**Sample collection:**

Check to ensure that all samples taken are picked up by the laboratory courier:

* Ensure the courier scans the barcode at the surgery to acknowledge arrival.
* Hand the purple transport bag to the courier and record the collection date/time on the sample log.
* Ensure the courier scans the barcode on the outside of the transport bag.

**Post Appointment Checks**