Road Traffic Act Blood Specimen Kit

For the taking of blood specimens from drivers/workers suspected of being over the prescribed alcohol limit, having a drug in excess of the specified limit or being unfit through alcohol and/or drugs

Contents

Please ensure that all components of the kit are present before sampling. If any items are defective or incomplete (specifically barcodes/tamper evident bags), do not use this kit further and re-start the process with a new kit.
Please report any issues with kits at https://www.fcn.police.uk/forensic-consumables

- 1 x 10ml syringe
- 2 x 5ml evacuated glass bottle (vial) with yellow top - contains preservative and anticoagulant
- 1 x Angel wing blood transfer device (England, Wales & PSNI only)
- 1 x Three-way valve (Scotland only)
- 1 x Magellan needle (standard green safety needle)
- 1 x Butterfly Winged Infusion Set
- 2 x Tamper-Evident Bag
- 1 x pair of disposable gloves (large)
- 2 x securitainer and caps containing absorbent foam
- 2 x cotton wool balls inside a small grip-seal bag
- 1 x sterile alcohol-free cleansing wipe
- 1 x waterproof dressing
- 1 x white padded envelope labelled 'UN3373 BIOLOGICAL SUBSTANCE CATEGORY B'
- 1 x Sheet of barcode labels:
  - A = 2 labels for the sample vials - with WAP# and 'NAME'
  - B = 8 labels for documentation - WAP# only

This kit should only be used for the collection of blood specimens from drivers / workers suspected of being over the prescribed alcohol limit, having a drug in excess of the specified limit or being unfit through alcohol and/or drugs.

Guidance for taking blood specimens

- Procedures governing the collection of the specimens are outlined in the MGDD, PSNI DD or PS DD series of booklets, which should be adhered to, to ensure compliance with the provisions of the relevant legislation for the transport type(s) under investigation.
- **The RTA kit batch number, expiry date, and seal number should be recorded by the officer conducting the procedure in the MGDD, PSNI DD or PS DD booklets. The kit barcode number should also be recorded once the kit has been opened.**
- Where deemed to be necessary, additional or alternative items to those contained within this kit can be used (for example, gloves).
- Ensure the sheet of printed barcodes match the barcodes on the tamper evident bags.
- The Medical Practitioner (Doctor) / Health Care Professional (HCP) should aim to take a 10ml specimen of venous blood which, where the subject requests part of the specimen, should be divided equally between the two vials either using the Angel Wing Transfer Device or three-way valve (Scotland ONLY).
- The specimen(s) should be clearly marked using the barcode label (with the subject's name clearly written) attached around each of the sample vials.
- Gently shake the specimen(s) until the white powder is no longer visible; this should take approximately 30 seconds.
- The specimen(s) should be placed into the securitainer with the absorbent foam and the caps securely clicked into place (an audible click indicates the cap has positioned correctly).
- The securitainer tear-off strips should not be removed, however if they are, this does not impact on the continuity of the specimen as these are only present to prevent the cap inadvertently detaching during transportation.
- The tamper evident bag(s) should be fully completed, and each specimen placed in its own bag.
- Where the subject is conscious, the tamper evident bag(s) must be sealed in the presence of the subject.

Provision of Specimen to the Subject

- If the subject requests part of the specimen this must be provided to them. If they are to be detained in custody then the specimen should be kept refrigerated (R v Boyd, 2002) and provided on their release.
- The subject should be either directed to use the provided QR code on the tamper evident bag or given a printed copy of the 'Independent Analysis of Specimens' booklet.
- The subject should be advised to keep the specimen refrigerated and to send it to their chosen analyst as soon as possible.
- In cases involving a driver/worker incapable of giving valid consent for medical reasons (i.e.'unconsciousness') the guidance in the MGDD/C, PSNI DD/C or PS DD should be followed.

Submission of Specimen for Analysis

- The specimen must be placed in the white padded envelope (affixed with a UN3373 'Biological Substance Category B' label) as the outermost packaging.
- If the subject does not request part of the specimen, both parts should be placed in the white padded envelope, in their respective tamper evident bags. (Scotland ONLY – only one part should be sent)
- Specimen(s) should be forwarded for forensic analysis in accordance with local Force procedure, together with the appropriate authorisation and MGDD/E, PSNI DD/E, or PS DD forms in suspected drug cases. Documentation may be in paper or electronic form.

Guidance for Medical Practitioners and Registered Health Care Professionals

- The RTA kit batch number, expiry date, and seal number should be recorded by the Doctor / HCP in their clinical records prior to use. The kit barcode number should also be recorded once the kit has been opened.
- Where deemed to be necessary, additional or alternative items to those contained within this kit can be used (for example, needles, syringes or gloves). Any batch number(s) or expiry date should be recorded.
- The completion of the tamper evident bag, and barcode label within the kits is the responsibility of the Police Officer undertaking the procedure, and not the Doctor / HCP.
- The Doctor / HCP should examine the subject to identify the most appropriate sampling site and having done so, clean the site with the supplied sterile wipe.
- The Doctor / HCP should aim to take a 10ml specimen of venous blood using the Magellan (standard green safety) needle in the first instance. If this is not possible due to venous access, the supplied butterfly needle can be used. Where the subject requests part of the specimen, it should be divided equally between the two vials. If sampling is not successful, and further attempts are made, it is important that the specimen provided is from a single site.
- Having taken the specimen, place the cotton wool ball over the injection site, advising the patient to press firmly on the site to prevent bleeding or bruising. The needle used should be disposed of in a sharps bin.
- The blood should be transferred to the evacuated glass bottle as quickly as possible to prevent coagulation of the specimen. The syringe containing the blood specimen should be connected to the Angel Wing Transfer Device by inserting the syringe onto the connector of the transfer device and twist to secure in place (refer to manufacturer instructions for further guidance).
- Due to the design of the bottles and transfer device it may be necessary to remove the inner section to safely undertake this.
- Remove the safety cap, and if required the inner section, and place the device over the glass bottle. The vacuum should draw the correct volume of blood; however, this can be manually adjusted if necessary (i.e. if less than 10 ml of blood has been obtained).
- Keep the adapter pressed down on the top of the glass bottle and allow any excess pressure to enter the syringe. Failure to do so may result in aerosol formation. When complete, remove the adapter and repeat the process with the second bottle.
- After both glass bottles have been filled, replace the safety cap over the transfer adapter and dispose of it in a sharps bin.
- Gently shake the specimen(s) until the white powder is no longer visible; this should take approximately 30 seconds.
- The specimen(s) should be placed into the securitainer with the absorbent foam and the caps securely clicked into place (an audible click indicates the cap has positioned correctly).
- Having checked for any allergies, apply the plaster to the sampling site and advise the subject to leave this in place for at least 4 hours.
- All clinical waste should be disposed of as designated by local procedures.
- The securitainer tear-off strips should not be removed, however if they are, this does not impact on the continuity of the specimen as these are only present to prevent the cap inadvertently detaching during transportation.
- The sealed securitainers, and any other paperwork (i.e. HORT/5 or statement) should be handed to the officer conducting the procedure.