

LAC+USC MEDICAL CENTER POLICY

Subject: COMPUTERIZED TUBE SYSTEM		Original Issue Date: 9/8/08	Policy # 659
		Supersedes: 7/19/19	Effective Date: 8/16/21
Departments Consulted: Facilities Management Laboratory Management Nursing Services Pharmacy Management Environment of Care Committee Patient Safety	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by:	
		(Signature on File) Chief Medical Officer	
		(Signature on File) Chief Executive Officer	

PURPOSE

The purpose of this policy is to establish procedures and guidelines for the operation of the Computerized Pneumatic Tube system.

POLICY

The Computerized Tube System (CTS) is used to transport supplies, records, specimens, medications, blood products, and other small items. All staff having contact with specimens must be trained to handle all specimens with Standard Precautions. Training shall be provided as part of the Departmental Orientation. Follow-up training will be incorporated as part of the annual mandatory training.

PROCEDURE

A. Use of Computerized Tube System (CTS) – General Guidelines

- a. Individuals who open carriers shall wear gloves whenever removing biohazard materials from the tube system carrier as it may be contaminated with leakage. They shall be trained in decontamination of the carrier. Training shall be provided as part of the Departmental Orientation. The decontamination procedure should be easily accessible and posted if appropriate.
- b. All precautions and standards for manual transport of specimens also apply to the automated transport of specimens (e.g. appropriate containers, tagging/labeling).
- c. In a pneumatic tube system, carriers containing specimens can be accidentally misdirected to a location other than a laboratory. All staff who may potentially open a carrier should regard the contents as bio-hazardous in nature and must be given instructions in how to:
 - i. Identify a spill
 - ii. Implement spill / decontamination notification procedures
 - iii. Redirect the carrier to the Laboratory (or sending department) – if no spill present
- d. Use of Gloves
 - i. All Departments must have a supply available of both latex and non latex gloves of appropriate sizes adjacent to their tube station
 - ii. Hand washing is required before and after glove removal

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- iii. Periodic hand washing is required for all staff who handle CTS containers; even for those employees who do not handle specimens
- e. Periodic inspections shall be conducted as part of the environment of care rounds
 - i. Observation and documentation of work practices to determine whether a ZIP N' Fold pouch (AND foam insert) is being used when necessary
 - ii. Observation and documentation that the ZIP N' Fold pouch (AND foam insert) is present in the container at all times
 - iii. Observation that hand washing occurs when employees handle containers with specimens
- f. The Facilities Management Department shall perform periodic inspections and decontamination of containers

B. Basic System/Operating Instructions

a. Sending an Item

- i. Employee Identification number must be entered before any transaction is made
- ii. The message STATION READY indicates the station is ready for sending a carrier. If it does not display this message, see DISPLAY MESSAGES in section "e" below.
- iii. Place items to be sent in an empty carrier. Ensure that contents are immobilized and/or securely contained. (See Packaging instructions)
- iv. Close carrier and ensure that both latches are engaged. Ensure that no plastic bag or paper is protruding from the carrier
- v. Place carrier in dispatcher
- vi. Enter the correct destination station address using the keypad or press the pre-programmed Speed Dial Key for the desired destination
- vii. Press SEND
- viii. The message SELECTION ACCEPTED PLEASE WAIT indicates carrier has been accepted for processing and will be processed as soon as possible
- ix. For messages that may be displayed when a carrier cannot be dispatched, see DISPLAY MESSAGES on page 5 of this report
- x. Any extra carriers can be sent by pressing the EMPTY SEND button then, SEND button

b. Clearing or Canceling a Transaction

- i. If an error is made while keying an entry, press CLEAR and start over
- ii. If an improper keyboard entry is made, a short "beep" will sound. Press CLEAR and start over
- iii. To stop a transaction after the SEND button has been pressed and SELECTION ACCEPTED is displayed, press CANCEL
- iv. If TRANSACTION WAS ABORTED is displayed, press CANCEL and start over

Note: The transaction cannot be cancelled if the dispatcher has started to move. Removing the carrier from the dispatcher can cause a system shut down, since it is looking for a carrier that does not exist.

c. Receiving an Item

- i. The messages INCOMING CARRIER and INCOMING SECURE CARRIER indicate carrier will be arriving at the station
- ii. Remove carriers promptly to prevent receiver bin from becoming full and shutting off station. Observe Standard Precautions when necessary
- iii. All items removed from carrier (medication, central supply items etc) need to be placed in designated area within unit. **No medication should be left on a counter or any other non-designated medication area**
- iv. If carriers, latches, or bands are damaged or worn, remove carrier from system and contact Facilities Management to be repaired
- v. If RETURN SURPLUS CARRIERS is displayed, send extra carriers with Zip N' Fold pouches using EMPTY SEND feature. ZIP N' Fold pouches shall never be removed from carriers

Note: If a carrier is suspected of being contaminated, follow the System Spill Procedures for Users contained in this policy

d. Carriers

- i. There are normally four (4) carriers assigned to each tube station. Extra carriers should be returned to the system by pressing the EMPTY SEND key. The computer will distribute empty carriers to those stations in need. Hoarding carriers will slow down the system. Zip N' Fold pouches must be distributed with each carrier

e. Display Messages

- i. The following are other display message possibilities and the appropriate action required

MESSAGE

ACTION

Station Full	Empty your receiver bin
Station Scheduled Off	Call Facilities Management (6444)
Station Signed Off	See Special Function #11
Station Not In Service	Call Facilities Management (6444)
Traffic Forwarded to "X"	See Special Function #17
Secure Carrier Arrived/ Secure Authority Code	See Special Function #15
Selection Full/Try Later	Call Destination Station to empty receiver bin
Selection Does Not Exist	Check Selection & try again
Selection Scheduled Off	Call Facilities Management (6444)
Selection Signed Off	Call Destination
Selection Not In Service	Try again later
Selection Not Permitted	Call Facilities Management (6444)
Transaction Aborted	Press "Cancel"/try again
Selection Accepted	No action required

C. Items Not Approved For Transport in the CTS System

a. Pathology

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- i. Cerebrospinal Fluid (CSF)
 - ii. Fresh or frozen tissues
 - iii. Formalin and/or alcohol preserved tissues or specimens
 - iv. Opened and/or Used blood bags
 - v. Blood bags, IV sets, IV solutions that have been implicated in a possible transfusion reaction
 - vi. Sputum Mucous traps
 - vii. 24-hour Urines
 - viii. Semen Analysis Specimens
 - ix. Specimens for thromboelasticity testing (TEG)
 - x. Specimens for platelet function testing (Platelet aggregometry)
 - xi. Large glass containers that are too large to fit in the pneumatic tube carrier
 - xii. Leaking containers
- b. Medications: See Pharmacy Procedure Below
- c. Sharps, either contaminated or sterile, must not be put into the transport system
- d. Other
- i. Drinks or food items
 - ii. Contaminated supplies
 - iii. Non-hospital business document
 - iv. Patient valuables
 - v. Non – leak tight containers containing liquids
 - vi. Soiled instruments
 - vii. Money
 - viii. Payroll checks to employees

D. Packaging

- a. Potentially infectious items must be contained and transported in a manner that prevents breakage, leakage or contamination of the system. In accordance with Standard Precautions and OSHA Blood borne Pathogen regulations, all patient specimens must be handled as potentially infectious
- b. Gloves, and other barrier protection as appropriate, must be worn when inserting and removing any patient specimens from carriers
- c. Leakage is primarily due to:
 - i. improper packaging and non-immobilization of contents
 - ii. use of non-leak tight containers or failure to tighten container lids
- d. To prevent spillage or breakage, remember:
 - i. containment prevents leakage
 - ii. immobilization using foam inserts ensures integrity
- e. To avoid contamination of paperwork in case of a spill, first secure all request forms and other paperwork in a separate Ziploc bag and then place the bag with the paperwork in the Ziploc bag with the specimen
- f. A combination of Ziploc baggies, Zip N' Fold pouches, and foam liners will be used to immobilize and package items. See the following for specific packaging procedures:
 - i. Stool Specimen (120 mls or less plastic container)
 - 1. Make sure container cap is secure
 - 2. Place sealed, labeled specimen in clear Ziploc bag. (**Bags are to be made available**)

3. Completely close Ziploc bag
 4. Place Ziploc bag in Zip N' Fold pouch
 5. Seal pouch
 6. Place pouch in carrier with foam inserts and send to the appropriate lab receiving area based upon test(s) requested
 7. Receiver will return empty Zip N' Fold pouch to the carrier for distribution
- ii. Urine - Plastic Urine Transport Tubes
1. Place labeled transport tubes in clear Ziploc bags. Place tubes for culture and sensitivity in separate Ziploc bag from other urine transport tubes
 2. Completely close Ziploc bag
 3. Place Ziploc bag in Zip N' Fold pouch
 4. Seal Pouch in carrier with foam inserts
 5. Send carrier with culture and sensitivity transport tubes to the Microbiology Lab
 6. Send carrier with all other urine transport tubes to Specimen Receiving in the Core Lab
 7. Receiver will return Zip N' Fold pouch to the carrier for distribution
- iii. Blood/Body Fluids (excluding CSF) – Vacutainer Tubes or Blood Gas Syringes (No Needles)
1. Place labeled tubes in slots of vacutainer tube bag. Only one tube per slot. Multiple tubes can be rubber banded together. Cord blood must be bagged individually and not combined with any other specimens.
 2. Fold over vacutainer tube bag and place in clear Ziploc bag
 3. Completely close Ziploc bag
 4. Place Ziploc bag in Zip N' Fold pouch along with requisition or leftover labels
 5. Seal pouch
 6. Place pouch in carrier with foam inserts and send to appropriate lab receiving area based upon test(s) requested Specimen Receiving areas are located in Anatomic Pathology, Blood Bank, Core Lab, and Microbiology
 7. Receiver will return Zip N' Fold pouch to the carrier for distribution
- iv. Blood Culture bottles/tubes – Bactec bottles and/or isolator tubes
1. Place labeled bottles/tubes in individual Ziploc bag. Only one bottle or Tube per bag
 2. Completely close each Ziploc bag
 3. Place requisition forms inside another Ziploc bag
 4. Secure Ziploc bags with foam liners in Zip N' Fold pouch
 5. Place pouch in carrier with foam inserts and send to Microbiology lab
 6. Receiver will return Zip N' Fold pouch to carrier for distribution
- v. Virology specimens and stools for C. difficile (Specimens received on ice)
1. Place labeled specimens in Ziploc bags
 2. If virology culture requested, put crushed ice or ice packs in another securely closed Ziploc bag
 3. Requisition forms are to be put separately in a sealed Ziploc bag

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4. Place all bags in Zip N' Fold pouch
5. Seal pouch
6. Place pouch in carrier with foam inserts and send to Microbiology lab
7. Receiver will return Zip N' Fold pouch to carrier for distribution
- vi. Culture Specimens (Cultures, others including sputum in sterile twist top containers less than 150 mls)
 1. Make sure specimen is securely contained in primary container
 2. Place sealed, labeled specimen in clear Ziploc bag
 3. Completely close Ziploc bag
 4. Place Ziploc bag in Zip N' Fold pouch
 5. Seal pouch
 6. Place pouch in carrier with foam inserts and send to the Microbiology lab
 7. Receiver will return Zip N' Fold pouch to the carrier for distribution
- vii. Body Fluid Specimens – Large Volume – Drainage Bag (No large glass containers)
 1. Make sure large plastic drainage bag is not leaking. If it is, it must be put in clear Ziploc bag and be hand delivered to the laboratory by the individual area's personnel
 2. Place sealed, labeled specimen in Clear Ziploc bag
 3. Completely close Ziploc bag
 4. Place Ziploc bag in Zip N' Fold pouch
 5. Seal pouch
 6. Place pouch in carrier with foam inserts and send to the Microbiology lab or Anatomic Pathology receiving area ONLY, depending upon test(s) requested. This is not an acceptable container for the Specimen Receiving area of the Core Lab
 7. Receiver will return Zip N' Fold pouch to the carrier for distribution
- viii. Microscope Slides
 1. Place labeled slide in coin envelope or cardboard slide container and close securely with tape or rubber band
 2. Place in clear Ziploc bag and completely close bag
 3. Label outside with "Caution Glass Slide Enclosed" and with final destination and originating location ("To" and "From")
 4. Place Ziploc bag in Zip N' Fold pouch
 5. Seal pouch
 6. Place pouch in carrier with foam inserts and send to final destination
 7. Receiver will return empty Zip N' Fold pouch to the carrier for distribution
- ix. Blood Products
 1. Make sure each unit of blood product is sealed in a plastic Ziploc bag. No more than 2 units of blood product are to be sent at one time
 2. Place Ziploc bag in Zip N' Fold pouch, if needed
 3. Secure pouch and place in carrier with foam liner, if necessary
 4. Send to the ordering Nursing Unit
 5. Receiver will return Zip N' Fold pouch to the carrier for distribution
- x. Medications (Non-narcotic)

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1. Make sure primary container is properly sealed and labeled
2. Place container and necessary paperwork in Ziploc bag
3. Secure Ziploc bag
4. Place Ziploc bag in Zip N' Fold pouch
5. Secure pouch and place in carrier, with foam liner, if necessary
6. Send to Nursing Unit
7. Receiver will return Zip N' Fold pouch to the carrier for distribution
8. All carriers with foam liners must be returned to pharmacy immediately

E. Medications for Inpatient Use (Procedures):

- a. The pneumatic tube system is the primary system to be used by the Inpatient Pharmacy to receive and dispatch items necessary to the functioning of the Pharmacy
 - i. Carriers are dispatched to their respective medication secure stations according to the proper procedures. Any mechanical problems are to be referred to the Facility Management (extension 6444) for resolution
 - ii. The pneumatic tube stations in the Main Pharmacy are manned twenty-four hours a day, seven days a week. The Satellite tube stations are turned off when the area is closed for the day
- b. Items to be Dispatched via the Pneumatic Tube
 - i. All stat and now doses are dispatched immediately upon processing
 - ii. All interim doses are dispatched as soon as possible to the nursing units or Satellite Pharmacies unless otherwise instructed
- c. Items which will **not** be dispatched via the Pneumatic Tube. **See ATTACHMENT A**
 - i. Products exceeding the weight of a liter bag of fluid
 - ii. There is the potential for alteration of the active ingredient or vehicle, such as protein denaturation, cracking of emulsions, etc
 - iii. If a product's package insert contains a statement such as "Do not shake", one should not deliver the medication through a pneumatic tube system
 - iv. Carbonated products should not be sent through a pneumatic tube system
 - v. Products in glass bottles or large containers which can not be adequately secured or padded during transport
 - vi. Living therapeutic modalities that may be harmed during transport (such as medicinal leeches)
 - vii. Controlled substances
 - viii. Chemotherapeutic agents
 - ix. Extremely expensive items, difficult to procure, or difficult to compound items should not be transported through pneumatic tube system
 - x. Explosive or flammable substances
 - xi. Any other drug item the pharmacist believes needs to be hand delivered and signed for on a U-Form
- d. Sending Pneumatic Tubes:
 - i. Foam mattress inserts are to be used for all fragile items being dispatched via the pneumatic tube
 - ii. Be careful in closing the carrier:
 1. Be sure the two sides of the carrier are "matched" properly
 2. Be sure the latch is firmly closed
 3. Do not overload or over-fill the carrier

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4. Only one 1000 ml IV bag per carrier
5. Do not force "over-sized" material into the carrier
- iii. If an alarm sounds, read the screen above the keypad to determine problems:
 1. The send station may be full. Wait a few minutes and try again
 2. If problem continues, call Facility Management at extension 6444
 3. If you have transactions for other areas, try them. Often you can send to other stations
- e. Receiving Pneumatic Tubes:
 - i. Contents of arriving carriers are inspected as soon as they arrive to ensure that they were destined for the Pharmacy
 1. If the carrier was destined for the Pharmacy, the contents are removed and processed
 2. If the carrier was not destined for the Pharmacy, Pharmacy personnel attempts to determine the correct destination (label or routing slip) and dispatch carrier to that station
 - ii. The receiving area is kept clear
 - iii. Emptied carriers are returned to the carrier storage area located near the pneumatic tube station
 - iv. Carrier contents are sorted by Pharmacy personnel and directed to respective areas within the Pharmacy
- f. System Downtime
 - i. Notify Facility Management if there is any mechanical problem
 - ii. Pharmacy personnel will hand deliver all pharmacy items until the system is operational

F. Procedures For Sending A Secure Transaction

- a. Certain types of materials will require that the person receiving the material be notified with a special code to release the item for their receipt only. It is important that the receiver release items as soon as possible after they arrive.
 - i. Access SPECIAL FUNCTION menu
 - ii. Select #15
 - iii. Enter a one to four-digit security code (this is made up by the sender)
 - iv. Press SEND. SECURITY CODE ACCEPTED – ENTER DEST will be displayed
 - v. Send carrier. Display will show SELECTION ACCEPTED PLEASE WAIT after transaction has been accepted for processing

G. Procedure For Receiving A Secure Transaction

- a. The message INCOMING SECURE CARRIER is displayed until the carrier reaches the station. Once the carrier reaches the station, the message ENTER SECURITY CODE and SECURED CARRIER PRESENT are displayed.
 - i. Enter Security Code
 - ii. Press ENTER

H. Use of CTS for Transportation of Document

- a. Medical Records
 - i. Medical Records receives a phone call requesting the medical record and pulls the records

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- ii. If the medical record will fit comfortably in the CTS container, the record will be sent via the CTS System and the requester notified by phone. Using Secured Transaction Procedure
 - iii. If the record will not fit in the CTS container, the requester will be called to come and pick-up the chart. Medical Records will **not** be separated to send via the CTS System
- b. Administrative Documents
- i. All documents that are sent via the CTS will be placed in an envelope labeled with the full name and department of the person to whom the envelope is being sent
 - ii. Confidential document(s) will be properly marked confidential as per established policy; they should be enclosed in a manila envelope and labeled "Confidential"

I. System Spill & Decontamination Procedures

- a. **Always use Standard Precautions when handling carriers that may be contaminated.** If an employee notices a spill, or what he/she believes could be a spill, **that has leaked outside of the carrier** the employee shall immediately:
- i. Stop sending carriers from the station where the contamination was first noticed
 - ii. Initiate EMERGENCY SHUTDOWN from their station (if function is available at that station)
 - iii. Call Facilities Management (X6444), if no answer dial ("O") for telephone exchange to page building engineer
 - iv. Telephone Exchange staff will page overhead "**Pneumatic Tube System is down for cleanout procedure, please hold any transactions until further notice**". **(STAT items requiring immediate transport are to be handled by the individual area's personnel.)**
 - v. Telephone Exchange will notify Facilities Management (X6444) and state:
 1. Receiving station's number
 2. Sending station's number (if known)
 3. Type of spill (specimen type and suspected amount)
 4. Time the contaminated carrier arrived (or was first noticed)
 5. Number of contaminated carriers that have arrived
 - vi. Telephone Exchange staff will also immediately notify Pharmacy, Lab, and Emergency Department of the down time
 - vii. Facilities Management staff or other staff who have been trained in decontamination procedures must perform the following steps:
 1. Remove contents of carrier using protective clothing (Utilizing **Standard Precautions**)
 2. Discard the specimen and secondary containment bag or pouch (if unable to be cleaned or salvaged)
 3. Call the sending station and request another specimen
- b. Facilities Management Action
- i. Contact Sterile Processing for further decontamination of the Zip N' Fold pouch and carrier. Place the carrier and Zip N' Fold in a biohazard waste bag and deliver to Sterile Processing

- ii. Facilities Management is responsible for decontamination of the system and will return the system to service once cleaning is completed
- iii. System Shut Down Verification:
 - 1. Immediately verify that the system has been shut down. The system can be turned off at the System Control Center (SCC) or at any station
 - 2. From the system transaction printout, verify from which station the carrier was dispatched and when. Use the riser diagram to determine the route that the carrier traversed from the source station to the destination station. Use the transaction printout to determine if other transaction used that route or any part of it before the system was shut off
 - 3. Determine from the "System Traffic Display" if any transactions in process when the system was shut off, used that route or any part of it
 - 4. If any of these transactions used that same route or any part of it, determine their source and destination stations and cleanout those routes in addition to the route in which the spill occurred
 - 5. Purge the entire system to clear the "Emergency Stop" status of the system. Be careful to assign contaminated stations as the recovery stations in those zones with contaminated routes. This procedure will eliminate the spread of contamination to other routes in contaminated zones
 - 6. From the SCC, individually schedule "Off" all stations on any zone with one or more contaminated routes
 - 7. Assign "Off Dispatch" to any station on contaminated routes. This will allow cleanout carriers to be sent back to the stations from which they were dispatched
- iv. Stations and Piping will be disinfected
- v. Environmental Services (x6143) will be contacted for any spills outside of the station. (Example: carpet cleaning)
- vi. All spills will be reported to Infection Control
- c. Procedure for Disinfecting Stations and Piping
 - i. This procedure shall be performed by the Facilities Management department when decontaminating the system
 - ii. The basic procedure consists of sending a carrier containing the cleanout bottle from station to station until all affected segments of the system have been traversed. This procedure will require one person except when cleaning the inter-zone lines, which will require two people and radio communication between them
 - iii. As the carrier travels through the piping, the cleanout bottle dispenses the cleaning solution, while the carrier rubbing bands act as swabs
 - iv. While wearing protective clothing, fill the cleanout bottle with EPA approved ½% Sodium Hypochlorite solution to ¼" of the top holes on the bottle
 - v. Place the lid on the bottle. While maintaining the upright position of the bottle, place it in a carrier
 - vi. Close and latch the carrier

- vii. Periodically check the level of the cleaning solution. When there is less than an inch of solution left in the bottle, refill it and towel dry the carrier rubbing bands
- viii. Disinfect the carpet areas in each affected station's receiver bin as you would any other carpet
- ix. After cleaning, a slight amount of cleaning solution may remain in the tubing. This will not affect the system operation
- x. Use diagnostics to clean out any contaminated inter-zone lines
- xi. Turn the disinfected zones on
- xii. Send the cleanout carrier back to yourself from all stations suspected of being contaminated to clean the contaminated routes
- xiii. Reassign all stations on "Off" schedules to their original on/off schedules when cleanout is completed
- xiv. When the schedules have been entered, the system will be fully operational
- xv. Use good judgment in cleaning up after an accident. Use the same precautions you would apply if the spill were out in the open
- d. Approved disinfectants:
 - i. Carrier Liners: Ethylene Oxide; steam autoclave 270 degrees for 5 minutes, dry for 1 minute at 270 degrees; or clean with EPA approved germicide
 - ii. Zip N' Fold Pouches: Ethylene Oxide; or clean with EPA approved germicide. Do not autoclave Zip N' Fold pouches or plastic carriers as high temperatures will damage
 - iii. Plastic Carriers: Ethylene oxide; or clean with EPA approved germicide

J. CTS System Recovery Stations

- a. Recovery stations have been designated throughout the system to recover lost carriers in the event of a system failure. These designated stations are listed in **Attachment A**

K. CTS System Downtime

- a. Scheduled Maintenance
 - i. There is a scheduled downtime every Wednesday from 6:30 am to 11:00 am. STAT items requiring immediate transportation are to be handled by the individual area's personnel
 - ii. Facilities Management will notify the user departments a minimum of three working days prior to any additional scheduled downtimes along with approximate length of time the system will be non-functional
 - 1. Downtime will routinely be scheduled between 10:00pm and 7:00am. Patient care area personnel must transport both STAT and routine specimens to the Laboratory when downtime is scheduled during these hours
 - 2. Transportation will schedule a messenger to transport specimens and other items when the scheduled downtime is between the hours of 7:00am and 10:00pm, seven-days-per-week. The messenger will cover all Clinical and Clinical support areas on a one time per hour basis. STAT items requiring immediate transportation are to be handled by the individual area's personnel
 - 3. The Telephone Exchange will notify all user areas when the system is functioning again using the overhead paging system

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- b. Contingency Plan for Unscheduled Downtime
- i. Problems should be reported to Facilities Management (6444) or Telephone Exchange (0) who will page overhead **“Pneumatic Tube System is down, please hold any transactions until further notice”**
 - ii. Telephone Exchange will also immediately notify Pharmacy, Lab, and Emergency Department of downtime
 - iii. As soon as possible but at least within 30 minutes, user areas will be notified and given an assessment as to how long a station or the system will be down
 - iv. Between the hours of 7:00 am and 10:00 pm, Transportation will dispatch a temporary messenger to transport specimen and other items. The messenger will cover Clinical and Clinical support areas with down zone (s) on a one time per hour basis. The first messenger run, in the case of an unscheduled pneumatic tube system downtime, will be dispatched within a minimum of one and a maximum of two hours of the first notification of the shutdown
 - v. STAT items requiring immediate transport are to be handled by the individual area’s personnel
 - vi. The computer controller will notify the Telephone Exchange to notify all user areas that the system is functioning again

L. Special Functions

- a. Special Functions are transactions, which can be initiated at the station by the user. The following Special Functions are available at all CTS stations:
- i. #26 Discontinue Tracking
 - ii. #15 Secure Transactions
 - iii. #16 Traffic Forwarding
 - iv. #17 Stop Traffic Forwarding
 - v. #13 Carriers Present
 - vi. #12 Incoming Carrier Query
 - vii. #10 Sign-Off Request
 - viii. #11 Sign-On Request
 - ix. #19 Audible Full Stations
 - x. #20 Audible Carrier Arrivals
 - xi. #18 Key Clicks
 - xii. #28 Audio Levels
 - xiii. #27 Contrast Adjustment

RESPONSIBLE

All Hospital Staff

ATTACHMENT

Attachment A – Pneumatic Tube System Medication Restrictions

REVISION DATES

September 11, 2012; January 12, 2016; July 19, 2019; August 16, 2021