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**Sputum Sample Collection**

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| Version  | 1 |
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| Owned by  |  |
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| Ratified by: Signed |  |
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| Target audience  | Registered Managers, Registered Nurses, Care Team |

 **Contents**

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| --- | --- |
| **1** | **Purpose and Application** |
| **2** | **Responsibilities**  |
| **3** | **Legislation and Regulation** |
| **4** | **Collecting a Sputum Sample: Policy & Procedure** |
| **5** | **Equality Impact Assessment** |

1. **Purpose and Application**

This policy has been developed to provide guidance and information about how manage the collection of sputum samples.

The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of managers to take any necessary action if this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for:

* The implementation of this policy and the delegation of this task to sufficiently trained and competent care staff.
* Collecting sputum samples when deemed necessary in order for analysis and diagnostic purposes.

**Any care staff** that have had training and a competency assessment in the collection of sputum samples.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and they will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. They do not have to serve a Warning Notice before prosecution.

1. **Collecting a Sputum Sample: Policy & Procedure**

The most common way to collect a sputum specimen is for the service user to cough a

sample into a sterile specimen pot. It is important to drink plenty of fluid the evening before

to help loosen the phlegm. Do the sample as soon as the service user wakes up in

the morning, preferably before drinking anything or having breakfast, as this may

confuse the results. This is particularly important if the sample is to test for

possible tuberculosis (TB).

It is important not to clean teeth or use a mouthwash prior to doing the test as this may kill any bacteria in the sputum.

* Firstly, take three deep breaths to loosen the secretions (if the service user has a nebulizer, the service user may want to use this first) and hold the air in for five seconds.
* Take another deep breath then force out a deep, hard cough to bring the sputum up into the mouth.
* Spit the sputum into a plastic cup. Remember that this cup is very clean so do not open it until ready for use.
* If the service user is unable to bring up much sputum (minimum is about the same size as a little fingernail) on the first attempt, try again until enough has been expectorated.
* Screw the cap on the cup tightly so it doesn’t leak and label correctly with the service user’s name, DOB, time and date the sample was taken and take the sample to the GP or send to the laboratory for testing on the same day.
* Make a documentary entry into the service user’s notes that a sample has been taken and the date it was sent off.

**Following Collection:**

* For the time period between collecting the sample and it being taken to the GP surgery, it can be stored in a dedicated sample fridge.
* Care notes need to be updated.

**PPE Considerations**

* Gloves and apron to be worn, plus mask and visor if there is a chance that the service user has a contagious condition that can be spread by droplet transmission.



**(Pictures are for example purposes only.)**

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| **Service Specific Information**  |
| Where are the sputum pots located/labels? |   |
|  |  |
| Is there a dedicated specimen fridge? If so, where is it located?  |  |
| Who is responsible for ensuring that there are sufficient specimen pots and PPE in stock?  |  |

**5. Equality Impact Assessment**

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| **Equality Impact Assessment Checklist** | **Yes/No?** |  **Comments** |
| **1.** | Does the procedural document affect one group less or more favourably than another on the basis of: |  |  |
| * Race?
 | No |  |
| * Ethnic origins (including gypsies and travelers)?
 | No |  |
| * Nationality?
 | No |  |
| * Gender?
 | No |  |
| * Culture?
 | No |  |
| * Religion or belief?
 | No |  |
| * Sexual orientation, including lesbian, gay and bisexual people?
 | No |  |
| * Age?
 | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | No |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? | N/A |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? | N/A |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? | N/A |  |
| **7.** | Can we reduce the impact by taking different action? | N/A |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.