

**Taking a Specimen**

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1. **Purpose & Application**

This policy has been developed to provide guidance and information about how to support people who are receiving oxygen.

**Specimen, containers and bags**

**Specific information on microbiology specimen collection**

**Storage and labelling**

**Spillage of specimens**

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.

**Any care staff** that have had a competency assessment in the collection of specimens.

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. **Taking a Specimen: Policy & Procedure**

A specimen is a sample of body fluid, e.g., urine, faeces. All specimens are a potential infection risk; therefore, all specimens must be collected using standard infection control precautions.

Taking routine specimens should be avoided to help reduce inappropriate prescribing of antibiotic treatment. Specimens should only be taken if there are indications of a clinical infection.

Urine should not be dip-sticked for nitrites and leukocytes unless there are clinical signs of a urinary tract infection, treating a positive dipstick for nitrites and leukocytes without clinical signs of an infection may result in inappropriate prescribing of antibiotics. **(This decision may be pertinent to the local GP practices and needs to be adjusted to the organisation)**

**Specimens, containers and transport bags**

When obtaining the specimen, it is important to ensure:

* Standard infection control precautions are always applied when obtaining specimens and appropriate personal protective equipment (PPE) is worn.
* Care is taken to avoid contaminating specimens.

• The container is appropriate for the purpose and is CE marked. If there is leakage or an inappropriate container is used, the specimen will not be processed by the laboratory due to the infection risk.

* The lid is securely closed.
* There is no external contamination of the outer container by the contents.
* Specimens are placed inside the plastic transport bag attached to the request form after they have been labelled.
* The transport bag should be sealed using the integral sealing strip (not stapled, etc.)

• For large specimens, e.g., 24-hour urine, specimens may be enclosed in individual clear plastic bags tied at the neck. The request form must not be placed in the bag, but securely tied to the neck of the bag.

* Specimens should be transported to GP surgeries in a rigid wipeable container. This should be cleaned and disinfected after each usage.

**Specific information on microbiology specimen collection**

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| Sample  | Key information |  Indication  |  Container |
| Ear swab  | No antiseptic or antibiotic should have been placed in the ear prior to taking the swab  | Swelling, redness, heat, a yellow or green discharge  | Sterile cotton swab in transport medium. Charcoal medium increases survival of bacteria during transportation. If the wound is dry, moisten the swab with sterile 0.9% sodium chloride |
| Eye swab  | Moisten a swab in sterile saline. Hold the swab parallel to the cornea and gently rub the conjunctiva in the lower lid  | Swelling, redness, heat, a yellow or green discharge  | Sterile cotton swab in transport medium. Charcoal medium increases survival of bacteria during transportation. Moisten the swab with sterile 0.9% sodium chloride or sterile water |
| Faeces  | Open bowel into a receptacle, e.g., commode. Scoop a sample of faeces into the specimen container using the container spoon provided. NB: Faecal specimens can be taken even if contaminated with urine  | Diarrhoea, increase in frequency, presence of blood, abdominal pain  | Stool specimen container (at least a ¼ full)  |
| Nasal swabs  | Gently rotate the swab ensuring it is touching the inside of the nostril. Repeat the process using the same swab for the other  | Advised to provide an MRSA screen.  | Sterile cotton swab in transport medium. Charcoal medium increases survival of bacteria during transportation. If the wound is dry, moisten the swab with sterile 0.9% sodium chloride or sterile water. **Do not moisten nasal swabs for COVID-19 testing** |
| Sputum  | Sputum should be expectorated directly into a sterile container. Early morning specimens taken before eating provide the best results  | Productive cough (green or yellow) or presence of blood in sputum  | Plain universal container |
| Catheter specimen of urine (CSU)  | Refer to ‘Urinary catheterisation Policy for Care Home settings’ |
| Urine mid-stream sample of urine (male)  | Retract the foreskin and clean the surrounding urethral meatus with soap and warm water. Urinate first part into the toilet, collecting the middle part of the flow into a sterile bowl. Pass the remainder into the toilet. Replace foreskin. | Pain on passing urine, increase in frequency, fever, new urinary incontinence, new or worsening confusion, flank or lower abdominal pain  | Universal container with boric acid preservative (red top) which prevents bacteria from multiplying in the container. If sample is less than 5 ml, a white top universal container must be used as the preservative in the red topped bottle will be too potent for a urine sample of less than 5 ml and may kill off any organisms |
| Urine: Midstream sample of urine (female)  | Clean the genitalia with soap and warm water, wiping from front to back. Urinate, first part into the toilet, collecting the middle part of the flow into a sterile bowl. Pass the remainder into the toilet. | Pain on passing urine, increase in frequency, fever, new urinary incontinence, new or worsening confusion, flank or lower abdominal pain. | Universal container with boric acid preservative (red top) which prevents bacteria from multiplying in the container. If sample is less than 5 ml, a white top universal container must be used as the preservative in the red topped bottle will be too potent for a urine sample of less than 5 ml and may kill off any  |
| Wound swabs  | Take a swab of any pus or exudate present. If the swab is to be taken from an ulcer, clean away any debris with saline before taking the swab. Swabbing of dry crusted areas is unlikely to be helpful  | Swelling, redness, heat, a yellow or green discharge, increased discharge of fluid, wound deterioration, fever  | Sterile cotton swab in transport medium. Charcoal medium increases survival of bacteria during transportation. If the wound is dry, moisten the swab with sterile 0.9% sodium chloride or sterile water. |

**Storage**

* Wherever possible, obtain a fresh specimen and take the specimen at a time when it can be transported to the GP Practice in a timely manner.
* For the most accurate results, specimens should be received by the laboratory as soon as possible or at least within 24 hours. After this time, any dominant or more virulent micro-organisms, such as bacteria, viruses or fungi, will flourish and weaker ones will die off, which can lead to inaccurate results.
* If delivery is delayed, the specimen should be placed in a ‘specimen only’ fridge. Regular cleaning of specimen refrigerator and temperature should be documented.

**Labelling**

Specimens must be labelled correctly to prevent misdiagnosis and wastage.

The specimen request form and the specimen container label must be completely filled in.

All specimens must be clearly labelled with the correct resident’s details which include:

* Resident’s full name
* Resident’s address
* Male or female
* Resident’s date of birth and NHS number
* Type of specimen, e.g., catheter or mid-stream urine sample
* Date and time of sample collection
* Signature (unless electronic form)
* GP and GP practice details for destination of the report
* Hazardous groups 3 and 4 organisms, i.e., blood-borne viruses, TB, must have a ‘Danger of Infection’ label applied to both the container and request form.

Documentation in daily care notes must include details of the specimen taken, time and date, relevant clinical details, symptoms and their duration, e.g., description of the wound, pain on passing urine, increased confusion as example.

**Spillages of specimens**

* Spillages of blood or body fluids should be dealt with immediately and in accordance with standard infection control precautions. (There should be a body spillage kit to be used in this circumstance)

• Should the container leak, a new specimen should be used. If this is not possible, carefully decant the specimen into a clean container whilst wearing appropriate personal protective equipment (PPE).

• If the outside of the container is contaminated, it should be wiped immediately with paper towels, then cleaned and disinfected.

If the specimen container, label or form are contaminated, a new container, label or form should be used.



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| **Service Specific Information**  |
| Where are the specimen collection pots stored? |   |
| Who is responsible for maintaining the stock?  |   |
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**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 theimpact? | 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.