



Community Infection Prevention and Control Policy for Care Home settings

Specimen collection

SPECIMEN COLLECTION

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Date Adopted:

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If your organisation would like to exclude or include any additional points to this document, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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1. Introduction

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. Specimens should be transported in a rigid container in accordance with the *Carriage of Dangerous Goods and Use of Transportable Pressure Equipment* (2009).

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 dipsticked 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.


2. Specimens, containers and transport bags

The person who obtains the specimen should 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 received from residents should be transported to GP surgeries in a rigid wipeable container. This should be cleaned and disinfected after each usage, refer to the 'Safe management of care equipment Policy for Care Home settings'

3. Specific information on microbiology specimen collection

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 or sterile water
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 1/4 full) 
	Note: If the resident has had antibiotic treatment in the past 12 weeks, request <i>Clostridioides difficile</i> testing		
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 nostril	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 

Sample	Key information	Indication	Container
Urine: 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: Mid-stream 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 organisms
Wound swabs	A sample of aspirated pus is preferred to a swab. However, if there is not enough pus to provide a sample, 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

How to take a nasal swab

	<ul style="list-style-type: none"> • Wash hands and apply apron and non-sterile gloves. • Place a few drops of either sterile 0.9% sodium chloride or sterile water onto the swab taking care not to contaminate the swab. Do not moisten nasal swabs for COVID-19 testing.
	<ul style="list-style-type: none"> • Place the tip of the swab inside the nostril at the angle shown. • It is not necessary to insert the swab too far into the nostril.
	<ul style="list-style-type: none"> • Gently rotate the swab ensuring it is touching the inside of the nostril. • Repeat the process using the same swab for the other nostril.
	<ul style="list-style-type: none"> • Place the swab into the container. • Dispose of gloves and apron and clean hands after removing each item of PPE, e.g. pair of gloves, apron. • Complete resident details on the container and specimen form. If for MRSA, request 'MRSA screening' under clinical details on the form.

4. 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.
- Consult your local guidelines about storage of specimens.
- If delivery is delayed, the specimen should be placed in a 'specimen only' fridge. Regular cleaning of specimen refrigerator and temperature should be documented.

5. 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. If using resident identification labels on forms, ensure that the copy section also has a label.

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
- Relevant clinical details, symptoms and their duration, e.g. description of the wound, pain on passing urine, increased confusion
- Relevant medication history, e.g. recent antibiotic history, current antibiotics, relevant medications
- If viral diarrhoea suspected, request virology screening and add iLog number of the outbreak
- 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

6. Spillages of specimens

- Spillages of blood or body fluids should be dealt with immediately and in accordance with standard infection control precautions. Refer to the 'Safe management of blood and body fluids Policy for Care Home settings'.
- 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. Refer to the 'Safe management of blood and body fluids Policy for Care Home

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

7. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 29 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

8. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

Department of Health (2007) *Transport of Infectious Substances – Best Practice Guidance for Microbiology Laboratories*

Health and Safety (2009) *Carriage of Dangerous Goods and Use of Transportable Pressure Equipment*

Public Health England (July 2020) *Guidance: COVID-19: safe handling and processing for samples in laboratories*

www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories/wuhan-novel-coronavirus-handling-and-processing-of-laboratory-specimens

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10th Edition*