Lincolnshire Community Health Services NHS Trust

Management of Pathology Specimens

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Lincolnshire Community Health Services NHS Trust
Guidance on the Management of Specimens
Version Control Sheet

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5	Two documents merged	G_IPC_19 Management of Specimens and Wards& Urgent Care centre Louth Hospital Obtaining Clinical Specimens & filling of Pathology Results. Standard Operating Procedure	Nov 2017	L Roberts
	Appendix F. Specimen	Updated Microbiology	Nov 2017	L Roberts

Chair: Elaine Baylis QPM
Chief Executive: Andrew Morgan

	collections	guidelines		
	Whole document	Footers and Headers	Nov 2017	L Roberts
	Appendices	Laboratory numbers updates	Nov 2017	L Roberts
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Lincolnshire Community Health Services NHS Trust

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Lincolnshire Community Health Services NHS Trust

Management of Pathology Specimens (including obtaining and filing of

Guidance Statement

Background	The purpose of this guidance is to advise on the precautions and control measures that are needed in the handling of specimens, thus minimising the risk of healthcare associated infections to patients, visitors and staff in health care settings. Also to ensure results are appropriately obtained and filed.
Statement	This guidance is comprehensive, formally approved, ratified and disseminated through appropriate channels. It will be implemented for all staff within Lincolnshire Community Health Services NHS Trust.
Responsibilities	Compliance with this guidance will be the responsibility of all employees and contractors of Lincolnshire Community Health Services NHS Trust.
Training	The Infection Prevention Team and Clinical Educators will support/facilitate any training associated with this guidance. All staff have a responsibility to ensure that new staff are aware on induction.
Dissemination	Via Lincolnshire Community Health Services Website
Resource implication	This guidance has been developed in line with the NHS Litigation Authority and Department of Health guidelines to provide a framework for staff within the organisation to ensure appropriate production, management and review of organisation–wide policies.

Management of Pathology specimens (including obtaining and filing of pathology results)

1. Introduction

Laboratory investigation of specimens is integral part of clinical care. Whilst the processes of obtaining patient specimens and transporting these to the laboratory are considered to be routine practice they are not without risk.

The risk of cross infection associated with handling laboratory specimens should be minimised as far as possible.

This guidance should be used in conjunction with the following:

- Pathlinks guidance
- Hand Hygiene guidance
- Standard precautions guidance
- Guidance on the Management of Inoculation Injuries
- Guidance on the Management of Waste
- Guidance on the Management of Linen
- Guidance on Decontamination of Medical Devices and the Environment
- Spillages of Blood and Bodily Fluids guidance
- Guidance on inter-transfer of patients

Pathology results must be obtained and acted upon in a timely manner by medical doctors or registered member of staff and results must be filed in appropriate place.

2. Scope of guidance

This guidance aims to:

- Support best practice in the management of pathology specimens in community healthcare settings.
- Promptly identify and confirm infections.
- Reduce the impact of healthcare associated infections in service users.
- Promptly identify abnormal results
- Promote the prompt obtaining and filing of pathology results

This guidance is applicable to all staff employed by Lincolnshire Community Health Services NHS Trust and contractors engaged by the trust.

3. Key personnel responsibilities

3.1 Trust Board:

- Will ensure compliance with the Health & Social Care Act (2015), of which this guidance is integral.
- Will have close and regular liaison with designated members of the IPT/ Director of Infection Prevention and Control (DH 2008).
- Ensure the provision of a safe environment and resources in which safe management of specimens can take place.

3.2 The Infection Prevention Team:

- Will act as a resource for guidance and support on the management of pathology specimens.
- Will support education of staff on the management of pathology specimens within community hospitals and other community healthcare settings.
- Will review and update the guidelines on a regular basis.
- Will support the Managers / Infection Prevention Link Champions in the audit and monitoring of the guidance.
- Will liaise with external organisations where deemed appropriate.

3.3. Managers:

Have a responsibility to ensure all staff including contractors and new starters are aware of and comply with this guidance with particular reference to:

- prompt isolation of patients
- hand hygiene
- personal protective clothing
- cleaning of the environment and nursing equipment
- communications with the Infection Prevention Team
- supporting the Infection Prevention Link Champions / Clinical Educators undertake their role.
- Procedure for obtaining and filing pathology results
- Ensure audits are undertaken

3.4. Infection Prevention Link Champions:

Trusts should ensure, through their Heads of Clinical Service, that each clinical area is covered by an Infection Prevention & Control Link Practitioner (DH 2008), whose role and job description should include, training, auditing and feeding back to staff on:

- isolation
- hand hygiene
- *cleanyourhands* campaign
- raise and action environmental and practice issues.

3.5. Employees:

All employees or contractors (providing direct care in a health or social care setting including patient/clients own home) have a responsibility to abide by this guidance and any decisions arising from the implementation of them. Any decision to vary from this guidance must be fully documented with the associated rationale stated.

3.6. Occupational Health:

Are responsible for alerting the Infection Prevention Team of any infectious conditions amongst Trust employees that could be transmitted during the course of their work.
They are also responsible for:

- Participating in supporting of staff members having / exposed to infectious conditions, including obtaining specimens.
- Co-ordinating staff treatment of any infectious disease.

- 4. Clinical specimens are taken to help provide clinical diagnosis and help to formulate a plan of care and/or treatment options.

- Routine blood tests, and pathology sampling are obtained for all patients on admission, depending on clinical presentation for example, Full Blood Count, Urea and Electrolytes

- It is always at the discretion of the individual Nurse Practitioner/Medical Doctor what clinical samples are obtained and the rationale/purpose for the samples.

5 Pathology Laboratories

5.1 Microbiology

The microbiological laboratories within Lincolnshire belong to the Pathlinks Consortium and currently comprise 4 sites; Scunthorpe, Grimsby, Boston and Grantham. The site specific information is detailed in Appendices A – D.

Consultation about investigation and management of infection is welcomed and the following is available from the duty Consultant Microbiologist; advice on diagnosis and the interpretation of microbiology results, appropriate antimicrobial use where necessary and Infection Prevention and Control Measures.

5.2 Biochemistry

5.3 Haematology

5. Collection of specimens

The quality of microbiology depends upon the quality of specimens received i.e. poor quality samples do not produce high quality results.

The appropriate bottle for the specimen required is outlined in (Appendix F). If the specimen you require to collect is not included within this guidance please contact Pathlinks laboratory or the duty Consultant Microbiologist.

6. Specimen labelling

Only the designated microbiology or serology forms must used and they must accompany the specimen collected.

The mandatory information required on all forms is:
1) NHS Number
2) Surname
3) Full Forename (initials are not sufficient)
4) Date of Birth
5) Home address, and post code
6) Source (Ward / Dept / GP – Full details including address)
7) Gender
8) Date of Collection
9) Clinical Details

The following is required in relation to the Specimen:
1) Surname
2) Full forename (initials are not sufficient)
3) Date of Birth
4) Source of Collection (Ward/Department/GP Surgery)
5) NHS Number
6) Date of Collection
7) Specimen type and site

7. Specimen Collection in General

- Standard precautions must be adhered to during the process of specimen collection, including Personal Protective Equipment (PPE).
- Hand must be washed before and after specimen collection.
- The specimen taken should be representative of the disease process. e.g. material swabbed from the opening of a sinus tract is more likely to yield commensal micro-organisms on the skin than would material obtained by curettage or biopsy of the base of the tract.
- Care must be taken to avoid contamination of the specimen by micro-organisms normally found on the skin and mucus membranes.
- Sterile equipment and aseptic technique must be used for collecting specimens, particularly for those from normally sterile sites.
- An adequate quantity of material should be obtained for complete examination. Do not overfill containers.
- Always send pus in a sterile screw capped universal container rather than a swab of the pus.

- Ensure the container / lid is secure prior to containing in the specimen bag.
- Do not contact the request form and specimen in the same bag.
- Specimens should ideally be obtained before antimicrobial agents have been administered.
- Within the community setting, patients often have little or no knowledge of aseptic techniques required for collection of samples. They should be given clear instructions to obtain good quality samples.
- Encourage patient to place their specimens directly into the specimen bags.
- Do not send specimens in non-sterile containers.
- Specimens must be transported promptly to the laboratory. Fastidious organisms may not survive prolonged storage or may be overgrown by less fastidious organisms before culturing.
- If a patient has received a radio isotope, this information should be given on the request form, together with the name of the isotope.
- Please speak to a member of the laboratory staff/Consultant Microbiologist if there is any doubt about the best specimen to take or concerning the availability of a test. Telephone numbers are available at Appendix A – E.

8. Storage of Specimens

All samples should be transported to the laboratory as soon as possible after collection, preferably within 4 hours.
Where delay is unavoidable; specimens must be stored at 4ºC in a designated specimens fridge (not used for food or medications), but even at this temperature some fastidious organisms on swabs and other specimens, and white cells in body fluids e.g. CSF may deteriorate.

If any clinical specimens are to be stored in a refrigerator, it is essential that:

- There is a refrigerator for the purpose of specimen storage only
- The temperature in the refrigerator is kept between 4°-8°C (minimum and maximum temperature to be checked and recorded daily (Appendix G)
- The specimen refrigerator is not accessible to the public
- The specimen refrigerator is cleaned on a weekly basis, defrosted regularly, and cleaned and disinfected after any spillage or leakage

NB: Blood Cultures should be stored at **ROOM** temperature.

9. Transportation of specimens

- All specimens must be stored in a safe and secure area prior to transportation.
- Collection from any hospital, clinic or general practice facility should be undertaken using secure transport boxes, impervious plastic or metal and are capable of containing leakages.

The transport container should be clean and UN registered. The following numbers are displayed on UN registered containers. UN3373 or UN329.

- Within the community, all efforts must be made to ensure specimen collection occurs in a health care setting. Specimens should not be routinely transported in staff cars.

- If a specimen has to be collected by community nurses, General Practitioners or other allied health professionals in a patient's home, these must be safely and securely contained in a robust, lidded, washable/disposable container and transported to the nearest designated collection point soon after collection.

- Transport boxes must not be used for any other purpose and must be cleaned weekly and immediately following contamination.

- Staff should make sure that the equipment needed to deal safely with a spillage or leakage of blood/bodily fluids be readily available to them.

10. Leaked Specimens

Where specimen containers are leaking into sealed transport bags, the bag and its contents should be discarded as hazardous waste. The use of standard precautions applies.
A fresh specimen should be obtained form the patient.

If the specimen is unrepeatable, i.e. there is no further opportunity to obtain a fresh sample, then the leaked sample should be carefully transported to the laboratory which has policies and procedures for dealing with such specimens.

11. Spillages of Specimens

In the event of a spillage of a specimen, the spillage guidance must be followed.

In the event of any queries around the management of spillages of specimens, call one of the laboratories for advice.

12. High Priority Specimens

Certain samples merit immediate attention due to the assessed clinical condition. For all of the following, the laboratory must be warned of their arrival by telephone and a provisional telephoned result requested:-

- CSF,
- Synovial fluid
- Pleural fluid,
- Pericardial fluid
- Peritoneal dialysis effluent in peritonitis
- Supra pubic aspirate
- Urine from renal pelvis or ureters
- Pus or tissue obtained during surgical operations / biopsy material
- Antibiotic assays

13. High Risk Samples

Specimens are regarded as "HIGH RISK" if taken from patients known or suspected of being infected with a blood borne virus e.g. hepatitis C, HIV infection, or other infections such as tuberculosis, typhoid and paratyphoid fevers, Creutzfeldt Jakob disease and meningococcal sepsis.

These specimens must be labelled "HIGH RISK" on both the container and the request form by attaching a yellow "Danger of Infection" label.

High risk specimens including CSF's and those in glass sample containers must not be sent to the laboratory via an air tube system.

14. Documentation

The rationale for specimen taking must be clearly documented within the patient records.

All specimens must be recorded in a record book. Specimen results must be followed up.

Any resulting actions and/or treatment must be acknowledged in the patient's notes and monitored for the outcome.

15. Out of Hours Specimens

Urgent specimens which require processing "out of hours" must be notified to the "on-call Biomedical Scientist via Switchboard.

Transportation must be arranged locally.

Specimens must be packages and carried appropriately

16. On site testing of specimens

- For specimens tested on site, such as urine or blood glucose, the clinician should decontaminate their hands before the task, wear disposable gloves and apron and wash hands after removing protective clothing.
- Urine samples tested on site should be disposed of in a sluice facility or "dirty sink", not in a hand wash basin.
- Analytical equipment such as blood glucose and cholesterol monitoring must be used safely and according to manufacturer's instructions.
- Maintenance and decontamination of the equipment must also be carried out according to Manufacturer's instructions.

17. Outbreak Situations

In the event of a suspected outbreak situation within hours and out of hours where prompt processing of specimens is required, consultation must take place between the GP / Ward Manager/ On Call Manager/ Infection Prevention Team and the Consultant Microbiologist and /or Consultant in Communicable Diseases.

18. Alert Organisms

Isolation of the following organisms from clinical specimens will be reported to the requesting clinician by telephone.

1) Any organism from CSF, blood or other sterile site.
2) Streptococcus pyogenes (Gr A) [Hospital Patients] and post partum.
3) Haemolytic streptococcus Gr B from HVS of pregnant women with premature rupture of membrane and surface sites of newborn babies with respiratory distress syndrome or meningitis.
4) Meticillin Resistant Staphylococcus Aureus (MRSA)
5) Gentamicin or multiple antibiotic resistant Coliform or Pseudomonas.
6) Salmonella spp. from all hospital in-patients, infants, the elderly and immunocompromised patients in the community.
7) New cases of Hepatitis A or E
8) Shigella spp.(Hospital patients and patients in the community)
9) Clostridium difficile (Hospital patients)
10) Rotavirus (Hospital patients)
11) Smear or culture positive for AAFB [acid alcohol fast bacilli = mycobacteria] (new cases only)
12) New positive cases of HIV, Hepatitis B, Hepatitis C
13) Identification of systemic fungal infection or any other opportunist infection

19. Risk Management

A local incident reporting form (IR1) must be completed if the following is experienced:

- Non compliance with this guidance
- Issues raised in relation to management of specimens.

20. Audit and Monitoring

Audit and monitoring of specimen taking will be carried out as part of a pre-planned infection control audit programme and via the trusts incident reporting system.
The Infection Prevention Team will support managers in the auditing and monitoring where required and provide the audit tools (Appendix I).

21. Training

Standard Precautions for the prevention and control of infections for everyday practice includes safe collection and transport of specimens is included in training sessions at induction and mandatory infection control updates.

Specific training for management of specimens will be undertaken as part of training delivered by the Infection Prevention Team, Infection Prevention Link Champions and Clinical Educators.

22. Evidence Base

Advisory Committee on Dangerous Pathogens. Categorisation of pathogens according to hazard and categories of containment. London, HMSO. 1995

Carriage of dangerous Goods (Classification, Packaging and Labelling) regulations 1996; 2004; updated 2009
Pathlinks Microbiology Handbook 2009

23. Linked policies

G_IPC_04 Guidance on usage of gloves

G_IPC_17 Hand hygiene and alcohol rub

G_IPC_18 Prevention and management of inoculation exposure injury

G_IPC_26 Standard precautions

G_IPC_31 Management of blood and body fluid spillages

24. Acknowledgements:

Persons involved in development of this guideline / procedure:

Name:	Designation:
Pathlinks Consortium	Lincolnshire
Infection Prevention Team	LCHS NHS Trust
Infection Prevention and Control Forum	LCHS NHS Trust

25. References

Department of Health (2015) Health & Social Care Act.

26. Appendices

Appendix A: Key personnel and their internal telephone numbers - Boston
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Appendix C: Key personnel and their internal telephone numbers - Scunthorpe
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Appendix E: Key personnel and their internal telephone numbers - Lincoln
Appendix F: Specimen Collection (common specimens)
Appendix G: Refrigerator records sheet
Appendix H: Specimen Records Sheet (print on orange paper)
Appendix I: Specimen handling tool
Appendix J: Infection Prevention and Control System for guidance and policy review

Appendix K: Equality Impact Assessment Test for Relevance Race, Religion/Belief, Disability, Gender, Age and Sexual Orientation
Appendix L: Monitoring template

Appendix A: Key personnel and their internal telephone numbers - Boston

PILGRIM HOSPITAL, BOSTON
Tel 01205 364801

KEY PERSONNEL AND THEIR INTERNAL TELEPHONE NUMBERS

Title	Name	Telephone number/extension/bleep
Microbiology Laboratory		01205 446321
Path Links Directorate Service Manager (Serology) Microbiology Manager (Boston & Grantham Laboratories)	Mr Brian Davies	01205 446344
Deputy Laboratory Manager	Mr Michael Jewsbury	01205 446341
Infection Control Team		01205 446303
Pathology		Fax 01205 356548

LABORATORY WORKING HOURS
Laboratory Hours: 9.00 am - 8.15 pm Monday to Friday
9.00 am - 5.00 pm Saturday
9.00 am - 5.00 pm Sunday

"Out of Hours"
Urgent specimens which require processing "out of hours" must be notified to the "on-call BMS via Switchboard.

Specimens Processed Out-of-Hours

- CSF Samples.
- Intra-operative Specimens (from Theatre). Joint Aspirates.
- Ultrasound/CT Guided Aspirates i.e. Deep Site Specimens

Requests for any variations of the above will require authorisation by the Consultant Microbiologist.

Appendix B: Key Personnel and their internal telephone numbers - Grantham

GRANTHAM HOSPITAL
Tel 01476 565232

KEY PERSONNEL AND THEIR INTERNAL TELEPHONE NUMBERS

Title	Name	Telephone number/extension/bleep
General Pathology Reception		01476 464706
Consultant Microbiologist Grantham and LCHS	Dr Bethan Stoddart	01476 464258

LABORATORY WORKING HOURS
Laboratory Hours: 08.30 am – 17:00 pm Monday to Friday

Appendix C: Key personnel and their internal telephone numbers - Scunthorpe

MICROBIOLOGY DEPARTMENT
SCUNTHORPE GENERAL HOSPITAL
GENERAL INFORMATION
KEY PERSONNEL AND THEIR INTERNAL TELEPHONE NUMBERS

01724 282282

Title	Name	Telephone number/extension/bleep
Consultant Microbiologist/ Infection Control Doctor	Dr P Cowling	03033 302 350
Deputy Laboratory Managers	Nick Duckworth Richard Gordon	03000 302510
Infection Prevention & Control Nurses	Jayne Girdham Susan Samways Wendy Merrett	03033 302517
Senior Medical Secretary	Ruth Leckie	
Results Enquiries		03033 306610
Bacteriology Laboratory (technical queries)	Mark Cioni	03033 302510
Pathology General Office		FAX 01724 865680

Laboratory Hours:	0900 – 2330	Monday to Friday
	0900 – 1730	Saturday & Sundays & Bank Holidays

"Out of Hours"

Urgent specimens which require processing "out of hours" must be notified to the "on-call" BMS via Switchboard. Blood cultures **do not** need to be notified to the "on-call" BMS, but should be sent to the laboratory as soon as taken, for incubation.

Appendix D: Key personnel and their internal telephone numbers - Grimsby

MICROBIOLOGY DEPARTMENT
DIANA, PRINCESS OF WALES HOSPITAL, GRIMSBY
GENERAL INFORMATION
KEY PERSONNEL AND THEIR INTERNAL TELEPHONE NUMBERS
01472 875268

Title	Name	Telephone number/extension/bleep
Consultant Microbiologist/ Infection Control Doctor	Dr V Cleeve	Mobile via switchboard
Biomedical Scientist		03033 302677 Mobile via switchboard
Infection Prevention & Control Nurses	Office Joanne Jones	03033 304602 03033 305745
Pathology		03033 302677
Pathology		Fax 01472 875246

Laboratory Hours: 8.45 am to 5.00 pm Monday to Friday
No routine service on Saturday & Sunday
No service at all other times – Call Scunthorpe Lab

Appendix E: Microbiology Department Lincoln County Hospital General Information

MICROBIOLOGY DEPARTMENT
LINCOLN COUNTY HOSPITAL
GENERAL INFORMATION

01522 512512

Title	Name	Telephone number/extension/bleep
Lead Consultant Microbiologist	Dr P.Panospapastergiou	Extn 3734 / Bleep 3306
Infection Control Nurses	Mrs Sandra Smirthwaite Office	01205 446303
Infection Control Secretary	Mrs Alison Matthews	
Laboratory Fax		01522 356548

NOTES
All extension numbers listed above are County Hospital Lincoln extension numbers – if telephoning from outside the hospital prefix these numbers with (01522) 57.

Appendix F: Specimen Collection (common specimens)

Specimen collection (common specimens)

Specimen	Container	Instructions	Results
Faeces	Blue Topped Universal with spoon. A walnut size sample is required Please do not overfill.	Examination required within 12 hours If examination is required for cysts or ova, PLEASE indicate this on the form. A special concentration technique is required. **Please also indicate :** • Details of foreign travel • Details of antibiotic treatment • Details of previous infections Microscopy only performed on liquid samples, or when requested. Clostridium Difficile- perfomed on liquid stools only, it does not matter if it is contaminated with urine (please state on form) Samples will be screened for Rotavirus on patients <5yrs of age. **Please also note:** In acute gastro-enteritis one sample is usually sufficient to establish the diagnosis. Clearance samples should only be sent on the advice of CCDC or an Environmental Health Inspector. Please state on form. For threadworms please obtain a sellotape sample using the kits provided by the laboratory. For trophozoites of Entamoeba histolytica and Giardia lambia a HOT stool sample should be sent to the laboratory. Please speak to a Consultant Microbiologist before sending such a specimen.	Final results will be available in 48-72 hours from receipt within testing laboratory. N.B. Pathogens are often isolated after 48 hours incubation. Positive results will be telephoned to clinicians by Consultant Microbiologist or deputy.

Specimen collection (common specimens)

Specimen	Container	Instructions	Results
URINE	Red topped Boric Acid Container.	Please indicate on the form whether MSU, CSU, Suprapubic aspirate etc. **MSU from females**: Patient should clean the external genitalia with soap and water, saline or a solution that does not contain a disinfectant. Then dry with paper towel. Hold the labia apart and pass urine, discarding the first part of the stream. Place a sterile container in the line of flow and collect sample. Transfer the specimen to a sterile boric acid container up to the indicating mark. **MSU from males** Uncircumcised males should etract the foreskin, clean the skin surrounding the urethral meatus with soap and water, saline or a solution that does not contain disinfectant. Discard the first part of the stream, and then place a sterile container in the line of flow and collect sample up to the indicating mark. **CSU from indwelling catheter** Clean the sample sleeve or catheter port with alcohol wipe and allow to dry. Pass a fine bore needle on a syringe and collect 5-10ml of urine. Transfer to sterile container **Initial Catheterisation Sample** This can be collected into a sterile container as the catheter is inserted. **Urine Collection from babies**. Skin should be cleaned with an antiseptic wipe before bag placement. Note that this is an unsatisfactory method which often results in a contaminated specimen. Pad urines may be a suitable alternative. For preference a supra-pubic aspiration should be carried out by a doctor with paediatric experience. Urine specimens readily support the growth of bacteria if stored at room temperature. They should either be sent to the laboratory within 2 hours of being taken or refrigerated. They can then be stored for 24 hours if refrigerated.	Within 48 hours in most instances

Specimen collection (common specimens)

Specimen	Container	Instructions	Results
Wound	Transwab (with Transport media).	Follow the Asepsis guidance A few mls of pus is a better sample than a swab if it can be sent to the Lab immediately. One swab should be rolled over the area. The wound may be irrigated with saline to remove surface debris before taking the swab if remnants of dressing remain. For large wounds, roll the swab in a zig-zag motion to include all wound surfaces. Re-sheathe and send to Laboratory on the day of obtaining.	Final results usually available 48 hours after receipt. In some circumstances the anaerobic cultures may take more than 48 hours. Interim results often available after 24 hours on telephone request.
Specimen	**Container**	**Instructions**	**Results**
Sputum **Naso-Pharangeal Aspirate**	Wide necked sputum Containers (sterile)	**Remember:** Sputum is a poor sample on which to base diagnostic decisions. If tuberculosis is suspected send 3 early morning specimens of sputum taken on consecutive days. Try to take the sample first ting in a morning. Pass the tip of the fine feeding catheter along the floor of the nose for about 7cms. Apply suction. Replace the mucous extraction top with a screw cap and transport to the laboratory.	2-3 days after receipt depending on growth obtained. 3 days are required if sensitivity testing is performed. TB culture takes longer – up to 12 weeks

Specimen collection (common specimens)

Specimen	Container	Instructions	Results
OTHER Cervical/HVS Swabs (for cultures)	Transwab (with transport media in the tube)	An endo-cervical swab and culture is indicated for receptive vagina sex with one of the followings: - Positive cervical/vulvovaginal GC NAAT - Genital symptoms (discharge; bleeding; pain) - Contact of GC - Strong suspicion of GC (Clean the cervical os with a large sterile swab and discard. Insert a new swab into the endocervix and rotate 360 degrees. Swab the external os 360 degrees if os stenosed.) Women of reproductive age with vaginal discharge should have a high vaginal swab (HVS) cultured if: - postnatal or post miscarriage - vaginitis without discharge - pre or post gynaecological surgery - pre or post termination of pregnancy - symptoms not characteristic of BV or Candida - within 3 weeks of intrauterine contraceptive insertion - recurrent (≥ 4 cases/year) - previous treatment failed (After introduction of speculum, roll swab anywhere on vaginal wall to obtain discharge.)	Final results usually available 48 hours after receipt. In some circumstances the anaerobic cultures may take more than 48 hours. Interim results often available after 24 hours on telephone request.
Urethral swab (for Gonorrhoea culture)	Fine tip or Wire swab (with transport media).	Avoid contamination with micro-organisms from vulva or the foreskin. Patient must not have passed urine for two hours previously.	
Rectal swab (for Gonorrhoea culture)	Transwab (with transport media in the tube)	Receptive anal sex with one of the followings: - Positive rectal GC NAAT - Rectal symptoms (discharge; bleeding; pain)	

		- Contact of GC - Strong suspicion of GC	
Pharyngeal swab (for Gonorrhoea culture)	Transwab (with transport media in the tube)	Receptive oral sex with one of the followings: - Positive pharyngeal GC NAAT - Pharyngeal symptoms (discharge; bleeding; pain) - Contact of GC - Strong suspicion of GC	
Eye swab	Transwab (with transport media in the tube)	Evert lower eye lid, rub gently over the conjunctival membrane avoiding the cornea, re-sheath and send to the laboratory.	
Uro-genital specimens for Nucleic Acid Amplification Testing - NAAT (for Genito-urinary Chlamydia and Gonorrhoea)	Urine in specimen collection kit provided by local lab	**MALE:** Pass 15 to 20ml first void urine into collection cup. Using plastic pipette supplied in the sampling kit, transfer collected urine into the transport tube with buffer solution according to manufacturer's instruction. (Patient must not have passed urine in last 1 - 2 hours.)	
	Self-taken vulvo-vaginal swab or endo-cervical swab using kit with plastic-shafted (not wooden) swab provided by local lab.	**FEMALE:** A vulvo-vaginal sample is the specimen of choice in women. Place the specimen collection swab into transport tube with buffer solution immediately after sampling according to manufacturer's instruction. Do not include more than one swab in the tube. Swabs with excess mucous / blood cannot be tested. **Only one swab per tube**	
Nucleic Acid Amplification Testing - NAAT (for Extra-Genital Chlamydia and Gonorrhoea)*	Rectal swab using kit with plastic-shafted (not wooden) swab provided by local lab.	Both **MALES** and **FEMALES** with receptive anal sex: Rectal swabs can be obtained via proctoscopy or taken 'blind' by the patient or a HCW. Place the specimen collection swab into transport tube with buffer solution immediately after sampling according to manufacturer's instruction.	

Genital and Ano-rectal swabs (for HSV DNA detection by PCR)	Pharyngeal swab using kit with plastic-shafted (not wooden) swab provided by local lab.	Do not include more than one swab in the tube. Swabs with excess mucous / blood cannot be tested. **Only one swab per tube** Both **MALES** and **FEMALES** with receptive oral sex: Place the specimen collection swab into transport tube with buffer solution immediately after sampling according to manufacturer's instruction. Do not include more than one swab in the tube. Swabs with excess mucous / blood cannot be tested. **Only one swab per tube**	
	Swabs taken from base of ano-genital lesions or rectal mucosa using kit with plastic-shafted (not wooden) swab provided by local lab.	Both **MALES** and **FEMALES** with ano-genital lesions or proctitis suggestive of HSV infection: Place the specimen collection swab into transport tube with buffer solution immediately after sampling according to manufacturer's instruction. Do not include more than one swab in the tube. Swabs with excess mucous / blood cannot be tested. Only one swab per tube	

GC = Gonorrhoea
HCW = Health Care Worker
PCR – Polymerase Chain Reaction
HSV = Herpes Simplex Virus Type 1 and Type 2
* Rectal swabs and pharyngeal swabs: NAATs are the assays of choice for both genital and extra-genital samples, though the sensitivities are variable

Appendix G: Refrigerator records sheet

Refrigerator records sheet

Date	Turned on at Plug (Y/N)	Temperature recorded in °C			Action taken if required	Signature
		Actual	Min	Max		

Appendix H: Specimen Records Sheet

Specimen Records Sheet (print on orange paper)

Addressograph/label

Hospital Site

Ward

Specimen (Specify Type and Site as Appropriate)	Reason	Date Taken	Date Sent	Result	Date Obtained	Received by (Name)	Action Taken

Appendix I: Audit tool Specimen Handling

Infection Prevention and Control Audit Tool

Specimen Handling

Application of scores

For each statement, answer with Yes, No, or Not Applicable, e.g.

Yes	=	1
No	=	0
Not applicable	=	N/A

The Total score: Add together the scores for each question that is applicable giving a total score for the section.

The Percentage: Divide the total score by the number of applicable questions answered in the section to give an overall % score for that section.

Date:

Ward / Department:

Persons present:

Facilities:

Aim: To ensure a safe environment for all staff and patients

Objectives:
To identify users and user groups.
To identify on infection prevention and control related issues
To acknowledge improvements made

Overall Score:

Key learning points:

……..Hospital, ……..Ward / dept

Date……..

Specimen Handling

Standard **Specimens are handled in a way that negates the risk of cross-infection to all staff**
Compliance **75%**

No	Statement	SCORE
SPE1	The organisation has comprehensive procedures/policy for Specimen Handling	
SPE2	Organisational structures are in place to ensure, distribution, compliance and monitoring of the specimen policy and procedures	
SPE3	All staff handling specimens, including reception staff, are trained in doing so	
SPE4	Specimens that are to be sent to the microbiology laboratory are in appropriate containers	
SPE5	Patients are provided with appropriate specimen containers if required to produce specimens at home [ask a member of staff]	
SPE6	Specimens are sealed in designated plastic transit bags	
SPE7	Request forms are not in the same section of the bag as the specimen	
SPE8	Transit bags are not sealed with paper clips or staples	
SPE9	Specimens awaiting transit are kept in a designated area away from the public and staff rest areas	
SPE10	Refrigeration is available where required	
SPE11	Specimens are not stored with food	
SPE12	Specimens are transported in leak-resistant boxes with lids that can be fastened	
SPE13	Specimen transport boxes are visibly clean with no body substances, dirt, dust or debris	
SPE14	There is no evidence of leaking or externally contaminated specimen containers being sent to the laboratory	
SPE15	Specimen testing is undertaken in an appropriate, designated area	
SPE16	The test area is cleaned after use	
SPE17	Samples tested on site are discarded in a toilet or sluice	
SPE18	Specimens sent by post are packaged according to post office regulations	
	Total Score	
	Percentage	

COMMENTS

Infection Prevention: Specimen Handling Audit Tool

……..Hospital, ……..Ward / dept

Date……..

Specimen Handling

Standard **Specimens are handled in a way that negates the risk of cross-infection to all staff**
Compliance **75%**

No	Actions required	Responsibility	Target Date

Action Plan completed: Date ……..Signature……

Action plan Submitted to LCHS Infection Prevention Committee: Date……..

Appendix J:

Appendix K: Equality Analysis

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	The purpose of this guidance is to advise on the precautions and control measures that are needed in the handling of specimens, thus minimising the risk of healthcare associated infections to patients, visitors and staff in health care settings.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	All LCHS staff		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	None		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	None		
		Yes	No	
	Disability		x	
	Sexual Orientation		x	
	Sex		x	
	Gender Reassignment		x	
	Race		x	
	Marriage/Civil Partnership		x	
	Maternity/Pregnancy		x	
	Age		x	
	Religion or Belief		x	
	Carers		x	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Lynne Roberts		
Date:		Nov 2017		

Appendix L: Monitoring

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Compliance	Audit	Manager/ Link Practitioners/ IP&C	Annual	I P & C Committee	I P& C Committee	I P & C Committee