Pennine Care
NHS Foundation Trust

DOCUMENT CONTROL	
Title:	**Specimens Policy**
Version:	**6**
Reference Number:	**CL073**

Scope:

This policy applies to all Clinical Pennine Care Staff – permanently, temporarily, through an agency or bank arrangement, are students on placement, are party to joint working arrangements or are contractors delivering services on the trust's behalf.

Purpose:

The purpose of this document is to ensure that staff understand the importance of obtaining and the labelling of the pathology specimen correctly. To identify the correct storage and transportation of a specimen.

Requirement for Policy

Health & Social Care Act

Keywords:

Sample, Specimens

Supersedes:

Version 5

Description of Amendment(s):

- To reflect Roles & Responsibilities from the Infection Prevention and Control Policy
- References Updated

Owner:

- Infection Prevention & Control Team

Accountability:

- Associate Director of Nursing and Healthcare Professionals
- Executive Director Of Nursing, Professional Leadership & Quality Governance

Individual(s) & group(s) involved in the Development:

This document has been developed in collaboration with the following interested parties:

- Infection Prevention & Control Team

Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly: • Infection Prevention & Control Team • Infection Prevention & Control Committee • Members of all the Borough based Governance Groups	
Equality Impact Analysis:	
Date approved:	11th November 2018
Reference:	CL073 – EIA073
Freedom of Information Exemption Assessment:	
Date approved:	10th January 2019
Reference:	POL2018-85
Information Governance Assessment:	
Date approved:	10th January 2019
Reference:	POL2018-85
Policy Panel:	
Date Presented to Panel:	14th January 2019
Presented by:	Laura Birch
Date Approved by Panel:	14th January 2019
Policy Management Team tasks:	
Date uploaded to Trust's intranet:	17th January 2019
Date uploaded to Trust's internet site:	17th January 2019
Review:	
Next review date:	January 2022
Responsibility of:	Infection Prevention & Control Team

Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CL004	Infection Prevention and Control Policy
CL076	Personal Protection Equipment Policy
CL069	Hand Hygiene Policy
CL071	Clostridium Difficile Policy
CL078	Aseptic Non Touch Technique Policy
CO005	Education, Training and Development Policy
CL122	Safeguarding Families Policy

Policy Associated Documents:	
TAD_CL073_01	Instructions for taking nose and throat swabs for Influenza like illness
Other external documentation/resources to which this policy relates:	
CQC Regulations **This policy supports the following CQC regulations:**	
Regulation 12	Safe care and treatment
Regulation 17	Good governance

Contents Page

1. INTRODUCTION

A specimen is a sample of tissue or body fluid (but not blood) required to assist diagnosis of a disease, help monitor the treatment of a disease, diagnose an infection or screen for substance use.

A specimen can pose a minimal risk to all staff handling them. To reduce this risk, the number of people handling the specimens should be kept to a minimal risk and should be trained to handle specimens. Health Care workers should be immunised against Hepatitis B.

2. ROLES AND RESPONSIBILITIES

Overall accountability for procedural documents across the organisation lies with the Chief Executive who has overall accountability for establishing and maintaining an effective document management system, for meeting all statutory requirements and adhering to guidance issued in respect of procedural documents.

Overall responsibility for the confidentiality policy lies with the Caldicott Guardian with delegated responsibility for managing the development and implementation of confidentiality policy procedural documents to the Information Governance Manager.

The Caldicott Guardian is responsible for overseeing and advising on contentious issues of service user confidentiality for PCFT.

Line Managers are responsible for ensuring that all staff, particularly new staff, temporary staff, contractors and volunteers, know what is expected of them with respect to confidentiality and protecting information. They and are also responsible for monitoring compliance with this policy. The Trust has a dedicated Privacy Officer who will monitor for inappropriate access via regular auditing of access, including Break glass processes.

Staff are responsible for maintaining the confidentiality of all personal and corporate information gained during their employment with PCFT and extends after they have left the employ of PCFT.

Individual staff members are personally responsible for any decision to pass on information that they may make.

All staff are responsible for adhering to the Caldicott principles, current Data Protection Legislation and the Confidentiality Code of Conduct.

Staff will receive instruction and direction regarding the policy from a number of sources:

- Policy/strategy and procedure manuals
- Line manager
- Specific training courses

- Other communication methods (team brief/team meetings/IG bulletins)
- Staff Intranet

All staff are mandated to undertake Information Governance training on an annual basis. This training should be provided within the first year of employment and then updated annually as appropriate in accordance with the Core and Essential Skills Policy and the Information Governance training plan

3. LABELLING OF THE SPECIMEN

A specimen that is not labelled correctly will not be analysed, a completed request form must accompany all specimens.

The request form must have:

- Full Name
- Date of Birth
- NHS Number
- Test(s) Required
- Location for the results / report to be sent
- Name of Consultant or General Practitioner
- Location of the wound or where a specimen was taken from e.g. Catheter
- Specimen Urine (CSU) Midstream Specimen Urine (MSSU)

The person taking the specimen or witnessing the taking of the specimen must complete this information in the patient's presence. It should not be obtained from the health records or request form but from the patient or patient's wristband then confirmed by the patient or carer.

4. SPECIMENS AND STORAGE

Samples are usually required if the patient develops signs of infection.

Best practice is for a specimen to be taken before antibiotics are commenced but if this is not possible then the antibiotics should be given as prescribed. If it is necessary to test while the patient is receiving antibiotics the specimen should be collected before the dose is given and the antibiotic should be recorded on the specimen request form.

Hands must be washed before and after the procedure following Hand Hygiene policy CL069 and cuts or grazes covered with a plaster.

Appropriate Protective clothing must be used such as gloves, apron and goggles / visor if splashing may occur. Following the Personal Protective Equipment Policy CL076.

The specimen container should not be over-filled.

When a specimen has been taken and labeled it must then be place in a specimen bag and be accompanied with a request form, which must go in a separate section of the polythene bag. This must then be placed in a transport container or a specimen fridge.

Specimens for collection must be kept in a washable tray, in a position where children and unauthorized persons cannot access.

The specimen should be securely sealed, any traces of blood or body fluids must be removed from the outside of the container.

All samples, cultures and other materials should be transported in a manner than ensures they do not leak in transit. The transport container should be clean and UN registered. The tray and transport container must be on a cleaning schedule and if a spill occurs this must be cleaned immediately.

Patients taking own specimen

If individuals are to collect the specimen themselves, for example urine, they must receive instruction to minimize contamination of the sample by their skin or environmental flora, and be supplied with the correct container. The lid of the container must be tightly secured to prevent spillage.

Urine Specimens

A urine sample may be required if there are signs of fever, pain on passing urine, blood or pus in the urine, offensive odours, malaise and confusion.

Urine specimens readily support the growth of bacteria if stored at room temperature.

The specimen should either be sent to the laboratory within 1 hour of being taken so it can be processed within 2 hours of being taken, or refrigerated between 2-8°C. The urine specimen can then be stored for 24 hours if refrigerated.

Midstream Specimen of Urine (MSSU)

This is the preferred type of specimen for culture and sensitivity testing because of the reduced incidence of cellular and microbial contamination. Patients are required to first cleanse the urethral area with soap and water. The patient should then void the first portion of the urine stream into the toilet. These first steps significantly reduce the opportunities for contaminants to enter into the urine stream. The urine midstream is then collected into a clean container (any excess urine should be voided into the toilet). This method of collection can be conducted at any time of day or night.

Sputum Specimens

A sputum specimen may be required if a chest infection is suspected with fever, cough, sputum that may contain pus this may be green in colour or blood stained.

Sputum Specimens should be sent to the laboratory immediately as respiratory pathogens do not survive for long once expectorated. Sputum can be refrigerated in specimen fridge but longer than 2 hours may mean the pathogens die.

Throat Swabs

If influenza is suspected a nose and throat swab may be requested. Contact IP+C see TAD_CL073_01 for swab instructions.

Faecal Specimens

A stool specimen is required for any liquid diarrhea, (Bristol Stool chart type 5-7) abdominal pain, fever and loose stools or blood and mucus in faeces.

If Clostridium Difficile is suspected follow Clostridium Difficile Policy CL071.

Any stool samples should be sent to the lab as soon as possible if not able to store in specimen fridge.

For Clostridium Difficile detection, faeces contaminated with urine or taken from bedding can be used. If results confirm clostridium Difficile toxin positive it is not necessary to repeat a sample within 28 days and when the stool returns to normal it is not necessary to repeat to obtain a negative result. Once a toxin positive result has been confirmed treatment should be determined by the symptoms.

If a viral infection, e.g. norovirus is suspected, ensure virology testing is requested on the specimen form.

Wound Swab

A wound swab is required for any wound with signs of infection, cellulitis with exudate, pain, pus and fever.

The swab should be refrigerated if it cannot be sent to the laboratory immediately. When taking a wound swab, see Aseptic Non-Touch Technique Policy CL078 for how to take a swab.

It is important to collect an adequate amount of material for examination. Never use a swab if pus, faeces or fluid is available and can be placed in a specimen pot.

5. COLLECTION FROM WARDS AND CLINIC AREAS

Clinical managers must agree with those collecting specimens where the designated pick-up points are.

The pick-up points must not be in areas where members of the public could read personal information from the specimens / forms, or be exposed to the contents. The specimen bags should be checked prior to depositing them directly into an approved rigid container to ensure there is no obvious leakage.

If there is visible leakage the specimen bag must not be picked up by the porter but the porter must report this to the nurse in charge.

Once the container is secure, it must be kept secure, until the porter reaches another pick-up point or the laboratory.

6. HOW TO DEAL WITH A SPILT SPECIMEN

Blood Specimen

Any blood spillage of a specimen should be dealt with immediately:

- If available use Biohazard Spill-Kit for blood which contains disinfectant granules or a chlorine based product. Follow manufacturers guidance for use.
- Wear gloves and aprons. Wear goggles if needed.
- Using paper towels wipe the area and any splashes from vertical surfaces, with the chlorine solution.
- Leave the area dry
- Remove gloves and aprons and discard into yellow bag
- Complete an incident form
- Wash and dry hands

Urine Specimen

Any urine spillage of a specimen should be dealt with immediately:

- Wear gloves and aprons. Wear goggles if needed.
- Using paper towels or disposable cloth, wipe the area and any splashes from vertical surfaces
- Using a detergent and hot water wash the area with paper towel or disposable cloth.
- Dry with a paper towel discard as clinical waste yellow bags
- Remove gloves and aprons and discard into yellow bag
- Wash and dry hands

7. REFRIGERATOR

Specimens must only be stored in a fridge for a maximum of 24 hours.

A designated specimen fridge must be used.

The temperature must be kept between 2-8 °C

The fridge temperature must be checked and recorded daily.

The fridge must be away from a public area

The fridge must be on a cleaning schedule, cleaned weekly and defrosted as required.

8. BIOHAZARD – DANGEROUS PATHOGENS

If the specimen may contain a dangerous pathogen then it must be labeled with a biohazard label (e.g. Blood borne virus, Tuberculosis, typhoid or E coli 0157). Both the specimen and the request form should indicate a hazard and have risk of infection written clearly on the specimen container and the request form.

9. TRAINING

Staff requirements for IP+C training is identified in the training needs analysis in the education training and development policy CO005.

10. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

11. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

12. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

13. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

14. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

15. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

16. REFERENCES

Advisory Committee on Dangerous Pathogens, 2013. *The Approved list of biological agents*. [online] Health and Safety Executive. Available from: http://www.hse.gov.uk/pubns/misc208.pdf [Accessed 8 January 2019]

Lawrence, J & May, D. 2003 *Infection Control in the Community*. Edinburgh: Churchill Livingstone.

Public and International Health Directorate, Health Protection and Emergency Response Division, Infectious Diseases Branch, 2015. *Department of Health and Social Care, 2015. Health and Social Care Act 2008: code of practice on the prevention and control of infections*. London: Department of Health and Social Care. Available from: https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance [Accessed 8 January 2019]

United Nations Economic Commission for Europe. 2009 *European Agreement Concerning the international carriage of dangerous goods by road* [online] Switzerland: UN Economic Commission for Europe Information Services. Available from: https://www.unece.org/trans/danger/publi/adr/adr_e.html [Accessed 8 January 2019]