


Community Infection Prevention and Control Policies for Domiciliary Care staff

Specimen collection

SPECIMEN COLLECTION

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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.

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.

2. Specimen containers and transport bags



The person who obtains the specimen should ensure:

- The container is appropriate for the purpose (see Section 3 Collection of specimens). If an inappropriate container is used, the specimen will not be processed by the laboratory
- The specimen container is labelled correctly (see Section 5 Labelling)
- The lid is securely closed
- There is no external contamination of the outer container by the contents. If there is external contamination, the specimen will not be processed by the laboratory
- If a specimen bag has not been provided by the GP Practice, the specimen container should be placed in a rigid container with a lid, e.g. ice cream or margarine tub, to transport it to the GP Practice. This can then be washed after use or disposed of

3. Collection of specimens

Always apply standard infection control precautions when collecting specimens including:

- Washing hands before and after specimen collection
- Wearing appropriate personal protective equipment

Sample	Key information	Indication	Container
Faeces	Open bowel into a receptacle, e.g. commode, clean and dry ice cream container, carrier bag positioned under the toilet seat. Scoop a sample of faeces into the specimen container using the container spoon provided. Note: 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) 
	If the service user has had antibiotic treatment in the past 12 weeks, request <i>Clostridioides difficile</i> 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 
Urine: Catheter specimen of urine (CSU)	Please refer to the 'Urinary catheterisation Policy for Domiciliary Care staff'		
Urine: Mid-stream sample of urine (male)	Retract foreskin and clean area with soap and warm water. Ask the service user to urinate, passing the first part into the toilet, collecting the middle part of the flow into the sample pot and pass the remainder into the toilet. Replace foreskin	Pain on passing urine, increase in frequency, fever, new urinary incontinence, new or worsening confusion, back or lower tummy 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 micro-organisms

Sample	Key information	Indication	Container
Urine: Mid-stream sample of urine (female)	Clean the genital area with soap and warm water, wiping from front to back. Ask the service user to urinate, passing the first part into the toilet, collecting the middle part of the flow into the sample pot and pass the remainder into the toilet. If the service user is unable to urinate into the sample pot, use a clean and dry container, e.g. ice cream container	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 micro-organisms

4. Storage

- Do not store specimens in the service user's fridge.
- Specimens should be taken to the GP Practice as soon as possible after collection.

5. Labelling

Specimens must be labelled correctly to prevent misdiagnosis and wastage. At minimum, all specimens must be clearly labelled with the correct service user's details which include:

- Service user's full name
- Service user's address
- Male or female
- Service user's date of birth (and NHS number if known)
- Type of specimen, e.g. catheter or mid-stream urine sample
- Date and time of sample collection

Additional information, e.g. relevant clinical details, symptoms and their duration, description of the wound, can be completed by the GP Practice.

6. Spillages of specimens

- Spillages of blood or body fluids should be dealt with immediately using standard infection control precautions, please refer to the 'Safe management of blood and body fluids for the Policy for Domiciliary Care staff', 'Safe management of care equipment Policy for Domiciliary Care staff' and 'Safe management of the care environment Policy for Domiciliary Care staff'.
- If the outside of the specimen container is contaminated, carefully transfer the specimen into a clean specimen container.
- If the specimen form is contaminated, a new form should be used.
- Should the specimen leak, a new specimen should be obtained. If this is not possible, carefully transfer the specimen into a clean container.

7. References

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*

Royal Marsden NHS Foundation Trust (2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures 9th Edition*