



Community Infection Prevention and Control Guidance for Health and Social Care

Specimen Collection

SPECIMEN COLLECTION

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1. Introduction

All specimens are a potential infection risk, therefore, all specimens must be collected using Standard 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, with the exception of blood samples, should be avoided to help reduce inappropriate prescribing of antibiotic treatment. Specimens should be 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 the appropriate one for the purpose
- 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.

3. 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 service user identification labels on forms, ensure that the copy section also has a label.

All specimens must be clearly labelled with the correct service user details which include:

- service user's full name

- service user's address
- service user's sex
- service user's date of birth and/or NHS number
- type of specimen, e.g., catheter or mid-stream urine sample
- relevant clinical details, e.g., pyrexia, increased confusion, description of the wound
- date and time of sample collection
- GP details
- signature (unless electronic form)
- destination for report, e.g., GP Practice details
- relevant medication history, e.g., antibiotic history
- hazardous group 3 organisms, i.e., blood-borne viruses, TB, must have a 'Danger of Infection' sticker applied to both the container and request form.

4. Collection and storage

For the most accurate results, specimens should be dispatched to the laboratory as soon as possible or at least within 24 hours. After this time, any dominant or more virulent micro-organisms will flourish and weaker ones will die off, which can lead to inaccurate results.

Specimen	Refrigerate?	Container	To laboratory
Wound swab	Wound swabs should reach the laboratory on the day that they are taken, but can be stored in a specimen fridge overnight. Do not leave specimens over the weekend or bank holidays	Sterile cotton swab containing transport medium. Charcoal medium increases survival of bacteria during transportation	As soon as possible within 24 hours
Sputum	No, store at room temperature	Plain universal container	As soon as possible within 24 hours
Urine	Yes, overnight only in a specimen fridge	Universal container with boric acid (red top)	As soon as possible within 24 hours
Faeces	Can be stored at room temperature or in a specimen fridge	Stool specimen container	As soon as possible within 24 hours
Blood for routine examination	No, send directly to laboratory	Specific bottles as supplied	Direct to laboratory

- Wherever possible, obtain a fresh specimen and take the specimen at a time when it can be transported to the laboratory in a timely manner.
- Specimens being stored overnight must be placed in a designated specimen refrigerator.

5. Specific information on microbiology specimen collection

Sample	Key information
Ear swab	No antiseptic or antibiotic should have been installed in the ear prior to taking the swab.
Eye swab	Moisten a swab stick in sterile saline. Hold the swab parallel to the cornea and gently rub the conjunctiva in the lower lid. If for Chlamydia testing, send in specific commercial chlamydia swabs.
Faeces	<p>Ask the service user to defaecate into a receptacle (an ice cream or margarine container can be used if washed and dried or a carrier bag can be used positioned under the toilet seat). Scoop a sample of faeces into the specimen container using the container spoon provided.</p> <p>Request faecal parasites if history of foreign travel. NB: faecal specimens can be taken even if contaminated with urine.</p> <p>If the service user has had antibiotic treatment in the past 12 weeks, request <i>Clostridium difficile</i> testing.</p>
Nasal swabs	Moisten the swab in sterile water. Move the swab from the anterior nares (front of the nostril) and direct it upwards into the tip of the nose. One swab is sufficient for both nostrils.
Penile swab	Retract foreskin. Rotate swab gently in the urethral meatus.
Sputum	<p>Sputum should be expectorated directly into a sterile container. Specimens of saliva are of no value.</p> <p>Early morning specimens are the most useful.</p>
Throat swab	When collecting a throat swab, care should be taken to depress the tongue using a spatula, this avoids touching the buccal mucosa or tongue with the swab. Take the specimen from the posterior pharynx, tonsils, area with lesion or visible exudates
Saliva	For the diagnosis of mumps, saliva swabs should be taken as per the instructions supplied in the sample kit which is obtainable from your local Public Health England team.
Urine: Catheter specimen of urine (CSU)	Clean the catheter sampling port with an alcohol swab. Use a sterile syringe to withdraw the specimen. Transfer the specimen in to a red top urine specimen container with boric acid (boric crystals are in the bottom of the container). The specimen container must contain boric acid.

Sample	Key information
Urine: Mid-stream sample of urine (MSSU) male	Retract the foreskin and clean the surrounding urethral meatus with soap and warm water. Ask the service user to urinate, passing the first part into a urinal bottle/toilet, but to collect the middle part of the specimen into a sterile bowl. Pass the remainder into the urinal bottle/toilet. Transfer the specimen into a red top urine specimen container (which contains boric acid).
Urine: Mid-stream sample of urine (MSSU) female	Clean the genitalia with soap and warm water, wiping from front to back. Ask the service user to urinate, passing the first part into a bedpan/toilet, but to collect the middle part of the flow into a sterile bowl. Pass the remainder into the bedpan/toilet. Transfer the specimen into a red top urine specimen container (which contains boric acid).
Vaginal/cervical swabs	High vaginal/cervical swabs should be collected using a vaginal speculum. Take care not to touch the lower vagina or perineum. Use a specific Chlamydia swab for Chlamydia specimens and note handling information.
Wound swabs	A sample of 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 taken from an ulcer, clean away any debris with saline before taking the swab. Swabbing of dry crusted areas is unlikely to be helpful.

6. Spillages of specimens

- Spillages of blood or body fluids should be dealt with immediately and in accordance with Standard Precautions.
- Should the container leak, if possible obtain a new specimen. If this is not possible, decant the specimen into a clean container.
- Should the outside of the container become contaminated, wipe the container with an alcohol wipe. If the specimen form is contaminated, write a new form.

7. Transportation

- Specimens should be transported in a secure rigid container with a biohazard label.
- Routine cleaning of containers/receptacles used to transport specimens should be cleaned when visibly contaminated and at least once a week.

8. Additional IPC resources

The North Yorkshire and York Community Infection Prevention and Control (IPC) team have produced a wide range of innovative educational and other IPC resources. These resources are designed to assist your organisation in achieving compliance with the Health and Social Care Act 2008 and CQC requirements. Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk

9. 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*