Family Nursing & Home Care

Policy and Procedures for the Management of Specimens and Test Results

Document Profile

Document Registration	Added following ratification
Type	Policy and Procedures
Title	Policy and Procedures for the Management of Specimens and related Test Results
Author	Mo de Gruchy, Quality and Performance Development Nurse
Category	Clinical
Description	Management of Specimens and Test Results Policy and Procedures
Approval Route	Operational Governance Approval Group
Approved by	Rosemarie Finley
Date approved	5 April 2023
Review date	3 years from approval
Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Version control / changes made

Date	Version	Summary of changes made	Author
June 2022	1	Previous Collection and Transportation of Specimens Policy transferred to new template. Content reviewed and updated. Addition of procedure for specimen tracking	Mo de Gruchy
April 2023	1.2	Addition of procedures for obtaining specimens and accessing and sharing specimen results by different teams/services. The word ‘related’ removed from document title. The word ‘TrakCare’ replaced with ‘electronic laboratory management system’. 1.3: role titles updated	Mo de Gruchy

CONTENTS

1. INTRODUCTION

1.1 Rationale

A clinical specimen can be defined as any bodily substance, solid or liquid, that is obtained for the purpose of analysis. Examples include blood, sputum, pus, urine, faeces, and skin tissue. They may be obtained to aid diagnosis or for the purpose of investigation.

The quality of specimens sent for laboratory testing is important as it has implications for microbiological testing and the subsequent prescribing of drugs such as antibiotics.

Problems that can result from specimens that have been incorrectly collected, stored or handled include:

- false results from specimens delayed in reaching the laboratory
- the patient being inappropriately or unnecessarily prescribed antibiotics which can place them at risk of infections such as C.Difficile; increase the risk of antimicrobial resistance developing

As human materials, they should be regarded as potentially infectious and should therefore be handled and transported in such a way that reduces the risk of infection transmission to others.

This policy and procedures have been developed to standardise the way that all specimens are collected, handled and transported so infection prevention and control requirements & Health and Safety regulations are met.
It also covers the accessing and sharing of test results.

1.2 Scope

This policy applies to any member of Family Nursing & Home Care (FNHC) staff and seconded /co-located staff, who may be involved in obtaining and handling of specimens, from collection through to their final destination at the Pathology Laboratory. It also applies to staff who may be accessing and sharing test results as part of their role.

Decision-making about the need to take a specimen is not within the scope of this policy.

1.3 Role and Responsibilities

Chief Executive Officer (CEO)

The CEO has overall responsibility to ensure that:

- the organisation meets its legal obligations for the health and safety of its employees
- the requirements for using this policy and procedures are met and that adequate resources are made available to meet these requirements

Director of Governance and Care

The Director of Governance and Care has a responsibility to:

- ensure that concerns raised about the effectiveness of policies, systems and procedures regarding the collection and transportation of specimens and processes related to the accessing and sharing of test results are acted upon
- monitor specimen-related incidents recorded through the incident reporting system (Assure) and report trends and monthly figures at the Operational Management Meetings
- ensure that training is available and attendance is monitored
- report levels of non-attendance at training at the Operational Management Meetings

Head of Quality and Safety

The Head of Quality and Safety has a responsibility to:

- monitor the systems and processes in place for the safe management of specimens and test results
- act upon concerns raised about the management of specimens and test results
- update this policy and procedures in line with new legislation and current best practice

Operational Leads & Home Care Manager

The Operational Leads and Home Care Manager have a responsibility to:

- monitor the effectiveness of this policy and procedures for the safe collection, handling and transportation of specimens and the accessing and sharing of test results within their service areas
- ensure working practices facilitate safety in line with legal and regulatory requirements
- monitor compliance with the training requirements for this policy

Team Leaders/Line Managers

Team Leaders/Line Managers have a responsibility to:

- ensure all staff are aware of this policy and related procedures
- ensure staff receive a specimen transportation box
- monitor compliance with this policy
- take appropriate action where standards are not being met
- encourage incident reporting
- manage post incident reviews, debriefs and the implementation of lessons learned
- release staff for training

Staff

Staff involved at any stage of specimen handling from collection to delivery of the specimen to the laboratory and the accessing and sharing of test results have a responsibility to:

- comply with this policy and procedures
- use risk assessment to minimise risk
- use standard precautions when handling specimens
- report all incidents relating to specimens through the incident reporting system
- work within their sphere of competence
- identify and address any learning needs they may have in relation to collecting, handling and transporting specimens and accessing and sharing test results

2. POLICY

2.1 Key Principles

Specimens will be collected, handled and transported in a manner that ensures the integrity of the sample.

Safe working practices will be followed in order to maintain the health and safety of all involved.

Patient confidentiality will be maintained during the whole process of specimen handling and when accessing and sharing test results.

2.2 Collection, Labelling, Handling and Transportation of Specimens

The process for ensuring the quality of specimens for laboratory analysis begins when they are obtained.

There are several different types of specimen that FNHC staff may be required to obtain and it is therefore important that it is done so in the correct way, using the approved collection container.

To ensure that the correct patient receives the correct treatment, specimens accurately labelled with the correct patient information.

Specimens should arrive at the laboratory in the best possible condition and therefore need to be handled in such a way that achieves this requirement.

To reduce the risk of specimens being damaged in transit, they must be carried in a designated specimen transportation box.

All staff involved in the collection and transportation of specimens will be given a specimen transportation box as a standard part of their equipment. The box will be labelled with a bio-hazard label and with FNHC's contact details, should it be lost.

Staff must ensure they are aware of the scheduled collection times from designated collection sites to ensure that specimens are transported to the laboratory as soon as possible. Specimens must not be left sitting at designated collection sites (or elsewhere) overnight.

2.6 Infection Prevention and Control

Standard infection prevention and control precautions must be followed when collecting, labelling, handling and transporting specimens to reduce the risk of contamination. This will include ensuring appropriate PPE is used, hand hygiene procedures adhered to, and all waste, including sharps waste is disposed of safely and correctly.

2.7 Patient Confidentiality

Specimens must be handled and transported in such a way that maintains patient confidentiality. Specimens being left in GP surgeries must not be handed to surgery staff. They must be placed directly into the surgery's designated collection container.

2.8 Specimen Tracking

A specimen tracking audit trail is crucial, for quality assurance, clinical governance and medico-legal reasons (HCS 2021).

There must be a traceable history and "chain-of-custody" which should include:

- ✓ the identification and location of the responsible clinician ordering the test
- ✓ the analytical tests/examinations required
- ✓ the patient, location and organisation i.e. FNHC/service area (i.e. the original source of the specimen unambiguously identified)
- ✓ the person collecting the specimen with the date and time collected
- ✓ the nature of the specimen collected (and if appropriate, anatomical site of origin)
- ✓ the analytical tests required
- ✓ the laboratory undertaking the analysis
- ✓ identification of priority status
- ✓ where the results should be sent (if different from above)
- ✓ the resulting analytical data relating to that specimen (and sub-samples thereof)
- ✓ the reported result

2.9 Incident Reporting

Any incident regarding specimen handling must be reported via ASSURE, as per the FNHC Incident Reporting SOPs. Incidents could include (but are not limited to) spillage of samples; broken samples, mislabelling and lost specimen transportation boxes.

3. PROCEDURE

3.1 Collecting and Labelling Specimens

- Use standard precautions at all times. Wear personal protective equipment in line with local policy.
- Specimens need to be collected in an aseptic manner
- Consider the time the specimen is taken to ensure that there are laboratory facilities available to test the sample within an appropriate timeframe
- Collect the specimen in the appropriate sterile container
- Seal specimen container securely to avoid leakage and contamination
- Label the specimen with the correct patient information
- Fully complete the specimen request form and include information about current or recent antibiotic therapy
- Take care to avoid contamination of the outside of the specimen container and request form
- Seal the specimen within the plastic bag attached to the request form
- Record in the patient's care record that the specimen has been taken and the rationale for why it was obtained
- Send specimen to the laboratory as soon as possible

3.2 Handling and Transporting Specimens

- Use standard precautions at all times
- DO NOT transport specimens by hand or in a pocket
- DO NOT send specimens via the internal mail system.
- Transport all specimens in a designated transportation box (see 3.3)
- Prior to transportation seal the specimen within the plastic bag attached to the request form and place it in the transportation box
- Multiple specimens can be carried in the transportation box
- Handle and transport specimens in such a way that maintains patient confidentiality
- Specimens can either be taken directly to the pathology laboratory reception at Jersey General Hospital or to a designated collection site.
- Be aware of the collection times for specimens and make alternative arrangements to get them to the laboratory should they miss the designated collection time. Do not leave specimens sitting at the designated collection site (or elsewhere) overnight.
- There are two collection times for specimens being left in the designated collection box in the FNHC Reception at Le Bas (approximately 12.30 and 15.30).
- Where applicable, check with the reception staff that the final collection has not been missed. If so, alternative arrangements will need to be made so the specimen is not left sitting overnight.
- Arrangements are in place for staff from the outlying District Nursing bases at New Era and St Peter to leave samples at the designated collection point for the GP surgeries on these sites. The Pathology Laboratory have arrangements in place to collect the specimens at designated times. Staff using these facilities must ensure that they know the designated collection times. Alternative arrangements will need to be made where the collection deadline is missed.

- To facilitate patient confidentiality, do not hand specimens to the surgery reception staff. Place them directly into the surgery's designated collection container.
- Where it has been necessary to collect specimens outside of the normal working hours of the Pathology Laboratory, these should be taken to the Switchboard at the Parade Entrance of the Hospital. There, they should be stored in accordance with the Laboratory's sample storage requirements which may include refrigeration
- Such samples will not be analysed until the following day.
- Be aware of the working hours of the Pathology Laboratory including reduced operating hours on public holidays. Changes to normal working hours may be found on the My States Health and Community Services intranet site.

3.3 Specimen Boxes

- Order specimen transportation boxes through the FNHC Stores Department under 'staff stock'.
- Clean any visible contamination immediately.
- Undertake routine cleaning of the box weekly using the currently approved decontamination wipes and standard precautions
- Change the absorbent paper at the time of cleaning the transportation box.
- Replace any specimen transportation box that is no longer in good repair/fit for purpose.
- FNHC Reception staff at Le Bas are responsible for:
    - cleaning the box held in the reception
    - changing the absorbent paper
    - ordering a replacement box from stores when this is required
- In the event of any spillage within a box, deal with this immediately as per FNHC Waste Management Policy and Procedures.
- If reception staff identify a spillage in or visible contamination to the box held in the Le Bas Reception, notify a member of nursing staff immediately. The member of nursing staff will deal with any spillage/contamination following FNHC policy.

3.4 Specimen tracking and accessing and sharing of test results

- In the patient's care records, record the date and time that the specimen was taken and why it was required. Put a plan in place to ensure that the results are followed up and acted upon in a timely manner. This is particularly important where a condition is potentially life-threatening if not properly managed e.g. hyperkalaemia
- Procedures may differ depending on service/team ways of working (see 3.5)

3.5 Service/team specific procedures

3.5.1 Adult District Nursing Teams

- Registered Nurses (RNs) and Senior HCAs may collect specimens - staff must be competent to perform the task. If a Senior HCA collects a specimen they will discuss this with the Clinical Co-ordinator for that day at handover, who will be

responsible for ensuring a schedule is created for an RN to follow up the results as well as communicating with other professionals who may have an interest eg GP

- The RN who has collected or been delegated management of a specimen will be responsible for accessing/sharing results via the electronic laboratory management system. The results will be shared with the relevant medic with responsibility for the patient, most often this will be the GP but could also be a hospital/palliative care consultant

- RNs will also access the electronic laboratory management system to check the following:

  - ✓ to see what investigations have already been done or are outstanding if a patient has a clinical indication for these
  - ✓ to check results when reviewing management of a wound
  - ✓ to check a patient's serum drug levels or blood counts before next administration of a particular medication e.g. Teicoplanin
  - ✓ When requesting Teicoplanin levels the following information needs to be included on the request form:
    - current dose
    - when patient commenced on treatment
    - reason for administration eg Osteomyelitis
    - date and time of last dose given

3.5.2 Rapid Response and Reablement

- All samples taken by RRRT are followed up, where possible, by the individual that has obtained the samples, or handed over to the co-ordinator for allocation to an appropriate professional.
- Staff check the electronic laboratory management system for results - if there is a significant deranged result the allocated professional will be contacted by the laboratory and usually the GP too
- All outstanding results are documented for follow up on the electronic handover sheet and discussed in the MDT. All results are added to the patient record on EMIS.
- If results are normal no further action is taken but GPs are informed of interventions on discharge.
- If results are deranged a clinical decision as to what action is needed is made, this may be Advanced Clinical Practitioner or GP intervention, admission to JGH or no immediate action and further review within an appropriate timescale by the team.

3.5.3 Children's Community Nursing Team (CCNT)

- Blood samples/wound swabs/urine and stool samples are obtained by a CCNT Registered Nurse and sent to the lab. They will inform Robin Ward of their actions and will document collection on EMIS

- In some circumstances CCNT registered nurses will access the electronic laboratory management system to check the following:

  - ✓ To ensure oncology bloods have not clotted. If so, these would need to be repeated in a timely fashion to ensure specimens are adequate for testing.

  - ✓ To inform tertiary hospitals of cumulative results (eg transplant patients) with consent and awareness of local consultant

  - ✓ To ensure swab results have been followed up, as the results can alter a treatment plan eg change of dressing type/need for antibiotics. If results indicate treatment is required then the relevant consultant can be 'reminded' to check results. This may be via Robin Ward, Paediatric Consultants, ED Consultants or Surgical/Orthopaedic Consultants, and occasionally GPs.

  - ✓ To ensure bloods requested in e-mail by doctors correspond with those ordered on TrakCare.

3.5.4 Health Visiting Teams

- There is no requirement for any member of the Health Visiting Team to collect specimens or access results on the electronic laboratory management system.
- Health Visitors and Staff Nurses in the Health Visiting Team may access the electronic laboratory management system to check the following information:

  - ✓ Maternity information
  - ✓ To look up a child's hospital appointment to ensure referrals have been made – this can be helpful to be able to update parents
  - ✓ To look up a child's dental service status

3.5.5 School Nursing Team

There is no requirement for any member of the School Nursing Team to collect specimens or access results on the electronic laboratory management system.

4. CONSULTATION PROCESS

Name	Title	Date
Tia Hall	Operational Lead – Adult Services	04.07.2022 v1.1 06.02.2023
Michelle Cumming	Operational Lead – Child and Family Services	04.07.2022 v1.1 06.02.2023
Gill John	Team Lead CCNT	v1.1 06.02.2023
Jo Davies	Deputy Operational Lead – Child and Family Services	v1.1 06.02.2023
Clare Stewart	Operational Lead – RRRT	04.07.2022 v1.1 06.02.2023
Justine Le Bon Bell	Head of Education and Development	04.07.2022 v1.1 06.02.2023
Teri O'Connor	Home Care Manager	04.07.2022 v1.1 06.02.2023
Elspeth Snowie	Head of Quality and Safety	01.07.2022 v1.1 06.02.2023
Joanne Reid	Biomedical Scientist Team Manager HCS	27.02.2023
Ann Morgan	Clinical Nurse Specialist Practice Development	27.02.2023

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Education and Development Administrator	Within 2 weeks following ratification
Policy to be placed on the Procedural Document Library	Education and Development Administrator	Within 2 weeks following ratification

6. MONITORING COMPLIANCE

Trends in reported incidents related to the procedures detailed within this document will be identified and raised at the Operational Management Meetings. Action will be taken to address any concern raised.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

8. GLOSSARY OF TERMS

None

9. REFERENCES

Health and Community Services (2019) *Safe transport of internal clinical specimens to/from Pathology Department.* Available at P Safe Transport of Internal Clinical Specimens to Pathology department.pdf Last accessed 29th June 2022

Health and Community Services (2021) *Pathology User Guide.* Available at Pathology Information for Users. Last accessed 29th June 2022

Leicester Partnership NHS Trust (2022) *The Collection, Handling and Transport of Specimens Policy*. Available at: The-Collection-Handling-and-Transport-of-Specimens-Policy.pdf (leicspart.nhs.uk). Last accessed 1st July 2022

Royal College of Nursing (2017) *Essential Practice for Infection Prevention and Control – guidance for nursing staff.* Available at: Essential Practice for Infection Prevention and Control| Royal College of Nursing (rcn.org.uk) Last accessed 29th June 2022

Appendix 1 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Policy and Procedures for the Management of Specimens and related Test Results			
Date of Assessment	July 2022	Responsible Department	Governance
Name of person completing assessment	Mo de Gruchy	Job Title	Quality Performance and Development Nurse

Does the policy/function affect one group less or more favourably than another on the basis of :	**Yes/No**	**Comments**
• Age	No	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
• Ethnic Origin (including hard to reach groups)	No	
• Gender reassignment	No	
• Pregnancy or Maternity	No	
• Race	No	
• Sex	No	
• Religion and Belief	No	
• Sexual Orientation	No	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2		

Stage 2 – Full Impact Assessment			
What is the impact	**Level of Impact**	**Mitigating Actions** (what needs to be done to minimise / remove the impact)	**Responsible Officer**

Monitoring of Actions
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level