# Infection Prevention and Control Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

June 28th, 2024

# Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later
- For continuing education credit, complete evaluation survey upon end of webinar
  - Must be registered individually to receive credit

IDPH
Illinois Department of Public Health

# Agenda

- Upcoming Webinars
- Illinois Summit on Antimicrobial Stewardship
- Telligen Offerings
- Specimen Collection & Handling
- Open Q & A

**Slides and recording will be made available after the session.**

IDPH
Illinois Department of Public Health

# Upcoming Infection Prevention and Control Q&A

## 1:00 pm - 2:00 pm

| Date | Infection Control Topic | Registration Link |
|---|---|---|
| Friday, June 28th | Best Practice for Specimen Collection and Storage | https://illinois.webex.com/weblink/register/r4db9e0331ce42a0ab89facf6b3f5fbce |

COMING SOON

# Illinois Summit on Antimicrobial Stewardship

- July 17th @ Doubletree Lisle Naperville
- Registration is open!
  - https://www.eventbrite.com/e/2024-illinois-summit-on-antimicrobial-stewardship-tickets-750770624147

Introducing a **NEW** 30-minute series

# NURSING HOME QUALITY ESSENTIALS

## Tuesdays & Thursdays | 11 a.m. MT / Noon CT

Scan to register

The goal of these brief sessions is to focus on topics relevant to you, our long-term care providers. This attend-as-you-can series covers a different topic each session. Topics may include fall prevention, quality measures, infection prevention, NHSN reporting, emergency preparedness, rehospitalizations and much more!

Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

# SET UP A NURSING HOME
# VACCINE CLINIC

Telligen has partnered with the Community Pharmacy Enhanced Services Network (CPESN) to provide nursing homes with a vaccine clinic option. Included below are the offerings provided as a result of the partnership.

## TELLIGEN WILL:

- Collaborate with CPESN to find a pharmacy for on-site vaccine services
- Support with logistics for scheduling and preparation work
- Cover pharmacy staff and travel time

## PHARMACIES WILL:

- Provide influenza (while supplies last), COVID-19, pneumonia, and RSV vaccines
- Bring all vaccines, necessary supplies, and staff for immunizations
- Manage the required documentation to the state immunization registry
- Assist with determining vaccine eligibility for residents upon request
- Bill insurance for residents and staff to cover vaccine product and administration

If you would like to set up a vaccine clinic, please complete the Vaccine Clinic Request form by **July 31, 2024**. Clinics must be scheduled by **August 31, 2024**.


https://www.telligenqiconnect.com/wp-content/uploads/2024/06/After-the-Storm_Telligens-Emergency-Preparedness-Flyer.pdf



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# One-on-One Antibiotic Stewardship Guidance for Post Acute Long Term Care Facilities

*Do you have a particular question regarding your Antibiotic Stewardship Program?*
*Do you want to start or improve your current AS program?*

**Join us for a 1:1 two month mentorship program aimed at improving AS Programs in Post-Acute Long Term Care facilities.**

Program Benefits:

- **Individualized Learning:** One-on-one sessions designed to meet your unique needs and challenges.
- **Comprehensive Training:** Covering key topics such as appropriate antibiotic prescribing, infection control, and resistance prevention.
- **Ongoing Support:** Continuous access to mentors for advice and troubleshooting.

**Accepting facilities on a rolling basis:**

**Who Should Join?**

- Long term care facility:
  - Administrators
  - Nursing staff and infection control practitioners
  - Pharmacists
  - Healthcare providers

CIMPAR ASP

**contact us at: ASP@CIMPAR.COM**

# Specimen Collection & Handling

Christine Pate, MLS, MPH, CIC

Infection Prevention Consultant

HEKTOEN INSTITUTE OF MEDICINE

# Objectives

- Understand the importance of safety procedures for collection and safe handling of potentially infectious materials
- Understand the importance of obtaining a quality specimen for examination and testing and the appropriate procedures
- Able to identify guidance resources for proper instructions on collection and submission of clinical samples

# Specimen Collection & Handling

- Clinical lab results are directly related to the quality of the specimen submitted for analysis/testing
- Specimen requirements are included in the lab testing catalogs
  - General test listings
  - Expanded instructions for collection and handling
- Understand what lab methods are being used for your facility (work-ups, protocols, modalities, species identification etc.)
- Contact your lab for any testing clarification prior to specimen collection

# Obtaining Quality Specimens for Testing

- Preparation of patient
- Collection of the specimen
- Processing the specimen
- Storing and/or transporting the specimen

OSHA® Occupational Safety and Health Administration
www.osha.gov

- Bloodborne Pathogen (BBP) standard (29 CFR 1910.1030) protects workers from health exposures to BBPs
- Employers must have written Exposure Control Plan and provide training
- Employers must provide PPE and safer needle devices and include workers in choosing devices
- Employees must be trained and prohibited in:
  - Eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses in work areas
  - Storage of food or drink in refrigerators, freezers, shelves, cabinets where blood or OPIM are present

# Specimen Collection: Standard Precautions

- Standard Precautions must be adhered to for all patient specimens
- All specimens must be regarded as potentially infectious
- Gloves must be worn
- Goggles, gowns, and masks – indicated when contact with aerosols or large amount of body fluids
- Hand hygiene before gloving and immediately after removing gloves
- Use of safety needles required to prevent sharps injuries

# Health & Safety Precautions

- Contaminated work areas must be disinfected immediately with an appropriate disinfectant
- For exposures, administer first aid immediately, notify your manager and seek medical attention
- **First aid includes:** washing cuts and needle sticks with soap and water; flushing splashes to the nose, mouth, or skin with copious amounts of water; and irrigating eyes with clean water, saline or sterile irrigates

eye wash station flushing - Search Images (bing.com)

# IDPH Laboratory Testing


- Must obtain authorization from your local health department (LHD)
- Authorization based on the need for public health surveillance data with consideration of private testing availability
- Testing includes samples typically of epidemiological concern or outbreak samples
- Tests: CRE, CRPA, and other related β-lactamase producing gram negative organisms; Influenza (outbreaks); Measles, TB
- Manual of Services includes authorization/submission requirements, testing method, results interpretation, collection criteria, TAT, hours of operation
- Three lab locations: Chicago, Springfield, and Carbondale

odc-labs-manual-of-services-04-05-2024.pdf (illinois.gov)

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# Test Information

Learn how to order a test (request account)

Stay current on new tests (download test catalog)

Follow the step-by-step procedure guides for ordering appropriate tests

Informed-consent tests, referred tests, critical values and results, lab locations

# Determine the Specimen Requirements

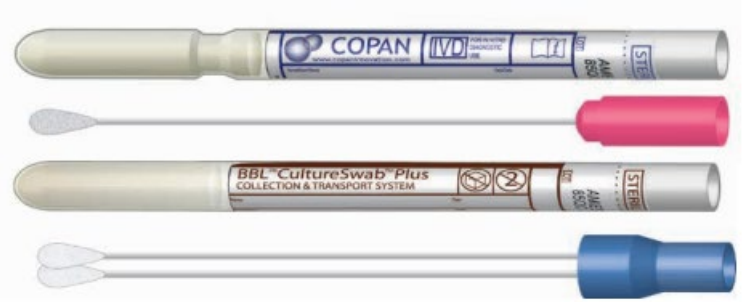
Use the Test Catalog to identify

- Patient/resident preparation requirements
- Specimen requirements
- Specimen container requirements
- Specimen stability (temperature) requirements
- Collection instructions
- Required forms or special instructions

# Collection Supplies

- Your laboratory may provide supplies necessary to collect and submit specimens for testing
- Follow the instructions in the testing guidance to collect the specimen, paying special attention to container/tube, volume, and temperature requirements
- Store transport devices at room temp unless otherwise indicated
- Ensure specimen supplies are not beyond its expiration date
- Monitor inventory!

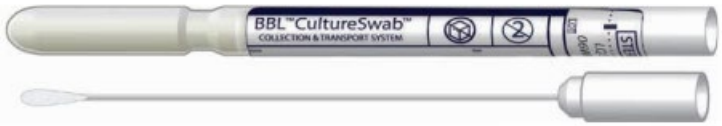
# Collection Swabs (Types)




- Swab or double swab in Amies agar gel – aerobic, anaerobic, fungal cultures
- Double swab in liquid Amies medium – vaginal yeast, aerobic bacterial culture


- Double polyester dry swab – Group A Rapid Antigen (acceptable for Grp A culture)

- Swab in liquid Stuart's medium – MRSA (NAAT test)




- Nasopharyngeal dry flocked swab – viral culture (flu) or NAAT (B. pertussis)


202_fid.pdf

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# Patient/Resident Preparation

- Provide in advance appropriate collection instructions and information
- Many tests require specific patient preparation
  - Fasting
  - Diets
  - Medication restrictions
  - Urinary voiding
  - Ingestion (glucose tolerance tests)

# Preparing the Patient

**Patient States:**

- Basal State – early morning after awakening and about 12 to 14 hours after the last ingestion of food
- Composition of blood is altered after meals by nutrients being absorbed into the bloodstream
- Postprandial blood (blood drawn after a meal) is not suitable for some chemistry tests
- Exercise, Emotional or Physical Stress, Time of Day of Collection

# Test Requisition

- Specimens must be accompanied by a paper requisition
- Complete all appropriate information (sections) on the form
- Select the test(s) to be performed
- Select the ICD diagnosis code that reflects the patients' symptoms, condition, or diagnosis for tests ordered
- Label each specimen (2 identifiers)– patient name, DOB, date, time of collection, or site
- Write the number of specimens on the test requisition

NAME:

ADDRESS:
CITY, STATE, ZIP

4

TELEPHONE #:

**DID YOU**

**Each sample should be labeled with at least two patient identifiers at time of collection.**

23 NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

24 PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

DATE COLLECTED 5 | TIME 6 ☐ AM ☐ PM | TOTAL VOL/HRS. 7 _____ ML _____ HR | 8 ☐ Fasting ☐ Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND PAYERS (MUST BE INDICATED)

9

☐ ADDIT'L PHYS - Dr. NPI/UPIN:

NON-PHYSICIAN PROVIDER: NAME 10 LD.#

☐ Fax Results to: ( )

Send Duplicate Report to: Client # OR NAME: 12
ADDRESS:
CITY: STATE ZIP

**PRIMARY INSURANCE**

CITY STATE ZIP 25

RELATIONSHIP TO INSURED: ☐ SELF ☐ SPOUSE ☐ DEPENDENT

PRIMARY INSURANCE CO. NAME 26

MEMBER / INSURED ID NO. # 27 GROUP # 28

INSURANCE ADDRESS 29

CITY STATE ZIP

**Medicare Limited Coverage Tests**

@ = May not be covered for the reported diagnosis.
F = Has prescribed frequency rules for coverage.
& = A test or service performed with research/experimental kit.
B = Has both diagnosis and frequency-related coverage limitations.

30 **Provide signed ABN when necessary**

**ICD Codes (enter all that apply)**

31

## PANEL COMPONENTS ON BACK

### ORGAN / DISEASE PANELS

| | | |
|---|---|---|
| 34332 | ☐ Electrolyte Panel | S |
| 10256 | ☐ Hepatic Function Panel | S |
| 10165 | ☐ Basic Metabolic Panel | S |
| 10231 | ☐ Comp Metabolic Panel | S |

| | | |
|---|---|---|
| 4420 | ☐ C-Reactive Protein (CRP) | S |
| 29493 | ☐ CA 27.29 | S |
| 29256 | ☐ CA 125 | S |
| 303 | ☐ Calcium | S |
| 11173 | ☐ CCP Ab IgG | S |
| 978 | ☐ CEA | S |
| 334 | ☐ Cholesterol, Total | S |
| 374 | ☐ CK, Total | S |

| | | |
|---|---|---|
| 571 | ☐ Iron | S |
| 583 | ☐ LDH | S |
| 599 | ☐ Lead, Blood | TN |
| 615 | ☐ LH | S |
| 686 | ☐ Lipase | S |
| 6646 | ☐ Lyme Disease Ab w/Reflex to Blot (IgG, IgM) | S |
| 622 | ☐ Magnesium | S |

| | | |
|---|---|---|
| 6448 | ☐ UA, Dipstick Only | U |
| 7989 | ☐ UA, Dipstick w/Reflex Microscopic | U |
| 5463 | ☐ UA, Complete (Dipstick & Microscopic) | U |
| 3020 | ☐ UA, Complete, w/Reflex Culture | 1 |
| 294 | ☐ Urea Nitrogen (BUN) | S |
| 995 | ☐ Uric Acid | S |
| 916 | ☐ Valproic Acid | SR |

# Specimen Label Requirements

- All specimens should be labeled at the time of collection with at least **2 patient identifiers that must also appear on the requisition**
    1. Resident name (full last name, first name, any initials) or a unique ID code required
    2. The second identifier may be one of the following: date of birth, unique ID (MRN), requisition number or specimen barcode label
- Provide date and time of collection, and name/initials of collector
- Microbiology testing (cultures, antigens) the anatomic source should be specified (nasal, left lower leg, clean catch urine)
- Handwritten labels – use a ballpoint pen. Do not use a felt tip.
- If glass slides are submitted, use a pencil for labeling the frosted end

# Mislabeled Specimens

- Specimens are considered mislabeled when there is a mismatch between the person-specific identifiers on the specimen and the requisition form
- Handwritten labels must match exactly.
  - Example, “Rebecca” does not match “Becky”
- No label
- Specimens will not be relabeled or returned by lab
- When insufficient or inconsistent identification is submitted, a new specimen is required

# Instructions by Specimen Type

General labs: Blood, Urine, Viral Collection

# Blood Collection: Venipuncture

- Evacuated tube system (Vacutainer) is preferable to needle and syringe method
- Improper collection will result in rejection (wrong anticoagulant, clotted, hemolyzed, QNS)
- Draw specimen from vein without an IV
- Prep site/skin with an antiseptic (alcohol) for venipuncture; allow area to dry; do not re-palpate

banner4.jpg (710×319) (ccmccstorage.blob.core.windows.net)

# Order of Draw

Collecting more than 1 tube of blood:

1. Blood culture (sterile)
2. Light blue top
3. Red top or gold top gel
4. Green top
5. Lavender/purple top
6. Grey top or other additives

**Order of Draw and Inversion Chart**

| Closure Color | Collection Tube | Mix by Inverting |
|---|---|---|
| BD Vacutainer® Blood Collection Tubes *(glass or plastic)* | | |
| | • Blood Cultures - SPS | 8 to 10 times |
| | • Citrate Tube* | 3 to 4 times |
| or | • BD Vacutainer® SST™ Gel Separator Tube | 5 times |
| | • Serum Tube *(glass or plastic)* | 5 times (plastic) none (glass) |
| | • BD Vacutainer® Rapid Serum Tube (RST) | 5 to 6 times |
| or | • BD Vacutainer® PST™ Gel Separator Tube With Heparin | 8 to 10 times |
| | • Heparin Tube | 8 to 10 times |
| or | • EDTA Tube | 8 to 10 times |
| | • BD Vacutainer® PPT™ Separator Tube $K_2$EDTA with Gel | 8 to 10 times |
| | • Fluoride (glucose) Tube | 8 to 10 times |

SPECIMEN COLLECTION, HANDLING, and TRANSPORT (testmenu.com)

# Blood, Serum or Plasma Collection

- Draw blood in the color-coded Vacutainer tube indicated in the test listing
- Draw approximately 2 ½ times the requested volume.
- Serum – Completely fill the Vacutainer. Allow the blood to clot in the upright position for at least 30 minutes, but less than 1 hour before centrifuging
- Plasma and Whole Blood – completely fill the container to eliminate dilution from the anticoagulant or preservative and immediately mix the blood by gently and thoroughly inverting 5 to 10 times

# Unacceptable Blood Specimens

Common Causes and Inaccurate Test Results

- **Hemolysis**
  - Occurs when the membrane surrounding red blood cells is disrupted and hemoglobin and other intracellular components escape into the serum plasma
- **Hyperbilirubinemia**
- **Turbidity** (lipemic)
- **Quantity Not Sufficient** (QNS)


BENCHMARK SCIENTIFIC, Centrifuge with Rotor, Benchtop, Centrifuge - 422V23|C3100 - Grainger

# Handling & Centrifugation

- Serum tubes place upright vertical position; allow to clot for 30 minutes – centrifuge within 1 hour after clotting (2 hrs. of collection)
- Centrifugation: all serum tubes must be properly balanced, and tubes spun within the appropriate speed and time (follow centrifuge IFUs)
- After centrifugation, verify that the gel is completely separating cells from serum, if not visible – **DO NOT RECENTRIFUGE**
  - Transfer serum or plasma to an aliquot tube using a pipette
  - Centrifuge the aliquot tube
  - Transfer serum/plasma to another aliquot tube

# Urine Collection

**24 Hour Urine Collection -**

- Many urine chemistry tests require a 24-hour collection
- Provide patient with instructions for collection
- Important that the preservative be in the urine collection container at the start of collection
- Do not urinate directly into the collection jug (use transfer device)
- Collection –
  - Obtain a clean-catch, midstream specimen
  - Discard the first morning urine void and begin collection
  - Include the first morning urine void the following day

# Urinalysis

- Use a sterile specimen container
  - Do not submit specimens in **preservative tube with boric acid**
  - This tube is ***used for urine culture***
- To reduce contamination, the specimen should be a mid-stream sample
- If also ordering a test for urine culture the sample should immediately be transferred into a preservative tube

# Viral Swab & Viral Transport System

- Use the specimen transport medium provided by your laboratory
  - Sterile rayon, Dacron or flocked nylon swabs on plastic or metal shaft
- Do not use calcium alginate or wooden shaft swabs
- Refrigerate specimen in viral transport tube immediately after collection (>48 hrs. freeze)
- Specimen should be collected when the virus is at the highest concentration, during the acute phase of illness

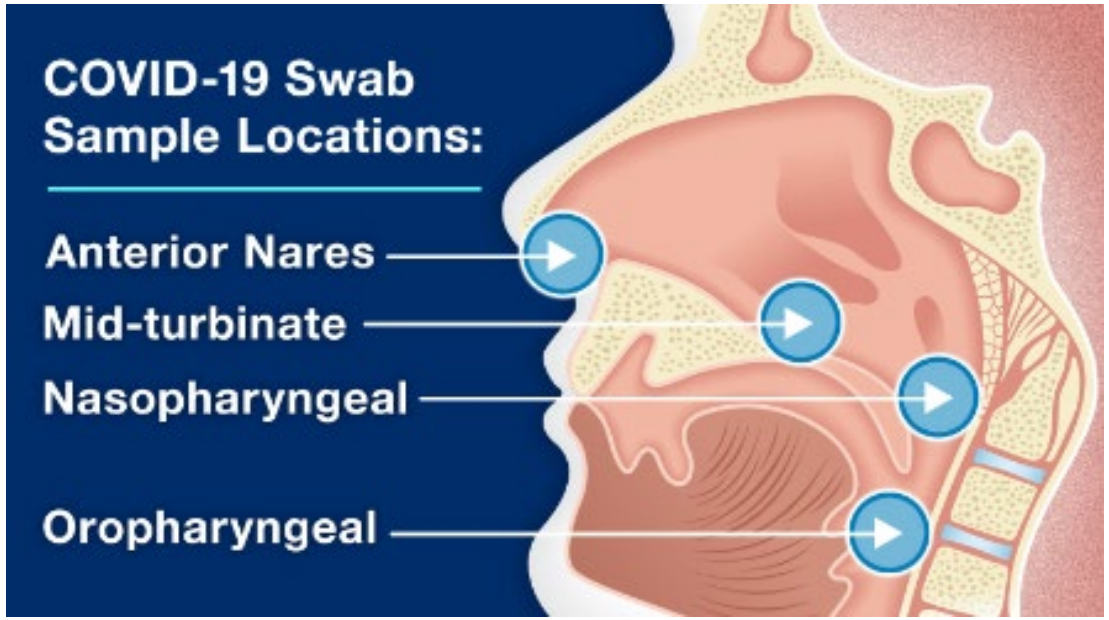
# Virus Collection


**Nasopharyngeal & Nasal Swab –**

- Swabs of the nares/nostrils available for some POC testing (COVID) – less invasive
- Viral respiratory testing (PCR panels) typically use nasopharyngeal samples

Collection:

- Immobilize patients head and insert swab through nostril
- Push forward using gentle downward pressure to keep the swab on the floor of the nasal cavity until tip reaches the posterior wall of the nasopharynx
- Rotate gently for a few seconds and remove
- Place swab into a viral transport medium
- Refrigerate

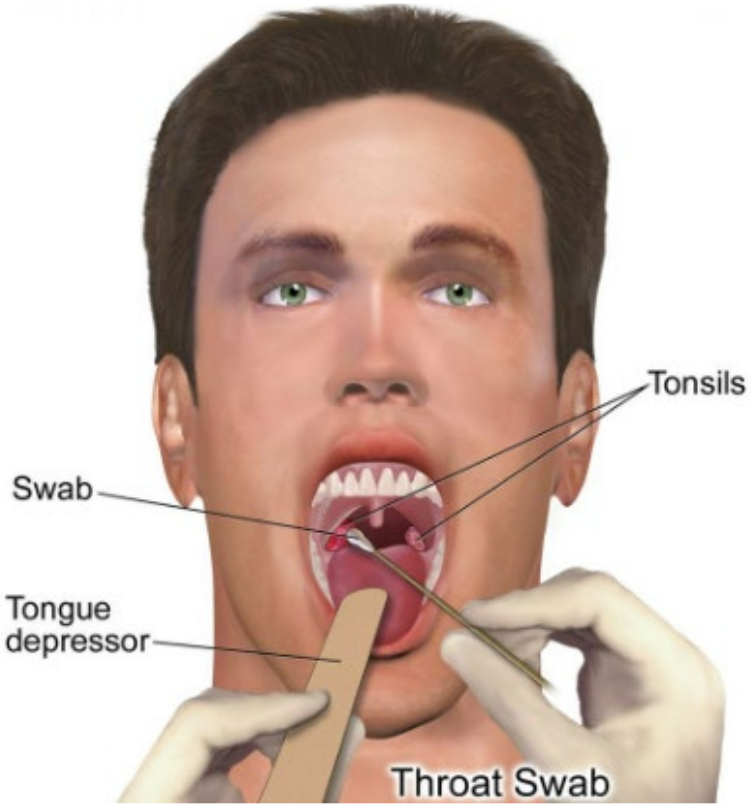



COVID-19 Test Basics | FDA

# Virus Collection

**Throat Swab –**

- Vigorously swab tonsillar area and posterior oropharynx using a sterile swab (Dacron, or flocked nylon)
- Break swab tip(s) off into a tube of viral transport medium
- Refrigerate




Throat_Culture-900x900.jpg (900×900) (tattoomagz.com)

# Microbiology

# Basic Concepts

## Microbiology Specimen Collection -

- Collect sample from the actual site of infection, avoiding contamination
  - If appropriate decontaminate skin surface (70-95% alcohol, chlorohexidine or iodine tincture)
- Collect samples at optimal times
- Collect a sufficient quantity
- Use appropriate collection devices and transport media
- Minimize transport time. Maintain appropriate environment from collection to lab
- When possible collect samples prior to administration of antimicrobials
- Properly label specimen (2 pt. identifiers, source, date/time) and complete requisition form

# Specimen Rejection Criteria

| Specimen | Comment |
|---|---|
| Sputum specimen with > 25 squamous epithelial cells per low powered field | Most likely saliva; submit a new sample |
| Induced sputum submitted for routine bacterial culture | Diluted specimen unlikely to provide clinically meaningful results |
| Swabs for Mycobacterial Culture | Submit tissue or aspirate |
| Specimen in anaerobe transport for Mycobacterial cultures | |
| Unpreserved urine > 24 hours old | |
| Urine catheter tip | |
| Specimen received in formalin | |
| Specimens submitted in ThinPrep for *Chlamydia trachomatis* and/or *Neisseria gonorrhoeae* | |
| Central venous catheter tip without concomitant blood culture within 24 hours | |
| Nasopharyngeal (NP) swabs for bacterial culture | May not represent infection in the lower respiratory tract |
| Formed stool for *C. difficile* and any enteric pathogen testing | Patient unlikely to have clinical disease; positive results may reflect colonization |
| Bacterial stool panel testing for inpatients hospitalized more than 3 days | |
| Repeat stool testing within 7 days for routine enteric testing | |
| Stool for fecal lactoferrin, *H. pylori* antigen testing, or protozoan pathogen panel submitted in Cary-Blair transport medium | |
| Mislabeled/unlabeled specimen | Patient safety issue |
| Specimens that have leaked in transit | Potential specimen contamination |
| Duplicate test requests | Wasteful practices |

Specimen-Collection-Guidelines.pdf (jhu.edu)

# Skin, Soft Tissue, & Wounds

- Only collect specimens from wounds that have clear signs of infection, appear to be deteriorating, or fail to heal after 3-4 weeks of treatment
- Indiscriminate submission, especially from a superficial site, may provide useless info and lead to unnecessary treatment
- Do not culture crusts, pus, wounds that have not been debrided and cleansed
- Cellulitis, or skin and soft tissue without a skin break – superficial wound swab cultures and antimicrobial testing <u>rarely</u> indicated.

**Do NOT culture.**

Crust or necrotic tissue,

Slough,

Pus from I&D

# Urine Culture Collection

Knowledge of appropriate collection for culture is very important (symptoms, asymptomatic bacteriuria)

- First-morning specimen is preferred (most concentrated)

<u>Clean-Catch Midstream Urine</u>

- *Males* – cleanse end of penis with 1 towelette; begin at urethral opening and work away from it; urinate first portion in toilet
  - Uncircumcised must retract foreskin
- *Females* – stand in squatting position over toilet; separate folds of skin around urinary opening; cleanse with 1 towelette (x2); urinate first portion in toilet
- Bring collection sterile cup into the midstream to collect the urine sample
- Immediately transfer urine in a vacutainer preservative tube (boric acid) to maintain colony counts for up to 48 hours

UrineCupAdobeStock_192454330.jpg (970×658) (neoteryx.com)

# Collection from Indwelling Urine Devices

*Obtain samples aseptically

## Indwelling (Foley)

- Ensure there is no backflow of urine from collection into catheter tubing
- Draw Samples From the Collection Port
  - Cleanse collection port with alcohol and attach a sterile syringe to catheter
  - Do not break the seal – maintain a closed catheter system
- Draw the specimen into a sterile syringe
- Expel urine into a sterile cup
- Discard syringe in a biohazard container

## Straight Catheter

- Discard first flow; collect mid flow urine into a sterile cup

# Stool Testing

**Common tests ordered:**

- Fecal WBCs
- Stool Culture
- C. *difficile*
- Norovirus
- Rotavirus antigen
- Ova & Parasite
- Occult blood
- Salmonella, Shigella Campylobacter

Bristol Stool Chart

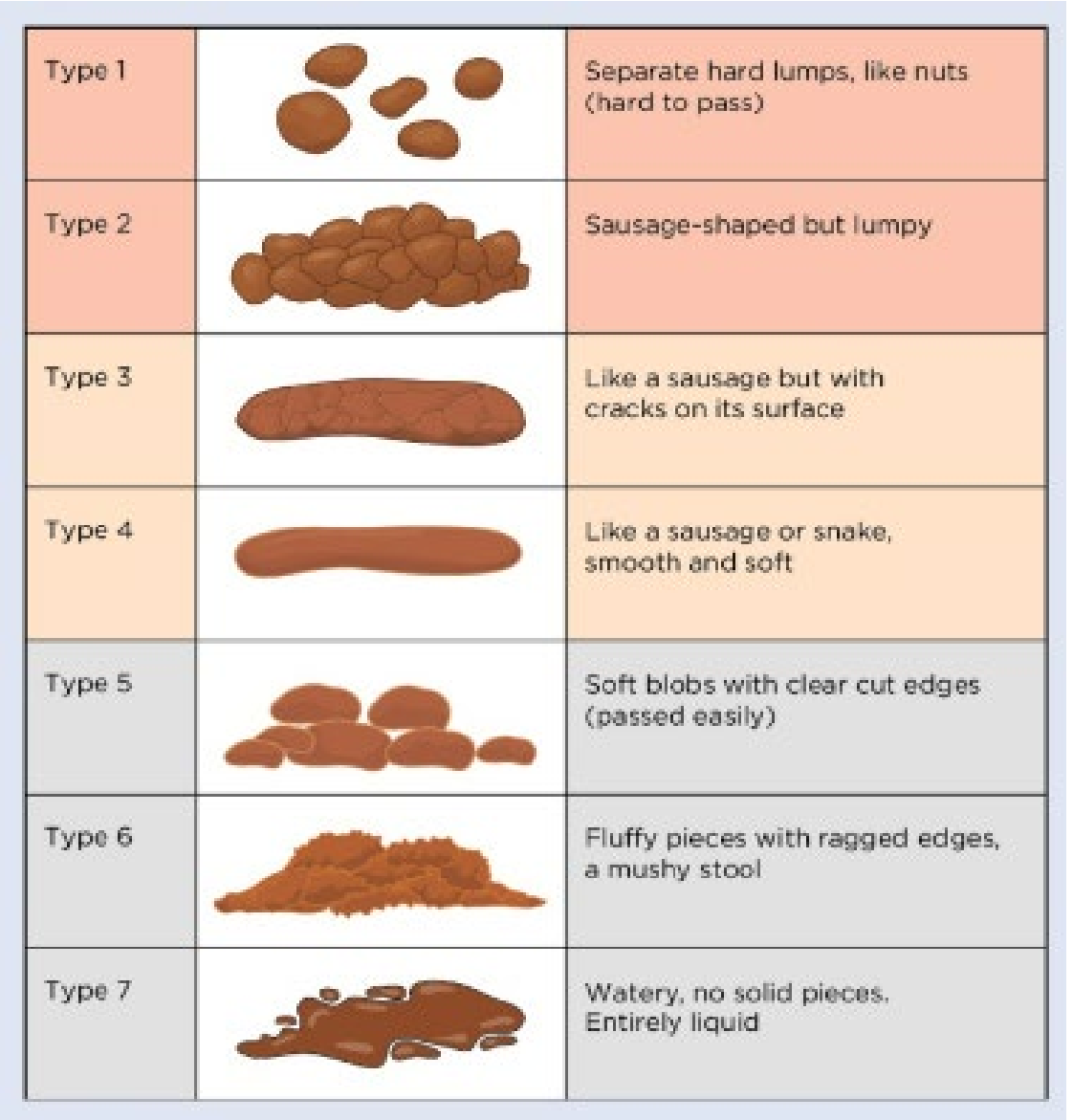



Fig-1-Bristol-Stool-Chart_660.jpg (660×722) (jpabs.org)

# Stool Sample Collection

- Stool collection container is dependent on the test
  - Unpreserved stool in sterile container (Culture, C. diff, H. pylori)
  - Cary-Blair medium – (Salmonella, Shigella, Campylobacter)
  - Formalin & PVA vials Pak's – (Ova & Parasite)
- Specimens must not be mixed with water (toilet) or with urine
- Only 1 stool specimen per day is accepted for routine bacterial culture and ova and parasite examination
- C. difficile – only loose/watery stools acceptable for testing. Criteria: unexplained episode of 3 or more ‘unformed’ stools in 24 hour (1 mL.)

il_fullxfull.2701847121_aht7.jpg (3000×2250) (etsystatic.com)

# Throat Cultures

- Only for detection of agents known to cause pharyngitis-group A streptococci (also groups C and G), and Arcanobacterium *haemolyticum*
- Thrush is best confirmed by ordering a yeast culture
- For detection of carriage, Nasopharyngeal culture is suggested
- For culture of tonsillar abscess, aerobic culture is suggested

Collection:

- Don gloves, eye protection , mask (as needed)
- Use sterile aerobic culture swab to sample back of throat, tonsillar crypts, and between tonsillar pillars and uvula – avoid lips, cheeks, tongue

# Blood Culture Collection

- **Routine Blood Culture Set:** aerobic and anaerobic bottle
- **PPE** – gloves
- **Prevent Contamination!**
- **Skin Prep** – ChloraPrep or iodine, alcohol pads, gauze
- **Bottle Prep** – use alcohol prep pads for cleansing bottle tops
- Volume: draw required amount of blood (8 – 10 mL adults; <4 mL pediatric)
- Fill Aerobic bottle first
- **Label** each bottle (pt. name, date, time, site, initials of collector). Do not cover barcode
- Blood cultures should be ***held at room temperature*** until received by lab – stability at 2-4 hours


Blood_culture_set_-_adult_and_paed.width-500.jpg (500×448) (gloshospitals.nhs.uk)

# Specimen Storage & Transport

45NW39_1 (2000×1448) (grainger.com)

# Packaging

- Ensure all specimen container caps and lids are properly tightened to prevent leakage
- Package the Specimen in a leakproof Biohazard Bag
- Include a completed test requisition form
- Fold and insert the form(s) into the outside pocket of the biohazard bag for the corresponding specimen
  - If there is no pocket place the form inside the bag with the specimen
  - Patient name & barcode facing out


8 x 10" Specimen Bags S-2970 - Uline

# Specimen Storage & Shipping Temperatures

- Definition of specimen temperatures for storage and shipping:
  - **Room Temperature:** 10.1 – 40.0° C
  - **Refrigerated:** 1.0 – 10.0° C
  - **Frozen:** 1.0 – 80.0° C
- Refrigerator storage - Refrigerators must have "Specimens Only" and "Biohazard" labels/signage on the door
- STAT: for "STAT" priority specimens, please call your courier for pickup
  - Place specimen in a biohazard specimen bag labeled as STAT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# Specimen Lockboxes


- Most ideal location for your lockbox is indoors
- If not possible, avoid placing in direct sunlight
- Add a frozen gel pack to lockboxes during warmer weather
- Frozen Specimens:

***Number of Frozen Gel Packs Recommended***

| Approximate Outdoor Temperature | Frozen Refrigerant Bottles Recommended |
|---|---|
| Below 80°F | None |
| 80°F – 100°F | One Refrigerant Bottle |
| 105°F – 120°F | Two Refrigerant Bottles |

# Key Take Aways

- Clinical lab results are directly related to the quality of the specimen submitted
- Successful pathogen isolation depends upon specimen selection, collection, proper transport and timely delivery to the lab
- Understand what lab methods are being used for your facility
- Adhere to the specimen testing requirements (prep, containers, volume, handling)
- All specimens should be labeled at the time of collection with at least **2 patient identifiers**
- Always use standard precautions!

# Resources


- Occupational Health and Safety Administration (OHSA). Laboratory Safety Guidance. 2011. Laboratory Safety Guidance (osha.gov)
- Illinois Department of Public Health (IDPH). Lab Testing & Services: Laboratory Manual of Services. 2024. odc-labs-manual-of-services-04-05-2024.pdf (illinois.gov)
- Quest Diagnostics. Specimen Collection and Transport Guide. 2019. Specimen_Collection_and_Transport_Guide_2019 (questdiagnostics.com)
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# Reminders

- For continuing education credit, please fill out the evaluation survey upon end of webinar
  - https://forms.office.com/g/QNKRSHDqkg
- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: http://www.dph.illinois.gov/siren
- Telligen Resources:
  - Project Firstline Trainings: https://www.telligenqiconnect.com/infectionpreventionandcontrol/
  - Contact Telligen: **nursinghome@telligen.com**