

Appendix A – Rectal/Stoma Swabbing Procedure

Essential Equipment:

- Single use disposable apron and gloves
- Sterile bacterial swab
- Appropriate documentation/form

	Action	Rationale	
1.	Explain and discuss the procedure	To ensure the patient understands the procedure	
	with the patient (for adults only).	and gives valid consent (NMC 2018).	
2.	Ensure a suitable location in which to	To maintain patient privacy and dignity (NMC	
	carry out the procedure.	2018).	
3.	Wash hands with soap & water or	To reduce the risk of cross-infection and specimen	
	decontaminate physically clean hands	contamination (NHS England 2022).	
	with an alcohol-based hand rub. Put		
4.	on apron and gloves. Remove swab from outer packaging	To ensure collection of material (Murray et al.	
4.	Kemove swap nom outer packaging	2016).	
5 .	Insert the swab (plain swab with	To avoid trauma and to	
	charcoal medium) approximately 2.5	ensure that a rectal, not	
	cm (for adults) beyond the anal	an anal, sample is obtained.	
	sphincter/stoma and gently rotate. Withdraw the swab and ensure visible	obtained.	
	faecal material is evident on swab.		
	racear material is official of enabl		
7.	Remove cap from plastic transport	To avoid contamination of the swab (Petross 2010).	
	tube.		
8.	Carefully place swab into plastic	To avoid contamination of the swab and to maintain	
	transport tube, ensuring it is fully	viability of the sampled material during	
	immersed in the transport medium.	transportation (Ferguson 2005).	
	Ensure cap is firmly secured.	To reduce viets of every infantion (Level dev 2014)	
9.	Remove gloves and apron and wash/decontaminate hands.	To reduce risk of cross-infection (Loveday 2014).	
10.	Ensure ICE request form completed	To maintain accurate records and provide accurate	
10.	(including relevant information such as	information for laboratory analysis (NMC 2018).	
	exact site, nature of specimen and	intermediation for laboratory analysis (time 2015).	
	CPE screen required).		
11.	Arrange prompt delivery to the	To achieve optimal conditions for analysis (Petross	
	microbiology laboratory.	2010).	
12.	Document the procedure in the patient	To ensure timely and accurate record keeping	
	record.	(NMC 2010).	
13.	Note: The healthcare professional	To ensure patient satisfaction and confidence in	
	clinically responsible for the patient	addition to duty of candour compliance, (PHE	
	MUST review results and ensure	2020).	
	results are acted on and		
	communicated to the patient.		

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