Royal Devon University Healthcare NHS Foundation Trust

Title:
Blood culture collection and contamination

Reference Number: RDF2210-24
Date of Response: 01/02/24

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

1. *Prior to blood culture collection, what skin asepsis solution does your hospital/Trust/Health Board use in the skin preparation/ cleaning process - (a) licensed skin antisepsis applicator (b) licensed skin disinfection wipe (c) non licensed wipe (d) other?.*
   Trust answer: We use letter (b) licensed skin 2% chlorhexidine in alcohol wipe.

2. *How long do you clean the patient's skin for and what technique is used?* The insertion site is cleaned as per the Trust venepuncture policy. The skin is Disinfected by gently rubbing the area thoroughly with a 2% chlorhexidine in alcohol wipe for at least 30 seconds.

3. *How long does your organisation allow the patients skin to dry before blood culture collection?.*
   Trust answer: As per venepuncture policy, we ensure that 30 seconds has elapsed for thorough evaporation of the alcohol from the site prior to venepuncture.

4. *Do you know the percentage of contamination rate of blood cultures in your organisation? –* Trust answer: The Trust is unable to respond to this question. The information is not held in a reportable format. The Trust does not have any way of determining this currently with our current IT system, although it may be possible in future.

5. *What is the management process following a confirmed blood sample contamination. Is it escalation to (a) infection control team (b) microbiology (c) education and development (d) other, please specify or (e) no process?.*
   Trust answer: All positive blood cultures are reviewed by a medical consultant. Blood cultures with growth of likely contaminants are reported as such in the final laboratory report, or a note will be added to the patient's electronic patient record, which will also provide advice for further action if clinical concerns.

   We audit the number of contaminated blood cultures and use this to aid Infection control and wider education practices to reduce the risk of contaminated blood cultures being sent in the future.