

# Urine (Instant) Point of Care- POC Screen - SOPDRG002S

The following instructions must be completed for this test. A copy of this SOP can be found in your black reference file or online at <https://crystal-health.co.uk/sample-collector-training/>. If any of the below tasks cannot be completed, call Crystal Health immediately on 0161 707 4935.

The specific sample collection details will be emailed to you for each confirmed booking.

## PREPARATION OF FACILITIES

**THE FOLLOWING TASKS NEED ONLY BE PERFORMED ONCE PER SAMPLE COLLECTION, BUT SHOULD BE CHECKED BETWEEN DONORS.**

- Ensure the facility is adequate including lockable storage if required. If not call Crystal Health Group immediately.
- Remove all potential contaminants from the toilet.
- Search for any hidden samples in the toilet area.
- Use tamper evident tape on any window locks.
- Add blue tablets to toilet bowl (and cistern if possible).
- Use tamper evident tape to seal all taps, flush mechanism (and cistern lid if applicable).
- Display the relevant toilet signs- (No access and Do not Flush).

**YOU MUST ALSO PERFORM THE FOLLOWING TO MAINTAIN CHAIN OF CUSTODY**

- Ensure the sample collection facility is private and includes adequate fixtures to perform the sample collection e.g. desk/table and chairs.
- Confirm that no other individuals with exception to the test participant, will have access to the sample collection facility while the work is on progress.
- You must comply with GDPR and confidentiality requirements, and not disclose any personal information or materials either purposefully or accidentally.
- Employers / Line managers should not be present during the collection process, unless the donor specifically requests this.
- The donor must be accompanied and supervised by an authorised person at all times throughout the collection process.

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## COLLECTION INSTRUCTIONS

- 1) Provide the donor with the DONOR ADVICE SHEET
- 2) Ensure all pre-sample collection details have been recorded on the ROR (Record of Result) form. Refer to information within the yellow boxes on the sample collection details sent via email.
- 3) Complete Section 1 (Sample Donor Details) of the ROR form. National Insurance & Sentinel number is only required for Network Rail testing.
- 4) Complete Section 3 (Proof of Identity) of the ROR form **Refer to troubleshooting and guidance for further instruction**
- 5) Complete Section 4 (Details of Declared Medication) of the ROR form. Include all medications taken by mouth, injected or applied to the skin over the last 14 days including prescribed & OTC medications. **If illegal drug use is declared then record in Section 9, continue with the collection and call Crystal Health Group immediately.**
- 6) Ask the donor to sign and date Section 5 (Sample Donor Declaration) of the ROR form, after reading the consent on the reverse. **Refer to troubleshooting and guidance for further instruction**
- 7) Ask the donor to remove outer jacket if applicable
- 8) Ask the donor to empty pockets into the valuables/security bag
- 9) You AND the donor must put on a pair of gloves

10) **BREATH ALCOHOL SCREEN** (if ordered, complete now) Refer to additional SOPDRG006S (Breathalyser instructions) **Required for all Network Rail testing**

11) **SALIVA ALCOHOL SCREEN ONLY** - Complete A through E below

A) Confirm and initial that the donor HAS NOT eaten, drank (except water), smoked, chewed gum or used mouth wash in the last 15 minutes. Record your initial in Section 6 to verify this.

B) Allow the donor to choose from 2 sealed saliva strips

C) Explain the collection procedure to the donor - how to use the saliva strip

D) Obtain a saliva sample from the donor - **Refer to troubleshooting and guidance for visual instruction**

E) Allow the saliva strip to activate for 2 minutes and record the result in Section 7 (Alcohol Screen- Saliva Result)

**ONLY COMPLETE IF ORDERED**

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## COLLECTION INSTRUCTIONS continued

12) Allow the donor to choose from 2 sealed urine drug test cups. Network Rail tests require a specific cup indicated by a blue dot. Record the cup expiry date & Lot # in Section 8 of the ROR form.

13) **ADDITIONAL DRUG TEST STRIPS (if requested)** - Allow the donor to choose from 2 sealed urine drug test strips (refer to your sample collection details for additional drug test strips required)

14) Explain the procedure to the donor and ask them to provide a urine sample directly into the test cup. **Refer to troubleshooting and guidance for visual instructions**

15) Observe the temperature strip for colour change and record the temperature in Section 8 (Drug Screen: Details & Results) **If the temperature strip does not activate call CHG. Refer to troubleshooting and guidance for visual instruction**

16) **ADDITIONAL DRUG TEST STRIPS ONLY** - Dip any additional drug test strips into the urine sample to the indicated dip mark for 10 seconds. Place the drug test strips on the drip tray provided to activate. Record results in blank sections on right side of the ROR form. **Refer to troubleshooting and guidance for visual instruction**

17) Screw the lid closed on the drug test cup

18) After 2 minutes, peel the label & observe the results on the cup and any additional drug test strips. Record the results in Section 8 (Drug Screen: Details & Results) **Refer to troubleshooting and guidance for visual instruction**

19) **NON-NEGATIVE SCREEN RESULTS ONLY** - Complete A to C below **Refer to troubleshooting and guidance for further instruction**

A) Only proceed to laboratory confirmation if authorised (call Crystal Health for confirmation). **ALL Non-Negative Network Rail tests must be sent to the laboratory.**

B) Inform the donor that you have been authorised to send the sample to the laboratory for further testing.

C) Now use SOPDRG001S (Urine Laboratory screen & confirmation instructions) to decant the original sample into laboratory containers and send to the laboratory.

20) Complete Section 11 (Collector's Declaration) of the ROR form

21) Review the whole ROR form for accuracy & ensure all necessary fields are complete.

22) Provide all ROR form copies to relevant parties **Refer to troubleshooting and guidance for further instruction**

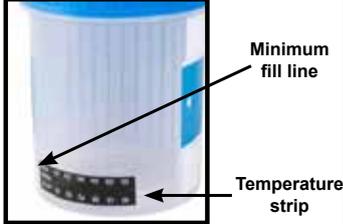
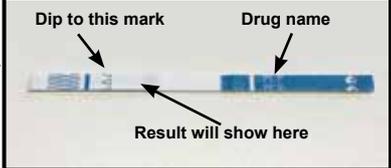
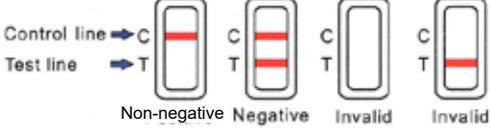
23) Take photographs of the ROR form and upload via the specific link provided via email.

24) Return all documentation (including your invoice) to Crystal Health using the 1st class envelope provided.

**ONLY IF APPLICABLE**

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TROUBLESHOOTING & GUIDANCE		
4) Donor ID	Photo ID must be original and current (e.g. passport or driving licence) and include a unique identification number for recording. If the candidate does not have valid photo ID, their identity may be verified by an authorised person (e.g. a manager). When a manager verifies identity, the manager's ID details must be requested and recorded. If neither option is available, <b>stop the test and contact CHG immediately.</b>	
6) Donor Consent	If the donor refuses to provide consent or test cannot proceed for any reason: <b>Complete Section 10 (Non-Conformity) and call CHG immediately.</b>	
11) SALIVA ALCOHOL SCREEN	The tab end of the saliva strip is to be placed under the donor's tongue for a <b>minimum of 10 seconds</b> (tab face up). Remove and leave to activate for approx. 2 minutes, observe any colour change and record the results. 	
14 & 15) Obtaining the Urine sample  Please note - images may differ from cups being used.	<p><b>Insufficient sample:</b> The amount of urine provided does not reach the minimum fill line &amp; cover the temperature strip. Any unusual urine appearance should be recorded in Section 9 of the ROR form</p> <p><b>If there is insufficient sample or the donor cannot produce a sample:</b> Advise the donor to drink 250ml of water at 20 min intervals &amp; Call CHG. Ask if they have a known medical condition which may prevent urination. Excessive wait times can be recorded on the Commercial testing form. <b>The donor must be supervised at all times.</b></p> <p><b>If the donor refuses to provide a sample:</b> Complete Section 10. (Non-conformity) &amp; call CHG immediately.</p> <p><b>If the temperature strip on the cup does not activate: STOP the test and call Crystal Health immediately.</b> Depending on the situation the sample can be sent to the laboratory for verification of adulteration OR A <b>FRESH</b> urine sample must be obtained and the procedure repeated using a <b>NEW</b> cup. Your case manager will advise you how to proceed.</p> <p>If you observe any unusual behaviour from the donor or you are concerned that the sample may have been adulterated, <b>STOP the test and call Crystal Health immediately.</b></p>  	
16) ADDITIONAL DRUG TEST STRIPS (if requested)	<p>Before screwing the lid closed on the drug test cup, dip any additional drug test strips into the urine sample to the indicated dip mark for 10 seconds. Place the drug test strips on the drip tray and leave to activate for approx. 2 minutes, before reading results in the same way as the main test cup. Record results in blank sections on right side of the ROR form.</p> 	
18) Read Results	<p><b>In the case of control line failure, decant the original urine sample into a new cup and repeat the procedure.</b></p> 	
19) NON-NEGATIVE RESULTS	<ol style="list-style-type: none"> <li><b>Call CHG Immediately &amp; while the donor is with you.</b></li> <li><b>Only proceed to laboratory confirmation if authorised (call CHG). Non-negative Network Rail tests will always require laboratory testing.</b></li> <li>Ensure Section 11 of the Point of Care ROR form has been signed and carbon copies provided to the relevant recipient - regardless of whether the sample goes to the laboratory or not.</li> <li>Now use SOPDRG001S and associated forms to send the urine sample to the laboratory.</li> </ol>	
22) Provide all ROR form copies to relevant parties	WHITE COPY TO CRYSTAL HEALTH	BLUE COPY TO DONOR
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