

PROGRAM Standard Operating Procedure – Laboratory Services	
Title: MIC10410 – Accessioning CAP Surveys	Policy Number:
Program Name: Laboratory Services	
Applicable Domain: Lab, DI and Pharmacy Services	
Additional Domain(s):	
Effective Date:	Next Review Date:
Issuing Authority: Director, Health Services	Date Approved:
Accreditation Canada Applicable Standard: N/A	

GUIDING PRINCIPLE:

CAP surveys provide external assessment challenges (EQA) for clinical microbiology laboratories. The program covers a wide variety of samples normally received by laboratories for respiratory viral testing, SARS-CoV-2 testing, MTB molecular testing and vaginitis screening.

The Stanton Territorial Hospital Microbiology Laboratory participates in the following CAP external assessment challenges:

1. NUCLEIC ACID AMPLIFICATION RESPIRATORY LIMITED-ID3
2. COV2Q-B 2022-SARS-CoV-2, Molecular Quality Cross Check SARS-CoV-2
3. MOLECULAR MTB DETECTION & RESISTANCE, 5 CHALLENGE-MTR5
4. VAGINITIS SCREEN, VIRTUAL GRAM STAIN-VS2

PURPOSE/RATIONALE:

To ensure CAP surveys are accessioned in a standardized way so that results do not affect epidemiology statistics and so that patient specific system rules are applied correctly.

SCOPE/APPLICABILITY:

This procedure applies to Medical Laboratory Technologists (MLTs) and Medical Laboratory Assistants (MLAs) processing competency survey specimens.

SAMPLE INFORMATION:

- Testing material consists of liquid samples ad virtual gram stains.
- Refer to the directions accompanying each survey for specimen handling.

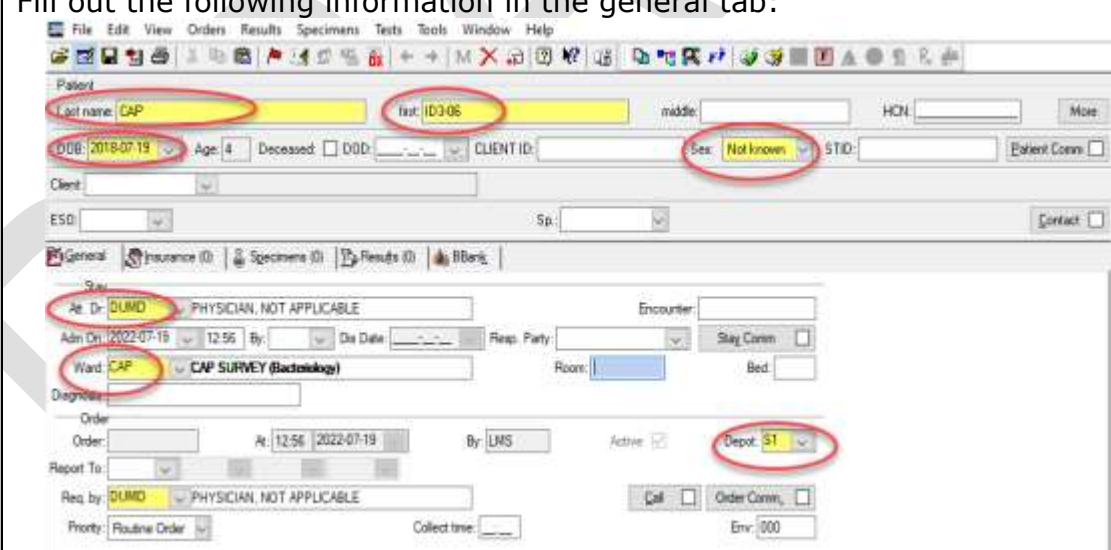
SPECIAL SAFETY PRECAUTIONS:

Containment Level 2 facilities, equipment, and operational practices for work involving infectious or potential infectious materials or cultures.

- Ensure that appropriate hand hygiene practices be used.
- Lab gown must be worn when performing activities with potential pathogens.
- Gloves must be worn when direct skin contact with infected materials is unavoidable.
- Eye protection must be used when there is a known or potential risk of exposure of splashes.
- All procedures that may produce aerosols, or involve high concentrations or large volumes should be conducted in a biological safety cabinet (BSC).
- The use of needles, syringes and other sharp objects should be strictly limited.

All patient specimens are assumed to be potentially infectious. Routine Practices must be followed. Since viable micro-organisms are used, all cultures must be handled with appropriate precautions. All equipment in contact with cultures should be decontaminated by appropriate methods.

PROCEDURE INSTRUCTIONS:

Step	Action
Ordering CAP samples in SoftMic	
1	In Order Entry, select "New" to create a new patient
2	<p>Fill out the following information in the general tab:</p>  <p>LAST NAME: CAP</p> <p>FIRST NAME: CAP Specimen No.</p> <p>AGE: Will not be indicated on the kit instructions. Use any age</p> <p>SEX: Will not be indicated on the kit instructions. Use not known</p> <p>ATTENDING DR.: DUMD</p> <p>WARD: CAP</p> <p>DEPOT: S1</p>

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Fill out the following information in the micro tab:

SCOV2 FLUAT FLURT RSVT HBET

Source: NS Nasopharyngeal Swab - TORCH

Site:

Add (F6) Collected by LMS at 06:33 2022-05-02

Add (F6) Received by LMS at 06:33 2022-05-02

Add (F6) Plated by LMS at 06:33 2022-05-02

Current antibiotic therapy

unk

Micro OE Comment

CLINICAL HISTORY: no clinical history provided

Study

CAP

Media/Due D&T Culture Comm Specimen Quality Order Comm

ORDER: Order the test specified on the CAP Kit Instructions

SOURCE: Will not be indicated on the kit instructions, use nasopharyngeal swab

COLLECTED/RECEIVED/PLATED: Add yourself

ANTIBIOTIC THERAPY: Choose unk

MICRO OE COMMENTS: Record the clinical history as no clinical history provided

STUDY: Select the study CAP

NOTE: Without this step, the specimen will not qualify to the review worklist

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Place the requisition barcodes for all specimens accessioned on a separate piece of paper and attach to the paperwork that accompanied the survey. Place all papers on the Dark Room bench.

APPROVAL:

Date

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	19 Jul 22	Initial Release	L. Steven

DRAFT

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