



Capital Health

INFECTION PREVENTION AND CONTROL MANUAL

Policy and Procedure

TITLE: MRSA/VRE Specimen Collection (Screening/Surveillance)	NUMBER: IC 05-006
Effective Date: October, 2012	Page 1 of 5
Applies To: Holders of Infection Control Manual	

POLICY

1. Specimens for routine screening/surveillance for methicillin-resistant *Staphylococcus aureus* (MRSA) and Vancomycin-resistant enterococcus (VRE) are to be obtained in the following manner:

For MRSA only:

a single swab from the anterior nares (nasal)

AND

bilateral groin swab **OR** rectal swab

AND

a separate swab(s) from skin lesions, wounds, incisions, ulcers and exit sites of indwelling devices, if present, using aseptic technique where indicated.

For VRE only:

a rectal swab **OR** stool culture

Note: If a client/patient has a colostomy, the specimen for VRE should be taken from this site.

For MRSA and VRE:

a single combined nasal **AND** rectal swab

PROCEDURE

(Refer to [Appendix A](#))

MRSA Only

1. Obtain cultures for MRSA screening in the following manner:

1.1. MRSA Nares:

- 1.1.1. Use a cotton-tipped culture swab moistened with sterile saline, sterile water or transport media from the swab. **DO NOT** lubricate the swab with anything other than sterile saline, sterile water or media from the swab.
- 1.1.2. Insert the swab into the anterior nares (less than 1cm) and rotate it for approximately 10-15 seconds.
- 1.1.3. Using the **same swab**, repeat the procedure in the other nostril.

1.2. MRSA Nares (as above) with Groin Swab:

- 1.2.1. Take the same nares swab (as collected above) and roll or rub the swab over the skin in the groin area (from the top of the groin area down into the perineum for approximately 10-15 seconds).
- 1.2.2. Using the same swab, repeat the procedure on the other groin.

1.3. MRSA Nares (as above) with Rectal Swab:

- 1.3.1. Take the nares swab (as collected above) and collect a rectal culture by inserting the swab into the rectum to obtain fecal staining on the swab.

1.4. MRSA from other Open Sites/Wounds etc.

- 1.4.1. Using fresh swabs as required, swab any open wounds or around any tube sites, e.g. G-tube using aseptic technique.

2. **Frequency of Cultures:**

- 2.1. If additional MRSA screening swabs are required, collect at least **72 hours apart**.
Note: The lab rejects the swabs unless taken at least 72 hours apart.
- 2.2. The lab has a waiting period of **90 days** to process repeat screening cultures on a patient who has been found to be MRSA positive in the past.
 - 2.2.1. The 90 day waiting period may be waived in consultation with an Infection Control Practitioner. If so, note on the microbiology requisition "*Requested in Consultation with Infection Prevention and Control*".

VRE Only

3. Obtain cultures for VRE screening in the following manner:

3.1. Stool Cultures:

- 3.1.1. Use a preservative free specimen container (i.e.: same one as used for *Clostridium difficile*).
- 3.1.2. Collect a stool specimen the size of a walnut.
- 3.1.3. Do **not** refrigerate the specimen.

OR

3.2. Rectal Swabs:

- 3.2.1. Use a cotton-tipped culture swab (may be moistened with sterile saline, sterile water or transport media from the swab to aide passage into the rectum).
- 3.2.2. **DO NOT** lubricate the swab with anything other than sterile saline, sterile water or media from the swab.
- 3.2.3. Insert the swab into the patient's rectum in order to obtain fecal staining on the swab.

Note: if the patient has an ostomy, collect the specimen (culture or swab) from the stoma site.

MRSA and VRE

- 4. When VRE **and** MRSA screening is required together, submit a combined nares and rectal swab.
 - 4.1. Collect the nares swab first (as above) and then a rectal swab as above (use the same swab).
 - 4.2. Collect MRSA swabs from additional open sites or wounds as above.
- 5. **Frequency of Cultures:**
 - 5.1. If additional VRE specimens are required, collect at least **24 hours apart**.

LABELING AND REQUISITIONS FOR ALL SPECIMENS

- 6. Complete labeling of specimens and appropriate laboratory requisitions for all specimens following current laboratory standards.
 - 6.1. Indicate when swabs are from combined sites as appropriate.
 - 6.2. If a patient refuses multi-site swab collection, collect swabs from separate sites; label as appropriate.

REFERENCE

Infection Prevention and Control Nova Scotia (2012). Best Practice Guidelines for Reducing Transmission of Antibiotic Resistant Organisms (AROs) in Acute Care & Long Term Care Settings, Home Care & Prehospital Care.

RELATED DOCUMENTS

Policies

IC 05-008 Admission Screening Record -Antibiotic Resistant Organisms (MRSA/VRE)

Appendices

[Appendix A](#) Capital District Health Authority Microbiology Laboratory Directive issued May, 2012.

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Appendix A

Microbiology Laboratory Directive (May, 2012)

To All Nurses and Physicians:

During an efficiency review in Microbiology we determined that two separate (nose and groin) swabs for MRSA do not require 2 separate swabs.

Instead we are requesting that a **single swab be taken from the nares and then the groin (in that order)**. This swab must be labeled as combined nares/groin. In the situation where a VRE swab is also required a combined nares and perianal swab can be submitted and used for both MRSA and VRE and labeled as combined nares/perianal. This new approach is convenient and will save the hospital approximately \$30,000 per year.

You are also reminded that MRSA surveillance cultures are highly sensitive and **duplicate specimens are not required**. Specimens sent to the laboratory within three days of the first sample will not be processed.

Please remember that repeat specimens are not recommended in cases when patients are found to be colonized. Repeat testing will not be performed if MRSA has been isolated from the patient in the preceding **90 days**.

Thank you for your assistance in helping to save valuable resources.

Obtain cultures for MRSA (+/-VRE) screening in the following manner:

MRSA Surveillance Swab: Combined Nares and Groin

1. Use a cotton-tipped culture swab moistened with transport media from the swab.²
2. Insert the swab into the anterior nares (less than 1cm) and rotate it for approximately 10-15 seconds.
3. Using the same swab, repeat the procedure in the other nostril.
4. Take the same swab (as collected above) and swab the skin in the groin

MRSA and VRE Surveillance Swab: Combined Nares with Perianal Swab:

1. Take the same nares swab (as collected above) and collect a perianal swab.³

Notes:

1. When sampling other sites (wounds, etc) use a new swab.
2. Do not moisten the swab with anything other than transport medium (or sterile saline or water if the patient has previously complained of irritation)
3. For VRE: The swab should have fecal staining to assure the specimen is adequate. If not it should be inserted gently into the anus. If the patient has an ostomy, swab the stoma site.

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