



MEMORANDUM

TO: All Nurses and Physicians

FROM: Dr. Kevin Forward, Division of Microbiology
Dr. Ian Davis, Division of Infection Control

DATE: May 29, 2012

RE: Revised Policy for MRSA Swabbing

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.

Ian Davis MD, CCFP, FRCPC
Division of Infection Control

Kevin Forward MD FRCPC
Division of Microbiology

KF/lk