Attending: Moses, Solomon, David, Joel, Laura G, Laura S and Jennifer

1. Saline dispensettes:

* Sterility check for Vitek and KB saline dispensettes
* Will be done weekly
* Instructions are on sheet. Just follow.
* Check off on Vitek maintenance worksheet
* Part of daily maintenance should be to wipe the tip with alcohol swab and make sure replace cap when finished.

1. Scale:

* Need to weigh biohazard garbage before taking out
* Can’t weigh more than 12 kg
* Joel suggested writing the weight on the top of the box when we take it out to verify that we have weighed it and it is acceptable.

1. Pending Lists:

* Need to be checked daily
* 12 – 8 bench duty will be to check the grams and wet prep list
* Make sure that if there are still grams pending that there are grams made for the specimen
* 3 were missed 2 weeks ago. This shows that we can still have items that are outstanding for too long and no one notices
* LauraG mentioned how the positive blood culture pending list is not being checked. It was decided that the urine culture bench must also check this pending list daily to ensure that all blood cultures are completed when only one bottle went positive.

1. Receiving worklist:

* Needs to be checked daily
* 12-8 bench duty will be to check these lists before the end of their shift
* 3 blood cultures were on list but it was not checked so they went unreceived for 5 days. No preliminary report was issued on them and 2 of them had no final report
* Moses mentioned how these cultures were missed because they were not received by the core lab staff. This was correct and was discussed at our last meeting however it is our responsibility to check this list to ensure this mistake gets noticed if it is made.

1. Sterilizer printouts:

* There will be a folder for each month to put these printouts in.
* They need to be saved. It is an Accreditation Canada and biosafety standard.

1. Freezing specimens:

* You need to log specimens in the book and freeze them at the same time. This will ensure they are in correct order. The audit includes following the log and making sure that the order is correct. Very difficult to put them in order as they are extremely messed up.
* Only need to freeze the following: any organism from a sterile fluid, deep wound, any organism we are referring out for further testing, CMPT organisms. We don’t need to freeze all MRSA or ESBL’s.
* If more than one bottle goes positive we do not need to freeze the same organism from all bottles.
* Please also remember to put the name of the organism on the tube as well.

1. Pinworm testing:

* Since we do not receive these often we are not maintaining our competency in this test
* Will become a referred out test and sent to Dynalife
* This change has been made in LIS and is active now

1. Wellcogen testing:

* This test is going to be discontinued
* This change has been made in LIS. Spin labels will not print out anymore with blood cultures or CSF
* If you notice this label popping up let Laura S know so she can let LIS know

1. Ordering TB specimens:

* As previously discussed, specimen receiving and the evening tech if time permits, will order TB specimens. They will not just be placed in the fridge to be ordered by the TB tech the next day.

1. Microscope:

* Joel took the microscope apart to clean it. People are not moving the oil objective over when removing slide and oil is dripping into diaphragm. He cleaned it the best he could.
* Also there is a rubber ring around the knob that moves the stage that is sticking. This was causing the stage to move both ways instead of one. If this happens just loosen the rubber ring so that it is not sticking.
* When done looking at slide, clean bottom with alcohol and blot the top before putting on rack.
* Evening tech needs to cover the microscopes before leaving.
* First step in troubleshooting the microscope is to do Köhler. This should be done every time you use the microscope. The microscope should be left clean when you are finished with it.

1. Eswabs:

* Joel did some investigation with our small pink e swabs and found out that these swabs are designed to release the material on the swab into the liquid. Because of this the package insert says that the swab should be vortexed and the liquid should be used to inoculate slides and media.
* We got a vortex from core lab and that will be located in the fume hood. We need to vortex the swab and then use a sterile pipette to make the gram and inoculate the media. For BV cultures do not need to use sterile pipette. When doing wet prep will also need to use pipette (doesn’t need to be sterile) to put liquid onto the slide.

1. Roundtable:

* Joel: when swabs come with label on the wrong way please try to place our label on so that the patient label is not sticking out. Discussed with Jennifer and she said core lab rips the patient label off and replaces with LIS label. We will discuss how we want to proceed.
* Solomon: Reminded us when we receive the BacT Alert bottles we need to make them positive after we accession them. If we do not, they can automatically be reported out as NG 5 days.
* Moses: The TB QC organism has been removed from the incubator and is now only frozen in beads. Now we have 3 TB QC organisms that are all only risk group 2. We need to interchange these organisms so that they are all used routinely and not just one is used every week.