

Document Name:

MRSA Screen – Chromogenic Agar

Approved By:

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Status: **APPROVED**

PURPOSE:

To screen for *Methicillin Resistant Staphylococcus aureus* (MRSA) on admission, in Multi-resistant Organism (MRO) screens and from infected sites.

SAMPLE INFORMATION:

Type	Swab <ul style="list-style-type: none"> • Amie’s with or without charcoal
Source	<ul style="list-style-type: none"> • Bilateral nasal swab • Bilateral groin swab • Other: drainages, wounds, sites of catheters, tracheostomy and other skin penetrating devices
Stability	<p>If the sample is received in the laboratory and processed greater than 48 h from collection:</p> <ul style="list-style-type: none"> • Add specimen quality comment “Delayed transport may have compromised the recovery of organism”
Storage Requirements	Room temperature
Criteria for rejection and follow up action	<ol style="list-style-type: none"> 1. Unlabeled/mislabeled swabs 2. Dry swabs

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REAGENTS and/or MEDIA:

- Denim Blue Agar and Blood Agar
- Deification reagents: rapid staph

SUPPLIES:

- Wooden applicator sticks
- Disposable inoculation needles
- 35° ambient air incubator
- Biosafety cabinet

SPECIAL SAFETY PRECAUTIONS:

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

- 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 where 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.

QUALITY CONTROL:

Refer to MIC60100 Non-Exempt Media Quality Control procedure

Refer to Quality Control manual for reagent quality control procedures

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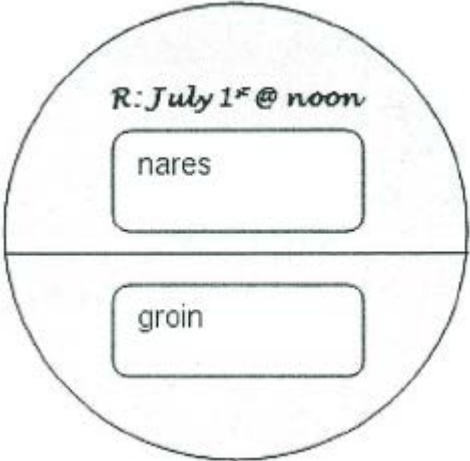
PROCEDURE INSTRUCTIONS:

Follow the steps in the table below:

*Note: MRSA swabs are set up twice a day, Monday → Friday at noon and 17:00. On weekends, they are set up once a day before 15:00.


Step	Action
Processing specimen for MRSA screening	
1	<p>In the biosafety cabinet, inoculate the top-left corner of the Denim Blue agar from the swab, ensuring all surfaces of swab make contact with the agar.</p> <div data-bbox="646 632 959 915" style="text-align: center;"> </div>
2	<p>Streak for confluent growth using a disposable inoculation needle.</p> <div data-bbox="646 1056 959 1339" style="text-align: center;"> </div> <p>Streak out to cover half the plate.</p>

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3	<p>Mark on Denim Blue plate:</p> <ul style="list-style-type: none"> • “R” (for Read) followed by the date 24 hours from day of planting i.e.: July 1st • Time of planting i.e.: noon <p>Reason: Plates are read at approx. 18-24 hours after incubation.</p>	
4	Incubate plate in O ₂ incubator at 35° for 18-24 hours in separate batches depending on time of incubation.	

INTERPRETATION OF RESULTS:

Follow the steps in the table below to interpret the MRSA culture:

ACTION
<ul style="list-style-type: none"> • Remove cultures at 18-24 hours from O₂ incubator • Observe plates for denim blue colonies <div style="text-align: center; margin-top: 20px;">  </div>

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IF	THEN
No growth OR White colonies	<ul style="list-style-type: none"> Log results into LIS. Report “No Methicillin Resistant Staph aureus (MRSA) isolated”.
Atypical growth (e.g. colonies with blue “halos”, blue colonies not typical denim blue color)	<ul style="list-style-type: none"> Should not be interpreted as possible MRSA. Do further testing to rule out MRSA (i.e. rapid staph/tube coag/GPS/smear/catalase, etc.) Atypical colonies that identify as <i>Staphylococcus aureus</i> need a GPS to confirm oxacillin resistance.
Denim Blue colonies seen	<ul style="list-style-type: none"> If sufficient isolated colonies present, perform rapid staph directly off the Denim Blue plate. If no isolated colonies or in doubt of the color, subculture colonies to BA agar. Perform rapid staph off BA sub plate.

IF	THEN
Rapid Staph POSITIVE Known history	<ul style="list-style-type: none"> Log results into LIS. Add organism: “<i>Staphylococcus aureus</i>”. Growth quantity: “Isolated”. Culture comment: “***Methicillin Resistant***, This organism is cloxacillin resistant and is resistant to all beta-lactam agents”. Go to Order Entry; copy report to Chief Medical Officer of Health (HPU) and Infection Control Nurse (SOHS) if in-patient.

IF	THEN
Rapid Staph POSITIVE First time isolated	<ul style="list-style-type: none"> Log results into LIS. Add organism: “<i>Staphylococcus aureus</i>”. Growth quantity: “Isolated”. Culture comment: “***Methicillin Resistant***, This organism is cloxacillin resistant and is resistant to all beta-lactam agents” Go to Order Entry; copy report to the Chief Medical Officer of Health (HPU) and Infection Control Nurse (SOHS) if in-patient In the patient demographics field click on ESO and add “MRSA Positive”
Rapid Staph NEGATIVE	<ul style="list-style-type: none"> Log results into LIS. Report “No Methicillin Resistant Staph aureus (MRSA) isolated”.

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LIMITATIONS:

- Heavy inoculation may lead to a blue/green haze appearance in the main inoculum which should not be interpreted as a positive result.
- Some Bacillus species may produce an atypical, very dark navy blue colored colony with a halo and crenated edge. Aerococcus species may also appear as dark navy blue colonies. If in doubt, subculture colonies to BA agar for further investigation.
- Incubation beyond 24 hours can result in false positive results. Suspicious colonies detected on a second day of incubation must be sub cultured for additional identification testing.

REFERENCES:

- Clinical Microbiology Procedures Handbook, 4th edition, ASM Press, 2016
- Jorgensen J.H., Pfaller M.A., Carroll K.C., Funke G., Landry M.L., Richter S.S., Warnock D.W. 2015. Manual of Clinical Microbiology, 11th edition, ASM Press, Washington, D.C.
- Oxoid Denim Blue agar package insert, May 2005

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	11 Jan 2017	Initial Release	L. Steven

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