Title: MIC32400-Ear Culture

Issuing Authority: Director, Laboratory and Diagnostic Imaging Services

Next Review Date:

Type: Laboratory Services Program SOP

Policy Number: Date Approved:

PROGRAM Standard Operating Procedure – Laboratory Services			
Title: MIC32400 -	Policy Number:		
Ear Culture			
Program Name: Laboratory Services			
Applicable Domain: Lab, DI and Pharmacy Services			
Additional Domain(s): NA			
Effective Date:	Next Review Date:		
Issuing Authority:	Date Approved:		
Director, Laboratory and Diagnostic Imaging Services			
Accreditation Canada Applicable Standard: NA			

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GUIDING PRINCIPLE:

Otitis media is an infection of the middle ear. Complications include hearing loss and learning difficulties. Common causes of otitis media are *Streptococcus pneumoniae, Haemophilus influenzae* and *Moraxella catarrhalis. Streptococcus pyogenes* is found on a seasonal basis. Otitis externa is an infection of the external auditory canal. Infections are classified as acute and chronic. Acute infections (often called swimmer's ear) are frequently caused by *Pseudomonas aeruginosa*, although other aerobic organisms can be involved. *Vibrio alginolyticus* is a cause in oceanic swimmers. Localized infections with *Staphylococcus aureus* or *Streptococcus pyogenes* can also occur. Contaminating skin microbiota such as coryneform organisms (diphtheroids) and coagulase-negative *Staphylococci* may be present but are not significant.

PURPOSE/RATIONALE:

This standard operating procedure describes how to determine the significance of growth in ear specimens.

SCOPE/APPLICABILITY:

This procedure applies to Medical Laboratory Technologists (MLTs) processing specimens for ear culture.

SAMPLE INFORMATION:

Typo	Swab			
Туре	Amie's with or without charcoal			
	External auditory canal (outer ear)			
Source	Otitis media discharge swabbed from external auditory			
	canal			

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Stability	 If the sample is received in the laboratory and processed greater than 48 hours from collection: Add specimen quality comment: "Delayed transport may adversely affect pathogen recovery" 		
Storage Requirements	Room temperature		
Criteria for rejection	 Unlabeled/mislabeled swabs Specimen container label does not match patient identification on requisition 		

NOTE: Refer to MIC34100-Body Fluid Culture for typanocentesis fluid

REAGENTS and/or MEDIA:

- Blood agar (BA), Chocolate agar (CHO), Columbia Naladixic Acid agar (CNA) and MacConkey agar (MAC)
- Identification reagents: catalase, oxidase, Staph latex test, Strep latex test, etc.

SUPPLIES:

- Disposable inoculation needles
- Microscope slides
- Wooden sticks

EQUIPMENT:

- Biosafety cabinet
- 35° ambient air and 35° CO₂ incubators
- VITEK 2 and supplies

SPECIAL SAFETY PRECAUTIONS:

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

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QUALITY CONTROL:

Refer to Test Manual for reagent quality control procedures

PROCEDURE INSTRUCTIONS:

Step	Action			
Proce	Processing specimens for ear culture			
1	 In the biosafety cabinet: Inoculate BA, CHO, CNA, and MAC with the swab Ensure all surfaces of the swab make contact with the agar Streak for isolated growth using a disposable inoculation needle Prepare smear by rolling the swab gently across the slide to avoid destruction of cellular elements and disruption of bacterial arrangements 			
2	 Incubate the media: Place BA, CHO and CNA in the CO₂ incubator Place MAC in the O₂ incubator 			
3	Allow smear to dry and perform gram stain. Gram stain must be read before culture plates. Refer to MIC20115-Gram stain procedure.			

Probable Pathogens [^]				
 GNB Aerobic: Enteric Gram-negative bacilli Non-fermentative GNB Pseudomonas aeruginosa GNCB/C Aerobic: Haemophilus influenzae Moraxella catarrhalis 	 GPC Aerobic: B-hemolytic Streptococci Staphylococcus aureus Streptococcus pneumoniae Other: Candida spp. Fungi 			
Commensal Skin Flora				
Bacillus spp.Coagulase-negative StaphylococciCorynebacterium spp.	 Enterococcus spp. Micrococcus spp. viridans Streptococcus grp.			

 $[\]hat{\ }$ For organisms not listed, consult the Microbiology Technical Supervisor, or refer to the Manual of Clinical Microbiology

INTERPRETATION OF RESULTS:

Step	Action					
1	Ensure growth on culture media correlates with gram stain results. If discordant results are found between the gram stain and growth: Re-examine smear and culture plates Check for anaerobic growth Re-incubate media to resolve Consider re-smearing or re-planting specimen					
2	Observe BA, CHO and CNA plates at 24 hours and 48 hours					
	Observe MAC plate at 24 hours					

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	If organism is a probable pathogen:
	Perform and report full identification
3	Perform and report susceptibility testing as per ASTM
	NOTE: Mixed Gram-negative rods should be reported as mixture of
	coliform organisms, not reported individually
	If organism is commensal skin flora:
4	Perform minimal identification and list
4	NOTE: Mixed commensal skin flora should be reported as mixture of skin
	flora and not reported individually

REPORTING INSTRUCTIONS:

IF	REPORT
No growth after 1 day	PRELIM: • Report: "No Growth after 1 Day" • Report: "Further report to follow"
No growth after 2 days	FINAL: • Report: "No Growth after 2 Days"
Growth of probable pathogen	 Report organism full identification List quantitation Report susceptibility results as per ASTM
Growth of commensal skin flora where minimal identification and listing is required	 Report the minimal identification (i.e., Coagulase negative Staphylococci) List quantitation
Mix of commensal skin flora	Report: "Mixture of skin flora"List quantitation
Mix of enteric Gram-negative bacilli	Report: "Mixture of coliform organisms"List quantitation

NOTE:

- Refer to Reportable Diseases-Public Health Act as of September 2009 for reporting to OCPHO (HPU1)
- Refer to LQM70620-Laboratory Critical Results List-Microbiology for results that need to be phoned to ordering location
- Refer to MIC36100-Nosocomial Infection Notification Job Aid to determine if organism needs to be copied to Infection Prevention and Control
- Refer to MIC36300-Referral of Category B Specimens to APL for sending isolates to APL

LIMITATIONS:

- 1. An external ear culture with a predominant Gram-negative bacillus, betahemolytic Streptococcus, *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus influenzae* or *Moraxella catarrhalis* generally indicates infection with that organism.
- 2. False-negative cultures can result from overgrowth of the culture with normal skin flora.
- 3. False-positive results can be caused by over-interpretation of culture results.

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CROSS-REFERENCES:

- MIC20115-Gram stain procedure
- MIC34100-Body Fluid Culture
- MIC36100-Nosocomial Infection Notification Job Aid
- MIC36200-Referral of Category A Specimens to APL
- MIC36300-Referral of Category B Specimens to APL
- LQM70620-Laboratory Critical Results List-Microbiology

REFERENCES:

- 1. Leber, A. (2016). *Clinical microbiology procedures handbook.* (4thed.) Washington, D.C.: ASM Press
- 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. Washington, D.C: ASM Press

APPROVAL:			
Date			

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	06 Nov 17	Initial Release	L. Steven
2.0	26 Feb 21	Procedure reviewed and added to NTHSSA policy template	L. Steven
3.0	27 Feb 23	Procedure reviewed	L. Steven
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