

<b>PROGRAM Standard Operating Procedure – Laboratory Services</b>	
Title: MIC33100 – Wound Culture-Deep	Policy Number:
Program Name: Laboratory Services	
Applicable Domain: Lab, DI and Pharmacy Services	
Additional Domain(s): NA	
Effective Date:	Next Review Date:
Issuing Authority: Director, Laboratory and Diagnostic Imaging Services	Date Approved:
Accreditation Canada Applicable Standard: NA	

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**GUIDING PRINCIPLE:**

Deep wound cultures include the addition of anaerobic media for the detection of anaerobes. Anaerobic bacteria can cause a variety of infections including wound infections and a variety of abscesses. Anaerobic bacteria are overlooked unless the specimen is properly collected and handled. Anaerobes can vary in their sensitivity to oxygen and brief exposure to atmospheric oxygen is enough to kill organisms.

**PURPOSE/RATIONALE:**

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

**SCOPE/APPLICABILITY:**

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

**SAMPLE INFORMATION:**

<b>Type</b>	Swab <ul style="list-style-type: none"> <li>• Amie’s with or without charcoal</li> </ul> Aspirate/Drainage/Pus <ul style="list-style-type: none"> <li>• Clean, sterile container</li> </ul>
<b>Source</b>	1. Deep wound specimens: <ul style="list-style-type: none"> <li>• Bite, third degree burn, deep surgical wounds, etc.</li> </ul> 2. Superficial abscess specimens: <ul style="list-style-type: none"> <li>• Boils, cyst, subcutaneous abscess, etc.</li> </ul> 3. Deep abscess specimens: <ul style="list-style-type: none"> <li>• Deep abscess, pus, etc.</li> </ul>

<b>Stability</b>	If the sample is received in the laboratory and processed greater than 48 hours from collection: <ul style="list-style-type: none"><li>• Add specimen quality comment: "Delayed transport may adversely affect pathogen recovery"</li></ul>
<b>Storage Requirements</b>	Room temperature
<b>Criteria for rejection</b>	<ol style="list-style-type: none"><li>1. Unlabeled/mislabeled specimens</li><li>2. Specimen container label does not match patient identification on requisition</li><li>3. Specimens for culture submitted in container with formalin</li><li>4. Submission of specimens to determine <i>if</i> an infection is present should be discouraged</li></ol>

**REAGENTS and/or MEDIA:**

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

**SUPPLIES:**

- Disposable inoculation needles
- Microscope slides
- Anaerobic jar and pouch
- Wooden sticks

**EQUIPMENT:**

- Biosafety cabinet
- 35° ambient air and 35° CO<sub>2</sub> 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.

**QUALITY CONTROL:**

- Refer to Test Manual for reagent quality control procedures

**PROCEDURE INSTRUCTIONS:**

Step	Action
<b>Processing specimens for deep wound culture</b>	
<b>1</b>	In the biosafety cabinet: <ul style="list-style-type: none"> <li>• Inoculate BA, CHO, CNA, MAC, BRU and KV with the swab</li> <li>• Ensure all surfaces of the swab make contact with the agar</li> <li>• Streak for isolated growth using a disposable inoculation needle</li> <li>• Prepare smear by rolling the swab gently across the slide to avoid destruction of cellular elements and disruption of bacterial arrangements</li> </ul>
<b>2</b>	Incubate all media: <ul style="list-style-type: none"> <li>• Place BA, CHO and CNA in the CO<sub>2</sub> incubator</li> <li>• Place MAC in the O<sub>2</sub> incubator</li> <li>• Place BRU and KV in anaerobic tray with anaerobic pouch and indicator as soon as possible after inoculation. Label jar with day 2 date and place in the O<sub>2</sub> incubator</li> </ul>
<b>3</b>	Allow smear to dry and perform gram stain. Gram stain must be read before culture plates. Refer to MIC20115-Gram Stain Procedure.

<b>Probable Pathogens<sup>^</sup></b>		
<u>GNB Aerobic:</u> <ul style="list-style-type: none"> <li>• <i>Aeromonas</i> spp.</li> <li>• <i>Brucella</i> spp.*+</li> <li>• <i>Chromobacterium</i> spp.</li> <li>• <i>Eikenella corrodens</i></li> <li>• <i>Pasteurella multocida</i></li> <li>• <i>Pseudomonas aeruginosa</i></li> <li>• <i>Salmonella</i> spp.</li> <li>• <i>Shigella</i> spp.</li> <li>• <i>Sphingobacterium</i> spp.</li> <li>• <i>Vibrio</i> spp.</li> <li>• <i>Yersinia</i> spp.</li> </ul>	<u>GNC/CB Aerobic:</u> <ul style="list-style-type: none"> <li>• <i>Francisella tularensis</i>*+</li> <li>• <i>Haemophilus influenzae</i></li> <li>• <i>Kingella kingae</i></li> <li>• <i>Moraxella catarrhalis</i></li> <li>• <i>Neisseria gonorrhoeae</i></li> <li>• <i>Neisseria meningitidis</i></li> </ul>	<u>GPB Aerobic:</u> <ul style="list-style-type: none"> <li>• <i>Bacillus anthracis</i>*+</li> <li>• <i>Bacillus cereus</i></li> <li>• <i>Erysipelothrix</i> spp.</li> <li>• <i>Listeria</i> spp.</li> <li>• <i>Nocardia</i> spp.</li> </ul>
<u>GNB Anaerobic:</u> <ul style="list-style-type: none"> <li>• <i>Bacteroides fragilis</i></li> <li>• <i>Capnocytophaga</i> spp.</li> </ul>	<u>GPC Aerobic:</u> <ul style="list-style-type: none"> <li>• <math>\beta</math>-hemolytic <i>Streptococci</i></li> <li>• <i>Staphylococcus aureus</i></li> <li>• <i>Streptococcus anginosus</i> grp.</li> <li>• <i>Streptococcus pneumoniae</i></li> </ul>	<u>GPB Anaerobic:</u> <ul style="list-style-type: none"> <li>• <i>Actinomyces</i> spp.</li> <li>• <i>Arcanobacterium</i> spp.</li> <li>• <i>Clostridium perfringens</i></li> </ul>
		<u>Others:</u> <ul style="list-style-type: none"> <li>• <i>Candida</i> spp.</li> <li>• Molds</li> </ul>

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Potential Pathogens <sup>^</sup>	Commensal Flora
<ul style="list-style-type: none"> <li>Anaerobes not listed above</li> <li>Enteric GNB not listed above</li> <li>Non-enteric GNB not listed above</li> <li><i>Enterococcus</i> spp.</li> <li><i>Staphylococcus intermedius</i></li> <li><i>Staphylococcus lugdunensis</i></li> <li>Yeasts not listed above</li> </ul>	<ul style="list-style-type: none"> <li><i>Bacillus</i> spp. not listed above</li> <li>Coagulase-negative <i>Staphylococci</i></li> <li><i>Corynebacterium</i> spp.</li> <li><i>Micrococcus</i> spp.</li> <li>Non-pathogenic <i>Neisseria</i> spp.</li> <li>viridans <i>Streptococcus</i> grp.</li> </ul>

\* Risk group 3 organisms. If suspected, refer to MIC40100-Suspect High Risk Organism Workup

+ All work-up should be performed in the BSC

<sup>^</sup> For organisms not listed, consult the Microbiology Technical Supervisor, or refer to the *Manual of Clinical Microbiology*

### INTERPRETATION OF RESULTS:

Step	Action
<b>Interpretation of aerobic growth in deep wound specimens</b>	
<b>1</b>	Ensure growth on culture media correlates with gram stain results. If discordant results are found between the gram stain and growth: <ul style="list-style-type: none"> <li>Re-examine smear and culture plates</li> <li>Check for anaerobic growth</li> <li>Re-incubate media to resolve</li> <li>Consider re-smearing or re-planting specimen</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>Observe BA, CNA and CHO plates at 24 hours, 48 hours, and 72 hours</li> <li>Observe MAC plate at 24 hours and 48 hours</li> </ul>
<b>3</b>	<b>Single morphology growing on plates:</b> <ul style="list-style-type: none"> <li><u>If organism is a probable pathogen:</u> <ul style="list-style-type: none"> <li>Perform and report full identification</li> <li>Perform and report susceptibility testing as per ASTM</li> </ul> </li> <li><u>If organism is a potential pathogen or commensal flora:</u> <ul style="list-style-type: none"> <li>Perform and report full identification</li> <li>Perform and report susceptibility testing if ANY of the following are true:                             <ul style="list-style-type: none"> <li>3 to 4+WBC in the gram stain</li> <li>Clinical diagnosis is infection</li> <li>Patient is immunocompromised</li> <li>Multiple cultures are positive for the same organism</li> </ul> </li> </ul> </li> <li><u>If organism is an anaerobe:</u> <ul style="list-style-type: none"> <li>Refer to "Interpretation of anaerobic growth for deep wound specimens" portion of this procedure</li> </ul> </li> </ul>
<b>4</b>	<b>Multiple morphologies growing on plates:</b> <ul style="list-style-type: none"> <li><u>If organism is a probable pathogen:</u> <ul style="list-style-type: none"> <li>Perform and report full identification</li> <li>Perform and report susceptibility testing as per ASTM</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>• <u>If organism is a potential pathogen:</u> <ul style="list-style-type: none"> <li>➢ Perform minimal identification and list if ANY of the following are true:                             <ul style="list-style-type: none"> <li>○ Moderate to numerous epithelial cells in the gram stain</li> <li>○ No WBC in the gram stain</li> <li>○ No clinical history that indicates infection was provided</li> <li>○ ≥3 organisms growing, excluding probable pathogens</li> </ul> </li> </ul> </li> </ul> <p><b>NOTE:</b> Mixed enteric Gram-negative rods should be reported as mixture of coliform organisms, not reported individually</p> <ul style="list-style-type: none"> <li>➢ If none of the above are true:                             <ul style="list-style-type: none"> <li>○ Perform and report full identification</li> <li>○ Perform and report susceptibility testing as per ASTM if ANY of the following are true:                                     <ul style="list-style-type: none"> <li>❖ 3 to 4+WBC in the gram stain</li> <li>❖ Clinical diagnosis is infection</li> <li>❖ Patient is immunocompromised</li> <li>❖ Multiple cultures are positive for the same organism</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• <u>If organism is commensal flora:</u> <ul style="list-style-type: none"> <li>➢ Perform minimal identification and report as commensal flora</li> </ul> </li> </ul> <p><b>NOTE:</b> Mixed commensal flora should be reported as commensal flora, not reported individually and not reported as mixed</p>

Step	Action
<b>Interpretation of anaerobic growth for deep wound specimens</b>	
<b>1</b>	<ul style="list-style-type: none"> <li>• Observe BRU at 48 hours and 5 days and KV at 48 hours</li> <li>• If anaerobic growth is suspected, perform gram stain. If gram stain resembles growth on aerobic plates, further workup is not indicated. If growth does not resemble growth on aerobic plates, perform aerotolerance test. Refer to MIC53700-Aerotolerance Test</li> </ul> <p><b>NOTE:</b> If specimen is from the neck or above, re-incubate BRU for a total of 10 days</p>
<b>2</b>	<p><b>Single morphology growing on anaerobic plates:</b></p> <ul style="list-style-type: none"> <li>• <u>If growth is same as aerobic growth:</u> <ul style="list-style-type: none"> <li>➢ Re-incubate BRU for anaerobic growth</li> </ul> </li> <li>• <u>If growth does not resemble growth on aerobic plates:</u> <ul style="list-style-type: none"> <li>➢ Perform identification</li> </ul> </li> <li>• <u>If organism is a probable pathogen:</u> <ul style="list-style-type: none"> <li>➢ Report full identification</li> <li>➢ Perform and report susceptibility testing as per ASTM</li> </ul> </li> <li>• <u>If organism is a potential pathogen:</u> <ul style="list-style-type: none"> <li>➢ Report full identification</li> <li>➢ Perform and report susceptibility testing as per ASTM if ANY of the following are true:                             <ul style="list-style-type: none"> <li>○ 3 to 4+WBC in the gram stain</li> <li>○ Clinical diagnosis is infection</li> <li>○ Patient is immunocompromised</li> <li>○ Multiple cultures are positive for the same organism</li> </ul> </li> </ul> </li> </ul>

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<b>3</b>	<p><b>Multiple morphologies growing on anaerobic plates:</b></p> <ul style="list-style-type: none"> <li>• <u>If growth is same as aerobic growth:</u> <ul style="list-style-type: none"> <li>➢ Re-incubate BRU for anaerobic growth</li> </ul> </li> <li>• <u>If 2 anaerobes are isolated with or without aerobic growth:</u> <ul style="list-style-type: none"> <li>➢ List organisms based on gram stain identification</li> </ul> </li> <li>• <u>If &gt;2 anaerobes are isolated with or without aerobic growth:</u> <ul style="list-style-type: none"> <li>➢ Report anaerobes as "Mixture of anaerobic organisms"</li> </ul> </li> </ul>
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**REPORTING INSTRUCTIONS:**

IF	REPORT
No growth after 1 day	<p><b>PRELIM:</b></p> <ul style="list-style-type: none"> <li>• Report: "<b>No Growth after 1 Day</b>"</li> <li>• Report: "<b>Further report to follow</b>"</li> </ul>
No aerobic growth after 3 days and no anaerobic growth	<p><b>INTERIM:</b></p> <ul style="list-style-type: none"> <li>• Report: "<b>No aerobic growth at 3 days</b>"</li> <li>• Report: "<b>@Anaerobic culture to follow</b>"</li> </ul>
Aerobic growth at 2 or 3 days and no anaerobic growth	<p><b>INTERIM:</b></p> <ul style="list-style-type: none"> <li>• Report aerobic growth as per procedure</li> <li>• Report: "<b>@Anaerobic culture to follow</b>"</li> </ul>
No anaerobic growth after 5 days	<p><b>FINAL:</b></p> <ul style="list-style-type: none"> <li>• Report: "<b>No anaerobes isolated after 5 days</b>"</li> </ul>
No anaerobic growth after 5 days and specimen source is neck or above	<p><b>FINAL:</b></p> <ul style="list-style-type: none"> <li>• Report: "<b>No anaerobes isolated after 5 days</b>"</li> <li>• Add test comment }<b>AC10</b></li> </ul>
Growth of probable pathogen	<ul style="list-style-type: none"> <li>• Report organism full identification</li> <li>• List quantitation</li> <li>• Report susceptibility results as per ASTM</li> </ul>
Growth of potential pathogen or commensal flora where full identification is required	<ul style="list-style-type: none"> <li>• Report organism full identification</li> <li>• List quantitation</li> <li>• If indicated by procedure, perform and report susceptibility testing as per ASTM</li> </ul>
Growth of potential pathogens where minimal identification and listing is required	<ul style="list-style-type: none"> <li>• Report the minimal identification (i.e., Gram Negative Bacilli - Lactose Fermenter)</li> <li>• List quantitation</li> </ul>
Growth of commensal flora where minimal identification and listing is required	<ul style="list-style-type: none"> <li>• Report: "<b>Commensal flora</b>"</li> <li>• List quantitation</li> </ul>
Mix of enteric Gram-negative bacilli	<ul style="list-style-type: none"> <li>• Report: "<b>Mixture of coliform organisms</b>"</li> <li>• List quantitation</li> </ul>
Mix of anaerobic organisms	<ul style="list-style-type: none"> <li>• Report: "<b>Mixture of anaerobic organisms</b>"</li> <li>• List quantitation</li> </ul>

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**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 MIC36200-Referral of Category A Specimens to APL for sending category A isolates to APL
- Refer to MIC36300-Referral of Category B Specimens to APL for sending category B isolates to APL

**LIMITATIONS:**

1. The source of the specimen and how contaminated it may be with aerobic flora should influence the number and combination of primary isolation media used.
2. Anaerobic organisms may grow slowly and identification may take considerable time. It is important that the laboratory provide as much information as possible in an expeditious manner, through the use of preliminary reports.
3. Refer to MIC33000-Superficial Wound Culture for aerobic culture limitations.
4. The specimen must be obtained properly and transported to the laboratory in a suitable anaerobic transport container.
5. The technologist must perform aerotolerance testing on each isolate to ensure that it is an anaerobe.
6. A delay in processing of more than 1-2 hours may result in loss of recovery of strict anaerobes and the overgrowth of commensal microbiota.
7. A negative culture does not rule out an anaerobic infection.
8. False-negative cultures can result from contamination of the specimen with commensal microbiota or from prior antimicrobial therapy.
9. Inadequate specimen collection, improper specimen handling and low organism levels in the specimen may yield a false negative result.

**CROSS-REFERENCES:**

- LQM70620-Laboratory Critical Results List-Microbiology
- MIC20115-Gram Stain Procedure
- MIC33000-Superficial Wound Culture
- MIC34100-Body Fluid Culture for fluid specimens
- MIC36100-Nosocomial Infection Notification Job Aid
- MIC36200-Referral of Category A Specimens to APL
- MIC36300-Referral of Category B Specimens to APL
- MIC40100-Suspect High Risk Organism Workup
- MIC53700-Aerotolerance Test

**REFERENCES:**

1. Leber, A. (2016). *Clinical microbiology procedures handbook*. (4<sup>th</sup>ed.) Washington, D.C.: ASM Press
2. 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, 11<sup>th</sup> edition*. Washington, D.C: ASM Press

**APPROVAL:**

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Date

**REVISION HISTORY:**

REVISION	DATE	Description of Change	REQUESTED BY
1.0	28 May18	Initial Release	L. Steven
2.0	01 Feb 21	Procedure reviewed and added to NTHSSA policy template	L. Steven
3.0	27 Feb 23	Procedure reviewed	L. Steven