

Changes to Specimen Collection for Microbiology Tests

Prepared by Lab Medicine and Product Evaluation Committee

Agenda

Changes in specimen collection media used for microbiological testing

eSwab[™]

Why Change? eSwab[™]

Intention by NUH Microbiology Lab to switch from the current Amies Gel Fiber Swab to Liquid Media Flocked Swab and MRSA Kit from the 2nd contractual year onwards.

> The PHIs (NTF, SGH, TTSH) have been using eSwabs since 2017.

- 1. Improve patient care better detection of bacteria
- 2. Prepare for the future to be compatible with new lab technology

What Are The Changes?

2 changes in total:

Change 1: New specimen collection kit for MRSA, Candida auris screening

Change 2: New specimen collection kit for CRE, VRE screen and routine swabs for bacterial culture

Current Method of Collection

Use Amies Transystem for screening of MRSA, C auris VRE, CRE and bacterial culture



New Collection Kit

Change 1





Double e-Swab kit (1 pink and 1 white)

- 1. MRSA screening
- 2. Candida auris screening

!! Swab technique and usage no different, except :

- Swab goes into transport media which contains liquid &
- Screening need 2 swabs and snapping of white stick

Change 2



Single e-Swab kit (1 white)

- 1. CRE
- 2. VRE

3. Bacterial swab culture (e.g. wound, pus, conjunctival, etc.) NOT FOR virology, immunofluorescence (IF), viral PCR

Steps on using new e-Swab: MRSA, Candida auris screening

Step 1: Open packaging & take out the PINK swab, sample the axilla followed by the groin

Step 2: Unscrew cap making sure not to spill the liquid medium.

Step 3: Insert swab completely into liquid medium and gently swirl for 5 seconds.



Step 5: Take the WHITE swab from packaging. Sample both nostrils





Step 6: Unscrew cap. Insert white swab into tube with red breakpoint line aligned to mouth of the tube





Step 7: Break swab into tube



Step 4: Lift swab above liquid medium. Gently roll it against the wall of the tube to drain excess liquid from the swab tip. Discard swab into general waste bin, recap tube.



Step 8: Recap the tube with the white swab inside. Ensure tube is securely capped. Label accordingly before dispatch.



Things to Note







DO NOT cut or leave pink swab in the tube -> discard it

DO NOT cramp 2 e-Swabs into the tube – only white swab in tube

DO NOT spill liquid in tube – needed for testing



DO NOT paste patient identification label over the cap

<u>Remember</u> **Pink** swab for axilla and groin - > discard **White** swab for nose - > break stick and leave inside tube

Steps on using e-Swab for CRE, VRE Screen & Bacterial Swab Culture





- > After sample collection, insert white swab into tube with red breakpoint line aligned to mouth of the tube.
- Break swab at red breakpoint.
- \succ Recap tube with white swab inside.

Key difference compared to current swab : 'essence in the liquid'



Elution = eSwab

Elution of bacterial material from swab into liquid media improved sensitivity in bacterial yield



Therefore :

Do not spill or discard liquid within tube

Correct application of label on e-Swab tube





Apply label *along the length* of the tube





Do not wrap label
around the tube
➢ Scanner unable to read barcode

Patient details can be obscured

Question....

Q : MRSA screening : We now have 2 labels for axilla + groin AND nasal swab, but only one tube. How do we paste these labels?

The lab plans to switch to one label only, but this change will only happen after NGEMR is well established.

In the interim, please paste : one label on the tube and the other on the biohazard bag

* If you can stick the label on the **inner side** of the biohazard bag (<u>and</u> not obscured by the yellow biohazard logo) – even better!



eSwab rollout date across NUH : 11th Oct 2021

Lab will reject samples sent using Amies Transystem M40 6 weeks after implementation date ie. 22nd November 2021

Samples received incorrectly (both white and pink sticks in the tube, or pink stick in the tube) will be rejected 6 weeks after implementation date

Thank you.

