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Request for Comments on UK Standards for Microbiology Investigations (SMIs) Bacteriology document (B 20)

Response from the Institute of Biomedical Science

The Institute of Biomedical Science (IBMS) is the UK professional body for biomedical science. It represents approximately 20,000 members employed mainly in NHS laboratories, NHS Blood and Transplant, Public Health services, private laboratories, research, industry and higher education. In its capacity as a standard setting organisation, and also an HCPC approved education provider, the Institute welcomes the opportunity to contribute to the consultation on the UK SMI bacteriology document B20.

The comments below have been compiled from those made by the members of the IBMS' Specialist Advisory Panel for Medical Microbiology:

Section: Introduction

1. The third paragraph makes reference to the EPIC guidelines in relation to prevention of HCAIs associated with use of central venous catheters. It is suggested that reference (2) is superseded by the updated version of these guidelines which is EPIC3 published in Dec 2013. H.P. Loveday et al. Journal of Hospital Infection 86S1 (2014) S1-S70

2. Also in the third paragraph CR-BSI is briefly discussed. It might be useful to reference this to the Matching Michigan project '*Matching Michigan': a 2-year stepped interventional programme to minimise central venous catheter-blood stream infections in intensive care units in England. BMJ Qual Saf* doi:10.1136/bmjqs-2012-001325

Section: Specimen Transport and Storage

1. The text specifies that 'Specimens should be transported and received in the lab within one working day of collection and processed as soon as possible. Requirements of individual testing labs should be referred to reference 45'.

   Reference 45 depicts DH prevention and treatment of tuberculosis. Is this a correct citation for the IV cannulae SMI?

Section: Specimen processing /procedure

1. Semi-quantitative method
   Page 14, second paragraph, reference 48 dates back to 1977. It is queried whether it is appropriate to quote a reference which is nearly 40yrs old in relation to the measuring criteria to determine if resultant growth is clinically significant i.e. > 15 CFUs.

   In addition, there doesn't appear to be a reference for the suggestion of a higher threshold i.e. >100 CFUs.

General comment

It has been noted that some laboratories receive additional samples which are treated in a very similar way to IV cannulae. For example pacing wires undergo enrichment culture similar to that described in Section 4 Specimen Processing/Procedure. Skin swabs from the entry site of drivelines associated with Ventricular Assist Devices are processed in the same way as swabs from IV access sites. Should these sample types be listed in the introduction or are they covered in other SMIs?