

Microbiology Expert Committee (MEC) Meeting Summary

August 7, 2013

1. Roll Call and Minutes:

Robin Cook, Chair, called the meeting to order at 1:30pm CT. Attendance is recorded in Attachment A – there were 9 members present.

The July 9, 2013 minutes were reviewed. Patsy made a motion to accept the minutes. Donna seconded the motion and it was unanimously approved.

Patsy and Robyn met with Dan Hickman and he will provide some information to help simplify the method codes. Deb also completed her action item on method codes.

2. Standard

Initial Review of the standard: Volume 1, Module 5 (V1M5)

1.7.1. Better calibration examples.

1.7.3.5.a ii2 – Re-verifying media and how long it is good for. Is this something we want to do?

1.7.3.7 – Incubator reads. How often should this be done? There were a number of concerns expressed by the membership in the room. They would like to see the standard in this area changed.

Margo Hunt asked whether it would help for a statement to be added to standard methods that if there are no samples, the incubator does not need to be read.

Silky asked what the DW Manual states (Section 3.4.2). It states that it has to be at least 4 hours apart. It cannot be less time. There are ABs that consider the incubator is in use if it is turned on. It was asked if the standard can define what “in use” means.

Margo asked if a continuous monitoring thermometer could be used. The labs present felt it was not affordable to do this. Others can use a maximum monitoring thermometer, but this doesn't work for temperature drops.

“In Use” is defined in Quality Systems, so any changes need to be worked on with that committee. “In Use” should not mean when it is turned in. Silky commented that the intent of the language was to help with this issue.

Po noted that they will accept a min/max thermometer. The question is whether other ABs would be willing to do the same thing.

The committee would like to send in a SIR to determine what “In Use” is. Deb will prepare some language for this. Silky noted that it would be helpful to have language in Module 2 that would apply when a method is only used part of the year – you should not have to do all the maintenance QC during the time the method is not being used. A laboratory would, however, have to perform all necessary QC prior recommencing with method.

It was also proposed that Deb look at the possibility of changing language to “when in use”. Add a few lines to point out that this is not what is in the DW Manual. This might help avoid confusion.

Section on Sterilization of Ovens and Autoclaves: Need to review use of indicator tape. There is an inconsistency. Is there something that would work for an oven? Need to look at intended purpose.

V1M2: Section 1.7.5 b)

The intent was to reduce the checks if all the items in this section are adhered to. Elizabeth and Colin feel this is a waste of time. What is the chance of finding an issue with this frequency?

Po gave some examples where there were issues that would not have been found if chlorine checks were not done. He feels the checks help protect public health.

A lab member noted that the checks introduce contamination into the sample and it is a paperwork nightmare to track whether you have checked 1 sample for each client each month. The manufacturer checks the bottle, the operator checks it and now the lab is also checking it. There are multiple checks – unlike in Chemistry section. Is this really necessary?

The language looked at should consider the history of a client and look at the level of trust that people do what they are supposed to be doing.

Elizabeth will work on language and then it will be reviewed through the standard update process.

There was discussion on creating a guidance document on performing chlorine checks.

Cryptosporidium

Deb Waller will chair a subcommittee that can take a lead on Cryptosporidium. Patsy mentioned that the methods have a plethora of QC in the methods, so what is in the

standard should work fine. The result of this committee may be a guidance document. Deb noted that the two biggest issues she has seen in labs she has audited for *Cryptosporidium* are: Track origin of reagents and final reports require time of analysis if there are holding times of less than 72 hours.

Suggestions were made for additional people that would have interest in helping with this subcommittee.

(Added Note: Ilona forwarded this to Jerry Parr and Lynn Bradley. They attended a special Cryptosporidium meeting in San Antonio and she wanted them to be aware of actions being taken by this committee.)

Viruses

Need to be sure we are taking regulated and non-regulated methods into consideration when reviewing and updating the standard.

Comments from Audience

- Michael Perry asked for some clarification on the chlorine issue.
- There is a difference between frequency in volume check between Module 2 –Section 5.5.13 (quarterly) and Module 5 (1.7.3.7). Silky thinks this needs to go back to Quality Systems. She will speak with Paul Junio. It appears that some language has been dropped from 2003 that is now confusing the issue.
- Ready to Use Media: Mary asked about the issue of recertifying media. Patsy pointed out that there is a difference between ready to use media and freshly made media. Deb asked why the standard makes a distinction.

Patsy thinks expiration dates should be honored. How do you really recertify? Others would like to see a guidance document on extending the shelf life of ready to use media. Colin has volunteered to look into this.

3. Action Items

A summary of action items can be found in Attachment B.

4. New Business

Continue to review the standard and look for opportunities for improvement.

5. Next Meeting and Close

The next meeting will be scheduled by e-mail.

A summary of action items and backburner/reminder items can be found in Attachment B and C.

A motion to dismiss the meeting was made by Deb. The motion was seconded by Elizabeth and unanimously approved. The meeting ended at 4:45pm CT.

Attachment A
Participants
Microbiology Expert Committee (MEC)

Members	Affiliation	Balance	Contact Information	
Robin Cook (Chair) Present	City of Daytona Beach EML	Lab	(386)671-8885	cookr@codb.us
Patsy Root (Vice-chair) Present	IDEXX Laboratories, Inc	Other	(207)556-8947	patsy-root@idexx.com
Karla Ziegelmann- Fjeld Absent	Microbiologics, Inc	Other		kfjeld@microbiologics.com
Donna Ruokonen Present	Microbac Laboratories, Inc	Lab	(219)769-8378 Ext 110	druokonen@microbac.com
Colin Fricker Present	Analytical Services, Inc	Lab		colinfricker@aol.com
Deb Waller Present	NJ DEP	AB	(609)984-7732	debra.waller@dep.state.nj.us
Dwayne Burkholder Present - Phone	Pennsylvania DEP	AB	(717)346-8213	dburkholde@pa.gov
Mary Robinson Present - Phone	Indiana State DOH	AB	(317)921-5523	mrobinson@isdh.in.gov
Elizabeth Turner Present	North Texas Municipal Water District	Lab	(972)442-5405 Ext 535	eturner@ntmwd.com
Po Chang Present	Texas Commission on Environmental Quality	AB	(512)239-4876	Po.chang@tceq.texas.gov
Ilona Taunton (Program Administrator) Present	The NELAC Institute	n/a	(828)712-9242	ilona.taunton@nelac-institute.org

Attachment B

Action Items – MEC

	Action Item	Who	Expected Completion	Actual Completion
1	Review Method Codes and send comments to Robin for Dan Hickman.	Deb	TBD	
4	Review Handbook and Method Codes before next meeting.	ALL	5/7/13	Continue to July meeting.
8	Send updated DRAFT Handbook to Committee members for final review.	Robin	7/10/13	Complete
9	Comment on DRAFT Handbook and send comments to Robin.	ALL	7/19/13	Complete
10	Update language regarding chlorine checks in V1M2: Section 1.7.5 b).	Elizabeth	Next Meeting	
11	The issue of how to recertify media will be looked at by Colin.	Colin	Update Next Meeting	
12				

