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Sent: Friday, November 15, 2013 11:34 AM
To: DSS_Licensing
Subject: BLOOD GLUCOSE MONITORING: CURRENT UPDATE FOR PROVIDERS AND STAFF

The attached file is being sent to providers of assisted living facilities from the Virginia Department of Social Services Email Distribution Service.

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BLOOD GLUCOSE MONITORING: CURRENT UPDATE FOR PROVIDERS AND STAFF

CRITICAL ALERT

Dear providers,

The Division has identified another instance of potential exposure to bloodborne pathogens (Hepatitis B and C, HIV and others) in one of our facilities. The local health department and Healthcare-Associated Infections Program staff at the state health department have been notified and will be coordinating with the facility to assure that appropriate testing and staff re-training occurs. It is critical that you follow current CDC guidance to ensure no other residents or staff persons are placed at risk.

This is an update of information you have previously received related to infection control and blood glucose monitoring (BGM) procedures in your facilities. The CDC revised their recommendations for blood glucose monitoring procedures which we distributed via mass email over a year ago. Since that time, those recommendations have been incorporated into the revised Medication Aide Curriculum for Registered Medication Aides approved by the Board of Nursing.

To ensure that everyone is clear on current acceptable practice, we are re-issuing the guidance from the CDC. In summary, *the only time multiuse fingerstick devices may be used is if the resident is totally independent in all aspects of BGM and no assistance is provided by staff. In all other situations single use, auto-retractable disposable fingerstick devices must be used.* Please review the attachments and ensure you are compliant with these recommendations. If you have not already done so, your Infection Control Policy should be updated accordingly and staff should be informed and trained.

Medicare and Medicaid will cover the cost of the disposable supplies although items should be ordered through an approved supplier to ensure no additional co-pay is incurred. Inspectors will be checking your supplies and your procedures for BGM and non-compliance will be cited. Please ensure that your current practice is consistent with this guidance.

Thank you.

Lynne Williams
Division Director
Division of Licensing Programs

SCROLL DOWN TO VIEW ATTACHMENT

CDC CLINICAL REMINDER

Use of Fingerstick Devices on More than One Person Poses Risk for Transmitting Bloodborne Pathogens

Summary: The Centers for Disease Control and Prevention (CDC) has become increasingly concerned about the risks for transmitting hepatitis B virus (HBV) and other bloodborne pathogens to persons undergoing fingerstick procedures for blood sampling -- for instance, persons with diabetes who require assistance monitoring their blood glucose levels. Reports of HBV infection outbreaks linked to diabetes care have been increasing^{1,2,3}. This notice serves as a reminder that fingerstick devices should never be used for more than one person.

Background

Fingerstick devices are devices that are used to prick the skin and obtain drops of blood for testing. There are two main types of fingerstick devices: those that are designed for reuse on a single person and those that are disposable and for single-use.

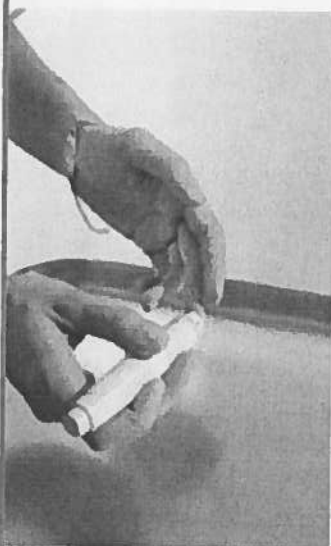


Figure 1: Reusable fingerstick devices*

- **Reusable Devices:** These devices often resemble a pen and have the means to remove and replace the lancet after each use, allowing the device to be used more than once (see Figure 1). Due to difficulties with cleaning and disinfection after use and their link to numerous outbreaks, CDC recommends that these devices never be used for more than one person. If these devices are used, it should only be by individual persons using these devices for self-monitoring of blood glucose.
- **Single-use, auto-disabling fingerstick devices:** These are devices that are disposable and prevent reuse through an auto-disabling feature (see Figure 2). In settings where assisted monitoring of blood glucose is performed, single-use, auto-disabling fingerstick devices should be used.



Figure 2: Single-use, disposable fingerstick devices*

The shared use of fingerstick devices is one of the common root causes of exposure and infection in settings such as long-term care (LTC) facilities, where multiple persons require assistance with blood glucose monitoring. Risk for transmission of bloodborne pathogens is not limited to LTC settings but can exist anywhere multiple persons are undergoing fingerstick procedures for blood sampling. For example, at a health fair in New Mexico earlier this year, dozens of attendees were potentially exposed to bloodborne pathogens when fingerstick devices were reused to conduct diabetes screening.

Recommendations

Anyone performing fingerstick procedures should review the following recommendations to ensure that they are not placing persons in their care at risk for infection.

- Fingerstick devices should **never** be used for more than one person.
- Auto-disabling **single-use** fingerstick devices should be used for assisted monitoring of blood glucose.

These recommendations apply not only to licensed healthcare facilities but also to any setting where fingerstick procedures are performed, including assisted living or residential care facilities, skilled nursing facilities, clinics, health fairs, shelters, detention facilities, senior centers, schools, and camps. Protection from infections, including bloodborne pathogens, is a basic requirement and expectation anywhere healthcare is provided.

Additional information is available at:

<http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

<http://www.cdc.gov/hepatitis/Settings/GlucoseMonitoring.htm>

<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm224025.htm>

References

1. Centers for Disease Control and Prevention. Transmission of hepatitis B virus among persons undergoing blood glucose monitoring in long-term-care facilities – Mississippi, North Carolina, and Los Angeles County, California, 2003-2004. *MMWR* 2005;54:220-223.
2. Patel AS, White-Comstock MB, Woolard D, Perz JF. Infection Control Practices in Assisted Living Facilities: A Response to Hepatitis B Virus Infection Outbreaks. *ICHE* 2009;30(3):209-214.
3. Thompson ND, Perz JF. Eliminating the Blood: Ongoing Outbreaks of Hepatitis B Virus Infection and the Need for Innovative Glucose Monitoring Technologies. *J Diabetes Sci Technol* 2009;3(2):283-288

* **Disclaimer:** Images provided on this page are examples only and do not represent an endorsement by the Centers for Disease Control and Prevention.