

Long-Term Care Survey Alert

Infection Control: Unsafe Injection Practices Can Lead To A Painful Dose Of Survey Consequences

CDC outlines infection control breaches to watch out for.

Beware: Improper injection practices can transmit blood-borne infection to patients, including HIV, hepatitis B and C -- even malaria, warned the **Centers for Disease Control & Prevention** in a recent Webinar on the subject. These never events are on the agency's radar screen and can quickly net a nursing facility an immediate-jeopardy citation from surveyors.

Outbreaks of infection are occurring across the spectrum, including long-term care and home health care, warned the CDC's **Joseph Perz, DrPH, MA**, in the audio presentation.

Indirect contact transmission can occur in a number of ways, including:

- Hands of healthcare personnel;
- Patient care devices (e.g., glucometers);
- Instruments, such as endoscopes, that haven't been properly reprocessed;
- Medications and injection equipment.

Nail Down These Basics

Perz suggested healthcare providers follow these key safe injection practices:

- Use aseptic technique to avoid contaminating sterile injection equipment.
- Use single-dose vials for parenteral medications whenever possible.
- Do not keep multidose vials in the immediate patient treatment area. Store them in accordance with the manufacturer's recommendations. Discard them if you think their sterility has been compromised or is questionable.
- Remember that needles, cannulae and syringes are sterile, single-use items. Never reuse them for another patient or to access a medication or solution that might be used for a subsequent patient.
- Do not use bags or bottles of intravenous solutions as a common source of supply for multiple patients. Perz told how one oncology clinic nurse transmitted hepatitis C to numerous patients by drawing saline flushes from the same bag. The nurse used a different needle for each patient in performing the flush, but would draw blood through the patient's IV line first before obtaining saline from the communal bag.

Double-check injection preparation areas: The CDC presentation included a picture of an injection preparation table with an open multi-dose vial on one side and used injection equipment on the other side. The table presented a lot of potential for blood contamination to carry over and expose the next patient -- and opportunity for bacterial growth to occur, cautioned Perz.

Correct practice: Draw up medications in a designated "clean" medication preparation area, the CDC directs. In

general, keep separate any items that could have come in contact with blood or body fluids.

Heads-up on glucometers: The CDC has seen hepatitis B transmission in long-term care settings due to staff reusing the same fingerstick device for different patients, failing to clean glucometers -- and other infection control breaches, according to Perz. CDC has reported that hepatitis B can survive for up to a week in dried blood on instruments or environmental surfaces, according to the **North Carolina Statewide Program for Infection Control and Epidemiology** (SPICE).

Cool tools: Error-proof your infection control practices involving glucometers. See the Clip and Save on page 54 of this issue. Also download an explanation of how to clean glucometers from the SPICE program at <http://www.unc.edu/depts/spice/glucometer.pdf>.

IJ reminder: Surveyors can cite immediate jeopardy when there's only the potential for serious harm to residents. Say your facility has a spike in infection-control issues. If the surveyors note a consistent concern with failure in handwashing, that may be a significant trigger for them to call immediate jeopardy, cautions **Joan Redden**, VP of regulatory and consumer affairs for **Skilled Health Care Inc.** in Foothill Ranch, CA.