

Infection Prevention Office Hours

5/12/2023



LONG TERM
CARE RESOURCE
COLLABORATIVE

SOUTH CENTRAL
LTC RISE

AGENDA

- **Overview of Medication/Injection Safety**
- **“One and Only” Campaign**
- **DOs and DON'Ts of Safe Injection Practice**
- **Medication Storage and Handling**
- **Glucometers**
- **Staff Safety**

MEDICATION/INJECTION SAFETY- AN OVERVIEW

- **What is it?**

- Proper use and handling of supplies for administering injections or infusions
- Proper handling of medications

- **Why is it important?**

- To prevent transmission of infectious diseases from one resident to another or to the clinical staff
- Reuse of needles/syringes, IV bags for flushes, unclean equipment, and shared medications have resulted in serious outbreaks
- The safety of your residents is paramount



“ONE AND ONLY” CAMPAIGN



- CDC’s campaign launched in 2019 to bring awareness to unsafe injection practices that resulted from improper use of single and multi-dose vials

<https://www.cdc.gov/injectionsafety/one-and-only.html>

SAFE INJECTION PRACTICES- THE “DOS”

- Use aseptic technique when preparing and administering medications
- Use a new needle and syringe for every injection
- Clean the diaphragm with alcohol before accessing (*even if it's a new vial*)
- Single use vials are preferable but multi-dose vials may also used
 - Dedicate multi-dose vials to one resident (*whenever possible*)
 - Do not leave a needle in a multi-dose vial to draw up additional medication for the resident OR for another resident (*even if you change syringes*)
 - Date multi-use vials
 - What is the recommended discard date?
 - Clearly label the vial with the open and discard date
 - Discard any time there is a question/risk of contamination (*when in doubt, throw it out*)
- Dispose of sharps in a sharp-proof container as close to resident as possible



SAFE INJECTION PRACTICES- THE “DON'TS”

- Do not use IV solution bags and administration sets for more than one resident
- Never re-use syringes for multiple residents, even if the needle was changed
- Do not use single-dose or single-use medications for more than one resident
(and do not combine leftover contents for later)
- Do not use saline IV bags to “pull” flushes. Preferably, use commercially manufactured or pre-filled syringes prepared by pharmacy
- Do not prepare or store multi-dose medications in a resident’s room; prepare in a clean medication preparation area



MEDICATION STORAGE AND HANDLING

- Store all medications in accordance with manufacturer's instructions (*e.g., shelf-life, temperature*)
- Have a process to check expiration dates both before and after opening a vial
- Store medications that require refrigeration in a dedicated, labeled refrigerator that meets requirements for such storage (*e.g., thermostat control, separate exterior door for refrigerator and freezer compartments*)
- Medications should not be stored on the door of the refrigerator as temperatures fluctuate on opening and closing the refrigerator
- Designate personnel to maintain the temperature log
- Have a plan in the event of a power outage and know your facility policy if pertinent temperatures are out of range (*e.g. a medication refrigerator*)

GLUCOMETERS

- Multiple outbreaks have been linked to contaminated lancet devices
- Lancet pens, as well as insulin pens, should be single-use only
- Always wear gloves to perform testing and clean your hands after
- Always clean the device per manufacturer's directions, after every use
- Consider IPC audits for cleanliness of high risk equipment, such as glucometers





STAFF SAFETY

- OSHA standards (bloodborne pathogen and PPE) require employers to protect workers from occupational exposure to infectious agents.
- Staff should utilize PPE when appropriate per standard precautions
 - **Per CDC: “Adhere to federal and state requirements for protection of healthcare personnel from exposure to bloodborne pathogens”**
 - Gloves- when anticipating contact with blood or other possible infectious material/secretions
 - Gown- when anticipating skin and clothing contact with blood or other possible infectious material/secretions
 - Surgical Mask- for lumbar punctures
 - Eye protection- when anticipating splashes or sprays of blood or other possible infectious material/secretions
- One of the best resources for staff safety = knowledge (*Educate! Evaluate! Reeducate!*)





Let's Discuss!

Remember - The Best Learning We Do is from Each Other!

- **What are your Facility Practices/Protocols?**
- **What are your Successes?**
- **What are your Challenges?**
- **Do you have any Questions or Topic Suggestions?**



References and Helpful Resources

- **CDC One and Only Campaign**
[Protect Patients Against Preventable Harm from Improper Use of Single–Dose/Single–Use Vials | Injection Safety | CDC](#)
- **Infection Prevention during Blood Glucose Monitoring and Insulin Administration**
<http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.htm>
- **CDC Safe Injection Practices to Prevent Transmission of Infections to Patients**
https://www.cdc.gov/injectionsafety/ip07_standardprecaution.html#anchor_1556196842
- **OSHA** <https://www.osha.gov/bloodborne-pathogens/worker-protections>