

# PDPH/LTCF Conference Call – Friday, 12/1/23

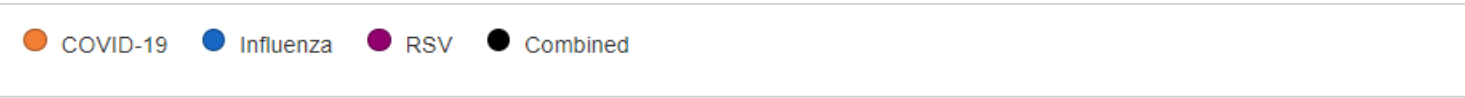
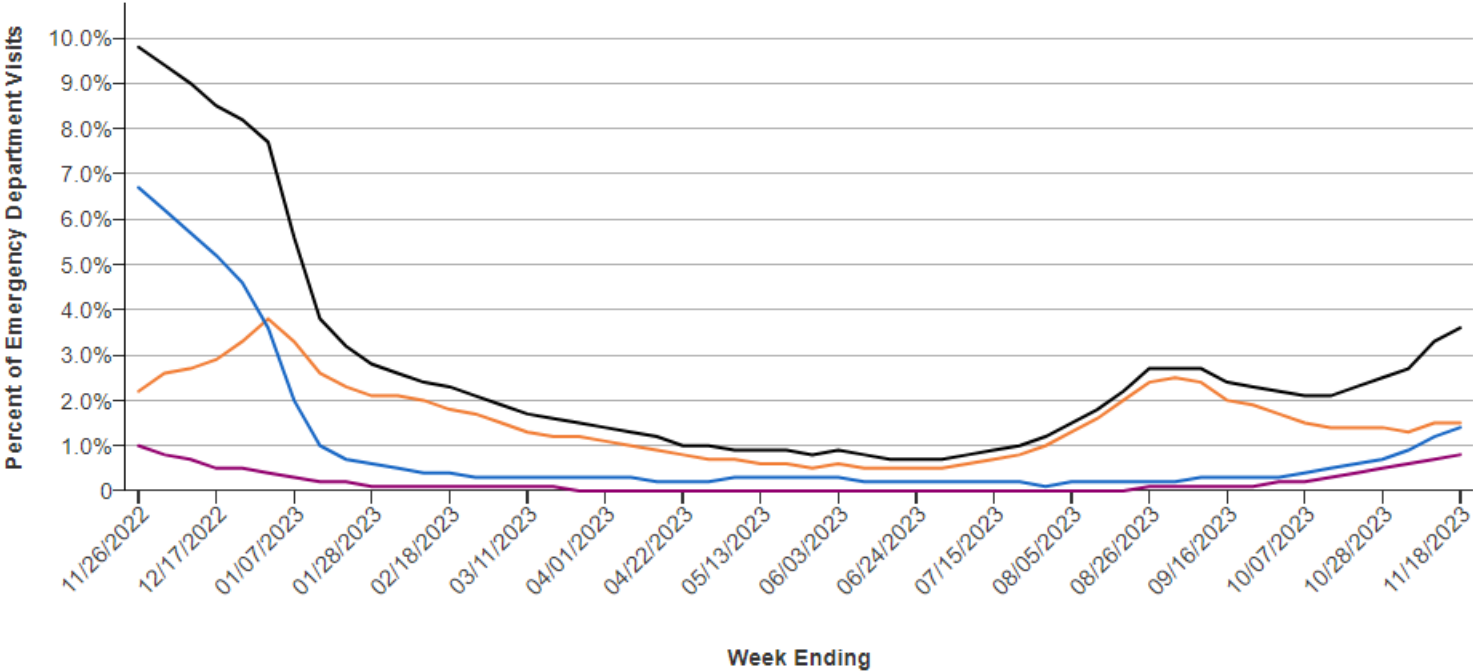
## Agenda

- Respiratory Virus Surveillance Update
- Response to Seasonal Gastrointestinal Illness in LTCFs
- Resources and Services
  - LTC-CIP Sponsorship Opportunities
  - APIC Membership
  - ICAR Program with APIC Consulting Services
  - Antibiotic Stewardship Resources from PDPH
- Give Your Best Shot: Injection Safety Presentation

# Respiratory Illness Activity, US and Pennsylvania

State/Territory

United States

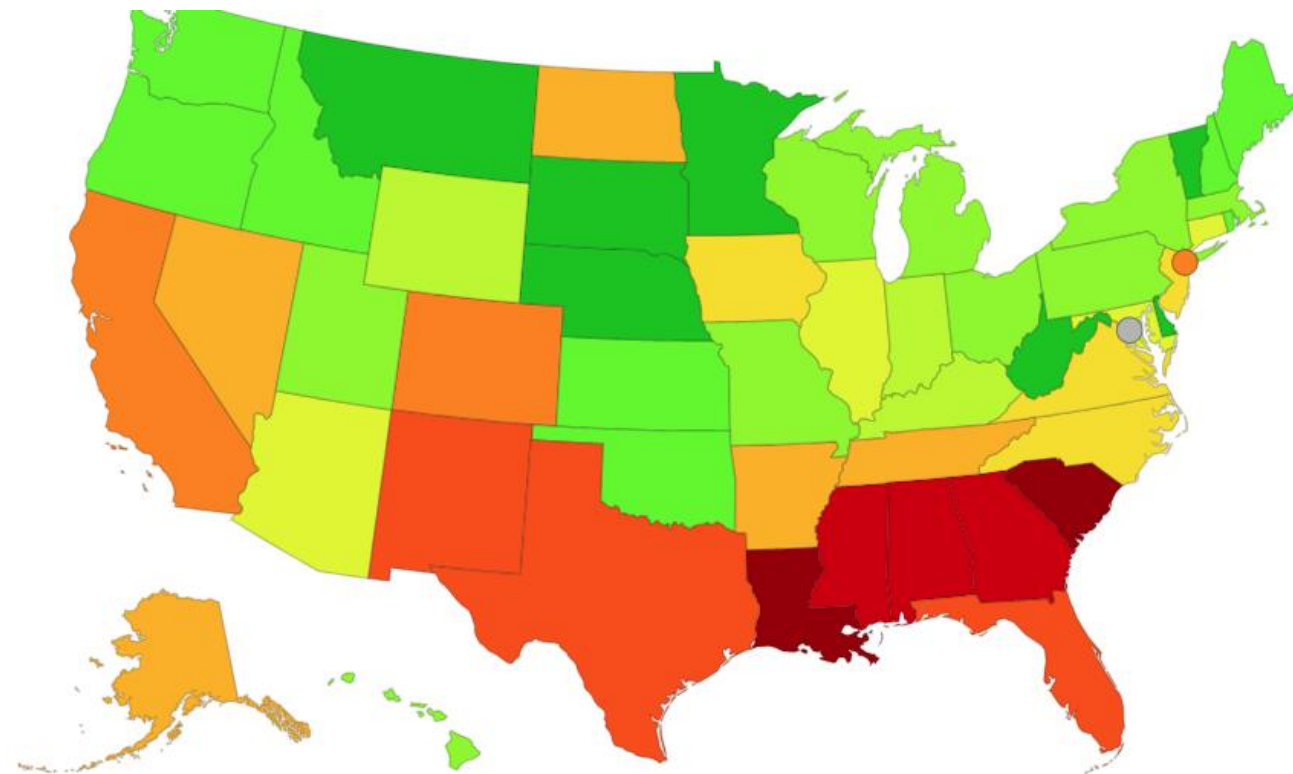


Data presented through: 11/18/2023; Data as of: 11/22/2023

## Percent of Total ED visits End Date of Week: 11/18/23

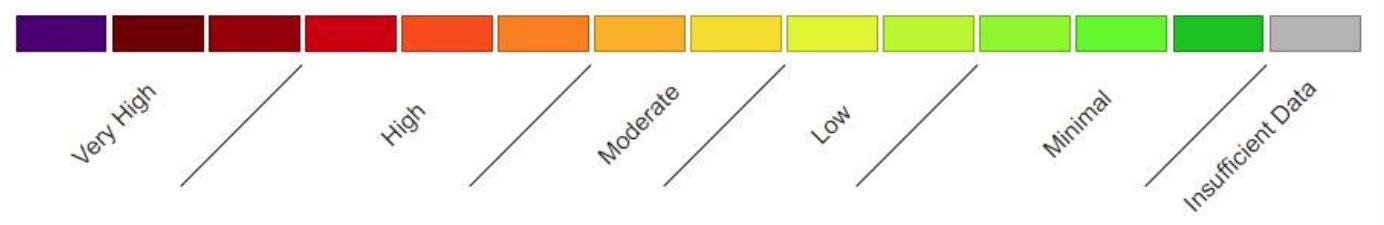
Resp. Virus	USA (%)	PA (%)
COVID	1.5	1.6
Flu	1.4	0.3
RSV	0.8	0.7
Combined	3.6	2.5

# Respiratory Illness Activity, United States



Territories **PR** **VI**

Respiratory Illness Activity Level



# COVID-19, United States

## COVID-19 Update for the United States

### Early Indicators

#### Test Positivity >

% Test Positivity

**8.2%**

(November 12 to November 18, 2023)

Trend in % Test Positivity

**-1.7%** in most recent week



Sep 30, 2023      Nov 18, 2023

#### Emergency Department Visits >

% Diagnosed as COVID-19

**1.5%**

(November 12 to November 18, 2023)

Trend in % Emergency Department Visits

**+1.8%** in most recent week



Sep 30, 2023      Nov 18, 2023

### Severity Indicators

#### Hospitalizations >

Hospital Admissions

**18,119**

(November 12 to November 18, 2023)

Trend in Hospital Admissions

**+9.7%** in most recent week



Sep 30, 2023      Nov 18, 2023

#### Deaths >

% of All Deaths in U.S. Due to COVID-19

**2.6%**

(November 12 to November 18, 2023)

Trend in % COVID-19 Deaths

**+8.3%** in most recent week



Sep 30, 2023      Nov 18, 2023

These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

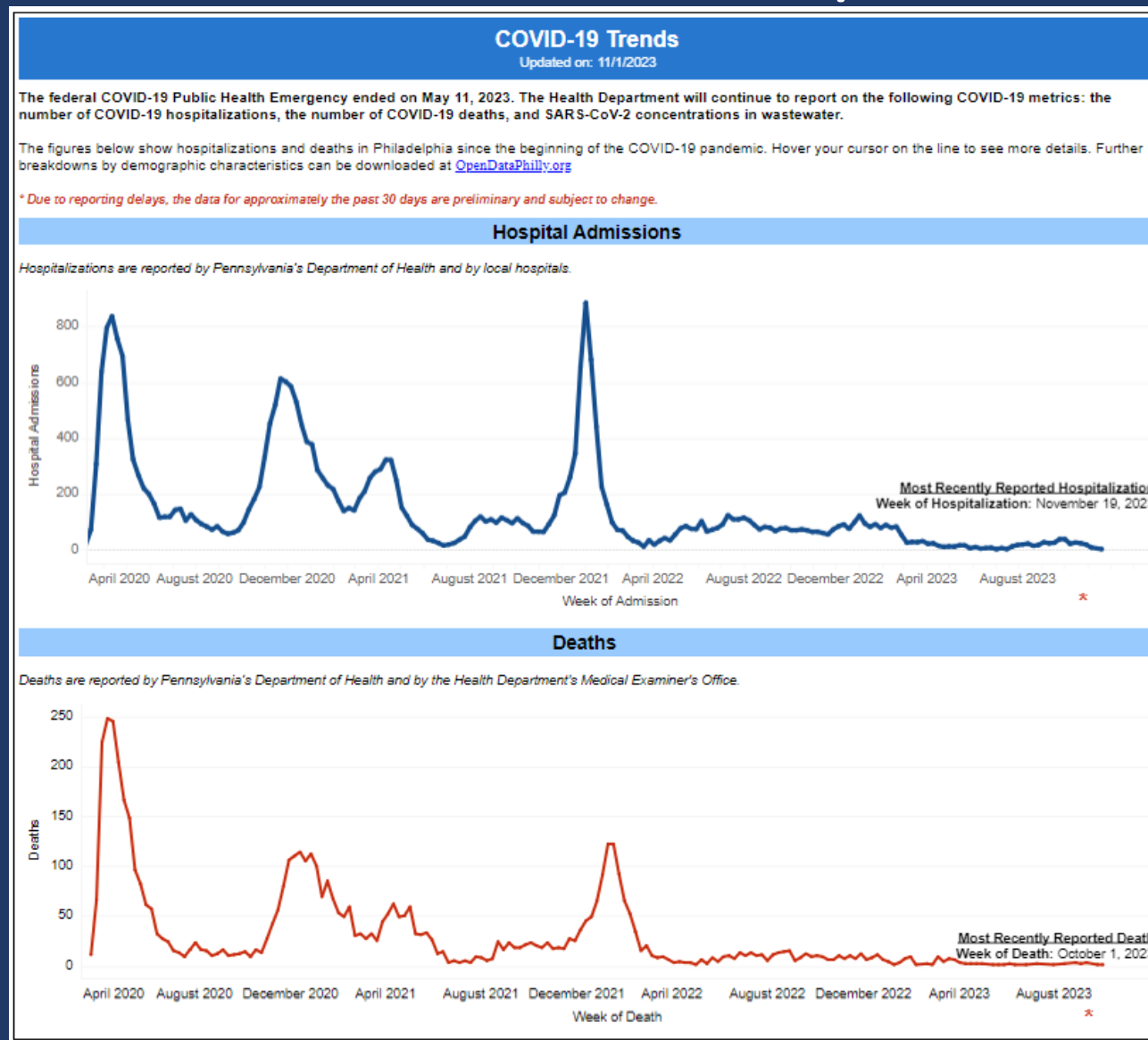
Total Hospitalizations

**6,502,997**

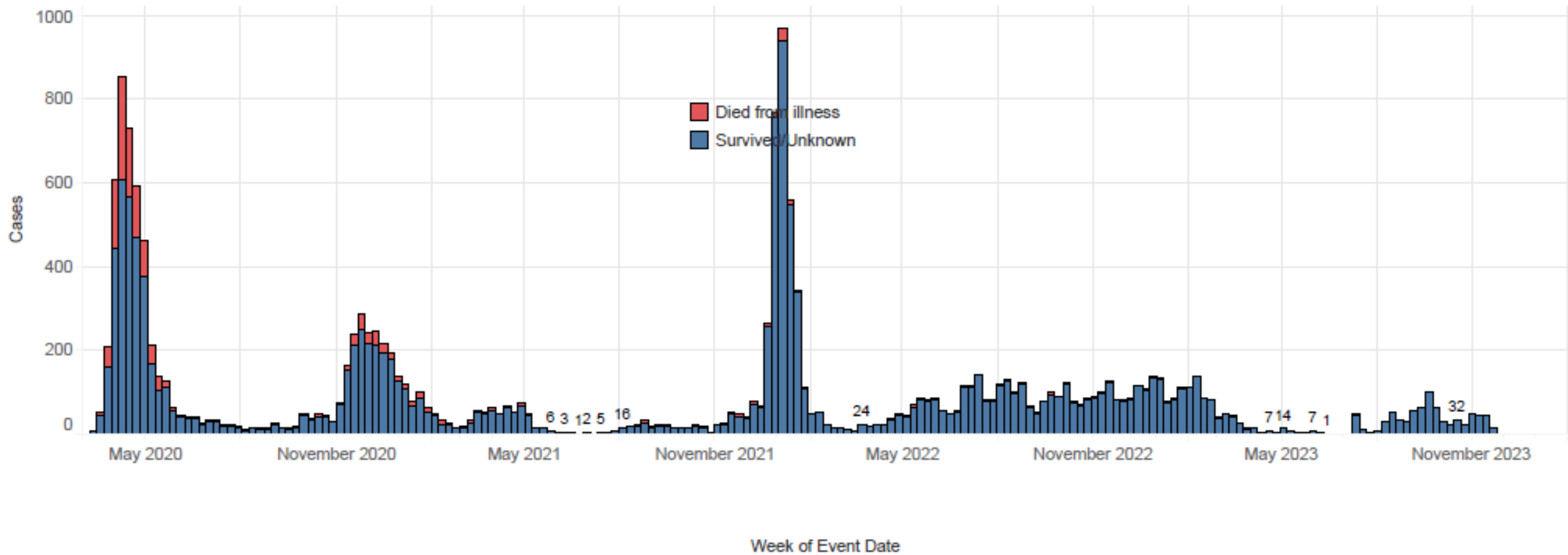
Total Deaths

**1,155,145**

# COVID-19, Philadelphia



**Licensed Long Term Care Facility Epi. Curve**  
 \*All Cases (Confirmed & Probable) for Facility Type LTCF  
 \*Includes Staff who could live out of jurisdiction  
 Updated: 11/28/2023



# Response to Seasonal GI Illness in LTCFs

---

LONG TERM CARE FACILITY COLLABORATIVE CALL

DECEMBER 1, 2023



# 2023-2024 GI Illness Season

---

Surveillance data suggest a start of seasonal GI illness activities

- Increases in ED visits for GI illness seen in the past few weeks
- Reports of confirmed and suspected norovirus/GI illness from childcare facilities/schools
- Historically January-April most common months for GI illness outbreaks reported in LTCFs



# GI Illness Cluster/Outbreak Reporting

---

## Definition

- At least 3 patients/residents in a facility who are experiencing symptoms within a 48-hour period

## Report to PDPH:

- Notify your facility's Outbreak Coordinator or HAI/AR IP contact
- Call 215-685-6741 during business hours

## PDPH Support

- Line list for tracking cases
- Infection control guidance and incorporating COVID-19 precautions
- Access to diagnostic testing

# Diagnostic Testing

---

PDPH can facilitate pickup and lab testing of stool samples

- Specimens should be labeled with name, DOB, and collection date
- Ideal specimen number per outbreak is ~5
- Specimens will be tested using a multiplex GI panel

# Norovirus/Unspecified GI Illness Clusters/Outbreaks Infection Control Checklist

---

1. Inform PDPH within 24 hours of outbreak recognition.
2. Staff, residents and visitors should wash hands vigorously with soap and warm water for at least 20 seconds before and after all contact—do not rely exclusively on alcohol-based hand sanitizers.
3. Contact precautions should be used for any symptomatic residents. Precaution signs should be hung on doors of those affected by the virus.
4. Restrict ill patients to private rooms when possible. Observe contact isolation precautions.
5. Maintain line list: Monitor for ill staff and patients. Continue for 1 week after last case onset.
6. Collect specimens from at least 5 individuals to confirm outbreak etiology. Stool should be collected within 48-72 hours of symptom onset. Specimens should be clearly labeled and stored in a refrigerator (4°C). PDPH can assist with laboratory testing.
7. Exclude ill staff until minimum 48 hours after last symptom. If transmission continues in the facility, screen employees who have been exposed and potentially incubating infection, to ensure rapid exclusion if symptoms develop.
8. Persons cleaning areas that are heavily contaminated with vomitus or feces should wear gowns, gloves and surgical masks.

# Norovirus/Unspecified GI Illness Clusters/Outbreaks Infection Control Checklist Continued

---

9. All vomitus and fecal spillages must be promptly and carefully cleaned so that aerosols are minimized. PDPH will provide more detailed norovirus cleaning guidelines for additional information.
10. Routine unit, bathroom and toilet cleaning should occur with increased frequency, especially common- use bathrooms. A chlorine-based or other appropriate disinfectant should be used for non-porous surfaces.
11. Review food service/disinfection practices. Pay attention to staff hand washing and ice machines.
12. Restrict admissions and transfers until outbreak is over (no new cases for at least 96 hours).
13. Limit staff from moving between affected and unaffected units and assign staff to work on the same units as consistently as possible until the outbreak has resolved. If feasible, maintain the same staff-to-resident assignments. Exclude any nonessential personnel from affected units.
14. Post notice for visitors: Restrict visitors to a single entry point, and monitor compliance with contact isolation precautions.
15. Cancel group activities and serve meals in rooms until 96 hours after symptoms of last case resolve.
16. Educate staff and post signage around building reminding of precautions against the spread of disease.
17. Notify receiving acute care facility if residents need to be transferred.

# Resources

---

CDC Video: Clean Up After Someone with Norovirus Vomits or has Diarrhea

- <https://www.youtube.com/watch?v=TAKH4jakLYA>

CDC Interactive Infection Control Challenge: Diarrhea Dilemma

- <https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/interactive-Diarrhea-Dilemma.html>

EPA List G: Antimicrobial Products Registered with EPA for Claims Against Norovirus

- <https://www.epa.gov/pesticide-registration/list-g-antimicrobial-products-registered-epa-claims-against-norovirus-feline>

# Questions?

[Yvette.Khachadourian@phila.gov](mailto:Yvette.Khachadourian@phila.gov)

---



Department of  
**Public Health**

CITY OF PHILADELPHIA

**Sponsorship Opportunities, APIC Membership & ICAR Program**

# NEW Sponsorship Opportunities

- PDPH is offering resources to help long-term care Infection Preventionists obtain certification (LTC-CIP) through APIC and CBIC
- Eligibility:
  - Employed by a Philadelphia long-term care facility
  - Completed post-secondary education in a health-related field\*

*\*including but not limited to medicine, nursing, laboratory technology, public health, or biology. Post-secondary includes public or private universities, colleges, community colleges etc.*



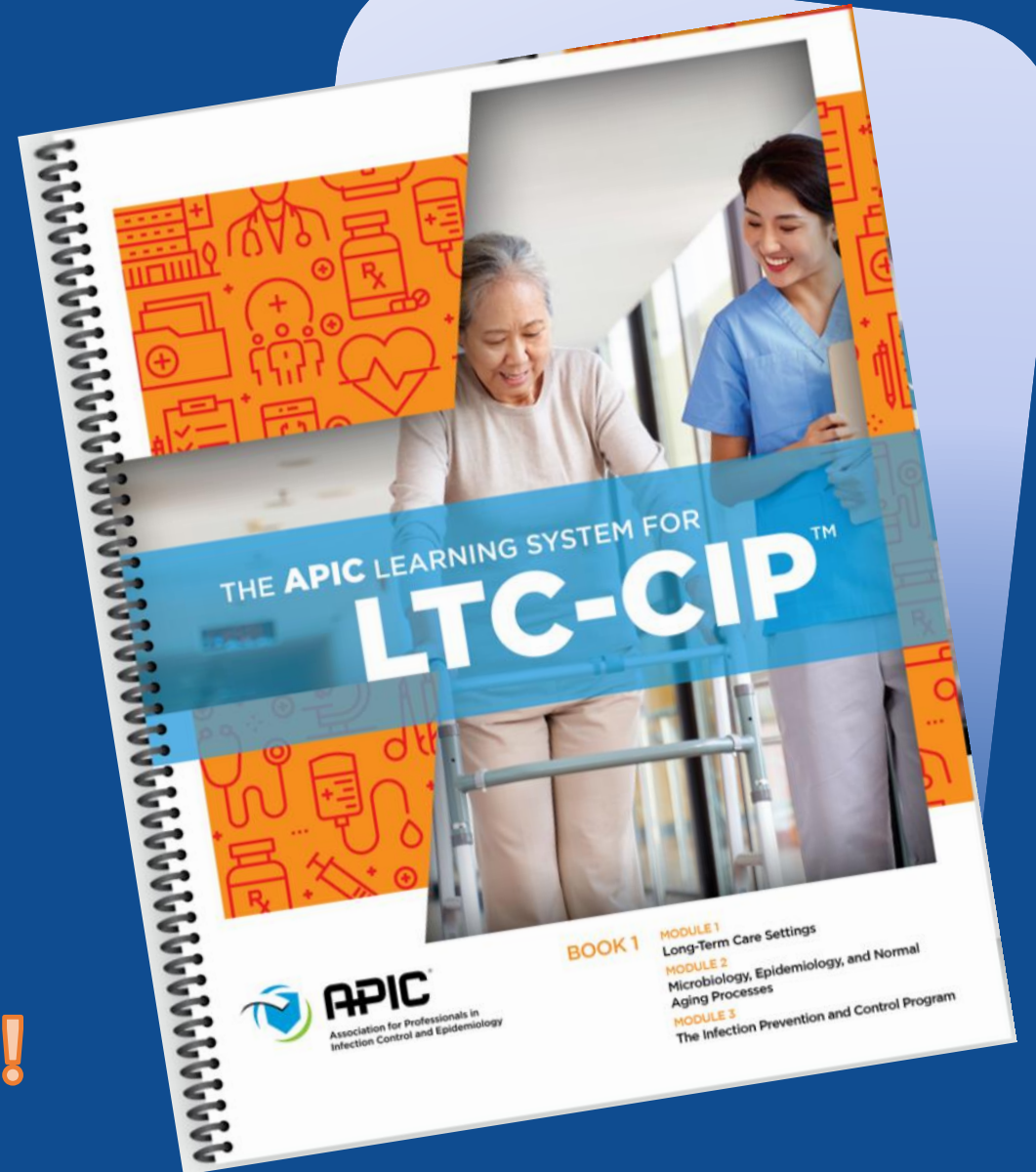


# LTC-CIP Prep Course

Self - Study Option

- ✓ Online access to the APIC Learning System for 1 year
- ✓ Learning modules
- ✓ Practice Questions
- ✓ Flashcards
- ✓ Flexible & on-demand format

**Over \$695 in value!**





# LTC-CIP Exam

## PDPH Scholarship

Enhance your career with certification:

- ✓ All application & exam fees included
- ✓ The exam:
  - ✓ 150 multiple choice questions
  - ✓ 180 minutes
  - ✓ Test remotely or in-person
- ✓ Additional exams are NOT covered



**Over \$400 in value!**

# Interested? Email Us

- Email [HAI.PDPH@phila.gov](mailto:HAI.PDPH@phila.gov)
    - Include which programs you are interested in, name, credentials, employer, and proof of employment\*
- \*Proof of employment may include a letter or email from facility leadership or human resources confirming your role as an IP*

**LIMITED TIME OFFER  
THROUGH APRIL 2024**



# APIC Membership

For SNF Infection Preventionists

## Connecting LTCF IPs to a professional organization offers:

- Online educational resources
- Online peer community and support
- Local chapter networking opportunities and LTC Focus Group support

## PDPH Organizational Membership (annual):

- One membership per facility
- Can be transferred to a new IP
- Link to sign up:

<https://app.smartsheet.com/b/form/3e8cffae22f84c2692ee614321f816f0>



**Over \$200 in value!**

# PDPH/APIC Consulting Services ICAR Project for Philadelphia SNFs



Participating facilities receive the following:

- **Initial ICAR assessment:** Your certified consultant will meet with you at your facility, coordinated around your schedule
- **Written report with suggestions for improvement** and supporting **resources**
- **Plan** for improvement **based on your selected focus areas**, including resources
- **OPTIONAL Implementation support:** Your consultant will continue to meet with you for the next 3-6 months to assist your facility in addressing your 3-4 focus areas to help you reach your goals

# PDPH/APIC Consulting Services ICAR Project for Philadelphia SNFs



## NEW: Expanded Facility Eligibility

- **Free to facilities:** Funded by a grant from the Centers for Disease Control and Prevention (CDC) to support infection prevention in long-term care facilities
- **Non-regulatory and confidential**
- **Limited time opportunity:** Offer will be provided through Spring 2024
- Facility enrollment:
  - Prioritized **based on need** and **health equity** considerations
  - Limited number of slots available
  - Direct outreach to facilities started in August

# PDPH/APIC Consulting Services ICAR Project for Philadelphia SNFs



## APIC Consulting Services Project Leads:

**Nikki Brand, MT(ASCP)<sup>CM</sup>, MPH, CIC**

Project Manager

[nbrand@apic.org](mailto:nbrand@apic.org)

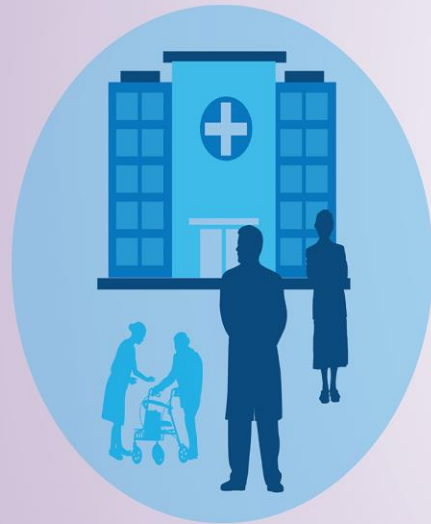
**DeAnn Richards, RN, BSN, CIC, LTC-CIP, CPHQ, CPPS**

Lead Infection Preventionist Consultant

[drichardsip@gmail.com](mailto:drichardsip@gmail.com)

Contact [HAI.PDPH@Phila.gov](mailto:HAI.PDPH@Phila.gov) with questions or to express your interest to participate

# Improve Antibiotic Use, Improve Health Equity



Go Purple for  
USAAW!

Antibiotic  
Stewardship  
LTCF  
Resources



SCAN ME

<http://tiny.cc/AS-Resources>

U.S. Antibiotic Awareness Week: Nov. 18 - 24, 2023



[www.cdc.gov/drugresistance/usaaw](http://www.cdc.gov/drugresistance/usaaw)

@CDC\_AR  
(X formerly Twitter)

#AntimicrobialResistance  
#USAAW23  
#WAAW



# Antibiotic Stewardship Resources from PDPH



The image shows the cover of a document titled "IPC Highlight: Stewardship Strategies". The cover has a blue background with a yellow triangle pointing upwards, containing a hanging lamp. The text on the cover includes the Department of Public Health logo, the title "IPC Highlight: Stewardship Strategies", and the subtitle "Improving Antimicrobial Stewardship in Long-Term Care". It also lists resources for Leadership and Accountability and Drug Expertise.

Department of Public Health  
CITY OF PHILADELPHIA

HEALTHCARE-ASSOCIATED INFECTIONS/ANTIMICROBIAL RESISTANCE  
HAI/AR PROGRAM  
NOVEMBER 2023

## IPC Highlight: Stewardship Strategies

### Improving Antimicrobial Stewardship in Long-Term Care

This document includes actionable steps and programmatic resources for long-term care facilities (LTCFs) to reduce inappropriate antibiotic prescribing. Building a robust [antimicrobial stewardship program \(ASP\)](#) is a large undertaking, and the resources in this document serve as a starting point to improve the use of antibiotics in LTCFs. The following sections in this document refer to the [CDC's Core Elements of Antibiotic Stewardship for Nursing Homes](#).

#### Leadership and Accountability

It is critical for facility leadership, including owners, administrators, the medical director, and nursing leadership to support, promote, and oversee stewardship programs which will create a positive culture to improve antibiotic use.

**What you can do:**

- Empower the Medical Director to set standards for antibiotic prescribing practices
- Empower the Director of Nursing to set the practice standards for assessing, monitoring, and communicating changes in a resident's condition by front-line staff
- Engage the consultant pharmacist in supporting antibiotic stewardship oversight through quality assurance activities—contact PDPH if you need help finding a consultant pharmacist!

**Resources:**  
[Leadership Commitment Letter](#)  
[Leading Antibiotic Stewardship in Nursing Homes](#)

#### Drug Expertise

Establish access to a consultant pharmacist or other individuals with experience or training in antibiotic stewardship for your facility.

**What you can do:**

- Partner with antibiotic stewardship program leads at local hospitals
- Work with a consultant pharmacist who has received specialized infectious diseases or antibiotic stewardship training

**Resources:**  
[Consultant Pharmacy Posters](#)

- Antibiotic Stewardship IPC Highlight
- U-FAST Toolkit
- LTCF AS resources links



# Give Your Best Shot

## Infection & Injury Prevention

Healthcare Associated Infection/Antimicrobial Resistance (HAI/AR) Program

Presenter: Charlotte Gallagher, BSN, RN, RDH- Infection Preventionist

# OBJECTIVES

- Recognize unsafe injection practices as a cause of infectious disease outbreaks and exposure incidents
- Identify safe injection practices
- Discuss administrative, engineering, and work practice controls to improve injection safety
- Empower staff to be advocates for safe injection practices



# OUTLINE

- **Impact of Unsafe Injection Practices**
- **Foundations of Safe Injection Practices**
  - **Standard Precautions**
  - **Single and Multidose Vials**
  - **Aseptic Technique**
  - **Medication Preparation Area**
  - **Blood Glucose monitoring & Insulin Administration**
  - **Safe Storage & Disposal**
- **Injection Safety Controls: Sharps Safety**
  - **Know The Rules: Administrative Controls**
  - **Know The Tools: Engineering Controls**
  - **Use Safe Moves: Work Practice Controls**
- **Administration: Now You're Equipped to Give Your Best Shot**
  - **Administration Risks**
  - **Calm, Confident & Aseptic Administration**
- **Incident Response and Reporting**
  - **Managing Exposures**
  - **Drug Diversion Prevention & Response**
- **Summary**



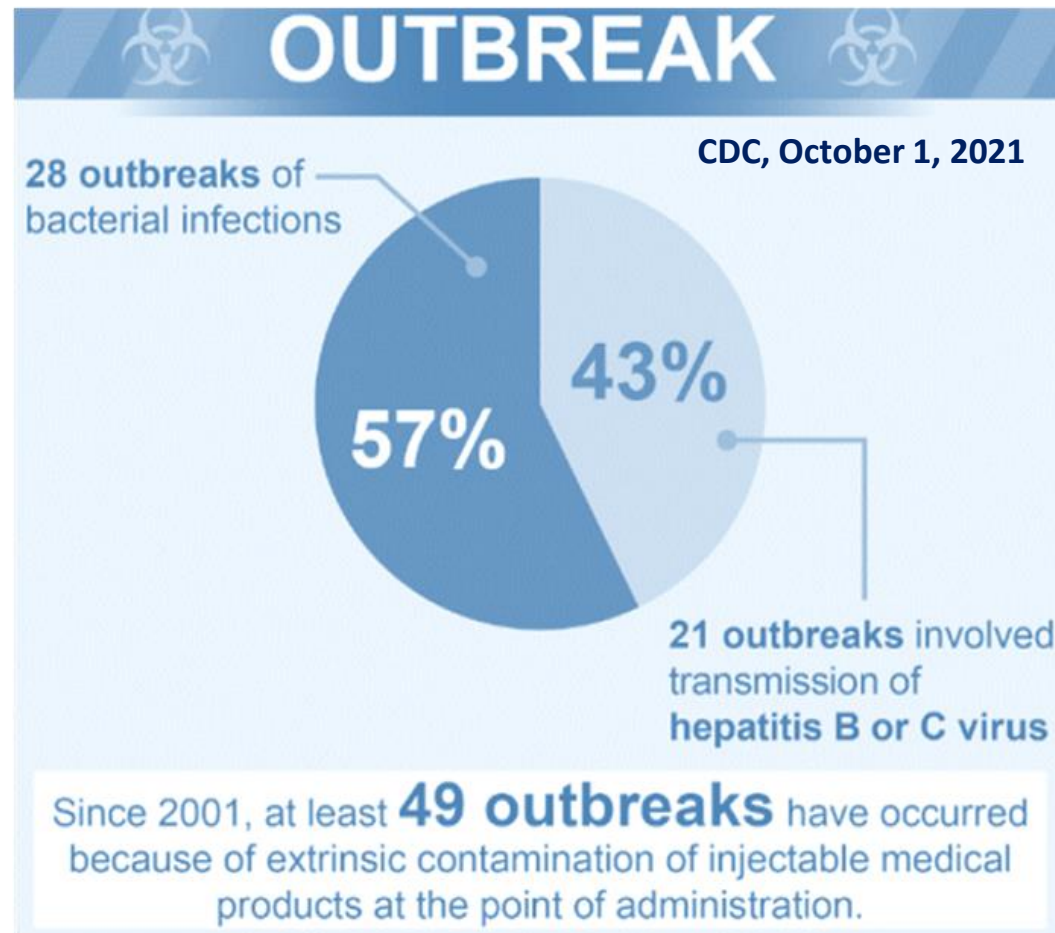


# IMPACTS OF UNSAFE INJECTION PRACTICES

# Impact of Unsafe Injection Practices

## The CDC

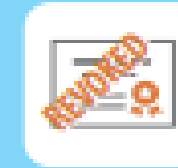
- 49 outbreaks
- 150,000 notified
- Hundreds infected with bloodborne pathogens (BBP)



## Outbreak Consequences



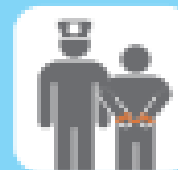
Patient illness and death



Loss of clinician licenses



Legal charges/ malpractice suits



Criminal charges

# Unsafe Injection Practices Associated with Outbreaks

- ❑ Gaps in vial handling, aseptic technique, or needlestick injury prevention; injectable drug diversion by staff
- ❑ Lack of oversight, policies, & procedures

These lead to **transmission of pathogens** via:

- ❑ **Contaminated injection equipment (direct reuse)**, e.g.,  
needle, syringe, insulin pen, lancet, IV sets
- ❑ **Contaminated injectable medications (indirect reuse)**

# Foundations of Safe Injection Practice

- **Standard Precautions**
- **Single and Multidose Vials**
- **Aseptic Technique**
- **Medication Preparation Area**
- **Storage & Disposal**





# Standard Precautions



Guidelines for **ALL** resident care regardless of known infection status to protect residents and staff from disease transmission.

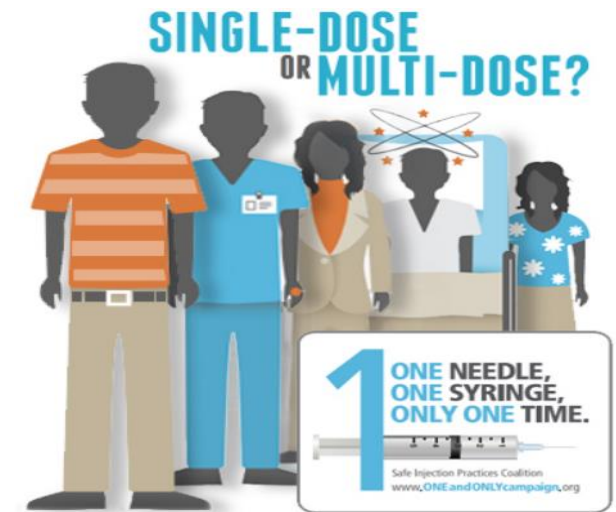
Standard Precautions include *Safe Injection Practices*:

- Use aseptic technique to avoid contamination of sterile injection supplies and medications throughout handling, preparation, and administration
- Practice strict hand hygiene, cleaning and disinfection, and PPE use
- Needles, insulin pens, lancets, IV bags, lines and syringes are sterile, single-use items; **NEVER REUSED** for any resident
- Keep **multidose** injectable medications **out of resident care areas**

# Handling: Single Dose Vial (SDV)



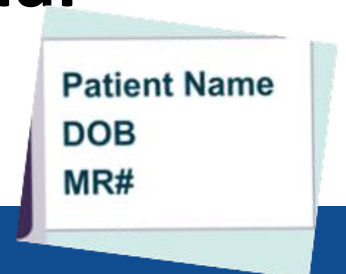
- One dose for one resident per vial
- Discard vial after drawing up medication, do not store or combine leftovers for future use
- Smallest sized SDV or single dose prefilled safety syringes are preferred to prevent reuse
- A large sized SDV does not indicate more doses: **Read labels**



# Handling: Accessing Multidose Vials (MDV)



- ✓ Many doses in a vial; may be used for multiple residents
  - ✓ Dedicate to a single resident if able
- ✓ Date and initial upon opening
- ✓ Prepare and store in dedicated medication preparation area
- ✓ A new sterile needle and syringe for every access
  - ✓ **NEVER re-enter** medication vials with a used syringe or needle;  
**EVEN FOR THE SAME RESIDENT**
- ✓ Antimicrobial growth preservative doesn't prevent microbial contamination so **aseptic technique must be used**



# When to Discard the MDV



- ✓ **Manufacturer's expiration date**
- ✓ **Beyond use date (BUD =28 days after open date) or manufacturers instruction for use (MIFU) specified time**
  - may be shorter or longer than BUD**
  - BUD never exceeds expiration date**
- ✓ **Change in color or consistency or sterility is in question**
- ✓ **After it enters a resident care area**

# Aseptic Technique



Process that prevents contamination of sterile medications and injection supplies with microorganisms during handling, preparation, administration, or storage



- IF YOU DON'T KNOW IT'S CLEAN, IT'S NOT
- WHEN IN DOUBT, THROW IT OUT



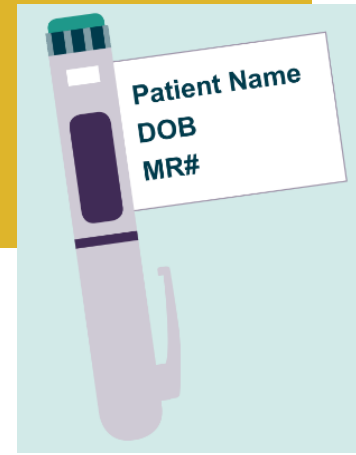
# Medication Preparation Area



- Quiet, clean, dry, well-lit space away from any resident care area for medication preparation & storage
- 3 ft. from sources of contamination
  - ❖ Sinks, lab specimens, or soiled equipment
- Keep stocked
  - ❖ Alcohol-based hand sanitizer (ABHS), gloves, 70% alcohol prep pads, and disinfectant
- Disinfect daily or if soiled and determine who cleans what & when (log)



# Blood Glucose Monitoring & Insulin Administration



Insulin pens, cartridges, pumps, syringes, and needles are single-resident-use only-  
regurgitation of blood back into the device occurs but may not be seen

## ALWAYS:

- Use auto-disabling lancets
- Perform HH before and after glove changes, each fingerstick procedure
- Disinfect glucometers after every use with an **EPA disinfectant that kills HIV, Hepatitis B, & C (alcohol swabs are ineffective)**



## Dedicated glucometers are best

- Labeled with the resident's name and stored in a manner to prevent inadvertent use for more than one person
  - Job Aids: [Blood Glucose Monitoring Steps2 \(phila.gov\)](http://phila.gov)
  - [CDC FAQs for Assisted Blood Glucose Monitoring and Insulin Administration](#)



# Safe Storage



- Maintain fridge/freezer/transport containers at manufacturer's recommended temperatures
- Separate fridge & freezer door
  - ❖ Safeguards: temperature monitored, self closing, alarmed
- Clean door gaskets
- Store trays on the middle of the shelves





# Temperature Monitoring

➤ Log temperatures BID



- Refrigerator: 2-8 °C or 36 to 46 °F
- Freezer: 50 to -15 °C or -58 to +5°F



- [Philadelphia Department of Public Health - Injection Safety Toolkit - PDPH Health Information Portal](#)

**Temperature Log Refrigerator - Fahrenheit**

Month/Year \_\_\_\_\_ VFC/VFAAR Pin \_\_\_\_\_ Facility Name \_\_\_\_\_ Room \_\_\_\_\_

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Staff Initials																
Exact Time																
Min/Max Temp <small>(Time last reading)</small>																
<b>Danger! Temperatures above 46° or below 36° are out-of-range! Write any out-of-range temperatures and the room temperature below and contact the Immunization Program immediately!</b>																
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
46°F																
45°F																
44°F																
43°F																
42°F																
41°F																
40°F																
39°F																
38°F																
37°F																
36°F																
<b>Danger! Temperatures above 46° or below 36° are out-of-range! Write any out-of-range temperatures and the room temperature below and contact the Immunization Program immediately!</b>																
Write any out-of-range temperatures here																
Room Temperature																

**Monitor Temperatures Closely!**

1. Monitor storage temperatures with a certified, calibrated digital data logger (DDL).
2. Write your initials below in "Staff Initials," and note the time in "Exact Time."
3. Record the exact temperatures **twice each workday**.
4. Record the exact min/max temperatures **once each workday** - preferably in the morning.
5. Put an "X" in the row that corresponds to the refrigerator's temperature.
6. If any out-of-range temperature, see instructions to the right.
7. After each month has ended, save each month's log for **3 years**.

**Take Action if Temperature is Out of Range!**  
Too warm (above 46°F) or too cold (below 36°F)

1. Consult your **Vaccine Management Plan**.
2. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not use or discard vaccines until directed by the Philadelphia Immunization Program.
3. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
4. Notify your vaccine coordinator and contact [tempcheck@phila.gov](mailto:tempcheck@phila.gov) or call **215.685.6777**.
5. Document all action taken.

Philadelphia Department of Public Health - Division of Disease Control - Immunization Program - Storage & Handling  
1101 Market St. Floor 12, Philadelphia, PA, 19107 | [vaccines.phila.gov](mailto:vaccines.phila.gov) | [tempcheck@phila.gov](mailto:tempcheck@phila.gov) | 04-2023

# Prefilled Syringes



- FDA does not license on-site filled syringes for storing meds
- Time impacts potency, reduces asepsis, can degrade syringe
- Discard per MIFU or by end of day- immediate use by preparer is best
- Label with med name, date, time filled, and preparer's initials
- Example: Vaccine drives – preferably prefill 10 or less syringes
- Manufacturer prefilled syringes
  - Discard after single resident use
  - If activated, by end of day if not administered

# Safe Disposal Preparation



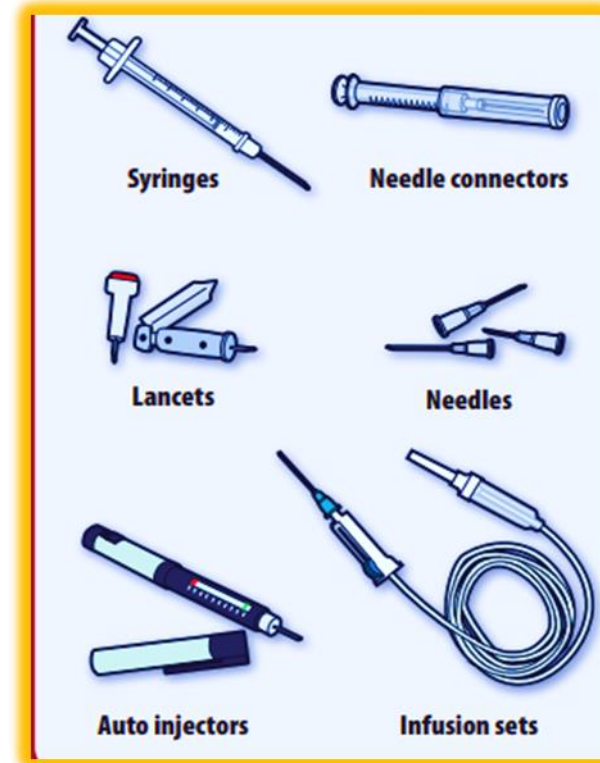
- OSHA compliant container
  - Rigid, puncture proof
- Located **at** point of care for immediate disposal of used needles
- Replace at full line or  $\frac{3}{4}$  full
- Educate resident for safe disposal of injection supplies at home if discharged



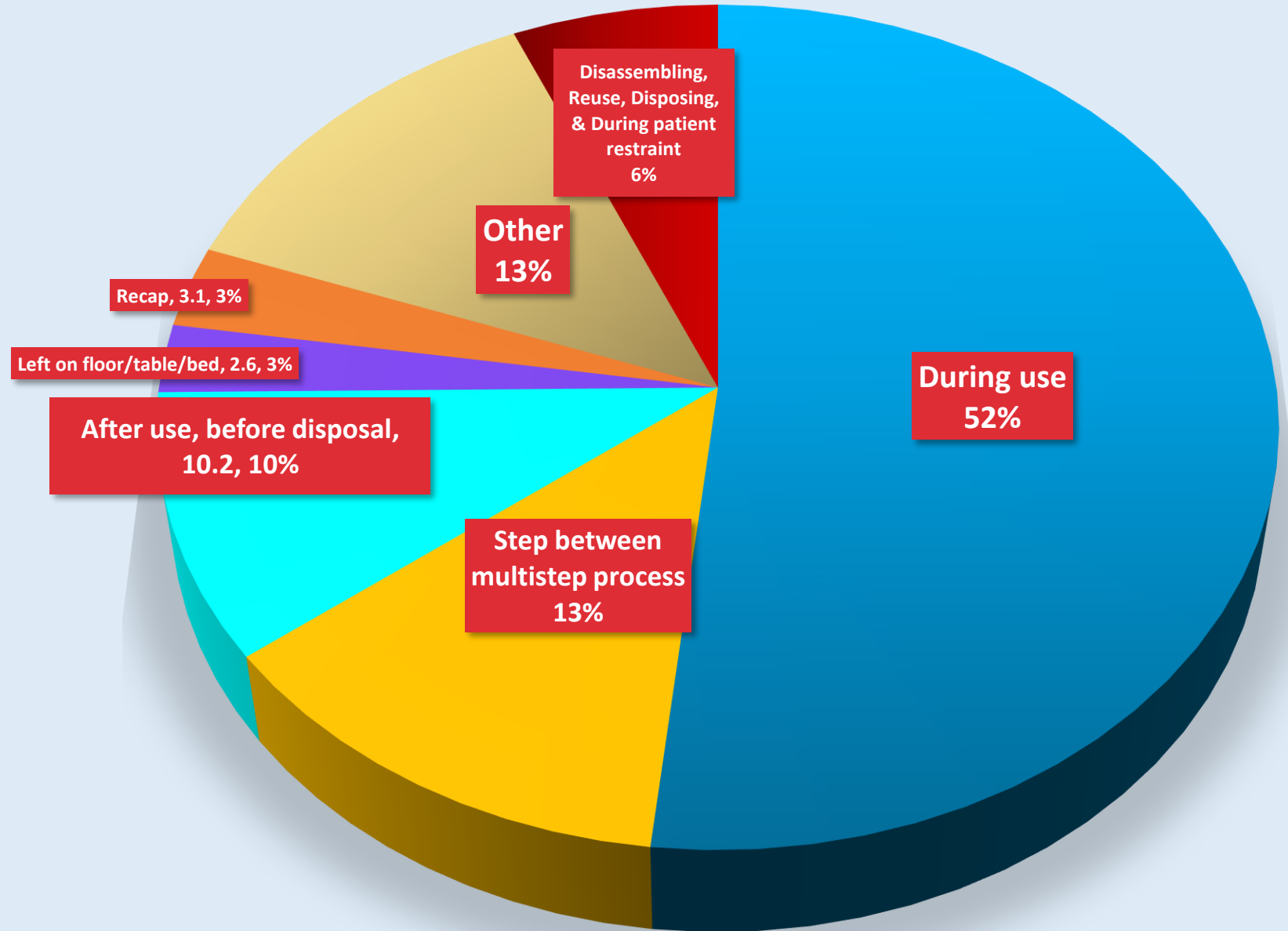
# INJECTION SAFETY CONTROLS: SHARPS SAFETY



- **Know The Rules:  
Administrative Controls**
- **Know The Tools:  
Engineering Controls**
- **Use Safe Moves:  
Work Practice Controls**



# Activities Associated with Sharps Related Injury & Infection



# Know The Rules: Administrative Controls



Create and follow written policies based on regulations & guidelines to protect staff and residents:

- **INTERNATIONAL:**

- ✓ **WHO**

- **Federal:**

- ✓ **CDC:** Evidence based practice guidelines

- ✓ **OSHA:** Hazard and Bloodborne Pathogen (BBP) standards mandate

- ✓ **FDA:** Injection supplies and medications

- **STATE:**

- ✓ **PA: BBP Standard of Pennsylvania & Injection Safety Policy and Procedures (2001 PA HB 454 & Code 28 § 25.14)**

# Know the Rules: OSHA Exposure Control Plan Musts

- ❑ **Yearly Exposure Control Plan (ECP):** documented evaluation of exposure risks & their relative preventative policy measures
- ❑ **Must maintain documented proof of:**
  - A. BBP training: [Bloodborne Pathogens Training – YouTube](#)
  - B. Needlestick response: reports, log, tests, treatment & outcomes
  - C. Hep B vaccination offer acceptance/declination
  - D. Staff assessments of equipment (safety needles)



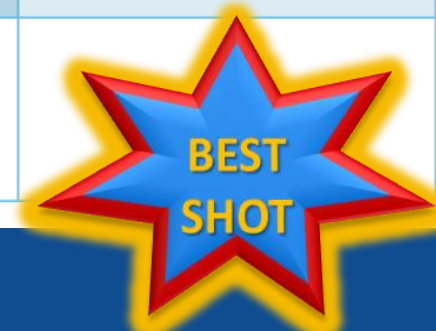
# Know the Rules: Train & Audit

## INJECTION SAFETY CHECKLIST

The following Injection Safety checklist items are a subset of items that can be found in the *CDC Infection Prevention Checklist for Outpatient Settings: Minimum Expectations for Safe Care*.

The checklist, which is appropriate for both inpatient and outpatient settings, should be used to systematically assess adherence of healthcare providers to safe injection practices. Assessment of adherence should be conducted by direct observation of healthcare personnel during the performance of their duties.

Injection Safety	Practice Performed?	If answer is No, document plan for remediation
Proper hand hygiene, using alcohol-based hand rub or soap and water, is performed prior to preparing and administering medications.	Yes No	
Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	Yes No	
Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	Yes No	
The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	Yes No	
Medication vials are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	Yes No	
Single-dose or single-use medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.	Yes No	
Medication administration tubing and connectors are used for only one patient.	Yes No	
Multi-dose vials are dated by healthcare when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. <small>Note: This is different from the expiration date printed on the vial.</small>	Yes No	
Multi-dose vials are dedicated to individual patients whenever possible.	Yes No	
Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle). <small>Note: If multi-dose vials enter the immediate patient treatment area, they should be dedicated for single-patient use and discarded immediately after use.</small>	Yes No	



- Train in injection safety & validate competency
  - ✓ On-hire, annually, and before new tools or protocols are implemented
- Audit staff with feedback and document findings
  - ✓ Audit leadership to peer:
    - ✓ [CDC IC BGM Assessment Tool LTCF.docm \(phila.gov\)](#)
    - ✓ [BEST SHOT AUDIT TOOL INJECTION SAFETY 1.pdf/](#)
    - ✓ Peer to peer :
      - [BEST SHOT INJECTION SAFETY K card PeertoPeer \(phila.gov\)](#)
- Address underlying issues
  - ✓ If lack of awareness-educate & monitor
  - ✓ If lack of supplies-post supply checklist



# Know The Tools: Engineer Controls



- ✓ Use supplies with built-in safety features
- ✓ Auto disabling devices
  - ❖ Prevents needlesticks & reuse
  - ❖ Provides immediate risk containment
  - ❖ Reduces risk of BBP exposures
- ✓ **Examples:** auto retracting needles & lancets, self sheathing needles, rigid & puncture-proof sharps containers, sharps trays, recapping devices, needleless IV sets & vial cannulas (blunt tip)

NOW YOU SEE IT.	NOW YOU DON'T.
	
	
	
	
	
	
	
	

**PROTECT YOURSELF AND OTHERS-  
USE SHARPS WITH SAFETY FEATURES**

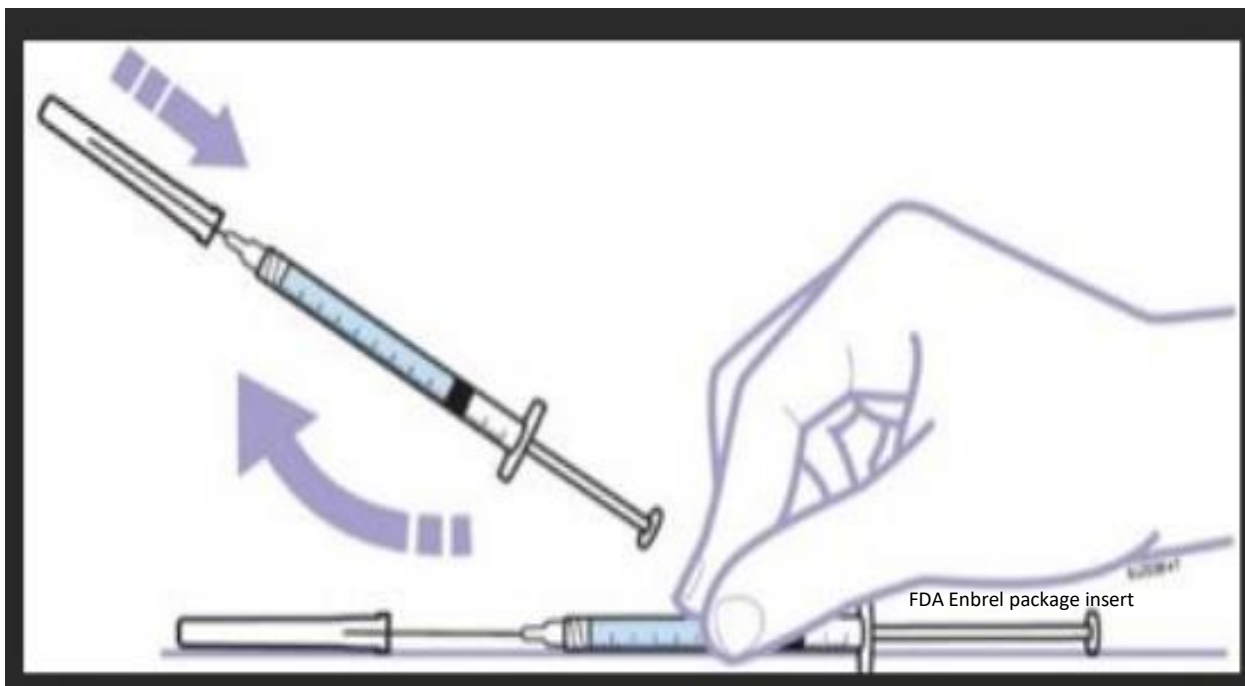


# Use Safe Moves: Work Practice Controls



Best to never recap - but if you must:

Use a recapping tool or practice the one-handed recap method



# More Safe Moves



**DON'T** leave needles pierced in a vial's septum to fill multiple syringes – creates portal of entry for microorganisms

**DON'T** bend or stab a used needle into objects (exam tables)

**Use forceps** to retrieve dropped contaminated needles

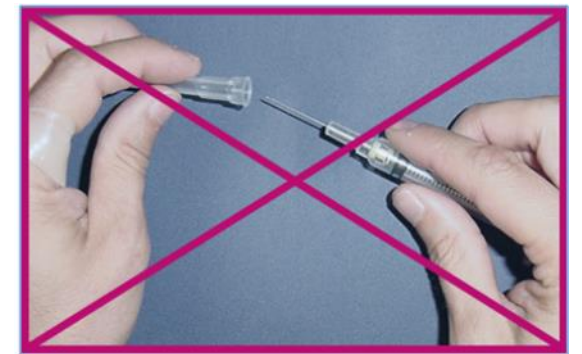
**Mask and glove when accessing IV, spinal, or subdural sites**

**DON'T REUSE** any injection equipment even if the needle is changed (blood may not be visible)

**BEST SHOT MOVES:**

**PERFORM PROCESS AUDITS FREQUENTLY**

**PRACTICE ACTIVATING SAFETY FEATURES**



# ADMINISTRATION: Now You're Equipped to Give Your Best Shot

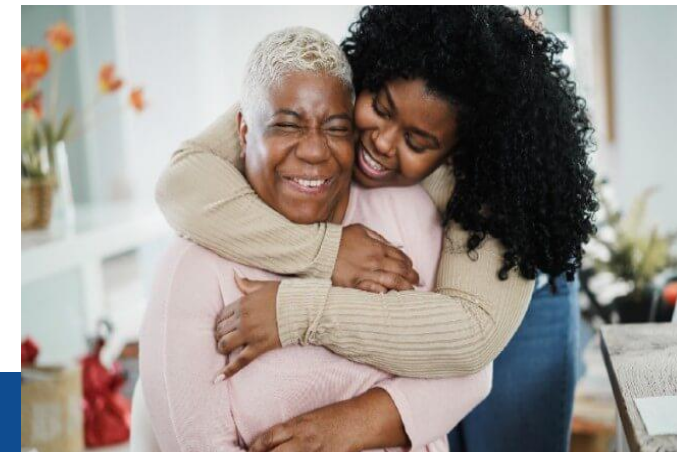
- **Assess Administration Risks**
- **Calm, Confident, Aseptic Administration**



# Assess Administration Risks



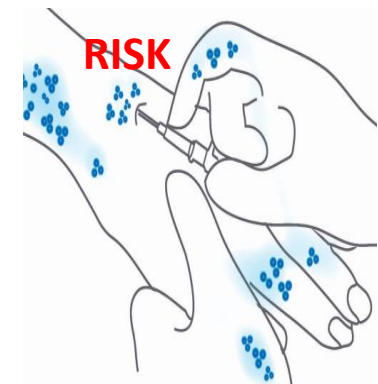
- 1) Medical history:
  - Check for precautions, adverse events, allergies, diseases, movement or clotting disorders, skin/muscle atrophy
  - Assess behavioral risks: uncooperative, combative, fidgeting or confused
- 2) Prepare to use or teach comfort & restraint measures (e.g., music, video, book, ice) to prevent sudden movements
  - Don't hesitate to get help
  - CDC [Comfort and Restraint Techniques – YouTube](#)



# Calm, Confident & Aseptic Administration



- 3) Check 5 Rights: resident, drug, dose, route, time
- 4) Educate resident and caregivers
- 5) Perform hand hygiene & apply gloves per facility policy
- 6) Clean injection site with antiseptic in an **enlarging** circular motion and allow to dry-no blowing on or contaminating site
- 7) Maintain asepsis throughout procedure OR get new sterile/clean supplies and reclean the site (e.g., poor cough etiquette, dropped supplies)
- 8) Use a new sterile needle and syringe with each administration
- 9) Deactivate and discard needle



# Incident Response & Reporting

➤ **Managing Exposures**



**-AND-**



➤ **Diversion: Prevention and Response**





# Managing Exposures



Blood, skin, eye, or mucous membrane contact:

- Wash needlesticks or cuts with soap and water
- Flush splashes to nose or mouth with water
- Irrigate eyes with clean water, saline, or sterile irrigants

- Report exposure incident to supervisor **immediately**
- Document who, what, when & how in needle stick log
- Appropriate BBP testing & treatment for staff and residents
- Document outcomes
- Notify state or local health departments if BBP is identified

Exposure Event Number \_\_\_\_\_

### Sample Blood and Body Fluid Exposure Report Form

Facility name: \_\_\_\_\_

Name of exposed worker: Last \_\_\_\_\_ First : \_\_\_\_\_ ID #: \_\_\_\_\_

Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of exposure: \_\_\_\_:\_\_\_\_ AM PM (Circle)

Job title/occupation: \_\_\_\_\_ Department/work unit: \_\_\_\_\_

Location where exposure occurred: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

---

**Section I. Type of Exposure** (Check all that apply.)

Percutaneous (Needle or sharp object that was in contact with blood or body fluids)  
(Complete Sections II, III, IV, and V.)

Mucocutaneous (Check below and complete Sections III, IV, and VI.)  
\_\_\_ Mucous Membrane \_\_\_ Skin

Bite (Complete Sections III, IV, and VI.)

---

**Section II. Needle/Sharp Device Information**  
(If exposure was percutaneous, provide the following information about the device involved.)

Name of device: \_\_\_\_\_  Unknown/Unable to determine

Brand/manufacturer: \_\_\_\_\_  Unknown/Unable to determine

Did the device have a sharps injury prevention feature, i.e., a "safety device"?

Yes  No  Unknown/Unable to determine

If yes, when did the injury occur?

Before activation of safety feature was appropriate  Safety feature failed after activation

During activation of the safety feature  Safety feature not activated

Safety feature improperly activated  Other: \_\_\_\_\_

Describe what happened with the safety feature, e.g., why it failed or why it was not activated: \_\_\_\_\_

---

**Section III. Employee Narrative** (Optional)

Describe how the exposure occurred and how it might have been prevented:

\_\_\_\_\_

\_\_\_\_\_

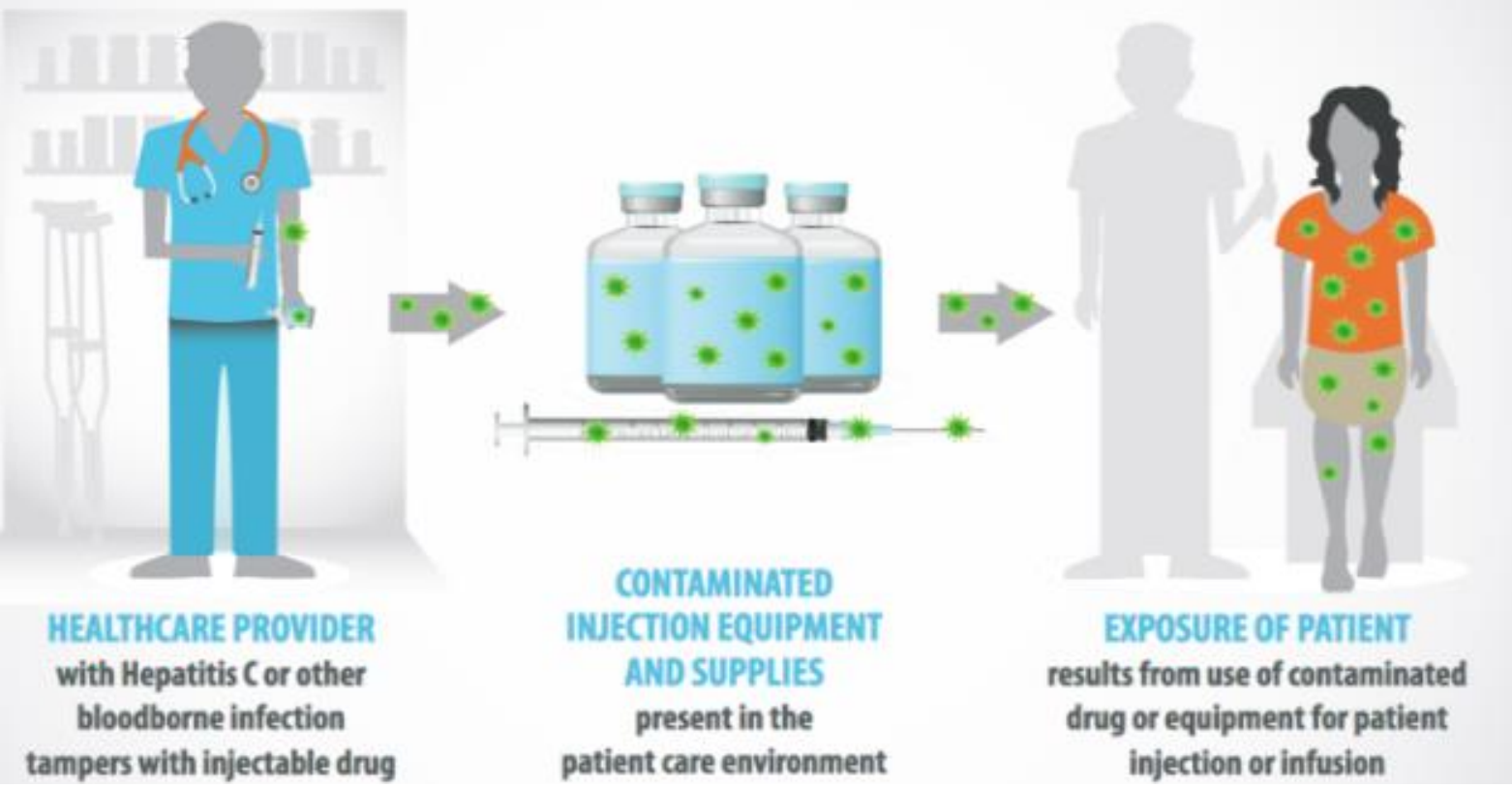
**NOTE:** This is not a CDC or OSHA form. This form was developed by CDC to help healthcare facilities collect detailed exposure information that is specifically useful for the facilities' prevention planning. Information on this page (#1) may meet OSHA sharps injury documentation requirements and can be copied and filed for purposes of maintaining a separate sharps injury log. Procedures for maintaining employee confidentiality must be followed.





# Diversion: Prevention & Response

## DRUG DIVERSION\* SPREADS INFECTION FROM HEALTHCARE PROVIDERS TO PATIENTS



- 4% of HCP steal resident medications or scavenge medical waste to self administer controlled substances
- Policies and procedures must assess, monitor, **prevent** and respond to theft/drug diversion
- Secure lock and track handling of controlled substances (2 nurse counting and disposal)
- Report suspected diversion to state licensing board and police

[Drug\\_Diversion\\_Toolkit\\_LiveL.pdf \(ymaws.com\)](#)



# Summary:



- ❑ To *'Give Your Best Shot'* and prevent infection for residents and staff at your facility, follow the rules, choose safe tools, and work with safe moves founded in the CDC guidelines for *'Safe Injection Practices'* and OSHA regulations.
- ❑ Use aseptic technique when handling, preparing, storing, and administering injections.
- ❑ Prepare for each residents' administration risks and have a sharps box ready for quick disposal at the point of care.
- ❑ Audit and immediately respond to unsafe practices and properly report exposure incidents and drug diversion.



# ANY QUESTIONS??



Department of  
**Public Health**

CITY OF PHILADELPHIA

# Thank You For Your Time & Attention

HAI/AR TEAM

# Resources

[How to give a safe injection? \(who.int\)](http://who.int)

[Safety and Health Administration \(osha.gov\)](http://osha.gov)

[Bloodborne Pathogens Training – YouTube](#)

[Bloodborne Pathogens - Standards | Occupational Safety and Health Administration \(osha.gov\)](#)

[Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\) CDC](#)

[Injection Safety | CDC](#)

[One and Only Campaign | Injection Safety | CDC](#)

[Home | Institute For Safe Medication Practices \(ismp.org\)](#)

[Safe-Injection-Checklist-P.pdf \(cdc.gov\)](#)

[Medication Preparation Questions | Injection Safety | CDC](#)

[Injection Safety- Observation of Centralized Medication Area \(cdc.gov\)](#)

[Injection Safety- Observation of Portable Medication Systems \(cdc.gov\)](#)

[sharps VUG master FR 04112 \(fda.gov\)](#)

[sharpsworkbook 2008.pdf \(cdc.gov\)](#)

[Sample Blood and Body Fluid Exposure Report Form: Pages 1-5 \(cdc.gov\)](#)

[Chapter 28 PA CODE \(pa.gov\)](#)

[Nursing Home Infection Preventionist Training Course - CDC TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation](#)

[Bloodborne Pathogens Training – YouTube CDC](#)

[Safe-Injection-Checklist-P.pdf \(cdc.gov\)](#)

[WHO best practices for injections and related procedures toolkit](#)

[Occupational infections \(who.int\)](#)

[CDC - Bloodborne Infectious Diseases - Stop Sticks : Bloodborne Pathogens – NORA](#)

[BEST SHOT INJECTION SAFETY TOOLKIT - PDPH Health Information Portal](#)



Department of  
**Public Health**

CITY OF PHILADELPHIA

Thank you!

Stay tuned for 2024 call calendar invites