

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Executive Deputy Commissioner

February 13, 2009

TO: Acute and Long-Term Care Facilities, Adult Homes, Home Care Agencies,
Healthcare Providers, and Local Health Departments

FROM: NYSDOH Bureau of Healthcare Associated Infections

**Health Advisory: Preventing Exposure to Bloodborne Pathogens during Diabetes Care
Procedures and Techniques**

**Please distribute immediately to Medical Director, Chief Nurse Executive, Infectious
Disease Department, Nursing Units, Infection Control, and Staff Education.**

The New York State Department of Health (NYSDOH) has recently identified transmission of hepatitis B virus (HBV) among residents of an assisted living facility. Failure to follow standard infection control procedures for diabetes care contributed to this event. The purpose of this advisory is to urge facilities to carefully review and update as necessary infection control practices and procedures to prevent similar occurrences.

To prevent transmission of bloodborne pathogens, such as HBV, hepatitis C virus, and human immunodeficiency virus during delivery of diabetes care, the Centers for Disease Control and Prevention (CDC) and NYSDOH recommend the following:

- Whenever possible, multiple dose vials including insulin should be assigned to individual patients and labeled appropriately. If multiple dose vials are not dedicated to individual patients, prepare medications in a centralized area outside of patient rooms. Only the syringe and needle unit should be transported into a patient room.
- Never reuse needles, syringes, insulin injection pens, or lancets.
- Whenever possible, reusable fingerstick devices (e.g., lancet platforms and lancet pens) should be assigned to individual patients and labeled appropriately. If reusable fingerstick devices are not dedicated to individual patients, ensure the devices are approved for multiple patient use by the manufacturer. Always follow manufacturer recommendations for appropriate and effective cleaning and disinfection between patient uses. Consider selecting single-use lancets that permanently retract upon puncture and do not require the use of reusable fingerstick devices.
- Dispose of used fingerstick devices and lancets at the point of use in an approved sharps container.
- Environmental surfaces should be decontaminated with a hospital-grade disinfectant regularly and any time contamination with blood or body fluids occurs or is suspected.
- Glucometers designated as single-patient use by the manufacturer should never be shared among patients. When using glucometers labeled for institutional use, always follow manufacturer recommendations for appropriate and effective cleaning and disinfection between patients.

- Whenever appropriate and feasible, based on individual assessment, secure supplies and equipment such as fingerstick devices and glucometers within individual patient rooms.
- Any trays or carts used to deliver medications or supplies to individual patients should remain outside patient rooms. Do not carry supplies and medications in pockets.
- Because of possible inadvertent contamination, unused supplies and medications taken to a patient's bedside during fingerstick monitoring or insulin administration should not be used for another patient.
- Wear gloves during fingerstick blood glucose monitoring and any other procedures involving potential exposure to blood or body fluids.
- Change gloves between patient contacts and after every procedure that involves potential exposure to blood and body fluids. Discard gloves after procedures in appropriate receptacles.
- Perform hand hygiene (i.e. handwashing with soap and water or use of alcohol-based hand rub) immediately after removal of gloves and before touching other medical supplies intended for use on other patients.
- Assess compliance with infection control recommendations for fingerstick blood monitoring (such as hand hygiene and glove changes between patients) by periodically observing personnel and tracking use of supplies.
- Facilities and individual practitioners must carefully review their practices and the practices of all staff under their supervision related to the use of fingerstick blood monitoring equipment, needles, syringes, and all other injection equipment to ensure strict adherence to asepsis is maintained at all times by all staff.

The following references should be reviewed and used to assess and update as necessary your facility's infection control practices and procedures to prevent transmission of bloodborne pathogens.

- NYSDOH's *Key Infection Control Practices in Inpatient and Outpatient Settings* sent to all physicians in New York State by Health Commissioner Dr. Richard Daines (Attachment 1). Also available at http://www.health.state.ny.us/professionals/diseases/reporting/communicable/infection/docs/letter_and_control_practices.pdf
- CDC's *Recommended Infection Control and Safe Injection Practices to Prevent Patient-to-Patient Transmission of Bloodborne Pathogens* (Attachment 2). Also available at: <http://www.cdc.gov/ncidod/diseases/hepatitis/spotlights/glucose.htm>

Thank you for your attention to this important matter.

Please contact the NYSDOH, Regional Office, Regional Epidemiology Program with any questions or concerns regarding this advisory.

NYSDOH Regional Epidemiology Program Offices:

Western Regional Office	(716) 847-4503
Central New York Regional Office	(315) 477-8166
Capital District Regional Office	(518) 408-5396
Metropolitan Area Regional Office	(914) 654-7149