

Utah Infection Prevention Solutions

Infection Prevention Learning Collaborative

Cycle 1 – Session 8: Giving It Your Best Shot, Safely: Ensuring Safe Injection and POC Testing Practices

Presented on Sept. 13, 2023, by:

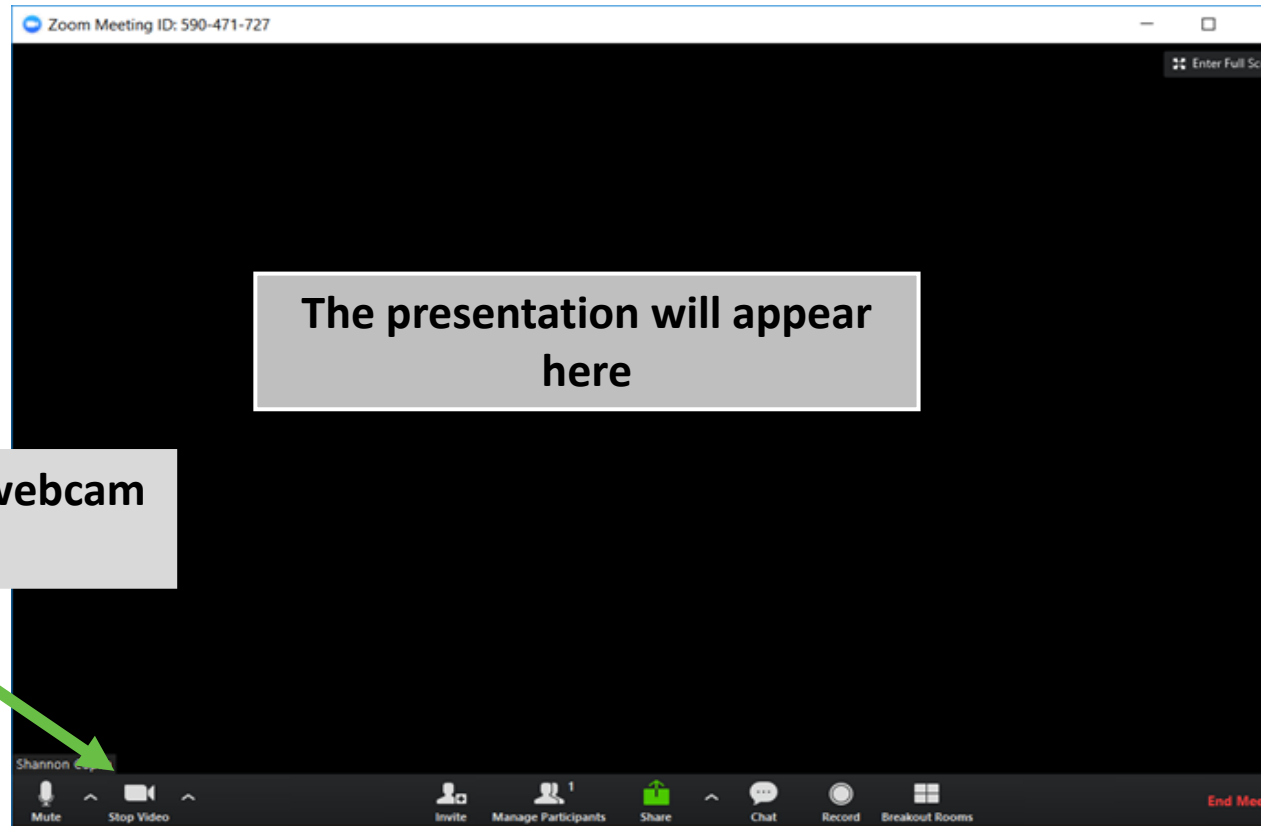
Jen Roeder, RN, MSN, CIC; Nurse Infection Prevention Consultant

Violet Brown, BS, CHES; Improvement Advisor

Kaylie Pickup; Associate Improvement Advisor



Zoom Attendee Controls



Please turn on your webcam if accessible

The presentation will appear here

Mute here when not speaking

For comments or questions, use chat or raise your hand

For phone participants:
*6 to mute/un-mute

1. Click "Join Audio"
2. Identify Participant ID
3. On the phone keypad, dial:
#[Participant ID]#
Example: #49#

Please download the latest Zoom update

UT ECHO Resource Sharing via Padlet

- What is Padlet?
 - A virtual Post-it wall for sharing resources and building community
- UT Infection Prevention Padlet
 - ECHO infection prevention resources will be shared bi-monthly
 - Access roundtable case submission form
 - No log-in required!



Scan here to access UT Infection Prevention Learning Collaborative - ECHO Padlet



Announcements

Utah APIC Chapter Annual Infection and Control Conference

- **Sept. 20**
- Thanksgiving Point
- Register:
<https://www.eventbright.com/e/apic-utah-132-conference-tickets-616705190827?aff=eand>

Utah Health Care Association Fall Convention and Expo

- **Sept. 27 and 28**
- Mountain America Expo
- Register:
<https://www.uthca.org/events/fall-convention-expo>

The Power of Clean: Environmental Cleaning Workshop

- **Oct. 12, 2023**, Hilton Garden Inn, **St. George, Utah***
[Register](#)
- **Oct. 27, 2023**, Hilton Garden Inn, **Salt Lake City Airport***
[Register](#)

**Travel reimbursement is available for rural areas (Limited availability; first-come, first-serve basis. Limited to two staff per rural LTCF-100+ miles from nearest workshop location)*

Introductions



Name, pronouns, location, role



Favorite fall drink?

Extension for Community Health Care Outcomes (ECHO[®])

Comagine
Health

 Utah Department of
Health & Human Services
Population Health



Agenda

**Announcements
and community-
building exercises**
(15 min)

**Flash talk on
infection prevention
and control**
(15 min)

**Roundtable
discussion**
(15 min)

Q&A, wrap-up
(15 min)

What to Expect

What ECHO is:

- Interactive
- Guided practice using real situations
- Collaborative peer-to-peer support
- Safe space to share
- Level playing field
- All teach, all learn

What ECHO isn't:

- Webinar
- Top-down communication

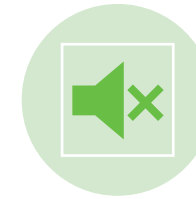
Creating the Culture



ECHO is an all teach, all learn platform. Your ideas, questions and answers matter!



If accessible, please turn on your cameras



Remain on mute unless speaking



It is OK to disagree, but please do so respectfully



Do not disclose protected health information (PHI) or personally identifiable information (PII)



Love, respect, kindness, empathy and *fun*!

Flash Talk

Comagine
Health



Utah Department of
Health & Human Services
Population Health

Purpose of Flash Talk



Short 10-15 min presentations



Provide real-life insight, ideas, resources and tools



Summarize and/or simplify current recommendations

Utah Infection Prevention Learning Collaborative (ECHO) 2023 Curriculum

Strengthening
Your
Foundation

Building
Community

Taking on
Infection
Prevention

Surveillance;
What and How

Using QAPI to
your Advantage

Putting it into
Practice

Hand Hygiene

Standard and
Transmission-
Based Precautions

Enhance Barrier
Precautions -
Simplified

Injection Safety
and POC Testing

Collaborating
for Success

Tuberculosis

Antibiotic
Stewardship

Environment of
Care

Water
Management

Learning Objectives

Upon completion of this session, participants will be able to:



Describe the key components of safe injection and point of care testing practices



Identify the six components of implementing safe injection and point-of-care testing practices



Utilize tools to conduct performance monitoring of injection and point-of-care practices

IPC Practices of Standard Precautions



PPE



Respiratory Hygiene
and Cough Etiquette



Hand Hygiene



Environmental Cleaning
and Disinfection



Injection Safety



Reprocessing of
Reusable Resident Care
Equipment/Devices

Injection Safety

- Hand hygiene
- Aseptic technique
- Syringes, needles, cannulas
- Infusion and administration sets
- Single-dose vials
- Multi-dose vials
- Bags/bottles of IV solution
- Preparation of injectable and parenteral solutions
- Insulin pens
- Disposal



Accessing Vials

- Storage and use
- Inspection of vial
- Expiration dates
- Sterile syringe and needle/cannula
- Disinfection of rubber septum
- Avoiding contamination



Point of Care Testing and Fingerstick Devices

Supply access

Hand hygiene

Glove use

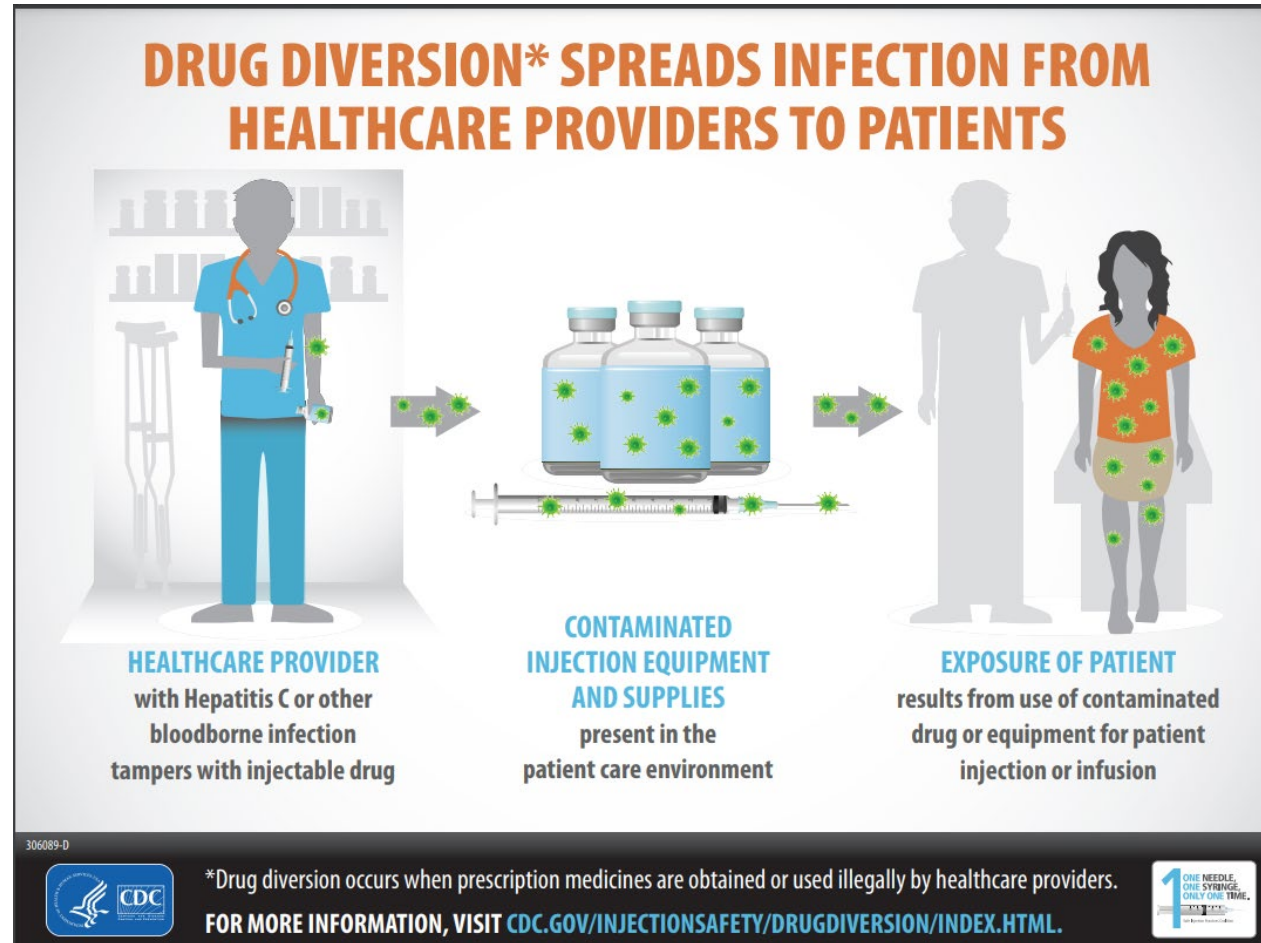
Shared vs. single-use devices

Disinfection of device

Labeling and storage

- Reusable fingerstick devices
 - Single resident
 - Labeling and storage
- Single-use lancets
 - Disposal

Drug Diversion



Implementation



Policy and
procedure



Staff education
and competency



Accessible
supplies/equipment



Performance
monitoring



Data analysis
and trending



Feedback

Performance Monitoring Tool: Injection Safety

Rounding Tool: Injection Safety Audit

Date: _____ Completed by: _____

Injection Safety Measures	Nurse 1		Nurse 2		Nurse 3		Nurse 4		Nurse 5		Totals	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Hand hygiene is performed prior to preparing/administering an injectable medication?												
2. Are injections prepared using aseptic technique in a clean area that is not adjacent to potential sources of contamination (e.g., at least one meter (1.09 yard) from sinks or other water sources; free from items that could have come in contact with blood or body fluid)?												
3. Are needles and syringes used for only one resident (this includes manufactured prefilled syringes and cartridge devices such as insulin pens)?												
4. Is the rubber septum on a medication vial disinfected prior to piercing?												
5. Are medication containers entered with a new needle and a new syringe, even when obtaining additional doses for the same resident?												
6. Are single dose medication vials, ampules, and bags or bottles of intravenous solution used for only one resident?												
7. Are medication administration tubing and connectors used for only one resident?												
8. Are multi-dose vials dated by HCP when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial?												
9. Are multi-dose vials that will be used for more than one resident kept in a centralized medication area?												
10. Are all sharps disposed of in a puncture-resistant sharps container?												
11. Are filled sharps containers disposed of in accordance with state regulated medical waste rules?												
12. Are all controlled substances (e.g., Schedule II, III, IV, V drugs) kept locked within a secure area?												
Totals:												
Total # Opportunities (Yes + No):												
Compliance % (Total # Yes/Total # Opportunities) x100:												

Performance Monitoring Tool: POC Testing

Rounding Tool: Point of Care Testing Audit

Date: _____ Completed by: _____

Point of Care Testing Measures	Nurse 1		Nurse 2		Nurse 3		Nurse 4		Nurse 5		Totals	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Are clean supplies accessed in a manner to prevent contamination (e.g., is the test strip container accessed with clean hands from the clean supply cart prior to entering the resident treatment area)?												
2. Hand hygiene is performed prior to preparing/administering an injectable medication?												
3. Do HCP wear gloves when performing POC blood testing?												
4. Is a new fingerstick device used for each resident?												
5. If reusable fingerstick devices are used in the facility, is the device used by the resident to perform self-monitoring blood glucose?												
6. If reusable fingerstick devices are used in the facility, is the device dedicated for use only on a single resident?												
7. If reusable fingerstick devices are used in the facility, is the device labeled and stored in a manner to prevent cross-contamination or use on another resident?												
8. Do HCP remove gloves and perform hand hygiene after the procedure?												
9. Is the POC blood testing meter cleaned and disinfected after every use according to manufacturer's instructions?												
10. Blood glucose meters that must be shared have manufacturer instructions on how to clean and disinfect the meter?												
11. If the manufacturer does not specify how the blood glucose meter should be cleaned and disinfected, the meter is not shared among residents and is assigned to an individual resident?												
12. Is there a process to ensure HCP know that the POC blood testing meter has been cleaned and disinfected (e.g., if it is not in the clean storage area then they assume it has not been cleaned and disinfected)?												
13. Is the POC blood testing meter handled and stored in a manner to prevent recontamination after cleaning and disinfection?												
14. If meters are dedicated to individual residents, is the meter labeled and stored in a manner to prevent cross-contamination or use on another resident?												
Totals:												
Total # Opportunities (Yes + No):												
Compliance % (Total # Yes/Total # Opportunities) x100:												

Knowledge Check



Roundtable Discussion

Round Table Discussion Format



**Share
background**



**Share specific
question**



**Ask clarifying
questions**



**Group
discussion**



**Summary of
recommendations**

Case Presentation



Background

We had an outbreak in April with six residents not feeling good. Symptoms of cough, fatigue, diarrhea, body aches. They were tested for COVID, pneumonia, flu, RSV, etc., with all having negative results. The residents presented the illness one after the other, not at the same time.



Question

When an illness is NOT identified, what is the recommendation for source control/infection control?

Roundtable Discussion



Wrap-Up

Comagine
Health



Utah Department of
Health & Human Services
Population Health

Nursing Continuing Education (CE) Credits

To receive CEs

- Complete the session evaluation survey
- Provide your name and license number

What you'll receive

- 1 credit hour, per session you meet the listed criteria
- Credit is awarded by the Nevada Board of Nursing

When you'll receive it

- In your post-session email

Connecting to APIC

What you receive

- APIC national and local Utah chapter membership (\$230 value)
- APIC Infection Prevention Guide to Long-Term Care, 2nd edition (\$119 value)

Active participation What does it mean?

- Attended a minimum of three out of 12 sessions
- Interact during sessions
- Fill out session evaluations
- Share your information to be enrolled

Coaching and Consultations

- Virtual and on-site 1:1 consultation
- Tailored to your needs and setting
- Sign up by emailing InfectionPreventionAdvisor@comagine.org
- Core components include:

Introduction and program assessment

- Assess current IPC capacity, prioritize needs, set calendar for visitation

Environmental assessment and walkthrough

- Evaluate IPC infrastructure, identify resources and supply needs

Performance improvement plans

- Provide recommendations, PIP templates and support

Monitoring, follow-up and performance improvement

- Assess progress, provide support on continued PIP implementation

Quality assurance

- Assess uptake and sustainability of recommendations

Next Steps



Contact Us

For more information on Comagine Health's Infection Prevention Solutions for LTC facilities in Utah, please contact:

- Email: infectionpreventionadvisor@comagine.org
- Jen Roeder: jroeder@comagine.org
- Violet Brown: (801) 892-6651, vbrown@comagine.org
- Kaylie Pickup: kpickup@comagine.org



Utah Infection Prevention Solutions for skilled nursing facilities, assisted living communities and intermediate care facilities is funded by a grant through the Utah Department of Health and Human Services' Healthcare-Associated Infections Program.