

**From:** Licensing [mailto:DSS\_LICENSING@LISTSERV.COV.VIRGINIA.GOV] **On Behalf Of** Williams, Edwina (VDSS)  
**Sent:** Thursday, September 08, 2016 10:18 AM  
**To:** DSS\_Licensing  
**Subject:** Clarification on Safety Criteria for Fingerstick Devices for Assisted Blood Glucose Monitoring”

This file with two attachments is being sent to assisted living facilities from the Virginia Department of Social Services Email Distribution Service.

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The Division of Licensing Programs developed this document “Clarification on Safety Criteria for Fingerstick Devices for Assisted Blood Glucose Monitoring” to provide you with criteria for selecting appropriate equipment when caring for residents with a diagnosis of diabetes. The document explains criteria to use for purchasing fingerstick devices aside from the terms “auto-disabling” and “auto-retractable”. The second document is a useful reminder of safe care of residents with diabetes. Please contact either of our medical health consultants, Carol Garby or Deborah Lloyd, at the following email addresses for any additional questions:

[carol.garby@dss.virginia.gov](mailto:carol.garby@dss.virginia.gov)  
[deborah.lloyd@dss.virginia.gov](mailto:deborah.lloyd@dss.virginia.gov)



## Clarification on Safety Criteria for Fingerstick Devices for Assisted Blood Glucose Monitoring September 1, 2016

We would like to clarify a couple of points about the choice of finger-stick devices for use by qualified assisted living facility staff in assisted blood glucose monitoring (BGM). There are many different types of fingerstick devices that are currently on the market. We have used the term “auto-retractable” in describing acceptable fingerstick devices; the Centers for Disease Control and Prevention uses the term “auto-disabling” in its’ guidance. Many acceptable devices do not necessarily have either the term “auto-disabling” or “auto-retractable” in advertising or on packaging. This does not necessarily mean that the particular device isn’t acceptable for assisted BGM.

In order to make an appropriate selection, the provider needs to consider the following:

1. The device must be single-use meaning it is designed to work only once, and it is completely disposable.
2. It must not require any additional piece of equipment to work (such as a penlet).
3. The needle should fully retract into the housing once the device has been discharged. This protects the staff, residents and others from accidental needle sticks once the device has been used.
4. Please refer to the example of four different devices shown below. All are acceptable to use since they meet all criteria for staff and resident safety. There are many others on the market that also meet safety criteria. Please consider the specific safety features of any device when making purchase decisions. For additional information, refer to the following websites:

<http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

<https://www.vdh.virginia.gov/epidemiology/surveillance/hai/documents/pdf/PosterPatientsBGM.pdf>



# Diabetes and Viral Hepatitis: Important Information on Safe Diabetes Care

Diabetes care involves testing levels of blood sugar (glucose) and may require administering insulin. When devices used to prick the skin (fingerstick devices), syringes, or other types of equipment related to diabetes care are shared or reused, people can be exposed to viruses in the blood such as hepatitis B virus, hepatitis C virus, and HIV.

Outbreaks of hepatitis B virus infection associated with unsafe diabetes care have been identified in Virginia settings where persons with diabetes require assistance with checking their blood sugar levels or administering insulin.

In order to prevent infections, the Virginia Department of Health urges all providers in healthcare and residential settings to follow these simple rules for safe care of persons with diabetes:

## Three Simple Rules for Assisted Blood Glucose Monitoring and Insulin Administration

### 1 FINGERSTICK DEVICES SHOULD NEVER BE USED FOR MORE THAN ONE PERSON

- Restrict use of fingerstick devices to a single person.
- Select single-use lancets that permanently retract upon puncture. This adds an extra layer of safety for the patient and the provider.
- If a person needs assistance checking his/her blood sugar, a single-use device must be used.
- Dispose of used lancets at the point of use in an approved sharps container. Never reuse lancets.

### 2 BLOOD GLUCOSE METERS SHOULD BE ASSIGNED TO ONLY ONE PERSON

- Whenever possible, assign blood glucose meters to a single person.
- If blood glucose meters must be shared, they should be cleaned and disinfected after every use, per manufacturer's instructions, to prevent carry-over of blood and infectious germs.
- If the manufacturer does not specify how the device should be cleaned and disinfected then it must not be shared.

### 3 INJECTION EQUIPMENT SHOULD NEVER BE USED FOR MORE THAN ONE PERSON

- Insulin pens must be assigned to only one person and labeled appropriately.
- Multiple-dose vials of insulin should be dedicated to a single person whenever possible.
- Medication vials should always be entered with a new needle and new syringe. Never reuse needles or syringes.
- For information and materials about safe insulin pen use, visit [www.ONEandONLYcampaign.org](http://www.ONEandONLYcampaign.org).

***Always practice proper hand hygiene and change gloves between each person.***

Label each individual piece of equipment with the resident's name to prevent inappropriate use.

## Hepatitis B Vaccination for Adults with Diabetes Mellitus

The Centers for Disease Control and Prevention (CDC) recommends the following for adults with diabetes mellitus:

- 19–59 years old: Hepatitis B vaccination *should* be administered.
- ≥60 years old: Hepatitis B vaccination *may* be administered at the discretion of the treating clinician.