Safe Glucometer Use Competency Tracking Tool

This tool is designed to track safe glucometer use pre and post-test results and identify trends for ongoing quality improvement. For each completed competency, check all post-test questions answered **incorrectly**. Trends in areas of incorrect post-test answers should be analyzed for possible modifications to the appropriate training or educational process.

Post Test Questions:

1. In order to properly clean a glucometer, you need to know the manufacturer guidelines and your facility policy.
2. Three keys to safe glucometer use.
3. Hand hygiene should be performed before and after glove use when using a glucometer.
4. It is not necessary to change gloves between glucometer use and glucometer cleaning.
5. Glucometer manufacturer guidelines for cleaning can vary so it is best practice to review the manufacturer guidelines if you are given a new brand or model of glucometer to use.
6. The length of time it is safe to use a glucometer can be affected by how often the glucometer is cleaned and disinfected.

Date	Employee Name	Department	Shift	Pre-test Score:	Post-test Score:	Post –test Question 1	Post–test Question 2	Post –test Question 3	Post –test Question 4	Post –test Question 5	Post –test Question 6
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SAFE GLUCOMETER USE

Safe Glucometer Use: NJDOH Infection Control Assessment Response (ICAR) Video # 1

Pre-Test

This pre-test should be taken to evaluate staff members' baseline knowledge prior to viewing the Safe Glucometer Use YouTube video *Safe Glucometer Use: NJDOH ICAR Video #1* and reviewing a copy of the glucometer manual cleaning instructions for the glucometer brand(s) used by the facility to evaluate baseline knowledge.

Staff member:	Date:
Test Scorer:	Pre-Test Score:

Question	True	False
1. Glucometers can be cleaned with any cleaner or sanitizer that is on the EPA- N list.	☐	☐
2. It is not necessary to place a barrier between the glucometer, glucometer supplies and environmental surface if you have just observed a housekeeper cleaning the environmental surface (for example, an over-bed table).	☐	☐
3. Hand hygiene should be performed before and after glove use when using a glucometer.	☐	☐
4. A glucometer should be cleaned and disinfected after each patient use only if blood is visible.	☐	☐
5. All glucometer manufacturer guidelines for cleaning are standardized so if your facility receives a new brand, it is safe to follow the cleaning guidelines for the previous brand you used.	☐	☐
6. The length of time for safe use of a glucometer can be affected by how often the glucometer is cleaned and disinfected.	☐	☐

SAFE GLUCOMETER USE

Safe Glucometer Use: NJDOH Infection Control Assessment Response (ICAR) Video # 1

Post-Test

The post-testshould be taken to evaluate staff members' knowledge after viewing the Safe Glucometer Use YouTube video *Safe Glucometer Use: NJDOH ICAR Video #1* and reviewing a copy of the glucometer manual cleaning instructions for the glucometer(s) brand or brands used by your facility.

Staff member:	Date:
Test Scorer:	Pre-Test Score:

Question	True	False
1. In order to properly clean a glucometer, you need to know the manufacturer guidelines and your facility policy.	☐	☐
2. Three keys to safe glucometer use are • Hand Hygiene before and after glove use; • Placing a barrier between the glucometer, supplies and the environmental surface; and • Cleaning the glucometer before moving on to the next patient.	☐	☐
3. Hand hygiene should be performed before and after glove use when using a glucometer.	☐	☐
4. It is not necessary to change gloves between glucometer use and glucometer cleaning.	☐	☐
5. Glucometer manufacturer guidelines for cleaning can vary so it is best practice to review the manufacturer guidelines if you are given a new brand or model of glucometer to use.	☐	☐
6. The length of time for safe use of a glucometer can be affected by how often the glucometer is cleaned and disinfected.	☐	☐

SAFE GLUCOMETER USE

Safe Glucometer Use: NJDOH Infection Control Assessment Response (ICAR) Video # 1

Pre-Test Answer Guide

	Answers
1. Glucometers can be cleaned with any cleaner or sanitizer that is on the EPA- N list.	**False**
2. It is not necessary to place a barrier between the glucometer, glucometer supplies and environmental surface if you have just observed a housekeeper cleaning the environmental surface (for example, an over bed table).	**False**
3. Hand hygiene should be performed before and after glove use when using a glucometer.	**True**
4. A glucometer should be cleaned and disinfected after each patient use only if blood is visible.	**False**
5. All glucometer manufacturer guidelines for cleaning are standardized so if your facility receives a new brand, it is safe to follow the cleaning guidelines for the previous brand you used.	**False**
6. The length of time for safe use of a glucometer can be affected by how often the glucometer is cleaned and disinfected.	**True**

SAFE GLUCOMETER USE

Safe Glucometer Use: NJDOH Infection Control Assessment Response (ICAR) Video # 1

Post-Test Answer Guide

	Answers
1. In order to properly clean a glucometer, you need to know the manufacturer guidelines and your facility policy.	**True**
2. Three keys to safe glucometer use are • Hand Hygiene before and after glove use; • Placing a barrier between the glucometer, supplies and the environmental surface; and • Cleaning the glucometer before moving on to the next patient.	**True**
3. Hand hygiene should be performed before and after glove use when using a glucometer.	**True**
4. It is not necessary to change gloves between glucometer use and glucometer cleaning.	**False**
5. Glucometer manufacturer guidelines for cleaning can vary so it is best practice to review the manufacturer guidelines if you are given a new brand or model of glucometer to use.	**True**
6. The length of time for safe use of a glucometer can be affected by how often the glucometer is cleaned and disinfected.	**True**

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Alliant Health Solutions Infection Control Sample Action Plan

IMPORTANT NOTE:

Alliant Health Solutions is distributing this sample Action Plan to provide a framework for the development of a facility-specific Action Plan that addresses opportunities identified for improvement based on the facility performed root cause analysis (RCA). For additional guidance on RCA, action planning and quality improvement practices, visit the CMS Quality Assurance and Performance Improvement (QAPI) website at QAPI | CMS* or contact (Insert Contact Information)

* https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI

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QUALITY IMPROVEMENT ACTION PLAN FOR SAFE GLUCOMETER USE

(Complete either electronically or via a print copy.)

Team Lead(s)

Infection Preventionist
Staff Educator
2nd Shift Supervisor

Process or problem identified for improvement

Random medication pass audits have identified an opportunity to improve compliance with infection prevention related to glucometer use.

Background leading up to need for this action plan (include findings from root cause analysis):

Initial root cause analysis of random medication pass audits identified a trend in opportunities on second shift that may be associated with increased use of agency staff as a result of COVID-19 related staff absences.

SMART Goals (Specific, Measureable, Attainable, Realistic, Time-Bound)	Baseline Measurements (For each SMART Goal, identify a corresponding baseline measurement)
1. 100% of all staff observed via audit to be non-compliant with all processes related to safe glucometer use will receive additional training utilizing the Safe Glucometer use video and glucometer manufacturer guidelines by 9/15/20	1. Baseline is zero (utilizing new educational resources)
2. 100% of second shift staff will successfully complete Safe Glucometer use training by 9/30/20	2. Baseline is zero
3. Orientation and annual competency testing will be revised to incorporate safe glucometer use by 10/1/20	3. Process measure baseline is that orientation and competency processes have not been revised
4. Five second shift staff will be identified as champions to do ongoing just in time training as needed with a focus on any new staff or agency staff.	4. Baseline is zero second shift champions identified

Scope (boundaries for where project begins and ends)	Resources needed
Since the only instances of observed noncompliance were on second shift, the scope of this project is staff who are assigned, or who rotate to second shift, all units. Scope includes both facility and contracted staff. Project will begin on 9/1/20 and end when education has been completed and random audits of second shift staff reflect 100% compliance for 90 days.	NJDOH ICAR Safe Glucometer Use Video Safe Glucometer Use Tracking Tool Manufacturer Cleaning Guidelines for glucometers utilized by facility Safe Glucometer Use Pre and Post - test with Answer Guide Internet Connectivity to view Safe Glucometer Use Video
Potential barriers	**Strategies to mitigate barriers**
Limited resources for additional training An estimated 30% of contracted staff identify challenges with written tests due to Spanish being their primary language	Utilize train-the-trainers to conduct training individually or in small groups (video is 5 minutes) Consider translating the pretest and post test into Spanish or providing staff to translate during competency testing.

KEY ACTION STEPS AND PDSA CYCLES

Action	Start Date	Target Completion Date	Process Owner	Monitoring Strategy	Findings/Lessons Learned	Recommendations/ Next Steps
1. Educate all staff identified via random audits to have missed one or more elements of safe glucometer use	9/1/20	9/15/20	Staff Educator	Review of completed audits	Five of nine staff trained identified that they were not aware of the required surface time for the approved glucometer cleaning agent	Develop poster with safe glucometer cleaning key points and obtain staff input for best places to post. Managers to review during shift change and daily huddles
2. Develop a schedule for the training of all full-time, part-time and PRN second shift staff and agency staff	9/1/20	9/7/20	Staff Educator Unit Managers Shift Supervisors	HR review of training schedule		
3. Complete Safe Glucometer Use training, recording all training results on the Safe Glucometer Use Tracking form	9/3/20	10/1/20	Staff Educator Unit Managers Shift Supervisors	Inservice sign in records Safe Glucometer Use tracking form		
4. Analyze training results to identify opportunities to improve processes or modify elements of glucometer use training	9/10/20	10/7/20	QAPI Chairperson Infection Preventionist	QAPI Minutes		
5. Revise orientation and annual competency training to incorporate safe glucometer use	9/1/20	9/30/20	Staff Educator	Review by QAPI Committee		

KEY ACTION STEPS AND PDSA CYCLES (continued)						
Action	**Start Date**	**Target Completion Date**	**Process Owner**	**Monitoring Strategy**	**Findings/Lessons Learned**	**Recommendations/ Next Steps**
6. QAPI team identify opportunities to include elements of safe glucometer use in facility ongoing random audit schedule	9/10/20	9/15/20	QAPI Chairperson	QAPI minutes review		

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Insert Contact Information

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Safe Glucometer Use

VIDEO TRANSCRIPT

Please note that this transcript was created by an IPRO QIN-QIO staff member, who recorded her interpretation of the content presented in the video.

Welcome to the New Jersey Department of Health Infection Control Assessment and Response video series. This is the first of three videos, Safe Glucometer Use. Let's learn about safe glucometer use in healthcare settings.

The glucometer is a common monitoring tool that is used in healthcare settings. In this first scene, can you pick out the poor practice associated with blood glucose monitoring? How many actions can you spot?

Healthcare worker addressing patient:
"Mr. Jones it's time for your finger stick. Ready?"

Patient: "Yes."

Healthcare worker: "Alright let's do it. Rest your hand here for me. Too much blood. There we go, hold that for me. Alright, you're in normal range. Go enjoy your lunch."

Patient: "Thank you."

We just saw a healthcare worker testing a patient's blood sugar. How many things did you identify that are considered poor practice?

Did you notice whether she performed hand hygiene before taking the patient's blood sugar?
Did she clean the equipment after she used it?
We know that blood can be microscopic, and not always seen. Blood glucose monitoring equipment should be cleaned after each use as per manufacturer instructions. Not cleaning equipment, may lead to spreading disease from one patient to another. This is not good practice and may cause patient harm.

And also, while she was taking the patient's blood sugar, where was the equipment placed?
Was there a barrier between the machine and the environmental surface?

Let's watch her use good practice this time.

Healthcare worker addressing patient:
"Hi Mr. Jones, it's time for your finger stick. Is now a good time?"

Patient: "Yes."

Healthcare worker: "Mr. Jones can I see your ID band? Could you tell me your date of birth please?"

Patient: "August 30th, 1956."

Healthcare worker :
"Thank you, relax your hand for me. Apply pressure for me. And your blood sugar is 98."

Did you notice the difference between the first interaction with the patient and the second? What did you notice that was different?

The healthcare worker performed hand hygiene before and after glove use, she used a barrier between the environmental surface and the glucose monitoring equipment, and finally, she cleaned the equipment before moving on to the next patient. These three (3) actions are important to reduce the possibility of disease transmission.

Good infection prevention is good patient safety.

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Using Disinfectants to Control the COVID-19 Virus

IMPORTANT NOTE:

The **Alliant Health Solutions** is distributing this resource created by the National Pesticide Information Center. This resource contains current information that is rapidly changing. It is the responsibility of each facility to regularly check the Environmental Protection Agency's website: **https://www.epa.gov** to ensure that the most current guidance resource is being followed.

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Using Disinfectants to Control the COVID-19 Virus

This guidance is for the public and professionals to control the COVID-19 virus on surfaces. The coronavirus named "SARS-CoV-2" is the cause of "COVID-19" in people.

This information applies to sprays, **surface wipes**, and other liquids. You may see them called "**antimicrobials**",, "disinfectants", or "biocides" on product labels.

Antimicrobial Products List

There are currently no EPA-registered disinfectants that specifically include the SARS-CoV-2 virus on the product label. Refer to the following list from the U.S. Environmental Protection Agency for products that control the virus:

List N: Disinfectants for Use Against SARS-CoV-2
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Using products effectively:

- **To kill the virus, the surface must stay wet for the entire time on the label. Look for "contact time" or "dwell time".**
- Surface wipes can dry out during use. They must remain wet to be effective.
- Each product has only been shown to work where the label says it can be used. Look for **"use sites"** on the label.
- Disinfectants may not work on all surfaces. Follow the label carefully. Examples of surface types are listed in Table 1 below.
- "Cleaning" wipes do not kill viruses. They do not make claims to disinfect and are not registered by the U.S. EPA.

Table 1. Porosity of common household materials[1,2,3,4]

Porous		Semi-porous		Non-porous
Carpeting	Upholstered furniture	Wood	Hardwood floor	Some tiles
Clothing and fabrics	Leather	Drywall	Linoleum	Some sealed countertops
Bedding and pillows	Wall insulation	Tile grout	Concrete	Glass
Mattresses	Ceiling tile			Metal

Consider these steps to reduce your risk when using disinfectants:

- To avoid chemical exposure when using disinfectants, follow the label's "precautionary statements". If no label guidance is provided, consider wearing gloves, eye protection, shoes with socks, and long sleeves/pants.
- Keep children, pets, and other people away during the application until the product is dry and there is no odor.
- Open windows and use fans to ventilate. Step away from odors if they become too strong.
- Wash your hands after using any disinfectant, including surface wipes.
- Keep lids tightly closed when not in use. Spills and accidents are more likely to happen when containers are open.
- Do not allow children to use disinfectant wipes. Keep cleaners and disinfectants out of reach from children and pets.
- Throw away disposable items like gloves and masks after use. They cannot be cleaned.
- Do not use disinfectant wipes to clean hands or as baby wipes.

Additional Resources:

1. **Guidance to Registrants: Process for Making Claims Against Emerging Viral Pathogens not on EPA-Registered Disinfectant Labels** - U.S. EPA
2. **Interim guidance for environmental cleaning in non-healthcare facilitates exposed to SARS-CoV-2** – European Centre for Disease Prevention and Control

For questions about disinfectants and other pesticides:
1-800-858-7378 (8:00am - 12:00pm PST)
npic@ace.orst.edu | **npic.orst.edu**

npic NATIONAL PESTICIDE INFORMATION CENTER

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2. Emergency or Incident Response. National Pesticide Applicator Certification Core Manual; National Association of State Departments of Agriculture Research Foundation: Arlington, VA, 2014, pp 144–145.
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4. OSHA Fact Sheet: Mold Hazards during Disaster Cleanup; U.S. Department of Labor, Occupational Safety and Health Administration: Washington, DC, 2013.

Date updated: March 5, 2020