



GLUCOSE METERS AND INFECTION CONTROL

Wisconsin Department of Health Services / Division of Quality Assurance

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The Division of Quality Assurance (DQA) has observed instances in facilities where facility staff has not adhered to the standards of practice to prevent patient-to-patient transmission of blood-borne pathogens when using glucose meters. Patient-to-patient transmission of blood-borne pathogens is a well-known risk when lancets, needles, and syringes are reused between patients. However, patient-to-patient transmission of pathogens facilitated through the use of devices such as glucose meters may not be as well known.

The Centers for Disease Control and Prevention (CDC) has published recommendations for infection control and safe injection practices to prevent patient-to-patient transmission of blood-borne pathogens. Facility staff should evaluate practices related to glucose meter, lancet, and needle use, especially related to insulin administration, as these constitute practices for which DQA staff has observed problems.

Following are specific infection control recommendations published by the CDC that focus on diabetes care procedures in healthcare and group residence settings. (See *Transmission of Hepatitis B Virus Among Persons Undergoing Blood Glucose Monitoring in Long-Term-Care Facilities – Mississippi, North Carolina, and Los Angeles County, California, 2003-2004*; CDC MMWR Weekly March 1, 2005 / 54(09); pp. 220-223 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5409a2.htm>)

- Prepare medications such as insulin in a centralized medication area; multiple dose insulin vials should be assigned to individual patients and labeled appropriately.
- Never reuse needles, syringes, or lancets.
- Restrict use of finger-stick capillary blood sampling devices to individual patients.
- Consider selecting single-use lancets that permanently retract upon puncture.
- Dispose of used finger-stick devices and lancets at the point of use in an approved sharps container.
- Environmental surfaces and equipment such as glucose meters should be decontaminated regularly and at any time contamination with blood or body fluids occurs or is suspected.
- Glucose meters should be assigned to individual patients. If glucose meters are shared between patients, the devices should be cleaned and disinfected between each patient use.
- Maintain supplies and equipment such as finger-stick devices and glucose meters within individual patient rooms, if possible.
- 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 finger-stick monitoring or insulin administration should not be used for another patient.
- Wear gloves during finger-stick blood glucose monitoring, administration of insulin, and any other procedure involving potential exposure to blood or body fluids.
- Change gloves between patient contacts and after every procedure that involves potential exposure to blood or body fluids, including finger-stick blood sampling.
- Perform hand hygiene with soap and water or alcohol hand sanitizer immediately after removing gloves and before touching medical supplies used on other patients.

Additional information regarding diabetes care recommendations and other activities can be accessed at: <http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

Specific guidelines for cleaning glucose meters may vary with the manufacturer. The manufacturer should be consulted to determine which cleaning procedures, specific to glucose meter sharing, should be adhered to. If the manufacturer does not have specific requirements, there are CDC guidelines for environmental care in healthcare facilities which can be found at: http://www.cdc.gov/hicpac/Disinfection_Sterilization/toc.html