



COMMUNITY ORGANISATIONS FOR DIABETES ACTION

POLICY

Safety Precautions in Community Screening

Outcome: Performance of the Screening activities, including Capillary Blood testing is carried out safely and effectively.

References: CODA Policies “Who to screen”, “Confidentiality & Privacy”, “Interpreting Screening Values”, “Competencies for Screening”
Health & Safety in Employment Act 1992

Recommendations:

Who Screens –

Screening should be carried out by appropriately trained health professionals (eg, Registered Nurse, Doctor, or appropriately trained community educators)

Those participating in risk factor assessment must be up to date with current recommendations with respect to risk of diabetes, education for risk reduction, blood testing protocol, safety precautions, follow up advice as decided by the CODA Group and according to current professional, industry and legislative requirements.

Training in the appropriate techniques and appropriate insurance cover are the responsibility of the participating individuals and organisations. Safety precautions should comply with the provisions of the Health & Safety in Employment Act 1992.

How to Screen

A laboratory based fasting serum glucose is the recommended screening test for Type 2 diabetes. An electronic capillary blood glucose meter is a poor second best. This must be kept in mind when blood testing. An elevated blood test result is only an indication for the need for followup by the GP with respect to the need for risk reduction and a fasting blood glucose test in the near future.

A rigorous control testing regime must be maintained for any community blood testing. This should involve checks on all meters and strips to be used with appropriate in-date control solution, and checks on the expiry date and calibration of strips prior to the commencement of any testing.

Infection Control

Rigorous infection control procedures must be established because of the risks including hepatitis B & C, HIV infection. Many people in the community may be carriers of hepatitis in particular but may not be aware. Contact with contaminated blood and other body substances must be minimised by using standard safety precautions.

- ❖ Disposable gloves to be worn when performing blood tests or handling material that may have been exposed to blood and discarded after use. A new set of gloves to be used for each person.
- ❖ Hands must be washed for 15 seconds and dried thoroughly, or treated with an alcohol based hand rinse where skin contact has occurred.
- ❖ A fresh paper towel should be used as a testing field for each person tested. Tables or counters that are difficult to clean should be covered with a disposable, non-absorbant material that can be disinfected or disposed of if contaminated.
- ❖ A new disposable lancet is used for each test. Finger prickers that minimise exposure of the lancet/needle should be used, eg, glucolet 2, softclix pro.
- ❖ If an alcohol wipe is used to clean fingers prior to testing this must be allowed to dry.
- ❖ A fresh cotton ball or piece of tissue is used for each person after pricking
- ❖ Visible blood spots, meters, lancing devices and surrounding area should be cleaned frequently with 1-2% hypochlorite or 70% alcohol
- ❖ The used lancet should be disposed of in an appropriate sharps container to be incinerated without opening.
- ❖ Plastic bag lined rubbish bins must be place around the screening area to encourage safe disposal of contaminated cotton balls/tissues
- ❖ All used paper towels, cotton balls, tissues, test strips, gloves should be placed in a plastic rubbish bag that is sealed and disposed of safely.
- ❖ Testers with open cuts or lesions should not participate in blood testing.

Blood accidents

Careful choice of and appropriate use of finger pricking devices minimises the risk of needle stick injuries in the community setting. However it is important that the local hospital policy for needle stick injuries is known in advance.

If a needle stick injury occurs take the following action:

- ❖ Wash hands in running water
- ❖ Cleanse hands with a skin antiseptic and cover with a waterproof dressing
- ❖ Paired blood samples should be obtained for hepatitis B & C serology for the subject with his/her written consent. If the samples are positive for hepatitis B antigen, the tester should receive hyper-immune globulin within 5 days, preferably within 24 hours.

Blood testers should be immunised for hepatitis B through their own doctor. A preliminary blood test will determine whether immunity is already present. Hepatitis C and HIV cannot currently be immunised against.

ACC may not cover hepatitis B, C & HIV infections secondary to accidental needle stick injury. Organisations, if not already covered will need to negotiate their own insurance cover for those involved in testing. Needle stick injuries do not incapacitate the person but details of the incident must be recorded in case of subsequent illness arising, and consulting a doctor to complete the appropriate ACC documents is advised.

Psychological Safety

It needs to be recognised that an abnormal result or false normal could cause mental trauma to the individual despite the fact that the screening process is not intended to be diagnostic. It is important that those conducting screening are able to deal with any eventuality with sensitivity and maintain a safe emotional environment for the individual being screened. See CODA policy, "Competencies".