Indiana State Department of Health

LONG TERM CARE NEWSLETTER

ISDH Long Term Care
Newsletter Issue # 09-31
October 16, 2009

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ISDH Staff Appointments

ISDH Long Term Care Survey Supervisor

The Indiana State Department of Health (ISDH) is pleased to announce the appointment of Donna Downs as a Long Term Care Survey Supervisor. Donna will be responsible for supervising long term care surveys in Area 5 which is the southwest Indiana area. Donna has already assumed her new responsibilities.

Donna started her nursing career in 1983 as a licensed practical nurse (LPN) and has worked in some facet of long term care since that time. She has held various positions in nursing homes including charge nurse, unit manager, staff development coordinator, assistant director of nursing, director of nursing, and regional director of clinical services. Donna also has experience in med/surg and pediatrics and has taught certified nurse aide classes for Ivy Tech Bloomington.

Donna obtained an Associate's Degree in Nursing from Wabash Valley College, a Bachelor's from Indiana University in 2004, and a Master's in Nursing from Walden University in 2007. Donna has worked off and on at the ISDH for 17 ½ years as a surveyor conducting annual surveys, quality review, and, most recently, as a complaint surveyor.

ISDH Life Safety Code Survey Supervisor

The ISDH is pleased to announce the appointment of Dennis Austill as the Life Safety Code Survey Supervisor. Dennis will be responsible for supervising life safety code surveys. Dennis has already began his new responsibilities.

Dennis has a Bachelor of Science degree in Public Affairs from Indiana University. He has been with the ISDH in the Division of Long Term Care for over twenty years. From 1989 to 1994, Dennis worked with health survey teams assisting with annual surveys. Since 1994, Dennis has worked primarily as a Life Safety Code Surveyor. Prior to coming to the ISDH, Dennis worked for the City of Indianapolis and for the Marion County Health Department.

ISDH Division of Long Term Care Phone Directory

The Division of Long Term Care phone directory has been updated to reflect recent staffing changes.

Recalls

Philips Heartstart Fr2+ Automated External Defibrillators - Recall

[Posted 10/05/2009] Philips and FDA notified healthcare professionals of the recall of 5,400 HeartStart FR2+ automated external defibrillators (AED) due to reports of a memory chip failure which could render the AED inoperable and prevent it from delivering therapy when indicated. The AEDs are used by trained responders and designated response teams to help treat sudden cardiac arrest.

The recalled units (models M3860A and M3861A, distributed by Philips; and models M3840A and M3841A, distributed by Laerdal Medical) were manufactured between May, 2007 and January, 2008. Philips is contacting customers to arrange for the return and replacement of all the recalled AEDs and set up a page on the Philips Web site -- www.philips.com/FR2PlusAction -- with a serial number look-up tool to allow customers to find out if their FR2+ is part of this recall, as well as instructions on what to do if it is.

Heparin: Change in Reference Standard

[Posted - 10/01/2009] FDA notified healthcare professionals and patients of a change to heparin, effective October 1, 2009, which will include a new reference standard and test method used to determine the potency of the drug and able to detect impurities that may be present in heparin. The change, which will also harmonize the USP unit dose with the WHO International Standard unit dose, will result in approximately a 10% reduction in the potency of the heparin marketed in the United States.

This may have clinical significance in some situations, such as when heparin is administered as a bolus intravenous dose and an immediate anticoagulant effect is clinically important. Healthcare providers should be aware of the decrease in heparin potency as they monitor the anticoagulant effect of the drug; more heparin may be required to achieve and maintain the desired level of anticoagulation in some patients.

There will be simultaneous availability of heparin manufactured to meet the "old" and "new" USP monograph, with potential differences in potency. Products using the new "USP unit" potency definition are anticipated to be available on or after October 8. FDA is working with the manufacturers of heparin to ensure that an appropriate identifier is placed on heparin made under the new USP monograph. Most manufacturers will place an "N" next to the lot number. FDA is also working with the heparin manufacturers to study the impact of this variation in potency and will make the results available when the studies have concluded.

H1N1 Update

OSHA Statement by Acting Assistant Secretary of Labor for OSHA Jordan Barab regarding H1N1-related Inspections

October 14, 2009

WASHINGTON - To ensure the protection of frontline healthcare and emergency medical workers at high risk of infection with H1N1 virus, the Occupational Safety and Health Administration will soon issue a compliance directive to ensure uniform procedures when conducting inspections to identify and minimize or eliminate high to very high risk occupational exposures to the 2009 H1N1 influenza A virus.

The Directive will closely follow the CDC's Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel.

In response to complaints, OSHA inspectors will ensure that healthcare employers implement a hierarchy of controls, including source control, engineering, and administrative measures, encourage vaccination and other work practices recommended by the CDC. Where respirators are required to be used, the OSHA Respiratory Protection standard must be followed, including worker training and fit testing.

The CDC recommends the use of respiratory protection that is at least as protective as a fit tested disposable N95 respirator for healthcare personnel who are in close contact (within 6 feet) with patients with suspected or confirmed 2009 H1N1 influenza.

"Employers should do everything possible to protect their employees," Acting Assistant Secretary of Labor Jordan Barab said. Barab emphasized, however, that where respirators are not commercially available, an employer will be considered to be in compliance if the employer can show that a good faith effort has been made to acquire respirators. The employer will also need to implement a hierarchy of controls such as feasible engineering controls, administrative controls, and the use, as appropriate, of personal protective equipment, such as gloves and respirators to protect workers while providing close-contact care.

Since a shortage of disposable N95 respirators is possible, employers are advised to monitor their supply, prioritize their use of disposable N95 respirators according to guidance provided by CDC, and to consider the use of elastomeric respirators and facemasks if severe shortages occur. Healthcare workers performing high hazard aerosol-generating procedures (e.g., bronchoscopy, open suctioning of airways, etc.) on a suspected or confirmed H1N1 patient must always use respirators at least as protective as a fit-tested N95, even where a respirator shortage exists. In addition, an employer must prioritize use of respirators to ensure that sufficient respirators are available for providing close-contact care for patients with aerosol-transmitted diseases such as tuberculosis.

Where OSHA inspectors determine that a facility has not violated any OSHA requirements but that additional measures could enhance the protection of employees, OSHA may provide the employer with a Hazard Alert Letter outlining suggested measures to further protect workers.

Link to OSHA Statement.

Long Term Care Survey Guidance

Health care facilities are expected to provide infection control practices consistent with appropriate standards of practice. As discussed above, CDC and OSHA recommend a N95 respirator as the appropriate protective device. The Indiana State Department of Health is aware that there is a shortage of N95 respirators. Obviously, if N95 respirators are not available, a facility would not be cited for failure to have that respirator. Facilities should be prepared and be able to demonstrate however that appropriate steps have been taken as needed to ensure infection control in the absence of N95 respirators.

Best wishes for the coming week.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health

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Visit the ISDH home page at http://www.in.gov/isdh/ for the latest public health information.

Visit the ISDH Division of Long Term Care home page at http://www.in.gov/isdh/23260.htm for information on long term care.