ISDH Long Term Care
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In Today's Issue:

Influenza Update

State health officials are urging Hoosiers to take steps to protect themselves and loved ones from influenza in light of a flu season that appears to be particularly severe. "Indiana, like most of the country, is continuing to experience high flu activity," said State Health Commissioner Jerome Adams, M.D., MPH. "This is clearly a severe flu season. Because of that, it's especially important to see a health care provider right away if you have flu symptoms. If it is flu, starting early on antiviral medications can help reduce the severity and length of illness."

The CDC advises that all high-risk individuals with suspect influenza be treated as soon as possible with one of the three FDA approved antiviral medications: oral oselatamivir (Tamiflu), inhaled zanamivir (Relenza), intravenous peramivir (Rapivab). Antiviral treatment with neuraminidase inhibitors, especially with 48 hours of symptom onset, has been clinically shown to reduce illness and severe outcomes related to influenza.

Although anyone can get the flu, high risk individuals include pregnant women, young children, people older than 65, and people with chronic illnesses and/or compromised immune systems. Every year, multiple strains of influenza circulate during flu season. Health officials stress that the current vaccine available is still the best defense against flu this season, even though it is not perfectly matched to all the flu strains. The flu vaccine may reduce the severity and length of illness for those who do get the flu.

Information regarding Indiana flu season can be found at: http://www.in.gov/isdh/25462.htm. Additional information from CDC Health Update - Treatment of Patients with Influenza with Antiviral Mediations can be found at: http://emergency.cdc.gov/han/han00375.asp.

CMS Update

SC 14-01-NH Revised: Cardiopulmonary Resuscitation (CPR)

The Centers for Medicare & Medicaid Services (CMS) revised the guidance to surveyors in Appendix PP under F155 to clarify a facility's obligation to provide CPR. Prior to the arrival of emergency medical services (EMS), nursing homes must provide basic life support, including initiation of CPR, to a resident who experiences cardiac arrest (cessation of respirations and/or pulse) in accordance with that resident's advance directives or in the absence of advance directives or a Do Not Resuscitate (DNR) order. CPR-certified staff must be available at all times. Facilities must not establish and implement facility-wide no CPR policies. Staff must maintain current CPR certification for healthcare providers through CPR training that includes hands-on practice and in-person skills assessment. Online-only certification is not acceptable.

Attached is SC 14-01-NH REVISED 01.23.15 and Appendix PP -"Interpretive Guidelines for Long Term Care Facilities F tag 155, Advanced Directives.

Aide Update

The following are updates from the Nurse Aide Registry Program for Certified Nurse Aide (CNA) and Qualified Medication Aide (QMA) registration:

Certification Form from Ivy Tech

The CNA certification letter given by Ivy Tech testers upon successful passing of the State exam will be changing. The letter will now state: "Your permanent CNA certificate will be mailed to you by the Indiana State Department of Health within sixty (60) days. After 60 days, this document becomes null and void. You must present your employer with the State certificate." The certification letter may not be used as proof of successful completion of the State certification exam after 60 days from issue. The facility must have proof of placement on the Indiana Nurse Aide Registry. This will become effective February 1, 2015.

QMA Renewal

QMAs must submit the record of annual in-service education and fee by March 31, 2015. A minimum of six (6) hours in-service education is required for renewal. The in-service education must relate to medication and medication administration (only one hour of actual medication administration will be accepted). The in-services must have been completed between March 1, 2014 and February 28, 2015 to be accepted. The form must be submitted via mail to ISDH. No faxed or emailed renewals will be accepted. Each completed in-service must include an original signature of the instructor. Detailed information and forms are available at: http://www.in.gov/isdh/20507.htm.

Questions regarding CNA/QMA Education and Training contact:

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Tuberculin Skin Test (TST)

In response to recent questions regarding the use of the TST versus QuantiFERON-TB Gold test, the tuberculin skin test (TST) is the required procedure. The use of the QuantiFERON-TB Gold test was recommended during the TST shortage. On September 1, 2014 the Tuberculin Skin Test shortage guidelines were rescinded (see Long Term Care Newsletter 2014-05). The tuberculin skin test is therefore once again the procedure as required by rule. The specific requirements for TST can be found at IAC16.2-3.1-14(t)(1-4) for personnel and IAC16.2-3.1-18(e)(f)(g)(h)(i) for residents (http://www.state.in.us/legislative/iac/T04100/A00162.PDF). The surveyors will be following these guidelines when reviewing for compliance.

Survey Report System - Gateway Update

Changes have been made in the Survey Report System. On the front page of the Survey Report System, to now view the survey and complete the plan of correction, click on the "View/Complete Plan of Correction", not the ID. In addition, an "Upload Additional Supporting Documents" link has been added to the Survey Reports and Documents screen. These changes were made to reduce confusion and better assist facilities in navigating the system. Questions or concerns regarding the Survey Report System can be sent to srshelpdesk@isdh.in.gov.

Recalls

Wallcur's simulated IV saline solution

FDA and the Centers for Disease Control and Prevention (CDC) are investigating multiple instances of Wallcur's simulated intravenous (IV) saline products being administered to patients. These products are NOT sterile and should NOT be injected in humans or animals. Adverse events have been reported in Florida, Georgia, Idaho, Louisiana, North Carolina, New York and Colorado. FDA has posted an update on the investigation on its website, which may be found at http://www.fda.gov/Drugs/DrugSafety/ucm428431.htm.

Wallcur's simulated IV saline solution, Practi-0.9% sodium chloride solution, was shipped to medical clinics, surgical centers, and urgent care facilities in numerous states. So far, more than 40 patients have received infusions of the simulated saline products. These products are being tested to learn if the products may have caused the adverse events in patients.

Wallcur initiated a voluntary recall of Practi-0.9% sodium chloride IV solutions. Most medical facilities reported that they were unaware that the IV solution bags were simulation products. At least one clinic recognized the Wallcur product was a simulation product upon receipt, and returned it to the distributor.

Clinicians and health care providers are encouraged to take steps to ensure IV solution simulation products are removed from office inventory to eliminate the possible injection of Wallcur simulated products into patients.

- Visually inspect all current IV saline solution bags. Ensure none of the bags are labeled "Wallcur," "Practi-products," "For clinical simulation," or "Not for use in human or animal patients."
- If you have products labeled with any of these words, or you suspect you may have received other products intended for training purposes, separate simulation products from existing inventory and contact your distributor for directions on how to return these products.
- If you have received Wallcur Practi-products by mistake, please contact the distributor, or Wallcur, LLC of San Diego for return instructions.
- Consider reviewing your office procedures and make sure there are procedures in place to visually inspect all future shipments of normal saline products to ensure they are for clinical use.

If you suspect that any Wallcur training IV products may have been administered to a patient, whether or not the incident has resulted in an adverse event:

- Evaluate all potentially exposed patients with new, or ongoing symptoms;
- Use appropriate treatment;
- Report suspected cases to the state health department; and
- Report any adverse events following use of these products to FDA's MedWatch program online or at **1-800-332-1088.**