



# INJECTION SAFETY

## CALIFORNIA ONE AND ONLY CAMPAIGN



### Download Our Free Adherence Monitoring Tools

The California Department of Public Health (CDPH) Healthcare-Associated Infections (HAI) Program developed tools for measuring healthcare worker adherence to care practices critical to prevent infections. Each hospital, skilled nursing facility, and outpatient clinic should develop a plan to regularly monitor staff adherence to evidence-based infection prevention practices. These tools can be used to identify gaps and opportunities for improvement.

Please [download and use our tools](#) to monitor adherence to:

- ▶ Injection Safety
- ▶ Blood Glucose Monitoring
- ▶ Hand Hygiene
- ▶ Contact Precautions
- ▶ Environmental Services
- ▶ Device Reprocessing
- ▶ Central Line Adherence Monitoring
- ▶ Surgical Site Infections
- ▶ Indwelling Urinary Catheter Maintenance Practices
- ▶ Hemodialysis

#### Ideas of How to Use the Adherence Tools:

- ▶ Employ “secret shoppers,” defined as persons unknown to staff who can perform covert observations, to monitor staff adherence. Use somebody other than your facility’s infection preventionist.
- ▶ Monitor adherence and provide feedback to staff on a regular basis.
- ▶ Use adherence data to monitor improved performance over time.
- ▶ Hold competitions between different units to compare which has the highest overall adherence percentage.



Healthcare-Associated Infections Program Adherence Monitoring

**Safe Injection Practices**

Assessment completed by:

Date:

Unit:

**Regular monitoring with feedback and staff education is recommended to improve safe injection practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may occur in any type of patient care location where medication is prepared or provided to patients.**

**Instructions:** This form can be used to observe up to 4 areas where providers are preparing or providing patient medications, or 4 observation opportunities for each practice type. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

Safe Injection Practices		Adherence									
		Area 1 or Opportunity 1		Area 2 or Opportunity 2		Area 3 or Opportunity 3		Area 4 or Opportunity 4		# Yes	# Observed
SI1.	Proper hand hygiene is performed prior to preparing and administering medication.	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
SI2.	Medication preparation area is clean and free from contact with blood, body fluids, or contaminated equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
SI3.	Needles and syringes are used for only one patient. This includes manufactured prefilled syringes and cartridge devices such as insulin pens.	<input type="checkbox"/> Yes	<input type="checkbox"/> No								



## Injection Safety Breaches Must be Reported to Public Health Authorities

A survey agency or accrediting organization that identifies an infection control breach that could potentially expose a patient to bloodborne pathogens must alert State public health authorities. This requirement applies to all Medicare and/or Medicaid-certified providers.

Unsafe injection breaches include:

- ▶ Using the same needle for more than one patient
- ▶ Using the same syringe, pen, or injection device for more than one patient
- ▶ Re-using a needle or syringe to administer medication or enter a medication container, and then using the contents on another individual
- ▶ Using the same lancet device for more than one patient, even when the lancet is changed

Read the full memorandum at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-36.pdf>

### Injection Safety FAQs

#### **1. Can I use the same needle and syringe to access a medication vial for one patient? I will be throwing the vial away at the end of the procedure.**

The best practice is to always use a new needle and a new syringe each time you are accessing the medication vial, even if it is only used on one patient. This adds an extra layer of safety in case the medication vial gets out of your hands and is accidentally used on someone else.

#### **2. Can I use a syringe that is not used on a patient to draw up medications from multiple vials?**

There are certain circumstances where the same needle and syringe may be used to access multiple vials, such as when reconstituting a medication. In this situation, aseptic technique must be used and medications must be handled in a designated medication preparation area.

In general, a new sterile needle and syringe should be used for multiple vials that are not used on a patient. There has been at least one outbreak due to using the same needle and syringe to mix contents.

For answers to more commonly asked questions, read the full *Safe Practices for Medical Injections FAQ* document on the Centers for Disease Control and Prevention (CDC) website at: [https://www.cdc.gov/injectionsafety/providers/provider\\_faqs.html](https://www.cdc.gov/injectionsafety/providers/provider_faqs.html)

## Preventing Infections in Ambulatory Surgery Centers (ASCs)

The Agency for Healthcare Research and Quality (AHRQ) developed a new resource for ASCs to promote four infection prevention care practices:

- ▶ Hand Hygiene
- ▶ Cleaning, Disinfection and Sterilization
- ▶ Environment of Care
- ▶ Safe Injection Practices

Use AHRQ's [free infographic](#) to promote improvements at your health facility!

To be featured in the next newsletter, email [zoe.langdon@cdph.ca.gov](mailto:zoe.langdon@cdph.ca.gov) to let us know how you incorporated safe injection practices at your facility.



Everyone in ambulatory surgery centers (ASCs) plays a role in **preventing surgical site and other harmful infections.**

Surgical site infections are **infections that can occur after surgery** in the part of the body where the surgery took place.<sup>1</sup>



### Surgical site infections are—\*

- Dangerous**  
Each year in the U.S., there are about **300,000 surgical site infections**. Patients with surgical site infections are **2 to 11 times as likely to die** as a result.<sup>2</sup>
- Costly**  
Each year in the U.S., surgical site infections cost between **\$3.5 million and \$1 billion**.<sup>2</sup>
- Preventable**  
Surgical site infections are one of the most common healthcare-associated infections, but **most of them are preventable**.<sup>2</sup>

\* Because ASCs do not yet report surgical site infection data, these statistics are based on U.S. hospital data.

### Patients and families should be encouraged to—

- ▶ **ASK** staff if they have washed their hands
- ▶ **BE ACTIVELY INVOLVED** in care by—
  - **Avoiding bringing their own medical equipment** to the ASC, unless granted special permission to do so
  - Always **cleaning their own hands**
- ▶ **CLEARLY SPEAK UP** if they have concerns that staff may not be following safe practices or if they observe a safety issue



**Hand hygiene** is one of the most important ways to prevent infections. Health care personnel will clean their hands **before and after** patient care.

Other important ways to prevent surgical site and other infections at ASCs are—

### Cleaning, Disinfection, and Sterilization



- Follow fully the instructions on **how to use cleaning and disinfection supplies**.
- Follow the manufacturers' and ASC's instructions for **cleaning and disinfecting medical equipment**.
- Get training each year on high-level **disinfection for all the different types of scopes** that are reprocessed.
- Make sure only **highly trained experts** perform high-level disinfection and sterilization.

### Environment of Care



- Keep the health care environment **clean and safe**.
- Make **daily rounds** (walk around) in the health care environment to **assure cleanliness and patient safety**.
- **Report any environmental care problems** as soon as possible so they can be fixed.
- **Clean hands** when moving from a dirty to a clean task on the same patient or after touching the patient or any items in the patient's environment.

### Safe Injection Practices



- Clean hands **before handling medications or syringes**.
- **Disinfect the top (rubber septum)** of any medication vial with alcohol before piercing it with a sterile needle.
- Use a sterile needle and syringe **one time on one patient only**.
- Use an intravenous solution bag and tubing for **one patient only**.
- **Prepare medication in clean area**, separate from patient care area and away from used items. If medication is used at the bedside, **throw it out after it is used on one patient**.
- **Use a single-dose vial** of medication whenever possible.
- **Dedicate a multiuse vial** to one patient if medication is drawn up in the patient care area.
- Always use a **new, sterile needle and new, sterile syringe**.

Learn more about infection prevention at ambulatory surgical centers at [www.ahrq.gov/haiamburgery](http://www.ahrq.gov/haiamburgery).

1. SHEA, IDSA, AHA, et al. Frequently asked questions about surgical site infections: Patient guide. Accessed April 22, 2016. [http://www.shea-online.org/Assets/files/patient%20guides/NNL\\_SSI.pdf](http://www.shea-online.org/Assets/files/patient%20guides/NNL_SSI.pdf).  
2. Anderson DJ, Podgorny K, Berríos-Torres SI, et al. Strategies to Prevent Surgical Site Infections in Acute Care Hospitals: 2014 Update. Infect Control Hosp Epidemiol. 2014 Sep;35 Suppl 2:S66-88. PMID: 25376070. doi:10.1086/50195941700093267.

AHRQ Safety Program for Ambulatory Surgery



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