



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Infection Prevention and Control Department		
Document:	Multidisciplinary Policy and Procedure (MPP)		
Title:	Safe Injection Practice		
Applies To:	Nurses and Technician		
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1. PURPOSE:

- 1.1 Safe injection practices help prevent the transmission of blood borne infections from patient to patient. Safe injection practices are part of Standard Precautions and are aimed at maintaining basic levels of patient safety

2. DEFINITONS:

- 2.1 Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare provider, and also to prevent harms such as needle stick injuries.

3. POLICY:

- 3.1 Use aseptic technique to avoid contamination of sterile injection equipment
3.2 All members of the healthcare team will comply recommendations for safe injection practices.

4. PROCEDURE:

- 4.1 Recommended safe injection practices:
- 4.1.1 Hand practices
- 4.1.1.1 Use aseptic techniques, including proper hand hygiene, when preparing or administering injections
- 4.1.1.2 Minimize distraction, always maintain focus on task. Keep fingers/hands away from point of injection.
- 4.1.2 Vial practices
- 4.1.2.1 Cleanse the access diaphragm of medication vials with %70 alcohol before inserting a needle into the vial.
- 4.1.2.2 Do not administer medications to more than one patient from single dose or single-use vials.
- 4.1.2.3 Dedicate multi-dose vials to a single patient whenever possible.
- 4.1.2.4 If multi-dose vials must be used for more than one patient, the vials should be restricted to a centralized medication area and should not be brought into the immediate patient treatment area (e.g., operating room, patient area).
- 4.1.3 Syringe practices
- 4.1.3.1 Never administer medications from the same syringe to multiple patients, even if the needle is changed
- 4.1.3.2 Never reuse a syringe or needle when withdrawing medication or solutions from multi use vials or other containers, even when obtaining additional doses for the same patient.
- 4.1.3.3 Never use fluid infusion or administration sets (intravenous tubing) for more than one patient.

- 4.1.3.4 Avoid recapping of syringe
 - 4.1.3.5 Use one scope technique if recapping necessary
 - 4.1.4 Disposal practices
 - 4.1.4.1 Dispose of used sharps at their point of use in a sharps container that is closable, puncture-resistant, and leak-proof. Securely seal and replace sharps containers when they become three-quarters (3/4 or %75) full
 - 4.1.5 General recommendation
 - 4.1.5.1 Eliminate unnecessary injections: Whenever possible, use oral, topical, or rectal medications instead of injectable medications.
 - 4.1.5.2 Ensure lighting is adequate to prepare the injection safely. Do not bend, break, or otherwise manipulate used needles by hand.
- 4.2 Safe handling of parenteral medications.
 - 4.2.1 Always use a new sterile syringe and needle to draw up medications.
 - 4.2.2 Proper hand hygiene should be performed before handling medications.
 - 4.2.3 Parenteral medications and injection equipment should be accessed in an aseptic manner.
 - 4.2.4 Use surgical mask during administration of medications or placing a catheter into a spinal place.
- 4.3 Safe injection practices considerations
 - 4.3.1 Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed
 - 4.3.2 Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Once it has been used to enter or connect to a patient's intravenous infusion bag or administration set, consider a syringe or needle/cannula contaminated.
 - 4.3.3 Use single-dose vials for parenteral medications whenever possible
 - 4.3.4 Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
 - 4.3.5 If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile. Date multi-dose vials when they are first opened
 - 4.3.6 Do not keep multidose vials in the immediate patient treatment area. Store multidose vials in accordance with the manufacturer's recommendations. Discard multidose vials if sterility is compromised or questionable
 - 4.3.7 Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
 - 4.3.8 Needles, cannula and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
 - 4.3.9 DO NOT use a single loaded syringe to administer medication to several patients(i.e. ensure one needle, one syringe, one patient!)
- 4.4 Maintaining Sterility of vials.
 - 4.4.1 A new sterile needle and syringe should be used for each injection
 - 4.4.2 Medications should be discarded upon expiration or any time there are concerns regarding the sterility of the medication; if it has not been properly stored after opening;
 - 4.4.2.1 within 24 hours of opening, or after the time recommended by the manufacturer, if the vial does not contain antimicrobial preservatives;
 - 4.4.2.2 if found to be undated, improperly stored, inadvertently contaminated or perceived to be contaminated, regardless of expiration date.
 - 4.4.3 Leftover parenteral medications should never be pooled for later administration
 - 4.4.4 A needle should never be left inserted into a medication vial septum for multiple uses. This provides a direct route for microorganisms to enter the vial and contaminate the fluid

- 4.4.5 Minimizing the use of shared medications reduces patient risk. Absolute adherence to proper infection control practices must be maintained during the preparation and administration of injected medications.
- 4.4.6 Follow safety guidelines for all sharps hazards (razor blades, scalpels, slides). Do not recap needles for disposal whenever possible. If recapping is required for the procedure being done, you must use tongs, a recapping device or one-hand scoop method to recap the needle.
 - 4.4.6.1 One-handed scoop" method:
Place the cap on the bench top and hold the syringe in one hand. Keep the other hand by your side. Slide the needle into the cap, then lift it up and snap it on securely using only one hand. Remember to keep a designated sharps container nearby for disposal of sharps, and don't recap unless absolutely necessary!

5. MATERIALS AND EQUIPMENT:

5.1 Forms and Records:

5.1.1 N/A

5.2 Materials and Equipment

5.2.1 N/A

6. RESPONSIBILITIES:

- 6.1 All employees in patient care areas must follow policy and procedure.


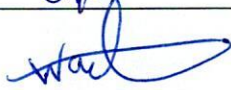

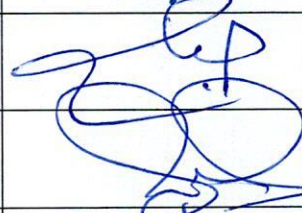

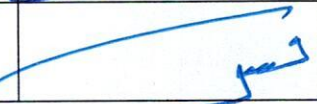

7. APPENDICES:

- 7.1 Recommended safe injection practices:

8. REFERENCES:

- 8.1 General Directorate of Infection Prevention and Control in Healthcare Facilities (GDIPC). Basic Infection Control Skills License (BICSL) Manual. 2024 Version 3.0
- 8.2 injection practices, see the CDC website at: <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
8.2 <http://www.cdc.gov/ncidod/dhqp/injectionsafety.html>
- 8.3 Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) Standards 3rd Edition. 1436-2015. Effective 1 January 2016.

9. APPROVALS:

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7.1 Recommended safe injection practices:

Safe injection practices	
1- Hand practices	<ul style="list-style-type: none"> - Use aseptic techniques, including proper hand hygiene, when preparing or administering injections. - Minimize distraction, always maintain focus on task. Keep fingers/hands away from point of injection.
2- Vial practices	<ul style="list-style-type: none"> - Cleanse the access diaphragm of medication vials with %70 alcohol before inserting a needle into the vial. - Do not administer medications to more than one patient from single dose or single-use vials. - Dedicate multi-dose vials to a single patient whenever possible. - If multi-dose vials must be used for more than one patient, the vials should be restricted to a centralized medication area and should not be brought into the immediate patient treatment area (e.g., operating room, patient area).
3- Syringe practices	<ul style="list-style-type: none"> - Never administer medications from the same syringe to multiple patients, even if the needle is changed. - Never reuse a syringe or needle when withdrawing medication or solutions from multiuse vials or other containers, even when obtaining additional doses for the same patient. - Never use fluid infusion or administration sets (intravenous tubing) for more than one patient. - Avoid recapping of syringe - Use one scope technique if recapping necessary
4- Disposal practices	<ul style="list-style-type: none"> - Dispose of used sharps at their point of use in a sharps container that is closable, puncture-resistant, and leak-proof. Securely seal and replace sharps containers when they become three-quarters (4/3 or %75) full.
5-General recommendation	<p>Eliminate unnecessary injections: Whenever possible, use oral, topical, or rectal medications instead of injectable medications.</p> <ul style="list-style-type: none"> - Ensure lighting is adequate to prepare the injection safely. Do not bend, break, or otherwise manipulate used needles by hand.