



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		Area 1 or Opportunity 1	Area 2 or Opportunity 2	Area 3 or Opportunity 3	Area 4 or Opportunity 4	Adherence	
						# Yes	# Observed
SI1.	Proper hand hygiene is performed prior to preparing and administering medication.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SI4.	The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SI5.	The medication vial is entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SI6.	Single-dose or single-use medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SI7.	Medication administration tubing and connectors are used for only one patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SI8.	Multi-dose vials are dated by the healthcare worker when first opened, and discarded within 28 days unless manufacturer specifies a different date for that opened vial. <i>Note: This is different from the expiration date printed on the vial.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SI9.	Multi-dose vials are dedicated to individual patients whenever possible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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Safe Injection Practices - continued

Safe Injection Practices		Area 1 or Opportunity 1	Area 2 or Opportunity 2	Area 3 or Opportunity 3	Area 4 or Opportunity 4	Adherence	
						# Yes	# Observed
SI10.	Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g. operating room, patient room/cubicle) <i>Note: If multi-dose vials enter the immediate patient treatment area, they should be dedicated for single-patient use and discarded immediately after use.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SI11.	All sharps are disposed of in a puncture-resistant sharps container.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SI12.	Filled sharps containers are disposed of in accordance with state regulated medical waste rules.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SI13.	All controlled substances (e.g., Schedule II, III, IV, V drugs) are kept locked within a secure area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SI14.	Healthcare personnel wear a facemask (e.g. surgical mask) when placing a catheter or injecting material into the epidural or subdural space (e.g. during myelogram, epidural or spinal anesthesia).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
# of Correct Practice Observed (“# Yes”): _____		Total # of Observations (“# Observed”): _____ (Up to 56 total)			Adherence _____% (“# Yes” ÷ Total “# Observed” x 100)		
<i>If practice could not be observed (i.e. cell is blank), do not count in total # Observed.</i>							