



Policy and Procedure of
Safe Injection Practice

AMRH/IC/P&P/011/Vers.02
Effective Date: April 2022
Review Date: April 2025

Institution Name: Al Masarra Hospital					
Document Title: Policy and Procedure of Safe Injection Practice					
Approval Process					
	Name	Title	Institution	Date	Signature
Written by	Siham Al Zadjali	Infection Control Practitioner	Al Masarra Hospital	20/4/22	
Reviewed by	Noora Al Zadjali	HOD Infection Control	Al Masarra Hospital	24.5.2022	
Validated by	Kunooz Al Balushi	Document Manager	Al Masarra Hospital	June 2022	
Approved by	Dr. Bader Al Habsi	Hospital Director	Al Masarra Hospital	24-5-2022	





Content Table:

Acronyms	3
1. Introduction	4
2. Scope	4
3. Purpose	4
4. Definition	4
5. Policy	5
6. Procedure	5-6
7. Responsibility	6
8. Document History and Version Control	7
9. Related Documents	7
10. References	7
Appendices	8-12
Appendix 1. Audit Tool	8-10
Appendix 2. Document Request Form	11
Appendix 3. Document Validation Checklist	12



Acronyms

AMRH	Al Masarra Hospital
CSSD	Central Sterile Supply Department
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HOD	Head of Department
P&P	Policy & Procedure



Policy and Procedure of Safe Injection Practice

1. Introduction

Medical treatment is anticipated to save life and improve patients' health. It is the responsibility of all health care workers to prevent transmission of blood borne infections caused by injection practice. Adherence to safe injection practices and related infection control implementations is part of that responsibility; it protects patients and health care workers.

2. Scope

This document is applicable to all health care workers who actively participate in the administration of the injections in Al Masarra Hospital (AMRH).

3. Purpose

- 3.1 To promote the implementation of safe injection practices thereby preventing blood borne disease transmission among patients and health care workers.
- 3.2 To increase health care workers' (HCWs) awareness of the importance of standard precautions relevant to injection safety.

4. Definitions

- 4.1 **Safe injection:** is one that does not harm the receiver, does not expose the health care provider to any preventable risks and does not result in waste that is dangerous for the community.
- 4.2 **Unsafe injection:** is a practice that can lead to transmission of blood borne pathogens.
- 4.2 **Blood Borne diseases:** infections caused by microorganisms such as viruses or bacteria that are carried in blood (e.g. HIV, HBV, HCV) infections.



5. Policy

- 5.1 The Infection Control Department of Al Masarra Hospital is dedicated in preventing the transmission of infectious diseases within the facility, thus safe injection practice must be applied and maintained when practicing the administration of injection to patients at all times.

6. Procedure

- 6.1 Check the prescription for the medication, patient's name, and medication dosage.
- 6.2 An aseptic technique should be followed for all injection procedures.
- 6.3 Perform hand hygiene before starting an injection session, during preparing the injection material, and after the injection session.
- 6.4 Wipe the area to be injected from the center of the injection site working outwards, without going over the same area.
- 6.5 Wipe the top of the medication vial with 60–70% alcohol (isopropyl alcohol or ethanol) using a swab (alcohol swab).
 - 6.5.1 DO NOT touch the diaphragm after disinfection with the 60–70% alcohol (isopropyl alcohol or ethanol).
- 6.6 Using a sterile syringe and needle; withdraw the medication from the ampoule or vial.
 - 6.6.1 DO NOT allow the needle to touch any contaminated surface.
 - 6.6.2 DO NOT reuse a syringe for other patients, even if the needle is changed.
- 6.7 Discard the used device (a needle and syringe is a single unit) and glass ampoules immediately into a leak-proof and puncture resistive sharps container.
 - 6.7.1 Do not bend, break, manipulate or manually remove needles before disposal.
- 6.8 Place the sharps container within eye level and arm's reach (preferably in a secured area) to allow for easy disposal of sharps.
- 6.9 Seal and replace sharps container when the container is three quarters (3/4) full.
- 6.10 Avoid recapping a needle, but where recapping of a needle is unavoidable, DO use the one-hand scoop technique.



- 6.11 Immediately report if there is any incident or accident linked to a needle or sharp injury, and seek assistance. (*Refer to Percutaneous & Mucotaneous Exposure Policy –AMRH/ICD/PRT/01-00-15/Vers.01*)
- 6.12 DO NOT use a single loaded syringe to administer medication to several patients (ensure one needle, one syringe, one patient).
- 6.13 Use a single-dose vial for each patient, to reduce cross-contamination between patients. (Only use multi-dose vials if there is no alternative)
- 6.14 DO NOT use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- 6.15 Eliminate all unnecessary injections.
- 6.16 Discard all the sharp items in a puncture proof sharps container.

7. Responsibility

7.1 Infection Prevention and Control Staff/Practitioner Shall:

- 7.1.1 Update the policy of safe injection practice.
- 7.1.2 Confirm that the health care workers are performing the safe injection practice as per the policy by auditing.

7.2 Staff Nurses Shall:

- 7.2.1 Perform the injection procedure as explained in the procedure.
- 7.2.2 In case of a needle stick injury. Refer to the needle stick management policy. (*Refer to Percutaneous & Mucotaneous Exposure Policy - AMRH/ICD/PRT/ 01-00-15/Vers.01*)



8. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
1	Initial Release	Siham Al Zadjali	January 2021
2	Review and Update	Siham Al Zadjali	April 2025
Written by	Reviewed by	Approved by	
Siham Al Zadjali	Noora Al Zadjali	Dr. Bader Al Habsi	

9. Related Documents

- 9.1 Percutaneous & Mucotaneous Exposure Policy - AMRH/ICD/PRT/ 01-00-15/Vers.01
- 9.2 Appendix 1. Audit Tool

10. References

Title of book/journal/articles/ Website	Author	Year of Publication	Page
WHO best practices for injections and related procedures toolkit	WHO	2010	135-147



Appendices

Appendix 1. Audit Tool

Department: _____

Date: _____

S.N.	Audit Process	Standard / Criteria	Yes	Partial	No	N/A	Comment
1	Observation Interview Document Review	Is the prescription for the medication, patient's name, and medication dosage being checked by staff?					
2	Observation Interview	The staff followed an aseptic technique for the injection procedures.					
3	Observation Interview	Staff performed hand hygiene on the following: 1. Before starting the injection session 2. During the preparation of the injection material 3. After the injection session.					
4	Observation	Staff wiped the injection site from the center outwards, without going over the same area.					
5	Observation Interview	Staff wiped the top of the medication vial with an alcohol swab with 60-7-% alcohol.					



Policy and Procedure of
Safe Injection Practice

AMRH/IC/P&P/011/Vers.02
Effective Date: April 2022
Review Date: April 2025

6	Observation Interview	Staff used a sterile syringe and needle in withdrawing medications from the ampoule or vial.					
7	Observation	Staff did not allow the needle to touch any contaminated surface.					
8	Observation Interview	Staff did not reuse a syringe for other patients even if the needle was changed.					
9	Observation	Staff discarded the used device and glass ampoules immediately to a sharps container without breaking, bending or manually removing the needles.					
10	Observation	Staff discards used syringes and needles to a sharps container and placed the container within eye level and arm's reach in a secured area.					
11	Observation Interview	Sharps containers were sealed and replaced at $\frac{3}{4}$ full.					
12	Observation Interview	Staff avoids recapping a needle, but uses the one-hand scoop technique whenever needed or unavoidable.					
13	Observation Interview Document Review	Staff immediately reports incidents or sharp injuries and seek necessary assistance.					



14	Observation Interview	Staff does not use a single loaded syringe to administer medication to several patients.					
15	Observation Interview	Staff uses a single dose vial for each patient and only uses multi-dose vials if there is no alternative.					
16	Observation Interview	Staff does not use bags or bottles of intravenous solution as a common source of supply for multiple patients.					

Audit Process:

1. Observation
2. Interview
3. Document Review



Appendix 2. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Siham Al Zadjali	Date of Request	April 2021
Institute	Al Masarra Hospital	Mobile	93693628
Department	Infection Control and Sterilization Service	Email	siham.mohd@hotmail.com
The Purpose of Request			
<input type="checkbox"/> Develop New Document	<input checked="" type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
1. Document Information			
Document Title	Policy and Procedure of Safe Injection Practice		
Document Code	AMRH/IC/P&P/011/Vers.02		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	April 2021
Signature		Stamp	



Page 11 of 12



Appendix 3. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy and Procedure of Safe Injection Practice			Document Code: AMRH/IC/P&P/011/Vers.02		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
3.	Well defined procedures and steps				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms			✓	
3.4	Procedures to define flowchart		✓		
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	General Criteria				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations... ✓... For implementation More revision To be cancelled.....					
Reviewed by: <u>Kunooz Al Balushi</u> Reviewed by: <u>Ruvilee Ramel-Bueno</u>					

