

FEBRUARY 2024 HIPC NEWSLETTER

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| HAI DATA

DECEMBER 2023

| HAND HYGIENE

COMPLIANCE AUDIT DATA

Important Dates

| World Hand Hygiene
Day- May 5th

| Global Handwashing Day-
October 15th

| AMR awareness
week-18-24 November

| International Infection
Prevention Week –Every
3rd Week of October

Guideline Updates Quick Links

<https://www.cdc.gov/hai/vap/vap.html>

<https://www.cdc.gov/nhsn/pdfs/pscmanual/6pscvcapcurrent.pdf>

•<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9163435/#:~:text=Batra%20P.%2C%20Soni,Google%20Scholar%5D>

www.ncbi.nlm.nih.gov/pubmed.ncbi.nlm.nih.gov

SAFE INJECTION, INFUSION

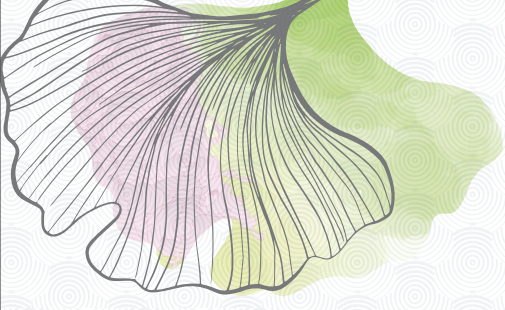
There is a risk of transmission of viruses and microbial pathogens during routine health care procedures due to improper injection, infusion, and medication-vial practices. Unsafe practices lead to outbreaks of infection resulting in unacceptable and devastating events in patients. Injectable medicines are commonly used in health-care settings for the diagnosis, treatment and prevention of various illnesses.

The World Health Organization (WHO) defines a safe injection as one which **does not harm** the recipient, **does not expose** the provider to avoidable risk, and **does not result in waste** that is dangerous for the community. It is expected that this evidence-based policy guidance will additionally contribute to preventing the re-use of syringes on patients, thus decreasing the rate of needle-stick injuries in health-care workers (HCWs) related to injection procedures.



The CDC evidence-based Standard Precautions guideline on safe administration includes adherence to practices such as:-

- ◆ Not administering medications from the same syringe to more than one patient,
- ◆ Not entering a vial with a used syringe or needle,
- ◆ Administering medications from single-dose vials to multiple patients,
- ◆ Maintaining aseptic technique at all times,
- ◆ Disposing properly of used injection equipment,
- ◆ Not using bags of intravenous solution as a common source of



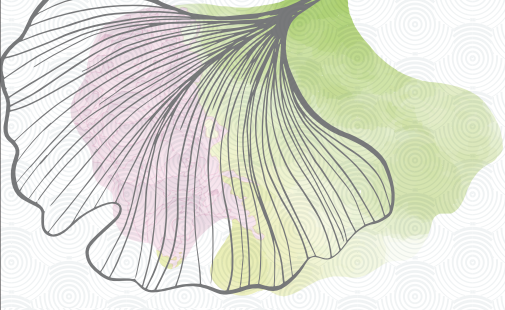
In developing countries, the WHO has estimated that about 16 billion injections are administered each year. The estimated number of injections per person per year is 3.4 (range 1.7–11.3) and the proportion of unsafe injections is 39% (range 1.2–75%). In some areas of South East Asia including India, the WHO South East Asian (including India), the estimate for unsafe injection is greater than 75%. It has been estimated that in India, around three billion injections are administered annually, with 1.89 billion of them being unsafe.

There is risk of transmission of blood-borne viruses and microbial pathogens to patients during routine health care procedures due to improper injection, infusion and medication-vial practices. These unsafe practices are unacceptable and cause devastating events in patients.

Procedure

- a. Safe injection practices should ensure one syringe, one needle for one patient.
- b. Use injections only when indicated.
- c. Hand washing before and after delivering injections like IM, IV and subcutaneous injections.
- d. For all curative injections, clean the site in circular motion with antiseptics (alcohol based Chlorhexidine) before the injection.
- e. Allow antiseptic cleaner to dry for 30 seconds before delivering the injection.
- f. Use distilled water or dry clean cotton swab to clean the skin surfaces before delivering an immunization injection. If distilled water is used, allow it to dry before delivery of the injection.
- g. Use correct gauge and length of needle required for injection.
- h. Use correct site depending on volume and after of the patient for delivering the injection.
- i. Check expiry date of drugs and vaccines before using them on the patient.
- j. Make sure that the vial/ampoule contains right drugs in the appropriate strength and dose for the patient.
- k. Ensure that no air bubble seen in the syringe prior to delivery of the medication.
- l. Discard a needle that has touched a non-sterile surface (even if it has touched you hand, cloth etc.)
- m. Withdraw the needle from the body surface with a smooth & steady movement.
- n. Apply gentle pressure with sterile gauze for a few seconds after delivering the medication. Do not rub or press too hard.





- o. Don't use alcohol/spirit swab in the injection site after delivering the injection, as this may cause burning sensation. Use dry gauze swab for pressing the injection site.
- p. If more than one injection needs to be delivered at a time, use different anatomical sites for every injection.
- q. If different anatomical sites are not possible, then the 2 injections should be sufficiently separated (3-5cm)
- r. Aspiration is not required during immunization when AD syringes are used.
- s. A safe injection, phlebotomy (drawing blood), lancet procedure or intravenous device insertion is one that:
 - o does not harm the recipient;
 - o does not expose the provider to any avoidable risk;
 - o does not result in any waste that is dangerous for other people
- t. The risks of unsafe injection practices are three primary blood borne pathogens – Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).

General safety practices

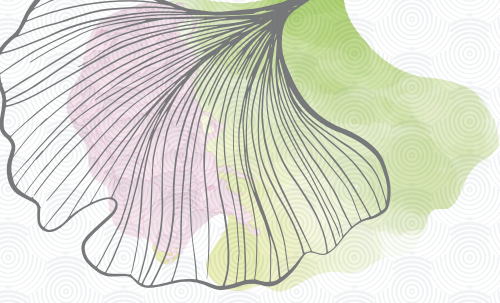
This describes the following practices that are recommended to ensure the safety of injections and related practices:

- a. Perform hand hygiene before and after procedure
- b. Use clean gloves.
- c. Other single-use personal protective equipment
- d. Skin preparation and disinfection.

Skin preparation and disinfection for IM, IV, S/C, and I/D injections. To disinfect the skin, use the following steps:

- a. Apply a 60–70% alcohol-based solution (isopropyl alcohol or ethanol) on a single-use swab or cotton-wool ball. Do not use methanol or methyl-alcohol as these are not safe for human use.
- b. Wipe the area from the centre of the injection site working outwards, without going over the same area.
- c. Apply the solution for 30 seconds then allow it to dry completely

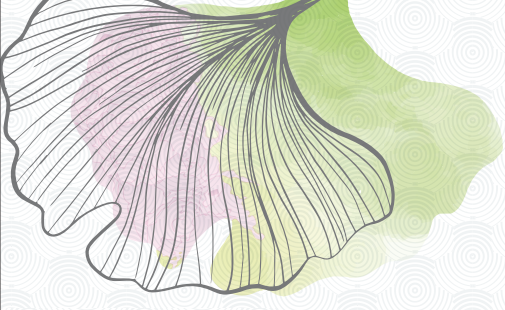




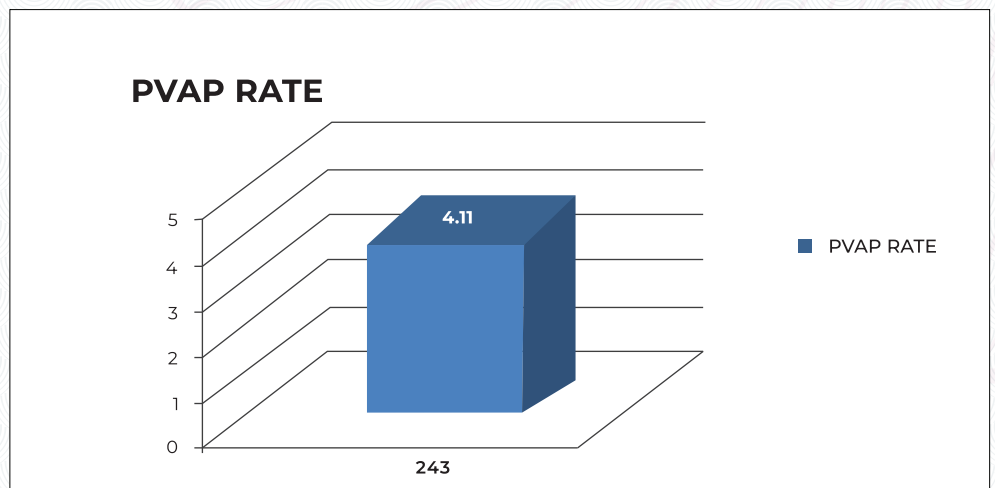
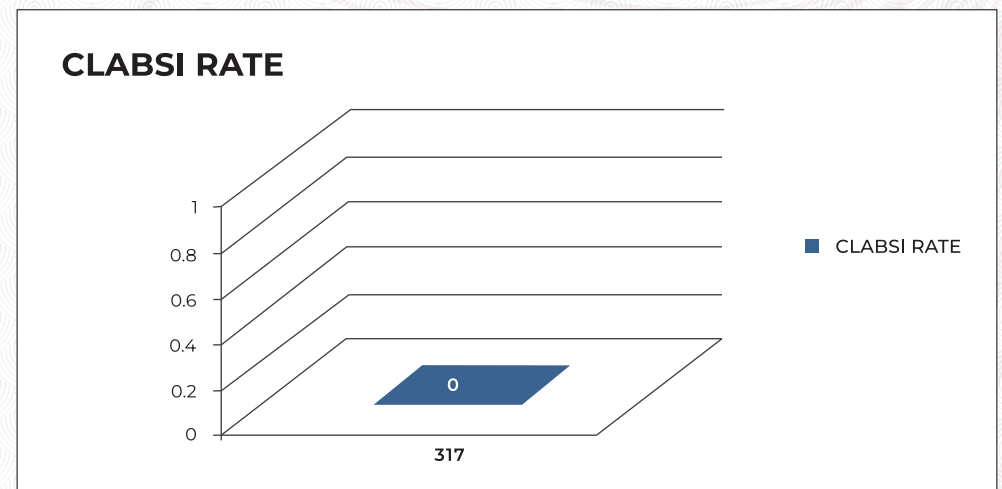
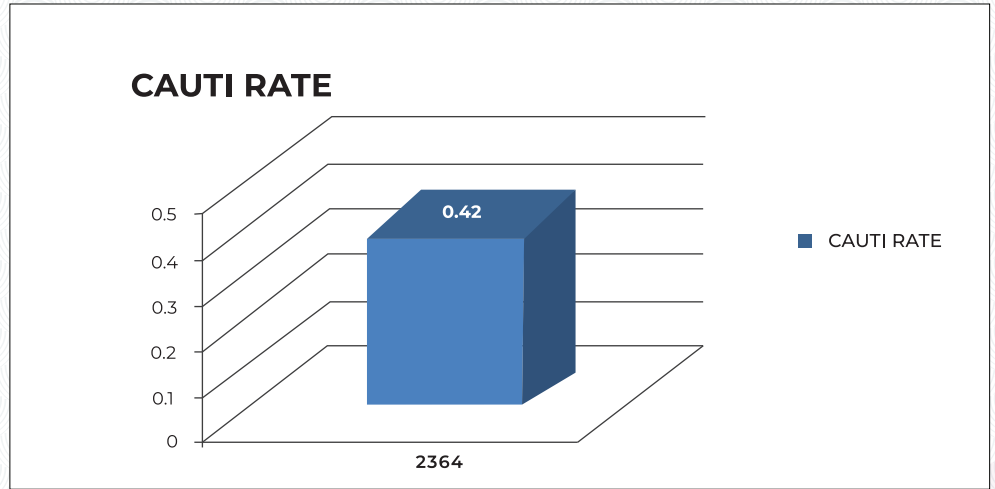
DO'S AND DO NOT'S FOR BEST PRACTICE

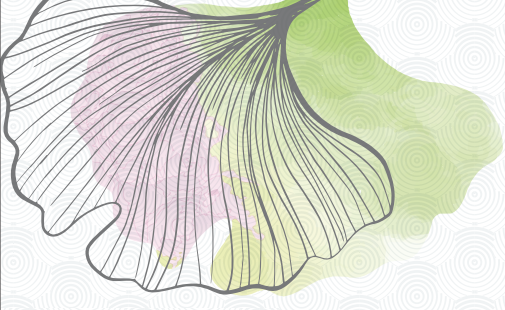
DO'S	DO NOT'S
<ul style="list-style-type: none">➤ Do hand hygiene and follow 5 moments of hand hygiene➤ DO use one pair of non-sterile gloves per procedure or patient➤ DO use a single-use device for blood sampling and drawing➤ Do disinfect the skin at the venipuncture site➤ DO discard the used device (a needle and syringe is a single unit) immediately into a robust sharps container➤ Where recapping of a needle is unavoidable, DO use the one-hand scoop technique➤ DO immediately report any incident or accident linked to a needle or sharp injury, and seek assistance; start PEP as soon as possible, following protocols➤ DO discard left over medication	<ul style="list-style-type: none">➤ DO NOT forget to clean your hands➤ DO NOT use the same pair of gloves for more than one patient➤ DO NOT wash gloves for reuse➤ DO NOT use a syringe, needle or lancet for more than one patient➤ DO NOT touch the puncture site after disinfecting it➤ DO NOT leave an unprotected needle lying outside the sharps container➤ DO NOT recap a needle using both hands➤ DO NOT overfill sharps container➤ DO NOT delay PEP after exposure to potentially contaminated material; beyond 72 hours, PEP is NOT effective➤ DO NOT store leftover medications for later use.





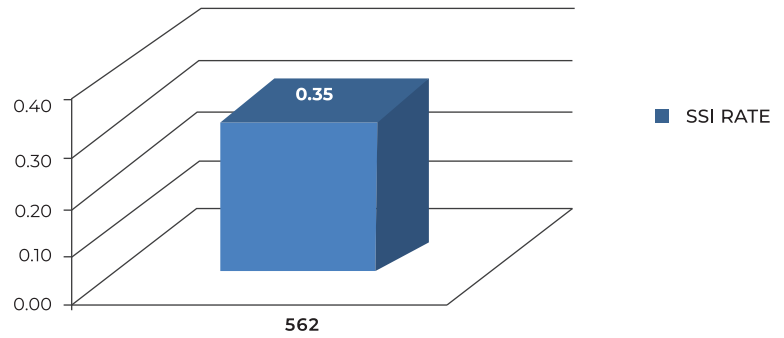
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SSI RATE



PERCENTAGE OF HAND HYGIENE COMPLIANCE

