

Safe injection practices are recommendations intended to prevent transmission of infectious diseases between one patient/resident and another, or between the patient/resident and care provider.

Safe injection practices are a part of standard precautions that are applied to every person every time to ensure that injections are performed safely for the patient/resident and care provider.

Utilizing safe injection practices protects patients and/or residents and healthcare personnel from risk of disease transmission, including bacterial infections like MRSA, and bloodborne pathogens like HIV, hepatitis B or C virus. A good rule to remember is:



Safe injection practices should be incorporated into all practices related to the preparation and administration of injectable medications.

- This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 1250W/HQI/QIN-QIO-0538-05/16/23

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INJECTION SAFETY

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MEASURES TO ENSURE INJECTION SAFETY

- Prepare medications in a designated clean and uncluttered area.
- Use safety syringes for administering injections. Do not bend, break, or recap needles.
- Use aseptic technique to avoid contamination of sterile injection equipment.
- Do not administer medications from a syringe to multiple patients/residents.
- Use fluid infusion and administration sets (i.e., intravenous bags, tubing, and connectors) for one patient/resident only.
- Use single-dose vials for parenteral medications whenever possible. Verify expiration date.
- Do not administer medications from single-dose vials or ampules to multiple patients/residents or combine leftover contents for later use.
- If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile. Once accessed, the vial must be labeled with the date opened.
- Do not keep multidose vials in the immediate patient/resident area. Discard if sterility is compromised or questionable.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients/residents ("flush bags").
- Place used syringes in a sharps container. Remove sharps containers from service when 2/3 full to prevent overfilling.



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