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D Safe Injection Practices

Syringe Re-use

Most common cause of outbreaks is inappropriate use of syringes:

- Direct reuse:
 - Using the same syringe to administer medication to more than one patient, even if the needle is changed or the injection was administered through an intervening length of tubing
- Indirect reuse or "double dipping":
 - Accessing a medication vial or bag with a syringe that has already been used to administer medication to a patient, then reusing the contents from the vial or bag for another patient





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D Safe Injection Practices

Syringe Re-use

Double Dipping


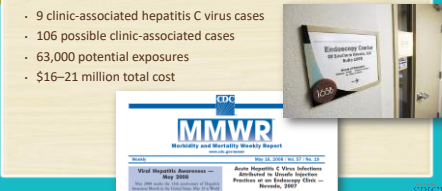


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D Safe Injection Practices

Endoscopy Center, Nevada (2008)

- 9 clinic-associated hepatitis C virus cases
- 106 possible clinic-associated cases
- 63,000 potential exposures
- \$16–21 million total cost




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D Safe Injection Practices

Dangerous Misperceptions

1. Changing the needle makes a syringe safe for reuse.
2. Syringes can be reused as long as an injection is administered through an intervening length of IV tubing.
3. If you don't see blood in the IV tubing or syringe, it means that those supplies are safe for reuse.

Once they are used, both the needle and syringe are contaminated and must be discarded!




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D Safe Injection Practices

Inappropriate Use of Single-dose/Single-use Vials

- Vials labeled as single use:
 - NO PRESERVATIVE
 - Can be accessed one time only and for one patient only and remaining contents must be discarded
- CDC is aware of at least 19 outbreaks involving single dose vial use
 - All occurred in outpatient settings with almost half in pain remediation clinics




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D Safe Injection Practices

Single Dose Vials: CDC Position Statement, 2012

- Vials labeled by the manufacturer as "single dose" or "single use" should only be used for a single patient
- Ongoing outbreaks provide ample evidence that inappropriate use of single-dose/single-use vials causes patient harm.
- Leftover parenteral medications should never be pooled for later administration
- In times of critical need, contents from unopened single dose vials can be repackaged for multiple patients in accordance with standards in United States Pharmacopeia General Chapter <797>

www.cdc.gov/injectionsafety/CDCPosition-SingleUseVial.html




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D Safe Injection Practices

When Failure To Use Aseptic Technique Happens!

- Two women diagnosed with HBV infection, receiving chemotherapy at the same physician practice
- Multidisciplinary team investigation
- Office closed; physician license suspended
- 2,700 patients notified
- 29 outbreak-associated cases of HBV




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D Safe Injection Practices

Knowledge Check

Which of the following statements is false?


- A. Syringes can be used on more than one patient if the needle is changed.
- B. Single dose vials can be used more than one time if it has not been contaminated
- C. Blood glucose meters do not have contact with patients and do not need to be cleaned
- D. If there is no visible blood the syringe is safe to reuse.
- E. All the above



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D Safe Injection Practices

Unsafe Diabetes Care




Sharing of blood glucose meters without cleaning and disinfection between uses

Use of fingerstick devices or insulin pens on multiple persons

Failure to perform hand hygiene or change gloves between procedures

Paaf et al. ICHE 2009; 30:209-14; Thompson et al. JAGS 2010; MMWR 2005; 54:220-3



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D Safe Injection Practices

Safe Injections: Best Practices

Failure to use aseptic technique

- Use aseptic technique when preparing or administering medications
 - Keep contaminated items and surfaces away from the preparation area.
 - Designate a 'clean' medication preparation area that is not adjacent to contaminated items
 - Perform hand hygiene before handling medications.

Unsafe diabetes care

- Use insulin pens and lancing devices for only one patient
- Dedicate glucometers to a single patient. If they **MUST** be shared, clean and disinfect after each use





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D Safe Injection Practices

Safe Injections: Best Practices

Drug Diversion

- Institute drug diversion monitoring systems and security measure to assist in averting and/or identifying diversion activity.





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D Safe Injection Practices

Safe Injections: Best Practices

The following Dental practices that are critical for patient safety:

- **Never** administer medications from the same syringe to more than one patient, even if the needle is changed or if you are injecting through an intervening length of IV tubing.
- After a syringe or needle has been used to enter or connect to a patient's IV, it is contaminated and should **not** be used on another patient or to enter a medication vial.




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D Safe Injection Practices

Safe Injections: Best Practices

The following Dental practices that are critical for patient safety:

- **Never** enter a medication vial, bag, or bottle with a used syringe or needle.
- **Never** use medications packaged as single-dose or single-use for more than one patient—this includes ampoules, cartridges, and bags or bottles of intravenous solutions.
- Assign medications packaged as multi-dose vials to a single patient whenever possible.




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D Safe Injection Practices

Safe Injections: Best Practices

The following Dental practices that are critical for patient safety:

- **Never** use bags or bottles of intravenous solution as a common source of supply for more than one patient.
- Follow proper infection control practices during the preparation and administration of injected medications.
- **Never** combine the leftover contents of a syringe or single-use vials for later use.



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D Safe Injection Practices

Safe Injections: Best Practices

The following Dental practices that are critical for patient safety:

- When using a dental cartridge syringe, needles and anesthetic cartridges are considered **single-use disposable items** and should be used for one patient only and then discarded. The metal dental cartridge syringe is a reusable item and should be cleaned and heat sterilized between patients.



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D Safe Injection Practices

Most Outbreaks are Never Detected

Asymptomatic infection

Long incubation period: difficult to identify single healthcare exposure

Under-reporting of cases

Under-recognition of healthcare as risk

Barriers to investigation, resource constraints

SPICE
Safely Practice Infection Control and Epidemiology

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D Safe Injection Practices

Survey of Physician and nurse Practices around injection safety

- 370 Physicians
- 320 Nurses
- Eight States Included
 - NC, NY, NJ, Nevada, Colorado, Tennessee, Wisconsin, Montana
- Types of healthcare settings:
 - Acute care, long term care, outpatient settings

<https://www.sciencedirect.com/science/article/pii/S0196655317306806?via=ihub>

SPICE
Safely Practice Infection Control and Epidemiology

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D Survey findings

| Topic | Physician Response | Nurse Response |
|--|--------------------|----------------|
| Reuse of syringe for > one patient | 12.4% | 3.4% |
| Reentering a vial with a used needle/syringe | 12.7% | 6.7% |
| Using SDVs for multiple patients | 34% | 16.9% |
| Using source bags as diluent for multiple patients | 28.9% | 13.1% |

SPICE
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D Safe Injection Practices

Knowledge Check

True or False?

Because there have been so many outbreaks, ALL healthcare providers do the right thing every time with safe injection practices.

True False



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D Safe Injection Practices

Best Practice

Knowledge → **Prevention**

- Designate someone to provide ongoing oversight
- Develop written infection control policies
- Provide training
- Conduct quality assurance assessments

Speak Up



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D Safe Injection Practices

One and Only Campaign



HELP ENSURE PATIENT SAFETY. MAKE EVERY INJECTION SAFE.



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