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**Model Injection Centres (MICs):
A Program to Improve Injection Practices in the Country**

Process Assessment 2007

Generic Observations at MIC

State		District	
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PMC	
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Guidelines for Observations:

1. Broadly observe the following at the health facility and record:
 - a) Where injections are given
 - b) Where sharps waste disposal is taking place
2. Please inform the prescriber or person in charge of the health facility that you are there to observe the general organization of the health facility and have no intention to either intervene or comment on the appropriateness of the activities and that the observations made will be treated as confidential.
3. Do not share the observations with the person in charge of health facility.

1. Type of health/ Injection Facility:

- | | |
|------------------------------------|------------------------------|
| 1. Hospital MIU- Injection Room | 5. Casualty/ Emergency Ward |
| 2. Hospital MIU- Immunization Room | 6. Pediatrics/ Oncology ward |
| 3. Medicine Ward | 7. CHC/PHC- MIU |
| 4. Surgical Ward | |

2. General information (Ask)

2.1 Average number of injections given to the OPD patients per day

2.2 Number of Immunization injections given on last working day

3. Infrastructure:

a. Waiting area for patients (Available-1, Not available-2)	<input type="checkbox"/>	k. Refrigerator/ ILR/ vaccine carrier with ice pack (Available-1, Not available-2)	<input type="checkbox"/>
b. Benches for patients to sit	<input type="checkbox"/>	l. Cupboard	<input type="checkbox"/>
c. Displayed education material related to safe injections	<input type="checkbox"/>	m. Sterilizer/ autoclave	<input type="checkbox"/>
d. Registration desk with chair	<input type="checkbox"/>	n. Injection tray	<input type="checkbox"/>
e. Injection register	<input type="checkbox"/>	o. Post injection couch/ bench	<input type="checkbox"/>
f. Seat for client	<input type="checkbox"/>	p. Hub cutter / needle destroyer	<input type="checkbox"/>
g. Seat for injection giver	<input type="checkbox"/>	q. Hypochlorite solution	<input type="checkbox"/>
h. Wash basin with running water tap	<input type="checkbox"/>	r. White/ translucent puncture proof container / Safety box	<input type="checkbox"/>
i. Soap/ disinfectant for hand wash	<input type="checkbox"/>	s. Color Coded Bags	<input type="checkbox"/>
j. Examination/ Injection table	<input type="checkbox"/>	t. Biohazard symbol being used	<input type="checkbox"/>

Generic Observation

4. Water Used In Health Facility

- a. Is there a **running** water **source** at the health facility? (Yes-1, No-2)
- b. Is the water **available** most of the times/ days (Yes-1, No-2)

5. Process of Injection (Observe 5 Injections)

5.1. Who all are **preparing** the **injections**?

- a. Nurse/ Compounder/ Pharmacist/ Health worker (Yes-1, No-2)
- b. Doctor (Yes-1, No-2)
- c. Others (Specify) _____ (Yes-1, No-2)

5.2. Who all are **giving** injections?

- a. Nurse/ Compounder/ Pharmacist/ (Yes-1, No-2)
- b. Doctor (Yes-1, No-2)
- c. Others (Specify) _____ (Yes-1, No-2)

6. How many of these **injection givers** are **trained** under MIC program during 2006?

7. **Hand washing** by the injection giver:

- 1. Before the first observed injection only
- 2. In between injections also
- 3. Did not wash hands at all

8. Are syringes/ needles being **reused**? (Yes-1, No-2)

9. If yes, are they **used after**:

- a. Sterilization (Yes-1, No-2)
- b. Autoclaving (Yes-1, No-2)
- c. Boiling (Yes-1, No-2)
- d. Flushing with water (Yes-1, No-2)

Generic Observations

10. What kind of **syringes** is being used? (Observe)

10.1 **Plastic Syringes**

- a. Sealed pack opened before giving injection (Yes-1, No-2)
- b. Lying open but clean (Yes-1, No-2)
- c. Soiled/ contaminated/ reuse (Yes-1, No-2)

10.2. Are **glass syringes** used in this health facility (Yes-1, No-2)

10.3. Are the **AD syringes** being used for immunization? (Yes-1, No-2)

11. **Needles**

11.1 Needles with **plastic hub**

- a. Sealed pack (Yes-1, No-2)
- b. Lying open (Yes-1, No-2)

11.2. **Number** of needles

- 1. Same as the number of syringes
- 2. Less than the number of syringes
- 3. More than the number of syringes

12. **Swabs**

12.1 Swabs/Cotton/Gauze piece

- a. Dry swabs (Yes-1, No-2)
- b. Swabs wet in water / saline (Yes-1, No-2)
- c. Swabs wet in spirit or other disinfectants (Yes-1, No-2)

12.2 Swab used for cleaning the injection site

- 1. New swab for each patient
- 2. Same swab used for many patients
- 3. Same swab used before and after injection on a single patient

Generic Observation

13. Injectables

13.1 Single dose vials / ampoules

a. Sealed (Yes-1, No-2)

b. Open (Yes-1, No-2)

13.2. Multidose vials

a. Sealed (Yes-1, No-2)

b. With rubber top without needle struck into it (Yes-1, No-2)

c. With needle struck into it (Yes-1, No-2)

14. Refrigerator/ ILR/ vaccine carrier with ice pack:

1 Not available

2 Available but not working/ ice pack not frozen

3 Available and working/ ice pack frozen

15. Ampoule cutter / File

1. Not available

2. Available but not used

3. Available and used

16. Hub Cutter / needle destroyer

1. Not available

2. Mechanical

3. Electrical

4. Other (specify) _____

Generic Observations

17. **Emergency Kit/** tray in injection room/ward (Available-1, Not available-2)

If available, look for contents and mark against each item:

	Emergency Kit- items	Availability
A	Disposable syringes and needle (Available and working - 1, Expired/ Not working -2, Not available -3)	<input type="checkbox"/>
B	Inj. Antihistamine	<input type="checkbox"/>
C	Inj. Hydrocortisone	<input type="checkbox"/>
D	Inj. Adrenaline	<input type="checkbox"/>
E	Inj. Terbutaline	<input type="checkbox"/>
F	Inj. Atropine	<input type="checkbox"/>
G	Inj. Dextrose- 25%	<input type="checkbox"/>
H	IV Cannulae (22G & 24G)	<input type="checkbox"/>
I	IV Infusion set	<input type="checkbox"/>
J	Mouth Gags and Tongue Depressors	<input type="checkbox"/>
K	Ambu Bag	<input type="checkbox"/>
L	Face Mask (Adult/ Pediatric)	<input type="checkbox"/>
M	Oxygen cylinder	<input type="checkbox"/>
N	IV Fluids (NS/ N/5/ DNS)	<input type="checkbox"/>
O	Paracetamol (Syrup/Tablet)	<input type="checkbox"/>
P	Antihistaminic (Syrup/Tablet)	<input type="checkbox"/>
Q	Adhesive tape	<input type="checkbox"/>
R	Laryngoscope	<input type="checkbox"/>
S	Cotton/ gauze	<input type="checkbox"/>

Generic Observation

Handling of Injection Related Waste:

18. What happens to the **used plastic syringes**?

- a. Put in a tray / placed on the table (Yes-1, No-2)
- b. Put in a pan of water / boiler / sterilizer (for reuse) (Yes-1, No-2)
- c. Thrown on the floor / littered (Yes-1, No-2)
- d. Put in a jar / container with hypochlorite solution (Yes-1, No-2)
- e. Dumped to a dustbin (Yes-1, No-2)
- f. Collected in appropriate color coded bag (Yes-1, No-2)

19. What happens to the **used AD syringes**?

- a. Cut the hub (Yes-1, No-2)
- b. Put in a tray / placed on the table (Yes-1, No-2)
- c. Thrown on the floor / littered (Yes-1, No-2)
- d. Put in a jar / container with hypochlorite solution (Yes-1, No-2)
- e. Collected in a safety box/ translucent puncture proof container (Yes-1, No-2)
- f. Collected in appropriate color coded bag (Yes-1, No-2)

Generic Observations

20. What happens to **used needles** with **metal hub**?

- a. Put in a tray / placed on the table (Yes-1, No-2)
- b. Put in a pan of water / boiler / sterilizer (for reuse) (Yes-1, No-2)
- c. Put in a jar / container with hypochlorite solution (Yes-1, No-2)
- d. Thrown on the floor / littered (Yes-1, No-2)
- e. Bent the needle against wall / table and thrown (Yes-1, No-2)
- f. Collected in a dustbin (Yes-1, No-2)
- g. Collected in a puncture proof box (Yes-1, No-2)

21. What happens to **used needles** with **plastic hub**?

- a. Broke the needle with cutter / needle destroyer (Yes-1, No-2)
- b. Recapping done (Yes-1, No-2)
- c. Put in a tray / placed on the table (for reuse) (Yes1, No-2)
- d. Put in a pan of water / boiler / sterilizer (for reuse) (Yes-1, No-2)
- e. Put in a jar / container with hypochlorite solution (Yes-1, No-2)
- f. Thrown on the floor / littered (Yes-1, No-2)
- g. Collected in a dustbin (Yes-1, No-2)
- h. Collected in a puncture proof box (Yes-1, No-2)

Generic Observation

22. Were the **color coded** plastic **bags/** buckets used for waste disposal?

(Yes-1, No-2)

If yes, details

a. Yellow bags / buckets (Yes-1, No-2)

b. Blue bags / buckets (Yes-1, No-2)

c. Black/Green bags / buckets (Yes-1, No-2)

d. Red bags/ buckets (Yes-1, No-2)

e. White translucent bags (Yes-1, No-2)

23. **Comments / Remarks** of the observer about the Injection site visited:

Signature of the Investigator:

Date:

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Generic Observations