

Unique Serial No.:

**Model Injection Corners (MICs): A Program to Improve  
Injection Practices in the Country**  
Observations at Health Facility / Clinic  
Part I: GENERIC OBSERVATIONS

<b>Zone No</b>		
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<b>Date</b>							
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<b>District</b>	
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<b>Tehsil</b>	
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<b>Village / Town</b>	
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<b>Location</b>	<b>Rural</b>	<b>Urban</b>
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**Guidelines for Observations:**

1. Spend **atleast** one whole session (morning / afternoon / evening) at the health facility.
2. Broadly observe following five areas at health facility:
  - a) Where Interaction between prescriber and client is taking place.
  - b) Where sterilization process is on.
  - c) Where injectables and injection equipments are stored.
  - d) Where sharp waste disposal is taking place.

At some health facilities two or more of the activities might be taking place at a single location.

3. 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 observations made will be treated as confidential.
4. Do not share the observations with the person in charge of health facility.

**Observation Session I:**

Starting Time -----

Concluding Time -----

**Observation Session II:**

Starting Time -----

Concluding Time -----

**Observation Session III:**

Starting Time -----

Concluding Time -----

**1. Type of Health Facility:**

- 1. Government:** Allopathic  
(Hospital /CHC /PHC /Dispensary)
- 2. Government:** Indian System of Medicine  
(Homeopathic /Ayurvedic /Unani /Siddha)
- 3. Private:** Formal Allopathic  
(Hospital / Nursing Home / Clinic)
- 4. Private:** Formal Indian System of Medicine  
(Homeopathic /Ayurvedic / Unani / Siddha)
- 5. Private:** Informal Traditional Healer  
(Unqualified /Jhola Doctor /Jhar Phookwala /Jadu Tonawala)
- 6. Immunization Clinic:** Outreach / Subcentre / PHC / CHC / Dispensary / Hospital  
(Immunizations: BCG, DPT, Measles, Tetanus Toxoid, Hepatitis B,  
H. influenzae-B vaccine)

## SECTION A: PATIENT – DOCTOR INTERACTION

Observe 10 (TEN) consecutive Patient-Doctor Interactions and put a Tick mark (✓) in the appropriate boxes when the following statements are true.

**If you are observing the Immunization Clinic, after Q 2 go to Q 7**

	Patient Number									
	1	2	3	4	5	6	7	8	9	10
2. <b>Records</b> being maintained for the patients by the health facility?										
3. Written <b>prescriptions</b> given to patients?										
4. <b>Who</b> all are <b>prescribing</b> to the patients										
4a. Doctor										
4b. Nurse / pharmacist / ANM / Health Worker										
4c. Assistant / Helper / Informally trained Compounder										
5. <b>Prescriber - Client Interaction</b> (If any tick (✓) between 5b to 5f, 5a should be blank)										
5a. <b>No discussion</b> (Doctor decides about the prescription)										
5b. <b>Prescriber promotes / insists</b> for injection										
5c. <b>Prescriber discourages</b> injection										
5d. <b>Client demands</b> injection ( <b>Definition:</b> came with his / her own syringe and needle or indicate by their body language that they expect an injection or do not pay or hesitate to pay if an injection is not given)										
5e. <b>Client demands</b> oral medicines										
5f. Prescriber discusses the <b>cost of injection and oral medicines</b> with the client and then prescribes										
6. Prescribed <b>injection</b> ? (YES)										

## **SECTION B: WATER USED IN HEALTH FACILITY**

### **7. Water used for washing hands?**

- 7a. Running tap water  1 - Yes  2 - No
- 7b. Hand pump  1 - Yes  2 - No
- 7c. Stored - apparently clean water  1 - Yes  2 - No
- 7d. Stored - apparently dirty water  1 - Yes  2 - No

### **8. Water used for washing / flushing syringes and needles?**

- 8a. Running tap water  1 - Yes  2 - No
- 8b. Hand pump  1 - Yes  2 - No
- 8c. Boiling water  1 - Yes  2 - No
- 8d. Stored - apparently clean water  1 - Yes  2 - No
- 8e. Stored - apparently dirty water  1 - Yes  2 - No
- 8f. Distilled water / Saline ampules  1 - Yes  2 - No

### **9. What is the water source at the health facility? (Ask if needed at the end of observation)**

- 9a. Water availability at health facility  1 - Available  2 - Not available
- 9b. Running / municipal tap water  1 - Yes  2 - No
- 9c. Hand pump / Bore-well / Well water  1 - Yes  2 - No
- 9d. Surface water (from river / pond)  1 - Yes  2 - No

## **SECTION C: STERILIZATION FACILITY & PROCESS**

10. What type of **fuels** are available **for sterilization** at the health facility, on the day of observation?

- |                       |                                  |                                 |
|-----------------------|----------------------------------|---------------------------------|
| 10a. Kerosene         | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 10b. Gas              | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 10c. Coal / wood      | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 10d. Electricity      | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 10e. Others (Specify) | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |

11. What **equipment** is used at the facility **for sterilizing** the syringes and needles?\*

11a. **Pan / Vessel (contents are kept in)**

- 1. Not available
- 2. Available but not being used for sterilization
- 3. Boiling water for at least 20 minutes
- 4. Boiling water for less than 20 minutes
- 5. Warm / cold water apparently clean
- 6. Warm / cold water apparently dirty
- 7. Could not be observed / not using at the time of observation

**\*\* If answers from Q12 to Q15 indicate presence of sterilization in the health facility and**

**Answers to Q11a to 11d are all ticked as “Not Available” (Option 1) then**

**Change Option “1” in Q11a to Option “7”. Rest remains same.**

**11b. Pressure Cooker**

- 1. Not available
- 2. Available but not being used for sterilization
- 3. Not functional
- 4. Contents heated for less than 15 minutes after whistle
- 5. Contents heated for at least 15 minutes after whistle
- 6. Could not be observed / not using at the time of observation

**11c. Steam Sterilizer (autoclave)**

- 1. Not available
- 2. Available but not being used for sterilization
- 3. Not functional
- 4. Contents heated at temperature lower than 121° C
- 5. Contents heated at 121° C for less than 15 minutes
- 6. Contents heated at 121° C for at least 15 minutes
- 7. Could not be observed / not using at the time of observation

**11d. Chemical Sterilizer / Ethylene oxide gas**

- 1. Not available
- 2. Not being used for sterilization
- 3. Available and used for surgical instruments only
- 4. Available and syringes / needles dipped in chemicals
- 5. Available and used for syringes, needles and surgical instruments
- 6. Could not be observed / not using at the time of observation

12. What are the **contents** in various **sterilization equipments**?

- 12a. Glass syringes  1 - Yes  2 - No
- 12b. Plastic syringes  1 - Yes  2 - No
- 12c. Needles with metal hub  1 - Yes  2 - No
- 12d. Needles with plastic hub  1 - Yes  2 - No
- 12e. Other surgical equipments  
(eg. scissors, forceps, blades etc.)  1 - Yes  2 - No

13. **Who does** the **sterilization** of syringes and needles?

- 13a. Not sure / do not know / could not be assessed  1- Yes  2 - No
- 13b. Helper / attendant  1 - Yes  2 - No
- 13c. Nurse / Compounder / Health worker / ANM  1 - Yes  2 - No
- 13d. Doctor / Prescriber himself  1 - Yes  2 - No
- 13e. Not applicable (No sterilization done)  1 - Yes  2 - No

14. **When** is the sterilization of syringes and needles done?

**(Ask if needed at the end of observation)**

- 14a. Not sure / do not know / could not be assessed  1 - Yes  2 - No
- 14b. Every morning / day before immunization /  
Once a day (anytime)  1 - Yes  2 - No
- 14c. During the clinic / hospital hours continuously  1 - Yes  2 - No
- 14d. Once in the morning and once in the afternoon  1 - Yes  2 - No
- 14e. Once in the afternoon and once in the evening  1 - Yes  2 - No
- 14f. Every evening after the clinic / hospital hours  1 - Yes  2 - No
- 14g. Frequency of sterilization: once in 2 or 3 days  1 - Yes  2 - No
- 14h. Others (Specify) (More than two times a day)  1 - Yes  2 - No
- 14i. Not applicable (No sterilization done)  1 - Yes  2 - No

15. How are **syringes and needles picked up** from the sterilizer or boiling pan?

- |   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 15a. With bare hands                        | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 15b. With gloves on hands                   | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 15c. With forceps                           | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 15d. Not applicable (No sterilization done) | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |

#### **SECTION D: PROCESS OF INJECTION**

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

- |   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 16a. Helper / Trainee / Assistant                       | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 16b. Compounder / Pharmacist /<br>Nurse / Health worker | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 16c. Doctor / Prescriber himself                        | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 16d. Others (Specify)                                   | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |

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

- |   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 17a. Helper / Trainee / Assistant                       | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 17b. Compounder / Pharmacist /<br>Nurse / Health worker | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 17c. Doctor / Prescriber himself                        | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |
| 17d. Others (Specify)                                   | <input type="checkbox"/> 1 - Yes | <input type="checkbox"/> 2 - No |

*Generic Observations*

Describe the **contents** of the **treatment tray / injection tray**

**I. SYRINGES**

18. Plastic Syringes

18a. None  1 - Yes  2 - No

18b. Sealed pack  1 - Yes  2 - No

18c. Lying open but clean  1 - Yes  2 - No

18d. Soiled  1 - Yes  2 - No

19. Glass Syringes

19a. None  1 - Yes  2 - No

19b. Wrapped in cloth / paper  1 - Yes  2 - No

19c. Piston and cylinder lying separate but clean  1 - Yes  2 - No

19d. Soiled syringe  1 - Yes  2 - No

**II. NEEDLES**

20. Needles with plastic hub

20a. None  1 - Yes  2 - No

20b. Sealed pack  1 - Yes  2 - No

20c. Lying open  1 - Yes  2 - No

21. Needles with metal hub

21a. None  1 - Yes  2 - No

21b. Packed in cloth / paper  1 - Yes  2 - No

21c. Lying open  1 - Yes  2 - No

22. Number of needles

1. Same as the number of syringes (*Where only plastic syringes & needles are used, tick '1' if left blank*)

2. Less than the number of syringes

3. More than the number of syringes

### III. SWABS

23. Swabs / Cotton / Gauze pieces

23a. None

1- Yes

2 - No

23b. Dry swabs

1- Yes

2 - No

23c. Swabs wet in water / saline

1- Yes

2 - No

23d. Swabs wet in spirit or other disinfectants

1- Yes

2 - No

24. Soiled / blood stained swabs

24b. Present

1- Yes

2 - No

### IV. INJECTABLES

25. Single use vials / ampules

25a. None

1- Yes

2 - No

25b. Present and sealed

1- Yes

2 - No

25c. Present and open

1- Yes

2 - No

26. Multidose vials

26a. None

1- Yes

2 - No

26b. Present and sealed

1- Yes

2 - No

26c. Present with rubber top but no needle struck on it

1- Yes

2 - No

26d. Present with needle piercing the rubber top

1- Yes

2 - No

27. Empty / broken ampules / vials

1. Present

2. None

## **SECTION E: HANDLING OF SHARPS WASTE**

28. What happens to the **used plastic syringes**? (Collection)

- 28a. Thrown on the floor / littered  1 - Yes  2 - No
- 28b. Put in a tray / placed on the table  1 - Yes  2 - No
- 28c. Put in a jar / container containing hypochlorite solution  1 - Yes  2 - No
- 28d. Put in a pan of water / boiler / sterilizer  1 - Yes  2 - No
- 28e. Collected in a dustbin / burnt / buried / Incinerator  1 - Yes  2 - No
- 28f. Broke the syringe and threw away on floor / into dustbin  1 - Yes  2 - No

29. What happens to the **used glass syringes**? (Collection)

- 29a. Thrown on the floor / littered  1 - Yes  2 - No
- 29b. Put in a tray / placed on the table  1 - Yes  2 - No
- 29c. Put in a jar / container containing hypochlorite solution  1 - Yes  2 - No
- 29d. Put in a pan of water / boiler / sterilizer  1 - Yes  2 - No
- 29e. Collected in a dustbin / burnt / buried / incinerator  1 - Yes  2 - No
- 29f. Broke the syringe and threw away on floor / into dustbin  1 - Yes  2 - No

30. What happens to **used needles with metal hub**? (Collection)

- 30a. Thrown on the floor / littered  1 - Yes  2 - No
- 30b. Put in a tray / placed on the table  1 - Yes  2 - No
- 30c. Put in a jar / container containing hypochlorite solution  1 - Yes  2 - No
- 30d. Put in a pan of water / boiler / sterilizer  1 - Yes  2 - No
- 30e. Collected in a dustbin / burnt / buried / incinerator  1 - Yes  2 - No
- 30f. Recapping done  1 - Yes  2 - No

31. What happens to **used needles with plastic hub**? (Collection)

- 31a. Thrown on the floor / littered  1 - Yes  2 - No
- 31b. Put in a tray / placed on the table  1 - Yes  2 - No
- 31c. Put in a jar / container containing hypochlorite solution  1 - Yes  2 - No
- 31d. Put in a pan of water / boiler / sterilizer  1 - Yes  2 - No
- 31e. Collected in a dustbin / burnt / buried / incinerator  1 - Yes  2 - No
- 31f. Recapping done  1 - Yes  2 - No
- 31g. Broke the needle with cutter / needle destroyer  1 - Yes  2 - No
- 31h. Bent the needle against wall / table and thrown  1 - Yes  2 - No

32. Does the health facility uses **colored plastic bags for waste disposal**?

- 32a. Yellow bags / buckets  1 - Yes  2 - No
- 32b. Blue bags / buckets  1 - Yes  2 - No
- 32c. Black bags/ buckets  1 - Yes  2 - No

33. How are **used syringes and needles disposed** off from the clinic / hospital?

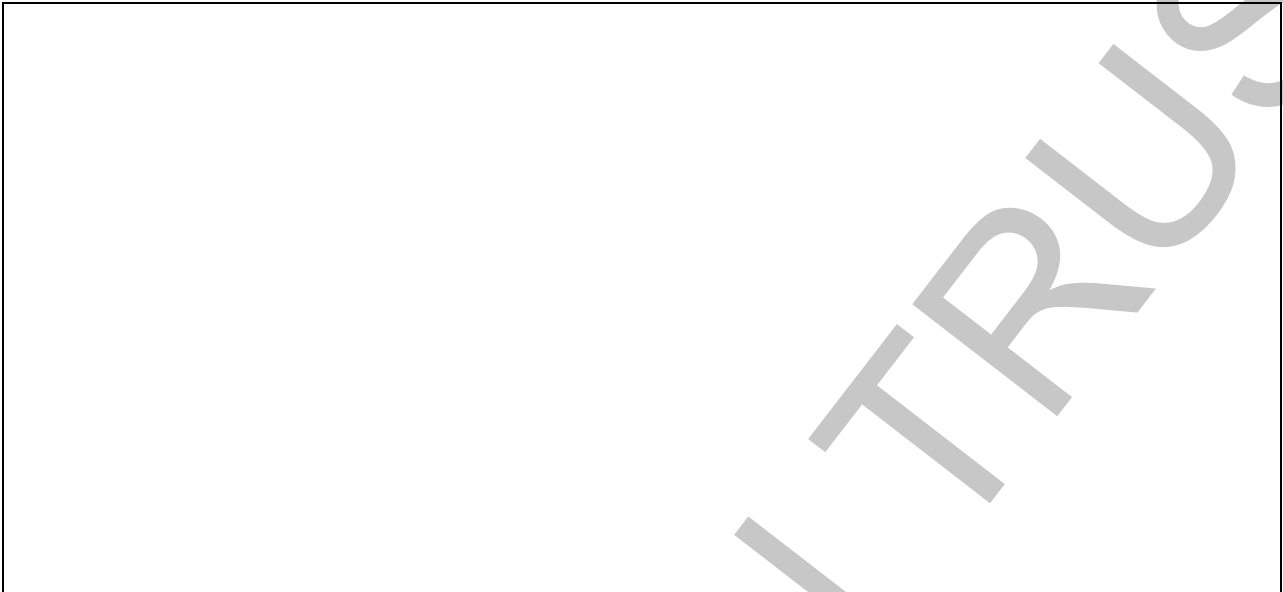
- 33a. Thrown out of the health facility on road / lane / drain  1 - Yes  2 - No
- 33b. Dumped in regular dustbin  1 - Yes  2 - No
- 33c. Buried in a pit  1 - Yes  2 - No
- 33d. Carried away by municipality / panchayat workers for proper disposal / Contractor  1 - Yes  2 - No
- 33e. Sent to incinerator / Burnt  1 - Yes  2 - No
- 33f. Sold / given away to waste pickers / Sweeper / kabadiwalas  1 - Yes  2 - No

**Now ask questions (Q 9 and Q14) that needed clarifications**

34. Your overall **impression** about the **hygiene** in the health facility

1. Shabby / dirty (blood stained swabs / dressings / used syringes littered)
2. O.K. / reasonably clean
3. Tidy / well maintained

35. **Comments / Remarks** of the Observer about the health facility:



Signature of the  
Senior Investigator  
With date