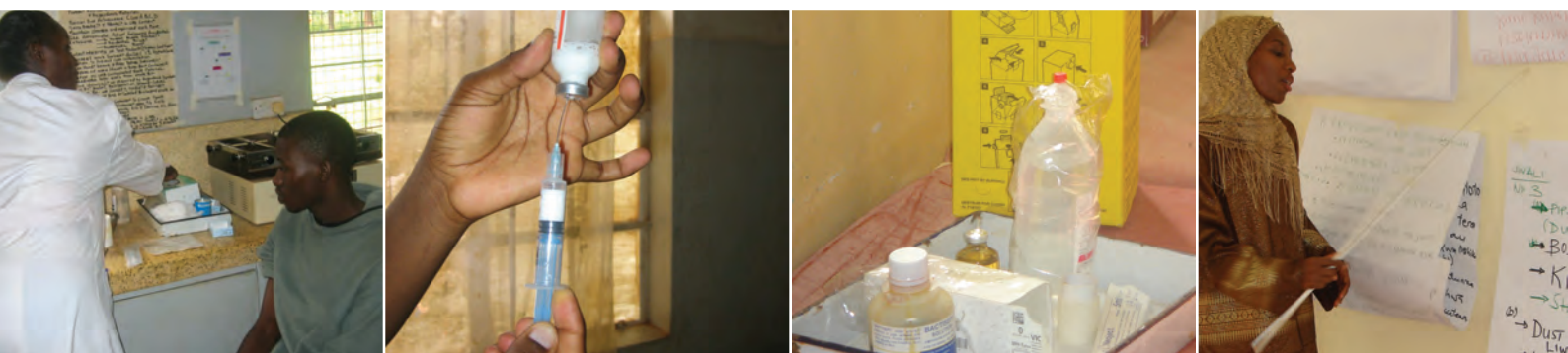


DO NO HARM

INJECTION SAFETY IN THE CONTEXT OF INFECTION PREVENTION AND CONTROL



Training Tools and Job Aids

DO NO HARM

INJECTION SAFETY IN THE CONTEXT OF INFECTION PREVENTION AND CONTROL

Training Tools and Job Aids

Revised December 2008

Acknowledgements:

Development of this document would not have been possible without the critical input and support of the Making Medical Injections Safer team. Special recognition to the technical writing group which includes Eileen Hanlon, AED, Evelyn Isaacs, WHO/AFRO, Rebecca Fields, MMIS/AED, Sarah Melendez, MMIS/JSI, and John Nicholson, MMIS/JSI. Design support was provided by Lauren Keister, AED.



The Making Medical Injections Safer (MMIS) project is a five-year initiative funded by the President's Emergency Plan for AIDS Relief through the US Agency for International Development (USAID) and the HHS Centers for Disease Control and Prevention (CDC), which is implemented by John Snow, Inc. in collaboration with the Program for Appropriate Technology in Health (PATH), the Academy for Educational Development (AED), and the Manoff Group.

This document was developed and produced through a collaborative effort between WHO/AFRO and the MMIS Project.

The authors' views expressed in this publication do not necessarily reflect the views of the OGAC, USAID, CDC or the United States Government.

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Sample lessons

Title of Lesson	This sample lesson supports the following content in the Facilitator's Guide:	This lesson for:	Learning objective and competency it addresses:	Page
Practicing injection safety	Module 3 Injection Practices, Unit 2	Providers of injections	Demonstrate injection safety steps	9
Talking with your patients to encourage oral medication	Module 1, Unit 4	Prescribers	Prescribe injections only when necessary	11
Overcoming fear of reporting needlestick injuries	Module 3, Unit 3	All health workers	Report needlestick injuries according to facility policy	14
Supply case study	Module 4 Supply Management	In-charges, supply workers	Calculate supply quantities	16
Good, bad and practical waste handling	Module 5 Waste Management	Waste handlers	Wear PEP gear; follow waste handling guidelines; follow incineration procedures	18
Segregate the waste	Module 5	All health workers	Segregate waste according to category	21

Sample job aids

Title of Aid	This sample aid supports the following content in the Facilitator's Guide:	This aid for:	Learning objective and competency it addresses:	Page
Protect yourself and our patients. Always use standard precautions.	Module 1, Introduction to Injection Safety	All workers	Know and practice standard precautions	26
Self-monitoring injection checklist	Unit 4, Behaviour change for safe injection practices	Providers of injections	Self-monitoring of injection practice	27
I work to reduce unnecessary injections to protect myself, my colleagues and my community	Module 1, Unit 4	Prescribers	Self-monitoring of prescribing practices	28
Using Standard Treatment Guidelines for common conditions	Module 1, Unit 4	Prescribers	Know the risks & benefits of orals; Follow STGs	29
Encourage patients to choose oral medications	Module 1, Unit 4	Prescribers	Help ensure adherence to orals	30
Choose orals	Module 1, Unit 4	All workers	Help ensure adherence to orals	31
Wash hands before and after each injection session	Module 2, Organizational Structure for Injection Safety	All workers	Demonstrate proper handwashing	32
Monitoring facility performance	Module 2	In-charges	Monitor performance in facility	33
Setting priorities	Module 2	In-charges	Select problems for addressing	36
Include injection safety skills and performance objectives in staff job descriptions	Module 2	In-charges	Supervise workers to help motivate and change	37
Talk with staff about performance	Module 2	In-charges	Supervise workers to help motivate and change	39
Injection steps	Module 3, Injection Practices, Unit 2	Injection providers	Demonstrate safe injection steps	42
Talking points for counselling on injection adverse effects and safety in the home	Unit 2	Injection Providers	Counsel patients on adverse effects and safety in home	43

Title of Aid	This sample aid supports the following content in the Facilitator's Guide:	This aid for:	Learning objective and competency it addresses:	Page
Using safety AD syringes	Unit 2	Injection providers	List the proper steps for different AD syringes	44
Types of injection devices	Unit 2	Injection providers; In-charges	List the advantages and cautions of different safety	45
Requirements for needle removers	Unit 2	In-charges	Assess optimal settings for using needle removers	46
Using a safety box	Unit 2	All workers	Demonstrate proper use of a safety box	48
Post-exposure prophylaxis	Unit 3	All workers	Follow exposure steps & report	49
Creating a facility needlestick policy	Unit 3	In-charges	Create supportive environment for reporting; ensure procedures followed & PEP provided	50
Needlestick injuries	Unit 3	All workers	Follow exposure steps & report	51
Facility plan for waste disposal and transport	Module 5	In-charges	Write facility waste disposal plan	55
Segregating Waste	Module 5	All workers	Segregating waste	58
Good waste disposal practices save lives	Module 5	All workers	Waste disposal	59
Always wear protective clothing before handling and moving waste, or operating the incinerator	Module 5	Waste handler	Wear protective clothing	60
Be safe by disposing waste safely	Module 5	Waste handler	Self protection	61

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How to Use this Book

This book is a companion document to *Do No Harm: Injection Safety in the Context of Injection Prevention and Control: Facilitator's Guide*. The Facilitator's Guide provides reference modules of technical information; this book provides tips for creating lesson plans, sample learning activities, and sample handouts and job aids for supporting learning. These materials were collected from WHO and country programmes implemented in Africa.

This book is meant as a tool for training programme managers, trainers of trainers, and district- or facility-level trainers to implement national training programme strategies. This book assumes that national injection safety programme planners have defined what levels of the health care system will be trained, what injection safety responsibilities workers must exhibit in their jobs, and what learning objectives should be reached in each training.

Different types of health personnel have different responsibilities and require different competencies to do their jobs (for example, waste handlers need to know disposal procedures, but are not required to know about global estimates of risk). The sample materials compiled here are categorized by who might find what useful and identified with the following icons in the upper right hand corner:



All workers



Providers of Injections



Prescribers



In-charges



Waste Handlers



Supply Workers

It is likely that some materials will be useful to multiple categories of personnel. So some have multiple symbols/identifiers.

It is the responsibility of the programme in conjunction with the trainers or training managers in each country to identify the core competencies for different staff and figure out what motivators might be useful, according to the country context. The first parts of this book explain how to identify competencies, set learning objectives, then develop learning activities.



Part 1

Introduction to Injection Safety

Why are Reducing Unnecessary Injections and Improving Injection Safety Important?

Injections must be made fewer and safer for patients, workers and communities.

Each year, about 16 billion injections are administered in developing and transitional countries. The vast majority (around 95%) are given in curative care, 3% are for immunization, and the remainder are for other indications, including injections of blood products and contraceptives.

A safe injection does not harm the patient. But often, health workers fail to follow infection control practices. Reused non-sterile syringes and needles expose millions of people to infection. In some countries, up to 70% of injections are given with reused syringes or needles.

Other unsafe practices, such as poor collection and disposal of used injection equipment, expose healthcare workers and the community to the risk of

needlestick injuries. In some countries unsafe disposal leads to resale of equipment on the black market.

Because injections are so common, unsafe injection practices are a significant risk of transmission of such bloodborne pathogens as hepatitis B virus, hepatitis C virus and HIV (human immunodeficiency virus). It is estimated that 40% of hepatitis C infections, 39% of hepatitis B infections and 5% of HIV infections worldwide are attributed to unsafe injections.

The WHO and the Safe Injection Global Network are working towards reducing unsafe injections by recommending three elements of a strategy for the safe and appropriate use of injections:

- Behaviour change among patients and healthcare workers to decrease injection overuse and achieve injection safety
- The availability of necessary equipment and supplies
- The management of sharps waste.

Adapted from: WHO background information, available at www.who.int/injection_safety/about/resources/AboutBackInfo/en/index.html

Health workers can make a difference

There are three strategies that health workers can follow to improve the safety of injections by reducing risk:

1. Reducing the overall number of injections

In many cases, providers give injections when oral or other formulations of medication are equally effective and are preferable (as indicated by the Standard Treatment Guidelines). In some situations, as many as 9 out of 10 patients presenting to a primary care provider get an injection, 70% or more of which are unnecessary or could be given in an oral formulation. Doctors sometimes prescribe injections because they believe that this best satisfies patients, even though patients are often open to alternatives. By reducing these unnecessary injections, risks from unsafe injections can be also reduced, as can the amount of injection waste.

Increasing the use of oral medications and other alternatives to injection is likely to require support from the logistics and pharmacy workers, to ensure the supply of the correct formulations of medications where and when they are most needed.

2. Following safe injection practices

Injection providers who use appropriate injection devices, ensure there has been no damage to the package prior to opening it for single use, and dispose of the syringe and needle immediately in a safety box, without recapping, and segregating other waste in appropriate containers can increase chances of a safe injection to the patient, while reducing risks to themselves and other workers through needlestick injuries.

3. Disposing of waste safely and appropriately

Prompt and regular disposal, transport, and destruction of injection waste are key to reducing risk of needlestick injuries due to exposure to used equipment.

Training and capacity building for health workers can help them improve their skills

Training, supportive supervision, and building capacity at all levels of the health system can improve each of the three strategies above. By increasing the skills of the workers, instilling confidence and job expectations (based on competencies), ensuring motivation and supervision, each of these strategies can more easily be implemented at the facility level as well as throughout the healthcare system.

Country and local programmes must identify the necessary improvements related to injection safety that can benefit from training. To bring about improvements in performance, training must accompany other systemic changes, such as changes in supplies and logistics, new policies and regulations, and a supportive environment committed to safe injections and waste management, as well as the reduction in unnecessary injections.

This book for trainers provides tools for planning lessons and sample job aids and handouts to support health workers, so that they may apply safer injection practices in their daily work. Many of the materials were developed by African country programmes sponsored by Making Medical Injections Safer, a project sponsored by USAID and CDC with PEPFAR funding.



Part 2

Preparation for Training and Capacity Building

This book contains sample learning activities, training handouts, job aids, reminders and other point-of-use materials to provide ideas and templates to support country-based training and capacity building for injection safety. It is organized in parallel with the structure of *Do No Harm: Injection Safety in the Context of Injection Prevention and Control—Facilitator's Guide*, a companion technical reference.

The following steps outline a recommended process for designing training:

Step 1. Identify cadres of personnel whose actions can improve injection safety and the specific actions they should take. In essence, all health officials, officers, and workers have a role to play to improve injection safety. Each different type of health personnel has different responsibilities and require different competencies to do their jobs. Key competencies for each cadre need to be determined.

Step 2. For each worker and competency, identify areas in need of improvement

and write learning objectives to achieve the improvement. Use your local assessment data, facility observations, and other evidence to identify objectives. You can see sample objectives by worker in the Table of Contents (in column 4 of the table on page iii) of this book. Your objectives will guide the content and scope of your training programme.

Step 3. Use an adaptation process to identify technical content for the training that is most appropriate for your country and health system. Sources of technical content include the Facilitator's Guide, country policies and standards, and WHO and Ministry of Health guidelines. The outcome from the adaptation process in Uganda is on the next page.

Step 4. Once the cadres, competencies, objectives, and guiding materials have been defined, trainers can develop lesson plans for improving knowledge, changing attitudes, and honing skills to improve injection safety.

Sample Adaptation Process Outcome

Before beginning training, an assessment of the country's needs and relevant policies should be undertaken to define learning objectives and sources of technical content for each cadre of personnel. The two tables below show a summary of this process undertaken in Uganda. The tables identify key competencies to be learned and the where the technical content for the lessons should be found. The two tables show how objectives for different health workers will be different, to reflect their respective roles and responsibilities.

Training Plan 1

For health providers at tertiary level, including: nurses, nursing assistants, midwives, clinical officials.

Core competencies/Learning objectives	Sources for technical content		
	Do No Harm Facilitators' Guide	MOH policy	MOH standards
Check the 9 "rights" before each injection	✓	✓	✓
Wash hands properly before and after each injection	✓		✓
Establish a rapport with patient/client/family		✓	✓
Use a new syringe and new needle for each injection	✓	✓	✓
Dispose used equipment in segregated waste	✓	✓	✓
Protect one-self from needle injuries	✓	✓	✓
Keep records of supplies and interventions			✓
Problem solving in cases when the requirements for success are not available or environment not supportive			

Training Plan 2

For waste handlers at tertiary levels, including: waste handlers (80% cannot read and write), cleaners + waste handling (80% cannot read and write), nursing assistants (literate), nursing aides (literate), nurses (when alone in health facility)

Core competencies/Learning objectives	Sources for technical content		
	Do No Harm Facilitators' Guide	MOH policy	MOH standards
Follow the rules for safety, protection and segregation of waste	✓	✓	✓
Follow recommended procedures for safe handling of waste	✓	✓	✓
Follow recommended procedures for safety box handling and disposal	✓	✓	✓
Transport waste safely	✓		✓
Follow the recommended procedures for treatment or destruction of waste	✓		✓
Dispose waste in accordance to national policies/ standards	✓	✓	✓
Identify staff role and responsibilities in waste management			

Adapted from: Uganda MMIS programme, adaptation process report.

Draft lessons from learning objectives

Trainers should use adult learning theory and their experience to develop appropriate participatory learning activities and materials to reach the learning objectives. The box on page 6 is a quick reference for designing a participatory lesson. Each learning objective should have at least one activity; some learning objectives may require several activities to solidify skills, to allow practice time, and/or to change attitudes and beliefs.

Part III of this book provides sample learning activities. Be sure you check the learning objective and type of participant is relevant before you adapt it for your programme.

Develop and adapt handouts and job aids to support learning

Part IV of this book showcases a selection of handouts and job aids for a variety of health worker levels in the African context. It is designed to help trainers and local injection safety programmes translate job support needs into concrete tools to help health workers in their jobs. This guide is designed to support training and activities described in the Facilitator's Guide.

Training supports, such as job aids, handouts, workbooks, etc. go hand-in-hand with in-person training. These materials can help:

- Improve knowledge about best practices
- Remind workers of sequencing or changes in behaviour during job performance
- Create a climate of support for injection safety actions
- Help the worker communicate with the patients and community.

Different types of health workers have different responsibilities related to injection safety. This document compiles point-of-use reference materials that may

be useful for different types of staff. Here are some tips to use these materials guide effectively:

- Identify handouts and aids for trainings and other capacity building opportunities that are consistent with the health worker's responsibility
- Customize and rewrite the job aid to reflect your country policies and the healthcare settings where it will be used. Consider variations in staffing patterns, standards and guidelines, and types of equipment used
- Always include clear benefits from the worker's point of view. Think from the worker's point of view: "Why is it important for me to do this?" or "What's in it for me?" Experience in Ethiopia suggests that workers like to see the benefits of each step.
- Translate, pretest, revise, produce and disseminate the materials. Always pretest a draft before final production. You can ask a few workers (4-5) in two facilities for their feedback. This step is invaluable, and will help save your resources by avoiding dissemination of materials that are not useful on the job.

When creating or adapting job aids and other training supports, it is important to remember that:

- Job aids should not be so complicated to use so as to interrupt or stop a worker in the job
- Job aids and handouts can increase knowledge and provide information, but cannot replace practicing a skill
- Job aids and other communication materials can provide support to workers who want to help others change their behaviour. Health workers can use job aids as educational materials to share with others, and visually point out new behaviours to colleagues and patients.

Use creative designs for your job aids and handouts

Think beyond posters and brochures for your handouts and job aids. While developing the product, think about when and how the participant may use the handout.

- Are there times when the participant may wish to refer to the handout or job aid?
- When are those times, and what format would be most convenient for the user?
- How many workers must use the job aid? For how long? For how many people?
- How many copies are needed? What quality/kind of materials are necessary for production?

Job aids and handouts can take many formats: pocket cards, table tents, book-marks, folder covers, binder inserts, prescription pad covers, adhesive notes or stickers. Small items like stickers can prompt a question to a patient or be a reminder for the health worker to take a specific action, such as not recapping a needle or how to segregate waste. Larger items can help establish a supportive environment, by reminding many health workers and their patients that oral medications are as effective as injections. This book provides examples of a variety of formats.

Be creative, and try a variety of formats to support learning. Part V, Resources for More Information, in this book includes references about creating job aids.

Participatory Lesson Template

Adults learn best if they can share information and learn through experience. A participatory lesson will include the following activities:

- Introduce the lesson's topic and explain the objectives of the session.
- Open a discussion and relate the topic to the health workers' experience. Ask them to discuss their experiences.
- Explain the problem and ask for solutions.
- Present any new information and illustrate or demonstrate, as required. Relate the new information and practice to direct benefits to the health worker. Ask for other benefits and advantages to the new practice.
- Create group activities to reinforce the new learning, such as skills practice, case studies, problem solving, or role playing.
- Create an activity or lead a discussion to directly apply the learning to the participant's work environment and job responsibilities.
- Lead a discussion or create an activity for participants to problem solve when circumstances are not conducive to the given solution of the problem.
- Summarize the learnings of the lesson, allow time for questions, and close.



Part 3

Learning Activities to Change Injection Safety Behaviours

Effective training for injection safety imparts necessary information, builds skills, and supports positive attitudes for health workers to change their behaviours in their daily work. Trainers must plan learning activities that do all three, based on what health workers are currently doing and what they are responsible for doing in their jobs. In addition, adults learn best if trainers facilitate sharing of knowledge and experiences, along with problem solving and skills practice.

Below are tips for ways to address these learning needs:

How to teach skills

All health workers need to practice skills to reduce the risk of needlestick injuries and to improve injection safety for patients. These skills may be clinical, management/supervisory, or communication. The following teaching methods increase health worker skills:

- Describing step-by-step (checklist)
- Demonstration

- Simulation
- Role play
- Case study
- On the job experience

How to teach attitudes

Health workers must have the attitude that injection safety is important, that their role and responsibilities make a difference, and that they can carry out the new skills and problem solve in situations in which they lack the ideal supports (such as sinks with running water or sufficient safety boxes). The following teaching methods can be used to increase positive attitudes:

- Case examples
- Sharing of experiences
- Open discussion
- Problem solving
- Role play
- Modelling

How to teach knowledge

As mentioned above, adults learn best by sharing and experiencing. This learning style means that lectures and information-based materials are not always the most successful teaching tools. Consider more creative ways to impart information, such as:

- Discussion
- Case study
- Interactive worksheets
- Observation.

The following learning activities are examples of how you can use different teaching methods to engage learners, apply adult learning principles, and teach a variety of skills.

Be sure to check the learning objective and type of participant is relevant before you adapt these activities for your programme.



Practicing injection safety

(Page 1 of 2)

Time: Approximately 40 minutes

Participants: Doctors, nurses and aides who inject medications or vaccines on a regular basis. Session is designed for up to 20 participants. If you have more participants, divide participants into groups of three instead of pairs.

Learning Objective: By the end of this training session, participants will be able to:

- Use the type of syringe (such as auto-disable, retractable) that they will use at their facility
- Demonstrate injection safety steps

Outline of training session:

- Overview (3 minutes)
- Demonstration (10 minutes)
- Exercise: Practice in pairs (20 minutes)
- Discussion and conclusion (7 minutes)

Materials needed:

- Auto-disable syringes (select the type of syringe used at the facilities in which the participants work), 2 per participant
- Citrus or other fruit or injection practice dummies, 1 for every 2 participants
- Safety boxes, 1 for every 2 participants
- Trash bins, 1 for every 2 participants
- Written instructions on how to use the syringe type (see sample instructions on page 44)
- Observation checklist (adapt injection steps checklist on page 27), 2 per participant
- Expired injectable medications or vials with water, 2 per participant
- Water source (such as sink or pail)
- Hand soap
- Antiseptic handrub, if widely available and commonly used

Preparation: Facilitators should practice using the selected AD syringes to become familiar with their functioning. Different brands of AD syringes operate differently. For detailed instructions on use of various types of AD syringes, consult PATH's manual *Giving Safe Injections: Using Auto-Disable Syringes for Immunization* (see "Resources" section).

Facilitator Instructions

Introduction: (3 minutes)

Introduce session: Explain that participants will get a chance to practice using AD syringes and injection safety steps.

Ask if any participants are not experienced in giving injections. If there are any inexperienced participants, train them in all aspects of proper injection technique. These instructions assume that all participants are familiar with standard safe injection procedures.



Practicing injection safety

(Page 2 of 2)

Demonstration: (10 minutes)

Distribute instruction sheets. Demonstrate using the syringe in front of the entire group. Make certain that everyone can clearly see what you are doing. Explain each step as you proceed. As for questions and clarifications.

Exercise: Practice in pairs (20 minutes)

Divide participants into pairs. For larger groups, divide participants into groups of three.

Give each group four syringes, a safety box, observation sheets, fruit and expired medications.

Tell one person from each group to practice using two of the syringes. They can practice injecting expired vaccine or water into an orange or other fruit, or injection-practice dummies. They should throw the used syringe into one of the safety boxes as soon as they have given the injection.

Ask the other person in each group to observe the injection provider and check off each step when done correctly.

Roam among the groups, observing what they are doing and giving assistance as necessary.

When the first person has practiced with his or her syringes, have the observer give feedback using the observation forms.

Have participants switch roles. The second person should practice, while the first person observes and notes feedback on the observation forms.

Allow time for the second person to receive feedback from the observation.

Discussion and conclusion: (7 minutes)

After everyone has had a chance to practice, discuss the process with the full group. Ask:

- What were some of the steps that were harder?
- What were some of the steps that you already do or that are easiest?

Next, conduct a discussion about possible problems and how to solve them. For example, what should participants do if:

- The AD syringe locks before a full dose is drawn up?
- There are not enough sterile syringes to serve all the patients in one session?
- After expelling air from the syringe, there is no longer 0.5 ml of vaccine?

Adapted from: PATH (2002). *Proper Handling and Disposal of Auto-Disable Syringes and Safety Boxes: A Training Module for Clinic Managers and Immunization Providers*. Seattle, WA, rev. March 2006.

Sample Learning Activity

For Prescribers



Talking with your patients to encourage oral medication

(Page 1 of 3)

Time: Approximately 40 minutes

Participants: Doctors, nurses and aides who prescribe medications in injectable, oral or other formulations for patients. Session is designed for 10-16 participants. If you have more participants, divide them into smaller groups and have multiple facilitators, to allow for adequate participation by all.

Learning Objective: By the end of this training session, participants will be able to:

- Demonstrate active listening technique
- Practice communication skills to discourage unneeded injections with their patients

Sample Scenario Card

You are an older woman bringing your young grandson in for treatment of diarrhoea. You request an injection, as you fear that if the diarrhoea lasts much longer, the child will lose too much strength. All your children got injections when they had diarrhoea, years ago.

Sample Scenario Card

You are pregnant with your third child and you have come to the health facility for vitamins for your pregnancy. You ask for an injection, as that is what you received during your other pregnancies. You don't believe that vitamin pills are as strong.

Outline of training session:

- Introductions and overview (5 minutes)
- Communication tip: Uncovering the patient's concerns (10 minutes)
- Exercise: Practice in pairs (20 minutes)
- Conclusion and closing (5 minutes)

Materials needed:

- Flipchart or chalkboard; markers or chalk
- Your national Standard Treatment Guidelines (for reference)
- Scenario cards (copied and cut, 1 for each participant): Use the findings from the qualitative research in your country to create cards that reflect common situations in your community. Write short descriptions on cards from a patient perspective; one per participant. You will need a different scenario for each participant. The examples on the left were developed based on findings from a few MMIS countries.

Preparation:

- Based on the results of focus group discussions and/or interviews with patients, prepare short patient scenario cards by writing short descriptions of various patient concerns on cards (see last page for samples)
- Review your Standard Treatment Guidelines to find examples when oral medications are the first line of treatment

Facilitator Instructions

Introduction: (5 minutes)

- Briefly **introduce** the training: Injections can be a route of transmission for a number of blood borne diseases, and data shows that patients and health workers are being infected because of current unsafe practices.



Talking with your patients to encourage oral medication

(Page 2 of 3)

- **Explain** that one way to reduce risk is to reduce unnecessary injections. This session will review patient concerns and practice ways to educate patients to encourage alternatives to injections.
- **Conclude** by stating the importance of the prescriber's role in reducing injections by following Standard Treatment Guidelines. Because this is sometimes difficult to do, this training will give them a chance to practice some skills to accomplish this.

Communication tip: Uncovering the patient's concern (10 minutes)

Explain that one of the difficulties of reducing the number of injections is that patients request them or say they prefer them. Explain that prescribers must find ways to offer oral treatments or other formulations to patients so that they will take the full course of medicine correctly. Further, this may mean saying a bit more to the patient about the alternative treatment to allay their fears or concerns.

Write "active listening" and "assertive statements" on a flipchart. Define these two communication tips to help improve patient adherence: active listening and assertive statements.

- **Active listening:** Pay attention to what the patient is saying. Probe if you are unsure what the patient is feeling or what his/her concerns are about the treatment. Repeat back the patient's feelings that you're hearing, to make sure you understand. For example, "It sounds like you don't believe that these vitamins are as strong as the injected ones."
- **Assertive statements:** Sometimes patients aren't clear what providers want them to do. Health workers often need to repeat instructions and rephrase them in a way that is relevant to the patient. There are 3 parts to an assertive statement:
 1. Be specific about what the patient must do. For example: "Take one pill in the morning and one before bed, for the next 10 days."
 2. Acknowledge the patient's feelings. For example: "I know you're worried that these pills won't make you feel better."
 3. Restate the behavior and desired outcome, from the patient's point of view. For example: "If you take these pills the way I explained, your illness should get better, just as you would if you received an injection."

Explain that these communication tips may seem simple, but they take practice. Reinforce that by stating the patient's concern back to them, the prescriber acknowledges the patient's concerns, and the patient may be more likely to try to comply with the treatment.



Talking with your patients to encourage oral medication

(Page 3 of 3)

Exercise: Practice in pairs (15 minutes)

Ask participants to get into pairs. Explain that each will take a turn being the prescriber and the patient to practice the communication tips. Distribute scenario cards to each participant. Give instructions for exercise:

- You each have a card that describes a scenario from the patient perspective.
- You will each take a turn being the patient and the prescriber.
- As the patient, tell the provider the information suggested on the card.
- As the prescriber, ask questions to uncover concerns and provide responses to encourage acceptance of an alternative treatment.
- You will have 3 minutes only.
- We will discuss the experience afterwards.

After 3 minutes, call time and have participants switch roles. When they switch roles, give them different cards with which to practice.

After 3 minutes, call time. Thank participants for their participation in the practice.

Ask each pair to give feedback to the group on what worked well and what was difficult.

Debrief with group:

- How does the limited amount of time affect your counseling?
- What makes it hard to provide responses to patients?
- What makes it easier to provide responses to patients?
- Who else can assist you in counseling patients?

Briefly acknowledge that there will be patients for whom injections are still required, or patients who are slow to begin to accept other treatments. Prescribers should still use their best judgment to ensure that treatment is effective and safe.

Conclusion and closing: (5 minutes)

Answer any questions from participants.

Repeat that making changes is difficult for both health facilities and patients.

Conclude by reinforcing the importance of the prescriber's role in reducing injections, and therefore chances of needlesticks to fellow health workers and infections for health workers and community. Mention that promoting oral medication could reduce the costs to the facility and the patients. Again refer participants to the Standard Treatment Guidelines for more information on what treatments can be alternatives to injections.



Overcoming fear of reporting needlestick injuries

(Page 1 of 2)

Time: 45 minutes - 1 hour

Participants: Any health worker. Session is designed for 8-10 participants. If group is larger, divide into smaller discussion groups.

Learning Objective: By the end of this training session, participants will be able to:

- Name 3 sources of stigma or fear of needlestick reporting
- Discuss ways to overcome stigma or fear of needlestick reporting.

Outline of training session:

- Introductions and overview (2 minutes)
- Facts: All health workers are at risk of needlestick injuries (10 minutes)
- Exercise: Tree and roots (20 minutes)
- Debrief (10 minutes)
- Conclusion and closing (5 minutes)

Materials needed:

- Flip chart and markers, or chalk board and chalk
- Copies of needlestick injury reporting policy, forms, or other guidelines or materials applicable to the health workers' facility (1 per participant)

Preparation:

- Based on your country or district data, prepare a slide or flipchart page with 3-5 facts about needlestick injuries (such as number reported, incidence, types of injuries, loss of work due to illness, or other data)
- On flip cart or chalkboard, draw a large tree with roots, big trunk, and branches

Facilitator Instructions

Introductions and overview: (2 minutes)

Open session by explaining purpose of activity: Participants will list and discuss causes for low reporting of needlestick injuries.

Facts: (10 minutes)

All health workers, including custodial staff, are at risk of needlestick injuries.

Ask participants why needlestick injuries are dangerous. Provide disease statistics, if needed (available in this book "Introduction to Injection Safety," on page 1).

Ask participants what activities they do in their daily jobs that may put them at risk for a needlestick or other injury. Probe for procedures, types of supplies they use, waste handling.

Ask participants what safeguards are in place to protect them from injury. Probe for equipment, procedures, protective clothing, vaccination.

Provide local data showing the situation of needlestick injuries among health workers. Ask participants for their comments: Does these data reflect what you think is happening? What problems do these data show? How likely are workers in your facility to report needlestick injuries?



Overcoming fear of reporting needlestick injuries

(Page 2 of 2)

Ask participants to list the reasons why it is beneficial to report a needlestick injury. Probe for testing and treatment, other assistance.

Exercise: Tree and roots (20 minutes)

Begin exercise. Hand out markers or chalk to all participants. Explain that the tree represents a needlestick injury that is not reported. The roots represent the reasons why it is not reported, such as fear of stigma or loss of a job. The leaves represent ways that these can be overcome.

Ask participants to discuss the roots of the tree. What are some forms of stigma or discrimination that a worker might feel if they were to report a needlestick injury? Probe for fear of family reaction, reactions for colleagues and supervisor.

Ask participants to go up to the tree and write their discussion points on the flipchart or board. [Note to trainer: ask participants to draw small images in less literate groups.]

Ask participants to discuss the leaves of the tree. What are some ways stigma and discrimination can be overcome to encourage needlestick reporting? Probe for supportive facility environment, caring supervisor, family support. Have participants write on the board.

Debrief: (15 minutes)

Summarize drawing of tree, with comments from participants.

Hand out local or facility needlestick reporting policy and explain protections and benefits to health worker who reports. Acknowledge concerns workers mentioned previously.

Ask participants to name one thing they could do in their job to help reduce needlestick injuries or to encourage reporting.

Conclusion and closing: (5 minutes)

Thank participants for their participation.

Answer any remaining questions. Provide contact person or counselor name for participants who have additional questions or concerns about needlestick injuries.

Adapted from: Change Project (2003), *Understanding and Challenging AIDS Stigma: Toolkit for Action*, Academy for Educational Development, September, Module G.

Sample Learning Activity

For In-charges and Supply Workers



Supply case study

(Page 1 of 2)

Time: 30 - 45 minutes**Participants:** In-charges, supply managers, logistics personnel.**Learning Objective:** By the end of this training session, participants will be able to:

- Calculate the quantity of supplies to order.

Outline of training session:

- Introduction (2 minutes)
- Warm up: Importance of supply logistics (8 minutes)
- Exercise: Supply case study (15 minutes)
- Debrief and conclusion (10 minutes)

Materials needed:

- Paper and pencils
- Case study handout (1 per participant)

Preparation:

None required

Facilitator Instructions

Introduction: (2 minutes)

Open session by explaining purpose of activity: Managers, supervisors and logistics staff will be able to correctly calculate amount of supplies needed for ordering.

Warm up: Importance of supply logistics: (2 minutes)

Ask participants what are the consequences of stock outs of syringes and other injection equipment. Probe for: nursing stations without supplies, inappropriate replacement with other equipment, implications for patient care.

Ask participants to describe their role in managing stocks of supplies. Ask different types of personnel to compare their roles and processes.

Ask participants where communication takes place and how orders are sent and received. Have participants identify where procedures may be challenging or communications break down.

Summarize discussion by saying how important supplies are for patient care and that all can help keep the system working.

Exercise: Supply Case Study (15 minutes)

Divide participants into small groups of 4-5 people.

Hand out case study page to each participant, and give out paper and pencils, as needed.

Instruct participants to read the case study, discuss questions as a group, and calculate the supply order needed.

Allow groups to work for 15 minutes.



Supply case study

(Page 2 of 2)

Supply Case Study Handout

The Kayanga health centre serves a population of 4,000 people.

At the beginning of 2004, the centre did not have any stock auto-disable (AD) syringes. During 2004, the health centre received 1,500 auto-disable syringes, and used 1,100. At the end of 2004, it had 200 AD syringes left in stock.

At the beginning of 2005, the initial stock was 200 AD syringes. The centre received 1,200 AE syringes in February 2005, and 1,100 in August. The inventory at the end of December 2005 was 30 AD syringes.

Discussion questions:

1. What are the supply management problems at this health centre?
2. What management solutions may be suggested to this health centre?

Calculate:

1. Quantity of syringes needed for the Kayanga centre for 1 month
2. Quantity for 3 months
3. Quantity for 1 year

Debrief and conclusions: (10 minutes)

Ask small groups to summarize their discussion of management problems and recommendations.

Call on small groups to provide answers to calculations.

Ask what other information would be helpful to forecast supplies? What systems could be in place to gather such information? Who should be responsible for that information?

Briefly summarize discussion.

Thank participants for their work.

Source: Rwanda MMIS project training materials.



Good, bad and practical waste handling

(Page 1 of 3)

Time: 45 minutes - 1 hour

Participants: Waste handlers, incinerator operators, and housekeeping staff.
Session is designed for 20-30 participants.

Learning Objective: By the end of this training session, participants will be able to:

- Identify best practices of safe waste handling and incineration.

Outline of training session:

- Introductions and overview (2 minutes)
- Warm up: What practices have you seen? (10 minutes)
- Exercise: Photo sort (20 minutes)
- Debrief (10 minutes)
- Conclusion and closing (5 minutes)

Materials needed:

- Wall or chalk board with tape, or bulletin board with tacks
- 3 sets of about 30 photos of waste handling situations (see samples on page 20)
- 3 sets of signs, each with a face:
😊 😐 😞

Preparation:

Visit local health care facilities and take photographs of waste handling practices and situations. Make 3 sets of about 30 photos showing good and bad and realistic practices. Post 3 signs on wall or board in 3 different areas of the room

Facilitator Instructions

Introduction and overview: (2 minutes)

Open session by explaining purpose of activity: Waste handlers and other workers will see and list good, bad and practical waste handling practices.

Warm up: What practices have you seen? (10 minutes)

Ask what types of waste handling practices have they seen in their facility that are safe and protect themselves and others.

Ask what types of waste handling practices have they seen that are unsafe or may put people at risk.

Ask what challenges/problems they have faced in practicing safe waste handling.

Exercise: Photo sort (20 minutes)

Begin exercise. Ask participants to get into 3 teams.

Give each team a set photographs of waste handling practices. Ask them to go to a section of the wall with the 3 faces.

Instruct each group to examine each photo and decide where to post it on the wall, according to whether the photo shows a good waste handling practice, a bad waste handling practice or a practical waste handling practice.

Allow groups to work for 15 minutes.

Sample Learning Activity

For Waste Handlers



Good, bad and practical waste handling

*(Page 2 of 3)***Debrief:** (10 minutes)

Ask one group to present the photos they placed in the good practice category. Ask them to explain why they did so. What was in the photo that made them decide? What other ways could it be interpreted? Did other groups make different decisions? Ask other teams to make comments or suggestions.

Ask next group to present the photos they placed in the bad practice category. Ask debriefing questions. How could this practice be changed to be a good practice? Ask other teams to make comments or suggestions.

Ask third group to present the photos they placed in the practical category. Discuss how situations make doing good practices difficult. Ask participants to comment on how practice in the photo could be improved. Ask what barriers they may face. Ask other teams to make comments or suggestions.

Conclusion and closing: (5 minutes)

Summarize discussion of best practices and challenges. Reinforce areas of new knowledge and problem solving.

Thank participants for their work.

Facilitation tips

Do not allow participants to criticize each others' practices or facilities. Use discussion points to reinforce best practices and problem solving.

Encourage participants to identify ways to meet challenges or solve difficulties through discussion and sharing of ideas.

When participants make mistakes in understanding policies or best practices, ask others to correct or provide suggestions. If no one knows the correct answer, offer information.

Adapted from: Mozambique MMIS, "Manual and Training Guide for Injection Safety and Waste Management Training in Mozambique," project CD-ROM.

Sample Learning Activity

For Waste Handlers



Good, bad and practical waste handling

(Page 3 of 3)

Sample photos



Sample Learning Activity

For All Workers



Segregate the waste

(Page 1 of 3)

Time: 45 minutes - 1 hour**Materials needed:**

- About 30 photos of facility waste, including medical, surgical, food, and common waste (see examples on page 23)
- 4 bins or boxes, labeled with 4 types of waste: “Sharps”, “Infectious”, “Non-infectious” and “Highly infectious.” Use symbols or bag colors, as appropriate to your facility.
- Large table around which group can stand

Preparation:

Visit local health facilities and take photographs of common waste products. Make 1 set of prints of about 30 items.

Participants: Doctors, nurses, aides and housekeeping staff. Session is designed for 10-15 participants. If group is larger, have 2 facilitators and run exercise concurrently in 2 separate areas or training rooms.

Learning Objective: By the end of this training session, participants will be able to:

- Segregate waste by placing in correct receptacle.

Outline of training session:

- Introductions and overview (2 minutes)
- Warm up: What practices have you seen? (10 minutes)
- Exercise: Photo sort (15 minutes)
- Debrief (15 minutes)
- Conclusion and closing (5 minutes)

Facilitator Instructions

Introduction and overview: (2 minutes)

Open session by explaining purpose of activity: Health workers will identify waste types and segregate appropriately.

Warm up: What practices have you seen? (10 minutes)

Ask what types of waste segregation have they seen in their facility. Ask why waste is segregated and what are the benefits of segregation.

Ask what types of waste segregation have they seen that are unsafe or may put people at risk.

Ask what challenges/problems they have faced in segregating waste.

Exercise: Photo sort (15 minutes)

Begin exercise. Ask participants to get into 2 teams.

Give each team a set photographs of waste items. Ask them to go to the bins.



Segregate the waste

(Page 2 of 3)

Instruct each group to examine each photo and decide where it should be disposed. Read the labels on the bins and point out any symbols or color coding.

Allow groups to work for 15 minutes sorting photos and dropping them into bins.

Debrief: (15 minutes)

Empty first bin out onto table and display photos. Ask participants to look over photos in this category.

Ask teams to explain why they placed them in this bin. What in the photo helped them decide? What other ways could it be interpreted?

Ask other team to make comments or suggestions.

Discuss how situations make segregation difficult. Ask participants what barriers they may face.

Have participants identify photos of items that may need to be moved to another category. Move photos to other bins, as necessary.

Repeat for each bin.

Conclusion and closing: (5 minutes)

Summarize discussion of best practices in waste segregation and challenges. Reinforce areas of new knowledge and problem solving.

Thank participants for their work.

Adapted from: Mozambique MMIS, "Manual and Training Guide for Injection Safety and Waste Management Training in Mozambique," project CD-ROM.

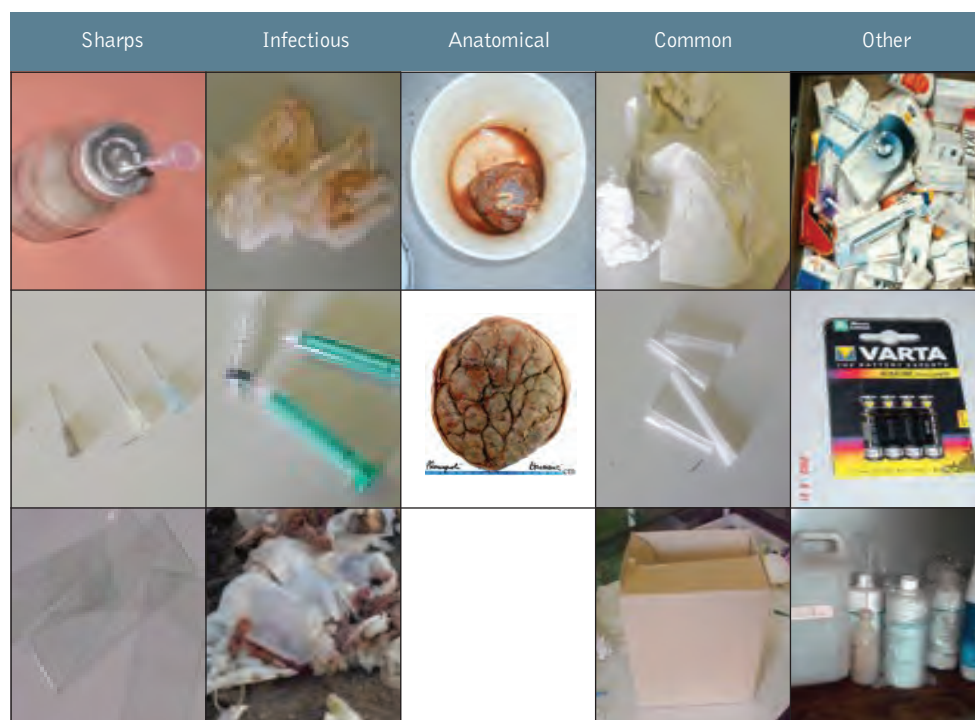
Sample Learning Activity

For All Workers



Segregate the waste

(Page 3 of 3)





Part 4

Job Aids and Handouts that Support Training

This section compiles sample job aids and handouts for reinforcing learning in training and on the job. See page iv for a complete list of handouts in this section.



Standard precautions

Protect yourself and our patients. Always use standard precautions.

Wash hands or use an antiseptic rub

- After touching blood, body fluids, secretions, excretions and contaminated items
- Immediately after taking off gloves
- Before starting an injection session
- Between patient contact
- After handling or moving waste

Practice injection safety

- For each injection or reconstitution, use a new syringe and needle from a sealed, sterile pack
- Do not recap needles

Dispose of used needles and syringes and other sharps immediately in safety box

- Do not remove used needles from disposable syringes
- Do not bend, break or manipulate used needles by hand
- Close safety box when 3/4 full and start a new box

Wear light gloves

- For contact with blood, body fluids, secretions and contaminated items
- For contact with mucous membranes and broken skin

Wear heavy gloves

- When handling or moving waste

Wear face masks and eye protection

- Protect mucous membranes of eyes, nose and mouth when contact with blood and body fluids is likely
- For handling, moving or incinerating waste

Wear gowns

- Protect skin from blood or body fluid contact
- Prevent soiling of clothing during procedures that may involve contact with blood or body fluids
- When handling or transporting waste

Remove used linen

- Handle soiled linen to prevent touching skin or mucous membranes
- Do not pre-rinse soiled linens in patient care areas

Clean patient care equipment

- Handle used equipment in a manner that prevents contact with skin or mucous membranes and prevents contamination of clothing or environment
- Sterilize reusable equipment prior to use

Clean your care area

- Routinely care, clean and disinfect equipment and furnishings in patient care areas

Avoid mouth-to-mouth patient resuscitation

- Use mouthpieces, resuscitation bags and other ventilation devices

Place contaminated patients in separate rooms

- Place patients who contaminate the environment or cannot maintain appropriate hygiene in private rooms

Source: Adapted from JHPIEGO (2003), "Infection Prevention: Guidelines for Healthcare Facilities with Limited Resources." Available at www.mnh.jhpiego.org

Pocket card

For Providers of Injections



Self-monitoring injection checklist

When I give an injection, I always:

- ☐ Wash my hands before work, after using the bathroom, and when I've been exposed to fluids or tissue.
- ☐ Verify the medication, the dose, the patient, the site and the route of administration.
- ☐ Choose a new syringe and needle in a sealed, sterile pack.
- ☐ Check the sterile pack's expiry date; if the expiry date has passed, I discard it in the safety box.
- ☐ Check whether the sterile pack is damaged or punctured. If damaged or punctured, I discard it in the safety box.
- ☐ Peel open the package without touching the needle hub or syringe tip.
- ☐ Attach the syringe firmly to the needle and twist, if the syringe has a detachable needle.
- ☐ Activate the syringe, if necessary.
- ☐ Remove the protective cap on the plunger and the needle, if present.
- ☐ Remove the needle cap or shield.

- ☐ Insert needle into the vial, keeping the needle in the fluid until a complete dose is drawn up.
- ☐ Remove air bubbles by tapping the barrel and pushing the plunger to the correct dose mark, while the needle remains in the vial.
- ☐ Remove both needles and syringes from multi-dose vials between each injection.
- ☐ Check that the dose is correct.
- ☐ If applicable, ask the parent to hold their child securely.
- ☐ Inject the entire dose.
- ☐ Engage the safety feature, if available.
- ☐ Place the used needle and syringe immediately in a safety box. I DO NOT recap the needle, set it down or hand it to another person before disposal.
- ☐ Educate patients about adverse effects and avoiding sharps if found in the trash.
- ☐ Wash my hands again after finishing an injection session.

Adapted from: PATH (2000), *Giving Safe Injections: Introducing Auto-Disable Syringes* (October), p.98. Available at www.path.org/files/SafeInjPDF-Module5.pdf.

Prescription-size notepad

For Providers of Injections



Self-monitoring checklist

I work to reduce unnecessary injections to protect myself, my colleagues and my community.

I always:

- ☐ Check the Standard Treatment Guidelines for the condition I am treating.
- ☐ Select the first line medication, as directed.
- ☐ Calculate the dosing for this specific patient.
- ☐ Give the patient the prescription and instructions for where to get the medication.
- ☐ Encourage the patient to accept the oral medication over injection, and describe the benefits of the oral medication.
- ☐ Counsel the patient about treatment, dosing and adverse effects.
- ☐ Provide prevention education.
- ☐ Ask patient to return for follow up, as required.

Table tent

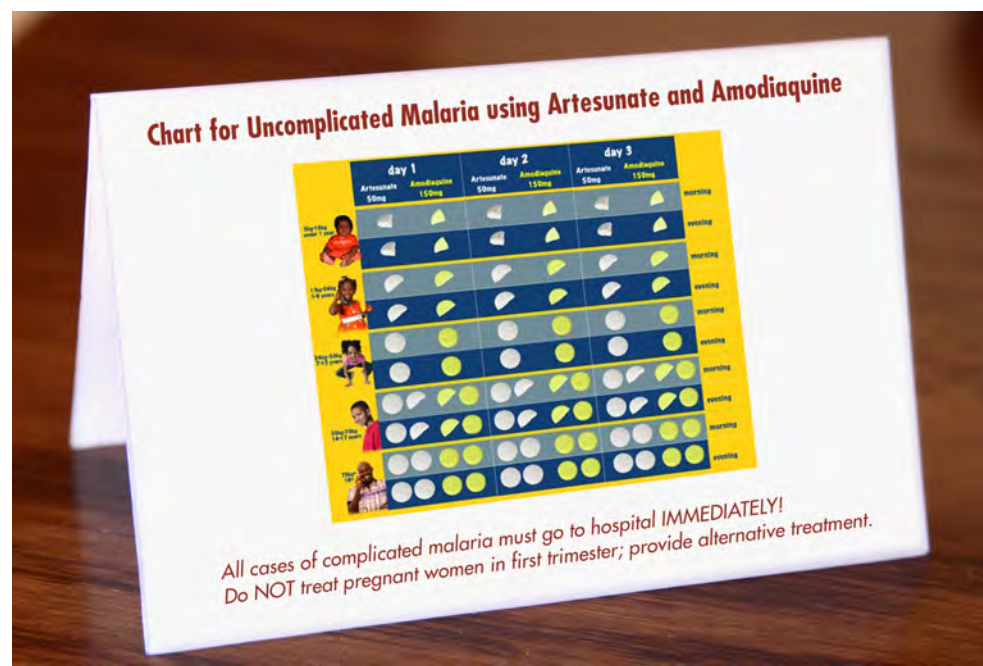
For Prescribers



Patient education aid

Using Standard Treatment Guidelines for common conditions:

Sometimes providers need additional materials to help convince a patient of the benefits of oral medication, as well as explain the regimen. The provider may feel that he/she knows the Standard Treatment Guidelines, but this is also a way for the provider to be easily reminded, especially regarding conditions for which injections are commonly given.



Review key treatment points*

- Show the parent how to crush the tablets and mix with fruit juice or some sugar and safe drinking water (boiled, filtered or treated).
- Always explain to parent the number of tablets they are expected to give the child each day
- Advise parent to give medicine to the child after he/she has eaten.
- If applicable, encourage the parent to apply lukewarm (tepid) sponging, and continue to breastfeed infants the medicine or vomits, ask the

Oral treatments are as effective as injections.
Choose oral medications.

Source: Ghana Health Service (2005), "Management of Malaria in Ghana: A New and Better Way with Artesunate-Amodiaquine."



Encourage patients to choose oral medications

Here are some ideas to help you talk to patients about choosing oral medication instead of injections. You can change them as you see fit.

- Tablets nowadays are just as effective as injections. You don't have to have an injection for _____ (name of condition).
 - You know, tablets are usually much cheaper than injections. You can save money by choosing tablets over injections. Why spend more money on injections you don't need when you can get a tablet that works just as well and costs much less.
 - Pills work just as quickly as injections, so we try to give injections only to patients who are vomiting or cannot swallow. The only type of injection that works faster is the one you get in your vein, and this is only for very sick people.
 - When you have an injection, you have to take the time and spend money to go to the clinic just like you did today, but if you had a tablet, you can just take it at home and get on with your day. You wouldn't have to spend time coming here and waiting for the doctor – you know how long that takes. Tablets are much more convenient. Just make sure you remember to take them as your doctor prescribed. It's easy to remember if you take them at the same time every day.
 - Injections sometimes have side effects and can be painful. Why take the pain for something you don't need? Tablets are easier to take. They work just as well and you won't have to get your skin punctured.
 - Tablets are much safer because there is no risk of infection. Why take a chance on something that bores your skin when you can take a tablet instead?
- (“...but my doctor always gives me an injection for this!”)**
- Perhaps the doctor gave you an injection because you told him you want one. Next time, just ask him if you can take tablets for your sickness. Tell him that you prefer tablets. You'll see he'll be happy to prescribe tablets for you.
 - People with chronic illnesses know their body well and it's important to manage your illness for your continued good health. Often tablets used early in your condition may prevent you from going into a crisis and having to come to hospital for emergency treatment. Don't put your well-being at risk!

Source: Guyana Safe Injection Project training manual.

Poster

For Prescribers



Choose orals

A simple poster can help prescribers remember to choose alternatives to injections first, and can set a tone that orals are expected. In addition, workers can point out the poster to patients to show that they are providing best practice in care.

Orals are also effective and safe

Oral medication will make your child feel better

Safe injection practices saves lives



Source: Tanzania MMIS project.

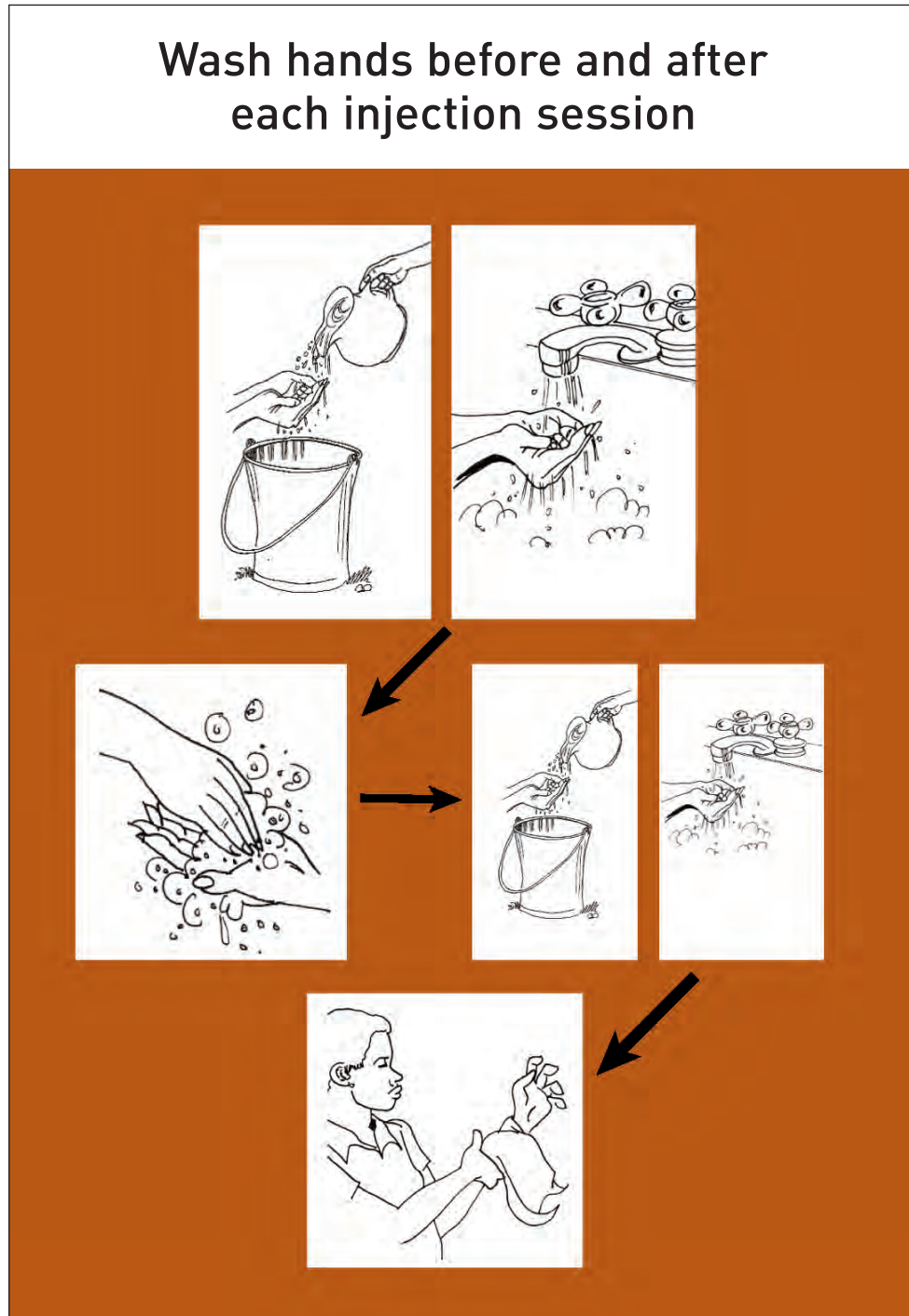
Poster

For All Workers



Hand washing

Wash hands before and after
each injection session



Checklist

For In-charges



Monitoring facility performance

(Page 1 of 3)

Facility in-charges should regularly assess progress towards injection safety goals. By using a simple checklist, managers can observe and document problems and record successes.

Facility Checklist for Safer Injections



Date of observation: _____

Name of manager completing checklist: _____

Circle Yes or No for each question. If you are unable to observe a task, circle "?". Note the location/room of observation where injection observation is done. If your facility is small and injections for multiple conditions are given in the same room, write the type of injection observed (for example: vaccination, curative, family planning) in the location column.

Performance Objective		
Facility management	Observations	Notes
Our facility has a copy of an injection safety policy or guidelines.	Yes No ?	
Our facility has a copy of waste management guidelines from our health services.	Yes No ?	
Our facility has posted reminders that promote safe injections and correct disposal.	Yes No ?	
Our facility has posted reminders or job aids that promote the reducing of injections, safe administration of injections or safe disposal of used injection equipment	Yes No ?	
All of our workers have received the 3-dose vaccination against hepatitis B.	Yes No ?	
There have been needlestick injuries in the last 6 months.	Yes No ?	
Injection services	Observations	Locations
We use the following types of injection equipment (circle):	<ul style="list-style-type: none"> ■ Retractable ■ Auto-disable ■ Standard disposable lancets ■ Other (specify) 	
All appropriate staff have been trained in the use of these injection devices.	Yes No ?	
There is a puncture-proof and leak-proof sharps container in each area where injections are given.	Yes No ?	
All sharps containers used are safety boxes.	Yes No ?	
Injections are prepared on a clean, dedicated work table or tray.	Yes No ?	
The injection provider washed his/her hands with soap and running water before beginning the injection session.	Yes No ?	
The injection provider cleaned his/her hands with an alcohol-based hand sanitizer before beginning the injection	Yes No ?	

Checklist

For In-charges



Monitoring facility performance

(Page 2 of 3)

Performance Objective		
Injection services	Observations	Locations
The provider used a clean barrier (sponge, cotton, gauze or file) to protect his/her fingers when breaking the ampoule. <i>(If no ampoules were used, write N/A.)</i>	Yes No ?	
For each injection, the needle and syringe were taken from a sterile unopened pack or fitted with two caps.	Yes No ?	
For each reconstitution, the needle and syringe were either taken from a new sealed pack or fitted with two caps. <i>(If no reconstitution was done, write N/A.)</i>	Yes No ?	
The needle with syringe was removed from the rubber cap of each multi-dose vial after withdrawing a dose for administration. <i>(If no multi-dose vials were used, write N/A.)</i>	Yes No ?	
After completing the injection, the syringe or needle was recapped.	Yes No ?	
After each injection, the provider immediately disposed of the used needle and syringe in a sharps container or used a needle remover. (Include needles and syringes used for reconstitution. Circle "No" if provider used an overflowing, pierced or open box, set them down somewhere else before placing them in a sharps container, or tossed them on the floor or disposed of them in any other unsafe manner. Circle "Yes" even if the provider recapped the needle before putting it in the sharps container as long as it was put in the container immediately after the injection.)	Yes No ?	
The provider counselled the patient about adverse effects and observed the patient after the injection.	Yes No ?	
Stock Management	Observations	Notes
There are stock cards for tracking each type of syringes and for safety boxes.	Yes No ?	
Do the cards show evidence of any stockouts of safety boxes in the last 6 months?	Yes No ?	
Our facility stocks appropriate types and sizes of needles and syringes for the clinical services we provide.	Yes No ?	
Our facility stocks commonly-used oral formulations, such as _____ and _____.	Yes No ?	
In the last 6 months, our facility has been out of stock of single-use disposable syringes (any size or type) at any time.	Yes No ?	
In the last 6 months, our facility has been out of stock of safety boxes at any time.	Yes No ?	
There is a way to place an emergency order for injection equipment if we run short.	Yes No ?	

Checklist

For In-charges



Monitoring facility performance

(Page 3 of 3)



Performance Objective		
Waste Management	Observations	Notes
Our facility waste is being segregated into different containers (sharps, infectious and non-infectious).	Yes No ?	
There are loose sharps or overflowing, pierced or open safety boxes.	Yes No ?	
All used safety boxes are stored in a locked area that is inaccessible to the public.	Yes No ?	
Waste handlers always wear personal protective equipment when disposing of sharps waste and safety boxes.	Yes No ?	
There is evidence of used sharps outside the facility or around the waste disposal site.	Yes No ?	
Waste is disposed of on a scheduled basis.	Yes No ?	

Adapted from: MMIS Supportive Supervision Checklist for Hospitals and Lower-Level Facilities, based on WHO (2004), "A Guide for Supervising Injections," Dept of Essential Health Technologies, WHO/EHT/04.03, February 12.



Setting priorities

After a monitoring or assessment visit, summarize the findings in a table, such as the one below. Give check marks or points to score high priority problems. Once all identified problems are noted, prioritize and create an action plan for solving priority problems.

Date of assessment	Problem identified	Does practice immediately put parents at risk?	Is the problem common?	Is a local solution acceptable?	Is Solution acceptable to patients/ community?	Total score
<i>Example:</i> 6/8/05	Non-sterile mixing in TB clinic	XXXX		X	X	6 (high priority)

Source: WHO (2004), "A Guide for Supervising Injections," Dept of Essential Health Technologies, February.

Handout

For In-charges



Include injection safety in job responsibilities

(Page 1 of 2)

Providers must be reminded that injection safety is part of their jobs. By adding injection safety objectives and skills into job duties, in-charges can show their staff that they are expected to perform these skills. In addition, in-charges who acknowledge and note the proper performance of these duties can reward and reinforce successful performance.

INCLUDE INJECTION SAFETY SKILLS AND PERFORMANCE OBJECTIVES IN STAFF JOB DESCRIPTIONS

Supervisors must make performance expectations very clear to their staff. The first step to doing this is by specifically describing injection safety duties to all workers. By writing out the expectations for injection safety in clear and straightforward language, health workers will know that injection safety tasks are part of their job responsibilities. They will be understand that their performance review may include an assessment of how well they carry out injection safety tasks. In addition, supervisors can more easily assess the staff's undertakings of duties, as opposed to vague information or subjective views of different managers.

Follow the steps below to add injection safety criteria to job duties:

1. Meet with each staff member.
2. If the worker has a job description, review the "job responsibilities" section together.
3. Make a list of the injection safety responsibilities of the staff member.
4. Discuss any training or equipment needs for the worker to perform his/her duties successfully.

Examples injection safety responsibilities

In-charges:

- Ensure that appropriate equipment and supplies are stocked and available
- Write or adapt facility procedures for waste handling and disposal, safe injection practices, treatments according to standard treatment guidelines, and needlestick reporting and follow-up
- Distribute information about expected practices regularly, and incorporate expectations in job responsibilities and reviews
- Arrange for and approve worker training
- Plan for and ensure that adequate budgets are available for injection safety activities
- Monitor waste disposal procedures
- Monitor safe injection practices
- Monitor prescription according to standard treatment guidelines
- Supervise workers and provide feedback to improve practices

Handout

For In-charges



Include injection safety in job responsibilities

(Page 2 of 2)

Health workers:

- Prescribe and dispense treatments according to standard treatment guidelines
- Counsel patients and families on correct dosage of oral treatment and problem solving
- Follow all safe injection steps according to facility procedures
- Segregate waste correctly and immediately after use
- Report needlestick injuries according to facility protocol
- Report shortage or lack of supplies and equipment in timely manner

Custodians and other waste handlers:

- Follow facility waste handling procedures in all circumstances
- Use and maintain personal protective equipment
- Report needlestick injuries according to facility protocol
- Report lack of supplies or break down in equipment in timely manner

Adapted from: Management Sciences for Health, The Manager's Electronic Resource Center, Managing Human Capacity section. Available at <http://erc.msh.org>.



Talking with staff about performance

(Page 1 of 3)

HOW TO TALK ABOUT PERFORMANCE WITH YOUR STAFF

A good manager and supervisor spends time planning and conducting supervisory tasks. These tasks are often on top of other management tasks that the facility requires. Staff performance improvement is more successful if the supervisor or manager is involved. Being involved means:

- Plan how you will supervise the staff
- Share the plan with the staff, so they are not surprised by assessments and reviews
- Hold individual meetings with staff to start or change job descriptions and review job performance
- Continually motivate and problem-solve with your staff
- Give clear feedback about performance successes and needed improvements
- Follow up with actions to remove barriers to performance or provide necessary training or other inputs.

Supervision means support

Creating change in a facility may take time. Showing your staff that you expect the change to occur through standards and procedures is necessary. But also motivating staff to change by saying what you expect and encouraging their performance is key. You can use a number of non-financial staff motivation techniques. For example:

- Have senior staff voice their approval of injection safety and the reduction of unnecessary injections
- Instill in staff a belief in the value of injection safety and universal precautions

- Provide staff with opportunities to use their intelligence and skills to solve problems around reducing injections and making injections safer in your facility
- Offer staff opportunities to assume more responsibility and leadership in implementing changes in the facility
- Help staff overcome barriers to performance immediately
- Provide opportunities for advancement and self-improvement.

Give effective feedback

Feedback means communicating to the staff your assessment of their work performance. Your feedback lets the workers know what they are doing well, where they need improvement and how they can improve. In reality, feedback takes place almost continuously during on-site supervision or during a supervisory visit.

In order to make sure your feedback is effective, your comments should be:

- Task-related. Your comments should be related to the actual tasks and activities carried out by the health worker and should be based on your own observations of how these tasks are done. Stay away from comments about attitudes, beliefs or impressions you may have about the worker. Stick to tasks and skills you can see.
- Prompt. Give feedback after your observations of the staff person's work and your conversations with him/her. The longer the delay, the weaker the effect of the feedback.



Talking with staff about performance

(Page 2 of 3)

HOW TO TALK ABOUT PERFORMANCE WITH YOUR STAFF (CONTINUED)

- Action-oriented. Your comments should relate to improvements that workers can make through their own efforts and skills.
- Motivating. Start with positive feedback, then progress to what needs improvement.
- Constructive. Discuss with the staff how they can improve their performance, taking care to emphasize that their work has value.

Take measures to help correct the problem:

- Go over the tasks and duties, making sure the worker understands what is expected of her/him.
- If additional training is called for, arrange for the worker to have the necessary training.
- Give close supervision and help, making sure that the worker has all she or he needs to carry out the tasks and that the worker knows that she/he can call on the supervisor for help.
- Let the worker try to improve her or his performance and then observe the work again.
- Congratulate the worker on the improved performance.
- Assign another worker if necessary. Reassign the first worker to other duties that better fit his/her skill level.

Handling job performance problems

To understand the job performance problems of one or more worker, you must look at a variety of factors, including the worker's employment history, training, transfers, performance and qualifications. Keep in mind that the worker's performance problem may not be due to an inability to do the work, but rather to personal problems, such as financial, family or health problems.

Find out whether the worker has been adequately supervised

- Does the worker fully understand what is expected of her or him? How do you know?
- Has the worker received proper guidance when performing her or his work?
- Has good performance been recognized in the past? When? How?
- Has the worker received constructive help to correct a bad job? When? What was the result?
- Has the worker had the opportunity to advance in her or his work? Has she or he had the opportunity to assume new responsibilities? What was the result?
- Has the worker been encouraged to improve? In what way? What did she or he do?
- Are the worker's work conditions satisfactory? What are they?

In answering these questions, the negative responses will indicate where improvements in supervision may be able to solve the problem.



Talking with staff about performance

(Page 3 of 3)

HOW TO TALK ABOUT PERFORMANCE WITH YOUR STAFF (CONTINUED)

Determine the nature of the worker's problem

- Has the worker adequately carried out her/his duties?
- Is the staff member's work deficient?
- What would the situation be like if everything were running smoothly? What will show that the problem has been solved?

If the poor work performance seems to be a result of the worker's not fully understanding her/his duties, as the supervisor you should immediately take the following steps:

- Compare the worker's performance objectives and job description with her or his work performance. Review any previous disciplinary action that may have been taken against this staff person. Look at the nature of the problem and what the facility's procedures are.
- Try to determine the reasons for this gap between objectives and results before interviewing the worker by looking at:
 - The worker's personal circumstances
 - The worker's relationship with other staff
 - Whether there have been any recent changes in the nature of the staff person's work or in the staffing of the unit.

- Talk privately with the staff person. Go over the worker's job duties and:
 - Find out how well the worker understands his/her job responsibilities
 - Ask the staff person for her/his assessment of the situation
 - Determine whether the worker is capable (properly trained, physically and mentally able) to do the job
 - Ask the worker how she/he thinks the situation can be corrected and decide, together, what is needed to perform within expectations.

Adapted from: Management Sciences for Health, The Manager's Electronic Resource Center, Managing Human Capacity section. Available at <http://erc.msh.org>.

Poster

For Providers of Injections



Injection steps

These safe injection practices will protect you and your patient

Always...

Use a new needle and syringe to every patient

Make sure...

You are injecting the right drug to the safe site of the patient

Make sure...

To dispose syringe and the needle without recapping immediately into the safety box

Remember...

The safety box goes to the incinerator once it is full

Safe injection saves lives



Source: Tanzania MMIS project.

Log book cover

For Providers of Injections



Talking points for counselling on injection adverse effects and safety in the home

You may have soreness, redness, or swelling where the shot was given. For some injections, you may also feel fever or aches. If these problems occur, they usually begin soon after the shot and last 1-2 days.

After the injection, tell your patient about possible adverse effects

Come to the health centre right away if you have any unusual condition, such as a high fever or unusual behaviour. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, rash, paleness, weakness, a fast heart beat or dizziness.

Tell the doctor what happened, the date and time it happened, and when you got this shot.

Ask your patient to always come to the health centre for injections

At our health centre, we give the best and safest treatment. Sometimes injections are not the best treatment. If you do need an injection, we will give you one with a new syringe and needle. A new syringe and needle is safer than using an old syringe or needle.

You and your family can trust this health centre. We have no financial interest in selling injections.

Many patients have needles and syringes at home. This is dangerous. Please bring any used ones that you have to the health centre. We can destroy them so they will not hurt anyone in your family.

Used syringes and needles are dirty. If someone uses them or simply pricks their skin, they can get ill. It is very important to keep syringes and needles away from children.



Using safety syringes

Manual retractable safety syringe

Instructions



1. Observe

- Note gap in front of plunger
- Do not push plunger in before filling

2. Fill

- Draw back to fill

3. Inject

- Administer injection

4. Retract

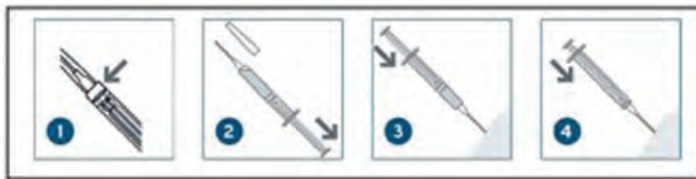
- Remove needle from patient
- Pull plunger back to retract needle

5. Disable

- Break off plunger

Auto-disable safety syringe

Instructions



1. Observe

- Note gap in front of plunger
- Do not push plunger in before filling

2. Fill

- Draw back to fill

3. Inject

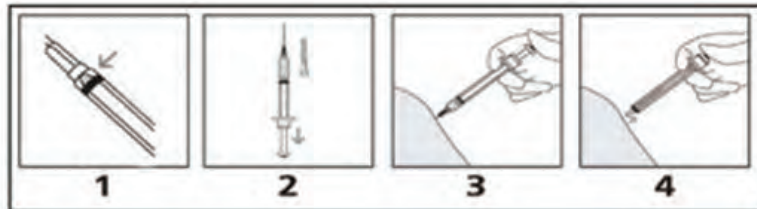
- Inform patient that "click" is normal
- Administer injection

4. Retract

- Push plunger fully
- Plunger locks and breaks

Automatic retractable safety syringe

Instructions



1. Observe

- Note gap in front of plunger
- Do not push plunger in before filling

2. Fill

- Draw back to fill

3. Inject

- Inform patient that "click" is normal
- Administer injection
- Advise patient that the needle returns to the barrel

4. Retract

- Push plunger fully while needle is still in patient to retract needle
- Show the patient that the needle is inside the barrel

Source: PATH, Seattle, WA.



Types of injection devices

Differences and uses of safety syringes

There are three common types of safety syringes: disposable, reuse prevention (auto-disable), and needle-stick prevention (retractable or shielded). Each type of syringe has different features and optimal settings for use.

	Type of Syringe		
	Disposable	Re-use prevention (auto-disable)	Needle-stick prevention (retractable, shielded)
Safety features	None	Plunger locks after one injection; these cannot be re-used	Needle retracts after one injection – reduces risk of needle-stick to health worker, waste handler and community
Advantages	Flexibility of use; can be used with or without needle	Re-use prevention minimizes risk of disease transmission	- Reduction of needle-stick injury - Safer disposal because no sharp
Disadvantages	Can be re-used	- Cannot push in plunger prior to use in some models - Cannot be used for all procedures	- Only for injections - Higher cost
Clinical procedures	Injections, blood draws, irrigation, reconstitution, IV connection, other procedures	<i>Fixed needle:</i> injection only <i>Detachable needle:</i> injections and some IV procedures	Injections

	Type of Syringe		
	Disposable	Re-use prevention (auto-disable)	Needle-stick prevention (retractable, shielded)
Optimal use environment	1. Where adherence to infection prevention control practices is high and effective waste management system is in place 2. Procedures that require multiple strokes or no-needle use, including blood draws, reconstitution, etc.	1. Where risk of re-use is high due to: - poor health worker practices - supply interruption - black market repackaging 2. Where medical transmission of disease is highest	1. Where needle-stick risk to health care worker is highest: - high-risk HIV settings - STD clinics - TB clinics 2. Where disposal is weak, including outreach, home visits, walking the wards, etc.
How to use	Like a traditional needle and syringe	- Fill with medication before pushing in plunger. - Disable mechanism may vary	Retract needle immediately after use. Needlestick prevention mechanism may vary.
Disposal	Immediately in safety box or with needle remover	Immediately in safety box or with needle remover	In safety box, waste bag or garbage

Source: PATH, Seattle, WA.



Requirements for needle removers

(Page 1 of 2)

Optimal Settings for Needle Removers

Use of a needle remover at the point of use is one approach for managing sharps waste. Needle-remover devices may be more appropriate for some health care settings than others, thus it is important to review the characteristics of each setting to determine whether a needle-removal device is suitable. Below are descriptions of health facilities and injection settings detailing characteristics for (1) the optimal use of needle removers and (2) where needle remover use is not recommended:

Site Characteristics	Where Needle-Remover Use is Optimal	Where Needle-Remover Use is Not Recommended
Point of Injection	<ul style="list-style-type: none"> ♦ Static injection points. ♦ Wards where reliable carts for transporting injections equipment are available and acceptable. ♦ Outreach or campaign settings (some device designs may be more appropriate than others). 	<ul style="list-style-type: none"> ♦ Wards where the injection provider moves from bed to bed without a cart.
Disposal Options	<ul style="list-style-type: none"> ♦ No incinerator on site. ♦ No secure final disposal site for used syringes (community/animals have access to waste). ♦ Appropriate final disposal (e.g., recycling, burial, or autoclave) for defanged syringes is available. 	<ul style="list-style-type: none"> ♦ Incinerator on site. ♦ No safe method of final disposal for removed needles on site (i.e., no needle pit or barrel).
Supplies	<ul style="list-style-type: none"> ♦ Lack of, or inconsistent supply of, safety boxes. 	<ul style="list-style-type: none"> ♦ Not enough needle removers to have one at each injection site. ♦ Exclusive use of retractable syringes.
Unsafe Practices	<ul style="list-style-type: none"> ♦ Poor or no medical waste segregation practiced. ♦ Poor compliance with use of safety boxes. ♦ High level of concern about reuse of syringes before final disposal. 	<ul style="list-style-type: none"> ♦ Incorrect use of needle removers observed after repeated supervision visits.



Requirements for needle removers

(Page 2 of 2)

Infrastructure and training requirements

Before introducing needle removers, the following infrastructure and training requirements must be in place:

- ♦ All staff are trained on proper needle remover device use and maintenance.
- ♦ A needle pit or needle barrel is available on site for final disposal of needles.

Benefits of using needle removers in optimal settings:

- ♦ Prevents reuse of syringes.
- ♦ Needle removal will immediately contain sharps and reduce possibility of harm to waste handler and community.
- ♦ Needles are disposed of on site, in a protected sharps pit or barrel.
- ♦ Reduces the number of safety boxes used.
- ♦ If transport system is in place, reduces risk to personnel when handling safety boxes.

Alternative medical waste disposal strategies where needle-remover use is not recommended:

- ♦ Syringes should be immediately contained in safety boxes.
- ♦ Incineration/final disposal of syringes should take place frequently.

Considerations for using needle removers in selected wards:

- ♦ It is OK to use needle removers in some areas of a health facility but not in others, BUT there does need to be a clear plan for sharps disposal in those areas where needle removers are not used.
- ♦ There must be clear instruction and guidance on these different plans to guide appropriate waste disposal practices for health workers who move between different areas.
- ♦ There must also be clear procedures and guidance for waste handlers on the final disposal of different sharps waste from within a facility.

Considerations for training on needle-remover use:

- ♦ It is critical that all staff who give injections are trained on proper use and maintenance.
- ♦ In facilities where there is a high turnover rate for staff, a strong training and supervision system must be in place. If there is no such system, needle removers may not be appropriate in the facility.

Source: PATH, Seattle, WA.

Poster

For All Workers



Using a safety box

Using a Safety Box

Guidelines for safe use

- Place a safety box at each injection station and within arm's reach of the injection provider.
- Use safety box immediately after injection is given.
- Do not recap syringes.
- Do not save syringes for later removal of needles.
- Do not hold the safety box while inserting needle into the opening.
- Do not overfill the safety box.
- Do not empty or reuse the safety box.

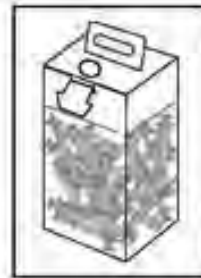


Instructions for use

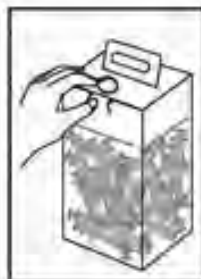
- 1** After injection, insert syringe into safety box.



- 2** When the fill line is reached (3/4 full), do not insert more syringes.



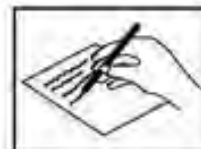
- 3** When safety box is full, close tab to secure box closed.



- 4** Dispose of safety box immediately or store in secure area.

Keep safety box dry.

Keep record of safety boxes filled and destroyed.



Source: PATH, Seattle, WA.

Pocket card

For All Workers



Post-exposure prophylaxis

The following treatment guideline is given as an example only. Follow your national treatment guidelines in your facility.

What is post-exposure prophylaxis?

Post exposure prophylaxis is treatment given immediately after a needle-stick injury to prevent HIV infection.

Example of a recommended regimen

Treatment should be started within 2 hours of exposure, even if the HIV status of the patient is unknown.

Zidovudine (AZT) 300 mg orally twice a day	AND	Indinavir 800 mg orally three times a day
and		and
Lamivudine 150 mg orally twice a day		Nelfinavir 1250 mg orally every 12 hours

The following alternative regimen may be used:

Stavudine 40 mg orally twice a day if body weight is more than 60kg, or 30 mg twice a day if body weight is less than 60 kg	AND	Nelfinavir 1250 mg orally every 12 hours
and		and
Didanosine 400 mg orally once a day if body weight is more than 60kg, or 250 mg orally once a day if body weight is less than 60 kg		Indinavir 800 mg orally three times a day

The choice of the selected regimen may be determined by 1) cost of treatment and 2) availability of close laboratory monitoring of vital functions, to monitor side effects of Nevirapine and Nelfinavir.

Testing schedule and treatment duration

- Initial HIV and Hepatitis B tests: Continue treatment for 4 weeks if the health worker is HIV negative and the source patient is HIV positive or his/her status is unknown
- If the worker tests positive on the initial test, counsel and refer for treatment.
- Follow up tests: If the initial HIV test is negative, repeat test at 6 weeks, 3 months and 6 months post-exposure. Continue treatment in consultation with a physician, based on the exposure risk and availability of treatment.

Adapted from: WHO/AFRO (2002), Guidelines for Clinical Management of HIV infection and HIV-related illnesses, Regional Office for Africa, Harare, Zimbabwe.



Creating a facility needlestick policy

Content outline for a facility bloodborne exposure control policy

____(Facility name)____ is committed to providing a safe and healthful workplace for our entire staff. In pursuit of this endeavor, the following exposure control plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens.

This written exposure control plan will be maintained by _____(name)_____.

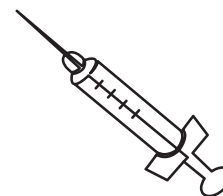
1. The functioning of the Infection Prevention Committee (or other designated committee responsible for needlestick prevention and control of occupational exposures)
 - ☐ Personal protective equipment
 - Gloves available whenever risk of exposure to blood (nonlatex gloves for allergic workers)
 - Masks
 - Face shield
 - Gowns
 - TB respirators
 - ☐ Housekeeping
2. Procedures for determining worker exposure and reporting (including maintaining health worker confidentiality)
3. Hepatitis B vaccination: how evidence of worker immunization will be documented
4. Implementation of various methods of exposure control, including:
 - ☐ Standard precautions (handwashing, covering cuts and abrasions)
 - ☐ Elimination of unnecessary injection
 - ☐ Elimination of sharps from IV piggybacks
 - ☐ Engineering and work practice controls:
 - safety boxes in injection areas
 - policy for emptying and replacement of safety boxes
 - safe needle devices:
 1. Injection devices
 2. IV insertion devices
 3. Phlebotomy devices
 4. Sutures
 5. Lancets
 - No recapping of needles when finished using them
5. Post-exposure evaluation, counseling and follow-up, including prophylaxis if needed within 2 hours of exposure
6. Communication of risks to workers and injection safety training
7. Recordkeeping: log book and use of data for prevention
8. Procedure for evaluating the circumstances surrounding an exposure incident to analyze for preventive measures
9. Compensation system for work-related injury and illness

Source: WHO (2006), "Policy Checklist for Bloodborne Exposure Control" in "Protecting Healthcare Workers: Preventing needlestick injuries toolkit," May. Available at www.who.int/occupational_health/activities/pni_toolkit/en/index.html



Needlestick injuries

What to do if you are injured by a needle or sharps



When preparing an injection, giving an injection, collecting blood, or disposing of a needle, you might accidentally hurt yourself with the needle.

When this happens, you should ALWAYS:

- Allow the wound to bleed for a few seconds
- Wash the injury and any exposed skin with soap and water
- Use any antiseptics you may have to clean the wound
- Immediately report the injury

DID YOU KNOW?

The risk of infection from a needle-stick injury with a needle from an infected patient is up to 30% for hepatitis B, 3% for hepatitis C and 0.3% for HIV.

Your supervisor should help you:

- Assess your injury to determine whether there is a risk of transmission of infectious disease
- Inform the patient (if known) and request permission for HIV or other disease testing
- Provide you with an HIV test or test for other diseases, even if the patient refuses
- Provide support and information on medication you can take, such as post-exposure prophylaxis
- Refer you to a physician and counselling
- Complete a needle-stick or sharps injury report
- Keep your information and all your records confidential

For about six months (or until you have a third negative test result), you should:

- Abstain from sex or practice safe sex with a condom
- Not breastfeed
- Not donate blood, plasma, tissue, semen or organs

Adapted from: WHO information sheet on Post Exposure Prophylaxis for administrators (available at www.who.int/hiv/topics/prophylaxis/en/index.html) and the WHO Injection Safety Tool Kit.

Form

For All Workers and In-charges



Reporting needlestick injuries

(Page 1 of 3)

Needlestick and Sharp Objects: Injury Report Form

1. Facility: _____
2. Incident register no. _____
- Completed by: _____ Designation: _____
3. Name of injured worker (last, first): _____
4. Age: _____ 5. Sex: ☐ Male ☐ Female
6. Staff category: _____ 7. Staff ID no. _____
8. Department: _____
9. Date of incident: _____ (dd/mm/yy) Time: _____ (am/pm)
10. Place of incident: _____
11. Date reported: _____ (dd/mm/yy) Time: _____ (am/pm)
12. Details of incident: _____

13. Type of sharp:

Needle (hollow bore)	Surgical Instrument (non glass)	Glass
<input type="checkbox"/> Insulin syringe <input type="checkbox"/> IV catheter – loose <input type="checkbox"/> Needle connected to IV line <input type="checkbox"/> Other non-suture needle <input type="checkbox"/> Prefilled cartridge syringe <input type="checkbox"/> Winged steel needle <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Lancet <input type="checkbox"/> Scalpel <input type="checkbox"/> Suture needle <input type="checkbox"/> Trocar <input type="checkbox"/> Wire <input type="checkbox"/> Other non-glass sharp	<input type="checkbox"/> Ampoule <input type="checkbox"/> Blood tube <input type="checkbox"/> Capillary tube <input type="checkbox"/> Other tube <input type="checkbox"/> Slide <input type="checkbox"/> Other glass

14. Brand (enter brand name or “unknown”) _____
15. Was the injured worker the original user of the sharp item?
☐ yes ☐ no ☐ unknown ☐ NA
16. Was the source patient identifiable?
☐ yes ☐ no ☐ unknown

Form

For All Workers and In-charges



Reporting needlestick injuries

(Page 2 of 3)

17. The sharp item was:

- ☐ Contaminated (known exposure to patient or contaminated equipment)
- ☐ Uncontaminated (no known exposure to patient or contaminated equipment)
- ☐ Unknown

18. Was there blood on the device? ☐ yes ☐ no ☐ unknown

19. Did the injury occur [☐ before ☐ during ☐ after] the sharp was used for its intended purpose?

20. If the injury occurred during or after the sharp was used, was it:

- ☐ because user was bumped during the procedure?
- ☐ in an inappropriate place (e.g. table, bed, trash)?
- ☐ being recapped?
- ☐ being put into container?
- ☐ during OR procedure – reaching for or passing an instrument?
- ☐ during disassembling instrument?
- ☐ other (specify)_____

21. Area of body injured:

- ☐ face/head/neck ☐ eyes ☐ chest/shoulder ☐ torso (back or front)
- ☐ spine ☐ arm/elbow ☐ hand/finger/wrist ☐ thigh/knee
- ☐ lower leg/ankle ☐ foot/toes ☐ other (specify)_____

22. Was there a sharps container readily available for the disposal of the sharp?

- ☐ yes ☐ no ☐ unknown

23. Was the injured person wearing gloves or other protective gear?

- ☐ yes ☐ no ☐ unknown

24. Did the device have any engineered sharps injury protection?

- ☐ yes ☐ no ☐ unknown

25. Was the protective mechanism activated?

- ☐ yes ☐ no ☐ unknown ☐ NA

26. Ask the injured worker: “If sharp had no engineered sharp injury protection, do you think that such a mechanism could have prevented the injury?”

- ☐ yes ☐ no ☐ NA

Explain:

Form

For All Workers and In-charges



Reporting needlestick injuries

(Page 3 of 3)

27. Could any other engineering, administrative or work practice control could have prevented this injury?

☐ yes ☐ no

Explain:

28. Has a complete course of Hepatitis B vaccine been completed?

☐ yes ☐ no ☐ unknown

29. Had the employee received training on the exposure control plan within the 12 months prior to the injury?

☐ yes ☐ no

For OHAS Officer's Use ONLY

Patient History

30. Was the patient (if known) given an HIV test? ☐ yes ☐ no ☐ patient unknown

31. Were pre- and post-test counselling sessions done? ☐ yes ☐ no

32. Were follow-up HIV tests done at:

6 weeks ☐ yes ☐ no ☐ unknown

3 months ☐ yes ☐ no ☐ unknown

6 months ☐ yes ☐ no ☐ unknown

33. What treatments have been given? (Specify) _____

Health Worker History

34. Was the healthcare worker given an HIV test? ☐ yes ☐ no

35. Were pre- and post-test counselling sessions done? ☐ yes ☐ no

36. Were follow-up HIV tests done at:

6 weeks ☐ yes ☐ no ☐ unknown

3 months ☐ yes ☐ no ☐ unknown

6 months ☐ yes ☐ no ☐ unknown

37. What treatments have been given? (Specify) _____

38. Was counselling offered to the worker's spouse/partner? ☐ yes ☐ no

Completed by: _____ (signature)

Dates: _____ Updated: _____ Updated: _____

NAME IN BLOCK LETTERS _____
Last First

Source: Adapted from Guyana Safe Injection project training manual.



Facility plan for waste disposal and transport

(Page 1 of 3)

MAKING A HEALTHCARE WASTE MANAGEMENT PLAN FOR YOUR FACILITY

Name of facility: _____ Date: _____

Define staff roles

Who is responsible overall for supervising of waste management at your facility?

Attach supervision structure diagram for your facility

Who is responsible for performing waste disposal for each area of your facility?

Attach job descriptions for all cadres of staff at your facility

Outline current waste management status at your facility

Define type and amounts of waste generated:

Type	Amount (per week)
Non-infectious waste	
Infectious waste	
Sharps waste	

List number of staff and their designations at your facility:

Designation	Number of staff



Facility plan for waste disposal and transport

(Page 2 of 3)

Outline waste management practices used currently:

Concept	Current Practice
<ul style="list-style-type: none"> Is waste classified and segregated into different colored waste bins? Describe how. 	
<ul style="list-style-type: none"> How are sharps (needles) disposed? 	
<ul style="list-style-type: none"> How are safety boxes used? 	
<ul style="list-style-type: none"> Are full safety boxes recorded? Where are they stored? How are they transported to their final disposal location? 	
<ul style="list-style-type: none"> Where are different categories of waste disposed? Describe the disposal process. 	

Outline ideal practices: Establishing standards

Concept	Standard
<ul style="list-style-type: none"> Segregating waste (different types, corresponding colors of waste liners) 	
<ul style="list-style-type: none"> Prioritizing sharps (use of safety boxes or needle removers, if applicable) 	
<ul style="list-style-type: none"> Recording, handling and transport of safety boxes 	
<ul style="list-style-type: none"> Final waste disposal for each category of waste (including sharps barrel, if applicable) 	
<ul style="list-style-type: none"> Hepatitis B and tetanus toxoid immunization for all cadres of staff 	



Facility plan for waste disposal and transport

(Page 3 of 3)

List improvements needed

What capital improvements are needed at your facility?

Improvement needed	Date for introduction	Total cost	Responsible party

What supplies (protective clothing, cleaning supplies, waste bin, liners, safety boxes) does your facility need for the next 6 months?

Supplies	Quantity	Total cost

What training is needed at your facility for each cadre of staff?

Cadre of staff	Training topics	Date for completion

Outline monitoring schedule

List the person responsible to perform the monitoring for each cadre of staff and the frequency with which they will be monitored.

Cadre of staff	Supervisor	Frequency to be monitored

List the forms to be used to monitor waste management duties and the frequency with which activities will be monitored.

Form	Frequency to be monitored

Date for introduction of this plan: _____

Source: WHO/AFRO/PEPFAR/JSI (2005), *Do No Harm: Injection Safety in the Context of Infection Prevention and Control*. Arlington, VA: John Snow Inc.

Poster

For All Workers



Segregating waste

This poster from Kenya provides guidance to health workers about how and why to segregate different types of waste into different types of containers. Some facilities may choose to add another category for anatomical and pathological waste, which is considered highly infectious.



SEGREGATION OF MEDICAL WASTE

PREVENTION OF NEEDLE STICK INJURIES AND RISK OF DISEASE TRANSMISSION STARTS WITH YOU!

Non-Infectious Waste	Infectious Waste	Sharp Waste
<div style="background-color: #cccccc; padding: 2px;">Paper/Packaging material</div> <div style="background-color: #cccccc; padding: 2px;">Food</div>	<div style="background-color: #ffff00; padding: 2px;">Gauze/Dressing</div> <div style="background-color: #ffff00; padding: 2px;">Blood/IV fluid lines</div> <div style="background-color: #ffff00; padding: 2px;">Gloves</div>	<div style="background-color: #ffff00; padding: 2px;">Infusion sets</div> <div style="background-color: #ffff00; padding: 2px;">Broken slides</div> <div style="background-color: #ffff00; padding: 2px;">Broken vial</div> <div style="background-color: #ffff00; padding: 2px;">Broken ampoules</div> <div style="background-color: #ffff00; padding: 2px;">Needles</div> <div style="background-color: #ffff00; padding: 2px;">Lancet</div>
		
		

Sharp Waste

If using a needle remover, cut off needle and discard syringe in a safety box.

IT IS THE RESPONSIBILITY OF HEALTH PERSONNEL TO SEGREGATE WASTE IMMEDIATELY ACCORDING TO TYPE

Ministry of Health
P. O. Box 30016
Nairobi, Kenya

JSI

JSI Research & Training Institute, Inc.

MMIS

Making Medical Injections Safer

Source: Kenya MMIS project, adapted from materials developed by PATH.

Poster

For All Workers



Waste disposal



Source: Kenya MMIS project.

Handout

For Waste Handlers



Personal protective clothing

ALWAYS WEAR PROTECTIVE CLOTHING BEFORE HANDLING AND MOVING WASTE, OR OPERATING THE INCINERATOR

Personal Protective Equipment for Waste Handlers

Protect yourself by wearing personal protective equipment (PPE) when handling waste.

Wearing PPE reduces risk from sharps, germs, exposure to blood and other bodily fluids, and splashes from chemicals.

- Face mask
- Heavy duty gloves
- Plastic apron
- Clothes that cover the body
- Heavy duty boots



Personal Protective Equipment for Incinerator Operators

Protect yourself by wearing personal protective equipment (PPE) when handling waste and operating an incinerator.

Wearing PPE reduces risk from sharps, germs, exposure to blood and other bodily fluids, splashes from chemicals, inhalation of exhaust, and sparks from the incinerator.

- Helmet
- Safety goggles
- Respirator mask
- Heavy duty heat-resistant gloves
- Apron
- Clothes that cover the body
- Heavy duty heat-resistant boots



Source: PATH, Seattle, WA.

Poster

For Waste Handlers



Self-protection

Be safe by disposing
waste safely

Wear personal
protective equipment
all the time on duty
to protect you from
contracting infections

Safe injection
practices saves lives



Source: Tanzania MMIS project.

The Web sites below provide injection safety guidance, tips for training, learning activities and case studies on writing job aids:

Abbatt, FR (2002). *Teaching for Better Learning: A Guide for Teachers of Primary Health Care Staff*. Network Learning, August. Available at: www.networklearning.org/books/teaching-learning.html

PATH (2001). *Giving Safe Injections: Using Auto-Disable Syringes for Immunization*. Seattle, WA, October. Available at: www.path.org/vaccineresources/files/Giving_Safe_Inj_Eng.pdf

PATH (2002). *Proper Handling and Disposal of Auto-Disable Syringes and Safety Boxes: A Training Module for Clinic Managers and Immunization Providers*. Seattle, WA, rev. March 2006. Available at: www.path.org/vaccineresources/files/AD_and_Safety_Box_Disposal.pdf

Proper, Walter, and Barbara Felling (1993), *Developing National Training Strategies in Family Planning Logistics: How Hard Can It Be?* John Snow Inc, Arlington, VA. Available at: http://portalprd1.jsi.com/portal/page/portal/DEL_CONTENT_PGG/DEL_PUBLICATION_PG1/DEL_GUIDE

Quality Assurance Project (2000), “The use of manual job aids by health care workers: what do we know?” *QA Operations Research Issue Paper 1*, University Research Corporation, Bethesda, MD, February. Available at: <http://qaproject.org/pubs/PDFs/ISSUESJA.PDF>

Quality Assurance Project (2004), “Developing job aids to increase adherence to an antibiotic regimen in children with pneumonia in Niger,” *QA Operations Research Results* series, University Research Corporation, Bethesda, MD, September. Available at: <http://qaproject.org/pubs/PDFs/NigerJobAids.pdf>

Quality Assurance Project (2002), “Assessing the functionality of job aids in supporting the performance of IMCI providers in Zambia,” *QA Operations Research Results* series, University Research Corporation, Bethesda, MD, November. Available at: <http://qaproject.org/pubs/PDFs/JobAidZambia.pdf>

Safety Injection Global Network Web site: www.who.int/injection_safety/sign/en

WHO/AFRO/PEPFAR/JSI (2005), *Do No Harm: Injection Safety in the Context of Infection Prevention and Control*. Arlington, VA: John Snow Inc.

WHO (2004), *A Guide for Supervising Injections*, WHO Department of Essential Health Technologies, Pub no. WHO/EHT/04.03, Feb 12. Available at www.who.int/occupational_health/activities/3injsuper.pdf

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