

“The aim of the study was to assess injection safety within the primary healthcare facilities in Alexandria using Tool C - Revised.” Elhoseeny and Mourad (2014).

Reference:

Elhoseeny, T.A. and Mourad, J.K. (2014) Assessment of the safety of injection practices and injection-related procedures in family health units and centers in Alexandria. The Journal of the Egyptian Public Health Association. 89(2), p.66-73.

Abstract:

BACKGROUND: The Safe Injection Global Network (SIGN) developed an intervention strategy for reducing overuse of injections and promoting the administration of safe injections. Tool C - Revised is designed to assess the safety of the most common procedures that puncture the skin within health services.

OBJECTIVE: The aim of the study was to assess injection safety within the primary healthcare facilities in Alexandria using Tool C - Revised.

PATIENTS AND METHODS: STUDY SETTING: A total of 45 family health units and centers in Alexandria were selected by proportional allocation from the eight regions of Alexandria.

DATA COLLECTION: The Tool C - Revised of the WHO was used for observation of the entire facility, injection practices and injection-related procedures, and sterilization practices.

Interview of different health providers and immediate supervisor of injections was carried out.

RESULTS: Indicators that reflect risk included: deficiency of alcohol-based hand rub for cleansing hands (13.3%), compliance with hand wash before preparing a procedure (56.9% before injection practices, 61.3% before phlebotomy, and 67.6% before lancet puncture), and wearing a new pair of gloves before new procedures (48.6% before injection practices, 9.7% for phlebotomy, 11.8% for lancet puncture, and 80% for both intravenous injections and infusions). Enough disposable equipment in all facilities for at least 2 weeks dependent on the statement of the average numbers of procedures per week was shown. Only 38% of the providers had received training regarding injection safety in the last 2 years and 62.5% had completed their three doses of hepatitis B vaccine. Only 42.2% of staffs who handled healthcare waste had access to heavy gloves.

CONCLUSION: Indicators related to injection and injection-related practices that reflect risk to patients include deficiency of alcohol-based hand rub tools, nonadherence to hand hygiene before preparing an injection, and inadequate adherence to using a clean barrier when opening a glass ampule and use of gloves. Indicators that may reflect risk to patients and providers include inadequate injection safety training and incomplete hepatitis B vaccination of healthcare providers. Indicators that may reflect risk to providers include nonadherence to



safety precautions related to injection practices, such as inadequate access to heavy gloves by staff handling healthcare waste.

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