

Frequently Asked Questions about Safe Injection Practices

Excerpts from CDC Clinician Outreach and Communication Activity

1. **Is it OK to use the same syringe to give intramuscular (IM) or subcutaneous (SC) injections to more than one patient if I change the needle in between patients?**

Answer: NO. Once they are used, the syringe and needle are BOTH contaminated and must be discarded. Use a new sterile syringe and needle for each patient.

2. **Is it OK to use the same syringe to give an IM or IV injection to more than one patient if I change the needle between patients and I don't draw back before injecting?**

Answer: NO. A small amount of blood can flow into the needle and syringe even when only positive pressure is applied outward. The syringe and needle are BOTH contaminated and must be discarded.

3. **If I use a syringe to infuse medications into an IV tubing port that is several feet away from the patient's IV catheter site, is it OK to use the same syringe for another patient?**

Answer: NO. Everything from the medication bag to the patient's catheter is a single connected unit. Separation from the patient's IV by distance, gravity, and/or positive infusion pressure does not ensure that small amounts of blood are not present in these supplies. A syringe that intersects through the ports in the IV tubing or bags also becomes contaminated and cannot be used for another patient.

4. **Are these safe injection practice recommendations new?**

Answer: NO. These recommendations are part of established guidance. It is a well established practice to NEVER use the same syringe or needle for more than one patient or to enter a medication vial with a syringe or needle used for one patient if the same vial might be used for another patient.

5. **How can healthcare providers ensure that injections are administered safely?**

Answer: To help ensure that staff understand and adhere to safe injection practices, the following should be done:

- designate someone to provide ongoing oversight of infection control practices
- develop written infection control policies and procedures
- provide ongoing training
- conduct quality assurance assessments

6. **Can I re-use a syringe during a procedure for a patient who requires additional medication as long as the vial will not be used for another patient?**

Answer: Yes, but it is preferable and STRONGLY ENCOURAGED to always use a sterile syringe and needle each time the medication is withdrawn from the vial or bag. This provides an extra layer of protection for patients.

7. **Why can't I just visually inspect syringes to determine whether they are contaminated or can be used again?**

Answer: Pathogens such as HCV, HBV, and HIV can be present in sufficient quantities to produce infection in the absence of visible blood. Bacteria and other microbes can also be present without clouding or other visible evidence of contamination. Simply because blood or other material in a used syringe or IV tubing is not visible does not mean the item is free from potentially infectious agents. All used injection supplies and materials are potentially contaminated and should be discarded after just one use.

8. **How can healthcare providers ensure that injections are performed correctly?**

Answer: To help ensure that staff understand and adhere to safe injection practices, the Centers for Disease Control and Prevention recommends the following:

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

For more FAQ go to CDC website: <http://www.cdc.gov/ncidod/dhqp/injectionSafetyFAQs.html#Q20>