



# Injection Safety: Observation of Centralized Medication Area

Rx-1

**Instructions:** Observe medication preparation area. For each category, record the observation. Observe each practice below and answer Yes, No, or N/A. Sum all Yes and No responses. Divide by sum of "Yes"+"No". Disregard not applicable categories.

Medication preparation room: Observation Categories				
1	If multi-dose injectable medications are present, is the medication container maintained in a dedicated medication preparation space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2	Is the medication preparation area free of opened single dose vials or opened single use containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3	If open multi-dose vials are present, are they dated and within the Beyond Use Date (BUD) and the manufacturer's expiration period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4	Medications are prepared in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5	Are splash guards installed at sinks that are located close to medication prep areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6	Are sinks readily accessible to healthcare providers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	Are hand washing supplies, such as soap, and paper towels, available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8	Are alcohol dispensers readily available, filled, and functioning properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TOTAL (Total YES and No Only)				



Date: \_\_\_\_\_

Observer Role:  Nurse  Tech  Other \_\_\_\_\_ Initials: \_\_\_\_\_

Location/Unit: \_\_\_\_\_

Notes and comments:



# Injection Safety: Observation of Portable Medication Systems

Rx-2

**Instructions:** Observe three portable medication carts. For each category, record the observation as Yes, No, or N/A. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Divide by sum of “Yes”+”No”. Disregard not applicable categories.

Medication cart: Observation Categories		Cart 1	Cart 2	Cart 3	Summary of Observations	
					Yes	Total “Yes” + “No”
1	If multi-dose injectable medications are present are they maintained in a dedicated medication prep space?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2	Are alcohol dispensers readily accessible, filled, and functioning properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Is the medication cart free of opened single dose vials or opened single use containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
4	If open multi-dose vials are present, are they dated and within the Beyond Use Date (BUD) and the manufacturer’s expiration period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5	Are safety syringes available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Are sharps containers available, secured, and not full?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>TOTAL (Total YES and No Only)</b>						



Date: \_\_\_\_\_

Observer Role:  Nurse  Tech  Other \_\_\_\_\_ Initials: \_\_\_\_\_

Location/Unit: \_\_\_\_\_

Notes and comments:



**Instructions:** Observe vaccine storage area. For each category, record the observation. Sum all Yes and No responses. Divide by sum of "Yes" + "No".

Vaccine Storage Area: Observation Categories		Summary of Observations	
1	Are vaccine storage refrigerator and freezer temperatures within the appropriate ranges (Refrigerator: 2° C to 8° C; 36° F to 46° F; Freezer: -50° C to -15° C; -58° F to +5° F)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Are vaccine storage refrigerator and freezer temperatures recorded twice daily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Are safeguards, such as self-closing hinges and door alarms, in place to ensure that the refrigerator/freezer doors remain closed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Are refrigerator/freezer door gaskets clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Are vaccines stored in the center of the refrigerator and freezer spaces, in the original packaging, and inside designated storage trays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Are drinks and food absent from the refrigerator/freezer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>TOTAL</b>			



Date: \_\_\_\_\_

Observer Role:  Nurse  Tech  Other \_\_\_\_\_ Initials: \_\_\_\_\_

Location/Unit: \_\_\_\_\_

Notes and comments: