

Healthcare Worker Survey of Injection and Point of Care Testing

Purpose Of The Survey

The Colorado Department of Public Health and Environment would like to better understand injection practices and point of care testing practices in Colorado.

Please answer the following questions regarding your normal practices and techniques.

The survey is anonymous, so please respond accurately as to how you routinely practice healthcare. Please share the survey freely with others in your organization however; please only respond to the survey yourself once.

Section A: Current Tasks

***1. In your current practice, do you prepare or administer parenteral medications or vaccinations utilizing the following routes of administration (IV, IM, SQ)?**

- Yes
- No

2. Which do you prepare or administer? (Choose all that apply)

- Parenteral Medications (IV, IM or SQ)
- Vaccinations (IM or SQ)

Section B: Medication Preparation

***3. How often do you administer a parenteral medication or vaccine using a syringe that was prepared by someone other than yourself? (Do not include medications prepared by the manufacturer and/or pharmacy using sterile preparation)**

- Never
- Sometimes
- Always
- I don't know

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***4. How often do you utilize an area other than a designated medication prep area to prepare non-oral medications? (for example in a treatment room or at the patient's bedside)**

- Never
- Sometimes
- Always
- I don't know

***5. In your current work location, is there an area used to prepare medications that is designated only for this purpose?**

- Yes
- No
- I don't know

6. General comments that you would like to share related to medication preparation.

Section C: Needles/Syringes

***7. How often do you administer medication or vaccine to more than one patient using the same needle? (Including medications administered via an IV line)**

- Never
- Sometimes
- Always
- I don't know

***8. How often do you administer medication or vaccine to more than one patient using the same syringe, even if the needle is changed?**

- Never
- Sometimes
- Always
- I don't know

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***9. How often do you enter a medication or vaccine vial with a needle previously used on any patient (including a syringe used on an IV line) to obtain additional doses?**

- Never
- Sometimes
- Always
- I don't know

***10. How often do you enter a medication or vaccine vial with a syringe previously used on any patient (including a syringe used on an IV line) to obtain additional doses?**

- Never
- Sometimes
- Always
- I don't know

***11. How often do you use the same bag or bottle of intravenous solution as a source of supply or medication diluents for more than one patient?**

- Never
- Sometimes
- Always
- I don't know

12. General comments that you would like to share related to needles and/or syringes.

Section D: Single-Dose/Single-Use Vials

***13. Do you use single-dose/single-use vials in your current practice?**

- Yes
- No
- I don't know

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***14. How often do you use a single-dose/single-use vial for more than one patient? (for example 30ml vial of Propofol or 10ml vial of Lidocaine)**

- Never
- Sometimes
- Always
- I don't know

15. How often do you enter a single-dose/single-use vial more than once to obtain additional doses of medication for the same patient?

- Never
- Sometimes
- Always
- I don't know

***16. How often do you enter a single-dose/single-use vial more than once to obtain additional doses of medication for a different patient?**

- Never
- Sometimes
- Always
- I don't know

***17. How often do you discard single-dose/single-use vials immediately after use?**

- Never
- Sometimes
- Always
- I don't know

***18. How often do you wait until the end of the clinic day to discard a single-dose/single use vial, even if it isn't used on other patients?**

- Never
- Sometimes
- Always
- I don't know

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***19. How often do you leave single-dose/single use vials for use on other patients?**

- Never
- Sometimes
- Always
- I don't know

20. General comments that you would like to share related to single-dose vials.

Section E: Multi-Dose Vials

***21. Do you use multi-dose vials in your current practice?**

- Yes
- No
- I don't know

***22. How often do you use a multi-dose/multi-use vial for more than one patient? (for example a vial of insulin or influenza vaccine)**

- Never
- Sometimes
- Always
- I don't know

***23. How often do you enter a multi-dose/multi-use vial more than once to obtain additional doses of medication for the same patient?**

- Never
- Sometimes
- Always
- I don't know

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***24. How often do you enter a multi-dose/multi-use vial more than once to obtain additional doses of medication for a different patient?**

- Never
- Sometimes
- Always
- I don't know

***25. How often do you discard multi-dose/multi-use vials immediately after use?**

- Never
- Sometimes
- Always
- I don't know

***26. How often do you leave multi-dose/multi-use vials for use on other patients?**

- Never
- Sometimes
- Always
- I don't know

27. General comments that you would like to share related to multi-dose vials.

Section F: Assisted Monitoring of Blood Glucose

***28. In your current practice setting, do you perform assisted blood glucose monitoring (assisting another person with checking their blood glucose level)?**

- Yes
- No
- I don't know

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***29. When assisting with blood glucose monitoring, do you use a glucometer that is specified by the manufacturer for multi-patient use?**

- Never
- Sometimes
- Always
- I don't know

***30. Do you clean and disinfect the glucose meter between every patient use?**

- Never
- Sometimes
- Always
- I don't know

***31. Do you ever use a finger stick device on more than one person, even if the lancet is changed and attempts are made to perform cleaning and/or disinfection between uses?**

- Never
- Sometimes
- Always
- I don't know

***32. Do you ever use insulin pens on more than one patient, even if a new needle is applied and attempts are made to perform cleaning and/or disinfection of the pen between uses?**

- Never
- Sometimes
- Always
- I don't know

***33. Do you wear gloves with each new patient tested for blood glucose levels?**

- Never
- Sometimes
- Always
- I don't know

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34. General comments that you would like to share related to assisted monitoring of blood glucose.

Section G: Point of Care Testing (e.g. i-STAT, epoc, PT/INR)

***35. Do you perform point of care testing at your current practice setting? (For example i-STAT, epoc, PT/INR testing)**

- Yes
- No
- I don't know

***36. When assisting with point of care testing, do you use a meter that is specified by the manufacture for multi-patient use?**

- Never
- Sometimes
- Always
- I don't know

***37. Do you clean and disinfect the point of care testing meter between every patient use?**

- Never
- Sometimes
- Always
- I don't know

***38. Do you ever use a finger stick device on more than one person, even if the needle is changed and attempts are made to perform cleaning and/or disinfection between uses?**

- Never
- Sometimes
- Always
- I don't know

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***39. Do you wear new gloves with each new patient tested?**

- Never
- Sometimes
- Always
- I don't know

40. General comments that you would like to share related to point of care testing.

Section H: Please tell us about yourself.

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*41. What best describes your education and/or current employment?

Choose all that apply

- Acupuncturist
- Anesthesiologist Assistant (AA-C)
- Certified Nursing Assistant (CNA)
- Chiropractor
- Patient Care Technician
- Dentist (DDS, DMD)
- Dental Assistant
- Emergency Medical Technician (EMT)
- Paramedic
- Laboratory Technologist
- Licensed Practical Nurse (LPN)
- Medical Assistant
- Medical Technologist
- Naturopath
- Nurse Practitioner
- Pharmacist
- Pharmacy Technician
- Physician Assistant
- Registered Nurse (RN)
- Respiratory Therapist (RT)
- Surgical Technician
- Physician/MD, DO, DPM: (Please indicate area of specialty in the "other" field below)
- Other

Other (please specify)

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*42. Please describe your current practice location? (Choose all that apply)

- Acute Care Hospital
- Ambulatory Surgery Center
- Assisted Living Facility
- Birthing Center
- Clinic "Outpatient"
- Community Health Clinic
- Community Behavioral Health Clinic
- Dental Clinic/Oral Surgery Center
- Dialysis Care Center
- Endoscopy Clinic
- Endocrine Clinic
- Field
- Group Home/Board and Care Center
- Home Health Care Agency
- Hospice Care Center
- Imaging Center
- Local Public Health Agency
- Long-term Acute Care Hospital
- Long-Term Care Facility/Nursing
- Oncology (Outpatient Care Center)
- Pain Center
- Physician Office
- Psychiatric Residential Treatment Facility
- Rehabilitation Center
- Other

Other (please specify)

Educational Opportunities

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***43. In the past 12 months, have you received any formal training on the topic of injection safety?**

- Yes
- No
- I don't know

***44. In the past 12 months, have you received formal training on the topic of assisted blood glucose monitoring safety?**

- Yes
- No
- I don't know

45. What is the best method to receive information on the topic of injection safety and/or assisted blood glucose monitoring safety and point of care testing?

Choose all that apply

- Bulletins/Newsletters
- Professional Organizations
- Health Department
- Co-Worker
- School or Professional Training Program
- Website
- News/Social Media
- Other

Other (please specify)

46. Is there anything you would like to share about injection and point of care practices that we failed to ask?

Thank You For Participating In The Survey!

We appreciate you taking the time to complete the survey. If you would like additional information related to Injection Safety in Colorado, you may contact April at april.burdorf@state.co.us