



1	INDICATE TYPE OF INJECTION BEING PROVIDED	VACCINATION..... 1 CURATIVE ..... 2			
2	INDICATE ROUTE OF INJECTION	INTRAMUSCULAR ..... 1 INTRADERMAL OR SUB-CUTANEOUS..... 2 I.V.....3 DON'T KNOW ..... 8			
3	INDICATE SOURCE OF SYRINGE	FACILITY STOCK ..... 1 PATIENT PROVIDED ..... 2 DON'T KNOW ..... 8			
4	INDICATE AGE OF CLIENT RECEIVING INJECTION	CHILD < 5 YEARS ..... 1 OTHER ..... 6 (specify)			
	<b>WHEN GIVING THE INJECTION DID THE PROVIDER:</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
5	WASH HANDS <u>BEFORE</u> INJECTION?	WASH HANDS .....	1	2	
6	PREPARE INJECTION IN AREA WITH CLEAN TABLE OR TRAY TO SET ITEMS ON?	CLEAN PREPARATION AREA	1	2	
7	USE NEW SYRINGE AND NEEDLE FROM A STERILE SEALED PACKET?	NEW SYRINGE AND NEEDLE	1	2	
8	DID YOU SEE THE PROVIDER OPEN THE NEW PACKET WITH SYRINGE AND NEEDLE?	SEE OPEN PACKET	1	2	
9	REMOVE NEEDLE FROM MULTIPLE DOSE VIAL EACH TIME?	REMOVE NEEDLE .....	1	2	5
10	CLEAN SKIN WITH ANTISEPTIC?	CLEAN SKIN	1	2	
11	DRAW BACK PLUNGER <u>BEFORE</u> INJECTION?	DRAW BACK PLUNGER....	1	2	5
12	USE SCOOP TECHNIQUE TO RECAP NEEDLE ?	SCOOP RECAP	1	2	
13	RECAP NEEDLE USING TWO HANDS?	TWO-HAND RECAP	1	2	
14	NOT RECAP NEEDLE?	NO-RECAP	1	2	
15	DISPOSE OF NEEDLES IN PUNCTURE RESISTANT SAFETY CONTAINERS?	DISPOSE OF SHARPS.....	1	2	