



Making Dialysis Safer for Patients Coalition

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NANT Symposium

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Outline

- Introduction to the Coalition
- Coalition resources
- How you can become involved

Introduction

CDC Dialysis BSI Prevention Collaborative

2009

- ❑ **Collaborative approach to BSI prevention**
- ❑ **Goal to demonstrate preventability**
 - Through increased adherence to *existing* recommendations
- ❑ **Measure infection rates using NHSN**
 - 32% reduction in BSIs; 54% reduction in ARBSIs; reduction sustained for 5 years
- ❑ **Intervention package**
 - Based on CDC/HICPAC recommendations
 - Focus on catheter maintenance practices

The *Making Dialysis Safer for Patients Coalition* is a collaboration of diverse organizations who have joined forces with the common goal of promoting the use of CDC's core interventions and resources to prevent bloodstream infections in dialysis patients.



Making Dialysis Safer Coalition Goals

Facilitate implementation and adoption of core interventions through promotion, dissemination, and use of audit tools, checklists, and other resources;

Increase awareness about the core interventions for dialysis bloodstream infection prevention through educational efforts; and

Share Experiences and Findings through collaboration with other *Coalition* participants.



Coalition Resources

CDC Approach to BSI Prevention in Dialysis Facilities

(i.e., the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention)

1. Surveillance and feedback using NHSN

Conduct monthly surveillance for BSIs and other dialysis events using CDC's National Healthcare Safety Network (NHSN). Calculate facility rates and compare to rates in other NHSN facilities. Actively share results with front-line clinical staff.

2. Hand hygiene observations

Perform observations of hand hygiene opportunities monthly and share results with clinical staff.

3. Catheter/vascular access care observations

Perform observations of vascular access care and catheter accessing quarterly. Assess staff adherence to aseptic technique when connecting and disconnecting catheters and during dressing changes. Share results with clinical staff.

4. Staff education and competency

Train staff on infection control topics, including access care and aseptic technique. Perform competency evaluation for skills such as catheter care and accessing every 6-12 months and upon hire.

5. Patient education/engagement

Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, and instructions for access management when away from the dialysis unit.

6. Catheter reduction

Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

7. Chlorhexidine for skin antiseptics

Use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent for central line insertion and during dressing changes.*

8. Catheter hub disinfection

Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.**

9. Antimicrobial ointment

Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.***

* Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.

** If closed needleless connector device is used, disinfect device per manufacturer's instructions.

*** See information on selecting an antimicrobial ointment for hemodialysis catheter exit sites on CDC's Dialysis Safety website (<http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites>). Use of chlorhexidine-impregnated sponge dressing might be an alternative.

For more information about the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention, please visit <http://www.cdc.gov/dialysis>

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Division of Healthcare Quality Promotion



Set of 9 Interventions

Evidence-based CDC recommendations

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1. Surveillance and feedback using NHSN

Conduct surveillance for BSIs and other dialysis events using CDC's NHSN

Calculate facility rates and compare to rates in other facilities using NHSN

Actively share results with front-line clinical staff



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2. Hand hygiene observations

Perform monthly hand hygiene audits with feedback of results to clinical staff.



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3. Catheter care/ vascular access care observations

Perform observations of
vascular access care and
catheter accessing quarterly.

Assess adherence to aseptic
technique when connecting
and disconnecting catheters
and during dressing changes.

Share results with clinical
staff.

Checklists & Scrub-the-Hub Protocol

Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol

This protocol outlines a suggested approach to preparing catheter hubs prior to accessing the catheter for hemodialysis. It is based on evidence where available and incorporates theoretical rationale when published evidence is unavailable.

Definitions:

Catheter refers to a central venous catheter (CVC) or a central line

Hub refers to the end of the CVC that connects to the blood lines or cap

Cap refers to a device that screws on to and occludes the hub

Limb refers to the catheter portion that extends from the patient's body to the hub

Blood lines refer to the arterial and venous ends of the extracorporeal circuit that connect the patient's catheter to the dialyzer

Catheter Connection and Disconnection Steps:

Connection Steps

1. Perform hand hygiene and don new clean gloves.
2. Clamp the catheter (Note: **Always** clamp the catheter before removing the cap. Never leave an uncapped catheter unattended).
3. Disinfect the hub with caps removed using an appropriate antiseptic (see notes).
 - a. (Optional) Prior to cap removal, disinfect the caps and the part of the hub that is accessible and discard the antiseptic pad (i.e., use a separate antiseptic pad for the next step).
 - b. Remove the caps and disinfect the hub with a new antiseptic pad for each hub. Scrub the sides (threads) and end of the hub thoroughly with friction, making sure to remove any residue (e.g., blood).
 - c. Using the same antiseptic pad, apply antiseptic with friction to the catheter, moving from the hub at least several centimeters towards the body. Hold the limb while allowing the antiseptic to dry.
 - d. Use a separate antiseptic pad for each hub/ catheter limb. Leave hubs 'open' (i.e., uncapped and disconnected) for the shortest time possible.

4. Always handle the catheter hubs aseptically; i.e., do not allow the catheter hubs to touch nonsterile surfaces.
5. Attach sterile syringe, unclamp the catheter, and blood, and flush per facility protocol.
6. Repeat for other limb (this might occur in parallel).
7. Connect the ends of the blood lines to the dialyzer.
8. Remove gloves and perform hand hygiene.

Disconnection Steps:

1. Perform hand hygiene and don new clean gloves.
2. Clamp the catheter (Note: **Always** clamp the catheter before disconnecting. Never leave an uncapped catheter unattended).
3. Disinfect the catheter hub before applying the using an appropriate antiseptic (see notes).
 - a. (Optional) Disinfect the connection prior to disconnection. If this is done, use a separate antiseptic pad for the subsequent disinfection of the limb.
 - b. Disconnect the blood line from the catheter. Disinfect the hub with a new antiseptic pad. Disinfect the sides (threads) and end of the hub with friction, making sure to remove any residue (e.g., blood).
 - c. Use a separate antiseptic pad for each hub. Leave hubs 'open' (i.e., uncapped and disconnected) for the shortest time possible.
4. Always handle the catheter hubs aseptically; i.e., do not allow the catheter hubs to touch nonsterile surfaces. Hold the catheter until it is dried.
5. Attach the new sterile caps to the catheter as instructed. Use caution if tape is used to secure caps to it (see notes).
6. Ensure that catheter is still clamped.
7. Remove gloves and perform hand hygiene.

Checklist: Hemodialysis catheter disconnection

- Wear mask (if required)
- Perform hand hygiene
- Put on new, clean gloves
- Clamp the catheter
- Disconnect catheter from blood lines aseptically
- Scrub catheter hub with antiseptic
- Allow hub antiseptic to dry
- Attach new caps aseptically
- Remove gloves
- Perform hand hygiene

Checklist: Hemodialysis catheter connection

- Wear mask (if required)
- Perform hand hygiene
- Put on new, clean gloves
- Clamp the catheter and remove caps
- Scrub catheter hub with antiseptic
- Allow hub antiseptic to dry
- Connect catheter to blood lines aseptically
- Remove gloves
- Perform hand hygiene

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Centers for Disease Control and Prevention
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Making dialysis safer for patients



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Audit Tools are Part of Prevention Efforts

CDC Dialysis Collaborative Facility Name: _____ Date: _____ Start time: _____ AM / PM

Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Observer: _____ Location within unit: _____

Audit Tool: Catheter connection and disconnection observations

(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed, leave blank)

Procedure observed, C=connect D=disconnect	Discipline	Mask worn properly (if required)	Hand hygiene performed	New clean gloves worn	Catheter removed from blood aseptic	Hub	Catheter connected to	New caps attached

Facility Name: _____ Observer: _____
 Date: _____ Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Start time: _____ AM / PM

Audit Tool: Hemodialysis injectable medication administration

(Use a "√" if action performed correctly, a "Φ" if not performed/performed incorrectly. If not observed, leave blank. All applicable actions within a row must have "√" for the procedure to be counted as successful.)

Discipline	Medication properly transported to patient station*	Hand hygiene performed	Clean gloves worn	Injection port disinfected with antiseptic**	Medication administered aseptically	Syringe discarded at point of use	Gloves removed	Hand hygiene performed

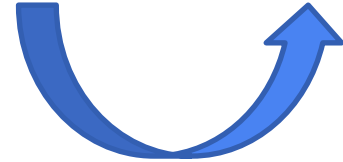
Discipline: P=physician, N=nurse, T=technician, S=student, O=other
 Duration of observation period: _____ Number of procedures performed correctly = _____
 Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:

* Medications should be transported directly from medication preparation area to individual patient. Medications should be prepared as close as possible to the time of medication administration. Medications that are not immediately administered by the person who prepared the medication must be labeled appropriately.
 ** Appropriate antiseptics are chlorhexidine, povidone-iodine, tincture of iodine, and 70% alcohol.

Assessing Practice

Improve Practice



Making dialysis safer for patients

National Center for
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& CDC Dialysis Collaborative

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4. Staff education and competency

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Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, and instructions for access management when away from the dialysis unit.

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Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

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4. Staff education and competency

Train staff on infection control topics, including access care & aseptic technique.

Perform competency evaluation for skills such as catheter care and accessing every 6-12 months & upon hire.

Staff
education

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5. Patient education/engagement

Provide standardized education to all patients on infection prevention topics including:

- Vascular access care
- Hand hygiene
- Risks related to catheter use
- Recognizing signs of infection
- Instructions for access management when away from the dialysis unit

CDC Resources

Facility Name: _____ Observer: _____
Date(s): _____ Location of Medication Preparation: _____

Audit Tool: Hemodialysis injectable medication preparation

Observe a medication preparation session. (Use a "V" if action performed correctly, a "0" if not performed/performed incorrectly, a "0" if not observed, leave blank. All applicable actions within a row must have "V" for the procedure to be counted as successful.)

Day	Shift	Discipline	Med prep done in designated area	All vial(s) are inspected	Hand hygiene performed	Septum of all vial(s) disinfected	All vials entered with new needle and new syringe	Med prep done aseptically	All single dose vial(s) discarded	All multi dose vial(s) discarded or stored properly

Discipline: P=physician, N=nurse, T=technician, S=student, O=other

Number of sessions performed correctly = _____
Total number of sessions observed = _____

ADDITIONAL COMMENTS/OBSERVATIONS:

*Preparation of injectable medications must be performed in a designated clean area that is free of obvious contamination sources (e.g., broom, bucket, trash, contaminated equipment, bag waste)
**Vial should be discarded if sterility is questionable, or expiration date or beyond-use date has been exceeded. If a multi-dose vial will not be immediately discarded after use, the vial should be labeled upon opening to indicate the beyond-use date.



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Centers for Disease Control and Prevention (CDC)

CDC Dialysis Collaborative
Audit Tool: Catheter con.
(Use a "V" if action performed correctly)

Pre-observe - observe - connect - disconnect - disconnect

Make vials properly (if required)

Make vials properly

Discipline: P=physician, N=nurse
Duration of observation per _____

ADDITIONAL COMMENT:

Making dialysis safer for patients

PUT TOGETHER THE PIECES TO PREVENT INFECTIONS IN DIALYSIS PATIENTS

- Engage Patients**
Discuss important infection prevention practices like hand hygiene with your patients and their caregivers.
- Reduce Catheters**
Identify and address barriers to fistula/graft placement and catheter removal.
- Perform Hand Hygiene and Change Gloves**
Know when it is necessary to perform hand hygiene and change your gloves; put this knowledge into practice.
- Vaccinate Dialysis Staff and Patients**
Make sure staff and patients are up-to-date for influenza and hepatitis B vaccinations and patients have received pneumococcal vaccination.
- Disinfect the Dialysis Station**
Ensure the station is empty before disinfecting; visibly wet all surfaces with disinfectant.

Checklist: Hemodialysis catheter connection

- Wear mask (if required)
- Perform hand hygiene
- Put on new, clean gloves
- Clamp the catheter and remove caps
- Scrub catheter hub with antiseptic
- Allow hub antiseptic to dry
- Connect catheter to blood lines aseptically
- Remove gloves
- Perform hand hygiene

Patients with Catheters

6 TIPS to prevent Dialysis Infections

- TIP 1**: Catheters have a higher risk of infection. Ask your doctor about getting a fistula or graft instead.
- TIP 2**: Learn how to take care of the catheter at home. Do not get it wet.
- TIP 3**: Wash your hands often, especially before and after dialysis treatment.
- TIP 4**: Know the steps your healthcare providers should take when using the catheter for treatment.
- TIP 5**: Know the signs and symptoms of infection and what to do if you think you might have an infection.
- TIP 6**: Know what to do if you have any problem with the catheter.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
www.cdc.gov/hct | www.cdc.gov/dialysispatients



Conversation Starter to Prevent Infections in Dialysis Patients

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Preventing infections is important for patient safety. The Centers for Disease Control and Prevention (CDC) wants dialysis patients and dialysis centers to start a conversation about preventing infections. Family members can also start the conversation. We hope this guide can be a starting point to improve awareness about patient safety issues.

How does this facility involve patients and their families in infection control activities? Are patients encouraged to speak up when they see a concerning practice (for example, a staff member who does not wash her hands)?

Dialysis centers should educate and empower patients to help prevent infections and support a safe care environment. Talk to your social worker or facility administrator for ideas on how you can get involved.

How does this facility make sure that all patients receive necessary vaccines to prevent illness (such as Hepatitis B, seasonal flu, and pneumococcal vaccines)?

Patients on dialysis have weakened immune systems and should get certain vaccines to keep from getting sick.

How does this facility make sure that dialysis center staff are vaccinated against the flu every year?

Sick staff members can spread the flu to patients. Requiring dialysis center staff to get vaccinated each year can help prevent this spread. Dialysis centers should also have policies that support staff to stay home when they are sick.

Does this facility check all patients for hepatitis C infection?

All hemodialysis patients should be tested for hepatitis C when they start treatment at a center, and then every 6 months if they could become infected. Testing is the only way to know if patients have hepatitis C and to find out if the infection is spreading in the facility.

Does this facility prepare medications in a separate room away from dialysis stations to avoid contamination?

Medications for injection should be prepared away from patient treatment areas to keep them safe from germs. One way to do this is to prepare them in a separate room. More information about injection safety can be found at: www.onandonl.com/pa/gn/or/

cdc To learn more visit www.cdc.gov/dialysis **AAKP** AMERICAN ASSOCIATION OF KIDNEY PATIENTS

Does this facility use the CDC recommendations to help prevent infections?

Regular use of CDC resources and recommendations can keep patients from getting serious infections. These recommendations include monitoring staff hand hygiene and vascular access care, training staff, and assisting patients in learning about these practices. Facilities should be using these recommendations and giving their staff feedback to know how they are doing. More information can be found at: www.cdc.gov/dialysis/prevention-tools

How does this facility handle cleaning dialysis stations in between patient treatments - specifically, are dialysis stations cleaned while a patient is still in the chair?

Dialysis stations need proper cleaning to prevent spread of germs between patients. CDC has steps for facilities to follow to make sure every station is safe for the next patient. Some steps should not start until the patient has completed their dialysis treatment and left the station. More information can be found at: www.cdc.gov/dialysis/prevention-tools

Does this facility use a new, disposable dialyzer (artificial kidney) with each dialysis treatment? If not, can a patient opt out of reusing the dialyzer?

Reused dialyzers must be thoroughly cleaned and disinfected after each use, and mistakes can occur. Talk to your doctor about whether you could use a disposable dialyzer instead of a reused one.

How does this facility support patients to use a fistula instead of a catheter as early in their treatment as possible?

Sometimes it is medically necessary to use a catheter for dialysis. However, catheters can lead to serious infections and other problems. Fistulas and grafts are safer for most patients. Talk to your care team about what is right for you. More information can be found at www.aakp.org/store/item/understanding-your-hemodialysis-access-options.html

If there was an outbreak in this facility how would the facility communicate with patients? How would the facility partner with others such as the health department?

Contagious germs can spread through dialysis centers. Finding an outbreak (a sudden increase in numbers of sick persons) early and alerting public health can help to stop the spread of infection.

MAKING DIALYSIS SAFER COALITION

<https://www.cdc.gov/dialysis/patient/conversation-starter.html>

https://www.cdc.gov/dialysis/pdfs/mdsc_qa_final_508_2_sm.pdf

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4. Staff education and competency

Train staff on infection control topics, including access care and aseptic technique. Perform competency evaluation for skills such as catheter care and accessing every 6-12 months and upon hire.

5. Patient education/engagement

Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, and instructions for access management when away from the dialysis unit.

6. Catheter reduction

Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

7. Chlorhexidine for skin antiseptics

Use an alcohol-based chlorhexidine (>0.5%) solution as the first-line skin antiseptic agent for central line insertion and during dressing changes.*

8. Catheter hub disinfection

Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.**

9. Antimicrobial ointment

Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.***

* Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.

*** If closed needleless connector device is used, disinfect device per manufacturer's instructions.

*** See information on selecting an antimicrobial ointment for hemodialysis catheter exit sites on CDC's Dialysis Safety website (<http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites>). Use of chlorhexidine-impregnated sponge dressing might be an alternative.

For more information about the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention, please visit <http://www.cdc.gov/dialysis>



6. Catheter reduction

Pursue efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

CDC Approach to BSI Prevention in Dialysis Facilities (i.e., the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention)

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7. Chlorhexidine for skin antiseptics

Use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent, for central line insertion and during dressing changes.

Povidone-iodine, preferably with alcohol, or 70% alcohol are alternatives for patients with chlorhexidine intolerance.

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Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, and instructions for access management when away from the dialysis unit.

6. Catheter reduction

Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

7. Chlorhexidine for skin antiseptics

Use an alcohol-based chlorhexidine (CHX) solution as the maximum antiseptic agent for central line insertion and during dressing changes.*

8. Catheter hub disinfection

Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.**

9. Antimicrobial ointment

Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.***

* Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.

** If closed needleless connector device is used, disinfect device per manufacturer's instructions.

*** See information on selecting an antimicrobial ointment for hemodialysis catheter exit sites on CDC's Dialysis Safety website (<http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites>). Use of chlorhexidine-impregnated sponge dressing might be an alternative.

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8. Catheter hub disinfection

Scrub catheter hubs with an appropriate antiseptic after the cap is removed and before accessing.

Perform every time catheter is accessed or disconnected.

If closed needleless connector device is used, disinfect per manufacturer's instructions.

Scrub-the-Hub Protocol

Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol

This protocol outlines a suggested approach to preparing catheter hubs prior to accessing the catheter for hemodialysis. It is based on evidence where available and incorporates theoretical rationale when published evidence is unavailable.

Definitions:

Catheter refers to a central venous catheter (CVC) or a central line

Hub refers to the end of the CVC that connects to the blood lines or cap

Cap refers to a device that screws on to and occludes the hub

Limb refers to the catheter portion that extends from the patient's body to the hub

Blood lines refer to the arterial and venous ends of the extracorporeal circuit that connect the patient's catheter to the dialyzer

Catheter Connection and Disconnection Steps:

Connection Steps

1. Perform hand hygiene and don new clean gloves.
2. Clamp the catheter (Note: **Always** clamp the catheter before removing the cap. Never leave an uncapped catheter unattended).
3. Disinfect the hub with caps removed using an appropriate antiseptic (see notes).
 - a. (Optional) Prior to cap removal, disinfect the caps and the part of the hub that is accessible and discard the antiseptic pad (i.e., use a separate antiseptic pad for the next step).
 - b. Remove the caps and disinfect the hub with a new antiseptic pad for each hub. Scrub the sides (threads) and end of the hub thoroughly with friction, making sure to remove any residue (e.g., blood).
 - c. Using the same antiseptic pad, apply antiseptic with friction to the catheter, moving from the hub at least several centimeters towards the body. Hold the limb while allowing the antiseptic to dry.
 - d. Use a separate antiseptic pad for each hub/catheter limb. Leave hubs "open" (i.e., uncapped and disconnected) for the shortest time possible.

4. Always handle the catheter hubs aseptically. Once disinfected, do not allow the catheter hubs to touch nonsterile surfaces.
5. Attach sterile syringe, unclamp the catheter, withdraw blood, and flush per facility protocol.
6. Repeat for other limb (this might occur in parallel).
7. Connect the ends of the blood lines to the catheter aseptically.
8. Remove gloves and perform hand hygiene.

Disconnection Steps:

1. Perform hand hygiene and don new clean gloves.
2. Clamp the catheter (Note: **Always** clamp the catheter before disconnecting. Never leave an uncapped catheter unattended).
3. Disinfect the catheter hub before applying the new cap using an appropriate antiseptic (see notes).
 - a. (Optional) Disinfect the connection prior to disconnection. If this is done, use a separate antiseptic pad for the subsequent disinfection of the hub.
 - b. Disconnect the blood line from the catheter and disinfect the hub with a new antiseptic pad. Scrub the sides (threads) and end of the hub thoroughly with friction, making sure to remove any residue (e.g., blood).
 - c. Use a separate antiseptic pad for each hub. Leave hubs "open" (i.e., uncapped and disconnected) for the shortest time possible.
 4. Always handle the catheter hubs aseptically. Once disinfected, do not allow the catheter hubs to touch nonsterile surfaces. Hold the catheter until the antiseptic has dried.
5. Attach the new sterile caps to the catheter aseptically. Use caution if tape is used to secure caps to the catheter (see notes).
6. Ensure that catheter is still clamped.
7. Remove gloves and perform hand hygiene.

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Notes/Discussion:

Antiseptic Use and Selection

As described in the 2011 CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for the Prevention of Intravascular Catheter-Related Infections, prior to accessing the catheter hub it should be disinfected with an appropriate antiseptic (greater than 0.5% chlorhexidine with alcohol, 70% alcohol, or 10% povidone-iodine). There is not enough evidence to recommend one antiseptic over the others. Generally, antiseptics should be allowed to dry for maximal effect.

If using 70% alcohol, sterile antiseptic pads should be used (sterile pads are labeled sterile and packaging for nonsterile pads often does not state whether the pads are sterile or nonsterile). For practical reasons, pads or similar products might be preferred over other forms of antiseptics (e.g., swabsticks) for disinfecting the catheter as they are malleable and allow for vigorous cleaning of small spaces.

If using an antiseptic that leaves a residue (e.g., chlorhexidine), avoid allowing large amounts of antiseptic to enter the lumen of the catheter to avoid potential toxicities to the patient.

If using chlorhexidine, removing all blood residue is particularly important to maximize the effect of the antiseptic.

Soaking Caps

The role of soaking caps in an antiseptic prior to removing them is not clear. It is not a CDC/HICPAC recommendation. This procedure is described in the 2000 National Kidney Foundation's Kidney Disease Outcomes Quality Initiative (KDOQI) Vascular Access Guidelines but was not included in the 2006 update.

Handling Catheter Hubs

Catheter hubs should always be handled aseptically. Once disinfected, the catheter hubs should not be allowed to touch nonsterile surfaces. This might be best performed by holding them until the antiseptic has dried. During this time, the staff member performing the procedure should also ensure that the catheter remains clamped.

When disinfecting catheter hubs, clean, nonsterile gloves can be used if aseptic technique is maintained.

Bloodline Disinfection

When accessing the line, disinfecting the ends of the sterile blood lines is not required if care has been taken not to contaminate the ends of the blood lines (i.e., through careful aseptic technique). Blood lines can become contaminated during connections and disconnections, as well as during the priming process. Contact with contaminated prime waste in prime buckets that have not been properly cleaned and disinfected or through backflow from waste handling ports must be avoided. Disinfecting the bloodlines does not address this issue.

Disconnection and Line Reversals

Catheter hubs should be disinfected again after disconnecting from bloodlines and before replacing a new cap at the end of a treatment. This should be done in a manner similar to that used when disinfecting the hub prior to accessing. Disinfecting the catheter hub and the end of the extracorporeal blood line should also be performed if, during a treatment, a patient must be disconnected and their blood is re-circulated. Anytime a patient's circuit is disconnected this should be done aseptically and the number of times a patient's catheter is disconnected from the blood lines should be minimized to the extent possible.

Securing Caps with Tape

Caution should be used if taping caps on to hubs between treatments. Tape can leave residue on the hubs that might make disinfecting them more difficult.

Use of Masks

Although data supporting the use of masks during catheter accessing/deaccessing to prevent vascular access infections is lacking, this practice is recommended for patients and staff in the 2000 KDOQI guidelines and is included in the Centers for Medicare and Medicaid Services (CMS) End Stage Renal Disease Program Conditions for Coverage Interim Guidance.

Personal Protective Equipment (PPE)

Proper PPE should always be worn by staff to avoid exposure to potentially infectious blood and body fluids when connecting/disconnecting catheters.

Aseptic Technique

This includes practices that prevent the contamination of clean/sterile items and surfaces. Once tasks requiring aseptic technique have been started, care must be taken to avoid contamination of gloves and other clean/sterile items that can occur when touching dirty surfaces (e.g., positioning patient, using computer keyboard).

Selected References:

1. National Kidney Foundation. KDOQI Clinical Practice Guidelines and Clinical Practice Recommendations for 2006 Updates: Hemodialysis Adequacy, Peritoneal Dialysis Adequacy and Vascular Access. *Am J Kidney Dis* 2006; 48 (suppl 1):S1-S322.
2. National Kidney Foundation. KDOQI Clinical Practice Guidelines for Hemodialysis Adequacy, 2000. *Am J Kidney Dis* 2001; 37 (suppl 1):S7-S64.
3. O'Grady NP, Alexander M, Burns LM, et al. Guideline for the prevention of intravascular catheter-related infections. *Clin Infect Dis* 2011; 52:e162-e193.

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6. Catheter reduction

Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

7. Chlorhexidine for skin antisepsis

Use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent for central line insertion and during dressing changes.*

8. Catheter hub disinfection

Scrub catheter hubs with an alcohol-based antiseptic before and after accessing and before accessing. Perform every time catheters are accessed or disconnected.**

9. Antimicrobial ointment

Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change***

* Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.

** If closed needles connector device is used, disinfect device per manufacturer's instructions.

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9. Antimicrobial ointment

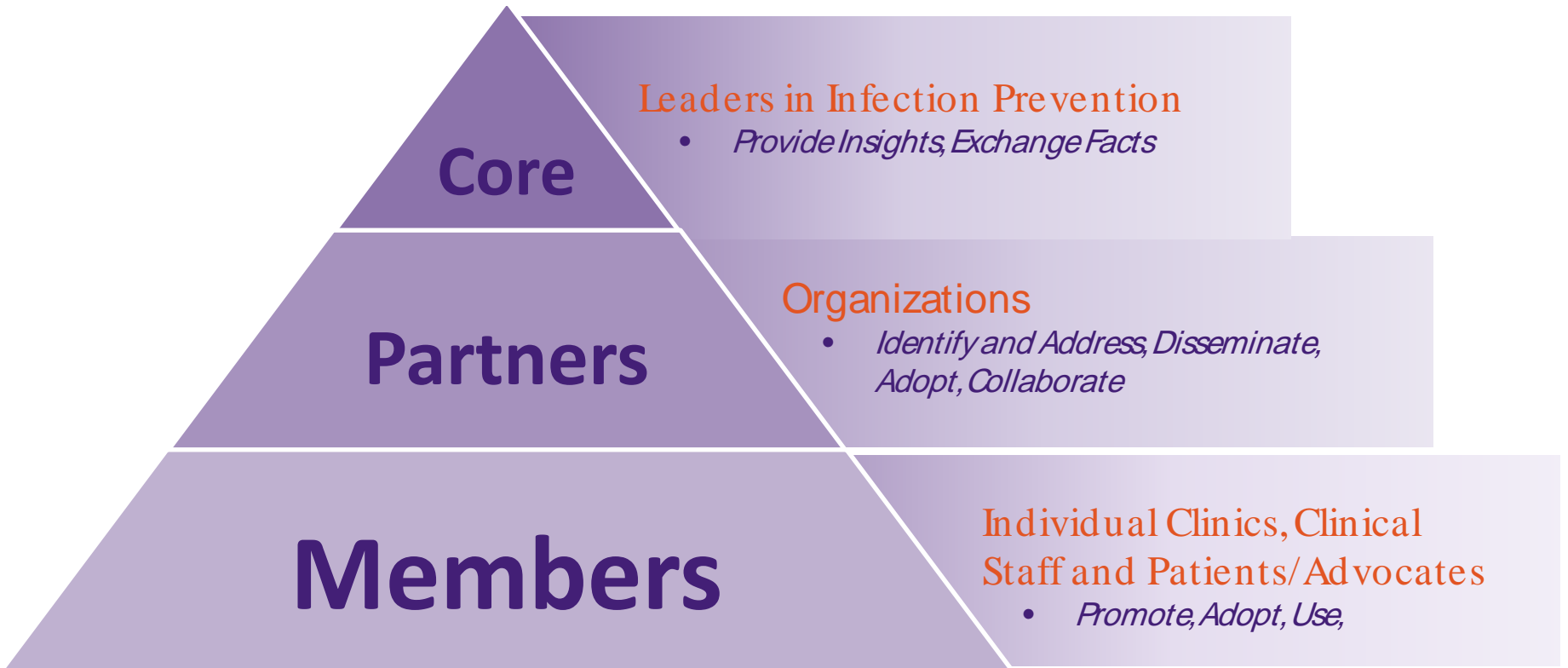
Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.

Triple antibiotic ointment might have similar benefit to bacitracin/gramicidin/polymyxin B

Chlorhexidine-impregnated sponge dressing might be an alternative

How you can become involved

Coalition Participation



Becoming a Member

- Member participants may include individual clinics, clinical staff, and/or individual patients or caregivers
- To become a member:
 - “Contact Us” section of the *Making Dialysis Safer for Patients Coalition* Website
 - Send an email to DialysisCoalition@cdc.gov
 - Collaborative participants are automatically signed up as *Coalition* members

Members

Individual Clinics, Clinical
Staff and Patients/Advocates

- *Promote, Adopt, Use,*



Becoming a Member: 5 Steps to Get Started



Making Dialysis Safer for Patients Coalition Member Welcome Packet

On behalf of the *Making Dialysis Safer for Patients Coalition*, welcome! We are thrilled to have you as a member in this important effort! To get started, here are 5 ways to become active in the *Coalition*:

1 **Learn more about the *Coalition***
Check our [Website](#) to read the most up-to-date information about the *Coalition*, to access tools and resources and to see the schedule of upcoming events. Starting in January, CDC will offer a bi-monthly webinar to *Coalition* participants—check the website for details on upcoming topics.

Helpful links: [Dialysis Safety Home page](#), [Coalition Home page](#) and [Coalition Resources](#)

2 **Check your email**
You have been added to the *Making Dialysis Safer for Patients Coalition* email list and will receive a bimonthly newsletter featuring current *Coalition* events, spotlighting dialysis infection prevention in action, highlighting participant stories from “Share Your Story” submissions, and outlining upcoming *Coalition* events. The first *Coalition Newsletter* is planned for February 2017.

3 Help put #DialysisPatientsFirst

Here's how you can help to reduce bloodstream infections:

- Participate, and invite your staff to join *Coalition* webinars
- Use [CDC Core Interventions](#) and [Coalition Resources](#) within your facility
- Distribute *Coalition* messages to staff and promote CDC tools and resources among your staff
- Use [Coalition patient education resources](#) to encourage patient engagement
- Encourage patients to speak up about infection prevention
- Place the *Coalition* button, materials and resources on your organization's Website

[Order free materials here](#)

4 Spread the word

Add the [Making Dialysis Safer Coalition](#) logo to your website by copying the code below:

- ``

Use #DialysisPatientsFirst to let us know how you are keeping dialysis patients safe on Facebook and by directing tweets to @CDCgov. Here are some sample messages to get you started.

Sample Tweet: *I am excited to be a new member of the Making Dialysis Safer Coalition, and am focused on keeping #DialysisPatientsFirst*

5 Share your story

“Share your Story” about how you are putting DialysisPatientsFirst and how you are helping to prevent bloodstream infections by emailing information on your *Coalition* activities and successes to DialysisCoalition@cdc.gov. Stories may be highlighted in the bi-monthly *Coalition* newsletter.



Member Activities

- Participate in, and invite your staff to join Coalition webinars
- Use [CDC Core Interventions](#) and [Coalition Resources](#) within your facility
- Distribute Coalition messages to and promote CDC tools and resources among staff
- Use [Coalition patient education resources](#) to encourage patient engagement
- Encourage patients to speak up about infection prevention
- Place the Coalition button, materials and resources on your organization's Website
- “Share Your Story” about how you are putting #DialysisPatientsFirst and about how you are helping to prevent bloodstream infections by emailing DialysisCoalition@cdc.gov.

Coalition Activities

- Webinars with CEs
- Listserv Distribution
- Educational Webinars
- Newsletter

2017	Webinar	Coalition Newsletter
January	X	
February		X
March	X	



 **MAKING DIALYSIS SAFER COALITION** *coalition*NEWSLETTER
issue 1 . november 2016

Making Dialysis Safer for Patients Coalition is Launched

The Centers for Disease Control and Prevention, in partnership with the CDC Foundation, formally launched the [Making Dialysis Safer for Patients Coalition](#) on September 27th, 2016.

During the *Coalition's* launch, [CDC](#) and three *Coalition* partner organizations, the [American Association of Kidney Patients](#), the [National Kidney Foundation](#), and the [National Renal Administrators Association](#), issued press releases to announce the joint effort to reduce bloodstream infections among hemodialysis patients.

Combined efforts of *Coalition* participants led to media coverage in [HealthDay](#) news. *Coalition* participants capitalized on launch momentum by leveraging social media outreach—several partners posted [Twitter](#), [Facebook](#), and [LinkedIn](#) messages using the hashtag #DialysisPatientsFirst.



Coalition Materials and Resources

All items are available to order or download free of charge

Coalition Ordering Sheet

- order online at www.cdc.gov/pubs and select 'dialysis safety' from the programs menu OR call 1-800-CDC-INFO and provide the item number
- All materials are available at no cost

You Can Order 2 Ways



CLICK
www.cdc.gov/pubs
select "Dialysis Safety" from the Programs drop down menu and click "Go"



CALL
1-800-CDC-INFO

MAKING DIALYSIS SAFER FOR PATIENTS

Making Dialysis Safer for Patients Coalition Materials
For Order Via CDC-INFO

All materials are free!


PATIENT MATERIALS

- Convection Starter to Prevent Infections in Dialysis Patients 30043
- 6 Tips to Prevent Dialysis Infection English 22178
- 6 Consecuencias Preventive Infecciones en Diálisis Español 22183

CLINICIAN MATERIALS

- Hemodialysis Catheter Connection Checklist 22292
- Hemodialysis Catheter Disconnection Checklist 22291
- Catheter Connection & Disconnection Audit Tool (One Year and with 30 sheets) 22296
- Hemodialysis Catheter Exit Site Care Checklist 22299
- Catheter Exit Site Care Audit Tool (One Year and with 30 sheets) 22294
- Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol 30036
- Hemodialysis Catheter Administration Checklist 22286
- AV Fistula/Graft Cannulation and Disconnection Audit Tool (One Year and with 30 sheets) 22297
- Dialysis Station Routine Disinfection Checklist 22290
- Dialysis Station Routine Disinfection Audit Tool (One Year and with 30 sheets) 22298
- Hemodialysis Injection Safety Medication Administration Checklist 30040
- Hand Hygiene Audit Tool (One Year and with 30 sheets) 22295
- Environmental Surface Disinfection in Dialysis Facilities: Notes for Clinical Managers 30058
- Infection Safety Medication Preparation & Administration Audit Tool (One Year and with 30 sheets) 22293
- CDC Dialysis Infection Prevention Resources CD 22279
- Preventing Bloodstream Infections in Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff DVD 22180
- Put Together the Pieces to Prevent Infections in Dialysis Patients English 22179 Spanish 30037

You Can Order 2 Ways



CLICK
www.cdc.gov/pubs
select "Dialysis Safety" from the Programs drop down menu and click "Go"



CALL
1-800-CDC-INFO

www.cdc.gov/pubs & <http://www.cdc.gov/dialysis/coalition/resource.html>

Next Steps

- We *can* protect patients from potentially deadly bloodstream infections-but we *can't* do it without you!
- Collaborative participants are automatically included as Coalition members
- Look for your Member Welcome Packet and start your Coalition activities to put

#DialysisPatientsFirst



Questions?



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

<http://www.cdc.gov/dialysis/>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

