

Module 5, Session 2: Catheter Care



Preparation Checklist

Materials Required for this Session:

- Facility Trainer Binder - Module 5, Session 2
- Facility-specific material: Policies and procedures (P&Ps) relevant to the session, including catheter-related training and audits, and audits results
- Copy of facility's most recently completed *CDC Infection Control Assessment and Response (ICAR) tool: Domain X*
- Facility Trainer Attendance Log* (provided in Session Appendix)
- Facility Trainer Assessment Tracker* (provided in Session Appendix)
- Participant Notebook** with Module 5, Session 2 handouts (provided in Session Appendix):
 - *Catheter Care Pre-Session Assessment*
 - *Catheter Care Post-Session Assessment*
 - *Module 5, Session 2: Participant Resources*
 - *Session Follow-Up Task List*
- Catheter supplies – catheter device (secured to table or surface to simulate chest), hand hygiene station (ABHR or soap and water hand-washing station), gloves, dialysis tubing, antiseptic scrub, antimicrobial ointment, and catheter dressings
- Flip chart/white board and markers.
- Blank name tags/tents and markers
- Extra pens

Resources used for this session:

- CDC Dialysis Safety: Core Interventions – *CDC Approach to BSI Prevention in Dialysis Facilities pdf*
 - <http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sitesCDC>
Dialysis Safety: Audit Tools and Checklists <http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>
 - *Catheter Connection and Disconnection Audit Tool*
 - *Catheter Exit Site Care Audit Tool*
 - *Hemodialysis Catheter Connection Checklist*
 - *Hemodialysis Catheter Disconnection Checklist*
 - *Hemodialysis Exit Site Care Checklist*
 - *Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol*
- AHRQ Safety Program for End-Stage Renal Disease Facilities-Toolkit: *Clinical Care of the Hemodialysis Patient Presentation*
 - <http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/clinicalcare.html>
- CDC Dialysis Safety: Clinician Education - Areas for Patient Education
 - <http://www.cdc.gov/dialysis/clinician/index.html>

- CDC Dialysis Safety: Catheter Compatibility
 - <http://www.cdc.gov/dialysis/prevention-tools/catheter-compatibility-information.html>

Preparing for the Session:

Before the Facility Trainer begins this session, the following tasks should be completed:

- Notify participants about the session, at least two weeks prior, include the location, date, and time of the session.
- Assemble Module 5, Session 2 handouts for participants to add to their **Participant Notebook**.
- Assemble P&P needed for review.
- Make copies of recent ICAR Domain X, and highlight catheter related areas with gaps in policy, to be added to the **Participant Notebook**.
- Gather demonstration equipment, including the catheter device (secured to table or other surface to simulate the chest), hand hygiene station (ABHR or soap and water hand-washing station), gloves, dialysis tubing, antiseptic scrub, antimicrobial ointment, and catheter dressings.
- Set up the classroom with handouts and blank name tags at each participant’s place.
- Have the Facility Trainer’s Binder ready before beginning the session.

Tasks to be done as participants arrive:

- Ask participants to sign in using the *Facility Trainer Attendance Log*.
- Give each participant Module 5, Session 2 handouts to be inserted into their **Participant Notebook**.
- Prompt participants to complete the *Pre-Session Assessment*.

Tasks to be done after completion of the session:

- Write notes about the session on the “Notes and Homework” page. Include: which policies need to be developed or updated and any action plans that were developed and require follow-up.
- Complete the *Facility Trainer Assessment Tracker* with Pre- and Post-Session Assessment scores.
- Address areas of concerns, successes, questions, need for follow-up, staff members to check in with, etc.

Facility Trainer Brief

Learning Objectives

At the close of Module 5, Session 2 the participants will be able to:

- Describe the CDC core interventions for infection prevention related to catheter care.
- Identify the risks related to central venous catheter.
- Understand the facility’s P&Ps related to catheter care training and auditing.

- If gaps are identified, develop an action plan to update P&Ps.
- Understand the facility-specific audit results and their implications.
- Demonstrate proper catheter care including connection, disconnection, and exit site care.

Module 5, Session 2: Overview

Session 2 focuses on competency in catheter care. The staff will review the catheter-specific areas of Domain X from their facility-specific ICAR assessment. The trainer will lead a discussion on best practice, aseptic technique, and catheter hub disinfection related to CDC recommendations and core interventions. The participants will discuss the importance of catheter reduction and work together to create an action plan that educates patients as well as advocates for patients regarding catheter reduction.

The session will include a trainer lead discussion of the catheter-related auditing process as well as results of recent catheter-related audits. If necessary, participants will work together to implement a plan to ensure timely auditing as well as improved performance based on facility audit results. This session will also include a simulation of appropriate catheter care including aseptic technique, connection, disconnection, and dressing changes. Participants will demonstrate competency through return demonstration.

Module 5, Session 2 is divided into these five parts:

Part 1: Introduction and Catheter Basics (10 minutes)

Participants will take the *Pre-Session Assessment* to evaluate their current level of knowledge. The Facility Trainer will introduce the session and identify the objectives of the session. The Facility Trainer will then lead the participants through a discussion of the relevance of central venous catheters in infection control.

Part 2: Exit Site Care (30 minutes)

The Facility Trainer will review and demonstrate proper exit site care and discuss the appropriate antimicrobial agents to be used. Participants will engage in a simulation of the skill. The Facility Trainer will verify participant competency through return demonstration.

Part 3: Connection and Disconnection (30 minutes)

The Facility Trainer will review and demonstrate proper catheter connection and disconnection technique. Participants will engage in simulation of both skills. The Facility Trainer will verify participant competency through return demonstration.

Part 4: Audits and Facility Policy (10 minutes)

The Facility Trainer and participants will review the facility's most recent ICAR Domain X and recent catheter-related audits. The Facility Trainer will summarize the CDC recommendations

for routine auditing and participants will engage in an open discussion to identify gaps between the facility's practices and the CDC's audit recommendations. Together, participants and the Facility Trainer work on an action plan to mitigate any gaps.

Part 5: Wrap-Up and To-Do List (5 minutes)

The Facility Trainer will summarize the session, reinforce the key messages, emphasize any action plans that were developed, and open the session for questions and discussion. Participants will complete a *Post-Session Assessment*.

Key messages

Following are the key messages for this session. They should be reinforced throughout this program.

- Patients with central venous catheters (CVCs) are at much greater risk for infection.
- Patient education and advocacy can reduce catheter rates and improve infection control.
- Evaluation and training are essential to ensure that facility staff understand and implement proper CVC related skills and technique in practice.
- Regular audits can help facilities identify gaps in practice and guide them in determining future training needs.

Classroom Presentation

Part 1: Introduction

Estimated Time: 10 Minutes

Welcome!	Notes
<p>As participants arrive, ask them to complete a <i>Pre-Session Assessment</i> and to sign into the <i>Facility Trainer Attendance Log</i>.</p> <p>Welcome participants to the training session.</p> <p> Present: Welcome to Module 5, Session 2: <i>Catheter Care</i>, a part of the infection control program. During this session, we will discuss the risks of central venous catheters, or CVCs, in infection control, review the CDC's recommendations for best practice and regular auditing, and discuss the facility's P&Ps related to CVCs. We will also engage in a simulation to demonstrate proper CVC care, including scrub the hub, connection, disconnection, and exit site care.</p> <p> Ask participants to introduce themselves by stating their name, position in the facility, and goals for attending. Encourage participation of all attendees.</p>	
Objectives	Notes
<p> Present: Before we begin, I will highlight the key messages we will address throughout the session for you to keep in mind as you implement what you have learned into your practice:</p> <ul style="list-style-type: none"> • Patients with CVCs are at much greater risk for infection. • Patient education and advocacy can reduce catheter rates and improve infection control. • Evaluation and training are essential to ensure that staff members understand and implement proper CVC related skills and techniques in practice. • Regular audits can help facilities identify gaps in practice and can guide them in determining future training needs. <p> Ask: Before we move on, does anyone have any questions regarding goals of this session?</p>	



Open Responses

Central Venous Catheter (CVC) risks



Refer participants to *CDC Dialysis Safety: Core Interventions – CDC Approach to BSI Prevention in Dialysis Facilities* pdf

<http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites>

Notes to the Facility Trainer	
	The CDC Collaborative is reviewed in Module 2, Session 1. For more information, refer back to that session or <i>CDC Dialysis Safety: Dialysis BSI Prevention Collaborative</i> http://www.cdc.gov/dialysis/coalition/prevention-collaborative.html



Present: CVCs are often at the forefront of discussion regarding infection control at hemodialysis facilities. The emphasis is on CVCs because of the risks associated with their use. The CDC Collaborative directly addresses CVCs in their Core Interventions for Dialysis BSI Prevention on five of the nine interventions, including:

- Catheter access observations/audits quarterly,
- Catheter reduction,
- Chlorhexidine for skin antisepsis during dressing changes,
- Catheter hub disinfection, and
- Antimicrobial ointment for exit-site care.

The Collaborative also addresses CVC implications in two additional interventions including staff education and competency as well as patient education and engagement.



Refer participants to *AHRQ Safety Program for End-Stage Renal Disease Facilities-Toolkit: Clinical Care of the Hemodialysis Patient Presentation*

<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/clinicalcare.html>



Present: According to AHRQ, compared to patients with fistulas, patients with CVCs are:

- 15 times more likely to get infections,
- At increased risk of hospitalization, and
- Twice as likely to die.

Due to such devastating risks, facilities should make all efforts to help patients to reduce the number of CVCs by identifying barriers and by taking appropriate actions to overcome the barriers so permanent vascular accesses can be established. The National Kidney Foundation aims to have less than 10% of patients with CVCs.



Ask: What are some barriers to decreasing CVC rates?



Open Responses

Barriers



Refer participants to *AHRQ Safety Program for End-Stage Renal Disease Facilities-Toolkit: Clinical Care of the Hemodialysis Patient Presentation*

<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/clinicalcare.html>

- Slides 5 and 6



Present: AHRQ highlights the barriers to using low risk access. At the facility level, we can address some of these barriers and improve our catheter rates.



Ask: Which barriers can the facility work to overcome? How can we overcome these barriers?

Notes to the Facility Trainer	
	<p>Lead a discussion based on slides 5 and 6 for the AHRQ PowerPoint. Barriers to address include, but are not limited to:</p> <ul style="list-style-type: none"> • Patient or facility staff preference • Lack of knowledge regarding implications of choice



Open Responses



Present: Often the barriers are based on patients not having the information they need to make an appropriate decision. Facility staff can work together to educate patients on the risks of CVCs and the benefits of vascular access.



Refer participants to *CDC Dialysis Safety: Clinician Education - Areas for Patient Education*
<http://www.cdc.gov/dialysis/clinician/index.html>



Ask: What are some key areas of patient education we provide to patients? What can we improve?



Open Responses



Present: Per CDC's recommendations, key topics for educating patients with CVCs include:

- Proper hand hygiene (when and how),
- Catheter care at home – keep site covered, bathing with a catheter,
- Signs and symptoms of infection – what to report,
- Responding to catheter-related problems when they occur outside of the dialysis facility, and
- Basic infection control practices during catheter care – to stimulate patient engagement.



Ask: Does the facility regularly provide education on these matters to the patients?



Write on the white board/ flip chart/poster ideas and action plans to overcome the barriers. Suggest to participants that they write on their *Session Follow-Up Task List* any tasks they need to accomplish with regard to patient education and advocacy.



Notes to the Facility Trainer

If an action plan is needed, include personnel, specific tasks, and deadlines to implement action plan and improve patient education.

Chlorhexidine and Antimicrobial Ointments	Notes
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Refer participants to *CDC Dialysis Safety: Core Interventions – CDC Approach to BSI Prevention in Dialysis Facilities pdf*
<http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites>



Present: Different agents are more effective in creating an aseptic environment during dressing changes and certain ointments can help reduce the risk of infection. The CDC Collaborative recognizes the use of chlorhexidine for skin assepsis as one of their nine core interventions for BSI prevention.

The recommendation is an alcohol-based chlorhexidine (>0.5%) solution as the ideal skin antiseptic both for central line insertion and during dressing changes. For patients with an intolerance to chlorhexidine, the Collaborative recognizes two acceptable alternatives:

1. Povidine-iodine (with alcohol), and
2. Solutions with 70% alcohol.

It is also essential we are following manufacturers guidelines on use of the antiseptic agent. For example: chlorhexidine swabsticks require a thirty second scrub for disinfection followed by a thirty second air dry time, prior to any other exit site care. It is important, no matter which agent we are using that we are following manufacturers instructions.



Ask: Does our facility use alcohol-based chlorhexidine solution as the first line for antisepsis? Do we offer the suggested alternatives to patients with intolerance? Are we using the disinfectant agent according to manufacturer guidelines?



Open Responses

	Notes to the Facility Trainer
	If this is not the first line skin antiseptic used at your facility, consider changing to the recommended solutions. This may involve conferring with facility management to get approval.



Present: Also, an important part of infection control addressed by the CDC Collaborative is the use of antimicrobial ointment for exit sites during dressing changes. Antimicrobial ointments are recommended at every dressing change and at each dialysis treatment. Information from the CDC about ointments include:

- Povidine iodine ointment is the current first line recommendation due to its wide availability and effectiveness.
- Bacitracin/gramicidin/polymyxin B ointment has shown to be effective but it is not currently available in the USA.
- Bacitracin/neomycin/polymyxin B ointment has not been thoroughly studied but may have similar benefits as the above agents.
- Single antibiotic ointments are generally not recommended due to the inability to cover the full spectrum of infectious agents and the risk for antimicrobial resistance.



Refer participants to the handout with reference links - *CDC Dialysis Safety: Catheter Compatibility*
<http://www.cdc.gov/dialysis/prevention-tools/catheter-compatibility-information.html>



Present: There is the potential for some ingredients in antimicrobial ointments to interact with certain catheters. The link provided is a useful reference to determine ointment-catheter compatibility. Whenever there is uncertainty, the most accurate way to check for compatibility is to check directly with the catheter manufacturer.



Ask: Does the facility use antimicrobial ointment? Has the compatibility been verified?



Open Responses

Notes to the Facility Trainer	
	If the facility does not use ointment, consider implementing antimicrobial ointment use. Be sure staff or administrators always verify compatibility prior to initiation of use.

Exit Site Care

Notes to the Facility Trainer



The time variation is due to simulation. The Facility Trainer performs a demonstration of skills and each participant must perform a return demonstration/simulation of the skills in order to verify competency.

If the Facility Trainer chooses, the return demonstration can be held until after completion of the presentation, when the Facility Trainer can dismiss staff. Participants can be taken aside one by one to demonstrate competency of the skill. However, this must be completed immediately after the session.



Refer participants to *CDC Dialysis Safety: Audit Tools and Checklists*

<http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>

Hemodialysis Exit Site Care Checklist



Present: Appropriate exit site care and aseptic technique during dressing change are pivotal aspects of preventing infection for patients with CVCs. Following are the steps to proper hemodialysis catheter exit site care.

- Wear a mask.
- Remove the dressing.
- Perform hand hygiene.
- Put on new, clean gloves.
- Apply skin antiseptic.
- Allow skin antiseptic to dry.
*Do NOT contact the exit site after antisepsis. This includes ensuring the patient's clothing are secured prior to initiation of care.
- Apply the antimicrobial ointment.
*Make sure the ointment does not interact with catheter material (see above section)
- Apply the dressing aseptically.
- Remove the gloves.
- Perform hand hygiene.

If at any point during the above process, staff soils their gloves by touching the patient or other items, gloves must be changed and hand hygiene must be performed before continuing the process.

***Demonstrate proper use of catheter exit site care with simulation catheter secured to surface/table (to mimic chest), and walk staff members through the process step by step.*



Ask participants to return-demonstrate proper use of catheter exit site care. *Have participants take turns coming up to the simulation station. Observe their technique, make recommendations, and give reminders of the previously mentioned recommendations.*

	Notes to the Facility Trainer
	Assist participants when needed and reinforce proper technique. Make note of any participants who will need follow-up and reinforcement.

Part 3: Connection and Disconnection

Estimated Time: 5-30 Minutes

Catheter Connection	Notes			
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- Clamp the catheter.
- Remove the caps.
- Scrub the catheter hub with antiseptic. Scrub the Hub protocol includes:
 - Use a new aseptic pad for each hub.
 - Thoroughly scrub the sides (threads) and end of the hub with friction.
 - Remove all residue and dried blood.
 - Apply antiseptic with friction to the catheter – move from the hub up the limb towards the exit site.
 - Hold the limb and allow the hub to completely dry.
 - Leave the hubs open for the shortest time possible.
- Allow the hub antiseptic to dry.
- Connect the catheter to the blood lines aseptically.
- Remove the gloves.
- Perform hand hygiene.

If at any point during the above process, staff soils their gloves by touching the patient or other items, gloves must be changed and hand hygiene must be performed before continuing the process.

***Demonstrate proper use of catheter connection with simulation catheter secured to surface/table (to mimic chest), and walk staff members through the process step by step.*



Ask participants to return-demonstrate proper use of catheter connection. *Have participants take turns coming up to the simulation station. Observe their technique, make recommendations, and give reminders of the previously mentioned recommendations.*

	Notes to the Facility Trainer
	Assist participants when needed and reinforce proper technique. Make note of any participants who will need follow-up and reinforcement.

Catheter Disconnection	Notes
 <p>Refer participants to <i>CDC Dialysis Safety: Audit Tools and Checklists</i> http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html</p>	

- Hemodialysis Catheter Disconnection Checklist
- Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol



Present: Disconnection of the catheter is also a step by step procedure that that must be performed in order, using aseptic technique. The steps to proper hemodialysis catheter disconnection include:

- Wear a mask.
- Perform hand hygiene.
- Put on new, clean gloves.
- Clamp the catheter.
- Disconnect the catheter from blood lines aseptically.
- Scrub the catheter hub with antiseptic.
 - Use a new antiseptic pad for each hub.
 - Thoroughly scrub the sides (threads) and end of the hub with friction.
 - Remove all dried blood and residue.
 - Leave the hubs open for the shortest time possible.
 - Hold the catheter away from any nonsterile surface.
- Allow the hub antiseptic to dry completely.
- Attach new caps aseptically.
- Remove the gloves.
- Perform hand hygiene.

If at any point during the above process, staff soils their gloves by touching the patient or other items, gloves must be changed and hand hygiene must be performed before continuing the process.

***Demonstrate proper use of catheter simulation connection with simulation catheter secured to surface/table (to mimic chest), and walk staff members through the process step by step.*



Ask participants to return-demonstrate proper use of catheter disconnection. *Have participants take turns coming up to the simulation station. Observe their technique, make recommendations, and give reminders of the previously mentioned recommendations.*

	Notes to the Facility Trainer
	Assist participants when needed and reinforce proper technique. Make note of any participants who will need follow-up and reinforcement.

CDC Recommendations	Notes				
 <p>Refer participants to <i>CDC Dialysis Safety: Core Interventions - CDC Approach to BSI Prevention in Dialysis Facilities</i> http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites</p> <p>CDC Dialysis Safety: Audit Tools and Checklists http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html</p> <ul style="list-style-type: none"> • Catheter Connection and Disconnection Audit Tool • Catheter Exit Site Care Audit Tool  <p>Present: The CDC provides two audit tools related to CVC care:</p> <ol style="list-style-type: none"> 1. Catheter connection and disconnection audit tool, and 2. Catheter exit site care. <p>Catheter-related audits should be performed quarterly and reflect the “regular” facility conditions. The facility should keep a record of all audits and audit results. The results should be shared regularly with the staff to provide feedback and identify areas for improvement.</p>					
Facility Practice					
 <p>Refer participants to the facility's P&Ps related to auditing, facility ICAR Domain X, and any recent audits.</p>  <p>Present: In order to improve our infection control, we need to review the practices already in place so we can identify any gaps in our audits when compared with CDC recommendations, as well as any gaps in practice.</p> <table border="1" data-bbox="191 1560 1015 1850"> <thead> <tr> <th data-bbox="191 1560 331 1602"></th> <th data-bbox="331 1560 1015 1602">Notes to the Facility Trainer</th> </tr> </thead> <tbody> <tr> <td data-bbox="191 1602 331 1850">  </td> <td data-bbox="331 1602 1015 1850"> <p>Open the session for a live Q&A with open responses to evaluate what is occurring at the facility and/or what needs to occur. Lead an open discussion using the questions below. The following section highlights the questions to be discussed and the text in <i>italics</i> serve as directives and suggestions to be addressed to mitigate gaps.</p> </td> </tr> </tbody> </table>		Notes to the Facility Trainer		<p>Open the session for a live Q&A with open responses to evaluate what is occurring at the facility and/or what needs to occur. Lead an open discussion using the questions below. The following section highlights the questions to be discussed and the text in <i>italics</i> serve as directives and suggestions to be addressed to mitigate gaps.</p>	
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	<p>Open the session for a live Q&A with open responses to evaluate what is occurring at the facility and/or what needs to occur. Lead an open discussion using the questions below. The following section highlights the questions to be discussed and the text in <i>italics</i> serve as directives and suggestions to be addressed to mitigate gaps.</p>				



Write on the white board or flip chart throughout the discussion any main points, audit results, and gaps identified.



Ask: Are we performing quarterly hand hygiene audits? Are we using the CDC tool? Do we have a record of the data collected? Who performs these audits? Who is reviewing the results?
If gaps are identified develop a plan to implement monthly audits, utilize the CDC, and create a system to track data obtained from data.



Open Responses



Ask: How is our performance on these audits? What did we do well? Where is there room for improvement? What are some barriers preventing optimal scores on the audits?
Discuss where the staff excelled and where gaps were identified. Provide data from the audits and help participants to notice trends, whether improvements or set-backs.



Open Responses

	<p style="text-align: center;">Notes to the Facility Trainer</p> <p>If action is required after the previous discussion, refer to Module 2, Session 2 and consider developing an action plan to update or create new P&Ps).</p>
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Part 5: Wrap up and To-Do List

Estimated Time: 5 Minutes

To-Do	Notes
<p> Present: As CVCs pose a high risk for infection for our patients, we need to work together, and with our patients, to advocate for a reduction of CVCs and an increase in vascular accesses. It is also essential that we conduct quarterly audits and use best practice every time we encounter a catheter. Through the appropriate antimicrobial and antiseptic agents as well as best practice during catheter connection, catheter disconnection, scrub the hub, and exit site care we can reduce BSI and improve infection control.</p>	



Ask: Does anyone have any questions regarding the session content?



Open Responses

Closing

Notes



Present and Summarize key points:

- Patients with central venous catheters (CVCs) are at much greater risk for infection.
- Patient education and advocacy can reduce catheter rates and improve infection control.
- Evaluation and training are essential to ensure staff members understand and implement proper CVC related skills and technique in practice.
- Regular audits can help facilities identify gaps in practice and guide the facility in determining future training needs.



Address questions or concerns.



Present: Thank you all for coming and for your continuing commitment to the facility and to infection control program. Please take the *Post-Session Assessment* before leaving.



Refer participants to *Catheter Care Post-Session Assessment*. Ask each participant to complete the *Post-Session Assessment* and turn it in to the Facility Trainer.

Dismiss the group.

Session Appendix

- *Facility Trainer Attendance Log*
- *Facility Trainer Assessment Tracker*
- *Catheter Care Pre-Session Assessment*
- *Catheter Care Post-Session Assessment*
- *Module 5, Session 2: Participant Resources*
- *Session Follow-Up Task List*

Infection Control in Hemodialysis

Training Curriculum: Module 5, Session 2

Catheter Care Pre-Assessment

Date:	
Participant Name:	
Facility:	

1. Patients with central venous catheters (CVCs) have the lowest risk of infection.
 - a. True
 - b. False
2. The risks for patients with CVCs include: (select all that apply)
 - a. They are four times more likely to die than a patient with a fistula
 - b. They are at an increased risk for hospitalization
 - c. They are 15 times more likely to get an infection than a patient with a fistula
3. The CDC recommends quarterly audits related to catheter care. Which of the following catheter-related skills require auditing?
 - a. Catheter connection and catheter disconnections
 - b. Patient education of CVC-related risks
 - c. Catheter exit site care
 - d. Both A & C require auditing
4. "Scrub the hub" is an important element of proper CVC care. Which of the following statements are true: (select all that apply)
 - a. "Scrub the hub" is only required during connection
 - b. The hub should dry completely after scrubbing before connecting to any other device
 - c. A new antiseptic pad should be used for each hub
 - d. Scrubbing the hub includes scrubbing the sides (threads of the hub), not just the end
5. Recommendations for CVC exit site care, include: (select all that apply)
 - a. Dressing should be changed at every dialysis treatment
 - b. Dressing should be changed every 24 hours
 - c. Antimicrobial ointments are recommended at each dressing change
 - d. Aseptic technique should be used when performing a dressing change

Infection Control in Hemodialysis

Training Curriculum: Module 5, Session 2

Catheter Care Post-Assessment

Date:	
Participant Name:	
Facility:	

1. Patients with central venous catheters (CVCs) have the lowest risk of infection.
 - a. True
 - b. False
2. The risks for patients with CVCs include: (select all that apply)
 - a. They are four times more likely to die than a patient with a fistula
 - b. They are at an increased risk for hospitalization
 - c. They are 15 times more likely to get an infection than a patient with a fistula
3. The CDC recommends quarterly audits related to catheter care. Which of the following catheter-related skills require auditing?
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 - c. Catheter exit site care
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 - c. A new antiseptic pad should be used for each hub
 - d. Scrubbing the hub includes scrubbing the sides (threads of the hub), not just the end
5. Recommendations for CVC exit site care, include: (select all that apply)
 - a. Dressing should be changed at every dialysis treatment
 - b. Dressing should be changed every 24 hours
 - c. Antimicrobial ointments are recommended at each dressing change
 - d. Aseptic technique should be used when performing a dressing change

Infection Control in Hemodialysis

Training Curriculum: Module 5, Session 2

Participant Resources

Date:	
Participant Name:	
Facility:	

- CDC Dialysis Safety: Core Interventions – *CDC Approach to BSI Prevention in Dialysis Facilities pdf*
 - <http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites>
- CDC Dialysis Safety: Audit Tools and Checklists
 - <http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>
 - *Catheter Connection and Disconnection Audit Tool*
 - *Catheter Exit Site Care Audit Tool*
 - *Hemodialysis Catheter Connection Checklist*
 - *Hemodialysis Catheter Disconnection Checklist*
 - *Hemodialysis Exit Site Care Checklist*
 - *Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol*
- AHRQ Safety Program for End-Stage Renal Disease Facilities-Toolkit: *Clinical Care of the Hemodialysis Patient Presentation*
 - <http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/clinicalcare.html>
- CDC Dialysis Safety: Clinician Education - Areas for Patient Education
 - <http://www.cdc.gov/dialysis/clinician/index.html>
- CDC Dialysis Safety: Catheter Compatibility
 - <http://www.cdc.gov/dialysis/prevention-tools/catheter-compatibility-information.html>

Infection Control in Hemodialysis Training Curriculum: Module 5, Session 2

Session Follow- Up Task List

Date:	
Participant Name:	
Facility:	

Personal To-Do Items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Facility-Wide To-Do Items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Additional Comments:
