

Module 4, Session 2: Reuse Safety

****This session is only applicable to facilities that reuse dialyzers****



Preparation Checklist

Materials Required for this Session:

- ☐ Facility Trainer Binder - Module 4, Session 2
- ☐ Facility-specific material: Policies and procedures (P&Ps) relevant to the session including, patient consent, reuse cleaning, training & audits.
- ☐ Copy of facility's most recently completed *CDC Infection Control Assessment and Response (ICAR) tool: Domain VIII*
- ☐ *Facility Trainer Attendance Log* (provided in Session Appendix)
- ☐ *Facility Trainer Assessment Tracker* (provided in Session Appendix)
- ☐ **Participant Notebooks** with Module 4 Session 2 handouts (provided in Session Appendix):
 - *Reuse Safety Pre-Session Assessment*
 - *Reuse Safety Post-Session Assessment*
 - *Session Follow-Up Task List*
- ☐ Flip chart/white board/ and markers
- ☐ Blank name tags/tents and markers
- ☐ Extra Pens

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 4, Session 2 handouts for participants to add to their **Participant Notebook**.
- Assemble P&Ps needed for review.
- Make copies of recent ICAR Domain VIII, and highlight areas with gaps in policy, to be added to the **Participant Notebook**.
- 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:

- Have participants sign in using the *Facility Trainer Attendance Log*.
- Give each participant Module 4, 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 concern, successes, questions, or participants that require follow-up.

Facility Trainer Brief***Learning Objectives***

At the close of Module 4, Session 2 the participants will be able to:

- Understand the facility's P&Ps related to dialyzer reuse.
 - If gaps are identified, develop an action plan to update P&Ps.
- Describe the CDC recommendations for dialyzer reuse based on the ICAR tool.
- Understand the facility-specific audit results and implications.
- Demonstrate proper environmental cleaning technique.

Module 4, Session 2: Overview

While dialyzer reuse is no longer a common practice due to the risk of infection, reuse does still occur. If your facility does not reuse dialyzers, do not run this session. If your facility sends dialyzers off-site for reprocessing, consider reviewing Parts 1, 2, and 3 – the session does not need to be completed in its entirety. For facilities that reprocess their dialyzers onsite, this session is for you. Due to the high risk of contamination through dialyzer reuse, diligent and proper dialyzer reprocessing should be an important aspect of your practice. Staff that reprocesses the dialyzers should be sufficiently trained and regularly audited; and equipment should be tested and maintained appropriately.

Participants will review Domain VIII of the facility-specific ICAR assessment, as well as facility P&Ps related to dialyze reuse. The Facility Trainer will lead a discussion and educate staff on risks of reuse and CDC recommendations to decrease the risk of infection.

Module 4, Session 2 is divided into these four parts:**Part 1: Introduction (5 minutes)**

Participants will take the *Pre-Session Assessment* to measure their current knowledge. During this section, the Facility Trainer will introduce and identify the objectives of this session.

Part 2: On or Off-Site P&Ps (10 minutes)

The Facility Trainer will lead a discussion regarding reprocessing dialyzers, both on or off-site. Important measures to cover include creating or updating P&Ps to ensure proper functioning of dialyzer prior to reuse, and covering patient consent for use of reprocessed dialyzers.

Part 3: On-site Reprocessing (20 minutes)

This section is for facilities that process dialyzers on-site. It reviews the facility's most recent ICAR Domain VIII and addresses staff education, competency, audits, and maintenance of equipment.

Part 4: 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 floor for questions and discussion. Participants will complete a *Post-Session Assessment*.

Key messages


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



- It is important patients not only have signed consent for the reuse of dialyzers during their treatment but also have received thorough education about potential risks.
- Appropriate P&Ps should be in place for the testing of equipment and dialyzers.
- Regular training and education is essential to patient safety during reuse.
- Regular audits can help facilities identify gaps and guide them in determining their needs for future training.

Classroom Presentation

Part 1: Introduction






Estimated Time: 5 Minutes

Welcome!	Notes				
<p>As participants arrive, ask them to complete a <i>Pre-Session Assessment</i> and sign into the <i>Facility Trainer Attendance Log</i>.</p> <p>Welcome participants to the training session.</p> <p> Present: Welcome to Module 4, Session 2: <i>Reuse Safety</i>, an important part of the infection control program. While dialyzer reuse is increasingly a discontinued practice, some facilities continue to reprocess them for different reasons. During this session, we will discuss the importance of proper P&Ps and practice related to dialyzer reprocessing and reuse as well as patient safety and consent. We will review our facility's ICAR tool related to dialyzer reuse, discuss our current practice, and make any necessary changes related to CDC recommendations.</p> <table><tr><td></td><td>Notes to the Facility Trainer</td></tr><tr><td></td><td>Consider educating staff on facility rationale for reuse and the facility's mechanism of reprocessing – on or off-site. Remember, if dialyzers are reprocessed off-site; consider skipping Part 3 “On-Site Reprocessing” for your facility.</td></tr></table> <p> Ask participants to introduce themselves by stating their name, position in the facility, and goals for attending. Encourage participation of all attendees.</p>		Notes to the Facility Trainer		Consider educating staff on facility rationale for reuse and the facility's mechanism of reprocessing – on or off-site. Remember, if dialyzers are reprocessed off-site; consider skipping Part 3 “On-Site Reprocessing” for your facility.	
	Notes to the Facility Trainer				
	Consider educating staff on facility rationale for reuse and the facility's mechanism of reprocessing – on or off-site. Remember, if dialyzers are reprocessed off-site; consider skipping Part 3 “On-Site Reprocessing” for your facility.				
Objectives	Notes				
<p> Present: Before we begin, I will highlight the key messages we will address throughout the session. These are for you to keep in mind during the session and as you implement what you have learned into your practice:</p>					

<ul style="list-style-type: none"> • It is important patients not only have signed consent for the reuse of dialyzers during their treatment but also, have received thorough education concerning the potential risks. • Appropriate P&P should be in place for the testing of equipment and dialyzers. • Regular training and education is essential to patient safety during reuse. • Regular audits can help facilities identify gaps in practice and guide them in determining their needs for future training. <p> Ask: Before we move on, does anyone have any questions regarding goals of this session?</p> <p> Open Responses</p>	
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Part 2: On or Off-Site P&Ps

Estimated Time: 5 Minutes

Patient Consent	Notes
<p> Refer participants to the facility's most recent ICAR Domain VIII and P&Ps regarding patient consent and dialyzer inspection.</p> <p> Present: As the risk for disease transmission for patients who participate in dialyzer reuse is much higher, it is essential that our patients are fully aware of all the elements of dialyzer reuse, including any potential risks. Not only is signed informed consent absolutely necessary for participation in dialyzer reuse, it is the facility's responsibility for patients to fully understand what that signed consent means. Ultimately, patient education is a vital aspect of dialyzer reuse.</p> <p> Ask: Do we actively and regularly engage in patient education with those who participate in dialyzer reuse? <i>Consider hand-outs, slides, and reinforcement during patient contact.</i></p> <p> Open Responses</p> <p> Ask: Do we have P&Ps in place for acquiring signed consent prior to dialyzer reuse on all patients?</p>	

If no, new P&Ps are needed, identify personell to assist, assign tasks & deadlines as well as implementation of P&Ps.



Open Responses

Handling Reprocessed Dialyzers



Present: Whether dialyzer is processed on or off-site, proper care is necessary after reprocessing, prior to use. It is essential for the facility to ensure safe handling of dialyzers in this time frame to avoid malfunctioning or contamination.



Ask: Do we have P&Ps in place which ensure proper storage and handling of dialyzers after reuse?

If no, new P&Ps are needed, identify personell to assist in assigning tasks and deadlines, and in implementing P&Ps.



Open Responses



Notes to the Facility Trainer

Skip Part 3 if your facility reprocesses dialyzers off-site and continue to Part 4 "Wrap-Up and To-Do List"

Part 3: On-Site Reprocessing

Estimated Time: 5 Minutes

Performing On-Site Reprocessing








Notes



Refer participants to the facility's most recent ICAR Domain VIII and P&P related to dialyzer reuse, training, and audits.



Present: Due to the increased risks of dialyzer reuse, there are many P&Ps in place and practices that should occur at our facility to reduce the spread of disease and keep our patients safe. The CDC ICAR provides details about P&Ps and practices that should be implemented at our facility. Together, we will review the ICAR, compare it to our facility practices, and discuss any need for change.

	<p style="text-align: center;">Notes to the Facility Trainer</p> <p>Open the floor 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> serves as directions or suggestions to be addressed to eliminate inconsistencies.</p>	
	<p> Write on a white board or flip chart throughout the discussion and record main points, audit results, or any gaps identified. Have participants write on their <i>Session Follow-Up Task List</i> any items they need to accomplish after the end of the session.</p> <p> Ask: Do we have P&Ps in place that ensure dialyzers are cleaned and reprocessed prior to reuse? Are our dialyzers safely reprocessed? <i>If no, talk about facility practices and implement an action plan to develop new P&Ps to ensure proper cleaning and reprocessing. If new P&Ps are needed identify personnel to assist in assigning tasks and deadlines, and in implementing P&Ps.</i></p> <p> Open Responses</p> <p> Ask: Who is responsible for reprocessing our dialyzers? Does our facility provide regular training on the proper steps to appropriate reprocessing? Does the training include proper selection of Personal Protective Equipment (PPE) for personnel? <i>Review P&Ps related to training – consider the comprehensive nature of the training. If new P&Ps are needed to address step-by-step instructions, including proper PPE, identify personnel to assist in developing P&Ps, assigning tasks & deadlines, and in implementing P&Ps.</i></p> <p> Open Responses</p> <p> Ask: Do we conduct regular auditing of personnel responsible for reprocessing dialyzers? If yes, what did we do well and where is there room for improvement? What are some barriers preventing optimal scores on the audits? Do we have a record of the data collected? Who performs these audits? Who is reviewing the results?</p>	

Discuss where the staff excelled and where inconsistencies were found. Provide data from the audits and help participants to notice trends – e.g. improvements or set-backs. If gaps are identified, develop a plan to implement monthly audits, utilize the CDC tools, and create a system to track data. If audits are not regularly performed, consider implementing new P&Ps, and identifying personell to assist in developing P&Ps, assigning tasks & deadlines, and in implementation P&Ps.



Open Responses



Ask: Does our facility test the competency of personnel required to perform dialyzer reuse?
Consider training and auditing results as well as regular audits. Simulation including demonstration of proper reprocessing with the facility's equipment and return demonstration is an optimal method to test healthcare personnel competency.



Open Responses



Ask: Does our facility perform routine maintenance of reprocessing equipment? Do we follow manufacturer instructions? Consider implementing P&Ps to ensure routine maintenance. Identify personell to assist in developing P&Ps, assigning tasks & deadlines, and implementation P&Ps.




Open Responses



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

Part 4: Wrap up and To-Do List

Estimated Time: 5 Minutes

To-Do	Notes
 <p>Present: As emphasized throughout the session, dialyzer reuse poses a high risk for our patients. Proper training, education, handling, and auditing can decrease that risk and keep out patients safe. Today, we have established a list of activities we need to follow-up on and</p>	

actions to take moving forward. Before closing the session, we will review our “To-Do” list.



Write on a white-board the “To-Do” list and have participants write on *Session Follow-Up Task List* to note items they need to complete. For each item addressed, include personnel to complete each task, specific tasks to be done, and deadlines to complete tasks by.



Ask: Does anyone have any questions regarding the session content or action plan moving forward?



Open Responses

Closing

Notes



Present and Summarize key points:

- It is important that patients not only have signed consent for the reuse of dialyzers during their treatment, but also have received thorough education concerning the risks involved.
- Appropriate P&Ps should be in place for the testing of equipment and dialyzers.
- Regular training and education is essential to patient safety during reuse
- Regular audits can help facilities identify gaps in practice and guide them in determining their needs for future training.



Address questions or concerns.



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



Refer participants to *Reuse Safety Post-Session Assessment* – have each participant complete the *Post-Session Assessment* and turn it into the Facility Trainer.

Dismiss the group.

Session Appendix

- *Facility Trainer Attendance Log*
- *Facility Trainer Assessment Tracker*
- *Reuse Safety Pre-Session Assessment*
- *Reuse Safety Post-Session Assessment*
- *Session Follow-Up Task List*

Infection Control in Hemodialysis

Training Curriculum: Module 4, Session 2

Reuse Safety Pre-Assessment

Date:	
Participant Name:	
Facility:	

1. Dialyzer reuse is a common practice for facilities, involving diligent reprocessing and handling of dialyzers between patients.
 - a. True
 - b. False
2. Before a patient participates in dialyzer reuse for their treatment, what must be true? (select all that apply)
 - a. They must already be HIV or Hepatitis C positive
 - b. They patient must sign informed consent
 - c. They cannot be a transplant candidate
 - d. They must receive thorough education, including the risks of reuse
3. Handling of dialyzers between reprocessing and reuse is essential to avoid malfunctioning and/or contamination.
 - a. True
 - b. False
4. I understand the CDC recommendations for dialyzer reuse and reprocessing as well as my facility's P&Ps related to reuse.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither disagree or agree
 - d. Agree
 - e. Strongly Agree

Infection Control in Hemodialysis

Training Curriculum: Module 4, Session 2

Reuse Safety Post-Assessment

Date:	
Participant Name:	
Facility:	

1. Dialyzer reuse is a common practice for facilities, involving diligent reprocessing and handling of dialyzers between patients.
 - a. True
 - b. False
2. Before a patient participates in dialyzer reuse for their treatment, what must be true? (select all that apply)
 - a. They must already be HIV or Hepatitis C positive
 - b. They patient must sign informed consent
 - c. They cannot be a transplant candidate
 - d. They must receive thorough education, including the risks of reuse
3. Handling of dialyzers between reprocessing and reuse is essential to avoid malfunctioning and/or contamination.
 - a. True
 - b. False
4. I understand the CDC recommendations for dialyzer reuse and reprocessing as well as my facility's P&Ps related to reuse.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither disagree or agree
 - d. Agree
 - e. Strongly Agree

Infection Control in Hemodialysis

Training Curriculum: Module 4, 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:
