

Summit Health Credentials Verification Organization

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TO: Medical Staff and Allied Health Professionals

FROM: SUMMIT HEALTH CREDENTIALS VERIFICATION ORGANIZATION

RE: **MANDATORY INFECTION PREVENTION EDUCATION FOR MEDICAL STAFF AND ALLIED HEALTH**

The Joint Commission (TJC) requires hospitals to educate the medical staff about prevention of central line infections. Please review the attached "Central Line" policies for Chambersburg and/or Waynesboro Hospitals, and then **COMPLETE AND RETURN THE FOLLOWING QUESTIONS.**

***** Circle one answer for each of the five questions below. *****

- 1) What is our goal for central line blood stream infection rate?
 - a. <2 per 1,000 catheter days
 - b. <1.5 per 1,000 catheter days
 - c. <1 per 1,000 catheter days
 - d. Zero

- 2) The "Central Line Bundle" includes:
 - a. Hand hygiene
 - b. Skin prep with Chlorhexidine
 - c. Full body sterile drape
 - d. Use of sterile gloves, sterile gown, head cover, mask
 - e. Use of sterile dressing with date
 - f. All of the above

- 3) The use of Chlorhexidine skin prep is associated with a reduced incidence of surgical site infections compared to Betadine.
 - a. True
 - b. False

- 4) Use of the femoral vein site is only indicated when no other site is available
 - a. True
 - b. False

- 5) The Central Line Bundle can be altered in the setting of an acute life threatening emergency
 - a. True
 - b. False

Print name: _____

Signature: _____

Date: _____

Return completed quiz and fax to:
Summit Health Credentials Verification Organization
Fax 717-267-4806

THE CHAMBERSBURG HOSPITAL

Subject: Central Line Insertion/Sterile Technique		Original Date: 5/10
Department: All Departments		Revision Date(s): 11/10
Area: Hospital	Discipline: Infection Control	
Classification: Clinical		Review Cycle: Annually

PURPOSE: To provide guidelines in maintaining sterile technique during the insertion of central lines.

POLICY: It is the policy of the Chambersburg Hospital Infection Control Department to reduce the risk of healthcare-acquired infection. During the insertion of a central line, sterile technique will be maintained utilizing evidence-based practices. A Central Line Checklist will be used to monitor the adherence to sterile technique.

CONTENT:

1. Sterile technique will be followed during the insertion of central lines. The following evidence-based infection control practices will be adhered to:
 - a. Hand Hygiene by physician and assistant.
 - b. Site of insertion will be prepped with ChloroPrep per manufacturer’s instruction.
 - c. A large sterile drape will be used to cover the patient.
 - d. During the procedure the physician and assistant will do the following:
 - 1) Wear sterile gloves, sterile gown, hat and mask.
 - 2) Maintain a sterile field
 - e. Apply dressing using sterile technique.
 - f. Date the dressing
2. A femoral insertion site is to be used **only** when no other site can be used.
3. Prior to the insertion of a central line, an education handout is to be given to the patient and/or family except when an insertion is necessary to prevent death or impairment of a body function.
4. In the event the attending practitioner feels insertion of a central line is necessary to prevent death or impairment of a body function, the Central Line Checklist completion is waived. For all other procedures the checklist will be completed.
5. The Central Line Checklist shall be completed and sent to the Quality Management Department as a monitoring tool to aid in compliance.

SUPPORTING DOCUMENTATION:

The Joint Commission Function/Standard: Infection Prevention and Control

CHAMBERSBURG HOSPITAL CENTRAL LINE CHECKLIST

Indication: To document procedural practices in the nursing units related to insertion technique for CVP lines, dialysis access ports and central lines.

Type of catheter: <input type="checkbox"/> Central line <input type="checkbox"/> CVP <input type="checkbox"/> Dialysis catheter	Location: _____ Location: _____ Location: _____
<input type="checkbox"/> *A femoral site is not to be used unless other sites are unavailable. Please give reason when femoral site is used.	
<input type="checkbox"/> No other site available <input type="checkbox"/> Temporary dialysis <input type="checkbox"/> Emergency situation <input type="checkbox"/> Other (please specify) _____	
Is this a NEW line: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the procedure: <input type="checkbox"/> Elective <input type="checkbox"/> Emergency <input type="checkbox"/> _____ <input type="checkbox"/> Re-wire <input type="checkbox"/> Re-position	

Procedural Checklist		
Safety Practice	YES	N/A
<i>Before procedure, did the provider:</i>		
➤ Prior to procedure the education handout, "Central Line Education Information", is given to patient and/or family	<input type="checkbox"/>	<input type="checkbox"/>
➤ PERFORM PROCEDURAL PAUSE		
Perform patient ID x2	<input type="checkbox"/>	<input type="checkbox"/>
Announce the procedure to be performed	<input type="checkbox"/>	<input type="checkbox"/>
Mark / assess site	<input type="checkbox"/>	<input type="checkbox"/>
Position patient correctly for procedure	<input type="checkbox"/>	<input type="checkbox"/>
Assemble equipment / verify supplies	<input type="checkbox"/>	<input type="checkbox"/>
Utilize relevant documents (charts / forms)	<input type="checkbox"/>	<input type="checkbox"/>
Order follow-up Radiology images (PRN)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Cleanse hands? (<i>ASK, if unsure</i>)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Prep procedure site with ChloroPrep? <i>* 30 seconds for dry site/air dry for 30 seconds</i> <i>** 2 minutes for moist site (esp. femoral)/ air dry for 1 minute</i>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Use large drape to cover patient in sterile fashion?	<input type="checkbox"/>	<input type="checkbox"/>
<i>During procedure, did the provider</i>		
➤ Wear sterile gloves during catheter insertion?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Wear hat, mask and sterile gown?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Maintain sterile field?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Use sterile ultrasound cover when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Did assisting physician follow the same precautions? (hand washing, mask, gloves, gown)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Did all staff and patient in the room wear a mask?	<input type="checkbox"/>	<input type="checkbox"/>
<i>After the procedure:</i>		
➤ Was sterile technique maintained when applying dressing?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Was dressing dated?	<input type="checkbox"/>	<input type="checkbox"/>

Name of Procedure MD _____

Name of RN (auditor) _____ Today's Date: _____ Time: _____

Please return completed form to Sue Bender, Quality Management.

Patient label



not a permanent part of the medical record
P40001 (O:3/08,R:6/10)

**WAYNESBORO HOSPITAL
CENTRAL LINE PROCEDURAL CHECKLIST**

Indication: To document procedural practices related to insertion technique for Central Venous Access Devices.

Type of catheter: <input type="checkbox"/> CVC <input type="checkbox"/> PICC <input type="checkbox"/> Dialysis catheter	Location: _____ Location: _____ Location: _____
Is this a NEW line: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the procedure: <input type="checkbox"/> Elective <input type="checkbox"/> Emergency <input type="checkbox"/> _____ <input type="checkbox"/> Re-wire <input type="checkbox"/> Re-position	

Procedural Checklist		
Safety Practice	YES	YES (after reminder)
<i>Before procedure, did the provider:</i>		
➤ PERFORM PROCEDURAL PAUSE		
Perform patient ID x2	<input type="checkbox"/>	<input type="checkbox"/>
Announce the procedure to be performed	<input type="checkbox"/>	<input type="checkbox"/>
Mark / assess site	<input type="checkbox"/>	<input type="checkbox"/>
Position patient correctly for procedure	<input type="checkbox"/>	<input type="checkbox"/>
Assemble equipment / verify supplies	<input type="checkbox"/>	<input type="checkbox"/>
Utilize relevant documents (charts / forms)	<input type="checkbox"/>	<input type="checkbox"/>
Order follow-up Radiology images (PRN)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Cleanse hands? (ASK, if unsure)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Prep procedure site with Chlorhexidine?		
Other site preparation: _____	<input type="checkbox"/>	<input type="checkbox"/>
➤ Use large drape to cover patient in sterile fashion?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Provide patient/family education on central line infection prevention interventions?	<input type="checkbox"/>	<input type="checkbox"/>
<i>During procedure, did the provider</i>		
➤ Wear sterile gloves during catheter insertion?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Wear hat, mask and sterile gown?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Maintain sterile field?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Use ultrasound/ guidance if appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Did procedure assistant follow the same precautions? (hand washing, mask, gloves, gown)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Did all staff and patient in the room wear a mask?	<input type="checkbox"/>	<input type="checkbox"/>
<i>After the procedure:</i>		
➤ Was sterile technique maintained when applying dressing?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Was dressing dated?	<input type="checkbox"/>	<input type="checkbox"/>

Name of Procedure Clinician _____

Name of Procedure Assistant _____

Name of Procedure Auditor _____ Today's Date: _____ Time: _____

Please return completed form to Quality Management.

Patient label
