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
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 ChloraPrep 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:**
  - [ ] Central line  Location: _____________________
  - [ ] CVP  Location: _____________________
  - [ ] Dialysis catheter  Location: _____________________

  *A femoral site is not to be used unless other sites are unavailable. Please give reason when femoral site is used.*
  - [ ] No other site available
  - [ ] Temporary dialysis
  - [ ] Emergency situation
  - [ ] Other (please specify) ____________________________________________________

- **Is this a NEW line:**
  - [ ] Yes
  - [ ] No

- **Is the procedure:**
  - [ ] Elective
  - [ ] Emergency
  - [ ] Re-wire
  - [ ] Re-position

## Procedural Checklist

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

Name of Procedure MD _______________________________________
Name of RN (auditor) _______________________________    Today’s Date: _________    Time:______

Please return completed form to Sue Bender, Quality Management.

Patient label

Chambersburg
Hospitale

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.

<table>
<thead>
<tr>
<th>Type of catheter:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ CVC</td>
<td></td>
</tr>
<tr>
<td>□ PICC</td>
<td></td>
</tr>
<tr>
<td>□ Dialysis catheter</td>
<td></td>
</tr>
</tbody>
</table>

**Is this a NEW line:** □ Yes □ No

**Is the procedure:** □ Elective □ Emergency □ Re-wire □ Re-position

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**Procedural Checklist**

**Safety Practice**

<table>
<thead>
<tr>
<th>YES</th>
<th>YES (after reminder)</th>
</tr>
</thead>
</table>

**Before procedure, did the provider:**

- **PERFORM PROCEDURAL PAUSE**
  - Perform patient ID x2
  - Announce the procedure to be performed
  - Mark / assess site
  - Position patient correctly for procedure
  - Assemble equipment / verify supplies
  - Utilize relevant documents (charts / forms)
  - Order follow-up Radiology images (PRN)

- **Cleanse hands? (ASK, if unsure)**

- **Prep procedure site with Chlorhexidine?**
  - Other site preparation: ______________________________

- **Use large drape to cover patient in sterile fashion?**

- **Provide patient/family education on central line infection prevention interventions?**

**During procedure, did the provider**

- **Wear sterile gloves during catheter insertion?**

- **Wear hat, mask and sterile gown?**

- **Maintain sterile field?**

- **Use ultrasound/ guidance if appropriate?**

- **Did procedure assistant follow the same precautions?**
  - (hand washing, mask, gloves, gown)

- **Did all staff and patient in the room wear a mask?**

**After the procedure:**

- **Was sterile technique maintained when applying dressing?**

- **Was dressing dated?**

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Name of Procedure Clinician ________________________________

Name of Procedure Assistant ________________________________

Name of Procedure Auditor ________________________________   Today’s Date: _________ Time: ______

Please return completed form to Quality Management.