

# CDC's Core Interventions for Dialysis BSI Prevention

## What Healthcare Institutions Can Do:

- 1. Surveillance and feedback using NHSN**  
Conduct monthly surveillance for BSIs and other dialysis events and enter events into CDC's National Healthcare Safety Network (NHSN). Calculate facility rates and compare to rates in other facilities using NHSN. Actively share results with front-line clinical staff.
- 2. Hand hygiene surveillance**  
Perform monthly hand hygiene audits with feedback of results to clinical staff.
- 3. Catheter care/ vascular access observations**  
Perform quarterly audits of vascular access care and catheter accessing to ensure adherence to recommended procedures. This includes aseptic technique while connecting and disconnecting catheters and during dressing changes. Share results with front-line clinical staff.
- 4. 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.
- 5. Staff education and competency**  
Provide regular training of staff on infection control topics, including access care and aseptic technique. Perform competency evaluation for skills such as catheter care and accessing at least every 6-12 months and upon hire.
- 6. Catheter reduction**  
Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying barriers to permanent vascular access placement and catheter removal.

## What Healthcare Providers Can Do:

- 1. Chlorhexidine for skin antisepsis**  
Use an alcohol-based chlorhexidine (>0.5%) solution as the first line agent for skin antisepsis, particularly for central line insertion and during dressing changes. Povidone-iodine, preferably with alcohol, or 70% alcohol are alternatives.
- 2. Catheter hub cleansing**  
Cleanse catheter hubs with an appropriate antiseptic after the cap is removed and before accessing.
- 3. Antimicrobial ointment or chlorhexidine-impregnated sponge dressing**  
Apply bacitracin/gramicidin/polymyxin B ointment or povidone-iodine ointment to catheter exit sites during dressing change OR use a chlorhexidine-impregnated sponge dressing.

For more information or to join the CDC Dialysis BSI Prevention Collaborative, please visit <http://www.cdc.gov/dialysis/collaborative/>