

Central Line-associated Blood Stream Infection (CLABSI) Targeted Assessment for Prevention (TAP) Facility Assessment Tool

Notes for the Respondent:

- This assessment is meant to capture your *awareness and perceptions of policies and practices* related to CLABSI prevention at the facility or unit in which this assessment is being administered.
- Responses should refer to what is *currently* in place at the facility or unit in which the assessment is being administered.
- Please use the comment boxes to elaborate and capture information as needed – such detailed comments may help focus additional drill down opportunities and next steps.

Instructions for Submission:

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|---|
| Do you have a Desktop Email Application? (e.g., Outlook, Windows Live Mail) |
| <ol style="list-style-type: none"> 1) Click SUBMIT 2) Select the top radio button (Desktop Email Application) 3) Click OK <p><i>This will automatically generate an email with the completed form attached</i></p> |

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|---|
| Do you have a Web-Based Email address? (e.g., Gmail, Yahoo) |
| <ol style="list-style-type: none"> 1) Click SUBMIT 2) Select the bottom button (Internet Email) 3) Copy the email address listed in the text next to the radio button 4) Click OK 5) Save the document to your computer 6) Open your web based email, attach the file, and send to the copied email address |

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| Are you having trouble submitting? (e.g., No email application, Firewall is blocking submission) |
| <ol style="list-style-type: none"> 1) Click the PRINT button 2) Print to a local printer 3) Give completed form to your facility Point of Contact |

For Internal Use Only

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| <p>Instructions for Administration:</p> <p>This Facility Assessment Tool should be administered to a variety of staff and healthcare personnel at different levels of the organization and/or unit (i.e., frontline providers, mid-level staff, and senior leadership). This assessment captures healthcare personnel’s knowledge, attitudes, and perceptions of infection prevention practices. The greater number of assessments collected, the greater the ability to identify gaps and target prevention.</p> <p>This Assessment Tool is a component of the Targeted Assessment for Prevention (TAP) Strategy. For more information, visit http://www.cdc.gov/hai/prevent/tap.html</p> <p><i>This tool can be distributed and returned via email. Prior to distribution, enter the email address to which the completed assessments should be returned and Save the document (send this Saved version to respondents). When respondents ‘Submit’, the form will be automatically sent to the email address specified below.</i></p> <p style="text-align: right;">Return Email Address:</p> |
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Date of Assessment: _____

Facility Name or ID: _____

Facility Type: _____

Unit Name or ID: _____

Unit Type: _____

Title or role of person completing tool: _____

Years of experience at facility: _____ (Numeric Response)

Other, Please Specify: _____

Other, Please Specify: _____

| I. General Infrastructure, Capacity, and Processes | Response | Comments (and/or "As Evidenced By") |
|--|---|-------------------------------------|
| 1. Does your facility's senior leadership actively promote CLABSI prevention activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 2. Is unit-level leadership involved in CLABSI prevention activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 3. Does your facility currently have a team/work group focusing on CLABSI prevention? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 4. Does your facility have a staff person with dedicated time to coordinate CLABSI prevention activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 5. Does your facility have a nurse champion for CLABSI prevention activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 6. Does your facility have a physician champion for CLABSI prevention activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 7. Does your facility use performance improvement initiatives in which multifaceted strategies are "bundled" together to improve compliance with evidence-based recommended practices (e.g., "central line insertion bundle")? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 8. Does your facility conduct an assessment to identify and learn from potential defects when a CLABSI occurs? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |

| I. General Infrastructure, Capacity, and Processes, Continued | Response | Comments (and/or "As Evidenced By") |
|--|---|---|
| Does your facility provide training to all healthcare personnel* on: *For personnel given the responsibility to insert, assist with insertion, or maintain central venous catheters ("central lines"). | | |
| 9. Proper aseptic technique for central line insertion? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 10. Ultrasound guidance for central line insertion? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | <i>Not Applicable</i> |
| 11. Proper central line maintenance procedures? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 12. Proper technique for access of implanted ports? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | <i>Not Applicable</i> |
| Does your facility conduct <u>competency assessments</u> * of all healthcare personnel** on: * Competency assessment is defined as a process of ensuring that healthcare personnel demonstrate the skills and knowledge to perform a procedure properly and according to facility standards and policies. This may be done through direct observation by trained observers of personnel performing a simulated procedure on a mannequin or an actual procedure on a patient. ** For personnel given the responsibility to insert, assist with insertion, or maintain central venous catheters ("central lines"). | | |
| 13. Proper aseptic technique for central line insertion: A. Upon hire/during orientation? B. At least annually? C. When new equipment or protocols are introduced? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 14. Ultrasound guidance for central line insertion: A. Upon hire/during orientation? B. At least annually? C. When new equipment or protocols are introduced? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | <i>Not Applicable</i> <i>Not Applicable</i> <i>Not Applicable</i> |
| 15. Proper central line maintenance procedures: A. Upon hire/during orientation? B. At least annually? C. When new equipment or protocols are introduced? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 16. Proper technique for access of implanted ports? A. Upon hire/during orientation? B. At least annually? C. When new equipment or protocols are introduced? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | <i>Not Applicable</i> <i>Not Applicable</i> <i>Not Applicable</i> |

| I. General Infrastructure, Capacity, and Processes, Continued | Response | Comments (and/or “As Evidenced By”) |
|--|---|-------------------------------------|
| Does your facility routinely <u>audit</u> * (monitor and document) adherence of all healthcare personnel** to: *Audit is defined as an assessment (typically by direct observation, either hospital-wide or unit-specific) of healthcare personnel adherence with facility policies. ** For personnel given the responsibility to insert, assist with insertion, or maintain central venous catheters (“central lines”). | | |
| 17. Central line insertion documentation (date, procedure, complications, etc)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 18. Site selection (avoidance of the femoral site in adults)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 19. Daily assessment and prompt removal of central lines that are no longer needed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 20. Adherence to proper central line <u>insertion</u> practices? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 21. Adherence to proper central line <u>maintenance</u> procedures? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| Does your facility routinely provide feedback data to healthcare personnel on: | | |
| 22. CLABSI rates and/or standardized infection ratios (SIR)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 23. Central line device utilization ratios (DUR)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |

| II. Appropriate Use of Central Venous Catheters (“Central Lines”) | Response | | | | | | Comments (and/or “As Evidenced By”) |
|---|----------|--------|-----------|-------|--------|---------|-------------------------------------|
| | Never | Rarely | Sometimes | Often | Always | Unknown | |
| 1. Do ordering providers document an <u>indication</u> for central lines? | | | | | | | |
| 2. Are central lines assessed on a daily basis to ensure they are still needed? | | | | | | | |
| 3. Are central lines that are no longer needed promptly removed? | | | | | | | |

| III. Proper Insertion Practices for Central Venous Catheters ("Central Lines") | Response | | | | | | Comments (and/or "As Evidenced By") |
|--|----------|--------|-----------|-------|--------|---------|-------------------------------------|
| | Never | Rarely | Sometimes | Often | Always | Unknown | |
| 1. Does your facility ensure that supplies for central line insertion are packaged together (e.g., in a kit) to ensure items are readily available for use? | | | | | | | |
| 2. Are central lines inserted only by trained personnel who have demonstrated competency? | | | | | | | |
| 3. Do healthcare personnel perform hand hygiene before and after palpating central line insertion sites? | | | | | | | |
| 4. Do healthcare personnel perform hand hygiene before insertion of central lines? | | | | | | | |
| 5. Is aseptic technique maintained during central line insertions? | | | | | | | |
| 6. Is clean skin prepared with >0.5% chlorhexidine with alcohol before central line insertion (or if chlorhexidine is contraindicated, tincture of iodine, an iodophor, or 70% alcohol as alternatives)? | | | | | | | |
| 7. Is the femoral vein avoided for central line insertion in adult patients? | | | | | | | |
| 8. Is ultrasound guidance used to reduce central line insertion attempts and mechanical complications? | | | | | | | |
| 9. Are central lines with the minimum number of ports or lumens essential for management of the patients used? | | | | | | | |
| 10. Are healthcare personnel empowered to stop non-emergent central line insertion if proper procedures are not followed? | | | | | | | |

| III. Proper Insertion Practices for Central Venous Catheters (“Central Lines”), Continued | Response | | | | | | Comments (and/or “As Evidenced By”) |
|---|----------|--------|-----------|-------|--------|---------|-------------------------------------|
| | Never | Rarely | Sometimes | Often | Always | Unknown | |
| 11. Are sutureless securement devices used to secure central lines? | | | | | | | |
| 12. Are central line insertion sites covered with either a sterile gauze or sterile, transparent, semipermeable dressing? | | | | | | | |
| 13. Are central lines replaced within 48 hours when adherence to aseptic technique cannot be ensured (i.e., catheters inserted during a medical emergency)? | | | | | | | |
| Do healthcare personnel performing central line insertion use the following maximal sterile barrier precautions: | | | | | | | |
| 14. Cap? | | | | | | | |
| 15. Mask? | | | | | | | |
| 16. Sterile gown? | | | | | | | |
| 17. Sterile gloves? | | | | | | | |
| 18. Sterile full body drape? | | | | | | | |
| 19. Sterile sleeve to protect pulmonary artery catheters? | | | | | | | <i>Not Applicable</i> |

| IV. Proper Maintenance Practices for Central Venous Catheters ("Central Lines") | Response | | | | | | Comments (and/or "As Evidenced By") |
|--|----------|--------|-----------|-------|--------|---------|-------------------------------------|
| | Never | Rarely | Sometimes | Often | Always | Unknown | |
| 1. Are central lines maintained and accessed only by trained personnel who have demonstrated competency? | | | | | | | |
| 2. Is hand hygiene performed before and after replacing, accessing, repairing, or dressing the catheter? | | | | | | | |
| 3. Are catheters accessed with only sterile devices? | | | | | | | |
| 4. Are access ports or hubs scrubbed immediately prior to use with an appropriate antiseptic (e.g., chlorhexidine, povidone iodine, an iodophor, or 70% alcohol)? | | | | | | | |
| 5. Are dressings changed using aseptic technique using clean or sterile gloves? | | | | | | | |
| 6. Is clean skin prepared with >0.5% chlorhexidine with alcohol during dressing changes (or if chlorhexidine is contraindicated, tincture of iodine, an iodophor, or 70% alcohol as alternatives)? | | | | | | | |
| 7. Are dressings that are wet, soiled, or dislodged immediately replaced? | | | | | | | |
| 8. For temporary central lines, are gauze dressings changed every 2 days or semipermeable transparent dressing at least every 7 days (except in pediatric patients in which the risk for dislodging the catheter may outweigh the benefit of changing the dressing)? | | | | | | | |
| 9. Are patients encouraged to report changes or new discomfort related to their central line? | | | | | | | |
| 10. Are insertion sites monitored visually during dressing changes or by palpation through intact dressing for tenderness or other signs/symptoms of infection regularly (e.g., daily)? | | | | | | | |

| IV. Proper Maintenance Practices for Central Venous Catheters (“Central Lines”), Continued | Response | | | | | | Comments (and/or “As Evidenced By”) |
|---|----------|--------|-----------|-------|--------|---------|-------------------------------------|
| | Never | Rarely | Sometimes | Often | Always | Unknown | |
| 11. Are administration sets that are used continuously in patients (those not receiving blood, blood products, or fat emulsions) replaced every 4 days to 7 days? | | | | | | | |
| 12. Is tubing used to administer blood, blood products, or fat emulsions replaced within 24 hours of initiating infusion? | | | | | | | |
| 13. Is tubing used to administer propofol infusions replaced every 6-12 hours, when the vial is changed, according to manufacturer’s recommendations? | | | | | | | |
| 14. Are needleless components changed at least as frequently as the administration set and no more frequently than every 72 hours (or according to manufacturer’s recommendations)? | | | | | | | <i>Not Applicable</i> |
| 15. Do personnel collecting blood cultures attempt to use peripheral sites before using the central line? | | | | | | | |

| V. Supplemental Strategies Note: Facilities might consider these strategies if CLABSI rate is not decreasing after successful implementation of core measures outlined in the preceding domains. | Response | | | | | | Comments (and/or “As Evidenced By”) |
|--|----------|--------|-----------|-------|--------|---------|-------------------------------------|
| | Never | Rarely | Sometimes | Often | Always | Unknown | |
| 1. Are antimicrobial/antiseptic impregnated catheters used for catheters expected to be in place > 5 days? | | | | | | | <i>Not Applicable</i> |
| 2. Are chlorhexidine-impregnated sponge dressings used for temporary short-term catheters in patients >2 months of age? | | | | | | | <i>Not Applicable</i> |
| 3. Are antiseptic-containing hub/connectors or cap/port protectors used to cover connectors? | | | | | | | <i>Not applicable</i> |
| 4. Is a 2% chlorhexidine wash used for daily bathing of ICU patients with central lines?* | | | | | | | <i>Not applicable</i> |
| *Note: Daily chlorhexidine bathing for patients > 2 months of age is considered a basic practice in the 2014 SHEA IDSA Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals (Found here) | | | | | | | |

Additional Comments/Observations (Please specify/describe in detail):

See [Instructions for Submission](#) on Page 1 for assistance.

** If unable to Submit, please Print and give to facility Point of Contact