# 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:**

| Do you have a **Desktop Email** Application? (e.g., Outlook, Windows Live Mail) | Do you have a **Web-Based Email** Address? (e.g., Gmail, Yahoo) | Are you having **trouble submitting**? (e.g., No email application, Firewall is blocking submission) |
|---|---|---|
| 1) Ensure there is a Return Email Address entered at the bottom of Page 1<br>2) Click SUBMIT<br>3) Select the top radio button (Desktop Email Application)<br>4) Click OK<br>*This will automatically generate an email with the completed form attached* | 1) Ensure there is a Return Email Address entered at the bottom of Page 1<br>2) Click SUBMIT<br>3) Select the bottom button (Webmail) and follow the prompts<br>**OR**<br>1) Copy the Return Email Address listed at the bottom of Page 1<br>2) Save the document to your computer<br>3) Open your web based email, attach the file, and send to the copied email address | 1) Click the PRINT button<br>2) Print to a local printer<br>3) Give completed form to your facility Point of Contact |

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**Instructions for Administration:**

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.

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

*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.*

**Return Email Address:**



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Survey Number:

Date of Assessment: _____

Facility Name or ID: _____

Facility Type: _____ Other, Please Specify: _____

Unit Name or ID: _____

Unit Type: _____

Title or Role of person completing tool: _____ Other, Please Specify: _____

Do you insert, assist with insertion of, or maintain central venous catheters ("central lines") as part of your work at this facility? ☐ Yes ☐ No

Years of experience at facility: _____ (Numeric Response)

## I. General Infrastructure, Capacity, and Processes

| | |
|---|---|
| 1. Does your facility's senior leadership actively promote CLABSI prevention activities? | ☐ Yes ☐ No ☐ Unknown |
| 2. Is unit-level leadership involved in CLABSI prevention activities? | ☐ Yes ☐ No ☐ Unknown |
| 3. Does your facility currently have a team/work group focusing on CLABSI prevention? | ☐ Yes ☐ No ☐ Unknown |
| 4. Does your facility have a staff person with dedicated time to coordinate CLABSI prevention activities? | ☐ Yes ☐ No ☐ Unknown |
| 5. Does your facility have a nurse champion for CLABSI prevention activities? | ☐ Yes ☐ No ☐ Unknown |
| 6. Does your facility have a physician champion for CLABSI prevention activities? | ☐ Yes ☐ No ☐ Unknown |
| 7. Does your facility have a central line insertion bundle? | ☐ Yes ☐ No ☐ Unknown |
| 8. Does your facility conduct an assessment to identify potential gaps when a CLABSI occurs? | ☐ Yes ☐ No ☐ Unknown |
| Comments: (Please specify question number as applicable) | |



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Survey Number:

## I. General Infrastructure, Capacity, and Processes (Continued)

| Training | |
|---|---|
| 9. Does your facility provide *training* on proper **insertion** of central lines for all healthcare personnel with this responsibility: | |
| A. Upon hire/during orientation? | ☐ Yes ☐ No ☐ Unknown |
| B. At least annually? | ☐ Yes ☐ No ☐ Unknown |
| C. When new equipment or protocols are introduced? | ☐ Yes ☐ No ☐ Unknown |
| 10. IF YES, does the *training* on proper **insertion** of central lines include: *(If you selected 'No' or 'Unknown' to question 9 above, select 'N/A')* | |
| A. Proper aseptic technique? | ☐ Yes ☐ No ☐ Unknown ☐ N/A |
| B. Maximal sterile barrier precautions? | ☐ Yes ☐ No ☐ Unknown ☐ N/A |
| C. Ultrasound guidance for insertion? | ☐ Yes ☐ No ☐ Unknown ☐ N/A |
| 11. Does your facility provide *training* on proper **maintenance** of central lines for all healthcare personnel with this responsibility: | |
| A. Upon hire/during orientation? | ☐ Yes ☐ No ☐ Unknown |
| B. At least annually? | ☐ Yes ☐ No ☐ Unknown |
| C. When new equipment or protocols are introduced? | ☐ Yes ☐ No ☐ Unknown |
| 12. IF YES, does the *training* on proper **maintenance** of central lines include: *(If you selected 'No' or 'Unknown' to question 11 above, select 'N/A')* | |
| A. Use of aseptic technique during routine dressing changes? | ☐ Yes ☐ No ☐ Unknown ☐ N/A |
| B. Use of needleless devices/connectors? | ☐ Yes ☐ No ☐ Unknown ☐ N/A |
| C. Use of aseptic technique while accessing a central venous catheter? | ☐ Yes ☐ No ☐ Unknown ☐ N/A |
| D. Technique for disinfecting the hub/connector prior to accessing (scrub the hub)? | ☐ Yes ☐ No ☐ Unknown ☐ N/A |
| E. Use of aseptic technique while accessing implanted ports? | ☐ Yes ☐ No ☐ Unknown ☐ N/A |
| F. Management of intravenous administration sets, including appropriate timing for changing? | ☐ Yes ☐ No ☐ Unknown ☐ N/A |
| Comments: (Please specify question number as applicable) | |

## I. General Infrastructure, Capacity, and Processes (Continued)

| **Competency Assessments**<br>* Competency assessment is defined as a process of ensuring that healthcare personnel demonstrate the minimum knowledge and skills needed to safely perform a task according to facility standards and policies. This may be done through direct observation by trained observers of personnel performing a simulated or an actual procedure. | |
|---|---|
| 13. Does your facility conduct *competency assessments* on proper **insertion** of central lines for all healthcare personnel with this responsibility:<br>A. Upon hire/during orientation?<br>B. At least annually?<br>C. When new equipment or protocols are introduced? | <br>☐ Yes ☐ No ☐ Unknown<br>☐ Yes ☐ No ☐ Unknown<br>☐ Yes ☐ No ☐ Unknown |
| 14. IF YES, do the *competency assessments* on proper **insertion** of central lines include: *(If you selected 'No' or 'Unknown' to question 13 above, select 'N/A')*<br>A. Proper aseptic technique?<br>B. Maximal sterile barrier precautions?<br>C. Ultrasound guidance for insertion? | <br>☐ Yes ☐ No ☐ Unknown ☐ N/A<br>☐ Yes ☐ No ☐ Unknown ☐ N/A<br>☐ Yes ☐ No ☐ Unknown ☐ N/A |
| 15. Does your facility conduct *competency assessments* on proper **maintenance** of central lines for all healthcare personnel with this responsibility:<br>A. Upon hire/during orientation?<br>B. At least annually?<br>C. When new equipment or protocols are introduced? | <br>☐ Yes ☐ No ☐ Unknown<br>☐ Yes ☐ No ☐ Unknown<br>☐ Yes ☐ No ☐ Unknown |
| 16. IF YES, do *competency assessments* on proper **maintenance** of central lines include: *(If you selected 'No' or 'Unknown' to question 15 above, select 'N/A')*<br>A. Use of aseptic technique during routine dressing changes?<br>B. Use of needleless devices/connectors?<br>C. Use of aseptic technique while accessing a central venous catheter?<br>D. Technique for disinfecting the hub/connector prior to accessing (scrub the hub)?<br>E. Use of aseptic technique while accessing implanted ports?<br>F. Management of intravenous administration sets, including appropriate timing for changing? | <br>☐ Yes ☐ No ☐ Unknown ☐ N/A<br>☐ Yes ☐ No ☐ Unknown ☐ N/A<br>☐ Yes ☐ No ☐ Unknown ☐ N/A<br>☐ Yes ☐ No ☐ Unknown ☐ N/A<br>☐ Yes ☐ No ☐ Unknown ☐ N/A<br>☐ Yes ☐ No ☐ Unknown ☐ N/A |
| Comments: | |

## I. General Infrastructure, Capacity, and Processes (Continued)

| **Audits** | |
|---|---|
| *Audit is defined as monitoring (typically by direct observation) and documenting healthcare personnel adherence to facility policies.<br>** For personnel given the responsibility to insert, assist with insertion, or maintain central venous catheters ("central lines").<br><br>**Does your facility routinely <u>audit</u> (monitor and document) adherence of all healthcare personnel with responsibility for performing the tasks below to:** | |
| 17. Central line insertion documentation (e.g., date, procedure, complications)? | ☐ Yes ☐ No ☐ Unknown |
| 18. Documentation of daily assessment of the need for central venous catheter access? | ☐ Yes ☐ No ☐ Unknown |
| 19. Proper central line **insertion** practices? | ☐ Yes ☐ No ☐ Unknown |
| 20. Proper central line **maintenance** practices? | ☐ Yes ☐ No ☐ Unknown |
| Comments: (Please specify question number as applicable) | |

| **Feedback**<br>**Does your facility routinely provide feedback data to healthcare personnel on:** | |
|---|---|
| 21. CLABSI rates and/or standardized infection ratios (SIR)? | ☐ Yes ☐ No ☐ Unknown |
| 22. Central line device utilization ratios (DUR)? | ☐ Yes ☐ No ☐ Unknown |
| Comments: (Please specify question number as applicable) | |

## II. Appropriate Use of Central Venous Catheters ("Central Lines")

| | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|---|---|---|---|---|---|
| 1. Do ordering providers document an indication 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? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comments: (Please specify question number as applicable) | | | | | | |

## III. Proper Insertion Practices for Central Venous Catheters ("Central Lines")

| | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|---|---|---|---|---|---|
| 1. Does your facility ensure that all 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. Are only credentialed providers permitted to insert central lines? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Do healthcare personnel perform hand hygiene following palpation of the site, immediately prior to donning sterile gloves for insertion? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Is aseptic technique maintained during routine central line insertions? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comments: (Please specify question number as applicable) | | | | | | |

## III. Proper Insertion Practices for Central Venous Catheters ("Central Lines") (Continued)

| | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|---|---|---|---|---|---|
| 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 real-time ultrasound used to guide placement of central lines? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. Are central lines with the minimum number of ports or lumens used? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. Are healthcare personnel empowered to stop non-emergent central line insertion if proper procedures are not followed? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comments: (Please specify question number as applicable) | | | | | | |

| | Never | Rarely | Sometimes | Often | Always | Unknown | |
|---|---|---|---|---|---|---|---|
| 10. Are suture-less securement devices used to hold central lines in place? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 11. Are central line insertion sites covered with either a sterile gauze or sterile, transparent, semipermeable dressing? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 12. Are central lines replaced within 48 hours when adherence to aseptic technique cannot be ensured (i.e., catheters inserted emergently)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 13. Are chlorhexidine-impregnated dressings used for short-term, non-tunneled central lines in patients ≥ 18 years of age?<br>*Note: Chlorhexidine-impregnated dressings may not be necessary if facility is demonstrating success preventing CLABSIs with their current prevention practices. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ N/A |
| Comments: (Please specify question number as applicable) | | | | | | | |



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## III. Proper Insertion Practices for Central Venous Catheters ("Central Lines") (Continued)

| **Do healthcare personnel use the following maximal sterile barrier precautions when performing central line insertion:** | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|---|---|---|---|---|---|
| 14. Cap? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. Mask? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. Sterile gown? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. Sterile gloves? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18. Sterile full body drape? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comments: (Please specify question number as applicable) | | | | | | |

## IV. Proper Maintenance Practices for Central Venous Catheters ("Central Lines")

| | 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 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 (e.g., using clean or sterile gloves)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comments: (Please specify question number as applicable) | | | | | | |

## IV. Proper Maintenance Practices for Central Venous Catheters ("Central Lines") (Continued)

| | Never | Rarely | Sometimes | Often | Always | Unknown | |
|---|---|---|---|---|---|---|---|
| 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 immediately replaced when wet, soiled, or dislodged? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 8. For short-term, non-tunneled central lines, are gauze dressings changed every 2 days or semipermeable transparent dressings changed at least every 7 days (except in certain 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 chlorhexidine-impregnated dressings used for short-term, non-tunneled central lines in patients ≥ 18 years of age?<br>*Note: Chlorhexidine-impregnated dressings may not be necessary if facility is demonstrating success preventing CLABSIs with their current prevention practices. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ N/A |

Comments: (Please specify question number as applicable)

## IV. Proper Maintenance Practices for Central Venous Catheters ("Central Lines") (Continued)

| | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|---|---|---|---|---|---|
| 11. Are insertion sites routinely monitored for tenderness/other signs of infection visually during dressing changes or by palpation through intact dressing? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. Are administration sets that are used continuously (in patients not receiving blood, blood products, or fat emulsions), replaced every 4 days to 7 days? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13. Is tubing used to administer blood, blood products, or fat emulsions replaced within 24 hours of initiating infusion? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. Is tubing used to administer propofol infusions replaced every 6-12 hours, when the vial is changed, according to manufacturer's recommendations? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. 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)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. Do personnel collecting blood cultures attempt to use peripheral sites before using the central line, unless clinically indicated? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comments: (Please specify question number as applicable) | | | | | | |



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Survey Number:

## V. Supplemental Strategies

Note: Facilities might consider these strategies if CLABSI rate does not decrease after successful implementation of core measures outlined in the previous domains.

| | Never | Rarely | Sometimes | Often | Always | Unknown | |
|---|---|---|---|---|---|---|---|
| 1. Are antimicrobial/antiseptic impregnated catheters used when expected to be in place > 5 days? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ N/A |
| 2. Are antiseptic-containing hub/connectors cap/port protectors used at your facility? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ N/A |
| 3. Is a 2% chlorhexidine wash used for daily bathing of ICU patients with central lines?<br><br>*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 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ N/A |
| Comments: (Please specify question number as applicable) | | | | | | | |

Additional Comments/Observations:

See Instructions for Submission on Page 1 for assistance.

**Submit**

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

**Print**

**Clear Responses**



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