#  Infection Prevention and Control Assessment Tool for Hemodialysis Facilities

This tool is intended to assist in the assessment of infection control programs and practices in dialysis facilities. In order to complete the assessment, direct observation of infection control practices will be necessary. To facilitate the assessment, health departments are encouraged to share this tool with facilities in advance of their visit.

Dialysis facilities that report to NHSN complete an *Outpatient Dialysis Center Practices Survey* each year. The survey responses can be accessed in NHSN or the facility can be asked to retrieve and print their completed NHSN survey in advance of the site visit. The elements included on this assessment tool are intended to complement the NHSN survey. For facilities that do not report to NHSN, consider asking the facility to complete the practice elements of the survey.

**Overview**

**Section 1: Facility Demographics**

**Section 2: Infection Control Program and Infrastructure**

**Section 3: Direct Observation of Facility Practices**

**Section 4: Infection Control Guidelines and Other Resources**

**Infection Control Domains for Gap Assessment**

1. Infection Control Program and Infrastructure
2. Infection Control Training, Competency, and Audits
3. Healthcare Personnel (HCP) Safety
4. Surveillance and Disease Reporting
5. Respiratory Hygiene/Cough Etiquette
6. Personal Protective Equipment (PPE)
7. Environmental Cleaning
8. Dialyzer Reuse and (if applicable) Reprocessing
9. Hand Hygiene
10. Catheter and other Vascular Access Care
11. Injection Safety

V1-4

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| **Section 1: Facility Demographics**  |
| Facility Name (for health department use only) |  Click here to enter text. |
| NHSN Facility Organization ID (for health department use only) |  Click here to enter text. [ ]  N/A because not CMS-certified or other reason, specify: Click here to enter text. |
| State-assigned Unique ID |  Click here to enter text. |
| Date of Assessment |  Click here to enter a date. |
| Type of Assessment | [ ]  On-site [ ]  Other (specify): Click here to enter text. |
| Rationale for Assessment (Select all that apply) | [ ]  Outbreak [ ]  Input from ESRD Network or state survey agency[ ]  NHSN data  Specify: [ ]  BSI [ ]  Other NHSN data, specify: Click here to enter text.[ ]  Other reason (specify): Click here to enter text. |
| Is the facility affiliated with a hospital? | [ ]  Yes (specify): Click here to enter text. (for health department use only)[ ]  No If yes, who provides staffing for the facility?[ ]  Hospital staff[ ]  Contract with a dialysis company[ ]  Other (specify): Click here to enter text. |
| Does the facility belong to a dialysis chain? | [ ]  Yes (specify chain below) [ ]  DaVita [ ]  Fresenius Medical Care [ ]  Dialysis Clinic, Inc. (DCI) [ ]  Other (specify): Click here to enter text.[ ]  No  |
| What services are offered at the facility?(Select all that apply) | [ ]  Adult in-center hemodialysis[ ]  Pediatric in-center hemodialysis[ ]  Home hemodialysis[ ]  Nocturnal hemodialysis[ ]  Peritoneal dialysis [ ]  Inpatient hemodialysis (in addition to outpatient hemodialysis)  |
| What is the typical patient census? (include all dialysis patients cared for by the facility) | [ ]  1-25 [ ]  76-100 [ ]  >200 [ ]  26-50 [ ]  101-150 [ ]  51-75 [ ]  151-200  |

**Section 2: Infection Control Program and Infrastructure**

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| 1. Infection Control Policies and Infrastructure
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. What training does the person in charge of infection control *at the facility* have?

*Select the best answer* | [ ]  Certified in Infection Control (CIC) [ ]  Other training in infection control (specify): Click here to enter text. [ ]  No specific training in infection control[ ]  Not Applicable (no person in charge of infection control at the facility)  | Click here to enter text. |
| 1. Is the facility participating in their ESRD Network Healthcare-Associated Infection (HAI) Quality Improvement Activity (QIA)?
 | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Has the facility participated in the CDC Dialysis BSI Prevention Collaborative?
 | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. In the past 2 years, has the facility participated in any other intensive program focused on HAI prevention? (e.g., clinical trial, company-led quality improvement project)
 | [ ]  Yes (specify): Click here to enter text.[ ]  No  | Click here to enter text. |
| 1. Does the facility have a system for early detection and management of potentially infectious persons at initial points of patient encounter?

*Note: This question does not refer to viral hepatitis (B or C) or vaccination status of patients. This question refers to the recognition of uncontrolled diarrhea, draining infected wounds, acute respiratory infection or influenza-like illness, and determination of travel history.*  | [ ]  Yes (specify one below):[ ]  System applies prior to arrival or immediately upon entering the dialysis facility (i.e., at check-in or while in waiting room)[ ]  System applies when patient arrives in dialysis treatment area (i.e. patient in dialysis treatment station)[ ]  No  | Click here to enter text. |
| 1. Does the facility have a policy/protocol for implementing Contact Precautions when warranted?

*Note: CDC does not routinely recommend Contact Precautions for multidrug resistant organisms (MDROs) in dialysis clinics. However, in certain circumstances (e.g., known or suspected MDRO transmission), Contact Precautions may be necessary.* | [ ]  Yes [ ]  No  | Click here to enter text. |
| I. Infection Control Policies and Infrastructure, continued |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Are there signs posted in patient areas within the facility that encourage patients to take an active role in and express their concerns about facility infection control practices?

*Visual confirmation suggested.* *Note: Look for signs in the facility that encourage patients to speak up and actively report infection control problems. Consider if the facility encourages active patient engagement in other ways.* | [ ]  Yes [ ]  No  | [ ]  Visually confirmedClick here to enter text. |
| 1. Facility provides standardized education to all patients on infection prevention topics:
2. Vascular access care
 | 1. [ ]  Yes [ ]  No
 | Click here to enter text. |
| ii. Hand hygiene | 1. [ ]  Yes [ ]  No
 | Click here to enter text. |
| iii. Risks related to catheter use | 1. [ ]  Yes [ ]  No
 | Click here to enter text. |
| 1. Recognizing signs of infection
 | 1. [ ]  Yes [ ]  No
 | Click here to enter text. |
| 1. Instructions for access management when away from the dialysis unit

*Facility should be able to provide examples of education materials.* | 1. [ ]  Yes [ ]  No
 | Click here to enter text. |
| 1. What is the distance separating adjacent dialysis treatment stations?

*Involves observation. Select 2 adjacent and representative stations. Measure the closest distance between items belonging to one station (e.g., machine/chair/objects) and items belonging to the next station. If one computer charting terminal is shared between two adjacent stations, report this as < 3 feet.* *Note: CDC has no recommendation regarding separation of dialysis stations. This question facilitates awareness regarding challenges to infection control in dialysis centers; education and discussion about potential strategies given physical constraints might be appropriate. We do not expect grantees to routinely recommend changes to physical infrastructure purely to achieve 6 feet of separation between stations (however as planning for new stations and centers evolve this could be taken into consideration).* | [ ]  < 3 feet[ ]  Shared computer charting terminal[ ]  ≥ 3 feet and <6 feet[ ]  ≥ 6 feet  | [ ]  Visually confirmedClick here to enter text. |

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| I. Infection Control Policies and Infrastructure, continued |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. If shared computer charting terminal, what is the policy/protocol for routinely cleaning the shared computer terminal?

*Select the best answer**Note: Due to potential cross-contamination and challenges with proper cleaning/disinfection, facilities should consider alternatives to shared computer charting terminals.*  | [ ]  Shared computer terminal is cleaned after each patient[ ]  Shared computer terminal is cleaned after each shift[ ]  Shared computer terminal is cleaned at the end of each day[ ]  Other (specify): Click here to enter text.[ ]  N/A, facility does not have a policy/protocol for routinely cleaning the shared computer terminal | Click here to enter text. |
| 1. Does the facility have an isolation room that is available for isolation of conditions other than hepatitis B?

(i.e., not currently in use for hepatitis B patients)?*Visual confirmation suggested.* | [ ]  Yes [ ]  No  | [ ]  Visually confirmedClick here to enter text. |
| 1. Does the facility use hemodialysis machine Waste Handling Option (WHO) ports?

*Note: The WHO port is a machine port used for prime waste.* | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. If **Yes**: Does the facility have a policy/protocol in place for disinfecting the WHO port?

*If Yes, consider how is the policy implemented and enforced.* | [ ]  Yes [ ]  No [ ]  Not Applicable (WHO ports are not used at the facility)  | Click here to enter text. |
| 1. Are patients in the facility ever “bled onto the machine” (i.e., where blood is allowed to reach or almost reach the prime waste receptacle or WHO port)?

*Note: This practice is discouraged because it can result in patient blood loss and blood contamination of the environment.* | [ ]  Yes [ ]  No  | Click here to enter text. |

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| 1. Infection Control Training, Competency, and Audits
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Facility provides job-specific training to healthcare personnel (HCP) on infection prevention policies and procedures:

i. Upon hire, prior to provision of care | i. [ ]  Yes [ ]  No  | Click here to enter text. |
| ii. Annually*Note: This includes those employed by outside agencies and available by contract or on a volunteer basis to the facility.**If Yes, facility should be able to provide examples of training.* | ii. [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Facility assesses and documents competency with job-specific infection prevention policies and procedures:

i. Upon hire, prior to provision of care | i. [ ]  Yes [ ]  No  | Click here to enter text. |
| ii. Annually | ii. [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Does the facility routinely conduct audits of staff infection control practice?
 | [ ]  Yes (facility should be able to show results of these audits)[ ]  No  | Click here to enter text. |
| 1. If **Yes:** Does the facility provide feedback on adherence to clinical staff?
 | [ ]  Yes (facility should be able to provide examples of feedback)[ ]  No  [ ]  Not applicable (no audits conducted) | Click here to enter text. |
| 1. Does the facility routinely use standardized tools for educating staff and/or assessing practice?

(Select all that apply)*Should be able to view tools in the facility.* | [ ]  AHRQ/CMS Checklist Tools[ ]  CDC Tools[ ]  Corporate Tools[ ]  No standardized tools used  | Click here to enter text. |

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| II. Infection Control Training, Competency, and Audits |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. If CDC tools, indicate the tool(s) used

(Select all that apply) | [ ]  CDC Video: Preventing BSIs in Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff[ ]  CDC Approach to BSI Prevention in Dialysis Facilities (i.e., Core Interventions for Dialysis BSI Prevention)[ ]  CDC Hemodialysis Central Venous Catheter Scrub-the-Hub ProtocolCDC Dialysis audit tools: [ ]  Hand hygiene [ ]  Catheter connection & disconnection[ ]  Catheter exit site care[ ]  Arteriovenous fistula & graft cannulation and decannulation[ ]  Injectable medication preparation & administration[ ]  Routine disinfection of dialysis stationCDC Dialysis checklists: [ ]  Catheter connection & disconnection[ ]  Catheter exit site care[ ]  Arteriovenous fistula & graft cannulation and decannulation[ ]  Injectable medication preparation & administration[ ]  Routine disinfection of dialysis station[ ]  Other (specify): Click here to enter text.[ ]  N/A, no CDC tools used | Click here to enter text. |

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| 1. Healthcare Personnel (HCP) Safety
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Does the facility provide post-exposure evaluation and follow-up, including prophylaxis as appropriate, to healthcare personnel (HCP) at no cost following an exposure event?
 | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Does the facility track HCP exposure events, evaluate event data and develop/implement corrective action plans to reduce incidence of such events?
 | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Does the facility offer hepatitis B vaccine to personnel who may be exposed to blood or body fluids through their job duties?
 | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Does the facility offer influenza vaccine to all personnel?
 | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Does the facility conduct baseline tuberculosis (TB) screening of HCP?
 | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Does the facility have work-exclusion policies that encourage reporting of illnesses and do not penalize with loss of wages, benefits, or job status?
 | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Does the facility educate HCP on prompt reporting of illness or job-related injury to supervisor and/or occupational health?
 | [ ]  Yes [ ]  No  | Click here to enter text. |

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| 1. Surveillance and Disease Reporting
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Does someone *in the facility* know the facility’s bloodstream infection (BSI) rate in NHSN or BSI standardized infection ratio (SIR)?
 | [ ]  Yes [ ]  No [ ]  Not Applicable (Data are not reported to NHSN)  | Click here to enter text. |
| 1. Does the facility routinely share rate data with front-line clinical staff?
 | [ ]  Yes [ ]  No [ ]  Not Applicable (Data are not reported to NHSN)  | Click here to enter text. |
| 1. Does the facility have a policy that mandates blood culture collection *before* antimicrobial administration any time a BSI is suspected?

*If yes, consider how is the policy implemented and enforced* | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Does the facility conduct routine screening of hemodialysis patients for hepatitis C antibody at the recommended interval?
 | [ ]  Yes, on admission and every 6 months thereafter for susceptible patients[ ]  No  | Click here to enter text. |
| 1. Does the facility know how to report clusters of infections, adverse events, or a new hepatitis B/C case to public health?
 | [ ]  Yes, knows what to report and how [ ]  No  | Click here to enter text. |
| 1. Does the facility have a system in place to communicate infection or colonization with a multidrug resistant organism (MDRO) to other healthcare facilities upon transfer?
 | [ ]  Yes [ ]  No  | Click here to enter text. |

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| 1. Respiratory Hygiene/Cough Etiquette
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| **In non-clinical areas:** |
| 1. Does the facility have signs posted at entrances with instructions to patients with symptoms of respiratory infection to:
* Cover their mouth/nose when coughing or sneezing?
* Use and dispose of tissues?
* Perform hand hygiene after contact with respiratory secretions?
 | [ ]  Yes [ ]  No  | [ ]  Visually confirmedClick here to enter text. |
| 1. Does the facility provide a means for patients to perform hand hygiene in or near waiting areas?
 | [ ]  Yes [ ]  No  | [ ]  Visually confirmedClick here to enter text. |
| 1. Does the facility provide space and encourage persons with symptoms of respiratory infection to sit as far away from others as possible?
 | [ ]  Yes [ ]  No  | [ ]  Visually confirmedClick here to enter text. |
| 1. Does the facility provide tissues and no-touch receptacles for disposal of tissues?

*Applies during periods of increased respiratory infections in the community* | [ ]  Yes [ ]  No [ ]  Not Applicable (Not a period of increased respiratory infections) | [ ]  Visually confirmedClick here to enter text. |
| 1. Does the facility offer facemasks upon facility entry to patients with symptoms of respiratory infection?

*Applies during periods of increased respiratory infections in the community* | [ ]  Yes [ ]  No [ ]  Not Applicable (Not a period of increased respiratory infections)  | [ ]  Visually confirmedClick here to enter text. |
| **In clinical areas:** |
| 1. Does the facility have the ability to separate symptomatic patients (by at least 6 feet) from other patients and their stations during dialysis treatment?
 | [ ]  Yes [ ]  No  | [ ]  Visually confirmedClick here to enter text. |

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| 1. Personal Protective Equipment (PPE)
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Facility provides job-specific training to HCP on proper selection and use of PPE:

i. Upon hire, prior to provision of care  | i. [ ]  Yes [ ]  No | Click here to enter text. |
| ii. Annually  | ii. [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Does the facility validate HCP competency with use of PPE?
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Supplies necessary for adherence to PPE recommendations are available and strategically located in or near patient care areas:
2. Gloves
 | i. [ ]  Yes [ ]  No | [ ]  Visually confirmedClick here to enter text. |
| 1. Gowns
 | ii. [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Face Shields/Eye Protection
 | iii. [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Face Masks

*Visual confirmation suggested.* | iv. [ ]  Yes [ ]  No[ ]  Not Applicable (facility does not use face masks) | Click here to enter text. |
| 1. Does the facility have a policy/protocol for staff to routinely change/launder gowns (in the absence of soilage)?

*Select the best answer**Note: This question applies to patients in the general treatment area, not patients in isolation.* | [ ]  Yes (specify one below): [ ]  At the end of the shift[ ]  At the end of the day[ ]  Other (specify):Click here to enter text.[ ]  No | Click here to enter text. |

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| 1. Environmental Cleaning
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Does the facility have written policies and procedures for routine cleaning and disinfection of environmental surfaces, including clearly defining responsible personnel?

*Note: Policy and procedures should identify staff responsible for performing cleaning and disinfection as well as those responsible for selection and preparation of disinfectant solution(s).*  | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Does the facility provide job-specific training to responsible personnel on environmental cleaning and disinfection upon hire, at least annually, and when policies/procedures change?

*Note: If environmental cleaning is performed by contract personnel, facility should verify this is provided by contracting company.* | [ ]  Yes [ ]  No | Click here to enter text. |

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| 1. Environmental Cleaning, continued
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Does the facility routinely audit (monitor and document) adherence to cleaning and disinfection procedures?
 | [ ]  Yes (facility should be able to show results of these audits)[ ]  No  | Click here to enter text. |
| 1. Does the facility have a policy/procedure for decontamination of spills of blood or other body fluids?
 | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. If **Yes:** Are supplies necessary to clean the blood spill (e.g., proper disinfectant or spill kit) readily available and strategically located near dialysis stations?

*Visual confirmation suggested.* | [ ]  Yes [ ]  No[ ]  Not Applicable (facility does not have a policy for decontamination of spills of blood or other body fluids) | [ ]  Visually confirmedClick here to enter text. |
| 1. Does the facility have a policy/procedure for routinely emptying AND cleaning reusable waste containers (e.g. leak-proof containers used for disposal of used dialyzers and tubing)?
2. Emptying
 | i. [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Cleaning
 | ii. [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Does the facility have policies and procedures to ensure reusable medical devices (e.g., thermometers, stethoscopes, blood pressure cuffs) are cleaned appropriately between patients?
 | [ ]  Yes [ ]  No[ ]  Not Applicable (no reusable medical devices are used at the facility) | Click here to enter text. |
| 1. Does the facility have policies and procedures for routinely cleaning and disinfecting the following items:
2. Dialysis Clamps
 | i. [ ]  Yes [ ]  No[ ]  Not Applicable (facility does not use dialysis clamps) | Click here to enter text. |
| 1. Blood Glucose Monitor(s)
 | ii. [ ]  Yes [ ]  No[ ]  Not Applicable (facility does not use blood glucose monitor(s)) | Click here to enter text. |
| 1. Dialysate Conductivity/pH meter(s)
 | iii. [ ]  Yes [ ]  No[ ]  Not Applicable (facility does not use dialysate conductivity/pH meter(s)) | Click here to enter text. |

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| 1. Dialyzer Reuse and Reprocessing
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Does the facility reuse dialyzers?

*Note: If the facility reprocesses dialyzers on-site, consider performing observations of dialyzer reprocessing.* | [ ]  Yes (specify):[ ]  Dialyzers are reprocessed on-site[ ]  Dialyzers are reprocessed off-site[ ]  No *\*If No, skip to Hand Hygiene\**  | Click here to enter text. |
| **A. If Yes, complete the following section. Questions 2 & 3 apply to all facilities that reuse dialyzers--reprocessing can be on- or off-site.**  |
| 1. Does the facility document informed consent for patients who participate in dialyzer reuse?

*Visual confirmation suggested.* | [ ]  Yes (facility should be able to provide informed consent document)[ ]  No [ ]  Not Applicable (Facility does not reuse dialyzers) | [ ]  Visually confirmedClick here to enter text. |
| 1. Does the facility have policies and procedures to ensure that dialyzers are cleaned and reprocessed appropriately prior to reuse?

*Note: If reprocessing is performed off-site, facility policies and procedures should address safe handling of used dialyzers prior to reprocessing and assessment of disinfection process after reprocessing.*  | [ ]  Yes [ ]  No [ ]  Not Applicable (Facility does not reuse dialyzers)  | Click here to enter text. |
| **B. If answered Yes to Question 1 and dialyzers are reprocessed on site, complete the following section. Questions 4-7 apply to facilities that perform dialyzer reprocessing on-site. \*Consider performing observations of dialyzer reprocessing.\*** |
| 1. Does the facility train personnel responsible for reprocessing dialyzers on proper selection and use of PPE and recommended steps for reprocessing equipment?
 | [ ]  Yes [ ]  No [ ]  Not Applicable (Facility does not reuse dialyzers or dialyzer reprocessing performed off-site)  | Click here to enter text. |
| 1. Does the facility test the competency of personnel responsible for reprocessing dialyzers upon hire and at least annually?
 | [ ]  Yes [ ]  No [ ]  Not Applicable (Facility does not reuse dialyzers or dialyzer reprocessing performed off-site)  | Click here to enter text. |
| 1. Does the facility routinely audit (monitor and document) adherence to reprocessing procedures and provide feedback to personnel regarding their performance?
 | [ ]  Yes (facility should be able to show results of these audits)[ ]  No [ ]  Not Applicable (Facility does not reuse dialyzers or dialyzer reprocessing performed off-site) | Click here to enter text. |
| 1. Does the facility perform routine maintenance for reprocessing equipment (e.g., automated reprocessors) by qualified personnel in accordance with manufacturer instructions?

*Confirm maintenance records are available.* | [ ]  Yes [ ]  No [ ]  Not Applicable (specify): [ ]  Only manual reprocessing methods used[ ]  Facility does not reuse dialyzers or dialyzer reprocessing performed off-site  | Click here to enter text. |

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| 1. Hand Hygiene
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Supplies necessary for adherence to hand hygiene recommendations are available, maintained in a clean and sanitary manner, and strategically located near dialysis stations.
 |  | [ ]  Visually confirmed |
| 1. Alcohol-based hand gel
 | i. [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Handwashing sinks
 | ii. [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Soap
 | iii. [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Paper Towels

*Visual confirmation suggested.* | iv. [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Does the facility perform observations of staff hand hygiene opportunities monthly (or more frequently)?
 | [ ]  Yes (facility should be able to show results of these observations)[ ]  No  | Click here to enter text. |
| 1. If **Yes:** Does the facility routinely provide feedback on adherence to clinical staff?
 | [ ]  Yes (facility should be able to provide examples of feedback)[ ]  No [ ]  Not Applicable (No observations conducted) | Click here to enter text. |

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| 1. Catheter and other Vascular Access Care
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Does the facility routinely provide training specific to catheter/vascular access care and aseptic technique for staff handling catheters and/or vascular accesses?
 | [ ]  Yes (facility should be able to provide examples of training)[ ]  No  | Click here to enter text. |
| 1. Does the facility perform observations of staff vascular access care and catheter accessing practices quarterly (or more frequently)?
 | [ ]  Yes (facility should be able to show results of these observations)[ ]  No  | Click here to enter text. |
| 1. If **Yes**: Does the facility routinely provide feedback on adherence to clinical staff?
 | [ ]  Yes (facility should be able to provide examples of feedback)[ ]  No [ ]  Not Applicable (No observations conducted) | Click here to enter text. |

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| X. Catheter and other Vascular Access Care, continued |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Facility performs staff competency assessments for vascular access care and catheter accessing:

i. Upon hire, prior to provision of care | i. [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Annually
 | ii. [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Does the facility use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent during dressing changes of catheters?

*Visual confirmation suggested.* | [ ]  Yes [ ]  No | [ ]  Visually confirmedClick here to enter text. |
| 1. Does the facility routinely apply an antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing changes?

*Visual confirmation suggested.**Note: CDC recommends using povidone iodine ointment or bacitracin/gramicidin/polymyxin B ointment (not currently available in the United States). Triple antibiotic ointment (bacitracin/neomycin/polymyxin B) is available and might have a similar benefit. Mupirocin ointment is not recommended due to concerns about development of antimicrobial resistance.* | [ ]  Yes [ ]  No (specify one below):[ ]  No ointment used, but chlorhexidine dressing used[ ]  Neither ointment nor chlorhexidine dressing used | [ ]  Visually confirmedClick here to enter text. |
| 1. Does the facility routinely scrub catheter hubs with appropriate antiseptic after the caps are removed and before accessing the catheter?

*Visual confirmation suggested.* | [ ]  Yes [ ]  No[ ]  Not Applicable (Facility uses needleless connector devices) | [ ]  Visually confirmedClick here to enter text. |
| 1. If **N/A** (facility uses needleless connector devices), does the facility routinely scrub the catheter hubs when the needless connectors are removed?
 | [ ]  Yes [ ]  No[ ]  Not Applicable (Facility does not use needleless connector devices) | Click here to enter text. |

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| 1. Injection Safety
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| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| 1. Supplies necessary for adherence to safe injection practices are available.

*Visual confirmation suggested.* |  | [ ]  Visually confirmed |
| 1. Sharps containers (strategically located near dialysis stations)
 | i. [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Needles/cannulae with safety feature
 | ii. [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Does the facility have policies/procedures to ensure sharps containers are emptied and/or changed on a regular basis and when needed?
 | [ ]  Yes [ ]  No | Click here to enter text. |
| 1. Does the facility use a clean room that is physically separate from the treatment area for storage and preparation of injectable medications?

*Visual confirmation suggested.* | [ ]  Yes [ ]  No | [ ]  Visually confirmedClick here to enter text. |
| 1. If **No**, is there a room available in the facility that could be used for storage and preparation of injectable medications?
 | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Does the facility have a policy/procedure for routinely cleaning surface(s) where injectable medications are prepared?
 | [ ]  Yes [ ]  No  | Click here to enter text. |
| 1. Does the facility use manufacturer pre-filled saline syringes or single-use saline vials for flushes?

*Visual confirmation suggested.* | [ ]  Yes [ ]  No (specify one below): [ ]  Flushes are drawn from the patient’s designated saline bag used for dialysis[ ]  Flushes are drawn up from the patient’s dialysis line[ ]  Flushes are drawn from a common saline bag used for all patients[ ]  Other (specify): Click here to enter text. | [ ]  Visually confirmedClick here to enter text. |

**Section 3: Direct Observation of Facility Practices**

Certain infection control lapses (e.g., reuse of syringes on more than one patient or to access a medication container that is used for subsequent patients; reuse of lancets) can result in blood borne pathogen transmission and should be halted immediately. Identification of such lapses warrants appropriate notification and testing of potentially affected patients.

*\*National Healthcare Safety Network (NHSN) minimum plan requirements for each audit type are included as a number of minimum observations to consider.*

|  |
| --- |
| **Infection Control Observations** |
| **Infection Control Observations** | **Adherence: num/denom** | **Gaps Identified** | **Comments** |
| (i) Hand hygiene<http://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-Hand-Hygiene-Observations.pdf>*\*NHSN minimum requirement = 30 observations* | NumeratorDenominator | [ ]  Yes[ ]  No | Click here to enter text. |
| (ii) Catheter connection and disconnection<http://www.cdc.gov/dialysis/PDFs/collaborative/Catheter-Connection-Disconnection-Observations.pdf>*\*NHSN minimum requirement = 10 observations* | NumeratorDenominator | [ ]  Yes[ ]  No | Click here to enter text. |
|  (iii) Catheter exit site care<http://www.cdc.gov/dialysis/PDFs/collaborative/Catheter-Exit-Site-Care-Observations.pdf>*\*NHSN minimum requirement = 5 observations* | NumeratorDenominator | [ ]  Yes[ ]  No | Click here to enter text. |
|  (iv) Arteriovenous fistula & graft cannulation\*\*\*\*Only include cannulation observations. Decannulation observations should not be included.<http://www.cdc.gov/dialysis/PDFs/collaborative/AV-Fistula-Graft-Can-Decannulation-Observations-AT.pdf>*\*NHSN minimum requirement = 10 observations* | NumeratorDenominator | [ ]  Yes[ ]  No | Click here to enter text. |
| (v) Injectable medication preparation <http://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-InjectionSafety-Observations.pdf>*\*NHSN minimum requirement = 5 observations* | NumeratorDenominator | [ ]  Yes[ ]  No | Click here to enter text. |
| (vi) Injectable medication administration <http://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-InjectionSafety-Observations.pdf>*\*NHSN minimum requirement = 5 observations* | NumeratorDenominator | [ ]  Yes[ ]  No | Click here to enter text. |
| (vii) Routine disinfection of dialysis station<http://www.cdc.gov/dialysis/PDFs/dialysis-Station-Disinfect-Tool-7-2015.pdf>*\*NHSN minimum requirement = 10 observations* | NumeratorDenominator | [ ]  Yes[ ]  No | Click here to enter text. |

 **Section 4: Infection Control Guidelines and Other Resources**

*Check the boxes next to the guidelines/resources recommended for the facility as a result of this assessment.*

[ ]  Infection prevention resources for dialysis settings: <http://www.cdc.gov/dialysis/>

[ ]  Relevant guidelines: <http://www.cdc.gov/dialysis/guidelines/index.html>

[ ]  CDC Recommendations for Preventing Transmission in Chronic Hemodialysis Patients: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5005a1.htm>

[ ]  Prevention tools, including checklists and audit tools: <http://www.cdc.gov/dialysis/prevention-tools/index.html>

[ ]  CDC Approach to BSI Prevention in Dialysis Facilities (i.e., the Core Interventions for Dialysis BSI Prevention): <http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html>

[ ]  CDC hemodialysis central venous catheter Scrub-the-Hub Protocol: <http://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-Central-Venous-Catheter-STH-Protocol.pdf>

[ ]  Environmental surface disinfection in dialysis facilities: Notes for clinical managers: <http://www.cdc.gov/dialysis/PDFs/collaborative/Env_notes_Feb13.pdf>

[ ]  Provider education: <http://www.cdc.gov/dialysis/clinician/index.html>

[ ]  Best practices video: <http://www.cdc.gov/dialysis/prevention-tools/training-video.html>

[ ]  Infection prevention in dialysis continuing education course: <http://www.cdc.gov/dialysis/clinician/CE/infection-prevent-outpatient-hemo.html>

[ ]  NHSN Outpatient Dialysis Center Practices Survey: <http://www.cdc.gov/nhsn/forms/57.500_outpatientdialysissurv_blank.pdf>

[ ]  NHSN Dialysis Prevention Process Measures:

<http://www.cdc.gov/nhsn/dialysis/process-measures/index.html>

[ ]  CDC Patient Pocket Guide: 6 Tips to Prevent Dialysis Infections:

<http://www.cdc.gov/dialysis/patient/index.html>

[ ]  Conversation Starter to Prevent Infections in Dialysis Patients:

<https://www.cdc.gov/dialysis/patient/conversation-starter.html>

 Assessment Summary

  

| 1. **Infection Control Policies and Infrastructure**
 |
| --- |
| Incomplete Elements |
| 1. What training does the person in charge of infection control *at the facility* have? |
| 2. Is the facility participating in their ESRD Network HAI Quality Improvement Activity (QIA)? |
| 3. Has the facility participated in the CDC Dialysis BSI Prevention Collaborative?  |
| 4. In the past 2 years, has the facility participated in any other intensive program focused on HAI prevention? (e.g., clinical trial, company-led quality improvement project) |
| 5. Does the facility have a system for early detection and management of potentially infectious persons at initial points of patient encounter? |
| 6. Does the facility have a policy/protocol for implementing Contact Precautions when warranted? |
| 7. Are there signs posted in patient areas within the facility that encourage patients to take an active role in and express their concerns about facility infection control practices? |
| 8. - i. Does the facility provide standardized education to all patients on: Vascular access care? |
| 8. - ii. Does the facility provide standardized education to all patients on: Hand Hygiene? |
| 8. - iii. Does the facility provide standardized education to all patients on: Risks related to catheter use? |
| 8. - iv. Does the facility provide standardized education to all patients on: Recognizing signs of infection? |
| 8. - v. Does the facility provide standardized education to all patients on: Instructions for access management when away from the dialysis unit? |
| 9. What is the distance separating adjacent dialysis treatment stations?  |
| 9. - a. If shared computer charting terminal, what is the policy/protocol for routinely cleaning the shared computer terminal? |
| 10. Does the facility have an isolation room that is available for isolation of conditions other than hepatitis B?  (i.e., not currently in use for hepatitis B patients)? |
| 11. Does the facility use hemodialysis machine Waste Handling Option (WHO) ports? |
| 11. - a. If Yes, does the facility have a policy in place for disinfecting the WHO port? |
| 12. Are patients in the facility ever “bled onto the machine” (i.e., where blood is allowed to reach or almost reach the prime waste receptacle or WHO port)? |
| Potential Areas of Improvement |
| 1. What training does the person in charge of infection control *at the facility* have? |
| 2. Is the facility participating in their ESRD Network HAI Quality Improvement Activity (QIA)? |
| 3. Has the facility participated in the CDC Dialysis BSI Prevention Collaborative?  |
| 4. In the past 2 years, has the facility participated in any other intensive program focused on HAI prevention? (e.g., clinical trial, company-led quality improvement project) |
| 5. Does the facility have a system for early detection and management of potentially infectious persons at initial points of patient encounter?       |
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| 8. - iii. Does the facility provide standardized education to all patients on: Risks related to catheter use? |
| 8. - iv. Does the facility provide standardized education to all patients on: Recognizing signs of infection? |
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| 11. Does the facility use hemodialysis machine Waste Handling Option (WHO) ports? |
| 11. - a. If Yes, does the facility have a policy in place for disinfecting the WHO port? |
| 12. Are patients in the facility ever “bled onto the machine” (i.e., where blood is allowed to reach or almost reach the prime waste receptacle or WHO port)? |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): this is test 123 test |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **II. Infection Control Training, Competency, and Audits** |
| --- |
| Incomplete Elements |
| 1. Facility provides job-specific training to healthcare personnel (HCP) on infection prevention policies and procedures: i. Upon hire, prior to provision of care |
| 1. Facility provides job-specific training to healthcare personnel (HCP) on infection prevention policies and procedures: ii. Annually |
| 2. Facility assesses and documents competency with job-specific infection prevention policies and procedures:  i. Upon hire, prior to provision of care |
| 2. Facility assesses and documents competency with job-specific infection prevention policies and procedures:  ii. Annually |
| 3. Does the facility routinely conduct audits of staff infection control practice? |
| 3. - a. If Yes, does the facility provide feedback on adherence to clinical staff?  |
| 4. Does the facility routinely use standardized tools for educating staff and/or assessing practice? |
| Potential Areas of Improvement |
| 1. Facility provides job-specific training to healthcare personnel (HCP) on infection prevention policies and procedures: i. Upon hire, prior to provision of care |
| 1. Facility provides job-specific training to healthcare personnel (HCP) on infection prevention policies and procedures: ii. Annually |
| 2. Facility assesses and documents competency with job-specific infection prevention policies and procedures:  i. Upon hire, prior to provision of care |
| 2. Facility assesses and documents competency with job-specific infection prevention policies and procedures:  ii. Annually |
| 3. Does the facility routinely conduct audits of staff infection control practice? |
| 3. - a. If Yes, does the facility provide feedback on adherence to clinical staff?  |
| 4. Does the facility routinely use standardized tools for educating staff and/or assessing practice? |
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| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **III. Healthcare Personnel (HCP) Safety** |
| --- |
| Incomplete Elements |
| 1. Does the facility provide post-exposure evaluation and follow-up, including prophylaxis as appropriate, to healthcare personnel (HCP) at no cost following an exposure event? |
| 2. Does the facility track HCP exposure events, evaluate event data and develop/implement corrective action plans to reduce incidence of such events? |
| 3. Does the facility offer hepatitis B vaccine to personnel who may be exposed to blood or body fluids through their job duties?  |
| 4. Does the facility offer influenza vaccine to all personnel? |
| 5. Does the facility conduct baseline tuberculosis (TB) screening of HCP? |
| 6. Does the facility have work-exclusion policies that encourage reporting of illnesses and do not penalize with loss of wages, benefits, or job status? |
| 7. Does the facility educate HCP on prompt reporting of illness or job-related injury to supervisor and/or occupational health? |
| Potential Areas of Improvement |
| 1. Does the facility provide post-exposure evaluation and follow-up, including prophylaxis as appropriate, to healthcare personnel (HCP) at no cost following an exposure event? |
| 2. Does the facility track HCP exposure events, evaluate event data and develop/implement corrective action plans to reduce incidence of such events? |
| 3. Does the facility offer hepatitis B vaccine to personnel who may be exposed to blood or body fluids through their job duties?  |
| 4. Does the facility offer influenza vaccine to all personnel? |
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| 6. Does the facility have work-exclusion policies that encourage reporting of illnesses and do not penalize with loss of wages, benefits, or job status? |
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| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **IV. Surveillance and Disease Reporting** |
| --- |
| Incomplete Elements |
| 1. Does someone *in the facility* know the facility’s bloodstream infection (BSI) rate in NHSN or BSI standardized infection ratio (SIR)? |
| 2. Does the facility routinely share rate data with front-line clinical staff? |
| 3. Does the facility have a policy that mandates blood culture collection *before* antimicrobial administration any time a BSI is suspected? |
| 4. Does the facility conduct routine screening of hemodialysis patients for hepatitis C antibody at the recommended interval? |
| 5. Does the facility know how to report clusters of infections, adverse events, or a new hepatitis B/C case to public health? |
| 6. Does the facility have a system in place to communicate infection or colonization with a multidrug resistant organism (MDRO) to other healthcare facilities upon transfer? |
| Potential Areas of Improvement |
| 1. Does someone *in the facility* know the facility’s bloodstream infection (BSI) rate in NHSN or BSI standardized infection ratio (SIR)? |
| 2. Does the facility routinely share rate data with front-line clinical staff? |
| 3. Does the facility have a policy that mandates blood culture collection *before* antimicrobial administration any time a BSI is suspected? |
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| 5. Does the facility know how to report clusters of infections, adverse events, or a new hepatitis B/C case to public health? |
| 6. Does the facility have a system in place to communicate infection or colonization with a multidrug resistant organism (MDRO) to other healthcare facilities upon transfer? |
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| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **V. Respiratory Hygiene/Cough Etiquette** |
| --- |
| Incomplete Elements |
| **Non-clinical areas:** |
| 1. Does the facility have signs posted at entrances with instructions to patients with symptoms of respiratory infection to: * Cover their mouth/nose when coughing or sneezing?
* Use and dispose of tissues?
* Perform hand hygiene after contact with respiratory secretions?
 |
| 2. Does the facility provide a means for patients to perform hand hygiene in or near waiting areas? |
| 3. Does the facility provide space and encourage persons with symptoms of respiratory infection to sit as far away from others as possible? |
| 4. Does the facility provide tissues and no-touch receptacles for disposal of tissues? |
| 5. Does the facility offer facemasks upon facility entry to patients with symptoms of respiratory infection? |
| **Clinical areas:** |
| 6. Does the facility have the ability to separate symptomatic patients (by at least 6 feet) from other patients and their stations during dialysis treatment? |
| Potential Areas of Improvement |
| **Non-clinical areas:** |
| 1. Does the facility have signs posted at entrances with instructions to patients with symptoms of respiratory infection to: * Cover their mouth/nose when coughing or sneezing?
* Use and dispose of tissues?
* Perform hand hygiene after contact with respiratory secretions?
 |
| 2. Does the facility provide a means for patients to perform hand hygiene in or near waiting areas? |
| 3. Does the facility provide space and encourage persons with symptoms of respiratory infection to sit as far away from others as possible? |
| 4. Does the facility provide tissues and no-touch receptacles for disposal of tissues? |
| 5. Does the facility offer facemasks upon facility entry to patients with symptoms of respiratory infection? |
| **Clinical areas:** |
| 6. Does the facility have the ability to separate symptomatic patients (by at least 6 feet) from other patients and their stations during dialysis treatment? |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **VI. Personal Protective Equipment (PPE)** |
| --- |
| Incomplete Elements |
| 1. Facility provides job-specific training to HCP on proper selection and use of PPE: i. Upon hire, prior to provision of care |
| 1. Facility provides job-specific training to HCP on proper selection and use of PPE: ii. Annually |
| 2. Does the facility validate HCP competency with use of PPE?  |
| 3. Supplies necessary for adherence to PPE recommendations are available and strategically located in or near patient care areas: i. Gloves |
| 3. Supplies necessary for adherence to PPE recommendations are available and strategically located in or near patient care areas: ii. Gowns |
| 3. Supplies necessary for adherence to PPE recommendations are available and strategically located in or near patient care areas: iii. Face Shields/Eye Protection |
| 3. Supplies necessary for adherence to PPE recommendations are available and strategically located in or near patient care areas: iv. Face Masks |
| 4. Does the facility have a policy/protocol for staff to routinely change/launder gowns (in the absence of soilage)? |
| Potential Areas of Improvement |
| 1. Facility provides job-specific training to HCP on proper selection and use of PPE: i. Upon hire, prior to provision of care |
| 1. Facility provides job-specific training to HCP on proper selection and use of PPE: ii. Annually |
| 2. Does the facility validate HCP competency with use of PPE?  |
| 3. Supplies necessary for adherence to PPE recommendations are available and strategically located in or near patient care areas: i. Gloves |
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| 3. Supplies necessary for adherence to PPE recommendations are available and strategically located in or near patient care areas: iii. Face Shields/Eye Protection |
| 3. Supplies necessary for adherence to PPE recommendations are available and strategically located in or near patient care areas: iv. Face Masks |
| 4. Does the facility have a policy/protocol for staff to routinely change/launder gowns (in the absence of soilage)? |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **VII. Environmental Cleaning** |
| --- |
| Incomplete Elements |
| 1. Does the facility have written policies and procedures for routine cleaning and disinfection of environmental surfaces, including clearly defining responsible personnel? |
| 2. Does the facility provide job-specific training to responsible personnel on environmental cleaning and disinfection upon hire, at least annually, and when policies/procedures change? |
| 3. Does the facility routinely audit (monitor and document) adherence to cleaning and disinfection procedures? |
| 4. Does the facility have a policy/procedure for decontamination of spills of blood or other body fluids? |
| 4. - a. If Yes, are supplies necessary to clean the blood spill (e.g., proper disinfectant or spill kit) readily available and strategically located near dialysis stations? |
| 5. - i. Does the facility have a policy/procedure for routinely emptying reusable waste containers (e.g. leak-proof containers used for disposal of used dialyzers and tubing)? |
| 5. - ii. Does the facility have a policy/procedure for routinely cleaning reusable waste containers (e.g. leak-proof containers used for disposal of used dialyzers and tubing)? |
| 6. Does the facility have policies and procedures to ensure reusable medical devices (e.g., thermometers, stethoscopes, blood pressure cuffs) are cleaned appropriately between patients? |
| 7. Does the facility have policies and procedures for routinely cleaning and disinfecting - i. Dialysis Clamps |
| 7. Does the facility have policies and procedures for routinely cleaning and disinfecting - ii. Blood Glucose Monitors |
| 7. Does the facility have policies and procedures for routinely cleaning and disinfecting -  iii. Dialysate Conductivity/pH meters |
| Potential Areas of Improvement |
| 1. Does the facility have written policies and procedures for routine cleaning and disinfection of environmental surfaces, including clearly defining responsible personnel? |
| 2. Does the facility provide job-specific training to responsible personnel on environmental cleaning and disinfection upon hire, at least annually, and when policies/procedures change? |
| 3. Does the facility routinely audit (monitor and document) adherence to cleaning and disinfection procedures? |
| 4. Does the facility have a policy/procedure for decontamination of spills of blood or other body fluids? |
| 4. - a. If Yes, are supplies necessary to clean the blood spill (e.g., proper disinfectant or spill kit) readily available and strategically located near dialysis stations? |
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| 7. Does the facility have policies and procedures for routinely cleaning and disinfecting - ii. Blood Glucose Monitors |
| 7. Does the facility have policies and procedures for routinely cleaning and disinfecting -  iii. Dialysate Conductivity/pH meters |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **VIII. Dialyzer Reuse and (if applicable) Reprocessing** |
| --- |
| Incomplete Elements |
| 1. Does the facility reuse dialyzers? |
| 2. Does the facility document informed consent for patients who participate in dialyzer reuse?  |
| 3. Does the facility have policies and procedures to ensure that dialyzers are cleaned and reprocessed appropriately prior to reuse? |
| 4. Does the facility train personnel responsible for reprocessing dialyzers on proper selection and use of PPE and recommended steps for reprocessing equipment? |
| 5. Does the facility test the competency of personnel responsible for reprocessing dialyzers upon hire, at least annually, and when new equipment is introduced?  |
| 6. Does the facility routinely audit (monitor and document) adherence to reprocessing procedures and provide feedback to personnel regarding their performance? |
| 7. Does the facility perform routine maintenance for reprocessing equipment (e.g., automated reprocessors) by qualified personnel in accordance with manufacturer instructions? |
| Potential Areas of Improvement |
| 1. Does the facility reuse dialyzers? |
| 2. Does the facility document informed consent for patients who participate in dialyzer reuse?  |
| 3. Does the facility have policies and procedures to ensure that dialyzers are cleaned and reprocessed appropriately prior to reuse? |
| 4. Does the facility train personnel responsible for reprocessing dialyzers on proper selection and use of PPE and recommended steps for reprocessing equipment? |
| 5. Does the facility test the competency of personnel responsible for reprocessing dialyzers upon hire, at least annually, and when new equipment is introduced?  |
| 6. Does the facility routinely audit (monitor and document) adherence to reprocessing procedures and provide feedback to personnel regarding their performance? |
| 7. Does the facility perform routine maintenance for reprocessing equipment (e.g., automated reprocessors) by qualified personnel in accordance with manufacturer instructions? |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **IX. Hand Hygiene** |
| --- |
| Incomplete Elements |
| 1. Supplies necessary for adherence to hand hygiene recommendations are available, maintained in a clean and sanitary manner, and strategically located near dialysis stations: i. Alcohol-based hand gel |
| 1. Supplies necessary for adherence to hand hygiene recommendations are available, maintained in a clean and sanitary manner, and strategically located near dialysis stations: ii. Handwashing sinks |
| 1. Supplies necessary for adherence to hand hygiene recommendations are available, maintained in a clean and sanitary manner, and strategically located near dialysis stations: iii. Soap |
| 1. Supplies necessary for adherence to hand hygiene recommendations are available, maintained in a clean and sanitary manner, and strategically located near dialysis stations: iv. Paper Towels |
| 2. Does the facility perform observations of staff hand hygiene opportunities monthly (or more frequently)? |
| 2. - a. If Yes, does the facility routinely provide feedback on adherence to clinical staff? |
| Potential Areas of Improvement |
| 1. Supplies necessary for adherence to hand hygiene recommendations are available, maintained in a clean and sanitary manner, and strategically located near dialysis stations: i. Alcohol-based hand gel |
| 1. Supplies necessary for adherence to hand hygiene recommendations are available, maintained in a clean and sanitary manner, and strategically located near dialysis stations: ii. Handwashing sinks |
| 1. Supplies necessary for adherence to hand hygiene recommendations are available, maintained in a clean and sanitary manner, and strategically located near dialysis stations: iii. Soap |
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| 2. - a. If Yes, does the facility routinely provide feedback on adherence to clinical staff? |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **X. Catheter and other Vascular Access Care** |
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| Incomplete Elements |
| 1. Does the facility routinely provide training specific to catheter/vascular access care and aseptic technique for staff handling catheters and/or vascular accesses? |
| 2. Does the facility perform observations of staff vascular access care and catheter accessing practices quarterly (or more frequently)? |
| 2. - a. If Yes, does the facility routinely provide feedback on adherence to clinical staff? |
| 3. Facility performs staff competency assessments for vascular access care and catheter accessing: i. Upon hire, prior to provision of care |
| 3. Facility performs staff competency assessments for vascular access care and catheter accessing: ii. Annually |
| 4. Does the facility use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent during dressing changes of catheters? |
| 5. Does the facility routinely apply an antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing changes? |
| 6. Does the facility routinely scrub catheter hubs with appropriate antiseptic after the caps are removed and before accessing the catheter? |
| 6. - a. If N/A (facility uses needleless connector devices), does the facility routinely scrub the catheter hubs when the needless connectors are removed? |
| Potential Areas of Improvement |
| 1. Does the facility routinely provide training specific to catheter/vascular access care and aseptic technique for staff handling catheters and/or vascular accesses? |
| 2. Does the facility perform observations of staff vascular access care and catheter accessing practices quarterly (or more frequently)? |
| 2. - a. If Yes, does the facility routinely provide feedback on adherence to clinical staff? |
| 3. Facility performs staff competency assessments for vascular access care and catheter accessing: i. Upon hire, prior to provision of care |
| 3. Facility performs staff competency assessments for vascular access care and catheter accessing: ii. Annually |
| 4. Does the facility use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent during dressing changes of catheters? |
| 5. Does the facility routinely apply an antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing changes? |
| 6. Does the facility routinely scrub catheter hubs with appropriate antiseptic after the caps are removed and before accessing the catheter? |
| 6. - a. If N/A (facility uses needleless connector devices), does the facility routinely scrub the catheter hubs when the needless connectors are removed? |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **XI. Injection Safety** |
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| Incomplete Elements |
| 1. Supplies necessary for adherence to safe injection practices are available and located near point of use: i. Sharps Containers |
| 1. Supplies necessary for adherence to safe injection practices are available and located near point of use: ii. Needles/cannulae with safety feature |
| 2. Does the facility have policies/procedures to ensure sharps containers are emptied and/or changed on a regular basis and when needed? |
| 3. Does the facility use a clean room that is physically separate from the treatment area for storage and preparation of injectable medications? |
| 3. - a. If No, is there a room available in the facility that could be used for storage and preparation of injectable medications? |
| 4. Does the facility have a policy/procedure for routinely cleaning surface(s) where injectable medications are prepared? |
| 5. Does the facility use manufacturer pre-filled saline syringes or single-use saline vials for flushes? |
| Potential Areas of Improvement |
| 1. Supplies necessary for adherence to safe injection practices are available and located near point of use: i. Sharps Containers |
| 1. Supplies necessary for adherence to safe injection practices are available and located near point of use: ii. Needles/cannulae with safety feature |
| 2. Does the facility have policies/procedures to ensure sharps containers are emptied and/or changed on a regular basis and when needed? |
| 3. Does the facility use a clean room that is physically separate from the treatment area for storage and preparation of injectable medications? |
| 3. - a. If No, is there a room available in the facility that could be used for storage and preparation of injectable medications? |
| 4. Does the facility have a policy/procedure for routinely cleaning surface(s) where injectable medications are prepared? |
| 5. Does the facility use manufacturer pre-filled saline syringes or single-use saline vials for flushes? |
| Action Items:[ ]  Facility will conduct additional training for healthcare personnel (e.g., to correct a problem observed) [ ]  Facility will improve regular training program, including incorporation of competency assessments [ ]  Facility will initiate feedback program [ ]  Facility will initiate auditing program[ ]  Health dept. provided recommendation(s) at time of visit [ ]  Facility will develop/update policies and procedures[ ]  Health dept. provided resource(s)/tool(s) at time of visit [ ]  Other (specify): Click here to enter text. Facility Response:[ ]  Facility agrees with assessment in this domain [ ]  Facility plans to take action to mitigate[ ]  Other (specify): Click here to enter text. |
| All Items Confirmed |
| Notes/Recommendations: Click here to enter text. |

| **Follow Up Activities:** |
| --- |
| [ ]  Repeat on-site assessment planned (date: Click here to enter a date.) |
| [ ]  Repeat remote (phone/email) assessment planned (date: Click here to enter a date.) |
| [ ]  Other (specify): Click here to enter text. |

| **Other Comments:** |
| --- |
| Click here to enter text. |

 

[ ]  IC Policies and Infrastructure [ ]  IC Training [ ]  HCP Safety

 [ ]  Surveillance/Reporting [ ]  Respiratory Hygiene [ ]  PPE

 [ ]  Environmental Cleaning [ ]  Dialyzer Reuse [ ]  Hand Hygiene

[ ]  Catheter/Vascular Access Care [ ]  Injection Safety