

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

- I. Infection Control Program and Infrastructure
- II. Infection Control Training, Competency, and Audits
- III. Healthcare Personnel (HCP) Safety
- IV. Surveillance and Disease Reporting
- V. Respiratory Hygiene/Cough Etiquette
- VI. Personal Protective Equipment (PPE)
- VII. Environmental Cleaning
- VIII. Dialyzer Reuse and (if applicable) Reprocessing
- IX. Hand Hygiene
- X. Catheter and other Vascular Access Care
- XI. Injection Safety

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

Section 2: Infection Control Program and Infrastructure

I. Infection Control Policies and Infrastructure		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>1. What training does the person in charge of infection control <i>at the facility</i> have?</p> <p><i>Select the best answer</i></p>	<p><input type="radio"/> Certified in Infection Control (CIC)</p> <p><input type="radio"/> Other training in infection control (specify):</p> <p><input type="radio"/> No specific training in infection control</p> <p><input type="radio"/> Not Applicable (no person in charge of infection control at the facility)</p>	
<p>2. Is the facility participating in their ESRD Network Healthcare-Associated Infection (HAI) Quality Improvement Activity (QIA)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>3. Has the facility participated in the CDC Dialysis BSI Prevention Collaborative?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>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)</p>	<p><input type="radio"/> Yes (specify):</p> <p><input type="radio"/> No</p>	
<p>5. Does the facility have a system for early detection and management of potentially infectious persons at initial points of patient encounter?</p> <p><i>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.</i></p>	<p><input type="radio"/> Yes (specify one below):</p> <p><input type="radio"/> System applies prior to arrival or immediately upon entering the dialysis facility (i.e., at check-in or while in waiting room)</p> <p><input type="radio"/> System applies when patient arrives in dialysis treatment area (i.e. patient in dialysis treatment station)</p> <p><input type="radio"/> No</p>	
<p>6. Does the facility have a policy/protocol for implementing Contact Precautions when warranted?</p> <p><i>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.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	

I. Infection Control Policies and Infrastructure, continued		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>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?</p> <p><i>Visual confirmation suggested.</i></p> <p><i>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.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="radio"/> Visually confirmed</p>
<p>8. Facility provides standardized education to all patients on infection prevention topics:</p> <ul style="list-style-type: none"> i. Vascular access care ii. Hand hygiene iii. Risks related to catheter use iv. Recognizing signs of infection v. Instructions for access management when away from the dialysis unit <p><i>Facility should be able to provide examples of education materials.</i></p>	<ul style="list-style-type: none"> i. <input type="radio"/> Yes <input type="radio"/> No ii. <input type="radio"/> Yes <input type="radio"/> No iii. <input type="radio"/> Yes <input type="radio"/> No iv. <input type="radio"/> Yes <input type="radio"/> No v. <input type="radio"/> Yes <input type="radio"/> No 	
<p>9. What is the distance separating adjacent dialysis treatment stations?</p> <p><i>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.</i></p> <p><i>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).</i></p>	<p><input type="radio"/> < 3 feet</p> <p style="padding-left: 20px;"><input type="radio"/> Shared computer charting terminal</p> <p><input type="radio"/> ≥ 3 feet and <6 feet</p> <p><input type="radio"/> ≥ 6 feet</p>	<p><input type="radio"/> Visually confirmed</p>

I. Infection Control Policies and Infrastructure, continued

Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>a. If shared computer charting terminal, what is the policy/protocol for routinely cleaning the shared computer terminal?</p> <p><i>Select the best answer</i></p> <p><i>Note: Due to potential cross-contamination and challenges with proper cleaning/disinfection, facilities should consider alternatives to shared computer charting terminals.</i></p>	<p><input type="radio"/> Shared computer terminal is cleaned after each patient</p> <p><input type="radio"/> Shared computer terminal is cleaned after each shift</p> <p><input type="radio"/> Shared computer terminal is cleaned at the end of each day</p> <p><input type="radio"/> Other (specify):</p> <p><input type="radio"/> N/A, facility does not have a policy/protocol for routinely cleaning the shared computer terminal</p>	
<p>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)?</p> <p><i>Visual confirmation suggested.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="radio"/> Visually confirmed</p>
<p>11. Does the facility use hemodialysis machine Waste Handling Option (WHO) ports?</p> <p><i>Note: The WHO port is a machine port used for prime waste.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>a. If Yes: Does the facility have a policy/protocol in place for disinfecting the WHO port?</p> <p><i>If Yes, consider how is the policy implemented and enforced.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Not Applicable (WHO ports are not used at the facility)</p>	
<p>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)?</p> <p><i>Note: This practice is discouraged because it can result in patient blood loss and blood contamination of the environment.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	

II. Infection Control Training, Competency, and Audits		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>1. Facility provides job-specific training to healthcare personnel (HCP) on infection prevention policies and procedures:</p> <p>i. Upon hire, prior to provision of care ii. Annually</p> <p><i>Note: This includes those employed by outside agencies and available by contract or on a volunteer basis to the facility.</i></p> <p><i>If Yes, facility should be able to provide examples of training.</i></p>	<p>i. <input type="radio"/> Yes <input type="radio"/> No ii. <input type="radio"/> Yes <input type="radio"/> No</p>	
<p>2. Facility assesses and documents competency with job-specific infection prevention policies and procedures:</p> <p>i. Upon hire, prior to provision of care ii. Annually</p>	<p>i. <input type="radio"/> Yes <input type="radio"/> No ii. <input type="radio"/> Yes <input type="radio"/> No</p>	
<p>3. Does the facility routinely conduct audits of staff infection control practice?</p>	<p><input type="radio"/> Yes (facility should be able to show results of these audits) <input type="radio"/> No</p>	
<p>a. If Yes: Does the facility provide feedback on adherence to clinical staff?</p>	<p><input type="radio"/> Yes (facility should be able to provide examples of feedback) <input type="radio"/> No <input type="radio"/> Not applicable (no audits conducted)</p>	
<p>4. Does the facility routinely use standardized tools for educating staff and/or assessing practice? (Select all that apply)</p> <p><i>Should be able to view tools in the facility.</i></p>	<p><input type="radio"/> AHRQ/CMS Checklist Tools <input type="radio"/> CDC Tools <input type="radio"/> Corporate Tools <input type="radio"/> No standardized tools used</p>	

II. Infection Control Training, Competency, and Audits

Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>a. If CDC tools, indicate the tool(s) used</p> <p>(Select all that apply)</p>	<ul style="list-style-type: none"> <input type="radio"/> CDC Video: Preventing BSIs in Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff <input type="radio"/> CDC Approach to BSI Prevention in Dialysis Facilities (i.e., Core Interventions for Dialysis BSI Prevention) <input type="radio"/> CDC Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol <p>CDC Dialysis audit tools:</p> <ul style="list-style-type: none"> <input type="radio"/> Hand hygiene <input type="radio"/> Catheter connection & disconnection <input type="radio"/> Catheter exit site care <input type="radio"/> Arteriovenous fistula & graft cannulation and decannulation <input type="radio"/> Injectable medication preparation & administration <input type="radio"/> Routine disinfection of dialysis station <p>CDC Dialysis checklists:</p> <ul style="list-style-type: none"> <input type="radio"/> Catheter connection & disconnection <input type="radio"/> Catheter exit site care <input type="radio"/> Arteriovenous fistula & graft cannulation and decannulation <input type="radio"/> Injectable medication preparation & administration <input type="radio"/> Routine disinfection of dialysis station <ul style="list-style-type: none"> <input type="radio"/> Other (specify): <ul style="list-style-type: none"> <input type="radio"/> N/A, no CDC tools used 	

III. Healthcare Personnel (HCP) Safety		
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?	<input type="radio"/> Yes <input type="radio"/> No	
2. Does the facility track HCP exposure events, evaluate event data and develop/implement corrective action plans to reduce incidence of such events?	<input type="radio"/> Yes <input type="radio"/> No	
3. Does the facility offer hepatitis B vaccine to personnel who may be exposed to blood or body fluids through their job duties?	<input type="radio"/> Yes <input type="radio"/> No	
4. Does the facility offer influenza vaccine to all personnel?	<input type="radio"/> Yes <input type="radio"/> No	
5. Does the facility conduct baseline tuberculosis (TB) screening of HCP?	<input type="radio"/> Yes <input type="radio"/> No	
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?	<input type="radio"/> Yes <input type="radio"/> No	
7. Does the facility educate HCP on prompt reporting of illness or job-related injury to supervisor and/or occupational health?	<input type="radio"/> Yes <input type="radio"/> No	

IV. Surveillance and Disease Reporting		
Elements to be assessed	Assessment	Notes/Areas for Improvement
1. Does someone <i>in the facility</i> know the facility's bloodstream infection (BSI) rate in NHSN or BSI standardized infection ratio (SIR)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (Data are not reported to NHSN)	
2. Does the facility routinely share rate data with front-line clinical staff?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (Data are not reported to NHSN)	
3. Does the facility have a policy that mandates blood culture collection <i>before</i> antimicrobial administration any time a BSI is suspected? <i>If yes, consider how is the policy implemented and enforced</i>	<input type="radio"/> Yes <input type="radio"/> No	
4. Does the facility conduct routine screening of hemodialysis patients for hepatitis C antibody at the recommended interval?	<input type="radio"/> Yes, on admission and every 6 months thereafter for susceptible patients <input type="radio"/> No	
5. Does the facility know how to report clusters of infections, adverse events, or a new hepatitis B/C case to public health?	<input type="radio"/> Yes, knows what to report and how <input type="radio"/> No	
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?	<input type="radio"/> Yes <input type="radio"/> No	

V. Respiratory Hygiene/Cough Etiquette		
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: <ul style="list-style-type: none"> Cover their mouth/nose when coughing or sneezing? Use and dispose of tissues? Perform hand hygiene after contact with respiratory secretions? 	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Visually confirmed
2. Does the facility provide a means for patients to perform hand hygiene in or near waiting areas?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Visually confirmed
3. Does the facility provide space and encourage persons with symptoms of respiratory infection to sit as far away from others as possible?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Visually confirmed
4. Does the facility provide tissues and no-touch receptacles for disposal of tissues? <i>Applies during periods of increased respiratory infections in the community</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (Not a period of increased respiratory infections)	<input type="radio"/> Visually confirmed
5. Does the facility offer facemasks upon facility entry to patients with symptoms of respiratory infection? <i>Applies during periods of increased respiratory infections in the community</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (Not a period of increased respiratory infections)	<input type="radio"/> Visually confirmed
In 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?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Visually confirmed

VI. Personal Protective Equipment (PPE)		
Elements to be assessed	Assessment	Notes/Areas for Improvement
1. Facility provides job-specific training to HCP on proper selection and use of PPE: <ul style="list-style-type: none"> i. Upon hire, prior to provision of care ii. Annually 	i. <input type="radio"/> Yes <input type="radio"/> No ii. <input type="radio"/> Yes <input type="radio"/> No	
2. Does the facility validate HCP competency with use of PPE?	<input type="radio"/> Yes <input type="radio"/> No	
3. Supplies necessary for adherence to PPE recommendations are available and strategically located in or near patient care areas: <ul style="list-style-type: none"> i. Gloves ii. Gowns iii. Face Shields/Eye Protection iv. Face Masks <p><i>Visual confirmation suggested.</i></p>	i. <input type="radio"/> Yes <input type="radio"/> No ii. <input type="radio"/> Yes <input type="radio"/> No iii. <input type="radio"/> Yes <input type="radio"/> No iv. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (facility does not use face masks)	<input type="radio"/> Visually confirmed
4. Does the facility have a policy/protocol for staff to routinely change/laundry gowns (in the absence of soilage)? <i>Select the best answer</i> <i>Note: This question applies to patients in the general treatment area, not patients in isolation.</i>	<input type="radio"/> Yes (specify one below): <ul style="list-style-type: none"> <input type="radio"/> At the end of the shift <input type="radio"/> At the end of the day <input type="radio"/> Other (specify): <input type="radio"/> No	

VII. Environmental Cleaning		
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? <i>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).</i>	<input type="radio"/> Yes <input type="radio"/> No	
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? <i>Note: If environmental cleaning is performed by contract personnel, facility should verify this is provided by contracting company.</i>	<input type="radio"/> Yes <input type="radio"/> No	

VII. Environmental Cleaning, continued

Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>3. Does the facility routinely audit (monitor and document) adherence to cleaning and disinfection procedures?</p>	<p><input type="radio"/> Yes (facility should be able to show results of these audits)</p> <p><input type="radio"/> No</p>	
<p>4. Does the facility have a policy/procedure for decontamination of spills of blood or other body fluids?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>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?</p> <p><i>Visual confirmation suggested.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Not Applicable (facility does not have a policy for decontamination of spills of blood or other body fluids)</p>	<p><input type="radio"/> Visually confirmed</p>
<p>5. 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)?</p> <p>i. Emptying</p> <p>ii. Cleaning</p>	<p>i. <input type="radio"/> Yes <input type="radio"/> No</p> <p>ii. <input type="radio"/> Yes <input type="radio"/> No</p>	
<p>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?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Not Applicable (no reusable medical devices are used at the facility)</p>	
<p>7. Does the facility have policies and procedures for routinely cleaning and disinfecting the following items:</p> <p>i. Dialysis Clamps</p> <p>ii. Blood Glucose Monitor(s)</p> <p>iii. Dialysate Conductivity/pH meter(s)</p>	<p>i. <input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Not Applicable (facility does not use dialysis clamps)</p> <p>ii. <input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Not Applicable (facility does not use blood glucose monitor(s))</p> <p>iii. <input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Not Applicable</p> <p>(facility does not use dialysate conductivity/pH meter(s))</p>	

VIII. Dialyzer Reuse and Reprocessing

Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>1. Does the facility reuse dialyzers? <i>Note: If the facility reprocesses dialyzers on-site, consider performing observations of dialyzer reprocessing.</i></p>	<p><input type="radio"/> Yes (specify): <input type="radio"/> Dialyzers are reprocessed on-site <input type="radio"/> Dialyzers are reprocessed off-site <input type="radio"/> No <i>*If No, skip to Hand Hygiene*</i></p>	
<p>A. If Yes, complete the following section. Questions 2 & 3 apply to all facilities that reuse dialyzers--reprocessing can be on- or off-site.</p>		
<p>2. Does the facility document informed consent for patients who participate in dialyzer reuse? <i>Visual confirmation suggested.</i></p>	<p><input type="radio"/> Yes (facility should be able to provide informed consent document) <input type="radio"/> No <input type="radio"/> Not Applicable (Facility does not reuse dialyzers)</p>	<p><input type="radio"/> Visually confirmed</p>
<p>3. Does the facility have policies and procedures to ensure that dialyzers are cleaned and reprocessed appropriately prior to reuse? <i>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.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (Facility does not reuse dialyzers)</p>	
<p>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.*</p>		
<p>4. Does the facility train personnel responsible for reprocessing dialyzers on proper selection and use of PPE and recommended steps for reprocessing equipment?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (Facility does not reuse dialyzers or dialyzer reprocessing performed off-site)</p>	
<p>5. Does the facility test the competency of personnel responsible for reprocessing dialyzers upon hire and at least annually?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (Facility does not reuse dialyzers or dialyzer reprocessing performed off-site)</p>	
<p>6. Does the facility routinely audit (monitor and document) adherence to reprocessing procedures and provide feedback to personnel regarding their performance?</p>	<p><input type="radio"/> Yes (facility should be able to show results of these audits) <input type="radio"/> No <input type="radio"/> Not Applicable (Facility does not reuse dialyzers or dialyzer reprocessing performed off-site)</p>	
<p>7. Does the facility perform routine maintenance for reprocessing equipment (e.g., automated reprocessors) by qualified personnel in accordance with manufacturer instructions? <i>Confirm maintenance records are available.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (specify): <input type="radio"/> Only manual reprocessing methods used <input type="radio"/> Facility does not reuse dialyzers or dialyzer reprocessing performed off-site</p>	

IX. Hand Hygiene		
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. <ul style="list-style-type: none"> i. Alcohol-based hand gel ii. Handwashing sinks iii. Soap iv. Paper Towels <i>Visual confirmation suggested.</i>	<ul style="list-style-type: none"> i. <input type="radio"/> Yes <input type="radio"/> No ii. <input type="radio"/> Yes <input type="radio"/> No iii. <input type="radio"/> Yes <input type="radio"/> No iv. <input type="radio"/> Yes <input type="radio"/> No 	<input type="radio"/> Visually confirmed
2. Does the facility perform observations of staff hand hygiene opportunities monthly (or more frequently)?	<input type="radio"/> Yes (facility should be able to show results of these observations) <input type="radio"/> No	
a. If Yes : Does the facility routinely provide feedback on adherence to clinical staff?	<input type="radio"/> Yes (facility should be able to provide examples of feedback) <input type="radio"/> No <input type="radio"/> Not Applicable (No observations conducted)	

X. Catheter and other Vascular Access Care		
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?	<input type="radio"/> Yes (facility should be able to provide examples of training) <input type="radio"/> No	
2. Does the facility perform observations of staff vascular access care and catheter accessing practices quarterly (or more frequently)?	<input type="radio"/> Yes (facility should be able to show results of these observations) <input type="radio"/> No	
a. If Yes : Does the facility routinely provide feedback on adherence to clinical staff?	<input type="radio"/> Yes (facility should be able to provide examples of feedback) <input type="radio"/> No <input type="radio"/> Not Applicable (No observations conducted)	

X. Catheter and other Vascular Access Care, continued

Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>3. Facility performs staff competency assessments for vascular access care and catheter accessing:</p> <p>i. Upon hire, prior to provision of care</p> <p>ii. Annually</p>	<p>i. <input type="radio"/> Yes <input type="radio"/> No</p> <p>ii. <input type="radio"/> Yes <input type="radio"/> No</p>	
<p>4. Does the facility use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent during dressing changes of catheters?</p> <p><i>Visual confirmation suggested.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="radio"/> Visually confirmed</p>
<p>5. Does the facility routinely apply an antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing changes?</p> <p><i>Visual confirmation suggested.</i></p> <p><i>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.</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No (specify one below):</p> <p><input type="radio"/> No ointment used, but chlorhexidine dressing used</p> <p><input type="radio"/> Neither ointment nor chlorhexidine dressing used</p>	<p><input type="radio"/> Visually confirmed</p>
<p>6. Does the facility routinely scrub catheter hubs with appropriate antiseptic after the caps are removed and before accessing the catheter?</p> <p><i>Visual confirmation suggested.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Not Applicable (Facility uses needleless connector devices)</p>	<p><input type="radio"/> Visually confirmed</p>
<p>a. If N/A (facility uses needleless connector devices), does the facility routinely scrub the catheter hubs when the needles connectors are removed?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Not Applicable (Facility does not use needleless connector devices)</p>	

XI. Injection Safety		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>1. Supplies necessary for adherence to safe injection practices are available.</p> <p><i>Visual confirmation suggested.</i></p> <p>i. Sharps containers (strategically located near dialysis stations)</p> <p>ii. Needles/cannulae with safety feature</p>	<p>i. <input type="radio"/> Yes <input type="radio"/> No</p> <p>ii. <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="radio"/> Visually confirmed</p>
<p>2. Does the facility have policies/procedures to ensure sharps containers are emptied and/or changed on a regular basis and when needed?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>3. Does the facility use a clean room that is physically separate from the treatment area for storage and preparation of injectable medications?</p> <p><i>Visual confirmation suggested.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="radio"/> Visually confirmed</p>
<p>a. If No, is there a room available in the facility that could be used for storage and preparation of injectable medications?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>4. Does the facility have a policy/procedure for routinely cleaning surface(s) where injectable medications are prepared?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>5. Does the facility use manufacturer pre-filled saline syringes or single-use saline vials for flushes?</p> <p><i>Visual confirmation suggested.</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No (specify one below):</p> <p><input type="radio"/> Flushes are drawn from the patient's designated saline bag used for dialysis</p> <p><input type="radio"/> Flushes are drawn up from the patient's dialysis line</p> <p><input type="radio"/> Flushes are drawn from a common saline bag used for all patients</p> <p><input type="radio"/> Other (specify):</p>	<p><input type="radio"/> Visually confirmed</p>

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/He modialysis-Hand-Hygiene-Observations.pdf <i>*NHSN minimum requirement = 30 observations</i>	_____	<input type="radio"/> Yes <input type="radio"/> No	
(ii) Catheter connection and disconnection http://www.cdc.gov/dialysis/PDFs/collaborative/Cat heter-Connection-Disconnection-Observations.pdf <i>*NHSN minimum requirement = 10 observations</i>	_____	<input type="radio"/> Yes <input type="radio"/> No	
(iii) Catheter exit site care http://www.cdc.gov/dialysis/PDFs/collaborative/Cat heter-Exit-Site-Care-Observations.pdf <i>*NHSN minimum requirement = 5 observations</i>	_____	<input type="radio"/> Yes <input type="radio"/> No	
(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 <i>*NHSN minimum requirement = 10 observations</i>	_____	<input type="radio"/> Yes <input type="radio"/> No	
(v) Injectable medication preparation http://www.cdc.gov/dialysis/PDFs/collaborative/He modialysis-InjectionSafety-Observations.pdf <i>*NHSN minimum requirement = 5 observations</i>	_____	<input type="radio"/> Yes <input type="radio"/> No	
(vi) Injectable medication administration http://www.cdc.gov/dialysis/PDFs/collaborative/He modialysis-InjectionSafety-Observations.pdf <i>*NHSN minimum requirement = 5 observations</i>	_____	<input type="radio"/> Yes <input type="radio"/> No	
(vii) Routine disinfection of dialysis station http://www.cdc.gov/dialysis/PDFs/dialysis-Station-Disinfect-Tool-7-2015.pdf <i>*NHSN minimum requirement = 10 observations</i>	_____	<input type="radio"/> Yes <input type="radio"/> No	

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>