



SHEA/IDSA PRACTICES AND
THE ARROW MAXIMAL BARRIER KIT



STRATEGIES TO PREVENT DEADLY CENTRAL-LINE ASSOCIATED BLOODSTREAM INFECTIONS

SHEA – SOCIETY FOR HEALTHCARE EPIDEMIOLOGY IN AMERICA,

IDSA – Infection Diseases Society of America, AHA – American Hospital Association, APIC – Association for Professionals in Infection Control and Epidemiology, and Joint Commission have worked together to develop strategies to prevent healthcare-associated infections (HAIs), including central-line associated bloodstream infections in acute care hospitals.

PURPOSE

“Previously published guidelines are available that provide comprehensive recommendations for detecting and preventing healthcare-associated infections. The intent of this document is to highlight practical recommendations in a concise format designed to assist acute care hospitals in implementing and prioritizing their central-line associated bloodstream infection (CLABSI) prevention efforts.”¹

SHEA/IDSA PRACTICE RECOMMENDATION

STRENGTH OF RECOMMENDATION AND QUALITY OF EVIDENCE

CATEGORY/GRADE STRENGTH OF RECOMMENDATION	DEFINITION
A	Good evidence to support a recommendation for use
B	Moderate evidence to support a recommendation for use
C	Poor evidence to support a recommendation for use
QUALITY OF EVIDENCE	
I	Evidence from ≥ 1 properly randomized, controlled trial
II	Evidence from ≥ 1 well-designed clinical trial, without randomization; from a cohort or case control analytic studies (preferably from > 1 center); from multiple time series; or from dramatic results of uncontrolled experiments
III	Evidence from opinions of respected authorities, based on clinical experience, descriptive studies, or reports from expert committees

In the SHEA/IDSA practice recommendations an antiseptic-impregnated CVC* has received a Category A recommendation and the highest possible rating for the Quality of Evidence (A-1). ARROWg^{ard}'s patented silver sulfadiazine and chlorhexidine impregnated into the catheter surface saves lives and reduces costs by reducing infection – results that are supported by more than 30 studies.^{2,3} Hospitals can order the Maximal Barrier Precautions Tray with next-generation ARROWg^{ard} Blue PLUS[®] multi-lumen catheters, which features chlorhexidine along the entire intraluminal path, plus increased levels of chlorhexidine on the catheter's external surface for even better full spectrum protection.



The Maximal Barrier Precautions Tray with next-generation ARROWg^{ard} Blue PLUS[®] multi-lumen catheters, features chlorhexidine along the entire intraluminal path, plus increased levels of chlorhexidine on the catheter's external surface for even better protection.

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HELP PREVENT INFECTION AND REDUCE RISK WITH THE MOST PROVEN TOOLS AVAILABLE

Multiple factors cause bloodstream infections: from environmental contaminants to harmful breaks in procedure. Arrow's Maximal Barrier Precautions Tray helps your hospital outwit many of them. We include essential tools needed to access patients, protect them from costly bloodstream infections and comply with the latest guidelines from SHEA/IDSA, CDC, epic2, OSHA and IHI.

THE BEST OFFENSE: A PROVEN DEFENSE

The Arrow Maximal Barrier Precautions Tray is an integrated system combating the five sources of CRBSI:

- environmental contamination
- skin flora
- post-placement subcutaneous tract infection
- intraluminal contamination
- hematogenous seeding

MASK WITH EYE SHIELD, SURGICAL CAP,
SURGICAL GOWN, HEAD-TO-TOE DRAPE:
SHEA/IDSA A-1, CDC1B, epic2,
IHI and INS recommendations:

SAFETY SCALPEL:
OSHA Bloodborne Pathogens Standard:



ARROWg⁺ard Blue PLUS[®] CATHETER
Chlorhexidine/silver sulfadiazine catheter is a SHEA/IDSA A-1, CDC1A and epic2 recommendation for prevention of catheter-related infection^{1,2}

EXCLUSIVE: SharpsAway II[®]
LOCKING DISPOSAL CUP
OSHA Bloodborne Pathogens Standard

BD SAFETY ECLIPSE[™]
INJECTION NEEDLES
OSHA Bloodborne Pathogens Standard

21-STEP INSERTION CHECKLIST
SHEA/IDSA, CDC, IHI and INS recommendations

SUTURE SET
OSHA Bloodborne Pathogens Standard

ECHOGENIC NEEDLE
CDC recommended to reduce complications



SHEA/IDSA PRACTICE RECOMMENDATIONS

BASIC PRACTICES

BLUE SHADED ITEMS INCLUDED IN THE ARROW MAXIMAL BARRIER PRECAUTIONS TRAY

BEFORE INSERTION			
ACTION	RECOMMENDATION	FULL DESCRIPTION	IMPLEMENTED
Educate healthcare personnel	A-II	Educate healthcare personnel involved in the insertion, care, and maintenance of CVCs about CLABSI prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
AT INSERTION			
ACTION	RECOMMENDATION	FULL DESCRIPTION	IMPLEMENTED
Use a checklist	B-II	Use a catheter checklist to ensure adherence to infection prevention practices at the time of CVC insertion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform hand hygiene	B-II	Perform hand hygiene before catheter insertion or manipulation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Avoid using femoral vein	A-I	Avoid using femoral vein for central venous access in adult patients	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use catheter kit or cart	B-II	Use an all-inclusive catheter kit or cart	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use maximal barrier precautions*	A-I	Use maximal sterile barrier precautions during CVC insertion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use CHG skin prep	A-I	Use a chlorhexidine-based antiseptic for skin preparation in patients older than 2 months of age	<input type="checkbox"/> Yes <input type="checkbox"/> No
AFTER INSERTION			
ACTION	RECOMMENDATION	FULL DESCRIPTION	IMPLEMENTED
Disinfect hubs, connectors, ports	B-II	Disinfect catheter hubs, needle-less connectors, and injection ports before accessing the catheter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remove nonessential catheters	A-II	Remove nonessential catheters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Change transparent dressing every 5–7 days	A-I	For non-tunneled CVCs in adults and adolescents, change transparent dressings and perform site care with a chlorhexidine-based antiseptic every 5–7 days or more frequently if the dressing is soiled, loose, or damp; change gauze dressings every 2 days or more frequently if the dressing is soiled, loose, or damp	<input type="checkbox"/> Yes <input type="checkbox"/> No
Replace administration sets every 96 hours	A-II	Replace administration sets not used for blood products or lipids at intervals not longer than 96 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform CLABSI surveillance	B-II	Perform surveillance for CLABSI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use antimicrobial ointments on dialysis catheters	A-I	Use antimicrobial ointments for hemodialysis catheter insertion sites	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF CLABSI RATES ARE HIGHER THAN INSTITUTIONAL GOALS SPECIAL APPROACHES			
ACTION	RECOMMENDATION	FULL DESCRIPTION	IMPLEMENTED
Bathe ICU patient with CHG	B-II	Bathe ICU patients older than 2 months of age with a chlorhexidine preparation on a daily basis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use coated catheters*	A-I	Use antiseptic- or antimicrobial-impregnated CVCs for adult patients	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use CHG sponge dressing	B-I	Use chlorhexidine-containing sponge dressings for CVCs in patients older than 2 months of age	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use antimicrobial locks	A-I	Use antimicrobial locks for CVCs	<input type="checkbox"/> Yes <input type="checkbox"/> No

* ARROWg^{ard} Blue PLUS[®] (AGB+[®])

1 Infection Control and Hospital Epidemiology Web Site. <http://www.shea-online.org/publications/iche.cfm>. Accessed May 19, 2009. October 28, Vol 29, supplement 1, page S22.

2 Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011. <http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf>

3 References include but are not limited to Maki 1997, Sampath 1995, and Bach 1994.

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