

# Hemodialysis Assessment

## Activities

### **General layout & flow**

- I. Walk-thru to determine
  - a. physical layout of facility
  - b. processes conducted in each area

### **Observe**

- II. HD treatment start to finish
  - a. use of shared equipment & supplies
- III. Patient changeover
- IV. Medication preparation
- V. Disinfection practices
- VI. Specimen collection & waste management

### **Interview**

- VII. Infection preventionist
- VIII. Nurse/nurse manager
- IX. Dialysis technician

### **Environmental assessment**

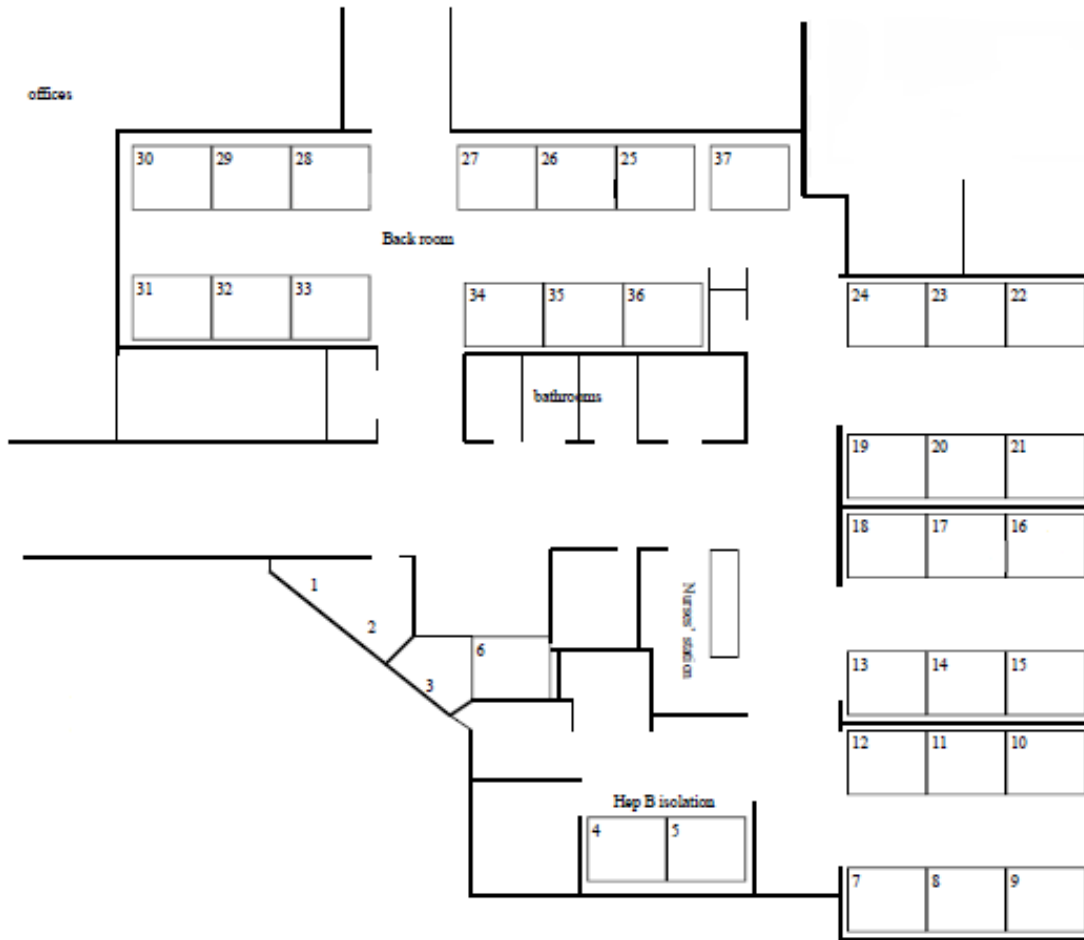
- X. Luminol
- XI. GloGerm

List all persons interviewed and role:

<b>Name</b>	<b>Role</b>

**I. General**

1) Describe physical layout of facility and note important areas on the map. On the map, indicate location of handwashing vs. utility sinks, med prep & storage areas, glucometer, any major waste handling area



2) Typical # of nurses and techs in facility per shift? How many staff are present during shift change? (usually a lot more than present during a shift)

3) Does the facility reuse / reprocess dialyzers?

4) Describe medication preparation area

5) Describe any medication carts or supply carts, their use and location.

6) General cleanliness of facility, separation of clean & dirty and flow from clean to dirty

7) What changes have been made at the facility since the first outbreak? List all and approximate date of each  
Change: Date:

8) What do staff think the problem might be or what are things that could be improved?

## II & IV. Transmission via injectable medications

1) List all injectable medications used

Med	Multi- or single-	Vial / bag size	How used	Who administers	Typical dose, frequency, +/- comments

2) Are single dose vials used for multiple patients?

3) Describe how and where these meds are drawn up

4) Who draws up and administers medications? If only nurses are allowed to do med administration, when if ever do techs do it?

5) Describe how meds are delivered to patients.

6) Where are injected medications stored?

7) What happens to vials that are entered or re-used?

8) Observe saline flush practices. Is saline drawn from circuit or bag?

a. Who does the saline draw? Is HH and glove change done before this? Is port (if applicable) cleansed with alcohol before each draw? Is procedure done aseptically?

b. If saline is pre-drawn, is syringe labeled?

9) where are syringes kept before use? How long are they there?

**II & III) Transmission via environmental contamination (dialysis station/ chair/ machine)**

1) How is the change over of patients conducted?

2) Is the chair, station and machine cleaned properly before the arrival of the next patient?

3) Estimate time that the chair is empty between patients \_\_\_\_\_ mins

4) How is the dialyzer removed from the machine? Where does it go?

5) How are dialysis bloodlines drained, and where are they placed after use?

6) Does the Tech maintain separation of clean and dirty equipment, supplies?

- 7) What items are taken to the HD station?
- 8) Observe these items. Which items are discarded vs. returned to central area?
- 9) Ask/ observe what is the procedure for cleaning a blood spill.
- 10) Are clamps or other supplies used for hemostasis? If so, observe how they are handled, cleaned, and disinfected.
- 11) Who is in charge of disinfecting each area of the unit? Is there any chance of confusion (i.e. in XX, there was a lack of clear roles + responsibilities for surface cleaning and disinfection; therefore staff couldn't confirm whether certain surfaces had been cleaned or not, etc.).
- 12) Is there anything different about the pod that has the most number of cases?
- 13) How do staff assignments correlate with the divisions of the map?
- 14) How often is a cleaning step performed before disinfection?
- 15) If bleach is used, what kind of bleach (i.e., household bleach or an EPA registered product?). Do they dip a rag in a bucket/ use squirt bottles with rags/use wipes?
- 15) Observe & describe how the bloodlines are primed.
  - a. Where does the saline and other waste go?
  - b. Are pts ever "bled on" to the machine (ie blood allowed to travel through the arterial line of tubing during the priming process before the venous line is connected to the patient) ?
  - c. Does the facility use a WHO port, drain board, prime buckets or other device to collect spent prime fluid?
  - d. How is the container or device used to collect prime cleaned and disinfected?

## **I & II) Hand Hygiene & PPE**

1) Comment on availability of gloves & hand hygiene supplies

2) Are hand washing sinks separate from utility sinks?

3) Is observed hand hygiene appropriate?

4) Is observed glove use appropriate?

5) Describe pt hand hygiene and use of gloves.

## **II & V) Transmission via contaminated machine**

1) What agents are used to clean/disinfect the external surfaces of the machine?

2) If bleach is used, are fresh batches made daily?

3) How well are prime buckets cleaned + disinfected?

4) Is the observed cleaning & disinfection of surfaces at the station adequate?

5) Describe process for cleaning/disinfecting internal pathways

6) When are machine cleaning cycles performed? Between shifts, at the end of the day

7) Are external transducer protectors ever used for > 1 patient?

8) Do external transducer protectors become wet or blood contaminated?

9) What happens if external transducer protectors become contaminated?

10) When are machines opened to check the internal transducer protectors?

## **II, V & VI) Misc**

1) What other shared equipment is used (glucometers, eg)? How are they cleaned / disinfected?

2) Are there any other shared high-touch surfaces? (eg computer for charting) How are these cleaned & how often?

3) How are blood specimens handled?

4) Are biologic wastes handled appropriately?

5) Is the medication prep area free of opportunity for contamination?

6) Are any medications drawn at the patient station +/- someplace other than the med prep area?  
Do staff carry supplies in pockets (or other way) from one station to another?

## Hand Hygiene

### A. All patient care areas have:

- |  |        |                            |
|--|--------|----------------------------|
| a. Soap and water available  | Yes No | Observation Interview Both |
| b. Alcohol-based hand rubs available   | Yes No | Observation Interview Both |
| I. If alcohol-based hand rub is available in patient care areas, it is installed as required | Yes No | Observation Interview Both |

### B. Staff perform hand hygiene:

- |  |        |                               |
|--|--------|-------------------------------|
| a. After removing gloves   | Yes No | Observation Interview Both    |
| b. After direct patient contact  | Yes No | Observation Interview Both    |
| c. Before invasive procedures  | Yes No | Observation Interview Both    |
| d. After contact with blood, body fluids, contaminated surfaces / fluids | Yes No | Observation Interview Both or |

### C. Regarding gloves, staff:

- |  |        |                            |
|--|--------|----------------------------|
| a. Wear gloves for all patient contact   | Yes No | Observation Interview Both |
| b. Wear gloves when handling patient equipment   | Yes No | Observation Interview Both |
| c. Remove gloves before moving to the next task and/or patient   | Yes No | Observation Interview Both |
| d. Additional breaches in hand hygiene, not captured by the questions above were identified (If YES, please specify further in comments) | Yes No | Observation Interview Both |

- |  |        |                            |
|--|--------|----------------------------|
| D. HH is conducted prior to drawing up medications | Yes No | Observation Interview Both |
|--|--------|----------------------------|



## **Injection Practices**

A. Needles are used for only one patient	Yes No	Observation Interview Both
B. Syringes are used for only one patient	Yes No	Observation Interview Both
C. Medication vials are always entered with a new needle	Yes No	Observation Interview Both
D. Medication vials are always entered with a new syringe	Yes No	Observation Interview Both
E. Medications that are pre-drawn are labeled with the time of draw, initials of the person drawing, medication name, strength, and expiration date or time	Yes No	Observation Interview Both
F. Administration of Drugs		
a. Single dose (single-use) medication vials are used for only one patient	Yes No	Observation Interview Both
b. Manufactured prefilled syringes are used for only one patient	Yes No	Observation Interview Both
c. Bags of IV solution are used for only one patient	Yes No	Observation Interview Both
d. Medication administration tubing and connectors are used for only one patient	Yes No	Observation Interview Both
e. Medications are stored and accessed outside the immediate areas where direct patient care occurs	Yes No	Observation Interview Both
G. Multi-dose injectable medications are used for only one patient	Yes No	Observation Interview Both
If Multi-dose vials are used,		
I. The rubber septum on a multi-dose vial used for more than one patient is disinfected with alcohol prior to each entry	Yes No	Observation Interview Both
J. Multi-dose medications are dated when they are first opened and discarded within 28 days of opening or according to manufacturer's recommendations, whichever comes first	Yes No	Observation Interview Both

L. All sharps are disposed of in a puncture-resistant sharps container	Yes No	Observation Interview Both
M. Sharps containers are replaced when line is reached	Yes No	Observation Interview Both the fill
N. Additional breaches in injection practices, not captured by the questions above were identified (If YES, please specify further in comments)	Yes No	Observation Interview Both

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Point of Care Devices**

Does the facility have a blood glucose meter? Yes No Observation Interview Both

IF YES,

A. A new single-use, auto-disabling lancing device is used for each patient Yes No Observation Interview Both

B. The glucose meter is used for one patient only (or the manufacturer's instructions indicate use for > 1 patient is permissible). Yes No Observation Interview Both

C. The glucose meter is cleaned and disinfected after every use. Yes No Observation Interview Both

D. Additional breaches in appropriate use of point of care devices (like glucose meters) not captured by the questions above were identified (If YES, please specify further in comments) Yes No Observation Interview Both

E. Observe glucometer cleaning if possible. Describe

a. How often is it cleaned?

b. Is the glucometer taken to the dialysis patient station? Is a syringe of blood taken to the glucometer area?

c. Does the facility have a separate glucometer for HBV infected patients (the isolation station)?



- 3 Dialysis patient care technicians
- 4 Biomedical technicians
- 5 Other staff providing direct patient care (eg, nutritionist, social worker)
- 6 Staff responsible for environmental cleaning / disinfection
- 7 Environmental services staff
- 8 Other (specify): \_\_\_\_\_

18c) Is infection control training:

- 1 the same for all categories of staff
- 2 different for different categories of staff

18d) Indicate frequency of staff infection control training (check all that apply):

- 1 Upon hire
- 2 Annually
- 3 Periodically/as needed
- 4 Other (specify): \_\_\_\_\_

18e) Is there documentation confirming that training is provided to all categories of staff listed above?                    YES    NO

19) What topics are covered during staff IC training?

20) Does the facility do their own IC or HH audits? If so, by whom and how often? Review results of audits.

21) Do they have the results of past state surveyor reports? If so, what were they cited for?