THE SOLUTION IS IN THE SOLUTION

The Infusion Nurses Society (INS) recently clarified the proper steps to disinfect needleless access sites (needleless connectors, injection ports, and access ports) prior to use for vascular access. ***Missing any of these steps can put your patients at risk:***

1. ✓ **DISINFECT NEEDLELESS ACCESS SITE OR REMOVE CAP**
2. **FLUSH LINE FOR PATENCY** (if applicable)
3. ✓ **DISINFECT NEEDLELESS ACCESS SITE**
4. **ADMINISTER MEDICATION OR DRAW LAB SPECIMEN AND/OR FLUSH** (if necessary)
5. **REPEAT STEPS 3-4** (if necessary) **ATTACH NEW CAP** (if applicable)

Approximately 12% of all Central Line-associated Bloodstream Infections (CLABSIs) are due to bacteria from needleless access site[1]

THE PRACTICAL SOLUTION:

Reasonable Scrub & Dry Time to Drive Compliance

- Quick 5 second scrub and dry times encourage staff compliance
- Instructions for use cleared by the FDA and validated by independent clinical data

Chlorhexidine Gluconate (CHG)/Isopropyl Alcohol (IPA) Scrub

- Proven to be most effective at 5 second scrub and 5 second dry in randomized, double-blind, controlled clinical study[2]
- Disinfection of devices with CHG and alcohol is more effective than alcohol alone at 5 seconds[2]
- Compliant with evidence based clinical guidelines for disinfection of needleless access sites
- Effective against the most clinically relevant microorganisms known to cause CLABSIs

Evidence-Based Medicine

The CHG/IPA Swab is compliant with evidence-based guidelines and recommendations for disinfection of needleless access sites from the following clinical organizations:

- US Centers for Disease Control and Prevention (CDC)
- Association for Vascular Access (AVA)
- Infusion Nurses Society (INS)
- National Association of Neonatal Nurses (NANN)

THE INCOMPLETE SOLUTION

Using Alcohol Caps Alone:

- Although they can serve as a visual indicator, caps do not eliminate the need to disinfect between each and every access site nor do they indicate if a needleless access site has been properly disinfected[3]
- Time for disinfection (3-5 minutes) is only practical for terminal disinfection of the line[4]

IMPRACTICAL ALTERNATIVE

Using Alcohol Swabs on Devices:

- Alcohol prep pads have been historically used for disinfection of needleless access sites, but are not as effective at reducing colonization of needleless access sites compared to CHG/IPA[2]
- There is not a standardized scrub/dry time in the clinical literature for disinfection of needleless access sites

*Alcohol only scrubs have been shown to result in more needleless connector contamination[2]

- Treating patients with hospital acquired infections costs approximately $9.8 billion a year and CLABSIs were found to be the most expensive.[5]
- According to the Centers for Disease Control (CDC), an average of 250,000 CLABSIs occur annually in the U.S., with reported mortality of 12%—25%.[6]
- New National Association of Neonatal Nurses (NANN) Guidelines state, "multiple studies have shown that disinfection of the devices with chlorhexidine/alcohol solutions appears to be most effective in reducing colonization."[7]

Prevantics® Device Swab features a quick 5 second scrub and dry time and is the first and only 3.15% Chlorhexidine Gluconate and 70% Isopropyl Alcohol formulation.

✓ **Adding the Prevantics® Device Swab to your facility's protocols for the disinfection of needleless access sites (needleless connectors, injection ports, and access ports) can help reduce the risk of contamination and improve patient outcomes.**

PDI BE THE DIFFERENCE

Sources: 1) Maki D. , et al (2004). Intensive Care Med, 30:62 Garland JS et al. (2008). ICHE, 29:243. 2) Hayden, M. K. et al. A Randomized Cross-Over Clinical Trial to Compare 3.15% Chlorhexidine/70% Isopropyl Alcohol (CHG) vs. 70% Isopropyl Alcohol Alone (Alcohol) and 5s vs 15 s Scrub for Routine Disinfection of Needleless Connectors (NCs) on Central Venous Catheters (CVCs) in an Adult Medical Intensive Care Unit (ICU), Oral Abstract Presented at 2015 ID Week Conference, October 11, 2014, Philadelphia, PA. 3) Infusion Therapy Standards of Practice, Infusion Nurses Society, 2011. 4) 510(k) Number: K083508. 5) Zimlichman, E., Henderson, D., et al. Health Care-Associated Infections: A Meta Analysis of Costs and Financial Impact on the US Health Care System, JAMA Internal Medicine, 2013. 6) Vital Signs: Central Line-Associated Bloodstream Infections--United States, 2001, 2008, and 2009, US Centers for Disease Control and Prevention, 2011. 7) Wyckoff, M. M., Sharpe, E. L. Peripherally Inserted Central Catheters: Guideline for Practice, 3rd edition, National Association of Neonatal Nurses, 2015.