

**Central Line-associated Bloodstream Infection (CLABSI)**  
**Targeted Assessment for Prevention (TAP) Facility Assessment Tool**

**Notes for the Respondent:**

- This assessment is meant to capture your *awareness and perceptions of policies and practices* related to CLABSI prevention.
- Responses should refer to what is *currently* in place at the facility or unit in which the assessment is being administered.
- Please use the comment boxes to elaborate and capture information as needed – such detailed comments may help focus additional drill down opportunities and next steps.

Date of Assessment: \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Unit Name:** \_\_\_\_\_

**Unit Type:**

- Med/Surg (Ward)     ED     Facility Wide     Other  
 ICU     Pediatrics     N/A

**Title or role of person completing tool:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Nurse   | <input type="checkbox"/> Physician   | <input type="checkbox"/> Infection Prevention            |
| <input type="checkbox"/> Nurse – Unit Manager or above   | <input type="checkbox"/> Physician – Resident/Fellow                         | <input type="checkbox"/> Quality                         |
| <input type="checkbox"/> Nurse Practitioner  | <input type="checkbox"/> Physician – Administrative Leadership               | <input type="checkbox"/> Other, Please Specify:<br>_____ |
| <input type="checkbox"/> Nurse Educator  | <input type="checkbox"/> Physician Assistant                                 | _____  |
| <input type="checkbox"/> Certified Nurse Assistant / Patient Care<br>Assistant / Patient Care Tech | <input type="checkbox"/> Administrative Leadership, Please Specify:<br>_____ |  |

**Do you insert, assist with insertion of, or maintain central venous catheters (“central lines”) as part of your work at this facility?**

- Yes     No

**Years of experience at facility:** \_\_\_\_\_

**During which shift do you primarily work?**     Day     Evening     Night     Other, Please Specify: \_\_\_\_\_

## I. General Infrastructure, Capacity, and Processes

|  |   |
|--|---|
| 1. Does your facility's senior leadership actively promote CLABSI prevention?        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 2. Is unit-level leadership involved in CLABSI prevention?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 3. Does your facility currently have a team/workgroup focusing on CLABSI prevention? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 4. Does your facility have unit-based nurse champions for CLABSI prevention?         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 5. Does your facility have a physician champion for CLABSI prevention?               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 6. Does your facility have a central line insertion bundle?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Comments: (Please specify question number as applicable)                             |   |

| <b>Training</b>  |   |
|--|---|
| 7. Does your facility provide <i>training on insertion</i> of central lines for all healthcare personnel with this responsibility at least once per year?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 8. Does your facility conduct a <i>knowledge assessment</i> (e.g., quiz, test) on <b>insertion</b> of central lines for all healthcare personnel with this responsibility at least once per year?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 9. Does your facility conduct a <i>skills assessment</i> (i.e., personnel demonstration of tasks) on <b>insertion</b> of central lines for all healthcare personnel with this responsibility at least once per year? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Comments: (Please specify question number as applicable)   |   |

## I. General Infrastructure, Capacity, and Processes (Continued)

| Training (Continued)  |   |
|---|---|
| 10. Does your facility provide <i>training</i> on <b>maintenance</b> of central lines for all healthcare personnel with this responsibility at least once per year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 11. Does your facility conduct a <i>knowledge assessment</i> (e.g., quiz, test) on <b>maintenance</b> of central lines for all healthcare personnel with this responsibility at least once per year?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 12. Does your facility conduct a <i>skills assessment</i> (i.e., personnel demonstration of tasks) on <b>maintenance</b> of central lines for all healthcare personnel with this responsibility at least once per year? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Comments:      (Please specify question number as applicable)   |   |

| Audits and Feedback  |   |
|--|---|
| *Definitions: Audit is defined as monitoring (typically by direct observation) and documenting healthcare personnel adherence to facility policies.<br>Feedback may include a summary of how well personnel performed their job tasks. |   |
| 13. Does your facility <i>audit</i> (monitor) central line <b>insertion documentation</b> (e.g., date, procedure, complications)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 14. Does your facility provide <i>feedback</i> on central line <b>insertion documentation</b> to healthcare personnel?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 15. Does your facility <i>audit</i> (monitor) <b>daily documentation of continued need</b> for central venous catheter access?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 16. Does your facility provide <i>feedback</i> on <b>daily documentation of continued need</b> for central venous catheter access?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 17. Does your facility <i>audit</i> (monitor) central line <b>insertion</b> practices?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 18. Does your facility <i>audit</i> (monitor) central line <b>maintenance</b> practices?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. Does your facility provide <i>feedback</i> to healthcare personnel on:   |   |
| a. CLABSI rates and/or standardized infection ratios (SIR)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| b. Central line device utilization ratios (DUR)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Comments:      (Please specify question number as applicable)  |   |

## II. Appropriate Use of Central Venous Catheters (“Central Lines”)

|   | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|-------|--------|-----------|-------|--------|---------|
| 1. Do ordering providers document an indication for central lines?  |       |        |           |       |        |         |
| 2. Are central lines with the minimum number of ports or lumens used?   |       |        |           |       |        |         |
| 3. Are central lines assessed on a daily basis to ensure they are still needed?   |       |        |           |       |        |         |
| 4. Are central lines that are no longer needed promptly removed?  |       |        |           |       |        |         |
| 5. Do healthcare personnel receive instruction when new central line equipment or protocols are introduced (e.g., new insertion kits, administration sets)? |       |        |           |       |        |         |
| 6. Does your facility conduct a case review to identify potential gaps when a CLABSI occurs?  |       |        |           |       |        |         |
| Comments: (Please specify question number as applicable)  |       |        |           |       |        |         |

### III. Insertion Practices for Central Venous Catheters (“Central Lines”)

|   | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|-------|--------|-----------|-------|--------|---------|
| 1. Does your facility ensure that all supplies for central line insertion are packaged together (e.g., in a kit) to ensure items are readily available for use? |       |        |           |       |        |         |
| 2. Are central lines inserted only by trained personnel?  |       |        |           |       |        |         |
| 3. Do healthcare personnel perform hand hygiene following palpation of the site, immediately prior to donning sterile gloves for insertion?                     |       |        |           |       |        |         |
| Comments: (Please specify question number as applicable)  |       |        |           |       |        |         |

|  | Never | Rarely | Sometimes | Often | Always | Unknown |
|--|-------|--------|-----------|-------|--------|---------|
| 4. Is aseptic technique maintained during routine central line insertions?   |       |        |           |       |        |         |
| 5. Is skin prepared with >0.5% chlorhexidine with alcohol before central line insertion (or if chlorhexidine is contraindicated, tincture of iodine, an iodophor, or 70% alcohol as alternatives)? |       |        |           |       |        |         |
| 6. Is real-time ultrasound used to guide placement of central lines?   |       |        |           |       |        |         |
| 7. Do healthcare personnel stop non-emergent central line insertion if proper procedures are not followed?   |       |        |           |       |        |         |
| Comments: (Please specify question number as applicable)   |       |        |           |       |        |         |

### III. Insertion Practices for Central Venous Catheters (“Central Lines”) (Continued)

|   | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|-------|--------|-----------|-------|--------|---------|
| 8. Are sutureless securement devices used to hold central lines in place?   |       |        |           |       |        |         |
| 9. Are central line insertion sites covered with either a sterile gauze or sterile, transparent, semipermeable dressing?                    |       |        |           |       |        |         |
| 10. Are central lines replaced within 48 hours when adherence to aseptic technique cannot be ensured (i.e., catheters inserted emergently)? |       |        |           |       |        |         |
| 11. Are chlorhexidine (CHG)-impregnated dressings used for short-term, non-tunneled central lines in patients ≥ 18 years of age?            |       |        |           |       |        |         |
| Comments: (Please specify question number as applicable)  |       |        |           |       |        |         |

| <b>Do healthcare personnel use the following maximal sterile barrier precautions when performing central line insertion:</b> | Never | Rarely | Sometimes | Often | Always | Unknown |
|--|-------|--------|-----------|-------|--------|---------|
| 12. Cap?   |       |        |           |       |        |         |
| 13. Mask?  |       |        |           |       |        |         |
| 14. Sterile gown?  |       |        |           |       |        |         |
| 15. Sterile gloves?  |       |        |           |       |        |         |
| 16. Sterile full body drape?   |       |        |           |       |        |         |
| Comments: (Please specify question number as applicable)   |       |        |           |       |        |         |

#### IV. Maintenance Practices for Central Venous Catheters (“Central Lines”)

|   | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|-------|--------|-----------|-------|--------|---------|
| 1. Are central lines maintained and accessed only by trained personnel?   |       |        |           |       |        |         |
| 2. Is hand hygiene performed <i>immediately before</i> replacing, accessing, repairing, or dressing the catheter?   |       |        |           |       |        |         |
| 3. Are catheters accessed with only sterile devices?  |       |        |           |       |        |         |
| 4. Are access ports or hubs scrubbed immediately prior to use with an appropriate antiseptic (e.g., chlorhexidine, povidone iodine, an iodophor, or 70% alcohol)? |       |        |           |       |        |         |
| Comments: (Please specify question number as applicable)  |       |        |           |       |        |         |

|  | Never | Rarely | Sometimes | Often | Always | Unknown |
|--|-------|--------|-----------|-------|--------|---------|
| 5. Are dressings changed using aseptic technique (e.g., using clean or sterile gloves)?  |       |        |           |       |        |         |
| 6. Is skin prepared with >0.5% chlorhexidine with alcohol during dressing changes (or if chlorhexidine is contraindicated, tincture of iodine, an iodophor, or 70% alcohol as alternatives)?   |       |        |           |       |        |         |
| 7. Are dressings immediately replaced when wet, soiled, or dislodged?  |       |        |           |       |        |         |
| 8. For short-term, non-tunneled central lines, are gauze dressings changed every 2 days or semipermeable transparent dressings changed at least every 7 days (except in certain pediatric patients in which the risk for dislodging the catheter may outweigh the benefit of changing the dressing)? |       |        |           |       |        |         |
| Comments: (Please specify question number as applicable)   |       |        |           |       |        |         |

#### IV. Maintenance Practices for Central Venous Catheters (“Central Lines”) (Continued)

|   | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|-------|--------|-----------|-------|--------|---------|
| 9. Are chlorhexidine (CHG)-impregnated dressings used for short-term, non-tunneled central lines in patients $\geq$ 18 years of age?                                |       |        |           |       |        |         |
| 10. Are patients encouraged to report changes or new discomfort related to their central line?  |       |        |           |       |        |         |
| 11. Are insertion sites routinely monitored for tenderness/other signs of infection visually during dressing changes or by palpation through intact dressing?       |       |        |           |       |        |         |
| 12. Are administration sets that are used continuously (in patients <i>not</i> receiving blood, blood products, or fat emulsions), replaced every 4 days to 7 days? |       |        |           |       |        |         |
| Comments: (Please specify question number as applicable)  |       |        |           |       |        |         |

|   | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|-------|--------|-----------|-------|--------|---------|
| 13. Is tubing used to administer propofol infusions replaced every 6-12 hours, when the vial is changed, according to manufacturer’s recommendations?<br><input type="checkbox"/> Propofol not used in unit |       |        |           |       |        |         |
| 14. Is tubing used to administer blood, blood products, or fat emulsions replaced within 24 hours of initiating the infusion?   |       |        |           |       |        |         |
| 15. Are needleless components changed at least as frequently as the administration set and no more frequently than every 72 hours (or according to manufacturer’s recommendations)?                         |       |        |           |       |        |         |
| 16. Do personnel collecting blood cultures attempt to use peripheral sites before using the central line, unless clinically indicated?  |       |        |           |       |        |         |
| 17. Is a 2% chlorhexidine wash used for daily bathing of ICU patients with central lines?   |       |        |           |       |        |         |
| Comments: (Please specify question number as applicable)  |       |        |           |       |        |         |



## V. Supplemental Strategies

Note: Facilities might consider these strategies if the CLABSI rate does not decrease after successful implementation of core strategies outlined in the previous domains.

|   | Never | Rarely | Sometimes | Often | Always | Unknown |
|---|-------|--------|-----------|-------|--------|---------|
| 1. Are antimicrobial/antiseptic impregnated catheters used when expected to be in place > 5 days? |       |        |           |       |        |         |
| 2. Are antiseptic-containing hub/connectors cap/port protectors used at your facility?            |       |        |           |       |        |         |
| Comments: (Please specify question number as applicable)  |       |        |           |       |        |         |

Additional Comments/Observations: