3M Science. Applied to Life.™

2021 Updates to the Infusion Nurses Society *Infusion Therapy Standards of Practice*

Review selected points from the new standards and practice recommendations.[1]

Prepare

Personal Protective Equipment

- In addition to standard precautions that protect against blood and body fluids,* wear a fit-tested, certified N95 or higher respirator when there is an airborne infection risk.** *Std. 17*, pg. S54; Std. 19**, pg. S58 (Level III)*

Hand Antiseptic

- Use soap and water, or as an alternative, routinely use an alcohol-based hand rub that contains at least 60% alcohol or 70% isopropyl alcohol for hand hygiene. *Std. 16, pg. S53 (Level I)*

Hair Removal

- Remove excess hair at the insertion site using single-patient use scissors or disposable-head surgical clippers. *Std. 33, pg. S96 (Level I)*

Skin Antiseptics

- Perform skin antisepsis with an agent of alcoholic chlorhexidine solution. *Std. 33, pg. S96 (Level I)*

Protect & Secure

Skin Protection

- Protect at-risk skin from irritation and breakdown with a sterile, alcohol-free skin barrier that is compatible with the antiseptic solution and when using an adhesive-based securement method. *Std. 42, pg. S120 (Level II)*

Antimicrobial Dressings

- Use chlorhexidine-impregnated dressings for all patients 18 years and older with short-term, nontunneled central vascular access devices (CVADs). Use for arterial catheters and other CVADs when other catheter-associated bloodstream infection (CABSI) prevention strategies are not effective. *Std. 50, pg. S154 (Level I)*
- With oncology patients, use a chlorhexidine-impregnated dressing around the needle insertion site for infusions exceeding 4-6 hours. *Std. 28, pg. S87 (Level V)*
- Consider use of chlorhexidine-impregnated dressings with epidural access devices as significant skin colonization and catheter colonization has been demonstrated with their use. *Std. 56, pg. S172 (Level I)*
- Assess VAD site and surrounding area to monitor skin, dressing and securement device integrity by inspection, and use palpation through the intact dressing to assess complications. *Std. 42, pg. S119 (Level V)*
- With hemodialysis, consider the use of a chlorhexidine-impregnated dressing to help reduce infection risk. *Std. 29, pg. S89 (Level IV)*

Catheter Securement

- Use a sterile dressing, combined with or integrated with a securement device, on all peripheral and CVADs to protect the site, provide securement and a microbial barrier, and to promote skin health. *Std. 42, pg. S119*
- Do not use a primary dressing as the sole securement method to stabilize and secure VADs. Inadequate securement can cause unintentional dislodgement and complications requiring premature removal. *Std. 38, pg. S109*

Adjunct Securement

- If using medical tape for additional securement, select a tape based on the intended use and patient's skin condition. Use a roll dedicated to a single patient. *Std. 42, pg. S121 (Level IV)*

Antimicrobial Port Protectors

- Perform passive disinfection by applying a cap or covering containing a disinfection agent. Disinfection caps create a physical barrier to contamination between uses. *Std. 36, pg. S105 (Level I)*
- Active disinfection with swab pads containing 70% isopropyl alcohol are likely the least effective approach in needleless connector disinfection. *Std. 36, pg. S105*
- Active disinfection with alcoholic CHG swab pads, and passive disinfection with caps containing 70% isopropyl alcohol, were associated with lower rates of CABSI. *Std. 36, pg. S105*
- Attach a new, sterile, compatible covering device to the male luer end of the administrative set after each intermittent use. *Std. 43, pg. S124 (Level IV)*

[1] Gorski, L. A.; Hadaway, L.; Hagle, M.E.; Broadhurst, D.; Clare, S.; Kleidon, T.; Meyer, B.M.; Nickel, B.; Rowley, S.; Sharpe, E.; Alexander, M. (2021). Journal of Infusion Nursing, 44 (suppl. 1):S1-S224. doi:10.1097/NAN.0000000000000396. Refer to the document to view verbatim, comprehensive standards and practice recommendations.

3M. Where evidence-based practice standards meet innovative solutions.

The Infusion Nurses Society (INS) is the global authority in infusion therapy, setting stringent evidence-based standards for practice. At 3M, we provide a broad portfolio of solutions that help clinicians meet these standards, enabling you to provide the best possible care.

Prepare

Personal Protective Equipment

3M™ Health Care Particulate Respirators and Surgical Masks

3M provides a range of respiratory protection options, including filtering facepiece, elastomeric reusable and powered airpurifying respirators, to help reduce the potential exposure to airborne hazards.

Hand Antiseptic

3M™ Avagard™ hand antiseptic

Emollient rich formulation containing 61% w/w ethyl alcohol available with and without CHG.

Hair Removal

3M™ Surgical Clipper with Pivoting Head

Single-use clipper blades that conform to the contours of a patient's body.

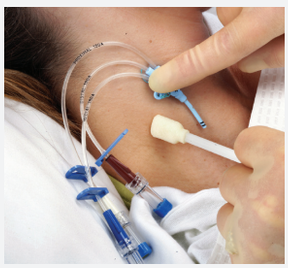
Skin Antiseptic

3M™ SoluPrep™ Skin Antiseptic

Available in a 2% w/v Chlorhexidine Gluconate (CHG)/70% v/v Isopropyl Alcohol (IPA) formulation.

Protect & Secure

Skin Protection



3M™ Cavilon™ No Sting Barrier Film

A CHG-compatible[2] alcohol-free skin barrier proven to help protect skin from adhesive skin damage. Easy-to-open, peel-down packaging allows for aseptic delivery.

Adjunct Securement

3M™ Micropore™ S Surgical Tape

An effective yet gentle multi-purpose tape that is suitable for secondary securement on all patients, including those with at-risk skin[3]. Available in individually-packaged single-use rolls.

Protect & Secure

3M™ Tegaderm™ CHG Chlorhexidine Gluconate I.V. Securement Dressings* and 3M™ Curos™ Disinfecting Port Protectors help protect and secure all lines, all the time from extraluminal and intraluminal contamination risk.[4-8]

CHG Dressings & Catheter Securement

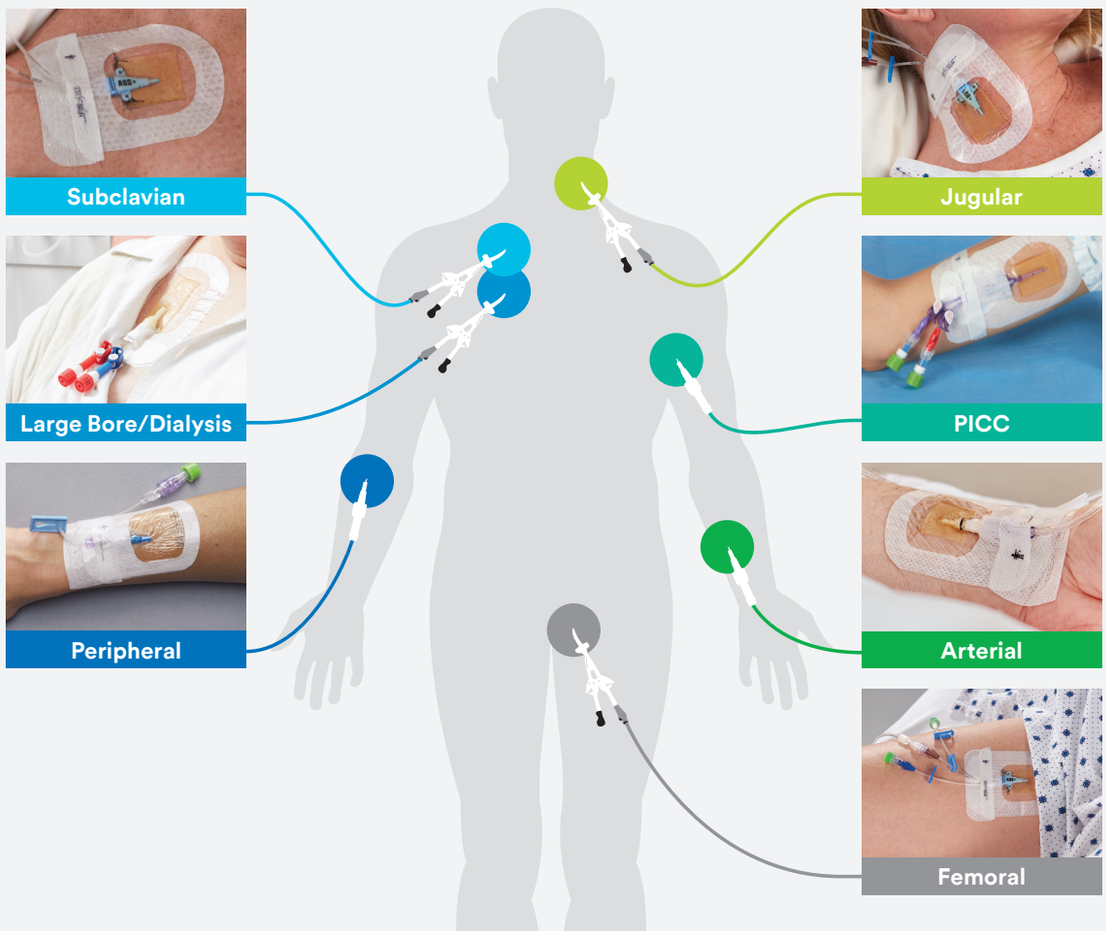
3M™ Tegaderm™ CHG Dressings: 35 years of IV care science and innovation.

- Clinically proven to reduce catheter-related bloodstream infections (CRBSI)[9]
- Transparent dressing and gel pad enable early identification of potential complications at IV site and meet INS recommendations to assess the IV site and surrounding area by visual inspection[1]
- Each 3M™ Tegaderm™ CHG Dressing is designed to minimize catheter movement and dislodgement[10] and meets the INS definition of an integrated securement device (ISD) or adhesive securement device (ASD)[1]
- Integrated CHG gel pad and dressing design helps ensure standardized, correct application[11]
- Select securement dressings also available without CHG.

Antimicrobial Protection

3M™ Curos™ Disinfecting Port Protectors are the only brand to offer effective passive disinfection for all IV access points.

- Consistent use of 3M™ Curos™ Disinfecting Caps for Needleless Connectors was associated with decreased central line-associated bloodstream infections (CLABSI)[12]
- Effective disinfection of needleless connectors and male luers on peripheral lines has been associated with a significant decrease in peripheral line-associated bloodstream infections (PLABSI)[13]
- Each 3M™ Curos™ Disinfecting Cap contains 70% isopropyl alcohol (IPA) that disinfects the surface of the IV access point in one minute[14]
- Protects IV access points for up to 7 days if not removed[14]
- Disinfecting cap strips can hang on IV poles, positioning them for convenient, bedside availability
- Features a luer-lock design



***Important Safety Information for 3M™ Tegaderm™ CHG Chlorhexidine Gluconate I.V. Securement Dressing.** Do not use 3M™ Tegaderm™ CHG I.V. Securement Dressing on premature infants or infants younger than two months of age. Use of this product on premature infants may result in hypersensitivity reactions or necrosis of the skin. The safety and effectiveness of 3M™ Tegaderm™ CHG I.V. Securement Dressing has not been established in children under 18 years of age. For full prescribing information, see the Instructions for Use (IFU).

The clinical resources and education provided by 3M are designed to support you in each of the following areas, with a focus on your unique needs and challenges.

Identify
Identify the areas where you have the biggest opportunity to drive impact at your facility.

Improve
Improve or implement new work processes and protocols through a variety of tools and approaches.

Learn
Learn about industry best practices, clinical evidence and new ways to improve outcomes.

Maintain
Maintain the progress you've made and continue to keep staff well educated and engaged.

3M Solutions

We understand every journey toward zero complications is unique. That's why our program includes customized assessment tools that:

- Empower you to drive compliance
- Streamline the auditing process
- Provide customized guidance and feedback
- Help define success

Tools Include:
IV Care and Maintenance
Temperature Management
Perioperative Care
Sterilization Monitoring

You're not alone – 3M stands behind you with science-based products and evidence-based protocols to help you win the fight against infection. Learn how we can help support your infection protection initiatives at 3M.ca/InfectionPrevention.

To learn more, visit **3M.ca/VascularAccess** or connect with your 3M Account Manager.

1 Gorski, L. A.; Hadaway, L.; Hagle, M.E.; Broadhurst, D.; Clare, S.; Kleidon, T.; Meyer, B.M.; Nickel, B.; Rowley, S.; Sharpe, E.; Alexander, M. (2021). Journal of Infusion Nursing, 44 (suppl. 1):S1-S224. doi:10.1097/NAN.0000000000000396
2 3M data on file: EM-05-005732 and EM-05-002049.
3 3M Internal Data on file.
4 Safdar, N.; Maki, D.G. The pathogenesis of catheter-related bloodstream infection with noncuffed short-term central venous catheters. Intensive Care Med. 2004; 30(1): 62-67.
5 Mermel, L.A.; McCormick, R.D.; Springman, S.R.; Maki, D.G. The pathogenesis and epidemiology of catheter related infection with pulmonary artery Swan-Ganz catheters: A prospective study utilizing molecular subtyping. Am. J. Med. 1991; 91(36):197S–205S.
6 Maki, D.G.; Weise, C.E.; Sarafin, H.W. A semiquantitative culture method for identifying intravenous-catheter-related infection. N. Engl. J. Med. 1977; 296(23): 1305-1309.
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9 U.S. Food and Drug Administration, Department of Health & Human Services. 3M™ Tegaderm™ CHG Chlorhexidine Gluconate I.V. Securement Dressing 510(k) K153410 approval letter, May 15, 2017. Retrieved June 18, 2020 from https://www.accessdata.fda.gov/cdrh_docs/pdf15/K153410.pdf.
10 3M data on file: EM-05-014359.
11 Kohan, C.A.; Boyce, J.M. A Different Experience with Two Different Chlorhexidine Gluconate Dressings for Use on Central Venous Devices. Am. J. Infect. Control. 2013; 41(6): S142–S143
12 Merrill, K.C.; Sumner, S.; Linford, L.; Taylor, C. and Macintosh C. Impact of universal disinfectant cap implementation on central line-associated bloodstream infections. American Journal of Infection Control 42 (2014) 1274–7.
13 Duncan, M.; Warden, P.; Bernatchez, B.; and Morse, D. A Bundled Approach to Decrease Primary Bloodstream Infections Related to Peripheral Intravenous Catheters. 2018, Journal of the Association of Vascular Access, 23(1), 15–22.
14 Data reflects *in vitro* findings on Curos™ Disinfecting Port Protectors.

Note: Specific indications, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application.

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