

Summary of Canadian Vascular Access Association 2019 Guidelines

Skin Antisepsis

Skin Antiseptic (pg. 27-28)

Use skin antiseptic based on efficacy and duration, including immediate and persistent/residual effect [ICVAA]

Select preferred skin antiseptic:

- 2% chlorhexidine (at least > 0.5%) in 70% alcohol solution in patients older than 2 months of age. (CANNT, 2015; epic3, 2014; RCN, 2016; SHN, 2012) [IA]

Use single-use application product instead of multi-use product to provide antisepsis and dispose after use. (epic3, 2014) [IC]

Apply Skin antiseptic solution according to manufacturer's instructions for use: [ICVAA]

- Use recommended volume for the dimensions of the area to be prepped (e.g. dressing dimensions)
- Use friction scrub for at least 30 seconds with repeated up and down and side to side motion
- If using product with applicator stick, follow manufacturer's instructions for use about using one or both sides of sticks [ICVAA]

Allow skin antiseptic solution to dry completely (without wiping, fanning, or blowing on skin) prior to VAD insertion and dressing placement. (CDC, 2011; epic3, 2014; INS, 2016; PediSIG, 2015) [IA]

Maintaining Skin Integrity

Dressing Change (pg. 29)

Protect skin integrity: [ICVAA]

- Apply sterile barrier solution when using adhesive-based securement method (INS, 2016) [IA]
- Consider using sterile barrier solution under dressing when indicated (to prevent and manage skin irritation and breakdown at VAD site)

VAD-Associated Skin Impairment (pg. 43 - 44)

Apply sterile barrier solution to skin exposed to adhesive. (INS, 2016) [IA]

Apply (without stretching) and removing adhesive device and dressing in a manner to prevent shearing or tearing of skin. [ICVAA]

Select most appropriate dressing and securement device for impaired skin. (e.g., Silicone, absorbent acrylic) [ICVAA]

Securement and Stabilization

Vascular Access Device Securement (pg. 28)

Use method of securement that includes transparent dressing with securement properties. (INS, 2016) [IB]

Ensure securement method does not compromise ability to perform site assessment, limit vascular circulation, or impair skin integrity. (INS, 2016; RCN, 2016) [IC]

Do not rely on tape, gauze, and non-bordered transparent dressing*, or rolled bandage as method of securement. (CDC, 2011; INS, 2016) [IIA]. If using tape, use only sterile tape under sterile dressing (INS, 2016)

*There is insufficient evidence to rely on standard VAD dressings as securement device (INS, 2016)

Antimicrobial Protection

Dressing Change (pg. 29 - 30)

Use chlorhexidine-impregnated sponge/dressing for:

- CVAD where extraluminal route is primary source of infection (INS, 2016) [IC]
- CVAD if CLABSI rate is not decreasing despite adherence to basic prevention measures, including education and training, appropriate use of chlorhexidine for skin antisepsis, and maximal sterile barrier (CDC, 2011; epic3, 2014; RCN, 2016; SHEA, 2014; SHN, 2012) [IA]
- All short-term non tunneled CVAD (CDC, 2017) [IA]

Consider using chlorhexidine-impregnated sponge/dressing for patient with arterial or epidural catheter. (INS, 2016) [IIB]

Catheter-Related Infection (pg. 37 - 38)

Use chlorhexidine-impregnated sponge/dressing for:

- CVAD where extraluminal route is primary source of infection (INS, 2016) [IC]
- CVAD if CLABSI rate is not decreasing despite adherence to prevention measures, including education and training, appropriate use of chlorhexidine for skin antisepsis and maximal sterile barrier (CDC, 2011; epic3, 2014; RCN, 2016; SHEA, 2014; SHN, 2012) [IA]
- All short-term non-tunneled CVAD (CDC, 2017) [IA]

Consider using chlorhexidine-impregnated sponge/dressing for patient with arterial or epidural catheter. (INS, 2016) [IIB]

Disinfecting Ports

Make Add-On Devices (pg. 32)

Perform vigorous scrub, including all surfaces and sides (unless using a disinfectant cap for passive disinfection). (CDC, 2011; epic3, 2014; PediSIG, 2015; RCN, 2016) [IB]

Consider use of passive disinfectant cap (to prevent microbial contamination and infection). (INS, 2016; RCN, 2016)* [IIB]

- Dispose cap upon removal
- Do not reuse cap; apply new cap, as required
- Use product in accordance with manufacturer's instructions for use [ICVAA]

*Passive disinfection caps have been shown to reduce intraluminal contamination and reduce rates of CLABSI.

Administration Sets (pg. 5)

Use strategies to reduce risk of contamination:

- Limit disconnection (INS, 2016) [IIC]
- Cover male luer end of administration set with new sterile cover upon disconnection. Do not connect ("loop") exposed male end of administration set into injection port or use syringe cap to cover
- Maintain strict adherence to disinfection of needless free connector, injection port and hub (INS, 2016; PediSIG, 2015) [IC]. Consider using disinfection cap for needle-free connector and injection port and tip cover for exposed male end of administration set [ICVAA]

3M has solutions that can help clinicians be compliant with 2016 Infusion Therapy Standards of Practice.

3M™ Soluprep Skin Antiseptics

Help protect patients against microorganisms and reduce the risk of infections with 3M™ SoluPrep™ Brand Products. 3M™ SoluPrep™ Skin Antiseptic was the first skin antiseptic authorized for Professional Healthcare use.²

- Has a flexible handle
- Pre-moistened swab
- Clear solution
- Peel-open package



3M™ Cavilon™ No Sting Barrier Film

- Protects skin from adhesive trauma (MARSI)
- Compatible with chlorhexidine gluconate (CHG)³
- Provides a fast-drying, sterile solution
- Peel-open packaging to permit sterile delivery



3M™ Tegaderm™ I.V. Advanced Securement Dressing

- Engineered Stabilization Device (ESD) designed with stabilization borders, a force-shifting notch and securement tape strips
- Promotes consistent application
- Provides securement and barrier to external contaminants[†]



3M™ Curoc™ Disinfecting Port Protectors

- Consistent use of Curoc™ Disinfecting Caps on I.V. needleless connectors is associated with decreased CLABSI⁴
- The alcohol-containing cap disinfects the needleless connector in 1 minute and acts as a physical barrier to contamination for up to 7 days if not removed⁵
- Strips hang on I.V. poles, positioning caps for convenient, bedside availability



Available in Canada from

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² Health Canada Drug Product Database. Accessed January 1, 2017.

³ 3M data on file: EM-05-005732 and EM-05-002049.

⁴ Voor in 't holt AF, Helder OK, Vos MC, et al. Antiseptic barrier cap effective in reducing central line-associated bloodstream infections: A systematic review and meta-analysis. Int J Nurs Stud. 2017; 69: 34-40.

⁵ Data reflects *in vitro* findings on Curoc™ Disinfecting Port Protectors.

[†] *in vitro* testing shows that the transparent film provides a viral barrier from viruses 27 nm in diameter or larger while the dressing remains intact without leakage.

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