

Cleaning & Disinfection in Dialysis

What You Did Not Know

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presenters today:

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NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Panelist & Questions and Answer Session

Panelists today:

- Daniel Brailita, MD dabrailita@unmc.edu
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- Moderated by Margaret Deacy mdeacy@nebraskamed.com

Please use the Q&A box in the webinar platform to type a question to be read aloud. If your question is not answered during the webinar, please e-mail it to nebraskaicap@nebraskamed.com or call Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists.

Slides from this presentation will be available on the Nebraska ICAP website

Continuing Education

This nursing continuing professional development activity was approved by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

In order to obtain 1.0 contact hour, you must participate for the entire presentation and complete the evaluation.

No relevant financial relationships were identified for any member of the planning committee or presenter/author.


This educational activity is presented by Nebraska ICAP

Disclaimer

Every attempt has been made to provide an unbiased, balanced presentation.



This topic, however, lends itself to specific products to be discussed.



Name brands have changed to reflect generic names when possible.

Learning Objectives

Become familiar with basics and terminology of cleaning and disinfection

Explain the difference between cleaning, sanitation and disinfection

Identify effective contact times with different products

Discuss bleach use and appropriate precautions in dialysis settings

Identify PPE required when using disinfectants

Multicenter Outbreak of Gram-Negative Bloodstream Infection in Hemodialysis Patients Related to Wall Box



58 cases of Gram-negative bloodstream infections occurred from July 1, 2015 to November 30, 2016



48 (83%) required hospitalization

21 *Serratia marcescens*

12 *Pseudomonas aeruginosa*



Environmental samples yielded *S marcescens* and *P aeruginosa* from wall boxes.



S marcescens whole-genome sequencing were closely related to case-patients from the same facilities.



Opportunities for contamination of health care workers hands from wall boxes from contaminated fluid was identified.

Multicenter Outbreak of Gram-Negative Bloodstream Infection in Hemodialysis Patients Related to Wall Box

July 2015 to November 2016

Staff may lack awareness of infectious risks associated with wall boxes and necessary infection prevention and control measures



Wall boxes contain drains that are predisposed to the development of biofilms that contain opportunistic pathogens

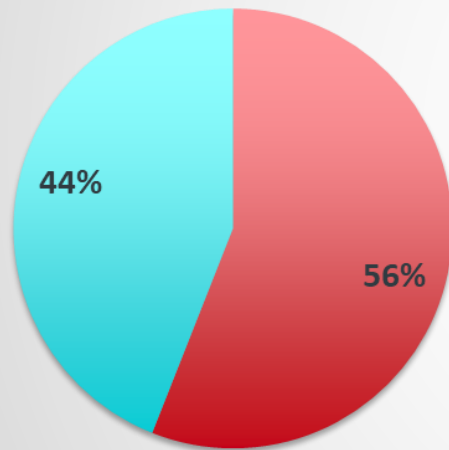


Wall box drains may become clogged; splashing and foaming at the wall box

Gap analysis

2015-2018 ICARs-14 Facilities

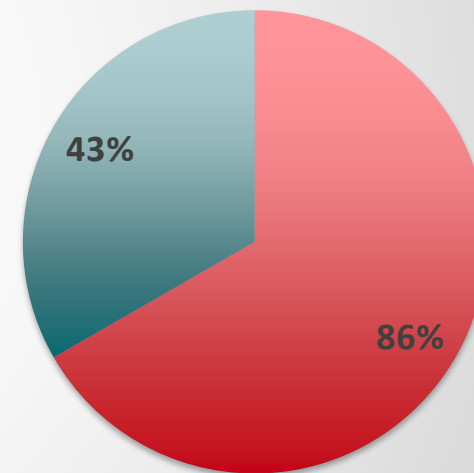
Dialysis Station Cleaning Compliance



■ not compliant with all 15 steps
■ compliant with all 15 steps

2021-2022 ICARs-7 Facilities

Cleaning/Disinfection Gaps



■ Bleach deficit ■ Cleaning process

Preventing Transmission of Infections in Dialysis Facilities

Cleaning and Disinfection processes in hemodialysis break the chain of infection by reducing and eliminating opportunities of infectious agents via contaminated devices, equipment and supplies.

Supplies

- Dispose of left-over extra supplies

Contaminated devices

- BP cuffs
- Clamps
- Hemostats
- Stethoscopes

Equipment

- Dialysis machines
- Wall boxes
- Station chair
- Containers including prime waste

Clean, Sanitize, or Disinfect?

Action	What does it do?	Example of when to do it
Cleaning	Cleaning removes dirt and organic matter from surfaces using soap or detergents. *Removes Germs*	Every time, it is the necessary first step to any cleaning/ disinfection process
Sanitizing	Sanitizing kills bacteria on surfaces using chemicals. It is not intended to kill viruses. *Lowers the number of germs*	Food contact surfaces
Disinfecting	Disinfecting kills viruses and bacteria on surfaces using chemicals. *Kills the germs*	High touch surfaces, surfaces contaminated by blood and body fluid

EPA What's the difference between products that disinfect, sanitize, and clean surfaces?

<https://www.epa.gov/coronavirus/whats-difference-between-products-disinfect-sanitize-and-clean-surfaces>

Cleaning



- **Cleaning is the necessary first step of any disinfection process.**
- Cleaning removes organic matter, salts, and visible soils, all of which interfere with microbial inactivation.
- **The physical action of scrubbing with detergents and surfactants and rinsing with water removes substantial numbers of microorganisms.**
- If a surface is not cleaned first, the success of the disinfection process can be compromised.
- **Removal of all visible blood and inorganic and organic matter can be as critical as the germicidal activity of the disinfecting agent.**
- In some environments, surfaces that cannot be easily cleaned adequately, should be protected with barriers.

Cleaning, followed by disinfection

Spray-wipe-spray

If using liquid disinfectant:

1. User sprays the surface with the disinfectant
2. Wipe it using a disposable towel to clean the surface
3. Followed with another “spray” to disinfect the surface (allowing contact time to disinfect)

Wipe-discard-wipe

If using disposable disinfectant wipes:

1. User uses one wipe to clean the surface
2. Discards the wipe,
3. Use a second wipe to disinfect the surface.

**** Note Disinfectant products should not be used as cleaners unless the label indicates the product is suitable for such use.**

Disinfection: mechanism of action

Oxidation- disrupt the cell wall of bacteria, resulting in the loss of structure, cell lysis and death (example chlorine)

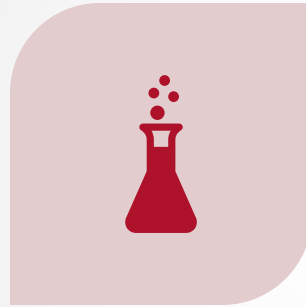
Denaturation-molecules break down the protein cell walls and then the cells collapse/lose function (example- alcohol)

Surface active agents- impact cell walls and membranes by positive surface charge (example quats)

Disinfection requirements



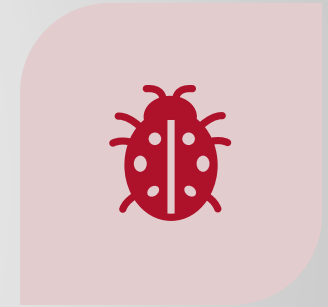
SURFACE IS CLEAN AND FREE OF
GROSS SOIL



APPROPRIATE CONCENTRATION OF
ACTIVE INGREDIENT/ DILUTION



ADEQUATE APPLICATION/ SURFACE
SATURATION



SUFFICIENT TIME FOR THE AGENT
TO KILL ORGANISMS THAT ARE
PRESENT (A.K.A CONTACT TIME)

More about Contact Time

How to Read a Disinfectant Label (cdc.gov)

- ❑ Sometimes called “dwell time,” this is the amount of time a disinfectant needs to sit on a surface, without being wiped away or disturbed, to effectively kill germs.
- ❑ Why are multiple times sometimes listed (1 min, 3 min, 10 min)?
- ❑ Different types of pathogens require longer exposure to the chemical disinfectant- they are harder to kill?

How to Read a Disinfectant Label

Read the entire label.
The label is the **law**!

Note: Below is an **example** of information that can be found on a disinfectant label

Active Ingredients:
What are the main disinfecting chemicals?

EPA Registration Number:
U.S. laws require that all disinfectants be registered with EPA.

Directions for Use (Instructions for Use):
Where should the disinfectant be used?
What germs does the disinfectant kill?
What types of surfaces can the disinfectant be used on?
How do I properly use the disinfectant?

Contact Time:
How long does the surface have to stay wet with the disinfectant to kill germs?

Signal Words (Caution, Warning, Danger):
How risky is this disinfectant if it is swallowed, inhaled, or absorbed through the skin?

Precautionary Statements:
How do I use this disinfectant safely? Do I need PPE?

First Aid:
What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

Storage & Disposal:
How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?

Sample Label Content:

ACTIVE INGREDIENTS:
Alkyl (60% C14, 30% C16, 5% C12, 5% C18)
Dimethyl Benzyl Ammonium Chloride 10.0%
OTHER INGREDIENTS: 90.0%
TOTAL: 100.0%

EPA REG NO. 55555-55-55555

CAUTION

Directions for Use

INSTRUCTIONS FOR USE:
It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

For Disinfection of Healthcare Organisms:
Staphylococcus aureus, Pseudomonas aeruginosa.

To Disinfect Hard, Nonporous Surfaces:
Pre-wash surface.
Mop or wipe with disinfectant solution.
Allow solution to stay wet on surface for at least 10 minutes.
Rinse well and air dry.

PRECAUTIONARY STATEMENTS:
Hazardous to humans and domestic animals. Wear gloves and eye protection.

CAUSES MODERATE EYE IRRITATION. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling. Avoid contact with foods.

FIRST AID: IF IN EYES: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. **IF ON SKIN OR CLOTHING:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes.

POISON CONTROL: Call a Poison Control Center (1-866-366-5048) or doctor for treatment advice.

STORAGE AND DISPOSAL: Store this product in a cool, dry area away from direct sunlight and heat. When not in use keep center cap of lid closed to prevent moisture loss. Nonrefillable container. Do not reuse or refill this container.

EXP MM-DD-YYYY
EPA 7260-10-0101

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

PROJECT FIRSTLINE

EPA
United States Environmental Protection Agency

WWW.CDC.GOV/PROJECTFIRSTLINE

Selection of Disinfectants

Considerations

- Speed of disinfection (Dwell Time/ Contact Time)
- Cleaning ability
- Personnel health and safety
- Cost
- Surface compatibility/ instructions for use for the surface
- Application method (wipes, bucket **immersion, pour** bottles, and sprays)



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Cleaning products that are healthier for people and the environment

- fragrance-free
- free of dyes
- non-antibacterial
- non- aerosols (propellant)

UL Ecologo

[ECOLOGO Certification Program | UL Solutions](#)



Green Seal

[Our Standards - Green Seal](#)

EPA Safer Choice logo

[Safer Choice | US EPA](#)



EPA Design for the Environment (DfE)



epa.gov/dfe

EPA design for the environment is the only certification logo for antimicrobial products that **sanitize and disinfect** and are better for the environment.

[DfE-Certified Disinfectants | US EPA](#)

Common Disinfectants

Disinfectant	Advantages	Disadvantages
Chlorine (a.k.a. bleach solutions)	EPA registered, low incidence of toxicity, reduces biofilms of surfaces, sporicidal at specific concentrations	Discoloration of fabrics, inactivated by organic matter, toxic when mixed with ammonia
Quaternary ammonium compounds (a.k.a 'quads')	EPA registered, surface compatible, active against many bacteria, enveloped viruses, and fungi	Not sporicidal, not effective against non-enveloped viruses, water hardness & cotton can make it less microbiocidal
Improved hydrogen peroxide	EPA registered, non-staining, surface compatible, excellent coverage of organisms, benign for environment, often sporicidal	Expensive
Phenolics	EPA registered, active against many bacteria, enveloped viruses, and fungi, inexpensive	Not sporicidal, tissue irritant
Alcohol	Good organism coverage, easy to use, used to disinfect small surfaces such as rubber stoppers on medication vials	Not EPA registered, not sporicidal, no detergent or cleaning properties

Cleaning and Disinfectant Safety

Follow these important safety guidelines when using chemical disinfectants:

- Open doors and windows and use fans or HVAC (heating, ventilation, and air conditioning) settings to increase air circulation in the area.
- Wear the recommended protective equipment (for example, gloves or goggles) to protect your skin and eyes from potential splashes.
- If the product instructions tell you to dilute the product with water, use water at room temperature (unless the label says otherwise).
- Clearly label all cleaning or disinfection solutions.
- Store and use chemicals out of the reach of children and animals.
- Do not mix products or chemicals with each other as this could be hazardous and change the chemical properties.
- Do not eat or drink near the chemicals. These products can cause serious harm.
- Immediately after disinfecting, wash your hands with soap and water for 20 seconds.

Cleaning: Bucket immersion or open bucket method

Bucket is pre-filled with disinfectant solution (mixed to manufacturer's instructions for use), usually with a filling station.

Clean cleaning cloths are placed in the bucket to soak

The object or surface is cleaned with sufficient saturation that the disinfectant stays on the surface, wet for the prescribed contact time.



- ✓ Wipes are only removed from the bucket, never double dipped
- ✓ Dirty rag bag is needed on the ES cart
- ✓ Change rags as needed to ensure saturation

[Environmental Services Cleaning Guidebook.pdf\(mnhospitals.org\)](https://mnhospitals.org/files/Environmental_Services_Cleaning_Guidebook.pdf)

[Nebraska ASAP Environmental Cleaning in Healthcare, part 1 setting up the cart](#)

Dispensing Stations vs. Ready to Use

Dispensing Stations

- Dilution can vary over time, so validation process important to measure effectiveness
- Cost effective, mixing as needed at point of use
- Chemical distributed in concentrate form, higher yield.

Potential splash risk, must use PPE (gloves, goggles)

Ready to Use

- Comes pre-mixed, dilution is always to manufacturer's instructions for use
- Costly on per-use scale
- Requires significant amount of storage

Reusable cleaning cloths

Single use, then 'rag bag' (no double dipping)

Microfiber is preferred

Sponges should not be used
(they never dry, harbor lots
of debris and germs)

Between uses, microfiber
rags should be laundered in
hot water, without bleach or
fabric softener

- Adhere to manufacturers'
instructions for specific direction

Most manufacturers
recommend low heat for
drying

Do NOT dry any other cloths,
rags, towels or other
clothing with microfibers

How to wash microfiber: <https://www.maytag.com/blog/washers-and-dryers/how-to-wash-microfiber-towels-cloths.html>

Electronics & Keyboards



- Silicone cover-makes cleaning and sanitizing easier.
- Clean with a microfiber cloth or paper towel.
- Follow with disinfectant.
- Do not spray disinfectant directly on a keyboard.
- Disinfectant wipes can be used.

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Dialysis Station Disinfection

Identify

Responsible staff



Establish

A procedure to allow sufficient disinfectant to be applied to surface (wet time)



Provide

Patient-free intervals to allow through disinfection of surfaces to minimize lapses in infection prevention

- Consider moving patients to a post-treatment seating area to facilitate more rapid station turnover.

Establish

A procedure and checklist for cleaning, disinfection, and drying

- Priming buckets
- Reusable supplies
- Discarding disposable supplies

Dialysis Station Disinfection in 2 Steps

Part A

- Remove used blood tubing and dialyzer and discard in a leakproof container
- Clean any visible soil or blood on surfaces
- Move any reusable supplies to an area where they will be cleaned and disinfected (clamps)
- Ensure the priming bucket is emptied
- Discard all single use supplies within the patient station
- Remove gloves and perform hand hygiene



Part B

- Assure the patient has exited the station
- Wear appropriate PPE which includes clean gloves
- Using a wiping motion, apply disinfectant to all surfaces in the patient station
- Ensure surfaces are visibly wet
- Disinfect the priming bucket and allow it to air dry before reconnecting
- Remove gloves and perform hand hygiene
- Allow surfaces to air dry and do not bring clean supplies into the station until complete

Dialysis Wall Boxes



Hemodialysis Boxes - Maintenance Requirements | Ambulatory | Environment of Care EC | The Joint Commission

- Disinfect at least daily
- Cleaning and disinfect after the patient has left the station
- Apply disinfectant to all surfaces and any attached hoses
- Ensure high touch surfaces of the wall box and any attached hoses are disinfected
- Wipes and other supplies used to disinfect the wall box should be discarded after use and not used to disinfect other surfaces in the dialysis station
- More than one disinfectant wipe or application may be needed to ensure all wall box surfaces are visibly wet with disinfectant to achieve contact time specified for manufacturer





Bleach



Sodium Hypochlorite

is the active ingredient that kills bacteria, fungi, and viruses, including SARS-CoV-2 and Influenza.



[Table G.1, Sodium hypochlorite: concentration and use - Infection Prevention and Control of Epidemic- and Pandemic-Prone Acute Respiratory Infections in Health Care - NCBI Bookshelf \(nih.gov\)](#)

Bleach is a good disinfectant in Dialysis

Strong and effective disinfectant, killing bacteria, bacterial spores, fungi, and viruses



Widely available



Low cost



Recommended surface disinfectant for healthcare facilities

Bleach Disadvantages

Bleach expires 1 year from production. Avoid overstocking.

Loses potency if stored incorrectly.

- Keep out of direct sunlight and temps > 77 F
- Discard unused mixtures 24 hours after preparation

Potency reduces over several months after opening, even with proper storage, so that standard dilutions are not longer effective.

Emits a toxic gas when exposed to direct sunlight or when mixed with certain chemicals (e.g., vinegar).

Deactivated by organic materials (i.e., surfaces must be cleaned before use to be effective).

Bleach: Recommended Dilution

Nonporous Surfaces

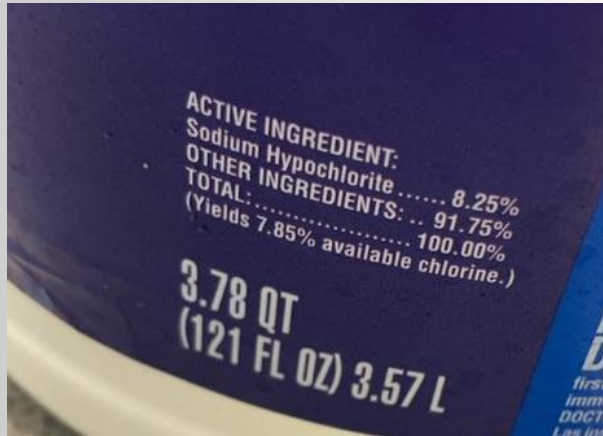
500-615 ppm(parts per million) of 5% sodium hypochlorite is the usual recommendation for disinfection or 500 ppm.

Bleach concentration	8.25 %
Desired chlorine concentration	500 ppm ▼
Desired chlorine volume	1 US gal ▼
Required bleach volume	24.09 ml ▼

Bleach concentration	5 %
Desired chlorine concentration	500 ppm ▼
Desired chlorine volume	1 US gal ▼
Required bleach volume	39.75 ml ▼

[Environmental Guidelines](#) | [Guidelines Library](#) | [Infection Control](#) | [CDC](#)

Bleach Dilution Calculator



Bleach concentration	%
Desired chlorine concentration	ppm ▼
Desired chlorine volume	US gal ▼
Required bleach volume	US fl oz ▼

[Bleach Dilution Calculator \(omnicalculator.com\)](https://omnicalculator.com/bleach-dilution)

Bleach: Recommended Dilution

Blood Spills

Blood Spills: 5,000-6,150 ppm (parts per million)

Bleach concentration	8.25 %
Desired chlorine concentration	5,000 ppm ▼
Desired chlorine volume	1 US gal ▼
Required bleach volume	240.9 ml ▼

Bleach concentration	5 %
Desired chlorine concentration	5000 ppm ▼
Desired chlorine volume	1 US gal ▼
Required bleach volume	397.5 ml ▼

[Environmental Guidelines](#) | [Guidelines Library](#) | [Infection Control](#) | [CDC](#)

Is it better to have a higher than recommended concentration?

Potential hazard for workers and patients

- Toxic gas when exposed to sunlight
- It is an irritant and can burn tissue!
 - mucous membranes
 - skin
 - airways
- Damaging to surfaces-can erode metals and surfaces

PPE USE

Protect your eyes, mouth and nose from splashes



Protect your skin



[bleach-dilution-and-guidance-for-visitors-20200622.pdf \(who.int\)](https://www.who.int/publications-detail/bleach-dilution-and-guidance-for-visitors-20200622.pdf)

Key Take-aways

Do

- Do-Clean the surface prior to disinfection

Do

- Do-Use regular, unscented bleach containing 5.25%-8.25% sodium hypochlorite

Do

- Do-Read and follow the directions on the product container

Do

- Do-Wash your hands after removing gloves and cleaning and disinfecting

Do

- Do-Cover bleach solutions to slow degradation and store in an opaque container

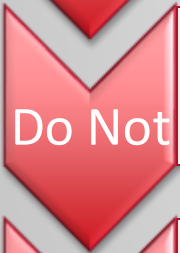
Key Take-aways



- Do not-Mix bleach with other cleaners, vinegars, ammonia, or acids



- Do not-Touch your eyes



- Do not-Inhale bleach fumes



- Do not-Keep bleach solution over 24 hours after mixing

Resources

CDC

[Cleaning and Disinfecting With Bleach | CDC](#)

[Environmental Surface Disinfection in Dialysis Facilities: Notes for Clinical Managers \(cdc.gov\)](#)

NIH-National Library of Medicine

[Use of disinfectants: alcohol and bleach - Infection Prevention and Control of Epidemic- and Pandemic-Prone Acute Respiratory Infections in Health Care - NCBI Bookshelf \(nih.gov\)](#)

OMNI Calculator

[Bleach Dilution Calculator \(omnicalculator.com\)](#)

WHO (Infographics)

[bleach-dilution-and-guidance-for-visitors-20200622.pdf \(who.int\)](#)

Dialysis Program Development



Policy Development Operating Procedures

What surfaces are cleaned versus sanitized versus disinfected?

Disinfectant must be changed after (x) rooms/stations

After a 'sick' room, equipment must be wiped down & disinfectant refreshed

Disposable versus reusable mop heads and cleaning cloths

Orientation, training, and feedback (think checklists)

Communication strategies

Development of a Training Program

Core Interventions

- Orientation
- Training
- Evaluation of performance should be competency based.
- Patient education
- Surveillance and Auditing

General Cleaning Techniques

- Use only EPA registered disinfectants
- Identify and instruct staff on correct dilution of disinfectant agents
- Establish procedure for disinfecting dialysis station between patients
 - Cleaner to dirtier
 - High to low (Top to bottom)
 - Methodical, systematic manner
 - Number of clothes/wipes to be utilized

Create a checklist to avoid missing areas

Checklist: Dialysis Station Routine Disinfection

This list can be used if there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection. The proper steps for cleaning and disinfecting surfaces that have visible soil on them are not described herein. Additional or different steps might be warranted in an outbreak situation. Consider gathering necessary supplies¹ prior to Part A.

Part A: Before Beginning Routine Disinfection of the Dialysis Station

- ☐ Disconnect and takedown used blood tubing and dialyzer from the dialysis machine.
- ☐ Discard tubing and dialyzers in a leak-proof container².
- ☐ Check that there is no visible soil or blood on surfaces.
- ☐ Ensure that the priming bucket has been emptied³.
- ☐ Ensure that the patient has left the dialysis station⁴.
- ☐ Discard all single-use supplies. Move any reusable supplies to an area where they will be cleaned and disinfected before being stored or returned to a dialysis station⁵.
- ☐ Remove gloves and perform hand hygiene.

PART B: Routine Disinfection of the Dialysis Station – AFTER patient has left station

- ☐ Wear clean gloves.
- ☐ Apply disinfectant⁶ to all surfaces² in the dialysis station using a wiping motion (with friction).
- ☐ Ensure surfaces are visibly wet with disinfectant. Allow surfaces to air-dry².
- ☐ Disinfect all surfaces of the emptied priming bucket³. Allow the bucket to air-dry before reconnection or reuse.
- ☐ Keep used or potentially contaminated items away from the disinfected surfaces.
- ☐ Remove gloves and perform hand hygiene.

Do not bring patient or clean supplies to station until these steps have been completed.



Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

Facility Name: _____ Observer: _____
Date: _____ Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Start time: _____ AM / PM

Audit Tool: Hemodialysis station routine disinfection observations*

(Use a “√” if action performed correctly, a “Φ” if not performed/ performed incorrectly. If not observed, leave blank. All applicable actions within a row must have “√” for the procedure to be counted as successful.)

*This audit tool applies when there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection.

Discipline	All supplies removed from station and prime bucket emptied	Gloves removed, hand hygiene performed	Station is empty before disinfection initiated*	New clean gloves worn	Disinfectant applied to all surfaces and prime bucket	All surfaces are wet with disinfectant	All surfaces allowed to dry	Gloves removed, hand hygiene performed	No supplies or patient brought to station until disinfection complete

Discipline: P=physician, N=nurse, T=technician, S=student, O=other

Duration of observation period: _____ Number of procedures performed correctly = _____

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:

** Ensure the patient has left the dialysis station before disinfection is initiated.



National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion



Resource Center | Dialysis Safety | CDC



Monitoring and Surveillance

Direct Observation

Swab Cultures

Agar Slide Cultures

Fluorescent Markers

ATP
Bioluminescence(adenosine
triphosphate)

[Options for Evaluating Environmental Cleaning | HAI | CDC](#)

Questions



Continuing Education Event:

Quality Control in Sterile Processing: The Role of Chemical and Biological Indicators

Course Description: Learn how the use of chemical and biological indicators play a role in a comprehensive quality control program in Sterile Processing

Date: November 29th, 2023

Time: 12:00-1:00 pm (CT)

Location: Live via Zoom

https://unmc.zoom.us/webinar/register/WN_DMCSyD04QleDeik9B6Wdbg

This activity has been submitted to the Midwest Multistate Division for approval to award contact hours. The Midwest Multistate Division is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

For more information regarding contact hours, please call Candi Kennedy 402-552-2572 or email at ckennedy@nebraskamed.com





Inpatient Dialysis Assessments

INJECTION PRACTICES

HAND HYGIENE



MEDICATION PREP

PPE USE

AUDIT IPC PRACTICES



FISTULA/GRAFT ACCESS

CATHETER ACCESS



DIALYSIS SITE CARE

CLEANING &
DISINFECTION

Benefits

Free	Free onsite infection prevention and control(IPC) assessments (upon request)
Identify	Identify improvement opportunities for the facility
Provide	Provide a just-in-time coaching to staff
Help	Help NE ICAP to identify common IPC gaps in dialysis practices and processes Develop strategies, tools, and resources Build basic IPC remote training program for dialysis staff

ICAP Contact Information

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 4:00 PM Central Time

Weekends and Holidays 8:00-4:00

On-call hours are available for emergencies only



Scan the QR Code to be taken to our [NE ICAP Contact Form](#). You can request to be connected to an Infection Preventionist that specializes in your area, get added to our setting specific communication list for webinar and training invites, sign up for newsletters and reminders, or request an ICAR review for your facility.

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