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## **Panel at AVA Focuses on Joint Commission Protocol, Disinfection of Catheter Valves**

### *Experts See Role for Education and New Disinfection Technology*

LAS VEGAS – Three nationally known experts in vascular access commented on new guidelines for standardized protocols to disinfect IV catheters, at a symposium during the recent annual meeting of the Association for Vascular Access (AVA).

The panel at AVA was organized by Excelsior Medical, makers of the [SwabCap™](#) disinfection cap for luer access valves.

[Gregory Schears, M.D.](#), told the symposium that clinician compliance with handwashing and disinfection protocols -- while good in some institutions -- is much too low in many others. He said that adoption of a cap to disinfect the valves of central line (CVC) and peripherally inserted catheters (PICCs) was “a logical approach.”

“Education alone is not enough to drive change,” Dr. Schears said. “We need to look to industry for assistance” with solutions that will comply with the new guidelines. Dr. Schears is a critical care specialist and the physician liaison to the PICC team at his hospital in Rochester, Minn.

Both the Joint Commission and the recent SHEA/IDSA Compendium call for standardized protocols to disinfect IV access ports such as luer access valves, as a way to reduce central line associated bloodstream infections.

“The Joint Commission and SHEA/IDSA protocols have prompted many institutions to consider how they can improve their protocols for preventing central line associated bloodstream infections,” said Dr. Schears. “It is known that these potentially deadly infections can result from improperly disinfected valves, ports and hubs.

Panelist Kelly Fugate, N.D., R.N., explained the new [Joint Commission requirement](#) for a protocol to disinfect IV access ports. She emphasized the need for institutions to both create and document the protocol and its implementation.

Speaking about the need to measure both infection rates and steps taken to reduce those rates, she said, “It’s not only measuring outcomes, but also processes.” Fugate is an

associate project director for The Joint Commission's Divisions of Standards and Survey Methods. She coordinates standards development in infection prevention and control.

The third panelist, Lynn Hadaway, M.Ed., R.N., B.C., CRNI, provided an overview of research on how to reduce infections associated with needleless catheter connectors.

A new guideline implementing a National Patient Safety Goal of the Joint Commission requires that as of January 2010, hospitals use a standardized protocol to disinfect items such as a luer access valves, catheter hubs, and injection ports. The Joint Commission accredits US healthcare facilities.

Similar to the Joint Commission guideline, the recently issued SHEA/IDSA Compendium calls for the cleaning of catheter hubs, needleless connectors, and injection ports, prior to accessing central venous and peripherally inserted central catheters (PICCs). The Compendium's recommendations were developed by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Disease Society of America (IDSA).

Strategies for reducing central line associated bloodstream infections are an increasing focus for vascular access experts. For example, the October 2009 issue of [Infection Control Today](#) will carry an article by PICC Excellence consultant [Nancy Moureau](#), RN, CRNI, examining the role of education and new technology in reducing CLABSIs.

“Before SwabCap, it's been difficult to verify compliance with the protocols for cleaning mechanical luer access valves, which in turn could increase the risk of infection,” said Tony Saia, Excelsior's Vice President of Global Marketing. “SwabCap addresses this issue by simplifying and standardizing disinfection, and providing a visible sign that the cap has been cleaned and protected.”

SwabCap disinfects luer access valves by bathing the valve's threads and top with 70% isopropyl alcohol. As the cap is twisted onto the threads, a foam pad inside the cap is compressed, releasing the alcohol. The twisting action and the patent-pending thread cover design help focus the alcohol on the targeted areas, without activating the luer access valve.

The FDA-cleared cap also acts as a physical barrier to touch and airborne contamination, lasting up to 96 hours under normal conditions if not removed. SwabCap's soft, tactile feel contributes to its effectiveness -- by maintaining a secure connection and also making the cap easy to apply.

Catheter-related bloodstream infections constitute a significant threat in hospital settings, with a mortality rate of 12% to 25%. Each infection costs from \$25,000 to \$45,000 per case to treat, according to the CDC.

## **About Excelsior**

Excelsior Medical Corp. is one of the leading manufacturers of pre-filled catheter flush syringes and syringe pump systems. Formed in 1989, Excelsior manufactures, markets, and sells pre-filled saline flush syringes, pre-filled heparin flush and lock syringes, and syringe pump systems to customers throughout the world. Excelsior is a privately held company whose main focus is the development of innovative catheter maintenance products that reduce infection, medication errors, and healthcare costs.

For more information, call toll-free 800-487-4276 or access [www.excelsiormedical.com](http://www.excelsiormedical.com).

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