



3M
Curoso™
Disinfecting Port
Protectors



Clinical Evidence Summary

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3M

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Antiseptic barrier cap effective in reducing central line-associated bloodstream infections: A systematic review and meta-analysis.

Voor in 't holt AF, Helder OK, Vos MC, et al. *Int J Nurs Stud.* 2017; 69: 34-40.



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Population: Multiple Specialties

A bundled approach to decrease primary bloodstream infections related to peripheral intravenous catheters.

Duncan M, Warden P, Bernatchez S, Morse D. *J Assoc Vasc Access.* 2018; 23(1): 15-22.



7

Population: Hospital Wide

Strategies for the successful implementation of disinfecting port protectors to reduce CLABSI in a large tertiary care teaching hospital.

Beeler C, Kerley D, Davis C, et al. *Am J Infect Control.* 2019. <https://doi.org/10.1016/j.ajic.2019.05.016>.



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Population: Hospital Wide

Educational interventions alone and combined with port protector reduce the rate of central venous catheter infection and colonization in respiratory semi-intensive care unit.

Inchingolo R, Pasciuto G, Magnini D, et al. *BMC Infect Dis.* 2019; 19(1): 215.



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Population: Respiratory Semi-Intensive Care

Impact of universal disinfectant cap implementation on central line-associated bloodstream infections.

Merrill KC, Sumner S, Linford L, Taylor C, Macintosh C. *Am J Infect Control.* 2014; 42: 1274-1277.



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Population: Multiple Specialties

Port protectors in clinical practice: an audit.

Cameron-Watson C. *Br J Nurs.* 2016; 25(8): S25-S31.



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Population: Multiple Specialties

Central venous catheter protective connector caps reduce intraluminal catheter-related infection.

Ramirez C, Lee AM, Welch K. *J Assoc Vasc Access.* 2012; 17(4): 210-213.







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Outcomes Key

	Infection and/or contaminated blood cultures
	Compliance and/or patient/staff satisfaction
	Staff time and/or length of stay
	Cost


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Outcomes Key	
	Infection and/or contaminated blood cultures
	Compliance and/or patient/staff satisfaction
	Staff time and/or length of stay
	Cost

PEER REVIEWED

Use of a central catheter maintenance bundle in long-term acute care hospitals.

Grigonis AM, Dawson AM, Burkett M, et al. *Am J Crit Care*. 2016; 25(2): 165-172.

 13
Population: Long Term Acute Care

Impact of alcohol-impregnated port protectors and needleless connectors on central line-associated bloodstream infections and contamination of blood cultures in an inpatient oncology unit.

Sweet MA, Cumpston A, Briggs F, Craig M, Hamadani M. *Am J Infect Control*. 2012; 40(10): 931-934.

 14
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Efforts of a unit practice council to implement practice change utilizing alcohol impregnated port protectors in a burn ICU.

Martino A, Thompson L, Mitchell C, et al. *Burns*. 2017; 43: 956-964.

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ABSTRACTS

Successful decrease of central line-associated bloodstream infections in an urban neonatal intensive care unit using a pediatric-specific interdisciplinary approach.

Karam-Howlin R, Fede A, Gibbs K, Bravo N, Wallach F, Patel G. *Am J Infect Control*. 2015; 43(6): S58.

 16
Population: Neonatal Intensive Care

Systematic review on impact of use of disinfectant caps protectors for intravenous access ports on central line-associated bloodstream infections (CLABSI).

Jimenez A, Barrera A, Madhivanan P. *Open Forum Infectious Diseases*. 2015; 2(1): 281.





 17
Categorized in Multiple Specialties

A significant decline in central line-associated blood stream infections using alcohol-impregnated port protectors at a large non-profit acute care hospital.

Danielson B, Williamson S, Kaur G, Johnson N. *Am J Infect Control*. 2014; 42(6): S16.

 18
Population: Hospital Wide


Table of Contents, Continued

Outcomes Key	
	Infection and/or contaminated blood cultures
	Compliance and/or patient/staff satisfaction
	Staff time and/or length of stay
	Cost

ABSTRACTS

Alcohol-impregnated disinfectant caps reduce the rate of central-line associated bloodstream infections and nosocomial bacteremia.

Shelly M, Greene L, Brown L, Romig S, Pettis AM. Presented at: IDWeek annual meeting; October 10, 2014; Philadelphia, PA.

 19
Population: Multiple Specialties


The impact of 70% isopropyl alcohol port protection caps on catheter related bloodstream infection in patients on home parenteral nutrition.

Small M. Presented at: World Congress Vascular Access; June 20, 2014; Berlin, Germany.

 20
Population: Home Care


Decreasing the incidence of central line-associated blood stream infections using alcohol-impregnated port protectors (AIPPS) in a neonatal intensive care unit.

Danielson B, Williamson S, Kaur G, Brooks C, Scholl P, Baker A. *Am J Infect Control*. 2013; 41(6): S97-S98.

 21
Population: Neonatal Intensive Care


Decreasing CLABSI rates and cost following implementation of a disinfectant cap in a tertiary care hospital.

Sumner S, Merrill KC, Linford L, Taylor C. *Am J Infect Control*. 2013; 41(6): S37.

 22
Population: Hospital Wide

Impact of alcohol-impregnated protectors on incidence of catheter-associated blood stream infections.

Alasmari F, Kittur ND, Russo AJ, et al. Presented at: IDWeek annual meeting; October 18, 2012; San Diego, CA.

 23
Population: Oncology and Stem Cell Transplant

Reduction in central line associated bloodstream infection (CLABSI) in a neonatal intensive care unit with use of access site disinfection caps.

Pong A, Salgado C, Speziale M, Grimm P, Abe C. Presented at: Infectious Disease Society of America annual meeting; October 21, 2011; Boston, MA.

 24
Population: Neonatal Intensive Care

ADDITIONAL RESOURCES

Abstracts / Articles

25

“...use of the antiseptic barrier cap can lower the occurrence of CLABSIs and is cost saving.”

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.

DESIGN

Systematic review and meta-analysis

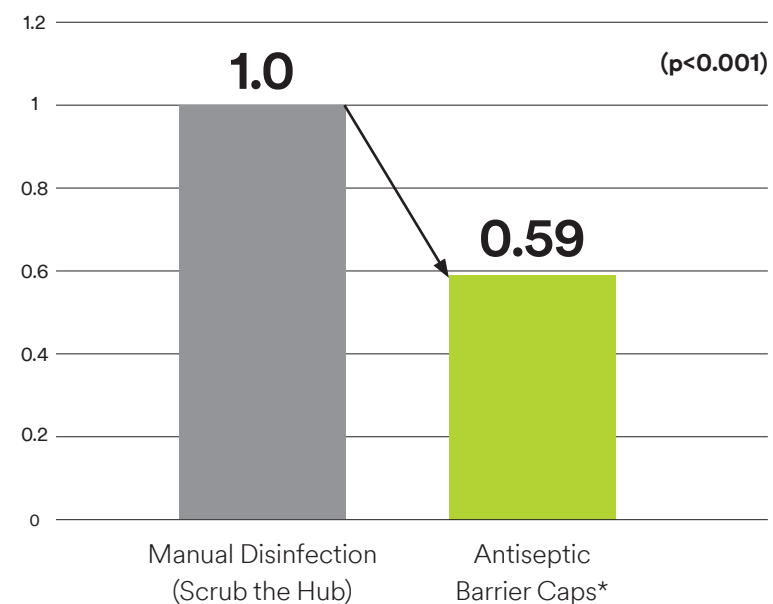
METHODS

Studies conducted in the hospital setting that compared 3M™ Curoc™ Disinfecting Cap for Needleless Connectors and SwabCap® Disinfecting Caps to manual disinfection on the incidence of central line associated bloodstream infection (CLABSI) per 1000 catheter days were included.



RESULTS

Relative Pooled CLABSI Incidence (per 1000 catheter days)



9 studies were included in the systematic review and 7 within the meta-analysis.

*Curoc Disinfecting Cap for Needleless Connectors and SwabCap Disinfecting Caps

There were **41% fewer** CLABSIs associated with use of the antiseptic barrier cap
(IRR = 0.59, 95% CI = 0.45-0.77 p<0.001)

overall median rate of compliance with barrier cap = **82.5%**

Net cost savings ranged from **\$39,050 - \$3,268,990**

“Using a PIV maintenance bundle including disinfecting caps and tips can effectively lower the rate of primary bloodstream infections attributable to PIV lines.”

Duncan M, Warden P, Bernatchez S, Morse D. A bundled approach to decrease the rate of primary bloodstream infections related to peripheral intravenous catheters. *J Assoc Vasc Access.* 2018; 23(1): 15-22.

DESIGN

Before and after intervention study comparing hospital wide peripheral line-associated bloodstream infections (PLABSI) and intervention compliance.

METHODS

Pre Intervention: Primary bloodstream infection and IV catheter data collected

Intervention: PIV bundle implemented. 3M™ Curoc Tips™ Disinfecting Cap for Male Luers added to existing Central Line-Associated Bloodstream Infection (CLABSI) bundle for all disconnected IV tubing. Compliance monitored for PIV and CLABSI bundles.

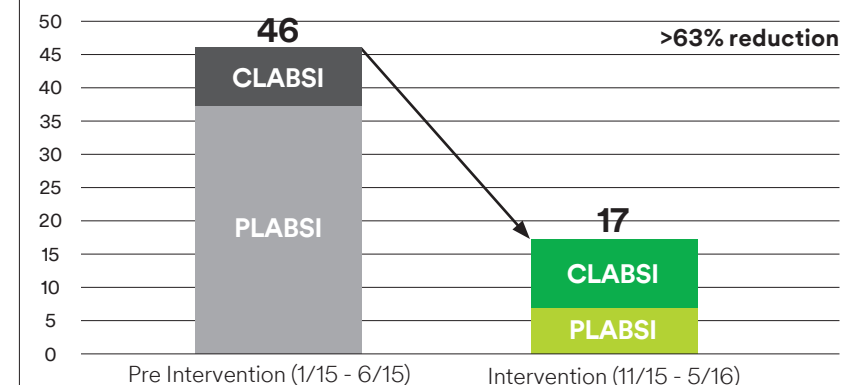
PIV Bundle elements:

- Prohibit disconnecting IV tubing for convenience
- 3M™ Curoc™ Disinfecting Cap for Needleless Connectors on all ports for all patients
- 3M™ Curoc Tips™ Disinfecting Cap for Male Luers on all disconnected tubing
- Assessment of IV site, removing IV catheters with indication of phlebitis
- Assessment of dressing, changing if nonocclusive or blood is present

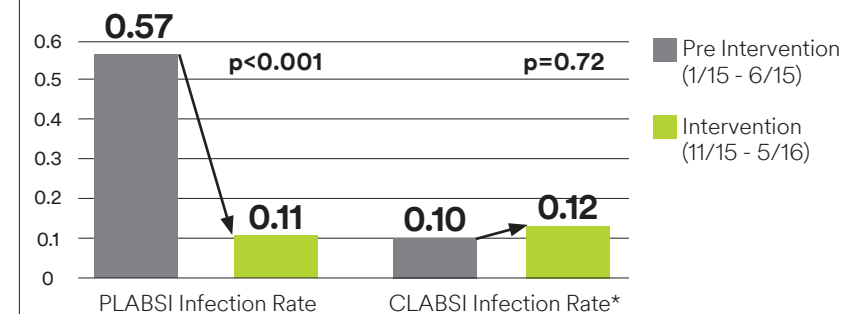


RESULTS

of Primary Bloodstream Infections



Average BSI Rate for Peripheral and Central Lines (per 1000 patient days)



*Because CLABSI bundle was implemented prior to study, no significant change to CLABSI rate was anticipated or observed during study time period.

Compliance with protecting all needless connectors was near

90%

Compliance with protecting male ends of disconnected IV tubing was near

90%

“Inclusion of the alcohol impregnated disinfecting port protectors (AIDPP), as a component of the CLABSI bundle, hardwired adherence by audit accountability.”

Beeler C, Kerley D, Davis C, et al. Strategies for the successful implementation of disinfecting port protectors to reduce CLABSI in a large tertiary care teaching hospital. *Am J Infect Control*. 2019. <https://doi.org/10.1016/j.ajic.2019.05.016>.

DESIGN

Quasi-experimental study comparing hospital-wide central line-associated bloodstream infection (CLABSI) rates at a 1009-bed tertiary hospital using an evidence-based, multidisciplinary approach.

METHODS

Pre Intervention:

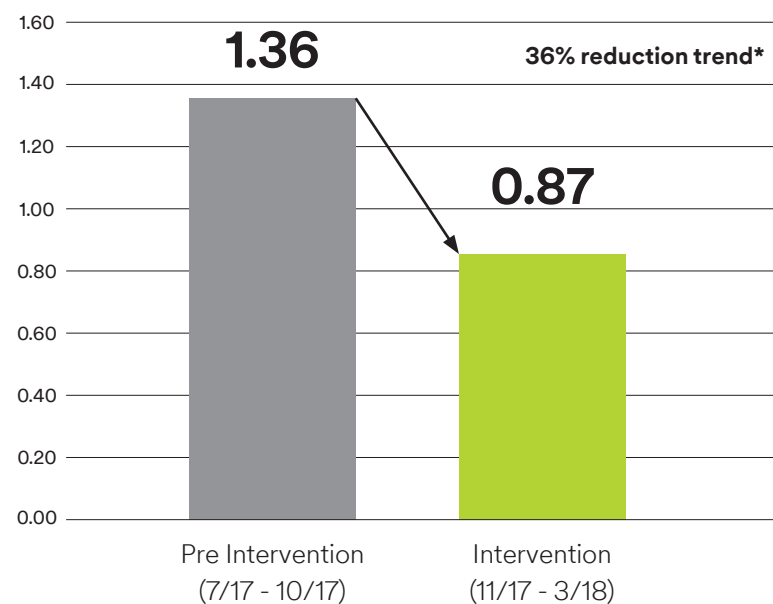
Standard central line bundle of care

Intervention:

- Standard central line bundle of care
- 3M™ Curo™ Disinfecting Port Protectors implementation plan
- 3M™ Curo™ Disinfecting Port Protectors 21-Day Challenge
- 3M™ Curo™ Jet™ Disinfecting Caps for Needleless Connectors
- 3M™ Curo™ Stopper Disinfecting Caps for Open Female Luers
- 3M™ Curo™ Tips™ Disinfecting Caps for Male Luers

RESULTS

CLABSIs per 1000 device days



*The authors did not statistically test if the reduction in CLABSI was significant between the periods.

Reduction of
1.36 to 0.87
CLABSIs per 1000 device days

Used 21-Day Challenge to increase adherence rate from
67% to 94%

Potentially saved an adjusted
\$1.6M
in 8 months, accounting for added cost of port protectors

3M™ Curo™ Disinfecting Caps for Needleless Connectors combined with educational interventions led to zero rate of CLABSIs.

Inchingolo R, Pasciuto G, Magnini D, et al. Educational interventions alone and combined with port protector reduce the rate of central venous catheter infection and colonization in respiratory semi-intensive care unit. *BMC Infect Dis*. 2019; 19(1): 215.

DESIGN

Prospective randomized study, assessing the rate of CLABSIs, CVC colonizations and contaminated blood cultures before and after introduction of educational interventions alone and combined with Curo™ Disinfecting Caps.

METHODS

Pre Intervention:

Standard central line bundle of care (n=86)

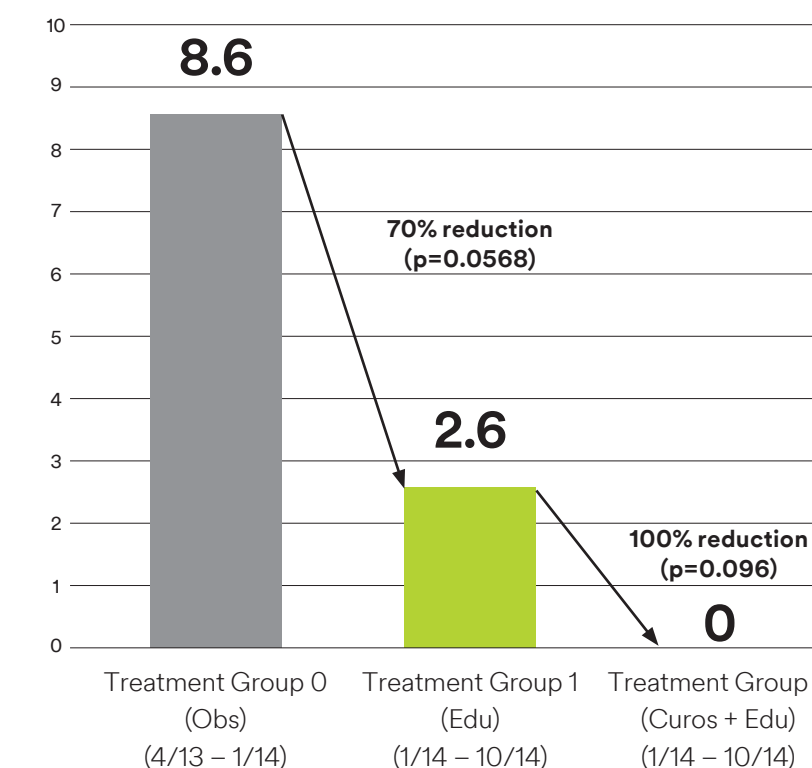
Intervention:

Randomized patients into two groups:

- Group 1: Educational intervention (n=25)
- Group 2: Curo™ Disinfecting Caps plus educational intervention (n=21)

RESULTS

CLABSI Rate (per 1000 central line days)



Contaminated blood cultures decreased to
ZERO
with Curo™ Disinfecting Caps plus educational interventions

67% reduction of CVC colonizations with Curo™ Disinfecting Caps plus educational interventions

“Disinfectant cap use was associated with an estimated savings of almost \$300,000 per year in the hospital studied.”

Merrill KC, Sumner S, Linford L, Taylor C, Macintosh C. Impact of universal disinfectant cap implementation on central line-associated bloodstream infections. *Am J Infect Control.* 2014; 42: 1274-1277.

DESIGN

Before and after intervention study comparing CLABSI rates and estimated costs in patients (newborn to adult) with CVCs and PIVs from 13 units at a Level 1 Trauma Center.

METHODS

Pre Intervention:

Standard central line bundle of care

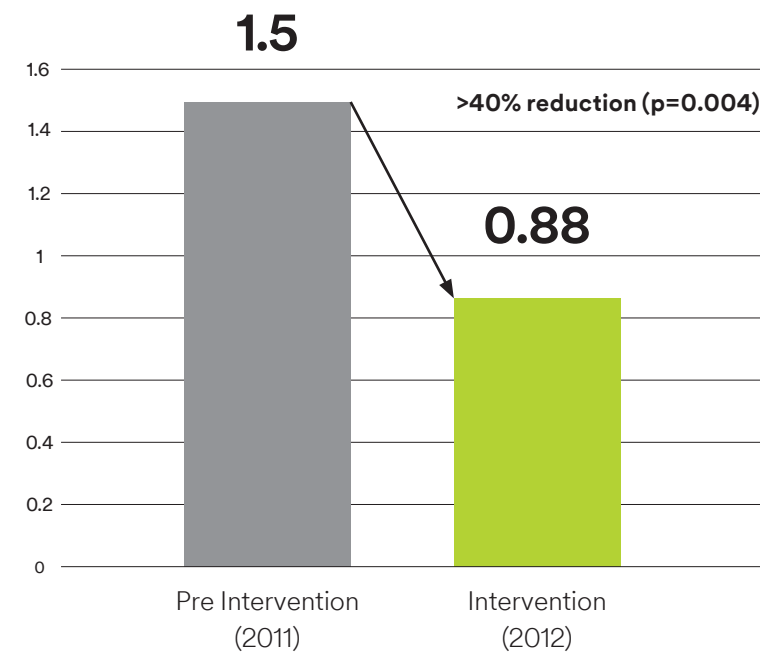
Intervention:

3M™ Curoso™ Disinfecting Cap for Needleless Connectors placed on central, peripheral and IV tubing needleless connectors



RESULTS

Mean CLABSI Rate (per 1000 catheter days)



10%

Increase in compliance was associated with

7%

drop in infection rates

Estimated decrease of

68

patient hospital days after cap implementation

Estimated annual savings =

\$282,840

The number of vascular access device (VAD) related bacteraemias was reduced by 69% when compliance with Curoso™ cap placement was 80% or more.

Cameron-Watson C. Port protectors in clinical practice: an audit. *Br J Nurs.* 2016; 25(8): S25-S31.

DESIGN

Before and after intervention study comparing VAD related bacteraemia for CVCs, PIVs and arterial lines from four wards at two hospital sites.

METHODS

Pre Intervention:

Scrub the hub using CHG/IPA wipes prior to IV access

Intervention:

3M™ Curoso™ Disinfecting Cap for Needleless Connectors placed on all needleless devices

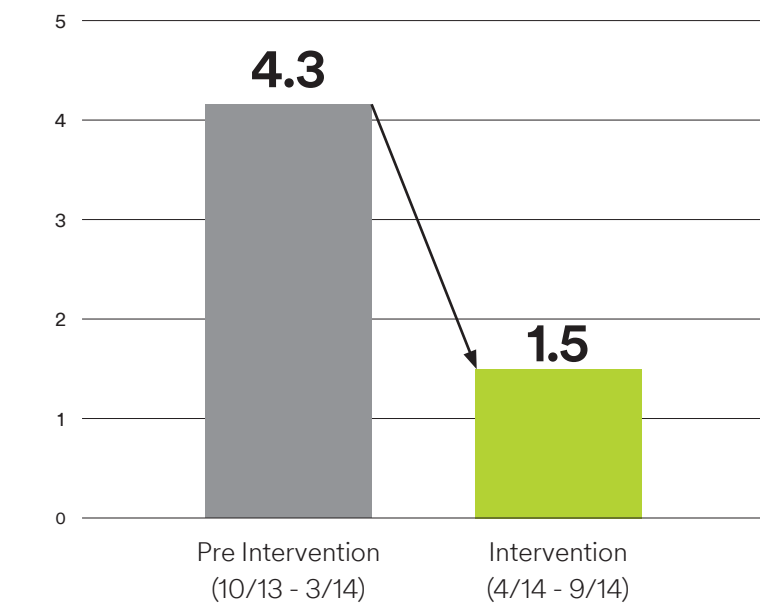
Post intervention:

Scrub the hub protocol resumed



RESULTS

Catheter-related Bloodstream Infections (per 1000 line days)



Compliance to protocol increased from

27% to 80%

during the intervention period

100% of staff surveyed preferred disinfecting caps

92% of patients provided positive feedback

Estimated potential time savings from passive disinfection compared to scrub the hub equated to

82.4

working days/yr

Estimated cost savings with passive disinfection =

£387366.22

Infection rates began to increase when scrub the hub was resumed in the post intervention period (10/14 - 3/15).

“The implementation of the port protector cap system resulted in lower infection rates compared with an alcohol swab technique.”

Ramirez C, Lee AM, Welch K. Central venous catheter protective connector caps reduce intraluminal catheter-related infection. *J Assoc Vasc Access*. 2012; 17(4): 210-213.

DESIGN

Before and after intervention study comparing CLABSI rates in patients with CVCs from 2 ICUs.

METHODS

Pre Intervention:

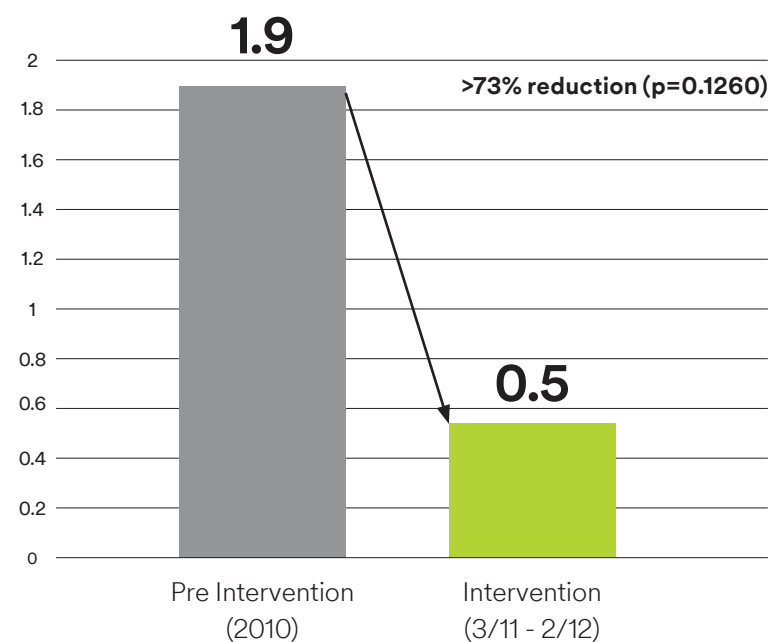
Scrub the hub protocol

Intervention:

3M™ Curoc™ Disinfecting Cap for Needleless Connectors placed on all CVC and IV tubing needleless connectors

RESULTS

CLABSI Rate (per 1000 catheter days)



Compliance increased from **63% to 80%** after moving from single caps to multiple cap strips to hang on IV pole for bedside access

The trial resulted in a calculated net savings of **\$39,050**

“Application of the bundle resulted in a significant and sustained reduction in CLABSI rates in long-term acute care hospitals (LTACHs) for 14 months.”

Grigonis AM, Dawson AM, Burkett M, et al. Use of a central catheter maintenance bundle in long-term acute care hospitals. *Am J Crit Care*. 2016; 25(2): 165-172.

DESIGN

Before and after intervention study comparing CLABSI in patients with CVCs from 30 long-term acute care hospitals (LTACHs).

METHODS

Pre Intervention:

No formal standardized CVC maintenance protocol in place

Intervention:

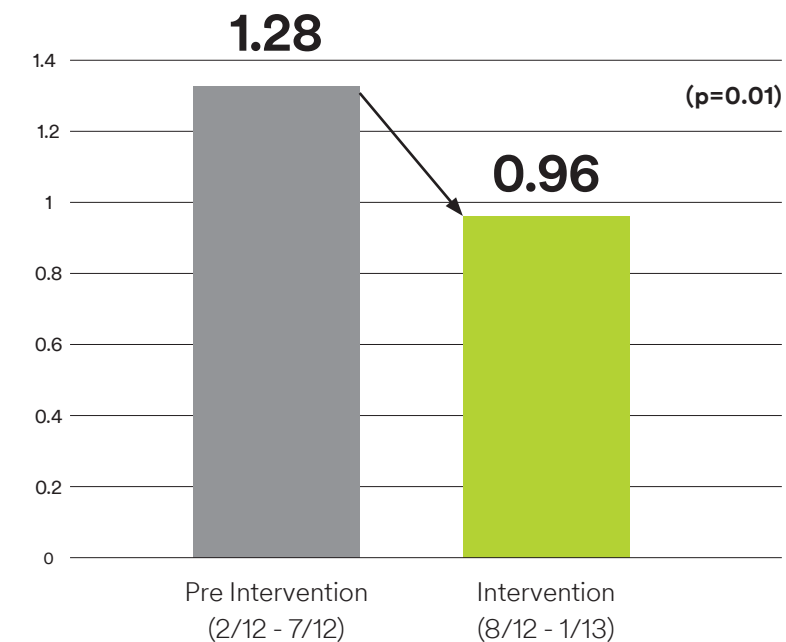
Implementation of CVC maintenance bundle and care team trained on CVC care

CVC bundle:

- CDC guideline recommendations
- Mandatory use of 3M™ Curoc™ Disinfecting Cap for Needleless Connectors on all IV needleless connectors
- Chlorhexidine gluconate dressings

RESULTS

CLABSI Standardized Infection Ratio (SIR)



The number of central line days was 120,137 before and 119,412 after bundle implementation.

The study concluded that the mean number of CLABSIs per LTACH decreased by 4.5 in the 14 months after the intervention. The infection reduction could have potentially saved

20 patients' lives.*

*assuming a 15% mortality rate

Estimated potential savings of approximately **\$3.7 million** for the LTACHs studied

Implementation of port protectors and needleless neutral pressure connectors was associated with a significant reduction in the rate of CLABSI and contaminated blood cultures (CBCs).

Sweet MA, Cumpston A, Briggs F, Craig M, Hamadani M. Impact of alcohol-impregnated port protectors and needleless connectors on central line-associated bloodstream infections and contamination of blood cultures in an inpatient oncology unit. *Am J Infect Control.* 2012; 40(10): 931-934.

DESIGN

Before and after intervention study comparing CLABSI and CBC rates in adult hematology and oncology patients with CVCs.

METHODS

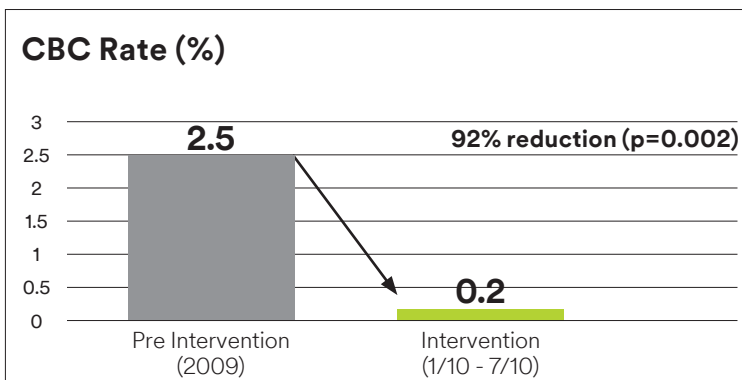
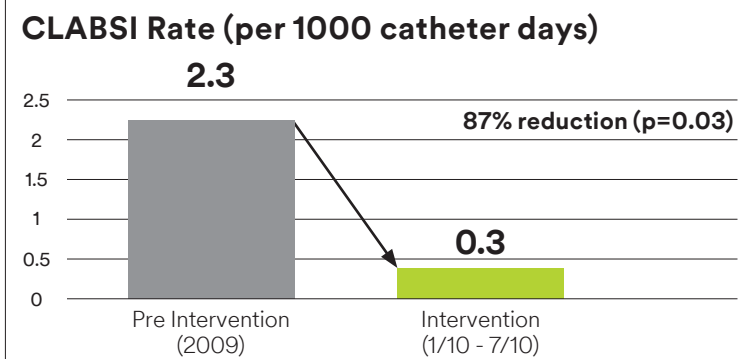
Pre Intervention:

Scrub the hub protocol

Intervention:

Needleless neutral pressure connectors and 3M™ Curoc™ Disinfecting Cap for Needleless Connectors placed on CVC hubs

RESULTS



The number of central line days was 6,851 in the pre intervention and 3,005 in the intervention period



Compliance to the intervention = **85.2%**

“Following implementation of the caps, the rates of CLABSI within the burn ICU were significantly reduced...”

Martino A, Thompson L, Mitchell C, et al. Efforts of a unit practice council to implement practice change utilizing alcohol impregnated port protectors in a burn ICU. *Burns.* 2017; 43: 956-964.

BACKGROUND

Despite > 90% compliance to the CVC bundle, the CLABSI rate in the burn ICU was higher than benchmark.

DESIGN

Prospective before and after intervention study comparing CLABSI rates in burn patients with CVCs.

METHODS

Pre Intervention:

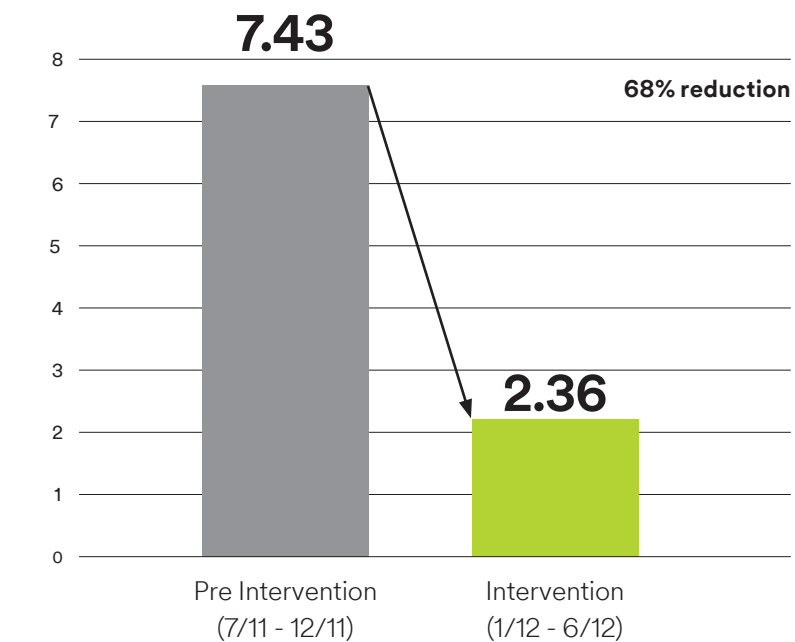
CDC recommended CVC bundle and scrub the hub protocol

Intervention:

3M™ Curoc™ Disinfecting Cap for Needleless Connectors added to CVC bundle as a standard of care Jan 2012

RESULTS

CLABSI Rate (per 1000 central line days)



The number of central line days was 673 in the pre intervention and 1272 in the intervention period.



“... ease of use with the caps simplified daily tasks, leading to higher compliance.”

Post intervention CLABSI rate improved from 5.2 to 0.4 per 1000 line days in 2014 (p<0.05).

Karam-Howlin R, Fede A, Gibbs K, Bravo N, Wallach F, Patel G. Successful decrease of central line-associated bloodstream infections in an urban neonatal intensive care unit using a pediatric-specific interdisciplinary approach. *Am J Infect Control.* 2015; 43(6): S58.

DESIGN

Before and after intervention study comparing CLABSI in NICU patients.

INTERVENTION

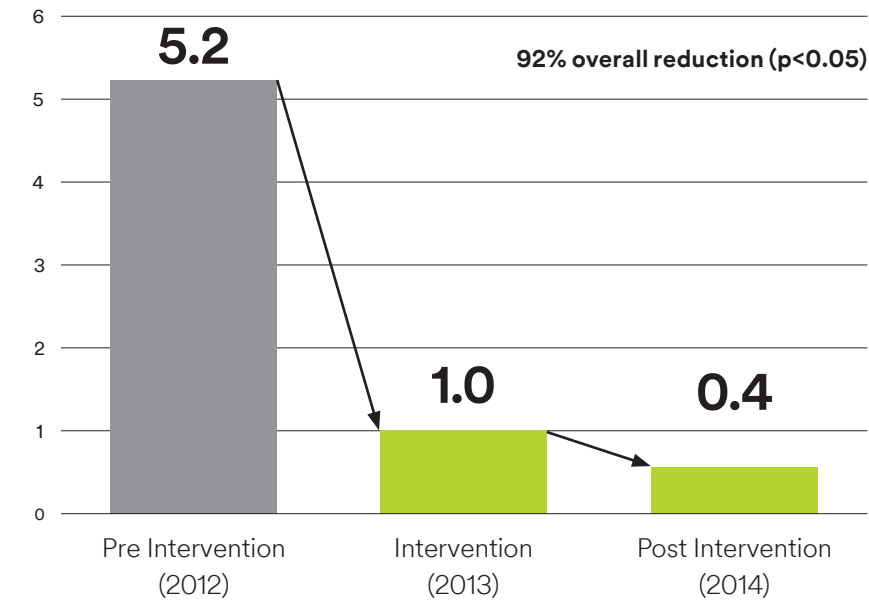
Implementation of an interdisciplinary pediatric CLABSI committee and multiple interventions including:

- Insertion checklist, placement of non-emergent lines in dedicated procedure room
- Daily assessment of line necessity
- Daily assessment of dressing, exit site and presence of 3M™ Curoc™ Disinfecting Cap for Needleless Connectors



RESULTS

CLABSI Infections (per 1000 line days)



By utilizing disinfecting caps compliance is more accurate and a significant reduction can be seen in the burden of CLABSIs.

Jimenez A, Barrera A, Madhivanan P. Systematic review on impact of use of disinfectant caps protectors for intravenous access ports on central line-associated bloodstream infections (CLABSI). *Open Forum Infectious Diseases.* 2015; 2(1): 281.

DESIGN

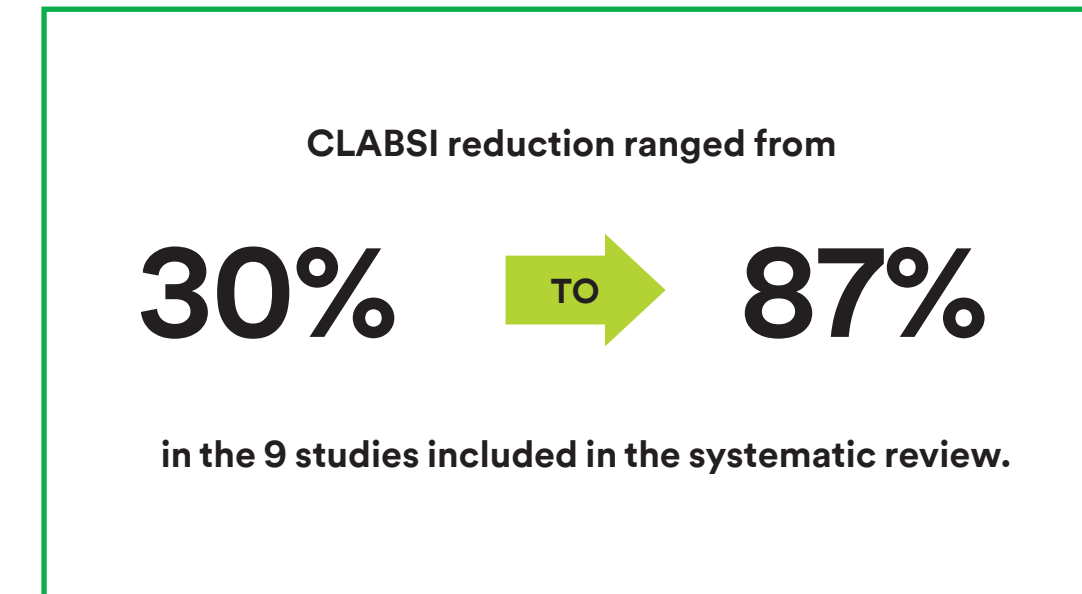
Systematic review

METHODS

A systematic review was conducted according to the MOOSE guidelines using MEDLINE, EMBASE, CINAHL, Scopus and the Cochrane Database without any limits. Searches were conducted to identify articles needing inclusion criteria and were independently screened by the authors.



RESULTS



9 quasi-experimental studies examining the effect of 3M™ Curoc™ Disinfecting Caps for Needleless Connectors and Swabcap® Disinfecting Caps on CLABSI were included.

Implementation of disinfecting caps was associated with a reduced rate of hospital wide CLABSI, cost savings and increased nursing satisfaction.

Danielson B, Williamson S, Kaur G, Johnson N. A significant decline in central line-associated blood stream infections using alcohol-impregnated port protectors at a large non-profit acute care hospital. *Am J Infect Control.* 2014; 42(6): S16.

DESIGN

Before and after intervention study comparing hospital wide CLABSI standardized infection ratios (SIR).

METHODS

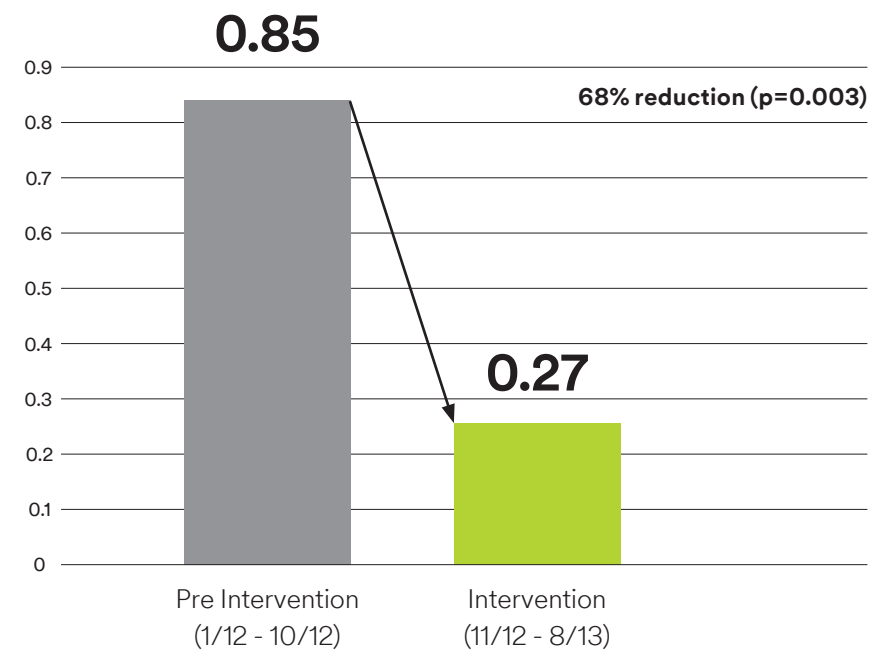
Pre Intervention: 15 second scrub the hub protocol

Intervention: Implemented 3M™ Curoso™ Disinfecting Cap for Needleless Connectors hospital wide



RESULTS

Adult CLABSI SIR



“When disinfectant caps were used on all IV ports, the rate of both CLABSI and nosocomial BSI fell significantly.”

Shelly M, Greene L, Brown L, Romig S, Pettis AM. Alcohol-impregnated disinfectant caps reduce the rate of central-line associated bloodstream infections and nosocomial bacteremia. Presented at: IDWeek annual meeting; October 10, 2014; Philadelphia, PA.

DESIGN

Before and after intervention study comparing CLABSI and nosocomial bloodstream infections (BSI) in 4 hospital units (ICU, step down, 2 med/surg units).

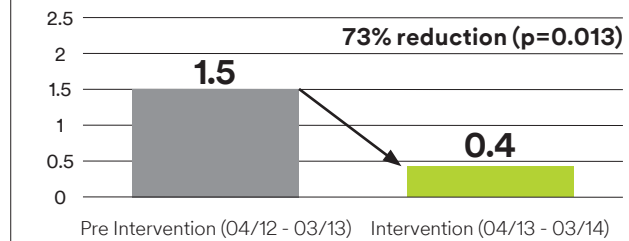
INTERVENTION

3M™ Curoso™ Disinfecting Cap for Needleless Connectors or Swabcap® Disinfecting Caps placed on all needleless IV access ports of peripheral and central lines.

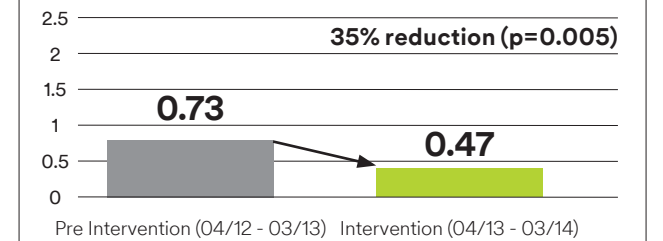


RESULTS

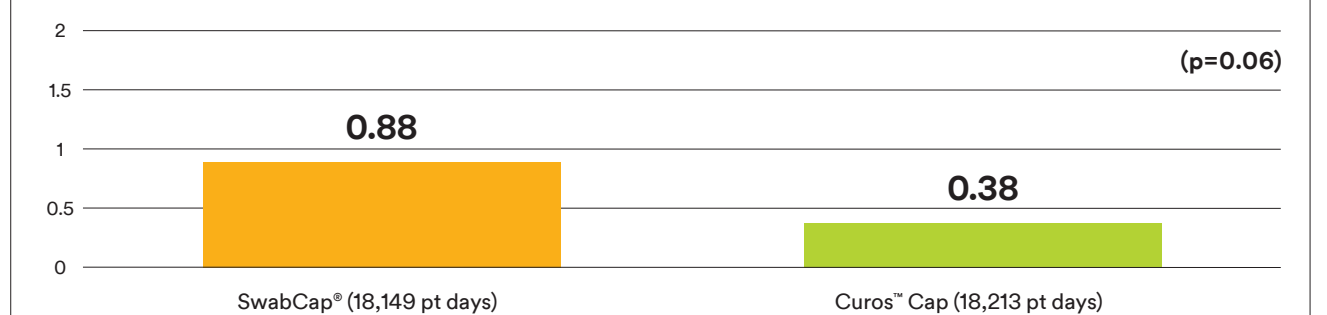
CLABSI Rate (per 1000 line days)



Nosocomial BSI Rate (per 1000 patient days)



Nosocomial BSI Rate (per 1000 patient days)



The number of line days was 10,441 in the baseline and 9,536 in the intervention period.

In units that did not implement disinfectant caps, there was no significant difference in CLABSI or nosocomial BSI rates.

99.3% of patients were compliant with the intervention and 99.6% were extremely happy with in-home use of disinfecting caps.

Small M. The impact of 70% isopropyl alcohol port protection caps on catheter related bloodstream infection in patients on home parenteral nutrition. Presented at: World Congress Vascular Access; June 20, 2014; Berlin, Germany.

DESIGN

Before and after intervention study comparing CRBSI in-home care patients on parenteral nutrition.

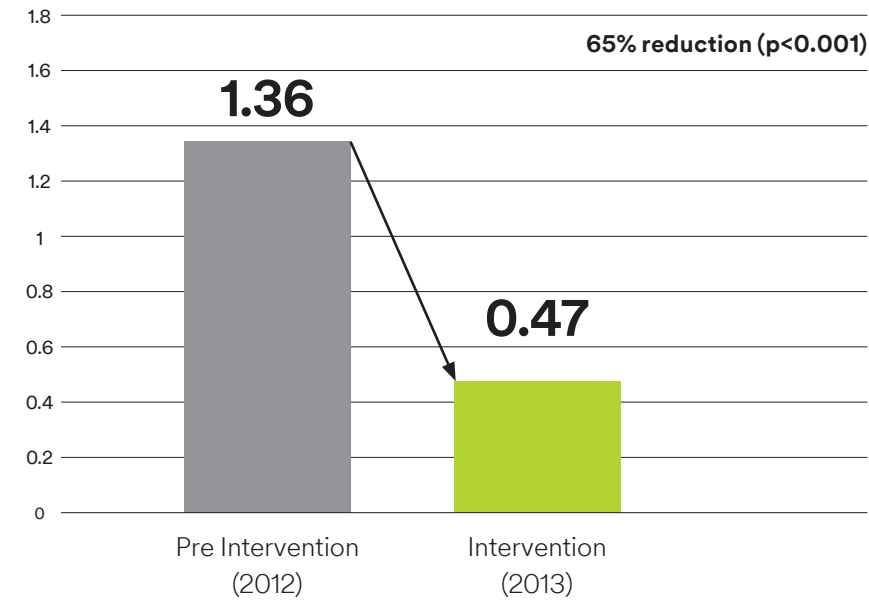
INTERVENTION

3M™ Curoso™ Disinfecting Cap for Needleless Connectors placed on needleless connectors and patients instructed to continue to actively disinfect the hub after cap removal, immediately before access



RESULTS

Mean CRBSI Rate (per 1000 catheter days)



99.3%

of patients were compliant



99.6%

of patients were extremely happy with the product



A significant decline in the incidence of CLABSIs was observed after the addition of Curoso™ disinfecting caps to an existing central line bundle.

Danielson B, Williamson S, Kaur G, Brooks C, Scholl P, Baker A. Decreasing the incidence of central line-associated blood stream infections using alcohol-impregnated port protectors (AIPPS) in a neonatal intensive care unit. *Am J Infect Control.* 2013; 41(6): S97-S98.

DESIGN

Before and after intervention study comparing CLABSI standardized infection ratios (SIR) in level 3 NICU patients.

METHODS

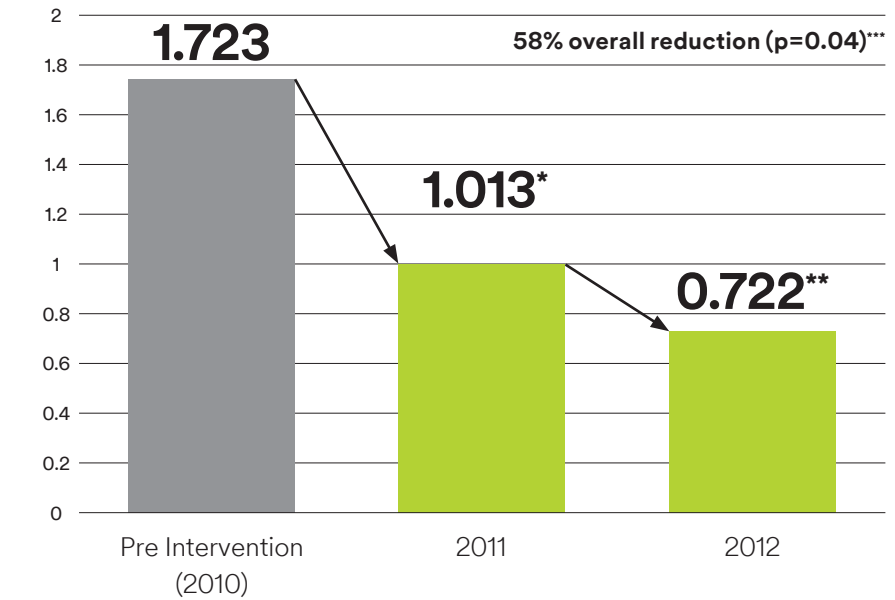
Pre Intervention: Evidence-based central line bundle including 15 second scrub the hub protocol

Intervention: Implemented 3M™ Curoso™ Disinfecting Cap for Needleless Connectors on IV access ports



RESULTS

CLABSI SIR



*Intervention began Q1 2011; Results included Q4 2011 when Curoso disinfecting caps not in use

**Use of Curoso disinfecting caps resumed Jan 2012

***Comparison is between 2010 and 2012

“The use of a disinfectant cap is effective in reducing the rate of CLABSI and contaminated blood cultures and provides a substantial cost savings.”

Sumner S, Merrill KC, Linford L, Taylor C. Decreasing CLABSI rates and cost following implementation of a disinfectant cap in a tertiary care hospital. *Am J Infect Control*. 2013; 41(6): S37.

DESIGN

Before and after intervention study comparing CLABSI and nursing compliance in a Level I Trauma Center.

METHODS

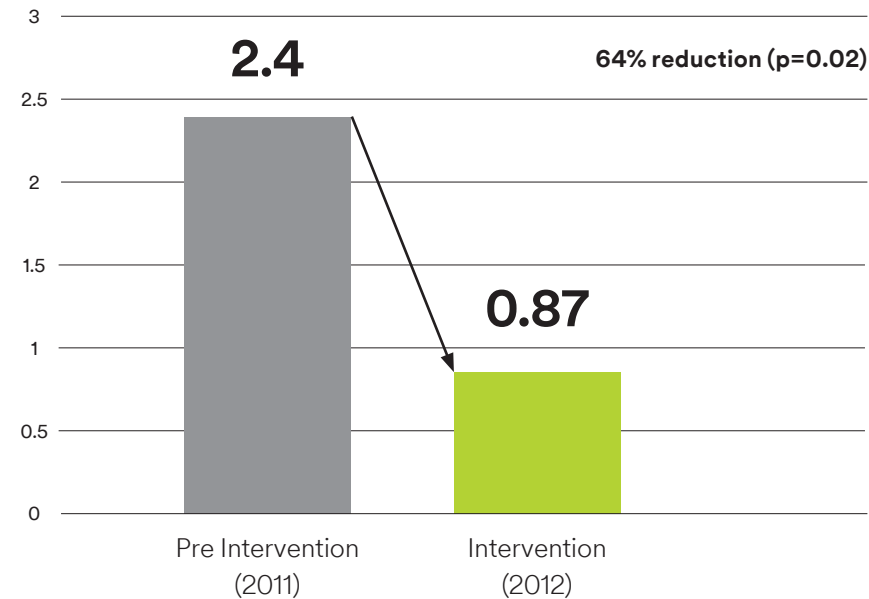
Pre Intervention: Baseline data found that 55% of nurses scrub the needleless connector for < 5 seconds

Intervention: 3M™ Curoc™ Disinfecting Cap for Needleless Connectors implemented on all central and peripheral needleless connectors in all inpatient departments (excluding women’s services)



RESULTS

CLABSI Rate (per 1000 line days)



There was a non-significant decrease in contaminated blood cultures from **2.5%** before to **1.4%** after intervention.

Nursing compliance to the disinfecting cap increased significantly from **73% to 88%** during the study (p=0.01).

Total estimated cost savings per month
\$95,000

Following discontinuation of disinfecting caps, the CABSI rate returned to the pre intervention rate.

Alasmari F, Kittur ND, Russo AJ, et al. Impact of alcohol-impregnated protectors on incidence of catheter-associated blood stream infections. Presented at: IDWeek annual meeting; October 18, 2012; San Diego, CA.

DESIGN

Before and after intervention study comparing catheter-associated bloodstream infection (CABSI) between a control and intervention unit caring for acute leukemia and stem cell transplant patients.

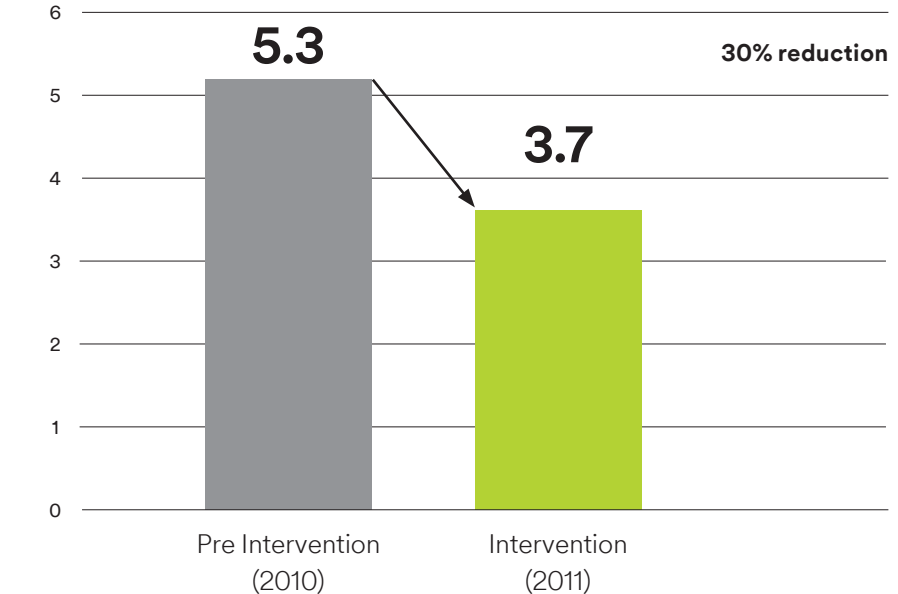
INTERVENTION

Implementation of 3M™ Curoc™ Disinfecting Cap for Needleless Connectors on CVC needleless connectors



RESULTS

Median CABSI Rate (per 1000 central line days)



The number of central line days was 20,126 in the pre intervention and 20,206 in the intervention period.

Analysis of CABSI rate in a control unit during the same time periods were 5.6 (2010) and 5.4 (2011) per 1000 central line days.

The CLABSI rate decreased 68% the first year after implementation of Curoso™ disinfecting cap, used in conjunction with other CLABSI prevention measures.

Pong A, Salgado C, Speziale M, Grimm P, Abe C. Reduction in central line associated bloodstream infection (CLABSI) in a neonatal intensive care unit with use of access site disinfection caps. Presented at: Infectious Disease Society of America annual meeting; October 21, 2011; Boston, MA.

DESIGN

Before and after intervention study comparing CLABSI and blood culture contaminants in level 4 NICU patients.

METHODS

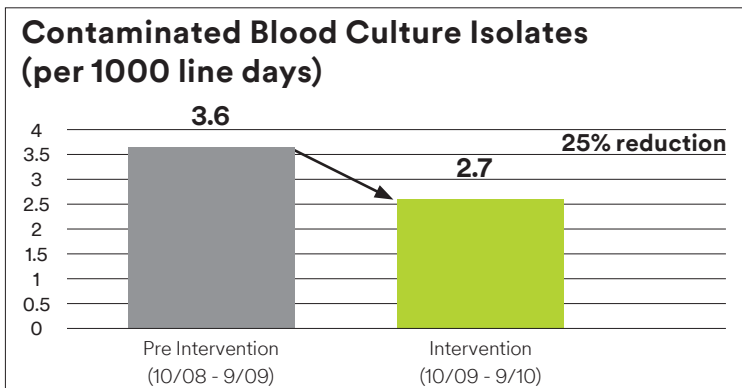
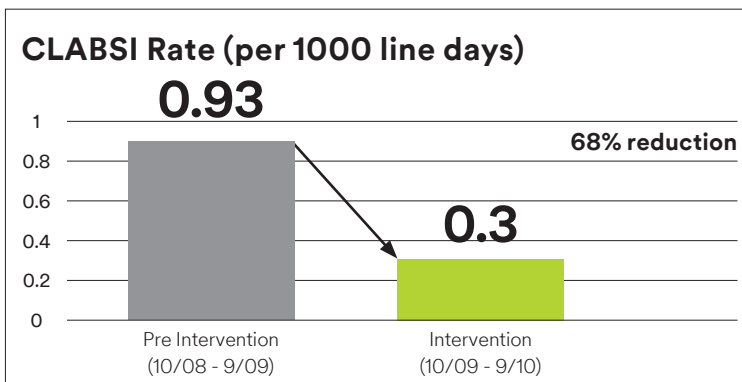
Pre Intervention: CLABSI prevention measures in place:

- Sterile insertion technique
- Hand hygiene
- Hub cleansing with access
- Standards for dressing and tubing changes
- Prompt catheter removal

Intervention: 3M™ Curoso™ Disinfecting Cap for Needleless Connectors added to all CVC needleless connectors



RESULTS



The number of central line days was 7,533 in the pre intervention and 6,782 in the intervention period.

Additional Resources

ABSTRACTS

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Miskill M, Bellard E. Implementing alcohol impregnated port protectors as a means to decrease CLABSI's. Carolinas HealthCare System, Charlotte, NC, 2014.

Kelleher J, Almeida R, Cooper H, Stauffer S. Achieving Zero CoN CLBSI in the NICU. Providence Sacred Heart Medical Center and Children's Hospital, Spokane, WA, 2013.

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Beauman S, Chance K, Dalsey M, et al. California Children's Services (CCS) neonatal infection prevention project phase 3: 2009 (Oct)-2011 (June) in association with California Perinatal Quality Care Collaborative (CPQCC).

ARTICLES

Casey A, Karpanen T, Nightingale P, Elliott T. An *in vitro* comparison of standard cleaning to a continuous passive disinfection cap for the decontamination of needle-free connectors. *Antimicrobial Resistance and Infection Control.* 2018; 7(50): 1-5.

Kaler, W. Making it easy for nurses to reduce the risk of CLABSI. *Patient Safety & Quality Healthcare.* 2014; 11(6): 46-49. <https://www.psqh.com/analysis/making-it-easy-for-nurses-to-reduce-the-risk-of-clabsi/>

Doherty M, Heys P. Clinical support for all patients, all lines, all the time (AAA). Temple University Hospital case study, Philadelphia, PA, 2013.

Steere L, Sauve J. REACHING ZERO: Strategies and tools utilized to eliminate preventable bloodstream infections. Hartford Hospital, Hartford, CT, 2012. <http://docplayer.net/15149542-Reaching-zero-strategies-and-tools-utilized-to-eliminate-preventable-bloodstream-infections.html>

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Notes

