NOTICE Process Checklist

Facility CCN #: _____ **Month:** _____

Facility Name: _____ **Contact:** _____

Catheter Initiation

Observation Number	Date*	Shift*	Hand Hygiene	Clean Gloves	Scrub Hub Cap w/ Antiseptic	Scrub Uncapped Hub w/ Antiseptic	Aseptic Connection Technique	Hand Hygiene
CI 1			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
CI 2			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
CI 3			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
CI 4			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
CI 5			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Catheter Termination

Observation Number	Date*	Shift*	Hand Hygiene	Clean Gloves	Scrub Hub-Line Connection w/ Antiseptic	Scrub Uncapped Hub w/ Antiseptic	Aseptic Disconnection Technique	Hand Hygiene
CT 1			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
CT 2			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
CT 3			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
CT 4			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
CT 5			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Catheter Exit Site Care

Observation Number	Date*	Shift*	Hand Hygiene	Clean Gloves	Formal Inspection of Exit Site Performed	Clean Field Around Catheter Exit Site with Chlorhexidine	Applied Antiseptic Ointment to Exit Site	Sterile Dressing Applied to Catheter Exit Site	Hand Hygiene
EC 1			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
EC 2			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
EC 3			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
EC 4			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
EC 5			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

AV Access Initiation

Observation Number	Date*	Shift*	Access Site Washed/Cleaned Before Inspection/Palpation	Hand Hygiene	Clean Gloves	Scrub Skin Over Cannulation Sites With Antiseptic	Avoid Contamination of Prepared Cannulation Sites During Needle Insertion	Hand Hygiene
AV I 1			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
AV I 2			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
AV I 3			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
AV I 4			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
AV I 5			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

AV Access Termination

Observation Number	Date*	Shift*	Hand Hygiene	Clean Gloves Before Disconnect Bloodlines Aseptically	Hand Hygiene	Clean Gloves	Needles Removed Aseptically	Needle Sites Held With Clean, Gloved Hand and Clean or Sterile Gauze
AV T 1			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
AV T 2			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
AV T 3			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
AV T 4			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
AV T 5			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Overall Hand Hygiene

Observation Number	Date*	Shift*	Used Hand Hygiene	WHO Moment	Observation Number	Date*	Shift*	Used Hand Hygiene	WHO Moment
HH 1			Yes ☐ No ☐		**HH 6**			Yes ☐ No ☐	
HH 2			Yes ☐ No ☐		**HH 7**			Yes ☐ No ☐	
HH 3			Yes ☐ No ☐		**HH 8**			Yes ☐ No ☐	
HH 4			Yes ☐ No ☐		**HH 9**			Yes ☐ No ☐	
HH 5			Yes ☐ No ☐		**HH 10**			Yes ☐ No ☐	

WHO MOMENTS: 1. Prior to touching a patient 2. Prior to aseptic procedure 3. After touching a patient 4. After exposure to body fluid 5. After touching patient surroundings

*Attempt to observe care on multiple days and during all shifts

notice National Opportunity to Improve Infection Control in ESRD