

Appendix Q: Physician Information Sheet: Vascular Access Device (VAD) Policy

- A. This policy outlines the minimum standards for the care of adult patients with vascular access devices in order to prevent infectious and non-infectious complications.
- B. Training requirements for providers who insert vascular access devices include:
 1. Housestaff, clinical fellows, affiliate staff, and credentialed staff who perform femoral, subclavian, and internal jugular central lumen catheter insertions as part of their defined clinical duties shall complete the VAD training (mylearning@JohnsHopkins) upon initial appointment or upon reappointment if not previously completed.
 - a. **Course #1: Strategies for Safe Care and Use of Vascular Access Devices:**
 - i. Module #1: Prevention of Central Line Associated Blood Stream Infections (CLABSI)
 - ii. Module #2: Catheter Types
 - b. **Course #2: Safe Insertion Strategies for Central Line and Arterial Line Catheters**
 2. Housestaff, clinical and affiliate staff who perform femoral, subclavian, and internal jugular central lumen catheter insertions as part of their defined clinical duties shall:
 - a. Perform a minimum of five fully supervised procedures in locations above the diaphragm (internal jugular or subclavian), five fully supervised procedures in locations below the diaphragm (femoral) and 3 rewires of existing central VADs in any location or population.
 - b. If rotating through both adult and pediatric services, 5 supervised procedures are required in locations above the diaphragm (internal jugular or subclavian) and 5 below the diaphragm (femoral), for each population. If a physician successfully performs the 5 supervised lines in one body site, he/she can independently insert lines for that site only. If a physician successfully performs 3 rewires, he/she can independently rewire a central VAD. The supervisor must be a physician who is a second year resident or above or affiliate staff with competency and delineated clinical privileges to insert central VADs
- C. The policy includes a number of appendices which outline the care and maintenance of specific types of VADs.
- D. A catheter selection algorithm is included in the policy for guidance to providers.
- E. Central line insertion care team checklists are included in the policy appendices. These checklists are used to verify that critical steps are completed during the insertion of a central VAD. A procedure checklist is included for areas where multiple lines are placed in one patient during one visit.
- F. Practice changes in the policy include the following:
 1. Hand hygiene is required immediately prior to and following VAD insertion, manipulation, maintenance and removal.
 2. Chlorhexadine gluconate in 70% isopropyl alcohol is the antiseptic of choice for central, arterial, and peripheral VAD insertions and care. Tincture of iodine is the second choice if the patient has a true chlorhexadine allergy. Povidone iodine the least superior antiseptic agent and should only be used as a last resort.
 3. Except in life threatening emergencies the inserter shall use full barrier precautions. Full barrier includes:
 - a. Cap (scalp, beard, mustaches and sideburns shall be covered),
 - b. Surgical mask,
 - c. Sterile gown,
 - d. Sterile gloves,
 - e. Large sterile patient drape to cover patient from head to toe and all bedrails,
 - f. Eye protection (e.g., face shield),
 - g. Sterile field includes: patient's full body drape, sterile tray, ultrasound probe, and all equipment used for procedure.