



Intravenous products: InfectionControlToday.com report “A hospital’s evaluation trial of the SwabCap disinfection cap for needleless IV connectors showed the cap achieved compliance with a new Joint Commission requirement, according to a poster to be presented at the National Patient Safety Foundation Annual Congress. The poster noted, Many needleless connectors have hard-to-reach surfaces that make them difficult to properly disinfect, even if nurses wipe for the full 15 seconds and then wait for drying as experts advise.

In addition to demonstrating successful compliance, the hospital’s infection control department also assessed the financial impact of using the catheter disinfection cap for cleaning needleless connectors (also known as injection ports). The assessment weighed the kits cost, saved nursing time, and materials eliminated for swabbing/flushing. The analysis found an annual savings of \$25,000.

The Joint Commission now requires that applicant healthcare facilities have in place a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports.

Like many other institutions, the urban hospital discussed in the poster had adopted a disinfection protocol widely recommended by experts. The older protocol for wiping needleless connectors/injection ports with alcohol takes a minimum of 45 seconds.

The hospital, based in a large northeastern U.S. city, worried that because its nurses were often pressed for time, it was unrealistic to expect them to expend the full 45 seconds.

Moreover, there was no way to confirm that nurses had complied without following them during their duties, which was also unrealistic.

Implementing SwabCap from Excelsior Medical addressed both problems. The disinfection cap takes only a few seconds to apply, and its design disinfects the recessed openings of needleless connectors. The caps bright orange color makes it easy for supervisors to confirm compliance. When attached to a connector, the cap also provides a physical barrier against touch and airborne contamination.

“Many needleless connectors have hard-to-reach surfaces that make them difficult to properly disinfect, even if nurses wipe for the full 15 seconds and then wait for drying as experts advise,” said Nancy Moureau, RN, BSN, CRNI, CPUI, author of the presentation and founder of PICC Excellence, a training, educational and consulting company. Nurses could comply perfectly with the wiping policy and patients might still be at risk of a dangerous infection. The device does a better job of disinfecting, while also protecting against other forms of contamination. At the same time, the cap can reduce overall costs while solving the compliance challenge of the Joint Commission requirement. We found this to be an unusually beneficial combination for patient safety.”

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