**Canberra Hospital and Health Services**

**ClinicalProcedure**

**Accessing, De-accessing and Changing VASCATHS/GamCaths and ‘Combi’ stopper change for Apheresis (not for haemodialysis) – Adults Only**

|  |
| --- |
| Contents |

[Contents 1](#_Toc498604135)

[Purpose 2](#_Toc498604136)

[Alerts 2](#_Toc498604137)

[Scope 2](#_Toc498604138)

[Section 1 – Accessing VASCATHs/Gamcaths for Apheresis 3](#_Toc498604139)

[Section 2 – Deaccessing VASCATHs/GamCaths and Combi Stopper Change for Apheresis 4](#_Toc498604140)

[Implementation 6](#_Toc498604141)

[Related Policies, Procedures, Guidelines and Legislation 6](#_Toc498604142)

[References 6](#_Toc498604143)

[Definition of Terms 7](#_Toc498604144)

[Search Terms 7](#_Toc498604145)

|  |
| --- |
| Purpose |

To describe the safe and effective procedure on accessing, de-accessing and changing the ‘Combi’ stopper for Central Venous Access Devices (CVADs)/Central Venous Catheters (CVCs) with the trade names VASCATH/GamCath for the purpose of apheresis (see definition of terms).

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Alerts |

* This procedure does not apply to VASCATHS/GamCaths being used for the purposes of haemodialysis does not incorporate changing of a dressing for VASCATHS/Gamcaths.
* Personal Protective Equipment (PPE) must be worn when accessing, de-accessing and changing the Combi stopper for VASCATHs/GamCaths. Waste products must be discarded into a cytotoxic waste container. This is only relevant if the patient has had chemotherapy. Otherwise it is an expensive way to get rid of non cytotoxic waste. Non cytotoxic waste products could be discarded into a normal yellow waste bin.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Scope |

This procedure relates to the accessing, de-accessing and changing of the ‘Combi’ stopper for VASCATHS/GamCaths within the Apheresis Unit for adult patients only.

The Clinical Procedure pertains to all medical and nursing clinicians who are credentialed as being competent to manage CVAD’s and who assess patients, select, insert, manage access and remove CVADs.

The ACT Health Central Venous Access Device Insertion eLearning and competency package is available on Capabiliti (<https://training.health.act.gov.au/ClientView/>) and all staff must successfully complete this package to manage those patients with CVADs.

New nursing or medical staff, or medical/nursing students (if within their defined scope of practice) will be required to perform these skills under the direct supervision of a credentialed and competent practitioner.

Please refer to the Central Venous Access Device (CVAD) Management – Children, Adolescents and Adults (NOT Neonates) Procedure accessible from the Policy Register for further information on general CVAD principles, CVAD training requirements, aseptic non touch technique, insertion and removal.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 1 – Accessing VASCATHs/Gamcaths for Apheresis |

Staff must use Aseptic Non Touch Technique and PPE Personal Protective Equipment (PPE) throughout the procedure.

Central Venous Catheters (CVCs) are designed to withstand up to 40 pounds per square inch (PSI). Syringes smaller than 10mL, generate pressure in the line which is higher than 40PSI. These syringes may damage or rupture the CVC, and should not be used.

Please note these catheters are typically temporary, non tunnelled, constructed of rigid material, ranging in length from 12-40cm, with an outer diameter ranging from 10-18.5 French, and an internal diameter from 1.5-2.0mm, and can be single or double lumen.(Camp-Sorrell2004)

**Equipment**

* Sodium chloride for injection 0.9% 10mL ampoule (2 per lumen to be accessed)
* Sterile gloves
* Dressing pack
* 10mL syringe per lumen
* 20mL syringe per lumen
* Gauze
* 18 gauge drawing up needle
* Chlorhexidine 0.5 % Alchohol 70% in 100ml solution

**Patient Preparation**

* Identify the correct patient as per the Patient Identification and Procedure Matching Policy
* Check for allergies
* Explain procedure to patient and gain informed consent.
* Ensure patient is positioned comfortably either in a bed or chair.
* Ensure that CVC are positioned outside of clothing
* Place bluey underneath lines.

**Preparation of Dressing Trolley**

* Collect equipment. Check that all equipment is within expiry date and that all coverings at sealed and intact
* Attend hand hygiene (Hand hygiene attended with either antimicrobial wash or isopropyl chlorhexidine – 30 second alcohol hand rub are both acceptable)
* Clean dressing trolley
* Perform hand hygiene
* Open sterile dressing pack on to clean trolley
* Using aseptic non touch technique, open the following equipment into the sterile field:
  + 10mL syringe (per lumen)
  + 20mL syringe (per lumen)
  + Gauze
  + 18 gauge drawing up needle
* Pour Chlorhexidine 0.5 % Alcohol 70% in 100ml solution on to dressing tray
* Open sodium chloride for injection 0.9% 10ml ampoules (2 per lumen) and place nearby under the dressing pack
* Attend hand hygiene.

**Procedure**

1. Perform hand hygiene
2. Don required PPE
3. Attend hand hygiene
4. Don sterile gloves
5. Attach 18 gauge drawing up needle to 20mL syringe. Draw up normal saline solution
6. Soak three piece of gauze (per lumen) in chlorehexidine solution
7. Place sterile paper drape under CVC lines
8. Swab lumen and line including hub with chlorehexidine solution. Thoroughly clean from the needleless injection cap to the hub of the catheter
9. Repeat x2 per lumen and allow to dry
10. Ensure that lumen catheter is clamped
11. Remove ‘Combi’ stopper
12. Immediately attach 10mL syringe (expel dead space prior to attachment)
13. Unclamp lumen
14. Remove 5mL of blood (removal of heparin lock)
15. Clamp lumen
16. Remove syringe and attach 20mL syringe of normal saline immediately
17. Unclamp lumen and using a pulsatile technique flush lumen
18. Clamp lumen
19. Remove syringe and attach apheresis line to catheter
20. If necessary repeat the above procedure for the second catheter lumen
21. Document procedure in patient notes.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 2 – Deaccessing VASCATHs/GamCaths and Combi Stopper Change for Apheresis |

Staff must use Aseptic Non Touch Technique (ANTT) and PPE equipment must be used throughout the procedure.

**Equipment**

* As per Section 1 above.

***Plus***

* Heparin 5000 units in 1mL (2 per lumen)
* ‘Combi’ stopper per lumen
* Absorbent pad (bluey).

**Patient Preparation**

* As per Section 1 above.

**Preparation of Dressing Trolley**

* As per Section 1 above.

***Additional steps***

* Open heparin ampoules and place nearby.
* Attend hand hygiene.

**Procedure**

1. Attend hand hygiene
2. Don required PPE
3. Attend hand hygiene
4. Don sterile gloves
5. Attach 18 gauge drawing up needle to 20mL syringe; draw up normal saline solution
6. Attach 18 gauge drawing up needle to 10mL syringe. Draw up and prepare heparin. (The volume of solution required to create a heparin lock is printed on the lumen of the VASCATH between the hub and the clamp)
7. Soak three piece of gauze (per lumen) in chlorehexidine solution
8. Place sterile drape under CVC lines
9. Swab lumen and line including hub with chlorehexidine solution; thoroughly clean from the needleless injection cap to the hub of the catheter
10. Repeat x2 per lumen and allow to dry
11. Ensure that lumen catheter is clamped
12. Remove infusion line
13. Immediately attach 20mL syringe of normal saline
14. Unclamp line
15. Using pulsatile technique flush line
16. Clamp line
17. Remove syringe and attach 10mL syringe containing heparin preparation
18. Inject identified volume of heparin (as printed on lumen) using positive pressure pulsating technique and clamp lumen
19. Remove syringe and attach ‘Combi’ stopper
20. If required repeat the above procedure for the second lumen
21. Document procedure in patient notes.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Implementation |

This procedure will be communicated to accreditated staff through the initial and extensive Apheresis Training Program run by Cancer Ambulatory & Community Health Support and maintained via annual skills review, assessment and accreditation. Accreditation is assessed and recorded on to Capabiliti.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Related Policies, Procedures, Guidelines and Legislation |

**Policies**

* CHHS Consent and Treatment
* CHHS Patient Identification and Procedure Matching Policy
* CHHS Medication Handling Policy

**Procedures**

* CHHS Healthcare Associated Infections Clinical Procedure
* CHHS Aseptic Non Touch Technique
* CHHS Central Venous Access Device (CVAD) Management – Children, Adolescents and Adults (NOT Neonates)

**Legislation**

* *Health Records (Privacy and Access) Act* 1997
* *Human Rights Act* 2004
* *Work Health and Safety Act* 2011
* *Medicines, poisons and Therapuetic Goods Act* 2008

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| References |

1. Camp-Sorrell, D. (2006) Access Device Guidelines; Recommendations for Nursing Practice and Education, 2nd edition, Oncology Nursing Society, Pittsburgh, Pennsylvania.
2. Gambro Kathetertechnik Hechingen, Short Term Access for Extracorporeal Blood Purification with GamCath Catheters.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Definition of Terms |

**‘Combi Stopper’**

* This is a leur lock closure device designed to seal the end of a VASCATH/GamCath line
* It is not a needless injection cap:
  + It does not allow access through the centre of the device via either a needle or a needless device
* It is intended to act as a prevention to accessing the line it is attached to
* The ‘Combi’ stopper must be physically removed prior to accessing the VASCATH/GamCath line for any purpose.

**‘Apheresis’**

A technique by which a particular substance or component is removed from the blood, the main volume being returned to the body.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Search Terms |

Vascath, Gamcath, Combi Stopper, Apheresis, CVC, CVAD

**Disclaimer**: *This document has been developed by ACT Health, Canberra Hospital and Health Services specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Health Directorate assumes no responsibility whatsoever.*

*Policy Team ONLY to complete the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| *Date Amended* | *Section Amended* | *Divisional Approval* | *Final Approval* |
| *18/10/2017* | *New Document* | *Denise Lamb, ED, CACHS* | *CHHS Policy Committee* |
|  |  |  |  |

*This document supersedes the following:*

|  |  |
| --- | --- |
| *Document Number* | *Document Name* |
| *N/A* |  |
|  |  |