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National Center
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Central line associated bloodstream infection (CLABSI) intervention module

Work package 1
National survey of current practices for CLABSI prevention

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Summary

Central line–associated bloodstream infections (CLABSI) impose a substantial burden yet are largely preventable. In Switzerland, approaches to CLABSI surveillance and prevention vary widely, and national recommendations are currently lacking. In the context of the in-development CLABSI intervention module, we conducted a nationwide online survey across 124 healthcare facilities in Switzerland from June to October 2025, to describe current CLABSI surveillance and prevention practices. We compared proportion of preventive measures in place in small, medium and large-size hospitals.

A total of 47 unique responses were included; the answer rate was 38%. Seven large-size (15%), 20 medium-size (42.5%), and 20 small-size (42.5%) hospitals (<200, 200–650, and >650 hospital beds, respectively) were included. Most healthcare professionals who responded to the survey worked in both intensive-care and acute-care units, they were predominantly IPC nurses followed by IPC specialist physicians.

CLABSI surveillance was reported being performed by 34% of all hospitals, with approximately two thirds doing it hospital-wide surveillance and one third limiting it to the ICU. The proportion and type of CLABSI surveillance (manual versus automated) varied markedly by hospital size.

Findings on CVC insertion practices indicate that several core preventive measures, including maximal sterile barrier precautions, ultrasound guidance, and preference for a non-femoral insertion site, were broadly implemented irrespective of hospital size. By contrast, type of skin antisepsis at catheter insertion varied substantially across hospital size categories, with all large hospitals reporting use of 2% chlorhexidine gluconate (CHG), while smaller hospitals used a wider range of products.

For catheter maintenance, some practices - such as systematic documentation of dressing changes - were widely implemented across centres, whereas others, including use of impregnated dressings or type of skin antisepsis, varied by hospital size.

The uptake of adjunctive devices for CVC care, including sutureless securement devices and disinfecting caps, remained low. By contrast, needleless access connectors were used more frequently. Catheter tubing was routinely changed on a scheduled basis in most hospitals, regardless of size. By contrast, clinically indicated CVC replacement was largely reported by all hospitals. Overall, catheter insertion and maintenance practices were reported being more systematically protocolized in larger centres.

Training, educational activities, and audits related to CLABSI prevention appeared more frequently implemented in large hospitals.

These findings will provide an evidence base to support the development and implementation of national guidelines for CLABSI prevention.