**Occlusion:**

**Step 2: Validation – Review Use of Valves/Connectors**

#### What type of connector are you currently using?

#### Have you evaluated whether another product would be better?

* Yes
* No
* In the process of evaluating other products

#### What other connector products have you considered and why? (If you have not considered another product please answer "N/A")

If you have made any changes to the type(s) of connectors used, please describe the changes and when they were implemented.

#### Have you implemented any of the following related to vascular access and/or occlusion prevention since you began this step?

* New or Changed Process
* New or Changed Policy
* New Product
* Education
* Other
* None

For each of the changes you made, please provide specifics about what you did and when.