Ashford and St. Peter's Hospitals
NHS Foundation Trust

PERIPHERAL VENOUS CATHETER CARE POLICY FOR ADULTS

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Executive Lead: **Sue Tranka, Chief Nurse**

Status: Approval date: November 2007

Ratified by: Clinical Governance Committee

Review date: May 2021

Patients first • Personal responsibility • Passion for excellence • Pride in our team

History

Issue	Date Issued	Brief Summary of Change	Author
1	Jan 2008		Michaela Morris
2	Feb 2010	Updated in line with the Trust's Policy Writing & Ratification Policy	Infection Control Team
3	Mar 2012	Expiry of review date	Infection Control Team
4	Mar 2014	Expiry of review date and updated in accordance with Epic 3 guidance	Infection Control Team
5	Apr 2016	Expiry of review date	Infection Control Team

For more information on the status of this document, please contact:	The Infection Control Team
Policy Author	Ann Birler
Department/Directorate	Infection Control
Date of issue	Jan 2008
Review due	May 2021
Ratified by	Control of Infection Committee
Audience	All trust staff involved in IV cares

See also:

Hand Hygiene Policy
Aseptic Non Touch Technique Policy
Injectable Medicines Policy
Sharps Injuries Management and other blood or body fluid exposure incidents
Risk Identification, Assessment and Management Policy
Sharps Policy – Safe Use and Disposal
Spillages of Blood and other Body Fluids
Standard Infection Prevention and Control Precautions Policy
Clinical Skills Training Package. Peripheral Venous Cannulation. Via intranet.

1. Introduction

1.1 Peripheral venous catheters (PVC) are devices that are inserted intravenously usually inserted into the veins of the forearm, the hand and occasionally the lower limbs of patients. They are used to administer intravenous fluids, drugs, blood products. Peripheral cannula is recommended for short term therapy of 3-5 days (RCN 2016). Alternative vascular access devises should be considered for longer term therapy.

2. Scope

2.1 To all staff involved in the care of patients with peripheral vascular devices.

3. Purpose

This policy outlines measures that shall be implemented to reduce the risk of infectious and non-infectious complications in any adult with a PVC. Therefore, a Peripheral Cannula Insertion Pack must be used when inserting a PVC. The exception being an emergency situation, or the cannula is sited for a short duration procedure and then promptly removed.

4. Explanation of Terms Used

PVC	Peripheral Vascular Catheter
CVC	Central Venous catheter
VIP	Visual Infusion Phlebitis

5. Duties and responsibilities

Operator – should be a competent practitioner following appropriate training and revalidation of skills.

Matrons – are responsible for ensuring any deficits identified and escalated, will be addressed to comply with guidance.

Ward and Department Managers – are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area adhere to the principles at all times.

Consultant Medical Staff – are responsible for ensuring their junior staff read and understand this policy, and adhere to the principles contained in it at all times.

General Managers Care Groups – are responsible for monitoring implementation of this guidance, and for ensuring action is taken when staff fail to comply with the policy.

Board of Directors – their role is to support the implementation of a Board to Ward culture to support a Zero Tolerance approach to Healthcare Associated Infections

6. Policy

BACKGROUND

Intravascular catheter-related infections are systemic infections which have a vascular access device (VAD) catheter as the source. Every year in the UK an estimated 6,000 patients develop a catheter-related blood stream infection (CR-BSI) (Elliot, 2001). The infections are associated with a high morbidity and mortality, particularly in hospitalised patients.

Catheter Related Blood Stream Infection's (CRB-SI's) are caused by micro-organsims, such as Staphylococcus aureus and Staphylococcus epidermis. These organisms found on the patient's skin contaminate the catheter during insertion, or migrate along the catheter track. Contaminated fluids and equipment, cross infection and colonised hands are also factors implicated in catheter related infection.

4. SELECTION OF CATHETER

Select the correct catheter size for the purpose and length of infusion (**APPENDIX 1**).
The smallest size cannula possible should be chosen to reduce the risk of phlebitis
Twenty gauge or smaller catheters should be used for most PVC's.

A minimum 20 gauge catheter is required for infusion of peripheral TPN.

Only one PVC device will be used for each cannulation attempt.

5. SELECTION OF CATHETER INSERTION SITE

The preferred insertion site for PVC's is the distal areas of the upper extremities. Veins in the lower extremities should not be used routinely due to risk of embolism and thrombophlebitis and should not be used at all for diabetic patients (Dougherty 1999, RCN 2016). Site selection should avoid areas of flexion (Dougherty, 1999) although this may not always be possible in an emergency situation such as during resuscitation when the antecubital fossa is recommended (RCN 2016)

Subsequent cannulation Subsequent cannulation must be made proximal to the previous cannulated site to reduce the risk of infiltration and extravasation injury (RCN (2016).

Sites to avoid: The individual inserting the line shall avoid pre or post-operative sites, areas that are oedematous, injured or damaged and the arm on the same side as a past or potential mastectomy or dialysis fistula (exception shall be made for diagnosis purposes, e.g. fistulogram).

6. CATHETER INSERTION

Please note that staff must trained and competency tested to insert a PVC. Please see Clinical Skillsnet and the Royal Marsden procedure on the trust net.

Tourniquets: A disposable tourniquet must be used. Do not use a disposable glove or blood pressure cuff (RCN 2016). The purpose of tourniquet is venous distension. Arterial blood flow should not be compromised during tourniquet insertion. Tourniquet should be insitu for a maximum of 1 minute (RCN 2016)

Hand Hygiene: Wash hands with liquid soap and water followed by alcohol hand sanitiser before insertion. See Hand Hygiene policy.

Technique Aseptic non touch technique (see Aseptic Non Touch Technique Policy).

Skin preparation: Shaving of the skin should be avoided. If hair removal is required hair should be clipped using a disposable clipper head. Cleanse the skin for at least 30 seconds with a 2% chlorhexidine gluconate/70% isopropyl alcohol applicator (SEPP or FREPP) and then leave to dry for 30 seconds before the insertion of the cannula (Dougherty, 1999). DO NOT REPALPATE THE VEIN ONCE THE SKIN HAS BEEN CLEANED.

Insertion of PVC: See Procedure for insertion of PVC.

Securement of lines: Secure the PVC in position using a transparent, semi permeable polyurethane peripheral cannula dressing. A PVC may be further be secured for the confused patient by use of a bandage. This, however, should not be undertaken routinely. The date of insertion should be recorded on the cannula dressing but this should not cover the insertion site which must be kept clear for inspection (RCN 2016)

Cannula site dressing: The dressing shall be changed when it becomes damp, loose, soiled or if the patient develops problems at the site that require further inspection. **Exception:** For patients who have skin breakdown or oozing, an occlusive gauze dressing may be used and changed when soiled or every 24 hours. Gauze dressings may also be used for patients who do not tolerate a semi-permeable transparent dressing and changed when soiled or every 24 hours.

Flushing of lines: This should be done using PosiFlush prefilled syringes which contain 0.9% Sodium Chloride. Flush the Bionector device first to remove air and connect to the PVC. The PVC is then flushed through the Bionector using the PosiFlush. A minimum of 5 mls PosiFlush must be used to flush the PVC. **PosiFlush: Is a prefilled syringe containing 0.9% Sodium Chloride. It is licenced as a medical device and does not need to be prescribed. It is not for reconstitution of drugs.**

Bionector devices: A Bionector is a needless system used to cap off vascular access devices. These devices come in individual bungs, single or double lumen for PVC's. Peripheral insertion packs have the double lumen. All PVC's must have a Bionector device attached. For patients who require intravenous therapy and administration of intermittent intravenous drug administration a double lumen octopus Bionector should be used. Clamps should be applied to lumens/lines when not in use to prevent backtracking. Remember to flush single and double lumen bionectors as there is air in the line which can cause an air embolus if not flushed.

Documentation: Document line placement by placing the sticker in the cannulation pack on the peripheral cannula insertion record chart (**APPENDIX 2**).

- Date and time device inserted
- Insertion site
- Name of person inserting device
- Consider documentation of product number and gauge for traceability.

7. SITE ASSESSMENT

Patients shall be encouraged to report any changes in their catheter site or any new discomfort to medical staff. Ensure patient or relative has been given the patient leaflet titled “Advice for Patients with a Cannula”.

A nurse shall assess PVC site each shift, at least 8 hourly or every time accessed for signs of infiltration, phlebitis or infection; including pain, redness, swelling, induration, disruption of flow or lack of blood return.

If a gauze dressing is being utilised, assess for phlebitis and infection at time of dressing change.

Phlebitis shall be graded based on the following criteria of the Visual Infusion Phlebitis (VIP) score in Table 1 and recorded on the peripheral cannula insertion record chart (**APPENDIX 2**)

Table 1 Visual Infusion Phlebitis Score tool for Vascular Access Devices

Observations	Score	Judgement	Action
• Absence of erythema and no purulent discharge	0	No signs of phlebitis	OBSERVE CANNULA
• Slight Pain at IV site or Slight Erythema at IV site	1	Possible first signs	OBSERVE CANNULA
• Two of the following are evident • Pain at IV site • Erythema • Swelling	2	Early stage of phlebitis	REMOVE CANNULA RESITE CANNULA IF STILL REQUIRED
• Increased Erythema Pyrexia, Pain, Purulent Discharge from the IV site	3	Phlebitis	REMOVE CANNULA SEND TIP SEND BLOOD CULTURES RESITE CANNULA IF REQUIRED CONSIDER TREATMENT

VIP Adapted from A Jackson, 1997, Specialist Nurse, IV Therapy and Care, Rotherham General Hospitals

If a localised infection is suspected at the PVC insertion site, medical staff must be informed. Health care practitioners with a cannulation insertion competency may remove and resite the PVC. (NB. Following a risk assessment it may be necessary to insert the new cannula before removing the original). Once medical staff have been informed a health care practitioner with a PVC removal competency may remove an infected cannula. On removal of the line if an infection is suspected using the VIP score 3, a bacterial culture of the site should be sent as well as the cannula tip.

VIP score shall be documented on the Peripheral Cannula Insertion Record each shift. All patients with a peripheral cannula in situ must also have a peripheral core care plan which must be evaluated and documented per shift.

8. ACCESSING LINES

Before accessing the Bionector port must be decontaminated using a 2% chlorhexidine gluconate/70% isopropyl alcohol cloth (Sani-Cloth CHG 21 for medical devices) minimum 15 seconds. The port shall be left to dry before connecting a syringe.

If at any time a Bionector device is disconnected from vascular catheter it should be discarded and a new device attached.

9. FLUSHING OF LINES

Checking blood return: Blood return shall be checked prior to the administration of drugs that are caustic to the vein.

Type of syringe: A syringe no smaller than 10mls shall be used to withdraw or flush.

Drawing blood for Specimens: Blood may only be drawn immediately following insertion of a PVC using a closed vacutainer system by individuals with specialised training (RCN 2016)

Flushing of PVC in IV drug administration: PosiFlush pre-filled syringes containing 0.9% sodium chloride solution shall be used to ensure and maintain patency between and after the administration of incompatible medications and/or solutions. The minimal volume of PosiFlush shall be 5 mls post drug administration.

Flushing technique: A pulsated push-pause and positive pressure method should be used. Positive pressure within the lumen of the catheter should be maintained to prevent reflux. (Marsden Manuel 2011).

10. CONNECTION TUBING

Frequency of change of administration sets:

- The type of solution administered via an administration set should dictate whether the administration set is changed more frequently than 96 hours. For drugs that have the potential to be absorbed by infusion administration sets such as insulin and flolan, the administration set should be changed every 24 hours. The administration set should be labelled with an expiry date.

- **Blood transfusion administration sets:** Shall be changed when the transfusion 3rd episode is complete or every 12 hours (whichever is sooner).

- **Replacement of VAD site:** When a PVC is re-sited a new administration set, Bionector and fluid must be used.

- All giving sets that have had drugs administered via them must be disposed of in sharps containers.

Bionector system: Bionectors shall be used on all PVC's. If patient is receiving continuous intravenous fluids apply a 2 lumen Bionector. For patients on intermittent intravenous drugs apply a single or double lumen Bionector. Clamps should be applied to lumens/lines when not in use to prevent backtracking.

Manipulation of the PVC system shall be kept to an absolute minimum in order to minimize the risk of contamination. Bionectors shall be cleaned with 2% chlorhexidine gluconate/70% isopropyl alcohol cloth (Sani-Cloth CHG 2% for medical devices) minimum 15 seconds and allow time to dry before accessing the system.

Priming of set: All PVC administration set tubing shall be primed and inspected for the presence of air and air eliminated before use.

Intermittent infusion sets: All intermittent infusion sets if disconnected from patient must be discarded and NOT capped for future use.

Disconnection of VAD tubing: If VAD tubing becomes disconnected, the connecting port shall be cleaned with an 2% chlorhexidine gluconate/70% isopropyl alcohol cloth (Sani-Cloth CHG 2% for medical devices) minimum 15 seco
nds and new tubing attached at the connection.

11. ADMINISTRATION OF FLUIDS

Except in the operating room and in emergency situations, all PVC fluids, where possible, shall be administered by infusion pump. Patients who are receiving fluids with potassium or patients who have known cardiac disease should always have fluids administered via an infusion pump.

12. REMOVAL AND REPLACEMENT OF LINES

Peripheral cannula should be re-sited when clinically indicated and not routinely (RCN 2016) Cannula's that have not been used for the last 12 hours in stable patients (where the risk of cardiac arrest is felt to be low) and where there is no likelihood of them being used in the next 24 hours should be removed.

PVC's inserted under non-sterile conditions during an emergency shall be removed and re-sited within 24 hours (RCN 2016)

Document in health care records and on the PVC VIP form (**APPENDIX 2**) PVC removed and the reason.

Please refer to **APPENDIX 3** for PVC removal

7. TROUBLESHOOTING

Please refer to **APPENDIX 4** for troubleshooting advice for PVCs.

8. Training

Staff will receive instructions and direction regarding the management of PVCs used in the Trust from a number of sources:-

- Trust Policies and Procedures available on the intranet.
- Ward/department/line manager.
- All Staff new to the skills of PVC insertion should complete the Clinical Skills Training Package and only when deemed competent continue to insert PVCs on patients. Management only is covered in this document.
- Education update sessions which can be delivered by a number of formats e.g. face to face, clinical skills and eLearning.
- Infection Prevention & Control Link Practitioners meetings are utilised to provide education sessions about the policy.

9. Approval and Ratification

The policy has been written by the Infection Control Team, been agreed by the Control of Infection Committee and ratified by the Clinical Governance Committee.

10. Dissemination and Implementation

The policy has been written by the Infection Control Team, been agreed by the Control of Infection Committee and ratified by the Clinical Governance Committee. The updated policy will be available on TrustNet.

Infection control training sessions are included on the insertion and continuing care of these devices for Healthcare Practitioners who remove or care for PVC's. Medical or nursing staff who insert PVCs are to be competency assessed.

11. Review and Revision Arrangements

This policy will be reviewed every 3 years or as required in line with new national guidelines or evidence.

12. Document Control and Archiving

This is a Trust-wide document and archiving arrangements are managed by Quality Dept. who can be contacted to request master/archived copies.

13. Monitoring compliance with this Policy

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
e.g. All policies	Compliance	Annual	Associate	Management

will be reviewed by their authors at least annually to ensure that they remain valid and in date	audit of sample of policies (including Review History)		Director of Quality	Executive

14. Supporting References / Evidence Base

- Department of Health (2003) Winning Ways: Working together to reduce healthcare associated infection in England. DOH, 2003.
- Dougherty L (2008a) Obtaining peripheral access in Dougherty L. and Lamb J. Intravenous Therapy in Nursing Practice. 2nd Edition. Oxford Blackwell Publishing III.
- Dougherty L (2003) Standards for infusion therapy. Royal College of Nursing published in collaboration with Becton Dickinson.
- Elliot TSJ (2001) Guidelines for preventing intravascular catheter-related infection Published by the Infection Control Nurses Association in collaboration with 3M Health Care.
- RCN (2016) Standards for Infusion Therapy. 4th Edition. Royal College of Nursing London.
- Dougherty, L. and Lister, S. (Eds). (2011). The Royal Marsden Hospital Manual of Clinical Nursing Procedures. 8th Ed. Wiley-Blackwell. Oxford.
- Department of Health (2007) Saving lives: reducing infection, delivering clean and safe care, revised edition: October 2007. DOH.
- Loveday H. et al. 2013 epic3: National Evidence-Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England. Journal of Hospital Infection. 8651. www.sciencedirect.com

APPENDIX 1

Guidelines for selection of vasofix safety cannula

SIZE	COLOUR	FLOW RATE ml/min	APPLICATIONS
14G	Brown	343	Rapid transfusions of whole blood
16G	Grey	196	Rapid transfusions of whole blood or blood components
17G	White	128	Infusion of large volumes of fluid or viscous fluids
18G	Green	103	Patients receiving blood components or large volumes of fluid
20G	Pink	61	Patients receiving up to 2-3 litres of fluid per day, patients on longer term medication
22G	Blue	36	Neonates, paediatrics, elderly patients with fragile veins or patients on long term therapy

Adapted from B. Braun vasofix safety and introcan safety cannula specification brochure.

APPENDIX 2

Visual Infusion Phlebitis Score

Ashford and St Peter's Hospitals NHS
NHS Trust

Peripheral Cannula Insertion Record (Adult)

Visual Infusion Phlebitis (VIP) Score

IV site appears healthy	0	No signs of phlebitis ● Observe cannula
One of the following is evident: ● Slight pain near IV site ● Slight redness near IV site	1	Possible first signs of phlebitis ● Observe cannula
Two of the following are evident: ● Pain at IV site ● Swelling ● Erythema	2	Early stage of phlebitis ● Resite cannula

Administration Set Criteria: Crystalloid fluids – 96 hours Lipids – 24 hours
Blood transfusion – after two units of blood
Or in each case, when cannula is changed if sooner

Drug Infusions: Continuous - 24hours
Intermittent - After each use

Hospital No: D.O.B.:
Surname:
First Name:
NHS No:
Sex: M / F
OR USE PATIENT LABEL

On Insertion:

Hand hygiene performed prior to insertion? Y ☐ N ☐
Skin decontaminated with 2% Chlorhexidine In 70% Alcohol (SEPP)? Y ☐ N ☐
Normal saline flush as prescribed? Y ☐ N ☐

Appropriate PPE worn during insertion? Y ☐ N ☐
Appropriate dressing placed post insertion? Y ☐ N ☐

Please Stick Cannula
Insertion Record Label Here

Date of Insertion:

Observe Cannula Site and Document VIP Score

Please circle Y or N

	Date: E	L	N	Date: E	L	N	Date: E	L	N
VIP Score									
Hand hygiene performed for all manipulations?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Appropriate dressing in situ?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Hubs and ports cleaned with Sanicloth CHG 2% for all manipulations?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Administration set changed appropriately?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Flushes administered as prescribed?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Signature									

Identify Insertion Site
Left ☐
Right ☐

Removal Date: Removal Reason: 96 hr ☐ No longer required ☐
Other:.....
Signature on removal of cannula: .....
Please record any extended cannula stay time in patient notes

On Insertion:

Hand hygiene performed prior to insertion? Y ☐ N ☐
Skin decontaminated with 2% Chlorhexidine In 70% Alcohol (SEPP)? Y ☐ N ☐
Normal saline flush as prescribed? Y ☐ N ☐

Appropriate PPE worn during insertion? Y ☐ N ☐
Appropriate dressing placed post insertion? Y ☐ N ☐

Please Stick Cannula
Insertion Record Label Here

Date of Insertion:

Observe Cannula Site and Document VIP Score

Please circle Y or N

	Date E	L	N	Date: E	L	N	Date: E	L	N
VIP Score									
Hand hygiene performed for all manipulations?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Appropriate dressing in situ?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Hubs and ports cleaned with Sanicloth CHG 2% for all manipulations?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Administration set changed appropriately?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Flushes administered as prescribed?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Signature									

Identify Insertion Site
Left ☐
Right ☐

Removal Date: Removal Reason: 96 hr ☐ No longer required ☐
Other:.....
Signature on removal of cannula: .....
Please record any extended cannula stay time in patient notes

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APPENDIX 3 **Removal of a PVC**

Remove PVC if;

No longer required.

- Patient has pain when fluids are infused or on flushing
- Signs of phlebitis, infection or thrombophlebitis, VIP score of 2 or greater

- An aseptic non touch technique should be maintained while dealing with PVC.
- Always check the integrity of PVC before disposal.
- Apply pressure to site on removal of PVC to reduce risk of haematoma.
- Document removal on the PVC label found on the daily plan of care sheet.
- If site appears infected, obtain swab and send to microbiology for culture and sensitivity. Please **complete incident form.**

APPENDIX 4 Trouble Shooting

Complication	Cause	Action
Ecchymosis and Haematoma on insertion	• Infiltration of blood into the tissue.	• Removed PVC and apply light pressure over insertion site (RCN 2005). This can be prevented by procedure being performed by a skill practitioner.
Phlebitis- inflammation of the intima of the vein.	• Mechanical • Chemical • Bacterial	• Infusion should be discontinued at first signs of phlebitis. • Warm and cold compresses can be applied to area, to increase the flow of blood around the area and reduce the swelling. • If bacterial phlebitis is suspected, remove PVC, swab site and send
Thrombophlebitis	• Dwell time • PVC material • Type of infusate • Poor PVC/vein ratio	• Stop infusion immediately and notify Drs. • Cold compress can be applied to area to reduce blood flow and increase platelet adherence to the already formed clot. Then apply a warm compress. • If purulent discharge present, send sample to microbiology for culture. • Elevate extremity and discourage patient from rubbing or massaging area to reduce risk of embolus. • Use smallest gauge PVC possible for therapy being delivered.
Infiltration- Fluid leaking into the tissue causing swelling. Fluid is cooler than surrounding body fluid and as skin temperature drops the skin becomes blanched.	• PVC punctured vein wall • Chemical irritation • Poor securement of PVC • Complete occlusion(pressure around PVC in vein may result in the tip increasing the hole size made on insertion)	• Stop infusion and notify the Drs immediately. • Discuss with pharmacy to establish if any antidote and how to administer it. • Assess to determine the extent of the infiltration and volume of fluid absorbed. • Assess the range of sensation and movement of the patients extremity (for any sensory deficit)
Extravasation- Inadvertent administration of vesicant or irritant solution into surrounding tissue. Vesicant solution can cause blisters, subsequent result is tissue necrosis.	• poorly sited PVC • Patency not checked for before administration of solution • Patient with thrombocytopenia or poor veins that cannot tolerate the volume or pressure of solution	• Stop infusion and inform Drs immediately. • Assess to determine the extent of the extravasation • Attempt to aspirate the fluid via PVC. • Discuss with pharmacy to establish if any antidote and how to administer it. • Elevate extremity. • Potential of saline flush out technique can be used by an experienced practitioner.

APPENDIX 1: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary

Name and title: Infection Control Team
Policy: Care of Peripheral Vascular Catheter Care policy for Adults

Background • Who was involved in the Equality Impact Assessment
Existing policy, equality and diversity assessment undertaken when written
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
The policy has no likely affects to race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
No adverse impacts for equalities groups
Conclusion • Provide a summary of the overall conclusions
No adverse impacts for equalities groups
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
Not applicable

APPENDIX 2: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.
Title of the document: Peripheral Vascular Catheter Care Policy for Adults
Policy (document) Author: Infection Control Team
Executive Director: Sue Tranka

		Yes/No/ Unsure/ NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Y**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Y**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Y**	
	Is the purpose of the document clear?	**Y**	
	Are the intended outcomes described?	**Y**	
	Are the statements clear and unambiguous?	**Y**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Y**	
	Who was engaged in a review of the document (list committees/ individuals)?	**Y**	**IV Steering Group**
	Has the policy template been followed (i.e. is the format correct)?	**Y**	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	**Y**	
	Are local/organisational supporting documents referenced?	**NA**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Y**	**Existing policy**
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**Y**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Y**	
	Does the plan include the necessary training/support to ensure compliance?	**Y**	
7.	**Process for Monitoring Compliance**		

		Yes/No/ Unsure/ NA	Comments
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**N**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Y**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Y**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	Y	

Committee Approval (insert name of Committee)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**David Fluck**	**Date**	**05.07.19**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			