

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Infective Complications - Mandatory reporting requirements of peripheral intravenous cannula (PIVC) or central venous access device (CVAD) infections in the incident management system (ims+)
<b>TYPE OF DOCUMENT</b>	Policy
<b>DOCUMENT NUMBER</b>	SESLHDPD/280
<b>DATE OF PUBLICATION</b>	September 2024
<b>RISK RATING</b>	Low
<b>LEVEL OF EVIDENCE</b>	National Safety and Quality Health Service Standard No. 3 'Preventing and Controlling Healthcare Associated Infections' (Criteria 3.1 and 3.10)  NHMRC grade A - Body of evidence can be trusted to guide practice
<b>REVIEW DATE</b>	September 2029
<b>FORMER REFERENCE(S)</b>	SESLHDPD/280 - Mandatory reporting of peripheral intravenous cannula (PIVC) related infection/phlebitis in the Incident Information Management System (IIMS)
<b>EXECUTIVE SPONSOR</b>	Director Clinical Governance and Medical Services
<b>AUTHOR</b>	SESLHD Infection Prevention and Control Subcommittee  <a href="mailto:SESLHD-InfectionControl@health.nsw.gov.au">SESLHD-InfectionControl@health.nsw.gov.au</a>
<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	Director Clinical Governance and Medical Services
<b>KEY TERMS</b>	Peripheral intravenous cannula (PIVC) management, Infection/phlebitis monitoring and reporting, Central Venous Access Device (CVAD) infections
<b>SUMMARY</b>	This procedure has been developed to inform clinical staff to report in ims+ any cannula site or CVAD infection incident using consistent criteria as provided

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## **Infective Complications- Mandatory reporting requirements of peripheral intravenous cannula (PIVC) or /central venous access device (CVAD) infections in the incident management systems (ims+)**

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### **1. PURPOSE**

Mandatory reporting of peripheral intravenous cannula (PIVC)/central venous access device (CVAD) phlebitis/infections in the incident management system (ims+), allows staff and Infection Prevention and Control to identify and report infections across SESLHD.

### **2. IDENTIFICATION OF PIVC AND CVAD INFECTIONS AND REPORTING**

#### **2.1 ims+ notification and Harm Score (HS) scoring**

- Incidents of infection involving local phlebitis, VIP  $\geq 2$  at the cannula or CVAD insertion site should be reported in ims+ as a HS 3.
- If PIVC or CVAD site infections/phlebitis are suspected to have progressed to a systemic infection (bacteraemia/sepsis), incidents must be reported as a HS 2.

#### **2.2 Identifying PIVC or CVAD infections**

- One Category A criterion (VIP  $\geq 2$ ) + one Category B criterion = Reportable infection

<b>At least one (Category A) criterion at the PIVC or CVAD site</b>
• VIP Score of 2 or more (See appendix 1)
• Local pain, redness or swelling
• Compromised skin integrity around insertion site
<b>PLUS</b>
<b>At least one (Category B) of the following criterion:</b>
• Pus noted at insertion site
• Positive swab result obtained from the cannula or CVAD site
• Febrile
• Extravasation of CVAD with the catheter tip that has migrated to a sub-optimal position
• Medical/Nursing clinical documentation of local infection attributable to PIVC or CVAD
• Positive Blood Cultures and/or medical documentation of systemic infection attributed to PIVC or CVAD

### **3. RESPONSIBILITIES**

#### **3.1 Employees will:**

- All SESLHD staff caring for a patient with a PIVC or CVAD in place will report in accordance with this policy

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### 3.2 Line Managers will:

- Ensure this procedure is followed by all relevant staff
- Investigate and escalate ims+ as required

### 3.3 District Managers/Service Managers will:

- Provide support to staff in the implementation of this procedure as required
- Incorporate PIVC and CVAD site infection monitoring and reporting methodology into existing education bundles managed at the facility level
- Ensure routine reporting on PIVC/CVAD associated infection feedback is provided to staff and executive committees

## 4. DEFINITIONS

<b>PIVC</b>	Peripheral Intravenous Cannula - device that is designed to be inserted into and remain within a peripheral vein (excludes peripherally inserted central line catheters)
<b>CVAD</b>	Central Venous Access Device - A catheter introduced via a large vein into the superior vena cava, umbilical vein, right atrium for the administration of parenteral fluids, medications or for the measurement of central venous pressure
<b>IMS+</b>	Incident Management System
<b>VIP</b>	Visual Infusion Phlebitis score, see <a href="#">Appendix 1</a>
<b>HS</b>	Harm Score
<b>Healthcare associated infection (HAI)</b>	Infection acquired in a healthcare facility or an infection that occurs because of a healthcare intervention and which may manifest after the patient is discharged from the healthcare facility
<b>Aseptic non touch technique (ANTT)</b>	An aseptic non touch technique aims to prevent micro-organisms from being introduced to susceptible sites, during invasive, procedures by hands, surfaces, and equipment

## 5. DOCUMENTATION

Enter ims+ as per [NSW Health Policy Directive PD2020\\_047 - Incident Management](#).

## 6. REFERENCES

- Ray-Barruel, G., Polit, D.F., Murfield, J.E., and Rickard, C.M. (2014) Infusion phlebitis assessment measures: a systematic review. Journal of Evaluation in Clinical Practice, 20(2), 191-202 <https://doi.org/10.1111/jep.12107>
- [NSQHS Standards safety and quality improvement guide for preventing and controlling healthcare associated infections](#)

# SESLHD POLICY

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- [SESLHDPR/577 - Peripheral Intravenous Cannula \(PIVC\) Insertion, Care and Removal \(Adults\)](#)
- [NSW Health Policy Directive PD2019\\_040 - Intravascular Access Devices \(IVAD\) – Infection Prevention & Control](#)
- [NSW Health Policy Directive PD2020\\_047 - Incident Management](#)
- [NHMRC \(2019\) Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)

## 7. VERSION & APPROVAL HISTORY

Date	Version	Version and approval notes
October 2014	0	New policy drafted
November 2014	1	Endorsed by SESLHD Clinical and Quality Council
August 2018	2	Minor Review – Approved by Director Clinical Governance
August 2019	3	Minor Review approved by the Executive Sponsor. Updated references section and included central venous access device (CVAD).
27 September 2024	3.1	Minor review by the SESLHD Infection Prevention and Control Subcommittee– updated terminology and references. Approved by SESLHD Infection Prevention and Control Committee and Executive Sponsor.

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**Appendix 1: VIP Score**

<b>V.I.P. Score (Visual Infusion Phlebitis Score)</b> <i>Developed by Andrew Jackson, 1997</i>		
<b>0</b>	<b>I.V site appears healthy</b>	No signs of Phlebitis Observe Cannula
<b>1</b>	One of the following is evident Slight pain near PIVC. site or slight redness near PIVC site	Possible first signs of phlebitis Observe Cannula
<b>2</b>	Two of the following is evident Pain near PIVC site Erythema Swelling	Early stage of phlebitis Resite cannula
<b>3</b>	All of the following are evident Pain along path of cannula Erythema Induration	Medium stage of phlebitis Resite cannula Consider treatment
<b>4</b>	The following are evident and extensive Pain along path of cannula Erythema Swelling Palpable venous cord	Advanced stage of phlebitis (or start of thrombophlebitis) Resite cannula Consider treatment
<b>5</b>	All are evident and extensive: Pain along the path of the cannula Erythema Swelling Palpable venous cord Pyrexia	Advanced stage of thrombophlebitis Initiate treatment Resite cannula

*Ref: Jackson A. Infection control: a battle in vein infusion phlebitis. Nursing Times. 1998;94(4):68–71.*