

# 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 information management systems (IIMS)
<b>TYPE OF DOCUMENT</b>	Procedure
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<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>	August 2024
<b>FORMER REFERENCE(S)</b>	SESLHDPD/280 Mandatory reporting of peripheral intravenous cannula (PIVC) related infection/phlebitis in the Incident Information Management System (IIMS)
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<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 IIMS 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 information management systems (IIMS)

**1. Purpose**

Mandatory reporting of peripheral intravenous cannula (PIVC)/ central venous access device (CVAD) phlebitis / infections in the incident information management systems (IIMS), 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 IIMS Notification and SAC scoring**

- Incidents of infection involving local phlebitis, VIP ≥ 2 at the cannula or CVAD insertion site should be reported in IIMS as a SAC 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 SAC 2.

**2.2 Identifying PIVC or CVAD infections**

- One Category A criterion (VIP score of 2 or more) + 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 and/or senior midwife/nursing documentation of local infection attributed to PIVC or CVAD
• Positive Blood Cultures and Medical documentation 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 procedure

**3.2 Line Managers will:**

- Ensure this procedure is followed by all relevant staff
- Investigate IIMS as required and escalate issues 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.

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- Ensure routine reporting on PIVC/ CVAD associated infection feedback is provided to staff and peak 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>IIMS</b>	Incident Management System
<b>VIP</b>	Visual Infusion Phlebitis score, see Appendix 1
<b>SAC</b>	Severity Assessment Score
<b>Healthcare associated infection (HAI)</b>	Infection acquired in a healthcare facility or an infection that occurs as a result of a healthcare intervention and which may manifest after the patient is discharged from the healthcare facility
<b>Aseptic non touch technique</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 IIMS as per [NSW Ministry of Health Policy Directive PD2019\\_034 - Incident Management Policy](#).

**6. REFERENCES**

- Gallant P, Schultz AA (2006) Evaluation of a visual infusion phlebitis scale for determining appropriate discontinuation of peripheral intravenous catheters. Journal of Infusion Nursing; 29: 6, 338-345
- [Safety and Quality Improvement Guide Standard 3: Preventing and Controlling Healthcare Associated Infections, October 2012](#)
- [NSW Ministry of Health Guideline GL2013\\_013 - Peripheral Intravenous Cannula \(PIVC\) Insertion and Post Insertion Care in Adult Patients](#)
- [NSW Ministry of Health Guideline PD2011\\_060 - Central Venous Access Device Insertion and Post Insertion Care](#)
- [NSW Ministry of Health Policy Directive PD2019\\_034 - Incident Management Policy](#)
- [NHMRC \(2010\) Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)
- [National Safety and Quality Health Service Standard No. 3 'Preventing and Controlling Healthcare Associated Infections'](#)
- [SESLHDPD/577- Peripheral Intravenous Cannulation \(PIVC\) Insertion, Care and Removal \(Adults\)](#)

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**SESLHDPD/280****7. REVISION & APPROVAL HISTORY**

Date	Revision No.	Author and Approval
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).

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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>	<b>No signs of Phlebitis</b> <b>Observe Cannula</b>
<b>1</b>	<b>One of the following is evident</b> Slight pain near PIVC. site or slight redness near PIVC site	<b>Possible first signs of phlebitis</b> <b>Observe Cannula</b>
<b>2</b>	<b>Two of the following is evident</b> Pain near PIVC site Erythema Swelling	<b>Early stage of phlebitis</b> <b>Resite cannula</b>
<b>3</b>	<b>All of the following are evident</b> Pain along path of cannula Erythema Induration	<b>Medium stage of phlebitis</b> <b>Resite cannula</b> <b>Consider treatment</b>
<b>4</b>	<b>The following are evident and extensive</b> Pain along path of cannula Erythema Swelling Palpable venous cord	<b>Advanced stage of phlebitis (or start of thrombophlebitis)</b> <b>Resite cannula</b> <b>Consider treatment</b>
<b>5</b>	<b>All are evident and extensive:</b> Pain along the path of the cannula Erythema Swelling Palpable venous cord Pyrexia	<b>Advanced stage of thrombophlebitis</b> <b>Initiate treatment</b> <b>Resite cannula</b>