

Policy for intravascular catheter insertion

LEAD EXECUTIVE DIRECTOR:

POLICY APPROVED BY:

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IMPLEMENTATION DATE:

REVIEW DATE:

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| | Document Control Sheet |
| Policy Title | Policy for intravascular catheter insertion |
| Purpose of Policy/ Assurance Statement | To reduce the risk associated with all vascular access lines they must be inserted by competent staff using Trust or local/specialty approved standard operating procedures - incorporating the mandatory policy recommendations (including recording of training and competency and audit of compliance). |
| Target Audience (Policy relevant to) | Divisional Directors, Specialty Leads and all members of staff inserting vascular lines |
| Lead Executive Director | |
| Name of Originator/ author and job title | John Hartley DIPC |
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| Amendments: | |
| Links to other policies or relevant documentation | <p>Clinical Guidelines currently (13/03/2015) on internet</p> <ol style="list-style-type: none"> 1. Peripheral venous cannulation of children 2. Central venous access devices (long term) 3. Central venous access (temporary) for extracorporeal therapies 4. Arterial lines 5. Vascular device insertion and lumbar puncture: Skin preparation 6. Aseptic non touch technique (ANTT®) for intravenous therapy <p>Policies: Intravenous access escalation policy</p> <p>Audit tools: 7. CVC Insertion Care Bundle, CVL Maintenance Care Bundle, and Peripheral Line Care Bundle 8. GOS acquired line infection surveillance</p> |
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1. ASSURANCE STATEMENT/POLICY SCOPE

To reduce the risk associated with all vascular access lines they must be inserted by competent staff using approved (local specialty or Trust wide) standard operating procedures - incorporating the mandatory policy recommendations (including recording of training and competency and audit of compliance).

2. Introduction

Vascular access devices are a significant source of risk in the health care environment, including infection and vascular damage. They can result in patient harm and cost. As part of the Trusts strategic aim to eliminate all avoidable harm it is required that all intravascular lines should be inserted by trained and competent staff using an approved local operating procedure, with record of training and audit of compliance.

3. Aims and objectives

To direct all Divisions with staff (of any grade or training) who insert vascular access lines to implement a standard operating procedure / clinical guide for the insertion of these lines

4. Definitions

Vascular access catheter – any catheter inserted in to venous (peripheral or central) or arterial vessels to gain access to the blood or intravascular space.

There are a large range of devices which should be specified in each specialty standard procedure.

5. Duties and responsibilities

5.1. **Divisional Director:** It is the responsibility of the Divisional Director to ensure this Policy is implemented. They may designate responsibility to named individual(s) in the Division.

5.2. **All staff members who insert vascular lines are** responsible for following all applicable policy, procedure / guidance and reporting any adverse experience to those responsible for the document, and contributing to the development of strategy, policy, procedure and guidance.

6. The policy

A range of vascular catheters are inserted by various staff groups in many different settings. To ensure optimal safety staff should be trained and comply with best practice. Divisions must ensure that there are established procedures/ clinical guidelines for insertion of all vascular access lines in place, and staff are trained and assessed to comply with them.

6.1 Peripheral venous lines

These are inserted in all Divisions and staff should comply with the current clinical practice guidelines 'Peripheral venous cannulation of children'. Divisions/ specialties need not produce further local policy documents as the Trust clinical practice guideline is approved for all health care professionals.

All Divisions to ensure all staff are assessed and recorded as competent -

Only a HCP that has been trained in the skill should undertake the cannulation of a child. Every HCP must undertake a yearly update to demonstrate competency and fulfil professional development requirements. This is assessed through an e-learning pack and practical assessment.

Medical staff should have their competency assessed and documented during their general paediatric training. If no assessment was undertaken or they feel an update is required the practice educator in their clinical area can arrange this.

6.2 Central venous catheters and arterial catheters

These are inserted by a smaller number of staff and in a number of specialist situations. Each Division should assess line use and have local policies available on the intranet. Currently identified areas inserting central venous catheters are:

Critical care and cardiorespiratory division:

NICU/PICU

CATS

CICU

Surgery division:

Anaesthetics

General Surgery and Urology

MDTS division:

Renal Transplant Surgeons

Interventional Radiology

Each Division or Specialty may have their own document, but it must include basic sections detailed below.

6.2.1 Training and competence

6.2.1.1 There should be a method for confirmation and recording of individual competence prior to line insertion

6.2.1.2 Guideline should specify how each member of staff is trained and assessed as competent.

6.2.1.3 The record of assessment should be recorded and saved locally and on the Trust Training data base when available.

6.2.1.4 Guideline should specify how each member is updated on the local policy

6.2.2 Insertion care bundle procedure (incorporating compliance with DH Saving Lives High Impact Interventions)

6.2.2.1 Patient selection

6.2.2.2 Insertion site selection

6.2.2.3 Catheter selection

6.2.2.4 Information for patient/ carer

6.2.2.5 Preparation and equipment

6.2.2.6 Compliance with hand hygiene and use of personal protective equipment and maximal sterile technique (ie mask, cap, sterile gloves, sterile gown, sterile drapes)

6.2.1.7 Site preparation and cleaning, including compliance with Trust Skin preparation policy

6.2.2.8 Technique, including use of Ultrasound, method of fixing and dressing, method of confirming location. Protocol must ensure compliance with relevant Clinical Practice Guidelines for Central lines,

6.2.2.9 Site dressing

6.2.3 Documentation - minimum data set to be recorded in notes – reason for line, date and time of insertion, site, type and size of line, number and site if different, of unsuccessful attempts, any complications

6.2.4 Audit of compliance

6.2.4.1 Minimum audit in line with DH Saving Lives Central Line insertion care bundles

6.2.4.2 Audit of compliance with Training and competence

6.2.5 Surveillance

6.2.5.1 Describe the process for surveillance of complications (including infections) and actions to be taken if unsatisfactory.

7. Process for implementation

7.1. Divisional Directors to distribute policy and delegate responsibility

7.1.1 Delegation of responsibility to ensure all staff competent in peripheral line insertion

7.1.2 Delegation of responsibility to individuals for production of local procedures for other lines

7.2. Implementation of local procedure for other lines

8. Monitoring arrangements

8.1. All Divisions with staff who insert vascular access lines must implement this policy and have local procedures/ clinical guidelines.

8.2. Divisional Directors are responsible for overall monitoring of the local procedures/ clinical guidelines audit arrangements, within their Divisional Structure.

9. Standards and Key Performance Indicators (KPI)

9.1. All Divisions have implemented the Clinical Practice guideline on peripheral cannula insertion and have a local policy for all other vascular access with audit process stated

9.2. Local procedure / guidelines specify KPIs; these should include

9.2.1 percentage of staff with recorded competency

9.2.2 compliance with insertion care bundle

9.2.3 Infection rates – to be reviewed locally at Divisional IPC group

This policy and Trust recommendations should be reviewed annually, or more frequently if necessary, by the Quality and Safety Committee.

10 Equality impact statement

10.2 Implementation of this Policy has no impact on the protected groups covered by the Equality Act 2010:

10.3 Individuals applying local operating procedures/guidelines will require to fulfil local training and competency assessment, which may be difficult if learning difficulties are present or if certain physical disability is present.

11 Training

11.2 Local training will be required to ensure that the policy is implemented by all staff who insert vascular access lines. This will need to be designate in local operating procedure/ guideline.

12 Other policies of relevance

Clinical Guidelines currently (13/03/2015) on internet

1. Peripheral venous cannulation of children
2. Central venous access devices (long term)
3. Central venous access (temporary) for extracorporeal therapies
4. Arterial lines
5. Vascular device insertion and lumbar puncture: Skin preparation
6. Aseptic non touch technique (ANTT®) for intravenous therapy

Policies:

Intravenous access escalation policy

Audit tools:

7. CVC Insertion Care Bundle, CVL Maintenance Care Bundle, and Peripheral Line Care Bundle
8. GOS acquired line infection surveillance

13 References –

Current Clinical Practice Guidelines and Policies as listed above.

EPIC2: National Evidence- Based Guidelines for Preventing Healthcare-Associated Infections

14 Appendices

14.2 This should include:

- 14.2.1 Other appendices as required
- 14.2.2 Policy Approval Group cover sheet
- 14.2.3 Equality analysis form