Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Policy

1. Purpose

The *Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Policy* (the policy) describes the mandatory requirements to minimise the risk of infection to patients associated with the insertion of peripheral intravenous cannulae (PIVC). The policy ensures there is a standardised approach to the insertion and management of PIVCs and removes variation in practice across Western Australian healthcare facilities.

The policy supports the requirements of the National Safety and Quality Health Service Standards *Preventing and Controlling Infections Standard* for health organisations to develop and implement systems for the use and management of invasive devices.

PIVCs provide direct access to the patient's bloodstream and therefore pose a serious risk for infection from microorganisms introduced either at the time of insertion or while the cannula is in situ. PIVC-related infections are associated with increased morbidity and mortality, prolonged hospital stays, and additional healthcare costs. Infections associated with PIVCs are considered preventable adverse events.

Data collected from Healthcare Infection Surveillance Western Australia (HISWA) shows most healthcare-associated *Staphylococcus aureus* bloodstream infections (HA-SABSIs) result from intravascular devices (IVDs), with a large percentage of these attributable to PIVCs. This finding is despite the availability of local Health Service Provider clinical practice standards, policies and guidelines.

This policy is a mandatory requirement for Health Service Providers under the *Public Health Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016.*

This policy should be read in conjunction with:

- *MP 0134/20 National Safety and Quality Standards Accreditation Policy*
- *MP 0122/19 Clinical Incident Management Policy*
- *MP 0108/19 Healthcare Associated Infection Surveillance Policy.*

2. Applicability

This policy is applicable to all HSPs excluding the Quadriplegic Centre.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

Health Service Providers must ensure:

3.1 Any local policies and procedures for the insertion and management of PIVCs align with the Communicable Disease Control Directorate *Guideline for the Insertion and Management of Intravenous Cannulae in Healthcare Facilities* and address population-specific requirements.

3.2 All healthcare workers responsible for the insertion and management of PIVCs are appropriately trained and deemed competent in this procedure.

3.3 All PIVC-related infective complications are reported and investigated in accordance with local clinical incident management reporting processes and in accordance with MP 0122/19 *Clinical Incident Management Policy* and the *Guidelines for investigating and reporting healthcare associated Staphylococcus aureus bloodstream infections*.

4. Compliance Monitoring

The Infection Prevention Policy and Surveillance Unit (IPPSU), on behalf of the System Manager, will monitor compliance with this policy by requiring the following:

4.1 Health Service Providers are to monitor and ensure compliance of PIVC management in accordance with the *Guideline for the Insertion and Management of Intravenous Cannulae in Healthcare Facilities.*

4.2 Health Service Providers are to ensure the investigated PIVC related complications are tabled at the governance committee responsible for infection prevention and control at their facility.

4.3 In addition, IPPSU will monitor and report quarterly on all healthcare-associated *Staphylococcus aureus* bloodstream infections attributed to a PIVC and table this data at the Healthcare Infection Council of Western Australia meeting.

4.4 The System Manager may also request additional information from Health Service Providers on matters related to this policy, this may include information on the education and training requirements of healthcare workers to ensure alignment with policy requirements.

4.5 The System Manager may undertake an assessment or audit should a non-compliance issue be identified.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Guideline, Communicable Disease Control Directorate
- Guideline for investigating and reporting healthcare associated *Staphylococcus aureus* bloodstream infections, Communicable Disease Control Directorate

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- Healthcare Infection Surveillance of Western Australia (HISWA) (version 9, September 2024), Department of Health, Western Australia
- National Safety and Quality Health Service Standards (second edition), Australian Commission on Safety and Quality in Healthcare (ACSQHC)
- Management of Peripheral Intravenous Catheters Clinical Care Standard, National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Healthcare (ACSQHC) (2021).

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Clinical Incident Management (CIM)	The process of effectively managing clinical incidents with a view to minimising preventable harm.
Healthcare-associated infection (HAI)	An infection that occurs because of a healthcare intervention and may manifest after the patient is discharged from the HCF.
Healthcare-associated *Staphylococcus aureus* bloodstream infection (HA-SABSI)	A bloodstream infection caused by the microorganism *Staphylococcus aureus* and deemed associated with healthcare practices or interventions.
Healthcare worker (HCW)	Any registered medical doctor, registered nurse, midwife or enrolled nurse, anaesthetic technician, phlebotomist, radiologist, radiology service assistant or a student in any of those fields who has met the competency requirement to insert a PIVC.
Peripheral intravenous cannula (PIVC)	A device that is designed to be inserted into and remain within a peripheral vein, excluding peripherally inserted central catheters and midline catheters.

System Manager	The term used for the Department CEO to reflect their role as being responsible for the overall management of the WA health system (see section 19 *Health Services Act 2016*).
WA health system	The WA health system is comprised of: (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.

8. Policy Contact

Enquiries relating to this policy may be directed to:

Title: Program Manager
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Communicable Disease Control Directorate
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9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0038/16	20 October 2016	October 2019	Original version
MP 0038/16 v.2.0	23 August 2017	August 2020	Amendment to policy statement and appendices
MP 0038/16 v.3.0	11 October 2022	October 2025	Policy review and amendments as listed below.
• Purpose section refined. • Applicability section refined. • Policy Requirements section refined, and Procedural Requirements removed. • Related document: Inclusion of 'Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Guideline' combining previous information from the Policy Requirements section and appendices.			
MP 0038/16 v.3.1	29 March 2023	October 2025	Amendment as listed below.
• Related document: Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Guideline updated section 4.2.5 (page 9) relating to sterile glove use during insertion of PIVC only where risk is considered.			
MP 0038/16 v.4.0	21 August 2025	August 2028	Policy review and amendments as listed below
• Purpose section refined and the inclusion of the policy to be read in conjunction with MP 0134/20 National Safety and Quality Standards Accreditation Policy, MP 0122/19 Clinical Incident Management Policy and MP 0108/19 Healthcare Associated Infection Surveillance Policy.			

• Policy requirements section: removal of requirement 3.3 – a register of HCWs deemed competent in the insertion and management of PIVCs is maintained. Policy requirement 3.4 updated to reflect the revised MP 0122/19 Clinical Incident Management Policy. • Compliance monitoring section updated to reflect policy requirements. • Related document: Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Guideline updated as per Guideline version control. • Definition section: inclusion of 'Healthcare worker' definition.			
MP 0038/16 v.4.1	7 April 2026	August 2028	Amendments as listed below
• Applicability section refined and amended to include PathWest. • Related document: Communicable Disease Control Directorate Guideline, Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Guideline - grammatical and misspelt word changes that do not alter the wording or intent of the guideline.			
MP 0038/16 v.4.2	10 August 2026	August 2028	Amendments as listed below
• Related document: Insertion and Management of Peripheral Intravenous Cannulae Guideline updated section 4.2.1.14: Removal of the requirement to culture the PIVC catheter tip after removal. References updated to reflect update.			

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Dr David Russell-Weisz, Director General, Department of Health
Approval date	20 October 2016

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