Birmingham Women's and Children's NHS Foundation Trust

Policy for the Care and Management of Central Venous Catheters

Applies to BWH and BCH

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Date ratified:	26/02/2020
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Name of responsible committee/individual:	IV Policy Review Group
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Target audience:	All BWC Trust Staff

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1 Summary of key points

This policy includes the following in relation to central venous catheters:
Indications
Preparation
Insertion
On-going Care
Complications
Removal

2 Introduction

This policy has been developed to ensure consistent, evidence based practice when caring for patients with central venous catheters

3 Purpose

To inform staff of their responsibilities regarding the management of central venous catheters.
To provide a concise theoretical framework based on accepted evidence based practice.
To ensure practice is consistent throughout the Trust.

4 Scope

4.1 Includes This Policy applies to all patients requiring insertion of central venous catheters as detailed in the definitions below

4.2 Excludes This policy does not cover the management of cardiac bypass, Extracorporeal Life Support (ECLS), ports or haemofiltration cannulae

5 Duties

5.1 Duties within the Organisation

Responsibility for ensuring compliance with this policy sits with the Chief Medical Officer and Chief Nurse. Managers of all clinical staff are responsible for ensuring that their staff are aware of the policy and that they adhere to it.

The lead person responsible for co-ordinating the development and subsequent review of this document is Julia Bottle (Oncology Education Team) following consultation with the relevant stakeholders from the IV Policy Review Group

5.2 Identification of Stakeholders

All clinical staff undertaking clinical care requiring the preparation, insertion, on-going care and maintenance of central venous catheters

6 Method for development

6.1 Consultation and Communication with Stakeholders

IV Policy Review Group

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Lynn Nolan	Lead Critical Care Midwife
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Ros Timmins	Operational Lead Nurse- Infection Prevention and Control
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5 Content

5.1 Definitions

5.1.1 Central venous catheter (CVC): a line placed into a central vein with the distal tip usually in the superior or inferior vena cava (proximal to the subclavian vein, internal jugular vein, or femoral vein). This includes lines placed directly or terminating in the pulmonary artery, right or left atrium, umbilical vein or trans-hepatic vena cava.

5.1.2 Temporary (non-tunnelled) CVC: a line placed into a central vein with an expected duration of use of <7-10 days; a line without a tunnelled component with the skin puncture site immediately adjacent to the vein accessed.

5.1.3 Peripherally inserted CVC (PICC): a line placed into a central vein with the skin puncture and venous puncture site within the peripheral venous system, typically the arm, leg or scalp, for expected duration of use >10 days.

5.1.4 Permanent (tunnelled) CVC: a line placed into a central vein with an expected duration of use >10 days; a line with a tunnelled component (e.g. Broviac line, Hickman line)

5.1.5 Umbilical Venous Catheter: A line placed into one of two arteries or the vein of the umbilical cord with an expected duration of use < 7 days

5.2 Booking a central venous catheter insertion.

Having identified the need for a central venous access device the referring team should decide upon the urgency, type of line and likely duration of use.

5.2.1 Elective Bookings (Insertions and Removals)

BCH

Requests must be made via the Vascular Access Service via the P drive on the Trust intranet. Bookings are assessed and scheduled accordingly by The Vascular Access Team. A password-protected list of patients waiting and scheduled for catheter insertion and removal is available on the Trust intranet.

Infection status of the patient must be checked at time of line booking and any patient infected or with a history of colonisation must be isolated on admission (if not already admitted); placed last on the list, and this must be recorded on the central booking form . If required the Infection Prevention and Control team can be contacted for advice on x 9966.

Particularly complicated cases merit further discussion with members of the vascular access service.

BWH

Women who require elective placement (e.g. cardiac condition) will be reviewed antenatally to determine if placement is required. This will be recorded in the patients' health care record and reviewed on admission. The anaesthetic team on duty will coordinate the insertion, care and management. For neonates requiring insertion this will be completed by the registrar, SHO or ANNP

5.2.2 Urgent cases

BCH

Urgent cases should be discussed initially with members of the Vascular Access Service on weekdays between 9am and 5pm or via the on-call Consultant Anaesthetist. This discussion must be conducted on a consultant to consultant basis to allow appropriate scheduling and the correct choice of line.

The referring team may then book the patient with the theatre co-ordinator, ext. 9562. A separate booking form is required for the emergency list Such cases will not be booked without the discussion as described above and a CVL booking form completed.

Most lines are screened with X-ray, the person booking the line should book the radiographer.

Details of microbiology issues and isolation status must be flagged up when booking the case.

BWH

The decision will be made by the Consultant Anaesthetist in conjunction with obstetric colleagues to undertake the procedure

5.2.3 Paediatric Intensive Care Unit (PICU)

For patients on PICU needing a tunnelled CVC who do not need additional elective or emergency surgery, discussion with the Vascular Access Service and booking form completion are required.

Patients on PICU, who require a temporary CVC or tunnelled CVC placed as part of the surgical process, do not require booking.

5.2.4 Documentation

The indication, consent, procedure, line type and post-operative instructions must be documented in the patient health care record for each line placed (10). The positive confirmation of position and 'ready to use' status must be documented by the responsible practitioner placing the line in the patient health care record.

For Paediatric Intensive Care patients the PICU Procedure Chart should be used

At BWH this will documented on the anaesthetic chart and relevant enhanced maternal care (EMC) documentation. For NICU this will be documented on the observation chart.

5.3 Preparation of the patient

5.3.1 Consent

Informed consent must be taken prior to the procedure following the BWCH Consent to Treatment and Examination Trust Policy (Trust intranet)

Physical, emotional and psychological preparation of both the patient/carer prior to the insertion of the CVC is required. A play specialist and/or a child psychologist's involvement in preparation may be beneficial if any needle phobia or other anxieties are expressed. When an adult lacks capacity effective safeguarding and identification processes must be followed.

The clinical indications, procedure technique, management and care of the catheter, risks, complications and the length that the device is in situ need to be explained and discussed with either/both the patient/carer.

Written information should be provided in the format of a Central Venous Lines information booklet (6)

5.3.2 MSSA/MRSA

All patients undergoing CVC insertion must have a nose and throat swab collected, which is tested for MSSA as well as MRSA as per Trust Policy for the prevention and clinical management of bloodstream infections with methicillin-sensitive Staphylococcus aureus (MSSA). Please state pre CVC insertion on microbiology form.

5.3.3 Pre-surgical washing pre-procedure

All patients (except cardiac) must be washed top-to-toe including hair with Octenisan undiluted, allowing a contact time of at least one minute prior to washing off.

Cardiac patients must be washed top-to-toe including hair with 4% chlorhexidine scrub diluted 1:8, allowing a contact time of at least 1 minute prior to washing off as per infection control guidance.

5.4 Insertion

It is imperative that every line insertion is conducted according to the criteria identified in the High Impact Interventions (7). These criteria are incorporated in to the audit document for CVL Insertion.

All precautions must be taken as specified at all times. None are regarded as optional.

5.4.1 Skin Preparation prior to line insertion

Prior to line insertion a 2% chlorhexidine 70% isopropyl alcohol solution (ChloraPrep) device must be used **and allowed to dry**, unless the patient is sensitive to chlorhexidine. Chloraprep is not licenced in neonates < 2 months of age/< 1kg in weight/<26 weeks gestation due to fragility of the skin, and the risk of pooling of the product that can result in burns to the skin.

Risks versus benefits should be weighed up carefully in this cohort of patients and a very gentle technique of application must be adopted, and the product allowed to air dry.

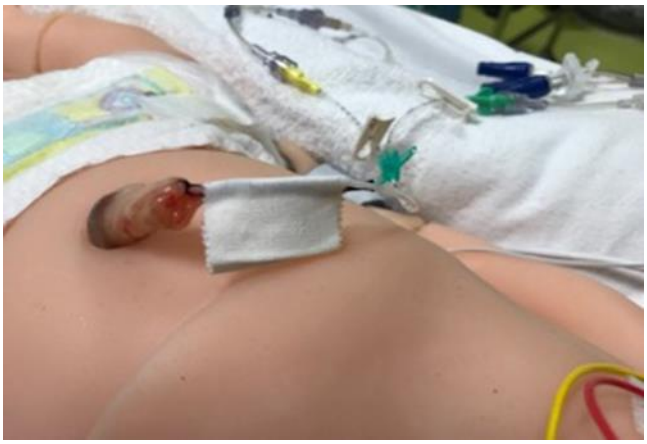
5.4.2 Skin decontamination post line insertion

A BioPatch is applied at time of insertion (‘blue to sky’) ensuring 360 degree adherence to the skin. The BioPatch will release chlorhexidine and absorb any exudate. The BioPatch should NOT be placed on patients at risk of skin breakdown including neonates (<1 kg), epidermolysisbullosa, toxic epidermolysis, scalded skin syndrome, toxic shock syndrome or areas of actual skin burn/desquamation around the line site.

5.4.3 Dressing

Dressing must be sterile, transparent and semi-permeable, allowing observation of the exit site and maximum evaporation of moisture.

Umbilical venous catheters should be secured at the stump with zinc oxide tape and sutured in place. Care must be taken to ensure minimal movement of the catheter



5.4.4 Bleeding

Immediately post operatively the site should be observed for excess bleeding. Apply pressure to the site in this instance and seek medical advice.

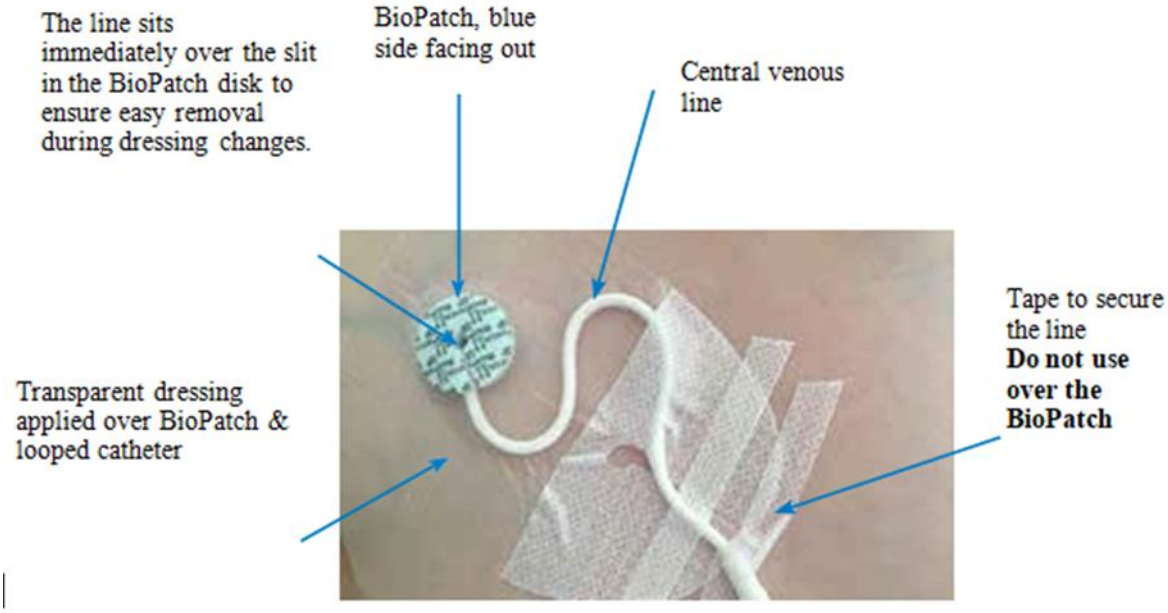
If bleeding occurs with Umbilical Venous Catheters the cord should be tied off immediately with ligation tape and gauze. Seek medical assistance, observe for reduced perfusion.

5.5 On-going Care

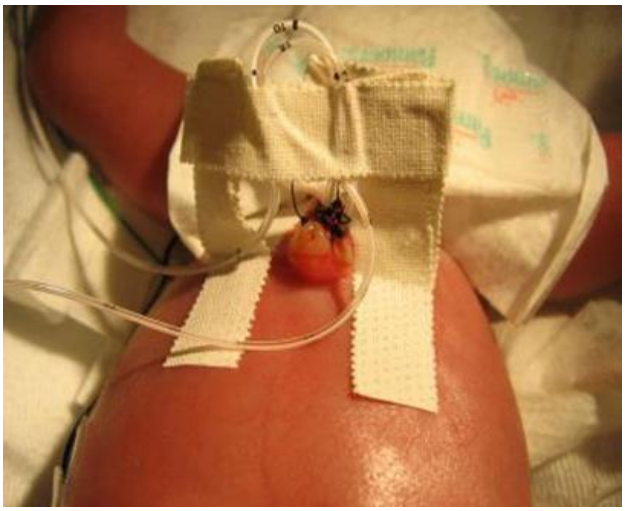
5.5.1 Catheter Fixation

The line must be securely fixed at the time of insertion to prevent accidental removal with a transparent, semi permeable, sterile dressing**.** Ideally, the CVC should be additionally secured with a suture.

The catheter and infusion lines should be fixed and supported in such a way that minimises the risk of pulling and accidental removal.



Umbilical cord catheters can be fixed using a ‘bridging’ taping system to prevent movement and displacement



5.5.2 Site Decontamination and dressing

Dressings must be changed weekly using a sterile, transparent, semi-permeable dressing to allow observation of the site. This should be documented on the fluid balance chart (BCH) or equivalent health care record (BWH). More frequent dressing changes will be required should it become loose, soiled, wet or non-adhesive. Using a stretching technique when lifting the dressing disrupts the glue and reduces discomfort.

A BioPatch is also applied with each weekly dressing change for a minimum of 3 weeks post insertion. The BioPatch releases chlorhexidine and absorbs any exudate.

Consideration should be given to neonates and patients with impaired skin integrity as BioPatch may not be suitable (see 5.2.4). This must be documented in the patient health care record.

At each dressing change the site must be cleaned with a 2% chlorhexidine in 70% isopropyl alcohol solution (ChloraPrep) using a back and forth motion creating friction for at least 30 seconds **and be allowed to dry**. (1). If visibly dirty the site must be cleaned with normal saline solution initially.

If bandages are required they should be removed hourly with on-going infusions to allow regular inspection of the limb and cannula site.

There may be situations where alternative dressings are required. This must be clearly documented. Contact Tissue Viability Team for advice.

5.5.3 On-going Skin Decontamination.

All patients (except cardiac patients) must have Octenisan wash for 4 days post-procedure and every Monday and Thursday thereafter.

Cardiac patients must have Octenisan wash **every day** until all pacing wires and drains are removed. Consideration must be given to neonates and patients with impaired skin integrity as Octenisan may not be suitable (see 5.2.4).

Octenisan wash must be used every Monday and Thursday as on-going care for the duration of the inserted line.

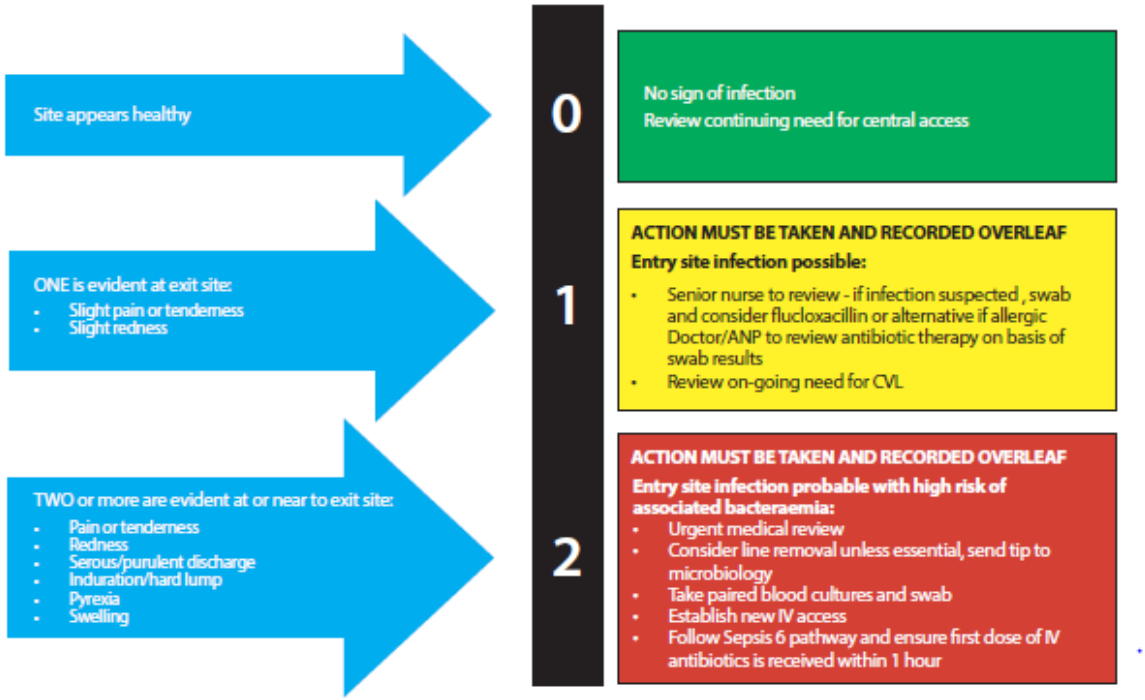
5.5.4 Site observation

Catheter site inspection is paramount in allowing prompt detection of complications.

and prevention of infection using the 'Touch, Look Compare' tool (Refer to BWC Extravasation Policy)

An Extravasation and Phlebitis score must be carried out every hour during routine infusions (more frequently with 'Red rated drugs/fluids – as per BWC Extravasation Policy) and at least twelve hourly when not in use. This should be documented on the fluid balance chart. For Maternity patients this should be documented on badgemet.

A site visual infection score must be carried out once every twelve hours and actions taken accordingly. This should be documented on the fluid chart.



Umbilical Venous Catheters are associated with a high risk of infection as they are inserted in tissue which is necrosed. Observe cord for oozing, blood, umbilical flare and attachment. Monitor perfusion to lower limbs.

5.6 Central Venous Catheter Access

5.6.1 Aseptic Non-Touch Technique (ANTT)

When accessing the hub, an Aseptic Non Touch Technique must be used

ANTT information and pictorial guides are located on the Trust intranet

5.6.2 Needle-free Safety Devices

Where there are needle-free devices the user must follow the manufacturer's instructions.
Please see the Micro clave guideline (Appendix A)

5.6.3. Parenteral Nutrition Lines

A dedicated lumen must be used for parenteral nutrition only (1). For parenteral nutrition refer to Nutrition Support and Intestinal Failure Team Guidelines (NSIFT).

5.6.4 Syringes

****Long term tunnelled catheters can fracture when small syringes are used****

10 ml syringes should be used for central lines when flushing a catheter or checking patency, as they exert less pressure and therefore can prevent damage to the catheter (2).

Smaller syringes must only be used if absolutely necessary and not routinely. In such cases patency should first be established with a 10 ml syringe.

Luer-lock syringes must be used where the medication is to be infused via an infusion pump.

5.6.5 Flushes/Maintaining patency

The catheter hub must be scrubbed for a minimum of 15 seconds with 2% chlorhexidine in 70% isopropyl alcohol solution **and allowed to dry** (1). Prior to flushing the line the catheter must be aspirated to ensure patency and correct placement (2).

Flushing must be carried out using a push pause technique and the line clamped while positive pressure is maintained (2). If any therapies (drugs, fluids and bloods) are administered a compatible solution should be used to flush the catheter in between them to prevent mixing.

The volume of flush should be equal to at least twice the volume of the catheter and add on devices (2)

Long term catheters need to be flushed at least weekly to maintain patency.

Normal saline (0.9%) is sufficient if the catheter is being accessed less than 12 hourly (2).

If the catheter is being used less frequently than 12 hourly **0.5mls – 2mls of Heparin 100units/ml** should be administered. The dose may vary dependent upon the priming volume of the catheter and/or size of the patient.

For Neonatal PICC it may be necessary to maintain patency by continuous infusion of 0.9% normal saline.

5.6.6 Administration sets

Administration sets should be labelled with the date and time and changed every 96 hours or immediately if contamination is suspected, this should be documented on the nursing care record (2).

Pharmaceutical guidelines may indicate more frequent changes due to stability of medication

Blood product administration lines must be changed when a transfusion episode is complete or every 12 hours (2)

Patient controlled analgesia should be infused using an anti-syphon administration set.

For parenteral nutrition refer to Nutrition Support and Intestinal Failure Team Guidelines (NSIFT).

The use of inline filters is recommended for blood product transfusion and Parenteral Nutrition administration

5.7 Complications

5.7.1 Infection

A temporary CVC, once placed, must be reviewed at least daily for the on-going need and removed at the earliest opportunity to avoid catheter-related blood stream infection (CRBSI) (10).

If either a local infection or a CRBSI is suspected, urgent treatment is required and the Sepsis 6 BWCH guideline must be followed which is available on the Trust intranet. The invasive device must be removed wherever possible; blood culture samples and exit site swab taken and appropriate treatment commenced. Any suspected infections, actions taken and reasons why the device could not be removed must be documented in the patient health care record.

Practitioners should refer to local speciality guidelines or to a Consultant Microbiologist for guidance on treatment of a CRBSI.

5.7.2 Phlebitis, Infiltration and Extravasation

5.7.2.1 Definitions

Phlebitis is the inflammation of the tunica intima of the vein and there are three types: bacterial, mechanical and chemical. Clinical signs of phlebitis include erythema, pain and warmth (3).

Infiltration is the inadvertent infusion of a non-vesicant medication into the surrounding tissue instead of the vein (3).

Extravasation is the inadvertent of a vesicant medication into the surrounding tissue instead of the vein (3)

5.7.2.2 Treatment

Refer to BWCH Prevention of Extravasation Policy for prevention, recognition, treatment and management.

5.7.3 Air Embolus

Air embolus is defined as air in the vascular system and may reduce cardiac output and can prove fatal (4). The risk of air emboli is very real when caring for patients with central access devices, but can occur with any intravenous access. Air embolus can cause a fall in cardiac output and death.

Signs of air emboli include confusion, disorientation, cyanosis, hypotension, weak thready pulse or collapse. If suspected seek medical assistance immediately, turn the patient onto their left side and place in the Trendelenberg (head down) position and administer oxygen (5).

5.7.4 Occlusion/Partial Occlusion Failure to aspirate blood

If it is not possible to aspirate blood from any of the catheter lumens, this may indicate catheter occlusion. This could be related to the infusate, kinking or compression of the catheter, fibrin sheath formation or thrombosis.

Use the Management of Occluded Central Venous Catheters algorithm (Appendix B).

In the case of temporary CVCs, a chest x-ray should be taken and consideration given to removal or replacement of the catheter.

A chest x-ray or lineogram may be required with referral to the Vascular Access Team.

Central venous access devices are the commonest cause of venous thromboembolism in neonates and children. This can have serious consequences such as catheter malfunction, venous occlusion and a clot embolism.

If a thrombus is suspected **do not use** until an ultrasound of the catheter tip and surrounding veins has been carried out by a radiologist or cardiologist. If a thrombus is present, consideration should be given to removing the catheter and commencing anticoagulants.

Acute onset of symptoms such as dyspnoea, chest pain, syncope, hypoxia, hypotension, tachycardia, tachypnoea, haemoptysis, sweating and fever may be due to pulmonary embolism. This should be included in the differential diagnosis and the appropriate investigations undertaken to confirm or exclude it.

If the catheter has more than one lumen, then only those lumens that allow free aspiration of blood should be used, until the catheter position has been deemed satisfactory by a member of the medical staff/ANP Team.

5.7.5. 'Pinch off'

'Pinch off 'is a term used to describe mechanical compression of the catheter between clavicle and first rib which can occur during placement. This is manifested by intermittent blocking of the catheter. If suspected refer to the Management of Occluded Central Venous Catheters algorithm (Appendix B).

5.7.6 Catheter Dislodgement/Accidental removal

External catheters should be secured appropriately to prevent catheter dislodgment. If the line is accidently removed pressure should be applied to the site until bleeding stops. An occlusive dressing should be applied and the catheter checked to ensure that it is intact. If catheter dislodgment is suspected the catheter should not be used until the tip position has been confirmed.

5.7.7 Catheter damage

Long term tunnelled catheters can develop holes, cracks or be accidently damaged. In this instance the catheter must be clamped above the damaged section to prevent air entry and blood loss. Contact patients' medical team for review and possible repair.

5.8 Planned Catheter removal

Removal of a CVC must be discussed and agreed with the responsible medical/surgical team to confirm resolution of the need for the line to remain in place. The method of removal of the CVC will depend on the type of catheter:

5.8.1 Temporary CVC: dressing and suture removal kit will be required. Assessment of coagulation status and platelet count should be considered by the medical team. Patients with full anticoagulation (e.g. CVVH, heparin/warfarin) may need this discontinuing prior to removal – liaise with medical team.

5.8.2 Tunnelled CVC: liaise with the Vascular Access Service as the line will have a subcutaneous component requiring release.

5.8.3 PICC: dressing and suture removal kit will be required. Assessment of coagulation status and platelet count should be considered by the medical team. Patients with full anticoagulation (e.g. CVVH, heparin/warfarin) may need this discontinuing prior to removal – liaise with medical team.

5.8.4 Umbilical venous line: only applicable to PICU, discuss removal with the medical/surgical team. A dressing pack, gauze swabs, artery forceps and cotton tie should be available prior to line removal.

5.9 Discharge Information

Care of the central catheter must be discussed with the patient/family using the BWC Central Lines Information Leaflet for Patients, Parents and Carers which must be provided on discharge. (6)

The following equipment must be provided

- Written information (6)
- Blues clamps
- Spare dressings
- Wipes
- Gauze
- Spare Caps
- Octenisan wash
- Heparin and saline solution with community prescription if required

Patients transferred from PICU to other ward areas must have a care and management of CVC record completed

8 Role Essential Training

The Education & Learning (E & L) department will be proactive in the consultation of E & L delivered at BWCH NHS FT in response to workforce and service needs. For all Statutory and Mandatory Training E & L will support the design and facilitate the events. In order to demonstrate attendance:

- We will record the learning/training events onto the Oracle Learning Management (OLM) system and on the e-roster as a clinical skill.
- Any non-attendance, for booked places, will be escalated to the relevant individual and their line manager and department.

9 Monitoring Compliance With and the Effectiveness of the policy

9.1 Process for Monitoring Compliance and Effectiveness

Monthly audits of compliance with regard to CVC High Impact Intervention Care Bundles are undertaken in clinical areas (7).

The Infection Prevention and Control Team (in conjunction with Informatics) is responsible for ensuring that data regarding compliance with standards for CVC Access; CVC Insertion and CVC On-going Care are displayed on a performance dashboard and monitored closely.

The department managers and lead nurses/midwives are responsible for making sure data is inputted in line with deadlines, and also for ensuring actions are taken appropriately should any audit be found to be non-compliant.

Catheter-related bloodstream infections with MSSA require a route cause investigation.

9.2 Standards/Key Performance Indicators

Audit will identify areas of non-compliance and steps will be taken to improve compliance with best practice standards.

Patients with catheter-related bacteraemia will be identified and managed appropriately

10 References

1. Loveday, H.P, Wilson, J.A, Pratt, R.J, Golsorkhi, M, Tingle, A, Bak, A, Browne, J, Prieto, J and Wilcox, M.(2014) epic3: National Evidence-Based Guidelines for Preventing Health care - Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 8651 (2014) S1-S70.
2. Royal College of Nursing (2016) Standards for Infusion Therapy 4th Edition. Royal College of Nursing. London.
3. Weinstein, S.M, (2007) Plumer's Principles and Practice of Intravenous Therapy. Eighth Edition. Lippincott Williamsans Wilkins London.
4. S. Gordy, Rowell, S (2013) Vascular Air embolism. International Journal of Critical Illness and injury Science. (www.ncbi.nlm.nih.gov).
5. L.S, Cook (2013) Infusion-related air embolism. Journal of Infusion Nursing. Vol 36. 1. PP. 26-36.
6. BWC Central Lines Information Leaflet for Patients, Parents and Birmingham Women's and Children's NHS Foundation Trust
7. NHS improvement and Infection Prevention Society (2017) High Impact Interventions: Care processes to prevent infection. 4th edition

Birmingham Children's Hospital NHS
NHS Foundation Trust

Guidelines for Use - MicroClave®

- Remove from packaging and prime the MicroClave® or extension set using an asceptic non-touch technique
- Do not overtighten the MicroClave® device onto the cannula OR hub of a central line when attaching the device
- Scrub the hub of the MicroClave® BEFORE and AFTER each access with a 2% chlorhexidine, 70% alcohol wipe. CLEAN FOR 30 SECONDS AND ALLOW TO DRY FOR 30 SECONDS

- Do not try to access with a needle
- No additional caps/bungs are required on the end of the MicroClave®

- Access with a luer lock OR slip luer syringe. A simple ¼ turn with a slip luer syringe will ensure retention into the device
- When accessing a central line, hold the device **AND** not the hub of the line, to avoid over-tightening
- MicroClave® connectors can remain in place for up 7 days or 600 activations, whichever comes first

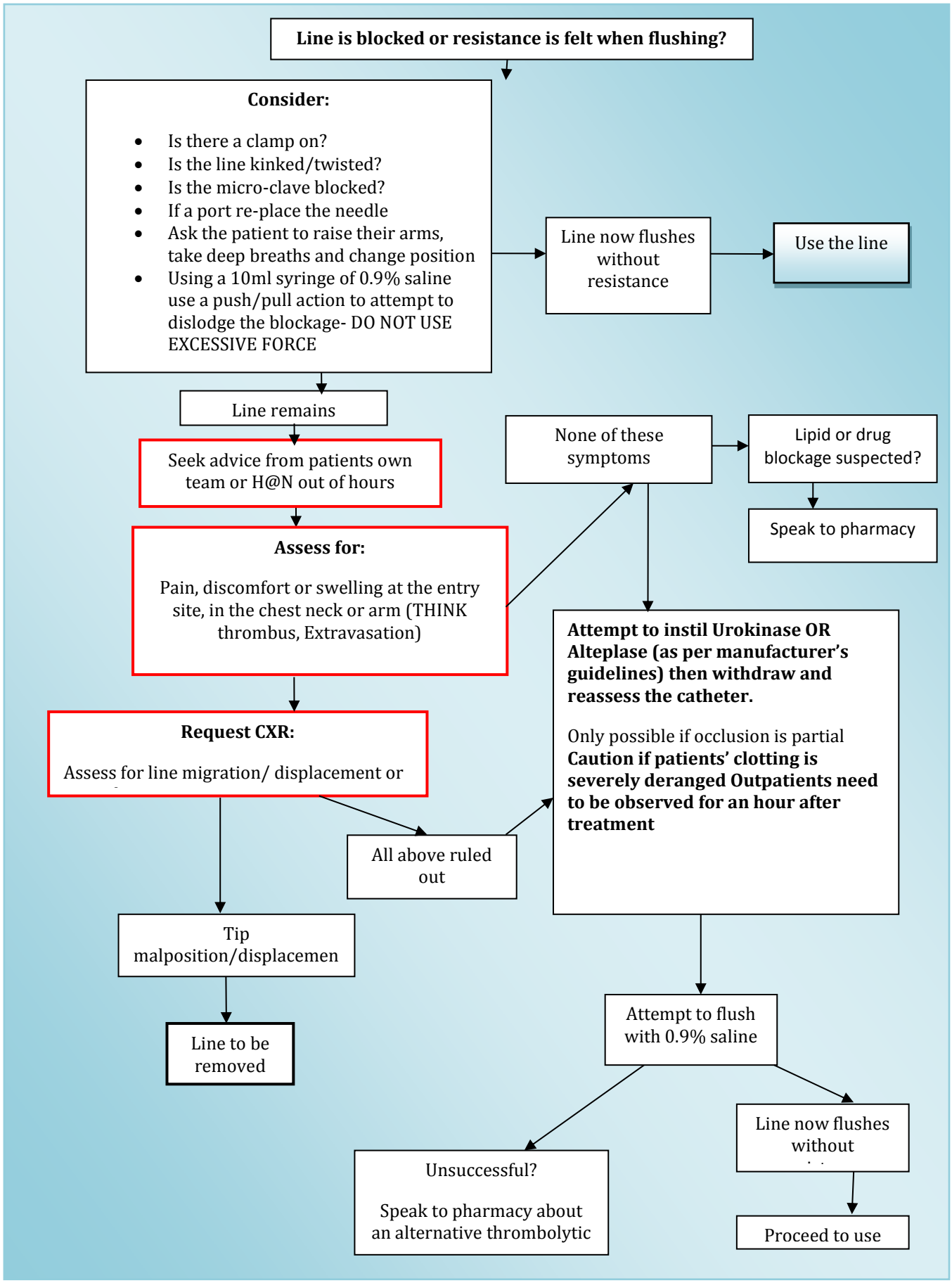
DO NOT PLACE END CAPS ON THE END OF THE MICROCLAVE® –
The MicroClave® is a closed barrier to bacterial colonisation

Fannin
Caring for Life since 1823

If you have any questions regarding the change over please contact: **Ben James**, the Product Specialist from Fannin UK and can be contacted on: **07795 238 368**

PART OF DCC VITAL
PHARMA. DEVICES. LOGISTICS

Appendix B Algorithm for blocked CVC



Appendix C – Policy Review Group Checklist for the Review and Approval of Procedural Document. To be completed by the Policy author prior to submission for approval/ratification

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**State Title:**		
	Is the title clear and unambiguous?	Yes	
2.	Has all of the information on the front page been completed?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
3.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
4.	**Development Process**		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of appropriate consultation with stakeholders and users?	Yes	
5.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
	Is the language used in the document clear, jargon free and spelt correctly?		
6.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
7.	**Approval**		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	No	
8.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
9.	**Document Control**		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
10.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
11.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
	Equality Impact Assessment		
	Has an EIA been carried out?	Yes	
12.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Policy Review Group Ratification
If you are happy to ratify this document, please sign and date.
Committee /Other Approval
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved

documents.			
Name		Date	
Signature			

Appendix D **SECTION A: The 'BEE FAIR' Screening Tool Lens**

1. **Name of document being analysed**	Policy for Care and Management of Central Venous Catheters
2. **Person completing analysis**	Alison Trimmer
3. Contact information	Ext 8608
4. **Date of analysis**	22/8/2019
5. Is it a policy, strategy, service or function that is being assessed?	Please specify: Policy
6. Name of the policy/ strategy/ service / function	Insert name: Policy for Care and Management of Central Venous Catheters
7. Provide a brief description of the aims of the policy/ strategy/ service/ function (include details of key objectives and who your intended customers are) **Purpose and aims**: (briefly describe the overall purpose and aims of the policy/service – for a new service – describe the rationale and need for the proposal, referring to evidence sources. For a change in service or pathway – specify exactly what will change and the rationale/evidence, including which priorities this will contribute to).	Aims: To inform staff of their responsibilities regarding management of central venous catheters. Objectives: To provide a concise theoretical framework based on accepted evidence based practice To ensure consistent practice throughout the Trust Customers: All NHS required to insert/care and manage central venous catheters
8. Is responsibility for this policy/ strategy/service/function shared with another agency? Yes □ No □	NO
9. Is this policy/service/function/strategy carried out (partially or completely) by contractors? Yes □ No □	NO.
10. Does the policy/ strategy / service/ function affect stakeholders? Stakeholders include customers, service users, staff, the wider community or other organisations. This includes commissioned services and services that rely on the input or resources of the Trust. Yes □ No □	YES See section B If you answer no to question 9 and yes to question 10 full equality analysis must be completed. See section B
11. If you have reached a conclusion that the policy, service or function is not relevant to equalities and you have clearly evidenced why then exit here and submit this form to: bwc.beefair@nhs.net	

Relevant □ (Complete the details below and go on to complete Section B Full Equality Analysis)
Not relevant □ (Complete the details below and submit the form electronically to the above: retaining a copy for your records).

Signature: Alison Trimmer **Date : 22/8/2019**

Head of Service/Dept.

_____

Signature _____ ___ **Date** _____

N.B. Emails received from the responsible officer's email address will be accepted as formal submissions. There is no need to provide a hard copy in addition to this.

Appendix D(i) **SECTION B: Full Equality Analysis**

Equality Action Plan – What are the positive and negative impacts of the proposal against each of the protected characteristics providing details on the evidence

(both qualitative and quantitative) used. If the work is targeted towards a particular group(s) – provide justification e.g. women

Even if you have found no evidence of potential negative impact, you should consider how to improve any positive impacts or how your policy could be adapted to promote equality.

A=Age / S=Sex / D=Disability/ R=Race / SO=Sexual Orientation / MCP= Marriage/civil partnership / PM= Pregnancy and Maternity / GR= Gender Reassignment / RB=Religion and Belief

Potential positive or negative impact	Potential impact on (please tick)									Action identified to resolve	Who will action	When by
	A	S	D	R	SO	MCP	PM	GR	RB			
N/A												

Consultation – How does this proposal affect the rights of patients, staff and other stakeholders?

What have patients/staff or other stakeholders already told you about the policy and any negative impacts? State who has been consulted and the methods used for the engagement, consultation	Nursing staff within the BWC Trust. Medical staff within the BWC Trust. BWCH anaesthetic department BWCH theatres and ODP staff Draft version of the policy circulated by email for comments.
Do you need to carry out further consultation if so who will you be consulting with and by what methods?	N/A

Monitoring Arrangements – What are the existing and new monitoring arrangements?

Is the service/policy accessible to all groups?	**YES**
If there is a lack of information, what research will be carried out and for which group?	**NO**

Including people who need to know - Consider the way in which the proposal will be explained to a wider audience.

Will translation or interpretation materials be required (audio, pictorial, Braille as well as alternative languages); are there any particular approaches required for different cultures using outreach or advocacy support**;** is some targeted marketing required.

Decision Making – Identify what your next step will be for the proposal.

Take the equality analysis and the engagement into consideration, and the responsibilities around the Public Sector Equality Duty.

Decision steps available	**Rationale for your decision**
1. Continue unchanged	YES - This is a clinical policy relating to the Care and Management of central venous catheters and has no equality impact on either staff or service users other than that highlighted above. This policy is required as set out in national guidelines and is set out in a manner that reflects those guidelines
2. Adjust the proposal	NO
3. Fundamental review of/stop the proposal	NO

Sign Off and publication

Senior Responsible Officer*	
Date signed	
Presented to .....(insert)..... **Committee**	
Publication date	

as the Senior Responsible Officer you need to be assured that you have sufficient information about the likely effects of the policy in order to ensure proper consideration is given to the statutory equality duties.

Once approved by the EA sub-group, the EA will be published on the Trust's equality and diversity internet pages. In accordance with the duty *"Trusts must publish evidence of the analysis that they undertook to establish whether their policies or practices would further or would have furthered the aims of the duty, details of the information that they considered and details of engagement undertaken when doing the analysis."*[1] Publication of the analysis template helps to ensure that we are being open and transparent in our decision making process.

1. Send the completed Equality Analysis with your document to: bwc.beefair@nhs.net
2. Make arrangements to have the EA put on an agenda for the appropriate Committee
3. Use the Action Plan to record the changes you are intending to make to the document and the review date.

Appendix D(ii)

Equality Analysis Sign Off:

This section is designed to be copied and pasted into a blank word document or into the required paperwork e.g. PID or policy etc. please note: The Equality Analysis Approval Committee have the key leads from the following key areas:

- **Workforce (Human Resources & Education & Learning)**
- **Service (Operational, Estates and Facilities)**
- **Commissioners (internal and external partners)**

Directorate/Project details		**Service/Work streams:**
Policy for Care and Management of Central Venous Catheters		*A*LL BWC Patients
Executive Sponsor:	**Project Lead:**	**Project Manager:**
Sarah Jane Marsh	Mary Hobin	Julia Bottle

[1] NHS Employers: Equality analysis and equality impact assessments

Title: Policy for Care and Management of Central Venous catheters		
EA details		
Version:	**Date:**	**Equality team Lead Assessors detail:**
Is this a: **Relevance Screening x**□		
Are the Equality Analysis sub-group assured by the EA?		
If 'No' please send this document (electronic format only) back to the originator for more details		
If 'YES' please sign	*YES* Alison Trimmer/Julia Bottle	
Please send this signed document to: bwc.beefair@nhs.net		

Appendix E – Plan for Dissemination of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the Policy Review Group for consideration and approval.

Title of document:	Policy for Care and Management of Central Venous Catheters		
Date finalised:	August 2019	**Dissemination lead: Print name and contact details**	Julia Bottle
Previous document already being used?	**Yes**		
If yes, in what format and where?	Electronic copies available on the Intranet		
Proposed action to retrieve out-of-date copies of the document:	Request for the copy to be removed from the intranet and the new document to be uploaded		
To be disseminated to:	**How will it be disseminated, who will do it and when?**	**Paper or Electronic**	**Comments**

All Clinical Staff	Through communications- Intranet under Clinical Policies	Electronic	

Dissemination Record – to be used once document is approved.

Date put on register / library of procedural documents		**Date due to be reviewed**	

Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent	Contact Details / Comments
Band 7 Forum	Electronic			

Appendix F – Summary of Significant Changes to previous version of Policy

Policy Title	Policy for Care and Management of Peripheral venous cannulae (PVC)		
Version	**Date**	**Author**	**Comment (Identify any significant changes to the procedural document)**
			▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪