Birmingham Women's and Children's NHS Foundation Trust

Policy for the Care and Management of Ports

Applies to BWH and BCH

Version:	5.0.0
Approved by:	Senior Operational Nurses Group & Clinical Risk & Quality Assurance Committee
Date Approved:	February 2020
Ratified by:	Policy Review Group
Date ratified:	26/02/2020
Name of originator/author:	Jay Kumar, Hermione Montgomery, Oliver Bagshaw and Judith Room
Name of responsible committee/individual:	IV Policy Review Group
Date issued:	01/03/2020
Review date:	01/03/2023
Target audience:	All BWC Trust Staff

Contents

1 Summary of key points

This policy includes the following in relation to ports:
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 ports

3 Purpose

To inform staff of responsibilities regarding the management of ports.
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 a port.

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 ports

6 Method for development

6.1 Consultation and Communication with Stakeholders

IV Policy Review Group

James Bennett	Consultant Anaesthetist
Julia Bottle	Oncology Education Team
Michelle Butcher	Clinical Nurse Specialist Nutrition Support and Intestinal Failure Team
Gillian Campbell	Interim Head of Nursing- PICU/KIDS&NTS/Radiology/CMiC
Sue Longman	Lead Nurse Paediatric Intensive Care Unit
Wendy Nixon	Lead Cystic Fibrosis Nurse
Julie Suviste	Lead Infection Prevention and Control Nurse
Ros Timmins	Operational Lead Nurse- Infection Prevention and Control
Alison Trimmer	Advanced Clinical Practice Educator

7 Content

7.1 Definition

A Port is a central venous access device which is completely implanted and attached to an indwelling catheter to ensure reliable vascular access for long term therapy. The proximal end of the catheter is tunnelled subcutaneously and connected to the Port. The distal end of the catheter is introduced into a central vein.

7.2 Booking a port insertion.

7.2.1 Elective Bookings (Insertions and Removals)

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; there will be organisational secretarial support. A password protected list of patients waiting and scheduled for port 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.

7.2.2 Urgent cases

These 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 CVC 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.

7.2.3 Paediatric Intensive care Unit (PICU)

For patients on PICU needing a Port 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 port placed as part of the surgical process do not require booking.

7.2.4 Documentation

The indication, consent, procedure and post-operative instructions must be documented in the patient health care record. The positive confirmation of position and ‘ready to use’ status must be documented by the responsible practitioner placing the line in the patients’ health care record.

7.3 Preparation of the patient

It is imperative that every line insertion is conducted according to the criteria identified in the High Impact Intervention Care Bundle for Central Venous Catheters (7). These criteria are incorporated in to the audit document for CVL Insertion.
All precautions must be taken as specified at all times and none are regarded as optional

7.3.1 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 cannula 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 port, risks, complications and the length that the device is in situ need to be explained and discussed with the patient/carer.

Written information should be provided in the format of the BWC Port Information Leaflet for Patients, Parents and Carers (6)

7.3.2 MSSA/MRSA

All patients undergoing CVC insertion must have a nose and throat swab collected, which is tested for MSSA as well as MRSA (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.

7.3.3 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.

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

7.4 Insertion

7.4.1. Skin Preparation prior to insertion

Prior to line insertion a 2% chlorhexidine 70% isopropyl alcohol solution (ChloraPrep) device must be used and allowed to air 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 must be weighed up carefully in this cohort of patients and a gentle technique of application must be adopted, and the product be allowed to dry.

7.5 Port Access

Ideally the port should not be accessed for one week to allow the swelling to reduce and the site to heal. If immediate venous access is required the needle should inserted in theatre.
Prior to access the port should be palpated to ensure correct position.

7.5.1 Aseptic Non-Touch Technique (ANTT)

When inserting the needle or accessing the hub a standard Aseptic Non Touch Technique (ANTT) procedure should be used
ANTT information and pictorial guides are located on the BWC Trust intranet

7.5.2 Topical anaesthetic

Topical anaesthetic should be prescribed and used wherever possible.

7.5.3 Site decontamination

Prior to needle insertion the site should 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 air dry** (1). The needle site is a key part and must not be touched after cleaning.

7.5.4 Needles

The correct size and gauge safety needle must be used. This should be assessed on an individual patient basis and documented in the patient's health care record.

The needle must be primed with normal saline prior to insertion. The port should be held securely and the needle inserted at 90 ˚

22 gauge non coring (Huber) needles must be used to access the port.

20 gauge needles are required for administration of blood products.

It is not routine practice to administer parenteral nutrition via a port due to the risk of extravasation.

7.5.5 Dressing

The needle should be secured with a using a sterile, transparent, semi-permeable dressing to allow observation of the site. More frequent dressing changes will be required should it become loose, soiled, wet or non-adhesive.

The needle should be changed after 2 weeks of continuous therapy. For immunosuppressed patients this should be changed after 1 week.
The infusion lines should be fixed and supported in such a way that minimises the risk of pulling and accidental removal.

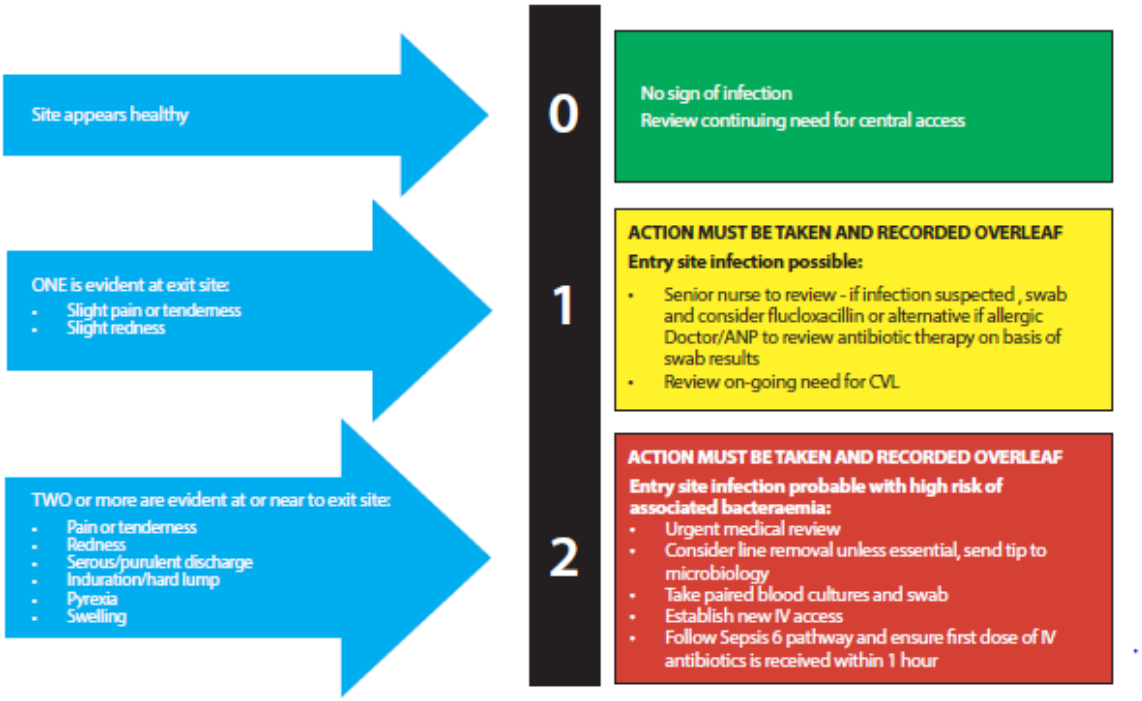
7.6 On-going Care

7.6.1 Needle site observation

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.



7.6.2. Needle-free safety devices

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

7.6.3 Syringes

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

10 ml syringes should be used 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.

7.6.4. 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 air dry** (1).
Prior to flushing the port must be aspirated to ensure patency and correct placement (2).
Flushing should be done using a push pause technique and the line clamped while positive pressure is maintained (2). If any therapies (drugs/fluids) are administered a compatible solution should be used to flush the port in between them to prevent mixing.
When not in use Ports need to be flushed at least monthly to maintain patency.

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

2mls of Heparin 100units/ml (**Ages 1-8 years)**

4mls of Heparin 100units/ml (**Ages 8 years and over)**

The dose may vary dependent upon the priming volume of the catheter and/or size of the patient.

7.6.5. Administration sets

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

Pharmaceutical guidelines may indicate more frequent changes due to stability of medication
Blood product administration lines should 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.

7.7 Complications

7.7.1 Infection

The incidence of Catheter Related Blood Stream Infection (CRBSI) varies considerably depending on the type of catheter, site of insertion, aseptic precautions undertaken, type of use and duration of insertion (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 should be removed wherever possible; blood culture samples and needle 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.

7.7.2 Phlebitis, Infiltration and Extravasation

7.7.2.1 Definitions

Phlebitis is the inflammation 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)

7.7.2.2 Treatment

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

7.7.3 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).

7.7.4 Occlusion/Failure to aspirate blood/persistent withdrawal occlusion

If it is not possible to aspirate blood from the port, 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)
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. In this instance emergency medical attention must be sought.

7.7.5 Tilted Port

If the port is thought to have tilted on palpating refer to Vascular Access Team for immediate advice.

7.7.6 Worn out septum

If the septum is worn out patients will complain of pain over the port site, the site may be red and swollen and infiltration or extravasation could occur. The port may feel 'wobbly'.
The Vascular Access Team should be contacted.

7.8 Port removal

Removal of a port must be discussed and agreed with the responsible medical/surgical team to confirm resolution of the need for the line to remain in place. Liaise with the Vascular Access Service.

7.9 Discharge Information

Care of the port must be discussed with the patient/family using the BWC Port Information Leaflet for Patients, Parents and Carers (6)
The discharging practitioner must ensure plans are in place for the port to be flushed

Heparin and saline solution with community prescription if required.

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 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 Williams ans 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 Port Information Leaflet for Patients, Parents and Carers

7. NHS Improvement and Infection Prevention Society (2017) High Impact Interventions: Care processes to prevent infection. 4th edition.

Appendix A

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

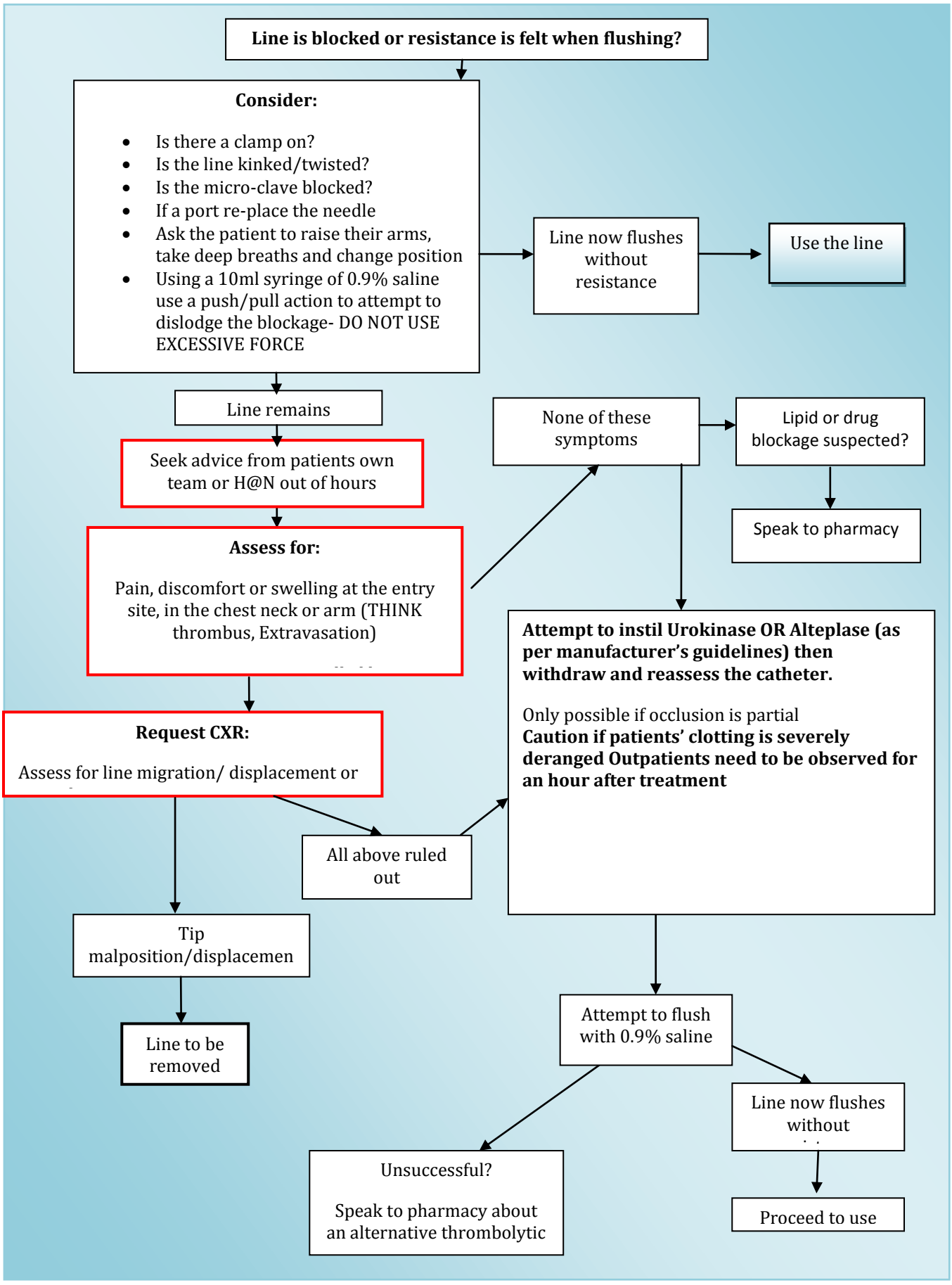
DO NOT PLACE END CAPS ON THE END OF THE MICROCLAVE® –
The MicroClave® is a closed barrier to bacterial colonisation

Fannin
Caring for Life since 1829

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

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	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	document identified explicitly?		
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
7.	**Approval**		
	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		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	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 Ports
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 Ports
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 Ports 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/access manage and care for Ports
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 Ports 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] NHS Employers: Equality analysis and equality impact assessments

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 a Port		*A*LL BWC Patients
Executive Sponsor:	**Project Lead:**	**Project Manager:**
Sarah Jane Marsh	Mary Hobin	Julia Bottle
Title: Policy for Care and Management of a Port		
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 a Port		
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		**Date due to be**	

documents		**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 Central Venous Access Device (PORT)		
Version	**Date**	**Author**	**Comment (Identify any significant changes to the procedural document)**
			▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪ ▪