



# Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Policy

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## 1. Purpose

The *Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Policy* describes the mandatory requirements to minimise the risk of infection to patients associated with the insertion of peripheral intravenous cannulae (PIVC).

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.

In addition, consistent data from Healthcare Infection Surveillance WA show that most healthcare-associated *Staphylococcus aureus* bloodstream infections (HA-SABSIs) occur as a result of intravascular devices (IVD), 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 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.

This policy should be read in conjunction with MP 0122/19 *Clinical Incident Management Policy* and MP 0108/19 *Healthcare Associated Infection Surveillance Policy*.

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

## 2. Applicability

This policy is applicable to the following Health Service Providers:

- North Metropolitan Health Service
- South Metropolitan Health Service
- East Metropolitan Health Service
- Child and Adolescent Health Service
- WA Country Health Service.

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. 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](#).
- 3.2. healthcare workers (HCWs) responsible for the insertion and management of PIVCs are appropriately trained and deemed competent in this procedure.
- 3.3. a register of HCWs deemed competent in the insertion and management of PIVCs is maintained.
- 3.4. all PIVC-related complications are reported and investigated in accordance with local clinical incident reporting processes and in accordance with [MP 0122/19 Clinical Incident Management Policy](#) and the [Reporting of healthcare-associated Staphylococcus aureus bloodstream infections as a severity assessment code 1](#).

### 4. Compliance Monitoring

Health Service Providers are responsible for monitoring and ensuring compliance with this policy by:

- monitoring documentation in relation to their selection, insertion, monitoring and removal of PIVCs, as stated in the related clinical guideline
- ensuring the investigated PIVC related complications are tabled at the governance committee responsible for infection prevention and control.

The Infection Prevention Policy and Surveillance Unit (IPPSU), within the Department of Health, will monitor policy compliance at the end of each reporting quarter by monitoring all healthcare-associated *Staphylococcus aureus* bloodstream infections attributed to a PIVC. This data will be reported to the Chief Executive of the Health Service Provider.

### 5. Related Documents

The following documents are mandatory pursuant to this policy:

- [Communicable Disease Control Directorate Guideline Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities](#).
- [Reporting of healthcare-associated Staphylococcus aureus bloodstream infections as a severity assessment code 1 \(SAC1\)](#)

- [MP 0122/19 Clinical Incident Management Policy](#)

## 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 \(HISWA\) \(version 8, January 2022\), 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
Healthcare worker (HCW)	Any registered medical doctor, nurse, midwife or enrolled nurse, anaesthetic technician, or a student in any of those fields.
Healthcare-associated <i>Staphylococcus aureus</i> bloodstream infection (HA-SABSI)	A bloodstream infection caused by the microorganism <i>Staphylococcus aureus</i> and deemed associated with healthcare practices or interventions.
Healthcare associated infection (HAI)	An infection that occurs because of a healthcare intervention and may manifest after the patient is discharged from the HCF.
Peripheral intravenous cannula (PIVC)	A device that is designed to be inserted into and remain within a peripheral vein.

## 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	Effective from	Review date	Amendment(s)
MP 0038/16	20 October 2016	20 October 2016	October 2019	Original version
MP 0038/16 v.2.0	23 August 2017	23 August 2017	August 2020	Amendments to the policy statement and appendices

MP 0038/16 v.3.0	11 October 2022	11 October 2022	October 2025	Policy review and amendments as listed below.
<ul style="list-style-type: none"> <li>• Content transferred to updated Mandatory Policy template.</li> <li>• Purpose section refined.</li> <li>• Applicability section refined.</li> <li>• Policy Requirements section refined, and procedural requirements removed.</li> <li>• <i>Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Guideline</i> Related Document included, combining previous information from the Policy Requirements section and appendices.</li> </ul>				
MP 0038/16 v.3.1	29 March 2023	29 March 2022	October 2025	Amendment to related document as listed below.
Amendment to related document <i>Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Guidelines</i> Section 4.2.5 – page 9 relating to sterile glove use during insertion of PIVC only where risk is considered.				

## 10. Approval

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

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