University Hospitals of Morecambe Bay NHS Foundation Trust

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Document Title: **LocSsip for - Harvesting and Labelling of Patient Specimens for Maxillofacial Outpatient Clinics**	**Version Number:** 1
	Status: Ratified
Scope: All Maxillofacial Clinicians, Registered Dental Nurses working in the Maxillofacial Outpatient Clinics.	**Classification:** Departmental
Author / Title: David Fisher, Speciality Doctor, Oral & Maxillofacial Unit	**Responsibility:** All Maxillofacial clinical staff who handle specimens
Replaces:	**Head of Department:** Indu Hewapathirana, Clinical Lead, Oral & Maxillofacial Unit
Validated By: Surgery & Critical Care Procedural Documents Group	**Date:** 25/06/2021
Ratified By: Surgery & Critical Care Governance and Assurance Group	**Date:** 13/07/2021
Review dates may alter if any significant changes are made	**Review Date:** 01/06/2024
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? **Yes**	
Document for Public Display: No	
Reference Check Completed by Kerry Booth **Date: 07.07.21 (2021-2022/237)** **To be completed by Library and Knowledge Services Staff**	

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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations 'at a glance'

1. SUMMARY

The correct harvesting and labelling of a biopsy or other specimen from the Maxillofacial Department is a fundamental element of effective patient care.

Specimens are rarely incorrectly labelled, wrongly preserved or transported untimely, but in the event that an error related to this occurs, the effect to a patient could predispose to harm, cause a mis-diagnosis and in turn be responsible for a further avoidable procedure.

2. PURPOSE

The LocSsips (Local Safety Standards for Invasive Procedures)[1] are used at critical safety points in the patient's journey. They work to reduce errors which could occur at labelling, preservation, storage, and onward transportation of a patient specimen retrieved from a Maxillofacial procedure undertaken in the Maxillofacial clinic to pathology labs.

Following the steps of this LocSsip will result in:

- A universal standard for staff in the safe handling, identification and labelling processes of retrieved specimens.
- An improved patient experience as mistakes will be avoided.
- There will be no delays in diagnosis/treatment attributed to problems handling specimens in the Maxillofacial Unit

3. SCOPE

This document must be followed by all clinicians, registered practitioners and support workers who participate in any step of the process relating to patient biopsy or 'specimen' retrieval at UHMB.

4. PROCEDURE

4.1 Staffing

Correct staffing levels within the department increases patient safety and enables correct infection prevention measures to be maintained as well as enabling the correct handling & labelling of specimens. The location of staff members changes depending on the classification of the planed procedure - Aerosol Generating Procedures (AGP) and Non-Aerosol Generating Procedures (Non-AGP) are carried out in the department and harvesting a biopsy sample can occur within either group. Soft tissue biopsies themselves are not considered AGPs but may occur as a part of another procedure.

Type	Inside Procedure Room	Outside Procedure Room
Non-AGP	**Operator** **Assistant** **Circulating Practitioner**	
AGP	**Operator** **Assistant**	**Circulating Practitioner**

4.2 Prior to Procedure

- Operator writes Patient Details, Procedure & Site on Procedure Board.
    - Multiple sites should be listed on the board in the order they will be taken.
- Operator confirms Sites & Order of Samples with Operating Team. For AGP procedures sterile gallipots will need to be added to the instrument trolley. One pot per planned specimen. Each pot should be numbered with a surgical marker pen (1,2,3 etc.) to match the list on the Procedure Board.

4.3 During the Procedure: Non AGP

- Circulating Practitioner calls patient from waiting room and brings them to the procedure room.
- Operator and Assistant confirm patient identity, planned procedure and site with the patient and cross reference with consent form, previous clinical notes on Lorenzo and with Procedure Board.
- Operator administers local anaesthetic and takes first biopsy sample.
- Circulating Practitioner opens sample container. Operator deposits sample into container & Circulating Practitioner closes container and proceeds to label container following the procedure outlined in 4.5 Labelling the Specimen.
- The process is repeated for each biopsy sample that has been planned. Samples should not be placed on the instrument trolley, patient drapes or swabs.
- At the end of the procedure the Operator and Circulating Practitioner check that the sample container(s) contain a specimen, are correctly labelled and the request form has been completed and signed.

4.4 During the Procedure: AGP

- Circulating Practitioner calls patient from waiting room and brings them to the procedure room.
- Operator and Assistant confirm patient identity, planned procedure and site(s) with the patient and cross reference with consent form, previous clinical notes on Lorenzo and with Procedure Board.
- Operator and Assistant don AGP PPE. Circulating Practitioner leaves the Procedure Room and waits outside.
- Operator administers local anaesthetic and takes first biopsy sample during the AGP procedure. The Operator places the sample in the numbered gallipot. The Operator confirms with the Assistant the number and site of the sample with reference to the Procedure Board.
- The process is repeated for each biopsy sample that has been planned. Samples should not be placed on the instrument trolley, patient drapes or swabs.
- At the end of the procedure the Operator wheels the instrument trolley to the procedure room door. The Circulating Practitioner does not enter the procedure room but offers an open sample container to the Operator. The Operator deposits the sample from the first gallipot into the container and confirms the number and site of the specimen. The Circulating Practitioner closes the sample container and labels it

following the procedure outlined in 4.5 Labelling the Specimen. The procedure is repeated for each numbered gallipot. There should only be one sample container open at a time.

- The patient leaves the procedure room and the Operator and Assistant doff their PPE and leave the room. The Operator and Circulating Practitioner check that the sample container(s) contain a specimen, are correctly labelled and the request form has been completed and signed.

4.5 Labelling the Specimen

- When the Circulating Practitioner receives a specimen from the Operator the following must be confirmed by the operator:
    - The name of the specimen
    - The location the specimen has been taken from.
    - The type of specimen analysis required must be confirmed i.e. histology, direct immunofluorescence, so correct preservation of the specimen occurs.
- A patient identification label must be applied to **ALL** specimen pots at the time of receiving the specimen. <u>If no labels are available only then must a hand written label be applied.</u>
- Patient addressographs /labels must not be applied to pots in advance of any procedures being performed.
- The type of specimen expected must not be written in advance on the pot or request form.
- The information must only be applied once a specimen is received for potting.
- A specimen form must be appropriately labelled and include 3 sets of patient identifiable data. The specimen form must show clearly if the specimen is a 'Two week wait'.
- The specimen must be cross referenced to the patient clinic sheet and correspond to the planned procedure.
- All the pathology forms must be signed by the operator.

Once the above is completed the specimens are stored in the clinic until being transferred to the pathology lab.

4.6 Personal Protective Equipment

Personal protective equipment such as eye protection, gloves and aprons must be worn when handling buffered formalin solution. See COSHH risk assessment for further details.

5. ATTACHMENTS	
Number	**Title**
1	Description of NatSsip
2	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS

The latest version of the documents listed below can all be found via the Trust Procedural Document Library intranet homepage.

Unique Identifier	Title and web links from the document library
Corp/Pol/068	Personal Protective Equipment (PPE)

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

References in full

	References
1	NHS England (2015) 'National safety standards for invasive procedures,' [Online] Available from: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwj1goXrwdDxAhWDSRUIHQRoCbAQFjAAegQIBBAD&url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2015%2F09%2Fnatssips-safety-standards.pdf&usg=AOvVaw22u2mNJY6ucNLjzMuZyogz (accessed 07.07.21)

8. DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition
COSHH	Control of Substances Hazardous to Health
AGP	Aerosol Generating Procedure
Non AGP	Non Aerosol Generating Procedure

9. CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Name	Job Title	Date Consulted
Indu Hewapathirana	Clinical Lead Maxillofacial	June 2021
Miles Duncan	Consultant OMFS	June 2021
Cecily Pike	Senior Dental Nurse	June 2021

10. DISTRIBUTION PLAN	
Dissemination lead:	Indu Hewapathirana
Previous document already being used?	No
If yes, in what format and where?	
Proposed action to retrieve out-of-date copies of the document:	None required
To be disseminated to:	All Maxillofacial clinical staff who handle specimens
Document Library	SharePoint
Proposed actions to communicate the document contents to staff:	Staff Meetings. New documents uploaded to the Document Library

11. TRAINING

Is training required to be given due to the introduction of this policy? Yes

Action by	Action required	Implementation Date
Head of Department	At Induction	Start Date

12. AMENDMENT HISTORY

Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date

Appendix 1: Description of NatSsip

Description of NatSsip which are mandatory inclusion in this LocSsip.	By Whom/How	Where identified	Inclusion achieved
4.5 Handovers and information transfer	All clinicians, registered practitioners and support workers	Pages 3 & 4	Yes

Appendix 2: Equality & Diversity Impact Assessment Tool

University Hospitals of Morecambe Bay NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Maxillofacial Unit UHMBT	
Lead Assessor	David Fisher, Speciality Doctor	
What is being assessed?	LocSsip for - Harvesting and Labelling of Patient Specimens for Maxillofacial Outpatient Clinics	
Date of assessment	23/02/21	
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Network for Inclusive Healthcare?	NO
	Staff Side Colleague?	NO
	Service Users?	NO
	Staff Inclusion Network(s)?	NO
	Personal Fair Diverse Champions?	NO
	Other (including external organisations):	

1) **What is the impact on the following equality groups?**

Positive:	**Negative:**	**Neutral:**
➢ Advance Equality of opportunity ➢ Foster good relations between different groups ➢ Address explicit needs of Equality target groups	➢ Unlawful discrimination / harassment / victimisation ➢ Failure to address explicit needs of Equality target groups	➢ It is quite acceptable for the assessment to come out as Neutral Impact. ➢ Be sure you can justify this decision with clear reasons and evidence if you are challenged

Equality Groups	**Impact** (Positive / Negative / Neutral)	**Comments** ➢ Provide brief description of the positive / negative impact identified benefits to the equality group. ➢ Is any impact identified intended or legal?
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	

Other (e.g. carers, veterans, people from a low socioeconomic background, people with diverse gender identities, human rights)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**

- This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
- This should be reviewed annually.

Action Plan Summary

Action	**Lead**	**Timescale**

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.