



Document Type: Procedure		Unique Identifier: ENDO/LOCSSIP/001	
Document Title: Local Safety Standards for Invasive Procedures (LocSsip) for: Labelling and Transfer of Patient Specimens from the Endoscopy Units		Version Number: 1.0	
		Status: Ratified	
Scope: All Endoscopists, registered practitioners, support workers and staff transporting the specimens in and from the endoscopic units.		Classification: Departmental	
Author / Title: Sue Wroe Governance Project Lead NatSsips Quality & Governance		Responsibility: All Endoscopy Staff	
Replaces: New		Head of Department: Matron Simon Glover	
Validated By: Medicine Procedural Documents Group		Date: 04/08/2016	
Ratified By: Medicine DGAG		Date: 26/10/2016	
Review dates may alter if any significant changes are made		Review Date: 01/09/2019	
Which Principles of the NHS Constitution Apply? 1, 3, 4, 7	Which Staff Pledges of the NHS Constitution Apply? 2, 5		
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 Joanne Phizacklea.....Date.....22.11.2016			
To be completed by Library and Knowledge Services Staff			

1. SUMMARY

The correct labelling and onward timely transfer of an endoscopic procedural specimen to the pathology department is a fundamental element of effective patient care.

Endoscopic 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) are used at critical safety points in the patient's journey. They work to reduce errors which could occur at preservation, storage, labelling and onward transportation of patient specimens from the endoscopy units to pathology labs.

Following the steps will result in:

- A universal standard for staff in the safe handling, identification, labelling and onward transport process of specimens.
- An improved patient experience as mistakes will be avoided.
- There will be no delays in diagnosis/treatment attributed to the untimely despatch of the specimen from the endoscopic units.

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 the 'specimen' journey from the patient endoscopic procedure to transporting the specimen to the pathology laboratories at UHMB.

4. PROCEDURE

4.1 Information to be confirmed by operator on receiving specimen

When the assisting nurse receives a specimen from the Operator the following must be confirmed by the operator:

- The name of the specimen and the anatomical location the specimen has been taken from.
- The type of specimen analysis required must be confirmed i.e. microbiology, histology, cytology, so that correct preservation of the specimen occurs.
- A patient identification label from the notes must be applied to **ALL** specimen pots when the specimen is received for potting. If no labels are available only then must a hand written label be applied.
- Labels and forms must not be applied to pots or completed in advance of the

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procedure.

- A histology request form must be appropriately labelled and include 3 sets of patient identifiable data.
- The specimen must be cross referenced to the scheduled list on and correspond to the planned procedure.
- 'Time Out' specifically provides opportunity of specimen verification on a case by case basis to facilitate the above step. This safety step allows for any concerns to be raised at the right time and the appropriate actions taken.
- The specimens are then stored in a collection box in the procedural room until the procedural list is completed.
- All pots must be labelled numerically to match the information on the Endobase Report.
- All the pathology request forms must be signed by the operator.

4.2 Information to be confirmed by support team prior to specimens leaving the unit

Prior to any specimens leaving the unit a final check of specimens against the endoscopy specimen log book must be undertaken by the team member responsible for transporting the specimens to the lab.

The following must be confirmed:

- Patient identification data on the pot must match both the information which has been recorded on the Endobase report and in the endoscopy specimen log book.
- The printed Endobase report is placed in the bag with the checked specimens.
- A log that a patient specimen has been obtained must be documented in the patients ICP.
- All the specimens that have been held in the procedural room storage box after the checks are verified must be taken to pathology along with the corresponding log book twice a day.
- At the pathology lab the transferred specimens, will once again be verified as present and that all labelling and analysis request forms correspond to the endoscopy specimen log book by a member of the pathology department.
- When specimen reconciliation is verified as correct the pathology staff member will sign for receipt of the specimen/s.

4.3 Out of hours / Weekends

The standards within this LocSsip must apply out of hours and at weekends. The only exception to the document is that non urgent specimens will remain in the endoscopy department until the first working day i.e. Monday, when they will be taken to pathology at the earliest opportunity

For urgent specimens: The on-call system for analysis by pathology should be used to ensure all urgent specimens are processed timely.

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4.4 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	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Pol/064	Control of Substances Hazardous to Health (COSHH) http://uhmb/cs/tpdl/Documents/CORP-POL-064.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	NPSA (2009) WHO Surgical Safety Checklist. Available from: http://www.nrls.npsa.nhs.uk/resources/clinical-specialty/surgery/?entryid45=59860&p=3 Accessed 22.11.16
2	
3	

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition

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
Suzanne Langley	Unit Manager Endoscopy FGH	July 2016
Rosalind Fawcett	Unit Manager Endoscopy RLI	July 2016
Claire Howarth	Clinical Leader Endoscopy	25 th October 2016
Albert Davies	Consultant Gastroenterologist	
Victoria Hodder	Nurse Endoscopist	
Lindsay Kelsall	Clinical Lead Nurse	
Diane Smith	Service Manager	

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10. DISTRIBUTION PLAN	
Dissemination lead:	Suzanne Langley & Roz Fawcett
Previous document already being used?	No
If yes, in what format and where?	None in Use
Proposed action to retrieve out-of-date copies of the document:	N/A
To be disseminated to:	
Document Library	Louise Pucknell
Proposed actions to communicate the document contents to staff:	Document will be shared through email and discussed at audit session. Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this policy? No		
Action by	Action required	Implementation Date

12. AMENDMENT HISTORY				
Revision No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date

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Appendix 1: Equality & Diversity Impact Assessment Tool

Equality Impact Assessment Form

Department/Function	Endoscopy			
Lead Assessor	Sue Wroe			
What is being assessed?	LocSsip for: Labelling and Transfer of Patient Specimens from the Endoscopy Units			
Date of assessment	17/11/2016			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input checked="" type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Staff Inclusion Network/s	<input checked="" type="checkbox"/>
	Personal Fair Diverse Champions	<input checked="" type="checkbox"/>	Other (Inc. external orgs)	<input checked="" type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ 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
		<ul style="list-style-type: none"> ➤ 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. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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<p>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.</p> <ul style="list-style-type: none"> ➤ 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.
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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.

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