



<b>Document Type:</b> Standard Operating Procedure		<b>Unique Identifier:</b> THEAT/LOCSSIP/001	
<b>Document Title:</b>  Local Safety Standards for Invasive Procedures (LocSsip) for:  Specimen Verification, Labelling and Onward Transfer from the Trust's Operating Theatre Suite		<b>Version Number:</b> 2.1	
		<b>Status:</b> Ratified	
<b>Scope:</b> All theatre X bay clinicians, registered practitioners, support workers and operating department orderly's.		<b>Classification:</b> Departmental	
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<b>Replaces:</b> Version 2, LocSsip for Specimen Verification, Labelling and Onward Transfer from the Trust's Operating Theatre Suite, Theat/LocSsip/001		<b>Head of Department:</b> Mike Thompson X Bay Theatre Manager Danny Bakey X Bay Matron Faye Bennet X Bay Matron	
<b>Validated By:</b> Surgery & Critical Care DPDG		<b>Date:</b> 12/04/2017	
<b>Ratified By:</b> Surgery & Critical Care DGAG		<b>Date:</b> 28/04/2017	
<b>Review dates may alter if any significant changes are made</b>		<b>Review Date:</b> 01/04/2020	
<b>Which Principles of the NHS Constitution Apply?</b> 1, 3, 4, 7	<b>Which Staff Pledges of the NHS Constitution Apply?</b> 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? <b>Yes</b>			
<b>Document for Public Display: No</b>			
<b>Reference check completed by Joanne Phizacklea, 13.3.17</b>			
To be completed by Library and Knowledge Services Staff			

## 1. SUMMARY

Specimen retrieval is common practice in surgical procedures; it is important that all staff ensure safe handling and know the correct processes relating to specimen management and transportation from the operating theatres.

Documentation errors, for instance involving incorrect labelling of specimens taken for diagnostic purposes have nationally been identified as risk factors for wrong site surgery. Surgical 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 or be responsible for a further avoidable procedure.

## 2. PURPOSE

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

The LocSsips (Local Safety Standards for Invasive Procedures) are localised safety steps that have been developed from the NatSsips (National Standards Framework for Safe Invasive Procedures) to reduce errors which could occur at labelling, preservation, storage, or onward transportation of the patient specimen.

Following the steps of this LocSsip will result in:

- A universal standard being followed by peri-operative teams for, identification, labelling and onward transfer transport processes of retrieved 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 specimens from the theatre suites.

Embedding safety steps into the everyday practice of behaviours by teams will promote a safety culture.

## 3. SCOPE

This document is required to be followed by all clinicians, registered practitioners, clinical support workers and operating department orderlies who participate in any part of the process relating to the 'specimen' journey from patient retrieval in the operating theatres to receipt in the pathology laboratories across all UHMB Operating Theatre Suites.

## 4. PROCEDURE

### 4.1 1<sup>st</sup> Checks performed at receipt of specimen.

- The type of specimen expected must not be labelled in advance on the pot or request form.
- Specimen verification must be undertaken on an individual patient basis and begins at the time the specimen is removed from the patient.
- Therefore patient addressograph identification labels must only be applied to the specimen pots at the time of receiving the specimen.

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- Specimen labels must never be applied to the lid of specimen pots.
- If no patient labels (addressographs) are available only then must a hand written label for the pot be used.
- The specimen pathology request form is prepared and must be appropriately labelled with the patient addressograph and both the top and bottom copy.
- If no patient label/addressograph is available then in this situation written population of patient details can be scribed on the pathology request form. (In these situations you must ensure any writing where a carbon copy forms the underneath sheet is legible and clear.)
- At the time when the circulating practitioner or Clinical Support Worker receives a specimen from the Scrub Practitioner the following must be confirmed by the operator, to the scrub and circulating practitioner:
  - The name of the specimen.
  - The location the specimen has been taken from (site) i.e. breast,
  - Laterality if relevant i.e. left.
  - The type of specimen analysis required must be confirmed i.e. microbiology, histology, cytology, so correct preservation of the specimen occurs.
  - Preservation medium must be confirmed.
- **Any Specimens that are taken and are suspected to be disease carrying i.e. tuberculosis (TB) or other high risk transmittable diseases, must have both the addressograph label on the pot and the specimen form stating 'Highly Infectious'.**

#### 4.2 2<sup>nd</sup> Checks performed at Step 4 Sign Out of 5 Steps to Safer Surgery

- The specimen must be verified as being correct at 'Step 4' Sign Out during the checklist of the 5 steps to safer surgery.
- It must be confirmed that the patient data written on the specimen pot matches that on the specimen histology form and in the operating register.
- The operator must again confirm the specimen description plus laterality and site if relevant the circulator must confirm this matches the logged information on the specimen pot, and is correctly duplicated on the pathology request form.
- The specimen retrieval must be logged in the O.R.M.I.S (Operating Room Management Information System) patient care-plan.
- All the pathology forms must be signed by the Operator at the completion of the surgical case and the transfer of the patient and the clearing of the operating room.
- Once all of the above is completed the specimens and the paperwork are collated and stored in the designated specimen collection/holding box in the theatre unit reception.
- The scrub nurse must ensure that the specimen is taken directly to the specimen collection box held in the theatre suite reception.
- It is the responsibility of the scrub practitioner to ensure the theatre specimen log book has been populated with details of the specimen from each surgical case.
- The Clinical Coordinator for the shift must ensure that specimens held in the theatre suite specimen storage box are transferred the pathology laboratories with the corresponding specimen book at the agreed specified times during working hours.
- Pathology will then check each specimen against the details in the book and sign to confirm receipt of each specimen to their department.

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- If there is no one present at pathology to receive and sign the log book for the specimens the orderly or C.S.W. (clinical support worker) must not leave the specimens unattended.
- The specimens must be returned to theatres in the storage box with the book and the situation escalated to the Clinical Coordinator for further action.

**Additional steps to the above for retained products of conception:**

- Two completed cremation forms should accompany the patient from the ward.
- Both must already be signed by the mother and the surgeon.
- Presence of both the form and the signature must be checked in the anaesthetic room before the patient is anaesthetised.
- At the end of the procedure the specimen trap in the suction machine should be placed into a labelled histology pot and covered with formalin.
- Following the procedure the surgeon must sign the cremation forms for the 2<sup>nd</sup> time to confirm that the specimen is complete. The histology form must also be signed.
- Both forms must then go with the specimen to pathology.

**For cytogenetic testing of foetal remains:**

Please see Section 6 related policies 'Cytogenetic Testing' S.O.P. (Standard Operating Procedure) for guidance.

**When Pathology is closed.**

- All specimens retrieved are still procured and verified to the standards of this document.
- If the specimen is considered non-urgent by the operating surgeon for pathology then in these instances onward transfer to pathology does not occur.
- Therefore the specimen/s must remain in the central specimen storage box in the main theatre reception.
- A communication relating to the storage of the specimens will be recorded for the Clinical Coordinator to action the transfer of the specimens at the first opportunity in normal working hours and complete the transfer and verification process.

**For urgent specimens:**

The on call system should be used to ensure all urgent specimens are processed. In cases where there is requirement for an urgent call out of a pathologist and the pathology laboratory is closed:

**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 (see Section 6 for link).

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5. ATTACHMENTS	
Number	Title
1	NatSsips Inclusion Table
2	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/SOP/002	Cytogenetic Testing <a href="http://uhmb/cs/tpdl/Documents/CORP-SOP-002.docx">http://uhmb/cs/tpdl/Documents/CORP-SOP-002.docx</a>
Corp/Pol/064	Control of Substances Hazardous to Health (COSHH) <a href="http://uhmb/cs/tpdl/Documents/CORP-POL-064.docx">http://uhmb/cs/tpdl/Documents/CORP-POL-064.docx</a>
Corp/LocSsip/001	LocSsip for: Surgical Site Marking and '5 Steps to Safer Surgery' using the W.H.O. Theatre Time Out Checklist <a href="http://uhmb/cs/tpdl/Documents/CORP-LOCSSIP-001.docx">http://uhmb/cs/tpdl/Documents/CORP-LOCSSIP-001.docx</a>

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	NHS England (2015) National Safety Standards for Invasive Procedures. Available from: <a href="https://www.england.nhs.uk/wp-content/uploads/2015/09/natssips-safety-standards.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/09/natssips-safety-standards.pdf</a> (accessed 13.3.17)
2	NHS England (2015) NHS/PSA/RE/20015/008 Supporting the introduction of National Patient Safety Standards for Invasive Procedures. Available from: <a href="https://www.england.nhs.uk/wp-content/uploads/2015/09/psa-natssips.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/09/psa-natssips.pdf</a> (accessed 13.3.17)
3	Association for Perioperative Practitioners (2016). Standards and Recommendations for Safe Perioperative Practice 4 <sup>th</sup> Edition
4	Human Tissue Act 2004. Available from: <a href="https://www.hta.gov.uk/policies/human-tissue-act-2004">https://www.hta.gov.uk/policies/human-tissue-act-2004</a>

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
NatSsips	National Safety Standards for Invasive Procedures
LocSsips	Local Safety Standards for Invasive Procedures
C.S.W.	Clinical Support Worker
O.R.M.I.S.	Operating Room Management Information System.
S.O.P.	Standard Operating Procedure
UHMB	University Hospital Morecambe Bay

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
Daniel Bakey	Matron RLI Theatre Site	
Faye Bennet	Matron FGH & WGH Site	
Colette Whelan	Clinical Theatre Manager RLI	
Jane Bayliff	Clinical Theatre Manager FGH	

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Kirsty Withers	Clinical Theatre Manager FGH	
Nick Bliss	Clinical Theatre Manager RLI	
Antony Lomas	Clinical Theatre Manger WGH	
	Theatre Management Group	

<b>10. DISTRIBUTION PLAN</b>	
Dissemination lead:	Daniel Bakey, Faye Bennett
Previous document already being used?	Yes
If yes, in what format and where?	Trust document library.
Proposed action to retrieve out-of-date copies of the document:	Exchange document after all governance processes completed.
<b>To be disseminated to:</b>	.
Document Library	
Proposed actions to communicate the document contents to staff:	Staff briefing during audit session Electronic link sent to all theatre users To present at Theatre Managers Governance Group meeting and local senior staff meeting

<b>11. TRAINING</b>		
Is training required to be given due to the introduction of this policy? Yes		
<b>Action by</b>	<b>Action required</b>	<b>Implementation Date</b>
Clinical theatre manager(s) and clinical leaders	To ensure specimen training incorporating LocSSip is undertaken during local workplace induction for new starters	On-going; all new employees within theatres
Clinical theatre manager(s) and clinical leaders	To train and brief staff on the LocSSip at monthly audit session	TBC
Clinical theatre manager(s) and clinical leaders	To incorporate LocSSip into development of eLearning package	TBC

<b>12. AMENDMENT HISTORY</b>				
<b>Version No.</b>	<b>Date of Issue</b>	<b>Page/Selection Changed</b>	<b>Description of Change</b>	<b>Review Date</b>
2	12/04/2017	All Attachment 1  Path labs	Harmonisation to NatSsips. Table of applicable NatSsips added to document. No change to these processes.	01/04/2020
2.1	29/06/2017	Section 4.1	Added instructions on labelling any specimens suspected to be disease carrying	01/04/2020

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## Appendix 1 – NatSsips Table

Description of NatSsips which are mandatory inclusion in this LocSsip.	By Whom/How	Where identified	Inclusion achieved
Identified common theme from NatSsips on incorrect labelling of specimens	All theatre team	Page 1 Summary clearly defined. Safe mapping steps throughout the document.	Yes
Confirmation that any specimens have been labelled correctly, to include the patient's name and site or side when relevant.	Peri Operative surgical team	4.2 2 <sup>nd</sup> stage checks pages 3 to 4. Sign Out Step 4 of 5 steps to safer surgery.	Yes
			Yes

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## Appendix 2: Equality & Diversity Impact Assessment Tool

### Equality Impact Assessment Form

Department/Function	Theatres			
Lead Assessor	Sue Wroe			
What is being assessed?	LocSsip for: Specimen Verification, Labelling and Onward Transfer from the Trust's Operating Theatre Suite			
Date of assessment	12/04/2017			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> <li>➤ Advance Equality of opportunity</li> <li>➤ Foster good relations between different groups</li> <li>➤ Address explicit needs of Equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>➤ Unlawful discrimination, harassment and victimisation</li> <li>➤ Failure to address explicit needs of Equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>➤ It is quite acceptable for the assessment to come out as Neutral Impact.</li> <li>➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged</li> </ul>
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
		<ul style="list-style-type: none"> <li>➤ Provide brief description of the positive / negative impact identified benefits to the equality group.</li> <li>➤ Is any impact identified intended or legal?</li> </ul>
<b>Race</b> (All ethnic groups)	Neutral	
<b>Disability</b> (Including physical and mental impairments)	Neutral	
<b>Sex</b>	Neutral	
<b>Gender reassignment</b>	Neutral	
<b>Religion or Belief</b>	Neutral	
<b>Sexual orientation</b>	Neutral	
<b>Age</b>	Neutral	
<b>Marriage and Civil Partnership</b>	Neutral	
<b>Pregnancy and maternity</b>	Neutral	
<b>Other</b> (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 <b>to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</b></p> <ul style="list-style-type: none"> <li>➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups</li> <li>➤ This should be reviewed annually.</li> </ul>
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Action Plan Summary
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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](mailto:EIA.forms@mbht.nhs.uk) once completed.*

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