NHS
Mid and South Essex
University Hospitals Group

Document Title:	**SAFE HANDLING & DESPATCHING OF SPECIMENS IN THEATRES**		
Document Reference/Register no:	09092	**Version Number:**	4.0
Document type: (Policy/ Guideline/ SOP)	Guideline	**To be followed by:** (Target Staff)	All Theatre staff
Ratification Issue Date: (Date document is uploaded onto the intranet)	6th March 2020	**Review Date:**	5th March 2023
Developed in response to:	Human Tissue Policy.(05128) Best Practice		
Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) **CQC Fundamental Standards of Quality and Safety:**			12
Issuing Division/Directorate:	Surgical, Anaesthetics & Theatres		
Author/Contact: (Asset Administrator)	Julie Slater, SSR Governance Lead Anaesthetic and Theatres		
Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/ independent)	✓MEHT □ BTUH □ SUH		
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Approval Group / Committee(s):	n/a	**Date:**	n/a
Professionally Approved by: (Asset Owner)	Laura Harding, Divisional Director	**Date:**	14th February 2020
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Consulted With:	Post/ Approval Committee/ Group:	Date:
Tom Gudde	Service Manager, Anaesthetics, Theatres & Critical Care	7th February 2020
Ruth Byford	Warner Library	17th February 2020
Peter Davis	Consultant Histopathologist; Clinical Director Diagnostics and Therapies	6th March 2020

Related Trust Policies (to be read in conjunction with)	04071 Policy for standard infection prevention precautions 10004 Safe handling and disposal of sharps policy 04072 Hand hygiene policy 08086 Clinical record keeping standards 05128 Disposal of fetal and other human tissue 11023 Control of Substances Hazardous to Health (CoSHH)

Document Review History:			
Version No:	**Authored/Reviewer:**	**Summary of amendments/ Record documents superseded by:**	**Issue Date:**
1	Julie Slater	First version	August 2009
2	Julie Slater	Routine Review	November 2013
2.1	Julie Slater	New 7.4	December 2014
2.2	Julie Slater	New 10.15, 10.16, 10.17, 10.18.10.19.10.20. 13.	September 2015
3.0	Julie Slater	First version	28 April 2017
4.0	Julie Slater	Full Review	6th March 2020

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1.0 Purpose

1.1 The purpose of this document is to ensure that specimens are processed in a timely and accurate way in order to gain an accurate histological diagnosis and treatment that aids patient management.

1.2 Specimens should be treated with the same high level of care as is extended to patients. Failure to manage specimens correctly can result in failure to obtain the necessary histology required and consequently delay treatment.

1.3 All staff must be aware of the correct procedures for collecting and managing specimens.

2.0 Aims

2.1 To ensure that all specimens are managed in accordance with Trust policy.

2.2 To ensure all staff are provided with clear guidelines for the management of specimens.

2.3 To ensure that all staff are aware of procedures for the safe handling, documentation and despatching of all specimens.

3.0 Scope

3.1 This policy applies to all staff that work within the Anaesthetic and Theatre Department and have the responsibility of handling specimens.

4.0 Staff and Training

4.1 Competencies: training is given to all new staff members which covers the safe collection, storage and management of specimens. This forms part of the local induction provided by a competent and trained mentor. Staff will only receive instruction sign-off once they can prove their competence.

4.2 Theatre competencies must be signed off and approved by the Theatre Manager.

4.3 All staff have an annual appraisal. Any training issues are identified at this time.

5.0 Infection Prevention

5.1 All staff must abide by the Trust's Guidelines on Infection Prevention (Infection Prevention Control Assurance Framework. (Regulation no. 08039HCC Core Standard C4a).

6.0 Duties and Responsibilities

6.1 All theatre staff identified as being in a position to handle and be involved in the processing of specimens must be aware of the policy.

6.2 Staff must use personal protective equipment provided when handling specimens.

6.3 The scrub practitioner must confirm with the surgeon the site from which the specimen was taken and the medium in which it is placed for storage. This should be confirmed before the specimen is removed from the patient.

6.4 It is the responsibility of the scrubbed practitioner to check that specimens are labelled correctly and placed in the correct medium for storage.

6.5 The scrub practitioner should inform the circulating practitioner:

- Details of the specimen;
- The medium that is required to transport the specimen;
- The size of the container (refer to point 6.6).

6.6 Specimen containers must be of suitable size and strength to accommodate the specimen securely. The containers should be ready at the start of the procedure to facilitate the safe transfer of the specimen from the scrubbed practitioner to the circulating practitioner.

6.7 The container must be of an appropriate size to contain a volume of formalin a minimum of four times the volume of the specimen (if feasible, up to ten times) where this is used.

6.8 The specimen must float freely to allow proper fixation and avoid damage to the tissues.

6.9 Placing a flat sheet (a piece of paper towel will suffice) over the surface of a floating specimen assists in fixation of any part which may float above the formalin surface. Consideration must be given to preventing contamination of the specimen.

6.10 The person closing the lid of the container must ensure that this is closed securely to avoid leakage in transit.

7.0 Procedure for Handling and Labelling of Specimens

7.1 All specimens must labelled individually. Labels must be accurate and legible. Each specimen should be accompanied by an appropriately completed, legible laboratory request form checked against the patient's details in their hospital notes and signed by a member of the surgical team.

7.2 The specimen container must be labelled clearly with the following details:

- Patients name;
- NHS number;
- Hospital number;

- Date of Birth;
- Specimen Type;
- Consultant;
- Ward.

7.3 The person labelling the specimen must correctly identify the patient. If several specimens are being taken, then each container should be numbered as per surgeon's instructions.

7.4 All specimens are part of the final sign out WHO Check. At this point the operating surgeon who is responsible for the patient must check and confirm the specimen details. The specimen form is then signed by the operating surgeon.

7.5 If specimens are to be sent to another hospital, then the patient's details and the hospital must be written on the theatre white board and confirmed as part of the final WHO Check.

7.6 The patient details and specimen type on each container must match those on the request form, especially with regard to laterality (e.g. Right versus Left).

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7.7 Labels must be written in full, abbreviations are not permitted (e.g. C/Spine instead of Cervical Spine).

7.8 Labels must be fixed to the body of the container and not to the lid.

7.9 Specimens must be handled carefully to avoid crushing or distortion of anatomical detail.

7.10 The circulating nurse must wear gloves when collecting any specimen.

7.11 When using formalin wear protective clothing (masks, gloves, aprons and goggles) according to 11023 COSHH Policy.

7.12 Care must be taken to avoid spillage according to register number 11023 Control of Substances Hazardous to Health (CoSHH).

7.13 A register of all specimens is maintained by the Theatre Department.

8.0 Procedure if Error Occurs

8.1 If a specimen is incorrectly labelled the surgeon should be informed immediately the error is discovered

8.2 If there is any doubt and the specimens have not been labelled:

- Do not label the specimen;
- Inform the surgeon immediately;
- Inform the person in charge immediately;
- Complete an incident form.

8.3 If specimens are reported as not received by Histopathology:

- Identify which specimen;
- Inform person in charge;
- Inform surgeon and complete an Incident form;
- If the specimen is from a frozen section, this must be located as a matter of urgency as the specimen is fresh and will be decaying;
- Review theatre specimen register.
- Complete an Incident form.

9.0 Breach Reporting

9.1 If an error is made with a specimen that indicates that protocol has not been followed then an Incident report form must be completed. (This applies at any point in the specimens journey)

- Specimen retrieved in theatre.
- Specimen removed from theatre for recording and storing prior to transport.
- At any point in the specimens journey.
- On arrival for processing by pathology.

9.2 The senior person in charge on the day must be informed of any error that occurs.

10.0 Collection of Specimens

10.1 When infected material is being collected, care must be taken to avoid spreading Infection. Refer to 04071 Policy for standard infection prevention precautions.

10.2 No tissues or fluid should be discarded until it has been confirmed with the surgeon that it is not required.

10.3 All specimens must be confirmed at the time of them being taken with the operating surgeon. At this time the scrub practitioner must check the specimen with the surgeon and check the patient's details to ensure that the specimen is labelled correctly.

10.4 Before commencement of the next operative procedure, specimens from the previous case must be removed from the operating theatre.

10.5 All specimens should be collected at the designated area for dispatch to Histopathology.

10.6 All specimens must be accompanied by an appropriate form (refer to Appendix 1). These are available in Theatre or from Histopathology and must be filled in correctly and signed by the operating surgeon at the end of the procedure.

10.7 The scrub practitioner is responsible for ensuring that at the end of the case they check that all of the specimens are accurately labelled and have the correct form accompanying them. It is their responsibility to ensure that the specimens are transported to the correct area for transportation and are logged correctly in the theatre specimen record book.

10.8 Specimens should not leave theatre without the “clinical details” section of the request form having been completed by the responsible clinician or by a practitioner under their direct instruction.

10.9 Sign out at the WHO check must be completed in full and this includes confirmation with the operating clinician that all of the specimens are correct

10.10 All specimen request forms must be signed by the doctor who is taking the specimen or a member the surgical team. In addition all specimen forms are entered into the Theatre specimen record book .The nurse that has been scrubbed for the procedure is responsible for ensuring that the specimen is recorded accurately.

10.11 Specimens should be taken to the dispatch point with the completed form by the scrub nurse. Details of the specimen must be entered in a register at this point. This register is held in the operating department and is kept as a record.

10.12 Specimens that are identified for immediate dispatch must be documented in theatre.

10.13 The designated person must hand the specimen over at the point of despatch and all specimens must be signed out of theatre at this time with details of their origin and their destination**.**

10.14 The Theatre Porters will take specimens from the Broomfield theatre reception each morning to the Histopathology laboratory.

10.15 Radiological specimens are managed according to recommended guidelines and these are stored in a locked cupboard for 24 hours before being transferred to Histopathology. A record of the specimens being held is kept at main theatre reception.

10.16 Specimens that are to be transferred to other hospitals are transported via the main theatre reception. Theatre reception staff ensure that the specimens are transported to the correct hospital and organise the transport for this .Patient’s details are recorded for monitoring and details are held at main theatre reception. Theatre staff are responsible for ensuring that specimens are transported in a container that is safe and sealed.

10.17 Specimens for frozen section will be delivered to the theatre reception. On arrival at reception the register is completed to identify that the specimen ready for collection. The porters are contacted. The porters then sign to accept the specimen prior to delivering it to Histopathology.

10.18 For fetal tissues refer to 05128 Disposal of fetal and other human tissue.

10.19 Fetal specimens for transportation to the mortuary staff must be stored in a separate
fridge. (Fridge temperature is recorded daily).

10.20 The Consent form that is completed and signed by the patient and the doctor is stored with the specimen. A record book of the details is kept in the same area.

10.21 The fridge is checked each morning and fetal specimens are removed for transfer

to the mortuary. Fetal specimens are stored in a secure area prior to transportation to the Mortuary.

10.22 The general porters will be requested by Theatres via tele tracking to transfer the fetal specimens to the mortuary.

10.23 The fetal specimens are accompanied by the record book and a copy of the Patient's consent agreeing to the disposal of the fetal tissue. The mortuary sign the record book to accept the specimen and the record book is returned to the Theatre Department.

11.0 Audit and Monitoring

11.1 Audit and Monitoring is undertaken through review of reported incidences.

11.2 ISO 9001:2008 requires that reports on non conformance with Theatre processes is undertaken and corrective actions are put into place.

11.3 The Theatre Risk Management group meets monthly and review any non-conformance. Minutes of the meeting are taken for dissemination and records of actions required before the next meeting.

12.0 Implementation and Communication

12.1 Governance will upload the ratified policy to the website and the intranet and notify all staff newsletter.

12.2 The document author is responsible for ensuring that locally within Theatres, all staff are notified of this document.

13.0 Equality Impact Assessment

13.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
(Refer to Appendix 2)

14.0 References

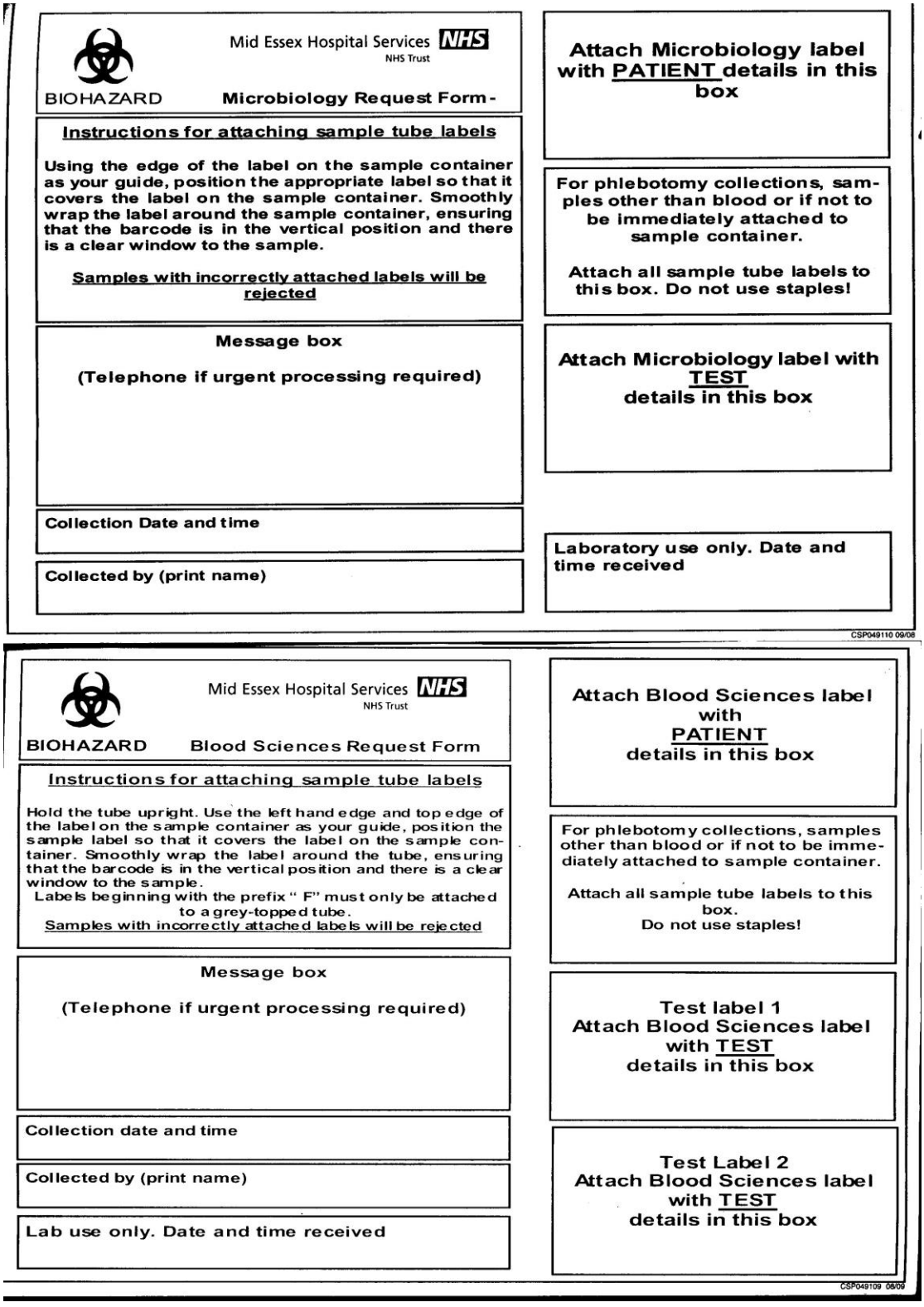
Association for Perioperative Practice, 2011.Standards and recommendations for safer perioperative practice. 4th ed. Harrogate:AfPP.

Health and Safety Executive (2012).Working with substances hazardous to health: a brief guide to CoSHH. Bootle:HSE. Available at: https://www.hse.gov.uk/pubns/indg136.htm

Human Tissue Authority, (2015). Guidance on the disposal of pregnancy remains following pregnancy loss or

termination. London:HTA. Available at:
https://www.hta.gov.uk/faqs/disposal/pregnancy/remains

Appendix 1



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BIOHAZARD **Microbiology Request Form-**

Instructions for attaching sample tube labels

Using the edge of the label on the sample container as your guide, position the appropriate label so that it covers the label on the sample container. Smoothly wrap the label around the sample container, ensuring that the barcode is in the vertical position and there is a clear window to the sample.

Samples with incorrectly attached labels will be rejected

Message box

(Telephone if urgent processing required)

Collection Date and time

Collected by (print name)

Attach Microbiology label with PATIENT details in this box

For phlebotomy collections, samples other than blood or if not to be immediately attached to sample container.

Attach all sample tube labels to this box. Do not use staples!

Attach Microbiology label with TEST details in this box

Laboratory use only. Date and time received

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BIOHAZARD **Blood Sciences Request Form**

Instructions for attaching sample tube labels

Hold the tube upright. Use the left hand edge and top edge of the label on the sample container as your guide, position the sample label so that it covers the label on the sample container. Smoothly wrap the label around the tube, ensuring that the barcode is in the vertical position and there is a clear window to the sample.
Labels beginning with the prefix " F" must only be attached to a grey-topped tube.
Samples with incorrectly attached labels will be rejected

Message box

(Telephone if urgent processing required)

Collection date and time

Collected by (print name)

Lab use only. Date and time received

Attach Blood Sciences label with PATIENT details in this box

For phlebotomy collections, samples other than blood or if not to be immediately attached to sample container.

Attach all sample tube labels to this box.
Do not use staples!

Test label 1
Attach Blood Sciences label with TEST details in this box

Test Label 2
Attach Blood Sciences label with TEST details in this box

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Appendix 2: Preliminary Equality Analysis

This assessment relates to: Safe Handling & Despatching of Specimens in Theatres/09092

A change in a service to patients		A change to an existing policy		A change to the way staff work	
A new policy	×	Something else (please give details)			

Questions	Answers
1. What are you proposing to change?	Review of document
2. Why are you making this change? **(What will the change achieve?)**	3 year review
3. Who benefits from this change and how?	Patients and clinicians
4. **Is anyone likely to suffer any negative impact as a result of this change?** If **no**, please record reasons here and sign and date this assessment. If **yes**, please complete a full EIA.	No
5. a) Will you be undertaking any consultation as part of this change? **b) If so, with whom?**	Yes; Refer to pages 1 & 2

Preliminary analysis completed by:

Name	Julie Slater	**Job Title**	SSR Governance Lead Anaesthetic and Theatres	Date	February 2020