

STANDARD OPERATING PROCEDURE TO ENSURE CORRECT LABELING, HANDLING AND TRANSPORT OF SPECIMENS IN THE OPERATING THEATRE

Process Name:	Process to ensure compliance with Safe Labelling, Handling and transportation of specimens in the Operating Theatre.		
SOP Number:	SA0451	Version Number:	1
Effective Date:	19/3/2019	Review Date:	19/3/2020
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Date Approved:			

Background

- The patient's future outcome and planned treatment may ultimately hinge on the analysis of the specimen taken from them. It is therefore imperative that any specimen reaches its destination promptly, safely, labelled correctly and having been stored and transported appropriately.
- It is the responsibility of the clinician concerned to ensure that all patient details are present and correct on the requisition form on EPR and specimen pot/bag. However it is the responsibility of the scrub practitioner to ensure the safe handling of specimens going through the theatre.
- All specimens need to be documented separately on the specimen record sheet (appendix one) and the perioperative care plan and theatre register (if used)
- The outside of the specimen containers should be free from contamination.
- All staff should wear the appropriate PPE when handling specimens.
- Large bagged specimens must be double bagged with labels on both bags.
- All specimens to be sent to the lab as soon as possible.

Known MRSA and TB infected tissue/pus must always have infection risk stickers attached.

Assessment

The SOP for the Safe handling of Specimens sets out the correct procedure to follow when dealing with specimens within the operating theatre.

Objectives

- To ensure the correct labelling handling and transportation of specimens taken within the theatre environment.
- To reduce the number of Serious incidents and Never events

Scope

To be implemented with all staff; including, theatre staff, surgeons, and portering staff.

Stages of the Process

Specimens are routinely taken from patients undergoing operative procedures and vary in type and nature.

For example:-

Pus

- Collected either by a culture swab or syringe which is stored in Stewart's medium and does not go in the specimen fridge.
- Collected in an empty bottle which is not fixed and this needs to go in the fridge.
- Addressograph labels cannot be used on the specimens.

Tissue

- Fresh – either frozen section or a large specimen that can only be contained in bags and must be stored in the specimen fridge. This specimen must be double bagged with a patient addressograph label on each.
- Fresh tissue may also be taken for culture and in such cases should be collected in an empty specimen pot or one containing saline. These specimens must be stored in the specimen fridge.
- Fixed – i.e. preserved in formalin solution. These are tissue specimens that are small enough to be placed in pre prepared specimen pots containing formalin. These specimen pots must not be stored in the fridge. Addressograph labels can be used.
- Hook Wire Localised breast Specimens
- Cytogenic Studies for recurrent miscarriages
- Colorectal and Breast Specimens – need fast tracking. This will assist lab staff deal with them quickly in line with Calman Hine recommendations.
- Testicular Biopsies are fixed in Bouins solution when infertility investigations are required (semen is destroyed in formalin). Testicular tumour biopsies are fixed in formalin unless a frozen section has been requested.
- Specimens for HMDS (Haematological Malignancy Diagnostic Service) – one dry specimen and one in saline on Histopathology form and HMDS form. These must be stored in the fridge if there are other specimens to go as well.
- If this is the only specimen for the patient then theatres have to arrange transport to Leeds.(this is done by contacting the main desk and asking them to send the specimens via taxi) If there are other specimens for the patient i.e. Bacteriology then all specimens can be taken to the lab and they will forward the HMDS ones.

NB: It must be noted that formalin and Bouins solution are hazardous substances and should be handled with extreme care within COSHH regulations.

Secretions for cytology

- These are usually bronchial or cervical and are fixed onto microscope slides immediately after being taken and placed in plastic slide containers, not in the specimen fridge.
- Secretions may be sent for cytology unfixed and need to be stored in the specimen fridge in sterile bottles.
- Cytology specimens go to Histopathology where they are then sent to St James Hospital Leeds.

Urine

- Usually for culture in microbiology, so therefore stored in sterile bottles in the specimen fridge.

- They occasionally go for cytology, the above still applies.

Blood

- Specimens of blood taken in theatre are usually urgent in nature i.e. for grouping and cross matching and are taken to the appropriate department immediately.

TOP's

Any specimen goes to the mortuary following the procedure for handling of anatomical waste. The specimen goes in the red box.

Retained products of conception

- Up to 12 weeks gestation, they go in formalin to the Histology lab with histology request form
- Over twelve weeks, they go to the mortuary in formalin with a request form to be forwarded to a specialist unit

Limbs

- In elective cases, relatives can request the limbs in advance. Staff must follow the Policy for Retention of surgically removed body parts.
<http://www.bradfordhospitals.int/policies-and-clinical-guidance/Clinical%20Guidelines/Forms/AllItems.aspx?RootFolder=%2Fpolicies%2Dand%2Dclinical%2Dguidance%2FClinical%20Guidelines%2FDivisional%20Policies%20And%20Guidance%2FAnaesthesia%2C%20Diagnostics%20and%20Surgery%2FTheatres&InitialTabId=.Ribbon%2EDocument&VisibilityContext=WSSTabPersistence>
- If no request has been made, or in trauma cases, the limbs are disposed of in clinical waste following the SOP for Anatomical Waste.

Breast Tissue

- All specimen containers must have addressograph labels on.
- When all specimens have been taken from 1 patient, they are taken to the lab straight away.
- If the lab is closed at the end of the session then, fresh specimens must go in the fridge.

Frozen Sections

- Frozen sections are tissue specimens taken at operation for tissue diagnosis that are sent immediately in a clean dry receptacle for examination in the laboratory.
- It is therefore essential for the clinician concerned to complete the pathology form before the procedure, or delegate it to an appropriate colleague to do so during the procedure to ensure its speedy dispatch.
- A telephone number must be included on the request form so the pathologist can return the result promptly and safely.
- The theatre person dealing with the specimen should when handling it to the porter give clear verbal instruction that the specimen is a frozen section and must be handed to pathology personnel and not left unattended at any time. The theatre person should then ring pathology to inform them that the specimen is on its way. This is repeated for each frozen section.
- The specimen must still be logged on the specimen record sheet at the collection point as usual before sending with the porter.

- The result of the specimen will determine how the surgeon is to proceed with the operation and it therefore vital that phoned results must be taken by the surgeon or other designated senior clinician in theatre. Staff in theatre do not take the results.
- Generally the pathology department would appreciate as much warning as is possible.

Fast Track Specimens

- Specimens where the results are required urgently go to the lab. This enables the lab to deal with them straight away, therefore known as fast track.
- These specimens are sent straight away to the lab with a porter.
- They are still logged on the specimen record sheet at the collection point and carried in the transport bag.
- They are handed to a member of the path lab who has to sign the specimen record sheet.

Theatre Procedure

- During the operation the scrub practitioner will declare there is a specimen to go to the lab.
- The scrub practitioner will confirm with the operating surgeon the type of specimen to be taken.
- The scrub practitioner will inform the circulator of the type of specimen to be taken to ensure that the correct pot/bag is selected.
- The scrub practitioner will confirm the name of the specimen to the circulator and this will be entered onto the pot.
- The circulator will then show the pot to the scrub practitioner so that the details can be checked for accuracy. Once the details have been confirmed then the specimen can be deposited in the pot.
- At end of the procedure the surgeon will complete and print off the requisition form from EPR.
- Recording that a specimen has been taken needs to be entered on the theatre information system- Galaxy – as in appendix 2
- The specimen and requisition form must be removed from theatre immediately and taken to the specimen collection point.

Theatre specimen collection point

- All specimens must be logged on the specimen record sheet; every container should be entered separately for each patient.
- All the details should be completed on the specimen record sheet by scrub practitioner.
- Staff entering the patient details must sign the record sheet for each specimen entered.
- At this point all specimens and forms are checked by a second member of theatre personnel
- All specimen pots are placed in a clear specimen bag with the corresponding forms. These are then placed in the appropriate place. Either in the specimen fridge or the green insulated specimen transport bag.

Transportation

- Specimens are collected at the beginning and end of each day by porters and delivered to their destination in the green transport bag.

- The porter will sign the record sheet to say he has taken them and the receiving department will also sign the record sheet to say they have received them.
- The porter will take the record sheet back to the theatre area where it is filed and kept for 2 years in accordance with the Trust policy. It is then disposed of as confidential waste.
- At no time should specimens be left in the lab when there is no one to receive them. The specimens are returned to theatre and stored appropriately till the lab can receive them.
- The green transport bag is returned; the porter should clean the bag with detergent and water and dry.
- Occasionally tissue is collected from outside agencies/universities, in agreement with the clinicians involved, for research purposes.

NB: The pathology department closes at 17:00.

Weekend /Out of hours service

The nature of the specimen determines the department in which it is analysed i.e.

- Tissue – Histopathology
- Pus – Microbiology
- Secretions for Cytology – Cytology
- Blood – Haematology or Biochemistry

Histopathology opens Monday – Friday between 08:45 and 16:30 and on Saturdays between 09:00 and 12:00 for receipt of specimens only.

Microbiology has the same service. (the lab is based at Airedale for Microbiology)

The lab should be open on Sundays –Contact on call Biomedical Scientist for urgent Microbiology specimen processing out of hours.

DO NOT SEND SPECIMENS TO MICROBIOLOGY IN FORMALIN

- Cytology specimens are dispatched from Histopathology to their destination
- If a clinician requires a specimen to be analysed urgently out of hours, then it is their responsibility to contact the on call Biomedical Scientist
- It is important to realise that if the department is closed, that specimens should not be left unattended. Specimens can be safely stored in the theatre area until the next working day.
- Microbiology and pathology specimens must be separated by the porter and delivered

Labelling

These **are taken from the Standards for the Labelling of Request Forms and Specimens for Pathology Investigation.**

- The use of printed labels on request forms is strongly encouraged. Where they are filled in by hand they must be clear and legible.
- Addressograph/printed labels can be used on Histopathology specimen containers.
- All other specimen containers must be clearly labelled by hand.

Review

This SOP should be reviewed every two years unless new guidance or policy dictates a review any sooner.

Monitoring Compliance with the SOP

Requirement to be monitored. Must include all requirements within NHS LA Standards	Process to be used for monitoring e.g. audit	Responsible individual/ committee for carrying out monitoring	Frequency of monitoring	Responsible individual/ committee for reviewing the results	Responsible individual/ committee for developing an action plan	Responsible individual/ committee for monitoring the action plan
N/A	Datix incident reports	Theatre TL's / Matron / DM	Daily	Theatre TL's/ Matron meetings	Theatre TL's/ Matron /DM	Directorate Governance Meeting
N/A	Induction Training	Theatre TL's/ Matron / DM	Monthly	Theatre TL's/ Matron meetings	Theatre TL's/ Matron / DM	Directorate Governance Meeting
N/A	Observational Audits	Theatre TLs / Matron / DM	Daily reducing to weekly once assurance gained	Matron / DM	Matron / DM	Directorate Governance Meeting

APPENDIX ONE

DURING THE OPERATION THE SCRUB PRACTITIONER WILL DECLARE THERE IS A SPECIMEN TO GO TO THE LAB

THE SCRUB PRACTITIONER WILL CONFIRM WITH THE SURGEON THE TYPE OF SPECIMEN TO GO TO THE LAB

THE SCRUB PRACTITIONER WILL INFORM THE CIRCULATOR OF THEIR TYPE OF SPECIMEN TO BE TAKEN TO ENSURE THAT THE CORRECT POT/BAG IS SELECTED

THE SCRUB PRACTITIONER WILL CONFIRM THE NAME OF THE SPECIMEN TO THE CIRCULATOR AND THIS WILL BE ENTERED ONTO THE POT.

THE CIRCULATOR WILL THEN SHOW THE POT TO THE SCRUB PRACTITIONER SO THAT THE DETAILS CAN BE CHECKED FOR ACCURACY. ONCE THE DETAILS HAVE BEEN CONFIRMED THEN THE SPECIMEN CAN BE DEPOSITED IN THE POT.

AT END OF THE PROCEDURE THE SURGEON WILL COMPLETE AND PRINT OFF THE REQUISITION FORM FROM EPR.

THE SPECIMEN AND REQUISITION FORM MUST BE REMOVED FROM THEATRE IMMEDIATELY AND TAKEN TO THE SPECIMEN COLLECTION POINT.

ALL SPECIMENS MUST BE LOGGED ON THE SPECIMEN RECORD SHEET; EVERY CONTAINER SHOULD BE ENTERED SEPARATELY FOR EACH PATIENT.

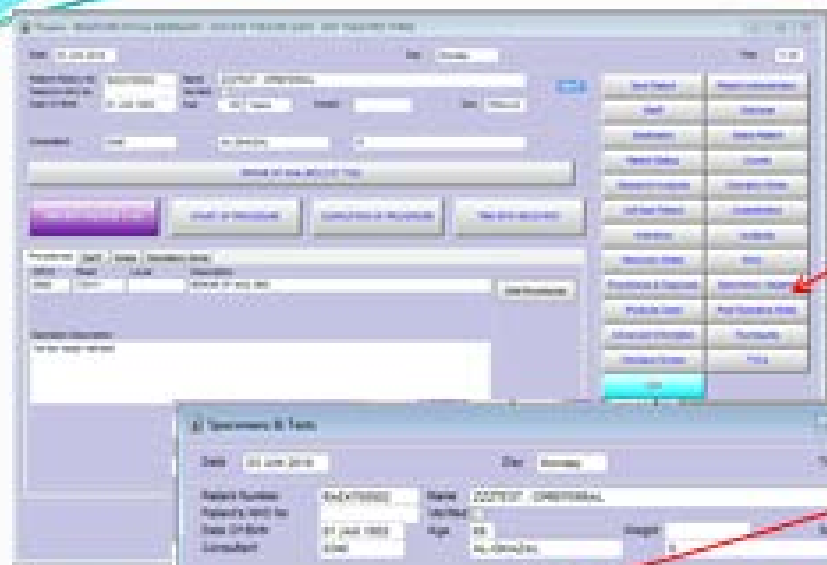
ALL THE DETAILS SHOULD BE COMPLETED ON THE SPECIMEN RECORD SHEET BY SCRUB PRACTITIONER.

STAFF ENTERING THE PATIENT DETAILS MUST SIGN THE RECORD SHEET FOR EACH SPECIMEN ENTERED.

AT THIS POINT ALL SPECIMENS AND FORMS ARE CHECKED BY A SECOND MEMBER OF THEATRE PERSONNEL

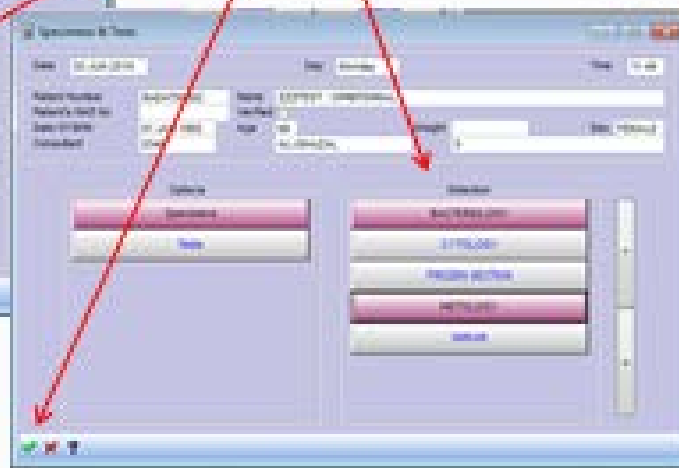
ALL SPECIMEN POTS ARE PLACED IN A CLEAR SPECIMEN BAG WITH THE CORRESPONDING FORMS. THESE ARE THEN PLACED IN THE APPROPRIATE PLACE. EITHER IN THE SPECIMEN FRIDGE OR THE GREEN INSULATED SPECIMEN TRANSPORT BAG.

APPENDIX 2



Within the theatre screen you can record Specimens and tests carried out by selecting the 'Specimens/Implants' option

Select either option then highlight the selection required, you can select multiple specimens then save your selection



If a selection is incorrect simply click on it to make it grey once more then resave