



Local Safety Standards for Invasive Procedures

LocSSIPs

To meet National Safety Standards for Invasive Procedures NatSSIPs

Intra-Operative Cell Salvage

LocSSIP standards with speciality input

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Team Consultation Date: 06/01/2017

Governance Ratification Date:

Clinical Sign Off:

Date:

Governance and Audit:

- ICS Practitioners (ICSP(s)) have electronic logbooks, generated and updated monthly by the ICS Lead Practitioner*
- AIRs specific to ICS already exist and are routinely investigated, and feedback given where applicable
- All ICS cases are Health Issued*
- Continuous case record/log generated by Information team and ICS Lead Practitioner*
- ICS to be made part of ICSP SRFT perioperative care mandatory EAT
- All cases are coded for identification of HI by non-clinical information team
- X36.4 Autologous blood salvage
- X33.7 Autologous transfusion of red blood cells
- Training records kept and updated by ICS Lead Practitioner*
- Record of MEMS intervention for ICS equipment

Documentation:

- All documentation is on EPR, as completed by ICSPs
- All ICS cases are Health Issued (As discussed previously)
- All ICS consumables to be recorded at point of use within Genesis
- Events of note that do not require DATIX are recorded within EPR (eg, dropped suction device, reinfusion hypotension)
- Robust point of care ICS product labelling, as identified by UKCSAG, ICS Trust Lead and Hospital Transfusion Committee

Workforce:

- Minimum 1 ICSP on 8-8 shift per day, including out of hours and weekends
- Extra availability required to accommodate increasing patient requirement (eg, Urology Oncology, Pelvic Orthopaedic procedures) where blood loss is expected.
- Extra availability to accommodate Urgent/Emergency ICS requirement
- Single/Dual role risk assessment
- Emergency ICSP contact details for out of hours major incident



☑ **Scheduling and List Management:**

- Operating lists with multiple cases, where ICS is required, ICS should be first on the operating list to ensure staffing and minimise potential impact on normal theatre service
- Where ICS is required/indicated, it should be booked on the theatre booking form and added to the comment section of the operating list and/or through the ICS Lead Practitioner

☑ **Safety Briefing:**

- ICS Practitioner (ICSP) takes the lead with issues relating to the ICS process
- Clarifies the indication for ICS
- Establishes the Dos and Don'ts of ICS with the team (contraindicated substances, etc...)
- Identifies Potential threats to safety- especially novice theatre members, non-familiar staff members, dangers raised by staff changeovers.
- Identification of appropriate skill mix
- Identification of tumour presence
- Expected blood loss to be stated by surgeon
- Pre op/baseline haemoglobin identified

☑ **Sign In:**

- Attention to availability of allogeneic blood products

☑ **Time Out:**

- Changes in personnel from Briefed team identified and as necessary (3) is repeated for new members
- If ICS to be used, then Tranexamic Acid should also be administered (unless contra-indicated)
- Attention to availability of allogeneic blood products (if unclear at sign in)

☑ **Sign Out:**

- Estimated blood loss should be communicated to the team
- Volume of any blood products given
- Post op/final haemoglobin identified

☑ **Debrief:**

Specific questions

1. How useful was ICS in this case?
2. How could yield have been increased?
3. Were there any ICS specific AIRs?
4. Have any staff training issues been identified?

☑ **Deviations from “Normality”**

1. Changes in staff personnel- it should be the responsibility of the individual leaving the team to hand over to their replacement, transferring the appropriate information delivered at TB/TO. The replacement staff member should be able to step in “seamlessly” to the working theatre team.
2. Any issues relating to ICS are referred to the ICSP; this includes wound contamination, concerns regarding safety



Situational changes

- When there is unexpected bleeding;
- The ICSP is brought into the theatre team; a brief of events is given by the surgeon or anaesthetist.
- The ICSP states the necessary steps for safe ICS collection

Other relevant/related organisational policies or LocSSIPs:

5 Steps to Safer Surgery (WHO) Standard Operating Procedure (Draft) 2017
Intra-Operative Cell Salvage Standard Operating Procedure



WHO SOP Draft TC35(05)_-Issue_N
Version 6 (with update_4_-_Autologous_C