

## STAFF RESPONSIBILITIES FOR INTRAOPERATIVE CELL SALVAGE

### AREA of APPLICATION

To clarify staff roles in the use of intraoperative cell salvage.

### STAFF

Only staff trained and competent in intraoperative cell salvage should undertake this procedure.

### PRE-OPERATIVELY

The **responsible clinician** should ensure that patient consent has been obtained for the procedure in line with local policy.

### IN THEATRE

The intention to use ICS should be stated within the WHO Surgical Safety Checklist "Time Out" before the start of surgical intervention.

All theatre staff should be aware that ICS will be used and modify their practice accordingly e.g. by avoiding the introduction of non-intravenous (IV) substances into the surgical field.

Before the start of surgical intervention:

The **Cell Salvage Operator** should:

- apply **standard precautions** for infection prevention and control and other relevant **health and safety** measures.
- confirm personal responsibility as cell salvage operator for the individual patient episode.
- correctly select and set up the **collection/processing equipment** (as appropriate) following manufacturer's instructions.
- label the ICS Collection Reservoir (if a "collect only" system is in use), or Reinfusion Bag (if a "full processing" system has been set up) with an autologous transfusion label with information taken directly from the identification band worn by the patient (it is recommended that the UK Cell Salvage Action Group Autologous Transfusion Label is used for labelling the reinfusion bag in addition to any manufacturer specific labelling).
- pass the Aspiration and Anticoagulation Line aseptically to the Scrub Person.

The **Scrub Person** should:

- hand out the end of the Aspiration & Anticoagulation line to the cell salvage operator to connect to the cell salvage Collection Reservoir.
- attach a suitable suction catheter (usually a Yankauer Sucker) to the surgical end of the suction line.

The **Cell Salvage Operator** should then:

- Switch on the vacuum and regulate to an appropriate level.
- correctly prime the equipment with an appropriate volume of anticoagulant solution following manufacturer's instructions.
- inform the responsible clinician that the equipment is fully prepared.

During/after surgery:

The **Surgeon/Surgical assistant** should aspirate blood from the surgical field by avoiding "surface skimming" to reduce unnecessary haemolysis.

The **Scrub Person** should:

- check any substance introduced into the surgical field and its suitability for cell salvage.
- undertake swab washing as necessary according to local protocols.

The **Cell Salvage Operator** should:

- monitor the progress of the procedure, communicating any problems and decisions to proceed with the responsible clinician.
- undertake collection and processing of the salvaged blood competently following manufacturer's instructions.
- transfer the autologous label from the Collection reservoir onto the Reinfusion Bag once processing begins (if a "collect only" system had been in use at the start of the procedure).
- complete and sign the cell salvage record form.
- clear and dispose of waste as appropriate.

The **Anaesthetist** should:

- write the order/authorisation for reinfusion of ICS blood on the appropriate documentation as per the local protocol.
- ensure that pre-transfusion checks have been carried out in accordance with local policy.
- monitor and record the reinfusion of the salvaged blood following local administration guidelines.

### **IN RECOVERY**

- The member of staff responsible for the patient's care should continue to monitor and record the reinfusion of the salvaged blood following local administration guidelines.
- If the reinfusion of the blood is to be started in recovery, the member of staff responsible for the patient's care should:
  - check that the order/authorisation for reinfusion of ICS blood has been completed on the appropriate documentation as per the local protocol.
  - carry out pre-transfusion checks in accordance with local policy.

- monitor and record the reinfusion of the salvaged blood following local administration guidelines.

### **INCIDENT REPORTING**

- Any incidents involving technical failure, operator error, adverse reactions or inappropriate storage should be reported through appropriate mechanisms e.g. local hospital incident reporting, MHRA or Serious Hazards of Transfusion (SHOT).

The information contained in this ICS Technical Factsheet has been sourced from members of the UK Cell Salvage Action Group (UKCSAG) and is generally agreed to be good practice. However UKCSAG do not accept any legal responsibility for errors or omissions.