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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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 available 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 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) Autologous_Co