UHL Ophthalmic Laser procedures Standard Operating Procedure (LocSSIPs)

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<th>Change Description</th>
<th>Reason for Change</th>
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<td>□ Change in format</td>
<td>✓ Trust requirement</td>
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<th>APPROVERS</th>
<th>POSITION</th>
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<tr>
<td>Person Responsible for Procedure:</td>
<td>Laser Protection Supervisor &amp; Associate Specialist in Ophthalmology</td>
<td>Sam Wong</td>
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<td>SOP Owner:</td>
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<td>Sub-group Lead:</td>
<td>General Manager</td>
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Introduction and Background:

What this LocSSIP covers:
- Area: Eye Department Out-patients
- Procedure: Ophthalmic lasers including Argon, PASCAL and YAG procedures.

National guidance that it is based on:
- (2) Lasers, intense light source systems and LEDs — guidance for safe use in medical, surgical, dental and aesthetic practices, MHRA September 2015

Document 1 governs the safety standards required for all invasive procedures (including laser treatment to eyes). In the context of eye treatment, it is of particular importance to avoid, amongst other safety concerns, wrong eye treatment incidence which is one of the Never Events.

Document 2 governs the safe use of medical lasers. Its main purpose is to avoid inadvertent laser damages related to laser treatments for both the staff involved and patients.

Similar procedures that are grouped together under this LocSSIP:
- Retinal lasers treatments;
- Laser to the iris;
- Laser to the posterior capsule;
Referral process:
- Elective cases are referred from clinic both from within UHL and from Peripheral clinics;
- Urgent/emergency cases arise from clinics or from Eye Emergency Department.

List management and scheduling:
Usual clinic management policies applies

Patient preparation:
What information patients will be provided with:
- UHL patient information leaflets on Argon retinal laser treatment, YAG capsulotomies and YAG peripheral iridotomies.

What pre-procedural investigations and work-up are required (depends on the procedures indicated):
- Clinical assessment by appropriately qualified staff;
- Imaging requirements: fundal angiography, OCT of the relevant part of the eye...etc

How to handle patients with special requirements such as:
- Diabetes: hypo box available in Eye Emergency Department

Pre-operative MDT involvement in the patient pathway:
- Patient arriving at the Eye-outpatient Department will be received by the clinic receptionist who will check the patient’s details against the patient’s notes.
- Clinic nursing staff will check the patient’s vision; and then instil pre-operative topical drops as prescribed by the Medical staff;

How patients will be consented and by whom:
- The patient will be consented and the side for treatment will be marked by the operating Doctor.

The specific complications that patients should be informed of in the consent process:
- Sight loss (partial or complete);
- Pain or discomfort;
- Raised intra-ocular pressure.

Infection prevention strategies:
- UHL hand hygiene policy;
- UHL infection control policy;
- Anti-sepsis of equipments including the slit-lamp and contact lenses.
Special steps for prevention of safety incidents:
- Laser operators are to follow the Local Rules for the specific laser to be used;
- A pre-laser checklist is to be used before and after the procedure for each procedure.

Copies of the Local Safety Rules and associated checklist are in an Appendix. These Local Safety Rules conforms to the specifications set out in the “Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices September 2015” (document 2 above) and have been approved by the Laser Protection Advisor.

Workforce – staffing requirements:

State minimum safe staffing standards for a procedure list:
- Operating (Authorised Laser User) Doctor;
- Clinic Nurse/ Healthcare Assistant.

In-hours and out of hours requirement is the same.

Escalation procedures if a clinical situation overwhelms available resources: the clinic list or case is to stop at a safe point.

How learners or students will be supervised in area: learners or students will be strictly supervised by the Authorised Laser User, and with the appropriate safety goggles.

Newcomers to area will have an induction and this induction includes: UHL Laser safety test, Local Safety Rules, this SOP.

The operating Doctor will maintain and monitor workforce levels to provide assurance that procedures can safely proceed.

Procedural Verification of Site Marking:

Site and side marking is required for this procedure; and will be carried out by the operating Doctor. The mark will be checked by a second staff member (Doctor, Nurse or HCA) at Time out.

Surgical site marking is mandatory for all procedures for which it is possible.

Site marking should be performed with an indelible marker designed for that purpose and must be:
- Performed shortly before the procedure by the operator or nominated deputy
- Must remain visible in the operative field and not be obscured

How site marking is documented:
In the checklist;

Team Safety Briefing:

The operating Doctor will check the notes before a clinic start or before a case; and inform clinic nurses/HCA’s of any special requirement envisaged.

Time Out:

Time out is the final safety check that must be completed for all patients undergoing invasive procedures just before the start of the procedure. The WHO checklist has been adapted for Eye Outpatient use. This section should have a description of your Time Out procedures:

- That the patient will be encouraged to participate where possible
- The operating Doctor will lead it
- The operating Doctor and another staff member (Doctor/Nurse/HCA) must be present and engaged as it is happening
- That is will occur immediately before the procedure starts
- That a separate Time Out checklist will be completed if there is a separate or sequential procedure happening on the same patient
- That any omissions, discrepancies or uncertainties must be resolved before staring the procedure

A copy of the checklist is in the appendices to this SOP.

Performing the procedure:

The operating Doctor must comply with the standards set out in the Local Safety Rules and in this LocSSIP

Monitoring: N/A

Prosthesis verification: N/A

Prevention of retained Foreign Objects: N/A

Radiography: N/A
Sign Out and Team Debrief:

Sign out must occur before the patient leaves the operative/procedure area.

A description of the content of the sign out:

- This will be lead by the operating Doctor
- Confirmation of procedure
- Documentation of the procedure in the notes (or in the checklist) and in the laser log book
- Discussion of post-procedural care and any concerns with patients
- Equipment problems to be reported
- A named person for escalating issues:

See checklist in an Appendix.

A team debrief should occur at the end of all procedure sessions.
State where and when it will occur
State who should be present (all team members)
Describe the content of the debrief which should include:

- Things that went well
- Any problems with equipment or other issues
- Areas for improvement
- An action log

Provide a copy of the debrief checklist as an Appendix to this SOP
State how the team debrief will be documented
Describe the process for archiving, storing and collating information from team debriefings.
Describe how this information will feedback into improving safety and processes

Post-procedural aftercare:

Post-laser monitoring arrangements:

- no formal monitoring is required in most cases
- patients are encouraged to sit in the out-patient waiting area until they feel well enough to go home (usually accompanied by a relative)
- If indicated, the operating Doctor will check the post-laser patient before the patient goes home.

Possible complications and how to recognise them:

- excessive pain, excessive loss of vision, general unwell, allergic reactions.
Discharge:

Criteria for discharge: most of these are out-patient procedures; patients can be discharged by the operating Doctor.

Discharge letter requirements: per usual Eye Out-patient GP letters policy
Follow-up: to be decided by the operating Doctor as appropriate.
How any results will be communicated: via GP letters.

Governance and Audit:

Define what constitutes a safety incident in this area:
- Anything other than a correct procedure in the correct eye of the correct patient is a safety incidence;
- Inadvertent laser injury to observers, relatives, members of public or staff members is a safety incident.

All incidents will be reported on Datix.
Review, investigation, dissemination, and learning from incidents after a Datix is submitted will take place at the Department Mortality and Morbidity Meetings.

How will this SOP be audited – yearly; and the results will be presented and acted upon in the Department Mortality and Morbidity Meetings

Training:

How staff will be trained in this SOP:
- Training of new staff at or near Induction;
- Regular refresher training (6 monthly) of all Laser operating staff.
How you will incorporate a Human Factors approach into training:
- Explanation of Human Factor and its importance in Health and Safety policies;
- Emphasis on the importance of adherence to SOP and the use of checklists.
Multidisciplinary team will be trained together during departmental meetings.

Documentation:

This pathway will be documented in the patient record by way of inclusion of the checklist in the patient’s notes.

References to other standards, alerts and procedures:
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<th>Title: Ophthalmic Laser Procedures UHL Ophthalmology LocSSIP</th>
<th>Authors: Dr Raghavan Sampath</th>
<th>Approved by MSS CMG</th>
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<td>meeting 16/11/18 Date:6/8/2019... Review date: August 2022.</td>
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