

## **1. Introduction**

The aim of this guideline is to ensure patient safety in the handling of skin surgery histology specimens in the Balmoral Outpatients Department Surgical Suites at Leicester Royal Infirmary. It applies only to this area.

## **2. Scope**

This procedure applies to all staff who work in the area including dermatology doctors, visiting General Practitioners, outpatients nursing staff and specialist nurses. It applies to all patients who attend the department for skin surgery procedures who require specimens to be sent for histology.

## **3. Recommendations, Standards and Procedural Statements**

3.1 The following procedure must be followed in all cases in the Surgical Suites:

- a) Prior to commencement of the procedure, the patient's identity must be confirmed by the operating doctor/nurse, including name, address and date of birth.
- b) The assisting nurse must apply a patient label to a histology request form and create a matching labelled histology specimen pot. At the same time the patient details must be put into the histology specimen record logbook in the operating theatre.
- c) The assisting nurse or operator must confirm against the patient records that the name, address and date of birth on the specimen pot are correct.
- d) The specimen pot with lid removed must then be placed on the non-sterile area of the surgical trolley, with the label facing the operating doctor.

### ***3.2 The surgical procedure must not commence until the above actions are completed.***

- a) When the specimen is ready for insertion into the pot, the operating doctor must undertake an additional visual check of the specimen pot label details as the specimen is placed in the pot.
- b) The operating doctor and assistant must then jointly check that the specimen is inside the pot prior to securing the lid of the pot.
- c) Following the surgical procedure, the operating doctor must write the clinical and the request details on the histology form. The assistant must then confirm that the correctly labelled pot containing a specimen is placed into the matching completed histology request form and that the bag is sealed. This must be completed before collecting the next patient and must be completed by the operating staff only.
- d) The assistant must then complete the following details in the Histology Specimen Logbook held in each suite:

- Date

- \*Patient's addressograph
- \*Consultant
- \*Procedure undertaken
- \*Part number of equipment
- \*Operating doctor's name
- \*Assisting nurse's name

Both parties must also sign that they have completed the necessary checks in line with this procedure.

- e) The specimen must then be placed inside the yellow bag in the Surgical Suite 'Specimen Samples Box'
- f) The yellow bag containing all the specimens from the list should be collected from the surgical suite by the assisting nurse at the end of each list and not on an ad hoc basis throughout the session. The yellow bag is tied closed then placed in the Samples Box for collection by the porter.
- g) At the end of the list the assisting nurse signs the Specimen Sign Out book having confirmed that the number of specimens in the Specimens Samples Box matches the number of specimens signed for in the Histology Specimen Logbook.

#### **4. Education and Training**

All staff working in the Surgical Suites must be trained and competency assessed by a peer who has previously been deemed competent in this procedure. For the nursing staff, this must be recorded in the competency assessment documentation, both for Registered Nurses and Health Care Assistants.

#### **5. Monitoring and Audit Criteria**

<b>Element to be Monitored</b>	<b>Lead</b>	<b>Method</b>	<b>Frequency</b>	<b>Reporting arrangements</b>
Compliance with the policy will continue to be monitored by the dermatology Morbidity & Mortality Meeting (M&M) through which records of any incidents of mislabeling of specimen pots will occur.	Dermatology service managers and matron for outpatients	Review of all clinical incidents and completion of subsequent investigations/accidents.	3 Monthly	Reviewed at CMG monthly Quality&Safety board. Incidents handled and reported in line with the usual Trust internal clinical incidents reporting mechanisms.

Surgical suite documentation records are fully completed by all practitioners on every occasion.	Dermatology service managers and matron for outpatients	Inclusion of checking the documentation by the matron in the nursing metrics.	3 Monthly	Reported to the CMG Assurance Board and Nursing Executive Team monthly.
--	---	---	-----------	---

## **6. Supporting Documents and Key References**

“Cellular Pathology User Handbook CPQ011 Version 6 (1stSeptember2013)”

“Transport of Specimens to the Pathology Laboratories D213”

<http://insitetogether.xuhl->

[tr.nhs.uk/SP2007/Documents/Cellular%20Pathology%20User%20handbook%20\(UHL\).doc](http://tr.nhs.uk/SP2007/Documents/Cellular%20Pathology%20User%20handbook%20(UHL).doc)

## **7. Key Words**

Histology specimens, Skin surgery, Handling of specimens

---

<b>DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT</b>	
<b>Author/Lead Officer:</b> Andrew Sharp, Martha Tickell	<b>Job Title:</b> Mohs Surgeon. Matron
<b>Approved by:</b> Policy and Guideline Committee	<b>Date Originally Approved:</b> 20.2.15
<b>Latest Approval Date:</b> 2 1 F e b 2 0 2 0	<b>Next Review Date:</b> April 2023
<b>Version Number:</b> V4	<b>Details of Changes made during review:</b> legal liability statement removed