STANDARD

Specimens collected at Bay of Plenty District Health Board (BOPDHB) during surgical procedures will be handled, labelled and transported correctly and safely to ensure timely diagnosis and clinical information for patient treatment.

OBJECTIVE

To ensure that:

- Staff contact with potentially infectious specimens is avoided.
- Staff contact with potentially harmful transport media such as Formalin is avoided.
- All specimens reach the laboratory in an optimal condition for analysis.
- All specimens are labelled with correct and complete patient information.
- Specimen results are always attributed to the correct patient.
- No specimens are inadvertently disposed of.
- No specimens are inadvertently retained.
- Specimen results are sent to Consultant Surgeon

STANDARDS TO BE MET

1. Staff Training

1.1. The Perioperative Department Nurse Manager (CNM), or their delegated representative, is responsible for ensuring that all operating theatre nursing staff have been taken through the requirements of this protocol and are aware of the correct methods of handling specimens before they participate in surgical procedures.

1.2. Each Head of Department (HOD) is responsible for ensuring that the medical staff in their team who work in the operating theatre are aware of the requirements of this protocol.

2. Precautions To Be Taken When Handling Formalin

2.1 The CNM (or their delegated representative) is responsible for ensuring that:

a) Formalin use is controlled according to the procedures outlined in BOPDHB's policies 2.1.1 Risk Management, 2.1.3 Hazard Management, and the Formaldehyde Material Safety Data Sheet (MSDS).

b) The Formaldehyde Material Safety Data Sheet (MSDS) is kept on file in the department along with first aid instructions in case of adverse events, and all staff are aware of its contents and location.

c) A cool, well ventilated and regulated work area is established in the department for Formalin handling, use and storage.

2.2 All staff who handle formalin solution must:

a) Dispense Formalin into specimen containers in the designated Formalin work area only (Formalin is not stored or handled in the operating room).

b) Wear apron and gloves when dispensing the formalin in the fume cabinet.

c) Avoid splashing, contact with body surfaces, and breathing of the formalin vapours.

3. Collection Of Specimens

3.1 All staff who handle specimens are responsible for ensuring that they implement 'Standard Precautions' as outlined in BOPDHB Infection Control protocol IC.S1.6 Standard Precautions – Specimens.

3.2 The scrub nurse takes responsibility for the specimen from the time it is harvested by the surgeon, until such time as it is passed off the sterile field to the circulating nurse. She/he is responsible for ensuring that:

a) The site from which the tissue was taken (specimen name) is checked with the surgeon.
b) Specimens are immediately placed in a container (such as a kidney dish) to prevent them from falling from the sterile field.
c) Once harvested, to avoid tissue disruption and staff exposure to potentially infectious material, the specimen is handled as little as possible, and with blunt forceps, not hands.
d) In cases of possible malignancy care is taken not to transfer cells from one surgical site to another e.g. removal of multiple skin lesions with possibility of malignancy. Check with the surgeon if a clean forceps and blade should be used to harvest specimens from differing sites. If yes, the blade and forceps should be passed off the sterile field with each specimen.
e) Specimens are promptly placed in the correct container and transport media. If doubt exists, the surgeon is asked for confirmation.
f) If similar specimens are inadvertently mixed, under no circumstances is any attempt made to guess which specimen came from where. The surgeon is informed immediately.
g) The surgeon's permission is sought before disposing of ANY tissue or foreign bodies collected during a surgical procedure.
h) No specimen and /or specimen containers are inadvertently retained

3.3 The circulating nurse is responsible for the specimen from the time it is passed off the sterile field until it leaves the department. She/he is responsible for ensuring that:

a) Every specimen is contained in a leak proof container.
b) Labelling and documentation are completed correctly as described below in Section 4.

4. Labelling Specimens / Documentation

4.1 The circulating nurse is responsible for ensuring that:

a) Checking the Consultant Surgeon's name is on patient bradma label. Yellow ED patient bradma labels must not be used.
b) A patient bradma label is attached to each specimen container and the following additional information is added to the label:
c) Date of specimen collection
d) Originating source of the specimen (e.g. breast tissue, cervical tissue)
e) Every specimen is accompanied by a laboratory form, which is completed in full and signed by the surgeon.
f) On the laboratory form where it says Copy to … document Operating Surgeons name.
g) If the patient has requested return of the specimen this is also noted on the laboratory form.
h) Every specimen label and its accompanying laboratory form are checked by a registered nurse before it leaves the department.
i) All specimens sent to the laboratory (or other required destination e.g. Bay Radiology) are recorded in the 'Specimen Record Book'.
j) The following information is recorded in the patient's intra-operative record:
   i. The type and number of specimens collected (and if a specimen could not be obtained).

ii. Confirmation that the specimen documentation is correct (label and forms completed correctly), and signatures to that effect from both the scrub and circulating nurse.
iii. If the patient requested return of the specimen, this is also documented on the intra-operative record (but the patient is responsible for contacting the laboratory to arrange return of the specimen).

5. Body Tissue Not Required For Testing Or Examination

The disposal of body tissue / parts not required for testing or examination is outlined in policy 6.3.9 protocol 2 Disposal of Body Parts & Fluids in Perioperative Department.

6. Body Tissue Returned To Patients

The care and handling of body tissue / parts requested by the patient is outlined in BOPDHB policy 6.3.9 Body Parts and Tissues.

8. Care & Preparation Of Specimen

	DESCRIPTION	RATIONALE
1	• Specimens must be put into an appropriate sized container. Large specimens must be put into double plastic bags before being placed in the appropriate container for transportation, as soon as possible. A patient bradma label is to be place on each plastic bag.	• Immediate attention to specimens will reduce any risk of errors being made in labelling or handling / care of specimens.
2	• Specimens should be clearly labelled with the patient label, where the specimen is from (specimen name) and the date. • Patient label and specimen name to be recorded in specimen book for sign off on delivery to laboratory.	• Documentation needs to be accurate so there will be no confusion as to whose specimen it is and where it is from. A false diagnosis for the wrong patient can result from inaccurately labelled specimens.
3	• Where several specimens are taken from the same patient, each specimen must be labelled appropriately and individually numbered. • This information must also be recorded on the histology form and in the specimen book	• The site of each specimen is of significance when making a diagnosis, and for the continuing care / treatment the patient requires
4	• All specimens must have an accompanying histology form filled out and signed by the surgeon.	• Documentation must be complete and accurate. The surgeon is responsible for filling out the histology form. The information given to laboratory staff re: the clinical finding is important for diagnosis.
5	• In Tauranga, Specimens are transported to the Laboratory twice daily. • In Whakatane – arrange with Theatre or HCA to deliver specimens to laboratory in a timely manner.	• Specimens should be sent to the laboratory in a timely manner to help reduce any risk of lost specimens and deterioration of specimens.

	DESCRIPTION	RATIONALE
6	**Biopsy Specimens:** a) Special fixatives are recommended for certain types of biopsy e.g. renal, muscle, cervical smear. (Contact the laboratory staff if you have any doubts as to what to do with specific tissue.) b) If bacteriological investigations are also required from the specimen e.g. TB culture, the biopsy specimen should be divided and one part sent to the laboratory without a fixative agent. c) **Frozen Section Biopsy:** Is arranged with the pathologist at Pathlab. d) **Hook Wire Specimens:** Hook wire specimens are sent fresh to Medex or Bay Radiology. In Tauranga the taxi collects the specimen from SAU reception. In Whakatane a hospital driver collects the specimen from SAU reception. This must be prearranged prior to commencement of surgery. – Check with patient if he / she requires the return of the biopsy post examination and document as appropriate; – Ring taxi or transport department to transport it directly to either Medex or Bay Radiology (as appropriate) – Ensure biopsy correctly labelled and in appropriate container. – In a large brown paper bag place : – The lab form the surgeon has signed prior to the procedure. – 1x labelled specimen container with specimen labelled FRESH. – 1x specimen container with formalin in a plastic bag. – 6 extra patient bradma labels. – Write on bag Urgent specimen along with the destination – depending where the films were performed. – Take to SAU reception for the taxi to collect.	• If special histological examinations are required the laboratory staff must be consulted beforehand, as special fixatives or collection precautions may be necessary. • Keep all staff informed as to the progress of preparations for transport and documentation, so no errors occur and there is a double check system is place.
7	• Fluids for culture must be sent to the laboratory immediately. • If aspirated into a syringe attach a sterile cap and transport in the syringe.	• Discharging the fluid into a jar aerates it and may kill oxygen sensitive organisms.

	DESCRIPTION	RATIONALE
8	• For specimens from drains, the specimen should be taken from the tubing not from the drainage bottle.	
9	• Swabs for routine culture and sensitivity must be received in the appropriate transport medium. • Anaerobic culture of swab specimens is done at the discretion of the laboratory staff based on the clinical details available on the request form.	• Swabs for culture must not be left to dry out. • Organisms need a moist environment in which to grow, and if swabs reach the laboratory dry, they can't gain a true culture.
10	• Urine – MSU, catheter or bladder specimens are suitable. • If laboratory staff are unavailable, specimen is to be placed in the laboratory refrigerator.	
11	• If the patient has expressed a wish for the return of the tissue / fluids taken as specimens this should be documented on the histology form and in the patient's health record (Refer to Policy 6.3.9 Protocol 1 Body Parts and Tissues – Standards to be Met)	• This is an important cultural issue with a wide variety of patients. Please ensure their wishes are respected.

REFERENCES

- AORN Perioperative Standards and Recommended Practices, Current Edition
- J.C. Alexander, Alexander's Care of the Patient in Surgery, 14th edition, St Louis, 2010, Mosby Inc. Missouri
- Report of a Ministerial Inquiry into the Management of Certain Hazardous Substances in Workplaces, July 2003. Accessed Aug 2010

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 2.1.1 Risk Management
- Bay of Plenty District Health Board policy 2.1.3 Hazard Management
- Bay of Plenty District Health Board policy 6.3.9 Body Parts and Tissues
- Bay of Plenty District Health Board Infection Control protocol IC.S1.6 Standard Precautions – Specimens
- Bay of Plenty District Health Board policy 6.3.9 protocol 2 Disposal of Body Parts and Fluids in Perioperative Department
- Bay of Plenty District Health Board policy 6.3.9 protocol 3 Donor Tissue, Organs Handling and Storage in Operating Theatre
- Bay of Plenty District Health Board Hazardous Substances Material Safety Data Sheets (MSDS)