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 and national guidelines.

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.
- Select the appropriate disposables and correctly set up the **collection/processing equipment** 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, available from manufacturers, is used for labelling the reinfusion bag.
- Ensure the Aspiration & Anticoagulation line is available for the scrub person.

The **Scrub Person** should:

- Ensure the correct end of the Aspiration & Anticoagulation line is handed out to the cell salvage operator to connect to the cell salvage Collection Reservoir.
- Attach a suitable suction catheter (ideally a single lumen 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.
- Ensure that the equipment is correctly primed with the appropriate volume of anticoagulant, following manufacturers instruction.
- 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.
- Ensure the start time of the collection has been written on the Autologous label.
- Undertake collection and processing of the salvaged blood competently following manufacturer's instructions.
- The operator should be able to calculate and give an accurate blood loss, at any time during the procedure.
- 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/digital record and ensure a copy is placed in the patient's notes.
- Clear and dispose of waste as appropriate in line with local policy.

The **Anaesthetist** should:

- Authorise* the 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 ICS 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 ICS blood following local administration guidelines.
- If the reinfusion of the ICS blood is to be started in recovery, the member of staff responsible for the patient's care should:
    - check that the 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.

INCIDENT REPORTING

- Any incidents involving technical failure, operator error, adverse reactions or inappropriate storage should be reported on the local incident reporting system (LIRS) using agreed key words to alert the hospital transfusion team (HTT) to the incident, and externally reported to the MHRA ('Yellow card' as a medical device incident) and to the Serious Hazards of Transfusion (SHOT) haemovigilance scheme. The HTT will facilitate SHOT reporting.

* Allogeneic blood components for transfusion are not classed medicines, and for this reason the instruction to administer them is termed 'authorisation' rather than prescription. ICS blood can be viewed as falling into the same classification.

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.
UKCSAG does not accept any legal responsibility for errors or omission.