

Reference Number: UHB 030
Version Number: 2

Date of Next Review: 12th Jun 2021
Previous Trust/LHB Reference Number:

PROVISION OF INTRAOPERATIVE CELL SALVAGE POLICY

Policy Statement

Whilst allogeneic (donated) blood is an essential adjunct to health care, it is a limited resource (subject to the threat of future shortages), increasingly expensive and can present a source of risk for patients, in particular the risk of “wrong blood” incidents as reported by the Serious Hazards of Transfusion (SHOT) Steering Group.

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will ensure that cell salvage is used safely and appropriately in order to avoid the risks of unnecessary autologous transfusion in our patients. Utilising appropriate alternatives to blood transfusion is cost-effective and complies with clinical governance requirements. The collection and re-infusion of autologous red blood cells provides an important contribution to reducing the demand for allogeneic blood. However, it is only one aspect of a strategic approach to safe and appropriate transfusion practice. This policy is based on the original generic policy as written by the UK Cell Salvage Action Group.

Policy Commitment

By adhering to the accompanying Intraoperative Cell Salvage (ICS) Policy and Procedure we will ensure the UHB

- Promotes safer transfusion as part of clinical governance responsibilities
- Utilises ICS in a safe and effective manner
- Safely identifies suitable patients undergoing surgical procedures where ICS could be used
- Delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, by the lawful, safe and appropriate administration of blood/components according to current law, national guidelines and regulatory requirements, and to the maintenance of patient information in accordance with the Data Protection Act 1998.

Supporting Procedures and Written Control Documents

This Intraoperative Cell Salvage Policy and supporting Procedure describe the following with regard to Intraoperative Cell Salvage:

- Responsibilities
- Training
- Indications and contraindications for selection
- Conditions for using ICS
- Resources
- Implementation
- Governance

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Other supporting documents are:

List all documents the reader needs to be aware of alongside / in support of this document

- UHB 068 - Blood Component Policy
- UHB 348 - Blood Component Procedure
- UHB – 282 Decontamination of Reusable Medical Devices Policy and Procedure
- UHB 100 - Consent to Examination or Treatment Policy
- UHB 186 - Independent Mental Capacity Advocacy Procedure (Mental Capacity Act 2005),
- UHB 113 - Lasting Power of Attorney and Court Appointed Deputy Procedure (Mental Capacity Act 2005),
- Reference Guide for Consent to Examination or Treatment, WHC (2008) 10
- Good Practice in Consent Implementation Guidance: consent to examination or treatment, WHC (2008) 36
- Mental Capacity Act 2005 Code of Practice
- ANTT all- Wales policy
<http://www.gpone.wales.nhs.uk/sitesplus/documents/1000/ANTT%20IPC%20Policy%20FINAL%20May%202017%20V1pdf.pdf>
- UHB 138 – Incident, Hazard and near miss reporting policy and procedure

Scope

This policy has been written to support the implementation and use of intraoperative cell salvage in the intraoperative/surgical setting within the Cardiff and Vale University Health Board (UHB). It may also be applicable when intraoperative cell salvage devices are used in the pre and/or postoperative environment (e.g. Accident and Emergency, recovery, ward etc) and for devices specifically designed for Intra and Postoperative Cell Salvage.

This policy **does not** relate to the use of unwashed postoperative autologous wound drains.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact. No additional key actions have been identified.
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Policy Approved by	Quality, Safety and Experience Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Perioperative Care Directorate Governance forum, quality & safety forum. Surgery Clinical Board Quality & Safety Forum

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Accountable Executive or Clinical Board Director	Medical Director
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If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	22/02/11	02/03/11	Ne document
2	12/06/18	13/06/18	V1 of the policy also included the procedure. These are now two separate documents. The content of the procedure remains unchanged.