

Provision of intraoperative diagnostic opinions and diagnostic testing on fresh tissue for patients with known infectious diseases

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1 Background

This guidance applies to those working in cellular pathology units where there is a clinical need to provide an intraoperative diagnostic opinion or for performing diagnostic tests on fresh tissues for patients who are known to have an infective disease. This guidance also applies to laboratories supporting Moh's surgery. This guidance replaces any previous guidance issued by the College.

2 Principles

- 2.1 There is a clinical duty to place patient interests at the centre of delivery of clinical care.
- 2.2 Staff working in laboratories must deal fairly and safely with the risks of infection. All laboratory services should work within existing guidance for health and safety and guidance on working with dangerous pathogens.
- 2.3 Those providing a diagnostic service must not refuse to investigate a patient sample just because there is a risk of infection.
- 2.4 Service provision must meet the requirements of current equality and diversity legislation

3 Guidance

- 3.1 Pathologists should work with laboratory service managers and service users to establish the clinical need for providing intraoperative diagnosis or diagnostic testing using fresh tissues in patients with a known infectious disease (e.g. enzyme histochemistry, immunofluorescence tests, extraction of nucleic acid, CSF cytology).
- 3.2 The Advisory Committee on Dangerous Pathogens (ACDP) and Health and Safety Executive (HSE) have published detailed guidance that cover patients with blood-borne virus infections and other biological agents.^{1,2,3} The information and guidance provided in these documents should be followed by laboratories providing a clinical service.
- 3.3 Laboratories should perform risk assessments and on this basis put in place facilities and staff training so that such cases/material can be safely handled. Consideration should be given to use of enhanced personal protective equipment and decontamination procedures that allow such procedures to take place with minimal disruption to other laboratory service provision.
- 3.4 Clear protocols should be in place so that service users can consult with the laboratory service and book procedures involving such cases.
- 3.5 If, on the basis of risk assessments and review of resources, it is not possible for a laboratory to safely operate such a service, this should be promptly communicated to service users. It would be important that access to an equivalent clinical or diagnostic service was identified by the clinical team for the patient such that no indirect discrimination of patients was implied. Indirect discrimination is when there is a condition, rule, policy or practice that applies to everyone but which particularly disadvantages people who share a protected characteristic. It would be up to individual laboratory managers to review this with service users. A local Equality & Diversity Impact Assessment should be performed should this be the case as part of meeting the requirements of the Equality Act 2010.⁴

4 References

1. HSE/Advisory Committee on Dangerous Pathogens. Protection *against blood-borne infections in the workplace: HIV and hepatitis*. www.hse.gov.uk/biosafety/diseases/bbv.pdf (accessed 28 October 2013).
2. HSE/Advisory Committee on Dangerous Pathogens. *Biological agents: Managing the risks in laboratories and healthcare premises*. www.hse.gov.uk/biosafety/biologagents.pdf (accessed 28 October 2013).
3. HSE. *Biosafety and microbiological containment*. www.hse.gov.uk/biosafety/ (accessed 28 October 2013).
4. Public sector equality duty. www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/ (accessed 28 October 2013).