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<ul style="list-style-type: none"> Does this document meet the requirements under the Equality Act 2010 in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation? *Yes Does this document meet our additional commitment as a Trust to extend our public sector duty to carers, veterans, people from a low socioeconomic background, and people with diverse gender identities? *Yes 	
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

Patient Safety Standards are a fundamental element of effective quality care within the perioperative setting. All healthcare staff involved in theatre practice have a common goal, which is to prevent harm to a patient.

The Mandatory Count Standards within this document for the safe verification of correct counts for non-retainable items are supported by and must be used in collaboration with the UHMB adaptation of the W.H.O. (World Health Organisation) Surgical Checklist¹.

Thus the standards of the W.H.O. checklist¹ and the 5 Steps to Safer Surgery² work in harmony with the safety standards for counts outlined in this document.

All Theatre staff and its service users must commit to embrace these basic mandatory safety standards and ensure that they are robustly followed by all team members for all patients undergoing invasive procedures in the operating theatre suites.

Responsibilities in the multi- disciplinary team are clearly identified, as are the actions that must be followed by the theatre team should any count discrepancy arise during closure of an invasive procedure.

Appendix 2 is attached at the end of this document which outlines the types, sizes, and colours of swabs and their usage in UHMB operating theatres.

All staff involved in counts procedures must familiarise themselves with the common names sizes and colours of swab materials and incorporate this into their everyday standards of practice.

2. PURPOSE

This procedural document provides clear instructions of the mandatory professional safety standards that must be undertaken during an invasive procedure performed in the operating theatres of UHMB.

It facilitates:

- A standardised best practice approach to 'theatre counts' for swabs instruments and needles and other non- retainable items.
- It provides a safe process to prevent retained items where there is the potential in an invasive procedure for a never event to occur.

In the event of a discrepancy the step by step standards in this document provides clear actions and direction for all team members to take if this situation occurs.

Ensuring a consistent approach of the standards, educating the team and embedding them in everyday practice will work to eliminating avoidable harm to a patient.

'The ultimate goal at UHMB is to achieve the eradication of' Never Events' of retained items during invasive procedures performed in the operating theatre/s'.

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3. SCOPE

UHMB requires that all staff who participate/s in the perioperative surgical pathway understand, and incorporate the relevant professional safety standards of this document into everyday theatre practice when involved in an invasive procedure.

Clinical Theatre Team Leaders must ensure that on each operating list that every invasive procedural case on that list has been managed using the W.H.O. checklist¹ and the standards for counts have been performed and recorded as outlined in this document.



Any near misses, (which includes failure to comply or undertake the safety counts by individuals), and any missing non - retainable items should they occur are an untoward event.

Any untoward events or errors should be escalated and actioned accordingly and reported on the Trust's Patient Safety Module (Safeguard) by the raising of a Clinical Incident Report (CIR), where the incident will be managed and investigated in line with the Trusts Policy for the management of incidents.

Duty of candour must always be followed if an item remained unaccounted for.

4. PROCEDURE

4.1 Duties

Responsibilities of the theatre team members participating in counts must ensure the following:

- All theatre staff must always follow the standards of this document and at all times maintain a safe standard of swab, needles, instrument and Non-Retainable Item (NRI) checks for procedures performed in theatres.
- Staff must have appropriate training and understand the procedural steps in this document for swab, needles and instrument checking.
- Theatre staff should ensure they are able to participate in a reliable assessment of blood / fluid loss from swabs that are obtained from the patient undergoing surgery, should it be required.
- Staff must avoid contamination of the theatre environment, equipment and personnel including sharps injuries.
- Staff must ensure all contaminated swabs; needles instruments and NRI's are disposed of as described in the procedural document.
- **Two persons are required to undertake count standards as outlined in this document. One of which must be an identified practitioner.**
- Identified Practitioners are :
 - First / Second Level Nurse
 - Operating Department Practitioner (O.D.P)

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- The second person – Theatre Assistant Practitioner (T.A.P.)
- Clinical Support Worker, (C.S.W.) When learning package complete

All employees of the theatre team who participate in the counts procedure are required to have undertaken the counts competency package and for it to be logged on the Trust T.M.S. (Training Management System)

4.2 Standard For Counting Swabs, Needles, Instruments and RI's Prior to the Start of an invasive procedure

- Non X-ray detectable swabs, dressings or other forms of packing gauze which are to be used as dressings must only ever be opened at skin closure and not passed onto the operative field at any point prior to this.
- At the beginning of each case a swab, instrument, needles/NRI count will be performed between the scrub and circulating person, they will be checking that there are 5 swabs present in each bundle, there is a radiopaque line in the swab, any swab/pack tapes are secure and that each bundle of 5 swabs are secured with a red string.
- Should any discrepancy be noted during the **initial** swab count, the whole bundle of swabs is discarded and removed from the theatre to ensure these are not part of the ongoing count.
- Once the case has commenced if there is a problem with an additional bundle of 5 they must be put into the run around and noted on the whiteboard for inclusion into the count.
- No modification or alteration must ever be made to any swabs or swab materials etc. which are used in the operative procedure.
- Instruments must be checked against the tray list for presence and integrity. If any instruments are not present this must be recorded by the circulating practitioner on the tray list at the pre-op check and the surgeon informed prior to the start of the procedure. In some cases where a missing or mal functioning instrument is critical, a replacement will need to be sought prior to the start of the case.
- The swabs must be recorded on the white board in multiples of 5's e.g. 5 | 5 | 5, as subsequent packs are opened.
- It is the responsibility of the circulating practitioner to write the date & name of the patient with patient identifier undergoing surgery on the white board, along with all countable items, extra instrumentation and any other non-retainable items (NRI's)
- It is the responsibility of the scrub practitioner to ensure this has taken place prior to commencement of surgery.
- The red string tags around the swab packs must be retained by the scrub person in a secure place on the sterile field as an additional check of numbers of multiple of 5's for swabs used. Subsequently they must be recorded on the board and counted in the checks. It is usual to attach them to the sticky part of the disarmour.
- Throughout the procedure all needles and blades should be handled according to the standards for the safe use of sharps.
- Suture wraps/packets should be retained on the sterile field by the scrub practitioner to ensure the needles correspond to the amount on the white board.
- The scrub practitioner will discard used needles/blades and other sharps into a disarmer (sterile sharps box on scrub field) in readiness for the counts.
- During the procedure the scrub person will dispose of all used swabs, from the

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operation, in a safe manner to the 'run-around' (a conveniently placed bowl which is at waist height) avoiding blood spillage and splashing. Swabs considered dirty, e.g. faecal contamination, should be dropped into the 'run-around' at the first opportunity.

- The circulating person whilst wearing gloves and using the discarded prep sponge holder will place any discarded swabs from the run around bowl into the clear swab counting bags (curity swab bags) hung on the wall.
- At no time during the procedure should any used equipment or items have left theatre relating to the operative case in progress. These must remain present for the counts.

4.3 Standard For Counting Swabs, Needles, Instruments and RI's At Closure

When closure is to commence - swab, instruments needles/NRI checks must take place at the following times:

- Closure of a cavity e.g. stomach or uterus. At this time the surgeon will physically make a 'sweep' of any operative cavities to ensure that they are free of any non-retainable items swabs etc.
- Closure of peritoneum
- Closure of any layer as appropriate
- Final closure of skin layer
- Counts must always be performed with two people; one of them being an identified practitioner and the counts should be undertaken by the same staff wherever possible.
- The count must be performed in a loud audible tone.
- All items included in the count must be checked separately.
- There must be no interruptions during the counts of swabs, needles and instruments. **(If an interruption occurs, the count must be recommenced).**
- The surgeon will not request further sutures until the scrub practitioner is satisfied that the counts are correct.
- The scrub practitioner must verbally confirm with the surgeon that the swabs, needles and instruments/NRI are correct.
- An oral audible acknowledgement from the surgeon must be reciprocated to the scrub practitioner.
- After the final skin closure count is deemed correct, the theatre team must pause to undertake the operative sign out form. It must be further acknowledged prior to Anaesthetic reversal that all items are accounted for. **All Team members must stop & pause to undertake this and no member of the team should have left the theatre until it occurs.**
- At the end of the operation, when the final check is correct, the patient may be reversed from anaesthesia.
- Both scrub and circulating persons must ensure the information is inputted into the Lorenzo Theatre Management System.
- If a patient undergoes several procedures, all swabs may be counted down and new counts commenced at the start of each new procedure. However, all swabs, instruments, needles and other NRI's pertaining to a case, must remain in the operating theatre until the total numbers of procedures are completed.
- The scrub practitioner is responsible for ensuring that sets are complete prior to leaving theatre and despatched to HSDU (Hospital Sterile Department Unit).
- At the end of each operation, all swabs, needles and instruments are discarded and disposed of in accordance with the theatre sharps / clinical waste disposal policies. Whilst disposing of the swabs in the curity bag, a final countdown should be performed

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for final confirmation that the swab count is correct.

A CHANGE OF SCRUB PERSONNEL SHOULD ONLY OCCUR WHEN ABSOLUTELY NECESSARY.

IF THERE NEEDS TO BE A CHANGE, THEN IT SHOULD BE AT AN APPROPRIATE TIME AND THE SURGEON INFORMED IN ADVANCE.

A COMPLETE COUNT OF SWABS, INSTRUMENTS, NEEDLES/NRI'S MUST BE PERFORMED AT THE CHANGEOVER BY THE EXISTING AND RELIEVING SCRUB PRACTITIONERS WITH A CIRCULATING PRACTITIONER, THIS MUST BE RECORDED AND INPUTTED INTO LORENZO THEATRE MANAGEMENT SYSTEM AND ANY CARE PLANS SHOULD REFLECT THIS CHANGE. (WHEREVER POSSIBLE THE CIRCULATING PRACTITIONER SHOULD REMAIN THE SAME THROUGHOUT THE PROCEDURE)

IF THERE ARE ANY CHANGES IN INSTRUMENT TRAYS AFTER COMMENCEMENT OF SURGERY ALL THE TRAYS MUST REMAIN IN THE THEATRE; UNTIL THE END OF THE PROCEDURE AND THE FINAL CHECKS ARE DEEMED CORRECT AND ALL SWABS, NEEDLES AND INSTRUMENTS ARE ACCOUNTED FOR.

4.4 Standard to be followed if there is A Discrepancy Arising During The Counting Of Swabs, Needles and Instruments In Theatre

IT IS THE RESPONSIBILITY OF THE SCRUB PERSON TO ENSURE:

- The surgeon is informed immediately of any discrepancies in swabs instruments, needles or other NRI's.
- At the first possible opportunity that is consistent with demands of patient safety and until the discrepancy is resolved the use of further suture materials and surgical instruments must be suspended.
- No items should have been removed from the operating theatre and must be brought back if they have been.
- All of the theatre team must pay full attention and all unnecessary background noise be avoided until the missing item is located.
- A further search must be performed around and in the cavity/wound of the patient by the surgeon.
- The scrub practitioner is responsible for repeating the count, and thoroughly ensuring the re checking of the entire operative field including all equipment trays, drapes and sterile disposal bag.
- The circulating team are responsible for undertaking a thorough search of all the discarded swabs, the rubbish bags, laundry bags, and the theatre floor.
- If at this stage the discrepancy has not been accounted for an x-ray is performed prior to reversal of anaesthesia and wound closure.
- The surgeon must indicate the radiological findings in the patient notes.
- Only after a thorough search if the missing item cannot be found and the X ray is inconclusive that the decision to reverse the anaesthetised patient is agreed by the surgeon with the team.

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If the missing item is not found it must be documented and signed in the following manner;

- Recorded on the Lorenzo Theatre Management System (LTMS)
- An amendment/s to the instrument tray list if the missing item is an instrument.
- Both the above are signed for by both scrub and circulating practitioners.
- It must be recorded in the patient notes by the surgeon
- A Clinical Incident form is to be completed on the Trust Safeguard system.
- The surgeon must inform the patient of the missing item and document the time of conversation with the patient and the patient's response in the notes.
- **The duty of Candour must be followed.**

4.5 In extreme circumstances radio opaque swabs may be deliberately retained in the wound of the patient.

In this situation :

- If this occurs it must be recorded on LTMS and the purpose of any deliberate retention of a radio opaque swab must be stated in the operation log.
- A green writeable wrist label must be attached to the patient on a limb– stating clearly the quantity and type of swabs/object that has been retained with the date and theatre number.
- The same must also be documented in the patients' notes (to be completed by the surgeon)
- A verbal handover at all stages of the patients' journey within the theatre suite and at discharge back to the ward or I.C.U. (Intensive Care Unit).
- In some cases removal of the swab may occur outside the operating theatres. If this is the case the swab should be removed and documented on Lorenzo by the person removing the swab.
- In all circumstances the patient, carers or family must be informed of the intentionally retained pack or object and the plan for removal.
- A log of the discussion must be documented in the patients' notes.

4.6 Missing Items That Are Not X-Ray Detectable



- On rare occasions, micro needles or other minuscule items may unfortunately go astray - items such as these due to their size are often impossible to verify presence or not through x ray.
- The ophthalmology theatre must keep a magnet as these are useful for retrieval of an eye needle that has dropped to the floor.
- In the case of a missing eye needle it must be confirmed by use of the microscope that the eye as 'expected' is clear of foreign material, the surgeon will then deem no further

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action is necessary.

- The missing item and action must be documented on LTMS and recorded in the theatre register.
- A C.I.R. must be recorded
- In all circumstances the patient must be told.

4.7 Instruments Of Vulnerability Including Broken Needles, Blades

- Drills bits, and burrs are prone to shearing and breakage.
- They must always be checked for integrity at both the initial count and subsequent closure counts.
- Screws which are part of instrument hinges or the working mechanism must also be accounted for during all counts procedures.
- It is the responsibility of the scrub practitioner to undertake the following if a blade/needle or other instrument (including single use items) is to break whilst in use:
- Both/all parts should be identified for presence by matching together and be safely retained by the scrub practitioner for inclusion in the mandatory safety counts.
- In the event of an item known to have broken during the procedure and inside the patient (e.g. drill bits, K-wires and screw fragments) but action to locate and/or retrieve them is impossible or more damaging than retention. This **MUST** be documented recorded on the Lorenzo Theatre Management System (LTMS).
- It must be recorded in the patient notes by the surgeon
- A Clinical Incident form is to be completed by a theatre practitioner or the Surgeon on the Trust Safeguard system.
- The surgeon must inform the patient of the broken item and document the time of conversation with the patient and the patient's response in the notes.
- **The duty of Candour must be followed.**

In the event that all parts of a broken item cannot be accounted for **section 4.4** of this procedural document must be followed in all cases.

4.8 Non-radiopaque surgical soft items used intentionally as a therapeutic packing

Some patient operations require intentional therapeutic packing to be used as a dressing. Robust communication of presence at every handover stage from the patient leaving the operating theatre to discharge and beyond is critical to ensure the removal of the packing.

- A green writeable wrist label must be attached to the patient and site on a limb—stating clearly the quantity and type of packing with the date for removal.
- The use of the packing must be recorded on LTMS
- The operating Surgeon must document the packing in the surgical notes and instructions for its removal in the post - operative instructions.
- At all handover periods, theatre to recovery and recovery when discharging the patient to the ward, the presence of packing must also be communicated verbally to the handover team/s
- In all circumstance the patient, carers or family must be informed of the therapeutic packing and the plan for removal.
- A log of the discussion must be documented in the patients' notes.

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- If the patient is discharged from hospital prior to when the removal of the therapeutic pack is due, it must be documented to the G.P. on the discharge letter, and clear instructions for the date of removal must be outlined.
- The wrist label should only be removed when the packing is removed and intact.

4.9 The Following Countable Items may include but are not limited to:

- X-Ray detectable gauze swabs – swabs used for packing during a procedure must be recorded on the white board and included in the count processes and verified not retained.
- Red strings/from swab bundles
- Ophthalmic micro sponges
- Instruments includes screw/s and detachable parts
- Blades
- Suture needles
- Bulldogs
- Pledgets / peanut /Patties – (very small swabs used in fine dissection known by all 3 names)
- Tapes/slings
- Rubber shods
- Scratch pads and disarmours
- Ultra-stop/sponge
- Aqua cell
- Bertie bags (endoscopic removal bags)
- Poly jugs
- Marker pens/rulers
- Light handles
- Liga reels
- Liga clips
- Infiltration needles
- Syringes
- Feeding tubes, all other tubing
- Catheters
- **Any single use only item i.e. dormia baskets/guidewires must be checked for complete integrity at the count, nothing must be sheared off.**
- **Prosthesis and Implants – Patient Implants are not recorded as part of the counts procedure; they are a planned item for implantation.**
- **What is paramount is that any consumables' waste i.e. packaging or polythene guards which are attached to an implant for protection or other function, must be removed in accordance with manufacturers' recommendations at implantation.**
- **Both the Operating Surgeon and Scrub Practitioner must be vigilant. They must ensure all non- retainable material or packaging from the prosthesis is discarded safely and not implanted into, or left in a patient.**

At all times all consumables must remain intact and not be tampered with or altered outside of manufacturer's instructions or used for any function other than intended.

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5. ATTACHMENTS	
Number	Title
1	Description of NatSsip
2	Swab Index (NatSsip Standardisation of swabs sizes names and colours used)
3	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
The latest version of the documents listed below can all be found via the Trust Procedural Document Library intranet homepage.	
Unique Identifier	Title and web links from the document library
Surg/LocSsip/002	LocSsip for: The Verification and Opening of Prosthetic Implants in the Operating Theatre.
Surg/LocSsip/005	LocSsip for: Surgical Site Marking and WHO '5 Steps to Safer Surgery'
Corp/Pol/023	Being Open
Corp/Pol/088	Safe Use and Disposal of Sharps

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
	References
1	World Health Organisation (WHO) (2008) 'WHO surgical safety checklist and implementation manual,' [Online] Available at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwi1paHeytyvAhWbi1wKHwKZCP0QFnoECAQQAQ&url=https%3A%2F%2Fwww.who.int%2Fpatientsafety%2Fsafesurgery%2Ftools_resources%2FSSSL_Manual_final_Jun08.pdf&usq=AOvVaw31nNmF8fPdxjGkEmrKqIbU (accessed 31.08.21)
2	National Patient Safety Agency (NPSA) (2010) 'How to guide to the five steps to safer surgery,' [Online] Available at: https://webarchive.nationalarchives.gov.uk/20171030124211/http://www.nrls.npsa.nhs.uk/resources/?entryid45=92901&p=5 (accessed 31.08.21)
3	NHS Improvement (2018) 'Never Events criteria 2018 [Online] Available at: https://www.england.nhs.uk/patient-safety/revised-never-events-policy-and-framework/ (accessed 31.08.21)
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The Association for Perioperative Practice (AfPP) (2017) 'Accountable items, swab, instrument and needle count,' [Online] Available at: http://www.afpp.org.uk/careers/Standards-Guidance (accessed 31.08.21)	
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Royal College of Surgeons (RCS) (2015) 'Duty of Candour Guidance for Surgeons and Employers,' [Online] Available at: <https://www.rcseng.ac.uk/publications/docs/duty-of-candour-guidance-for-surgeons-and-employers> (accessed 31.08.21)

8. DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition
NRI	Non-retainable items
Disarmer	Safe Sharps disposal box used in the scrub field
Run-around	Waist height bowl positioned in the non-sterile field used to discard items from the scrub field
R.N.	Registered Nurse
O.D.P	Operating Department Practitioner
T.A.P.	Theatre Assistant Practitioner (works under the direction of a registered practitioner.
C.S.W.	Clinical Support Worker
O.D.O	Operating Department Orderly
LTMS	Lorenzo Theatre Management System
S.C.C.	Surgery & Critical Care
Curity	A transparent swab storage system for use during invasive procedures
ICU	Intensive Care Unit
W.H.O.	World Health Organisation
SGAG	Surgery Governance and Assurance Group
RLI	Royal Lancaster Infirmary
FGH	Furness General Hospital
WGH	Westmorland General Hospital
DCT	Day Case Theatres

9. CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Name	Job Title	Date Consulted
Nicola Blease	Clinical Service Manager	29/11/2018
Belinda Pharoah	Clinical Service Manager	29/11/2018
Rebecca Cullen	Clinical Service Manager	29/11/2018
Nick Bliss	Clinical Theatre Manager	31/08/2021
Carly Simpson	Clinical Theatre Manager	31/08/2021
Sue Howard	Matron WGH Theatre	31/08/2021
Jennifer Mitchell	Clinical Theatre Manager	31/08/2021
Faye Bennett	Matron FGH Theatre	31/08/2021
Claire Rawes	Matron RLI Theatre	31/08/2021

10. DISTRIBUTION PLAN

Dissemination lead:	Faye Bennett, Matron FGH Theatre Sue Howard, Matron WGH Theatre Claire Rawes, Matron RLI Theatre
Previous document already being used?	Yes
If yes, in what format and where?	Procedural Document Trust SharePoint System
Proposed action to retrieve out-of-	N/A

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date copies of the document:	
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	<p>Briefing to Clinical Theatre Managers at monthly meeting</p> <p>Face to face briefing to staff during monthly audit session</p> <p>Include in the UHMB Friday Corporate Communications Roundup – New documents uploaded to the Document Library</p>

11. TRAINING

Is training required to be given due to the introduction of this policy? Yes

Action by	Action required	Implementation Date
Faye Bennett, Claire Rawes, Sue Howard to delegate to Clinical Theatre Managers And Clinical Leaders	<p>Audit day training session to clinical leaders</p> <p>Clinical Leaders to train their specific Teams who they hold immediate line Management responsibilities for</p>	Within 1 month of ratification

12. AMENDMENT HISTORY

Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
2	June 2010	5.9	Time out standards incorporated.	Feb 2010
3	July 2013	8.1 6.8	<p>Single use items included in broken items section – new standard</p> <p>Duty of Candour incorporated into policy due to a never event occurrence.</p>	July 2013
4	April 2016	All – pages scrutinised amendments to sequence order of steps reviewed. Use of language/jargon made clearer regarding roles' and mandatory standards. Cross referenced to new supporting standards for NatSsips	<ul style="list-style-type: none"> • Previous Policy transferred to new Trust template. • Harmonised with National Safety Standards to comply with NHS/PSA/RE/2015/008. New Safety Standards introduced with process for purposeful retained items i.e. packs, see section 4.8 & 4.5 • These revised Standards work in conjunction with NatSsips Standards for Safer Surgery • Incident logo for C.I.R introduced where relevant. • Evidence update 	April 2019
4.1	July 2016	Appendix 2	Appendix 2 added	May 2019

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4.2	13/11/2017	Page 3	BSF page added	01/05/2019
5	26/11/2018	Page 7	Removed: At no point prior to, or during open surgery should non-radio opaque consumables be opened on to the scrub field, e.g. wound dressings, sanitary towels etc., This is not workable and dressings are covered elsewhere	01/02/2021
		Page 7, 4.3	Removed: All drapes used during surgery should be removed and discarded of at the end of the procedure by the scrub practitioner	
		Page 8, 4.3	Removed WITH THE PERMISSION OF THE SURGEON and replaced with surgeon informed	
		Page 9, 4.4	Removed ORMIS and patient care plan, added LTMS	
		Page 9, 4.5	Removed All drapes used during surgery should be removed and discarded of at the end of the procedure by the scrub practitioner. Removed It must be documented in the nursing notes and included; this is already covered in the first sentence.	
		Page 9, 4.6	Removed the operative sheet, ORMIS care plan and inserted LTMS	
		Page 10, 4.7	Included what to do in the event of a broken item inside the patient presenting a greater to the patient if removed	
		Page 10, 4.8	Removed ORMIS and documented in the patients nursing notes and replaced with LTMS	
		Page 14 Glossary	Removed ORMIS and replaced with LTMS Removed DGAG and replaced with SGAG	
5.1	22/04/2021	Page 1	Review date extended – extension ID #205	01/08/2021
5.2	20/08/2021	Page 1	Review Date extended – extension ID #369	01/10/2021
6	06/10/2021	Throughout document	Removal of theatre registers	01/10/2024

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		Page 9	Removed from document, that there is no need for a retained swab to be brought back to theatre to update the theatre register as this is now documented on TLMS	
		Page 6 and 7	Discarded swabs from the run around bowl into clear swab counting bags (curity swab bags), hung on the wall.	
		Page 6	Amended the line 'After the final skin closure count is deemed correct, the theatre team must pause to undertake the operative sign out form'.	

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Appendix 1: Description of NatSsip

Description of NatSsip which are mandatory inclusion in this LocSsip. The mandatory standards in this document are not all the standards required for prosthesis verification , the only inclusion is what is relevant to this particular standard	By Whom/How	Where identified	Inclusion achieved
Change of scrub Practitioners standard to ensure full count of trays and cavities and verbal acknowledgement to operator.	Scrub Practitioner Operator	Page 7	Yes
Reconciliation of items used in invasive procedures	All theatre team	Full standard content of document	Yes
Process for reconciliation clearly identified and specified	All theatre team	As above	Yes
Standardised methods for recording items used during procedure.	Whiteboard	Section 4 Page 4,5, 6,7,8,9 & 10	Yes
Reconciliation undertaken at each cavity	Scrub Practitioner	Section 4.3 page 6	Yes
Intentionally retained therapeutic items for later removal informing of patient/family	Handover team to communicate	Section 4.8 page 9	Yes
Patients must be made aware of intentional therapeutic items	Ward Staff Operator	Section 4.8 page 9	Yes
Unintentional retention standards	All Operator	Section 4.4 page 7 & 8	Yes
Unintentional retention of non-retainable item. Communication to patient/family.	Operator	Section 4.4 page 8	Yes
Standard for documenting retentions both intentional and unintentional	Operator Theatre Team	Section 4.4 to 4.8 Pages 7 to 9	Yes
Standard for sizes, colour, usage and common names	Operator Theatre Team	Appendix 2	Yes

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Appendix 2 – Swab Index (NatSsip Standardisation of swabs sizes names and colours used)

SWAB SIZE	COLOUR	RAYTEC IMPREGNATED	SITE	SPECIALITY USED	MOST COMMON REFERRED TO NAME (Previously referred to local name in brackets)
15 x 10	White	Yes	Theatres WGH	All surgery	Small (6x4)
45 x 45	White	Yes	Theatres WGH	All surgery with exception of Ophthalmology	Large (Pack)
15 x 2.5	White	Yes	Theatres WGH	ENT	Mastoid (Tonsil)
2 x 2	White	Yes	Theatres WGH	Breast	Standard Pledgets
Quite Small	White	Yes	Theatres WGH	Breast	Micro Pledgets (Patties)
	White	No	Theatres WGH	Ophthalmic	Spears
7.5 x 7.5	White	Yes	Theatres WGH	Ophthalmic	Eye Swab (Eye pad)
6.3 x 5	White	No	Theatres WGH	Ophthalmic	Absorbent Stick
10 x 10	Blue	No	Theatres WGH	Anaesthetics	Blue Swabs - (Anaes / Dressing only)
15 x 10	White	Yes	Theatres FGH	All surgery	Small (6x4)
45 x 45	White	Yes	Theatres FGH	All surgery with exception of Ophthalmology	Large (Pack)
22.5 x 22.5	White	Yes	Theatres FGH	General Surgery - Miss Patel	Medium (9 x 9)
1.25 X 0.95	White	Yes	Theatres FGH	General	Micro Pledgets
15 x 2.5	White	Yes	Theatres FGH	Laparoscopic, ENT	Mastoid (Tonsil)
7.5cm x 7.5cm	White	Yes	Theatres FGH	Ophthalmic, ENT	2x2
1.25cm x 5m	White	Yes	Theatres FGH	Anaesthetics	Ribbon gauze roll - Securing ET tubes
180 X 10	Green	Yes	Theatres FGH	Anaesthetics	Throat pack
2.5cm x 5m	White	Yes	Theatres FGH	ENT	Ribbon gauze roll
5cm x 5m	White	Yes	Theatres FGH	Women's Theatres Only	Ribbon gauze roll
7.5cm x 5m	White	Yes	Theatres FGH	Anaesthetics	Ribbon gauze roll

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2cm x 2cm	White	No	Theatres FGH	ENT	Standard Pledget (Surgical Patties)
6.3cm x 5mm	White	No	Theatres FGH	Ophthalmology	Cigarette swabs
	White	No	Theatres FGH	Ophthalmology	Spears
60 x 7.5	White	Yes	Theatres FGH	Dental	Dental bite pack
10 x 10	Blue	No	Theatres FGH	All surgery	Blue Swabs - (Anaes / Dressing only)
15 X 10	White	Yes	RLI	All	Small
				All surgery with exception of	
45 X 45	White	Yes	RLI	Ophthalmics	Large / Pack
15 X 2.5	White	Yes	RLI	ENT	Mastoid (Tonsil)
1820MM X 110MM	White	Yes	RLI	Women's Theatres Only	SYNERGY HEALTH-GYNAE RAYTEC PACKS
60 X 7.5	Green	Yes	RLI	Anaesthetics	ROCIALLE-Throat Swabs
180 X 10	Green	Yes	RLI	Anaesthetics	Throat pack
10 x 10	Blue	No	RLI	Anaesthetics	Blue Swabs - (Anaes / Dressing only)
7cm	white	no	DCT RLI	Ophthalmology	Eye sponge (Visitec Ref 581089)
15cm	white	no	DCT RLI	Ophthalmology	Cotton buds (Rociale)
60 x 7.5	White	Yes	RLI	Max Fax / Dental	Dental bite pack
1.27cm x 5.08cm	white	yes	RLI	ENT	Codman surgical patties
0.64cm x 0.64cm	white	yes	RLI	ENT	Codman surgical patties

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Appendix 3: Equality & Diversity Impact Assessment Tool



**University Hospitals of
Morecambe Bay**
NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Theatre Department	
Lead Assessor	Faye Bennett	
What is being assessed?	Local Safety Standards for Invasive Procedures (LocSsips) for: Counts of Swabs, Instruments and Non-Retainable Items in UHMB Operating Theatres	
Date of assessment	31/08/2021	
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Network for Inclusive Healthcare?	NO
	Staff Side Colleague?	NO
	Service Users?	NO
	Staff Inclusion Network(s)?	NO
	Personal Fair Diverse Champions?	NO
	Other (including external organisations): Clinical Service Managers and Theatre Matrons	

1) What is the impact on the following equality groups?

	Positive:	Negative:	Neutral:
	<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination / harassment / victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments	
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? Decisions based on clinical need & requirements	
Disability (Including physical and mental impairments)	Neutral	Decisions based on clinical need & requirements	
Sex	Neutral	Decisions based on clinical need & requirements	
Gender reassignment	Neutral	Decisions based on clinical need & requirements	
Religion or Belief	Neutral	Decisions based on clinical need & requirements	
Sexual orientation	Neutral	Decisions based on clinical need & requirements	
Age	Neutral	Decisions based on clinical need & requirements	
Marriage and Civil Partnership	Neutral	Decisions based on clinical need & requirements	
Pregnancy and maternity	Neutral	Decisions based on clinical need & requirements	

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Other (e.g. carers, veterans, people from a low socioeconomic background, people with diverse gender identities, human rights)	Neutral	Decisions based on clinical need & requirements
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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	No impact identified
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.
➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
➤ This should be reviewed annually.

Action Plan Summary		
Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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