University Hospitals of Morecambe Bay NHS Foundation Trust

Document Type: **Procedure**	**Unique Identifier:** SURG/LOCSSIP/003
Document Title: **Local Safety Standards for Invasive Procedures (LocSsips) for:** **Counts of Swabs, Instruments and Non-Retainable Items in UHMB Operating Theatres**	**Version Number:** 4.2 **Status:** Ratified
Scope: Multidisciplinary Surgical team participating in invasive procedures X Bay UHMB Theatres.	**Classification:** Departmental
Author / Title: Sue Wroe, Governance Project Lead 'NatSsips' Quality & Governance	**Responsibility:** Surgery
Replaces: Version 4.1, Safety Standards for the Counts of Swabs, Instruments and non-retainable items for Invasive Procedures - UHMB LocSsips Patient Safety Standards, SURG/LOCSSIP/003	**Head of Department** Daniel Bakey, Cross Bay Matron
Validated By: Surgery & Critical Care DGAG	**Date:** 29/04/2016
Ratified By: Procedural Document and Information Leaflet Group	**Date:** 18/05/2016
Review dates may alter if any significant changes are made	**Review Date:** 01/05/2019

Which Principles of the NHS Constitution Apply? **Please list from principles 1-7 which apply** **1,2,3,4**	**Which Staff Pledges of the NHS Constitution Apply?** **Please list from staff pledges 1-7 which apply** **1,2,3**

Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? **Yes**

Document for Public Display: No

Evidence Search Completed by…..Joanne Shawcross…….. Date…….10.2.16……..

To be completed by Library and Knowledge Services Staff

CONTENTS		
		Page
	BEHAVIOURAL STANDARDS FRAMEWORK	3
1	SUMMARY	4
2	PURPOSE	4
3	SCOPE	5
4	PROCEDURE	5
4.1	Duties	5
4.2	Standard For Counting Swabs, Needles, Instruments and RI's Prior to the Start of an invasive procedure	6
4.3	Standard For Counting Swabs, Needles, Instruments and RI's At Closure	7
4.4	Standard to be followed if there is A Discrepancy Arising During The Counting Of Swabs, Needles and Instruments In Theatre	8
4.5	In extreme circumstances radio opaque swabs may be deliberately retained in the wound of the patient. In this situation :	9
4.6	Missing Items That Are Not X-Ray Detectable	9
4.7	Broken Needles, Blades	10
4.8	Non-radiopaque surgical soft items used intentionally as a therapeutic packing	10
4.9	Countable Items May Include But Are Not Limited To	11
5	ATTACHMENTS	12
6	OTHER RELEVANT / ASSOCIATED DOCUMENTS	12
7	SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	13
8	DEFINITIONS / GLOSSARY OF TERMS	14
9	CONSULTATION WITH STAFF AND PATIENTS	14
10	DISTRIBUTION PLAN	14
11	TRAINING	15
12	AMENDMENT HISTORY	15
Appendix 1	Description of NatSsip	16
Appendix 2	Swab Index	17
Appendix 3	Equality and Diversity Impact Assessment Tool	18

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 Checklist[1].

Thus the standards of the W.H.O. checklist[1] and the 5 Steps to Safer Surgery[2] 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’.

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. checklist[1] 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 Trusts 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)

- 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

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 or using the discarded prep sponge holder will place any discarded swabs from the surgical procedure into the curity bag system.
- 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.,
- 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 are 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 undertake the “time out” 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 sign the theatre register, the information must be inputted into ORMIS, and printed out for signature and patient handover.
- 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 RI’s pertaining to a case, must remain in the operating theatre until the total numbers of procedures are completed.
- The scrub nurse is responsible for ensuring that sets are complete prior to leaving theatre and despatched to HSDU (Hospital Sterile Department Unit). All drapes used during surgery should be removed and discarded of at the end of the procedure by the

scrub practitioner.
- 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.

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 WITH THE PERMISSION OF THE SURGEON.

A COMPLETE COUNT OF SWABS, INSTRUMENTS, NEEDLES/RI'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 ORMIS 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 safely 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 in-conclusive that the decision to reverse the anaesthetised patient is agreed by the surgeon with the team.

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

- Recorded on the O.R.M.I.S. system, the theatre register and patient care plan
- 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 documented in the theatre register, recorded on O.R.M.I.S. 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)
- It must be documented in the nursing notes and included in 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 must be returned to theatres and witnessed by two registered theatre staff and removal recorded in the original theatre register where the retention was logged and the removal documented in the patient's notes. (to include nursing notes)
- In all circumstance 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 action is necessary.
- The missing item and action must be documented on the operative sheet, O.R.I.M.S care plan 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 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 documented in the theatre register, recorded on O.R.M.I.S. and documented in the patients nursing notes.
- 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.
- 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
- Pleglets / peanut /Pates – (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.

5. ATTACHMENTS	
Number	**Title**
1	Description of NatSsip
2	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
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. http://uhmb/cs/tpdl/Documents/SURG-LOCSSIP-002.docx
Corp/LocSsip/001	LocSsips Patient Safety Standards Procedural Document for: •Surgical Site Marking •5 Steps to Safer Surgery using the W.H.O. Theatre Time Out' Checklist http://uhmb/cs/tpdl/Documents/CORP-LOCSSIP-001.docx
Corp/Pol/023	Being Open http://uhmb/cs/tpdl/Documents/CORP-POL-023.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

References in full

Number	References
1	World Health Organisation (WHO) (2008) WHO surgical safety checklist and implementation manual. Available at: http://www.who.int/patientsafety/safesurgery/ss_checklist/en/ (accessed 27.4.16)
2	National Patient Safety Agency (NPSA) (2010) How to guide to the five steps to safer surgery. Available at: http://www.nrls.npsa.nhs.uk/resources/?EntryId45=92901 (accessed 27.4.16)

Bibliography

Joint Memorandum on Safeguards against wrong operations (1966)

Mumford M (1991) Swab racks are an old fashioned idea. British Journal of Theatre Nursing 1(9) p20-1

Association for Perioperative Practice (AfPP) (2011) Standards and Recommendations for Safe Perioperative Practice. Harrogate. The Association for Perioperative Practice

Plowes D (1990) Life without swab racks NATN news

Wimot J (1992) Swab racks dilemma solved British Journal of Theatre Nursing. 1(9) p.23-24

Nursing & Midwifery Council (NMC) (2015) The Code for nurses and midwives [Online] Available at: https://www.nmc.org.uk/standards/code/ (accessed 27.4.16)

The Association for Perioperative Practice (AfPP) (2012) Accountable items, swab, instrument and needle count. Available at: http://www.afpp.org.uk/careers/Standards-Guidance (accessed 27.4.16)

NHS England. (2014) Standardise, educate, harmonise Commissioning the conditions for safer surgery. Report of the NHS England Never Events Taskforce. [Online] Available at: https://www.england.nhs.uk/wp-content/uploads/2014/02/sur-nev-ev-tf-rep.pdf (accessed 27.4.16)

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 27.4.16)

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
O.R.M.I.S	Operating Room Management Information 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
DGAG	Divisional 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**
Daniel Bakey	Cross Bay Matron Theatres
Sarah Cullen	Assistant Chief Nurse
Laura Armitstead	Acting Governance lead S & C.C.

10. DISTRIBUTION PLAN	
Dissemination lead:	Daniel Bakey X Bay Matron
Previous document already being used?	Yes
If yes, in what format and where?	Procedural Document Trust SharePoint System
Proposed action to retrieve out-of-date copies of the document:	X Bay Matron to communicate cleanse
To be disseminated to:	
Document Library	Sue Wroe
Proposed actions to communicate the document contents to staff:	Briefing to Clinical Theatre Managers at monthly meeting Face to face briefing to staff during monthly audit session Email communication to multi-disciplinary teams including clinicians for awareness of NatSSips standard Printed copy on each site during initial implementation (Can remove this point as slightly outdated method and old ones are stored incorrectly)

11. TRAINING Is training required to be given due to the introduction of this policy? Yes		
Action by	**Action required**	**Implementation Date**
Daniel Bakey X-bay Theatre Matron in conjunction with Clinical Theatre Managers and Clinical Leaders	-Face to face team training provided by Clinical Theatre Managers / Clinical Leaders -Swab competencies; WGH model implemented X-Bay and recorded on TMS -Local induction -Training for clinicians at departmental audit sessions	September 16

12. AMENDMENT HISTORY				
Revision No.	**Date of Issue**	**Page/Selection Changed**	**Description of Change**	**Review Date**
V2	June 2010	5.9	Time out standards incorporated.	Feb 2010
V3	July 2013	8.1	Single use items included in broken items section – new standard	July 2013
V3	July 2013	6.8	Duty of Candour incorporated into policy due to a never event occurrence.	July 2013
V4	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	• 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	April 2019

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

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 Pledglets
Quite Small	White	Yes	Theatres WGH	Breast	Micro Pledglets (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	Absorbant 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	Womens Theatres Only	Ribbon gauze roll
7.5cm x 5m	White	Yes	Theatres FGH	Anaesthetics	Ribbon gauze roll

2cm x 2cm	White	No	Theatres FGH	ENT	Standard Pledglet (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
45 X 45	White	Yes	RLI	All surgery with exception of Opthalmics	Large / Pack
15 X 2.5	White	Yes	RLI	ENT	Mastoid (Tonsil)
1820MM X 110MM	White	Yes	RLI	Womens 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 (Rocialle)
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

Appendix 3: EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Age	No	
	• Disability	No	
	• Race	No	
	• Sex	No	
	• Religious belief – including no belief	No	
	• Sexual Orientation	No	
	• Gender reassignment	No	
	• Marriage and civil partnership	No	
	• Pregnancy and maternity	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
4a	**If so can the impact be avoided?**	No	
4b	**What alternative are there to achieving the policy/guidance without the impact?**	No	
4c	**Can we reduce the impact by taking different action?**	No	

For advice in respect of answering the above questions, and / or if you have identified a potential discriminatory impact of this procedural document, please contact the relevant person (see below), together with any suggestions as to the action required to avoid/reduce this impact.

For Service related procedural documents: Lynne Wyre, Deputy Chief Nurse & Lead for Service Inclusion and Diversity

For Workforce related procedural documents: Karmini McCann, Workforce Business Partner & Lead for Workforce Inclusion and Diversity.