

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Policy Statement

Count Procedure

Effective October 2010

Review October 2013

1. Aim of this Policy

The scope of this policy is to provide evidence based guidance to all healthcare professionals when they are required to account for all swabs, instruments and sharps used during an invasive surgical procedure, to prevent foreign body retention and subsequent injury to the patient.

2. Roles and Responsibilities

Responsibility for ensuring the application of this policy lies with the Clinical Directors, supported by the Directorate Managers and Matrons.

3. Monitoring

Compliance with this policy will be monitored by the Theatre Matrons supported by the speciality Sisters / Charge Nurses and reported to the Directorate Manager who from analysis of incident reports relating to an incorrect count will provide a report to the Clinical Governance and Quality Committee.

Authors: Theatre Matrons / Directorate Project Nurse

Of primary interest to all Theatre Nursing, Non-Nursing Staff and Operating Department Practitioners.

4. Principles

The overriding principle for the count is that all swabs, instruments and sharps must be accounted for at all times during an invasive surgical procedure, to prevent foreign body retention and subsequent injury to the patient.

Retained objects are considered a preventable occurrence and careful counting and documentation can significantly reduce, if not eliminate these incidents. A count must be undertaken for all procedures in which swabs, instruments and sharps could be retained.

It is accepted that some surgical procedures carry a greater risk than others, for example there is a higher risk of retaining swabs and surgical instruments during abdominal and thoracic surgery than there is during eye surgery. A double count of disposable items should be undertaken for all surgical procedures. Ideally a double count of surgical instruments should take place but this may be impractical in some areas such as Orthopaedics and unnecessary during minor procedures.

A double count is defined as a procedure whereby items are audibly checked by both the scrub practitioner and count practitioner.

Theatre Sisters must undertake a risk assessment for each surgical procedure to decide whether or not a double count of instruments is required.

If in doubt – double count

Should the decision not to perform a double count of instruments be made the surgeon should be notified for each individual patient. In all cases the surgeon has the right to ask that a double count of instruments take place.

Each surgical speciality should attach an appendix to the Count Policy indicating those procedures that do not require a double count of surgical instruments. It is also recommended that this information be included on the surgeon's preference sheet/card.

If a decision is taken not to undertake a "count" during a cadaveric organ donation staff must check to ensure no swabs or instruments are removed with the donated organs.

The count procedure is therefore divided into "Disposable Items" and "Instrument" counts.

An introduction to the Count Policy must be included in all new staff's induction programme.

Healthcare assistants should not be involved with the count unless supervised, until they have been assessed and are deemed competent to do so by a registered practitioner. Documentary evidence of the assessment should be available.

Pre-registered nursing students and student ODP's must have supernumerary status until they have been deemed competent to assist with the count by an appropriately qualified member of the perioperative team. It is recommended that this should be the designated registered student assessor / mentor.

5. General Principles / Responsibilities

Refer to "*Safeguards for Invasive Procedures: the Management of Risks*" and AfPP 2007 "*Standards and Recommendations for Safe Perioperative Practice*"

Each count must be performed by two members of staff, one of whom must be a registered perioperative practitioner.

Provision must be made in the theatre for a dry wipe count board, which is permanently fixed to the theatre wall. This should be at an appropriate height and in a position that facilitates easy access and visibility during the procedure.

The scrub practitioner will 'scrub up' following Trust procedure, and allowing adequate time to check the contents of the instrument tray.

Tray lists must be available providing an accurate record of instruments (to be used for the checking procedure).

Any faults identified i.e. blunt scissors must be marked with a label and also be recorded on the tray list, before returning to Sterile Services Department.

Normal preparation may then proceed, i.e. receiving blades, sutures and supplementary instruments.

The same two personnel should perform all the counts that are done during the surgical procedure. If it is necessary for a different member of the team to give an item(s) to the scrub practitioner, they **must** initial the appropriate section on the count sheet.

Trust standard pre-printed Count Sheets must be used to record all disposable items (Appendix 1) and record implants and blood loss / implant traceability (Appendix 1a)

The initial full swab and instrument count must be performed immediately prior to the commencement of surgery. A second count must take place before closure of a cavity within a cavity, before wound closure begins, and finally at skin closure or end of procedure.

In the event of a NCEPOD 1 immediate life threatening emergency, it is recognised that it is not always feasible to perform an initial full swab and instrument count. In these circumstances all packaging must be retained to facilitate a count being undertaken at the earliest opportunity. This must be documented in the patient and department records.

When additional items are added, they must be counted at the time and recorded as part of the documentation to keep the count accurate and current.

There must be a local traceability system of all instruments used during the procedure.

At all times during a surgical procedure, the scrub practitioner must be aware of the location of all swabs, instruments and medical devices. Neatness in approach must be encouraged to ensure that only necessary equipment is in use at any time.

When checking swabs, the practitioner must ensure that the item is fully opened to check its integrity. Instruments and items with screws and or removable parts must also be included in the count at the commencement and end of the procedure.

Digital Tourniquets

Tourniquets are commonly used to provide a bloodless field in hand and toe surgery and when a digital tourniquet is used this **must** be recorded as part of the Count Procedure. If accidentally left on, they may cause substantial harm to the patient. Documentation of the removal of digital tourniquets is required as part of the Count

Procedure¹ and must include the length of time a tourniquet is in place (i.e. time on and time off). CE marked digital tourniquets that are labelled and/or brightly coloured should be used in accordance with manufacturer's instructions. **Surgical gloves should not be used as tourniquets.**

The surgical team must allow time for these counts to be undertaken without pressure.

If a blade, needle or instrument breaks during use, the practitioner must ensure that all pieces are returned to them and accounted for. Any instrument found to be damaged will compromise patient safety and therefore must be immediately taken out of use and labelled for repair.

When it is known that the operative procedure may take longer than six hours to complete, a judgment should be made with the team leader to ensure that the scrub and circulating practitioner are fit to practice for the duration of the case. Staff delegated to perform these roles must inform their line manager if they do not feel fit to practice for reasons of health or competence.

All items must remain in the operating theatre until the procedure has been completed and all counts have been performed. This includes clinical waste bags and laundry

On completion of the final count a verbal statement must be made by the scrub practitioner to the effect that all swabs, instruments and sharps are accounted for. Verbal acknowledgement must be received from the operating surgeon in order to prevent any misunderstanding.

If swabs have been used to clean internally e.g. following major vaginal surgery, a further final count of the swabs will be undertaken and signed for next to the 'Total' swab column as documentary evidence that it has taken place and is correct.

Swabs, used as a surface dressing, must **not** be x-ray detectable and must only be opened at skin closure.

At the end of the procedure the circulating and scrub personnel must record in the relevant documentation that satisfactory checks have been completed. These must include the perioperative documentation, theatre records, computerised systems and the patients' notes.

A copy of the count sheet should be retained in the patients' notes indicating the names of the scrub and circulating staff responsible for the count. Where electronic records are utilised the record should indicate the names of the staff responsible for the final count.

¹ NPSA/2009/RRR007: Rapid Response Report 09 December 2009, '*Reducing risks of tourniquets left on after finger and toe surgery*'.

On completion of the operation the contents of the tray will be checked again and the scrub practitioner will sign the tray list and print their name before returning the tray to SSD.

All supplementary instruments must be returned to SSD in a clear plastic bag to separate them from items from the instrument sets.

COUNT PROCEDURE

Disposable Items COUNT

Prior to the start of the surgical procedure the scrub and count practitioners will perform the count together. This count is conducted audibly i.e. both practitioners must count aloud and in unison. If a scrub practitioner is not required for the procedure (such as dilatation and curettage), the circulating person should be a registered practitioner with whom the operating surgeon must perform the count.

A count must be performed prior to all operations, however minor and will include the following:

- Swabs
- Red swab / pack ties
- Pledglets / patties
- Blades
- Atraumatics
- Needles
- Vessel / Nerve Loops
- Screws
- Any other specials

Each count must be performed by two members of staff, one of whom must be a registered practitioner. The staff involved in the counting procedure must be able to recognise and identify the “disposables” in use, and the same two personnel should perform all the counts that are done during the surgical procedure.

- i) Items must be completely separated during the checking procedure and once a count has started it must be completed. If an interruption occurs, the count must be resumed at the end of the last recorded item.
- ii) The integrity of the x-ray detectable markers in swabs, packs etc. as well as the integrity of tapes on abdominal packs, must be checked during the counts.
- iii) At the initial count and when adding during the procedure, swabs and packs must be counted into groups of five. These must not be added to those already counted until the number in the packet has been verified.
- iv) Swabs should be in full view of the operating surgeon and anaesthetist where applicable throughout a clinically invasive procedure.
- v) Should it be necessary to replace either person during the procedure, a complete count must be performed, recorded and signed by the incoming and outgoing practitioners.

- vi) In the event of an incorrect number of swabs or packs (i.e. not five) the entire packet must be removed from the procedure area.
- vii) Should it be necessary to replace either person temporarily, the relieving practitioner must follow the standard procedure and note and sign any additions on the count sheet. The name of the replacement or relieving practitioner must also be recorded on the intraoperative record.
- viii) If a counted item is inadvertently dropped off the sterile field, the circulating practitioner must retrieve it, show it to the scrub practitioner and place it in the appropriate disposal system to be included in the final count.

All disposable items will be recorded on the count sheet and on the count board, so that the scrub practitioner can monitor any additional swabs etc. throughout the procedure.

- i) It is the designated count practitioners' responsibility to keep the scrub person supplied with additional swabs, and other disposable items.
- ii) The scrub and count practitioners' will count any additional disposable items together. These will be added first to the count sheet then to the count board.

Ideally the count practitioner will be the only member of staff to provide the scrub practitioner with additional swabs etc.

The count practitioner will not leave the theatre without the permission of the scrub practitioner.

The count practitioner will ensure that nothing is removed from the theatre without the permission of the scrub practitioner e.g. specimens or the surgeon/assistant with his gown and gloves.

- i) If anything is to be obtained from outside the operating theatre the count practitioner must ask another member of staff to collect it whenever possible.

All atraumatic suture packets and swab ties must be retained until the final count is completed.

- i) Opening all suture packages during the initial needle count is not recommended.
- ii) Used needles on the sterile field must be retained in a disposable, puncture resistant needle container.

A first count must be completed before closure of any internal organs or cavities and the surgeon notified that this is correct.

- i) All procedure counts are conducted in the same order as the preoperative count commencing with the discarded unsterile mops followed by those remaining in the sterile field.

- ii) The first count of all items will be conducted at the start of the first layer closure and the surgeon notified that it is correct.
- iii) In some cases it may be necessary to perform additional counts during closure.

The final count will be conducted at the start of the skin closure or earlier if appropriate and the surgeon notified that it is correct.

The scrub person must make a final check of their instruments and disposable items to ensure that none are left in the surgical drapes. ALL items must remain in the operating theatre until the procedure has been completed and all counts have been performed

Items which are to remain in the patient by intention, (e.g. drainage tubes, catheters), must be recorded on the intra-operative record. When a countable item is deliberately left in a patient (e.g. packing gauze, raytec roll), this must be recorded in the intra-operative record / patient's notes. Its removal must also be recorded.

On completion of each count a verbal statement by the scrub practitioner, to the effect that the disposable count is correct must be made to the surgeon. Verbal acknowledgement must be received from the surgeon to alleviate any misunderstanding.

Any discrepancies must be reported to the surgeon at the earliest opportunity and a verbal acknowledgement must be received. (Refer to 'Procedure to be followed if a Count is found to be Incorrect').

INSTRUMENT COUNT

The following procedure will be undertaken for those surgical procedures requiring a “double count” of surgical instruments.

Should a decision not to “double count” be made the surgeon must be notified for each individual patient.

The surgeon has the right to ask that a “double count” of instruments take place for any procedure.

Prior to the start of the surgical procedure the scrub practitioner and count practitioner (or surgeon in some cases), will perform the instrument count together. This instrument count is conducted audibly.

An instrument count will include the following:

- All tray instruments
- All supplementary instruments
- All single use instruments

The “**FULL**” count is therefore divided between instruments (including single use instruments) and disposable items (swabs, needles etc.).

One of the team conducting the count must be a Registered Nurse or Registered Operating Department Practitioner. Ideally all the staff involved in the counting procedure must be able to recognise and identify the instruments in use, and the same two personnel should perform all the counts that are undertaken during the surgical procedure.

A pre-operative instrument count will be performed using the instrument tray list.

Tray lists must be available to provide an accurate record of instruments. The list must be used to check the instruments prior to the start of the procedure and again on completion of the procedure.

- The count practitioner will tick each line of the instrument sheet as items are identified as correct. (See example in Appendix 2).
- Single use and supplementary instruments will be added to the instrument sheet by the count nurse and included in the initial and subsequent procedural counts.

Theatre staff will keep a record of all instrument trays used on individual patients by recording them in the T Doc system.

Supplementary instruments will be entered into the appropriate theatre record book along with the SSD label and patient details.

Ideally the count person will be the only member of staff to provide the scrub practitioner with additional instruments.

A second count of all instruments must be undertaken by the scrub practitioner in tandem with the count practitioner during closure.

On completion of the instrument count a verbal statement should be made to the surgeon by the scrub practitioner, to the effect that the instrument count is correct. Verbal acknowledgement must be received from the surgeon to alleviate any misunderstanding.

- Any discrepancies must be reported to the surgeon at the earliest opportunity and a verbal acknowledgement must be received. (Refer to page 8 'Procedure to be followed if a Count is found to be Incorrect').

Procedure for Counting Swabs

The term “swabs” includes all x-ray detectable gauze products including mops, packs, peanuts, pledglets, patties etc.

- When checking swabs it is essential that both the scrub practitioner and count practitioner count aloud and that all items are completely separated during the checking procedure.
- The integrity of the x-ray detectable markers in the swabs must be checked during the count, including attached tapes.
- At the initial count and when added during the procedure, swabs must be counted into separate groups of five only. These must not be added to those already counted until verification of the number in the packet. Any additions must be in multiples of five.
- In the event of an incorrect number of swabs (i.e. not five), the entire packet must be removed from the procedure area. The batch and Lot numbers must be identified and the appropriate suppliers notified as required.
- If any interruption occurs during the counting procedure, the count must be recommenced.
- Discarded swabs must be fully opened and tapes checked (if applicable).
- Discarded swabs can then be counted into clear plastic bags in multiples of five or ten.
- Large swabs (packs) must be fully opened and the tape checked. They may then be discarded into individual clear plastic bags or five per bag when large quantities are used.
- The bag must be sealed and the number of contents recorded on the bag, i.e. five / ten swabs or one / five packs.
- The items in the sealed bags must be counted at closure counts according to the number in the bag. If there is a discrepancy, all bags must be opened and their contents re-counted.
- In all procedural counts, the scrub practitioner and count practitioner will count the bagged swabs first by fives, followed by any single swabs in the floor bowl then any remaining swabs in the sterile field.
- Items must not be cut or altered unless specifically intended for the purpose.
- On completion of the final count, a verbal statement must be made to the surgeon by the scrub practitioner to the effect that all disposable items are correct and accounted for. Verbal acknowledgement must be received from the surgeon to alleviate any misunderstanding.

Procedure to be followed if a Count is found to be Incorrect
(Whether un intentionally incorrect or intentionally incorrect).

Unintentionally Incorrect

- If at any stage in the operation there is a discrepancy in the count, the surgeon must be notified immediately and informed specifically of what item / items are missing so that he can stop closure and re-check the wound.
- The Team Leader in charge of theatre must be notified immediately.
- A thorough search of the operating room must be conducted.
- If the discrepancy remains, x-rays may be ordered by the surgeon to ensure that the missing item is not in the wound prior to the patient leaving the department.
- Missing micro items (e.g. needles that cannot be detected on x-ray), must be recorded on the count sheet following thorough search of the area (using the microscope where appropriate). Image intensifier should not be used as they may fail to locate radio opaque swabs.
- All missing items must be documented on the count form and in the operation record and signed as **incorrect** by the surgeon, the scrub practitioner and the count practitioner.
- The scrub practitioner must then ensure the count form is filed within the patient's notes.
- The scrub practitioner must also document any discrepancy within the operating theatre register
- The scrub practitioner must complete an incident form.
- The Matron for theatres must be informed as soon as possible.

Intentionally Incorrect

On occasions it is accepted that surgeons will intentionally leave swabs, packs, or any other item included within the count inside the patient with the intention of removing the item or items in the future.

When this occurs the following procedure must be followed;

- The scrub practitioner must verbally confirm with the surgeon specifically what item / items have been retained in the patient.
- All items that have been intentionally left inside the patient must be documented in the patient record and signed and dated by the surgeon, the count form must be signed as incorrect by the scrub practitioner and the count practitioner and should also be signed and dated.
- The scrub practitioner must also document any discrepancy within the operating theatre register.

It is further recommended that both the surgeon and the scrub person check this documentation prior to any subsequent surgery for removal of the item / items.

Procedure to be followed for Multi-disciplinary Surgical Procedures

This advice is supplementary to that laid down in the Policy Statement for Count Procedure and is applicable to all procedures where a change of surgeons takes place and / or more than one surgeon is operating at the same time on different operation sites.

Prior to commencement a decision must be made by the theatre team as to whether a single count is undertaken or separate (tandem) counts undertaken.

Single Count Procedure

- Use count procedure.

Tandem Count Procedure

- The theatre Team Leader will be responsible for identifying the roles of all the other theatre staff involved i.e. scrub practitioner(s), count practitioner(s) etc.
- A 'counting' team of four staff will be used, made up of two scrub practitioners and two count practitioners. Two separate teams each consisting of a scrub and count practitioner, will participate in the count of both instruments and disposable items as outlined in the Trust policy (in some circumstances a single count person may undertake the role for both Scrub Practitioners).
- Separate count sheets must be used for each Count.
- The count practitioner for each of the scrub practitioners will be responsible for ensuring that all equipment used for their procedure is separately identified at all times during the procedure.
- Ideally there will be two white boards situated at opposite ends of theatre and clearly visible to the scrub practitioners. Swabs etc. from each count must be kept apart at a safe distance.
- If one count is completed before the joint procedure is finished any trays used must be loosely wrapped and left to one side (they must **NOT** be removed from Theatre). All countable items must be bagged and **retained in the theatre until such time as both counts are known to be correct.**

Procedures for Checking Sterility of Instrument Trays & Containers

The following procedure must be undertaken for sterility checking for surgical interventions using the D.I.N basket tray system.

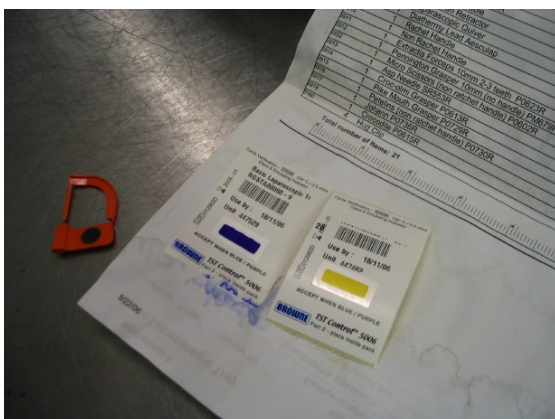
Circulating Practitioner

1. The person responsible for setting up for the case will select DIN trays according to the surgeon's preference card. Each tray must be examined to ensure the following:
 - Expiry date has not passed.
 - Autoclave tape has changed to **brown** indicating the sterilisation process has been completed.
 - Banding tapes are secure.
 - Tray wrap integrity has not been breached (no tears or holes in wrap).
2. The person responsible for opening the outer wrap ready for use by the scrub practitioner will undertake a second check as outlined above before opening the tray.

If any of the above are incorrect at either check, the tray must be returned to Sterile Services Department for re-wrap / re-processing and a new tray selected that conforms to all of the above requirements.

Scrub Practitioner

The scrub practitioner must check that the date on the tray list has not expired and that the sterility indicator label has changed from **yellow** to **blue/purple** indicating that the sterilisation process is complete. If the tray is accepted the label is peeled off and placed in the patients' record by the person undertaking the count following the initial instrument count.



If the date has expired or the indicator label has not changed colour, the instruments must not be used and the tray must be returned to SSD for re-processing.

The following procedure must be undertaken for sterility checking for surgical interventions using the Container system.

Circulating Practitioner

3. The person responsible for setting up for the case will select instrument containers according to the surgeon's preference card. Each container will be examined to ensure the following:
 - Expiry date has not passed.



- **Orange** security tags are in place and intact and the indicator dot has changed from **blue** to **brown**.



If any of the above are incorrect at either check, the container must be returned to Sterile Services Department for re-wrap / re-processing and a new container selected that conforms to all of the above requirements.

The person responsible for opening the container ready for use by the scrub practitioner must undertake a second check as outlined above before opening the container.

Scrub Practitioner

The scrub practitioner must check that the date on the tray list has not expired and that the sterility indicator label has changed from **yellow** to **blue/purple** indicating that the sterilisation process is complete.



An additional check of the container lid must be undertaken to ensure that the sterility indicator on the filter has changed from **pink** to **brown**.



If all of the above are correct and the container is accepted the label is peeled off the instrument list and placed in the patients' record by the person undertaking the count, following the initial instrument count.

Deviation from Procedure

An incident report must be completed if there is any deviation from the above procedures as a near miss occurrence.

Procedure for Missing Instruments in Sterile Services Department

Aim

To ensure that the instrument has not been retained in a patient.

Of Primary Interest to SSD and Operating Theatre Personnel.

The following action must be taken when a Sterile Services Department operative identifies an instrument tray as incomplete. This procedure must be followed at the earliest opportunity.

Procedure

1. Report the discrepancy to the appropriate speciality theatre Sister or designated deputy
- 2. Do not pack the instrument tray.**
3. Completion of notification form by SSD supervisor and theatre Sister or designated deputy. (Appendix 3)

SSD staff should complete their section and then send the form to the Sister in charge of the speciality to enable them to complete it and record any action taken.

4. Theatre Sister or designated deputy must assess / undertake the following:

- i) Could instrument be in the patient?
- ii) Search linen / rubbish.
- iii) Check Count Sheets.
- iv) Discuss with scrub / count staff involved.
- v) Discuss with surgeon.
- vi) Discuss with SSD Supervisor

5. Instrument not found:

- Incident form must be completed by scrub practitioner, highlighting action taken. A copy of "reporting form" must be attached to incident form.
- Theatre Sister must keep an additional copy of "reporting form"

6. Replacement of lost instrument

- i) Theatre Sister should inform SSD that tray can be processed and reused.
- ii) If a replacement instrument is not immediately available the tray list must clearly identify the discrepancy.
- iii) Theatre is responsible for purchase of a replacement instrument.
- iv) Theatre is responsible for ensuring replacement instrument is returned to SSD informing them of the tray name and number to ensure instrument is replaced onto the correct tray.
- v) Theatre Sisters copy of "reporting form" must be completed and filed for reference.

Procedure for Missing Instruments when trays are opened in Theatre

Aim

To ensure that an instrument has not been sent for repair or been taken out of use whilst waiting for a replacement or that it has been found in the Sterile Services Department

Of Primary Interest to SSD and Operating Theatre Personnel.

The following action must be taken when a member of theatre staff identifies an instrument tray as incomplete. This procedure must be followed at the earliest opportunity.

Procedure

1. Check repair service database to ascertain whether or not instrument has been sent for repair.
2. Report the discrepancy to a Sterile Services Department Supervisor.
3. Completion of a notification form by member of theatre staff that identified the discrepancy (Appendix 4)

Theatre staff will complete their section and then send the notification form to the Sterile Services Department manager / deputy to enable them to complete it and record any action taken.

7. SSD staff must assess / undertake the following:

- vii) Search of the wash area.
- viii) Search of the packing area.
- ix) Discuss with the tray signatory.
- x) Discuss with the tray check signatory.

8. Instrument found:

- Contact theatre staff identified on the report sheet or Sister in charge of the speciality to inform them of the outcome e.g. instrument is away for repair / awaiting replacement or has been found in SSD.
- Instrument identified, reprocessed and set aside in the packing room with details of the tray on which it is to be replaced when returned from theatre.

9. Instrument not Found

- vi) Incident form must be completed by SSD Supervisor, highlighting action taken. A copy of "reporting form" must be attached to incident form.
- vii) SSD Supervisor must keep an additional copy of "reporting form"
- viii) If a replacement instrument is not immediately available the tray list must clearly identify the discrepancy.
- ix) SSD / Instrument Curator will be responsible for purchase of a replacement instrument.
- x) Instrument Curator is responsible for ensuring replacement instrument is returned to SSD informing them of the tray name and number to ensure instrument is replaced onto the correct tray.
- xi) Supervisors' copy of "reporting form" must be completed and filed for reference.

This is a record of the number and variety of swabs etc. used during the operation performed on the above mentioned patient. All entries must be initialled by person opening and counting the item

| Type of Swab / Instrument | Number | | | | | | | | | | Totals |
|---------------------------------------|--------|--|--|--|--|--|--|--|--|--|--------|
| | | | | | | | | | | | |
| Initials of person opening above item | | | | | | | | | | | |
| | | | | | | | | | | | |
| Initials of person opening above item | | | | | | | | | | | |
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| Initials of person opening above item | | | | | | | | | | | |
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| Initials of person opening above item | | | | | | | | | | | |
| | | | | | | | | | | | |
| Initials of person opening above item | | | | | | | | | | | |

BLOOD LOSS CALCULATIONS FROM MOPS OR PACKS

| WET | DRY | DIFFERENCE | TOTALS |
|-----|-----|------------|--------|
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EXAMPLE ONLY

| Tray Tracking Record (attach label or record information) |
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| Implant Traceability Record (attach label or record information) |
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Appendix 2

EXAMPLE ONLY

| <u>GENERAL SURGERY - Minor General Tray</u> | | Initial Count | Final Count |
|---|--|------------------|----------------|
| 1 | Baumgartner Needleholder 5.5" T/C | √ | √ |
| 1 | Mayo Needleholder 7" | √ | √ |
| 2 | Mayo Scissor 6" straight | √ | √ |
| 1 | Metzenbaum Scissor 5.75" cvd T/C | √ | √ |
| 1 | Crilewood Needle Holder 18 cm | √ | √ |
| 2 | McIndoe Dissecting Scissors 7" cvd | √ | √ |
| 3 | Ramsey Sponge Holders | √ | √ |
| 4 | Alliss Tissue Forceps 6" | √ | √ |
| 2 | Babcock Tissue Forceps 6" | √ | √ |
| 5 | Rochester Pean Artery Forceps 7" | √ | √ |
| 5 | Cushings Artery Forceps 5.5" cvd | √ | √ |
| 5 | Crile Artery Forceps 5.5" cvd | √ | √ |
| 1 | Diathermy Quiver | √ | √ |
| 1 | B P Handle No 3 | √ | √ |
| 1 | B P Handle No 4 | √ | √ |
| 1 | Block End Serrated Dissecting Forcep 5" | √ | √ |
| 1 | Diathermy Handle for Monel Blade 5BA | √ | √ |
| 1 | Waugh Diathermy Forcep 7" | √ | √ |
| 1 | Volkman Spoon Double ended | √ | √ |
| 2 | Langenbeck Retractors 1.75" x 0.5" blade | √ | √ |
| 2 | Langenbeck Retractors 7/8" x 1/4" blade | √ | √ |
| 1 | Gillies Dissecting Forcep 1 into 2 teeth | √ | √ |
| 1 | McIndoe Dissecting Forcep 7" | √ | √ |
| 1 | Lanes Dissecting Forcep 7" (BD 603) | √ | √ |
| 5 | Backhaus Towel Clips | √ | √ |
| 1 | Robin Anchoring Forcep | √ | √ |
| 1 | Cross Action Towel Clip | √ | √ |
| 1 | Bag Clip | √ | √ |
| 1 | Diathermy Lead with Fingerswitch | √ | √ |

Count Practitioner

AN Other

Scrub Practitioner

AN Other

Action to be taken following Report of Missing Instrument by SSD Supervisor.

SSD Staff

Date & Time Reported

Instrument(s) Missing

Tray (& number if appropriate)

Reported to Sister

Speciality

Supervisor Reporting Incident

SSD Supervisor / Deputy must now send this form to the Sister in Charge of the Speciality for completion

Theatre Staff

Date and Time Tray Used

Theatre Number

Scrub Person

| Actions Taken | Tick Box | Undertaken by (Print Name) | Date |
|---------------------------------|-----------------|-----------------------------------|-------------|
| Laundry searched | | | |
| Rubbish searched | | | |
| Count/instrument sheets checked | | | |
| Discuss with Scrub Person | | | |
| Discuss with Count Person | | | |
| Discuss with surgeon | | | |

Instrument Found (Delete as appropriate) YES Signed / Date

Instrument NOT Found

Action Taken (please document date and time instrument replaced)

Signature **Date**

Speciality Sister

Action to be taken following report of missing instrument by Theatre staff

1. THEATRE STAFF

Date and time reported.....

Instrument(s) Missing.....

Tray (and number if appropriate)

Theatre number.....

Scrub nurse.....

Tray and contents searched by

Repair database checked by.....

Instrument sent for repair? (Circle) YES NO

Reported to SSD supervisor by.....

SSD Instrument sheet signed by.....

Documentation of missing instrument?

2. Sterile Services Department

Reported to supervisor.....

Date/time.....

| Action taken | Tick box | Undertaken by | date |
|-----------------------------------|----------|---------------|------|
| Search washing area | | | |
| Search packing area | | | |
| Discuss with tray signatory | | | |
| Discuss with tray check signatory | | | |

Instrument Found (Delete as appropriate) YES Signed / Date

Instrument not found

Action taken (please document date/time replaced)

Signature of SSD manager

Bibliography

Association for Perioperative Practice 2007 *Standards and Recommendations for Safe Perioperative Practice*. Harrogate, AfPP

Association for Perioperative Practice 2006 *Risk and Quality Management System* Harrogate, AfPP

Nursing and Midwifery Council 2008 *The Code: Standards of conduct, performance and ethics for nurses and midwives*. London, NMC

Health Professions Council 2008 *Standards of conduct, performance and ethics*, London HPC

Radford M, County B, Oakley M 2004 *Advancing Perioperative Practice* Cheltenham, Nelson Thornes

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

| | | | |
|---------------|--|----------------|---|
| Policy Title: | Count Procedure | Policy Author: | Theatre Matrons Mrs J Lindley RVI, Mrs M Dryden NGH, Ms S Barnes Freeman, Mrs G Patterson Freeman & Mrs S Quinn, Project Nurse Peri-op & Critical Care Directorate. |
| | | Yes/No? | You must provide evidence to support your response: |
| 1. | Does the policy/guidance affect one group less or more favourably than another on the basis of: | No | |
| | • Race | No | |
| | • Ethnic origins (including gypsies and travellers) | No | |
| | • Nationality | No | |
| | • Gender | No | |
| | • Culture | No | |
| | • Religion or belief | No | |
| | • Sexual orientation including lesbian, gay and bisexual people | No | |
| | • Age | No | |
| | • Disability – learning difficulties, physical disability, sensory impairment and mental health problems. | No | |
| 2. | Is there any evidence that some groups are affected differently? | No | |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | No | |
| 4(a). | Is the impact of the policy/guidance likely to be negative? <i>(If “yes”, please answer sections 4(b) to 4(d)).</i> | No | |
| 4(b). | If so can the impact be avoided? | No | |
| 4(c). | What alternatives are there to achieving the policy/guidance without the impact? | | |
| 4(d) | Can we reduce the impact by taking different action? | No | |

| | |
|------------------|---|
| Comments: | Action Plan due (or Not Applicable): |
|------------------|---|

Name and Designation of Person responsible for completion of this form:

Sonia Quinn Project Nurse, Peri-op & Critical Care Directorate

Date: 05/10/2010

Names & Designations of those involved in the impact assessment screening process: Theatre Matrons Mrs J Lindley RVI, Mrs M Dryden NGH, Ms S Barnes (Cardio-thoracic) Freeman, Mrs G Patterson (Central Operating) Freeman (If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Helen Lamont, Director of Nursing, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.