The Royal Wolverhampton NHS Trust

CP65

The Safe Management of Sharps, Swabs, Instruments, Needles, and other Accountable items used during surgical and interventional procedures within the Royal Wolverhampton NHS Trust

Contents

Appendices

1.0 Policy Statement (Purpose / Objectives of the policy)

There is always a potential for an item to be retained inadvertently, during any surgical procedure, regardless of the type or complexity of the case and irrespective of the clinical setting. This policy therefore applies to all Surgical, Invasive or Interventional Procedures performed on patients in clinical areas such as Operating Theatres, Delivery Suite, Cardiac Catheter Suite, Interventional Radiology, Endoscopy, Outpatients, Intensive Care Unit and Procedure Rooms etc. (this list is not exhaustive).

Unplanned retention of any foreign body is a "Never Event". Many factors, such as communication, situational awareness and consistent compliance with a standardised process have been shown to reduce the risk of an item being unintentionally retained (AORN 2019).

This Policy describes the procedures that must be followed to reduce the risk of an unintentional retained object and to provide safe management of sharps. Training must be given to all members of the multidisciplinary team that are involved in invasive procedures.

A count must be undertaken for all procedures in which swabs, instruments, sharps, or other items will be retained. Reconciliation must be the default expectation during and at the end of all surgical/invasive procedures, and a process must be in place to address any variance.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

AFPP	Association for Perioperative Practice
AORN	Association of perioperative Registered Nurses
Coordinator	Designated staff member with overall responsibility for the clinical area.
Graphic Tray	Instrument tray where there is a graphic template within the tray to indicate the precise location of each instrument and its name. This visual presentation aids instrument identification and checking.
NCEPOD	National Confidential Enquiry into Patient Outcome and Death.
Nominated Circulator	Staff member who is nominated to perform circulating duties for the case, this will include all swab counts.
Non Registered Practitioner	Theatre Support Assistant/Health Care Assistant
Operating Surgeon	The Surgeon performing surgical procedure.
Operator	Surgical Doctor or Surgical Care Practitioner performing Vein Harvesting procedure during Cardiac Surgery.
Qualified	(not registered with professional body) – Assistant Theatre

Practitioner	Practitioner / Assistant Practitioner
Registered Practitioner	All practitioners registered with a professional body
SSD	Sterile Services Department
Surgical Care Practitioner	A non-medical practitioner, working in clinical practice as a member of the extended surgical team, who performs surgical intervention under the supervision of a Consultant Surgeon.
Scrub Practitioner	Designated person who is responsible for ensuring the safe management of swabs, instruments, sharps and any other accountable items during a surgical or interventional procedure.
Team Leader	Designated staff member who leads the clinical team performing the surgical or interventional procedure.

3.0 Accountabilities

3.1 Medical Directors and Chief Nurse

The Medical Director and Chief Nurse are responsible for ensuring that appropriate management mechanisms are in place across the Trust to ensure that surgical swabs, instruments, needles, and other accountable items are managed safely.

3.2 Clinical Directors

Clinical Directors are responsible for ensuring that all Consultants and Medical staff are compliant with this policy and that it is applied within their practice.

3.3 Group/Directorate Management Teams

Group/Directorate Management teams must:

a) Ensure all staff are made aware of this policy through local induction.

b) Ensure all staff within their Group/Directorate have the appropriate education and competence to safely manage surgical swabs, instruments, needles, and other accountable items.

c) Ensure compliance with any associated audit of clinical practice and competence.

d) Matrons must ensure that all staff within their areas of responsibility comply with this policy. They are also responsible for ensuring that all staff are competent to undertake swab, instrument and needle counts commensurate to their role and responsibilities. Matrons may delegate day to day responsibility of competency assessment to the Individual healthcare worker's line manager. They must ensure this policy this is implemented across all relevant areas and that its use is audited.

3.4 Senior Sisters/Charge Nurses/Clinical Specialty Leads/Departmental Lead

Clinical Specialty Leads/ Team Leaders must:

- Ensure that all staff in their area of responsibility have appropriate training, supervision and assessment of competence in the safe management of sharps, swabs, instruments, needles and other accountable Items used during surgical procedures.
- Implement this policy within their area of management responsibility.
- Maintain training records of all staff in their area of responsibility who take part in the count procedure that document for each member of staff:
  - That they have read the latest policy
  - They have been assessed according to the criteria set out in the Competency Assessment Form found in the local induction pack.
  - They are competent or are working towards competency and
  - The name of the person performing the assessment.
- Ensure all new members of staff are made aware of this policy through local induction.
- Identify staff not achieving competency in swab, instrument, sharps, and other accountable items in agreed action plan time frames and apply the Trust Capability Procedures for these staff.
- Manage repeated deliberate non-compliance with this policy by use of the Trust Disciplinary Policy.
- Complete all audit requirements.

3.5 Team Leader

The team leader is responsible for:

- The robust day to day implementation of this policy.
- Identifying staff not achieving competency in swab, instrument, sharps, and other accountable items in agreed action plan time frames.
- Complete all audit requirements.

Individual Staff

Individual staff must:

- Work within their sphere of competence.
- Complete Scrub Competency Book.
- Maintain competence and undertaking any refresher training as necessary.
- Identify their training requirements with their line manager.

- Remain vigilant for discrepancies in practice and being able to challenge appropriately and/or report as necessary.
- Be aware of the Trust procedure for reporting an incident or near miss.

4.0 Policy Detail

The overriding principle for the count is that all swabs, instruments, sharps, and any other accountable items must be always accounted for during an invasive procedure to prevent foreign body retention and subsequent injury to the patient.

4.1 Accountable Items

The following are accountable items covered by this policy.

4.1.1 Swabs

All swabs must be counted and accounted for and have an x-ray detectable marker fixed across the width.

This is not an exhaustive list as various sized swabs are used in the Trust.

- Large swabs – 45cm x 45cm with tapes.
- Large swabs – 35cm x 22.5cm without tapes.
- Medium swabs – 30cm x 30cm with tapes.
- Small swabs – 10cm x 7.5cm without tapes.
- Pledglets (Laheys/Peanuts) – presented as 5 on a safety pin or plastic pocket pad.
- Mastoid swabs (Tonsil swabs) – 15cm x 2.5cm.
- Red ties from swab packs, must be counted with each bundle of 5 swabs.
- Cotton Wool Balls – presented as 5 in a sterile pack.
- Ribbon Gauze Roll – presented as a continuous length of gauze if used for packing or for retraction.

4.1.2 Instruments (including screws and detachable parts)

Either presented in pre-sterilised trays or as individually wrapped sterile instruments supplied by sterile services or as single use prepacked items.

4.1.3 Associated Items – this list is not exhaustive and must be counted and record any item that is used in close proximity to the surgical/interventional field.

- Dissected Tissue (if not removed immediately)
- Loose needles
- Hypodermic needles
- Suture needles
- Spinal needles
- Safety pins
- Cannula
- Micro sponges
- Corneal Light Shield
- Iris Hooks
- Scleral Plugs
- Phaco needle
- Diathermy Tips
- Scratch Pads
- Vascular Sling
- Bull Dog Clips
- Slings
- Snuggers
- Tampons
- Bullets
- Shods
- Shunts
- Fillers

- Surgical Blades
- Saw Blades
- Burrs
- K-wires
- Liga Clip Reels
- Laparoscopic Retrieval Bag
- Skin Graft Blades
- Caps from perfusion lines
- Drain Introducers

4.2 Education and Training

- ✓ Guidance for Competency Assessment apart of local induction.
- ✓ Competency Assessment Form

4.3 Procedure

4.3.1 In all cases it is the responsibility of the scrub practitioner to ensure that all counts are conducted correctly.

It is the responsibility of the scrub practitioner who initiates checks at certain points in a procedure to inform the operating surgeon that all items are accounted for. However, the operating surgeon or other users (i.e. Surgical Care Practitioners) remain responsible for ensuring that they return the items that they use.

At all times during the surgical procedure the scrub practitioner must be aware of the location of all swabs, instruments, sharps and medical devices.

4.3.2 Any member of staff who counts any accountable items with a scrub practitioner must record the count on the count board in a standardised format (Appendix 1).

It is best practice that the same two members of the team, i.e., the scrub practitioner and any member of staff with circulating competencies, complete both counts. Where this is not possible, a full handover of the count must be given to the new member of the team and that handover must be documented within the pathway.

4.3.3 The nominated circulator must not leave the theatre without the permission of the scrub practitioner.

Should it be necessary to replace the scrub practitioner temporarily or permanently during the procedure, a full count of swabs, instruments, needles, and other accountable items must be performed.

The names of the incoming and outgoing scrub practitioner must be recorded on EPR, and they must sign the Theatre Register and Perioperative Care Document, to demonstrate that they were the nominated scrub practitioner for part of the process.

4.3.4 Where it is known the procedure may take longer than six hours to complete, a dynamic risk assessment must be undertaken to ensure that the scrub and circulating practitioners are fit to practice for the duration of the case and to plan for the case continuance if circumstances require.

4.3.5 If a scrub practitioner is not required for a procedure, the circulating person must be deemed competent to perform the count with the operating surgeon or operator.

4.3.6 Items that are deliberately left in the patient to be removed at a later date (e.g. gauze packs, drain tubes, catheters etc) must be recorded on the Intraoperative Record in the perioperative care document, the Theatre Register and in the Operation Notes written by the surgeon or the operator.

The surgeon must include the plan for the postoperative management of the retained item(s). The intentionally retained item(s) must be listed at the Sign Out phase of the WHO Check to ensure accurate documentation for the staff who will be responsible for removing the item(s).

4.3.7 If a pack is deliberately left in the patient for later removal, it is the scrub practitioner's responsibility to ensure a **PACK** wristband has been attached to the patient before the patient leaves theatre.

4.3.8 Any swab pack that contains fewer or more than five swabs **must** be removed from the theatre immediately (including the red tie and all outer packaging). A Datix (incident form) must be completed, and a record of the packet serial number/batch number must be stated on the incident form.

4.4 Checking Procedure

4.4.1 There must be a standard dry wipe Count Board which states all relevant items used. This board must be fixed to the wall and be at a height and in a position that facilitates access and visibility during the procedure.

4.4.2 Time must be allowed for the swab, instrument and needle counts to be undertaken. The initial full swab, instrument and sharps count must be performed immediately prior to commencement of surgery or interventional procedure.

4.4.3 The red string from around the swabs must be handed out in the initial count and kept within the designated count area agreed with the circulator. It is recommended that the red tag is incorporated into the count and with each 5 swabs counted out an appropriate red tag must also be counted out.

4.4.4 As a minimum, subsequent full swab, instrument, and sharps counts must occur at the following stages:

1. Upon initial set up
2. Before wound closure begins

4.4.5 A final count must take place at the commencement of skin closure – all swabs must be physically seen and no assumptions of potential placement of swabs should be made, for example, swabs under retractors, swabs used for packing etc.

A count may also occur at any time that the scrub practitioner deems necessary with vigilance at the time of the closure of all cavities.

4.4.6 The scrub practitioner will isolate used swabs in an appropriate container until multiples of five swabs have been collected.

At an appropriate time, the scrub practitioner will indicate to the nominated circulator the need to count out multiples of five (5) swabs.

Before swabs are passed out, the scrub practitioner must open them out fully to distinguish each swab. Each container must be sealed and the number of swabs inside e.g., five (5), and the size, e.g., Large, Small and Abdominal etc. must recorded on the outside of the container.

4.4.7 The instruments must be checked by name against the instrument sheet. They must be counted audibly, singularly and viewed by the scrub practitioner and circulator.

The circulator indicates with ticks on the checklist to record all instruments are accounted for at the time of counting. Any traceability stickers must be stuck to the relevant section of the traceability sheet in the perioperative care document.

The only exception to this is the checking of Graphic Trays. Due to the number of instruments / parts in these trays, it is acceptable for the scrub practitioner to check these with the nominated circulator by number. The components of these trays must be checked in a systematic manner to ensure all elements are accounted for and complete.

4.4.8 Any instruments that are found to be missing or if a wrong instrument is on the set must be registered on the instrument check sheet at the start of the operation and a Sterile Services Department (SSD) Service Report and Datix must be completed and returned with the set / instrument to Sterile Service Department.

4.4.9 Any instrument found to be damaged, and therefore a potential risk, must be taken out of use and labeled for repair. It may be necessary to inform SSD, complete a datix, the manufacturers and/or the Medical and Healthcare products Regulatory Agency (MHRA).

4.4.10 Any additional instruments added during the procedure must be counted and recorded on the traceability sheet and on the count board and be included in each count.

Instruments with screws or removable parts or those that are disassembled into their component parts must be individually checked for all their components to be accounted for.

4.4.11 Should a swab be used as a pack intra-operatively, a verbal acknowledgement between the scrub practitioner, the operating surgeon and circulator must take place.

Any swab placed inside a cavity as a pack must be recorded on the count board, for example “1 SMALL SWAB IN WOUND”. When the swab is removed it must be crossed off the count board. It is the surgeon’s responsibility to ensure that the scrub practitioner is aware of any pack that is to remain behind, under or around any organ.

4.4.12 If a pack is used, any recognition method (e.g. artery clip on abdominal pack tie) must be dynamically risk assessed as appropriate according to the surgical site and safest method.

4.4.13 If a counted item is inadvertently dropped off the sterile field, the circulating staff member must retrieve it safely, show it to the scrub practitioner and place it in an appropriate place. Dropped items must be included in the final count and if necessary, the intraoperative record must be updated, for example needles must be saved safely on an adhesive pad so that they are visible to the scrub practitioner for checking.

4.4.14 Blades must be removed using an appropriate method as approved by the Trust’s Sharps Safety Group.

If a blade, needle or instrument breaks during use, the scrub practitioner must ensure that all pieces have been returned to them and are accounted for.

The integrity of guidewires, k-wires and drill bits must be checked with the surgeon after each use.

4.4.15 On completion of the final count a verbal statement to the operating surgeon must be made by the scrub practitioner to the effect that all swabs, instruments and sharps are accounted for. The scrub practitioner must verify with the nominated circulator that the operating surgeon acknowledged the verbal statement.

4.5 Counting Technique

4.5.1 Both scrub practitioner and nominated circulator must count aloud and in unison. The correct sequence of surgical counts is swabs, sharps, and instruments. The swab counting sequence must be in a logical progression, e.g., from small to large, and must be performed uninterruptedly. If an interruption occurs, the count must be resumed at the end of the last recorded item.

4.5.2 The integrity of the x-ray markers in swabs, packs and pledglets (Laheys or peanuts) as well as the integrity of tapes on swabs must be checked during the count.

Swabs must be counted into individual groups of five. Subsequent swabs must be counted separately and away from previously counted swabs.

4.5.3 Used needles on the sterile field must be retained in a disposable, puncture resistant or magnetic needle container.

4.5.4 All countable items used must be recorded on the count board by the nominated circulator performing the count with the scrub practitioner in a standardised format (Appendix 2).

4.5.5 All supplementary single unit packed instruments must be counted and recorded on the count board.

Swabs must be in full view of the scrub practitioner throughout the procedure.

De-vascularised dissected tissue (if not removed immediately) must be recorded on the count board.

4.5.6 Gauze used as a surface dressing must not be x-ray detectable. The packaging for the gauze must only be opened following skin closure. Surface dressings must be a different colour from white raytec swabs (e.g. blue) so that they are easily distinguishable. X-ray detectable swabs must not have the raytec removed by a member of the operating team to use as a surface dressing as this will affect product liability.

4.5.7 All instruments must be checked against the instrument check sheet and the date, theatre, patient identity number and the full name of the circulator and scrub practitioner who have physically seen and counted the instruments entered at each check on the instrument check sheet.

4.5.8 Following completion of the case the circulator and scrub practitioner completing the final count must:

a) Sign the relevant sections of the Theatre Register.
b) Sign the Perioperative Care Document.

Any discrepancies in the count must be reported to the operating surgeon immediately and a verbal acknowledgment must be received. The scrub practitioner must verify with the nominated circulator that the operating surgeon has acknowledged the verbal statement.

4.6 Multi-site Surgical Procedures

4.6.1 The theatre team leader will be responsible for identifying the roles of the theatre staff involved in each procedure i.e. scrub practitioners/circulators.

4.6.2 Where there are multiple surgical and scrub teams involved in surgery on one patient, independent counts must take place for each procedure. The operating surgeon of each team assumes responsibility for the relevant procedure. It is the responsibility of the final scrub team and surgeon to ensure a total combined count of all swabs for multiple procedures/surgeons is correct.

4.6.3 When there are multiple procedures on the same patient by the same surgical team with a single scrub practitioner, then counts must take place at the end of each individual procedure, cavity, or wound closure, by the scrub practitioner and the nominated circulator for the case.

4.6.4 Within Cardiothoracic theatres, during conduit harvest the responsibility for the count lies with the second scrub practitioner and circulator. The operator, however, must adhere to this policy for the management of the swabs, sharps, and instruments.

4.6.5. There must be two separate circulators if two surgical teams are operating.

Separate count boards must be used for each procedure; they must be clearly identified and clearly visible to each scrub practitioner. All countable items from each count must be kept a safe distance apart.

If one count is completed before the other procedure is completed, all trays used must be loosely wrapped and left to one side, and they must not be removed from theatre. All countable items, medical waste bags and domestic waste must be retained in theatre until such time as all counts are known to be correct.

4.7 Count Discrepancy

Medical Staff – Please refer to Appendix 2

4.7.1 If any discrepancy in the count is identified, the operating surgeon must be informed immediately. The surgical wound closure must cease. Further suturing material must not be given to the surgeon until the discrepancy is resolved. A comprehensive search of the area, including clinical waste bags must be implemented immediately. If the discrepancy cannot be rectified the patient's consultant must be informed.

The only exception to this is sternal closure during Cardiac surgery. For this, the chest may be closed only after the surgeon has completed a thorough search of the wound and thoracic cavity of the patient and if it is essential to secure haemostasis.

For all other Cardiothoracic procedures wound closure must cease.

4.7.2 If a comprehensive search does not locate the missing item, an x-ray will need to be taken to ascertain that the item has not been retained.

A plain x-ray is recommended (MHRA 2005). Image intensifiers must not be used in such circumstances as they may fail to locate radio opaque swabs.

If the operating surgeon cannot identify the missing item from the x-ray a second opinion must be sought from the on-call Radiologist.

> During working hours (0800 – 1700) inform the Theatre Senior Sister/Charge Nurse/Senior Clinical Lead and Matron, and patient's consultant immediately. Outside working hours (1700–0800) inform the on-call manager and patient's consultant immediately.

4.7.3 An incident form must be completed by the scrub practitioner on the day of the event. If it is not practical for the scrub practitioner to complete the form, this can be delegated to a member of the involved team.

4.7.4 Missing micro items (e.g., needles that cannot be detected on x-ray) must be recorded on the perioperative care document, theatre register and patient's surgical notes. X-rays must be performed at the discretion of the surgeon. It may be necessary to utilise a microscope, if one is available, to locate the needle within the operative field. Micro needle 8 and above.

4.7.5 Any clinical investigations that need to be done for an unaccounted or additional item must be undertaken before the end of surgical intervention i.e., before the patient leaves the operating theatre.

All count discrepancies must be documented in the:
Theatre Register.
Patient's surgical notes.
Patient's Perioperative Care Document.

4.8 Documentation

4.8.1 It is the responsibility of the scrub practitioner to ensure that documentation for completion of the count is recorded accurately. Pre-operatively and intraoperatively the live status of the count is recorded on the dedicated count board.

4.8.2 If there is a change of scrub practitioner or circulator the Theatre Register must be signed by the incoming and outgoing scrub practitioners or circulating staff so that it is confirmed that the swab, instrument, and needle count was complete and correct at the point of handover.

Their names must also be recorded in the Perioperative Care Document and on EPR.

4.8.3 The scrub practitioner signing for the final count must also sign the record of 'scrub practitioner' to confirm that the information within the 'intra-operative record' is an accurate account of the procedure. This is to ensure a safe and effective handover of information when discharging the patient from Recovery to the ward nurse.

4.8.4 The scrub practitioner is responsible for ensuring a **PACK** wristband is in situ on the patient if a pack has been intentionally retained. This must be confirmed in the Perioperative Care Document.

4.8.5 The scrub practitioner and circulator completing the final count must provide their signatures in the Theatre Register, Perioperative Care Document and their names recorded on COTS.

4.8.6 The instrument checklist must indicate the name of the scrub practitioner and circulator who has physically seen the instruments and counted them with the scrub practitioner against the instrument tray list and against any supplementary outer packets.

4.9 Emergency Surgery Outside an Operating Theatre Environment

Guidance for swab, instrument and needle counts for emergency surgery outside of an Operating Theatre are in Appendix 3.

4.9.1 Sharps Safety (see also HS03 Sharps Safety Policy)

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 require employers to avoid the unnecessary use of sharps and to consider the provision of needle free equipment in situations where it is reasonably practicable to do so.

During surgical and interventional procedures, the following sharps safety management must be adhered to:

- Where possible Safe Sharps must be used.
- A risk assessment must be in place for all activities that involve a non-safety Sharp.
- Hypodermic needles must never be re-sheathed.
- Needles and Syringes must not be bent, broken, or disassembled prior to use or disposal and should be discarded as one unit at the point of use.
- An appropriate instrument for the careful application of a blade to a handle must be used.
- Surgical Blades produced for the attachment to a blade handle must never be used without the handle.
- A blade remover must be used for the removal of surgical blades from a blade handle.
- Sharps and needles should not be passed hand to hand to the surgical team and handling should be kept to a minimum.
- A neutral zone where sharps can be placed in a receiver for safe use and retrieval should be promoted.

- The sharps designated receiver must not be used for other items.
- A disposable device (sharps pad) should be used within the sterile area, away from the operating field to contain hollow bore and suture needles and other disposable sharp items e.g., staples and drill bits, and retained to be discarded safely at the end of the procedure.
- Disposable devices, used to hold discarded blades, should be used within the sterile area away from the operating field and retained to be discarded safely at the end of the procedure (they will form part of the surgical count);
  - Do not dispose of sharps into anything other than a designated sharp container.
- Deal with any sharps or splash injuries promptly and according to Trust Policy

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	None

6.0 Equality Impact Assessment

An initial equality impact assessment has been carried out and no adverse impact in relation to Personal Protected Characteristics can be found.

7.0 Maintenance

This policy will be reviewed by the Theatre Clinical Practice and Policy Group in line with Trust Policy OP01 every 3 years or following any evidence based changes to practice.

8.0 Communication and Training

a) The policy will be made available via the Trust intranet site and awareness made at local induction.

b) Relevant competency documents will be made available for completion in all areas affected by this policy.

c) All registered and unregistered clinical staff involved in swab, instrument and needle counts will have a mentor supporting their practice until competency is achieved.

d) Expectations for staff training must be identified within a local training needs analysis.

e) All TNA records must be held locally.

f) Each area affected by this policy will have a lead to ensure implementation at clinical level.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee / Group
All staff comply with Qualitative Audit Tool (Appendix 4)	Theatre Senior Sisters/ Charge Nurses/ Senior Clinical Leads and Departmental Managers	Swab, Instrument, Needle and other accountable items Qualitative Audit Tool (Appendix 4)	10 Observations per month	Reported at Directorate Governance
Compliance with WHO Five Steps to Safer Surgery Checklist audit	Theatre Senior Sisters/ Charge Nurses/ Specialty Leads	Daily data compliance check Investigation of non-compliance Entered onto RWT database	Daily. For all procedures carried out within the Operating Theatres at RWT	Compliance reported at Quality and Safety Intelligence Group

10.0 References

Association for Perioperative Practice 2022 **Standards and Recommendations for Safe Perioperative Practice** (section 8.4) Harrogate, AfPP

Association of Perioperative Registered Nurses 2019 Recommended practices for sponge, sharp and instrument counts. In: **Perioperative Standards and Recommended Practices** Denver, AORN Inc

National Patient Safety Agency (NPSA) 2009 **Launch of the Never Events policy for the NHS England** Available from: www.npsa.nhs.uk/corporate/news/launch-of-never-events-policy-for-the-nhs-england/

Centre for Perioperative Care - National Safety Standards for Invasive Procedures **(NatSSIPs 2)** NatSSIPs (2) and WHO Checklist Flowchart - The Association for Perioperative Practice (afpp.org.uk)

National Confidential Enquiry into Patient Outcome and Death 2021 **The NCEPOD Classification of Interventions** (p5) London, NCEPOD Available from: https://www.ncepod.org.uk/classification.html

Nursing Midwifery Council 2008 Code of Professional Conduct: London, NMC

Health and Care Professions Council 2023: **standards for conduct, Performance and ethics,** London; HCPC

The Who Checklist for Interventional Procedures in the Operating Theatres (0P100)

Further Reading

NHS Improvement. **Revised Never Events policy and framework** Available from: https://improvement.nhs.uk/resources/never-events-policy-and-framework/

NHS Improvement. **Never Events list 2021** Available from: https://improvement.nhs.uk/documents/2899/Never_Events_list_2018_FINAL_v7.pdf

Nothing Left Behind Available from: http://nothingleftbehind.org/

National Patient Safety Agency 2009 **WHO Surgical Safety Checklist** (adapted for England and Wales) Available from: www.nrls.npsa.nhs.uk/resources/clinical-speciality/surgery/?entryid45=59860

WHO Multi-professional Patient Safety Curriculum Guide https://www.who.int/patientsafety/education/mp_curriculum_guide/en/

Document Control

Policy number and Policy version: CP65 version 4.0	**Policy Title** The Safe Management of Sharps, Swabs, Instruments, Needles and other Accountable items used during surgical and interventional procedures within the Royal Wolverhampton Trust	**Status:** Final		**Author:** Matron Critical Care Services Directorate. Director Sponsor: Chief Medical Officer
Version / Amendment History New Policy	Version	Date	Author	Reason
	V1	June 2014	Speciality Lead, Cardiothoracic Theatres	Review and amalgamation of previous Operating Theatre Policies incorporating the learning from Theatre 'Never Events' at the Royal Wolverhampton Trust
	V2	Oct 2016	Speciality Lead, Cardiothoracic Theatres	Review
	V3	Nov 2019	Matron, Critical Care Services	Full Review
	V3.1	April 2023	Matron, Critical Care Services	Extension
	V3.2	August 2023	Matron, Critical Care Services	Extension
	V4.0	February 2024	Matron, Theatres	Review
Intended Recipients: All Trust staff who are involved in surgical and interventional procedures.				
Consultation Group / Role Titles and Date: Theatre Band 7 Senior Team Leaders – February 2024 Clinical Governance Group – February 2024 Matron(s), Theatres, Perioperative and Chronic Pain Medicine – January 2024 Clinical Director, Anaesthesia, Perioperative and Chronic Pain Services – February 2024				

Group Manager, Anaesthesia, Perioperative, Chronic Pain and Critical Care Services – February 2024	
Name and date of Trust level group where Reviewed	Trust Policy Group – May 2024
Name and date of final approval committee	Trust Management Committee – May 2024
Date of Policy issue	June 2024
Review Date and Frequency (standard review frequency is 3 years unless otherwise indicated)	May 2027 (3 Yearly)
Training and Dissemination: Through Local Induction, competency training, Personal Development Reviews, further training in response to audit findings.	
To be read in conjunction with: WHO Checklist Policy (The safe Management of Swabs, Instruments, Needles, and other Accountable items used during Surgical and Interventional procedures within the Royal Wolverhampton Trust) No OP100	
Initial Equality Impact Assessment (all policies): Completed Yes **Full Equality Impact assessment (as required): NA**	
Monitoring arrangements and Committee	Audit results reported at all Governance Forums.
Document summary/key issues covered. The "surgical count" is a vital part of patient safety. The National Safety Standards for Invasive Procedures (NatSSIPs (2) and WHO Checklist Flowchart - The Association for Perioperative Practice (afpp.org.uk)) requires that the Trust has robust policy to prevent inadvertent retention of any equipment used for an invasive procedure to include safe management of sharps. This policy describes the measures that must be used for the safe management of sharps during invasive procedures and for checking recording of swabs, instruments, needles, and other accountable items. The policy describes the correct procedures when discrepancies occur. In addition, it has been developed to ensure that staff do not breach their duty of care and are aware of their own and each other's individual responsibility and accountability for counts during a surgical / interventional procedure.	
Key words for intranet searching purposes	Sharps, Swabs, Instruments, Needles, Theatre.

CP65 Appendix 1

Count Board Record

- **Swabs should be recorded on the count board as follows:**

This process then continues throughout the procedure.

The method utilised for swabs must also be used for other items which are added in standard numbered packs e.g. multiples of 5.

At the initial count, if there are 20 swabs of one size it is recorded as:
5+5+5+5

As the swabs are counted out and placed in bags of five, 5 are then crossed out:

~~5~~+5+5+5

If 5 needs to be added you simply plus five

~~5~~+5+5+5+5

This process then continues throughout the procedure.

- **Needles should be recorded on the count board as follows:**

If the scrub practitioner has one needle at the initial count and is then given another two, the count will change from:

1 (initial count)
To
1 + 2
3

If the scrub practitioner then receives a further 4 four needles the record would change as follows:

1 + 2
3 + 4
7
This process continues throughout the procedure.
The method utilised for needles must also be used for other items which are added in various numbers.

9.0 Emergency Surgery – NCEPOD 1 (immediate surgery which must be done to save life, limb or organ) required *outside* of an Operating Theatre Environment e.g. ITU / Catheter Suite / Recovery

9.1 Emergency surgery required outside of an operating theatre necessitates both scrub practitioners and circulators to work with speed. It must be acknowledged that due to the nature of this surgery there is an increased risk of retaining swabs, instruments, needles and other accountable items.

9.2 In the event of a NCEPOD 1 immediate life-threatening emergency (NCEPOD 2004) It is recognised that it is not always feasible to perform an initial swab and instrument count and delay intervention. In these circumstances all packaging must be retained to facilitate a count being undertaken at the earliest and most appropriate opportunity and all practical efforts made to balance the risk of speed and urgency required to ensure all counts are correct prior to the closure of the final wound / cavity.

9.3 Wherever possible a portable white board should be used to record counts.

9.4 Used swabs must not be thrown onto the floor; they must be discarded into an appropriate receptacle.

CP65 Appendix 3

Missing Swab, Instrument and Sharp Policy for Medical Staff

1.0 Policy Statement

The Trust has had a number of surgical Never Events involving retained foreign bodies after operations. In four cases the foreign bodies were not recognized on plain x-rays by senior clinicians. The purpose of this policy is to create a uniform approach to addressing a discrepancy in a **Swabs, Instruments and Sharps** check occurring anywhere in the Trust. This does not apply to items that are left deliberately in the patient such as haemostatic packs, dressings etc.

2.0 Definitions

Swabs: including all surgical swabs of various sizes, ribbon gauze, dissecting swabs (pledgets, laheys, and peanuts), tampons (this list is not exhaustive).

Sharps: these are scalpels and blades, suture needles, hypodermic needles, drill bits, dermatome blades (this list is not exhaustive).

Instruments: including all surgical instruments and other paraphernalia such as scratch pads, liga clip cartridges, slings, sloops, snuggers, shunts, shods, tapes, catheters, syringes, suction equipment etc

Operating surgeon: the surgeon performing the procedure.

Most senior surgeon: the most senior member of the surgical team in the operating theatre – this may be a consultant or a registrar who is supervising or training a junior colleague.

Scrub practitioner who is scrubbed at the operating table.

Circulating practitioner: the practitioner who performs the Swabs, Sharps and Instruments count with the scrub practitioner.

Theatre co-ordinator: the practitioner who is in charge of that area at the time of the incident.

3.0 Accountabilities

The operating surgeon and the most senior surgeon in theatre, the theatre scrub practitioner, the circulating practitioner, and the theatre co-ordinator are responsible for and accountable for adherence to Trust policies and protocols for checking Swabs, Sharps and Instruments and for following this policy.

4.0 Policy Detail

1. If there is a discrepancy in the Swabs, Sharps, and Instruments count at the time of cavity closure or skin closure, this must be made known immediately to the operating surgeon. The closure of the wound should then stop until the issue is

resolved. The only exception to this is closure of a sternal wound if that is essential to secure haemostatsis.

2. Another count should be done immediately.

3. If there is still a missing item, there should be a thorough search of the sterile field and careful exploration of the operating field (it may be necessary to reuse the operating microscope if the missing instrument is a micro-item such as a fine needle e.g. 7/0 gauge and below).

4. A thorough search must be made of the surrounding area including all the discarded swabs, needles and instruments, the laundry bags, the clinical waste bags, the floor (including underneath the operating table and anaesthetic machine etc) the soles of shoes.

5. If these searches do not locate the item, the theatre co-ordinator, and the consultant surgeon in charge of the patient (if he or she is not present) should be informed promptly.

6. An X-ray will need to be taken while the patient remains anaesthetised (if a general anaesthetic is used) and before the patient leaves the operating theatre or procedure room whether anaesthetized or not. A plain X-ray is recommended (MHRA 2005) - fluoroscopy or an image intensifier should not be used in such circumstances because they may fail to locate radio opaque swabs.

7. There are only two exceptions to this rule. The first is if the patient's clinical condition is too unstable to tolerate a delay in leaving theatre, in which case the events must be recorded in the patient's notes, the care plan and the theatre register, and the patient and, or their next of kin should be informed as soon as is convenient. The operating field should be X-rayed when the patient's condition has improved sufficiently.

8. The second exception is if the missing item is too small to be seen on an X-ray, when the decision to do an X-ray will be at the discretion of the surgeon. If there is any doubt, the situation must be discussed with the on-call consultant radiologist. If an X-ray is not done, this fact and the reasons for it should be recorded in the patient's notes, the care plan and the theatre register. A Datix (incident) form must be completed. The patient (or the person with parental authority if the patient is a child) should be informed and have an explanation from the surgeon.

9. If the missing item cannot be located on the X-ray, the on-call consultant radiologist must be asked to review the film immediately.

10. All missing items must be documented in the patient's notes. Any formal investigation that may follow must be in accordance with local policy. Intentionally retained items must be documented where subsequent care teams will be responsible for recording the ongoing care and removal of the item.

11. While surgical gloves are not part of the count process, it is the responsibility of the surgeon to highlight that their glove is torn, this is then replaced, and the discarded glove is inspected to ensure it is complete. If the glove isn't complete then the operative field is searched to ensure the torn part is not there and a Datix must be completed.

12. Leaving a foreign body in the patient is a Never Event unless the presence of the foreign body is recognised, and a conscious decision is made that the attempt to remove it would cause the patient more harm than leaving it where it is. This sometimes occurs when a small needle of a fragment of a needle or other instrument is lost in an inaccessible location. This decision must be recorded in the patient's notes and in the theatre register and must be discussed with the patient. An incident report must be completed.

CP65 Appendix 4

Swab, Instrument, Needle Qualitative Audit Tool

Date:		**Time:**		**Theatre:**	
Surgeon:		**Scrub Practitioner:**		**Circulator:**	
Auditor Name:		**Auditor Role:**		**Auditor Signature:**	

		Comments			Comments
Was there a nominated circulator for the case?	YES □ NO □		Were all additional items correctly identified and recorded on the dry white board?	YES □ NO □	
Did the same two perioperative personnel perform all the counts?	YES □ NO □		Were all swab containers marked correctly?	YES □ NO □	
Did the scrub practitioner check all items were sterile, undamaged, integrity to packaging and in date and visually examined?	YES □ NO □		Did the scrub practitioner appear to be vigilant and aware of the location of all swabs, instruments and needles?	YES □ NO □	
Did the first count take place immediately prior to surgery?	YES □ NO □		Did the scrub practitioner inform the surgeon the counts were correct?	YES □ NO □	
Did the first closure count take place on the closure of cavity?	YES □ NO □		Did the surgeon verbally respond?	YES □ NO □	
Did the final count take place at the commencement of skin closure?	YES □ NO □		Was confirmation of the counts recorded and documented correctly?	YES □ NO □	
If the circulator changed, was the policy followed?	YES □ NO □		Was the instrument tray list completed correctly?	YES □ NO □	
Were the red tags from the swabs retained appropriately?	YES □ NO □		Did all waste remain in theatre until the case had finished?	YES □ NO □	