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<td>Trust Reference:</td>
<td>B40/2010</td>
</tr>
<tr>
<td>Version:</td>
<td>3.0</td>
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<td>Supersedes:</td>
<td>Version 2.0 (March 2013)</td>
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<tr>
<td>Trust Lead:</td>
<td>Janette Gross, Quality and Safety Lead for ITAPS CMG</td>
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<td>Date of Latest Approval</td>
<td>21 July 2017 – Policy and Guideline Committee</td>
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<td>Next Review Date:</td>
<td>July 2020</td>
</tr>
</tbody>
</table>
CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Introduction and Overview</td>
<td>3</td>
</tr>
<tr>
<td>2 Policy Scope – Who the Policy applies to and any specific exemptions</td>
<td>3</td>
</tr>
<tr>
<td>3 Definitions and Abbreviations</td>
<td>3</td>
</tr>
<tr>
<td>4 Roles</td>
<td>5</td>
</tr>
<tr>
<td>5 Policy Implementation and Associated Documents</td>
<td>6</td>
</tr>
<tr>
<td>5.1 Using the UHL “WHO” Safer Surgery checklists</td>
<td>6</td>
</tr>
<tr>
<td>5.2 Part 1 – Preparation for Surgery</td>
<td>7</td>
</tr>
<tr>
<td>5.3 Part 2 – Operating theatre checklists</td>
<td>8</td>
</tr>
<tr>
<td>5.4 Pre-operative Surgical Site Marking</td>
<td>10</td>
</tr>
<tr>
<td>5.5 Special circumstances</td>
<td>11</td>
</tr>
<tr>
<td>5.6 Team safety briefing/debriefing</td>
<td>12</td>
</tr>
<tr>
<td>5.7 Prosthesis verification</td>
<td>13</td>
</tr>
<tr>
<td>6 Education and Training</td>
<td>14</td>
</tr>
<tr>
<td>7 Process for Monitoring Compliance</td>
<td>15</td>
</tr>
<tr>
<td>8 Equality Impact Assessment</td>
<td>16</td>
</tr>
<tr>
<td>9 Supporting References, Evidence Base and Related Policies</td>
<td>16</td>
</tr>
<tr>
<td>10 Process for Version Control, Document Archiving and Review</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendices</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Safer surgery checklists summary</td>
<td>17</td>
</tr>
<tr>
<td>2 Safer surgery UHL WHI checklists</td>
<td>19</td>
</tr>
<tr>
<td>3 Team brief and debrief templates</td>
<td>21</td>
</tr>
<tr>
<td>4 Audit template for quality visits to operating theatres</td>
<td>23</td>
</tr>
</tbody>
</table>

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Version 3, July 2017:
The policy has been updated into the new trust format.
The following changes to the policy have been made:

- Form for team briefing and debrief appended
- Attendance of more members of team at Sign In required
- Greater clarity over where, when, who and how checklists are performed
- Addition of “learning from incidents”
- Addition of process for prosthetic verification
- Greater detail around site marking in line with national policy
• Brought into line with National Safety Standards for Invasive Procedures
• List of procedures that do not need to follow the policy removed
• Addition of audit form for quality visits to theatres

**KEY WORDS**

Safer surgery, WHO checklist, Team brief, Team debrief, Never Event, LocSSIP, NatSSIP

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust’s Policy and Procedures for compliance with the World Health Organisation ‘Safe Surgery Saves Lives’ initiative launched in June 2008.

1.2 The World Health Organisation (WHO) ‘Surgical Safety Checklist’ is a core set of safety checks identified to improve team performance at safety critical time points within the patient’s perioperative care pathway. This policy translates the WHO guidance into local processes to be used within The University Hospitals of Leicester NHS Trust (hereafter referred to as ‘the Trust’).

1.3 It enables a standardised way of working across all areas of the Trust where invasive procedures are undertaken in an operating theatre or any other area within the Trust and in accordance with the National Safety Standards for Invasive Procedures (NatSSIPs).

1 POLICY SCOPE

2.1 This policy is to be used by all staff, including bank and agency, and contractors employed by the Trust and involved in the perioperative care of patients.

2.2 The policy applies to all patients having a procedure within the Trust’s operating theatres, including those under local anaesthetic.

2.3 Other areas performing invasive procedures within UHL and the Alliance (e.g. cardiac catheter labs, imaging suites, endoscopy suites, clean rooms, minor operation rooms etc) must be guided by the principles of this policy but will have their own local surgical safety checklists (LocSSIPs) in accordance with National Safety Standards for Invasive Procedures (NatSSIPs).

2.4 This policy covers use of the UHL WHO safer surgery checklists and incorporates advice on site marking. It should be read in tandem with other important polices that are relevant to safer surgery (Section 9).

3 DEFINITIONS AND ABBREVIATIONS

3.1 Pre-operative:
This refers to the period before anaesthesia/surgery when physical and psychological preparations are made for the patient’s operation in accordance with their individual needs. The pre-operative period runs from the time the patient is admitted to UHL to the time that the anaesthesia/surgery begins.
3.2 Perioperative:
This refers to the total surgical patient pathway from preparation for surgery preoperatively, transfer to theatre, intraoperative management, and the immediate postoperative period in recovery prior to transfer to the postoperative ward.

3.3 Preparation for surgery checklist:
This is the checklist filled in by a registered nurse on the ward to confirm that preparations for surgery are complete before the patient leaves the admission ward/theatre arrivals area for their procedure.

3.4 Theatre reception check:
This is completed by theatre staff on the patient arriving into the theatre reception area. The check confirms the patient’s identity and that the preparation for surgery checklist has been completed accurately and completely.

3.5 Team brief:
This is the team safety briefing that occurs at the start of every procedure list. It involves all team members and considers each patient on the list in turn.

3.5 Sign In:
This is the check completed when the patient enters the anaesthetic room prior to their procedure.

3.6 Time out:
This is the final check that occurs before the skin incision is made (or before a limb is prepped in the case of tourniquet application). It is a check that involves all team members and must be carried out in a focused way with all team members paying attention.

3.8 Sign out:
This is the check that occurs before the end of the operation or procedure, whilst all team members, including the operating surgeon, are still present in theatre with the patient.

3.9 Team de-brief:
This is the safety briefing that occurs at the end of the operating list to discuss what went well, what the team has achieved, any any issues. This is an action focused meeting that has actions recorded and assigned with a date for follow-up.

3.10 Prepping:
The term prepping refers to preparation made at the operation site for surgery immediately before drapes are applied. For example - shaving the skin and applying antisepctic preparations.

3.11 Pre-operative site marking:
This refers to the process of marking the operative site before the operation to ensure that the correct side and site is operated on.

3.12 NatSSIPs:
National Safety Standards for Invasive Procedures – these safety standards define the national standards that need to be met for invasive procedures.

3.13 LocSSIPs:
Local Safety Standards for Invasive procedures – these are standard operating procedures (which include safety checklists) that are developed for use in areas in the trust where invasive procedures are performed out with the operating theatres.

3.14 Anaesthetic practitioner:
This refers to either an Operating Department Practitioner (ODP), or a Registered Nurse in their role when they are providing anaesthetic assistance to anaesthetists.

3.15 Lead Anaesthetist:
This refers to the anaesthetist who is taking the lead anaesthetic role in an operating list. Usually this would be a consultant anaesthetist, or the most senior anaesthetist present.

3.16 Lead Surgeon:
This refers to the surgeon who is taking the lead surgical role in an operating list. Usually this would be a consultant surgeon, or the most senior surgeon present.

3.17 Scrub practitioner:
This refers to either an Operating Department Practitioner, Registered Nurse, or other trained clinical practitioner in their role when they are providing scrub assistance for the operation.

3.18 Team leader:
This is the ODP or theatre nurse nominated to be in charge of the operating theatre.

3.20: University Hospitals of Leicester (UHL) World Health Organisation (WHO) WHO checklist:
Throughout this document the UHL WHO checklist refers to the UHL variant of the WHO checklist. The original WHO checklist has been modified for local use.

3.21: Prosthesis:
A prosthesis is defined as an internal or external medical device for artificial replacement of an absent or impaired structure. It is interchangeable with the term implant.

3.22: ORMIS:
Operating Room Management Information System – this is the computer system used to record processes in operating theatres.

3.23: Stop the Line:
This refers to a concept where any team member is able to “Stop the Line” meaning that if they feel that something is a risk to patient safety they are empowered to speak up and stop processes until the issue is remedied.

4 Roles:

4.1 Medical Director and Chief Nurse:
These are the executive leads for this policy and are responsible for ensuring that appropriate management mechanisms are in place across the Trust to ensure that this policy is adhered to.

4.2 Clinical Management Group (CMG) Directors, CMG Heads of Operations, and CMG Heads of Nursing:
Shall be responsible for ensuring an appropriate infrastructure is in place to implement this policy.
4.3 Clinical Management Group (CMG) Heads of Service, Managers, Matrons and Heads of Nursing:

- Shall be responsible for ensuring all relevant staff are aware of this policy and their responsibilities.
- Shall ensure a record is kept in each theatre of team brief and debrief for audit purposes.
- In addition, Heads of Service in areas other than theatres where invasive procedures are performed will be responsible for ensuring that surgical safety checklists and LocSSIPs are developed and implemented for those areas.

4.4 Department and Ward Managers:

- Shall be responsible for ensuring the guidance within the policy is fully implemented.
- Managers must be assured of the competency of Practitioners employed through an agency or bank. They must provide written evidence of competence. On the day of commencement the temporary staffing green book induction assessment must be completed.

4.5 Theatre Development Practice Coordinator

- Shall be responsible for ensuring that all relevant staff receives training in the use of the ‘Safer Surgery’ checklist during local induction programmes.
- Shall ensure access to educational material (eg DVD) including guidance for use of the ‘Safer Surgery’ checklist during this induction training.
- Shall ensure that attendance at local induction training is monitored in line with the Trust’s Corporate and Local Induction policy.

4.6 All members of staff involved in the perioperative care of patients:

- Must follow the procedures laid down in this policy.
- Must accept responsibility for updating knowledge and skills to maintain competence.
- Must “Stop the Line” if they are aware that actions are potentially causing a threat to patient safety.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS—WHAT TO DO AND HOW TO DO IT

5.1 USING THE UHL ‘WHO’ SAFER SURGERY CHECKLISTS

5.1.1 The Trust has adapted the WHO Surgical Safety Checklist to ensure relevance to the Trust's processes. This differs by the inclusion of both a ward and theatre reception checklist for pre-operative patient checks. It also includes elements of the previous National Patient Safety Agency guidance for correct site surgery.

5.1.2 The UHL ‘WHO’ checklist must be completed for every patient undergoing a surgical procedure (including local anaesthesia).

5.1.3 The UHL WHO checklist is a generic checklist that is applicable to all patients.
It is appreciated that some specialities may benefit from use of a more bespoke checklist that incorporates all items on the UHL WHO checklist but has the addition of more specialty-specific fields. There is a limited range of national WHO checklists variants that exist for this purpose (e.g. WHO checklist for Safer Cataract Surgery). Where appropriate, such subspecialty variants of the checklist can be used or developed provided that they meet national guidance, have no omissions from the standard checklist and are signed off by the ITAPS Quality and Safety Board, the relevant CMG Quality and Safety Board and the Theatres Programme Board. Such checklists must be piloted before introduction and will be appended to this document after approval and prior to implementation.

5.1.4 The checklist must be fully completed in black ballpoint pen and signed at each step by the Registered Practitioner involved in that aspect of the patient’s care.

5.1.5 A copy of the completed checklist must be retained in the patient’s notes or electronic clinical record. Under the exceptional circumstances where the checklist is not completed or is not retained, the reasons must be documented in the patient’s notes by the operating surgeon.

5.1.6 The patient’s addressograph label must be attached to the checklist (on both sides). Where this is not possible, the patient’s details must be handwritten on the document with S number, name, and date of birth as a minimum.

5.1.7 The checklist is divided into two parts. In addition the team briefing and debriefing are documented separately.

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<td>Sign out</td>
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5.1.8 Appendix 1 makes clear the various checklists and steps involved, where, when and how they are performed.

5.2 PART ONE – PREPARATION FOR SURGERY

5.2.1 This Ward section of the checklist must be performed by the Registered Nurse responsible for the patient’s care prior to transfer to the operating theatre. Signed confirmation that the nursing check has taken place is required. This
section must be signed off immediately prior to patient transfer ensuring that all relevant documentation accompanies the patient to the operating theatre.

5.2.2 The Ward section of the checklist must include confirmation that the patient has been issued with two wrist bands for the purpose of positive patient identification for all cardiac patients.

5.2.3 The Ward section of the checklist must confirm that a valid consent form for the planned procedure is in the patient’s notes.

5.2.4 If a Consent Form 4 has been used for an Adult unable to give consent, then completion of the Mental Capacity Assessment on the form must also be confirmed.

5.2.5 The patient must not leave the ward/TAA until these checks are completed.

5.2.6 The Theatre Reception Check is done by using the relevant checklist and must be performed by the Registered Practitioner who is collecting the patient from the operating theatre reception area and must include confirmation of:
i. The patient’s identity (verbally and by patient ID band)
ii. Operative procedure to be performed
iii. Consent form correctly completed
iv. Visual confirmation of Operation site to confirm it is marked. Privacy and dignity must be maintained during this check. If the site has not been marked then it must be marked before the patient proceeds into the anaesthetic room.
v. Details within the ward nursing check
vi. Signed confirmation that this check has been performed is required.

5.2.7 The check in at the Theatre Reception must not proceed if the ward checks are incomplete.

5.2.8 Under normal circumstances, any significant error in patient identification, consent or operative site marking will necessitate the patient return to the ward for this to be remedied.

5.3 PART TWO – OPERATING THEATRE CHECKLIST

5.3.1 Sign In: This check must be performed by the anaesthetist, lead surgeon, and anaesthetic practitioner prior to the induction of anaesthesia.

5.3.2 During this check the patient’s identity must be checked against their wrist band and consent form, and the procedure to be performed checked with the patient (when possible) and operating list. Correct site marking must be confirmed. The check also must include details of:
• Allergies
• Aspiration risk
• Airway concerns
• Anticipated blood loss and availability of blood products
Signed confirmation that the check has been carried out is required.

5.3.3 Anaesthesia must not commence until the Sign In is completed.
Learning from incidents:
1. A 67 year man underwent surgery. Despite a documented allergy to penicillin the patient received co-
amoxyclav as their prophylactic antibiotic on induction.
The learning from this incident was that the Sign In check must be performed correctly in order to ensure that patient allergies are noted by the team.

2. A 75 year old woman was undergoing surgery. The Sign In procedure failed to identify that she did not have a valid consent for the operation. The patient had to be woken up from a general anaesthetic in order to sign a consent form before surgery could proceed.
The learning from this case was that all the prescribed theatre checks need to happen correctly before anaesthetic. Lack of involvement of the surgeon at Sign In was a critical factor.

5.3.3 Time Out:
This is the final check before the commencement of surgery and is the final opportunity to identify the patient, the procedure to be performed and the site of the procedure. It should take place before skin incision is made and ideally before prepping and draping of the part to be operated on. It is led by the team leader.

If a tourniquet is being applied it is mandatory to perform time out before the limb is prepped.

5.3.4 It is crucial that the operating theatre team pause from their duties during the ‘time out’ in order that their attention can be focused on providing accurate responses to the scripted questions asked. A signed confirmation is required from the Registered Practitioner who has led the time out.

5.3.5 The operation must not start until the ‘time out’ is completed and documented on the ORMIS Care Plan

5.3.6 Surgery must not commence until the Time Out has been completed.

5.3.7 If more than one site requires new prepping and draping during surgery the time out must be repeated.

5.3.8 When different operator teams are performing separate, sequential procedures on the same patient, a time out should be performed before each new procedure is started.

5.3.9 Sign Out: Before completion of surgery, and prior to members of the operating team leaving the operating theatre, a final check list must be read out loud to the team to ensure all necessary actions have been taken. A signed confirmation is required from the Registered Practitioner who has read out this list.

5.3.10 The patient must not leave theatre until Sign Out is completed and documented on ORMIS.

5.3.11 Rare Exceptions: There are rare and infrequent instances when completion of ‘sign in’ or ‘time out’ may not be able to occur due to justifiable reasons. For example: emergency life-saving surgery where speed is of the essence (e.g. Category 1 Caesarian section). In such circumstances, where the balance of risk appears that completing these steps may delay intervention, omission of these steps is permitted. In
this instance a ‘sign out’ must always be completed. The reasons for omission must be documented in the operation note.

5.3.21 These rare occasions must be recorded onto the ORMIS care plan as ‘Not Applicable’.

5.4 PRE-OPERATIVE SURGICAL SITE MARKING

5.4.1 Pre-operative marking has a significant role in promoting correct site surgery, including operating on the correct side of the patient and / or the correct anatomical location or level (e.g. the correct finger on the correct hand).

5.4.2 Surgical site marking is mandatory for all procedures for which it is possible.

5.4.3 An appropriate indelible skin marker pen, that is not removed by use of alcohol-based skin preparation, must be used. The mark must be an arrow that extends to, or near to, the incision site and should remain visible after the application of theatre drapes. It is important to ensure the mark does not extend onto the intended incision site in order to avoid possible permanent ‘tattooing’ of the patient.

5.4.4 Surgical operations involving one side (laterality) must be marked at, or near the intended incision. For digits on the hand and foot the mark must extend to the correct specific digit. Before marking the intended surgical site should be identified from reliable documentation and images.

5.4.5 When performing laparoscopic surgery the laterality of the organ / structure being treated must be indicated by a pre-operative mark on the skin in proximity to the organ / structure being operated on. In some circumstances this may mean the mark does not remain visible after the application of theatre drapes.

5.4.6 For procedures on paired internal organs, where the only determinant of side is radiological images, the patient must not be marked without reference to the images. In circumstances where this is not possible (i.e. unavailability of images) all available means to confirm the correct site must be used prior to marking (for instance clinic notes, imaging reports).

5.4.7 Best practice demands that marking the operative site must be undertaken by the operating surgeon performing the procedure. Where judged appropriate this task may be delegated to a nominated deputy who must be present in the operating theatre when the procedure is carried out. In any event, the operative site must be confirmed by the operating surgeon with the team during ‘time out’ prior to the start of surgery.

5.4.8 It is only following the ‘Time Out’ and identification of the correct limb that for example; application of a tourniquet, hair removal, cleansing and prepping of the limb/ knife to skin/nerve block/line or guide wire insertion should surgery commence. If a tourniquet is to be applied there must be a time out prior to prepping and draping the limb.

5.4.9 The process of pre-operative marking of the intended site must involve the patient and / or family members/ significant others where possible.

5.4.10 The surgical site must be marked prior to the transfer of the patient to the theatre suite. There may be rare occasions (see 5.5.1, 5.3.11) where this is not possible. In these instances it is permissible for pre-operative marking to be performed in the theatre reception area prior to transfer to the anaesthetic room.
5.4.11 The surgical site mark must subsequently be checked at each transfer of the patient’s care and finally by the operating surgeon / theatre team prior to the commencement of surgery at the Time Out.

5.4.12 If a patient refuses pre-operative marking the operating surgeon or nominated deputy must consult with the patient and explain the additional risks. This explanation must be fully documented in the patient’s notes and / or electronic records before proceeding with the operation.

5.5 SPECIAL CIRCUMSTANCES WHERE MARKING MAY NOT BE APPROPRIATE OR NEEDS A MODIFIED PROCEDURE

5.5.1 It is recognised that pre-operative marking may not be appropriate in all circumstances, for example:-
   a) Where emergency surgery would be delayed due to pre-operative marking.
   b) Operative procedures on teeth and mucous membranes.
   c) Cases of bilateral simultaneous organ surgery (e.g. squint surgery).
   d) Situations where laterality of surgery needs to be confirmed following examination or X-ray under anaesthesia.

5.5.2 In these instances the UHL Safer Surgery Checklist assumes greater importance in order to ensure surgery at the correct anatomical site is undertaken. The correct site for surgery must be confirmed by checking against the patient’s records, consent form, operating list and, when possible, verbally with the patient. When using a verbal check for individuals with communication difficulties (e.g. hearing loss, non-English speaking, etc), the person performing the checks must be assured of the patient’s level of understanding. Assistance for interpreter services or the hearing loss services (i.e. for signing) may be required.

5.5.3 In the case of teeth national guidance should be followed:
   a. Skin marking is appropriate to indicate laterality when only one side is to be operated on
   b. Only Palmer notation should be used
   c. Teeth to be removed are to be documented in full long hand on the consent form, operating list and on the theatre whiteboard using Palmer notation
   d. A printout of the patient’s X-ray imaging must be printed and affixed to the whiteboard. The tooth or teeth to be removed must be marked on this printout. This should remain visible to the surgeon throughout the procedure.
   e. The imaging should be labelled with the patient’s details immediately after printing.
   f. Imaging must not be printed in batches to avoid labelling errors.
   g. Immediately prior to extraction of a tooth there should be an “extraction pause” to double check the tooth to be removed, cross-referencing the tooth against the imaging and counting out loud to confirm with the assistant the tooth number. The side and arch should also be confirmed with the assistant using the consent form, operating list and imaging on the whiteboard.
   h. Only when this pause and final check has occurred can the tooth be removed
   i. The counting procedure must be repeated if the surgeon changes sides during the extraction procedure.
Learning from incidents:
A 58 year old woman was undergoing extraction of a difficult upper molar. Due to difficulty in extracting the tooth the surgeon changed to the opposite side of the operating table to better extract the tooth. The surgeon failed to recount the tooth from the midline and therefore removed the neighbouring tooth. This error was recognised immediately and the wrong tooth was able to be re-implanted and the correct tooth extracted. This was declared as a Never Event. The learning from this incident was that the teeth should be re-counted whenever a surgeon moves side during a procedure. The need for an extraction pause was re-iterated.

5.6 TEAM SAFETY BRIEFING AND DEBRIEFING OF OPERATING THEATRE TEAMS

5.6.1 It has been recognised through Root Cause Analysis of adverse events that deficits in ‘non-technical’ skills such as poor communication, lack of situational awareness and ineffective teamwork were accountable for 60-80% of incidents. Briefing and debriefing sessions are integral to the Five Steps to Safer Surgery and it is considered mandatory for these to take place at the beginning and end of a theatre list to remedy deficits in team performance, with a record of incidents and planned actions retained by theatre staff.

5.6.2 The team briefing to assist in preparation for the operating list will be performed in theatre before the first patient arrives and will involve all members of the team (i.e. theatre staff, surgeons and anaesthetists).

5.6.3 Each member of the procedural team expected to be involved in the scheduled session must be named and the team brief document made easily visible throughout the session. Team members should introduce themselves to ensure that their roles and names are known and to encourage people to speak up.

5.6.4 The surgeon, scrub practitioner and anaesthetist if relevant must be identified for each case listed. Any changes to the team members during the day must also be recorded in this document or notice, and must be the subject of an appropriate briefing if anticipated.

5.6.5 The safety briefing should consider each patient on the procedural list in order from an operator, anaesthetic and practitioner perspective. A process must be in place to update the procedural team with relevant information in the case of staggered admissions, i.e. if patients are admitted after the start of the list.

5.6.6 The expected duration of each procedure, to include anaesthetic procedures, should be identified. This should promote a discussion about agreed plans if it appears that the duration of the planned procedures will exceed the time allocated.

5.6.7 Any additional concerns from an operator, anaesthetic or practitioner perspective must be discussed, and contingency plans made.

5.6.8 Every team member should be encouraged to ask questions, seek clarification or raise concerns about any aspect of patient care or the planned procedure.

5.6.9 The briefing may need to be conducted on a case-by-case basis if there is a change in key team members during a procedure session.
5.6.10 The team brief is to be recorded on the template available in Appendix 3.

5.6.11 The operating list cannot proceed until a team brief has occurred.

5.6.12 The team debrief must be committed to by all team members at the start of the session. The debrief must occur at the end of each theatre list with actions recorded and escalated by the lead theatre practitioner for the theatre session. This must be recorded on the form in Appendix 3 and retained in a file in theatre for audit purposes.

5.6.13 The debriefing may need to be conducted on a case-by-case basis if there is a change in key team members during a procedure session.

5.7 PROSTHESIS VERIFICATION:

5.7.1 Verification is essential for correct surgical placement of the appropriate prosthesis. Harmful effects arising from incorrect prosthesis selection may include patient factors, e.g. mortality, morbidity and further procedures, surgical factors, e.g. substandard clinical outcome, and financial costs, e.g. discarded prostheses, medico-legal repercussions, cancelled cases due to lack of prosthesis availability.

5.7.2 The surgeon must use the safety briefing before the start of a procedural list to confirm with the procedural team that the required prostheses, or range of implantable material such as may be needed for fracture fixation, for every patient in the procedural list, and any relevant equipment associated with their insertion, are present in the procedural area.

5.7.3 The operator must inspect the available prostheses and confirm that the correct prosthesis or range of prostheses, or range of implantable material such as may be needed for fracture fixation, is available before arranging for the patient to be brought to the procedural area.

5.7.4 Before removal of the prosthesis from its packaging, the operator should confirm the following prosthesis characteristics with the procedural team:
• Type, design, style or material.
• Size.
• Laterality.
• Manufacturer.
• Expiry date.
• Sterility.
• Dioptre for lens implants.
• Compatibility of multi-component prostheses.
• Any other required characteristics.

5.7.5 Once the correct prosthesis has been selected, any prostheses not to be used for that patient should be clearly separated from the correct prosthesis to minimise the risk of confusion between prostheses at the time of implantation.

5.7.6 A record of the implants used must be made in the patient’s notes and appropriate details should be shared with the patient after the procedure. When a manufacturer’s label is available, this should be placed in the notes. When it is not, the following should be recorded:
• Manufacturer.
• Style.
• Size.
• Manufacturer’s unique identifier for the prosthesis, e.g. the serial number.

5.7.7 Compliance with local, national and international implant registries is mandatory.

5.7.8 The prosthesis used is also recorded in the theatre book by placing the manufacturer’s label in the record of the operation.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 Newly Registered (non-medical) Practitioners employed by the Trust for theatres must have completed the CMG Induction Programme, theatre induction and related Band 5 Theatre Practitioner competencies. These competencies include a preceptorship programme and assessments, theatre etiquette package, theatre safety and WHO checklist DVD, and competency assessment to assess knowledge in relation to this policy.

6.2 New Health Care Assistants employed by the Trust must have completed the WHO checklist DVD for areas where invasive procedures are undertaken and or received appropriate training in relation to the checks required in preoperative areas/wards.

6.3 It is the responsibility of Departmental and Ward Managers to refer staff to the policy and records of compliance and training must be kept locally for such areas across the Trust.

6.4 All staff must accept responsibility for updating knowledge and skills to maintain competence.

6.5 A verification of a professional competence must be recorded by the CMG and transferred accordingly. Managers must be assured of the competency of Practitioners employed through an agency or bank. They must provide written evidence of competence. On the day of commencement the temporary staffing green book induction assessment must be completed.

6.6 All new staff, whether on a permanent contract or a temporary contract (Bank and Agency Staff), must at date of commencement be given a copy of this policy.

6.7 New medical staff working in operating theatres must have undertaken local induction in their CMG. Relevant competencies are included in all anaesthetic and surgical training programmes, and are a pre-requisite for inclusion on the specialist register for consultants. Consultants supervising trainees or non-consultant grade doctors are responsible for ensuring that doctors working under their supervision have received adequate training in the processes in this policy.
## Process for Monitoring Compliance

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of compliance to completion and documentation of relevant sections of the 'WHO' Safer Surgical Checklist as per policy</td>
<td>Lead Nurse</td>
<td>Quality metrics.</td>
<td>Monthly and reported monthly.</td>
<td>Reported to Corporate Nursing Team and reported via Chief Nurse to GRMC.</td>
</tr>
<tr>
<td></td>
<td>Operating Room Management Information System (ORMIS)</td>
<td>Daily</td>
<td></td>
<td>Reported daily to Team Leader and Head of Nursing</td>
</tr>
<tr>
<td></td>
<td>Incident reviews (Local CMG Level)</td>
<td>Weekly</td>
<td></td>
<td>Reported to CMG Board and Quality and Safety meeting.</td>
</tr>
<tr>
<td>Number of reported incidents per annum of surgical harm and number of near misses of surgical harm.</td>
<td>DHON, Head of Nursing, Matrons and Quality and Safety Team</td>
<td>Datix review/ Incident reports and investigations</td>
<td>Weekly.</td>
<td>Immediate review if required. Weekly assessment locally by site Matrons and Q&amp;S Team</td>
</tr>
<tr>
<td></td>
<td>'walk around' of theatres/ Departments by Q&amp;S team to review the practical application of the UHL Safer Surgical Checklist.</td>
<td>Annually</td>
<td></td>
<td>Direct feedback to Team Leaders/Matrons/DHON Q&amp;S report for relevant quarter.</td>
</tr>
<tr>
<td>Compliance to education – completion of 'WHO' Safer Surgical Checklist Training DVD</td>
<td>Education Team</td>
<td>Team Builder Reports</td>
<td>Reported monthly.</td>
<td>Reported to CMG Board.</td>
</tr>
</tbody>
</table>
8 **EQUALITY IMPACT ASSESSMENT**

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 **SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**


LocSSIPs for dental extraction available at: https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/

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**UHL Policies that should be read in tandem with this policy:**


UHL Infection prevention policy: B4/2005


10 **PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust’s externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.
## Safer Surgery Checklists: Part 1

### Preparation for surgery

<table>
<thead>
<tr>
<th>Who</th>
<th>Theatre Reception check</th>
</tr>
</thead>
</table>
| Patient (when possible)  
Registered nurse on ward or Theatre Arrivals Area (TAA) | Patient (when possible)  
Registered practitioner from theatre |

### Where

<table>
<thead>
<tr>
<th>On the ward or TAA</th>
<th>In theatre reception area</th>
</tr>
</thead>
</table>

### When

<table>
<thead>
<tr>
<th>Before the patient leaves the ward area/TAA to go to theatre</th>
<th>On arrival in theatre reception</th>
</tr>
</thead>
</table>

### How

| Using the Preparation for Surgery checklist  
Patient should not leave ward unless completed | Using Theatre Reception checklist  
Checked against wristband, site mark and consent form  
Privacy and dignity must be ensured |

---
### Safer Surgery Checklists: Part 2

<table>
<thead>
<tr>
<th>Team brief</th>
<th>Sign In</th>
<th>Time out</th>
<th>Sign out</th>
<th>Team debrief</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who</strong></td>
<td><strong>Who</strong></td>
<td><strong>Who</strong></td>
<td><strong>Who</strong></td>
<td><strong>Who</strong></td>
</tr>
<tr>
<td>All team members</td>
<td>Patient (when possible)</td>
<td>Patient (when possible)</td>
<td>All team members</td>
<td>All team members</td>
</tr>
<tr>
<td>Led by theatre team leader</td>
<td>Lead anaesthetist</td>
<td>All team members</td>
<td>Led by scrub team</td>
<td>Led by anaesthetist</td>
</tr>
<tr>
<td></td>
<td>Lead Surgeon</td>
<td>Lead anaesthetic nurse</td>
<td>Lead surgeon must be present</td>
<td>and/or surgeon</td>
</tr>
<tr>
<td></td>
<td>Led by anaesthetic team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Where</strong></td>
<td><strong>Where</strong></td>
<td><strong>Where</strong></td>
<td><strong>Where</strong></td>
<td><strong>Where</strong></td>
</tr>
<tr>
<td>Theatre</td>
<td>Anaesthetic room</td>
<td>Theatre</td>
<td>Theatre</td>
<td>Theatre</td>
</tr>
<tr>
<td><strong>When</strong></td>
<td><strong>When</strong></td>
<td><strong>When</strong></td>
<td><strong>When</strong></td>
<td><strong>When</strong></td>
</tr>
<tr>
<td>Before the theatre list</td>
<td>On arrival into anaesthetic room</td>
<td>Immediately before skin incision or start of the procedure</td>
<td>At end of operation before patient woken up (or leaves)</td>
<td>At end of list</td>
</tr>
<tr>
<td>08.30 am for morning lists</td>
<td>Before administration of anaesthetic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.30 pm for afternoon lists*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How</strong></td>
<td><strong>How</strong></td>
<td><strong>How</strong></td>
<td><strong>How</strong></td>
<td><strong>How</strong></td>
</tr>
<tr>
<td>Introductions</td>
<td>Using Sign In checklist</td>
<td>All team focused on checklist</td>
<td>Using UHL WHO checklist</td>
<td>Recorded on the team debrief sheet</td>
</tr>
<tr>
<td>Structured format focusing on each patient in turn</td>
<td>Checked against wristband, site mark and consent form</td>
<td>Using UHL WHO checklist</td>
<td>Checked against consent form and wristband</td>
<td></td>
</tr>
<tr>
<td>Recorded on team brief sheet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Times may vary by local agreement*
**UHL Safer Surgery Checklist - Theatre**

**Theatre Reception Check**
- Check and tick box:
  - Identification band
  - Consent form (including blood transfusion risk)
  - Operating list
  - Operation mark
  - Confirm details in ward check 2

**Theatre Practitioner**
- Signature: 
- Print Name: 

**Before Induction of Anaesthesia**
- Has the patient confirmed his/her identity, site, procedure and consent?
  - Yes
  - No

- Is the surgical site marked?
  - Yes
  - No

- Does the patient have:
  - Known allergy?
    - Yes
    - No
  - Difficult airway/aspiration risk?
    - Yes
    - No
  - Risk of > 500ml blood loss (1ml/kg in children)?
    - Yes
    - No
  - Adequate IV access/fluids planned?
    - Yes
    - No

**Before Start of Surgical Intervention**
- If new team members present, have all the team introduced themselves by name and role (new or at booking)?
  - Yes
  - No

- Surgeon, Anaesthetist and Registered Practitioner verbally confirm (with consent form):
  - The patient's name
  - What procedure, site and position are planned
  - Have equipment requirements been sorted?

**Anticipated Critical Events**
- Surgeon:
  - How much blood loss is anticipated?
  - Are there any non-standard steps you want the team to know about?
  - What is the expected duration of surgery?

- Anaesthetist:
  - Are there any patient specific concerns or serious comorbidities?
  - Nurse/GDP:
    - Has sterility of the instrumentation been confirmed (including indicator results)?

- Has the Surgical Site Infection (SSI) bundle been undertaken if applicable?
  - Yes
  - No

- Antibiotic prophylaxis within the last 60 minutes
- Patient warming
- Glycaemic control

- Have DVT precautions been undertaken?
  - Yes
  - No

- Can you demonstrate correct patient and correct side on displayed imaging?
  - Yes
  - No

**Sign Out**
- Registered Practitioner who read out loud this checklist
- Signature: 
- Print Name: 

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**UHL Safer Surgery Policy**

V3 approved by Policy and Guideline Committee 21 July 2017  Trust ref: B40/2010  next review: July 2020
# Safer Surgery Team Brief Checklist

This checklist must be filed in the theatre brief / debrief folder.

## 1. Team Brief:

- All team members have introduced themselves by name and role
- Issues resolved from last debrief
- Anaesthetic machine & drugs checked & ready
- Any outstanding investigations
- Are the patients where the list says they are
- Any latex allergies
- Confirm list order

## Patient name, number and procedure

<table>
<thead>
<tr>
<th>Surgical Input</th>
<th>Nursing Input</th>
<th>Team Input</th>
<th>Anaesthetic Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Staff present:

- HCA
- Scrub prac
- ODP
- Trainee surg
- con surgeon
- con anaesth
- trainee anaest

Team Signature: Print name: Designation:

Date: ..................................................................................................................

Time: ..........................................................
Safer Surgery Team De-Brief Checklist
This checklist must be filed in the theatre brief / debrief folder

☑ Post op debrief performed
☑ Any issues arising that need to be addressed Yes No
☑ If Yes, is Debrief Action Log complete (below)
☑ All “Stop the Line” issues recorded

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action required</th>
<th>Responsible person</th>
<th>Due date</th>
<th>Completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Achievements and what went well?

Team Signature:  Print name:  Designation:

..............................................................

Date: ........../........./.........  Time:.................
## Team Brief
- Evidence that a team brief has taken place
- If observed – was set script followed and each patient discussed in turn?
- UHL team brief form filled in

## Ward checks:
- Consent confirmed and site marked
- Blood transfusion risk documented on consent form
- Infection status documented
- Nursing check fully completed
- Baseline obs recorded

## Theatre reception check:
- Consent form checked with patient, wristband and notes/op list
- Site marking visualised
- Interpreter available (not family)
- Nursing check repeated (theatre reception checklist filled in)
- Check performed in private area/dignity maintained

## Sign in:
- Consent confirmed with patient/wristband
- Site marking visualised
- Completed by anaesthetist
- Surgeon present

## Time out:
- All members engaged
- Happens prior to prepping
- Name check
- Operation check
- Site check
- Equipment issues
- Blood loss
- Non-standard surgical steps
- Duration
- Anaesthetic concerns
- Sterility confirmed
- Antibiotics within 60 minutes
- Warming
- Glycaemic control
<table>
<thead>
<tr>
<th>Good hygiene observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>VTE prophylaxis – confirm prescribed and assessment completed</td>
</tr>
<tr>
<td>Imaging</td>
</tr>
<tr>
<td><strong>Sign out:</strong></td>
</tr>
<tr>
<td>Completed correctly</td>
</tr>
<tr>
<td><strong>Team debrief:</strong></td>
</tr>
<tr>
<td>Was a team debrief done?</td>
</tr>
<tr>
<td>Team debrief form filled in.</td>
</tr>
<tr>
<td><strong>Prosthetic verification:</strong></td>
</tr>
<tr>
<td>Prosthesis checked with surgeon before implantation</td>
</tr>
</tbody>
</table>

**Comments:**