Reference Number: UHB 191 **Version Number:** 4	**Date of Next Review: 13.02.2027** **Previous Trust/LHB Reference Number:** Trust Ref No 70

SWAB INSTRUMENT AND SHARPS COUNT – POLICY AND PROCEDURE

Introduction and Aim

Ensuring the correct count of swabs, instruments and sharps is crucial to ensuring the safety of patients during the peri-operative period.

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 in any setting, to prevent foreign body retention and subsequent injury to the patient.

A count must be undertaken for all procedures in which the likelihood exists that swabs, instruments and/or sharps could be retained.

Although UK statute law does not dictate what system or method of swab, instrument and needle counts should be performed within a peri-operative environment, as a healthcare provider, the law is quite clear in that the UHB and its staff have a 'duty of care' to all its patients. Therefore the UHB and its peri-operative staff are accountable to patients for the care delivered and, as such, must ensure that the patient is not harmed by negligently leaving foreign objects within body cavities during clinically invasive procedures.

Retained objects are considered a preventable occurrence, Never Events List England (2015). Careful counting and documentation can significantly reduce, if not eliminate these incidents (AORN, 2006). A count must be undertaken for all procedures for which swabs, instruments and sharps could be retained.

Although it is the responsibility of the user to return all items, it is recognised as ‘custom and practice’ that the scrub practitioner implements the checking procedure in order to be able to state categorically that all items have been returned.

Team work, good communication and accountability are all crucial to safe practice within the peri-operative environment. This is recognised by the various professional bodies.

The overall aim of this policy is to ensure that all swabs, needles and instruments are accounted for at all times

The UHB is committed to ensuring patient safety and recognises that the peri- operative period poses a high risk to the patient. It is the intention of this policy to identify good clinical practice within the peri-operative environment and to ensure the health and safety of patients throughout their journey within this environment. To reduce the incident of a “never event” and promote engagement in the World Health Organisation (WHO) checklist process.

Objectives

- To prevent foreign body retention and subsequent injury/harm to the patient.

Scope

The Royal College of Surgeons in their Good Surgical Practice (2008) state that "Surgeons work in partnership with others in the health care team – which includes other professionals, technicians, support staff and management – in order to offer safe and effective care to patients. They must work to develop effective relationships, respecting the professionalism of all colleagues. Knowledge and understanding of, and respect for, the roles and views of others are essential to achieving good patient outcomes."

The Health Professions Council (2014) states that as a professional "You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner and that you must communicate properly and effectively with service users and other practitioners."

The Health Care Support Worker Code of Conduct (2011) states that "You must be accountable by making sure you can always answer for your acts or omissions".

The NMC Code of Conduct (2015) states that "you must maintain you knowledge and skill for safe and effective practice" and "be aware at all times of how your behaviour can affect and influence the behaviour of other people".

Equality Impact Assessment	An Equality Impact Assessment has been completed. The Equality Impact Assessment completed for the policy found here to be no impact.
Documents to read alongside this Procedure	Waste Management Policy Risk Management Policy Equality and Human Rights Policy Policy for the management of a throat pack
Approved by	Quality Safety and Experience Committee

Accountable Executive or Clinical Board Director	Medical Director
Author(s)	Peri-Operative Care Directorate Education Lead

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
UHB 1	14/06/2013	05/07/2013	Document revised and updated. Replaces previous Trust version reference no 70
UHB 1.1	30/12/2014	31/12/2014	Section 4.8 updated Section 8 – numbering corrected. Procedure for Ensuring Correct Swab, Instrument & Sharps Count updated to include new Section 6 - The Procedure for the Insertion of Throat Packs. All subsequent sections moved to next number.
UHB 2	15/12/2015	15/12/2015	Scope updated to reflect new references. The following aspects of section 14: 2.2, 4.1, 4.3, 4.11, 5.3, 5.9, 5.14, 5.17 6 - Throat pack removed as specific policy developed and subsequent sections numbered accordingly. 6.1 and 6.12 were all updated.
UHB 3			Section 4.3 updated to reflect checking procedure should designated runner change
UHB 4	13/02/2024	06/03/2024	Section 8.3 updated to reflect procedure for location of neuro pattie swabs

CONTENTS

1. METHOD

All staff are responsible for ensuring that:

- Their practice is in line with this policy and any additional local guidelines
- Staff must comply with the provision of this policy and where requested demonstrate compliance
- Information regarding failure to comply with the policy is reported to their line manager and where appropriate the incident reporting system is used
- Information regarding any changes in practice or legislation that would require a review of this policy is immediately responded to.

Countable items may include, but are not limited to:

• X-ray detectable gauze swabs	• Blades
• packs	• local infiltration needles
• lahey swabs (peanuts, pledgets)	• tapes
• gauze strips	• liga-reels
• neuro patties	• slings/sloops
• needles	• shods
• instruments, including screws or detachable parts	• ophthalmic micro sponges
• sponges	• bulldogs
• red swab/pack ties	• cotton wool ball (including dental) and dental rolls
• diathermy tips and cleaners	• throat packs

A full swab, instrument and sharp count should be performed prior to;

- The commencement of surgery
- The commencement of the closure of any cavity
- Where there is a changeover of scrub practitioner
- At the commencement of skin closure

When checking swabs the scrub practitioner should ensure the integrity of the swab.

Instruments and items with detachable parts should also be included in the count at the commencement and end of the procedure. The surgical team must allow time for these counts to be undertaken without pressure.

The count must be audible to those counting and be conducted by two members of staff, one of whom MUST be a registered member of the Perioperative team (i.e. a registered nurse, operating department practitioner (ODP), registered midwife or dental nurse).

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

2. RESOURCES

No additional resources were identified as a result of approval of this policy and procedure.

3. TRAINING

Cardiff and Vale UHB is a teaching hospital and therefore supports the placement of students in the peri-operative environment. During their placement in the department they will have supernumerary status and will not be asked to participate in the count.

During the orientation/induction programme for all new peri-operative staff, an introduction and a copy of the UHB Policy and Procedure for Swabs, Instruments and Sharps Count will be given to individuals by a member of the peri-operative education team. All new peri-operative staff, including healthcare assistants/support workers, will undertake the 'in-house' training programme, which leads to the competence required in the induction booklet.

Additional training and department meetings will be used to update peri-operative staff with regards to the any changes in practice and the principles of best-practice in swab, instrument and needle checking, during quality and safety sessions.

4. AUDIT

Compliance with this Policy and Procedure will be internally audited on an annual basis. Compliance will also be monitored through the external QUAD annual process.

5. DISTRIBUTION

This Policy and procedure will be shared at Clinical Board and Directorate Quality and Safety meetings, will be displayed on departmental notice boards and will be available for viewing via the Cardiff and Vale UHB Intranet. A copy will also be provided to all Clinical Directors, Clinical Board Nurses, Lead Nurses for onward distribution and circulation to staff as necessary

6. REVIEW

This policy and procedure will be reviewed every 3 years or as often as is necessary to ensure continued compliance.

7. FURTHER INFORMATION

AORN 2006 Recommended Practices for Sponge, Sharp and Instrument Counts. In: Standards, Recommended Practices and Guidelines Denver AORN Inc

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

Australian College of Operating Room Nurses 2006 Counting of Accountable Items Used During Surgery, Standard S3. In ACORN Standards for Perioperative Nursing ACORN, Australia www.acorn.org.au

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Fulbrook S (1995) Duty of Care. *British Journal of Theatre Nursing 5 (5) 18-19*

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Health and Care Professions Council (2014) Standards of Conduct, Performance and Ethics, London, HPC. Available from: http://www.hcpc-uk.org/registrants/standards/download/index.asp?id=46

Lamont S (2005) A swab story. *British Journal of Perioperative Nursing* 15 (11)
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Medical Devices Agency 2007 Reporting medical device adverse incidents and disseminating medical device alerts Ref: MDA/2007/001 London, MDA Available from: www.medical-devices.gov.uk (Type the reference number into the 'search' window and click 'go'. NB This is updated and reissued as the first safety notice of each calendar year.)

Medicines and Healthcare products Regulatory Agency (MHRA) 2005b One Liners Issue 35 (July) London, MHRA Available from: www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&useSecondary = true&ssDocName=CON1004209&ssTargetNodeId=574 [Accessed 5 April
2007]

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Setting*. Harrogate, NATN

NATN (1998a) *Infection Control. Principles of Safe Practice In the Perioperative Environment* Harrogate NATN

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Risks* Harrogate NATN

NATN (1998c) .The *Count Principles of Safe Practice in the Operating Theatre* 79- 82 Harrogate NATN

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NATN (1998e) Use *and handling of Instruments Principles of Safe Practice in the Perioperative Environment* 88-90 Harrogate, NATN

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Never Events List (2015) NHS England. Available at: http://www.england.nhs.uk/ourwork/patientsafety/never-events/

Nursing Midwifery Council (NMC) (2015) Code of Professional Conduct London NMC

Olsen C (1995) Sutures, Needles, and Instruments in Meeker M H (1995)
Alexander's Care of the Patient in Surgery 10th Edition St Louis Mosby

Operating Room Nurses Association of Canada (ORNAC) 2005b Module 3
Safety/Risk Prevention and Management 5 Surgical Counts, in Recommended Standards, Guidelines and Position Statements for Perioperative Registered Nursing Practice Available from: www.ornac.ca

Royal College of Surgeons (2008) Good Surgical Practice, London, RCSEng

Rothrock J (Ed) (2002) Alexander's Care of the Patient in Surgery 12th Edn p36-37 London, Mosby

Tingle J (1997) Legal problems in the operating theatre: learning from mistakes *British Journal of Nursing* 6 (15) 889-891

WEDS (2011) Health Care Support Worker Code of Conduct and Code of Practice. Available from www.weds.wales.nhs.uk/codehcsw-code-of-conduct-code-of-practice [Accessed 7July 2015]

Woodhead K, Wicker P (2005) A Textbook of Perioperative Care Oxford, Churchill Livingstone

8. PROCEDURE FOR ENSURING THE CORRECT SWAB, INSTRUMENT AND SHARPS COUNT

1. INTRODUCTION

The overriding principle for the count is that all swabs, instruments and sharps (this will include surgical blades, suture and injection needles and all other disposable items) must be accounted for at all times during an invasive surgical procedure in any clinical setting, to prevent foreign body retention and subsequent injury to the patient. For guidance in relation to management of Throat Packs please see separate UHB Policy.

The main areas for consideration are:

- Education/Training
- Packaging
- Responsibility for counts
- Checking procedure
- Counting Techniques
- Count Discrepancy
- Documentation

2. EDUCATION AND TRAINING

	ACTION	RATIONALE
2.1	On induction all staff (nurses, operating department practitioners (ODP) and unregistered staff) must have a supernumerary status whilst training.	So that they are supervised prior to working independently. All staff know how to access the policy and its importance in safe peri-operative practice.

2.2	All staff will have their own copy of the Swab, Instrument and Sharps Count policy and have read and understood it before participating in swab, needle and instrument counts. Staff will be expected to sign a signatory sheet when issued with the policy which will then be placed in their training file.	New staff are aware of the location of the policies and procedures To provide an audit trail
2.3	All newly appointed staff will be trained and assessed against the standards in the induction booklet before participating in swab, needle and instrument counts. This booklet will be retained in the staff member's training/personal file on completion of their induction which is kept with the practice education team.	All staff are to be aware of their responsibilities regarding the adherence to departmental policies. To maintain records and ensure evidence of training.

3. PRINCIPLES OF PRACTICE

	ACTION	RATIONALE
3.1	A swab, instrument and sharps count must be performed for all clinically invasive procedures and recorded immediately on the swab board using one pen colour only	In the event of an incident the procedure was followed and the checking procedure was complete.
3.2	All swabs, including lahey swabs, patties and packs that are used during invasive procedures must have an x-ray detectable marker fixed securely within the swab or pattie. This excludes cotton wool balls used in ENT	The swab will be visible on an X- ray and the swab marker will not become detached.
3.3	All swabs must be in bundles of five (5) and of a uniform size and weight and counted in fives (5) and recorded on the swab board as such.	There is a standardised procedure for counts and to reduce the risk of errors occurring and to provide an accurate baseline for all subsequent counts.

3.4	All items used as swabs must be counted in fives and documented on the swab board. This includes patties, lintenes and cotton wool balls.	To provide an accurate baseline for all subsequent counts
3.5	At all times during the procedure the scrub practitioner must be aware of the location of all swabs, instruments, sharps and medical devices used in the procedure.	The scrub practitioner is aware of the location and use of all the swabs, sharps and instruments.
3.6	The surgeon must not remove any item from the scrub practitioner's trolley without permission.	The scrub practitioner is aware of the location and use of all the swabs, sharps and instruments.
3.7	The surgeon will inform the scrub practitioner of the placement of any swab inside the patient and this will be recorded on the swab board.	The scrub practitioner is aware of the location of all swabs.
3.8	All scrub staff must maintain a neat and organised approach to their work.	If there is a change of scrub practitioner that the working area is easy to take over and check.
3.9	In the event of a NCEPOD (National Confidential Enquiry On Patient Outcome and Death) 1 emergency, it is recognised that a count may not be performed until the patient's condition has stabilised. Packaging of all recordable items must be retained as a cross check.	The packaging can be used to facilitate a count at the earliest appropriate opportunity, and this must be documented in the patient's notes and patient's theatre care plan.
3.10	If any interruption occurs during the counting procedure, the count should be started again from the beginning	To allow a complete and accurate count.

3.11	If a counted item is inadvertently dropped off the sterile field, the circulating staff member should retrieve it, show it to the scrub practitioner and segregate it from the sterile field but remain visible to be included in the count.	To maintain the integrity of the count.

4. RESPONSIBILITY FOR COUNT

	ACTION	RATIONALE
4.1	Each count must be performed by the scrub practitioner and another member of staff, one of whom must be a registered theatre practitioner who will be able to count the swabs, sharps, instruments and other items. If the scrub practitioner is of a supernumerary status the responsibility of the count will remain with the supervising registered practitioner.	So that the correct swabs, sharps, instruments and other items are accounted for.
4.2	The same two members of staff (registered practitioner and designated circulator) must perform all the counts during the procedure whenever possible.	Continuity of the count and checking procedure will be maintained reducing the risk of errors occurring.

4.3	Should the scrub practitioner change for any reason during the procedure, a complete count must be performed together by the incoming and outgoing practitioner where possible, recorded in the patient's care plan and signed by both practitioners. If it is not possible to do the check together then the incoming practitioner and outgoing practitioner will carry out their own checks with the designated runner. Should the designated runner change for any reason during the procedure a complete count must be performed together with both the incoming and outgoing runner and the scrub practitioner where possible, recorded in the patients care plan and signed by all involved with the check. If it is not possible to do the check together then the incoming designated runner will carry out the checks with scrub practitioner.	To check that the count is correct at handover or change of team members and that all items are accounted for.
4.4	Where there is a changeover of staff and a check is not possible, the reason must be recorded in the care plan	To provide best practice and safety for the patient.
4.5	When there is more than one scrub practitioner, a decision must be taken prior to the commencement of the case to establish who will be the lead scrub practitioner for the duration of the procedure (see multi-site procedure).	To provide continuity of care and safe practice throughout the procedure for patients and staff
4.6	All items that remain in the patient intentionally such as packs must have a radio opaque marker and the number and type recorded in the patient's notes and care plan.	To inform the ward staff that the patient has an insitu pack and to prevent inadvertent retention.
4.7	Swabs, sharps, instruments and other accountable items must remain in the theatre until permission for removal has been given by the lead scrub practitioner.	To provide best practice and safety for the patient, to ensure integrity of count.

4.8	Dressings must not be opened before the final count. Should the dressings be included in the procedure pack, they should be isolated on the sterile tray until the final count is complete.	These items are not X-ray detectable.
4.9	All staff present in the operating theatre must assist in the count by allowing the scrub practitioner to complete the count without interruptions.	To allow a full and accurate count.
4.10	On completion of the final count the scrub practitioner will inform the surgeon that the swabs, instruments, sharps and all other accountable items are correct and the surgeon must audibly acknowledge the results. If the count is incorrect then follow the procedure in section 8.	The theatre team are all aware of the correct count to minimise Misunderstandings.
4.11	Immediately prior to the patient leaving the theatre the theatre team must complete the World Health Organisation (WHO) sign out checklist and the designated circulator and lead scrub practitioner must record on the WHO checklist form and in the patient's care plan that all checks were undertaken and were correct.	A permanent record is maintained and care is documented.

5. CHECKING PROCEDURE FOR SWABS

SWABS INCLUDE ALL ITEMS USED AS A SWAB E.G. PATTIES, LINTENES AND COTTON WOOL BALLS.

	ACTION	RATIONALE
5.1	A full swab count must be performed prior to the commencement of surgery.	To provide a baseline for further checks.
5.2	The swabs will be recorded on the swab board in the theatre immediately after completion of the count and prior to the commencement of surgery.	To provide a visible record of swabs in use.

5.3	At the initial count, and when added during the procedure, swabs must be counted into separate bundles of five. All swabs should be separated so that the radio-opaque line is visible throughout the check.	To maintain the integrity of the count.
5.4	In the event of an incorrect number of swabs (i.e. not five) the entire bundle; red tie and outer packet must be removed from the sterile field, sealed in bag, removed from theatre and the duty manager informed. The batch/lot number and packaging must be retained so as to ensure other items in the batch are removed from stock and that appropriate bodies/agencies are notified. An incident form via e-datix must be completed.	To ensure that the count is accurate and to follow reporting procedures.
5.5	When checking each bundle of swabs the red tie must be accounted for and stored securely in a designated place and be accounted for at the end of the procedure	The scrub practitioner is aware of the location and use of all the swabs
5.6	A full swab count will be performed at the commencement of the closure of any cavity and at the commencement of the skin closure (final count) this must be documented in the patient's care plan.	To assist the practitioner in maintaining control of the swabs
5.7	Swabs should be counted out of the sterile field. The technique used should be safe and incorporate infection control measures in conjunction with standard precautions. All swabs should be completely separated and counted in multiples of five before they are placed into an appropriate disposal system.	To maintain the sterile field and to reduce to a minimum any risk of cross-infection.

5.8	When abdominal mops are used they may be handed out individually to be weighed. They must be kept in full view of the scrub practitioner at all times. They must only be discarded when in multiples of 5.	All swabs are counted and discarded in multiples of 5 to prevent any errors.
5.9	Swabs must be recorded on the swab board; the circulating staff member must finish this procedure without interruption. The information on the swab board must not be wiped clean until the patient has left the operating theatre.	To prevent any errors.
5.10	The surgeon will inform the scrub practitioner of the placement of any swab inside the patient and this will be recorded on the swab board by the designated circulator. When the swab is removed the indicator on the swab board is to be crossed out but not erased from the board.	To reduce the risk of leaving a foreign body in the wound.
5.11	Swabs must not be cut or altered unless specifically intended for this purpose.	To reduce the risk of leaving a foreign body in the wound.
5.12	It is acknowledged that for specific cardiac operations it is necessary to cut swabs to remove them from the operating site. These must be tied together immediately and counted as one swab within a bundle of 5.	To reduce the risk of leaving part of the cut swab in the wound.
5.13	The integrity of the swabs must be checked during the count including any attached tapes.	To prevent tapes or markers being lost or left in the patient.
5.14	All abdominal mops must be used with a clip attached to its tape and all small swabs must be mounted on sponge holders/relevant device once a deep cavity is open. Any deviation from the above must be on the consultant's instruction.	To maintain safe use of the swabs.

5.15	In surgery where the cavity is too small to take mounted swabs (e.g. paediatrics and cardiac) loose swabs may be used. Where these are used entirely within the cavity, they must be documented on the swab board.	To assist the practitioner in maintaining control of the swabs.
5.16	Any additional items added to the sterile field must be counted and recorded on the swab board by the designated circulator.	To maintain the accuracy of the count.
5.17	In ophthalmology where the operation site is on the lids or the globe, swabs are not counted. These swabs are not x-ray detectable. Best practice would indicate however that a count be undertaken.	Swabs are too large to be lost in this type of surgery.
5.18	All used swabs should remain in theatre and be available for inspection throughout a clinically invasive procedure.	To allow checks to be made in the event of a discrepancy.
5.19	If there is a discrepancy in the closure counts, the procedure described in section 8 Count Discrepancy must be followed	To allow a systematic approach to the search for the lost item.

6. CHECKING PROCEDURE FOR INSTRUMENTS

	ACTION	RATIONALE
6.1	Before starting any case trays and supplementary instruments must be checked that; • They are correct for the surgery planned and are in good working order • Are in date • That packaging is intact, dry and without holes • Sterility indicator strips If any tray or supplementary instrument does not comply then it should be rejected and another item used.	To ensure that the tray/instruments are fit for purpose.

6.2	The tracker label must be removed and put on the correct form. This form must be completed with the patient's hospital number, date and scrub practitioner's name and taken with the used trays/instruments to HSDU or SSU.	To provide an audit trail.
6.3	A full instrument count must be performed prior to the commencement of surgery by the lead scrub practitioner and designated circulator.	To provide an accurate baseline for all subsequent counts.
6.4	All tray instruments including loan trays are to be checked against a pre- printed tray list. Any discrepancy is to be noted on the tray list and reported to the decontamination unit using the appropriate non conformity form. This form must be returned with the instrument or tray at the end of the procedure.	To provide an accurate baseline for all subsequent counts.
6.5	The designated circulator must call aloud from the tray list. The lead scrub practitioner must acknowledge verbally that each item is present. Items should be completely separated during the checking procedure. At the initial and final count each item must be ticked on the tray list.	To provide an accurate count and to record that these items are present. Separation of items allows items to be easily seen and counted.
6.6	The designated circulator must record on the tray list; • The name of the lead scrub practitioner and designated circulator in full • The theatre • Patients hospital number • Patient (e.g. 1st, 2nd) • date	To maintain a record of the staff involved in the counts in the event of a discrepancy.

6.7	All instruments and items with removable parts must be checked for integrity and included in the counts at the commencement and end of the procedure.	To prevent any loss and discrepancies.
6.8	Supplementary instruments must be counted at each instrument count. They can be checked against their packaging, their barcode or the tracking list.	To prevent any loss and discrepancies.
6.9	A full instrument count will be performed at the commencement of the closure of any cavity and at the commencement of the skin closure (final count). This must be documented in the patient's care plan.	To prevent any loss and discrepancies.
6.10	All instruments must be returned to the HSDU/SSU on the correct tray according to that tray list accompanied by the completed tracking form. The tray list must be Completed and all instruments secured on pins as appropriate.	To prevent any errors.
6.11	All supplementary instruments must be returned to HSDU/SSU either in an appropriate container e.g. inside a plastic bag and then placed on the instrument tray and accompanied by the completed tracking form.	To maintain an audit trail.

6.12	In the event of an instrument breaking during the procedure the scrub practitioner must ensure that all pieces have been returned to them. The instrument must be returned with either the appropriate tag attached or in a bag clearly labelled, to the HSDU / SSU. An electronic incident form is to be completed via e-datix.	To prevent injury to staff or the patient and to allow decontamination before being sent for repair or investigation.
6.13	If there is a discrepancy in the closure counts, the procedure described in section 8 Count Discrepancy must be followed.	To allow a systematic approach to the search.

7. CHECKING PROCEDURE FOR SHARPS AND OTHER ITEMS

	ACTION	RATIONALE
7.1	Sharps should be recorded at the commencement of the procedure and recorded individually on the dry wipe (swab) board according to the number marked on the outer package. Sterile suture packs must be retained and used for a check back procedure.	All sharps are to be recorded accurately. Saving the suture packet will aid the scrub practitioner in maintaining an accurate count.
7.2	Opening all packages during the initial sharps count is not recommended. Used sharps on the sterile field should be retained in a disposable, puncture resistant sharps container.	To reduce the chance of needle stick injury and to aid with the ongoing count.
7.3	A full count including sharps will be performed at the commencement of the closure of any cavity and at the commencement of the skin closure (Final count). This must be documented in the patient's care plan.	To prevent any loss and discrepancies.
7.4	A correct sharps count must be performed before the closure of sharps containers/pads.	They should not be opened once closed.
7.5	Snuggers are to be counted and recorded on the swab board.	To prevent loss of the item inside the patient.
7.6	Any additional sharps and recordable items as listed on page 4 must be included in the count and added to the swab board.	To ensure an accurate count.

7.7	In the event of a sharp breaking during the procedure the scrub practitioner must ensure that all pieces have been accounted for and returned to them. It may be necessary to inform the manufacturer and the Medical and Health Care Products Regulatory Agency if a manufacturing fault is suspected. An incident form is to be completed via E-Datix.	To prevent harm to the patient and staff and to record the incident.
7.8	If there is a discrepancy in the closure counts, the procedure described in section 8 Count Discrepancy must be followed.	To allow a systematic approach to the search.

8. PROCEDURE TO BE FOLLOWED FOR COUNT DISCREPANCY

	ACTION	RATIONALE
8.1	If any discrepancy in the count is identified by the scrub practitioner, the operating surgeon must be informed immediately and a search implemented at once. Closure should cease unless it is a life or limb situation.	The surgical team are made aware of the issues and they will assist in the checking for the missing items.
8.2	If a thorough search does not locate the item, an X-ray is to be taken before the reversal of anaesthesia and before the patient leaves the operating theatre if undergoing local / regional anaesthetic procedures.	To confirm that the patient is not at risk of a retained foreign body and to prevent further surgery to remove the item.

8.3	A plain X-ray is recommended (MHRA 2005b). Fluoroscopy/image intensifier should not be used in these circumstances. A plain film x-ray will not be a consistent method to identify a retained Neuro Pattie, as evidenced in this report, it should only be determined by a CT scan performed prior to closure of surgical site. This will be determined on case by case basis following discussion and agreement with the consultant surgeon, consultant and wider theatre team.	Fluoroscopy/image intensifier may fail to locate radio opaque swabs. A neuro pattie swab is not always clearly visible under plain fil x-ray when there is interference from equipment and other materials during surgical procedures.
8.4	Missing micro items (such as needles which cannot be detected on X-ray) are to be recorded on the patient care plan and the theatre register (e.g. Theatreman). An X-ray should be performed at the discretion of the surgeon.	All records are correct should the item be found at a later date.

8.5	If an instrument, swab, sharp or other item is missing the following action must be taken; • The surgeon will check the patient's surgical cavity and the area around the wound • The scrub practitioner will perform another count • Circulating staff will check the theatre and the area immediately around and under the operating table. • Circulating staff will check all bins in the theatre and will open all swab bags and recount their contents if still missing • Circulating staff will open all swab bags and recount their contents if still missing	To confirm that the item is not in the patient. Correct reporting of incidents will allow staff to be able to learn from the incident through investigation.
	If still missing: • Inform the patients consultant • Inform the duty manager / senior nurse • X-ray the patient in theatre • Document the incident in the patients care plan and notes • Complete an online e-datix incident form and refer to the Incident, Hazard and Near Miss Reporting Policy Complete a HSDU / SSU document for missing instruments	

10. DOCUMENTATION

	ACTION	RATIONALE
10.1	It is the responsibility of the scrub practitioner to ensure that department documentation and the patient's computerised record e.g. Theatreman is completed and record the outcome of the count	As per UHB and AfPP guidelines to maintain correct records.
10.2	A record of the count must be recorded in the patient's care plan indicating name of lead scrub practitioner and designated circulator responsible for the final count.	As per UHB and AfPP guidelines to maintain correct records.

APPENDIX 1

Safety Memo

Peri-Operative Care Directorate

To: All Staff

From: Paul Warman – Interim Lead Nurse

CC: All staff

Date: 18.07.2023

Re: Swabs, Sharps and Instrument Policy – Interim Action.

Dear All

There has recently been an incident where a patient was returned to theatre for removal of a retained neurosurgical pattie swab.

I am circulating this safety memo as an interim measure to appropriate staff to raise awareness of the issue.

Recommendation

It has been highlighted during an ongoing investigation that neurosurgical pattie swabs are not clearly visible under plain film x-ray when there is interference from equipment and other materials during surgical procedures.

If the swab count is incorrect and a neurosurgical pattie swab is identified as missing, a CT Scan **MUST** be performed, a plain film x-ray will **NOT** be suitable for these swabs. This must be conducted before the definitive closure of the wound and prior to reversal of anaesthetic in order to rule out retention.

Thank you for your co-operation with this.

Best Wishes,
Mr Paul Warman
Interim Lead Nurse