Surgical Business Unit

Operating Theatre Department

Principles of Safe Practice in the Perioperative Environment

Swab, Instrument and Needles Counts

Policy and Procedure
Policy Title: Principles of Safe Practice in the Perioperative Environment. Swab, Instrument and Needle Counts V4.1

Executive Summary: To ensure all staff undertake safety checks of countable items during operative procedures and that such counts are documented correctly. This will prevent foreign body retention and subsequent injury to the patient. It will outline what to do if discrepancies in the count occur.

Supersedes: Version 4 2011

Description of Amendment(s): 14/11/14 1. Suitably trained and accredited Band 4 Assistant Practitioners included as appropriate practitioners to be responsible for the count with a CP.4.iii Patients ID/proposed procedure to be recorded on swab board. 4.xi, 5.xiii, 6.xv Highlighting use of ‘Sign out’ stage of checklist in count process. 5.ix CP ticks instrument tray checklist. Update of references. 19/12/2016 Laparoscopic retrieval bag and instruments including screws or detachable parts included in countable items Appendix 1.

This policy will impact on: Clinical practice, Patient Safety, Vicarious Liability

Financial Implications: Nil

Policy Area: Clinical Practice – Operating Theatre
Version Number: 4.1
Effective Date: Dec 2016
Issued By: R Unwin/J.Hatton
Review Date: Dec 2019
Author: Sr J Hatton
Impact Assessment Date: 

APPROVAL RECORD

Committees / Group | Date
---|---
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| August 2011
| September 2014
Other (please specify) | 
Approved by Director: Clinical Risk Management Group | October 2004
| ABU SQS
| November 2014
Received for information: CRMG, Trust Board | October 2004
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PRINCIPLES OF SAFE PRACTICE IN THE
PERIOPERATIVE ENVIRONMENT

Swab, Instruments & Needle Counts

1. Introduction

The aim of this protocol is to inform and provide guidance on good practice to all staff involved in invasive procedures.

The overriding principle of the count is that all swabs, instruments and sharps must be accounted for, at all times during an invasive procedure, to prevent foreign body retention and subsequent injury to the patient. Retained objects are considered a preventable occurrence and careful counting and documentation can significantly reduce, if not eliminate these incidents (AORN, 2006).

Although it is identified as the responsibility of the user to return all items, this policy recognizes that the Scrub Practitioner is responsible for implementing the checking procedure in order to be able to state categorically that all items have been returned. It is also recognised as ‘custom and practice’ by AfPP (AfPP 2011). This does not however, remove the professional responsibility from each member of the theatre team.

The process of the count must be audible to those counting and be conducted by two members of staff, one of whom MUST be an appropriately qualified member of the theatre team. This may be a Registered Nurse, Registered Operating Department Practitioner, Registered Dental Surgery Assistant or an Assistant Practitioner with recognized or accepted evidence of training. An Assistant Practitioner must be supervised by a Registered Practitioner as part of the scrub team.

A count must be undertaken for all procedures in which the likelihood exists that swabs, instruments and/or sharps could be retained. As a minimum, one count must be done before the procedure commences and a final count as the procedure is completed.

Examples of countable items are given in Appendix 1.

2. Packaging

i. All swabs, including pledgets, neuro patties and packs that are used during invasive procedures must have an X-ray detectable marker fixed securely across the width of the swab, so that if a swab is retained in a body cavity it can be detected radiographically.
ii. All swabs and packs must be packed in bundles of five (5) and be of a uniform size and weight. Any packages containing fewer or more than fives should be removed from, the procedure area immediately. A Datix form must be completed and actions taken to report this discrepancy to appropriate agencies. Checks should be made based on multiples of five. Swabs are the same size and weight so that they may be weighed to estimate blood loss. They are packed and counted in bundles of five to aid uniformity of count and avoid wastage. This includes cotton wool balls used in ENT surgery.

3. Responsibility for Counts

i. Each count must be undertaken by two staff members, it is essential that one of the staff members undertaking the count is an appropriately trained, qualified Perioperative Practitioner (Registered Nurse or ODP), holds a Certificate of Dental Surgery Assistants or is an Assistant Practitioner with recognized or accepted evidence of training (see section 1). The staff involved in the counting procedure must be able to recognise and identify the equipment in use.

ii. If there is no acting Scrub Practitioner during a procedure e.g. dilatation and curettage, the Circulating Practitioner should be a Registered Practitioner who will perform the count with another member of the theatre team or the operating surgeon.

iii. Should it be necessary to replace the Scrub Practitioner during the procedure, a complete count should be performed, recorded and signed by the incoming and outgoing practitioners. The name of the replacement practitioner must be documented on the intraoperative record/care plan.

iv. Should it be necessary to replace the Scrub Practitioner temporarily a check of all countable items must be performed by the incoming and outgoing practitioner and location of any instrumentation in use verified.

v. Items which are to remain in the patient by intention e.g. pacing wires, drains and catheters, must be documented in the intraoperative record, patient’s notes and electronic record. Countable items may be left in a wound intentionally e.g. when an abdominal cavity is packed with large x-ray detectable swabs to aid haemostasis for a limited period e.g. 24-28 hours. These must be documented in the intraoperative record, patient’s notes and electronic record. Their removal must be recorded, including time, date and identity of the practitioner removing the item, within the patient’s notes and Perioperative Care Plan at that point of care.

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

vii. Any swabs that are used as surface dressings must not be X-ray detectable. Swabs that are to be used for this purpose must not be opened until the skin has been closed. They must not be X-ray detectable, as it must be demonstrated that all X-ray detectable swabs have been removed from the patient postoperatively.
4. Checking Procedure

i. A count should be performed of all countable items (Appendix1) for all surgical procedures and recorded immediately. A record of the count being undertaken should be recorded in the Perioperative Care Plan and retained in the patient’s notes (AfPP, 2007).

ii. The countable items must be recorded on the dry wipe board, which is pre-printed and states all relevant items used. This board should be permanently fixed to the operating theatre wall and be positioned at a height that facilitates access and visibility during the procedure.

iii. The patient’s identification and proposed procedure must also be recorded on the board to ensure the count corresponds to the correct patient.

iv. The initial count must be performed immediately prior to the commencement of the surgery by the Scrub Practitioner and the Circulating Practitioner.

When additional items are added to the field they should be counted and recorded immediately to keep the count current and accurate. Adherence to departmental policy for the accounting of surgical instruments that are used during the procedure must be strictly adhered to (Page 10).

At all times throughout the surgical procedure the scrub practitioners must be aware of the location of all instrumentation. Neatness in approach should be encouraged to ensure that, only instrumentation that is deemed necessary is in use at any given time.

v. In the event of a NCEPOD1 immediate life threatening emergency (NCEPOD, 2004) it is recognised it is not always feasible to perform an initial swab and instrument count. In this circumstance all packaging must be retained and a count performed at the earliest appropriate opportunity. This must be documented in the intraoperative record (AfPP, 2007).

vi. If any item i.e. blade, needle or instrument breaks during use, the scrub practitioner should ensure that all the pieces have been returned and are accounted for. If any part of a blade or needle is not accounted for the procedure detailed in Section 7 (page 11), Count Discrepancy, should be followed. Any equipment or instrumentation found to have been damaged will compromise patient safety and therefore must be removed immediately from the sterile field and identified for repair. In regards surgical instruments this would also be documented on the HSDU Instrument Tray Checklist. It may be necessary to inform the supplies department, the manufacturer and/or Department of Health (DOH) if an
obvious fault is found with equipment. If appropriate the DOH will issue a ‘Hazard Warning’ or ‘Safety Bulletin’.

vii. A count should be initiated by the Scrub Practitioner and performed at the commencement of the closure of any cavity or organ and the final count at the commencement of skin closure. Surgical instrumentation and items with screws and/or removable parts should also be included in the count. The surgical team must allow time for these counts to be undertaken without undue pressure.

viii. If any countable item remains within an orifice during the count at skin closure, e.g. within mouth, vagina or anus held by forceps for manipulation or retraction, a further count must be undertaken when the instrument and countable item are removed from the cavity. This must be done in the same manner as previous counts and will determine the final count for that procedure.

ix. On completion of the final count a verbal statement must be made by the scrub practitioner to the effect that all equipment is accounted for and verbal acknowledgement should be received from the surgeon in order to avoid any misunderstanding.

x. The application of tourniquets, limb or digital, must be recorded on the electronic record for that patient as being applied and removed and the removal witnessed by the Scrub Practitioner. Digital tourniquets must be recorded on the dry wipe count board. All tourniquets used must be recognised medical devices for that purpose.

xi. At the end of the surgical procedure the Scrub Practitioner in conjunction with the Circulating Practitioner must record that satisfactory checks have been undertaken and recorded on the Perioperative Care Plan (Appendix 2), and the electronic record for that patient. The surgical team must ensure the ‘Sign out’ phase of the Surgical Safety Checklist is completed which includes verification of instrument counts and any issues arising with equipment (WHO, 2009, ECNHST, 2013a).

5. Checking Techniques

i. Both the Scrub Practitioner and the Circulating Practitioner must count aloud and items should be completely separated from each other during the checking procedure.

ii. The integrity of the X-ray detectable markers in the swabs, etc must be checked during the count.
iii. At the initial count, and when added during the procedure, swabs etc should be counted into separate groups of five. These should not be added to those already counted until the verification of the number contained in the packet. The additions should be in multiples of five.

iv. In the event of an incorrect number of swabs etc (i.e. not five) the entire packet must be removed from the sterile field, the packaging retained and a datix form completed (ECNHST, 2013b).

v. If any interruption occurs during the counting procedure, the count must be recommenced.

vi. Items should not be cut or altered unless specifically intended for the purpose. If alterations to any item are requested by the surgeon performing the procedure, this must be documented and included in the count.

vii. Hypodermic and suture needles should be recorded as a total amount at commencement of the procedure and additional items added individually. Suture packs may be retained as a way of further checking accuracy. Used needles on the sterile field must be kept in a puncture resistant needle container.

viii. The count must be recorded immediately on the dry wipe board situated on the wall of each operating theatre by the Circulating Practitioner for example as follows:

<table>
<thead>
<tr>
<th>Patients Number/Name/Proposed procedure</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>4 x 4 =</td>
<td></td>
</tr>
<tr>
<td>4 x 6 =</td>
<td></td>
</tr>
<tr>
<td>9 x 9 =</td>
<td></td>
</tr>
<tr>
<td>12 x 12 =</td>
<td></td>
</tr>
<tr>
<td>18 x 18 =</td>
<td></td>
</tr>
<tr>
<td>Pledgets =</td>
<td></td>
</tr>
<tr>
<td>Cotton Rolls or Balls =</td>
<td></td>
</tr>
<tr>
<td>Sutures =</td>
<td></td>
</tr>
<tr>
<td>Blades =</td>
<td></td>
</tr>
<tr>
<td>Suture reels =</td>
<td></td>
</tr>
<tr>
<td>Other countable items = (See Appendix 1)</td>
<td></td>
</tr>
</tbody>
</table>
ix. Before commencement of surgery the instrument tray should be checked with the tray list by the Scrub Practitioner and the Circulating Practitioner. The record of surgical instruments, used must be documented on the Instrument Tray Checklist, this includes the date, theatre, scrub person and patients number. The Circulating practitioner must tick the box next to each instrument to indicate it is present in the tray. The tray number must also be inputted / scanned into the patient’s electronic record. All supplementary instrument packets should be retained and the instruments returned to H.S.D.U. in their packets.

x. During the surgical procedure any countable items accepted by the scrub practitioner into the sterile field must be counted in conjunction with, and recorded by the Circulating Practitioner. As follows:

- 4 x 4 = 5+5+5
- Pledgets = 10
- Sutures = 1+2

xi. During the surgical procedure used swabs will be discarded by the Scrub Practitioner into a receptacle out of the sterile field. The swabs are collected by the Circulating Practitioner and placed in swab bags, one swab to each pocket (the bags hold 10 swabs).

At the commencement of the closure of any cavity or organ the scrub practitioner in conjunction with the circulating person, must perform a count of all countable items to ensure that the quantity still remaining in the sterile field and external to the field, correlates exactly with the quantity recorded on the dry wipe board.

The outcome of the counts must be verbally relayed to the operating surgeon and must be verbally acknowledged by the operating surgeon. This is recognised as the first count, and the surgical team must allow time for this count to be undertaken without undue pressure.

The number of counts is related to the type of surgery and number of cavities or organs opened. For those procedures only involving skin or certain minor vaginal or anal procedures a single final count is acceptable.

xii. The final count must be carried out at the commencement of skin closure and should be repeated in the same manner as the first count, and relayed to the surgeon again. If any countable item remains within an orifice during the count at skin closure, e.g. within mouth, vagina or anus held by forceps for manipulation or retraction, a further count must be undertaken when the instrument and countable item are removed from the cavity. This must be done in the same manner as previous counts and will determine the final count for that procedure.
xiii. If at any stage of the process there is a discrepancy in the counting process all theatre personnel must adhere to the guidance in Section 7 (page 11) Count Discrepancy.

On completion of the procedure the Safe Surgery Checklist ‘Sign out’ phase must be carried out, which includes verification of the successful completion of the swab and countable items count prior to any of the surgical team leaving theatre (ECNHST, 2013a). The following documentation must be fully completed, accurately and legibly and signed by the scrub practitioner and circulating practitioner.

- HSDU Instrument Check List.
- Perioperative Care Plan (Appendix 2)

6. Surgical Instrumentation:

The above must be counted by the Scrub Practitioner in conjunction with the Circulating Practitioner to ensure that the quantity of all surgical instrumentation still remaining in the sterile field correlates exactly with surgical instrumentation listed on each individual HSDU Instrument Tray Checklist. The staff involved in the count must be able to recognise and identify the instrumentation in use.

In addition all supplementary surgical instrumentation still remaining in the sterile field must be counted by the Scrub Practitioner in conjunction with the Circulating Practitioner. The count should correlate to the number and contents of the instrument packets.

The outcome of the counts must be verbally relayed to and acknowledged by the operating surgeon. The surgical team must allow time for the counts to be undertaken without undue pressure.

xiv. The final count must be carried out at the commencement of skin closure and should be repeated in the same manner as the first count, and relayed to the surgeon again. If any instrument remains within an orifice during the count at skin closure, e.g. within mouth, vagina or anus for manipulation or retraction, a further count must be undertaken when the instrument is removed from the cavity. This must be done in the same manner as previous counts and will determine the final count for that procedure.

xv. If at any stage of the process there is a discrepancy in the counting process all theatre personnel must adhere to the guidance in Section 7 (page 11) Count Discrepancy.
On completion of the procedure the Safe Surgery Checklist ‘sign out’ phase must be carried out, which includes verification of the successful completion of the instrument count prior to any of the surgical team leaving theatre (ECNHST, 2013a). The following documentation must be fully completed, accurately and legibly and signed by the scrub practitioner and circulating practitioner.

- HSDU Instrument Check List The Circulating Practitioner must tick the box next to each instrument to indicate it is present in the tray.

- Perioperative Care Plan (Appendix 2)

7. **Count Discrepancy**

i. If any discrepancy in the count is identified the surgeon must be informed immediately and a thorough search implemented at once. No items must be removed from the operating theatre until the procedure has been completed and all counts have been performed and are correct. This includes laundry and clinical waste bags.

ii. If a thorough search does not locate the item, an X-ray must be taken before the patient leaves the operating theatre.

iii. Search for missing micro items (for example: needles which cannot be detected on X-ray) should be performed at the discretion of the surgeon.

iv. All missing items must be documented. The discrepancy and subsequent action must be reported to the Senior Manager on the shift, and a record must be made regarding the incident. The trust formal incident reporting procedure using the DATIX system must be initiated and followed (ECHNST, 2013b).

v. If at the end of this procedure the item is still not accounted for and cannot be detected on X-ray the surgeon will make the decision to re-open the patient to search for the item.

8. **Throat Packs:**

A throat pack may be inserted by the Anaesthetist or Surgeon to;

- Absorb material created by surgery in the mouth.
• Prevent fluid or material entering the oesophagus or the lung
• Prevent escape of gases around the endotracheal tube
• Stabilise artificial airways.

The decision to use a throat pack should be justified by the anaesthetist or surgeon for each patient as appropriate. This person assumes responsibility for ensuring the appropriate safety checks are carried out and that the pack is removed after surgery.

The throat pack must be inserted in such a way as to leave the white indicator ribbon visible outside the patient’s mouth. It may also be taped to the side of the face or the artificial airway.

The throat pack insertion and removal must be undertaken with a two person check. On removal of the throat pack the person removing the pack will verbally ask for a witness to the event. The insertion and removal must be documented and signed for in the Perioperative Care Plan (Appendix 2) by one Registered Practitioner or Anaesthetist who witnesses its insertion and removal.

9. Education & Training

i. All staff have access to this policy via Trust intranet Policies and Procedures.

ii. All new staff to be given an introduction to the policy as part of their departmental orientation programme.

iii. All new staff must be supervised by a Registered Perioperative Practitioner until assessed as competent in this skill. This includes students, HCAs, Assistant Practitioners and Registered Practitioners. This can form part of the individuals Personal Learning Plan.

iv. All staff have a responsibility to ensure the policy is adhered to by self and others and to take action in any instance of non-adherence.
APPENDIX 1

Countable items include but are not limited to;

- X-ray detectable swabs
- Pledgets
- Suture Needles
- Surgical Instruments
- Instruments including screws or detachable parts
- Slings
- Tapes
- Bulldogs
- Blades
- Hypodermic needles
- Neuro patties
- Tonsil swabs
- Diathermy blades
- Suture reels
- Cotton wool balls / buds
- Scratch pads
- Digital tourniquets
- Laparoscopic retrieval bag

N.B. Items that are not identified within the above list, but at any time lose contact with the user/operator for any period of time must be treated as a countable item, as defined within the procedure.
## Peri-operative Care Plan

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<th>Consultant</th>
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<tbody>
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<td>N □</td>
</tr>
<tr>
<td>WHO Checklist Completed</td>
<td>Y □</td>
<td>N □</td>
</tr>
<tr>
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<td>N/ A □</td>
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<tr>
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<td>Fluids □</td>
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<td></td>
<td>Not used □</td>
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<td>Skin Prep used</td>
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<td>Providone Iodine □</td>
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<tr>
<td></td>
<td>Chloroprep □</td>
<td>Other □ (specify)</td>
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<td>Diathermy pad site checked</td>
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<tr>
<td></td>
<td>Details</td>
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**Signature of responsible practitioner**

Full detailed perioperative information accessed via Galaxy IT system. Contact Main Theatres x1401.
<table>
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<td>Insertion (sig)</td>
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<td>Removal (sig)</td>
</tr>
<tr>
<td><strong>Implants / tracking labels</strong> (e.g. prostheses, drains, urinary catheters)</td>
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<tr>
<td>Affix all product identification labels:</td>
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Any other relevant information:
# Perioperative Count Sheet

**Theatre No _______________**

**Date _____________________**

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<th><strong>Initial Instrument Count</strong></th>
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<td>Circulating Practitioner___________</td>
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</tbody>
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<th><strong>Initial Swab / Sharps Count</strong></th>
<th><strong>Initial Swab / Sharps Count</strong></th>
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<td>Circulating Practitioner___________</td>
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<th><strong>Relieving Circulating Practitioner</strong></th>
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</thead>
<tbody>
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<td>Circulating Practitioner___________</td>
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<th><strong>Description</strong></th>
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<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>9 x 9</td>
<td></td>
</tr>
<tr>
<td>12 x 12</td>
<td>Laparoscopic Retrieval Bag</td>
</tr>
<tr>
<td>18 x 18</td>
<td>Pledgets</td>
</tr>
<tr>
<td>Sutures</td>
<td>Tapes/Slings</td>
</tr>
<tr>
<td>Suture Reels</td>
<td>Cotton wool balls</td>
</tr>
<tr>
<td>Hypo Needle</td>
<td>Digital Tourniquet</td>
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<tr>
<td>Blades</td>
<td>Other/Supps</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Final Instrument Count Correct - Yes / No</strong></th>
<th><strong>Final Instrument Count Correct - Yes / No</strong></th>
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</thead>
<tbody>
<tr>
<td>Scrub Practitioner____________</td>
<td>Circulating Practitioner___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Final Swab / Sharps Count Correct - Yes / No</strong></th>
<th><strong>Final Swab / Sharps Count Correct - Yes / No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scrub Practitioner____________</td>
<td>Circulating Practitioner___________</td>
</tr>
</tbody>
</table>

If ‘No’ record what action was taken:
### Retained Swabs & Packs

Record number and size _____________________________________________________________

Scrub Practitioner_________________________________________________________________

### Removal of Retained Swabs & Packs

Date__________________________

Record number and size _____________________________________________________________

Responsible Practitioner___________________________________________________________
References

Association for Perioperative Practice (2011). Standards and recommendations for perioperative practice, 3rd Ed. Harrogate: AfPP.


ECHNST (2013a). Five Steps to Safer Surgical Interventions. ECNHST

ECHNST (2013b) Policy for the Management and Investigation of Incidents, Complaints and Claims Including the Analysis of Data. ECNHST


Bibliography / Related articles


**Equality Analysis (Impact assessment)**

Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. **Use it to help you develop fair and equal services.**

Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. **What is being assessed?**

   Perioperative Count Policy

   Details of person responsible for completing the assessment:
   
   - **Name:** Janet Hatton
   - **Position:** Practice Development Sr
   - **Team/service:** Theatres ABU

   State main purpose or aim of the policy, procedure, proposal, strategy or service:
   
   *(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)*

   The overriding principle of the count is that all swabs, instruments and sharps must be accounted for, at all times during an invasive procedure, to prevent foreign body retention and subsequent injury to the patient. Retained objects are considered a preventable occurrence and careful counting and documentation can significantly reduce, if not eliminate these incidents

   Association for Perioperative Practice (2007). *Standards and recommendations for perioperative practice.* Harrogate: AfPP.

2. **Consideration of Data and Research**

   To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. **Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service**

   2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

   Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.
Age:  East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.

Gender:  In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:  The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% in 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
Perioperative Count Policy V4.1
JHatton 19/12/2016

- **Christian**: 68.9% of Cheshire East and 70.1% of Cheshire West & Chester

- **Sikh**: 0.07% of Cheshire East and 0.1% of Cheshire West & Chester

- **Buddhist**: 0.24% of Cheshire East and 0.2% of Cheshire West & Chester

- **Hindu**: 0.36% of Cheshire East and 0.2% of Cheshire West & Chester

- **Jewish**: 0.16% of Cheshire East and 0.1% of Cheshire West & Chester

- **Muslim**: 0.66% of Cheshire East and 0.5% of Cheshire West & Chester

- **Other**: 0.29% of Cheshire East and 0.3% of Cheshire West & Chester

- **None**: 22.69% of Cheshire East and 22.0% of Cheshire West & Chester

- **Not stated**: 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

**Carers**: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

No

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

**RACE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently?

Yes □ No x

21
Explain your response: The policy relates equally to any person undergoing an invasive procedure and any member of the perioperative team regardless of racial group.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently?  
Yes ☐ No  x

Explain your response: The policy relates equally to any person undergoing an invasive procedure and any member of the perioperative team regardless of racial group.

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently?  
Yes ☐ No  x

Explain your response: The policy relates equally to any person undergoing an invasive procedure and any member of the perioperative team regardless of racial group.

AGE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, age groups differently?  
Yes ☐ No  x

Explain your response: The policy relates equally to any person undergoing an invasive procedure and any member of the perioperative team regardless of racial group.

LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently?  
Yes ☐ No  x

Explain your response: The policy relates equally to any person undergoing an invasive procedure and any member of the perioperative team regardless of racial group.

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently?  
Yes ☐ No  x
Explain your response: The policy relates equally to any person undergoing an invasive procedure and any member of the perioperative team regardless of racial group

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes □ No x

Explain your response: The policy relates equally to any person undergoing an invasive procedure and any member of the perioperative team regardless of racial group

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes □ No x

Explain your response: The policy relates equally to any person undergoing an invasive procedure and any member of the perioperative team regardless of social group.

4. Safeguarding Assessment - CHILDREN

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<tbody>
<tr>
<td>a. Is there a direct or indirect impact upon children?</td>
<td>Yes □ No x</td>
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<td>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:</td>
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<tr>
<td>c. If no please describe why there is considered to be no impact / significant impact on children</td>
<td>The policy relates equally to any person undergoing an invasive procedure regardless of age. All members of the perioperative team are adults.</td>
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5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?
6. Date completed: 14/11/2014    Review Date: 14/11/2017

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
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8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

[Signature]

Date: 1.12.14