

Safety Standards for WHO Sign In & the Pre-Operative Theatre Checklist

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

This guideline is for use by the following staff groups:

All surgeons, anaesthetists, Theatre Staff, Obstetric Staff, and any staff involved in the care of patients undergoing invasive procedures.

Lead Clinician(s)

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Approved by TACCSS on: 18th March 2026

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This is the most current document and should be used until a revised version is in place:

Key amendments to this guideline

Date	Amendment	Approved by:
17 th Jan 24	Document approved.	TACCSS
20 th May 2025	Document reviewed & updated.	TACCSS
18 th March 2026	Document updated to include information about the Pre-Operative Theatre Checklist.	TACCSS

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Introduction

The Sign In confirms that the correct patient has been brought to the procedure area, the consent form, intended procedure, and site are correct, and that any critical information has been sought.

The Pre-Operative Checklist is essential to ensure the safety and well-being of patients undergoing surgical procedures. The checklist systematically verifies all critical pre-operative requirements through a standardised checklist.

The Pre-Operative Theatre Checklist

This checklist is to be completed by ward staff in the first instance prior to the patient's transfer to theatre. The ward nurses are therefore responsible for completing this checklist before handing over any important information about the patient to the theatre staff member who is collecting the patient. The checklist must be completed using the paper copy and be signed and dated by the ward nurse who has completed the checks on the ward.

Upon arrival in the anaesthetic room, the anaesthetic practitioner is responsible for re-verifying the information provided, and completing the theatre section of the checklist, whilst in the presence of the patient. This process must be carried out prior to the induction of general/regional anaesthesia, ensuring that all critical safety checks are thoroughly confirmed. The checklist must be completed using the paper copy and be signed and dated by the practitioner who is completing the checks in the anaesthetic room or theatre.

Obstetric pre-operative checks must be documented on the electronic theatre record to ensure accurate recording and compliance with departmental protocols.

Staff responsible for Sign In

- The patient must be signed in by 2 registered members of staff.
- For procedures performed under sedation or general/regional anaesthesia, this must be the anaesthetist and anaesthetic practitioner.
- For procedures not involving an anaesthetist, the operator, or nominated deputy, and a registered practitioner must verify the patient's identity prior to local anaesthesia being given. This helps safeguard against wrong site surgery.
- The operator, or nominated deputy, must also verify the patient's identity and sign the theatre checklist.
- The patient escort must remain with the patient until Sign In is completed.

Critical Information to be Checked at the Sign In

- **Patient Identification:** A confirmation that patient identification has taken place and has been verified using the patient wristband, consent form and operating list. This must include verifying the patient's full name, date of birth, hospital and NHS number.

- **Consent form:** It must be confirmed that the patient's consent form is valid, legible and signed by the surgeon and by the patient, for the planned procedure.
 - This includes ensuring that the patient has the correct classification of consent form based on their cognitive capacity and ability to understand the proposed procedure.
 - The consent form must have clearly documented the correct procedure, and the planned procedure must be understood by the patient.
 - The procedure documented on the patient's consent form must also match that which is documented on the operating list.
 - The surgical site mark must also be confirmed to be present and correct, where laterality applies.
 - Consent forms must not be completed in the anaesthetic room.
- **The anaesthetic machine and medications:** The anaesthetic machine must be confirmed to have been checked and functioning appropriately, and all medications confirmed to have been prepared and to be correct.
- **Allergies:** All known allergies must be clearly documented and highlighted to be an allergy, using a red allergy wristband.
- **Airway plan & aspiration risk:** There must be a confirmation between the Anaesthetist and Anaesthetic Practitioner detailing whether a difficulty airway is anticipated and whether there is a risk of aspiration, and the plan for these.
- **Plan for blood loss:** There must be a confirmation about the risk of blood loss, and how this has been prepared for.
- **Metalwork or surgical implants:** A confirmation of the presence of any metal work, surgical implants or electronic devices must also take place.
- The patient should be encouraged to actively participate with the Sign In whenever possible. They should be kept fully informed at each stage and reassured that the Sign In is part of the usual safety checks.
- A confirmation with the scrub team must be sought that all required instruments/trays are sterile and present for the procedure.
- The paper checklist must be used to conduct the Sign In to ensure that all steps are followed. The Sign In must also be documented as having been completed on Bluespир and on the paper checklist.

Other Critical Information Included in the Pre-Operative Checklist

The following key elements must be initially verified by a registered ward nurse and subsequently re-confirmed in the anaesthetic room/theatre by a theatre practitioner:

- **Fasting Status:** There must be a confirmation from the patient, of adherence to the fasting guidelines for both solids and fluids.

- **Medical History:** All relevant medical conditions, medications and any other special considerations should be identified and addressed.
 - This must include if the patient takes any anticoagulation medications, whether they are diabetic, and the presence of any internal electronic device (IUD).
 - If the patient is diabetic, it is important to have documented a recent pre-operative blood glucose reading.
- **VTE Risk Assessment:** The VTE assessment form must be completed and the necessary prophylaxis administered as indicated.
- **Patient Appropriate Attire:** This must be confirmed and includes a theatre gown, ID band, and the removal of any personal items such as dentures, jewellery, contact lenses, hearing aids and piercings.
- **Pregnancy status:** Where this is relevant, this must be confirmed.
- **Infection control status:** This must be confirmed, including the patient's MRSA screen results, and the presence of any other infections such as VRE, CPE, where relevant.
- **Pre-operative investigations (if needed):** A confirmation that these have been completed, such as group and save blood samples, and an ECG.
- **ReSPECT form (where relevant):** This must be highlighted and documented, where this is present.
- **Reasonable Adjustments:** Anything patient specific should be documented and discussed prior to the patient attending the theatre department so that the necessary arrangements can be put in place.

Combination of Sign In and Time Out

In certain areas the patient may not be admitted to an anaesthetic room and may not receive any anaesthesia or sedation prior to procedure. The patient is brought straight into the clinical area for their procedure. It is still important that there is specific safety checks carried out by the operator and team prior to the procedure.

Unless the relevant paperwork is obtained to complete a combined Sign In and Time Out, e.g. Category 1 Caesarean Section Safety Checklist (see appendix 2), or the Local Anaesthetic WHO Checklist (see appendix 4), you must complete both the Sign In and Time Out separately using either the WHO Checklist paper work (appendix 3), or the equivalent paperwork that has been adapted for Maternity (appendix 1).

All members involved in the procedure should be present and attentive during this safety check.

Obstetric Sign In

Sign In of a maternity patient requires additional questions as part of the Sign In. These include:

- Caesarean Section Category.
- Are blood products available?
- Has the appropriate antacid prophylaxis been given?
- Is the resuscitaire checked and ready?
- Has the neonatal team been called, if needed?

These checks must be completed using the WHO paperwork available in Obstetric theatre. Patients undergoing Category 1 caesarean section will have combined Sign In and Time Out, using the relevant paperwork, in theatre.

References

- **Centre for Perioperative Care (CPOC)** *The National Safety Standards for Invasive Procedures (NatSSIPs)* [online] Available at: <https://cpoc.org.uk/guidelines-and-resources/guidelines/national-safety-standards-invasive-procedures-natssips> [Accessed: 17th March 2026].

Appendix 3 – WHO Checklist

Please read out checklist from sheet. One person in Theatre should be designated to lead the checklist.		
Sign In <i>Check by anaesthetist and assistant.</i> <i>Surgeon to see patient at Sign In.</i>	Time Out <i>Team check when patient safe.</i> <i>Operator present.</i>	Implant Check. <i>Pre-insertion.</i> <i>Read aloud.</i>
Confirm with patient: Identity Yes <input type="checkbox"/> ID band Yes <input type="checkbox"/> Procedure Yes <input type="checkbox"/> Consent form correct Yes <input type="checkbox"/> Surgical site marked? Yes <input type="checkbox"/> NA <input type="checkbox"/>	<input type="checkbox"/> Confirm team know each other? Check wrist band and consent: <input type="checkbox"/> Patient identity correct? <input type="checkbox"/> Procedure planned? <input type="checkbox"/> Consent form correct? <input type="checkbox"/> Site marked? <input type="checkbox"/> Allergies checked? <input type="checkbox"/> Any implanted metalwork? <input type="checkbox"/> Is essential imaging displayed?	<input type="checkbox"/> Correct implant is selected (type, size, side, sterile, expiry date)
Anaesthetic machine and medication check complete? Yes <input type="checkbox"/>		Sign Out <i>Completed after final counts</i> <i>Operator present.</i>
Does patient have allergy? No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/> Confirm procedure name. <input type="checkbox"/> Are instrument, swab and sharp counts correct? <input type="checkbox"/> EBL confirmed? <input type="checkbox"/> Have specimens been labelled and placed in correct container? <input type="checkbox"/> Have any equipment or problems been identified to Debrief?
Airway plan discussed? Yes <input type="checkbox"/> NA <input type="checkbox"/> <i>Is equipment available?</i> Aspiration risk? No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If yes, is plan in place?</i>	Surgeon <input type="checkbox"/> Is there a risk of major blood loss (over 500mls) and is TXA needed? <input type="checkbox"/> Any equipment or implant requirements? <input type="checkbox"/> Any critical steps that the team should know about? Anaesthetist <input type="checkbox"/> What are the specific patient concerns? <input type="checkbox"/> Confirm ASA grade? <input type="checkbox"/> Is all relevant support in place to proceed (eg monitoring blood)? Scrub team <input type="checkbox"/> Is equipment sterility confirmed? <input type="checkbox"/> Are there any equipment concerns?	Surgeon and anaesthetist to confirm: <input type="checkbox"/> Have key concerns for post-op management been discussed? <input type="checkbox"/> Is a VTE prevention or anticoagulation plan in place? <input type="checkbox"/> Are controlled drugs accounted for? <input type="checkbox"/> Have IV lines been flushed or removed?
Plan in place for blood loss? Yes <input type="checkbox"/> NA <input type="checkbox"/> (i.e. >500ml or 7ml/kg in paed) <i>If yes, is adequate IV access and fluid available?</i>		Notes:
Wristband accessible? Yes <input type="checkbox"/> NA <input type="checkbox"/>		
Implanted metalwork? No <input type="checkbox"/> Yes <input type="checkbox"/> Site: Implanted electronic device? No <input type="checkbox"/> Yes <input type="checkbox"/> Type:	Surgical Site infection bundle <input type="checkbox"/> Antibiotic prophylaxis <input type="checkbox"/> Warming applied <input type="checkbox"/> Hair removal <input type="checkbox"/> Glycaemic control <input type="checkbox"/> Has VTE prophylaxis been undertaken?	
Monitoring functioning? Yes <input type="checkbox"/>		
Confirm with scrub team (if relevant): Correct equipment available <input type="checkbox"/> Correct implant available <input type="checkbox"/>		
Name: Designation	Name: Designation	Name: Designation

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Appendix 4 – Local Anaesthetic WHO Checklist

Theatre Checklist for Local Anaesthetic Cases Dermatology / Minor Orthopaedic / Chronic pain / Varicose Vein and Similar Procedures		
Sign In and Time Out Combined Check Check by operator and assistant		Sign Out Completed after final counts Operator present.
Confirm with patient: Identity Yes <input type="checkbox"/> ID band applied Yes <input type="checkbox"/> Procedure Yes <input type="checkbox"/> Consent form correct Yes <input type="checkbox"/> Surgical site marked? Yes <input type="checkbox"/> NA <input type="checkbox"/>	Operator: <input type="checkbox"/> Any critical steps? <input type="checkbox"/> Equipment requirements? <input type="checkbox"/> Imaging available? <input type="checkbox"/> Is there risk of major blood loss?	<input type="checkbox"/> Confirm name of procedure <input type="checkbox"/> Are instrument, swab and sharp counts correct? <input type="checkbox"/> Have specimens been labelled and placed in correct container? <input type="checkbox"/> Have any equipment problems been identified? <input type="checkbox"/> Have any key concerns for recovery been discussed? <input type="checkbox"/> Is a post-op anticoagulation plan in place?
Does patient have allergy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Surgical Site Infection Bundle (SSI) <input type="checkbox"/> Has SSI bundle been undertaken? - Antibiotic Prophylaxis - Patient Warming - Hair Removal - Glycaemic Control	
Does patient have any risk factors? Anticoagulant? Yes <input type="checkbox"/> No <input type="checkbox"/> Immunosuppression? Yes <input type="checkbox"/> No <input type="checkbox"/> Implanted metalwork? Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>	Assistant <input type="checkbox"/> Is equipment sterility confirmed? <input type="checkbox"/> Any equipment concerns? <input type="checkbox"/> Is monitoring applied?	Notes
Name: Designation		Name: Designation

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval