

## SAFETY STANDARDS FOR SIGN IN

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.

### Introduction

- The Sign In confirms that the right patient has been brought to the procedure area and that the consent, intended procedure and site are correct.
- Information regarding critical events should also be sought
- All patients undergoing invasive procedures under general, regional or local anaesthesia, or under sedation, must undergo safety checks on their arrival at the procedure area.
- These checks can be repetitive and it is sometimes worth ensuring the patient understands the importance of the process in providing safe care.

**This guideline is for use by the following staff groups :**

**All surgeons**

**All anaesthetists**

**Theatre Staff**

**Obstetric Theatre Staff**

**Staff involved in performing invasive procedures outside of theatre environment**

### Lead Clinician(s)

James Hutchinson

Consultant Anaesthetist

Approved by TACCSS ..... on:

17<sup>th</sup> January 2024

Review Date

17<sup>th</sup> January 2027

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

**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>
17 <sup>th</sup> Jan 24	Document approved	TACCSS

## Summary of Guideline

- All patients having invasive procedures must undergo a Sign In
- Signing in protects against wrong site surgery and reduces the risk of mistakes happening during a procedure
- Sign In should occur prior to sedation or anaesthesia
- Sign In is a 2 person check. For procedures under anaesthesia, these should include the anaesthetist and anaesthetic assistant. For procedures without anaesthesia, the operator and assistant should perform the sign in.
- Before anaesthesia is given the operator (i.e. surgeon) must see the patient in the procedural area prior to anaesthesia and sign the pre-op checklist
- Key items to check at sign-in include:
  - Patient identification checked against wrist band, consent form and operating list
  - Patient consent, which should be understood by patient and contain no abbreviations
  - Surgical site marked when applicable
  - Confirmation that anaesthetic machine and medications prepared and correct
  - Allergies
  - Difficult airway risk
  - Aspiration risk
  - Risk of blood loss (>500mls or 7ml/kg in children)
  - Presence of metalwork or surgical implants
  - Presence of required documentation
- In cases when anaesthesia is not given and patients are admitted directly to the procedural area then sign in and time out can be combined. The same principles still apply. The whole team must pause to observe and participate in a combined sign in/time out.
- Obstetric theatre sign in requires additional critical information including:
  - 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?

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## Details of Guideline

### Staff responsible for Sign In

- The patient should be signed in by 2 members of qualified staff.
- When an anaesthetic is required the anaesthetic assistant and anaesthetist should perform the Sign In. The operator, or nominated deputy must verify the patients identity prior to sedation or anaesthesia being given. This helps safeguard against wrong site surgery and is reassuring for the patient during a stressful period.
- When an anaesthetist is not present the operator and assistant should perform the Sign In.
- The escorting healthcare professional should remain with the patient until Sign In is completed.

### Documentation required for Sign In

- The patient must attend the procedural area with their medical notes, nursing notes, care plan, prescription chart, fluid chart, ECG (when relevant), VTE risk assessment and consent form. They should be wearing a patient identity band to assist with their identification.
- If the consent form is not present then written consent should not be sought within the anaesthetic room or procedural area. Consent in this area does not allow for the provision of information to the patient, or allow proper time for consideration of options. Also the patient may not feel able to change their mind at this late stage. If a patient has not provided written consent they should be transported to the ward area. Occasionally for an emergency life-saving procedure it may be necessary to consent within the procedural area.

### Structure of a Sign In

- The anaesthetic machine and equipment checks should be confirmed at each Sign In.

- The patients name should be checked against their identity band, consent form and operating list.
- The patient should be encouraged to actively participate with the Sign In whenever possible. For example the patient, when able, should be asked to:
  - Confirm their identity (state their name)
  - Confirm the procedure and their consent form
  - The consent form should be checked to ensure patient understanding of procedure and ensure that there are no abbreviations.
- Critical information to be checked at the Sign In includes:
  - Patient identification checked against wrist band, consent form and operating list
  - Patient consent, which should be understood by patient and contain no abbreviations
  - Surgical site marked when applicable
  - Confirmation that anaesthetic machine and medications prepared and correct
  - Allergies
  - Airway strategies
  - Aspiration risk
  - Risk of blood loss (>500mls or 7ml/kg in children)
  - Presence of metalwork or surgical implants
  - Presence of required documentation.Additional information which may need to be considered includes:
  - Pregnancy status
  - Infection risk to staff
  - Regional anaesthesia stop before you block checks
  - Availability of implants, stents, prostheses
  - Availability of additional staff
- The patient should be kept fully informed at each stage and reassured that the Sign In is part of the usual safety checks. This helps demonstrate that safety is the team priority.

### **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 procedural area for their invasive procedure. These areas include:
  - Interventional Radiology procedural area
  - Cardiac Catheterisation procedural area
  - Pacemaker insertion area
  - Endoscopy procedural area
  - Bronchoscopy procedural area
  - Treatment rooms for pain relief procedures

- In these areas the patient is admitted directly to the procedural area from the ward, often via an admission area where identity checks are performed as part of the Care Pathway. It is still important that there are specific safety checks carried out by the operator and team prior to the procedure. It may be appropriate to combine the Sign In and Time Out to avoid repetition.
- Recommendations in these areas include:
  - A combined Sign In and Time Out should be completed by the operator and an assistant.
  - All members involved in the procedure should be present and attentive during this safety check.
  - The principles of Sign In still apply. The Operator and their assistant should check:
    - The patient name and ID against their identity band
    - The consent form
    - Fasting status and aspiration risk
    - Allergies
    - Surgical Site marking, when relevant
    - Pregnancy status, when relevant
    - Infection risk, when relevant
    - Availability of essential equipment/prosthesis, when relevant
- After these factors have been checked then an abbreviated Time Out can proceed. Please see the Time Out LocSSIP for further details about combining Sign In with Time Out.

## Obstetric Sign In

Sign In of a maternity patient requires a slightly different process, particularly as there are specific factors that should be checked.

All women attending Obstetric Theatre for an invasive procedure should wear an identity band.

Once the woman has arrived in the procedural area the following checks must be made (based on the WHO Checklist for maternity cases):

- Has the woman confirmed her identity, procedure and consent?
- Caesarean Section Category
- Is the anaesthetic machine and medication check complete?
- Does the woman have a known allergy
- Is there a difficult airway risk?
- 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 paper template available in Obstetric theatre. Patients undergoing Category 1 caesarean section will have Sign In completed on entrance into theatre.

## Appendix 1. WHO Surgical Safety Checklist adapted for Maternity Use

Ref: 1252 November 2010

### WHO Surgical Safety Checklist: for maternity cases ONLY

(adapted from the WHO Surgical Safety Checklist)

Royal College of  
Obstetricians and  
Gynaecologists

National Patient Safety Agency

**SIGN IN** (to be said out loud after the arrival of the woman and the midwife)

- ☐ Has the woman confirmed her identity, procedure and consent?
- ☐ Caesarean section category? 1 2 3 4
- ☐ Is the anaesthetic machine and medication check complete?
- ☐ Does the woman have a known allergy?
- ☐ Is there a difficult airway risk?
- ☐ Are blood products available?
- ☐ Has the appropriate/recent antacid prophylaxis been given?
- ☐ Is the resuscitaire checked and ready?
- ☐ Has the neonatal team been called, if needed?

**TIME OUT** (to be said out loud before skin incision)

- ☐ Have all team members introduced themselves by name and role?
- ☐ What is the woman's name?
- Obstetrician:**
  - ☐ What additional procedure(s) are planned?
  - ☐ Are there any critical or unusual steps you want the team to know about?
  - ☐ Are there any concerns about the placental site?
- Anaesthetist:**
  - ☐ Are there any specific concerns?
- Scrub practitioner:**
  - ☐ Has the sterility of the instruments been confirmed?
  - ☐ Are there any equipment issues or concerns?
- Midwife:**
  - ☐ Are cord blood samples needed?
  - ☐ Is the urinary catheter draining?
  - ☐ Has the FSE been removed?
  - ☐ Has VTE prophylaxis been undertaken?

**SIGN OUT** (to be said out loud before the woman leaves theatre)

Practitioner verbally confirms with the team:

- ☐ Has the name of the procedure and any additional procedures been recorded?
- ☐ Has it been confirmed that instruments, swabs and sharps counts are correct?
- ☐ Have specimens been labelled?
- ☐ Has blood loss been recorded?

**Obstetrician, Anaesthetist, Midwife:**

- ☐ Have the key concerns for recovery and management been discussed?
- ☐ Has post-operative VTE prophylaxis been prescribed?
- ☐ Have antibiotics been given?

**Anaesthetist and theatre team:**

- ☐ Have any equipment problems been identified that need to be addressed?

**Midwife:**

- ☐ Has the baby/babies been labelled?
- ☐ Have relevant cord bloods been taken, if relevant?
- ☐ Have cord gases been recorded, if required?

**PATIENT DETAILS**

Last name:

First name:

Date of birth:

NHS Number:

Date of procedure:

\*If the NHS Number is not immediately available, a temporary number should be used until it is

**The checklist is for  
maternity cases ONLY**

This modified checklist must not be used for other surgical procedures.

[www.nrls.npsa.nhs.uk/alerts](http://www.nrls.npsa.nhs.uk/alerts)

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## Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Compliance with key consent and site marking standards	Regular reporting via Theatre dashboard	At TACCSS governance meetings	Theatre staff	Governance lead Band 7 and Band 8 Theatre staff	6 times per year

## References

National Safety Standards for Invasive Procedures 2 (NatSSIPs) January 2023. Centre for Perioperative Care. [https://cpoc.org.uk/sites/cpoc/files/documents/2023-02/CPOC\\_NatSSIPs2\\_SignIn\\_2023.pdf](https://cpoc.org.uk/sites/cpoc/files/documents/2023-02/CPOC_NatSSIPs2_SignIn_2023.pdf)

### Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Matthew Trotman Theatre Manager
Kim Simpson Theatre Manager

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Surgical Governance Lead Nurse – Louise Shaw Jones

## 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.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• 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.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	NA	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	NA	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	NA	
7.	<b>Can we reduce the impact by taking different action?</b>	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