

Safety Standards for WHO 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.

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)

James Hutchinson

Consultant Anaesthetist

Approved by TACCSS on:

16th July 2025

Review Date

16th July 2028

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.	

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.

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

- Critical information to be checked at the Sign In includes:
 - Patient identification must be checked against the patient wristband, consent form and operating list.
 - Surgical site mark, where laterality applies.
 - Confirmation that anaesthetic machine and medications are prepared and correct.
 - Allergies
 - Detail of whether a difficulty airway is anticipated.
 - Aspiration risk.
 - Risk of blood loss (>500mls or 7ml/kg in children).
 - Presence of metalwork or surgical implants.
- 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 WHO checklist must be used to conduct the Sign In to ensure that all the steps are followed. The Sign In must also be documented as having been completed.

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 you have the relevant paperwork 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), 2023. *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 20 May 2025].

Appendix 1 - Maternity Cases Only – Surgical Safety Checklist.

 <p>PF WR5223 WHO Maternity Checklist Version 2 Page 2 of 2</p> 	
<p>NAME: _____</p> <p>NHS NO: _____</p> <p>HOSP NO: _____</p> <p>D.O.B: ____/____/____ MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></p> <p>Affix Patient Label here or record</p>	
<p align="center">MATERNITY CASES ONLY - SURGICAL SAFETY CHECKLIST</p> <p align="right">  Worcestershire Acute Hospitals NHS Trust </p>	
<p>SIGN IN Completed after the arrival of the woman and the Midwife</p> <p><input type="checkbox"/> Has the woman confirmed her identity, procedure and consent?</p> <p><input type="checkbox"/> Caesarean section category? 2 3 4 (If Category 1 - see overleaf)</p> <p><input type="checkbox"/> Is the anaesthetic machine and medication check complete?</p> <p><input type="checkbox"/> Does the woman have a known allergy?</p> <p><input type="checkbox"/> Have blood results been checked?</p> <p><input type="checkbox"/> Are blood products available?</p> <p><input type="checkbox"/> Have appropriate antacids and antibiotics been given?</p> <p><input type="checkbox"/> Is the resuscitaire checked and ready?</p> <p><input type="checkbox"/> Has the neonatal team been called, if needed?</p> <p>Print Name: Sign Name: Designation: Date: Time:</p> <p>This checklist is for MATERNITY USE only</p>	<p>TIME OUT Completed before the skin incision</p> <p><input type="checkbox"/> Have all team members introduced themselves by name and role?</p> <p><input type="checkbox"/> What is the woman's name?</p> <p>Obstetrician:</p> <p><input type="checkbox"/> What additional procedures(s) are planned?</p> <p><input type="checkbox"/> Are there any critical or unusual steps you want the team to know about?</p> <p><input type="checkbox"/> Are there any concerns about the placental site?</p> <p>Anaesthetist:</p> <p><input type="checkbox"/> Are there any specific concerns?</p> <p>Scrub Practitioner:</p> <p><input type="checkbox"/> Has the sterility of instruments been confirmed?</p> <p><input type="checkbox"/> Are there any equipment issues or concerns?</p> <p>Midwife:</p> <p><input type="checkbox"/> Are cord blood samples needed?</p> <p><input type="checkbox"/> Is the urinary catheter draining?</p> <p><input type="checkbox"/> Has the FSE been removed?</p> <p><input type="checkbox"/> Has VTE prophylaxis been undertaken?</p> <p><input type="checkbox"/> Have paedcs been called if needed?</p>
<p>SIGN OUT To be said out loud before the woman leaves the theatre</p> <p>Practitioner verbally confirms with the team:</p> <p><input type="checkbox"/> Has the name of the procedure and any additional procedures been recorded?</p> <p><input type="checkbox"/> Has it been confirmed that instruments, swabs and sharp counts are correct?</p> <p><input type="checkbox"/> Have specimens been labelled?</p> <p><input type="checkbox"/> Has blood loss been recorded?</p> <p>Obstetrician, Anaesthetist and Midwife:</p> <p><input type="checkbox"/> Have the key concerns for recovery and management been discussed?</p> <p><input type="checkbox"/> Has post-operative VTE prophylaxis been prescribed?</p> <p><input type="checkbox"/> Have antibiotics been given?</p> <p>Anaesthetist and theatre team:</p> <p><input type="checkbox"/> Is IV cannula flushed?</p> <p><input type="checkbox"/> Have any equipment problems been identified that need to be addressed?</p> <p>Midwife:</p> <p><input type="checkbox"/> Has the baby/babies been labelled?</p> <p><input type="checkbox"/> Have relevant cord bloods been taken, if relevant?</p> <p><input type="checkbox"/> Have cord gasses been recorded, if required?</p>	

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page

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"/> Anaesthetic machine and medication check complete? Yes <input type="checkbox"/> Does patient have allergy? No <input type="checkbox"/> Yes <input type="checkbox"/> 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> Plan in place for blood loss? Yes <input type="checkbox"/> NA <input type="checkbox"/> <i>(i.e. >500ml or 7ml/kg in paed)</i> <i>If yes, is adequate IV access and fluid available?</i> 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: 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	<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? 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? 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? Name: Designation	<input type="checkbox"/> Correct implant is selected (type, size, side, sterile, expiry date) Sign Out <i>Completed after final counts</i> <i>Operator present.</i> <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? 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? Notes: Name: Designation

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? Surgical Site Infection Bundle (SSI) <input type="checkbox"/> Has SSI bundle been undertaken? - Antibiotic Prophylaxis - Patient Warming - Hair Removal - Glycaemic Control	<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"/> 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