

Safety Standards for WHO Sign Out

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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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
17 th June 2025	Document reviewed and updated.	

Safety Standards for Sign Out

Introduction

The Sign Out is a final safety check at the end of a procedure to confirm no foreign objects are retained, verify the exact procedure performed, and communicate specific post-procedure instructions.

Staff responsible for Sign Out

- The whole team has a responsibility to take part in the Sign Out. However, the named responsible operator holds responsibility to ensure that the Sign Out meets the expected standards.
- There can be flexibility with who completes the Sign Out, the recommendations below should be followed:
 - The Sign Out should be initiated when all team members are present, as a minimum, this must include the operator, the scrub practitioner and the anaesthetist (where applicable).
 - The Sign Out must be completed using a WHO checklist (Appendix 3) and with a silent focus.

When should Sign Out be performed?

- The Sign Out can be completed between the time the procedure ends and before the patient leaves the procedural area.
- The Sign Out should be completed once the final swabs, sharps and instruments counts have been completed.




Critical information to be checked at the Sign Out.

- Confirm exactly what procedure was completed as the procedure may have changed or expanded during an operation.
- Confirmation of a correct count including instruments, swabs, throat packs and sharps. All items must be confirmed to be intact.
- Confirm that any specimens taken have been correctly labelled and include the patient's name, ID, site and side where relevant. For further information, see the Specimen Management Policy (WAHT-THE-019).
- Plans for recovery including any patient specific concerns.
- Any postoperative instructions around drains/clamps.
- Any equipment problems should be noted and included in the WHO Team Debrief.
- Estimated blood loss confirmed.
- Sign Out should confirm the IV lines are flushed and any controlled drugs accounted for.

References

- Centre for Perioperative Care (2023) *National Safety Standards for Invasive Procedures (NatSSIPs) 2: Sign Out*. [online] Available at: https://cpoc.org.uk/sites/cpoc/files/documents/2022-12/CPOC_NatSSIPs2_Signout_2023.pdf [Accessed 17 Jun. 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 paed's 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>

Appendix 2 – Category 1 Caesarean Section Safety Checklist.

<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><small>Affix Patient Label here or record</small></p>		<p>CATEGORY 1 CAESAREAN SECTION SAFETY CHECKLIST</p> <p>NHS Worcestershire Acute Hospitals NHS Trust</p>	
<p>COMBINED SIGN IN AND TIME OUT</p> <p>Obstetrician Leads: Spinal Anaesthetic - before Spinal GA - during preparation</p> <p>When woman enters theatre:</p> <p><input type="checkbox"/> Patient identity is confirmed</p> <p><input type="checkbox"/> Consent is checked</p> <p><input type="checkbox"/> Indications for Caesarean Section and surgical concerns INCLUDING placenta site.</p> <p><input type="checkbox"/> Allergies?</p> <p><input type="checkbox"/> Anaesthetic concerns?</p> <p>A <input type="checkbox"/> Airway plan if unable to intubate?</p> <p><input type="checkbox"/> Antacid and Antibiotics given?</p> <p><input type="checkbox"/> Anticoagulant given recently?</p> <p><input type="checkbox"/> Blood: Blood results checked? <input type="checkbox"/> G & S / Cross-match status? <input type="checkbox"/> Is cell saver needed? <input type="checkbox"/></p> <p>B <input type="checkbox"/> Baby: Fetal monitoring applied? <input type="checkbox"/> Neonatal team called? <input type="checkbox"/> Resuscitaire checked? <input type="checkbox"/></p> <p><input type="checkbox"/> Catheter - in and draining?</p> <p><input type="checkbox"/> Clip - FSE Clip removed?</p> <p>C <input type="checkbox"/> Kit - Has scrub team confirmed kit availability?</p> <p><input type="checkbox"/> Cord samples required?</p> <p><input type="checkbox"/> Concerns - does anyone have a concern or question before we start?</p>		<p>SIGN OUT</p> <p>Said out loud before the woman leaves theatre</p> <p>Practitioner verbally confirms with 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 any specimens been labelled?</p> <p><input type="checkbox"/> Has blood loss been recorded</p> <p>Obstetrician, Anaesthetist and Midwife:</p> <p><input type="checkbox"/> Is IV cannula flushed?</p> <p><input type="checkbox"/> Have the key concerns for recovery and management been discussed?</p> <p><input type="checkbox"/> Has antibiotic prophylaxis been given?</p> <p><input type="checkbox"/> Has VTE prophylaxis been prescribed?</p> <p><input type="checkbox"/> Have administered drugs and fluid been recorded on the prescription charts?</p> <p>Theatre team:</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 been labelled?</p> <p><input type="checkbox"/> Have cord bloods been taken and recorded?</p>	
		<p>DEBRIEF</p> <p>Completed when the woman is in the recovery area</p> <p>Obstetrician, Anaesthetist and Theatre Team must contribute</p> <p><input type="checkbox"/> What was the decision to delivery interval?</p> <p><input type="checkbox"/> Identifiable reasons for any delay:</p> <p><input type="checkbox"/> Additional comments:</p> <p>Print Name: _____</p> <p>Sign Name: _____</p> <p>Designation: _____</p> <p>Date: _____</p> <p>Time: _____</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"/>	<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) 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?
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? Notes:
Plan in place for blood loss? Yes <input type="checkbox"/> NA <input type="checkbox"/> (i.e. >500ml or 7ml/kg in paed) <input type="checkbox"/> <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"/>	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?	
Confirm with scrub team (if relevant): Correct equipment available <input type="checkbox"/> Correct implant available <input type="checkbox"/>		
Name: Designation	Name: Designation	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"/>	Notes
Assistant <input type="checkbox"/> Is equipment sterility confirmed? <input type="checkbox"/> Any equipment concerns? <input type="checkbox"/> Is monitoring applied?		
Name: Designation		Name: Designation