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Safety Standards for WHO Time 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)

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:
17th Jan 24	Document approved	TACCSS
June 2025	Document reviewed & updated.	

Safety Standards for WHO Time Out

Introduction
- All patients must have this safety check immediately prior to commencement of their procedure. This is to ensure that the correct patient will receive the correct procedure and highlights any anticipated problems.
- The procedure should not commence until Time Out is complete.

Staff responsible for Time Out
- The whole team has a responsibility to take part in the Time Out. However, the named responsible operator holds responsibility to ensure that the Time Out meets the expected standards.
- There can be flexibility with who completes the Time Out, the recommendations below should be followed:
- The Time Out should be initiated when all team members are present, and the patient is safely transferred onto the operating table.
- When the lead operator and lead anaesthetist is present.
- All other activities have stopped (e.g. side/other conversations, scrubbing, patient positioning)
- The team member conducting the Time Out should read the paper checklist out loud so everyone can hear. The Time Out requires the full attention of the team and for all staff to pause in their tasks to face the individual conducting the safety check. All staff must listen and contribute to the Time Out with a silent focus.
- Specific questions are directed at the operator, anaesthetist and scrub practitioner. However, it is important that the whole team is included, and all team members can voice concerns.
- Participation of the patient should be encouraged when possible. For example, when awake, the patient can say aloud their full name and date of birth, confirm the procedure they are expecting (including laterality where applicable) and their allergy status.

When should Time Out be performed?
- Time Out is performed once the patient is transferred onto the operating table. The anaesthetist is present and should indicate when they are satisfied that Time Out may safely occur.
  If they require additional time to establish patient safety after transfer, then Time Out should be deferred until indicated by the anaesthetist.
- The Time Out should be performed as close as possible to skin incision, which will usually be just before skin prep and draping.

Critical information to be checked at the Time Out.
The Time Out checks should include:
- The team have all introduced themselves, including their role. This must include any new members of staff.
- Patient identification.

- Allergy status.
- Confirmation of any existing intentional foreign objects in situ including metalwork.
- The planned procedure including a confirmation of the site mark (where laterality applies), must be confirmed against the consent form.
- Any anticipated critical events must be highlighted. This includes:
  - A blood loss management plan.
  - Any specific equipment requirements/investigations.
  - Plans for any critical or unexpected steps during the procedure.
  - The anaesthetist, when present, must be asked about any patient concerns, ASA status and any additional monitoring requirements or support.
  - There must be a re-confirmation of instrument sterility, and any equipment concerns highlighted. Implants must also be confirmed to be available for use.
- Surgical Site Infection Bundle must be confirmed. This includes:
  - Antibiotics prophylaxis to be administered within 60 minutes.
  - Patient warming requirement.
  - Hair removal if applicable.
  - Glycaemic control.
- Confirmation of appropriate VTE prophylaxis.
- Confirmation of the availability of essential imaging.
- The possibility of any potential changes or critical steps should be highlighted.
- The WHO paper checklist (Appendix 3) must be used to conduct the Time Out to ensure that all the steps are followed. The Time Out must also be documented as having been completed.
- When all checks are confirmed, the individual conducting the Time Out should declare that this is complete and that the procedure can commence.

In the event of personnel change

- If team members change during the theatre list or during a procedure, the incoming personnel should introduce themselves by name and role to the team.
- Handover between changing team members is vital to ensure patient safety during the invasive procedure. A useful template for handover is the SBAR (Situation, Background, Assessment and Recommendation) template.

Obstetric Theatre Time Out

- The same principles apply for the Time Out; however obstetric cases require altered checks due to the nature of surgery. There is a WHO Checklist that is adapted for Obstetric cases (Appendix 1).
- The Anaesthetist usually leads the Time Out for Obstetric cases.
- As part of the Time Out, the operator is asked:
- Whether any additional procedures are planned for the patient.
- If they have any concerns about the placental site.
- As part of the Time Out the midwife is asked:
- Whether any cord samples are required.
- Whether the urinary catheter is draining.

- If the FSE has been removed.

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. Maternity Emergency Theatre Checklist (Appendix 2), you must complete both the Sign In and Time Out separately using the checklist. There is also a WHO Checklist that is adapted for local anaesthetic (Appendix 4).
- All members involved in the procedure should be present and attentive during this safety check.

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].

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

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Appendix 1 - Maternity Cases Only – Surgical Safety Checklist.

Affix Patient Label here or record

NAME: . . . .
NHS NO:
HOSP NO:
D.O.B: ☐☐ / ☐☐ / ☐☐☐☐   MALE ☐ FEMALE ☐

MATERNITY CASES ONLY - SURGICAL SAFETY CHECKLIST

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SIGN IN
Completed after the arrival of the woman and the Midwife

- ☐ Has the woman confirmed her identity, procedure and consent?
- ☐ Caesarean section category? 2 3 4 (if Category 1 - see overleaf)
- ☐ Is the anaesthetic machine and medication check complete?
- ☐ Does the woman have a known allergy?
- ☐ Have blood results been checked?
- ☐ Are blood products available?
- ☐ Have appropriate antacids and antibiotics been given?
- ☐ Is the resuscitaire checked and ready?
- ☐ Has the neonatal team been called, if needed?

Print Name:
Sign Name:
Designation:
Date:
Time:

This checklist is for MATERNITY USE only

TIME OUT
Completed before the skin incision

- ☐ Have all team members introduced themselves by name and role?
- ☐ What is the woman's name?

Obstetrician:
- ☐ What additional procedures(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 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?
- ☐ Have paeds been called if needed?

SIGN OUT
To be said out loud before the woman leaves the 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 sharp counts are correct?
- ☐ Have specimens been labelled?
- ☐ Has blood loss been recorded?

Obstetrician, Anaesthetist and 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:
- ☐ Is IV cannula flushed?
- ☐ 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 gasses been recorded, if required?

PF WR5223 WHO Maternity Checklist Version 2 Page 2 of 2

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Appendix 2 – Category 1 Caesarean Section Safety Checklist.

Affix Patient Label here or record

NAME: ....

NHS NO:

HOSP NO:

D.O.B: ☐☐/☐☐/☐☐☐☐   MALE ☐ FEMALE ☐

CATEGORY 1 CAESAREAN SECTION SAFETY CHECKLIST

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COMBINED SIGN IN AND TIME OUT
Obstetrician Leads:
Spinal Anaesthetic - before Spinal
GA - during preparation

When woman enters theatre:

☐ Patient identity is confirmed
☐ Consent is checked
☐ Indications for Caesarean Section and surgical concerns INCLUDING placenta site.

A
☐ Allergies?
☐ Anaesthetic concerns?
☐ Airway plan if unable to intubate?
☐ Antacid and Antibiotics given?
☐ Anticoagulant given recently?

B
☐ Blood: Blood results checked? ☐
       G & S / Cross-match status? ☐
       Is cell saver needed? ☐

☐ Baby: Fetal monitoring applied? ☐
       Neonatal team called? ☐
       Resuscitaire checked? ☐

C
☐ Catheter - in and draining?
☐ Clip - FSE Clip removed?
☐ Kit - Has scrub team confirmed kit availability?
☐ Cord samples required?
☐ Concerns - does anyone have a concern or question before we start?

SIGN OUT
Said out loud before the woman leaves theatre

Practitioner verbally confirms with team

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

Obstetrician, Anaesthetist and Midwife:

☐ Is IV cannula flushed?
☐ Have the key concerns for recovery and management been discussed?
☐ Has antibiotic prophylaxis been given?
☐ Has VTE prophylaxis been prescribed?
☐ Have administered drugs and fluid been recorded on the prescription charts?

Theatre team:

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

Midwife:

☐ Has the baby been labelled?
☐ Have cord bloods been taken and recorded?

DEBRIEF
Completed when the woman is in the recovery area

Obstetrician, Anaesthetist and Theatre Team must contribute

☐ What was the decision to delivery interval?
     _____

☐ Identifiable reasons for any delay:
     _____
     _____
     _____

☐ Additional comments:
     _____
     _____
     _____
     _____

Print Name:
Sign Name:
Designation:
Date:
Time:

PF WR5223 WHO Maternity Checklist Version 2 Page 1 of 2

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Appendix 3 – WHO Checklist

Please read out checklist from sheet.
One person in Theatre should be designated to lead the checklist.

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

Sign In and Time Out Combined Check
Check by operator and assistant

Confirm with patient:

Identity Yes ☐

ID band applied Yes ☐

Procedure Yes ☐

Consent form correct Yes ☐

Surgical site marked? Yes ☐ NA ☐

Does patient have allergy? Yes ☐ No ☐

Does patient have any risk factors?

Anticoagulant? Yes ☐ No ☐

Immunosuppression? Yes ☐ No ☐

Implanted metalwork? Yes ☐ No ☐

Diabetes? Yes ☐ No ☐

Operator:

☐ Any critical steps?

☐ Equipment requirements?

☐ Imaging available?

☐ Is there risk of major blood loss?

Surgical Site Infection Bundle (SSI)

☐ Has SSI bundle been undertaken?

- Antibiotic Prophylaxis

- Patient Warming

- Hair Removal

- Glycaemic Control

Assistant

☐ Is equipment sterility confirmed?

☐ Any equipment concerns?

☐ Is monitoring applied?

Sign Out
Completed after final counts · Operator present.

☐ Confirm name of procedure

☐ Are instrument, swab and sharp counts correct?

☐ Have specimens been labelled and placed in correct container?

☐ Have any equipment problems been identified?

☐ Have any key concerns for recovery been discussed?

☐ Is a post-op anticoagulation plan in place?

Notes

Name:
Designation

Name:
Designation