

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.

- All patients must have a final safety check immediately before the start of their procedure.
- This acts as a confirmation that the correct procedure is going to be performed on the correct patient.
- It also communicates anticipated problems and identifies any last minute changes or equipment issues.

- All anaesthetists
- All surgeons
- Midwives
- Theatre staff
- Interventional Radiologists
- Interventional Cardiologists
- Endoscopists
- All practitioners performing procedures outside of theatre environment

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Approved by TACCSS on: 17th January 2024

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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

Key amendments to this guideline

Date	Amendment	Approved by:
17 th Jan 24	Document approved	TACCSS

Safety Standards for Time Out

Summary of guideline

- Time out is a crucial safety check which occurs at the start of every invasive procedure.
- All team members are responsible for time out. There should be a silent focus during time out.
- The person leading time out should be designated during the morning team brief.
- The anaesthetist is responsible for indicating when it is safe to proceed with the time out. If it is not safe then time out should be deferred.
- The person conducting time out reads aloud from the paper document which is stored in the patient notes.
- The anaesthetist should support the Time Out. There should be a *silent focus* and all team members should have the opportunity to contribute. When an anaesthetist is not present the operator/surgeon must support Time Out.
- Within operating theatre the following factors are checked (as a minimum),
 - Has everyone in the team introduced themselves and do new team members need to be introduced
 - Patient identification
 - Procedure, site and position planned including presence of appropriate mark
 - Anticipated critical events including
 - the operator is asked about blood loss, specific equipment requirements /investigations and any critical or unexpected steps
 - the anaesthetist when present is asked about patient concerns, asa and monitoring and support i.e. blood
 - the nurse/odp is asked to confirm equipment sterility and issues/concerns
 - Surgical site infection bundle is confirmed when applicable
 - antibiotics prophylaxis within 60 minutes
 - patient warming
 - hair removal
 - glycaemic control
 - Appropriate VTE prophylaxis
 - Availability of essential imaging
 - Any potential changes or critical steps should be discussed

- **Time Out occurs once the patient is transferred onto the operating table, but before knife to skin**
- **The procedure should not commence until Time Out is complete.**

Introduction

- All patients must have a final safety check immediately before the start of their procedure.
- This acts as a confirmation that the correct procedure is going to be performed on the correct patient.
- It also communicates anticipated problems and identifies any last minute changes or equipment issues.

Details of Guideline

Staff responsible for Time Out

- The whole team has responsibility for completing the Time Out.
- The specific staff members who complete the Time Out safety stop should be designated at the Team Brief. Ideally one person should be designated and where possible that person should complete every Time Out during the session. This ensures continuity and familiarity.
- Although there can be flexibility with who completes the Time Out, the recommendations below should be followed.
- The Scrub Practitioner initiates the Time Out when all team members are present and the patient is safely transferred onto the operating table.
- The team member conducting Time Out should read the paper checklist out loud so everyone can hear.
- Where applicable the anaesthetist is responsible for supporting the team member conducting Time Out. They should also support any team member who wishes to voice a concern.
- Time Out requires the full attention of the team. This requires that staff pause in their tasks and face the circulating staff. Everybody is required to stop, listen and contribute to the Time Out safety check. A silent team focus is required.
- 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 name and date of birth, confirm the procedure they are expecting 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 present should indicate when they are satisfied that Time Out may safely occur. If they require additional time to establish patient safety after transfer onto the operating table then Time Out should be deferred until indicated by the anaesthetist.

Time Out Checks

The Time Out checks should include, when relevant:

- Has everyone in the team introduced themselves and do new team members need to be introduced
- Patient identification
- Procedure, site and position planned including presence of appropriate mark
- Anticipated critical events including
 - The operator is asked about blood loss, Specific equipment requirements /investigations and any critical or unexpected steps
 - The anaesthetist when present is asked about patient concerns, ASA and monitoring and support i.e. blood
 - The nurse/ODP is asked to confirm equipment sterility and issues/concerns
- Surgical Site Infection Bundle is confirmed when applicable
 - Antibiotics prophylaxis within 60 minutes
 - Patient warming
 - Hair removal
 - Glycaemic control
- Appropriate VTE prophylaxis
- Availability of essential imaging
- Any potential changes or critical steps should be discussed

In the event of personnel change

- If team members change the incoming personnel should introduce themselves by name and role to the team. For example if there is a change in Operator, Anaesthetist, Scrub staff and Circulating staff they should introduce themselves. Any new students or company representatives should be invited to introduce themselves.
- 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

- Obstetric cases require different checks due to the nature of surgery. There is a WHO Time Out adapted for Obstetric cases (Appendix 1).
- The same principles apply. Silent Focus is required.
- The Anaesthetist present is responsible for leading the Time Out in Obstetric cases. Another team member may lead the Time Out, but this should be discussed at the Team Brief.
- The WHO template is a paper form used to support Time Out. The information from Time Out is recorded on BlueSpier.
- The patient identity is confirmed against the wrist band, consent form and operating list.
- The frequent presence of an awake patient in Obstetric theatre means that patient participation should be encouraged. The woman could be asked to state her name, date of birth and expected procedure when appropriate.
- The Operator is asked:
 - Any additional procedures planned?
 - Any critical or unusual steps they want the team to know about?
 - If they have any concerns about the placental site?
 - The Anaesthetist is asked
 - Do they have any patient specific concerns?
 - The Scrub practitioner is asked to confirm:
 - The sterility of instruments and equipment.
 - If there are any equipment issues or concerns.
- The Midwife is asked:
 - Are cord samples required?
 - Is the urinary catheter draining?
 - Has the FSE been removed?
 - Has VTE prophylaxis been undertaken?
- Once Time Out is completed then the procedure is commenced.

Obstetric Category 1 Delivery Time Out

- During a category 1 Caesarean Section the aim is to have a decision to delivery interval of 30 minutes or less because of a threat to the woman or foetus health.
- When the obstetrician decides a category 1 delivery is warranted this is declared and the Category 1 Delivery Emergency Theatre Call is activated through switchboard. This will alert the relevant staff to attend Obstetric Theatre. Usual preoperative steps are performed as per WHAT TP 094.
- The woman is moved to theatres. The obstetrician is responsible for conducting the Category 1 Checklist.

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
- Endoscopy procedural area
- Bronchoscopy procedural area

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 important that there are specific safety checks carried out by the operator and team prior to the procedure.

Recommendations in these areas include:

- A combined Sign In/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 following are checked by the operator and assistant.
 - 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
- The Operator is then asked to confirm:
 - Anticipated blood loss and arrangements in case of blood loss
 - Any specific equipment requirements
 - Any critical steps
 - VTE prophylaxis
 - Requirements for warming, antibiotic prophylaxis, glycaemic control and hair removal, when relevant
- The Scrub practitioner is asked to confirm
 - Sterility of instruments and equipment
 - Any equipment issues or concerns


Once the relevant checks are completed the invasive procedure may proceed.

Appendix 1. WHO 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.

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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/2022-12/CPOC_NatSSIPs2_TimeOut_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 Quality 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.	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