Worcestershire Acute Hospitals NHS Trust

# Procedure for the checking of swabs, Instruments, sharps and needles

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| **Key Document Code** | WAHT-KD-016 |
| **Key Document Owner** | Dr James Hutchinson |
| **Reviewed TACCSS governance** | 19th November 2025 |
| **Review Date**<br>**This is the most current document and should be used until a revised version is in place** | 19th November 2028 |

## Key Amendments

| Date | Amendment | Approved by |
|---|---|---|
| 16th December 2019 | Addition of appendix covering Ophthalmology | Mat Trotman |
| 8th June 2021 | Reformatting, change of colour and type of swabs in the anaesthetic room | Theatres Governance |
| September 2023 | Addition of section relating to high risk counting scenarios<br>Re-ordering of Count procedure into 'Who, When, How' sections to reflect NatSSIPs document<br>Inclusion of Intentionally Retained Packs section<br>Inclusion of advice that packs should never be cut<br>Inclusion of advice that red ties used to bundle swabs should be included in the count | Theatres governance / James Hutchinson |
| 15th November 2023 | Additional minor amendments to the Count Discrepancy paragraph | Theatres Governance/ James Hutchinson |
| 17th Jan 20224 | Full review of Policy | Theatres Governance/Dr Hutchinson |
| 22nd March 2024 | Sentence 'All images must be saved to the patient file' added to count discrepancy section | Dr Hutchinson/Anaesthetic Clinical Director |
| 23rd April 2024 | Update to clarify use of C-Arm Digital mode for smaller items (i.e. <10mm) or Raytec swabs. | Andrew Joyce / Amy Todd / James Hutchinson<br>Theatre governance May 2024 |
| 19.11.2025 | Addition of vaginal tampons to the policy | Laura Veal<br>Theatre governance November 2025 |

## Introduction and General Principles

The overriding principle for the count is that all **swabs (including vaginal tampons), instruments** and **needles MUST** be accounted for at **ALL** times during an invasive surgical procedure or vaginal birth to prevent foreign body retention and subsequent injury to the patient.

**Items include**:
Surgical instruments, x-ray detectable gauze swabs, packs, vaginal tampons, pledgelets, gauze strips and neurological patties, suture needles, blades, hypodermic needles, tapes, liga-reels, slings, sloops, shods, bulldogs, red swab ties, cotton wool balls and any other item deemed recordable.

## Staff Included In Policy

- All Registered Peri-operative Practitioners employed in theatres including surgeons.
- Competent Theatre/maternity Support Workers with evidence of completion of competency assessment documentation, Perioperative Care level 2 or equivalent.
- Student nurses, midwives and ODPs must be supernumerary until deemed competent by a registered mentor/assessor to assist with the count.

**An introduction to the Theatre Count Policy must be included in the orientation programme for new staff working within general and obstetric theatres.**

## The Count

- The count must be performed by **two staff**, one of whom **MUST** be a registered peri-operative practitioner (midwife/nurse/operating department practitioner (ODP)) or Senior Theatre/ Maternity Support worker appropriately trained.
- The staff involved in the count **should** be able to recognize and identify the instruments and medical devices. It is recognised that there are situations where this may not be feasible and these situations must be risk assessed, e.g Loan Instrument Sets*.

## Life Threatening Emergency Situations

- In the event of a NCEPOD 1 (NCEPOD 2004) immediate life threatening emergency, it is recognised that it is not always feasible to perform an initial count. In these circumstances, all packaging must be retained to facilitate a count to be under taken at the earliest, appropriate opportunity and this must be documented in the patient and departmental records. (AfPP Standards and recommendations for Safe Perioperative Practice 2016)

## Loan Instrumentation*

- It is recognised that the use of Loan Instrument Sets poses a risk. Although, the loan company provides a check list for use during a count, the staff involved may not be able to identify individual instruments.
- Where feasible, the company representative must be in attendance to guide staff when loan instrumentation is used. All loan instrumentation **MUST** be checked against the company check list before sterilization and ideally this check must be performed by the

practitioners to be involved in its use.

## Caution moments during reconciliation of items in prevention of retained foreign objects

- Emergency and urgent work
- Multiple operative sites or cavities
- Multiple trays, teams, and handovers
- Maternity services
- White swabs without a radio-opaque line in dressing packs
- Green swabs near mouth or cavity areas
- Vaginal tampons

## Checking Procedure for Swabs, Instruments and Needles

### Who

- Both the practitioners (one of whom must be a registered practitioner) performing the count must **count aloud and in unison.**
- Ideally, the same **two** staff must perform all counts during a procedure. It is recognised that there are situations where this may not be feasible, e.g shift changes.
- If a scrub practitioner or surgeon is replaced during a procedure for any reason, then a full count must be performed at the changeover, recorded and signed by both practitioners.
- If there is no scrub practitioner present then the operating surgeon must perform the count with a registered circulating practitioner or registered midwife, as appropriate.

### When

- A count must be performed for all invasive procedures and recorded immediately. The count record has to be retained in the patient's theatre record (i.e. BlueSpier).
- The initial full swab, instrument and sharps count must be performed immediately prior to the start of the procedure.
- A count must occur prior to the closure of any cavity, before wound closure begins and at skin closure or at the end of the procedure. At LSCS counts must be undertaken at closure of the uterus, abdomen and before skin closure or at the end of the procedure – a final count must be performed before the patient leaves the theatre.
- When additional items are added to the procedure field, they must be counted when added and recorded appropriately as part of the count. The identity tag must be included in the final check.

### How

- The surgical team must allow time for counts to be undertaken without pressure.
- Provision must be made in the theatre for a permanent dry wipe count board. The board must be fixed to the wall and be at a height and position that facilitates access and visibility during all procedures.
- The counting procedure must be in a logical progression, e.g small to large.

- The recommended sequence of surgical counts is: **swabs, needles and sharps, instruments.**
- The scrub practitioner must be aware of the location of all swabs, needles, instruments and medical devices during a procedure.
- Once a count has started it must be completed without interruption. If an interruption occurs it must be recommenced from the last recorded item. (ORNAC 2005 module 3)
- Items must be separated during the count procedure, swabs/packs must be fully opened and the integrity of the x-ray detectable markers must be checked. The integrity of tapes on swabs/packs must also be checked.
- If a counted item is dropped out of the sterile field it must be retrieved by the circulating practitioner, shown to the scrub practitioner and retained to be included in the final count.

Swabs

- X-ray detectable swabs used for skin preparation or catheterization must remain in theatre and be part of the count at the end of the procedure.
- Non X-ray detectable swabs should never be used in a cavity or major surgical procedure
- The red tag band used to bundle the swabs into packs of 5 should be included in the swab count
- When checking swabs, the scrub practitioner must ensure that the item is fully opened to check its integrity.
- At the initial count and when added during a procedure, swabs and packs must be counted into **groups of five**. When additional swabs and packs are required they must not be added to those already counted until the number in the packet has been verified.
- In the event of an incorrect number of swabs or packs in a packet (not five) the entire packet must be removed from the procedure area. The batch and lot numbers must be recorded and removed from stock. The incident must be reported on Datix and the appropriate agencies notified (supplies and the manufacturer).
- Used swabs and packs must be counted off the sterile field in **groups of five**. The technique used must be safe and incorporate infection control measures in conjunction with standard precautions (AfPP 2016). If appropriate, the disposal system used must be sealed and the number of contents recorded on the outside of the container. If there is a discrepancy in the count, the disposal container must be re-opened and the contents re-counted.
- Packs and swabs should NEVER be cut
- A 'Pack' used as a packing material usually has a tail and is bigger than a large swab. Packs must never be tied together. e.g. trauma and maternity
- Vaginal tampons must be added on the whiteboard in theatre and included in the counts

Needles and Sharps

- Suture and hypodermic needles should all be counted.
- If a blade, needle or instrument breaks during use, the scrub practitioner must ensure that all pieces are returned and accounted for at the end of the procedure.
- Suture needles must be recorded as a total number at the start of a procedure, with

additional items being added individually on the count board. Suture packets must be retained for a check back procedure. Hypodermic needles must be recorded as a total number at the start of a procedure with additional items being added individually on the count board.

- Used needles must be retained in a disposable, puncture resistant container and displayed appropriately for ease of counting.

Instruments

- Instruments must be counted audibly, singularly and viewed by both the scrub and circulating practitioners. Staff involved in surgical counts must be able to recognize and identify the instruments they are counting.
- The pre-printed sheets with the instrument sets must be used to check the instruments. The scrub and circulating practitioner's identity must be recorded on the instrument sheet. The instrument sheet must be returned to SSD with the used instruments at the end of the procedure.
- Instruments with multiple parts should be counted as one instrument (but confirmed to be intact).
- If the instrument tray is deemed incorrect at the start of the procedure (i.e missing or damaged items), this must be documented using the HESSDA traceability system. Please scan the tray, select the reason (contact sterile services if reason not present), select return location and then save. If items are damaged during the procedure please report via the HESSDA traceability system.
- A copy of all instrument tracking labels used in a procedure must be attached to the tracking sheet and placed in the patient's notes. A copy must also be attached to the theatre record book with the procedure date and patients details.
- Both single use and re-usable items should be counted.
- Disposable items, e.g. Bert bags for laparoscopic surgery, should be counted on and off the procedure field in the same way as instruments and sharps.

Completing the count

- On completion of the final count a verbal statement must be made to the operating surgeon to the effect that all swabs, instruments, sharps and needles are accounted for and verbal acknowledgement must be received from the operating surgeon and the anaesthetist.
- All used swabs, instruments and needles must be removed from the theatre and disposed of appropriately at the end of each patient's procedure.
- **No swabs needles or instruments must leave the operating department until the counts are correct and permission is given by scrub practitioner.**

**Documentation**

- At the end of the procedure, the scrub and circulating practitioners must record in the relevant documentation that satisfactory checks have taken place. This may include peri-operative care plans, theatre registers, and computerised systems (i.e. Bluespier) and the WHO checklist.
- It is the responsibility of the scrub practitioner to ensure that the count documentation

is completed and recorded accurately. A copy of the count documentation indicating the name of the scrub and circulating practitioners must retained in the patient's theatre record.

- The completion of the count and confirmation that all items have been accounted for should be confirmed and documented during the 'Sign Out' phase of the WHO Surgical safety Checklist

## Count Discrepancy

- If a discrepancy in the count is identified, the operating surgeon and anaesthetist must be informed immediately.
- The operator must stop wound closure, if safe to do so, while the count is repeated and the theatre/operating site is searched.
- The recommended process includes:
  - A full further count.
  - A thorough search for the missing item.
  - Not moving the patient out of the procedure room until the missing item is accounted for.
  - Staff should not assume that the missing item is somewhere in the room.

**Imaging**

  - Imaging in theatre should be used to locate the missing item if a thorough search does not locate the missing item.
  - Imaging in the recovery room is not appropriate and is too late.
  - A request must be added to ICE to ensure images and dose can be saved to the patient's file.
  - The exact type of imaging used will depend on the surgery site and the missing item.
  - The C-Arm may be used to locate the missing item over the operative site only.
    - Conventional imaging with current C-Arm machines should be sufficient for identifying most X-ray visible items.
    - X-ray visible swabs ('Raytec') and needles less that 10mm should be searched for using 'Digital Mode' on the C-Arm which offers a better picture (albeit with increased radiation dose).
    - If the C-Arm does not identify an item which would normally be expected to be visible, then the use of further imaging is not recommended. The item is very unlikely to be within the operative site.
    - Discussion with radiology colleagues may be required where there is uncertainty about imaging modes.

- Missing micro items (e.g. needles that cannot be detected on x-ray) must be recorded in the peri-operative records and theatre register.
- All missing items must be documented in the peri-operative care plan, theatre register and patient's notes. It must also be included on Bluespier and the WHO checklist.
- In maternity any missing items should be documented on the patients BadgerNet electronic record.
- The scrub practitioner must report the missing item to the nurse/midwife in charge and a clinical incident must be completed on Datix.

- **A Clinical Incident form MUST be completed on Datix for all missing items.**
- In accordance with the Being Open Policy, any discrepancies and actions to be taken must be discussed with the patient or relatives and fully documented within the patient's record.

### Colour of Swabs to Be Used In Theatre

- The swabs used during any operation must be **white** in colour and have an x-ray detectable marker.
- Swabs used for dressings must be **blue** and not contain an x-ray detectable marker. These swabs must not be opened until the final swab check is correct.
- All swabs used in the anaesthetic room must be coloured **blue** and do not need an x-ray detectable marker.
- Throat packs must contain a radio opaque marker. Insertion and removal of a throat pack is the anaesthetist's responsibility. The insertion and removal of a throat pack must be recorded on the anaesthetic record and the count board.
- Vaginal tampons must contain a radio opaque marker. Insertion and removal is the surgeon's responsibility and must be recorded on the whiteboard in theatre and on Bluespier.

## Intentionally retained foreign items

- Patients and healthcare staff must be made aware of any item intentionally or deliberately retained after a procedure and what the plan is for its removal.
- In Maternity the Badgernet Indwelling Surgical Pack form should be completed. A Blue labelled wrist band (x1 for each item retained) should be applied to the patient and not removed until the pack is removed. Please see separate SOP on maternity page for details.
- In Gynaecology the LocSIPP checklist should be completed and a blue labelled wrist band (x 1 for each item retained) should be applied to the patient and not removed until the pack is removed. Please see separate Gynaecology Guideline for further details '*Standard Operating Procedure for Use of the Local Safety Standard for Invasive Procedures (LocSSIP) for Intentionally Retained Devices (Uterine and Vaginal Tamponade Devices) in Gynaecology*
- On occasion, items which were not intended to be implanted may appropriately be intentionally left permanently in place. For example, a surgeon may on balance decide that it is safer to leave a fragment of broken screw in a bone than to risk further injury or damage in an attempt to retrieve. When this occurs, this must be clearly documented in the medical record and the patient informed.
- Absorbable packing. Some packing material is deliberately retained and is absorbed over time into the patient. It is not necessary for this to be included in the process for deliberately retained items or subsequent count.
- The receiving ward (or theatre) nurse / practitioner must confirm the presence of any intentionally retained items at the time of handover.
- The nurse / practitioner must ensure that the intentionally retained item is clearly documented and that a patient information leaflet is given.
- If the patient returns to an operating theatre / procedure room for removal of an intentionally retained foreign item the site, nature, number, and purpose of the items to be removed must be confirmed during Time Out.

## References


- Association for Perioperative Practitioners (2016) Standards and Recommendations for Safe Perioperative Practice Harrogate AfPP
- World Health organisation 2009 WHO Guidelines for Safe Surgery: Safe Surgery saves lives. http://www.who.int/patient safety/safe surgery/tools resources/9789241598552/en/
- NCEPOD (2004) The NCEPOD Classification of Interventions London NCEPOD www.ncepod.org.uk/pdf/NCEPODClassification.pdf
- Operating Room Nurses Association of Canada (2005) Module 3 Safety/risk prevention and management- 5 surgical counts In Recommended Standards, Guidelines and Position Statements for Peri-operative Nursing Practice. Ontario, ORNAC
- National Safety Standards for Invasive Procedures 2. January 2023. Centre for Perioperative Care. https://cpoc.org.uk/sites/cpoc/files/documents/2023-02/1.%20CPOC_NatSSIPs_FullVersion_2023_0.pdf


## Appendix 1 – Procedure for Checking Swab/Instruments/ Sharps and Needles in Ophthalmology

- Ophthalmology will in the interest of performing safe Ocular surgery follow the general principles of the policy
- Some adaptations however will be required and followed County wide in ALL Ophthalmology Theatres
- There are two distinct areas of surgery within ophthalmology which need to be considered separately:

1) Intra ocular work to include, Cataracts / Vitreoretinal /Corneal / Surgical Glaucoma
2) Extra ocular work- Oculoplastic/Ocular motility (oculoplastic / ocular motility)

- Due to the nature of Intra ocular surgery, defining when a count should occur is difficult however, all swab/ instruments/sharps and needles/additional medical devices should be counted prior to the commencement of surgery as per policy.
- The Scrub Practitioner must be aware of the location of all swabs needles instruments and additional medical devices during the procedure as per policy.
- For Intra ocular surgery the final count should be before the speculum is removed and should be voiced to the operating surgeon.
- For Ocular motility surgery the final count should be performed before the Conjunctiva is closed
- For Oculoplastic surgery follow the general policy
- Integrity of all Swabs, spears, cotton buds and instruments must be confirmed as complete.

- For clarification the following should be counted
- This is not exhaustive list and should any new innovations deem it necessary, other additions will be made

| **Intra Ocular Surgery** | **Extra ocular Surgery** |
|---|---|
| Needles | Swabs |
| Instruments | Spears |
| Hypodermic needles to include Cystotomes ETC | Cotton buds |
| Iris hooks | Needles |
| Malyugin Rings | Instruments |
| **VR** | Hypodermic needles |
| Ports | |
| Plugs | Slings |
| Heavy Liquid | |
| **Glaucoma Surgery** | |
| Corneal light Shield – 4 | |

**Count Discrepancies as per policy**

- "Missing Micro items, must be documented in the Peri-operative care plan, theatre register and on Bluespier WHO Checklist "
- The surgeon will check the eye and surrounding area (under the microscope for intraocular surgery) – to ensure the item is not retained in the wound.
- This must be reported to the nurse in charge and a Datix completed.

## Appendix 2. Flow Sheet for display in theatre.

### Actions in Event of Count Discrepancy

- **Inform**
  - Surgeon
  - Anaesthetist
  - Theatre Co-ordinator
- **Search of area** should be commenced immediately.
- **Consult full SOP on Theatre Pathway page**

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- **Perform another FULL count to confirm there is a missing item.**

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- **If item still missing:**
  - Complete another thorough search of the area including the sterile field.
  - Search should include yellow waste bags.
  - If yellow bags have left the area they should be located and searched.

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- **If item not found use XRAY to search the operative site**
  - Current C-Arm machines should identify most items.
  - For smaller items (i.e. needles <10mm / radio-opaque swabs) use Digital Mode on image intensifier.
  - If an item (which is expected to be visible) is not found using conventional C-Arm imaging, then it is very unlikely to be in operative site.
  - All images (including intensifier) **must** be saved to patient file.
  - X-ray requests **must** be made on ICE.
  - X-rays should happen in theatre unless there is a clinical reason to move patient.

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- **Complete DATIX** (even if item found) **and discuss at DE-BRIEF**
- **If follow up X-ray needed:** designate team member to request and review.

## Supporting Document 1 – Equality Impact Assessment form

Worcestershire Acute Hospitals NHS Trust

**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**
**Please read EIA guidelines when completing this form**

**Section 1 - Name of Organisation** (please tick)

| | | | | | |
|---|---|---|---|---|---|
| Herefordshire & Worcestershire STP | | Herefordshire Council | | Herefordshire CCG | |
| Worcestershire Acute Hospitals NHS Trust | x | Worcestershire County Council | | Worcestershire CCGs | |
| Worcestershire Health and Care NHS Trust | | Wye Valley NHS Trust | | Other (please state) | |

| | |
|---|---|
| **Name of Lead for Activity** | **Dr James Hutchinson** |

| | | | |
|---|---|---|---|
| **Details of individuals completing this assessment** | **Name** | **Job title** | **e-mail contact** |
| | **Dr James Hutchinson** | **Consultant Anaesthetist** | **James.hutchinson7@nhs.net** |
| | | | |
| | | | |
| **Date assessment completed** | | | |

**Section 2**

| | | | | |
|---|---|---|---|---|
| Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.) | **Title: Procedure for the checking of swabs, Instruments, sharps and needles** | | | |
| What is the aim, purpose and/or intended outcomes of this Activity? | | | | |
| Who will be affected by the development & implementation of this activity? | X<br>X<br>❑<br>❑ | Service User<br>Patient<br>Carers<br>Visitors | X<br>❑<br>❑<br>❑ | Staff<br>Communities<br>Other _____ |

| | |
|---|---|
| Is this: | X Review of an existing activity<br>❑ New activity<br>❑ Planning to withdraw or reduce a service, activity or presence? |
| What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc. | National guidance, Radiology governance processes, NatSSIP2 guideline |
| Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required) | Discussion with radiology governance team |
| Summary of relevant findings | |

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

| Equality Group | Potential positive impact | Potential neutral impact | Potential negative impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|---|---|---|---|---|
| **Age** | | x | | |
| **Disability** | | x | | |
| **Gender Reassignment** | | x | | |
| **Marriage & Civil Partnerships** | | x | | |
| **Pregnancy & Maternity** | | x | | |
| **Race including Traveling Communities** | | x | | |
| **Religion & Belief** | | x | | |
| **Sex** | | x | | |
| **Sexual Orientation** | | x | | |
| **Other Vulnerable and** | | x | | |

| Equality Group | Potential positive impact | Potential neutral impact | Potential negative impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|---|---|---|---|---|
| **Disadvantaged Groups** (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.) | | | | |
| **Health Inequalities** (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies) | | x | | |

**Section 4**

| What actions will you take to mitigate any potential negative impacts? | Risk identified | Actions required to reduce / eliminate negative impact | Who will lead on the action? | Timeframe |
|---|---|---|---|---|
| | | . | | |
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| | | | | |
| **How will you monitor these actions?** | | | | |
| **When will you review this EIA?** (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation) | | | | |

**Section 5 -** Please read and agree to the following Equality Statement

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

| | |
|---|---|
| **Signature of person completing EIA** | James Hutchinson |
| **Date signed** | 24.5.24 |
| **Comments:** | |
| **Signature of person the Leader Person for this activity** | |
| **Date signed** | |
| **Comments:** | |

## 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