

Management of Instruments, Accountable Items and Other Items used for Surgery or Procedures

Summary This policy applies to all NSW Health Agency perioperative/periprocedure environments where surgery or procedures are carried out to ensure appropriate management of instruments, accountable and other items used during the course of any surgery or procedure.

Document type Policy Directive

Document number PD2013_054

Publication date 18 December 2013

Author branch Clinical Excellence Commission

Branch contact

Review date 30 September 2021

Policy manual Patient Matters

File number 98/575

Previous reference N/A

Status Review

Functional group Clinical/Patient Services - Nursing and Midwifery, Surgical, Anaesthetics, Maternity, Medical Treatment

Applies to Local Health Districts, Board Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Dental Schools and Clinics, Public Hospitals, NSW Health Pathology

Distributed to Public Health System, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Ministry of Health, Public Hospitals, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

Audience Clinical staff working in perioperative/periprocedure environments

MANAGEMENT OF INSTRUMENTS, ACCOUNTABLE ITEMS AND OTHER ITEMS USED FOR SURGERY OR PROCEDURES

PURPOSE

The purpose of this Policy Statement is to ensure that any items as defined by this document used during the course of surgery or procedures are removed from the patient unless retained intentionally as part of the surgery or procedure.

MANDATORY REQUIREMENTS

This Policy Statement applies to:

1. All NSW Health Agencies' perioperative environments where surgery/procedures are carried out.
2. All NSW Health Agencies where surgery/procedures are undertaken outside of the perioperative environment i.e. radiology departments, biopsy clinics and birthing units.

It is expected that all members of the surgical/procedure teams must follow this policy and must co-operate fully with this policy should a discrepancy in the count be reported.

It is recommended that all licensed private facilities take this document into account during the development of their policies.

NSW Health Agencies will be responsible for policies regarding the management of accountable items in settings not covered in and by this document.

IMPLEMENTATION

The Chief Executives of Local Health Districts and Specialty Health Networks are ultimately responsible for the implementation of this policy.

RESPONSIBILITIES

1.1 NSW Ministry of Health:

The NSW Ministry of Health will provide the mandatory requirements, standards and tools to support implementation of this policy.

1.2 NSW Health Agency:

Each NSW Health Agency in which surgery/ procedures and anaesthesia are performed should have a perioperative management multi disciplinary committee which reviews operating procedures, formulates guidelines and ensures this policy is followed.

This policy must be made readily available to all workers employed within the perioperative environment and where surgery or procedures are undertaken outside of the perioperative environment.

1.3 Nurse/Midwife responsibilities

Nurses/midwives will collaborate with other members of the surgical or procedural team to ensure that all instruments, accountable items and other items used during surgery or procedures are retrieved, accounted for and appropriately documented at the completion of the surgery or procedure.

A Registered Nurse/Registered Midwife must be nominated as “in charge” (nurse/midwife case leader) for each particular surgical or procedural intervention.

Documentation of all nursing activities related to the patient's perioperative or procedural care is required. Whenever possible the same two nurses/midwives should be present and responsible for all counts during the surgery/ procedure to ensure continuity of care.

Any instrument, accountable item or other item intentionally retained at the end of the surgery or procedure should be documented on the patient's count sheet by the nurse/midwife responsible.

1.4 Surgeon or proceduralist responsibilities

Surgeons and proceduralists will collaborate with other members of the surgical or procedural team to ensure that all instruments, accountable items and other items used during surgery or procedures are retrieved, accounted for and appropriately documented at the completion of the surgery or procedure.

Details of any instruments, accountable items or other items intentionally retained at the end of the surgery or procedure must be communicated by the surgeon or proceduralist to the instrument nurse/midwife and documented by the surgeon in the patient's operation or procedure report.

The surgeon or proceduralist must at all times ensure adequate time is allowed for nurses/midwives to manage accountable items, other items and instrumentation.

1.5 Surgical Assistant responsibilities

Surgical Assistants will collaborate with other members of the surgical or procedural team to ensure that all instruments, accountable items and other items used during surgery or procedures are retrieved, accounted for and appropriately documented at the completion of the surgery or procedure.

1.6 Anaesthetic Team Responsibilities

Anaesthetists will collaborate with other members of the surgical or procedural team to ensure that all, accountable items used during surgery or procedures are retrieved, accounted for and appropriately documented at the completion of the surgery or procedure.

When a member of the anaesthetic team opens an accountable item for use during surgery or a procedure performed in the operating or procedure room, he/she must inform the instrument nurse/midwife so the item is included in the count and documented on the count sheet.

The anaesthetist must be responsible to ensure all anaesthetic equipment and instrumentation used during the administration of the anaesthetic are retrieved at the conclusion of anaesthetic or documented on the patient's anaesthetic health care record as being left in situ. Note specific management of a pharyngeal packs as an accountable item.

REVISION HISTORY

Version	Approved by	Amendment notes
December 2013 (PD2013_054)	Deputy Director-General Governance, Workplace and Corporate	Replaces PD2005_571. Policy title change and amendments to reflect RCA recommendations.
June 2012 (PD2012_033)	Deputy Director-General Governance, Workplace and Corporate	Replaces PD2005_571. Policy title change and amendments to reflect RCA recommendations.
April 2005 (PD2005_571)	Director-General	Replaced PD2005_292

ATTACHMENTS

1. Procedure: Management of instruments, accountable items and other items used for surgery or procedures.

**Management of instruments, accountable items and
other items used for surgery or procedures**



Issue date: December-2013

PD2013_054

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1 BACKGROUND

1.1 About this document

All reusable instrumentation and disposable items used during surgery or a procedure are at risk of being unintentionally retained in a patient. However, due to their nature and usage, some items are of a higher risk of retention than other items.

This document provides a risk management framework to enable perioperative Health Care Workers (HCW) to account for these items, thus ensuring patient safety and minimising the risk of an adverse event

1.2 Key definitions

Key definitions are located in the Glossary - Section 8.

2 MANDATORY ACCOUNTABLE ITEMS

A mandatory accountable item is a reusable or disposable item which by its nature is at risk of being retained in the patient. It is therefore subject to mandatory documentation on the count sheet.

Mandatory accountable items include, but are not limited to, the items listed below:

2.1 Absorbent Items

- Swabs
- Sponges
- 'Patties'
- 'Cherries'
- 'Peanuts'
- Eye swabs (strolls)
- Gauze rolls / strips
- Cotton wool balls

2.2 Sharps

- Suture needles (ordinary and atraumatic)
- Detachable scalpel blades
- Diathermy tips

2.3 Vascular Items

- Vessel loops / ligaloops
- Snuggers
- Snares
- Tapes

- Ligareels
- Ligaboos / instrument shods
- Clip cartridges
- Bulldog clamps
- Vascular clamps
- Haemostats

2.4 Retraction devices

- Fish hooks
- Visceral retractors eg. 'fish'

3 OTHER ITEMS

'Other items' are any items which have the potential to be retained at the site of the surgery or procedure and which are not already classified in this Policy Directive as a mandatory accountable item

'Other items' may include but are not limited to: saw blades, hypodermic needles, Raney clips, pins, drill bits and navigation balls, k-wires, corneal protectors, endoscopic retrieval bags.

'Other items' must be counted and documented at the discretion of the nurses/midwives performing the count and/or the surgeon/proceduralist or as NSW Health Agency policy dictates.

'Other items' must be checked by the instrument nurse/midwife for completeness prior to being handed to the surgeon and again at the completion of the surgery or procedure

Any item that is divided during the surgery or procedure must be documented on the count sheet.

4 MANAGING THE COUNT

4.1 Principles of the count

The principles below apply for each and every count performed:

- A minimum of two counts must be performed whenever accountable items are used.
- Where any body cavity is entered, an additional count must be performed on closure of each body cavity, including the closure of a cavity within a cavity. This includes minimally invasive surgical procedures.
- An additional count may also be performed at any time or at the discretion of the nurse/midwife performing the count, taking into consideration any surgery or procedure where there is a possibility of accountable items, instruments or other items being retained.

- At the commencement of the surgery or procedure, the instrument nurse/midwife should only open the minimum amount of accountable items deemed necessary for the surgery or procedure. Additional items can be added to the sterile field as needed and added to the count.
- The count must be carried out by two nurses/midwives, one of whom must be a Registered Nurse/Registered Midwife (RN/RM).
- Both nurses/midwives count aloud, simultaneously, and visualise all accountable items.
- If any interruption occurs during the counting procedure, the count of that item must be recommenced.
- Any item that is divided during the surgery or procedure must be documented on the count sheet.
- All items must be checked by the instrument nurse/midwife for completeness prior to being handed to the surgeon/proceduralist and again at the completion of the surgery or procedure.

4.2 Documentation of the count

- Accountable items must be documented on a NSW Health approved paper based system (Count Sheet) for all surgery or procedures performed within the perioperative environment and in all areas where nurses/midwives are involved in surgery or procedures undertaken outside of the perioperative environment.
- Other items should be counted and documented at the discretion of the nurses/midwives performing the count and/or surgeon or proceduralist or as NSW Health Agency policy dictates.
- The count must be documented chronologically and contemporaneously, as it is a sequential process and documentation must reflect the progression of the surgery or procedure and the accountable items utilised.
- While documentation is primarily completed by the circulating nurse/midwife, the instrument nurse/midwife is ultimately responsible for ensuring the completion and accuracy of all documentation relating to the surgery/procedure. The anaesthetic nurse is responsible for documenting the anaesthetic nursing care provided.
- The count sheet must be signed by all nurses/midwives responsible for the count (ie. instrument and circulating nurses/midwives) to indicate that the final check of instruments, accountable and other items is correct.
- Any documentation of the count on the count sheet by the circulating nurse/midwife must be visualised by the instrument nurse/midwife.
- Other Health Care Workers (HCW) in the operating or procedure room are not permitted to add any item to the sterile field or count sheet, except as a relieving circulating nurse/midwife. However should this occur in an emergency situation the item must be added to the count sheet and initialled by the HCW, visualised by the instrument nurse/midwife and the circulating nurse/midwife informed as soon as possible.
- If a mistake is made on the count sheet, a single line is placed through the mistake and initialled beside the mistake.

- When a count sheet is used, the surgeon’s or proceduralist’s signature is required to confirm on the count sheet that he/she has been notified by the instrument nurse/midwife of the outcomes of all counts and checks.
- The original count sheet must be included in the patient's health care record.
- The outcome of the count should be documented on the Electronic Medical Record (EMR), if functionality permits.

4.3 Using the count sheet

The number of all items opened to that point are documented in the 'totalling' column and reflected in the relevant count columns in the case of an accountable item requiring mandatory documentation, eg.

<i>Initial COUNT</i>	<i>added</i>	<i>total</i>	<i>COUNT</i>	<i>added</i>	<i>total</i>	<i>COUNT</i>	<i>total</i>	<i>Final COUNT</i>
5	5	10	10	5	15	15	15	15

Examples may include (but are not limited to):

If a swab attached to a specimen is removed from the operating or procedure room at any time following the initial count, this action must be documented on the count sheet as a point of clarification. This will be reflected in the final count column, eg. an asterix (*) is used to indicate the location of an item, indicates a notation.

Initial COUNT	Added	total	COUNT	added	total	COUNT	total	Final COUNT
5	5	10	9 *	5	15	13 **	15	13**

* 1 raytec with uterine curretting’s specimen at (time)

** 1 raytec with breast biopsy specimen at (time)

4.4 Timing/types of counts

The Initial count must be performed and documented immediately prior to the commencement of the surgery or procedure.

The Final count must be performed and documented at the commencement of skin or equivalent closure.

Additional counts must be performed:

- At the commencement of the closure of any body cavity or wound, including the closure of a cavity within a cavity
- When an instrument nurse/midwife relieves another instrument nurse/midwife, eg. for a changeover/handover during extended cases.

Additional counts may be performed at the discretion of the nurses/midwives performing the count or the surgeon/proceduralist.

Additional counts are documented in the “COUNT” columns provided on the count sheet, documenting the reason for the extra count (eg. cavity, handover).

4.5 Handling of accountable and other items for the count

- On transfer of items to the sterile field, the instrument nurse/midwife must ensure items remain intact in their inner packaging, or as originally secured so that they do not become separated prior to counting.
- Once removed from the inner packaging, each item must be separated by the instrument nurse/midwife during the counting procedure to ensure both nurses/midwives visualise the completeness of each item, for example, where an accountable item has an x-ray detectable marker, the marker integrity must be checked.
- The audible counting technique is performed in a consistent manner by the instrument and circulating nurses/midwives.
- When multiple like items are being opened and counted at one time, the instrument nurse/midwife must count each item individually and as per their original group, eg. 5 or 10. These must not be added to those already counted until verification of the number in each packet. These must be counted separately into different piles, only then may the instrument nurse/midwife add them to those from a previous bundle.
- The instrument nurse/midwife must count items in an ascending order and the circulating nurse/midwife must document them as a total.
- When the instrument nurse/midwife counts multiples of any like group of item the count is continuous, and like items must not be placed with already counted like items until verification of the correct number.
- The instrument nurse/midwife must keep like groups of accountable items together on the sterile field until they can be progressively counted away.
- The instrument nurse/midwife must not place sterile packaging on the surgical field due to the risk of it being retained in the patient.

4.6 Progressive ‘counting away’

Progressive ‘counting away’ can be done to assist in the management of large numbers of disposable accountable items. When this occurs the items must be counted by the instrument and circulating nurses/midwives and removed from the sterile field.

- The technique used must incorporate infection control principles.
- Accountable items must be counted by the instrument and circulating nurses/midwives, then bagged, sealed and labelled with the item name and quantity by the circulating nurse/midwife.
- Items ‘counted away’ must be organised by the circulating nurse/midwife so they are readily visible by both nurses/midwives throughout the entire surgery or procedure and to assist with the count on completion of the procedure.
- All ‘counted away’ items must remain in the operating or procedure room until the completion of the final count.

4.7 Surgeon notification

On completion of each closure count, a verbal statement must be made to the surgeon or proceduralist by the instrument nurse/midwife to the effect that all accountable items, instruments and other items are accounted for. A verbal acknowledgment must be received from the surgeon or proceduralist in order to avoid any misunderstanding. The instrument nurse must then verify with the circulating nurse/midwife that the surgeon acknowledged the verbal statement.

5 INSTRUMENTS MANAGEMENT

Each NSW Health Agency must have standardised instrument trays and tray lists to assist with the instrument checking process.

5.1 Instruments tray/s and tray lists

The use of an instrument tray list assists in establishing a baseline record for subsequent instrument checks and streamlines the counting and documenting of instruments and their component parts prior to:

- Sterilisation
- Commencement of surgery or procedure
- Completion of surgery or procedure
- Decontamination.

When a tray is opened for or during the surgery or procedure, the tray list from that tray must be utilised by the instrument and circulating nurses/midwives.

5.2 Separate Instruments

Separate instruments will have their contents (including their parts) documented on the outer packaging or within the package by a Sterilising Department Technician (SDT) or an authorised person.

A NSW Health Agency process must be in place to ensure that these separate instruments are included in the list of instruments which require checking at the beginning and conclusion of any surgery or procedure.

5.3 Instruments on loan from medical companies

Instruments on loan from medical companies must be accompanied, on each occasion of usage, with two copies of the illustrated tray list provided by the company supplying the loan sets. These tray lists may be used by the SDT or an authorised person and nursing/midwifery staff in lieu of a NSW Health Agency generated tray list providing the principles described in this Policy Directive are maintained.

5.4 Instruments on loan from other hospitals/facilities

Instruments on loan from other hospitals/facilities must be accompanied on each occasion of usage with a tray list provided by the hospital/facility supplying the loan sets. These may be used by the SDT or an authorised person and nursing/midwifery staff in lieu of a NSW Health Agency generated tray list providing the principles described in this Policy Directive are maintained.

5.5 Multiple or complex instrument trays

It is recognised that completing post operative tray lists of multiple and/or complex trays by the instrument and circulating nurses/midwives is time consuming and that patient acuity may require the transfer of the patient from the operating or procedure room before this process is complete.

However the principles of tray list management remain mandatory and effective risk management strategies may be developed at the NSW Health Agency level.

Examples of these strategies may include (but are not limited to):

1. The final instrument checks may be completed immediately post procedure and before the next patient enters the operating or procedure room. The final instrument checks must be completed before the patient leaves the Post Anaesthetic Recovery Unit.
2. A post operative x-ray may be used as an additional check.

5.6 Handling of instruments prior to and at completion of the surgery or procedure

The instrument and circulating nurses/midwives, one of whom must be a RN/RM, must ensure a tray list is present on each instrument tray used which has been checked and signed off by the authorised person, prior to sterilisation.

The instrument and circulating nurses/midwives, one of whom must be a RN/RM, must utilise the tray list and listed separate instruments to count and document all instruments:

- Prior to the commencement of the surgery or procedure
- At the completion of the surgery or procedure.

All tray lists and separate instruments must be checked audibly by either nurse/midwife, viewed concurrently by the other nurse/midwife and confirmed against the tray list or listed separate instruments by both nurses/midwives.

Instruments with component parts must be counted singly, not as a whole unit, with all component parts listed (eg. one Balfour, one blade, three screws).

All instruments must be checked by the instrument nurse/midwife for completeness prior to being handed to the surgeon and again at the completion of the surgery or procedure.

When the instrument and circulating nurses/midwives deem an instrument tray or any separate instruments to be incorrect prior to or during the surgery or procedure, this is documented by the nurses/midwives on the tray list and any other appropriate

documentation as per NSW Health Agency recommendations. The tray list should be retained to aid investigation.

At the completion of the surgery/procedure, the instrument nurse/midwife's identification, the date and the patient's medical record number must be documented on the instrument tray list and/or separate instruments and returned with the instrument tray and/or separate instruments for reprocessing.

5.7 Handling of instruments prior to decontamination

The tray list accompanying the instrument tray and separate instruments must be used to check for completeness by a SDT or an authorised person prior to decontamination or as soon as possible. This assists in the earliest possible identification of any instrumentation discrepancy to assist nurses/midwives and surgeons/proceduralists to investigate, in a timely manner, any subsequent patient investigation.

Once the instrument trays and separate instruments are deemed correct, the tray list will be managed as per NSW Health Agency recommendations.

When an instrument tray is deemed incorrect by the SDT or an authorised person, he/she must notify the nurse/midwife in charge of the perioperative environment, who will initiate an immediate investigation. In this circumstance, the instrument tray list must be retained, with due consideration of infection control procedures, to aid the investigation. An IIMS notification (NSW Health Agency) must be completed according to PD2007_061 Incident Management Policy.

6 FURTHER CLARIFICATIONS

6.1 Anaesthetic procedures (eg. insertion of central line or long line)

- If accountable items are used for a procedure in the anaesthetic bay or other area outside the actual operating room, the anaesthetist is responsible for ensuring that all accountable items are accounted for at the end of the anaesthetic procedure.
- If the patient is subsequently transferred into the operating or procedure room, and an accountable item is required to be retained (eg. pharyngeal pack), then the anaesthetist must communicate this to the surgeon or proceduralist and the instrument and circulating nurses/midwives. The accountable item is then documented on the count sheet by the circulating nurse/midwife.
- When anaesthetic procedures are performed in the operating room, the anaesthetist must communicate this to the instrument and circulating nurses/midwives. The accountable item must be sighted by both the instrument and circulating nurses/midwives and documented by the circulating nurse/midwife on the count sheet. If the accountable item is a suture needle, it will be secured safely within a rigid container where it can be visualised by the instrument and circulating nurses/midwives for counting purposes.

6.2 Pharyngeal / throat packs

- A 'pharyngeal pack' (also known as throat pack) is a length of rolled gauze, which must contain an x-ray detectable marker, and is inserted into the pharyngeal area of the oral cavity.
- 'Pharyngeal packs' must be managed as an accountable item and documented on the count sheet. When the anaesthetist is responsible for insertion of the pharyngeal pack, it must be communicated to the surgical or procedural team, including the surgeon or proceduralist and nursing staff, when a pharyngeal pack is required for protecting the airway during surgery or a procedure.
- All members of the surgical or procedural team share the responsibility of ensuring that the pharyngeal pack is removed on completion of the surgery or procedure. The count is not correct until the 'pharyngeal pack' has been removed.
- The medical officer, who removes the 'pharyngeal pack' from the patient, is to show the 'pharyngeal pack' to the instrument and circulating nurses/midwives. Once removal is confirmed by this visualisation, this must be documented on the count sheet.

6.3 Removal of instruments, accountable or other items from the operating or procedure room

- If any accountable items are dropped or contaminated prior to the commencement of the initial count, these items are removed immediately with their packaging, from the operating or procedure room. In this situation these items are not considered to be part of the count.
- Following the initial count, all items should remain in the operating or procedure room until the surgery or procedure is completed, and all counts have been performed and deemed correct.
- If an accountable item is removed from the operating or procedure room during the course of the surgery or procedure (eg. attached to a specimen), its removal must be approved by the instrument nurse/midwife and documented by the circulating nurse/midwife as per example in Section 4.3.
- If an instrument is removed from the operating or procedure room during the course of the surgery or procedure, its removal must be approved by the instrument nurse/midwife and its removal documented by the circulating nurse/midwife on the appropriate tray/separates list.
- Instruments and accountable or other items must not be placed into sharps receptacles within the operating or procedure room by a HCW.
- All instruments, waste receptacles and accountable and other items must be removed from the operating or procedure room to ensure no accountable items remain in the room at the commencement of the next patient's surgery or procedure. This waste should not be removed from the operating suite/unit until the tray list/s have been confirmed correct in the decontamination area as per Section 5.7. This will assist in the earliest possible identification of any instrumentation discrepancy to assist nurses/midwives and surgeons/proceduralists to investigate, in a timely manner, any subsequent patient investigation.

6.4 Incorrect packaging or inadequate quality of disposable accountable items

In the event of a newly opened packet which contains an incorrect number of accountable items eg. the number of items in the packet is different to what is marked on the packet or the quality of an item is inadequate (eg. missing an x-ray detectable marker) the following must occur.

The instrument nurse/midwife must:

- Count the items and include them in the count
- Once counted and documented, they are to be removed from the surgical or procedural field, passing them to the circulating nurse/midwife.

The circulating nurse/midwife must:

- Bag them and mark the bag with the name of the items and the actual number of items
- Ensure that the items are not removed from the operating or procedure room while the surgery or procedure is in progress.

Where possible their original packaging is retained by the instrument or circulating nurse/midwife (taking into account infection control precautions), and returned to the manufacturer to initiate quality monitoring.

6.5 Replacement of nursing/midwifery staff responsible for the count

Whenever possible the same two nurses/midwives should be present and responsible for all counts during the surgery or procedure to ensure continuity of care.

Surgery or procedures with extended duration have an increased risk of error due to staff fatigue, and these situations for relieving team members should be managed as outlined below:

- When replacing the instrument nurse/midwife during the surgery or procedure, the instrument and circulating nurses/midwives must conduct a complete count prior to handover/changeover. This count must be documented on the count sheet by the circulating nurse/midwife, including the time of the handover /changeover period and signed by the relieving nurses/midwives.
- When any instruments, accountable items or other items are inaccessible or unable to be visualised by the instrument or circulating nurses/midwives this must be documented on the count sheet as per the example in the table in Section 4.3.
- Should it become necessary to replace or relieve any instrument or circulating nurse/midwife temporarily, the names and relief times of all replacement or relieving nurses/midwives must be legibly documented on the count sheet and/or other intraoperative nursing documentation eg. in the Electronic Medical Record.

The surgeon or proceduralist is to be notified when nursing/midwifery staff are to be replaced and a count conducted, and this should not occur during a critical point of the operation as determined by the surgeon.

6.6 When a count is not required

- In surgery or procedures where no instruments, accountable or other items are used and therefore no risk of any item being retained, then no count is required (eg. closed reduction of a fracture). It is the instrument nurse/midwife's responsibility to document "no count required" in the patient's paper based or electronic health care record. The surgeon or proceduralist signature is not required.
- If a count sheet is required for documentation of other nursing care when no count is required, it is the instrument nurse/midwife's responsibility to mark the count section with "no count required" and sign as usual. The surgeon or proceduralist signature is not required.

6.7 When a count is not performed due to extreme emergency situations

In extreme emergency situations, normal counting procedures may not be followed due to balancing the risk of the speed and urgency required for the patient's surgery or procedure. Studies have demonstrated that in such circumstances, the potential risk for the retention of accountable items is increased.

On these occasions the following must occur:

- The instrument nurse/midwife must inform the surgeon or proceduralist, at an appropriate time that a count has not been completed.
- The instrument and circulating nurses/midwives must attempt to complete a count, if and when appropriate, ensuring that this is documented on the count sheet and where appropriate, in the patient's health care record.
- A post operative x-ray with a captured radiographic image must be ordered by the surgeon or proceduralist, and performed as soon as practicable, to assist with ensuring there are no unintentionally retained instruments, accountable items or other items.
- The outcome of the x-ray must be documented in the patient's paper based or electronic health care record by the surgeon or proceduralist.
- A copy of the captured radiographic image must be made available for formal reporting and the report included in the patient's paper based or electronic health care record.
- An NSW Health Agency notification must be completed according to *PD2007_061 Incident Management policy*.

6.8 Simultaneous or sequential surgery or procedures

Surgery or procedures are at times performed simultaneously or sequentially and more than one surgical/procedural team may be involved

In these situations one count sheet shall be used, with one instrument nurse/midwife responsible for managing all accountable items, other items and instrumentation.

6.9 Second count sheet required

When any subsequent count sheet is required for the continuation of a count, the next count sheet must be labelled with patient details, 'COUNT CONTINUED' written on it, have the pages numbered sequentially and be stapled to the previous count sheet.

6.10 Items deliberately left in the patient

- When accountable items are deliberately left in a patient, the accountable items and their location must be documented on the count sheet by the circulating nurse/midwife. The number documented in the relevant count columns must reflect the number of accountable items visualised at the count as per the example in table in Section 4.3.
- When accountable items deliberately left in the patient are removed later, the previous count sheet must be available for the subsequent surgery or procedure. The removed items must be documented by the circulating nurse/midwife on the new count sheet only. The number documented in the relevant count columns will demonstrate the addition of the items that have been removed.
- Non accountable items (which includes instruments and other items, eg. packing gauze, drains, tubes or catheters) remaining in situ by intention must be documented by the circulating nurse/midwife and the details of any modifications of these items are documented in the patient's paper based or electronic health care record.

6.11 When a discrepancy exists

After the final count is completed, if either nurse/midwife has doubts about the accuracy of instruments, accountable or other items at any time, the following must be initiated:

Initial investigation

- The count is repeated by the instrument and circulating nurses/midwives.
- The discrepancy is reported immediately to the surgeon or proceduralist.
- The instrument nurse/midwife must request the surgeon to ensure a thorough search of the operative site has been attended.
- This search is attended whilst the instrument nurse/midwife checks the sterile field.
- The circulating nurse/midwife must undertake a thorough search of the rubbish, linen and room.
- The circulating nurse/midwife must open all bags of accountable items.
- The circulating and instrument nurses/midwives must recount their contents, ensuring each item is individually visualised by both nurses/midwives.
- If the discrepancy is not resolved, the surgeon or proceduralist, anaesthetist and the nurse/midwife in charge of the Perioperative Environment must be notified.

X-ray detectable missing item

- If an x-ray detectable item is missing a check x-ray with a captured radiographic image must be ordered by the surgeon or proceduralist and performed as soon as practicable and if the item is found, it must be retrieved from the patient if the patient's condition permits.
- The outcome of the x-ray must be documented by the surgeon or proceduralist in the patient's paper based or electronic health care record.
- A copy of the captured radiographic image must be made available for formal reporting and the report included in the patient's paper based or electronic health care record.
- A NSW Health Agency notification must be completed and open disclosure performed as soon as possible according to *PD2007_061 Incident Management policy* and *PD2007_040 Open Disclosure*.

Suture needle missing

- If a suture needle is missing and is not x-ray detectable as determined by the facility in liaison with the radiology department, then performing an x-ray is not appropriate.
- It may be necessary to utilise a microscope and/or magnet to locate the needle within the surgical/procedural field. If the suture needle is not able to be detected by the hospital's imaging equipment, then performing an x-ray is not appropriate.
- A NSW Health Agency notification must be completed and open disclosure performed as soon as possible according to *PD2007_061 Incident Management policy* and *PD2007_040 Open Disclosure*.

Non x-ray detectable missing item

- If a non x-ray detectable item is missing a thorough visual/manual search is required and the search outcome must be documented on the count sheet.
- A NSW Health Agency notification must be completed and open disclosure performed as soon as possible according to *PD2007_061 Incident Management policy* and *PD2007_040 Open Disclosure*.

6.12 Damaged items during surgery or a procedure

- If a reusable or disposable item is damaged during use, the instrument nurse/midwife must ensure that all pieces are accounted for at the end of the surgery or procedure and managed as per NSW Health Agency policy.
- In the event that a device fragment (eg. a broken drill bit) is not retrieved and is deliberately left in the surgical wound, the incident must be managed by nursing and medical staff as per *NSW Health Safety Notice 014/09 Retained or Broken Orthopaedic Surgical Equipment in Patients*.

7 REPORTING REQUIREMENTS

Any discrepancy in the count, subsequent action and outcome must be reported to the nurse/midwife in charge of the perioperative environment by the nurse/midwife case leader.

Retained instruments or other material after surgery requiring re-operation or further surgical procedure need to be reported in the Incident Information Management System (IIMS) and managed according to *PD2007_061 Incident Management*.

These incidents are also to be accompanied by the full open disclosure process by the surgeon or proceduralist, according to relevant policy directive is *PD2007_040 Open Disclosure* and *GL2007_007 Open Disclosure Guidelines*.

8 GLOSSARY

Accountable	Answerable to self, patient, profession and employer for nursing care given in the perioperative environment.
Body Cavity	Refers to any space in the human body that <ul style="list-style-type: none"> • contains internal organs • or is of a size that an instrument, accountable item or other item may be unintentionally retained (eg. hip joint).
Captured radiographic image	Any radiographic image that is able to be reproduced when required.
Circulating nurse/midwife	<p>The nurse/midwife responsible for the management and documentation of all accountable items opened onto the sterile field.</p> <p>She/he supports the instrument nurse/midwife by being alert to the requirements of the surgical team and ensures all supplies are delivered to the surgical field aseptically.</p> <p>The circulating nurse/midwife must perform the surgical count in conjunction with the instrument nurse/midwife.</p> <p>The circulating nurse/midwife must be a Registered Nurse/Midwife (RN/RM) or Enrolled Nurse (EN) who has been deemed competent in the circulating nurse/midwife role, as stipulated by NSW Health Agency policy.</p> <p>In the event that an EN is the instrument nurse the circulating nurse/midwife must be a RN/RM who has been deemed competent in the instrument nurse/midwife role, as stipulated by NSW Health Agency policy.</p>

Check	To investigate or verify as to correctness e.g. tray lists, separate instruments and all other items are correct.
Consumables	<p>Disposable items must comply with the relevant Australian Standard/s.</p> <p>The expected number of enclosed like items must be as stated on the manufacturer's packaging and this number should be used to identify any discrepancy of the actual items.</p>
Cotton wool	Cotton wool must not be used for skin preparation.
The 'count'	To name or list the units of a group or collection one by one in order to determine a total e.g. for accountable items or instruments.
Count sheet	<p>Common name for a paper based document accountable items relevant to this policy are documented.</p> <p>As a MINIMUM requirement the count sheet is to include:</p> <ul style="list-style-type: none"> • Patient medical record number • Patient name • Patient date of birth • Patient address • Patient location/ward • Case number (if using eMR) • Facility location • Facility operating / procedure room number • Date of surgery or procedure • List of accountable items specific to the clinical area • Space for additional items counted at the nurses/midwives discretion to be added • Four count columns: <ul style="list-style-type: none"> - initial count - (available space to name type of) count - (available space to name type of) count - final count • Accountable items intentionally left insitu (type, site, quantity) • Surgeon or proceduralist informed of count outcome • Discrepancy in count comments/actions taken e.g.: x-ray taken, incident report completed etc. • Documentation that the final check that tray lists and all other items are correct • Name of surgeon or proceduralist, instrument, circulating and relief nurses/midwives (print & signature).
Enrolled Nurse (EN)	An enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care

	as specified by the registering authority's licence to practise, educational preparation and context of care.
Gauze rolls / strips	<p>White absorbent woven gauze folded and supplied in various lengths and widths into which may incorporate an x-ray detectable marker.</p> <p>Gauze rolls used for the packing of wounds or cavities must contain an x-ray detectable marker.</p> <p>Gauze rolls containing an x-ray detectable marker must not be used as dressings on surgical wounds.</p>
Health Care Workers (HCWs)	Nurses, midwives, surgeons, doctors and other classifications of allied health and ancillary staff providing holistic patient care.
Incident Information Management System (IIMS)	The IIMS is an electronic reporting system used in NSW Health Agencies. IIMS was established to provide a system for notification of all incidents, including those with corporate consequences.
Instrument nurse/midwife	<p>The nurse/midwife who assumes primary responsibility and accountability for all items used during the surgery or procedure.</p> <p>The instrument nurse/midwife may be either a RN/RM or an EN who has been deemed competent in the instrument nurse/midwife role, as stipulated by NSW Health Agency policy.</p> <p>In the event that an EN is the instrument nurse, the circulating nurse must be a RN who has been deemed competent in the circulating nurse/midwife role, as stipulated by NSW Health Agency policy.</p>
Loan sets	Loan sets are items required for surgery or procedures, which are borrowed from medical companies, or other hospitals, and after use, are returned to the company.
Must	Indicates a mandatory action requiring compliance.
Needles, suture (atraumatic and ordinary)	<p>Each suture needle must be visualised to ensure an accurate suture needle count.</p> <p>Using empty suture needle packages to investigate a suture needle count discrepancy is not recommended.</p> <p>However, retaining the packages may be useful in identifying the suture needle type and size in the event of a discrepancy in the suture needle count.</p> <p>Suture needles must be contained in a needle counter or container to avoid misplacement and/or sharps injuries.</p>
NSW Health	Entities within the public health system as defined by s.6 of the

Agency	<i>Health Services Act 1997</i> and the NSW Ministry of Health
Nurse/Midwife case leader	<p>“Nurse/midwife case leader” indicates the RN/RM taking overall nursing/midwifery responsibility for the case.</p> <p>Whilst each member of the nursing/midwifery staff is accountable for working within their scope of practice and designated role, the nurse/midwife case leader is responsible for overseeing the nursing care of the perioperative patient. This includes safe positioning, placement of diathermy electrodes, direct supervision of orderlies/operations assistants, documentation and follow up of NSW Health Agency and liaison with the nurse/midwife In Charge in regard to any issues.</p>
Operating/ Procedure room	A room/area within a facility which is specifically equipped for the performance of surgery or other therapeutic/diagnostic procedures. This includes for example, anaesthetic room, birthing units, out-patient procedure and biopsy clinics, PACU, ICU, ECT, endoscopy etc.
‘Other’ items	These are any items which have the potential for being retained at the site of the surgery or procedure and are not an accountable item or an instrument.
Perioperative Environment	The service area where the provision of anaesthesia, surgery or other procedures may be undertaken, inclusive of rooms/areas classified as Operating/Procedure rooms in this policy.
Policy	Written directive on a specific health situation determining a course of action, developed, agreed to and adopted by the user group.
Procedure	Is the performance of surgery or other therapeutic/diagnostic procedures, with and without administration of anaesthesia.
Registered Midwife (RM)	A midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.
Registered Nurse (RN)	A registered nurse demonstrates competence in the provision of nursing care as specified by the registering authority’s licence to practice, educational preparation, relevant legislation, standards and codes, and context of care. The registered nurse practices

	independently and interdependently assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers. Delegation takes into consideration the education and training of enrolled nurses and health care workers and the context of care.
Responsibility	The obligation that an individual assumes when undertaking to carry out planned/delegated functions. The individual who authorises the delegated function retains accountability for evaluating whether the person carrying out the delegated activities maintains relevant standards and that the expected outcomes have been achieved.
Separates	Are supplementary single unit packed instruments (commonly known as “separates”) that are not included on a tray, but which are opened for use during the surgery or procedure.
Should	Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.
Small dissecting swabs	Absorbent gauze or synthetic material, which incorporates an x-ray detectable marker fixed securely across the width of the swab.
Sponges	<p>White absorbent woven gauze or non woven material, or a combination of both materials which is folded into a rectangle or square and sewn or bonded around the open edges. The sponge includes an x-ray detectable marker and complies with the relevant Australian standard.</p> <p>Must be radio opaque.</p> <p>Must not be used as dressings on surgical wounds.</p> <p>Must never be cut.</p> <p>Must never be used for wrapping articles prior to sterilisation, under any circumstances.</p>
Sterilising department	A reprocessing area for cleaning, disinfecting, checking and sterilisation of reusable surgical instruments and equipment.
Supervision	<p>Incorporates the elements of direction, guidance, oversight and coordination of activities.</p> <p>Direct Supervision – is provided when the RN is actually present, observes, works with and directs the person who is being supervised.</p> <p>Indirect supervision – is provided when the RN is easily contactable but does not directly observe the activities.</p>

<p>Swabs</p>	<p><u>With an x-ray detectable marker ('raytec' swabs)</u></p> <p>Are a white gauze material, incorporating an x-ray detectable marker used for surgery or procedures.</p> <p>Are used during the course of any surgery or procedure must contain an x-ray detectable marker.</p> <p>Must never be cut.</p> <p>Must not be used as a dressing.</p> <p><u>Without an x-ray detectable marker ('plain' swabs)</u></p> <p>Are used for other purposes such as dressing material and during anaesthetic procedures. Swabs used in anaesthesia are usually dyed green in colour, so they can be clearly identified from sterile swabs used during surgery.</p> <p><u>General comments</u></p> <ul style="list-style-type: none"> • Under no circumstances should swabs be used for wrapping articles prior to sterilisation. • When surgery or a procedure is carried out in the operating or procedure room, any swabs used for skin preparation (including those used for bladder catheterisation) must contain an x-ray detectable marker and be documented on the count sheet. • However, some swabs (which usually do not contain an x-ray detectable marker) are manufactured specifically for prepping - these are also to be counted and documented on the count sheet. • Except for the above mentioned exceptions, swabs without an x-ray detectable marker must only be used for dressings (see Sections 6.1 and 6.2).
<p>Tray</p>	<p>A set of assorted instruments.</p>
<p>Wound dressings/packs</p>	<p>Gauze not containing an x-ray detectable marker that is to be used for surgical dressings should only be opened immediately prior to application as a dressing, unless clinically indicated eg. burns dressings.</p> <p>Gauze rolls used for the packing of wounds or cavities must contain an x-ray detectable marker.</p> <p>Swabs with an x-ray detectable marker should not be used as dressings on surgical wounds.</p> <p>White swabs without an x-ray detectable marker should only be used for dressings.</p>

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10 ATTACHMENTS

Attachment 1: Implementation Checklist

Attachment 1: Implementation checklist

LHD/Facility:			
Assessed by:		Date of Assessment:	
IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
1.NSW Ministry of Health will provide the mandatory requirements, standards and tools to support implementation of this policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
2.Each NSW Health Agency in which surgery / procedures and anaesthesia are performed, should have a perioperative management multi disciplinary committee which reviews operating procedures, formulates guidelines and ensures this policy is followed. This policy must be made readily available to all workers employed within the perioperative environment and where surgery or procedures are undertaken outside of the perioperative environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
	<u>Notes:</u>		