Policy Directive

NSW GOVERNMENT

Accountable Items used in Surgery and Other Procedures

Summary This Policy describes the minimum requirements for managing and counting accountable items used in settings, including but not limited to, perioperative settings, interventional radiology suites, cardiac catheter laboratory, biopsy clinics and birthing units.

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Accountable Items used in Surgery and Other Procedures

POLICY STATEMENT

NSW Health requires that health workers, involved in the managing and counting of accountable items used during surgery and other procedures, must ensure accountable items are not unintentionally retained in the patient.

SUMMARY OF POLICY REQUIREMENTS

This Policy applies to surgery/ procedures performed in NSW Health settings, including but not limited to, perioperative settings, interventional radiology suites, cardiac catheter laboratory, biopsy clinics and birthing units.

Each NSW Health service in which surgery/ procedures are performed is to have a multi-disciplinary perioperative management committee which reviews and oversees compliance with this Policy.

An incident involving the "*unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death"* is to be managed as an Australian Sentinel Event as per the NSW Health Policy Directive *Incident Management* (PD2020_047).

The instrument nurse/ midwife is responsible for ensuring the count sheet is complete and accurate. The circulating nurse/ midwife is responsible for documenting the count.

The count sheet and documentation of the instrument count must be part of the patient's medical record.

A minimum of two counts must be performed. When the initial count starts all accountable items and waste must remain in the operating/ procedure room.

A pharyngeal pack is an accountable item. When a pharyngeal pack is used, it must be documented on the count sheet.

Where multiple and complex instrument trays are used, the patient may be transferred from the operating/ procedure room before the final count is complete. The final count must be completed before the patient leaves the post-surgical/ procedural area. The next patient must not enter the operating/ procedure room until the final count is complete.

When an accountable item is intentionally retained in a patient, the accountable item and its location must be documented on the count sheet.

When an instrument tray/ separate instruments/ loan set is considered incorrect post operatively/ post procedure by the Sterilizing Services Department, the Department is to notify the nurse/ midwife in charge of the operating theatre/ procedural area, in a timely manner, who is to initiate an immediate investigation including checking the count sheet and instrument list documentation.

Disposable accountable items involving incorrect packaging and/ or inadequate quality are to be reported to the Therapeutic Goods Administration (TGA).

REVISION HISTORY

Version	Approved By	Amendment Notes
PD2023_002 January-2023	Deputy Secretary, People, Culture and Governance	Revised to clarify the definition of accountable items and the management and counting of accountable items.
PD2013_054 December-2013	Deputy Director General, Governance, Workplace and Corporate	Updated policy directive. Policy title change and amendments to reflect RCA recommendations.
PD2012_033 June-2012	Deputy Director General, Governance, Workplace and Corporate	Updated policy directive. Policy title change and amendments to reflect root cause analysis (RCA) recommendations.
PD2005_571 April-2005	Director General	Updated policy directive.
PD2005_292 January-2005	Director General	New policy directive.

CONTENTS

1. BACKGROUND

All reusable instruments and disposable items used during a surgical or procedural intervention 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 others which is why the appropriate management of accountable items is mandatory in NSW health services.

This policy directive is based on the [Australian College of Perioperative Nurses (ACORN)](#) standards as adapted for use in the NSW public health system based on advice from the [NSW Operating Theatre Association](#).

1.1. About this document

This Policy describes the minimum requirements for managing and counting accountable items used in settings, including but not limited to, perioperative settings, interventional radiology suites, cardiac catheter laboratory, biopsy clinics and birthing units.

1.2. Key definitions

Accountable items	Accountable items are instruments and other items at risk of being retained in the patient and include, but are not limited to, the items listed in Section 6.1. Excludes these items: • Items such as prostheses e.g., fixation plates, pins, rods and screws • Anaesthetic sharps e.g., hypodermic needles, scalpel blades, suture needles • Green gauze swabs used for anaesthesia/ sedation • Plain swabs used for other purposes such as dressing material. These are added to the aseptic field after skin closure has started.
Body cavity	Any space in the body that contains internal organs or is of a size that an accountable item or other item may be unintentionally retained such as the hip joint.
Circulating nurse/ midwife	A registered nurse/ midwife or enrolled nurse who is approved by the NSW Health service as a circulating nurse/ midwife. If the circulating nurse is an enrolled nurse, the instrument nurse/ midwife is to be a registered nurse/ midwife who is approved by the health service as an instrument nurse/ midwife.

Count sheet	The count sheet provides a record and a count of accountable items used during the surgery/ procedure. The count sheet may be a paper document, the State Health Record Form *Count Sheet SMR090030*, or an electronic document. The electronic count sheet is to record information consistent with the *Count Sheet SMR090030*.
	Documentation includes the instrument tray list/ separate instrument list/ loan set list.
Instrument nurse/ midwife	A registered nurse/ midwife or enrolled nurse who is approved by the health service as an instrument nurse/ midwife.
	If the instrument nurse is an enrolled nurse, the circulating nurse/ midwife is to be a registered nurse/ midwife who is approved by the health service as an instrument nurse/ midwife.

1.3.   Australian Sentinel Events

Australian sentinel events (ASEs) are a subset of serious clinical incidents that are wholly preventable and result in serious harm to, or the death of, a patient. One of the ten ASEs is the "*unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death*".[1]

An incident involving an ASE is to be managed as per the NSW Health Policy Directive *Incident Management* (PD2020_047).

1.4.   Oversight committee

Each NSW Health service in which surgery/ procedures are performed is to have a multi-disciplinary perioperative management committee which reviews and oversees compliance with this Policy.

2.   MANAGING ACCOUNTABLE ITEMS

2.1.   Managing accountable items

Prior to the surgery/ procedure commencing the circulating nurse/ midwife is to only open the minimum number of accountable items considered necessary for the surgery or procedure. Additional items may be opened as needed.

If an accountable item is dropped or contaminated:

- Prior to the initial count, the item and its packaging are to be immediately removed from the operating/ procedure room and not included in the count

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[1] Australian Commission on Safety and Quality in Health Care. Australian Sentinel Event List (version 2): Specifications. Sydney: ACSQHC; 2020.

- After the initial count, the item is to remain in the operating/ procedure room and be included in the count.

Prior to counting the instrument nurse/ midwife is to retain accountable items on the aseptic field in their inner packaging or as per the number in their original group, for example five or ten, in separate piles. During counting each item is to be removed from the inner packaging and separated by the instrument nurse/ midwife to ensure both instrument and circulating nurses/ midwives can visualise the completeness of each item such as integrity of an x-ray detectable marker.

The instrument nurse/ midwife is not to retain sterile packaging, except for suture packets, on the aseptic field. Suture packets are to be retained to identify the suture type in the event of an incorrect suture count.

All accountable items are to be checked for completeness by the instrument nurse/ midwife prior to being handed to the surgeon/ proceduralist, when returned by the surgeon/ proceduralist and at completion of the surgery/ procedure (see Sections 2.3 and 2.4).

If an accountable item is removed from the operating/ procedure room after the initial count (e.g., attached to a specimen), removal of the item must be approved by the instrument nurse/ midwife and documented on the count sheet.

The surgeon/ proceduralist and the anaesthetic team are to provide the instrument and circulating nurses/ midwives with sufficient time to manage accountable items.

2.2. Pharyngeal pack

A pharyngeal pack is an accountable item.

When a pharyngeal pack is used the following is to occur.

The anaesthetist or other clinician managing the airway is to be responsible for insertion of the pharyngeal pack and for notifying the surgical/ procedural team of its insertion.

All members of the surgical/ procedural team are responsible for ensuring the pharyngeal pack is removed on completion of the surgery/ procedure. The clinician who removes the pharyngeal pack is to show the pharyngeal pack to the instrument and circulating nurses/ midwives.

Once the pharyngeal pack is removed and visually confirmed by the instrument and circulating nurses/ midwives it must be documented on the count sheet.

2.3. Disposable accountable items - incorrect packaging/ inadequate quality

If the number of items in the packet is different to what is marked on the packet or the quality of an item(s) is inadequate (e.g., missing an x-ray detectable marker) the following is to occur.

Where possible the original packaging (with the lot number) is to be retained and returned to the manufacturer. The packet is to be investigated with the manufacturer and reported to the Therapeutic Goods Administration (TGA).

The instrument nurse/ midwife is to count the items and include them in the count. Once counted and documented, the items are to be removed from the surgical or procedural field and passed to the circulating nurse/ midwife.

The circulating nurse/ midwife is to bag the items and mark the bag with the name of the items and the actual number or quality of the items, and ensure the items are not removed from the operating/ procedure room until all counts are complete.

The incident is to be managed as per the NSW Health Policy Directive *Incident Management* (PD2020_047).

2.4.   Accountable items - damaged

If reusable or disposable accountable items are damaged during use, the instrument nurse/ midwife is to ensure all pieces are accounted for at the end of the surgery/ procedure and managed as per local procedure(s).

A regular pattern of instrument breakage is to be investigated with the manufacturer and reported to the TGA.

In the event that a device fragment (e.g., a broken drill bit) is not retrieved and is deliberately left in the surgical wound, the incident is to be managed as per Section 3.6 and the NSW Health Policy Directive *Incident Management* (PD2020_047).

2.5.   Instruments post surgery/ procedure

When an instrument tray/ separate instruments/ loan set is considered incorrect post operatively/ post procedure by the Sterilizing Services Department, the Department is to notify the nurse/ midwife in charge of the operating theatre/ procedural area, in a timely manner, who is to initiate an immediate investigation including checking the count sheet and instrument list documentation.

The instrument tray list/ separate instrument list/ loan set list is to be retained to aid the investigation.

The incident is to be managed as per the NSW Health Policy Directive *Incident Management* (PD2020_047).

3.   COUNTING ACCOUNTABLE ITEMS

3.1.   Performing the count

When the initial count starts, all items and waste must remain in the operating/ procedure room.

The instrument and circulating nurses/ midwives are to simultaneously count aloud items in a consistent manner and visualise all items. If interrupted during counting, the count of that item/ item group is to be restarted.

When multiple like items are being opened and counted at one time the instrument nurse/ midwife is to count each item individually and as per the number in their original group such

as five or ten. These items are counted separately into different piles before the instrument nurse/ midwife adds them to previously counted like items.

When undertaking a count during the surgery/ procedure, items unable to be visualised are to be documented as "not viewed" on the count sheet. For the final count all items are to be visualised except for those items intentionally retained or removed from the operating/ procedure room after the initial count such as accountables attached to a specimen.

In Birthing Units items such as a sponge are often left insitu from an examination under anaesthesia. If the patient is to be transferred to the operating theatre the retained item(s) must be documented on a count sheet. The accompanying midwife/ clinician is to handover to the operating theatre staff details of the number and type of retained items and provide the surgical team with the count sheet.

3.1.1. Performing the instrument count

For instruments the instrument and circulating nurses/ midwives are to:

- Count the instruments on the instrument tray against the instrument tray list. Document on the instrument tray list where the instrument tray count is incorrect prior to surgery/ procedure. Retain the instrument tray list to aid investigation

- Count separate instruments, including their parts, against documentation on the outer packaging or within the packaging

- Count the instruments on the loan set against the loan set list. Document on the loan set list where the loan set count is incorrect prior to surgery/ procedure. Retain the loan set list to aid investigation.

Each of the component parts of an instrument are to be counted separately e.g., one Balfour, one blade, three screws.

Where multiple and complex instrument trays are used, the patient may be transferred from the operating/ procedure room before the final count is complete. The final count must be completed before the patient leaves the post surgical/ procedural area such as the Post Anaesthetic Care Unit. A post surgical/ procedural x-ray may be used as an additional check e.g., for a patient transferred directly to the intensive care unit (ICU). The next patient must not enter the operating/ procedure room until the final count is complete.

3.2. Number of counts

A minimum of two counts must be performed, the initial count and the final count.

The **initial** count is performed before the start of the surgery/ procedure.

Additional counts are to be performed:

- On closure of each body cavity where a body cavity/ cavities is entered

- At the start of skin, or equivalent, closure, (the final count)

- At the time of permanent replacement of the instrument nurse/ midwife (see Section 5.1.1)

- At the discretion of the nurses/ midwives performing the count or the discretion of the surgeon/ proceduralist.

Only two counts are required for the following surgeries/ procedures:

- Minor laparoscopic procedures where the initial incision is not extended

- Ophthalmology surgery e.g., cataract removal and insertion of intraocular lens

- Other surgery/ procedures that involve small, superficial incisions such as, but not limited to, temporal biopsies and simple skin lesions.

3.3. Progressive 'counting away'

Accountable items are to be handed off from the aseptic field as soon as practicable to prevent excess accumulation.

Accountable items are to be counted by the instrument and circulating nurses/ midwives, then bagged, sealed and labelled with the item name and number by the circulating nurse/ midwife. Two consecutive counts are to be undertaken prior to bagging of items except for surgeries/ procedures requiring only two counts.

Items 'counted away' are to be visible at all times to the circulating and instrument nurses/ midwives.

Outside of the operating room progressive 'counting away' is to be managed in a way that is consistent with this Policy and does not compromise patient safety.

3.4. Documenting the count

The count sheet and documentation of the instrument count must be part of the patient's medical record (see Section 3.4.1).

The instrument nurse/ midwife is to be responsible for ensuring the count sheet is complete and accurate. The instrument nurse/ midwife is to:

- Verbally acknowledge each entry to the count sheet

- Visualise the count sheet at each addition and at each count

- Sign the count sheet to confirm the final count is correct.

The circulating nurse/ midwife is to be responsible for documenting the count. The circulating nurse/ midwife is to:

- Verbalise each entry to the count sheet

- Display the count sheet to the instrument nurse/ midwife with each addition and when performing each count

- Sign the count sheet to indicate the final count is correct.

The paper count sheet is be signed. NSW Health services, that have access to electronic documentation for accountable items, are to document and sign/ co-sign the count electronically.

The outcome of the count is to be documented in the Electronic Medical Record (eMR) if functionality enables.

Documentation of the count is to be chronological and contemporaneous, reflecting progression of the surgery/ procedure and the accountable items used.

Any item divided during the surgery/ procedure is to be added and documented on the count sheet.

If an error is made on the paper count sheet, a single line is to be placed through the error and initialled beside the error. If an error occurs within the electronic accountable items count, the data can be uncharted, re-charted or modified by the instrument nurse/ midwife or the circulating nurse/ midwife as directed by the instrument nurse/ midwife.

3.4.1. Documenting the instrument count in an emergency

In an emergency another member of the surgical/ procedural team may add an accountable item to the aseptic field. The surgical/ procedural team member is to add the item to the count sheet and the instrument nurse/ midwife is to verbally acknowledge the adding of the item to the count sheet. The surgical/ procedural team member is to inform the circulating nurse/ midwife as soon as practicable.

3.4.2. Documenting the instrument count

Documentation of the instrument count may include one or more of the following steps:

- Document the instrument count on the count sheet, State Form (Count sheet SMR090030)

- Document the instrument count against the totals on the tray list/ loan set list. Scan the tray list/ loan set list document to the patient's medical record

- Attach stickers from the instrument tray/ separate instrument/ loan set to the count sheet

- Scan stickers/ barcodes from the instrument tray/ separate instrument/ loan set to the patient's medical record

- Scan each instrument tray/ separate instrument/ loan set to the patient's medical record via an electronic instrument tracking system.

The instrument and circulating nurses'/ midwives' identification, the date and the patient's medical record number are to be documented on the tray list/ separate instrument sheet/ loan set list.

3.5. Surgeon/ proceduralist notified of count

On completion of each closure count the instrument nurse/ midwife is to verbally advise the surgeon/ proceduralist that all accountable items are accounted for, and the surgeon/ proceduralist is to verbally acknowledge the advice.

On completion of the surgery/ procedure the surgeon/ proceduralist is to sign the count sheet/ electronic count to confirm they have been notified by the instrument nurse/ midwife of the outcome of all counts.

3.6. Accountable items retained in the patient

When an accountable item is intentionally retained in a patient, the accountable item and its location must be documented on the count sheet. The total number of items documented in the final count is the total number of items minus the number of intentionally retained items.

The presence of the retained item and the count sheet are to be included in the handover to the area receiving the patient (e.g., ward, ICU) and included in the surgeon/ proceduralist's post-operation/ procedure instructions and operation/ procedure notes. The operation/ procedure notes are to include the type of item, number of items, location and reason for retaining the item and the planned removal date.

When the retained item is to be removed its retention details are to be confirmed from the previous count sheet. The item is to be documented on the new count sheet for that surgery/ procedure and the number of retained items removed is to be added to the number of items documented at each closing count. Alternatively, if the retained item is removed in the ward such as a vaginal pack, the item is to be recorded in the patient's medical record and checked against the original count sheet to ensure the correct number and type of retained item(s) has been removed.

3.7. Clearing the operating/ procedure room

When the surgery/ procedure is complete, and all counts performed and are correct:

- Disposable accountable items are to be disposed of in waste receptacles in the operating/ procedure room. The waste receptacles are then to be removed from the operating/ procedure room

- Non disposable accountable items, including instruments, are to be removed from the operating/ procedure room. They are not to be placed in waste receptacles or sharps containers within the operating/ procedure room

- Sharps are to be disposed of in sharps containers outside the operating/ procedure room.

3.8. Discrepancy in the count

When there is a discrepancy in the count the following is to occur:

- The discrepancy in the count is immediately reported to the surgeon/ proceduralist

- The count is repeated by the instrument and circulating nurses/ midwives

- The surgeon/ proceduralist ensures a thorough search of the surgical/ procedural site except when the missing item is larger than the surgical/ procedure site

- The instrument nurse/ midwife thoroughly searches the aseptic field

- The circulating nurse/ midwife thoroughly searches the waste, linen and the operating/ procedure room

- The circulating nurse/ midwife opens all bags of accountable items. The circulating and instrument nurses/ midwives recount the bag contents ensuring each item is visualised by both nurses/ midwives.

Where the above **does not resolve the discrepancy** in the count the following is to occur:

- The instrument nurse/ midwife notifies the surgeon/ proceduralist and the anaesthetist

- The nurse/ midwife in charge of the operating suite/ procedural area is notified by the instrument nurse/ midwife or their delegate

- When an x-ray detectable item is missing an x-ray is performed as soon as practicable and before the patient leaves the operating/ procedure room if the patient's condition permits. The surgeon/ proceduralist documents the outcome of the x-ray in the patient's medical record

- When a non x-ray detectable item is missing a microscope and/ or magnet may be used to locate the item within the surgical/ procedural field

- The outcome of the search and actions taken are documented on the count sheet

- The incident is to be managed as per the NSW Health Policy Directive *Incident Management* (PD2020_047).

3.9.   Count not required when no accountable item(s) are used

A count is not required when no accountable item is used such as a closed reduction of a fracture.

Where a paper count sheet is used the instrument nurse/ midwife marks the count section of the count sheet with "no count required" and signs the count sheet. Where the eMR is used the instrument nurse/ midwife enters "no count required" in the eMR.

The surgeon/ proceduralist's signature is not required.

3.10.   Count not completed due to critical emergency

During a critical emergency, the instrument and circulating nurses/ midwives are to undertake a count when it can be performed, and document this on the count sheet. The instrument nurse/ midwife is to inform the surgeon/ proceduralist, at an appropriate time, if a count has not been completed.

A post-surgery/ procedure x-ray is to be performed as soon as practicable to ensure no accountable items are unintentionally retained (see Section 3.8).

The incident is to be managed as per the NSW Health Policy Directive *Incident Management* (PD2020_047).

3.11.   Subsequent count sheet(s) required

When a subsequent count sheet(s) is required for continuation of the count, the next count sheet is to be labelled with the patient's details and "count continued". The pages are to be numbered sequentially and attached to the previous count sheet(s).

Where electronic count sheets are used, NSW Health services are to develop local procedures for the management of subsequent count sheets and obtain written approval for the procedures from the multi-disciplinary perioperative management committee.

3.12. Simultaneous or sequential surgeries/ procedures on the same patient

Simultaneous or sequential surgery/ procedures, involving more than one surgical/ procedural team, may be performed on the patient. In these situations, one count sheet is to be used with one instrument nurse/ midwife responsible for managing the accountable items and the count sheet.

If the operating/ procedure room is cleared between surgeries/ procedures a separate count sheet is to be used for each surgery/ procedure.

4. ANAESTHETIC SHARPS

Any sharp item (e.g., hypodermic needle, scalpel blade, suture needle) used by the anaesthetic team is to be disposed of immediately at the point of use in the anaesthetic sharps container. This will ensure these sharps remain separated from the sharps used in the surgery/ procedure.

5. REPLACING INSTRUMENT OR CIRCULATING NURSE/ MIDWIFE

Where possible the same two nurses/ midwives are to be present and responsible during the surgery/ procedure.

5.1. Instrument nurse/ midwife

The surgeon/ proceduralist is to be notified when an instrument nurse/ midwife is to be replaced and this is not to occur during a critical point of the surgery/ procedure as determined by the surgeon/ proceduralist.

5.1.1. Permanent replacement

When the instrument nurse/ midwife is permanently replaced the instrument and circulating nurses/ midwives are to perform a changeover count.

The count and time of changeover are to be documented on the count sheet by the circulating nurse/ midwife and signed by the outgoing instrument nurse/ midwife. When any accountable items are inaccessible or unable to be visualised by the instrument or circulating nurses/ midwives this must be documented on the count sheet as "not viewed".

The name, role and replacement time of the permanent replacement instrument nurse/ midwife are to be documented in the electronic medical record (eMR) and on the count sheet.

5.1.2. Temporary replacement

When the instrument nurse/ midwife is temporarily replaced, the name, role and replacement time of the temporary replacement instrument nurse/ midwife are to be documented in the eMR and on the count sheet.

5.2. Circulating nurse/ midwife

When the circulating nurse/ midwife is to be replaced (permanent or temporary), the name, role and replacement time of the replacement circulating nurse/ midwife are to be documented in the eMR and only on the count sheet if the circulating nurse/ midwife has documented on the count sheet during the replacement.

A verbal handover is to occur between the incoming and outgoing circulating nurses/ midwives.

6. APPENDICES

1. List of accountable items

6.1. Appendix 1: List of accountable items

Accountable items include, but are not limited to, the following items used during a surgical or procedural intervention.

List of accountable items

Accountable item	Comments
Absorbent items	
Cherries, peanuts	Must contain an x-ray detectable marker fixed securely across its width
Cotton wool balls, eye swabs (strolls)	
Gauze rolls/ strips	Must contain an x-ray detectable marker Used for packing of wounds or cavities Must not be used as dressings on wounds
'Patties'	Must contain an x-ray detectable marker fixed securely across its length
Sponges	Must contain an x-ray detectable marker Must not be cut Must not be used as dressings on wounds Must not be used for wrapping articles for sterilization Some sponges are manufactured specifically for skin preparation and do not contain an x-ray detectable marker. These sponges do not require counting or documenting on the count sheet.
Swabs	Must contain an x-ray detectable marker Must be counted and documented on the count sheet when used for bladder catheterisation Must not be cut Must not be used as a dressing Must not be used for wrapping articles for sterilization
Instruments (all instruments are accountable items)	
Instrument tray	Use local standardised instrument trays and tray lists A tray list must be present on each instrument tray, checked and signed off by an authorised person prior to and following sterilization Use the instrument tray list as a baseline for instrument counts
Separate instruments	Separate instruments must have their contents (including their parts) documented on the outer packaging or within the package The contents must be checked and signed off by an authorised person prior to and following sterilization
Loan sets	Loan sets are provided by medical companies or other hospitals and returned to the company or hospital after use Must include two copies of a detailed loan set list and a photograph of the loan set
Other items	
For example, navigation balls, corneal protectors	As determined by the health service and/ or at the discretion of the nurses/ midwives performing the count and/ or the surgeon/ proceduralist

Accountable item	Comments
Pharyngeal packs	
Also known as throat packs	A length of rolled gauze which must contain an x-ray detectable marker
Retraction devices	
Fish hooks, visceral retractors e.g., 'fish'	
Sharps	
Detachable scalpel blades, diathermy tips, hypodermic needles,	
Suture needles (ordinary and atraumatic)	Once the initial count starts, suture needles used during the surgery/ procedure are included in the count Must visualise each suture needle Keep in a needle counter or container to avoid misplacement and/ or sharps injuries May use suture packages to identify a missing suture needle type and size
Vascular Items	
Guide wires, ligaboots/ instrument shods, ligareels, sheaths, snares, snuggers, tapes, vessel loops/ ligaloops	