

Swab , Instrument & Disposable Items Count Competences

Name of Theatre Practitioner: Signature of Practitioner:

Grade of Practitioner Being Assessed:

Name of Assessor: Signature of Assessor:

Grade of Assessor:

Date of Assessment:

The purpose of this assessment is to ensure that all Theatre Practitioners are fully compliant with current Trust Policy with regard to, Swabs, Instruments, Sharps and Disposable Items.

All Theatre staff must be assessed and deemed competent.

In the event that a Practitioner fails to demonstrate competent practice, he or she will be referred to the Theatre Matron for further appropriate action and support, and in some circumstances the practitioner may be removed from Clinical Practice until deemed competent.

Competent

Task (Swabs, Instruments, etc.)	Competent		Comments / Action taken
	Yes	No	
All counts was performed by 2 staff (one is Registered Practitioner)			
All appropriate items are counted.			
The Completed Count was recorded on the swab board and directly overseen by the Scrub Practitioner.			
The Instrument count sheets were stored in correct place and were accessible for the Scrub Practitioner at all times.			
Swabs were counted from smallest to largest.			
All counts are ordered as: swabs, sharps, disposable items, instruments.			
Staff know correct action to take if 'bundles of swabs' contains less or more than 5 Action Taken :			
Needles are counted and recorded, Needle			

Task (Swabs, Instruments, etc.)	Yes	No	Comments / Action taken
packets are kept to verify count.			
Instrument tray checklist used to check trays at All stages of the count			
Staff can state correct action to take if an error is detected with the tray contents Action Taken :			
Supplementary single instruments are recorded on whiteboard			
Skin prep swabs remain in theatre and shown to SP during any counts			
Small swabs removed from surgical field once large cavity open			
Additional swabs / needles are counted and recorded correctly			
Used swabs counted out & recorded correctly			
Swab counts start with discarded swabs, the trolley then surgical field			
When the Surgeon informs the Scrub Practitioner (SP) that a swab has been placed inside the cavity, the SP informs CP of swab inside which is documented immediately in ALERT section of whiteboard.			
Any dropped item is placed in an appropriate container and a record is recorded in ALERT section on the Swab board			
Nothing leaves the theatre until all counts are correct			
Closure counts are undertaken at correct times			
Staff can state the correct procedure to follow if any item is missing during a count.			
'Pause for Gauze' called by SP			
Surgeons Pause for Gauze and do not disturb the SP / CP during the count Unless a life threatening issue arises. If there is any interruption during the count, the SP instructs that the count must be started again.			
Scrub Practitioner knows what action to take in the event that a surgeon does not follow the policy.			
The Scrub Practitioner must ensure that the Theatre environment is calm in accordance with pause for gauze for all counts.			

Task (Swabs, Instruments, etc.)	Yes	No	Comments / Action taken
SP checks the integrity of all instruments and devices before and after use.			
Red swab ties are retained on Instrument pin to confirm counts.			
SP verbally informs surgeon that 1 st & final counts are correct & gets verbal acknowledgement			
Closure suture for each cavity is not given until count is completed			
Instruments are returned to correct trays & checked using instrument sheets			
Safety of sharps maintained, using the appropriate discard pad. SP gets CP to visually confirm that all sharps have been removed from the set and discarded in the sharps container.			
Wound dressing opened at end of case (after skin closure).			
'Sign Out' is led by SP			
TOTAL – 30 items			Score =

Please delate as appropriate

I Can confirm that the above stated Practitioner has satisfied me that they are at present up to date with current Policy and Procedure/ has not satisfied me, that they are at present up to date with current Policy and Procedure and I recommend the following action to be taken .

Immediate Action