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

PD 2013_054 (number has changed, was 2012_033)
Letter to NSW OTA members and NSW Perioperative nurses,
29th June 2012

The NSW OTA was pleased to acknowledge the publication of the 2012 document (PR2012_033) by the Ministry of Health (MoH) on 6 June, 2012.

However, the NSW OTA Executive Committee had received correspondence from some members and perioperative nurses who were concerned about some of the contents.

The NSW OTA Executive Committee and the MoH have negotiated over the past 18 months and the amendments we required and they have now been republished in PD2013_054.

A standardised Count Sheet, in line with the recommendations in this Policy Directive, has been developed by the MoH, in consultation with NSW perioperative nurses. We are pleased to announce that the final version of this Count sheet will soon be available for use, hopefully not just in public facilities but also for private facilities as well.

Thank you,

Tracey Kerle, NSW OTA President
About this presentation

This Presentation provides explanation and rationales for the changes since 2005 (PD2005_571) and is provided by the NSW OTA for free download to assist in the education of all NSW perioperative nurses. It is a long presentation, as it includes wording from the entire document and explanations about changes/updates from 2005. There are so many changes since the 2005 document that we believe to obtain a full understanding of the new document that it is necessary to read the entire document, rather than have a presentation which provides information about the changes only.

As you work through the presentation all the wording quoted from the 2013 document is in BLACK and any comments/explanations are in RED.

The NSW OTA Executive Committee extend their thanks to the MANY perioperative nurses who have contributed to the information in this 2013 document.

This information was collated initially in 2009 and corresponded to the MoH, and again in 2011, resulting in this 2013 document.
The outcome is a document which
• reflects our perioperative nursing practice in the clinical workplace
• incorporates the many changes in technology since 2005
• incorporates evidence based practice from the literature and
• is closely aligned with the 2012 ACORN Standard S3.

The NSW OTA Executive Committee are available to respond to any enquiries you may have. We are contactable via Michelle, our Secretariat on
email: info@nsw-ota.asn.au
web: www.nsw-ota.asn.au
Ph: 02 9799 9835

We look forward to keeping you updated with any further information and development as pertaining to this important Policy Directive.

Thank you,
Lilian Blair, NSW OTA Executive Committee member.
Policy Directive

Management of Instruments, Accountable Items & Other Items Used for Surgery or Procedures

Document Number: PD2013_054 (number change)
Publication date: 18 Dec, 2013 (date change)
Functional Sub group: Clinical/ Patient Services - Nursing and Midwifery
Clinical/ Patient Services – Surgical
Clinical/ Patient Services - Maternity
Clinical/ Patient Services - Anaesthetics
Clinical/ Patient Services - Medical Treatment

Summary: This policy applies to all NSW Health Agency perioperative/periprocedural environments where surgery or procedures are carried out to ensure that any items as defined by this document and used during the course of any surgery or procedure performed are removed from the patient unless retained intentionally as part of the surgery or procedure. It also recommends all licensed private facilities take this document into account during the development of their own local policy.


Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations. ¹
POLICY STATEMENT

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. ¹
POLICY STATEMENT
MANDATORY REQUIREMENTS

This Policy Statement applies to:

• All NSW Ministry of Health Agencies’ perioperative environments where surgery / procedures are carried out. ¹

• All NSW Ministry of Health Agencies where surgery/procedures are undertaken outside of the perioperative environment i.e. radiology departments, biopsy clinics and birthing units. ¹

• 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. ¹

• It is recommended that all licensed private facilities take this document into account during the development of their policies. ¹

• NSW Ministry of Health Agencies will be responsible for policies regarding the management of accountable items in settings not covered in and by this document. ¹
IMPLEMENTATION
The Chief Executives of Local Health Districts and Specialty Health Networks are ultimately responsible for the implementation of this policy. ¹

RESPONSIBILITIES

1.1 NSW Ministry of Health responsibilities:
Will provide the mandatory requirements, standards and tools to support implementation of this policy. ¹

1.2 NSW Ministry of Health Agency responsibilities:
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. ¹

This policy must be readily available to all workers employed within the perioperative environment and where surgery or procedures are undertaken outside of the perioperative environment. ¹
1.3 Nurse /midwives 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.¹

**NOTE:** “Registered Midwife” has been added by MoH throughout whenever “nurse” is used but the author won’t keep mentioning or highlighting this again throughout the powerpoint as this educational tool is aimed at perioperative nurses. I will also use the word “surgery” even though the policy uses “surgery/procedure” all the time.
1.3 Nurse / Midwife responsibilities continued

- A Registered Nurse /Registered Midwife must be nominated as “in charge” (Nurse /Midwife Case Leader) for each particular surgical or procedural intervention. ¹

- Documentation of all nursing activities related to the patient’s perioperative or procedural care is required. Whenever possible the same two nurses should be present and responsible for all counts during the surgery/ procedure to ensure continuity of care. ¹

- 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 responsible. ¹
POLICY STATEMENT
RESPONSIBILITIES cont’d

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. ¹

• Details of any instrument, accountable item/s 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 and documented by the surgeon in the patient’s operation or procedure report. ¹

• 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
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 New addition to document
**POLICY STATEMENT**

**RESPONSIBILITIES continued**

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 so the item is included in the count and recorded 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 recorded on the patient’s anaesthetic health care record as being left in situ.  

  Note specific management of a pharyngeal packs as an accountable item. (Section 6.2)
Issue date: Dec 2013
PD2013_054

Procedure:
Management of Instruments, Accountable Items & Other Items Used for Surgery or Procedures
DOCUMENT OVERVIEW

DOCUMENT SCOPE
• The 2005 document predominantly covered “accountable items” and “tray lists”.
• This 2013 document now covers the management of ALL items used during surgery that have a potential to be retained, which is the intent of the document as technology has changed since 2005.
• These are divided into “instruments” “accountable items” and “other” items.

DOCUMENT NAME
• Due to the broader scope of the document, the name has been changed. Hence, “Management of instruments, accountable and other items used for surgery or procedures” is the name it has been given.

DOCUMENT LANGUAGE
• We looked at the words “surgery”, “surgical”, “procedure”, “operation” etc that was throughout the 2005 document and are now using “surgery/procedure” or “surgeon/proceduralist” or “operating/procedure room”.

DOCUMENT CONTENT
• Has been placed under new headings and the order of headings has been moved around considerably to try and group things together better to make the document flow better.
# PROCEDURE CONTENTS

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#### 6. FURTHER CLARIFICATIONS

- Anaesthetic procedures
- Pharyngeal / throat packs
- Removal of items from the room
- Incorrect packaging / quality of disposable accountable items
- Replacement of nursing staff
- Count not required
- Count not performed
- Simultaneous or sequential surgery
- Second count sheet required
- Items deliberately left in patient
- When a discrepancy occurs
- Damaged items during surgery or a procedure

#### 7. REPORTING REQUIREMENTS

#### 8. GLOSSARY

#### 9. BIBLIOGRAPHY

#### 10. IMPLEMENTATION CHECKLIST
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 This has been reworded but the context remains the same as the previous document/s.

1.2 Key definitions

- Key definitions can be located in the glossary in section 8. ¹
- Definitions and glossary have been combined, with the bulk of the information about individual items etc at the end of the document, and not in the body of the document anymore. This has been done to make the document less to “wade” through, with the practical, procedure type aspects of the document available first to clinicians.

RADIO PAQUE

- The word “radio opaque” has been changed throughout the document to “x-ray detectable”
PROCEDURE
2. ACCOUNTABLE ITEMS

• Much feedback was received about whether any instrument type should still be included in the definition of “accountable items” as they are routinely managed on tray lists at beginning and end of a case. ie: many comments about “double documenting” instruments on a tray list AND on a count sheet.

• Therefore, the 2012 document version stated that all reusable instruments would be managed using the tray lists only. Perioperative nurses trialled this in their facilities for some months, but feedback received was that this was difficult to manage and that they wanted haemostats, and reusable vascular clamps and bulldogs placed back into the accountable items definition, and the MoH count sheet adjusted to reflect this. This has been done.

• Everything else now comes under the heading of “other items”.

• The new MoH Count Sheet lists only Accountable Items (by this document’s definition) that are used frequently, any others are documented on the count sheet by the user.
2. Accountable items

An 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.¹

Accountable items include, but are not limited to, the items

### 2.1 Absorbent items

- swabs
- sponges
- ‘patties'
- ‘cherries'
- 'peanuts'
- eye swabs (strolls)
- gauze rolls / strips
- cotton wool balls
- pads¹ (was in the 2012 document but has now been removed as requested)
2.2 Sharps

- Suture needles (ordinary and atraumatic) are all managed and documented together now, they have been defined separately from “hypodermic” needles.
- The word “Micro” needles has been removed from the document and wording around perioperative staff liaising with radiology to decide if an xray is necessary. As per 2012 ACORN Standard S3 has been added. (see section 6.11)
2.3 Vascular items
- vessel loops (ligaloops)
- snuggers
- snares
- tapes
- ligareels
- ligaboots / instrument shods
- clip cartridges
- bulldog clamps (word : disposable, removed...applies to all types)
- vascular clamps (placed back into document as per previous comments)
- haemostats ¹ (placed back into document as per previous comments)

2.4 Retraction devices
- fish hooks
- visceral retractors e.g. ‘fish’ ¹
PROCEDURE  

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. ¹

• ‘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. ¹
• ‘Other items’ must be counted and recorded at the discretion of the nurses performing the count and/or the surgeon/proceduralist or as NSW MoH Agency policy dictates.  

• ‘Other items’ must be checked by the instrument nurse for completeness prior to being handed to the surgeon and again at the completion of the surgery or procedure. (New wording as we requested to cover ALL instances and all items).

• Any item that is divided during the surgery or procedure must be documented on the count sheet. (New wording as we requested to cover ALL instances and all items).

• NOTE: “Other” items were not defined in the 2005 document, and due to the changes in technology there are many items that fall into this new category.

• They consist of items that are neither traditionally “accountable” but are also not instruments. Ie: “other items” are any which are not already classified in the document as an accountable item or an instrument. e.g: saw blades, hypodermic needles, Raney clips, pins, drill bits and navigation balls, k-wires, corneal protectors, endoscopic retrieval bags etc.
The below wording is now in the glossary

- Disposable, accountable items must comply with the relevant Australian Standard/s. ¹
- 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. ¹

2005 document had the wording that items come in numbers of “5” or ‘10” etc, but as technology has changed the wording above has been amended (eg: custom packs, items being packaged to suit the type of surgery).
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. \(^1\)
- The document has been changed to reflect the 2012 ACORN Standard, which stipulates only two counts are to be done, unless entering a cavity.

- 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. \(^1\)
  
  This is as per 2012 ACORN Standard S3.

  The rationale for including minimally invasive surgery is due to the potential for the surgery to become open, and also that a cavity is being entered and will need closure.
4.1 Principles of the count continued

Definition of a body cavity (in the glossary)

- Refers to any space in the human body that
- contains internal organs.
- or is of a size that an instrument, accountable item or other item that may be unintentionally retained (eg: hip joint)
PROCEDURE
4. MANAGING THE COUNT continued

• An additional count may also be performed at any time or at the discretion of the nurse performing the count, taking into consideration any surgery or procedure where there is a possibility of accountable items, instruments or other items being retained. ¹

• At the commencement of the surgery or procedure the instrument nurse 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. ¹ New addition to document

• The count must be carried out by two nurses, one of whom must be a RN. ¹

1, 2, 3, 4, 5.....

• Both nurses count aloud, simultaneously, and visualise all accountable items. ¹

• If any interruption occurs during the counting procedure, the count of that item must be recommenced. ¹
• Any item that is divided during the surgery or procedure must be documented on the count sheet. ¹ **New addition to document**

• All items must be checked by the instrument nurse for completeness prior to being handed to the surgeon/proceduralist and again at the completion of the surgery. ¹ **New addition to document**

• The above two additions replace the statements from the 2012 version that caused concern to perioperative nurses. Quoted below from the 2013 version...

*When opaque/non opaque tape is required, eg. Removing the bowel, it should be measured and length documented during the counting procedure. If tape cut during an operation or procedure this must be recorded on the count sheet.*

*When guide wires are used for Intraluminal procedures these should be a recorded on the count sheet and Guide Wire should be checked for completeness (length) when removed.*
4.2 Documentation of the count

• Accountable items must be recorded 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 are involved in surgery or procedures undertaken outside of the perioperative environment. ¹
4.2 Documentation of the count continued

NSW Health intraoperative documentation (Surginet downtime) forms

• NSW Health have introduced forms (that have been on trial and are now being formalised) that have been devised by a group of experts across the Area Health Services so that our nursing documentation is standardised. Perioperative nursing care to be documented is based on present practice, ACORN standards and content of the NSW Health perioperative eMR (Surginet) screens.

These new forms are called:
1. “Count Sheet”. Only accountable item are recorded on this
2. “Operation/Procedure Nursing Record” (nursing intraoperative documentation). All non accountable items left insitu are recorded on this form
3. Operation/ Procedure Report (surgeons operation report)

Thus we have used this wording throughout the revised document.
4.2 Documentation of the count continued

- Other items should be counted and recorded at the discretion of the nurses performing the count and/or surgeon or proceduralist or as NSW Health Agency policy dictates. \(^1\)

- 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. \(^1\)

- While documentation is primarily completed by the circulating nurse, the instrument nurse is ultimately responsible for ensuring the completion and accuracy of all documentation relating to the surgery. The anaesthetic nurse is responsible for documenting the anaesthetic nursing care provided. \(^1\) More explanation has been provided.
4.2 Documentation of the count continued

- The count sheet must be signed by all nurses responsible for the count (i.e. instrument and circulating nurses) to indicate that the final check of instruments, accountable and other items are correct. \(^1\)
4.2 Documentation of the count continued

• Any documentation of the count on the count sheet by the circulating nurse must be visualised by the instrument nurse. 

• It has been accepted practice that any entry made on the Count Sheet by the circulating nurse should be visualised by the instrument nurse as it is written. Feedback told us that this is not always the case, and also in emergency situations when items are added to the sterile field by another staff member the item is often not documented or the addition overlooked. None of these practices were mentioned in the 2005 document, so they have been added, wording below.

• Other HCWs 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. However should this occur in an emergency situation the item must be added to the Count Sheet, initialled by the HCW, visualised by the instrument nurse, and the circulating nurse informed as soon as possible. New addition to document
4.2 Documentation of the count continued

• If a mistake is made on the count sheet, a single line is placed through the mistake and initialled beside the mistake. ¹

• 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 of the outcomes of all counts and checks. ¹

• The original count sheet must be included in the patient's health care record.

• The outcome of the count should be recorded on the Electronic Medical Record (EMR) if functionality permits. ¹ New addition to document
4.3 Using the Count Sheet

- The “names” of each count attended have been updated and are reflected on the NSW Health Count Sheet (eg: initial count / count / count / final count).
- Therefore the Count Sheet reflects the 2 mandatory counts (initial and final) and allows the nurse to use the other two count columns and name them to reflect the extra type of count being done. Eg: “cavity”, handover”

<table>
<thead>
<tr>
<th>Initial COUNT</th>
<th>added</th>
<th>total</th>
<th>Eg: handover COUNT</th>
<th>added</th>
<th>total</th>
<th>Eg: cavity COUNT</th>
<th>total</th>
<th>Final COUNT</th>
</tr>
</thead>
</table>

- The number of all items opened to that point are recorded in the 'totalling' column and reflected in the relevant count columns in the case of an accountable item requiring mandatory documentation e.g.
Examples of how the count columns are to be used have been added as there was feedback that there are a number of different interpretations of documenting on the Count Sheet and thus confusion over using an “*” etc, so we thought we should provide an explanation.

Examples may include (but are not limited to)

1. 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 \(^1\) e.g. the asterix (*) is used to indicate the location of an item, indicates a notation

<table>
<thead>
<tr>
<th>Initial COUNT</th>
<th>Added</th>
<th>Total COUNT</th>
<th>Added</th>
<th>Total COUNT</th>
<th>Total COUNT</th>
<th>Final COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>5</td>
<td>10</td>
<td>9*</td>
<td>5</td>
<td>15</td>
<td>13**</td>
</tr>
</tbody>
</table>

* 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 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 relieves another instrument nurse, eg: for a changeover/handover during extended cases.  

“Additional” counts may be performed at the discretion of the nurses performing the count or the surgeon.  
(eg additional)  

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

<table>
<thead>
<tr>
<th>Initial COUNT</th>
<th>added</th>
<th>total</th>
<th>Eg: handover COUNT</th>
<th>added</th>
<th>total</th>
<th>Eg: cavity COUNT</th>
<th>total</th>
<th>Final COUNT</th>
</tr>
</thead>
</table>
4.5 Handling of accountable and other items for the count

- more explanation/direction has been added to this section of the document in an effort to make practice more consistent amongst perioperative nurses

- On transfer of items to the sterile field the instrument nurse must ensure items remain intact in their inner packaging or as originally secured so that they do not become separated prior to counting.\(^1\)

- Once removed from the inner packaging each item must be separated by the instrument nurse during the counting procedure to ensure both nurses visualise the completeness of each item for example; where an accountable item has an x-ray detectable marker, the marker integrity must be checked.\(^1\)

- The 2005 document only discussed “incorrect numbers” of items and how to deal with them. “Inadequate quality” has been added so that items will be managed in the same way.
• The audible counting technique is performed in a consistent manner by the instrument and circulating nurses. ¹

• When multiple like items are being opened and counted at one time the instrument nurse must count each item individually and as per their original group e.g. 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 add them to those from a previous bundle. ¹

• The instrument nurse must count items in an ascending order and the circulating nurse must document them as a total. ¹
PROCEDURE

4. MANAGING THE COUNT continued

• When the instrument nurse 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. ¹

• The instrument nurse must keep like groups of accountable items together on the sterile field until they can be progressively counted away. ¹

• The instrument nurse must not place sterile packaging on the surgical field due to the risk of it being retained in the patient. ¹
**PROCEDURE**

4. MANAGING THE COUNT continued

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 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, then bagged, sealed and labelled with the item name and quantity by the circulating nurse.

- Items ‘counted away’ must be organised by the circulating nurse so they are readily visible by both nurses 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 to the effect that all accountable items, instruments and other items are accounted for. ¹

• A verbal acknowledgment must be received from the surgeon or proceduralist in order to avoid any misunderstanding. ¹

• The instrument nurse must then verify with the circulating nurse that the surgeon acknowledged the verbal statement. ¹
PROCEDURE
5. INSTRUMENTS MANAGEMENT

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

• More explanation/direction has been added to this section of the document to aid practice consistency amongst perioperative nurses.
5.1 Instrument trays 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 parts prior to:
  - sterilisation
  - commencement of surgery or procedure
  - closure of body cavities (this statement has been removed in this 2013 version, as following trial this was too difficult to manage)
  - 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.
5.2 Separate instruments

- Separate instruments will have their contents (including their parts) documented on the outer packaging or within the packaging (has been added) by a Sterilising Department Technician (SDT) or an authorised person.¹

- 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.¹

- The wording above now stipulates the management of separate instruments be managed the same as for tray lists, instead of leaving it to “each HCF” as recommended in the 2005 document.
5.3 Instruments on loan from medical companies

- Sets/trays on loan from medical companies must be accompanied, on each occasion of usage, with two copies of illustrated tray lists provided by the company supplying the loan sets. These may be used by the SDT or an authorised person and nursing staff in lieu of a NSW Health Agency generated tray list providing the principles described in this Policy Directive are maintained. ¹

5.4 Instruments on loan from other hospitals / facilities

- Sets/trays 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 staff in lieu of a NSW Health Agency generated tray list providing the principles described in this document are maintained. ¹

- Wording has been added as these were not mentioned previously, only loan sets from medical companies
5.5 Multiple or complex instrument trays

- New recommendation that for multiple and/or complex number of trays (and not just large orthopaedic loan sets as stated in the 2005 document) that the patient not be kept waiting to leave the room whilst tray lists are completed, and options as how this may be managed.

- It is recognised that completing post operative tray lists of multiple and/or complex trays by the instrument and circulating nurses 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. ¹
5.5 Multiple or complex instrument trays continued

- However the principles of tray list management remain mandatory and effective risk management strategies should be developed at the NSW Health Agency level. ¹

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

- 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 Care Unit. ¹

- A post operative x-ray may be used as an additional check. ¹
5.6 Handling of instruments prior to, during and following the surgery or procedure (“during” has been removed)

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

The instrument and circulating nurses, one of whom must be a RN, 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 risk of being unintentionally retained prior to the closure of each body cavity. (this has been removed)
- at the completion of the surgery or procedure
5.6 Handling of instruments prior to, during and following the surgery or procedure continued

- All tray lists and separate instruments must be checked audibly by either nurse, viewed concurrently by the other nurse and confirmed against the tray list or listed separate instruments by both nurses. ¹
5.6 Handling of instruments prior to, during and following the surgery or procedure continued

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

- All instruments must be checked by the instrument nurse for completeness prior to being handed to the surgeon and again at the completion of the surgery or procedure.
PROCEDURE
5. INSTRUMENTS MANAGEMENT

5.6 Handling of instruments prior to, during and following the surgery or procedure continued

- When the instrument and circulating nurses 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 on the tray list and any other appropriate documentation as per NSW Health Agency recommendations. The tray list should be retained to aid investigation.¹

Incorrect tray lists reporting:

- The 2005 wording for completing an incident report for any incorrect tray list / instrument missing has been removed as this is not done routinely, only when the instrument is suspected to be retained the wording from the tray lists section that stated that an incident report must

- At the completion of the surgery/procedure, the instrument nurse’s identification, the date and the patient’s medical record number must be recorded on the instrument tray list and/or separate instruments record and returned with the instrument tray and/or separate instruments for reprocessing. ¹
5.7 Handling of instruments prior to decontamination

• Wording has been changed to specify the steps to be taken PRIOR to decontamination, as the 2005 document did not specify that instruments had to be checked against the tray list prior to washing.

Feedback was provided that this allowed for instruments to be mixed together in batch washers, and subsequently a delay in discovering a missing instrument postoperatively.
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. ¹ (new wording added by SSD speciality group)

- Once the instrument trays and separate instruments are deemed correct, the tray list will be managed as per NSW Health Agency recommendations. ¹
When an instrument tray is deemed incorrect by the SDT or an authorised person he/she must notify the nurse 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. \(^1\)

An IIMS notification (NSW Health Agency) must be completed according to PD2007_061 Incident Management Policy. \(^1\)
6. 1 Anaesthetic procedures (e.g. 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 (e.g. pharyngeal pack), then the anaesthetist must communicate this to the surgeon or proceduralist and the instrument and circulating nurses. The accountable item is then documented on the count sheet by the circulating nurse.  

- When anaesthetic procedures are performed in the operating room, the anaesthetist must communicate this to the instrument and circulating nurses. The accountable item must be sighted by both the instrument and circulating nurses and recorded by the circulating nurse 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 for counting purposes.  

- Additional explanation has been added to this section above
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. ¹
6.2 Pharyngeal / throat packs continued

- Feedback was received that the management of these as stipulated in the 2005 document has caused many variances in how pharyngeal packs are managed, causing inconsistency of practice and incidents of retained pharyngeal packs have been cited.

- Therefore the 2012 document is now in line with the 2012 ACORN Standard ie: that pharyngeal packs shall always be managed as a disposable accountable item.

- However ACORN recommend that a second indicator be used as well, and also say the anaesthetist is to document the pack too. Following discussion the decision was made for the pack to be managed as an accountable item and documented on the Count Sheet, and that it shouldn’t be documented anywhere else, as the count sheet is the most sound way to ensure it’s management by the entire surgical team.
6. 2  Pharyngeal / throat packs continued

- ‘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. 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

- The wording has been expanded for how to manage these, as previously the steps covered accountable items only.

- 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. ¹

- 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. ¹

- If an accountable item is removed from the operating or procedure room during the course of the surgery or procedure (e.g. attached to a specimen) its removal must be approved by the instrument nurse and documented by the circulating nurse as per example in table in section 4.3. ¹
6. FURTHER CLARIFICATIONS

6. 3 Removal of instruments, accountable or other items from the operating or procedure room continued

- If an instrument is removed from the operating or procedure room during the course of the surgery or procedure it’s removal must be approved by the instrument nurse and documented by the circulating nurse 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.
6. 3 Removal of instruments, accountable or other items from the operating or procedure room continued

• 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.  

(new additions 2013).

This waste should not be removed from the operating suite / 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 and surgeons 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 included in the packet is different to what is marked on the packet or the quality of an item is inadequate (e.g.; missing an x-ray detectable marker) the following must occur;

The instrument nurse must
- count the items and include them in the count (practice changed)
- once counted and documented, they are to be removed from the surgical field, passing them to the circulating nurse

The circulating nurse 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 room while the surgery is in process

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

6.5 Replacement of nursing staff responsible for the count

- Whenever possible the same two nurses 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.

Replacement of instrument nurse
Wording has been added to this section that this is acceptable to do, as there is very strong evidence that fatigue is a major risk factor in the correct management of accountable items, instruments and other items.
6.5 Replacement of nursing staff responsible for the count continued

- When replacing the instrument nurse during the surgery or procedure, the instrument and circulating nurses must conduct a complete count prior to handover/changeover. This count must be documented on the count sheet by the circulating nurse, including the time of the handover /changeover period and signed by the relieving nurses.

- When any instruments, accountable items or other items are inaccessible or unable to be visualised by the instrument or circulating nurses 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 temporarily, the names and relief times of all replacement or relieving nurses must be legibly documented on the count sheet and / or other intraoperative nursing documentation. e.g. in the Electronic Medical Record.

- The surgeon or proceduralist is to be notified when nursing 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 (e.g. closed reduction of a fracture) it is the instrument nurse’s responsibility to document that “no count required” in the patient’s paper based or electronic health care record. Therefore 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’s responsibility to mark the count section with ‘No Count required’, and sign as usual. Therefore the surgeon or proceduralist signature is not required.
6.7 When a count is not performed due to extreme emergency situations

- Wording has been expanded for this section
- 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.
6.7 When a count is not performed due to extreme emergency situations continued

On these occasions the following must occur:

- The instrument nurse must inform the surgeon or proceduralist, at an appropriate time, that a count has not been completed.
- The instrument and circulating nurses 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 record.
- A post operative x-ray with a captured radiographic image must be ordered by the surgeon or proceduralist and performed as soon as practical, 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 team may be involved.

In these situations one count sheet shall be used, with one instrument nurse responsible for managing all accountable, other items and instrumentation.
6.90 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. 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 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 - e.g. packing gauze, drains, tubes or catheters) remaining in situ by intention must be documented by the circulating nurse 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 initial count is completed, if either nurse has doubts about the accuracy of instruments, accountable or other items at any time, the following must be initiated.
6.12 When a discrepancy exists, continued

Initial investigation

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

X-ray detectable missing item

• If a 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.

• An NSW Health Agency notification must be completed according to PD2007_061 Incident Management policy and Open Disclosure performed as soon as possible.
6.12 When a discrepancy exists, continued

Suture needle missing

- Each NSW Health Agency must keep a portfolio of each x-ray machine’s capability to detect different size suture needles. The portfolio should be used as a cross reference when an x-ray is required. This has all been removed in this version.
- If a suture needle is missing and is not x-ray detectable as determined by the faculty in liaison with the radiology department, then performing an x-ray is not appropriate. New addition
- It may be necessary to utilise a microscope and/or a magnet to locate the needle within the operative 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 according to PD2007_061 Incident Management policy and Open Disclosure performed as soon as possible.

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 according to PD2007_061 Incident Management policy and Open Disclosure performed as soon as possible.
6.13 Damaged items during surgery or a procedure

- New addition about how these should be managed
- If a reusable or disposable item is damaged during use, the instrument nurse 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 (e.g. 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.
PROcedure 7. Reporting Requirements

- Any discrepancy in the count, subsequent action and outcome must be reported to the nurse in charge of the Perioperative Environment by the Nurse Case Leader.

- Retained instruments or other material after surgery requiring reoperation or further surgical procedure need to be reported in the IIMs Management System and managed according PD2007_061 Incident Management Policy.

- These incidents are also to be accompanied by the full open disclosure process by the surgeon or proceduralist, according to PD2007_061 Incident Management Policy.
# PROCEDURE
## 8. GLOSSARY

<table>
<thead>
<tr>
<th><strong>Accountable</strong></th>
<th>Answerable to self, patient, profession and employer for nursing care given in the perioperative environment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body Cavity</strong></td>
<td>Refers to any space in the human body that • contains internal organs. • or is of a size that an instrument, accountable item or other item may be unintentionally retained (eg: hip joint)</td>
</tr>
<tr>
<td><strong>Captured radiographic image</strong></td>
<td>Any radiographic image that is able to be reproduced when required.</td>
</tr>
<tr>
<td><strong>Circulating nurse</strong></td>
<td>The nurse responsible for the management and documentation of all accountable items opened onto the sterile field. She/he supports the instrument nurse by being alert to the requirements of the surgical team and ensures all supplies are delivered to the surgical field aseptically. The circulating nurse must perform the surgical count in conjunction with the instrument nurse. The circulating nurse must be a Registered Nurse (RN) or Enrolled Nurse (EN) who has been deemed competent in the circulating nurse role, as stipulated by NSW Health Agency policy. In the event that an EN is the instrument nurse, the circulating nurse must be a RN who has been deemed competent in the instrument nurse role, as stipulated by NSW Health Agency policy.</td>
</tr>
<tr>
<td><strong>Check</strong></td>
<td>To investigate or verify as to correctness e.g. tray lists, separate instruments and all other items are correct.</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Cotton wool</strong></td>
<td>Cotton wool must not be used for skin preparation. The 2005 document stated that cotton wool balls be managed in numbers of 5. This is not what is done at many facilities. Therefore we have changed the wording to quote the ACORN Standard which just says they must be documented on the count sheets, doesn’t stipulate quantities.</td>
</tr>
</tbody>
</table>
| **Consumables** | Disposable items must comply with the relevant Australian Standard. The expected number of enclosed like items must be stated on the manufacturer’s packaging and this number should be used to identify any discrepancy of the actual items.  
This info was in the body of the document in the 2012 version but has been moved here to the glossary section. |
<p>| <strong>The ‘count’</strong> | 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 |</p>
<table>
<thead>
<tr>
<th><strong>Count sheet</strong></th>
<th>Common name for a paper based record where accountable items relevant to this policy are recorded.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As a MINIMUM requirement the count sheet is to include patient</td>
</tr>
<tr>
<td></td>
<td>• medical record number</td>
</tr>
<tr>
<td></td>
<td>• name</td>
</tr>
<tr>
<td></td>
<td>• date of birth</td>
</tr>
<tr>
<td></td>
<td>• address</td>
</tr>
<tr>
<td></td>
<td>• location/ward</td>
</tr>
<tr>
<td></td>
<td>• Case number (if using eMR)</td>
</tr>
<tr>
<td></td>
<td>• Facility location</td>
</tr>
<tr>
<td></td>
<td>• Facility operating / procedure room number</td>
</tr>
<tr>
<td></td>
<td>• Date of surgery or procedure</td>
</tr>
</tbody>
</table>
### Count sheet continued

- List of accountable items specific to the clinical area
- Space for additional items counted at the nurses discretion to be added
- Four count columns: initial count, count, count, (both with available space to name type of) and 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 (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

White absorbent woven gauze folded and supplied in various lengths and widths into which may incorporate an x-ray detectable marker.

Gauze rolls used for the packing of wounds or cavities must contain an x-ray detectable marker.

Gauze rolls containing an x-ray detectable marker must not be used as dressings on surgical wounds.

### Health Care Workers (HCWs)

Perioperative nurses, surgeons, doctors and other classifications of allied health and ancillary staff that provide holistic patient care.
### Incident Information Management System

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

The nurse who assumes primary responsibility and accountability for all items used during the surgery or procedure.

The instrument nurse may be either a RN or an EN who has been deemed competent in the instrument nurse role, as stipulated by NSW Health Agency policy.

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 role, as stipulated by NSW Health Agency policy.
# PROCEDURE

## 8. GLOSSARY

<table>
<thead>
<tr>
<th>Loan sets</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must</td>
<td>Indicates a mandatory action requiring compliance.</td>
</tr>
<tr>
<td><strong>Needles, suture (atraumatic and ordinary)</strong></td>
<td>Each suture needle must be visualised to ensure an accurate suture needle count. Using empty suture needle packages to investigate a suture needle count discrepancy is not recommended. 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. <strong>Added:</strong> wording added in regard to not using packets to count, stipulating the need to open each packet and visualise each needle. Suture needles must be contained in a needle counter or container to avoid misplacement and/or sharps injuries. <strong>New wording</strong></td>
</tr>
</tbody>
</table>
PROCEDURE

8. GLOSSARY

<table>
<thead>
<tr>
<th>NSW Health Agency</th>
<th>Entities within the public health system as defined by s.6 of the Health Services Act 1997 and the NSW Ministry of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse case leader</td>
<td>“Nurse case leader” indicates the RN taking overall nursing responsibility for the case.</td>
</tr>
<tr>
<td></td>
<td>Whilst each member of the nursing staff is accountable for working within their scope of practice and designated role, the nurse case leader is responsible for overseeing the nursing care of the perioperative patient.</td>
</tr>
<tr>
<td></td>
<td>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 In Charge in regard to any issues.</td>
</tr>
</tbody>
</table>
### 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.
<table>
<thead>
<tr>
<th><strong>Policy</strong></th>
<th>Written directive on a specific health situation determining a course of action, developed, agreed to and adopted by the user group.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procedure</strong></td>
<td>Is the performance of surgery or other therapeutic/diagnostic procedures, with and without administration of anaesthesia.</td>
</tr>
<tr>
<td><strong>Registered nurse (RN)</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
### 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.

### Retraction devices

These will include but are not limited to: fish hooks, visceral retractors (e.g. ‘fish’).

*This was in the 2012 version but has been removed from the 2013 version*

### 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. e.g. peanuts, eye swabs (strolls), cherries or patties ...this example deleted from 2013 version

### Sponges
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.
Must be radio opaque.
Must not be used as dressings on surgical wounds.
Must never be cut.
Must never be used for wrapping articles prior to sterilisation, under any circumstances.

### Sterilising department
A reprocessing area for cleaning, disinfecting, checking and sterilisation of reusable surgical instruments and equipment.
## Supervision

Incorporates the elements of direction, guidance, oversight and coordination of activities.

**Direct Supervision** – is provided when the RN is actually present, observes, works with and directs the person who is being supervised.

**Indirect supervision** – is provided when the RN is easily contactable but does not directly observe the activities.

## Swabs

**With an x-ray detectable marker (‘raytec’ swabs):**
- Are a white gauze material, incorporating an x-ray detectable marker used for surgery or procedures
- Are used during the course of any surgery or procedure must contain an x-ray detectable marker.
- Must never be cut.
- Must not be used as a dressing

**Without an x-ray detectable marker (‘plain’ swabs):**
- 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.
### Swabs continued

<table>
<thead>
<tr>
<th>General comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under no circumstances should swabs be used for wrapping articles prior to sterilisation.</td>
</tr>
<tr>
<td>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 recorded on the count sheet.</td>
</tr>
<tr>
<td>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 recorded on the count sheet.</td>
</tr>
<tr>
<td>Except for the above mentioned exceptions, swabs without an x-ray detectable marker must only be used for dressings.</td>
</tr>
<tr>
<td>(see sections 6.1 and 6.2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tray</th>
</tr>
</thead>
<tbody>
<tr>
<td>A set of assorted instruments.</td>
</tr>
</tbody>
</table>
## PROCEDURE
### 8. GLOSSARY

| **Vascular items** | These will include but are not limited to: vessel loops/ligaloops, snuggers, snares, tapes, ligareels, ligaboots, instrument shods, clip cartridges  
*This was in the 2012 version but has been removed from the 2013 version*

| **Wound dressings/packs** | 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 e.g.: burns dressings.  
Gauze rolls used for the packing of wounds or cavities must contain an x-ray detectable marker  
Swabs with an x-ray detectable marker should not be used as dressings on surgical wounds.  
White swabs without an x-ray detectable marker should only be used for dressings. |
The draft that was submitted to MoH had all statements numbered to the direct reference where possible to enable follow up and evidence based information for each statement.

In the published version however the numbering has all been removed and all the documents grouped together in a “Bibliography” instead.
9. BIBLIOGRAPHY

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Finished...questions??

The NSW OTA Executive Committee are available to respond to any enquiries you may have. We are contactable via Michelle, our Secretariat on email: info@nsw-ota.asn.au
web: www.nsw-ota.asn.au
Ph: 02 9799 9835