Standard Operating Procedure (SOP) for swab/needle & instrument count for procedures undertaken following birth.

Author/Owner	Midwife/ Practice Educator Midwife/ Consultant Obstetrician	
Equality Impact Assessment	N/A	Date:
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Approved by	CBU 3 Overarching Governance Meeting	Date: June 2022
Distribution	Barnsley Hospital NHS Foundation Trust – intranet Please note that the intranet version of this document is the only version that is maintained. Any printed copies must therefore be viewed as "uncontrolled" and as such, may not necessarily contain the latest updates and amendments	

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1.0 Introduction

The purpose of this standard operating procedure is to outline the correct and safe counting and disposal procedure for swabs, needles and instruments.

2.0 Objective

To ensure patient safety by eliminating the risk of missing swabs/needles/instruments.

3.0 Scope

This SOP applies to all Doctors, Midwives and any other members of medical staff/students likely to be present during a surgical procedure, and who need to be aware of the procedure for performing a swab count.

4.0 Main body of the document

4.1 Flowchart showing procedure for swab/needles & instrument count.

Two staff members to count swabs, needles and instruments when setting up a trolley prior to a procedure

Record the ongoing number of swabs, needles and instruments in use on whiteboard

Place used swabs in swab sectional trays

Ensure additional items (e.g. tampons) are added to the whiteboard and partogram during the procedure

If an indwelling item is used, a purple wrist band must be attached to the woman's wrist immediately. This is the responsibility of the individual who has commenced use of the item

If the procedure is taken over by another member of staff, a swab, needle and instrument count and acknowledgement of purple wristband MUST be performed prior to recommencing the procedure

On completion of the procedure, two staff members to count swabs, needles and instruments **This count must be performed in the room**

Is the count correct and complete?

- Clear whiteboard
- Discard swabs, needles and instruments as per protocol
- Dispose of indwelling item and purple wristband when clinically indicated
- Partogram to be signed by two members of staff

Retention of a foreign object after a procedure is a <u>NEVER EVENT</u> and will trigger a serious incident investigation

Is the count incorrect or incomplete?

- Recheck count
- Inform Shift Leader
- Carefully inspect the entire room, including bins and bedding
- Question any member of staff present during procedure
- Following full explanation of why this is necessary, inspect the woman
- Arrange an X-ray to rule out retention of a foreign object
- Complete a Datix
- The woman & her birth partner(s) should be kept informed throughout
- The incident should be managed sensitively with full explanations and apologies

Trust Serious Incidents Policy

Management Of Serious Incidents V5

Trust Duty of Candour Policy

Duty Of Candour V1.3

5.0 Roles and responsibilities

5.1 Midwives:

To accurately undertake the correct procedure for counting and checking swabs, needles and instruments.

To safely dispose of used swabs, needles and instruments in line with protocol.

To ensure safety protocols are followed e.g. it is the responsibility of the individual who commences use of an indwelling item to ensure a purple wristband is attached to the woman's wrist.

To escalate any concerns regarding the swab, needle and instrument count in a timely manner.

To accurately and clearly document the swab, needle and instrument count.

To sensitively communicate with the woman and her birthing partner(s), and follow guidance relating to Duty of Candour.

5.2 Obstetricians:

To accurately undertake the correct procedure for counting and checking swabs, needles and instruments.

To safely dispose of used swabs, needles and instruments in line with protocol.

To ensure safety protocols are followed e.g. it is the responsibility of the individual who commences use of an indwelling item to ensure a purple wristband is attached to the woman's wrist.

To escalate any concerns regarding the swab, needle and instrument count in a timely manner.

To accurately and clearly document the swab, needle and instrument count.

To sensitively communicate with the woman and her birthing partner(s), and follow guidance relating to Duty of Candour.

6.0 Associated documents and references

SOP for weighing blood loss after delivery on the Barnsley Birthing Centre

Guidelines for safe disposal of swabs, needles and instruments

7.0 Training and resources

Training will be delivered as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis.

8.0 Monitoring and audit

Any adverse incidents relating to the Standard Operating Procedure (SOP) for swab/needle & instrument count for procedures undertaken on the Barnsley Birthing Centre will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The Standard Operating Procedure (SOP) for swab/needle & instrument count for procedures undertaken on the Barnsley Birthing Centre will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

9.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This Standard Operating Procedure (SOP) should be implemented with due regard to this commitment.

To ensure that the implementation of this SOP does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This SOP can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this SOP. This may include accessibility of meeting/appointment venues, providing translation,

arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all SOPs will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

Appendix 1
Equality Impact Assessment – not required for SOPs.

Appendix 2
Glossary of terms
SOP-Standard Operating Procedure- used to provide a framework of care for staff.

Appendix 3

Version	Date	Comments	Author
1	1/12/16	For review 1/12/19	

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	14/10/2021
Reviewed at Women's Business and Governance meeting	17/06/2022
Approved by CBU 3 Overarching Governance Meeting	June 2022
Approved at Trust Clinical Guidelines Group	14/10/2022
Approved at Medicines Management Committee (if document relates to medicines)	N/A

Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Standard Operating Procedure.
Document title	Standard Operating Procedure (SOP) for swab/needle & instrument count for procedures undertaken on the Barnsley Birthing Centre.
Document author (Job title and team)	Sarah Warren (Registered Midwife- Maternity Guideline Group)
New or reviewed document	Reviewed
List staff groups/departments consulted with during document development	Maternity team, guideline review team.
Approval recommended by (meeting and dates):	Women's Business and Governance – June 2022 CBU3 Business and Governance – June 2022
Date of next review (maximum 3 years)	June 2025
Key words for search criteria on intranet (max 10 words)	Swab, needle, instrument, count, procedure, safety, suturing, delivery, postnatal, birth.
Key messages for staff	A missing swab/needle/instrument is a never event and will trigger a serious incident investigation. This can be a stressful time for the patient and should be handled sensitively.

I confirm that this is the <u>FINAL</u> version of this document	Name: Molly Claydon Designation: Maternity Governance Support Co-ordinator

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Governance meeting **Date approved: June 2022** **Date Clinical Governance Administrator informed of approval: 07/07/2022** **Date uploaded to Trust Approved Documents page: 12/07/2022**