Policy	
# Theatres Operational Policy	
Classification:	**Policy**
Authors Name:	
Authors Job Title:	**Theatres Operational Manager**
Authors Division:	**Surgery**
Departments/Groups This Document Applies to: Trust wide Clinicians	
Date of Approval: 9 August 2023	**Review Date: 06/2026**
Approval Group: TEC	**Last Review: 06/2023**

Unique Identifier: OPS/GL/4	**Status:** Approved	**Version No: 8.0**
Scope: All staff employed by the Operating Theatre department. Staff attending Theatres from other departments including, medical staff, Radiographers, Endoscopy, Midwives, Estates, I.T & Tissue Viability, IPC.		
To be read in conjunction with the following documents: **Please refer to the Trust Documentation intranet page for all links contained within this document.**		
CQC Fundamental Standard: Required CQC evidence:		

Disclaimer –

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material lies solely with you as the medical practitioner.

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Definitions

A&E – Accident and Emergency
AAGBI – Association of Anaesthetists of Great Britain and Ireland
AfPP – Association for Perioperative Practice
COSHH – Control of Substances Hazardous to Health
CSU – Clinical Services Unit
EBME – Electrical and Biomedical Engineering
ENT – Ear, Nose & Throat
GPAS – Guidelines for Provision of Anaesthetic Services
HSDU – Hospital Sterilisation and Decontamination Unit
ICU – Intensive Care Unit
KTP – Potassium Titanyl Phosphate
ODP – Operating Department Practitioner
PEC – Pharmacy Emergency Cupboard
SOP – Standard Operating Procedure
TEC – Trust Executive Committee
TIG – Theatre Improvement Group
VAC – Vacuum Assisted Closure
WHO – World Health Organisation

Document and Consultation History

Document History

Version	Date	Name	Reason
7.1		Theatre Improvement Group (TIGS)	Represents all theatre users
7.1		Jill Macdonald Chief Pharmacist	Supplier to department
7.1		Theatre Team Managers	Users of the policy
7.2	June 2023	Robyn Norris	Full review and update of policy

Consultation History

Stakeholders Name	Area of Expertise	Date Sent	Date Received	Comments	Changes Made
Lila Ravel Sophie Betts Erum Khan	Midwifery LW Manager Obstetrician Lead for LW	8 Nov 22	06 Feb 23	Reviewed: 6.1.3 6.1.4 6.1.7 Appendix 21	
Leanne Andrews	Midwifery	16 March 23	16 March 23	Epidural in labour guidance	16 March 23
Debbie Bandey	Clinical Governance	14 April 23	14 April 23	Comments added	14 April 23
Hamid Manji	Divisional Director	14 April 23	14 April 23	Comments added	14 April 23
Jamie Strachan	Clinical Lead	14 April 23	14 April 23	Comments added	14 April 23
Lucy Rimmer	ADO - Surgery	19 April 23	5 May 23	Comments added	5 May 23
TIGs	Theatres Improvement	12 July 23	12 July 23	Agreed	12 July 23
Ruth Murphy	Pre-Op Assessment	12 July 23	14 July 23	POA detail added	14 July 23
TDC	Document approval	19 July 23	19 July 23	Amends agreed and added	19 July 23

1.0 Introduction

1.1 Policy Statement

This operational policy sets out how the operating theatre department works in order to provide safe, effective, high-quality care for patients. The policy is for use by department staff, Trust staff

and relevant external bodies.

The operational policy is divided into two main sections. The first section addresses management of the department, relationships with other departments and overarching issues. The second section is comprised of Standard Operating Procedures that describe key areas of practice in the care of patients.

The policy relates to theatre specific practice and refers to Trust policies as appropriate.

2.0 Scope of document

The Operating Theatre Department, Milton Keynes University Hospital Trust, strives to provide safe, effective, high-quality care for patients. To achieve this level of care the department monitors practice, supports, and develops staff, fosters teamwork with related disciplines and departments, provide appropriate equipment and instruments, and ensures a clean, safe, and suitable environment for surgical procedures.

3.0 Roles and responsibilities

- Theatre Improvement Group members – circulate the policy to their colleagues.
- Operational Manager – oversee the implementation and review of the policy.
- Team managers – implement policy and disseminate to staff.
- Staff – implement policy.

4.0 Implementation and dissemination of document

Policy will be implemented directly to theatres with active support and leadership of the Team Managers. The policy will be circulated to the Theatre Improvement Group, representative of all theatre users.

5.0 Processes and Procedures

5.1 Purpose

The Operating Theatre Department, Milton Keynes Foundation Hospital Trust, strives to provide safe, effective, high-quality care for patients. To achieve this level of care the department monitors practice, supports, and develops staff, fosters teamwork with related disciplines and departments, provide appropriate equipment and instruments, and ensures a clean, safe, and suitable environment for surgical procedures.

5.2 Performance management

The performance of the Operating Department is monitored by the measures described below:

- Utilisation of theatres
- Mandatory training & staff appraisals
- Sickness management
- Theatre budget
- RADAR incident reporting
- Peer reviews
- Perfect theatre audit (Tendable)
- Patient outcomes
- Staff survey

The department participates in ongoing Tendable (previously Perfect Ward) theatre audits, "including, but not limited to": IPC & environmental, hand hygiene, medicine management, patient experience & safeguarding. The Theatre Data Analyst performs on-going reporting of WHO

documentation on a monthly basis, and WHO observational audit is reported quarterly to the Divisional Board and Patient Safety Board. These are quantitative audits based on the data input in eCARE.

5.3 Location

The theatres are divided between two physically separate areas, Phase 1 Theatres – emergency & trauma and Phase 2 Theatres – elective surgery.
Table 1. The focus of each theatre indicates the specialties that mainly use the theatre: however, specialties can work in any appropriate theatre if required.

Both Phases of the Operating Department can only be accessed with the use of swipe cards.

Table 1: Theatre's estate

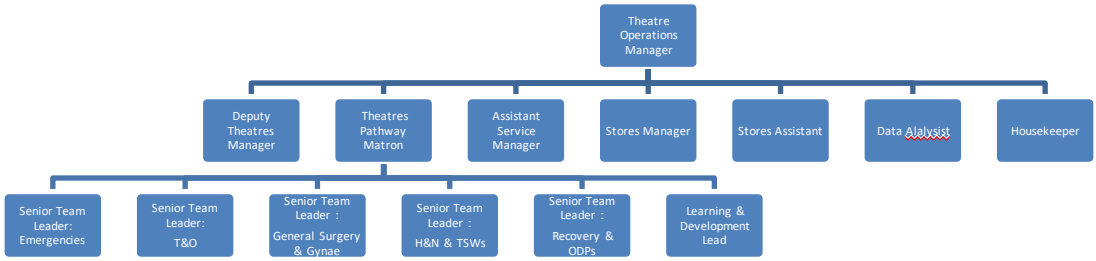
Theatre	Phase	Main Specialty	Lead lined	Ceiling mounted scope
1	1	Elective Obstetrics & Emergencies	✓	
1	1	Laser	Includes blinds	
2	1	Trauma	✓	
3	1	Emergency Obstetrics		
4	1	Emergencies		
5	2	Ophthalmic		✓
6	2	ENT/Maxillo-facial		✓
7	2	Gynaecology		
8	2	Robotic surgery / Colorectal		
9	2	Breast/General	✓	
10	2	Urology	✓	
11	2	Orthopaedic	✓	
12	2	Orthopaedic	✓	
Procedure room	2	Urology / Gynae Outpatient procedures/ TRUS	✓	

5.4 Management Structure

The Theatre team includes Theatre Operational Manager, Deputy Theatre Operational Manager, Theatres & DSU Matron, Lead for Learning and Development, Senior Team Leaders, Surgical First Assistant, Registered Nurses, Operating Department Practitioners, Assistant Theatre Practitioners, Healthcare Assistants, Theatre Support Workers, Housekeeper, Administrator, Theatre Data Analyst, Stores Manager and Stores Assistant. Staff are ultimately accountable to the Theatres Operational Manager, with agreed management and coordination responsibilities devolved to Band 7 and Band 6 staff.

The staff are managed within five teams (**Figure 1**).

Figure 1: Operating Department Staffing Structure



5.5 Communication

The overall development of the services provided by the Operating Department is the responsibility of the Theatre Improvement Group, a multidisciplinary forum that meets monthly. The Group comprises of surgical specialty Clinical Directors, Theatre Operational Manager & Clinical Services Manager, Head of Nursing for Surgery, and Clinical Governance lead.

The Theatre Management Team, comprising Band 7 and Band 8 post holders, meet weekly, addressing operational issues, quality improvement and future developments.

All staff on duty attend a daily operational safety meeting, 'The Huddle', led by the bleep holder in both Phase 1 and Phase 2. The huddle is held in the respective Post Anaesthetic Recovery rooms at 08:00.

Staff suggestions, concerns, and comments are addressed with Senior Team Leaders in the first instance. However, it is understood that there will be times when staff wish to approach the Matron and Theatre Operational Manager directly.

In addition to the line management structure various communications are placed on display boards in clinical areas and coffee rooms, and the intranet message board.

5.6 Daily operational coordination

Each Phase of theatres has an identified coordinator (Band 6 or 7). Coordinators carry a bleep, Phase 1 Theatre bleep: 1327, Phase 2 Theatre bleep: 1788.

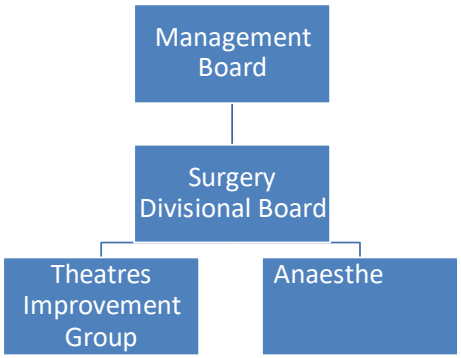
The Bleep Holder's responsibilities include supporting staff in the safe and smooth running of the Theatre department, anticipating and resolving issues, informing managers of relevant issues/adverse incidents, liaising with medical colleagues and other departments, and to ensure relevant information is handed over at the end of shift.

Whenever the bleep holder changes a handover should take place.
In Phase 1 there is a daily handover sheet to enable effective communication overnight.

6.0 Governance

Performance (KPIs), risks, issues and updates on Finance and Human Resources and other items will be reported to the agreed Boards (Figure 2: Theatres Governance Structure) via verbal updates and submitted via the Divisional Challenge Report.

Figure 2: Theatres Governance Structure



7.0 Risk Management

The department complies with the Trust Risk Management Strategy.
In accordance with this strategy the Operational_Theatre Manager is responsible for:

- Ensuring that all incidents are properly documented including incident investigations and that corrective action is taken and learning is shared.
- Ensuring that risk assessments are undertaken either proactively or as a result of an incident.
- Ensuring that all staff have access to and receive appropriate training in identifying and managing risk.

To achieve the above the Operational Theatre Manager must:

- Regularly review and amend the departmental risk register.
- Allocate to a member of staff lead responsibility for incident reporting system for investigation and feedback. This person is supported directly by the Theatre Operational Manager.
- Ensure that incident reporting system events and learning is shared with staff.
- Ensure staff complete relevant mandatory training, have access to and use the incident reporting system in accordance with the Incident Reporting Policy and Procedure
- Ensure paper forms for incident reporting system are available in each Phase for use in the event of IT failure.

8.0 Health and Safety

The department complies with the Trust Health and Safety Policy.

Responsibility for Health and Safety lies with Theatres Operational Manager

All Health & Safety related issues & concerns are discussed and actioned at the monthly Health & Safety meeting, which occurs on the 4th Tuesday of each month.

To achieve the above the Theatres Operations Manager must:

- Ensure the health and safety of staff, visitors, and patients, by adopting best clinical, nursing, and operational practices
- Ensure that information with regards to hazards of wider significance is shared with other services and employers.
- Ensure compliance with health and safety policies, RIDDOR (2013), COSHH (2002) and Health and Safety at Work(1974)

- Ensure hazards are identified, assessed and adequately controlled within all workplace locations in the directorate
- Encourage incident reporting
- Ensure that events are effectively managed, and risk is reduced to as low as reasonably practicable and lessons learnt are disseminated.

8.1 Department Managers

Theatre Operations Manager and Senior Team Leaders will ensure compliance with health and safety policies and procedures by ensuring best practices are adopted and maintained in their services.

8.3 Theatre Bleep Holders

Theatre Bleep Holders are responsible for ensuring that relevant risks, hazards and equipment defects are escalated as appropriate and communicated to appropriate staff attending the department i.e., medical staff, domestic staff, estates staff etc.
In addition, theatre staff must ensure the Theatre Bleep holder is informed of risks, hazards and equipment faults identified.

8.4 Control of Substances Hazardous to Health (CoSHH)

The department adheres to the Trust CoSHH policy.
The department lead for Health and Safety incorporates responsibility for CoSHH.
A COSHH file is available in both Phase 1 and Phase 2.

8.5 Reporting Incidents

The staff member reporting the incident must take immediate steps to reduce further harm to the person(s) involved and/or affected, seeking medical / other appropriate attention/review.

All incidents must be reported using the on-line incident reporting system (RADAR), or the paper form (only when on-line facilities are not available or there is a period of downtime of more than three hours) providing all the required details within 48 hours of the event. Paper forms are kept in Phase 1 Office and in the Phase 2 Band 7 Office.

9.0 Phase 1 Emergency Theatres

There are 4 Emergency Theatres in Phase 1:

- Theatre 1 – Elective Obstetrics (9.2) & Laser
- Theatre 2 – Trauma (9.3)
- Theatre 3 – Emergency Obstetrics (9.3)
- Theatre 4 – Emergencies (9.4)

9.1 Obstetrics environment

The Operating Department provides theatre services for emergency and planned obstetric procedures.

Theatre 1 is reserved for elective obstetric surgery on a planned schedule and Theatre 3 is reserved for emergency obstetric surgery 24 hours a day 7 days a week.

The resuscitaires and instrumental trolley must be always checked by maternity services and ready for use as per current maternity process.

Service users and their babies should be always monitored by a qualified midwife or maternity support worker with relevant training.

All staff should introduce themselves and the World Health Organisation (WHO) Surgical Safety checklist must be completed, in theatre, for each procedure.

The service users' preferred language should always be discussed, and the Trust's agreed translation service should be used.

All service users who are having a caesarean birth should be offered regional anaesthesia in preference to general anesthesia, including service users who have a diagnosis of placenta praevia.

Birth partners are able to accompany service users into theatre at the discretion of the anaesthetist or unless the service user is under general anaesthesia or requires advanced medical treatment.

To mitigate the risk of hypothermia of the new-born, the temperature in the Theatre should be adjusted between 21 and 24 degrees Celsius.

Service users and their newborn should be kept together to facilitate the newborn adaptation post birth with skin to skin the initiation of feeding.

All blood loss should be measured contemporaneously using the relevant Measured Blood Loss (MBL) chart.

Final Measured Blood Loss (MBL) must be agreed at the sign out of the WHO Surgical Safety checklist at the end of the procedure and documented clearly within the service user's eCARE record.

The Postnatal Venous Thromboprophylaxis (VTE) risk score must be calculated by the obstetrician following the procedure and thromboprophylaxis prescribed as required. The VTE score must be discussed at the WHO Surgical Safety checklist at the end of the procedure.

9.2 Obstetric elective work

Theatre 1 is reserved for elective obstetric surgery, which could include:

- Caesarean birth
- Cervical cerclage
- Sterilisation; and
- Any other obstetric surgery

At times, Theatre 1 may be used for emergency obstetric work if Theatre 3 already has emergency obstetric surgery ongoing. (Refer to Trust Documentation Site - SOP for a when a second obstetric emergency theatre is required.pdf - All Documents (sharepoint.com)

Category 3 caesarean sections - can be added to the elective list as agreed by the MDT at the time.

Category 4 caesarean section - birth timed to suit woman or healthcare provider, sterilisation when indicated, cervical cerclage and c.
All Category 4 cases are booked via eCARE in advance by the antenatal clinic coordinator.

The list is subject to change depending on clinical decision by the Obstetric Consultant. The obstetric team would aim to put diabetic service users first on the list and if more than one diabetic patient on the list, to then prioritise the service user with either insulin or poorer control first.

The order of the list is decided on the day, depending on the clinical needs of the service users.

A caesarean section midwife is allocated via the midwifery rota for the elective list.
The midwife should be present for the pre-list briefing in Theatres at 08:45.

9.3 Obstetric Emergencies

All assisted vaginal births or anticipated difficult vaginal births can be converted to an emergency caesarean section. Theatres are to ensure that these emergencies can be facilitated at all times.

Also refer to Operative Vaginal Birth Guideline .pdf (sharepoint.com)

There are four different categories of caesarean section (CS) and category 1 to 3 are reserved for emergencies based on RCOG guidance. Below is a classification relating the degree of urgency to the presence or absence of maternal or fetal compromise.

Urgency	Definition	Category
Maternal or fetal compromise	Immediate threat to life or woman or fetus	1
	No immediate theatre to life of woman or fetus	2
	Requires early delivery	3
No maternal or fetal compromise	At a time to suit the woman and maternity services	4

Also refer to Caesarean Section.pdf (sharepoint.com)

All emergency caesarean section categories can be upgraded or downgraded by the obstetrician if the clinical picture changes. If the procedure is no longer required due to a change in maternal or fetal condition, then the Theatre's Bleep Holder in conjunction with the Obstetric Lead is to inform all members of both teams.

The timing of the decision and the urgency of all emergencies must be clearly indicated on the Theatre Booking form and must be communicated clearly to the Theatre's Bleep Holder.

9.3.1 Blood loss management in major obstetric hemorrhage

2222 Obstetric emergency call for ongoing bleeding:
> 500ml for all vaginal birth
>1000mL for cesarean section

2222 Major Obstetric **Hemorrhage** call for ongoing bleeding ≥1500ml

To keep a prospective record of measured blood loss and refer to Obstetric Haemorrhage Guideline .pdf (sharepoint.com) for the management of the emergency.

Perineal repair requiring spinal analgesia
Perineal Trauma and Repair Guideline.pdf (sharepoint.com)

Manual removal of placenta, Examination under anaesthesia (EUA) or management of retained products
Intrapartum Care (sharepoint.com)

9.3.2 Roles and Responsibilities for the Theatre management of obstetric emergencies

9.3.2.1 Theatres

Theatre 3 is reserved for emergency obstetric surgery 24 hours a day and Theatre staff are allocated at all times (1 x ODP, 1 x scrub nurse & 1 x circulator (as a minimum)).

Between 20.00 and 08.00 there is one theatre team on site. If the team is required for non-obstetric emergencies, then the on-call theatre team will be called in to be available for obstetric emergencies and remain on site to avoid delays.

A modified WHO checklist for use in Category One cases is displayed on the wall in Theatre 3.

9.3.2.2 Phase 1 Bleep Holder

It is the responsibility of the Phase 1 Bleep Holder to notify the Anaesthetic Practitioner (bleep 1457) Scrub Nurse (bleep 1081/1022) and Circulator to be able to leave their duties immediately to address emergency obstetric situations in Theatre 3.

If a Category One emergency caesarean section arrives whilst Theatre 3 is in use, then another theatre in Phase 1 should be used. If this is not possible then the operation will be carried out in Post Anaesthetic Recovery of Phase 1. See chart displayed in Post Anaesthetic Recovery.

9.3.2.3 Anaesthetic Practitioner bleep

The Anaesthetic Practitioner (bleep 1457) is also required to respond to 'obstetric emergency' fast bleeps. This is unlikely to be possible if all theatres are working. When responding to 'obstetric emergency' the Anaesthetic Practitioner should take with them the drugs for pre-eclamptic convulsions, an airway tray and induction medicines tray. These items can be found in Theatre 3 Anaesthetic Room.

9.3.2.4 Consultant Anaesthetist On Call

The consultant anaesthetist on call has the responsibility to allocate the obstetric anaesthetist and Obstetric ODP resource according to clinical need, and in consultation with the Theatre Bleep Holder.

9.3.2.5 Anaesthetist team

The anaesthetist is responsible for ensuring that patients are assessed prior to arriving at the Operating department. The exceptions to this are Category 1 caesarean section.

Choice of mode of anaesthesia should be offered to the service user and a collaborative decision should be made with the obstetric team dependent on the clinical needs of the service user.

9.3.2.6 Obstetric Team

Patients are booked to the emergency obstetric theatre as per **Table 2** and the category of section should be clarified. Staff booking the case should have reasonable knowledge of the patient including previous maternity history, reason for procedure and anticipated problems.

Timing of decision and timeframe for the birth should be communicated clearly to the Theatres Bleep Holder.

To communicate with the Theatres team if Theatres is no longer required due to a change in maternal or fetal condition.

To ensure there is a valid group and save sample result.

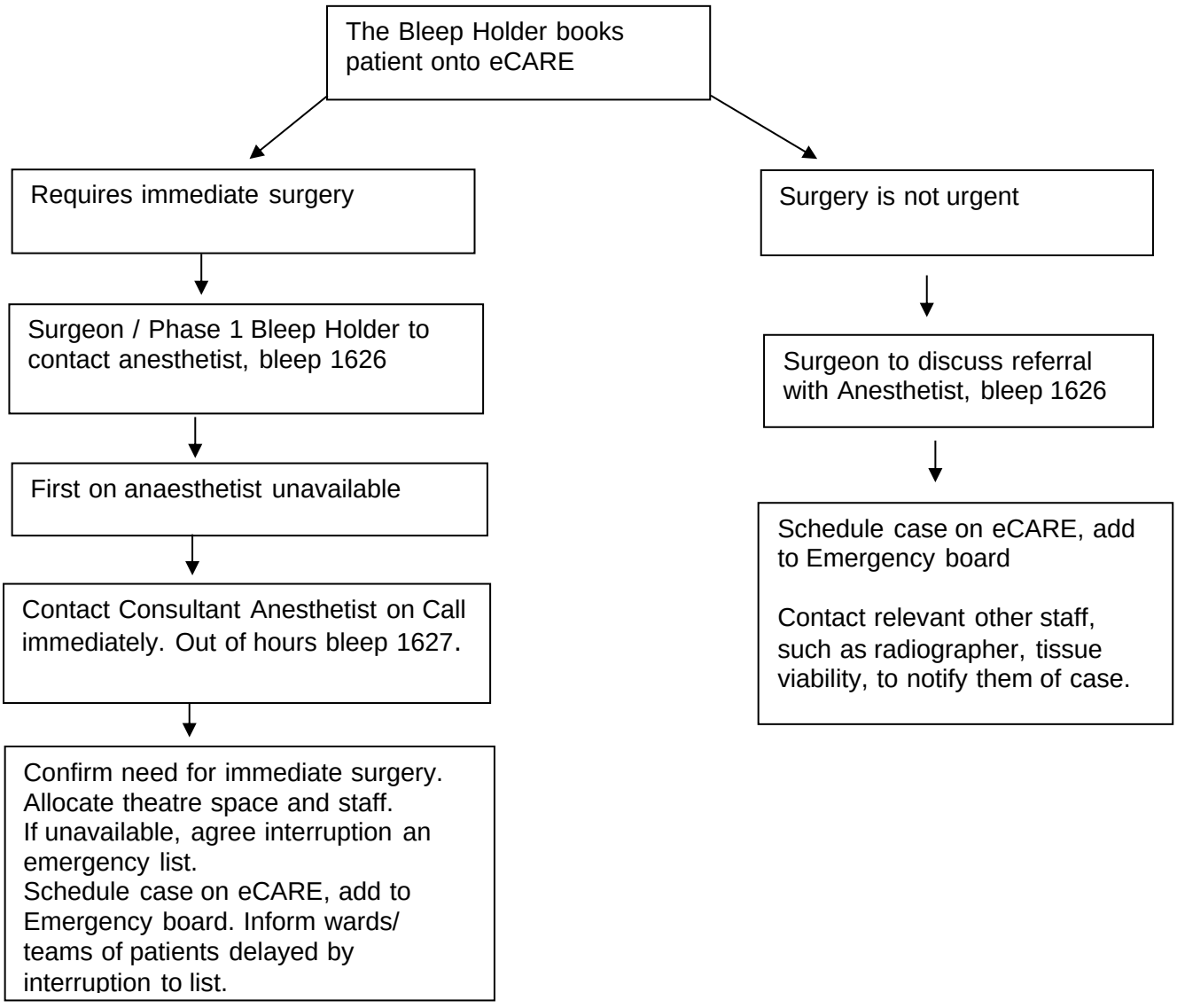
Table 2: Emergency Obstetric Theatre booking

Category	Action
1	Maternity to request schedule encounter into eCARE
2, 3 & 4	See Figure 4

9.3.2.7 Labour Ward Coordinator

To ensure that Theatres are notified via the emergency call "category 1 caesarean section" for any category 1 caesarean section.

Figure 4: Process for booking emergency patients – applies to all specialties



9.4 Emergency and trauma patients – life/limb saving procedures

In the event of a patient requiring immediate life/limb saving surgery patients should be accommodated in the appropriate theatre i.e. Trauma (Theatre 2, Emergency (Theatre 4) or Emergency Obstetrics 9Theatre 3). If the most appropriate theatre within Phase 1 is unavailable the patient should be accommodated in the next available appropriate theatre within Phase 1.

9.5 Emergency and trauma patient – rescheduling

Patients should be rescheduled when the surgeon and/or anesthetist inform the Phase 1 Bleep Holder of the decision to postpone surgery. The Bleep Holder should remind the surgeon to inform the ward of the change in plan.

Communication between the Theatre Bleep Holder and the Trauma Co-Ordinator is also required regarding any changes to either the patients and/or the order of the list.

Patients should be rescheduled on eCARE if during the late/night shift it is clear that the urgency of case will not warrant out of hours surgery.

9.6 Emergency, trauma, and obstetric patients – cancellations

Patients should only be cancelled when the surgeon has confirmed that surgery is not required. The reason for cancellation should be recorded on eCARE by the Phase 1 Bleep Holder.

10.0 Electives

The CSU Hub confirms the following with the Theatres Department by 12.30 on the day prior to the list date (Monday list confirmed on Friday)

- patients
- procedures
- special requirements
- list order

Changes after this time should be notified by the CSU Hub to the Phase 1 and Phase 2 Bleep Holder. Changes after this time should only be by exception and be for a clinical reason in line with the 642 scheduling process.

If a patient's operation is cancelled CSU Hub is to review and notify the Admissions team to rebook the patient within 28 days where clinically appropriate.

10.1 Cancellation of elective patients

There may be instances when patients/sessions are cancelled. Reasons for cancellations can include:

REASON	REASON TYPE
DNA	Non clinical
Further investigation required	Clinical
No bed	Non clinical

Other (e.g. needs MRI, High BP needs GP appointment, consultant change, requires robotic procedure, needs clinical assessment referrals to other Trust, urgent 28 day return, requires GA)	Clinical
Other (e.g. no interpreter available, surgeon not aware added to list, MRI not available, pt arrived late due to transport)	Non clinical
Surgeon unwell	Non clinical
Theatre staff unavailable	Non clinical
Unfit	Clinical

In the event of staff absences exceeding the agreed rate (21%) at short notice, or other reasons, cancellations for non-clinical reasons must be escalated through the Matron or Theatres Operational Manager to the ADO and or Deputy ADO prior to any cancellations being enacted.

11.0 Theatre Environment

11.1 Clinical Areas

The Anaesthetic rooms, Operating Theatres, Post Anaesthetic Recovery and Procedure room are cleaned and checked daily for cleanliness, and functionality/safety of equipment. Log sheets to record cleaning and checking are available in working areas. See Standard Operating Procedures, Managing Anaesthetic Areas (Appendix 6) and Preparing and Checking Theatre (Appendix 7)

Patient linen supplies are monitored by the Linen Room staff. Linen trollies hold available linen and are located in both Phase 1 and Phase 2 Theatres.

Theatre scrubs are collected by Housekeeper or TSWs Monday to Friday and shelves within changing rooms are restocked.
Additional scrubs are held in trolley outside Phase 1 changing rooms.

11.2 Operating Theatres, including ventilation systems

The individual operating theatres, their associated plant and power supply is maintained according to the Trust Planned and Preventative Maintenance Policy.

The 3-month and annual schedule for theatre maintenance is agreed annually between Estates Department and the Operational Theatre Manager, which includes anesthetic rooms, prep rooms, scrub rooms, theatre and air handling units.

Levels of microbial growth are tested as part of the annual theatre maintenance program
A schedule for the cleaning of ventilation systems has been agreed between the Operating Department and domestic services.

Annual particle tests are carryout in line with the HTM 03-01 guidelines for critical and specialist ventilation system and Infection Prevention and Control are contacted if any issues arise.

The temperature range for an operating theatre is between 18^0 and 22^o celsius, meaning the optimal temperate is 20^0 celsius. If the temperature falls outside of this range, the relevant Phase Bleep Holder is to be informed, who will escalate and report to Estates.

11.3 Gas - pipeline supply and scavenging systems.

The gas supply and scavenging systems are managed under the Trust Management of Medical Gas Pipeline Systems, via Estates department.

11.4 Gas – cylinders

An approved storage room for gas cylinders is maintained in each Phase of theatres.
Oxygen cylinders are in place on all patient trolleys, and anesthetic machines.
Carbon dioxide cylinders are in place on camera stacks and certain laser equipment.

11.5 Medical Devices

The department works closely with EBME to ensure compliance with the Trust Medical Devices Management Policy. All new medical devices are registered with EBME prior to use and labelled with a unique number to enable identification.

The Theatre Operational Manager & Senior Theatre Team leads are responsible for ensuring that staff are trained in the use of devices and that records of training are kept and updated regularly

All relevant medical devices are checked prior to use and faults are reported to EBME. If a device is deemed faulty the equipment is decontaminated and the decontamination form is completed, attached to the equipment and a copy of the form is kept. In Phase 1 this is kept in the filing cabinet next to the Bleep Holder's desk and in Phase 2 this is kept in the Band 7 Office.

All Karl Storz equipment within the department is the responsibility of the Onsite Endoscopic Specialist.

Specialty specific devices are managed by the relevant team.

The maintenance of generic anaesthetic equipment, for example anaesthetic machines and diathermy, is coordinated by a nominated member of staff and EBME .

All medical devices must have service label stickers indicating when next service is due.

11.6 Laser

The Operating Department retains a KTP, CO2 and Holmium Lasers. The safe use of these Lasers is described in Standard Operating Procedure, Safe Use of LASER (Appendix 14)

The LASER protection Advisor for the Trust can be contacted via switchboard at Northampton General Hospital, Medical Physics, quick dial # 6119.

The Radiation Protection Adviser for the Trust can be contacted at Northampton Medical Physics quick dial #6119

11.7 Xray and Radiation

The Operating Department has 6 theatres suitable for the use of Xray, (see Table 1)

Staff must use protective lead rubber aprons and thyroid shields when working in Xray cases. Associated policies regarding Xrays in theatres includes:

- Local Rules Radioactive Sentinel Lymph Nodes. This has been developed by the Imaging Department and is available with the Trust policies stored in each Phase.
- Guidelines for using fluoroscopy in unshielded theatres
- SOP for use of the Mini C Arm intensifier

Xray gowns undergo an annual check to survey for damage and functionality. Theatre gowns are stored: Phase 1: in the corridor between Th1 & Th2 on the designated lead gown

holder. In Phase 2: outside Theatre 11& 12 and the Theatre 10 Prep room. They are cleaned weekly by TSW's and is included on their cleaning schedule.

11.8 Loan equipment for Trauma & Orthopaedic

The Operating Department hires specialist equipment and instruments for specific procedures and upon the surgeon's requests at least 48hrs before the planned procedure.

To ensure loan equipment is safe to use each item is supplied with a decontamination certificate and a detailed checklist from the supplier, checked by the loan kit coordinator and verified by company rep or a qualified member of staff by 24 hours prior to the planned operative date. The loan kit is sterilised by Milton Keynes HSDU department.

In addition, all loan electrical equipment should have a Certificate of Decontamination (completed by Theatres personnel) and MIA Call-Off Agreement Form (completed by Company Rep) then sent to EBME prior to use.

When returning loan equipment, nominated theatre staff need to ensure that a decontamination certificate accompanies the equipment, and a collection slip is signed by the collection courier.

The Loan Kit Coordinator is responsible for checking in, storing and sending out all loan kit.

11.9 Waste

The Operating Department complies with the Trust Waste Disposal Policy.
Appropriate training in waste disposal is provided during staff induction.
There is a designated waste storage room in both Phase 1 and Phase 2.

11.10 Fire

All staff complete fire safety training as part of mandatory training requirements. Fire exits are signposted in the department, and new staff are shown the exits during induction. Fire instructions and assembly points are displayed at the entrance/exits to the department.

Fire extinguishers are located in each Phase in the clean corridor, dirty corridor, Post Anaesthetic Recovery and the coffee room/kitchen area.

An annual fire risk assessment is undertaken by the Trust Fire Risk Advisor and a copy is shared with the Theatres Operational Manager.

The fire alarm is tested every Wednesday morning.

11.10.1 Fire alarm

In the event of a fire alarm, the Bleep Holders, and Senior Team Leaders act as Fire Wardens. Guidance for the fire warden is available as a Standard Operating Procedure, Response to Fire Alarms (Appendix 4). The evacuation plan is attached to the Fire Warden jackets stored in each Phase. In Phase 1 this is by the Bleep Holder's desk. In Phase 2 this is located in the PAR drug cupboard. The fire alarm may be:

- intermittent, indicating an alarm has been activated, but not in our zone
- Continuous, indicating an alarm has been activated in our zone.

11.10.2 Endotracheal Tube/Airway fire

Fire is a possibility when using the laser, see Standard Operating Procedure, Safe Use of Laser, (Appendix 14).

11.11 Safety alerts

Alerts received for equipment and product recalls are passed to bleep holders and Team Managers by email for appropriate action. Any actions are fed back to the reporter.

12.0 Ordering and receiving medicines

12.1 General Medicines

Access to general medicine stores is via swipe card access in each Phase.

Pharmacy check and maintain stock of general medicines.

Drug keys should be signed for at the beginning and end of each theatre list for elective theatres in both Phase 1 and Phase 2 e.g. 8am and 6pm. Record books are stored in main drug cupboard in Phase 2 theatres and in Recovery of Phase 1 theatres.

In the event of low stock level of general medicines staff should use the stock order book to request relevant items from Pharmacy. Out of hours it may be quicker to restock from Phase 2.

Received medicines should be checked against the receipt, and anomalies discussed with Pharmacy. Pharmacy items requiring refrigeration should be prioritised. Receipt is kept for one month.

Medicines prepared for use should be kept in trays. This tray should be kept in a locked cupboard when the theatre is not in operation

Anaesthetists are responsible for preparing medicines in the anaesthetic rooms. All preparations should be checked and signed for with the Anaesthetist.

ODP's and Nurses can:

- prepare IV infusions, including added medications such as syntocinon, and pain busters after confirmation with the Anaesthetist.
- prepare drugs for the surgeon. All drugs should be checked with the surgeon.
- In emergency situations ODPs/Anaesthetic Nurses can administer medicines under the direct supervision of the Anaesthetist until further medical help arrives.

12.2 Controlled drugs

Pharmacy maintains a register of staff able to order controlled drugs.

Controlled drug orders are submitted using the order book for that Theatre or Recovery and placed in the appropriate controlled drugs bag. Controlled drugs in Phase One are ordered on Thursday; in Phase Two they are ordered on Wednesday. Ordering books should be placed in the central drug cupboard before 08.30 on the agreed day of ordering.

Controlled drugs are delivered to Post Anaesthetic Recovery and are signed for by a registered practitioner.

Recovery staff notifies the relevant theatres anaesthetic practitioner that controlled drugs have arrived and are ready for adding to the stock. If the anaesthetic practitioner is unable to attend, the Recovery staff should add the controlled drugs to the stock or ask the Bleep Holder for support.

12.3 Checking of controlled Drugs

All working areas check the controlled drugs at the beginning and end of the session/shift, in line

with the medicines management policy. In addition, in Phase 1, the controlled drugs are checked at midnight and in the evening.

12.4 Phase 1 and Phase 2 Theatres store medicines in:
Swipe access only

Storage	Status
Dedicated cabinets for back stock	Locked
Dedicated fridges for back stock	Locked
Controlled drugs cupboards	Double Locked
Anaesthetic room cupboards and fridge	Unlocked when adjoining theatre in use
Post Anaesthetic recovery	Cupboards locked when recovery not in use
Intravenous fluids Phase 1 are stored on Pharmacy cupboard (locked room) Phase 2 are stored in Anesthetic store Room (locked room)	Minimal stock in draws in anaesthetic rooms Stock in Recovery is locked away when recovery not in use.

12.5 Medicines in emergency situations
Prepared emergency drugs, for emergency induction in an acute situation are available in Phase 1, Theatre 3 and Theatre 4. The available preparations are listed below. Doses should be determined by the clinician based on individual patient need.

Medicine	Strength	Prefilled Syringe
Thiopentone	500mg in 20mls	Yes
Suxamethonium	100mg in 2mls	Yes
Atropine	600mcg in 1mls	Yes

Anaesthetists also prepare vasopressors for use during cases. These medicines are disposed of after the case.

Medicine	Strength	Prefilled Syringe
Ephedrine	30mg in 10mls	Yes
Metaraminol	2.5mg in 5mls	No

On a daily basis, in each working anaesthetic room and recovery area have the following prepared drugs available in the medicines fridge.

Medicine	Strength	Prefilled Syringe
Suxamethonium	100mg in 2mls	Yes
Atropine	600mcg in 1ml	Yes

If the supply of prefilled syringes is disrupted then medicines should be prepared, syringes labelled, ampoules retained, and medicines tray signed and dated. Unused prepared medicines should be disposed of after 24 hours or at the end of the theatre list (whichever is sooner)

Cardiac Arrest medicine boxes are kept with the defibrillators. Paediatric cardiac arrest medicine boxes are available in the Paediatric Resus trolley in Post Anaesthetic Recovery Phase 1, and outside Post Anaesthetic Recovery, Phase 2.

In the event of malignant hyperthermia, dantrolene injections 20mg, water for injection and syringes are stored each Post Anaesthetic Recovery. A total of 48 vials are kept between the two Phases of Theatres. In addition, 12 vials are kept in the Intensive Care Unit (ICU) and 12 vials are kept in the pharmacy emergency cupboard (PEC).

In the event of needing to urgently reverse neuromuscular blockade, a full box of Sugammadex 200mg in 2mls (10 vials) is stored in the Emergency Drug Areas in each Post Anaesthetic Recovery in each Phase. This supply of Sugammadex should not be used for non-urgent reversal of neuromuscular blockade. A further 10 vials are kept in both ICU and A&E resus.

In the event of lignocaine toxicity, intralipid 20% is stored in each Post Anaesthetic Recovery.

In the event of Midazolam sensitivity, Flumazenil 500 micrograms in 5ml is stored in each Post Anaesthetic Recovery.

13.0 Infection Prevention and Control

Infection Prevention and Control is addressed within the Infection Control Manual.

Theatres Operational Manager is responsible for liaising with IPC team to ensure IPC guidance is followed and assurance is reported to Divisional Board.

Cleaning logs for each Theatres and the Procedure Room (Phase 2) are completed daily and weekly and are noted on a monthly template. Compliance is reported to Divisional Board

14.0 Safeguards against never events or prevention of harm

14.1 Consent

The department complies with the Trust policy and guidelines for consent to examination or treatment.

Patients requiring surgical management of miscarriage of pregnancy or termination of pregnancy must have completed a statement of wishes prior to arriving at theatre. See Standard Operating Procedure, Specimen Management (Appendix 12). Trust policy for disposal of miscarriages and termination of pregnancies up to 18 weeks, is available on MKUH Intranet.

14.2 WHO checklist

The Operating Department uses a modified WHO Surgical Safety Checklist, which is used on a mandatory basis in each theatre.

The WHO Surgical Safety Checklist is practiced as a 7-step process, described in Standard Operating Procedure, Safeguards to Reduce Harm 1.

Obstetric lists, Ophthalmology, cystoscopy list use relevant WHO surgical safety checklists designed by their respective Royal Colleges.

In the event of a Category One Obstetric emergency, the WHO sign in meeting is omitted, and a modified time out is completed using the questions displayed on the wall of the obstetric theatre, this must take place before the procedure is carried out.

The completion of WHO forms is audited weekly (Tendable) and findings circulated to Clinical Director Theatre, Clinical Director Anaesthetics & Theatre Operational Manager.

The WHO observational audit is carried out quarterly and reported to CSU challenge meeting, Divisional Board and Patient Safety Board.

14.3 Perioperative safe practice
The anaesthetist and theatre staff comply with the Perioperative Safe Practice Policy

14.4 Equipment checks and use
Checks are performed prior to use as identified within Standard Operating Procedures - Managing Anaesthetic Areas (**Appendix 6**) and Preparing and Checking Theatre (**Appendix 7**)

Post Anaesthetic Recovery is checked as per the log, available in Recovery. (**Appendix 23**)

Team Managers are responsible for ensuring and coordinating maintenance of equipment in their areas.

Guidance for specialty specific equipment is the responsibility of EBME.

15.0 Patient Journey
15.1 Pre op assessment
The anaesthetist supported by the operational team for the list, is responsible for ensuring that patients are assessed prior to arriving in Theatres.

The exceptions to this are acute life/limb saving surgery and Category One caesarean section.

Pre assessment department is a Nurse led department that makes the decision if the patient is deemed fit for anaesthetic and able to proceed for surgery. Optimising all patients that are on the elective pathway for surgery reduces the risks of anaesthetic and highlights areas of improvement required for their pathway to safely continue. Information correlated at the assessments reduces the risk of the patients being cancelled on the day of surgery.

Anaesthetic consultations are indicated when complex patients are identified at pre assessment. Pre assessment highlights the patients personal and up to date requirements for their date of surgery and this is documented on the Addition to waiting list form (Proforma) and placed on the theatre list or prior to the date of surgery.

15.2 Checking in
All patients are checked in to the department by an Anaesthetic Practitioner, who completes a checklist to confirm a range of issues including identity, consent, preparation for theatre, and any recent critical medications e.g paracetamol, and fasting status in line with Preoperative Fasting Guidelines for adults. Any discrepancies or omissions are communicated with the anaesthetist / surgeon / theatre team as appropriate

15.3 Parents/others accompanying patients
It is at the discretion of the anaesthetist whether people can accompany patients in the anaesthetic room. One person accompanying patients for elective caesarean section will be accommodated in theatre, **at a time determined by the anaesthetist.**

The relatives of paediatric patients are supported to accompany the patient into the anaesthetic room. Relatives are provided with a bleep (in Phase 2) so that they can be contacted to return to Theatre when the patient is ready to collect. In Phase 1 there is a relatives room.

15.4 Care under anaesthesia
Care under anaesthesia is led by the anaesthetist and is based on Royal College of Anaesthetists, Guidelines for Provision of Anaesthetic Services (GPAS), Association of Anaesthetist of Great Britain and Ireland (AAGBI) guidance and relevant local guidelines.

15.5 Transfer and positioning of patient within Theatre
Transfer and positioning of patients is coordinated by the anaesthetist.

The department ensures relevant patient moving, handling and positioning equipment is available.

15.5.1 Blue transfer / slide sheets
Blue transfer sheets can be used when transfer patients within the Theatre environment.
It is no longer appropriate to move a patient using a 'Draw sheet (PUWER 1998)', the safer and approved options are to use: slide sheets, flexislide sheets and / or air transfer mattresses.

When using equipment, a risk assessment is required to determine the minimum number of handlers available for procedure, based on weight, risk and complexity of patient. (4) is the recommended number of staffs for safe transfer. Staff members must be trained to carry out a lateral transfer and are to be familiar with all equipment.

When appropriate, following a risk assessment, the brakes must be applied prior to transfer to the bed/trolley and receiving surface. A flexible transfer board is to be used as they adequately bridge the gap between the 2 surfaces (Patslide or folding transfer board).

Do not kneel/climb onto either surface (might exceed working load limit of bed, infection control breech).

There must be Support for the patient's head and airway if compromised/intubated. Never tilt head or foot ends when the patient is lying on the flexislide unless gel pads are in place or patient is secured with straps.

15.7 Transfer to Post Anaesthetic Recovery
Transfer is coordinated by the Anaesthetist, accompanied by an appropriate member/s of theatre team.

Portable suction and oxygen are available in; Phase 1 - Post Anaesthetic recovery Phase 2 – Outside Post Anaesthetic Recovery, near defibrillator.

The Anaesthetist and the Theatre Practitioner conduct a handover to Post Anaesthetic Recovery team.

15.8 Transfer to and from Ward 24 & use of bed mover
The walkway to Ward 24 has a steep incline and therefore the use of an electric assisted Bed Mover is required when transferring patient to and from Ward 24 in line with the Standard Operating procedure. Before operating the bed mover, staff must complete the required training and this is to be noted in the Theatre's training log. When the bed mover is not in use, it is to be returned to the docking station, at the base of the Ward 24 ramp and put on charge.

If the bed mover is not available, due to break down or training has not been completed, then 4 persons are required to manoeuver and guide the patient bed to Ward 24.

15.9 Post Anaesthetic Recovery
Patients receive care in line with Standard Operating Procedures, Post Anaesthetic Recovery Care of Adults (Appendix 8) Post Anaesthetic Care of Paediatrics, Phase 1 (Appendix 9), and Post Anaesthetic Care of Paediatrics, Phase 2 (Appendix 10).

Specific care protocols are available in Post Anaesthetic Recovery.

15.10 Documentation of Care
Staff are made aware of the Trust Health Records policy.

The care of patients in theatre is recorded eCARE (The Trusts Electronic Patient Record (EPR)) as part of the Patient Care Plan. In the event of a power outage when EPR is down, paper downtime forms are to be used as per EPR downtime guidance. Paper copies of the EPR are kept in each Theatre and are available via the Bleep Holders.

The Theatre Register is a legal document and must be fully completed for each patient. If a drain or urinary catheter is inserted during the procedure, the size and lot number are recorded in the theatre register.

Theatre registers are kept on site for 2 years and offsite for 23 years (total of 25 years), at a secure and approved storage facility

15.11 Special requirements
It is the responsibility of the surgeon to notify theatres of any special requirements of the patient.

The surgeon should notify theatres if the patient weighs in excess of 135kg so that an appropriate operating table can be sourced.

The surgeon should provide sufficient notice to theatres of any unusual items, or loan equipment needed to complete surgery.

Team Managers or Band 6 staff should ensure there are systems in place to determine particular surgical requirements.

15.12 Care of patients awaiting transfer/investigations
On occasion patients awaiting transfer or investigations will be cared for in Phase 1 Theatres. The anaesthetist and Phase 1 Bleep Holder will agree where the patient will be cared for in the department.

Ventilated patients are cared for by the anaesthetist with support from Department of Critical Care Staff or Anaesthetic Practitioners.

Care is recorded on relevant Trust documentation.
Patient details are also recorded in the blue register in Post Anaesthetic Recovery.

If patents are transferred to another hospital a copy of the notes must accompany them. The original notes are sent to Medical Records.

15.13 Care of Paediatric patients
The care of paediatric patients is in accordance with GPAS. See also Standard Operating Procedures, Post Anaesthetic Recovery Care of Adults, Post Anaesthetic Care of Paediatrics, Phase 1 and Post Anaesthetic Care of Paediatrics, Phase 2. (Appendices 8-10).

Phase 2 Post Anaesthetic Recovery holds a copy of the rota indicating the Trust Lead for Child Protection.

Staffing ratio for paediatric patients is 2:1, one of which must be trained in Paediatric Immediate Life Support, to 1 unconscious patient, and 1:1 for awake patients.

15.14 Swab, instrument, sharps and blade management
Swabs used in the wound or for perioperative packing should all have an xray detectable marker. Where swabs or packs are intentionally left in situ. This information must be documented appropriately within the patients care plan & operation notes and handed over to the Recovery team and to the ward as per Standard Operating Procedure.

The scrub practitioner is responsible for ensuring that all swabs, instruments, needles, blades and other relevant items are managed appropriately and accounted for. Standard Operating Procedure, Swab, needle, sharp, instrument count (Appendix 11)

In the event of an incorrect count refer to Standard Operating Procedure, Swab, Needle, Sharp Instrument count. The patient will require a plain film xray to ascertain if/where the retained swab is located.

15.15 Specimens
Trust requirements for specimens are described in the Pathology Users Handbook.

Local practice is outlined in Standard Operating Procedure, Specimen Management, Appendix 12.

The Pathology Box is taken twice daily to the Laboratory. When transporting the specimen box outside of the department the formalin spillage kit must also be taken.

If any specimen is not accepted by Pathology for what ever reason the person returning the Pathology box must inform the Theatre Practitioner or the Bleep Holder

If for any reason it is not possible to process the specimen the surgeon must be informed immediately.

In the event of Formalin spillage, a Spillage Kit, with instructions is kept in each Phase. The spillage kits are reordered by the storekeeper.

In the situation where police are requesting DNA samples. The police should liaise with site manager, surgical consultant, pathology and the theatre team. See SOP (**Appendix 24**) for details of specimens and storage in and out of working hours.

15.16 Implants
The use and documentation of implants/drains varies according to the needs of each specialty.

The minimum requirement for all specialties is that the implant/drain is checked with the surgeon/scrub practitioner for type, size if applicable, and expiry date.

The implant/drain details are recorded in the care plan.

See Standard Operating Procedure –Surgical Implants, Appendix 16 and Drains, Catheters, Packs, Haemostasis Balloons, Special Dressings, Appendix 17)

15.17 Blood and blood products
The Blood Transfusion Policy for Administration of Blood and Blood Products and the Management of Transfused Patients is available. Also see Massive Blood loss policy, which can be found on the Trust's Intranet.

There is a blood fridge in each Phase of Theatres. Staff should ensure their swipe access to the fridge is working. If swipe access fails, staff should contact the Blood Bank on extension #3410.

Emergency O negative blood x 2 units is stored in each fridge.

COLLECTION:
Once the correct blood is identified and cross match is completed, staff are to hand the request slip to Theatre Support Worker (TSW) for the blood to be collected in the blood bank fridge.

Staff requesting the blood should give clear instructions on whether the blood is needed inside theatre straight away or to be kept in the theatre blood fridge.

RETURNING:
Unused blood that is kept in the designated fridge should be monitored by the trained staff who requested it and instruct TSW to return the blood to the blood bank once the corresponding patient has returned to the ward.

15.18 Photography
Photography and filming of patients can only take place in accordance with the recommendations of the Trust policy for Consent.

Photographs and videos may be taken during endoscopic/laparoscopic and arthroscopic surgery using the correct theatre equipment. Consent has to be obtained according to Trust Policy.

Trust cameras are held in Labour Ward and A&E. It is imperative that these cameras are returned.

15.19 Patients with Latex Allergy
Patients with a latex allergy should be scheduled first on operating list and the allergy is to be noted during the WHO

In emergency cases, the person booking the case with Theatres should inform the Emergency Coordinator/Phase One Bleep Holder.

See Standard Operating Procedure, Latex Sensitive Patient Care (Appendix 5).

15.20 Death in theatre
The care of deceased patients and relevant process requirements are outlined in the Last Offices boxes/files, which are kept in each Post Anaesthetic Recovery, the Standard Operating Procedure

(Appendix 18) can also be found there.

The Bleep Holder is to liaise with all staff involved and arrange a staff debrief if requested.

16.0 Emergencies

An agreed Standard Operating Procedure is available (**Appendix 3**) relating to urgent emergency responses.

Anaesthetic emergency trolleys and defibrillators are checked daily in each Phase of theatres.

16.1 Anaesthetic emergencies

Central guidance for the management of anaesthetic emergencies is available on all Anaesthetic machines.

16.2 Major Hemorrhage

A flow chart describing the major hemorrhage protocol is available in each Operating Theatre.

16.3 Major Incident

In the event of a major incident the Bleep Holders will follow the instructions within the (green) Major Incident Folders which are available in Phase 1 on top of the filing cabinet of the Hub)near the Bleep Holder's desk) and in the Phase 2 Senior Team office.

Recommendations and considerations when coordinating in a major incident are available in each Post Anaesthetic Recovery drug cupboard.

17.0 Stock

17.1 End of list/day

Whenever a clinical area has been used it should be cleaned and restocked ready for the next session/patient, returning unused items to stores/ appropriate storage area.

17.2 Ordering

It is the responsibility of Team Leaders to ensure that appropriate stock levels are set, and that sufficient staff are trained to order specialist stock. The Theatre Store Manager orders a range of generic items used across the department.

Anaesthetic items are maintained by nominated anaesthetic practitioners.
Suture ordering is coordinated by nominated surgical staff working with the Stores Manager

Clinical stationery is maintained by a nominated member of staff.

Operating table supports are ordered by a nominated member of staff.

18.0 Visitors

All visitors to the department complete the visitor's book and comply with the attire requirements for the zone they are in. If the visitor will be in the department for more than a day, then it is possible to request a temporary swipe card from the Trust Security Office.

Medical Industry Accredited (MIA) access is required for company representatives to visit theatres. Applications seeking approval are dealt with by a member of the Procurement team.

If visitors are wishing to observe a robotic procedure access is granted by the Medical Director.

Contractors working in theatres obtain a temporary pass from the Estates department.

Agency staff are aware that when they arrive on site for the first time they are to introduce themselves to the Bleep Holder in the relevant Phase, and they will be shown around the department and handed an agency checklist proforma.

The Training and Development Lead liaises with educational establishments and coordinates training activity, ensuring students are appropriately placed and supported by a mentor.

19.0 Staff

Allocations are managed by the Senior Team Leaders, in conjunction with the Bleep Holders and other managers. Allocations are displayed in each Phase on the notice boards and are subject to change.

Staff are managed in teams. Whilst it is preferable that staff remain in their allocated team, unexpected issues do arise and this might mean that staying in allocated teams is not always possible, and staff are required to work in other areas within the department.

Every member of the team has an identified Senior Team Leader, who is line managed by the Theatres Pathway Matron

Theatre sessions are staffed according to AfPP guidelines (Available at staffing-policy-template.pdf)

- **"TWO SCRUB PRACTITIONERS** as the basic requirement for each session, unless patient dependency and/or clinical service demand more or less.

- **ONE CIRCULATING STAFF MEMBER** for each session unless there is requirement for more

- **ONE REGISTERED ANAESTHETIC ASSISTANT PRACTITONER** for each session involving an anaesthetic. This includes sessions where local sedation or regional anaesthesia is administered

- **ONE RECOVER PRACTITIONER** per patient for the immediate postoperative period."

These staffing levels will occasionally increase or decrease if the procedure requires i.e. use of lasers / robotic procedures. Staff absence can affect staffing levels, and there are times when this level of staffing is not sustained. In these instances, the Bleep Holder will liaise with the Theatres Operations Manager and Matron to confirm whether the theatre list can continue.

Staff allocated to Emergency Obstetrics are available for other duties when this dedicated theatre is not in use. A member of this team carries a bleep so that they can be notified immediately of any cases.

Staff are made aware of relevant policies on induction, including:

- Use of Social Media Policy and Procedure. This policy outlines the Trust's expectations regarding the use of social media both on and off site. The key change

in this policy version is an additional section regarding the use of WhatsApp, which is commonly used as a communication tool for many departments across the Trust. This policy can be found on the MKUH Intranet: HR Policies and Procedures

- Uniform and dress code policy. This policy provides guidance to all Trust employees on the minimum standards of dress required in both clinical and non-clinical areas at all times. This policy can be found on the MKUH Intranet: HR Policies and Procedures

19.1 Bank Shifts

In exceptional circumstances Bank shifts may be offered to Theatre's staff to fill staff shortages. The booking of bank shifts is detailed below:

19.1.1 Substantive staff

Theatres department adhere to the Trust's policy.

Substantive staff can work Bank shifts as long as they are within the Whole Time Equivalent (WTE) guidelines. Substantive staff with a bank contract, cannot work a bank shift for 7 days if they have been off sick from their substantive post.

Bank shift are self booked via Healthroster. Systems are available 'Employee online/Allocate ME' from the E-rostering team, for access the E-Rostering@mkuh.nhs.uk is to be contacted. Temporary Workers (which includes substantive staff who work on the Bank). It is the responsibility of the temporary worker to sign in on a ward or in a department in line with the Roster policy, check on 'Employee online/Allocate ME' that the shift has been recorded correctly and finalised by the shift manager by 12pm each Monday. The individual is to contact their relevant line manager if they notice errors. For any queries with payment the payroll provider for the Trust are the ones that need to be contacted.

To cancel a Bank Shift Theatremgntteam@mkuh.nhs.uk should be notified if it is over 48 hours notice. For anything less than 48 hours or on the day cancellations are notified to the Phase 1 Bleep Holder (1327).

19.1.2 Bank Only staff

In line with Trust Policy Theatres Bank Only staff members do not have a substantive employment contract with the Trust. The individual is requested to work on an ad hoc casual basis to cover staff shortages. There is no obligation on the Trust to provide work for temporary workers and there is no obligation on the temporary worker to accept work offered. To book a bank shift Healthroster systems are available 'Employee online/Allocate ME' from the E-rostering team, for access email E-Rostering@mkuh.nhs.uk.

In line with Trust policy queries regarding payment are to be made to the Trust's payroll provider.

Bank Only staff are also responsible for making sure all Mandatory Training is completed.

To cancel a Bank Shift Theatremgntteam@mkuh.nhs.uk should be notified if it is over 48 hours notice. For anything less than 48 hours or on the day cancellations the Phase 1 Bleep Holder is to be contacted on 1327.

19.2 Staff development

Senior Team Leaders are responsible for ensuring that Individual Performance Reviews and Mandatory training compliance are maintained. In the event of non-compliance, the Senior Team Leaders are responsible for initiating plans to achieve compliance.

Staff development is supported by annual Individual Performance Review.

Staff are supported to maintain compliance with mandatory training requirements. Audit afternoons are designed to host mandatory training sessions.

19.3 Registered Practitioners who undertake dual role competencies

The dual role is performed by the Registered Practitioner by assuming additional duties such that of the Surgical First Assistant (SFA) in addition to the intraoperative care in the scrub role. Registered Practitioners who attain appropriate dual competencies can assist the Operating Surgeon directly without compromising their scrub role responsibilities.

The Registered Scrub Practitioner will be assessed on their skills, knowledge and competencies that are required and the category of surgery and situations before undertaking any additional duties in a dual role (PCC2018) (**Table 3**)

Completed risk assessments/competency documents will be kept in the personal file of the Registered Practitioner.

When moving between surgical specialties the Registered Practitioner will review with the Team Leader/Manager regarding which of their current competencies are applicable in the new surgical specialty and will be assessed to ensure patient safety.

Newly qualified practitioners will be able to consider undertaking dual role duties after six months of relevant practice.

If asked to undertake duties outside of their dual role competencies, Registered Practitioners should inform the Operating Surgeon if they are not yet risk assessed of the task required. The Theatre Bleep Holder should be informed if necessary.

Existing staff who already undertake dual role responsibilities will be provided with a fast-track sign-off stating competencies relevant to their area of practice. The registered practitioner will indicate their competence; this will be endorsed by their Team Manager or the Theatre Training Lead, as well as a relevant Consultant Surgeon or Associate Specialist.
Registered practitioners are accountable for their individual practice. This individual accountability cannot be assumed by other registered practitioners or medical colleagues. However, Registered Practitioners in life threatening situations can act under the supervision of medical colleagues until further medical assistance is available.

Table 3: The Registered Practitioner Scrub and SFA Role Boundary (PCC 2018)

Roles and Responsibilities	Registered Scrub Practitioner	Surgical First Assistant
Assisting with patient positioning, including tissue viability assessment	**X**	**X**

Skin preparation and draping prior to surgery	**X**	**X**
Superficial skin and tissue retraction with cutting of superficial sutures.	**X**	**X**
Handling of tissue and manipulation of organs for exposure or access		**X**
Nerve and deep tissue retraction (The SFA can only move or place retractors under direct supervision of the operating surgeon)		**X**
Cutting of deep sutures and ligatures under direct supervision of the operating surgeon		**X**
Assisting with haemostasis in order to secure and maintain a clear operating field including indirect application of surgical diathermy by the surgeon		**X**
Use of suction as guided by the operating surgeon		**X**
Camera manipulation for minimal invasive access surgery		**X**
Application of dressings as required	**X**	**X**

19.3 Leave

19.3.1 Annual leave

The Theatres Department adheres to the Trust's Annual Leave Policy and is managed by the senior team leaders.

The record of annual leave taken, and annual leave remaining is automatically calculated for each member of staff on the e-roster system. Each senior team leader must review the leave entitlement for each staff member before the new financial year commences.

The annual leave rules are as follows:

- A maximum of 21% of team can be off at anyone time, taking into account skill mix and bandings of staffs
- Staff should not make holiday bookings/arrangements until the leave has been agreed.
- All annual leave requests should be submitted via e-roster. Once the request has been agreed, by the nominated off duty person for each team and with the team leader, it will be confirmed on e-roster
- Annual leave in excess of 14 days duration needs to be requested in writing to the Operations Manager.
- Annual leave is agreed by the line manager, in line with the Trust's policy
- Each request will reviewed and staffing levels considered before approval is granted

19.4 Off duty

Staff are not allowed to work more than 56 hours per week, 7 consecutive days or 4 consecutive nights, which is in line with the Working Time Directive (WTE)

It is the responsibility of staff to highlight any problems with their shifts or on call as soon as possible after the rota is published.

Any changes to the off duty must be approved by a Senior Team Leader.

19.5 Off duty requests
Requests should be written in the off-duty request book for the team. This needs to be done before the cut-off date for requests, which will be confirmed by the Team Leader or person responsible for the team rota. The number of requests per month is related to the hours contracted to work.

19.6 On Call
To maintain the emergency obstetric service and perform immediate emergency surgery if required overnight staff are required to work on call shifts 20.30 – 08.00.

On call staff are required to confirm their contact details, ensure they are available and clarify if they require a taxi, providing travel time will not exceed 30 minutes and member of staff is not able to drive.

19.7 Staff called out
If staff are called out, and in line with the Working Time Directive, they must rest for 11 hours uninterrupted following the call out and will not be required to attend for a shift the next day until this rest time is completed.
If staff are called out, before a late or day off the next day, then the rest time that would have been given if working an early shift will be given as time owing. Staff should approach their Team Leader to ensure this is added to the e-roster.

At weekends, there is less scope to manage without a member of staff, and a practical approach must be adopted to ensure safety, provide emergency obstetrics and releasing the staff called out as early as possible.

19.8 Time Owing
Time owing can arise, this is mostly due to Theatre overruns and delays of patients not being transferred out of Recovery. Time owing must be recorded on the time owing sheet.

A Senior Team Leader will update the time owing record on e-rostering and will allocate a shift when enough hours have accumulated. Time owing sheets are kept within the Bank Admin folder in both Phases.

If staff wish to take time owing on a specific day, they must notify their line manager as early as possible. Time owing can only be agreed when there are sufficient staff.

19.9 Sickness absence
The department follows the Trust Policy and Procedure for the Management of Sickness absence. When reporting sick between the hours of 08.00 – 18.00, Monday to Friday, staff should contact the Phase 2 Bleep Holder, 1788. At all other times staff should contact the Phase 1 Bleep Holder, 1327.

When receiving a call reporting sickness, the Bleep Holder should ask how long the staff expects to be absent, and the nature of the sickness. The staff member may not wish to disclose this information. In this instance the staff member must be advised that arrangements will be made for their line manager or Operational Manger to confirm these details.

In all instances the Bleep Holder must inform a Senior Team Leader of the absence so that Health roster can be updated accordingly.

Messages are recorded in the Bleep Holder daily diary (both Phases)

To support planning for operating sessions, staff who have reported sick are asked to contact the Phase 2 Bleep Holder, 1788, before 15.00 to confirm if they will be returning to work the next day. The Department will contact the staff after 15.00 if there has been no call. If staff are aware that they will be absent for a few days, then the Bleep Holder should agree which day the staff will call to update the department and note this on the handover sheet.

20.0 Other departments

The Operating Department works closely with the following departments in the provision of care.

- Surgical wards and Day Surgery Unit
- Pathology
- Haematology
- Pharmacy
- Xray
- Department of Critical Care
- EBME
- Accident and Emergency
- HSDU

21.0 Audit and review

The policy will be mainly audited through the Standard Operating Procedures supplemented by audits required by other departments and directed by Theatre Improvement Group.

Audit and Monitoring Criteria

Audit Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee	How changes will be implemented	Responsibility for Actions
Appropriateness of the Operational Policy	Agree at time, pending focus area of audit		Biannual	Theatre Improvement Group (TIG)	Via members of TIG. Via Theatre Management Team	Members of TIG. Theatre Management Team
IPC	Tendable	Matron	Weekly	TIG	Via members of TIG. Via Theatre Management Team	Members of TIG. Theatre Management Team
WHO checklist	Tendable	Ops Mgr	Weekly	CSU & Divisional Board	As above	As above
Monitoring via sickness absence/	Power BI	Ops Mgr	Monthly	CSU & Divisional Board	As above	As above
Mandatory training.	Power BI		Monthly		As above	As above

22.0 Other Associated Documents

Related Trust policies referred to in this operational policy, all of which can be found on MKUH Intranet.

1	Management of Sickness Absence
2	Mental Capacity Act, Deprivation of Liberties
3	Disposal of miscarriages and termination of pregnancies up to 18 weeks gestation

4	Incident reporting procedure
5	Decontamination of equipment prior to service or repair
6	Latex policy
7	CoSHH
8	Risk management strategy
9	Waste disposal
10	Emergency Blood product management arrangements
11	Massive blood loss
12	Blood transfusion
13	Management of Safety Alerts
14	Consent
15	Health and Safety
16	Health Records
17	Fire Safety
18	Medical Equipment Training
19	Medical Gas Pipelines
20	Planned and preventative maintenance
21	Ventilation systems
22	Medical Device Management
23	Uniform and Dress code
24	Preoperative fasting guidelines
25	Perioperative Safe Practice
26	Pathology Handbook
27	Spillages of Organic material and clinical waste
28	SOP GUIDELINES for using fluoroscopy in unshielded theatres

29	SOP for use of the Mini C Arm in intensifier
30	Local Rules SNB
31	Urodynamics Operational policy

Appendix 1: Safeguards to Remove Harm: WHO

WHO Step	**Where**	**Purpose**	**Documentation**	**Who**
Pre list Briefing – Operating Session Safety Check Discussion of each patient	Operating department, commonly in the Anaesthetic Room	Ensure standard safety checks confirmed and documented Clarify location and order of patients Introduction of team members and their roles Care of each patient is discussed	Operating Session Safety Checklist, to be kept in theatre for session WHO form and eCARE	Anaesthetist, Operating Surgeon, Anaesthetic Practitioner and Scrub team Other team members such as Radiographers, should attend where possible **Obstetrics**: Midwives must attend for all Cat 3 and 4 sections. Other cases Midwives should attend where possible
Check-in	Theatre Reception area, or, Anaesthetic room, or, PAR.	Ensure correct patient Review ward checklist, conduct checks. Resolve discrepancies before proceeding	WHO form an eCARE	Anaesthetic Practitioner Patient, Ward staff where appropriate
Sign In – <u>before</u> induction	Anaesthetic room	Confirm; Correct patient I.D Check & complete all relevant documentation Resolve discrepancies before proceeding	WHO form and eCARE	Anaesthetic Practitioner and Surgeon or Anaesthetist
Time Out – **<u>before</u> Surgeon scrubs**	Theatre	Confirm any changes Confirm patient I.D, & confirm team is ready to proceed	WHO form and eCARE	Any staff in the theatre can conduct Time Out
Final pause – <u>Before</u> incision/procedure start	Theatre	Final confirmation of procedure	WHO form and eCARE	Surgeon and any member of the team
Sign Out – at end of case	Theatre	Confirm procedure undertaken Confirm count Confirm ongoing care of patient Account for specimens as appropriate	WHO form and eCARE	Any staff in theatre can conduct Sign Out
End of list Team Debrief	Theatre	Document as appropriate, issues, positives and learning points from Operating session	Operating Session Safety Checklist, return to bleep holder after session	All staff in the Operating Session

Appendix 2: Safeguards to Reduce Harm 2 & 3

Milton Keynes Foundation Hospital Trust **Operating Theatres**

Standard Operating Procedure: **SAFEGUARDS TO REDUCE RISK OF HARM 3 – OPERATING LIST**
Purpose: Ensure that all theatres can confirm key details by having immediate access to an Operating List Scope: All theatre sessions. It is understood that a list will not be available for Category One obstetric cases, heightening the importance of other safeguards.
Procedure • The Phase 1 and Phase 2 Bleep Holders should ensure that a copy of the Operating List is available for use in theatre. • At the start of the day copies of theatre lists are available in Post Anaesthetic Recovery. • Phase 1 and Phase 2 Beep Holders should ensure that Operating Lists are updated, and staff made aware of any changes.
Lead Author: Theatres Operations Manager Approved by: Theatre Management Team Issued: September 2021

Appendix 3: Urgent Emergency Responses

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **URGENT EMERGENCY RESPONSES**

Purpose: Ensure staff are aware of location of emergency equipment and emergency contact numbers.
Scope: All emergencies

Emergency Bell
Each Anaesthetic room has an emergency call bell.

Phase 1: bells are pressed and are located on wall under the drug cupboards

Phase 2: Theatres 5-8 bells are pulled and are located on wall under the drug cupboards.
Theatres 9-12 are pulled and are located on wall behind anaesthetic machine.

Located in both Post Anaesthetic Recovery areas

Emergency Call

1. Emergency number dial 2222

2. Stay calm speak clearly.

3. Say your emergency -
   - Adult Cardiac Arrest or
   - Paediatric Cardiac Arrest or
   - Flat Baby (Obstetrics) or
   - Code Victor (to alert security).

4. n: e …….Ph se ……

5. Confirm with team that call has been made

Difficult Intubation Trolleys
Phase 1 – Adult trolley is located within the main corridor (HUB) opposite theatre 3.
Phase 1 – Paediatric trolleys are located within the recovery & theatre 2 anaesthetic room.

Phase 2 – Adult & paediatric trolleys are located outside post anaesthetic recovery.

Intubating laryngoscopes
Fibre optic (single use & re-usable) laryngoscopes and screen are located within the (HUB) opposite theatre 3.

C-MAX

Phase 1 - C-Max are located within Phase 1 (HUB) opposite theatre 3.

Phase 2 - C-Max are located within the corridor next to theatre 9.

Defibrillators
Phase 1 – Located within the (HUB) opposite theatre 3
Phase 2 – Outside entrance to Post Anaesthetic Recovery

Emergency O negative blood
2 units are kept in each blood fridge located:
Phase 1 – in reception area
Phase 2 – opposite entrance to Post Anaesthetic Recovery

Rapid Blood/Fluid Infusor + infusion set
Located in storeroom opposite theatre 1

Massive Blood Loss
– Call 2222 say 'I n ajor hemorrhage protocol, I am Theatre …. Ph se ……

Cardiac Arrest Drug boxes
Phase 1 – Adult boxes located in Theatres 1, 2, 3, and 4, and on the defibrillator
- Paediatric boxes located in Theatre 1, 3, 4 and Paediatric Intubation box in Post anaesthetic Recovery.

Phase 2- Adult box is located on the defibrillator opposite recovery
- Paediatric boxes are located on the Paediatric Intubation Trolley opposite recovery and within paediatric post anaesthetic recovery.

Dantrium – Intralipid - Flumazenil – Naloxolone - Hypoglycaemic tray - Latex allergy drugs and signs
Located in Post Anaesthetic Recovery

Sugammadex – full box emergency supply for urgent neuromuscular reversal.
Phase 1 – Grey cupboard in Recovery.
Phase 2 – Emergency Drug shelf, central medicines cupboard, Recovery.

Anaesthetic emergency in Post Anaesthetic Recovery – there are adult and paediatric intubation trolleys, and an anaesthetic machine in each Recovery

Magnet
Stored in each Recovery Area.

Vascular trolley
Located in Phase 1.

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 4: Response to Fire Alarms

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **RESPONSE TO FIRE ALARMS**

Purpose: Provide guidance to bleep holders/fire wardens in the event of a fire alarm

Scope: Initial actions in response to all fire alarms.

Standard Operating Procedure: **RESPONSE TO FIRE ALARMS**

Purpose: Provide guidance to bleep holders/Fire Wardens in the event of a fire alarm

Scope: Initial actions in response to all fire alarms.

Procedure:

Intermittent alarm (elsewhere in the hospital)

- **THE BLEEP HOLDER alongside the Fire Warden should:**
- **Call 87555** to gather information on affected zone and determine if pending patients can be sent for, and if Recovery patients can be discharged to ward
- Inform all theatres and Recovery of advice
- Walk the department to close all doors and windows, and check for signs of fire
- Within working hours, liaise with Phase 2 Bleep Holder of situation
- Call 87555 periodically for situation updates
- Confirm when the department can resume normal operation.

Continuous Sound (triggered fire point within your zone)

- **THE BLEEP HOLDER alongside the Fire Warden should:**
- **Do not call switchboard.** The fire response team will come to the department
- Wear the high visibility fire warden jacket (stored within recovery Phase 1&2)
- Communicate the following to all theatre team
- Assist the fire response team to identify the cause of alarm, closing all doors and windows during the search. Keys to remote areas of the department (offices, on-call rooms & storerooms) are kept within recovery. **DO NOT PUT YOURSELF AT RISK**
- Inform the department heads – Theatre Operations Manager, Deputy Theatres Operations Manager and the on-call Consultant Anaesthetist.
- If switchboard does not hear from the fire response team within five minutes the fire brigade will attend.
- Update each theatre and Recovery regularly
- If life/limb saving surgery has to commence, inform 87555.

Staff Guidelines in the event of a continuous alarm.

- Continue with current procedure/care, unless told otherwise by Fire Warden. No more patients should be sent for and patients within in the department awaiting surgery should not be anaesthetised.
- Remember you are in a fire compartment and are protected for up to 60 minutes.
- Category one or life/limb threatening surgery during continual or confirmed fire alarm - The decision to proceed with surgery will be initiated by the **consultant surgeon and consultant anaesthetist,** this should be communicated to the hospital manager by the bleep holder / fire warden.

Evacuation

- The nominated Fire Officer for the incident will determine if evacuation is required and will lead the management of this situation.
- Preferred evacuation area for patients will be the other Phase of Theatres, however, this will be determined by the nature and location of the fire.
- Work with the surgeon and anaesthetist to prioritise and prepare patients for evacuation
- Fire Warden should take a copy of the off duty, the allocations and check the visitors book to support roll call
- In hours, call staff from the other Phase of theatres.
- Out of hours, assess the need for extra staff to support evacuation, discuss with the fire response team, call staff in if deemed necessary.
- Do not stop to collect your belongings
- Do not use lifts
- **Fire evacuation assembly points for staff:**

- **Phase 1 - Assembly point C (Multi story at main entrance)**
- **Phase 2 - Secure car park E (Red way opposite Campbell Centre)**

- Do not re-enter the area or building until the "All Clear" is given by the hospital manager / fire brigade.
- Continue to care for patients
- Piped oxygen supplies should only be isolated on direct instruction from department manager or the fire response team / fire brigade - in conjunction with the on-call consultant anaesthetist

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team and Fire Safety Advisor
Issued: August 2021

Appendix 5: Latex Sensitive Care

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **LATEX SENSITIVE PATIENT CARE**

Purpose: Ensure the safe care of patients with Latex allergy in operating department

Scope: All latex sensitive patients attending theatre

Procedure

The referring surgeon or hub must notify theatres of the latex allergy. The bleep holder must inform the relevant theatre and Post Anaesthetic Recovery Staff.

The extent of the sensitivity will be assessed by the anaesthetist and surgeon, who will confirm care issues with theatre team/bleep holder.

Appropriate medicines to manage a reaction to latex should be available in theatre, and the Anaesthetic Practitioner must confirm this with the Anaesthetist.

All standard equipment items in the department are latex free, but the scrub practitioner must ensure that theatre staff double check required items for latex free confirmation.

All unnecessary items must be removed from theatre, the theatre doors closed, and the theatre rested for 30 minutes.

Entry doors to theatre should have signs indicating a latex allergy case in progress.

All staff must wear latex free gloves, and this must be confirmed with all staff who attend during the procedure.

The patient can be recovered in Post Anaesthetic Recovery.

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 6: Managing Anaesthetic Areas

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **MANAGING ANAESTHETIC AREAS**

Purpose: Ensure that all working anaesthetic areas are safe and stocked prior to receiving patients.

Scope: Standard checks and preparation for all anaesthetic areas within the theatre department; the specific requirements for individual specialties are outlined in each theatre.

Procedure:

Daily

- Sign out anaesthetic keys from Recovery.
- The anaesthetic machine, suction and ambu-bag checked according to AAGBI guidelines – record in anaesthetic machine logbook.
- Check functioning of emergency alarm bells.
- Fridge temperature recorded, and out of range measurements are reported to bleep holder and Estates (See Standard Operating Procedure for Reporting Equipment/Environment Faults),
- Room temperature recorded, current temperature if out of range reported to bleepholder and estates.
- Check that a range of standard airway adjuncts are available.
- Check that a range of difficult airway adjuncts are available.
- Ensure the anaesthetist has access to an agreed selection of emergency drugs.
- Ensure the following are available:

- stock of airway sundries
- stock of monitoring cables and sundries
- range of IV cannulae, giving sets and fluids.
- range of syringes and needles

- Document the checking, stocking, and cleaning of the Anaesthetic area in the cleaning log folder outside of each theatre.
- Clean and return additional equipment and consumables to the designated store area.
- Return to Recovery and sign in book.

Weekly

- Circuits, filters, and sample lines are changed every Monday. The new circuit is labelled with signature, lot number and expiry date, one week forward.
- Controlled drugs are ordered in Phase 1 on Thursday, Phase 2 on Wednesday, please order before 08.30.

Monthly

- Check and document drug expiry dates, crash drug box dates, cylinder expiry dates, soft pack expiry dates and function of alarm bells.

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 7: Preparing and Checking Theatre

Standard Operating Procedure: **PREPARING AND CHECKING THEATRE**

Purpose: To ensure that theatres are checked and safe to receive patients.

Scope: All theatres

Procedure

Various specialties and procedures require additional preparation.

Equipment

Check

- operation of theatre ceiling lights and operating lights
- clock is working
- operating table functions fully
- air flow is working
- equipment extras for scheduled surgery
- table extras for scheduled surgery
- diathermy and suction are working
- sharps bin available, less than 2/3rd full
- waste bags available
- kick bowls clean
- swab count bags on bag holder
- marker pen for recording count
- Standard Operating Procedures - *Urgent Emergency Contacts* and *Fire Alarm Response* are in theatre

Sundries and instruments

- Ensure adequate theatre instrument trolleys to start surgery.
- Items and instrument trays required for scheduled surgery; these are outlined in surgeon preference files.
- Ensure instrument traceability forms are available.
- Ensure that scrub room is stocked with gowns, gloves, wash solution and sterile scrub brushes.

Records

- Open Powerchart on E-care record for theatre on computer.
- Ensure operating list is displayed
- Ensure that names of all staff are displayed on a whiteboard in theatre
- Complete theatre register

Cleaning and checking

- All theatre, recovery and procedure room areas have a cleaning and checking record stored outside each area, labelled specifically for each area

Daily Cleaning

- Theatre equipment that comes into direct contact with patients should be cleaned between patients.
- All surfaces, equipment and trolleys should be cleaned at the beginning and at the end of the session, and the area left stocked and ready for use.
- checking, stocking, and cleaning each day documented on the logs provided

Weekly Cleaning

- All trolleys and drawers to be emptied and cleaned
- Document checking, stocking, and cleaning each day.

Monthly checks

- Check expiry dates of all soft packs, sundries, sets, implants, medicines, and lotions, including the items in the clean corridor.
- Document monthly check has been completed.

Appendix 8: Post Anaesthetic care of adults

Milton Keynes Foundation Hospital Trust: Operating Theatres

Standard Operating Procedure: Post Anaesthetic Recovery Care of Adults

Purpose: To ensure that all adult patients following surgery receive safe and effective care in the post anaesthetic recovery area.

Scope: Applies to patients returning to ward areas from Post Anaesthetic Recovery Areas in Phase 1 and Phase 2

Procedure

Receiving patients

- The patient will be accompanied by the anaesthetist.
- Establish if the patient can maintain their own airway, observe the patients breathing.
- Measure and record oxygen saturation, levels of expired carbon dioxide, blood pressure, pulse, respirations, and body temperature.
- Receive handover from the anaesthetist, to include procedure, anaesthetic type, medications given, fluid management, relevant medical conditions, pain management plan, summary of untoward events and any specific care requirements.
- Receive handover from scrub team, to include procedure, care of drains or catheters, skin closure, local anaesthetic given, and dressing.

Care of patients

- Observations as above to be recorded at 15-minute intervals or as otherwise required.
- Observe patient clinically – breathing, perfusion, mental state, level of consciousness.
- Provide care as necessary to ensure patient is clean, comfortable and pain level is acceptable for the patient.
- When the patient is awake and responsive, reduce or remove oxygen to assess capability to support oxygen saturation above 95%, or in line with normal preoperative recordings.
- Check wound dressing for integrity and bleeding.
- Care for drains and catheters as appropriate.
- Document care in care plan and *e*-care.
- Alert the anaesthetist or surgeon as appropriate if monitored or clinical observations are at variance to the expectations at handover.

Discharge of patients

- Before a patient is discharged from the post anaesthetic recovery room the staff must be satisfied that. The patient is fully conscious, reflexes returned and can maintain their airway. The patient should appreciate light touch and respond to simple commands.
- The patient is orientated, or if neurologically compromised pre-operatively, this is documented.
- Observations are stable and within normal limits for that patient
- Patient is comfortable, and necessary medications are prescribed. At least 30 minutes should have elapsed since last opioid analgesia.
- Wounds are clean and dry, and all drains are functioning
- Body temperature of at least 36 C
- Fluid balance is controlled, and fluids prescribed if required
- Linen is clean and tidy
- Paperwork and Surginet eCARE record are completed
- If there are any concerns the anaesthetist/surgeon must be consulted before arranging discharge.

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 9: Post Anaesthetic Care of Paediatric Patients: Phase 1

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **Post Anaesthetic Care of Paediatrics, Phase 1.**

Purpose:
To ensure that all paediatric patients who have had general anaesthetic receive safe and effective care in the post anaesthetic recovery area.

Scope:
Applies to paediatric patients returning to ward areas from the Post Anaesthetic Recovery Area in Phase 1.

All paediatric patients are recovered by at least one team member who has completed the Paediatric Immediate Life Support training.

Procedure

Receiving patients

- The anaesthetist will accompany the patient.
- Establish if the patient can maintain their own airway, observe the patients breathing.
- Measure and record oxygen saturation, blood pressure, pulse, respirations, and body temperature.
- Receive handover from the anaesthetist, to include procedure, anaesthetic type, medications given, fluid management, relevant medical conditions, pain management plan, summary of untoward events and any specific care requirements.
- Receive handover from scrub team, to include procedure, care of drains or catheters, skin closure, local anaesthetic given, and dressing.

Care of patients

- Observations as above to be recorded at 15-minute intervals or as directed by the anaesthetist.
- Observe patient clinically – breathing, perfusion, mental state, level of consciousness.
- Provide care as necessary to ensure patient is clean, comfortable.
- Always use cot sides on patient trolley to prevent trauma or injury to patient.
- Check wound dressing for integrity and bleeding.
- Care for drains and catheters as appropriate.
- Document care in care plan.
- Alert the anaesthetist if monitored or clinical observations deviate from what was anticipated at handover.

Discharge of patients

- Delays in reuniting the patient and the carer should be kept to a minimum to avoid unnecessary distress; therefore, once the patient is showing signs of consciousness, the ward is contacted to collect the patient. The carer should be accompanied to PAR by the ward staff.
- Before discharge is considered, patients should demonstrate stable observations, body temperature above 36 C.
- If there are any concerns the anaesthetist must be consulted before arranging discharge.
- All charts and paperwork should be completed before discharge.

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 10: Post Anaesthetic Care of Paediatric Patients: Phase 2

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: Post Anaesthetic Care of Paediatrics, Phase 2

Purpose: To ensure that all paediatric patients who have had general anaesthetic receive safe and effective care in the post anaesthetic recovery area.

Scope: Applies to paediatric patients returning to ward areas from the Post Anaesthetic Recovery Area in Phase 2.

All paediatric patients are always recovered by at least one team member with Paediatric Immediate Life Support training (PILS).

Procedure

In the Anaesthetic Room

At the discretion of the anaesthetist a carer/parent may accompany the child to the anaesthetic room.
Carer attending theatre with the patient will be given a pager by the Operating Department Practitioner, and the number noted on the operating list kept in Recovery as per the Theatre Department Paediatric Pathway.

In Recovery

Receiving patients

- The anaesthetist will accompany the patient.
- Establish if the patient can maintain their own airway, observe the patients breathing.
- Measure and record oxygen saturation, levels of expired carbon dioxide, blood pressure, pulse, respirations, and body temperature.
- Receive handover from the anaesthetist, to include procedure, anaesthetic type, medications given, fluid management, relevant medical conditions, pain management plan, summary of untoward events and any specific care requirements.
- Receive handover from scrub team, to include procedure, care of drains or catheters, skin closure, local anaesthetic given, and dressing.

Care of patients

- Observations as above to be recorded at 15-minute intervals or as directed by the anaesthetist.
- Observe patient clinically – breathing, perfusion, mental state, level of consciousness.
- Provide care as necessary to ensure patient is clean, comfortable and with an acceptable pain level.
- Assess the need for and apply bandage to cannula site to prevent unintentional loss of IV access.
- Always use cot sides on patient trolley to prevent trauma or injury to patient.
- Check wound dressing for integrity and bleeding.
- Care for drains and catheters as appropriate.
- Document care in care plan.
- Alert the anaesthetist if monitored or clinical observations deviate from what was anticipated at handover.

Discharge of patients

- Delays in reuniting the patient and the carer should be kept to a minimum to avoid unnecessary distress, therefore once the patient is showing signs of consciousness, the carer of the patient should be contacted using the pager number, they will be collected by a member of the Theatre Support Team from the reception area of the Treatment Centre.
- Before discharge is considered, patients should demonstrate stable observations, body temperature above 36° C.
- If there are any concerns the anaesthetist must be consulted before arranging discharge.
- All charts and paperwork should be completed before discharge.
- The ward will be contacted to inform them that the patient is being discharged from Theatre, a PILS trained member of staff will transfer the patient back to the ward.

Lead Author: Theatres Operations Policy
Approved by: Theatre Management Team
Issued: September 2021

Appendix 11: Swab, Needle, Sharp, Instrument Count

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **SWAB, NEEDLE, AND INSTRUMENT COUNT**

Purpose: Ensure that all swabs, needles and instruments are accounted for and to reduce the risk of causing harm to patients.

Scope: All surgical procedures

Procedure -

The scrub practitioner is accountable for the management and accounting for swabs, needles, and instruments. All counts must be undertaken by the scrub practitioner and another member of staff, who must have sight of all items counted, and confirm the count is correct. All guidelines are in association with professional guidelines by AfPP

Initial Count

- The following must be counted prior to skin incision – All instruments, swabs, which must be raytec lined, swab strings, sutures, hypodermic needles, blades, diathermy tips, scratch pads. In certain procedures other items may be counted.
- The count is displayed on the board in theatre.
- The scrub practitioner must check with identified circulator, that the instruments correlate with the instrument set check list.

During surgery

- Any additional items given to the scrub practitioner must be added to the board count immediately.
- Swabs placed inside the patient are identified on the board count and only removed from the board when the scrub practitioner confirms the item has been removed from the patient.
- If any items are discarded during the procedure, for example a broken suture needle, the scrub practitioner must confirm that the board count has been amended.

Closing count

- Conducted when surgeon begins to close.
- The scrub practitioner must count all instruments, swabs & all sharps – this must be confirmed to the surgeon that the first count is correct.

Final count of all items

- Conducted when surgeon commences skin closure.
- The scrub practitioner must confirm to the surgeon that the final count is correct.
- If after the final count, swabs are used for further procedures such as catheterisation, then a further count should be completed.

A minimum of three counts. X-ray detectable swabs used for catheterisation procedures should remain in theatre and be part of the count

Documentation

- Swab count completion must be recorded in eCARE and on the care plan.
- The scrub practitioner must sign the instrument tray check list and highlight issues as necessary.

Counting down swabs

When a high volume of swabs are used it is acceptable to count some swabs down.

- The scrub practitioner must confirm with anaesthetist that some swabs will be counted down.
- The scrub practitioner and circulator agree the number of swabs to be counted down and count those swabs.
- The counted down swabs are rolled up in the swab holding bag and kept visible in theatre.
- The counted down swabs are crossed through immediately on the board count by the circulator, and this is confirmed with the scrub practitioner.

Handover of scrub practitioner during surgery

- Before the new scrub practitioner can take over, a full count must be completed.
- The count is conducted by both scrub practitioners and the circulator.

Incorrect count

- In the event of an incorrect count, the scrub practitioner must inform the surgeon immediately.
- A repeat count must be performed, and the surgeon informed of the outcome.
- If the count is still incorrect the environment must be checked as follows.

- wound
- drapes
- sleeves, gowns, gloves and boots of scrubbed staff
- floor
- scrub trolleys
- kick bowls
- each compartment of the swab holding bags
- bins/bags

- Ensure the bleep holder is informed.

If the count is still incorrect and the missing item may have been placed in the wound, an X-ray should be performed.

If the count remains incorrect, or the item is identified in the patient then the incident must be reported on the Trust's incident reporting system (RADAR), and record on Care Plan has been submitted.
Duty of Candor must be applied and the patient informed by patients clinician and the conversation documented s well as in the patients'

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 12: Specimen Management

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **SPECIMENS MANAGEMENT**

Purpose: Ensure that the care and treatment of patients is supported by the appropriate management and transport of specimens.

Scope: Applies to all specimens. Where there are further specific requirement for specimens, they will be discussed at the time with the theatre team caring for that patient.

Procedure

- The handling and dispatch of a specimen is the responsibility of the scrub practitioner. It is good practice to establish specimen requirements at the WHO sign in. Appropriate personal protective equipment must be worn when handling specimens.
- The scrub practitioner must establish from the surgeon exactly what the specimen is to be labelled as, and the investigation required, for example, histology, micro-biology or frozen section.
- The surgeon confirms specimen details are correct when completing the investigation card.
- The specimen must be labelled with the correct patient ID label, specimen, ward, date, time, consultant.
- The scrub practitioner must ensure that the specimen is handled safely, correctly labelled and the investigation card completed.
- The specimen and investigation request card must be placed in the Pathology box, located in the sluice, and the Pathology book completed.
- If a specimen requires immediate transport to the laboratory the scrub practitioner should ensure arrangements are in place for dispatch according to surgical requirements. All specimens must be accompanied by the pathology book and relevant investigation request card.
- If for any reason it is not possible to process a specimen the scrub practitioner or bleep holder must inform the surgeon immediately.
- If it is out of hours and the specimen requires immediate attention the surgeon must contact pathology on call services via switchboard.
- In the event of a Formalin spillage, spillage kits with instructions are in each Phase.

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 13: Sharps Management

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **SHARPS MANAGEMENT**

Purpose: Ensure the safe management of sharps that protects the patient and the staff.

Scope: All sharps used in theatre. In addition to the usual sharps such as hypodermics, ampoules and blades, the theatre environment also includes sutures, power tool accessories, bone and teeth.

Procedure

- Double gloving is recommended to reduce risk and to increase awareness of glove puncture. Punctured gloves must be discarded.
- Scrub staff must use a sharps pad to safely manage and dispose of sharps.
- Scalpel blades must always be handled with a needle holder or disposable blade removing device.
- Wherever possible the handling of sharps should be kept to a minimum by using a receiver to contain and pass sharps.
- The size of the p's bins used in each area should be appropriate to the needs of the area (e.g. disposal of chest drain trocars).

In the event of a sharp's injury

- Bleed, and wash the wound under running water. Mucous membranes should be irrigated.
- Inform surgeon and bleep holder
- Complete incident reporting on RADAR
- In hours - attend Occupational Health
- Out of hours – call the senior doctor for the patient to assess risk. If required attend A/E. If not required, attend Occupational Health at the next earliest opportunity.

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 14: Safe Use of Laser

Milton Keynes Foundation Hospital Trust: Operating Theatres
Standard Operating Procedure: **Safe use of LASER**
Purpose: Ensure safe use of LASER and reduce the risk of causing harm to patients or staff. Scope: Applies to the KTP laser, CO2 laser and Holmium laser. In theatres 1, 5,6, 9 and 10 only
Procedure: The LASER can only be operated by a trained LASER operator, trained by the LASER supplier, and has completed core of Knowledge training. ***Preparation of theatre*** • Minimum dedicated scrub side staffing required is 3 - LASER operator, scrub practitioner and circulator • A nominated person must be identified to the theatre team, including the clinicians, that ensures all the steps below have been completed in each theatre using the laser. • Ensure LASER successfully completes self-test. • Theatre floor should be cleared of other pedals. • LASER signs are placed on all entry doors to theatre when laser is in use • Laser Blinds cover all windows . • LASER masks are made available and should be worn when there is a viable risk of plumes e.g ENT • Each laser has its accompanying trolley, containing the correct protective goggles for that laser, these must remain with the relevant laser and not used with other • If using KTP LASER orange plastic goggles are made available and must be worn by all staff, except Surgeon. Confirmation of a microscope Eye filter in place should take place before use. • If using CO2 laser the relevant clear plastic goggles are made available and must be worn by all staff. • If using Holmium, the relevant tinted plastic goggles are made available and must be worn by all staff. • All reflective equipment in theatre to be removed or covered ***Patient*** • Intubated with a LASER ET tube inflated with Saline. ENT cases, if treatment within the oral cavity • Eye pads on patient. ENT patients as well eye gel • Saline-soaked pad or swabs placed on the face. • All swabs used in the procedure must be moistened with saline. ENT • No alcoholic betadine is to be used in all LASER cases. • Normal Saline syringe held by scrub nurse in case of flashback. ***LASER fire flashback*** • Flush scope with normal saline syringe. • Hit LASER emergency button to stop LASER operation. • Stop surgery and await clinical reassessment. ***Documentation*** A LASER log sheet is completed for each patient detailing: • Staff present in theatre. • Type of laser • Duration of use • Power used (new Lasers will not say joules used) • Power setting
Lead Author: General Surgery Senior Team and Theatres Operations Manager Approved by: Theatre Management Team Issued: September 2021 Revised: April 2023

Appendix 15: Reporting Equipment / Environment Faults

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **REPORTING EQUIPMENT/ENVIRONMENT FAULTS**

Purpose: To ensure a safe environment is maintained for patients and staff

Scope: All areas of the department

Procedure

Equipment

Certain items will need to be sent to EBME; other items may be fixed in theatre. Team Managers will ensure contact details for specialist equipment are available.

If equipment is faulty on testing

- check for errors in how equipment has been set up, and re-test if appropriate.
- if equipment remains faulty, check availability of replacement equipment.
- inform bleep holder, surgeon, and anesthetist if a delay in patient care is likely.
- report equipment fault ext **86701** and log call as per Clinical Engineering service and repairs folder held in Central Hub areas in Theatres.
- Additionally, inform the appropriate Medical Equipment Officer (MEO).
- disinfect equipment, complete decontamination form, label equipment as awaiting repair.
- ensure equipment is stored or transported as appropriate
- out of hours, include equipment issue as part of handover
- if patient care is delayed, or safety compromised, complete Datix

Environment

If there is a problem in the environment – flood, power failure etc.

- Report the fault on ext. **86701**, and log call as per 'M Logbook folder kept in Central Hub areas in Theatres.
- Inform the bleep holder.
- Inform the surgeon and anaesthetist if a delay in patient care is likely.
- Make colleagues aware of any risk.
- Out of hours, contact Duty Manager, bleep **1222**, to access services to address problem, and make alternative plans as necessary. Include incident as part of handover.
- If patient care is delayed, or safety compromised, complete Datix.
- Periodically OPMPA audits theatre environment with each theatres charge nurse to identify minor new works in order to maintain integrity and functionality of department
- Call Ext 86132, (estates) get given a reference number (needs to be recorded and displayed in area affected, Also recorded in theatre estates log, Ops manager PA receives an email stating date proposed date of actions and completion

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 16: Surgical Implants

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: Surgical Implants

Purpose: Ensure that patients are treated with the correct implants, and that implants are documented appropriately.

Scope: All implants used in surgical procedures. Some areas will have additional recording requirements.

Procedure

- The implants required **MUST** be discussed at WHO briefing, and availability confirmed.
- The scrub practitioner must confirm with the surgeon the details of the implant required.
- Prior to opening the implant, the scrub practitioner must ensure that;
  - the implant package is read out loud to confirm the type of implant, size, expiry date, and if applicable, side.
  - the implant package can be read out loud by the circulator, scrub practitioner or a member of the surgical team.
  - the scrub practitioner and operating surgeon must confirm that the implant is correct before the implant package is opened.
- The scrub practitioner must ensure that the implant details are recorded on the care plan and operation sheet.
- The scrub practitioner must confirm the use of implants when handing over to recovery.
- If appropriate, the scrub practitioner must ensure that replacement implant/s are ordered.

Ophthalmology

- In addition to the above, prior to opening a lens implant the Scrub practitioner must confirm with the operating surgeon that the biometry findings have been checked.

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 17: Drains, Catheters, Packs, Haemostasis Ballons & VAC Dressings

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **DRAINS, CATHETERS, PACKS, HAEMOSTASIS BALLOONS, VAC DRESSINGS.**

Purpose: Ensure appropriate care and documentation of surgical items temporarily placed in patients.

Scope: All drains, catheters, and packs.

Procedure

- The scrub practitioner must confirm with the surgeon the details of the item required.
- The scrub practitioner must confirm that the item is in date and of the correct size and type before the circulator opening.
- The scrub practitioner must ensure that the details of the item are recorded on the care plan (ecare), and ensure the surgeon has these details for recording on the operation sheet.
- Details of drains and catheters are recorded in the theatre register.
- The scrub practitioner confirms the use of drains/catheters/packs/balloons/dressings when handing over to recovery.

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 18: Care of Deceased Patients

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **CARE OF DECEASED PATIENTS - ADULTS**

Purpose: Ensure deceased patients receive appropriate care, and that correct processes are followed

Scope: Patients who do not pose an infection hazard. If the deceased is thought to pose an infection hazard refer to the Last Offices section of the Infection Control Manual, available on the Intranet

Procedure

- The bleep holder must ensure that the ward, Bereavement Coordinator bleep 1917, and duty manager bleep 1222, are informed that a death in theatre has occurred.
- It is the responsibility of medical staff to inform the relatives.
- Bereavement policy 5.0 Nursing responsibilities at time of adult death.
- A last offices box, including relevant paperwork, and guidance is kept in both Post Anaesthetic Recovery areas.
- Perform after death care according to Trust Policy.
- Any items of jewellery that are left on the body are listed on the death notification form that accompanies the patient to the mortuary.
- If the patient transferred from A&E the property is returned to the General Office.
- In office hours contact the Bereavement Coordinator regarding the destination of the patient notes. At all other times the notes should be securely kept in theatres until the Bereavement Coordinator can be contacted.
- The General Porters should be contacted to transfer the patient to the mortuary.
- Complete a Datix

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 19: Dule Role for Registered Practitioners

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: Dual Role for Registered Practitioners

Purpose: Provides support and guidance for Registered Practitioners who undertake dual role competencies.

Scope: Applies to all Registered Practitioners who undertake the dual role when required in surgical procedures.

Procedure

The Registered Scrub Practitioner will be assessed on their skills, knowledge and competencies that are required and the category of surgery and situations before undertaking any additional duties in a dual role (PCC2018) Completed risk assessments/competency documents will be kept in the personal file of the Registered Practitioner.

When moving between surgical specialties the Registered Practitioner will review with the Team Leader/Manager regarding which of their current competencies are applicable in the new surgical specialty and will be assessed to ensure patient safety.

Newly qualified practitioners will be able to consider undertaking dual role duties after six months of relevant practice.

If asked to undertake duties outside of their dual role competencies, Registered Practitioners should inform the Operating Surgeon if He / She is not, yet risk assessed of the task required. The Theatre Coordinator should be informed if necessary.

NB - In life threatening situations Registered Practitioners can act under the direct supervision of a Medical Practitioner until further medical assistance is available.

The Registered Practitioner Scrub and SFA Role Boundary (PCC 2018)

Roles and Responsibilities	Registered Scrub Practitioner	Surgical First Assistant
Assisting with patient positioning, including tissue viability assessment	X	X
Skin preparation and draping prior to surgery	X	X
Superficial skin and tissue retraction with cutting of superficial sutures	X	X
Handling of tissue and manipulation of organs for exposure or access		X
Nerve and deep tissue retraction (The SFA can only move or place retractors under direct supervision of the operating surgeon)		X
Cutting of deep sutures and ligatures under direct supervision of the operating surgeon		X
Assisting with haemostasis in order to secure and maintain a clear operating field including indirect application of surgical		X

diathermy by the surgeon		
Use of suction as guided by the operating surgeon		X
Camera manipulation for minimal invasive access surgery		X
Application of dressings as required	X	

SFA Extended Scope of Practice (PCC 2018)

	Surgical First Assistant Extended Scope of Practice
Administration of prescribed local Anaesthesia in superficial layers	X
Suturing of skin layers	X
Suturing and securing wound drains	X
Superficial haemostasis including surgical diathermy	X

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 20: Intentionally Retained Swabs or Packs

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: **Intentionally retained swabs or packs**

Purpose: Ensure that any intentionally retained swabs and packs are clearly identified and to reduce the risk of causing harm to patients.

Scope: All abdominal or Gynaecology procedures.

Procedure -

All staff must be aware of patients who have an intentionally retained swab or packs left in situ following procedure.

When decision is made for a swab or pack to remain temporarily in situ – This must be documented on the theatre swab board. Once the swab is removed the notice can then be removed from the swab board.

Documentation

- Any intentionally retained swab or pack must be documented on the sign out form
- The decision to leave a swab or pack in situ must be clearly written on the operation sheet by the surgeon
- This must be included in handover from theatres to recovery and recovery to ward
- When the swab or pack should be removed
- Document in theatre register
- Document clearly in perioperative care plan

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 21: Emergency Caesarean Section in Post Anaesthetic Recovery

Milton Keynes Foundation Hospital Trust
Operating Theatres

Standard Operating Procedure: Emergency Caesarean Section within Recovery, Phase 1

Purpose: To ensure all available staff can set up provided equipment to enable safe care of the patient.

Scope: To perform a category one emergency lower segment caesarean section when no other operating theatres are available.

Procedure

- Emergency, Phase 1 coordinator to obtain a scrub nurse / circulator and Operating Department Practitioner / Anaesthetic nurse.
- Recovery staff to move patients from designated bay to either another bay or an available anaesthetic room.
- All available staff to help set up the area of recovery designated for a category 1 section
- Induction drugs to be obtained from either theatre 1 or theatre 3 and replacement made by the Operating Department Practitioner from that theatre at the earliest opportunity.

Lead Author: Theatres Operations Manager
Approved by: Theatre Management Team
Issued: September 2021

Appendix 22: Procedure Room

Appendix 21: Procedure room
Milton Keynes Foundation Hospital Trust **Operating Theatres**
Standard Operating Procedure: Provide staff and equipment to the procedure room area Phase 2 theatres
Purpose: To ensure all available staff can set up provided equipment to enable safe care of the patient. Scope: To support outpatient team to perform procedures within the Procedure room.
Procedure Procedures performed within the area are listed below: • Urodynamics • Cystoscopy • Trus Biopsy • Lithotripsy • Theatre staff are required to provide equipment and expertise to support the Clinician / specialist nurse to perform the above procedure. • A theatre nurse and health care assistant are provided by theatre to work within the clinical area. A HCA will be provided by non theatre to facilitate the admission of patients. • Patients do not receive general anaesthetic or sedation in this area, and all medication is administered by the clinician performing the procedure, for which a prescription is completed.
Lead Author: Theatres Operations Manager Approved by: Theatre Management Team Issued: September 2021

Appendix 23: PAR Check Log (Phase 1 & Phase 2)

Milton Keynes University Hospital NHS Foundation Trust

P.A.R. DAILY CHECK LOG (PHASE 1)

TheMKWay CARE. COMMUNICATE. COLLABORATE. CONTRIBUTE.

DEC. 2022	Bays Checked	Bays Cleaned	Alarm Bells	Atropine & Sux	CDs	Portable O2	Glucose Monitor	Fridge #1 Temp.	Fridge #2 Temp.	Anaesth. Machine	Chest Drain Trolley	Adult Crash Trolley	Paed. Crash Trolley	Adult Intubation Trolley	Drug Cupboard Temp.	Emergency Drugs
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Weekly Check	Week 1	Week 2	Week 3	Week 4	Week 5
	Date & Sign	*Date & Sign*	*Date & Sign*	*Date & Sign*	*Date & Sign*
CO2 Lines Changed & Dated					

Monthly Check	*Date*	*Sign*
Drugs Expiry Date		
Blood Collection Bottles		
Water Circuits Changed & Dated		

Monthly Check	*Date*	*Sign*
Paediatric Grab Bag		
Paediatric Transfer Bag		
Sharps Bins Date Check		

Milton Keynes University Hospital NHS
NHS Foundation Trust

P.A.R. DAILY CHECK LOG (PHASE 2)

TheMKWay
CARE. COMMUNICATE. COLLABORATE. CONTRIBUTE.

DEC. 2022	Bays Checked	Bays Cleaned	Alarm Bells	Atropine & Sux	CDs	Portable O2	Glucose Monitor		Fridge #1 Temp.	Fridge #2 Temp.	Anaesth. Machine	Chest Drain Trolley	Adult Crash Trolley	Paed. Crash Trolley	Adult Intubation Troley	Drugs Storage Rm. Temp.	Proc. Rm. Fridge Temp.	Emergency Drugs
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Weekly Check	Week 1	Week 2	Week 3	Week 4	Week 5
	Date & Sign	*Date & Sign*	*Date & Sign*	*Date & Sign*	*Date & Sign*
CO2 Lines Changed & Dated					
Urology Trolley					

Monthly Check	*Date*	*Sign*	Monthly Check	*Date*	*Sign*
Drugs Expiry Date			Paediatric Transfer Bag		
Blood Collection Bottles			Sharp Bins Date Check		
Water Circuits Changed & Dated					

Appendix 24: SOP DNA Specimens

Standard Operating Procedure (SOP) Number: **SOP Title: Process by which DNA specimens from patients needing emergency surgery for an ectopic pregnancy, surgical management of miscarriage are handed to the police to facilitate investigation for a sexual assault.**			
Classification:	Standard Operating Procedure		
Authors Name:	**Women and Children's**		
Authors Job Title:	**Deputy Theatre Operational Manager** **Cellular Pathology Manager** **Women and Children's**		
Authors Division:	**Surgery**		
Departments/Group this Document applies to:	**Theatres** **Pathology** **Clinical Site Team** **Women and Children's**		
Approval Group:		**Date of Approval:**	
		Last Review:	New
		Review Date:	
Unique Identifier:	**Status:** Approved	**Version No:** 1	
Scope: Theatres, Pathology, Women and Children		**Document for Public Display:** Yes	
To be read in conjunction with the following documents: Identify associated documents i.e. policies, patient information			

Index

Definitions

DNA – Deoxyribonucleic Acid
WHO – World Health Organization

SOP Statement

To ensure that in the event of an ectopic pregnancy following a sexual assault, products of conception that are required for police evidence and DNA are released from the Theatre Department and Pathology Department in a timely manner, so as not to not delay any police investigations if patients' clinical condition allows.

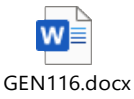
Executive Summary

In the event of an ectopic pregnancy, where the pregnancy is the result of a sexual assault, the specimen required for DNA evidence should be handed over to the police for their continuing investigation if consent has been gained by the patient.

1.0 Roles and Responsibilities

Theatre staff – All theatre staff and Senior Management Team in Theatres to be aware of the process for dealing with DNA samples following emergency surgery for an ectopic pregnancy, and surgical management of miscarriage, which includes liaising with the pathology department and the police. This should be discussed as part of the WHO process prior to surgery.

Pathology staff – Pathology staff to ensure specimens that need to be released to the police for DNA investigations are done as soon as possible (GEN116).



Clinical Site Manager – Site Manger to liaise with the police with regards to evidence of patient consent for specimens to be released.

Police – Police to ensure that patients' consent is shared with hospital staff on admission to ensure that the specimens are released to them for DNA testing.

Surgeon – To be aware that a specimen is needed for DNA sampling and to notify staff if histopathology investigations are needed before the specimen is released.

2.0 Implementation and dissemination of document

Document to be shared at Divisional Board, Theatre Improvement Group, Pathology Meeting. To be shared with Site Management, Theatre Staff, Pathology Staff, Thames Valley Police and Emergency Department.

This Document will be published on the Trust Intranet

3.0 Processes and procedures

- In the event of a patient being admitted to Milton Keynes University Hospital with a suspected ectopic pregnancy or requires surgical management of miscarriage where the pregnancy is a result of rape, police should share consent by the patient that they are aware specimens will be taken and handed over to the police for DNA sampling. Patient consent should be shared by the police with the clinical site team/manager that day, cellular pathology and gynecology consultant.
- Consent for specimen release will be obtained by the police and contact details of the police made available.
- When ectopic pregnancy and patient consent for release of specimen for DNA sampling has been confirmed, Clinical Site Manager and surgeon will liaise with theatre coordinator and Cellular pathology.
- The theatre coordinator will ensure that plain dry sampling pots are available in Phase 1 theatres. The sample **should not** be placed in Formalin. The theatre coordinator will also ensure that the theatre team are aware that specimens are required for DNA.
- All information and details of specimens required, and sample pots required should be discussed as part of the WHO process.
- Theatre staff should be aware which specimen pot the tissue should be placed in after surgery. The specimen must also be documented in the specimen register in phase 1 theatres. Discussion with Consultant Surgeons suggest that following surgery for an ectopic pregnancy the specimen should be placed in a plain dry pot and sent to Cellular pathology urgently so that a specimen can be taken for DNA. Placing the sample into formalin in theatres will render it unsuitable for DNA extraction. Once in the lab a sample will be taken for DNA and the remaining specimen fixed in formalin for histopathological examination. The lab will be able to take 1 sample for DNA and 1 sample for histopathology.
- During core working hours, the specimen should be sent directly and urgently to the Cellular pathology lab. The lab will be notified of the specimen's arrival and what examinations are required in advance. The sample must be accompanied by a specimen request form, including

the full patient details, sample and clinical details.

- Out of hours, the theatre coordinator should contact the biochemist on call via switchboard. The biochemist on call will be a point of contact only and will not handle the specimen.
- The biochemist on call will then contact a member of the cellular pathology team. When theatre staff contact the on-call biochemist they will give the details of who cellular pathology should contact in theatres to advise of the next steps. This will be the theatre coordinator extension 85580 or bleep 1327. If the specimen is taken over night, the advice will be to refrigerate the specimen overnight so that it can be dealt with urgently the following morning. A member of staff from the lab will contact the on-call mortuary APT who will then visit site to allow access to a mortuary fridge. This will ensure secure storage of the sample prior to collection by the police. Arrangements will be made for the specimen to be taken to the mortuary once the on-call mortuary APT is on site.
- If the sample is taken at the weekend, a member of the Cellular Pathology team will attend to handle the sample and will be responsible for contacting a consultant Histopathologist for advice on sampling.
- With regards to specimens in the case of sexual assault that are needed for DNA where the patient has had surgical management of miscarriage the above process would be followed.
- Clinical investigations for the patient would take priority over police investigation. Therefore, tissue samples would be sent to the pathology lab for investigation before being handed over to the police.
- A clear audit trail would be needed for the police as to who has handled the specimen prior to it being handed over to the police.

4.0 Statement of evidence/references

Statement of evidence: Include local evidence or recognised published evidence, e.g. a national document? The source of this evidence should be given wherever possible.

References: Thames valley Police ISO Procedural Guidelines: Termination of Pregnancies.

P3-5%20Paternity%20Cases%20Termination

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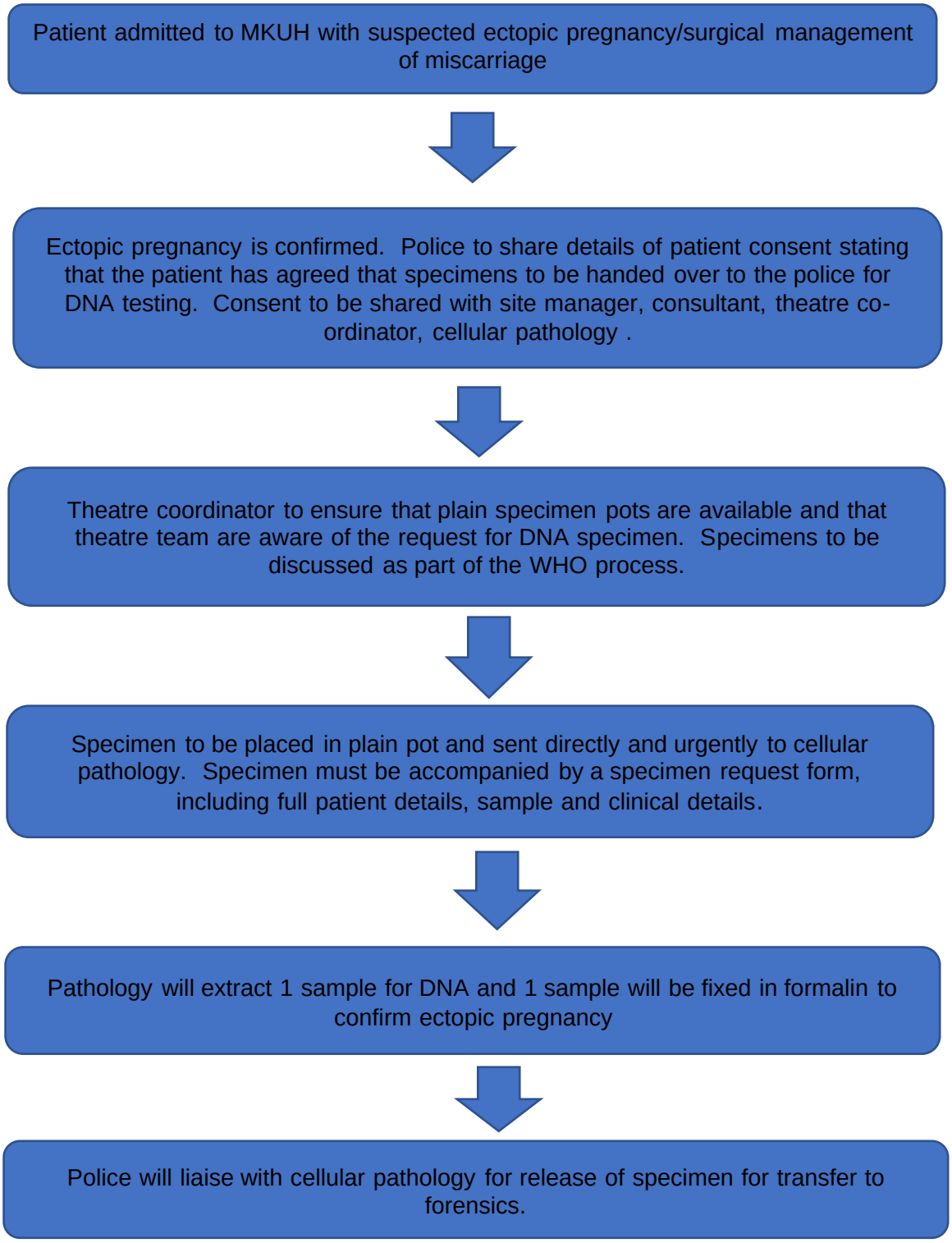
5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
	Clinical Governance & Risk	21/11/22	Yes	Clarity of process	
	Deputy Theatre Manager	Jan 2023	Yes	Clarity of process and investigation in theatres	
	Pathology Manager	Jan 2023	Yes	Clarity of process in Pathology	
	Consultant surgeon	Jan 2023	Yes	Clarity of process required for specimens	
	Consultant Surgeon	Jan 2023	Yes	Clarity of process required for specimens	
	Thames Valley Police (Sexual Offences Liaison Office)	Jan 2023	Yes	Specific police protocols	

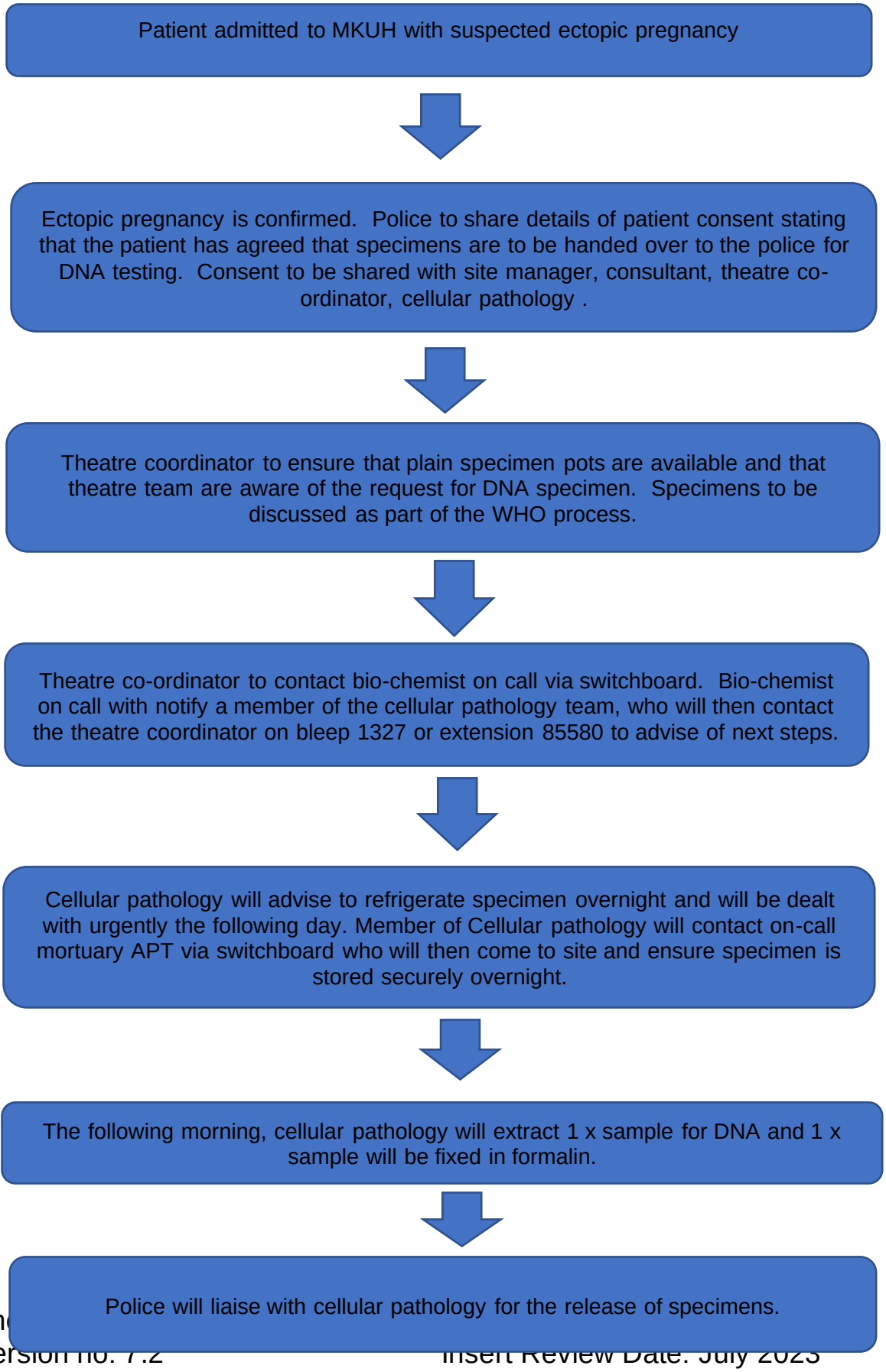
Appendix 1:

DNA SPECIMENS POST ECTOPIC PREGNANCY/SURGICAL MANAGEMENT OF MISCARRIAGE – DURING CORE WORKNG HOURS



Appendix 2:

DNA SPECIMENS POST ECTOPIC PREGNANCY, SURGICAL MANAGEMENT OF MISCARRIAGE AND MEDICAL MANAGAEMENT OF MISCARRIAGE – OVERNIGHT



Appendix 3:

DNA SPECIMENS POST ECTOPIC PREGNANCY, SURGICAL MANAGEMENT OF MISCARRIAGE AND MEDICAL MANAGAEMENT OF MISCARRIAGE – OUT OF HOURS - WEEKEND

Patient admitted to MKUH with suspected ectopic pregnancy/surgical management of miscarriage

↓

Ectopic pregnancy is confirmed. Police to share details of patient consent stating that the patient has agreed that specimens to be handed over to the police for DNA testing. Consent to be shared with site manager, consultant, theatre co-ordinator, cellular pathology .

↓

Theatre coordinator to ensure that plain specimen pots are available and that theatre team are aware of the request for DNA specimen. Specimens to be discussed as part of the WHO process.

↓

Specimen to be placed in plain pot. Theatre coordinator to contact biochemist on-call via switchboard. Biochemist on call will notify a member of the cellular pathology team, who will contact the theatre coordinator on bleep 1327 or extension 85550 to advise.

↓

A member of Cellular Pathology Team will visit site and take receipt of the specimen. The specimen must be accompanied by a specimen request form, including full patient details, sample and clinical details. If required, a consultant Histopathologist will be contacted for advice on Sampling. Cellular Pathology will extract 1 x sample for DNA and 1 x sample will be fixed in formalin.

↓

A member of the Cellular Pathology team will contact the on-call mortuary APT via switchboard who then come and ensure the sample for DNA extraction is stored securely.

↓

Police will liaise with cellular pathology for release of specimen for transfer to forensics.

23.0 Statement of evidence/references

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25.0 Equality Impact Assessment

As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified.

Equality Impact Assessment			
Division	Surgery	**Department**	Theatres
Person completing the EqIA		**Contact No.**	X85604
Others involved:		**Date of assessment:**	20 July 2023
Existing policy/service		**New policy/service**	

Will patients, carers, the public or staff be affected by the policy/service?	Staff and Patients
If staff, how many/which groups will be effected?	Theatres. Women's & Children, Pathology, Radiology, HSDU

Protected characteristic	Any impact?	Comments
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff
Disability	NO	
Gender reassignment	NO	
Marriage and civil partnership	NO	
Pregnancy and maternity	NO	
Race	NO	
Religion or belief	NO	
Sex	NO	
Sexual orientation	NO	

What consultation method(s) have you carried out?	NA
How are the changes/amendments to the policies/services communicated?	Forum discussions
Review date of EqIA	