

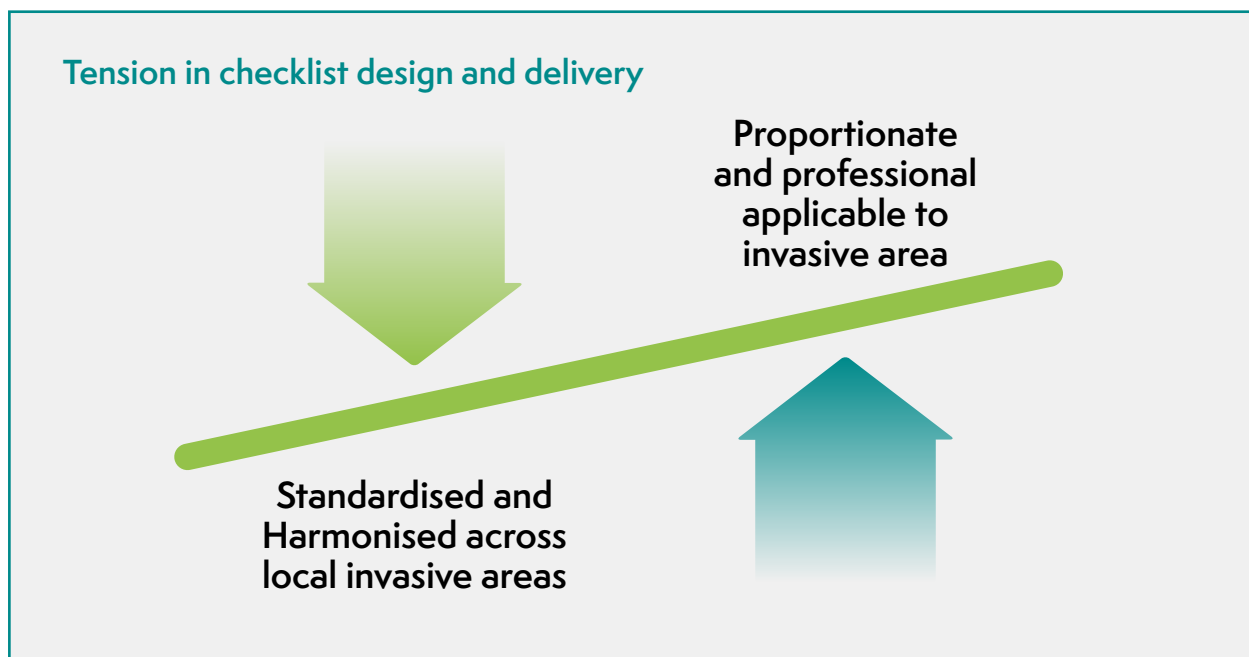
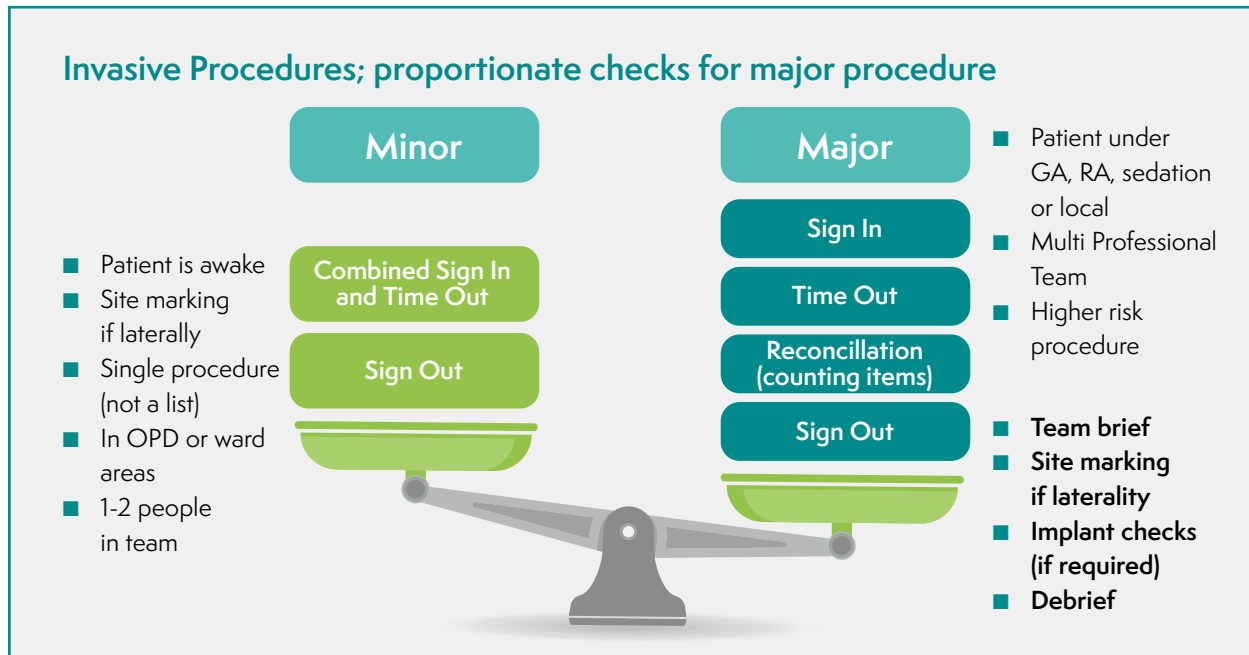
National Safety Standards for Invasive Procedures (NatSSIPs) 2

Table 1: Procedure characteristics to help decide whether a procedure is minor or major:

	Minor procedures	Major procedures
Location	Outpatient or Emergency Department procedures that are performed without entering cavities and with small incisions under local anaesthesia in non-theatre areas, e.g. treatment rooms	Any procedure in operating theatre settings (includes surgical hubs)
Anaesthesia/ Sedation	Minimal or conscious sedation with local anaesthesia given by proceduralist (not general anaesthesia) ⁷⁶	Procedure occurring under general, regional or local anaesthesia or sedation (minimal, conscious and deep sedation)
Procedure site / access	Skin or natural orifice, sometimes needle puncture	Surgical incisions, sometimes via needle
Example procedures	<ul style="list-style-type: none"> • ‘-oscopies • Skin biopsy in clinic • Vasectomy in primary care • Most radiologically guided procedures 	<ul style="list-style-type: none"> • ‘-ectomies, e.g. tonsillectomy, endarterectomy • ‘-otomies, e.g. craniotomy • Replacements • Repairs • Interventional radiology procedures • Catheter lab procedures
Procedures that require caution	Dermatology skin lesions ³⁹	<ul style="list-style-type: none"> • Multiple teams • Large incisions • Cavities • Implants • Delivery room procedures • Emergency situations where ‘priority’ or time critical checks are necessary
The count	Proportionate count	Full count for all procedures (except most in Interventional Radiology procedures)

Table 2: Which checks should occur?

	Minor procedures	Major procedures
Essential initial Basic checks	<ul style="list-style-type: none"> • Patient states name and date of birth • Medical record number check against list, notes and consent • Consent form checked for procedure, which is confirmed with patient • Site marking, if applicable, to be cross-checked with the patient, consent form and procedure list • Allergy status 	<ul style="list-style-type: none"> • Same as minor basic but checked against the patient identity band, nursing documentation/care plan and procedure list • Priority checks for emergency situations e.g. blood management plan
Advanced / Additional checks	<ul style="list-style-type: none"> • Departments should add standard checks relevant to the risk within that specialty, for example, checking renal function or coagulation will be relevant to some minor procedures but not all • Pregnancy status if radiology is required / anticipated 	<ul style="list-style-type: none"> • Pregnancy status • Infection risk to staff • Fasting time • VTE risk assessment and prophylaxis • Anaesthetic and emergency equipment/ drugs check • Airway strategies and preparedness • Confirmation of patient blood management plan • Regional anaesthesia 'Stop Before You Block/Prep Stop Block'⁷⁷ checks • Availability of essential instrumentation • Availability of implants, stents, prostheses • Implants (surgical metalwork, pacemakers, etc.) • Availability of essential staff • Other checks to be decided locally as appropriate for specialty • For procedures involving ionising radiation, the processes should be designed to ensure IR(ME)R⁷⁸ and NatSSIPs requirements are met without unnecessary duplication.
'The NatSSIPs Eight' requirements	<ol style="list-style-type: none"> 1. Site marking required where relevant 2. Team Brief appropriate to context 3. Sign In and 4. Time Out can be combined 5. Implant checks should be performed where relevant 6. Count can be proportionate if site accessed via a needle or surface incision. If guidewires are used, they should be counted for reconciliation of items 7. Sign Out may be concise 8. Debrief if required 	<ol style="list-style-type: none"> 1. Site marking required where relevant 2. Team Brief with full team in attendance 3. Sign In and 4. Time Out should be completed separately 5. Implant checks should be performed where relevant 6. Full count procedure required and reconciliation except for IR, catheter labs 7. Sign Out 8. Debrief should be carried out



National Safety Standards for Invasive Procedures (NatSSIPs) 2

In Summary: regarding Sign In and Time Out Checks

Type of check	What is checked?	When appropriate
Basic	<ul style="list-style-type: none"> • Patient states name and date of birth • Medical record number check against list, notes, consent +/- identity band • Consent form checked for procedure, which is confirmed with patient • Site marking, if applicable, to be cross-checked with the patient, consent form and operating list • Allergy status 	All procedures
Advanced/ Additional	<ul style="list-style-type: none"> • Pregnancy status • Infection risk to staff • Fasting time • VTE risk assessment and prophylaxis • Anaesthetic and emergency equipment/ drugs check • Airway strategies and preparedness • Confirmation of patient blood management plan • Regional anaesthesia 'Stop Before You Block/Prep Stop Block' checks⁷⁷ • Availability of essential instrumentation • Availability of implants, stents, prostheses • Implants (surgical metalwork, pacemakers, etc.) • Availability of essential staff <p>Other checks to be decided locally as appropriate for specialty</p>	All major procedures and some minor
Priority	<ul style="list-style-type: none"> • Command and control from team lead and role allocation • Blood management plan • Other emergency checks depending on specialty 	<p>Always major</p> <p>Life threatening/time critical surgery</p> <p>Whole team including operator(s) present at Sign In and Time Out</p>