

Safety Pause Checklist

Date: Time:

1 Confirm the following content <u>has been discussed</u> during Safety Pause		
	1. Have all team members introduced themselves by name and role?	<input type="checkbox"/>
	2. What is the planned procedure?	<input type="checkbox"/>
	3. What side is being operated on?	<input type="checkbox"/>
	4. What equipment or implants do you need?	<input type="checkbox"/>
	5. Do we expect significant blood loss or any transfusion requirements?	<input type="checkbox"/>
	6. Are there any specific anaesthetic concerns?	<input type="checkbox"/>
	7. Are there any patient allergies or IC alerts?	<input type="checkbox"/>
	8. How are specimens taken to be managed?	<input type="checkbox"/>
	9. What is the plan for patient warming and glycaemic control?	<input type="checkbox"/>
Additional information/Notes: <i>Please bullet point below if required, e.g. if you need an INR result...</i>		

Staff member documenting Briefing:		Signature:	
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Team Debriefing

1	Were there any equipment issues that need to be addressed? <i>If yes, comment below</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Have any other actions been identified? <i>If yes, comment below</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Actions to be added to the Theatres Comm Cell by: <i>(for discussion at the Monday morning meeting)</i>		
Comments			

Staff member documenting Debriefing:		Signature:	
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