

Team Briefing Checklist

Theatre Location – please

| | | | | | | | | | |
|----------------------------------|-------------------------------|---------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| General <input type="checkbox"/> | PEOC <input type="checkbox"/> | Trauma <input type="checkbox"/> | CWH <input type="checkbox"/> | WEEU <input type="checkbox"/> | HDCU <input type="checkbox"/> | ADCU <input type="checkbox"/> | EDCU <input type="checkbox"/> | SDCU <input type="checkbox"/> | TDCU <input type="checkbox"/> |
|----------------------------------|-------------------------------|---------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

Theatre no: Consultant:

Date: Time:

| | | | |
|--|---|------------------------------|-----------------------------|
| 1 | Did the entire theatre team attend Team Briefing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If no, which member(s) did not attend? Surgeon <input type="checkbox"/> Anaesthetist <input type="checkbox"/> Scrub <input type="checkbox"/> ODP <input type="checkbox"/> Circulator <input type="checkbox"/> TA/HCA <input type="checkbox"/> PA(A)/SCP <input type="checkbox"/> | | | |
| 2 | Confirm the following content <u>has been discussed</u> during Team Briefing | | |
| | 1. Have all team members introduced themselves by name and role? | <input type="checkbox"/> | |
| | 2. Are there any changes to the published operating list? | <input type="checkbox"/> | |
| | 3. How are specimens taken to be managed? | <input type="checkbox"/> | |
| | 4. Is the theatre adequately staffed and are any changes expected? | <input type="checkbox"/> | |
| | 5. Please confirm any equipment or implants that will be required. | <input type="checkbox"/> | |
| | 6. Are the anaesthetic machines checked and ready for use? | <input type="checkbox"/> | |
| | 7. Do we expect significant blood loss or any transfusion requirements? | <input type="checkbox"/> | |
| | 8. Are there any patient allergies? | <input type="checkbox"/> | |
| | 9. Are there any patient infection control issues? | <input type="checkbox"/> | |
| | 10. Are there any specific anaesthetic concerns? | <input type="checkbox"/> | |
| | 11. Are there any concerns about laterality / marking? | <input type="checkbox"/> | |
| | 12. 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> | | | |

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|---|-------------------|
| Staff member documenting Briefing: | Signature: |
|---|-------------------|

Please file in red binder in Anaesthetic Room

Team Debriefing

Theatre no: Consultant:

Date: Time:

| | | | |
|----------|--|------------------------------|-----------------------------|
| 1 | Has Team Debriefing occurred? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Members in attendance Surgeon <input type="checkbox"/> Anaesthetist <input type="checkbox"/> Scrub <input type="checkbox"/> ODP <input type="checkbox"/> Circulator <input type="checkbox"/> TA/HCA <input type="checkbox"/> PA(A)/SCP <input type="checkbox"/> | | |
| 2 | Were there any issues that need to be addressed e.g. equipment, communication, time? <i>If yes, comment below</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Are there any actions/learning points relating to these issues? <i>If yes, comment below</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Do these actions need to be added to the Theatres Comm Cell? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | If yes, name of team member responsible for this action: | | |
| | Comments | | |

| | | | |
|---|--|-------------------|--|
| Staff member documenting Debriefing: | | Signature: | |
|---|--|-------------------|--|