|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ophthalmology WHO Team Safety Brief (Whole Theatre Team and Ward Staff Nurse)**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Introductions by name and role | | | | | □ | | Discuss each patient in turn | | | | | | | Patient name | High risk  (Senior scrub to do) | Trainee to operate | Specific additional equipment | Nursing concerns | Anesthetic concerns and ASA (where appropriate) | |  | □ | □ |  |  |  | |  | □ | □ |  |  |  | |  | □ | □ |  |  |  | |  | □ | □ |  |  |  | |  | □ | □ |  |  |  | |  | □ | □ |  |  |  | |  | □ | □ |  |  |  | |  | □ | □ |  |  |  | |  | □ | □ |  |  |  | |  | □ | □ |  |  |  | | List order confirmed | | | | | □ | | **Scrub team leader** | | | | | | | On Duty Anesthetist: Ext: | | | | |  | | Any staffing concerns | | | | | □ | | Any equipment concerns | | | | | □ | | The complication drawer has been checked | | | | | □ |   Ophthalmology WHO Team Safety De-Brief (Whole Theatre Team)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | What went well today? | Specify: | Any things to improve upon? | Specify: | | | Y/ N | Y/ N | | Problems with Scheduling, Patient preparation, Equipment, Implants, Staffing, Anesthetic or Surgical procedure | | | | Y / N | | Specify: | | | | | | Patient safety incidents | | | | Y / N | | Specify and indicate who completed Datix: Datix ID Number: | | | |  | |