

Name of Policy: Intra-Operative Hand-Off Communication			
Policy Number: 3364-124-74			
Approving Officer: Chief Executive Officer			
Responsible Agent: Chief Nursing Officer			
Scope: The University of Toledo Medical Center Operating Room (OR)/Perioperative Services		Effective date: 12/2025	
		Original effective date: August 16, 2012	
Key words: Intra-Operative, Hand-Off, Communication, Patient Safety, Surgical Patient			
	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

Operating room (OR) personnel will always participate in a structured method of information sharing whenever there is a change in personnel delivering care to the patient.

(B) Purpose of policy

To provide a standardized method for sharing patient information whenever care is transferred from one healthcare professional to another.

(C) Procedure

(1) RN circulator.

- (a) The hand-off communication process will be geared to the unique needs of the surgical patient and include up-to-date information regarding the patient's care, treatment, condition and any recent or anticipated changes.
- (b) Staff breaks and relief which are planned during a procedure, will occur after consultation with the attending surgeon regarding the appropriateness of the timing of the break. It is the responsibility of the staff member being relieved to consult with the surgeon. If there are pending items going onto or coming off the sterile field, personnel will wait until these items are resolved before

making the staff changes. If the surgeon feels the timing is not appropriate, the break will not occur, and an alternative plan will be communicated to the OR operations supervisor or designee.

- (c) Hand-off communication will occur whenever the assigned registered nurse (RN) circulator is being relieved of duties, and whenever another nurse enters the room to provide assistance, using the following guidelines.
 - (i) The RN circulator being relieved is responsible for initiating the process.
 - (ii) Handoff will occur as soon as the relief RN circulator enters the room unless patient care needs require immediate attention.
 - (iii) Handoff must be completed before the RN circulator who is being relieved leaves the room.
 - (iv) RN circulators will document hand-off communication in electronic medical record (EMR).
 - (v) Content of the information to be covered in the hand-off is defined below:
 - (a) Patient name.
 - (b) Procedure.
 - (c) Allergies.
 - (d) Blood band and status of blood products (if any).
 - (e) Medications on field and available in room.
 - (f) Procedural status.
 - (g) Special equipment on field and available in room.
 - (h) Implants used/available in room.
 - (i) People to contact (i.e., patient family, frozen section, etc.).
 - (j) *Kidney transplants only: location of donor kidney.
 - (k) Type and location of tissues/specimens.
 - (l) Any pending items going onto or coming off the sterile field.
 - (m) Other pertinent information.
- (2) Scrub person.
 - (a) The hand-off communication transfer of care will be geared to the unique needs of the surgical patient and include up-to-date information regarding the patient's treatment and any recent or anticipated changes.
 - (b) Staff breaks and relief will occur after consultation with the attending surgeon regarding the appropriateness of the timing of the break or relief. If there are pending items going onto or coming off the sterile field, personnel will wait until these items are resolved before making the staff changes. If the

surgeon feels the timing is not appropriate the break will not occur, and an alternative plan will be communicated to the operations supervisor or designee.

- (c) Hand-off communication will occur whenever the assigned scrub person is being relieved of their duties, using the following guidelines.
 - (i) The scrub person being relieved is responsible for initiating the handoff.
 - (ii) The handoff will occur as soon as the relief scrub person scrubs in unless patient care needs require immediate attention.;
 - (iii) All necessary sharps and sponge counts will be performed with the RN circulator, unless unable to perform due to procedure status.
 - (iv) Any sutures/ties/specialty items being used will be addressed. Information about opened instruments, what is being used primarily, and what is available, or any anticipated supplies in the room, will be communicated between scrub persons.
 - (v) The local anesthetics and medication solutions on the field will be specified.
 - (vi) Specimens on the sterile field will be accounted for.
 - (vii) A brief description of the procedure, along with anticipated future events and allergy history, will be communicated between scrub persons.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p> <p>12/19/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p>12/18/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Operating Room Management</i></p>	<p>Policies Superseded by this Policy:</p> <ul style="list-style-type: none">• <i>None</i> <p>Initial effective date: August 16, 2012</p> <p>Review/Revision Date: September 25, 2012 January 27, 2014 January 1, 2017 August 1, 2019 December 1, 2022 December 2025</p> <p>Next review date: 12/2028</p>
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