


CDDFT SURGICAL SAFETY CHECKLIST

SIGN IN <i>To be read out loud before commencing anaesthesia or sedation</i>	TIME OUT <i>To be read out loud by surgeon before starting procedure</i>	SIGN OUT <i>To be read out loud by registered practitioner before any team member leaves the operating room</i>
<input type="checkbox"/> Confirm patient identity. <input type="checkbox"/> Confirm procedure, site and consent.	<input type="checkbox"/> All team members have introduced themselves by name and role.	<input type="checkbox"/> Confirm procedure performed has been recorded.
Procedure to be performed:	Surgeon, anaesthetist and registered practitioner to: <input type="checkbox"/> Confirm the patient's name and CRN. <input type="checkbox"/> Confirm procedure, consent, site mark, position planned.	<input type="checkbox"/> Instrument, swab and sharp counts are complete.
Is the surgical site marked correctly? <input type="checkbox"/> N/A <input type="checkbox"/> Yes	Surgeon to confirm: <input type="checkbox"/> Anticipated blood loss: ml. <input type="checkbox"/> Any specific equipment requirements or investigations. <input type="checkbox"/> The required prosthesis or implants are available. <input type="checkbox"/> Any critical or unexpected steps.	Specimens have been labelled correctly? <input type="checkbox"/> N/A <input type="checkbox"/> Yes
<input type="checkbox"/> Anaesthetic machine, equipment and medication checks complete.	Anaesthetist to confirm: Patient's ASA grade: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Specific patient concerns (e.g. allergies, blood availability).	Any equipment problems identified during procedure? <input type="checkbox"/> No <input type="checkbox"/> Yes, escalate and consider Safeguard.
Does the patient have a known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	Nurse/ODP to confirm: <input type="checkbox"/> Equipment is sterile and there are no specific concerns. <input type="checkbox"/> Single-use items of equipment checked and intact.	Intravenous cannula flushed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes
Difficult airway or aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes and equipment/assistance available.	Confirm:* SSI bundle (antibiotics, hair removal, patient warming, glycaemic control) required? <input type="checkbox"/> N/A <input type="checkbox"/> Yes VTE prophylaxis measures implemented? <input type="checkbox"/> N/A <input type="checkbox"/> Yes Essential imaging displayed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes Radiology PPE and dosimeters worn? <input type="checkbox"/> N/A <input type="checkbox"/> Yes	Confirm that single-use items, including all component parts, are present and intact before disposal: <input type="checkbox"/> N/A <input type="checkbox"/> Yes
<input type="checkbox"/> Risk of >500 ml blood loss (7 ml/kg in children)? <input type="checkbox"/> No <input type="checkbox"/> Yes, adequate IV access/fluids planned.	<input type="checkbox"/> Specific monitoring equipment and other essential requirements considered (e.g. blood cross matched).	Surgeon, Anaesthetist and Registered Practitioner: <input type="checkbox"/> Confirm any key concerns for recovery and management of the patient are communicated. <input type="checkbox"/> Ensure any Patient Safety Incident identified is entered on Safeguard by an appropriate team member.
Is 'Stop Before You Block' (SBYB) applicable? <input type="checkbox"/> No <input type="checkbox"/> Yes, ensure block site marked and SBYB policy followed.	Signature and printed name Sign in: _____ Date: _____ Time out: _____ Time: _____ Sign out: _____ Location: _____	Specialty Documents 
AFFIX BAR CODED PATIENT LABEL HERE		

CDDFT SURGICAL SAFETY CHECKLIST

This Surgical Safety Checklist (LocSSIP) should be used for surgical procedures undertaken in CDDFT's 'main' theatres except for cataract surgery, plastic surgical/dermatological procedures under local anaesthetic (without sedation), maternity cases and radiological procedures which all utilise alternative checklists.

*Note Side A abbreviations: SSI = Surgical Site Infection, VTE = Venous ThromboEmbolism, PPE = Personal Protective Equipment.

Must-do procedural steps

1. To ensure compliance with best practice:
 - a. CDDFT's Surgical Safety Checklist **must** be used for all cases undertaken in 'main' theatres with the exception of procedures listed above.
 - b. Patient identification labels with fully legible, complete details **must** be used on all documentation including this checklist.
 - c. All individuals signing the Surgical Safety Checklist **must** print their name legibly.
 - d. Distractions, noise and interruptions **must** be minimised during the SIGN IN/TIME OUT/SIGN OUT and the full attention of the team **must** be given. If an individual cannot participate due to clinical priority, the process **must** be paused until it is clinically safe to proceed.

2. SIGN IN:
 - a. The SIGN IN **must** be conducted out loud utilising the patient, parent or carer (whenever possible) to confirm details.
 - b. For procedures requiring an anaesthetist, the SIGN IN **must** be conducted jointly by the anaesthetist and anaesthetic nurse/ODP or equivalent qualified member of staff.
 - c. For procedures not requiring an anaesthetist, the SIGN IN **must** be conducted jointly by the surgeon and the assistant allocated to the list.
 - d. The doctor conducting the SIGN IN **must** thereafter sign the checklist on the SIGN IN row and enter the date/time/location.

3. TIME OUT:
 - a. The TIME OUT **must** be conducted by the operating surgeon immediately before the start of the procedure when all members of the team are present.
 - b. The surgeon **must** thereafter sign the checklist on the TIME OUT row.

4. SIGN OUT:
 - a. The SIGN OUT **must** be conducted by a registered practitioner before the patient or team members leave the procedural area.
 - b. The SIGN OUT **must** be conducted before the patient is woken from general anaesthesia (if being provided).
 - c. The registered practitioner **must** thereafter sign the checklist on the SIGN OUT row.

Associated guidelines:

- Surgery Care Group Area LocSSIPs describing all NatSSIP principals which apply to surgical invasive procedures and this checklist.