

## **PROTOCOL SURGICAL OUTPATIENTS (Excluding Maxillofacial and Breast screening) to be used in conjunction with the Local Safety Standard for Surgical Outpatients**

### **Procedural verification of site marking (where applicable)**

1. All patients admitted to procedural areas must be accompanied by a valid consent form completed in accordance with national and local guidance.
2. Surgical site marking is mandatory for all procedures for which it is possible.
3. The procedure site must be marked shortly before the procedure but not in the procedure room.
4. The marking must be performed by the operator or a nominated deputy who will be present during the procedure.
5. The mark must be made with an indelible marker, the ink of which is not easily removed with alcoholic solutions.
6. The mark must be placed such that it will remain visible in the operative field after preparation of the patient and application of drapes.
7. For procedures during which the patient's position may be changed, marking must be applied such that it is visible at all times. When the patient's position is changed during a procedure, the surgical site should be re-verified and the surgical mark checked.
8. The non-operative side must never be marked – not even with statements such as “not this side”.

### **Pre-operative briefing**

1. A safety briefing must be performed at the start of all elective, unscheduled or emergency procedure sessions. The briefing may need to be conducted on a case-by-case basis if there is a change in key team members during a procedure session.
2. The total time set aside for the procedure or list of procedures should include the time taken to conduct the safety briefing.
3. The safety briefing should take place in a discreet location in which patient confidentiality can be maintained, while enabling inclusivity and contribution from all team members, and should usually be conducted before the first patient arrives in the procedural area.
4. As many members of the procedural team as possible should attend the briefing, to include all clinicians who have seen and consented the patient(s) shortly before the procedural session. These should include when relevant, but are not limited to:
  - The senior operator and trainee(s)/assistant(s).
  - Scrub and circulating practitioners or other procedural assistants.
5. Any team member may lead the safety briefing.
6. Each member of the procedural team expected to be involved in the scheduled session must be named and this list made easily visible throughout the session. The operator, scrub practitioner and anaesthetist if relevant must be identified for each case listed. Any changes to the team members during the day should also be recorded in this document or notice, and should be the subject of an appropriate briefing if anticipated.

7. The safety briefing should consider each patient on the procedural list in order from an operator and practitioner perspective. A process must be in place to update the procedural team with relevant information in the case of staggered admissions. That is, if patients are admitted after the start of the list. The content of the safety briefing should be modified locally, and must be relevant to the patient and procedure.
8. Team members should introduce themselves to ensure that their roles and names are known and to encourage people to speak up.
9. For each patient, the discussion should include when relevant, but is not limited to:
  - Diagnosis and planned procedure.
  - Site and side of procedure.
  - Infection risk, e.g. MRSA status.
  - Allergies.
  - Relevant comorbidities or complications.
  - Need for antibiotic prophylaxis.
  - Likely need for blood or blood products.
  - Patient positioning.
  - Equipment requirements and availability, including special equipment or 'extras'.
10. The expected duration of each procedure should be identified. This should promote a discussion about agreed plans if it appears that the duration of the planned procedures will exceed the time allocated.
11. Any additional concerns from an operator or practitioner perspective must be discussed, and contingency plans made.
12. Every team member should be encouraged to ask questions, seek clarification or raise concerns about any aspect of patient care or the planned procedure.
13. A record should be made of the team briefing, and should be displayed in the procedural area for reference during the procedure list. If a significant issue about the care of a patient arises during the briefing, a clear and contemporaneous note of this should be made in the patient's records. Any issues raised in the briefing that may have relevance for the care given to other patients by the organisation should be reported via Datix.

### **Sign in**

1. Participation of the patient (and/or parent, guardian, carer or birth partner) in the sign in should be encouraged when possible.
2. The sign in should not be performed until any omissions, discrepancies or uncertainties identified in the handover from the ward or admission area to the receiving practitioner in the procedure area have been fully resolved.
3. A sign in must be completed and documented on arrival at the procedure area. The checks performed during the sign in should include when relevant, but are not limited to:
  - Patient name checked against the identity band.
  - Consent form.
  - Surgical site marking if applicable.
  - Operating list.
  - Allergies.
  - Aspiration risk.

- Potential airway problems.
  - Arrangements in case of blood loss.
4. The sign in must be performed by at least two people involved in the procedure.
  5. Any omissions, discrepancies or uncertainties identified during the sign in should be resolved before the time out is performed or any procedure starts.
  6. On rare occasions, the immediate urgency of a procedure may mean that it may have to be performed without full resolution of any omissions, discrepancies or uncertainties. Such occurrences should be reported as safety incidents.

### **Time out (Stop check)**

1. Participation of the patient (and/or parent, guardian, carer or birth partner) in the time out should be encouraged when possible.
2. The time out should not be performed until any omissions, discrepancies or uncertainties identified in the sign in have been fully resolved. On rare occasions, the immediate urgency of a procedure may mean that it may have to be performed without full resolution of any omissions, discrepancies or uncertainties. Such occurrences should be reported as safety incidents.
3. Any member of the procedure team may lead the time out. All team members involved in the procedure should be present at the time out. The team member leading the time out should verify that all team members are participating. This will usually require that they stop all other tasks and face the time out lead.
4. A time out must be conducted immediately before skin incision or the start of the procedure. It should include when relevant, but is not limited to, checks of:
  - Patient's name and identity band against the consent form.
  - The results of any relevant tests that must be present and available in theatre, e.g. imaging, hearing tests and eye tests.
  - The procedure to be performed.
  - Verification of surgical site marking.
  - Operator:
    - The anticipated blood loss.
    - Any specific equipment requirements or special investigations.
    - Any critical or unexpected steps.

***The following three questions must be asked of the patient:***

***What is your name? What is your date of birth? What procedure are you here for?***

### **Sign out**

1. Any member of the procedure team may lead the sign out. All team members involved in the procedure should be present at the sign out. The team member leading the sign out should verify that all team members are participating. This will usually require that they stop all other tasks and face the sign out lead.
2. Sign out checks should be conducted at the end of the procedure and before the patient leaves the procedure room. These checks should include when relevant, but are not limited to:

- Confirmation of the procedure performed, to include site and side if appropriate.
- Confirmation that instruments and sharps are complete (or not applicable).
- Confirmation that any specimens have been labelled correctly, to include the patient's name and site or side when relevant.
- Discussion of post-procedural care, to include any patient-specific concerns.
- Equipment problems for inclusion in the debriefing.

### **Debriefing**

1. A debriefing should be performed at the end of all elective procedure sessions. A debriefing should also be performed after all unscheduled or emergency procedure sessions.
2. The total time set aside for the procedure or list of procedures should include the time taken to conduct the debriefing.
3. The debriefing should occur in a manner and location that ensures patient confidentiality, while enabling inclusivity and contribution from all team members. This should be agreed at the team briefing.
4. Every member of the procedural team should take part in the debriefing. Any team member may lead the debriefing, but the operator and assistant must be present.
5. Members of the procedural team must note any key points for consideration at the debriefing as the procedure list progresses. This can be on a personal record or annotated in the team briefing record.
6. The content of the team debriefing should be modified locally and must be relevant to the patient and procedure. For each patient, the discussion should include, but is not limited to:
  - Things that went well.
  - Any problems with equipment or other issues that occurred.
  - Any areas for improvement.
7. Records of debriefings should include an action log that can be used to communicate examples of good practice and any problems or errors that occurred. Each procedural team should have an identified member who is responsible for feeding this information into local governance processes.
8. If a significant issue about the care of a patient arises during the debriefing, a clear and contemporaneous note of this should be made in the patient's records and reported via Datix.