

AIIMSGHY Hospital

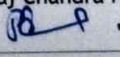
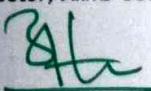
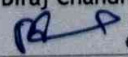
**POLICY ON SURGICAL SAFETY AND PREVENTION OF
ADVERSE EVENTS LIKE WRONG SITE, WRONG
PATIENT AND WRONG SURGERY**

Doc No. E/NABH /AIIMSGHY/ COP 08 /
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POLICY ON SURGICAL SAFETY AND PREVENTION OF ADVERSE EVENTS
LIKE WRONG SITE, WRONG PATIENT AND WRONG SURGERY

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,
GUWAHATI**




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The authority over control of this manual is as follows:

Preparation	Approval	Issue
		

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COP 8 – POLICY ON SURGICAL SAFETY AND PREVENTION OF ADVERSE EVENTS LIKE WRONG SITE, WRONG PATIENT AND WRONG SURGERY

1.0 PURPOSE

To guide the uniformity of care for patients undergoing surgical procedures and to protect patients from injury related to wrong patient, wrong procedure, or wrong site/side surgery.

2.0 SCOPE

The operative procedure is only one part of the total surgical care of the patient.

Total surgical care includes:

- Establishing or confirming the diagnosis
- Pre-operative preparation
- The operative procedure
- Post-operative care

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This policy applies to **all patients undergoing surgical procedures in the hospital.**

3.0 RESPONSIBILITY

- 3.1 Surgeons
- 3.2 Anaesthesiologist
- 3.3 Nursing Staff
- 3.4 Paramedical Staff

4.0 ABBREVIATIONS

- 4.1 NABH – National Accreditation Board for Hospitals and Healthcare Providers
- 4.2 COP – Care of Patients
- 4.3 OT – Operation Theatre

5.0 REFERENCE

- 5.1 NABH: Pre-Accreditation Entry Level Standards for Hospitals, First Edition, April 2014

6.0 POLICY

6.1 Surgical Procedures and Competency Levels

- All surgical procedures shall be undertaken by surgeons as per the approved list of surgical procedures prepared by the OT In-Charge in consultation with surgeons.
- Surgeons performing procedures must be qualified and credentialed by the hospital.
- Complex surgeries may be performed by a multidisciplinary surgical team as required.

6.2 Pre-Operative Assessment and Provisional Diagnosis

- All patients undergoing routine or emergency surgical procedures shall undergo pre-operative assessment.
- A **provisional diagnosis must be documented** before surgery.
- Pre-operative assessment shall be performed by:
 - The operating surgeon, or
 - A credentialed doctor from the surgical team

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- Patients planned for routine surgery shall preferably be admitted at least **24 hours in advance** to allow adequate preparation and monitoring.

6.3 Informed Consent

- Informed consent shall be obtained by the operating surgeon or a member of the surgical team.
- The Informed consent process shall include explanation of:
 - Nature of the surgery
 - Benefits
 - Risks and complications
 - Possible alternatives
- If the operative plan changes intra-operatively, **fresh consent** shall be obtained whenever feasible. In case of unknown emergency cases the consent will be signed by two senior faculties explaining the urgency of the procedure.

6.4 Prevention of Adverse Events (Wrong Patient / Wrong Site / Wrong Surgery)

6.4.1 Patient Identification

- A registered nurse shall identify the patient:
 - On arrival in the pre-operative area
 - On arrival in the procedure room / operating room
 - On arrival in the recovery room

Identification shall be done by:

- For responsive patients:
 - Asking the patient to state their full name
 - Verifying identification band
 - Cross-checking with the case sheet
- For non-responsive patients:
 - Confirming details with relatives

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- Reviewing medical records
- Matching identification bands and documents

6.4.2 Surgical Site Marking

- Surgical site marking shall be done whenever the procedure involves:
 - Right/left distinction
 - Multiple structures (e.g., fingers, toes)
 - Multiple levels (e.g., spine surgery)
- The site shall be marked using **indelible ink**.
- The surgeon obtaining informed consent shall mark the site.
- The mark must remain visible after patient preparation and draping.
- Nursing staff completing the pre-operative checklist shall verify site marking.

6.5 Qualification of Performing Surgeons

- Only doctors qualified by law and credentialed by the hospital shall perform surgical procedures.
- Credentialing shall be overseen by the Admin Section.

6.6 Documentation of Procedure and Post-Operative Plan

- The surgeon shall document:
 - Operative notes
 - Post-operative diagnosis
 - Plan of care prior to transfer from recovery area and surgical safety checklist for sign in, time out, and sign out.
- Post-operative care plan shall include:
 - IV fluids
 - Medications
 - Wound care

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- Nursing care
- Vital monitoring
- Observation for complications

6.7 Infection Control Protocols

- OT layout shall minimize mixing of sterile and non-sterile areas.
- OTs shall be cleaned and disinfected after every case.
- All OT staff shall strictly adhere to:
 - Hand hygiene
 - PPE usage
 - Safe handling of sharps

6.8 Equipped Operation Theatre

- OT complex shall have:
 - Adequate equipment
 - Instrumentation
 - Changing rooms
 - Central Sterile supply Department (CSSD)
 - Zoning of the OT

7.0 PROCEDURE

7.1 Pre-Surgical Preparation

- Complete medical records shall be available.
- Patients may undergo elective or emergency procedures.
- Required investigations shall be completed and documented.
- Patients shall be prepared as per protocol:
 - Nil per oral

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- Weight recording
- Site preparation
- Removal of dentures, jewelry
- ID band verification

7.2 Transfer to OT

- Patient shall be accompanied by ward nurse with case sheet.
- OT nurse shall verify:
 - Patient identity
 - Consent
 - Site marking
 - Documentation

7.3 WHO SURGICAL SAFETY CHECKLIST

The WHO Surgical Safety Checklist shall be used for **all surgical procedures** and completed in three phases:

SIGN IN (Before Induction of Anaesthesia)

- Confirm:
 - Patient identity
 - Surgical site
 - Procedure
 - Consent
- Site marked or not applicable
- Anaesthesia safety check completed
- Pulse oximeter on patient and functioning
- Assess:

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- Known allergy
- Difficult airway / aspiration risk
- Risk of blood loss >500 ml (7 ml/kg in children)

BEFORE INDUCTION OF ANAESTHESIA → **BEFORE SKIN INCISION** → **BEFORE PATIENT LEAVES OPERATION THEATRE**

SIGN IN	TIME OUT	SIGN OUT
Patients has confirmed <ul style="list-style-type: none"> • Identity • Site • Procedure • Consent 	Confirm all team members have introduced themselves by name and role	Nurse verbally confirms with the team: The name of the procedure recorded
Site marked / not applicable Anaesthesia safety check completed Pulse oxymeter on patient and functioning	Surgeon, anaesthesia professional and nurse verbally confirm <ul style="list-style-type: none"> • Patient • Site • Procedure 	That instrument, sponge and needle counts are correct (or not applicable) How the specimen is labeled (including patient name) Whether there are any equipment problems to be addressed
Does patient have a: Known allergy? <ul style="list-style-type: none"> • No • Yes Difficult airway/aspiration risk <ul style="list-style-type: none"> • No • Yes, and equipment/assistance available risk of > 500ml blood loss (7ml/kg in children) • No • Yes. And adequate intravenous access and fluids planned. 	Anticipated critical events <ul style="list-style-type: none"> • Surgeon reviews: what are the critical or unexpected steps, operative duration, anticipated blood loss? • Anaesthesia team reviews: are there any patient-specific concerns? • Nursing team reviews: has sterility (including indicator results) been confirmed? are there equipment issues or any concerns? 	Surgeon, anaesthesia professional and nurse review the key concerns for recovery and management of this patient.
	Has antibiotic prophylaxis been given within the last 60 minutes <ul style="list-style-type: none"> • Yes • Not applicable 	
	Is essential imaging displayed? <ul style="list-style-type: none"> • Yes • Not applicable 	

TIME OUT (Before Skin Incision)

- Team members introduce themselves by name and role
- Surgeon, anesthesiologist, and nurse confirm:
 - Patient
 - Site

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- Procedure
- Anticipated critical events reviewed:
 - Surgical steps and blood loss
 - Anaesthesia concerns
 - Equipment and sterility confirmation
- Antibiotic prophylaxis given within 60 minutes (if applicable)
- Essential imaging displayed (if applicable)

SIGN OUT (Before Patient Leaves OT)

- Nurse confirms:
 - Procedure performed
 - Instrument, sponge, needle counts
 - Specimen labeling
 - Equipment issues
- Team reviews:
 - Recovery concerns
 - Post-operative management plan

7.4 Post-Operative Care and Recovery

- Patient shall be monitored in recovery room.
- Anaesthesiologist documents anaesthesia notes.
- Surgeon documents operative and post-operative plan.
- Patient is transferred to ward/ICU based on clinical status.

7.5 Infection Surveillance and Quality Assurance

- Surgical site infection rates shall be monitored.
- Culture swabs taken when indicated.

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- Infection control team conducts regular audits and surveillance.

8.0 RECORD GENERATED

1. Operation Theatre Checklist (Pre & Post-Operative)
 2. Surgical Safety Checklist
 3. Operative Notes
 4. Anaesthesia Notes
 5. Post-Operative Care Plan
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