



# Operation Site Marking and Verification Policy

This procedural document supersedes: Policy for Operation site Marking and Verification - PAT/PS 4 v.4



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Approved by:	Policy Approval and Compliance Group
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### Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 5	26 November 2014	<ul style="list-style-type: none"> <li>• Appendix 1 – Theatre Checklist updated</li> <li>• WPR2225 August 2012</li> </ul>	Yvonne Walley - Matron for Surgical Care Unit
Version 4	February 2011	Appendix 2 – Theatre Checklist updated	Yvonne Walley – Matron for Theatres
Version 3	May 2009	<ul style="list-style-type: none"> <li>• Page 4 - Addition of paragraph ‘The World Health Organisation (WHO).....’</li> <li>• Amendment to item 1.1</li> <li>• Amendment to item 2.1</li> <li>• Change to Item 4.3 and 4.5</li> <li>• Amendment to item 5.2 - change to Trust Patient Safety Review Group</li> <li>• Amendment to item 5.3 - change to The Patient Safety Review Group</li> <li>• Amendment to item 5.4 -addition of WHO/NPSA</li> <li>• References updated</li> <li>• Theatre Checklist – Appendix 2 has replaced Pre-Operative Site Marking Verification Checklist</li> </ul>	Yvonne Walley – Matron for Theatres
Version 2	January 2008	Addition of item 5.5 – ‘All nursing staff must be aware of their responsibilities in relation to the Mental Capacity Act when checking patients who are unable to confirm details for themselves.’	Yvonne Walley – Matron for Theatres

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## 1. INTRODUCTION

The National Patient Safety Agency (NPSA) and the Royal College of Surgeons of England (RCS) strongly recommend pre-operative marking to indicate clearly the intended site for elective surgical procedures.

The World Health Organisation (WHO) stated that the checklist must be implemented by all Trusts by February 2010. This supports previous guidance from the NPSA and the RCS.

## 2. PURPOSE

The purpose of this policy is to ensure there is a robust mechanism in Doncaster and Bassetlaw Foundation Trust for ensuring that elective and emergency surgical procedures are performed on the intended patient and correct site. This will contribute greatly to minimising errors related to wrong site surgery.

The policy describes the Trust's procedure for verifying the correct operation site is marked before surgery commences and promotes a standard for consistent pre-operative marking and verification checklist, which will help staff to confirm that steps to promote correct site surgery have been taken.

## 3. DUTIES AND RESPONSIBILITIES

This policy applies to all clinical staff involved in caring for patients who are in the Trust for elective and emergency surgical procedures. This will include all staff working in Theatre and other areas where the checklist must be used.

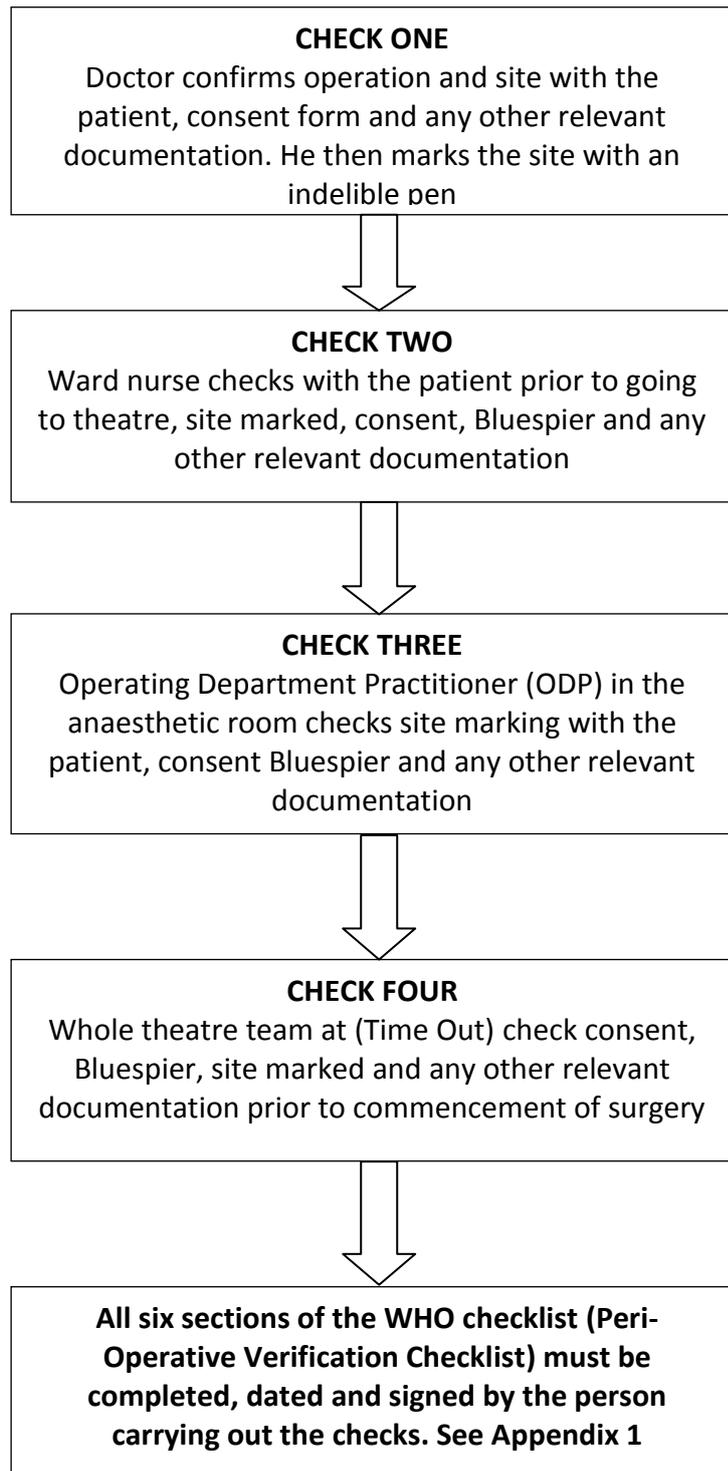
### 3.1 CIRCUMSTANCES WHERE MARKING MAY NOT BE APPLICABLE

- Emergency / urgent life saving surgery – should not be delayed due to lack of completed pre-operative marking checklist.
- Teeth and mucous membranes.
- Cases of bilateral simultaneous organ such as bilateral tonsillectomy.
- Situation where the laterality of surgery needs to be confirmed following examination under anaesthetic or exploration in theatre such as the revision of squint correction.
- Certain surgical procedures such as, Hysterectomy, Colectomy.

## 4. PROCEDURE

### The WHO checklist (Peri-Operative Verification Checklist) – Appendix 1

The correct surgical site should be verified pre-operatively at four stages:



**Theatre checklist /WHO Checklist(Peri-Operative Verification Checklist) is one document**

The Theatre checklist is on the front of the WHO checklist and again should be completed by the ward and again in the anaesthetic room prior to surgery. The Theatre checklist verifies a number of safety issues Consent, allergies etc. **The two check lists complement one another see Appendix 1**

**How and where to mark**

Ask the patient their name and to confirm the site of surgery. An indelible marker pen should be used. The mark should be an arrow that extends to, or as near to, the incision site and remains visible after the application of skin preparation. It is desirable that the mark should also remain visible after the application of theatre drapes.

For digits on the hand and foot the mark should extend to the correct specific digit. Ascertain intended surgical site from reliable documentation and images.

**Who marks?**

Marking should be undertaken by the operating surgeon, or nominated deputy, who will be present in the operating theatre at the time of the procedure.

**With whom**

The process of pre-operative marking of the intended site should involve the patient and family members / significant others wherever possible. It is vital that if there are communication difficulties or incapacity you **MUST**:

- Involve family or significant others.
- Check relevant documentation, patients notes and consent forms.
- Check relevant imaging.
- Involve the ward nurse responsible for the patients care.
- Use an interpreter for language difficulties.

**Time and Place**

The surgical site should, ideally, be marked on the ward or Day Care area prior to patient transfer to the operating theatre. Marking should take place before sedation.

**Verify**

The surgical site mark should subsequently be checked against reliable documentation to confirm:

- It is correctly located.
- Still legible.
- This checking should occur at each transfer of the patient care and end with a final verification prior to commencement of surgery. Checks 1 -4
- All team members should be involved (Time Out).

## 5. TRAINING/SUPPORT

All theatre staff are trained in completion of documentation and form part of their competencies.

It is the responsibility of departmental managers to ensure staff are trained in completing the checklist which is relevant to their area.

All nursing staff must be aware of their responsibilities in relation to the Mental Capacity Act (see Mental Capacity Act Policy and Guidance PAT/PA 19).

## 6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
<b>The WHO checklist That all sections are completed, dated and signed ....</b>	It will be the Matrons responsibility to ensure the audits are carried out for all theatre's across sites.  Departmental managers would be responsible for ensuring audit for compliance is carried out.	Theatre will carry out these audits on a monthly basis	Results will be viewed by the Matron.  The results are discussed at theatre audit days and at Clinical Governance. Any concerns will be reported to the PSRG.

**NOTE: If non-compliance – Datix reporting and Action Plans must be completed in line with the Trust's Serious Incident (SI) Policy – [CORP/RISK 15](#).**

## 7. DEFINITIONS

<b>NPSA</b>	National Patient Safety Agency
<b>OPD</b>	Operating Department Practitioner
<b>PSRG</b>	Patient Safety Review Group
<b>RCS</b>	Royal College of Surgeons
<b>WHO</b>	World Health Organisation

## 8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 2.

## 9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Trust's Mental Capacity Act 2005 Policy and Procedure - PAT/PA 19

Trust's Serious Incident (SI) Policy – CORP/RISK 15

## 10. REFERENCES

Department of Health (2001) Good Practice in Consent Implementation Guide HSC 2001.023  
[www.gov.uk/dh](http://www.gov.uk/dh)

National Patient Safety Agency (2005) PSA/2005.06 Correct site surgery  
[www.npsa.nhs.uk/health/alerts](http://www.npsa.nhs.uk/health/alerts)

WHO 2008 WHO Surgical Safety checklist  
[www.npsa.nhs.uk/nrls](http://www.npsa.nhs.uk/nrls)

**APPENDIX 1**

HMR 5



**Doncaster and Bassetlaw Hospitals**  
NHS Foundation Trust

**THEATRE CHECKLIST**

AFFIX LABEL HERE IF AVAILABLE

NHS Number: .....  
 District Number: .....  
 Surname: .....  
 Forename(s): .....  
 Address: .....  
 D.o.B.: .....

Hospital:  Doncaster  Montagu  Bassetlaw

Preferred name: .....

Date: ..... Ward: .....

**Patient Observations:**

Patient temp: Ward: ..... °C Anaes. Room: ..... °C

Resp. rate: ..... /min SpO<sub>2</sub>: .....

B/P: ..... / ..... mmHg Pulse: ..... bpm

Weight: ..... kgs BMI: .....

**Key:**  Yes  No  Not applicable

**WARNING - the patient is:**

Sensitive to: .....

Allergic to: .....

On Anticoag type: .....

On Steroids type: .....

Latex sensitive Date: .....

MRSA Date: .....

C. Diff Date: .....

None known

\* Delete as applicable

**Ward Theatre Comments**

Wrist label worn & correct	<input type="checkbox"/>	<input type="checkbox"/>	
Notes / X-rays available	<input type="checkbox"/>	<input type="checkbox"/>	
Labels available in notes	<input type="checkbox"/>	<input type="checkbox"/>	
Consent form signed and information correct	<input type="checkbox"/>	<input type="checkbox"/>	
Joint stiffness	<input type="checkbox"/>	<input type="checkbox"/>	State: .....
Waterlow Score: .....	<input type="checkbox"/>	<input type="checkbox"/>	Skin condition: .....
Operation site marked (site / side / limb)	<input type="checkbox"/>	<input type="checkbox"/>	State: .....
Shaved (if necessary, only use clippers)	<input type="checkbox"/>	<input type="checkbox"/>	
VTE Assessment completed	<input type="checkbox"/>	<input type="checkbox"/>	
Anti-embolic stockings applied / prophylaxis given*	<input type="checkbox"/>	<input type="checkbox"/>	
Prosthesis removed (if necessary)	<input type="checkbox"/>	<input type="checkbox"/>	
Patient has a Pacemaker/ICD	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-medication given	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs by skin patches	<input type="checkbox"/>	<input type="checkbox"/>	
Antibiotic prophylaxis given	<input type="checkbox"/>	<input type="checkbox"/>	
Date / time and nature of last oral intake			
Urine passed	<input type="checkbox"/>	<input type="checkbox"/>	
Jewellery / Body piercing removed / taped	<input type="checkbox"/>	<input type="checkbox"/>	
Make-up / nail polish removed - finger and toe nails	<input type="checkbox"/>	<input type="checkbox"/>	
False nails removed	<input type="checkbox"/>	<input type="checkbox"/>	
Communication problems / Hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	
Spectacles / contact lenses removed	<input type="checkbox"/>	<input type="checkbox"/>	
Dentures removed / loose / capped / crowned teeth*	<input type="checkbox"/>	<input type="checkbox"/>	
Inhalers / sprays taken to theatre	<input type="checkbox"/>	<input type="checkbox"/>	

LMP date: .....

Comments:

Disposal form (signed if applicable)

Please  if in situ:  IVI  CVP/arterial  Cannula  NGT  Catheter VIP Score:

Signatures: Ward: ..... Anaesthetic/ODP: .....

WPR2226  
Aug 2014  
WHITE

**PERI-OPERATIVE VERIFICATION CHECKLIST**



Intended Surgical Procedure: .....

**Key:**  Yes  No  Not applicable

\* Delete as applicable

SIGN IN	Signature to confirm check completed	TIME OUT	Signature to confirm check completed	SIGN OUT	Signature to confirm check completed
<p><b>Check 1 - Ward</b></p> <input type="checkbox"/> Check the patient's identity <input type="checkbox"/> Check reliable documentation / images to ascertain intended surgical site <input type="checkbox"/> Mark the intended site with an arrow using an indelible pen <input type="checkbox"/> Relevant diagnostic reports <input type="checkbox"/> Blood grouped and cross matched? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	Surgeon or Deputy (Doctor) Signed:  Print name:	<p><b>Check 4 - Theatre</b></p> The surgical, anaesthetic and theatre team involved in the intended operating procedure prior to commencement of surgery should pause for verbal briefing to confirm: <input type="checkbox"/> Presence of the correct patient <input type="checkbox"/> Marking of the correct site <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Any anaesthetic issues <input type="checkbox"/> Has VTE prophylaxis been undertaken <input type="checkbox"/> Essential imaging displayed <input type="checkbox"/> Lens/implant size checked/correct <input type="checkbox"/> Throat pack in-situ <input type="checkbox"/> Surgeon present <input type="checkbox"/> Anaesthetist present <input type="checkbox"/> Theatre Team present	Registered Practitioner Signed:  Print name:	<p><b>Check 5 - Theatre</b></p> <input type="checkbox"/> IPOC completed <input type="checkbox"/> Any surgical problems identified <input type="checkbox"/> Any equipment problem identified <input type="checkbox"/> Have blood tags been checked <input type="checkbox"/> Digit tourniquet removed <input type="checkbox"/> Throat pack removed	Registered Practitioner Signed:  Print name:
<p><b>Check 2 - Ward</b></p> <input type="checkbox"/> Prior to leaving ward/day care area the mark is inspected and confirmed against the patient's supporting documentation <input type="checkbox"/> All relevant/correct documentation (imaging if appropriate) accompany the patient to theatre <input type="checkbox"/> Theatre checklist completed <input type="checkbox"/> Relevant diagnostic reports <input type="checkbox"/> MRSA Screening completed <input type="checkbox"/> VTE Risk Assessment completed <input type="checkbox"/> 2 slide sheets included <input type="checkbox"/> Check consent with Bluespier	Registered Practitioner Signed:  Print name:	<p><b>Has surgical site infection (SSI) bundle been undertaken</b></p> <input type="checkbox"/> Antibiotic prophylaxis within the last 60 minutes <input type="checkbox"/> Patient warming device <input type="checkbox"/> Patient temperature recorded <input type="checkbox"/> Hair removal <input type="checkbox"/> Glycaemic control <p><b>Any new members of staff should be introduced by name and role</b></p>	Registered Practitioner Signed:  Print name:	<p><b>Check 6 - Recovery</b></p> <input type="checkbox"/> Relevant anaesthetic handover <input type="checkbox"/> Relevant information regarding surgery <input type="checkbox"/> Discussed post-op care <input type="checkbox"/> Discussed post-op advice <input type="checkbox"/> Handover given to Ward Nurse <input type="checkbox"/> Patient returned to Ward <input type="checkbox"/> Other <input type="checkbox"/> All documentation completed <input type="checkbox"/> Have blood tags been checked	Registered Practitioner Signed:  Print name:
<p><b>Check 3 - Anaesthetic Room</b></p> <input type="checkbox"/> Specialised Anaesthetic equipment available if required <input type="checkbox"/> Check patient confirms identity, site procedure and consent with relevant documentation <input type="checkbox"/> Site is marked if appropriate <input type="checkbox"/> Complete theatre checklist <input type="checkbox"/> Blood available if required	Registered Practitioner Signed:  Print name:				

## APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/ Project/Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Policy - PAT/PS 4 v.5	Surgical Care Group	K McAlpine	Existing Policy	July 2014
<b>1) Who is responsible for this policy?</b> Theatres				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Operation site marking and verification				
<b>3) Are there any associated objectives?</b> Legislation, targets national expectation, standards Patient Safety, NPSA, WHO Checklist				
<b>4) What factors contribute or detract from achieving intended outcomes? –</b>				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> no				
<ul style="list-style-type: none"> <li>If yes, please describe current or planned activities to address the impact N/A</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> N/A				
<b>7) Are any of the following groups adversely affected by the policy?</b>				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
<b>8) Provide the Equality Rating of the service / function /policy / project / strategy – tick outcome box</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a <b>Detailed Equality Analysis form in Appendix 4</b>				
<b>Date for next review:</b> June 2017				
<b>Checked by:</b> K McAlpine		<b>Date:</b> July 2014		