

From the Chief Medical Officer:
Dr Henrietta Campbell CB



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

CHIEF PROFESSIONAL LETTER

HSS (MD) 19/2005

Chief Executives of HSS Boards and Trusts for cascade to:

- Clinical Governance Leads
- Risk Managers

Medical Directors of Trusts for cascade to:

- Clinical Directors
- Consultant Surgeons
- Consultant Anaesthetists

Directors of Nursing in HSS Trusts for cascade to:

- Theatre Managers and Staff
- Ward Staff

Directors of Nursing in HSS Boards
Directors of Public Health in HSS Boards
Regional Governance Adviser

Castle Buildings
Upper Newtownards Road
STORMONT, BT4 3SQ
Tel: 02890520563
Fax: 02890520724
Email:
henrietta.campbell@dhsspsni.gov.uk

Your Ref:
Our Ref:
Date: 7 June 2005

Dear Colleague

CORRECT SITE SURGERY – PRE-OPERATIVE MARKING AND VERIFICATION CHECKLISTS

In March 2005, the National Patient Safety Agency (NPSA) issued a Patient Safety Alert on Correct Site Surgery. The NPSA and the Royal College of Surgeons of England have drawn up recommendations for surgical marking and a checklist to help staff rapidly confirm the steps for correct site surgery. These recommendations have been endorsed by a number of professional organisations and Royal Colleges. **The full text of the NPSA Alert is available on www.npsa.nhs.uk/advice.**

Attached to this letter are:

- (a) NPSA pre-operative marking recommendations; and
- (b) NPSA pre-operative marking verification checklists.

All HSS Trusts, where surgery is undertaken, should have robust mechanisms in place to ensure correct site surgery. Where no such robust system exists, Trusts are strongly advised to consider the NPSA guidance and adapt it for local use, where appropriate.

Patient safety alert 06
Pre-operative marking verification checklist
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Pre-operative marking verification checklist

Patient's name:		Date:
Hospital No. / DOB:		Intended procedure:
Addressograph label		
	Responsibility	Signature to confirm check completed
Check 1 <ul style="list-style-type: none"> • Check the patient's identity • Check reliable documentation and/or images to ascertain intended surgical site • Mark the intended site with an arrow using an indelible pen 	The operating surgeon, or nominated deputy, who will be present in the theatre at the time of the patient's procedure.	Signed: Print name:
Check 2 <ul style="list-style-type: none"> • Prior to leaving ward/day care area the mark is inspected and confirmed against the patient's supporting documentation • Relevant imaging studies accompany patient or are available in operating theatre or suite 	Ward or day care staff.	Signed: Print name:
Check 3 <ul style="list-style-type: none"> • In the anaesthetic room and prior to anaesthesia, the mark is inspected and checked against the patient's supporting documentation • Re-check imaging studies accompany patient or are available in operating theatre or suite • The availability of the correct implant (if applicable) 	Operating surgeon or a senior member of the team.	Signed: Print name:
Check 4 The surgical, anaesthetic and theatre team involved in the intended operative procedure prior to commencement of surgery should pause for verbal briefing to confirm: <ul style="list-style-type: none"> • Presence of the correct patient • Marking of the correct site • Procedure to be performed 	Theatre staff directly involved in the intended operative procedure.	Signed: Print name:

- If failure of any pre-operative check occurs, the surgeon in charge should assess the situation and either return the patient to the ward/day care area or note and sign a decision to proceed at risk.
- If the patient is returned to the ward/day care area, a patient safety incident report form should be completed in line with local governance procedures.
- A senior member of staff should offer an explanation and apology.
- If surgery is carried out at the incorrect site, a full root cause analysis of events is recommended.
- **A print quality version of this checklist can be downloaded from www.npsa.nhs.uk/advice**