

From the Chief Medical Officer:
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Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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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

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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.



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Pre-operative marking recommendations

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The role of marking to promote correct site surgery

Pre-operative marking has a significant role in promoting correct site surgery, including operating on the correct side of the patient and/or the correct anatomical location or level (such as the correct finger on the correct hand).

Using the NPSA's pre-operative marking recommendations and verification checklist

NHS organisations without a robust alternative will need to use the NPSA's pre-operative marking recommendations and verification checklist.

A new checklist will need to be fixed to patient notes and completed for each new surgical procedure. Therefore, NHS organisations will need to ensure that copies of the checklist are reproduced and made available at a local level. The standard layout of the verification checklist may be adapted to meet local needs, for example to make additional room for addressograph labels or handwritten details.

The marking recommendations will need to be accessible for reference.

Circumstances where marking may not be appropriate

- 1 Emergency surgery should not be delayed due to lack of pre-operative marking.
- 2 Teeth and mucous membranes.
- 3 Cases of bilateral simultaneous organ surgery such as bilateral tonsillectomy, squint surgery.
- 4 Situations where the laterality of surgery needs to be confirmed following examination under anaesthesia or exploration in theatre such as revision of squint corrections.

Organisations and healthcare personnel who choose not to follow this recommendation, or who are undertaking procedures where marking is not appropriate, should have alternative robust barriers in place to promote correct site surgery. Additional safeguards are needed where patients refuse pre-operative skin marking.

Pre-operative marking recommendations

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.

1 How to mark

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

2 Where to mark

Surgical operations involving side (laterality) should be marked at, or near, the intended incision. 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.

3 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 patient's procedure.

4 With whom

The process of pre-operative marking of the intended site should involve the patient and/or family members/significant others wherever possible.

5 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 pre-medication.

6 Verify

The surgical site mark should subsequently be checked against reliable documentation to confirm it is (a) correctly located, and (b) still legible. This checking should occur at each transfer of the patient's care and end with a final verification prior to commencement of surgery. All team members should be involved in checking the mark.

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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**