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Surgical Site Identification Policy

Policy: A formal, clear, concise, and non-negotiable statement directing staff decision-making

1. Introduction

1.1. Description

The purpose of this policy is to ensure that the indicated surgical procedure is performed on the right patient, on the correct site and side and that all patients having a surgical procedure will have their surgical site (and side if applicable) identified as described under section 2.2 Procedures.

1.2. Scope

This is a joint policy between Vancouver Coastal Health (VCH) and Providence Health Care (PHC). This policy applies to all VCH and PHC staff in all facilities where surgical procedures are performed.

1.3. Exceptions

An exception to surgical site identification is in the case of an emergent procedure or surgery where injuries prevent adequate marking of the surgical site or a surgical delay would increase the risk of patient death.

2. Policy

2.1. Surgical Site and Side Marking

All members of the surgical team are responsible for ensuring that the surgical site and side are marked on the patient as described in this policy. If any member of the surgical team refuses to complete the steps as outlined, the escalation procedure will be initiated.

2.2. Procedures

2.2.1. Surgical Site/Side Verification

a) The nurse asks the patient, or substitute decision maker, to state (not confirm) the patient's name and date of birth, and then confirms this information and the medical record number match the patient's ID bracelet, surgical consent, allergy (if any) and other designated forms.

Note: "**state**" means asking the patient to state rather than confirm the name which helps prevent miscommunication and wrong patient procedures. Patients who are hard of hearing, anxious or distracted by illness or other

temporary or permanent disability may say yes to a name that is not theirs. Unless the patient is confused or has dementia, it is unlikely that they will misstate their name and birth date.

b) The nurse reviews the consent with the patient, or substitute decision maker, asking the individual to state (not confirm) the correct operative procedure; if able, to touch their operative site (and side if applicable); and demonstrate that they have clear understanding of the procedure. If applicable, the consent must state in full (right, left or bilateral) the side to be operated on. **For procedures where laterality may change intra operatively, consent should indicate "possible left or right."**

c) **Both the pre-op and operating room nurses document on the pre-operative checklist** the validation of patient name, date of birth, medical record number, surgical procedure and side against the patient's identification bracelet, surgical consent and all related forms.

d) The surgeon and/or physician designate asks the patient or substitute decision maker to state (not confirm) their name and birth date and to state and touch (if able) the site (and side if applicable) where the patient understands the procedure will take place.

2.2.2. Site Marking

a) Using a surgical permanent marking pen, the surgeon and/or physician designate will mark the patient's surgical site/side. **Initials are to be used for site/side identification even if incision line markings are drawn.** A smaller mark with initials may be used near the eye.

b) The surgeon and/or physician designate will mark the patient's surgical site prior to the patient entering the operating theater.

c) No form of anesthetic or sedation will be administered to the patient prior to marking of the surgical site or signing of consent.

d) The requirement to mark the operative site is waived only for procedures that do not involve lateralization **AND** are approached through a natural body orifice.

e) **Wherever possible, the initials must be placed so that it is visible in the operative field after the site has been prepped and draped.**

In oncology cases, care will be taken to **not** obscure the biopsy site.

i. An alternate method for visually identifying the correct site should be used if marking is technically difficult (e.g. eye).

Use of a sticker is absolutely **not** allowed as it may fall off or be inadvertently moved.

ii. All procedures involving lateralization, including those where the surgical approach is through a natural body orifice (e.g. mouth, anus, vagina, urethra, nostril), **must be marked at or on the same side of the proposed incision to indicate the correct surgical side of the proposed procedure.**

iii. **In the case of multiple operative procedures,** each procedure site needs to be marked with the total number of procedure sites. For example: write number "1 of 3, 2 of 3 and 3 of 3" at each site where there are three sites or "1 of 2" and "2 of 2" if there are two sites involved.

iv. Regional Anesthesia - When a surgeon and/or physician designate are unavailable to mark the surgical site and the anesthesiologist needs to proceed with performing a regional block, the staff surgeon may designate the staff anesthesiologist to mark the surgical site. After marking, the anesthesiologist may then sedate the patient for the block as required and place the block. The surgeon must still confirm and co-sign the site marking as soon as they are available and prior to commencing the surgical procedure.

f) The patient will not enter the operating room and the procedure will not commence without surgical site marking being completed.

2.3. Responsibilities

2.3.1. Surgeon and/or Physician Designate

The surgeon and/or physician designate will identify and mark the patient's surgical site as outlined in section 2.2 Procedures.

2.3.2. Nursing Staff

Nursing staff will identify the patient and confirm the surgical procedure and site as outlined in section 2.2 Procedures.

2.3.3. Area/Unit Manager and Related Clinical Leaders or Directors

Area/unit managers and related clinical leaders or directors will:

- Support staff in enabling this policy; and
- Ensure the entire surgical team is in compliance with this policy.

2.4. Compliance

Non-compliance with this policy shall result in a review of the incident. The incident shall be reported to the Operations Director and the Division/Department Head. Failure by staff

to comply with this policy may result in disciplinary action up to and including termination of employment, services or privileges.

3. Supporting Documents and References

3.1. Related Policies

- Surgical and Procedural Safety Checklist (S-PSCL) Policy
- Consent to Health Care Policy

3.2. Standards/Guidelines/Forms

- Surgical Safety Checklist

3.3. Definitions

"**Escalation Procedure**" is a decision algorithm established to facilitate compliance in performing surgical site and side verification as described in this policy.

"**Laterality**" means pertaining to the side of the body i.e., right, left or bilateral. This is also used for site designations for multiple structures (such as fingers and toes) or levels (as in spinal procedures) or paired organs/structures.

"**Physician Designate**" means the anesthesiologist, fellow or senior resident who will be part of the surgical team assigned to the patient and will be present in the room during the entire surgery or procedure.

"**State**" means asking the patient to state the information requested rather than confirm the information provided.

"**Substitute Decision Maker**" is a capable person with the authority to make health care treatment decisions on behalf of an incapable adult, and includes a personal guardian (committee of the person), representative and/or temporary substitute decision maker. The substitute decision maker should be documented in the patients chart.

"**Staff**" means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH or PHC.

"**Surgical Team**" may consist of surgeon, fellow, resident, medical student intern, operating room nurse or staff and technicians who are involved in the care of the patient while in surgery.

3.4. References

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3.5. Keywords

checklist, ID, identification, laterality, mark, operation, pre-operative verification, surgical side, surgical site, surgery

3.6. Questions

Contact: Regional Surgical Program