

Surgical safety checklist and team pause

Policy | SRG-POL-001

Document type	Policy
Title	Surgical safety checklist and team pause
Document ID	{{facility.code}}-SRG-POL-001
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 2 (Operating Theatre and Surgical Safety), criterion 2.1
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Every procedure has a surgical safety checklist, completed aloud by the team.
2. The checklist has three pauses: sign-in, time-out before incision, and sign-out.
3. Patient, procedure and body site are verified at the time-out.
4. The checklist is completed before the procedure, not written up afterwards.

Stop and get help straight away if: a procedure starts with no time-out, or the checklist is completed after the patient has left the theatre.

1. Purpose

To make sure the team confirms the right patient, the right procedure and the right site together, at each pause (2.1).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To make sure the team confirms the right patient, the right procedure and the right site together, at each pause (2.1).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Theatre manager	Owns the checklist and audits it	Management
Surgeon	Leads the time-out	Surgeon
Anaesthetist and nurse	Read and confirm each item aloud	Clinician

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Sign in.	Before induction, the anaesthetist and nurse confirm identity, site marking, allergies and equipment aloud (SRG-FRM-001).	Before anaesthesia, not after.
2	Time-out.	- Before incision, the whole team stops and says aloud: patient, procedure, site, antibiotics, critical events and imaging. - Nobody starts until everyone has spoken.	The team pause is the check.
3	Sign out.	Before the patient leaves the theatre, the nurse reads out the instruments and swabs count, the specimens and any equipment problems.	Counts are read aloud.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Procedures with checklist completed in all three pauses	100%	Monthly	Theatre manager	Escalate to chief executive
Procedures with time-out before incision	100%	Monthly	Theatre manager	Escalate to chief executive

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
SRG-SOP-001	Surgical safety checklist procedure	Procedure
SRG-FRM-001	Surgical safety checklist record	Record
ID-FRM-001	Patient identification check log	Identity check

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus. Based on the WHO Surgical Safety Checklist (2009).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval