ACCRÉDITATION SANS FRONTIÈRES (ASF)
NON-GOVERNMENTAL, NON-PROFIT

# ASF Health Standards Version 11

## Standard 7: Surgical and Procedural Safety

Core standard · applicability by facility type shown for each criterion

| | |
|---|---|
| DOCUMENT NUMBER | ASF-HS11-S07 |
| DATE OF ISSUE | 1 November 2026 |
| STATUS | Approved for use |
| OWNER | Accréditation Sans Frontières (ASF) |
| APPROVED BY | Prof. Giorgi Pkhakadze, MD, MPH, PhD, Chair, Public Health Institute of Georgia |
| APPLIES TO SURVEYS STARTING AFTER | 1 November 2026 |
| REVIEW | Every year, or earlier if the law, a cited guideline or the standard itself changes. Next scheduled review: 1 November 2027. |
| CONTROLLED COPY | The copy on france-asf.fr is the controlling copy. A printed copy is valid only for the version shown on its cover. |

### APPROVAL

**Prof. Giorgi Pkhakadze, MD, MPH, PhD**
Chair, Public Health Institute of Georgia

**Date:** 1 November 2026

Complete on its own, without internet access. References are listed in section 11. The current version is at france-asf.fr.

# Contents

1 Introduction

2 About ASF and this standard

3 How to use this standard

4 Scope

5 Ratings and colours

6 Abbreviations

7 Terms and definitions

8 Standard 7 at a glance: criteria, responsibilities, training

9 Criteria 7.1 to 7.6 (each on its own page)

10 Questions and answers

11 References

12 Document register

Criterion pages: 7.1 The Surgical Safety Checklist Is Used · 7.2 Anaesthesia Is Delivered Safely · 7.3 Surgical Site Infection Is Actively Prevented · 7.4 Procedures Are Performed Within Granted Privileges and Marked Correctly · 7.5 Post-Operative Monitoring and Recovery Are Safe · 7.6 Instrument, Swab and Sharps Counts Are Completed.

# 1 Introduction

This document is Standard 7 of ASF Health Standards. It sets out how a facility makes surgical and procedural care safe: the surgical safety checklist, safe anaesthesia, prevention of surgical site infection, procedures performed within granted privileges, safe recovery after the operation, and complete instrument, swab and sharps counts.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

**Purpose of this document.** Standard 7 makes sure that every operation and invasive procedure is planned, checked, performed and recovered from in a way that prevents avoidable harm to the patient.

**Who should read it.** Surgeons, anaesthetists, theatre and procedure-room nurses, theatre managers, infection prevention staff, the clinical governance lead, the chief executive, and the assessors who verify the facility. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

# 2 About ASF and this standard

**Accréditation Sans Frontières (ASF)** is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

**Each standard is an independent document.** Standard 7 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

# 3 How to use this standard

**If you are a line manager or a member of the human resources team,** read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 7.1 to 7.6, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

**If you are an assessor,** use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

**Reading a criterion.** Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

**Document codes.** Each document has a code made of a topic prefix, a type and a number, for example ENV-SOP-001 (environment, procedure, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan),

POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 12.

# 4 Scope

Standard 7 covers the surgical safety checklist, anaesthesia, surgical site infection prevention, surgeon privileges and site marking, post-operative monitoring and recovery, and instrument, swab and sharps counts. The applicability is shown in section 4.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings** (a health system in change or under strain), and **standard settings** (full resources).

### WHERE STANDARD 7 APPLIES

Standard 7 applies to the facility types shown below. Every criterion has the same applicability. The applicability of all 70 standards is in **Annex 1: Applicability of ASF Health Standards by facility type** (ASF-HS11-ANX01), published on france-asf.fr.

| Criterion | Applies to |
|---|---|
| 7.1 The Surgical Safety Checklist Is Used | 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. |
| 7.2 Anaesthesia Is Delivered Safely | 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. |
| 7.3 Surgical Site Infection Is Actively Prevented | 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. |
| 7.4 Procedures Are Performed Within Granted Privileges and Marked Correctly | 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. |
| 7.5 Post-Operative Monitoring and Recovery Are Safe | 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. |
| 7.6 Instrument, Swab and Sharps Counts Are Completed | 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. |

# 5 Ratings and colours

| Rating | Colour | Meaning |
|---|---|---|
| **Must** | | Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them. |
| **Medium** | | Required, adapted to what a transition setting can realistically do. |

| Rating | Colour | Meaning |
|---|---|---|
| **Minimum** | | The lowest acceptable level in a humanitarian setting, where resources are very limited. |

In standard settings every criterion is Must.

### TRAINING LEVELS

| Level | Colour | Meaning |
|---|---|---|
| **Essential** | | Must be completed by the people named in the role table. |
| **Recommended** | | Good practice. Not checked as a requirement. |
| **Optional** | | May be used for development. |

# 6 Abbreviations

| Abbreviation | Meaning |
|---|---|
| ASF | Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body |
| FRM | Form. A record that is filled in and kept as evidence |
| GDL | Guide. Reference guidance for staff |
| ISCO-08 | International Standard Classification of Occupations, 2008 edition (International Labour Organization) |
| POL | Policy. A written statement of what the facility will do and why |
| PPE | Personal protective equipment |
| REG | Register. A running record of entries, such as training, absence or working time |
| SOP | Standard operating procedure. A step-by-step description of how a task is done |
| OR | Operating room (theatre) |
| SSI | Surgical site infection |
| WHO | World Health Organization |

### DOCUMENT CODE PREFIXES

| Prefix | Topic |
|---|---|
| SRG | Surgery and theatre documents |
| AES | Anaesthesia |
| DAY | Day surgery and recovery |

| Prefix | Topic |
|---|---|
| SSC | Surgical staff and credentialing |
| WST | Waste |
| HH | Hand hygiene |
| IPC | Infection prevention and control |

# 7 Terms and definitions

| Term | Definition |
|---|---|
| **Time-out** | The pause before skin incision in which the team confirms patient, site, procedure and risks aloud. |
| **Sign-out** | The final pause before the patient leaves the operating room, in which instruments, swabs, sharps and the plan are confirmed. |
| **Surgical site infection (SSI)** | An infection of the operation site that develops after a procedure. |
| **Privileges** | The procedures a named clinician is formally allowed to perform, granted by the facility. |
| **Retained item** | A surgical instrument, swab or sharp left inside the patient after a procedure. |
| **Setting** | The context in which a facility works: humanitarian, transition and fragile, or standard. Each criterion is rated for each setting. |
| **Must, Medium, Minimum** | The three ratings of a criterion. See section 5. |
| **Immediate fail** | One event that means a criterion is not met, whatever else is in place. |

# 8 Standard 7 at a glance

**Standard 7: Surgical and Procedural Safety** is a core standard of ASF Health Standards. It covers how surgical and procedural care is planned, performed, monitored and recovered from safely, for the facility types listed in section 4.

The standard has six criteria. Each is shown below and explained on its own page in section 9.

## 8.1 CRITERIA AND RATINGS

| No. | Criterion | Humanitarian | Transition | Standard |
|---|---|---|---|---|
| 7.1 | The Surgical Safety Checklist Is Used | Must | Must | Must |
| 7.2 | Anaesthesia Is Delivered Safely | Must | Must | Must |
| 7.3 | Surgical Site Infection Is Actively Prevented | Medium | Medium | Must |
| 7.4 | Procedures Are Performed Within Granted Privileges and Marked Correctly | Medium | Must | Must |
| 7.5 | Post-Operative Monitoring and Recovery Are Safe | Medium | Must | Must |
| 7.6 | Instrument, Swab and Sharps Counts Are Completed | Must | Must | Must |

## 8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. Each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

| No. | Criterion | Positions responsible or involved |
|---|---|---|
| 7.1 | The Surgical Safety Checklist Is Used | Surgeon or designated team leader (ISCO 2212) · Anaesthetist (ISCO 2212) · Theatre nurse (ISCO 2221) |
| 7.2 | Anaesthesia Is Delivered Safely | Surgeon or designated team leader (ISCO 2212) · Anaesthetist (ISCO 2212) · Theatre nurse (ISCO 2221) |
| 7.3 | Surgical Site Infection Is Actively Prevented | Surgeon or designated team leader (ISCO 2212) · Anaesthetist (ISCO 2212) · Theatre nurse (ISCO 2221) |
| 7.4 | Procedures Are Performed Within Granted Privileges and Marked Correctly | Surgeon or designated team leader (ISCO 2212) · Anaesthetist (ISCO 2212) · Theatre nurse (ISCO 2221) |
| 7.5 | Post-Operative Monitoring and Recovery Are Safe | Surgeon or designated team leader (ISCO 2212) · Anaesthetist (ISCO 2212) · Theatre nurse (ISCO 2221) |
| 7.6 | Instrument, Swab and Sharps Counts Are Completed | Surgeon or designated team leader (ISCO 2212) · Anaesthetist (ISCO 2212) · Theatre nurse (ISCO 2221) |

**Reporting lines.** The reporting line and supervision of each role are taken from the ASF terms of reference for that role, published on france-asf.fr. A facility with a different structure records its own reporting lines in its organogram.

| Role | Reports to | Supervises |
|---|---|---|
| Surgeon or designated team leader (ISCO 2212) | The head of surgery. | No direct reports. |
| Anaesthetist (ISCO 2212) | The head of anaesthesia. | No direct reports. |
| Theatre nurse (ISCO 2221) | The theatre manager. | No direct reports. |

### 8.3 TRAINING FOR STANDARD 7

Training is shown by course. Essential training must be completed by the people named. Recommended training is good practice. The colours follow section 5.

| Course | Essential for | Recommended for | Criteria | GMJ Academy course page |
|---|---|---|---|---|
| Ophthalmology & Day Surgery Safety (AMB-15) | Theatre team | None | 7.1, 7.2, 7.3, 7.4, 7.5, 7.6 | English · Georgian |
| WHO Surgical Safety Checklist and team pause, for field teams (FLD-03) | None | Field teams | 7.1 | English · Georgian |
| Safe Surgery: Correct Site, Procedure, Patient (PS-04) | Theatre team | None | 7.1, 7.4, 7.6 | English · Georgian |
| Safe Anaesthesia and Sedation (PS-13) | Theatre team | None | 7.2 | English · Georgian |
| Surgical Site Infection Prevention (PS-15) | Theatre team | None | 7.3 | English · Georgian |
| Sterilization, Disinfection and Reprocessing (PS-07) | None | Theatre team | 7.3 | English · Georgian |
| Infection Prevention and Control Essentials (BAS-05) | None | Theatre team | 7.3 | English · Georgian |
| Credentialing, Competence and the Training Matrix (T-14) | None | Clinical lead, Medical director | 7.4 | English · Georgian |
| Recognising and Responding to the Deteriorating Patient (PS-12) | Theatre team | None | 7.5 | English · Georgian |
| Sharps and Clinical Waste Handling (BAS-02) | Theatre team | None | 7.6 | English · Georgian |

Each course is published in the GMJ Academy (academy.gmj.ge). Where a course has an English and a Georgian version, both are linked. Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

### 8.4 RELATED COURSES IN THE GMJ ACADEMY

These courses cover the same subjects in more depth or for a specific type of facility. They are optional. They are not required by the criteria.

| Course | Subject | Criteria | GMJ Academy course page |
|---|---|---|---|
| Safe Surgery: Correct Site, Procedure, Patient (PS-04) | Correct site, procedure and patient checks | 7.1, 7.4 | English · Georgian |
| Safe Anaesthesia and Sedation (PS-13) | Safe anaesthesia and sedation | 7.2, 7.5 | English · Georgian |
| Surgical Site Infection Prevention (PS-15) | Surgical site infection prevention | 7.3 | English · Georgian |
| WHO Surgical Safety Checklist for Field Teams (FLD-03) | WHO surgical safety checklist in practice | 7.1 | English · Georgian |

# 7.1 The Surgical Safety Checklist Is Used

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Must** | **Must** | **Must** |

**Applies to:** 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The WHO Surgical Safety Checklist is completed out loud, as a team, at three pauses: before induction of anaesthesia, before skin incision, and before the patient leaves the operating room.

**Rating rule.** Must in every setting: the WHO Surgical Safety Checklist is completed out loud at all three pauses, with the whole team taking part.

## GUIDANCE

The WHO Surgical Safety Checklist is completed out loud, as a team, at three pauses: before induction of anaesthesia, before skin incision, and before the patient leaves the operating room.

The checklist works only when the team says it out loud at each pause. A checklist completed after the operation protects no one.

> **Good practice.** The checklist is spoken out loud at all three pauses, with the whole team taking part.

> **Partial because.** The three pauses are held, but not every team member takes part, or a pause is sometimes missed, or some records are not signed at all three pauses.

## WHAT GOOD LOOKS LIKE

- The checklist is spoken out loud at all three pauses, with the whole team taking part.

## COMMON MISTAKES

- The checklist is signed after the operation with no pause during the procedure.
- The team does not all join, or the checklist is completed after the procedure.

> **Why it matters.** The checklist works only when the team says it out loud at each pause. A checklist completed after the operation protects no one.

## WHAT THE ASSESSOR CHECKS

**Sample.** Observation of 10 procedures across two weeks, and the completed checklist records for the last 3 months.

### 1 Three pauses done out loud

**Method.** Observe 10 procedures and note each pause.

**Evidence to show.** Completed checklist record (SRG-FRM-001) and an observation record.

**Pass when.** All three pauses are completed out loud in at least 9 of the 10 observed procedures.

### 2 Team takes part

**Method.** Observe who responds at each pause.

**Evidence to show.** Observation record.

**Pass when.** At least the surgeon, anaesthetist and nurse respond at each pause.

### 3 Records are complete

**Method.** Check the last 3 months of checklist records.

**Evidence to show.** Completed SRG-FRM-001 records.

**Pass when.** Every record is signed by the team leader at all three pauses.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** The checklist is signed after the operation with no pause during the procedure. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| SRG-FRM-001 | Surgical safety checklist record | Theatre team | Clinical lead | Quality lead |
| SRG-POL-001 | Surgical safety checklist and team pause | Quality lead | Chief executive | Quality lead |
| SRG-SOP-001 | Surgical safety checklist procedure | Clinical lead | Medical director | Quality lead |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Surgeon or designated team leader (ISCO 2212) | Leads the procedure, pauses the team and decides on any count mismatch. | Ophthalmology & Day Surgery Safety; Safe Surgery: Correct Site, Procedure, Patient Essential in all settings |
| Anaesthetist (ISCO 2212) | Takes part in the pauses and in the anaesthesia and count decisions. | Ophthalmology & Day Surgery Safety; Safe Surgery: Correct Site, Procedure, Patient Essential in all settings |
| Theatre nurse (ISCO 2221) | Counts, records and checks the equipment and the record for each case. | Ophthalmology & Day Surgery Safety; Safe Surgery: Correct Site, Procedure, Patient Essential in all settings |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2009). Guidelines for Safe Surgery 2009: Safe Surgery Saves Lives. https://news.gmj.ge/guideline/guidelines-for-safe-surgery-2009-safe-surgery-saves-lives/

# 7.2 Anaesthesia Is Delivered Safely

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Must** | **Must** | **Must** |

**Applies to:** 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Anaesthesia follows a written safety protocol, with monitoring throughout the procedure matched to the level of anaesthesia and the patient's risk.

**Rating rule.** Must in every setting: anaesthesia follows a written safety protocol, with monitoring throughout and an escalation route for complications.

## GUIDANCE

Anaesthesia follows a written safety protocol, with monitoring throughout the procedure matched to the level of anaesthesia and the patient's risk.

Anaesthesia is the highest-risk part of many procedures. Continuous monitoring through the whole procedure finds problems early, while there is still time to act.

> **Good practice.** Monitoring recorded at least every 5 minutes, with the equipment checked before each list.

> **Partial because.** Monitoring is recorded at irregular intervals, or the equipment is checked but the log is not completed.

## WHAT GOOD LOOKS LIKE

- Monitoring recorded at least every 5 minutes, with the equipment checked before each list.

## COMMON MISTAKES

- A ventilated or sedated patient is monitored with alarms switched off or with no monitoring recorded.
- Monitoring is recorded at irregular intervals, or the equipment is checked but the log is not completed.

> **Why it matters.** Anaesthesia is the highest-risk part of many procedures. Continuous monitoring through the whole procedure finds problems early, while there is still time to act.

## WHAT THE ASSESSOR CHECKS

**Sample.** Ten anaesthesia records from the last 3 months, and the anaesthesia machine check log for the same days.

### 1 Monitoring is recorded throughout

**Method.** Check each record for monitoring entries at induction, during the procedure and at emergence.

**Evidence to show.** Anaesthesia record and monitoring chart (SRG-FRM-002).

**Pass when.** Monitoring is recorded at least every 5 minutes in all sampled records.

### 2 Equipment is checked before each list

**Method.** Check the machine check log for each sampled day.

**Evidence to show.** Anaesthesia machine and equipment check (SRG-FRM-003).

**Pass when.** A completed check is recorded before the first case of each sampled day.

### 3 Escalation is known

**Method.** Ask an anaesthetist and a nurse to explain the steps for a sudden fall in oxygen saturation.

**Evidence to show.** Anaesthesia safety and monitoring policy (SRG-POL-002).

**Pass when.** Both describe the same steps, and the steps match the policy.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A ventilated or sedated patient is monitored with alarms switched off or with no monitoring recorded. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| SRG-FRM-002 | Anaesthesia record and monitoring chart | Theatre team | Clinical lead | Quality lead |
| SRG-FRM-003 | Anaesthesia machine and equipment check | Theatre team | Clinical lead | Quality lead |
| SRG-POL-002 | Anaesthesia safety and monitoring | Quality lead | Chief executive | Quality lead |
| AES-SOP-003 | Sedation and anaesthesia safety | Clinical lead | Medical director | Quality lead |
| DAY-SOP-002 | Sedation and anaesthesia level, and response to complications | Clinical lead | Medical director | Quality lead |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Surgeon or designated team leader (ISCO 2212) | Leads the procedure, pauses the team and decides on any count mismatch. | Ophthalmology & Day Surgery Safety; Safe Anaesthesia and Sedation<br>Essential in all settings |
| Anaesthetist (ISCO 2212) | Takes part in the pauses and in the anaesthesia and count decisions. | Ophthalmology & Day Surgery Safety; Safe Anaesthesia and Sedation<br>Essential in all settings |
| Theatre nurse (ISCO 2221) | Counts, records and checks the equipment and the record for each case. | Ophthalmology & Day Surgery Safety; Safe Anaesthesia and Sedation<br>Essential in all settings |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2009). Guidelines for Safe Surgery 2009: Safe Surgery Saves Lives. https://news.gmj.ge/guideline/guidelines-for-safe-surgery-2009-safe-surgery-saves-lives/
- World Health Organization. Anaesthesia at the district hospital, second edition. https://news.gmj.ge/guideline/anaesthesia-at-the-district-hospital/

# 7.3 Surgical Site Infection Is Actively Prevented

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| Medium | Medium | Must |

**Applies to:** 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The surgical site infection (SSI) prevention bundle is applied to every procedure: antibiotic prophylaxis given at the right time, skin preparation with an approved antiseptic, hair removed only when it would interfere with surgery, normal body temperature and blood glucose control.

**Rating rule.** Medium in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: surgical site infection is prevented through a bundle applied to every procedure, with compliance recorded.

## GUIDANCE

The surgical site infection (SSI) prevention bundle is applied to every procedure: antibiotic prophylaxis given at the right time, skin preparation with an approved antiseptic, hair removed only when it would interfere with surgery, normal body temperature and blood glucose control.

Surgical site infection is one of the most common complications of surgery. Most cases can be prevented with a short set of measures applied every time.

> **Good practice.** The bundle is recorded, antibiotic timing is checked, and infections are reviewed every quarter.

> **Partial because.** The bundle is used but not recorded, antibiotic timing is not checked, or surveillance is done only once a year.

## WHAT GOOD LOOKS LIKE

- The bundle is recorded, antibiotic timing is checked, and infections are reviewed every quarter.

## COMMON MISTAKES

- No surveillance of surgical site infections is in place.
- The bundle is used but not recorded, antibiotic timing is not checked, or surveillance is done only once a year.

> **Why it matters.** Surgical site infection is one of the most common complications of surgery. Most cases can be prevented with a short set of measures applied every time.

## WHAT THE ASSESSOR CHECKS

**Sample.** Twenty procedures from the last 3 months, with the bundle record and the infection log.

### 1 Bundle recorded for each procedure

**Method.** Check the bundle record for each sampled procedure.

**Evidence to show.** SSI bundle compliance record (SRG-FRM-004).

**Pass when.** The bundle is recorded for at least 18 of 20 sampled procedures.

### 2 Antibiotic given on time

**Method.** Compare the time of the antibiotic dose with the time of incision.

**Evidence to show.** Anaesthesia record (SRG-FRM-002).

**Pass when.** Given within the window in SRG-SOP-003 in at least 18 of 20 procedures.

### 3 Infections are reviewed

**Method.** Check the infection log and the review minutes for the last 3 months.

**Evidence to show.** SSI log and review minutes.

**Pass when.** Every infection is logged and reviewed at least every quarter.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** No surveillance of surgical site infections is in place. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| SRG-FRM-004 | Surgical site infection bundle compliance record | Theatre team | Clinical lead | Quality lead |
| SRG-FRM-002 | Anaesthesia record and monitoring chart | Theatre team | Clinical lead | Quality lead |
| SRG-POL-003 | Surgical site infection prevention | Quality lead | Chief executive | Quality lead |
| SRG-SOP-003 | Surgical site infection prevention bundle | Clinical lead | Medical director | Quality lead |
| SRG-SOP-002 | Surgical site marking and patient identification before every operation | Clinical lead | Medical director | Quality lead |
| HH-SOP-001 | Hand hygiene at the point of care | Clinical lead | Medical director | Quality lead |
| IPC-POL-001 | Infection prevention and control programme | Quality lead | Chief executive | Quality lead |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Surgeon or designated team leader (ISCO 2212) | Leads the procedure, pauses the team and decides on any count mismatch. | Ophthalmology & Day Surgery Safety; Surgical Site Infection Prevention<br>Essential in all settings |
| Anaesthetist (ISCO 2212) | Takes part in the pauses and in the anaesthesia and count decisions. | Ophthalmology & Day Surgery Safety; Surgical Site Infection Prevention<br>Essential in all settings |
| Theatre nurse (ISCO 2221) | Counts, records and checks the equipment and the record for each case. | Ophthalmology & Day Surgery Safety; Surgical Site Infection Prevention<br>Essential in all settings |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2018). Global guidelines for the prevention of surgical site infection, second edition. https://news.gmj.ge/guideline/global-guidelines-for-the-prevention-of-surgical-site-infection-second-edition/
- World Health Organization. Implementation manual to support the prevention of surgical site infections at the facility level. https://news.gmj.ge/guideline/implementation-manual-to-support-the-prevention-of-surgical-site-infections-at-the-facility-level-turning-recommendations-into-practice/

# 7.4 Procedures Are Performed Within Granted Privileges and Marked Correctly

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| Medium | Must | Must |

**Applies to:** 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Each surgeon operates only within the privileges granted by the facility. The operating list is checked against those privileges before the day starts, and the operative site is marked and verified before every operation.

**Rating rule.** Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: procedures stay within granted privileges, and the site is marked and checked before every operation.

## GUIDANCE

Each surgeon operates only within the privileges granted by the facility. The operating list is checked against those privileges before the day starts, and the operative site is marked and verified before every operation.

Wrong-site, wrong-procedure and operations by staff without the right training are among the most serious patient safety events. Clear privileges and site marking prevent them.

> **Good practice.** Privileges are reviewed every year, the list check is signed at the start of the day, and the site is marked and checked out loud.

> **Partial because.** Privileges exist but are not reviewed, or the list is checked verbally but not signed.

## WHAT GOOD LOOKS LIKE

- Privileges are reviewed every year, the list check is signed at the start of the day, and the site is marked and checked out loud.

## COMMON MISTAKES

- An operation is performed outside the surgeon's granted privileges.
- Privileges exist but are not reviewed, or the list is checked verbally but not signed.

> **Why it matters.** Wrong-site, wrong-procedure and operations by staff without the right training are among the most serious patient safety events. Clear privileges and site marking prevent them.

## WHAT THE ASSESSOR CHECKS

**Sample.** The privilege list for all operating surgeons, the operating lists for 10 days, and site-marking records for 15 procedures.

### 1 Each surgeon has current privileges

**Method.** Check the privilege list against each surgeon's file.

**Evidence to show.** Surgeon privileges and operating list check (SSC-SOP-001).

**Pass when.** Every operating surgeon has a privilege entry that has not expired.

### 2 Operating lists are checked

**Method.** Check each sampled operating list against the privilege list.

**Evidence to show.** Signed operating list check (SSC-SOP-001).

**Pass when.** All sampled lists are checked before the first case.

### 3 Site is marked and verified

**Method.** Check the records for 15 procedures involving laterality or several levels.

**Evidence to show.** Surgical site marking record (SRG-SOP-002).

**Pass when.** The site is marked and verified at the time-out in every sampled procedure.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** An operation is performed outside the surgeon's granted privileges. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| SSC-SOP-001 | Surgeon privileges and operating list check | Clinical lead | Medical director | Quality lead |
| SRG-SOP-002 | Surgical site marking and patient identification before every operation | Clinical lead | Medical director | Quality lead |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Surgeon or designated team leader (ISCO 2212) | Leads the procedure, pauses the team and decides on any count mismatch. | Ophthalmology & Day Surgery Safety; Safe Surgery: Correct Site, Procedure, Patient Essential in all settings |
| Anaesthetist (ISCO 2212) | Takes part in the pauses and in the anaesthesia and count decisions. | Ophthalmology & Day Surgery Safety; Safe Surgery: Correct Site, Procedure, Patient Essential in all settings |
| Theatre nurse (ISCO 2221) | Counts, records and checks the equipment and the record for each case. | Ophthalmology & Day Surgery Safety; Safe Surgery: Correct Site, Procedure, Patient Essential in all settings |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2009). Guidelines for Safe Surgery 2009: Safe Surgery Saves Lives. https://news.gmj.ge/guideline/guidelines-for-safe-surgery-2009-safe-surgery-saves-lives/
- World Health Organization (2007). WHO Nine Patient Safety Solutions. https://news.gmj.ge/guideline/who-nine-patient-safety-solutions-2007/

# 7.5 Post-Operative Monitoring and Recovery Are Safe

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| Medium | Must | Must |

**Applies to:** 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Patients are monitored after surgery in a recovery area by trained staff, with written discharge criteria. Any deterioration triggers a defined response.

**Rating rule.** Medium in humanitarian settings. Must in transition and fragile settings. Must in standard settings: post-operative monitoring and recovery follow written discharge criteria, with escort and advice given.

## GUIDANCE

Patients are monitored after surgery in a recovery area by trained staff, with written discharge criteria. Any deterioration triggers a defined response.

Many post-operative complications, such as bleeding, respiratory depression and sepsis, appear after the patient has left the operating room. A defined recovery and discharge standard catches them in time.

> **Good practice.** Observations at the defined intervals, and a discharge checklist signed for every patient.

> **Partial because.** Recovery is observed but not recorded, or advice is given verbally only.

## WHAT GOOD LOOKS LIKE

- Observations at the defined intervals, and a discharge checklist signed for every patient.

## COMMON MISTAKES

- A patient is discharged with no recovery monitoring at all.
- Recovery is observed but not recorded, or advice is given verbally only.

> **Why it matters.** Many post-operative complications, such as bleeding, respiratory depression and sepsis, appear after the patient has left the operating room. A defined recovery and discharge standard catches them in time.

## WHAT THE ASSESSOR CHECKS

**Sample.** Fifteen recovery records and fifteen discharge records from the last 3 months.

### 1 Recovery monitoring is recorded

**Method.** Check the observations in each recovery record.

**Evidence to show.** Recovery monitoring and discharge criteria record (DAY-SOP-001).

**Pass when.** Observations are recorded at the intervals in DAY-SOP-001 in all sampled records.

### 2 Discharge criteria are met

**Method.** Check each discharge record against the criteria.

**Evidence to show.** Recovery monitoring and discharge criteria (DAY-SOP-001).

**Pass when.** All sampled discharges meet the criteria, or have a documented senior review.

### 3 Written advice is given

**Method.** Check the advice record for each sampled patient.

**Evidence to show.** Escort and written discharge advice (DAY-POL-002).

**Pass when.** Written advice is given to every sampled patient or escort.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A patient is discharged with no recovery monitoring at all. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| DAY-SOP-001 | Recovery monitoring and discharge criteria | Clinical lead | Medical director | Quality lead |
| DAY-POL-002 | Escort and written discharge advice | Quality lead | Chief executive | Quality lead |
| DAY-SOP-004 | Pre-procedure checks for day surgery | Clinical lead | Medical director | Quality lead |
| DAY-SOP-002 | Sedation and anaesthesia level, and response to complications | Clinical lead | Medical director | Quality lead |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Surgeon or designated team leader (ISCO 2212) | Leads the procedure, pauses the team and decides on any count mismatch. | Ophthalmology & Day Surgery Safety; Recognising and Responding to the Deteriorating Patient<br>Essential in all settings |
| Anaesthetist (ISCO 2212) | Takes part in the pauses and in the anaesthesia and count decisions. | Ophthalmology & Day Surgery Safety; Recognising and Responding to the Deteriorating Patient<br>Essential in all settings |
| Theatre nurse (ISCO 2221) | Counts, records and checks the equipment and the record for each case. | Ophthalmology & Day Surgery Safety; Recognising and Responding to the Deteriorating Patient<br>Essential in all settings |

## REFERENCES FOR THIS CRITERION


- Association of Anaesthetists of Great Britain and Ireland (2013). Immediate Post-anaesthesia Recovery 2013. https://news.gmj.ge/guideline/immediate-post-anaesthesia-recovery-2013/
- Association of Anaesthetists and British Association of Day Surgery (2019). Guidelines for Day-Case Surgery. https://news.gmj.ge/guideline/aoa-bads-guidelines-for-day-case-surgery-2019/

# 7.6 Instrument, Swab and Sharps Counts Are Completed

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Must** | **Must** | **Must** |

**Applies to:** 3 of 9 facility types: Hospital, Ambulatory clinic, Dental clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Instruments, swabs and sharps are counted before the procedure starts, before the wound is closed and before the patient leaves the operating room. Any mismatch is investigated before the team moves on.

**Rating rule.** Must in every setting: instrument, swab and sharps counts are recorded at three points, and any mismatch is resolved before the patient leaves.

## GUIDANCE

Instruments, swabs and sharps are counted before the procedure starts, before the wound is closed and before the patient leaves the operating room. Any mismatch is investigated before the team moves on.

Retained surgical items are a serious and preventable harm. A count that is not done, or is done but not recorded, gives no protection.

> **Good practice.** Counts recorded at all three points, with any mismatch resolved before closure.

> **Partial because.** Counts are done but not recorded.

## WHAT GOOD LOOKS LIKE

- Counts recorded at all three points, with any mismatch resolved before closure.

## COMMON MISTAKES

- A patient leaves the operating room with a count that has not been reconciled.
- Counts are done but not recorded.

> **Why it matters.** Retained surgical items are a serious and preventable harm. A count that is not done, or is done but not recorded, gives no protection.

## WHAT THE ASSESSOR CHECKS

**Sample.** Count records for 20 procedures from the last 3 months, and the incident log for count mismatches.

### 1 Counts are recorded at each point

**Method.** Check the count record for each sampled procedure.

**Evidence to show.** Instrument, swab and sharps count record (SRG-FRM-005).

**Pass when.** All three counts are recorded in at least 19 of the 20 sampled procedures.

### 2 Mismatches are investigated

**Method.** Check the incident log for any count mismatch.

**Evidence to show.** Incident log entries and their resolution.

**Pass when.** Every mismatch is recorded and resolved before the patient leaves the operating room.

### 3 Sharps are disposed of safely

**Method.** Observe the disposal of sharps in 5 procedures.

**Evidence to show.** Sharps and clinical waste management (WST-SOP-001).

**Pass when.** Sharps are placed straight into puncture-proof containers.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** A patient leaves the operating room with a count that has not been reconciled. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| SRG-FRM-005 | Instrument, swab and sharps count record | Theatre team | Clinical lead | Quality lead |
| WST-SOP-001 | Sharps and clinical waste management | Clinical lead | Medical director | Quality lead |
| SRG-SOP-001 | Surgical safety checklist procedure | Clinical lead | Medical director | Quality lead |
| SRG-SOP-004 | Instrument, swab and sharps count procedure | Clinical lead | Medical director | Quality lead |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Surgeon or designated team leader (ISCO 2212) | Leads the procedure, pauses the team and decides on any count mismatch. | Ophthalmology & Day Surgery Safety; Sharps and Clinical Waste Handling<br>Essential in all settings |
| Anaesthetist (ISCO 2212) | Takes part in the pauses and in the anaesthesia and count decisions. | Ophthalmology & Day Surgery Safety; Sharps and Clinical Waste Handling<br>Essential in all settings |
| Theatre nurse (ISCO 2221) | Counts, records and checks the equipment and the record for each case. | Ophthalmology & Day Surgery Safety; Sharps and Clinical Waste Handling<br>Essential in all settings |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2009). Guidelines for Safe Surgery 2009: Safe Surgery Saves Lives. https://news.gmj.ge/guideline/guidelines-for-safe-surgery-2009-safe-surgery-saves-lives/

# 10 Questions and answers

**Who does Standard 7 apply to?**
Facilities that perform surgical or other invasive procedures. The table in section 4 shows each criterion by facility type: all six criteria apply to hospitals, ambulatory clinics and dental clinics, and are marked N/A for the other six facility types. Each criterion has its own pass rule and its own immediate-fail rule, so each one must be met on its own.

**What is an immediate fail?**
An immediate fail is one event or finding that means a criterion is not met, even if everything else in that criterion is in place. For example, if a patient leaves the operating room with a count that has not been reconciled, criterion 7.6 fails outright, however complete the other records are. Each criterion in this document lists its own immediate fail under "Immediate fail". Facilities should read these before the survey, because they are the points on which the outcome is decided most quickly.

**Which documents do I submit?**
The documents are the policies, procedures and forms listed under each criterion in the "Evidence and documents" table. Forms, such as the Surgical safety checklist record (SRG-FRM-001) or the Instrument, swab and sharps count record (SRG-FRM-005), are completed for each procedure and kept as evidence. Policies and procedures are signed documents that show the version, date, owner and approver. Have the records ready for the period stated in each criterion, which is the last 3 months for most checks. You may use your own document if it meets the same check, as long as it is clearly the same record.

**Are the ratings the same in every setting?**
No. Three criteria are Must in every setting, including humanitarian settings, because they protect life directly: the surgical safety checklist (7.1), safe anaesthesia (7.2) and the counts (7.6). Privileges and site marking (7.4) and recovery (7.5) are Medium in humanitarian settings and Must in transition and fragile and in standard settings. Prevention of surgical site infection (7.3) is Medium in humanitarian and in transition and fragile settings, and Must in standard settings.

**Must every operation have a completed surgical safety checklist?**
Yes, and it must be completed out loud by the team at three pauses: before induction of anaesthesia, before skin incision, and before the patient leaves the operating room. The surveyor observes 10 procedures across two weeks and expects all three pauses to be spoken in at least 9 of them, with at least the surgeon, the anaesthetist and the nurse responding at each pause. The surveyor also checks the last 3 months of completed checklist records (SRG-FRM-001), each signed by the team leader at all three pauses. A checklist signed after the operation, with no pause during the procedure, is an immediate fail.

**Must a patient be monitored throughout anaesthesia?**
Yes. Monitoring must be recorded from induction, through the procedure, to emergence, at least every 5 minutes, on the Anaesthesia record and monitoring chart (SRG-FRM-002). The anaesthetic machine and equipment must be checked before the first case of each day, and the check recorded (SRG-FRM-003). The surveyor reviews ten anaesthesia records from the last 3 months and asks an anaesthetist and a nurse to explain the steps for a sudden fall in oxygen saturation; both should describe the same steps, and the steps should match the policy (SRG-POL-002). A ventilated or sedated patient with alarms switched off, or with no monitoring recorded, is an immediate fail.

**What is the surgical site infection bundle, and how is it checked?**
It is a short set of measures applied to every procedure: antibiotic prophylaxis given at the right time, skin preparation with an approved antiseptic, hair removed only when it would interfere with surgery, and normal body temperature and blood glucose control. The surveyor takes twenty procedures from the last 3 months and expects the bundle to be recorded for at least 18 of them (SRG-FRM-004), with the antibiotic given within the window set in the bundle procedure (SRG-SOP-003) in at least 18. Every infection must be logged and reviewed at least every quarter. A facility with no surveillance of surgical site infections fails the criterion immediately.

**How are privileges and site marking checked?**
Each surgeon may operate only within the privileges the facility has granted. The surveyor checks that every operating surgeon has a privilege entry that has not expired, that the operating lists for 10 days were checked against the privileges before the first case (SSC-SOP-001), and that the site was marked and verified at the time-out in 15 procedures involving a side of the body or several levels (SRG-SOP-002). An operation performed outside the surgeon's granted privileges is an immediate fail.

**Must a discharged patient have written advice?**
Yes. After surgery the patient is monitored in a recovery area by trained staff, with observations at the intervals set in the recovery procedure (DAY-SOP-001). Discharge follows written criteria, or a documented senior review where the criteria are not fully met. Every patient or escort receives written advice (DAY-POL-002), because spoken advice alone is easy to forget. The surveyor reviews fifteen recovery records and fifteen discharge records from the last 3 months. Discharging a patient with no recovery monitoring at all is an immediate fail.

**What happens when a count does not match?**
The team stops and searches before the patient leaves the operating room. Instruments, swabs and sharps are counted at three points: before the procedure starts, before the wound is closed, and before the patient leaves. The surveyor checks the count records for 20 procedures (SRG-FRM-005) and expects all three counts in at least 19, and checks the incident log to see that every mismatch was recorded and resolved before the patient left. The surveyor also observes sharps disposal in 5 procedures: sharps go straight into puncture-proof containers (WST-SOP-001).

**What do the colours mean?**
Red means Must: the criterion is required in every setting, and criteria that protect life are always red. Yellow means Medium: the criterion is required, but adapted to what a transition setting can realistically do. Green means Minimum: the lowest acceptable level in a humanitarian setting, where resources are very limited. In standard settings every criterion is Must. Each criterion shows its rating for each of the three settings, so a facility can see exactly what applies to it. Section 5 shows the colours.

**Do we have to use your forms and policies?**
No. Every policy, procedure, form and course in this document is a reference draft to help you meet the criterion. You can adapt it to your facility, write your own, or upload your own documents. What the assessor checks is that the standard is met and that you can show how. If you use your own document, make sure it covers the same content as the reference and that it is current, signed and dated, so that the assessor can match it to the criterion without difficulty.

**What does essential or recommended training mean for my staff?**
In the training tables, red means essential: the course is required for that role in that setting. Green means recommended: the course is advised for that role. Yellow means optional. Each course shows its level for humanitarian, transition and fragile, and standard settings, because the requirement can differ between them. Staff evidence is a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

**Do we have to use ISCO-08 codes?**
The staff tables give each occupation its ISCO-08 code, so that roles can be compared between facilities and countries. You are not required to change your job titles. What matters is that each role named in the standard can be matched to the person who does that job and to the training they have had. If your titles differ, record the match in your staff file so that the assessor can follow it.

**Which training do staff need?**
The e-learning table under each criterion shows who must take each course and who is recommended. The theatre team takes the course that matches each criterion: Safe Surgery: Correct Site, Procedure, Patient for the checklist and for site marking, Safe Anaesthesia and Sedation, Surgical Site Infection Prevention, Recognising and Responding to the Deteriorating Patient for recovery, and Sharps and Clinical Waste Handling for the counts, together with Ophthalmology & Day Surgery Safety. Staff can show evidence through a verified micro-credential in the GMJ Academy micro-credential portfolio, or through a training certificate kept in the staff file.

**What will the surveyor see on the day?**
The surveyor works through the criteria, following the "Sample" and the checks given for each one. Standard 7 is checked both by watching and by reading. The surveyor observes procedures, to see the three checklist pauses and the disposal of sharps, and asks the team questions, for example what happens when a count does not match. The surveyor also reviews records from the last 3 months: checklist records, anaesthesia records and machine checks, bundle records and the infection log, privilege lists and operating lists, recovery and discharge records, and count records.

**How does the surveyor choose which records to check?**
Each criterion states its own sample, such as "Ten anaesthesia records from the last 3 months, and the anaesthesia machine check log for the same days" or "Count records for 20 procedures from the last 3 months, and the incident log for count mismatches". The surveyor uses the sample given on the criterion rather than choosing records to suit the facility. Preparing for the survey means keeping the records for the whole period stated, organised so that any item in the sample can be produced quickly. A facility that cannot produce the sampled records loses the criterion, whatever else it has in place.

**What if we do not have the written protocol yet?**
A criterion cannot be met on the basis of an unwritten or informal arrangement, because the assessor needs something to check against. If a protocol does not yet exist, write one before the survey, using the reference draft or your own version, and make sure it is signed, dated and in use. Staff must be able to explain it in practice.

**Where can I get the full text?**
The full text of each criterion, with its rating, why it matters, the assessor checks, the immediate-fail rule and the documents, is in section 9 of this document. The same criteria are published on france-asf.fr, which holds the controlling copy. The questions and answers in this section summarise the criteria, and if they ever differ, the criterion text is the authority.

**Who can I ask about this standard?**
For questions about this standard, contact Accréditation Sans Frontières through the contact page of france-asf.fr. Please give the standard number and the criterion (for example 7.3) so that your question can be answered against the right text.

The criterion text is the authority. These answers summarise it.

# 11 References

## CITED FOR CRITERIA


1. World Health Organization (2009). Guidelines for Safe Surgery 2009: Safe Surgery Saves Lives. https://news.gmj.ge/guideline/guidelines-for-safe-surgery-2009-safe-surgery-saves-lives/ (criterion 7.1, 7.2, 7.4, 7.6)
2. World Health Organization. Anaesthesia at the district hospital, second edition. https://news.gmj.ge/guideline/anaesthesia-at-the-district-hospital/ (criterion 7.2)
3. World Health Organization (2018). Global guidelines for the prevention of surgical site infection, second edition. https://news.gmj.ge/guideline/global-guidelines-for-the-prevention-of-surgical-site-infection-second-edition/ (criterion 7.3)
4. World Health Organization. Implementation manual to support the prevention of surgical site infections at the facility level. https://news.gmj.ge/guideline/implementation-manual-to-support-the-prevention-of-surgical-site-infections-at-the-facility-level-turning-recommendations-into-practice/ (criterion 7.3)
5. World Health Organization (2007). WHO Nine Patient Safety Solutions. https://news.gmj.ge/guideline/who-nine-patient-safety-solutions-2007/ (criterion 7.4)
6. Association of Anaesthetists of Great Britain and Ireland (2013). Immediate Post-anaesthesia Recovery 2013. https://news.gmj.ge/guideline/immediate-post-anaesthesia-recovery-2013/ (criterion 7.5)
7. Association of Anaesthetists and British Association of Day Surgery (2019). Guidelines for Day-Case Surgery. https://news.gmj.ge/guideline/aoa-bads-guidelines-for-day-case-surgery-2019/ (criterion 7.5)


## INTERNATIONAL STANDARDS CITED


1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

# 12 Document register

Every document code used in Standard 7, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

| Code | Document | Type | What it is for | Criteria |
|---|---|---|---|---|
| AES-SOP-003 | Sedation and anaesthesia safety | Procedure (SOP) | To keep patients safe during sedation and anaesthesia in an aesthetic setting. | 7.2 |
| DAY-POL-002 | Escort and written discharge advice | Policy | To make sure no patient goes home after anaesthesia alone, and that they know what to watch for. | 7.5 |
| DAY-SOP-001 | Recovery monitoring and discharge criteria | Procedure (SOP) | To keep patients safe in the hour after anaesthesia, when risk is highest. | 7.5 |
| DAY-SOP-002 | Sedation and anaesthesia level, and response to complications | Procedure (SOP) | To match the level of sedation to the staff, the monitoring and the response available. | 7.2, 7.5 |
| DAY-SOP-004 | Pre-procedure checks for day surgery | Procedure (SOP) | To catch the errors that the pre-procedure checks find before the patient is anaesthetised. | 7.5 |
| HH-SOP-001 | Hand hygiene at the point of care | Procedure (SOP) | | 7.3 |
| IPC-POL-001 | Infection prevention and control programme | Policy | To prevent healthcare-associated infection to patients, staff and visitors through a written, reviewed and monitored programme (B1.15). | 7.3 |
| SRG-FRM-001 | Surgical safety checklist record | Form (record) | The WHO surgical safety checklist for one procedure, completed aloud at sign-in, time-out and sign-out. | 7.1 |
| SRG-FRM-002 | Anaesthesia record and monitoring chart | Form (record) | Records the anaesthesia and the monitoring of the patient from induction to recovery. | 7.2, 7.3 |
| SRG-FRM-003 | Anaesthesia machine and equipment check | Form (record) | The daily check of the anaesthetic machine, monitors, suction and emergency airway equipment before the first case. | 7.2 |
| SRG-FRM-004 | Surgical site infection bundle compliance record | Form (record) | Records, for each procedure, whether each part of the bundle was done. | 7.3 |
| SRG-FRM-005 | Instrument, swab and sharps count record | Form (record) | | 7.6 |
| SRG-POL-001 | Surgical safety checklist and team pause | Policy | To make sure the team confirms the right patient, the right procedure and the right site together, at each pause. | 7.1 |
| SRG-POL-002 | Anaesthesia safety and monitoring | Policy | To keep the patient safe throughout anaesthesia, with monitoring matched to their risk. | 7.2 |
| SRG-POL-003 | Surgical site infection prevention | Policy | To prevent surgical site infections with a set of practices that can be checked. | 7.3 |
| SRG-SOP-001 | Surgical safety checklist procedure | Procedure (SOP) | To run the checklist the same way in every theatre, every time. | 7.1, 7.6 |
| SRG-SOP-002 | Surgical site marking and patient identification before every operation | Procedure (SOP) | To make sure the correct patient has the correct procedure on the correct site, by marking the site before the patient goes to theatre and by checking the mark and the identity at the sign-in and time-out pauses. | 7.3, 7.4 |
| SRG-SOP-003 | Surgical site infection prevention bundle | Procedure (SOP) | To apply the bundle the same way for every procedure. | 7.3 |
| SRG-SOP-004 | Instrument, swab and sharps count procedure | Procedure (SOP) | | 7.6 |
| SSC-SOP-001 | Surgeon privileges and operating list check | Procedure (SOP) | To make sure surgeons operate only within their granted privileges. | 7.4 |
| WST-SOP-001 | Sharps and clinical waste management | Procedure (SOP) | | 7.6 |