Standard operating procedure (SOP) · DAY-SOP-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 6.5

At a glance

- Every procedure has the pre-procedure checks recorded before the patient goes to theatre.
- The checks cover identity, consent, fasting, allergies, medicines, imaging and results.
- The surgical safety check (SRG-FRM-001) is completed with them.
- A check not done stops the procedure until it is done.
- Stop and get help straight away if: a patient goes to theatre with a pre-procedure check not done or not recorded.

1. Purpose

To catch the errors that the pre-procedure checks find before the patient is anaesthetised (6.5).

2. Scope

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

3. Definitions

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

4. Background

The pre-procedure checks, including the surgical safety check, catch wrong-site, wrong-patient and missing-equipment errors. Each check done and recorded is the proof that it was done.

5. Responsibilities

Role	Responsibility	Competence
Pre-admission nurse	Carries out and records the checks	Nurse
Surgeon	Confirms the consent and the site	Surgeon

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Check.

- Check identity, consent, fasting, allergies, medicines, imaging and results (DAY-FRM-004).

Key point: Every item, every patient.

Step 2. Stop.

- If any check is not done, the patient does not go to theatre until it is.

Key point: A gap stops the list.

Step 3. Safety check.

- Complete the surgical safety check with the team in theatre (SRG-FRM-001).

Key point: Then the team pause.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Procedures with pre-procedure checks recorded	100%	Monthly	Lead nurse	Escalate to clinical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

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

16. Related documents

ID	Title	Use
DAY-FRM-004	Pre-procedure check record	Record
SRG-FRM-001	Surgical safety checklist record	Safety check

17. Evidence

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

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Ophthalmology & Day Surgery Safety (AMB-15)
- **Patient Identification, Informed Consent and Patient Rights** (T-07)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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