Standard operating procedure (SOP) · SRG-SOP-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 2.3

At a glance

- Give antibiotic prophylaxis within the set window before incision.
- Prepare the skin with the approved agent, and let it dry.
- Use sterile technique and change gloves if they are breached.
- Dress the wound and record the closure.
- Stop and get help straight away if: an antibiotic is given outside the set window, or skin preparation is skipped.

1. Purpose

To apply the bundle the same way for every procedure (2.3).

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

Infections after surgery are preventable with a set of checkable practices. A bundle, followed for every procedure and measured, is what makes prevention real.

5. Responsibilities

Role	Responsibility	Competence
Anaesthetist	Gives antibiotic prophylaxis in the window	Anaesthetist
Scrub nurse	Prepares the field and records sterile technique	Theatre nurse

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. Antibiotic.

- Give the prophylactic antibiotic within the set window before incision.
- Record the time on the record.

Key point: Time is part of the dose.

Step 2. Skin preparation.

- Prepare the skin with the approved agent, and let it dry before incision.

- Remove hair only if it obstructs the site, with clippers.

Key point: Dry before incision.

Step 3. Sterile technique.

- Keep sterile field. Change gloves if breached. Record any break.

Key point: Break recorded, not hidden.

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
Antibiotic given within the window	At least 90%	Monthly	Infection prevention lead	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
SRG-FRM-004	Surgical site infection bundle compliance record	Record
HOS-SOP-014	Healthcare-associated infection surveillance and response	Surveillance

17. Evidence

Reference	Note
E-009	Based on the WHO Global Guidelines for the Prevention of Surgical Site Infection (2018).
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

- Hand Hygiene and Standard Precautions (T-06)
- **Infection Prevention & Control** (MT-05)

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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