PREAMBLE
The Royal Australasian College of Surgeons recognises the paramount importance of patient safety and expects hospitals and surgeons to adopt protocols utilising multiple, complementary preventive strategies. To the extent possible, the patient or their designated representative should be involved in these processes.

The purpose of this document is to describe the broad principles that apply to the process of correctly matching patients and their surgical procedures. These principles apply to all settings where surgical procedures occur, including operating theatres, inpatient or ambulatory care procedure rooms and wards. More detailed guidelines and protocols need to be developed based on these principles for each surgical specialty and for individual hospitals and sites. Consistently following best practice within specialties and individual hospital sites is important for patient safety.

Operating theatre work is team work and every member of the operating team makes a valuable contribution to this. Adopting a team approach in the theatre reduces risk, but the operating surgeon is ultimately responsible for the conduct of the procedure and for ensuring that these principles are followed. These principles, particularly the final check, provide an opportunity for all team members to be clear about the details of the procedure.

Every member of the operating theatre team has a duty to assist in ensuring that the correct patient, side and site are operated upon for the correct procedure. If any member of the team believes the incorrect patient, side or site is being prepared for surgery, they should immediately voice their concerns. There should be no criticism of persons raising concerns even if those concerns later prove to be unfounded. Surgeons should be aware of the magnitude of the risk of wrong site or side surgery for a particular procedure.

CORE PRINCIPLES

The identity of the patient must be confirmed
To verify the identity of the patient, the patient or the patient’s designated representative (if the patient is a minor or is cognitively impaired) should be asked to state (not confirm):
- their full name
- their date of birth
- the type, side and site of procedure.

The information from the patient should be matched against the patient’s identification band (if present) and the consent or request for admission form.

Consent must be achieved
Patient consent must be obtained. The consent form must include:
- patient’s full name
- name of procedure
- side of procedure (if appropriate)
- site of procedure

The site and side of the operation (if applicable) must be recorded in full (i.e. RIGHT or LEFT) and not abbreviated to R or L, wherever the side is recorded. All documentation must include the side and site. This includes patient notes, hospital forms and operating theatre lists.
The correct area must be clearly identified
The surgeon (or a properly delegated team member) must clearly mark where practicable or otherwise clearly identify the site in a way that is appropriate for the particular procedure to be performed.

All procedures including those on midline or multiple structures (but with the exception of those noted below) should be marked. If possible, the mark should be placed so as to be visible in the procedural field when preparation and draping are complete. Where possible, a consistent method of marking is desirable in a given institution, jurisdiction or specialty.

Marking is not necessary for operations via body orifices (e.g. haemorrhoidectomy, tonsillectomy or endoscopic procedures) or where there are multiple incisions, as in laparoscopic operations. Exceptions to the need for marking may also arise if it is likely to cause patient distress (e.g. circumcision in a child) or if the patient refuses, or if marking is in a difficult site such as the perineum. Such exceptions should be recorded in the notes.

A final check/final verification (time-out) is mandatory
The surgeon, anaesthetist and nursing team must confer to ensure the correct patient, procedure, site and side. The final check should preferably occur immediately before skin incision, or the commencement of the procedure. Any team member may initiate and/or conduct the time-out, but it is ultimately the responsibility of the surgeon to ensure that it occurs and is recorded in the clinical notes.

The final check should include confirmation of:
- the identity of the patient
- the procedure to be performed
- the site and side of that procedure, and that the operative site has been correctly marked
- the presence of any required imaging, and that the imaging confirms other details of the procedure
- the provision of other requirements for the procedure such as appropriate implants, antibiotic prophylaxis or VTE prophylaxis.

Trainees (surgical, anaesthetic, nursing) may be nervous about instituting a final check or time-out, particularly if inexperienced in the procedure to be performed. Consultant surgeons should make an effort to stress to trainees the importance of the final check as a demonstration of leadership as well as an educational opportunity for the team.

EMERGENCIES
In emergencies all attempts should still be made to identify the correct patient, procedure, site and side according to these principles, although it may not be possible or appropriate to complete all the checks. Any exceptions to the full protocol should be documented in the notes.

RESOLUTION OF MISMATCHES REGARDING PATIENT, PROCEDURE, SIDE AND SITE
At all stages of the process of correctly matching the patient with their surgical procedure, there should be consistency of documentation of side/site. If any inconsistency arises, progress towards the operation should be suspended and the inconsistency resolved. Any incorrect documentation should be changed and signed, and an explanation of the inconsistency should be recorded in the clinical notes and signed by the surgeon. The surgeon should satisfy him/herself of the appropriate side/site.
of surgery and record this in the patient’s clinical notes before proceeding with the operation and an incident report should be made to the appropriate body. If the surgeon remains uncertain about the side/site of the operation or the perceived side/site differs from that previously consented to by the patient, the procedure should be postponed or cancelled.

WORLD HEALTH ORGANISATION SURGICAL SAFETY CHECKLIST

The World Health Organisation (WHO) has developed a Surgical Safety Checklist that is divided into three sections: Sign In, Time Out and Sign Out, and includes points that go beyond the requirements for correctly matching the identity of the patient and their surgical procedure.

This Surgical Safety Checklist is recommended by the Royal Australasian College of Surgeons and the principles specified herein by the College align with the WHO protocol. The Surgical Safety Checklist includes these principles.