

Clinical Procedure Safety

Summary This Policy Directive addresses clinical care and patient safety risks associated with clinical procedures; improves matching of the patient to the correct procedure; improves communication within the procedural team, and between the patient and the procedural team; and reduces the number of clinical procedure related incidents.

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Applies to Affiliated Health Organisations, Dental Schools and Clinics, Local Health Districts, NSW Health Pathology, Public Hospitals, Specialty Network Governed Statutory Health Corporations

Distributed to Government Medical Officers, Ministry of Health, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Public Health System, Tertiary Education Institutes

Audience All clinical staff

CLINICAL PROCEDURE SAFETY

PURPOSE

The purpose of this policy directive is to address clinical care and patient safety risks associated with clinical procedures; improve matching of the patient to the correct procedure; improve communication within the procedural team, and between the patient and the procedural team; and reduce the number of clinical procedure related incidents.

The principles of the [World Health Organization \(WHO\) Surgical Safety Checklist](#) and the [Royal Australasian College of Surgeons' Surgical Safety Checklist](#) have been used in the development of this policy directive.

This policy directive aligns with the [National Safety and Quality Health Services Standards](#) requirements for correctly matching patients with their intended care.

MANDATORY REQUIREMENTS

All staff involved in clinical procedures must adhere to the requirements of this policy directive regardless of the location where the procedure is performed.

Each health service undertaking clinical procedures must have systems and processes in place to enable compliance with this policy directive. This includes educating and training staff, documenting incidents associated with procedures, monitoring compliance with this policy directive, and reporting outcomes to the appropriate committee/s within the health service and to relevant external agencies such as the NSW Coroner's office.

IMPLEMENTATION

Chief Executives are responsible for:

- Assigning responsibility for implementing and complying with this policy directive and reporting on the implementation of this policy document as required.

Clinicians are responsible for:

- Complying with this policy directive.

Clinical Excellence Commission is responsible for:

- Reviewing and ensuring the currency of this policy directive.

REVISION HISTORY

Version	Approved by	Amendment notes
PD2017_032 September 2017	Deputy Secretary, People, Culture and Governance	Revised following review. Replaces PD2014_036.
(PD2014_036) October 2014	Deputy Secretary, Governance, Workforce & Corporate	Revised following review. Replaces PD2007_079.
PD2007_079	Director General	Revised following review. Replaces PD2005_380
PD2005_380	Director General	New policy

ATTACHMENT

- Clinical Procedure Safety: Procedures

Clinical Procedure Safety



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1 BACKGROUND

1.1 About this document

The purpose of this policy directive is to address clinical care and patient safety risks associated with clinical procedures; improve matching of the patient to the correct procedure; improve communication within the procedural team and between the patient and the procedural team; and reduce the number of clinical procedure related incidents.

1.2 Principles

The following principles apply to clinical procedures.

1. The policy directive applies to the full age range of patients. Where issues are specific to children these are raised by way of exception for children.
2. The manager / departmental head is responsible for ensuring the processes for clinical procedure safety are followed.
3. Every clinician involved in a procedure whether as an individual proceduralist or as a member of a procedural team is responsible for ensuring the processes for clinical procedure safety are followed.
4. Active involvement and effective communication between the proceduralist (and procedural team members where appropriate) and the patient or their person responsible should occur.
5. Use age appropriate communication techniques when communicating with children. A staff member experienced in communicating with children should provide an explanation of the procedure, in consultation with the person responsible, in language that can be understood by the child. The use of toys such as dolls or teddy bears may assist with explanations as may the opportunity to see and touch any non-dangerous equipment prior to the procedure such as a stethoscope and the anaesthetic mask.
6. In general, for Level 1 and Level 2 procedures, the person responsible is encouraged to stay with their child where clinically appropriate and where the child is conscious, and agreed between the senior proceduralist and the person responsible; for Level 3 procedures up to when the child is sedated / anaesthetised and then following the procedure as the child wakes up as the clinical situation allows.
7. Valid consent must be obtained for the procedure.¹
8. The proceduralist (and procedural team members where appropriate) is responsible for confirming patient identification, procedure verification and where appropriate the correct site / side / level for the procedure. The proceduralist carries ultimate responsibility for the patient identification and procedure verification.
9. Patient identification, and verification of the correct procedure and correct site (where appropriate) must occur prior to the procedure commencing.

10. To the extent possible involve the patient, or their person responsible, at all points in the patient identification and procedure verification processes, including marking of the procedure site, where appropriate.
11. Site marking is essential where there is the potential for error involving multiple structures (fingers, toes, or lesions), left / right distinction, or levels (spine).
12. Confirm the patient’s known allergies / adverse reactions to substances. Ensure substances the patient has a known allergy / adverse reaction to are not used during the procedure.
13. If pre-procedure imaging data are to be used, the data must be available and correctly identified before the patient receives procedural sedation / anaesthesia.
14. If prostheses, implants, sterile equipment, or special equipment are required, they must be available and, where appropriate, confirmed they are functional and appropriate for use e.g. left / right, before the patient receives procedural sedation / anaesthesia.

1.3 Key definitions

Airway management	Includes oxygen therapy via face mask, management of airways obstruction including the use of common devices such as oro - pharyngeal and naso - pharyngeal airways, single handed and two handed mask ventilation using Bag and Mask, insertion and management of Laryngeal Mask Airways and intubation of the trachea using standard laryngoscopy equipment and monitoring of the patient for the effects of hypoxia with basic monitoring such as ECG (electrocardiogram), NIBP (non-invasive measurement of blood pressure), Pulse Oximetry and CO ₂ waveform analysis for deep sedation.
Anaesthesia and sedation	Refer to definition - Sedation and anaesthesia.
Assisting clinicians	Staff engaged in assisting the proceduralist as part of the procedure.
Clinical handover	The effective transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis. ²
Clinician	A person authorised by a facility to provide clinical care to a patient.
Clinician airway monitor	A dedicated clinician (who is not the proceduralist) with appropriate competency-based training, whose primary responsibility is to monitor the patient’s level of consciousness and to monitor and provide the initial management of cardio-respiratory status of the patient during the procedure.
Incident	Any unplanned event resulting in, or with the potential for, injury, damage or other loss. This includes a near miss. ³
Must	Indicates a mandatory action required that must be complied with.

Patient	A person receiving health care. Also known as consumer or client.
Patient identification	The active process of confirming a patient's identity through the use of approved patient identifiers to ensure the correct patient is matched to their planned procedure. ⁴
Person responsible	For the purposes of this policy directive a <i>person responsible</i> is a person who can provide consent for a patient's clinical procedure to be performed. ¹
Proceduralist	A clinician who is performing or assisting in the procedure. There may be more than one proceduralist involved in a procedure. The senior proceduralist takes overall responsibility for the case.
Procedural Team	Includes all clinicians participating in the delivery of care during the procedure.
Procedure	<p>For the purposes of interpreting this policy directive <i>procedure</i> is defined as follows.</p> <p><u>Level 1 procedure</u></p> <ul style="list-style-type: none"> • Usually requires a single proceduralist • Usually does not require written consent • Does not involve procedural sedation or general / regional anaesthesia. <p>Exception - Dental procedures involving dental nerve blocks are classified as Level 1 procedures.</p> <ul style="list-style-type: none"> • Usually performed in wards, emergency departments, clinics and imaging departments. <p><u>Level 2 procedure</u></p> <ul style="list-style-type: none"> • Requires a proceduralist, often supported by an assisting proceduralist/s • Usually requires written consent • Does not involve procedural sedation or general / regional anaesthesia • Usually performed in wards, emergency departments, clinics, imaging departments and interventional suites. <p><u>Level 3 procedure</u></p> <ul style="list-style-type: none"> • Requires at least one proceduralist and a procedural team • Always requires written consent • Involves procedural sedation or general / regional anaesthesia

	<ul style="list-style-type: none"> • Usually performed in formal procedural suites such as operating theatres, emergency departments, endoscopy suites, interventional imaging suites, birthing suites and cardiac catheterisation laboratories.
<p>Procedure verification</p>	<p>The active process of verifying the procedure by confirming the planned procedure and the site / side / level for the procedure.</p>
<p>Sedation and anaesthesia⁵</p>	<p>Procedural sedation implies that the patient is in a state of drug-induced tolerance of uncomfortable or painful diagnostic or interventional medical, dental or surgical procedures.</p> <ul style="list-style-type: none"> • Conscious sedation is defined as a drug-induced depression of consciousness during which patients are able to respond purposefully to verbal commands or light tactile stimulation. • Deep levels of sedation, where consciousness is lost and patients only respond to painful stimulation, are associated with potential loss of the ability to maintain a patent airway, inadequate spontaneous ventilation and / or impaired cardiovascular function. Deep levels of sedation may have similar risks to general anaesthesia, and may require an equivalent level of care. <p>For the purposes of interpreting this policy directive:</p> <ul style="list-style-type: none"> • Use of opioids The use of opioids for analgesia is not considered procedural sedation. • Use of nitrous oxide <ul style="list-style-type: none"> - If the primary intent is analgesia then it is not considered procedural sedation. - If the primary intent is sedation then it is considered procedural sedation and these procedures must be classed as Level 3 procedures. <p>Procedural sedation does NOT include premedication to reduce anxiety or provide pain relief.</p> <p>Regional anaesthesia includes major nerve blocks, epidural blocks and spinal blocks. Excludes dental nerve blocks. It involves the injection of local anaesthetic in the vicinity of major nerve bundles supplying body areas. Regional anaesthesia may be used on its own or combined with sedation or general anaesthesia.</p> <p>General anaesthesia is a drug-induced state characterised by absence of purposeful response to any stimulus, loss of protective</p>

	airway reflexes, depression of respiration and disturbance of circulatory reflexes. General anaesthesia is sometimes indicated during diagnostic or interventional medical or surgical procedures and requires the exclusive attention of an anaesthetist, or other appropriately trained and credentialed medical specialist within their scope of practice.
Should	Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.
Sign In	The period immediately before preparing the patient for their procedure by the procedural team.
Sign Out	The period after the procedure and before the patient / procedural team leaves the procedural area.
Team Time Out	The period immediately before commencing the procedure to undertake a final verification of the patient's identity and the procedure. Team Time Out applies to Level 2 and Level 3 procedures.
VTE prophylaxis	Treatment, either pharmacological or mechanical, provided to a patient in order to reduce the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism). ⁶

2 LEVEL 1 PROCEDURES

Definition	Examples ^a	Requirements	
		Pre-procedure	Post procedure
<ul style="list-style-type: none"> - Single proceduralist - Usually does not require written consent - Does not involve procedural sedation or general/regional anaesthesia, except for dental procedures involving dental nerve blocks - Usually performed in wards, emergency departments, clinics, imaging departments 	<ul style="list-style-type: none"> - Insertion IV cannula - Insertion IDC - Insertion NGT - Taking blood samples - Diagnostic Radiology - Diagnostic Nuclear Medicine - Routine dental procedures e.g. dental extraction, fillings - Dental procedures involving dental nerve blocks - Superficial skin lesions/biopsies - Non operative obstetrics e.g. fetal scalp blood sampling, perineal repair with LA, Artificial Rupture of Membranes, fetal scalp electrode^b 	<p>STOP and confirm the following before commencing the procedure</p> <ul style="list-style-type: none"> - Patient identification - Procedure verification - procedure + site/side/level, where appropriate, matches consent - Allergy/adverse reaction check - Anticipated critical events 	<ul style="list-style-type: none"> - Document procedure in patient's health care record or Radiology Information System - Advice for clinical handover - Label specimen/images - Post procedure tests where clinically relevant

2.1 Pre procedure

Procedures **not** involving procedural sedation / anaesthesia are either Level 1 or Level 2 procedures. Refer to the definition and examples for guidance in classifying procedures as Level 1 or Level 2.

For Level 1 procedures the proceduralist, and assisting proceduralist/s, where relevant, must **STOP** and confirm the following minimum requirements immediately before commencing the procedure. Where two or more staff members are involved they must introduce themselves to each other and the patient, as appropriate, by their preferred names and roles before the procedure commences.

2.1.1 Patient identification

- The patient's identity must be confirmed before any procedure commences.

^aThe examples provided do not cover all possible procedures and the examples may be escalated to a higher level (ie Level 1 procedures may be classified by a health service as Level 2 or Level 3 procedures). Health services should consider development of local lists of examples for Level 1, Level 2 and Level 3 procedures consistent with the requirements of this policy directive.

^b Where the procedure is a non operative obstetric procedure and patient identification has occurred at the commencement of labour, the obstetric team that has cared for the patient during labour should confirm the patient's identification immediately before commencing the procedure if appropriate e.g. if the patient is moved to a new room or a new member joins the obstetric team caring for the patient during the procedure.

- Staff must confirm that they have the correct patient by asking the patient, or their person responsible, to state the patient's full name and date of birth. Staff should not state the patient's name or date of birth and then ask the patient, or their person responsible, if this information is correct.
- The response must be confirmed against the details on the request form / referral / treatment plan and patient identification band or other approved patient identification tool (including unique patient identifier), as appropriate.
- Where patient details on the request form / referral / treatment plan are incomplete or there is a discrepancy with the information received from the patient, or their person responsible, the correct information must be verified before commencing the procedure and actions taken documented in the patient's health care record.
- If the patient is unable to participate in the patient identification step, for example due to physical incapacity, language issues, or is a child, and their person responsible is not present, then the patient's identification band or other approved patient identification tool (including unique patient identifier) should be used to confirm the patient's identification.

2.1.2 Procedure verification

- Consent must be obtained for any procedure as required by the NSW Health policy directive on consent to medical treatment.¹
- Consent must be documented for high risk radiology and nuclear medicine procedures for Diagnostic Imaging Accreditation Scheme accreditation.
- Signed consent forms are not required for minor procedures performed under local anaesthesia, e.g. insertion of IV cannula, urethral catheterisation, or suture of minor lacerations.
- Request forms / referrals / treatment plans for procedures must include the patient's name, date of birth, sex, unique patient identifier (where appropriate), reason for the procedure, details of the test/s required, the date the test/s were ordered, and the exact anatomical location for the test/s including the procedure site, laterality and level.
- The proceduralist must ask the patient, or their person responsible, to state what procedure they understand will be performed and to state the site / side / level for the procedure (where relevant) and verify this matches the planned procedure and consent / request form / referral / treatment plan.⁷
- Where procedure details on the request form / referral / treatment plan are incomplete or there is a discrepancy the requesting clinician or a member of their team must be contacted to clarify the information before commencing the procedure and the response documented.

2.1.3 Allergy / adverse reaction check

- Ask the patient, or their person responsible, if they have a known allergy / adverse reaction and if yes, what the allergy / adverse reaction was and what effect they experienced. The response should be documented.

2.1.4 Anticipated critical events

- The proceduralist must consider the planned procedure, critical steps, anticipated events and equipment requirements.

2.2 Post procedure

- The name of the proceduralist/s must be documented in the patient's health care record or Radiology Information System.
- Document the name of the procedure and outcome/s in the patient's health care record or Radiology Information System.
- Provide clinical handover advice (verbal and documented) to the staff caring for the patient or post procedure destination, as appropriate, and discuss with the patient and / or person responsible where possible.
- Specimens / images must be labelled correctly and labels checked with the patient or person responsible or checked with another clinician where possible.
- Arrange post procedure tests where clinically relevant.

3 LEVEL 2 PROCEDURES

Definition	Examples ^c	Requirements	
		Pre-procedure (including Team Time Out)	Post procedure
<ul style="list-style-type: none"> - Proceduralist often supported by an assisting proceduralist/s - Usually requires written consent - Does not involve procedural sedation or general/regional anaesthesia - Usually performed in wards, emergency departments, clinics, imaging departments, interventional suites 	<ul style="list-style-type: none"> - Lumbar puncture - Insertion of chest tube - Ascitic tap - Stress test - Diagnostic interventional procedures - Nuclear Medicine therapies - Non-superficial biopsies - IV or IT administration of chemotherapy - IV administration of contrast - Centrally inserted central venous access device⁸ 	<p>STOP and confirm the following before commencing the procedure</p> <ul style="list-style-type: none"> - Proceduralist/assisting proceduralist/s introductions, where appropriate - Patient identification - Procedure verification - procedure + site/side/level, where appropriate, matches consent - Patient position - Essential imaging reviewed - Allergy/adverse reaction check - Special medication/s administered - Antibiotics - Implants and special equipment - Anticipated critical events 	<ul style="list-style-type: none"> - Document procedure in the patient's health care record or Radiology Information System - Advice for clinical handover - Equipment problems/issues - Specimens/images labelled correctly - Post procedure tests where clinically relevant e.g. CXR post insertion of chest tube

3.1 Pre procedure (including Team Time Out)

Procedures **not** involving procedural sedation / anaesthesia are either Level 1 or Level 2 procedures. Refer to the definition and examples for guidance in classifying procedures as Level 1 or Level 2.

The proceduralist, and where present assisting proceduralist/s, must **STOP** and confirm the following minimum requirements immediately before commencing the procedure. Where two or more staff members are involved they must introduce themselves to each other, and the patient and their person responsible where appropriate, by their preferred names and roles before the procedure commences.

3.1.1 Patient identification

- The patient's identity must be confirmed before any procedure commences.
- Staff must confirm they have the correct patient by asking the patient, or their person responsible, to state the patient's full name and date of birth. Staff must not

^c The examples provided do not cover all possible procedures and the examples may be escalated to a higher level (ie Level 1 procedures may be classified by a health service as Level 2 or Level 3 procedures). Health services should consider development of local lists of examples for Level 1, Level 2 and Level 3 procedures consistent with the requirements of this policy directive.

state the patient's name or date of birth and then ask the patient, or their person responsible, if this information is correct.

- The response must be confirmed against the details on the consent form / request form / referral / treatment plan and patient identification band or approved patient identification tool (including unique patient identifier), where appropriate.
- Where patient details on the consent / request form / referral / treatment plan are incomplete or there is a discrepancy with the information received from the patient, or their person responsible, the correct information must be verified before commencing the procedure and actions taken documented in the patient's health care record.
- If the patient is unable to participate in the patient identification step, for example due to physical incapacity, language issues, or is a child, and their person responsible is not present, then the patient's identification band or approved patient identification tool (including unique patient identifier) should be used to confirm their identification

3.1.2 Procedure verification

- Consent must be obtained for any procedure as required by the NSW Health policy directive on consent to medical treatment.¹
- The consent form (where written consent obtained) must be completed as required by the NSW Health policy on consent.¹
- Request forms / referrals / treatment plans for procedures must include the patient's name, date of birth, sex and unique patient identifier (if available), and should include the procedure site / side / level, reason for the procedure, details of the examination / test/s required, the date the test/s were ordered, and the exact anatomical location for the test/s.
- Consent must be documented for high risk radiology and nuclear medicine procedures for Diagnostic Imaging Accreditation Scheme (DIAS) accreditation.⁹ The level of risk associated with each imaging procedure should be determined locally based on the risk factors of the individual patient and the risk of the procedure.
- When contrast is used for procedures outside the operating theatre a patient checklist that is specifically designed for contrast administration must be used.
- The proceduralist must ask the patient, or their person responsible, to state what procedure they understand will be performed and to state the site / side / level for the procedure (where appropriate) and verify this matches the planned procedure and consent / request form / referral / treatment plan.⁹
- Where procedure details on the consent form / request form / referral / treatment plan are incomplete or there is a discrepancy the requesting clinician or a member of their team must be contacted to clarify the information before commencing the procedure and the response documented.

3.1.3 Site / side / level marking

- The site / side / level should be marked where there is the potential for error involving multiple structures (fingers, toes, or lesions), left / right distinction, or levels (spine).
- The site /side / level marking for radiotherapy treatments involve the following.
 - The mark should be on or near the incision site or radiotherapy site.
 - For certain treatments the immobilising device may be marked.
 - Site / side / level marking is not required in the following circumstances. For multiple fractions of radiotherapy, where the site is usually only marked before the first fraction and reapplied as necessary, and where markings are applied to the immobilisation device rather than on the patient's skin.

3.1.4 Patient position

- The positioning of the patient must be verified as correct for the planned procedure.
- The appropriate equipment for positioning and venous thromboembolism (VTE) prophylaxis must be working and available for use during the procedure.⁶

3.1.5 Essential imaging available

If imaging data are to be used to verify the procedure or site / side / level of the procedure the proceduralist must verify in conjunction with the assisting proceduralist/s, as appropriate, that:

- The patient's identity, the site of the procedure and the date of the image in relation to the procedure all match.
- The images are for the correct side of the body, oriented correctly, and correctly labelled with the patient's name and date of birth.

3.1.6 Allergy / adverse reaction check

The proceduralist should:

- Ask the patient, or their person responsible, if they have a known allergy / adverse reaction and if yes, what the allergy / adverse reaction was and what effect they experienced. The response should be documented.
- Check for any other source that may provide further information on allergies / adverse reactions the patient might have e.g. treatment plan, progress notes.
- Check that allergies / adverse reactions are noted on the allergy / adverse reaction section of the National Inpatient Medication Chart or other relevant section of the patient's health care record.
- Note that when contrast is used for procedures the allergy / adverse reaction check must be included in a patient checklist that is specifically designed for contrast administration.
- Ensure the assisting proceduralist/s is aware of all identified allergies / adverse reactions.

3.1.7 Special medications administered

- The proceduralist should confirm that any special medications required have been administered.

3.1.8 Antibiotics

- Antibiotic prophylaxis may be indicated and should be given in accordance with current antibiotic therapeutic guidelines prior to the procedure commencing except when antibiotics are withheld in order to get specimens for microbial testing.

3.1.9 Anticipated critical events

- The proceduralist must consider, and discuss with the assisting clinician/s, the planned procedure, critical steps, anticipated events and equipment requirements.
- The proceduralist, and the assisting proceduralist/s, must verbally confirm sterility, implants and equipment requirements.

3.2 Post procedure

3.2.1 Name of the proceduralist/s documented

- The name of the proceduralist/s must be documented in the patient's health care record or Radiology Information System.

3.2.2 Name of the procedure documented

- The proceduralist must confirm exactly what procedure was done, any expected or unexpected adverse events and patient outcomes, and ensure this is documented in the patient's health care record or Radiology Information System. Where a procedure has varied from that planned the rationale must be documented with reason/s why.

3.2.3 Advice for clinical handover

- Provide clinical handover advice (verbal and documented), including the patient's management plan post procedure, for the clinicians at the post procedure destination and discuss with the patient and their person responsible where possible.
- Document and communicate any altered calling criteria on the relevant observation chart.

3.2.4 Equipment problems / issues documented and advised to relevant staff

- Malfunctioning equipment and instruments should be accurately identified to prevent them from being used again until the problems are resolved. Any equipment or instrument problems arising during the procedure must be documented, and raised with the relevant staff so they can be resolved as soon as possible. If an adverse event has occurred as a result of equipment / instrument malfunction then this should be notified in the incident management system.

3.2.5 Specimens / images labelled correctly

- The proceduralist, and assisting proceduralist/s, must ensure the correct labelling of any pathology specimen / images obtained during the procedure by verifying the patient's name, specimen / image description and any orienting marks.

3.2.6 Tests required

- Referral for test/s post procedure should be discussed with the patient and their person responsible where clinically appropriate, and arranged.

4 LEVEL 3 PROCEDURES

Definition	Examples ^d	Requirements	
<ul style="list-style-type: none"> - At least one proceduralist and a procedural team - Always requires written consent - Involves procedural sedation or general /regional anaesthesia - Usually performed in formal procedural suites such as operating theatres, emergency departments, endoscopy suites, interventional imaging suites, birthing suites, cardiac catheterisation laboratories 	<ul style="list-style-type: none"> - Surgical procedure (OR) - ECT - Colonoscopy - Bronchoscopy - Interventional imaging procedure, including: <ul style="list-style-type: none"> • Angiography • Cardiovascular • Coiling • Stenting • Interventional Neuroradiology 	1. Pre-procedure	2. Sign In
		<ul style="list-style-type: none"> - Patient identification - Procedure verification – planned procedure + site/side/level, where appropriate, matches consent - Site/side/level marking, where appropriate 	SIGN IN ONE <ul style="list-style-type: none"> - Patient identification - Procedure verification – planned procedure + site/side/level, where appropriate, matches consent - Allergy/adverse reaction check - Sedation/anaesthetic equipment checked - Patient sedation risk/anaesthetic assessment - Significant airway or aspiration risk - Clinician airway monitor identified - Clinician skilled to manage airway identified - Pulse oximeter working - Risk of major bleeding SIGN IN TWO <ul style="list-style-type: none"> - Essential imaging available - Site marking (exemptions) - Implants and special equipment - Proceduralist available to complete procedure
		3. Team Time Out	4. Sign Out
		<ul style="list-style-type: none"> - Team member introductions - Patient identification - Procedure verification - planned procedure + site/side/level, where appropriate, matches consent - Patient position - Essential imaging reviewed - Allergy/adverse reaction check - Special medication/s administered - Antibiotics - VTE prophylaxis - Anticipated critical events 	<ul style="list-style-type: none"> - Name of procedure recorded - Counts/tray list checks correct - Specimens/images labelled correctly - Blood loss documented; ongoing blood loss discussed - Equipment problems/issues documented/ relevant staff member advised or equipment / instrument labelled - Advice for clinical handover

^d The examples provided do not cover all possible procedures and the examples may be escalated to a higher level (ie Level 1 procedures may be classified by a health service as Level 2 or Level 3 procedures). Health services should consider development of local lists of examples for Level 1, Level 2 and Level 3 procedures consistent with the requirements of this policy directive.

Procedures involving procedural sedation / anaesthesia must always be classified as Level 3 procedures.

4.1 Pre procedure requirements

The following must be undertaken before the patient is transferred to the procedural suite.

4.1.1 Patient identification

- The patient's identity must be confirmed before any procedure commences.
- Staff must confirm they have the correct patient by asking the patient, or their person responsible, to state the patient's full name and date of birth. Staff must not state the patient's name or date of birth and then ask the patient, or their person responsible, if this information is correct.
- The response must be confirmed against the details on the consent form / request form / referral / treatment plan and patient identification band (including unique patient identifier).
- Where patient details on the consent form / request form / referral / treatment plan are incomplete or there is a discrepancy with the information received from the patient, or their person responsible, the correct information must be verified before commencing the procedure and actions taken documented in the patient's health care record.
- If the patient is unable to participate in the patient identification step, for example due to physical incapacity, language issues, or is a child, and their person responsible is not present, a member of staff from the preceding location of the patient (e.g. ward or emergency department) must act as the patient's advocate to confirm the patient's identity.
- Patients undergoing Level 3 procedures must be wearing a patient identification band.¹⁰

4.1.2 Procedure verification

- Consent must be obtained for all Level 3 procedures as required by the NSW Health policy directive on consent to medical treatment.¹
- The consent form must be completed as required by the NSW Health policy on consent.¹
- Request forms / referrals / treatment plans for procedures must include the patient's name, date of birth, sex and unique patient identifier and should include the procedure site / side / level, reason for the procedure, details of the examination / test/s required, the date the test/s were ordered, and the exact anatomical location for the test/s.
- Staff must ask the patient, or their person responsible, to state what procedure they understand will be performed and to state the site / side / level for the procedure (where appropriate) and verify this matches the planned procedure and consent form / request form / referral / treatment plan.⁹

- Where procedure details on the consent form / request form / referral / treatment plan are incomplete or there is a discrepancy the requesting clinician or a member of their team must be contacted to amend or complete a new document before the procedure commences and actions taken documented in the patient's health care record.
- Verify x-ray and other imaging data are for the correct patient and are the correct images, where appropriate.
- Other relevant clinical information including documentation recorded electronically must be available prior to the planned procedure.
- Verification should be documented in the patient's health care record, including a record of individuals involved in the verification process.

4.1.3 Site / side / level marking

Site / side / level marking

Site / side / level marking is essential in cases where there is the potential for error involving multiple structures (fingers, toes, or lesions), left / right distinction, or levels (spine). In these cases, where appropriate, the site / side / level should be marked.

The site / side / level must be marked by one of the proceduralists (except for intra-ocular surgery):

- As a minimum, all cases involving multiple structures (fingers, toes or lesions), laterality or levels (spine) must be marked.
- Non-procedure sites / sides / levels must not be marked.
- Marking occurs before the patient enters the procedural room, except in an emergency.
- The method of marking should be consistent throughout the organisation. Initials must not be used in marking.
- Marking takes place with the patient involved, awake and aware, where appropriate. Note some paediatric, psychiatric and intellectually impaired patients may find this distressing and marking may be done after these patients are anaesthetised. For this group of patients it may be appropriate to have a person responsible present.
- The mark should be on or near the incision site.
- The mark should be visible and sufficiently permanent so it remains visible following skin preparation and draping.
- The marking must be documented in the patient's health care record by the person marking the site / side / level.

Exception: For **intra-ocular surgery** where pre-operative mydriatic drops have been ordered, the correct side may be marked by a registered nurse, and the marking checked by a second registered nurse before the drops are given, in conjunction with confirmation of the patient's identity, checking of the consent, and verbal confirmation by the patient, or their person responsible, of the side to have surgery. The mark

must be subsequently checked as the correct side for the procedure as required by Sign In One, Sign In Two and Team Time Out.

Site / side / level marking exemptions

Site / side / level marking is **not required** in the following circumstances (although it can be used):

- To avoid confusion e.g. if a procedure requires a regional anaesthetic then only the procedure site should be marked.
- For single organ cases e.g. cardiac surgery, caesarean section.
- Where the site of surgical entry is unambiguous e.g. midline incisions, cystoscopies, laparoscopies.
- If the site is obvious e.g. open trauma wound, large tumour.
- For endoscopies.
- For procedures where the catheter / instrument site is not predetermined e.g. cardiac catheterisation, epidural / spinal analgesia / anaesthesia.
- For radiology procedures where marking the site could add to the ambiguity of subsequent procedures.
- Where intra-procedure imaging for localisation e.g. radiological, MRI, stereotaxis, ultrasound, radiation detection will be used.
- Where the procedure site cannot be marked e.g. teeth, the site / side must be clearly recorded in the patient’s health care record.
- For premature infants, and some oral and maxillofacial surgery, where marking may cause permanent marking of the tissues.
- Where the patient refuses marking. Such refusal must be documented in the patient’s health care record.
- In a life-threatening emergency where the patient enters the procedural room directly. This must be documented in the patient’s health care record.

4.2 Requirements for a Level 3 procedure checklist

There are three distinct stages to Level 3 procedure checklists with each stage corresponding to a specific time period in the patient’s procedure.

Sign In	The period before commencing procedural sedation or general / regional anaesthesia that is, immediately before the procedural team prepares the patient for their procedure. Sign In is further divided into two parts - Sign In One & Sign In Two
Team Time Out	The period immediately before commencing the procedure to undertake a final patient identification and procedure verification
Sign Out	The period before the patient / procedural team leave the procedural area.

- A checklist must be used for every Level 3 procedure.
- A checklist must include Sign In, Team Time Out and Sign Out.
- Sign In One and Two may be combined with the agreement of sedationists / anaesthetists and proceduralists.
- The name of the clinician/s that completed each section of the checklist must be clearly documented.

Section	Clinician responsible
Sign In One	Sedationist / Anaesthetist
Sign In Two	Proceduralist
Where Sign In One and Sign In Two are combined the names of both clinicians responsible must be documented - that is the name of the Sedationist / Anaesthetist and the name of the Proceduralist	
Team Time Out	Senior proceduralist
Sign Out	Nurse / Midwife

- The checklist is part of the patient’s health care record.
- The checklist must include confirmation of the patient’s identification and the procedure verification.
- The checklist should comply with the requirements of Sections 4.3 to 4.6 of this policy.
- For procedures performed outside an operating suite, Local Health Districts / Specialty Health Networks (LHD / SHNs) may remove items included in a Level 3 procedure checklist, as set out in Sections 4.3 to 4.6, based on a risk management approach considering issues such as the type of procedure and the procedural setting. This would only apply when the items removed have no relevance to the procedure being performed (e.g. for electroconvulsive therapy (ECT) procedures the checklist might remove the items about blood loss or imaging). If modified checklists are created then they must be clearly labelled with the location the checklist will be used in or, if a procedure specific checklist, then the procedure must be included in the title (e.g. ECT Procedure Safety Checklist).
- Additional items not covered by this policy directive may be added as required.

- Checklists for Level 3 procedures must be approved by the LHD / SHN Chief Executive or their delegate/s (such as Executive Directors for Clinical Governance, Medical Services, Nursing & Midwifery) or the LHD / SHN's quality and safety committee. The approval must be documented.

4.3 Sign In One: Checklist completed by the sedationist / anaesthetist

Sign In One must be completed before commencing procedural sedation or general / regional anaesthesia.

Sign In One is completed by the sedationist / anaesthetist in conjunction with another member of the procedural team e.g. anaesthetic nurse / circulating nurse. Where there is no sedationist / anaesthetist then a proceduralist must complete this check.

In procedural suites where a formal, documented verification check is performed prior to entering the procedural suites e.g. in an airlock, theatre holding bay or reception area, the Sign In One is an additional step that must occur in a room or area immediately adjacent to the procedural room e.g. in the anaesthetic room if available, or in the procedural room.

Sign In One must be completed before the patient enters the procedural room, except in emergency situations, where an anaesthetic room does not exist or where the patient enters the procedural room directly. In these cases Sign In One should be completed inside the procedural room.

4.3.1 Patient identification

- Patient identification must occur before any treatment / intervention is initiated except if a life threatening or emergency situation exists.
- Staff must ask the patient, or their person responsible, to state their full name and date of birth. Staff must not state the patient's name or date of birth and then ask the patient, or their person responsible, if this information is correct.
- The answers to these questions must be confirmed against the details on the patient identification band. If there is a discrepancy between the details, the procedure must not proceed until this is resolved.
- If the patient is unable to participate in the final patient identification step prior to the planned procedure/s, for example due to physical incapacity, language issues, or is a child, then the patient's person responsible or the patient's identification band/s should be used to confirm the patient's identity.

4.3.2 Planned procedure matches consent

- The consent form is the primary source of information about the patient's planned procedure. The procedure to be performed must match what has been written on the patient's signed consent form. Details on the consent form must be clear and correct; and must match the health care record, the request / referral letter, the patient's or their person responsible's, understanding of the procedure to be undertaken and imaging data, where appropriate.

- A final consent check with the patient, or their person responsible, before sedating / anaesthetising the patient gives the patient the opportunity to identify any mistakes. If the planned procedure and consent do not match, the proceduralist must resolve the matter before the patient receives procedural sedation / anaesthesia.
- If the planned procedure information on the consent form is incorrect this should be documented in the patient's health care record as well as the actions taken to resolve the discrepancy.

4.3.3 Site / side / level matches consent

- The relevant team member should ask the patient, or their person responsible, to state their site / side / level for the planned procedure. The team member must not state the site / side / level for the planned procedure and then ask the patient, or their person responsible, if this information is correct.
- For some procedures (e.g. those that involve ovaries and fallopian tubes), side detection may be unreliable preoperatively.^e In these circumstances, side verification is not recommended.

4.3.4 Allergy / adverse reaction check

The relevant team member should:

- Ask the patient, or their person responsible, if they have a known allergy / adverse reaction and if yes, what the allergy / adverse reaction was and what effect they experienced.
- Check for any other source that may provide further information on allergies / adverse reactions the patient might have e.g. treatment plan, progress notes.
- Check that allergies / adverse reactions are noted on the allergy / adverse reaction section of the National Inpatient Medication Chart or other relevant section of the patient's health care record.
- Note that when contrast is used for procedures the allergy / adverse reaction check must be included in a patient checklist that is specifically designed for contrast administration or a Level 3 checklist.
- Ensure all team members are aware of all allergies / adverse reactions identified.

4.3.5 Sedation / anaesthetic equipment checked

- When procedural sedation or anaesthesia is planned a formal check of the necessary sedation / anaesthetic equipment must be completed prior to each procedure to ensure the equipment is available and working. Continuous pulse oximetry and blood pressure monitoring must be commenced on the patient prior to commencing procedural sedation or anaesthesia and continued until the patient is adequately recovered from this.

^e Gynaecology surgery for adnexal masses: it is not uncommon for a patient to be consented for a right sided procedure, based on clinical examination or imaging (usually ultrasound) and to find at operation that the pathology is left sided (and vice versa). This is due to the fact that the tubes and ovaries are lateral and posterior to the uterus and fall towards the midline of the pelvis, making it easy to get the wrong side.

4.3.6 Patient sedation risk / anaesthetic assessment done

- When procedural sedation or anaesthesia is planned a medical assessment must be completed prior to commencement of the procedure (except in a life threatening emergency). This must include documentation of the patient's medical condition/s and their sedation risk / anaesthetic assessment. When a non-anaesthetist plans to give procedural sedation an assessment must be made as to whether an anaesthetist is required to assess and manage the patient. This decision must be documented in the patient's health care record.

4.3.7 Significant airway risk

- When procedural sedation or anaesthesia is planned the sedationist / anaesthetist must formally assess the patient's airway and document this in the patient's health care record prior to commencing procedural sedation / anaesthesia. If this assessment indicates a significant airway risk then an anaesthetist must be present before sedation is given.
- When a significant airway risk is identified the procedural sedation / anaesthesia must not commence until all required special equipment needed is present and functional, and procedural team members needed are present.
- Functioning and clean suction equipment must always be immediately available when procedural sedation / anaesthesia is given.

4.3.8 Significant aspiration risk

- The risk of aspiration should also be evaluated and documented. If the patient has symptomatic active reflux or a full stomach, the sedationist / anaesthetist must consider what additional steps might be taken to reduce the increased risk of aspiration.
- When a significant aspiration risk is identified the procedural sedation / anaesthesia must not commence until all required special equipment needed is present and functional, and the appropriate procedural team members are present.
- Functioning and clean suction equipment must always be immediately available.

4.3.9 Identification of clinician airway monitor and availability of skilled personnel

- When procedural sedation is to be used, and where an anaesthetist is not present to care exclusively for the patient, a clinician airway monitor other than the proceduralist must be nominated whose primary responsibility is to monitor the patient's level of consciousness and to monitor and provide the initial management of cardio-respiratory status of the patient during the procedure. There must be present a clinician skilled in airway management and cardio-pulmonary resuscitation relevant to the patient's age.

4.3.10 Risk of major bleeding

Defined as the risk of bleeding more than:

- 500 ml of blood for adults
- 7 ml / kg of blood for children

- >750 ml of blood for maternity patients.¹¹

If there is a risk of major bleeding:

- The procedural team should confirm there is a valid group and screening available. If antibodies are present and the blood bank indicates that this may delay the provision of cross-matched blood, then at least two units of compatible cross-matched blood should be available before proceeding.
- The patient should have large bore venous access.
- Intra-procedure blood loss should be measured and the patient monitored for signs of hypovolaemia.

4.4 Sign In Two: Checklist completed by the proceduralist

Sign In Two must be completed before commencing procedural sedation or general / regional anaesthesia.

Sign In Two must be completed by a proceduralist who is required to confirm the following.

4.4.1 Essential imaging available

If imaging data are to be used to verify the site or procedure, a proceduralist must confirm with another member of the procedural team that:

- Images are correct and properly labelled for the correct side of the body, oriented correctly, and labelled with the patient's name and date of birth.
- Patient's identity, the site of the procedure and the date of the image, in relation to the procedure, all match.

4.4.2 Site marked

A proceduralist must confirm that the site has been marked or marking is not required (Refer to [Section 4.1.3 Site marking](#)).

4.4.3 Implants and special equipment

- If any implant (type / side / size / power) and / or special equipment is required, its availability and function where possible to check, must be checked by two team members.
- A proceduralist must be present prior to commencement of procedural sedation / anaesthesia to confirm that sterile instrumentation, implants and / or any special equipment required are present and functional.
- Where an implant is used the product's label, code reference and serial number should be recorded in the patient's health care record.

4.4.4 A proceduralist who can complete the procedure is immediately available

- Confirm that a proceduralist, who can complete the procedure is immediately available before the patient receives procedural sedation / anaesthesia and before moving to the Team Time Out stage.

4.5 Team Time Out – Checklist led by the senior proceduralist

Team Time Out is the final patient safety check and must occur immediately before the procedure commences in the room where the procedure is to be conducted. Usually this will be after procedural sedation / anaesthesia has commenced. The senior proceduralist present must lead the Team Time Out. The proceduralist, sedationist / anaesthetist and other members of the procedural team must **ALL** confer and agree on all aspects of the Team Time Out section of the checklist.

Success of Team Time Out is reliant on active communication amongst all members of the procedural team. It is the responsibility of the senior proceduralist present to ensure that Team Time Out is completed. The procedure should not commence until all team members are satisfied that the patient identification and procedure verification processes have been completed and patient identification and procedure verification are correct.

Each and every member of the procedural team is responsible for ensuring Team Time Out occurs and for raising any concerns they may have during Team Time Out.

Where discrepancies are noted or disagreements occur at Team Time Out, the procedure must be delayed until the issues are resolved. Only for reasons of clinical urgency should the procedure commence. The justification for proceeding in the presence of such discrepancies must be documented by the proceduralist in the patient's health care record as soon as the procedure is completed and an incident report must also be completed.

Where previous identification / verification steps have occurred satisfactorily but a discrepancy in information or disagreement in identification / verification occurs at Team Time Out, an incident report should also be completed even if the issues are resolved satisfactorily.

If disagreement occurs in an extreme emergency situation, the senior member of the procedural team is responsible for the care of the patient and should decide the most appropriate course of action.

Only after Team Time Out has been completed should the procedure commence.

4.5.1 Procedural team member introductions

- All procedural team members must introduce themselves to each other by their preferred names and roles before the procedure commences. Team members may change frequently and it is important in effective management that all team members understand who each member is and their role.
- In situations where multiple patient procedures are undertaken consecutively and there is no change in team members during the list, then this action can occur at the commencement of the list.
- In addition, teams may adopt local strategies such as documenting the name and role of team members on a whiteboard.

4.5.2 Patient identity

- The patient's identity must be confirmed against approved patient identifiers, including the patient identification band/s, consent and documentation. The identification band/s used for confirmation must be accessible after positioning and draping.

4.5.3 Planned procedure matches consent

- The consent form is the primary source of information about the patient's planned procedure. The planned procedure must be matched against the patient's consent form and imaging data, where appropriate.
- The processes described in this policy directive should not preclude the use of discretion by the treating proceduralist to alter the procedure for reasons of clinical judgement. However, significant changes to the documented procedure must be communicated to all members of the procedural team and must be recorded in the patient's health care record.

4.5.4 Site / side / level mark matches consent

- The site / side / level mark must be consistent with the site / side / level documented in the consent and imaging.
- For some procedures (e.g. those involving ovaries and fallopian tubes), side detection may be unreliable preoperatively.^f In these circumstances, side verification is not recommended (Refer to [Section 4.3.3 Site / side / level matches consent](#)).

4.5.5 Patient position

- The positioning of the patient must be confirmed as correct for the planned procedure and site / side / level.

4.5.6 Essential imaging reviewed

- One of the proceduralists must confirm that the essential imaging is in the procedural area and ready for use during the procedure. If imaging data are used to verify the site or procedure, the proceduralist must review and confirm the images are correct and properly labelled. If essential images are not available, the proceduralist must decide if it is safe to proceed and document this decision in the patient's health care record.

4.5.7 Allergies / adverse reactions

- Confirm any known allergies / adverse reactions. This will raise the team's awareness of precautions that may need to be taken during the procedure to avoid allergies / adverse reactions.

^f Gynaecology surgery for adnexal masses: it is not uncommon for a patient to be consented for a right sided procedure, based on clinical examination or imaging (usually ultrasound) and to find at operation that the pathology is left sided (and vice versa). This is due to the fact that the tubes and ovaries are lateral and posterior to the uterus and fall towards the midline of the pelvis, making it easy to get the wrong side.

4.5.8 Special medications administered

- Confirm that any special medications required (e.g. eye drops, steroids, mannitol) have been administered.

4.5.9 Antibiotics

- Antibiotic prophylaxis is considered best practice for a number of complex procedures. Where ordered, antibiotic prophylaxis must be given prior to the procedure (ideally within 60 minutes of the procedure commencing).¹²
- Antibiotics for caesarean sections may be given prior to the procedure or after the cord is clamped. This should be determined by local procedures or by the senior proceduralist. The senior proceduralist must decide the timing of antibiotic administration for a caesarean section and document this decision in the patient's health care record.
- An exception is when antibiotics are withheld in order to obtain specimens for microbial testing or to observe the patient.

4.5.10 VTE prophylaxis

- The need for VTE prophylaxis must be assessed on every patient. Where indicated, it should be commenced prior to the procedure. Methods include anticoagulants, compression stockings and foot / calf compressors. Indicators for use are outlined in the NSW Health policy directive on prevention of venous thromboembolism.⁶ Note that not all VTE prophylaxis methods will commence pre-procedure e.g. anticoagulants may commence post procedure.

4.5.11 Anticipated critical events

Effective team communication reduces error, prevents major complications and supports efficient teamwork. To ensure the procedural team has a common understanding of the planned procedure and expected outcomes / issues:

- The proceduralist must verbally brief the team on the planned procedure, critical steps, anticipated events and equipment requirements.
- The sedationist / anaesthetist must verbally identify any specific patient or procedure concerns they have.
- The nurse / midwife verbally confirms that
 - Any required equipment is available and, where possible to check, functional
 - Any required items or implants are available and, if necessary, sterilised / disinfected.

4.6 Sign Out – Checklist completed by the nurse / midwife

Sign Out should occur before the patient / procedural team leave the procedural area.

Sign Out is designed to ensure that all relevant patient documentation is completed and that appropriate clinical handover can be conducted. The nurse / midwife is responsible for Sign Out and should complete this section before the patient / procedural team leave

the procedural area. The proceduralist or sedationist / anaesthetist could also complete this section.

Responsibility for documentation must be consistent with the requirements set out in the NSW Health policy directive on handling instruments and accountable items which says that *“while documentation is primarily completed by the circulating nurse / midwife, the instrument nurse / midwife is ultimately responsible for ensuring the completion and accuracy of all documentation relating to the surgery/procedure. The anaesthetic nurse is responsible for documenting the anaesthetic nursing care provided.”*¹³

The nurse / midwife confirms the following.

4.6.1 Name of the procedure recorded

- The proceduralist must document the procedure that was carried out in the patient’s health care record. Where a procedure has varied from what was planned the rationale must be also noted in the health care record.

4.6.2 Count / tray list checks

- To ensure there are no instruments, accountable items or other items unintentionally retained in the patient, a count / tray list check must be performed as required by the NSW Health policy directive on handling instruments and accountable items.¹⁴
- This is usually attended prior to the patient leaving the procedure room. However, for the management of multiple or complex instrument trays, for example, the policy directive says that *“the final instrument checks may be completed immediately post procedure and before the next patient enters the operating or procedure room”*.¹⁵

4.6.3 Specimens / images labelled correctly

- The proceduralist and another member of the procedural team must ensure the correct labelling of any pathology specimen / images obtained during the procedure by verifying the patient’s name, specimen / image description and any orienting marks.

4.6.4 Equipment problems / issues documented and advised to relevant staff

- Malfunctioning equipment and instruments need to be accurately identified, and if possible isolated from other equipment and instruments, to prevent them from being used again until the problem/s is resolved. Any equipment or instrument problem/s arising during the procedure must be documented, raised with the relevant staff or the equipment / instrument labelled so the problem/s can be resolved as soon as possible. If an adverse event has occurred as a result of equipment / instrument malfunction then this should be notified in the incident management system.

The procedural team confirms the following.

4.6.5 Blood loss documented, ongoing blood loss discussed

- To ensure that early warning signs of blood loss can be assessed, the blood loss (if any) during the procedure should be documented and any anticipated post procedure bleeding discussed. If significant post procedure bleeding is anticipated, blood loss criteria for notifying medical staff must be documented.

4.6.6 Advice for clinical handover

The following advice for clinical handover (verbal and documented) must be provided to staff at the post procedure destination.

- The procedural team has discussed the patient management plan for recovery, post procedure investigations and communication. This is expected to include any key messages that should be relayed to the patient or their person responsible.
- Any altered calling criteria documented if patient is not being recovered in a Post Anaesthetic Care Unit (PACU) or Recovery.
- Post procedure VTE prophylaxis has been ordered, if required.
- Post procedure care should be discussed with the patient, or their person responsible, where possible.

5 INCIDENTS

In the event of an incident:

- If the patient's condition permits, an immediate plan to rectify the error/s should be made by the senior member of the procedural team. Wherever possible, the patient and their person responsible should be involved in the management plan
- Manage incidents as required by NSW Health policy directives on incident management and open disclosure.¹⁶
- Serious incidents must be discussed at appropriate patient safety or clinical review meetings. Local improvement strategies should be developed in response to these serious incidents
- Report to the Special Committee Investigating Deaths Under Anaesthesia (SCIDUA) even when anaesthesia / sedation did not contribute, regardless of cause of death.¹⁷

6 AUDITING AND REPORTING

Auditing of compliance with this policy directive must be undertaken by each LHD/SHN.

Performance indicators may be included in quarterly reporting to LHD / SHN clinical councils.

7 RESOURCES

Resources to support implementation of this policy directive can be found at the following sites.

Clinical Procedure Safety

<http://www.cec.health.nsw.gov.au/programs/clinical-procedure-safety>

This site includes a checklist for Medical Imaging Departments (Radiology and Nuclear Medicine) which has been developed by clinicians of the Agency for Clinical Innovation's Radiology and Nuclear Medicine Networks.

Safe Sedation

<https://www.aci.health.nsw.gov.au/resources/anaesthesia-perioperative-care/sedation/safe-sedation-resources>

8 ABBREVIATIONS

ECT	Electroconvulsive therapy	LA	Local anaesthetic
IDC	Indwelling catheter	MRI	Magnetic resonance imaging
IV	Intravenous	NGT	Nasogastric tube
IT	Intrathecal	VTE	Venous thromboembolism

9 REFERENCES

1. *Consent to Medical Treatment - Patient Information*, PD2005_406 at http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_406.pdf
2. Clinical Handover is defined at <https://www.aci.health.nsw.gov.au/resources/acute-care>
3. Incident is defined in *Incident Management Policy*, PD2014_004 at http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2014_004.pdf
4. *Client Registration Policy*, PD2007_094 (http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2007_094.pdf)
Client Registration Guideline, GL2007_024 (http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_024.pdf)
Patient Identification Bands, PD2014_024 (http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2014_024.pdf).
5. ANZCA, *PS09 – Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures, 2014* at <http://www.anzca.edu.au/resources/professional-documents> .
6. *Prevention of Venous Thromboembolism*, PD2014_032 at http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2014_032.pdf
7. Refer to *Consent to Medical Treatment - Patient Information*, PD2005_406 for information about how long a consent remains valid and who should obtain consent at http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_406.pdf
8. *Central Venous Access Device Insertion and Post Insertion Care*, PD2011_060 at http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2011_060.pdf
9. *Diagnostic Imaging Accreditation Scheme: Practice Accreditation Standards*, Australian Government Department of Health <http://www.health.gov.au/internet/main/publishing.nsf/Content/diagnosticimaging-accred2>
10. *Patient Identification Bands*, PD2014_024 at http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2014_024.pdf
11. WHO guidelines for safe surgery:2009 : safe surgery saves lives at http://www.who.int/patientsafety/safesurgery/tools_resources/9789241598552/en/
12. Bratzler DW, Houck PM. *Antimicrobial prophylaxis for surgery: an advisory statement from the National Surgical Infection Prevention Project. Clinical Infectious Diseases*, 2004;38:1706–15.
13. Refer to section 4.2 of *Management of Instruments, Accountable Items and Other Items used for Surgery or Procedures*, PD2013_054 http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_054.pdf

14. *Management of Instruments, Accountable Items and Other Items used for Surgery or Procedures*, PD2013_054

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_054.pdf

15. Refer to section 5.5 of *Management of Instruments, Accountable Items and Other Items used for Surgery or Procedures*, PD2013_054

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_054.pdf

16. *Incident Management*, PD2014_004

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2014_004.pdf

Open Disclosure Policy, PD2014_028

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2014_028.pdf

17. Special Committee Investigating Deaths Under Anaesthesia (SCIDUA)

<http://www.cec.health.nsw.gov.au/incident-management/mortality-review-committees/scidua>

10 FURTHER READING

Agency for Clinical Innovation, *Anaesthesia Perioperative Care Resources*
<http://www.aci.health.nsw.gov.au/resources/anaesthesia-perioperative-care>

Antibiotic Therapeutic Guidelines - available via the CIAP website (“Medications” then “Therapeutic Guidelines eTG”) at <http://www.ciap.health.nsw.gov.au/home.html> or directly at accessible at <https://tgldcdp.tg.org.au.acs.hcn.com.au/topicTeaser?guidelinePage=Antibiotic&etgAccess=true>

ANZCA, *PS09 – Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures, 2014*
<http://www.anzca.edu.au/resources/professional-documents>.

Collaborating Hospitals' Audit of Surgical Mortality (CHASM)
<http://www.cec.health.nsw.gov.au/incident-management/mortality-review-committees/chasm>

Maternity – Breast Milk: Safe Management, PD2010_019
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2010_019.pdf

National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Health Care <https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/>

Infants and Children: Management of Acute and Procedural Pain in the Emergency Department, GL2016_009
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2016_009.pdf

Royal Australasian College of Surgeons (RACS), *Surgical Safety Checklist*, October 2009
[www.surgeons.org/media/12661/LST_2009_Surgical_Safety_Check_List_\(Australia_and_New_Zealand\).pdf](http://www.surgeons.org/media/12661/LST_2009_Surgical_Safety_Check_List_(Australia_and_New_Zealand).pdf)

Royal Australian and New Zealand College of Radiologists. *Iodinated Contrast Media Guideline, 2016 Version*
<http://www.ranzcr.edu.au/quality-a-safety/radiology/iodinated-contrast-media-guideline>

World Health Organization, *Surgical Safety Checklist*, 2008
http://www.who.int/patientsafety/safesurgery/ss_checklist/en/