Swansea Bay University Health Board

National Safety Standards for Invasive Procedures (NatSSIPs) 2

LocSSIP Number 1	
LOCSSIP Title:	**Consent, Procedure Verification and Site Marking**
Version Control:	**1.1**
Date of Issue:	
Date of Review:	

Site marking is to provide a visual alert to the whole team of the intended procedural site and agreed with the patient.

- The patient gives consent - it is not taken
- Site marking, **must be** performed for all procedures for which variation is possible i.e. where there is laterality, level or more than one operating site.
- Right, Left or Bilateral **must be**, written in full on the consent.

Key Performance Indicators
Consent is taken or reconfirmed by an operator, who is present in theatre. *(Checks to include procedure verification, site and laterality. Confirm of a the date of consent should also be checked to ensure that out of date consent is not being used)*
The patient has been site marked before arriving in theatre/procedure room
The patient understands the need for site marking
The patient has been marked by the primary operator
The patient has been marked with an indelible marker
The site marking is visible after draping
Emergency patient “Sign In” includes the operator

Exclusions

- Patient refusal (try to explain the reason for the site marking).
- Religious or cultural beliefs that exclude site marking.
- Intravenous access.
- Insertion of Hickman lines, central venous catheters (CVC) as the site may change. However, where a specific site needs or, **should be** avoided this **should be** explicitly stated on the consent form and procedure list.
- Cardiac catheters and interventional neuroradiology as imaging and used to guide the procedure on table and the entry point will be in artery.
- Critical emergencies where delay due to marking could have an adverse effect on the patient’s condition. This is at the discretion of the lead consultant(s).
- Cases of bilateral internal procedures (e.g. bilateral tonsillectomy, oophorectomy), **should be** indicated, in the consent.

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Operating Procedure

Item	***Process***	***Responsible Person***	***Indicators***
1.	Consent is sought and given by the patient. ***Except in life/limb threatening emergencies, a patient's primary consent should NEVER be taken in the anaesthetic room***	The person obtaining consent should have clear knowledge of the procedure and the potential risks and complications	To ensure accuracy, the consent form and waiting list entry card/request should be completed with the patient present in clinic
2.	Consent verification should involve the patient and be undertaken on the day of the procedure ***Consent can be given in advance but MUST be verified/confirmed on the day of the procedure, where possible with the patient***	Primary operator or suitably trained clinical deputy	The consent process must include checking of records, relevant images, biopsy results and investigations. Consent verification should not rely solely on the printed operating list Procedures involving digits of the hand and feet MUST be named on the consent form
3.	Surgical/procedural site marking should occur at the same time as consent verification and involve the patient while they are awake and able to participate ***Site marking MUST be performed for all procedures where variation is possible and in line with agreed "How to Mark" process*** ***For Emergency Work: locally agreed, risk assessed local proportionate process, should be in place***	Primary operator or suitably trained clinical deputy who will be present during the procedure OR A member of the clinical team who is familiar with the patient and capable of performing the procedure ***The operator should meet the patient prior to the procedure***	Procedure site marking should not rely solely on the printed operating list Anatomical sites that have laterality should be recorded in full – L/R should NOT be used Procedures involving digits of the hand and feet MUST be marked with the patient's agreement, while they are awake
4.	The procedure site marking should remain visible in the procedure field and after application of drapes	Primary operator or suitably trained clinical deputy	For procedures which the patient position is changed intra-operatively – site marking MUST be applied to ensure that it remain visible at ALL times