



Recommended Standards of Practice for Correct-site Surgery

Introduction

The following Recommended Standards of Practice were researched and written by the AST Education and Professional Standards Committee and have been approved by the AST Board of Directors. They are effective October 27, 2006.

AST developed the following Recommended Standards of Practice to provide support to health care facilities in the reinforcement of correct-site surgery. The purpose of the Recommended Standards is to provide an outline that Certified Surgical Technologists (CSTs) and Certified First Assistants (CFAs) can use to develop and implement the policies and procedures for verifying the correct site for the surgical procedure. However, AST refers CSTs and CFAs to refer to The Joint Commission statements on preventing wrong-site surgery, wrong procedure and wrong-person surgery for comprehensive information, related to developing and implementing correct-site surgery policies; the statements are included with this Recommended Standard of Practice as Appendices A and B. The Recommended Standards are presented with the understanding that it is the responsibility of the health care facility to develop, approve and establish policies and procedures for correct-site surgery, according to established health care facility protocols. *(Refer also to the Recommended Standard of Practice for Patient Identification).*

Rationale

These Recommended Practices are guidelines for verification of correct site surgery and to prevent potential patient safety incidents. According to The Joint Commission, wrong-site surgery is a term that encompasses wrong patient, wrong side of patient and wrong body part, and these errors can be prevented.⁴ The Recommended Practices contribute to ensuring effective, safe, quality care of the surgical patient by the surgical staff. Confirming the correct-site surgery, correct patient and correct procedure is the equal responsibility of all members of the surgical team and requires equal participation. All surgical team members are advocates of the patient and share the burden of responsibility in protecting the patient from injury and forwarding the principles of patient safety.

Standard of Practice I

Each member of the surgical team will properly identify the patient.

1. Proper identification of the patient will minimize wrong patient/wrong site surgical errors.

Standard of Practice II

Each member of the surgical team will identify and confirm the correct surgical site.

1. Methods of proper surgical site identification should include, but are not limited to, the following:

- A. Oral confirmation
 - B. Patient identification marker
 - C. Surgery schedule
 - D. Patient chart (ie signed consent for surgery, history and physical)
2. The physician should initial the correct surgical site on the patient, if applicable.

Standard of Practice III

The patient will identify the correct surgical site.

1. Methods of proper confirmation of the surgical site identification should include but are not limited to the following:
 - A. Verbal confirmation
 - B. Patient appropriately marks the correct surgical site.
2. A permanent marker should be utilized to identify correct surgery site; mark should be visible after the surgical prep and drape application.

Standard of Practice IV

The surgical team members will perform a “time-out” immediately prior to the start of all surgical procedures.

1. A time-out should serve as a final verification of correct patient, correct procedure, and correct site.
2. A time-out should be performed according to hospital policy.
3. If verification does not occur, the procedure should not occur.

Competency Statements

Competency Statement	Measurable Criteria
1. CSTs and CFAs have the knowledge and skills to participate with the surgical team in the protocols for preventing wrong-site, wrong procedure, and wrong-person surgery.	1. Educational standards as established by the <i>Core Curriculum for Surgical Technology</i> and <i>Core Curriculum for Surgical Assisting</i> . ^{1,2} 2. The subject of patient safety initiatives, patient identification, correct site surgery, and safety measures required for error prevention are included in the didactic studies as a surgical technology and surgical assistant student. 3. Students demonstrate knowledge of patient safety, patient identification, and correct site surgery in the lab/mock O.R. and during clinical rotation. 4. As practitioners, CSTs and CFAs are an

	<p>important part of the surgical team in implementing and carrying out safety protocols in the care of the surgical patient including patient identification and correct site surgery.</p> <p>5. CSTs and CFAs complete continuing education to remain current in their knowledge of patient safety initiatives, including following the policies of the health care facility.</p>
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References

1. *Core Curriculum for Surgical Assisting*. 2nd ed. Littleton, CO: Association of Surgical Technologists; 2006.
2. *Core Curriculum for Surgical Technology*. 5th ed. Littleton, CO: Association of Surgical Technologists; 2002
3. The Joint Commission. Implementation expectations for the universal protocol for preventing wrong site, wrong procedure, and wrong person surgery. 2003. http://www.jointcommission.org/NR/rdonlyres/E3C600EB-043B-4E86-B04E-CA4A89AD5433/0/universal_protocol.pdf . Accessed October 10, 2006.
4. The Joint Commission. Universal Protocol for preventing wrong site, wrong procedure, wrong person surgery. 2003. http://www.jointcommission.org/NR/rdonlyres/DEC4A816-ED52-4C04-AF8C-FEBA74A732EA/0/up_guidelines.pdf . Accessed October 10, 2006.