

Surgical Safety Checklist

Health Services

GENERAL

Is the room's entrance wide enough to accommodate an ambulance stretcher, wheelchair, etc?

☐ Yes☐ No☐ Na

Is the first aid room within a building?

☐ Yes☐ No☐ Na

Is the first-aid room locked to prevent theft?

☐ Yes☐ No☐ Na

Are records maintained for the first aid given?

☐ Yes☐ No☐ Na

Is there adequate seating in the first aid room?

☐ Yes☐ No☐ Na

Are there adequate blankets and pillows?

☐ Yes☐ No☐ Na

Is there a designated cabinet to store equipment?

☐ Yes☐ No☐ Na

Are electric points clean and secured?

Yes

No

Na

Does the room have adequate ventilation?

Yes

No

Na

Is the first aid room adequate enough?

Yes

No

Na

Is the room clean and well-maintained?

Yes

No

Na

Is the temperature comfortable?

Yes

No

Na

Is no smoking sign posted at the entrance of the first aid room?

Yes

No

Na

Are there movable screens, suspended curtains, or a door that can be closed to maintain privacy?

Yes

No

Na

Is information displayed on the door mentioning names, location, contact numbers of the first aiders?

Yes

No

Na

Are desks/counters cleaned and disinfected?

Yes

No

Na

Are instruments and first aid equipment secured and stored appropriately?

Yes

No

Na

Is the first-aid stock checked regularly for expiry, disposal, replacement, etc?

Yes

No

Na

Is no smoking sign posted inside the first aid room?

Yes

No

Na

Is there a handwashing area inside the first-aid room?

Yes

No

Na

Is there a water supply at all times?

Yes

No

Na

Is there a facility of telephone or other means of communication?

Yes

No

Na

Are there adequate soaps/sanitizer/paper towels?

Yes

No

Na

Are all frequently touched surfaces clean?

Yes

No

Na

Is a dedicated person assigned for the upkeep of the first aid room?

Yes

No

Na

Is the room located near to a point of access for transport to the hospital?

Yes

No

Na

Is drinking water available?

Yes

No

Na

Are protective garments for first aiders available?

Yes

No

Na

Are used first-aid equipment properly discarded?

Yes

No

Na

Is there a trash can inside the first-aid room?

Yes

No

Na

Is the trash regularly emptied?

Yes

No

Na

Additional information

Inspectors Name/signature:

SIGNATURE

Inspection Date:

DATE

PRE-ANAESTHESIA CHECKS

Has the patient confirmed his/her identity, site, procedure, and consent?

Yes

No

Is the site marked?

Yes

No

Is the anaesthesia machine and medication check complete?

Yes

No

Is the pulse oximeter on the patient and functioning?

Yes

No

Does the patient have a known allergy?

Yes

No

Does the patient have a difficult airway or aspiration risk?

Yes

No

Does the patient have a risk of >500ml blood loss (7ml/kg in children)?

Yes

No

Confirm all team members have introduced themselves by name and role

Yes

No

Confirm the patient's name, procedure, and where the incision will be made

Yes

No

Had antibiotic prophylaxis have been given within the last 60 minutes?

Yes

No

What are the critical or non-routine steps? How long will the case take? What is the anticipated blood loss?

☐

What would be the critical or non-routine steps?

☐

How much time will the case take?

☐

How much blood loss is anticipated?

Are there any patient specific concerns?

Yes

No

Has sterility (including indicator results) been confirmed?

Yes

No

Are there equipment issues or any concerns?

Yes

No

Is essential imaging displayed?

Yes

No

Nurse Verbally Confirms the name of the procedure?,Nurse Verbally Confirms completion of instrument, sponge and needle counts,Nurse Verbally Confirms specimen labelling (read specimen labels aloud, including patient name),Nurse Verbally Confirms Whether there are any equipment problems to be addressed

☐

Name of the procedure

☐

Completion of instrument

☐

Sponge and needle count

☐

Specimen labelling(read specimen labels aloud including patients name)

☐ Whether there are any equipment problems to be addressed

Are there any key concerns for recovery and management of this patient?

Yes

No