

SURGERY
Surgical Safety Check List (minor/major surgery, include C-Section)

Patient ID #

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Cover Page

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|---------------------|--|--|---|
| Q1: Facility ID | Q2: Facility Name | Q5b: Result <input type="checkbox"/> Interview done <input type="checkbox"/> Health worker refused interview | <input type="checkbox"/> Partially completed <input type="checkbox"/> Health worker is out |
| Q3: Observer number | Q4a: Today's date (DD/MM/YYYY) ____ / ____ / ____ | | |

Health Worker Category Codes (please circle appropriate category: if multiple categories apply, use multiple answers)

| | | | | |
|---------------------------------|-----------------------|--|-------------------------|---------------------------------|
| 1. MD-Obstetrician/Gynecologist | 2. MD-Neonatologist | 3. MD-Surgeon | 4. MD- Family Physician | 5. MD - Pediatrician |
| 6. Physician's Assistant | 7. Nurse midwife | 8. Bachelor and Science of Nursing Nurse | 9. Diploma Nurse | 10. Nurse with Associate Degree |
| 11. Licensed Practical Nurse | 12. Certified midwife | 13. Registered Midwife | 14. Nurse aide | 96. Other, please specify: |
| | | | | |

THIS SURVEY IS TO BE FILLED BY OBSERVING PATIENTS IN THE SURGERY WARD. EACH FOLIO (SET OF PAPERS) CORRESPONDS TO ONE PATIENT ONLY. IF YOU OBSERVE ACTIVITIES FOR MANY PATIENTS AT THE SAME TIME, YOU NEED A NEW FOLIO FOR EACH PATIENT. ALSO BE SURE TO RECORD THE ID NUMBER OF EVERY STAFF MEMBER WHO WORKS WITH THE PATIENT FOR THE WHOLE TIME YOU ARE OBSERVING THEM, BY REFERRING TO THE STAFF ROSTER TO OBTAIN THE STAFF ID NUMBER. IF THERE ARE MORE THAN FIVE HEALTH WORKERS, USE ADDITIONAL COVER SHEETS. IF YOU OBSERVE ACTIVITIES BEFORE YOU HAVE A CHANCE TO OBTAIN CONSENT FROM THE PATIENT, YOU MUST DESTROY THE FOLIO IF THEY REFUSE CONSENT.

CHECK THE STAFF ROSTER FOR EACH HEALTH WORKER YOU OBSERVE AND SEE IF THEY ARE RECORDED AS HAVING GIVEN CONSENT FOR THE RESEARCH. IF NOT YOU MUST READ THE FULL CONSENT FORM AND OBTAIN THEIR SIGNATURE. IF YES, REMIND THEM USING THE TEXT BELOW.

Q5a: Has the health worker previously signed a consent form? ☐ Yes → GO TO Q6a ☐ No → GO TO Q7a

Q6a: ASK HEALTH WORKER: **Do I have your permission to be present at this consultation?** ☐ Yes → GO TO Q8a ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7a: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → GO TO Q8a ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

| | | |
|----------------------------|---|--|
| Q8a Staff Roster ID number | Q9a Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Q10a: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED) |
| | | |

Q5b: Has the health worker previously signed a consent form? ☐ Yes → GO TO Q6b ☐ No → GO TO Q7b

Q6b: ASK HEALTH WORKER: **Do I have your permission to be present at this consultation?** ☐ Yes → GO TO Q8b ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7b: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → GO TO Q8b ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

| | | |
|----------------------------|---|--|
| Q8b Staff Roster ID number | Q9b Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Q10b: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED) |
| | | |

Q5c: Has the health worker previously signed a consent form? ☐ Yes → GO TO Q6c ☐ No → GO TO Q7c

Q6c: ASK HEALTH WORKER: **Do I have your permission to be present at this consultation?** ☐ Yes → go to Q8c ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7c: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → GO TO Q8c ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

| | | |
|----------------------------|---|--|
| Q8c Staff Roster ID number | Q9c Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Q10c: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED) |
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Q5d: Has the health worker previously signed a consent form? ☐ Yes → GO TO Q6d ☐ No → GO TO Q7d

Q6d: ASK HEALTH WORKER: **Do I have your permission to be present at this consultation?** ☐ Yes → GO TO Q8d ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7d: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → GO TO Q8d ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END;

| | | |
|----------------------------|---|--|
| Q8d Staff Roster ID number | Q9d Gender | Q10e: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED) |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Q5e: Has the health worker previously signed a consent form? ☐ Yes → GO TO Q6e ☐ No → GO TO Q7e

Q6e: ASK HEALTH WORKER: **Do I have your permission to be present at this consultation?** ☐ Yes → GO TO Q8e ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7e: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → GO TO Q8e ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

| | | |
|----------------------------|---|--|
| Q8e Staff Roster ID number | Q9e Gender | Q10d: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED) |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

READ ORAL CONSENT SCRIPT TO CLIENT. IF CLIENT IS INCAPACITATED, NEXT OF KIN OR FAMILY FRIEND ACCOMPANYING CLIENT MAY GIVE CONSENT. CONSENT FOR CLIENT CANNOT BE GIVEN BY HEALTH WORKER OR FACILITY IN-CHARGE. CLIENT OR PROXY CONSENT MUST BE OBTAINED PRIOR TO START OF OBSERVATION.

We are doing a research here that is evaluating a project, which will take place in this hospital. As part of our research we would like to observe what is happening in the hospital. We would like your permission for us to be here while the health workers are treating you and observe their activities. We will not take your name, and anything we observe will be kept private, we will not tell anybody about your personal information. The health workers will do their normal work, and our being here should not change one thing so our research should not harm you. We are not health workers so we are not here to provide any care, but to observe. If you decide at any time that you do not want us to be here, we will leave.

Q50: OBSERVER ASK CLIENT: **Could you confirm that you are at least 18 years of age, have had all your questions answered and have voluntarily given permission for us to stay here and observe while you are receiving services today?**

☐ Yes, consent is given → GO TO Q51 ☐ No, consent is not given → observation of this client must END; if available, approach another eligible patient for participation.

| | |
|---|---|
| Q51: Who gave consent? | Client 1 Next of kin/family friend 2 |
| Q52: Patient ID Record Number <i>Write patient unique identifier here and in box at top right of cover first page (marked "ID #") to help identify this client's case. Please mark the patient's unique identifier on each page where you observe the patient.</i> | ID# _____ |
| Q53: Client initials (OR SOME WAY TO IDENTIFY THE CLIENT ANONYMOUSLY IF YOU DON'T HAVE THE PATIENT ID NUMBER YET) | |
| Q54: Record time the observation started (HH:MM) | __ : __ AM/PM |

SURGERY

Surgical Safety Check List (minor/major surgery, include C-Section)

GENERAL CONDITIONS OF SURGICAL THEATRE

Patient ID #

| | Yes | No | DK | GO TO | |
|---|--------------|----------------|----|-------|-------|
| Q100: Was this section observed? | 1 | 0 | 8 | | |
| PLEASE ANSWER Q100 BEFORE PROCEEDING: IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION. | | | | | |
| | Yes, totally | Yes, partially | No | DK | GO TO |
| Q101 Observe if all the floors in the operating theater are | | | | | |
| A: hard | 1 | 2 | 0 | 8 | |
| B: Seamless | 1 | 2 | 0 | 8 | |
| C: Easy to Clean | 1 | 2 | 0 | 8 | |
| D: Without Drains | 1 | 2 | 0 | 8 | |
| Q102 All the walls in the operating room(s) are free of fissures, open joints, or crevices | 1 | 2 | 0 | 8 | |
| Q103 All the ceilings in the operating room(s) are seamless and easy to clean | 1 | 2 | 0 | 8 | |
| Q104 There is only one operating bed/table in each operating room (universal operating table) | 1 | 2 | 0 | 8 | |
| Q105 There is a functional clock in a visible place in the operating room | 1 | 2 | 0 | 8 | |
| Q106 There is one or more scrub sink areas with running water with elbow/foot taps for surgical scrubbing close to but outside of the operating room(s) | 1 | 2 | 0 | 8 | |
| Q110 Observe that the surgical unit shows absolutely <u>none of the following</u> : blood, dust, soil, debris, trash, used needles and syringes, insects, and spider webs in the following sites: | Yes, totally | Yes, partially | No | DK | N/A |
| Floors | 1 | 2 | 0 | 8 | 9 |
| Walls | 1 | 2 | 0 | 8 | 9 |
| Ceilings | 1 | 2 | 0 | 8 | 9 |
| Lamps | 1 | 2 | 0 | 8 | 9 |
| Chairs | 1 | 2 | 0 | 8 | 9 |
| Sinks | 1 | 2 | 0 | 8 | 9 |
| Tabletops/ Counters | 1 | 2 | 0 | 8 | 9 |
| Trolleys | 1 | 2 | 0 | 8 | 9 |
| Equipment (cylinders, machines, anesthesia equipment) | 1 | 2 | 0 | 8 | 9 |

PRE-SURGERY PREPARATION

| Q200_ID: OBSERVER: PLEASE RECORD THE STAFF ROSTER ID NUMBER FOR ALL STAFF PRESENT DURING THIS PORTION OF THE SURGERY | Staff ID: _____ | | | |
|--|-----------------|----|----|--------------|
| | Yes | No | DK | GO TO |
| Q200: Was this section observed? | 1 | 0 | 8 | |
| PLEASE ANSWER Q200 BEFORE PROCEEDING: IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION. | | | | |
| | Yes | No | DK | Go To |
| Q201 Maintains NBM (Nothing by mouth)/ NPO (nothing per os) | 1 | 0 | 8 | |
| Q202 Inserts IV line | 1 | 0 | 8 | |
| Q203 Shaves and cleans where necessary | 1 | 0 | 8 | |
| Q204 Inserts catheter | 1 | 0 | 8 | |
| Q205 Explains to the patient or caregiver what is going to happen | 1 | 0 | 8 | |
| Q206 Obtains consent from the patient or caregiver | 1 | 0 | 8 | |
| Q207 Asks about allergies | 1 | 0 | 8 | |
| Q208 Measures and records Vital Signs | 1 | 0 | 8 | |
| Q209 Rubs antiseptic for at least two minutes | 1 | 0 | 8 | |
| Q210 Gives antibiotic prophylaxis | 1 | 0 | 8 | No/DK → Q212 |
| Q211 Record time prophylaxis was administered | ___ : ___ AM/PM | | | |
| The attitude of the health worker to the patient was: | | | | |
| Q212a Respectful | 1 | 0 | 8 | |
| Q212b Harsh | 1 | 0 | 8 | |
| Q212c Attentive | 1 | 0 | 8 | |

SURGERY

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SURGERY PREPARATION OF FIRST HEALTH WORKER (SURGEON)

Patient ID #

| | | | | |
|--|-----------------|----|----|-------|
| Q300_ID1: OBSERVER: PLEASE RECORD THE STAFF ROSTER ID NUMBER FOR THE STAFF OBSERVED DURING THIS PORTION OF THE SURGERY | Staff ID: _____ | | | |
| | Yes | No | DK | GO TO |
| Q300: Was this section observed? | 1 | 0 | 8 | |
| PLEASE ANSWER Q300 BEFORE PROCEEDING: IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION. | | | | |
| Q301 Removes all jewelry, wristwatches, etc. | 1 | 0 | 8 | |
| Q302 Holds hands above the elbow | 1 | 0 | 8 | |
| Q303 Cleans fingernails | 1 | 0 | 8 | |
| Q304 Washes vigorously, beginning at hands | 1 | 0 | 8 | |
| Q305 Washes for at least two minutes | 1 | 0 | 8 | |
| Q306 Rinses holding arms below the level of the elbow | 1 | 0 | 8 | |
| Q307 Uses separate sterile towel for each hand OR air dries hands | 1 | 0 | 8 | |
| Q308 Applies antiseptic | 1 | 0 | 8 | |
| Q309 Rubs antiseptic for at least 2 minutes. | 1 | 0 | 8 | |
| Q310 Puts on sterile garb properly (without touching) | 1 | 0 | 8 | |
| Q311 Puts on sterile gloves properly | 1 | 0 | 8 | |
| Q312 Wears protective eye wear | 1 | 0 | 8 | |
| Q313 Wears face mask | 1 | 0 | 8 | |

SURGERY PREPARATION OF SECOND HEALTH WORKER (PREFERABLY OTHER SURGEON, OTHERWISE NURSE, ETC.)

| | | | | |
|--|-----------------|----|----|-------|
| Q300_ID2: OBSERVER: PLEASE RECORD THE STAFF ROSTER ID NUMBER FOR THE STAFF OBSERVED DURING THIS PORTION OF THE SURGERY | Staff ID: _____ | | | |
| | Yes | No | DK | GO TO |
| Q300: Was this section observed? | 1 | 0 | 8 | |
| PLEASE ANSWER Q300 BEFORE PROCEEDING: IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION. | | | | |
| Q301 Removes all jewelry, wristwatches, etc. | 1 | 0 | 8 | |
| Q302 Holds hands above the elbow | 1 | 0 | 8 | |
| Q303 Cleans fingernails | 1 | 0 | 8 | |
| Q304 Washes vigorously, beginning at hands | 1 | 0 | 8 | |
| Q305 Washes for at least two minutes | 1 | 0 | 8 | |
| Q306 Rinses holding arms below the level of the elbow | 1 | 0 | 8 | |
| Q307 Uses separate sterile towel for each hand OR air dries hands | 1 | 0 | 8 | |
| Q308 Applies antiseptic | 1 | 0 | 8 | |
| Q309 Rubs antiseptic for at least 2 minutes. | 1 | 0 | 8 | |
| Q310 Puts on sterile garb properly (without touching) | 1 | 0 | 8 | |
| Q311 Puts on sterile gloves properly | 1 | 0 | 8 | |
| Q312 Wears protective eye wear | 1 | 0 | 8 | |
| Q313 Wears face mask | 1 | 0 | 8 | |

SURGERY

Surgical Safety Check List (minor/major surgery, include C-Section)

SURGERY PREPARATION OF PATIENT

Patient ID #

| | | | | |
|---|---------------------|----|----|-------------|
| OBSERVER: Please record below the staff roster ID number for all staff present during this portion of the surgery | | | | |
| Surgeon | | | | |
| Anesthesiologist | | | | |
| Scrub Nurse | | | | |
| Circulating Nurse | | | | |
| Other | | | | |
| | Yes | No | DK | GO TO |
| Q400: Was this section observed? | 1 | 0 | 8 | |
| PLEASE ANSWER Q400 BEFORE PROCEEDING: IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION. RECORD IF THE FOLLOWING IS DONE BY ANY OF THE HEALTH WORKERS PRESENT DURING THIS PORTION OF THE SURGERY. MAKE SURE TO RECORD THE ID OF ALL HEALTH WORKERS PRESENT DURING THIS PORTION OF THE SURGERY. | | | | |
| Q401 Patient is wearing surgical gown | 1 | 0 | 8 | |
| Q402 Obtains or Confirms consent from the patient or caregiver | 1 | 0 | 8 | |
| The attitude of the health worker to the patient was: | | | | |
| Q403a Respectful | 1 | 0 | 8 | |
| Q403b Harsh | 1 | 0 | 8 | |
| Q403c Attentive | 1 | 0 | 8 | |
| Q404 Asks about allergies | 1 | 0 | 8 | |
| Q405 Completes anesthesia checklist in chart | 1 | 0 | 8 | |
| Q406 Records pulse oximetry value | 1 | 0 | 8 | |
| Q407 Records airway risk assessment | 1 | 0 | 8 | |
| Q408 Records bleeding risk assessment | 1 | 0 | 8 | |
| Q409 Records anesthesia professional, surgeon and nurse names | 1 | 0 | 8 | |
| Q410 Confirms site to undergo surgery | 1 | 0 | 8 | |
| Q411 Is there a surgical check list present? | 1 | 0 | 8 | No/DK →Q414 |
| Q412 Is the team using the surgical checklist at least in part? (READING ITEMS OUT LOUD TO CONFIRM THEY HAVE BEEN DONE). | 1 | 0 | 8 | No/DK →Q414 |
| Q413 Uses Check list to confirm antibiotic prophylaxis has been done (or is not necessary) | 1 | 0 | 8 | →Q415 |
| Q414 Confirms previous administration of antibiotic (without checklist) | 1 | 0 | 8 | No/DK →Q417 |
| Q415 Confirms time of antibiotic administration | 1 | 0 | 8 | No/DK →Q417 |
| Q416 Record confirmed time of antibiotic administration (CHECK RECORDS LATER IF NECESSARY) | __ __ : __ __ AM/PM | | | →Q419 |
| Q417 Gives antibiotic prophylaxis | 1 | 0 | 8 | No/DK →Q419 |
| Q418 Record time that prophylaxis was given | __ __ : __ __ AM/PM | | | |
| Q419 Essential Imaging results are available | 1 | 0 | 8 | |
| Q420 Record time of incision | __ __ : __ __ AM/PM | | | |
| Q421 Does the surgeon ever break the sterile field? | 1 | 0 | 8 | |
| Q422 Record time the surgery ends | __ __ : __ __ AM/PM | | | |
| Q450 What was the procedure being performed? | | | | |

SURGERY

Surgical Safety Check List (minor/major surgery, include C-Section)

POST-SURGICAL REVIEW

Patient ID #

| | Yes | No | DK | GO TO |
|--|-----|----|----|-------|
| Q500: Was this section observed? | 1 | 0 | 8 | |
| PLEASE ANSWER Q500 BEFORE PROCEEDING: IF SECTION NOT OBSERVED, SKIP TO END. RECORD IF THE FOLLOWING IS DONE BY ANY OF THE HEALTH WORKERS PRESENT DURING THE POST-SURGICAL CARE. MAKE SURE TO RECORD THE ID OF ALL HEALTH WORKERS PRESENT DURING THIS PORTION OF THE SURGERY CARE. | | | | |
| Medical Personnel | | | | |
| Q501 Sterile gloves are removed, after being immersed in a 0.5% chlorine solution, and placed in a leak proof contained | 1 | 0 | 8 | |
| Q502 Personnel wear utility gloves when handling soiled instruments, linen and waste | 1 | 0 | 8 | |
| Q503 All waste (e.g., gauze, cotton wool, dressing, etc.) are disposed of in a leak proof container | 1 | 0 | 8 | |
| Q504 Instruments are placed in a 0.5% chlorine solution for decontamination | 1 | 0 | 8 | |
| Q505 Needles and syringes are flushed three times with 0.5% chlorine solution and immediately disposed of in a puncture-resistant container | 1 | 0 | 8 | |
| Q506 Syringes or needles are dismantled by hand and are not disposed of as a single unit straight into a sharps container for disposal | 1 | 0 | 8 | |
| Q507 Needles are re-sheathed/recapped | 1 | 0 | 8 | |
| Q508 Needles are broken or bent before use or disposal | 1 | 0 | 8 | |
| Q509 Sharps bins are stored safely away from the public and out of reach of children (i.e., not stored on the floor or at low levels) | 1 | 0 | 8 | |
| Q510 Staff report sharp injuries in line with local reporting procedures/policies | 1 | 0 | 8 | |
| Q511 Soiled linen is placed in a leak proof container | 1 | 0 | 8 | |
| Q512 Hand hygiene is performed after removing gloves | | | | |
| a. Washes hands with running water and soap for 10-15 seconds and dries with an individual clean towel, paper towel, or allows hands to air-dry | 1 | 0 | 8 | |
| b. Rubs hands with 3-5ml of an alcohol-based solution until the hands are dry (if hands are not visibly soiled) | 1 | 0 | 8 | |
| Housekeeping Personnel | | | | |
| Q513 Housekeeping personnel wear personal protective equipment during cleaning | | | | |
| a. Utility gloves | 1 | 0 | 8 | |
| b. Plastic apron | 1 | 0 | 8 | |
| c. Enclosed shoes | 1 | 0 | 8 | |
| Q514 All waste is collected and removed from the room in closed leak proof containers | 1 | 0 | 8 | |
| Q515 Puncture-resistant containers are closed and removed when three quarters full | 1 | 0 | 8 | |
| Q516 Containers with 0.5% chlorine solution with instruments are closed and removed from the room | 1 | 0 | 8 | |
| Q517 Soiled linen is removed in closed, leak proof containers | 1 | 0 | 8 | |
| Q518 Body fluid spills are covered with 0.5% chlorine solution, mopped up, and then cleaned with detergent and water | 1 | 0 | 8 | |
| Q519 All horizontal surfaces that have come in immediate contact with a patient or body fluids are cleaned with a disinfectant cleaning solution | 1 | 0 | 8 | |
| Q520 The operating table/bed is cleaned, and all surfaces and mattress pads are wiped with a disinfectant-soaked, lint-free cloth | 1 | 0 | 8 | |
| Q521 The area surrounding the operating table/bed is cleaned with a disinfectant cleaning solution (if visibly soiled) | 1 | 0 | 8 | |
| Q522 Two buckets are used for cleaning: | | | | |
| a. One with the disinfectant cleaning solution | 1 | 0 | 8 | |
| b. One with clean water for rinsing | 1 | 0 | 8 | |
| Q523 After the room is cleaned, hand hygiene is performed after removing gloves | | | | |
| a. Washes hands with running water and soap for 10-15 seconds and dries with an individual clean towel, paper towel, or allows hands to air-dry | 1 | 0 | 8 | |
| b. Rubs hands with 3-5ml of an alcohol-based solution until the hands are dry (if hands are not visibly soiled) | 1 | 0 | 8 | |