



Non-hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

Surgical Safety Checklist

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Introduction

In alliance with the World Health Organization (WHO), Healthcare Excellence Canada (established in 2021 bringing together the Canadian Patient Safety Institute (CPSI) and Canadian Foundation for Healthcare Improvement), Canadian Anesthesiologists' Society and the Operating Room Nurses Association of Canada,¹ the College of Physicians and Surgeons of BC endorses the Surgical Safety Checklist and requires that all BC non-hospital medical and surgical facilities adopt, support and effectively use a Surgical Safety Checklist for every procedure.

Effective use of a surgical safety checklist has been shown to reduce the likelihood of complications and improve patient outcomes^{1,2} and its use is a provincial patient safety strategy³ focusing on good communication and teamwork in surgical/procedural suites.^{3,4}

Surgical safety checklist

No.	Description	Reference	Risk	Change	Asmt.
SSCL1.0	SURGICAL SAFETY CHECKLIST				
SSCL1.1	The surgical safety checklist meets the intent of the Canadian Patient Safety Institute surgical safety checklist initiative.				
SSCL1.1.1	<p>M The surgical safety checklist in use at the facility has been approved by the medical director.</p> <p>Guidance: The medical director is responsible for ensuring the surgical safety checklist implemented at their facility meets the intent of the Canadian Patient Safety Institute (CPSI) surgical safety checklist (SSC) initiative. In 2009, the CPSI used the WHO surgical safety checklist as a basis to develop its own 19-item SSC to best fit Canadian standards of care^{4,5}. Therefore, it is recommended that non-hospital facilities adopt the SSC developed by the CPSI. While the checklist is intended to be universally applicable, it is not always a perfect fit for all facilities. If any modifications are made to the CPSI SSC, they are to be undertaken with awareness and intent to maintain the following guiding principles: focused, brief, actionable, verbal, collaborative, tested and integrated. Medical director approval of the SSC in use at the facility (i.e. CPSI SSC or modified CPSI SSC) must be on file at the facility.</p>	5,6,7,8,9,10,11	M	Rev. Guidance	P, F
SSCL1.1.2	<p>M The medical director approved surgical safety checklist (SSC) is posted in each operating/procedure room.</p> <p>Guidance: A laminated copy of the approved surgical safety checklist is posted in an area that is visible to all members of the perioperative team.</p>	8, 10	M		P, F
SSCL1.2	The surgical safety checklist facilitates team communication and surgical/procedure safety.				

No.	Description	Reference	Risk	Change	Asmt.
SSCL1.2.1	<p>M The surgical safety checklist is performed for all procedures.</p> <p>Guidance: The checklist is required for all non-hospital facilities and all types of medical, surgical, dental and anesthesia procedures.</p>	7,10,12,13,14	H		P, F
SSCL1.2.2	<p>M The briefing is performed before induction of anesthesia.</p> <p>Guidance: Briefing is defined as the period before induction of anesthesia (i.e. prior to the administration of any analgesic, narcotic, sedation or anesthetic agents). Once the briefing is completed the team may proceed with induction of anesthesia, followed by positioning, prepping and draping.</p>	7,8,9,14	M		F
SSCL1.2.3	<p>M The full surgical/procedure team and patient are present and participate in the briefing.</p> <p>Guidance: The surgeon, anesthesiologist and perioperative nurses and patient must be present for the briefing.</p>	7, 9, 11, 12, 14	H		F
SSCL1.2.4	<p>M The patient participates in the briefing by confirming their name, the procedure planned and, as appropriate, consent for surgery.</p> <p>Guidance: The patient participates by confirming their name, the procedure planned and, as appropriate, consent for surgery (i.e. pediatric population, language barrier).</p>	9, 14	M		F
SSCL1.2.5	<p>M The time-out is performed before skin incision/procedure start.</p> <p>Guidance: Time-out is defined as the period after induction of anesthesia and before surgical incision. Once the time-out is completed the team may proceed with the surgery/procedure.</p>	7, 8, 9, 10, 14	H		F

No.	Description	Reference	Risk	Change	Asmt.
SSCL1.2.6	<p>M The full surgical/procedure team is present and participate in the time-out.</p> <p>Guidance: The surgeon, anesthesiologist and perioperative nurses must be present for the time-out.</p>	7, 9, 10, 11, 12, 14	H		F
SSCL1.2.7	<p>M The debriefing is performed before the patient leaves the operating/procedure room.</p> <p>Guidance: Debriefing is defined as the period immediately after wound closure and before the patient is transferred from the operating/procedure room. Anesthetic emergence should also be considered in determining when the debriefing is performed. In exceptional circumstances where emergence takes place in the post-anesthesia care area (PACU), a debriefing takes place before the patient leaves the operating/procedure room AND a 'second' debriefing should be completed after anesthetic emergence with the full surgical/procedure team present (e.g. surgeon, anesthesiologist and perioperative nurses) to review the safety of the surgical procedure in its entirety.</p>	5, 7, 8, 9, 14	M	Rev. Guidance	F
SSCL1.2.8	<p>M The full surgical/procedure team is present and participate in the debriefing.</p> <p>Guidance: The surgeon, anesthesiologist and perioperative nurses must be present for the debriefing.</p>	7, 9, 11, 12, 14	H		F
SSCL1.3	The surgical safety checklist is documented in the intraoperative (nursing) record.				
SSCL1.3.1	<p>M The briefing is documented.</p> <p>Guidance: The time that the briefing was completed, and staff initials must be clearly documented in the intraoperative (nursing) record to confirm that the briefing part of the SSC, as posted in the operating/procedure room, was completed. Non-hospital facilities are not required to include a copy of the SSC in the patient's medical record.</p>	12, 14 15	L		F

No.	Description	Reference	Risk	Change	Asmt.
SSCL1.3.2	<p>M The time-out is documented.</p> <p>Guidance: The time that the time-out was completed, and staff initials must be clearly documented in the intraoperative (nursing) record to confirm that the time-out part of the SSC, as posted in the operating/procedure room, was completed. Non-hospital facilities are not required to include a copy of the SSC in the patient’s medical record.</p>	10, 12, 14	L		F
SSCL1.3.3	<p>M The debriefing is documented.</p> <p>Guidance: The time that the debriefing was completed, and staff initials must be clearly documented in the intraoperative (nursing) record to confirm that the debriefing part of the SSC, as posted in the operating/procedure room, was completed. Non-hospital facilities are not required to include a copy of the SSC in the patient’s medical record.</p>	10, 12	L		F
SSCL1.4	<p>Policies and procedures contain all the information necessary for the safety of patients, staff and visitors.</p> <p>Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.</p>				
SSCL1.4.1	<p>M There is policy and procedures for the mandatory practice of the surgical safety checklist.</p> <p>Guidance: The facility’s policy and procedures must clearly adopt and support the use of the SSC, outline the rationale for its mandatory practice and clearly articulate the staff’s roles and responsibilities in ensuring the policy is followed and the checklist is consistently followed for every procedure.</p>	4, 10, 13	L	Rev. Guidance	P, F

References

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14. World Health Organization (WHO). Patient safety. WHO guidelines for safe surgery 2009: safe surgery saves lives. Geneva: WHO Press; 2009. 133 p.
15. College of Physicians and Surgeons of British Columbia, Non-Hospital Medical and Surgical Facilities Accreditation Program. Accreditation standards: medical records and documentation [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2024 [cited 2024 Jun 4]. 46 p.

Revision history

Date	Revisions
May 2011	Original Publication (policy) (version 1.0)
Feb 2015	Standard (no content changes from policy) (version 1.1)
Dec 30, 2017	Program name change (no content changes) (version 1.2)
Sept 6, 2018	Revised content, new template (version 2.0)
Aug 15, 2022	Document management system metadata update (no content changes) (version 2.1)
March 24, 2023	New College Logo (no content changes) (version 2.2)
Nov 27, 2024	ISQuaEEA Logo (no content changes) (version 2.3)
Dec 4, 2024	<p>Various revisions (version 3.0) (approved September 12, 2024)</p> <ul style="list-style-type: none"> • Updated introduction • Updated guidance for criterion SSCL1.1.1, SSCL1.2.7 and SCCL1.4.1 • Reference list updated. • Risk added.
April 1, 2026	Transcribed to new template (no content changes) (version 3.1)