HEALTHCARE PROCEDURE SAFETY TEMPLATE

Procedure Safety Checklist

Audit patient identification, consent, site verification, team readiness, medications, anaesthesia or sedation, infection prevention, equipment, final time-out, counts, specimens, recovery, handoff, and corrective-action closure.

FACILITY / LOCATION	AUDIT DATE	AUDITOR	APPROVER

Adapt site-marking rules, consent requirements, time-out wording, medication timing, counts, recovery criteria, evidence, and escalation paths to current facility policy, procedure type, and applicable local requirements.

1. Audit setup, procedure scope, and safety governance

1 **Confirm the facility, audit date, auditor, procedure-safety owner, clinical lead, nursing lead, anaesthesia or sedation contact where applicable, and escalation contacts.** METADATA + SIGN-OFF

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Identify who can stop a procedure and who can authorize restart after a critical discrepancy.

2 **Define the procedures, specialties, locations, patient groups, sedation or anaesthesia types, implants, devices, imaging, specimens, and recovery areas included in the audit.** PROCEDURE SCOPE CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Include the procedure types, locations, sedation levels, devices, implants, imaging, recovery, and staff groups actually in use.

3 **Verify current policies define pre-procedure verification, consent, site marking where required, time-out, medication and allergy checks, equipment readiness, counts, specimen handling, recovery, and escalation.** CRITICAL POLICY VERIFICATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Check version, approval, review date, responsibilities, and staff access to the current procedure-safety standard.

4 **Review previous wrong-patient, wrong-procedure, wrong-site, consent, medication, equipment, specimen, count, infection-control, transfer, deterioration, and near-miss events.** PREVIOUS FINDINGS REVIEW

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use prior wrong-patient, wrong-site, equipment, specimen, count, medication, and handoff events to target higher-risk areas.

5 **Confirm the organization has identified the current legal, regulatory, accreditation, professional, and facility requirements that apply to the audited procedure types.** CRITICAL REQUIREMENTS MATRIX CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Map local legal and accreditation requirements before deciding which controls are mandatory for each procedure type.

6 **Capture the audit start time, procedure areas sampled, case types, sample size, staff present, and approved evidence method without exposing unnecessary patient information.** CRITICAL SAMPLE + EVIDENCE SETUP

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use a defensible sample and avoid unnecessary patient identifiers in audit evidence.

2. Patient identity, procedure, consent, and documentation verification

7 **Verify the patient is identified using the facility-approved identifiers before procedure preparation, medication administration, transfer, and the final procedural pause.**

CRITICAL | PATIENT ID VERIFICATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use the approved patient identifiers consistently at every critical transition.

8 **Confirm the scheduled or intended procedure matches the clinical indication, patient record, consent, procedure list, and the team's understanding.**

CRITICAL | PROCEDURE MATCH CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Compare the booking, clinical plan, consent, and team understanding before proceeding.

9 **Check the consent is complete, current, appropriately signed or documented, and covers the intended procedure, site, laterality, sedation or anaesthesia, and material alternatives where required.**

CRITICAL | CONSENT VERIFICATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Confirm the consent covers the actual planned procedure and is valid under local requirements.

10 **Verify relevant history, physical assessment, nursing assessment, pre-anaesthesia or sedation assessment, diagnostic results, images, pathology, laboratory results, and other required records are available and matched to the patient.**

REQUIRED RECORD REVIEW

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Missing images, assessments, or other required records should be resolved before the procedure begins.

11 **Confirm known allergies, sensitivities, prior adverse reactions, implants, anticoagulants, infection risks, and other procedure-relevant alerts are visible to the team.**

ALLERGY + RISK ALERT CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Make allergies and other procedure-relevant risks visible to the immediate team.

12 **Resolve any discrepancy in identity, procedure, consent, documentation, or clinical plan before the patient enters the procedure or before the procedure begins, according to facility policy.**

DISCREPANCY STOP CONTROL

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Treat unresolved mismatches as stop conditions rather than documentation clean-up after the procedure.

3. Site, side, level, and pre-procedure verification

13 **Confirm the correct anatomical site, side, level, digit, lesion, implant location, or other distinguishing procedural location is clearly documented before the procedure.**

CRITICAL | SITE / SIDE VERIFICATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Verify laterality, level, lesion, digit, or other distinguishing location details whenever relevant.

14 **Verify site marking is completed for procedures that require it, using the organization's approved method and by the authorized practitioner or approved delegate.**

CRITICAL | SITE MARKING CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Follow the organization's rule for who marks the site and when marking is required.

15 **Check the site mark is unambiguous, positioned at or near the intended site, and remains visible after skin preparation and draping when applicable.**

CRITICAL | MARK VISIBILITY CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: The mark should remain visible through preparation and draping where applicable.

16 **Confirm the patient participates in site or procedure verification whenever possible and any inability or refusal is managed through the approved alternative process.**

CRITICAL | PATIENT PARTICIPATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Involve the patient in verification whenever possible.

17 **For procedures where site marking is not feasible, not required, or depends on real-time imaging, verify the approved alternative verification method is documented and followed.**

CRITICAL | ALTERNATIVE VERIFICATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use the approved alternative method when marking is not feasible, not required, or depends on imaging.

18 **Compare the marked or verified site with the consent, booking, imaging, clinical notes, procedure plan, and team understanding before proceeding.**

DOCUMENT-TO-SITE MATCH

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Cross-check the site against consent, booking, notes, imaging, and the final procedural plan.

4. Team readiness, roles, communication, and escalation

19 **Confirm the practitioner performing the procedure is appropriately credentialed, privileged, authorized, and competent for the planned procedure and patient risk.**

PRACTITIONER AUTHORIZATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Verify authorization for the exact procedure, not only general professional status.

20 **Verify required team members are present or immediately available, including nursing, anaesthesia or sedation, technical, imaging, perfusion, respiratory, or other support as applicable.**

CRITICAL | TEAM READINESS CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Match staffing and specialist support to the complexity and risk of the planned case.

21 **Confirm team members know their names, roles, responsibilities, critical tasks, escalation path, and who has authority to stop the procedure for a safety concern.**

ROLE + STOP AUTHORITY

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Everyone should know their role and feel empowered to stop the procedure for safety.

22 **Review anticipated critical or non-routine steps, procedure duration, blood-loss or deterioration risk, required backup, and patient-specific concerns before starting.**

CRITICAL | CRITICAL EVENT BRIEF

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Discuss non-routine steps and patient-specific risks before starting.

23 **Confirm emergency assistance, resuscitation resources, difficult-airway support, blood products, reversal agents, or specialist backup are available when indicated by the procedure risk.**

EMERGENCY SUPPORT READINESS

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Confirm rescue resources are genuinely available, not only listed in policy.

24 **Verify all team members can raise a concern and unresolved safety concerns are addressed before the procedure continues.**

SPEAK-UP + ESCALATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Resolve voiced concerns before proceeding and record material escalation.

5. Patient preparation, medications, anaesthesia, and infection prevention

25 **Verify pre-procedure fasting, hydration, medication instructions, anticoagulation or antiplatelet management, diabetic medication planning, and other preparation requirements are complete where applicable.**

CRITICAL | PRE-PROCEDURE PREPARATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Verify fasting and medication instructions against the current procedure and patient risk.

26 **Confirm the anaesthesia or sedation plan, airway assessment, monitoring requirements, recovery level, and rescue capability match the patient and procedure risk.**

CRITICAL | ANAESTHESIA / SEDATION PLAN

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Match monitoring and rescue capability to the depth of sedation or anaesthesia planned.

27 **Check required prophylactic medications, antibiotics, anticoagulation measures, glucose management, or other time-critical medicines are ordered and administered within the facility-approved timing when applicable.**

CRITICAL | TIME-CRITICAL MEDICATION CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use the facility-approved timing for antibiotics and other time-critical medications.

28 **Verify skin preparation, hand hygiene, PPE, aseptic technique, sterile field, draping, and other infection-prevention controls are appropriate for the procedure.**

CRITICAL | ASEPSIS + INFECTION PREVENTION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Observe actual hand hygiene, PPE, aseptic technique, sterile field, and skin preparation.

29 **Confirm venous access, fluids, warming, positioning aids, pressure-injury protection, thrombosis prevention, eye protection, and other patient-protection measures are ready as indicated.**

CRITICAL | PATIENT PROTECTION MEASURES

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Check positioning, warming, pressure protection, access, and other risk-specific measures before the patient is committed to the procedure position.

30 **Check medication labels, prepared syringes, infusions, solutions, local anaesthetics, and other procedural medicines are identified and controlled according to facility policy.**

MEDICATION LABELING CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Label every prepared medicine and solution according to the organization's medication-safety policy.

6. Equipment, implants, devices, imaging, and environment readiness

31 **Verify all required instruments, equipment, implants, prostheses, disposables, medications, blood products, and special supplies are present before the procedure starts.**

CRITICAL | EQUIPMENT + SUPPLY READINESS

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use a standardized readiness list for critical equipment, implants, special supplies, and blood products.

32 **Confirm critical equipment has passed required pre-use checks and any maintenance, calibration, electrical safety, sterilization, disinfection, or functional status is current where applicable.**

PRE-USE + MAINTENANCE STATUS

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Confirm current pre-use checks, maintenance, calibration, cleaning, and sterilization status as applicable.

33 **Check implants, devices, prostheses, grafts, and special-order items match the intended patient, procedure, size, side, model, expiry, sterility, and approved documentation before use.**

CRITICAL | IMPLANT / DEVICE VERIFICATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Match implant or device identifiers, size, side, expiry, and sterility to the planned procedure.

34 **Verify required diagnostic images, navigation, imaging guidance, pathology information, or other decision-support information is correctly displayed and matched to the patient.**

IMAGING + INFORMATION CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Display the correct patient's imaging or other decision-support information before it is needed.

35 **Confirm the procedure room, lighting, ventilation, environmental conditions, radiation protection, laser safety, electrical supply, suction, gases, and emergency systems are ready where relevant.**

CRITICAL | PROCEDURE ENVIRONMENT CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Verify room, gases, suction, electrical, radiation, laser, ventilation, and emergency systems where relevant.

36 **Check any unavailable, damaged, expired, unsterile, uncalibrated, incompatible, or substituted item is assessed and resolved before it can affect patient safety.**

UNAVAILABLE ITEM CONTROL

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Do not normalize substitutions or unavailable items without a documented safety assessment.

7. Final time-out immediately before the procedure

37 **Confirm a standardized final time-out occurs immediately before the procedure or the irreversible procedural step, with all immediate team members actively participating.**

FINAL TIME-OUT CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: The final pause should occur immediately before the procedure or irreversible step with active team participation.

38 **Verbally reconfirm the correct patient, intended procedure, site, side, level or other location detail, and consent during the time-out.**

CRITICAL | PATIENT + PROCEDURE RECONFIRM

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Say the patient, procedure, and site or location details aloud using the approved process.

39 **Confirm required site marking or approved alternative verification is complete and consistent with the planned procedure.**

CRITICAL | SITE MARK / ALTERNATIVE CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Confirm required marking or the approved alternative before proceeding.

40 **Verify critical allergies, medication risks, anticipated blood loss or deterioration, airway concerns, infection-prevention needs, and other patient-specific hazards have been addressed.**

CRITICAL | PATIENT-SPECIFIC RISK CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Revisit allergies, airway, bleeding, deterioration, infection, and medication risks at the final pause.

41 **Confirm required imaging, implants, devices, equipment, medications, specimens plan, counts process, and special precautions are ready and understood by the team.**

RESOURCE READINESS CONFIRM

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Make sure imaging, implants, equipment, medications, counts plan, and special precautions are ready.

42 **Stop the procedure when any time-out item is uncertain, inconsistent, unavailable, or disputed, and resume only after the discrepancy is resolved and documented.**

CRITICAL | STOP-PROCEDURE CONTROL

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: If anything is uncertain or disputed, stop and resolve it before restarting.

8. Intra-procedure monitoring, counts, specimens, and deviation control

43 **Verify physiological monitoring, sedation or anaesthesia monitoring, documentation, alarms, and observation frequency remain appropriate throughout the procedure.**

CRITICAL | INTRA-PROCEDURE MONITORING

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Monitor the patient and procedure continuously at the level required for the case.

44 **Confirm sterile technique, medication labeling, device settings, positioning, radiation or energy safety, and other procedure-specific controls are maintained during the case.**

CRITICAL | LIVE SAFETY CONTROL CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Check asepsis, labeling, device settings, energy or radiation controls, positioning, and other live hazards throughout the procedure.

45 **Perform instrument, sponge, needle, sharps, or other required counts at the facility-defined stages and resolve any discrepancy before closure or patient transfer.**

CRITICAL | COUNT VERIFICATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Perform and document required counts at the correct stages and resolve every discrepancy before transfer or closure.

46 **Verify specimens are correctly identified, handled, preserved, labeled, and matched to the patient and specimen source before leaving the procedure area.**

CRITICAL | SPECIMEN IDENTIFICATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Read back or otherwise verify patient and source information before specimens leave the procedure area.

47 **Confirm unexpected findings, equipment failures, medication issues, contamination, bleeding, patient deterioration, or changes in procedure are communicated and managed promptly.**

DEVIATION + DETERIORATION CONTROL

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Escalate unexpected bleeding, contamination, deterioration, equipment failure, or major plan changes immediately.

48 **Document significant deviations from the planned procedure, additional procedures, implants used, complications, decisions, and required follow-up in the approved clinical record.**

CRITICAL | PROCEDURE RECORD CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Document material deviations, implants, complications, additional procedures, and follow-up needs in the approved record.

9. Procedure completion, recovery, handoff, and post-procedure safety

49 **Confirm the procedure performed, site, implants or devices used, specimens collected, counts status, complications, and unresolved equipment issues are verbally reviewed before the patient leaves the procedure area.**

PROCEDURE COMPLETION REVIEW

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Complete the team debrief before the patient leaves the procedure area when required.

50 **Verify the patient meets the appropriate transfer or recovery criteria and has the required airway, haemodynamic, neurological, pain, bleeding, or other monitoring in place.**

CRITICAL | RECOVERY READINESS CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use objective recovery or transfer criteria appropriate to the procedure and sedation or anaesthesia level.

51 **Complete a structured handoff covering patient identity, procedure, anaesthesia or sedation, medications, allergies, blood loss, fluids, devices, drains, wounds, specimens, complications, and immediate risks.**

STRUCTURED HANDOFF

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Handover should include procedure details, medicines, devices, risks, complications, and pending actions.

52 **Confirm post-procedure orders, monitoring frequency, pain and nausea management, antibiotics or other medicines, mobility, diet, wound or device care, and escalation criteria are documented where applicable.**

POST-PROCEDURE ORDERS

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Make post-procedure monitoring and escalation instructions explicit.

53 **Verify the patient and caregiver receive appropriate discharge or recovery instructions, warning signs, contact information, medication advice, restrictions, and follow-up arrangements when applicable.**

PATIENT / CAREGIVER INSTRUCTIONS

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Give discharge instructions that match the procedure, medications, warning signs, and follow-up plan.

54 **Check pending tests, pathology, imaging, device follow-up, incident review, equipment repair, or other unresolved tasks have a named owner and reliable tracking process.**

PENDING TASK OWNERSHIP

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Assign an owner for pending pathology, imaging, repairs, incidents, or other unresolved tasks.

10. Findings, corrective actions, verification, and sign-off

55 Calculate the overall procedure-safety compliance result and summarize identity, consent, site verification, time-out, medication, equipment, count, specimen, recovery, and handoff gaps. AUDIT SCORE + SUMMARY

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Separate immediate patient-safety risk from underlying process and system causes.

56 Create immediate containment for every critical discrepancy that could result in wrong patient, wrong procedure, wrong site, uncontrolled clinical risk, retained item, medication harm, or unsafe transfer. CRITICAL | CRITICAL CONTAINMENT ACTION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Record what was stopped, corrected, isolated, or reassessed before the procedure continued.

57 Assign each finding an owner, priority, due date, root-cause requirement, corrective action, interim control, and objective closure-evidence rule. CRITICAL | CORRECTIVE ACTION ASSIGNMENT

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use short deadlines for immediate risk and realistic deadlines for permanent prevention.

58 Correct system causes such as inconsistent checklists, unclear site-marking rules, poor scheduling data, unavailable equipment, weak medication controls, incomplete handoffs, or staff training gaps. CRITICAL | SYSTEM CORRECTIVE ACTION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Fix checklist design, scheduling data, site-marking rules, equipment availability, training, and handoff systems - not only individual errors.

59 Verify closure through focused observation, record review, competency evidence, equipment or process correction, repeat time-out audit, incident follow-up, or targeted re-audit. CRITICAL | CLOSURE VERIFICATION

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Verify critical findings with direct observation or objective evidence before closing them.

60 Record the final audit decision, remaining restrictions, next review date, auditor, clinical or procedure-area approver, date, time, and signature. CRITICAL | APPROVAL + SIGNATURE

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Keep any procedural restriction in place until every release condition is documented and approved.