Appendix 1

Reference to LocSSIPS process for Wrong Site Extraction

The National Safety Standards for Invasive Procedures (NatSSIPs) bring together national and local learning from the analysis of Never Events, Serious Incidents and near misses through a set of recommendations that will help provide safer care for patients undergoing invasive procedures. This does not in any way replace the existing WHO Surgical Checklist, but rather enhances it by considering additional factors such as the need for education and training. The principle behind the NatSSIPs is that organisations will review their current local processes for invasive procedures and ensure that they are compliant with the new national standards. This will be achieved by organisations working in collaboration with staff to develop their own set of 'Local Safety Standards for Invasive Procedures' (LocSSIPs), for example; a LocSSIP for an Exodontia procedure.

What is the LocSSIPs process? **The development of** LocSIPPs (Local safety standards for invasive procedures) is based upon the high level safety principles identified in the National Surgical safety for invasive procedures (NatSSIPs). [2]

What does pre patient verification& justification involve? This takes place when the patient attends for their Exodontia appointment:

- Setting may be primary or secondary care
- Procedure may be undertaken under Local anaesthetic (LA), LA+/- sedation or general anaesthetic
- First stage consent should ideally be undertaken prior to the procedure appointment and confirmed on the day of operation (Tailored consent forms for dento alveolar surgery are currently being assessed for improved patient safety).
- Treatment plan must be stipulated clearly using Palmer notation and with the teeth for exodontia, written in full, plus a description where clarification is necessary.

The safety briefing should consider each patient on the procedural list in order, from both an operator and assistant perspective. The content of the safety briefing should be modified locally, and must be relevant to the patient and exodontia procedure.

- Team members should understand their roles, names should be known and all members of the team should be encouraged to speak up, if they have concerns.
- For each patient, the discussion should include, when relevant, but not limited to:
  - Diagnosis and planned procedure.
  - Availability of prosthesis, if required.
  - Site and side of procedure.
  - Infection risk, e.g. MRSA status.
  - Allergies.
  - Relevant comorbidities or complications.
  - Need for antibiotic prophylaxis.

- o Equipment requirements and availability, including special equipment or 'extras'.
- The expected duration of each procedure, to include anaesthetic procedures, should be identified. This should promote a discussion about agreed plans if it appears that the duration of the planned exodontia procedures will exceed the time allocated.
- Any additional concerns from an operator or assistant perspective must be discussed, and contingency plans made.
- Every team member should be encouraged to ask questions, seek clarification or raise concerns about any aspect of patient care or the planned exodontia procedure.

When the patient is present, what patient checks must be undertaken? Participation of the patient (and/or parent, guardian, carer or birth partner) in the time out should be encouraged when possible.

- It should include when relevant, but is not limited to, checks and confirmation of:
  - o Patient identity (Name, DOB and Address)
  - o The procedure to be performed (Exodontia)
  - o Verification of surgical site (=/- marking) (teeth to be extracted).

What consent and systems should be used? Check for consistent documentation (referral, consultation and consent treatment plans). To minimise the risk of a surgical site error, the correct teeth for extraction must be verified by full review to ensure consistency of the clinical record, diagnosis, treatment plan, investigation results, written consent, intraoral surgical site check and confirmation by with the patient

- o Confirm consent
- o Confirm Investigation results are available (radiographs on display, haematology or other)
- o Reliable marking of surgical sites such as teeth, which may be small, broken down, filled or buried, may not be possible. Some clinicians may indicate side of unilateral surgery by marking the face externally
- o Tooth notation must be standardised such that only the Palmer notation, with written in full description, where clarification is necessary. This must be clearly documented on the consent form, checklist and **whiteboard (or patients bib, or on visible computer screen electronic record of patient) and must be visible by the surgeon and team during surgery, for verification by the team**
- o Reference to radiological imaging may be useful/ essential. **Any relevant radiographs must be on display (hard copy or electronic), visible by surgeon and team for verification during surgery**

What is Pause or Time out? All patients undergoing any invasive procedures, including Exodontia, under general, regional or local anaesthesia, or under sedation, must undergo safety checks immediately before the start of the procedure.

- The time out should not be performed until any omissions, discrepancies or uncertainties identified in the 'sign in' have been fully resolved. On rare occasions, the immediate urgency of a procedure may mean that it may have to be performed without full resolution of any omissions, discrepancies or uncertainties. Such occurrences should be reported as safety incidents.
- Any member of the procedure team may lead the time out. All team members involved in the procedure should be present at the time out. The team member leading the time out should verify that all team members are participating. This will usually require that they stop all other tasks and face the time out lead.
- A time out must be conducted immediately before skin incision or the start of the procedure to again confirm
  - correct patient
  - correct treatment plan
  - correct Site
- **Immediately before the insertion of a regional anaesthetic, the dentist and assistant must simultaneously check the surgical site marking and the site and side of the block for intended surgery. Using the displayed treatment plan (Palmer notation) on white board or computer screen, verification of site is possible with full text if required (available examples of this practice Stop Before You Block/ Pause before you Pull are in the Toolkit and on the NatSSIPs website)**
- **In addition, verbal counting of the dentition from midline whilst pointing with an instrument to each tooth to confirm surgical site (tooth to be extracted) with confirmation from your assistant (of side and countdown) will provide clarification and verification**

Checking for retained objects/ Prevention of leaving retained objects. This standard supports safe and consistent practice in accounting for all items used during invasive procedures and in minimising the risk of them being retained unintentionally. The processes outlined in LocSSIPs should ensure that all items are accounted for and that no item is unintentionally retained at the surgical site, in a body cavity, on the surface of the body, or in the patient's clothing or bedding. LocSSIPs should cover all potentially retainable items used in procedures, as well as those used as part of anaesthesia and sedation, e.g. throat packs placed by the anaesthetist during oral surgery.

- Confirmation that instruments, sharps and swab counts are complete (or not applicable).
- Confirmation that any specimens have been labelled correctly, to include the patient's name and site or side when relevant.
- Discussion of post-procedural care, to include any patient-specific concerns.
- Equipment problems for inclusion in the debriefing.

What does a debrief entail? Procedural team debriefing is a key element of practice in the delivery of safe patient care during invasive procedures, and forms part of both the WHO Surgical Safety Checklist and the Five Steps to Safer Surgery. The debriefing should be seen as being an important part of the safe performance of an invasive procedure.

- The content of the team debriefing should be modified locally and must be relevant to the patient and the Exodontia procedure. For each patient, the discussion should include, but is not limited to:
  - Things that went well.
  - Any problems with equipment or other issues that occurred.
  - Any areas for improvement.
- Records of debriefings should include an action log that can be used to communicate examples of good practice and any problems or errors that occurred. Each procedural team should have an identified member who is responsible for feeding this information into local governance processes.
- If a significant issue about the care of a patient arises during the debriefing, a clear and contemporaneous note of this should be made in the patient's records. Local governance processes must ensure that issues identified in debriefing action logs are communicated at an appropriate level within the organisation, and that there is a mechanism to capture and promote learning.