

COMPETENCY
O.R. Correct Site Verification

Applicable for:

	RN		NURSE INTERN		SA
X	CST		HUC		NA
	LPN		PHYSICIAN		NA, PSYCH

Completed by Preceptor:

Competency Statement: (Write # that applies)

_____ Demonstrates and documents the ability to actively, completely, and safely perform his/her role in the correct site verification process for each surgical patient.

Evaluation Mechanism:

1=Clinical Performance **2=Simulated Performance** **3=Verbal or Written Performance**

Preceptor

Signature: _____ Date: _____

Completed (Initialed) by Employee:

_____ I have read and understand the Correct Site Verification for Surgical Procedures, Invasive Procedural Areas and Bedside Procedures Policy.

_____ For every surgical procedure in which I am participating as a scrub tech, I will be responsible for verbally locating the site mark and verifying the procedure for which I have set up the room.

_____ I understand that I should not allow the procedure to continue if there is a discrepancy in any information about the patient, or if a complete time-out has not occurred.

- _____ I understand the key points and will follow the Correct Site Verification policy guidelines:
- 1.** This is a hospital wide policy, to take place before every surgery or invasive procedure.
 - 2.** A “Hard Stop” will take place and no surgical procedure will be performed unless the time-out process is done.
 - 3.** I understand the specific steps in the site marking component of the policy.
 - 4.** I understand the spine and other procedures protocol.
 - 5.** I understand the time-out process for additional procedures.
 - 6.** I will complete all required sections of the verification form/checklist for each procedure.
 - 7.** I understand my role in the site marking and time-out processes and will carry them out for every surgical procedure.

Critical Thinking Questions:

- 1.** Which members of the intra-op team need to actively participate in the time-out process?

- 2.** Name the three pieces of information that the ACP and surgeon need to verify.

- 3.** What three things must be verbally verified by the procedural team before a “side specific” implant is opened?

I have demonstrated the ability to perform this procedure and I have knowledge of the resources to answer questions.

Employee Signature: _____ Date: _____/_____/_____

