

## **Core standards for Surgical Activities in MSF OCG**

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**This document is intended for rapid reference and distribution. Please refer to the full document “Standards and Essential Requirements for Surgical Projects in MSF OCG” for further details.**

The following list defines core standards for every surgical intervention in MSF OCG projects. The surgical team is responsible to follow these standards concerning patient safety, pre- and post-operative care and staff safety in their day to day activities. Management and organizational standards are the responsibility of the medical line management. See also “List of Basic Standards in MSF OCG Medical Facilities” [1].

### ***Patient Safety***

1. Use of the MSF OCG Safe Surgery Checklist for EVERY intervention in the OT [2], [3]
2. Counting Controls for instruments and sponges before and after each surgery
3. Documentation of all surgical procedures in patient notes (including postop treatment plan)
4. Mandatory protocols in place: antibiotic prophylaxis, post-op analgesia
5. Dedicated, trained anaesthesia provider present at all times during interventions requiring sedation, general anaesthesia, spinal anaesthesia or nerve blocs. During induction of general anaesthesia an additional assistant must be present in the OT
6. Minimum monitoring for any intervention: pulse oximetry, heart rate, manual blood pressure measurement
7. Reliable oxygen source, suction devices and lighting systems available during all interventions. Oxygen is mandatory during all major interventions [4], [5]
8. Airway management equipment and resuscitation equipment available at all times
9. Mandatory use of capnography if endotracheal intubation is used
10. Adequate hygiene conditions, sterile instruments and appropriate sterile field for all interventions, see [6]

### ***Pre-operative Care***

11. Patient is evaluated by the surgeon prior to the procedure and the indication for surgery and planned procedure are documented in the chart
12. Patient informed consent (inform patients in their own language, according to cultural context, documented)<sup>i</sup>
13. A pre-anaesthesia assessment by the anaesthetist is performed and documented in the chart
14. Appropriate perioperative antibiotics administrated as per MSF protocol [4], [7]

### ***Post-Operative Care***

15. An operative note by the surgeon is documented in the chart along with a post-operative treatment plan
16. Appropriate post-operative pain management as per MSF protocol [8] [9]
17. All patients who underwent anaesthesia are monitored in a dedicated recovery area under supervision of the anaesthetist and transferred to the ward according to the modified ALDRETE discharge score [10]
18. Appropriate postoperative nursing care and physiotherapy is provided

### ***Staff safety and protective equipment***

19. Basic protective equipment including surgical mask, gown (liquid proof gown or gown + apron), eye protection and double gloves should be used
20. Safe disposal of sharps and needles
21. Access to Post Exposure Prophylaxis (PEP) for accidental exposure to blood and body fluids within 1 hour [11]

### ***Management and Organization***

22. Definition of the expected scope of surgical activities and surgical admission criteria of the project
23. Team qualification and equipment must correspond to the expected scope of activities<sup>ii</sup> and their job descriptions
24. The minimum composition of a surgical team, present during any major intervention at all times, is:
  - a. 1 anaesthesia provider,
  - b. 1 surgical provider
  - c. 1 OT technician/nurse or assistant (sterile)
  - d. 1 circulating nurse or non-sterile assistant
  - e. Additional personnel is required for more complex interventions according to the scope of surgical activities
25. Standardized data collection in place, including intervention and outcome data
26. SOPs and protocols in place according to level of activity
27. All projects should have a context specific MCI plan in place
28. Process in place to review surgical complications and severe adverse events (SAE), formal review of every surgical mortality and major complication (e.g. Mortality and Morbidity conference).

## References

- [1] MSF OCG, "List of Basic Standards in MSF OCG Medical Facilities," 2013.
- [2] MSF Berlin Medical Unit, "MSF OCG Surgical Safety Checklist , 2nd Edition , Jan 2017 - DRAFT." 2017.
- [3] World Health Organization, *WHO Guidelines for Safe Surgery 2009*. 2009.
- [4] World Health Organization, *Global Guidelines for the Prevention of Surgical Site Infection*. World Health Organization, 2017.
- [5] A. F. Merry, J. B. Cooper, O. Soyannwo, I. H. Wilson, and J. H. Eichhorn, "International standards for a safe practice of anesthesia 2010," *Can. J. Anesth.*, vol. 57, no. 11, pp. 1027–1034, 2010.
- [6] MSF OCP, "HYGIENE GUIDELINES FOR HEALTH CARE FACILITIES July 2013," no. July. MSF, pp. 1–237, 2013.
- [7] MSF, "MSF Antibiotic Prophylaxis for Surgery." 2011.
- [8] MSF, "Management of postoperative Pain." 2003.
- [9] MSF, "ACUTE PAIN MANAGEMENT FOR MSF TRAUMA / SURGICAL PATIENTS." p. 50, 2016.
- [10] J. A. Aldrete and D. Kroulik, "A postanesthetic recovery score.," *Anesth. Analg.*, vol. 49, no. 6, pp. 924–34, 1970.
- [11] MSF OCB, "Management of Accidental Exposure to Blood or Body Fluids (AEB) and Administration of Post-Exposure Prophylaxis (PEP) for HIV and Hepatitis B," no. May, pp. 1–24, 2014.

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<sup>i</sup> Projects should have clear rules on how to deal with emergency cases when legal consent cannot be obtained – e.g. unconscious patient with a life-threatening condition and no legal guardian available. These procedures should take local law and customs into account and usually require at a minimum a short written note by the surgeon and anesthetist, confirming indication and circumstances in the patients file prior to the procedure (*eg.- patient has \_\_\_\_, which is life threatening, consent cannot be obtained because of \_\_\_\_ . It is our professional opinion that the emergency procedure \_\_\_\_ should be immediately performed*). A longer note can follow later.

<sup>ii</sup> If not defined in the Core Standards for Surgery, minimum staffing, equipment and infrastructure requirements are adapted to the surgical activity as defined in the Essential Requirement for Surgical OCG Projects, existing MSF guidelines or defined by the technical referents