

IMMEDIATE SAFETY/RISK IDENTIFICATION FORM FOR NURSING AND MIDWIFERY

The data collector has identified the following immediate safety or risk issues (Example Safety Issue Identified: cupboard unsecured) which requires attention by the clinical nurse/midwife manager or nurse/midwife in charge on the day of the metric being undertaken. This Immediate Safety/Risk Identification Form is to highlight an issue that may need to be addressed immediately by the clinical nurse/midwife manager or nurse/midwife in charge prior to the formal report findings of the Metric. It is the responsibility of the clinical nurse/midwife manager or nurse/midwife in charge to act immediately on the issues outlined in line with the safety/risk identified. It is their responsibility to inform their relevant Clinical Nurse Manager 3/ ADON of the issue in a timely fashion and outline to the CNM3/ADON the action they took to alleviate or eliminate safety/risk identified. During the conduction of metrics in the ward today, the following safety/risk concerns are identified.

TO BE COMPLETED BY THE DATA COLLECTOR UNDERTAKING METRIC	
Name of Hospital/Service Location:	
Name of Ward:	
Name of Auditor:	
Metric Title:	
Date:	
Safety/Risk Issue Identified:	
Name of CNM or Nurse/Midwife in charge informed of Safety/Risk Issue:	

TO BE COMPLETED BY CNM OR NURSE IN CHARGE	
Name of Unit Nursing Officer/ADON informed of Safety/Risk Issue	
Please sign to confirm the relevant CNM3/ADON has been informed and record date informed.	Date: Signature of CNM/ Nurse in Charge

