| Jane Hulme/ Debbie Cau<br>V8 May 2017 © | ılfield July 2016   |          |     |          |       |          |          |      |     |     |                       |         | M           |           |       |  |
|---|---------------------|----------|-----|----------|-------|----------|----------|------|-----|-----|-----------------------|---------|-------------|-----------|-------|--|
|   |                     |          |     |          | SAFET | Y HUDDLI | E MEETIN | lG   |     |     |                       |         |             |           |       |  |
| HUDDLE LEAD                             |                     |          |     |          |       |          |          |      |     |     |                       | DATE:   | DATE:       |           |       |  |
| STAFF PRESENT                           |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
| STAFFING                                | i B7 B6 B5 B4 B3 B2 |          |     |          |       |          |          | SICK | AL  |     | PROSPECTIVE WEIGHTING |         |             |           |       |  |
| PLANNED                                 |                     |          |     |          |       |          | 1        |      |     |     |                       |         |             |           |       |  |
| ACTUAL                                  |                     |          |     |          |       |          |          |      |     |     |                       | RED     | AMBER       |           | GREEN |  |
| PRIMARY CONTA                           | CT FOR TO           | DAY      |     |          |       |          |          |      |     |     |                       | -       | RETROSPECTI | VE WEIGHT | ING   |  |
| DISCUISSED BRIO                         | DITV DATIEN         | ITC      | YES | NO       | 1     |          |          |      |     |     |                       | RED     | AMBER       | YELLOW    | GREEN |  |
| DISCUSSED PRIORITY PATIENT PATIENT      |                     | PROBLEMS |     |          |       |          |          |      | ACT | ONS | BY                    | BY WHOM |             | BY WHEN   |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
| PRESSURE ULCEI                          | RS                  | YES      | NO  |          |       |          |          |      |     |     |                       |         |             |           |       |  |
| PATIENT                                 |                     | PROBLEMS |     |          |       |          |          |      | ACT | BY  | BY WHOM               |         | BY WHEN     |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
| PALLIATIVE PATII                        | ENTS                | YES      | NO  |          |       |          |          |      |     |     |                       |         |             |           |       |  |
| PATIENT                                 |                     |          |     | PROBLEMS | 5     |          |          |      | ACT | ONS |                       | BY      | WHOM        | BY V      | VHEN  |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
|   |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |
| <b>I</b>                                |                     |          |     |          |       |          |          |      |     |     |                       |         |             |           |       |  |

| HIGH RISK PATIEN  | NTS        | YES       | NO         |            |           |    |           |         |      |            |                        |                          |          |             |
|---|------------|-----------|------------|------------|-----------|----|-----------|---------|------|------------|------------------------|--------------------------|----------|-------------|
| PATIENT   |            |           |            | PROBLEMS   |           |    |           |         | ACT  | IONS       |                        | BY WHOM                  | BY       | WHEN        |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          | +        |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          | +        |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          | <u> </u> |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
| SENIOR REVIEWS  |            | YES       | NO         |            |           |    |           |         |      |            |                        |                          |          |             |
| PATIENT   |            |           | •          | PROBLEMS   |           |    |           |         | ACT  | IONS       | BY WHOM                | BY                       | WHEN     |             |
|   | •          |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
| CATHETER RELAT  | ED ISSUES  | YES       | NO         |            |           |    | 1         |         |      |            |                        |                          |          |             |
| PATIENT   |            |           |            | PROBLEMS   |           |    |           |         | ACT  | BY WHOM    | BY                     | WHEN                     |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
| DAYS / OOHS SAI   | ETY HUDD   | LE HANDO  | VER DISCUS | SED        | YES       | NO |           | IF NO \ | NHY? |            |                        |                          |          |             |
| ACTIONS FROM YES  |            | YES       | NO         |            |           |    | PATIENT N |         |      | SHEETS/ ET | TC HANDED OUT          |                          | YES      | NO          |
| LONE WORKER DEVICE<br>ALL STAFF COMPLETED<br>STATUS CHECK | YES        | NO        |            | CHARGED AN | D WORKING |    | YES       |         | NO   |            | ACTIONS/ REASONS IF NO |                          |          |             |
| ANY OTHER BUSI  | NESS / ACT | ONS FOR 1 | THE DAY    |            |           |    |           | l l     |      |            |                        |                          |          |             |
|   | •          |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           |            |            |           |    |           |         |      |            |                        |                          |          |             |
|   |            |           | •          |            |           |    |           |         |      |            | Jane Hulme/ De         | hhie Caulfield July 2016 | (C)      | V8 May 2017 |