**AHRQ Safety Program for Improving Antibiotic Use**

Staff Safety Assessment

# PURPOSE OF THIS FORM:

To discuss issues that may result in antibiotic-associated adverse events or have the potential to cause adverse events that could negatively impact patient safety. All health care providers are encouraged to complete this form. Consider asking all staff members to complete this form at least semiannually.

| Name (optional) | Date |
| --- | --- |
| Job Category | Unit |
| **Please describe how you think the next resident at your facility will be harmed by an event related to administration of antibiotics.** | |
| **Please describe what you think can be done to prevent or minimize this harm.** | |

# THANK YOU FOR HELPING IMPROVE SAFETY IN YOUR WORKPLACE!

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