Staff Safety Assessment

ICU & Non-ICU

Purpose of this form: This form is designed to tap into your experience to determine what risks are present in your unit that have jeopardized or could jeopardize patient safety.

Who should use this tool?Healthcare providers.

How to complete this form:Provide as much detail as possible when answering the questions below. Drop off your completed assessment in the location designated by the unit team.

When to complete this form: This form can be filled out by any healthcare provider at any time. At a minimum, healthcare providers should complete this form semi-annually.

**NAME (*optional*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please describe how you think the next patient in your unit or clinical area will be harmed.**

For example, “Chlorhexidine gluconate bathing is often hurried and we may not cover all of the patient’s skin surface.”

1. **Please describe what you think can be done to prevent or minimize the harm from identified defects.**

**Thank you for helping to improve patient safety in your workplace!**

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