**APPENDIX 8**



**DOCUMENTATION FOR UNIT CLOSURE**

1. **Summary**

|  |  |
| --- | --- |
| Date and time unit closed |  |
| Date and time unit reopened |  |
| Total length of time unit closed |  |
| Reason for closure |  |
| Decision to close made by |  |
| Name of Duty Manager/Exec |  |
| Total number of children referred/transferred elsewhere |  |

1. **Children referred to other units**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | HOSP NUMBER | DETAILS OF REFERRAL | UNIT REFERRED TO | OUTCOME |
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Datix Incident Form completed by: ………….

Datix number:…………..

Signed: …………………….

Date and time: ……………………