|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Endoscopy WHO Team Safety Brief**  Room 1 2 3 4 (Please Circle) Date…………………..   |  |  | | --- | --- | | **TEAM BRIEF PRE LIST CHECKS** | | | Team introduction including name & role (even if known to each other) |  | | **Any staffing or competency concerns for room or unit** |  | | **Any Identified high-risk patients** |  | | **Any identified high-risk procedures** |  | | **Endoscopist to confirm any additional equipment or medication required** |  | | **Nurse 1 & 2 to check room stock & medication including Naloxone, Flumazenil, Entonox, C02, O2** |  | | **Senior room nurse to ask**  **How are we feeling today? Anything that the team should be aware of?** |  |   Person completing the from  Print name: Signature:  **Endoscopy WHO Team Safety Debrief**   |  |  | | --- | --- | | **ALL TEAM TO DISCUSS** | | | How do we feel the list went? Include good & improvements |  | | **Specifically discuss list scheduling, patient preparation, equipment issues, staffing levels & skill mix** |  | | **Do the team feel supported and appreciated** |  | | **Any patient safety incidents? Y N (circle)** |  | | **Anything to be escalated or dealt with now? Y N (circle)** | **What:**  **Who to:**  **Time & date:** |   Person completing the from  Print name: Signature: |