

Limits of Safe Practice (Assessment by individual or team)

Limits of Safe Practice

Any circumstance where in the professional judgement of the nurse, or nursing team, there is an inability to provide appropriate care for one or more health consumer/s. This includes but is not limited by the presence of one or more factors affecting safe practice in the Limit of Safe Practice Assessment.

Health Region

Workplace

Person completing form

First name

Last name

Date

Shift

Time assessment started

Factors affecting safe practice

Tick to indicate YES, NO or Not Applicable

Variance Indicator System (VIS) level is in an adverse colour

YES

NO

N/A

Care is reduced to the level of Life Preserving Services

YES

NO

N/A

Clinical emergency not manageable with existing workers/support

YES

NO

N/A

Inability to provide time-critical cares and assessments

YES

NO

N/A

Care rationing is occurring

YES

NO

N/A

Cares and assessments are unduly delayed

YES

NO

N/A

Inability to monitor a health consumer with behaviour of concern who requires constant close supervision

YES

NO

N/A

The worker skill mix is not fit-for-purpose

YES

NO

N/A

Worker and/or other person at risk of harm due to unsafe behaviour of a health consumer; controls in place are inadequate

YES

NO

N/A

Worker and/or other person at risk of harm due to unsafe behaviour of a health consumer's whānau; controls in place are inadequate

YES

NO

N/A

Absence of appropriate cultural support is significantly impacting upon wellbeing of health consumer and/or whānau

YES

NO

N/A

There is insufficient essential equipment or supplies

YES

NO

N/A

Health consumer dignity is compromised e.g. personal and hygiene cares not attended to in a timely manner

YES

NO

N/A

Worker/s have been unable to take meal and/or rest breaks, affecting their ability to provide care safely

YES

NO

N/A

The workplace environment being used is not fit-for-purpose for the delivery of safe care e.g. health consumer being nursed in a corridor

YES

NO

N/A

Other roles that work with the nursing team are reduced to care rationing or unavailable e.g. medical, allied health support

YES

NO

N/A

Any other factor affecting safe practice e.g. unsafe deployment. Record details here:

Record the event

Local actions taken before informing senior RN/MW

Team Huddle	<input type="text"/>	Workload review	<input type="text"/>	Patient acuity review	<input type="text"/>
Patient transfers in/out?	<input type="text"/>	Patient discharges?	<input type="text"/>	TrendCare data validation	<input type="text"/>
VIS re-scored	<input type="text"/>	Other	<input type="text"/>		

Senior RN/MW informed staff at Limits of Safe Practice (imminent or occurring)

Notification time	<input type="text"/>	Role informed	<input type="text"/>
Feed-back received at time of notification		<input type="text"/>	

Senior RN/MW review to validate if Acute Staffing Shortage situation exists

Time of review	<input type="text"/>	Role performing review	<input type="text"/>		
Acute Staffing Shortage situation confirmed?		YES	<input type="text"/>	NO	<input type="text"/>

Post-review activity

Time resolved	<input type="text"/>	If not resolved, why?	<input type="text"/>	
Significant actions or events				
<input type="text"/>				
<input type="text"/>				
Was a Safe Staffing assessment completed on the shift prior?				
YES		<input type="text"/>	NO	<input type="text"/>

Mandatory Reporting

Complete an INCIDENT REPORT. Record INCIDENT No. here

Has harm occurred to you or fellow worker? If YES, complete a **Work Accident Report**

Has harm occurred to a health consumer? If YES, document in the **Clinical Record**

Work group signature/s (On-duty staff in the affected area/service)

I/We declare that this assessment has been completed in good faith using professional judgement to the best of my/our knowledge and ability, the information provided is true and correct as was possible to determine under the circumstances of an acute staffing shortage situation.

Process

- Always scan and email a copy to NZNO via safestaffing@nzno.org.nz
- Provide a copy to your local delegate and work group Health and Safety Representative
- Provide a copy to your Charge Nurse
- Retain the original for your records