

Debrief and Latent Safety Threats Tool for COVID Pandemic

Please identify any LSTs and ensure manager receives this form

COVID Status _____ Chart MRN # _____ (so this can be reviewed)

Date _____ Time _____

Please identify any issues so that they may be addressed as quickly as possible: (Note: day shift M-Fr, this will be captured and lead by managers, CL or educator). After hours, CN to fill out along with CN report sheet)

1. PPE issues:

2. Equipment/Dovetale issues:

3. Personnel concerns:

- Did responders arrive in a timely fashion?
- Any communication concerns?

4. Resources

5. Technical skills

6. Medication issues:

7. Other: