



# **EARLY WARNING SYSTEM INDICATORS REPORTING FORM**

---

**EWS 24 HOURS INDICATOR REPORTING FORM**

<b>Name of health establishment</b>									
<b>Province</b>									
<b>District (where applicable)</b>									
<b>Private health group/network (where applicable)</b>									
<b>Level of care</b>									
<b>Nature of Incident</b>	<input type="checkbox"/> Missing Minor								
	<input type="checkbox"/> Abscondment of a patient								
	<input type="checkbox"/> Suicide of an in-patient								
	<input type="checkbox"/> Unavailability of Radiological services								
	<input type="checkbox"/> Unavailability of hand washing soap								
	<input type="checkbox"/> Acts of harm to staff								
	<input type="checkbox"/> Acts of harm to patients								
	<input type="checkbox"/> Unavailability of water for > 24 hours								
	<input type="checkbox"/> Retained foreign object in a patient following a surgical/invasive procedure								
	<input type="checkbox"/> Wrong site surgery								
	<input type="checkbox"/> Procedure-related avoidable deaths								
<b>Date of Incident</b>									
<b>Time of Incident</b>									
<b>Repeat incident (has the incident happened before?) Y/N</b>	<b>YES</b>	<b>NO</b>	If yes, indicate date of previous incident						
<b>Source (method of detecting the incident)</b>	Reported by health	Surveys on patient	Inpatient medical review	Review of record	Complaints	Media	Public	Safety walk rounds	other

	professional	experience of care		on follow- up					
<b>Location (department/ward)</b>									
<b>Short description of incident</b>									
<b>Immediate action taken</b>									
<b>Investigation Planned?</b>	YES				NO				
<b>Has the user been informed? where applicable)</b>	YES				NO				
<b>Is the user waiting for a response?</b>	YES				NO				
<b>Submitted by (Name)</b>									
<b>Designation</b>									
<b>Signature</b>									

Email to [ews@ohsc.org.za](mailto:ews@ohsc.org.za)