### Appendix: 3: Checklist

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| **Single Sex Accommodation Breach Checklist Ward & Room Number:…………………………..** **Patient Details:** *Affix Addressograph Label*:**DATIX to be completed by COMS: Name: ………………………****DATIX number ………………… Date / Time of completion: ………………..**  |
|  | **Date & time of breach:** | **Number of other patients affected:** | **Verbal apology given by:****date / time /initials** | **Written apology given: date / time /initials** | **Additional control measures put in place:** | **Manager informed name designation & time:** | **End date and time of Breach:** |
| **0 to 2 hours** |  |  |  |  |  |  |  |
| **2 to 4 hours** |  |  |  |  |  |  |  |
| **4 to 6 hours** |  |  |  |  |  |  |  |
| **6 to 12 hours** |  |  |  |  |  |  |  |
| **12 to 24 hours** |  |  |  |  |  |  |  |
| **Plan if Breach continues beyond 24 hours.** |