

Handover record

Form | HOS-FRM-004

Document type	Form
Title	Handover record
Document ID	{{facility.code}}-HOS-FRM-004
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.4
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records each handover between teams or shifts, the giver and the receiver.

1. How to complete

- Complete for every handover.
- Record both names and the time.
- Write any question asked and the answer.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Structured tool used	Yes	☐	☐	☐	Action and who to tell
2	Giver and receiver named	Yes	☐	☐	☐	Action and who to tell
3	Time recorded	Yes	☐	☐	☐	Action and who to tell
4	Receiver asked a question or confirmed the plan	Yes	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-007	WHO Nine patient safety solutions (2007).
E-006	ASF Policy Framework v1.2. Adapted.

ID	Source and status
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval