

## CLINIC SAFETY CHECKLIST

Clinic Name: \_\_\_\_\_

Clinic Emergency Contact Name: \_\_\_\_\_

Clinic Emergency Contact Phone: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Primary Care Manager: \_\_\_\_\_

Staff Member: \_\_\_\_\_

<b>Preliminary Assessment</b>			
This assessment is to be completed by a Primary Care Manager prior to an ESPCN staff member being co-located in the clinic.			
<b>Safety Areas</b>	<b>Details</b>		
Emergency response plan	Does the clinic have an emergency response plan? This plan should include response plans in the event of fire, violence, aggressive patients, evacuation, etc.  Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency exits	Does the building meet fire code?  Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clinic room setup	Does the room setup allow for clinician closest to the door  Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Clinic Walk Through with Staff</b>			
This assessment is to be completed with the staff member has part of their orientation to a new clinic, as well as yearly to ensure their on-going safety.			
<b>Safety Areas</b>	<b>Details</b>		
Clinic Emergency Plans	Did you review the clinic emergency plans with the staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neighbourhood or environmental concerns	Does the clinic have a history of safety incidents?  Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire extinguisher	Does the clinic have fire extinguishers?  Notes: How many? Where are they located? What's the expiry date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type C Emergency Kit	Does the clinic have an Emergency Kit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	<p>Does the clinic have any of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> On site medications</li> <li><input type="checkbox"/> Oxygen tank</li> <li><input type="checkbox"/> CPR equipment</li> </ul> <p>Notes:</p>		
Muster point	<p>Does the clinic have a designated muster point?</p> <p>Notes:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety/Policy Procedure Manual	<p>Does the clinic have a Safety Policy and Procedure Manual?</p> <p>Notes:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency alarm system	<p>Does the clinic have an emergency awareness process?</p> <p>If yes, is it through the EMR or a clinic wide panic button?</p> <p>Notes:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff Panic Button	<p>Has the staff received their personal panic button?</p> <p>Is the clinic aware of how to respond?</p> <p>Notes:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clinic access	<p>Does the clinic have the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Locking doors</li> <li><input type="checkbox"/> Alarm system</li> <li><input type="checkbox"/> Keys/fobs for the PCN staff</li> </ul> <p>What time is the clinic open to be accessed?</p> <p>Will the ESPCN staff ever be expected to be on site alone?</p> <p>Notes:</p>		