

CLINIC SAFETY CHECKLIST

Updated November 2023

Clinic Name: _____

Clinic Emergency Contact Name: _____

Clinic Emergency Contact Phone: _____

Date Reviewed: _____

Primary Care Manager: _____

Staff Member: _____

Preliminary Assessment			
This assessment is to be completed by a Primary Care Manager prior to an ESPCN staff member being co-located in the clinic.			
Safety Areas	Details		
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. <i>Notes:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency exits	Does the building meet fire code? <i>Notes:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clinic room setup	Does the room setup allow for clinician closest to the door <i>Notes:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Clinic Walk Through with Staff			
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.			
Safety Areas	Details		
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? <i>Notes:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire extinguisher	Does the clinic have fire extinguishers? How many, where are they located and what is the expiry date? <i>Notes:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Kit	Does the clinic have an Emergency Kit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Emergency Medical Supplies	Does the clinic have any of the following: <input type="checkbox"/> On site medications <input type="checkbox"/> Oxygen tank <input type="checkbox"/> CPR equipment <i>Notes:</i>		
Muster point	Does the clinic have a designated muster point? <i>Notes:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety/Policy Procedure Manual	Does the clinic have a Safety Policy and Procedure Manual? <i>Notes:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency alarm system	Does the clinic have an emergency awareness process? If yes, is it through the EMR or a clinic wide panic button? <i>Notes:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff Panic Button	Has the staff received their personal panic button? Is the clinic aware of how to respond? <i>Notes:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Clinic access	Does the clinic have the following: <input type="checkbox"/> Locking doors <input type="checkbox"/> Alarm system <input type="checkbox"/> Keys/fobs for the PCN staff What time is the clinic open to be accessed? Will the ESPCN staff ever be expected to be on site alone? <i>Notes:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No