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Practice Checklist



This is an initiative of the Australian Medical Association

Workplace:  Date:  Time:

Check completed by:  Date for review:

**POTENTIAL RISK CONTROL MEASURES**

PATIENT ASSESSMENT AND REFERRAL	ACCEPTABLE	DETAIL FURTHER ACTION REQUIRED	NOT APPLICABLE	PERSON(S) RESPONSIBLE	BY WHEN
Written criteria used for the types of patients that the practice accepts or refers elsewhere					
Where appropriate, referring doctors provide written information regarding client behaviours and history of violence and aggression					
Referral information verified and further information sought from referring doctor					
Patients of practice assessed for the potential for aggression and violence (risk profile)					
Patients who present a level of risk that cannot be managed are referred to other appropriate services					
Procedures followed for referring patients to appropriate services for treatment of psychiatric, illicit drug and alcohol issues					
STAFF MANAGEMENT					
Items that could be used as a weapon removed from patients and visitors					
Patients are never given employee's or doctor's personal phone numbers					
People working with high risk client groups consider silent private telephone numbers					



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PATIENT SERVICE AND MANAGEMENT	ACCEPTABLE	DETAIL FURTHER ACTION REQUIRED	NOT APPLICABLE	PERSON(S) RESPONSIBLE	BY WHEN
Procedures followed for employees or doctors working alone or off site					
Inexperienced staff paired with experienced staff					
Staff and doctors' clothing does not unnecessarily increase the risk of injury during a violent incident, eg, heavy earrings, ties, scarves					
Procedures followed for disputes and grievances between staff and practice management					
SECURITY PROCEDURES					
Premises' security procedures in place for day and night					
Access restricted to as few entrances as possible					
Do not need access to outside areas at night					
Parking is available close to building at night					
Personal property is stored in secure place					
Building security guards and/or patrol arrangements; either mobile security, standing security (eg reception manned) or on-call security					
Non public areas signposted and securely locked					
Monitoring of visitor movement within the building					
Intrusion monitoring and response arrangements; alarms, motion sensors, duress buttons, CCTV					



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SECURITY PROCEDURES	ACCEPTABLE	DETAIL FURTHER ACTION REQUIRED	NOT APPLICABLE	PERSON(S) RESPONSIBLE	BY WHEN
Security policies and procedures in place and rehearsed regularly					
Incident reporting and analysis					
Risk assessment and audits conducted annually					
CASH HANDLING					
Cash handling system is in place					
Limited cash kept on premises					
Cash stored in secure location out of sight of patients and visitors					
EMERGENCY PROCEDURES & TRAINING					
Procedures in place including defusion, back-up, verbal reporting, and when to retreat to a nominated safe area or call police					
Person nominated to take charge in case of violence-related emergency					
Bomb threats, armed hold-ups, abusive telephone calls procedures in place					
Home visits and call-out emergency procedures in place					



BUILDING ACCESS	ACCEPTABLE	DETAIL FURTHER ACTION REQUIRED	NOT APPLICABLE	PERSON(S) RESPONSIBLE	BY WHEN
Site perimeter has access control measures (fences, gates, etc)					
Main building has access control measures (access points, entrances, exits, etc)					
Floor access has access control measures					
Lifts both passenger and goods have access control measures (key/card control)					
Windows have security (locks, alarmed, barred)					
Visitor car park has adequate lighting and visibility					
Emergency exits (alarmed, monitored and access is exit only)					
Register of visitors and other persons (eg, contractors on-site) is kept					
RECEPTION / WAITING / CONSULTING / TREATMENT ROOMS					
Safe design of the reception area (eg, surfaces wide enough to prevent aggressive patients from reaching over)					
Provision of up to date reading material, television or radio to reduce stress levels					
Comfortable and appropriate seating (that cannot be easily thrown)					



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RECEPTION / WAITING / CONSULTING / TREATMENT ROOMS	ACCEPTABLE	DETAIL FURTHER ACTION REQUIRED	NOT APPLICABLE	PERSON(S) RESPONSIBLE	BY WHEN
Space properly planned to avoid overcrowding					
Temperature controls to retain comfortable environment in all seasons					
Routine in place for locking/unlocking premises at start and end of day					
Ensure lighting is maintained to avoid flickering or failure					
Duress alarm installed					
All telephones to have 000 programmed on speed dial					
Mobiles programmed and always charged					
Identify, remove or secure potential weapons (letter openers, computer monitors, surgical instruments, etc)					
Seating arranged so that the doctor has unimpeded access to the door of the consulting room					
LIGHTING ADEQUACY					
Perimeter					
External precinct (eg, for multiple tenancy buildings)					
Internal (after hours)					
Emergency					



POST INCIDENT PROCEDURES	ACCEPTABLE	DETAIL FURTHER ACTION REQUIRED	NOT APPLICABLE	PERSON(S) RESPONSIBLE	BY WHEN
First aid and access to medical care provided for those injured					
Incident details are recorded and reported to practice manager or practice principal					
Patient-perpetrated violence is recorded in patient files					
Transport home and communication with families of those affected if necessary					
Appropriate support available to affected employees and doctors					
Time off available for affected employees and doctors to recover					
Serious violent incidents such as physical or armed assault and bomb threats are reported to the police					
Serious violent incidents causing death, threat to life, or more than the specified number of days off work (with medical certificate), are reported to WorkCover Authority					



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