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| CHECKLIST – PRACTICE STAFF SAFETY |
| The practice has policies and procedures in place to manage and respond to patient-initiated violence and an EMIS alarm. |  |
| All staff have received training regarding all the practice’s policies and procedures. |  |
| The practice uses clinical meetings and case conferences to discuss a practice-wide approach to patients who present a safety risk (e.g., where there is a history of inappropriate behaviour, the patient’s file is flagged if ongoing care is being provided). |  |
| Practice staff notify a GP or practice nurse promptly if a patient arrives under the influence of alcohol or other drugs, just as they would notify the GP of other risk factors such as chest pain or difficulty breathing. |  |
| At least one staff member, in addition to the GP, is present when the practice is open for routine consulting – this includes onsite after-hours consulting.  |  |
| If the building has more than one floor, staff should work on the same floor after hours and at weekends with consulting rooms close to reception.  |  |
| Practice security arrangements are covered in the induction of all new GPs, practice staff and medical students. |  |
| The practice team is trained in ‘conflict management’, enabling staff to:* spell out their expectations of behaviour within the practice (establish ground rules) early and clearly
* recognise and attempt to assist ‘difficult’ patients
* prevent, control and ‘de-escalate’ violent situations within their role in the practice.

(The LMC have conflict management training if you would like to arrange this) |  |
| All staff understand the chain of command to report an incident.  |  |