## **Violence Prevention Clinic Inspection**

Clinic name:						
Clinic address:						
	Office and Clinic Rooms Waiting ar	rea and reception	Date:	DD/	MM/Y	YYYY
Area inspected:	Outside areas including grounds and parkings lot(s)  Storage, staff areas, and washrooms  Time:		Time:	HH:MM		
PART A – INSPECTIO	N					
Access and controls				Yes	No	N/A
Access to work areas is	controlled (e.g., locked doors, buzzers) and restricted after l	hours.				
The clinic is laid out to	clearly separate staff work areas from patient/public areas.					
The work area allows for staff to quickly remove themselves from situations if they are being targeted or threatened (i.e., secure offices, safe room with locking door, access/egress clear).						
The reception area is set up to allow for good visibility of people arriving and exiting.						
Counters and desks provide an adequate barrier against threatening behaviour in the reception area.						
Access to staff-only rooms is controlled by locked doors.						
	oms are equipped to ensure assistance can be obtained if neel to alert co-workers of a violent incident).	eeded (e.g., duress alarr	n system,			
Exam and treatment ro	oms are arranged with furniture positioned to ensure visibili	ity and enhance staff sa	ıfety.			
Counter/desk provides	a barrier between staff and the public in exam and treatmen	nt rooms.				
There is an emergency	exit door available for use in case of emergencies.					
Worksite environmen	t			Yes	No	N/A
Lighting is appropriate f	or all indoor areas, facility grounds, and parking lots.					
The immediate outside a	area is free from signs of vandalism, drug paraphernalia, alcoh	nol, and cannabis establi	shments.			
Security and safety m	easures			Yes	No	N/A
Emergency response pl	hone numbers are posted by the phone.					
Staff wear identification where appropriate.						
Staff are instructed on the appropriate response to incidents of violence at the clinic.						
Duress systems, if available, are routinely tested to ensure operational.						







### PART A – INSPECTION CONTINUED

Security and safety measures continued	Yes	No	N/A
Potentially dangerous materials, equipment, and sharps are out of sight or secured.			
Violence prevention signage is appropriately placed in the clinic.			
Restricted access areas are clearly labeled.			
Staff-only rooms have a peephole or another method to view the area outside the door.			
Unoccupied rooms have their doors shut and/or locked.			
Working alone	Yes	No	N/A
Staff who work alone or in isolation have a system in place to get immediate assistance if needed.			
The system in place to get immediate assistance is routinely tested.			
*The intervals for checking staff member's wellbeing are developed in consultation with the staff assigned to work alone.			
*Working Alone procedures include a procedure to follow if staff cannot be contacted.			
Washrooms	Yes	No	N/A
Staff washrooms are secured with locked doors.			
Access to public washrooms is controlled or visually monitored.			
Process and procedures		Yes	No
*Violence prevention safe work procedures are in written form and available to staff.			
*Violent incident investigations are completed without delay and minimize risks for further incidents.			
*Staff receive appropriate violence prevention training and training is tracked by the employer.			
Staff involved in violent incidents receive prompt post-incident support.			
*Staff know how to report a violent incident in the clinic.			
*Criteria for reporting violence (injury, near miss, threatening statements or gestures, abusive behaviours) is understood by staff.			
*Violence prevention policies, safe work practices, and universal precautions are included in the orientation process for new and returning employees.			
*A Violence Risk Assessment and Working Alone Procedures has been completed/or reviewed within the last year	ar.		
Comments:			

Items marked  $\mbox{\ensuremath{^{\star}}}$  are mandatory as per the Occupational Health and Safety Regulation.

#### PART B - RECOMMENDATIONS

Item	Corrective action	Assigned to	Status

# PART C – SIGN OFF Inspected by:

Full name (please print):	Signature:	Date:
		DD / MM / YYYY
		DD / MM / YYYY

### Employer review:

Full name (please print):	Signature:	Date:
		DD / MM / YYYY

The clinic will maintain a copy of this inspection for three (3) years. Physician employers must determine the appropriate time interval necessary to prevent the development of unsafe working conditions. In some clinics this could be monthly, or quarterly for others. Workers must report any unsafe conditions or acts to the person-in-charge as soon as possible. Unsafe conditions and acts must be investigated by the employer and remedied without delay. If a worker representative or joint occupational health and safety committee is required, the violence prevention workplace inspection should include these individuals.

This will require asking workers questions, observing techniques, and watching the use of equipment and materials. Do not try to imitate acts or conditions.