# C:\Users\Kate Marsden\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\HIS colour.jpg Safety Checklist for general practice

### Designed by NHS Education for Scotland

### Why do we need such a checklist?

* Practice processes for checking priority safety issues that can impact on the health and wellbeing of patients and GP team members are highly variable and can be inconsistently applied which often contributes to why significant events happen.
* When combined with everyday complex workloads and stresses our memory spans and attention to detail are affected. This means we can often forget to undertake necessary checks of important safety tasks as planned — this can lead to errors being made, sometimes this has no real consequences but on other occasions it impacts negatively on patients, staff, and the practice.
* Checklists are used routinely in high risk industries such as aviation, nuclear power, and many hospitals to help staff remember critical tasks to be undertaken to ensure mistakes are not made and help make patients and the workplace safer.
* The purpose of this checklist is to help ensure that tasks that are considered to be important from a safety perspective are actually checked on a routine basis and action is taken where needed to improve overall compliance. It aims to combine some existing checking processes into a single checking system which is undertaken every four months to ensure that the necessary checks are completed on a timely basis.

### About the checklist

* The preliminary checklist was developed based on a combination of what we know can go wrong when things that should be checked routinely in practice are not, and the knowledge and expertise of a large group of practice managers, practice nurses, and GPs who contributed to its design and content over several workshops and surveys.
* It is important to note that it is not mandatory — but is a flexible guide, you will not necessarily agree with all of the content nor may it always be relevant to your practice.
* Use your own judgement and apply your own common sense. In these cases simply tick Yes for being fully compliant.
* As far as possible the development process was informed by human factors/systems thinking and guidance to make the checklist content relevant and understandable and to cover all aspects of the general practice workplace. If the checklist is not an improvement on existing checking processes then it is unlikely to be used, although bear in mind that some practices do this inconsistently and infrequently compared with others. The prevailing safety culture within a practice will also influence how seriously the checklist and checking processes are taken, that is: the checklist itself will not make the practice processes safer, like any improvement activity this is always down to the leadership, team-working and commitment of the GP team.

### How to use the checklist

* Simply work your way through the checklist (it has been sub-divided to make it easier to follow and complete) and use a combination of checking and your own professional judgement to determine whether you are fully compliant with each of the issues outlined.

## Safety Checklist for General Practice

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| 1. Medicines Management  * Core safety Issues to be checked | **How to check?** | **Fully Compliant?** | | **If no, please outline action Plan & Date of Review** | **Review date** |
| **Yes** | **No** |
| 1. Controlled drugs  * Securely stored * Up to date register exists * Stock balances are undertaken at appropriate time intervals based on practice usage * Any out of date stock is appropriately dealt with | Document review and spot check |  |  | Click here to enter text. | Click here to enter a date. |
| Emergency drugs & equipment   * Your usual supplies are available in sufficient quantities * Evidence of monthly stock check and expiry date rotation * Evidence of monthly equipment check (for example, nebuliser, defibrillator, airways, anaphylaxis) | Document review and spot check |  |  | Click here to enter text. | Click here to enter a date. |
| Prescriptions and pads   * Securely stored * Serial numbers for prescription pads are recorded and stored | Spot check |  |  |  |  |
| Vaccinations   * Cold chain temperature recording at least once daily * Storage facility locked and alarmed * Your usual supplies are available in sufficient quantities * Evidence of expiry date rotation | Document review and spot check |  |  |  |  |
| All other drugs on the premises   * Storage facility is secure * Your usual supplies are available in sufficient quantities * Evidence of expiry date rotation * Where a process exists for drugs to be returned to the practice, they are disposed of safely | Document review and spot check |  |  |  |  |

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| 1. Housekeeping  * Core safety Issues to be checked | **How to check?** | **Fully Compliant?** | | **If no, please outline what action Plan & Date of Review** | **Review date** |
| **Yes** | **No** |
| 1. Infection Control  * All staff are trained in standard infection control precautions, including hand hygiene and sharps/bite/slash management * Practice equipment is cleaned in line with practice policy * Premises (floors, furnishings, surfaces, children’s toys etc.) are cleaned in line with [practice policy * Clinical waste is disposed of in line with practice policy * Laboratory specimens are handled and stored in line with practice policy * All staff are offered immunisation/boosters and are up to date (for example, Hepatitis B, Rubella and Influenza) | Document review, spot checks & discrete observation |  |  |  |  |
| Stocking of clinical rooms   * Adequate personal protective equipment (PPE) is available * Single use only sterile and non-sterile gloves in a range of sizes (where necessary) with latex-free alternatives are available * Disposable hand and couch paper towels are available for use * Liquid soap and Alco Gel are available * Sharps containers are available, correctly assembled, out of reach of children, not filled beyond indicator mark and do not contain inappropriate waste |  |  |  |  |  |
| Confidential waste   * Identifiable patient information is disposed of securely ad confidentially (for example), shredded) | Spot checks and discrete observation |  |  |  |  |
| Clinical equipment maintenance   * There is a log of all significant items of clinical equipment * There is a date system for when equipment should be serviced/working status checked * All significant items of clinical equipment are calibrated or maintained in line with manufacturer’s instruction/service recommendations * Equipment which is not in use/maintained is disposed of appropriately. | Document review and sport checks |  |  |  |  |

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| 1. Information systems  * Core safety Issues to be checked | **How to check?** | **Fully Compliant?** | | **If no, please outline what action Plan & Date of Review** | **Review date** |
| **Yes** | **No** |
| 1. The practice business continuity plan is up-to-date? | Document review, spot checks & discrete observation |  |  |  |  |
| The back-up of all significant IT systems can be verified? | Spot checks |  |  |  |  |
| Data Protection   * Latest software updates for all systems are installed (for example, formulary, EMIS, Vision)? * Password security policy is being followed (including remote access protocols) | Spot checks |  |  |  |  |
| Record Keeping   * Clear evidence is available of accurate and up-to-date record keeping (for example, data coding, and summarising, allergy updates) | Document review and spot checks |  |  |  |  |

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| 4. Practice Team   * Core safety Issues to be checked | **How to check?** | **Fully Compliant?** | | **If no, please outline what action Plan & Date of Review** | **Review date** |
| **Yes** | **No** |
| Registration checks   * All clinicians are registered with regulators * All clinicians are registered with Defence Union * Protecting Vulnerable Groups (PVG) checks are up-to-date * Doctors are on the Performer’s list | Document reviews |  |  |  |  |
| CPR and Anaphylaxis training   * All staff have up-to-date CPR training * All clinical staff have up-to-date anaphylaxis training | Document reviews |  |  |  |  |
| Induction processes   * Induction process is up-to-date and any new staff are inducted appropriately for their role * Up-to-date locum doctor/nurse induction pack is available and used | Document reviews and spot checks |  |  |  |  |
| All staff have access to ongoing patient safety-related training opportunities   * (for example needle-stick injury, health & safety/fire safety, coding data) | Document reviews |  |  |  |  |

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| 5. Patient access and identification   * Core safety Issues to be checked | **How to check?** | **Fully Compliant?** | | **If no, please outline what action Plan & Date of Review** | **Review date** |
| **Yes** | **No** |
| Information to patients on how to access the practice urgently or in an emergency is widely available in different forms   * (for example, posters, leaflet, booklet, website) | Document review and spot check |  |  |  |  |
| Standardised patient identification (ID) verification   * The practice has a patient ID process using **two** approved patient identifiers and the practice team can describe how it is applied * Patient ID is **always** confirmed by all staff (over the telephone, face-to-face, when filing or handling records/results, writing prescriptions/referrals) using **two** of the following three characteristics: **full name**, **date of birth** and **postal** **address** (sex and CHI number if known/available can also be used) | Document review and discrete Observation |  |  |  |  |

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| 6. Health & safety   * Core safety Issues to be checked | **How to check?** | **Fully Compliant?** | | **If no, please outline what action Plan & Date of Review** | **Review date** |
| **Yes** | **No** |
| Building safety and insurance   * Practice policies on electrical and safety are adhered to * Public and employer’s liability insurance are up-to-date and displayed * A system for recording and notifying accidents/violent incidents/near misses is in operation * First aid arrangements are in place (a first aid box is available and all staff are aware of trained first aiders) | Document reviews |  |  |  |  |
| Environmental awareness   * Routine checks for hazards to staff, patients, children and visitors are undertaken internally (for example; spillages, worn flooring, low hanging or protruding objects) and externally (for example; broken glass, spillages, obstructions) * General thermal and lighting comfort (heating and cooling where necessary) is achieved within the premises | Spot checks |  |  |  |  |
| 6 (cont.) Health & Safety   * Core safety Issues to be checked | **How to check?** | **Fully Compliant?** | | **If no, please outline what action Plan & Date of Review** | **Review date** |
| **Yes** | **No** |
| Staff health and well-bring   * All partners and staff have clear work roles and designated tasks, and workloads are balanced * The practice recognises the existence of work-related stress and accepts the need to identify its symptoms and resolve or manage contributory factors * Regular team meetings are held to review practice performance, raise issues and problems and seek resolutions * Access to training in handling threatening behaviour is available to all staff * The workstations of al display screen equipment users provide adequate space and are assessed to health and safety legal standards * All relevant staff are trained in manual handling procedures | Document review and spot check |  |  |  |  |

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For more information about this checklist then refer to the following paper

***Participatory design of a preliminary safety checklist for general practice*** by Paul Bowie, Julie Ferguson, Marion Macleod, Susan Kennedy, Carl de Wet, Duncan McNab, Moya Kelly, John McKay and Sarah Atkinson

British Journal of General Practice e330 May 2015

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