

2011 Action Checklists for Ensuring Safety and Security in Hospitals (ACCESS-Hospitals)

Gender: Male / Female **Age:** 20-29 / 30-39 / 40-49 / 50-59 / 60-69 years **Position:** Non-managerial / Managerial

[How to use the checklist] This set of checklists is in the form of action checklists developed based on successfully managed cases, using procedures already in practice in medical institutions nationwide. When checking the list, measures should be selected with a view to determining the implementation of which measure changes in the workplace would assure a safer and more secure setting. First, define the work area to be checked. In completing the checklist, mark No, Yes, or Priority when answering the question "Do you propose this action?" Specifically, "No" means that the measure is not needed or has already been applied. If you think the measure would be worthwhile, "Yes" should be marked. After you have finished completing the checklist, choose 3-5 items that you consider to be particularly important from among those you marked "Yes," and mark them as "Priority" items. In practice, there should be a group discussion by a team consisting of about 5-8 persons with various job descriptions, such as doctor, nurse, risk manager, clerical staff, and industrial physician, employing each checklist. Eventually, exchange of opinions focusing on items of high priority will allow the measures to be taken from the day of discussion onward to be determined.

Action checklist		Do you propose action?			
		No	Yes	Priority	Remarks
<ul style="list-style-type: none"> - The measure has already been applied, or is not applicable → Mark No. - The measure is desirable, or necessary, henceforth → Mark Yes. - Items of particularly high priority to be chosen from among those marked "Yes" → Mark Priority (3-5 items). After discussion with others, determine the measures to be taken henceforth. 					
A. Precaution 1: Improving the environment of the institution	1. Make the lighting, sound, space, etc., conditions of the institution more comfortable for patients and healthcare professionals.				
	2. Assure that the medical institution provides a restful atmosphere.				
	3. Devise strategies to reduce waiting time as much as possible and make the remaining waiting time apparent.				
	4. Secure an escape route that allows evacuation to a safe place in the event of an emergency.				
	5. Determine the proper number and sites of surveillance cameras and recorders to be installed.				
B. Precaution 2: Good communication	6. Greet and call visitors in a positive manner, with a genial and welcoming smile.				
	7. Always keep in mind the importance of dealing with people courteously and with kindness.				
	8. Conduct communication training, aimed at trouble prevention, employing a role-playing model, etc., on a regular basis.				
	9. Provide a patient consultation service, opinion box, etc. at a prominent site, and make its existence known to patients and their families.				
C. Precaution 3: Formulation of a secure system	10. Obtain clues on how to implement improvements from patients' opinions (claims) and questions proactively, and put them into practice.				
	11. Hold review meetings and committee sessions to investigate countermeasures and case examples on a regular basis.				
	12. Assess the possibility of event occurrence by understanding the patient's condition and disease status, and provide preventive measures and cautious handling.				
	13. Station security guards and have a framework in place to prevent or prepare for any relevant occurrences, by maintaining routine patrol practices.				
	14. Determine the procedures for reporting to the person in charge in the event of an emergency or for any significant events occurring at night.				
D. Precaution 4: Preparation on site	15. Cooperate with external institutions including the police and lawyers on a routine basis.				
	16. Let the following policies of the medical institution be known to and understood by everyone: violence of any kind is prohibited, and personnel who have suffered injury or any other form of personal damage are protected by the institution.				
	17. Display the policies of the institution prohibiting violence and behavior disturbing others in the form of posters or brochures to be distributed.				
	18. Conduct regular inspection tours, and identify and ameliorate any potential sources of future problems.				
	19. Be certain that the countermeasures are known to all personnel, by employing effective policies and practices such as distributing an easy-to-use manual that summarizes countermeasures.				
E. Response to event occurrence	20. Carry out drills pertaining to the procedures used to call for backup, self-defence measures, and evacuation in the event of an emergency.				
	21. When an event has occurred, take measures to protect people around you (evacuation, calling for help, etc.) while first protecting yourself.				
	22. When an event has occurred, follow the designated response procedures and then report the event (to a supervisor or decision maker).				
	23. Contact the police whenever the safety of patients and personnel is affected.				
	24. Make every effort on site, including manager involvement, to resolve the case promptly.				
F. Post hoc procedures	25. Assure accurate documentation by more than one person of the event that has occurred.				
	26. Implement care of the victim and those present on site.				
	27. Provide the manager of the workplace with support and education regarding care for the victim.				
	28. Support the victim and those present in order to promote and facilitate their return to work with ease of mind.				
	29. Consider relocation of the victim to prevent the recurrence of violence, in the case of an identifiable assailant having been involved.				
	30. Determine the venue and procedures for sharing information regarding the event that occurred, and strive to prevent further harm.				