

SAFETY & SECURITY AUDIT TOOL

Introduction

The purpose of this audit is to identify significant issues contributing to your safety. When commencing a new job, employer orientation and workplace safety guidelines should provide the basic information required for you to commence work safely. This Safety & Security Audit can be used as a checklist to review safety. Completing the audit will provide individuals and workplaces with the basic information required to promote practical safety quality improvements in the workplace. This audit is a bridge linking orientation, workplace safety guidelines, and Work Health and Safety requirements.

The audit identifies broad issues that contribute to personal & team safety, security, wellbeing, and the provision of safe, effective health services. Not all items listed will be relevant for all locations. Using the audit tool provides a guide for improving remote health workforce safety. It is not a complete list of all issues relevant to Safety and Security in all locations.

How to use the Safety & Security Audit tool

The Audit lists six different headings: Health Centre; safety systems and On-Call; accommodation; transport; communication; and community & cultural safety education. While there is some overlap, the different headings provide a good basis for completing the audit.

It's not only the audit content that contributes to safety and security. Completing the audit gets staff out and about in the community, looking at safety issues and meeting the people who will be able to provide assistance if needed. Completing the audit ensures staff think ahead about safety and security issues. Don't just hand your completed audit document over to incoming staff. They'll be safer if they've completed their own!

Before completing the Audit... You'll get more out of completing the audit if you have participated in workplace orientation and read up on your local health service safety guidelines.

To further promote your safety and security, it will also be valuable for you to familiarise yourself with other resources produced as part of the CRANAplus Remote Health Workforce Safety & Security Project. These include the *Working Safe in Remote Health Handbook*, *Rapid Risk Assessment Tool*, and *Safety Flow-Charts*.

These documents are all available on the CRANAplus website. You can also access Safety and Security information on the CRANAplus App. Use the following link for more information: [Safety & Security in Remote Healthcare | CRANAplus](#)

1 HEALTH CENTRE

No.	Item	Notes
1.1	Clinic layout. Location of emergency exits, secure internal doors, safe room, phones, duress alarms, smoke alarms, fire extinguishers. Ask about high-risk areas and situations to be avoided.	
1.2	External doors and windows secure and are able to be locked. Double locking if warranted (especially sliding doors/windows e.g. lock on sliding window plus timber/other barrier in place to stop window sliding back if the fitted lock is sprung. *Check outside the building - around all windows and doors for evidence of attempted break-in and possible risk of further break-in e.g. security mesh bent/removed, frames damaged & locks exposed/damaged) **Does building design or vegetation provide locations for people to hide near entrances, or allow them to attempt entry un-observed?	
1.3	Internal & External lighting operational and adequate, able to be operated from inside the building. Sensor lights functioning.	
1.4	History of past break-ins – Have past problems been identified and fixed?	
1.5	Who has access to keys? Have locks been changed if keys lost/stolen? If fitted, are keypad codes changed regularly?	
1.6	Safe Room – Is there a secure room for staff that has alarm and phone inside?	
1.7	Emergency contact information and after hours support roles listed e.g. second on call, backup, general assistance, driver.	
1.8	Safety issues related to clinical programs identified: High risk patient register (if used); Out-Station support; Medication delivery; and other issues E.g. Mandatory Reporting, Work related travel alone in or outside the community.	

2 SAFETY SYSTEMS & ON CALL SAFETY GUIDELINES

No.	Audit item	Notes
2.1	Are health service safety & security guidelines available, resourced, and implemented? Are guidelines supported by management and clinicians?	
2.2	Are Not Alone/Always Accompanied guidelines available and operational in the community? Have community representatives and health service management discussed and agreed to safety procedures?	
2.3	Have incoming staff completed health service and community (local) orientation completed prior to being allocated after hours or on-call responsibilities?	
2.4	Have incoming staff had the opportunity to shadow on-call staff before being rostered as primary on-call clinician?	
2.5	Do staff have safe vehicle access (physically secure or accompanied) after-hours and when on-call	
2.6	Does regular monitoring & review of safety & security systems, critical events & near-misses occur? Is there a system in place for de-briefing and support to staff after an event?	
2.7	Is there a process for timely notification to community and employer by staff when safety guidelines cannot be completed and service provision is limited?	
2.8	Are staff trained, practiced and competent in the use of service electronic alarms e.g. Personal Locator Beacons, Local duress/safety alarm systems, other safety/alarm systems?	
2.9	Have past events known to be a risk to safety been identified and responded to, & lessons learned part of local orientation?	
2.10	Short term (Agency) staff: Are there any conflicts between workplace & Nurse Recruitment Agency roles and safety guidelines that need to be clarified or resolved?	
2.11	Are you being expected to work outside safety guidelines E.g. working as a solo clinician pending staff recruitment or while other staff are on leave? Are safety systems in place to manage such events?	
2.12	Is there a system in place for logging after hours call outs, activities and location? How will others know if something has gone wrong and you need assistance?	
2.13	Is on-call allocation equitable? Is potential for fatigue managed by ensuring staff have regular access to leave entitlements, including professional development leave?	

3 ACCOMMODATION

No.	Audit item	Notes
3.1	External doors and windows secure and are able to be locked. Double locking if warranted (especially sliding doors/windows e.g. lock on sliding window plus timber/other barrier in place to stop window sliding back if lock is sprung. *Check outside the building - around all windows/doors for evidence of attempted break-in and possible risk of further break-in e.g. security mesh bent/removed, frames damaged & lock exposed/damaged) **Does building design or vegetation provide locations for people to hide near entrances, or allow them to attempt entry un-observed?	
3.2	You can safely see and respond to visitors coming to your accommodation without compromising personal security (E.g. Safety screen mesh, secure veranda, security sensor lights, security camera.	
3.3	History of past break-ins – Have past problems been identified and resolved?	
3.4	Who has access to accommodation keys? Have locks been replaced when keys lost?	
3.5	Is there a safe emergency exit process from secure accommodation E.g. in case of fire?	
3.6	Smoke alarms are in place and tested. Fire extinguishers are in date & operational?	
3.7	Are there shared entry and internal access doors in combined or semi-detached accommodation? Is your security dependent on behaviour of others?	
3.8	Use of accommodation by visiting clinicians/others. Are there written safety guidelines for visiting clinicians and others? Are visitors provided with orientation about safe use of accommodation?	
3.9	Accommodation perimeter is adequately fenced, Lockable, secure, and well lit.	
3.10	Vehicle garaging. Staff have safe/accompanied access from their accommodation to work vehicles when on-call	

4 TRANSPORT

No.	Audit item	Notes
4.1	Health Service Vehicle use guidelines available & read	
4.2	Vehicle(s) roadworthy, reliable & serviced	
4.3	All staff have training & practice about safe driving in local road conditions, including dirt roads, seasonal changes	
4.4	All staff are skilled and competent with basic 4WD use & vehicle recovery	
4.5	Staff are aware of & can demonstrate basic survival strategies in the event of vehicle breakdown in a remote location	
4.6	First-Aid kit in vehicle. Spare tyres, torch, tools & water supply checked regularly <u>and</u> prior to staff leaving the community	
4.7	Drivers have skill & experience with vehicle equipment - dual batteries, external power, dual fuel tanks, GPS, Tracking equipment, In Vehicle Monitoring System if fitted etc.	
4.8	List of approved health vehicle drivers available. Access to keys by approved drivers only. Spare keys available.	
4.9	System in place for ensuring on-call vehicle has fuel	
4.10	System in place (secure facilities or always accompanied) to ensure staff have safe access to vehicle when on-call	

5 COMMUNICATION

No.	Audit item	Notes
5.1	Health Service communication equipment use guidelines available and read	
5.1	Accommodation phone or staff CB radio communication available & staff skilled and competent in equipment use	
5.2	Emergency contacts & numbers listed in clinic and accommodation. List up to date and checked correct.	
5.3	Local & External Emergency contacts available for: Health Service staff, B/H & A/H Health Service Manager, Police, Shop, Community Office staff, Mechanic, Maintenance, Hospital, Ambulance, RFDS, Emergency Services, others...	
5.4	Staff skilled & competent in Satellite phone use including trouble-shooting power supply and signal strength	
5.5	Staff skilled & competent in use of emergency communication equipment including: Duress alarms, Personal alarms, Epirbs and other tracking/emergency equipment	

6 COMMUNITY & CULTURAL SAFETY EDUCATION

No.	Audit item	Notes
6.1	Map of local community available identifying family groups, houses, shop, school, office, air strip. Area map available identifies out stations, frequently travelled locations, areas to be avoided, and places of interest.	
6.2	Community/Local Government Office services: Introduction to role, hours, contact information, Shop hours, fuel availability	
6.3	Meet Local Government / Community Council representatives, other senior figures, people available to assist in an emergency	
6.4	Introduction to and B/H, A/H contact information for all services present in the community, (health service, school, police, essential service staff	
6.5	Orientation to all community activities e.g. youth group, women's centre, aged care, art centre, sports activities, firewood collection, rubbish collection...	
6.6	Cultural Safety Education sourced from local community representatives. Communication styles, social (language, family) structure, age & gender appropriate roles, clothes & behaviour, ceremonial business or specific locations to be avoided, community history, other significant issues	
6.7	Community calendar. Busy & quiet times: school holidays, sports carnivals, tourist season, culture events/law meetings. Impact of seasons on travel, communication and community	
6.8	Local knowledge and strategies to maintain safety in your health service and community including history of significant events – episodes of community support, conflict, threats and assaults, risk of dog attack...	
6.9	Local knowledge: Characteristics of substance use / misuse in the community. Impact of drug/alcohol use on the community and health service	