# Risk Management Checklist

Instructions on how to use the checklists in the ‘*Practice Support Manual’* (PSM) are provided. Note that a ‘worked’ Risk Management checklist is also provided for use in your practice.

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| **Dental Practice Name:**  |  |
| **Overall Responsibility for Checklist:** |  |
| **Year:** |  |

|  |  |  |  |  |  |  |
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|  | Team Member Responsible | Date to be Completed  | Documentation Storage Site  | Completed?  | Comments | Review Date |
| Risk Management System |
| Discuss risks with staff |  |  |  |  |  |  |
| Conduct a risk assessment of the practice |  |  |  |  |  |  |
| Have in place policies for health and safety, radiation protection, communication with patients, ethical practice, record-keeping, complying with the Disability Discrimination Act, and dealing with medical emergencies**PI** |  |  |  |  |  |  |
| Discuss practice policies with staff, and record in meeting minutes |  |  |  |  |  |  |
| Conduct audit (15 hours in 3-year period) and significant event analysis |  |  |  |  |  |  |
| Significant Event Analysis and Incident Reporting |
| Put in place a system for recording and investigating incidents |  |  |  |  |  |  |
| Ensure staff are aware of the system |  |  |  |  |  |  |
| Reporting for Public Safety |
| Have in place a practice policy for protecting the public |  |  |  |  |  |  |
| Ensure staff are aware of the system and their duty to protect patients |  |  |  |  |  |  |
| Continuity Planning |
| Identify major incidents and put in place continuity plans for each  |  |  |  |  |  |  |

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| **PI** – Health Board practice inspection item |