



PHYSIOTHERAPY WORKPLACE ASSESSMENT

Clinic Name: _____

Date: _____

Please refer to the Professional Practice Standards for Physiotherapists document (in parentheses) for an explanation of items.

If not applicable (N/A) chosen, please explain.

YES NO N/A

I. A WALK-THROUGH OF THE WORKPLACE SHALL FIND THE FOLLOWING:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. NSCP policies and procedures manual (1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. emergency exits unobstructed and clearly marked (15b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. sharp and hazardous waste containers (4b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. fire extinguishers are present and functioning (15a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. first aid kit (N.S. workplace safety regulation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. charting done in non-public area (5e) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. electrical equipment functioning properly with documented calibration and service done annually (15d) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. hospital grade and grounded outlets, (15e) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. storage of charts – double-locked (5e) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. adequate space to meet the workload and allow for safe movement about the area (15b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. the space is clean, tidy and wheelchair accessible (5c) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

II. A FACILITY POLICIES AND PROCEDURES MANUAL SHALL BE AVAILABLE AND SHALL INCLUDE THE FOLLOWING:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 12. scope and limitations of the physiotherapy service (e.g. mission statement)(14a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. current organizational chart which delineates the relationships and formal lines of communication within the physiotherapy service (14a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. written job descriptions for each position (14a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. orientation program for all new staff (4g) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. infection control and WHIMIS procedures (4a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. fire and emergency plans (4a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. staff development plan; allowance for continuing education (14d) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. procedure for patients to call staff to their area (14b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. confidentiality policies (use, storage and disclosure for personal information; back-up of electronic files, etc.) (5a, b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |