

	Inspection Item	□if OK	If not OK, Problems Noted	Action Taken
Α	Physical Facility			
1	Doorways/Hallways clear, areas near fire extinguishers, smoke doors, electrical panels, and fire hose cabinets kept clear and doors close properly			
2	Eight-foot clearance width in the hall. (Patient care equipment may be placed temporarily along one wall.)			
3	Ceiling tiles are intact, without holes or gaps between the tile and metal frame. Tiles are free from water stains.			
4	Floor tiles are intact/clean.			
5	Carpeting and office chairs are intact/clean and free from rips and snags			
6	Exit lights are illuminated.			
7	Walls are without large dents and holes, exposing drywall, chipped paint. Windows are in good condition (windows closed).			
8	Fire doors open, close easily and latch properly. (cross corridor and stairwell doors)			
9	All storage is at least 20 inches from ceiling (18 inches from sprinkler, allowing 2 inches for sprinkler head).			
10	Items stacked on shelves and cabinets do not present a falling or lifting hazard.			
11	Doors leading to the main hallway (exit corridor) and laundry chutes are latching and self-closing (no door wedges, doors propped open, or latches disabled).			
12	Plumbing: toilet, shower, drain, eyewash station-operate properly. Eyewash station checked weekly.			
13	Grab bars in bathrooms are installed properly (not loose).			
14	Patient call light is operational and within reach for patient.			

		□if	If not OK, Problems Noted	Action Taken
В	Cleanliness/Infection Control	ОК		
1	Ceiling vents are clean including heat and air conditioning grills.			



2	All soap dispensers must be wall-mounted.		
3	Only properly labeled, cleaning solutions stored under sink.		
4	Unit, nursing station, waiting areas, staff lounges are clean.		
5	Patient and exam rooms are clean (no visible dust on surfaces) i.e high areas, such as monitors, and low areas such as bases on equipment		
6	Sharps containers are securely installed, locked, tops fit appropriately, and not overfilled.		
7	Sharps (needles, syringes) are inaccessible to patients and visitors and are kept locked and secured.		
8	Waste bags are available for all patient rooms, soiled and clean utility rooms.		
9	Red hazardous waste bags/bins are available in every patient care area room.		
10	Red hazardous waste barrels are located in soiled utility room in patient care areas with covers. They are covered upon transport.		
11	Instrument pre-cleaning solution is available for use and is not past manufacturer outdate.		
12	Containers used to transport used/dirty instruments has a biohazard label.		
13	Soiled linen is contained, covered, and disposed of properly.		
14	Adequate amount of soap and paper towels at each sink in patient rooms, clean and soiled utility rooms.		
15	No mold visible in shower area.		
16	Environmental services' closets are clean and organized.		
17	Curtains/blinds on windows are clean.		
18	Ice machines are clean and free of deposits, including the drip trays, and areas behind and around the machines.		
19	Cleaning of all patient equipment between patients. Laptops are cleaned after each shift, unless in isolation room, then clean promptly.		

C	Sterile Areas ONLY – Cleanliness/Infection Control	□if	If not OK, Problems Noted	Action Taken
C		ОК		



1	Nothing stored on floors – including soap and computer equipment.			
2	Room doors close securely/tightly.			
3	Vents are clean with no visible dust.			
4	All cleanable surfaces are free of damage.			
5	Staff dressed in appropriate attire.			
6	Scrub sinks work.			
D	Hazardous Materials	⊡if OK	If not OK, Problems Noted	Action Taken
1	Hazardous waste (chemical waste) properly segregated from general waste (Environmental Services notified.)			
2	Chemotherapy waste and equipment properly disposed.			

E	Equipment Management	□if OK	If not OK, Problems Noted	Action Taken
1	Operator manuals are in department for each piece of equipment and their locations are known by each staff member.			
2	Equipment Inspection Sticker is up-to-date.			
3	Equipment alarms are heard in staffed areas with appropriate response.			
F	Personnel/Policy Issues	⊟if OK	If not OK, Problems Noted	Action Taken
1	Uncovered food and drinks in designated areas only.			
2	Only critical equipment is plugged into red outlets.			
3	Food refrigerators are clean, including the doors, crispers, and under the crispers. Food is labeled/dated appropriately. Staff & patient items are separated. Alarms are on and set at appropriate settings such as temperate range. (Staff only refrigerators no longer have to have the temperature log.)			
4	Equipment is clean and functioning appropriately.			
5	Gurneys, including the bases, are clean, in good condition, no evidence of dirt and grime.			
6	Employees perform hand hygiene, in accordance with 5 moments.			
7	No expired supplies present. (Randomly check ten dissimilar items throughout the unit.)			



8	Smoke-free policy being followed; no evidence of smoking.		
9	Personal Protective Equipment (PPE) is available and utilized appropriately.		
10	Hill Rom [®] locator in place on designated staff.		
11	Linen cart in proper place and covered appropriately with the flaps down.		
12	Medication drawers and doors are locked, including med carts.		
13	PAR list of stocked medications is current and present in patient care areas		
14	Specimen refrigerators are clean. Specimens are labeled/dated		
15	Medication refrigerators are clean: medication is labeled/dated appropriately.		
16	No expired medications on unit (excluding crash cart review).		
17	Supply cart is clean.		
18	Isolation caddies are clean and stocked. Isolation sign is on patient door.		
19	Waived testing documentation is present in logs that are completed daily, where applicable.		
20	Crash carts are locked and clean with completed log of current month.		
21	Oxygen tanks are secured in holders and/or chains and full tanks are separated from empty tanks		

G	Safety Hazard Surveillance	□if	If not OK, Problems Noted	Action Taken
9		ОК		
1	All fire extinguishers tagged/checked; evacuation tags, if applicable			
2	Stairwells are accessible/free of obstruction.			
3	Corridor handrails are intact.			
4	MSDS and chemical inventory current and accessible.			
5	Electrical, phone and computer cords are arranged so as not to present a tripping hazard. (Cords are in good physical condition.)			
6	Where unsupervised children may be present, child-protective outlets are in place.			
7	Workstation Assessment			



	Adequate space is available under the workstation for legs and feet. (Feet flat on floor.)		
	Monitor is positioned directly in front of worker.		
	Mouse is located at the same height as the keyboard.		
	Chair height is adjustable.		
	I Keyboard height is adjustable, if multiple users.		
	Image: Monitor is free of glare.		
8	Outlet strips are only used for computer equipment, and supplied by the hospital.		

н	Security	□ if OK	If not OK, Problems Noted	Action Taken
1	Staff knows how to report a security incident.			
2	Personal belongings are secure.			
3	Staff and patient's bathroom have lock; staff in serviced on locks; staff aware of bathroom key location (as applicable).			
4	Security sensitive areas – is department secure and is staff trained for <u>these specific areas (Pharmacy, Birth Center, Information Technology</u>			
5	Name badge prominently displayed by staff business partners locations, Behavioral Health, Cashier areas and Pediatrics)?			
I	Staff Knowledge	□ if OK	If not OK, Problems Noted	Action Taken
1	Patient Rights and Responsibilities displayed.			
2	Safety is discussed at each huddle.			
3	Staff knowledgeable on these codes/alerts (Please interview 3 staff members from your department.)			
	Infant Abduction	/3		
	🛙 Code Blue	/3		
	🛙 Code Green	/3		
	🛙 Code Pink	/3		
	Fire Alarm (location)	/3		
	I Code Search	/3		



	2 Active Shooter	/3		
	2 Missing Patient	/3		
	Disaster Alert – Mass Casualty	/3		
	Disaster Alert Gamma	/3		
	I Tornado Watch	/3		
	I Tornado Warning	/3		
4	Staff knows when and how to fill out unusual occurrence (variance) and employee injury reports.			
5	Staff can explain procedure for utilities system failures.			
6	Staff is aware of medical gas shut off valves; responsibility to turn them off.			
7	Staff can explain what bariatric equipment is and how to identify it.			
J	Patient Care and Documentation	□ if OK	If not OK, Problems Noted	Action Taken
1	Appropriate patient care items are in place where necessary. (e.g. blood pressure cuffs, suction canisters & tubing, CPR mask, etc.)			
2	Blood pressure equipment is in place: Appropriate sized cuffs available, tubing is free of cracks and device inspected.			
3	Only patients' first name used in waiting areas (verbally and sign in sheets).			
4	Patients' full name and birth date confirmed prior to any tests, treatments, medications, etc. (RED Rule)			
к	Health Insurance Portability and Accountability Act	□ if OK	If not OK, Problems Noted	Action Taken
1	Staff exhibits good security practices as it relates to their HIPAA password. (Unique password, not shared or written down.)			
2	Work area/monitor positioned so that only authorized users can read the monitor screen or medical records.			
3	Methods are available for destruction of Personal Health Information (PHI).			
4	Staff is aware of the proper way to shred PHI. (Cuts are made across the information. PHI not shredded by user, must be secured.)			



Unit/Department: Pharmacy Campus: _____ Leader: _____ Date: _____

5	Printers and faxes used for PHI must be located in a secure area where only authorized users have access.		
6	Precautions are taken as they relate to voice and email. (Use only minimum necessary PHI – never include patient identifier in subject line – ensure addresses are correct.)		
7	Any documents and binders with patient name and identifiers are secured in locked cabinets/drawers.	\boxtimes	

-	Department-Specific Expectations		

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