

ENVIRONMENT OF CARE/ PATIENT SAFETY ROUNDS TOOL

Department: _____ **Manager:** _____ **Safety Coordinator:** _____ **Date:** _____

ANY CHECK MARK IN A BOLDDED SQUARE REQUIRES IMMEDIATE ACTION

TOPIC	OK	NOT OK	N/A	COMMENTS, ACTION TAKEN OR PLANNED
-------	----	--------	-----	-----------------------------------

SAFETY This section required for all departments and staff, regardless of hiring status or job position

1. Can staff name their department safety coordinator?		<input type="checkbox"/>		
2. Is the Department Safety Binder current?		<input type="checkbox"/>		
3. Do slip/trip hazards exist?		<input type="checkbox"/>		
4. How can you report an employee injury?		<input type="checkbox"/>		
5. What was the topic of your recent department safety training?		<input type="checkbox"/>		
6. Does the department have a copy of the Injury & Illness Prevention Plan in their department safety binder?		<input type="checkbox"/>		
7. Can staff locate Safe Patient Handling (SPH) equipment and accessories?		<input type="checkbox"/>		
8. Is powered SPH equipment plugged in?		<input type="checkbox"/>		
9. Are SPH slings and accessories stocked and easy to access?		<input type="checkbox"/>		
10. If X-ray is used in department, do lead aprons have current date?		<input type="checkbox"/>		
11. Are materials on elevated surfaces piled, stacked, or racked in a manner to prevent it from tipping, falling, or collapsing?		<input type="checkbox"/>		

HAZARDOUS MATERIALS MANAGEMENT This section required for all departments, however some items may not apply to a department

1. Is the Chemical Inventory in the Department Safety binder current?		<input type="checkbox"/>		
2. Does staff know how to access the Material Safety Data Sheets?		<input type="checkbox"/>		
3. Are chemicals properly stored, and labeled?		<input type="checkbox"/>		
4. Is there appropriate PPE located in the vicinity of chemical use?		<input type="checkbox"/>		
5. Is there a chemical spill kit located in the vicinity of chemical use?		<input type="checkbox"/>		
6. Does staff know how to use a chemical spill kit?		<input type="checkbox"/>		
7. Are compressed gas cylinders properly stored, labeled and secured (double chained)?		<input type="checkbox"/>		
8. Are sharps containers in secured cabinets?		<input type="checkbox"/>		
9. Is there a pharmaceutical waste container available in all medication use areas?		<input type="checkbox"/>		
10. Is biohazardous waste placed in a properly labeled red bag, in a properly labeled rigid container with a lid?		<input type="checkbox"/>		
11. Do you know how to properly dispose of controlled substance?		<input type="checkbox"/>		

ENVIRONMENT OF CARE/ PATIENT SAFETY ROUNDS TOOL

Department: _____ **Manager:** _____ **Safety Coordinator:** _____ **Date:** _____

ANY CHECK MARK IN A BOLDDED SQUARE REQUIRES IMMEDIATE ACTION

TOPIC	OK	NOT OK	N/A	COMMENTS, ACTION TAKEN OR PLANNED
12. Do you know how to properly dispose of hazardous (RCRA) pharmaceutical waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LIFE & FIRE SAFETY This section required for all departments

1. Are corridors/hallways & stairwells clear/uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are fire doors & walls free of paper signs/postings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there an 18" clearance maintained from the sprinkler head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are doors wedged open? (including trash and linen chute doors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does staff know where the closest fire alarm pull station and fire extinguisher are located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does staff know what steps to take if they were to discover a fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there three feet of clearance at fire pull stations, extinguisher cabinets and electrical panels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Can two exit signs be seen in the corridors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do fire and smoke doors latch when closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does staff know what PASS stands for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does staff know what RACE stands for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EMERGENCY PREPAREDNESS MANAGEMENT This section required for all departments

1. Can you identify and locate department disaster plan and supplies for your unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. What is your job in a disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. You may be asked to go to the "Labor Pool" during a code activation. What does the "Labor Pool" mean to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. How will you know a Code Triage has happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. If you forgot an Emergency Code name-where can you find a quick list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. What are the evacuation routes from this unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Where is your evacuation equipment on this unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. If you are directed to leave the building in an evacuation, where does your department meet once you are outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ENVIRONMENT OF CARE/ PATIENT SAFETY ROUNDS TOOL

Department: _____ **Manager:** _____ **Safety Coordinator:** _____ **Date:** _____

ANY CHECK MARK IN A BOLDDED SQUARE REQUIRES IMMEDIATE ACTION

TOPIC	OK	NOT OK	N/A	COMMENTS, ACTION TAKEN OR PLANNED
9. What does shelter in place mean to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECURITY MANAGEMENT This section required for all departments

1. Are appropriate doors locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are employees properly displaying an authorized photo identification card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What is the Medical Center's code to request immediate security assistance to manage a disruptive person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. What is the Medical Center's code for a pediatric or infant abduction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. What is the best way to secure your valuables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. What telephone number would you call for a fire, medical or security emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

UTILITY MANAGEMENT This section required for all departments, however some items may not apply to a department

1. Is signage present on all doors denoting what type of room is behind the door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are electrical vaults/rooms free of stored items, such as chairs, boxes, and combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are electrical panels labeled and locked as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do the battery powered egress lights / EXIT signs function when the test switch is depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are cover plates for electrical outlets in good condition and properly secured with circuit number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Check eye wash station – Is the station working properly? Clean? Quality control tag present and current? Documented each month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are the areas under sinks clear of supplies, mold or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are multi-strips being used for computers and its 9. Components UL approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do elevator doors allow enough time for wheelchair entry/exit & are elevator buttons in good shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are cabinets over 5 ft. secured (earthquake)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are all lights working (including elevator)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are GFIs installed within 3 feet of water sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are floors, walls, ceiling tiles or doors damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are operating procedures for the pneumatic tube system posted at the station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Are trash compactors secured against unauthorized use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are medical gas valves labeled according to the 18. location it services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Is fume hood in good working order and inspection current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ENVIRONMENT OF CARE/ PATIENT SAFETY ROUNDS TOOL

Department: _____ **Manager:** _____ **Safety Coordinator:** _____ **Date:** _____

ANY CHECK MARK IN A BOLDED SQUARE REQUIRES IMMEDIATE ACTION

TOPIC	OK	NOT OK	N/A	COMMENTS, ACTION TAKEN OR PLANNED
20. Do employees know the procedure for turning off the medical gas valve in your department in case of an emergency?				
21. Do employees know locations of the emergency power outlets & what should be plugged in to them?				
22. Is ventilation adequate for chemicals used in this area?				
23. Can you see 2 exit signs in the hallways?				
24. Are fire extinguisher(s) present & inspection tags current?				
25. Do fire and smoke doors automatically close and latch completely when let go?				
26. Are Nurse Call buttons working?				
27. Do employees know how to submit a Facilities repair request (phone-in and on-line)?				
28. Are pictures or other wall hangings properly mounted?				

EQUIPMENT MANAGEMENT This section required for all departments, however some items may not apply to a department

1. Does all equipment have a proper ID number and due dot sticker?				
2. Is the cardiac defibrillator on crash cart checked every shift (is the log filled out)?				
3. Are electrical equipment, cord, plug, etc. in good condition?				
4. Does staff respond when clinical alarms sound?				
5. Does the employee know how to report and identify malfunctioning/defective patient care medical equipment?				
6. Does the staff know how to determine if a specific piece of patient care equipment has a current inspection and is ready for use on patients?				
7. Does the staff know the proper procedures for handling a medical device in the event of patient injury or death, which may be attributed to the use of the medical device?				

INFECTION CONTROL This section required for all patient care areas, including Radiology and Oncology

1. Are Standard & transmission based precautions all being followed as needed?				
2. Is ICRA posted appropriately (not expired etc.)?				
3. What is the number one way to prevent the transmission of infection from patient to other patients or staff?				
4. Is event related sterility maintained?				
5. Where is the Infection Control manual, Blood Borne Pathogens and TB Exposure Plans located?				
6. Are logs properly maintained (cidex, refrigeration, etc.)?				
7. Is separation of clean or dirty maintained?				

ENVIRONMENT OF CARE/ PATIENT SAFETY ROUNDS TOOL

Department: _____ **Manager:** _____ **Safety Coordinator:** _____ **Date:** _____

ANY CHECK MARK IN A BOLDED SQUARE REQUIRES IMMEDIATE ACTION

TOPIC	OK	NOT OK	N/A	COMMENTS, ACTION TAKEN OR PLANNED
8. Is the no food or beverages in patient care areas rule observed?				
9. Check for proper dating of supplies (single use vs. multi dose, etc.)				
10. Does staff know appropriate use of alcohol hand gel and soap & water?				
11. Appropriate use of approved hand lotion.				
12. Is patient care equipment maintained and cleaned?				
13. Is proper use of PPE observed based on the precautions ordered?				

ENVIRONMENTAL CLEANLINESS This section required for all departments, however some items may not apply to a department

1. Are the floors, walls, counters, cupboards and bookshelves clean and free of clutter?				
2. Are bathrooms clean, fresh smelling, & are there signs of mold/mildew?				
3. Are supply carts free of dust/debris?				
4. Is Patient Care equipment clean?				
5. Are soiled utility rooms clean? Waste containers appropriately labeled?				
6. Are soiled linen containers covered?				
7. Is the staff lounge clean & orderly?				
8. Are areas free of horizontal dust?				
9. Are there enough trash receptacles?				
10. Are elevators clean and lights working?				
11. Are all areas except designated smoking areas free of people smoking and free of any evidence of smoking?				
12. Do light fixtures appear clean without debris?				
13. Are fan blades and air vents clean?				
14. Are walls without marks/ink/etc?				