

# Daily Compliance Checklist

## Fire Safety

- Clear hallways of clutter, items on wheels must be on one side, not both
- Do not prop doors, especially Fire doors
- Exit lights are illuminated
- Fire/smoke doors checked for latching
- Medical gas shut off valves are not blocked, (nothing sitting in front )
- Fire extinguishers and pulls are not blocked, (nothing sitting in front )
- Electrical panels are not blocked, (nothing sitting in front )
- Nothing stored 18 inches from sprinkler head

## Infection Prevention

- Exercise proper hand washing and fingernail hygiene
- Units and departments are clean and tidy
- Clean linen is kept covered
- Nothing is stored on floors (at least 8" clearance)
- Only clean items in clean utility rooms; no clean items in soiled utility rooms
  - Nothing stored under sinks; NO patient care items near sinks where they could get wet or splattered
- Doors to clean and soiled utility rooms kept closed
- Ceiling Tiles are clean, no stains, no gaps, or holes
- No storage of outside cardboard in patient care areas
- Medication refrigerators are clean and temperatures are recorded- document coverage if unit is closed (need electronic thermometer if unit closes)

Can staff locate the Emergency Operations Plan (on-line or hard copy)

- Utilize putty vs tape, remove all tape residue
- Label all medications (28 day for MDV), IV solutions, glucose strips and controls
- Food in patient nutrition refrigerators is labeled and not expired
- No staff member food or drink in patient care area or where specimens are located
- Remove appropriate PPE when leaving OR or procedural areas (i.e. Masks and Shoe Covers)

## Safety/Security/Med Equip

- No medication left out unattended (this includes syringes with needles) Carts are locked.
- Never leave patient information/WOW open and unattended
- Crash/Code Carts checked, PM current, electrodes and defib pads current/available, oxygen available/full
- Ensure all logs are current, no gaps, and document actions for any item out of range \* $\leq 130$  for Blanket Warmer
- Oxygen cylinders are secured, Ready to Use and Empty are separated (No partial with Empty) / Cylinders are not blocked
- Pull cords are not wrapped and hanging freely

## Provision of Care

- Know your role in patient safety and the NPSGs.
- Be familiar with policies and procedures pertinent to the work you do and where to find them
- Review your documentation around assessment, re-assessment, pain assessment, and plan of care
- Know competencies necessary for your area

## Hazardous Materials/Waste

- Know how to access Safety Data Sheets.
- Sharps are disposed of properly; containers no more than  $\frac{3}{4}$  full; nothing stored on top

Staff can explain job role/tasks for external emergencies

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Staff can explain evacuation procedure (found online in Emergency Operations Plan)

Who is the Safety Director?  
(\_\_\_\_\_)

Define RACE (Rescue, Alarm, Confine, Extinguish)

Where is the nearest fire extinguisher?

Where is the nearest fire pull station?  
(Pull station is small red box on wall with handle.)

Staff know how to report overfull sharps containers (contact EVS)

Staff know how to report defective utility (non-medical) equipment (Notify Engineering to perform an electrical safety check of any electrical equipment coming into the facility (i.e. new beds, refrigerators, microwaves, blanket warmers etc.)

Staff know how to access SDS sheets and understand how to use them (obtain online from manufacturer, search within MSDS Online Emory portal, and/or hard copy in Orange Safety Binder in department)

Staff know how to access policies and procedures (Policy Manager, MCN from the VDT)

Are Safety Data Sheets (SDS) readily accessible to staff?

Employees know who to contact for a Radiation Safety Emergency? (If there is an emergency, call ext: \_\_\_\_\_ and ask the operator to contact the RSO (Radiation Safety Officer.) The Emergency Operations Plan has this information on the EHC intranet – ESJH – Facilities Support Services – EOC.)

Do employees know the Hospital's smoking policy? (ESJH is a non-smoking institution. Staff, visitors, & patients cannot smoke on the campus.)

Are employees familiar with the Hospital Emergency number? (The main Emergency number for fire, medical, or security emergency is \_\_\_\_\_.)

Is staff knowledgeable of the online reporting for unusual occurrences or reporting a safety concern? (SAFE on the VDT is used to document incidents involving patients or staff.)

Do employees know what to do in the event of a power outage in patient rooms? (Life support equipment must be plugged into the red emergency outlets)

Do employees know who to contact when the medical gas alarms activate?  
(Engineering phone (\_\_\_\_\_) \_\_\_\_\_  
Respiratory Care phone (\_\_\_\_\_) \_\_\_\_\_)

Do employees know how to clean up a blood spill? (Wear gloves to clean up a blood spill. Wipe the blood up with a paper towel or towel. Dispose in Red Biohazard container. Contact EVS to disinfect area.)

Do employees know the best way to prevent spread of germs? (Thorough hand washing)

Does staff know what to do in the event of a Hazardous Material Spill? (Call \_\_\_\_\_ and state Code Orange. Remove individuals from the scene. Confine the spill. The spill team should arrive and assess. Have SDS sheet readily available for the team when they arrive)

Can employees identify PPE (personal protective equipment, Gloves, gowns, goggles, face masks, cpr mask. These items are located in designated places in all patient care areas. CPR masks are located in the universal precautions cabinet in patient rooms, attached to wall over bed, or on top of code cart.)

Is staff familiar with the return of drugs to the Pharmacy? (They need to be labeled, packaged and placed in the Pharmacy return bin within the Omnicell)

Is staff familiar with how to report Workplace Violence (Verbal or Physical)? (Complete SAFE Report/Hospital policy on Workplace Violence, includes prohibition of weapons)

Are staff familiar with Hospital Codes and where to find them? (Located on Employee Green Cards for badges as well as Emergency Operations Plan located on the ESJH Intranet)

Do employees know who to contact when new equipment arrives? (Biomed or Facilities Management to inspect and approve for use)

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