

Department - Patient Care Unit Safety Checklist

As we maintain readiness for inspections, the following checklists may help you to meet JC, DOH, OSHA/DOSH standards.

Department Name: _____

Reviewer: _____

Date: _____

Environment of Care/Patient Safety Walk Through

TOPIC	Meets Standard	Actions Needed
<i>Equipment:</i>		
No electrical equipment plugged into corridor outlets.		
Clinical equipment in patient rooms is clean.		
Housekeeping carts are parked so they do not block corridor. Chemicals on carts must be secured, not left unattended.		
Emergency equipment is available (e.g. flashlights).		
All supplies must be stored at least 4" off the floor (intent is to clean under shelf and prevent water damage to supplies).		
All patient care electrical equipment has a current PM sticker.		
No extension cords in use (creates electrical safety and trip hazard). If authorized for use, cord must be hospital grade.		
Check bedside units and stretchers for bloodstains.		
Utility room doors closed.		
Linen and garbage chutes closed and latched.		
Clinical alarms functional (check call light in bathroom).		
Sharps containers less than full.		
Functioning Purell hand gel dispensers.		
Sterilizer checks documented per protocol.		

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TOPIC	Meets Standard	Actions Needed
Linen carts covered at all times.		
Visible Y's of IV poles and pumps in clean utility areas or patient unit setups.		
Sinks: <ul style="list-style-type: none"> • No supplies (absorbable) under sink anywhere • No leaks 		
No caustic substance above eye level		
Limit patient access to cleaning supplies (lock or in core rooms)		
Nothing stacked higher than 18 inches to the ceiling.		
Food/Refrigerators		
No food or drink at nurse's stations		
Patient food and staff food kept in separate and properly labeled "Food Only" refrigerators.		
Kitchen: <ul style="list-style-type: none"> • Clean refrigerator • Clean microwave • Covered and dated juices (juices expire after three days) • No open cartons • No staff food • No meds or respiratory supplies • Thermometer <ul style="list-style-type: none"> - Temperature record complete - Not broken - Within limits documented/maintenance follow-up for temps outside norm • Clean ice machine (no grit) (who cleans? recorded?) • Clean toaster • Patient foods dated – throw away per procedure. 		
Refrigerated meds in Med Room non-Pyxis: <ul style="list-style-type: none"> • No outdates • Items to be refrigerated are present • Refrigerator behind one lock • Temps are checked and documented • Maintenance documented per procedure 		
Refrigerated meds in Pyxis refrigerator: <ul style="list-style-type: none"> • No outdates • Items to be refrigerated are present • Refrigerator behind one lock • Temps are checked and documented • Maintenance documented per procedure 		
Blood refrigerator: <ul style="list-style-type: none"> • All checks complete • Maintenance documented per protocol 		

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TOPIC	Meets Standard	Actions Needed
Medication Safety		
All irrigating solutions (i.e. saline and water in plastic bottles) are all closed and sealed. Discard all opened bottles.		
All medication areas are locked and/or secured.		
Proper control of prescription blanks in all areas.		
All multi-dose medication vials must have the integrity intact if opened.		
Nothing stored in biohazard bags.		
Check under PYXIS machines for syringes, dropped meds, etc.		
Med Room: <ul style="list-style-type: none"> • Narcotic cabinet behind two locks • Patient meds under one lock • No hoarded meds in patient cassettes • No outdated stock meds • No outdated supplies • IV bags all in protective bag with expiration date • No sample drugs (except Urgent Care and Wound Care) • Lab tubes not outdated • Culturette tubes not outdated • Topicals, orals, injectables all separated by shelf 		
Narcotic checklist according to procedure: <ul style="list-style-type: none"> • Wastage cosigned • Inventory signed by two staff • Count correct 		
CS Cart: <ul style="list-style-type: none"> • No expired Betadine swabs • No open irrigation bottles • No expired sterile packs • Lab tubes not expired • PPE available (Personal Protective Equipment) 		
Where's the formulary—Can you find it?		
Hemocult slides not expired		
Diastix/Chemstix not outdated		
All syringes secure (No access to pt/family)		
Contrast in imaging areas not accessible to public		
C-section cart/anesthesia cart: <ul style="list-style-type: none"> • Secured • Checked per protocol 		

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TOPIC	Meets Standard	Actions Needed
Code Cart		
Crash cart logs available and signed per protocol		
Staff able to recite frequency of check		
Staff able to recite frequency of defibrillator check		
Checklist adheres to policy for checks		
Locking mechanism intact		
No outdated: <ul style="list-style-type: none"> • Packs • Supplies • Betadine • Anything else • Pharmacy to check med tray 		
Pediatric supplies available – Pediatric Paddles		
Defibrillator paddles clean		
Fire Safety		
All exit signs are illuminated (if a bulb is out, notify Engineering, x2255). Be sure signs are not blocked by anything.		
No doors propped open (i.e. wooden wedges, bags, wastebaskets, etc.).		
Fire and smoke doors (located in corridors/ stairwells) close and latch freely. No stretchers or furniture in front of doors held open by magnets.		
Ceiling tiles are all in place and are not noticeably stained. (Notify Engineering, x2255, if one is missing or stained).		
Proper type of fire extinguishers available and up-to-date for inspection, (dry chemical (ABC) extinguisher for all types of fire).		
The following are not blocked: <ul style="list-style-type: none"> • Fire alarm pull stations • Extinguisher cabinets • Electrical panels (located on corridor walls) – 3 foot clearance. • Medical gases shut off valves (O2, air, suction) are properly labeled. • Glass vision panels in doors. 		
Nothing hanging from sprinkler heads.		
“Oxygen in Use” signs up outside rooms with O2		
Bathrooms (employee/public) free of stored items (brushes, combs, etc.)		

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TOPIC	Meets Standard	Actions Needed
MSDS and Patient Employee Safety		
Personal protective equipment is used when needed (gloves, masks, gowns, etc.). Does staff know where PPE is located? (Ask at least 2 staff members during rounds).		
All secondary hazardous chemical containers, (e.g. spray bottles, etc.) are properly labeled. (Contact Safety Management for additional labels, if needed)		
Material on Bulletin Board includes: <ul style="list-style-type: none"> • Organization's Mission, Vision and values document • Unusual Occurrence Report Forms, Needle Stick Folder, Safety Notice Form, Workplace Violence Report form 		
Staff wash hands or use hand gel between patients (observe at least 2 people).		
Policy manuals readily available as needed, including: <ul style="list-style-type: none"> • Infection Control • Emergency Plans Manual (RED) • Emergency Management and Bioterrorism Information Flip Charts posted 		
Shower rooms free of patient specific items (i.e. lotions, soaps, etc.).		
Patient Room: <ul style="list-style-type: none"> • Brakes on beds • Bathroom lock can be opened from outside, demo • Call bell in room functional and accessible to patient • Bathroom call pull cord hanging straight down (not twirled around bar) 		
Patient Privacy/Confidentiality/Rights		
Patient name kept secure according to unit policy (white board, flow board or patient room labels). No diagnostic information and not both last/first names.		
Have education records available and easily retrievable.		
Assure everyone is introducing self to patients and knocking on patient doors or announcing self when entering a closed curtain area. <ul style="list-style-type: none"> • Observe staff during rounds • Ask patients 		
All staff wearing photo ID's, ID is visible to patient at all times.		
Check computer screens for visibility from the public.		
Listen – is there auditory privacy for patients?		
Are curtains pulled as appropriate?		
No patient names printed on sheets in view of public.		
EMTALA & Patient Rights signage posted in Waiting areas, Registration, Treatment rooms, Entrance to hospital, OB patient rooms and ER		

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TOPIC	Meets Standard	Actions Needed
<p>Charts: (separate review)</p> <ul style="list-style-type: none"> • Admission assessment <ul style="list-style-type: none"> -Signed by RN -All sections completed • Care plan/critical path in chart and updated (is plan of care evidenced in chart?) • Med. sheets <ul style="list-style-type: none"> -All ordered are listed -PRNs separated from routine meds • Injection sites documented. • Discharge planning process implemented and on discharge conference documentation (evidence of documentation) • Patient education <ul style="list-style-type: none"> -Identified learning needs and factors affecting learning -Med teaching; food/drug interactions • Check for restraint orders by MD – within 24 hours • Advance directives – form complete: Evidence of patient wishes documented • IV sedation orders • Face sheet (consent to treatment) signed • Verbal orders signed by MD within 48 hours • For surgical patients, anesthesia progress notes complete • HIPAA Consent signed 		