

SAFETY SURVEY 2008

Department/Unit: Facilities (Dept. / 2nd PC / Safety Committee) Date Completed _____

ALL DEPARTMENTS AND UNITS COMPLETE:

**Please Complete and Return by:
February 15, 2008**

Please Circle Proper Answer

1. Human Resources policy 8020.06 requires that all employees wear a photo ID nametag while on duty. (The nametag must be visible at all times. Pins, emblems or stickers must not obstruct the name, credentials and/or picture. Look for an ID tag on the first two employees you encounter in the work area (even if they do not work in the department you are surveying).
Do the employees have proper ID that is visible and unobstructed?
- | | | | |
|----|----------|-----|-----|
| 1. | Employee | YES | NO* |
| 2. | Employee | YES | NO* |

*If 'NO', please inform the employee of HR policy and its importance to guest relations.

2. Administrative Policy 3.0430 mandates a work environment free from acts of violence. Ask the following questions of one employee in the department.
What is one thing you can do to prevent the threat of violence from becoming an act of violence? _____
Possible answers: REMAIN CALM, DISTRACTION, CALL SECURITY, PUSH PANIC BUTTON.

3. Ask an employee this question: "What would you do if you were the first person to find a fire?"
ANSWER: RACE. (rescue, alert, confine, evacuate/extinguish) Did they answer correctly? YES NO*
*If "NO", explain the proper fire response sequence.

4. Ask to see any hazardous chemicals kept in secondary containers (spray bottles, dropper bottles, etc.).
- | | | | |
|----|------------------------------|-----|-----|
| a. | SECONDARY CONTAINERS PRESENT | YES | NO* |
|----|------------------------------|-----|-----|
- * If 'NO' go to question 5.
*If YES, all secondary containers of hazardous chemicals must be properly labeled.
- | | | | |
|----|---|-----|-----|
| b. | Are the container(s) you were shown properly labeled? | YES | NO* |
|----|---|-----|-----|
- * If 'NO' have department call Safety Management for secondary chemical container labels (x5958)
- | | | | |
|----|--|------|----|
| c. | Was an employee able to locate and show you a hazardous chemical spill kit?
(e.g. the Mess Kit, a Chemo Spill Kit, Mercury Spill Kit) | YES* | NO |
|----|--|------|----|
- *If YES, have they been trained on how to use the sill kit? YES NO**
**If NO, inform the Manager so that training can be incorporated into Department specific Sills Review.

5. Check two pieces of electrical equipment possessing Preventive Maintenance (PM) safety stickers. Are the stickers current (have a due date of this month or later)?
- | | | | |
|--------------|--|-----|-----|
| EQUIPMENT #1 | | YES | NO* |
| EQUIPMENT #2 | | YES | NO* |
- *If 'NO', record the name and control number of the piece of equipment on the last page and notify Call Center (x2255).

6. Evaluate the work area for compliance with the fire safety 18" or 24" rule. First, determine if the area being surveyed has sprinklers in the ceiling. If there are sprinklers, there cannot be any objects stored closer than 18" to the ceiling (e.g. boxes, artificial plants, bedding/blankets, etc.)
Was the area in compliance with the 18" or 24" rule? YES NO*
*If NO, request that the manager have them removed as soon as possible.

7. Latex is a strong allergen and health hazard. EHS no longer purchases latex exam gloves. Ask an employee:
"Do you have and are still using latex gloves?" YES* NO N/A
*If "YES", indicate where they are and why they are being used:

8. Have an employee in the work area retrieve an MSDS form using the MSDS Online service. Specifically, ask them to pull up the MSDS for "WINDEX".
Were they successful? YES NO*

* If 'NO' please demonstrate for them.

9. Proper hand hygiene is a Joint Commission patient safety goal. Ask these two questions:

a. Give 2 examples of when you should use proper hand hygiene:

1. _____
2. _____

(Answers: When entering a patient room; when exiting a patient room; before eating; after using the restroom, after removing gloves)

b. If the department has Purell alcohol based hand gel dispensers, have an employee demonstrate proper hand hygiene using the hand gel.

Did the employee use proper hand gel application technique? YES NO* N/A

*If 'NO' please demonstrate.

10. System failures (power outages, fire detection system failures) can be sentinel/high risk events when they endanger patients or the quality of their care. On the Emergency Information flip chart there is a section about staff response to a systems failure. Employees should know how to respond to a system failure (e.g. the location of a flashlight in their work area if there was a power outage).

a. Have an employee show you a flashlight in their work area. Were they able to do this? YES NO*

*If 'NO', notify the Manager of the employee's inability to find a power outage flashlight.

b. If 'YES', have the employee turn on the flashlight to see if it works. Does it work? YES NO

11. Check the work area for the following potential safety deficiencies: (if found, record them and advise the manager)

- | | | | |
|---|-----|-----|-----|
| a. Fire doors do not latch properly when closed | YES | NO | |
| b. Personal Protective Equipment (PPE) is not available | | YES | NO |
| N/A | | | |
| c. Exit signs are not visible and functioning properly | YES | NO | |
| d. Fire extinguisher are not accessible and current with inspection | YES | NO | |
| e. Employees do not know the location of medical gas shut off valves | YES | NO | N/A |
| f. Up-to-date fire evacuation plans not posted in hallway | YES | NO | |
| g. Fire doors or exits are blocked/wedged open | | YES | NO |

12. (Patient care units and departments such as laboratory and pharmacy)

Check two sharps containers for overfilling (an overfilled sharps container would have material above the 'full' line).

Sharps Container #1 OK OVERFILLED*

Sharps Container #2 OK OVERFILLED*

*If overfilled, notify Biosystem liaison (housekeeping).

Examine the same two sharps containers for non-sharps 'garbage' such as gloves, paper, vials, gauze, batteries, etc.

Sharps Container #1 OK GARBAGE

Sharps Container #2 OK GARBAGE

PATIENT CARE AREAS ONLY

Please Circle Proper Answer

13. Laptop skins: All laptops used for patient documentation must have a vinyl keyboard cover 'skin' in place and aseptic-wipes on the cart. This is an infection control issue supported by Safety Management policy and JC Patient Safety initiatives.

a. Do all laptops have keyboard 'skins'? YES NO* N/A

* If 'NO', record name of laptop(s) (e.g. D-ACUWL3, V-ICUWL1, etc) on the last page.

Report your findings to the Manager so they can put a new cover on the laptop keyboard.

b. Do all laptops carts have aseptic-wipes? YES NO* N/A

* If 'NO', record name of laptop(s) (e.g. D-ACUWL3, V-ICUWL1, etc) on the last page.

Report your findings to the Manager so they can put aseptic-wipes on the cart.

14. The Washington State DOH has identified items found in the hallways of our patient care areas constitute evacuation route obstructions. **The only objects allowed in fire evacuation route hallways are isolation carts and code carts.**

a. Are hallways free of obstructions that would impede the evacuation of patients, staff, visitors or physicians during a fire or other emergency? YES NO* N/A

***IF NO** did you find any of the following objects in the hallway?

- a. Charting laptops not currently in use YES NO
- b. Dirty linen hampers YES NO
- c. Wheelchairs, gurneys, walkers YES NO
- d. IV pumps on poles YES NO
- h. Miscellaneous equipment YES NO

Please list item(s) _____

If there are objects found, please notify the Manager immediately, so they can be removed.

IF YOU FIND ANY SAFETY DEFICIENCIES LIST THEM BELOW AND INFORM THE DEPARTMENT/UNIT MANAGER SO THE DEFICIENCIES MAY BE CORRECTED.

NUMBER	RECOMMENDATIONS OR FOLLOW UP TO DEFICIENCY

➤ *Survey completed by signature:* _____ *Date:* _____

To be completed by the Unit/Department Manager:

NUMBER	ACTION TAKEN TO CORRECT DEFICIENCY

➤ *Survey reviewed by Unit/Department Manager Signature:* _____

Date: _____

Return completed survey to _____ Safety Management Office.

Safety Management Use Only

- Safety Committee Survey
- Unit / Dept Survey 1 / 2

Logged: _____/_____

Additional corrective action required for deficiencies:

Copy to Unit/Department Manager: _____ Date: _____

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