# Facility Phone Number:

Annual Facility Audit - Medical

# Review Date: Newsletter Contact:

**Documentation/Records: Are records listed below completed?**

 Safety/PPE Training  Annual Sharps Safety  Recommended Immunization/Titer

 HBV Vaccine, Titer or Declination  TB Screening/baseline Testing  MMR  Tdap

 Pandemic Plan  Varicella  Influenza

(For NON TMC Clients: Provide an example of FORMS used in advance)

# Lobby/Reception Area

|  |  |  |
| --- | --- | --- |
|  Hand hygiene products |  Signage (Cover Your Cough) |  EXIT Signs |
|  Outlet faceplates intact |  Trip hazards (Carpet/mats/cords) |  No cracks in upholstery |
|  Tissues/waste cans |  Toys which can be disinfected |  |

**Exam/Procedures Room - Visualize at least 2**

 Masks  Respirators  Exam/utility gloves - sizable

 Face shield/goggles  Cover Gowns/Jackets  CPR Barrier

 Non-latex alternatives  Counter space not cluttered  No Food or drink

 Upholstery intact  Surface barriers in use  EPA reg hosp disinfectant

 Supplies not expired  Fans not in use  No overfilled sharps containers

 Sterile packets opened immediately before use  Instruments stored in drawers are packaged

 No unlabeled/mislabeled containers  Closable lid on regulated waste

 PPE removed and disposed of appropriately  No patient supplies stored under sinks

* Single use items disposed after use. (Examples: Irrigation solution, IV solution/tubing, suture removal kits, some medications)

# Sterilization

* Appropriate PPE utilized during instrument processing (Heavy duty utility gloves, splash protection)
* All instruments utilized for patient care sterilized, or high level disinfected if not heat tolerant (Examples: Ear, nasal or anal probes, vaginal speculums, endoscopes)
* FDA cleared processing equipment (sterilizer, instrument washer) in use per IFU
* Proper flow from dirty to cleaner areas  Ultrasonic labeled with secondary and biohazard labels
* Fans not in use  Labeled ANSI approved eyewash - immediate access/corrosives
* Instruments dried prior to disinfection/sterilization  Sterilized packages labeled correctly
* Packages dry when removed from sterilizer  Sterilized packages stored appropriately

# Sterilization/High Level Disinfection Monitoring (Provide Documents in Advance)

* Physical (time, temp, pressure)  Chemical (external and internal indicators)
* Spore testing completed weekly  Test strip cold sterile solutions based on IFU

# Medical Lab

 Items are labeled that are biohazards  No unlabeled/mislabeled containers

 Sharps containers secured if not mounted  Single use phlebotomy devices utilized

 Sink identified as clean/dirty

# Break/Locker Area/Laundry

 Laundry stored appropriately OSHA POSTER INFORMATION

 Electrical cords not over water sources

 Appliances plugged directly into outlet

 OSHA posters available

Labor posters: <http://webapps.dol.gov/elaws/Posters.htm>

\*State OSHA Plans: Type name of the state.gov and search for OSHA poster(s).

# Hazard Communication

 Annual Chemical Inventory: Hardcopy  SDS in work areas  Online  Hard copy

 Compressed gas tanks secured  Current eSDS flash drive (Phone/fax numbers/other)

 Eyewash covers intact/Eyewash signage  No chemicals in use past expiration date

 Eyewash tested/Recorded weekly  Spill kits available – location:

* Nitrous Safety Plan implemented 

# Infectious Waste + Supply Storage Areas

 Infectious waste stored appropriately (sealed and labeled)  Weight recorded if required

* State license if required

# Storage Closet

* No outside shipping corrugated containers  Pt care items 8” off the floor
* Items at least 24” below ceiling in non-‐sprinklered areas + at least 18” below the ceiling in sprinklered areas

# Electrical/Fire Safety

 Circuit breaker box labeled/clearance/no flammables  GFCI issue for outlets near sink

 Appropriate use of extension cords  Surge protectors used appropriately

* Review - Household appliances electrical tag  Emergency/fire drill completed

 Fire extinguisher monthly visual inspections  Fire extinguisher annual service

 Not an EXIT identified  Monthly: Lit EXIT signs/emergency lights

 Exit routes marked and not blocked  Appropriate placement alcohol hand rub dispenser

 Items at least 24” below ceiling in non-‐sprinklered areas + at least 18” below the ceiling in sprinklered areas

# Radiology

* X-Ray Warning Signs  Radiation Notice to Employees
* Federal Ionizing Radiation  Aprons hung, not folded/cracked

# Employee Interview/Observation/Review

* Proper hand hygiene observed  Yes  No
* Appropriate use of PPE observed?  Yes  No
* Appropriate transport of contaminated instruments explained or observed  Yes  No
* Managing an Exposure packet available  Yes  No
* Post Exposure Protocol completed  Yes  No
* Locate SDS for hand hygiene product. (Chemical Name)
* Identify Infection Control Course Attendee (NC only)
* Website access reviewed with:

# Reminders

 Order labels for secondary containers as needed: [Labels@totalmedicalcompliance.com](mailto:Labels@totalmedicalcompliance.com)

 Multidose vials dated when opened and discarded within 28 days or based on manufacturer’s instructions.

 All circuit breakers should be labeled with no open spaces. This can be performed by a qualified electrician.

 Safety officer webinars available for viewing on website

 Schedule annual training

Indicates area(s) of noncompliance which must be addressed to ensure a safe practice.



# Plan of Action

Top 5 Issues to Address - Required by law or best practices











The facility is encouraged to perform periodic internal inspections to maintain compliance.

**Reviewed by**

TMC Consultant Signature Safety Officer Signature

Other Addressable Issues:





