



Annual Facility Audit - Medical

Review Date: _____

Facility Phone Number: _____

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
- Electrical cords not over water sources
- Appliances plugged directly into outlet
- OSHA posters available

OSHA POSTER INFORMATION

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
- 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:

- _____
- _____
- _____