

ENVIRONMENT OF CARE SAFETY WALKS

Directions for Safety Rounds

Department/Unit: _____

- Patient care areas are surveyed twice a year. Other areas only once per year.
 - Where questions and responses are required then question three employees in the area.
 - Survey the department assigned to you.
 - Figure percentage score using instructions below.
 - Complete **Opportunity Page** in the back and give a copy to the department manager or representative.
 - A score below **80%** requires a written corrective action plan addressing the deficiencies. Also will require an additional survey in 3 months.
 - **Send the completed survey to the Safety Chairperson**
 - The survey will be returned to you for your report at the next Safety Committee meeting.
 - Return original survey to Safety Chairman at the Safety Committee meeting
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Survey #1

DATE: _____

INSTRUCTIONS FOR FIGURING PERCENTAGE

TOTAL NUMBER OF QUESTIONS	_____ 26 _____ (a)
MINUS N/A	_____ (b)
Subtotal	_____ ©
TOTAL NUMBER OF YES ANSWERS	_____ (d)
DIVIDE (d) by © X 100	_____ %

Survey #2

DATE: _____

INSTRUCTIONS FOR FIGURING PERCENTAGE

TOTAL NUMBER OF QUESTIONS	_____ 26 _____ (a)
MINUS N/A	_____ (b)
Subtotal	_____ ©
TOTAL NUMBER OF YES ANSWERS	_____ (d)

DIVIDE (d) by © X 100

_____ %

(The questions in bold are the measurements tracked by the Safety Committee)

Safety Rounds

Department: _____

#1 Date: _____

Inspected By: _____

#2 Date: _____

A. Safety/Risk Assessment Plan

Criteria	Response	#1		#2		
		NA	Yes	No	Yes	No
1. Are safety/risk management issues discussed at staff meetings?	1. Ask employees questions. Or review staff meeting minutes					

B. Security Management Plan

#1

#2

Criteria	Response	NA	Yes	No	Yes	No
What are the Codes for emergencies? Ask 3 employees.	<p>2"DR. RED" -!!FIRE!! Dr. Red will be paged on the overhead. Department Plans can be found between the Internal & External Disaster Plans.</p> <p>"COR-ZERO" - An individual has been found without pulse & respirations, a full ACLS response is required.</p> <p>"DR. BLUE" - A cor-zero located within the Surgery Department.</p> <p>"CODE PINK" - A child abduction, monitor all exits.</p> <p>"DISASTER DRILL" - The treatment of mass casualties is expected in our Emergency Department, see the External Disaster Plan for general instructions.</p> <p>"DR. STRONG" - An employee needs immediate assistance, all available employees are encouraged to respond.</p> <p>"DR. SEARCH" - !!BOMB THREAT!! All employees are requested to observe their work areas and report any object that appears out of place. DO NOT open, disturb, or move any suspicious object.</p> <p>"DR. GREEN" - An individual who has been contaminated by a "Hazardous Material" contact Emergency Department for Haz-Mat response.</p>					
3. What would you do if you saw a suspicious person on your unit? Ask 3 employees	3. Attempt to keep in sight and notify security.					
4. Do employees wear Name Badge?	4. Observe all employees. Document numerator and dominator.					

C. Hazardous Materials/Waste Plan

#1

#2

Criteria	Response	NA	Yes	No	Yes	No
5. What is a MSDS and what does it tell you? Ask 3 employees	5. Material Safety Data Sheet. Flammability, health hazards, precautions for safe handling, emergency first aide, method of disposal, Proper Personnel Protective Equipment					
6. Where would you dispose of an item that was soaked with more than 100cc of blood?	6. Large red, hard plastic hazardous material containers for special waste. Check for appropriate use.					
7. Who is the Hospital's Safety Officer?	7. Gene Farnsworth, Director of Plant Operations					

8. What do you do if you have a blood spill?	8. Contain (place a chair or wastebasket), don gloves, clean with hospital approved disinfectant. Notify Environment Services only if large area.					
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D. Emergency Preparedness

Criteria	Response	#1			#2	
		NA	Yes	No	Yes	No
9. What is your role during a Disaster?	9. If at work, stay in your department or wait at home for further instructions.					
10. Is there a minimum of 48" clearance in all corridors at all times? If not, are objects readily moveable (i.e. on wheels) should evacuation be indicated?	10. Check halls for clearance.					

E. Life Safety Plan

Criteria	Response	#1			#2	
		NA	Yes	No	Yes	No
12. Where is the nearest fire extinguisher and fire alarm pull station?	12. Have person show the location Check for last service date (Extinguisher = monthly)					
13. What is your responsibility at point of fire's origin?	A= Alarm C = Call 100 report the fire, Confine the fire E = Extinguish the fire/ Evacuate					
14. How do you use a fire extinguisher?	14. P = Pull the pin A = Aim S = Squeeze the handle S = Sweep at the base of the fire					
15. What is your responsibility remote from the origin of fire?	15. Close doors and be alert for additional overhead page.					
16. Is the "no" smoking policy strictly enforced?	16. Ask 3 employees					
17. In what direction do you evacuate patients?	17. Laterally, past the first set of fire doors, staff members must be able to identify fire doors. Evacuate ambulatory, wheelchair, then bed ridden. Take medical record.					

F. Medical Equipment Plan

Criteria	Response	#1			#2	
		NA	Yes	No	Yes	No
18. How do you remove suspected defective equipment?	18. Discontinue use. Place sign on equipment "Out of Service" or "Defective Do Not Use" and what is wrong the item. Contact Plant Operations(BioMed)					
19. Are childproof electrical receptacles (outlets) installed in waiting areas that children may be present and/or cared for?	19. Waiting Rooms: Surgical Services, Radiology, Lab, Front lobby.					

G. Utility Systems Plan

#1 #2

Criteria	Response	NA	Yes	No	Yes	No
20. What do you do if there is an electrical power failure?	20. Ensure that ONLY life support systems are on red outlets. Ventilate patients by hand as necessary. Complete procedures in progress ASAP. Use flashlights					
21. Where is your emergency shut off valves for oxygen? Who shuts off the oxygen during a fire or disaster?	21. Have person show location. . The _____ is responsible for making the decision after confirmation by Respiratory that all patients on oxygen have been switched to portable oxygen tanks.					

H. Ergonomics/Body Mechanics

#1

#2

Criteria	Response	NA	Yes	No	Yes	No
22. Name one technique for Proper lifting techniques	22. Bend from the knees, hold object close to your body, use transfer board, get help					
23. Name one device used to transfer patient from bed to chair, etc.	23. Lifting hoist or sliding board.					

I. Environmental Survey

#1

#2

Criteria	Response	NA	Yes	No	Yes	No
24. Are aisles, elevators, stairways and work areas in safe condition, free of cracks, holes, wires, cords, unauthorized storage of equipment, wet or slippery floors?	24. Observe for unsafe conditions. Place all equipment on one side of the hall.					
25. Are all exits marked and exit light functioning?	25. Observe exit signs					
26. Can personnel in the area hear codes called?	26. Listen for overhead page to determine ability to hear, or ask employee.					

Comments:

**Opportunities for Improvement
Safety Rounds**

Survey #1

DEPARTMENT: _____ DATE: _____

INSPECTED BY: _____

Your department was surveyed and the following opportunities were identified. Please take the appropriate action. Thank you, the Safety Committee.

Manager: A score below 80% requires a written corrective action plan addressing the deficiencies. Forward your plan to the Safety Chairperson Gene Farnsworth within 10 days of survey.

Section	Score/Question	Action Taken By Manager
A. Safety/Risk Assessment Plan		
B. Security Management Plan		
C. Hazardous Materials/Waste Plan		
D. Emergency Preparedness Plan		
E. Life Safety Plan		
F. Medical Equipment Plan		
G. Utility Systems Plan		
H. Ergonomics/Body Mechanics		
I. Environmental Survey		

Score: _____ / _____ _____ %

**Opportunities for Improvement
Safety Rounds**

Survey #2

DEPARTMENT: _____ DATE: _____

INSPECTED BY: _____

Your department was surveyed and the following opportunities were identified. Please take the appropriate action. Thank you, the Safety Committee.

Manager: A score below 80% requires a written corrective action plan addressing the deficiencies. Forward your plan to the Safety Chairperson within 10 days of survey please.

Section	Score / Question	Action Taken by Manager
A. Safety/Risk Assessment Plan		
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C. Hazardous Materials/Waste Plan		
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E. Life Safety Plan		
F. Medical Equipment Plan		
G. Utility Systems Plan		
H. Ergonomics/Body Mechanics		
I. Environmental Survey		

Score: _____ / _____