EMERGENCY DEPARTMENT JOINT COMMISSION/DHS MAINTENANCE SURVEY 2008

Environment of Care
❏ Evacuation route signage posted on unit
❏ Emergency exit signs lit and operable
❏ No equipment or supplies stored in stairwells or near fire doors
❏ Fire extinguishers secured, location identified, checked monthly
❏ Alarm pull stations visible and accessible
❏ Fire doors/linen chutes self close and positively latch
❏ **Nothing stored within 18" of sprinkler heads/ceiling**
❏ No supplies stored directly on floor
❏ No obvious penetrations in walls/ceiling — report to Engineering
❏ Equipment stored on one side of hallway only
❏ Medical gas shut off valves with distribution labels
❏ Oxygen cylinders in holders — not laying / standing on floor
❏ Medical equipment with current PM
❏ Equipment is clean and in proper working order
❏ Chemicals appropriately stored, labeled, and contained
❏ Current MSDS available for chemicals in work area
❏ Electrical panels locked
❏ Non-approved electrical equipment removed from area
❏ Housekeeping carts have chemicals locked when unattended
❏ **No outdated supplies (blood tubes, dressing kits, tubing, etc.)**

Patient Rooms
❏ Bed in lowest position
❏ Call bell within patient's reach and in working order
❏ Trash bins not overflowing
❏ No linen on floors
❏ Privacy curtain intact and clean
❏ Room clean and orderly
❏ Bathroom clean and orderly
❏ Call bell in bathroom in working order
❏ Medical equipment plugged into electrical outlets
❏ Emergency outlets used for critical equipment
❏ Patient clean with hygiene needs met
❏ No tubes or drains touching the floor
❏ Sharps container < ¾ full. Secured in room
❏ Waterless hand cleaning gel available
❏ Nothing posted on patient doors or rooms that provide protected patient information (i.e., I&O sheets, charge sheets, etc.)
❏ **No sharps/meds in ANY drawer in patient area**
❏
❏
❏
❏

Medications
❏ No medications left on top of counter in med room
❏ All medications / syringes labeled
❏ Med room is clean and kept in orderly condition
❏ No outdated medications in stock, or in refrigerator
❏ Only NPH and Regular Insulins stocked on unit
❏ Open multi-dose vials clearly labeled with expiration date
❏ Pyxis discrepancies resolved
❏ Medication refrigerator temp checked per policy and within limits
❏ Meds requiring refrigeration stored in refrigerator
❏ Internal/external medications stored separately
❏ Look-alike/sound-alike drugs stored separately from each other. Warning labels of other identification used

Confidentiality of Information
❏ Assignment boards (in public view) do not link name to diagnosis
❏ **No patient identifiable information in normal trash**
❏ Computers (public view) do not display patient identifiable info.
❏ Audio/visual privacy provided in registration areas
❏ Registration logs hidden from view or peel-off label system utilized.
❏ Charts not left in public view. Names hidden from view
❏ Charting areas do not have patient identifiable information in public view
❏ **Suspend computers when not in use — don't just minimize**

Documentation — Open Chart Review
❏ Pain is documented whenever vital signs are taken (or "no pain" is noted)
❏ Reassessments are documented following interventions or medications
❏ Hand-off report is documented when primary caregiver changes

Crash Carts / Emergency Drug Boxes
❏ Cart clean and kept in orderly condition
❏ Earliest expiration date of medications listed on cart (or binder)
❏ Supply drawers locked
❏ Defibrillator (including paddle wells) clean and in working order
❏ Ambu Bag supplies (age appropriate) intact and ready to use
❏ Oxygen canister secured — not empty.
❏ Portable suction in working order with appropriate supplies
❏ Respiratory supplies fully stocked
❏ Plugged into red outlet when not in use.
❏ No outdated defib or pacer pads on top of cart
❏ Checks performed per policy

Infection Control
❏ Infection Control Manual on unit
❏ No soiled linen bags or trash bags on floor
❏ Soiled linen containers covered — not overflowing
❏ Nothing stored under sinks
❏ Hand washing promotional signage above sinks
❏ Negative pressure rooms (if any) with air flow testing validated
❏ Clean and soiled storage areas maintained separately
❏ Patient food refrigerators clean, temperature maintained, food labeled with date
❏ Environment and equipment clean
❏ **No torn mattresses or gurney covers**

Name: ____ Date: ____________________ Shift: ______________

• Be sure any deficiencies requiring intervention from Engineering, BioMed, or EVS are reported to Manager for follow-up.
• Any other deficiencies should be corrected when found.

Thank you for helping us sustain our standards throughout the year!

Source: St. Jude Medical Center, Fullerton, CA.