Unit/Clinic:

Manager/HCA:

Date:

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20         Blue Bins have appropriate contents and poter. Bins are not full/werflowing.           21         Biohaard stickers loaded on equipment/storage containers that store equipment/storage containers are red, stickers are not required.           22         Sharps containers are not stabiling tray. Empiled when it's 3/4 full.           23         Biohaard Containers are not directly on the floor (cardbaard boxe) and they are covered.           24         Supples are located 27: from the silv/outside the splashguard. Nothing is stored under the sink.           25         Clinical equipment have current and readable PM stickers. Broken equipment labeled not in use //Clinical fighneering contacted for pskup.           26         Blanket warmes temperatures: hocked and documented daily (no need to document ( on Empirak).           27         Supply rooms free of clutter: no corrugated cardbaard, no supplies on the floor, impervious bottom greatint.           28         No equired supplies found.           8eaptractry protection (1987 or PAR) available.           30         Emergency pull cords are 6.5° of the floor, not looged around grab bars, and who free.           30         Emergency potection (1987 or PAR) and based tearing party.         Protechal daily content and party and party and who these.           31         Ary aris in good contains, norsing tiles, tiles are in place.         Protechal daily daily daily daily bars, and who these.           32         Arera is in good contand non ones. Wetf floor signs used a						
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25       equipment labeled "not in use"/Clinical Engineering contacted for pickup.         26       Blanket warmers temperatures checked and documented daily (no need to document if no TempTraA).         27       Supply rooms free of clutter: no corrugated cardboard, no supplies on the floor, impervious bottom present.         28       No expired supplies found.         29       https://www.sefety.duke.edu/occupational-hygine-safety/Upcoming-Fit-Test-Sessions         30       Emergency pull cords are 6-8" off the floor, not looped around grab bars, and knot free.         31       Any fans located in the clinics are cleaned appropriately. No noticeable dust and must be able to verhalize a cleaning plan.         32       Area is in good condition, no regains required.         33       No trips or hazards in the hallways or exam rooms. Wet floor signs used appropriately.         34       Celling tiles intact. No holes, water stains, missing tiles, tiles are in place.         35       Food and drinks not found around chemicals, blood, and other potentially infectious materials (DPIM). Areas have a designated hydration station (fl applicable).         36       PPE available at the point of use, including face protection for high level disinfectants (Neura-Ox, Sormago, and HydeOut).         37       HLD room: neutralizers present or aldehyde based disinfectants (Neura-Ox, Sormago, and HydeOut).         38       Eyewash station not blocked, height is appropriate, adequate head space is present, caps are on. Asset tags present if mai		Clinical equipment have current and readable PM stickers. Broken				
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27       floor, impervious bottom present.         28       No expired supplies found.         29       https://www.safety.duk.edu/occupational-hygiene-safety/Upcoming-Fit- Test-Sessions         30       Emergency pull cords are 6-8" off the floor, not looped around grab bars, and knot free.         31       Any fans located in the clinics are cleaned appropriately. No noticeable dust and must be able to verbalize a cleaning plan.         32       Area is in good condition, no regist required.         33       No trips or hazards in the hallways or exam rooms. Wet floor signs used appropriately.         34       Celling tiles intact. No holes, water stains, missing tiles, tiles are in place.         50       Food and drinks not found around chemicals, blood, and other potentially infectious materials (OPIM). Areas have a designated hydration station (if applicable).         36       PPE available at the point of use, including face protection for high level disinfection (HUD).         37       HLD room: neutralizers present for aldehyde based disinfectants (Neutra- Ox, Formago, and HydeOut).         38       Eyewash tation not blocked, height is appropriately bead and initials every week/Do not document in advance.         40       Housekeeping closets/rooms are locked if located in a public/pediatric area.         41       Secondary chemical containers have OSHA compliant labels (product name	26					
28       No expired supplies found.       Image: Comparison of the second supplies and try/Upcoming-Fit- Test-Sessions         30       Emergency pull cords are 6-8" off the floor, not looped around grab bars, and knot free.       Image: Comparison of the floor, not looped around grab bars, and knot free.         31       Any fans located in the clinics are cleaned appropriately. No noticeable dust and wnst be able to verbalize a cleaning plan.       Image: Comparison of the floor, not looped around grab bars, and wnst be able to verbalize a cleaning plan.         32       Area is in good condition, no repairs required.       Image: Comparison of the halways or exam rooms. Wet floor signs used appropriately.         34       Ceiling tiles intact. No holes, water stains, missing tiles, tiles are in place.       Image: Comparison of the ploor.         35       Food and drinks not found around chemicals, blood, and other potentially infectious materials (DHM). Areas have a designated hydration station (if applicable).       Image: Comparison of the ploor.         36       PPE available at the point of use, including face protection for high level disinfection (HLD).       Image: Comparison of the ploor.         37       HLD room: neutralizers present for aldehyde based disinfectants (Neutra- Ox, Formago, and HydeOut).       Image: Comparison of the ploor.         38       Eyewash station ont blocked, height is appropriate, adequate head space is present, caps are on. Asset tags present if maintained by E&O.       Image: Comparison of the cloarement in advance.         39       Eyewash m	27					
29       Respiratory protection (N95 or PAPR) available. https://www.safety.duke.edu/occupational-hygiene-safety/Upcoming-Fit- Test-Sessions         30       Emergency pull cords are 6-8" off the floor, not looped around grab bars, and not free.         31       Any fans located in the clinics are cleaned appropriately. No noticeable dust and must be able to verbaike a cleaning plan.         32       Area is in good condition, no repairs required.         33       No trips or hazards in the hallways or exam rooms. Wet floor signs used appropriately.         34       Celling tiles intact. No holes, water stains, missing tiles, tiles are in place.         35       Food and drinks not found around chemicals, blood, and other potentially infectious materials (OPIM). Areas have a designated hydration station (if applicable).         36       PPE available at the point of use, including face protection for high level disinfection (HD).         37       HLD room: neutralizers present for aldehyde based disinfectants (Neutra- Ox, Formago, and HydeOut).         38       Eyewash station not blocked, height is appropriate, adequate head space is present, caps are on. Asset tags present if maintained by E&O.         39       Eyewash maintenance is performed and documented weekly. Date and initials every week/Do not document in advance.         40       Housekeeping closets/rooms are locked if located in a public/pediatric area.         41       Secondary chemical containers have OSHA compliant labels (product name	28					
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		and nazards) and are not expired. This also applies to Evs fooms.				

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1	Regulated Medical Wate paperwork available (Stericycle pickup receipts		
42	and certificates of destruction). Trained staff need to have certificates		
	available.		
	Staff know how to report a security emergency. Security Alert, 911, 684-		
43	2444, panic buttons, back of badge includes entity specific emergency		
	contact information.		
	Staff can articulate RACE and PASS. Remove, Activate, Contain, Extinguish.		
44	Pull, Aim, Squeeze, Sweep.		
	Staff can articulate what fire zone they are in. All smoke detectors are		
45	labeled.		
46	Staff can locate the nearest fire extinguisher and/or pull station.		
	Staff can articulate their evacuation plan and where to take patients to. Be		
47	familiar with Fire plan.		
48	Staff know how to report a safety concern (SRS or OESO email). Use SRS		
	system to help us better track.		
49	Staff know how to report facility issues? Work order to 919-684-3232 or		
	eo.duhs.duke.edu		
	Staff know how to report a blood or body fluid exposure. 684-8115, number		
50	located on emergency response guides and badge buddies.		
	Staff know what to do in case of a chemical spill. Spill kit available in areas		
51 52	that handle chemo and hazardous drugs.		
	Staff is able to unlock bathroom door in under 2 minutes. Must be able to		
	locate key if applicable.		
53	Staff can explain TB protocol: first step when TB is suspected in a patient.		
	Apply a mask on the patient before isolating them.		
54	Staff can explain negative pressure room checks and provide		
	documentation. Daily checks required when All in place.		
55	Staff can articulate their role when a pediatric security alert occurs. Stay		
	alert to any suspicious activities and monitor exit doors.		
56	Staff can locate their Downtime phone and phone list. Usually by the front		
	desk.		
57	Staff can locate the hardcopy of their Fire Response Plan, their department		
	disaster sub-plan or Redbook. Units are required to store this book at the		
	main desk or workroom, in an easily accessible location known to all staff;		
	and not kept in a locked office.		
58	Other Safety Concerns.		
<u></u>			