

Unit/Clinic:

Manager/HCA:

Date:

Hospital/HBCs Audit Tool 2023

Item #	Question	Met	Not Met	N/A	Comments
1	Panic Buttons Present with Monthly Documentation (if applicable).				
2	Photo ID badges worn between the shoulders and the waist.				
3	Emergency Response Guides posted. Contact Sarah Mikati if your area needs a poster.				
4	Fire Extinguishers clearly identified, not blocked, 4" off the floor and no higher than 5' above the floor.				
5	Unblocked corridors, exit doors, and pull stations.				
6	Exit Signs are properly working.				
7	Items are 18" inches from the sprinkler head in sprinkled areas and 24" from the ceiling in non-sprinkled areas.				
8	Sprinklers are intact: escutcheon plates present on sprinkler heads (ring between the sprinkler and the ceiling must be in place), covers present if applicable, no foreign material on sprinklers.				
9	Medical gas shutoff valves are not blocked. And sign is present.				
10	Precautionary oxygen sign present and readable from 5' away on each door of a cylinder storage room. (Project Service Request). https://eo.duhs.duke.edu/				
11	Oxygen cylinders properly secured. Full and Empty are physically separated (tape is acceptable) and properly labeled.				
12	There is 36" clearance in all planes in front of electrical panels. Includes LIM panels.				
13	Electrical panels are closed/locked if located in a public area.				
14	Electrical plugs, switches, cover plates, cords are in good condition. No extension cords found.				
15	Is there adequate lighting? Are all lights working?				
16	Patient information secured (medical records, computers not left unlocked and unattended).				
17	Medications are secured. No medications found in med prep area unsecured. All med cabinets are locked when not in use.				
18	Multidose vials have expiration date on (28 days after opening).				
19	Blue Bins have appropriate contents and poster. Bins are not full/overflowing.				
20	Biohazard stickers located on equipment/storage containers that store blood or other potentially infectious materials (OPIM). If equipment/storage containers are red, stickers are not required.				
21	Sharps containers are mounted or placed on a stabilizing tray. Emptied when it's 3/4 full.				
22	Biohazard Containers are not directly on the floor (cardboard boxes) and they are covered.				
23	Supplies are located 12" from the sink/outside the splashguard. Nothing is stored under the sinks.				
24	Clinical equipment have current and readable PM stickers. Broken equipment labeled "not in use"/Clinical Engineering contacted for pickup.				
25	Blanket warmers temperatures checked and documented daily (no need to document if on TempTrak).				
26	Supply rooms free of clutter: no corrugated cardboard, no supplies on the floor, impervious bottom present.				
27	Respiratory protection (N95 or PAPR) available.				
28	Emergency pull cords are 6-8" off the floor, not looped around grab bars, and knot free.				
29	Any fans located in the clinics are cleaned appropriately. No noticeable dust and must be able to verbalize a cleaning plan.				
30	Area is in good condition, no repairs required.				
31	No trips or hazards in the hallways or exam rooms. Wet floor signs used appropriately.				
32	Ceiling tiles intact. No holes, water stains, missing tiles, tiles are in place.				
33	Food and drinks not found around chemicals, blood, and other potentially infectious materials (OPIM). Areas have a designated hydration station (if applicable).				

34	PPE available at the point of use, including face protection for high level disinfection (HLD).				
35	HLD room: neutralizers present for aldehyde based disinfectants (Formago and HydeOut).				
36	Eyewash station not blocked, height is appropriate, adequate head space is present. Asset tags present if maintained by E&O.				
37	Eyewash maintenance is performed and documented weekly. Date and initials every week/Do not document in advance.				
38	Housekeeping closets/rooms are locked if located in a public/pediatric area.				
39	Secondary chemical containers have OSHA compliant labels (product name and hazards) and are not expired. This also applies to EVS rooms.				
40	Staff know how to report a security emergency. Security Alert, 911, 684-2444, panic buttons, back of badge includes entity specific emergency contact information.				
41	Staff can articulate RACE and PASS. Remove, Activate, Contain, Extinguish. Pull, Aim, Squeeze, Sweep.				
42	Staff can articulate what fire zone they are in. All smoke detectors are labeled.				
43	Staff can locate the nearest fire extinguisher and/or pull station.				
44	Staff can articulate their evacuation plan and where to take patients to. Be familiar with Fire plan.				
45	Staff know how to report a safety concern (SRS or OESO email). Use SRS system to help us better track.				
46	Staff know how to report facility issues? Work order to 919-684-3232 or eo.duhs.duke.edu				
47	Staff know how to report a blood or body fluid exposure. 684-8115, number located on emergency response guides and badge buddies.				
48	Staff know what to do in case of a chemical spill.				
49	Staff is able to unlock bathroom door in under 2 minutes. Must be able to locate key if applicable.				
50	Staff can explain TB protocol: first step when TB is suspected in a patient. Apply a mask on the patient before isolating them.				
51	Staff can explain negative pressure room checks and provide documentation. Daily checks required when All in place.				
52	Staff can articulate their role when a pediatric security alert occurs. Stay alert to any suspicious activities and monitor exit doors.				
53	Staff can locate their Downtime phone and phone list. Usually by the front desk.				
54	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.				
55	Other Safety Concerns.				