

Purpose

The purpose of this policy is to ensure environmental safety through regular evaluations, timely mitigation efforts and corrective actions.

Definitions

Environment of Care Rounds Assessment Checklist – A tool utilized to record real time data/findings and actions regarding Environment of Care (EOC) inspections.

SGHC Health & Safety Risk Assessment – A tool utilized to evaluate and mitigate risk.

Policy/Procedure


1. To ensure that the entire facility is reviewed at least on a quarterly basis, SGHC utilizes a consistent schedule.
2. Every patient care area is inspected four times a year. These inspections are in addition to the monthly inspections conducted by the Fire Safety Office.
3. SGHC utilizes a multidisciplinary team approach for the environmental inspections. All Safety Committee members will participate in quarterly inspections. The Management Committee, Maintenance Department, Multi-Service Department, Environmental Services (ES) and Security Department will participate as needed.
4. Team members do not inspect their own units/departments/areas.
5. When conducting the environmental inspection, each team will have multi-disciplinary representatives.
6. The environmental inspection teams will use the Environment of Care Rounds Assessment Checklist created by The Joint Commission. Inspection teams must note the specific deficiencies and the exact location to assure timely follow-up.
7. One member of the team will be responsible for recording findings on the Environment of Care Rounds Assessment Checklist.
8. At the conclusion of the Environmental Tour:
 - a. For patient care areas, a copy of the completed Environment of Care Rounds Assessment Checklist form will be given to the Head Nurse or ADON to be shared with the treatment team and another copy will be shared with the Safety Committee Chair or designee.

- b. The Fire Safety Office will continue to conduct monthly inspections on the non-patient areas. A copy of the completed form will be given to Safety Committee Chair or designee.
 - c. The original completed forms will be forwarded to the Safety Officer for review and entry into the work order system.
9. The Safety Officer will review the Environment of Care Rounds Assessment Checklist and will report findings at the Safety Committee meetings.
 10. The inspection teams should have the previous inspection findings when conducting their follow-up tour, to ensure correction or mitigation.
 11. The Chief Compliance Officer or designee and the Safety Officer will review the results of the Environment of Care Rounds Assessment Checklist and update the online SGHC Health & Safety Risk Assessment as needed.

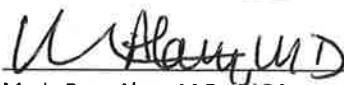
References:

Environment of Care Rounds Assessment Checklist (Attachment)
 SGHC Health & Safety Risk Assessment (Attachment)
 EOC Inspection Schedule (Attachment)

Approved by


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 Chief Operating Officer

8/22/24
 Date


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8/22/24
 Date

DS/tg

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Reviewed:

Environment of Care Rounds Assessment Checklist

This checklist includes questions to ask to assess a range of risks in the physical environment (also referred to as the environment of care [EC]). It can be used for regular rounds that supplement the annual environment of care risk assessment.

Answers to all questions ideally should be Y for Yes (unless marked NA for Not Applicable). Use the Comments section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an N for No response. Unless otherwise noted, this checklist is applicable to all program settings.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
SAFETY				
LIGHTING				
Is there adequate lighting indoors and outdoors?				
Are all lights working?				
HALLWAYS AND FLOORS/CARPETS				
Are hallways clear to allow safe and adequate space for walking?				
Are hallways clear to allow safe and adequate space for passage of carts, wheelchairs, and beds?				
Are floors/carpets clean, dry, and slip resistant?				
Are floors/carpets in good condition and free from tripping or falling hazards (bumps, tears, and so on)?				
Are wires and cables that extend across hallways secured to avoid tripping hazards?				
Are "wet floor" signs in use?*				
WALLS AND CEILINGS**				
Are walls and wall finishes in good condition and free from damage (such as holes or water)?				

* For home care settings, this is applicable to inpatient facilities only.

† These components are applicable only in settings that have the components. If an organization has a component listed, regardless of its occupancy type, then the component must be maintained.

APPLICABLE PROGRAM(S)

☒ AHC ☒ ALC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Are all wiring/cables in walls and ceilings properly sealed and covered?				
Are all electrical boxes or outlet covers in walls or ceilings present and in good condition?				
Are all ceiling tiles in place?				
Are all ceiling tiles in good condition and free from damage (such as holes or water)?				
ELEVATORS*†				
Are elevator call buttons and lights working properly?				
Are elevator panels working properly?				
Are elevator floors clean and in good condition?				
Are elevator walls and ceilings clean and in good condition?				
WORKER SAFETY				
Based on the work performed, can staff explain techniques to prevent common worker injuries?				
NO-SMOKING POLICY*†				
Is there evidence of any violation of the no-smoking policy?				
IDENTIFICATION				
Are all employees wearing ID badges in plain view (or in accordance with organization policy)?				
Are all contracted workers, construction workers, and vendors wearing ID badges in plain view (or in accordance with organization policy)?				
ACCESS CONTROL*				
Has the organization conducted a risk assessment to determine if any areas are considered security sensitive?				
Are access control measures active in security-sensitive areas?				

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QUESTIONS	Y	N	NA	COMMENTS
Can staff explain what to do if they notice a person who doesn't belong in a security-sensitive area?				
Are locking mechanisms placed on doors compliant with NFPA 101-12, [†] Chapters 7 and 18 or 19?				
WORKER SAFETY AND OTHER THREATS*				
Has the organization completed a workplace violence risk assessment?				
Does the organization have a workplace violence program?				
Are staff aware of how to report workplace violence incidents or near misses?				
Can staff explain their roles in protecting patients from workplace violence?				
Can staff explain how to protect themselves from workplace violence?				
Can staff explain security codes and/or protocols?				
Can staff explain how to get help in a security emergency?				
MEDICATION [AHC, ALC, BHC, CAH, HAP, NCC, OBS, OME]				
Are medication rooms and carts locked, in accordance with organization policy?				
Are all patient rooms and support areas free of unattended medications?				
FIRE SAFETY AND LIFE SAFETY				
MEANS OF EGRESS**†				
Are exit sign lights working?				
Are exits clearly and correctly marked?				

[†] National Fire Protection Association (NFPA) 101-12 is also known as the 2012 Life Safety Code®. The Life Safety Code® is a registered trademark of the NFPA, Quincy, MA.

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QUESTIONS	Y	N	NA	COMMENTS
Are hallways clear of debris and equipment?				
Are all items left in hallways intended for use within 30 minutes?				
DOORS**†				
Are doors free of being propped/held/wedged open?				
Are they clear to close (nothing obstructing)?				
Do they close properly?				
Do fire, corridor, and stairwell doors latch firmly?				
Do corridor doors leading into suites latch properly?				
Do self-closing devices function properly and allow the doors to self-close and latch upon release?				
FIRE EXTINGUISHERS**†				
Are fire extinguishers clearly identified?				
Do fire extinguishers have current inspection tags?				
Are fire extinguisher safety seals in place?				
Do fire extinguishers have clear access, with nothing in the way?				
FIRE ALARM PULL STATIONS**†				
Do fire alarm pull stations have clear access, with nothing in the way?				
FIRE HAZARDS*				
Are windows and HVAC units free of linens?				

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QUESTIONS	Y	N	NA	COMMENTS
Are floors free of linens?				
Are items stored at least 18 inches below a sprinkler head?				
Are space heaters kept out of patient sleeping compartments?				
Do portable space heaters conform to applicable local and federal codes?				
COMBUSTIBLE MATERIALS*†				
Are stored combustible materials exceeding 50 square feet stored in a room protected as a hazardous area?				
HAZARDOUS MATERIALS AND WASTE				
HAZARDOUS MATERIALS				
Are hazardous materials properly stored, depending on hazards (for example, flammable and corrosive)?				
Are they properly labeled in accordance with OSHA's Hazard Communication regulation?				
Are staff using correct procedures for disposal of hazardous materials?				
Is there a current inventory of hazardous materials and waste?				
Are spill kits available, and do staff know how to use them?				
Is proper PPE available that is compatible with the chemicals used?				
Are eyewash stations available in areas where staff may be exposed to corrosive or caustic materials?				
SAFETY DATA SHEET(S) (SDS)				
Can staff explain how to find an SDS?				
Can staff describe the information contained in an SDS?				

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QUESTIONS	Y	N	NA	COMMENTS
Have staff been briefed on the "Right to Know" or GHS requirement regarding chemicals used on the job, in accordance with OSHA?				
MEDICAL WASTE				
Is medical waste placed into a container that is either red in color or labeled with a biohazard symbol?				
Is medical waste properly stored and disposed of?				
Is medical waste properly separated and segregated?				
MEDICAL/LABORATORY EQUIPMENT				
INSPECTION STATUS [AHC, ALC, BHC, CAH, HAP, NCC, OBS, OME]				
Are all inspection tags current?				
Can staff explain how to tell if the equipment inspection is current?				
Can staff explain how to label and sequester broken equipment?				
EQUIPMENT CLEANING AND STORAGE				
Is equipment clean and stored properly?				
Can staff recognize clean and dirty equipment and supplies (including linens) by storage methods?				
Can staff recognize full and empty oxygen tanks by storage methods?				
COMPETENCY IN USE				
Can staff adequately explain the use of all department equipment?				
Are there any programs in place to reduce the number of alarms?				
UTILITIES				
ELECTRICAL SYSTEMS**				
Are emergency power electrical outlets clearly marked with red covers or otherwise distinct covers?				

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QUESTIONS	Y	N	NA	COMMENTS
Are the red outlets being used for critical equipment?				
Are electrical panels clear and unobstructed for easy access during an emergency?				
MEDICAL GAS ZONE VALVES** [AHC, ALC, BHC, CAH, HAP, NCC, OBS, OME]				
Are valves marked with identity and locations served?				
Is the valve box accessible, with nothing in the way?				
Do staff know who is allowed to shut off the zone valves?				

ID, identification; HVAC, heating, ventilating, and air conditioning; OSHA, US Occupational Safety and Health Administration; PPE, personal protective equipment; SDS, safety data sheet; GHS, Globally Harmonized Systems.

SGHC Health & Safety Risk Assessment

[illegible]

DEPT/UNIT	TEAM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Patient Areas													
Dayhoff A (Including Lobby & Courtyard)		X			X			X			X		
Dayhoff B (Including School, Activity Room, Courtyard)		X			X			X			X		
Dayhoff C (Including Gym & Corridors)		X			X			X			X		
Dayhoff D (Including Dining & Courtyard)		X			X			X			X		
Noyes (Including Courtyard)		X			X			X			X		
Red Brick #1 (Including Courtyard)		X			X			X			X		
Red Brick #2 (Including Courtyard)		X			X			X			X		
Red Brick #3 (Including Courtyard)		X			X			X			X		
Red Brick #4 (Including both Courtyard)		X			X			X			X		
Smith East 3rd Floor (Physical Therapy)		X			X			X			X		
Smith 2nd Floor (Medical/Dental/Lab/Central Supply/Lobby etc.)		X			X			X			X		
Smith 1st Floor (Central Supply/Radiology etc.)		X			X			X			X		
Tawes A (Including Rehab & Courtyard)		X			X			X			X		
Tawes B (Including Courtyard)		X			X			X			X		
White B (Including Lobby, Corridors & Courtyard)		X			X			X			X		
White C (Including Gym & Courtyard)		X			X			X			X		
White D (Including Dining & Courtyard)		X			X			X			X		
Jamison (All pt. areas)		X			X			X			X		
Spring Grove Hospital Center Environment of Care (EOC) Inspection Schedule												Year: _____	