## SAMPLE: Environmental Rounds and Safety Assessment Tool

Area/Department Evaluated: ___________________________________________
Date: ___________________

<table>
<thead>
<tr>
<th>Security and Incident Management</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are emergency telephone numbers posted by all stationary phones?</td>
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<td>2. Are approved ID badges worn by all department staff members?</td>
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<tr>
<td>3. Have security measures been implemented in high-risk areas and according to the facility’s violence prevention plan (e.g., controlled access to the ED, perioperative, pharmacy, OB/pediatric areas)?</td>
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<tr>
<td>4. Are panic buttons/panic alarms in high-risk areas (e.g., ED, front desk, pediatric units, labor and delivery/postpartum/nursery) tested at regular intervals?</td>
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<tr>
<td>5. Are staff members educated on workplace violence and able to describe how to respond to a behavioral incident, according to training and policy?</td>
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<td></td>
<td></td>
<td>Number of staff members interviewed _____</td>
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<tr>
<td>6. Are staff members aware of the procedures to follow if a patient is missing?</td>
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<td></td>
<td>Number of staff members interviewed _____</td>
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<tr>
<td>7. Are staff members able to describe infant and child security measures?</td>
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<td></td>
<td></td>
<td>Number of staff members interviewed _____</td>
</tr>
<tr>
<td>8. Are staff members able to describe the procedures to follow when a suspected infant/child abduction occurs?</td>
<td></td>
<td></td>
<td></td>
<td>Number of staff members interviewed _____</td>
</tr>
<tr>
<td>9. Are staff members aware of the facility’s procedures regarding the Newborn Safe Haven Law?</td>
<td></td>
<td></td>
<td></td>
<td>Number of staff members interviewed _____</td>
</tr>
<tr>
<td>10. Are staff members able to describe the procedures to follow if a suspicious item is identified or if the facility receives a bomb threat or becomes subject to an act of terrorism?</td>
<td></td>
<td></td>
<td></td>
<td>Number of staff members interviewed _____</td>
</tr>
<tr>
<td>11. Are staff members able to describe the correct procedures to follow if a visitor is injured while in their department/area?</td>
<td></td>
<td></td>
<td></td>
<td>Number of staff members interviewed _____</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Fire Safety</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>1. Are all fire exits clearly marked and unobstructed for easy access?</td>
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<tr>
<td>2.</td>
<td>Are doorways free of equipment/storage and not obstructed or propped open?</td>
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<tr>
<td>3.</td>
<td>Are fire doors closed?</td>
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<tr>
<td>4.</td>
<td>Are fire exit routes/maps posted in proper areas?</td>
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<td>5.</td>
<td>Are fire extinguishers checked at regular intervals?</td>
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<tr>
<td>6.</td>
<td>Have fire drills been conducted on all three shifts within the past year?</td>
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<tr>
<td>7.</td>
<td>Are hallways free of clutter (e.g., equipment is stored in appropriate areas and not in hallways)?</td>
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<tr>
<td>8.</td>
<td>Do stored items not exceed fire code ceiling clearance limits or block the sprinkler system (e.g., 18 inches below ceiling sprinkler deflectors)?</td>
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<tr>
<td>9.</td>
<td>Are items stored on the floor placed in a manner to meet the fire code (e.g., items are not placed within the required width of an exit/corridor)?</td>
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<tr>
<td>10.</td>
<td>Are oxygen cylinders stabilized to prevent them from tipping over while in storage, during patient transport, and when in use?</td>
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<tr>
<td>11.</td>
<td>Are wall-mounted oxygen shut-off valves labeled?</td>
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<tr>
<td>12.</td>
<td>Are staff members able to describe the emergency oxygen shut-off procedures?</td>
<td>Number of staff members interviewed _____</td>
<td></td>
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<tr>
<td>13.</td>
<td>Are fire and emergency evacuation plans readily available to staff members and are staff members able to describe the fire response process and emergency evacuation plan (including patient/visitor evacuation)?</td>
<td>Number of staff members interviewed _____</td>
<td></td>
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<tr>
<td>14.</td>
<td>Are staff members able to correctly identify the RACE (Remove/Rescue, Activate/Alert, Contain/Confine, Extinguish/Evacuate – or as used by the organization) and PASS (Pull, Aim, Squeeze, Sweep) processes?</td>
<td>Number of staff members interviewed _____</td>
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</tbody>
</table>

**Employee Safety**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is personal protective equipment (PPE) (e.g., gowns, gloves, masks, eye protective devices/shields) readily available to staff members?</td>
<td></td>
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<tr>
<td>2.</td>
<td>Are latex-free gloves available to staff members and healthcare providers?</td>
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<tr>
<td>3.</td>
<td>Are sharps containers puncture resistant, easily accessible, exchanged when needed (according to a policy), secured to the wall, and out of reach of children?</td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th>Are eye wash stations available and maintained according to a set schedule?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is ergonomic equipment provided to staff members as needed (e.g., adjustable office chairs, wrist pads for computer keyboards, steadying/gait belts, patient lifts)?</td>
</tr>
<tr>
<td></td>
<td>Are safe patient transfer devices available and in good working condition and are inspection and equipment maintenance records kept?</td>
</tr>
<tr>
<td></td>
<td>Are staff members able to describe proper patient transfer and patient movement (ergonomic) techniques?</td>
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<tr>
<td></td>
<td>Number of staff members interviewed _____</td>
</tr>
<tr>
<td></td>
<td>Are staff members able to describe needle safety precautions (e.g., no recapping, sharps containers exchanged when ⅔ full)?</td>
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<tr>
<td></td>
<td>Number of staff members interviewed _____</td>
</tr>
<tr>
<td></td>
<td>Are staff members able to describe the process for reporting an occupational injury?</td>
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<tr>
<td></td>
<td>Number of staff members interviewed _____</td>
</tr>
<tr>
<td></td>
<td>Are staff members able to describe the bloodborne pathogen exposure process?</td>
</tr>
<tr>
<td></td>
<td>Number of staff members interviewed _____</td>
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</tbody>
</table>

**Infection Control**

<table>
<thead>
<tr>
<th></th>
<th><strong>Y</strong></th>
<th><strong>N</strong></th>
<th><strong>N/A</strong></th>
<th><strong>Comments</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Are medical equipment and devices cleaned according to a facility policy and schedule?</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Is medical equipment, while not in use, clearly labeled as clean or dirty and stored in clean or contaminated areas, as appropriate?</td>
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<tr>
<td>3.</td>
<td>Are biohazard bags used, stored, and transported according to the organization’s policy?</td>
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<tr>
<td>4.</td>
<td>Are clean linen carts (including the bottom shelf) covered?</td>
<td></td>
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<tr>
<td>5.</td>
<td>Are ceiling tiles, walls, and carpeting free from stains and discoloration from water damage?</td>
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<tr>
<td>6.</td>
<td>Are construction and remodeling areas secured and are proper barriers in place for safety and infection prevention purposes?</td>
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<tr>
<td>7.</td>
<td>Are specimens, medications, and food kept in separate refrigerators?</td>
<td></td>
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<tr>
<td>8.</td>
<td>Are refrigerator temperatures checked daily?</td>
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<tr>
<td>9.</td>
<td>If recorded refrigerator temperatures are noted to be outside the safe food zone (33-41 degrees F), is a corrective action plan developed, implemented, and documented?</td>
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<tr>
<td>10.</td>
<td>Are alcohol-based hand rubs strategically located in patient care areas?</td>
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</tbody>
</table>
11. Were staff members observed to be following appropriate hand hygiene practices?  Number of staff members observed _____

12. Is IV tubing on patients labeled with the date changed and due date for the next change?  Number of patients with IV tubing observed _____

13. Are patients screened for signs and symptoms of TB (and other infectious processes) during the initial admission assessment?  Number of medical records reviewed _____

14. Do observations and medical record reviews reflect that patients have been placed in the appropriate protective environment, based on the indicated transmission-based precautions (e.g., contact precautions, droplet precautions, and airborne precautions)?  Number of observations and medical records reviewed _____

15. Do the medical records reflect that the patient and the patient’s family members are educated on patient-specific isolation precautions?  Number of medical records reviewed _____

16. Does the maintenance schedule reflect evaluations of negative pressure when a patient has been placed in airborne infection isolation (AII)?

<table>
<thead>
<tr>
<th>Safe Patient Environment</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are medications maintained in a locked and secured area?</td>
<td></td>
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<tr>
<td>2. Are unit stock products (e.g., infant formula, tube feeding solutions, medications) not expired?</td>
<td></td>
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<tr>
<td>3. Are equipment cords positioned away from ambulation paths?</td>
<td>Number of rooms checked _____</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Are night lights available and in working condition in each patient room?</td>
<td>Number of rooms checked _____</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Have safety rails been securely placed in showers and adjacent to the toilet, and are they included on the routine maintenance schedule?</td>
<td>Number of rooms checked _____</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6. Are toilets floor-mounted and secured?</td>
<td>Number of rooms checked _____</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7. Do the emergency call lights in patient bathrooms function?</td>
<td>Number of rooms checked _____</td>
<td></td>
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<tr>
<td>8. Are call lights readily available and within the patient’s reach?</td>
<td>Number of patients observed _____</td>
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<tr>
<td>9. Are equipment alarms audible from the nursing station?</td>
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<tr>
<td>10. Are crash carts readily available and locked, stocked, and checked, according to an established schedule?</td>
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<tr>
<td>11. Are crash cart defibrillators checked according to an established schedule?</td>
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</tbody>
</table>

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12. Are staff members able to describe the procedures to have maintenance personnel evaluate patient-owned personal electric equipment?  
   Number of staff members interviewed _____

13. Are patients assessed for the risk of falling at the time of admission and on a regular basis, according to an established policy? When a patient is identified to be at risk for falling, are appropriate measures implemented and documented in the medical record?  
   Number of medical records reviewed _____

<table>
<thead>
<tr>
<th>Hazard Control</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are hallways, stairways, and general areas well lit?</td>
<td></td>
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<tr>
<td>2. Are hazardous materials and waste properly labeled and stored (including anesthesia gases)?</td>
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<tr>
<td>3. Are SDS sheets readily available and are staff members able to locate the SDS sheets?</td>
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<tr>
<td>4. Are biomedical/maintenance stickers/labels present on all equipment and do the labels reflect the preventive maintenance that has been completed and the due dates for future preventive maintenance?</td>
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<tr>
<td>5. Are staff members able to describe the procedures for handling defective equipment and equipment suspected to be involved in an unanticipated patient event?</td>
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</tbody>
</table>

| Building Exterior Hazard Control |   |   |     |          |
| 1. Are sidewalks, driveways, and parking areas in good repair and is the outside lighting in good working order? |   |   |     |          |
| 2. Has a winter maintenance schedule been determined for sidewalks, driveways, and parking areas and is winter maintenance work documented when completed? |   |   |     |          |

<table>
<thead>
<tr>
<th>Environmental Services</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are cleaning policies/procedures/protocols regarding patient care areas reviewed and revised on a regular basis? Are environmental services staff members educated on updates and is their education documented?</td>
<td></td>
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<tr>
<td>2. Are cleaning solutions kept in a secured area and is the cleaning cart under supervision while it is in general and patient care areas?</td>
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<tr>
<td>3. Are cleaning solutions EPA-registered?</td>
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4. Are cleaning solutions labeled and dated, as appropriate?

5. Is cleaning water changed according to an established protocol?

6. Are staff members able to describe the protocol for mixing cleaning solutions?  
   Number of staff members interviewed _____

7. Are environmental services staff members able to describe the scope and schedule for daily terminal cleaning (e.g., high touch surfaces), according to policy/procedures/protocol?  
   Number of staff members interviewed _____

8. Are environmental services staff members able to describe the protocol for cleaning a patient room upon patient discharge?  
   Number of staff members interviewed _____

9. Other

Environmental Rounds Team Members (list the name and title of each team member):

____________________________________________________________________
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____________________________________________________________________
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