

ASC SAFETY SURVEY

Year _____

Purpose: To monitor compliance with standards and to identify and reduce hazardous conditions

STANDARDS	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
A: FIRE SAFETY RULES ARE IN EFFECT AND FOLLOWED AT ALL TIMES IN ALL AREAS OF THE SURGERY CENTER				
1. Evacuation plan is posted and employees demonstrate knowledge of plan				
2. Smoke and fire detectors are tested and the log shows each detector has been tested once throughout the year				
3. Fire Extinguishers				
- in place, seal intact, and charged; checked monthly and tag is initialed				
- labeled as to type and class fire				
- serviced annually				
- accessible and not blocked by storage, plants, equipment				
- personnel know location				
4. Fire exits:				
- free and unobstructed				
- marked with working illuminated signs				
- exit doors open outward and operate easily				
- exit doors are positive latching and self or automatic closing				
5. Corridors are free of tripping hazards (spills, obstructions, equipment, etc.)				
6. Fire and smoke wall doors are closed or on automatic closing system				
7. No smoking policy is in effect and signs posted				
8. Center personnel know how to report fire				
9. All items stored 18 inches from sprinklers				
10. Combustible items stored 5 feet from hot water heater				
11. The fire department inspects annually and reviews the fire safety plan. The annual review date is _____				
12. Annually, at least one fire drill has included a check of communication with the monitoring service. The date of this drill: _____				
B: USE AND STORAGE OF MEDICAL GASES IS IN COMPLIANCE WITH NFPA CODES AND REGULATORY AGENCY STANDARDS				
1. Compressed cylinders are stored in a space vented to the outside and are secured to a wall by a chain or in a floor box.				
2. Gas tanks in use are secured to cart.				
3. Stored compressed gas cylinders have safety caps.				
4. Emergency oxygen tanks are checked for adequate pressure and checks documented.				
5. Cylinders have form/tag indicating Empty, Full, Partial.				

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C: ELECTRICAL EQUIPMENT IS MAINTAINED IN PROPER WORKING ORDER, ALL ELECTRICAL EQUIPMENT CHECKED BY BIO-MED BEFORE USE.				
1. All electrical cords have health care facility grade three prong plugs.				
2. Electrical cords are free of frayed edges and connections are surge protected.				
3. Outlets have no evidence of damage.				
4. Cords are kept from floor in traffic areas.				
5. Covers are on switch and outlet boxes.				
6. All electrical machines are grounded.				
D: THE POWER SUPPLY AND ALL GENERAL AND EMERGENCY LIGHTS ARE MAINTAINED IN WORKING ORDER.				
1. Illumination bulbs are replaced routinely.				
2. Oxygen monitor lights tested.				
3. Emergency generator tested, exercised, and results documented.				
4. Annunciator panel lights operating.				
E: ENVIRONMENT SURFACES ARE MAINTAINED IN GOOD CONDITION				
1. Surfaces are clean, free of spills and dropped items.				
2. Floors in good repair.				
3. Handrails secured.				
4. Parking areas free of hazards.				
F: HOUSEKEEPING ACTIVITIES ARE IN COMPLIANCE WITH POLICIES AND PROCEDURES				
1. Cleaning solutions are labeled and stored properly.				
2. Protective clothing and gloves are used, if required.				
3. Safe ladders are available.				
4. Eye wash unit is in working order, turned on weekly.				
G: STORAGE AREAS ARE MAINTAINED SO AS TO PREVENT HAZARDS.				
1. Supplies are secure from patients and visitors.				
2. Needles, syringes, and prescription pads are properly stored and controlled.				
3. Detergents, solvents, insecticides, etc., are stored separately in marked containers.				
4. Store rooms are orderly, uncluttered, items stored at least 18 inches from the ceiling				
5. Hazardous materials properly marked and stored.				
H: EMPLOYEES AND PHYSICIANS DEMONSTRATE PROPER SAFETY HABITS.				
1. Unused equipment is properly stored.				
2. Drawers in cabinets and carts are kept closed.				
3. Faulty, broken or unstable furniture is removed from service until repaired.				
I: COMPLIANCE WITH RIGHT TO KNOW LAW IS EVIDENT.				

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1. Inservice for all employees is documented within 30 days of hire and annually.				
2. Material Safety Data Sheets (MSDS) are available for all identified toxic substances.				
J: INFECTIOUS WASTE IS STORED APPROPRIATELY AND DISPOSAL IS IN ACCORDANCE WITH GUIDELINES.				
1. All soiled waste is considered and handled as infectious.				
2. Sharps containers are of type required by safety standards.				
3. Sharps and disposable syringes are placed in boxes and treated as infectious waste.				
4. Sharps containers are properly marked, sealed, and stored.				
5. Disposal: Picked up on time; disposal receipts (manifests) available and up-to-date.				
K: INFECTION CONTROL MEASURES TO PROTECT PATIENTS, STAFF AND VISITORS ARE IMPLEMENTED.				
1. Sharps disposal boxes: properly marked and locked.				
2. Sharps disposal boxes are less than 75% full.				
3. Masks, gloves, and eye shields are readily available in all clinical areas.				
4. Hazardous waste storage area is clean, secured, not overloaded. Manifests in log book.				
5. Stored linen is properly covered.				
6. Sterilizing techniques and equipment are appropriate and testing is documented.				
7. Trash is emptied daily.				
8. The air conditioner filters are changed quarterly. Last date changed: _____				
9. The temperature and humidity are documented each procedure day.				
10. Faucet aerators have been disinfected.				
11. Spore tests on sterilizers are completed and documented.				
12. Temperature indication strips are recorded/ used on each sterilizer load.				
13. Pouches are sealed, labeled, stored, and kept sterile.				
14. Sterile supplies are removed from shipping containers in receiving area prior to being transported to sterile storage. There are no corrugated boxes in the sterile areas.				
L: ALL INTERNAL AND EXTERNAL PUBLIC AREAS AND EQUIPMENT MAINTAINED IN A MANNER THAT REDUCES POTENTIAL INJURY AND ILLNESS.				
1. Furniture and equipment; undamaged; good working order; clean; no visible hazards.				
2. All areas free of spills, obstructions, tripping hazards.				
3. Entrance and exits clearly marked.				
4. Wheelchairs and stretchers in good repair, i.e., locking devices, foot rests, side rails.				
5. Stretchers are in low position and footstools available.				
6. Siderails and safety straps available for all stretchers.				
7. Siderails up when stretchers in use.				
M: EMPLOYEES WILL PRACTICE PRECAUTIONS IN THE HANDLING OF BLOOD AND BODY FLUIDS.				
1. Gloves are worn when:				

STANDARDS	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
cleaning/handling contaminated equipment and instruments.				
handling contaminated sponges and dressings.				
cleaning up blood spills.				
handling linen or drapes soiled with blood or body fluids				
handling specimens				
2. Protective eyewear with solid side shields - goggles - are worn where spattering or aerosol dispersion is possible.				
3. Disposable gowns are available for added protection against contamination.				
4. All employees understand the meaning of infectious waste and its proper disposal.				
5. Employees report occurrences of blood exposure (e.g. needle sticks, scalpel lacerations) to supervisor in a timely manner.				
6. Gowns/aprons are worn when performing manual cleaning of instruments.				
7. Every patient care area has a supply of gloves, disposable sharps container, and CPR shields.				
N: EMPLOYEES UNDERSTAND THEIR DUTY TO MAINTAIN A SAFE ENVIRONMENT.				
1. Employees are aware of procedure for use, care, and reporting of malfunctioning equipment.				
2. Anesthesia machines are cleaned and serviced regularly. Review Schedule of Servicing.				
3. Anesthesia machine checks are performed daily on all machines. Review schedule of Daily Checks				
4. Operating/Procedure Room tables and stretcher wheels are locked when transferring patients.				
5. All employees have received instruction on the transmission and prevention of HIV, HBV, and HCV infection.				
6. All employees with the potential for exposure to blood have been offered HBV vaccine.				
7. Building Access for employees maintains a code system. Each assigned specific code for identity of person.				
8. Vendors/Representative are issued name badges, register thru Admissions, and if in surgery, patient signs observer authorization form.				
DEFICIENCIES NOTED AND ACTION PLAN				
COMMENTS:				