

**This report is also submitted to the UNC Healthcare Hospital Infection Control Committee**

<b>Survey Date:</b>					<b>Infection Preventionist: Judie Bringhurst</b>
<b>Area:</b>					<b>Departmental Safety Coordinator:</b>
<b>Area Manager:</b>					<b>Total Compliance:</b> #REF!
<b>Standard</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>	<b>Not Assessed</b>	<b>Notes</b>
<b>1. Infection Control Policies and Procedures</b>					
a. Staff has access to Infection Control policies					
b. Staff can articulate the procedure for reportable diseases					
c. Staff can articulate the procedure for reporting infections related to procedures performed at their facility or at any other facility.					
	<b>0</b>	<b>0</b>			
<b>Percent Met</b>	#####				
<b>2. Handwashing Facilities</b>					
a. Artificial fingernails are not allowed on healthcare professionals					
b. Soap dispensers accessible, operating correctly and dispensing appropriate hospital grade agent					
c. Paper towels available and adequately dispensed					
d. Hospital grade waterless hand agents used where appropriate					
e. Staff can explain and/or staff is observed complying with the hand hygiene policy					
f. Staff dons and removes gloves at appropriate opportunities					
g. Lotions are available and used appropriately in clinical areas					
	<b>0</b>	<b>0</b>			
<b>Percent Met</b>	#####				
<b>3. Storage of Supplies</b>					
a. Clean and sterile supplies and equipment are stored appropriately					
b. Patient care supplies stored at least 36" from a sink or there is a protective barrier (splash guard) to prevent splash contamination; storage under sinks is discouraged except for the following allowed items: clean sharps containers, clean trash bags, detergents, and cleaning agents (NO hand soaps).					
c. Supplies stored on shelves and off floors					
d. Supplies are within expiration date					
e. There is clear separation of clean and dirty activities					
f. Items labeled as "single use only" (SUDs) are not reused					
	<b>0</b>	<b>0</b>			
<b>Percent Met</b>	#####				

Standard	Met	Not Met	N/A	Not Assessed	Notes
<b>4. Risk Analysis</b>					
a. Types of procedures performed and services provided are appropriate for the physical space of the site as well as for the skill level and competency of staff					
	0	0			
<b>Percent Met</b>	#####				
<b>5. Medication Management</b>					
a. Medications must be separated by type and dosage					
b. Requirements for storage and use of NC state-supplied vaccines are met					
c. Irrigation solutions are single patient use					
d. Medications are within date					
e. Medications are stored appropriately					
f. Medications requiring special care after initial use are stored/labeled appropriately					
g. Medications are prepared safely					
	0	0			
<b>Percent Met</b>	#####				
<b>6. Safe Injection Practices</b>					
<b>ONE NEEDLE: ONE SYRINGE: ONE PATIENT: ONE TIME</b>					
a. Single dose vials are <u>never</u> used as multidose vials					
b. Fluid infusion and administration sets (IV bags, tubing, and connectors) are used for one patient only and discarded after use					
c. IV fluids spiked at time of use					
d. Patient's skin is prepped with an approved prep before IV placement					
e. Single dose medications or infusates are used for only one patient and not collected or combined (bags of IV fluids are ALWAYS single use)					
f. Medication vials used for more than one (1) patient are always entered with a new needle and new syringe					
g. The rubber septum on a medication/infusate vial is disinfected with alcohol prior to piercing					
h. Needles and syringes are used for only one patient					
i. Medications or infusates that are packaged as prefilled syringes are used for only one patient					
j. Hand hygiene is performed before preparing medications					
k. Medications or infusates are drawn up at start of each procedure					
l. Needles and syringes are discarded intact in an appropriate sharps container after use					

Standard	Met	Not Met	N/A	Not Assessed	Notes
m. Flushes are not drawn from a bulk container					
n. Appropriate sharps safety devices are in use					
	0	0			
<b>Percent Met</b>	#####				
<b>7. Linens</b>					
a. Linens are stored appropriately					
b. Linens are laundered according to UNC Infection Control's Laundry and Linen Service policy					
	0	0			
<b>Percent Met</b>	#####				
<b>8. Surface Disinfection</b>					
a. Toys are disinfected per clinic specific policy					
b. Non-critical items are cleaned per policy					
c. Patient care equipment (e.g., blood pressure cuffs, wall mounted otoscopes, etc.) should be cleaned with an EPA registered disinfectant detergent (e.g., Metriguard®, Super Sani Cloths ®) or 70% alcohol once a week, when obviously soiled, and after use for patients requiring contact precautions.					
d. Areas identified as nursing responsibility are cleaned appropriately					
e. Point-of-care devices are cleaned according to policy					
	0	0			
<b>Percent Met</b>	#####				
<b>9. Instrument Decontamination/pre-cleaning</b>					
a. Items are thoroughly pre-cleaned and decontaminated with enzymatic detergent according to manufacturer instructions and/or evidence-based guidelines prior to high level disinfection or sterilization.					
b. Items are managed consistent with OSHA regulations and UNCH policy.					
	0	0			
<b>Percent Met</b>	#####				
<b>10. High Level Disinfection</b>					
a. Medical instrument and devices are visually inspected for residual soil and recleaned as needed before high-level disinfection					
b. HLD equipment (e.g., AER) is maintained according to manufacturer instructions and/or evidence-based guidelines					
c. Chemicals used for HLD are prepared according to manufacturer instructions, UNC infection control policy, and evidence-based guidelines					

Standard	Met	Not Met	N/A	Not Assessed	Notes
d. Chemicals used for HLD are tested for minimum effective concentration (MEC) according to manufacturer instructions and/or evidence-based guidelines and are replaced before they expire					
e. Chemicals used for HLD are documented to have been prepared and replaced according to manufacturer instructions and/or evidence-based guidelines					
f. Equipment is high-level disinfected according to manufacturer instructions and/or evidence-based guidelines and according to UNC Cleaning, Disinfection, and Sterilization of Patient-Care Items policy					
g. Items that undergo HLD are dried before re-use					
h. HLD logs are in order					
i. Test strips are properly dated					
	0	0			
Percent Met	#####				
<b>11. Sterilization</b>					
a. Autoclaves: chemical and biological indicators are used appropriately					
b. Biological indicators run at least weekly					
c. Sterilization logs accurate and up to date					
d. Sterile packages are inspected for integrity and compromised packages are reprocessed					
	0	0			
Percent Met	#####				
<b>12. General Decontamination/HLD/Sterilization</b>					
a. Proper PPE is worn when processing dirty equipment					
b. Competencies are maintained for cleaning, disinfection and sterilization processes					
c. HLD, decontamination, and /or sterilization is performed in appropriate environment					
d. Areas used for cleaning or disinfection flow from dirty to clean					
e. There is a procedure in place for identification and recall of inadequately sterilized or high level disinfected instruments					
f. After sterilization or high level disinfection, devices and instruments are stored in a designated clean area so sterility/cleanliness is not compromised					
	0	0			
Percent Met	#####				
<b>13. Isolation</b>					

Standard	Met	Not Met	N/A	Not Assessed	Notes
a. Staff are able to articulate isolation policies (such as for TB, chickenpox, “Respiratory Etiquette”)					
b. Staff are able to state how patients would be managed that have a known resistant organism (e.g. MRSA, VRE, C. difficile, draining wound or rash)					
c. Personal protective equipment (PPE) is available					
	0	0			
<b>Percent Met</b>	#####				
<b>14. General Issues</b>					
a. Areas free of dust, dirt, soil, trash, odors, clutter and hazards (fixtures, walls, ceilings, floors)					
b. Areas and furnishings are in good repair					
g. Staff food and drinks are placed in appropriate areas					
	0	0			
<b>Percent Met</b>	#####				
<b>15. Medication Refrigerators and Freezers</b>					
a. Refrigerators and freezers are large enough to properly store medications.					
b. Refrigerators and freezers well maintained and clean					
c. Medication refrigerator temperatures maintained between 36-46 degrees F (between 2-8 degrees Celsius) Note:					
d. Medication freezer maintained below 5 degrees F (below -15 degrees Celsius)					
e. An appropriate means to check medication in event of a power outage is in place					
	0	0			
<b>Percent Met</b>	#####				
<b>16. Food Refrigerators, Lab Refrigerators, Ice Machines, Ice Chests</b>					
a. Food and medications are stored separately					
b. Food and/or medications are within date					
c. Specimens and culture media are stored separately from food and medications					
d. Specimens and lab reagents are stored appropriately					
e. Ice chests and ice machines are maintained according to national and North Carolina state guidelines					
	0	0			
<b>Percent Met</b>	#####				

Standard	Met	Not Met	N/A	Not Assessed	Notes
	#REF!	#REF!			
<b>17. Safety</b>					
a. Site Specific Fire Emergency Response Plan (SSFERP)					
b. Fire extinguishers and pull stations					
c. Fire suppression sprinklers					
d. Doors					
e. Small electrical appliances					
f. Electrical panels					
g. Mechanical rooms					
h. Hallways					
i. Oxygen tanks, liquid nitrogen tanks					
j. Material Safety Data Sheets (MSDSs)					
k. Eyewashes					
l. Medical equipment					
	0	0			
Percent Met	#####				