

TOPIC	REQUIREMENTS	Y	N	N/A	COMMENTS
<b>OPERATIVE/PROCEDURAL ROOM EOC</b>					
<b>HAND HYGIENE</b>	Surgical Scrub is performed by members of the team who will be performing sterile technique. Scrub technique and duration is dependent on the IFU of the antiseptic scrub.				
	Alcohol-based hand gel is readily accessible for use for non-scrubbed members.				
	Hand hygiene is performed before patient contact, and when entering and exiting a patient or procedure room.				
	Gloves are changed when moving from a dirty site (e.g., after handling contaminated equipment or intubation) to a clean site (preparing or administering medications).				
	Contaminated gloves removed before touching surfaces (e.g., into anesthesia cart drawers). Hands are cleansed after doffing gloves.				
<b>SURGICAL ATTIRE</b>	Clothing that cannot be covered by surgical scrub attire is absent (includes under-shirts with sleeves that extend beyond the sleeves of the surgical scrub top).				
	Masks are appropriately secured over both mouth and nose or discarded. No masks found to be hanging around neck or in pockets.				
	Head and facial hair are completely covered. If cloth hat is in use, it too is completely covered by a disposable cap or bonnet.				
	For scrubbed personnel, rings and watches are completely removed and all other jewelry completely covered.				
<b>MEDICATION MANAGEMENT</b>	100 ml saline bags are not punctured more than two times to draw solution from for flush and are single patient use only.				
	IV Contrast is securely stored and at manufacturer's recommended IFU (temperature, humidity).				
	Diabetic patient is assessed for stopping Metformin. Provider must order the medication hold.				
	Infusion bags are not pre-spiked for cases (may be spiked 1 hour prior) and are appropriately labeled with expiration date.				

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	All sites of injection (vial stopper, stopcock or hub) are disinfected with alcohol prior to access or administration.				
	Syringes are not reused to withdraw medication from multi-dose vials.				
	Syringes are capped when not in use.				
	If a single-dose medication vial is used for a single case, a new needle and syringe is used anytime the vial is accessed.				
	No single-dose vials were found opened from previous case (if the vial does not have any medication in it do not cite).				
	Multi-dose vials that are opened in immediate patient treatment areas (OR, patient room, clinic room, or procedure room) are treated as single-use vials (used for only one patient with new needle and syringe for each entry) and discarded at the end of the procedure.				
	Opened multi-dose vials: Labeled with 28 day expiration date and initials and not stored in patient care areas (in anesthesia carts or anesthesia machine drawers, cabinets or drawers, or Pyxis machines).				
	Unsecured Meds: Med carts/rooms are locked, no unsecured medications or needles found, (check pneumatic tube areas, emergency drug boxes, crash carts, patient care rooms for insulin pens).				
	No expired medications.				
	Medication refrigerator: Clean, temp logged, and has separate bins for insulin, neuromuscular blocking agents.				
<b>MEDICATION SECURITY</b>	Scheduled drugs (controlled substances) are ALWAYS secured in a locked drawer or are under the anesthesia provider's direct supervision at all times. Narcotics are stored in a double lock environment.				
<b>MEDICATION PREP</b>	Top of anesthesia cart (or areas where meds are prepared) is clean, uncluttered, and has a functionally separate clean area from dirty or used medications or equipment.				
	Medication preparation area is not directly next to sink/running water (not within 3 feet unless splash guard is present).				

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<b>MEDICATION LABELING</b>	If not immediately administered by the person preparing the medication, once prepared, all medications are labeled with the medication name, strength, amount and diluent (if applicable) expiration date and time.				
	Propofol is clearly labeled with time medication expires (6 hours after preparation).				
<b>CRASH CARTS/ EMERGENCY MEDS</b>	Emergency equipment checklist with daily documentation for all days opened.				
	Only current month's checklist is available. Other checklists maintained by Department Leadership.				
	EKG electrodes, when opened, are stored in a sealable/ closed bag (preferably the original packaging) & labeled with a 30-day expiration date or unit speaks to process of discarding all opened packages a minimum of every 30 days.				
	Lock numbers on cart & drug storage boxes intact & match recorded numbers on checklist.				
	No expired supplies on top of cart (CO2 adapters, drug boxes, transport bags & defibrillator pads in date, & other related supplies). Cart inventory checklist includes entry for each item contained on top of cart.				
<b>OR/ PROCEDURE ROOMS</b>	Cleaning completed prior to next case set up (to prevent contamination of new supplies and equipment while cleaning is still occurring) and staff performing cleaning/disinfection have documented competencies.				
	Staff can verbalize appropriate contact time for all cleaning solutions used.				
	Anesthesia cart & machine surfaces, knobs and drawer handles are cleaned and low-level disinfected between cases.				
	Terminal Cleaning Logs: Evidence of completion of terminal cleaning documented on log daily.				
	Air Pressure/Temperature/Humidity: Logged, within acceptable ranges, and corrective action taken when not in range.				

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	Personal belongings (briefcase, computer bags, rolling suitcase, pocketbooks, or backpacks) are not permitted within the procedure room.				
<b>LARYNGOSCOPE &amp; ETT STORAGE</b>	Laryngoscope blades & reusable stylets stored according to IFUs, in a manner to prevent contamination and in a clean space.				
	Airway supplies and equipment (laryngoscope blades, endotracheal tubes, stylets, etc.) that are pre-staged for a scheduled surgery are stored in a manner that protects them from contamination.				
<b>PROCEDURAL PROCESSES - SURGICAL PREP DRYING TIME, TIME-OUT &amp; POINT-OF-USE CLEANING</b>					
<b>SURGICAL FIRE RISK</b>	Surgical fire risk assessment completed as applicable.				
	Surgical prep solution required drying time (according to IFU) is timed before patient is draped.				
<b>PROCEDURAL TIME-OUT</b>	All members of the team participate actively in the time-out Time out is performed with everyone who will be present during the procedure in attendance. Every time out member provides verbal acknowledgement that all parameters are correct. Time Out is documented, including: * Correct patient identity * Correct site * Procedure to be done				
<b>RADIATION SAFETY</b>	Staff are wearing proper lead shielding (aprons, thyroid shields). Shielding is up to date with its preventive maintenance. Staff can speak to the cleaning and disinfection process.				
	Staff are wearing dosimetry badges appropriately.				
	The patient's thyroid, breasts, ovaries/testes should be shielded if it doesn't interfere with the study.				
	Determine female pregnancy statue according to organizational guidelines and policies.				
	Processes aligned with ALARA guidelines.				
<b>OPERATIVE DOCUMENTATION</b>					
<b>MEDICATION ORDERS</b>	<b>Medication Reconciliation:</b> Home Medications marked as reviewed on the Medication (Prior to Admission) List prior to initiation of procedure.				

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	<b>Medication Reconciliation:</b> Home meds marked as taking, not taking, taking differently or unknown by roles allowed in policy (Authorized Prescriber, RN, Pharmacist or CMA).				
	<b>Standing Order/Protocol:</b> Signed, dated & timed by provider, present within the medical record. Protocol/ Standing Orders reviewed minimally annually by medical staff, P&T, & Nursing.				
<b>SEDATION CONSENT</b>	Consent version used is current.				
	Provider signed consent.				
	Provider dated & timed only his/her own signature.				
	Witness signed consent (appropriate witness process if telephone consent).				
	Witness dated & timed only his/her own signature.				
	Patient or appropriate authorized decision maker signed the consent.				
	Patient or appropriate decision maker dated his/her own signature.				
	Type of anesthesia/sedation specified on consent.				
	The consent addresses the risks, benefits and alternatives to the anesthesia and the risks and benefits of the alternatives.				
	Information contained within the consent appears in nomenclature utilized by the layperson and in the language requested by the patient/ authorized decision maker.				
<b>PROCEDURAL CONSENT</b>	Consent version used is current.				
	Provider signed consent.				
	Provider dated & timed only his/her own signature.				
	Witness signed consent (appropriate witness if telephone consent).				
	Witness dated & timed only his/her own signature.				
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	Information contained within the consent appears in nomenclature utilized by the layperson and in the language requested by the patient/ authorized decision maker.				
	Consent clearly documents the following: <ul style="list-style-type: none"> <li>○ Indications for the operation/treatment/procedure</li> <li>○ Benefits/likelihood of success (if applicable) for the operation/treatment/ procedure</li> <li>○ Major risk/complication for the operation/treatment/procedure</li> </ul>				
	Consent clearly documents the reasonable alternatives for the operation/treatment/procedure.				
	Consent clearly documents the risks & benefits of the alternatives.				
	Site/Side indicated.				
<b>BLOOD AND/OR BLOOD PRODUCTS CONSENT</b>	Provider signed consent.				
	Provider dated & timed only his/her own signature.				
	Witness signed consent (appropriate witness if telephone consent).				
	Witness dated & timed only his/her own signature.				
	Patient or appropriate authorized decision maker signed the consent.				
	Patient or authorized decision maker dated his/her own signature.				
	Information contained within the consent appears in nomenclature utilized by the layperson and in the language requested by the patient/ authorized decision maker.				
	Consent addresses the risks/benefits and alternatives to the administration of blood and/or Blood Products				
	Consent clearly documents the risks & benefits of the alternatives.				
<b>NURSING ASSESSMENT</b>	Nursing pre-op checklist completed.				
	Preferred language for discussing healthcare is identified.				
	Learning needs & barriers to learning assessed for the appropriate learner (Patient or primary learner).				
	Fall Risk defaulted to high risk and required interventions in place				

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<b>PAIN ASSESSMENT</b>	Initial pain assessment (using an age appropriate standardized pain rating scale).				
	Self-reported pain goal obtained (for patients who can self-report and are greater than 7 years of age)?				
	Initial pain assessment documented upon admission to PACU.				
	Pain rating documented prior to each dose of pain medication.				
	Pain rating documented after administration of pain medication per policy.				
	Routine pain assessment (characteristics and score) documented q 2 hours and PRN, for pain score greater than 0 Mark as N/A if patient is discharged prior to next due score.				
	Pain assessment documented within 60 minutes of discharge or transfer to the floor for pain score > 0.				
<b>H&amp;P AND H&amp;P UPDATE NOTE</b>	H&P completed no more than 30 days before or 24 hours after patient admission and before surgery; and H&P Update Note (or progress note for inpatients) within 24 hours after registration/admission (but before surgery).				
	<ul style="list-style-type: none"> <li><b>Comprehensive H&amp;P</b> contains the following minimum elements (hospital by-laws): <ul style="list-style-type: none"> <li>Chief complaint or reason for admission/surgery</li> <li>Clinically pertinent physical &amp; diagnostic findings</li> <li>Plan for care</li> <li>Current medications</li> <li>Allergies (with clinically significant adverse reactions &amp; intolerances)</li> </ul> </li> </ul>				
<b>RADIATION DOSING</b>	Documentation of total radiation dosing in medical record. Occurrences of dosing limits being exceeded are reporting appropriately.				
<b>SEDATION DOCUMENTATION</b>					
(See Moderate Sedation Tracer Tool)					
<b>PERIOPERATIVE AREA EOC</b>					
	No missing escutcheon rings around the sprinklers.				

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<b>COMMONLY IDENTIFIED ISSUES (SPECIFY LOCATION IN COMMENTS COLUMN)</b>	No damage/dust/paint on sprinkler heads.				
	No items stored within 18 inches of sprinkler heads.				
	No ceiling tiles dislodged stained, wet or damaged.				
	No walls stained, wet or damaged.				
	Sharps containers are not blocked, overfilled, or unsecured.				
	Room clean; free of dirt, dust, stains, rust, holes, also vents & floors.				
	Papers or decorations hanging on walls not greater than 20% of wall.				
	No sticky tape residue.				
	No expired supplies/cleaning solutions.				
	No external shipping boxes (internal corrugated boxes acceptable).				
	Solid bottoms on all wire rack shelving.				
	No clean supplies stored in biohazard bags.				
	Open gauze pads protected from contamination.				
	All syringes are locked/secured unless storage area is monitored by appropriate personnel (organizational risk assessment is documented).				
<b>CLEAN SUPPLY ROOM/ EQUIPMENT</b>	Clean & sterile supplies are stored appropriately, including not adjacent to sinks.				
	Clean & dirty equipment stored separately & staff can verbalize process.				
	Equipment clean & in good repair (e.g., intact padding, no rust).				
	No dirty supplies left on clean equipment.				
	No patient care supplies stored on floor.				
	No clean or sterile items (supplies & equipment) are stored within 3 feet of infection source (sink, soiled items, garbage).				
	Manufacturers' Instructions for Use (IFUs) for cleaning & disinfecting medical devices readily available.				
	IFUs being followed for cleaning and maintenance.				
	Medical equipment:				
	• Has current preventive maintenance tags.				
	• In good working condition (no frayed cords).				
	• Plugged in outlet, or power strip.				



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	<ul style="list-style-type: none"> <li>Power strips &amp; cords are mounted to the wall/side of desk at least 12 inches above the floor.</li> </ul>				
<b>INSTRUMENT CLEANING AND PROCESSING</b>	If reusable instruments used point-of-use cleaning occurs as soon as possible to include gross debridement. Instruments to be sprayed with enzymatic spray or covered with moist towel (sterile water; not saline).				
	Equipment is transported moist, in rigid, lidded container (either red container or container labeled biohazard on both container and lid, if lid is detachable).				
<b>DIRTY UTILITY ROOM/ SPECIMEN ROOM</b>	Specimen room (and/or container with specimens awaiting pickup) has biohazard signage.				
	Specimen refrigerator has biohazard signage & "No Food or Drink" signage.				
	Specimen refrigerator is clean.				
	All specimens are dated & labeled (not to exceed 72 hours).				
	Temperature log present & complete (N/A if centrally monitored).				
	All red-bag trash cans have lid & red trash bag.				
<b>DOORS</b>	Doors not propped open with wedges, ties, etc.				
	Egress doors do not have lock requiring use of a key from the egress side.				
<b>EGRESS CORRIDORS/ EXIT STAIRS</b>	No clutter in egress corridor.				
	No materials stored in stairwells.				
	Nothing left in hall > 30 minutes (e.g., WOW, housekeeping carts, linen carts), except isolation carts (if actively in use), emergency equipment, patient lifts.				
	Transport equipment stored on one side of the corridor only & clear corridor width of 5 feet.				
	Exit signs in place & illuminated.				
<b>EVC CLOSET</b>	Any cleaning solution transferred to a secondary container is labeled with the cleaning solution.				
	Closet door is locked.				
<b>EYE WASH</b>	Eye wash functional, caps clean & in place, water temp tepid.				
	Logs completed weekly. Indicate if maintained by EVC or Nursing.				

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<b>FIRE EQUIPMENT</b>	Fire alarm pull stations, fire extinguishers, fire hose connections, smoke doors, medical gas valves & electrical panels free from obstructions (3 feet in all directions); inspection tags labeled and in-date.				
	Electrical closets / doors are locked.				
<b>ISOLATION</b>	Staff appropriately gowned & cart contains PPE when patient on isolation precautions.				
	Signage is posted				
	Staff is able to speak to the cleaning process.				
<b>MEDICATION ROOM</b>	Room locked; no security code written on door frame.				
	No unsecured medications.				
	Aspart insulin is stored in the medication refrigerator, properly labeled & not expired.				
	Pill cutters/crushers free of residue.				
	Med refrigerator clean, temp log complete.				
	Medication preparation area is not directly next to sink / running water (not within 3 feet unless splash guard is present)				
	No expired medications.				
	Opened multi-dose vials labeled with 28-day expiration date & initials.				
	If used in patient care area, must be treated as single-dose vial & remain with patient or discarded.				
<b>LINEN CART</b>	Linen cart covered & only has linen stored in it.				
	Linen cart has solid bottom shelf.				
<b>OXYGEN STORAGE</b>	Never-used and partially-used tanks are stored in green rack & separate from empty tanks in the red rack.				
	Signage indicating storage of oxidizing gases is present.				
	Clear signage in place for each rack.				
	No unsecured oxygen cylinders.				
<b>REFERENCES / RESOURCES</b>	References/resources are not outdated.				
	Paper references/resources are laminated.				
<b>WARMING CABINETS</b>	Blanket warmers set for $\leq$ 130 degrees F.				
	Fluids are not warmed in blanket warmer.				

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	Fluid warmers set for $\leq 104$ degrees F				
	Fluid warmer temperature log is complete.				
	Fluids labeled with expiration date & not expired (time not to exceed 14 days).				
	Facilities-specific signage present on fluid warmer.				