

JCAHO
ENVIRONMENT OF CARE
PRE-ASSESSMENT QUESTIONNAIRE

EC.1

DESIGN OF THE STRUCTURE

- (1) Has a Statement of Condition being prepared for each buildings in which patients are housed overnight or receive treatment?**
- (2) Is every building in which patients are housed overnight or receive treatment in compliance with the appropriate occupancy chapter of NFPA 101, Life Safety Code?**
- (3) If a building is not in compliance with NFPA 101 is documentation of equivalencies, if any, been submitted and approved by JCAHO prior to the survey?**
- (4) If life safety deficiencies have been identified is there a written life safety management plan for correcting the deficiencies available for the JCAHO surveyor?**
- (5) If a Plan of Correction has been prepared does it contain the following;**
 - a. Corrective actions fully explained in writing**
 - b. The source, availability, and commitment of the funds to correct the deficiencies**
 - c. Timetable for correcting each deficiency**
 - d. Estimated cost for correction of each deficiency**
 - e. Prioritization of all the deficiencies in the plan**
- (6) Is there a written interim life safety plan outlining the measures to compensate for the deficiencies outlined in Part 4 of the Statement of Condition?**
- (7) Is there documentation that all buildings used by patients are in compliance with the American With Disabilities Act (ADA)?**

DOCUMENTS A SURVEYOR MAY ASK TO SEE TO VERIFY COMPLIANCE

Statement(s) of Conditions
Part 4, Statement of Conditions
Interim Life Safety Measures policy
Interim Life Safety Plan, if applicable
ADA Survey Checklists and plan of correction

EC.2
PROGRAM ELEMENTS

SAFETY MANAGEMENT

MANAGEMENT PLAN

- (1) Is there a written management plan that outlines the requirements of the safety program at the installation?**
- (2) Does the plan contain a table of contents, is dated and the pages are numbered?**
- (3) Was the plan reviewed by the safety committee and approved by the installation top management official?**
- (4) Does the plan establish an installation safety program based on monitoring and evaluation of safety related incidents?**
- (5) Does the plan establish an installation safety committee composed of administrative, clinical, and support service personnel?**
- (6) Does the plan establish departmental safety committees?**
- (7) Does the plan designate a Safety Officer?**
- (8) Does the plan delegate (in writing) the Safety Officer authority to intervene whenever conditions exist that pose an immediate threat to life or health or pose a threat of damage to equipment or buildings at the installation?**
- (9) Does the plan establish a hazard surveillance program to include product safety recalls?**
- (10) Does the plan establish a safety training program?**
- (11) Does the plan require documentation of inspections, maintenance and supervision of all grounds, sidewalks, roads, and equipment in special activity areas used by patients?**
- (12) Does the plan require that all installation safety procedures be reviewed by the installation safety committee at least every three years?**
- (13) Does the plan require a written annual evaluation of the safety program to be reviewed by the installation safety committee and approved by the Governing Body?**

PROCEDURES

- (1) Are departmental safe work practices established in writing?**
- (2) Are procedures in place that establish a physical environment free of hazards?**
- (3) Is there a procedure for reporting and investigating all incidents involving patients, visitors, personnel, or property?**
- (4) Are there written procedures for:**

**Employee Protective Equipment
Device Related Hazard Alert
Employee Respiratory Program
Safe Handling/Storage of Compressed Gas Cylinders
Lock Out/Lock Out of Equipment
Safe Use of Grounds Maintenance Equipment
Life Safety Evaluation of Buildings to be Leased
Replacement of Doors
Safe Use of Compressed Air
Decontamination of Equipment
Evacuation Due To Toxic Fumes
Hazards in an Oxygen Environment
Review of Construction Drawings for Safety Compliance
Interim Life Safety Plan
Ethylene Oxide
Infection Control
Electrical Safety
Radiation Protection
Isolation Room Precautions
Employee Right-to-Know
Confined Space Entry
Applicability of Codes
Authority Having Jurisdiction
Removal of Snow and Ice
Hazard Surveillance
Safety Training
Inspections of Grounds
Bloodborne Pathogen Exposure
Testing of Microwave Ovens
Inspection of Staff/Patient Owned Electrical Equipment
Review of New Equipment Purchase Requisitions
Acceptance Testing of New Equipment
User Equipment Safety Equipment Inspection
Equipment Hazard Surveillance Program
Equipment User Training
Maintenance Personnel Equipment Training
Removal of Unsafe Equipment from Service
Use of Extension Cords**

- (5) Are departmental procedures dated, signed by the department head and approved by the safety committee?**
- (6) Are procedures distributed, practiced, and enforced?**

TRAINING

- (1) Is there a safety training program ?**
- (2) Does the safety training program include?**
- a. Orientation of all new employees**
 - b. Refresher training for all employees**

- c. **Safe work practices for each department**
- d. **Reporting of safety incidents**
- (3) Is there documentation for all training?**
- (4) Does the documentation include?**
 - a. **Names of Attendees**
 - b. **Topic**
 - c. **Brief outline of the training topic**
 - d. **Instructor's name**
 - e. **Duration of course**

PERFORMANCE STANDARDS

- (1) Are performance standards being used to measure staff knowledge and skills regarding their role in the safety program?**
- (2) Are performance standards being used to measure the effectiveness of building safety inspections?**
- (3) Are performance standards being used to evaluate the effectiveness of inspections, PM and testing of safety related equipment?**
- (4) Are performance standards being used to evaluate the occurrence of safety related incidents at the installation?**

EFFECTIVENESS REVIEW

- (1) Was an annual program evaluation conducted in writing?**
- (2) Was the evaluation reviewed by the installation safety committee?**
- (3) Was the evaluation submitted to the Governing Body for approval?**

DOCUMENTS A SURVEYOR MAY ASK TO SEE TO VERIFY COMPLIANCE

Departmental safety management plans
Departmental training plans and training records
Documentation of building safety inspections
Documentation of inspections/PM/testing of safety equipment
Annual effectiveness report
Random staff interviews to determine employee knowledge

SECURITY MANAGEMENT

MANAGEMENT PLAN

- (1) Is there a written management plan that outlines the requirements of the security program at the installation?**
- (2) Does the plan contain a table of contents, is dated and the pages are numbered?**
- (3) Was the plan reviewed by the safety committee and approved by the installation top management official?**
- (4) Does the plan establish an installation security program based on monitoring and evaluation of security related incidents?**
- (5) Does the plan address security concerns of patients, visitors, personnel, and property?**
- (6) Does the plan establish an identification system for patients, visitors, and staff?**
- (7) Does the installation have directional lighted signage and clear accessibility to the Emergency Room?**
- (8) Does the plan establish a security training program?**
- (9) Does the plan specify an individual responsible for developing, implementing, and monitoring the security program?**
- (10) Does the plan require that all security procedures be reviewed by the installation safety committee at least every three years?**
- (11) Does the plan require a written annual evaluation of the security program to be reviewed by the installation safety committee and approved by the Governing Body?**

PROCEDURES

- (1) Is there a written survey that analyzed and identified sensitive areas at the installation?**
- (2) Are there specific departmental security procedures for staff in sensitive areas such as medical records, pharmacy, medication rooms, drug storage vaults, and other similar locations?**
- (3) Are there staff procedures for dealing with the risk factors associated with assaultive behavior by patients in the ER?**
- (4) Is there a procedure for a mechanism to report and investigate all security incidents involving patients, visitors, personnel, or property?**

- (5) Is there a procedure for vehicular access and traffic control to emergency service areas?**
- (6) Is there a procedure for actions to handle situations involving riots?**
- (7) Is there a procedure for actions to handle VIPs/ media during incidents?**
- (8) Is there an emergency staffing plan for personnel response to control human and vehicle traffic in and around the installation grounds and buildings during security related incidents?**
- (9) Are departmental procedures dated, signed by the department head and approved by the safety committee?**
- (10) Are procedures distributed, practiced, and enforced?**

TRAINING

- (1) Is there a security training program?**
- (2) Does the training program include;**
 - a. Orientation of all new employees**
 - b. Refresher training for all employees**
 - c. Access control, as appropriate, to sensitive areas**
 - d. Vehicular access/traffic control for ER service areas**
 - e. Reporting of security incidents**
- (3) Is there documentation for all training?**
- (4) Does the documentation include?**
 - a. Names of Attendees**
 - b. Topic**
 - c. Brief outline of the training topic**
 - d. Instructor's name**
 - e. Duration of course**

PERFORMANCE STANDARDS

- (1) Are performance standards being used to measure staff knowledge and skill regarding their role in the security program?**
- (2) Are there performance standards to measure the effectiveness of monitoring and inspection of sensitive areas at the installation?**

- (3) Are performance standards being used to evaluate the effectiveness of inspections, PM and testing of security related equipment?**
- (4) Are performance standards being used to evaluate the occurrence of security incidents at the installation?**

EFFECTIVENESS REVIEW

- (1) Was an annual program evaluation conducted in writing?**
- (2) Was the evaluation reviewed by the installation safety committee?**
- (3) Was the evaluation submitted to the Governing Body for approval?**

DOCUMENTS A SURVEYOR MAY ASK TO SEE TO VERIFY COMPLIANCE

Departmental security management plans (as applicable)

Departmental training plans and training records

Documentation of security incident investigations

Documentation of inspections/PM/testing of security equipment

Documentation of sensitive area inspections

Annual effectiveness report

Random staff interviews to determine employee knowledge

HAZMAT AND WASTE MANAGEMENT

MANAGEMENT PLAN

- (1) Is there a written management plan that outlines the requirements of the hazmat program at the installation?**
- (2) Does the plan contain a table of contents, is dated and the pages are numbered?**
- (3) Was the plan reviewed by the safety committee and approved by the installation top management official?**
- (4) Does the plan establish a hazmat program based on monitoring and evaluation of installation incidents and experiences?**
- (5) Does the plan require monitoring and documentation of the levels of hazardous gases or other volatile substances and their disposal whenever they are used in the installation?**
- (6) Does the plan specify the adequacy of space and equipment for the safe handling and storage of hazardous materials and wastes?**
- (7) Does the plan require MSDSs to match each substance in the hazardous material inventory in each area in each department?**
- (8) Does the plan establish a hazmat training program?**
- (9) Does the plan require that all installation hazmat procedures be reviewed by the installation safety committee at least every three years?**
- (10) Does the plan require an inventory of all materials to determine which ones must be included in the hazardous materials program?**
- (11) Does the plan require an inventory of all wastes generated at the installation to determine the ones that are hazardous?**
- (12) Does the plan require a written annual evaluation of the hazmat program to be reviewed by the installation safety committee and approved by the Governing Body**

PROCEDURES

- (1) Is there a written survey that inventoried all materials at the installation to determine which ones are hazardous?**
- (2) Are there written departmental procedures for selection, handling, storage, use, and disposal of hazardous materials from initial receipt, utilization and final disposal?**
- (3) Are there procedures for identification, evaluation, and inventory of hazardous materials and wastes used or generated by each applicable department?**
- (4) Are there procedures for reporting and investigation of all hazardous materials**

or waste spills and exposures or other incidents involving patients, visitors, personnel, or property?

- (5) Are there procedures for the management and tracking of chemical wastes, chemotherapeutic wastes, radioactive wastes, and regulated medical or infectious wastes, including sharps?**
- (6) Are there procedures establishing a protocol for procurement personnel to review procurement of materials to determine which are hazardous and require handling as such?**
- (7) Are there procedures outlining Employee-Right-To-Know rules?**
- (8) Are there radiology departmental procedures that address;**
 - a. Use of collimation on all x-rays performed**
 - b. Use of gonadal shielding;**
 - c. Check of technique before exposure;**
 - d. Determination of possible pregnancy before x-ray**
 - e. Use of appropriate shielding for personnel;**
 - f. Use of film monitoring badges for personnel;**
- (9) Are there written departmental procedures that address?**

**Hazardous Waste
Clean Up of Mercury Spills
Asbestos Management
Formaldehyde Exposure
Industrial Hygiene Surveys
Medical Waste Program
Ethylene Oxide
Solid and Liquid Waste Disposal
Radiation Monitoring Program
Formaldehyde Exposure**

- (10) Are departmental procedures dated, signed by the department head and approved by the safety committee?**
- (11) Are procedures distributed, practiced, and enforced?**

TRAINING

- (1) Is there a hazmat training program?**
- (2) Does the hazmat training program include the following;**
 - a. Orientation of all new employees**
 - b. Refresher training for all employees**

- c. **Reporting of hazmat incidents**
 - d. **Precautions for selecting/handling/storing/using/disposing of hazardous materials and wastes for those personnel who manage and/or come in contact with hazardous materials and wastes**
 - e. **Emergency procedures during a spill or exposure for personnel who manage or come in contact with hazardous materials and wastes.**
 - f. **Educating and monitoring of personnel who manage or regularly come into contact with hazardous materials and wastes**
 - g. **Health hazards associated with mishandling hazardous materials and wastes within their departments for personnel who manage or come in contact with hazardous materials and wastes**
 - h. **Employee Right-To-Know requirements**
 - I. **Reporting procedures for hazmat incidents, including spills or exposures.**
- (3) Is there documentation for all training?**
- (4) Does the documentation include?**
- a. **Names of Attendees**
 - b. **Topic**
 - c. **Brief outline of the training topic**
 - d. **Instructor's name**
 - e. **Duration of course**

PERFORMANCE STANDARDS

- (1) Are there performance standards that measure staff knowledge and skill regarding their role in the hazmat program?**
- (2) Are there performance standards that evaluate the monitoring and inspection activities?**
- (3) Are there performance standards that evaluate the documentation of inspections, PM and testing of hazmat equipment?**
- (4) Is there performance standards to evaluate hazmat incidents at the installation?**

EFFECTIVENESS REVIEW

- (1) Was an annual program evaluation conducted in writing?**
- (2) Was the evaluation reviewed by the installation safety committee?**
- (3) Was the evaluation submitted to the Governing Body for approval?**

DOCUMENTS A SURVEYOR MAY ASK TO SEE TO VERIFY COMPLIANCE

Installation management plan

Departmental procedures for handling hazmat spills

Departmental training plans and training records

Specific radiology department procedures

Documentation of employee exposure monitoring records

Documentation of inspections/PM/testing of hazmat equipment

Annual effectiveness report

Random staff interviews to determine employee knowledge

EMERGENCY PREPAREDNESS MANAGEMENT

MANAGEMENT PLAN

- (1) Is there a written management plan that outlines the requirements of the emergency preparedness program at the installation?**
- (2) Does the plan contain a table of contents, is dated and the pages are numbered?**
- (3) Was the plan reviewed by the safety committee and approved by the installation top management official?**
- (4) Does the plan establish an emergency preparedness program based on monitoring and evaluation of installation disaster incidents?**
- (5) Does the plan define the installation's role with community-wide emergency preparedness efforts?**
- (6) Does the plan define alternate roles and responsibilities of applicable personnel during disasters and emergencies?**
- (7) Does the plan provide for the management of space, supplies, and security during disasters and emergencies?**
- (8) Does the plan identify the location of the command post and an alternate site?**
- (9) Does the plan identify a communication center and provides for an emergency communication system during disasters and emergencies?**
- (10) Does the plan outline the procedures for internal and external disasters?**
- (11) Does the plan establish a disaster planning committee?**
- (12) Does the plan establish an installation triage area and an alternate?**
- (13) Does the plan establish a mobile triage team to relocate off-site if necessary?**
- (14) Is there a disaster crash cart available to take to a remote site if requested?**
- (15) Does the plan establish a shelter site and an alternate in the event of an internal disaster?**
- (16) Does the plan establish a morgue for disaster victims?**
- (17) Does the plan provide alternative sources for essential utilities?**

- (18) Does the plan establish an alternate care site if the installation cannot continue to support adequate patient care and treatment?**

- (19) Does the plan contain procedures for response to a variety of disasters and potential incidents applicable to geographic location of the installation?**
- (20) Does the plan contain procedures for notification of outside authorities in an emergency?**
- (21) Does the plan contain procedures for assignment of available personnel (manpower plans)?**
- (22) Does the plan contain procedures for evacuation of the installation if it is affected by a disaster and it cannot continue to support adequate patient care and treatment?**
- (23) Does the plan contain procedures for management of patients during emergencies, including the scheduling, modification, or discontinuation of services, control of patient information, and admission, transfer, and discharge?**
- (24) Does the plan contain procedures for an installation bomb threat?**
- (25) Does the plan establish an emergency preparedness training program?**
- (26) Does the plan identify available facilities for radioactive or chemical isolation and decontamination (if applicable)?**
- (27) Does the plan contain a listing of emergency telephone number for key officials to be notified during a disaster?**
- (28) Does the plan contain a telephone cascade call back for to contact necessary staff during and after administrative hours?**
- (29) Does the plan require that all installation emergency preparedness procedures be reviewed by the installation safety committee at least every three years?**
- (30) Does the plan establish written departmental procedures establishing departmental duties (as applicable) during various disaster scenarios?**
- (31) Does the plan establish procedures to furnish transportation for a mobile triage team if requested?**
- (32) Does the plan require a written annual evaluation of the emergency preparedness program to be reviewed by the installation safety committee and approved by the Governing Body?**

PROCEDURES

- (1) Are departmental procedures dated, signed by the department head and approved by the safety committee?**
- (2) Are procedures distributed, practiced, and enforced?**

TRAINING

- (1) Is there an emergency preparedness training program?**
- (2) Does the training program include the following;**
 - a. Orientation of all new employees**
 - b. Refresher training for all employees**
 - c. Reporting of disaster incidents**
 - d. Information needed by employees on their duties during a disaster**
 - e. Information detailing roles and responsibilities**
 - f. Back-up communication during disasters and emergencies**
 - g. Method of obtaining supplies/equipment during disasters**
- (3) Is there documentation for all training?**
- (4) Does the documentation include?**
 - a. Names of Attendees**
 - b. Topic**
 - c. Brief outline of the training topic**
 - d. Instructor's name**
 - e. Duration of course**

DISASTER DRILLS

- (1) Was the emergency preparedness plan implemented semi-annually either in response to an emergency or in a planned drill activity?**
- (2) If the installations offers emergency services or is designated as a disaster receiving station did at least one drill per year include an influx of volunteer or simulated patients?**
- (3) Did the installation have all creditable disaster drills (or actual disasters) separated at least four months from each other?**
- (4) Is there documentation of disaster drill critiques?**
- (5) Were recommendations implemented, and the plan modified if appropriate?**
- (6) Was there follow-up on the recommendations to ensure on-going implementation?**

PERFORMANCE STANDARDS

- (1) Are there performance standards to evaluate staff knowledge and skill requirements regarding their roles and responsibilities in the emergency preparedness program?**
- (2) Are there performance standards to evaluate the effectiveness of the training program?**
- (3) Are there performance standards to evaluate staff response during a real or drill disaster incident?**

EFFECTIVENESS REVIEW

- (1) Was an annual program evaluation conducted in writing?**
- (2) Was the evaluation reviewed by the installation safety committee?**
- (3) Was the evaluation submitted to the Governing Body for approval?**

DOCUMENTS A SURVEYOR MAY ASK TO SEE TO VERIFY COMPLIANCE

Departmental emergency preparedness plan

Departmental training plans and training records

Documentation of disaster drills

Documentation of inspections/PM/testing of disaster equipment

Annual effectiveness report

Random staff interviews to determine employee knowledge

LIFE SAFETY MANAGEMENT

MANAGEMENT PLAN

- (1) Is there a written management plan that outlines the requirements of the life safety program at the installation?**
- (2) Does the plan contain a table of contents, is dated and the pages are numbered?**
- (3) Was the plan reviewed by the safety committee and approved by the installation top management official?**
- (4) Does the plan establish a life safety (fire protection) management program based on monitoring and evaluation of installation fire incidents and experiences?**
- (5) Does the plan establish the protection of patients, personnel, visitors, and property from fire and the products of combustion through minimizing smoke transmission through control of designated fans and/or dampers in air-handling systems, and transmission of a fire alarm to the local fire department?**
- (6) Does the plan requires documentation for the inspection, testing, and maintenance of all fire protection systems (fire alarm, sprinkler, automatic extinguishing, fire extinguishers) including quarterly testing of all circuits and annual preventive maintenance of all components, as appropriate to the occupancy classification?**
- (7) Does the plan require the management of portable fire extinguishers, including guidelines for the identification, placement and use, a quarterly inspection program, and a regular maintenance program?**
- (8) Does the plan require the reporting and investigation of life safety and fire protection deficiencies, failures, and user errors that may threaten the patient care environment during a fire?**
- (9) Does the plan require a drawing that identifies all structural fire protection requirements such as;**
 - a. Smoke walls**
 - b. Horizontal exits**
 - c. Location of fire extinguishers, fire alarm pull stations, automatic extinguishing hoods, exits, and all sprinkler components (i.e., flow valves, siamese connection, inspector's test)**
- (10) Does the plan establish a life safety training program?**
- (11) Does the plan require the installation of evacuation plans throughout strategic locations in the installation?**

- (12) Does the plan require that all installation life safety procedures be reviewed by the installation safety committee at least every three years?**
- (13) Does the plan require a written annual evaluation of the life safety program to be reviewed by the installation safety committee and approved by the Governing Body?**

PROCEDURES

- (1) Are there procedures that outline installation-wide needs in response to fire incidents?**
- (2) Is there procedures that outline area-specific needs and evacuation routes in response to fire?**
- (3) Are there procedures that outline the roles and responsibilities of all personnel when at the fire's point of origin?**
- (4) Are there procedures that outline specific roles and responsibilities of all personnel when remote from a fire's point of origin?**
- (5) Are there procedures that outline roles and responsibilities of personnel in preparing for building evacuation?**
- (6) Are there procedures that outline issues related to fire safety procurement outlining the acquisition of bedding, window draperies, curtains, furnishings, decorations, and other equipment?**
- (7) Are there procedures that outline the flammability and smoke rating allowed in each of the buildings in the installation?**
- (8) Are departmental procedures dated, signed by the department head and approved by the safety committee?**
- (9) Are procedures distributed, practiced, and enforced?**

TRAINING

- (1) Is there a training program for the life safety program element?**
- (2) Does the training program include the following;**
 - a. Orientation of all new employees**
 - b. Refresher training for all employees**
 - c. Reporting of life safety incidents**
 - d. Roles and responsibilities of personnel at the fire origin**
 - e. Roles and responsibilities of volunteers/students/physicians**
 - f. Use/function of fire protection systems, (sprinklers, fire alarm)**

- g. Roles/responsibilities in the event of evacuation within the building or to the exterior of the building**
- h. Location/use of equipment to transport patients to areas of refuge**
- i. Procedures all personnel should follow to contain smoke and fire through building compartmentalization procedures**

(3) Is there documentation for all training?

(4) Does the documentation include?

- a. Names of Attendees**
- b. Topic**
- c. Brief outline of the training topic**
- d. Instructor's name**
- e. Duration of course**

FIRE DRILLS

(1) Are all areas of each building included in the fire drill observed as part of the drill evaluation?

(2) Do staff on all shifts in patient care buildings participate in drills that test their knowledge of the use and function of fire alarm systems; the transmission of alarms, the containment of smoke and fire, the transfer to areas of refuge, fire extinguishment, assignment of specific duties, and preparation for building evacuation?

(3) Do fire drills exercise all primary elements of the fire plan?

PERFORMANCE STANDARDS

(1) Are there performance that measure and evaluate staff knowledge and skill requirements regarding their role in the life safety management program?

(2) Are there performance standards that measure and evaluate monitoring and inspection activities?

(3) Are there performance standards that measure and evaluate the effectiveness of the life safety training program?

(4) Are there performance standards that evaluate the documentation of inspections, preventive maintenance, and testing of life safety related equipment?

(5) Are there performance standards that measure and evaluate life safety incidents at the installation?

EFFECTIVENESS REVIEW

- (1) Was an annual program evaluation conducted in writing?**
- (2) Was the evaluation reviewed by the installation safety committee?**
- (3) Was the evaluation submitted to the Governing Body for approval?**

DOCUMENTS A SURVEYOR MAY ASK TO SEE TO VERIFY COMPLIANCE

Departmental fire plans

Departmental training plans and training records

Documentation of fire drills

Documentation of inspections/PM/testing of life safety related equipment

Annual effectiveness report

Random staff interviews to determine employee knowledge

MEDICAL EQUIPMENT

MANAGEMENT PLAN

- (1) Is there a written management plan that outlines the requirements of the medical equipment program at the installation?**
- (2) Does the plan contain a table of contents, is dated and the pages are numbered?**
- (3) Was the plan reviewed by the safety committee and approved by the installation top management official?**
- (4) Does the management plan establish a medical equipment program based on monitoring and evaluation of failure incidents, equipment disruptions, and maintenance history?**
- (5) Does the plan establish a requirement for a medical equipment maintenance for inspection, testing, and maintenance of equipment through;**
 - a. PM program written procedures;**
 - b. Equipment cards;**
 - c. Documentation of PM (books/logs/forms);**
 - d. Testing and inspection guidelines?**
- (6) Does the plan establish a requirement to maintain a current (within six months), accurate, unique inventory of all medical equipment in the program, regardless of ownership or purpose?**
- (7) Does the plan require equipment assessments to minimize the clinical and physical risks associated with portable and fixed medical equipment?**
- (8) Does the plan require each piece of equipment be tested prior to use and at least annually thereafter, and that such testing is documented?**
- (9) Does the plan require monitoring and appropriate action on medical equipment hazard notices and recalls?**
- (10) Does the plan establish a training program for medical equipment users and maintainers?**
- (11) Does the plan require reporting incidents in accordance with the Safe Medical Devices Act?**
- (12) Does the plan establish the requirements of an annual evaluation of the effectiveness of the program?**

PROCEDURES

- (1) Are there procedures that outline actions to be taken by the clinical engineering staff to restore medical equipment when it fails?**
- (2) Are there procedures for clinical interventions to be taken by clinical staff, in each department, (if applicable) when medical equipment fails?**
- (3) Are there procedures that outline the availability of and access to spare equipment when equipment fails?**
- (4) Are there procedures for actions to obtain repair services when equipment fails?**
- (5) Are there procedures that establish criteria for selection and acquisition of medical equipment?**
- (6) Are there procedures that establish criteria to identify, evaluate, and inventory new and existing medical equipment to be included in the equipment management program? (Ownership, purchase, rental or lease options are not a consideration)**

The criteria (if utilized) must address;

- a. Clinical application (diagnosis, treatment, and monitoring);**
 - b. Physical risks associated with the equipment during usage;**
 - c. Equipment maintenance requirements;**
 - d. Equipment incident history.**
- (7) Are there procedures for reporting of required equipment incidents to the Food and Drug Administration (FDA) in accordance with the Safe Medical Devices Act?**

(A report is only generated when information is received that reasonably suggest that a medical devise may have caused or contributed to the death, serious injury, or illness of a patient)
 - (8) Are there procedures for identification, reporting, investigation, and documentation of equipment problems, failures and user errors that have an adverse effect on patient safety and/or quality of care?**
 - (9) Are relevant summaries of equipment failures and user errors reported to the safety officer, quality assurance or risk management function?**
 - (10) Are there procedures for reporting identified problems and the actions taken to resolve them?**
 - (11) Are there procedures for the Radiology Department that addresses quality control issues for the following:**
 - a. Collimation**
 - b. Beam alignment**

- c. **Timers**
 - d. **Film processing**
 - e. **Image intensifiers and display monitors?**
- (12) Are departmental procedures reviewed as frequently as necessary, but no less frequently than every three years?**

- (13) Are there written procedures that address?**

Review of New Equipment Purchase Requisitions
Acceptance Testing of New Equipment
Equipment Inventory and Repair History
Inventory Entry and Deletion
Management of Equipment Maintenance Service Contracts
Management of Loaned or Leased Equipment
Biomedical PM Program
Electrical Safety
Equipment Hazard Surveillance Program
Equipment User Training
Biomedical Personnel Equipment Training
Removal of Unsafe Equipment from Service

- (14) Are departmental procedures dated, signed by the department head and approved by the safety committee?**

- (15) Are procedures distributed, practiced, and enforced?**

TRAINING

- (1) Is there a training program that address orientation of all new users and maintainers?**
- (2) Is there refresher training for all users and maintainers?**
- (3) Does the training include medical equipment capabilities, limitations, and special applications for its users?**
- (4) Does the training include basic operating and safety procedures that medical equipment users should follow when using the equipment?**
- (5) Does the training include proper emergency procedures users should follow when equipment fails?**
- (6) Does the training include information and skills medical equipment maintainers need to perform the assigned maintenance duties?**
- (7) Does the training include reporting of equipment problems, failures, and user errors?**
- (8) Is there documentation for all training?**
- (9) Does the documentation include?**

- a. Names of Attendees**
- b. Topic**
- c. Brief outline of the training topic**
- d. Instructor's name**
- e. Duration of course**

PERFORMANCE STANDARDS

- (1) Are there performance standards that measure user and maintainer knowledge and skill requirements regarding their role in the medical equipment program?**
- (2) Are there performance standards that measure routine emergency and incident reporting procedures, including when and to whom such reports are to be communicated?**
- (3) Are there performance standards that measure inspections, PM, and testing of medical equipment?**

EFFECTIVENESS REVIEW

- (1) Is an annual program evaluation conducted in writing?**
- (2) Was the evaluation reviewed by the installation safety committee?**
- (3) Was the evaluation submitted to the Governing Body for approval?**

DOCUMENTS A SURVEYOR MAY ASK TO SEE TO VERIFY COMPLIANCE

Departmental medical equipment management plans

Departmental training plans and training record

Failure/user error summary reports

Departmental procedures that address the operation of equipment

Documentation of inspections, PM, and testing of medical equipment

Annual effectiveness report

Random staff interviews to determine employee knowledge

UTILITIES MANAGEMENT

MANAGEMENT PLAN

- (1) Is there a written management plan that outlines the requirements of the utilities management program at the installation?**
- (2) Does the plan contain a table of contents, is dated and the pages are numbered?**
- (3) Was the plan reviewed by the safety committee and approved by the installation top management official?**
- (4) Does the plan establish a utilities management program that is based on monitoring and evaluation of installation failure incidents, equipment disruptions, and maintenance history?**
- (5) Does the plan establish a requirement for inspection, testing, and maintenance of critical components in each utility system through;**
 - a. PM program procedures**
 - b. Equipment cards**
 - c. Documentation of PM (books/logs/forms)**
 - d. Testing and inspection guidelines?**
- (6) Does the plan establish a requirement to maintain a current (within six months), accurate, unique inventory of all utilities (deemed critical by the installation safety committee)?**
- (7) Does the plan establish a training program for the training of utilities systems users and maintainers?**
- (8) Does the plan require an assessment to minimize the special risks and ensures the operational reliability associated with utility systems?**
- (9) Does the plan require maintaining current utility system operational plans that are written to help ensure reliability, minimize risks, and reduce failures?**
- (10) Does the plan require monitoring and appropriate action on equipment hazards?**
- (11) Does the plan require identifying through the use of sketches or engineering drawings, the distribution of each utility system, including labeling of controls for partial or complete emergency shutdown of each utility system?**
- (12) Does the plan require a listing of equipment served by the life safety, critical and equipment branches of the emergency power?**
- (13) Does the plan require that all installation utility management program procedures be reviewed by the installation safety committee at least every three**

years?

- (14) Does the plan require a written annual evaluation of the utilities management program to be reviewed by the installation safety committee and approved by the Governing Body?**

PROCEDURES

- (1) Are there procedures that outline actions to be taken by the maintenance department to restore each utility during partial or total cessation?**
- (2) Is there a procedure documenting the calculation for compliance with the 30/50% testing rule?**
- (3) Are there procedures that outline actions to be taken by each administrative department (if applicable) during partial or total cessation of each critical utility?**
- (4) Are there procedures that outline clinical interventions to be taken by each clinical department (if applicable) during partial or total cessation of each utility?**
- (5) Are there procedures that outline availability of and access to spare equipment when utility equipment fails?**
- (6) Are there procedures that outline criteria to identify, evaluate, and inventory new critical utility operating components to be included in the utility management program?**

The criteria (if utilized) addresses:

- a. Life-support systems**
- b. Infection-control systems**
- c. Environmental support systems**
- d. Equipment-support systems**
- e. Communication systems**
- (7) Are there procedures that outline identification of alternate sources for essential utilities in the event of disruption or failure?**
- (8) Are there procedures that outline identification, reporting, investigating, and documenting of requirements for equipment problems, failures and user error that have an adverse effect on patient safety/quality of care?**
- (9) Are there operating procedures for shutoff controls; to follow during a utility malfunction/disruption, including notifying staff in affected areas?**
- (10) Are there procedures for repair services when a utility fails?**
- (11) Are there written procedures for?**

Contingency Plan Fire Alarm System
Contingency Plan Plumbing System
Operational Plan Plumbing System
Contingency Plan Elevator System
Contingency Plan HVAC System
Operational Plan HVAC System
Contingency Plan Oxygen System
Contingency Plan Medical Air System
Contingency Plan Nitrous Oxide System
Contingency Plan Vacuum System
Operational Plan Medical Gas System
Contingency Plan Steam System
Operational Plan Natural Gas System
Contingency Plan Normal Electrical System
Operational Plan Normal Electrical System
Contingency Plan Potable Water System
Operational Plan Potable Water System
Contingency Plan Pneumatic Tube System
Contingency Plan Nurse Call System
Contingency Plan Communications System
Operational Plan Smoke Control System
Testing the Oxygen System
Testing the HVAC System
Testing the Potable Water System
Testing the Isolated Power System
Testing the Normal Electrical System
Testing the Exhaust Hoods
Testing the Medical Air System
Testing the Vacuum System
Testing the Nitrous Oxide System
Testing Combustion Controls
Testing Backflow Devices
Testing the Emergency Power System
Testing Electrical Receptacles
Fire Hydrants
Testing Portable Fire Extinguishers
Testing Smoke Detectors
Testing Duct Detectors
Incineration of Medical Waste
Scheduled Utility Interruptions
Reporting Utility Failures
Inspecting Pressure Vessels (Fired and Unfired)
Testing Utility Emergency Shut-Off Controls
Potable Hot Water Limits
Emissions Environmental Compliance
Cooling Season Start Up Criteria
Heating Season Start Up Criteria
Operating Dual Fuel Boilers
Temperature and Humidity Criteria
Utility System User Training
Utility System Maintainer Training

- (12) Are departmental procedures dated, signed by the department head and approved by the safety committee?**

(13) Are procedures distributed, practiced, and enforced?

TRAINING

(1) Is there a training program for the utilities management program?

(2) Does the training program include the following;

- a. Orientation of all new users and maintainers**
- b. Refresher training for all users and maintainers**
- c. Utilities capabilities/limitations/special applications for users**
- d. Safety procedures users should follow when using utilities**
- e. Emergency procedures users should follow when a utility fails**
- f. Reporting of utility system problems/failures/user errors**
- g. Information/skills maintainers need to perform their duties**
- h. Location and use of emergency shutoff controls**

(3) Is there documentation for all training?

(4) Does the documentation include?

- a. Names of Attendees**
- b. Topic**
- c. Brief outline of the training topic**
- d. Instructor's name**
- e. Duration of course**

PERFORMANCE STANDARDS

(1) Are there performance standards that measure and evaluate user and maintainer knowledge and skill requirements regarding their role in the utilities management program?

(2) Are there performance standards that measure and evaluate routine emergency and incident reporting procedures, including when and to whom such reports are to be communicated?

(3) Are there performance standards that measure and evaluate inspections, preventive maintenance, and testing of utility systems?

EFFECTIVENESS REVIEW

- (1) Is an annual program evaluation conducted in writing?**
- (2) Were relevant summaries of equipment failures and user errors reported to the safety officer, quality assurance or risk management function?**
- (3) Was the evaluation reviewed by the installation safety committee?**
- (4) Was the evaluation submitted to the Governing Body for approval?**

DOCUMENTS A SURVEYOR MAY ASK TO SEE TO VERIFY COMPLIANCE

Departmental utilities management plans

Documentation of compliance with the 30-50% generator rule

Documentation of 24 hr. fuel supply for generator is on site

Departmental procedures on actions in the event of utility loss

Departmental training plans and training records

Utility failure reports provided to the safety committee

Documentation of inspections/PM/testing of utility equipment

Annual effectiveness report

Random staff interviews to determine employee knowledge

EC.3

INFORMATION COLLECTION AND EVALUATION

- (1) Is there an established installation safety committee composed of representatives from administration, clinical services, and support services?**
- (2) Does the committee meet on at least a bimonthly basis to assess time sensitive issues and to develop or approve recommendations for addressing them?**
- (3) Did management appoint an individual, qualified by experience or education, to be responsible for developing, implementing, and monitoring the installation safety program?**
- (4) Does the committee review accident and incident reporting on a regular basis?**
- (5) Does the committee assist in the development of departmental and organization wide safety procedures?**
- (6) Does the committee assess infection control functions that impact any of the environment of care program elements programs?**
- (7) Did the committee establish a mechanism for review and re-issuance of departmental safety procedures at least every three years?**
- (8) Does the committee establish performance standards to measure each program element's effectiveness?**
- (9) Does the committee monitor and evaluate departmental safety activities through the review of departmental minutes forwarded to the committee?**
- (10) Does the committee evaluate the reports of findings, recommendations, and actions resulting from reviews performed by individuals charged with evaluating the various program element?**
- (11) Does the committee use their conclusions and recommendations of effectiveness reviews to recommend improvements to the environment of care by the Governing Body?**
- (12) Does the committee document its reviews and recommendations through its meeting minutes?**
- (13) Are the issues identified by the safety committee communicated at least quarterly to the Governing Body?**
- (14) Are committee actions and recommendations routed to appropriate departments for implementation through their committees?**

DOCUMENTS A SURVEYOR MAY ASK TO SEE TO VERIFY COMPLIANCE

Safety Officer appointment letter

Safety Officer delegation of authority letter

Safety committee membership roster

Installation and departmental minutes of safety committees

Annual summary report for any or all program elements

Random interviews with safety committee members

Random interviews with installation employees

EC.4

SOCIAL ENVIRONMENT

- (1) Does the installation provide appropriate and adequate interior and exterior space and equipment?**
- (2) Is the environment comfortable, safe, clean, and attractive?**
- (3) Does the environment allow social and recreational interchange?**
- (4) Does the environment assure auditory and visual privacy?**
- (5) Do patients have adequate arrangements for leisure-time activities that attend to their individual needs?**

ACTIONS REVIEWED FOR COMPLIANCE

Walk-thru of the installation

Staff and patient interviews

Reviewing governing body policies and procedures.

EC.5 SMOKING

SURVEYOR'S VERIFICATION FOR COMPLIANCE

Policies addressing smoking

Staff patient interviews

Building tour