###### EC Tour Checklist

|  |  |  |
| --- | --- | --- |
| Organization: | | |
| Department/Unit: | | Building: |
| Date of Tour: | Reviewer: | |

If the # symbol is present in the “Yes” and “No” columns, mark the number of observations found compliant in the “Yes” column or the number found noncompliant in the “No” column for that item. If the # symbol is not present, check the “Yes” column for compliant or the “No” column for noncompliant.

| Item | Observation | Yes | No | NA | Resolved On-Site | | Comments |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes | No |
| Staff Knowledge | | | | | | | |
| **1** | Staff can communicate the top three hazards for the organization, based on the organization’s HVA. | # | # |  |  |  |  |
| **2** | Staff can communicate procedures for responding to a hazardous material or waste spill/exposure. | # | # |  |  |  |  |
| **3** | Staff can locate the department spill kit.  (*Applicable only for units identified by the EC committee.)* | # | # |  |  |  |  |
| **4** | Staff can retrieve an SDS. | # | # |  |  |  |  |
| **5** | Staff can communicate procedures for responding to a missing or abducted infant/child. | # | # |  |  |  |  |
| **6** | Staff can communicate how to respond to fire, smoke, or the odor of something burning. | # | # |  |  |  |  |
| **7** | Staff can define RACE\* procedures. | # | # |  |  |  |  |
| **8** | Staff can define PASS† procedures. |  |  |  |  |  |  |
| **9** | Staff can communicate procedures for evacuation of unit/department, including area of relocation. | # | # |  |  |  |  |
| **10** | Staff can communicate how to label and report broken medical equipment. | # | # |  |  |  |  |
| **11** | Staff can communicate how to identify if medical equipment has been inspected. | # | # |  |  |  |  |
| **12** | Staff can communicate procedures if approached by a visitor complaining of chest pain/difficulty breathing. | # | # |  |  |  |  |
| **13** | Units/departments without crash carts can communicate where the crash cart comes from in case of a code.  (*Not applicable to units/departments whose protocol is to contact 911.*) | # | # |  |  |  |  |
| **14** | Staff can communicate how to respond to a violent patient, including any required documentation. | # | # |  |  |  |  |
| **15** | Staff can locate and communicate the hospital policy on restraints. | # | # |  |  |  |  |
| Environment of Care (EC) | | | | | | | |
| General | | | | | | | |
| **16** | Emergency pull cords are not tied or tangled around any object (must hang free), length is maintained in accordance with state regulations or a minimum of 6 inches from the floor, and are present. | # | # |  |  |  |  |
| **17** | Power strips used in the patient care vicinity are used only for patient care moveable electrical equipment and are UL 1363 or UL 60601-1 listed. | # | # |  |  |  |  |
| **18** | Power strips permitted in non–patient care rooms meet other UL standards. | # | # |  |  |  |  |
| **19** | No unattended medications are accessible to the public.‡ | # | # |  |  |  |  |
| **20** | Stored oxygen cylinders are segregated between full and empty. |  |  |  |  |  |  |
| **21** | Oxygen cylinders are properly stored to prevent tipping, rolling, or exposure to combustible materials. |  |  |  |  |  |  |
| **22** | Handrails are properly secured. |  |  |  |  |  |  |
| **23** | There are no trip hazards. |  |  |  |  |  |  |
| Hazardous Materials and Waste | | | | | | | |
| **24** | PPE required by the SDS is available, functioning properly, and in good repair to staff. | # | # |  |  |  |  |
| **25** | Hazardous materials are properly stored (for example, flammables in a secured area not accessible to public). | # | # |  |  |  |  |
| **26** | All hazardous materials and waste containers are properly labeled.  *(If content is unknown, document as noncompliant.)* | # | # |  |  |  |  |
| **27** | All hazardous and nonhazardous trash has been disposed of in appropriate containers (for example, safely review biohazard, pharmaceutical waste, and sharps containers). | # | # |  |  |  |  |
| **28** | Unlocked hazardous waste containers are located in a secured room or an area that is not accessible to the public. | # | # |  |  |  |  |
| **29** | Documentation protected by HIPAA is not disposed of in an unsecured container. | # | # |  |  |  |  |
| **30** | Unobstructed eye wash station is present within 10 seconds in areas with injurious corrosive chemicals. |  |  |  |  |  |  |
| **31** | Eye wash station is clean and in good condition. |  |  |  |  |  |  |
| **32** | Eye wash inspection log is available and up to date. |  |  |  |  |  |  |
| Infection Prevention and Control (IC) (and EC) | | | | | | | |
| **33** | Appropriate signage is posted for isolation rooms. | # | # |  |  |  |  |
| **34** | Building surfaces are clean and in good repair (including walls, counters, and floors). |  |  |  |  |  |  |
| **35** | Furniture is clean and in good repair. |  |  |  |  |  |  |
| **36** | Medical equipment is clean and in good repair. | # | # |  |  |  |  |
| **37** | No food or drink is observed at nurses’ station or work areas. |  |  |  |  |  |  |
| **38** | Patient refrigerator logs are documented properly. |  |  |  |  |  |  |
| **39** | Adequate temperature is maintained for refrigerator. |  |  |  |  |  |  |
| **40** | There are no outdated food products. | # | # |  |  |  |  |
| **41** | Clean linen storage is covered. |  |  |  |  |  |  |
| **42** | Ice machine is clean. |  |  |  |  |  |  |
| **43** | There is no unapproved hospital lotion. |  |  |  |  |  |  |
| **44** | There are no expired alcohol-based hand rub dispensers. | # | # |  |  |  |  |
| **45** | There is a solid barrier on the lowest level of shelving, adjacent to the floor, for clean supplies to prevent a mop from coming into contact with clean supplies. |  |  |  |  |  |  |
| **46** | Staff are observed washing hands properly prior to entering patient room. |  |  |  |  |  |  |
| **47** | Staff are observed wearing appropriate PPE when entering an isolation room. |  |  |  |  |  |  |
| **48** | No supplies are stored under sink. |  |  |  |  |  |  |
| Security | | | | | | | |
| **49** | Staff are wearing identification badges. | # | # |  |  |  |  |
| **50** | Doors required to be secured are not unlocked, propped open, or blocked from latching. | # | # |  |  |  |  |
| **51** | Staff are monitoring individuals entering the unit/department. |  |  |  |  |  |  |
| Utilities | | | | | | | |
| **52** | **Tissue test:** Positive-pressure rooms push out from the room. | # | # |  |  |  |  |
| **53** | **Tissue test:** Negative-pressure rooms pull into the room. | # | # |  |  |  |  |
| **54** | Electrical panels are accessible with no storage within 3 feet in front of the panel. | # | # |  |  |  |  |
| **55** | Electrical panels in public areas are locked. | # | # |  |  |  |  |
| **56** | Medical gas shutoff valves are properly labeled. | # | # |  |  |  |  |
| **57** | Medical gas shutoff valves are accessible with no storage in front. | # | # |  |  |  |  |
| **58** | Emergency power outlets are labeled for quick reference. |  |  |  |  |  |  |
| **59** | All general lights are working. | # | # |  |  |  |  |
| Life Safety (LS) | | | | | | | |
| General | | | | | | | |
| **60** | There is an 8-foot clearance in each corridor.  *(Exceptions are permitted for crash carts, isolation carts with in-use patient room, and suites where a 3-foot clearance is required. Exceptions are also permitted for fixed furnishings that are securely attached to the wall or floor; located only on one side of the corridor; do not reduce the corridor width below 6 feet; and do not exceed 50 square feet.)* |  |  |  |  |  |  |
| **61** | Corridor width is not obstructed by wall projections.‡ |  |  |  |  |  |  |
| **62** | Exit, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, and furniture), construction material, and snow and ice. |  |  |  |  |  |  |
| **63** | Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of egress.‡ | # | # |  |  |  |  |
| **64** | Doors requiring a fire rating of ¾ hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signage. | # | # |  |  |  |  |
| **65** | Exit signs are visible when the path to the exit is not readily apparent.‡ |  |  |  |  |  |  |
| **66** | Exit signs are illuminated or photoluminescent.‡ | # | # |  |  |  |  |
| **67** | Stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. The signs are placed 5 feet above the floor landing in a position that is visible easily when the door is open *or* closed.‡ | # | # |  |  |  |  |
| **68** | Fire-rated doors have visible and readable fire rating labels.‡ | # | # |  |  |  |  |
| **69** | Fire-rated doors have functioning hardware, including positive-latching devices and self-closing or automatic-closing devices.‡ | # | # |  |  |  |  |
| **70** | For fire-rated and smoke barrier doors, gaps between meeting edges of door pairs are no more than ⅛ inch wide, and undercuts are no larger than ¾ inch.‡ | # | # |  |  |  |  |
| **71** | Corridor doors are fitted with positive-latching hardware (roller latches are not permitted) and are hinged to swing.‡ | # | # |  |  |  |  |
| **72** | Corridor door gaps resist the passage of smoke. | # | # |  |  |  |  |
| **73** | Doors in smoke barriers are self-closing or automatic-closing doors.‡ | # | # |  |  |  |  |
| **74** | Doors in a means of egress swing in the direction of egress.‡ |  |  |  |  |  |  |
| **75** | Doors in a means of egress are unlocked in the direction of egress.‡  *(Exceptions: [1] doors with special locking arrangements, [2] doors with delayed egress, [3] access-controlled doors; [4] elevator lobby exit access; refer to the* Life Safety Code*®,§ Sections 7.2.1.6.3, 18/19.2.2.2.4, 18/19.2.2.2.5, and 18/19.2.2.2.6, for further information.)* |  |  |  |  |  |  |
| **76** | Any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit has a “No Exit” sign.‡ | # | # |  |  |  |  |
| **77** | Doors are not propped open or manipulated so the door does not latch. |  |  |  |  |  |  |
| **78** | Ceiling tiles are in place and are not damaged (no stains, holes, or gaps).‡ |  |  |  |  |  |  |
| **79** | Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. | # | # |  |  |  |  |
| **80** | Sprinkler escutcheon plate is present and gaps do not exceed a ⅛ inch. | # | # |  |  |  |  |
| **81** | There is 18 inches or more of open space maintained below the sprinkler deflector to the top of storage.  **Note:** *Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head*. |  |  |  |  |  |  |
| **82** | Travel distance from any point to the nearest fire extinguisher is 75 feet or less.‡ |  |  |  |  |  |  |
| **83** | Extinguishers have a current inspection tag, including date of all applicable monthly inspections (month/day/year) and initials of inspector. | # | # |  |  |  |  |
| **84** | Extinguishers are visible and accessible. | # | # |  |  |  |  |
| **85** | **MRI Only:** MRI–type extinguisher(s) available only within defined area.‡ | # | # |  |  |  |  |
| **86** | **Kitchen Only:** K-type extinguisher(s) available within 30 feet of grease-producing cooking devices, such as deep fat fryers, ranges, griddles, or broilers.‡ | # | # |  |  |  |  |
| **87** | Trash and linen chute doors are rated for 1 hour, are self-closing, latch, and have no visible alterations (for example, no holes, no nonrated hardware).‡ | # | # |  |  |  |  |
| **88** | There are no combustible decorations. Only flame retardant decorations are permitted; department must provide documentation. |  |  |  |  |  |  |
| **89** | No soiled linen or trash receptacles totaling or larger than 32 gallons are permitted within a 64-square-foot area, unless stored in a room protected as a hazardous area. |  |  |  |  |  |  |
| **90** | There are no space heaters within a smoke compartment containing patient sleeping or treatment areas.|| |  |  |  |  |  |  |
| **91** | Wall-mounted alcohol-based hand rub dispensers are mounted 1 inch from any electrical source (above, below, next to).‡ |  |  |  |  |  |  |

\* Acronym to define staff roles and responsibilities in the event of a fire. This is a best practice, not a Joint Commission requirement.

† Acronym to explain how to use a fire extinguisher. This is a best practice, not a Joint Commission requirement.

‡ Work order required if not compliant.

§ *Life Safety Code*® is a registered trademark of the National Fire Protection Association, Quincy, MA.

|| Immediate removal necessary.

EC, environment of care; NA, not applicable; HVA, hazard vulnerability analysis; SDS, safety data sheet; RACE, Rescue, Alarm, Contain, Evacuate, and Extinguish; PASS, Pull the pin, Aim the hose, Squeeze the handle, and Spray at the base of the fire; PPE, personal protective equipment; HIPAA, Health Insurance Portability and Accountability Act of 1996; MRI, magnetic resonance imaging.