

ACC Bldg - 1st Floor
9/13/12

JERSEY CITY MEDICAL CENTER
DEPARTMENT OF INFECTION CONTROL
PRACTICE SITE ENVIRONMENTAL ROUNDS SURVEY

Notes
Wipes
Notifire

Infection Prevention

Conditions to observe:

A. GENERAL ENVIRONMENTAL OF CARE	B. EXAMINATION ROOMS
YES NO N/A	YES NO N/A
<ul style="list-style-type: none"> Ceiling - Are tiles clean and intact? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Are vents and light fixtures clean/no dust? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Walls - Are there holes/dings? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Floors - Are they clean? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Are floor tiles intact? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Windows - Are they intact and screens in place? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Are there clean curtains/blinds in rooms? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <p><i>clean + sanitized</i></p>	<ul style="list-style-type: none"> Paper towels - Are they present? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Gloves - Are they available? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A Is the Alcohol-based Hand Sanitizer present? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Is there Chlorhexidine Gluconate in dispenser? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Is the sharps container mounted and locked? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Are exam tables intact/no penetrations? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Curtains/Blinds - are they clean? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
C. BATHROOMS	D. CLEAN AND SOILED UTILITY ROOM
<ul style="list-style-type: none"> Toilet - Is it clean? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Sink - Is it clean? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <p><i>In process of being clean Hand Soap + Paper Towels present</i></p>	<ul style="list-style-type: none"> Paper towels - Are they present? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Are there gloves available? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Is there Chlorhexidine Gluconate in dispenser? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Is the sink clean and nothing stored underneath? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Is there a Non-RMW bin present (in clean and soiled)? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Is there a Red RMW bin present - (soiled utility only)? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Is there a Sharps container present (soiled utility only)? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
E. REFRIGERATOR	F. WASTE MANAGEMENT
<ul style="list-style-type: none"> Is there a thermometer and temp log in place? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Is there appropriate signage on door? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Is there noted corrective action for temps out of range? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Are all contents dated and labeled? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Is there any expired medication? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A <p><i>Notification</i></p>	<ul style="list-style-type: none"> Is the sharps container overflowing? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Is the sharps container locked and securely installed? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Is there a Janitor's Closet with clean scrub sink? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Is the regulated medical waste storage area clean? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Is the regulated medical waste stored in a locked area? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
G. MEDICATION ROOM	H. MISCELLANEOUS
<ul style="list-style-type: none"> Is there any expired medication? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Is the room clean? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Walls - Are there holes/dings? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Are the floors clean? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Are the floor tiles intact? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Are the ceiling tiles clean/intact? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Are the blinds clean? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A <p><i>NA Nurses' room</i></p>	<ul style="list-style-type: none"> Are sterile supplies on a covered cart? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Sterile supplies - (Central Sterile processed) is the event related sticker present? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Is the equipment clean? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Are the syringes/needles in a locked area? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Are the chairs intact/no penetrations? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Multi-dose medications - are they labeled with date opened? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A Counter tops - intact with no penetrations? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Rooms being cleaned + sanitized
 For all dispensers available + full
 * Gloves + PD + Wipes needed on floor
 Room 120 - COVE Base working needs to be
 Room 120 - Lighter is dull.

Environmental Survey Sheet

Date: 9-13-12

Location: ACC - 1st floor

Inspection Conducted by: Vicki DeChirico
 Participant(s): _____

Condition Observed	Problem/Deficiency	Remarks	Corrected	
			Yes	No
	Overall General Sanitation is very good.			
	- Equipment (Playroom) Clean			
	- Area in process of being painted.			
	- Need more PDI wipes & gloves to be accessible.			
	- Bathrooms are clean & neat			

Note: How long to repair condition: Housekeeping : 24 Hours; Engineering: 5 Business Days
 Send: (E) Engineering (S) Safety (H) Housekeeping (N) Nursing