

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

Setting: \_\_\_\_\_ Unique ID: \_\_\_\_\_ Entered By: \_\_\_\_\_

Reason for Audit: Provide nursing staff on units practice with agency surveyors.

Instructions: Add any helpful notes in the comments box.

\* Indicates that an answer is required.

## Mock Survey EOC Tracer

Interview Questions	Answer	Comments
1. Do you know who your Safety Officer is? (Kevin Robinson)	Yes   No   NA	
2. When did you last receive safety training & education? (Annual University covered fire/electrical safety, hazards, slips/falls and isolation)	Yes   No   NA	
3. Can you explain the term "safety data sheets" or "SDS?" Where are they found? (formerly MSDS)	Yes   No   NA	
4. What would you do if you saw a hazardous material on the floor (spill)?	Yes   No   NA	
5. Where is your nearest fire alarm pull box? Fire exit? Fire extinguisher? (All or nothing question)	Yes   No   NA	
6. Describe to me what you would do if you walk in a room and find a small fire?	Yes   No   NA	
7. Where is your nearest fire evacuation map? (Emergency Book, Red Book, Disaster Book)	Yes   No   NA	
8. Where are your medical gas shut off valves?	Yes   No   NA	
9. Can you tell me why you would shut off medical gas, and what precautions should be checked before doing so? (In event of fire only when and if respiratory therapy and charge nurse tell you too - patients currently on O2 are stable)	Yes   No   NA	
10. How would you remove a piece of defective equipment? (Tag, put in Soiled Utility, call Service Response and Place in RL)	Yes   No   NA	
11. Equipment should be tested regularly, how/what do you check to verify? (check for inspection date)	Yes   No   NA	
12. Can you explain where unit staff should meet in the event of an emergency? (Evacuation plan)	Yes   No   NA	
13. Have you received a performance appraisal in the last year?	Yes   No   NA	
14. What type of orientation did you receive for your position (if newer employee) or how are you educated on new equipment or procedures in your area?	Yes   No   NA	
15. How do you ensure that a physician performing a procedure in your department is credentialed? (i Privileging)	Yes   No   NA	
16. What education have you had on infection control? (new employee orientation and department specific. Annual mandatories)	Yes   No   NA	
17. Tell me how you comply with the CDC hand hygiene guidelines?	Yes   No   NA	
18. What do you do if you have an occupational exposure to blood or body fluid? (Immediate first aid, wash/rinse site. Report to your supervisor & fill out an Employee Injury/Illness form and go to ED ASAP)	Yes   No   NA	
19. How do you dispose of medical waste?	Yes   No   NA	
20. How do you dispose PHI? (Should be disposed of in the blue bins near the pyxis areas) Protected Health Information.	Yes   No   NA	
21. How do you transport patients in the hospital that are in isolation?	Yes   No   NA	
22. How are medications stored in your area? (Dedicated refrigerator when applicable. Temps monitored remotely. No food in refrigerators. Drugs should be stored in approved/locked areas only. Multi-dose vials are labeled with expiration dates. Meds for discharged patients should not be present and need to be returned to the pharmacy. Patient owned medications should be returned to the patient at discharge)	Yes   No   NA	
23. How are medications secured in your area? (Pyxis machines, locked cabinets. Ensure medication removed from Pyxis is documented appropriately)	Yes   No   NA	

24. How do you report an adverse drug reaction (ADR)? (Notify the physician, describe the reaction; institute orders. Complete RL- document the reaction in chart)	Yes   No   NA	
25. When is medication labeled? (When medication is drawn up and not immediately administered to the pt. – observe if possible)	Yes   No   NA	
26. Can you tell me how you dispose of controlled substance patches?	Yes   No   NA	
27. Can staff speak to medication administration (bar coding/labeling)?	Yes   No   NA	
28. Do you receive education on laboratory testing? Where are the certification records kept? Do you know how to locate the procedure? How often are the meters cleaned?  Yearly competency on Healthstream. QC testing required on a yearly basis and monitored by the POC testing department. . Meters should be cleaned between each patient.	Yes   No   NA	
29. Blood Transfusions – Is anyone receiving blood in your department? Is so ask to observe the “hanging of blood”	Yes   No   NA	
<b>Mock Observations</b>	<b>Answer</b>	<b>Comments</b>
30. Exit signs are posted in appropriate areas	Yes   No   NA	
31. O2 tanks and other gas tanks are properly secured	Yes   No   NA	
32. Doors not propped open	Yes   No   NA	
33. Evidence Crash Cart is checked and only current month log showing	Yes   No   NA	
34. Clutter (all or nothing - make note in Comments): Fire exits, electrical panels and hallway free of obstruction, exit signs lighted, sprinkler heads free of dust and unobstructed by 18", no storage under sinks, cleanliness under the lowest level of floor shelving.	Yes   No   NA	
35. All or nothing: WoWs and BP machines not charging in the hallways, Wows clean and uncluttered, needle boxes secured and not overflowing, and no dust on equipment.	Yes   No   NA	
36. All or nothing: WoWs and BP machines not charging in the hallways, Wows clean and uncluttered, needle boxes secured and not overflowing, and no dust on equipment.	Yes   No   NA	
37. Nursing stations or other clinical work areas free of food & beverage?	Yes   No   NA	
38. Do areas have appropriate screen savers, documents hanging on walls, etc.?	Yes   No   NA	
39. Area is free of any expired supplies	Yes   No   NA	
40. Staff should follow standard/universal precautions. (observe hand hygiene, use of gloves and handling of contaminated waste)	Yes   No   NA	
41. Are Isolation precautions followed by staff and family? (Observe for appropriate isolation sign on door)	Yes   No   NA	
42. Linen carts should be covered.	Yes   No   NA	
43. Has all possible PHI been removed from white boards?	Yes   No   NA	
44. Patient food is stored appropriately.	Yes   No   NA	