

Physical Plant: Environment of Care

Name of Hospital: _____

Date: _____ Hospital Contact: _____

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Stairwells are free of storage items to permit egress.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Corridors on patient floors are kept clear (carts are limited to one side while in use, per the 30-minute rule) so that beds and equipment can be transported without hindrance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. One hundred percent of the hospital has a sprinkler system <i>in newer facilities constructed since 1985 and in renovated areas of older hospitals.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Hazardous or storage areas are adequately protected with 45-minute fire-rated doors that have automatic closures. (Note: non-rated solid core doors are allowed in existing construction with sprinklers.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Visitor lounges with pediatric visitation and emergency department waiting rooms have electrical outlets that are pediatric-safe or have protective covers for the receptacles.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Pediatric outpatient clinics, including waiting areas and exam rooms, have electrical outlets that are pediatric-safe or have protective covers for the receptacles.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. There are safety inspections of all patient care areas twice a year and of other areas once a year to check for hazards, including potential risks to children, when applicable.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Automatic extinguishing systems cover kitchen cooking facilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. A K-type extinguisher is located within 20 feet of the cooking area.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. A hood extinguishing system covers cooking surface areas.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. The fire alarm system and sprinkler system are inspected on a regular basis, and records are maintained.
Construction/Renovation				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. A risk assessment is performed before the start of any construction to identify hazards caused by construction activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. All projects are evaluated for the need to institute Interim Life Safety Measures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. An infection control risk assessment is performed before the start of any construction.

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- | Always/
Yes | Sometimes | Never/
No | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. If an exit is blocked during construction or fire protection is impaired, Interim Life Safety Measures are implemented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Inspection reports of construction are maintained. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Construction areas are adequately sealed off from patient care areas, and protective measures are taken to limit the spread of dust when leaving the construction area. |

Emergency Power

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. The emergency power system provides 100 percent coverage to the hospital. |
| | | | | 17. If there is only partial emergency power system coverage, it includes the following: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Blood, bone, and tissue storage systems |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Electronic health record (EHR) system |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Elevators (at least one per building) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Emergency communication systems |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Emergency department |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Exit signs and exit routes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Fire alarm system |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Laboratory-essential equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Laboratory-essential refrigeration and heating |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Life support patient care equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. Medical air compressors |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. Medical vacuum systems |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m. Newborn nurseries |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n. OB delivery rooms |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | o. Operating rooms |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | p. Recovery rooms |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | q. Any other items or electrical equipment vital for providing patient care and maintaining safety and security |

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|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Red electrical outlets on emergency power are located in: |
| | | | | a. All patient care areas |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Security center |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Emergency command center |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Surgical suites and labor and delivery suites have battery-powered emergency lights to provide illumination until the generators provide power in an outage. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. The generators can run at least 48 to 96 hours on the current supply of fuel. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. The generators are tested per requirements of NFPA 110. |

Medical Gas Systems

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|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Medical gas shut-off valves are adequately labeled to identify the areas served. |
| | | | | a. The labels include room numbers. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Medical gas systems comply with the requirements of NFPA 99. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Inspection records are maintained according to the requirements of NFPA 99. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. During construction and renovation, special testing is performed for cross connections, purity, and pressure. |

This interactive guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each healthcare practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.