

Washington State Department of Health, Investigations and Inspections Office

Assessing Hospital Compliance with WAC 246-320-176

# Infection Prevention and Control Program

**Instructions:** The following items will be assessed during the on-site survey in order to determine compliance with WAC 246-320-176 Infection Control Program. Assessment will occur through a combination of observations, interviews, review of medical records, and review of any necessary infection control program documentation. During the survey, the surveyor may request and review specific facility policies and procedures. The interviews may occur with the most appropriate staff person(s) for the items of interest, as well as with patients, family members, and support persons.

*Guidance is provided throughout this instrument, indicating the applicable regulatory provision to consider for citations on Form CMS-2567 when deficient practices are observed.*

## STATE SURVEYOR WORKSHEET

**PART 1 – HOSPITAL CHARACTERISTICS**

1.1 Hospital Name **(please print)**

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1.2 Address, State and Zip Code  
**(please print)**

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Address

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City

State

Zip

1.3 Date of site visit:

		/			/					to			/			/				
m	m		d	d		y	y	y	y		m	m		d	d		y	y	y	y

**Module 1: Infection Control/Prevention Program**

**Section 1. A. Infection control/prevention program and resources**

Elements to be assessed			Manner of Assessment Code (check all that apply) & Surveyor Notes
1.A.1 The hospital has developed, implemented, and maintained a written infection control and surveillance program	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-176(1) (Tag B-895)</b>			
1. A.2 The hospital has designated one or more individual(s) as its Infection Control Officer(s) to manage the activities of the infection control program, assure the infection control program confirms with patient care and safety policies and procedures, and provide consultation on the infection control program, policies, and procedures throughout the entire facility.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-176(2)(a) (Tag B-900) , WAC 246-320-176(2)(b) (Tag B-0905) and/or WAC 246-320-176(2)(c) (Tag B-910)</b>			
1. A.3 The hospital has evidence that demonstrates the Infection Control Officer(s) has a minimum of two years' experience in a health-related field and training in principles and practices of infection control. .	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-176(3)(a) (Tag B-915) and/or WAC 246-320-176(3)(b) (Tag B-0920)</b>			
1. A.4 The Infection Control Officer(s) can provide evidence that the hospital has developed infection control policies and procedures that are based on CDC guidelines and other nationally recognized professional bodies or organization.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<b>How are the most recent CDC recommendations incorporated into hospital policies and procedures?</b>
<b>If no, consider citation at WAC 246-320-176(4) (Tag B-925)</b>			

<p>1. A.5 The hospital has policies and procedures that address routine surveillance, outbreak investigations, and interventions including pathogen distributions and antimicrobial susceptibility, profiles consistent with the 2006 CDC Healthcare Infection Control Practices Advisory Committee Guideline, <i>“Management of Multidrug-Resistant Organisms in Healthcare Settings”</i>.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176(5) (a) (Tag B-930)</b></p>			
<p>1.A.6 The hospital has policies and procedures that address:</p> <ul style="list-style-type: none"> <li>• Patient care practices in all clinical care areas;</li> <li>• Receipt, use, disposal, processing, or reuse of equipment to prevent disease transmission;</li> <li>• Preventing cross contamination of soiled and clean items during sorting, processing, transporting, and storage;</li> <li>• Environmental management and housekeeping functions; Approving and properly using disinfectants, equipment, and sanitation procedures;</li> <li>• Cleaning areas used for surgical procedures before, between, and after use;</li> <li>• Hospital-wide daily and periodic cleaning;</li> <li>• Occupational health consistent with current practice;</li> <li>• Attire;</li> <li>• Traffic patterns;</li> <li>• Antisepsis;</li> <li>• Handwashing;</li> <li>• Scrub technique and surgical preparation;</li> <li>• Bio hazardous waste management according to applicable federal, state, and local regulations;</li> <li>• Barrier and transmission precautions; and</li> <li>• Pharmacy and therapeutics;</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<p><b>Discuss the hospital’s process for obtaining and processing blood samples (and for disposal of biohazardous materials) from patients with highly contagious diseases such as Ebola.</b></p> <p><b>How does the hospital ensure adequate supplies while caring for patients who are under transmission precautions? (What is it based on? i.e. historical usage, # of isolation dedicated rooms, etc.?)</b></p> <p><b>Does the facility emergency preparedness plan have contingency stocks for outbreaks or local epidemics?</b></p>
<p><b>If no, consider citation at WAC 246-320-176(5) (b) through (q) (Tags B-935 through B-1010)</b></p>			
<p>1. A.7 The hospital has developed policies and procedures based on a MRSA risk assessment for screening, isolating, educating, and reporting patients who test positive for MRSA, according to RCW 70.41.430</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-111(1)(a) (Tag B-0005)</b></p>			

<p>1. A.8 The hospital has infection control policies and procedures relevant to construction, renovation, maintenance, demolition, and repair. An infection control risk assessment (ICRA) to define the scope of the project and need for barrier measures is performed before a project gets underway.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176(1) (Tag B-0895)</b></p>			
<p>1. A.9 The Airborne Infection Isolation Room (AIIR) meets generally accepted specifications:</p> <ul style="list-style-type: none"> <li>• at least 6 (existing facility) or 12 (new construction/renovation) air changes per hour or per state licensure rules and;</li> <li>• direct exhaust of air to outside, if not possible air returned to air handling system or adjacent spaces if directed through HEPA filters and;</li> <li>• when AIIR is in use for a patient on Airborne Precautions, documentation that monitoring of air pressure is done daily with visual indicators (smoke tubes, flutter strips), regardless of differential pressure sensing devices (i.e. manometers): and</li> <li>• AIIR door kept closed when not required for entry and exit</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176(4) (Tag B-925) and/or WAC 246-320-296 (10)(c) (Tag B-1975)</b></p>			
<p>1.A.10 If the hospital has a public water system (an active system that treats the municipal water supply; or an emergency water system), it follows the state drinking water rules (WAC 246-290)</p> <ul style="list-style-type: none"> <li>• The hospital has received DOH approval</li> <li>• There is a Small Water System Management Program (SWSMP) in place for ACTIVE systems</li> <li>• There is an authorized person and activation procedures in place for EMERGENCY systems</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If NO, contact the Office of Safe Drinking Water.</b></p>			

<p>1.A.11 The hospital provides plumbing with:</p> <ul style="list-style-type: none"> <li>• A water supply providing hot and cold water under pressure which conforms with chapter 246-290 WAC</li> <li>• Cross connection controls meeting requirements of the state plumbing code.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>If no, consider citation at WAC 246-320-296 (10)(b)(i) (Tag B-1955) and/or WAC 246-320-296 (10)(b)(ii) (Tag B-1965)</p>			

## Section 1. B. Hospital Quality Systems Related to Infection Prevention and Control

Elements to be assessed			Manner of Assessment Code (check all that apply) & Surveyor Notes
The hospital infection prevention program is coordinated into the hospital Quality program as evidenced by:			
1. B.1 The Infection Control Officer(s) can provide evidence that problems identified in the infection control program are addressed in the hospital Quality program (i.e., development and implementation of corrective interventions, and ongoing evaluation of interventions implemented for both success and sustainability).  (Example: Infection rates above benchmarks)	<input type="checkbox"/> Yes  <input type="checkbox"/> No	1 2 3 4 5	
<b>If no, consider citation at WAC 246-320-171(1)(d) (Tag B-815) and/or WAC 246-320-171(3) (Tag B-840)</b>			
1. B.2 Hospital leadership, including the CEO, Medical Staff, and the Director of Nursing Services ensures the hospital implements successful corrective action plans in affected problem area(s).	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-136(9) (Tag B-290)</b>			

## Section 1. C. Systems to prevent transmission of MDROs and promote antibiotic stewardship, Surveillance

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes	
1. C.1 The hospital has policies and procedures to minimize the risk of transmission of multidrug-resistant organisms (MDROs) within the hospital (between or amongst patients and health care personnel).	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-176(5) (Tag B-930)</b>			
1. C.2 The primary interview participants can provide evidence that the hospital identifies patients with MDROs and has implemented policies and procedures aimed at preventing the development and transmission of MDROs.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-176(5) (Tag B-930)</b>			
1. C.3 Assure the infection control policies and procedures address routine surveillance, outbreak investigations and interventions including pathogen distributions and antimicrobial susceptibility profiles consistent with the 2006 CDC Healthcare Infection Control Practices Advisory Committee Guideline, <i>Management of Multidrug-Resistant Organisms in Healthcare Settings</i> ;	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1. C.4 Patients and healthcare personnel identified by laboratory culture as colonized or infected with MDROs are identified and isolated according to facility policies. (Note: The hospital is not required to perform routine surveillance of all patients or healthcare personnel).	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-176(5) (Tag B-930)</b>			

<p>1. C.5 The hospital has a system for identifying those who present on admission with infection in order to control (prevent spread of) those infections and communicable diseases in the hospital. (This does not require the hospital to perform cultures on all patients admitted to the hospital.)</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<p><b>Discuss the hospital's plan for identifying and caring for patients with highly contagious diseases such as Ebola. How do they screen patients who present in the ED? In outpatient areas such as urgent care centers, rehab clinics, other areas?</b></p>
<p><b>If no, consider citation at WAC 246-320-176(5) (Tag B-930)</b></p>			
<p>1. C.6 The Infection Control Officer has established and implemented a plan for reporting required disease occurrences to the state public health authority as required by WAC 246-100</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176(6) (Tag B-1015)</b></p>			



## Section 1. D Personnel Education System / Infection Control Training

Elements to be assessed			Manner of Assessment Code (check all that apply) & Surveyor Notes
1. D.1 Healthcare personnel upon hire and annually receive job specific training on hospital infection control practices, policies, and procedures: (a) Education on general infection control according to chapter 296-823 WAC blood borne pathogens exposure control;	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-156(8)(a) - (Tag B-0640)</b>			
(b) Education specific to infection control for multidrug-resistant organisms upon hire and annually;	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-156(8)(b) - (Tag B-0645)</b>			
(c) General and specific infection control measures related to the patient care areas where staff work upon hire and annually;	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<b>How does the hospital train staff and ensure staff competency when caring for patients in transmission based precautions? I.e. Putting on and taking off PPE? To be constantly aware of possible breaches of infection control technique?</b>
<b>If no, consider citation at WAC 246-320-156(8)(c) - (Tag B-0650)</b>			
1. D.2. The hospital has established and implemented an education plan that verifies or arranges for the training of staff on prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-156(9) - (Tag B-0655)</b>			
1.D.3 The hospital infection control system addresses needle sticks, sharps injuries, and other occupational exposure events.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<b>Explain follow-up procedures</b>
<b>If no, consider citation at WAC 246-320-176(5)(i) - (Tag B-0970)</b>			

<p>1.D.4 Following an exposure event, post-exposure evaluation and follow-up, including prophylaxis as appropriate, is available.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176(5)(i) - (Tag B-0970)</b></p>			
<p>1.D.5. The hospital completes tuberculosis screening for new and current employees consistent with the <i>Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities, 2005. Morbidity Mortality Weekly Report (MMWR) Volume 54, December 30, 2005</i> (All healthcare personnel who have potential for exposure to TB are screened for TB upon hire and, if negative, based upon facility risk classification thereafter)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-156(6) - (Tag B-0630)</b></p>			
<p>1. D.6 The hospital infection control system ensures healthcare personnel with TB test conversions are provided with appropriate follow-up.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176(5)(i) - (Tag B-0970) and/or WAC 246-320-156 (6) (Tag B-0630)</b></p>			
<p>1. D.7 The hospital infection control system ensures the facility has a respiratory protection program that details required worksite-specific procedures and elements for required respirator use.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176(5)(i) - (Tag B-0970)</b></p>			
<p>1. D.8 If N95 masks are used, the hospital infection control system ensures that respiratory fit testing is provided at least annually to appropriate healthcare personnel.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176(5)(i) - (Tag B-0970)</b></p>			

<p>1. D.9 Healthcare personnel competency and compliance with job-specific infection prevention policies and procedures are ensured through routine training and when problems are identified by the Infection Control Officer.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-156(8)(c) - (Tag B-0650) and/or WAC 246-320-171(1)(e) (Tag B-0820)</b></p>			
<p>1. D.10 If the hospital has had healthcare personnel infection exposure events, the hospital evaluates event data and develops/ implements corrective action plans to reduce the incidence of such events.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-171(1)(d) (Tag B-0815)</b></p>			
<p>1. D.11 The hospital infection control system provides Hepatitis B vaccine and vaccination series to all employees who have occupational exposure and conducts post-vaccination screening after the third vaccine dose is administered.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176(5)(i) - (Tag B-0970)</b></p>			

**Module 2: General Infection Control Elements - to be applied to all locations (e.g., general wards, critical care units, labor and delivery, emergency department, endoscopy suites, radiology)**

## Section 2. A Hand Hygiene

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Hand hygiene is performed in a manner consistent with hospital infection control practices, policies, and procedures to maximize the prevention of infection and communicable disease including the following:						
2. A.1 Soap, water, and a sink are readily accessible in patient care areas including but not limited to direct care areas (such as food and medication preparation areas).	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. A.2 Alcohol-based hand rub is readily accessible and placed in appropriate locations.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2.A.3 Healthcare personnel perform hand hygiene: <ul style="list-style-type: none"> <li>• Before contact with the patient or their immediate care environment (even if gloves are worn)</li> <li>• Before exiting the patient’s care area after touching the patient or the patient’s immediate environment (even if gloves are worn)</li> <li>• Before performing an aseptic task (e.g., insertion of IV or urinary catheter, even if gloves are worn)</li> <li>• After contact with blood, body fluids or contaminated surfaces, (even if gloves are worn)</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

2. A.4 Healthcare personnel perform hand hygiene using soap and water when hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected C. difficile or norovirus during an outbreak)	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. A.5 Healthcare personnel who provide direct contact with high-risk patients (e.g., those in intensive care units or ORs) do not wear artificial fingernails or extenders	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

If no to any of the above, consider citation at WAC 246-320-176(5)(m) - (Tag B-0990) and/or WAC 246-176(4) – (Tag B-0925)

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## Section 2. B Safe Medication Administration Practices and Sharps Safety (Medications, intravenous Fluids, Medication Delivery Systems)

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Injections are given and sharps safety is managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
2. B.1 Hand hygiene is performed prior to medication preparation and administration.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2. B.2 Medications are prepared using aseptic technique in an area that has been cleaned and free of visible blood, body fluids, or contaminated equipment.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>If no to 2.B.1 or 2.B.2, consider citation at WAC 246-320-176(4) (Tag B-0925)</b>				
2. B.3 Patients are identified with two identifiers or according to facility policy prior to medication administration	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2. B.4 Medications are administered and documented according to the five "rights": Right patient, right medication, right dose, right route, right time.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>If no to 2.B.3 or 2.B.4, consider citation at WAC 246-320-226(3)(d) (Tag B-1160)</b>				
2. B.5 Medications are administered in a manner that prevents cross-contamination with environmental surfaces or devices	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

<p>2. B.6 Needles and syringes are used for only one patient. (This includes manufactured prefilled syringes and insulin pens).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.7 The rubber septum on a medication vial is disinfected with alcohol prior to piercing whether or not the dust cover is present.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.8 The hub or injection port in the IV line is disinfected with disinfectant prior to injection of medications or fluids.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.9 Each medication vial is entered with a new needle and syringe.</p> <p>Note - Reuse of syringes and/or needles to enter a medication vial contaminates the contents of the vial making the vial unsafe for use on additional patients. If a surveyor sees needles or syringes being reused to enter a vial to obtain additional medication for the same patient, no citation should be made if the vial is discarded immediately.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.10 Single dose (single-use) medication vials are used for only one patient.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.11 Bags of IV solution are used for only one patient (and not as a source of flush solution for multiple patients).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>2. B.12 Medication administration tubing and connectors are used for only one patient and are changed every 96 hours (or sooner as required by policy).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.13 Multi-dose vials are dated when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.</p> <p>Note: This is different from the expiration date for the vial. The multi-dose vial can be dated with either the date opened or the discard date as per hospital policies and procedures, so long as it is clear what the date represents and the same policy is used consistently throughout the hospital.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.14 If multi-dose vials are used for more than one patient, they do not enter the immediate patient treatment area (e.g., operating room, patient room, anesthesia carts).</p> <p>Note: If multi-dose vials are found in the patient care area they must be dedicated for single patient use and discarded after use.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. B.15 All sharps are disposed of in a puncture-resistant container and replaced when the fill line is reached and disposed of in accordance with State medical waste rules.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to any of the above, consider citation at WAC 246-320-176(4) (Tag B-0925)</b></p>						



## Section 2. C Personal Protective Equipment/Standard Precautions

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Personal protective equipment is utilized in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
2. C.1 Supplies for adherence to Standard and Transmission-based Precautions (e.g., gloves, gowns, mouth, eye, nose, and face protection) are available and located near point of use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. C.2 HCP wear gloves for procedures/activities where contact with blood, body fluids, mucous membranes, or non-intact skin is anticipated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. C.3 HCP change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
2. C.4 . Gowns are properly worn to prevent contamination of skin and clothing during procedures/activities where contact with blood, body fluids, secretions, or excretions are anticipated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. C.5 Appropriate mouth, nose, eye protection is worn for aerosol-generating procedures and/or procedures/activities that are likely to generate splashes or sprays of blood or body fluids.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. C.6 Surgical masks are worn by HCP when placing a catheter or injecting materials into the epidural or subdural space.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

<p><b>2.C.7 HAND HYGIENE IS PERFORMED PRIOR TO DONNING PPE; PPE IS PUT ON AND WORN CORRECTLY AND IN THE CORRECT SEQUENCE:</b></p> <p><b>1. HAND HYGIENE</b></p> <ul style="list-style-type: none"> <li>Performed prior to donning PPE</li> </ul> <p><b>2. GOWN</b></p> <ul style="list-style-type: none"> <li>Fully covers torso from neck to knees, arms to end of wrists, and wraps around the back</li> <li>Fastened in back of neck and waist</li> </ul> <p><b>3. MASK OR RESPIRATOR</b></p> <ul style="list-style-type: none"> <li>Secured with ties or elastic bands at middle of head and neck</li> <li>Flexible band is secured to bridge of nose</li> <li>Fits snugly to face and below chin</li> <li>Respirator has been fit-tested for employee's use</li> </ul> <p><b>4. GOGGLES OR FACE SHIELD</b></p> <ul style="list-style-type: none"> <li>Placed over face and eyes and adjusted to fit</li> </ul> <p><b>4. GLOVES</b></p> <ul style="list-style-type: none"> <li>Extended to cover wrist of isolation gown</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	
<p><b>If no to any of the above, consider citation at WAC 246-320-176(4) – (Tag B-0925) and/or WAC 246-32-176(5)(p) (Tag B-1005)</b></p>						

<p><b>2. C.8 .a PPE IS REMOVED AND DISCARDED IN THE CORRECT SEQUENCE; HAND HYGIENE IS PERFORMED IMMEDIATELY AFTER REMOVING PPE.</b></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>PPE REMOVAL METHOD #1</b></p>						
<p><b>1. GLOVES – <u>Outside of gloves are contaminated!</u></b></p>						
<ul style="list-style-type: none"> <li>• If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer;</li> <li>• Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove;</li> <li>• Hold removed glove in gloved hand;</li> <li>• Slide fingers of ungloved hand under remaining glove at wrist and peel off first glove</li> <li>• Discards gloves in waste container</li> </ul>						
<p><b>2. GOGGLES OR FACE SHIELD – <u>Outside of goggles/ face shield is contaminated!</u></b></p>						
<ul style="list-style-type: none"> <li>• If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer;</li> <li>• Remove goggles or face shield from the back by lifting head band or ear pieces;</li> <li>• If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard or in waste container.</li> </ul>						
<p>NOTE: Refer to latest CDC recommendations when patient has Ebola Virus Disease</p>						
<p><a href="http://www.cdc.gov/vhf/ebola/hcp/index.html">http://www.cdc.gov/vhf/ebola/hcp/index.html</a></p>						

If no to any of the above, consider citation at WAC 246-320-176(4) – (Tag B-0925) and/or WAC 246-32-176(5)(p) (Tag B-1005)



<p><b>2.C.8.b PPE REMOVAL METHOD #2</b></p> <p><b>1. GOWN AND GLOVES – <u>Gown front and sleeves and the outside of gloves are contaminated!</u></b></p> <ul style="list-style-type: none"> <li>• Caregiver grasps the gown in front and pulls it away from his/her body so the ties break, touching the outside of the gown only with gloved hands</li> <li>• While removing the gown, folds or rolls the gown inside out into a bundle</li> <li>• While removing the gown, caregiver peels off the gloves at the same time, only touching the inside of the gloves and gown with bare hands.</li> <li>• Discards in waste container</li> <li>• Hand hygiene is performed immediately if hands are contaminated during gown removal</li> </ul> <p><b>2. GOGGLES OR FACE SHIELD – <u>Outside of goggles/face shield is contaminated!</u></b></p> <ul style="list-style-type: none"> <li>• Caregiver removes goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield;</li> <li>• If reusable, places item in designated receptacle for reprocessing or in waste container.</li> <li>• Hand hygiene is performed immediately if hands are contaminated during goggle/face shield removal</li> </ul>	<input type="checkbox"/> Yes    <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes    <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>If no to any of the above, consider citation at WAC 246-320-176(4) – (Tag B-0925) and/or WAC 246-32-176(5)(p) (Tag B-1005)</p>						

<p><b>2.C.8.b PPE REMOVAL METHOD #2 (Continued)</b></p> <p><b>3. MASK OR RESPIRATOR <u>Front and outside of mask/respirator is contaminated!</u></b></p> <ul style="list-style-type: none"> <li>• Caregiver grasps bottom ties or elastics of the mask/respirator, then the ties at the top, and remove without touching the front. and removes; does not touch the contaminated front surface of the mask</li> <li>• Discards in waste container</li> <li>• Hand hygiene is performed immediately if hands are contaminated during mask/respirator removal</li> </ul> <p><b>4. HAND HYGIENE</b></p> <ul style="list-style-type: none"> <li>• Hand hygiene is performed immediately after removal of PPE</li> <li>• <u>Hand hygiene is performed immediately if hands are contaminated at any point in PPE removal process</u></li> </ul> <p>NOTE: Refer to latest CDC recommendations when patient has Ebola Virus Disease  <a href="http://www.cdc.gov/vhf/ebola/hcp/index.html">http://www.cdc.gov/vhf/ebola/hcp/index.html</a></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to any of the above, consider citation at WAC 246-320-176(4) – (Tag B-0925) and/or WAC 246-32-176(5)(p) (Tag B-1005)</b></p>						

## Section 2. D Environmental Services

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes
Environmental services are provided in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
2. D.1 HCP wear appropriate PPE to preclude exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2. D.2 Objects and environmental surfaces in patient care areas that are touched frequently (e.g., bed rails, side table, call button) are cleaned and then disinfected when visibly contaminated or at least daily with an EPA-registered disinfectant.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2. D.3 For terminal cleaning (i.e., after patient discharge), all surfaces are thoroughly cleaned and disinfected and towels and bed linens are replaced with clean towels and bed linens.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2. D.4 Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2. D.5 Clean, (laundered if not disposable), cloths are used for each room or corridor.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2. D.6 Mop heads and cleaning cloths are laundered at least daily using appropriate laundry techniques (e.g., following manufacturer instructions when laundering microfiber items).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

<p>2. D.7 The facility decontaminates spills of blood or other body fluids according to its policies and procedures.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. D.8 Facility has established and follows a cleaning schedule for areas/equipment to be cleaned/serviced regularly (e.g., HVAC equipment, refrigerators, ice machines, eye wash stations, scrub sinks, aerators on faucets).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to any of the above, consider citation at WAC 246-320-176(5)(e) (Tag B-0950), WAC 246-320-176(5)(f) (Tag B-0955), and/or WAC 246-32-176(5)(h) (Tag B-0965)</b></p>			
<p>Laundry is processed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:</p>			
<p>2. D.9 HCP handle soiled textiles/linens in a manner that ensures segregation of dirty from clean textiles/linens and ensure that there is not cross contamination of clean textiles/linens prior to use.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. D.10 Soiled textiles/linens are bagged at the point of collection and kept in a covered leak-proof container or bag at all times until they reach the laundry facility. Note: Covers are not needed on contaminated textile hampers in patient care areas.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>2. D.11 There is clear separation of soiled laundry space from clean laundry areas and soiled laundry is maintained under negative pressure.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	



Reprocessing of non-critical items is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:			
2. D.12 Reusable noncritical patient-care devices (e.g., blood pressure cuffs, oximeter probes) are disinfected when visibly soiled and on a regular basis, and there is clear delineation of responsibility for this among healthcare personnel per policy. Note: For patients on Contact Precautions, if dedicated, disposable devices are not available, noncritical patient-care devices are disinfected after use on each patient. <b>(CROSS-REFERENCE: POINT-OF-CARE DEVICES, SECTION 4.D)</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. D.13 Manufacturers' instructions for cleaning noncritical medical equipment are followed.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2. D.14 Hydrotherapy equipment (e.g., Hubbard tanks, tubs, whirlpools, spas, birthing tanks) are drained, cleaned, and disinfected using an EPA-registered disinfectant according to manufacturer's instructions after each patient use.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
If no to any of the above, consider citation at WAC 246-320-176(4) (Tag B-0925), WAC 246-320-176(5)(c) (Tag B-0940), and/or WAC 246-320-176(f) (Tag B-0955)			

**Module 3: Equipment Reprocessing**

**Section 3.A. Reprocessing of Semi-Critical Equipment**

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes
<p>High-Level Disinfection of Reusable Instruments and Devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including: Note: Hospital policies should address what to do when there are discrepancies between manufacturer's instructions for a device and manufacturer's instructions for a device reprocessor.</p> <p><b>Semi-Critical Device Processing</b> (includes endoscopes, ERCP duodenoscopes, (endoscopy), trans-vaginal probes (diagnostic imaging), laryngoscopes, bronchoscopes, ventilator or nebulizing equipment (respiratory therapy), anesthesia equipment (surgical services))</p> <p>Ask hospital staff to provide you with information about all areas in the facility where semi-critical devices are used</p> <p><b>For all processing:</b></p>		
<p>3. A.1 All reusable semi-critical items receive at least high-level disinfection.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>
<p>3. A.2 High-level disinfection is performed on-site.</p> <p>Continue if "yes." If "no," skip to 3.A.14. If the response is No, no citation is made in response to this question.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>
<p>3. A.3 Staff wear PPE appropriate for high-level disinfection (For endoscope reprocessing, this includes eye protection).</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>
<p>3. A. 4 There is at least 10 ACH in any room where manual disinfection takes place or there is a GUS (Gluteraldehyde user station).</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>

<p>3.A.5 For chemicals used in high-level disinfection, manufacturer’s instructions are followed for:</p> <ul style="list-style-type: none"> <li>• Preparation (including temperature)</li> <li>• Testing for appropriate concentration</li> <li>• Replacement (e.g., prior to expiration or loss of efficacy).</li> <li>• If it is required to have open/expiration dates marked on the bottle, they are marked appropriately.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p>3. A. 6 If soiled and clean areas are in the same room, workflow design prevents cross contamination and there is clear signage to designate each type of area.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p><b>For Endoscopy:</b></p> <p>3. A.7 Flexible endoscopes are inspected for damage and leak tested as part of each reprocessing cycle.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p>3. A.8 Items are thoroughly pre-cleaned according to manufacturer instructions and visually inspected for residual soil prior to high-level disinfection.</p> <p>Note: for lumened instruments (e.g., endoscopes), pre-cleaning must include all device channels and lumens with cleaning brushes.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p>3. A.9 Enzymatic cleaner or detergent is used and discarded according to manufacturer’s instructions (typically after each use).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

<p>3. A.10 Cleaning brushes are disposable or cleaned and high-level disinfected or sterilized (per manufacturer's instructions) after each use.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p>3. A.11 If automated reprocessing equipment is used, proper connectors are used to assure that channels and lumens are appropriately disinfected.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p>3. A.12 Devices are disinfected for the appropriate length of time as specified by manufacturer's instructions.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p>3. A.13 After high-level disinfection, devices are rinsed with sterile water, filtered water, or tap water followed by a rinse with 70% - 90% ethyl or isopropyl alcohol.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p>3. A.14 Devices are dried thoroughly prior to reuse. Note: for lumened instruments (e.g., endoscopes) this includes flushing channels with alcohol and forcing air through the channels.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p>3. A. 15 Staff receive training prior to performing reprocessing and competency is assessed at least annually.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

<p>3. A.16 Routine maintenance procedures for high-level disinfection equipment conform to manufacturer’s instruction; confirm maintenance records are available.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p>3. A.17 After high-level disinfection, devices are stored in a manner to protect from damage or contamination (Note: endoscopes must be hung in a vertical position).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p>3. A.18 The facility has a system in place to identify which instrument (e.g., endoscope) was used on a patient via a log for each procedure.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p><b>For Duodenoscopes (used in ERCP):</b></p> <p>3. A.19 Manufacturer’s directions for use (DFU) are available and correspond to observed practices including:</p> <p>Elevator mechanism located at the distal tip of the duodenoscope is thoroughly cleaned and free of all visible debris</p> <p>Visible inspection includes elevator mechanism in both raised/lowered positions</p> <p>Both channels and elevator mechanism are thoroughly dried with both air and alcohol flush prior to storage.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<p><b>If no to any of the above, consider citation at WAC 246-320-176(4) (Tag B-0925), WAC 246-320-176(5)(c) (Tag B-0940), and/or WAC 246-320-176(f) (Tag B-0955)</b></p>		

## Section 3. B Reprocessing of Critical Equipment Sterilization of Reusable Instruments and Devices

Elements to be assessed			Manner of Assessment Code (check all that apply) & Surveyor Notes
Sterilization of reusable instruments and devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following: Note: Hospital policies should address what to do when there are discrepancies between manufacturer's instructions for a device and manufacturer's instructions for a device reprocessor.			
3. B.1 Items are thoroughly pre-cleaned according to manufacturer's instructions and visually inspected for residual soil prior to sterilization.  Note: For lumened instruments, pre-cleaning must include all device channels and lumens with cleaning brushes appropriate for size of instrument channel or port.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3. B.2 All reusable critical instruments and devices are sterilized on site.  If no, then <b>no citation is issued and skip</b> to 3.B.12.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3. B.3 Enzymatic cleaner or detergent is used and discarded according to manufacturer's instructions (typically after each use).	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3. B.4 Cleaning brushes are disposable or cleaned and high-level disinfected or sterilized (per manufacturer's instructions) at least daily.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>3. B.5 After pre-cleaning, instruments are appropriately wrapped/packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, hinged instruments are open, and instruments are disassembled if indicated by the manufacturer).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.6 A chemical indicator (process indicator) is placed correctly in the instrument packs in every load.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.7 A biological indicator is used at least weekly for each sterilizer and with every load containing implantable items.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.8 For dynamic air removal-type sterilizers, a Bowie-Dick test is performed each day the sterilizer is used to verify efficacy of air removal.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.9 Sterile packs are labeled with the sterilizer used, the cycle or load number, and the date of sterilization.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.10 Logs for each sterilizer cycle are current and include results from each load.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.11 Routine maintenance for sterilization equipment is performed according to manufacturer's instructions (confirm maintenance records are available).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>3. B.12 After sterilization, medical devices and instruments are stored so that sterility is not compromised.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.13 Sterile packages are inspected for integrity and compromised packages are reprocessed prior to use.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3.B.14 If immediate-use steam sterilization is performed, the following criteria are met:</p> <ul style="list-style-type: none"> <li>• The item being sterilized is thoroughly cleaned prior to placing it in the sterilizer container (that is FDA cleared for use with the cycle) or tray</li> <li>• The sterilizer cycle being used is one that is approved by both the instrument and sterilizer manufacturer</li> <li>• The sterilizer function is monitored with monitors (e.g., mechanical, chemical and biologic) that are approved for the cycle being used</li> <li>• The facility maintains a sufficient volume of instruments to meet the surgical volume and permit time to complete all steps of reprocessing</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.15 Instruments that are subject to immediate use sterilization procedures are used immediately and handled in a manner to prevent contamination during transport from the sterilizer to the patient.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>3. B.16 HCP respond (i.e., recall of device and risk assessment) according to facility policies and procedures in the event of a reprocessing error/failure that could result in the transmission of infectious disease.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to any of the above, consider citation at WAC 246-320-176(4) (Tag B-0925), WAC 246-320-176(5)(c) (Tag B-0940), and/or WAC 246-320-176(f) (Tag B-0955)</b></p>			



## Section 3. C Single-Use Devices (SUDs)

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Single use devices are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
3. C.1 Single use devices are discarded after use and not used for more than one patient.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, do not consider citation and go to 3.C.2</b>						
3. C.2 If the hospital elects to reuse single-use devices, these devices are reprocessed by an entity or a third party reprocessor that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. The hospital must have documentation from the third party reprocessor confirming this is the case.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 2 3 4 5	
<b>If no, consider citation at WAC 246-320-176(5)(c) (Tag B-0940)</b>						

**Module 4: Patient Tracers**

**Section 4. A Urinary Catheter Maintenance**  
**Reference: Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009**

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Urinary catheters are inserted, accessed, and maintained in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
<b>Insertion:</b>						
<b>If no to 4.A.2 through 4.A.3, consider citation at WAC 246-320-176 (4) (Tag B-0925)</b>						
4. A.1 Catheter insertion, indication, and perineal care documented according to facility policy	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3			<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
		<input type="checkbox"/> 5			<input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-166(4)(b) (Tag B-0735)</b>						

<b>Accessing/Maintenance:</b>						
4. A.2 Hand hygiene performed before and after manipulating catheter.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3			<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
		<input type="checkbox"/> 5			<input type="checkbox"/> 5	
4. A.3 Catheter and collecting tubing are not disconnected (irrigation avoided).	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3			<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
		<input type="checkbox"/> 5			<input type="checkbox"/> 5	
4. A.4 Urine bag emptied using aseptic technique.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1	
	<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3			<input type="checkbox"/> 3	
		<input type="checkbox"/> 4			<input type="checkbox"/> 4	
		<input type="checkbox"/> 5			<input type="checkbox"/> 5	

4. A.5 Urine samples obtained aseptically (via needleless port for small volume).	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. A.6 Urine bag kept below level of bladder at all times with catheter tubing unobstructed and free of kinking.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of 4.A.6 through 4.A.11, WAC 246-320-176 (4) (Tag B-0925) or if part of policy and procedure then could consider citation at WAC 246-320-176 (5)(b) (B-0935)</b>						
4. A.7 Need for urinary catheters reviewed daily with prompt removal of unnecessary urinary catheters.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>No citation for 4.A.12 unless part of hospital policy and procedure then consider citation at WAC 246-320-176 (5)(b) (B-0935)</b>						

## Section 4.B Central Venous Catheter Tracer

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Central venous catheters are inserted, accessed and maintained in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
<b>Insertion:</b>						
4. B.1 Hand Hygiene performed before and after insertion.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. B.2 Maximal barrier precautions used for insertion (includes use of cap, mask, sterile gown, sterile gloves, and a sterile full body drape and sequence of donning).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. B.3 >0.5% chlorhexidine with alcohol used for skin antisepsis prior to insertion (If contraindicated, tincture of iodine, an iodophor, or 70% alcohol can be used as alternatives).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. B.4 Sterile gauze or sterile, transparent, semi permeable dressing used to cover catheter site (may not apply for well-healed tunneled catheters).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (4.B.1 through 4.B.4), consider citation at WAC 246-320-176 (4) (Tag B-0925)</b>						
4. B.5 Central line insertion and indication documented according to facility policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-166(4)(b) (Tag B-0735)</b>						

Processing/Maintenance:						
4. B.6 Hand hygiene performed before and after manipulating catheter (even if gloves worn).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. B.7 Dressings that are wet, soiled, or dislodged are changed promptly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. B.8 Dressing changed with aseptic technique using clean or sterile gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. B.9 Access port is scrubbed with an appropriate antiseptic (chlorhexidine, povidone iodine, an iodophor, or 70% alcohol) prior to accessing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. B.10 Catheter accessed only with sterile devices.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. B.11 If required by facility policy, need for central venous catheters reviewed daily with prompt removal of unnecessary lines.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
If no to any of 4.B.6 through 4.B.10, consider citation at WAC 246-320-176 (4) (Tag B-0925) and/or WAC 246-320-176 (5)(b) (Tag B-0935)						

## Section 4. C Respiratory Therapy Tracer

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Respiratory procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
<b>General respiratory therapy practices (apply to patients with and without ventilators):</b>						
4. C.1 Hand hygiene is performed before and after contact with patient or any respiratory equipment used on patient.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.2 Gloves are worn when in contact with respiratory secretions and changed before contact with another patient, object, or environmental surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.3 If multi-dose vials for aerosolized medications are used, manufacturer's instructions for handling, storing, and dispensing the medications are followed. Further, if used for more than one patient, they are restricted to a centralized medication area and do not enter the immediate patient treatment area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.4 Nebulizers are stored and changed according to hospital policy and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

4. C.5 If multi-dose vials for aerosolized medications are used for more than one patient,	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (4.C.1 through 4.C.7), consider citation at WAC 246-320-176(5)(c) (Tag B-0940)</b>						
4. C.6 Hospital has a comprehensive oral-hygiene program (that might include the use of an antiseptic agent) for patients who are at high risk for health-care associated pneumonia.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.7 In the absence of medical contraindication(s), head of bed is elevated at an angle of 30-45 degrees for patients at high risk for aspiration (e.g., a person receiving mechanically assisted ventilation and/or who has an enteral tube in place).	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to 4.C.8 and/or 4.C.9 then consider citation at WAC 246-320-176 (4) (Tag B-0925) or if part of hospital policy and procedure then consider citation at WAC 246-320-176(5)(b) (B-0935)</b>						

<b>Ventilators/BiPaP/CPAP</b>						
Ventilators and other respiratory adjuncts are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease						
4. C.8 Ventilator circuit is changed if visibly soiled or mechanically malfunctioning.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

4. C.9 If multi-use closed-system suction catheter is employed, only sterile fluid is used to remove secretions upon reentry into the respiratory tract.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (4.C.10 through 4.C.14), consider citation at WAC 246-320-176 (4) (Tag B-0925)</b>						
4. C.10 Sedation is lightened daily in eligible patients.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. C.11 Spontaneous breathing trials are performed daily in eligible patients.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (4.C.15 through 4.C.16), consider citation at WAC 246-320-176 (4) (Tag B-0925) using reference from IHI VAP Bundle or if part of hospital policy and procedure then consider citation at WAC 246-320-176)5)(b) (B-0935)</b>						



## Section 4. D Point of Care Devices (e.g. Blood Glucose Meter, INR Monitor)

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Point of care devices are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
4. D.1 Hand hygiene is performed before and after the procedure.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. D.2 Gloves are worn by healthcare personnel when performing the finger stick procedure to obtain the sample of blood and are removed after the procedure (followed by hand hygiene).	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. D.3 If used for more than one patient, the point-of-care device is cleaned and disinfected after every use according to manufacturer's instructions.  Note: if manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for >1 patient.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. D.4 Blood glucose meter is designed for hospital and multi-patient use.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4.D.5 Point of Care device is calibrated per manufacturer's instructions. Test strips are current.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

**If no to any of the above (4.E.1 through 4.E.5), consider citation at WAC 246-320-176 (4) (Tag B-0925)**

## Section 4. E Surgical Procedure Tracer

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Surgical procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:						
4. E.1 Healthcare personnel perform a surgical scrub before donning sterile gloves for surgical procedures (in OR) using an antimicrobial surgical scrub. After surgical scrub, hands and arms are dried with a sterile towel (if applicable), and sterile surgical gown and gloves are donned in the OR.  Note: If hands are visibly soiled, they should be prewashed with soap and water before using an alcohol-based surgical scrub.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. E.2 If Healthcare personnel perform a surgical scrub using an FDA- approved alcohol-based antiseptic surgical hand rub, adequate contact and drying time is observed per manufacturer's recommendations.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (4.I.1 through 4.I.2), consider citation at WAC 246-320-176 (5)(n) (Tag B-0995)</b>						
4. E.3 Surgical attire (e.g., scrubs) and surgical caps/hoods covering all head and facial hair are worn by all personnel in semi restricted and restricted areas.  Note: Restricted area includes ORs, procedure rooms, and the clean core area. The semi restricted area includes the peripheral support areas of the surgical suite.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. E.4 Surgical masks are worn (and properly tied, fully covering mouth and nose) by all personnel in restricted areas where open sterile supplies or scrubbed persons are located.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of the above (4.I.3 through 4.I.4), consider citation at WAC 246-320-176 (5)(j) (B-0975)</b>						

<p>4. E.5 Sterile drapes are used to establish sterile field.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. E.6 Sterile field is maintained and monitored constantly. Ensure that:</p> <ul style="list-style-type: none"> <li>• Items used within sterile field are sterile.</li> <li>• Items introduced into sterile field are opened, dispensed, and transferred in a manner to maintain sterility.</li> <li>• Sterile field is prepared in the location where it will be used and as close as possible to time of use.</li> <li>• Movement in or around sterile field is done in a manner to maintain sterility.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to any of the above (4.1.5 through 4.1.6), consider citation at WAC 246-320-176 (5)(p) (B-1005)</b></p>						
<p>4. E.7 Traffic in and out of OR is kept to minimum and limited to essential staff.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176 (5)(k) (B-0980)</b></p>						
<p>4. E.8 Surgical masks are removed when leaving the restricted areas and are not reused when returning per policy.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176 (4) (B-0925), or WAC 246-320-176 (5)(j) (B-0975)</b></p>						

Processes ensuring infection control in the OR are accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:			
4. E.9 Cleaners and EPA-registered hospital disinfectants are used in accordance with hospital policies and procedures and manufacturer’s instructions (e.g., dilution, storage, shelf-life, contact time).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. E.10 Cleaners and EPA-registered disinfectants, when in use, are labeled, diluted according to manufacturer’s instructions, and are dated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. E.11 All horizontal surfaces (e.g., furniture, surgical lights, booms, equipment) are damp dusted before the first procedure of the day using a clean, lint-free cloth and EPA-registered hospital detergent/disinfectant.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. E.12 High touch environmental surfaces are cleaned and disinfected between patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. E.13 Anesthesia equipment is cleaned and disinfected between patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. E.14 Reusable noncritical items (e.g., blood pressure cuffs, ECG leads, tourniquets, oximeter probes) are cleaned and disinfected between patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>4. E.15 ORs are terminally cleaned after last procedure of the day (including weekends) and each 24-hour period during regular work week. Terminal cleaning includes wet-vacuuming or mopping floor with an EPA-registered disinfectant.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4.E.16 All surfaces, including but not limited to floor, walls, and ceilings have cleanable surfaces, are visibly clean, and there is evidence that all surfaces are cleaned regularly in accordance with hospital policies and procedures.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. E.17 Internal components of anesthesia machine breathing circuit are cleaned regularly according to manufacturer’s instructions.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to any of the above, consider citation at WAC 246-320-176(4) (B-0925), WAC 246-320-176(5)(c) (B-0940), WAC 246-320-176(5)(f) (Tag B-0955), WAC 246-320-176(5)(g) (B-0960), and/or WAC 246-320-176(5)(h) (Tag B-0965)</b></p>			
<p>4. E.18 Ventilation requirements meet the following :</p> <ul style="list-style-type: none"> <li>• Positive pressure, 15 air exchanges per hour (at least 3 of which are fresh air)</li> <li>• 90% filtration (HEPA is optional), air filters checked regularly and replaced according to hospital policies and procedures</li> <li>• Temperature and relative humidity levels are maintained at required levels</li> <li>• Doors are self-closing</li> <li>• Air vents and grill work are clean and dry.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no consider citation at WAC 246-320-176(4) (Tag B-0925) or WAC 246-320-296 (10)(c)(ii) (B-1975)</b></p>			

## Section 4. F Hemodialysis Tracer

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Hemodialysis procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:			
4. F.1. Policies and Procedures are available for: <ul style="list-style-type: none"> <li>• Water treatment to ensure water quality</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to the above, consider citation at WAC 246-320-291(1)(b) (B-1710)</b>			
4.F.2. Policies and Procedures are available for water testing: <ul style="list-style-type: none"> <li>• Bacterial contamination; and</li> <li>• Chemical purity</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to the above, consider citation at WAC 246-320-291(1)(c) (B-1715)</b>			
4.F.3. The facility can demonstrate that each dialysis machine is tested for bacterial contamination monthly; or at a frequency proven to show the efficacy of the disinfection process.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to the above, consider citation at WAC 246-320-291(2) (B-1720)</b>			
4. F.4. Appropriate backflow prevention is provided.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to the above, consider citation at WAC 246-320-291(3) (B-1725)</b>			

<p>4.F.5. Standard Precautions are observed by all who enter the room of a dialysis patient; or higher level isolation precautions are observed as determined by patient assessment.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to the above, consider citation at WAC 246-320-176(5)(p) (B-1005)</b></p>			
<p>4.F.6. Proper technique is employed for cannulation i.e. access preparation.</p> <ul style="list-style-type: none"> <li>• Hand hygiene and use of gloves;</li> <li>• Cleansing wash followed by disinfection.</li> <li>• Mask worn by patient and staff for central line access.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to the above, consider citation at WAC 246-320-176(4) (B-0925)</b></p>			
<p>4.F.7. Dialysis HCPs can correctly demonstrate:</p> <ul style="list-style-type: none"> <li>• Chlorine testing; and</li> <li>• Conductivity testing.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to the above, consider citation at WAC 246-320-156(3) (B-0615)</b></p>			
<p>4.F.8. Only single use items are utilized in rooms posted for isolation precautions.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to the above, consider citation at WAC 246-320-176(5)(p) (B-1005)</b></p>			
<p>4.F.9. Dialysis-specific policies and procedures are available for:</p> <ul style="list-style-type: none"> <li>• Environmental cleaning/disinfection;</li> <li>• Equipment cleaning/disinfection;</li> <li>• Hand hygiene;</li> <li>• Medication/injection safety;</li> <li>• Use of Standard or Contact Precautions;</li> <li>• Vascular access/Cannulation;</li> <li>• Infection surveillance; and</li> <li>• Quality Assurance /Performance Improvement</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to the above, consider citation at WAC 246-320-176(4) (B-925)</b></p>			

## Section 4. G Isolation: Contact Precautions

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes					Manner of Assessment Code (check all that apply) & Surveyor Notes					
Patients requiring contact isolation are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following: <b>SURVEY IN CONJUNCTION WITH SECTION 2.C PERSONAL PROTECTIVE EQUIPMENT/STANDARD PRECAUTIONS</b>											
4. G.1 Gloves and gowns are available and located near point of use.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2
	<input type="checkbox"/> No	<input type="checkbox"/> 3			<input type="checkbox"/> 3			<input type="checkbox"/> 4			<input type="checkbox"/> 4
		<input type="checkbox"/> 4			<input type="checkbox"/> 4			<input type="checkbox"/> 5			<input type="checkbox"/> 5
		<input type="checkbox"/> 5			<input type="checkbox"/> 5						
4. G.2 Signs indicating patient is on Contact Precautions are clear and visible.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2
	<input type="checkbox"/> No	<input type="checkbox"/> 3			<input type="checkbox"/> 3			<input type="checkbox"/> 4			<input type="checkbox"/> 4
		<input type="checkbox"/> 4			<input type="checkbox"/> 4			<input type="checkbox"/> 5			<input type="checkbox"/> 5
		<input type="checkbox"/> 5			<input type="checkbox"/> 5						
4. G.3 Patients on contact precautions are housed in single-patient rooms when available or cohorted based on a clinical risk assessment.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2
	<input type="checkbox"/> No	<input type="checkbox"/> 3			<input type="checkbox"/> 3			<input type="checkbox"/> 4			<input type="checkbox"/> 4
		<input type="checkbox"/> 4			<input type="checkbox"/> 4			<input type="checkbox"/> 5			<input type="checkbox"/> 5
		<input type="checkbox"/> 5			<input type="checkbox"/> 5						
4. G.4 Hand hygiene is performed before entering patient care environment.  Note: Soap and water must be used when bare hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected <i>C. difficile</i> or norovirus during an outbreak. In all other situations, ABHR is preferred.	<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> Yes	<input type="checkbox"/> 1		<input type="checkbox"/> No	<input type="checkbox"/> 2		<input type="checkbox"/> No	<input type="checkbox"/> 2
	<input type="checkbox"/> No	<input type="checkbox"/> 3			<input type="checkbox"/> 3			<input type="checkbox"/> 4			<input type="checkbox"/> 4
		<input type="checkbox"/> 4			<input type="checkbox"/> 4			<input type="checkbox"/> 5			<input type="checkbox"/> 5
		<input type="checkbox"/> 5			<input type="checkbox"/> 5						



<p>4. G.5 Gloves and gowns are donned properly before entering patient care environment.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. G.6 Gloves and gowns are removed properly and discarded, and hand hygiene is performed before leaving the patient care environment.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. G.7 Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs) is used or if not available, then equipment is cleaned and disinfected prior to use on another patient according to manufacturer's instructions.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. G.8 Facility limits movement of patients on Contact Precautions outside of their room to medically necessary purposes. If a patient on Contact Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. G.9 Objects and environmental surfaces in patient care areas that are touched frequently (e.g., bed rails, side table, call button) are cleaned and then disinfected when visibly soiled and at least daily with an EPA-registered disinfectant.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to any of the above (4.F.1 through 4.F.9), consider citation at WAC 246-320-176 (4) (Tag B-0925)</b></p>						

<p>4. G.10 For terminal cleaning (i.e., after patient discharge), all surfaces are thoroughly cleaned and disinfected and all textiles are replaced with clean textiles.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to any of the above (4.F.10 through 4.F.11), consider citation at WAC 246-320-176 (5)(h) (Tag B-0965)</b></p>						
<p>4. G.11 Cleaners and disinfectants are labeled and used in accordance with hospital policies and procedures and manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176 (5) (F) (Tag B-0955)</b></p>						

## Section 4. H Isolation: Droplet Precautions

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Patients requiring Droplet Precautions are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following: <b>SURVEY IN CONJUNCTION WITH SECTION 2.C PERSONAL PROTECTIVE EQUIPMENT/STANDARD PRECAUTIONS</b>						
4. H.1 Surgical masks are available and located near point of use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. H.2 Signs indicating patient is on Droplet Precautions are clear and visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. H.3 Patients on Droplet Precautions are housed in single-patient rooms when available or cohorted based on a clinical risk assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. H.4 Hand hygiene is performed before entering patient care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. H.5 HCP don surgical masks before entering the patient care environment or private room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>4. H.6 Mask is removed and discarded, and hand hygiene is performed upon leaving the patient care environment.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. H.7 Facility limits movement of patients on Droplet Precautions outside of their room to medically necessary purposes (note: policy should address that patient wear surgical mask when transported). If a patient on Droplet Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient’s status and to prevent transmission of infectious disease</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to any of the above (4.G.1 through 4.G.8), consider citation at WAC 246-320-176 (4) (Tag B-0925)</b></p>						
<p>4. H.8 Objects and environmental surfaces in patient care areas that are touched frequently (e.g., bed rails, side table, call button) are cleaned and then disinfected when visibly soiled and at least once a day with an EPA-registered disinfectant.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. H.9 During terminal cleaning (i.e., after patient discharge), all surfaces are thoroughly cleaned and disinfected and all textiles are replaced with clean textiles.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to any of the above (4.G.9 through 4.G.10), consider citation at WAC 246-320-176 (5)(h) (Tag B-0965)</b></p>						
<p>4. H.10 Cleaners and disinfectants are labeled and used in accordance with hospital policies and procedures and manufacturer’s instructions (e.g., dilution, storage, shelf-life, contact time).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no, consider citation at WAC 246-320-176 (5) (F) (Tag B-0955)</b></p>						

## Section 4. I Isolation: Airborne Precautions

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
Patients requiring Airborne Precautions are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following: <b>SURVEY IN CONJUNCTION WITH SECTION 2.C PERSONAL PROTECTIVE EQUIPMENT/STANDARD PRECAUTIONS</b>						
4. I.1 NIOSH-approved particulate respirators (N-95 or higher) or PAPRs (Powered Purified Air Respirators) or equivalent are available and located near point of use.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.2 Signs indicating patient is on Airborne Precautions are clear and visible.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.3 Patients on Airborne Precautions are housed in airborne infection isolation rooms (AIIR).	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4. I.4 Hand hygiene is performed before entering patient care environment.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>4. I.5 HCP wear a NIOSH-approved particulate respirator (N95 or higher) or PAPR upon entry into the AIIR for patients with confirmed or suspected TB or other suspected/confirmed airborne pathogens.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>4. I.6 Facility limits movement of patients on Airborne Precautions outside of their room to medically-necessary purposes. If a patient on Airborne Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease (note: policy should address that patient wear surgical mask when transported).</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p><b>If no to any of the above (4.H.1 through 4.H.7), consider citation at WAC 246-320-176 (4) (Tag B-0925)</b></p>						

**Module 5: Special Care Environments**

**Section 5. A Protective Environment (e.g. Bone Marrow patients)**

Elements to be assessed	Manner of Assessment Code (check all that apply) & Surveyor Notes			Manner of Assessment Code (check all that apply) & Surveyor Notes		
For patients requiring a Protective Environment - the hospital ensures:						
5. A.1 Positive pressure [air flows out to the corridor].	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
5. A.2 Twelve (12) air changes per hour.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to 5.A.1 and/or 5.A.2 then consider citation at WAC 246-320-296(10)(c)(ii) (B-1975)</b>						
5. A.3 Supply air is HEPA filtered	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-176(4) (B-0925)</b>						
5. A.4 Well sealed rooms so that there are no penetration spaces in walls, ceilings, or windows.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-296(10)(b) (B-1980)</b>						

5. A.5 Door to room is closed according to hospital policy and procedure	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-176(5)(c) (Tag B-0940)</b>						
5. A.6 Documents and demonstrates that failures are addressed.	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-296(2) (B-1750)</b>						
5. A.7 For patients requiring a Protective Environment, the hospital ensures that ventilation specifications are monitored using visual methods (e.g. flutter strips, smoke tubes) and observations documented daily or by use of an electronic meter with an automatic alarm if balance goes out of range.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-176 (4) (B-0925) and/or WAC 246-320-296(10)(c)(ii) (Tag B-1975)</b>						



**Module 6: Food Services**

**Section 6 - Food Services**

<p>6.1 Proper cooling procedures are being used</p> <ul style="list-style-type: none"> <li>• Cooled to proper temperature(s) in proper amount of time i.e. ≤70° in 2 hrs and then ≤41° in next 4 hrs.;</li> <li>• Rapid cooling in 2 inch shallow pans; or ≤ 4-inch thick intact meat.</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	
<p>6.2 Proper hot holding temperatures are being used</p> <ul style="list-style-type: none"> <li>• ≥ 135°</li> <li>• If no room temperature storage, then time as a control policy is needed</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	
<p>6.3 Food is cooked to proper temperature for required time</p> <p>(See Chapter 3-4 et al. Destruction of Organisms of Public Health Concern)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	
<p>6.4. Hospital has well-defined work exclusion policies concerning food services workers who have potentially transmissible illnesses according to Chapter 246-215 WAC.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	
<p>6.5 Proper ill food worker practices being followed</p> <ul style="list-style-type: none"> <li>• No ill workers are present</li> <li>• Illnesses are properly reported.</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	

<p>6.6 Hands are washed as required</p> <ul style="list-style-type: none"> <li>• After touching body parts other than clean hands;</li> <li>• After use of bathroom;</li> <li>• After sneezing, coughing, blowing nose, eating or drinking;</li> <li>• After handling soiled equipment;</li> <li>• Upon changing tasks;</li> <li>• When switching from handling uncooked to ready to eat items; and</li> <li>• Before donning gloves.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.7 Proper methods are used to prevent bare hand contact with ready to eat foods</p> <ul style="list-style-type: none"> <li>• Single use gloves;</li> <li>• Utensils i.e. tongs, etc.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.8 Proper reheating procedures are used for hot holding</p> <ul style="list-style-type: none"> <li>• <math>\geq 165^{\circ}</math> for minimum time required.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.9 Food contact surfaces used for raw meat are thoroughly cleaned and sanitized</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.10 Food is obtained from an approved source</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.11 The water supply and ice are obtained from an approved source</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>6.12 Cold holding temperatures are maintained at ≤ 41</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.13 Fruits and vegetables are properly washed</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.14 Pasteurized foods are used as required and prohibited foods are not offered</p> <ul style="list-style-type: none"> <li>• Liquid and or powdered eggs;</li> <li>• Juices;</li> <li>• Caesar salad, hollandaise or Béarnaise sauce, mayonnaise.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.15 Toxic substances are properly stored           (Physically separated and or not stored above food, equipment and utensils)</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.16 Handwashing stations adequate in number</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.17 Food is in good condition, safe and unadulterated</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.18 Returned, unsafe or adulterated food or food in poor condition has been properly disposed of</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>6.19 Food worker cards are current for all workers</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.20 Accurate thermometers are provided</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.21 Hospitals must obtain variance for specialized processing methods (e.g. ROP, non-continuous cooking)</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.22 Food contact surfaces are properly maintained, cleaned and sanitized</p> <ul style="list-style-type: none"> <li>• Soap and water;</li> <li>• Proper disinfectant levels.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.23 Food is properly labeled</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.24 Potential food contamination is prevented during preparation, storage and display</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>6.25 Wiping cloths are properly stored</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.26 Ware washing facilities are properly installed, maintained and used</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.27 Appropriate test strips are available, used, and not expired.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.28 Adequate equipment is available for temperature control</p> <ul style="list-style-type: none"> <li>• Hot holding units</li> <li>• Refrigeration</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.29 Plumbing is properly sized, installed and maintained with proper backflow protection</p> <ul style="list-style-type: none"> <li>• Indirect drains;</li> <li>• No cross connections</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<p>6.30 Proper thawing methods are employed</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

6.31 In-use utensils are properly stored	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
6.32 Policies and procedures have been adopted and implemented per WAC 246-215.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no to any of above, consider citation at WAC 246-320-201(6) (Tag B-1055)</b>			
6.33 A qualified individual is responsible for managing Food and Nutrition Services <ul style="list-style-type: none"> <li>• Experience</li> <li>• Education</li> <li>• Training</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-201(1) (Tag B-1030)</b>			
6.34 A Registered Dietitian has been designated to develop and implement nutritional care policies and procedures	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-201(2) (Tag B-1035)</b>			
6.35 A Registered Dietitian is available to assess nutritional needs of patients	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<b>If no, consider citation at WAC 246-320-201(3) (Tag B-)1040</b>			