AUDITOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AUDIT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT/LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Element Assessed** | **Response** | **Notes** |
| **Employee Competency and Resources** | | |
| 1. Are there dedicated staff that have primary responsibility for providing direct ventilator care  (e.g. respiratory therapists, nurses with additional  specialized respiratory training, respiratory techs)?  NOTE: If NA is selected, skip to question 6. | Yes  No  NA, non-ventilator facility |  |
| 1. Who provides care? | Nursing (RN, LPN)  Respiratory Therapist (RT)  Both  ­­­ Other, describe in notes |
| 3. Has staff received training to provide direct care for ventilator patients/residents? | Yes  No |
| 4. Was competency assessed in the last year? | Yes  No  Unknown |
| 1. Ventilator tubing is handled in a fashion that prevents secretions from moving back toward the patient/resident? | Yes  No  Unable to observe |
| 6. Personal Protective Equipment (PPE) is readily available? | Yes  No |

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| 7. Staff correctly use PPE? | Yes  No  Unable to observe |  |
| 8. Staff uses sterile technique for procedures that require sterile technique (e.g. when suctioning a tracheostomy)?  Note: If sterile technique not required reply NA. | Yes  No  NA |
| 9. Are medication vials observed in the patient/resident room labeled explicitly for the designated patient/resident? | Yes  No  NA, none observed |
| **Handheld Nebulizers** | | |
| 10. Are handheld nebulizers utilized in this facility?  NOTE: If no patients/residents at the time of the assessment, have the facility describe the following processes. | Yes  Yes, no patients/residents at this time  No |  |
| 11. Aseptic technique is used when dispensing sterile fluids and medications into nebulizers? | Yes, observed  Yes, described correctly  No |
| 1. Are nebulizers cleaned, disinfected, and rinsed between treatments on the same patient/resident? | Yes, observed  Yes, described correctly  No |
| 1. Is sterile water used to rinse nebulizers?   Note: Observe the environment for the presence of sterile water. | Yes, observed  Yes, described correctly  No |

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| 1. Are nebulizer pumps stored in a manner to prevent contamination? | Yes  No  Unable to observe |  |
| **Non-invasive Respiratory Equipment (e.g. CPAP or BiPAP)** | | |
| 15. Is CPAP or BiPAP used at this facility?  NOTE: If no is selected, skip to question 20. | Yes, facility provided only  Yes, brought in by patient/resident  Yes, facility and patient/resident equipment  No |  |
| 16. Does the facility have the manufacturer’s instructions for cleaning and disinfection for all non-invasive respiratory equipment? | Yes  No  Unknown |
| 17. Staff systematically evaluate equipment brought from home prior to use. The following are performed:   * Equipment safety check * Log/document the check * Obtain the manufacturer’s IFU   NOTE: All must be completed to answer yes. | Yes  No |
| 18. Do staff clean and disinfect non-disposable equipment after each patient/resident use? | Yes  No |
| 19. Do staff clean and disinfect equipment prior to use on another patient/resident? | Yes  No  N/A, patient/resident owned equipment |

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| **Intubation Equipment** | | |
| 20. Is intubation equipment used at this facility?  NOTE: If no is selected, skip to question 24. | Yes  No |  |
| 21. Are laryngoscope blades reprocessed according to manufacturer’s instructions using HLD or sterilization?  NOTE: **TJC FAQ**  <https://www.jointcommission.org/>  standards\_information/  jcfaqdetails.aspx?StandardsFaqId  =1201&ProgramId=46 | Yes, observed  Yes, described correctly  No |
| 22. Are laryngoscope handles reprocessed according to manufacturer instructions using LLD, HLD or sterilization? (may vary from LLD to HLD or sterilization). | Yes, observed  Yes, described correctly  No |
| 23. Are laryngoscope handles and blades stored in a manner to prevent contamination? | Yes  No |
| **Ventilator Bundle Element Questions** | | |
| 24. Are mechanical ventilators used at this facility?  NOTE: If yes, but no patients/residents skip to 32.  If no is selected, the tool is complete. | Yes  Yes, no patients/residents currently  No |  |
| 25. Has the facility implemented a ventilator bundle? | Yes  No |
| 26. Are all bundle elements documented? | Yes  No  NA, bundle not implemented |
| 27. Has this patient/resident been evaluated for weaning within the last 24 hours? | Yes  No, no substantive reason given  No, need for long term ventilatory support determined  NA due to contraindication  Unknown |
| 28. Is the head of the bed elevated at least 30 degrees? | Yes  No, no substantive reason given  NA due to contraindication |
| 29. When was the last time the patient/resident was out of bed? | Within the last 24 hours  More than 24 hours ago - contraindication  More than 24 hours ago – no substantive reason  Unknown |
| 30. Has oral care with CHG been provided in the last 24 hours? | Yes  No, due to contraindication  No, no substantive reason given  No, an alternative product is used  Unknown |
| 31. Was an assessment for early mobilization performed? | Yes  No, no substantive reason given  NA due to contraindication  Unknown |

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| Ventilator – Equipment Cleaning and Disinfection Process | | |
| 32. Outer surfaces of in-use ventilators are cleaned and disinfected using approved EPA disinfectants per the manufacturer’s instructions and facility procedure. NOTE: Yes, to all to answer yes. | Yes, observed  Yes, described  No |  |
| 33. Who is responsible for cleaning and disinfecting the ventilator? | RN  RT  Either RN or RT  Other  Not clearly identified |
| 34. How often do you change ventilator circuits (tubing)? | Every 24-48 hours  Every 49 – 96 hours  Another routine interval  Only if soiled and damaged  Unknown |
| 35. Supplies are appropriately stored (e.g. dry, intact packaging, not mixed with dirty items or stored with soiled equipment). | Yes  No |
| 36. Surfaces of ventilator are cleaned and disinfected in the patient/resident room prior to removal. | Yes, observed  Yes, described  No  Unknown |  |
| 37. Ventilator is transported to a designated location for cleaning and reassembly. | Yes, observed  Yes, described  No, portable ventilator with no reusable removal parts  No  Unknown |  |
| 38. Disposable equipment is removed and placed in trash receptacle. | Yes, observed  Yes, described  No  Unknown |  |
| 39. Non-disposable components (e.g. exhalation valve, flow sensors, diaphragm, thermometer) are removed and packaged for reprocessing/sterilization. | Yes, observed  Yes, described  No  Unknown  NA, all parts disposable |  |
| 40. The ventilator surfaces are cleaned and disinfected. | Yes, observed  Yes, described  No  Unknown |  |
| 41. The ventilator is reassembled and stored in a manner to avoid contamination (e.g. bagged/tagged for re-use) | Yes, observed  Yes, described  No, portable ventilator requiring no reassembly  No  Unknown |  |