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 |  |