

Department/Unit "Self-Safety Audit" QUESTIONNAIRE

A Self-Safety Audit must be completed in your unit/department annually.

INSTRUCTIONS TO COMPLETE:

1. Complete the following 3-page "Self-Safety Audit Questionnaire" **and** the attached 3-page "Safety Audit Checklist" form.
2. All "NO" answers require an explanation on the "Attachment Pages" provided.
Initiating Work Orders (when applicable) is the responsibility of the area manager.
3. The completed **Questionnaire** and **Checklist** should be submitted to the Hospital Safety & Security Department, Box 980320, or faxed to 828-4299.
4. A copy of the completed survey should remain in your unit/department's copy of the Safety Manual.

Department/Unit Name: _____

Location: _____
(Building – Floor - Wing)

Department/Unit Supervisor/Manager: _____

Date Survey Conducted: ____ / ____ / ____ Surveyor(s) Name(s) & Box Number(s):

I. STAFF TRAINING:

A. Number of Staff? _____

B. Number of staff who have completed annual Safety Training, i.e., *Essential Education Blitz* or *New Employee Safety Awareness*:

New Employees: #Current: _____ #Out of Date: _____

Existing Employees: #Current: _____ #Out of Date: _____

C. Do all staff know the location and have access to the Safety Manual and Emergency Preparedness Plans?
Yes _____ No _____

D. If Applicable, Describe Corrective Action Taken on the Attachment Page.

II. WORKER'S RIGHT-TO-KNOW STATEMENT:

All employees must have a completed Worker's Right-To-Know Statement on file (NOTE: This statement is available on Page 26 in the December 1999 Safety Manual). The Worker's Right-To-Know Statement should be updated to coincide with any change in an employee's position or duties that result in new hazardous conditions or exposures.

A. # of Staff **with** Statements on File: _____

B. # of Staff **without** Statements on File: _____

C. If Applicable, Describe Corrective Action Taken on the Attachment Page.

III. **HAZARDOUS COMMUNICATION:**
All employees must know the location (and how to use) Material Safety Data Sheets (MSDS).

- A. Departmental MSDS are located: _____
- B. Number of staff **with** documentation of MSDS instruction: _____
- C. Number of staff **without** documentation of MSDS instruction: _____
- D. Departmental **CHEMICAL INVENTORY** up-to-date? (Annual review is required)
Yes _____ No _____
- E. Can staff identify hazardous materials in their work areas? Yes _____ No _____
(Record the number of staff surveyed as yes or no): Yes # _____ No# _____
- F. If Applicable, Describe Corrective Action Taken on the Attachment Page.

IV. **EMERGENCY PROCEDURES:**

- A. Do Employees have R.A.C.E.R. Cards?
(Record the number of staff surveyed as yes or no) Yes # _____ No# _____
- B. **Can Employees Identify the Following?**
 - 1. Patient Relocation/Evacuation Areas:
(Record the number of staff surveyed as yes or no) Yes # _____ No# _____
 - 2. Oxygen and Medical Gas Cut-Off Locations and Procedures (where applicable):
(Record the number of staff surveyed as yes or no) Yes # _____ No# _____
NOTE: Each Dept./Unit must develop and implement specific Oxygen and Medical Gas procedures to specify who and when valves are closed.
 - 3. Procedures to be followed in an Internal or External Disaster:
(Record the number of staff surveyed as yes or no) Yes # _____ No# _____
- C. If Applicable, Describe Corrective Action Taken on the Attachment Page.

V. **RADIATION SAFETY:**

- A. Number of Staff that Work (or are Exposed) to Radiation: (#) _____
- B. Can these Staff identify Radiation Safety Procedures?
(Record the number of staff surveyed as yes or no) Yes # _____ No# _____
- C. If Applicable, Describe Corrective Action Taken on the Attachment Page.

VI. **DEPARTMENTAL SAFETY POLICIES AND PROCEDURES:**

- A. Are work area inspections conducted? Yes _____ No _____ Frequency _____
- B. If yes, who conducts these inspections? _____
- C. To whom are deficiencies reported? _____
- D. Who is responsible to ensure corrective action is taken? _____
- E. Are staff Occurrence Reports reviewed to ensure accident prevention steps have been implemented to prevent similar injuries? Yes (# past 12 months) _____ No _____
- F. Are patient Occurrence Reports reviewed to ensure accident prevention steps have been implemented to prevent similar occurrences? Yes (# past 12 months) _____ No _____
- G. Are there departmental safety policies and procedures in place, in addition to the Safety Manual?
Yes (#) _____ No _____
If yes, are they attached to or referenced in the "Departmental Safety Section" of your department's copy of the VCUHS Safety Manual? Yes (#) _____ No _____
- H. If Applicable, Describe Corrective Action Taken on the Attachment Page.

