

# REOPENING HEALTHCARE FACILITIES AFTER WATER & WIND DAMAGE

## Site-Specific Checklist for Selected Facility Areas

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

LABORATORY SERVICES AREA	Yes	No	Comments
Can essential laboratory testing be provided? <ul style="list-style-type: none"> <li>• Blood-gases and co-oximetry</li> <li>• Electrolytes</li> <li>• Hepatic and basic metabolic profiles</li> <li>• Hemograms and coagulation studies</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Can microbiological, toxicological, and serologic testing be performed or sent to a referral laboratory?	<input type="checkbox"/>	<input type="checkbox"/>	
Is emergency power available to operate equipment and safety systems and/or provide necessary ambient conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has essential equipment been inspected for damage and heat/humidity exposure and manufacturers contacted for guidance on repair, cleaning, and disinfection?	<input type="checkbox"/>	<input type="checkbox"/>	
Have damaged or contaminated reagents and supplies been replaced?	<input type="checkbox"/>	<input type="checkbox"/>	
Have biological safety cabinets been cleaned, disinfected and recertified?	<input type="checkbox"/>	<input type="checkbox"/>	

CENTRAL STERILE PROCESSING AREA	Yes	No	Comments
Have all autoclaves been inspected for damage and manufacturers contacted for guidance on repair, cleaning, and disinfection?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the steam system meet AAMI standards?	<input type="checkbox"/>	<input type="checkbox"/>	
Have mechanical and biological indicator tests been performed on sterilization equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Were stored sterile supplies compromised? Have they been reprocessed or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	
Have the washers, instrument disinfection, and ultrasonic equipment been tested for performance?	<input type="checkbox"/>	<input type="checkbox"/>	

OPERATING SUITE AREA	Yes	No	Comments
Has there been any damage to the sealed flooring and ceilings?	<input type="checkbox"/>	<input type="checkbox"/>	
Do sterile supplies need reprocessing?	<input type="checkbox"/>	<input type="checkbox"/>	
Have the autoclaves been inspected and undergone mechanical and biological indicator testing?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an evaluation for electrical hazards been conducted?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the scrub sinks functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there enough air exchanges per hour?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all air filters been changed?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>PHARMACY AREA</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Have damaged or contaminated medications and solutions been replaced?	<input type="checkbox"/>	<input type="checkbox"/>	
Are refrigerators for medication storage at the proper temperature?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the medication compounding area been thoroughly disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the admixture hood been recertified and filters exchanged?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>RESPIRATORY THERAPY, BRONCHOSCOPY, PULMONARY FUNCTION</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Has the equipment processing equipment been inspected?	<input type="checkbox"/>	<input type="checkbox"/>	
Was there any damage to equipment? Has it been repaired and certified?	<input type="checkbox"/>	<input type="checkbox"/>	
Have damaged or contaminated medications and solutions been replaced?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>RADIOLOGY, RADIATION, ONCOLOGY AREA</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Has all equipment been inspected and disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all damaged or contaminated medications and supplies been replaced?	<input type="checkbox"/>	<input type="checkbox"/>	
Has damaged equipment been recertified?	<input type="checkbox"/>	<input type="checkbox"/>	
Has radioactive materials been assessed and contained?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>ALL PATIENT CARE AREAS</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Has all furniture and equipment been inspected, repaired, and disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	
Has porous furniture that was wet been discarded?	<input type="checkbox"/>	<input type="checkbox"/>	
Were mattresses discarded if they have been under water or wet?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all linens been laundered?	<input type="checkbox"/>	<input type="checkbox"/>	
Have medications and supplies that were damaged or contaminated been discarded?	<input type="checkbox"/>	<input type="checkbox"/>	
Are medical gas and suction systems operable?	<input type="checkbox"/>	<input type="checkbox"/>	
Have ice machines been flushed, cleaned, and disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	
Are medical gas and suction systems including air lines operable and cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>LAUNDRY PROCESSING AREA</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Has all laundry equipment been inspected for damage and manufacturers contacted for guidance on repair, cleaning, and disinfection?	<input type="checkbox"/>	<input type="checkbox"/>	
Have containers for stored laundry chemicals and dispensing equipment been disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>INTENSIVE CARE UNITS / BURN UNITS</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Have cardiac monitors been recertified?	<input type="checkbox"/>	<input type="checkbox"/>	
Have whirlpool and physiotherapy area been repaired and disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>EMERGENCY DEPARTMENT</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Have stretchers and exam tables been inspected, repaired, and disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	
Have cardiac monitors been recertified?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the trauma room flooring been damaged? Has it been repaired or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	
Have support service areas in the ED (radiology, lab) been inspected in the same manner as the larger department?	<input type="checkbox"/>	<input type="checkbox"/>	
Is public access to the emergency room safe for entry?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>FOOD SERVICE AREA</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Has stored food (dry and canned goods) been inspected for damage or contamination and discarded if it is unsafe to eat?	<input type="checkbox"/>	<input type="checkbox"/>	
Have ice-machines and refrigerators been cleaned and sanitized?	<input type="checkbox"/>	<input type="checkbox"/>	
Has all perishable food been discarded?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all food-contact surfaces been cleaned and sanitized?	<input type="checkbox"/>	<input type="checkbox"/>	
Have pest control systems been restored?	<input type="checkbox"/>	<input type="checkbox"/>	
Has local food service certification been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	