

INPATIENT TEAM LEADER CHECKLIST

Ward																						Month		Year								
SECTION A - DAILY		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Crash Carts	Days																															
	Nights																															
Line, Airway & Med Carts	Days																															
	Nights																															
Point of Care Testing Equipment	Days																															
	Nights																															
Sharps / Biohazard Inspected	Days																															
	Nights																															
Refrigerator Checks Completed	Days																															
	Nights																															
Environment of Care (Safety, Egress, Storage)	Days																															
	Nights																															
Soiled Utility Room(s) / Clean Utility Room(s)	Days																															
	Nights																															
Negative Pressure Room(s) Tested	Days																															
	Nights																															
Medical Gas Alarm Sys. / Shutoff Valves	Days																															
	Nights																															
MSDS / Infection Control Book Present	Days																															
	Nights																															
Controlled Medications Inventory / PYXIS	Days																															
	Nights																															
	Days																															
	Nights																															
	Days																															
	Nights																															
	Days																															
	Nights																															
	Days																															
	Nights																															
SECTION B - WEEKLY		Week 1					Week 2					Week 3					Week 4					Week 5 (if applicable)										
Eye Wash / Shower	Weekly	Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:										
Point of Care Testing Equipment	Weekly	Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:										
Negative Pressure Room(s) Tested	Weekly	Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:										
	Weekly	Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:										
	Weekly	Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:					Inspection/completion date and time:										
SECTION C - MONTHLY																																
MSDS Updates / Changes	Monthly	Inspection/completion date and time:																														
	Monthly	Inspection/completion date and time:																														
	Monthly	Inspection/completion date and time:																														
TL Report / Walk Through	Days																															
	Nights																															

Completed checklist must be maintained on file for a minimum of one year.

INPATIENT TEAM LEADER CHECKLIST

INSTRUCTIONS	
SECTION A - DAILY	Must be completed each shift. Enter initials in the provided blocks.
SECTION B - WEEKLY	Must be completed no later than Friday of each week. Annotate date, time and initials upon inspection/completion.
SECTION C - MONTHLY	Must be completed no later than the last day of the month. Annotate date, time and initials upon inspection/completion.
ANNEX ITEMS	DESCRIPTION
Isolation Carts	Ensure every isolation patient has a cart and that the cart is stocked per protocol.
POCT: I-Stat Machine	Ensure I-Stat cartridges are dated for 7 days after they are taken out of the fridge. Dispose of old ones.
POCT: Glucometer	QC as required. Download weekly at a minimum. Wipe down after every use.
Stock Medevac / All Patient Rooms	Ensure rooms are equipped as required.
Sharps Emptied	Ensure sharp containers are empty per protocol.
Sterile Processing	Take used instruments / bins to sterile processing to be sterilized.
Refrigerator Checks	Check fridge temperature and annotate on sheet.
Biohazard Room	Ensure biohazard bins are not overflowing and contain only "regulated" waste.
Dirty Linen Carts	Empty before change of shift and place in dirty utility room.
Equipment Rooms	Ensure that all equipment is in assigned location and properly stored. That equipment room is clean and organized at all times.
Supply Rooms	Ensure all supply rooms are clean and well stocked. Supervise scanning personnel to make sure that they scan properly. There should be no boxes on the floor or within 18 inches of the ceiling. Empty boxes should be broken down and placed in trashed room. Restock non CDD items.
Oxygen Room	Ensure Oxygen tanks are in proper racks. (Less than 1500 lbs in empty rack) All tags removed from tanks in empty rack. Ensure adequate amount of full Oxygen tanks for upcoming shift. All regulators must be removed from Oxygen tanks while in racks.
Negative Pressure Room(s)	Ensure Negative Pressure rooms are checked and documented per protocol.
Eye Wash / Emergency Shower	Inspected and documented per protocol.
MSDS Review / Updates	MSDS Reviewed / Updated per protocol.
Safety / Environment of Care	Environment of Care Checklist and Report in accordance with CDSO Guidelines.
POINTS OF CONTACT	
Operations & Emergency Management	Call Staff Duty (Oaks Pavilion); request on-call Operations Officer 571-231-
Safety	571-231- or Mobile 571-286-
Facilities	571-231-
Fire Safety	571-231- or Mobile 571-286-
Housekeeping	From 8 a.m. to 5 p.m.: 571- 231- After 5 p.m.: Same number but rotating on-call person
IM / IT	571-231- On Vocera: HelpDesk
Logistics / Medical Maintenance	571-231-
Point of Care Testing	571-231-
Joint Commission Compliance	571-231-
Patient Safety	571-231-
Information Desk - Oaks Pavilion	571-231-
Security	333 using phone in the hospital or 571-231- from mobile phone or outside the hospital Non-emergency 571-231- or 571-231-

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