

Location:	Date Review:	Reviewed By:		
NATIONAL PATIENT SAFETY GOALS/PATIENT SAFETY				
<u>Yes</u> <u>No</u> <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Two patient identifiers used (Full Name & DOB ONLY)	COMMENTS:			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Verbal orders used in emergencies only				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The High-Alert and Look-Alike/Sound-Alike medication listing is posted within view of the Pyxis machine and IS CURRENT.				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff demonstrate an understanding of, and the risk mitigation strategies for any Look-Alike/Sound-Alike, High-Alert and Hazardous Medications in the area – TO INCLUDE their storage in, and retrieval from Crash Carts and other procedural carts (line carts, airway, etc.).				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do Not Use Abbreviations are not being used				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In procedure areas, are ALL containers (both on and off sterile field) labeled?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff understand that Adverse Drug Events (ADEs/ADRs) are to be reported using the Patient Safety Reporting (PSR) system				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> “Time out” verification process performed prior to treatments or procedures (also – site marking and pre-procedure verification checklist)				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is performance of the Time Out documented in the patient’s record?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A standardized “Hand Off” is well established (SBAR/IPASS)			FOLLOW-UP ACTIONS:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> T/C & T/S specimens drawn according to protocol				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff know how to activate rapid response teams				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2014 National Patient Safety Goals are Posted in Plain View				
MEDICAL RECORD				
<u>Yes</u> <u>No</u> <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does pt. have Advanced Directives?	COMMENTS:			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If yes, is the Advance Directive in chart? If not in chart, is the essence of the AD captured in a provider progress note or AD note?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If no, was pt. asked if they wanted info on AD?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is Informed Consent complete w time, date, signatures of pt, provider & witness?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does informed consent documentation also include a discussion of reasonable alternatives, any risks related to not receiving treatment?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the H&P completed w/in 30 days prior to admission or registrtaion?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is H&P updated on admit (within 24 hrs prior to proc)?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the H&P signed/reviewed by an attending provider?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does the Medication Reconciliation note identify medications that the patient is CURRENTLY TAKING?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Has the provider signed the Medication Reconciliation Note?			FOLLOW-UP ACTIONS:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accurate Nursing Assessment complete w/in 24 hrs of admission?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If allergies have been identified, are the allergy symptoms also listed?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accurate Fall risk assessment				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brief OP Note/Procedure note in chart before patient is released from recovery? THIS INCLUDES OUTPATIENT PROCEDURES				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> For minor outpatient procedures (without sedation/anesthesia), is the encounter documentation completed within 3 business days of the encounter, per WRNATMILMEDCENINST 6010.17J?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pain reassessed documented (timely) after treatment?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Interdisciplinary Plan of Care in the chart				

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Measurable treatment goals <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Restraints monitored every two hours & documented <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Timely provider restraint assessments & orders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reassessment just prior to induction w/ anesthesia or IVCS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are all D/C criteria addressed and documented in PACU/APU and other moderate sedation settings after clinic procedures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was an assessment for abuse completed and documented? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was a learning needs assessment, to identify any barriers to learning and the patient's preferred language/method for conducting healthcare communications documented prior to providing education?	COMMENTS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate b/u plan for CHCS downtimes (Essentris, AHLTA, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was a VTE Risk Assessment performed on admission & post op (all adult, non-behavioral health patients)? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is appropriate VTE prophylaxis in place? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was discharge education on VTE prophylaxis provided to patient? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inpatient admission/transfer nursing assessments accurately reflect the clinical picture and treatment needs of the patient. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ensure nursing care plans are updated Q shift as required, particularly on nights. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does the patient's Plan of Care address all identified patient needs?	FOLLOW-UP ACTIONS:
MEDICATION MANAGEMENT	
<u>Yes</u> <u>No</u> <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Multi-dose Vials dated & discarded when expired? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Multi-dose vials are labeled with the EXPIRATION DATE, and not the date opened. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Expired medications or supplies removed or sequestered? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refrigerator temps checked, actions noted when outside range, if not on Rees System <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refrigerator/Freezer log consistently completed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Indication for Use for PRN Medications <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are there range orders – only one sliding scale? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is there tiering for multiple pain medications ordered? If so, are their clear instructions, in the medication order, as to when to change classes of medications (i.e., NSAID to Opioid)? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> How often do you override Pyxis? (assessing for over-reliance on ward stock). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Have recently departed staff been promptly removed from Pyxis? (security of medications)	COMMENTS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Verbal/Telephone orders authenticated w/in 24 hours? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medications requiring refrigeration refrigerated? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff take original container to room, draw medication, then give immediately. (Patient Safety – reduces errors). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Regular and Novolog insulin is placed in the Pyxis cabinet as ward stock (room temperature) and will have a 28 day expiration placed on it by Pharmacy. All other insulin types will be patient specific, with patient names, and kept in the medication refrigerator. Ensure expiration dates (28 days from Pharmacy) are not changed and are followed by ward personnel. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Designated medication preparation areas are clearly marked and kept clean and uncluttered. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If IV fluid warmers are being used, the expiration dates of fluids within the warmers are adjusted, and the fluids appropriately labeled, as required by manufacturer's instructions. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medications and sharps are stored in a secure area and locked, when necessary, to prevent unauthorized access or diversion.	FOLLOW-UP ACTIONS:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-use solutions (i.e., sterile water for irrigation, etc.) are managed appropriately (unused portion is discarded) and not managed as multi-use items.	COMMENTS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In areas monitored by the Rees system, staff can express an adequate understanding of the system, how it works, what the acceptable ranges are for the temperature-controlled cabinets being monitored; and their expected responses when notified of an alarm.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff are not carrying loaded syringes around in their pockets.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crash cart contents match inventory list	FOLLOW-UP ACTIONS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medications are being provided to the ward/clinic in unit-dose, ready-to-use form. If pill-splitters are being used, they are individualized to each patient and are kept free of any residue.	
EQUIPMENT MANAGEMENT	
<u>Yes</u> <u>No</u> <u>N/A</u>	COMMENTS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical equipment inspection label affixed & current	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Equipment manuals or manufacturer guides readily available	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alarms audible with respect to distance & competing noise	FOLLOW-UP ACTIONS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crash Carts secure, clean and daily checks done	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crash Carts, Airway Carts, etc. are free of any expired medications or supplies (batteries, catheters, Braselow Tapes, etc.)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corrective actions addressing missed checks are documented (training, re-training, etc.).	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Periodic (weekly) suction machine testing is performed and documented	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any opened Red-Dot leads are kept in a sealed plastic bag to prevent drying	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff can verbalize/demonstrate defibrillator check procedure	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff demonstrate appropriate use of defibrillator	
ENVIRONMENT OF CARE/STORAGE AND SECURITY	
<u>Yes</u> <u>No</u> <u>N/A</u>	COMMENTS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sharps containers accessible; less than ¾ full	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In environments with children, appropriate risk-mitigation strategies are in-place, to include removal of choking/ingestion hazardous (brightly colored push-pins, etc.), and the implementation of an appropriate child abduction risk mitigation and response process	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sharps properly disposed/not recapped (ex OR, Radiology). No sharps, scalpel blades, etc. are unsecured or not under full, direct observation.	FOLLOW-UP ACTIONS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient-specific food labeled with pt's name & date	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> General food items dated; not kept > 24 hours	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All food in refrigerator covered and within date?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All temp checks recorded for patient food/drink storage refrigerators and freezers (to include Breast Milk)?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No open cartons of milk	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ice machines clean & within specs for potable water testing	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Minimal storage under sinks (no foods or medications)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Appropriate hand washing between patient contacts/anti-microbial soap and lotion (Clean Hands In/Clean Hands Out)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hand soap, lotion, and waterless antibacterial foams are approved by Infection Control	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal protective equipment available & used properly	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff understand how to locate and use Material Safety Data Sheets (MSDS).	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bathroom call bells work & staff respond quickly and effectively (able to access the room and rescue a patient).	

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ILSMs in-place & enforced for construct/renovation	COMMENTS:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ensure all radiologic shields (lead vests, collars, and other shields) are a part of WRB's centralized quality control program. The shield must have a unique identifying number or code		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full portable O2 tanks are stored separately (separate racks) from In-Use and Empty tanks. No more than 12 Full Tanks are stored in one smoke compartment. Contact Fire Inspector with questions.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eye-Wash stations are accessible to all working with caustic or corrosive materials (not behind locked doors).		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eye-Wash station checks include a periodic touch-test for temperature (water must be tepid) and this touch-test is recorded in the testing documentation.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All power strips are managed in such a way as to not pose a trip hazard, or a splash/electrical hazard during cleaning.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff understand the acceptable ranges for blanket warmers, and these warmers are appropriately monitored to ensure they are kept within these ranges.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO MEDICAL EQUIPMENT is hooked up to a power strip.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ANY Non-Medical equipment (exercise equipment, TVs, etc.) donated for patient use (or otherwise procured) has undergone the required safety checks prior to being put in-use. These safety checks are documented, and the equipment is tagged as safe-to-use.	FOLLOW-UP ACTIONS:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The status of orders for Facilities Work are regularly monitored .		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All security and monitoring cameras and equipment/alarms are in good working order.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All staff can demonstrate a full understanding of Code White & Code Gray & their responsibilities in responding.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ensure nothing is stored above a horizontal line that is at least 18" below any overhead sprinkler in the approved storage area. Ensure sprinklers are not installed directly over fixed cabinetry that is within 18" of te sprinkler head.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire doors are not propped or wedged open, but closed (unless on a magnetic release system). Any broken fired doors (that do not self-latch on closing) have a work request in for repair.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire exit passages are unobstructed. The only exceptions are Crash Carts, Isolation Carts and Carts-In-Use (accessed at least every 30 minutes).		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Protected Health Information (PHI) is secured from unauthorized access/view.		
TRAINING RECORDS/COMPETENCY ASSESSMENT AND WORKSPACE ORIENTATION		
<u>Yes No N/A</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is a PD signed by member & supervisor in the record?		COMMENTS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does the language of the PD accurately describe the staff member's responsibilities in their current assignment at WRB?		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Workspace safety orientation completed		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Initial competency documented, medication certification (RNs, LPNs, HMs)		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ongoing competency assessment w/in 12-36 months	FOLLOW-UP ACTIONS:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Agency/contract RNs/Staff reviewed		
STAFF INTERVIEW QUESTIONS		
<u>Yes No N/A</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> What are some PI projects in your department?	COMMENTS:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> What is your area's Hand Hygiene Compliance Rate?		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Where are the fire extinguishers in your work area		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> How would you open a locked patient bathroom door?		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> What would you do for a hazardous materials spill?		

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical gas shut-off valves: location & areas served?	COMMENTS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> How would you handle a patient's complaint?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> What goes into a red bio-hazardous bag vs regular trash?	FOLLOW-UP ACTIONS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> What should you do if you observe a safety hazard?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> How would you deal with a violent patient or visitor?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> What would you do if a medical device injured a patient?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> When should you call the Bio Ethics Committee?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> What do you do if a patient doesn't speak English?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> When & how is patient information released?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> How do you clean equipment between patients?	
PATIENT/FAMILY INTERVIEW QUESTIONS	
<u>Yes</u> <u>No</u> <u>N/A</u>	COMMENTS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are allergies & other alerts on wristband & bed?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the patient being appropriately managed for fall risk?	FOLLOW-UP ACTIONS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the patient able to speak to their treatment goals?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the patient able to speak to their medication regimen/risks?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the patient's pain being appropriately managed?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the patient (as indicated) being appropriately turned & bathed?	
POINT-OF-CARE-TESTING	
<u>Yes</u> <u>No</u> <u>N/A</u>	COMMENTS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is POCT performed on this unit?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are staff competencies for POCT current and complete, to include Provider-Performed Microscopy (PPM), and on-file with the Laboratory's POCT Coordinator?	FOLLOW-UP ACTIONS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All controls are performed and logged as required by waived testing guidelines. 100% REVIEW MONTHLY	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are POCT supplies/reagents within date and properly stored?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are POCT guidance, SOP (to include posters and other work aids) current and accurate?	
INFECTION CONTROL	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient food items are labeled with patient name and expiration date and are stored and disposed of properly.	COMMENTS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ensure waiting areas are cleaned and managed to a pre-determined schedule. Ensure toys are kept clean to a schedule as approved by WRB Infection Prevention and Control Department.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All linen carts are covered appropriately.	FOLLOW-UP ACTIONS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff working with HLD and sterilized instruments can accurately describe or demonstrate the process for initial cleaning prior to HLD or sterilization.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff can verbalize, and demonstrate through observed practice, that manufacturer's recommended contact times, expiration dates AND diluent ratios for disinfectants are being followed. POC: Ms. Godich 295-4878	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ice machines providing potable ice (for human consumption) are current for PM, cleaning & testing for water purity.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff are not outside procedure areas in scrubs/caps/masks/shoe covers. Caps, masks and shoe covers must be removed prior to exiting the procedure area and a lab coat must be worn over scrubs.	

OTHER COMMENTS/OBSERVATIONS: