

A Practical Guide for OR, Sterile Processing & Infection Prevention Leaders

Preparing for a Joint Commission survey requires ensuring that everyday practices across the hospital align with regulatory expectations. From infection prevention to environment of care and life safety standards, surveyors evaluate both documentation and the real-world conditions they observe during facility walkthroughs.

Many accreditation findings are tied to issues that can be identified and corrected before a survey occurs. Environmental details, equipment maintenance, staff awareness of emergency protocols, and proper documentation all play a role in demonstrating compliance and supporting patient safety.

This checklist was created to help hospital leaders, sterile processing teams, and surgical departments identify common survey readiness gaps and strengthen their preparation efforts. This is not an exhaustive list, but a guide to help you. By proactively reviewing these areas, organizations can improve regulatory readiness while reinforcing best practices that protect both patients and staff.

The insights included in this resource reflect real-world survey preparation experience and operational assessments conducted within healthcare facilities.

Infection Control Readiness

- PPE is worn correctly in procedural and sterile areas
- Staff understand emergency response protocols (RACE and PASS)
- No visible penetrations or holes in walls or ceilings
- Electrical wiring is not exposed or protruding from outlets
- Temperature and humidity monitoring procedures are documented
- Correct protocols exist when environmental conditions fall outside acceptable ranges
- You can reference fire response knowledge expectations, where staff should know protocols such as **RACE (Rescue, Alarm, Contain, Extinguish) and PASS (Pull, Aim, Squeeze, Sweep)**.

Environment of Care Compliance

- No supplies stored directly on the floor
 - No expired supplies present in clinical areas
 - Ceiling tiles intact and not stained or damaged
 - No penetrations in walls or ceilings
 - Corridors and egress paths are unobstructed
 - No equipment or supplies stored in stairwells
- These environmental findings are frequently observed during accreditation surveys and can trigger findings if not addressed.

Fire & Life Safety

- Fire extinguishers inspected monthly and accessible
- Emergency exit signs illuminated and operational
- Fire doors self-close and latch properly
- Nothing stored within 18 inches of sprinkler heads
- Oxygen cylinders properly secured and separated by full/empty status
- Medical equipment has current preventive maintenance tags

Operational Readiness

- Lead apron inspection processes documented
- Spill kits available and not expired
- Housekeeping chemical carts not left unattended
- Surge protectors near patients are hospital-approved (UL 1363A)

Documentation Readiness

- Only current month's inspection documentation displayed
- Previous documentation archived appropriately
- Work orders submitted for facility issues

Need help preparing for your next accreditation survey?

Surgical Solutions' Accreditation 360 program helps hospitals identify risks, strengthen sterile processing workflows, and prepare staff before surveyors arrive.

Contact us to set up a meeting. Even 15 minutes can help you succeed.

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