

**California Department of Health service  
CRITICAL ELEMENT STANDARDS**

\* Critical Element deficiencies must be corrected within 14 days (10 business days) of the onsite audit. This form is created to allow you to get a head start on meeting the standards.

STANDARD	STANDARD NOT MET IF:	RECOMMENDATIONS
ALL exit doors must be cleared of any debris or blockage that would hamper evacuation	Exit doors and aisles are obstructed and escape is impeding or not accessible	Make sure all exit doors are cleared and accessible.
Oxygen delivery system, oral airways, nasal cannulas and/or masks, and an ambu bag are available onsite.	All elements must be in place. If any item is not available, the standard will be marked as not met.	Make sure the Oxygen tank is at least $\frac{3}{4}$ full. Have available oral airways in various sizes, Ambu Bag, and Cannulas and/or masks to meet the patient population.
Emergency medicine for anaphylactic reaction management, opioid overdose, chest pain, asthma, and hypoglycemia. Epinephrine 1mg/ml (injectable) and Diphenhydramine (Benadryl) 25 mg (oral) or Diphenhydramine (Benadryl) 50 mg/ml (injectable), Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose (any type of glucose containing at least 15 grams). Appropriate sizes of ESIP needles/syringes and alcohol wipes.	One or more of the emergency medicines and/or supplies are missing.	Make sure that Epinephrine 1mg/ml (injectable) and Diphenhydramine (Benadryl) 25 mg (oral) or Diphenhydramine (Benadryl) 50 mg/ml (injectable), Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose (any type of glucose containing at least 15 grams), appropriate sizes of ESIP needles/syringes, and alcohol wipes are readily available onsite.
Only trained, qualified personnel retrieve, prepare and/or administer medications.	No evidence that qualified /trained personnel retrieve, prepare or administer medications. Non-licensed personnel administer medications without the proper supervision or oversight by licensed personnel.	Medical Assistants cannot administer medications independently. Prior to administration, the dosage and the medication must be verified by licensed personnel.
A procedure is in place to document physician review and follow up on referrals, consultations, and diagnostic tests.	There is no documented evidence that a physician reviewed or followed up on referrals, consultations, and diagnostics tests	Make sure all reports and tests are marked as reviewed and appropriate follow up is in place.
Only physicians, licensed mid-level practitioners, and licensed nurses will dispense medications to patients.	Medications are being dispensed to patients by other than lawfully authorized persons.	Make sure there is a process in place to ensure that only licensed personnel dispense medications to patients.
Drugs and Vaccines are prepared and drawn only prior to administration.	Minimum of 5 administration rights not met. There are more than 10 prefilled syringes onsite, and doses are not administered as soon as possible by the same person who filled the syringes.	Make sure 5 administration rights (right person, right medication, right dose, right route, right time) are done prior to administration. ACIP discourages the routine practice of providers' prefilling syringes. In certain circumstances in which a single vaccine type is being used (e.g., in preparation for a community influenza vaccination campaign), filling a small number (10 or

		fewer) of syringes may be considered. The doses should be administered as soon as possible after filling, by the same person who filled the syringes.
Blood borne Pathogens Protection equipment has been obtained and is readily available for use by office personnel. This includes fluid repelling gloves, clothing barrier, goggles and mask or face shield with mask.	Personal Protection Equipment (PPE) is not available to staff	Make sure that PPE (Gown/ Goggles or Eyewear/ Mask/ Gloves) are available to staff. Recommend at least 2 sets.
Blood, other potentially infectious material and regulated wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport or shipping.	Blood, other potentially infectious materials, and regulated wastes are placed in leak proof labeled containers.	Make sure that all biohazardous materials are in appropriate containers and secured and there is a process in place for disposal.
Needle stick safety precautions are practiced on site and sharps containers are secured and not accessible to unauthorized persons.	Needle stick precautions are not implemented. Sharps containers are unsecured and accessible to unauthorized persons.	Make sure that all needles used for patient care are safety needles. Portable sharp containers are secured at all times.
Staff demonstrate /verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment	Staff unable to demonstrate or verbalize steps/process to sterilization of equipment. There are no written procedures for cold sterilization and/or high-level disinfection available on site for staff.	Make sure staff can demonstrate or verbally explain procedure(s) used for cleaning prior to sterilization, and to locate written directions on site.
Appropriate PPE is available, exposure control plan, Material Safety Data Sheets (MSDS) and clean up instructions in the event of a cold chemical sterilant spill. Cold Chemical Sterilant Spillage	No PPE available for cold chemical sterilant spill and cold sterilization are not performed in well ventilated area. Staff unable to demonstrate/ explain site specific chemical spill cleanup procedures and cannot locate written chemical spill cleanup procedure instructions.	Make sure appropriate PPE for cold chemical sterilant cleanup is readily available. Make sure cold sterilization are done in well ventilated area. Make sure staff can demonstrate/explain procedure(s) used for chemical spill. Make sure there is Material Safety Data Sheet (MSDS) and cleanup procedure/instructions on the cold chemical sterilant used.
Monthly spore testing of the autoclave/steam sterilized has been implemented.	Monthly Spore testing of the autoclave/steam sterilized has not been performed	Make sure that documentation is available to demonstrate that monthly spore testing has been performed.
Management of positive mechanical, chemical, and biological indicators of the sterilization process.	Sterilization procedures are not monitored routinely by using a combination of mechanical, chemical, and biological indicators. A written Policy and Procedure are not readily available onsite.	Make sure autoclave/steam sterilization procedure are monitored routinely by using combination of mechanical indicator (temperature record chart and pressure gauge), chemical indicator (heat/chemical sensitive ink that change color when sterilization parameters are present), and biological indicators (spore test). Make sure there is a written Policy and Procedure readily available onsite.