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| EMERGENCY EQUIPMENT VALIDATION | | | | NO. | |
| PURPOSE:  To assure that emergency equipment and supplies are available for use when needed.  STATEMENT OF POLICY:  This policy is to assure emergency equipment is available, complete, and in good repair when needed for resuscitation or emergency situation.  PROCEDURE:   1. The following equipment should be available on a cart; 2. Ambu bag 3. Airways 4. Suction machine and set up tubing 5. Oxygen and set up tubing and accessories. I.E. Masks, nasal canulas, tubing. 6. Gloves 7. Masks 8. Back board 9. The above items are to be kept in the Medication room or place where easily accessed in case of emergency. 10. The cart is to be checked daily and after each use to ensure completeness for another time of use. 11. The emergency cart check is to be done on the night shift each day. 12. A check off sheet is to be kept on a clip board on the cart to assure it is checked daily. 13. The suction machine is to be checked weekly to make sure it is functional. 14. No other equipment is to be kept on the cart that is designated for emergencies.     ATTACHMENT:  Emergency Equipment Cart Checklist | | | | | |
| Approved: | Effective Date:  9/2010 | Revision Date:  9/14; 3/17 | Change No.: | | Page:  1 of 1 |