

FNIHB-OR Nursing Policy and Procedure

Section:	Administration	Policy Number:	I - 11
Subject:	Standard Emergency Equipment	Issued:	March 31, 2015
Distribution:	All Nursing Facilities	Revised:	

1. POLICY:

- 1.1 The medication contents of the crash cart shall be in accordance with the *FNIHB Nursing Station Formulary and Drug Classification*.
- 1.2 The Nurse in Charge (NIC) or delegate shall ensure the crash cart and its contents are maintained by performing monthly audits of the crash cart, its contents and other emergency equipment. A record verifying that the emergency equipment and crash cart have been reviewed shall be maintained and submitted to the Regional office with the month end reports.
- 1.3 The NIC shall ensure standard emergency equipment is checked daily by the nurses and validated to be in working order. A record that the emergency equipment has been verified to be in good working order shall be maintained (see Appendix A: Crash Cart Checklist).
- 1.4 Any missing or broken emergency equipment or supplies shall be immediately reported to the Zone Nursing Officer or Zone Nursing Manager to facilitate prompt replacement.

2. PRINCIPLES:

- 2.1 Routine verification of emergency equipment and supplies improves outcomes in emergency situations. Random audits by the NIC supports the objectives of quality assurance programs.
- 2.2 The safe care and use of equipment is central to quality client care.

3. DEFINITIONS:

Nurse: Refers to Registered Nurses, Nurse Practitioners, and Registered Practical Nurses.

Emergency Equipment: Defibrillator, suction machine, oxygen tanks, ambu-bags, etc.

4. PROCEDURE:

- 4.1 The crash cart and related emergency equipment is to be stored in an easily accessible area, free of obstruction.
- 4.2 The crash cart is to be locked with disposable tags when not in use to secure the medications and supplies.
- 4.3 The contents of the crash cart are to be organized by general categories (e.g. medications,

circulation, breathing, airway, and misc. cardiac / chest procedures) and clearly labelled.

- 4.4 The nurse on call (NOC) or delegate shall verify that emergency equipment is in good working order at the beginning of the day.
- 4.4.1 Portable suction machine is tested and the related suction supplies are verified for adequate supply and location (i.e. supply of connection tubing, suction catheters, adapters and sterile water).
 - 4.4.2 The Lifepak or other cardiac monitor unit shall be tested and its related supplies verified for adequate supply and location (i.e. cable, pads). If a portable monitor / defibrillator unit is used, then the following supplies are also to be verified: cable, pads (pediatric and adult), pacemaker cable (if applicable), defibrillation gel, monitor tracing paper, ECG electrodes and cable, paddles (pediatric and adult).
 - 4.4.3 Life packs – no AED cardiac monitor with or without defibrillator.
 - 4.4.4 Check ECG machine and ensure the necessary supplies are located with the machine in adequate supply. It is recommended that the pads are stored in a Ziploc bag to prevent drying out. Ensure the bag is securely sealed after each use.
 - 4.4.5 ACLS and PALS algorithms and other emergency treatment guides, as applicable (e.g. emergency drug calculations)
- 4.5 The NOC shall verify that the crash cart is securely locked. If the lock tag for the crash cart is broken or missing, then the NOC must arrange for its contents to be inspected before applying a new tag.
- 4.6 The crash cart contents and emergency drug box must be opened and inspected monthly by a nurse, and whenever the tag is broken. The crash cart and emergency drug box inspections are to be documented on the standardized FNIHB-OR form.
In addition to verifying adequate supply of the crash cart contents, the nurse shall ensure the following:
- 4.6.1 If sterile items are present, check for expiration date and package integrity. If the package is not fully intact or has met its expiration date, the item(s) shall be promptly sterilized and/or replaced.
 - 4.6.2 All items expiring within the month shall be replaced and/or ordered at time the cart is being inspected. Note: if the expiry date on the medication only includes the month and year, then the medication can continue to be used safely without increased adverse effects until the end of that month.
 - 4.6.3 If emergency medications are expired and a replacement stock is not currently available in the health facility, disposal of the expired medications is postponed until the replacement shipment has been received or as directed by the pharmacist.
 - 4.6.4 The laryngoscope light bulbs / batteries are to be checked for working order.
 - 4.6.5 Sharps container
 - 4.6.6 Cardiac board

- 4.6.7 For communities with Braslow bags, the contents are to be verified for appropriate stock and expiry dates. Any missing or outdated supplies / equipment shall be promptly replaced.
- 4.6.8 All Obstetrical packs are to be verified for its integrity and expiry date. Any expired equipment or supplies are to be promptly replaced.
- 4.7 For public health staff: Anaphalaxis kits are to be checked monthly for integrity of supplies and expiration dates. Any supplies which are outdated are to be promptly replaced.

5. RELATED POLICIES:

FNIHB-OR Policy: Nursing Practice Responsibilities
FNIHB-OR Policy: Additional Nursing Functions
FNIHB-OR Policy: Delegation of Controlled Acts
FNIHB Nursing Station Formulary and Drug Classification
FNIHB Policy and Procedures on Controlled Substances for First Nations Health Facilities
Nursing Act

6. REFERENCES:

First Nations and Inuit Health Branch (2013). FNIHB Nursing Station Formulary and Drug Classification
First Nations and Inuit Health Branch (2013). FNIHB Policy and Procedures on Controlled Substances for First Nations Health Facilities.

Approved by:		Effective Date: March 31, 2015
Director of Nursing, Ontario Region	Date:	
Regional Executive, Ontario Region	Date:	