

RESUSCITATION POLICY

Department / Service:	Resuscitation Department	
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Accountable Director:	Chief Medical Officer	
Approved by:	RDPC / DREAMS Clinical Governance Group	
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	This is the most current document and is to be used until a revised version is available:	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All departments	
Target staff categories	All staff	

Resuscitation Equipment, Replenishment and Cleaning

All resuscitation trolleys must be maintained in a state of immediate readiness. Trolleys must be checked every 24 hours and immediately after use. This daily test must be recorded on the emergency trolley daily check list (adult WR0947 / paediatric WR4915) and via the on-line resusAPP.

Resuscitation trolleys should be stocked in accordance with the standard equipment list as issued by the Resuscitation Department (Appendix B). Missing or out-of-date items must be replaced. Contingency stock supplies can be obtained from the hospital emergency supply cupboard at each site.

Specialist areas will require unique emergency equipment arrangements (Emergency Department resuscitation rooms, Intensive Care and Coronary Care / Cardiac Catheter labs and Pacing units). Where 'non-standard' arrangements are made, departments will identify bespoke solutions which meet national guidelines where applicable (e.g. Royal College standards). These bespoke arrangements must be endorsed by the Resuscitation & Deteriorating Patient Committee.

All defibrillators have an automatic testing procedure. Ward / department-based defibrillators must be checked daily in accordance with the defibrillator testing procedure (detailed on checklist PF WR0947). This daily test must be recorded on the emergency trolley daily check list (PF WR0947)