Policy · ED-POL-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 36.2

At a glance

- A resuscitation area is available at all times (ED-REG-001).
- Equipment and drugs are checked on the documented schedule.
- Staff on every shift are trained in resuscitation.
- Any item found missing or out of date is replaced at once and recorded.
- Stop and get help straight away if: the resuscitation area is used with drugs or equipment out of date.

1. Purpose

To make sure the resuscitation area can be used at once, with complete equipment and drugs (36.2).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

A resuscitation area that is not ready when a patient arrives in cardiac arrest costs minutes that cannot be recovered. Equipment and drugs checked on a schedule are ready when needed.

5. Responsibilities

Role	Responsibility	Competence
Emergency department lead	Owns the readiness standard and the schedule	Clinical director
Nurse in charge of the shift	Carries out the check and records it	Emergency department lead

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Check.

- Check the resuscitation area on the schedule against the equipment and drug list.

Key point: Checked.

Step 2. Replace.

- Replace any missing or out-of-date item at once.

Key point: Replaced.

Step 3. Record.

- Record the check in the readiness register (ED-REG-001).

Key point: Recorded.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Resuscitation checks completed on schedule	100%	Weekly	Emergency department lead	Escalate to the clinical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
ED-REG-001	Resuscitation area readiness register	Register
HOS-SOP-015	Resuscitation equipment checks (existing)	Procedure

17. Evidence

Reference	Note
E-009	Based on the WHO Emergency Care Systems framework and the Emergency Triage Assessment and Treatment guidance, the WHO Global Patient Safety Action Plan 2021–2030 for handover, and the ASF Hospital standard for senior clinician responsibility.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Emergency Medical Equipment & AED Readiness (MED-02)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF

Download this document as an editable Word file