Standard operating procedure (SOP) · HOS-SOP-015 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S1 (Hospital), criterion S1.21

At a glance

- Check the resuscitation trolley or bag at the start of every shift.
- Check every item on the list, including the defibrillator.
- Replace any missing or faulty item at once.
- Check that life support certification is current.
- Stop and get help straight away if: a resuscitation trolley is missing a key item and no replacement is found.

1. Purpose

To make sure resuscitation equipment is ready at every moment (S1.21).

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

When a patient stops breathing, minutes matter. Equipment that is missing or broken, or staff without current life-support training, cost lives.

5. Responsibilities

Role	Responsibility	Competence
Nurse in charge	Checks the trolley each shift and signs	Trained
Biomedical engineer	Tests the defibrillator and monitors	Biomedical

6. Materials and equipment

Item	Requirement	Condition
Resuscitation trolley checklist	Current	On the trolley
Defibrillator with self-test	Working	Checked daily

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.

- Go through the checklist item by item.
- Check the defibrillator self-test.

Key point: Every item, every shift.

Step 2. Replace.

- Replace any missing or faulty item from the store at once.

Key point: Do not wait for the next delivery.

Step 3. Record.

- Sign the daily record (HOS-FRM-013).

Key point: The signature is the proof.

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
Shifts with recorded check	At least 70%	Monthly	Nurse manager	Escalate to clinical director
Staff with current life support certificate	At least 70%	Monthly	Clinical governance lead	Escalate to chief executive

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
HOS-FRM-013	Daily resuscitation check record	Record

17. Evidence

Reference	Note
E-009	Checklist to be set by the resuscitation committee.
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

No e-learning course is linked to this document yet.

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

Related standard

- **Standard 58: Inpatient Ward Care**

Download this document as an editable Word file