



CLINICAL POLICY CPR Equipment

A. EFFECTIVE DATE:

June 21, 2021

B. PURPOSE:

To standardize the contents and management of the CPR Equipment

C. POLICY:

- 1.) The Resuscitation Review Committee will evaluate all area equipment needs based on risk potential, personnel training, and communication system and horizontal/vertical equipment movement possibilities.
- 2.) The Resuscitation Review Committee will standardize equipment and contents of Adult Code Carts to be purchased for emergency use.

D. SCOPE:

This policy applies to all Inpatient, ED, Perioperative, and Ambulatory Procedure Locations.

E. DEFINITIONS:

None

F. MATERIAL(S) NEEDED:

None

G. PROCEDURE:

MAINTENANCE OF EQUIPMENT:

- 1.) The Pharmacy Department is responsible for maintaining all adult code carts located in appendix A. Refer to appendix B for Code Cart contents.
- 2.) Central Sterile Supply (CSS) is responsible for maintaining intubation tray supplies.
- 3.) The department in which they are located will maintain Emergency Boxes, Urgent Care Carts, Non-adult Code Carts, the REI Procedure Room Cart and their Inventory Lists.
- 4.) Code cart medication and supply problems should be reported to the Pharmacy Department.

H. ATTACHMENTS:

LIST OF APPENDICES:

- A. Adult Code Carts Maintained by Pharmacy Department
- B. Contents of Adult Code Carts Maintained by Pharmacy Department

I. REFERENCES:

None

J. SEARCH WORDS:

Code carts, CPR

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:

On File

M. COMMITTEE APPROVALS:

None

N. FINAL APPROVAL:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <p>1. <u>Bruce T. Liang, MD (Signed)</u>
Bruce T. Liang, MD
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine</p> | <p><u>11/08/2022</u>
Date</p> |
| <p>2. <u>Anne Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair</p> | <p><u>11/02/2022</u>
Date</p> |
| <p>3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair</p> | <p><u>11/04/2022</u>
Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer</p> | <p><u>11/04/2022</u>
Date</p> |

O. REVISION HISTORY:

Date Issued: 6/87, 2018 MEM Plan

Date Revised: 12/88, 1/92, 12/94, 8/09, 5/10, 9/12, 1/13, 4/14, 8/15, 3/18, 6/21

Date Reviewed: 5/97, 1/00, 10/03, 5/06, 11/08