**Emergency Equipment Defibrillator Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| v1 | 18/12/2019 | Sultan Mohamed | Munira Mohamed |  |
| v2 | 12/01/2022 | Sultan Mohamed | Nine Taylor | Changes following discussion of procedure in practice meeting |
| v3 | 17/01/2022 | Sultan Mohamed | Nine Taylor | Editorial changes |
| v4 | 18/07/24 | Sultan Mohamed | Nine Taylor | reissued |
|  | September 2026 |  |  | Next review |
|  |  |  |  |  |

**Table of contents**

[1 Introduction 4](#_Toc500946502)

[1.1 Policy statement 4](#_Toc500946503)

[1.2 Status 4](#_Toc500946504)

[1.3 Training and support 4](#_Toc500946505)

[2 Scope 4](#_Toc500946506)

[2.1 Who it applies to 4](#_Toc500946507)

[2.2 Why and how it applies to them](#_Toc500946508) 5

[3 Guidance 5](#_Toc500946509)

[3.1 Responsibility 5](#_Toc500946510)

[3.2 Frequency 5](#_Toc500946511)

[3.3 Checklists 5](#_Toc500946512)

[4 Summary 5](#_Toc500946513)

[Annex A – Defibrillator checklist 6](#_Toc500946514)

# Introduction

## Policy statement

To enable Sheerwater Health Centre to deal with an emergency effectively, processes are in place to ensure that emergency equipment is serviceable and in date, including all ancillary equipment. Checklists are an effective way of ensuring compliance and provide evidence of good practice.

## Status

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees, partners and directors of the practice. Other individuals performing functions in relation to the practice, such as agency workers, locums and contractors, are encouraged to use it.

## Why and how it applies to them

It is the responsibility of all staff who use any equipment to undertake the appropriate checks to ensure that the highest standards of patient care and safety are maintained.

# Guidance

## Responsibility

At Sheerwater Health Centre, overall responsibility for the emergency equipment rests with the practice manager. They may delegate the responsibility of carrying out the required checks to an individual who has received the appropriate level of training.

The person responsible for checking the emergency equipment is Wendy Mayne / Practice Nurse. In their absence, Gunjan Shahajwala / Health Care Assistant will assume responsibility.

It is the responsibility of the individual checking the equipment to report any defective equipment and remove it from use until the fault is rectified.

## Frequency

Emergency equipment is to be checked on a daily basis; this ensures that medical emergencies can be dealt with effectively, should they occur within the practice. Checks are to be carried out in conjunction with the manufacturers’ guidance/recommendations.

## Checklists

Template for checklists is included as an annex to this policy.

# Summary

Patient safety is of the utmost importance and all staff have a responsibility to ensure that the equipment they use is fully functioning and safe for use at all times. Undertaking checks, as detailed in the annexes to this policy, will support the safe and effective use of equipment, maintaining a safe environment for patients.

# Annex – Defibrillator checklist

**Month [insert month]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Battery indicator active 🗹** | **Pads present (Paed & Adult) & in date 🗹** | **Signature & initials of person checking** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **13** |  |  |  |
| **14** |  |  |  |
| **15** |  |  |  |
| **16** |  |  |  |
| **17** |  |  |  |
| **18** |  |  |  |
| **19** |  |  |  |
| **20** |  |  |  |
| **21** |  |  |  |
| **22** |  |  |  |
| **23** |  |  |  |
| **24** |  |  |  |
| **25** |  |  |  |
| **26** |  |  |  |
| **27** |  |  |  |
| **28** |  |  |  |
| **29** |  |  |  |
| **30** |  |  |  |
| **31** |  |  |  |

**RETAIN IN FILE FOR AUDIT PURPOSES.**