

Good Samaritan Health & Wellness Center

Policies and Procedures

I. Subject: EMERGENCY KITS

Policy #: 5.2

Prepared by:

Revision #: 1

Approved by: Board of Directors

Effective Date: 9/02/2015

5.2 Emergency Kits

The Clinic shall appoint an individual to check the **Emergency Kit** located at their patient care areas on a monthly basis. The kit shall be checked for adequate stock amounts and expiration dates.

The individual responsible for checking such supplies must be a clinical staff member (RN, LPN, CMA, CNA).

This individual will complete the “Emergency Kit Supply Check List” (see attached). Each item must be listed as either Located in Kit, Need, or Need Due to Expiration Date. ***The Emergency Kit Check List will be signed by the individual who completed the check, dated and returned to Clinical Director no later than the 15th of every month.***

<u>Item</u>	<u>Located in Kit</u>	<u>Need</u>	<u>Need Due to Expiration Date</u>
Gloves	()	()	()
Sterile Gloves	()	()	()
4 x 4	()	()	()
Tape	()	()	()
Tongue Depressor	()	()	()
Alcohol	()	()	()
Ammonia	()	()	()
Adult Mask	()	()	()
Child Mask	()	()	()
Child Epi-Pen	()	()	()
Adult Epe-Pen	()	()	()
Syringes x 4	()	()	()
Tourniquet	()	()	()
Ambu Bag	()	()	()
1 Bag Normal Saline	()	()	()
IV Tubing	()	()	()
Dextrose 50%	()	()	()
O2 Tubing	()	()	()
22 Gauge IV Catheter	()	()	()
24 Gauge IV Catheter	()	()	()

DATE CHECKED: _____

SIGNATURE: _____