BY ORDER OF THE COMMANDER
59TH MEDICAL WING

59TH MEDICAL WING INSTRUCTION
44-142

3 MAY 2022

Medical

CODE BLUE AND PURPLE MANAGEMENT

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This Instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This Instruction prescribes the training, procedures, and responsibilities essential in developing a coordinated team approach to cardiopulmonary resuscitation (CPR). This publication applies to all personnel assigned, attached, or under contract to the 59th Medical Wing (MDW) with the exception of personnel working at the 959th Medical Group at Brooke Army Medical Center (BAMC) and the 59th Training Group. This instruction does not apply to the Air National Guard or Air Force Reserve. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. Chapter 55, *Medical and Dental Care*, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: **http://dpclo.defense.gov/Privacy/SORNs.aspx.** Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW AFI 33-360, *Records Management and Information Governance Program*, paragraph 6.5.6.4, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

SUMMARY OF CHANGES

This rewrite of 59 MDWI 44-142 includes significant changes to include responsibilities, emergency response procedures, the mock code blue and purple program (MCB&PP), the emergency equipment program (EEP), training requirements, code blue supplies and equipment, new guidance on Code Purple responses, and policy on code responses during the COVID 19 pandemic.

1. Responsibilities.

1.1. 59 MDW Resuscitation Committee (RC).

1.1.1. RC serves as the 59 MDW advisory body for the development, institution, assessment, and revision of policies and protocols for emergency response/life support for Code Blue and Code Purple events.

1.1.2. RC membership is multidisciplinary and includes voting and non-voting members (**Attachment 2**).

1.1.3. RC meets quarterly. More frequent meetings may be held. Meetings are to discussion this Instruction and items listed in **paragraph 1.1.5** Results of meetings should be communicated back to members groups and sections, to foster bidirectional feedback.

1.1.4. RC reports to the 59 MDW Executive Committee of the Medical Staff (ECOMS) quarterly to report updates to this Instruction and items listed in section 1.1.5.

1.1.5. RC provides oversight for significant resuscitation issues to include:

1.1.5.1. Advising ECOMS on optimal number and location of code carts, automated external defibrillators (AEDs), and bleeding control stations.

1.1.5.2. Overseeing the Emergency Equipment Program (EEP), including appointment of the EEP Director.

1.1.5.3. Overseeing the Mock Code Blue and Purple Program (MCB&PP), including appointment of the MCB&PP Director.

1.1.5.4. Working with the 59 MDW Education and Training Life Support Program Manager to ensure maintenance of training requirements as detailed in section 1.4.

1.1.5.5. Overseeing the code blue activation and response procedures for each group within the 59 MDW.

1.1.5.6. Elevating concerns to flight, squadron, and ECOMS leadership regarding aforementioned inspections, mock code blues, mock code purples, actual code events, and training deficiencies.

1.2. EEP Director.

1.2.1. EEP Director is appointed by RC as described in section 1.1.5.2.

1.2.2. EEP Director is responsible for all functions of the EEP, to include:

1.2.2.1. Maintaining record of location of all code carts, AEDs, and bleeding control stations within the 59 MDW. This will be reported to the RC quarterly.

1.2.2.2. Ensuring standardization and compliance of all code carts, AEDs, and bleeding control stations as detailed in section 2. Documentation of standardization and compliance of aforementioned will be reported to the RC quarterly. Concerns should be elevated immediately to section or facility leadership and the RC, and a patient safety report will be entered.

1.2.2.3. Delegating and tracking assignment and training of code cart monitors, AED equipment custodians, and bleeding control station equipment custodians. Monitor and equipment custodian assignments and training statistics will be reported to the RC quarterly.

1.2.2.4. Ensuring utilized code carts, AEDs, and bleeding control stations are returned to stocked and working condition within 7 days of use and replacements are made available immediately.

1.3. MCB&PP Director.

1.3.1. MCB&PP Director is appointed by RC as described in section 1.1.5.3.

1.3.2. MCB&PP Director is responsible for all functions of the Mock Code Blues & Purples, to include:

1.3.2.1. Working with the RC to develop the annual schedule for (MCB&PP), covering basic life support (BLS), advanced life support (ALS), and pediatric advance life support (PALS) mock codes where appropriate.

1.3.2.2. Identifies materials required for MCB&Ps and coordinates delivery and utilization of these materials with the simulation center.

1.3.2.3. Identifying BLS, ALS, and/or PALS instructors who may regularly assist with MCB&Ps. May work with Education and Training to identify available instructors.

1.3.2.4. In coordination with an obstetric provider or BLS, ALS, and/or PALS instructor, conducting MCB&Ps, monitoring MCB&Ps, providing feedback on MCB&Ps, and reporting results of MCB&Ps to section or facility leadership as soon as possible and the RC quarterly. Concerns should be elevated immediately to section or facility leadership and the RC, and a patient safety report will be entered.

1.3.2.5. Evaluating and reporting on all real world code blue and code purple responses, with feedback provided to section or facility leadership as soon as possible and the RC quarterly. Concerns should be elevated immediately to section or facility leadership and the RC, and a patient safety report will be entered.

1.3.2.6. Maintaining accountability on the informal quarterly MCB&Ps, and reporting metrics to the RC quarterly.

1.3.2.7. Reporting code purple data to the DHA Woman and Infant Clinical Community.

1.4. 59 MDW Education and Training Office Life Support Program Manager.

1.4.1. Collaborates with group and squadron commanders to ensure organizational availability of required training programs and courses in accordance with (IAW) Air Force, Military Training Network (MTN) directives, and Defense Health Agency (DHA). These training requirements are detailed in section 6.

1.4.2. The Education and Training Office is not responsible for ensuring compliance. Compliance with training requirements is overseen by group and squadron commanders. Group education and training representatives are assigned and responsible for pulling and compiling training reports, which are subsequently reported to SGHs and SGNs, who in turn report to the RC.

1.4.3. Ensures BLS, ALS, and PALS instructors remain compliant with instructor currency requirements as required by the American Red Cross (ARC).

1.4.4. Maintains a pathway for training dedicated BLS, ALS, and PALS instructors and assists the RC in identifying instructors able to assist with MCB and MCP exercises and training.

1.4.5. Forwards training reports to the MTN as applicable, and maintain records as outlined in the MTN handbook.

1.4.6. Completes end of course documentation IAW MTN/ARC requirements.

1.4.7. Collaborates with the RC in providing on-site training programs as requested.

1.5. Code Cart Monitors, AED Equipment Custodians, and Bleeding Control Station Equipment Custodians

1.5.1. Each code cart, AED, and bleeding control station must be assigned a monitor/equipment custodian and a backup.

1.5.2. The monitors/equipment custodians and backups are assigned by the OIC/NCOIC of each section with a code cart, AED, or bleeding control station

1.5.3. The monitors/equipment custodians and backups must undergo code cart training prior to becoming a monitor and annually thereafter as discussed in section 6.2.

1.5.4. Training completion status is maintained by the section OIC/NCOIC and reported to the EEP Director.

1.5.5. List of monitors/equipment custodians and backup, to include training currency, is maintained by the EEP Director.

2. Emergency Equipment Program (EEP).

2.1. The purpose of the EEP is to ensure standardization and compliance of all code carts, AEDs, and bleeding control stations within the 59 MDW per section 7.

2.2. The EEP is overseen by the EEP Director. The EEP Director is a member of the RC, assigned by the RC, and reports to the RC on the items listed in section 1.2.

2.3. The EEP is broken down into the Code Cart Program, AED Program, and Bleeding Control Station Program

2.4. Code Cart Program.

2.4.1. The EEP Director serves as the primary contact for the code carts within the 59 MDW.

2.4.2. The EEP Director will maintain a list of all code cart locations within the 59 MDW (Attachment 7).

2.4.3. All code carts within the 59 MDW will be standardized as detailed in section 7. This standardization is described in the attachments, including the Code Cart Configuration (**Attachment 8**), Code Cart Inventory Medication Drawer Contents (**Attachment 9**), and Code Cart Supply Drawer Contents (**Attachment 10**).

2.4.4. The EEP Director will conduct annual no-notice inspections of each code cart within the 59 MDW. This inspection will be documented on the 59 MDW Form 66, *Life Support Code Cart Inspection Record*. Discrepancies will be addressed and corrected by the medical unit assigned the code cart same day. The EEP will be notified once corrected.

Inspection results will be forwarded to the medical unit assigned the code cart. The status and results of annual inspections will be presented to the RC annually.

2.4.5. All code carts within the 59 MDW must undergo daily inspections of external contents and ZOLL interrogation and monthly comprehensive inspections to include the drawer contents with exception of the medication drawer. Daily inspections are required only on duty days for the section with the code cart. A daily inspection is not required on non-duty days for that section. This is performed by the code cart monitor and annotated on the 59 MDW Form 2995 *Daily/Monthly Code Cart Checklist*. All missing, expired, or soon to be expired items will be replaced prior to re-locking and return to working condition. Locks for non-medication drawers are kept by the unit. New lock numbers must be annotated.

2.4.6. All code carts within the 59 MDW must undergo monthly inspections of the medication drawer contents. This is performed by the pharmacy and annotated on the 59 MDW Form 2995 *Daily/Monthly Code Cart Checklist*. All missing, expired, or soon to be expired medications will be replaced prior to re-locking and return to working condition. Locks for the medication drawer is kept by the pharmacy. New lock numbers must be annotated.

2.4.7. If a lock is removed for any reason, the code cart must undergo an inspection of the medication drawer and/or remaining contents dependent on which lock(s) is(are) broken by the pharmacy and or code cart monitor, respectively. Any missing, expired, or soon to be expired items will be replaced prior to re-locking and return to working condition.

2.4.8. Following a code blue or purple, any utilized code carts must be returned to working condition. It is the responsibility of the EEP Director to ensure this is completed. The code cart monitor will restock contents excluding the medication drawer. The pharmacy will restock the medication drawer. All reusable equipment will be cleaned using appropriate facility approved (IAW manufacturer's recommendations) disinfecting agents prior to BMET delivery or working condition. Replacement equipment will be provided pending return of original equipment to working condition at discretion of the EEP Director.

2.5. AED Program.

2.5.1. The EEP Director serves as the primary contact for the AEDs within the 59 MDW with the exception of those maintained by the Public Access Defibrillator (PAD) Program.

2.5.2. The EEP Director will maintain a list of all AED locations within the 59 MDW with the exception of those maintained by the PAD Program.

2.5.3. All AEDs within the 59 MDW with the exception of those maintained by the PAD Program will be standardized as determined by the RC. This standardization is described in 59 MDW AED Supply Pack (Attachment 11).

2.5.4. The EEP Director will conduct annual no-notice inspections of each AED within the 59 MDW with the exception of those maintained by the PAD Program. Discrepancies will be addressed and corrected by the equipment custodian assigned the AED same day. The EEP will be notified once corrected. Inspection results will be forwarded to the

equipment custodian assigned the AED. The status and results of annual inspections will be presented to the RC annually.

2.5.5. All AEDs within the 59 MDW will be assigned an equipment custodian. The list of these assignments will be maintained by the EEP Director. Responsibilities of the equipment custodians include:

2.5.5.1. The equipment custodians are responsible for the maintenance of all AEDs on their respective accounts, to include replacing materials or batteries, which may be obtained through Medical Logistics Customer Support.

2.5.5.2. The equipment custodians are responsible for monthly inspection of the AEDs on their respective accounts.

2.5.6. Requests for AED placement within 59 MDW facilities will first be coordinated with the 59 MDW Environment of Care Committee and then brought before the RC for approval.

2.5.7. Following a code blue or purple, any utilized AEDs must be returned to working condition. It is the responsibility of the EEP Director to ensure this is completed. AEDs will be restocked by the assigned equipment custodian, interrogated by Biomedical Equipment Technician (BMET), and the AED patient/report summary will be printed and provided to the EEP Director and copies provided to the appropriate section/facility for feedback and to the RC for review. Replacement equipment will be provided pending return of original equipment to working condition at discretion of the EEP Director.

2.6. Bleeding Control Station Program.

2.6.1. The EEP Director serves as the primary contact for the bleeding control stations within the 59 MDW.

2.6.2. The EEP Director will maintain a list of all bleeding control station locations within the 59 MDW.

2.6.3. All AEDs within the 59 MDW will be standardized as determined by the RC.

2.6.4. The EEP Director will conduct annual no-notice inspections of each bleeding control station within the 59 MDW. Discrepancies will be addressed and corrected by the equipment custodian assigned the bleeding control station same day. The EEP will be notified once corrected. Inspection results will be forwarded to the equipment custodian assigned the bleeding control station. The status and results of annual inspections will be presented to the RC annually.

2.6.5. All bleeding control stations within the 59 MDW will be assigned an equipment custodian. The list of these assignments will be maintained by the EEP Director. Responsibilities of the equipment custodians include:

2.6.5.1. The equipment custodians are responsible for the maintenance of all bleeding control stations on their respective accounts, to include replacing materials or batteries, which may be obtained through Medical Logistics Customer Support.

2.6.5.2. The equipment custodians are responsible for monthly inspection of the bleeding control stations on their respective accounts.

2.6.6. Requests for bleeding control station placement within 59 MDW facilities will first be coordinated with the 59 MDW Environment of Care Committee and then brought before the RC for approval.

2.6.7. Following a code blue or purple, any utilized bleeding control stations, must be returned to working condition. It is the responsibility of the EEP Director to ensure this is completed. Bleeding control stations will be restocked by the assigned equipment custodian. All reusable equipment will be cleaned using appropriate facility approved (IAW manufacturer's recommendations) disinfecting agents prior to BMET delivery or working condition. Replacement equipment will be provided pending return of original equipment to working condition at discretion of the EEP Director.

3. Mock Code Blue &Purple Program (MCB&PP).

3.1. The purpose of the MCB&PP is to ensure all personnel are familiar with the code blue and code purple activation and response procedures as determined by their group for their section/facility as detailed in section 5.

3.2. The MCB&PP is overseen by the MCB&PP Director. The MCB&PP Director is a member of the RC, assigned by the RC, and reports to the RC on the items listed in section 1.3, to include:

3.2.1. Working with the RC to develop the annual schedule for mock code blues and purples (MCB&P), covering BLS, ALS, and PALS mock codes where appropriate.

3.2.2. Identifies materials required for MCBs and coordinates delivery and utilization of these materials with the simulation center.

3.2.3. Identifying BLS, ALS, and/or PALS instructors who may regularly assist with MCB&Ps. May work with Education and Training to identify available instructors.

3.2.4. In coordination with a BLS, ALS, and/or PALS instructor, conducting MCB&Ps, monitoring MCB&Ps, providing feedback on MCB&Ps, and reporting results of MCB&Ps to section or facility leadership as soon as possible and the RC quarterly. Concerns should be elevated immediately to section or facility leadership and the RC, and a patient safety report will be entered.

3.2.5. Evaluating and reporting on all real world code blue responses, with feedback provided to section or facility leadership as soon as possible and the RC quarterly. Concerns should be elevated immediately to section or facility leadership and the RC, and a patient safety report will be entered.

3.2.6. Maintaining accountability on the informal quarterly MCB&Ps, and reporting metrics to the RC quarterly.

3.3. The annual MCB&PP schedule will include the following:

3.3.1. Each medical facility within each group will undergo a BLS MCB or MCP annually per that facilities unique activation and response procedures as detailed in the pertinent attachment.

3.3.2. Each section with a code cart within each facility within each group will undergo an ALS and/or PALS MCB or MCP dependent on their patient population annually per that facilities unique activation and response procedures as detailed in the pertinent attachment.

3.4. The annual MCB&Ps are pass/fail. MCB&Ps are evaluated using the 59 MDW Form 69, *Mock Code Blue/AED Response Evaluation*. Results will be reported to section or facility leadership as soon as possible and the RC quarterly. A fail will be elevated immediately to section or facility leadership and the RC, and a patient safety report will be entered. Following feedback, the failing section will undergo a second no-notice MCB or MCP within 30 days of the failing mock code. These steps are repeated for each subsequent failure with the following additions. A failed second attempt requires the section undergo formal simulation center training. A failed third attempt will be reported to group leadership and section caregivers may have their pertinent BLS, ALS, and/or PALS certifications revoked and renewal courses taken at the discretion of group leadership and the RC. The section may perform informal MCB&Ps as discussed in section 3.5 throughout this process, and may utilize educational resources including the simulation center and instructors, as needed.

3.5. Separate from the formal MCB&Ps, each section within each medical facility is expected to perform an in clinic informal MCB or MCP at least quarterly per that facilities unique activation and response procedures and BLS, ALS, and/or PALS capabilities. Activation procedures will be verbalized but not conducted. Facility response teams will not be involved. These informal MCB&Ps are not graded, however they will still be evaluated using the 59 MDW Form 69, *Mock Code Blue/AED Response Evaluation*, and a BLS, ALS, and/or PALS instructor should be present to offer feedback. The section officer in charge (OIC) or non-commissioned officer in charge (NCOIC) is responsible for scheduling these informal MCB&Ps, identifying instructors to monitor the informal MCB&Ps, and reporting completion of the mock code and lessons learned to the MCB&PP Director. The MCB&PP Director must maintain a list of each section to include the OIC/NCOIC and date of each informal MCB and lessons learned. This will be presented to the RC quarterly.

3.6. The RC will report status of the annual MCB&Ps and informal quarterly MCB&Ps, lessons learned, pass/fail statistics and corrective steps taken to ECOMS quarterly.

4. Code Blue and Purple Activation and Response Procedures.

4.1. The code blue and purple activation and response procedures are determined by each medical and dental group within the 59 MDW. This allows each group to develop procedures that best accommodate medical and dental buildings and areas within their purview. Code blue and code purple are called as follows:

4.1.1. A adult code blue is called for cardiac and/or respiratory arrest for all patients, or when additional resources are needed for timely management of patient care emergencies for patients 12 years of age or older, or pubescent if age is unknown.

4.1.2. A pediatric code blue is called for cardiac and/or respiratory arrest, or when additional resources are needed for timely management of patient care emergencies for all patients 11 years of age or younger, or prepubescent if age is unknown.

4.1.3. A code purple is called for obstetric specific emergencies.

4.2. Every section OIC/NCOIC is responsible for ensuring their staff are trained in the code blue and purple activation and response procedures.

4.3. The code blue and purple activation and response procedures must at a minimum include a call to 911 and providing BLS with access to an AED as indicated. Sections performing

moderate sedation are required to have ALS or PALS capability in that section. This requirement is for the section only, and not for the building or group as a whole.

4.4. The code blue and purple activation and response procedures must include activation procedures for code blues and code purples, initial response procedures, and any supplementary/back-up response procedures. If the response involved an adult and/or pediatric response team, the response procedures must include how that team is activated, hours of coverage, who comprises that team, oversight, training, and orientation of team members, and equipment provided by that team

4.5. The code blue and purple activation and response procedures for each group are found in the attachments, including:

4.5.1. 59 DG (Attachment 3).

4.5.2. 59 MDOG and 59 MDSG (Attachment 4).

4.5.3. 559 MDG Lackland (Attachment 5).

4.5.4. 559 MDS Randolph (**Attachment 6**).

5. Training Requirements.

5.1. The 59 MDW Education and Training Office Life Support Program Manager is responsible for ensuring availability of all life support related training to meet requirements for all personnel within the 59 MDW.

5.2. Training requirements are as follows:

5.2.1. ARC Healthcare Provider BLS (or equivalent course based on published national guidelines for BLS) certification is required for all 59 MDW military members, civilians, contract personnel, and volunteers IAW AFI 44-102, *Medical Care Management and DHA-PM 6025.13, Clinical Quality Management in the Military Health System, Volume 4*. Personnel unable to complete a BLS course due to physical limitations must have a waiver approved through the appropriate tier waiver approval authority and these waivers must be renewed annually.

5.2.2. Personnel without an up to date BLS certification are prohibited from performing patient care pending renewal.

5.2.3. ARC ALS certification is required for any privileged healthcare provider or resident who is assigned to the family emergency center (FEC), who is assigned to an adult code blue response team, who provides moderate sedation or general anesthesia to adults, or who is required by specification on their Air Force Specialty Code (AFSC) comprehensive medical readiness program (CMRP) IAW AFI 44-102, *Medical Care Management and DHA-PM 6025.13, Clinical Quality Management in the Military Health System, Volume 4*. Providers board certified in Emergency and Critical Care and actively practicing in an ER or ICU may not require ALS certification.

5.2.4. ARC ALS certification is required for any nurse who is assigned to the FEC, who is assigned to the operating room, who is assigned to the post anesthesia care unit (PACU), who is assigned to an adult code blue response team, who provides moderate sedation to adults, or who is required by specification on their AFSC CMRP IAW AFI 44-102, *Medical Care Management*.

5.2.5. ARC ALS certification is required for any medical technician who is assigned to an adult code blue response team or who is required by specification on their AFSC CMRP IAW AFI 44-102, *Medical Care Management*.

5.2.6. ARC PALS certification is required for any privileged healthcare provider or resident who is assigned to the family emergency center (FEC), who is assigned to a pediatric code blue response team, who provides moderate sedation or general anesthesia to pediatric patients, or who is required by specification on their Air Force Specialty Code (AFSC) comprehensive medical readiness program (CMRP) IAW AFI 44-102, *Medical Care Management*.

5.2.7. ARC PALS certification is required for any nurse who is assigned to the FEC, who is assigned to the operating room, who is assigned to the post anesthesia care unit (PACU), who is assigned to a pediatric code blue response team, who provides moderate sedation to pediatric patients, or who is required by specification on their AFSC CMRP IAW AFI 44-102, *Medical Care Management*.

5.2.8. ARC PALS certification is required for any medical technician who is assigned to a pediatric code blue response team or who is required by specification on their AFSC CMRP IAW AFI 44-102, *Medical Care Management*.

5.2.9. Personnel without an up to date ALS and/or PALS certification are prohibited from performing patient care in the locations or under the conditions detailed in sections 6.2.3 - 6.2.8 pending renewal. A 3 month grace period is provided for personnel new to the section.

5.2.10. All 59 MDW personnel, to include facility volunteers, are eligible to attend 59 MDW BLS, ALS, and PALS courses. 59 MDW Contract personnel may attend WHASC classes if their contract explicitly states the training is required for their job and is to be funded by the government. All other military and GS-Civilian personnel are eligible on a space-A basis.

5.2.11. All 59 MDW medical personnel who work in an area with a code cart must be oriented to the location, contents, and operation of the code cart. They must also be oriented to their anticipated role in a code in accordance with their scope of practice. This is tracked by the OIC/NCOIC as part of employee orientation.

5.2.12. Code cart monitors are required to complete to complete code cart training prior to role assignment, and annually thereafter. This is tracked by the OIC/NCOIC of the section and reported to the EEP.

5.2.13. All 59 MDW personnel must be oriented to the location of the nearest AED, bleeding control station, and their facilities unique code blue and purple activation and response procedures. This is tracked by the OIC/NCOIC as part of employee orientation.

5.2.14. AED equipment custodians are required to complete AED training prior to role assignment, and annually thereafter. This is tracked by the OIC/NCOIC of the section and reported to the EEP.

5.2.15. Bleeding control station equipment custodians are required to complete AED training prior to role assignment, and annually thereafter. This is tracked by the OIC/NCOIC of the section and reported to the EEP.

6. Code Blue and Purple Supplies and Equipment.

6.1. The EEP Director is responsible for standardization and compliance of all code carts, AEDs, and bleeding control stations within the 59 MDW with the exception of those AEDs maintained by the PAD as detailed in section 2.

6.2. All code carts within the 59 MDW will be standardized as outlined by the Air Force Medical Readiness Agency and DHA. This standardization is described in the attachments, including the Code Cart Configuration (**Attachment 8**), Code Cart Inventory Medication Drawer Contents (**Attachment 9** and Code Cart Supply Drawer Contents (**Attachment 10**).

6.3. Code Cart Notebooks will be stored on top of each code cart and will contain the following:

6.3.1. Section 1: 59 MDWI 44-142 with attachments.

6.3.2. Section 2: 59 MDW Form 2995 *Daily/Monthly Code Cart Checklist*. The completed 59 MDW Form 2995 will be maintained and disposed of IAW AFRIMS RDS.

6.3.3. Section 3: ZOLL ALS/PALS Operator's Checklist(s). The completed checklist will be maintained and disposed of IAW AFRIMS RDS.

6.3.4. 59 MDW Form 1280, *Cardiac Respiratory Arrest Record*.

6.4. All code carts within the 59 MDW will be sealed with plastic locks. The locks will only be removed for code blues, MCBs, monthly inspections, and training. If a cart is discovered without a lock on the medication drawer, its contents must be inspected immediately by the pharmacy and missing or expired items replaced prior to re-locking and return to working condition. If a cart is discovered without a lock on the remaining drawers, its contents must be inspected immediately by the code cart monitor and missing or expired items replaced prior to re-locking and return to working condition. New plastic locks for the medication drawer are kept in the pharmacy. New plastic locks for the remaining drawers are kept by the unit. New lock numbers must be annotated.

7. COVID-19 Pandemic Response.

7.1. COVID-19 responses will follow American Red Cross and MTN/DHA algorithm guidance for suspected or confirmed COVID-19 patients and 59 MDW current policy guidance on what defines COVID-19 suspect. Staff safety is a priority.

7.2. Code carts will maintain a copy of the COVID-19 algorithms and extra Personal Protective Equipment (PPE) packages (gowns, mask, face shield/goggles, hair covering), potential facial barrier covers, and viral filters.

7.3. PPE stored in AED and bleeding control station cabinets.

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Commander, 59th Medical Wing

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 44-1, *Medical Operations*, 9 June 2016

AFI 44-102, *Medical Care Management*, 17 March 2015

AFI 44-119, *Medical Quality Operations*, 16 August 2011

59 DGI 44-2, *Medical Emergencies and Cardiopulmonary Resuscitation*, 22 March 2019

DHA-PM 6025.13, *Clinical Quality Management in the Military Health System, Volume 4,* 29 August 2019

Prescribed Forms

59 MDW Form 66, *Life Support Code Cart Inspection Record*

59 MDW Form 69, *Mock Code Blue/AED Response Evaluation*

59 MDW Form 1280, *Cardiac Respiratory Arrest Record*

59 MDW Form 2995, *Daily/Monthly Code Cart Checklist*

Adopted Form

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AED—Automated External Defibrillator

AFSC—Air Force Specialty Code

ALS—Advanced Life Support (IAW ARC)

ARC—American Red Cross

BAMC—Brooke Army Medical Center

BLS—Basic Life Support

BMET—Biomedical Equipment Technician

BVM—Bag-Valve Mask

CMRP—Comprehensive Medical Readiness Program

CPR—Cardiopulmonary Resuscitation

DG—Dental Group

DHA—Defense Health Agency

DoD—Department of Defense

ECOMS—Executive Committee of the Medical Staff

EEP—Emergency Equipment Program

EMS—Emergency Medical Service

ERP—Emergency Response Program

FEC—Family Emergency Center

IAW—In Accordance With

IT—Instructor Trainer

JBSA—Joint Base San Antonio

MCB—Mock Code Blue

MCB&PP—Mock Code Blue and Purple Program

MCC—Medical Control Center

MCP—Mock Code Purple

MDG—Medical Group

MDOG—Medical Operations Group

MDS—Medical Squadron

MDSP—Medical Specialties

MDW—Medical Wing

MTN—Military Training Network

NCOIC—Non-Commissioned Officer in Charge

OR—Operating Room

OIC—Officer in Charge

PACU—Post Anesthesia Care Unit

PALS—Pediatric Advanced Life Support

PD—Program Director

POC—Point of Contact

RC—Resuscitation Committee

RDS—Records Disposition Schedule

RN—Registered Nurse

RRT—Rapid Response Team

SGH—Chief of Medical Staff

SGN—Chief of Nursing Staff

TJC—The Joint Commission

TS—Training Site

TSF—Training Site Faculty

WHASC—Wilford Hall Ambulatory Surgical Center

Attachment 2

VOTING AND NON-VOTING MEMBERS OF 59 MDW RESUSCITATION COMMITTEE

Table A2.1. Voting and Non-Voting Members of 59 MDW Resuscitation Committee.

Voting Members	Non-Voting Members
Resuscitation Committee Chair	Pharmacy Representative
Emergency Equipment Program Director	Laboratory Representative
Mock Code Blue and Purple Program Director	Fire Department / Dispatch
59 MDW Chief Nurse or designee	Logistics Representative
Anesthesia Representative	SIM Center Representative
FEC Medical Director/59 MDOG Representative	Facility Representative
Emergency Medical Service Representative	Patient Safety Representative
ALS Program Director	Quality Representative
PALS Program Director	SGHs
BLS Program Director	SGNs
59 DG Representative (may be dual appointed)	
559 MDG Representative (may be dual appointed)	
559 MDS Representative (may be dual appointed)	
Education and Training Life Support Manager	

Attachment 3

59 DG CODE BLUE / CODE PURPLE ACTIVATION PROCEDURE

A3.1. 59 DG Code Blue/Code Purple Activation. Procedures for a patient or staff member who is found to be in need of emergent medical assistance.

A3.1.1. Any staff member can activate a code.

A3.1.2. Regardless of location, the immediate first steps for the first responder is to establish scene safety, identify a person in need of emergent medical assistance, call for help, and begin life support as able.

A3.1.3. The call for help should be verbal and should also include formal Code Blue/Purple activation procedure if able and no nearby assistance. The formal Code Blue/Purple activation procedure may be delayed briefly and assigned to a second responder upon arrival. The Code Blue/Purple activation procedure differs by site as follows:

A3.1.3.1. At the Postgraduate Dental School the Code Blue/Purple activation procedure is to call 911 to activate EMS. A responder will also provide an overhead announcement of a Code Blue or Code Purple as appropriate, which will include location of the patient. All staff must be familiar with how to activate the overhead announcement system. Each section OIC/NCOIC is responsible for ensuring this site specific training.

A3.1.3.2. At the Dunn Dental Clinic the Code Blue/Purple activation procedure is to call 911 to activate EMS. A responder will also provide an overhead announcement of a Code Blue or Code Purple as appropriate, which will include location of the patient. All staff must be familiar with how to activate the overhead announcement system. Each section OIC/NCOIC is responsible for ensuring this site specific training.

A3.1.3.3. The WHASC Oral and Maxillofacial Surgery Clinic Code Blue/Purple activation procedures are identical to those for WHASC as detailed in A4.

A3.1.3.4. The REID Dental Clinic Code Blue/Purple activation procedures are identical to those for REID Clinic as detailed in A5.

A3.1.3.5. The Randolph Dental Clinic Code Blue/Purple activation procedures are identical to those for the Randolph Medical Center as detailed in A6.

A3.1.4. Life support capability varies by location. Initial life support is performed by the first responder as able as needed. If the first responder is BLS certified, or a BLS certified responder arrives, then BLS should be rendered by that certified responder as needed. The Postgraduate Dental School, Dunn Dental Clinic, and WHASC Oral and Maxillofacial Surgery Clinic have ALS response capabilities. The REID Dental Clinic is BLS only. If the first responder in an ALS capable site is ALS certified, or an ALS certified responder arrives, then ALS may be rendered by the certified responder as needed as able. Once ALS or BLS is initiated, the appropriately certified responder must stay with the patient, unless they are a sole responder and can rapidly obtain an AED or code cart. At the WHASC Oral and Maxillofacial Surgery Clinic, the FEC Code Blue/Purple team may assist once on scene and may provide ALS support utilizing their go-bag. At the REID Dental Clinic, the Code Blue/Purple response team may assist once on scene and may provide BLS support utilizing their go-bag. Life support

should continue until EMS arrives and the patient is suitable for transport to a higher level of care.

A3.2. Code Blue/Purple Response Team.

A3.2.1. The dental group does not maintain a response team at any site.

A3.3. Emergency Equipment.

A3.3.1. AEDs are available at all sites to support BLS and ALS. A BLS or ALS certified responder should direct other responders, or personally obtain if no other responders, the nearest AED, as needed. All staff should be familiar with AED locations at their site.

A3.3.2. Code carts are available at the Postgraduate Dental School, Dunn Dental Clinic, and WHASC Oral and Maxillofacial Dental Clinic. (**Attachment 7**)

Attachment 4

59 MDOG AND 59 MDSG CODE BLUE / CODE PURPLE ACTIVATION PROCEDURES

A4.1. 59 MDOG and 59 MDSG Code Blue/Code Purple Activation. Procedures for a patient or staff member who is found to be in need of emergent medical assistance.

A4.1.1. Any staff member can activate a code.

A4.1.2. Regardless of location, the immediate first steps for the first responder is to establish scene safety, identify a person in need of emergent medical assistance, call for help, and begin life support as able.

A4.1.3. The call for help should be verbal and should also include formal Code Blue/Purple activation procedure if able and no nearby assistance. The formal Code Blue/Purple activation procedure may be delayed briefly and assigned to a second responder upon arrival. The Code Blue/Purple activation procedure differs by site as follows:

A4.1.3.1. At WHASC the Code Blue/Purple activation procedure is to call 911 to activate EMS, A responder will also call the Healthcare Automated Resource Protection Center (HARPS) at 210-292-6070. HARPS will provide an overhead announcement of a Code Blue or Code Purple as appropriate, which will include location of the patient, location of the nearest AED, and location of the nearest code cart. HARPS will also call the Family Emergency Center (FEC) which serves as a Code Blue/Purple Team to support Code Blues/Purples until EMS can arrive. The FEC will respond to Code Blues/Purples with a standardized "Go Bag."

A4.1.3.2. At the MRI annex, PRK, and Family Advocacy Program (FAP) buildings, the Code Blue/Purple activation procedure is to call 911 to activate EMS.

A4.1.3.3. At remote locations, including Gateway Bulverde Clinic (GBC) and North Central Federal Clinic (NCFC), the Code Blue/Purple activation procedure is to call 911 to activate EMS.

A4.1.4. Life support capability varies by location. Initial life support is performed by the first responder as able as needed. If the first responder is BLS certified, or a BLS certified responder arrives, then BLS should be rendered by that certified responder as needed. WHASC is the sole site within the MDOG purview with ALS response capabilities. If the first responder at WHASC is ALS certified, or an ALS certified responder arrives, then ALS may be rendered by the certified responder as needed as able. Once ALS or BLS is initiated, the appropriately certified responder must stay with the patient, unless they are a sole responder and can rapidly obtain an AED or code cart. The FEC Code Blue/Purple team may assist once on scene and may provide ALS support utilizing their go-bag. Life support should continue until EMS arrives and the patient is suitable for transport to a higher level of care.

A4.2. Code Blue/Purple Response Team.

A4.2.1. The FEC will maintain a Code Blue/Purple response team during all times when patient care is occurring at WHASC.

A4.2.1.1. The FEC Code Blue/Purple response team will respond to all Code Blues/Purples

A4.2.1.2. The response team will include a physician, nurse, and medical technician. The FEC OIC/NCOIC is responsible for ensuring the response team members are assigned daily and trained in response protocol.

A4.2.1.3. The FEC response team will bring an ALS capable go-bag, maintained by the FEC, to all code responses.

A4.3. Emergency Equipment.

A4.3.1. AEDs are available at all sites to support BLS and ALS. A BLS or ALS certified responder should direct other responders, or personally obtain if no other responders, the nearest AED, as needed. All MDOG staff should be familiar with AED locations at their site. At WHASC, HARPS should report the location of nearest AED in the overhead Code Blue announcement. The locations of AEDs are as follows:

A4.3.2. At WHASC, AEDs are located on each floor near each elevator. An additional AED is located on the first floor near the women's health clinic.

A4.3.3. Code carts are available only at WHASC, as WHASC is the only site within the MDOG purview with ALS response capabilities. (**Attachment 7**)

Attachment 5

559 MDG AND OUTLYING LACKLAND CODE BLUE / CODE PURPLE ACTIVATION PROCDURES

A5.1. 559 MDG and outlying Lackland Code Blue/Code Purple Activation. Procedures for a patient or staff member who is found to be in need of emergent medical assistance.

A5.1.1. Any staff member can activate a code.

A5.1.2. Regardless of location, the immediate first steps for the first responder is to establish scene safety, identify a person in need of emergent medical assistance, call for help, and begin life support as able.

A5.1.3. The call for help should be verbal and should also include formal Code Blue/Purple activation procedure if able and no nearby assistance. The formal Code Blue/Purple activation procedure may be delayed briefly and assigned to a second responder upon arrival. The Code Blue/Purple activation procedure differs by site as follows:

A5.1.3.1. At the REID Clinic, the Code Blue/Purple activation procedure is to call 911 to activate EMS. A responder will also make an overhead announcement. This is done by identifying and opening one of the remote paging units embedded in the wall throughout the REID clinic. The responder will press "ALL CALL," pick up the handheld microphone, press the push to talk button, and announce Code Blue or Code Purple as appropriate and the location of the patient. All staff must be familiar with locations and operation of the remote paging units. Each section OIC/NCOIC is responsible for ensuring this site specific training.

A5.1.3.2. At outlying buildings occupied by 559 MDG personnel, the Code Blue/Purple activation procedure is to call 911 to activate EMS.

A5.1.4. Life support capability varies by location. Initial life support is performed by the first responder as able as needed. If the first responder is BLS certified, or a BLS certified responder arrives, then BLS should be rendered by that certified responder as needed. Once BLS is initiated, the appropriately certified responder must stay with the patient, unless they are a sole responder and can rapidly obtain an AED. At the REID clinic, the Code Blue/Purple team may assist once on scene and may provide BLS support utilizing their go-bag. Remote sites do not have a code response team. Life support should continue until EMS arrives and the patient is suitable for transport to a higher level of care.

A5.2. Code Blue/Purple Response Team.

A5.2.1. The REID clinic will maintain a Code Blue/Purple response team during all times when patient care is occurring at the REID clinic.

A5.2.1.1. The REID clinic Code Blue/Purple response team will respond to all Code Blues/Purples.

A5.2.1.2. The response team will include a physician, nurse, and medical technician. Members will be drawn from those assigned to the Patient Intervention Treatment area of the Trainee Health clinic. This section OIC/NCOIC is responsible for ensuring the response team members are assigned daily and trained in response protocol.

A5.2.1.3. The REID clinic response team will bring a BLS capable go-bag, maintained by the section, to all code responses.

A5.3. Emergency Equipment.

A5.3.1. AEDs are available at all sites to support BLS. A BLS certified responder should direct other responders, or personally obtain if no other responders, the nearest AED, as needed. All staff should be familiar with AED locations at their site.

A5.4. Pull-Cords.

A5.4.1. The REID clinic has a pull-cord system. All pull-cord activations are considered Code Blues.

A5.4.2. When a pull-cord is activated, a visual and audible alarm will indicate the location of activation. Staff will respond to the location immediately and begin the code blue response procedures as above.

A5.4.3. All staff must be familiar with the locations of the pull-cords. Each section OIC/NCOIC is responsible for ensuring this site specific training.

Attachment 6

559 MDS RANDOLPH CODE BLUE / CODE PURPLE ACTIVATION PROCDURES

A6.1. 559 MDS Randolph Medical Center Code Blue/Code Purple Activation. Procedures for a patient or staff member who is found to be in need of emergent medical assistance.

A6.1.1. Any staff member can activate a code.

A6.1.2. Regardless of location, the immediate first steps for the first responder is to establish scene safety, identify a person in need of emergent medical assistance, call for help, and begin life support as able.

A6.1.3. The call for help should be verbal and should also include formal Code Blue/Purple activation procedure if able and no nearby assistance. The formal Code Blue/Purple activation procedure may be delayed briefly and assigned to a second responder upon arrival. The Code Blue/Purple activation procedure is as follows:

A6.1.3.1. At the Randolph Medical Center, the Code Blue/Purple activation procedure is to call 911 to activate EMS. A responder will also call the medical officer of the day (MOD) via overhead announcement utilizing the Randolph Medical Center overhead announcement system. The MOD will determine if an overhead announcement of Code Blue or Code Purple is appropriate. All staff must be familiar with how to activate the overhead announcement system to call the MOD. Each section OIC/NCOIC is responsible for ensuring this site specific training.

A6.1.4. Life support capability varies by location. Initial life support is performed by the first responder as able as needed. If the first responder is BLS certified, or a BLS certified responder arrives, then BLS should be rendered by that certified responder as needed. The Randolph Dental Clinic is the only section of the Randolph Medical Center with ALS response capabilities. If the first responder in the Dental Clinic is ALS certified, or an ALS certified responder arrives, then ALS may be rendered by the certified responder as needed as able. Once ALS or BLS is initiated, the appropriately certified responder must stay with the patient, unless they are a sole responder and can rapidly obtain an AED or code cart. Life support should continue until EMS arrives and the patient is suitable for transport to a higher level of care.

A6.2. Code Blue/Purple Response Team.

A6.2.1. The Randolph Medical Center does not have a dedicated response team.

A6.3. Emergency Equipment.

A6.3.1. AEDs are available in all sections to support BLS. A BLS certified responder should direct other responders, or personally obtain if no other responders, the nearest AED, as needed. All staff should be familiar with AED locations at their site.

A6.3.2. Code carts are available only within the Randolph Dental Clinic, as the Dental Clinic is the only section within the Randolph Medical Center with ALS response capabilities. (**Attachment 7**)

Attachment 7

59 MDW CODE CART LOCATIONS

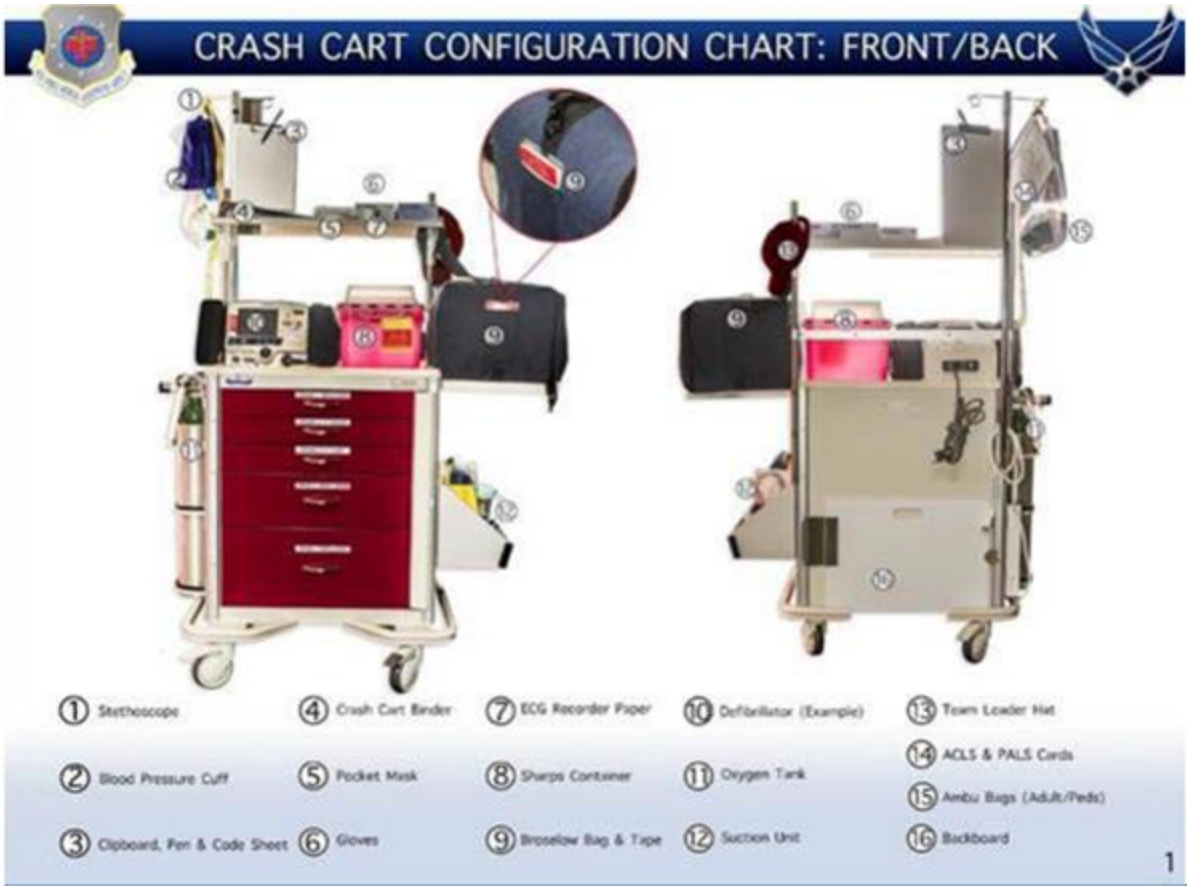
Table A7.1. List of Code Cart Locations.

FLOOR	Location	#
1A	FEC	2
2A	Cardiology	2
2B	OR	1
2B	PACU	1
2B	Oral Surgery	1
Off Site	Air Force Post Graduate Dental Clinic	2
Off Site	DUNN DENTAL	2
Off Site	Randolph Dental	1

Attachment 8

CODE CART CONFIGURATION CHART: FRONT/BACK

Figure A8.1. Code Cart Configuration Chart: Front/Back.



Attachment 9

CODE CART INVENTORY DRAWER CONTENTS

Figure A9.1. Medication Drawer Contents.

A9.1. Removed from Drawer 1, Filter needles.

A9.2. Add to Drawer 1, Lidocaine 2% (20mg/mL) syringes, quantity 4.

Attachment 10

CODE CART INVENTORY DRAWER CONTENTS

Figure A10.1. Code Cart Supplies Inventory.

Month/Year:			CRASH CART INVENTORY CHECKLIST						Section:		
Drawer 1 -- Medications			Drawer 2 -- IV Supplies			Drawer 2 -- IV Supplies			Drawer 3 -- IV Fluids		
Item	Qty	Initials	Item	Qty	Initials	Item	Qty	Initials	Item	Qty	Initials
Aspirin Tablets 81 mg	2		18g IV Start Kit (In zip-lock bag)	1		Normal Saline Flush exp____	10		IV Bag Set #1		
Dextrose 50% (Adult)	1		Angiocaths 18g exp_____	2		Blood Tubes: Red, Blue, Green, Purple w/Bio Bag & Rubber Band exp_____	set #1		0.9% NaCl (NS) 1000 ml (bag) exp_____	1	
Epi-Pen 0.3mg	2		Heparin Lock exp_____	1					Primary IV Tubing exp_____	1	
Adenosine 6mg/2ml Inj	4		Normal Saline Flush exp_____	1		Blood Tubes: Red, Blue, Green, Purple w/Bio Bag & Rubber Band exp_____	set #2		Label	1	
Atropine 0.1 mg/ml Inj	2		IV Securement Kit exp_____	1					IV Bag Set #2		
Calcium Chloride 10% Inj	2		20g IV Start Kit (In zip-lock bag)	1		2" x 2" Gauze exp____	10		0.9% NaCl (NS) 1000 ml (bag) exp_____	1	
Epinephrine 1:10,000 Inj (0.1mg/ml)	6		Angiocaths 20g exp_____	2		Syringe 3ml	4		Primary IV Tubing exp_____	1	
Filter Needles	4		Heparin Lock exp_____	1		Syringe 1ml	2		Label	1	
Sodium Bicarbonate 8.4%	2		Normal Saline Flush exp_____	1		Syringe 20ml	2		0.9% NaCl (NS) 500 ml (bag) exp_____	1	
Flumazenil 0.5mg/5ml Inj	1		IV Securement Kit exp_____	1		Bandage Scissors	1		0.9% NaCl (NS) 250 ml (bag) exp_____	1	
Metoprolol 5mg/5ml Inj	2		22g IV Start Kit (In zip-lock bag)	1		Safety Razor	1		20% Lipid Emulsion (eg. Intralipid, Liposyn III 20%, or Nutrilipid)	1	
Procainamide 1gram/10ml Inj	4		Angiocaths 22g exp_____	2		Syringe 10ml	4		Secondary IV Tubing exp_____	2	
Magnesium Sulfate 50% Inj	2		Heparin Lock exp_____	1		Alcohol Pads	10		Primary IV Tubing exp_____	2	
Amiodarone 150mg/3ml Inj	3		Normal Saline Flush exp_____	1		3-Way Stop Cock exp_____	2		Volutrol IV Tubing exp_____	1	
Benadryl 50 mg/ml Inj	2		IV Securement Kit exp_____	1		Betadine Pads exp____	10		D5W 500ml (bag) exp_____	1	
Naloxone 2mg/2ml Inj	4		24g IV Start Kit (In zip-lock bag)	1		Silk Tape 1" Roll	1		Medicine Labels	6	
Vial Grippers	14		Angiocaths 24g exp_____	2		Transderm Tape 1" Roll	1		EZ IO Gun (In Case)	1	
PEDIATRIC TRAY			Heparin Lock exp_____	1		18g 1 1/2" Safety Needles exp____	2		EZ IO Needles 15 ga (15mm) exp_____	2	
Epi-Pen JR 0.15mg	2		Normal Saline Flush exp_____	1		20g 1 1/2" Safety Needles exp____	2		EZ IO Needles 15 ga (25mm) exp_____	2	
Sodium Bicarbonate 4.2%	1		IV Securement Kit exp_____	1		Heparin Lock exp_____	3		EZ IO Tubing exp_____	2	
Dextrose 25% (Infant)	1		Adult & Pediatric Arm Boards (1 each)	2		Syringe 5ml	4				
Medication Tray Insert	1		Pawsuo Dart Needle 14ga (3.25")	1		Blunt Needles (Filter and/or Regular)--optional	4				
						Stainless-Steel Scalpel #10	2				

Drawer 4 -- Airway Supplies		
Item	Qty	Initials
Magill Forceps (Sterile) exp____	1	
Orange Airway Roll:	1	
Oral Airway (Adult): Small	1	
Oral Airway (Adult): Medium	1	
Oral Airway (Adult): Large	1	
Nasopharyngeal Airway (Adult): Small	1	
Nasopharyngeal Airway (Adult): Medium	1	
Nasopharyngeal Airway (Adult): Large	1	
Syringe 10 ml	1	
Tongue Blades -- Plain exp_____	5	
Disposable Scalpel #11 exp_____	2	
Surgilube Packet exp_____	5	
Suction Catheters 10 Fr: exp_____	1	
Suction Catheters 12 Fr: exp_____	1	
Suction Catheters 14 Fr: exp_____	1	
Disposable Cuffed ET Tube: Size 5 mm exp_____	1	
Disposable Cuffed ET Tube: Size 5.5 mm exp_____	1	
Disposable Cuffed ET Tube: Size 6 mm exp_____	1	
Disposable Cuffed ET Tube: Size 6.5 mm exp_____	1	
Disposable Cuffed ET Tube: Size 7 mm exp_____	1	
Disposable Cuffed ET Tube: Size 7.5 mm exp_____	1	
Disposable Cuffed ET Tube: Size 8 mm exp_____	1	

Drawer 4 -- Airway Supplies		
Item	Qty	Initials
LMA Size 2 exp_____	1	
LMA Size 2.5 exp_____	1	
Stylets (Adult) -- may be loose in drawer	2	
Disposable Laryngoscope Kit:	1	
Laryngoscope Handle w/2 "C" batteries exp____	1	
Disposable Miller (straight blade): Size 0 exp_____	1	
Disposable Miller (straight blade): Size 1 exp_____	1	
Disposable Miller (straight blade): Size 2 exp_____	1	
Disposable Miller (straight blade): Size 3 exp_____	1	
Disposable Macintosh (curved blade): Size 2 exp_____	1	
Disposable Macintosh (curved blade): Size 3 exp_____	1	
Disposable Macintosh (curved blade): Size 4 exp_____	1	
Endotracheal Tube Holder	1	
Clear Christmas Tree Adapter	2	
Oxygen Tubing Connector	2	
Disposable End-Tidal CO2 Detector exp_____	2	
Nasal Cannula	2	
Non-Rebreather Mask	1	
Oxygen Extension Tubing	2	
LMA Size 3 exp_____	1	
LMA Size 4 exp_____	1	
LMA Size 5 exp_____	1	

Drawer 5 -- Miscellaneous		
Item	Qty	Initials
Infection Control Kit (Gown, Facemask, Gloves)	2 kits	
Goggles	2	
Sterile Surgical Gloves (Pair): Size 6 exp___	2	
Sterile Surgical Gloves (Pair): Size 6.5 exp___	2	
Sterile Surgical Gloves (Pair): Size 7 exp___	2	
Sterile Surgical Gloves (Pair): Size 7.5 exp___	2	
Sterile Surgical Gloves (Pair): Size 8 exp___	2	
4" x 4" Gauze exp_____	1 box	
BP Cuff -- Large Adult	1	
Pacemaker Magnet	1	
Flashlight w/2 "D" batteries exp____	1	
Batteries: Sizes "C" & "D" (2 each) exp___	4	
BP Cuff -- Pediatric	1	
Defibrillator Product Manual -- may also be stored elsewhere	1	

Monthly Check Date: _____

□ Replaced expired items □ Maintained supply levels

□ Ensured interior & exterior clean

□ Crash Cart Lock #_____

_____

Printed Name of Person Completing Inventory

Crash Cart Inspection	
Printed Name	Initials

Comments:

Completed NLT end of month

□ Medication Tray exp date_____

□ Medication Tray Lock #_____

□ Ensured drug tray lock is intact

_____

Signature of Person Completing Inventory

Current as of: 01 Dec 2020

Attachment 11

59 MDW AED SUPPLY PACK

A11.1. The following items will be included with each AED.

A11.1.1. One adult and one pediatric set of defibrillator pads.

A11.1.2. One adult pocket mask with a one-way valve.

A11.1.3. One disposable safety razor.

A11.1.4. Two pairs of non-latex gloves.

A11.1.5. One red biohazard plastic bag.

A11.1.6. Any items with expiration dates must be within their dates. Replace any expired items immediately.