

STANDARD OPERATING PROCEDURE COMMUNITY PHYSICAL HEALTH & RESUSCITATION BAG CHECKING, RESTOCKING & MANAGEMENT

Document Reference	SOP24-010
Version Number	1.0
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Instigated by: Date Instigated:	Patient Safety Incidents 2023
Date Last Reviewed:	14 February 2024
Date of Next Review:	February 2027
Consultation:	Physical Health and Medical Devices Group
Ratified and Quality Checked by: Date Ratified:	Physical Health and Medical Devices Group 14 February 2024

CHANGE RECORD

Version	Date	Change details
1.0	Feb 2024	<i>New SOP, created in response to patient safety incidents re: staff in the community needing guidance for resuscitating patients. Equipment needed cross referenced with CQC. Approved at PHMD group (14 February 2024).</i>

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1. INTRODUCTION

Provision of equipment for dealing with medical emergencies and physical health monitoring for patients who are seen outside of trust premises is of paramount importance. The decision has been made that the Trust must provide such equipment thereby enhancing our ability to respond to a medical emergency and undertake physical health monitoring in a timely fashion. This will not only streamline some elements of patient care but will also improve patient safety.

The purpose of this document is to:

- Provide guidance on the checking and restocking of the Humber Teaching NHS Foundation Trust Standardised Community Physical Health bag.
- Provide supportive documentation to ensure that daily and monthly checks are auditable.
- Provide guidance on what to do in the event a bag has been used.

2. SCOPE

This policy applies to all employees of Humber Teaching NHS Foundation Trust, contract and agency staff.

3. DUTIES AND RESPONSIBILITIES

Director of Nursing and Medical Director

Responsible for ensuring that this Standard Operating Procedure (SOP) is reviewed, approved and monitored by the appropriate Trust-wide group.

Resuscitation Officer/Physical Health and Medical Devices Group

Will report, give advice and provide assurance to the board on all matters relating to any resuscitation activities undertaken within the Trust, as well as conducting an audit of trust wide resuscitation equipment and compliance with this SOP on a yearly basis.

Modern Matrons

Will ensure this SOP is monitored within all areas within their sphere of responsibility to ensure compliance by monitoring checklists.

All Staff

Including support services and non-clinical areas should familiarise themselves with the contents of the new bag and this standard operating procedure and adhere to the recommended actions. It is the responsibility of the individual staff members on shift utilising the bag for their clinical duties to ensure that this SOP is adhered to.

4. PROCEDURES

4.1. Daily checking of the bag

All staff members are responsible for inspecting the bag on a daily basis and rectifying any shortfalls that are apparent.

A checklist stating **minimum** levels of contents is provided and stored within the rear pouch of the bag. (It is the responsibility of all team staff to ensure checking and updating of additional items added to the bag).

4.2. Monthly checking of the bag.

There is a consumables list for all items held in the bag. On the last day of every month the bag should be opened, and the contents inspected for signs of damage. **Any items within 1 month of their expiry date should be ordered or replaced.**

4.3. What to do in the event a problem is identified upon checking the bag

If a problem is identified during the bag check the issue should be rectified immediately and the bag resealed. Should a problem occur with the physical health monitoring equipment such as but not exclusively a pulse oximeter or sphygmomanometer during office hours medical physics should be contacted to rectify the issue by contacting them on 01482 461346.

4.4. What to do if the bag has been used

If the bag has been used it is the responsibility of the practitioner utilising the equipment to ensure the bag is restocked at the earliest opportunity.

4.5. Cleaning the bag

Follow manufacturers instructions (see appendix 2)

4.6. Documentation

The Community physical health and emergency bag minimum contents list is provided to ensure bags are stocked appropriately. (see appendix 1)

5. REFERENCES

Medical Emergencies and Resuscitation Policy and Procedure

Appendix 1 – External Standard Grab Bag



Pocket for 0.6l Sharps container

Internal view

Internal layout showing position of internal pouches and equipment.



Front pouched compartment with suggested layout of contents

Intranasal Naloxone kit (Not Required by all teams)	First Aid Kit & Foil blanket
Sphygmomanometer	Stethoscope Pulse Oximeter
Thermometer	



Front inside compartment with suggested layout of contents.

Ligature scissors
Shark Knife

Clinell hand wipes
Alcohol hand gel

Face masks

Pen torch
Loops for pens

Large, zipped compartment showing suggested contents layout



Pathology test request forms
Pathology tests transport bags



Bag Valve Mask

Phlebotomy/ diagnostic test bag



Rear compartment for laptop etc

Internal Pouch



Phlebotomy/ diagnostic test bag.



Left flap and main bag inside compartment with suggested layout of contents.



Right flap and main bag inside compartment with suggested layout of contents.



Left and Right flap outside with suggested layout of contents.



Full internal view of bag

Appendix 2 – Community Physical Health and Emergency Bag Minimum Contents List.

Location	Item	Quantity
Front pouched compartment	Shark Knife	1
	Ligature Scissors	1
	Clinell Hand wipes	6
	Alcohol hand gel	1
	FFP3 facemasks	2
	First aid kit	1
	Foil blanket	1
	Medium gloves pack	1
	Large gloves pack	1
	Pen torch	1
	Pulse Oximeter	1
	Stethoscope	1
	Sphygmomanometer	1
	Thermometer with probe covers	1
Large centre compartment		
	Phlebotomy/ diagnostic test bag *	1
	Bag Valve Mask	1
	Pathology test request cards	6
	Pathology sample transport bags	6

- The Phlebotomy/ diagnostic test bag contents may be customise to reflect the teams requirements e.g. some teams may wish to carry Urinalysis test strips etc.

Location	Item	Quantity
Left hand flap outside	10x10cm Gauze swabs	2
Left hand flap inside	Tourniquets	3
	Skin prep wipe	6
	Adhesive Tape 1"	1
Right hand flap outside	Adhesive dressings (spot)	6
	Tube guide and recommended order of draw	1
Right hand flap inside	21G Green needle	2
	23G Blue needle	2
	Vacutainer push button butterfly	2
Left hand main bag	Gold top blood bottles	4
	Purple top blood bottles	4
	Grey top blood bottles	2
	Blue top blood bottles	2
	Plain specimen pot	1
Right hand main bag	Vacutainer Needle holders	6
	Vacutainer Needles green	2
	Vacutainer Needles black	2
	10ml Syringe	2

Appendix 3 – Cleaning Options for micrAgard PLUS Wipe Clean Fabric



Cleaning Options for micrAgard™ PLUS Wipe Clean Fabric

Thanks to the intelligent design of micrAgard™, the fabric maintains its antibacterial and antimicrobial properties even if it is never cleaned. However, to keep it looking in the best condition possible or to adhere to your organisation's infection control guidelines we have outlined some methods used by some Openhouse customers.

PLEASE NOTE: Use of any cleaning product may cause damage to fabric; these are used entirely at your own risk.

- For removing accumulated dust and grit, use a regular vacuum cleaner or wipe with a clean, damp cloth.
- Any stubborn stains – such as spots of tar – try removing with white spirit. Dab a small amount on with a piece of absorbent cloth or cotton and then wipe it off immediately. Alternatively, try using washing up liquid on a damp cloth.
- Certain chlorine and alcohol based products Clinell Clorox wipes, Actichlor tablets, Steri-7 wipes and isoprenol spray are also suitable for more stringent disinfection if required e.g. in a medical environment.
- Always allow your bag to dry naturally. Do not tumble dry.

IMPORTANT: Always wipe surfaces again with clean water after using any cleaning agent, ensuring no residue is left on the material.

We do not advise using products or methods not listed on this document and we cannot be held responsible for damage caused to bags on which unlisted products or methods are used.



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