



WORK PLACE INSTRUCTION

Resuscitation Equipment and Trolley Checking

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

- [3B PCH refer to PCH CPM: Resuscitation Equipment and Trolley Checking](#)

Aim

To outline the minimum requirements for checking and maintenance of standard resuscitation trolleys and defibrillators in the clinical areas of KEMH NICU.

Risk

Successful management of medical emergencies relies on the availability of fully stocked and functional resuscitation equipment. Missing, faulty or incorrectly assembled equipment can significantly compromise the effectiveness of life support efforts and result in adverse patient outcomes.

Key Points

- As of the 3rd June 2025, the Tupperware boxes containing laryngoscopes & ETT will be removed from all resuscitaires in the hospital (excludes the warmers in the NICU). For elective/semi elective deliveries, if intubation or more advanced resuscitation is anticipated, please bring the blue neonatal resus cart into the room.
- Resuscitation trolleys, warmers and evacuation equipment is to have consistent layout and equipment inventories.
- An equipment checklist and list of contents is to always be attached
- Equipment and supplies, other than those listed in the inventory, are not to be added to the trolley without the authorisation of the Neonatal Coordinating Group.
- Equipment and supplies on the resuscitation trolley are for use during a medical emergency ONLY. The trolley must not be used for routine clinical procedures.

- All staff new to the ward / unit must be orientated to the location of the resuscitation trolley and emergency procedures.

Routine checking of Resuscitation Warmer and Resuscitation Trolleys

- The contents of the resuscitation warmers and resuscitation trolleys are to be checked daily against the checklists.
 - [Appendix 1: Resuscitation Warmer](#)
 - [Appendix 2: Resuscitation Trolley](#)
- It is the responsibility of all staff to be familiar with the different type of equipment available in each area of the neonatal unit and the specifications for use and checking.
- When undertaking a check, the expiry dates of all equipment and supplies must be checked. Expired stock is to be replaced immediately by the person undertaking the check.
- Oxygen/suction on the Resus Warmer is to be checked each shift. If the oxygen cylinder is less than 10,000kpa, the person checking the trolley is responsible for ensuring it is replaced with a full cylinder as soon as possible.
- If contents are found in the sharp's container during routine checks, dispose of and replace container.
- After checking, the date, time and signature of checker is to be recorded in the record book.
- Emergency neonatal ENT tray and difficult intubation equipment is the kept in dirty utility room in SCN 3 opposite the gas machine. If used, the equipment is to be sent to CSSD for reprocessing.

After a resuscitation event

- The entire trolley contents will be cleaned, re-checked, stock replaced where needed and re-sealed completion. Replacement of used resuscitation equipment and/or medications used is the responsibility of the clinical area where the equipment was used.
- Any defects or issues with the use of checked resuscitator equipment and trolley contents should be documented on the MR488.01 Neonatal Resuscitation & Code Blue Record.
- Oxygen cylinders to be replaced if <10,000kpa
- Used sharps container is to be disposed of and replaced.
- Contaminated *reusable* equipment is to be sent to CSSD for cleaning as soon as possible after use.

Self-inflating Bag-Valve-Mask (BVM) Resuscitators

Disposable BVM resuscitator

- This BVM is an integrated system and is for single patient use only.
- The disposable BVM resuscitator is a complete unit and should remain in its sealed bag on the trolley – there is no requirement to remove from the bag for checking purposes. Prior to use on a patient, function needs to be checked.
- BVM resuscitators used in neonates **MUST** be fitted with a 5 – 20cmH₂O PEEP valve

Resuscitator Recommended sizes	Weight range:	Volume (bag)
Preterm	<2.5kg	240mL
Paediatric	2.5kg – 25kg	240 mL

Non-disposable Silicone BVM Resuscitator (Laerdal)

- Silicone resuscitators are composed of several detachable parts which require reprocessing via CSSD between patients.
- To ensure proper operation, test valve function after reprocessing. **Correct assembly is essential** prior to use. See Function Test in [Appendix 3](#).

Laryngoscopes (reusable and disposable)

Items are not to be removed from sealed packaging for the purpose of checking equipment. As per manufacturer's instructions, they are to remain sealed until opened for use, the integrity of the product is guaranteed until the expiry date is reached.

It is acceptable to check that the light source is working inside the sealed packaging of disposable laryngoscopes. Reusable handles can be checked without the blade attached.

Defibrillator (Phillips HeartStart Intrepid)

An Automated External Defibrillator (AED) approved for use in neonatology.

- Clinical staff taking responsibility for checking the defibrillator must receive instruction / education in how to conduct these checks in accordance with the **Philips – Defibrillator – HeartStart Intrepid – Instructions for Use Manual (2019)** <http://wsfm571trm/EquipmentManuals/Record/1630571/file/document> (accessed via CAHS Controlled MTMU Operator Manuals).
- The device, supplies and accessories are checked as per the Checklist attached to the machine at each change of shift. The checklist is also available in Chapter 16 – Operational and Shift Checks in the Instructions for Use Manual.
- Scheduled maintenance of AEDs is by MTMU

SCN 2 Portable Neopuff and Resuscitation kit

Audits

Review of trolley contents is undertaken by the Resuscitation Committee.

Annual compliance audits will be coordinated by the CNS - Quality and undertaken by delegated nursing staff in each clinical area to ensure:

- Standardisation is being maintained
- Compliance with the minimum weekly trolley check, daily oxygen and suction equipment check and where applicable, daily operational check of defibrillator.
- Compliance with checking documentation.

Related CAHS internal policies, procedures and guidelines

[Medical Devices: Single Use, Single Patient Use and Reusable](#) (Infection Control Policy)

[Resuscitation and Responding to Clinical Deterioration: MET Review and Code Blue](#) (CAHS PCH CPM)

[Oxygen and Suction Equipment Maintenance](#) (CAHS PCH CPM)

[CAHS Equipment Operator Manuals](#) (MTMU)

[Emergency Procedure Manuals/Codes](#) (HealthPoint Information Hub)

[WHNS Emergency Management](#)

References and related external legislation, policies, and guidelines

Australian Resuscitation Council. [Neonatal Resuscitation](#)

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards (2nd ed). 2017. Available from:

<https://nationalstandards.safetyandquality.gov.au/resou>


<https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard>.

Useful resources (including related forms)

MR488.01 Neonatal Resuscitation & Code Blue Record

Australian Commission on Safety and Quality in Health Care; National Standard 8 Recognising and Responding to Acute Deterioration. [Clinical governance and Quality Improvement to support recognition and response systems, 2019](#).

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	Neonatal Coordinating Group		
Date First Issued:	January 2024	Last Reviewed:	25 th January 2024
Amendment Dates:	June 2025: removal of Tupperware box on resuscitaires in KEMH (excluding warmers in NICU), updated equipment list in appendices 1 and 2	Next Review Date:	25 th January 2027
Approved by:	Neonatal Coordinating Group	Date:	25 th January 2024
Endorsed by:	Neonatal Coordinating Group		
Standards Applicable:	NSQHS Standards: 		

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix 1: Resuscitation Warmer (KEMH NICU)

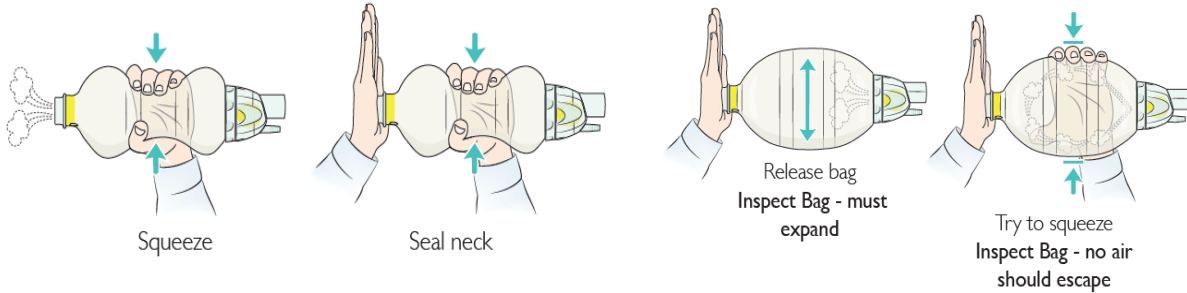
CONTENTS	NUMBER
OXYGEN CYLINDER - REPLACE AT 10,000KPA	1
AIR CYLINDER - REPLACE AT 10,000KPA	1
NEONATAL BASICS RESUS KIT (SEALED AND DATED) <ul style="list-style-type: none"> • SIZE 0 LARYNGOSCOPE BLADE AND HANDLE • SIZE 1 LARYNGOSCOPE BLADE AND HANDLE • ETT SIZE 2.0, 2.5, 3.0, 3.5 + 4.0 • MECONIUM ASPIRATOR • SUCTION CATHETER STRAIGHT FG10 • FEEDING TUBE FG6 • FEEDING TUBE SIZE FG8 • 10ML ENTERAL SYRINGE • PEDICAP CO2 DETECTOR • ADRENALINE 1:10000 (1MG IN 10ML) • 3ML SYRINGE • DRAWING UP NEEDLE FG18 • ETT STRAPPING KIT: <ul style="list-style-type: none"> ○ LEUKOPLAST CUT TO SIZE FOR <30WK, >30WK AND TERM ○ TRANSPARENT HYDROCOLLOID DRESSING X 2 (I.E. COMFEEL) ○ SKIN PROTECTIVE WIPE X 1 	1BOX ON THE SHELF & 1 SPARE BOX IN TOP DRAWER
GE RESUSCITAIRE WITH CIRCUIT	1
On SCN3 Warmer TV100	1
SUCTION TUBING AND FG10 STRAIGHT SUCTION CATHETER	1
PULSE OXIMETER WITH SENSOR AND FIXATION WRAP	1
STETHOSCOPE - PAEDIATRIC	1
ALCOHOL GEL	1
SHARPS CONTAINER	1
RESPIRATORY FILTER	1
CODE BLUE PAPERWORK, PEN & CLIPBOARD	1
TOP DRAWER	
STERILE HUCK TOWEL	2
SPARE NEONATAL BASICS KIT	1
MAGILL FORCEPS 15CM	1
SELF- INFLATING RESUS BAG WITH PEEP ATTACHMENT AND OXYGEN TUBING	1
MASKS (SIZE 35MM, 42MM, 50MM, 60MM & 72MM)	1 EACH
TEMPERATURE PROBE COVERS SMALL & LARGE	1 EACH
DRAWER TWO	
SURGICAL MASKS	1 BOX
FACE SHIELD	2
SAFETY GOOGLES	2

Appendix 2: Resuscitation Trolley Contents (KEMH NICU)

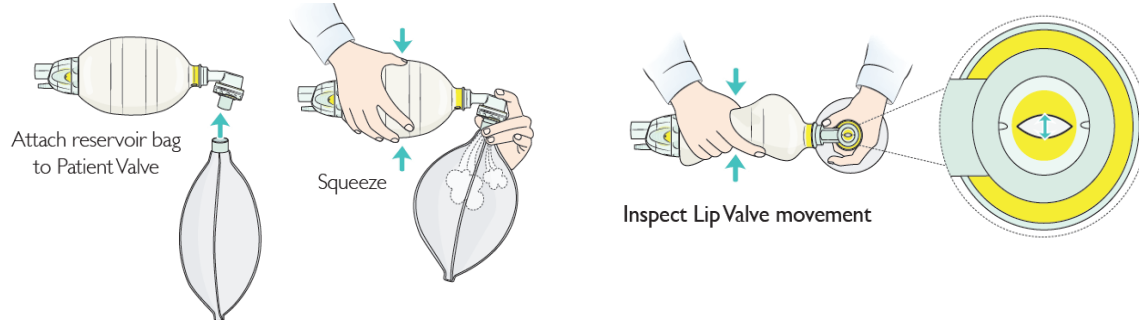
ITEM	NUMBER
1ST DRAWER	
ETT SIZE 2.0	5
ETT SIZE 2.5	5
ETT SIZE 3.0	5
ETT SIZE 3.5	5
ETT SIZE 4.0	5
REUSABLE LARYNGOSCOPE HANDLES	4
DISPOSABLE LARYNGOSCOPE BLADES SIZE 0	5
DISPOSABLE LARYNGOSCOPE BLADES SIZE 1	2
DISPOSABLE LARYNGOSCOPE BLADE AND HANDLE SIZE 00	2
STERILE SCISSORS	5
MAGILLS FORCEPS 15CM	2
ETT TIES	10
LEUKOPLAST 1.25CM	2
LEUKOPLAST 2.5CM	1
COMFEEL-1.25CM X 3CM PIECES	10
COTTON TIP APPLICATORS	10
SURE PREP WIPES	10
CONVACARE WIPES	10
WATER AMPOULES	10
2ND DRAWER	
PEDICAPS	5
AIRWAYS SIZE 4,5,6 cm	2 EACH
SUCTION CATHETERS FG5	3
SUCTION CATHETERS FG6	3
SUCTION CATHETERS FG8	3
SUCTION CATHETERS FG10	3
MECONIUM ASPIRATORS	2
IVORY ETT SIZE 2.5	2
IVORY ETT SIZE 3.0	2
IVORY ETT SIZE 3.5	2
LARYNGEAL MASK SIZE 1	2
YANKUER SUCKER 5CM X 6.0MM	2
STERILE HUCK TOWEL	4
3RD DRAWER	
SURGICAL MASKS	1 BOX
SPARE VENTILATOR LUNGS	3
ADRENALINE 1:10 000 (1MG IN 10ML)	2
CALCIUM GLUCONATE (2.2MMOL IN 10ML)	2
SODIUM BICARBONATE 8.4% (8.4G IN 100ML)	2
CLOSED SUCTION SETS FG6	4
BALLARDS MULTI-ACCESS CATHETER	4
CPAP DUODERM TEMPLATES ASSORTED SIZES	1 SHEET
DUODERM	1 BOX
CPAP HOLE PUNCH	1
SAFETY GOGGLES	2
4th DRAWER	
LAERDAL INFANT RESUS BAG WITH PEEP ATTACHMENT	2
FACE MASKS SMALL, MEDIUM, LARGE	3 EACH
NEOBARS: MINI, ULTRA, MICRO, SMALL, LARGE, EX LARGE	5 EACH
FACE SHIELDS	2
INTUBATION STYLET SIZE 2.0	1 BOX
SIDE OF TROLLEY	
MR488.01 RESUS AND CODE BLUE CHART AND CHART HOLDER	10

Appendix 3: Laerdal Silicone BVM Resuscitator Function Test

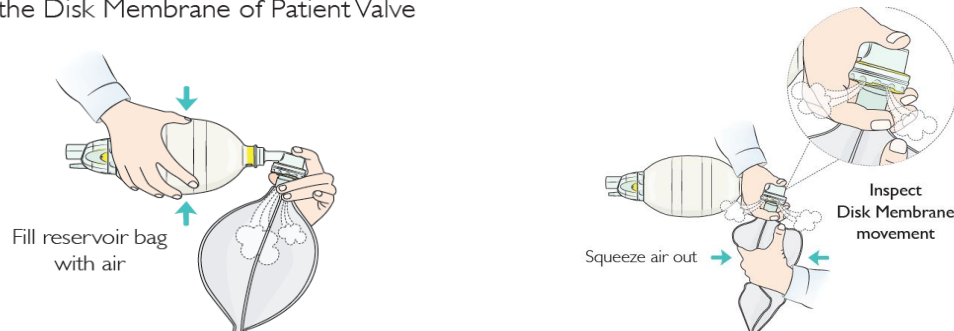
Testing the Intake Valve



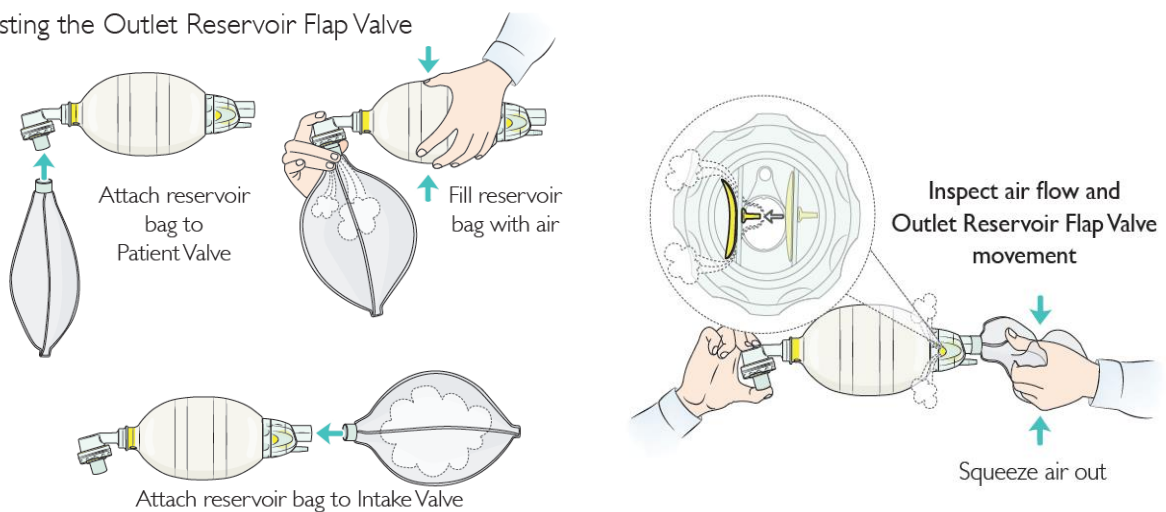
Testing the Patient Valve



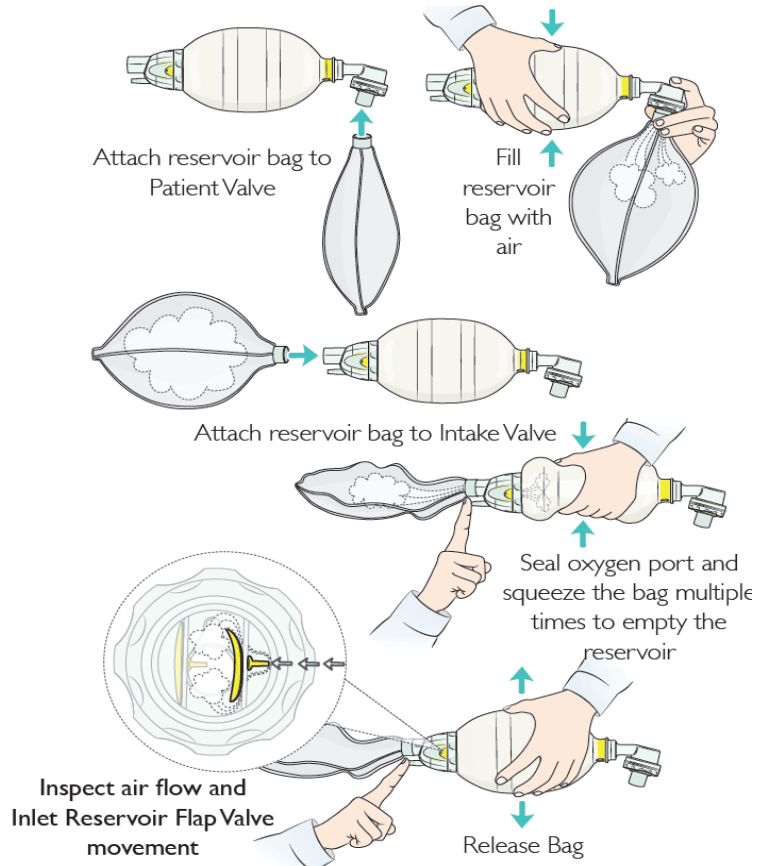
Testing the Disk Membrane of Patient Valve



Testing the Outlet Reservoir Flap Valve



Testing the Inlet Reservoir Flap Valve with Ambient Air



Testing the Pressure Relief Valve Applies to Preterm and Paediatric models



Caution
Ensure Pressure Relief Valve is functioning prior to use.

