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| **Safety Task Card** |
| **POR 09** | **Response to Cardiac Arrest Call** |
| **Workplace Safety Hazards** |
| What are the hazards? | How might they be harmed? |
| Falls CollisionManual handling injuries  | Rushing – collision with othersFalls from stairs Slips and trips due to rushing |
| **Safe System of Work** |
| * Trained operators only to respond to Cardiac call
* 2 porters will be called to arrest one to attend area /one to collect defib equipment from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (unit specific location)
* Where possible agreement that patient be taken to nearest ward or department to be treated by medical personnel.
* In non- healthcare setting ambulance to be called as soon as response started.
* On collection of pack ensure carried according to manufactures guidelines (back pack/ across body) to leave hand free when running.
* Operators must wear slip resistant safety footwear in good condition.
* When moving in stairwell hold onto rail where possible to reduce risk of falls – do not jump steps.
* Operators to be aware of enhanced risk of collision due to moving at speed – use verbal warnings to alert others to his presence. Show caution at corridor junctions and opening closed doors.
* Operators must be physical fit and able to carry approx. 7kg without hinderance and concern to health – physical ability must be discussed with departmental manager prior to being allocated on call list.
* Operator to notify supervisor/team leader for any concerns regarding the response. Trolley/pack contents to be maintained and checked ready for use by medical team/ designated authorised person.
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| **Site Specific Actions**List any actions required in addition to the above safe system of work |
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| The above control measures are implemented within my unit. All relevant staff are aware of these control measures and this is recorded in the training record for this safety task card. |
| Unit Manager Name | Signed | Date |

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| **Safety Card Training Record** |
| **POR 09** | **Response to Cardiac Arrest Call** |
| I confirm that I fully understand the risks and control measures associated with the taskand that I will follow the Safe System of Work at all times.  |
| Operative Name | Signature | Date |
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