

OLIVE VIEW-UCLA MEDICAL CENTER

POLICY & PROCEDURE	Number: 230
Subject/Title: EMERGENCY CART NUMBERED LOCK SYSTEM	Page: 1 of 4

Policy: Emergency Cart Numbered Lock System

Purpose: The Emergency Cart Numbered Lock System is designed to track the opening of the Emergency Cart, and provide audit and tracking control to the access of the locking system.

Departments: Cardiology, Medical Staff, Nursing, Pharmacy, Physical Therapy, Radiology, Respiratory

Definition: The numbered twist-lock system controls access to the emergency cart.

Keywords: Lock
Emergency lock
Twist lock

Procedures:

Replacing the Emergency Cart Lock:

1. It is the responsibility of the licenced personnel assigned to check the emergency cart on a daily basis to ensure the cart is intact with a numbered lock device intact. This is part of the Checking the Emergency Cart Policy.
2. When the emergency cart is opened, it is to be checked entirely for all supplies present in the following instances:
 - On the first of every month
 - If lock found missing
 - If opened for an emergency situation

The Pharmacy Technician-only opens the emergency cart to check the Emergency Drug Box for expiration dates and intact packaging. They are not responsible to check the entire cart, and only need to replace the numbered lock in consecutive order from the designated area. If locks are obtained on a one-by-one basis, then it is the responsibility of the Pharmacy Technician to obtain a replacement lock from pharmacy.

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3. Numbered locks will be kept in a locked cabinet if limited access is present (ie: Nursing - narcotic cabinet). If limited access is not available or a lock box not present, replacement locks must be obtained from pharmacy on a one-by-one basis.
4. Locks are obtained from the pharmacy, on a controlled basis. Locks will be released to those areas in lots of 5 per emergency cart, and on a one-by-one basis for those areas which do not meet criteria for storage of locks in their unit (see listing below).
5. Each time a lock is obtained for replacement on the emergency cart. It must be signed out on the "Emergency Numbered Lock Tracking Form".

Complete the following:

- a) Verify the correct lock number in ascending order.
- b) Fill in the date obtained.
- c) Fill in the time obtained.
- d) List the cart number replacement lock is placed on.
- e) Fill in the reason for lock change.
- f) Signature of employee obtaining lock.

Note: If signing out locks on a one-by-one basis. Note under reason the area obtaining along with the reason.

For those areas with more than one emergency cart. Note which cart obtaining lock for along with reason.

6. For areas checking out 5 locks at a time. When the form "Emergency Numbered Lock Tracking Form" is complete, return to pharmacy for another 5 locks.

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Obtaining Emergency Cart Locks from Pharmacy:

1. A supply of 5 locks will be released to those areas which have approved limited access storage of the numbered emergency cart locks.
2. Areas which do not have limited access to secure numbered locks, will receive replacement locks on a one-by-one basis.
3. In order to receive numbered twist-lock's for the emergency cart. The completed "Emergency Numbered Lock Tracking Form" must be returned to pharmacy. An additional supply will not be released unless the completed form is returned.
4. For those areas with greater than one emergency cart. A supply of 5 locks will be released for each emergency cart.
5. A supply of 5 locks will be kept in the night locker of pharmacy when the pharmacy is closed (0100 - 0600). These may be signed out on a one-by-one basis via the Nurse Administrator on duty.

Approval of Numbered Locks:

To be signed out on a one-by-one basis;

Central Processing	Adult Cart 1B110
Physical Therapy	Pediatric Cart 2D123

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Approved for total of 10 locks;

Emergency Room	Adult & Pediatric
Recovery Room	Adult & Pediatric
Operating Room	Adult & Pediatric
5B North - ICU	2 Adult Carts

Approved for 5 locks at a time;

All other areas not listed. See "Emergency Cart Location List" for listing of all emergency carts and location.

References:	
Approved By: <i>J. Anderson</i> <i>J. Limer</i> (MD)	Date: 2/23/96
Review Date:	Revision Date: 02/96
Distribution:	

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EMERGENCY NUMBERED LOCK TRACKING FORM

Date Obtained: _____

Area Signing Out: _____

Person Receiving: _____

LOCK #	DATE	TIME	CART #	REASON	EMPLOYEE

- Reasons:
1. Checking cart on 1st of month
 2. Replacement by Pharmacy Technician
 3. Opened for emergency situation
 4. Lock missing - cart entirely checked
 5. Opened for supply/equipment replacement d/t expiration
 6. Other (please explain)

Date Returned to Pharmacy Completed: _____

Returned by: _____

SHEET #: _____

LOCK #: _____ to _____

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MASTER EMERGENCY NUMBERED LOCK TRACKING FORM

SHEET #	LOCK #'S	AREA/DEPT	DATE OUT	DATE IN
201	0085301 - 0085305			
202	0085306 - 0085310			
203	0085311 - 0085315			
204	0085316 - 0085320			
205	0085321 - 0085325			
206	0085326 - 0085330			
207	0085331 - 0085335			
208	0085336 - 0085340			
209	0085341 - 0085345			
210	0085346 - 0085350			
211	0085351 - 0085355			
212	0085356 - 0085360			
213	0085361 - 0085365			
214	0085366 - 0085370			
215	0085371 - 0085375			
216	0085376 - 0085380			
217	0085381 - 0085385			
218	0085386 - 0085390			
219	0085391 - 0085395			
220	0085396 - 0085400			
221	0085401 - 0085405			
222	0085406 - 0085410			
223	0085411 - 0085415			
224	0085416 - 0085420			
225	0085421 - 0085425			

**COUNTY OF LOS ANGELES * DEPARTMENT OF HEALTH SERVICES
OLIVE VIEW - UCLA MEDICAL CENTER**

EMERGENCY CART CHECKLIST

MONTH: _____ YEAR: _____ AREA/WARD: _____

Date	0700 - 1530 (DAYS)										1500 - 2330 (EVENINGS)										2300 - 0700 (NIGHTS)															
	7 AM - 7 PM	Arrest Board	O2, Wrench, Connector	Clip Board & Flow Sheet	Defibrillator, Leads	Pediatric Paddle Check	Ambu Bag & Univ. Mask	Conductive Gel Pads	Emergency Drug Box	Intubation Tray/Suction	SIGNATURE	Arrest Board	O2, Wrench, Connector	Clip Board & Flow Sheet	Defibrillator, Leads	Pediatric Paddle Check	Ambu Bag & Univ. Mask	Conductive Gel Pads	Emergency Drug Box	Intubation Tray/Suction	SIGNATURE	7 PM - 7 AM	Arrest Board	O2, Wrench, Connector	Clip Board & Flow Sheet	Defibrillator, Leads	Pediatric Paddle Check	Ambu Bag & Univ. Mask	Conductive Gel Pads	Emergency Drug Box	Intubation Tray/Suction	SIGNATURE	Cart Cleaned	Opened/Checked/Locked Lock #		
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04/05/2011 WJB

EMERGENCY CART CHECKLIST

MONTH:	AREA/WARD:																																												
	YEAR:				2300 - 0700 (NIGHTS)				1500 - 2330 (EVENINGS)				0700 - 1530 (DAYS)																																
Date	7 AM - 7 PM	Arrest Board	O2, Wrench, Connector	Clip Board & Flow Sheet	Defibrillator, Leads	Pediatric Paddle Check	Ambu Bag & Univ. Mask	Conductive Gel Pads	Emergency Drug Box	Intubation Tray/Suction	SIGNATURE	Arrest Board	O2, Wrench, Connector	Clip Board & Flow Sheet	Defibrillator, Leads	Pediatric Paddle Check	Ambu Bag & Univ. Mask	Conductive Gel Pads	Emergency Drug Box	Intubation Tray/Suction	SIGNATURE	7 PM - 7 AM	Arrest Board	O2, Wrench, Connector	Clip Board & Connector	Defibrillator, Leads	Pediatric Paddle Check	Ambu Bag & Univ. Mask	Conductive Gel Pads	Emergency Drug Box	Intubation Tray/Suction	SIGNATURE	Cart Cleaned	Opened/Checked/Locked Lock #											
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