

COSBART Equipment requirements

All the individual scenarios include detailed equipment lists as part of the pdf document. However, this document will list the basic equipment that will need to be sourced before a course can be run.

Venue:

A room of adequate size to accommodate the likely number of attendees will usually be something in the order of 8m x 8m for six attendees and three facilitators. There is no need for the room to be in a clinical setting, but adequate electricity points are essential; at least two per CPR station.

CPR stations need a table or trolley long enough to support a mannequin and a smaller table or stand for the defibrillator and any equipment. Each non CPR station will need a table (preferably round) and four or five chairs. Screens to separate the scenarios are not necessary, but if available may be used. There is no need for any audio visual equipment.

Equipment:

All the equipment should be available in any acute UK hospital. Resuscitation training officers are a useful resource for assembling all the necessary 'disposables' which are often boxed ready for ALS courses.

Mannequins: 'Skillsmaster' type mannequins are only needed for the CPR type of scenario, and in the main only two are needed for an average course. Remember that two remote controls used together in the same room may produce unexpected results on another scenario!

Defibrillators: Should include all the types in use in your unit, and you will need at least one with a pacing function. It is important that the correct connectors for the mannequins are in place.

Cricothyrotomy trainer: There are several of these now available on the market, and we would suggest that they are easier to use than trying to assemble 'animal models'. The selection of a suitable jet ventilation or cricothyrotomy cannula should be made after discussion by the department as a whole, but if several types are in use then all the available versions must be provided on the scenario. A jet

ventilator such as the 'Manujet™' and a suitable source of oxygen will also be needed.

Oxygen: All CPR stations can use oxygen supplies although only for the cricothyrotomy station is this essential. We have found that small 'D' size cylinders are adequate for most courses, but all will need both flowmeter and Schrader type outlets for driving jet ventilators or other devices.

Minor equipment: Laryngoscopes, bougies, and all the paraphernalia that is found on an anaesthetic machine should be collected for all the CPR type scenarios.

Disposables: Lengths of green tubing, facemasks, AMBU bags, BOC masks, cannulae, Fluid bags and giving sets, drug labelled syringes including all the common ones needed for ALS algorithms such as adrenaline, atropine, amiodarone, lignocaine and so on. A laminated copy of the ALS algorithm to stick on the wall behind CPR stations, and a similar copy of the DAS failed intubation algorithm for the cricothyrotomy station will add realism since these are normally present in all anaesthetic rooms/recovery areas.