



SLSGB Little Anne QCPR Equipment File



Section 1 : General Description

The Rechargeable Resusci Anne® with QCPR® is an adult CPR training manikin now improved for multiple feedback options that provide an opportunity to focus on student competency. Measurement, assessment and quality feedback are key factors in developing competency.

Section 2 : Technical Information

This configuration is a Laerdal Resusci Anne QCPR Torso Manikin with Standard CPR Head including:

- Laerdal Resusci Anne QCPR Torso Manikin with Standard CPR Head
- 3 Decorated Resusci Manikin Faces
- 2 Disposable Airways
- 2 Extra Compression Springs (Hard and Soft)
- Semi-rigid Carry Bag with integrated kneel mat
- Jacket
- 50 Resusci Manikin Wipes
- A USB cable (for use with any USB power supply)
- User Guide

The Laerdal Resusci Anne QCPR Manikin works with following feedback devices*

- Laerdal SimPad® SkillReporter™

Offers mobility, simplicity and flexibility to help increase the quality of CPR. Advanced feedback per individual Resusci Anne with QCPR manikin or managing 1 – 6 Resusci Anne with QCPR manikins.

Section 3 : Inspection & Maintenance

On Acceptance	Before Use	After Use	Yearly
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3.1 Safety Precautions

- Manikin is clean from mildew and sand
- Generic workplace safety precautions must be implemented in addition to any specific below.
- Only first aides or above qualification can complete inspection

Preparing Manikin for Use:

Airway System:

1. Unfasten chest skin at shoulders and pull back to expose chest cavity. (Fig. 1)
2. Attach airway bag to mouthpiece. (Fig. 2)
3. Fold airway bag, being careful

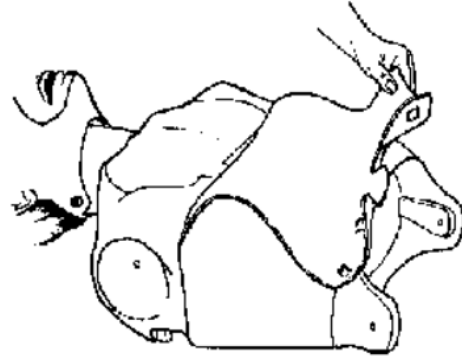


Fig. 1

4. Insert airway bag through face and under neckpiece of manikin, being careful not to twist or knot airway.

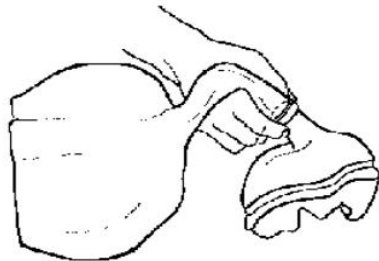


Fig. 2

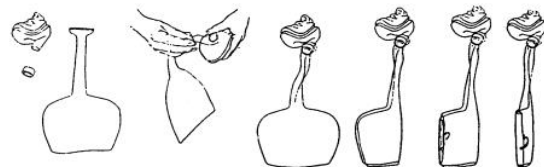


Fig. 3

5. Lift flesh colored ventilation flap
6. Spread airway over metal compression plate. (Fig. 4)
7. Return flesh colored ventilation cover to original position.
8. Insert mouthpiece into face of manikin.
9. Reattach chest skin at shoulders.

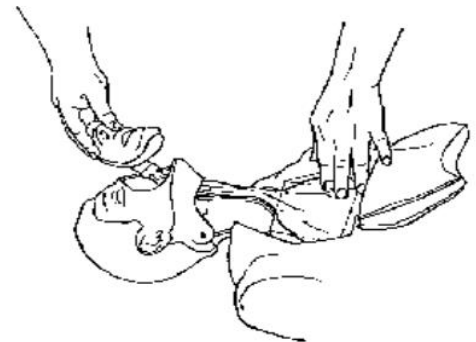


Fig. 4

To remove, reverse procedure.

Protection from cross-contamination:

- Reusable mouthpieces may be sanitized to current regulations
- Airways are disposable
- Return of air is your own
- Virtually eliminates clean-up

3.2 Cleaning Instructions

1. Clean with mild soap and hot water; do not submerge manikin or parts in cleaning fluids or water.
2. Use only on clean surface. Avoid felt tipped markers, ink pens, acetone, iodine or other staining products and avoid placing the manikin on newsprint or inked lines of any kind.
3. To ensure longevity, each manikin should be cleaned after each training session and a general inspection should be conducted regularly.
4. Modules and all other parts should be drained and air-dried thoroughly before storage and disinfected when needed. After use of injection pads (use water only), accumulated water should be squeezed out. Do not store wet foam pads in the skin. To prevent mildew or mould, pads can be soaked in a mild solution of disinfectant and water or bleach and water. Squeeze excess solution from pads, allow them to dry, then store or reinsert in manikin.
5. Articulating parts will benefit from a light application of talcum powder prior to training sessions. 6. Store properly between teaching sessions.

ARC Guidelines on cleaning CPR Manikins

- a. Thoroughly wash all external and internal surfaces (also reusable mouthpieces) with warm, soapy water.
- b. Rinse all surfaces with clean, fresh water.
- c. Wet all surfaces with a sodium hydrochloride solution having at least 500 ppm free available chlorine (e.g., ¼ cup or 60ml of liquid household bleach to approximately 4 litres of tap water for 10 minutes). This solution must be

made fresh at each class and discarded after each use. Use gloves for this and a plastic apron for protection along with safety glasses. Or Bioguard spray from SP Services.

d. Rinse with fresh water and immediately dry all external surfaces. Rinsing with alcohol will aid in drying internal surfaces. This drying will prevent the survival and growth of bacterial fungal pathogens.

e. Each time a different student uses the manikin in a training class, the individual mouthpiece and airway should be changed.

f. People responsible for the use and maintenance of CPR manikins should be encouraged not to rely totally on the mere presence of a disinfectant to protect them and their students from cross infection during training programs. Emphasis should be placed on the necessity of thorough physical cleaning (scrubbing and wiping) as the first step in an effective decontamination protocol. Microbial contamination is easily removed from smooth, nonporous surfaces by using disposable cleaning cloths moistened with a detergent solution. There is no evidence that a soaking procedure alone in any liquid is as effective as the same procedure accompanied by vigorous scrubbing.

3.3 Routine Maintenance

- Inspected for wear and tear. Replace if damaged
- Airways checked regularly and cleaned
- Lung bags changed or cleaned and dried thoroughly

3.4 Recording Instructions

Where required, records must be entered on the units logs book.

3.5 Test Procedures

- Visual test;
- Check mechanics work – head tilt/jaw thrust/chest compresses
- Check rubber skin for integrity
- Check airway and lungs including function

Section 4: Stowage

4.1 Kept in a dry place out of direct sunlight and heat. Also kept away from area that could contaminate the manikin; examples are:- fuel, grease, oil,

Section 5: Risk Assessment

1. Preliminary Information			
Date of Assessment:		Location of Assessment:	
Assessor: Adrian Mayhew			
2. The Equipment			
Equipment type:	QCPR manikin		
Manufacturers name:	Laerdal		
Model/Type:	QCPR - torso		
What is the intended use/purpose of the equipment?	For use by sector competent personnel at water related incidents		
Serial number (if known or relevant at this point):	Personal issue		
Does the equipment have a CE mark and a declaration of conformity?	Y	N	
Known British/European standards applicable?			
Supplier:	Laerdal		
3. Location for Use			
Is the equipment mobile or static?	Mobile		
If mobile are there any specific areas/conditions where the equipment should not be used?	Explosive atmospheres - fabrics may create static		
If static are there any hazards within the location which may affect the equipment or operator if applicable?	N/A		
4. Manufacturer Recommendations for Maintenance and Use			
What frequency, if any, does the manufacturer recommend the equipment needs to be examined by a competent person?	Acceptance, Before and after use. Repair with Laerdal		
What level of inspection does the equipment require?			

Level One Low risk e.g. Hammers, chisels etc. User Visual	Y
Level Two Higher Risk (medium) Moving parts Formal regime with records	

Level Three High Risk – rescue equipment, Large moving equipment Frequent examination, user inspections and daily checks with records	
What level of competence does the manufacturer recommend for use and maintenance of the equipment?	Use by SRT Sector competent personnel Maintenance by Manufacturer

5. Hazards Analysis	
Summary of Hazards:	
<ul style="list-style-type: none"> • Cross infection/contamination • Weight – 4kgs • 	
6. Control Measures	
<ul style="list-style-type: none"> • Training on CPR manikin • Inspection advice • 	
7. Information, Instructions and Training Requirements	
7a Operators:	
Initial input during First Aid training courses, and within SLISGB policy, procedures and operational risk assessment.	
7b Maintenance Staff:	
Routine maintenance as per Laerdal guidance. Repair - N/A external	
7c Managers:	
For use by, and within the limitations defined by, the sector competent personnel	
and within Unit policy, procedures and operational risk assessment.	
8. General Comments/Recommendations	
None.	
9. Assessment Review	

Date to be reviewed:	Annually		
Next review date:	Person reviewing:	Name:	Date completed:
	Unit Manager		

SLS GB CPR manikin Log Sheet



Type of Inspection ✓ Tick appropriate box	Acc	BU	AU	Yearly	Defect
Description of suit: Name of Technician:					

