|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cardiac Suite WHO Team Safety Brief**

|  |  |  |
| --- | --- | --- |
| **Date** | **AM List Consultant** | **PM List Consultant** |
| **Is the team present?** (Operator, Scrub Nurse, Circulating nurse, Physiologist, Radiographer)  |  |  |
| **Are there any Visitors expected today?**  |  |  |
| **Has the list order been confirmed?** (Including access, abnormal results, INR, infection status, significant allergies) |  |  |
| **Are there any additional patients?**  |  |  |
| **Has the equipment been checked?**Xrays Monitoring CD’s Sterile Packs Pacing Trays  |  |  |
| **Is the specialist equipment required available?**Pressure wire IVUS/OFDI Rotablator Diathermy/Plasma Blade IVL |  |  |
| **Are all members of the team wearing their dosimeter/relevant PPE**  |  |  |
| **Signature of person conducting brief** | **Signed……………………………….****Name………………………………..** | **Signed………………………………****Name……………………………….** |

  |