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| **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……………………………….** | |