



COLLEGE OF
URGENT CARE
MEDICINE



URGENT CARE
COLLEGE OF
PHYSICIANS

EMERGENCY RESPONSE KIT GUIDE FOR URGENT CARE CENTERS

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UCCOP/CUCM CLINICAL RESPONSE COMMITTEE
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PURPOSE & SCOPE

This guide provides a standardized national framework for Urgent Care centers to develop, maintain, and review their emergency response kit to initiate emergency care when needed. It integrates the Commission on Ambulatory and Urgent Care Quality (CAUCQ) Standards, Joint Commission requirements, and best practices contributed by Urgent Care clinicians and member organizations. The goal is to ensure consistent readiness for emergency stabilization, compliance with accreditation and quality Standards, and adaptability across diverse Urgent Care settings.

Accreditation Standards Overview

CAUCQ Certification Requirements

CC4A: AED or advanced defibrillation device must be available during all posted hours.

CC4B: Oxygen, bag-valve-mask must be available with a trained workforce.

CC4C: Emergency medications appropriate for the patient population must be stocked, approved, and documented by the organization's governing body.

Joint Commission Expectations

Availability: Equipment must be accessible and appropriate for expected emergencies.

Functionality: Regular inspection, testing, and maintenance of all emergency devices.

Training: All staff must maintain competencies in equipment use and emergency response.

Documentation: Logs for maintenance, battery checks (e.g., AED), mock codes, and incident reports.

Emergency Cart and Equipment Inventory

- i. Each Urgent Care site must maintain an Emergency Kit, checked monthly and after each use for integrity, medication/ supply expiration dates, and completeness.
- ii. Supplies within the Emergency Kit should include:

Category	Item	Minimum Quantity in the Kit
Circulation/IV	IV catheters (18-24G)	2
Circulation/IV	Normal Saline or Ringer's Lactate 500 mL bags.	1
Safety & Supplies	Stop the Bleed Kit, including Tourniquet (e.g., CAT)	1
Circulation/IV	Tourniquets (IV Catheters and associated products to place the IV)	2
Pediatric Readiness	Pediatric Conversion Tool (e.g., Broselow Tape, PALS Card)	1

Emergency Cart and Equipment Inventory

Additional supplies that cannot be fit into the Emergency Kit but should be available in an unlocked, prominent, and easy-to-find location adjacent to the Emergency Kit include:

Category	Item	Minimum Quantity in the Kit
Cardiac/AED	AED with pads	1 - Adult 1 - Peds
Airway/Oxygen	Oxygen tank with regulator	2
Airway/Oxygen	Bag Valve Masks - Adult and Pediatric	1 - Adult 1 - Peds

Emergency Medication Formulary

These represent the minimum pharmacologic readiness standard across Urgent Care centers.

Medication	Form	Indication	Minimum Quantity in Kit
Epinephrine 1mg/mL (1:1000), or a self-administered device	IM	Anaphylaxis	2
Epinephrine 1mg/10mL (1:10,000)	IV	Cardiac arrest	2
Naloxone	Intranasal or IM/IV	Opioid overdose	Have more than 2 on-site at all times.
Glucose gel	Oral	Hypoglycemia	2

Equipment and Medication Oversight

- Monthly checks for expiration dates, completeness, and functionality.
- Immediate restocking after patient use or pending expiration.
- Mock codes are conducted at least annually.
- Documentation maintained for AED batteries, oxygen tanks, and maintenance logs.

Implementation and Review

Each Urgent Care organization should adopt this guide as a baseline national standard for minimum requirements for an on-site Emergency Response Kit, customize it for their patient population and services, and review it annually or following any sentinel event or code activation.

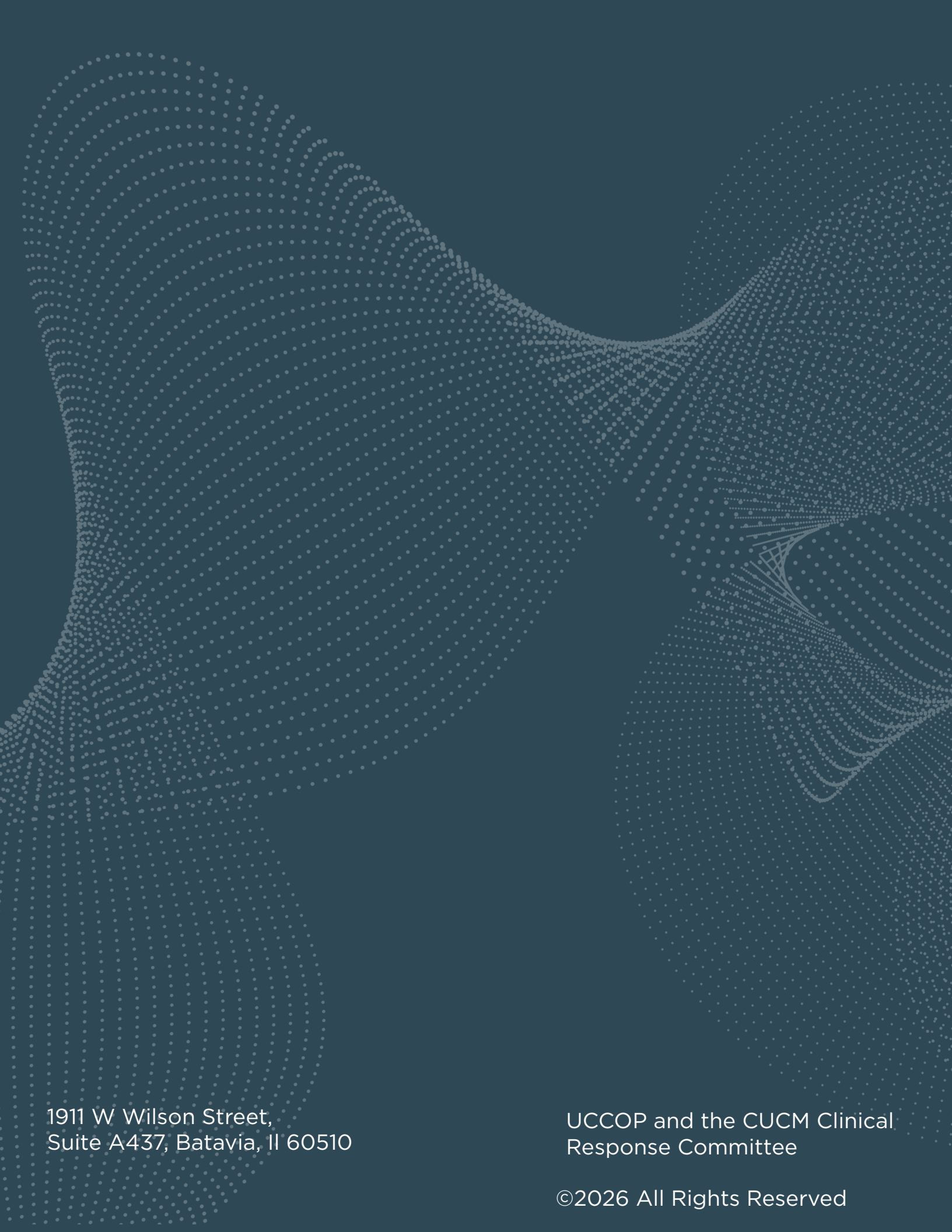
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Apendix B-Staff Competency Log

Purpose: To ensure all staff maintain current competency in emergency response procedures, including equipment operation, medication use, and resuscitation readiness.

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