### Medical Equipment Policy

#### Version 3.0

**Purpose:**
This document informs all staff, end-users and independent contractors of the processes that should be followed for medical equipment selection, acceptance, maintenance, repair, disposal etc.

*with the exception of medical equipment training that is covered specifically in the Medical Equipment Training and Competency Policy.*

**For use by:**
For all members of staff, end-users and independent contractors using medical equipment owned/leased by the Trust or on loan/trial from a supplier/manufacturer.

**This document is compliant with/supports compliance with:**
- NPSA Guidance
- NHS Litigation Authority standard 2.7 and 3.7
- CQC Outcome 11
- Device Bulletin – Managing Medical Devices DB2006(05)

**This document supersedes:**
Medical Equipment Policy v2.0

**Approved by:**
Medical Devices Management Group

**Approval date:**
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**Ratified by:**
Risk Management Committee

**Date Ratified:**
13 September 2010

**Implementation date:**
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**In case of queries contact:**
Medical Engineering Manager

**Business Unit and Department:**
BU8/Estate & Facilities/EME Department

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<th>Date of issue</th>
<th>Change Description</th>
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<td>January 2008</td>
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Release of any strategy, policy, procedure, guideline or other such material must be agreed with the Lead Director or Deputy/Associate Director (for hospital -wide issues) or Directorate/Departmental Management Team (for Directorate or Departmental specific issues). Any requests to share this document must be directed in the first instance to the Medical Device Management Group or to the Medical Engineering Manager.

For further advice see the Development and Management of Strategies, Policies, Protocols, Procedures, Guidelines and other Guidance Material Policy.
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SECTION 1 - INTRODUCTION

1.1 Policy Statement and Rationale

The Ipswich Hospital NHS Trust is committed to ensuring the safety of patients and the medical equipment that is used to diagnose and/or treat them. This document sets out the policy for managing medical equipment by promoting the requirement for procedures, which instil a safer more efficient high quality of management of all medical equipment.

1.2 Key Principles

- To reduce potential risks associated with the use of medical equipment to the lowest possible level and manage risk consistent with and supporting the achievement of the Trust’s strategic and corporate objectives.
- This policy applies to all medical equipment and related accessories used on patients, issued for home use or for trial, testing or evaluation.
- PUWER Risk assessments as well as specific risk assessments can be undertaken to identify any hazards associated with medical equipment. Steps must then be taken to eliminate or reduce the risks to a minimum, with the identification and introduction of appropriate control measures.
- To provide guidance to managers and staff on all aspects of medical equipment from selection to deployment and disposal.

1.3 Background Information

This policy is issued in accordance with section 2.1 of the Device Bulletin – Managing Medical Devices DB2006(05) that was produced by the MHRA in November 2006. The aims of the guidance within DB2006(05) is to outline a systematic approach to the purchasing, deployment, maintenance, repair and disposal of medical equipment. This policy has been written to reflect this guidance and support the information that it contains.

1.4 Definitions

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
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<tr>
<td>Asset Database</td>
<td>An inventory of all items considered to be an asset of the Trust (including medical equipment)</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission is the independent regulator of health and social care in England.</td>
</tr>
<tr>
<td>EME</td>
<td>Electro-Medical Engineering</td>
</tr>
<tr>
<td>End User</td>
<td>Patient or carer who is trained by IHNHST staff member to use medical equipment commissioned by IHNHST as part of their treatment plan.</td>
</tr>
<tr>
<td>IHNHST</td>
<td>The Ipswich Hospital NHS Trust</td>
</tr>
<tr>
<td>Medical Device</td>
<td>This refers to an instrument, apparatus, appliance, material or other article, whether used alone or in combination, together with any software necessary for its proper application, which is intended by the manufacturer to be used for the purposes of: • Diagnosis, prevention, monitoring, treatment or alleviation of disease • Diagnosis, monitoring, treatment, alleviation of, or compensation for, an injury or physical impairment</td>
</tr>
</tbody>
</table>
• Investigation, replacement, or modification of the anatomy or of a physiological process
• Control of conception.
A medical device does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means. This definition includes devices intended to administer a medicinal product, such as a syringe driver, or which incorporate a substance defined as a medicinal product, such as a drug-eluting stent.
Examples of Medical Devices can be seen in Table 1 in the Appendix

Medical Equipment  Diagnostic and therapeutic equipment used for the purpose identified above (see medical device)

MDMG  Medical Device Management Group – risk manages all systems regarding Medical Equipment use within the trust.

MHRA  Medicines and Healthcare products Regulatory Agency – Enhances and safeguards the health of the public by ensuring medicines and medical devices work and are acceptably safe.

NHSLA  NHS Litigation Authority – provides a risk management programme in the form of standards and assessments against which the hospital is regularly assessed.

NPSA  National Patient Safety Agency – independently leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.

PAG  Product Assessment Group – risk manages the introduction of new types of disposable/single use consumable items that enter the trust.

PPQ  Pre-Purchase Questionnaire that is provided by the supplier before medical equipment is purchased.

SECTION 2 – DUTIES AND RESPONSIBILITIES

2.1 The Chief Executive and the Trust Board

The Chief Executive and the Trust Board are ultimately responsible for medical equipment throughout the Trust. It is their duty, so far as is reasonably practicable, to ensure that safe standards and procedures are maintained throughout IHNHST.

2.2 The Director of Operations

The Director of Operations has overall responsibility for medical device management, and is accountable to the Chief Executive.

Also it is the responsibility of the Director of Operations to chair the MDMG which is accountable to the Trust Risk Management Committee.

2.3 The Director of Estate and Facilities

The Director of Estate and Facilities has management responsibility for the maintenance of Electro Medical Equipment and is accountable to the Chief Executive.
2.4 Business Unit - Medical Device Responsible Person

The Business Units will appoint responsible person/persons to act as the central point of contact and management for all medical devices within the Business Unit.

The Responsible Person will be accountable to the Clinical Chair/Business Unit Manager who is accountable to the Director of Operations for Medical Device Management.

2.5 Trust Risk Management Committee

To assess development needs relating to the organisation’s understanding and monitoring of risk management, ensuring the trust delivers appropriate risk management induction and training programmes where required.

Receive and monitor incident trends identified from Datix system and feedback to staff within Business Units and the Directorates and across the Trust.

2.6 MDMG.

To develop and implement policies on Medical Devices and Medical Device Training, including local policies for the acquisition of medical devices address safety, quality, and performance as well as all aspects of the acquisition cycle. These policies will be reviewed at least once a year.

Submit regular audit reports to the board and to improve communication about medical devices within the organisation by gaining the agreement of clinicians, technical staff and users in relation to any proposed changes.

To reduce confusion about who is responsible for device management tasks, training and safe device operation.

Perform an internal audit on a regular basis that will be submitted to the board at least annually. This audit will examine the organisation’s policies and procedures for the safe acquisition, use, maintenance and repair, decontamination and disposal of medical devices against the checklists set out in the MHRA Device Bulletin DB2006(05)

2.7 Departments/Wards

When equipment is allocated to a department/ward the individuals working in that area have primary responsibility for the way they treat the equipment and the condition in which it is left.

These responsibilities include performance checks before use and routine maintenance such as charging batteries.

Details including records of maintenance, servicing, training etc should be passed on to those responsible for the record management for that medical device.

Departments/Wards have a duty to ensure that medical equipment is decontaminated before it is reused, submitted for maintenance/repair or being transported to another location.
2.8 **Staff who issue equipment on long term loan to end users**

Some medical equipment is issued to patients/carers on long term loan. It is essential that the responsibilities for the following aspects are clearly defined before the loan period:

- Decontamination procedures
- Maintenance and its records
- Availability of up-to-date instructions, including manufacturer's instructions
- Period and type of use
- Device identification
- Contact details (patient/carer and ward/department)

2.9 **All staff**

All staff have a professional duty to ensure their own skills and training remains up to date.

All staff have a responsibility with regard to adverse incident reporting and should follow the Adverse Incident Policy in respect of medical equipment.

Staff must also take reasonable care for their own health and safety, and also of other people who may be affected by their acts or omissions.

2.10 **Responsible Officer**

The Responsible Officer for this policy is the Medical Engineering Manager, who is responsible for reviewing the document and ensuring its contents comply with current standards and legislation.

**SECTION 3 – MEDICAL EQUIPMENT POLICY**

3.1 **Key Related Hospital Policies**

- Medical Equipment Training and Competency Policy
- Adverse Incident Policy
- Provision and Use of Work Equipment (PUWER) Policy
- Decontamination and Disinfection Policy

3.2 **Record Keeping**

3.2.1 **Detailed records**

It is a requirement to have an inventory of medical equipment. To facilitate this IHNHST uses an Asset Database for its inventory of medical equipment.

Access to information on the inventory/Asset Database is available via the intranet. More detailed access can be sought via the Estate & Facilities Information Manager.

The main database is held by Estate & Facilities. Local databases are held by EME, X-Ray, CCU and Medical Physics.

Good record keeping is essential for the safe management of medical equipment. The details and complexity of the records will depend on the type of medical equipment and its usage during its lifetime.
Records should provide evidence of:-

- A unique identifier for the medical equipment, where appropriate.
- A full history, including date of purchase where appropriate, and when it was put into use, deployed or installed.
- Any specific legal requirements and whether these have been met.
- Proper installation.
- Where it was deployed.
- Scheduled maintenance.
- Maintenance and repairs.
- The end-of-life date.

All of the aspects of medical equipment management will require some degree of record keeping. The records should be maintained within one system wherever possible. For non-centralised records there should be suitable cross references between the various record systems, with the Asset Database holding details of the purchase information and the local record keeping the maintenance and repair information.

3.3 Selection of Medical Equipment

3.3.1 Identification of need

All medical equipment should be selected and acquired in accordance with the MHRA Guidance.

When identifying new medical equipment:-

- First identify if there is a device that IHNHST already has standardised on that can be used.
- Indemnities must be sought for any equipment trials or 'show and tell' events.
- A PPQ must be sought for the equipment and approved by the EME Department.

The following should be taken into account in the justification of need for the medical equipment:-

- Total life cost
- Clinical need
- Risk management
- Equipment replacement
- Changes in design, technology, or clinical practice
- Patient specific needs

3.3.2 Standardisation and variety reduction

The standardisation of medical equipment MUST be considered in order to achieve best value for money. There are ‘fors’ and ‘againsts’ for standardising on medical equipment. Consideration should always be given to the range of similar equipment already in use. Additionally, issues regarding staff familiarity and training and subsequent clinical risk should be taken into account.

3.3.3 Evaluation and selection of new equipment

The MDMG, in collaboration with the proposed users of equipment, can undertake a formal, structured selection process.
The process will take into account conformity with safety standards and current Trust policies, and compatibility and standardisation of similar equipment within the Trust.

Where appropriate, equipment will be evaluated in collaboration with the PAG to ensure that the consumables that PAG deals with are compatible with the medical equipment from the MDMG, and that best practice and effectiveness is achieved across the 2 groups and therefore the best result is achieved for IHNHST.

The selection process will take into account the whole life cost of equipment including maintenance and consumables and also take into account the Trusts Standing Financial Instructions and other legal obligations.

3.3.4 Equipment trials

Medical equipment can be loaned either from another Trust, a supplier or a manufacturer.

Forms of indemnity provide protection to a Trust when the Trust is in receipt of loaned equipment or goods from a supplier. The EME Department holds a list of individual companies that have an indemnity agreement with IHNHST. There is also an NHS Master Agreement List that is held by the Department Of Heath. If a company has a Master Indemnity Agreement, an NHS delivery note is still required with each loan.

If there is a requirement to trial an item of equipment, the user must ensure that it is covered by an indemnity certificate specifying the Trust’s liability in the event of loss or damage to the medical device.

Any company representatives must follow the Code of Practice for Company Representatives, a current copy can be obtained from the Procurement Department.

Before the trial can take place, the company must contact the department that will maintain the equipment if it is purchased. This contact must take place before the device comes on site.

The status of the company’s indemnity with IHNHST can be assessed by the head of the relevant maintenance section, and a date arranged to safety test the equipment at the time of its arrival on site.

Only once the indemnity forms are signed and agreed and the equipment has passed the safety test can the equipment be allowed to be on site.

If the equipment is to be used by staff or patients of IHNHST, then competency training will be required for all users, and the records of the training will follow the process as detailed in the Medical Equipment Training and Competency Policy.

3.3.5 Modifying and Changing use of Medical Equipment

Modifying existing medical equipment or using them for purposes not intended by the manufacturer has safety implications. It may also count as the manufacture of a new medical device under the Medical Device Regulations.

Any modifications must be performed by the relevant maintenance section of the equipment who would normally maintain the medical equipment.
It is essential that ANY modifications outside of the manufacturer’s guidelines, is only considered as part of a fully documented risk management process in collaboration with the Risk Management Group.

3.4 Acceptance of Medical Equipment

3.4.1 Acceptance checks

Acceptance checks are clearly good practice, with the safety of the end user in mind, and also are a safeguard against litigation.

Some checks (e.g. for visible damage, and that the order is complete) can be carried out by the receiving department/ward staff. Functional checks must be carried out by professional users or end users who have received suitable training. Calibration and safety tests should only be carried out by specially trained personnel.

Large complex medical equipment may need to be installed and commissioned by specially trained personnel.

All medical equipment must be logged onto the appropriate equipment register as detailed in section 3.2.1.

When new medical equipment is first put into service, records will need updating. These include staff/user training, technical training, and planned preventative maintenance records.

All professional and end users MUST have access to the manufacturer’s instructions.

All medical equipment coming into the Trust will be subject to the same acceptance checks, whether they are purchased, leased, rented or on loan/trial.

3.4.2 Storage

Inappropriate storage of items affects their subsequent safe use. Manufacturers’ information and instructions both on storage conditions and shelf life should be followed.

3.5 Single use devices

Devices designated for single use must not be re-used under any circumstances.

The re-use of devices that are single use can affect their safety, performance and effectiveness. This can expose patients and staff to unnecessary risks.

The reuse of single use devices could have serious legal implications:

Anyone who reuses or reprocesses a device intended by the manufacturer for single use bears full responsibility for its safety and effectiveness.

Anyone who reprocesses a single use device and passes it to a separate legal entity for use has the same legal obligations under the medical devices regulations as the original manufacturer of the device.
An audit will be performed by each Business Unit on a few randomly selected areas under their control to assess if there is any evidence of single use devices being reused.

This audit will be performed twice a year with the results being passed onto the MDMG.

3.6 Decontamination

It is the responsibility of the department/ward to ensure that all medical equipment is visibly clean.

The department/ward has a duty to ensure that medical equipment is decontaminated before it is reused, submitted for maintenance/repair or being transported to another location.

Reference should be made to the manufacturers’ instructions and the Trusts Decontamination and Disinfection Policy for the correct method and cleaning agents that can be used.

3.7 Maintenance

3.7.1 User checks

Professional users and end users are responsible for pre-use checks, preparation for use and regular decontamination.

Any suspected malfunction or failure of correct operation of equipment is to be reported promptly to the relevant technical personnel.

Indication that the medical equipment is faulty and also a declaration of its contamination status should be affixed to the faulty equipment. See Appendix 6 for an example of a blank form that can be attached to the equipment.

When a device is returned to use after repair, a tag may be attached to the medical equipment (see Appendix 7) to indicate that the device should be checked before use.

The medical equipment must be taken out of use until the appropriate checks/repairs have been carried out.

3.7.2 Servicing

Planned preventative maintenance is required to ensure that medical equipment are reliable and safe.

The section manager of the relevant maintenance department is responsible for Planned Preventative Maintenance and for selecting the methods used.

The section manager of the relevant maintenance department in collaboration with the Directorate Manager is responsible for the selection of the maintenance provider which maybe in-house, by the manufacturer or by a third party maintenance organisation.

See Appendix 2, 3, 4, and 5 for further information about the process used by each maintenance department.
3.7.3 Maintenance

Day to day maintenance will be carried out by the user on a routine basis in accordance with the training or instructions given by the manufacturer or supplied in the user manual.

All equipment not covered by a service/maintenance contract and logged onto the Asset Register will be maintained by the relevant maintenance section that is allocated to provide that service.

3.7.4 Calibration

The EME Department will calibrate the simulators that are used to check the performance of medical equipment.

Where more than 1 device provides the same function, then it is acceptable to have a single calibrated device for use as a reference against which the other devices can be verified if required.

Electrical safety testers will also be calibrated to ensure that the results obtained when testing medical equipment are accurate.

3.8 Disposal of Equipment

3.8.1 Equipment disposal

Equipment that has been replaced or is no longer clinically suitable, must be sent to the relevant maintenance section for disposal.

An Asset Disposal Application Form should be completed and attached to the medical equipment, along with a declaration of its contamination status (this can be the form as per Appendix 6) before it is sent for disposal.

A copy of the Asset Disposal Application Form can be found at Appendix 1.

SECTION 4 – TRAINING AND EDUCATION

4.1 Staff Training

Advice and guidance on the training for staff including Employees, Professional Users, End Users and Maintenance Service Providers can be found in the Medical Equipment Training and Competency Policy on the Hospital Intranet.

SECTION 5 – DEVELOPMENT AND IMPLEMENTATION including DISSEMINATION

This version of the policy was reviewed and reformatted following advice and guidance from the MDMG.

Dissemination of the policy will occur by email from the Medical Equipment Manager to the Business Unit General Managers asking them to disseminate the information throughout their relevant Business Unit. The policy will also be listed in the Policy and Guidelines A-Z section of the intranet, the ‘What’s New’ section of the Policy and Guidelines on the Intranet. Finally, members of the MDMG will raise awareness of the policy and promote its use.
SECTION 6 – MONITORING COMPLIANCE AND EFFECTIVENESS

6.1 Compliance with and the effectiveness of this policy will be monitored through the Trust framework for risk management, as set out in the Risk Management Strategy. Therefore all highlight reports will be sent to and managed by the MDMG, who are responsible for producing a gap analysis and action plan to address non-compliance, reporting this to the Risk Management Committee every 6 months.

6.2 The following review mechanism will provide assurance to the Trust Board and external auditors that safe effective working practices are embedded across the Trust.

<table>
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<th>How</th>
<th>Responsible body</th>
<th>Monitored by</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Asset Database</td>
<td>Population of Asset Database</td>
<td>Estate and Facilities</td>
<td>MDMG</td>
<td>6 monthly</td>
</tr>
<tr>
<td>Equipment evaluation</td>
<td>MDMG minutes</td>
<td>MDMG</td>
<td>Risk Management Committee</td>
<td>Yearly</td>
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<td>Indemnity forms for loan equipment</td>
<td>Forms completed and signed</td>
<td>EME</td>
<td>MDMG</td>
<td>Yearly</td>
</tr>
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<td>Acceptance of new medical equipment</td>
<td>Addition of equipment to the Asset Database</td>
<td>Estate and Facilities</td>
<td>MDMG</td>
<td>6 monthly</td>
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<tr>
<td>Single use devices</td>
<td>Ward walk round</td>
<td>Business Units</td>
<td>MDMG</td>
<td>6 Monthly</td>
</tr>
<tr>
<td>Decontamination</td>
<td>EME repair requisitions and reports to Infection Control</td>
<td>EME, Infection Control</td>
<td>MDMG</td>
<td>Yearly</td>
</tr>
<tr>
<td>Servicing and Maintenance of Medical Equipment</td>
<td>Report from EME</td>
<td>EME</td>
<td>MDMG</td>
<td>Yearly</td>
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<tr>
<td>Disposal of Medical Equipment</td>
<td>Recording on Asset Database</td>
<td>Estate and Facilities</td>
<td>MDMG</td>
<td>6 monthly</td>
</tr>
</tbody>
</table>

SECTION 7 – CONTROL OF DOCUMENTS INCLUDING ARCHIVING ARRANGEMENTS

7.1 Once ratified by the Risk Management Committee, the MDMG will forward this guideline to the Information Governance Department for a document index registration number to be assigned and for the guideline to be recorded onto the central hospital master index and central document library of current documentation.

7.2 In order that this guideline adheres to the hospital’s Records Management Policy, the Information Governance Department will:
- Ensure that the most up-to-date version of this guideline is stored on the documentation library
- Archive previous versions of this guideline
Retain previous versions of this guideline for a period of time in accordance with the NHS Records Retention and Disposal Schedule.

SECTION 8 – SUPPORTING COMPLIANCE and REFERENCES

8.1 Supporting compliance

This document will support the Trust’s compliance with:

- CQC Outcome 11
- NHSLA standards 2.7 and 3.7
- Consumer Protection Act 1987 (Consumer Safety and Product Liability)
- Control of Substances Hazardous to Health Regulations 1999
- Electricity at Work Regulations 1989
- Electrical Equipment (Safety) Regulations 1994
- Employers’ Liability (Compulsory Insurance) Act 1969
- General Product Safety Regulations 2005
- Health and Safety at Work etc. Act (HASAWA)1974
- In Vitro Diagnostic Medical Devices Regulations
- Ionising Radiation (Medical Exposures) Regulations 2000
- Ionising Radiations Regulations 1999
- Management of Health and Safety at work Regulations
- Medical Device Regulations 2002 (Amended 2003)
- Pressure Systems Safety Regulations 1999
- Provision and use of Work Equipment Regulations 1998
- Sale and Supply of Goods Act 1968
- Unfair Contract Terms Act 1977
- Waste Electrical and Electronic Equipment Regulations

8.2 References

- Adverse Incident Reporting Policy (2007)
- Code of Practice for Company Representatives (August 2006)
- Medical Devices Training Strategy (2007)
Appendix 1
THE IPSWICH HOSPITAL NHS TRUST
ASSET DISPOSAL
APPLICATION FORM

Business Unit: ___________________________ DATE: ___________________________

DEPARTMENT/WARD: ___________________________

DETAILS OF ASSET FOR DISPOSAL: (To be completed by Business Unit)

Description (Including Make and Model Number if applicable):

Asset I D Number: ___________________________

Proposed Date of Disposal: ___________________________

Income from Disposal: ___________________________

Reason for Disposal:

Is Asset being replaced: YES/NO (Delete as appropriate)

Is it included in Business Case: YES/NO (Delete as appropriate)

Name of Business Case: ___________________________

Source of Funding for Replacement: ___________________________

Proposed by: ………………………………………………………………………………………………………

Clinical Director/Director

NBV at proposed disposal date:

Comment: ……………………………………………………………………………………………………………

Approved/Not Approved: ………………………………………………………………………………………………………

Director of Estate and Facilities

Comment: ……………………………………………………………………………………………………………

Account Code: ……………………………………………………………………………………………………………

Approved/Not Approved: ………………………………………………………………………………………………………

Director of Finance
Appendix 2
Servicing procedure for the X-Ray maintenance section.

X-ray equipment is on a reduced value maintenance contract with the equipment suppliers. The equipment supplier sends proposed service dates to the X-ray Engineer at the beginning of each financial year. This takes the form of 2 dates at 6 monthly intervals. The X-ray Engineer then plans his own service dates to be implemented mid point of the suppliers 6 monthly visits.

Staff who are responsible for the equipment are then informed of the 4 service dates. All dates are then added to the workshop wall chart & the relevant diary applicable to each piece of equipment. Records of all equipment maintenance are kept with the equipment concerned & also updated electronically on the workshop database. Should a service visit have to be cancelled by the supplier concerned or by radiographic staff, an alternative date is arranged by the X-ray Engineer and communicated to the staff concerned. Should the X-ray Engineer have to postpone a service visit the X-ray Engineer will arrange an alternative date personally.

Appendix 3
Servicing procedure for the EME maintenance section

There are 2 processes that are used. The first one is where a label is placed on the equipment stating that it has to be returned, and also the date that it needs to be returned. It is up to the user to identify that the equipment is in date before they use it.

The second one is where the label on the equipment says that the service is due ‘on ward’ and the date that this is due. The EME department’s database generates a report that says that a ward/department is due and an engineer then visits that location. After an engineer has visited a location to service equipment, a letter is sent out to the manager of the location informing them of the devices that are overdue a service by more than 1 year so that they can arrange for the equipment to be seen.

Appendix 4
Servicing procedure for the Medical Physics maintenance section

With the exception of one item (Superficial unit), Radiotherapy treatment equipment is covered by manufacturers service and upgrade contracts and includes annual preventative maintenance inspections (PMI’s) carried by the manufacturers engineers at a frequency prescribed by the manufacturer. The dates for these visits are organised, after discussion with the Treatment Unit Radiography Superintendent, a year in advance and entered on the Radiotherapy Electronic Time Planner which is used for all treatment delivery appointments and is part of the computerised Treatment Management system. The Superficial unit has routine Quality Control checks undertaken monthly based on manufacturers recommendations.

Any additional servicing and QA is organised by the Radiotherapy Physics department in accordance with the departments BSI accredited quality system procedures and takes the form of a fixed monthly rota for each unit, this again is entered in the Time Planner. The Treatment Unit Radiography Superintendent is informed of any cancellations and updates the Time planner as appropriate, rearranged dates are again negotiated and placed in Time Planner.

Manufacturers PMI and Service visit records are held within Radiotherapy Physics. In addition each unit has its own Fault log book and QA log book in which is recorded details of
work carried out on the unit. Any downtime on the units is recorded in the Fault Log, collated and discussed at monthly meetings to assess the ongoing status of each machine.

Appendix 5
Servicing procedure for the Critical Care Unit maintenance section.

ESTATES DEPARTMENT
CRITICAL CARE TECHNOLOGY

Procedure for storing medical equipment service records and scheduling maintenance.

The critical care technologists maintain equipment in the following areas, CCU, A&E, NNU, Child Health, ARCU, Theatres and Paediatric Community Services. Equipment service records are stored using two dedicated DataPerfect databases on hospital server spud G. One database is used for respiratory equipment and the other CCU electromedical equipment. All information is backed up onto local drives within the CCT workshop AN03.

DataPerfect records take the form of electronic multi-associated cardex style records where each field is of infinite length and searches can be made on any string within any field.

Fig.1 typical service record of respiratory equipment.

Fig.2 this area allows each record to be viewed in numerical context

Fig.3 associated electrical safety record
The door ways shown enable quick access between associated records.

Fig.4 associated business record

As equipment servicing can be somewhat opportunistic and is secondary to clinical activities for critical care technologists, it is important the databases have flexible service scheduling. The final field of each record is labelled Serviced and is used to store the due date of next service.
ESTATES DEPARTMENT
CRITICAL CARE TECHNOLOGY

Equipment service scheduling
DataPerfect has a comprehensive search panel facility where positive & negative criteria, batch, alphanumeric and date string searches can be defined.

Many search patterns have been stored in the database.

Using the service due dates which are entered and updated with each scheduled service, the above highlighted search pattern can be used to produce reports listing equipment for service during any month.
ESTATES DEPARTMENT
CRITICAL CARE TECHNOLOGY

Reports
There are three preconfigured service reports stored in DataPerfect. These are used to print
equipment related lists of the following.
- Total list of equipment for service sorted by manufacturer.
- List of equipment due for service within a specific area or department. See fig. 1 below
- Memo style printouts of specific items of equipment which are overdue for service.
  These are then sent to equipment controllers and managers responsible for that particu-
lar area. See Fig. 2 below

![Fig. 1 example of screen department equipment report](image)

![Fig. 2 example of screen version of memo printout](image)

The following pages are examples of the printouts and reports used.
Appendix 6

The Ipswich Hospital NHS Trust

EME Requisition Pad

EQUIPMENT DETAILS
Asset ID Number
Found on Yellow label on equipment
Description
Ward/Department
What has been used to clean the equipment?

What is wrong with the equipment?

Has the equipment been exposed to an infection risk? YES / NO
If Yes, please give details

WHO REPORTED THE FAULT?
Name
Tel No.
Job Title
Date

FOR COMPLETION BY EME
Task number allocated
Signature Date

Appendix 7
### Table 1

<table>
<thead>
<tr>
<th>Function</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis or treatment of disease</td>
<td>Anaesthetic equipment, catheters, diagnostic laboratory equipment, dressings, implants, scanners, surgical instruments, surgical gloves, syringes, X-ray machines.</td>
</tr>
<tr>
<td>Monitoring of patients</td>
<td>ECG, pulse oximeter.</td>
</tr>
<tr>
<td>Critical care</td>
<td>Baby incubators, blood-gas analysers, defibrillators, ventilators, pressure relief mattresses.</td>
</tr>
<tr>
<td>Improve function and independence of people with physical impairments</td>
<td>Communication aids, environment controls, hoists, orthotic and prosthetic appliances, supportive seating and pressure care, walking aids, wheelchairs.</td>
</tr>
<tr>
<td>Community-based healthcare</td>
<td>Catheters, dressings, domiciliary oxygen therapy systems, glucose tests, pressure care equipment, syringes, urine drainage systems.</td>
</tr>
<tr>
<td>Emergency services</td>
<td>Stretchers, trolleys, resuscitators.</td>
</tr>
</tbody>
</table>