



CLINICAL POLICY

Rental, Demo, Loaner and Other Non-Hospital Owned Patient Care Equipment Used By John Dempsey Hospital Staff

A. EFFECTIVE DATE :

June 30, 2021

B. PURPOSE :

To assure safe operational condition of rental, demo, loaner and other non-hospital owned patient care equipment used by John Dempsey Hospital Staff.

C. POLICY :

Patient care equipment that is rented, being used on demo or on loan, or any other non-hospital owned equipment being used by John Dempsey Hospital Staff must be inspected by the Clinical Engineering Department, tagged with an inspection sticker and placed into an equipment maintenance program if deemed necessary by the Clinical Engineering Department.

D. SCOPE :

NONE

E. DEFINITIONS :

NONE

F. MATERIAL(S) NEEDED :

NONE

G. PROCEDURE :

1. Clinical personnel who are arranging for rental, demo, loaner or non-hospital owned patient care equipment must,
 - Notify Clinical Engineering of equipment details and ETA.
 - Request device most recent maintenance documentation from vendor.
2. Patient care equipment that is rented, brought into the hospital on demo, borrowed from another institution or any other non-hospital owned device brought into the hospital **during normal working hours (8:00 am - 4:30 pm, Monday through Friday)** must be inspected by clinical engineering, tagged, and documented in clinical engineering CMMS as a loaner equipment. After 6 months, and if equipment still in the hospital, equipment must be assigned a clinical engineering asset tag, cataloged into clinical engineering CMMS, and, if necessary, scheduled for maintenance.

The equipment should be operationally checked by clinical personnel prior to its use (this does not apply to patient-owned medical devices that are battery-powered and are not operated by hospital staff, e.g. insulin pumps).

3. Patient Care equipment that is rented, brought into the hospital on demo, borrowed from another institution or any other non-hospital owned device that is to be used by John Dempsey Hospital Staff, and the device comes into the hospital, **after normal working hours**, should be visually inspected and operationally checked by clinical personnel prior to its use (see step #7). This inspection should be documented in the patient record. Clinical Engineering should be notified as soon as possible during normal working hours to complete tagging and inventory control procedures deemed necessary.
4. In some emergency situations, Biomedical Engineering expertise may be required to provide assistance in testing or installing the equipment after-hours, in which case the Hospital Operator will follow the procedure for handling after-hours emergency requests for medical equipment service. Clinical staff should call x2954 and press "O" to contact the Hospital Operator. The Hospital Operator will contact the On Call Clinical Engineering staff member to provide after-hours emergency Biomedical Engineering services.
5. Any John Dempsey Hospital equipment that has been on loan to another institution must be inspected by the John Dempsey Hospital Clinical Engineering Department prior to its return to service at this institution.
6. Clinic-owned, Dental School-owned, research-owned, and leased mobile imaging systems and medical equipment used in the Hospital must have documentation showing that the equipment is being maintained on an appropriate preventive maintenance (PM) program, consistent with John Dempsey Hospital quality assurance standards. Upon receiving this documentation from the equipment owners, Clinical Engineering will tag the equipment with a current inspection sticker and enter the device into the maintenance scheduling system. Upon subsequent inspection due dates, the equipment owners must again provide current PM documentation in order to continue using the device in the hospital.
7. The following is the recommended minimal safety inspection procedure for patient care equipment:

**VISUAL SAFETY INSPECTION PROCEDURE FOR
PATIENT CARE EQUIPMENT**

- A. Examine the exterior of the unit for general physical condition. Ensure that the assembly hardware, screws, and fasteners are present and tight, and that there are no signs of spilled liquids (stains, dried patches), shipping damage, or other serious abuse.
- B. Examine both ends of the power cord (plug end and where it attaches to the equipment) and be sure that the cord is held securely in place and is not damaged at these points of attachment.
- C. Examine all controls and switches for physical condition, secure mounting, and correct motion.
- D. Perform an operational check-out of the device and check for appropriate operating labels and instructions.
- E. Document this visual safety inspection.

H. ATTACHMENTS :
NONE

I. REFERENCES :

NONE

J. SEARCH WORDS :

NONE

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

NONE

N. FINAL APPROVAL :

- | | |
|---|---------------------------|
| 1. <u>Andrew Agwunobi, MD (Signed)</u>
Andrew Agwunobi, MD, MBA
UConn Health Chief Executive Officer | <u>07/21/2021</u>
Date |
| 2. <u>Anne D. Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair
Interim Chief Operating Officer, UMG
Vice President, Ambulatory Operations | <u>07/21/2021</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>07/19/2021</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Interim Chief Operating Officer, JDH | <u>06/16/2021</u>
Date |

O. REVISION HISTORY :

Date Issued: 7/76

Date Revised: 1/86, 11/88, 12/88, 9/91, 8/09, 10/14, 5/18, 6/21

Date Reviewed: 11/94, 5/97, 2/00, 10/03, 05/06, 9/08, 09/12, 04/16