



CLINICAL POLICY

Equipment Involved in Patient Injury

A. EFFECTIVE DATE :

June 21, 2021

B. PURPOSE :

To provide clear instructions for securing and examining equipment involved in patient injuries.

C. POLICY :

It is the policy of JDH to understand and embrace a non-punitive culture of safety in regards to medical error reporting. A primary goal of this system is to learn about adverse events and gain new knowledge about the causes of errors in order to prevent future errors.

JDH seeks to obtain information about medical errors that leads to improvement in a non-punitive environment encouraging trust and respect between those who report errors and those who receive and analyze them. In order to accomplish this, it is imperative that front-line practitioners, who have necessary and insightful information about any complication or event that causes complication, feel comfortable reporting significant complications or serious/fatal events whether or not caused by potential errors, "near misses," and hazardous situations. The JDH system of reporting encourages unrestricted practitioner reporting, is non-punitive with respect to those who report, and provides a mechanism for confidential reports.

- The following are options available to anyone reporting any medical complication with or without suspected error:
 - A Safety Intelligence (S-I) Report may be completed on line.
 - Personal or phone contact may be made with the Risk Management Office (LM043; ext. 2687)
 - The confidential "REPORTLINE" may be used at 888/685 – 2637. This line operates under the UCHC Reporting Compliance Concerns Policy (available on the Compliance Office website).

D. SCOPE :

NONE

E. DEFINITIONS :

NONE

F. MATERIAL(S) NEEDED :

NONE

G. PROCEDURE :

1. When equipment (including accessories and associated disposables) is involved in a patient injury, it should immediately be taken out of service. The equipment (including accessories and associated disposables) involved in the incident should be set aside on the unit. Leave all equipment settings untouched with accessories and associated disposables in place with the equipment. The equipment, accessories and associated disposables should not be cleaned or status altered; rather the assembly of items should be sealed in a plastic bag, if appropriate, and secured by the supervisor of the area until turned over to the Clinical Engineering Department.
2. Save all packaging materials from any disposable products in order to obtain the lot number of the biomedical materials.
3. Notify the Clinical Engineering Department (679-2954) to inspect the involved equipment when an equipment-related patient-injury is involved, per Administrative Manual Policy #11-032. Important information must be collected at this time.
4. Notify the Attending Physician.
5. Complete a Safety Intelligence (S-I) Report
6. If concerned about confidentiality, the faculty or staff member may call the Risk Management Office at 860/679-2687 or call the Compliance REPORTLINE at 1/888/685-2637 to report a suspected device related incident. If so notified, the Risk Management Office or the Compliance Office will relay the pertinent information to the Manager of Clinical Engineering to initiate an inspection of the involved equipment.

H. ATTACHMENTS :

NONE

I. REFERENCES :

Approved by Safety Committee, February 23, 1987

CROSS REFERENCE:

Personal Electrical Equipment in patient Care Areas, Policy #11-015

Inventory, Repairs, Performance Assurance Testing/Preventive Maintenance, and Quality

Assurance of Patient Care Equipment, Policy #11-021

Reporting Adverse Medical Device Incidents, Policy #11-032.

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>09/20/2021</u>
Date |
| 2. <u>Anne D. Horbatuck, (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>09/20/2021</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>09/13/2021</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Interim Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer | <u>09/15/2021</u>
Date |

O. REVISION HISTORY :

Date Issued: 6/87

Date Revised: 10/88, 1/92, 8/09, 10/15, 5/18, 4/21

Date Reviewed: 4/94, 5/97, 2/00, 2/01, 10/05, 05/06, 9/12