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<b>Departmental Policy</b>		<b>Dept.: Intensive Care Services</b>		<b>Policy No: 1-2-9451-02-001</b> <b>Version No: 03</b>	
<b>Title: EQUIPMENT AVAILABILITY, MAINTENANCE AND REPAIR</b>				<b>JCI Code: FMS</b>	
<i>Supersedes: 1-2-9451-02-001</i> <i>Version No.02; 10 May 2021</i>		<b>Issue Date:</b> 02 APR 2024		<b>Effective Date:</b> 01 APR 2027	
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## 1. INTRODUCTION

- 1.1. Medical equipment represents a substantial asset in the health care delivery system and needs to be managed efficiently. The way in which it is managed and used can influence the quality of health care delivered to patients.
- 1.2. Appropriate daily, periodic and corrective maintenance of medical equipment is key to achieving safe and cost-effective management.

## 2. PURPOSE



- 2.1. To ensure that supplies and equipment are readily available, appropriately maintained to support the care for critically ill patient and to provide a method to secure timely repair and maintenance.

## 3. APPLICABILITY

All Intensive Care Services (ICS) Physicians, Registered Nurses (RNs) and Respiratory Therapists (RTs)

## 4. POLICY

- 4.1. All ICS staff are responsible to the following:
  - 4.1.1. Identify specific equipment and supply needed for patient.
  - 4.1.2. Ensure that the equipment is clean and safe to use.
  - 4.1.3. Report equipment breakdowns or not working immediately to Charge Nurse or RT Team leader.
- 4.2. In an event of a breakdown, the patient's safety must be the first priority.
- 4.3. No new equipment is to be placed into service until it has had the appropriate safety check and approval from the Biomedical Engineering Department.
- 4.4. All equipment checked by the Biomedical Engineering Department must have Planned Preventive Maintenance (PPM) tag/sticker



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- 4.5. All equipment for repair must have a maintenance request form prior sending to Biomedical Engineering Department.
- 4.6. All equipment must be plugged to power supply/outlet at all times.
- 4.7. All bedside equipment must be plugged to uninterrupted power supply (UPS) outlets.
- 4.8. All equipment repairs must be handled expeditiously in order to facilitate patient care
- 4.9. All equipment that are damaged and non-functional must be reported to each respective Director (Nursing Clinical Director of ICS, Director of Respiratory Care Department & Director of ICS).

## 5. PROCEDURES

- 5.1. ICS Staff should check and monitor all beside equipment for the following every shift and complete the Bedside Equipment Safety Checklist (Appendix 1).
  - 5.1.1. Availability
  - 5.1.2. Functionality
  - 5.1.3. Cleanliness
- 5.2. All equipment not in patient's use should be checked and monitored as above on a daily basis and the Medical Equipment Daily Checklist (Appendix 2) has to be completed.
  - 5.2.1. Once an equipment is checked, properly label/tag with "Clean and Ready to Use".
- 5.3. All the equipment's PPM will be monitored by the Charge Nurse/RT Team Leader or Designated staff, utilizing the Medical Equipment PPM Monitoring Sheet (Appendix 3).
- 5.4. Malfunction (Failure) of equipment:
  - 5.4.1. Immediately assess patient and ensure patient is safe.
  - 5.4.2. Report to Charge Nurse/RT Team Leader
    - 5.4.2.1. In case of breakdown or suspected malfunction of mechanical ventilators, RT should be contacted immediately while qualified healthcare provider manually bag breathe the patient.
  - 5.4.3. Look for replacement of the malfunctioned equipment.
  - 5.4.4. Properly label the malfunctioned equipment with "Not Working".
- 5.5. Maintenance Request Form



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5.5.1. Any work request or technical support generated in the unit will have a Maintenance Request form filled out and attached to the equipment prior to sending in bioengineering workshop.

5.5.2. The ICS staff requestor/user will retain pink sheet copy for documentation purpose.

5.6. ICS staff or designated staff should follow up the equipment under repair regularly.

## 6. REFERENCES

- 6.1. Joint Commission International (2020). *Joint Commission International Accreditation Standards for Hospitals (7<sup>th</sup> Ed). Facility Management and Safety*. Joint Commission Resources, Ork Brook, Illinois 60523
- 6.2. Saudi Central Board for Accreditation of Healthcare Institutions (2015). *National Hospital Standards (3<sup>rd</sup> Ed). Facility Management and Safety*. CBAHI, Kingdom of Saudi Arabia
- 6.3. UTMB Clinics: Supplies, Equipment, Repairs, and Maintenance  
[https://www.utmb.edu/policies\\_and\\_procedures/Non-IHOP/Respiratory/Pulmonary\\_Function\\_Laboratory/02-13%20Supplies,%20Equipment,%20Repair,%20Maintenance.pdf](https://www.utmb.edu/policies_and_procedures/Non-IHOP/Respiratory/Pulmonary_Function_Laboratory/02-13%20Supplies,%20Equipment,%20Repair,%20Maintenance.pdf)

## 7. APPENDICES

- 7.1. Bedside Equipment Checklist, 4-1-9451-01-011 (Appendix 1)
- 7.2. Medical Equipment Daily Checklist, 4-1-9451-01-008 (Appendix 2)
- 7.3. Medical Equipment PPM Monitoring Sheet, 4-1-9451-01-010 (Appendix 3)



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### 8. CONTRIBUTING DEPARTMENT/S

Intensive Care Services

Compiled by: Mr. Bander Al Anazi /Nursing Clinical Director of Intensive Care Services	Signature: 	Date: 18/3/2024
Reviewed by: • Nursing Policies, Procedures and Guidelines Committee	Signature: 	Date: 20/3/2024
• Dr. Turki Al Mutairi Executive Director of Nursing Affairs	Signature: 	Date: 21/3/2024
• Dr. Muhammad Kashif Malik Consultant & Head, CQI&PS Division, ICS.	Signature: 	Date: 24/MAR/2024
• Mrs. Basmah Alanazi Head of Respiratory Care Services	Signature: 	Date: 27/03/2024
Reviewed by: Brig. Gen. Dr. Abdulelah Mohammed Hummadi Director, Continuous Quality Improvement & Patient Safety (CQI&PS)	Signature: 	Date: 28/3/2024
Authorized by: Brig. Gen. Dr. Ziyad Al Otaibi Director of Intensive Care Services	Signature: 	Date: 24-3-2024
Authorized by: Brig. Gen. Dr. Abdulrahman Al Robayyan Director of Medical Administration	Signature: 	Date: 31/3/2024
Authorized by: Brig. Gen. Dr. Rashed Al Otaibi Executive Director For Health Affairs Chairman, Senior Medical Management Team (SMMT)	Signature: 	Date: 01/4/2024
Approved by: Maj. Gen. Khalid Abdullah Al Hudaithi General Executive Director of Prince Sultan Military Medical City	Signature:  Brig. Gen. Dr. Abdulelah Mohammed Hummadi Director of Intensive Care Services	Date: 02/4/2024