Policy for Reporting Ad-Hoc Demand Work to Clinical Engineering

Document Control:

For Use In:	Norfolk and Norwich University Hospitals NHS Foundation Trust		
Search Keywords	Clinical Engineering, 3601, Medical Devices, Equipment		
Document Author:	Mike Burton		
Document Owner:	Head of Clinical Engineering, Support Services		
Approved By:	Medical Devices Committee		
Ratified By:	N/A		
Approval Date:	21/11/23	**Date to be reviewed by:** This document remains current after this date but will be under review	21/11/25
Implementation Date:	As above		
Reference Number:	22985		

Version History:

Version	Date	Author	Reason/Change
V1.0	October 2023	Mike Burton	To originate document

Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

The following were consulted during the development of this document:
Support Services governance

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a policy applicable to the Norfolk & Norwich University Hospitals NHS Foundation Trust (NNUHFT) including Cromer Hospital, the Quadram Institute, Bob champion building and any future NNUHFT estate.

Contents Page

1. Introduction

The policy has been written to ensure that trust clinical staff understand the process of reporting any issues with Medical Devices to Clinical Engineering in order to receive technical support to enable a satisfactory rectification of any medical equipment issues.

The term “medical device” covers a broad range of products, used every day throughout the hospital to support the diagnosis, treatment, and care of patients. The definition of what constitutes a medical device is described in section 1.4 of this policy.

1.1. Rationale

The purpose of this standard operating procedure is to describe the process of reporting any issues with medical equipment to Clinical Engineering.

1.2. Objective

The objective of this policy is to provide a framework of how medical device issues are reported to Clinical Engineering in times when NNUH need technical assistance.

The policy covers:

- Reporting of medical device issues over the telephone to Clinical Engineering.
- Reporting of medical device issues via Alertive to Clinical Engineering.
- Reporting of Medical device issues via email to Clinical Engineering.

This policy applies to permanent, locum, agency, bank staff, and students of the Trust who are involved in the use of medical devices to diagnose or treat patients.

1.3. Scope

This policy applies to all medical devices owned by the Trust. The policy ensures that Clinical Engineering are engaged from the start of any issues with medical equipment that could cause loss of service to clinical areas.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
Medical Device	According to the Medical Devices Regulations 2002 (SI 2002 No 618, as amended) (UK MDR 2002), a medical device is described as any instrument, apparatus, appliance, software, material or other article, whether used alone or in combination, together with any accessories, including the software intended by its manufacturer to be used specifically for diagnosis or therapeutic purposes or both and necessary for its proper application, which is intended by the manufacturer to be used for human beings for the purpose of: • diagnosis, prevention, monitoring, treatment or

	alleviation of disease • diagnosis, monitoring, treatment, alleviation of or compensation for an injury • investigation, replacement or modification of the anatomy or of a physiological process, or • control of conception and which does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means, but which may be assisted in its function by such means;
The Trust	The Trust refers to any site where the medical device is located. This includes the main Norfolk and Norwich University Hospital NHS Foundation Trust site, Cromer Hospital, Bob Champion Building, Quadram Institute and the Cotman Centre. It will also include any medical devices that have no permanent location but are owned by the Trust and are used to deliver care in other premises.
Ownership	For the purpose of this document this only applies to medical equipment that is owned by the Trust.
PPM	Planned Preventative Maintenance
eQuip	Clinical Engineering Medical Devices Database

2. Responsibilities

2.1. Chief Executive Officer

Has overall accountability for the management of medical devices. This responsibility has been delegated by the Chief Executive to the Chief Finance Officer.

2.2. Head of Clinical Engineering

The Head of Clinical Engineering is responsible for ensuring that the correct process has been followed.

2.3. Clinical Engineering Workshops Manager

The Clinical Engineering Workshops manger has devolved responsibility to ensure that the correct process has been followed.

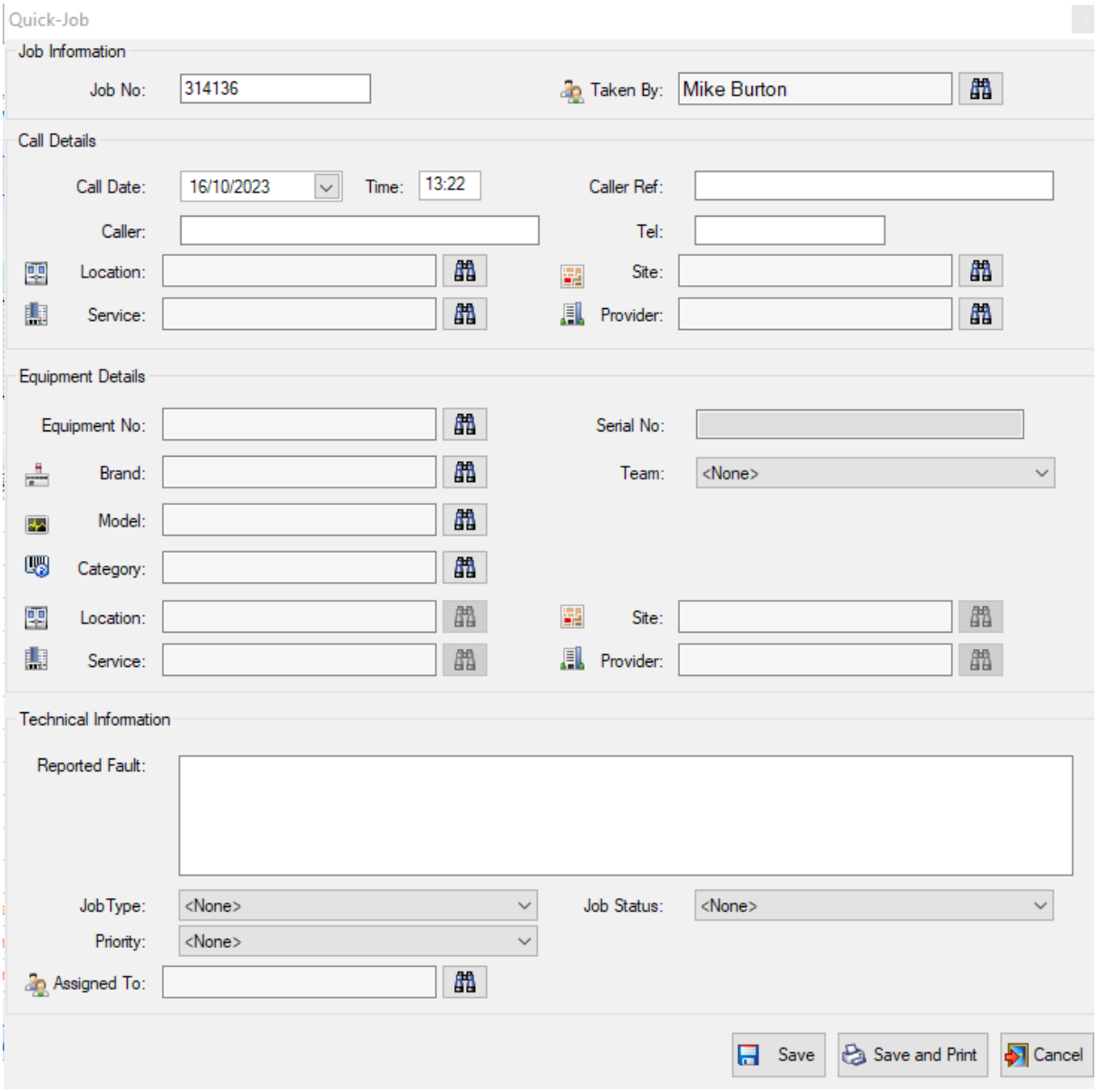
3. Processes to be followed.

The sub sections below explain how to enter the demand requests received by either telephone, Alertive or email. To telephone Clinical Engineering to report an issue with medical equipment use the extension number 3601, to contact from alertive send a message to ‘Clinical Engineering’, if reporting via email the address to use is engadmin.clin@nnuh.nhs.uk

3.1. Demand work requests received on X3601, Alertive or email.

A Clinical Engineering employee must have a logon for eQuip in order to carry out this process, if a log on for eQuip is needed this needs to be requested by the Clinical Engineering contracts manager. The person taking the call should click on the ‘work’ tab and then click on ‘quick job’ icon.

A new window will open as below:



The following information **must** be collected:

- Caller – Name of the best contacts if further information is needed.
- Telephone number – Best contact phone number if Clinical Engineering need to contact caller to ask further questions.
- Location – Where the item is located in the NNUH.
- Equipment asset number – This is the asset number attached to every piece of medical equipment. For items where a number cannot be located or a request for consumables is received, the generic code of 14732 can be used – If an asset number is subsequently located the equipment number can be amended.

- At this point check that the asset number given by the caller matches the details that autofill the rest of the fields. If not ask the caller to locate the correct details, so that the job can be generated.

- Reported fault – Provide as much detail in this field as possible to help the technician responding rectify the issue. Descriptions such as 'faulty' and 'not working' are **not** sufficient. Please enter any specific details about location of the equipment and any accessibility information in this text box.
- Ask the caller to bring the equipment to the workshop where possible. If this is not possible tell the caller an engineer will attend.
- Remind the caller that a faulty equipment label should be completed and attached to the equipment. The faulty equipment label is available on Trust Docs 8403.
- Remind caller that item(s) must be cleaned and decontaminated as per the trust wate management policy. Details of the decontamination must be recorded on the faulty equipment label. Any category 3 contaminated equipment must have the appropriate decontamination certificate attached. The decontamination certificate can be found in Appendix 6 of the waste management policy Trust Docs 609.
- Job type – This needs to be changed to 'Demand'.
- Priority – This is to be changed to 'Assigned'.
- Assigned to – This need to the technician that is going to be responding to the demand. *
- Job Status – This needs to be changed to 'Open'.

At this point the job if all information is filled in click on the 'Save' button.

*To allocate any job to the correct technician the competency matrix should be consulted. This is in the 'competency matrix' in the 'Clinical Engineering' folder on the 'S' drive.

If the call is unanswered, or out of office hours, this will divert to answer phone. To be picked up and actioned when convenient.

- Normal office hours are 8am – 5pm Monday to Friday.
- Outside of these hours and on weekends and bank holidays the site practitioners should be called for permission to request an on-call technician attends to the equipment. Site practitioners can be contacted on 6604 or 6032.

Timescales for response to in-house demand job requests*.

- Urgent request – Immediate.
- High risk equipment – As soon as possible following creation of job, <30 minutes.

- Medium risk equipment – Within the same working day of the job being generated.
- Low Risk equipment – Within five working days.

1. Response is the time for the technician to attend and investigate, repair time could take longer depending on type of equipment, availability of equipment and any spares needed.

3.2. POCT equipment and Blood Gas Analysers

Any call relating POCT equipment, with the exception of Blood gas analysers must be reported the POCT team as per Trust Docs 16876.

- For calls relating to blood gas analysers follow the steps outlined in point 3.1 of this document.

4. Training & Competencies

Training will be provided by both external companies and internally as and when required.

5. Monitoring Compliance

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
	Technicians to be asked to update job if no update has occurred after 24 hours of request being received.	Clinical Engineering Admin Support		Daily

The audit results are to be discussed at Clinical Engineering governance meetings to review the results and recommendations for further action. Then sent to Support Services Governance who will ensure that the actions and recommendations are suitable and sufficient.

6. Appendices

There are no appendices for this document.

7. Equality Impact Assessment (EIA)

Type of function or policy	New

Division	Support Services	**Department**	Clinical Engineering
Name of person completing form	Mike Burton	**Date**	16/10/23

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	None	None	None	No
Pregnancy & Maternity	None	None	None	No
Disability	None	None	None	No
Religion and beliefs	None	None	None	No
Sex	None	None	None	No
Gender reassignment	None	None	None	No
Sexual Orientation	None	None	None	No
Age	None	None	None	No
Marriage & Civil Partnership	None	None	None	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?				

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty.**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service.**
- **The policy or function/service is assessed to be of high significance**

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.