

**Respiratory Care Services
John Dempsey Hospital
Policy and Procedure Manual**

Subject: **Equipment: Inoperable, Malfunctioning or Questionable Equipment**

Rationale: To provide a systematic process to monitor and evaluate the proper functioning of respiratory equipment to ensure the delivery of safe, effective, and efficient respiratory care services to our customers. To promote and instill among respiratory staff members to make efficient decisions regarding the removal of inoperable, malfunctioning, or questionable equipment from service in the interest of patient and staff safety.

Procedure:

1. All respiratory services equipment must be checked and tested for proper functioning following its cleaning, disinfection, and reassembly with a new patient setup. Properly functioning equipment is to be subsequently placed in the designated Respiratory Therapy clean storage room area.
An equipment processing label is to be properly completed, initialed and affixed to equipment.

NOTE: All ventilators must be cleaned; reassembled with a new patient circuit setup; and the appropriate Test Run procedures conducted (e.g. EST/SST, pre-use calibration, patient verification and/or operational verification procedures). *The Ventilator Checklist label must be properly completed, initialed, and affixed to the device. It must also clearly denote the Testing procedure(s) performed and the subsequent results of same.*

2. All respiratory services equipment should be re-checked for proper functioning following removal from the Respiratory Therapy clean storage area and prior to being placed into patient care use.
3. All respiratory services equipment placed into patient care use is to be reviewed and monitored as part of the ventilator check process to verify its proper functioning is being maintained.
4. Any inoperable, malfunctioning, or questionable equipment should be placed in the designated repair area.
Note: In those circumstances warranting the pulling of a device previously placed into patient care use, a replacement device must be provided. A *Risk Identification Report* (RIR) must be completed for any occurrence in which a respiratory device malfunctions while in use on a patient. The device must be

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immediately removed from patient service and isolated.

5. The inoperable, malfunctioning or questionable equipment must be properly tagged and a note affixed with a full description of the problem/failure or nature of the malfunction.
 - Clinical Engineering Department must be contacted directly, advised of the problem, and provided with the present location of the equipment.
 - Similarly, the Lead Respiratory Therapist and Clinical Manager of Respiratory Therapy are to be advised of the problem to insure repairs are made and arrangements for replacement equipment is provided as needed.

6. An *Equipment Repair Form* is to be properly completed and logged into the appropriate Respiratory Care Services Equipment Repair Book

Clinical Engineering will review and subsequently complete their designated section of the Repair Form (indicating the Action Taken/Repairs Performed and date the equipment was returned to service).

Clinical Engineering, in consultation with the Clinical Manager of Respiratory Therapy, will determine the method to be used to repair the equipment (in-house vs. outside vendor) and provide an approximate timeframe for the completion of the repair(s).

Clinical Engineering will keep the Clinical Manager of Respiratory Therapy apprised of the status of repairs (especially those requiring servicing from an outside vendor).

Clinical Engineering will promptly advise the Clinical Manager of Respiratory if equipment is non repairable and requires replacement.

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EQUIPMENT REPAIR FORM – RESPIRATORY CARE SERVICES-

x2184

Date Pulled From Service:	
Equipment Serial #:	
Equipment Name:	
Therapist Initials:	
Clinical Engineering notified: (Date, Time, Method of notification)	
Clinical Engineering Personnel advised (Name)	
Lead Therapist/Clinical Manager notified: (Date, Time, Method of notification)	
<u>Equipment Problems:</u> (full description)	

To Be Completed by Clinical Engineering:

Date Returned to Service by C.E.:	
C.E. Initials:	
Lead Therapist/Clinical Manager notified: (Date, Time, Method of notification)	
<u>Action Taken/Repairs Performed:</u>	

