

POLICY STATEMENT

This policy outlines the equipment training policy of the company.

POLICY RATIONALE

The rationale for this policy is to ensure that all employees understand what responsibilities underlie equipment training.

GLOSSARY OF TERMS

CROSS REFERENCES and other RESOURCE MATERIAL

[Manikin Sharing during CPR Policy](#)
[Equipment Check Policy](#)
[Equipment Training Record](#)

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MEDICAL EQUIPMENT TRAINING POLICY**1. Introduction**

The purpose of this guidance is to ensure that professionals receive appropriate training so that they can operate medical equipment in a safe and effective manner. This guidance defines the responsibilities of staff and explains the processes to be followed.

2. Scope of this policy

This guidance covers all medical equipment at the Revive Healthcare Training. The designation "medical equipment" covers a wide range of products used everyday. Devices include items such as needles, syringes, infusion pumps, endoscopes, examination gloves, dressings, walking sticks and blood glucose meters. In other words, any instrument, apparatus, appliance, material or health care product, excluding drugs, used for, or by, a patient or service user for:

- Diagnosis, prevention, monitoring, treatment or alleviation of disease
- Diagnosis, monitoring, treatment, or alleviation of, or compensation for, an injury or impairment
- Investigation, replacement or modification of the anatomy or of a physiological process
- Training

3. Categories of Medical Equipment and Levels of Training

For the purpose of identifying the different levels of training required, medical equipment has been placed into the following categories:

3.1 Medical equipment requiring mandatory training

This category applies to equipment that is commonly used and which if used incorrectly, could lead to serious injury to patients. Following training needs analysis and risk assessments; the following equipment has been identified as requiring mandatory training:

- Oxygen therapy
- Defibrillators

Provision of training

Training in the use of the above equipment will initially involve the equipment supplier providing training.

3.2 Specialised equipment

Provision of training

The relevant manager will need to identify which equipment requires specialist training. When this is deemed necessary, the manager will determine how this training need can be met. This may involve:

- Designate a staff member to be responsible for the training
- Inviting external qualified trainer to train staff
- Attendance on external courses
- Completion of a recognised qualification

A risk assessment should be conducted to identify the priority of training for each item of equipment.

3.3 General use

This applies to all equipment that is not included either in the speciality or mandatory groups. This includes the following equipment items:

- Blood glucose monitors
- ECG machines
- Non invasive observation monitors
- Nebuliser equipment
- Tympanic thermometers

Provision of training

It is acceptable for training on the use and maintenance of this equipment to be part of the induction of staff. This enables staff to be introduced to equipment that they will be using regularly in training. Training must be given according to the learner's experience and expertise. Each member of staff is professionally accountable for identifying each item of equipment for which they require training. There will be a record of training kept. Designated trainers have been identified to offer advice / training for items of equipment if required.

4. Records of Training

The Equipment Training Competency Record will be used to record details of training and competency. For those who are not yet competent in using the equipment, the manager will ensure that they receive appropriate training.

COMMON CATEGORIES OF MEDICAL EQUIPMENT

This list is not exhaustive. It provides examples of medical devices.

Equipment used in the diagnosis or treatment of disease, or monitoring of patients, such as:

- ◆ Blood glucose measuring devices
- ◆ Chiropody and podiatry equipment
- ◆ Dental instruments, equipment and Materials
- ◆ Dressings
- ◆ Endoscopes
- ◆ Examination gloves
- ◆ Gastrostomy tubes
- ◆ Intravenous (IV) administration sets and pumps
- ◆ Inhalers
- ◆ Nebulisers
- ◆ Ophthalmic equipment
- ◆ Peak flow meters
- ◆ Surgical instruments

- ◆ Suction equipment
- ◆ Syringes and needles
- ◆ Sphygmomanometers
- ◆ Thermometers
- ◆ Ultrasound dopplers
- ◆ Urinary catheters

- ◆ Incontinence aids

Equipment used in life support, such as:

- ◆ Standing frames
- ◆ Defibrillators
- ◆ Domiciliary oxygen therapy systems
- ◆ Insulin injectors

- ◆ Pulse oximeters
- ◆ Ventilators used in the home
- ◆ Feeding pump
- ◆ Condoms
- ◆ Contact lenses and care products
- ◆ Intra-uterine devices (IUD's)

In vitro diagnostic medical devices and their accessories, such as:

- ◆ Cholesterol test kits
- ◆ Pregnancy test kits
- ◆ Specimen collection tubes
- ◆ Urine test strips

Equipment used in care, such as:

- ◆ Adjustable beds
- ◆ Lifting poles
- ◆ Patient hoists
- ◆ Pressure relief equipment
- ◆ Stoma care equipment

Equipment used by people with disabilities, such as:

- ◆ Bathing equipment
- ◆ Commodes
- ◆ External prostheses and orthoses
- ◆ Hearing aids

- ◆ Prescribable footwear

- ◆ Urine drainage systems
- ◆ Walking aids
- ◆ Wheelchairs and special support seating

Other examples include:

EQUIPMENT RISK ASSESSMENT FORM

Dept
Assessor
Date
Equipment Manufacturer
Model Number
Asset Number

If the equipment is used incorrectly will it result in injury to staff or student? Yes / No

If yes, score:

Probability	Score A	Severity	Score B
Impossible	0	No injury	0
Remote	0.5	Minor injury (minor cut or bruise)	1
Possible	3	Increased stay	3
50%	6	Permanent minor disability	5
Probable	7	Permanent major disability	8
Certainty	10	Death	10

Score A: _____ x Score B: _____ = _____

(If over 25, equipment needs to be added to equipment register with training provided)

When are these injuries likely to occur?

Strategy to prevent injury:

- Are the instructions available? Yes / No
- Is training required in use? Yes / No
- Is acceptable testing necessary? Yes / No
- If yes, has this been carried out? Date ____/____/____
- Does the equipment require a servicing schedule? Yes / No
- If yes, at what frequency? _____
- Are appropriate warning labels in place? Yes / No
- Has a cleaning/decontamination procedure been prepared? Yes / No / NA
- Are there similar items of equipment, which this machine is NOT compatible with? Yes / No
- If yes, what are they? _____
- Are there relevant Medical Device Safety bulletins for this device? Yes / No
- If yes, are they available for users? Yes / No / NA
- Are the risks adequately controlled? Yes / No
- If yes, what action is required?

Action	Responsibility	Date Completed

If all risks are adequately controlled: I have conducted the assessment on this equipment and consider all the risks to be adequately controlled.

Signed: _____ Date: _____