PROCEDURE NUMBER: CLPG17
VERSION NUMBER: 2
AUTHOR: Associate Director of Risk and Compliance
KEY CHANGES FROM PREVIOUS VERSION: 3 year review
CONSULTATION GROUPS:
IMPLEMENTATION DATE: April 2020
AMENDMENT DATE(S): Sept 18 – TBSGB changed to Althea April 2020
LAST REVIEW DATE: July 2020
NEXT REVIEW DATE: July 2023
APPROVAL BY CLINICAL GOVERNANCE & QUALITY SUB-COMMITTEE: June 2020
RATIFICATION BY QUALITY COMMITTEE: July 2020
COPYRIGHT © Essex Partnership University NHS Foundation Trust 2017. All rights reserved. Not to be reproduced in whole or part without the permission of the copyright owner

PROCEDURE SUMMARY
This procedure sets out how medical devices will be managed within Essex Partnership University NHS Foundation Trust (EPUT). The management of medical equipment must be effective to ensure it is available when needed and is operating safely and being used appropriately. To achieve this, effective management procedures for medical equipment will operate. The key guidance underpinning the clinical guideline and accountability arrangements are detailed. This clinical procedure ensures the Trust incorporates into practice the Department of Health Fundamental Standards and CQC Key Lines of Enquiry (KLOE’s).
The Trust monitors the implementation of and compliance with this procedure in the following ways:

This Procedure will be monitored by the Clinical Quality and Governance Sub Committee and the Medical Devices Group and the Resuscitation and deteriorating group via the Risk Management Department. In addition, the Clinical Quality and Governance Sub Committee and the Medical Devices group and Resuscitation and deteriorating group will use the following key indicators to demonstrate EPUT’s performance against this clinical guideline.

- Adverse events identifying actual clinical risk to patients, which may result from either medical device characteristics, training deficiencies or maintenance failures (reported quarterly to the Medical Devices Committee and the Resus Committee).
- CAS (Central Alert System) alerts to ensure that actions are completed and signed off, reported monthly to the Health Safety and Security Committee (HSSC).
- The development and maintenance of the Trust medical devices inventory, the process for maintenance and repairs, as well as device calibration will be monitored bi-monthly through KPIs in the contract with Althea.

Audit

The implementation of the Policy & Procedure will also be monitored by undertaking internal audits, completed by the internal auditors, BDO who will scrutinise:

- The process for identifying which permanent staff are authorised to use the equipment identified on the inventory
- The process for determining the training required to use the equipment identified on the inventory and the frequency of updates.
- The process for ensuring that the identified training needs of all permanent staff are met
- Process for maintenance and repairs, Guidelines Appendix 3, Flowchart Appendix 7

Reports from the CAS website will also inform the HSSC of progress in meeting the alert requirements. This report will be reviewed by the Clinical Governance Committee, who will monitor any action plans identified until closure.

Where deficiencies are identified with a resulting action plan this will form part of the operational Risk Register for the relevant service.

Regulatory status of equipment being used during a declared national pandemic may have different regulations applied by the MHRA to devices and equipment and will be reviewed as part of the organisations response to the pandemic.

Review

The Executive Nurse will ensure that this Procedure is reviewed every 3 years.

<table>
<thead>
<tr>
<th>Services</th>
<th>Applicable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust-wide</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION

2.0 SCOPE

3.0 PROCUREMENT AND PRESCRIPTION OF MEDICAL DEVICES

4.0 ACCEPTANCE CHECKS

5.0 SAFE USE OF MEDICAL DEVICES

6.0 DECONTAMINATION

7.0 MEDICAL DEVICE INVENTORY

8.0 SERVICING, MAINTENANCE AND REPAIR

9.0 TRAINING FOR END USERS/PATIENTS

10.0 TRAINING FOR STAFF

11.0 INCIDENT REPORTING ABOUT MEDICAL DEVICES

12.0 DISPOSAL OF MEDICAL DEVICES

13.0 RECORD KEEPING

14.0 CLINICAL GUIDELINE REFERENCES

15.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

APPENDICES

APPENDIX 1 – EXAMPLES OF MEDICAL DEVICES
APPENDIX 2 – AREAS TO CONSIDER WHEN PURCHASING MEDICAL DEVICE
APPENDIX 3 – MEDICAL DEVICE MAINTENANCE GUIDE
APPENDIX 4 – TYPICAL RISK LEVELS
APPENDIX 5 – TRAINING LIST FOR MEDICAL EQUIPMENT
APPENDIX 6 – USING DEVICES SAFELY
APPENDIX 7 – FLOWCHART FOR MAINTENANCE & REPAIR OF MEDICAL DEVICES
APPENDIX 8 – BID REQUEST FOR MEDICAL DEVICES OR EQUIPMENT
1.0 INTRODUCTION

1.1 This document sets out procedures for the management of medical devices and equipment in EPUT. Examples of medical devices and equipment are set out within Appendix 1.

1.2 Background to this document
This procedure has been developed to demonstrate how EPUT addresses its obligations in meeting the standards set by the NHS Litigation Authority (NHSLA), the Department of Health Fundamental Standards and CQC Key Lines of Enquiry (KLOE’s) and guidance issued by the Medicines and Healthcare products Regulatory Agency (MHRA). This procedure ensures:

- All medical devices used by EPUT are fit for the purpose for which they are intended
- That EPUT understands and implements its responsibilities for the safety of its patients and staff with respect to the management of medical devices
- All EPUT staff understand and implement their responsibilities with respect to the management of medical devices
- EPUT ensures that all its staff receive training to allow them to fulfil their responsibilities with respect to the management of medical devices

2.0 SCOPE

2.1 Definition of a medical device
The Medicines and Healthcare products Regulatory Agency (MHRA) defines a medical device as “any instrument, apparatus, appliance, material or health care product, excluding drugs, used for a patient or client for the purpose of:

- diagnosis, prevention, monitoring, treatment or alleviation of disease
- diagnosis, monitoring, treatment, or alleviation of, or compensation for, an injury or disability
- investigation, replacement or modification of the anatomy or a physiological process
- Control of conception

Examples include syringes and needles, bandages and dressings, surgical instruments, patient monitoring equipment, IV administration sets as well as wheelchairs, pressure relieving equipment, community orthopaedic and prosthetic appliances, lifting and transfer equipment and commodes. For further details of types of devices covered by this procedure please refer to Appendix 1 and Medical Equipment Training Needs Register within Appendix 5.

This procedure applies to any medical device used within EPUT, regardless of whether it is/has been purchased, leased, loaned, is on trial or was donated.
For podiatry/podiatric surgery instruments, pressure relieving equipment, community equipment and wheelchair services within EPUT there is a separate management system and sub-contracts in place to manage their equipment procurement, storage, decommissioning, decontamination, record keeping and MHRA management. Therefore this document does not relate to wheelchair services podiatry/podiatric surgery instruments, community equipment, pressure relieving equipment provided in the community or special seating. This is with the exception of equipment in situ in the wheelchair services clinical assessment areas e.g. Hoists, plinths and wheelchair scales and equipment in some inpatient settings where there is a discreet subcontract in place.

2.2 Definition of those individuals affected by this procedure

This procedure applies to all staff working within EPUT, whether directly employed or not, who are involved in the management of medical devices.

2.3 Definition of those premises affected by this procedure

The procedure applies to all medical devices being managed on any EPUT premises, including inpatient units and all clinics and health centres. It applies to all medical devices that have been loaned to EPUT patients. It applies to all medical devices being used by any member of EPUT staff, whether directly employed or not, including those being used in patients’ homes. It does not apply to medical devices purchased by private individuals, although EPUT will work with and encourage such individuals to follow best practice, where practicably possible.

Where an EPUT member of staff uses a medical device that does not fall within the management responsibility of EPUT, for example at a GP practice, the staff member should take reasonable steps to ensure that the medical device has been subject to the same management procedures as those applied to medical devices used by EPUT i.e. check with the practice manager that it has been serviced regularly.

Where a member of staff cannot satisfy themselves of this, or has concerns about a device, they should seek to use alternative equipment. The requirement for primary care contractors to manage their medical devices in a safe manner will be monitored by commissioners as part of contract reviews in relation to their compliance with the CQC’s Essential Standards of Quality and Safety.

3.0 PROCUREMENT AND PRESCRIPTION OF MEDICAL DEVICES

3.1 The Trust has a robust standardised system in place for the purchasing of all Medical Devices via the organisations purchasing system and it provides a procurement process that supports safe care and treatment. Some medical devices are supplied via pharmacy as well / instead of via procurement examples being test strips, dressings, peak flow meters.
3.1.1 Under no circumstances can medical devices be purchased outside of the procurement process such as directly from eBay or high street shops.

3.2 Procurement
3.2.1 Procurement is undertaken according to the financial guidance laid out in the Standing Financial Instructions and Standing Orders, in particular, instructions and orders relating to:
- Tendering
- Contract procedure
- Choice, requisitioning, ordering, receipt and payment for goods and services
- Stores and receipt of goods

3.2.2 For detailed procedures with regard to procurement, see the Trust’s Purchasing Procedure (CPG8).

3.2.3 For capital/non recurrent revenue schemes up to £100,000/Non Standard Equipment see Appendix 8 (Bid request for Medical Devices or Equipment).

3.2.4 When deciding which version of medical device to purchase, there will be several areas to consider:
- compatibility with existing equipment
- compliance with safety standards
- availability of spares
- Cost of use and cost of consumables
- Any staff and patient training needs
- Decontamination implications

See Appendix 2 for a list of areas the selection process should consider.

3.3 Development Trials
3.3.1 Applications for clinical developments and clinical trials of medical equipment must be made on behalf of the Trust through the Executive Director of Clinical Governance and Quality, who will seek advice and approval before authorisation to proceed is granted from the following:
- The Trust’s legal advisors
- Medical Devices group and Resuscitation and deteriorating group
- The Trust Board

3.4 Equipment Prescribed or On Loan
3.4.1 Where the loan of a piece of equipment is being considered, a full assessment of the patient, the suitability of the proposed equipment to be loaned and the environment that the equipment to be used in, must be made by the appropriate professional member of staff and documented within the patient record.
3.4.2 A patient’s file must be updated to record the following information in relation to the loan of medical equipment:
- A record of the assessment which has take place in 2.3.1 above.
- The date of the next service or maintenance check.
- Details of any written instructions or guidance given to the patient (see 6.2 below).

3.4.3 Service/Unit Managers have responsibility to ensure loaned medical equipment is:-
- Delivered and commissioned in accordance with agreed procedures,
- Collected, tested, checked and decontaminated when the loaned equipment is no longer needed.
- Registered in a log of all loaned equipment for which the manager has responsibility.

4.0 ACCEPTANCE CHECKS

4.1 It is the responsibility of the Service/Unit Manager to ensure that prior to the use of any newly purchased medical equipment an acceptance check is carried out by Althea.

4.2 This must include:
- Initial inspection and safety checks, in accordance with HE195 for electrical equipment, prior to placement on a patient.
- Planned preventative checking maintenance and cleaning after each use; ensuring minimal weekly checks within the ward or department;
- Incorporation into an equipment management servicing system. This is facilitated by contacting contractors as required.
- The update of the local Medical Equipment Training register (Appendix 5)
- Appropriate training for users and technicians
- Appropriate manuals and or written Guidelines are available;
- Ensure that equipment is stored in appropriate conditions and environment.
- Ensuring that arrangements are in place for the safe and appropriate transport of equipment (where necessary).
- Contact is made with Althea the Medical Device Contractor (see Appendix 3 for contact details) to ensure that new equipment is acceptance tested by a qualified engineer before use. As part of the acceptance testing the Medical Device Contractor will risk rate the equipment accordingly.

4.3 The above process ensures that the purchased equipment meets both the tendered specification and legal safety requirements. It also ensures all new equipment is labelled and added to the Trust’s equipment inventory and therefore will be covered for on-going maintenance and service needs.

4.4 Legal requirement for electrical safety testing
The Medical Device Contractor Althea has a programme for the regular electrical testing of portable electrical equipment as part of the planned
servicing schedule. New devices will be tested pre-use in addition to subsequent maintenance tests.

5.0 SAFE USE OF MEDICAL DEVICES

5.1 Medical devices should only be stored in an appropriate way as defined by the manufacturer. In exceptional circumstances if any EPUT medical device is taken home by staff in preparation for a clinic the next day, it must be secured, preferably inside a building.

5.2 Due to product liability implications employees of the Trust are expressly forbidden from modifying adding to or changing medical equipment in anyway without satisfying the conditions outlined below.

5.3 In cases where any member of clinical staff feels that a modification is required, this must not be implemented before;
- a full written approval is given by the original manufacturer or supplier;
- a robust written risk assessment has been undertaken;
- Authorisation to proceed is granted in writing by the Executive Director of Clinical Governance and Quality.

5.4 Any member of staff adapting the use of a medical device, i.e. making it suitable for a particular patient without changing the manufacturer’s intended use, must undertake a risk assessment where appropriate, which must be recorded in the patient’s notes. Where adaptation involves the manufacture of a part that is not made by the original manufacturer, written agreement should be obtained from that original manufacturer. This does not refer to adaptations made to wheelchairs and other adaptive equipment that requires alteration according to prescription by a competent clinician, following a patient assessment.

5.5 Medical Device Alerts that relate to medical devices used to administer, monitor or store medicines need to be brought to the attention of the medicines management team as well as users.

6.0 DECONTAMINATION

6.1 EPUT will keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use or repair and that the risks associated with decontamination facilities and processes are well managed. See the Trust’s Infection Control Policy (ICP1) and the CQC Fundamental Standards and Key Lines of Enquiry.

6.2 Staff handling used medical equipment should assume that it is contaminated and take precautions to reduce the risk to themselves and others. The use of personal protective equipment/clothing must be considered.

6.3 Medical devices should be decontaminated and stored in accordance with legislative and best practice requirements including the standard infection control precautions. Where appropriate decontamination must always be carried out in dedicated facilities.
6.4 If the manufacturer's instructions appear inappropriate or incomplete, report this to the Risk Management Department, via the Datix Web reporting system, who will report it to MHRA as an adverse incident.

6.5 Decontamination requirements must be considered before reusable medical devices are acquired to ensure they are compatible with the decontamination equipment available.

6.6 All service areas must reference the Trust's guidelines concerning decontamination related issues and equipment. It is important to ensure that staff inform the Health & Safety Advisor when any new cleaning solvents are procured in relation to decontamination of equipment. The Health & Safety Advisor will update the COSHH data sheets, which are held centrally on the Intranet and are available to all staff for training and reference.

6.7 **When to decontaminate**

Items subject to inspection, maintenance, repair or disposal, either on site or at the manufacturer's or agent's premises, must be decontaminated beforehand.

Any loaned items being returned to a manufacturer or supplier must also be decontaminated.

Once decontamination has been completed the items must be labelled accordingly, and a declaration of contamination status form completed. This must be readily accessible to the recipient of the equipment.

Devices intended for single-use only do not require decontamination, except where they are implicated in an adverse incident and may need to be sent to the MHRA or the manufacturer for investigation. In this situation, contact the Infection Control Nurse to find out the most appropriate method of decontamination.

6.8 **Who is responsible for decontamination?**

The Infection Control Nurse is the organisation's lead for all aspects of decontamination. Managers will ensure that all staff understand the importance of decontamination to avoid cross contamination. The Infection Control Nurse will advise as required.

6.9 **How decontamination will be carried out?**

All decontamination processes must be operated and carried out in accordance with the equipment manufacturer's instructions and the Infection Control Policy and Procedures.

### 7.0 MEDICAL DEVICES INVENTORY

7.1 An inventory of all reusable medical devices including diagnostic and therapeutic equipment has been established and is maintained by Althea. The inventory is reviewed and updated at the beginning of each month. Flowchart for Maintenance and Repair see Appendix 6.
7.2 As a minimum the inventory will contain:
- a unique identifier for the device, where appropriate
- a full history, including date of purchase and where appropriate when it was put into use, deployed or installed
- any specific legal requirements and whether these have been met
- proper installation
- where it was deployed
- scheduled maintenance
- maintenance and repairs
- the end-of-life date
- training requirements and frequency of training

7.3 A copy of this inventory is found on the Trust Intranet at the following link: https://input.eput.nhs.uk/TeamCentre/risk/med/Pages/Home.aspx

7.4 A local maintenance register will be kept by wards and teams for all medical devices that are not under service with Althea.

8.0 SERVICING, MAINTENANCE AND REPAIR

8.1 The Medical Devices Inventory lists all reusable medical devices used within EPUT, so that scheduled servicing checks of the equipment and responses to fault enquiries can be made.

8.2 For maintenance and/or repair of medical equipment, staff members must contact Althea (Appendix 3) temporarily withdrawing the medical device from use if necessary. Where devices are withdrawn / or out of order, a clear sign must be placed on the device stating it is out of order with date of withdrawal.

8.3 Medical devices repairs will be coordinated by Althea. Staff members must instigate decontamination procedures in accordance with the Infection Control Policy and Procedures.

8.4 Three categories of servicing are recommended for medical equipment;
- user servicing (or user care or maintenance) - on or at ward or department level;
- scheduled servicing (or planned preventative maintenance) – provided through service contractors;
- Unscheduled servicing (repairs) – organised through service contractors.

8.5 User servicing is undertaken by staff and/or end users who must familiarise themselves with the appropriate planned preventative maintenance for each item of medical equipment they use. This should incorporate:
- day-to-day checks
- daily operations
- where required before and after use checks
- recording in log books
8.6 Scheduled servicing (or planned preventative maintenance) will be carried out by servicing contractors. This will include checks according to the manufacturer’s instructions. These checks will cover:

- Service interval maintenance
- Initial inspections
- Parts replacement
- Calibration
- Performance and safety checks
- Return to use checks.

8.7 Guidelines on how to arrange for repairs with Servicing Contractors are outlined in Appendix 3. All Trust staff are to ensure that all medical equipment that is damaged or considered faulty must be removed from service, quarantined and labelled as such in red as “unserviceable or not fit for use”.

8.8 Service contracts are in place for EPUT with Althea. There are other smaller medical device contracts in place for some beds, scales and hoists pressure relieving equipment and wheelchairs. Althea is to be contacted for all devices and where the device is under another contract Althea will advise of details.

8.9 Suitable quality control / tests will be carried out by Servicing Contractors prior to return of medical equipment following a repair. All equipment returned from repair will be subject to appropriate decontamination processes, as identified within the policies in the Infection Control Manual or manufacturer’s instructions.

9.0 TRAINING FOR END USERS/PATIENTS

9.1 The MHRA stipulates that before a medical device is issued to a patient or carer they should receive training in how to use the device. It is important that this is carried out by a member of staff that has been trained to use the device. The Medical Device user must have appropriate training before using the device. For staff this training must be formally recorded in Appendix 5 and kept on the ward or in the department. For service users/carers this training must be formally recorded in the patient notes.

9.2 Training must be supported by written guidance. The manufacturer's instructions must provide some information and will be tailored to the needs of the individual patient or carer. Written guidance must be clear, concise and where appropriate, correctly translated. It will cover the following:

- the name of the device
- the operation and control of the device
- checking of the device while in use
- recognition of a device failure or fault
- action to be taken in the event of a device failure or fault
- individuals to be contacted in an emergency

Written guidance should also cover decontamination procedures.
9.3 The member of staff carrying out the training must be satisfied that the patient or carer has understood the instructions and can safely use the equipment. The patient/carer must be instructed on how to arrange for servicing, repair or maintenance if required.

10.0 TRAINING OF STAFF

10.1 All staff that use or intend to use medical equipment must have an understanding of its intended use and undergo induction training for all equipment they are authorised and or expected to use. This training must be undertaken prior to the equipment being used and must enable the end user to safely and effectively use it.

10.2 It is the responsibility of all sisters/charge nurses/Team leaders to:
   • identify which of their permanent staff (and temporary staff/student nurses where appropriate) are authorised to use equipment and ensure that this information is recorded on their service’s inventory (Appendix 5 or Verification of Competency Framework Medical Devices (Safe Use) Booklet
   • identify what training is required for each role and the frequency of updates and ensure that this information is recorded on the inventory, Appendix 5 or Verification of Competency Framework Medical Devices (Safe Use) Booklet.

10.3 Where appropriate, delivery of training will be undertaken by qualified manufacturer’s representatives, clinical trainers and if necessary by service contractors. In certain circumstances training could be delivered through competently-trained key staff (clinical trainers), mentors and/or senior clinicians who would be responsible for ‘cascading’ training to colleagues. Unmet training needs should be discussed with the Training Department.

10.4 Records about medical devices training organised by the Training Department will be kept on a central Training Database. Line managers must ensure that all staff records all other formal or informal training in their Competency Framework and Medical Devices booklet. If the piece of equipment is not recorded in the booklet appendix 5 of these guidelines is to be used and stored with the booklet. Copies of the Competency Framework and Medical Devices booklet can be obtained from the Quality and Clinical Governance Directorate.

10.5 Staff who do not complete required medical equipment training will receive notification from their line manager informing them of their non-compliance during regular supervision and will not be allowed to operate the equipment in question until that training is completed. This is without exception.

10.6 If an individual fails to complete training on the second occasion, the Service Director will be notified and the conduct procedures will be initiated if appropriate.

10.7 For Typical Risk Levels of Medical Devices see Appendix 4.
11.0 INCIDENT REPORTING ABOUT MEDICAL DEVICES

11.1 If an adverse incident occurs, the staff member must:
- Immediately check and take steps necessary for the well-being of the patient or client, and other staff members
- Take the medical device involved out of action and label it as such
- Collect and retain other material evidence such as packaging if available and batteries, recording the state of the medical device when the incident occurred
- Complete a Datix incident form (see Trust Adverse Incident (including Serious Incidents) Policy and Procedure (CP3). The Datix report must record:
  - the date and time of the incident;
  - the medical device settings if relevant;
  - the details of the incident;
  - the details of the medical device affected;
  - and details of any error messages or failures
- Inform their manager and if appropriate advise the Head of Risk Management to complete an MHRA incident form and undertake this if appropriate. All incidents involving a medical device that could have had or did have major implications for the patient must be reported to the MHRA.

11.2 In depth guidance on reporting adverse incidents relating medical devices can be found in the Trust Reporting and Disseminating Medical Device Alerts and Safety Alert Bulletins to and from the Central Alerting System Policy (RM10).

12.0 REPLACEMENT OF MEDICAL DEVICES (DECOMMISSIONING)

12.1 The Trust adheres to Medical Equipment for Single Use in that single use medical equipment must never be reused. (Infection Control Policy and Procedure; ICPG1 - Section 03 - Infection Control in Clinical Practice – Point 3 page 13).

12.2 Medical equipment may require replacement and the method for purchasing a replacement is given in section 2.0 above.

12.3 The Trust recognizes that a stage will be reached at which replacement of a medical device must be considered. If any of the following eight criteria apply the device will be deemed no longer serviceable:

- Worn out beyond economic repair.
- Damaged beyond economic repair.
- Unreliable (check service history).
- Clinically or technically obsolete.
- Spare parts no longer available.
- More cost-effective or clinically effective devices have become available.
- Unable to be decontaminated.
- Other reasons as agreed by the Medical Devices and Resus Committee
12.4 If a device meets any of the above criteria it will be decommissioned appropriately by the Contractor Althea and entered onto a condemnation register. The user will be informed using an ‘Equipment Condemning Notice and advice will be given on replacement if required.

12.5 This will assist the Trust to formulate a replacement program for medical devices.

12.6 Devices which are decommissioned / condemned will be disposed of in accordance with the Waste Disposal Policy and removed from the Trust’s asset register, however service history will be retained by the Contractor Althea.

12.7 Trust staff must ensure that all medical equipment for disposal is properly decontaminated in line with the instructions in the Infection Control Policy.

12.8 Althea, the Trust medical device contractor will remove all decommissioned equipment.

13.0 RECORD KEEPING

13.1 Good record keeping is essential for the safe management of medical devices. The detail and complexity of the records will depend on the type of device and its usage during its lifetime. It should also include any specific guidance provided in the manufacturer’s instructions and supporting information. Ensure that records provide evidence of:
- a unique identifier for the device, where appropriate
- a full history, including date of purchase and where appropriate when it was put into use, deployed or installed
- any specific legal requirements and whether these have been met
- proper installation
- where it was deployed
- scheduled maintenance
- maintenance and repairs
- The end-of-life date.

Records should also show that users:
- know how to use the device safely
- can carry out routine checks and maintenance
- Have been trained and had relevant refresher training.
14.0 REFERENCES

14.1 Underpinning documents:
- Code of Professional Conduct, Nursing and Midwifery Council, 2018
- Provision and Use of Work Equipment Regulations, 1998
- Health & Safety at Work Act, 1974
- The Medical Devices Regulations 2002
- Health Act 2006
- DoH Fundamental Standards, CQC Key Lines of Enquiry

15.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

- Infection Control Policy ICP1
- Records Management Policy CP9
- Adverse Incidents (including Serious Incidents) Policy CP3
- Control of Substances Hazardous to Health Regulations (COSHH) Policy RM04
- Health and Safety Policy RM01
- Moving and Handling Policy RM03
- Waste Management Policy RM13
- Purchasing Procedure CPG8

END