<table>
<thead>
<tr>
<th>NAME OF DOCUMENT</th>
<th>Electrical devices – patients use of personal, electrical devices</th>
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</thead>
<tbody>
<tr>
<td>TYPE OF DOCUMENT</td>
<td>District Biomedical/Clinical Engineering Services Policy Directive</td>
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<td>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</td>
<td>Director Finance</td>
</tr>
<tr>
<td>AUTHOR</td>
<td>Director Clinical Engineering</td>
</tr>
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<td>POSITION RESPONSIBLE FOR THE DOCUMENT</td>
<td>Director Clinical Engineering</td>
</tr>
<tr>
<td>KEY TERMS</td>
<td>Electrical devices, power cables, personal devices, plug packs, battery operated devices</td>
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<td>SUMMARY</td>
<td>The purpose of this policy is to regulate and control the use of personal electrical devices of convenience within the South Eastern Sydney Local Health District. It applies to patients, visitors and staff of the Local Health District and its various facilities.</td>
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1. POLICY STATEMENT
The purpose of this policy is to regulate and control the use of personal electrical devices of convenience within the South Eastern Sydney Local Health District (SESLHD). It applies to patients, visitors and staff of the Local Health District.

The policy is designed to reduce risks by removing all unnecessary power cables and plug packs from patient locations.

This policy does not include the use of communication devices such as mobile phones and walkie talkies, but does refer to their chargers. Refer to NSW Ministry of Health GL2005_045 Mobile Phones and Wireless Communication Devices – Interference with medical Equipment – use of

2. TARGET AUDIENCE
General Managers, Facility Managers, Department Heads, Nurse Unit Managers, Clinical and Nursing Staff.

3. DEFINITIONS
E.M.I. Electromagnetic Interference – interference in a circuit caused by the radiation of an electric or magnetic field.

Personal electrical device: refers to any electrical device that is designed for portable personal use and is brought into the SESLHD facilities for the personal use of patients and visitors. This may include but is not limited to, CPAP machines, portable televisions, laptop computers (particularly with wireless network connection or modem), handheld wireless computers (tablets, Notebooks etc), MP3 players or similar, radios or CD players.

Cardiac-type procedure: is considered to be undertaken when an indwelling electrical conductor in contact with the heart is accessible outside the patient’s body, and there is a risk or microshock.

Patient location: any intended location of the bed, table or seating arrangements for a patient, whether or not occupied by the patient. Of particular importance in this policy are the power points near a patient’s bed or dialysis patients ‘chair’.

Hostile Operating environment: One in which the equipment or appliance is normally subject to events or operating conditions likely to result in damage to the equipment or a reduction in its expected life span. This includes but is not limited to mechanical damage, exposure to moisture, heat, vibrations, corrosive chemicals, and dust.

In a Local Health District facility, a Hostile Operating Environment may also include such locations where a patient may use a mains powered device or its power lead, to inflict Injury to themselves or others (this could include leads on battery operated devices). This is to be determined by a risk assessment of the location by the Manager/NUM of the department in consultation with the staff.
4. RESPONSIBILITIES

4.1 Specific responsibilities
In order to ensure that privately owned electrical equipment complies with and is maintained to the required standards. General Managers are considered the owners of such equipment to obtain permission for its use within LHD facilities and supply copies of recent electrical testing, up to date maintenance check records for the equipment, and arrangements for its inspection thereafter, as specified by the manufacturer of the device or by a qualified external contractor/service agent of their choice.

Department Head, Nurse Unit Manager, clinician, nursing staff or their delegate) will:
- visually inspect personal electrical devices and associated power cables/plug packs, using attached Appendix 1: Patient Owned Electrical Equipment Policy Check Sheet Template and Flow Diagram 1: Patient Owned Electrical Equipment Flowchart, to ensure that there are no signs of damage to the device or cables. This includes battery operated devices.

Note: if patients have been using the device regularly in their home environment, then to the best of our knowledge it can be assumed that the equipment is working correctly.

Admission staff will:
- ensure that patients are aware of this policy and include it in the Patients handbook.

Patients who are admitted for short durations, such as Oncology day care patients and dialysis patients should, as far as practical use battery powered devices only. This will eliminate unnecessary power cables and risks associated with use of mains power in potentially wet environments. Additional batteries should be brought in by the patient if their device is required to run the full length of their stay. Patients with obstructive sleep apnoea will be requested to bring their CPAP machine and ancillary equipment with them at the time of admission. Patients are also to be made aware that their personal electrical devices, cables and battery chargers/plug packs are to be visually inspected for damage prior to use and that battery only operated devices are preferred. Any damage to the devices, cables or battery charges/plug packs revealed by visual inspection will result in the item not being allowed on the premises.

Patients should also be made aware that the SESLHD does not bear liability for the loss of, theft, or damage to patient’s personal electrical equipment.

If the NUM or delegated person has any doubts about the risk involved by allowing the device to be used in the ward, then the Clinical/Biomedical Engineering department should be contacted as soon as possible, to have the equipment inspected or tested.

4.2 General Principles
Patients and visitors are not to use their personal electrical devices whilst in the SESLHD facilities where the use of the device may:
- Constitute an electrical safety risk
- Constitute an EMI risk with the facilities life support medical equipment
• Pose an occupational health and safety risk to staff and others (cables on the floor, heavy TVs on cabinets not designed for the weight, cables severed when dropping side rails of beds, cables in vicinity of fluids, etc.)

Caution
• Mains powered equipment, such as shavers and hair dryers, should not be used near, on, or by a patient undergoing a cardiac-type procedure. Battery powered cosmetic equipment is to be preferred in areas where medical electrical equipment is used routinely (AS/NZS 2500:2004 Clause 5.7.5).
• Use of mains powered devices should be discouraged in bathrooms and wet areas.

During Use
• Mains operated devices – Where use is permitted by the Department Head or their delegate, ensure any cables are clear of the side rails, are off the floor and remain safe.
• Ensure the mains switch on the power point is turned off, and the device is turned off before plugging the mains cable/plug pack for the device in, turn the power point switch on, turn the device on.

After Use
• Ensure all devices are turned off, the power is turned off at the wall and the power cable is unplugged from the wall and the complete device is safely stored.

5. REFERENCES
• Work Health & Safety Regulation 2011
• Part 4.7 General electrical safety in workplace and energised electrical work
• AS/NZS 3760 – In service safety inspection and testing of electrical equipment
• AS/NZS 2500 – Guide to the Safe Use of Electricity in Patient Care
• AS/NZS 3551 – Technical management programs for medical devices
• Workcover website – www.workcover.nsw.gov.au
• LHD Policy Biomedical Equipment – Testing Labelling and Tagging Area Policy

6. REVISION & APPROVAL HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
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<tbody>
<tr>
<td>May 2007</td>
<td>0</td>
<td>David Brain, Manager Biomedical Services. Approved by SESIH Area Biomedical/Clinical Engineering Management Committee, Matthew Daly, Director Operations and Area Executive Committee on 15 May 2007.</td>
</tr>
<tr>
<td>July 2015</td>
<td>1</td>
<td>Revision by Camillo Pavan, Director Clinical Engineering. Consultation with SESLHD Risk Manager, Nurse Manager - Cardiac &amp; Respiratory and Critical Care Clinical Streams and DCEC committee members.</td>
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<tr>
<td>October 2015</td>
<td>2</td>
<td>Document reviewed by Clinical Engineering and endorsed by Executive Sponsor</td>
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APPENDIX 1: PATIENT OWNED ELECTRICAL EQUIPMENT POLICY
CHECK SHEET TEMPLATE

Form to be completed by Department Head/Nurse Unit Managers/Clinician or Nursing Staff. This form should be compiled with reference to Flow Diagram 1: Patient Owned Electrical Equipment Flowchart.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the mains cables free of any visible damage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the mains cables free on any abrasions or cuts?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Is the device case free of any visible/obvious damage?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>(cracks or tape holding device together or covering holes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the device free of any obvious sign of having suffered damage due to being dropped? (rattling noises from the device)</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Is the patient currently using the device at home on a regular basis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the equipment does not belong to the patient who does it belong to?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has the patient supplied any testing documentation or preventive maintenance records for the device? If so please copy and attach or note details of documents.

Manufacturer:__________________________________________________________
Model:_______________________________________________________________
Serial No:___________________________________________________________

Assessed By – Name:__________________________________________________
Signature:__________________________   Date:____________________
Flow Diagram 1: Patient Owned Electrical Equipment Flowchart

FLOW DIAGRAM 1: PATIENT OWNED ELECTRICAL EQUIPMENT FLOWCHART

START ASSESSMENT OF PATIENT ELECTRICAL EQUIPMENT

HAVE ALL ANSWERS TO POLICY CHECK TABLE BEEN ‘YES’?

YES

NO

DAMAGE TO DEVICE/CABLES CANNOT BE USED IN HOSPITAL

IN HOSPITAL WILL THE DEVICE/CABLES BE SUBJECT TO MECHANICAL DAMAGE BY FREQUENT BED MOVES?

YES

NO

IN HOSPITAL WILL THE CABLES BE SUBJECT TO DAMAGE BY BED RAIL / RECLINING CHAIR MOVEMENTS OR ADJACENT EQUIPMENT?

YES

NO

IN HOSPITAL IS THERE A POTENTIAL OF MOISTURE OR SPILLS WITHIN VICINITY OF THE DEVICE?

YES

NO

IF RISK CANNOT BE ELIMINATED ONLY BATTERY OPERATED DEVICES TO BE USED

DEVICE CAN BE USED IN HOSPITAL WITH MAINS CABLE

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