FMS.26 The hospital has policies and procedures that support the medical equipment management program.

FMS.26.1 There is a policy to perform inspection on all new equipment for conformity before commissioning including those brought for "demos".

FMS.26.2 There is a written policy for tagging medical equipment as follows:

FMS.26.2.1 Preventive maintenance with testing date and due date.

FMS.26.2.2 Inventory number.

FMS.26.2.3 Removal from service.

FMS.26.2.4 Electrical safety check.

FMS.26.3 There is a policy for removal of equipment from service.

FMS.26.4 There is a policy to address agent or contractor repairs.

FMS.26.5 There is a policy to eliminate the use of extension cords.

FMS.26.6 There is a policy to restrict the use of cellular phones in the intensive care units, operating room, and cardiology units, as needed.

Standard Intent:

Medical equipment management program needs to be supported by policies and procedures that mitigate the risks associated with the introduction of new medical equipment into service, tagging of medical equipment, removal of equipment from service, agent/sub-contractors repairs, use of extension cords, and cellular phones.

FMS.27 Hospital staff are trained on safe operation of medical equipment.

FMS.27.1 Hospital staff are trained to operate safely all medical equipment.

FMS.27.2 The training includes physicians, nurses, and paramedics.

FMS.27.3 The training considers the following:

FMS.27.3.1 New equipment.

FMS.27.3.2 Staff transferred from a department to another.

FMS.27.3.3 New staff hired.

FMS.27.3.4 Recurrent misuse of equipment.

Standard Intent:

Staff are the hospital’s primary source of contact with patients, families, and visitors. Thus, they need to be educated and trained to carry out their roles in identifying and reducing risks, protecting others and themselves, and creating a safe and secure facility,

Staff responsible for operating or maintaining medical equipment should receive special training. The training can be from the hospital, the manufacturer of the technology, or some other knowledgeable source.

The training program should be designed in a way that ensures that it covers staff transferred from a department to another, new staff hired, and departments with evidence of recurrent misuse of equipment.

FMS.28 The hospital has a utility system management plan.

FMS.28.1 The hospital has adequate number of qualified staff to manage the utility system.

FMS.28.2 There is a utility system management plan that includes management of failure or interruption of the following utilities:

- FMS.28.2.1 Normal power.
- FMS.28.2.2 Emergency power, cases of no power at sockets at critical areas, and lamp failure at critical areas.
- FMS.28.2.3 Elevators.
- FMS.28.2.4 Water supply.
- FMS.28.2.5 Reverse osmosis plant.
- FMS.28.2.6 Air-conditioning fan coil unit (FCU) at patient rooms.
- FMS.28.2.7 Air-conditioning air handling unit (AHU) at operating rooms.
- FMS.28.2.8 Medical gas system.
- FMS.28.2.9 Sewer lines.
- FMS.28.2.10 Boiler.
- FMS.28.2.11 Telephone service (Public Address Exchange - PABX).
- FMS.28.2.12 Intercom, nurse call, and overhead paging.
- FMS.28.2.13 Fire alarm.

FMS.28.3 The utility system management plan includes description of necessary hospital programs to:

- FMS.28.3.1 Acquire necessary equipment.
- FMS.28.3.2 Upgrade equipment.
- FMS.28.3.3 Upgrade physical condition of the building.

FMS.28.4 Emergency plans are tested in simulation at least once a year and the test results are evaluated.

FMS.28.5 The utility system plan ensures the availability of the following: