Trust-Wide Document

Great Western Hospitals NHS
NHS Foundation Trust

Medical Device Training Policy (for use on Adult and Child Patients for use Trustwide)

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Accountable Director		Director of Human Resources	
Policy Author/Originator - **Any comments on this document should, in the first instance be addressed to the author.**		Medical Device Training Lead	
Implementation Lead		Medical Device Training Lead	
If developed in partnership with another agency, ratification details of the relevant agency		N/A	

Great Western Hospitals NHS Foundation Trust strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, the Trust aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

Special Cases
None

Our Values
Service Teamwork Ambition Respect

Contents

1 Instant Information - Summary of Medical Device Training (Quick Guide)

Summary Guide:

Due to the high volume of different devices used within The Great Western Hospitals NHS Foundation Trust (the Trust) it was necessary to divide all equipment into two main categories:

1. **'High Use Equipment '–** presently categorised as equipment used in six or more areas and/or by a high percentage of employees.
2. **'Specialist/Department Equipment'** – presently categorised as equipment used within an individual department or a specialty or by a small group of employees and rarely by an individual.

The first chart below (Chart A) gives a standardised summary of how training and competency requirements for a device should be decided. This is developed from an individual risk assessment of the device, which includes any local and national incidents relating to the device. This standardised approach applies to regular/frequent users; where use is infrequent, the training pathway may differ to include more frequent updates, and especially for higher risk devices, employees have a responsibility to be competent. Infrequent users must maintain evidence of additional support/practice to maintain competence.

The Medical Device Training Team is responsible for the training provision and compliance in relation to 'high use' equipment including storage of training evidence and monitoring/chasing of compliance.

The second chart (Chart B) provides employees with clarity relating to the training requirements for 'high use' equipment. Training and compliance relating to these devices are recorded on the Electronic Staff Record (ESR) for monitoring purposes. Registers are kept for safe storage and monthly compliance monitoring and chasing is completed by the Medical Device Training Team in accordance with the policy.

In relation to 'Specialist/department equipment' the Department Manager is responsible for using guidance below (Chart A) to ensure a Trust wide standardised approach in deciding training requirements for a device is utilized. They are also responsible for ensuring employees are provided with appropriate training to use the equipment. Evidence related to training and where required competency assessment should be kept by Department Manager for audit purposes; monitoring and chasing of compliance for these devices is also the responsibility of the Department Manager. Specialist /department equipment that is high risk and requires a Trust competency, it is the responsibility of the Department Manager to write and maintain this competency.

Any device should have a risk assessment completed (as per 'How ao Assess Risk Policy and Procedure – Ref 3), once a risk score is availiable this should be used to indicate what training is required as per Chart A, for regular frequent device users.

Please note: *this section is a summary of the Policy, for full details please review full policy below.*

Risk Score	Chart A -Training Requirement Guidance - Medical Device Regular Frequent Users.
● **High-risk devices** Risk Score 10+	**Category A +** Initial face to face training required, delivered by company trainer or employees within the trust who have evidence of undertaking advanced or trainer training. Period of supported/supervised practice may be required followed by full competency assessment by designated competent employees. Competency assessment should be done in practice but can be simulated if required. Annual updates required which can be done via e-learning. Some simulated drills and skills sessions may also be required. **Category A** Initial face to face training required, delivered by company trainer or employees within the Trust who have evidence of undertaking advanced or trainer training. Period of supported/supervised practice may be required followed by full competency assessment by designated competent employees. Competency assessment should be done in practice but can be simulated if required. Minimum of two yearly training update required which can be done via e-learning, with review and update of competency.
▲ **Medium risk devices** Risk Score: 6-9	**Category B+** Initial face to face training required, delivered by company trainer or employees within the trust who have evidence of undertaking advanced or trainer training. Formal assessment of competency required by existing competent user. Competency assessment should preferably be done in practice but can be simulated if required. Minimum of two yearly update required which can be done via e-learning, with review and update of relevant competency if produced/developed. **Category B** Initial face to face training required, delivered by company trainer or employees within the trust who have evidence of competence. Observation of appropriate and safe use in practice required by competent employee and self-assessment of competence appropriate. Update may be required.
■ **Low risk devices** Risk Score: 1-5	**Category C** Initial face to face training by existing competent user and review of manufacturer user guidance is required. Self-assessment of competence appropriate. No update required.

* *Please note the score must first be established using the Risk assessment matrix (*How to Assess Risk Policy and Procedure - Ref 3)

Chart B - 'High Use' Device Training requirements for regular frequent users				
Patient Moving and Handling				
Device Name	**Risk/ TNA**	**How do I get the training?**	**Who's Responsible?**	**How often is this training required?**
Hoists including Bariatric	**Mod▲ Cat B+**	**Face to Face** Via induction/clinical mandatory training/ department training	Training and resources provided by MSD team	Annually TT with Three yearly face to face
Slide Sheets	**Low■ Cat C**	**Face to Face** Via induction/clinical mandatory training/ department training	Training and resources provided by MSD team	Annually TT Three yearly face to face
Wheelchairs	**Low ■ Cat C**	**Face to Face** by competent employee	Training by department employees	'One off training' Self assessment of competency
Commodes	**Low■ Cat C**	**Face to Face** by competent employee	Training by department employees	'One off training' Self assessment of competency
Patient Monitoring (not including cardiac monitoring)				
Vital Signs Monitors – Various	**Mod▲ Cat B+**	**Face to Face** as part of local induction for registered employees Formal course: Wider Workforce	Training by department employees Wider Workforce, Academy via HCA observation course	'One off training' Self assessment of competency
Pulse Oximeters	**Mod▲ Cat B+**	**Face to Face** as part of local induction for registered employees Formal course: Wider Widerforce	Training by department employees Band 1-4, Academy via NA observation course	'One off training' Self assessment of competency
Thermometers- Various	**Low■ Cat C**	**Face to Face** as part of local induction for registered employees Formal course: Wider Workforce	Training by department employees Band 1-4, Academy via NA observation course	'One off training' Self assessment of competency
Patient Warming				
Patient Warming e.g. Bair Huggar	**Mod▲ Cat B**	**Face to Face** as part of local induction by competent employee	Training by department employees	'One off training' Self assessment of competency
Blood Warmers	**Mod▲ Cat B**	**Face to Face** as part of local induction by competent employee	Training by department employees	'One off training' Self assessment of competency
Advanced Patient Monitoring/Emergency Equipment				
Cardiac Monitors	**High● Cat A**	**Initial face to face** Academy (relevant clinical skills courses + stand alone sessions or Company/Dept Training **For update** face to face, e-learning (dept specific)	Training and resources provided by company trainer supported by Medical Device Training Team	Two yearly training and competency
Dash, Beneview T1, T5, T8 Patient Monitors	**High● Cat A**	**Initial face to face** Academy (relevant clinical skills courses + stand alone sessions or Dept Training **For update** face to face, e-learning (under development)	Training and resources provided by company trainer supported by Medical Device Training Team	two yearly training and competency
ECG Machines - Various	**High● Cat A**	**Initial face to face** Academy (relevant clinical skills courses + stand alone sessions or Company/Dept Training **For update** face to face, or e-learning	Training and resources provided by company trainer supported by Training Team (Academy).	Two yearly training and competency
AED (defib) e.g Lifepak Defibs/AEDs Lifepak 15, 20 and 1000	**High● Cat A+**	**Face to Face** Via clincal mandatory training - ABLS ILS (Advanced)	Training and resources provided by Resus training team	Annual face to face training and competency

Chart B - 'High Use' Device Training requirements for regular frequent users				
Infusion Devices				
Device Name	**Risk/ TNA**	**What training is required?**	**Who's Responsible?**	**How often is this training required?**
Volumetric Pump **e.g. Volumat MC**	**High** ● **Cat A**	**Initial/New User-** face to face Induction/clinical training/IV course **For update** e-learning or face to face avaliable	Training and resources provided by medical device training team	two yearly training and competency
Syringe Pump **e.g. Asena GH/CC/PK, CME T34**	**High** ● **Cat A**	**Initial/New User** face to face – Induction/clinical training/IV course **For update** e-learning or face to face avaliable	Training and resources provided by medical device training team	two yearly training and competency
Feed Pump **e.g. Nutricia Flocare**	**High** ● **Cat A**	**Initial/New User** face to face Induction/clinical training **For update** e-learning or face to face avaliable	Training and resources provided by Medical Device Training team	two yearly training and competency As part of Nutrition competency
Omnifuse PCA Pump	**High** ● **Cat A**	**Initial/New User** face to face course with Pain management team **For update** e-learning or face to face avaliable	Training and resources provided by Pain management team	two yearly training and competency as part of PCA competency
Bodyguard 545 Epidural Pump	**High** ● **Cat A**	**Initial/New User** face to face course with Pain management team **For update** e-learning or face to face avaliable	Training and resources provided by Pain management team	two yearly training and competency as part of Epidural competency
Point of Care Testing				
Blood Glucose Meter	**High** ● **Cat A**	**Initial/New user** face to face Academy Diabetes Courses + stand alone or Dept Training **For update** e-learning or face to face avaliable	Training and resources provided by medical device training team with support from DSN's	two yearly training and competency assessed via training Tracker - 'one off' assessment as part of Diabetes competency
Ketone Meter	**High** ● **Cat A**	**Initial/New user** face to face Company or Dept Training **For update** e-learning or face to face avaliable	Training and resources provided by medical device training team with support from DSN's	Two yearly training 'one off' competency as part of Ketone competency
Blood Gas Analyser	**High** ● **Cat A**	**Initial/New user** face to face Company or dept training **For update** e-learning or face to face avaliable	Training and resources provided by POC manager and selected key trainers with support from the medical device training team	two yearly training 'one off' competency with provision of user number
Bladder Scanner	**Mod**▲ **Cat B+**	**Initial/New User** face to face **For update** stand alone sessions or company/dept training **For update** e-learning or face to face avaliable (under construction)	Training and resources provided by medical device training team	Two yearly training and competency assessed via training tracker
Airway and Respiratory Management				
Suction – Wall Mounted & LSU Mobile Suction (Serres)	**High** ● **Cat A**	**Initial** face to face as part of induction – ABLS/Stepping up/NA Induction **For update:** e-learning or face to face avaliable	Training and resources provided by medical device training team	Two yearly training and competency assessed via training tracker

Chart B - 'High Use' Device Training requirements for regular frequent users				
Device Name	**Risk/ TNA**	**What training is required?**	**Who's Responsible?**	**How often is this training required?**
Airway and Respiratory Management cont….				
O2 and Flowmeters	**High Cat A** ●	**Initial** face to face as part of local induction and via medicine management e-learning **For update** e-learning as part of mandatory training	Training and resources provided by medicines management team	Three yearly and competency assessed via training tracker
Humidifier **e.g. MR850**	**Mod Cat B**▲	**Initial face to face** as part of local induction **For update** e-learning or face to face avaliable	Training and resources provided by company training team	Two yearly training Competency assessed via Q & A
Other				
Beds & Mattresses	**Mod Cat B+**▲	**Initial/New User** face to face Induction/NA induction/Clinical training **For update** e-learning as part of clinical annual update mandatory training or face to face avaliable	Training and resources provided by medical device training team	Annual training and competency assessed via training tracker
Flowtron – DVT Management	**Mod Cat B+** ▲	**Initial/New User** face to face Academy(relevant clinical skills courses + stand alone sessions or company/dept training **For update** e-learning or face to face avaliable	Training and resources provided by medical device training team	two yearly training and competency assessed via training tracker

Where training requirements may differ from guidance charts

Following any of the scenarios detailed below, refresher training and review of Competency is required even if update is not yet due:

- *Where indicated by clinical practice.*

Where concerns are raised by the Department Manager or Medical Device Clinical Champion regarding an individual's ability to use a device they are authorised to use, further training and/or competency evidence will be required.

- *Where an individual has been involved with an incident related to the device.*

For 'high use' devices where incidents are reported, the Medical Device Training Lead may request renewal process of re-training and re-assessment for individuals and possibly departments if/where required.

For specialist/department equipment, the Department Manager is responsible for ensuring training process is repeated for individual and/or department if/where required, the Medical Device Training Team will offer review of training package and evidence in relation to specialist/department device involved in an incident and offer support/advice where required.

- *Where an employee has not used a device for >six months or use has been infrequent.*

If due to absence i.e. maternity leave, paternity leave or long term sick, on return local induction must include review of all training and competency of medical devices the department/role expects them to work with if absence is due to role change a review of devices that have not been used must be carried out; it is the individual employee's responsibility to ensure that they seek support and that any equipment training need is met, they must ensure they feel and/or are assessed as competent prior to re-using a medical device. It is the Department Manager's responsibility to ensure that the employee is authorised to use any device required for their role, ensuring any training update or competency assessment required is completed in a timely manner and providing opportunity for supported practice where required.

For category A+ to B devices for any of the situations detailed above employees will need to complete training process as defined in TNA from beginning as with a new starter/user, (initial face to face training followed by regular update and competency assessment where required). It is recommended that for C

category devices individuals complete new self-assessment and identify any training needs to their manager.

Frequently Asked Questions

I am a regular/frequent user of device/s and I am not sure what training and/or competency assessment is required.

Check chart B on p5-7, find device and check training/competency requirements. If employees are unable to locate the device on chart B, this will be specialist equipement which they will have to arrange with their Department Manager. employees can use the guidance chart (chart A) on page 4 to identify what training/competency may be required and discuss what is avaliable with their Department Manager and/or their Medical Device Clinical Champion/s.

Chart B indicates I need to complete a formal competency, where do I find competency documents?

Any formal competency documents relating to 'high risk' devices are avaliable on the Trust Intranet in the policies and procedures section if employees are unable to locate it please contact The Medical Device Training Team. This should include specialist/department equipment however employees Department Manager and/or Medical Device Clinical Champion/s will be responsible for the maintenance/review of those competencies.

Who can assess my competency in relation to a device?

Employees should have designated members (Medical Device Champions) within their senior team who are assessors for specific devices who can assess employees with regards to updates the assessor must as a minimum be trained and competent in the use of specific device; alternatively employees can also attend a 'medical device and clinical competency update session' held several times per year in the Academy or clinical area; if employees are unsure they should contact The Medical Device Training Team to arrange 1:1 assessment in relation to 'high use' devices.

I am not sure when I last updated my training/competency, how can I find out?

For 'high use' devices all training and competency is captured on ESR as long as the Medical Devices Team have received copies of both the training records and sign off forms found within competencies, an employees Department Manager/Medical Device Clinical Champion will be sent monthly reports indicating who is due to update device training. Employees can check via their Employee Self Service Record (ESSR), via the intranet for this also provides details of competencies. If an employee identifies ESR is missing a competency they have achieved, it is likely a copy of the competency sign off page has not been received by the Academy. Please forward a copy of this as soon as possible. It is recommended employees maintain copies of any competency they do, this should be maintained for their own record and a copy kept by their manager in their personal file. If training information is missing please ensure employees contact the person completing the training to ensure a record of attendance is signed. In relation to specialist/department equipment they should discuss with their Department Manager and/or Medical Device Clinical Champion/s.

How do I access training resources?

For 'high use' devices e-learning is avaliable via Training Tracker, for info on getting access to Training Tracker contact the Academy. Quick Guides are avaliable via Trust Intranet – Academy/Medical Device Training; employees can print from here they must return any assessment once completed for their records to be updated. Employees can also request e-learning support from the Medical Device Training Team. For specialist/department equipment discuss with Department Manager and/or Medical Device Clinical Champion.

End of Summary Guide

2 Document Details

2.1 Introduction and Purpose of the Document

This policy is developed to establish processes to ensure all employees have appropriate training to safely use any diagnostic and therapeutic equipment required by their role and area of practice and that all employees are aware of their responsibilities in relation to medical device training.

The policy describes:

- The process for identifying which permanent employees are authorised to use equipment identified on the inventory.
- The process to identify what training is required to use the equipment on the inventory and frequency of updates.
- The process for recording and monitoring training compliance.
- The role and responsibility of the Individual, Department Manager, Medical Device Training Lead, Medical Device Champions and Divisional Managers.

2.2 Glossary/Definitions

The following terms and acronyms are used within the document:

The following terms and acronyms are used within the document:

ANTT	Aseptic Non Touch Technique
C E Mark	“Conformité Européene" which literally means "European Conformity".
CQC	Care Quality Commission
DSN’s	Diabetes Specialist Nurses
EDRMS	Electronic Document and Records System
EL	e-Learning
ESR	Electronic Staff Records
F2F	Face to Face
F2F	Face to face
GWH	Great Western Hospitals
IP&C	Infection Prevention and Control
MDC	Medical Device Champion
MDTT	Medical Device Training Team
MHRA	Medicines and Healthcare products Regulatory Agency - An executive agency of the Department of Health that sets national policy for medical equipment.
MSD	Musculoskeletal Disorder
NAMDET	National Association Of Medical Device Educators And Trainers
NHS	National Health Service
NPSAS	National Patient Safety Alerting System - NHS England
NRLS	National Reporting and Learning System
ODP	Operating Department Practitioner
POC	Point of Care
PUWER	Provision And Use Of Work Equipment Regulations
TEG	Trust Equipment Group
TNA	Training Needs Analysis

Competence	Ability to perform tasks to a specific standard
Health Care Professionals	Includes but not exclusive to, Medics, Nurses, Midwives, Allied Health Professionals, Operating Department Practitioners (ODPs), Clinical Physiologists and Healthcare Scientists. It is recognised that the use of medical devices and equipment may be delegated to a Health Care Assistant or other associated support staff, but the registered professional remains accountable at all times for ensuring the competence of individuals and that delegation is appropriate and safe.
Medical Device	Includes most healthcare products other than medicines used for the diagnosis, prevention, monitoring and treatment of disease, injury, or disability. This means everything from artificial hips to wound dressings, incubators to insulin injectors and scanners to scalpels. In general, a medical device cannot be marketed in Europe without carrying a CE marking. A CE marking is applied by the manufacturer and means that the device meets the relevant regulatory requirements and, when used as intended, works properly and is acceptably safe. Medicines and Medical Device Regulations: what you need to know. (Ref 4)

2.3 Infection Prevention and Control

Implicit in this policy is employee adherence to appropriate Infection Prevention and Control (IP&C) related policies. The following procedures and policies are applicable to this policy:

- ANTT Procedure for any Invasive Clinical Practice (Ref 13).
- Cleaning and Decontamination of Reusable Medical Devices – Including Patient Equipment Policy (Ref 14).
- Hand Hygiene and Skin Care Policy (including scrubbing gowning and gloving) (Ref 15).
- Safe Handling & Disposal of Sharps Policy (Ref 16).
- Standard Infection Control Precautions Policy (Ref 17).

More detail on specific IP&C precautions and practice is included, where appropriate, within the text of the policy.

3 Main Policy Content Details

The purpose of this document is to describe the process for ensuring that all employees are trained to safely use any diagnostic and therapeutic equipment within the Trust appropriate to their role.

This policy will apply to any employees required to use any medical devices as part of their role within the Trust.

All employees including all clinical areas covered by the Trust are covered by this policy, this includes employees working within the community setting and community hospitals in Wiltshire.

3.1 Process for identifying which Permanent employees are authorised to use Equipment Identified on the Inventory.

3.1.1 Trust Asset Register (Inventory of Equipment)

The process and management of the inventory of all Trust equipment within GWH is described in the Equipment Asset Management Procedure (Ref 1).

The Trust Asset Register (*equipment inventory) for all medical devices at the GWH campus and in the community* is held on a comprehensive computerised system, 'Asset Plus', managed by the Trust Equipment Department.

The Asset Plus database is used to update the 'widely used equipment TNA' *(Appendix C)* including any new equipment and may be utilised by Managers to maintain specialist equipment records for their area such as a 'Master Specialist Equipment Training' database.

3.1.2 Authorisation Requirements

Authorisation for use of 'widely used equipment' requires evidence of compliance with training and any competency specified for that equipment as outlined in Widely Used Equipment TNA *(Appendix C)*. Non-compliance records for 'widely used equipment' stored on ESR will be sent monthly by Medical Device Training Team via e-mail to Department Managers who are responsible in ensuring employees are trained to use the devices their role requests from them, and Medical Device Champions (or can be requested at any time from the team). Reports give detail of which employees are non-compliant with training requirements and are therefore not authorised users. Every three months the report will include compliance to allow managers to review those employees that are compliant with requirements so have authorisation for use, this is also sent to Divisional Directors of Nursing. If improvements to the department's compliance do not improve, this may be reported via the Health and Safety meeting and reported up the chain to highlight risk involved.

For department based specialist equipment, Managers are encouraged to record details within their own 'Master Department/Specialist Equipment Training Records', to identify which employees have completed any required training or competency assessment as defined in 'Training Requirement Guidance' (see above - Chart A and are therefore authorised to use equipment. Where departments do not have an electronic 'Master Department/Specialist Equipment Training Record' should at a minimum store records in a Department Equipment Folder.

Where equipment can be password protected these will be active (no generic log in will be allowed) and passwords will only be issued by device trainers once relevant training and competency assessment have been completed ensuring all employees with access to device are authorised users (*e.g. Blood Gas Analyser*).

3.2 Process to Identify what Training is Required to use the Equipment on the Inventory and Frequency of Updates

3.2.1 Risk Assessment

To decide 'Training Needs Analysis' for an individual device, a risk assessment of the device and review of local and national alerts and incidents involving device is required to ensure the TNA is appropriate to risk potential.

The Medical Device Training Lead in conjunction with the Health and Safety Advisors, Clinical Risk and Trust Equipment Team is responsible for the risk assessment of 'widely used medical devices'. Devices are reviewed at any time where an Incident involves a device and for this reason, risk may be reassessed.

Department/Area Managers in conjunction with the Health and Safety Advisors and Clinical Risk, are responsible for the appropriate risk assessment of any speciality medical devices.

Any individual who purchases work equipment for their own use is responsible for ensuring the device is registered on Asset Plus and an appropriate Risk Assessment is undertaken.

Each item of equipment is risk assessed using the process described in the Trust's 'How to Assess Risk' procedure document (available on Intranet). The device risk assessment along with any relevant local and national device alert/incident information and any national standards are used to allocate an appropriate training category for each device, A+, A, B+, B or C. Each category is given standardised

TNA guidance as detailed below; this guidance applies to regular frequent users of the device and shows minimum training required including frequency of update which should be used to develop TNA as minimum requirement.

If use of device is less frequent, advice should be given by Medical Device Training Lead in association with the MDSO and Clinical Risk as more frequent updates and training may be required. Where there is evidence of local or national alert/incident relating to a device additional training may also be required. Medical Device Safety Officer (MDSO) to monitor local and national alerts to ensure employees responsible for allocating TNA are made aware.

Further training may also be required where;

- Indicated by clinical practice identified by managers/peers
- Where an individual has been involved in an incident relating to device
- Where employees who are normally regular/frequent users have not used device for >six months
- Where employees use a device less frequently may be required to update their training more frequently.

4 Duties and Responsibilities of Individuals and Groups

All 'widely used medical devices' included on the Asset Register are categorised by the Medical Device Training Lead. These are then added to the 'Widely Used Equipment TNA' *(Appendix C)*. Review of training category should be carried out and updated annually in December or if any near miss or actual incidents involving device is reported. TNA Summary to be made available on Intranet to ensure all employees aware of requirements in relation to these devices.

For specialist/department held equipment 'Medical Device Training Requirement Guidance' (Chart A), should be used by the Department Manager to allocate a training category to equipment once a Risk Assessment is completed. This category should be indicated on department the 'Master Department/Specialist Equipment Training Record' and ensure employees are aware of training requirements in relation to these devices via Local Induction, 1:1 and/or Appraisal.

4.1 The Process for Ensuring That The Identified Training Needs of all Permanent Employees are Met

4.1.1 Devices Widely used Across Trust

Detailed Training Needs Analysis for Widely used Devices (Appendix C) must include details of:

- Any training requirements including update frequency relating to the device along with what training pathways are available to meet that need.
- Details of individuals/teams responsible for providing/updating any training or learning package.

4.1.2 New Employees - Induction Support to Meet Training Needs

All new employees are to be given a 'Medical Device Training 'Summary Guide' (Instant Information) on Trust or Local Induction.

New employees should complete medical device training for all devices they are required to use as part of their role, during Trust or Local Area Induction or should be booked on next available course for any device requiring extra training. Medical Device Training Team to offer training on induction programme for widely used devices where possible. Department Manager to ensure employees are booked onto required training if not offered as part of Induction event before using device. For Specialist equipment, Department Manager to ensure individuals receive appropriate training before using device and records this in personal files and their departments 'Master Department/Specialist Equipment Training Records' along with dated attendance form and trainer details.

4.1.3 Face to Face Training

Medical Device Training Team will deliver training on 'widely used medical devices' as per the TNA where he/she is competent to do so. Where the Medical Device Training Team does not have relevant training to offer face to face delivery the Medical Device Training Lead will arrange for alternative training delivery with other qualified specialists or company representatives and seek appropriate training for themselves, the team and/or Medical Device Champions where required.

Face to face training may be Clinical/Department or classroom based, and can be one to one or group sessions.

The Medical Device Training Team will publish the training schedule which will be sent out to Department Managers; any training events will also be sent out in the quarterly Medical Device Training Newsletter to ensure employees aware of all face to face training opportunities. The MDT Lead will also work with managers to offer bespoke training packages and the training team will visit clinical areas on a regular basis to offer training and assessment opportunities therefore minimising employee release from clinical areas, maximising training opportunity.

Medical Device Champions can also offer training on relevant devices within their clinical areas and assess competency where appropriate/required, once they have attended appropriate 'Train the Trainer' training with the relevant device manufacturers, and this is evidenced as appropriate by the Medical Device Training Lead or the Department Manager for Specialist equipment.

4.1.4 Formal Competency Assessment

All employees using a Category A+, A or B+ device should be assessed as competent in its use by the Medical Device Training Team, Clinical Medical Device Champions or department employees designated by manager who have undertaken relevant training and competency assessment.

Employees will be expected to undertake assessments for competence against defined competency statements determined for each device following relevant theoretical training and period of supported practice where required.

Where the competency has been developed internally it should be in Trust format and in addition to the normal Trust procedure for review and ratification; it will have been reviewed by a representative of the equipment manufacturer or supplier. Alternatively the competency used may be one provided by the device manufacturer e.g. training questionnaire assessments.

Evidence of competency will be set out in the competency itself and depends on the medical device.
Employees competency must be re-assessed in accordance with the TNA update requirement for device or:

- Where indicated by clinical practice
- When an individual has been involved with an incident reported in relation to device
- Where employee has not used device for >6 months

Once completed the original competency document should be kept by the employee; a copy **must** be sent to their manager and Medical Device Training Team for ESR data input.

4.1.5 Self-Assessment Documents

For category B+ **-** C equipment, where self-assessment is required, employees should complete a self-assessment reflection and maintain a copy of this in their personal profile, and ensure their Manager maintains a copy.

4.1.6 Department/Specialist Equipment Training

Department managers are responsible for ensuring that an appropriate training package is in place for any Specialist/Department Equipment identified on their Asset List. Manager should ensure that the TNA indicated by A+-C category on their 'Master Department/Specialist Equipment Training Record' is met to authorise employee to use a device.

For face to face training delivery, if/where required the Managers should establish company trainer or support Clinical Champions to attend advanced or trainer level training with the company so they can act as a department trainer. It is recommended that where trainer training is established several employees attend to ensure cover available for absence etc. The Manager should also establish appropriate competency assessment where required if not using a company competency document.

Managers will also need to ensure they have an established package to ensure update is available to employees where required, either via repeated face to face training or distance learning.

The Department Manager can seek support and advice from Medical Device Training Team if they are unable to establish training packages for any device or wish to explore:

- Options in relation to company training support already available
- Development of e-learning or the company's device e-learning programmes for updates.

4.1.7 Additional Refresher Training Required

Following any of the situations detailed below refresher training is required even if recommended update is not yet due:

- **Where indicated by clinical practice**.

Where concerns are raised by the Department Manager or Medical Device Clinical Champion reference to an individual's ability to use a device they are authorised to use, further training and/or competency evidence is required. Referral to be made to Medical Device Training Team for 'widely used devices' by Manager or Champion, Manager to organise update if 'specialist/department equipment.

- **Where an individual has been involved with an incident related to a device.**

For widely used devices when an incident is entered, the Medical Device Training Lead will automatically initiate recommendations for re-training and re-assessment for individuals/departments involved, the Medical Device Training Team will also review any training package and evidence in relation to device involved in any incident and offer support/advice where required. For specialist/department equipment the Department Manager is responsible for ensuring training process is repeated for individual and/or department where required,

- **Where an employee has not used a device for six months or longer, or use has been infrequent.**

If there is or has been infrequent use due to absence/role changes it is the individual employee's responsibility to ensure that they seek support and that any equipment training need is met and they are assessed as competent prior to re-using a medical device. It is the Department Manager's responsibility to ensure that the employee is authorised to use any device required for their role on returning, ensuring any training update or competency assessment required is completed and providing opportunity for supported practice where required. The Medical Device Lead will offer assistance with recommendations when absence from use is due to other reasons, ie. Irregular use of device (for example; more regular updates).

For category A+-B devices for any of the situations detailed above employee will need to complete training process as defined in TNA for the device from beginning as with a new starter/user, (*initial face*

to face training followed by regular update and competency assessment where required, e-learning update not appropriate). It is recommended that for C category devices individuals complete new self-assessment and identify any training needs to their manager.

4.2 Process for Recording & Monitoring Training Compliance

4.2.1 Widely Used Devices

An attendance form should be completed for all formal face to face medical devices training including any training delivered by external trainers. It is the responsibility of person arranging training to ensure a register is available for external trainers and they are aware of the importance of completing and returning this (*registers available on Intranet*).

Any individual delivering training (Medical Device Champion) in their respective clinical areas should ensure that attendance records are completed, maintained and returned promptly to the Medical Device Training Team for entry onto ESR where required, for safe storage of evidence and to avoid unnecessary compliance chasing of employees that have already completed required training.

All competency assessment documents and declarations of completion must be sent to Medical Device Training Team for inputting onto ESR**.** In relation to e-learning any completion of modules and successful assessment will be recorded automatically on ESR.

The Medical Device Training Lead will record monthly Performance Measures for all 'widely used devices' to monitor and analyse compliance, review trends and adapt training plans as required. Monthly compliance reports are sent by the Medical Device Training Lead to Department Managers and Champions, listing the training compliance status for each employee, primarily identifying any non-compliance with a request that Managers and Champions help ensure employees complete training at next available opportunity. Every three months, compliance reports are also sent to Divisional Directors of Nursing by the Medical Device Training Lead.

Performance Measures are also documented in the Medical Device Newsletter so all employees will be aware of Trust compliance trends. The compliance trends can also be reviewed via the medical device training intranet pages. Other ad hoc reports will be made available on request from the Medical Device Training Lead.

The Medical Device Training Lead will offer further chasing support where required (as identified by equipment audits or alerts) and will implement and document any special measure taken to improve compliance on a specific device, within a department or for any individuals.

Medical Device Training Action Plans will be reviewed every six months which include recommendations and actions to be taken if monitoring has identified any deficiencies or training issues which need to be addressed. Any new device will also be reviewed and a training programme initiated with the Company/Supplier.

4.2.2 Department/Specialist Equipment

All Department/Specialist equipment training is recorded on 'Master Department/Specialist Equipment Training Record' by Department Manager or the Medical Device Clinical Champions. Managers are also responsible for storing any training evidence, certificates, registers etc… to support this. Any attendance registers for the department held equipment must be sent to the Department Manager for recording on 'Master Department/Specialist Equipment Training Record'.

The Department manager is responsible for chasing any non-compliance for specialist equipment identified via 'Master Department/Specialist Equipment Record' during 1:1 or Appraisal and more immediately if/where required.

The Medical Device Training Lead will support all Managers with maintenance of their 'Master Department/Specialist Equipment Training Records' annually to review process and advise Department Managers of any non-compliance identified and the priority with which this will need to be addressed.

5 Duties and Responsibilities of Individuals and Groups

5.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

5.2 Deputy Divisional Directors

All Deputy Divisional Directors are to ensure that the list of new or revised policies, competencies, clinical guidelines, strategies, plans, protocols or procedural documents published each month is on the agenda at Divisional meetings to ensure that the documents are drawn to the attention of managers and general users. All Deputy Divisional Directors must ensure that employees within their area are aware of the document; able to implement the document and that any superseded documents are destroyed.

5.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

5.4 Target Audience – As indicated on the Cover Page of this Document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained and sent to Academy for ESR update.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

5.5 The Trust Equipment Group

The Trust Equipment Group will review this document and APPROVE the document when changes are needed and/or the document requires its regular review, following PGG RATIFICATION process.

6 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	**Monitoring / audit method**	**Monitoring responsibility** (individual group)	**Frequency of monitoring**	**Reporting arrangements** (group to which monitoring results are presented)	**What action will be taken if gaps are identified?**
How organisation identifies which **permanent employees** are authorised to use the equipment listed on the inventory					
Reports developed from ESR to show which *permanent* employees are authorised for the '**widely used'** devices identified on the inventory	A compliance report is produced for '**widely used'** devices using ESR data, indicating the employees within each department authorised to use the device and those who require training/update to get/renew authorised user status. Updated reports sent to Department Manager/ Champion Monthly for monitoring	Medical Device Training Lead Department Manager/ Champion Department Matron/ Senior Manager	Monthly Quarterly	Department Managers/ Champions Clinical Risk Matrons/Senior Managers for escalation via Senior Team Meeting	Non-compliance report sent via e-mail to all Department Managers and Medical Device Champions monthly to inform of non-authorised users with request they ensure the employee is asked to update and made aware of their unauthorised status. Where persistent non-compliance is evident >3 months with no explanation (long term absence) evidence sent to Department Matron/Senior Manager with request for this to be rectified and/or escalated via relevant senior team meetings and addressed with individual via 1:1 and/or appraisal. Significant high % non-compliance (unauthorised users) is added to department risk register and reported to Clinical Risk if any potential impact on care and/or safety.

	Medical Device Training Newsletter sent every 3 months to report compliance levels to all employees trust wide via Device Champions, Managers and Medical Device Training Intranet pages	Medical Device Training Lead	3 monthly	Trust Equipment Group (TEG) by exception Academy Training Team Meeting	Medical Device Training Lead to ensure Newsletter developed and sent via email to all Managers and champions, and cascaded to all employees three monthly to tie in with escalation of reports to Senior Team/ Directors. Newsletter to be displayed on notice board in Academy. Medical device training issues to be discussed at 2 monthly TEG by exception. Medical Device Training Lead to process issues reviewed at 1:1 or appraisal with Manager.

Measurable policy objectives	**Monitoring / audit method**	**Monitoring responsibility** (individual/ group)	**Frequency of monitoring**	**Reporting arrangements** (group to which monitoring results are presented)	**What action will be taken if gaps are identified?**
- How organisation decides training required and frequency of updates.					
Standardised tool for device training assessment to be used to develop an appropriate TNA for **all** devices to establish the type and frequency of training including update. This is based upon the risk score given to the device and any national/local alerts or incidents relating to device.	For **'widely used'** devices Medical Device Training Lead to develop TNA using assessment tool.	Medical Device Training Lead	Monthly	Reports sent to Department Managers/ Champions for action and Divisional Leads and Senior Managers for escalation	Where gaps are identified within the monthly compliance report Department Champions/ Managers will chase non-compliant employees by various methods developed within the department They will inform Medical Device Training Lead where they believe errors may have occurred in recording process. Medical Device Training Performance Measures are updated monthly and used to analyse any training gaps where compliance is below satisfactory % (dependant on device) action plan is formed and trajectory for improvement documented by Medical Device Training Lead in 'Medical Device Training Performance Measures'. Performance Measures sent to all staff via Newsletter three monthly via Trust Communications. Medical Device Training Lead to monitor reports monthly to ensure the process of recording is effective where concerns ref ESR data accuracy exist they are reported to Academy Assurance Manager for investigation and escalation as required. ESR data team follow systems of audit of all face to face and e-learning to ensure data accuracy is recorded as defined in 'Mandatory training policy'.

	For **'Specialist Equipment'** The risk score and TNA outcome to be documented on '**Master Department Specialist Equipment Training Record'** to allow for audit of scoring and TNA.	Department Manager/ Champion to complete and maintain '**Master Department Specialist Equipment Training Record'** Medical Device Training Lead to audit and report/escalate finding to Senior Managers	Bi-annual	Department Managers to send report for audit bi-annually to Medical Device Training Lead	Action plan to include additional audit and ward/area specific training programme to be developed by Department Manager/ Champion where gaps are identified. If they are unable to ensure adequate training in place to meet TNA they are required to seek support from Medical Device Training Team. Department Senior Managers/Directors to offer support with any additional provision/ resource required to meet relevant TNA (e.g. company trainer)

Measurable policy objectives	**Monitoring / audit method**	**Monitoring responsibility** (individual / group)	**Frequency of monitoring**	**Reporting arrangements** (group to which monitoring results are presented)	**What action will be taken if gaps are identified?**
How organisation records that all **permanent employees** complete training					
For **'widely used'** medical devices training will be recorded on ESR; including face to face and e-learning provision.	Monthly compliance report using the compliance data from ESR to be complied by Medical Device Training Lead	Medical Device Training Lead	Monthly	Reports sent to Department Managers/Champions for action and Divisional Leads and Senior Managers for escalation	Where gaps are identified within the monthly compliance report Department Champions/ Managers will chase non-compliant employees for their department. They will inform Medical Device Training Lead where they believe errors may have occurred in recording process. Medical Device Training Performance Measures are updated monthly and used to analyse training gaps where compliance is below satisfactory % (dependant on device) action plan is formed and trajectory for improvement documented by Medical Device Training Lead in 'Medical Device Training Performance Measures'. Performance Measures sent to all employees via Newsletter three monthly via Managers and Champions. Medical Device Training Lead to monitor reports monthly to ensure the process of recording is effective where concerns ref ESR data accuracy exists; they are reported to Academy Assurance Manager for investigation and escalation as required. ESR data team follow systems of audit of all face to face and e-learning to ensure data accuracy is recorded as defined in Mandatory Training Policy.

For **'Specialist Equipment'** medical devices training will be recorded on **'Master Department Specialist Equipment Training Record'** or alternative including any face to face and e-learning provision.	Monthly review by Device Champions/ Department Managers Bi-annual audit by Medical Device Training Lead	Department Manager/ Champion to complete and maintain 'Master **Department Specialist equipment Training Record'** or alternative. Medical Device Training Lead to audit and report /escalate any findings ref accuracy to Senior Managers	Monthly Bi-annual	Champions/ Department Managers to report concerns/gaps or difficulty in completing records to Senior Managers for further escalation to Divisional Lead where required.	Audit by Medical Device Training Lead to analyse training gaps but also used to ensure process being completed accurately and appropriately and identify any process improvement required. Audit findings ref training gaps and recording sent to Department Managers and Division Leads bi-annually.

7 Review Date, Arrangements and Other Document Details

7.1 Review Date

This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

7.2 Regulatory Position

Medical Devices is regulated by Medicines and Healthcare products Regulatory Agency - An executive agency of the Department of Health that sets national policy for medical equipment (MHRA).

NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

7.3 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	Equipment Asset Management Procedure	Intranet
2	Medical Equipment Management Policy	Intranet
3	How to Assess Risk Policy and Procedure	Intranet
4	Medicines and Medical Devices Regulation: what you need to know	http://www.mhra.gov.uk/home
5	Medical and Healthcare Products Regulatory Agency (MHRA)	http://www.mhra.gov.uk/Howweregulate/index.htm
6	Patient Safety notices - NHS England/MHRA	https://www.england.nhs.uk
7	Equipment Purchasing Procedure	Intranet: http://gwh-intranet/search/edrms.aspx
8	Managing Medical Devices Guidance for healthcare and social services organisations (April 2015)	https://www.gov.uk
9	National Patient Safety Alerting System – NHS England	https://www.england.nhs.uk
10	NHS England and MHRA Joint Patient Safety Alert: NHS/PSA/D/2014/006	https://www.england.nhs.uk
11	Mandatory Training Policy	Intranet
12	Point Of Care Testing Policy & Procedure	Intranet

Ref. No.	Document Title	Document Location
13	ANTT Procedure for any Invasive Clinical Practice	Intranet
14	Cleaning and Decontamination of Reusable Medical Devices – Including Patient Equipment Policy	Intranet
15	Hand Hygiene and Skin Care Policy (including scrubbing gowning and gloving	Intranet
16	Safe Handling & Disposal of Sharps Policy	Intranet
17	Standard Infection Control Precautions Policy	Intranet

7.4 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department.	Date Consultee Agreed Document Contents
Trust Equipment Manager and Medical Device Safety Officer	07/04/2016
Academy Learning and Development Manager	18/04/2016
Community Training and Development Manager	27/04/2016
Infection Prevention and Control Team	07/04/2016
Divisional Manager	17/05/2016
Point of Care Testing Manager	11/04/2016

Appendix A – Equality Impact Assessment

Great Western Hospitals NHS

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Great Western Hospitals NHS Foundation Trust wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt.

Trust Equality and Diversity Objectives

Better health outcomes for all	**Improved patient access and experience**	**Empowered engaged and included staff**	**Inclusive leadership at all levels**

Appendix B – Quality Impact Assessment Tool

Purpose

To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community.

Process

The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives.

Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.

Monitoring the Level of Risk

The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person.

High Risks must be reported to the relevant Executive Lead.

Impact Assessment

Please explain or describe as applicable.

1.	Consider the impact that your document will have on our ability to deliver high quality care.	Policy relates to ensuring all permanent staff are appropriately trained to use therapeutic and diagnostic equipment so implantation and continued use should improve patient and staff safety and aimed at reducing incidents involving equipment.
2.	The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).	Positive
3.	Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.	N/A
4.	Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.	N/A
Impact on Clinical Effectiveness & Patient Safety		
5.	Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.	With improved device training clinical effectiveness and productivity should be improved with staff needing to spend less time dealing with alarms and issues caused by incorrect or inappropriate use of device initially. Safety improved with ensuring safe use of devices
Impact on Patient & Carer Experience		
6.	Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.	Improved efficiency and safety should have overall positive impact on patient experience. Reduced unnecessary alarms should improve patient environment generally.
Impact on Inequalities		
7.	Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).	N/A

Appendix C Training Needs Analysis - Medical Device Training High Use Devices

Key: EL = E-Learning; F2F = Face to face MDTT = Medical Device Training team MDC = Medical Device Champions **High Use Medical Devices**		Infusion Devices						POC Testing Devices			Other	
		Volumat MC Agilia	**T34 Syringe Driver**	**Alaris Asena GH/CC**	**Nutricia Infinity Flocare Feed Pump**	**Omnifuse PCA Pump**	**Bodyguard Epidural Pump**	**Blood Glucose Meter (Various)**	**Ketone Meter**	**Radiometer Blood Gas Analyser**	**Beds & Mattresses**	**Bladder Scanner**
Risk		High	High	High	High	High	High	High	High	High	High	Moderate
Initial Training		F2F Induction	F2F Induction	F2F Induction	F2F Induction	F2F	F2F	F2F	F2F	F2F	F2F Induction	F2F
Training Delivered By		Company Trainer, MDTT or MDC with Company Trainer Training	Company Trainer, MDTT or MDC with Company Trainer Training	Company trainer, MDTT	MDTT	Pain Team	Pain Team	Company Trainer, MDTT or MDC with Company Trainer Training	Company Trainer, MDTT or MDC with Company Trainer Training	Company Trainer, MDTT or MDC with Company Trainer Training	MDTT	Company Trainer, MDTT / MDC with Company Trainer Training
Update Frequency & Method		2 yearly F2F/EL	2 yearly F2F/EL	2 yearly F2F/EL	2 yearly F2F/EL	2 yearly F2F/EL	2 yearly F2F/EL	2 yearly F2F/EL	2 yearly F2F/EL	2 yearly F2F/EL	Annual F2F/EL	2 yearly F2F/EL
Formal Competency Required		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Medical (If device user)	**Consultant**	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Trainee Dr	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	NCCG Dr	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nursing (If device user)	**Nurse Managers & Matrons**	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Registered – Adult & Paediatric (Hospital)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Registered - Community	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Operating Department Practitioners	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
	Nursing Assistant	NA	NA	NA	NA	NA	NA	Y	Y	Y	Y	Y
	Emergency Department Assistants	NA	NA	NA	NA	NA	NA	Y	Y	Y	Y	Y
	Trainee Assistant Practitioners	NA	NA	NA	NA	NA	NA	Y	Y	Y	Y	Y
	Assistant Practitioners	NA	NA	NA	NA	NA	NA	Y	Y	Y	Y	Y
Midwifery (If device user)	**Registered - Hospital**	Y	NA	Y	Y	Y	NA	Y	Y	Y	Y	Y
	Registered - Community	NA	NA	NA	NA	NA	NA	Y	Y	Y	Y	Y
	Maternity Support Worker	NA	NA	NA	NA	NA	NA	Y	Y	N	Y	N
	Nursing Assistants	NA	NA	NA	NA	NA	NA	Y	Y	N	Y	N

Key: EL = E-Learning; F2F = Face to face MDTT = Medical Device Training team MDC = Medical Device Champions **High Use Medical Devices**		Patient Moving & Handling Equipment						Patient Monitoring			Warming		Other
		Hoists including Bariatric	**Pat Slide**	**Hoist Slings**	**Wheel chairs**	**Slide Sheets**	**Commodes**	**Vital Signs Monitors Various**	**Pulse Oximeters Various**	**Thermometers Various**	**Blood Warmer**	**Bair Hugger**	**Flowtron**
Risk		Moderate	Moderate	Moderate	Low	Low	Low	Moderate	Moderate	Low	Moderate	Moderate	Moderate
Initial Training		F2F Induction	F2F Induction	F2F Induction	Informal Local Induction	F2F Induction	Informal Local Induction	Local Induction for qualified, Formal course for Band 2-4	Local Induction for qualified, Formal course for Band 2-4	Local Induction for qualified, Formal course for Band 2-4	F2F Local Induction	F2F Local Induction	F2F
Training Delivered By		MSD Team	MSD Team	MSD Team	Demo by competent member of staff	MSD Team	Demo by competent member of staff	Demo by competent member of staff or Formal Course	Demo by competent member of staff or Formal Course	Demo by competent member of staff or Formal Course	MDTT or MDC	MDTT or MDC	Company Trainer, MDTT / MDC with Company Trainer Training
Update Frequency & Method		Annual F2F	Annual F2F	Annual F2F	One Off	Annual F2F	One Off	One Off	One Off	One Off	2 yearly F2F/EL	2 yearly F2F/EL	2 yearly F2F/EL
Formal Competency or Assessment Required		No	No	No	No	No	No	Yes Band 2-4	Yes Band 2-4	Yes Band 2-4	No	No	No
Medical (If device user)	**Consultant**	N	N	N	N	N	N	Y	Y	Y	Y	Y	Y
	Trainee Dr	N	N	N	N	N	N	Y	Y	Y	Y	Y	Y
	NCCG Dr	N	N	N	N	N	N	Y	Y	Y	Y	Y	Y
Nursing (If device user)	**Nurse Managers & Matrons**	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Registered Nurses – Paediatric / Adult - Hospital	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Registered – Community All	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
	Operating Department Practitioners (ODP's)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Assistant Practitioners	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y
	Trainee Assistant Practitioners (Band 3)	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y
	Nursing Assistants – Paediatric and Adult	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y
	Emergency Department Assistants (EDA's)	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y
Midwifery (If device user)	**Registered - Hospital**	N	N	N	N	N	N	Y	Y	Y	N	Y	N
	Registered - Community	N	N	N	N	N	N	Y	Y	Y	N	N	N
	Maternity Support Worker	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y
	Nursing Assistants	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y

Key: EL = E-Learning; F2F = Face to face MDTT = Medical Device Training team MDC = Medical Device Champions **High Use Medical Devices**		Airway & Respiratory Management						Advanced Patient Monitoring/Emergency Equipment				
		Wall Mounted Suction	**Mobile/Wall Suction LSU**	**Mobile O2 & Air Flowmeters**	**Wall Mounted Flow meters**	**Nebulizers Various**	**MR850 Humidifier**	**Cardiac Monitors**	**Solar 8000M Dash Monitors**	**ECG Machines**	**AED Devices**	**Defib--rillator Lifepak 15/20**
Risk		High	High	High	High	Low	Moderate	High	High	High	High	High
Initial Training		F2F Local Induction	F2F Induction	F2F Induction	F2F Induction	Informal Local Induction	F2F Local Induction	F2F Local Induction	F2F Local Induction	F2F ECG Course	F2F Induction	F2F Formal Course
Training Delivered by		MDTT or MDC	Resus Team ABLS, or MDTT	Medicine Management Team	Medicine Management Team	Demo by competent member of staff	MDTT or MDC	Company Trainer, MDTT / MDC with Company Trainer Training	Company Trainer, MDTT / MDC with Company Trainer Training	Company Trainer, MDTT / MDC with Company Trainer Training	Resus Team, Company trainer, CMT training	Resus Team ILS
Update Frequency & Method		2 yearly F2F/EL	Annual F2F	Annual F2F/EL	Annual F2F/EL	One Off	2 yearly F2F/EL	2 yearly F2F/EL	2 yearly F2F/EL	2 yearly F2F/EL	Annual F2F	Annual F2F
Formal Competency or Assessment Required		No	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Medical (If device user)	**Consultant**	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Trainee Dr	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	NCCG Dr	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nursing (If device user)	**Nurse Managers & Matrons**	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Registered Adult & Paediatric	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Registered – All Community	Y	Y	NA	NA	NA	NA	NA	NA	NA	Y	Y
	Nursing Assistants	Y	Y	NA	NA	NA	NA	NA	NA	Y	Y	Y
	Operating Department Practitioners	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Emergency Department Assistants	Y	Y	NA	NA	NA	NA	NA	NA	Y	Y	Y
	Trainee Assistant Practitioners (Band 3)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Assistant Practitioners	Y	Y	NA	NA	NA	NA	NA	NA	Y	Y	Y
Midwifery (If device user)	**Registered - Hospital**	Y	Y	Y	Y	NA	NA	NA	NA	Y	Y	Y
	Registered - Community	Y	Y	NA	NA	NA	NA	NA	NA	NA	Y	Y
	Maternity Support Worker	Y	Y	NA	NA	NA	NA	NA	NA	Y	Y	Y
	Nursing Assistants	Y	Y	NA	NA	NA	NA	NA	NA	Y	Y	Y