



Department:

## Respiratory Services

Date Originated: September 1986

Date Reviewed/Revised: February 2011

## DEPARTMENT STANDARD

Topic: Departmental Operations –  
Loan of Equipment to  
External Facilities Within  
the Vancouver Coastal  
Health Region

Number: B-00-16-12017

Related Links:

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### APPLICABLE SITES:

St. Paul's Hospital  
Mount Saint Joseph Hospital

Equipment such as oscillators may be loaned to other hospitals within the Vancouver Coastal Health Region on an emergency basis.

Approval for the loan of equipment must come from the Respiratory Services Professional Practice Leader (or in their absence the Clinical Coordinator for Respiratory Services). Wherever possible direct communication will occur between Respiratory Departments

Removable components such as circuits, heater wire cables, and oxygen analyzers will not be sent with ventilators or oscillators.

Transportation of equipment will be arranged through the Biomedical Departments of each facility to ensure that equipment is safely packaged for transport. The receiving facility will be responsible for making the arrangements and will be responsible for any incurred costs.

Transportation of small, non capital items (such as specialty bronch needles, humidifiers) may be sent via transport company or Taxi to the receiving facility (at their expense).

PHC Respiratory Services does not lend respiratory equipment to patients for home visits.

Prior to transfer, an inventory sheet/equipment liability and release form must be prepared listing all equipment being sent, and the condition it is in. A copy should be forwarded to the receiving hospital with the equipment. The receiving hospital will sign the form & return via fax to PHC Respiratory Services to confirm receipt of equipment.

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: Professional Practice Leader, Respiratory Services



***Respiratory Services***

***c/o 8<sup>th</sup> Floor, Providence Building (Ward 8B) – St. Paul's Hospital  
1081 Burrard Street, Vancouver, BC V6Z 1Y6  
Tel: 604-806-8286***

**EQUIPMENT RELEASE AND LIABILITY – EQUIPMENT LOANED TO ANOTHER FACILITY**

Equipment Loaned from: ☐ St. Paul's ☐ Mount Saint Joseph

Equipment on Loan:

Type of Equipment:

\_\_\_\_\_

Make:

\_\_\_\_\_

Model / Size:

\_\_\_\_\_

Serial Number:

\_\_\_\_\_

Other Items Included in Loan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Loan:

\_\_\_\_\_

Loaned To:

Department / Facility:

\_\_\_\_\_

Responsible Person: \_\_\_\_\_ Telephone Number:

\_\_\_\_\_

(Printed Name)

As the responsible person named above, I agree that I have received the equipment itemized in this release. I agree that I will return these item(s) in the same condition that I received them (clean and in good working order). I also agree that we will be responsible for repair or replacement costs should these item(s) not be returned or returned damaged/unusable.

Signature of Responsible Person: \_\_\_\_\_  
(Please sign this form & return via fax on receipt of equipment – fax #604-806-8544)

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TO BE USED BY PHC STAFF:

All items listed above returned clean & in working order:

☐ YES

☐ NO (if NO, list on reverse and inform PPL)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_