MEDICAL EQUIPMENT USER TRAINING POLICY

POLICY

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Approving Body	MDEG – Medical Device and Equipment Group
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Date of Completion of Equality Impact Assessment	15th November 2019
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Legal and/or Accreditation Implications	CQC Requirement
Target Audience	All staff who are involved in the training, use and monitoring processes of medical equipment.
Review Date	January 2023
Sponsor (Position)	Chief Nurse
Author (Position & Name)	Lead for Training & Clinical Advisor for Medical Equipment – Tracy Dring
Lead Division/ Directorate	Diagnostics and Outpatients
Lead Specialty/ Service/ Department	Medical Equipment Management Department/Clinical Engineering
Position of Person able to provide Further Guidance/Information	Consultant Head, Clinical Engineering Services & Trust Medical Device Safety Officer – Peter Lee

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
N/A	N/A

CONTENTS

1.0 INTRODUCTION

1.1 This document outlines the Trust's strategy to achieve multi-professional competency in the use of medical devices and achieve competency in the use of medical devices appropriate to individual roles.

1.2 The Trust acknowledges that, given the high workload and pressures on the service, a realistic, achievable approach must be adopted to ensure that risks are minimised and staff remain up to date in their knowledge and skills.

1.3 This policy is issued and maintained by the Chief Nurse on behalf of the Trust, at the issue defined on the front sheet which supersedes and replaces all previous versions.

2.0 POLICY STATEMENT

2.1 The Trust is committed to Medical Equipment Training as a means of assisting the organisation to meet statutory and legal obligations, manage risks and maintain standards of service.

2.2 The purpose of this policy is to ensure that staff that use medical equipment are appropriately authorised, trained and assessed in its use. In relation to new equipment, consideration should be given to training needs before an order is placed.

2.3 All staff that use medical equipment, either directly in the diagnosis or treatment of patients, must have sufficient understanding of its use to do so in a safe and effective manner. This will increase the confidence and efficiency of staff and reduce both the risk of delay in treatment and the occurrence of incidents.

2.4 The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status. An Equality Impact Assessment (EIA) of this policy has been conducted by the author using the EIA tool developed by the diversity and inclusivity committee. (The policy screened as low impact. – 15.11.2019)

This clinical document applies to:

Staff group(s)

- This policy applies to all grades of staff in Sherwood Forest Hospitals NHS Foundation Trust who use or plan to use medical equipment appropriate to their role e.g. doctors, nurses, specialist practitioners, physiotherapists, health care support workers, operating department practitioners, midwives.

Clinical area(s)

- This policy applies to all areas of the Trust, Kings Mill Hospital, Newark Hospital and Mansfield Community Hospital where clinical staff use medical equipment (eg. adult in-patient wards, outpatients, maternity areas, neonatal, paediatric areas, assessment areas, emergency department.)

Patient group(s)

- This policy applies to all patient groups e.g. adults, paediatrics, neonatal, maternity. This ensures medical equipment is used safely, by all staff in relation to patient care, diagnosis and treatment.

Exclusions

- No exclusions.

3.0 DEFINITIONS/ ABBREVIATIONS

3.1 Definitions for specific terms used in the policy:

Medical device/ equipment	This term covers a wide range of healthcare products other than medicines used every day in all healthcare settings. A medical device is any product used in the diagnosis, prevention, monitoring and treatment of disease or disability for example: • Infusion devices and similar pumps; • Blood pressure devices; • Hospital beds *"Devices in Practice MHRA 2008"*
Specialist medical equipment	Relates to the equipment mainly used within a specialism for example: • Ventilator : used in anaesthetics
The Trust	Means the Sherwood Forest Hospitals NHS Foundation Trust
Clinical Staff	Includes doctors, nurses, midwives, health care assistants, operating department practitioners and any other health care professionals expected to use medical equipment.
Specialist areas	Includes the Emergency Department, Intensive Critical Care Unit, Neonatal Intensive Care Unit, Operating Theatres, Therapy Services, Midwifery, Radiology, outpatient areas and Endoscopy who have independent processes in place to address specialist equipment training.

4.0 ROLES AND RESPONSIBILITIES

4.1 Divisional Heads of Nursing and the Clinical lead for Diagnostics and Outpatients

Are responsible for ensuring that:

4.1.1 Annual updated equipment training compliance/ non-compliance reports for basic Trust-wide medical equipment , see Appendix 1, (for the appropriate non medical staff) are disseminated to the appropriate Nursing staff/Service and Midwifery for awareness and action as required. Report is created by the information and quality team using the Oracle Learning Management (OLM) system administrator.

4.2 Line Managers/ Nursing/ Department Leaders

Line Managers/ Nursing/Department Leaders are responsible for ensuring that:

4.2.1 Staff are informed of their responsibility to ensure that the appropriate equipment training is undertaken. Managers will ensure that sufficient time is made available for staff to undertake the required training.

4.2.2 Staff on short term contracts or staff that have changed roles within the Trust receives, as part of their induction, information and time to undertake the training necessary for them to carry out their role effectively and safely. See Induction Policy.

4.2.3 Staff access appropriate training and seek advice or further training in the event of being involved in an incident or declare a personal need for further training.

4.2.4 Any department based training is recorded and reported to the information and quality team (OLM system administrator).

4.3 Individual Staff

Individual staff members are responsible for ensuring that:

4.3.1 They have the knowledge and skills required to safely and effectively use medical equipment, and that medical equipment training and self-assessment competencies are completed as appropriate to their role.

4.3.2 They access the appropriate medical equipment training as appropriate to their role.

4.3.3 They DO NOT use any equipment they have not been trained to use.

4.3.4 They apply the knowledge and skills acquired from mandatory training for the three pieces of emergency equipment (electric beds, portable suction and portable oxygen cylinders which are related to basic life support assessment) at all times and alert their line manager if any aspects of practice contravenes the advice given and guidance provided on the training.

4.3.5 They complete the appropriate self-assessment and medical equipment documentation and a copy (marked COPY) of the self-assessment is sent to the Lead for Training and Clinical Advisor for Medical Equipment or Information and Quality Team for input onto OLM system administrator. The original self-assessment document must be retained by the individual for their own professional portfolio.

4.3.6 Registered clinical staff who are responsible for the administration of intravenous infusions complete the relevant witnessed infusion pump assessment forms and return a signed copy to the Lead for Training and Clinical Advisor for Medical Equipment. The original self-assessment document must be retained by the individual for their own professional portfolio.
For all new staff entering SFHT IVI pump assessments will be completed using the e-Academy assessment process.
Both methods require 3 yearly re-assessment.

4.3.7 They declare any lack of medical equipment training, appropriate to their role, to their line manager.

4.4 Lead for Training and Clinical Advisor for Medical Equipment (LTCAME)

The Lead for Training and Clinical Advisor for Medical Equipment is responsible for ensuring that:

4.4.1 There is a medical equipment user training process.

4.4.2 Records of equipment training and records of completed assessments and self-assessment documentation are forwarded to the Information and Quality Team to be recorded on the OLM system by the OLM system administrator.

4.4.3 Appropriate training is available for clinical staff.

4.4.4 Training materials are available and accessible for clinical staff

4.4.5 Advice is available for product and medical equipment purchasing.

4.4.6 The Medical Equipment Training and Information Intranet page is maintained.

4.4.7 The Doctors Medical Equipment e-learning programmes are monitored and any changes implemented as required.

4.4.8 A Medical Equipment User Training programme is implemented for each ward/area/department using a training needs analysis. The training needs analysis developed in conjunction with the Department Leaders contains; a list of commonly used equipment; a list of staff roles authorised to use the equipment; the training category of the equipment (high, medium, low); the training required and the trainers available.
http://sfhnet.nnotts.nhs.uk/admin/webpages/default.aspx?RecID=1011
(Medical Equipment User Training Programme/ Training Needs Analysis)

4.4.9 The training objectives for each area are reviewed to facilitate a uniform approach throughout the Trust, meeting department /specialist leads to review progress as appropriate. Specialist areas follow a different process as described in Section 4.7

4.5 Head of Service/ Clinical Lead (medical)

The Head of Service/Clinical Lead is responsible for ensuring that:

4.5.1 All doctors entering the Trust complete the Medical Equipment e-learning programme and present the completed certificate at their induction.

4.5.2 Medical staff in their specialism access medical equipment training appropriate to that specialism and that it is recorded. (for Process see Appendix 2)

4.6 Information and Quality Team (Oracle Learning Management System Administrator)

The Information and Quality team are responsible for ensuring that:

4.6.1 All returned registers and completed competency self assessment documentation is recorded onto OLM.

4.6.2 The Annually updated equipment training compliance/ non-compliance reports for basic Trust-wide medical equipment, (for the appropriate non medical staff) is created.

4.6.3 The annually updated equipment training compliance**/** non-compliance reports for basic Trust-wide medical equipment, (for the appropriate non-medical staff) are sent to the lead for Training and Clinical Advisor for Medical Equipment. (LTCAME)

4.7 Specialist Areas

Specialist areas are responsible for ensuring that:

4.7.1 There is an independent process in place to address specialist medical equipment training appropriate to their specialism. (Appendix 4)

4.7.2. The process is instigated and monitored by the specialist areas.

4.7.3 Any specialist equipment training is recorded internally for the department/specialism.

4.8 Medical Equipment Management Department (MEMD)

The MEMD is responsible for ensuring that:

4.8.1 The Trust has an inventory of all items of diagnostic and therapeutic equipment

5.0 APPROVAL

Following consultation, this Policy has been approved by the Medical Device and Equipment Group.

6.0 DOCUMENT REQUIREMENTS

6.1 Medical Equipment plays an increasingly important role in the assessment and management of patients in clinical practice today. All grades of staff play a vital role in ensuring that equipment is functioning as it should and is used safely and for the purpose for which it was intended.

6.2 As medical equipment becomes more sophisticated and frequently used there is a need to identify implications for the training of clinical staff that are or will be expected and authorised to use such equipment.

6.3 The Trust expects all grades of staff to adhere to the following principles before using any medical device:

- Always visually check the piece of equipment for cleanliness, signs of damage, service date or incorrect settings before use.
- If the equipment requires disposables, ensure they are; in date, correct for the device and for its current settings. Be aware of single use and single patient use.
- Equipment should only be used if training has taken place.
- Competency assessments completed as appropriate.

Advice and support may be accessed via the Lead for Training and Clinical Advisor for Medical Equipment.

6.4 Assessment of Training Need

6.4.1 A Medical Equipment User Training Programme/ Training Needs Analysis for each ward/department are developed. The programme includes: an inventory of commonly used equipment; the staff roles authorised to use the equipment; the level of training required (high, medium, low); the trainers and the type of training available. http://sfhnet.nnotts.nhs.uk/admin/webpages/default.aspx?RecID=1011
(Medical Equipment User Training Programme/ Training Needs Analysis)

6.5 Training

6.5.1 The Levels of 'Training Need' are defined below;

- **HIGH:** Training from a competent practitioner or the manufacturer. All participants have the opportunity to participate in the relevant activities to establish competency in the use of the equipment. The trainer and/or completed competency self-assessment establish competency.

- **MEDIUM:** Group training from a competent practitioner or the manufacturer. This may be similar to the above; however an overall demonstration should be sufficient to impart the relevant knowledge and skills required for safe use of the equipment.

- **LOW:** Guidance/ demonstration from a competent practitioner or colleague will provide sufficient knowledge to use the equipment safely.

6.5.2 Co-ordination and delivery of training is organised by the Lead for Training and Clinical Advisor for Medical Equipment. However it is the responsibility of each Ward/Department Leader to ensure that staff training takes place. The Annual updated equipment training compliance/non-compliance reports for basic Trust-wide medical equipment indicates training completed by the individual for the reported medical equipment (Appendix 1). This information, in addition to the information on the department inventory and the appraisal process indicates any lack of medical equipment training for the individual.

6.5.3 Delivery of training is undertaken by;

- Lead for Training and Clinical Advisor for Medical Equipment (LTCAME).
- Medical Equipment Management Department (MEMD)
- Clinical Staff trained to use the medical equipment who are able to cascade training to colleagues.
- The appropriate manufacturer representatives

6.5.4 Every user of equipment has access to training and updates for required medical equipment. Updates will take place when;

- Identified by an individual in their Individual Performance Review (Appraisal)
- Identified by the staff member's manager as a specific training need.
- An incident has occurred with a piece of medical equipment and indicates user error.

6.5.5 Users are trained in the safe operation of medical devices. Where relevant they will:

- Be aware of differences between models of a given device, where these affect safety or function
- Be able to assemble the device following cleaning, and fit appropriate accessories
- Be able to set the controls correctly
- Be able to link the device to a patient effectively and safely, causing a minimum of discomfort.
- Be able to show the patient/client how to use the device, if appropriate
- Be able to recognise malfunctions
- Be able to correct malfunctions if appropriate, or withdraw the device from the service and contact MEMD
- Know how to clean a device and organise its decontamination
- Know how to report an incident involving medical equipment
- Know how to report a fault with medical equipment

6.5.6 Clinical staff are trained on and have an update on the three items of emergency equipment (electric beds, portable suction and portable oxygen cylinders) as described in the Mandatory Training Policy to support Basic Life Support training.

6.6 Specialised Training in Specific Areas

6.6.1 This applies to all the specialist areas where there is a concentration of complex medical equipment e.g. ventilators, incubators, and anaesthetic machines. These areas have independent processes in place to address specialist medical equipment training. (Appendix 4)

6.7 Training Records

6.7.1 Medical Equipment training is recorded using attendance registers, self assessment documentation, and e-learning reports. The information from these records is put onto OLM, from which positive equipment training reports are created.

6.7.2 Records of training are maintained and put onto OLM, including registers and self assessments documents. Records include the type of medical equipment, the date of training, the trainer's name, the trainee's printed name and signature.

6.7.3 Staff who have successfully completed training and/or assessment must photocopy and send the copy of the competency statement, if appropriate, to the Lead for Training and Clinical Advisor for Medical Equipment or OLM administrator.

6.7.4 Training records and training content are kept for six years after termination of staff member's employment, in line with Trust Retention and Destruction of Records policy.

6.7.5 The Lead for Training and Clinical Advisor for Medical Equipment (LTCAME) holds master copies of all sets of documentation required for training/assessment except those used in specialist areas, which are kept by the Clinical Leads/Educators in that area.

6.7.6 The Ward/Department Leaders/Managers are able to access medical equipment training records for their staff through the Information and quality team (OLM system administrator).

6.8 Temporary/Bank/Agency staff

6.8.1 All Temporary/Bank/Agency staff that are required to use Medical Equipment will receive appropriate training from the ward/department where they are working, in line with the Trust's Induction Policy. No member of staff should use any equipment without supervision unless they have attended and participated in the relevant training/instruction as completed during their induction.

This will be monitored by the Professional Education and Training Team in line with the Induction Policy. (See Induction Policy - Appendix 4, Guidelines for Induction)

6.9 Medical Staff (doctors)

6.9.1 Before induction all doctors entering the Trust complete the Doctor's Medical Equipment e-learning programme covering the Trust's basic ward equipment. The successful completion of the e-learning programme is then recorded automatically onto OLM.

6.9.2 All doctors in training take part in specialist medical equipment training relevant to their specialism and appropriate to their role as required.

6.9.2 The specialist medical equipment training is the responsibility of the Clinical/ Education Lead for the specialism. Competency documentation is available to record this training, which is returned to the LTCAME or OLM system administrator to record onto OLM system. (Appendix 3)

6.9.3 Permanent medical staff, as appropriate and in accordance with their mandatory training requirements, will access emergency medical equipment training. This is recorded on OLM system and monitored through performance management.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

First table below provides an overview of the monitoring that is undertaken for compliance with this Policy. The additional detail for this is provided in table 2.

Table.1

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Mandatory Update	OLM, Training, Development & Education Dept.	OLM Report	Bi Monthly	Divisional Managers
Intravenous Infusion Pump Training Compliance	OLM to create Lead for Training and Clinical Advisor for Medical Equipment to disseminate	OLM Report	Annually	MEMD
Incident	Lead for Training and Clinical Advisor for Medical Equipment Management Team - MEMD	DATIX Report	Annually	MEMD

NHSLA RMS (2012) Standard 5.5 - Medical Devices Training – Medical Equipment User Training Policy

Table 2.

Criterion		Method of Monitoring	Timescale	Lead
1.5.5a	Duties	MDEG meetings :Medical Device and Equipment Group Annually updated equipment training compliance/ non-compliance reports for basic Trust-wide medical equipment see Appendix 1, (for the appropriate non-medical staff) sent to Divisional Heads of Nursing and Clinical Lead for Diagnostics and Outpatients dissemination to staff - Nursing/Service and Midwifery for awareness and action as required.	As meetings are held Annually	Chair MEMD Manager Deputy Director of Training, Education and Development Report by OLM administrator
1.5.5b	How the organisation includes all items of diagnostic and therapeutic equipment on an inventory **PILOT**	Medical Device Management Policy Link to Policy http://sfhnet.nnotts.nhs.uk/memd/default.aspx	Ongoing	MEMD manager
1.5.5c	How the organisation identifies which permanent staff are authorised to use the equipment listed on the inventory	Emergency equipment training as per Mandatory Policy • Consultation with ward/department leaders. • Ward/department inventories • Specialist areas define specialist equipment use Link to ward/ department inventories http://sfhnet.nnotts.nhs.uk/admin/webpages/default.aspx?RecID=1011	Monthly OLM reports Ongoing	Deputy Director of Training, Education and Development. Report by OLM administrator. Ward/ Department Leaders/LTCAME MEMD Manager

1.5.5d	How the organisation decides the training required	• Consultation with ward/department leaders. • Use of risk assessment tool Link to ward/department inventory http://sfhnet.nnotts.nhs.uk/admin/webpages/default.aspx?RecID=1011	Ongoing	Ward/ Department Leaders LTCAME MEMD Manager
1.5.5e	How the organisation decides the frequency of updates required	Annual mandatory update on 3 pieces of emergency equipment : electric beds, portable suction, O2 CD cylinders Updates take place when; • identified by an individual in their Individual Performance Review • identified by the staff members manager as a specific training need, • an incident has occurred with a piece of medical equipment indicating user error	Monthly OLM report Annual appraisal Annual review of user error incidents	Deputy Director of Training, Education and Development Report by OLM administrator Ward/ Department Leaders Chair of Medical Device and Decontamination Group/MEMD Manager Heads of Nursing
1.5.5f	How the organisation records that all permanent staff complete training	OLM database: Competency documentation and OLM Annually updated equipment training compliance non-compliance reports for basic Trust-wide medical equipment Mandatory Update	 Annual Monthly	LTCAME/OLM administrator Deputy Director of Training, Education and Development Report by OLM Administrator.
1.5.5g	How the organisation follows up those who do not complete training **PILOT**	Mandatory Update; Non-compliance letters sent to Managers. Mandatory Training Policy 4.4.6 • identified by an individual in their Individual Performance Review • identified by the staff members manager as a specific training need.	Annual Ongoing	Deputy Director of Training, Education and Development r Ward/ Department Leaders

1.5.5h	Action to be taken in the event of persistent non-attendance **PILOT**	Mandatory Update : Mandatory Update Policy 9.4 and 9.5	Annual	Deputy Director of Training, Education and Development
1.5.5i	How the organisation monitors compliance with all of the above	• Annually updated equipment training compliance/non-compliance report for basic Trust-wide medical equipment**,** see **Appendix 1,** (for the appropriate non-medical staff) is sent to Divisional Heads of Nursing and Clinical lead for Diagnostics and Outpatients for dissemination to the appropriate staff-Service and Midwifery for awareness and action. The report is sent by the OLM Administrator**.** • Annual analysis of medical equipment incidents relating to training by the Medical Device and Equipment Group which is reported to Clinical Governance Committee by the Medical Equipment Management Department Manager. • The annual mandatory medical equipment training is monitored through monthly performance and non-compliance reports provided by the Training, Education and Development Department to Divisional Managers.	Annual Annual Monthly	MEMD Report by OLM Administrator. MEMD Manager reporting to the relevant Committees Heads of Nursing and Clinical lead for Diagnostics and outpatients for dissemination to the appropriate staff - Nursing/Service and Midwifery for awareness and action as required

8.0 TRAINING AND IMPLEMENTATION

All staff who are involved in the training, use and monitoring processes of medical equipment should know how to access this policy on the Trust intranet and familiarise themselves with the contents.

The purpose of this policy is to ensure all staff are aware of their responsibilities regarding the training requirements and use of medical equipment. All relevant information can be found within section 6 of this policy. Any queries should be directed to the Lead for Training and Clinical Advisor for Medical Equipment.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 5
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 6

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- NHSLA Risk Management Standards (RMS) 2013-14.
- Medicines and Healthcare products Regulatory Agency www.mhra.gov.uk.

Related SFHFT Documents:

- Policy on Induction
- Policy on Mandatory training
- Medical Device Management Policy
- Policy on Decontamination of Health care equipment prior to inspection, service or repair (ICP12)
- Moving and Handling Policy
- Risk Management and Assurance Policy
- Retention and Destruction of Records Policy

11.0 KEYWORDS

Medical devices, Specialist medical equipment, Medical Equipment User Training

12.0 APPENDICES

Appendix 1 – Current basic Trust medical equipment items used for compliance report
Appendix 2 – Process for establishing training needs of Medical Staff
Appendix 3 – Doctors Medical Equipment Competency Record (example)
Appendix 4 – Independent process for specialist areas specialist equipment training
Appendix 5 – Equality Impact Assessment Form
Appendix 6 – Environmental Impact Assessment Form

Appendix 1

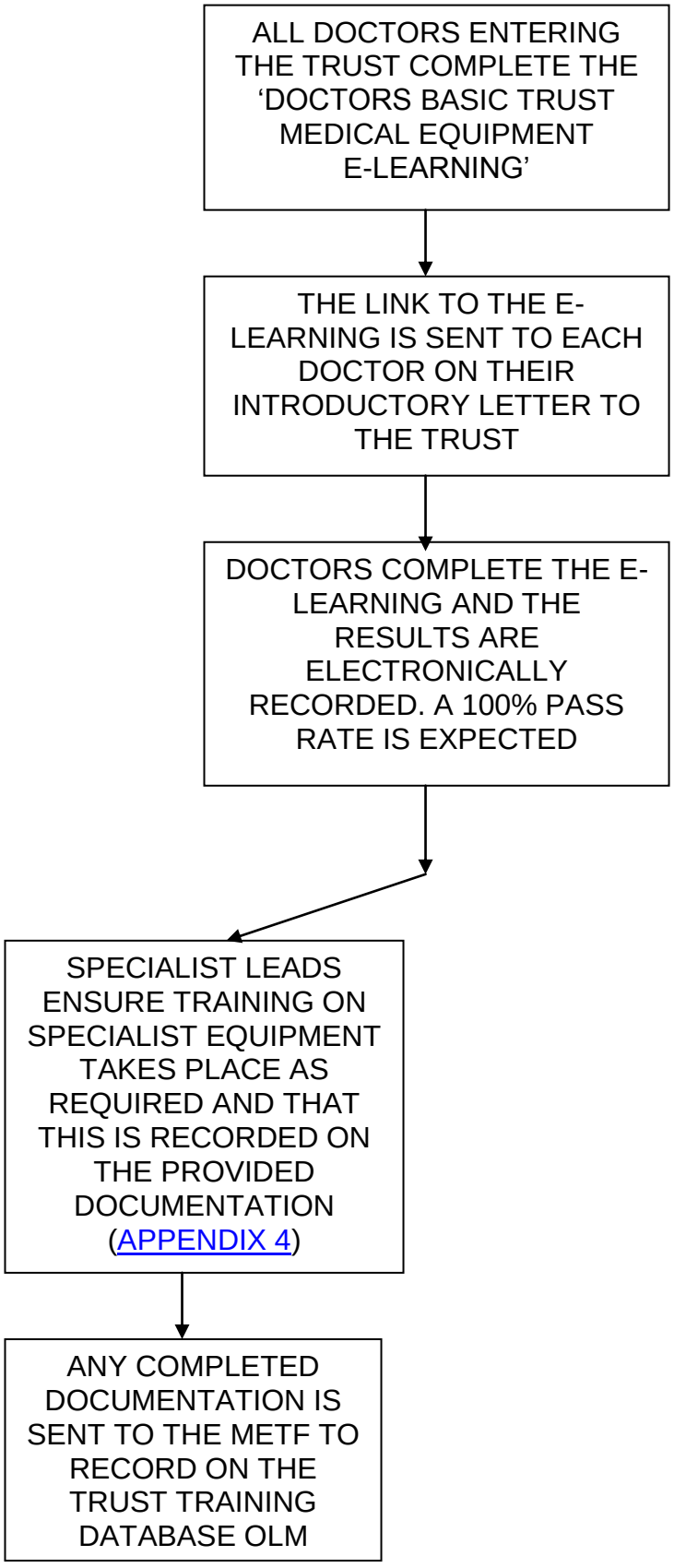
Equipment list Nurses, HCSW, ODP, Midwives

Chosen as most commonly used items of medical equipment (non specialist) across the organisation

STAFF GROUP	EQUIPMENT	STAFF GROUP EXCEPTION
RGN/ Midwife ODP	CAREFUSION GP PUMP	Theatre Nurses, Out Patients, Paediatric nurses, Pre-Op unit, Managers, Matrons,, Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control
RGN/ Midwife ODP	CAREFUSION GH PUMP	Day Case, Theatre Nurses, Out Patients, , Paediatric nurses, Pre-Op unit, Managers, Matrons, Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection control
RGN/ Midwife HCSW	DINAMAP/WELCH ALLYN MONITOR	Specialist Nurses, Managers, Matrons, Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control
RGN/ Midwife ODP HCSW	TYMPANIC THERMOMETER	Theatre Nurses, Managers, Matrons,, Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control
RGN/ Midwife ODP HCSW	WALL SUCTION (VACSAX)	Managers, Matrons, , Discharge teams ,Drugs and Alcohol, EAR, GP rotation, Infection Control
RGN/ Midwife ODP HCSW	LSU PORTABLE SUCTION	Managers, Matrons, , Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control
RGN/ Midwife ODP HCSW	SIDHIL BED/INNOV8/INNOV8 LOW	Managers, Matrons, , Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control , OPD, Pre op
RGN/ Midwife ODP HCSW	HUNTLEIGH CONTOURA BED	Managers, Matrons, , Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control , OPD, Pre op
RGN HCSW	RICHMOND BED	Managers, Matrons, Midwifery, Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control , OPD, Pre op
RGN/ Midwife ODP HCSW	PORTABLE CD OXYGEN CYLINDER	Managers, Matrons, Midwifery, Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control
RGN END OF LIFE TEAM	T34 PUMP	Managers, Matrons, Midwifery, Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control
RGN (PAEDIATRIC)	CAREFUSION VP PUMP	RGN (adult) Managers, Matrons, Midwifery, Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control, ODP
RGN (PAEDIATRIC)	CAREFUSION CC PUMP	RGN (adult) Managers, Matrons, Midwifery, Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control, ODP
RGN /PAEDIATRIC ODP HCSW	PATIENT WARMING UNIT- COCCON	Managers, Matrons,Discharge teams, Drugs and Alcohol, EAR, GP rotation, Infection Control

Appendix 2

Process for Medical Equipment Training for Medical Staff (doctors)



Appendix 3

MEDICAL EQUIPMENT TRAINING

Name

Grade

Specialty

Trust policy dictates that staff should not use any medical equipment they are not competent to use.

Training has been undertaken for the following medical equipment;

Type of Medical Equipment	Date of Training	Trainer

Signature (Trainee)	

When completed the Trainee should return the document through internal mail to;

Lead for Training and Clinical Advisor for Medical Equipment
Medical Equipment Management Department (MEMD) or Training and Development Department
Kings Mill Hospital
Sherwood Forest Hospitals Foundation NHS Trust

This information is then put onto the Trust Information and Quality Team - Oracle Learning Management System, within the Electronic Staff Records (ESR), to provide a training history for the individual. This history can be accessed when staff move to a new job in the NHS.

Appendix 4

Specialist areas independent processes for specialist medical equipment training

Specialist equipment is defined as equipment mainly used within a specialism.

Key

A	How the organisation identifies which permanent staff are authorised to use the equipment listed on the inventory
B	How the organisation decides the training required
C	How the organisation decides the frequency of updates required
D	How the organisation records that all permanent staff complete training

	ICCU	**Resus**	**Theatres**
A	All qualified staff need to know how to use all equipment	CPR training policy	Team leaders identify staff and equipment used
B	Trained by company representatives or ICCU clinical educator	CPR training policy and resuscitation Council UK guidance (RCUK)	At induction, appraisal, and introduction of new equipment
C	Updates take place at request of staff, and if they are any specific changes to the equipment	RCUK courses	Appraisals, national guidance, post incident, or at the request of an individual.
D	Staff have a log book and this is checked for completion at appraisal	OLM	Individual teams record the training, through the team leaders. Information passed to OLM administrator.

	NICU	**Radiology**	**GU medicine**
A	Department leader identifies staff able to use equipment	The equipment identified on the radiology asset register is used for imaging. Radiographers are trained as part of their degree. Induction covers specific equipment identified by the area they will work in e.g. ultrasound	Equipment log kept by staff identifying which equipment requires training.
B	Trained by company representatives or other colleagues at induction	Equipment credentialisation which is a check list that is used at induction. For new imaging equipment, an application specialist trains staff and this is cascaded.	Department leader through appraisal and at the introduction of new equipment
C	Updates take place at request of staff, from the appraisal findings and incidents	Updates take place at request of staff, and if they are any specific changes to the equipment	Appraisals, national guidance, post incident, or at the request of an individual.
D	Training registers/assessments completed and sent to OLM administrator. Copies kept by individuals/training link	Training records kept in the departments. Paper copies with signature of the person trained.	Training records kept in the department and OLM administrator.

	Paediatrics	**Endoscopy**	**Sherwood Birthing Unit/ Maternity ward**
A	The ward leader identifies and determines which ward and clinic based staff are required to use the equipment listed on the inventory.	Department lead identifies which permanent staff are authorised to use the equipment listed on the inventory	All qualified staff are authorised to use all equipment on the inventory, as well as some support staff who have received additional training. Shift co-ordinator identifies staff able to use specific relevant equipment.

B	Training is determined through appraisal, ward induction, incidents/ errors. Introduction of new equipment will determine a training requirement.	At induction, appraisal, and introduction of new equipment, company trainers training.	At induction, appraisal, and introduction of new equipment. All staff have completed self-assessments regarding competence and confidence in using certain pieces of equipment to help identify specific training needs.
C	Appraisal, incidents, individual requirements	Appraisals, national guidance, post incident, or at the request of an individual.	Updates take place at request of staff, and if they are any specific changes to the equipment or new equipment. May also be identified through appraisal or clinical incidents.
D	Training registers are completed and forwarded to OLM administrator	Department lead records the training. Information passed to OLM administrator in Training and Development Department	Training registers are completed and forwarded to OLM administrator

	Therapy Services	**Emergency Department**	**Cardiac Catheter Suite**
A	Department lead identifies which permanent staff are authorised to use the equipment listed on the inventory	Department lead identifies which permanent staff are authorised to use the equipment listed on the inventory	Department lead identifies which permanent staff are authorised to use the equipment listed on the inventory
B	At induction, appraisal, and introduction of new equipment, company trainers training.	At induction, appraisal, and introduction of new equipment, company trainers training.	At induction, appraisal, and introduction of new equipment, company trainers training.
C	Appraisals, national guidance, post incident, or at the request of an individual.	Appraisals, national guidance, post incident, or at the request of an individual.	Appraisals, national guidance, post incident, or at the request of an individual.
D	Department lead records the training. Information passed to OLM administrator in Training and Development Department	Department lead records the training. Information/assessments passed to OLM administrator in Training and Development Department	Department lead records the training. Information passed to OLM administrator in Training and Development Department

	Out Patient Department/Clinics
A	Department lead identifies which permanent staff are authorised to use the equipment listed on the inventory
B	At induction, appraisal, and introduction of new equipment, company trainers training.
C	Appraisals, national guidance, post incident, or at the request of an individual.
D	Department lead records the training. Information passed to OLM administrator in Training and Development Department

Appendix 5 – **Equality Impact Assessment (EqIA) Form** (please complete all sections)

- Guidance on how to complete an EIA
- Sample completed form

Name of service/policy/procedure being reviewed: Medical Equipment User Training Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 15 November 2019			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity:	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination	None
Gender:	None	This policy will encourage a culture that does not tolerate any form of abuse, however, some staff may mistakenly view a particular gender as being more vulnerable to violence and abuse	None
Age:	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
Religion:	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Disability:	None	Produced in font size 12. Use of suitable technology to view electronically. Alternative versions can be created on request	None
Sexuality:	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Pregnancy and Maternity:	None	Not applicable	None

Gender Reassignment:	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Marriage and Civil Partnership:	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):	None	The social profile of some patients attending certain departments may mean staff are exposed to a higher risk of abuse including abuse rooted in discrimination	None

What consultation with protected characteristic groups including patient groups have you carried out? None for this version, in that all previous principles remain in accordance with previous version (which was subject to consultation) and this version is primarily a reformat and codification of agreed practices.
What data or information did you use in support of this EqIA? Trust policy approach to availability of alternative versions.
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No

Level of impact
From the information provided above and following EqIA guidance document please indicate the perceived level of impact:

Low Level of Impact

Name of Responsible Person undertaking this assessment: Tracy Dring
Signature:
Date: 15th November 2019

APPENDIX 6 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	N/A
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	N/A
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	N/A
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	N/A
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	N/A
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	N/A