

INTERNAL ONLY
ISLHD POLICY
COVER SHEET



Health
Illawarra Shoalhaven
Local Health District

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| NAME OF DOCUMENT | Patients Use of Personal Electrical Devices |
| TYPE OF DOCUMENT | Policy |
| DOCUMENT NUMBER | ISLHD CORP PD 02 |
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| FORMER REFERENCE(S) | SESIAHS PD135 |
| EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR | Executive Director Finance and Corporate Services |
| AUTHOR | Manager Clinical Engineering |
| KEY TERMS | Electromedical, Biomedical, equipment, testing, CPAP |
| FUNCTIONAL GROUP OR HUB | District Wide |
| NSQHS STANDARD | Standard 1 |
| SUMMARY | The purpose of this policy is to regulate and control the use of personal electrical devices of convenience within ISLHD sites. It applies to patients, visitors and staff. |

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to ISLHD-CorporateGovernance@health.nsw.gov.au

**Electrical Devices – Patients Use of Personal
Electrical Devices**

ISLHD CORP PD 02**1. POLICY STATEMENT**

The use of personal electrical devices within ISLHD sites requires controls to minimise risks and ensure the safety of patient locations.

2. AIMS

The purpose of this policy is to regulate and control the use of personal electrical devices of convenience within the ISLHD. It applies to patients, visitors and staff.

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

Additional precautions specific to the use of communication devices such as mobile phones and walkie talkies are outlined in MoH guideline, [GL2005-045 27/01/2005 Mobile Phones and Wireless Communication Devices – Interference with medical Equipment – use of](#)

3. TARGET AUDIENCE

Hub General Managers, Facility Managers, Department Heads, Nurse Unit Managers, Clinical and Nursing staff

4. RESPONSIBILITIES**Specific responsibilities**

In order to ensure that privately owned electrical equipment complies with and is maintained to the required standards, it would be preferred for owners of such equipment to obtain permission for use and supply copies of recent electrical testing, up to date maintenance check records and have arrangements in place for its inspection thereafter, as specified by the manufacturer of the device or by a qualified external contractor/service agent of their choice.

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

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Note: if patients have been using the device regularly in their home environment, then to the best of our knowledge it can be assumed that the equipment is working correctly. This however does not negate the need to perform the above inspection.

Admission staff are to ensure that Patients are aware of this Policy.

Patients who are admitted for short durations such as Oncology day care patients and dialysis patients should, as far as practical, use battery powered devices only. This will eliminate unnecessary power cables and risks associated with use of mains power in potentially wet environments. Additional batteries should be brought in by the patient if their device is required to run the full length of their stay. Patients with obstructive sleep apnoea may be requested to bring their CPAP machine and ancillary equipment with them at the time of admission.

Patients are also to be made aware that their personal electrical devices, cables and battery chargers/plug packs are to be visually inspected for damage prior to use and that battery only operated devices are preferred. **Any damage to the devices, cables or battery charges/plug packs revealed by visual inspection will result in the item not being allowed to be used on the premises.**

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

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

General Principles

Patients and visitors are not to use their personal electrical devices whilst in ISLHD facilities where the use of the device may:

- Constitute an electrical safety risk
- Constitute an EMI risk with the facilities life support medical equipment
- Pose a risk to staff and others (cables on the floor, heavy TVs on cabinets not designed for the weight, cables severed when dropping side rails of beds, cables in vicinity of fluids, etc.)

Caution

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

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- Use of power boards and extension cords should be discouraged as they may compromise the environmental protection provided in patient locations. Double adaptors and piggy back plugs should not be used. (AS/NZS 2500:2004 Clause 6.8)
- Use of mains powered devices should be discouraged in bathrooms and wet areas.

During Use

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

After Use

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

5. DEFINITIONS

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

Personal electrical device – refers to any electrical device that is designed for portable personal use and is brought into the ISLHD facilities for the personal use of patients and visitors. This may include but is not limited to, CPAP machines, portable televisions, laptop computers and mobile phones and their chargers.

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

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

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

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ISLHD CORP PD 02**6. DOCUMENTATION**

Appendix 1 - PATIENT OWNED ELECTRICAL EQUIPMENT FLOW CHART

7. AUDIT

Not Required

8. REFERENCES

- [Work Health & Safety Regulation 2017 - Part 4.7 General electrical safety in workplace and energised electrical work.](#)
- [Safework NSW Code of Practice – Managing electrical risks in the workplace - September 2016.](#)
- AS/NZS 3760 – In service safety inspection and testing of electrical equipment
- AS/NZS 2500 – Guide to the Safe Use of Electricity in Patient Care
- AS/NZS 3551 – Technical management programs for medical devices
- [SafeWork NSW website – www.safework.nsw.gov.au](http://www.safework.nsw.gov.au)
- Policy ISLHD CORP PD 26 - Biomedical Equipment – Testing, tagging and labelling

9. REVISION & APPROVAL HISTORY

| Date | Revision No. | Author and Approval |
|----------|--------------|--|
| May 2007 | 0 | Manager Biomedical Services. Approved by SESIH Area Biomedical/Clinical Engineering Management Committee, Director Operations and Area Executive Committee on 15 May 2007. |
| Jul 2017 | 1 | ISLHD Manager Clinical Engineering in consultation with the Districts Clinical Engineering Committee. |
| Mar 2018 | 1 | Approved by Executive Director Finance and Corporate Services. |

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10. APPENDIX 1 – PATIENT OWNED ELECTRICAL EQUIPMENT FLOW CHART

