

Department:	Maternal Intensive Care Unit		
Document:	Multidisciplinary Policy and Procedure		
Title:	Equipment Repair in Maternal Intensive Care Unit		
Applies To:	All Maternity Intensive Care Unit Staff		
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1. PURPOSE:

- 1.1 To provide a method ensuring prompt repair of essential equipment in the event of a breakdown.

2. DEFINITIONS:

- 2.1 **Equipment Repair** – restoration of a broken, damaged, or failed device, equipment, part, or property to an acceptable operating or usable condition or state.

3. POLICY:

- 3.1 Each employee is responsible to report all equipment breakdown as promptly as possible to report all equipment breakdowns as promptly as possible.
- 3.2 In the event of breakdown, patient safety will be first priority.

4. PROCEDURE:

- 4.1 Electrical Breakdown of Equipment
 - 4.1.1 Electrical problems with equipment will be reported to the Hospital's biomedical engineers. During of shifts and weekends, problems will be reported directly to the administrative Supervisor and he/she will contact the biomedical engineer on-call.
 - 4.1.2 Equipment Availability in Patient Room Includes – Check all breaker switches for possible overload. (make sure they are in the “on” position).
 - 4.1.3 Back up equipment is obtained through Biomedical Engineering or Central Service, should the equipment need replacement or further repair.
- 4.2 In the event of monitor failure, the charge nurse will assess the patient's needs and degree of equipment failure to determine which the following monitor methods will be used:
 - 4.2.1 Visual Monitoring
 - 4.2.2 Moving the patient to a bed with a functioning monitor
 - 4.2.3 Placing a portable monitor at the bedside
- 4.3 Mechanical equipment
 - 4.3.1 In the case of breakdown or suspected malfunction of mechanical ventilators, Respiratory Therapy Services should be contacted STAT while qualified personnel manually ventilate the patient. Respiratory Therapy will be responsible for repair or replacement of the ventilator.
 - 4.3.2 Other types of equipment problems can be reported to Engineering Services during the day and to the administrative Supervisor on off shifts.
- 4.4 No-emergent Repairs – Equipment will be labelled and placed in the store room or utility room. The item, location and type of breakdown will be reported to Engineering Services. The equipment will be tagged with the specific problem and return location.

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

6.1 Biomedical Engineer

6.2 Nurse









7. APPENDICES:

N/A

8. REFERENCES:

8.1 Guidelines for Adult ICU Care/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013

9. APPROVALS:

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