

## Policy and Procedure

Policy Name:	Maintenance of all Medical and Laboratory Equipment
Effective Date:	Revision Date:
Department(s)/Site(s):	
Document Owners:	
Approved By:	
Relevant Law/Standard:	Department of Health Care Services (DHCS) All Plan Letter 20-004, Facility Site Reviews.

## Purpose:

Medical and lab equipment used for patient care is properly maintained.

## **Definition:**

The term monitor includes, but not limited to, glucometers, EKG, BP monitors, hemocues, and audiometers.

## Policy:

- A. All equipment used to measure or assess patient health status/condition is clean.
- B. All equipment used to measure or assess patient health status/condition is functioning properly.
- C. There is documented evidence that standard operating procedures have been followed for routine inspection/maintenance, calibration, repair of failure or malfunction, and testing and cleaning of all specialized equipment.
- D. Appropriate written records include calibration or other written logs, work orders, service receipts, dated inspection sticker, etc.
- E. All specialized equipment (e.g., ultrasonography equipment, electrocardiogram (EKG) machine, defibrillator, audiometer, hemoglobin meter, glucometer, scales, etc.) are adequately maintained according to the specified manufacturer's guidelines for the equipment, or is serviced annually by a qualified technician.
- F. Blood pressure cuffs, monitors, and other related equipment need not be calibrated unless required by the manufacturer. Manufacturer guidelines must be available on site, indicating that it is not necessary to calibrate the equipment.

Proced	ure:		
l.	Maintenance of Medical Equipment		
	A.	Operating manuals for medical and lab equipment will be maintained on site.	
	B.	Operating manuals will be the reference for planning routine maintenance schedules for equipment.	
	C.	If operating manuals are not available; and annual cycle for safety/calibration will be adopted	
D.		Documented proof of servicing will be maintained on site a may be in the following form:	
		<ol> <li>A receipt listing all equipment serviced and date of service.</li> <li>Stickers applied to equipment noting the date of service.</li> <li>Work orders/receipts for repair of equipment.</li> </ol>	
II.	Malfund	Malfunctioning Equipment	
	A.	Staff shall inform provider/designee of any equipment found to be malfunctioning or out of service.	
		<ol> <li>Provider/designee will arrange for repair or replacement of malfunctioning equipment.</li> <li>Documented proof of repair will be maintained on site.</li> </ol>	
III.	Qualifie	ualified Personnel	
	A.	Qualified staff assigned to operate equipment will be trained on appropriate use and maintenance.	

First Name Last Name – Title

Date

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Date

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