

**PROCUREMENT, MAINTENANCE AND SAFE USE OF  
 TRUST-OWNED WHEELCHAIRS POLICY**

(to be read in conjunction with the Medical Devices Policy)

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Relevant Staff Groups:	Staff in any department that has Trust-owned wheelchairs

**This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000**

## DOCUMENT CONTROL

<b>Reference</b>	<b>Version</b>	<b>Status</b>	<b>Author</b>
	2	Final	Head of Adult Rehabilitation Services
<b>Amendments</b>	<ul style="list-style-type: none"> <li>• compliance with revised policy template.</li> <li>• Front Page Author changed and Relevant staff group and best practice to review</li> <li>• Lead Director</li> <li>• 6.3 not a metal rivet now stencil</li> <li>• 7.2 &amp; 7.3 now amalgamated into one point and renumbering 7.4 now 7.3</li> <li>• 8.14 removed link's to intranet</li> <li>• 8.8 removed links.</li> <li>• 12.1 New paragraph added ref staff competent to use medical devices.</li> <li>• 13.1 Updated Equality Impact Assessment</li> <li>• 16 Updated relevant CQC standards.</li> <li>• 17 References Acknowledgements and Associated documents added</li> </ul>		
<b>Document objectives:</b> to ensure that risks associated with the use of trust owned wheelchairs are minimised			
<b>Intended recipients:</b> Staff in any department that has Trust-owned wheelchairs			
<b>Committee/Group Consulted:</b> Community hospital and older persons wards best practice group			
<b>Monitoring arrangements and indicators:</b> see relevant section of policy			
<b>Training/resource implications:</b> see relevant section of policy			
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<b>Contact for review</b>	Head of Adult Rehabilitation Services		
<b>Lead Director</b>	Chief Operating Officer		

## CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Manager of learning disabilities	Learning disability services
Anna Warman	Facilities Lead (West)
Karen Anderson	Head of Infection Prevention and Control/Decontamination Lead
Members	Community Hospitals and Older Adults Mental Health Wards Best Practice Group
Members	Rehabilitation Best Practice Group
Members	Clinical Policy Review Group
Members	Clinical Governance Group

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## **1 INTRODUCTION**

- 1.1 Wheelchairs are categorised as medical devices and as such are subject to regulations and guidelines published by the Medicines and Healthcare products Regulatory Agency (MHRA).
- 1.2 Wheelchairs are deemed medical devices and this Policy should therefore be read in conjunction with Somerset Partnership Medical Devices Policy.
- 1.3 Wheelchairs owned by Somerset Partnership are used in all Community hospitals/mental health in patient units/day hospitals and community team bases, in a number of areas and for different purposes:
  - for general transportation of in-patients, out patients and Minor Injury Unit patients
  - for transportation of patients between departments and other hospitals
  - for short term use by individual inpatients in certain areas e.g. stroke units following assessment and adjustment by rehabilitation staff
- 1.4 The use of wheelchairs can have an impact on the outcomes of a patient's care, and can also affect the health of staff and carers.

## **2 PURPOSE AND SCOPE**

- 2.1 The appropriate selection and adjustment of wheelchairs is also recognised for its importance in tissue viability.eg not using a wheelchair which is too small for the individual
- 2.2 Somerset Partnership NHS Foundation Trust is committed to ensuring that the range of models required, pressure area care, infection prevention and control, manoeuvrability, and servicing are considered when purchasing wheelchairs e.g. not purchasing wheelchairs with fixed footplates
- 2.3 Somerset Partnership NHS Foundation Trust recognises the importance of staff training to ensure robust decontamination, ensure safe use of wheelchairs for transit of patients and should only be attempted by appropriately trained professional staff
- 2.4 All trust owned wheelchairs will be regularly maintained as part of a planned preventative maintenance programme.
- 2.5 The aim of this policy is to help to ensure that risks associated with the use of trust owned wheelchairs are minimised by ensuring that wheelchairs are:
  - procured in accordance with Somerset Partnership NHS Foundation Trust's Medical Devices Policy;
  - suitable for their intended purpose;
  - maintained in a safe and reliable condition;
  - decontaminated according to Somerset Partnership NHS Foundation Trust's Cleaning of Equipment and Decontamination Policy;

- operated in accordance with the manufacturer's instruction by users and professionals who have obtained and maintained the correct level of knowledge and competency necessary;
- disposed of appropriately at the end of their useful life.

### 3. DUTIES AND RESPONSIBILITIES

3.1 **The Trust Board** has overall responsibility for procedural documents and delegate's responsibility as appropriate.

3.2 **The Lead Director** with responsibility for Wheelchair procurement maintenance and safe use within the Trust is the Chief Operating Officer.

3.3 **The Identified Lead (Author)** is the Clinical Lead for rehabilitation, who will be responsible for producing written drafts of the document and for consulting with others and amending as appropriate.

3.4 The Community Hospital and Older Adults Mental Health Wards Best Practice Group and the Clinical Governance Group **are responsible for monitoring the effectiveness of this policy:**

- Ensuring there are adequate controls to provide safe use and maintenance of trust owned Wheelchairs;
- Advising on training requirement for individual staff groups.

3.5 **Clinical Directors/Service Managers/Heads of Service:** responsibility for implementing this policy is devolved to Clinical Directors, Heads of Service and Service Managers.

3.6 **The Head of Governance** has responsibility for holding the central database of procedural documents including this policy and for providing review reminders. The team also have responsibility for dissemination of the final documents and archiving old versions.

3.7 **Matrons/Sisters/Charge Nurses/Service Managers** are responsible for ensuring that they have a planned programme of training for staff in their team in accordance with the Trust-wide Staff Training Matrix.

3.8 **All Somerset Partnership Staff** including temporary staff are individually responsible for complying with this policy. This includes (a) attending training and updating risk assessment skills as directed by this policy, (b) reporting concerns to their line manager, (c) regularly updating risk related sections within the Patients Healthcare Records and also completing a Datix form in line with the Trust's incident reporting policy accessible on the Trust Intranet. This will all be reported to and reviewed by the Community Hospital and Older Adults Mental Health Wards Best practice group.

## 4 EXPLANATION OF TERMS USED

**Cleaning** – A process which physically removes visible contamination (blood, body fluids, debris and accumulated deposits) and the majority of micro-organisms normally using a general purpose detergent.

**Decontamination** - the process of cleansing an object or substance to remove contaminants such as micro-organisms or hazardous materials, including chemicals, radioactive substances, and infectious diseases. The purpose of decontamination is to prevent the spread of micro-organisms and other contaminants.

**Personal Protective Equipment (PPE)** - protective clothing, (aprons/gloves, goggles) designed to protect the wearer's from injury or infection.

## 5. PROCUREMENT

- 5.1 Somerset Partnership NHS Foundation Trust seeks to optimise value for money and standardisation of key Medical Devices when procuring new or replacement equipment.
- 5.2 Somerset Partnership will employ a consistent approach to the procurement of wheelchairs for use within its community hospitals.
- 5.3 The process for procuring new wheelchairs should take account of advice from suitably trained rehabilitation staff regarding the models required.
- 5.4 Consideration of patient comfort, staff use, pressure area care, infection control, manoeuvrability, and servicing will form the basis for assessment.

## 6 ACCEPTANCE AND REGISTRATION

- 6.1 Newly acquired Trust owned wheelchairs must be subjected to a formal acceptance procedure prior to use. This will include:
  - a safety and performance test;
  - checks for damage;
  - checks for missing parts;
  - check for operating instructions.
- 6.2 Following acceptance all wheelchairs should be recorded within the Datix Medical Devices Register. The location, type of device, manufacturer, serial number, and acceptance date should all be recorded. The wheelchair will then be identified with its unique number from the Medical Devices Register
- 6.3 Each wheelchair needs to have an identifying number stencilled on to it and all accessories; this then needs to be logged on the identification wheelchair log (appendix A) this will also include regular monthly maintenance and quarterly maintenance records.
- 6.4 Each wheelchair must have a wheelchair history sheet to be completed by contractors when the chair is serviced (Appendix B)

- 6.5 The decontamination of wheelchairs should be documented on the weekly medical device decontamination sign off sheet. (Appendix A).
- 6.6 It is the responsibility of the Hospital Matron or delegated authority to ensure that all trust owned wheelchairs are registered on the Datix Medical Devices Register and the service history is fully maintained.
- 6.7 All wheelchairs being decommissioned from service will be recorded as such within the Datix system so that an accurate live record is maintained at all times.

## **7 ROUTINE CHECKING**

7.1 Prior to use it is the individual staff member's responsibility to ensure that a Medical Device is fit for purpose. This includes the appropriate selection and safe use of the Device, that it is in good working order and has been decontaminated This should be done after use and documented on the weekly medical device decontamination sign off sheet:

- checking tyres for wear/damage and adjusting pressure as required
- adjust brakes if necessary;
- check canvasses for faults, splits, tears and sagging
- check armrest pads are secure and not split;
- check foot plates/leg rests (heel straps if used), are in place and locking correctly;
- ensure folding mechanism works freely;
- check condition of seat belt;
- does the chair run true, wheels not rubbing sides of chair;
- check foot plates belong to chair – identity tags;
- record the safety check.

7.2 Local safety checks will be carried out monthly. Overall responsibility for this will be undertaken by a designated staff member at each location. A routine maintenance checklist will be used (Appendix C).

7.3 If the chair fails any element of the maintenance checklist, and this cannot be immediately resolved, the wheelchair should be identified for repair and taken out of service until the next maintenance visit. A decontamination certificate should be completed prior to maintenance work (Appendix D)

## **8 DECONTAMINATION**

8.1 All wheelchairs should be thoroughly cleaned on a regular basis after use.

8.2 Decontamination must be carried out in accordance with the Trusts Decontamination Policy guidelines and recorded on the weekly Medical Device Decontamination sign off sheet. (Appendix A)

8.3 Housekeeping Services will be responsible for routine cleaning of the wheelchairs once a month on a rolling programme and recorded on the wheelchair cleaning schedule (Appendix A). Please see Trust Cleaning Manual which can be found on the Intranet under Estates and Facilities.

- 8.4 In the event of accidental contamination with body fluids the chair will be taken out of service immediately for cleaning at the earliest opportunity.
- 8.4.1 In the event of this type of incident the wheelchair will be cleaned with a Trust recommended chlorine based cleaning agent. Responsibility for this will be with the person in charge in the clinical area concerned at the time. A member of the clinical team will carry out the cleaning i.e. Nursing, Rehabilitation Team.
- 8.5 In the event that a wheelchair is allocated to an individual inpatient on an ongoing basis during their stay, the chair will be cleaned prior to it being put back into general use.
- 8.6 Routine cleaning of wheelchairs should be with a general purpose detergent and hand hot water with a disposable cloth or a detergent wipe. All surfaces must have contact with the cleaning agent.
- 8.7 Staff should use Personal Protective Equipment (PPE) to protect their uniforms when decontaminating wheelchairs.
- 8.8 For specific advice about wheelchairs deemed to be at increased risk from infection, the Infection Prevention and Control Team can advise. See intranet for contact details.

## **9 ASSESSMENT FOR INDIVIDUAL USERS**

- 9.1 If a patient needs to use a wheelchair on an ongoing basis during an inpatient stay, it will be necessary for an individual assessment to be carried by an appropriate, trained member of the rehabilitation service and the wheelchair adjusted accordingly.
- 9.2 The use of waist belts should be considered on an individual basis and risk assessed according to need, consent and capacity (Deprivation of Liberty Safeguards (DoLS)).
- 9.3 When selecting, adjusting and issuing a wheelchair to an individual patient, the prevention of pressure ulceration should be taken into account.
- 9.4 All staff carrying out individual wheelchair assessments must have regular training updates.
- 9.5 Patients identified as at risk or with existing pressure ulcers should be issued a pressure reduction or pressure relieving cushion according to their level of risk and general condition. For further information see the Trust intranet under Tissue Viability Service.

## **10 CONTRACTED SERVICING/MAINTENANCE**

- 10.1 Contracted maintenance of wheelchairs will be performed on a basis in accordance with the trusts maintenance contract and will be carried out by competent organisations or people identified and approved by Somerset Partnership.



- 10.2 The schedule of checks at the maintenance visit is specified in the maintenance agreement (Appendix F).
- 10.3 A procedure will be developed by Matrons, Ward Managers and delegated representatives to facilitate the availability of wheelchairs for the maintenance check visit. The procedure should be documented and copies available for ward and rehabilitation staff, this must be agreed locally.

## **11 DECOMMISSIONING**

- 11.1 When wheelchairs are no longer serviceable they will be disposed of in accordance with advice from Somerset Partnership Facilities Manager. A Somerset Partnership disposal policy is available via the Trust website.
- 11.2 All wheelchairs will be decontaminated prior to disposal and be accompanied by a decontamination certificate.
- 11.3 The Datix Medical Devices Register will be updated accordingly to show the Device has been removed from service.

## **12 TRAINING REQUIREMENTS**

- 12.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.
- 12.2 Somerset Partnership NHS Foundation Trust recognises its role in ensuring patients and all staff are competent when using Medical Devices, have been trained appropriately and are able to use Devices safely in accordance with the manufacturer's instructions.
- 12.3 Wheelchairs and their accessories form part of the generic competency for the use of Medical Devices and all staff involved in their usage should have received appropriate training and be deemed competent prior to using them.
- 12.4 All appropriate staff are required to be familiar with the Medical Devices Policy, the Cleaning of Equipment and Decontamination Policy and the Prevention and Management of Pressure Ulceration Policies all available via the Trust internet.
- 12.5 Agency staff should not use equipment they have not been trained to use. They should be asked to demonstrate that they know how to use the equipment and competency should be assessed by the senior nurse on duty.

## **13. EQUALITY IMPACT ASSESSMENT**

- 13.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything

contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

#### **14. MONITORING COMPLIANCE AND EFFECTIVENESS**

- 14.1 Implementation of this policy will be reviewed in all relevant clinical areas and local monitoring of compliance with this policy undertaken by Ward Sisters/team leaders and discussed and reviewed and reported at Community Hospital Best Practice Group and Rehabilitation Best Practice Group. Actions will be addressed at team level.

#### **15. COUNTER FRAUD**

- 15.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

#### **16. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

The standards and outcomes which inform this procedural document are as follows:

- 16.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 17:	Governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

- 16.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
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- 16.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

## **17. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

### **REFERENCES**

Managing Medical Devices. Guidance for healthcare and social services organisation. MHRA DB2006(05)

### **Cross reference to other procedural documents**

Cleaning of Equipment and Decontamination Policy,  
Deprivation of Liberty Safeguards Policy  
Development & Management of Organisation-wide Procedural Documents  
Policy and Guidance  
Hand Hygiene Policy  
Learning Development and Mandatory Training Policy  
Medical Devices Policy  
Prevention and Management of Pressure Ulceration Policy  
Prevention and Management of Violence and Aggression Policy  
Record Keeping and Records Management Policy  
Risk Management Policy and Procedure  
Staff Mandatory Training Matrix (Training Needs Analysis)  
Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

## **18. APPENDICES**

18.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A	Wheelchair Cleaning Schedule
Appendix B	Wheelchair History Sheet
Appendix C	Wheelchair Maintenance Check
Appendix D	Decontamination Certificate
Appendix E	Guidelines for Cleaning Wheelchairs
Appendix F	Schedule of Checks at Maintenance Visit

**MEDICAL DEVICES CLEANING CHECKLIST FOR EQUIPMENT USED WITHIN MENTAL HEALTH AND COMMUNITY SERVICES**

ALL reusable medical devices must be decontaminated between patients, and must be kept clean and available for use. Any device found to be inadequately cleaned should be decontaminated immediately.

Weekly checks must be carried out to ensure that all devices are clean and the checklist below dated and signed. Completed checklists should be retained locally as evidence of good practice.

Clinical Area .....

Please score through any device NOT present within your clinical area

Medical Device	Cleaning Agent	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>
Alcohol Breathalyser (MH only)	As per manufacturer's instructions								
Baby Scales	Universal Detergent Wipe								
Baths; including Birthing Pools at Frome and Bridgwater Community Hospital	As per Trust Cleaning Manual Recommendations								
Bath Hoist	Universal Detergent Wipe								

<b>Medical Device</b>	<b>Cleaning Agent</b>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>
<b>Bed Frames</b>	Universal Detergent Wipe								
<b>Bed Tables</b>	Universal Detergent Wipe								
<b>Bladder Scanner (machine casing)</b>	As per manufacturer's instructions								
<b>Bladder Scanner (probe)</b>	As per manufacturer's instructions								
<b>Bowls (washing)</b>	Universal Detergent Wipe								
<b>Catheter Stands</b>	Universal Detergent Wipe								
<b>Commodes</b>	Universal Detergent Wipe								
<b>Defibrillators</b>	Universal Detergent Wipe								
<b>Doppler Scanner (machine casing)</b>	As per manufacturer's instructions								
<b>Accu Chek Performa meters (Roche) - Individual and Ward</b>	Universal Detergent Wipe								
<b>Coagu Chek XL Plus 9Roche) – Ward only</b>	Detergent Wipe – casing only								
<b>Doppler Scanner (probe)</b>	As per manufacturer's instructions								
<b>Dressing trolleys and attachments (ward and theatre)</b>	Universal Detergent Wipe								
<b>Ear phones and plugs</b>	Universal Detergent Wipe								

<b>Medical Device</b>	<b>Cleaning Agent</b>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>
<b>ECG Machine and leads</b>	Universal Detergent Wipe								
<b>Electric Suction (casing)</b>	Universal Detergent Wipe								
<b>Examination Couch</b>	Universal Detergent Wipe								
<b>Foam troughs/wedges (orthopaedic)</b>	Universal Detergent Wipe								
<b>Furniture and fittings</b>	Universal Detergent Wipe								
<b>Height Measure</b>	Universal Detergent Wipe								
<b>Patient Hoist</b>	Universal Detergent Wipe								
<b>Infusion pumps (machine casings)</b>	Universal Detergent Wipe								
<b>Infusion stand</b>	Universal Detergent Wipe								
<b>Manual sphyg and cuffs</b>	Universal Detergent Wipe								
<b>Mattresses, mattress covers and pillows</b>	Universal Detergent Wipe								
<b>Medicine trolley</b>	Universal Detergent Wipe								
<b>Nebuliser Casing (single patient use)</b>	Universal Detergent Wipe								
<b>Otoscope/ophthalmoscope</b>	As per manufacturer's instructions								
<b>Tonometer (including prism)</b>	As per manufacturer's instructions								
<b>Oxygen Cylinder</b>	Universal Detergent Wipe								

<b>Medical Device</b>	<b>Cleaning Agent</b>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>
<b>Patella Hammer</b>	Universal Detergent Wipe								
<b>Patient warming system</b>	Universal Detergent Wipe								
<b>Pulse oximeters</b>	Universal Detergent Wipe								
<b>Scales</b>	Universal Detergent Wipe								
<b>Stethoscopes</b>	Universal Detergent Wipe								
<b>Thermometer (casing)</b>	As per manufacturer's instructions								
<b>Treatment trolley</b>	Universal Detergent Wipe								
<b>Tuning forks</b>	Universal Detergent Wipe								
<b>Vital Sign monitors</b>	Universal Detergent Wipe								
<b>Walking aids (not patient's own)</b>	Universal Detergent Wipe								
<b>Weighing Machines (standing and sitting)</b>	Universal Detergent Wipe								
<b>Wheelchairs</b>	Universal Detergent Wipe								
<b>Wipeable duvets and pillows</b>	Universal Detergent Wipe								

**PLEASE ADD ANY ADDITIONAL ITEMS IDENTIFIED WITHIN YOUR AREA**

		DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Medical Device	Cleaning Agent								
Roche Coagu Chek XL Plus – Ward only	Universal Detergent Wipe – casing only								
Roche Accu Chek Performa meters - Individual and Ward	Universal Detergent								







APPENDIX C

WHEELCHAIR MAINTENANCE CHECK

Hospital:  
 Date:

Chair number	1	2	3	4	5	6	7	8	9	10
Check tyres for wear/damage and pump up as required										
Adjust brakes if necessary										
Check canvasses for faults, splits, tears										
Check armrest pads are secure										
Check footplates/leg rests are in place/locking correctly.										
Check heel straps if used										
Ensure folding mechanism works freely										
Check condition of seat belt										
Does the chair run true, wheels not rubbing sides of chair										
Check footplates belong to chair – identity tags										
Is the chair clean?										
Pass/fail – please tick	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail

Checked by:

(signature)

If any category above cannot be rectified at the time of the maintenance check, the wheelchair must be taken out of service.

**APPENDIX D**

**Decontamination Certificate**

Before any equipment is re-used or sent for repair or storage both within and outside the Hospital it must be decontaminated.

**The certificate must accompany the equipment; failure to comply will result in return of the equipment.**

<b>Ward/Dept</b>		
<b>Description of equipment</b>		
<b>Make</b>	<b>Model</b>	<b>Serial Number</b>

**Please select one box and tick accordingly**

<b>To the best of my knowledge this equipment has NOT been in contact with potentially infected material e.g. blood, body fluids and therefore has not been contaminated.</b>	
<b>This equipment MAY be contaminated by potentially infected material and has been decontaminated externally as per decontamination policy.</b>	
<b>This equipment MAY be contaminated but could not be decontaminated because,  Please give details:</b>	

**The above piece(s) of equipment has been appropriately decontaminated following patient usage and is now ready for repair, service, storage or re-use.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **DESIGNATION** \_\_\_\_\_

**SOMERSET PARTNERSHIP**

**GUIDELINES FOR ROUTINE CLEANING OF WHEELCHAIRS**

**1 CLEANING**

- 1.1 The manufacturer's instruction for decontamination must be followed.
- 1.2 In general, thorough cleaning with detergent and hot water will provide adequate decontamination of most equipment.
- 1.3 Protective clothing (disposable vinyl gloves and apron) should be worn when decontaminating equipment.
- 1.4 A member of the Housekeeping staff will be responsible for routine cleaning of wheelchairs.
- 1.5 Each chair will be cleaned a minimum of once per month on a rolling programme.
- 1.6 The Housekeeping Team in liaison with the Hospital Matron will identify locally how many wheelchairs will be cleaned each week.
- 1.7 Cleaning undertaken will be a normal, routine clean and will not include accidental contamination by body fluids, or between patient use. This cleaning will be undertaken by the appropriately trained staff members prior to the chair being returned for general use. Please see Somerset Partnership Cleaning and Decontamination Policy.
- 1.8 If required, further advice may be sought via the Somerset Infection Prevention and Control Team on 01278 432132

**2 EQUIPMENT REQUIRED**

- Disposable vinyl gloves;
- Disposable cloths (Yellow);
- Disposable aprons;
- Damp dusting bowl;
- General purpose cleaner.

**3 PARTS TO BE CLEANED**

- Frame
- Wheels, castors

- Footrest
- Armrest
- Upholstery

#### **4 PROCEDURE**

- Wear disposable apron and vinyl gloves
- Bowl of hot water with general purpose cleaner
- Wring out cloth well
- Change water and cleaning cloth frequently
- Work top to bottom
- Dispose of cloth in between each wheelchair
- Use hazard sign whilst cleaning is in progress
- Report any maintenance issues to the appropriate person
- Steam cleaners may only be used if manufacturer's guidelines allow
- Dispose of gloves and cloths as clinical waste
- Wash hands once process completed

#### **5 DOCUMENTATION**

- 5.1 Housekeeping staff member undertaking the cleaning must initial the appropriate box on appendix A.

## APPENDIX F

### EXAMPLE OF SCHEDULE OF CHECKS AT MAINTENANCE VISIT

#### 1 **Frame Structure**

- examine frame for damage and fractures and condition of chromium plating (where applicable)
- examine folding mechanism for damage and security of attachment
- check hand rims for security of attachment (where applicable)
- check fittings for security of attachment
- ensure all protective sleeves, caps and rubber plugs are fitted (where applicable)

#### 2 **Wheels and Castors**

- check wheels and castor assemblies for security of attachment
- check hand rims for security of attachment (where applicable)
- examine tyres for damage and wear
- inflate tyres to correct pressure (where applicable)

#### 3 **Brakes**

- check brake assemblies for security of attachment and correct adjustment

#### 4 **Footrest/leg rests**

- check assemblies for security of attachment and operation of locking devices
- ensure all protective sleeves, caps and rubber plugs are fitted (where applicable)

#### 5 **Upholstery**

- examine upholstery for damage, sagging and security of attachment
- examine armrest pads for damage and security of attachment