

**I. SCOPE / PURPOSE**

This outlines the company policies for maintaining durable medical equipment. This policy applies to all field personnel.

**II. DEFINITIONS**

**Durable Medical Equipment (DME):** Medical equipment that is reused after each patient encounter.

**III. POLICY**

- A. Armstrong Ambulance maintains its durable medical equipment in accordance with manufacturer specifications. Any outside manufacturer or contracted, licensed and insured technician providing service to Armstrong is responsible for maintaining and submitting maintenance records upon request.
- B. All durable medical equipment should be inspected by the crew to ensure that it is present and functional when they are checking off the truck at the beginning of their shift.
- C. All employees are to be familiar with the use and maintenance of all equipment and supplies within the vehicle in which he or she is working. All equipment and supplies are to be used in the manner for which they were intended.

**IV. PROCEDURE****A. Reporting Equipment Damage or Malfunction**

If at any time a crew experiences or notices that a piece of durable medical equipment is damaged or not functioning properly, they should immediately contact the on-duty Operations Manager who will arrange to get them a replacement. The crew should place the unit in question out of service according to the company's policy titled "Lock Out / Tag Out -Taking Equipment Out of Service", and complete a work order request on employee interface system.

***If the failure of the equipment happens during the course of patient care the failure must be reported immediately to the on-duty Operations Manager and appropriate boxes related to the Critical Failure must be completed on the electronic work order in addition to requirements outlined in the "Incident Reporting" policy. The interface system administrator will classify the work order as a "Critical Failure" and assign to the appropriate manager(s) to resolve issue.***

**B. Types of Equipment****1. Cardiac Monitors**

Armstrong maintains a service agreement with the manufacturer for the preventive maintenance and repair of our cardiac monitors. All necessary repairs shall be handled by an authorized technician.

During the vehicle check the crew should visually inspect the patient cable, therapy cable, limb leads and other associated cables/accessories, ensuring all cables, cords and connectors are in good condition and void of any cuts, cracks, frays or bent pins. The crew should verify the batteries are fully charged and ensure that the unit is clean and void of any cracks or other signs of damage.

**2. Glucometer**

Except for replacing the battery, there is no repair of the glucometer. Any problems or discrepancies should result in the glucometer being placed out of service and replaced with another unit. These are considered disposable if they are inoperable.

**3. Stretchers**

Armstrong maintenance staff members are trained and certified by Ferno to repair all Ferno stretchers used by the company. The maintenance staff will keep a database to record all maintenance and repairs performed on each stretcher.

**4. Stretcher Mattresses**

The stretcher mattresses are inspected for rips, tears, punctures or degradation of any kind as part of the daily equipment checklist. Mattresses with any of the above conditions will be repaired or replaced.

**5. Stair Chair**

Armstrong maintenance staff members are trained and certified by Ferno to repair all Ferno stair chairs used by the company.

**6. Backboards**

There is no repair of a backboard. Backboards with chips, cracks or other signs of structural deficiency will result in the backboard being taken out of service and replaced.

**7. Scoop Stretcher**

Scoop stretchers with chips, cracks or other signs of structural deficiency will result in the backboard being taken out of service and replaced.

**8. Frac Pac Splints, Padded Board Splints, Traction Splint, Kendrick Extrication Device (KED)**

There is no repair of these items. Items showing signs of structural deficiency should result in the equipment being replaced. These are considered disposable if they are inoperable or grossly contaminated.

**9. Straps/Restraints**

There is no repair of these items. Straps that are frayed or that have clips that do not fasten correctly will be replaced. These are considered disposable if they are inoperable or grossly contaminated.

**10. Stethoscopes and BP cuffs**

There is no repair of these items. Any problems or discrepancies should result in the straps/restraints being replaced. These are considered disposable if they are inoperable or grossly contaminated.

**11. Portable Suction**

The LCSU portable suction units have a "Low Battery" light. If the "Low Battery" light is illuminated the unit should be recharged as soon as possible. The unit should be placed out-of-service and connected to a charging station. A fully discharged battery will require 10-17 hours of recharging.

If the crew uses the suction unit, it should be cleaned and recharged utilizing the inverter in the ambulance.

**12. Flashlights**

During the Daily Vehicle Check, if a flashlight is not working and bright, the battery is to be replaced.

## Durable Medical Equipment Maintenance

OP-001180

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**13. LUCAS2**

Lucas equipment is under warranty and all repairs and maintenance will be performed by the manufacturer.

**14. Automated External Defibrillator (AED)**

AED equipment is under warranty and all repairs and maintenance will be performed by the manufacturer.

**15. EZ/IO Device (Easy Intra- Osseous Device)**

There is no repair for the EZ/IO gun. Any problems or discrepancies will result in the item being replaced.

**16. IV Pumps**

IV Pumps are sent back to the equipment manufacturer for repairs.

**17. Ventilators**

Ventilation equipment is under warranty and all repairs and maintenance will be performed by the manufacturer.

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**CONTACT / DEPARTMENT:** Director of Logistics & Planning

**REFERENCES:** *Owners Manuals;*  
*Incident Reporting OP-001069;*  
*Checking Equipment OP-001150*

**REVISION LEVEL:** 06

**REVISION DATE:** SEPTEMBER 30, 2015

**REVIEW SCHEDULE:** ANNUAL

**APPROVED BY:** 

Richard Raymond, CEO