HARBOR-UCLA MEDICAL CENTER

SUBJECT: NON-MEDICAL APPLIANCES

POLICY NO. 476

PURPOSE:

The purpose of this policy is to establish processes to control the purchase and use of non-medical appliances, including establishment of non-medical appliances that are not allowed in the hospital.

POLICY:

At Harbor-UCLA Medical Center, the hospital shall control the purchase and use of non-medical appliances and maintain an ongoing inventory of such appliances to fulfill its responsibility in accounting for all appliances under its possession or control and identifying non-medical appliances that are not allowed in the hospital.

PROCEDURE:

A. Non-medical Appliances Not Allowed in The Hospital

- 1. The following non-medical appliances are NOT allowed in the hospital for employee personal use:
 - 1. Toasters or toaster ovens
 - 2. Blenders or mixers
 - 3. Curling irons or blow dryers
 - 4. Electric fans or portable air conditioners**
 - 5. Electric grills, hotplates, waffle irons, or skillets
 - 6. Halogen floor lamps
 - 7. Irons
 - 8. Portable space heaters
 - 9. Personal refrigerators not purchased by the hospital

B. Facilities Management Pre-Purchase Review of Non-Medical Appliances

- 1. Approval of non-medical appliances will be based on the needs of the department/service, using the following criteria:
 - a. Intended use of the appliance
 - b. Regulatory requirements (e.g., State, Federal)

EFFECTIVE DATE: 2/07

REVISED: 3/10, 9/11, 7/17, 10/19

REVIEWED: 9/10, 9/11, 7/17, 10/19

REVIEWED COMMITTEE:

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ

Chief Executive Officer

SUPERSEDES:

Anish Mahajan, MD Chief Medical Officer

Nancy Blake, PhD, RN, NEA-BC, FAAN

Chief Nursing Officer

^{**} May be used by Facilities Management to temporarily remediate a situation.

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- c. Accreditation (e.g., Joint Commission)
- d. Current department inventory
- 2. All requisitions for the non-medical appliances listed below are to be reviewed by Facilities Management Department prior to processing for purchase.
 - a. Air conditioners
 - b. Dryers (Clothes)
 - c. Hoods for stoves, ranges, ovens
 - d. Ovens, Microwave
 - e. Ranges
 - f. Stoves
 - g. Media Equipment
 - h. Washers (Clothes)
 - i. Washers (Dish)

C. Department/Designee Responsibilities

- 1. Department/Service
 - a. Determines need for appliance.
 - b. Completes the "Justification for Appliance Request" form with departmental signatures (See Attachment A). The form needs to be approved by the Department Chair or Service Director.
 - c. Forward the approved "Justification for Appliance Request" form to Facilities Management Department, Box 499, for their review.
 - d. Once the form comes back from Facilities Management. If approved, Submit a GHX Request, with the following documents:
 - 1. Justification for Appliance Request form
 - 2. Vendor quote
 - 3. Sole Source Questionnaire If applicable.
 - e. The GHX request needs to be tag with the commodity code "Appliances". These requests will be following established approval flow. If the commodity code for "Appliances" is not tagged, and/or the related documents are not attached, the request will be rejected by Procurement.
- 2. Facilities Management Department
 - a. Evaluates appliance requested against justification based on hospital standards and intended use.
 - a. Makes recommendations regarding the appropriate appliance to meet needs (i.e., purchase, reallocate from existing inventory or repair).
 - b. Signs the "Justification for Appliance Request" form, and if appropriate,
 - c. Returns the signed form to the requester to submit a GHX request.
- 3. Hospital Administration
 - a. Reviews justification submitted by the requesting department/service.
 - b. Reviews Facilities Management Department recommendation(s).
 - c. Makes final decision to approve or deny request.
 - d. Provides feedback to requesting department/service and Facilities Management Department.
 - e. GHX requests will follow the pre-stablished approval flow, including the special commodity

DEPARTMENT OF HEALTH SERVICES

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code reviewer and Value Analysis staff, for medical items not in the item master. Once the GHX request is fully approved, it will interface with eCAPS and Item Master, and Buyer Work List for Supply Chain Operations procurement staff, for processing.

- 4. Supply Chain Operations
 - 1. Reviews/processes approved GHX Requests in eCAPS.
 - 2. Notifies requesting department that equipment has arrived, coordinates the delivery of the appliance and notifies Facilities Management Department for installation as required.
 - 3. Coordinates the safety check with Facilities Management Department.
 - 4. Updates portable equipment inventory system.
- 5. Facilities Management Department
 - a. Updates inventory.
 - b. Salvages or repairs replaced appliances.
- 6. Environmental Services
 - a. Notifies Facilities Management Department if any appliances are moved or discarded.

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ATTACHMENT A

JUSTIFICATION FOR APPLIANCE REQUEST FORM	
Department:Division:	
Contact Person:Location:	
Phone/Ext:	
 Appliance requested: Is this for a replacement (Yes/No) 	
JUSTIFICATION: (Use second sheet if necessary)	
Approved by: Date:	
Facilities Management Department Use Only	
Recommendation:	
Comments:	
Reviewed by: Date:	