

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PATIENT'S PERSONAL ELECTRICAL EQUIPMENT

POLICY NO. 455

**PURPOSE:**

To provide standardization to the amount and type of personal patient medical equipment that can be brought in and used on patients.

**POLICY:**

Personal electrical equipment will not be allowed in rooms in which the medical center has provided such equipment (e.g., ventilators, IV pumps, etc.), except under special circumstances such as discharge preparation.

Special circumstances require the agreement of the Attending physician, the supervising nurse, the appropriate support service, and require a safety check by Biomedical Services and a completed waiver of responsibility to be signed by the patient or patient's representative and placed in the medical record.

Physicians must obtain prior approval from the Respiratory Care Service before any Harbor-UCLA Medical Center patient can be placed on a non-County owned ventilator and/or a non-invasive ventilator support device.

Patients may use selected personal portable electrical equipment (e.g., radios, tape, CD players, shavers, etc.) provided that the supervising nurse or physician does not think it to be disruptive to patient care or other occupants. No personal electrical device will be allowed if it presents a safety hazard (e.g., power cord tripping hazard, electrical interference hazards, etc.).

**PROCEDURE:**

**A. Patient Care Equipment**

To ensure appropriate electrical safety, equipment maintenance/repair, infection control, and staff competence in the use of equipment such as (ventilators, and/or a non-invasive support device, IV pumps, etc.) patient care equipment will be provided by the hospital.

**EFFECTIVE DATE:** 09/89

**SUPERSEDES:**

**REVISED:** 10/92, 10/95, 2/99, 1/02, 9/03, 6/06, 1/08, 8/11, 7/14

**REVIEWED:** 10/95, 2/99, 1/02, 9/03, 9/04, 6/06, 8/11, 7/14, 9/17

**REVIEWED COMMITTEE:** Environment of Care Committee

**APPROVED BY:** \_\_\_\_\_

**Kim McKenzie, RN, MSN, CPHQ**  
Chief Executive Officer

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**Anish Mahajan, MD**  
Chief Medical Officer

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**Patricia Soltero Sanchez, RN, BSN, MAOM**  
Chief Nursing Officer

Signature(s) on File.

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In special circumstances, use of non-county provided equipment may be allowed, provided the Attending physician ensures the following steps are completed and documented in the medical record:

- Written Attending physician order for the specific equipment allowed.
- Waiver of Responsibility signed by patient or patient representative.
- Safety check of the equipment by Biomedical Services.
- Coordination with the supervising nurse and approval by the responsible service.
- Obtain prior approval from Respiratory Care when ventilators **and/or a non-invasive support device** is needed.

(Note: Respiratory Care will not monitor or be responsible for patients placed on ventilators **and/or a non-invasive support device** without prior approval).

**B. Radios/Tape/CD Players**

Patients may bring their own radios, tape, CD players to the hospital under the following conditions:

- Player should be battery operated.
- Player should be used with headphones that disengage the external speakers when used.

**C. Shavers**

Patient(s) may use their own electric shavers.

**D. Other Electrical Items**

Upon approval of the Supervising Nurse of the ward, patients may use personal hair dryers, curling irons, etc. If the nurse has concerns about any personal electrical equipment, s/he may contact the Mechanical Department for consultation prior to allowing the patient to use the equipment.

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COUNTY OF LOS ANGELES/DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER

RELEASE AGREEMENT

NAME OF EQUIPMENT \_\_\_\_\_

EQUIPMENT #: \_\_\_\_\_

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which may happen, or which hereafter accrue to me, against the County of Los Angeles as a result of my decision to use this piece of equipment while a patient at Harbor/UCLA Medical Center. This release is intended to discharge the County of Los Angeles and its elected and appointed officers, employees and agents from and against all liability arising out of or connected in any way from my use of this piece of equipment, even though that liability may arise out of the negligence or carelessness on the part of one or more of them.

I further understand that accidents and injuries can arise out of use of this piece of equipment. I know the risks involved in my use of this piece of equipment. I hereby agree to assume those risks and to release and to hold harmless all of the persons or entities mentioned above who might otherwise be liable for injuries or damages resulting from such risks.

I understand and agree that this waiver, release and assumption of risk are to be binding on me.

PATIENT/SURROGATE'S NAME: \_\_\_\_\_

PATIENT/SURROGATE'S SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_