



INODAYA Hospitals - Kakinada

Documentation code:

INH/FMS.Doc.No:12

Policy on replacement & disposal of Bio Medical /Engineering equipment

Prepared date: 05/09/2023

Reference: FMS.5.f. NABH Standards – 5th Edition

Issue Date:05/09/2023

Issue no: 02

Review No: 1

Review date: 04/09/2024

1. PURPOSE

1.1. The purpose of the policy is to define specific guidelines for replacement & disposal of Medical Devices & General engineering equipment at INODAYA Hospitals - Kakinada

2. SCOPE

All engineering services and related departments utilizing the Medical devices /engineering equipments & services

3. DEFINITION

3.1. HOD: Head of the department

3.2. VAT: Value Added Tax

4. RESPONSIBILITIES

4.1. Hospital Engineering/Biomedical Engineering services department

4.2. Hospital administration

4.3. Respective HODs of the concerned departments

4.4. Hospital committee on Replacement/Disposal of medical devices & engineering equipment that shall meet as and when necessary to take necessary decisions

5. POLICY

5.1. The hospital engineering/Biomedical engineering team headed by the chief engineer identifies the requirement for replacement or disposal of engineering equipments based on the history of the equipment

5.2. For further process the chief engineer documents the requirement of replacement / disposal through the replacement/disposal form with necessary recommendations

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Biomedical Engineer	Accreditation Coordinator	Medical Director



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5.3. The Hospital committee on Replacement/Disposal of medical devices & engineering equipment is convened to make recommendation to the CEO regarding the replacement/disposal of the equipment concerned. The committee will look into the following aspects pertaining to the decision of replacement or disposal of the equipment

5.3.1. Risk assessment related to the equipment concerned

5.3.1.1. Age of current equipment

5.3.1.2. Functional status of current equipment

5.3.1.3. Clinical obsolescence

5.3.1.4. Reliability of current equipment

5.3.1.5. Impact of non-replacement/disposal

5.3.1.6. Availability of alternative sources

5.3.2. Cost assessment

5.3.2.1. Cost of equipment including VAT

5.3.2.2. Warranty period

5.3.2.3. Estimated cost of annual maintenance contract

5.3.2.4. Estimated consumable costs related to the equipment

5.3.2.5. Additional equipment maintenance costs

5.4. The committee's recommendation documented in the Replacement/Disposal form is placed before the Administrator of the hospital to consider various requests, service

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alignments, available resources such that necessary action based on the recommendation of the committee is taken

5.5. The decision of the administrator is documented on the Replacement/Disposal form for initiating the process for purchasing of new equipment/ disposal of the equipment through the scrap disposal process/buy back process coordinated by the following departmental representatives:

5.5.1. Purchase team

5.5.2. Accounts team

5.5.3. Internal audit team

5.5.4. Security team

5.6. The proceeds from the scrap clearance process/buy back process is accounted/coordinated by the finance representative and submitted for the perusal of the hospital administrator for necessary authorization of financial inclusion and record keeping

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