Medical Devices and Health Monitoring Equipment Policy

Supportive Bridge Ltd | Community Support and Healthcare Staffing | Bradford, England

POLICY AT A GLANCE

- **What we use:** at this stage Supportive Bridge support workers only use **blood pressure monitors** and **blood glucose meters**, where this is part of a person's support plan. We do not provide nursing, clinical treatment or personal care.
- **Only trained staff:** no worker takes a reading until they have been trained and signed off as competent.
- **Check before every use:** the device works, is clean, and test strips and control solution are in date. Glucose meters also have regular control solution checks.
- **We record and escalate, we do not diagnose:** readings are written in the support record and any reading outside the limits in the plan is escalated straight away. Emergencies: call 999.
- **Faulty device:** stop using it, label it "Do not use", tell the office the same day.
- **Other equipment** in people's homes (hoists, beds, commodes) belongs to the person or an equipment service. Staff check it looks safe before use and report faults; they never repair it.
- **Adding any new device** (for example a thermometer or pulse oximeter) needs a risk assessment, training and an update to this policy first.

SERVICE DETAILS (fill in before issuing)

Registered Manager	Iffrah Ishtiaq
Nominated Individual	Iffrah Ishtiaq
Equipment Lead (named person responsible for devices)	Iffrah Ishtiaq
Office phone	07448 266215
Out-of-hours / on-call number	
Date issued	01-10-2026
Next review date	

This summary is a quick guide only. All staff must read and follow the full policy on the following pages.

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1. PURPOSE

1.1 This policy explains how Supportive Bridge Ltd ("Supportive Bridge", "we", "us") safely buys, uses, checks, stores, maintains and disposes of the medical devices our staff use when supporting people in their own homes.

1.2 It makes sure that every device is suitable for its purpose, kept in safe working order, and only used by staff who are trained and competent. It reflects Regulation 12 (Safe care and treatment) and Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

1.3 Supportive Bridge is a new and growing service. We do not employ nurses and do not provide clinical treatment. This policy is deliberately limited to the simple health monitoring described below, and will be reviewed and extended before we take on any new type of device or task.

2. SCOPE

2.1 Supportive Bridge Ltd operates two arms, and this policy applies to both: our **healthcare staffing service**, supplying care and support workers to care homes, hospitals and other providers; and our **community support service**, where our own support workers visit adults and older people in their own homes, including council housing, on morning and evening shifts, to support them with daily living.

2.2 Supportive Bridge does **not** provide personal care. Personal care is a regulated activity under the Health and Social Care Act 2008 and we will provide it only if and when we are registered with the Care Quality Commission. Our support workers provide non-personal support such as companionship, meal preparation, shopping, domestic help, prompting, and support to get out and about. This policy is written to meet both local authority provider assurance requirements and the standards we will be assessed against at CQC registration.

2.3 This policy covers:

- **blood pressure monitors** (automatic, upper-arm, including cuffs of different sizes) used to measure blood pressure and pulse;
- **blood glucose meters** and their consumables: test strips, control solution, safety lancets and sharps bins;
- these devices whether they are owned by Supportive Bridge or belong to the person we support;
- the basic safety checks staff make on other equipment they use in a person's home, such as hoists, slings, profiling beds, commodes and walking aids (see section 11).

2.4 Our staff **must not** use any other medical device, give injections (including insulin), or carry out any clinical task unless the Registered Manager has approved it, a risk assessment is in place, the worker has been trained and assessed as competent, and this policy has been updated.

2.5 Where our staff are supplied to work a shift for a client organisation, they use that organisation's equipment under its own policies and training, and report any concern to that organisation and to our office the same day.

2.6 Failure to follow this policy may lead to action under our Disciplinary Policy.

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3. DEFINITIONS

Term	Meaning in this policy
Medical device	Any instrument, appliance or equipment intended to be used on people to monitor, diagnose, prevent or help manage a health condition. Blood pressure monitors and blood glucose meters are medical devices under the UK Medical Devices Regulations 2002.
Company device	A device bought and owned by Supportive Bridge and listed on our Medical Devices Register.
Person's own device	A device that belongs to, or has been prescribed or supplied to, the person we support (for example a glucose meter provided by their diabetes team).
Loaned equipment	Equipment provided to the person by the NHS, the council or a community equipment service, such as a hoist or profiling bed.
Control solution check	A test using a liquid of known glucose level to confirm that a glucose meter and its strips are giving accurate results.
Delegated healthcare activity	A task that a registered healthcare professional (such as a GP, district nurse or diabetes nurse) asks a trained worker to carry out for a named person.
Adverse incident	Any event where a device has caused, or could have caused, harm or a wrong result, for example a faulty meter giving a false reading.

4. WHEN WE TAKE READINGS

4.1 Staff only take blood pressure or blood glucose readings when this is written in the person's support plan. This will be because it has been requested or delegated by the person's GP, district nurse or other healthcare professional, or agreed with the person as part of monitoring their health.

4.2 The support plan must say which readings are taken, how often, the normal range or limits for that person (set by their healthcare professional wherever possible), and exactly what the worker must do if a reading is outside those limits.

4.3 Readings are only taken with the person's consent. If a person may lack capacity to consent, staff follow the Mental Capacity Act 2005 and our Consent and Mental Capacity Policy.

4.4 Staff record and report readings. They do not diagnose, interpret results beyond the support plan, or change any medicine or insulin dose.

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5. ROLES AND RESPONSIBILITIES

Role	Responsibilities
Nominated Individual	Makes sure the company has the resources to buy, maintain and replace devices safely. Reviews device incidents and audits at least quarterly.
Registered Manager	Has overall responsibility for this policy day to day. Approves which devices are bought, makes sure staff are trained and assessed, reviews the Medical Devices Register and control check logs monthly, acts on safety alerts, and reports device incidents to the MHRA.
Equipment Lead	The named person (the Registered Manager unless someone else is named on page 1) who keeps the Medical Devices Register up to date, organises accuracy checks and servicing, issues and collects devices, and checks safety alerts against the register.
Field Supervisor / Care Coordinator	Observes staff taking readings during spot checks, checks devices and logs in people's homes, and reports concerns to the Registered Manager.
Support workers	Only use devices they are trained and signed off for. Check the device before each use, keep it clean, record readings accurately, escalate abnormal readings, and report faults and incidents the same day.

6. BUYING NEW DEVICES

6.1 Only the Registered Manager can approve the purchase of a medical device. Devices are bought from reputable UK suppliers and must carry a UKCA or CE mark.

6.2 **Blood pressure monitors** must be automatic upper-arm monitors that appear on the British and Irish Hypertension Society list of validated devices. Wrist monitors are not used. We keep small, standard and large cuffs so the right size can be used for each person.

6.3 **Blood glucose meters** must meet the accuracy standard ISO 15197:2013. Where possible we use one model across the service so that training is consistent. Only the test strips and control solution recommended by the manufacturer are used. Only single-use safety lancets (which retract automatically) are used.

6.4 When we buy a device we also consider the ongoing costs of strips, control solution, cuffs, batteries, accuracy checks and replacement, and how easily the device can be cleaned.

Acceptance checks for new devices

6.5 Before a new company device is used, the Equipment Lead will:

- check it is the correct model, undamaged, and comes with its instructions and accessories;
- test that it switches on and works correctly (for glucose meters, carry out a control solution check);
- give it a Supportive Bridge ID number and label it;
- add it to the Medical Devices Register (Appendix A);
- make sure the staff who will use it are trained on that model.

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7. MEDICAL DEVICES REGISTER

7.1 The Equipment Lead keeps a Medical Devices Register of every company device. It records the ID number, type, make, model and serial number, supplier and date bought, who it is issued to, dates of accuracy checks or servicing, faults and repairs, and the date and method of disposal.

7.2 The register lets us trace every device quickly, respond to safety alerts, and show commissioners and CQC that our equipment is managed safely. It is reviewed by the Registered Manager every month.

7.3 A glucose meter used by our staff is **assigned to one named person only** and kept in that person's home. Glucose meters must never be shared between different people, because of the risk of spreading blood-borne infections. Blood pressure monitors may be used for more than one person if they are cleaned between each use.

8. STORAGE AND CARRYING DEVICES

8.1 Devices are stored and carried in a clean protective case, away from direct sunlight, damp and extreme heat or cold. Devices and strips must not be left in a car overnight or in very hot or cold weather, because this can affect accuracy.

8.2 Test strips are kept in their original container with the lid closed. The date the container was opened is written on it, and strips and control solution are thrown away once they pass their expiry date or the "use within" period after opening, whichever comes first.

8.3 Spare batteries are kept available so that devices are always ready to use.

9. CHECKS, ACCURACY AND MAINTENANCE

Before every use

- the device is clean, undamaged and switches on, with enough battery power;
- for blood pressure: the cuff, tube and connector are not split, cracked or worn;
- for glucose: the strips and control solution are in date and the strips match the meter;
- the device has its Supportive Bridge ID label (company devices) or is the person's own device listed in their support plan.

Glucose meter control solution checks

9.1 A control solution check is carried out and recorded on the Glucose Meter Control Check Log (Appendix B):

- when a new meter is first used and whenever a new pot of strips is opened;
- at least once a week for any meter our staff use (or more often if the manufacturer says so);
- if the meter has been dropped, got wet or left in extreme temperatures;
- if a reading does not seem to match how the person looks or feels.

9.2 If a control check fails, the check is repeated once with a fresh strip. If it fails again, the meter must not be used. The worker tells the office straight away, and the Registered Manager arranges a replacement and tells the person's healthcare professional if readings may have been affected.

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Blood pressure monitor accuracy

9.3 Company blood pressure monitors have their accuracy checked (recalibrated) in line with the manufacturer's instructions and at least every two years. Where a monitor cannot be recalibrated, it is replaced. Dates are recorded on the register.

Faulty or damaged devices

9.4 If any device is damaged, gives an error, or gives readings that seem wrong, the worker must:

- stop using it straight away and not try to repair it;
- label it "Do not use" and keep it safe;
- tell the office on the same day and complete an Equipment Fault Report;
- follow the support plan to make sure the person is safe until a replacement is available (for example, contacting their district nurse or GP if a reading is needed).

9.5 The Equipment Lead records the fault on the register, arranges repair or replacement, and considers whether it must be reported to the MHRA (section 13).

10. TAKING READINGS SAFELY

10.1 Staff follow the training they have received and the manufacturer's instructions. The key steps are:

Blood pressure and pulse

- the person sits comfortably for about five minutes first, with feet flat and back supported;
- the correct size cuff is placed on the bare upper arm, with the arm supported at heart level;
- the person does not talk during the reading;
- the reading, pulse, time and which arm was used are recorded in the support record.

Blood glucose

- the worker washes their hands and wears gloves;
- the person washes their hands with soap and warm water and dries them (this avoids false readings from sugar on the skin);
- a new single-use safety lancet is used for every test and put straight into the sharps bin;
- the reading and time are recorded in the support record, along with any symptoms.

Acting on readings

10.2 The worker compares every reading with the limits in the person's support plan. If a reading is outside those limits, they follow the actions in the plan and tell the office. This may mean contacting the person's GP, district nurse or NHS 111.

10.3 **Call 999 immediately** if the person is unconscious, drowsy or confused, has chest pain, difficulty breathing, signs of a stroke, or shows signs of very low or very high blood glucose that do not improve by following their plan. Stay with the person and follow the call handler's advice.

10.4 If a person has a hypoglycaemia (low blood sugar) plan, staff follow it exactly. Staff never give or adjust insulin or other diabetes medicines unless this has been formally delegated and they are trained and signed off to do so.

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11. PEOPLE'S OWN AND LOANED EQUIPMENT

11.1 If a person has their own blood pressure monitor or glucose meter, staff may use it only if this is agreed in the support plan and they have been trained on that model. The same before-use checks apply. Any faults are reported to the office, who will tell the person, their family or the healthcare professional who supplied it.

11.2 Many people have equipment loaned by the NHS, Durham County Council or a community equipment service, such as hoists, slings, profiling beds, commodes or walking aids. Supportive Bridge does not own or maintain this equipment, but staff must:

- check it looks clean, complete and undamaged before each use;
- check that hoists and slings have a current inspection sticker or record (these must be thoroughly examined at least every six months under LOLER 1998);
- only use it as shown in the person's support plan and risk assessment, and only if they are trained to do so;
- stop using it and report it to the office the same day if it seems faulty, damaged or out of date for inspection.

11.3 The office will contact the equipment provider or family and record the action taken. Further detail is in our Moving and Handling Policy.

12. INFECTION PREVENTION AND SHARPS SAFETY

12.1 Devices are cleaned after every use following the manufacturer's instructions, using wipes that are compatible with the device. Blood pressure cuffs are cleaned between different people. Any device contaminated with blood or body fluids is cleaned and disinfected before further use, or taken out of use if it cannot be cleaned properly.

12.2 Used lancets go straight into a sharps bin, which is kept in the person's home out of reach of children and pets, closed when not in use, and never filled above the fill line. Needles and lancets are never re-capped. The office arranges collection or replacement of sharps bins with the person, their GP or the council.

12.3 If a worker has a sharps injury, they should encourage the wound to bleed, wash it under running water with soap, cover it, and not scrub or suck it. They must report it to the office immediately and seek medical advice the same day (NHS 111 or A&E). The incident is recorded and reported under RIDDOR if required.

13. INCIDENTS AND SAFETY ALERTS

13.1 All incidents involving medical devices, including faults, wrong readings and near misses, are reported and recorded under our Incident and Accident Reporting Policy.

13.2 The Registered Manager reports adverse incidents involving medical devices to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card scheme (yellowcard.mhra.gov.uk). Our Duty of Candour Policy is followed if a person was harmed.

13.3 The Equipment Lead signs up to receive MHRA device safety alerts and National Patient Safety Alerts. Each alert is checked against the Medical Devices Register, any action is taken within the deadline, and this is recorded.

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14. TRAINING AND COMPETENCE

14.1 All staff learn about this policy during induction. Before taking any readings, a worker must complete training in blood pressure and blood glucose monitoring, including infection control and sharps safety, and be observed and signed off as competent by the Registered Manager, a trained assessor, or the healthcare professional delegating the task.

14.2 Competence is re-checked at least once a year and during spot checks, and whenever a new model of device is introduced. Where a task has been delegated by a healthcare professional for a named person, we follow the Skills for Care guiding principles for delegated healthcare activities.

14.3 Training and competency records are kept on each staff file. If a worker is unsure how to use a device, they must not use it and should contact the office.

15. DISPOSAL OF DEVICES

15.1 Devices that are faulty beyond repair, fail accuracy checks, are out of date or are no longer needed are taken out of use by the Equipment Lead. Electrical devices and batteries are disposed of through an approved recycling route under the Waste Electrical and Electronic Equipment (WEEE) Regulations 2013. Any device contaminated with blood is cleaned first or disposed of as clinical waste.

15.2 The register is updated with the date and method of disposal.

16. MONITORING AND REVIEW

16.1 The Registered Manager reviews the Medical Devices Register, control check logs, fault reports and incidents every month, and checks device use and records during spot checks and record audits.

16.2 The Nominated Individual reviews a summary at least quarterly as part of our governance and quality assurance.

16.3 This policy is reviewed every year, or sooner if the law or guidance changes, if an incident shows it needs to change, or before we introduce any new type of device or task.

17. LEGISLATION AND GUIDANCE

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, especially Regulation 12 (safe care and treatment), Regulation 15 (premises and equipment) and Regulation 17 (good governance)
- UK Medical Devices Regulations 2002 (as amended)
- MHRA guidance: Managing medical devices
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Waste Electrical and Electronic Equipment Regulations 2013
- Mental Capacity Act 2005

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- Skills for Care: Delegated healthcare activities guiding principles (2023)

18. RELATED POLICIES AND FORMS

Related policies: Infection Prevention and Control; Health and Safety; Moving and Handling; Incident and Accident Reporting; Duty of Candour; Consent and Mental Capacity; Medication; Support Planning and Risk Assessment; Training and Supervision; Care Records and Record Keeping; Complaints, Concerns and Compliments.

Forms: Medical Devices Register (Appendix A); Glucose Meter Control Check Log (Appendix B); Equipment Fault Report; Competency Assessment: Blood Pressure and Blood Glucose Monitoring; Health Readings Record.

19. DOCUMENT CONTROL

Version	Date	Approved by	Role	Reason
1.0			Nominated Individual	New policy for local authority assurance and CQC registration

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APPENDIX A: MEDICAL DEVICES REGISTER

Print this page or copy it into a spreadsheet. One row per company device.

ID no.	Device type	Make / model	Serial no.	Date bought	Issued to	Last check / service	Next due	Notes / disposal

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APPENDIX B: GLUCOSE METER CONTROL CHECK LOG

Keep one log with each glucose meter. Record every control solution check.

Person supported: _____ Meter ID / serial no.: _____

Date	Time	Strip lot no. & expiry	Control solution expiry	Result	Expected range	Pass / Fail	Checked by (print & sign)

If a check fails, repeat once with a new strip. If it fails again, do not use the meter and call the office straight away.

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