

Title: Equipment and Supply Storage Policy

Policy #: EOC-26

Purpose: To establish a process for managing supply storage and corridor storage of equipment and devices.

Policy Statement:

Routine storage of equipment in hallways, corridors, stairwells or other areas of egress (egress way) is strictly prohibited. Storage is defined as the placement of objects, left unattended, in a location for more than the time necessary in normal routine of work practices. It does not apply to the equipment left unattended momentarily in the course of normal work procedures. (For example: A nutrition cart left unattended while the staff deliver trays to a patient room.)

BIDMC recognizes, however, that in the course of care equipment may be temporarily located in designated equipment holding areas, awaiting removal and in consideration of the following standard:

The Joint Commission 2012 Standard (LS 02.01.20 EP 14 and NFPA 101-2012: 18/19.2.3.4 (4)), wheeled equipment (such as equipment and carts currently in use, equipment used for patient lift and transport, and medical emergency equipment not in use) that maintains at least five (5) feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. Refer to [EC-36 Fire Response "Code Red" Policy](#)

Scope: This policy applies to BIDMC clinical, administrative and general areas including off-site and leased locations.

I. Employee Responsibilities, Policy Violations, and EOC Committee Approvals:

A. It is the responsibility of every employee to comply with the requirements of this policy and to inform managers when they require assistance in addressing any issues regarding this policy.

B. The Environmental Health & Safety Department, in consultation with other departments as appropriate, reserves the right to discard any stored items in violation of this policy. Department Managers can request that Environmental Health & Safety evaluate specific items for corridor and/or lobby storage by contacting them directly at 2-0614 or pager # 33137. Environmental Health & Safety must approve both the stored item and the storage location.

II. Procedures for Implementation:

- A.** Permitted equipment storage (ideally parked on one side of the hall or in alcoves to allow for clear visibility and egress) includes:
1. Emergency Medical Equipment which includes precaution carts in use when caring for patients
 2. Dirty laundry hampers when in use for supporting care delivery
 3. Per TJC 2012 Standard (LS 02.01.20 EP 14 and NFPA 101-2012: 18/19.2.3.4 (4)), wheeled equipment (such as equipment and carts currently in use, equipment used for patient lift and transport, and medical emergency equipment not in use) that maintains at least five (5) feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. Refer to [EC-36 Fire Response "Code Red" Policy](#)
 3. Other equipment - Only when used to provide care and only if directly attended to by a staff person at all times. (Examples: food tray collection carts during pick-up and EVS carts during cleaning)
- B.** The following are examples of items that are **not permitted** in egress ways or blocking emergency equipment:
1. Equipment placed in front of, or obstructing the view or access to, any emergency equipment including fire alarm device (pull stations), fire extinguishers, electrical panels, medical gas shut off panels, alarm panels, emergency eyewash/shower or any other emergency device.
 2. Storage inside electrical or mechanical equipment rooms.
 3. Clean laundry supply carts
 4. Distribution drop off tables/carts
 5. Charting tables or other furniture
 6. Storage cabinets
 7. Cardiac chairs or other patient care equipment when not in use (except in designated temporary holding areas)
 8. Tray collection carts when not attended
 9. Computers on wheels (COWS) when not in use
 10. Fetal or other patient care monitors
 11. Any items parked in hallways for charging
 12. Other medical equipment not immediately intended for immediate use e.g. vital sign, pumps, lifts, or scales.

III. Prohibited Storage Conditions:

- A.** All storage must always maintain a distance of at least 18" from sprinkler head's lowest level or from ceiling (if sprinkler flush with ceiling) in order to allow for free and clear discharge of water during an event.
- B.** Storage of hazardous materials including, but not limited to, chemicals, biological and radioactive materials; compressed gases; regulated substances and sharps; heating devices; excessive combustible materials. Such materials can only be stored in rooms permitted for such use.
- C.** For clean patient care supply storage, refer to [IC-ES2 Storage of Patient Care Supplies](#).

IV. Corrective Actions to Take

- A.** Any storage observed in any prohibited area, or under prohibited conditions, or in a way perceived as presenting a hazard, should be relocated to appropriate area or reported to department leadership.
- B.** All equipment should be cleaned per IFUs before being stored.
- C.** If assistance is needed to move the item to storage, please contact the Service Response Center.
- D.** If the item is perceived as hazardous, please refer to the Hazardous Materials Section of the [Environment of Care Manual](#).

V. Tagging of Equipment:

- A.** All patient care equipment removed to temporary equipment holding areas, or storage **must be tagged** and a call made for disposition. In general, pick up or transfer of equipment will occur via daily rounds or as time and/or resources allow.
- B.** All broken equipment **must be tagged** and reported immediately to its applicable service department to assure safety and proper disposition. General use equipment calls should be routed through the Service Response Center (SRC).
- C.** Broken equipment **RED TAGS** designating **DO NOT USE** must be completely filled out and applied to beds and patient care equipment (see [EOC-06 Medical Equipment Management Program](#)). Red Tags can be ordered from the Master Forms Catalogue on the BIDMC Portal; See: [MC 1913 Broken Equipment Tag](#)

Vice President Sponsor: J. Dore, VP Capital Facilities Engineering

Approved By:

- ☒ **Senior Management Team: 1/2024 P. Healy, BIDMC President**
- ☒ **Environment of Care Committee: 1/10/24 K. Murray & J. Dore, Co-Chairs**

Requestor Name: Christine Powers, Director - EHS

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Eliminated:

Reference: