



RECOMMENDATIONS ON CHECKING ANAESTHESIA DELIVERY SYSTEMS

1. INTRODUCTION

An anaesthesia delivery system includes any machine, equipment or apparatus which supplies gases, vapours, local anaesthesia and/or intravenous anaesthesia agents in order to safely and reliably induce and maintain anaesthesia.

2. PRINCIPLES

- 2.1 Anaesthesia delivery systems must be serviced at regular and specified intervals.
- 2.2 The Hospital, Anaesthesia Department or body responsible for the equipment shall keep a detailed record of the service requirements for all anaesthesia delivery systems. These requirements will be based on appropriate Australian or New Zealand Standards, manufacturer's guidelines, and Biomedical Engineering and Anaesthesia Department recommendations. They shall describe calibration protocols and the intervals at which these must be performed.
- 2.3 A prominent label that is visible to the anaesthetist must be attached to all anaesthesia delivery systems to advise of past service(s) and to indicate when the next service is due.
- 2.4 To ensure early detection of any failure in an anaesthesia delivery system, appropriate alarms must be present, and patient monitoring as specified in College Professional Document PS18 *Recommendations on Monitoring During Anaesthesia* must be provided.
- 2.5 There must be a secondary facility to maintain oxygenation and ventilation of the patient should failure of the primary systems occur.

3. CHECKING ANAESTHESIA DELIVERY SYSTEMS

- 3.1 Every anaesthesia delivery system must be checked before use to ensure that it will function correctly. This document requires three different levels of checks:
 - 3.1.1 **Level One check.** This is very detailed and is required a) on any new system and b) on all systems after servicing. This check will usually be performed by the service person – whether from the equipment provider, or from the Biomedical Engineering Department.

3.1.2 **Level Two check.** This should be performed at the start of each anaesthesia session.

3.1.3 **Level Three check.** This should be performed immediately before commencing each anaesthetic.

3.2 The Anaesthesia Department is responsible for:

3.2.1 Defining minimum requirements for each check in accordance with section 4. These must be appropriate for the specific system under test.

3.2.2 Attaching these check-lists to each anaesthesia delivery system where appropriate.

3.2.3 Training and accreditation of the personnel involved with each check as follows:

3.2.3.1 **Level One.** Attendance at a manufacturer's course or a programme developed by the hospital's Anaesthesia Department in consultation with a qualified Biomedical Engineer.

3.2.3.2 **Levels Two and Three.** All Anaesthesia Department personnel must be trained and accredited in correct anaesthesia system checking procedures.

4. PROTOCOLS

4.1 **Level One check.** This must be performed by a suitably qualified person (usually the service provider) on all anaesthesia delivery systems a) before they enter service and b) following servicing. The check shall include:

4.1.1 Gas Delivery Devices.

4.1.1.1 Quantifying and minimising leaks

4.1.1.2 Excluding crossed pipelines within the anaesthesia delivery system

4.1.1.3 Ascertaining the correct functioning of non-return valves throughout the system

4.1.1.4 Ascertaining the integrity of oxygen failure prevention and warning devices

4.1.1.5 Checking the composition of delivered gases and their flowrate

4.1.2 Inhalational Anaesthesia Devices

4.1.2.1 Ascertaining that no leakage occurs

4.1.2.2 Checking any thermostat function

4.1.2.3 Calibrating output at both high and low flow rates

4.1.2.4 Checking function of any interlocking or other mechanisms

4.1.3 Intravenous and Local Anaesthesia Delivery Devices

4.1.3.1 Checking electrical safety

- 4.1.3.2 Calibrating output rate and accuracy
- 4.1.3.3 Calibrating occlusion pressure
- 4.1.3.4 Checking alarm function and accuracy
- 4.1.3.5 Ensuring operation of all user functions and parameters
- 4.1.3.6 Checking serviced mechanisms operate correctly
- 4.1.3.7 Checking battery performance

4.1.4 **Other Equipment.** The check should include the function, safety and accuracy of any other equipment included within the delivery system (such as to provide for ventilation, scavenging and monitoring).

4.1.5 The check shall verify that the system as supplied complies with the relevant Australian or New Zealand Standards.

4.1.6 Documentation of the check is required and shall include the date, what was checked, the results of the check, and who performed the check

4.2 **Level Two check.** This check is the responsibility of the anaesthetist but may be undertaken by a suitably qualified person (such as an appropriately trained nurse or technician) in accordance with a protocol specific for the particular system at least at the beginning of each session. Thus several different protocols may be required in a single hospital. These will serve to verify the correct functioning of the anaesthesia delivery system before it is used for patient care.

Not all the following checks may be appropriate in some self-checking anaesthesia workstations.

4.2.1 **Service label.** Confirm that the device has been appropriately serviced and is not past its service date

4.2.2 **High Pressure System.**

4.2.2.1 Check oxygen cylinder supply. Ensure that cylinder content is sufficient for its intended purpose.

4.2.2.2 Check that piped gas supplies (where present) are at the specified pressures and that after completing the high pressure system checks, the cylinders are turned off.

4.2.2.3 To confirm that pipeline gas supplies are not crossed, use a multi-gas analyser to check gas composition at the common gas outlet, the inspiratory limb or the Y-piece.

4.2.3 **Low Pressure System.**

4.2.3.1 Check flow controls. Turn on each gas and observe the appropriate operation of the corresponding flow indicator. Verify the functioning of the anti-hypoxic device.

4.2.3.2 If vaporiser/s are present:

- 4.2.3.2.1 Check that adequate anaesthetic liquid is present.
 - 4.2.3.2.2 Ensure that the vaporiser filling ports are closed.
 - 4.2.3.2.3 Check correct seating and locking of a detachable vaporiser.
 - 4.2.3.2.4 Test for circuit leaks for each vaporiser in both on and off positions.
 - 4.2.3.2.5 Ensure power is available for electrically operated vaporisers.
- 4.2.3.3 Check for pre-circuit leaks using a protocol appropriate for the specific anaesthesia delivery system.
- 4.2.3.4 **Breathing systems.** Inspect and check the breathing system to ensure correct assembly and absence of leaks. The precise protocol will depend on the anaesthesia circuit to be used.
- 4.2.3.4.1 Perform leak test on the breathing system by occluding the patient and rebreathing bag connections, setting a fresh gas flow of 300 ml/min and ensure that the pressure rises to >30 cm H₂O from zero.
 - 4.2.3.4.2 For circle systems, inspect the integrity of the system, its connections and check the unidirectional valves.
This can be accomplished with a breathing bag on the patient limb of the Y-piece. Ventilate the system manually using an appropriate fresh gas flow. Observe inflation and deflation of the attached breathing bag and check for normal system resistance and compliance. Observe movement of any visible unidirectional valves. Check function of adjustable pressure limiting (APL) valve by ensuring easy gas spill through APL when the two breathing bags are squeezed.
 - 4.2.3.4.3 If a carbon dioxide absorber is present, check the colour of the carbon dioxide absorbent. If the absorbent may have dried out by prolonged dry gas flow then it should be replaced in order to avoid the potential for production of carbon monoxide.
- 4.2.4 **Automatic Ventilation System.** This should be checked according to the manufacturer's recommendations. A test lung (such as a suitably compliant bag) may be used to check the function of the ventilator and the delivery of adequate tidal volume. If a test lung is used, the fresh gas flow should be set to zero, or minimal flow, to help detect leaks in the ventilator. Correct function of disconnection and high pressure alarms and the high pressure relief valve if present should be checked at this time.
- 4.2.5 **Scavenging System.** Check that the scavenging system is properly connected, the scavenging suction flow is adjusted appropriately and that the scavenging outlet is not blocked. This should be checked after connection to the APL valve and appropriate adjustment of the scavenging gas flow. With

the patient outlet occluded and the APL valve open, a full breathing system should not normally empty. If emptying does occur, the absence of negative pressure in the circuit system should be confirmed.

- 4.2.6 **Emergency Ventilation System.** Verify the presence and functioning of an alternative method of providing oxygen and of controlled ventilation (such as a self-inflating bag).
- 4.2.7 **Intravenous and Local Anaesthesia Delivery Devices.** These should be checked according to the manufacturer's recommendation and should include that:
- 4.2.7.1 The device is appropriate for the intended function with special attention to its range of flow rate and occlusion pressure
 - 4.2.7.2 The anaesthetic is correctly loaded and labelled
 - 4.2.7.3 Any program is correct with special attention to:
 - 4.2.7.3.1 Syringe/container type and volume
 - 4.2.7.3.2 Anaesthetic concentration
 - 4.2.7.3.3 Flow rate and units
 - 4.2.7.3.4 Any alarm parameters
 - 4.2.7.4 The device is appropriately powered by mains and/or batteries
 - 4.2.7.5 All connections to the device and onto the patient are secure
 - 4.2.7.6 There is no leakage
 - 4.2.7.7 The device actually functions and the drug is delivered.
 - 4.2.7.8 An anti-reflux valve is installed if sharing a delivery line.
- 4.2.8 **Other apparatus to be used.** This should be checked according to specified protocols. Attention should be given to:
- 4.2.8.1 Equipment used for airway maintenance and intubation of the trachea.
 - 4.2.8.2 Suction apparatus.
 - 4.2.8.3 Gas analysis devices.
 - 4.2.8.4 Monitoring equipment. Special attention should be paid to alarm limits and any necessary calibration.
 - 4.2.8.5 Intravenous infusion devices.
 - 4.2.8.6 Devices to minimise hypothermia during anaesthesia.
 - 4.2.8.7 Breathing circuit humidifiers.
 - 4.2.8.8 Breathing circuit filters.
- 4.2.9 **Final check.** Ensure vaporisers are turned off and that the breathing system is purged with air or oxygen as appropriate.
- 4.2.10 Documentation of the completion of the check is recommended.
- 4.3 **Level Three check.** Immediately before commencement of each anaesthetic, the anaesthetist should:
- 4.3.1 Check a changed vaporiser using the protocol outlined in 4.2.3.2.
 - 4.3.2 Check a changed breathing circuit using the protocol outlined in 4.2.3.4.

4.3.3 Check any intravenous or local anaesthesia devices using the protocol outlined in 4.2.7

4.3.4 Check other apparatus as specified in 4.2.8

RELATED ANZCA DOCUMENTS

- T1 *Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites*
 T2 *Recommendations on Minimum Facilities for Safe Anaesthesia Practice Outside Operating Suites*
 PS18 *Recommendations on Monitoring During Anaesthesia*

COLLEGE PROFESSIONAL DOCUMENTS

College Professional Documents are progressively being coded as follows:

- TE *Training and Educational*
 EX *Examinations*
 PS *Professional Standards*
 T *Technical*

POLICY – defined as ‘a course of action adopted and pursued by the College’. These are matters coming within the authority and control of the College.

RECOMMENDATIONS – defined as ‘advisable courses of action’.

GUIDELINES – defined as ‘a document offering advice’. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.

STATEMENTS – defined as ‘a communication setting out information’.

This document is intended to apply wherever anaesthesia is administered.

This document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have express regard to the particular circumstances of each case, and the application of this document in each case.

Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Professional documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

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