

Mobile Phones and Wireless Communication Devices - Interference with Medical Equipment - Use of

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Functional Sub group Clinical/ Patient Services - Medical Treatment
Personnel/Workforce - Occupational Health & Safety

Summary Use of mobile telephones and wireless communication devices - interference with electronic medical equipment.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Environmental Health Officers of Local Councils, Government Medical Officers, NSW Ambulance Service, NSW Dept of Health, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Public Health Units, Public Hospitals

Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Environmental Health Officers of Local Councils, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Tertiary Education Institutes

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**USE OF MOBILE TELEPHONES AND WIRELESS COMMUNICATION DEVICES -
INTERFERENCE WITH ELECTRONIC MEDICAL EQUIPMENT****THIS CIRCULAR SUPERCEDES CIRCULAR 94/44.**

The purpose of this circular is to provide directions to Health Services in respect to the use of mobile telephones and wireless communication devices within the NSW public health system

Circular 94/44 indicated that revisions would occur in recognition of the advances in mobile telephone and wireless communication device technology and the widespread use of mobile telephones within the community. The revised circular has considered the most recent scientific evidence as to the effect of mobile telephones and other wireless communication devices on electronic medical equipment.

From the scientific evidence available, it is clear that hospitals would be safe in allowing GSM 1800 and CDMA phones to operate as close as 0.5 metre from electronic equipment, and restricting GSM 900 phones to outside 2 metres. However most phones are now designed for dual band operation (900/1800) and as there is difficulty in distinguishing between types, it is recommended that the two metre exclusion zone be retained until GSM 900 phones are no longer in use. Recent testing completed in the Australian context by biomedical engineers, Telstra Research Laboratories and the Therapeutic Goods Association, supports this view.

It is recommended that the use of mobile telephones and all wireless communication devices be discouraged in critical areas, such as Intensive Care Units, Operating Theatres, Special Care Nurseries. If this is not possible due to on-call requirements or special circumstances, staff should be aware that mobile telephones may cause interference with electrical equipment.

In general ward areas, bedside use by staff should be discouraged in order to set an example. Visitors should be encouraged to turn their mobile telephone off when at the bedside and use it in the Patient Lounges, Day Rooms or corridors. Patients should move away from medical equipment when using the mobile telephone to ensure, if possible, that they are separated by a distance of at least 0.5 metre.

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It is important to ensure that there are designated areas assigned, such as Patient Lounges, where mobile telephones can be safely used.

Clinicians should be encouraged to leave their phones at reception or the nurses' station and to move away from medical equipment when making or receiving calls.

Two-way radios or 'walkie talkies' as used by security and maintenance personnel only radiate an electromagnetic field when transmitting and therefore should not be turned on in the vicinity of medical equipment. If there is an urgent need to transmit – a distance of 6 to 8 metres from medical equipment is recommended.

Hospitals/Area Health Services should continue to monitor the use of newer types of transmitting equipment, such as two-way pagers, wireless PDAs, and other types of new equipment that are "wireless connected" to ensure that they do not impact on the operation of medical equipment.

It is recommended that an existing committee within the Area/ Hospital such as Occupational Health and Safety, or Radiation Safety, take responsibility for the management of the use of wireless communications within each facility and produce site specific policies and procedures.

While the risk may appear small, it is considered important that the safest possible environment should be provided for patients. As such, the retention of the two metre exclusion zone will overcome the difficulty of identifying the different types of telephone and devices that pose different levels of risk. This direction has been supported by the results of other overseas studies. Appropriate references to assist in local policy development can be provided if required.

Robyn Kruk
Director-General