

Cot Lids

Background

The cot lid is used in conjunction with a basinet to reduce heat loss in an infant.

It is used in non-critical situations when an incubator would be inappropriate

They have been in use many years and classed as Class I have not required a user /instruction sheet.

Classification is being examined but as the device is only a sheet of Perspex and is used only to prevent heat loss and possibly insensible water loss from the infant in the basinet it is believed that it will remain Class I.

It is not used to deliver energy, gases, or drugs and is used in conjunction with a Class I device (the basinet)

In July 1995 an incident was reported that infants were kicking the cot lids off the basinet and they were falling into the basinet.

This incident was investigated and first thoughts were.

The cot lid is too heavy to be kicked off by neonates and must have been applied incorrectly or have been moved by the mothers.

In conjunction with the MDA at that time the cot lid design was modified so that it had to be raised higher for the lid to be lifted over the edges of the basinet. This was achieved by:

1. Extending the lid and bending the last inch on both sides so that it overlapped the basinet
2. As a new basinet appeared two versions were made available.
3. All existing cot lid users were contacted and the cot lids exchanged.

For 17 years there have been no reported cases of the cot lid being kicked off and no reported cases of any incident involving patient harm.

In December 2001 a complaint was received that babies were kicking off the cot lids.

Investigation revealed:

1. This has been a regular occurrence, perhaps twice per year;
 - a. Babies are getting bigger
 - b. Some are very robust and active
 - c. No reports of injuries
 - d. The lids are kicked clear and land on the floor breaking
 - e. It was suggested that this might mean there could be a limit on the size of infant that can be treated with cot lids.
2. Solutions are available:
 - a. The flap extending over the cot lid can further extended and bent back under the cot lid edge
 - b. Existing cot lids can have an extra piece added to form a fold over
 - c. A prototype has been manufactured and is acceptable to the Hospital.
 - d. It works.
3. Next Steps
 - a. Need to enquire whether or not any infant's feet (toes) have been or can be damaged if they kick too hard against the fixed cot lid. Enquiry in progress.
 - b. Our current belief: based on informal discussions with hospital staff is:
 - i. The infant will not self inflict damage
 - ii. They do not actually kick the lid off but use the soles of their feet to push it off
 - iii. The cot lids are not falling into the cot

- c. Should all users;
 - i. Be warned:
 - ii. Be asked if this is a problem:
 - iii. Be advised of a maximum weight and size of patient
 - iv. Be offered an upgrade at a nominal charge
- d. Does the cot lid now require an instruction leaflet
- e. Should all new cot lids have retainers
- f. One cot lid can now fit both basinet.
- g. Is the classification still valid?

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