

SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY & PROCEDURES

TITLE: MEDICAL DEVICES REPORTS

SECTION: GENERAL POLICIES POLICY NUMBER: D-25.0

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EFFECTIVE DATE: 04/03/1996 PAGE NUMBER: 1 OF 1

PURPOSE:

To assure compliance with the Safe Medical Devices Act of 1990. This policy also ensures that incidents involving malfunctioning medical devices are reported in a timely manner.

POLICY:

- 1. This applies to all EMS vehicles and pre-hospital personnel in the SFVEMS System.
- 2. Pre-hospital provider agencies must submit a medical device report (MDR) to the device manufacturer and/or the FDA within ten days of the date of the incident, defined as a reportable death or serious illness or injury involving a medical device. A copy of this report will also be forwarded to the EMS System CQI Coordinator.
- 3. If the event involves a device-related death, or if the identity of the manufacturer is not known, the report must be submitted directly to the FDA.
- 4. A provider agency's reporting obligation begins when any of their personnel becomes aware of a reportable event. These events include, but are not limited to:
 - a. Adverse device events caused by user error.
 - b. Adverse device events that result in employee injury and/or medical care arising from a device related event.
- 5. Provider agencies must only report information that is reasonably known and are not required to investigate adverse events.
- 6. Documentation and record keeping must include:
 - a. Written departmental policies and procedures to assure compliance with the regulations. Copies of these policies should be submitted to the Resource Hospital.
 - b. Semi-annual reports must be submitted to the FDA in the event any MDR are made during the previous six months.
 - c. MDR event files must be maintained and reports kept for two years after the event.
 - d. If the provider agency determines that an event is not reportable, the information leading to this conclusion must be kept in the MDR event file.
 - e. MDR event files and other records kept by the provider agency must be made available to the FDA for inspection and audit.

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