

Management of a Recall-Alert Checklist for Equipment &/or Product

| Equipment &/or Product: <i>Recalls should only be sent to the applicable areas affected dependent on the type of equipment &/or product (e.g. operating room).</i> <i>This will be specified by the Patient Safety Coordinator accordingly.</i> | RESPONSIBILITY | | | | | |
|---|----------------------------------|----------------------------------|--|--|---|---|
| | Staff | Patient Safety Coordinator | Regional Manager of Physical Plant Services/ Manager Fleet | Administrative Assistant/Executive Assistant | Site Lead/designate including affiliate sites | Department/unit designate including affiliate sites |
| INTAKE | | | | | | |
| <input type="checkbox"/> Forward any received recalls or alerts to: recallalert@southernhealth.ca | <input checked="" type="radio"/> | | | | | |
| <input type="checkbox"/> Check for new recall and alerts at recallalert@southernhealth.ca email account daily. | | <input checked="" type="radio"/> | | | | |
| <input type="checkbox"/> Discuss recall/alert and distribution with the Regional Manager of Physical Plant Services for equipment &/or Manager-Fleet & Special Projects for products to determine if the item is carried regionally & what sites/programs/services could be impacted. | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| <input type="checkbox"/> Create the Southern Health-Santé Sud Recall/Alert Form. | | <input checked="" type="radio"/> | | | | |
| <input type="checkbox"/> Add the title of the Recall/Alert to the Collaborative Work Site (CWS)→ Recalls and Alerts →Alerts and Recalls Master Tracking Log. | | <input checked="" type="radio"/> | | | | |
| <input type="checkbox"/> Record the next assigned number according to the Alerts and Recalls Master Tracking Log to the right side of the header on the Recall/Alert Form i.e.) 2022-45 | | <input checked="" type="radio"/> | | | | |
| <input type="checkbox"/> Create a file folder on the CWS → Recalls and Alerts and upload the newly created Recall/Alert Form using the following nomenclature i.e.) ALERT – Syringes - Oct-4-22 &/or RECALL – Syringes - Oct-4-22 | | <input checked="" type="radio"/> | | | | |
| DISTRIBUTION | | | | | | |
| <input type="checkbox"/> Forward the completed Recall/Alert Form to the applicable Administrative Assistant/ Executive Assistant indicating email priority level in the subject line i.e.) Priority High, Priority Medium, Priority Low | | <input checked="" type="radio"/> | | | | |
| <input type="checkbox"/> Provide instructions in the email body to which affected sites/programs/services that the recall/alert form is to be disseminated. | | <input checked="" type="radio"/> | | | | |
| <input type="checkbox"/> Create a new file folder → Recall Alerts folder→ YYYY-MM-DD name of recalled equipment/product i.e.) 2022-10-04 Syringes | | | | <input checked="" type="radio"/> | | |
| <input type="checkbox"/> Create a Final Report in excel specific to the initiated Recall/Alert Form and add this document to the same file folder. | | | | <input checked="" type="radio"/> | | |
| <input type="checkbox"/> Distribute the Recall/Alert Form to the applicable Site Lead(s) including affiliate/community owned not for profit proprietary sites within the respective portfolio. | | | | <input checked="" type="radio"/> | | |
| <input type="checkbox"/> Distribute the Recall/Alert Form to the applicable department/units/program/site designate to complete. | | | | | <input checked="" type="radio"/> | |

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| FOLLOW-UP | | | | | | |
| <input type="checkbox"/> Complete the required action(s) outlined in the Recall/Alert Form. | | | | | | ⊙ |
| <input type="checkbox"/> Complete the Recall/Alert Form and return form to the Site Lead/designate. | | | | | | ⊙ |
| <input type="checkbox"/> The Site Lead/designate submits the completed response(s) back to the specified Administrative Assistant/Executive Assistant as per program/service identified on the Recall/Alert Form within 7 days unless otherwise stated. | | | | | ⊙ | |
| <input type="checkbox"/> Locate file of the specified Recall and Alert and upload site response. | | | | ⊙ | | |
| <input type="checkbox"/> Locate Final Report in excel in the same specified file folder and check off the site response. | | | | ⊙ | | |
| <input type="checkbox"/> Follow-up on any responses that are not received by the due date as soon as possible. | | | | ⊙ | | |
| <input type="checkbox"/> Send the Final Report excel document for each open recall/alert via email to recallalert@southernhealth.ca at the end of each month. | | | | ⊙ | | |
| <input type="checkbox"/> Checks recallalert@southernhealth.ca email for responses daily. | | ⊙ | | | | |
| <input type="checkbox"/> Logs received responses to the CWS → Alerts and Recalls → Alerts and Recalls Master Tracking Log. | | ⊙ | | | | |
| <input type="checkbox"/> Upload the received Final Report excel document to the original recall/alert file folder. | | ⊙ | | | | |
| <input type="checkbox"/> Closes the recall/alert file when <u>all</u> responses have been received. | | ⊙ | | | | |
| MONITORING | | | | | | |
| <input type="checkbox"/> Prepare a monthly report: <ul style="list-style-type: none"> - Listing open and closed recalls/alerts including pending site/program responses. - Upload the monthly report to CWS→ Recalls and Alerts →Alerts and Recalls Tracking Log Reports. - Email the link and pdf copy of the monthly report to the Administrative Assistant - Quality, Planning & Performance for posting to the Health Provider Site along with the Admin Update. | | ⊙ | | | | |