Medical Device Alert

Ref: MDA/2014/020 Issued: 04 June 2014 at 16:00

Device

Heated humidifiers used in combination with heated-wire breathing systems.

Various manufacturers.

Problem

Risk of oxygen-fuelled fire if:

- alarms are ignored
- damaged breathing systems are used.

The MHRA is aware of a fire caused by a damaged breathing system being used with an elevated oxygen concentration. The humidifier alarmed but the user silenced it and did not take any action.

Action by

All staff involved in the use of heated-wire breathing systems.

CAS deadlines

Action underway: 18 June 2014

Action complete: 02 July 2014

Note: These deadlines are for all affected staff to be made aware of the issue and amended procedures to be put in place.

Action

Ensure users respond to all alarms immediately.

If a humidifier indicates there is a problem with the breathing system, follow the manufacturer's instructions for checking and replacing it.

If a breathing system is damaged, e.g. jammed in a bed rail, run over by a trolley, or if it comes apart, replace it.

Distribution

This MDA has been sent to:

- Care Quality Commission (CQC) (headquarters) for information
- Clinical commissioning groups (CCGs)
- HSC trusts in Northern Ireland (chief executives)
- Local authorities in Scotland (equipment co-ordinators)
- NHS boards and trusts in Wales (chief executives)
- NHS boards in Scotland (equipment co-ordinators)
- NHS England area teams for information
- NHS trusts in England (chief executives)

Onward distribution

Please bring this notice to the attention of relevant employees in your establishment.
Below is a suggested list of recipients.

Trusts

CAS and SABS (NI) liaison officers for onward distribution to all relevant staff including:

- Adult intensive care units
- Anaesthesia, directors of
- Anaesthetic medical staff
- Anaesthetic nursing staff
- Anaesthetists
- Clinical governance leads
- Hospital at home units
- Intensive care medical staff/paediatrics
- Intensive care nursing staff (adult)
- Intensive care nursing staff (paediatric)
- Intensive care units
- Intensive care, directors of
- Operating department practitioners
- Paediatric intensive care units
- Risk managers
- Special care baby units
- Theatre managers
- Theatre nurses
- Theatres

Independent distribution

Establishments registered with the Care Quality Commission (CQC) (England only)

This alert should be read by:

- Hospitals in the independent sector

Please note: CQC and OFSTED do not distribute these alerts. Independent healthcare providers and social care providers can sign up to receive MDAs directly from the Department of Health's Central Alerting System (CAS) by sending an email to: safetyalerts@dh.gsi.gov.uk and requesting this facility.

England

If you are in England, please send enquiries about this notice to the MHRA, quoting reference number **MDA/2014/020** or **2013/011/008/401/015**.

Technical aspects
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Clinical aspects
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How to report adverse incidents

Please report via our website http://www.mhra.gov.uk
Further information about **CAS** can be found at https://www.cas.dh.gov.uk/Home.aspx

Northern Ireland

Alerts in Northern Ireland will continue to be distributed via the NI SABS system.

Enquiries and adverse incident reports in Northern Ireland should be addressed to:

Northern Ireland Adverse Incident Centre
Health Estates Investment Group
Room 17
Annex 6
Castle Buildings, Stormont Estate
Dundonald BT4 3SQ

Tel: 02890 523 704
Fax: 02890 523 900

Email: NIAIC@dhsspsni.gov.uk

http://www.dhsspsni.gov.uk/index/hea/niaic.htm

How to report adverse incidents in Northern Ireland

Please report directly to NIAIC, further information can be found on our website http://www.dhsspsni.gov.uk/niaic
Further information about **SABS** can be found at http://sabs.dhsspsni.gov.uk/

Scotland

All requests regarding return, replacement or modification of the devices mentioned in this alert should be directed to the relevant supplier or manufacturer.

Other enquiries and adverse incident reports in Scotland should be addressed to:

Incident Reporting and Investigation Centre
NHS National Services Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh EH12 9EB

Tel: 0131 275 7575
Fax: 0131 314 0722

Email: nss.iric@nhs.net

http://www.hfs.scot.nhs.uk/online-services/incident-reporting-and-investigation-centre-iric/

Wales

Enquiries in Wales should be addressed to:

Improving Patient Safety Team
Medical Directorate
Welsh Government
Cathays Park
Cardiff CF10 3NQ

Email: improvingpatientsafety@wales.gsi.gov.uk