

URGENT: FIELD SAFETY NOTICE

Nasopharyngeal Airway, Double Swivel Connector, 15mm Y Piece, Portex™ Orator Speaking Valve, Thermovent™ 1200

3rd October 2024

Dear Valued Customer,

Smiths Medical is issuing this letter to notify you of a potential issue with the packaging sterile seals on specific Nasopharyngeal Airway, Double Swivel Connector, 15mm Y Piece, Portex™ Orator Speaking Valve, Thermovent™ 1200 products packaged between 20 January 2021 and 27 August 2021. This letter details the issue and the required steps for you to perform.

Issue:

Smiths Medical has identified a timeframe where there is uncertainty in the seal integrity of the sterile packaging of sterilized Nasopharyngeal Airway, Double Swivel Connector, 15mm Y Piece, Portex™ Orator Speaking Valve and Thermovent™ 1200 products.

Potential Risk

The potential risk of the uncertainty in the seal integrity of the sterile packaging is that a product labeled as sterile, may not be sterile, which could potentially lead to infection.

To date, Smiths Medical has received zero (0) complaints or adverse events associated with this issue.

Affected Product

The affected product SKUs and lots, which were manufactured between 20 January 2021 and 27 August 2021 are listed below.

 SKU
 Description
 Lot #

 100/210/060
 Nasopharyngeal Airway 6.0MM 10/BX
 4125006

 100/210/070
 Nasopharyngeal Airway 7.0MM 10/BX
 4097684, 4110350

 100/210/080
 Nasopharyngeal Airway 8.0MM 10/BX
 4147168

Table 1: Affected Product(s)

Smiths Medical Actions:

Smiths Medical is sending this notification to all customers who received product(s) from Smiths Medical listed above. Smiths Medical has initiated a global ship hold on impacted lots to ensure affected product is no longer distributed. Smiths Medical will provide credit to affected customers.

Customer Required Actions:

- Check all inventory locations within your institution for the affected catalog numbers and lot numbers listed in the notification and discontinue use. Discard all affected products following your institution's process for discarding. If discarding is not immediately possible at your facility, then the product should be quarantined until disposal.
- 2) Share this notification with all potential users of the device to ensure they are aware of this

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- notification and proposed mitigations. If the devices are used at another location, please ensure this communication is delivered there.
- 3) Complete and return the attached Customer Response Form to EMEA-FSN@icumed.com within 10 days of receipt to acknowledge your understanding of this notification.
- 4) **DISTRIBUTORS:** If you have distributed potentially affected products to your customers, please immediately forward this notice to them and request that they complete the response form and return it to **YOU**. Then the **DISTRIBUTOR** must complete a <u>SINGLE form</u> with the required details and return to <u>EMEA-FSN@icumed.com</u>

For further inquiries, please contact the applicable team using the following information:

Smiths Medical Contact	Contact Information	Areas of Support	
Global Complaint Management	globalcomplaints@icumed.com	To report adverse events or product complaints	
Field Safety Notice	EMEA-FSN@icumed.com or contact your sales representative	Questions about this Field Safety Notice	

Your country regulatory agency has been notified of this action

Smiths Medical is committed to patient safety and is focused on providing exceptional product reliability and the highest level of customer satisfaction. Thank you for your prompt support on this important matter. We appreciate your cooperation.

Sincerely,

Andy Mathein

Vice President of Quality

Juhn Metter

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URGENT: FIELD SAFETY NOTICE – RESPONSE FORM

Nasopharyngeal Airway, Double Swivel Connector, 15mm Y Piece, Portex™ Orator Speaking Valve, Thermovent™ 1200

3rd October 2024

Check your inventory and complete the information below, even if you do not have the affected product. *Failure to complete all sections of this page may result in improper, delayed or denied credit.*

Please return the completed form to EMEA-FSN@icumed.com, If you have questions about this form please contact EMEA-FSN@icumed.com, or your local sales representative.

Name	Name of Hospital / Facility						
Hospi	Hospital / Facility Address						
Telep	Telephone Number Name and Title of Person Completing this Form Signature of Person Completing this Form Date						
Name							
Signa							
Date							
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destroye	TABLE 1	oduct on hand, please co		table below:		ctruction	
destroye	If you have affected pro	·			Date of De	struction	PO, debit memo or invoice
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destroye	If you have affected pro TABLE 1 Lot Number If you have distributed your customers and res	Quantity in inventory (eaches)	Quan ase com th the over	table below: htity Destroyed	Date of De		PO, debit memo or invoice

Adverse events and complaints associated with the use of this product should be reported and emailed to Smiths Medical's Global Complaint Management Department at globalcomplaints@icumed.com.

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ADDITIONAL AFFECTED PRODUCT DESTROYED

Item / SKU Number	Lot Number	Quantity in inventory (Eaches)	Quantity Destroyed (Eaches)	Date of Destruction

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