

Equipment Safety/ Safe Medical Device Act

Education Curriculum

(Upon Hire and Annually)

Employee Name: ___ Date: ___

1. Education and review of Equipment Safety/ Safe Medical Device Act policy #EC.11
 - a. Identify- Definition, isolation of equipment
 - b. Report- (Retain copy of following reports for 5 years after DC of the patient)
 - i. FDA Form 3500A within 10 working days. See EC.11 for reporting requirements
 - ii. FDA Form 3419A on January 1 of each year
 - c. Correct- Collaborate with manufacturer, supplier or device user.

2. Use of Equipment with return demonstration if possible (discipline specific)
 - a. Nursing
 - i. Glucometer
 - ii. PT/ INR machine
 - iii. Pumps (feeding and infusion)
 - iv. Hoyer
 - v. Other as recommended by nursing staff: ___
 - b. Physical Therapy
 - i. TENS
 - ii. Ultrasound Machine
 - iii. Balancing equipment
 - iv. Other as recommended by PT staff: ___
 - c. Occupational Therapy
 - i. Adaptive equipment
 - ii. Other as recommended by OT staff: ___
 - d. Speech and Language Pathology
 - i. E-Stim
 - ii. V-Stim
 - iii. Other as recommended by SLP staff: ___
 - e. HHA
 - i. Hoyer Lift
 - ii. Other as recommended by HHA staff: ___
 - f. Other

Employee Signature: _____

Instructor Signature: _____