Steripack
Medical Procedure Packs and Products

FSN Ref :FSN_09%NaClPFS_NL_05Feb2021 FSCA Ref : FSCA_09%NaClPFS_NL_05Feb2021

Date: 05-02-2021

Urgent Field Safety Notice
Steriflush® Prefilled 0.9% Sodium Chloride Syringes and Procedure Packs Containing Steriflush® Prefilled 0.9% Sodium Chloride Syringes

For Attention of*:End User

Contact details of local representative (name, e-mail, telephone, address etc.)*
Mediq NL Rijnzahte 10 3454 PV DE MEERN The Net herlands +31 653283112 nl.supplyplanning@mediq.com

STERIPACK S.A. Zona Industrial 1 - Lote 11 a 14 - 4560-164 Guilhufe, Penafiel - PORTUGAL - Phone: +351255 729 090 www.sterisets.com

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Urgent Field Safety Notice (FSN)

Steriflush® Prefilled 0.9% Sodium Chloride Syringes and Procedure Packs Containing Steriflush® Prefilled 0.9% Sodium Chloride S;vrmaes

1. Information on Affected Devices*

1. Device Type{s)*

Syringe NaCl 0,9% Luer Loek 20 ml *S

2. Commercia l name(s)

Prefilled svrinqes 0,9 % sodium chloride

3. Uniaue Device Identifier(s) (UDI-DI)

5608120PFSNACL0.9L-2P2

4. Primary clinical ouroose of device(s)*

The Sterisets Saline 0.9% **NaCl** syringes are intended for flushing of intravascular catheters, maintain the oatencv of indwellinq intravascular catheters.

5. Device Model/Cataloaue/part number(s)*

N/A

6. Software version

N/A

7. Affected serial or lot number ranqe

Manufacturer's Product Reference Number	Product Name	LOT
14363SAL	Syringe NaCl 0,9% Luer Loek 10 ml	Batch numbers up until 1809XXX (batch number is YYMM123)
14360S	Syringe 3 ml with 0,9% sodium chloride sterile	
14361S	Syringe 5 ml with 0,9% sodium chloride (3ml fill) sterile	
14366S	Syringe 10 ml with 0,9% sodium chloride (5ml fill) sterile	
14362S	Syringe 5 ml with 0,9% sodium chloride	
14363S	Syringe 10 ml with 0,9% sodium chloride	
14364S	Syringe 20 ml with 0,9% sodium chloride	
TP-50-10	Prefilled syringes 0,9% Natriumchloride(0,9%NaCl)	
14363SNSAL	Syringe NaCl 0,9% Luer Loek 10 ml	
14365SNSF	Syringe LL 10 ml NaCl 0,9% (3ml fill) sterile White Cap	
14360SNS	Syringe 3 ml with 0,9% sodium chloride sterile/non sterile	
14361SNS	Syringe 5 ml with 0,9% sodium chloride (3ml fill) sterile/non sterile	
14362SNS	Syringe 5 ml with 0,9% sodium chloride sterile/non sterile	
14363SNS	Syringe 10 ml with 0,9% sodium chloride sterile/non	

	sterile	
14364SNS	Syringe 20 ml with 0,9% sodium chloride sterile/non sterile	
14365SNS	Syringe 10 ml with 0,9% sodium chloride (3ml fill) sterile/non sterile	
14366SNS	Syringe 10 ml with 0,9% sodium chloride (5ml fill) sterile/non sterile	
100470	Na-und Abschluss-Set / homepump	
10606912	Dialvsis fistel saet	
10606914	Haemodialyse start-stop saet	
10606902	Aansluitset Dialyse	
10606913	Dialyse aansluitset	
10606901	Afsluitset dialyse	
10606911	Disconnection set dialysis home care incl. Flushing saline	
10609006	Oncology set	
10601030	Port Skiftesaet	
10609007	Connectionset oncoloçiic	
10605810	Picc-line saet	

8. Associateddevices

N/A

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	2 Reason *tor* Field Safety Corrective Action (FSCA)*
	1. Description of the product problem*
	Unlikely presence (<0,1%) oftrace metals in the syringe stopper used in Steriflush® Prefilled 0.9% Sodium Chloride Svrinaes, which could potentially çienerate extremelv small brown oarticles.
	2. Hazard aivina rise to the FSCA*
	N/A
	3. Probabilitv of oroblem arisinçi
	Possible to occur - however, the risk is beinçi mitiçiated to lmprobable .
	4. Predicted risk to oatient/users
	No serious injuries and or death could occur due to the failure mode associated with this.
	5. Further information to help characterise the problem
	N/A
	6. Backçiround on Issue
	Brown particles have been found inside the prefilled syringe containing 0.9%NaCI. After investigation we can conclude that there was an interaction between the sodium chloride 0.9% and the trace metals present in the rubber stopper. The health risk associated with this issue is small as no incident or oatient safetv has ever been involved.
	7. Other information relevant to FSCA
	N/A

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3. Type of Action to mitigate the risk*

1. Action To Be Taken by the User•

☐ Identify Device ☐ Quarantine Device Return Device ☐ Destroy Device

☐ On-site device modification/inspection

☐ Follow patient management recommendations

☐ Take note of amendment/reinforcement of Instructions For Use (IFU)

☐ Other ☐ None

2. By when should the action be completed? 05-03-2021	Specify where critica! to patient/end user safety

3. Particular considerations for: Choose an item.

Is follow-up of patients or review of patients' previous results recommended?
No

Provide further details of patient-level follow-up if required or a justification why none is required

4. Is customer Reply Required? * (If yes, form attached specifying deadline for return) 05-03-2021	Yes

5. Action Being Taken by the Manufacturer

Product Removal ☐ On-site device modification/inspection
☐ Software upgrade ☐ IFU or labelling change
☐ Other - Provide further details of the action(s) identified. ☐ None

Eg how the manufacturer became aware; brief details of relevant incidents; root cause if known; rationale for containment of problem to only affected devices; other risk mitigation or langer-term preventative action etc.

6. By when should the action be completed? 05-03-2021	Specify where critica! to patient/end user safety

7. Is the FSN required to be communicated to the patient /lay user?	No

8. If yes, has manufacturer provided additional information suitable for the patient/lay user in a patient/lay or non-professional user information letter/sheet?

No

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	4 . Genera! Information*	
	1. FSN Type*	**New**
	2. For updated FSN, reference number and date of previous FSN	N/A
	3. For Updated FSN, key new information as fellows:	
	Please, check the syringe before use. It is necessary to destroy the syringes with presence of brown particles.	
	4. Further advice or information already exoected in follow-up FSN? *	No
	5. If follow-up FSN expected, what is the further advice expected to relate to:	
	6. Anticipated timescale for follow-up FSN	FINAL actions completed
	7. Manufacturer information (For contact details of local representative refer to paqe 1 of this FSN)	
	Steripack S.A	Onlv necessarv if not evident on letter-head.
	Zona Industrial 1, Late 11 a 14 4560-164 Guilhufe, Penafiel Portuqal	Only necessary if not evident on letter-head.
	.....	Onlv necessarv if not evident on letter-head.
	8. The Competent (Regulatory) Authority of your country has been informed about this communication to customers. * yes	
	9. List of attachments/appendices:	If extensive consider providing web-link instead.
	10. Name/Signature	…… ……. . . . .

Transmission of this Field Safet Notice

N/A

Note: Fields indicated by * are considered necessary for all FSNs. Others are optional.

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Contact manufacturer

Steripack S.A
Att.: ……
Zona Industrial 1, Lote 11 a 14
4560-164 Guilhufe, Penafiel
Portugal
Tel.: +351 255 711 355
Fax: +351 255 711 357
Web site: www.sterisets.eu
E-mail: ……..

Acknowledgment of receipt
Sterisets Medica! Products requires an acknowledgment of receipt of this notice.

With regards,

Steripack S.A
……

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