

Urgent Field Safety Notice

MyWay Walker Chassis

FSN-01-03-21

1st March 2021

Attention: Users, customers, carers, parents, therapists, health professional staff and distributors.

Products affected: All sizes of MyWay Walker Chassis

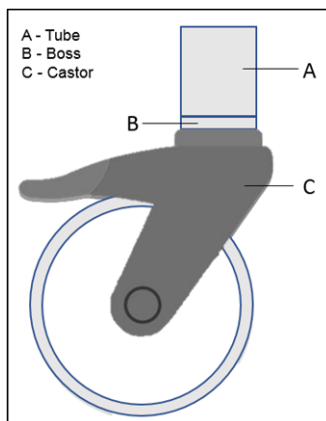
Product Name	Product Code	Serial Number Range	Date of Manufacture
MyWay Frame	S1 - 173-1600	From LEC/220568 to LEC/272111	1 st August 2018 to 26 th November 2020
	S2 - 173-2600		
	S3 - 173-3600		

Description of the problem:

Leckey's first priority is to our customers and children, and that includes the safe and effective use of our products and a commitment to improve our products' performance and quality.

Through our post-market surveillance activities and returns, we have observed a small number of reports in relation to the rear castors of the MyWay chassis.

The MyWay chassis rear leg (see Figure 1) has a boss (B) into which the castor (C) is attached. A boss is simply a small cylindrical mounting feature used in manufacturing to receive a screw.



Reports have indicated that the boss (B), has become loose from the tube (A), causing the castor to loosen from the rear leg of the chassis. Our investigations have confirmed that this is due to variability in the weld process used to attach the boss (B) to tube (A). In some instances, this has resulted in an insufficient weld between the leg and boss.

No injuries have been reported to date. Our investigations, however, have identified a potential for patient harm and therefore, in the interest of user safety, we have proactively taken the decision to issue a Field Safety Notice.

Figure 1: MyWay Rear Leg

Solution to the problem:

New process improvements and design changes to strengthen the weld of the boss to the rear leg have been implemented. These changes ensure that the castor is securely attached to the chassis.

Leckey will roll out a rear leg replacement programme, free of charge, fitting the new rear legs to all affected MyWay Walkers. It is anticipated that this programme will take between 4-6 months to complete.

Action to be taken by the user/carer

- You can continue to use your MyWay chassis while waiting for the new rear legs to be fitted. As stated in the User Instructions, please continue to conduct pre-use inspections to ensure that:
 - The rear castor boss is securely fixed in the chassis. To check this, firstly apply a full lock on both rear castors (see Figure 2). Push the brake pedal to apply the full brake. Rotate the castor around by moving the frame until you hear a click. Castor directional lock is now applied. With directional lock and brake applied, move the castor with your hand and check for slight movement of the boss (B) in tube (A) (See Figure 1). If a failure is present the boss (B) will move in the tube (A). If you identify a failure, please do not use the product and report the failure to Leckey at fsn@leckey.com.
 - All castors are moving freely and locking securely.
 - All brakes, direction lock, anti-roll back and resistance features are working correctly.

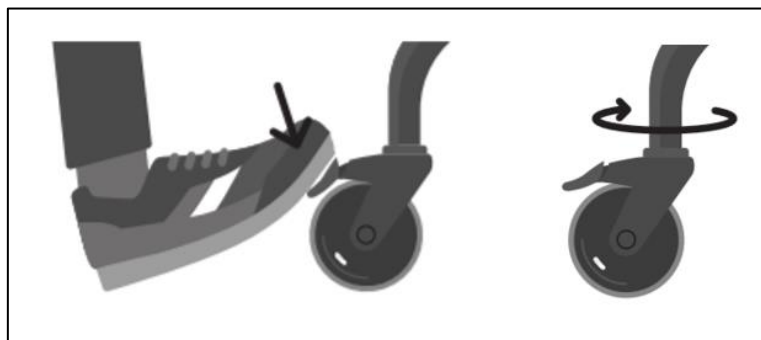


Figure 2: Applying MyWay Castor Full Lock



- Please complete the enclosed FSN reply form. If you received this notification directly from Leckey, please send your completed form, by email, to the contact reference person listed below. If you received this notification from another provider, please follow the advice from your provider on where to send the completed form.
- Await further contact from Leckey or your distributor to instruct when replacement legs will be fitted.

Action to be taken by organisations and distributors

- Please distribute this FSN to any person within your organisation and/or to any customer where the affected parts may have been allocated or sold.
- Please complete the enclosed FSN reply form and email to fsn@leckey.com.
- Await further contact from Leckey to make arrangements for the fitting of the replacement legs by a Leckey approved technician.

Important!

Maintain awareness on this notice and resulting action until the rear legs have been replaced.

If in any doubt, please contact our customer service centre on the number below for clarification.

We sincerely apologise for any inconvenience caused by this safety alert.

Contact reference person: Ciaran McKinley
Quality Manager
James Leckey Design Ltd.
19C Ballinderry Road, Lisburn, N. Ireland, UK.
+44 (0)28 9260 0750
fsn@leckey.com

The undersigned confirms that this notice has been forwarded to the appropriate Regulatory Agency

For and on behalf of James Leckey Design Ltd

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[+44] 28 9260 0750
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hello@leckey.com



MD 620777



NI Reg No. 23037
VAT Reg No. GB366407149



Field Safety Notice Reply Form: Response Required

Please complete this form

FSN-01-03-21

Our records indicate that you have received one or more MyWay Frames manufactured from 1 August 2018 to 26 November 2020.

1. Do you currently possess any of the affected products?

YES NO

If your MyWay Walker has moved location please specify the new location below (or indicate if the MyWay is no longer in use):

2. If you are an organisation or distributor please complete this question, otherwise skip to Q3.

Have you further distributed any of the affected products to your customers?

YES NO

If you answered yes, please check this box to confirm that you have notified these customers of the Field Safety Corrective Action.

3. If the answer to question 1 is YES, please list the number of affected products below. We will then contact you to make arrangements for the replacement legs to be fitted. Please also enter your contact details in the table below, and sign to say that you have received and understood this Field Safety Notice. Organisations and distributors please respond to this question based on your receipt and understanding of the FSN and that of your end users.

Product Code	Number of Units	Product Code	Number of Units	Product Code	Number of Units
173-1600 (S1)		173-2600 (S2)		173-3600 (S3)	

Contact Name	
Organisation Name (if applicable)	
Title	
Contact phone No.	
Email address	
Date	
Signature	

Please email this form to fsn@leckey.com or follow the advice of your provider on where to send this form

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