Item: Daylight Saving Time (DST) changes

Background: With the passage of the *Energy Policy Act of 2005* the start of DST is changed from the first Sunday in April to the second Sunday in March and the end of DST is changed from the last Sunday in October to the first Sunday of November beginning this year, 2007.

In general, this change does not affect basic medical device operation, but could lead to discrepancies for some record keeping activity.

Manufacturers are expected to provide formal communications to customers shortly and the FDA is likewise preparing information on this subject. Aside from general cautions regarding devices that communicate with each other, where each device includes a separate clock, there are no indications for direct impact on patient care other than minimal risk associated with time stamp issues.

Recommendation: Managing a practical approach to addressing DST changes includes the following important steps:

1. **Awareness** – describe and communicate the scope of the DST change to facility staff using newsletters, daily bulletins and other normal communication mechanisms.

2. **Assessment** – using available technical documentation, identify the inventory of devices with internal clocks that track date and time. Assessment also includes identifying software patches made available by medical equipment manufacturers to address DST.

   **Note:** Software patches from sources other than the medical device manufacturer cannot be installed on medical devices without the explicit consent of the medical device manufacturer.

3. **Prioritize** – assign priority to devices requiring action and address the following at minimum:

   - life support, examples include defibrillators, ventilators
   - critical patient monitoring, examples include ICU, vital signs monitors
   - synchronization between devices/systems using real-time clocks such as BCMA laptops communicating with VistA
   - diagnostic devices such as imaging, ECG, and laboratory analyzers
   - other devices such as sterilizers/reprocessing equipment
   - pumps such as infusion pumps and PCA pumps may be candidates to remain on Standard Time since they are stand alone devices with clocks used for internal logs; if so, a written policy should be formally documented
4. Action – install available patches provided by medical equipment manufacturers as early as possible. The remainder of the inventory with no readily available patch or where normal changes with DST are accomplished manually will require intervention, plan for necessary labor to complete tasks based on the priority listing.

5. Plan – because DST is occurring earlier and ending later starting with this year, those devices that are automatically programmed to change with DST but without a patch to account for the change will need to be addressed four times during the year - twice during the Spring and twice again during the Fall.

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