

# California Association of Medical Product Suppliers

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## HMDRF

### Policy & Procedure Manual

Each Home Medical Device Retail Facility (HMDRF) must develop certain policies and procedures to be in compliance with California licensure requirements. CAMPS is offering a manual that contains sample policies and procedures that can be easily adapted to most HME businesses. Developed by Susean Nichols, the presenter of CAMPS HMDRF Exemptee Training program, the manual contains the following information:

#### Sample Policies:

1. Home Medical Device Retail Facility
2. Exemptee Requirements
3. Exemptee Responsibilities
4. Legend Device Storage and Security
5. Distribution of Home Medical Devices
6. Emergency Services
7. Equipment Cleaning and Maintenance
8. Medical Device Tracking Requirements
9. Training Guidelines
10. Recordkeeping Requirements
11. Quality Improvement
12. HMDRF Definitions

#### Sample Forms:

*Each packet will include a diskette for editing these template forms.*

- Communication Log
- Delivery Log
- HMDRF Personnel Checklist
- HMDRF Quality Improvement Branch Audit
- Inservice Attendance Record
- Incident Report
- Quality Improvement Meeting Minutes
- Vehicle Log
- Warehouse Log

To order this manual simply fill out the form below and send with payment to CAMPS. Feel free to contact the CAMPS office with any additional questions at (916) 443-2115.

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## CAMPS HMDRF Policy & Procedure Manual Order Form

#### Shipping Information:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Ship To Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Phone Number

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#### Payment Information:

CAMPS Member # \_\_\_ @ \$225.00 ea. = \$ \_\_\_\_\_

Non-Member # \_\_\_ @ \$300.00 ea. = \$ \_\_\_\_\_

Subtotal = \_\_\_\_\_

x8.75% Sales Tax = \_\_\_\_\_

#### Shipping & Handling

1<sup>st</sup> Manual = \$6.00 S/H Total = \_\_\_\_\_

*(add \$3.00 for each addn'l manual)*

Total Payment Enclosed = \_\_\_\_\_

#### Payment Method

Check enclosed

MasterCard or Visa

\_\_\_\_\_  
Card Number Exp. Date

\_\_\_\_\_  
Name printed on card 3-digit Verification No.

\_\_\_\_\_  
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Send with payment to:  
CAMPS  
One Capitol Mall, Suite 320  
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