# SV300

# Ventilator

# **Operator's Manual**

# **CE**<sub>0123</sub>

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For this Operator's Manual, the issue date is September, 2020.

# 6.1 Turn on the System

- 1. Insert the power cord into the power receptacle. Ensure the external power indicator light is lit.
- 2. Press the  $O/\dot{O}$  key.
- 3. The alarm indicator light flashes yellow and red once in turn, and then the speaker and the buzzer give a check sound respectively.
- 4. A start-up screen and start-up check progress bar appear. Then the System Check screen is displayed.

#### NOTE

• When the ventilator is started, the system detects whether audible alarm tones and alarm lamp function normally. If yes, the alarm lamp flashes red and yellow successively, and the speaker and the buzzer give check tones. If not, do not use the equipment and contact us immediately.

#### 6.2 System Check

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• To ensure optimum performance of the ventilator, re-do System Check each time after changing the patient type, replacing the accessories or components like patient tubing, humidifier, and filter.

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- Always run System Check before using the ventilator on a patient. If the ventilator fails any tests, remove it from clinical use. Do not use the ventilator until necessary repairs are completed and all tests have passed.
- Before running System Check, disconnect the patient from the equipment and ensure that a backup ventilation mode is available for patient ventilation.

To enter the System Check screen,

- The System Check screen is accessed automatically after powering on the system.
- On the non-standby screen, select the [Standby] button and enter the Standby status after your confirmation. Select the [System Check] button in the Standby status to enter the System Check screen.

The system check screen displays the last system check time. Select the [**Details**] button to query the system check information of the ventilator system, including system check items, System Check results, and System Check time.

Connect the gas supply and block the Y piece as illustrated. Then select [**Continue**] to start System Check item by item.

System Check items include:

- Blower test: test the speed of the turbine blower.
- $O_2$  flow sensor test: test the flow sensor in  $O_2$  limb.
- Inspiratory flow sensor test: test the inspiration valve and flow sensor.
- Expiratory flow sensor test: test the expiratory flow sensor.
- Pressure sensor test: test the pressure sensors at the inspiratory and expiratory ports.
- Expiration valve test
- Safety valve test
- Leakage (mL/min)
- Compliance  $(mL/cmH_2O)$
- Tube resistance  $(cmH_2O/L/s)$
- O<sub>2</sub> sensor test

System Check result can be:

- Pass: indicates that check of this item is completed and is passed;
- Fail: indicates that check of this item is completed but is failed;
- Cancel: indicates that check of this item is cancelled;
- O<sub>2</sub> Supply Failure: indicates that O<sub>2</sub> supply is insufficient when O<sub>2</sub> sensor test or O<sub>2</sub> flow sensor test is being carried out;
- Monitoring Off: indicates that sensor monitoring function may not be switched on when O<sub>2</sub> sensor test is being carried out.

#### NOTE

- Nebulization is disabled in V-A/C, V-SIMV, PRVC-SIMV, AMV and PRVC modes when patient type is pediatric.
- When O<sub>2</sub> supply type is low-pressure, pressing the [Nebulizer] key will not activate nebulizer, rather display the prompt message [Fail to Start with Low Pressure O<sub>2</sub> Supply].
- Aerosolized medication may occlude the expiration valve and flow sensor. Please have them checked and cleaned after nebulization.
- Nebulization may cause fluctuation in the patient's FiO<sub>2</sub>.
- The ventilator switches off the nebulizer flow when the inspiratory flow is less than 15 L/min.

## 9.5 O<sub>2</sub> † (O<sub>2</sub> enrichment)

 $O_2$   $\uparrow$  is also called as  $O_2$  enrichment. It means to deliver oxygen with concentration higher than normal level within the specified time period. In the adult patient group, the  $O_2$  enrichment function delivers 100 % oxygen. In the pediatric patient group, the  $O_2$  enrichment function delivers 1.25 times of the current oxygen concentration or 100 %, whichever is less.

Press the  $[O_2 \uparrow Suction]$  key and the ventilator starts oxygen enrichment. The indicator light for  $[O_2 \uparrow Suction]$  key is illuminated and the remaining oxygen enrichment time is displayed in the prompt message field. Oxygen enrichment is active for maximum two minutes. During oxygen enrichment, the currently set oxygen concentration is displayed in the  $[O_2 \%]$  parameter setup quick key field.

When the 2-minute period of oxygen enrichment is up or the  $[O_2 \uparrow Suction]$  key is pressed again, the ventilator terminates oxygen enrichment.

#### NOTE

- O<sub>2</sub> † (oxygen enrichment) is disabled in Standby status.
- When O<sub>2</sub> supply type is low-pressure, pressing the [O<sub>2</sub> † Suction] key will not activate oxygen enrichment, rather display the prompt message [Fail to Start with Low Pressure O<sub>2</sub> Supply].
- Removing the patient tubing during oxygen enrichment will start suction function. Refer to section 9.6 Suction.

## 10.7 AUDIO PAUSED

#### 10.7.1 Set AUDIO PAUSED

key to pause audio alarm of currently active alarms for 120 seconds.

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• Pay close attention to the patient and ventilator to ensure no alarm messages are ignored during the period of AUDIO PAUSED. Possible patient or equipment hazard may be produced if the alarm condition continues while no action is taken.

#### NOTE

Push the

- Under AUDIO PAUSED status, all the alarm indicators work normally except audible alarm tones.
- Under AUDIO PAUSED status, if a new technical or physiological alarm occurs, the AUDIO PAUSED status terminates automatically and audible alarm tones start again.
- When the 120 s countdown time is up, the AUDIO PAUSED status terminates and audible alarm tones start again.

#### 10.7.2 Terminate AUDIO PAUSED

Under AUDIO PAUSED status, pushing the key or triggering a new alarm will terminate the AUDIO PAUSED status and restore audible alarm tones. The AUDIO PAUSED icon and 120s countdown will disappear from the screen at the same time.

#### 10.8 Recent Alarm

When there are currently active alarms, if the number is displayed before alarm messages, it indicates there are multiple all active alarm messages. By selecting the alarm message field, you can view active alarm messages, alarm occurrence time and alarm priority in the accessed most recent alarm window. Up to 9 alarm messages are displayed.

The icon is displayed when all active alarms are cleared and there are no currently active alarms. By pushing the icon i, you can view the most recent inactive alarms in the accessed window (up to 9 alarm messages are displayed). You can also clear the most recent inactive

alarms with the Beset button.

Audio indicator	
Speaker	Gives off alarm tones and key tones; supports multi-level tone modulation. The alarm tones comply with the requirements of IEC60601-1-8.
Buzzer	Gives off auxiliary audio alarm in case of speaker malfunction.
Connector	
Network connector	A connector which supports connection with a PC to perform software upgrade and connection with external medical and information device.
RS-232 connector	Connects to the external calibration device for calibrating pressure. An external medical device can be connected via this connector to communicate with the ventilator.
USB connector	Exports captured screen, conducts ventilator software upgrade, configuration information export and history data (such as patient data, alarm log, calibration table) export, configuration transfer between machines of the same type via USB device.
Nurse call connector	Connects to the hospital's nurse call system.
VGA connector	Outputs VGA video signals with the same contents to the primary display and connects to the external display (supporting display with resolution of 1280*800).

# **B.5 Pneumatic System Specifications**

#### NOTE

• All gas volume, flow and leakage specification are expressed at STPD except those associated with the VBS which are expressed at BTPS.

High-pressure oxygen inlet					
Gas type	O <sub>2</sub>				
Pressure range	280 to 600 kPa				
Rated flow requirement	No less than 120 L/min (STPD)				
Connector	NIST or DISS				
Fresh gas	Fresh gas is called after supplied Air and O <sub>2</sub> are mixed.				
Low-pressure oxygen inlet					
Pressure range	Less than 100 kPa				
Maximum flow	15 L/min(STPD)				
Connector	CPC quick connector				
Inspiration module					
Peak flow in case of single supply gas(air)	≥210 L/min(BTPS)				

# D.2 Technical Alarm Messages

Source	Alarm message	Р	Cause and action
Power			The temperature of battery 1 is higher than expected.
board	Battery 1 Failure 01	Н	Contact your service personnel.
			Battery 1 Charge Failure
	Battery 1 Failure 02	H	Contact your service personnel.
			Battery 1 Aging
	Battery 1 Failure 03	H	Contact your service personnel.
			Battery 1 Comm Error
	Battery 1 Failure 04	Н	Contact your service personnel.
	D # 1 D 1 05	TT	Battery 1 Failure
	Battery 1 Failure 05	H	Contact your service personnel.
			The temperature of battery 2 is higher than expected.
	Battery 2 Failure 01	H	Contact your service personnel.
	D # 0 D 1 00	TT	Battery 2 Charge Failure
	Battery 2 Failure 02	H	Contact your service personnel.
			Battery 2 Aging
	Battery 2 Failure 03	H	Contact your service personnel.
	D # 2 D 1 04	TT	Battery 2 Comm Error
	Battery 2 Failure 04	H	Contact your service personnel.
		TT	Battery 2 Failure
	Battery 2 Failure 05	H	Contact your service personnel.
	Battery Temp.		Battery temperature is a bit high during discharge.
	High. Connect Ext.Pwr.	M	Connect to the external power supply.
	D (( T II' 1		Battery temperature is too high during discharge. The
	Battery Temp High. Syst maybe Down	Н	system may be down.
	Syst maybe Down		Connect to the external power supply.
			The current system is powered by battery. Connect to
	Battery in Use	L	the external power supply.
			Connect to the external power supply.
	Low Battery.		The remaining battery power is lower than a threshold.
	Connect Ext. Power.	M	Connect to the external power supply.
	System DOWN.		Battery power is depleted. The system will shut down in
	Connect Ext.	Н	a few minutes.
	Power.		Connect to the external power supply immediately.
	Power Board	Н	Power board communication stops.
	Comm Stop	п	Contact your service personnel.

			Battery is not available in the current system.
	Battery Undetected	Η	Contact your service personnel.
			Button cell is available in the system. But the clock is
Main	Please Reset Date	-	powered down and reset.
control	and Time	L	
board			Re-set the date and time.
	Apnea Ventilation	L	This alarm is given when apnea ventilation ends. There
	Ended		is no need to process this alarm.
		L	Hardkey or rotary encoder is depressed continuously for
	Key Error		more than 35s.
			Contact your service personnel.
	Technical Error 01	M	Keyboard Comm Stop. Keys are faulty.
			Contact your service personnel.
	Technical Error 02	M	Keyboard Selftest Error.
			Contact your service personnel.
	Device Failure 04	Н	Ctrl Module Init Error.
			Contact your service personnel.
	Device Failure 05	Н	Ctrl Module Comm Stop.
			Contact your service personnel.
	Device Failure 19	Н	Power Board Comm Stop.
			Contact your service personnel.
	Device Failure 20		SpO <sub>2</sub> Comm Stop.
	Device Failure 20	H	Restart the ventilator or contact your service personnel.
	Device Failure 21	11	Pressure Sensor Zero Point Error.
	Device Failure 21	H	Contact your service personnel.
Monitor	T 1 1 1 F 02	м	Turbine blower Temp Sensor Failure.
board	Technical Error 03	M	Contact your service personnel.
			Buzzer Failure.
	Technical Error 04	M	Contact your service personnel.
	Tashaisal Farmar 05	м	Atmospheric Pressure Sensor Failure.
	Technical Error 05	M	Contact your service personnel.
	Teshnisel Emer 06	м	HEPA Pressure Sensor Failure.
	Technical Error 06	M	Contact your service personnel.
	T 1 1 1 F 07	м	3-way Valve Failure.
	Technical Error 07	M	Contact your service personnel.
		м	Nebulizer Valve Failure.
	Technical Error 08	M	Contact your service personnel.
		М	Insp. Temp Sensor Failure.
	Technical Error 09		Contact your service personnel.
			Power Supply Voltage Error.
Device Failure 01		Η	Contact your service personnel.
		н	Memory Error.
	Device Failure 02		Contact your service personnel.

	Device Failure 03	Н	Power Board Selftest Error.
	Device Failure 05	11	Contact your service personnel.
	Device Failure 06	н	Ctrl Module Selftest Error.
		11	Contact your service personnel.
	Device Failure 07	н	Insp. Module Comm stop.
	Device Failure 07	п	Contact your service personnel.
	Deries Failure 00	тт	Exp. Module Comm stop.
	Device Failure 08	Н	Contact your service personnel.
	D . E 1 00	TT	Pressure Sensor Failure.
	Device Failure 09	H	Contact your service personnel.
	D . D . 10		Safety Valve Failure.
	Device Failure 10	Н	Contact your service personnel.
			Insp. Limb Failure.
	Device Failure 12	Н	Contact your service personnel.
			O <sub>2</sub> Limb Failure.
	Device Failure 13	Н	Contact your service personnel.
			Turbine blower Failure.
	Device Failure 14	Н	Contact your service personnel.
			Turbine blower Temp Too High.
	Device Failure 15	Н	Contact your service personnel.
			Insp. Valve Disconnected.
	Device Failure 16	H	Contact your service personnel.
			Insp. Module Selftest Error.
	Device Failure 17	H	Contact your service personnel.
			Exp. Module Selftest Error.
	Device Failure 18	Η	Contact your service personnel.
			Pressure Sensor Zero Point Error.
	Device Failure 21	Н	Contact your service personnel.
			Monitored PEEP exceeds PEEP+5 cmH <sub>2</sub> O (PEEP+10
			cmH <sub>2</sub> O for APRV mode) within any fully mechanical
	PEEP Too High	Н	ventilation cycle.
	_		1. Check the ventilation parameter setup.
			2. Check the patient tubing for occlusion.
			Patient's PEEP is less than the setting value to a certain
	DEED T I		extent.
	PEEP Too Low	M	1. Check the patient tubing for leakage.
			2. Perform System Check to test the leakage.
			Tube is occluded.
	Airway Obstructed?	Н	1. Check and clean the patient tubing.
			2. Check and clean the expiration valve.
	Sector 1 4		The airway pressure measured by any pressure sensor is
	Sustained Airway	Н	greater than or equal to the setting PEEP+15 cmH <sub>2</sub> O for
Pressure		continuous 15 s.	

2. Check the ventilation parameter setup.         3. Check the patient tubing for occlusion.         Tube         Airway Leak?       L         1. Check the patient tubing for leakage.         2. Perform System Check to test the leakage         Tube       H         Disconnected?       H         Re-connect the patient tubing.         Insp. Limb Airway       M         Obstructed?       H         Pressure Limited       L         Involume mode or pressure mode when ATRC function is enabled, the pressure reaches Paw high alarm limit.         Pressure Limited       L         In volume mode or pressure mode when ATRC function is enabled, the pressure reaches Paw high alarm limit.         In robume mode or pressure mode when ATRC function is enabled, the pressure reaches Paw high alarm limit.         In robume mode or pressure mode when ATRC function is enabled, the pressure setup.         3. Check the ventilation parameter setup.         3. Check the patient.         2. Check the patient.         2. Check the patient.         3. Check the patient.         3. Check the patient limits.         3. Check the patient limits.         3. Check the patient.         2. Check TV alarm limits.         3. Check the patient.         2. Check the patie				
3. Check the patient tubing for occlusion.         Airway Leak?       I         L       1. Check the patient tubing for leakage.         Tube       Tube is leaky.         Tube       Tube is disconnected.         Pissonnected?       The patient tubing is bent or occluded in case of O <sub>2</sub> therapy.         Obstructed?       The patient tubing is bent or occluded or bent. If yes, clear it.         Pressure Limited       L         L       In volume mode or pressure mode when ATRC function is enabled, the pressure reaches Paw high alarm limit.         Pressure Limited       L         L       1. Check the patient.         2. Check the patient.       2. Check the patient.         Volume Limited       L         L       1. Check the patient.         2. Check the ventilation parameter setup.         3. Check the patient.         2. Check the patient.         2. Check the patient.         2. Check the patient.         2. Check the patient.         3. Check the patient.         2. Check the patient.         2. Check the patient.         2. Check the patient.         2. Check the patient.         3. Check the patient.         2. Check the patient.         2. Check the patient.				1. Check the patient.
Airway Leak?       L       Tube is leaky.         1. Check the patient tubing for leakage.       2. Perform System Check to test the leakage         Tube       H       Re-connected.         Disconnected?       H       Re-connect the patient tubing.         Insp. Limb Airway Obstructed?       M       The patient tubing is bent or occluded in case of O <sub>2</sub> therapy.         Pressure Limited       L       In volume mode or pressure mode when ATRC function is enabled, the pressure reaches Paw high alarm limit.         Pressure Limited       L       I. Check the patient.       2. Check the ventilation parameter setup.         3. Check pressure high alarm limit.       In robuse mode, delivered gas volume exceeds the set TV high limit.         Volume Limited       L       I. Check the patient.         2. Check the ventilation parameter setup.       3. Check the patient.         3. Check the patient.       2. Check the ventilation parameter setup.         3. Check the patient.       2. Check the ventilation parameter setup.         3. Check the patient.       2. Check the Q supply.         4. Check the patient.       2. Check the Q supply.         4. Check the patient.       2. Check the Q supply.         4. Check the Patient.       3. Check the Patient.         7. V Not Achieved       L       2. Check the Patiner for occlusion.				
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Tube Disconnected?       H       Tube is disconnected. Re-connect the patient tubing.         Insp. Limb Airway Obstructed?       M       The patient tubing is bent or occluded in case of O2 therapy. Check if the patient tubing is occluded or bent. If yes, clear it.         Pressure Limited       L       In volume mode or pressure mode when ATRC function is enabled, the pressure reaches Paw high alarm limit-5.         Volume Limited       L       1. Check the patient. 2. Check the ventilation parameter setup. 3. Check the sensure high alarm limit.         Volume Limited       L       1. Check the patient. 2. Check the patient. 3. Check the patient. 4. Check the patient. 5. Check the patient. 5. Check the patient. 4. Check the patient. 5. Check the HEPA filter for occlusion. 4. Check the patient. 5. Check the HEPA filter for occlusion. 4. Check the patient. 5. Check the patient. 5. Check the term of the pressure of the patient. 5. Check the patient tubing for leakage or occlusion. 4. Check the patient. 5. Check the		Airway Leak?	L	1. Check the patient tubing for leakage.
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				3. Check the patient tubing for occlusion.
				4. Consider to turn off sigh.
$O_2$ Supply Failure H $O_2$ pressure is low or high-pressure $O_2$ is not connected.		O <sub>2</sub> Supply Failure	Н	O <sub>2</sub> pressure is low or high-pressure O <sub>2</sub> is not connected.

			1. Check connection with O <sub>2</sub> supply.
			2. Check O <sub>2</sub> supply pressure.
			In PSV mode, Tinsp exceeds 4s for adult and 1.5s for
			pediatric for continuous 3 cycles. This alarm is not
			triggered again after pressure sensor or flow sensor
	Tinsp Too Long	L	failure.
			1. Check the patient.
			2. Check the ventilation parameter setup.
			3. Check the patient tubing for leakage.
	Please Check Exp.		Installing the expiratory flow sensor fails.
	Flow Sensor	Н	Contact your service personnel.
			The gas temperature exceeds $45^{\circ}$ C. Restart the machine.
	Insp. Gas Temp		1. Disconnect the patient.
	Too High	Н	2.Clean the fan dust filter.
	8		3. Restart the ventilator.
	Replace HEPA		The resistance of HEPA becomes intense.
	Filter	L	Contact your service personnel.
			Fan speed error. Restart the machine if the error cannot
	E E. Hann	N	be corrected.
	Fan Failure	Μ	
			Contact your service personnel.
	Flow Sensor Type	Н	Installation error of Air flow sensor or $O_2$ flow sensor.
	Error		Contact your service personnel.
			Turbine blower temperature exceeds the threshold.
			1. Check if the operating ambient temperature of the
			machine exceeds the maximum operating temperature
	Blower		specified by the vendor.
	Temperature High	Η	2. Check if the fan inlet and outlet are occluded. If yes,
	remperature mgn		clear the foreign substance and dust.
			3. Check the rotation of the fan. If it runs abnormally
			(such as abnormal sound or rotation speed), replace the
			fan.
			Cannot meet established MV%
	AMV: Cannot Meet	L	1. Check the ventilation parameter setup.
	Target		2. Check the alarm limits setting.
	O <sub>2</sub> Sensor		The O <sub>2</sub> sensor is not connected.
	Unconnected	L	Connect the O <sub>2</sub> sensor.
	Please Replace O <sub>2</sub>		The O <sub>2</sub> sensor is used up.
	Sensor.	М	Replace the $O_2$ sensor.
	Please calibrate O <sub>2</sub>		Calibrate the $O_2$ sensor.
	sensor.	L	Calibrate $O_2$ concentration.
	Please perform		Calibrate the pressure sensor.
	pressure calibration.	H -	Contact your service personnel.
	Please perform flow	Н	Calibrate the flow sensor.

# 

- Obey applicable safety precautions.
- Read the material safety data sheet for each cleaning agent.
- Read the operation and service instructions for all disinfection equipment.
- Wear gloves and safety glasses. A damaged O<sub>2</sub> sensor can leak and cause burns (contains potassium hydroxide).
- Reuse of undisinfected reusable accessories or components may cause cross-contamination.
- To prevent leaks, avoid damaging any component in case of disassembling and reassembling the breathing system. Ensure the correct installation of the system. Make sure of the applicability and correctness of the cleaning and disinfection methods.
- Disassemble and reassemble the breathing system as described in this manual. If you need further disassembly and reassembly, contact us. Improper disassembling and reassembling may cause breathing system to leak and compromise normal system use.
- Seeping liquid into the control assembly can damage the equipment or cause personal injury. When cleaning the housing, ensure that no liquid flows into the control assemblies and always disconnect the equipment from the AC mains. Reconnect the AC mains after the cleaned parts are fully dry.
- To avoid sticky residuals, do not use talc, zinc stearate, calcium carbonate, corn starch, or equivalent materials. These materials can go into the patient's lungs and airways and cause irritation or injury.

# 

- To prevent patient exposure to disinfection agents and to prevent premature deterioration of parts, use the cleaning and disinfection methods and agents recommended in this section.
- To reduce the risk of electrical shock, disconnect electrical power from the ventilator before cleaning and disinfection.

#### NOTE

- Clean and disinfect the equipment as required before it is put into use for the first time. Refer to this chapter for the cleaning and disinfection methods.
- To help prevent damage, refer to the manufacturer's data if you have questions about a cleaning agent.
- Do not use organic, halogenated, or petroleum based solvents, anesthetic agents, glass cleaners, acetone, or other harsh cleaning agents.
- Do not use abrasive cleaning agents (such as steel wool, silver polish, or cleaner).
- Keep all liquids away from electronic parts.
- Do not permit liquid to go into the equipment housings.
- Cleaning solutions must have a pH of 7.0 to 10.5.
- After cleaning and disinfection is completed, run System Check before using the equipment. Use the equipment only when System Check is passed.
- The expiration valve assembly, inspiration safety valve assembly, and patient hose of the gas pathways through the ventilator can become contaminated with body fluids and expired gases during both NORMAL CONDITION and SINGLE FAULT CONDITION.

#### **11.1 Methods for Cleaning and Disinfection**

#### 

• The process for autoclave sterilization of the ventilator inspiration safety valve assembly and the ventilator expiration valve assembly have been tested and found to be in compliance with ISO 17664:2017. Compliance to ISO 17664:2017 only applies when bacterial filters are used to filter the air. Filters must be properly installed on the inspiratory and expiratory ports.

Different parts of the ventilator can be disinfected by different methods. You need to select the appropriate method to clean and disinfect the parts based on the actual situations to avoid cross-contamination between the ventilator user and the patient.

This table is our recommended cleaning and disinfection methods for the ventilator parts, including use for the first time and use after many times.

	Recommended	Clea	ning	Disi	nfect	ion		
Parts	frequency	1	2	А	В	C	D	
Ventilator Housing		1			1			
Ventilator external surface (including housing, power cord, supply gas hose)	Each patient	(	1)	A or D				
Trolley and support arm	Each patient		1)		Α	or D		
Touch screen	Each patient		1)	A or D				
Fan dust filter	Every four weeks/as necessary*	(	2)			В		
Main unit air outlet dust filter	Every four weeks/as necessary*	(	2)			B		
Air intake dust filter	Every four weeks/as necessary*	(	2)			B		
Ventilator inspiration safety valve as	sembly							
Inspiration safety valve assembly	as necessary*		2)		В	or C		
Ventilator expiration valve assembly								
Expiration valve membrane (silicone)	Each patient/weekly		2)		В	or C	r C	
Expiration valve assembly (except membrane)	Each patient/weekly	② B or		or C				
Ventilator patient tubing (reusable)								
Patient tubing (including water trap, Y piece, adapter)	Each patient/weekly	(	2)	B or C		or C		
Other								
Mainstream CO <sub>2</sub> sensor	Each patient/weekly	Refer to the cleaning and disinfection methods provided by the mainstream CO <sub>2</sub> vendor.			d by			
SpO <sub>2</sub> sensor	Each patient/weekly	Refer to the cleaning and disinfection methods provided by the attached package insert.			d by			
SpO <sub>2</sub> sensor cable	Each patient/weekly	Refer to the cleaning and disinfection methods provided by the attached package insert.			d by			
Nebulizer	Each patient/weekly		fectior	o the cleaning and on methods provided by izer vendor.			and ed by	
Humidifier	Each patient/weekly	disin	Refer to the cleaning disinfection methods provide the humidifier vendor.			and ed by		

Parts	Recommended	Cleaning		Disinfection			
rarts	frequency	1	2	А	В	С	D

#### Cleaning methods (Wipe and Bath Immersion) :

① Wipe: wipe with a damp cloth immersed in alkalescent detergent (soap water, etc.) or alcohol solution and then wipe off the remaining detergent with a dry lint free cloth.

② Immersion: flush with water first and then immerse it in alkalescent detergent (soap water, etc.) (water temperature 40°C recommended) for approximately three minutes. Finally clean with water and dry completely.

#### **Disinfection methods**:

A: Wipe: wipe with a damp cloth immersed in medium- or high-efficiency detergent and then wipe off the remaining detergent with a dry lint free cloth.

B: Immersion: immerse it in medium- or high-efficiency detergent for more than 30 minutes (recommended time). Then clean with water and dry completely.

C: Steam autoclave at 134°C for 10 to 20 minutes (recommended time).

D: Ultraviolet radiation for 30 to 60 minutes (recommended time).

As necessary\*: shorten the cleaning and disinfection intervals if the equipment is used in dusty environment to ensure that the equipment surface is not covered by dust. Clean and disinfect the inspiration safety valve assembly only when the patient's exhaled gas may contaminate the inspiratory limb. For disassembling and installation methods, refer to **10.2.2**.

The table below lists the cleaning and disinfecting agents and autoclaving process that may be used on the ventilator.

Name	Туре
Ethanol (75%)	Moderately efficient disinfectant
Isopropanol (70%)	Moderately efficient disinfectant
Glutaraldehyde (2%)	Highly efficient disinfectant
Ortho-Phthalaldehyde disinfectant (such as Cidex <sup>®</sup> OPA)	Highly efficient disinfectant
Soap water (pH value of 7.0~10.5)	Rinsing agent
Clean water	Rinsing agent
Steam autoclave*	Highly efficient disinfection

Steam autoclave\*: The recommended temperature of this disinfection method is 134°C (273°F).

## **11.2 Disassemble the Ventilator's Cleanable and**

#### **Disinfectable Parts**

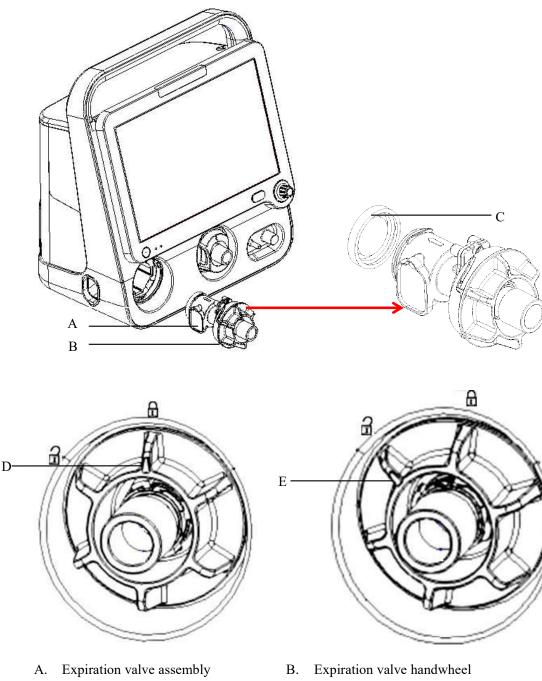
C.

E.

Expiration valve membrane

Unlocked state of the expiration valve

#### **11.2.1 Expiration Valve Assembly and Membrane**



D. Locked state of the expiration valve

#### A.1.3 Theory

This product is an electronically driven and electronically controlled ventilator. Oxygen is provided by high- or low-pressure oxygen port. Air is inhaled from the ambient atmosphere due to vacuum produced by the turbine motor. During the inspiratory phase, the inspiration valve opens. Gas with specific  $O_2$  concentration is formed in the upstream of inspiration valve after Air and  $O_2$  are mixed. Such gas becomes gas with specific flow or pressure after passing through the inspiration valve and enters the patient's lungs via inspiratory tube. During the expiratory phase, the inspiration valve is closed while the expiration valve opens. The gas reaches the expiration valve from the lungs via the expiratory tube and is finally discharged out of the human body.

When the turbine works to inhale Air from the ambient atmosphere, Filter (F1) filters dust in the Air. Filter (F2) is an HEPA filter for filtering bacteria. After the machine is used or placed for a period of time, dust or foreign substance absorbed on the surfaces of the two filters at the Air inlet can occlude the Air inlet when the dust or foreign substance is accumulated to a certain extent. This may cause insufficient Air intake of the machine and compromise the ventilation performance of the machine. Vacuum sensor (Pfilter) at the Air inlet monitors the vacuum at the Air inlet in real-time, effectively judges filter occlusion at the Air inlet, and gives the replacement prompt.

Check valve (CV1) ensures unidirectional flow of low-pressure O<sub>2</sub>. Filter (F3) filters foreign substance in the high-pressure O<sub>2</sub> supply. Regulator (REG) regulates and stabilizes the pressure of high-pressure O<sub>2</sub> supply to ensure the stability and repetitiveness of flow outputted by the rear proportional solenoid valve (PSOL).

Filter screen (F4) is placed before the flow sensor to stabilize gas flow for the convenience of sensor measurement. Flow sensor (Q1) is a hot-wire mass flow sensor which does not require calibration.

The gas supply part includes three parallel limbs: high-pressure  $O_2$ , low-pressure  $O_2$ , and low-pressure Air. The high-pressure  $O_2$  and low-pressure  $O_2$  converge before mixing with Air. High-pressure  $O_2$  and low-pressure  $O_2$  cannot be used at the same time. Flow sensor (Q1) is placed at the common outlet of low-pressure  $O_2$  and high-pressure  $O_2$  to monitor  $O_2$ . Room air enters the machine after passing through filter (F1) and HEPA filter (F2). Turbine blower (Blower) inhales the room air and externally connected  $O_2$  and outputs them to the rear end of the inspiratory limb after compression. The turbine blower module contains two levels of labyrinth, which are located in the upstream and downstream of the turbine blower respectively. Air and  $O_2$  are inhaled by the turbine blower after going through the first level of labyrinth chamber (SD1). The mixed gas of Air and  $O_2$  is then compressed by the turbine blower and enters the second level of labyrinth chamber (SD2). These two levels of labyrinth chamber mix Air and  $O_2$  and reduce noise. The turbine blower motor has a thermal conductive metal piece which conducts heat for heat dissipation via a cooling fan.

The large-diameter inspiration valve (Insp. valve) controls inspiratory pressure or flow. This valve uses voice coil motor as the driving component. In case of power failure, the valve port is automatically sealed via spring preload. When the voice coil motor takes actions, the valve port opens. Different output flows or pressures are acquired by exerting different control currents to the voice coil motor.

The outlet of large-diameter inspiration valve is connected to flow sensor (Q2) which monitors the flow in the inspiratory limb. Flow sensor (Q2) is a hot-wire mass flow sensor which does not require calibration.  $O_2$  sensor (OS) monitors  $O_2$  volume percentage concentration in the inspiratory limb.

Check valve (CV2) prevents patient's expired gas from polluting the components in the upstream of this valve under the single fault condition of expiratory limb being occluded.

Safety valve (SV) ensures that the pressure in the inspiratory limb is kept within the safe range and provides flow to the spontaneous inspiratory channel when the system is powered down. It is controlled by electromagnet. When the ventilator is in normal working state, the electromagnet is powered on and the safety valve is in closed state. When the pressure in the inspiratory limb exceeds the system setting pressure, the electromagnet is powered down and the safety valve is opened to release excess pressure. When the system is powered down, the electromagnet is in power-down state and the safety valve is opened by default. The patient inhales the external gas through the spontaneous inspiratory channel.

The expiration valve assembly integrates the expiration valve (EV) and flow sensor (Q3). Q3 is a diaphragm differential pressure flow sensor. It monitors the front and rear pressure and Flow Calibration processes for calibration via the differential pressure sensor PQ3. PE is an expiratory pressure sensor which monitors the airway pressure. F9, F10 and F11 are filters which protect the upstream components from being polluted by the patient's expired gas. R2 and R3 are resistors which flush weak flow introduced to the expiration valve from the gas source, preventing water vapour condensation from occluding the pressure measurement tubes. CV3 is a check valve which prevents gas from flowing in the reverse direction.