Mechanical Lung Ventilator

Software Requirements Specification for ABZ 2024 case study

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All the pdf versions of this document are available here: https://github.com/foselab/abz2024_casestudy_MLV

All the questions and doubts can be discussed here: https://github.com/foselab/abz2024_casestudy_MLV/issues

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Version History

Version	Date	Comment
1.0	July 3, 2023	First version
1.1	July 31, 2023	Removed alarm test mode from FUN.4 and updated Fig-
		ure 2.1
		Added new requirement about exit from Fail-safe mode
		CONT.46

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Definitions and Abbreviations

Definitions

Term	Definition
apnea backup ventila- tion	Switching from PSV to PCV mode in case of apnea lag
apnea lag (or apnea trigger window)	Duration of apnea that triggers a switch from PSV to PCV mode
control panel	A touch screen display for setting parameters and operation monitoring of the ventilator
default configuration file	File which contains setting parameters with default values
drop-in (pressure)	Speed of pressure drop
internal pressure	The internal pressure in the circuit
in valve	The inspiratory control valve allows the mix of air and oxygen to enter the inspiratory limb of the patient's circuit. This valve can have \bullet state closed when the pressure is set to 0, and \bullet state open when the pressure is set to P_{insp}
last_inspiration_ time	Duration of the patient inspiration in the current breath cycle in PSV mode.
max_exp_pause	The maximum time duration of an Expiratory Pause
max_ins_pause	The maximum time duration of an Inspiratory Pause
max_insp_time_ psv	A timeout for the inspiration phase in PSV mode in case an expiration is not spontaneously triggered by the patient. It shall be 7 sec.
max_rm_time	The maximum time duration of a Recruitment Maneuver
min_exp_time_psv	A timeout for the expiration phase in PSV mode in case an inspiration breath is not spontaneously triggered by the patient and the apnea lag is not over.
out valve	The valve that controls the expiratory flow. The valve can be closed or open.
pressure control loop	The sw procedure that determines the output control signal to inspiratory valve to maintain the Airway Pressure (PAW) at a set target pressure
stored configuration file	File which contains setting parameters with last changes made by the user
trigger window	Time interval within which a spontaneous breathing can be detected (in PCV mode). The trigger window can start 0.7 sec after the end of the inspiration phase.
waveform	An image that represents a quantity that changes over time, e.g., inspiratory pressure. It shows the changes in amplitude over a certain amount of time. The amplitude of the signal is measured on the vertical axis while time is measured on the horizontal axis

Table 1: Definitions

Abbreviations

Term	Definition
ETS	Expiratory Trigger Sensitivity: percentage of peak flow at which the ventilator
	triggers expiration
FiO_2	Fraction of inspired Oxygen: the relative oxygen concentration of the air in the
	inspiratory limb of the circuit
I:E_{AP}	Ratio of Inspiratory time to Expiratory time in apnea backup mode
I:E_{PCV}	Ratio of Inspiratory time to Expiratory time in PCV mode
IS	Inspiratory Pressure: airway pressure during an inspiratory or inflation phase
$ ITS_{PCV} $	Inhale Trigger Sensitivity: the drop-in pressure that triggers a new inspiration in PCV mode
ITS_{PSV}	Inhale Trigger Sensitivity: the drop-in pressure that triggers a new inspiration in PSV mode
GUI	A software component controlling a touchscreen display for the user functionalities of setting the properties and positions the compatible to the controlling at the
PAW	alities of setting the parameters and monitoring the operation of the ventilator Airway Pressure: the pressure measured in the entrance to the patient's airway
PCV	Pressure Controlled Ventilation: inflation type that acts to generate a constant
rcv	inspiratory pressure at a set level, after a set rise time
	Peak inspiratory Pressure: highest airway pressure reached during the previous
1 Cak 1 insp_PCV	respiratory cycle in PCV mode
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	Peak inspiratory Pressure: highest airway pressure reached during the previous
1 can 1 insp_PSV	respiratory cycle in PSV mode
PEEP	Positive End Expiratory Pressure: the measured respiratory pressure at the end
D	of an expiratory phase
P_{insp_AP}	Target Inspiratory Pressure: the set pressure to supply the patient during the inspiratory phase of the breathing cycle in case of apnea backup.
D. par	Target Inspiratory Pressure: the set pressure to supply the patient during the
P_{insp_PCV}	inspiratory phase of the breathing cycle in PCV mode.
P_{insp_PSV}	Target Inspiratory Pressure: the set pressure to supply the patient during the
	inspiratory phase of the breathing cycle in PSV modes.
PSV	Pressure Support Ventilation
PRM	Pressure for the Recruitment Maneuver
RM	Recruitment Maneuver
RR_{AP}	Respiratory Rate: the number of breaths taken by the patient per minute in
	apnea backup mode
RR_{PCV}	Respiratory Rate: the number of breaths taken by the patient per minute in PCV mode
V_{tidal}	Tidal Volume: the volume of air delivered by the ventilator to the lungs for each breath.
V_E	Minute Volume: (or flux) volume of gas either passing to or leaving the lung dur-
	ing inspiratory or inflation phases, or expiratory phase, respectively, expressed
	as a volume per minute. The Minute Volume is equal to the tidal volume mul-
	tiplied by the respiratory rate.

Table 2: Abbreviations

1 Introduction

During the COVID-19 pandemic, a group of researchers was involved in the design, development, and certification of an electro-mechanical lung ventilator called MVM (Mechanical Ventilator Milano)¹ [3]. The project started from the idea of the physicist Cristiano Galbiati, who was soon joined by dozens of physicists, engineers, physicians, and computer scientists from 12 countries around the world². The team was able to realize a ventilator that is reliable, easily reproducible on a large scale, available in a short amount of time, and at a limited cost [4]. The MVM has obtained the FDA (Food and Drug Administration) Emergency Use Authorization (EUA) followed by authorizations issued by Health Canada and the CE marking as well.

The specification of the mechanical lung ventilator is inspired by MVM, with some simplifications to make it suitable as a case study:

- we have removed one component, the supervisor which was responsible for monitoring the controller, the GUI, and the hardware. In the case of errors, it raises alarms if not already raised by the controller or the GUI, ensuring patient safety.
- we use only visual alarms, instead of audio and visual alarms.

Disclaimer

The content of this document is not the one used for the certification of MVM. We have elaborated on the original documentation, and we may have introduced some inaccuracies. So, please DO NOT use this document as software requirements specification of a real ventilator.

1.1 Mechanical lung ventilator

The mechanical lung ventilator is intended to provide ventilation support for patients that are in intensive therapy and that require mechanical ventilation. The ventilator proposed in this document works in pressure mode, i.e., the respiratory time cycle of the patient is controlled by pressure, and, therefore, this ventilator requires a source of compressed oxygen and medical air that are readily available in intensive care units. More precisely, the ventilator has two operative modes: Pressure Controlled Ventilation (PCV) and Pressure Support Ventilation (PSV). In the PCV mode, the respiratory cycle is kept constant and the pressure level changes between the target inspiratory pressure (P_{insp}) and the positive end-expiratory pressure (PEEP). New inspiration is initiated either after a breathing cycle is over, or when the patient spontaneously initiates a breath. In the former case, the breathing cycle is controlled by two parameters: the respiratory rate (RR) and the ratio between the inspiratory and expiratory times (I:E). In the latter case, a spontaneous breath is triggered when the ventilator detects a sudden pressure drop within the trigger window during expiration. The PSV mode is not suitable for patients that are not able to start breathing on their own because the respiratory cycle is controlled by the patient, and the ventilator partially takes over the work of breathing. A new respiratory cycle is initiated with the inspiratory phase, detected by the ventilator when a sudden pressure drop occurs. When the patient's inspiratory flow drops below a set fraction of the peak flow,

¹https://mvm.care/

²At that period, many projects on mechanical ventilator started, but only a few get certifiedhttps://github.com/PubInv/covid19-vent-list

the ventilator stops the pressure support, thus allowing exhalation. If a new inspiratory phase is not detected within a certain amount of time (apnea lag), the ventilator will automatically switch to the PCV mode because it is assumed that the patient is not able to breathe alone.

The ventilator allows the air to enter/exit through two valves, i.e., an input valve and an output valve. When the ventilator is not running, the valves are set to safe mode: the input valve is closed and the output valve is opened. In this configuration, the ventilator does not prevent breathing thanks to some relief valves.

When the inspiration starts, the input valve is opened and the output valve is closed, while during the expiration the input valve is closed and the output valve is opened. Both in PCV and PSV mode, inspiratory pause, expiratory pause, and recruitment maneuver are allowed by user request. Inspiratory/Expiratory pause consists in closing the input and output valves of the ventilator respectively after the inspiration and expiration phases. The inspiratory pause allows measuring the pressure reached inside the alveoli at the end of the inspiratory cycle, while the expiratory pause allows measuring the residual pressure to check possible obstruction in the exhalation channel. The recruitment maneuver is an emergency procedure required after intubation, and it consists of prolonged lung inflation as necessary to reactivate the alveoli immediately; during this maneuver, the input valve is opened and the output valve is closed.

The high-level software architecture, shown in Figure 1.1, illustrates the communication among the software components: graphical user interface (GUI) and controller. The GUI is a touchscreen panel that displays the information needed to check the respiratory condition, allows parameter setting, and displays ventilation parameters and alarm settings. When the controller receives operator input from the GUI, it communicates with the valve controllers, serial interfaces, and other subcomponents and sends them commands.

Before starting the ventilation, the ventilator controller passed through three phases. The *start-up* in which the controller is initialized with default parameters, *self-test* which ensures that the hardware is fully functional, and *ventilation off* in which the controller is ready for ventilation when requested. If during ventilation and other phases the controller detects a severe condition that prevents the ventilator to sustain the ventilation, the machine is brought to fail-safe mode (in valve closed and out valve open).

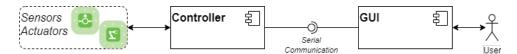


Figure 1.1: The high-level software architecture

1.2 Structure of the document

This document is structured in the following chapters:

- Chapter 2 presents the general specification of the ventilator: functional requirements, values and ranges of parameters and interfaces between components.
- Chapter 3 presents the specifications of the GUI, which is responsible for receiving information from the user and displaying information to the user.
- Chapter 4 presents the specification of the controller, which is responsible for controlling the phase of the respiratory cycle (inhalation, pause, exhalation) by operating on the valves and receiving information from sensors and commands from the GUI.
- Chapter 5 presents the specification of the alarm system which is responsible for raising alarms.

Requirement Numbering Convention

The specification is divided in requirements, and the format of each requirement ID is: XXX.n.y

Where:

XXX = a three-letter code indicating a requirement type

n = requirement number 1-9999

y = sub-requirement number 0-9 (0 if a parent, 1 to 9 if a child)

Three-letter code	Description
AL	Alarm requirements
CONT	Controller requirements
FUN	Functional (general) requirements
GUI	GUI requirements
INT	Interfaces requirements
PER	Values and ranges requirements
SAV	Safety requirements

1.3 Suggested outcomes

During the development of the MVM software, no formal method has been applied, mainly because a lack of developers' skills with any formal method. However, we want to propose this case study in order to demonstrate the feasibility of developing the ventilator by using a formal method based approach. Mechanical lung ventilators, as well as other medical devices which incorporate software, must be certified before their use. Several standards for the validation of medical devices have been proposed – as ISO 13485, ISO 14971, IEC 60601-1, EU Directive 2007/47/EC [28] –, but they mainly consider hardware aspects of the physical components of a device, and do not mention the software component. The only reference concerning the regulation of medical software is the standard IEC (International Electrotechnical Commission) 62304. This standard provides a very general description of common life cycle activities of the software development, without giving any indication regarding process models, or methods and techniques to assure safety and reliability.

With this case study we aim to study the applicability of formal methods in software development of medical devices in order to satisfy the standards, IEC 62304 in this case.

We have envisioned several aspects of the ventilator that could be the object of research activities. In the following, we give a non-exhaustive list of possible outcomes.

- A classical approach consists in modeling the system or part of it and applying the classical V&V activities, like formal verification of the correctness or validation of scenarios. One could check that the behavior of the system is correct, like in case of some types of errors, the system goes into a fail-safe mode.
- A critical aspect of the system is its temporal behavior. Many properties and constraints have explicit temporal requirements (like after 10 seconds ...). One could model these aspects and make a temporal analysis of the system.
- After the good experience of ABZ2022, we decided to also include the GUI. Research activities could refer to modeling this critical component and analyzing the human-computer interaction.
- Generation of executable source code and implement a prototype of the ventilator on a simple electronic board like Arduino (or part of it).

Useful references

• Book on a mechanical ventilation [5]

• Papers about MVM: [1,2,3,4]

Acknowledgement

We would like to thank all the people in the MVM team for the wonderful work we have done all together during the pandemic. We acknowledge the work done especially by Cristiano Galbiati, Reiner Kruecken, and Elvinia Riccobene.

2 System Requirements

This chapter contains a high-level description of the system requirements, defining the functional requirements and interface requirements. The requirements are generic and independent of any technical solution to allow greater flexibility in the ventilator development.

2.1 Functional Requirements

These requirements cover normal operating modes, e.g., start-up, PCV, PSV, and any direct responses required following abnormal operation, e.g., pressure relief, alarm conditions for control systems.

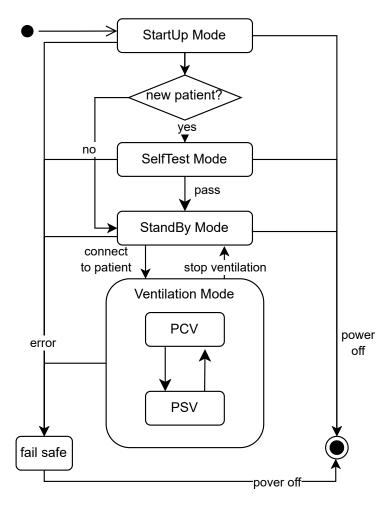


Figure 2.1: High level operation diagram

ID	Requirement / Rationale	Input Ref
	neumement / nationale	

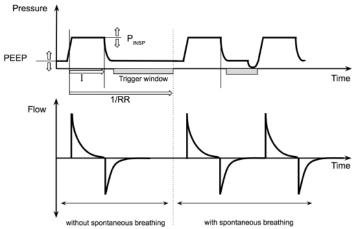
FUN.1	The system shall provide ventilation support for patients
	who require mechanical ventilation and weigh more than
	40 kg (88 lbs).
	Rationale: ventilation of children and infants is more chal-
DIIN 0	lenging
FUN.2	The system shall provide pressure regulated ventilation
	controlling the inspiratory pressure.
	<u>Rationale:</u> pressure regulated ventilation is most benefi-
DIIN 9	cial for COVID-19 patients
FUN.3	The system shall provide positive end expiratory pressure
	(PEEP) ventilation.
	Rationale: PEEP is important to keep alveoli recruited at
DIINI 4	the end of expiration
FUN.4	The system shall implement the following operating
	modes:
	1. Start-up Mode: The Start-up Mode initializes the
	system and is part of a start-up procedure to get
	the system ready to be used to ventilate a patient.
	2. Self-test Mode: The Self-test Mode ensures that the
	system is fully functional and is part of the start-
	up procedure to get the system ready to be used to
	ventilate a new patient
	3. Standby Mode: In the Standby Mode the ventila-
	tion is ready for ventilating a patient, ventilation is
	off, and ventilation parameters can be set.
	4. Alarm Test Mode: The Alarm Test Mode allows the
	user to test the alarms. 5. Pressure Controlled Ventilation Made (PCV), Pressure Controlled Ventilation Made
	5. Pressure Controlled Ventilation Mode (PCV): Pressure Controlled Ventilation mode is a normal op-
	erating mode that is used when patients have no
	spontaneous respiration. 6. Pressure Support Ventilation Mode (PSV): Pres-
	sure Support Ventilation is a normal operating
	mode that during which the patient initiates each
	breath and the ventilator supports the breath at the
	appropriate pressure level.
	7. Fail-safe mode: the controller detects a severe con-
	dition that required an alarm to be raised and to
	bring the machine to a fail-safe mode (in valve
	closed and out valve open).
	<u>Rationale:</u> Pressure Controlled and Pressure Support
	Ventilation are the two basic modes of pressure regulated
	support needed for COVID-19 patients. A Start-up mode
	is needed to properly ensure that the system is fully func-
	tional before starting the ventilation of a patient. Pres-
	sure Controlled Ventilation is needed for patients in res-
	piratory failure or fully sedated. Pressure Support Venti-
	lation is needed for patients able to breathe on their own,
	in particular during the weaning process.

FUN.5	The Start-up Mode shall be initiated by pushing the	
	power button of the system once the system has been	
	connected to the breathing circuit (without connection	
	to the patient), the air supply, and the power source.	
	<u>Rationale:</u> need to turn on the system once all connections	
	are attached so the sensors and valves can be properly	
	tested.	
FUN.5.1	Upon initiation of the Start-up Mode, the system shall	
	go through an initialization process that loads default pa-	
	rameters and checks the system memory and the commu-	
	nication of the controller with the sensors and valves, as	
	well as between the controller and the GUI.	
	<u>Rationale:</u> Need to ensure that the system properly	
	started.	
FUN.5.2	The system shall indicate to the user that the initializa-	
	tion process has been completed successfully or failed. In	
	case of a failure the user shall be warned that the system	
	is out-of-service. In addition, any other operations shall	
	be not allowed.	
	<u>Rationale:</u> only a fully functional unit shall be used with	
	a patient	
FUN.5.3	The patient shall not be connected to the breathing cir-	
	cuit when the system is powered on and through start-up	
	and self-test.	
FUN.6	The system shall have a self-test procedure that ensures	ISO80601-
	the system and its accessories are fully functional and the	2-12
	alarms work.	201.7.9.2.8.101
FUN.6.1	The self-test procedure shall confirm the switchover from	
	external to internal power works.	
FUN.6.2	The self-test procedure shall confirm there are no unac-	
	ceptable leaks in the breathing circuit.	
FUN.6.3	The self-test procedure shall confirm the FI2 flow meter	
	(see Figure 2.2) in the patient breathing circuit is con-	
	nected in the right direction and is calibrated.	
FUN.6.4	The self-test procedure shall confirm the expiratory valve	
	is functional.	
FUN.6.5	The self-test procedure shall confirm the oxygen sensor is	
	calibrated.	
FUN.6.6	The self-test procedure shall confirm the local alarms are	
	functional.	
FUN.7	If the self-test fails, the user shall be warned that the	
	system is out-of-service. In addition, any other operations	
	shall be not allowed.	
FUN.8	The system shall log key parameters, save them before	
	being powered off and load them upon start-up to be	
	made available on a log page on the GUI.	
FUN.8.1	The system shall have means to indicate visually the cu-	ISO 80601-2-
	mulative hours of operation of the ventilator, either 1)	12: 201.104
	automatically; or 2) by operator action.	

FUN.8.2	The system shall be equipped with an alarm system log	ISO	80601-
	with a capacity of at least 1000 events in total for: high	2-12:	
	priority alarm conditions; medium priority alarm condi-	208.6.	12.101
	tions; and alarm signal inactivation states		
FUN.8.3	The system shall time stamp all alarm events either via	ISO	80601-
	the date and time, the elapsed time since the occurrence	2-12:	
	of the alarm condition, or the elapsed time from the start	208.6.	12.101
	of use of system		
FUN.8.4	The system shall not lose the contents of the alarm system	ISO	80601-
	log during a loss of power for less than 7 d unless erased	2-12:	
	by authorized personnel of the hospital.	208.6.	12.101
FUN.8.5	The system shall not permit the healthcare professional	ISO	80601-
	operator to erase the contents of the alarm system log.	2-12:	
		208.6.	12.101
FUN.8.6	The system shall provide a log to include any change of	ISO	80601-
	ventilator settings, including the value applied	2-12:	
		208.6.	12.101
FUN.8.7	The system shall provide a log to include any change of	ISO	80601-
	alarm settings, including the value applied	2-12:	
	or o	208.6.	12.101
FUN.8.8	The system shall provide a log to include change of pa-	ISO	80601-
	tient, including the patient attributes;	2-12:	0000-
	tions) moraling one passent avoirs atoms,	208.6.	12.101
FUN.8.9	The system shall provide a log to include power supply	ISO	80601-
1 0111010	source change, including the source utilized	2-12:	00001
	source change, merading the source atmized	208.6.	12 101
FUN.8.10	The system shall provide a log to include results of the	ISO	80601-
1 011.0.10	pre-use check.	2-12:	00001
	pro tibe check.	208.6.	12.101
FUN.8.11	The system shall provide a log to include the overall du-		
	ration of the active use of the O2 sensor (%-hours)		
	<u>Rationale:</u> The oxygen sensor has a limited lifetime ex-		
	pectancy requiring a monitoring of its use in order to		
	track its deterioration over time		
FUN.8.12	The system shall log user-set ventilation and alarm pa-		
1 011.0.12	rameters as well as the current calibration parameters.		
	Rationale: user-set ventilation and alarm parameters need		
	-		
	to be able for the resumption of ventilation in case the		
ELINO	system has to be briefly turned off.		
FUN.9	Once the self-test has been completed successfully and		
	configurations have been loaded properly the system shall		
	start monitoring and reporting health parameters.		
	<u>Rationale:</u> At this point the monitoring module is able to		
77777	carry out its assigned functionality.		
FUN.10	Once the start-up has been completed successfully the		
FUN.10			
FUN.10	user must select "New Patient" or "Resume Ventilation"		
FUN.10			
FUN.10	user must select "New Patient" or "Resume Ventilation"		

FUN.10.1	If "New Patient" is selected, the user shall have to enter	
1 011.10.1	patient attributes and the completion of every step of the	
	self-test procedure (FUN.6) shall be mandatory	
FUN.10.2	If "Resume Ventilation" is selected, the system shall load	
F UN.10.2	, ,	
	the last calibration parameters, alarm thresholds, and	
	ventilation parameters from the last active patient venti-	
	lation.	
FUN.10.3	If "Resume Ventilation" is selected, every step of the self-	
	test procedure FUN.6 can be skipped or optionally rerun	
	individually.	
FUN.10.4	Once all self-test steps have been completed successfully,	
	it shall be possible to proceed to the Standby Mode.	
FUN.10.5	In Standby Mode ventilation shall be off and it shall be	
	possible to adjust all user-controlled parameters for ven-	
	tilation and alarms before connecting to the patient and	
	starting patient ventilation.	
FUN.10.6	Once the power of the system has been off for more than	
	15 minutes it shall not be possible to select "Resume Ven-	
	tilation"	
FUN.11	The system shall connect to pressurized gas supply of	
1 011.11	oxygen and medical air and accept pressures up to 5.2	
	bar.	
	<u>Rationale:</u> this covers the range of pressures available in	
	hospital setting	
FUN.12	The system shall provide breathing air through a stan-	
r UN.12		
	dard medical supply single-limbed patient circuit with a	
	pneumatically controlled diaphragm expiration valve.	
DIIN 10	Rationale: this is readily available medical supply	TOO 00001 0
FUN.13	The system shall measure and display the breathing rate	ISO 80601-2-
	(number of breathes per minute).	12 206.101
	<u>Rationale:</u> observing and identifying the monitored venti-	
	lation parameters is considered a primary operating func-	
	tion	
FUN.14	The system shall measure and display the percentage of	ISO 80601-2-
	oxygen in the gas being delivered to the patient.	12 206.101
	<u>Rationale:</u> observing and identifying the monitored venti-	
	lation parameters is considered a primary operating func-	
	tion	
FUN.15	The system shall measure the ventilator pressure at/near	ISO 80601-
	the inlet to the patient.	2-12
	Rationale: observing and identifying the monitored venti-	201.12.4.102
	lation parameters is considered a primary operating func-	(b)
	tion	, ,
FUN.16	The system shall measure and display the volume of gas	ISO 80601-2-
	delivered to the patient per breathing cycle (tidal vol-	12
	ume).	206.101
	<u>Rationale:</u> observing and identifying the monitored venti-	200.101
	lation parameters is considered a primary operating func-	
	tion	
	01011	

FUN.17	The system shall measure and display the flow of gas de-	ISO 80601-2-			
	livered to the patient per breathing cycle.	12			
	<u>Rationale:</u> observing and identifying the monitored venti-	206.101			
	lation parameters is considered a primary operating func-				
	tion				
FUN.18	The system shall have a leak compensation feature for				
	leaks in the patient breathing circuit which shall be dis-				
	abled by default.				
	<u>Rationale:</u> regulatory requirement				
FUN.18.1	The user shall be able to disable/enable the leak compen-				
	sation feature at any time.				
FUN.18.2	When enabled, the leak compensation shall be activated				
	by the Min PEEP alarm (SAV.15)				
FUN.19	The system shall have a pressure control venti-				
	lation (PCV) mode, as characterized by the fol-				
	lowing plots of pressure and flow versus time.				
	Proceurs A				



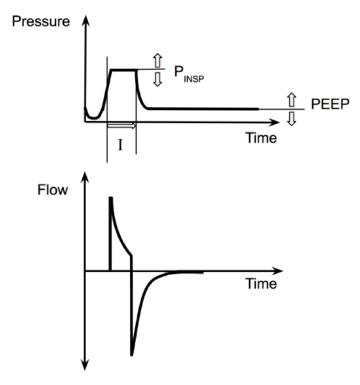
<u>Rationale:</u> this is the most appropriate procedure for COVID-19 patients as it allows the immediate reopening of the alveoli and is strongly recommended by the doctors and nurses in the COVID-19 wards of Lombardy, rather than the constant flow procedure. These characteristics of the ventilator pressure transient during the inspiratory cycle are crucial to avoid barotrauma and to minimise long term fatigue of muscles and alveoli induced by forced mechanical ventilation.

	minimise long term fatigue of muscles and alveoli induced
	by forced mechanical ventilation.
FUN.20	In PCV mode the breathing cycle shall be defined by in-
	spiratory pressure P_{insp_PCV} relative to atmosphere, res-
	piratory rate (RR_{PCV}) and the ratio between the inspi-
	ratory and expiratory times (I: E_{PCV}).
	<u>Rationale:</u> standard parameters to define PCV
FUN.21	In PCV mode, a new breathing cycle shall be initiated
	either after a breathing cycle is over, or by patient request
	during expiration.
	<u>Rationale:</u> while the main mode of PCV is the control of
	the breathing cycle timing by the ventilator, the patient

has to have the ability to trigger a breath on his own

FUN.21.1	A new breathing cycle shall be initiated by a sudden drop	
	in pressure below a user-settable threshold (Inhale Trigger	
	Sensitivity).	
	<u>Rationale:</u> In a pressure-regulated ventilator, the speed of	
	pressure drop initiated by the patient is the easiest way	
	to detect the spontaneous breathing attempt	
FUN.21.2	A patient breath trigger shall reset the timer for the time-	
	cycled breathing cycle.	
	Rationale: Avoid breath stacking, which would lead to	
	hyperventilation	
FUN.22	In PCV mode it shall be possible to initiate with the push	
	of a single button a lung recruitment procedure, termed	
	Recruitment Maneuver (RM).	
	Note: This maneuver is not allowed in North America.	
	Rationale: The RM is an emergency procedure required	
	immediately after intubation. RM consists in the pro-	
	longed lung inflation at increased inspiratory set pressure,	
	as necessary to reactivate the alveoli immediately after in-	
	tubation.	
FUN.23	The system shall provide means to switch from PCV to	
	PSV while PCV ventilation is active.	
	<u>Rationale:</u> the switchover between modes should not re-	
	quire stopping the ventilation in order to maintain venti-	
	lation of the patient	
FUN.23.1	When a PCV-to-PSV switch is initiated by the user the	
	system shall ask the user for confirmation/setting of PSV	
	parameters to be used	
FUN.23.2	The switch to PSV shall occur only after the PSV parame-	
	ters have been confirmed and until that has happened the	
	PCV ventilation shall continue	
FUN.23.3	The switch to PSV shall occur at the end of a PCV in-	
	spiratory time	

FUN.24 The system shall have a pressure support ventilation (PSV) mode, as characterized by the following plots of pressure and flow versus time.



<u>Rationale:</u> In PSV mode, the ventilator supports the patient who is supposed to breathe spontaneously. PSV is needed to wean patients off the ventilation by allowing them to strengthen the muscles involved in breathing. PSV is not suitable for patients unable to initiate breaths on their own.

	1 5 t is not surcesso for patients unable to initiate steating	
	on their own.	
FUN.25	In PSV mode the breathing cycle shall be initiated by a	
	sudden drop in pressure below a user-settable threshold	
	(Inhale Trigger Sensitivity)	
	<u>Rationale:</u> In a pressure-regulated ventilator, the speed	
	of pressure drop initiated by the patient is the easiest	
	way to detect the spontaneous breathing attempt as per	
	ventilator experts	
FUN.26	In PSV mode the expiration phase shall start when the	
	inspiratory flow drops below a setable fraction of the peak	
	flow (Expiratory Trigger Setting)	
	Rationale: Dropping inspiratory flow indicates the end of	
	the inspiration	
FUN.27	In PSV mode the system shall check for the presence of	
	apnea, which occurs when a patient does not take new	
	breath within the allowable apnea lag time.	
	<u>Rationale:</u> In case the patient stops breathing (apnea)	
	the system needs to be able to ensure that the patient	
	continues to be ventilated.	

FUN.27.1	If apnea is detected, an apnea alarm shall be triggered.	
F UN.21.1		
	Rationale: Clinician needs to be made aware of the fact	
FUN.27.2	that patient stops breathing	
F UN.21.2	If apnea is detected, the system shall automatically switch	
	from PSV to PCV mode with pre-determined apnea	
	backup settings for RR_{AP} , P_{insp_AP} , $I:E_{AP}$. RR_{AP} and	
	P_{insp_AP} shall be set by the user. I: E_{AP} will be fixed at 1:2	
	<u>Rationale:</u> in case of apnea the ventilator needs to take	
	over and ensure that ventilation continues to assure pa-	
	tient safety	
FUN.28	In PCV and PSV mode there shall be the possibility to	ISO 80601-2-
	press a single button to initiate an Expiratory Pause	12 201.107.1
	that closes both inspiratory and expiratory valve at the	
	end of the expiration phase as long as the operator holds	
	the button but no longer than 60 sec	
	<u>Rationale:</u> The expiratory pause allows the determination	
	of the residual pressure above the PEEP level, the resid-	
	ual value being PEEP + AutoPEEP. AutoPEEP level for	
	the patient, providing information on the level of obstruc-	
	tion in the exhalation channel. AutoPEEP may be zero	
	for most patients or significantly different from zero for	
	patients that have obstructions in the exhalation chan-	
	nel, as possibly generated by secretions. In this case, the	
	small flow during exhalation may result in an incomplete	
	drain of the alveoli during the expiration phase.	
FUN.29	In PCV and PSV mode there shall be the possibility to	ISO 80601-2-
	press a single button to initiate an Inspiratory Pause	12
	(IP) that closes both inspiratory and expiratory valve at	201.107.2
	the end of the inspiratory phase as long as the operator	
	holds the button but no longer than 40 sec	
	<u>Rationale:</u> The Inspiratory Pause will, allowing for the	
	measurement of the Plateau Pressure (PP), the pressure	
	reached inside the alveoli at the end of the inspiratory cy-	
	cle. PP may be lower than the target inspiratory pressure	
	P_{insp} provided by the ventilator. The difference between	
	PP and the PEEP is called Driving Pressure, DP (DP =	
	PP - PEEP).	
FUN.30	The high-level operation sequence shall follow the scheme	
	shown in Figure 2.1	

2.1.1 Safety Related Functional Requirements

This section covers the functional requirements imposed on the system based on the initiating events necessitating mitigating functions.

ID	Requirement /	Rationale	Input Ref.

FUN.31	Any normal operating mode or identified failure mode of	ISO 80601-2-
	the system and its components shall always result in a	12
	state of the system that is safe for the patient.	
	<u>Rationale:</u> patient safety is primary concern	
FUN.32	In a worst-case failure, the controller shall leave the sys-	ISO 80601-2-
	tem in a state that allows the patient to inhale and exhale	12
	unimpeded.	201.13.2.103
	Rationale: patient safety is primary concern	
FUN.33	Any power failure shall leave the system in a state	ISO 80601-2-
	that allows the patient to inhale and exhale unimpeded.	12
	<u>Rationale:</u> patient safety is primary concern	
FUN.34	Any failure of the gas supply shall leave the system in a	
	state that allows the patient to inhale and exhale unim-	
	peded.	
	<u>Rationale:</u> patient safety is primary concern	
FUN.35	The system shall prevent airborne contaminants (partic-	
1 011.00	ulate, viral, bacterial) being delivered from the ventilator	
	to the patient.	
	Rationale: patient safety is primary concern	
FUN.36	The system shall prevent patient expiratory viral and bac-	
F 011.30	terial contaminants from entering the atmosphere.	
	Rationale: need to ensure that clinicians and other patients are not expected.	
EHN 97	tients are not exposed	ICO 20601 9
FUN.37	The system shall have an internal power source that al-	ISO 80601-2-
	lows operation for 120 minutes past the failure of the ex-	12
	ternal power source.	
ELDI 00	Rationale: regulatory requirement	TGC 00001 1 0
FUN.38	The system shall have clearly ranked (high/medium/low	ISO 60601-1-8
	priority) visual alarms.	
	Rationale: regulatory requirement	
FUN.38.1	The system shall raise an alarm when a parameter value	
	goes outside the range defined for its associated alarm.	
FUN.39	The system shall prompt the user before ventilation	
	is started to enter user-controlled alarm thresholds for	
	SAV.3- SAV.9	
	<u>Rationale:</u> alarm thresholds may vary from patient to pa-	
	tient	
FUN.40	The system shall react to the inspiratory airway pressure	
	at the patient being exceeded (Max P_{insp} alarm SAV.4)	
	(e.g. by coughing) by truncating the inspiratory phase	
	and immediately transitioning to expiration, quickly re-	
	lieving the pressure.	
	<u>Rationale:</u> need to avoid excessive pressure in the lungs	
FUN.41	A failure of the GUI (e.g. GUI freezes) or a loss of commu-	
	nication between the GUI and the Controller shall raise	
	a high-priority alarm and any ongoing ventilation process	
	shall not be interrupted.	
	<u>Rationale:</u> in order to keep the patient safe, the venti-	
	lation needs to continue even if there is no connection	
	between the controller and the GUI	
	between the controller and the GUI	

FUN.42	The communication between Controller and GUI shall be
	reliable.

2.2 Measured and displayed parameters

ID	Requirement / Rationale	Input Ref.		
The system sh	nall measure and display the following values for the patient:			
<i>Rationale:</i> reg	gulatory requirement			
FUN.43	Respiratory rate (RR) of the patient measured by the			
	ventilator, in units of breaths per minute (bpm).			
FUN.44	Peak inspiratory pressure (Peak P_{insp}) measured for the			
	most recent breath.			
FUN.45	Positive end expiratory pressure (PEEP) measured (in			
	cmH_2O) for the most recent breath.			
FUN.46	Tidal volume (\mathbf{V}_{tidal}) measured for the most recent breath			
	(in mL).			
FUN.47	Minute volume (\mathbf{V}_E) measured (in slpm) by the ventila-			
	tor.			
FUN.48	Fraction of inspired oxygen (FiO_2) .			
FUN.48.1	The user shall set the desired FiO ₂ value from which the			
	+-3% alarm limits are derived. The input FiO ₂ value will			
	have to be manually adjusted by the user until the desired			
	FiO_2 value is displayed.			
Indication in	waveform			
<u>Rationale:</u> reg	rulatory requirement			
FUN.49	Instantaneous airway pressure (PAW), measured in			
	$\mathrm{cmH}_2\mathrm{O}$.			
FUN.50	Instantaneous flow, measured in slpm.			
FUN.51	Instantaneous tidal volume (\mathbf{V}_{tidal}), measured in mL.			
Parameters se	t by the user			
<u>Rationale:</u> reg	gulatory requirement			
FUN.52	Ratio of Inspiratory time to Expiratory time (I:E).			
FUN.53	Maximum inspiratory pressure (Max P_{insp})			
Indication of t	the machine status			
<i>Rationale:</i> reg	gulatory requirement			
FUN.54	Level of battery, i.e., the percentage of battery remain-			
	ing.			
FUN.55	Power source: if the system is receiving power from the			
	main supply, or if it is running on backup battery power.			
FUN.56	Value of the temperature inside the system unit is re-			
	ported.			
FUN.57	Current status of the system (running/stopped,			
	PCV/PSV) is reported.			
FUN.58	The remaining time for RM is displayed.			

2.3 Values and ranges

2.3.1 Common values and ranges

ID	Requirement / Rationale	Input Ref.			
PER.1	Positive End Expiratory Pressure (PEEP)				
	The expiratory pressure valve is adjusted by hand to set				
	the desired PEEP value.				
	Default Range Step Size				
	- 5-20 cm H ₂ O continuous				
	- 3-20 cm 11 ₂ O continuous				
	<u>Rationale:</u> This allows the alarm thresholds for the PEEP				
	out-of-range to be set.				
PER.2	Fraction of inspired oxygen (FiO ₂)				
	The desired FiO_2 is manually set on the gas blender and				
	reported on the GUI.				
	Default Range Step Size				
	- 21-100 (blender dependent) continuous				
	21 100 (blender dependent) continuous				
	<u>Rationale:</u> This allows the alarm thresholds for the FiO_2				
	out-of-range to be set.				
PER.3	The user shall be able to start Recruitment Maneuver				
	(RM). Note: Function shall be disabled in North Amer-				
DED 0.4	ica				
PER.3.1	Before the start of procedure, the user shall be able to set				
	the Pressure for the Recruitment Maneuver (PRM)				
	Default Range Step Size				
	$20 \text{ cmH}_2\text{O}$ 0-50 cm H ₂ O $\pm 1 \text{ cm H}_2\text{O}$				
DED 0.0					
PER.3.2	Before the start of procedure, the user shall be able to set				
	timer RM (Time for Recruitment Maneuver).				
	Default Range Step Size				
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	20 000 2 1 000				

2.3.2 Default values and ranges for PCV parameters

ID Requirem	nent / Rationale	Input Ref.
Control Settings in PCV: Th	ne following parameters take defaul	t values indicated in requirements
PER.4 - PER.7 and can be c	changed/controlled by the user in t	he allowed requirements indicated
in PER.4 - PER.7		
PER.4 Respiratory	y Rate (RR_{PCV})	
	DefaultRangeStep Siz12 b/min4-50 b/min1 b/min	
PER.5 I:E Ratio ($(\mathrm{I:E}_{PCV})$	
	DefaultRangeStep Size1:21:1 - 1:40.1 in E	

PER.6	Target inspiratory pressure (P_{insp_PCV})			
	Default Range Step Size			
	$15 \text{ cm H}_2\text{O}$ $2\text{-}50 \text{ cm H}_2\text{O}$ $1 \text{ cm H}_2\text{O}$			
PER.7	TS			
	Default Range Step Size			
	$3 \text{ cm H}_2\text{O/sec}^2$ $1 \text{-9 cm H}_2\text{O/sec}^2$ $1 \text{ cm H}_2\text{O/sec}^2$			

2.3.3 Default values and ranges for PSV parameters

ID	Requirement / Rationale Input Ref.		
Control Sett	ings in PSV mode: The following parameters take default	values indicated in re-	
-	PER.8 - PER.14 and can be changed/controlled by the use	r in the allowed range	
	requirements PER.8 - PER.14		
PER.8	Target inspiratory pressure (P_{insp_PSV})		
	Default Range Step Size		
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
PER.9	Inhale trigger sensitivity (ITS $_{PSV}$)		
	Default Range Step Size		
	$3 \text{ cm H}_2\text{O/sec}^2$ 1-9 cm $\text{H}_2\text{O/sec}^2$ 1 cm $\text{H}_2\text{O/sec}^2$		
PER.10			
PER.10	Expiratory trigger sensitivity (ETS)		
	Default Range Step Size		
	30% 5-60% of peak flow 1%		
PER.11	Apnea lag		
1 210111			
	Default Range Step Size		
	$30 \sec \mid 10\text{-}60 \sec \mid 1 \sec$		
Apnea backu	ip PCV settings		
PER.12	Respiratory Rate (RR_{AP})		
	Default Range Step Size		
	Default Range Step Size - 4-50 b/min 1 b/min		
PER.13	I:E Ratio (I:E _{AP})		
	Default Range Step Size		
	1:2		
DED 14			
PER.14	Target inspiratory pressure (P_{insp_AP})		
	Default Range Step Size		
	$0 \text{ cm H}_2\text{O}$ 2-50 cm H ₂ O 1 cm H ₂ O		
	Pationala Default value of D	n	
	<u>Rationale:</u> Default value of P_{insp_AP} in the apnea backu is left unset to ensure that the user set it in PSV mod		
	in case of apnea lag.	C	
	iii case or abitea tag.		

2.3.4 Default Alarm Thresholds Values and Ranges

ID	Requirement / Rationale Input Ref		
Control Set	9		
PER.15	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	ISO 80601- 2-12: 201.12.4.106	
	$40 \text{ cm H}_2\text{O} \mid 10\text{-}80 \text{ cm H}_2\text{O} \mid 1 \text{ cm H}_2\text{O}$		
PER.16	$\operatorname{Min} P_{insp}$		
	DefaultRangeStep Size50% of Pinsp10-100%10%		
PER.17	Max PEEP		
	$ \begin{array}{ c c c c c c } \hline Default & Range & Step Size \\ \hline - & 3-23 \ cm \ H_2O & 1 \ cm \ H_2O \\ \hline \end{array} $		
PER.18	Min PEEP		
	$ \begin{array}{ c c c c c } \hline Default & Range & Step Size \\ \hline - & 0\text{-}20 \text{ cm } H_2O & 1 \text{ cm } H_2O \\ \hline \end{array} $		
PER.19	$Max V_{tidal}$		
	$\begin{array}{ c c c c c c }\hline Default & Range & Step Size\\\hline 990 \ mL & 50\text{-}1500 \ mL & 50 \ mL\\\hline\end{array}$		
PER.20	$\operatorname{Min} \mathrm{V}_{tidal}$		
	$ \begin{array}{ c c c c c c } \hline Default & Range & Step Size \\ \hline 10 \ mL & 10\text{-}1500 \ mL & 10 \ mL \\ \hline \end{array} $		
PER.21	Apnea lag		
	DefaultRangeStep Size30 sec10-60 sec1 sec		
PER.22	$\operatorname{Max} \operatorname{V}_E$		
	DefaultRangeStep Size80 slpm2-80 slpm1 slpm		
PER.23	$\operatorname{Min} \operatorname{V}_E$		
	DefaultRangeStep Size2 slpm2-80 slpm1 slpm		
PER.24	Min RR		
	DefaultRangeStep Size4 b/min4-50 b/min1 b/min		
PER.25	Max RR		
	DefaultRangeStep Size50 b/min4-50 b/min1 b/min		

2.4 Sensors and interfaces

2.4.1 Sensors

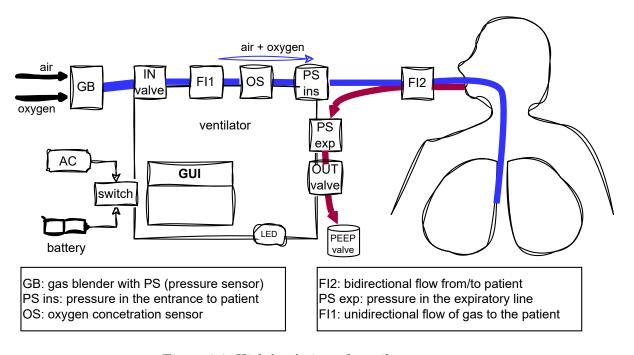


Figure 2.2: High level view of ventilator sensors

2.4.2 Interface between GUI and controller

ID	Requirement / Rationale	Input Ref.
The controller	en requested:	
INT.1	Airway pressure (PAW)	FUN.49
INT.2	Peak P_{insp}	FUN.44
INT.3	Measured Respiratory Rate (RR)	FUN.43
INT.4	Temperature	FUN.56
INT.5	$ m V_{E}$	FUN.47
INT.6	V_{tidal}	FUN.46
INT.7	Oxygen concentration (FiO ₂)	FUN.48
INT.8	PEEP	FUN.45
INT.9	Battery power	FUN.55
INT.10	Battery charge level	FUN.54
INT.11	Remaining time for RM	FUN.58
INT.12	Current Status of the ventilator (running/stopped,	FUN.57
	PCV/PSV)	
The GUI shall	set the following parameters in the controller:	
INT.13	RR_{PCV}	PER.4
INT.14	I:E_{PCV}	PER.5
INT.15	P_{insp_PCV}	PER.6
INT.16	ITS_{PCV}	PER.7
INT.17	P_{insp_PSV}	PER.8
INT.18	ITS_{PSV}	PER.9

INT.19	ETS	PER.10
INT.20	Apnea lag	PER.11
INT.21	RR_{AP}	PER.12
INT.22	P_{insp_AP}	PER.14
INT.23	$\operatorname{Max} \operatorname{P}_{insp}$	PER.15
INT.24	$Min P_{insp}$	PER.16
INT.25	Min PEEP	PER.18
INT.26	Max PEEP	PER.17
INT.27	Max V_{tidal_exp}	PER.19
INT.28	$\operatorname{Min} \mathrm{V}_{tidal_exp}$	PER.20
INT.29	$Max V_{tidal_insp}$	PER.19
INT.30	$\operatorname{Min} V_{tidal_insp}$	PER.20
INT.31	$ m Max~V_E$	PER.21
INT.32	$ m Min~V_E$	PER.22
INT.33	Min RR	PER.24
INT.34	Max RR	PER.25
INT.35	Start PCV	FUN.19
INT.36	Stop PCV/PSV	FUN.19,
		FUN.24
INT.37	Start PSV	FUN.24
INT.38	Expiratory Pause on	FUN.28
INT.39	Expiratory Pause off	FUN.28
INT.40	Inspiratory Pause on	FUN.29
INT.41	Inspiratory Pause off	FUN.29
INT.42	Recruitment Maneuver on	PER.3
INT.43	Recruitment Maneuver off	PER.3
INT.44	Pressure Recruitment Maneuver	PER.3.1
INT.45	Maximum RM time	PER.3.2
•		

2.4.3 Interface between Hardware and Controller

ID	Requirement / Rationale	Input Ref.
The controller	shall set the following parameters in the HW:	
INT.46	The value of the proportional solenoid valve that controls	
	the inspiratory pressure to the patient (IN ₋ valve).	
	<u>Rationale:</u> the controller computes the value of the in	
	valve to allow the patient the inspiration.	
INT.47	The value of the three-way simple solenoid valve used	
	to control the pressure to the valve that permits patient	
	expiratory breath (OUT valve). The port connected to	
	the expiratory valve is normally open to the atmosphere.	
	<u>Rationale:</u> the controller commands the out valve to allow	
	the patient expiration.	
INT.48	The value of the LED when an alarm is raised/reset	
The controller	shall get the values from the following sensors (HW):	
INT.49	The digital spirometer flow sensor (FI1).	
INT.50	The electronic oxygen sensor $(0\% - 100\%)$ (OS).	
INT.51	The differential pressure sensor to measure the flow to the	
	patient (FI2).	

INT.52	The sensor that measures the expiratory pressure near
	the patient (PEEP) (PS_exp).
INT.53	The sensor that measures inspiratory pressure provided
	by the ventilator (PS_ins).
INT.54	The sensor that measures the supply gas pressure to the
	ventilator (GB).
INT.55	Temperature
INT.56	Battery charge level
INT.57	Power supply type
INT.58	Fan Tachometer

2.5 Alarm requirements

ID	Requirement / Rationale	Input Ref.	
SAV.1	The system shall raise an alarm of at least low priority	ISO 80601-	
	when the delivered oxygen concentration changes by more	2-12	
	than 3% volume of a user-controlled target FiO ₂ value.	201.12.4.101	
	<u>Rationale:</u> a drop of oxygen concentration might indicate		
	a failing gas supply.		
SAV.2	The system shall raise various alarms when the primary	ISO 80601-2-	
	power source falls outside the range necessary to maintain	12	
	normal operation. (related to essential performance as	201.11.8.101	
	per Table 201.101 of the 80601-2-12) In particular:		
CATIO	Rationale: regulatory requirement	100 0001	
SAV.2.1	Upon successful switchover to backup battery (at least	ISO 80601-	
	low priority).	2-12	
		201.11.8.101	
SAV.2.2	When the health hat the mean dealth and the the	$\frac{\text{(d1)}}{\text{ISO}} = 80601-$	
SAV . 2. 2	When the backup battery nears depletion, and at least 10 min remain until the loss of ventilation at least a medium	2-12	
	priority alarm shall be raised.	201.11.8.101	
	priority atarii shan be raised.	(f1)	
SAV.2.3	When the backup battery nears depletion, and at least 5	ISO 80601-	
	min remain until the loss of ventilation the alarm shall be	2-12	
	escalated to high priority.	201.11.8.101	
		(f2)	
SAV.3	The system shall raise an alarm (at least low prior-		
	ity) when the minimum inspiratory airway pressure (Min		
	P_{insp}) is not achieved.		
SAV.4	The system shall raise a high priority alarm when the	ISO 80601-	
	peak inspiratory airway pressure (Max P_{insp}) is exceeded.	2-12	
		201.12.4.106	
		(b1)	
SAV.4.1	The high airway pressure alarm condition delay shall not	ISO 80601-	
	exceed 200 ms and the ventilator shall: act to attempt to	2-12	
	cause the pressure to start to decline within that duration;	201.12.4.106	
	and act to prevent the pressure from continuing to rise.	(g)	

SAV.4.2	Whenever the high-pressure alarm condition occurs, the ventilator shall, within no more than two respiratory cycles or 15 s, whichever is less, reduce the airway pressure to either: the atmospheric pressure; or the set PEEP level.	ISO 80601- 2-12 201.12.4.106 (h)
SAV.5	The system shall raise a PEEP alarm of at least medium priority if the expiratory airway pressure falls below the user-set low pressure alarm limit (Min PEEP).	ISO 80601- 2-12 201.12.4.107 (c)
SAV.6	The system shall raise an alarm when the measured respiratory rate is below a user-controlled value (Min RR).	,
SAV.7	The system shall raise an alarm when the measured respiratory rate exceeds a user-controlled value (Max RR).	
SAV.8	The system shall raise an alarm of at least medium priority when the expiratory tidal volume V_{tidal} is too low (Min V_{tidal}): patient is hypo-ventilating.	ISO 80601- 2-12 201.12.4.103.1 (f,g)
SAV.9	The system shall raise an alarm of at least medium priority when the expiratory tidal volume V_{tidal} is too high (Max V_{tidal}).	ISO 80601- 2-12 201.12.4.103.1 (f,g)
SAV.10	The system shall raise an alarm of at least low priority when the input gas pressure is below 3.7 bar.	ISO 80601- 2-12 201.13.2.102 (C)
SAV.11	The system shall raise an alarm of at least low priority when the input gas pressure exceeds 5.2 bar.	ISO 80601- 2-12 201.13.2.102 (c)
SAV.12	The system shall raise a high priority alarm when the airway pressure measured near the input valve is below a user-controlled value (Min P_{insp}).	ISO 80601- 2-12 201.12.4.106 (b1)
SAV.13	The system shall raise a high priority alarm when the airway pressure measured near the input valve exceeds a user-controlled value (Max P_{insp}).	ISO 80601- 2-12 201.12.4.106 (b1)
SAV.14	The system shall raise an alarm if there is significant leakage in the gas circuit (200 ml/min at 50 cmH2O) <u>Rationale:</u> ISO 80601-2-12 201.102.7.1 (a) requires that there should not be unintended leakage in the patient breathing circuit of higher than (200 ml/min at 50 cmH2O). Therefor,e such a condition should generate an alarm.	
SAV.15	The system shall raise a high priority alarm if there is an obstruction in the pneumatic circuit	ISO 80601- 2-12 201.12.4.108 (b1)

SAV.15.1	The alarm condition delay shall not exceed more than two	ISO	80601-
	respiratory cycles or 5 s, whichever is greater.	2-12	
			2.4.108
CATLIFO		(c)	00001
SAV.15.2	Whenever the obstruction alarm condition occurs, the	ISO	80601-
	ventilator shall, within no more than one respiratory cy-	2-12	1 1 1 0 0
	cle, reduce the airway pressure to either atmospheric pressure; or the set PEEP level.	(d)	2.4.108
SAV.16	The system shall raise an alarm when the inspiratory flux	(u)	
5117.10	is below a user-controlled value (Min V_E).		
SAV.17	The system shall raise an alarm when the inspiratory flux		
	exceeds a user-controlled value (Max V_E).		
SAV.18	The system shall raise an alarm of at least medium pri-	ISO	80601-
	ority when the expiratory flux is below a user-controlled	2-12	
	value (Min V_E).		2.4.103
		(f2)	
SAV.19	The system shall raise an alarm of least medium priority	ISO	80601-
	when the expiratory flux exceeds a user-controlled value	2-12	
	(Max V_E) .		2.4.103
		(f1)	
SAV.20	The system shall raise an alarm of least medium priority	ISO	80601-
	if peak inspiratory pressure is $3 cm H_2 O$ below the PEEP	2-12	
CATLOI	value.		2.4.109
SAV.21	The system shall raise an alarm if the internal tempera-	ISO	60601-1
CATLOO	ture of the system exceeds 75°C.	13.1.	
SAV.22	The system shall alarm for apnea (Apnea lag) in PSV mode.		
	Rationale: required to ensure that patient on PSV who		
	stops breathing is attended to		
SAV.23	The system shall alarm in case of a GUI failure (e.g. GUI		
5117.25	freezes) or loss of communication between Controller and		
	GUI.		
SAV.24	The system shall raise PEEP alarm of at least medium	ISO	80601-
	priority if the expiratory airway pressure exceeds the user-	2-12	
	set desired pressure PEEP alarm limit (Max PEEP). (re-	201.12	2.4.107
	lated to essential performance as per Table 201.101 of the		
	80601-2-12)		
SAV.24.1	The alarm condition delay for high PEEP alarm condition	ISO	80601-2-
	shall not exceed the duration of three inflations.	12	
			2.4.107
		(d)	
SAV.25	The ventilator shall be equipped with an alarm system	ISO	80601-
	that detects a technical alarm condition to indicate when	2-12	1 1 100
	conditions in the patient breathing circuit reach the alarm	201.12	2.4.109
	limit (Min PEEP) for disconnection. (related to essential		
SAV.26	performance as per Table 201.101 of the 80601-2-12) The system shall alarm in case the communication of the		
5AV.20	The system shall alarm in case the communication of the controller with any of the sensors is lost		
	Constoller with any of the sensors is lost		

3 GUI Requirements

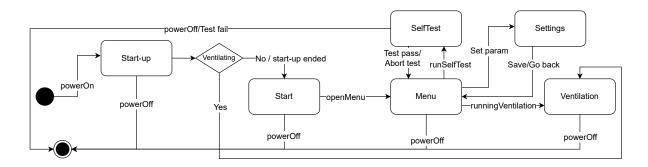


Figure 3.1: GUI state machine

ID	Requirement / Rationale	Input Ref.
GUI.1	GUI shall implement the following modes (see Figure 3.1):	FUN.4
GUI.1.1	Start-up Mode: In start-up mode the GUI initializes itself	
	with default configuration parameters. Start-up mode is	
	completed once start-up parameter validation and initial-	
	ization have been completed.	
GUI.1.2	Start Mode: allows the user to resume ventilation.	
GUI.1.3	Menu Mode: allows the user to select different activities.	
GUI.1.4	Self Test Mode: allows the user to perform a sequence of	
	tests.	
GUI.1.5	<u>Ventilation Mode</u> : the GUI is monitoring and controlling	
	the ventilation of the patient.	
Start-up Mod	\mathbf{le} : In start-up mode the GUI initializes itself with default \mathbf{c}	onfiguration param-
eters.		
GUI.2	The transition from Start-up Mode to Ventilation occurs	FUN.10
	if the GUI finds that the controller is already running in	
	ventilation mode. In this case when exiting the start-up	
	mode, it resumes the ventilation	
	<u>Rationale:</u> the GUI may have crashed while the controller	
	keeps ventilating. When the GUI is restarted, it resumes	
	its operation reading the settings from the controller.	
GUI.3	The transition from Start-up Mode to Start shall occur	FUN.10
	once the configurations have been loaded and the con-	
	troller is not running in ventilation.	
	In start mode the user can resume ventilation	
GUI.4	The transition from Start to Menu shall occur if the user	FUN.4
	wants to test the machine and set the proper parameters	
	for a new patient.	
	<u>Rationale:</u> the clinician decides to check the status of the	
	machine sensors before starting ventilation.	

GUI.5	The transition from Start to Menu shall occur if the doc- FUN.10
001.0	tor decides to resume ventilation and the system has not
	v
	been powered off for more than 15 minutes. Self-test
	mode is optional.
	<u>Rationale:</u> the clinician wants to resume the ventilation
	of the connected patient, without performing the self test
	procedures.
Menu Mod	e: Menu mode allows the user to select different activities
GUI.6	The transition from Menu to Self Test shall occur if the FUN.4
	user wants to check the behavior of the machine.
	<u>Rationale:</u> the clinician tests the machine.
GUI.7	The transition from Menu to Ventilation shall occur when FUN.4
	the Self test is passed, if required, and the clinician wants
	to proceed with the ventilation.
GUI.8	The transition from Menu to Settings shall occur when FUN.4
	the Self test is passed if required, and the clinician wants
	to change the settings for the ventilation.
Self Test M	Iode: Self test mode allows the user to perform a sequence of tests
GUI.9	The transition from Self Test to Menu shall occur if the FUN.6
	test passes or the user decides to abort the test.
GUI.10	If the Self Test fails, the GUI exits, and the user shall FUN.6
	obtain a replacement of the unit and tag the problematic
	unit for a maintenance inspection.

3.1 Start-up Mode

ID	Requirement / Rationale	Input Ref.
GUI.11	The GUI shall be able to test the communication with	FUN.5.1
	the Controller.	
GUI.12	If the Controller is not ventilating, when start-up is fin-	FUN.4
	ished, the GUI shall be able to move to Start Mode.	
GUI.13	If Controller is ventilating:	
	<u>Rationale:</u> if the GUI starts and the Controller is already	
	ventilating the GUI shall be able to display the informa-	
	tion of the ventilation. This can happen e.g. if the GUI	
	crashes while running ventilation and then it is restarted.	
GUI.13.1	The GUI shall be able to update parameter settings with	
	values read from the Controller.	
GUI.13.2	The GUI shall be able to immediately move to the main	
	ventilation screen (Ventilation Mode) after having loaded	
	parameters from the Controller.	
GUI.13.3	The ventilation is assumed to be running (the GUI is	
	showing that ventilation is in progress).	
GUI.14	The GUI shall be able to check system memory.	FUN.5.1
GUI.15	The patient shall not be connected to the breathing cir-	FUN.5.3
	cuit when the system is powered on and through start-up	
	and self-test, a warning message shall be displayed at sys-	
	tem startup.	

3.1.1 Start-up Configuration Parameters

A set of default values for all parameters shall be provided and loaded from a configuration file on the machine when it is turned on. The default values are in Chapter 2.

ID	Requirement / Rationale	Input Ref.				
PCV mode						
GUI.16	Respiratory Rate (RR_{PCV})	PER.4				
GUI.17	I:E Ratio (I:E $_{PCV}$)	PER.5				
GUI.18	Target inspiratory pressure (P_{insp_PCV})	PER.6				
GUI.19	Inhale trigger sensitivity (ITS $_{PCV}$)	PER.7				
PSV mode						
GUI.20	Target inspiratory pressure (P_{insp_PSV})	PER.8				
GUI.21	Inhale trigger sensitivity (ITS $_{PSV}$)	PER.9				
GUI.22	Expiratory trigger sensitivity (ETS)	PER.10				
GUI.23	Apnea lag	PER.11				
Apnea backu	p					
GUI.24	Respiratory Rate (RR_{AP})	PER.12				
GUI.25	I:E Ratio (I: E_{AP})	PER.13				
GUI.26	Target inspiratory pressure (P_{insp_AP})	PER.14				
Alarm thresh						
GUI.27	$\operatorname{Max} P_{insp}$	PER.15				
	<u>Rationale:</u> Max P_{insp} is the maximum value for PAW be-					
	fore the alarm is generated					
GUI.28	$\operatorname{Min} P_{insp}$	PER.16				
	<u>Rationale:</u> Min P_{insp} is the minimum value for PAW be-					
	fore the alarm is generated					
GUI.29	Max V_{tidal_exp}	PER.19				
GUI.30	$\operatorname{Min} V_{tidal_exp}$	PER.20				
GUI.31	$Max V_{tidal_insp}$	PER.19				
GUI.32	$\operatorname{Min} V_{tidal_insp}$	PER.20				
GUI.33	$ m Min~V_E$	PER.23				
GUI.34	$ m Max~V_E$	PER.22				
GUI.35	Min RR	PER.24				
GUI.36	Max RR	PER.25				
GUI.37	Min PEEP	PER.18				
GUI.38	Max PEEP	PER.17				
RM paramet	RM parameters					
GUI.39	Pressure for the Recruitment Maneuver (PRM)	PER.3.1				
GUI.40	Time for Recruitment Maneuver (timer RM)	PER.3.2				
Constant par	rameters					
GUI.41	Maximum duration of Inspiratory Pause	FUN.29				
GUI.42	Maximum duration of Expiratory Pause	FUN.28				
GUI.43	The time between the end of the inspiratory phase and					
	the start of the trigger window (triggerWindowDelay) $=$					
	$0.7 \sec$					
	<u>Rationale:</u> This time window is required to allow the pres-					
	sure going from P_{insp} to PEEP at the end of inspiration					
	phase.					

GUI.44	Maximum inspiratory time in PSV mode	
	$(\text{max_insp_time_psv}) = 7 \text{ sec}$	
	<u>Rationale:</u> it is required to avoid the patient staying	
	infinitely in inspiration phase if flow drop is not detected	
	(see CONT.33)	

3.2 Start Mode

ID	Requirement / Rationale	Input Ref.
GUI.45	The user shall be able to resume the ventilation:	FUN.10
GUI.45.1	The GUI shall be able to move to "Ventilation Mode".	FUN.10
GUI.45.2	The GUI shall be able to load setting parameters from	FUN.10
	the last known configuration saved by the system and	
	stored in the system. This configuration is protected by a	
	md5 file to guarantee that the settings are not corrupted.	
	Before loading, the GUI checks the integrity of the file.	
GUI.45.3	The GUI shall be able to start the ventilation as needed	FUN.10
GUI.45.4	The user shall be able to select a new patient. The GUI	FUN.10
	shall move to "Menu Mode".	
GUI.45.5	The GUI shall be able to load parameters from the default	FUN.10
	configuration file.	
GUI.45.6	The user shall be able to enter user controlled parameters	FUN.10
	for ventilation and alarm at the beginning of the normal	
	ventilation mode that is chosen.	
GUI.46	The GUI requires a configuration file. Upon detecting	
	that a configuration file does not exist, the application	
	shall report the failure condition and terminate.	
	<u>Rationale:</u> the ventilator requires a configuration file for	
	initialization.	

3.3 Menu Mode

ID	Requirement / Rationale	Input Ref.
GUI.47	The user shall be able to start a self test procedure from	FUN.6
	the self test mode menu.	
GUI.48	The user shall be able to set the parameters for ventila-	FUN.6
	tion. If the user selects to change the settings, the GUI	
	shall be able to move to the settings state in the ventila-	
	tion mode only if self test has been passed if it is required	
	("new patient" was selected)	
GUI.49	The user shall be able to proceed to ventilation only if the	FUN.6
	self test has been passed if it is required ("new patient"	
	was selected).	

3.4 Self-Test Mode

In self-test mode the user performs some checks (see FUN.6 and its sub-requirements), if they pass the ventilator can continue to the next state.

ID	Requirement / Rationale	Input Ref.
GUI.50	The user shall be able to start the self-test procedure from	FUN.6
	the self-test mode menu.	
GUI.50.1	The user shall be able to interrupt the self-test procedure	FUN.6.2
	and return to the main menu of self-test mode.	
GUI.50.2	If the self-test fails, the self-test procedure is interrupted	FUN.6.2
	and the GUI stops.	
GUI.50.3	Only after the self-test procedure is successfully com-	FUN.6.2
	pleted, the user shall be able to proceed to return to the	
	main menu.	

3.5 Ventilation Mode

ID	Requirement / Rationale	Input Ref.
GUI.51	When the GUI enters the Ventilation mode, it shall be	
	able to show the real time data coming from the controller	
	<u>Rationale:</u> this is the main screen containing all the data	
	coming from the controller	
GUI.52	The Ventilation mode shall implement the following	
	modes (see Figure 3.1):	
	1. Show Real Time Data Mode: display health parame-	
	ters	
	2. <u>Settings Mode</u> : update and display setting parameters	
	3. <u>Frozen view Mode:</u> allow the user to freeze the screen	
	and analyse waveforms in detailed	
	4. Alarm Settings Mode: allow the user to perform a se-	
	quence of tests	
GUI.53	The GUI shall be able to show the alarms when they are	FUN.38
	raised.	
GUI.54	The user shall be able to snooze an alarms when they	
	have been raised.	
	<u>Rationale:</u> the user is able to snooze alarms when they	
	are raised by the system	
GUI.55	The user shall be able to lock the GUI; it will never lock	
	itself automatically.	
	<u>Rationale:</u> the user must lock the GUI to avoid mistakes	
	when he has to clean the ventilator	
GUI.56	The user shall be able to unlock the GUI, it will never	
	unlock itself automatically.	
	<u>Rationale:</u> the user must unlock the GUI when he has	
	finished ventilator cleaning procedure	
GUI.57	The user shall be able to enter the PIN to unlock the	
	GUI.	
	<u>Rationale:</u> a pin is necessary to unlock the GUI to be sure	
	that the user wants to unlock it. Only holding a button	
	is not enough because it can be done accidentally.	

GUI.58	The user shall be able to start the inspiratory pause by pushing and holding a GUI button. The inspiratory pause shall end when the button is released or no later than 40 sec after initiation.	FUN.29
GUI.59	The user shall be able to start the expiratory pause by pushing and holding a GUI button. The expiratory pause shall end when the button is released or no later than 60 sec after initiation	FUN.28
GUI.60	Expiratory and inspiratory pause buttons shall both be disabled for 1 minute after the end of a pause.	FUN.28

3.6 Show Real Time Data Mode

ID	Requirement / Rationale	Input Ref.
GUI.61	The user shall be able to start ventilation in PCV or PSV	
	by pressing a start button.	
	<u>Rationale:</u> the user can choose the ventilation mode.	
GUI.61.1	The user shall be able to change ventilation mode (PCV	FUN.23
	or PSV) even if the machine is already ventilating.	
GUI.61.2	If ventilation is on, the system shall ask the user for confir-	FUN.23
	mation/setting of PSV parameters (P_{insp_PSV} , ITS_{PSV} ,	
	ETS) and apnea parameters (apnea lag, P_{insp_AP} and	
	RR_{AP}) when a PCV to PSV switch is initiated by the	
	user. Until that has happened the PCV ventilation shall	
	continue.	
GUI.61.3	Before running the PSV mode for the first time for a given	FUN.27.2
	patient, the user shall set the Apnea backup settings.	
GUI.61.4	The GUI shall ask for a confirmation when start mode is	FUN.23.1
	requested.	
GUI.62	The user shall be able to stop ventilation by pressing a	
	stop button if running.	
	<u>Rationale:</u> if the user wants to stop the ventilation in PCV	
	or PSV mode he can do it under his responsibility.	
GUI.62.1	The GUI shall ask for a confirmation when a stop is re-	
	quested.	
GUI.63	The user shall be able to freeze the monitored waveforms	
	for further inspection while ventilation continues. The	
	GUI will move to the Frozen mode.	
	<u>Rationale:</u> this functionality is required to analyse in de-	
	tail the waveforms values.	
GUI.64	The user shall be able to change the alarm settings.	FUN.39
GUI.65	The user shall be able to change the settings of the user-	FUN.10
	controlled ventilation parameters.	

The GUI shall be able to display the following information.

ID	Requirement / Rationale	Input Ref.
GUI.66	The GUI shall be able to always show current active alarms	

Values meas	sured and displayed by the ventilator for the patient	
GUI.67	Respiratory rate (RR) of the patient measured by the	FUN.43
	ventilator, in units of breaths per minute (bpm).	
GUI.68	Peak inspiratory pressure (Peak P_{insp}) measured for the	FUN.44
	most recent breath.	
GUI.69	Positive end expiratory pressure (PEEP) measured (in	FUN.45
	cmH_2O) for the most recent breath.	
GUI.70	Tidal volume (\mathbf{V}_{tidal}) measured for the most recent breath	FUN.46
	(in mL).	
GUI.71	Minute volume (V_E) measured (in lpm) by the ventilator.	FUN.47
GUI.72	Fraction of inspired oxygen (FiO_2).	FUN.48
Indication i	n waveform	
GUI.73	Instantaneous airway pressure (PAW), measured in	FUN.49
	$\mathrm{cmH}_2\mathrm{O}.$	
GUI.74	Instantaneous flow (V_E) , measured in lpm.	FUN.50
GUI.75	Instantaneous tidal volume (\mathbf{V}_{tidal}), measured in mL.	FUN.51
Parameters	shown to the user if in PCV mode	
GUI.76	Ratio of Inspiratory time to Expiratory time (I:E) set by	FUN.52
	the user	
GUI.77	Maximum Inspiratory pressure (Max P_{insp_PCV})	FUN.53
Parameters	shown to the user if in PSV mode	
GUI.78	Maximum Inspiratory pressure (Max P_{insp_PSV})	FUN.53
Parameters	shown in RM mode	
GUI.79	Remaining time for RM	FUN.58
Indication of	of the machine status	
GUI.80	Level of battery, i.e., the percentage of battery remaining.	FUN.54
GUI.81	Power source: if the ventilator is receiving power from	FUN.55
	the main supply, or if it is running on backup battery	
	power.	
GUI.82	Value of the temperature inside the ventilator unit is re-	FUN.56
	ported in °C.	
GUI.83	Current status of the ventilator (running/stopped,	FUN.57
	PCV/PSV).	

3.7 Settings Mode

ID	Requirement / Rationale	Input Ref.
GUI.84	The GUI shall display the current value of the parameters	
	<u>Rationale:</u> the user can see current value of ventilator pa-	
	rameters	
GUI.85	The user shall be able to load parameters default value.	
	Rationale: the user must always be able to load parame-	
	ters default value.	

GUI.86	The GUI shall store the last setting values in a file to
	be read in case the ventilation is resumed (see resume
	operation in Start Mode).
	<u>Rationale:</u> In case of "Resume ventilation" the user wants
	to start ventilation with previous parameters.

The following parameters take values indicated in Section 2.3.

GUI.87 The GUI shall provide a menu page to insert and send the settings to the Controller. GUI.87.1 Before sending the settings to the Controller, the GUI shall ask for confirmation to the user. After the confirmation the GUI shall transmit the parameters to the Controller and check that the controller accepts the values. The GUI shall read back the parameters from the Controller and check that they are equal to the values set by the user. **Rationale** Asking confirmation to the user before sending the values will mitigate the risks of setting wrong values due to human errors. Checking the values with the get commands will confirm that the controller has the parameters set required by the user. **GUI.88 The GUI shall send the settings to the Controller using an ENTER / CONFIRM paradigm.** **GUI.89 Desired FiO2 PER.2* **Control Settings** GUI.90 Respiratory Rate (R_{PCV}) PER.4* GUI.91 I.E Ratio ($I:E_{PCV}$) PER.5* GUI.92 Target inspiratory pressure ($P_{insp.PCV}$) PER.6* GUI.93 Inhale trigger sensitivity (ITS_{PCV}) PER.7* **Control Settings in PSV* GUI.94 Target inspiratory pressure ($P_{insp.PSV}$) PER.8* GUI.95 Inhale trigger sensitivity (ITS_{PSV}) PER.9* GUI.96 Expiratory trigger sensitivity (ITS_{PSV}) PER.9 GUI.97 Apnea lag **Apnea backup settings** GUI.98 Respiratory Rate (R_{AP}) PER.10 GUI.99 I.E Ratio ($I:E_{AP}$) PER.11 **Apnea backup settings** GUI.99 Respiratory Rate (R_{AP}) PER.12 GUI.99 I.E Ratio ($I:E_{AP}$) PER.13 **Apnea backup settings** GUI.90 Target inspiratory pressure ($P_{insp.AP}$) PER.13 **GUI.90 PER.14 **Control Settings in RM** GUI.100 Target inspiratory pressure ($P_{insp.AP}$) PER.3.1 GUI.101 Pressure for the Recruitment Maneuver) PER.3.2	ID	Requirement / Rationale	Input Ref.
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$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		the settings to the Controller.	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	GUI.87.1	,	SAV.50
Controller and check that the controller accepts the values. The GUI shall read back the parameters from the Controller and check that they are equal to the values set by the user. Rationale: Asking confirmation to the user before sending the values will mitigate the risks of setting wrong values due to human errors. Checking the values with the get commands will confirm that the controller has the parameters set required by the user. GUI.88 The GUI shall send the settings to the Controller using an ENTER / CONFIRM paradigm. Common Control Settings GUI.89 Desired FiO ₂ PER.2 Control Settings in PCV GUI.90 Respiratory Rate (RR _{PCV}) PER.4 GUI.91 I:E Ratio (I:E _{PCV}) PER.5 GUI.92 Target inspiratory pressure (P_{insp_PCV}) PER.6 GUI.93 Inhale trigger sensitivity (ITS _{PCV}) PER.7 Control Settings in PSV GUI.94 Target inspiratory pressure (P_{insp_PSV}) PER.8 GUI.95 Inhale trigger sensitivity (ITS _{PSV}) PER.9 GUI.96 Expiratory trigger sensitivity (ETS) PER.10 GUI.97 Apnea lag Apnea backup settings GUI.98 Respiratory Rate (RR _{AP}) PER.12 GUI.99 I:E Ratio (I:E _{AP}) PER.12 GUI.99 Respiratory Rate (RR _{AP}) PER.12 GUI.99 Target inspiratory pressure (P_{insp_AP}) PER.12 GUI.90 Target inspiratory pressure (P_{insp_AP}) PER.13 GUI.91 Target inspiratory pressure (P_{insp_AP}) PER.14 Control Settings in RM GUI.100 Pressure for the Recruitment Maneuver (PRM) PER.3.1		shall ask for confirmation to the user. After the con-	
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GUI.102 Timer RM (Time for Recruitment Maneuver). PER.3.2		,	
· · · · · · · · · · · · · · · · · · ·	GUI.102	Timer RM (Time for Recruitment Maneuver).	PER.3.2

3.8 Frozen Mode

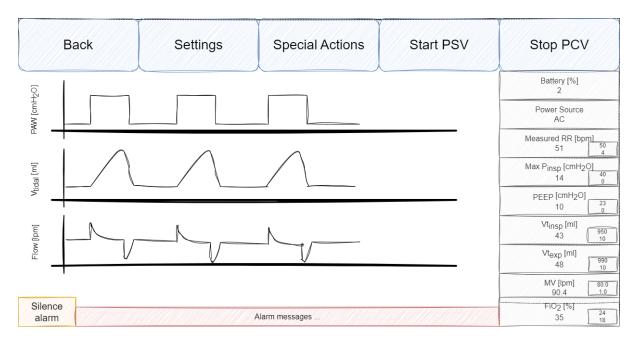


Figure 3.2: Draft of GUI

ID	Requirement / Rationale	Input Ref.
GUI.103	Frozen waveforms shall be shifted and re-scaled along	
	both the vertical and the horizontal axes.	
GUI.104	The user shall be able to quit the frozen mode.	
GUI.105	The ventilation shall continue uninterrupted when Frozen	
	Mode is enabled.	

3.9 Alarm settings Mode

ID	Requirement / Rationale	Input Ref.
GUI.106	During Alarm setting mode, the user shall be able to	PER.15
	change the boundaries for raising alarms (the ranges are	PER.16
	listed in Section 2.3).	PER.18
		PER.19
		PER.20
		PER.21
		PER.22
		PER.23
		PER.24
		PER.25
		PER.17
GUI.107	The user shall be able to select the parameters they want to display in Show RealTime Data Mode and their order.	

4 Controller Requirements

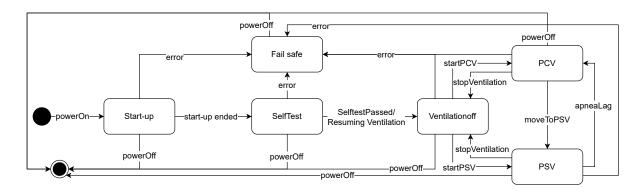


Figure 4.1: Controller state machine

ID	Requirement / Rationale	Input Ref.
CONT.1	The controller shall implement the following modes (see	FUN.4
	Figure 4.1):	
CONT.1.1	Start-up Mode: In start-up mode the controller initial-	FUN.5
	izes itself with default configuration parameters (if any),	
	checks the system memory and the communication of the	
	controller with the sensors and valves, as well as between	
	the controller and the GUI. Start-up mode is completed	
	once the required activities have been completed.	
CONT.1.2	Self-Test Mode: in the Self Test mode the controller al-	FUN.6
	lows the GUI to do all the operations necessary to perform	
	the self-test.	
CONT.1.3	<u>VentilationOff</u> : In ventilation off, the machine does not	
	ventilate, the in valve is closed and the out valve is	
	opened.	
CONT.1.4	<u>Pressure Controlled Ventilation Mode</u> : Pressure Con-	FUN.19
	trolled Ventilation mode is used when patients have no	
	spontaneous respiration.	
CONT.1.5	<u>Pressure Support Ventilation Mode</u> : Pressure Support	FUN.24
	Ventilation mode is used when the patients are able to	
	initiate every breath and the machine supports them.	
CONT.1.6	<u>Fail-safe</u> : the controller forces input and output valves	
	to their de-energized states (in valve close and out valve	
	open)	
Start-up Mod	de: In start-up mode the controller initializes itself with d	efault configuration
parameters.		
CONT.2	The transition to Start-up Mode shall be allowed by push-	FUN.5
	ing the power button located on the back side of the ven-	
	tilator unit to turn it on.	

The transition from Start up Mode to Self test Mode shall	FUN.5
<u>-</u>	r on.o
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	a all the energtions
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i PSV mode patients are able to initiate every breath, and the	ne machine supports
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-	FUN.27
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	t the patient.
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other mode without a power cycle (turn off and then turn	
on the machine).	
	The transition from Start-up Mode to Self test Mode shall occur once the configurations have been loaded and the internal checking is terminated. Rationale: At this point, the monitoring module is able to carry out the assigned functionality. e: In the Self Test mode, the controller allows the GUI to deform the self-test. The transition from Self-Test Mode to VentilationOff Mode shall occur: When the self-test procedure has successfully been completed When the GUI asks for resuming ventilation ff: In ventilation off, the machine does not ventilate, the in opened. The transition from VentilationOff to PSV shall occur if the change mode command is received from the GUI. Rationale: the ventilation starts in PCV mode when the user selects the start command from the GUI. The transition from VentilationOff to PCV mode shall occur if the change mode command is received from the GUI. Rationale: the ventilation starts in PSV mode when the user selects the start command from the GUI. n PCV mode patients have no spontaneous respiration. The transition from PCV to PSV shall occur if ventilation is on, the transition from PCV to PSV shall occur at the end of a PCV inspiratory time if the change mode command has been received from the GUI. Rationale: the doctor decides when the patient has some ability to breathe spontaneously. The transition from PCV to VentilationOff shall occur if the user stops the ventilation in PCV mode. Rationale: the ventilation stops when the user selects the stop command from the GUI. PSV mode patients are able to initiate every breath, and the transition from PSV to PCV shall occur with respiratory rate, target inspiratory pressure and I:E defined for the apnea backup mode. Rationale: the patient is not able to breathe The transition from PSV to VentilationOff shall occur if the user stops the ventilation in PSV mode. Rationale: the ventilation stops when the user selects the stop command from the GUI. The transition from PSV to VentilationOff shall occur if the user stops the

Final State (Final State (Stop Mode): In Final State the machine is turned off.		
CONT.11	Final State shall be reached by pushing the power button		
	located on the back side of the ventilator unit to turn it		
	off.		
	<u>Rationale:</u> the ventilator is turned off when the user		
	pushes the power button on the ventilator unit.		
CONT.11.1	During Final state, all parameters (if any) are to be safely		
	stored before the final state is complete and the unit is		
	de-energized.		

4.1 Start-up Mode

ID	Requirement / Rationale	Input Ref.
CONT.12	A set of default values for all parameters shall be provided	FUN.5
	and loaded from a configuration file on the machine when	
	it is turned on. The parameters are listed in Section 3.1.1.	
CONT.13	The controller shall check the communication of the con-	FUN.5.1
	troller with the sensors and valves.	
CONT.14	The controller shall check the communication of the con-	FUN.5.1
	troller with GUI.	
CONT.15	If the pressure sensor fails to connect or reports an error	
	condition after a fixed number of retries (maximum 5),	
	the controller shall transition to the fail-safe mode.	
CONT.16	If the external ADC fails to initialize or reports an error	
	condition after a fixed number of retries (maximum 5),	
	the controller shall transition to the fail-safe mode.	

4.2 Self-test Mode

ID	Requirement / Rationale	Input Ref.
CONT.17	During the self test mode the controller shall allow the	FUN.6
	GUI to perform all the self-test specified in the FUN.6.	
CONT.18	During the self test mode the controller shall perform the	FUN.6
	self-test specified in the FUN.6.	
CONT.19	If the Self-test fails, the controller shall not be able to	FUN.6
	proceed to ventilation.	

4.3 PCV Mode

ID	Requirement / Rationale	Input Ref.

CONT.20	In PCV mode the breathing cycle shall be defined by in-	FUN.19	
	spiratory pressure P_{insp_PCV} relative to atmosphere, res-		
	piratory rate (RR_{PCV}) and the ratio between the inspi-		
	ratory and expiratory times (I: E_{PCV}).		
	Rationale: this is the most appropriate procedure for		
	COVID-19 patients as it allows the immediate reopening		
	of the alveoli and is strongly recommended by the doc-		
	tors and nurses in the COVID-19 wards, rather than the		
	constant flow procedure. These characteristics of the ven-		
	tilator pressure transient during the inspiratory cycle are		
	crucial to avoid barotrauma and to minimise long term fa-		
	tigue of muscles and alveoli induced by forced mechanical		
	ventilation.		
CONT.21	The breath cycle shall start with the inspiration phase.	FUN.19	
CONT.22	The cycle starts with the inspiration phase that lasts	FUN.20	
	an Inspiratory time $I = 60 \times I:E_{PCV}/(RR_{PCV} \times (1 +$		
	$I:E_{PCV}$)) seconds. After that the expiration phase be-		
0.0375	gins.		
CONT.23	At the end of an inspiration phase, if the Inspiratory	FUN.29	
	Pause is set by the GUI, an Inspiratory Pause shall start		
CONTRA	(see CONT.41).	THIN 00	
CONT.24	At the end of an inspiration phase, if inspiratory pause	FUN.22	+
	is not required and the Recruitment Maneuver (RM) is	PER.3	
	set by the GUI, a Recruitment Maneuver shall start (see		
CONTRAC	CONT.43).	ELIN 01	
CONT.25	When in the expiration phase, a new inspiration shall be	FUN.21	
	initiated either after a breathing cycle is over, or when a		
	spontaneous breath is detected. The maximum duration of the expiration phase (i.e., the		
	Expiratory time) yields $E = 60 / (RR_{PCV} \times (1 + I:E_{PCV}))$		
	Rationale: While the main mode of PCV is mandatory		
	breathing control with constant rate, clinical advice is		
	that the patient also needs to be able to trigger a breath		
	spontaneously.		
CONT.26	Within the trigger window during the expiratory phase,	FUN.21	
CON1.20	in the case of spontaneous breathing, the ventilator shall	1 011.21	
	trigger a new breathing cycle (i.e., it goes in inspiration		
	phase) when it detects a sudden drop in pressure below		
	the inhale trigger sensitivity (i.e., it yields the condition		
	$drop-in(PAW) < ITS_{PCV}$).		
	Rationale: In a pressure-regulated ventilator, the speed		
	of pressure drops initiated by the patient is the easiest		
	way to detect the spontaneous breathing attempt as per		
	ventilator experts.		
CONT.27	If the controller is in the expiration phase, and it does	FUN.28	
•	not detect a spontaneous breath (i.e., the condition drop-	-	
	$in(PAW) > ITS_{PCV}$ is false), within the expiration time,		
	if the Expiratory Pause start is set by the GUI, an Expi-		

CONT.28	The target inspiratory pressure level shall be controlled	FUN.20
	by the Inspiratory Pressure parameter (P_{insp_PCV}) and it	
	is kept constant.	

4.4 PSV Mode

ID	Requirement / Rationale	Input Ref.
CONT.29	The Pressure Support Ventilation (PSV) mode shall sup-	FUN.24
	port the breathing of the patient with positive pressure up	
	to a peak value of P_{insp_PSV} while the patient triggers ev-	
	ery breath and maintains control of the respiratory rate.	
	<u>Rationale:</u> PSV is not suitable for patients unable to ini-	
	tiate breaths on their own.	
CONT.30	The breath cycle shall start with the inspiration phase.	FUN.24
CONT.31	The target inspiratory pressure level shall be controlled	FUN.24
	by the Inspiratory Pressure parameter (P_{insp_PSV}).	
CONT.32	The inspiration phase lasts until the inspiration peak is	FUN.40
	reached but no later than the $max_insp_time_psv$ is over.	
	After that the expiration phase begins.	
	Rationale: In PSV mode, the ventilator supports the pa-	
	tient who is supposed to breathe spontaneously. In case	
	a spontaneous expiration is not triggered, the ventila-	
	tor forces the expiration phase after a suitable timeout	
	(around 7 sec) to wait for a spontaneous breath.	
CONT.33	When the inspiratory flow (V _E) drops below a fraction	FUN.26
	of the peak flow (Expiratory Trigger Setting (ETS)) of a	
	given breath (i.e., it yields the condition $V_E < ETS*Peak$	
	V_E), the ventilator shall stop providing pressure allowing	
	exhalation.	
CONT.34	At the end of an inspiration phase, if the Inspiratory	FUN.29
	Pause is set by the GUI, an Inspiratory Pause shall start	
	(see CONT.41).	
CONT.35	At the end of an inspiration phase if no inspiration pause	PER.3
	is required and the Recruitment Maneuver (RM) is set	
	by the GUI, a Recruitment Maneuver shall start (see	
	CONT.43).	
CONT.36	If the patient is in expiration phase:	
CONT.36.1	A new inspiration shall be initiated by a sudden drop	FUN.25
	in pressure below the inhale trigger sensitivity (ITS $_{PSV}$),	
	which shall be set by the user (i.e., it yields the condition	
	$drop-in(PAW) > ITS_{PSV})$.	
	<u>Rationale:</u> In a pressure-regulated ventilator, the speed	
	of pressure drop initiated by the patient is the easiest	
	way to detect the spontaneous breathing attempt as per	
	ventilator experts.	

CONT.36.2	If the controller is in expiration phase and a spontaneous breath is not detected (i.e., the condition $drop-in(PAW) > ITS_{PSV}$) is false), within the interval $[min_exp_time_psv: apnea\ lag]$, if the Expiratory Pause is set by the GUI, an Expiratory Pause shall start (see CONT.42).	FUN.28
CONT.36.3	min_exp_time_psv shall be the half of the last_inspiration_time. min_exp_time_psv shall be in the interval [0.4 : 2] sec. Rationale: The min_exp_time_psv prevents moving immediately to inspiration allowing the patient to expirate.	
CONT.37	If the patient does not trigger a breath within the time of the apnea trigger window (apnea lag) the ventilator shall switch to PCV mode (apnea backup ventilation) with respiratory rate RR_{AP} , inspiratory pressure P_{insp_AP} , and the ratio between inspiratory time and Expiratory time $I:E_{AP}$. Rationale: Need to ensure patients continue to receive breaths. The operator needs to set the apnea backup PCV setting before starting the ventilation in PSV mode, otherwise the ventilator will not start operating.	FUN.27

4.5 Requirements Common to all Modes

ID	Requirement / Rationale	Input Ref.
	- ,	input itei.
CONT.38	When the ventilator is in Start-up or VentilationOff mode,	
	the in valve pressure shall be set to close and the out valve	
	shall be open.	
	<u>Rationale:</u> if the machine is not ventilating the valves are	
	in a secure configuration state, in valve is closed and out	
	valve is opened.	
CONT.39	When the ventilator is in an Inspiration state, the out	
	valve shall be closed and the in valve pressure shall be set	
	to target inspiratory pressure (P_{insp} of the corresponding	
	mode).	
CONT.39.1	P_{insp_PCV} if current mode is PCV.	FUN.20
CONT.39.2	P_{insp_PSV} if current mode is PSV.	FUN.24
CONT.39.3	P_{insp_AP} if current model is PCV from apnea backup.	FUN.27.2
CONT.40	When the ventilator is in an expiration state the in valve	
	shall be closed (pressure 0) and the out valve shall be	
	open.	
	<u>Rationale:</u> The ventilator opens the out valve to allow the	
	patient to expirate, while the in valve is closed to avoid	
	air in.	
	air in.	

CONT.41	In PCV and PSV modes there shall be the possibility to initiate an Inspiratory Pause if it is set by the GUI.	FUN.29
	<u>Rationale:</u> The Inspiratory Pause will initiate a forced	
	hold at the end of inspiration, allowing for the measure-	
	ment of the Plateau Pressure (PP), the pressure reached	
	inside the alveoli at the end of the inspiratory cycle. PP	
	may be lower than the Set Inspiratory Pressure (SIP) pro-	
	vided by the ventilator. The difference between PP and	
	the PEEP is called Driving Pressure, DP (DP = PP - PEEP).	
CONT.41.1	When the Inspiratory Pause is set by the GUI, the venti-	FUN.29
	lator shall wait for the end of the next inspiration phase,	
	and if the Inspiratory Pause still required, both the inspi-	
	ratory and expiratory valves will close until the inspira-	
	tory pause is stopped by the GUI.	
CONT.41.2	When inspiratory pause timeout (max_ins_pause) is over,	
	the cycle shall proceed immediately to expiration.	
	Rationale: The timeout prevents stopping the patient	
	breath cycle in case of human error.	
CONT.42	In PCV and PSV modes there shall be the possibility to	FUN.28
001(1.12	initiate an Expiratory Pause if it is set by the GUI.	1 011.20
	Rationale: The Expiratory Pause will initiate a forced	
	hold at the end of expiration, allowing the measurement	
	of the AutoPEEP level for the patient, providing informa-	
	tion on the level of obstruction in the exhalation channel.	
	AutoPEEP may be zero for most patients or significantly	
	different from zero for patients that have obstructions in	
	the exhalation channel, as possibly generated by secre-	
	tions. In this case, the small flow during exhalation may	
	result in an incomplete drain of the alveoli during the	
	expiration phase.	
CONT.42.1	When the Expiratory Pause is set by the GUI, the ventila-	FUN.28
001(1.12.1	tor shall wait for the end of the next expiration phase, and	1 011.20
	if the Expiratory Pause is still required, both the inspira-	
	tory and expiratory valves will close until the expiratory	
	pause is stopped by the GUI.	
CONT.42.2	When expiratory pause timeout (max_exp_pause) is over,	
00111.12.2	the cycle shall proceed immediately to inspiration.	
	Rationale: the timeout prevents stopping the patient	
	breath cycle in case of human error.	
CONT.43	In PCV and PSV mode, at the end of an inspiration	FUN.22
001.11.00	and if inspiratory pause is not required, it shall be possi-	1 011.22
	ble to initiate a lung recruitment procedure, termed Re-	
	cruitment Maneuver (RM), if it is required by the GUI.	
	Not available in North America.	
	Rationale: The RM is an emergency procedure required	
	immediately after the end of the intubation. RM consists	
	in the prolonged lung inflation at increased inspiratory	
	set pressure, as necessary to reactivate the alveoli imme-	
	diately after intubation.	
	diagony aron incubation.	

4 Controller Requirements

COME 49.1	TT1 1 1 1 1 TO 1 1 1 1 1 1 1 1 1 1 1 1 1	
CONT.43.1	The controller shall stop RM if it is required from the	
	GUI.	
	<u>Rationale:</u> The GUI stops the RM if required by the user.	
CONT.43.2	The Recruitment Maneuver, if not actively stopped by	
	the GUI, has a timeout (max_rm_time). After the Re-	
	cruitment Maneuver phase expiration phase begins.	
	<u>Rationale:</u> It is not reasonable to keep the patient in this	
	emergency state without letting him breathe.	
CONT.43.3	In RM the out valve shall be closed and the in valve shall	FUN.22
	be opened to allow lung inflation at PRM.	
CONT.44	If PAW exceeds Max P_{insp} during inspiration, the cycle	FUN.40
	shall proceed immediately to expiration.	
CONT.45	Before monitoring a sudden drop in pressure below the	
	inhale trigger sensitivity ITS, the controller shall wait for	
	the trigger window (0.7 sec) .	

5 Alarms

ID	Requirement / Rationale	Input Ref.
AL.1	The user shall be able to set alarm thresholds when the	FUN.39
	ventilator is either ventilating or not.	
AL.1.1	If ventilator is ventilating, the alarm threshold used while	FUN.39
	user changes are the last saved.	
AL.2	The visual alarms shall follow the requirements listed in	
	Section 5.2.	
AL.3	The system shall have clearly ranked (high/medium/low	ISO 60601-1-8
	priority) visual alarms.	+ FUN.38
	<u>Rationale:</u> regulatory requirement	
AL.4	ALARM SYSTEMS Shall generate visual ALARM SIG-	IEC 60601-1-8
	NALS to indicate the presence of ALARM CONDI-	6.3.2.1
	TIONS, their priority and each specific ALARM CON-	
	DITION.	
AL.5	Additional requirements for 1 m (operator's position) vi-	ISO 80601-
	sual alarm signals and information signals High priority	2-12
	alarm signals should be accompanied by information de-	208.6.3.2.2.2.101
	scribing possible causes of the alarm condition and appro-	
	priate actions to take in response. Operator action may	
	be required to display this information.	
AL.6	If MULTIPLE ALARM CONDITIONS occur at the same	IEC 60601-1-8
	time, each individual ALARM CONDITION shall be vi-	6.3.2.2.2
	sually indicated	
AL.7	Visual information signals, if provided, shall be cor-	IEC 60601-1-8
	rectly perceived as different from HIGH PRIORITY or	6.3.2.2.2
	MEDIUM PRIORITY visual alarm signals.	
	<u>Rationale:</u> the user must be able to identify the priority	
	of the alarms by using different colors for instance.	
AL.8	An alarm system shall be provided with at least one man-	IEC 60601-1-8
	ufacturer configured alarm preset.	6.5.2
AL.9	The system shall prevent the operator from saving	IEC 60601-1-8
	changes to the alarm preset	6.5.2
AL.10	If an operator-adjustable alarm limit is provided the	IEC 60601-1-8
	alarm limit shall be displayed when required by the op-	6.6.2.1
	erator	
AL.11	During adjustment of any alarm limit, the alarm system	IEC 60601-1-8
	shall continue to operate normally	6.6.2.3
AL.12	(Acknowledgment) The machine shall allow the oper-	IEC 60601-1-8
	ator to cease the alarm signal for which no associated	6.8
	alarm condition currently exists (ALARM RESET).	

5.1 Alarm list

All the alarms shall be displayed on the GUI (except those referred to GUI failure), and each alarm belongs to one of the three priority classes; each of these classes requires to display the alarm on the GUI.

ID	Requirement / Rationale		Input Ref
AL.13	Power disconnection	$\overline{}$	SAV.2.1
	The system has suc	ccessfully switched over to backup bat-	
	tery.		
	Alarm condition	PowerType(t1) = power and Power-	
		Type(t2) = battery where t1 < t2	
	Priority	MEDIUM	
	Raised by	Controller	
AL.14	Battery Failure		SAV.2
AL.14.1	Battery fail		SAV.2
	A battery failure v	when the system is powered from AC	
	shall be detected a		
	Alarm condition	Battery failure	
	Priority	HIGH	-
	Raised by	Controller	-
AT 140			
AL.14.2		or is connected to the battery and 10	SAV.2.2
	minutes of backup	battery power remain.	
	Alarm condition	Remaining battery time < 10 min	7
	Priority	HIGH	7
	Raised by	Controller	-
AL.14.3	When the rentilete	on is connected to the bettery and 5	$\overline{\text{SAV.2.3}}$
AL.14.3	When the ventilator is connected to the battery and 5 minutes of backup battery power remain.		SAV.2.3
	minutes of backup	battery power remain.	
			¬
	Alarm condition	Remaining battery time < 5 min	_
	Priority	HIGH	_
	Raised by	Controller	
AL.15	Internal power volt	ages	SAV.2
AL.15.1	System Internal po	wer under-over voltage	SAV.2
	The system shall raise an alarm if the internal power volt-		
	ages are out of safe	e ranges.	
	Alarm condition	SystemVoltage < 10.5 V or System-	
		Voltage > 14.1 V	
	Priority	HIGH	+
	Raised by	Controller	-
	i itaiseu by	COHMONE	1

AL.15.2	Power supply under		SAV.2
	_	ise an alarm if the power supply volt-	
	ages are out of safe	ranges.	
	Alarm condition	PowerSupply < 11 V or	7
		PowerSupply > 14.5 V	
	Priority	HIGH	
	Raised by	Controller	
AL.15.3	Battery supply unde	er-over voltage	SAV.2
	The system shall rai	ise an alarm if the battery supply volt-	
	ages are out of safe	ranges.	
	Alarm condition	BatteryVoltage < 4.5 V or	7
		BatteryVoltage > 5.2 V	
	Priority	HIGH	
	Raised by	Controller	
AL.15.4	GUI under-over voi	\overline{ltage}	SAV.2
		ise an alarm if the GUI power voltages	
	are out of safe rang		
		•	
	Alarm condition	GUIVoltage < 4.7 V	
		GUIVoltage > 5.5 V	
	Priority	HIGH	1
	Raised by	Controller	
AT 16			TITAL OO
AL.16	$ADC\ failure$		FUN.33
AL.16	·	aise an alarm if ADC devices do not	FUN.33
AL.16	The system shall ra	aise an alarm if ADC devices do not ed number of retries (maximum 5) or	FUN.33
AL.16	The system shall ra		FUN.33
AL.16	The system shall rarespond after a fixed		FUN.33
AL.16	The system shall respond after a fixe report an error.	ed number of retries (maximum 5) or	FUN.33
AL.16	The system shall rerespond after a fixed report an error. Alarm condition	ed number of retries (maximum 5) or ADC is not responding	FUN.33
	The system shall rarespond after a fixed report an error. Alarm condition Priority Raised by	ADC is not responding HIGH	FUN.33
	The system shall rarespond after a fixed report an error. Alarm condition Priority Raised by Whenever the ADC	ADC is not responding HIGH Controller	FUN.33
	The system shall rarespond after a fixed report an error. Alarm condition Priority Raised by Whenever the ADC shall drive input as	ADC is not responding HIGH Controller alarm condition occurs, the controller	FUN.33
AL.16.1	The system shall rarespond after a fixed report an error. Alarm condition Priority Raised by Whenever the ADC shall drive input as	ADC is not responding HIGH Controller alarm condition occurs, the controller nd output valves to their safe state, n one respiratory cycle.	SAV.14
AL.16.1	The system shall rarespond after a fixed report an error. Alarm condition Priority Raised by Whenever the ADC shall drive input a within no more than Leakage in gas circumstants.	ADC is not responding HIGH Controller alarm condition occurs, the controller nd output valves to their safe state, n one respiratory cycle. uit	
AL.16.1	The system shall rarespond after a fixed report an error. Alarm condition Priority Raised by Whenever the ADC shall drive input a within no more than Leakage in gas circumstants.	ADC is not responding HIGH Controller alarm condition occurs, the controller nd output valves to their safe state, n one respiratory cycle. uit ise an alarm if there is significant leak-	
AL.16.1	The system shall rates respond after a fixed report an error. Alarm condition Priority Raised by Whenever the ADC shall drive input at within no more than Leakage in gas circum.	ADC is not responding HIGH Controller alarm condition occurs, the controller nd output valves to their safe state, n one respiratory cycle. uit ise an alarm if there is significant leak-	
AL.16.1 AL.17	The system shall rates respond after a fixed report an error. Alarm condition Priority Raised by Whenever the ADC shall drive input at within no more than Leakage in gas circum.	ADC is not responding HIGH Controller alarm condition occurs, the controller nd output valves to their safe state, n one respiratory cycle. uit ise an alarm if there is significant leak-	
AL.16.1	The system shall rarespond after a fixed report an error. Alarm condition Priority Raised by Whenever the ADC shall drive input as within no more than Leakage in gas circum. The system shall raisage in the gas circum.	ADC is not responding HIGH Controller alarm condition occurs, the controller nd output valves to their safe state, n one respiratory cycle. uit ise an alarm if there is significant leak- it.	
AL.16.1	The system shall rarespond after a fixed report an error. Alarm condition Priority Raised by Whenever the ADC shall drive input as within no more than Leakage in gas circum. The system shall raisage in the gas circum.	ADC is not responding HIGH Controller alarm condition occurs, the controller nd output valves to their safe state, n one respiratory cycle. uit ise an alarm if there is significant leak- it. Unintended leakage from the ventila-	
AL.16.1	The system shall rarespond after a fixed report an error. Alarm condition Priority Raised by Whenever the ADC shall drive input as within no more than Leakage in gas circum. The system shall raisage in the gas circum.	ADC is not responding HIGH Controller alarm condition occurs, the controller nd output valves to their safe state, n one respiratory cycle. uit ise an alarm if there is significant leak- it. Unintended leakage from the ventila- tor should not exceed: 200 ml/min at	

AL.18	The system shall rai	Complete Obstruction in pneumatic circuit SAV.15 The system shall raise an obstruction in pneumatic circuit alarm when the alarm limit for obstruction is reached.		
	Alarm condition Priority Raised by	Internal pressure exceeds 5bar and PAW is below 1.5bar in two consecutive observations HIGH Controller		
AL.18.1	The controller shall safe state.	drive input and output valves to their		
AL.19	Partial Obstruction The system shall rai	Partial Obstruction in pneumatic circuit SAV.1 The system shall raise an partial obstruction in pneumatic circuit alarm when alarm limit for partial obstruction is		
	Alarm condition	Internal pressure exceeds double of]	
	D: '4	PAW in two consecutive observations	_	
	Priority Raised by	HIGH Controller	_	
AL.20		ale branch - Inspiratory airway pres-	SAV.3 SAV.12	
	sure too low.	Obstruction in the inhale branch shall be raised if the		
	PAW is out of rang			
	Alarm condition	$PAW < Min P_{insp}$]	
	Priority	HIGH		
	Raised by	Controller]	
AL.20.1	The alarm condition	n delay shall not exceed more than two		
		r 5 s, whichever is greater.		
AL.21	Obstruction in exha	ale branch - PEEP too high	SAV.24	
	Obstruction in the	Obstruction in the exhale branch shall be raised if the		
	PEEP is out of range	ge.		
	Alarm condition	PEEP > Max PEEP]	
	Priority	HIGH	_	
	Raised by	Controller	1	
AL.21.1	The alarm condition	n delay shall not exceed more than two	SAV.24.1	
		r 5 s, whichever is greater.	~	
AL.21.2		cruction alarm condition occurs, the		
		e input and output valves to their safe		
	COLLUI CIICI DIICIII CIII	e input and eacher tartes to their sais		

AL.22	The obstruction in	Obstruction in patient branch - Inspiratory flux too low The obstruction in the patient branch shall be raised when the flow is out of range.	
	Alarm condition Priority Raised by	$\begin{aligned} V_{E} &< \operatorname{Min} \ V_{E} \\ & HIGH \\ & \operatorname{Controller} \end{aligned}$	
AL.23	Oxygen level too higher The system shall regen concentration v	Oxygen level too high The system shall raise an alarm when the delivered oxygen concentration value (%) exceeds the set $FiO_2 + 3\%$, i.e., due to failing gas supply.	
	Alarm condition Priority Raised by	$OS > desired FiO_2 + 3\%$ $MEDIUM$ $Controller$	
AL.24	Oxygen level too low The system shall raise an alarm when the delivered oxygen concentration value (%) is below the set FiO_2 - 3%, i.e., due to failing gas supply.		SAV.1
	Alarm condition Priority Raised by	$OS < desired FiO_2$ - 3% MEDIUM Controller	
AL.25	Inspiratory flux too high The system shall raise an alarm when inspiratory flux (V_E) exceeds Max V_E .		SAV.17 SAV.19
	Alarm condition Priority Raised by	$\begin{split} V_{E} &> \text{Max } V_{E} \\ \text{MEDIUM} \\ \text{Controller} \end{split}$	
AL.26	Inspiratory airway Inspiratory PAW ex limit.	pressure too high ceeds the user-set high-pressure alarm	SAV.4 SAV.13
	Alarm condition Priority Raised by	$\begin{array}{l} {\rm PAW} > {\rm Max} \; {\rm P}_{insp} \\ {\rm HIGH} \\ {\rm Controller} \end{array}$	
AL.26.1	The high airway proexceed 200 ms.	essure alarm condition delay shall not	SAV.4.1
AL.26.2	Whenever the high	-pressure alarm condition occurs, the e the alarm, within no more than two r 15 s.	SAV.4.2
AL.26.3	The controller shall safe state reducing	drive input and output valves to their the airway pressure to either: the at- or the set PEEP level.	SAV.4.2

AL.27	Disconnection alarm condition - PEEP too low The ventilator shall be equipped with an alarm system that detects a technical alarm condition to indicate when conditions in the ventilator reach the alarm limit for disconnection.		SAV.5 SAV.25
	Alarm condition	PEEP < Min PEEP]
	Priority	HIGH	-
	Raised by	Controller	-
AL.28	Gas pressure input t	too low	SAV.10
		se an alarm when the pressure at the	
	Alarm condition	When the input valve is open and the]
		pressure out of the gas blender is too	
		low: $P_{in_GB} < MIN_P_{in_GB}$,	
		$MIN_{-}P_{in_GB} = 3800 \text{ cmH}_2O$	
	Priority	MEDIUM	
	Raised by	Controller	
AL.29	Gas pressure input to The system shall raise entrance of the circumstance of the circu	se an alarm when the pressure at the	SAV.11
	Alarm condition	When the input valve is open and the pressure out of the gas blender is too high: $P_{in_GB} > MAX_P_{in_GB}$, $MAX_P_{in_GB} = 5300 \text{ cmH}_2O$	
	Priority	MEDIUM	_
	Raised by	Controller	-
ΔT. 30	Ouer Temperature a	larm	SAV 21
AL.30	· ·	ise an alarm if the internal temper- exceeds 75°C. The controller shall	SAV.21
AL.30	The system shall ra ature of the system	ise an alarm if the internal temperaxeeds 75°C. The controller shall safe mode.	SAV.21
AL.30	The system shall ra ature of the system transition to the fail	ise an alarm if the internal temper- exceeds 75°C. The controller shall	SAV.21
AL.30	The system shall ra ature of the system transition to the fail Alarm condition	ise an alarm if the internal temper- exceeds 75°C. The controller shall -safe mode. BoardTemperature > 75°C	
AL.31	The system shall rature of the system transition to the fail Alarm condition Priority Raised by Expiratory V_{tidal_exp} The system shall rature of the	ise an alarm if the internal temperace exceeds 75°C. The controller shall safe mode. BoardTemperature > 75°C HIGH Controller	SAV.21 SAV.8
	The system shall ra ature of the system transition to the fail Alarm condition Priority Raised by Expiratory V_{tidal_exp} The system shall rappo-ventilating, i.e. V_{tidal_exp} min limit.	ise an alarm if the internal temperature exceeds 75°C. The controller shall safe mode. BoardTemperature > 75°C HIGH Controller too low aise an alarm when the patient is expiratory tidal volume is below the	
	The system shall ra ature of the system transition to the fail Alarm condition Priority Raised by Expiratory V_{tidal_exp} The system shall rahypo-ventilating, i.e.	ise an alarm if the internal temperature exceeds 75°C. The controller shall safe mode. BoardTemperature > 75°C HIGH Controller too low aise an alarm when the patient is	

AL.32	Expiratory V_{tidal_exp} too high The system shall raise an alarm when the patient is hyper- ventilating, i.e. expiratory tidal volume exceeds V_{tidal_exp} max limit.	SAV.9
AL.33	Inspiratory V_{tidal_insp} too low The system shall raise an alarm when the patient inspiratory tidal volume is below the V_{tidal_insp} min limit.	SAV.8
AL.34	Inspiratory V_{tidal_insp} too high The system shall raise an alarm when the inspiratory tidal volume exceeds V_{tidal_insp} max limit.	SAV.9
AL.35	Respiratory rate too low The system shall raise an alarm when the measured respiratory rate is below Min RR.	SAV.6
	Alarm condition RR < Min RR Priority HIGH Raised by Controller	
AL.36	Respiratory rate too high The system shall raise an alarm when the measured respiratory rate exceeds Max RR.	SAV.7
	Alarm condition RR > Max RR Priority HIGH Raised by Controller	

AL.37	Apnea alarm		SAV.22		
	The system shall ra	The system shall raise an alarm when the time since last			
	inspiration greater	inspiration greater than apnea lag.			
	Alarm condition	When the expiratory duration in	٦		
	Alarm condition	PSV mode is greater than the apnea			
		lag.			
	Priority	HIGH	_		
	Raised by	Controller	-		
		Controller			
AL.38	$GUI\ failure$		201.13.2.104		
		raise an alarm if the communication	+ SAV.26		
		and GUI is lost, or in case of a GUI			
	failure.				
	Alarm condition	No communication between con-	7		
		troller and GUI			
	Priority	HIGH	-		
	Raised by	Controller	1		
AT 00			001 10 0 104		
AL.39	Unable to read sensor pressure The system shall raise an alarm if the communication		201.13.2.104		
		+ SAV.26			
	between controller	and sensor pressure is lost.			
	Alarm condition	No communication between con-			
		troller and sensor presure			
	Priority	HIGH			
	Raised by	Controller	1		
AL.40	Unable to read oxyg	gen sensor	201.13.2.104		
111.40			+ SAV.26		
	v	The system shall raise an alarm if the communication between controller and oxygen sensor (OS) is lost.			
	between controller	and oxygen benser (Ob) is lost.			
	4.1		٦		
	Alarm condition	No communication between con-			
		troller and oxygen sensor	_		
	Priority	HIGH	_		
	Raised by	Controller			
AL.41	Unable to read sens	sor flux	201.13.2.104		
		raise an alarm if the communication	+ SAV.26		
	·	and sensor flux (FI2) is lost.			
		, ,			
	Alarm condition	No communication between con-	٦		
	Alarm condition				
	Deitarit	troller and sensor flux	-		
	Priority	HIGH	_		
	Raised by	Controller			

FUN.59	The system shall a	Unable to read gas flow to patient The system shall raise an alarm if the communication	
	between controller	and gas flow sensor (FI1) is lost.	
	Alarm condition	No communication between Controller and sens FI2	
	Priority	MEDIUM	
	Raised by	Controller	
AL.42	Fan tachometer		FUN.32
	The controller shall	raise an alarm if fan tachometer input	
	indicates fan is not	rotating.	
	Alarm condition	Fan is not rotating]
	Priority	HIGH	1
	Raised by	Controller]
AL.42.1	Whenever the FAN	alarm condition occurs, the controller	
		and output valves to their safe state,	
	_	an one respiratory cycle.	
AL.43	I:E ratio	1 0	FUN.32
	The I:E ratio is less than 0.01 for more than 4 consecutive		
	cycles.		
	Alarm condition	I:E < 0.01]
	Priority	HIGH	1
	Raised by	Controller	-
AL.43.1	<u> </u>	ratio alarm condition occurs, the con-	J
AL.43.1		input and output valves to their safe	
		ore than one respiratory cycle.	
AL.44	Input valve failure	ore than one respiratory cycle.	FUN.32
111.11	impar caree jamare	1 011.02	
	The controller shal	l raise an alarm if the input valve (IN	
		l raise an alarm if the input valve (IN ange value.	
	The controller shal valve) does not cha	_ \	
		_ \]
	valve) does not cha	ange value.	
	valve) does not cha	Input valve does not change value	
	valve) does not cha	Input valve does not change value when the phase swaps from inspira-	
	valve) does not cha	Input valve does not change value when the phase swaps from inspiratory to expiratory and vice versa	
AL.44.1	valve) does not chat Alarm condition Priority Raised by	Input valve does not change value when the phase swaps from inspiratory to expiratory and vice versa HIGH	
AL.44.1	Alarm condition Priority Raised by Whenever the input	Input valve does not change value when the phase swaps from inspiratory to expiratory and vice versa HIGH Controller	

AL.45	Out valve failure	FUN.51			
	The controller shall raise an alarm if out valve (OUT				
	valve) does not cha	nge its state.			
	Alarm condition	Out valve does not change state when]		
		the phase swaps from expiratory to			
		inspiratory and vice versa.			
	Priority	HIGH			
	Raised by	Controller]		
AL.45.1	Whenever the outp	out valve alarm condition occurs, the			
	controller shall drive input and output valves to their safe				
	state, within no mo	ore than one respiratory cycle.			
AL.46	SD GUI failure				
	The system shall raise an alarm in case the GUI is not				
	able to update the log file.				
	Alarm condition The GUI is not able to update the log				
		file			
	Priority	MEDIUM			
	Raised by	GUI]		

5.2 Visual alarm signals

The IEC 60601-1-8 indicates the following characteristics of visual alarms:

Category	Color	Flashing fre-	Duty cycle
		quency	
High	Red	2,0Hz	50%
Medium	Yellow	0,6Hz	50%
Low	Yellow	Constant	100%

The alarm is visualized using an RGB LED mounted on the ventilator.

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