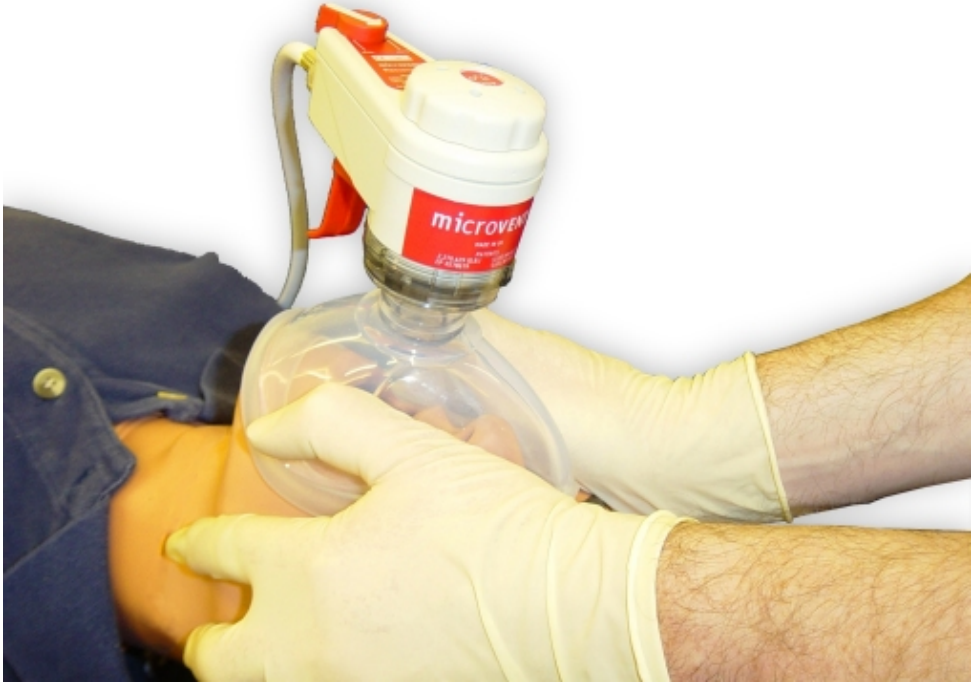
mediTECH
EMERGENCY RESUSCITATION SYSTEMS

Operating Manual for microvent

microvent Classic
microvent European
microvent Responder



CE 0473

DOC300M Issue B, 04/10/2007, Part number11-0045-01

This manual refers to the microVENT Resuscitator handset (Model No)

BNOS Meditech Ltd. is an ISO 9001 registered company

The microVENT is registered with the U.S. FDA No. K930533

The microVENT is registered with the Canadian Ministry of Health

The microVENT is covered by the following Patents:

(UK) 2270629
(USA) 5537999
(USA) 5351361
Canada Patent No.2107358
European Patent 0578679

Declaration of conformity - Medical Devices Directive 93/42/EEC

The microVENT resuscitator is supplied in conformity of a quality system to meet Annexe II of the Medical Devices Directive 93/42/EEC and Meditech (B.N.O.S. Meditech Ltd.) are therefore entitled to use the CE 0473 marking on the product.
The quality system is inspected by the Notified Body: Intertek AMTAC Certification Services Ltd., Davy Avenue, Knowlhill, Milton Keynes, MK5 8NL, United Kingdom.
The microVENT resuscitator was evaluated by the Department of Health, Medical Devices Directorate - Evaluation 191.

Other Standards

microVENT resuscitators also comply with the following standards:
BS 6850:2002 Gas powered ventilatory resuscitators
BS EN ISO 5356-1:2004 Anaesthetic and respiratory equipment. Conical connectors. Cones and sockets
BS 5682:1998 Specification for probes (quick connectors) for use with medical gas pipeline systems (where BS standard is supplied in customer specification).
EN980:2003 Graphical Symbols for use in the labelling of medical devices.

It is also certified that the equipment listed above fully complies with all the required mandatory standards and the performance, specifications, standards and sources agreed and contracted for this order.

microVENT is a registered trademark of B.N.O.S Meditech Ltd.

This manual is intended to provide operating instructions on the use of the microVENT® Resuscitator and should be studied carefully by all persons required to operate the equipment

WARNING
Federal law restricts this device to sale by or on the order of a physician.

CONTENTS

1 CHAPTER ONE: THE RESUSCITATOR

1.1 INTRODUCTION

1.1.1 The microvent Classic Resuscitator and the microvent European Resuscitator are both an oxygen powered, automatic time cycled resuscitator with MANUAL TRIGGERING for use in conjunction with respiratory arrest, respiratory difficulties and external cardiac massage.

1.1.2 The microvent Responder Resuscitator is an oxygen powered, manually operated resuscitator. The “Responder” has no automatic function.

1.1.3 The oxygen used by the resuscitator has two functions. The latent energy of the compressed oxygen gas is used to power the microvent resuscitator. This means that the microvent resuscitator requires no other power source. It requires no batteries or mains electricity. The oxygen itself is then used at low pressures to ventilate the patient’s lungs and thereby support life.

1.1.4 The microvent Resuscitator is available as a handset unit without accessories or case. This can be attached to suitable oxygen specific outlet, such as in a hospital or ambulance, or a medical oxygen cylinder regulator. The purchaser is responsible for the provision of accessories needed to operate the handset unit such as a suitable oxygen source and resuscitation facemasks.

1.1.5 microvent is also available from the manufacturer as a resuscitation kit. The microvent Resuscitator Kit includes the accessories needed for normal use. (Oxygen cylinder not included but available as a separate item.)

1.2 INTERNATIONAL CUSTOMERS (outside UK)

1.2.1 All microvent Resuscitators can be supplied with alternative supply fittings and colour coding to meet the requirements of the country of use. Meditech regulators can also be supplied in international configurations to fit alternative national cylinder fittings and with output fittings meeting national require

1.3 SAFETY PRECAUTIONS

1.3.1 This manual is intended to provide operating instructions on the use of the microvent® Resuscitator and should be studied carefully by all persons required to operate the equipment

WARNING

Federal law restricts this device to sale by or on the order of a physician.

WARNING

Oxygen supports combustion. While the unit is in use, do not smoke or use a naked flame either during resuscitation, when providing oxygen therapy or when changing the cylinder.

Never use oil, grease or solvents on any part of the cylinder, regulator or resuscitator.

WARNING

The resuscitator must only be used by persons who have received adequate training

CAUTION

"Hands on" training sessions should be undertaken on a regular basis to familiarise operatives with the equipment and its functions.

1.3.2 At intervals in this manual WARNING and / or CAUTION boxes are used. Please ensure that these are read and understood.

1.4 SPECIFICATIONS

Parameter	microvent Classic Airmix Adult / Child	microvent Classic Adult / Child	microvent European Adult / Child	microvent European Adult only	microvent Responder
Patient population range	Adult / child above 20 kg	Adult / child above 20 kg	Adult / child above 20 kg	Adult only	Adult / child above 20 kg
Automatic operation	Time cycled. Gas powered. (Patient assist synchronisation fitted on "Advanced" models).	Time cycled. Gas powered. (Patient assist synchronisation fitted on "Advanced" models).	Time cycled. Gas powered. (Patient assist synchronisation fitted on "Advanced" models).	Time cycled. Gas powered. (Patient assist synchronisation fitted on "Advanced" models).	No automatic function
Automatic flow rate (L/min)	43.2 to 21.6	43.2 to 21.6	21.5 to 15.5	21.5	Not applicable
Automatic tidal volume (L)	1.2 to 0.3	1.2 to 0.3	0.6 to 0.2	0.6	Not applicable
Automatic oxygen concentration V/V	100% or 50%	100%	100%	100%	Not applicable
Automatic I:E ratio	1:2	1:2	1:2	1:2	Not applicable
Automatic frequency (per minute)	12 to 24	12 to 24	12 to 25	12	Not applicable
Manual flow rate (L/min)	40	40	40	40	40 or 20 (user selectable)
Pressure relief valve with audible warning limits maximum attainable delivery pressure (kPa)	4.5	4.5	4.5	4.5	4.5
Expiratory resistance (kPa)	<0.5	<0.5	<0.5	<0.5	<0.5
Inspiratory resistance without anti-air-entrainment diaphragm fitted (kPa)	<0.5	<0.5	<0.5	<0.5	<0.5
Patient assist trigger pressure on "Advanced" models only. (kPa)	<-0.5	<-0.5	<-0.5	<-0.5	Not applicable
Resuscitator weight - excluding supply hose (g)	295	275	275	275	250
Maximum resuscitator dimensions – excluding supply hose (mm)	120 x 55 x 100	120 x 55 x 100	120 x 55 x 100	120 x 55 x 100	120 x 55 x 100
Operating environmental limits					
Temperature (°c)	-18 to +50	-18 to +50	-18 to +50	-18 to +50	-18 to +50
Humidity	0 to 95% non-condensing	0 to 95% non-condensing	0 to 95% non-condensing	0 to 95% non-condensing	0 to 95% non-condensing
Storage environmental limits					
Temperature (°c)	-40 to +60	-40 to +60	-40 to +60	-40 to +60	-40 to +60
Humidity	0 to 95% non-condensing	0 to 95% non-condensing	0 to 95% non-condensing	0 to 95% non-condensing	0 to 95% non-condensing

Parameter	microvent Classic Airmix Adult / Child	microvent Classic Adult / Child	microvent European Adult / Child	microvent European Adult only	microvent Responder
Approximate duration when operating on automatic from 340 L "D" size cylinder at 10 L minute volume (minute)	32 Airmix 60	32	Not applicable	Not applicable	Not applicable
Approximate duration when operating on automatic from 400 L size cylinder at maximum minute volume (minute)	27 Airmix 50	27	52	52	Not applicable
Approximate duration when operating on manual from 400 L size cylinder with two 600 mL breaths given every 24 seconds (minute)	125	125	125	125	125

1.4.1 The microvent Resuscitator is intended for patients over 20kg weight.

1.4.2 The microvent Classic or European Resuscitator is an automatic time cycled resuscitator. It is also a manually controlled gas powered resuscitator and when manually controlled the tidal volume and frequency are controlled directly by the operator.

1.4.3 The microvent Responder Resuscitator (which has no automatic function) is a manually controlled gas powered resuscitator and the tidal volume and frequency are controlled directly by the operator.

1.4.4 The microvent Resuscitator has a maximum attainable pressure of 45 cm water (4.5 kPa) unless otherwise specified by customer request. This is controlled by the pressure relief cap (The pressure relief setting is marked on the pressure relief cap). In the UK the pressure relief is supplied for 45 cm water.

1.4.5 Drive gas consumption to operate microvent Responder resuscitator – Negligible.

1.4.6 Inspiratory resistance without Anti-Air-Entrainment diaphragm <0.5 cm H_2O.

Fitting the Anti-Air-Entrainment diaphragm prevents spontaneous inhalation of atmospheric air through the resuscitator. In the event of failure of the oxygen supply this could result in the patient being unable to breath through the resuscitator.

1.4.7 End-expiratory pressure in normal use is atmospheric pressure.

1.4.8 The microvent Resuscitator is pressure limited by the pressure relief cap.

1.4.9 Tolerances according to BS 6850:2002 & ISO 8382:1981:

1.5 HOW TO READ AND UNDERSTAND THE MICROVENT SERIAL NO.

1.5.1 Serial number can be found on the underside of the microvent, next to the manual trigger. Example M V R ? 1 0 1 5 5 5

The first letters refer to the type of microvent. The next three or four numbers refer to the month and year of manufacture. The last four numbers refer to the production number of the unit.

2 CHAPTER TWO: GAS SUPPLY

2.1 GAS SUPPLY CONNECTIONS

2.1.1 The microvent Resuscitator is designed to operate on medical oxygen from either a cylinder or pipeline. In the UK the connection fittings are of the shrouded BS 5682: 1998 quick connect type unless otherwise specified by the customer and allowed under the applicable standards. Other types of connections are supplied as the standard fittings in non-UK countries.

2.1.2 The supply pressure should be greater than 2.7 bar and should not exceed 10 bar.

2.2 CONNECTING TO A CYLINDER

2.2.1 Follow the instructions provided by the cylinder supplier and regulator manufacturer.

WARNING

Oxygen supports combustion. While the unit is in use, do not smoke or use a naked flame either during resuscitation, when providing oxygen therapy or when changing the cylinder.

Never use oil, grease or solvents on any part of the cylinder, regulator or resuscitator.

CAUTION

When connected to a portable supply such as a small cylinder and regulator always turn off the oxygen at the cylinder when the resuscitator is not in use to prevent leaks.

CAUTION

The resuscitator is dependant upon the oxygen supply to enable it to function. Always ensure adequate supplies of oxygen are available. Monitor the use of the cylinder by observing the contents gauge.

3 CHAPTER THREE: OPERATING PROCEDURE

3.1 MANUAL VENTILATION AND CARDIAC MASSAGE (CPR)

3.1.1 The application of oxygen is recommended as soon as it is available in both basic life support and advanced life support.[1,2]

3.1.2 The Resuscitation Guidelines 2000 and 2005 highlighted the advantages of resuscitating with lower volumes and flow rates. These help to limit airway pressures reducing the chances of gastric insufflation, vomiting and subsequent aspiration and pneumonia.[1,2,3]

3.1.3 With 100% oxygen resuscitation we help ensure oxygenation at these smaller tidal volumes.

3.1.4 The microVENT Resuscitator is fitted with a Manual Trigger to help the user to resuscitate the casualty following the appropriate basic life support resuscitation guidelines.

3.1.5 By using the Manual Trigger the operation of the resuscitator can be easily timed with the chest compressions following the latest recommendations to ventilate during CPR at a ratio of two ventilations to 30 compressions [4]. Squeezing the trigger initiates flow of 100% oxygen from the resuscitator. Releasing the trigger allows the casualty to exhale. The microVENT is designed to enable the user to hold the resuscitation mask and control the airway with a two handed grip, operating the trigger with one finger (Fig:4). All microVENT resuscitators feature a pressure relief valve that prevents dangerous airway pressures being achieved. An audible warning sounds when the relief valve is operating. The use of the two handed grip enables the user to control the airway and give a good seal to the face mask. This grip is considered easier to perform than the one handed grip needed when operating a bag-valve-mask.

3.1.6 microVENT Responder is a manual triggered controlled flow resuscitation device with options of 40 litre per minute (lpm) and 20 lpm. Selecting the 40 litre per minute flow rate enables a breath of 600 mL to be applied in approximately one second.

WARNING

At all times during resuscitation the rise and fall of the patient's chest should be monitored to ensure adequate ventilation.

CAUTION

Users are recommended to consult the ILCOR / AHA / ERC / UK or their national resuscitation guidelines regarding the latest recommendations for CPR.

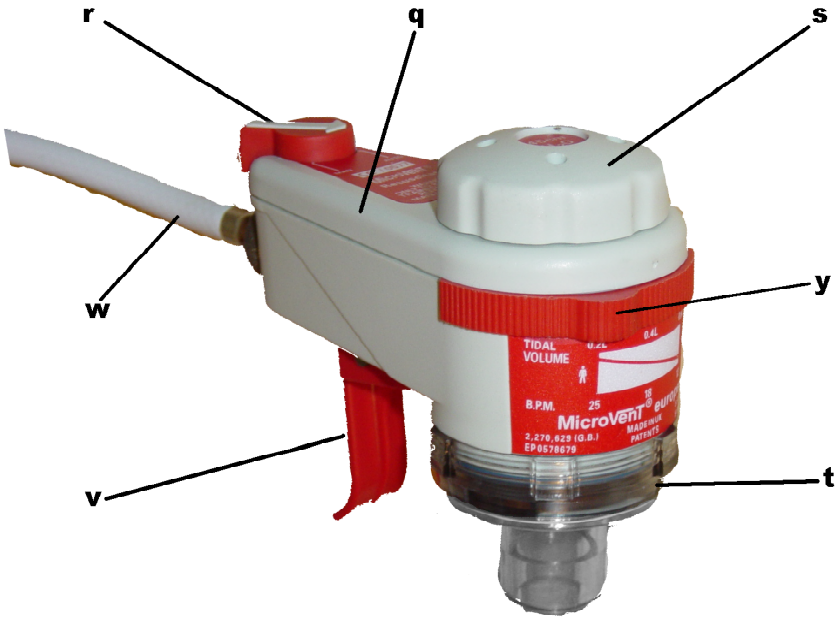
References:
1 American Heart Association in collaboration with the International Liaison Committee on Resuscitation (ILCOR). Guidelines 2000 for cardiopulmonary resuscitation and emergency cardiovascular care. An international consensus on science. Circulation 2000;102(Suppl.I):I-1 –I-384.
2 American Heart Association in collaboration with the International Liaison Committee on Resuscitation (ILCOR). Guidelines 2000 for cardiopulmonary resuscitation and emergency cardiovascular care — An international consensus on science. Resuscitation 2000;46:1–447.
3 European Resuscitation Council Guidelines 2000 for Adult Basic Life Support
A statement from the Basic Life Support and Automated External Defibrillation Working Group 1 and approved by the Executive Committee of the European Resuscitation Council. Resuscitation 48 (2001) 199–205
4 *Circulation* 2005;112;12-18; originally published online Nov 28, 2005;

Figure 1: The microVENT Responder resuscitator

Key to components in figure 1: The microVENT Responder Resuscitator

q	microVENT Responder body
r	Flow selector
s	Pressure limiting (and audible warning) valve
t	Patient valve assembly
v	Manual trigger
w	Oxygen supply hose

Figure 2: The microVENT Classic and microVENT European resuscitator (Adult / Child models)



Key to components in figure B:

q	microVENT body
r	Manual / automatic selector
s	Pressure limiting (and audible warning) valve
t	Patient valve assembly
v	Manual trigger
w	Oxygen supply hose
y	Tidal volume and frequency selector

3.1.7 Having established that the patient is not breathing, position the patient as for mouth-to-mouth resuscitation. The airway can be opened by head tilt, chin lift or jaw thrust. The head tilt method is illustrated in figure 3.

Figure 3: Opening the airway

3.1.8 Clear the patient's mouth of any foreign materials and check to see if the patient has commenced spontaneous breathing.

3.1.9 Attach the microVENT Resuscitator to an active regulated gas supply:

3.1.9.1 Connect the oxygen input fitting on the microVENT supply hose to the oxygen regulator attached to the cylinder in accordance with the regulator manufacturers instructions, turn on the Oxygen Cylinder valve slowly.

3.1.9.2 Or connect the oxygen input fitting on the microVENT supply hose to an oxygen wall outlet in the hospital or ambulance.

3.1.10 On the microVENT Responder (Fig:1.r) turn the flow selector to select the flow rate required. On the microVENT Classic or European select the manual setting (Fig:2,r). Use the appropriate size of Face Mask and attach to the Patient Valve (t).

3.1.11 If no respiratory effort is observed position yourself above the patient's head and apply the Face Mask over the patient's nose and mouth and use both hands to obtain a good seal and support the jaw (Fig:4).

3.1.12 Squeeze the Manual Trigger (Fig:1&2,v) towards the Face Mask and observe the rise of the patient's chest. The operation of the Manual Trigger does not require a violent pull. A gentle squeeze of the trigger will supply oxygen and inflate the lungs.

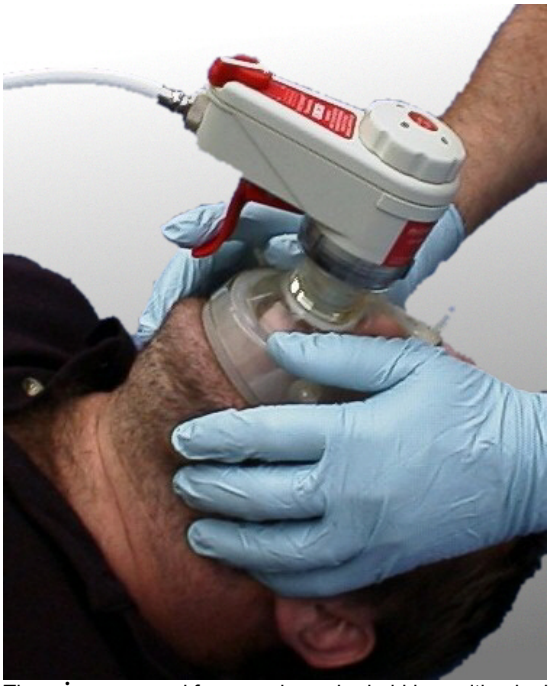
3.1.13 Excessive pressure on the Manual Trigger will not result in more oxygen being supplied to the patient, and may damage the device.

3.1.14 Once sufficient patient chest rise has been observed, release the manual trigger so the resuscitator is no longer inflating the casualty’s lungs. This allows the casualty to passively exhale back through the mask and out through the patient valve. It is normal to allow 3 to 4 seconds exhalation (expiratory) time so the casualty has completely exhaled. (It is not necessary to remove the facemask or resuscitator from the patient’s face for the patient to exhale.)

3.1.15 If the patient's chest does not rise or gas escapes around the mask or the Pressure Relief Valve (Fig:1&2,s) operates, with an audible tone, reposition the patient's head and adjust your hand position to obtain an effective seal and an open airway.

3.1.16 Over inflation will be indicated by excessive chest rise and eventually by the operation of an audible tone of the Pressure Relief Valve. Under inflation will be indicated by too shallow a rise in the patient's chest.

Figure 4: Operating the microVENT resuscitator using the manual trigger



The microVENT and face mask can be held in position by both hands while maintaining the casualties airway and operating the manual trigger.

3.2 AUTOMATIC VENTILATION **(does not apply to microVENT Responder)**

3.2.1 If the patient is suffering from respiratory arrest or respirator insufficiency
If in the event of cardiac arrest, resuscitation restarts the patient's heart
If the patient is intubated (or the airway is protected by Combitube or LMA)
If circumstances dictate that manual ventilation with the microVENT is not possible or
If the patient is to be transported
Then automatic ventilation may be commenced.

3.2.2 If the patient makes an inspiratory effort during automatic ventilation, Advanced microVENT resuscitators have a respiratory assist sensor which, when the Anti-Air–Inhalation Diaphragm is fitted to the patient valve, enables the patient to trigger the microVENT inflations in time with their inspiratory effort. The Advanced microVENT resuscitators apply the prescribed tidal volume when triggered, a mode of ventilation sometimes known as SIPPV (Synchronised Intermittent Positive Pressure Ventilation). If the patient stops breathing spontaneously the microVENT recommences automatic ventilation after the set expiratory time. The respiratory assist sensor is a factory fitted option, known as "advanced". Models without the respiratory assist sensor are known as "standard".

3.2.3 On Adult and Child microVENT resuscitators the tidal volume and frequency of ventilation are controlled by the slider control on the front of the microVENT. (See figure B (y)). The volume is selected by the user so as to ensure visible and adequate chest rise of the patient. The patient should be carefully observed so as to ensure correct ventilation. On Adult only microVENT resuscitators the tidal volume and frequency are preset and there is no slider control.

3.2.4 Select the automatic setting (Fig 2,r). Use the appropriate size of Face Mask and attach to the Patient Valve (t). (or connect to ET tube via an adapter)

3.2.5 If no respiratory effort is observed position yourself above the patient's head and apply the Face Mask over the patient's nose and mouth and use both hands to obtain a good seal and support the jaw (Fig:4).

3.2.6 Increase the tidal volume setting of the microVENT (Fig:2,y) until sufficient chest rise is observed with each breath. The microVENT has a I:E ratio of 1:2, this means twice as long is allowed for expiration as inspiration. The patient valve allows the patient to exhale to atmosphere. (It is not necessary to remove the facemask or resuscitator from the patient's face for the patient to exhale.)

3.2.7 If the patient's chest does not rise or gas escapes around the facemask or the Pressure Relief Valve (Fig:2,s) operates, with an audible tone, reposition the patient's head and adjust your hand position on the mask and jaw to obtain an effective seal and an open airway.

3.2.8 Over inflation will be indicated by excessive chest rise and eventually by the operation of an audible tone of the Pressure Relief Valve. Under inflation will be indicated by too shallow a rise in the patient's chest.

WARNING

At all times during resuscitation the rise and fall of the patient's chest should be monitored to ensure adequate ventilation.

3.3 AIRMIX (AIR ENTRAINMENT OPTION)

3.3.1 Introduction:

3.3.1.1 Airmix air entrainment is a factory-installed option available on microVENT Classic Resuscitators. Airmix increases the duration of a portable oxygen supply by mixing the oxygen with ambient air. The usage of oxygen at adult settings is approximately halved, so a supply lasts over twice as long as it would if used at 100% oxygen. The concentration of oxygen (FiO_2) available to the patient is reduced to approximately 50%.

3.3.1.2 Airmix can currently only be used when the microVENT Classic resuscitator is used in its automatic mode. The selector switch should always be returned to the 100% position (indicating 100% oxygen) when the resuscitator is being used in manual mode.

CAUTION:

The Airmix selector switch has two positions, these are selected by sliding the control from one extreme of its travel to the other. Failure to position the control at the 100% position or the 50% position may result in ineffective operation of the resuscitator.

3.3.2 Using Airmix:

3.3.2.1 With the Classic microVENT resuscitator in automatic mode slide the Airmix control (Fig:5,z) to the 50% position (Airmix on). Ensure the Airmix control is at the full extent of its travel.

3.3.2.2 The Airmix will now entrain ambient air and blend this with the oxygen delivered to the patient. The tidal volume and frequency of the resuscitator will be maintained on adult settings. On child settings an increase in tidal volume may be experienced due to the nature of entrainment valve.

WARNING: Where exact volumes and oxygen concentrations need to be known users are advised to use additional monitoring equipment.

3.3.2.3 Through patient observation ensure that the patient is still being correctly ventilated and oxygenated.

3.3.2.4 When the Airmix function is no longer needed then return the Airmix control (Fig:5,z) to the 100% position (Airmix off).

WARNING

The microVENT Airmix when set at 50% entrains gases from the atmosphere when operating and should not be used in contaminated environments. On Airmix models set the Airmix control to the 100% position (Airmix off).

Figure 5: Airmix

Key to item in Fig 5:
z Airmix selector switch

Figure 6: Component assembly

The microVENT Handset Component Assembly.

q	microVENT body
s1	Pressure limiting (and audible warning) valve
s2	Sounding board
t1	Patient valve diaphragm (duckbill)
t2	Patient valve body
t3	Anti-air-inhalation diaphragm

3.4 **USE IN TOXIC ATMOSPHERES**

3.4.1 During Ventilation in atmospheres containing smoke, water or toxic gas, the Anti-Air-Inhalation Diaphragm (Fig:6,t3) should be fitted to the Patient Valve. This Diaphragm ensures that the patient can receive only pure oxygen during ventilation. Anti-Air-Inhalation is achieved by fitting a simple removable diaphragm onto the Patient Valve.

WARNING

The microvent Airmix when set at 50% entrains gases from the atmosphere when operating and should not be used in contaminated environments. On Airmix models set the Airmix control to the 100% position (Airmix off).

3.5 USE IN CLEAN ATMOSPHERES

3.5.1 When the Anti-Air-Inhalation-Diaphragm is fitted and the resuscitator is being used on a casualty, if the oxygen supply runs out the casualty will not be able to breath ambient air spontaneously through the resuscitator.

WARNING

The patient cannot breath ambient air when the Anti-Air-Inhalation Diaphragm is fitted.

3.6 ACTION TO BE TAKEN IF PATIENT VOMITS DURING RESUSCITATION

3.6.1 Your microvent resuscitator or Resuscitation Kit should be supplied with facemasks with a clear or translucent uncoloured body so that face colour can be observed and any contamination of the mask and or the clear patient valve can be seen.

3.6.2 Should the patient vomit into the Face Mask during resuscitation the following steps should be followed to clear the obstruction from the resuscitator:

3.6.2.1 Remove the Face Mask from the patient's face.

3.6.2.2 Clear any contaminant from patient's airway by the method taught in your first aid or resuscitation training either using a Suction Device (see section 3.7) positioning or using a finger sweep.

3.6.2.3 Remove the Face Mask from the Patient Valve (Fig:6,t2]

3.6.2.4 Unscrew Patient Valve (t2) from Resuscitator Body (q) being careful to ensure the Duckbill Diaphragm (t1) is not mislaid and shake out any contaminant from the Patient Valve, Face Mask and Duckbill Diaphragm.

3.6.2.5 Operate the Manual Trigger to blow out any contaminant.

3.6.2.6 Unscrew Pressure limiting valve (Fig:6,s1), remove the Sounding board (s2) (which is a push fit), shake out any contaminant, push the Sounding board back into place and screw the Pressure limiting valve back into place.

3.6.2.7 Re-assemble Patient Valve Diaphragm, Patient Valve Body and Face Mask,

3.6.2.8 Operate Manual Trigger to ensure correct function.

3.6.3 Repeat Operating Instructions (from step 3.1 [manual] or 3.2[automatic]).

3.6.4 Do not clean with solvent based agents, Meditech recommend soap and water.

3.6.5 For disinfection see section 4.

3.7 ADDITIONAL CONSIDERATIONS

3.7.1 Low Cylinder Contents. A situation may arise where the Oxygen in the cylinder may reach a very low level with or without the operator being aware of the fact. The pressure therefore becomes too low to operate the microVENT. The pressure this occurs at is dependent on the individual pressure regulator characteristics but should not occur above 8 Bar (112.p.s.i.) indicated cylinder pressure when using a quality regulator.

3.7.2 Cylinder Replacement Pressure. The cylinder replacement pressure is normally indicated on the regulator pressure gauge. Many gauges indicates the red refill region beginning at 30 Bar (435 p.s.i.) pressure. It is strongly recommended that once the pressure reaches this section the cylinder is switched for a fully charged cylinder.

3.7.3 Immersion in liquids. It is recommended that the microVENT is not immersed in any liquids at any time. However accidental immersion may occur. If this event does happen wipe clean the microVENT with a suitable lint free cloth of any detritus picked up from the fluid and then allow the microVENT to drain of any liquids. Once all liquids appear to have drained from the body of the microVENT perform functional tests as per section four of this manual.

4 CHAPTER FOUR: SERVICING

CAUTION

The microvent® Resuscitator is designed to provide respiratory support in an emergency situation. Failure to follow the maintenance and inspection routines properly could result in incorrect operation of the resuscitator.

4.1 ROUTINE MAINTENANCE

4.1.1 To ensure proper operation of the instrument, regular inspection and checking of the instrument for correct function should be undertaken by a responsible member of staff on at least a monthly basis. This check is to ensure that all Components and Accessories are present, the Oxygen Cylinder is full and that the microvent Responder resuscitator is in working order.

4.1.2 The following recommendations for servicing frequency are: -

4.1.2.1 Monthly checks as per the checklist below.

4.1.2.2 Specification checks and preventive maintainance at 12 months.

4.1.2.3 Automatic units (microvent Classic and Responder) should also be checked and run on a weekly basis.

4.1.3 Details of Service Contracts available can be obtained from BNOS Meditech Ltd.

4.2 CHECKLIST – in full at least every month and after each use.

Check C, D & E before each use.

	Check	Action
A	Inspect carrying case for signs of wear, damage or impact.	Repair or replace as necessary.
B	Open case and check contents for missing items. (Use a check list)	Repair or replace as necessary.
C	Check oxygen cylinder contents by opening the cylinder valve and reading the contents gauge.	Replace with a full cylinder if necessary.
D	Operate the resuscitator in all modes (automatic and manual) to check function. With the patient port open and the trigger operated a flow should be felt from the patient port.	In the case of any problems withdraw the microvent Responder from use and make alternative arrangements to cover the risk. Contact your service agent.
E	Test the function of the Pressure Relief Valve by occluding the patient port and operating the manual trigger. The pressure relief and audible warning should operate.	In the case of any problems withdraw the microvent Responder from use and make alternative arrangements to cover the risk. Contact your service agent.
F	Turn off the oxygen cylinder and return all contents to the carrying case checking that all items are present before returning the resuscitator to its designated storage position.	Keep a written record of all checks and maintenance.

These checks do not take long and as well as ensuring your equipment is always ready for immediate use they give the operators a chance to handle the microvent and to familiarise themselves with it.

The operation of the instrument during checks uses very little gas, however, always be sure to have a spare cylinder available to replace a depleted unit.

4.3 CLEANING THE microvent AND ACCESSORIES

CAUTION
Do not use solvent-based cleaning agents to clean the microvent resuscitator and accessories. Alcohol may damage the plastics used in the construction.

4.3.1 Routine cleaning of the equipment should be undertaken to maintain the equipment in a clean condition. The microvent body (Fig:6,q) should not normally be totally immersed in liquid.

4.3.2 Pre-clean all parts with warm soapy water; it is recommended that a general-purpose detergent be used.

4.3.3 Rinse thoroughly with clean water.

4.3.4 Note: Surface wipe the actual microvent body (Fig:6,q). The Patient valve body (Fig:6,t2), 'Duck Bill' Patient valve diaphragm (t1) and Anti-air-inhalation gasket (t3) can be submerged in soapy water.

4.3.5 To disinfect -

4.3.5.1 (a) Ordinary Use, 1 ,000 ppm hyperchlorite solution e.g. (Sani-chlorTM).

4.3.5.2 (b) When blood/bodily fluids are present, 10,000ppm hyperchlorite solution should be used.

4.3.6 The parts should be rinsed thoroughly with warm water, dried thoroughly and stored dry.

4.3.7 Wipe the microvent body (q) using disposable absorbent paper.

4.3.8 Note: The Patient valve body (t2), 'Duck Bill' Patient valve diaphragm (t1) and Anti-air-inhalation gasket (t3) and the reuseable silicone resuscitation face masks can be submerged in the disinfecting solution.

4.3.9 Alternative methods:

4.3.10 Face Mask for resuscitation (not oxygen therapy), Patient Valve and Diaphragm can all be disinfected using activated glutaraldehyde solution (such as Cidex TM) and can be cleaned with a mild soap solution. These items can also be sterilised using gas (Ethylene Oxide).

4.3.11 When cleaning components of the Resuscitator ensure that all traces of cleaning solution are removed and that the surfaces are dried. It is not expected that residues of cleaning materials will cause a malfunction, however, as a precaution on items such as the diaphragm, special care should be taken to remove all traces of cleaning agents.

4.3.12 Single use components:

4.3.13 As standard certain components are supplied with the kits intended for single patient use. Do not attempt to clean and sterilise any components that are designated as single use as immersion of these items into a sterilising solution can cause degeneration of the materials. Single use components should be disposed of after use and replacements fitted. Single use components include: Airways, Therapy masks, Suction catheters (and suction collection jars on some manual Suction Units), Oxygen Therapy tubing, Pocket masks and any components marked as “single use”, “single patient use” or “disposable”.

4.3.14 To make cleaning and disinfection easier disposable resuscitation facemasks and filters are available which are also intended for single patient use.

CAUTION
Do not attempt to clean and sterilise any Components that are designated as single use. Dispose of these components after use.

WARNING
A functional test should be carried out after cleaning and reassembly

4.3.15 By following the above steps you will ensure that your microvent stays in proper condition and will always be ready for use when you need it.

4.4 PRODUCT LIFE SPAN

4.4.1 The microVENT Resuscitator has been designed for the demands of the pre-hospital emergency medical market to give the user many years of reliable service. The microVENT is manufactured from the finest quality materials with individual components subject to strict quality control tests to ensure high standards under ISO 9001. The microVENT is designed to have a Product Life Span of 15 years, excluding abuse to the instrument.

4.4.2 We reserve the right to change design without prior notice

IMPORTANT NOTICE

Manufacturers Warranty is for a period of 1 year and includes parts and labour. It does not include transport costs. The responsibility and cost of returning and collecting the unit from the manufacturer or their authorised representative is the owners.

Any disassembly of the resuscitator or regulator beyond that detailed in this manual will invalidate the warranty and the manufacturers disclaim any liability for products that have undergone unauthorised repair.

Appendix 1: MATERIALS SPECIFICATION

Part	Material
Housing	ABS/polycarbonate
Labels	Polycarbonate
Patient valve body	Polycarbonate
Patient valve diaphragm	Silicone Rubber
Anti-air-inhalation diaphragm	Silicone Rubber
Manual trigger	Nylon – glass reinforced
Internal Components	Brass CZ121, Electroless Nickel plated
Small Tubing	Urethane
Large Tubing	Polyurethane
Filter	Sintered Bronze
'0' Rings	Nitrile Rubber or Silicone Rubber
Resuscitation Face Mask	Polycarbonate and Silicone or Polysulphone and Silicone or Silicone
Hose assembly	
Hose	PVC (Anti-static Inner)
BS 5682: 1998 Connectors	Brass CZ121, Electroless Nickel plated
Ferrules	Brass, Bright Nickel plated

Appendix 2: SPARE PARTS AND ACCESSORIES

Part No.	Description	Illustration
	microVENT Spares	
131-0005-45	Pressure limiting valve (45cm water)	Fig:6,s1
131-0005-60	Pressure limiting valve (60cm water)	
633-0014-00	Sounding board	Fig:6,s2
673-0011-01	Patient valve diaphragm (Duckbill)	Fig:6,t1
673-0010-00	Patient valve body	Fig:6,t2
033-1011-00	Anti-air-inhalation gasket	Fig:6,t3
	User Operating Manual microVENT	
	Brief Operating Instructions "microVENT Responder"	
	Brief Operating Instructions "microVENT Classic" and "microVENT European"	
	Accessories	
673-1011-01	Carrying case	
673-0448-00	Manual (hand operated) Emergency Suction Unit	
673-0301-00	Oro-pharyngeal airway – Size 1	
673-0302-00	Oro-pharyngeal airway – Size 2	
673-0303-00	Oro-pharyngeal airway – Size 3	
673-0304-00	Oro-pharyngeal airway – Size 4	
673-9000-00	Pocket mask with Oxygen connection	
673-0450-00	Resuscitation facemask – Size 3	
673-0451-00	Resuscitation facemask – Size 4	
673-0452-00	Resuscitation facemask – Size 5	
673-0445-00	Head harness	
673-0444-00	Hook ring to attach head harness to resuscitation mask	
673-9006-00	Adult therapy mask, high concentration	
673-9007-00	Child therapy mask, high concentration	

mediTECH
EMERGENCY RESUSCITATION SYSTEMS

Manufactured by
B.N.O.S. Meditech Ltd.
9 Fifth Avenue, Bluebridge Ind. Est.
Halstead, Essex, CO9 2SZ
England, UK.
Tel: +44 1787 479475
Fax: +44 1787 477747
E-mail: sales@meditech.uk.com
www.meditech.uk.com

CE 0473

DOC300M Issue B, 04/10/2007, Part number11-0045-01