

Field Safety Notice Philips Respironics - Hospital Respiratory Care

V60/V60 Plus/V680 Ventilator 35V Rail – 2021-CC-HRC-003

21 April 2022

This document contains important information for the continued safe and proper use of your equipment

Please review the following information with all members of your staff who need to be aware of the contents of this communication. It is important to understand the implications of this communication.

Please retain a copy with the equipment Instruction for Use.

Dear Customer,

Philips Respironics has identified an issue impacting all V60/V60 Plus and V680 ventilators.

1. What the problem is and under what circumstances it can occur

All V60/V60 Plus and V680 units have been identified to have an issue related to the internal source ("35V Rail") powering the ventilator. In rare and unpredictable cases an anomaly affecting power management may lead to the ventilator shutting down and the patient no longer receiving respiratory assistance.

2. Describe the hazard/harm associated with the issue

In most cases when the anomaly occurs, an alarm will sound, prompting the clinician to provide alternative ventilatory support. In a small fraction of the cases, the ventilator may shut down without an alarm. If visual monitoring, or if independent alarm systems, such as external oxygen monitoring (recommended in the instructions for use), a remote nurse call system, or pulse oximetry, are not in place, the clinician may not respond promptly to provide respiratory support. In such circumstances, the patient may experience serious deterioration in health and possibly death. To date, Philips Respironics is aware of one (1) death and one (1) serious injury associated with the 35V Rail issue for the V60/V60 Plus where the device was alleged not to have alarmed, and three (3) serious injuries with the 35V Rail issue for the V60/V60 Plus where the device was alleged to have alarmed. There have been zero (0) deaths or serious injuries with the 35V Rail issue for the V680 ventilator.

3. Affected products and how to identify them

All V60/V60 Plus ventilators are impacted by this issue regardless of date of manufacture.

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4. Describe the actions that should be taken by the customer/user to prevent risks for patients

You <u>must implement</u> one or more of the following actions to mitigate the risk of the hazard caused by the 35V Rail issue:

External Oxygen Monitoring. The V60/V60 Plus User Manual provides the following **WARNING**: Provide external oxygen monitoring to minimize patient risk in case of O_2 supply loss or ventilator failure. As described in Chapter 9 of the V680 User Manual, an external O_2 monitor can be used when O_2 alarms are disabled. External oxygen monitoring can include:

- Oxygen Analyzer. Install oxygen analyzer/monitor, and follow the manufacturer's instructions for setup, alarms and calibration, and/or
- **Pulse Oximetry.** Use pulse oximetry to inform the clinician of a change in the patient's condition.

Connect the Philips Respironics V60/V60 Plus or V680 to a nurse call/remote alarm. Philips Respironics V60/V60 Plus and V680 ventilators can be connected to a nurse call/remote alarm.

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- The V60/V60 Plus User Manual provides the following WARNING: The nurse call/remote alarm should be considered a backup to the ventilator's primary alarm system. The nurse call/remote alarm will provide a backup signal to the clinician even if the ventilator's primary alarm system does not activate. To prevent possible patient injury due to nonannunciating alarms, verify the operation of any nurse call/remote alarm before use.
- For details about connecting the V60/V60 Plus to a remote alarm, refer to Appendix B: Communications Interface: Remote Alarm Port section of the V60/V60 Plus User Manual.
- To connect the Philips Respironics V680 to a remote alarm, follow the directions provided in Section B: Communications Interface: Remote Alarm Port section of the V680 User Manual.
- Respond to Alarms. As directed in Chapter 9 of the V60/V60 Plus and V680 User Manuals, alarms and messages on the ventilator alert you to situations that require your attention. Promptly respond to all low priority alarms and immediately respond to all high-priority alarms presented by the ventilator. High priority alarms flash black and red on both the V60/V60 Plus and V680 ventilators with a repeating sequence of 5 tones.

In addition to the above, other actions to be taken by the customer/user are as follows:

Access to Alternative Ventilation Device. Per the WARNING in the V60/V60 Plus and V680 User
Manuals, an alternative means of ventilation should be available/accessible whenever the
ventilator is in use. If a V60/V60 Plus or V680 ventilator experiences a failure, or a fault is
detected in the ventilator, as per the WARNINGS, immediately remove the ventilator from use
by disconnecting the patient from it and immediately start ventilation with an alternate device.
The ventilator must be removed from clinical use and serviced by authorized service personnel.

If you are unable to implement any of the actions above, you should conduct a risk/benefit analysis to evaluate whether you should continue to use the impacted devices. As noted above Philips Respironics is aware of one (1) death and one (1) serious injury associated with the 35V Rail issue for the V60/V60 Plus where the device was alleged not to have alarmed and, (3) serious injuries with the 35V Rail issue for the V60/V60 Plus where the device was alleged to have alarmed. There have been zero (0) deaths or serious injuries with the 35V Rail issue for the V680 ventilator.

• Acknowledge Receipt of this Field Safety Notice Letter. Acknowledge receipt of this FSN by fax or e-mail, via the attached "FIELD SAFETY NOTICE RESPONSE FORM".

Should your V60/V60 Plus or V680 ventilator shutdown unexpectedly (with or without alarms), contact your local Philips customer service representative to report the issue.

This notice needs to be provided to all those who need to be aware within your organization or to any organization where the potentially affected devices have been transferred.

5. Describe the actions planned by Philips to correct the problem

Philips Respironics is committed to addressing the issue and will provide regular updates to you on the development of its plan to address the issue. The first update will be provided no later than June 30, 2022.

Upon request Philips can provide technical assistance to implement the nurse call/remote alarm capability.

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Adverse reactions or quality problems experienced with the use of this product may be reported to Philips or to the local competent authority.

If you need any further information or support concerning this issue, please contact your local Philips representative: <Philips representative contact details to be completed by the KM / country>

This notice has been reported to the appropriate Regulatory Authorities.

Philips regrets any inconvenience caused by this problem.

Sincerely,

Thomas Fallon

Head of Quality Assurance

Philips Hospital Respiratory Care

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FIELD SAFETY NOTICE RESPONSE FORM

Field Safety Notice Regarding the V60/V60 Plus and V680 35V Rail

Instructions: Please complete and return this form to Philips promptly and no later than 30 days from receipt. Completing this form confirms receipt of the Field Safety Notice Letter, understanding of the issue, and required actions to be taken.

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Customer/Consignee/Facility Name:	
Street Address:	
City/State/ZIP/Country:	
We acknowledge receipt and understanding of the acthe information from this Letter has been properly dist V60/V60 Plus and V680 Ventilators.	
Name of person completing this form:	
Signature:	_
Printed Name:	_
Title:	_
Telephone Number:	
Email Address:	
Date (DD/MM/YYYY):	
Upon completion and Acknowledgment return it to Ph	ilips by either of the following methods:

<Reply form return details to be completed by the KM / country>.