

April 29, 2022

Oxehealth Limited
Iain Charlton
Head of Engineered Compliance
Magdalen Centre North, The Oxford Science Park
Oxford, OX4 4GA
United Kingdom

Re: K220899

Trade/Device Name: Oxehealth Vital Signs Regulation Number: 21 CFR 870.2785

Regulation Name: Software For Optical Camera-Based Measurement Of Pulse Rate, Heart Rate,

Breathing Rate, And/Or Respiratory Rate

Regulatory Class: Class II Product Code: QME Dated: March 14, 2022 Received: March 28, 2022

Dear Iain Charlton:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

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Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to https://www.fda.gov/medical-device-problems.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/training-and-continuing-education/cdrh-learn) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

for

Jennifer Shih
Assistant Director
Division of Cardiac Electrophysiology,
Diagnostics and Monitoring Devices
Office of Cardiovascular Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

510(k) Number (if known)

K220899

Form Approved: OMB No. 0910-0120 Expiration Date: 06/30/2023

See PRA Statement below.

| Device Name | | | | | |
|--|--|--|--|--|--|
| Oxehealth Vital Signs | | | | | |
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| | | | | | |
| Indications for Use (Describe) | | | | | |
| The Oxehealth Vital Signs device is intended for noninvasive spot measurement of pulse rate and estimated breathing rate (chest wall movements) when the subject is still. It is software assessing video footage from a fixed-installation solution | | | | | |
| for use within single occupancy rooms within hospitals, general care and secured environments with professional | | | | | |
| healthcare oversight and where a framework exists which mandates periodic checks by a trained professional to ensure | | | | | |
| subject safety. | | | | | |
| subject salety. | | | | | |
| The Oxehealth system is intended for use by appropriately trained staff with a duty of care, and should not be used by | | | | | |
| intrained users. | | | | | |
| untrained users. | | | | | |
| The Oxehealth Vital Signs device is indicated for use on humans 18 years of age or older who do not require critical care | | | | | |
| or continuous vital signs monitoring. | | | | | |
| or continuous vitai signs memtering. | | | | | |
| The device is not intended to be the sole method of checking the physical health of a subject. | | | | | |
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| | | | | | |
| Type of Use (Select one or both, as applicable) | | | | | |
| Prescription Use (Part 21 CFR 801 Subpart D) Over-The-Counter Use (21 CFR 801 Subpart C) | | | | | |
| | | | | | |
| CONTINUE ON A SEPARATE PAGE IF NEEDED. | | | | | |
| | | | | | |

This section applies only to requirements of the Paperwork Reduction Act of 1995.

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Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer Paperwork Reduction Act (PRA) Staff PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

510(k) SUMMARY

K220899 Oxehealth's modified Vital Signs software medical device

Submitter's Name, Address, Telephone Number, Contact Person and Date Prepared

Submitter's Name: lain Charlton

Address: Magdalen Centre North

The Oxford Science Park

Oxford OX4 4GA

UK

Phone: +44 1865 900599

Facsimile: None

Contact Person: Iain Charlton

Date Prepared: March 14 2022

Name of Device and Name/Address of Sponsor:

Oxehealth Vital Signs

Oxehealth Limited (Address as above)

Common or Usual Name:

Vital Signs

Classification Name: QME, Software for optical camera-based measurement of pulse rate, heart

rate, breathing rate, and/or respiratory rate.

Predicate Devices: Oxehealth Vital Signs version 1.47.0 (K211906)

Purpose of the Special 510(k) Notice:

The Oxehealth Vital Signs medical device is a modification to Oxehealth Vital

Signs version 1.47.0.

Indications for Use: The modified Oxehealth Vital Signs is intended to be used for Non-invasive

spot check measurements of pulse rate and breathing rate (chest wall

movements).

The **modified Oxehealth Vital Signs** is indicated for use are as follows:

"The Oxehealth Vital Signs device is intended for noninvasive spot measurement of pulse rate and estimated breathing rate (chest wall movements) when the subject is still. It is software assessing video footage from a fixed-installation solution for use within single occupancy rooms within hospitals, general care and secured environments with professional healthcare oversight and where a framework exists which mandates periodic checks by a trained professional to ensure subject safety.

The Oxehealth system is intended for use by appropriately trained staff with a duty of care, and should not be used by untrained users.

The Oxehealth Vital Signs device is indicated for use on humans 18 years of age or older who do not require critical care or continuous vital signs monitoring.

The device is not intended to be the sole method of checking the physical health of a subject."

Device Description: The modified Oxehealth Vital Signs device uses custom-designed software to read data collected using off-the-shelf cameras. Data collected in this manner can be used to act as a non-contact monitor of pulse and breathing rates for individuals aged 18 and older in single-subject room environments. Video is collected through video cameras installed in each room. When run through proprietary software- controlled algorithms, the software will allow a user to make spot checks for pulse and breathing rates of the individual in the room. Validation testing has demonstrated that the algorithms show pulse and breathing rates that are statistically non-inferior when compared to conventional methods and technology that determine pulse and breathing rates.

Consideration of Special Controls Guidance:

The De Novo grant identified several special controls to be applied to products submitted under 21 CFR 870.2785. The following information assesses the special controls in light of the proposed modifications to the Oxehealth Vital Signs device.

- (1) A software description and the results of verification and validation testing based on a comprehensive hazard analysis and risk assessment must include:
- (i) A full characterization of the software technical parameters, including algorithms;
- (ii) If required image acquisition hardware is not included with the device, full specifications of the hardware requirements and testing to demonstrate the specified hardware ensures adequate data for validated and accurate measurements.

- (iii) A description of the expected impact of all applicable sensor acquisition hardware characteristics and associated hardware specifications;
- (iv) A description of all mitigations for user error or failure of any subsystem components (including signal detection, signal analysis, data display, and storage) on output accuracy; and
- (v) Software documentation must include a cybersecurity vulnerability and management process to assure software functionality.

A complete set of software documentation, demonstrating that the software Special Controls are met, is described in section VIII (Software) of this submission and objective evidence appended in the identified attachments.

- (2) Clinical data must be provided. This assessment must fulfill the following:
- (i) The clinical data must be representative of the intended use population for the device. Any selection criteria or sample limitations must be fully described and justified.
- (ii) The assessment must demonstrate output consistency using the expected range of data sources and data quality encountered in the intended use population and environment.
- (iii) The assessment must compare device output with a clinically accurate patient-contacting relevant comparator device in an accurate and reproducible manner.

Clinical evidence was supplied and reviewed in DEN200019. The proposed modifications discussed in this Special 510(k) submission do not affect any of the fundamental principles of operation or performance of the device in measuring pulse rate and estimating breathing rate (chest wall movements). In addition, the proposed change to use more than one installation of the hardware to apply the software device to two separate, non-overlapping areas of a single room is not intended to change the types of rooms or patients on which the device is used, with the camera installation intended to have the same general positioning and orientation requirements; at a high level, with a broad field of view of the area in the patient is expected to occupy. The original clinical evidence is still considered applicable now, no new clinical evidence is required, and this Special Control is met.

(3) A human factors and usability engineering assessment must be provided that evaluates the risk of improper measurement.

Human factors and usability engineering assessments were provided and reviewed in DEN200019. The proposed modifications discussed in this Special 510(k) submission do not affect the manner in which the modified Oxehealth Vital Signs device is interfaced with or used, with no new human factors or usability concerns introduced by the use of the software to observe separate, non-overlapping areas in the same room, therefore no new human factors testing is required, and this Special Control is met.

(4) Labeling must include:

- (i) A description of what the device measures and outputs to the user;
- (ii) Warnings identifying sensor acquisition factors or subject conditions or characteristics (garment types/textures, motion, etc.) that may impact measurement results:
- (iii) Guidance for interpretation of the measurements, including a statement that the output is adjunctive to other physical vital sign parameters and patient information;
- (iv) The expected performance of the device for all intended use populations and environments; and
- (v) Robust instructions to ensure correct system setup. In addition, this is a prescription device and must comply with 21 CFR 801.109.

Labeling complying with special controls are described in section V and the proposed instructions for use are provided in Attachment 01. Relevant information supporting the continued conformance with Special Controls are provided in more detail in Section V (labeling) and Section VIII (Software).

The labelling changes identified in Section V (labeling). include minor changes in response to risk analysis of the change to accommodate installations that may focus on a single occupancy area of a larger physical room. Installation and installation qualification instructions are described in Attachment 21, the Vital Signs-INS-Installation Instructions. Relevant information supporting the continued conformance with Special Controls are provided in more detail in Section V (labeling) and Section VIII (Software).

Technological Characteristics:

The technical specifications for the modified Oxehealth Vital Signs device are as reviewed in DEN200019 and K211906; Oxehealth Vital Signs is a software only medical device, intended to run on standard, off the shelf computing hardware with an off the shelf video camera and infrared illuminator. The technological characteristics of the software are largely unchanged, with details provided in VIII (Software).

Performance Data:

As the modified Oxehealth Vital Signs device is solely software, performance testing is demonstrated through software validation. Therefore this Special 510(k) notice is accompanied by software verification and validation testing described further below and provided in Attachment 05.

The special controls document additionally requires clinical and human factors evidence to demonstrate the safety and effectiveness of the device. Oxehealth has assessed the changes that are proposed for implementation in the US; as none of them affect the algorithm or the functionality of the software, the evidence supplied in support of DEN200019 is still applicable and does not need to be repeated.

Substantial Equivalence:

The modified Oxehealth Vital Signs device has the same intended use and similar indications, principles of operation, and technological characteristics as Oxehealth Vital Signs version 1.47.0. The minor differences in the modified Oxehealth Vital Signs do not raise any new questions of safety or effectiveness as compared to the predicate. Thus, the modified Oxehealth Vital Signs device is substantially equivalent to its predicate device.

| | Oxehealth Vital Signs Predicate | Oxehealth Modified Device | Equivalence |
|------------------|--|--|-------------|
| Internal ad II a | | New investige and about | No obove |
| Intended Use | Non-invasive spot check | Non-invasive spot check | No change. |
| | measurements of pulse rate | measurements of pulse rate | |
| | and breathing rate (chest | and breathing rate (chest | |
| | wall movements). | wall movements). | |
| Indications for | The Oxehealth Vital Signs | The Oxehealth Vital Signs | No change. |
| Use | device is intended for | device is intended for | |
| | noninvasive spot | noninvasive spot | |
| | measurement of pulse rate | measurement of pulse rate | |
| | and estimated breathing rate | and estimated breathing rate | |
| | (chest wall movements) | (chest wall movements) | |
| | when the subject is still. It is | when the subject is still. It is | |
| | software assessing video | software assessing video | |
| | footage from a | footage from a | |
| | fixed-installation solution for | fixed-installation solution for | |
| | use within single occupancy | use within single occupancy | |
| | rooms within hospitals, | rooms within hospitals, | |
| | general care and secured | general care and secured | |
| | environments with | environments with | |
| | professional healthcare | professional healthcare | |
| | oversight and where a | oversight and where a | |
| | framework exists which | framework exists which | |
| | mandates periodic checks by | mandates periodic checks by | |
| | a trained professional to | a trained professional to | |
| | ensure subject safety. | ensure subject safety. | |
| | | | |
| | The Oxehealth system is | The Oxehealth system is | |
| | intended for use by | intended for use by | |
| | appropriately trained staff | appropriately trained staff | |
| | with a duty of care, and | with a duty of care, and | |
| | should not be used by | should not be used by | |
| | untrained users. | untrained users. | |
| | The Ovehealth Vital Signs | The Ovehealth Vital Signs | |
| | The Oxehealth Vital Signs device is indicated for use on | The Oxehealth Vital Signs device is indicated for use on | |
| | | | |
| | humans 18 years of age or | humans 18 years of age or | |

| | aldenisher de militari (in | alalam suba ala materia. Per | |
|---------------|--|--|---------------------------|
| | older who do not require critical care or continuous | older who do not require critical care or continuous | |
| | vital signs monitoring. | vital signs monitoring. | |
| | vital signs morntoning. | vital signs monitoring. | |
| | The device is not intended to | The device is not intended to | |
| | be the sole method of | be the sole method of | |
| | checking the physical health | checking the physical health | |
| | of a subject. | of a subject. | |
| Population | Adults not requiring critical | Adults not requiring critical | No change. |
| | care | care | |
| Where used | Single occupancy rooms | Single occupancy areas | Substantially equivalent. |
| | within | within | |
| | hospitals, general care and | hospitals, general care and | |
| | secured environments. | secured environments. | |
| | | Cinale economic and a seconomic and a seconomi | |
| | | Single occupancy areas are | |
| | | intended to be set up as if | |
| | | they are small rooms, | |
| | | separated physically within | |
| | | larger rooms, with cameras | |
| | | continuing to be placed at high level and oriented to | |
| | | observe a wide area the | |
| | | | |
| | | patient may move around and rest in. Installation in | |
| | | rooms occupied by more | |
| | | than one patient is controlled | |
| | | by Oxehealth, ensuring that | |
| | | setup is as originally | |
| | | intended, and without | |
| | | occupied areas overlapping. | |
| Human Factors | Operation of a software user | Operation of a software user | No change. |
| | interface. | interface. | no onango. |
| Design | Software medical device | Software medical device | No change. |
| | designed to extract signals | designed to extract signals | - |
| | from video to and measure | from video to and measure | |
| | pulse rate and breathing rate | pulse rate and breathing rate | |
| | from a patient. | from a patient. | |
| | 0-4 | Cofficient control of the f | |
| | Software user interface | Software user interface | |
| | designed to allow users to | designed to allow users to | |
| | take a spot check | take a spot check | |
| | measurement of pulse rate | measurement of pulse rate | |
| | and breathing rate, and to | and breathing rate, and to | |
| | see previously obtained | see previously obtained | |
| | measurements. | measurements. | |

| Performance | Pulse rate measurement 50 | Pulse rate measurement 50 | No change. |
|-----------------|---|---|---------------------------|
| . oriormanoc | to 130 ± 3 beats per minute*, | to 130 ± 3 beats per minute*, | Tio onango. |
| | 9 second measurement | 9 second measurement | |
| | window. | window. | |
| | | | |
| | Estimated breathing rate | Estimated breathing rate | |
| | (chest wall movements) | (chest wall movements) | |
| | measurement | measurement | |
| | 8 to 31 ± 2 breaths per | 8 to 31 ± 2 breaths per | |
| | minute*, 30 second | minute*, 30 second | |
| | measurement window. | measurement window. | |
| | * Accuracy uses the RMSE | * Accuracy uses the RMSE | |
| | criterion | criterion | |
| | Dulas note and the second | Dulas mata assurance de | |
| | Pulse rate accuracy may be | Pulse rate accuracy may be | |
| | reduced when the subject | reduced when the subject | |
| | has a pulse rate greater than | has a pulse rate greater than | |
| User Interface | 110 beats per minute. Web-based user interface | 110 beats per minute. Web-based user interface | No shanga |
| User interface | | accessed by touch screen | No change. |
| | accessed by touch screen monitor or mobile device | monitor or mobile device | |
| | provided and installed by | provided and installed by | |
| | Oxehealth, exclusively | Oxehealth, exclusively | |
| | serving the Oxehealth | serving the Oxehealth | |
| | software. | software. | |
| Compatibility | Standard, off the shelf | Standard, off the shelf | No change. |
| with Hardware – | computers and mobile | computers and mobile | rie enange. |
| computing | devices, specified and | devices, specified and | |
| | installed by Oxehealth, and | installed by Oxehealth, and | |
| | validated during installation. | validated during installation. | |
| | | | |
| | | Newer makes and models | |
| | | included according to | |
| | | specified minimum | |
| | | performance requirements. | |
| Compatibility | Standard, off the shelf | Standard, off the shelf | No change. |
| with Hardware - | machine vision camera and | machine vision camera and | |
| camera & | infrared illuminators, exact | infrared illuminators, exact | |
| accessories | specification determined by | specification determined by | |
| | Oxehealth and validated | Oxehealth and validated | |
| 0 " | during installation. | during installation. | |
| Software | C++ and Node.js; use of | C++, Python and Node.js; | Substantially equivalent. |
| | third party libraries. | use of third party libraries. | |

Conclusions:

In summary, the company's modified Oxehealth system has the same intended use as the previously cleared predicate device. In addition, the modified Oxehealth system has very similar technological characteristics,

and principles of operation as its predicates. Although there are minor differences between the modified Oxehealth system and its predicate devices as described above, those differences do not raise new questions of safety or effectiveness as compared to the predicate. Thus, the modified Oxehealth system is substantially equivalent.