

Zdravotnícke elektrické prístroje Časť 2-80: Osobitné požiadavky na základnú bezpečnosť a nevyhnutné prevádzkové vlastnosti prístrojov na podpornú ventiláciu pri nedostatočnosti dýchania (ISO 80601-2-80: 2024)

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Medical electrical equipment - Part 2-80: Particular requirements for basic safety and essential performance of ventilatory support equipment for ventilatory insufficiency (ISO 80601-2-80:2024)

Táto norma obsahuje anglickú verziu európskej normy. This standard includes the English version of the European Standard.

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English Version

Medical electrical equipment - Part 2-80: Particular requirements for basic safety and essential performance of ventilatory support equipment for ventilatory insufficiency (ISO 80601-2-80:2024)

Appareils électromédicaux - Partie 2-80: Exigences particulières pour la sécurité de base et les performances essentielles des équipements d'assistance ventilatoire en cas d'insuffisance ventilatoire (ISO 80601-2-80:2024)

Medizinische elektrische Geräte - Teil 2-80: Besondere Festlegungen für die grundlegende Sicherheit und die wesentlichen Leistungsmerkmale von Heimbeatmungsgeräten zur Atemunterstützung von Patienten mit Atmungsinsuffizienz (ISO 80601-2-80:2024)

This European Standard was approved by CEN on 5 August 2024.

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This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the CEN-CENELEC Management Centre has the same status as the official versions.

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EUROPEAN COMMITTEE FOR STANDARDIZATION COMITÉ EUROPÉEN DE NORMALISATION EUROPÄISCHES KOMITEE FÜR NORMUNG

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EN ISO 80601-2-80:2024 (E)

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EN ISO 80601-2-80:2024 (E)

European foreword

This document (EN ISO 80601-2-80:2024) has been prepared by Technical Committee ISO/TC 121 "Anaesthetic and respiratory equipment" in collaboration with Technical Committee CEN/TC 215 "Respiratory and anaesthetic equipment" the secretariat of which is held by BSI.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by March 2025, and conflicting national standards shall be withdrawn at the latest by March 2025.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN shall not be held responsible for identifying any or all such patent rights.

This document supersedes EN ISO 80601-2-80:2019.

Any feedback and questions on this document should be directed to the users' national standards body/national committee. A complete listing of these bodies can be found on the CEN website.

According to the CEN-CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Republic of North Macedonia, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Türkiye and the United Kingdom.

Endorsement notice

The text of ISO 80601-2-80:2024 has been approved by CEN as EN ISO 80601-2-80:2024 without any modification.



International Standard

ISO 80601-2-80

Second edition 2024-08

Medical electrical equipment —

Part 2-80:

Particular requirements for basic safety and essential performance of ventilatory support equipment for ventilatory insufficiency

Appareils électromédicaux —

Partie 2-80: Exigences particulières pour la sécurité de base et les performances essentielles des équipements d'assistance ventilatoire en cas d'insuffisance ventilatoire



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Foreword

ISO (the International Organization for Standardization) and IEC (the International Electrotechnical Commission) form the specialized system for worldwide standardization. National bodies that are members of ISO or IEC participate in the development of International Standards through technical committees established by the respective organization to deal with particular fields of technical activity. ISO and IEC technical committees collaborate in fields of mutual interest. Other international organizations, governmental and non-governmental, in liaison with ISO and IEC, also take part in the work.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of document should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives or www.iec.ch/members experts/refdocs).

ISO and IEC draw attention to the possibility that the implementation of this document may involve the use of (a) patent(s). ISO and IEC take no position concerning the evidence, validity or applicability of any claimed patent rights in respect thereof. As of the date of publication of this document, ISO and IEC had not received notice of (a) patent(s) which may be required to implement this document. However, implementers are cautioned that this may not represent the latest information, which may be obtained from the patent database available at www.iso.org/patents and https://patents.iec.ch. ISO and IEC shall not be held responsible for identifying any or all such patent rights.

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT) see www.iso.org/iso/foreword.html. In the IEC, see www.iec.ch/understanding-standards.

This document was prepared jointly by Technical Committee ISO/TC 121, Anaesthetic and respiratory equipment, Subcommittee SC 3, Respiratory devices and related equipment used for patient care, and Technical Committee IEC/TC 62, Medical equipment, software, and systems, Subcommittee SC D, Particular medical equipment, software, and systems, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 215 Respiratory and anaesthetic equipment, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

This second edition cancels and replaces the first edition (ISO 80601-2-80:2018), which has been technically revised.

The main changes are as follows:

- alignment with IEC 60601-1:2005+AMD1:2012+AMD2:2020, IEC 60601-1-2:2014+AMD1:2020
 IEC 60601-1-6:2010+AMD1:2013+AMD2:2020, IEC 60601-1-8:2006+AMD1:2012+AMD2:2020
 and IEC 60601-1-11:2015+AMD1:2020;
- clarified maximum limited pressure requirements;
- clarified high *airway pressure alarm condition* requirements;
- added requirements for *ventilatory support equipment system recovery*; and
- harmonization with ISO 20417, where appropriate.

A list of all parts in the ISO 80601 series and the IEC 80601 series can be found on the ISO and IEC websites.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html and www.iec.ch/national-committees.

Introduction

This document specifies requirements for *ventilatory support equipment* that is intended for use in the *home healthcare environment* for *patients* who are not dependent for *ventilation* for their life support. *Ventilatory support equipment* is frequently used in locations where *supply mains* is not reliable. *Ventilatory support equipment* is often supervised by non-healthcare personnel (*lay operators*) with varying levels of training. *Ventilatory support equipment* conforming with this document can be used elsewhere (i.e. in healthcare facilities).

Varying levels of ventilatory support is often used for *patients* who have stable ventilatory needs and in some cases, changing needs as their disease worsens. This document addresses *patients* who typically have severe enough respiratory function to prohibit certain activities that the *patient* might normally pursue, and to interfere with daily living, occurring in association with measurements of respiratory mechanics or gas exchange that are markedly abnormal. This is best characterised by *lung* functions worse than^[36]

- $FEV_1/FVC^1 < 70$ %, or
- $FEV_1 < 50 \%$ predicted

where

FEV₁ is the forced expiratory volume in 1 s, and

FVC is the forced vital capacity.

Examples of diseases that require ventilatory support are:

- moderate to severe Chronic Obstructive Pulmonary Disease (COPD);
- moderate Amyotrophic Lateral Sclerosis (ALS)^[44];
- severe bronchopulmonary dysplasia; and
- muscular dystrophy.

Ventilatory support equipment intended for this group of patients typically can require technical alarm conditions in the event that essential performance is absent. The most fragile of these patients would likely experience injury, but not serious injury or death, with the loss of this artificial ventilation. For these patients, it is likely that ventilatory support is needed during waking hours while patients are moving inside or outside the home in order to facilitate mobility and functional independence in the activities of daily living.

In this document, the following print types are used:

- requirements and definitions: roman type;
- terms defined in Clause 3 of the general standard², in this document or as noted: italic type; and
- informative material appearing outside of tables, such as notes, examples and references: in smaller type.
 Normative text of tables is also in a smaller type.

In referring to the structure of this document, the term:

1

¹ This is also known as the Tiffeneau-Pinelli index.

The general standard is IEC 60601-1:2005+AMD1:2012+AMD2:2020, Medical electrical equipment — Part 1: General requirements for basic safety and essential performance.

- "clause" means one of the five numbered divisions within the table of contents, inclusive of all subdivisions (e.g. Clause 201 includes subclauses 201.7, 201.8, etc.); and
- "subclause" means a numbered subdivision of a clause (e.g. 201.7, 201.8 and 201.9 are all subclauses of Clause 201).

References to clauses within this document are preceded by the term "Clause" followed by the clause number. References to subclauses within this particular document are by number only.

In this document, the conjunctive "or" is used as an "inclusive or" so a statement is true if any combination of the conditions is true.

For the purposes of this document, the auxiliary verb:

- "shall" indicates a requirement;
- "should" indicates a recommendation;
- "may" indicates a permission;
- "can" indicates a possibility or capability; and
- "must" is used to express an external constraint.

Annex C contains a guide to the *marking* and labelling requirements in this document.

Annex D contains a summary of the symbols referenced in this document.

Requirements in this document have been decomposed so that each requirement is uniquely delineated. This is done to support automated requirements tracking.

Medical electrical equipment

Part 2-80:

Particular requirements for basic safety and essential performance of ventilatory support equipment for ventilatory insufficiency

201.1 Scope, object and related standards

IEC 60601-1:2005+AMD1:2012+AMD2:2020, Clause 1, applies, except as follows:

201.1.1 Scope

Replacement:

NOTE 1 There is guidance or rationale for this subclause contained in Clause AA.2.

This document applies to the *basic safety* and *essential performance* of *ventilatory support equipment*, as defined in 201.3.302, for *ventilatory insufficiency*, as defined in 201.3.302, hereafter also referred to as *ME equipment*, in combination with its *accessories*:

— intended for use in the *home healthcare environment*;

NOTE 2 In the *home healthcare environment*, the *supply mains* driving the *ventilatory support equipment* is often not reliable.

NOTE 3 Such ventilatory support equipment can also be used in professional health care facilities.

- intended for use by a *lay operator*;
- intended for use with *patients* who have *ventilatory insufficiency* or failure, the most fragile of which would likely experience injury with the loss of this *artificial ventilation*;
- intended for transit-operable use; and
- not intended for *patients* who are dependent on *artificial ventilation* for their immediate life support.

EXAMPLE 1 *Patients* with moderate to severe chronic obstructive pulmonary disease (COPD), moderate amyotrophic lateral sclerosis (ALS), severe bronchopulmonary dysplasia or muscular dystrophy.

Ventilatory support equipment is not considered to use a *physiologic closed-loop control system* unless it uses a physiological *patient* variable to adjust the *artificial ventilation* therapy settings.

This document is also applicable to those *accessories* intended by their *manufacturer* to be connected to the *ventilator breathing system* of *ventilatory support equipment* for *ventilatory insufficiency*, where the characteristics of those *accessories* can affect the *basic safety* or *essential performance* of the *ventilatory support equipment* for *ventilatory insufficiency*.

EXAMPLE 2 Breathing sets, *connectors*, water traps, expiratory valve, *humidifier*, *breathing system filter*, external electrical power source, *distributed alarm system*.

If a clause or subclause is specifically intended to be applicable to *ME equipment* only, or to *ME systems* only, the title and content of that clause or subclause will say so. If that is not the case, the clause or subclause applies both to *ME equipment* and to *ME systems*, as relevant.

Hazards inherent in the intended physiological function of *ME equipment* or *ME systems* within the scope of this document are not covered by specific requirements in this document except in IEC 60601-1:2005+AMD1:2012+AMD2:2020, 7.2.13 and 8.4.1.

NOTE 4 Additional information can be found in IEC 60601-1:2005+AMD1:2012+AMD2:2020, 4.2.

NOTE 5 See ISO/TR 21954 for guidance on the selection of the appropriate *ventilator* for a given *patient*.

This document does not specify the requirements for:

- ventilators or accessories for ventilator-dependent patients intended for critical care applications, which are given in ISO 80601-2-12;
- *ventilators* or *accessories* intended for anaesthetic applications, which are given in ISO 80601-2-13;
- ventilators or accessories intended for the emergency medical services environment, which are given in ISO 80601-2-84;
- *ventilators* or *accessories* intended for *ventilator-dependent patients* in the *home healthcare environment*, which are given in ISO 80601-2-72;
- *ventilatory support equipment* or *accessories* intended for *ventilatory impairment*, which are given in ISO 80601-2-79;
- sleep apnoea therapy ME equipment, which are given in ISO 80601-2-70;
- high-frequency jet ventilators (HFJVs), which are given in ISO 80601-2-87;
- high-frequency oscillatory *ventilators* (HFOVs)^[20];
- respiratory high flow equipment, which are given in ISO 80601-2-90;
 - NOTE 6 *Ventilatory support equipment* can incorporate high-flow therapy operational mode, but such a mode is only for spontaneously breathing *patients*.
- user-powered resuscitators, which are given in ISO 10651-4;
- gas-powered emergency resuscitators, which are given in ISO 10651-5;
- oxygen therapy constant flow *ME equipment*; and
- cuirass or "iron-lung" *ventilation* equipment.

201.1.2 Object

IEC 60601-1:2005+AMD1:2012+AMD2:2020, 1.2 is replaced by:

The object of this document is to establish particular *basic safety* and *essential performance* requirements for *ventilatory support equipment,* for *ventilatory insufficiency,* as defined in 201.3.302, and its *accessories*.

Accessories are included because the combination of the *ventilatory support equipment* and the *accessories* need to be adequately safe. Accessories can have a significant impact on the *basic safety* or *essential performance* of the *ventilatory support equipment*.

NOTE 1 This document has been prepared to address the relevant International Medical Device Regulators Forum (IMDRF) *essential principles*^[31] and labelling^[32] guidances as indicated in Annex CC.

NOTE 2 This document has been prepared to address the relevant *essential principles of safety and performance* of ISO 16142-1:2016 as indicated in Annex DD.

NOTE 3 This document has been prepared to address the relevant general safety and performance requirements of European regulation (EU) $2017/745^{[33]}$.

201.1.3 Collateral standards

IEC 60601-1:2005+AMD1:2012+AMD2:2020, 1.3 applies with the following addition:

This document refers to those applicable collateral standards that are listed in Clause 2 of the general standard and Clause 201.2 of this document.

IEC 60601-1-2:2014+AMD1:2020, IEC 60601-1-6:2010+AMD1:2013+AMD2:2020, IEC 60601-1-8:2006+AMD1:2012+AMD2:2020 and IEC 60601-1-11:2015+AMD1:2020 apply as modified in Clauses 202, 206, 208 and 211 respectively. IEC 60601-1-3:2008, IEC 60601-1-9 and IEC 60601-1-12 do not apply. All other published collateral standards in the IEC 60601-1 series apply as published.

201.1.4 Particular standards

IEC 60601-1:2005+AMD1:2012+AMD2:2020, 1.4 is replaced by:

In the IEC 60601 series, particular standards define *basic safety* and *essential performance* requirements, and may modify, replace or delete requirements contained in the general standard, including the collateral standards as appropriate for the particular *ME equipment* under consideration.

A requirement of a particular standard takes priority over the general standard.

For brevity, IEC 60601-1:2005+AMD1:2012+AMD2:2020 is referred to in this particular document as the general standard. Collateral standards are referred to by their document number.

The numbering of clauses and subclauses of this document corresponds to that of the general standard with the prefix "201" (e.g. 201.1 in this document addresses the content of Clause 1 of the general standard) or applicable collateral standard with the prefix "2xx", where xx is the final digits of the collateral standard document number (e.g. 202.4 in this document addresses the content of Clause 4 of the IEC 60601-1-2 collateral standard, 211.10 in this document addresses the content of Clause 10 of the IEC 60601-1-11 collateral standard, etc.). The changes to the text of the general standard are specified by the use of the following words:

"Replacement" means that the clause or subclause of the general standard or applicable collateral standard is replaced completely by the text of this document.

"Addition" means that the text of this document is additional to the requirements of the general standard or applicable collateral standard.

"Amendment" means that the clause or subclause of the general standard or applicable collateral standard is amended as indicated by the text of this document.

Subclauses, figures or tables that are additional to those of the general standard are numbered starting from 201.101. However, due to the fact that definitions in the general standard are numbered 3.1 through 3.154, additional definitions in this document are numbered beginning from 201.3.201. Additional annexes are lettered AA, BB, etc., and additional items aa), bb), etc.

Subclauses, figures or tables which are additional to those of a collateral standard are numbered starting from 20x, where "x" is the number of the collateral standard, e.g. 202 for IEC 60601-1-2, 203 for IEC 60601-1-3, etc.

The term "this document" is used to make reference to the IEC 60601-1:2005+AMD1:2012+AMD2:2020, any applicable collateral standards and this document taken together.

Where there is no corresponding clause or subclause in this particular document, the clause or subclause of the general standard or applicable collateral standard, although possibly not relevant, applies without modification; where it is intended that any part of the general standard or applicable collateral standard, although possibly relevant, is not to be applied, a statement to that effect is given in this document.

201.2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

IEC 60601-1:2005+AMD1:2012+AMD2:2020, Clause 2, applies, except as follows:

Replacement:

IEC 61672-1:2013, Electroacoustics — Sound level meters — Part 1: Specifications

Addition:

ISO 3744:2010, Acoustics — Determination of sound power levels and sound energy levels of noise sources using sound pressure — Engineering methods for an essentially free field over a reflecting plane

ISO 4871:1996, Acoustics — Declaration and verification of noise emission values of machinery and equipment

ISO 5356-1:2015, Anaesthetic and respiratory equipment — Conical connectors — Part 1: Cones and sockets

ISO 5359:2014+Amd 1:2017, Anaesthetic and respiratory equipment — Low-pressure hose assemblies for use with medical gases

ISO 5367:2023, Anaesthetic and respiratory equipment — Breathing sets and connectors

ISO 7396-1:2016+Amd 1:2017, Medical gas pipeline systems — Part 1: Pipeline systems for compressed medical gases and vacuum

ISO 9360-1:2000, Anaesthetic and respiratory equipment — Heat and moisture exchangers (HMEs) for humidifying respired gases in humans — Part 1: HMEs for use with minimum tidal volumes of 250 ml

ISO 9360-2:2001, Anaesthetic and respiratory equipment — Heat and moisture exchangers (HMEs) for humidifying respired gases in humans — Part 2: HMEs for use with tracheostomized patients having minimum tidal volumes of 250 ml

ISO 14937:2009, Sterilization of health care products — General requirements for characterization of a sterilizing agent and the development, validation and routine control of a sterilization process for medical devices

ISO 17664-1:2021, Processing of health care products — Information to be provided by the medical device manufacturer for the processing of medical devices — Part 1: Critical and semi-critical medical devices

ISO 17664-2:2021, Processing of health care products — Information to be provided by the medical device manufacturer for the processing of medical devices — Part 2: Non-critical medical devices

ISO 18562-1:2024, Biocompatibility evaluation of breathing gas pathways in healthcare applications — Part 1: Evaluation and testing within a risk management process

ISO 20417:2021, Medical devices — Information to be supplied by the manufacturer

ISO 23328-1:2003, Breathing system filters for anaesthetic and respiratory use — Part 1: Salt test method to assess filtration performance

ISO 23328-2:2002, Breathing system filters for anaesthetic and respiratory use — Part 2: Non-filtration aspects

ISO 80369-1:-3, Small-bore connectors for liquids and gases in healthcare applications — Part 1: General requirements

ISO 80601-2-74:2021, Medical electrical equipment — Part 2-74: Particular requirements for basic safety and essential performance of respiratory humidifying equipment

IEC 60601-1:2005+AMD1:2012+AMD2:2020⁴, Medical electrical equipment — Part 1: General requirements for basic safety and essential performance

IEC 62366-1:2015+AMD1:2020, Medical devices — Part 1: Application of usability engineering to medical devices

IEC 62570:2014, Standard practice for marking medical devices and other items for safety in the magnetic resonance environment

IEC 81001-5-1:2021, Health software and health IT systems safety, effectiveness and security — Part 5-1: Security — Activities in the product life cycle

IEC Guide 115:2023, Application of uncertainty of measurement to conformity assessment activities in the electrotechnical sector

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 $^{{\}small 3} \quad \quad \text{Under preparation. Stage at the time of publication: ISO/FDIS 80369-1:2024.} \\$

There exists a consolidated edition 3.2(2020) including IEC 60601-1:2005, its Amendment 1:2012 and its Amendment 2:2020.