



International
Standard

ISO 80601-2-74

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

Appareils électromédicaux —

*Partie 2-74: Exigences particulières pour la sécurité de base et
les performances essentielles des équipements d'humidification
respiratoire*

**Third edition
2026-04**

Reference number
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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 62D, *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 third edition cancels and replaces the second edition (ISO 80601-2-74:2021), which has been technically revised.

The main changes compared to the previous edition are as follows:

- updated normative references;
- added requirements for the fill *connector*; and
- clarified *system recovery* requirements.

A list of all parts in the ISO 80601 and 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 respiratory humidifying equipment intended for use on *patients* in *home healthcare environment* and in professional healthcare environment. *Humidifiers* are used to raise the water content of gases delivered to *patients*. Gases available for medical use do not contain sufficient moisture and can damage or irritate the respiratory tract or desiccate secretions of *patients* whose upper airways have been bypassed. Inadequate humidity in the inspired gas can cause drying of the upper airway, or desiccation of tracheo-bronchial secretions in the tracheal or tracheostomy tube, which can cause narrowing or even obstruction of the airway^{[27] [37]}. Heat is employed to increase the water output of the *humidifier*.

In addition, many *humidifiers* utilize heated *breathing tubes* in order to increase operating efficiency and reduce water loss (condensate) as well as heat loss in the *breathing tube*. Some *ventilator* and anaesthesia *breathing tubes* in common use cannot withstand the heat generated by *humidifiers* and *breathing tube* heating mechanisms.

Many *humidifier manufacturers* use off-the-shelf electrical *connectors* for their electrically heated *breathing tubes*. However, since different *manufacturers* have used the same electrical *connector* for different power outputs, electrically heated *breathing tubes* can be physically, but not electrically, interchangeable. Use of improper electrically heated *breathing tubes* has caused overheating, circuit melting, *patient* and *operator* burns and fires. It was not found practical to specify the interface requirements for electrical *connectors* to ensure compatibility between *humidifiers* and *breathing tubes* produced by different *manufacturers*.

Since the safe use of a *humidifier* depends on the interaction of the *humidifier* with its many *accessories*, this document sets total system performance requirements up to the *patient-connection port*. These requirements are applicable to *accessories* such as *breathing tubes* (both heated and non-heated), temperature sensors and equipment intended to control the environment within these *breathing tubes*.

Humidification can also be used by respiratory support *ME equipment* to increase *patient* comfort and compliance with the therapy. Examples are obstructive sleep apnoea and nasal high-flow therapy equipment. The *humidification output* requirements of such *ME equipment* is less demanding as the *patient's* upper airway is not bypassed.

Humidifiers are commonly used with air and air-oxygen mixtures and any *humidifier* should be able to operate with these gases. Care should be taken if using other gas mixes such as helium-oxygen mixtures, as the different physical and thermal properties of these gases may disturb the operation of the *humidifier*.

In this document, the following print types are used:

- requirements and definitions: roman type;
- *test specifications and terms defined in Clause 3 of the general standard, in this document or as noted: italic type;*
- 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

- “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.);
- “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 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” is used to describe 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.

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Medical electrical equipment —

Part 2-74: Particular requirements for basic safety and essential performance of respiratory humidifying equipment

201.1 Scope, object and related standards

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

NOTE The general standard is IEC 60601-1:2005+AMD1:2012+AMD2:2020.

201.1.1 Scope

Replacement:

NOTE 1 There is guidance or rationale for this subclause contained in AA.2.1.

This document applies to the *basic safety* and *essential performance* of a *humidifier*, also hereafter referred to as *ME equipment*, in combination with its *accessories*, the combination also hereafter referred to as *ME system*.

This document is also applicable to those *accessories* intended by their *manufacturer* to be connected to a *humidifier* where the characteristics of those *accessories* can affect the *basic safety* or *essential performance* of the *humidifier*.

EXAMPLE 1 Heated *breathing tubes* (heated-wire *breathing tubes*) or *ME equipment* intended to control these heated *breathing tubes* (heated *breathing tube* controllers).

NOTE 2 Heated *breathing tubes* and their controllers are *ME equipment* and are subject to the requirements of IEC 60601-1.

NOTE 3 ISO 5367 specifies other safety and performance requirements for *breathing tubes*.

This document includes requirements for the different medical uses of humidification, such as invasive ventilation, non-invasive ventilation, nasal high-flow therapy, and obstructive sleep apnoea therapy, as well as humidification therapy for tracheostomy *patients*.

NOTE 4 A *humidifier* can be integrated into other equipment. When this is the case, the requirements of the other equipment also apply to the *humidifier*.

EXAMPLE 2 Heated *humidifier* incorporated into a critical care *ventilator* where ISO 80601-2-12 also applies.

EXAMPLE 3 Heated *humidifier* incorporated into a homecare *ventilator* for dependent *patients* where ISO 80601-2-72 also applies.

EXAMPLE 4 Heated *humidifier* incorporated into sleep apnoea therapy equipment where ISO 80601-2-70 also applies.

EXAMPLE 5 Heated *humidifier* incorporated into ventilatory support equipment where either ISO 80601-2-79 or ISO 80601-2-80 also apply.

EXAMPLE 6 Heated *humidifier* incorporated into respiratory high-flow therapy equipment where ISO 80601-2-90 also applies.

This document also includes requirements for an *active HME (heat and moisture exchanger)*, *ME equipment* which actively adds heat and moisture to increase the humidity level of the gas delivered from the *HME* to the *patient*. This document is not applicable to a passive *HME*, which returns a portion of the expired moisture and heat of the *patient* to the respiratory tract during inspiration without adding heat or moisture.

NOTE 5 ISO 9360-1 and ISO 9360-2 specify safety and performance requirements for a passive *HME*.

NOTE 6 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 7 Additional information can be found in IEC 60601-1:2005+AMD1:2012+AMD2:2020, 4.2.

This document does not specify the requirements for cold pass-over or cold bubble-through humidification devices, the requirements for which are given in ISO 20789.

This document is not applicable to equipment commonly referred to as “room humidifiers” or humidifiers used in heating, ventilation and air conditioning systems, or *humidifiers* incorporated into infant incubators to humidify the chamber air (i.e., are not directly connected to the *patient*).

This document is not applicable to nebulizers used for the delivery of a drug to *patients*.

NOTE 8 ISO 27427 specifies the safety and performance requirements for nebulizers.

201.1.2 Object

Replacement:

The object of this document is to establish particular *basic safety* and *essential performance* requirements for a *humidifier*, as defined in 201.3.240, and its *accessories*.

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

NOTE 1 This document has been prepared to address the relevant *essential principles* and labelling guidances of the International Medical Devices Regulators Forum (IMDRF) as indicated in Annex II.

NOTE 2 This document has been prepared to address the relevant general safety and performance requirements of European regulation (EU) 2017/745^[19].

201.1.3 Collateral standards

Addition (add after existing text):

This document refers to those applicable collateral standards that are listed in Clause 2 of the general standard and in 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+AMD1:2013+AMD2:2021 and IEC 60601-1-9:2007+AMD1:2013+AMD2:2020 do not apply. All other published collateral standards in the IEC 60601-1 series apply as published.

201.1.4 Particular standards

Replacement:

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 and 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 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 “20x”, where x is the final digit(s) 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, 208.6 in this document addresses the content of Clause 6 of the IEC 60601-1-8 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.

Clauses, subclauses, figures or tables which 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, 211 for IEC 60601-1-11, etc.

The term “this document” is used to make reference to the general standard, any applicable collateral standards and this particular document taken together.

Where there is no corresponding clause or subclause in this 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.

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

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

ISO 80601-2-74:2026(en)

ISO 5359:2014+AMD1:2017, *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 7000, *Graphical symbols for use on equipment — Index and synopsis*¹

ISO 7010, *Graphical symbols — Safety colours and safety signs — Registered safety signs*²

ISO 7396-1:2016+AMD1:2017, *Medical gas pipeline systems — Part 1: Pipeline systems for compressed medical gases and vacuum*

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 20417:2026, *Medical devices — Information to be supplied by the manufacturer*

ISO 80369-1:2025, *Small-bore connectors for liquids and gases in healthcare applications — Part 1: General requirements*

ISO 80369-2:2024, *Small-bore connectors for liquids and gases in healthcare applications — Part 2: Connectors for respiratory applications*

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

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

IEC 62304:2006+AMD1:2015, *Medical device software — Software life cycle processes*

IEC 62570:2025, *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*

¹ The graphical symbol collections of ISO 7000, ISO 7001, ISO 7010 and IEC 60417 can be previewed and purchased on the Online Browsing Platform (OBP), www.iso.org/obp

² The graphical symbol collections of ISO 7000, ISO 7001, ISO 7010 and IEC 60417 can be previewed and purchased on the Online Browsing Platform (OBP), www.iso.org/obp

201.3 Terms and definitions

For the purposes of this document, the terms and definitions given in IEC 60601-1-8:2006+AMD1:2012+AMD2:2020 and the following apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at: <https://www.iso.org/obp>
- IEC Electropedia: available at: <https://www.electropedia.org/>

NOTE An alphabetized index of defined terms is found in Annex JJ.

201.3.201

absolute humidity

mass of water vapour present in a unit volume of gas

Note 1 to entry: In respiratory applications *absolute humidity* is commonly represented in units of milligrams per litre or grams per cubic metre, with volume expressed at *BTPS* condition.

Note 2 to entry: See also *relative humidity*.

[SOURCE: ISO 4135:2022, 3.1.1.1]

201.3.202

accompanying information

information supplied by the manufacturer with or marked on a medical device or accessory for the user or responsible organization, particularly regarding safe use

Note 1 to entry: The *accompanying information* is regarded as part of the medical device or *accessory*.

Note 2 to entry: The *accompanying information* can consist of the label, *marking, instructions for use, technical description, information shown on the packaging or graphical user interface (GUI), installation manual, quick reference guide, etc.* and can address the installation, use, *processing, maintenance* and disposal of the medical device or *accessory*

Note 3 to entry: *Accompanying information* is not necessarily a written or printed document but can involve auditory, visual, or tactile materials and multiple media types (e.g. CD-ROM, DVD-ROM, USB stick, website).

[SOURCE: ISO 20417:2026, 3.2, modified — deleted note 4.]

201.3.203

active HME

humidifier where water, water vapour or heat is actively added to the *HME* to increase the humidity level of the gas delivered from the *HME* to the *patient*

[SOURCE: ISO 4135:2022, 3.7.2.3, modified — replaced 'device' with '*humidifier*'.]

201.3.204

aerosol

suspension of liquid or solid particles in a gas

[SOURCE: ISO 4135:2022, 3.1.1.3]

201.3.205

airway device

device intended to provide a *gas pathway* to and from the *patient's* airway

[SOURCE: ISO 4135:2022, 3.8.1.2]

201.3.206
airway pressure

p_{aw}
pressure at the *patient-connection port* or at the distal *outlet* of the equipment where there is no *patient-connection port*

Note 1 to entry: The *airway pressure* can be derived from pressure measurements made anywhere within the equipment.

[SOURCE: ISO 4135:2022, 3.1.4.41.1, — modified, added letter symbol.]

201.3.207
alarm limit

threshold used by an *alarm system* to determine an *alarm condition*

[SOURCE: IEC 60601-1-8:2006+AMD1:2012+AMD2:2020, 3.3]

201.3.208
alarm paused

state of limited duration in which the *alarm system* or part of the *alarm system* does not generate *alarm signals*

[SOURCE: IEC 60601-1-8:2006+AMD1:2012+AMD2:2020, 3.5]

201.3.209
alarm setting

alarm system configuration, including but not limited to:

- *alarm limits*;
- the characteristics of any *alarm signal* inactivation states; and
- the values of variables or parameters that determine the function of the *alarm system*

Note 1 to entry: Some algorithmically-determined *alarm settings* can require time to be determined or re-determined.

[SOURCE: IEC 60601-1-8:2006+AMD1:2012+AMD2:2020, 3.8]

201.3.210
artificial ventilation

intermittent elevation of the pressure in the *patient's airway* relative to that in the *lungs* by external means with the intention of augmenting, or totally controlling, the *ventilation* of a *patient*

EXAMPLE Means used to provide *artificial ventilation* are manual resuscitation; mouth-to-mouth resuscitation; automatic *ventilation*; mechanical *ventilation*.

Note 1 to entry: Common classifications of areas of application of *artificial ventilation* are: emergency; transport; home-care; anaesthesia; critical care; rehabilitation.

Note 2 to entry: Classifications used to denote means used for *artificial ventilation* include: positive-pressure; negative-pressure; gas-powered; *operator*-powered; electrically-powered.

Note 3 to entry: Negative-pressure *ventilation* elevates the relative pressure in the airway by intermittently lowering the pressure in the *lungs*.

[SOURCE: ISO 19223:2019, 3.1.10]

201.3.211

attack

attempt to destroy, expose, alter, disable, steal or gain unauthorized access to or make unauthorized use of an asset

[SOURCE: IEC 81001-5-1:2021, 3.5]

201.3.212

audio paused

state of limited duration in which the *alarm system* or part of the *alarm system* does not generate an auditory *alarm signal*

[SOURCE: IEC 60601-1-8:2006+AMD1:2012+AMD2:2020, 3.13]

201.3.213

BAP

quantity by which the baseline *airway pressure* is set to be positively offset from the ambient pressure

[SOURCE: ISO 19223:2019, 3.10.2, modified — deleted admitted terms and notes.]

201.3.214

biocompatibility

ability of a medical device, *accessory* or material to perform with an appropriate host response in a specific application

Note 1 to entry: A medical device or *accessory* may produce some level of adverse effect, but that level may be determined to be acceptable when considering the benefit provided.

[SOURCE: ISO 18562-1:2024, 3.6]

201.3.215

body temperature and pressure, saturated

BTPS

ambient atmospheric pressure, at a temperature of 37 °C, and at a *relative humidity* of 100 %

[SOURCE: ISO 4135:2022, 3.1.1.7]

201.3.216

breathing system

pathways through which gas flows to or from the *patient* at respiratory pressures and continuously or intermittently in fluid communication with the *patient's* respiratory tract during any form of *artificial ventilation* or respiratory therapy

[SOURCE: ISO 4135:2022, 3.6.1.1, modified — deleted the notes to entry.]

201.3.217

breathing system filter

BSF

device intended to reduce transmission of particulates, including microorganisms, in a *breathing system*

[SOURCE: ISO 4135:2022, 3.6.1.5]