International Standard

ISO 80601-2-70

Third edition
2025-11

Medical electrical equipment —

Part 2-70: Particular requirements for basic safety and essential performance of sleep apnoea breathing therapy equipment

Appareils électromédicaux —

Partie 2-70: Exigences particulières pour la sécurité de base et les performances essentielles de l'équipement de thérapie respiratoire pour l'apnée du sommeil

Reference number
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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

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 ISO documents 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).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

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.

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 third edition cancels and replaces the second edition (ISO 80601-2-70:2020), which has been technically revised.

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

— updated references;

— updated the audible acoustic energy requirements; and

— updated the maximum flowrate test method.

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

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.

Introduction

Sleep apnoea is a chronic medical condition where the *patient* repeatedly stops breathing during sleep. These episodes typically last 10 s or more and cause the oxygen levels in the blood to drop. It can be caused by obstruction of the upper *airway* (obstructive sleep apnoea or OSA) or by a failure of the brain to initiate a breath (central sleep apnoea).

NOTE *Sleep apnoea breathing therapy equipment* is intended for the treatment of obstructive sleep apnoea and not central sleep apnoea.

Sleep apnoea, if untreated, can cause and worsen other medical conditions, including hypertension, heart failure and diabetes[25].

Hypopnoea refers to a transient reduction of airflow, often while the *patient* is asleep, that lasts for at least 10 s, shallow breathing. It also results in arousal or can cause oxygen saturation to drop. Hypopnoea is less severe than apnoea. It is commonly due to partial obstruction of the upper *airway*[23].

Awareness of the *risks* associated with obstructive sleep apnoea has grown significantly. As a result, the use of *sleep apnoea breathing therapy equipment* to treat obstructive sleep apnoea has become common.

This document covers *basic safety* and *essential performance* requirements needed to protect *patients* in the use of this *ME equipment*.

This document covers *sleep apnoea breathing therapy equipment* for *patient* use. ISO 17510 applies to *masks* and *accessories* used to connect *sleep apnoea breathing therapy equipment* to the *patient*. Figure AA.1 shows this diagrammatically.

In this document, the following print types are used:

— Requirements and definitions: roman type

— *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 four numbered divisions within the table of contents, inclusive of all subdivisions (e.g. Clause 201 includes subclauses 201.1, 201.2, etc.);

— “subclause” means a numbered subdivision of a clause (e.g. 201.101, 201.102 and 201.102.1 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.

Medical electrical equipment—

Part 2-70:
Particular requirements for the basic safety and essential performance of sleep apnoea breathing therapy equipment

201.1 Scope, object and related standards

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

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

201.1.1 Scope

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

IEC 60601-1:2005+AMD1:2012+AMD2:2020, 1.1 is replaced by:

This document is applicable to the *basic safety* and *essential performance* of *sleep apnoea breathing therapy equipment*, hereafter referred to as *ME equipment*, intended to alleviate the symptoms of *patients* who suffer from obstructive sleep apnoea by delivering a therapeutic breathing pressure to the respiratory tract of the *patient. Sleep apnoea breathing therapy equipment* is intended for use in the *home healthcare environment* by *lay operators* as well as in professional healthcare institutions.

Sleep apnoea breathing therapy equipment is not considered to utilize a *physiologic closed-loop-control system* unless it uses a physiological *patient* variable to adjust the therapy settings.

This document excludes *sleep apnoea breathing therapy equipment* intended for use with neonates.

This document is applicable to *ME equipment* or an *ME system* intended for those *patients* who are not dependent on *artificial ventilation*. This document is not applicable to *ME equipment* or an *ME system* intended for those *patients* who are dependent on *artificial ventilation* such as *patients* with central sleep apnoea.

This document is also applicable to those *accessories* intended by their *manufacturer* to be connected to *sleep apnoea breathing therapy equipment*, where the characteristics of those *accessories* can affect the *basic safety* or *essential performance* of the *sleep apnoea breathing therapy equipment*.

Masks and application *accessories* intended for use during sleep apnoea breathing therapy are additionally addressed by ISO 17510. Refer to Figure AA.1 for items covered further under this document.

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 7.2.13 and 8.4.1 of the general standard.

NOTE 2 See also 4.2 of the general standard.

This document does not specify the requirements for:

– ventilators or *accessories* intended for critical care ventilators for ventilator-dependent *patients,* 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 home care ventilators for ventilator-dependent *patients,* which are given in ISO 80601-2-72.

– ventilators or *accessories* intended for emergency and transport, which are given in ISO 80601-2-84.

– ventilators or *accessories* intended for home-care ventilatory support, which are given in ISO 80601-2-79 and ISO 80601-2-80.

– high-frequency ventilators[23], which are given in ISO 80601-2-87.

– respiratory high flow equipment, which are given in ISO 80601-2-90;

NOTE 3 ISO 80601-2-80 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 *sleep apnoea breathing therapy equipment* (as defined in 201.3.259).

NOTE 1 This document has been prepared to address the relevant *essential principles*[20] and labelling principles[21] guidances of the International Medical Devices Regulators Forum (IMDRF) as indicated in Annex CC.

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

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

IEC 60601-1-2:2014+AMD1:2020 and IEC 60601-1-6:2010+AMD1:2013+AMD2:2020 apply as modified in Clauses 202, 206 and 211 respectively. IEC 60601-1-3 and IEC 60601-1-9 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 specify *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+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, 203.4 in this document addresses the content of Clause 4 of the IEC 60601-1-3 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 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 3.139, 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 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.

IEC 60601-1:2005+AMD1:2012+AMD2:2020, Clause 2 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 4871:1996, *Acoustics — Declaration and verification of noise emission values of machinery and equipment*

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

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 17510:—[1], *Medical devices — Sleep apnoea breathing therapy — Masks and application accessories*

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:—[2], *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 80369-1:2025, *Small-bore connectors for liquids and gases in healthcare applications — Part 1: General requirements*

ISO 80369-7:2021, *Small-bore connectors for liquids and gases in healthcare applications Part 7: Connectors for intravascular or hypodermic applications*

ISO 80601-2-74:—[3], *Medical electrical equipment — Part 2-74: Particular requirements for basic safety and essential performance of respiratory humidifying equipment*

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1 Under preparation. Stage at the time of publication: ISO/FDIS 17510:2025.

2 Under preparation. Stage at the time of publication: ISO/FDIS 20417:2025.

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

201.3 Terms and definitions

For the purposes of this document, the terms and definitions given in IEC 60601-1:2005+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 http://www.electropedia.org/

Addition:

201.3.201
accompanying information
information accompanying or *marked* on a medical device or *accessory* for the user or those accountable for the installation, use, *processing*, maintenance, decommissioning and disposal of the medical device or *accessory*, particularly regarding safe use

Note 1 to entry: The *accompanying information* shall be 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*, installation manual, quick reference guide, etc.

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

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

201.3.202
airway
connected, gas-containing cavities and passages within the respiratory system, that conduct gas between the alveoli and the oral and nasal orifices on the surface of the face, or the *patient-connection port* if an airway device is used

Note 1 to entry: This is a well-established term that is commonly used in isolation in references to the *airway* of a *patient*. Depending on the context, it is sometimes more helpful to use the qualified term, *patient's airway*.

[SOURCE: ISO 19223:2019, 3.1.2, modified — deleted note 2.]

[3] Under preparation. Stage at the time of publication: ISO/FDIS 80601-2-74:2025.