BSI Standards Publication

Lung ventilators and related equipment — Vocabulary and semantics

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National foreword

This British Standard is the UK implementation of EN ISO 19223:2021. It is identical to ISO 19223:2019. It supersedes BS ISO 19223:2019, which is withdrawn.

The UK participation in its preparation was entrusted to Technical Committee CH/121, Anaesthetic and respiratory equipment.

A list of organizations represented on this committee can be obtained on request to its committee manager.

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30 April 2021	This corrigendum renumbers BS ISO 19223:2019 as BS EN ISO 19223:2021

EUROPEAN STANDARD EN ISO 19223

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English Version

Lung ventilators and related equipment - Vocabulary and semantics (ISO 19223:2019)

Ventilateurs pulmonaires et équipement associé - Vocabulaire et sémantique (ISO 19223:2019)

Beatmungsgeräte und zugehörige Geräte - Terminologie und Semantik (ISO 19223:2019)

This European Standard was approved by CEN on 12 April 2021.

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EUROPÄISCHES KOMITEE FÜR NORMUNG

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European foreword

The text of ISO 19223:2019 has been prepared by Technical Committee ISO/TC 121 "Anaesthetic and respiratory equipment" of the International Organization for Standardization (ISO) and has been taken over as EN ISO 19223:2021 by 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of an identical text or by endorsement, at the latest by October 2021, and conflicting national standards shall be withdrawn at the latest by April 2021.

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.

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, Turkey and the United Kingdom.

Endorsement notice

The text of ISO 19223:2019 has been approved by CEN as EN ISO 19223:2021 without any modification.

Contents

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 by Technical Committee ISO/TC 121, *Anaesthetic and respiratory equipment*, Subcommittee SC 4, *Vocabulary and semantics*.

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

The characteristics of *ventilation-modes* of current automatic *lung ventilator*s are often not well understood. The current terminology used for their description is based on that introduced in the early days of *mechanical ventilation,* but with the advances in *ventilator*s, and *ventilation-modes* that have evolved over recent years, the language used has been continuously adapted. In the absence of any effective international coordinating action, this has inevitably led to increasing inconsistencies in the way in which well-established terms and their derivatives are used.

To further compound the difficulties in understanding these complexities, some *ventilator manufacturers* have created new proprietary terms to describe these alternative ways of *ventilating patients*, and others have used existing terms with different meanings in different situations. This has led to *patient* safety hazards, an example being that *lung ventilator* clinical orders (*settings*) for one model of *ventilator* can be quite different from those required to get the same result from a different *ventilator*.

Recognizing these difficulties, ISO Technical Committee ISO/TC 121 requested its Subcommittee, SC 4, to completely review the terminology and semantics for *patient ventilation* with a view to compiling a standardized vocabulary that is applicable to current and, as far as possible, future practice. The primary objective was to use as much existing terminology as possible, while clarifying its meaning and limiting its potential for misuse by defining it more precisely. New terms were only introduced where there was no alternative, either in order to name new concepts or where the misuse of existing vocabulary has become so widespread that the term has become meaningless or unacceptably ambiguous. Importance was placed on a vocabulary that would communicate a clear mental model of how the selected *settings* would determine the interaction between the *patient* and the *ventilator*.

In order to achieve a vocabulary that is coherent, consistent and applicable to a range of fields such as *patient* care, research, data collection and incident reporting, this document has been developed with the participation, cooperation and assistance of members of other standards development organizations, and of major international *ventilator manufacturers.* The applications include *lung ventilators*, medical data systems facilitating clinical care and research, interoperability, incident reporting and equipment maintenance.

The early work by the subcommittee in establishing how a standardized vocabulary should be structured increasingly led to the conclusion that it would be necessary to revert to first principles. It was recognized that much of the current terminology has its origins in the early use of *automatic ventilation*, when the emphasis was inevitably on how best to save the lives of *patients* who could not *breathe* for themselves and, consequently, only made basic provisions for the *patient's* own *respiratory activity*. Since that time, *ventilators* have become increasingly interactive with the *patient*, such that it is now necessary to consider their use from a *ventilator-patient* system perspective because it is no longer possible, with any certainty, to predict ahead of time how that interaction will take place.

The terminology in this document is defined and used in a way that makes it capable of facilitating, unambiguously, both the *setting* of a *ventilator* and how to describe and record the resultant *ventilator-patient* interactions, continuously and at defined points within the course of *ventilation*. This includes the result of the complex interactions that occur when *additional breaths* are taken during an *assured-inflation cycle*, as can occur, for example, during APRV (*airway pressure release ventilation*).

This document seeks both to provide a consensus view and the basis for a coherent language for describing *ventilator* function. Now that the fundamental concepts of *artificial ventilation* practice within the scope of this document have matured, it has been possible to review the boundaries between the various concepts of established *ventilation-modes* and the methods of artificially inflating a *patient's lungs* and to formulate definitions that clarify the common elements and the distinctions. In particular, the scopes of several concepts that were appropriate to earlier technology and practice have become inadequate to encompass new developments and it was found necessary to subdivide them. Some of their designating terms have, therefore, had to be deprecated, replaced or constrained using more restrictive definitions, resulting in an inevitable reintroduction of some little-used legacy terms and the need to create a few new terms.

The overall objective is to encourage a more disciplined use of *ventilator* vocabulary so that *operators* trained in the application of this document will be able to move easily from one *ventilator* to another and operate each one, with confidence, after a minimum amount of training. Although it is recognized that change will not be immediate, it is expected that this discipline will feed through into scientific publications, textbooks and training so that, over time, a standardized basic language of *artificial ventilation* will become internationally established.

Examples of the application of this document are illustrated in the figures of Annexes C and F but these are not intended to indicate a requirement, nor to impose any restriction on the design of *artificial ventilation* devices.

Included with many of the terms are notes to entry that provide supplementary information, including explanations of the semantics of the term along with their classification schemes. This format is not only a requirement of ISO 704 but, unlike with such information in an annex, ensures that it remains associated with the term when viewed on the free-to-access ISO Online Browsing Platform.

Some of the terms in this document are principally intended for technical documents, informatics and related applications, and might have little applicability to *ventilator* labelling and instructions for use.

In this document, the following print types are used:

Definitions: roman type.

Material appearing outside of tables, such as notes, examples and references: smaller type.

Terms defined in Clause 3 of this document or as noted, apart from those in the form of acronyms or initialisms or when used in headings or tables: *italic* type.

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.

The verbal forms used in this document conform to the usage described in ISO/IEC Directives, Part 2, Annex H. For the purposes of this document, the auxiliary verb

— “shall” means that compliance with a requirement or a test is mandatory for compliance with this document,

— “should” means that compliance with a requirement or a test is recommended but is not mandatory for compliance with this document, and

— “may” is used to describe a permissible way to achieve compliance with a requirement or test.

An asterisk (*) as the first character of a title or at the beginning of a paragraph or table title indicates that there is guidance or rationale related to that item in Annex A.

Colour coding is employed in most of the figures in Annexes B, C and F of this document to help distinguish between some of the specific characteristics being illustrated. The coding used for each figure, or set of figures, is provided either in its own specific key or in the introductory text of each annex, as applicable.

NOTE The following figures and tables have been reproduced from Reference [34] with permission:

— Figures: B.1, C.1 to C.35 and F.1 to F.7;

— Tables: D.1 to D.3, E.1 and E.2.

INTERNATIONAL STANDARD ISO 19223:2019

Lung ventilators and related equipment — Vocabulary and semantics

1 * Scope

This document establishes a vocabulary of terms and semantics for all fields of respiratory care involving *mechanical ventilation,* such as intensive-care *ventilation*, anaesthesia *ventilation*, emergency and transport *ventilation* and home-care *ventilation,* including *sleep-apnoea breathing-therapy equipment*. It is applicable

— in *lung ventilator* and *breathing*-therapy device standards,

— in health informatics standards,

— for labelling on *medical electrical equipment* and *medical electrical systems,*

— in *medical electrical equipment* and *medical electrical system* instructions for use and *accompanying documents,*

— for *medical electrical equipment* and *medical electrical systems* interoperability, and

— in electronic health records.

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

NOTE This document can also be used for other applications relating to *lung ventilation*, including non-electrical devices and equipment, research, description of critical events, forensic analysis and adverse event (vigilance) reporting systems.

This document does not specify terms specific to *breathing*-therapy equipment, or to physiologic closed-loop *ventilation*, high-frequency *ventilation* or *negative-pressure ventilation*; nor to respiratory support using liquid *ventilation* or extra-corporeal gas exchange, or oxygen, except where it has been considered necessary to establish boundaries between bordering concepts.

2 Normative references

There are no normative references in this document.

3 Terms, definitions, symbols, and abbreviated terms

ISO and IEC maintain terminological 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/

NOTE For convenience, an index and a list of sources of all defined terms used in this document are provided in Annex J.