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FINAL VERSION

VERSION FINALE

colour inside

Medical electrical equipment –
Part 1: General requirements for basic safety and essential performance

Appareils électromédicaux –
Partie 1: Exigences générales pour la sécurité de base et les performances essentielles

Publication IEC 60601-1 (Third edition – 2005) I-SH 01

MEDICAL ELECTRICAL EQUIPMENT – Part 1: General requirements for basic safety and essential performance

INTERPRETATION SHEET 1

This interpretation sheet has been prepared by SC 62A: Common aspects of electrical equipment used in medical practice

The text of this interpretation sheet is based on the following documents:

ISH	Report on voting
62A/599/ISH	62A/613/RVD

Full information on the voting for the approval of this interpretation sheet can be found in the report on voting indicated in the above table.

Subclause 1.1

This subclause is clarified by the following:

IEC 60601-1 does not apply to medical gas pipeline systems covered by ISO 7396-1, *Medical gas pipeline systems — Part 1: Pipeline systems for compressed medical gases and vacuum.*

NOTE Subclause 6.3 of ISO 7396-1 applies the requirement of IEC 60601-1-8 to certain monitoring and alarm signals.

This clarification will remain valid until a new version of IEC 60601-1 is published.

Publication IEC 60601-1 (Third edition – 2005) I-SH 02

MEDICAL ELECTRICAL EQUIPMENT –

Part 1: General requirements for basic safety and essential performance

INTERPRETATION SHEET 2

This interpretation sheet has been prepared by subcomittee 62A: Common aspects of electrical equipment used in medical practice, of IEC technical committee 62: Electrical equipment in medical practice.

The text of this interpretation sheet is based on the following documents:

ISH	Report on voting
62A/634/ISH	62A/640/RVD

Full information on the voting for the approval of this interpretation sheet can be found in the report on voting indicated in the above table.

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Subclause 11.3

This subclause is clarified by the following:

As stated in the rationale for this subclause, fire ENCLOSURES are intended to be used only where there is a significant likelihood of fire due to the presence of a source of ignition (as described in the subclause) *and* a *significant* source of fuel. Most materials used in the construction of ME EQUIPMENT are not considered to be such a source of fuel unless they are in the presence of an OXYGEN RICH ENVIRONMENT. MANUFACTURERS should determine, through analyses documented in the RISK MANAGEMENT FILE, whether the ME EQUIPMENT contains combustible materials (fuel) in sufficient quantities to support combustion in conjunction with ignition sources (capable of releasing greater than 900 J).

Subclause 13.1.2

This subclause is clarified by the following:

As stated in subclause 4.7, it is the MANUFACTURER'S RISK ANALYSIS that determines which components are subject to failure testing based on the associated RISK. Where the associated RISK of fire exceeds the MANUFACTURER'S criteria for RISK acceptability, the MANUFACTURER'S simulation analysis (such as FMEAs) should be accepted in lieu of physical testing. As also stated in 4.7, component reliability and ratings are to be considered in such failure simulation analyses. Common electronic components that have a history of use without causing equipment fires should not be considered a likely source of ignition.

Where the subclause identifies "emission of flames, molten metal, poisonous or ignitable substance in hazardous quantities;" as a hazardous situation, this refers to emissions from *the ENCLOSURE* not from components themselves. Where it identifies "exceeding the allowable values for 'other components and materials' identified in Table 22 times 1,5 minus 12,5 °C", this applies only where doing so would result in an unacceptable RISK (as identified in the MANUFACTURER'S RISK ANALYSIS according to 4.7). Typically, this would be cases where

ESSENTIAL PERFORMANCE would not be maintained or where greater than 900 J of energy would be released in the presence of flammable materials that could sustain combustion.

The first exemption to fault analysis or testing identified in subclause 13.1.2 ("The construction or the supply circuit limits the power dissipation in SINGLE FAULT CONDITION to less than 15 W or the energy dissipation to less than 900 J.") is intended to apply where the component design itself ("The construction") or fusing (or other current limiting devices) in the supply circuit ("or the supply circuit") assure the energy released during failures will not exceed the limits. For most common signal level components rated for operation below 5 Watts, the energy released by short-circuiting of outputs will not exceed the 900 J limit.

This clarification will remain valid until a new version of IEC 60601-1 is published.

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SC 62A/Publication IEC 60601-1:2005, including Amendment 1:2012, Third edition/I-SH 03

MEDICAL ELECTRICAL EQUIPMENT – Part 1: General requirements for basic safety and essential performance

INTERPRETATION SHEET 3

This interpretation sheet has been prepared by subcommittee 62A: Common aspects of electrical equipment used in medical practice, of IEC technical committee 62: Electrical equipment in medical practice.

The text of this interpretation sheet is based on the following documents:

ISH	Report on voting
62A/858/ISH	62A/875/RVD

Full information on the voting for the approval of this interpretation sheet can be found in the report on voting indicated in the above table.

Subclause 13.1.2 fourth dash (Emissions, deformation of ENCLOSURE or exceeding maximum temperature)

This subclause states the following:

The following HAZARDOUS SITUATIONS shall not occur:

– ....

– temperatures of ME EQUIPMENT parts that are not APPLIED PARTS but are likely to be touched, exceeding the allowable values in Table 23 when measured and adjusted as described in 11.1.3;

This is clarified by the following:

The above requirement is regarded as fulfilled in accordance with Subclause 4.5 for temperatures at the surfaces of the enclosure, if the following conditions are fulfilled:

– The maximum allowed temperature on OPERATOR accessible surfaces in SINGLE FAULT CONDITION is 105 °C and

– the instructions for use contain a warning that, under some SINGLE FAULT CONDITIONS, the temperature of: (*indicate the surface of concern*) could get hot and there is a possible RISK of a burn if touched, and

– if the RISK ANALYSIS demonstrates a need for a warning symbol on the ENCLOSURE, safety sign ISO 7010-W018 () shall be used on or adjacent to the hot spot on the ENCLOSURE; and

– the RISK ASSESSMENT demonstrates that the temperature attained in the SINGLE FAULT CONDITION is acceptable, and

– the RISK ASSESSMENT demonstrates that applying the alternative RISK CONTROL measures in this Interpretation Sheet results in a RESIDUAL RISK that is comparable to the RESIDUAL RISK resulting from applying the requirement of the standard.

NOTE 1 This Interpretation Sheet is intended to be used with both Edition 3.0 and Edition 3.1 of IEC 60601-1.

NOTE 2 An example of an analysis that demonstrates an adequately low probability of occurrence of HARM is shown below.

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Example RISK ASSESSMENT:

The sum failure rate for parts that could increase the surface temperature of parts of the enclosure of XYZ device touchable only by the OPERATOR to values above those of Table 23 calculates to be 60 FIT (1 FIT = 1E-9/h) according to the standard MIL-HDBK-217F where FIT stands for "failure in time". In case of such failures, the device would emit an odour and would no longer function properly. It is estimated, that only in one of 3 cases the device would not be switched off immediately and the hot surface would be resulting in a burn.

The resulting overall probability of such HARM where adequate warning is provided in the instructions for use in combination with warning sign ISO 7010 W018 would be: probability = 1/3 * 60 FIT = 2 E-8/h =approx. 0,0002 per year.

In this example, the WXW Company's RISK acceptance criteria require that a HARM of that severity must have a probability of less than 0,0003 per year for the associated RISK to be considered acceptable. Based on that RISK acceptance criterion, the RISK associated with overtemperature of the ENCLOSURE caused by single faults in the circuitry is acceptable.

CONTENTS

INTERNATIONAL ELECTROTECHNICAL COMMISSION

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MEDICAL ELECTRICAL EQUIPMENT –

Part 1: General requirements for basic safety and essential performance

FOREWORD

1) The International Electrotechnical Commission (IEC) is a worldwide organization for standardization comprising all national electrotechnical committees (IEC National Committees). The object of IEC is to promote international co-operation on all questions concerning standardization in the electrical and electronic fields. To this end and in addition to other activities, IEC publishes International Standards, Technical Specifications, Technical Reports, Publicly Available Specifications (PAS) and Guides (hereafter referred to as "IEC Publication(s)"). Their preparation is entrusted to technical committees; any IEC National Committee interested in the subject dealt with may participate in this preparatory work. International, governmental and non-governmental organizations liaising with the IEC also participate in this preparation. IEC collaborates closely with the International Organization for Standardization (ISO) in accordance with conditions determined by agreement between the two organizations.
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DISCLAIMER
This Consolidated version is not an official IEC Standard and has been prepared for user convenience. Only the current versions of the standard and its amendment(s) are to be considered the official documents.

This Consolidated version of IEC 60601-1 bears the edition number 3.1. It consists of the third edition (2005-12) [documents 62A/505A/FDIS and 62A/512/RVD] and its amendment 1 (2012-07) [documents 62A/805/FDIS and 62A/820/RVD]. The technical content is identical to the base edition and its amendment.

This Consolidated version includes the contents of the corrigenda 1 (2006-12) and 2 (2007-12), the contents of the corrigendum to Amendment 1 (2014-07), as well as the interpretation sheets 1 (2008-04), 2 (2009-01) and 3 (2013-05).

This Final version does not show where the technical content is modified by amendment 1. A separate Redline version with all changes highlighted is available in this publication.

International Standard IEC 60601-1 has been prepared by subcommittee 62A: Common aspects of electrical equipment used in medical practice, of IEC technical committee 62: Electrical equipment in medical practice.

This third edition cancels and replaces the second edition published in 1988, its Amendment 1 (1991) and Amendment 2 (1995), the second edition of IEC 60601-1-1 published in 2000 and the first edition of IEC 60601-1-4 published in 1996 and its Amendment 1 (1999). This edition constitutes a technical revision. This edition has been significantly restructured. Requirements in the electrical section have been further aligned with those for information technology equipment covered by IEC 60950-1 and a requirement for including a RISK MANAGEMENT PROCESS has been added. For an expanded description of this revision, see Annex A.3.

This publication has been drafted in accordance with the ISO/IEC Directives, Part 2.

In this standard the following print types are used:

- Requirements and definitions: in roman type.
- *Test specifications: in 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.
- TERMS USED THROUGHOUT THIS STANDARD THAT HAVE BEEN DEFINED IN CLAUSE 3 AND ALSO GIVEN IN THE INDEX: IN SMALL CAPITALS.

In referring to the structure of this standard, the term

– “clause” means one of the seventeen numbered divisions within the table of contents, inclusive of all subdivisions (e.g. Clause 7 includes subclauses 7.1, 7.2, etc.);

– “subclause” means a numbered subdivision of a clause (e.g. 7.1, 7.2 and 7.2.1 are all subclauses of Clause 7).

References to clauses within this standard are preceded by the term “Clause” followed by the clause number. References to subclauses within this standard are by number only.

In this standard, 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 standard conform to usage described in Annex G of the ISO/IEC Directives, Part 2. For the purposes of this standard, the auxiliary verb:

- “shall” means that compliance with a requirement or a test is mandatory for compliance with this standard;
- “should” means that compliance with a requirement or a test is recommended but is not mandatory for compliance with this standard;
- “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.

The committee has decided that the contents of the base publication and its amendment will remain unchanged until the stability date indicated on the IEC web site under "http://webstore.iec.ch" in the data related to the specific publication. At this date, the publication will be

- reconfirmed,
- withdrawn,
- replaced by a revised edition, or
- amended.

NOTE The attention of National Committees is drawn to the fact that equipment manufacturers and testing organizations may need a transitional period following publication of a new, amended or revised IEC or ISO publication in which to make products in accordance with the new requirements and to equip themselves for conducting new or revised tests. It is the recommendation of the committee that the content of this publication be adopted for mandatory implementation nationally not earlier than 3 years from the date of publication.

IMPORTANT – The "colour inside" logo on the cover page of this publication indicates that it contains colours which are considered to be useful for the correct understanding of its contents. Users should therefore print this publication using a colour printer.

INTRODUCTION

In 1976, IEC subcommittee 62A published the first edition of IEC/TR 60513, *Basic aspects of the safety philosophy for electrical equipment used in medical practice*. The first edition of IEC/TR 60513 provided the basis for developing:

– the first edition of IEC 60601-1 (the parent safety standard for MEDICAL ELECTRICAL EQUIPMENT);

– the IEC 60601-1-xx series of collateral standards for MEDICAL ELECTRICAL EQUIPMENT;

– the IEC 60601-2-xx series of particular standards for particular types of MEDICAL ELECTRICAL EQUIPMENT; and

– the IEC 60601-3-xx series of performance standards for particular types of MEDICAL ELECTRICAL EQUIPMENT.

Aware of the need and the urgency for a standard covering electrical equipment used in medical practice, the majority of National Committees voted in 1977 in favour of the first edition of IEC 60601-1, based on a draft that at the time represented a first approach to the problem. The extent of the scope, the complexity of the equipment concerned, and the specific nature of some of the protective measures and the corresponding tests for verifying them, required years of effort in order to prepare this first standard, which can now be said to have served as a universal reference since its publication.

However, the frequent application of the first edition revealed room for improvement. These improvements were all the more desirable in view of the considerable success that this standard has enjoyed since its publication.

The careful work of revision subsequently undertaken and continued over a number of years resulted in the publication of the second edition in 1988. This edition incorporated all the improvements that could be reasonably expected up to that time. Further developments remained under constant study. The second edition was amended in 1991 and then again in 1995.

The original IEC approach was to prepare separate BASIC SAFETY and performance standards for MEDICAL ELECTRICAL EQUIPMENT. This was a natural extension of the historical approach taken at the national and international level with other electrical equipment standards (e.g. those for domestic equipment), where BASIC SAFETY is regulated through mandatory standards but other performance specifications are regulated by market pressure. In this context, it has been said that, “The ability of an electric kettle to boil water is not critical to its safe use!”

It is now recognized that this is not the situation with many items of MEDICAL ELECTRICAL EQUIPMENT, and RESPONSIBLE ORGANIZATIONS have to depend on standards to ensure ESSENTIAL PERFORMANCE as well as BASIC SAFETY. Such areas include the accuracy with which the equipment controls the delivery of energy or therapeutic substances to the PATIENT, or processes and displays physiological data that will affect PATIENT management.

This recognition means that separating BASIC SAFETY and performance is somewhat inappropriate in addressing the HAZARDS that result from inadequate design of MEDICAL ELECTRICAL EQUIPMENT. Many particular standards in the IEC 60601-2-xx series address a range of ESSENTIAL PERFORMANCE requirements that cannot be directly evaluated by the RESPONSIBLE ORGANIZATION without applying such standards. (However, the current IEC 60601 series includes fewer requirements for ESSENTIAL PERFORMANCE than for BASIC SAFETY).

In anticipation of a third edition of IEC 60601-1, IEC subcommittee 62A prepared a second edition of IEC/TR 60513 [12][1)] in 1994. It was intended that the second edition of IEC/TR 60513 would provide guidance for developing this edition of IEC 60601-1, and for the further development of the IEC 60601-1-xx and IEC 60601-2-xx series.

In order to achieve consistency in international standards, address present expectations in the health care community and align with developments in IEC 60601-2-xx, the second edition of IEC/TR 60513 includes two major new principles:

– the first change is that the concept of "SAFETY" has been broadened from the BASIC SAFETY considerations in the first and second editions of IEC 60601-1 to include ESSENTIAL PERFORMANCE matters, (e.g. the accuracy of physiological monitoring equipment). Application of this principle leads to the change of the title of this publication from "Medical electrical equipment, Part 1: General requirements for safety" in the second edition, to "Medical electrical equipment, Part 1: General requirements for basic safety and essential performance";

– the second change is that, in specifying minimum safety requirements, provision is made for assessing the adequacy of the design PROCESS when this is the only practical method of assessing the safety of certain technologies such as programmable electronic systems. Application of this principle is one of the factors leading to introduction of a general requirement to carry out a RISK MANAGEMENT PROCESS. In parallel with the development of the third edition of IEC 60601-1, a joint project with ISO/TC 210 resulted in the publication of a general standard for RISK MANAGEMENT of medical devices. Compliance with this edition of IEC 60601-1 requires that the MANUFACTURER have in place a RISK MANAGEMENT PROCESS complying with parts of ISO 14971 (see 4.2).

This standard contains requirements concerning BASIC SAFETY and ESSENTIAL PERFORMANCE that are generally applicable to MEDICAL ELECTRICAL EQUIPMENT. For certain types of MEDICAL ELECTRICAL EQUIPMENT, these requirements are either supplemented or modified by the special requirements of a collateral or particular standard. Where particular standards exist, this standard should not be used alone.

Amendment 1 to this standard is intended to address:

– issues identified by National Committees and other interested parties since the publication of IEC 60601-1:2005;

– the way in which RISK MANAGEMENT has been introduced into IEC 60601-1:2005; and

– the way the concept of ESSENTIAL PERFORMANCE is used in IEC 60601-1:2005.

1) Figures in square brackets refer to the Bibliography.

INTRODUCTION TO THE AMENDMENT

The third edition of IEC 60601-1 was published in 2005. At the time of publication, there were 94 National Committee comments on the 2nd CDV and the FDIS that were deferred to a future amendment/revision. Each of their deferred comments was captured in an Issue Sheet by the SC 62A secretariat. By the time of the Auckland meeting in April 2008, the Subcommittees had developed two Interpretation Sheets and the SC 62A secretariat has received an additional 15 issues from National Committees and other interested parties.

At the Auckland meeting, IEC/TC 62 approved a project to develop the 1st amendment to IEC 60601-1:2005 based on the issues outstanding at the time. The TC approved developing the 1st amendment with a view to addressing outstanding issues, including but not limited to:

– those listed in 62A/593/DC and 62A/602/INF;
– the way in which risk management has been introduced into IEC 60601-1:2005; and
– the way the concept of essential performance is used in IEC 60601-1:2005.

Since the Auckland meeting, the secretariat has received 73 additional issues from National Committees or other interested parties for a total of 182 Issues Sheets. This amendment is intended to address those issues.

MEDICAL ELECTRICAL EQUIPMENT –

Part 1: General requirements for basic safety and essential performance

1 Scope, object and related standards

1.1 * Scope

This International Standard applies to the BASIC SAFETY and ESSENTIAL PERFORMANCE of MEDICAL ELECTRICAL EQUIPMENT and MEDICAL ELECTRICAL SYSTEMS, hereafter referred to as ME EQUIPMENT and ME SYSTEMS.

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 standard are not covered by specific requirements in this standard except in 7.2.13 and 8.4.1.

NOTE 1 See also 4.2.

The IEC 60601 series does not apply to:

– in vitro diagnostic equipment that does not fall within the definition of ME EQUIPMENT, which is covered by the IEC 61010 series [61];

– implantable parts of active implantable medical devices covered by the ISO 14708 series [69]; or

– medical gas pipeline systems covered by ISO 7396-1 [68].

NOTE 2 ISO 7396-1 applies the requirement of IEC 60601-1-8 to certain monitoring and ALARM SIGNALS.

1.2 Object

The object of this standard is to specify general requirements and to serve as the basis for particular standards.

1.3 * Collateral standards

In the IEC 60601 series, collateral standards specify general requirements for BASIC SAFETY and ESSENTIAL PERFORMANCE applicable to:

– a subgroup of ME EQUIPMENT (e.g. radiological equipment);

– a specific characteristic of all ME EQUIPMENT not fully addressed in this standard.

Applicable collateral standards become normative at the date of their publication and shall apply together with this standard.

NOTE 1 When evaluating compliance with IEC 60601-1, it is permissible to independently assess compliance with the collateral standards.

NOTE 2 When declaring compliance with IEC 60601-1, the declarer should specifically list the collateral standards that have been applied. This allows the reader of the declaration to understand which collateral standards were part of the evaluation.

NOTE 3 Collateral standards in the IEC 60601 family are numbered IEC 60601-1-xx. The IEC maintains a catalogue of valid International Standards. Users of this standard should consult this catalogue at "http://webstore.iec.ch" to determine which collateral standards have been published.

If a collateral standard applies to ME EQUIPMENT for which a particular standard exists, then the particular standard takes priority over the collateral standard.