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Edition 3.2 2020-08
CONSOLIDATED VERSION

INTERNATIONAL STANDARD

NORME INTERNATIONALE

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

IEC 60601-1:2005-12+AMD1:2012-07+AMD2:2020-08 CSV(en-fr)

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

IEC 60601-1:2005-12+AMD1:2012-07+AMD2:2020-08 CSV(en-fr)

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.

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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.

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April 2008

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.

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.

INTERNATIONAL ELECTROTECHNICAL COMMISSION

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IEC 60601-1
Edition 3.0 2005-12
Amendement 1 2012-07

MEDICAL ELECTRICAL EQUIPMENT –

Part 1: General requirements for basic safety and essential performance

INTERPRETATION SHEET 1

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:

DISH	Report on voting
62A/1403/DISH	62A/1414/RVDISH

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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Interpretation of Subclauses 4.3 of IEC 60601-1:2005/AMD1:2012 and 4.7 of IEC 60601-1:2005

This interpretation sheet is intended to clarify the requirements which are needed to maintain ESSENTIAL PERFORMANCE in SINGLE FAULT CONDITION.

Subclause 4.3 * ESSENTIAL PERFORMANCE

The requirements in this subclause of IEC 60601-1:2005/AMD1:2012 are clarified by the following.

aa) IEC 60601-1:2005/AMD1:2012 requires that both the NORMAL CONDITION and the SINGLE FAULT CONDITIONS are to be considered in the identification of ESSENTIAL PERFORMANCE, because:

IEC 60601-1:2005-12/AMD1:2012-07/ISH1:2021-03(en)

ICS 11.040.01

1) ESSENTIAL PERFORMANCE is defined in terms of the performance of a clinical function (see 3.27);

NOTE 1 ESSENTIAL PERFORMANCE can have multiple aspects.

2) in particular, SINGLE FAULT CONDITIONS can cause or contribute to the loss or degradation of such a clinical function that results in unacceptable RISK; and

3) according to IEC 60601-1:2005, 4.7, ME EQUIPMENT is required to remain SINGLE FAULT SAFE or the RISK remains acceptable and this also applies to ESSENTIAL PERFORMANCE.

bb) The subclause requires the MANUFACTURER to:

NOTE 2 Many particular standards specify performance limits, RISK CONTROL measures and VERIFICATION methods for some aspects of ESSENTIAL PERFORMANCE.

1) identify performance of clinical functions, other than that related to BASIC SAFETY, that is necessary to achieve the INTENDED USE or that could affect safety;

2) specify performance limits between fully functional and total loss of the identified performance in both

   i) NORMAL CONDITION, and

   ii) SINGLE FAULT CONDITION;

   NOTE 3 The specified performance limits can be different in NORMAL CONDITION and SINGLE FAULT CONDITION.

3) evaluate the RISK from loss or degradation of the identified performance beyond the specified limits;

   i) Where the resulting RISK is unacceptable, the identified performance is ESSENTIAL PERFORMANCE.

4) implement RISK CONTROL measures to reduce these RISKS to an acceptable level for both

   i) NORMAL CONDITION, and

   ii) SINGLE FAULT CONDITION;

5) assess and determine which RISK CONTROL measures need VERIFICATION of effectiveness; and

6) specify methods for the VERIFICATION of the effectiveness of the RISK CONTROL measures.

cc) The requirements of IEC 60601-1:2005/AMD1:2012 4.3 as clarified in items 4.3 bb) 1) to 4.3 bb) 6) above include documentation of the relevant results in the RISK MANAGEMENT FILE. The documentation is intended to serve as OBJECTIVE EVIDENCE that the required activities have been performed.

dd) The compliance statement refers to “inspection of the RISK MANAGEMENT FILE”. Inspection means the careful examination or scrutiny of the contents of the RISK MANAGEMENT FILE. Only confirming the existence of a RISK MANAGEMENT FILE is insufficient. Inspection can include functional tests as clarified in IEC 60601-1:2005/AMD1:2012/ISH1 items 4.3 bb) 5) and 4.3 bb) 6). This is similar to the other uses of “inspection” throughout this standard.

Subclause 4.7 * SINGLE FAULT CONDITION for ME EQUIPMENT

The requirements in this subclause of IEC 60601-1:2005 are clarified by the following.

aa) IEC 60601-1:2005 requires that ME EQUIPMENT remains SINGLE FAULT SAFE or the RISK remains acceptable according to 4.2 during the EXPECTED SERVICE LIFE and this also applies to ESSENTIAL PERFORMANCE.

bb) SINGLE FAULT CONDITION (as defined in 3.116) describes the condition where “a single means for reducing a RISK is defective or a single abnormal condition is present”. Either condition anticipates the failure or fault of one component [other than those indicated in 4.7 a), e.g. a COMPONENT WITH HIGH-INTEGRITY CHARACTERISTICS].

Component failure or fault can relate to:

1) a single part (e.g. resistor, capacitor, wire, mechanical part),

2) a subassembly (e.g. battery block, power supply unit, line filter, PESS), or

3) a device with a specified function (e.g. protective unit, control unit, monitoring unit).

Any SINGLE FAULT CONDITION that could result in a HAZARDOUS SITUATION, including those mentioned in 13.1, needs to be simulated, physically or theoretically. Care needs to be taken to adequately determine the worst case situation when analysing failure or fault of subassemblies and functional units.

cc) It can be necessary to investigate the consequences of a second independent fault or failure. This is relevant when the initial fault or failure remains undetected during NORMAL USE for the EXPECTED SERVICE LIFE or when the fault or failure is so likely that it is considered to be a NORMAL CONDITION. See 4.7 b) and 5.1 and their rationales in Annex A.

dd) The RISK ASSESSMENT is used to determine which SINGLE FAULT CONDITIONS are to be tested in agreement with 4.3, 4.7 and 5.1. This includes consideration of a second independent fault or failure following an initial SINGLE FAULT CONDITION that remains undetected during NORMAL USE for the EXPECTED SERVICE LIFE. This also applies to the VERIFICATION of the effectiveness of the RISK CONTROL measures needed to maintain ESSENTIAL PERFORMANCE [see IEC 60601-1/AMD1:2012/ISH1 4.3 bb) 5) and 4.3 bb) 6)].

ee) The requirements of 4.7 include documentation of the relevant tests in the RISK MANAGEMENT FILE. The documentation is intended to serve as OBJECTIVE EVIDENCE that the required activities have been performed.

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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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This consolidated version of the official IEC Standard and its amendments has been prepared for user convenience.

IEC 60601-1 edition 3.2 contains the third edition (2005-12) [documents 62A/505A/FDIS and 62A/512/RVD], its amendment 1 (2012-07) [documents 62A/805/FDIS and 62A/820/RVD] and its amendment 2 (2020-08) [documents 62A/1389/FDIS and 62A/1404/RVD].

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), 3 (2013-05) and Interpretation Sheet 1 to Amendment 1 (2021-03).

In this Redline version, a vertical line in the margin shows where the technical content is modified by amendments 1 and 2. Additions are in green text, deletions are in strikethrough red text. A separate Final version with all changes accepted 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 amendments 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.

Throughout this document, there are many references to, and requirements incorporated from IEC 60950-1. Some of these requirements are derived from IEC 60950-1. For example, the requirements for spaces filled by insulating compound in 8.9.3. In other cases, the requirements are incorporated by a normative reference to IEC 60950-1:2005. For example, the requirements for solid insulation forming a MEANS OF OPERATOR PROTECTION in 8.5.1.3. The requirements incorporated by reference are primarily found in Clause 8 of this document, including many of the tables used to determine the requirements for MEANS OF PROTECTION, primarily MEANS OF OPERATOR PROTECTION and INSULATION CO-ORDINATION. The requirements incorporated by reference are addressed in Amendment 2. The derived requirements will be addressed during the development of the fourth edition of this document.

1) Figures in square brackets refer to the Bibliography.

INTRODUCTION TO AMENDMENT 1

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.

INTRODUCTION TO AMENDMENT 2

The third edition of IEC 60601-1 was published in 2005 and amended in 2012. Since the publication of IEC 60601-1:2005/AMD1:2012, the IEC Subcommittee (SC) 62A Secretariat has been collecting issues from a variety of sources including comments from National Committees and questions submitted to IEC/SC 62A/Working Group (WG) 14. At the November 2015 meeting of IEC/SC 62A in Kobe, Japan, the subcommittee initiated a process to identify high-priority issues that need to be considered in Amendment 2 and should not wait until the fourth edition of IEC 60601-1, which is presently targeted for publication sometime after 2024.

Those issues selected for inclusion on the final "short list" to be addressed in Amendment 2 were those approved by a 2/3 majority of the National Committees present and voting at the Frankfurt meeting of SC 62A. At the meeting held on 10 October 2016, 109 items were presented to the National Committees present. A total of 78 items received the required 2/3 majority of the National Committees present and voting and were included in the "short list" for consideration in preparing Amendment 2. All remaining issues have been placed on a "long list" for consideration in the fourth edition of IEC 60601-1.

The "short list" of issues was documented in the design specification for Amendment 2. The responsible expert groups were directed to consider each issue assigned to it in Clause 6 of the design specification and develop an appropriate solution for the identified problem. That final solution in this amendment can encompass any technical solution proposed by the author of the issue or it can involve a different solution developed by the expert group. The expert group can also have recommended that no change to the standard was justified by the problem statement.

Because this is an amendment to the 2005 edition of IEC 60601-1, the style in force at the time of publication of IEC 60601-1 has been applied to this amendment. The style specified in ISO/IEC Directives, Part 2:2018 has only been applied when implementing the new style guidance would not result in additional editorial changes. For example, notes to definitions are designated as "NOTE" rather than "Note to entry" in Clause 3.

Users of this document should note that when constructing the dated references to specific elements in a standard, such as definitions, amendments are only referenced if they modified

the text being cited. For example, if a reference is made to a definition that has not been modified by an amendment, then the reference to the amendment is not included in the dated reference.

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.

~~This standard can also be applied to equipment used for compensation or alleviation of disease, injury or disability.~~

~~In vitro diagnostic equipment that does not fall within the definition of ME EQUIPMENT is covered by the IEC 61010 series [2]. This standard does not apply to the implantable parts of active implantable medical devices covered by ISO 14708-1 [3].~~

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.

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~~[2] IEC 61010 (all parts), *Safety requirements for electrical equipment for measurement, control, and laboratory use*~~

~~[3] ISO 14708-1, *Implants for surgery – Active implantable medical devices – Part 1: General requirements for safety, marking and for information to be provided by the manufacturer*~~