

BS EN 60601-1:2006+A2:2021

Incorporating corrigenda December 2006, December 2007, March 2010, July
2014 and June 2018



BSI Standards Publication

Medical electrical equipment

Part 1: General requirements for basic safety and essential performance

National foreword

This British Standard is the UK implementation of EN 60601-1:2006+A2:2021, incorporating corrigendum March 2010. It is identical to IEC 60601-1:2005, incorporating corrigenda December 2006, December 2007, amendment 1:2012, corrigendum July 2014 and amendment 2:2020. It supersedes BS EN 60601-1:2006+A12:2014, which is withdrawn.

The start and finish of text introduced or altered by corrigendum is indicated in the text by tags. Text altered by IEC corrigendum December 2006 is indicated in the text by **[AC₁]** **<AC₁>**. Text altered by IEC corrigendum December 2007 is indicated in the text by **[AC₂]** **<AC₂>**. Text altered by IEC corrigendum July 2014 is indicated in the text by **[AC₃]** **<AC₃>**.

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The UK participation in its preparation was entrusted to Technical Committee CH/62/1, Common aspects of Electrical Equipment used in Medical Practice.

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

This publication has been prepared under a mandate given to the European Standards Organizations by the European Commission and the European Free Trade Association. It is intended to support requirements of the EU legislation detailed in the European Foreword. A European Annex, usually Annex ZA or ZZ, describes how this publication relates to that EU legislation.

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Date	Text affected
31 May 2011	Implementation of IEC corrigenda December 2006 and December 2007 (tagged) and implementation of CENELEC corrigendum March 2010: modification of CENELEC Foreword and Annexes ZA and ZZ
29 February 2012	Implementation of CENELEC amendment A11:2011: Annex ZZ replaced by Annexes ZZA and ZZB
31 December 2012	Implementation of IEC amendment 1:2012 with CENELEC endorsement A1:2013. Annex ZA replaced and Annex ZZ added
30 November 2014	Implementation of IEC corrigendum July 2014: Figure 12 updated
30 November 2014	Implementation of CENELEC amendment A12:2014: Annex ZZ updated to Annex ZZA, previous Annex ZZA deleted. Annex ZZB inserted
30 June 2018	Correction to reference to IEC amendment 1 in National Foreword
30 November 2021	Implementation of IEC amendment 2:2020 with CENELEC endorsement A2:2021. Implementation of IEC Interpretation Sheets 1–3 and A1/1. CENELEC amendment A11 foreword withdrawn. IEC index added.

EUROPEAN STANDARD

EN 60601-1:2006+A2

NORME EUROPÉENNE

EUROPÄISCHE NORM

October 2021

ICS 11.040

Supersedes EN 60601-1:1990 + amendments

English version

Medical electrical equipment
Part 1: General requirements for basic safety
and essential performance
(IEC 60601-1:2005)

Appareils électromédicaux
Partie 1: Exigences générales
pour la sécurité de base
et les performances essentielles
(CEI 60601-1:2005)

Medizinische elektrische Geräte
Teil 1: Allgemeine Festlegungen
für die Sicherheit einschließlich
der wesentlichen Leistungsmerkmale
(IEC 60601-1:2005)

This European Standard was approved by CENELEC on 2006-09-12. CENELEC members are bound to comply with the CEN/CENELEC Internal Regulations which stipulate the conditions for giving this European Standard the status of a national standard without any alteration.

Up-to-date lists and bibliographical references concerning such national standards may be obtained on application to the Central Secretariat or to any CENELEC member.

This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CENELEC member into its own language and notified to the Central Secretariat has the same status as the official versions.

CENELEC members are the national electrotechnical committees of Austria, Belgium, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom.

CENELEC

European Committee for Electrotechnical Standardization
Comité Européen de Normalisation Electrotechnique
Europäisches Komitee für Elektrotechnische Normung

Central Secretariat: rue de Stassart 35, B - 1050 Brussels

European Foreword

The text of document 62A/505A/FDIS, future edition 3 of IEC 60601-1, prepared by SC 62A, Common aspects of electrical equipment used in medical practice, of IEC TC 62, Electrical equipment in medical practice, was submitted to the IEC-CENELEC parallel vote and was approved by CENELEC as EN 60601-1 on 2006-09-12.

The following date was fixed:

- latest date by which the EN has to be implemented at national level by publication of an identical national standard or by endorsement (dop) 2007-07-01
- latest date by which the national standards conflicting with the EN have to be withdrawn (dow) 2012-06-01

This European Standard supersedes EN 60601-1:1990 and its amendments.

This EN 60601-1:2006 has been significantly restructured compared to EN 60601-1:1990. Requirements in the electrical section have been further aligned with those for information technology equipment covered by EN 60950-1 and a requirement for including a RISK MANAGEMENT PROCESS has been added. For an expanded description of this revision, see Clause A.3.

This European Standard has been prepared under a mandate given to CENELEC by the European Commission and the European Free Trade Association and covers essential requirements of EC Directives 90/385/EEC and 93/42/EEC. See Annex ZZ.

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.

Annexes ZA and ZZ have been added by CENELEC.

In the official version, for Bibliography, the following notes have to be added for the standards indicated:

IEC 60073	NOTE	Harmonized as EN 60073:2002 (not modified).
IEC 60086-1	NOTE	Harmonized as EN 60086-1:2001 (not modified).
IEC 60127-6	NOTE	Harmonized as EN 60127-6:1994 (not modified).
IEC 60309-1	NOTE	Harmonized as EN 60309-1:1999 (not modified).
IEC 60317-43	NOTE	Harmonized as EN 60317-43:1997 (not modified).
IEC 60601-1-1	NOTE	Harmonized as EN 60601-1-1:2001 (not modified).
IEC 60601-1-4	NOTE	Harmonized as EN 60601-1-4:1996 + A1:1999 (not modified).
IEC 60601-2-49	NOTE	Harmonized as EN 60601-2-49:2001 (not modified).
IEC 60695-1-1	NOTE	Harmonized as EN 60695-1-1:2000 (not modified).
IEC 60721 series	NOTE	Harmonized in EN 60721 series (not modified).
IEC 60990	NOTE	Harmonized as EN 60990:1999 (not modified).
IEC 61000-4-11	NOTE	Harmonized as EN 61000-4-11:2004 (not modified).
IEC 61010-1	NOTE	Harmonized as EN 61010-1:2001 (not modified).
IEC 61140	NOTE	Harmonized as EN 61140:2002 (not modified).
IEC 62079	NOTE	Harmonized as EN 62079:2001 (not modified).
IEC 62304	NOTE	Harmonized as EN 62304:2006 (not modified).
ISO 407	NOTE	Harmonized as EN ISO 13407:2004 (not modified).
ISO 8041	NOTE	Harmonized as EN ISO 8041:2005 (not modified).
ISO 13485	NOTE	Harmonized as EN ISO 13485:2003 (not modified).

Endorsement notice

The text of the International Standard IEC 60601-1:2005 was approved by CENELEC as a European Standard without any modification.

European foreword to amendment A1

The text of document 62A/805/FDIS, future IEC 60601-1:2005/A1, prepared by SC 62A, "Common aspects of electrical equipment used in medical practice", of IEC TC 62, "Electrical equipment in medical practice" was submitted to the IEC-CENELEC parallel vote and approved by CENELEC as EN 60601-1:2006/A1:2013.

The following dates are fixed:

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- latest date by which the national standards conflicting with the document have to be withdrawn (dow) 2018-12-24

*In the foreword of EN 60601-1:2006, **replace** the first sentence of the third paragraph by:*

This European Standard supersedes EN 60601-1:1990 and its amendments, EN 60601-1-1:2001 and EN 60601-1-4:1996 + A1:1999.

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For the relationship with EU Directive(s) see informative Annex ZZ, which is an integral part of this document.

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The text of the International Standard IEC 60601-1:2005/A1:2012 was approved by CENELEC as a European Standard without any modification.

Replace the Bibliography of EN 60601-1:2006 by:

IEC 60073	NOTE	Harmonized as EN 60073.
IEC 60086-1	NOTE	Harmonized as EN 60086-1.
IEC 60127-6	NOTE	Harmonized as EN 60127-6.
IEC 60309-1	NOTE	Harmonized as EN 60309-1.
IEC 60332-1-2	NOTE	Harmonized as EN 60332-1-2.
IEC 60332-2-2	NOTE	Harmonized as EN 60332-2-2.
IEC 60317-43	NOTE	Harmonized as EN 60317-43.
IEC 60601-1-1:2000	NOTE	Harmonized as EN 60601-1-1:2001 (not modified).
IEC 60601-1-4:1996	NOTE	Harmonized as EN 60601-1-4:1996 + A1:1999 (not modified).
IEC 60601-1-11	NOTE	Harmonized as EN 60601-1-11.
IEC 60601-2-22	NOTE	Harmonized as EN 60601-2-22.
IEC 60601-2-49:2001	NOTE	Harmonized as EN 60601-2-49:2001 (not modified).

IEC 60695-1-10	NOTE	Harmonized as EN 60695-1-10.
IEC 60721 series	NOTE	Harmonized in EN 60721 series.
IEC 60990	NOTE	Harmonized as EN 60990.
IEC 61000-4-11	NOTE	Harmonized as EN 61000-4-11.
IEC 61010 series	NOTE	Harmonized in EN 61010 series.
IEC 61010-1:2010	NOTE	Harmonized as EN 61010-1:2010 (not modified).
IEC 61140:2001	NOTE	Harmonized as EN 61140:2002 (not modified).
IEC 61558-1	NOTE	Harmonized as EN 61558-1.
IEC 61558-2-4	NOTE	Harmonized as EN 61558-2-4.
IEC 61558-2-23	NOTE	Harmonized as EN 61558-2-23.
IEC 62079:2001	NOTE	Harmonized as EN 62079:2001 (not modified).
IEC 62353	NOTE	Harmonized as EN 62353.
IEC 62471:2006	NOTE	Harmonized as EN 62471:2008 (modified).
IEC 80001-1:2010	NOTE	Harmonized as EN 80001-1:2011 (not modified).
ISO 407	NOTE	Harmonized as EN ISO 407.
ISO 7396-1	NOTE	Harmonized as EN ISO 7396-1.
ISO 8041	NOTE	Harmonized as EN ISO 8041.
ISO 13485	NOTE	Harmonized as EN ISO 13485.
ISO 15001	NOTE	Harmonized as EN ISO 15001.

European foreword to amendment A12

This document (EN 60601-1:2006/A12:2014) has been prepared by CLC/TC 62 “Electrical equipment in medical practice”.

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- latest date by which the national standards conflicting with the document have to be withdrawn (dow) 2015-03-26

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For the relationship with EU Directive(s) see informative Annexes ZZA and ZZB, which are an integral part of this document.

European foreword to amendment A2

The text of document 62A/1389/FDIS, future IEC 60601-1/A2, prepared by SC 62A "Common aspects of electrical equipment used in medical practice" of IEC/TC 62 "Electrical equipment in medical practice" was submitted to the IEC-CENELEC parallel vote and approved by CENELEC as EN 60601-1:2006/A2:2021.

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Endorsement notice

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ISO 2409	NOTE	Harmonized as EN ISO 2409
ISO 4624	NOTE	Harmonized as EN ISO 4624
ISO 10524-1:2018	NOTE	Harmonized as EN ISO 10524-1:2019 (not modified)
ISO 13732-1:2006	NOTE	Harmonized as EN ISO 13732-1:2008 (not modified)

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INTERNATIONAL ELECTROTECHNICAL COMMISSION

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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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.

A1) This third edition cancels and replaces the second edition published in 1988, its Amendment 1 (1991) and Amendment 2 (1995). 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 Clause A.3. **A1)**

The text of this standard is based on the following documents:

FDIS	Report on voting
62A/505A/FDIS	62A/512/RVD

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

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 this publication will remain unchanged until the maintenance result 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. **A1**

The contents of the corrigenda of December 2006, December 2007 **A1** and July 2014 **A1**, and the Interpretations sheets of April 2008, January 2009, May 2013 **A1** and March 2021 **A1** have been included in this copy.

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).

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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. ^{A1)} 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). ^{A1)}

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.

^{A1)} 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. ^{A1)}

^{A2)} 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. ^{A2)}

1) Figures in square brackets refer to the Bibliography.

A₁ 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. **A₁**

A₂ 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

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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. ^{A2}

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.

A1 NOTE 1 **A1** See also 4.2.

A1 *Text deleted* **A1**

A1 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. **A1**

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.

A2 Applicable collateral standards shall apply together with this standard. **A2**

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.

A1 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. **A1**

A2 *Text deleted* **A2**

1.4 * Particular standards

A2 In the IEC 60601 series, particular standards specify BASIC SAFETY and ESSENTIAL PERFORMANCE requirements for the particular ME EQUIPMENT and ME SYSTEMS. Particular standards may modify, replace or delete requirements contained in this standard and