NSAI
Standards

Irish Standard
I.S. EN IEC 60601-2-31:2020

Medical electrical equipment - Part 2-31: Particular requirements for the basic safety and essential performance of external cardiac pacemakers with internal power source

I.S. EN IEC 60601-2-31:2020

Incorporating amendments/corrigenda/National Annexes issued since publication:

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National Foreword

I.S. EN IEC 60601-2-31:2020 is the adopted Irish version of the European Document EN IEC 60601-2-31:2020, Medical electrical equipment - Part 2-31: Particular requirements for the basic safety and essential performance of external cardiac pacemakers with internal power source

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EUROPEAN STANDARD

NORME EUROPÉENNE

EUROPÄISCHE NORM

EN IEC 60601-2-31

April 2020

ICS 11.040.01

Supersedes EN 60601-2-31:2008 and all of its amendments and corrigenda (if any)

English Version

Medical electrical equipment - Part 2-31: Particular requirements for the basic safety and essential performance of external cardiac pacemakers with internal power source (IEC 60601-2-31:2020)

Appareils électromédicaux - Partie 2-31: Exigences particulières pour la sécurité de base et les performances essentielles des stimulateurs cardiaques externes à source d'énergie interne (IEC 60601-2-31:2020)

Medizinische elektrische Geräte - Teil 2-31: Besondere Festlegungen für die Sicherheit einschließlich der wesentlichen Leistungsmerkmale von externen Schrittmachern mit interner Stromversorgung (IEC 60601-2-31:2020)

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

CEN-CENELEC Management Centre: Rue de la Science 23, B-1040 Brussels

European foreword

The text of document 62D/1719/FDIS, future edition 3 of IEC 60601-2-31, prepared by SC 62D "Electromedical equipment" of IEC/TC 62 "Electrical equipment in medical practice" was submitted to the IEC-CENELEC parallel vote and approved by CENELEC as EN IEC 60601-2-31:2020.

The following dates are fixed:

- latest date by which the document has to be implemented at national level by publication of an identical national standard or by endorsement (dop) 2020-10-03
- latest date by which the national standards conflicting with the document have to be withdrawn (dow) 2023-04-03

This document supersedes EN 60601-2-31:2008 and all of its amendments and corrigenda (if any).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CENELEC shall not be held responsible for identifying any or all such patent rights.

This document has been prepared under a mandate given to CENELEC by the European Commission and the European Free Trade Association.

Endorsement notice

The text of the International Standard IEC 60601-2-31:2020 was approved by CENELEC as a European Standard without any modification.

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

IEC 60086-2:2015	NOTE	Harmonized as EN 60086-2:2016 (not modified)
IEC 61000-4-2:2008	NOTE	Harmonized as EN 61000-4-2:2009 (not modified)
IEC 60086-1:2015	NOTE	Harmonized as EN 60086-1:2015 (not modified)
IEC 60601-2-4:2010	NOTE	Harmonized as EN 60601-2-4:2011 (not modified)

Annex ZA
(normative)

Normative references to international publications with their corresponding European publications

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

NOTE 1 Where an International Publication has been modified by common modifications, indicated by (mod), the relevant EN/HD applies.

NOTE 2 Up-to-date information on the latest versions of the European Standards listed in this annex is available here: www.cenelec.eu.

The annex ZA of EN 60601-1:2006 applies, except as follows:

Publication	Year	Title	EN/HD	Year
Replace				
IEC 60601-1-2	2014	Medical electrical equipment - Part 1-2: General requirements for basic safety and essential performance - Collateral Standard: Electromagnetic disturbances - Requirements and tests	EN 60601-1-2	2015
Addition				
IEC 60601-1	2005	Medical electrical equipment - Part 1: General requirements for basic safety and essential performance	EN 60601-1	2006
			+A12	2014
			+EN 60601-1:2006/corrigendum Mar. 2010	2010
			+AC	2014
			+A11	2011
ISO 14117	2019	Active implantable medical devices –- Electromagnetic compatibility – EMC test protocols for implantable cardiac pacemakers, implantable cardioverter defibrillators and cardiac resynchronization devices		-
ISO 14708-2	2019	Implants for surgery – Active implantable-medical devices – Part 2: Cardiac pacemakers		-

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IEC 60601-2-31

Edition 3.0 2020-01

INTERNATIONAL STANDARD

NORME INTERNATIONALE

colour inside

Medical electrical equipment –
Part 2-31: Particular requirements for the basic safety and essential performance of external cardiac pacemakers with internal power source

Appareils électromédicaux –
Partie 2-31: Exigences particulières pour la sécurité de base et les performances essentielles des stimulateurs cardiaques externes à source d'énergie interne

IEC 60601-2-31:2020-01(en-fr)

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IEC 60601-2-31

Edition 3.0 2020-01

INTERNATIONAL STANDARD

NORME INTERNATIONALE

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Medical electrical equipment – Part 2-31: Particular requirements for the basic safety and essential performance of external cardiac pacemakers with internal power source

Appareils électromédicaux – Partie 2-31: Exigences particulières pour la sécurité de base et les performances essentielles des stimulateurs cardiaques externes à source d'énergie interne

INTERNATIONAL ELECTROTECHNICAL COMMISSION

COMMISSION ELECTROTECHNIQUE INTERNATIONALE

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INTERNATIONAL ELECTROTECHNICAL COMMISSION

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MEDICAL ELECTRICAL EQUIPMENT –

Part 2-31: Particular requirements for the basic safety and essential performance of external cardiac pacemakers with internal power source

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 60601-2-31 has been prepared by a Joint Working Group of IEC subcommittee 62D: Electromedical equipment, of IEC technical committee 62: Electrical equipment in medical practice, and ISO subcommittee SC6: Active implants, of ISO technical committee 150: Implants for surgery.

This publication is published as a double logo standard.

This third edition cancels and replaces the second edition published in 2008 and Amendment 1:2011. This edition constitutes a technical revision.

This edition includes the following significant technical changes with respect to the previous edition:

a) The requirement for testing for energy reduction has been removed;
b) The test for exposure to external defibrillation has been completely revised;

c) The exclusion for testing ESD immunity only with respect to air discharges has been removed;

d) Alignment with the latest edition of ISO 14708-2 for pacemakers, as well as the associated EMC standard ISO 14117;

e) Additional rationale for all changes.

The text of this International Standard is based on the following documents of IEC:

FDIS	Report on voting
62D/1719/FDIS	62D/1732A/RVD

Full information on the voting for the approval of this International Standard can be found in the report on voting indicated in the above table. In ISO, the standard has been approved by 10 P members out of 10 having cast a vote.

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

In this document, the following print types are used:

– requirements and definitions: roman type;

– *test specifications: 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 DEFINED IN CLAUSE 3 OF THE GENERAL STANDARD, IN THIS PARTICULAR STANDARD OR AS NOTED: SMALL CAPITALS.

In referring to the structure of this document, 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 document are preceded by the term "Clause" followed by the clause number. References to subclauses within this particular standard are by number only.

In this document, the conjunctive "or" is used as an "inclusive or" so a statement is true if any combination of the conditions is true.

The verbal forms used in this document conform to usage described in Clause 7 of the ISO/IEC Directives, Part 2. 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;

– "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 AA.

A list of all parts of the IEC 60601 series, published under the general title *Medical electrical equipment,* can be found on the IEC website.

The committee has decided that the contents of this document will remain unchanged until the stability date indicated on the IEC website under "http://webstore.iec.ch" in the data related to the specific document. At this date, the document will be

- reconfirmed,
- withdrawn,
- replaced by a revised edition, or
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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 document using a colour printer.

INTRODUCTION

The minimum safety requirements specified in this particular standard are considered to provide for a practical degree of safety in the operation of EXTERNAL PACEMAKERS with an internal power source.

Basically, CARDIAC PACEMAKERS treat cardiac arrhythmias. Such arrhythmias reduce cardiac output and can lead to confusion, dizziness, loss of consciousness and death. The objective of pacing is to restore cardiac rhythm and output appropriate to the PATIENT's physiological needs.

There are two distinct families of CARDIAC PACEMAKERS, implantable PACEMAKERS and EXTERNAL PACEMAKERS. EXTERNAL PACEMAKERS are used to pace PATIENTS temporarily prior to implanting an implantable PACEMAKER as well as for temporary pacing related to other medical PROCEDURES, e.g. open heart surgery.

CARDIAC PACEMAKERS differ in the various ways in which they maintain and monitor cardiac activity in different circumstances. The simplest model stimulates the atrium or ventricle independently of the cardiac activity; others detect atrial or ventricular activity and stimulate the atrium or ventricle as and when this is necessary; others, more complex, detect the spontaneous heart activity and stimulate appropriately the atrium and/or the ventricle. Certain PACEMAKERS work on preset frequency values, amplitudes and impulse duration. Others can have several values for parameters.

Standards for EXTERNAL PACEMAKERS require attention to information which will aid in developing and applying these devices. It is through these aspects of standardization that the central role of clinical experience should be, or has been, acknowledged. The ability to predict how a PACEMAKER will perform in a specific PATIENT based on testing of a device to a set of technical criteria is limited.

This particular standard does not take into consideration the specific safety aspects of EXTERNAL PACEMAKERS that are connected to a SUPPLY MAINS while simultaneously connected to the PATIENT.

This particular standard amends and supplements IEC 60601-1:2005 and IEC 60601-1:2005/AMD1:2012, *Medical electrical equipment – Part 1: General requirements for basic safety and essential performance*, hereinafter referred to as the general standard.

The requirements are followed by specifications for the relevant tests.

Following the decision taken by subcommittee 62D at the meeting in Washington in 1979, a "General guidance and rationale" section giving some explanatory notes, where appropriate, about the more important requirements is included in Annex AA.

Clauses or subclauses for which there are explanatory notes in Annex AA are marked with an asterisk (*).

An inventory of the PATIENT's safety posed by EXTERNAL PACEMAKERS and a rationale for the safety requirements contained in this particular standard are given in Annex AA. It is considered that knowledge of the reasons for these requirements will not only facilitate the proper application of this particular standard but will, in due course, expedite any revision necessitated by changes in clinical practice or as a result of developments in technology. However, Annex AA does not form part of the requirements of this document.

MEDICAL ELECTRICAL EQUIPMENT –

Part 2-31: Particular requirements for the basic safety and essential performance of external cardiac pacemakers with internal power source

201.1 Scope, object and related standards

Clause 1 of the general standard[1] applies, except as follows:

201.1.1 * Scope

Replacement:

This part of IEC 60601 applies to the BASIC SAFETY and ESSENTIAL PERFORMANCE of EXTERNAL PACEMAKERS powered by an INTERNAL ELECTRICAL POWER SOURCE, hereafter referred to as ME EQUIPMENT.

This document applies to PATIENT CABLES as defined in 201.3.209, but does not apply to LEADS as defined in 201.3.206.

HAZARDS inherent in the intended physiological function of ME EQUIPMENT within the scope of this document are not covered by specific requirements in this document except in 7.2.13 and 8.4.1 of the general standard.

NOTE See also 4.2 of the general standard.

This document does not apply to the implantable parts of ACTIVE IMPLANTABLE MEDICAL DEVICES covered by ISO 14708-1. This document does not apply to EXTERNAL PACEMAKERS which can be connected directly or indirectly to a SUPPLY MAINS.

This document does not apply to transthoracic and oesophageal pacing ME EQUIPMENT and antitachycardia ME EQUIPMENT.

201.1.2 Object

Replacement:

The object of this particular standard is to establish particular BASIC SAFETY and ESSENTIAL PERFORMANCE requirements for EXTERNAL PACEMAKERS as defined in 201.3.205.

201.1.3 Collateral standards

Addition:

This particular standard refers to those applicable collateral standards that are listed in Clause 2 of the general standard and Clause 201.2 of this particular standard.

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[1] The general standard is IEC 60601-1:2005 and IEC 60601-1:2005/AMD1:2012, *Medical electrical equipment – Part 1: General requirements for basic safety and essential performance*.