

## FINALE VERSION

## VERSION FINALE



**Medical electrical equipment –  
Part 1-12: General requirements for basic safety and essential performance –  
Collateral Standard: Requirements for medical electrical equipment and medical  
electrical systems intended for use in the emergency medical services  
environment**

**Appareils électromédicaux –  
Partie 1-12: Exigences générales pour la sécurité de base et les performances  
essentielles – Norme collatérale: Exigences pour les appareils électromédicaux  
et les systèmes électromédicaux destinés à être utilisés dans l'environnement  
des services médicaux d'urgence**

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## INTERNATIONAL ELECTROTECHNICAL COMMISSION

### MEDICAL ELECTRICAL EQUIPMENT –

#### **Part 1-12: General requirements for basic safety and essential performance – Collateral Standard: Requirements for medical electrical equipment and medical electrical systems intended for use in the emergency medical services environment**

### 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 amendment has been prepared for user convenience.**

**IEC 60601-1-12 edition 1.1 contains the first edition (2014-06) [documents 62A/932/FDIS and 62A/938/RVD] and its amendment 1 (2020-07) [documents 62A/1396/FDIS and 62A/1411/RVD].**

**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 60601-1-12 has been prepared by a joint working group of IEC subcommittee 62A: Common aspects of electrical equipment used in medical practice, of IEC technical committee 62: Electrical equipment in medical practice, and ISO subcommittee SC3: Lung ventilators and related devices, of ISO technical committee 121: Anaesthetic and respiratory equipment.

This first edition constitutes a collateral standard to IEC 60601-1 (third edition): *Medical electrical equipment – Part 1: General requirements for basic safety and essential performance* hereafter referred to as the general standard.

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

In the 60601 series of publications, collateral standards specify general requirements for safety applicable to:

- a subgroup of MEDICAL ELECTRICAL EQUIPMENT (e.g. radiological equipment); or
- a specific characteristic of all MEDICAL ELECTRICAL EQUIPMENT, not fully addressed in the general standard (e.g. ALARM SYSTEMS).

In this collateral standard, 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 COLLATERAL STANDARD OR AS NOTED: SMALL CAPITALS.

In referring to the structure of this standard, the term

- “clause” means one of the 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 7.3.1 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 collateral 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 H 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.

Clauses, subclauses and definitions for which a rationale is provided in informative Annex A are marked with an asterisk (\*).

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 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 Member Bodies and 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 ISO or IEC 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 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 document using a colour printer.**

## INTRODUCTION

Medical practice is increasingly using MEDICAL ELECTRICAL EQUIPMENT and MEDICAL ELECTRICAL SYSTEMS for monitoring, treatment or diagnosis of PATIENTS in the EMERGENCY MEDICAL SERVICES ENVIRONMENT (see 3.1). The safety of MEDICAL ELECTRICAL EQUIPMENT in this uncontrolled, rough environment is a cause for concern.

This collateral standard was developed with contributions from clinicians, engineers and regulators. The terminology, requirements, general recommendations and guidance of this collateral standard are intended to be useful for MANUFACTURERS of MEDICAL ELECTRICAL EQUIPMENT and MEDICAL ELECTRICAL SYSTEMS and for technical committees responsible for the development of particular standards.

### INTRODUCTION to Amendment 1

The first edition of IEC 60601-1-12 was published in 2014. Since the publication of IEC 60601-1-12:2014, the IEC Subcommittee (SC) 62A Secretariat has been collecting issues from a variety of sources including comments from National Committees. 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 an amendment and should not wait until the second edition of IEC 60601-1-12, which is presently targeted for publication sometime after 2024.

As directed in item 1 of Kobe Resolution 1, the IEC/SC 62A Chairman Advisory Group (CAG) considered the 27 issues collected by the SC/62A Secretariat for IEC 60601-1-12:2014 and determined that none met the selection criteria stated in Kobe Resolution 1.

However, an amendment is needed to update the references to IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020. In London in 2018, SC 62A approved the development of an administrative amendment to IEC 60601-1-12:2014.

Because this is an amendment to IEC 60601-1-12:2014, the style in force at the time of publication of IEC 60601-1-12 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.

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 1-12: General requirements for basic safety and essential performance – Collateral Standard: Requirements for medical electrical equipment and medical electrical systems intended for use in the emergency medical services environment

## 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, which are intended, as indicated in the instructions for use by their MANUFACTURER, for use in the EMS ENVIRONMENT (EMERGENCY MEDICAL SERVICES ENVIRONMENT), as defined in 3.1.

NOTE 1 For the purposes of this standard, the intent of the MANUFACTURER is indicated in the instructions for use. The RESPONSIBLE ORGANIZATION and the OPERATOR need to be aware that any other use outside the MANUFACTURER'S INTENDED USE can result in a HAZARDOUS SITUATION for the PATIENT.

The EMS ENVIRONMENT includes

- responding to and providing life support at the scene of an emergency to a PATIENT reported as experiencing injury or illness in a pre-hospital setting, and transporting the PATIENT, while continuing such life support care, to an appropriate professional healthcare facility for further care.
- providing monitoring, treatment or diagnosis during transport between professional healthcare facilities.

This International Standard does not apply to ME EQUIPMENT and ME SYSTEMS intended solely for use in the HOME HEALTHCARE ENVIRONMENT covered by IEC 60601-1-11 or solely for use in professional healthcare facilities covered by IEC 60601-1 without the additions of IEC 60601-1-11 or this collateral standard. ME EQUIPMENT and ME SYSTEMS are often not solely intended for one environment. Such ME EQUIPMENT or ME SYSTEM can be intended for multiple use environments, and as such, if also intended for use in the EMS ENVIRONMENT, are within the scope of this standard.

EXAMPLE ME EQUIPMENT or ME SYSTEM intended for both the EMS ENVIRONMENT and the professional healthcare facility environment.

NOTE 2 EMS ENVIRONMENT ME EQUIPMENT and ME SYSTEMS can be used in locations with unreliable electrical sources and outdoor environmental conditions.

### 1.2 \* Object

The object of this collateral standard is to provide general requirements for ME EQUIPMENT and ME SYSTEMS carried to the scene of an emergency and used there, as well as in transport, in situations where the ambient conditions differ from indoor conditions.

The object of this collateral standard is to specify general requirements that are in addition to those of the general standard and to serve as the basis for particular standards.