

INTERNATIONAL STANDARD

NORME INTERNATIONALE

**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**



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INTERNATIONAL ELECTROTECHNICAL COMMISSION

MEDICAL ELECTRICAL EQUIPMENT –

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

FOREWORD

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International standard IEC 60601-2-31 has been prepared by IEC subcommittee 62D: Electromedical equipment, of IEC technical committee 62: Electrical equipment in medical practice.

This second edition cancels and replaces the first edition published in 1994 and its Amendment 1 (1998). This edition constitutes a technical revision.

This second edition of IEC 60601-2-31 is aligned with IEC 60601-1:2005, and contains minimal technical revisions from the first edition.

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

Enquiry draft	Report on voting
62D/603/CDV	62D/667/RVC

Full information on the voting for the approval of this particular 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: 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 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 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.

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 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.

Withdrawn

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 cardiac 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 selecting 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 (third edition, 2005): *Medical electrical equipment – Part 1. General requirements for basic safety and essential performance*, hereinafter referred to as the general standard (see 1.4).

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 the standard but will, in due course, expedite any revision necessitated by changes in clinical practice or as a result of developments in technology. However, this annex does not form part of the requirements of this standard.