

INTERNATIONAL STANDARD

NORME INTERNATIONALE



**Medical electrical equipment –
Part 1-10: General requirements for basic safety and essential performance –
Collateral Standard: Requirements for the development of physiologic
closed-loop controllers**

**Appareils électromédicaux –
Partie 1-10: Exigences générales pour la sécurité de base et les performances
essentiels – Norme collatérale: Exigences pour le développement des
régulateurs physiologiques en boucle fermée**



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IEC 60601-1-10

Edition 1.2 2020-07
CONSOLIDATED VERSION

INTERNATIONAL STANDARD

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INTERNATIONAL
ELECTROTECHNICAL
COMMISSION

COMMISSION
ELECTROTECHNIQUE
INTERNATIONALE

ICS 11.040.01

ISBN 978-2-8322-8710-1

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INTERNATIONAL ELECTROTECHNICAL COMMISSION

MEDICAL ELECTRICAL EQUIPMENT –

Part 1-10: General requirements for basic safety and essential performance –

Collateral Standard: Requirements for the development of physiologic closed-loop controllers

FOREWORD

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

IEC 60601-1-10 edition 1.2 contains the first edition (2007-11) [documents 62A/576/FDIS and 62A/585/RVD], its amendment 1 (2013-11) [documents 62A/888/FDIS and 62A/896/RVD] and its amendment 2 (2020-07) [documents 62A/1394/FDIS and 62A/1409/RVD].

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 60601-1-10 has been prepared by IEC subcommittee 62A: *Common aspects of electrical equipment used in medical practice*, of IEC technical committee 62: *Electrical equipment in medical practice*, and ISO subcommittees SC1: *Breathing attachments and anaesthetic machines*, and SC3: *Lung ventilators and related devices* of ISO technical committee 121: *Anaesthetic and respiratory equipment*.

It is published as double logo standard.

This first edition constitutes a collateral standard to IEC 60601-1: *Medical electrical equipment – Part 1: General requirements for 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 eight numbered divisions within the table of contents, inclusive of all subdivisions (e.g. Clause 8 includes Subclauses 8.1, 8.2, etc.);
- “subclause” means a numbered subdivision of a clause (e.g. 8.1, 8.2 and 8.2.1 are all subclauses of Clause 8).

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 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 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 implementation nationally not earlier than 3 years from the date of publication.

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INTRODUCTION

The use of PHYSIOLOGIC CLOSED-LOOP CONTROLLERS in ME EQUIPMENT and ME SYSTEMS are expected to provide a successful strategy to improve PATIENT safety and reduce healthcare costs [9][10][11][12][13]¹⁾. New RISKS that are not directly addressed by previous standards are emerging in the development of this equipment. MANUFACTURERS employ a variety of methods to validate the safety and integrity of control systems with varying degrees of success. Classical methods of software VALIDATION for PHYSIOLOGIC CLOSED-LOOP CONTROLLERS can be insufficient to ensure performance with acceptable RISKS under all clinical and physiologic conditions.

INTRODUCTION to Amendment 1

The first edition of IEC 60601-1-10 was published in 2007. This amendment is intended to update the references to IEC 60601-1:2005 to include Amendment 1:2012, to update IEC 60601-1-6:2006 to IEC 60601-1-6:2010, including its Amendment 1 and to update references to IEC 60601-1-8:2006 to include its Amendment 1:2012. This amendment also removes the normative reference to IEC 62304:2006. This collateral standard made reference to IEC 62304 because elements of the software process were not fully covered by Clause 14 of IEC 60601-1:2005. Amendment 1 to IEC 60601-1:2005 incorporates the needed software process requirement into Clause 14. Therefore, it is redundant and potentially confusing to have IEC 62304 explicitly called out in this collateral standard.

INTRODUCTION to Amendment 2

The first edition of IEC 60601-1-10 was published in 2007 and amended in 2013. Since the publication of IEC 60601-1-10:2007+A1:2013, 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 60601-1-10, 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, 13 items were presented to the National Committees present. All 13 items received the required 2/3 majority of the National Committees present and voting and have been 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 second edition of IEC 60601-1-10.

The "short list" of issues was documented in the design specification for Amendment 2. As IEC 60601-1-10 was jointly developed with ISO/TC 121/SC 3, the work was assigned to IEC/SC 62A-ISO/TC 121/SC 3 Joint Working Group (JWG) 5. JWG 5 was directed to consider each issue described 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.

1) Figures in square brackets refer to the Bibliography.

Because this is an amendment to IEC 60601-1-10:2007, the style in force at the time of publication of IEC 60601-1-10 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, references to amendments take the following form: "IEC 60601-1:2005+A1:2012+A2:2020".

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 1-10: General requirements for basic safety and essential performance – Collateral Standard: Requirements for the development of physiologic closed-loop controllers

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.

This collateral standard specifies requirements for the development (analysis, design, VERIFICATION and VALIDATION) of a PHYSIOLOGIC CLOSED-LOOP CONTROLLER (PCLC) as part of a PHYSIOLOGIC CLOSED-LOOP CONTROL SYSTEM (PCLCS) to control at least one PATIENT VARIABLE (i.e. a PHYSIOLOGIC VARIABLE) in ME EQUIPMENT and ME SYSTEMS ~~to control a PHYSIOLOGIC VARIABLE.~~

~~NOTE A PHYSIOLOGIC VARIABLE can be a body chemistry (e.g. electrolytes, blood glucose), a physical property (e.g. PATIENT temperature, electrophysiologic, hemodynamic), or a pharmaceutical concentration.~~

EXAMPLE A PATIENT VARIABLE can be a measure of body chemistry (e.g. electrolytes or blood glucose value), a physical property (e.g. body temperature, electrophysiologic characteristic, hemodynamic quantity), or a pharmaceutical concentration.

This collateral standard applies to various types of PCLC, e.g. linear and non-linear, adaptive, fuzzy, neural networks.

This collateral standard does not specify:

- additional mechanical requirements; or
- additional electrical requirements.

This collateral standard applies to a closed-loop controller (see Figure 1) that sets the CONTROLLER OUTPUT VARIABLE in order to adjust (i.e., change or maintain) the measured PHYSIOLOGIC VARIABLE by relating it to the REFERENCE VARIABLE.

A closed-loop controller that maintains a physical or chemical VARIABLE, using feedback that is not measured from a PATIENT, is outside the scope of this standard.

1.2 Object

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.

1.3 Related standards

1.3.1 IEC 60601-1

For ME EQUIPMENT and ME SYSTEMS, this collateral standard complements IEC 60601-1.

When referring to IEC 60601-1 or to this collateral standard, either individually or in combination, the following conventions are used:

- "the general standard" designates IEC 60601-1 alone ~~(IEC 60601-1:2005+A1:2012), including any amendments;~~
- "this collateral standard" designates IEC 60601-1-10 alone ~~(IEC 60601-1-10:2007+A1:2013), including any amendments;~~
- "this standard" designates the combination of the general standard and this collateral standard.

1.3.2 Particular standards

A requirement in a particular standard takes priority over the corresponding requirement in this collateral standard.

2 Normative references

The following ~~referenced~~ documents, in whole or in part, are normatively referenced in this document and are indispensable for ~~the~~ its application ~~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.

IEC 60601-1:2005, *Medical electrical equipment – Part 1: General requirements for basic safety and essential performance*
Amendment 1:2012
Amendment 2:2020

IEC 60601-1-6:20062010, *Medical electrical equipment – Part 1-6: General requirements for basic safety and essential performance – Collateral Standard: Usability*
Amendment 1:2013
Amendment 2:2020

IEC 60601-1-8:2006, *Medical electrical equipment – Part 1-8: General requirements for basic safety and essential performance – Collateral Standard: General requirements, tests and guidance for alarm systems in medical electrical equipment and medical electrical systems*
Amendment 1:2012
Amendment 2:2020

~~IEC 62304:2006, Medical device software – Software life cycle processes~~

~~IEC 62366:2007, Medical devices – Application of usability engineering to medical devices~~

IEC 62366-1:2015, *Medical devices – Part 1: Application of usability engineering to medical devices*
Amendment 1:2020

ISO 14971:2019, *Medical devices – Application of risk management to medical devices*

ISO 9000:2015, *Quality management systems – Fundamentals and vocabulary*

3 Terms and definitions

~~For the purposes of this document, the terms and definitions given in IEC 60601-1:2005+A1:2012, IEC 60601-1-6:20062010+A1:2013, IEC 60601-1-8:2006+A1:2012, IEC 62366:2007 and the following apply.~~