

ELEKTROMAGNETVÄLJADE MÕJU HINDAMINE
AKTIIVSEID IMPLANTEERITAVAD
MEDITSIINISEADMEID KANDVATE TÖÖTAJATE
KORRAL. OSA 2: ERINÕUDED
SÜDAMESTIMULAATORIGA TÖÖTAJATE KORRAL

Procedure for the assessment of the exposure to
electromagnetic fields of workers bearing active
implantable medical devices - Part 2-1: Specific
assessment for workers with cardiac pacemakers

EESTI STANDARDI EESSÕNA

NATIONAL FOREWORD

See Eesti standard EVS-EN 50527-2-1:2016 sisaldab Euroopa standardi EN 50527-2-1:2016 ingliskeelset teksti.	This Estonian standard EVS-EN 50527-2-1:2016 consists of the English text of the European standard EN 50527-2-1:2016.
Standard on jõustunud sellekohase teate avaldamisega EVS Teatajas.	This standard has been endorsed with a notification published in the official bulletin of the Estonian Centre for Standardisation.
Euroopa standardimisorganisatsioonid on teinud Euroopa standardi rahvuslikele liikmetele kättesaadavaks 02.12.2016.	Date of Availability of the European standard is 02.12.2016.
Standard on kättesaadav Eesti Standardikeskusest.	The standard is available from the Estonian Centre for Standardisation.

Tagasisidet standardi sisu kohta on võimalik edastada, kasutades EVS-i veebilehel asuvat tagasiside vormi või saates e-kirja meiliaadressile standardiosakond@evs.ee.

ICS 11.040.40, 17.240

Standardite reprodutseerimise ja levitamise õigus kuulub Eesti Standardikeskusele

Andmete paljundamine, taastekitamine, kopeerimine, salvestamine elektroonsesse süsteemi või edastamine ükskõik millises vormis või millisel teel ilma Eesti Standardikeskuse kirjaliku loata on keelatud.

Kui Teil on küsimusi standardite autorikaitse kohta, võtke palun ühendust Eesti Standardikeskusega:

Koduleht www.evs.ee; telefon 605 5050; e-post info@evs.ee

The right to reproduce and distribute standards belongs to the Estonian Centre for Standardisation

No part of this publication may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, without a written permission from the Estonian Centre for Standardisation.

If you have any questions about copyright, please contact Estonian Centre for Standardisation:

Homepage www.evs.ee; phone +372 605 5050; e-mail info@evs.ee

English Version

Procedure for the assessment of the exposure to electromagnetic fields of workers bearing active implantable medical devices - Part 2-1: Specific assessment for workers with cardiac pacemakers

Procédure pour l'évaluation de l'exposition des travailleurs
porteurs de dispositifs médicaux implantables actifs aux
champs électromagnétiques - Partie 2-1: Spécification
d'évaluation pour les travailleurs avec un simulateur
cardiaque

Verfahren zur Beurteilung der Exposition von
Arbeitnehmern mit aktiven implantierbaren medizinischen
Geräten (AIMD) gegenüber elektromagnetischen Feldern -
Teil 2-1: Besondere Beurteilung für Arbeitnehmer mit
Herzschrittmachern

This European Standard was approved by CENELEC on 2016-07-04. 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 CEN-CENELEC Management Centre 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 CEN-CENELEC Management Centre has the same status as the official versions.

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



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

CEN-CENELEC Management Centre: Avenue Marnix 17, B-1000 Brussels

Contents	Page
European foreword	5
1 Scope	6
2 Normative references	6
3 Terms and definitions	6
4 Specific assessment	8
4.1 Description of the assessment process.....	8
4.1.1 General.....	8
4.1.2 Equipment consideration.....	11
4.1.3 Patient warning consideration.....	11
4.1.4 Cases for additional investigation.....	11
4.1.5 Choice of investigative method.....	14
4.2 Clinical investigation.....	15
4.3 Non-clinical investigation.....	15
4.3.1 General.....	15
4.3.2 Non-clinical investigation by <i>in vitro</i> testing.....	16
4.3.3 Non-clinical investigation by comparative study.....	17
5 Documentation	20
Annex A (normative) Pacemaker specific replacement of EN 50527-1:2016, Table 1	21
Annex B (informative) Clinical investigation methods	27
B.1 External ECG monitoring.....	27
B.2 Assessment of pacemaker compatibility using stored data and diagnostic features.....	27
B.3 Real time event monitoring by telemetry.....	27
Annex C (informative) <i>in vitro</i> testing/measurements	29
C.1 Introduction.....	29
C.2 EM phantom.....	29
C.2.1 General.....	29
C.2.2 EM phantom design.....	29
C.3 Basic procedure for cardiac pacemaker <i>in vitro</i> testing.....	30
C.4 References.....	31
C.5 Literature.....	32
Annex D (informative) Modelling	33
D.1 General.....	33
D.2 Analytical techniques.....	33
D.3 Numerical techniques.....	33
D.4 Field modelling or calculations.....	33
D.5 Modelling the human body and implant.....	34
D.6 References.....	34
Annex E (informative) Derived worst case conversions for frequencies below 450 MHz	35
E.1 Introduction.....	35
E.2 Functionality of implanted pacemaker leads.....	35
E.3 Conversion based on known field strength.....	36
E.3.1 General.....	36
E.3.2 Low frequency range (below 5 MHz).....	36
E.3.3 Pure magnetic field (16 Hz to 5 MHz).....	37
E.3.4 Pure electric field (16 Hz to 150 kHz).....	39
E.3.5 Field with electric component (16 Hz to 150 kHz).....	42
E.3.6 Field with electric and magnetic component (150 kHz to 5 MHz).....	43
E.3.7 Range between low and high frequency ranges (5 MHz to 30 MHz).....	44

E.3.8	High frequency range (above 30 MHz).....	44
E.4	Conversion based on known compliance with basic restrictions.....	46
E.4.1	General	46
E.4.2	Short survey on the direct effects of human exposure (induced current density)	46
E.4.3	Short survey on induced voltages on an implanted lead.....	48
E.4.4	A simple model to analyse the possible voltages at pacemaker terminations generated from induced current density equivalent the basic restrictions of Council Recommendation 1999/519/EC.....	48
E.5	References	50
Annex F	(informative) Interference from power-frequency magnetic and electric fields from transmission, distribution and use of electricity.....	52
F.1	Sensitivity of pacemakers to interference.....	52
F.2	Immunity requirements	52
F.3	Voltage induced in the leads by magnetic fields	53
F.4	Voltage induced in the leads by electric fields.....	54
F.5	Values of 50 Hz magnetic and electric field that may cause interference.....	56
F.6	Factors that affect the immunity from interference	57
F.6.1	Reasons for improved immunity	57
F.6.2	Adjustment for pacemaker sensitivity	58
F.7	Application to exposure situations	59
F.7.1	Public exposures.....	59
F.7.2	Beneath high voltage power lines.....	59
F.7.3	Occupational settings.....	60
F.7.4	Temporary exposure above the interference levels	61
F.8	References	61
Annex G	(informative) Determination of the pacemaker immunity and guidelines provided by pacemaker manufacturers – Determination method.....	62
G.1	Introduction	62
G.2	EMC and pacemakers – General guidelines	62
G.3	Induced voltages, fields and zones	65
G.3.1	Induced voltage test levels	65
G.3.2	Magnetic field amplitudes producing test limits	65
G.3.3	Induced voltage zones.....	67
G.3.4	Magnetic field zones	67
G.4	References	68
G.5	Literature.....	69
Bibliography	70

Figures

Figure 1	— Overview of the assessment process.....	9
Figure 2	— Pacemaker specific assessment process	10
Figure 3	— Additional investigation process	13
Figure 4	— Comparison process	18
Figure C.1	— Example of <i>in vitro</i> procedure for EM interference at low frequency using planar electrodes, bipolar lead and ECG and data recording.....	31
Figure E.1	— Typical implantations of cardiac pacemakers (abdominal implantation with prolonged lead is used in clinical environment only).....	36
Figure E.2	— Effective induction area of an open wire loop inside a conductive medium	37
Figure E.3	— Schematic representation of bipolar pickup of interference in an infinitely extended homogeneous conducting medium	39
Figure E.4	— Induced voltage on the implanted lead in a pure <i>E</i> field.....	41
Figure E.5	— Schematic graphs of the same voltage on the lead for different layouts.....	43
Figure E.6	— Eddy-current inside a conductive medium induced by varying magnetic flux	47

Figure E.7 — Voltage induced on a lead inside conductive body tissue48
Figure E.8 — Voltages on an implanted lead.....50
Figure F.1 — How the immunity ratio affects magnetic field that may result in interference58
Figure F.2 — How the immunity ratio affects electric field that may result in interference59
Figure G.1 — Induced voltage test levels65
Figure G.2 — Magnetic field amplitudes, for frequencies below 5 000 kHz, producing test limits in unipolar configurations66
Figure G.3 — Induced voltage zones for unipolar configurations67
Figure G.4 — Magnetic field zones, for frequencies below 5 000 kHz and for unipolar configurations68

Tables

Table A.1 — Compliant workplaces and equipment with exceptions21
Table F.1 — Amplitude of the immunity test signal applied53
Table F.2 — Values of 50 Hz electric and magnetic field (r.m.s.) that might, under unfavourable circumstances, cause interference in a pacemaker.....56
Table F.3 — Summary of typical maximum field values beneath high-voltage overhead lines at 1 m above ground60

European foreword

This document (EN 50527-2-1:2016) has been prepared by CLC/TC 106X "Electromagnetic fields in the human environment".

The following dates are fixed:

- latest date by which this document has to be implemented (dop) 2017-07-04
at national level by publication of an identical national standard or by endorsement
- latest date by which the national standards conflicting with (dow) 2019-07-04
this document have to be withdrawn

This document supersedes EN 50527-2-1:2011.

This document has been prepared under a mandate given to CENELEC by the European Commission and the European Free Trade Association, and supports essential requirements of EU Directive(s).

EN 50527 is currently composed with the following parts:

- EN 50527-1, *Procedure for the assessment of the exposure to electromagnetic fields of workers bearing active implantable medical devices — Part 1: General*;
- EN 50527-2-1, *Procedure for the assessment of the exposure to electromagnetic fields of workers bearing active implantable medical devices — Part 2-1: Specific assessment for workers with cardiac pacemakers*;
- prEN 50527-2-2, *Procedure for the assessment of the exposure to electromagnetic fields of workers bearing active implantable medical devices — Part 2-2: Specific assessment for workers with implantable cardioverter defibrillators*¹⁾.

1) Currently at drafting stage.

1 Scope

This European Standard provides the procedure for the specific assessment required in EN 50527-1:2016, Annex A, for workers with implanted pacemakers. It offers different approaches for doing the risk assessment. The most suitable one will be used. If the worker has other Active Implantable Medical Devices (AIMDs) implanted additionally, they need to be assessed separately.

The purpose of the specific assessment is to determine the risk for workers with implanted pacemakers arising from exposure to electromagnetic fields at the workplace. The assessment includes the likelihood of clinically significant effects and takes account of both transient and long-term exposure within specific areas of the workplace.

NOTE 1 This standard does not address risks from contact currents.

The techniques described in the different approaches may also be used for the assessment of publicly accessible areas.

The frequency range to be observed is from 0 Hz to 3 GHz. Above 3 GHz no interference with the pacemaker occurs when the exposure limits are not exceeded.

NOTE 2 The rationale for limiting the observation range to 3 GHz can be found in ISO 14117:2012, Clause 5.

2 Normative references

The following documents, in whole or in part, are normatively referenced in this document and are indispensable for its application. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

EN 45502-2-1:2003²⁾, *Active implantable medical devices — Part 2-1: Particular requirements for active implantable medical devices intended to treat bradyarrhythmia (cardiac pacemakers)*

EN 50413, *Basic standard on measurement and calculation procedures for human exposure to electric, magnetic and electromagnetic fields (0 Hz - 300 GHz)*

EN 50527-1:2016, *Procedure for the assessment of the exposure to electromagnetic fields of workers bearing active implantable medical devices — Part 1: General*

3 Terms and definitions

For the purposes of this document, the terms and definitions given in EN 50527-1:2016 and the following apply.

3.1

implantable pulse generator

IPG

part of the active implantable medical device, including the power supply and electronic circuit, that produces an electrical output

Note 1 to entry: For the purposes of EN 50527-2-1, the term implantable pulse generator describes any active implantable medical device that incorporates functions intended to treat cardiac arrhythmias.

3.2

pacemaker

active implantable medical device intended to treat bradyarrhythmias, comprising an implantable pulse generator with or without lead(s)

2) The EMC requirements within EN 45502-2-1 have been incorporated with updates into ISO 14117 and their use is recommended here.