

American National Standard



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ANSI/AAMI/ IEC 62366- 1:2015

Medical devices – Part 1:
Application of
usability engineering to
medical devices

Objectives and uses of AAMI standards and recommended practices

It is most important that the objectives and potential uses of an AAMI product standard or recommended practice are clearly understood. The objectives of AAMI's technical development program derive from AAMI's overall mission: the advancement of medical instrumentation. Essential to such advancement are (1) a continued increase in the safe and effective application of current technologies to patient care, and (2) the encouragement of new technologies. It is AAMI's view that standards and recommended practices can contribute significantly to the advancement of medical instrumentation, provided that they are drafted with attention to these objectives and provided that arbitrary and restrictive uses are avoided.

A voluntary *standard* for a medical device recommends to the manufacturer the information that should be provided with or on the product, basic safety and performance criteria that should be considered in qualifying the device for clinical use, and the measurement techniques that can be used to determine whether the device conforms with the safety and performance criteria and/or to compare the performance characteristics of different products. Some standards emphasize the information that should be provided with the device, including performance characteristics, instructions for use, warnings and precautions, and other data considered important in ensuring the safe and effective use of the device in the clinical environment. Recommending the disclosure of performance characteristics often necessitates the development of specialized test methods to facilitate uniformity in reporting; reaching consensus on these tests can represent a considerable part of committee work. When a drafting committee determines that clinical concerns warrant the establishment of *minimum* safety and performance criteria, referee tests must be provided and the reasons for establishing the criteria must be documented in the rationale.

A *recommended practice* provides guidelines for the use, care, and/or processing of a medical device or system. A recommended practice does not address device performance *per se*, but rather procedures and practices that will help ensure that a device is used safely and effectively and that its performance will be maintained.

Although a device standard is primarily directed to the manufacturer, it may also be of value to the potential purchaser or user of the device as a frame of reference for device evaluation. Similarly, even though a recommended practice is usually oriented towards healthcare professionals, it may be useful to the manufacturer in better understanding the environment in which a medical device will be used. Also, some recommended practices, while not addressing device performance criteria, provide guidelines to industrial personnel on such subjects as sterilization processing, methods of collecting data to establish safety and efficacy, human engineering, and other processing or evaluation techniques; such guidelines may be useful to health care professionals in understanding industrial practices.

In determining whether an AAMI standard or recommended practice is relevant to the specific needs of a potential user of the document, several important concepts must be recognized:

All AAMI standards and recommended practices are *voluntary* (unless, of course, they are adopted by government regulatory or procurement authorities). The application of a standard or recommended practice is solely within the discretion and professional judgment of the user of the document.

Each AAMI standard or recommended practice reflects the collective expertise of a committee of health care professionals and industrial representatives, whose work has been reviewed nationally (and sometimes internationally). As such, the consensus recommendations embodied in a standard or recommended practice are intended to respond to clinical needs and, ultimately, to help ensure patient safety. A standard or recommended practice is limited, however, in the sense that it responds generally to perceived risks and conditions that may not always be relevant to specific situations. A standard or recommended practice is an important *reference* in responsible decision-making, but it should never *replace* responsible decision-making.

Despite periodic review and revision (at least once every five years), a standard or recommended practice is necessarily a static document applied to a dynamic technology. Therefore, a standards user must carefully review the reasons why the document was initially developed and the specific rationale for each of its provisions. This review will reveal whether the document remains relevant to the specific needs of the user.

Particular care should be taken in applying a product standard to existing devices and equipment, and in applying a recommended practice to current procedures and practices. While observed or potential risks with existing equipment typically form the basis for the safety and performance criteria defined in a standard, professional judgment must be used in applying these criteria to existing equipment. No single source of information will serve to identify a particular product as "unsafe." A voluntary standard can be used as one resource, but the ultimate decision as to product safety and efficacy must take into account the specifics of its utilization and, of course, cost-benefit considerations. Similarly, a recommended practice should be analyzed in the context of the specific needs and resources of the individual institution or firm. Again, the rationale accompanying each AAMI standard and recommended practice is an excellent guide to the reasoning and data underlying its provision.

In summary, a standard or recommended practice is truly useful only when it is used in conjunction with other sources of information and policy guidance and in the context of professional experience and judgment.

INTERPRETATIONS OF AAMI STANDARDS AND RECOMMENDED PRACTICES

Requests for interpretations of AAMI standards and recommended practices must be made in writing, to the AAMI Vice President, Standards Policy and Programs. An official interpretation must be approved by letter ballot of the originating committee and subsequently reviewed and approved by the AAMI Standards Board. The interpretation will become official and representation of the Association only upon exhaustion of any appeals and upon publication of notice of interpretation in the "Standards Monitor" section of the *AAMI News*. The Association for the Advancement of Medical Instrumentation disclaims responsibility for any characterization or explanation of a standard or recommended practice which has not been developed and communicated in accordance with this procedure and which is not published, by appropriate notice, as an *official interpretation* in the *AAMI News*.

American National Standard

ANSI/AAMI/IEC 62366-1:2015
(Partial revision of ANSI/AAMI/IEC 62366:2007(R)2013)



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Medical devices – Part 1: Application of usability engineering to medical devices

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Approved 6 February 2015 by
Association for the Advancement of Medical Instrumentation

Approved 23 February 2015 by
American National Standards Institute

Abstract: This document specifies a process for a manufacturer to analyze, specify, develop and evaluate the usability of a medical device as it relates to safety. This usability engineering (human factors engineering) process permits the manufacturer to assess and mitigate risks associated with correct use and use errors, i.e., normal use. It can be used to identify but does not assess or mitigate risks associated with abnormal use.

Keywords: human factors engineering, ergonomics, human factors, usability



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Glossary of equivalent standards

International Standards adopted in the United States may include normative references to other International Standards. For each International Standard that has been adopted by AAMI (and ANSI), the table below gives the corresponding U.S. designation and level of equivalency to the International Standard. NOTE: Documents are sorted by international designation. The code in the US column, "(R)20xx" indicates the year the document was officially reaffirmed by AAMI. E.g., ANSI/AAMI/ISO 10993-4:2002/(R)2009 indicates that 10993-4, originally approved and published in 2002, was reaffirmed without change in 2009.

Other normatively referenced International Standards may be under consideration for U.S. adoption by AAMI; therefore, this list should not be considered exhaustive.

www.aami.org/standards/glossary.pdf



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Committee representation

Association for the Advancement of Medical Instrumentation

Human Factors Engineering Committee

The adoption of IEC 62366-1 as an American National Standard was initiated by the AAMI Human Factors Engineering Committee (HE). AAMI HE functions as a U.S. sub-Technical Advisory Group to the relevant work in the International Electrotechnical Commission (IEC). U.S. representatives from AAMI HE played a very active part in developing the IEC standard.

At the time this document was published, the **AAMI Human Factors Engineering Committee** had the following members:

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Janine A. Purcell, MS, Philips Electronics North America

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Araya Amsalu, PhD, Hill-Rom Holdings
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Carolynn Johnson, PhD, Daedalus
Korey R. Johnson, MS, GFK
Mike Kasamanian, Human Factors Consulting Services Inc
Ronald D. Kaye, FDA/CDRH
James Kershner, Eli Lilly & Company
Merrick F. Kossack, MS BS, Intuitive Surgical Inc
Michael Lau, PhD, Insight Product Development
Lee Leichter, P/L Biomedical
Melissa R. Lemke, MS, Agilis Consulting Group LLC
Svetlana Lowry, PhD, National Institute of Standards & Technology
Jennifer Martin, PhD, The University of Nottingham
Marsha McArthur, Integrated Medical Systems
Cindy A. Miller, PhD, GE Healthcare
Jeffrey C. Morang, MS, Ximedica
Mark Moyer, ASQ Biomedical Division
William H. Muto, PhD, Abbott Laboratories
Dan Nathan-Roberts, University of Wisconsin (Madison)

Robert A. North, PhD, Human Centered Strategies
Shawn O'Connell, MS, RN, B Braun of America Inc
Joseph Pri-Paz, MSc, Laniado Hospital
Robert G. Radwin, PhD, University of Wisconsin
Michael Rakauskas, Baxter Healthcare Corporation
Tim Reeves, PhD CHFP, Human Factors MD Inc
Arathi Sethumadhavan, PhD, Medtronic Inc WHQ Campus
Adam R. Shames, Core Human Factors Inc
Mani Shanmugham, CR Bard
Vijender Singh, Intertek
Debora Stapleton, Covidien
Molly F. Story, PhD, Sanofi
Robert C. Sugarman, PhD, RCS Performance Systems Inc
Matt B. Weinger, MS MD, Vanderbilt University Medical Center
Tracy Weldon, Halyard Health
Steven A. White, NxStage Medical Inc
Michael E. Wiklund, PE CHFP, UL LLC
Stephen Wilcox, PhD, Design Science Consulting

Alternates:

Keith B. Anderson, BSEE, Smiths Medical
Eric D. Bergman, PhD, Fresenius Medical Care
Barry Berson, Human Factors Consulting Services Inc
Paul A. Blowers, Abbvie
Joseph Cafazzo, Healthcare Human Factors
Joe Cesa, BA, Halyard Health
Shannon Clark, Intuitive Surgical Inc
Elise Edson, Covidien
Amy Gallenberg, GE Healthcare
Stuart J. Garvin, Eli Lilly & Company
Kimberley Gibson, Johnson & Johnson
Kristen Hastings, Boston Scientific Corporation
David H. Hoffmeister, Baxter Healthcare Corporation
Cynthia Ann Lepak, RN, Welch Allyn Inc
Natalia Mazaeva, Sanofi
Wenhong Neoh, Cook Inc
Jane Lea Smith, GFK
Kathy K. Smith, MSc, Human Factors MD Inc
Joan M. Spear, MBA RM CMPR, B Braun of America Inc
Gerard Torenvliet, Medtronic Inc WHQ Campus
Tom Varricchione, Ximedica
Sara Waxberg, Philips Electronics North America
Julia Yeh, Amgen Inc

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Background of ANSI/AAMI adoption of IEC 62366-1:2015

As indicated in the foreword to the main body of this document (page viii), the International Electrotechnical Commission (IEC) is a worldwide federation of national standards bodies. The United States is one of the IEC members that took an active role in the development of this standard, which was developed by IEC Technical Committee 62, *Electrical equipment in medical practice*, Subcommittee 62A, *Common aspects of electrical equipment used in medical devices*, to specify a process for a manufacturer to analyze, specify, develop and evaluate the usability of a medical device as it relates to safety.

U.S. participation in IEC/SC62A is organized through the U.S. Technical Advisory Group to IEC/SC62A, administered by the Association for the Advancement of Medical Instrumentation. Experts from the United States made a considerable contribution to this standard.

ANSI/AAMI/IEC 62366-1 was approved by the American National Standards Institute (ANSI) on 23 February 2015.

AAMI and ANSI procedures require that standards be reviewed every five years and, if necessary, revised to reflect technological advances that may have occurred since publication.

AAMI (and ANSI) have adopted other IEC standards. See the Glossary of Equivalent Standards for a list of IEC standards adopted by AAMI, which gives the corresponding U.S. designation and the level of equivalency with the ISO standard.

As used within the context of this document, "shall" indicates requirements strictly to be followed to conform to the recommended practice. "Should" indicates that among several possibilities, one is recommended as particularly suitable, without mentioning or excluding others, or that a certain course of action is preferred but not necessarily required, or that (in the negative form) a certain possibility or course of action should be avoided but is not prohibited.

"May" is used to indicate that a course of action is permissible within the limits of the recommended practice. "Can" is used as a statement of possibility and capability. Finally, "must" is used only to describe "unavoidable" situations, including those mandated by government regulation.

The concepts incorporated in this standard should not be considered inflexible or static. This standard, like any other, must be reviewed and updated periodically to assimilate progressive technological developments. To remain relevant, it must be modified as technological advances are made and as new data come to light.

Suggestions for improving this standard are invited. Comments and suggested revisions should be sent to Standards Department, AAMI, 4301 N. Fairfax Dr, Suite 301, Arlington, VA 22203-1633.

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.
- 2) The formal decisions or agreements of IEC on technical matters express, as nearly as possible, an international consensus of opinion on the relevant subjects since each technical committee has representation from all interested IEC National Committees.
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- 6) All users should ensure that they have the latest edition of this publication.
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- 8) Attention is drawn to the Normative references cited in this publication. Use of the referenced publications is indispensable for the correct application of this publication.
- 9) Attention is drawn to the possibility that some of the elements of this IEC Publication may be the subject of patent rights. IEC shall not be held responsible for identifying any or all such patent rights.

International Standard IEC 62366-1 has been prepared by a joint working group of subcommittee 62A: Common aspects of electrical medical equipment used in medical practice, of IEC technical committee 62: Electrical medical equipment in medical practice, and ISO technical committee 210: Quality management and corresponding general aspects for MEDICAL DEVICES.

It is published as double logo standard.

This first edition of IEC 62366-1, together with the first edition of IEC 62366-2, cancels and replaces the first edition of IEC 62366 published in 2007 and its Amendment 1 (2014).

Part 1 has been updated to include contemporary concepts of USABILITY ENGINEERING, while also streamlining the process. It strengthens links to ISO 14971:2007 and the related methods of RISK MANAGEMENT as applied to SAFETY related aspects of medical device user interfaces. Part 2 contains tutorial information to assist manufactures in complying with Part 1, as well as offering more detailed descriptions of USABILITY ENGINEERING methods that can be applied more generally to MEDICAL DEVICES that go beyond safety-related aspects of MEDICAL DEVICE USER INTERFACES.

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

FDIS	Report on voting
62A/977/FDIS	62A/988/RVD

Full information on the voting for the approval of this standard can be found in the report on voting indicated in the above table. In ISO, the standard has been approved by 26 P-members out of 26 having cast a vote.

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

In this International Standard, the following print types are used:

- Requirements and definitions: roman type.
- *Means to assess compliance*: 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 OR AS NOTED: SMALL CAPITALS.

The requirements are followed by means to assess compliance.

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

A list of all parts of the IEC 62366 series, published under the general title *Medical devices*, can be found on the IEC website.

The committee has decided that the contents of this publication 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 and Member Bodies 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 mandatory implementation nationally not earlier than 3 years from the date of publication.

Introduction

Medical practice is increasingly using MEDICAL DEVICES for observation and treatment of PATIENTS. USE ERRORS caused by inadequate MEDICAL DEVICE USABILITY have become an increasing cause for concern. Many of the MEDICAL DEVICES developed without applying a USABILITY ENGINEERING (HUMAN FACTORS ENGINEERING) PROCESS are non-intuitive, difficult to learn and difficult to use. As healthcare evolves, less skilled USERS including PATIENTS themselves are now using MEDICAL DEVICES and MEDICAL DEVICES are becoming more complicated. The design of the USER INTERFACE to achieve adequate USABILITY requires a different PROCESS and skill set than that of the technical implementation of the USER INTERFACE.

The USABILITY ENGINEERING PROCESS is intended to identify and minimize USE ERRORS and thereby reduce use-associated RISKS. Some, but not all, forms of incorrect use are suited to control by the MANUFACTURER. The USABILITY ENGINEERING PROCESS is related to the RISK MANAGEMENT PROCESS as indicated in Figure A.4.

This International Standard describes a USABILITY ENGINEERING PROCESS to provide acceptable RISK related to USABILITY of a MEDICAL DEVICE. It is intended to be useful not only for MANUFACTURERS of MEDICAL DEVICES, but also for technical committees responsible for the preparation of particular MEDICAL DEVICE standards.

This International Standard strictly focuses on applying the USABILITY ENGINEERING PROCESS to optimize MEDICAL DEVICE USABILITY as it relates to SAFETY. The companion technical report (IEC 62366-2¹) is comprehensive and has a broader focus. It focuses not only on USABILITY as it relates to SAFETY, but also on how USABILITY relates to attributes such as TASK accuracy, completeness and EFFICIENCY, and USER satisfaction.

NOTE SAFETY is freedom from unacceptable RISK. Unacceptable RISK can arise from USE ERROR, which can lead to exposure to direct physical HAZARDS or loss or degradation of clinical functionality.

MANUFACTURERS can choose to implement a USABILITY ENGINEERING program focused narrowly on SAFETY or more broadly on SAFETY and other attributes, such as those cited above. A broader focus might also be useful to address specific USABILITY ENGINEERING expectations, such as the need to confirm that USERS can successfully perform non-SAFETY-related TASKS. A MANUFACTURER might also implement a broader program to realize the commercial benefits of a MEDICAL DEVICE that not only is safe to use but also offers superior USABILITY.

¹ IEC 62366-2, *Medical devices – Part 2: Guidance on the application of usability engineering to medical devices* (in preparation).

General testing procedures for medical electrical equipment

1 * Scope

This part of IEC 62366 specifies a PROCESS for a MANUFACTURER to analyze, specify, develop and evaluate the USABILITY of a MEDICAL DEVICE as it relates to SAFETY. This USABILITY ENGINEERING (HUMAN FACTORS ENGINEERING) PROCESS permits the MANUFACTURER to assess and mitigate RISKS associated with CORRECT USE and USE ERRORS, i.e., NORMAL USE. It can be used to identify but does not assess or mitigate RISKS associated with ABNORMAL USE.

Advancing Safety in Medical Technology

NOTE 1 SAFETY is freedom from unacceptable RISK. Unacceptable RISK can arise from USE ERROR, which can lead to exposure to direct physical HAZARDS or loss or degradation of clinical functionality.

NOTE 2 Guidance on the application of USABILITY ENGINEERING to MEDICAL DEVICES is available in IEC 62366-2², which addresses not only SAFETY but also aspects of USABILITY not related to SAFETY.

If the USABILITY ENGINEERING PROCESS detailed in this International Standard has been complied with, then the USABILITY of a MEDICAL DEVICE as it relates to SAFETY is presumed to be acceptable, unless there is OBJECTIVE EVIDENCE to the contrary.

NOTE 3 Such OBJECTIVE EVIDENCE can subsequently originate from POST-PRODUCTION surveillance.

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.

NOTE 1 The way in which these referenced documents are cited in normative requirements determines the extent (in whole or in part) to which they apply.

NOTE 2 Informative references are listed in the bibliography beginning on page 37.

ISO 14971:2007, *Medical devices – Application of risk management to medical devices*

² IEC 62366-2, *Medical devices – Part 2: Guidance on the application of usability engineering to medical devices* (in preparation).