



SLOVENSKI STANDARD

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Medical devices - Application of risk management to medical devices (ISO 14971:2007)

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Medizinprodukte - Anwendung des Risikomanagements auf Medizinprodukte (ISO 14971:2007)

SIST EN ISO 14971:2007

Dispositifs médicaux - Application de la gestion des risques aux dispositifs médicaux (ISO 14971:2007)

Ta slovenski standard je istoveten z: EN ISO 14971:2007

ICS:

11.040.01	Medicinska oprema na splošno	Medical equipment in general
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en

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English Version

Medical devices - Application of risk management to medical
devices (ISO 14971:2007)

Dispositifs médicaux - Application de la gestion des risques
aux dispositifs médicaux (ISO 14971:2007)

Medizinprodukte - Anwendung des Risikomanagements auf
Medizinprodukte (ISO 14971:2007)

This European Standard was approved by CEN on 9 March 2007.

CEN 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 Management Centre or to any CEN 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 CEN member into its own language and notified to the CEN Management Centre has the same status as the official versions.

CEN members are the national standards bodies of Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom.

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EUROPEAN COMMITTEE FOR STANDARDIZATION
COMITÉ EUROPÉEN DE NORMALISATION
EUROPÄISCHES KOMITEE FÜR NORMUNG

Management Centre: rue de Stassart, 36 B-1050 Brussels

Foreword

The text of the International Standard ISO/FDIS 14971:2006 has been prepared by Technical Committee ISO/TC 210 "Quality management and corresponding general aspects for medical devices, Joint Working Group 1". The transposition into a European Standard has been managed by the CEN Management Centre (CMC) with the assistance of the CEN Advisory Board for Health Standards.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by September 2007, and conflicting national standards shall be withdrawn at the latest by September 2007.

This document supersedes EN ISO 14971:2000.

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

For relationship with Essential Requirements in EU Directive(s), see informative Annex ZA, which is an integral part of this document.

The present standard can also be used to support some parts of the conformity assessment procedures described in annexes of the European medical devices directives (90/385/EEC, 93/42/EEC and (98/79/EC):

- an adequate description of: results of the risk analysis,
- an undertaking by the manufacturer to institute and keep up to date a systematic procedure to review experience gained from devices in the post-production phase and to implement appropriate means to apply any necessary corrective action

NOTE: Other requirements may be applicable to this aspect

In establishing the policy for determining risk acceptability criteria, this standard allows manufacturers to choose from a range of options within those permitted by regulations (see clause 3.2). European medical devices directives require that, in selecting the most appropriate solutions for the design and construction of the devices, these solutions must conform to safety principles, taking account of the generally acknowledged state of the art, and the manufacturer must apply the following principles in the following order:

- eliminate or reduce risks as far as possible (inherently safe design and construction),
- where appropriate take adequate protection measures including alarms if necessary, in relation to risks that cannot be eliminated,
- inform users of the residual risks due to any shortcomings of the protection measures adopted.

In this context, 'eliminating' or 'reducing' risk must be interpreted and applied in such a way as to take account of technology and practice existing at the time of design and of technical and economical considerations compatible with a high level of protection of health and safety; (see also Annex D.8).

According to the CEN/CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom.

Endorsement notice

The text of ISO 14971:2007 has been approved by CEN as EN ISO 14971:2007 without any modifications.

Annex ZA (informative)

Relationship between this European Standard and the Essential Requirements of EU Directives 93/42/EEC Medical Devices, 90/385/EEC Active Implantable Medical Devices and 98/79/EC In Vitro Diagnostic Devices

This European Standard has been prepared under a mandate given to CEN by the European Commission and the European Free Trade Association to provide a means of conforming to Essential Requirements of the New Approach Directive Medical devices.

Once this standard is cited in the Official Journal of the European Communities under that Directive and has been implemented as a national standard in at least one Member State, compliance with the clauses of this standard confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding Essential Requirements of that Directive and associated EFTA regulations.

Because this standard describes an ongoing process it is not possible to link individual clauses to specific corresponding Essential Requirements. This standard provides a process for managing risks associated with medical devices. Compliance with all the requirement clauses in this standard will ensure that general aspects of medical devices related to risk and safety have been addressed. For particular medical devices or for particular safety aspects, additional specific requirements may need to be complied with in order to meet the essential requirements. Relevant harmonized standards may be used for this purpose. The risk management processes described in this standard could establish the need for collection of clinical or other experimental data. It does not describe how this has to be carried out. Relevant harmonized standards may be used for this purpose.

WARNING — Other requirements and other EU Directives may be applicable to the product(s) falling within the scope of this standard.

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Medical devices — Application of risk management to medical devices

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

International Standards are drafted in accordance with the rules given in the ISO/IEC Directives, Part 2.

The main task of technical committees is to prepare International Standards. Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75 % of the member bodies casting a vote.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights.

International Standard ISO 14971 was prepared by ISO/TC 210, *Quality management and corresponding general aspects for medical devices*, and Subcommittee IEC/SC 62A, *Common aspects of electrical equipment used in medical practice*. Annex H, "Guidance on risk management for *in vitro* diagnostic medical devices", was prepared by ISO/TC 212, *Clinical laboratory testing and in vitro diagnostic test systems*.

This second edition cancels and replaces the first edition (ISO 14971:2000) as well as the amendment ISO 14971:2000/Amd.1:2003.

For purposes of future IEC maintenance, Subcommittee 62A has decided that the contents of this publication will remain unchanged until the maintenance result date¹⁾ 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.

1) IEC National Committees are requested to note that for this publication the maintenance result date is 2014.

Introduction

The requirements contained in this International Standard provide manufacturers with a framework within which experience, insight and judgment are applied systematically to manage the risks associated with the use of medical devices.

This International Standard was developed specifically for medical device/system manufacturers using established principles of risk management. For other manufacturers, e.g., in other healthcare industries, this International Standard could be used as informative guidance in developing and maintaining a risk management system and process.

This International Standard deals with processes for managing risks, primarily to the patient, but also to the operator, other persons, other equipment and the environment.

As a general concept, activities in which an individual, organization or government is involved can expose those or other stakeholders to hazards which can cause loss of or damage to something they value. Risk management is a complex subject because each stakeholder places a different value on the probability of harm occurring and its severity.

It is accepted that the concept of risk has two components:

- a) the probability of occurrence of harm;
- b) the consequences of that harm, that is, how severe it might be.

The concepts of risk management are particularly important in relation to medical devices because of the variety of stakeholders including medical practitioners, the organizations providing health care, governments, industry, patients and members of the public.

All stakeholders need to understand that the use of a medical device entails some degree of risk. The acceptability of a risk to a stakeholder is influenced by the components listed above and by the stakeholder's perception of the risk. Each stakeholder's perception of the risk can vary greatly depending upon their cultural background, the socio-economic and educational background of the society concerned, the actual and perceived state of health of the patient, and many other factors. The way a risk is perceived also takes into account, for example, whether exposure to the hazard seems to be involuntary, avoidable, from a man-made source, due to negligence, arising from a poorly understood cause, or directed at a vulnerable group within society. The decision to use a medical device in the context of a particular clinical procedure requires the residual risks to be balanced against the anticipated benefits of the procedure. Such judgments should take into account the intended use, performance and risks associated with the medical device, as well as the risks and benefits associated with the clinical procedure or the circumstances of use. Some of these judgments can be made only by a qualified medical practitioner with knowledge of the state of health of an individual patient or the patient's own opinion.

As one of the stakeholders, the manufacturer makes judgments relating to safety of a medical device, including the acceptability of risks, taking into account the generally accepted state of the art, in order to determine the suitability of a medical device to be placed on the market for its intended use. This International Standard specifies a process through which the manufacturer of a medical device can identify hazards associated with a medical device, estimate and evaluate the risks associated with these hazards, control these risks, and monitor the effectiveness of that control.

For any particular medical device, other International Standards could require the application of specific methods for managing risk.

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Medical devices — Application of risk management to medical devices

1 Scope

This International Standard specifies a process for a manufacturer to identify the hazards associated with medical devices, including *in vitro* diagnostic (IVD) medical devices, to estimate and evaluate the associated risks, to control these risks, and to monitor the effectiveness of the controls.

The requirements of this International Standard are applicable to all stages of the life-cycle of a medical device.

This International Standard does not apply to clinical decision making.

This International Standard does not specify acceptable risk levels.

This International Standard does not require that the manufacturer have a quality management system in place. However, risk management can be an integral part of a quality management system.

2 Terms and definitions

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For the purposes of this document, the following terms and definitions apply:

2.1

accompanying document

document accompanying a medical device and containing information for those accountable for the installation, use and maintenance of the medical device, the operator or the user, particularly regarding safety

NOTE Adapted from IEC 60601-1:2005, definition 3.4.

2.2

harm

physical injury or damage to the health of people, or damage to property or the environment

[ISO/IEC Guide 51:1999, definition 3.3]

2.3

hazard

potential source of harm

[ISO/IEC Guide 51:1999, definition 3.5]

2.4

hazardous situation

circumstance in which people, property, or the environment are exposed to one or more hazard(s)

[ISO/IEC Guide 51:1999, definition 3.6]

NOTE See Annex E for an explanation of the relationship between “hazard” and “hazardous situation”.

2.5

intended use

intended purpose

use for which a product, process or service is intended according to the specifications, instructions and information provided by the manufacturer

2.6

***in vitro* diagnostic medical device**

IVD medical device

medical device intended by the manufacturer for the examination of specimens derived from the human body to provide information for diagnostic, monitoring or compatibility purposes

EXAMPLES Reagents, calibrators, specimen collection and storage devices, control materials and related instruments, apparatus or articles.

NOTE 1 Can be used alone or in combination with accessories or other medical devices.

NOTE 2 Adapted from ISO 18113-1:—, definition 3.29.

2.7

life-cycle

all phases in the life of a medical device, from the initial conception to final decommissioning and disposal

2.8

manufacturer

natural or legal person with responsibility for the design, manufacture, packaging, or labelling of a medical device, assembling a system, or adapting a medical device before it is placed on the market or put into service, regardless of whether these operations are carried out by that person or on that person's behalf by a third party

NOTE 1 Attention is drawn to the fact that the provisions of national or regional regulations can apply to the definition of manufacturer.

NOTE 2 For a definition of labelling, see ISO 13485:2003, definition 3.6.

2.9

medical device

any instrument, apparatus, implement, machine, appliance, implant, *in vitro* reagent or calibrator, software, material or other similar or related article, intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the specific purpose(s) of

- diagnosis, prevention, monitoring, treatment or alleviation of disease,
- diagnosis, monitoring, treatment, alleviation of or compensation for an injury,
- investigation, replacement, modification, or support of the anatomy or of a physiological process,
- supporting or sustaining life,
- control of conception,
- disinfection of medical devices,
- providing information for medical purposes by means of *in vitro* examination of specimens derived from the human body,

and which does not achieve its primary intended action in or on the human body by pharmacological, immunological or metabolic means, but which may be assisted in its function by such means

NOTE 1 This definition has been developed by the Global Harmonization Task Force (GHTF). See bibliographic reference [38].

[ISO 13485:2003, definition 3.7]

NOTE 2 Products, which could be considered to be medical devices in some jurisdictions but for which there is not yet a harmonized approach, are:

- aids for disabled/handicapped people,
- devices for the treatment/diagnosis of diseases and injuries in animals,
- accessories for medical devices (see Note 3),
- disinfection substances,
- devices incorporating animal and human tissues which can meet the requirements of the above definition but are subject to different controls.

NOTE 3 Accessories intended specifically by manufacturers to be used together with a “parent” medical device to enable that medical device to achieve its intended purpose, should be subject to this International Standard.

2.10

objective evidence

data supporting the existence or verity of something

NOTE Objective evidence can be obtained through observation, measurement, testing or other means.

[ISO 9000:2005, definition 3.8.1]

2.11

post-production

part of the life-cycle of the product after the design has been completed and the medical device has been manufactured

EXAMPLES transportation, storage, installation, product use, maintenance, repair, product changes, decommissioning and disposal

2.12

procedure

specified way to carry out an activity or a process

[ISO 9000:2005, definition 3.4.5]

2.13

process

set of interrelated or interacting activities which transforms inputs into outputs

[ISO 9000:2005, definition 3.4.1]

2.14

record

document stating results achieved or providing evidence of activities performed

[ISO 9000:2005, definition 3.7.6]

2.15

residual risk

risk remaining after risk control measures have been taken

NOTE 1 Adapted from ISO/IEC Guide 51:1999, definition 3.9.

NOTE 2 ISO/IEC Guide 51:1999, definition 3.9 uses the term “protective measures” rather than “risk control measures.” However, in the context of this International Standard, “protective measures” are only one option for controlling risk as described in 6.2.