EESTI STANDARD

Anis Cocen

Meditsiiniseadmed. Meditsiiniseadmete kasutussobivuse rakendamine

rtic Charles Constants of the constants of Medical devices - Application of usability engineering to medical devices



EESTI STANDARDI EESSÕNA

NATIONAL FOREWORD

Käesolev Eesti standard EVS-EN 62366:2008 sisaldab Euroopa standardi EN 62366:2008 ingliskeelset teksti. Standard on kinnitatud Eesti Standardikeskuse 20.02.2008 käskkirjaga ja jõustub sellekohase teate avaldamisel EVS Teatajas.	This Estonian standard EVS-EN 62366:2008 consists of the English text of the European standard EN 62366:2008. This standard is ratified with the order of Estonian Centre for Standardisation dated 20.02.2008 and is endorsed with the notification published in the official bulletin of the Estonian national standardisation organisation.
Euroopa standardimisorganisatsioonide poolt rahvuslikele liikmetele Euroopa standardi teksti kättesaadavaks tegemise kuupäev on 25.01.2008.	Date of Availability of the European standard text 25.01.2008.
Standard on kättesaadav Eesti standardiorganisatsioonist.	The standard is available from Estonian standardisation organisation.
ICS 11.040	O,
Võtmesõnad:	2
Standardite reprodutseerimis- ja levitamisõigus kuulub Eesti Andmete paljundamine, taastekitamine, kopeerimine, salvestamin	Standardikeskusele e elektroonilisse süsteemi või edastamine ükskõik millises vormis või

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EUROPEAN STANDARD

EN 62366

NORME EUROPÉENNE EUROPÄISCHE NORM

January 2008

ICS 11.040

English version

Medical devices -Application of usability engineering to medical devices (IEC 62366:2007)

Dispositifs médicaux -Application de l'ingénierie de l'aptitude à l'utilisation aux dispositifs médicaux (CEI 62366:2007) Medizinprodukte -Anwendung der Gebrauchstauglichkeit auf Medizinprodukte (IEC 62366:2007)

This European Standard was approved by CENELEC on 2007-12-01. 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 Central Secretariat 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 Central Secretariat has the same status as the official versions.

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

CENELEC

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

Central Secretariat: rue de Stassart 35, B - 1050 Brussels

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Foreword

The text of document 62A/574/FDIS, future edition 1 of IEC 62366, prepared by a joint working group of subcommittee 62A: Common aspects of electrical medical equipment used in medical practice, of IEC TC 62, Electrical equipment in medical practice and ISO/TC 210, Quality management and corresponding general aspects for medical devices, was submitted to the IEC-CENELEC parallel vote and was approved by CENELEC as EN 62366 on 2007-12-01.

The following dates were fixed:

-	latest date by which the EN has to be implemented at national level by publication of an identical national standard or by endorsement	(dop)	2008-09-01
_	latest date by which the national standards conflicting with the EN have to be withdrawn	(dow)	2010-12-01

This European Standard has been prepared under a mandate given to CENELEC by the European Commission and the European Free Trade Association and covers essential requirements of EC Directives MDD (93/42/EEC) and IVD (98/79/EC). See Annex ZZ.

In this 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.

Annexes ZA and ZZ have been added by CENELEC.

Endorsement notice

The text of the International Standard IEC 62366:2007 was approved by CENELEC as a European Standard without any modification.

In the official version, for Bibliography, the following notes have to be added for the standards indicated:

IEC 60601-1	NOTE Ha	larmonized as EN 60601-1:2006 (not modified).	X
IEC 60601-1-8	NOTE Ha	armonized as EN 60601-1-8:2007 (not modified).	°Q
ISO 9000	NOTE Ha	armonized as EN ISO 9000:2005 (not modified).	0
ISO 9001	NOTE Ha	larmonized as EN ISO 9001:2000 (not modified).	6.
ISO 9241-11	NOTE Ha	armonized as EN ISO 9241-11:1998 (not modified).	
ISO 13485	NOTE Ha	armonized as EN ISO 13485:2003 (not modified).	
			2

Annex ZA

(normative)

Normative references to international publications with their corresponding European publications

The following referenced documents are indispensable for the 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.

NOTE When an international publication has been modified by common modifications, indicated by (mod), the relevant EN/HD applies.

Publication	Year	Title	<u>EN/HD</u>	Year
ISO 14971	2007	Medical devices - Application of risk management to medical devices	EN ISO 14971	2007
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Annex ZZ

(informative)

Coverage of Essential Requirements of EC Directives

This European Standard has been prepared under a mandate given to CENELEC by the European Commission and the European Free Trade Association and within its scope the standard covers all relevant essential requirements as given in Annex I of the EC Directives 93/42/EEC and 98/79/EC.

Compliance with this standard provides one means of conformity with the specified essential requirements of the Directives concerned.

WARNING: Other requirements and other EC Directives may be applicable to the products falling within the scope of this standard.

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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 PROCESS are non-intuitive, difficult to learn and to use. As healthcare evolves, less skilled USERS including PATIENTS themselves are now using MEDICAL DEVICES and MEDICAL DEVICES are becoming more complicated. In simpler times, the USER of a MEDICAL DEVICE might be able to cope with an ambiguous, difficult-to-use USER INTERFACE. The design of a usable MEDICAL DEVICE is a challenging endeavour, yet many organizations treat it as if it were just "common sense". The design of the USER INTERFACE to achieve adequate (safe) USABILITY requires a very different skill set than that of the technical implementation of that interface.

The USABILITY ENGINEERING PROCESS is intended to achieve reasonable USABILITY, which in turn is intended to minimise USE ERRORS and to minimise use-associated RISKS. Some, but not all, forms of incorrect use are amenable to control by the MANUFACTURER. The USABILITY ENGINEERING PROCESS is related to the RISK MANAGEMENT PROCESS as indicated in Figure A.1.

This International Standard describes a USABILITY ENGINEERING PROCESS, and provides guidance on how to implement and execute the PROCESS to provide SAFETY in MEDICAL dy for the DEVICES. 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.

MEDICAL DEVICES – APPLICATION OF USABILITY ENGINEERING TO MEDICAL DEVICES

1 * Scope

This International Standard specifies a PROCESS for a MANUFACTURER to analyse, specify, design, VERIFY and VALIDATE USABILITY, as it relates to SAFETY of a MEDICAL DEVICE. This USABILITY ENGINEERING PROCESS assesses and mitigates RISKS caused by USABILITY problems 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.

NOTE For the purposes of this standard, USABILITY (see 3.17) is limited to characteristics of the USER INTERFACE.

If the USABILITY ENGINEERING PROCESS detailed in this International Standard has been complied with and the acceptance criteria documented in the USABILITY VALIDATION plan have been met (see 5.9), then the RESIDUAL RISKS, as defined in ISO 14971, associated with USABILITY of a MEDICAL DEVICE are presumed to be acceptable, unless there is OBJECTIVE EVIDENCE to the contrary (see 4.1.2).

This International Standard does not apply to clinical decision-making relating to the use of a MEDICAL DEVICE.

2 Normative references

The following referenced documents are indispensable for the 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.

NOTE Informative references are listed in the bibliography beginning on page 96.

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

3 Terms and definitions

For the purpose of this document, the terms and definitions given in ISO 14971:2007 and the following apply.

NOTE An index of defined terms is found beginning on page 98.

3.1

ABNORMAL USE

intentional act or intentional omission of an act by the RESPONSIBLE ORGANIZATION or USER of a MEDICAL DEVICE as a result of conduct that is beyond any further reasonable means of RISK CONTROL by the MANUFACTURER

NOTE 1 See also 4.1.3 and Annex B. Examples are given in Annex C.

NOTE 2 It is possible for the PATIENT to be the USER, e.g. when the MEDICAL DEVICE is used in the PATIENT'S home.

3.2

ACCOMPANYING DOCUMENT

document accompanying a MEDICAL DEVICE and containing information for those accountable for the installation, use and maintenance of the MEDICAL DEVICE or the USER, particularly regarding SAFETY

[ISO 14971:2007, definition 2.1, modified]