ANSI/AAMI/ISO 14708-1:2014
Implants for surgery — Active implantable medical devices — Part 1: General requirements for safety, marking and for information to be provided by the manufacturer
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.
Implants for surgery — Active implantable medical devices — Part 1: General requirements for safety, marking and for information to be provided by the manufacturer

Abstract: Specifies requirements that are generally applicable to active implantable medical devices. The tests that are specified in this document are type tests and are to be carried out on samples of an active implantable medical device to show compliance. This document is applicable not only to active implantable medical devices that are electrically powered but also to those powered by other energy sources. This document is also applicable to some non-implantable parts and accessories of the active implantable medical devices.

Keywords: AIDM, pacemakers, ICDs, cochlear implants, implantable neurostimulators, implantable infusion pumps, tachyarrhythmia
AAMI Standard

This Association for the Advancement of Medical Instrumentation (AAMI) standard implies a consensus of those substantially concerned with its scope and provisions. The existence of an AAMI standard does not in any respect preclude anyone, whether they have approved the standard or not, from manufacturing, marketing, purchasing, or using products, processes, or procedures not conforming to the standard. AAMI standards are subject to periodic review, and users are cautioned to obtain the latest editions.

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All AAMI standards, recommended practices, technical information reports, and other types of technical documents developed by AAMI are voluntary, and their application is solely within the discretion and professional judgment of the user of the document. Occasionally, voluntary technical documents are adopted by government regulatory agencies or procurement authorities, in which case the adopting agency is responsible for enforcement of its rules and regulations.

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Glossary of equivalent standards

International Standards adopted in the United States may include normative references to other International Standards. AAMI maintains a current list of each International Standard that has been adopted by AAMI (and ANSI). Available on the AAMI website at the address below, this list gives the corresponding U.S. designation and level of equivalency to the International Standard.

www.aami.org/standards/glossary.pdf
Committee representation

Association for the Advancement of Medical Instrumentation

U.S. TAG to ISO/TC 150/SC 6, Active implants


At the time this document was published, the U.S. TAG to ISO/TC 150/SC 6, had the following members:

**Chairs:**
Roger G. Carrillo, MD, University of Miami Hospital  
Ron Reitan, Boston Scientific Corporation

**Members:**
Tushar Dharampal, St Jude Medical Inc  
Veronica Ivans, IMD Standards LLC  
Victor Kokx, Cyberonics Inc  
Whitney Ligon, Integrated Medical Systems  
Cedric Navarro, Advanced Bionics LLC  
Mike Schmidt, Strategic Device Compliance Services  
Mitchell Shen, FDA/CDRH  
Chuck Sidebottom, PPQ Standards LLC  
Curt Sponberg, Medtronic Inc WHQ Campus  
Bob Stevenson, Greatbatch Inc

**Alternates:**
Charles Farlow, Medtronic WHQ Campus  
Christine Frysz, Greatbatch Inc  
James Kippola, Boston Scientific Corporation  
Victor Krauthamer, FDA/CDRRH

NOTE—Participation by federal agency representatives in the development of this document does not constitute endorsement by the federal government or any of its agencies.
Background of ANSI/AAMI adoption of ISO 14708-1:2014

As indicated in the foreword to the main body of this document (page viii), the International Organization for Standardization (ISO) is a worldwide federation of national standards bodies. The United States is one of the ISO members that took an active role in the development of this standard, which was developed by ISO Technical Committee 150, Implants for surgery, Subcommittee (SC) 6, Active implants, to provide requirements that are generally applicable to active implantable medical devices.

U.S. participation in ISO/TC 150/SC 6 is organized through the U.S. Technical Advisory Group to ISO/TC 150/SC 6, administered by the Association for the Advancement of Medical Instrumentation. Experts from the United States made a considerable contribution to this standard.

ANSI/AAMI/ISO 14708-1:2014 was approved by the American National Standards Institute (ANSI) on 8 October 2014.

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 ISO standards. See the Glossary of Equivalent Standards for a list of ISO 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 standard. “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 standard. “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.

NOTE—Beginning with the ISO foreword on page viii, this American National Standard is identical to ISO 14708-1:2014.
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.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation on the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the WTO principles in the Technical Barriers to Trade (TBT) see the following URL: Foreword - Supplementary information.

The committee responsible for this document is ISO/TC 150, Implants for surgery, Subcommittee SC 6, Active implants.

This second edition cancels and replaces the first edition (ISO 14708-1:2000), which has been technically revised.

ISO 14708 consists of the following parts, under the general title Implants for surgery — Active implantable medical devices:

— Part 1: General requirements for safety, marking and for information to be provided by the manufacturer
— Part 2: Cardiac pacemakers
— Part 3: Implantable neurostimulators
— Part 4: Implantable infusion pumps
— Part 5: Circulatory support devices
— Part 6: Particular requirements for active implantable medical devices intended to treat tachyarrhythmia (including implantable defibrillators)
— Part 7: Particular requirements for cochlear implant systems

NOTE The attention of Member Bodies is drawn to the fact that equipment manufacturers and testing organizations might need a transitional period following publication of a new, amended, or revised ISO publication in which to make products in accordance with the new requirements and to equip them for conducting new or revised tests. It is the recommendation of the committee that the content of this publication not be adopted for mandatory implementation nationally earlier than three years from the date of publication.
Introduction

This part of ISO 14708 specifies general requirements for ACTIVE IMPLANTABLE MEDICAL DEVICES to provide basic assurance of safety for both patients and users.

To minimize the likelihood of a device being misused, this part of ISO 14708 also details comprehensive requirements for MARKINGS and for other information to be supplied as part of the documentation with any ACTIVE IMPLANTABLE MEDICAL DEVICE.

For particular types of ACTIVE IMPLANTABLE MEDICAL DEVICE, the general requirements can be supplemented or modified by the requirements of other parts of ISO 14708. A requirement of a particular part of ISO 14708 takes priority over the corresponding requirement of this general part of ISO 14708. Where particular parts of ISO 14708 exist, this general part of ISO 14708 is not intended to be used alone. Special care is required when applying this general part of ISO 14708 alone to ACTIVE IMPLANTABLE MEDICAL DEVICES for which no particular International Standard has yet been published.
Implants for surgery — Active implantable medical devices — Part 1: General requirements for safety, marking and for information to be provided by the manufacturer

1 Scope

This part of ISO 14708 specifies requirements that are generally applicable to ACTIVE IMPLANTABLE MEDICAL DEVICES.

NOTE 1 For particular types of ACTIVE IMPLANTABLE MEDICAL DEVICES, these general requirements are supplemented or modified by the requirements of particular parts of ISO 14708.

The tests that are specified in ISO 14708 are type tests and are to be carried out on samples of an ACTIVE IMPLANTABLE MEDICAL DEVICE to show compliance.

This part of ISO 14708 is applicable not only to active implantable medical devices that are electrically powered but also to those powered by other energy sources (for example by gas pressure or by springs).

This part of ISO 14708 is also applicable to some non-implantable parts and accessories of the ACTIVE IMPLANTABLE MEDICAL DEVICES.

NOTE 2 The device that is commonly referred to as an ACTIVE IMPLANTABLE MEDICAL DEVICE can be a single device, a combination of devices, or a combination of a device or devices and one or more accessories. Not all of these parts are required to be either partially or totally implantable, but there is a need to specify some requirements of non-implantable parts and accessories if they could affect the safety or performance of the implantable device.

NOTE 3 In this part of ISO 14708, terms printed in small capital letters are used as defined in Clause 3. Where a defined term is used as a qualifier in another term, it is not printed in small capital letters unless the concept thus qualified is also defined.

NOTE 4 The terminology used in this part of ISO 14708 is intended to be consistent with the terminology of ISO/TR 14283:2004.