

American
National
Standard



ANSI/AAMI/
UL 2800-1:
2022

Standard for Medical
Device Interoperability

Standard for Medical Device Interoperability

Approved 20 May 2022 by
AAMI

Approved 10 June 2022 by
American National Standards Institute, Inc.

Abstract: Specifies a baseline set of requirements for assuring safe and secure interoperability for Interoperable Medical Systems.

Keywords: interoperability requirements, medical systems, medical devices, interoperable systems

Commitment for Amendments

This Standard is issued jointly by the Association for the Advancement of Medical Instrumentation (AAMI) and Underwriters Laboratories Inc. (UL). Comments or proposals for revisions or any part of the standard may be submitted to AAMI and/or UL at any time. Revisions to this Standard will be made only after processing according to the Standards development procedures of AAMI and UL.

Published by

AAMI
901 N. Glebe Road, Suite 300
Arlington, VA 22203
www.aami.org

© 2022 by the Association for the Advancement of Medical Instrumentation

All Rights Reserved

This publication is subject to copyright claims of AAMI. No part of this publication may be reproduced or distributed in any form, including an electronic retrieval system, without the prior written permission of AAMI. All requests pertaining to this document should be submitted to AAMI. It is illegal under federal law (17 U.S.C. § 101, *et seq.*) to make copies of all or any part of this document (whether internally or externally) without the prior written permission of the Association for the Advancement of Medical Instrumentation. Violators risk legal action, including civil and criminal penalties, and damages of \$100,000 per offense. For permission regarding the use of all or any part of this document, contact the Copyright Clearance Center.

Copyright © 2022 Underwriters Laboratories Inc.

UL's Standards for Safety are copyrighted by UL. Neither a printed nor electronic copy of a Standard should be altered in any way. All of UL's Standards and all copyrights, ownerships, and rights regarding those Standards shall remain the sole and exclusive property of UL.

This ANSI/UL Standard for Safety consists of the Second Edition. The most recent designation of ANSI/UL 2800-1 as an American National Standard (ANSI) occurred on February 25, 2019. ANSI approval for a standard does not include the Cover Page, Transmittal Pages, Title Page (front and back), or the Preface.

Comments or proposals for revisions on any part of the Standard may be submitted to UL at any time. Proposals should be submitted via a Proposal Request in UL's On-Line Collaborative Standards Development System (CSDS) at <https://csds.ul.com>.

To purchase UL Standards, visit UL's Standards Sales site at <http://www.shopulstandards.com/HowToOrder.aspx> or call toll-free 1-888-853-3503.

Printed in the United States of America

ISBN 978-1-57020-843-0

Contents

Page

Committee representation	iv
AAMI Standard	v
1 Introduction	1
2 Scope	2
3 References	2
4 Terms and Definitions	3
5 (Leadership) Management Responsibility	16
6 Interoperability Information	17
7 Interoperability Management	19
8 Interoperability Realization Processes	22
9 Design, Development, and Implementation of Interoperability	24
10 Interoperability of Externally Sourced Products	33
11 Provisioning, Deployment, and Operation	34
12 Testing and Review	36
13 Traceability and Release	38
14 Interoperability Performance Monitoring and Control of Changes	39
Annex A (Informative) Stakeholder Activities	42
Annex B (Informative) Guidance on Declaration of Products and Services	49
Annex C (Informative) Clinical Context Concepts	55
Annex D (Informative) Risk Management Guidance	59

Committee representation

Association for the Advancement of Medical Instrumentation AAMI/UL Joint Committee for Medical Device Interoperability, JC 2800

The publication of AAMI/UL 2800-1:2022 as a new American National Standard was initiated by the AAMI/UL Joint Committee for Medical Device Interoperability, JC 2800.

This list represents the membership at the time the Committee balloted on the final text of this edition. Since that time, changes in the membership may have occurred.

Cochairs: Diana P. Jordan
Ovidiu Munteanu

Members: Dave Arney, CIMIT (MGH Anesthesia & Biomedical Engineering)
Oliver Christ, Prosystem AG
R Cooper, Eurofins E&E North America
Holly Drake, Dexcom Inc.
Sherman Eagles, SoftwareCPR
Scott Eaton, Mindray DS USA Inc
Kenneth Fuchs, Draeger Medical Systems Inc.
Julian Goldman, Massachusetts General Hospital
Pamela K. Gwynn, UL LLC
John Hatcliff, Kansas State University
Jacob Johnson, Kaiser Permanente
Diana Pappas Jordan (JC Cochair), Underwriters Laboratories Inc.
Edmund Kienast, National E-Health Transition Authority (NEHTA)-Australia
Todd Konieczny, Intertek Testing Services
Patty Krantz, Medtronic Inc.
Insup Lee, University of Pennsylvania
Marina Lee, Staubli Electrical Connectors, Inc.
Ovidiu Munteanu (JC Cochair), AAMI
Steve Nichols, GE Healthcare
Geetha Rao, Springborne Life Sciences
Tracey Rausch, DocBox Inc.
Daniel Rubery, NxStage Medical, Inc.
Patricia A. Sena (JC Project Manager), Underwriters Laboratories Inc.
Elliot Sloane, Center for Healthcare Information Research & Policy
Erin Sparmon, ECRI
Sandy Weininger, US FDA/CDRH

NOTE—Participation by federal agency representatives in the development of this technical information report does not constitute endorsement by the federal government or any of its agencies.

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.

CAUTION NOTICE: This AAMI standard may be revised or withdrawn at any time. AAMI procedures require that action be taken to reaffirm, revise, or withdraw this standard no later than five years from the date of publication. Interested parties may obtain current information on all AAMI standards by calling or writing AAMI.

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.

Standard for Medical Device Interoperability

1 Introduction

1.1 The AAMI/UL 2800 series of standards covers the interoperability of medical products. AAMI/UL 2800-1 is the general standard that specifies a baseline set of requirements for assuring safe and secure interoperability for interoperable medical systems. The requirements in the AAMI/UL 2800-1 standard are supplemented by the requirements in additional AAMI/UL 2800 standards. These additional standards are intended to be used in conjunction with the general standard and applied as needed. While this introduction applies to all of the AAMI/UL 2800 series of standards, the scope section of each additional standard describes what is covered by that standard.

1.2 Multiple stakeholders may participate in the development, deployment, assembly, and operation of a medical system with interoperable elements. Such a system, referred to as an interoperable medical system, should minimize patient risks, maintain clinical effectiveness, ensure timely and adequate access to data while protecting its security, and enable adequate provision of care. In order to facilitate alignment of stakeholders around these aims, the AAMI/UL 2800 series of standards establishes a baseline set of requirements for assuring safe and secure interoperability.

1.3 Each stakeholder will need to determine the specific level and manner in which interoperability will be specified and assured for its interoperable medical products. However, a specific system may be developed, assembled, deployed, and operated through a range of processes undertaken by multiple stakeholders. Specific activities in these processes assure interoperability. In order for stakeholders to collectively accomplish this, the processes need to be linked effectively.

1.4 Effective linkage of processes across multiple stakeholders is a core focus of the AAMI/UL 2800 series of standards. This first requires that each stakeholder adequately assesses and manages safety, security and essential performance vulnerabilities of its interoperable medical products. Secondly, it requires that each stakeholder understands and conforms with interoperability aspects of disclosed specifications of an interoperable medical product which it acquires or with which it interoperates, including the consequent safety and security characteristics. Finally, it requires that each stakeholder clearly communicates to the other stakeholders the information required to assure interoperability.

1.5 The requirements in the AAMI/UL 2800 series of standards are intended to apply to medical devices, as well as other connected infrastructure elements, and interoperable medical systems constructed from these. The AAMI/UL 2800 series of standards is intended to be used by individual stakeholders.

1.6 The AAMI/UL 2800 series of standards employ a lifecycle process approach to organizing requirements. In addition to a set of broad management functions, the standards provide for a set of interoperability planning, realization, deployment, and monitoring activities. These activities also incorporate cross-cutting requirements for security and risk management. The standards recognize that a given organization may be responsible for only a part of the full range of activities required for an interoperable medical system. Furthermore, the organization's interoperable medical products may provide only a specific or limited functionality. To accommodate this, the standards provide for flexibility in the scope, sequence, and interaction of these activities. Finally, the standards provide requirements and supplementary guidance on key clinical and engineering properties of an interoperable medical system that are essential to assuring safe and secure interoperability and provide guidance on lifecycle activities.