

PROPOSED DOCUMENT

Global Harmonization Task Force

Title: Principles of Medical Devices Classification

Authoring Group: Study Group 1 of the Global Harmonization Task Force

Date: September 15, 2005

Principles of Medical Devices Classification Study Group 1 Proposed Document SG1/N015

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Preface

The document herein was produced by the Global Harmoniza tion Task Force, a voluntary group of representatives from medical device regulatory authorities and the regulated industry. The document is intended to provide non -binding guidance for use in the regulation of medical devices, and has been subject to consultation throughout its development.

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1.0 Introduction

The primary way in which the Global Harmonization Task Force (GHTF) achieves its goals is through the production of harmonized guidance documents suitable for implementation or adoption by member Regulatory Authorities, as appropriate taking into account their existing legal framework, or by nations with developing regulatory programmes.

This guidance document is one of a series that together describe a global regulatory model for medical devices. Its purpose is to assist a manufacturer to allocate its medical device to an appropriate risk class using a set of harmonized principles. Regulatory Authorities have the responsibility of ruling upon matters of interpretation for a p articular medical device. Once assigned, such classification will prescribe how the manufacturer will demonstrate that its device complies with other documents in the series and, in particular, with those entitled *Essential Principles of Safety and Performance of Medical Devices* and *Labelling for Medical Devices* should it be required or requested so to do by a Regulatory Authority, Conformity Assessment Body, user or third party.

This document should be read in conjunction with the GHTF document on *Principles of Conformity Assessment for Medical Devices* that recommends conformity assessment requirements appropriate to each of the four risk classes proposed herein. The linked development of documents on classification and conformity assessment are important to ensure a consistent approach across all countries/regions adopting the global regulatory model recommended by the GHTF, so that premarket approval for a particular device may become acceptable globally. Regulatory Authorities who may have different classification procedures are encouraged to adopt this GHTF guidance as the opportunity permits.

This document has been developed to encourage and support global convergence of regulatory systems. It is intended for use by Regulatory Authorities, Confor mity Assessment Bodies and industry, and will provide benefits in establishing, in a consistent way, an economic and effective approach to the control of medical devices in the interest of public health.

Regulatory Authorities that are developing classi fication schemes or amending existing ones are encouraged to consider the adoption of the system described in this document, as this will help to reduce the diversity of schemes worldwide and facilitate the process of harmonization.

The regulatory requirements of some countries do not, at this time, align fully with this guidance.

This guidance document has been prepared by Study Group 1 of the Global Harmonization Task Force (GHTF). Comments or questions about it should be directed to either the Chairman or Secretary of GHTF Study Group 1 whose contact details may be found on the GHTF web page.

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2.0 Scope

This document applies to all products that fall within the definition of a medical device that appears within the GHTF document *Information Document Concerning the Definition of the Term 'Medical Device'*, **other than those** used for the *in vitro* examination of specimens derived from the human body.

3.0 References

GHTF final documents

SG1/N029:2005 Information Document Concerning the Definition of the Term 'Medical Device'.

SG1/N043:2005 Labelling for Medical Devices

SG1/N041:2005 Essential Principles of Safety and Performance of Medical Devices

SG1/N012:2000 Role of Standards in the Assessment of Medical Devices.

GHTF documents proposed for public comment

SG1(PD)/N040 Principles of Conformity Assessment for Medical Devices.

4.0 Definitions

Active implantable medical device: Any active medical device, together with any accessories for its proper functioning, which is intended to be totally or partially introduced, surgically or medically, into the human body or by medical intervention into a natural orifice, and which is intended to remain after the procedure. (Source - European Directive 90/385/EEC – but modified to include accessories)

Active medical device: Any medical device operation of which depends on a source of electrical energy or any source of power other than that directly generated by the human body or gravity and which acts by converting this energy. Medical devices intended to transmit energy, substances or other elements between an active medical device and the patient, without any significant change, are not considered to be active medical devices. (Source - European Directive 93/42/EEC)

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- **Active therapeutical device:** Any active medical device, whether used alone or in combination with other medical devices, to support, modify, replace or restore biological functions or structures with a view to treatment or alleviation of an illness, injury or handicap. (Source European Directive 93/42/EEC)
- Active device intended for diagnosis: Any active medical device, whether used alone or in combination with other medical devices, to supply information for detecting, diagnosing, monitoring or to support in treating physiological conditions, states of health, illnesses or congenital deformities. (Source based on European Directive 93/42/EEC)
- Central circulatory system: For the purpose of this document, `central circulatory system' means the major internal blood vessels including the following: pulm onary veins, pulmonary arteries, cardiac veins, coronary arteries, common carotid arteries, cerebral arteries, brachiocephalic artery, aorta, inferior and superior vena cava, renal arteries and common iliac arteries.
- **Central nervous system**: For the purpose of this document, `central nervous system' means brain, meninges and spinal cord. (Source European Directive 93/42/EEC)

Duration of use

Transient: Normally intended for continuous use for less than 60 minutes.

Short term: Normally intended for continuous use for between 60 minutes and 30 days.

Long term: Normally intended for continuous use for more than 30 days.

NOTE: For the purpose of this document, continuous use means the uninterrupted actual use of the device for the purpose intended by the manufacturer, except where the reason for interruption is to replace a failing/failed device with one that has the same intended purpose (e.g. replacement of a urinary catheter), where this should be regarded as an extension of continuous use.

(Source - European Directive 93/42/EEC)

Harm: Physical injury or damage to the health of people or damage to property or the environment. (Source – ISO/IEC Guide 51:1999)

Hazard: Potential source of harm. (Source – ISO/IEC Guide 51:1999)

Immediate danger: A situation where the patient is at risk of either losing life or an important physiological function if no immediate preventative measure is taken

Intended use / purpose: Use of a product, process, or service in accordance with the specifications, instructions, and information provided by the manufacturer. (Source – ISO 14971)

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Invasive devices

Invasive device: A device, which, in whole or in part, penetrates inside the body, either through a body orifice or through the surface of the body.

Body orifice: Any natural opening in the body, as well as the external surface of the eyeball, or any permanent artificial opening, such as a stoma or permanent tracheotomy.

Surgically invasive device: An invasive device which penetrates inside the body th rough the surface of the body, with the aid or in the context of a surgical operation.

NOTE: Devices other than those referred to in the previous subparagraph and which produce penetration other than through an established body orifice, should be treat ed as surgically invasive devices.

Implantable device: Any device, including those that are partially or wholly absorbed, which is intended: -

- Ø to be totally introduced into the human body or,
- Ø to replace an epithelial surface or the surface of the eye,

by surgical intervention which is intended to remain in place after the procedure.

Any device intended to be partially introduced into the human body through surgical intervention and intended to remain in place after the procedure for at least 30 day s is also considered an implantable device.

(Source - European Directive 93/42/EEC)

- **Life supporting or life sustaining:** A device that is essential to, or that yields information that is essential to, the restoration or continuation of a bodily function important to the continuation of human life.
- **Medical device:** See GHTF guidance document: *Information Concerning the Definition of the Term "Medical Device"* (SG1/N029).
- **Reusable surgical instrument:** Instrument intended for surgical use by cutting, dril ling, sawing, scratching, scraping, clamping, retracting, clipping or similar procedures, without connection to any active medical device and which are intended by the manufacturer to be reused after appropriate procedures for cleaning and/or sterilisation have been carried out. (Source European Directive 93/42/EEC minor modifications)

Risk: Combination of the probability of occurrence of harm and the severity of that harm. (Source – ISO/IEC Guide 51:1999)

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5.0 General Principles

Regulatory controls are intended to safeguard the health and safety of patients, users and other persons by ensuring that manufacturers of medical devices follow specified procedures during design, manufacture and marketing.

The risk presented by a particular device depends su bstantially on its intended purpose and the effectiveness of the risk management techniques applied during design, manufacture and use.

The GHTF guidance documents Essential Principles of Safety and Performance of Medical Devices and Labelling for Medical Devices apply to all devices whatever their risk class.

Regulatory controls should be proportional to the level of risk associated with a medical device. The level of regulatory control should increase with increasing degree of risk, taking account of the benefits offered by use of the device. At the same time, the imposition of regulatory controls should not place an unnecessary burden on regulators or manufacturers.

Therefore:

- there is a need to classify medical devices based on their risk to patien ts, users and other persons; and
- there is benefit for manufacturers and Regulatory Authorities if a globally harmonized classification system is developed.

The risk presented by a device also depends, in part, on the degree of innovation in a device, its intended use, its intended user(s), its mode of operation, and/or technologies. In general, the classification rules are intended to accommodate such innovations. Without prejudice to these rules, Regulatory Authorities may wish to require the notification of new devices being placed on the market in their jurisdictions. Such notification may be used in assessing the evidence requirements for use in the conformity assessment process. It may also be used to consider the need, if any, for possible re-classification and/or changes in these harmonized classification rules.

6.0 Recommendations

6.1 Primary Recommendations

- Regulatory Authorities should work towards the establishment of a global classification system.
- Such a system should be based upon common features of existing national requirements with the aim of future convergence.

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- This system should consist of four risk classes. Based on experience of GHTF Founding Members, this is sufficient to accommodate all medical devices and allows an efficient and graduated system of conformity assessment controls.
- The initial determination of class should be based on a set of rules derived from those features of devices that create risk. In most cases the initial rules based classification will also be the final classification.
- These rules should be sufficiently clear that manufacturers may readily identify the class of their medical devices, subject, as required, to final classification by the Regulatory Authority.
- The rules should be capable of accommodating future tech nological developments.
- The manufacturer should document its justification for placing its product into a particular risk class, including the resolution of any matters of interpretation where it has asked a Conformity Assessment Body and/or Regulatory Aut hority for a ruling.
- Decisions on final classifications, which deviate from the initial rules -based classification, should be weighed against the disadvantages of disharmonized international classification.

6.2 Factors Influencing Device Classification

A number of factors, including for example the duration of device contact with the body, the degree of invasiveness, whether the device delivers medicines or energy to the patient, whether they are intended to have a biological affect on the patient and local *versus* systemic effects (e.g. conventional *versus* absorbable sutures) may, alone or in combination, affect device classification.

Where more than one of the classification rules applies to the medical device, it should be allocated to the highest class indicated.

Where one medical device is intended to be used together with another medical device, that may or may not be from the same manufacturer, (e.g. a physiological monitor and a separate recorder, or a general purpose syringe and a syringe driver), the classification rules should apply separately to each of the devices.

Classification of an assemblage of medical devices that individually comply with all regulatory requirements depends on the manufacturer's purpose in packaging and marketing such a combination of separate devices. For example:

- If the combination results in a product that is intended by the manufacturer to meet a purpose different from that of the individual medical devices that make it up, the combination is a new medical device in its own right and should be classified according to the new intended use.
- If the combination is for the convenience of the user but does not change the intended uses of the individual medical devices that make it up (e.g. a customised kit that provides all the devices necessary to carry out a particular surgical procedure) there is no need to classify the combination as a whole although the manufacturer may do so if it wishes.

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If one or more of the medical devices that is in the assemblage has yet to comply with all the relevant regulatory requirements, the combination should be classified as a whole according to its intended use.

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 the same GHTF guidance as applies to the medical device itself. For classification purposes an accessory may be classified as though it is a medical device in its own right.

While most software is incorporated into the medical device itself, some is not. Provided such standalone software falls within the scope of the definition for a 'medical device', it should be classified as follows:

- Where it drives or influences the use of a separate medic al device, it will have the same class as the device itself.
- Where it is independent of any other medical device, it is classified in its own right using the rules in Section 8.0 of this document.

Every region and country has to evaluate new products in the context of their own health care system and experience with similar products and the context for use. Risk classification should be based not only on the characteristics of the device and intended use, but also the context of the use in specific health care systems. For example, introduction of a complex novel technology in a country with little prior use of similar products may require higher risk classification.

Experience gained from the clinical use of a particular type of medical device may suggest that the rules appearing in Section 8.0 of this document are inappropriate. Current GHTF procedures require that all GHTF documents be reviewed at regular intervals. Such a review of this document will provide any participant with an opportunity to suggest a change of text that, in their opinion, will address any shortcoming.

The purpose of risk classification is to provide that the regulatory controls applied to a medical device proportionate to risk. Statutory conformity assessment authority p rovides Regulatory Authorities methods to assure compliance with regulatory controls. At this time, conformity assessment requirements and other regulatory controls assigned to each class of device by different Regulatory Authorities have yet to be harmon ized and may vary. While Study Group 1 of GHTF continues to support and encourage regulatory harmonization, it recognises that some Regulatory Authorities may have to reflect different local needs when they introduce new regulations on classification, for example, in the application of devices covered by the Additional Rules 13 to 16. Study Group 1 hopes any such differences will disappear in the course of time.

6.3 Proposed General Classification System for Medical Devices

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Figure 1 indicates the four risk classes of devices. The examples given are for illustration only and the manufacturer must apply the classification rules to each medical device according to its intended purpose.

Figure 1: Proposed general classification system for medical devices

CLASS	RISK LEVEL	DEVICE EXAMPLES
A	Low Risk	Surgical retractors / tongue depressors
В	Low-moderate Risk	Hypodermic Needles / suction equipment
C	Moderate-high	Lung ventilator / orthopaedic implants
	Risk	
D	High Risk	Heart valves / implantable defibrillator

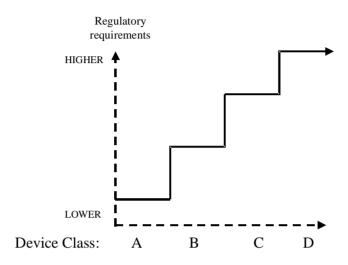
Figure 2 shows a conceptual illustration of increasing levels of regulatory requirements as the device risk class increases. These regulatory controls may include, for example: -

- operation of a quality system (recommended for all dev ices);
- documentation of clinical evidence to support the manufacturer's claims;
- technical data;
- product testing using in-house or independent resources;
- the need for and frequency of independent external audit of the manufacturer's quality system; and
- independent external review of the manufacturer's technical data.

The concept is expanded in the GHTF guidance document entitled *Principles of Conformity Assessment for Medical Devices* .

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Figure 2: Conceptual illustration of regulatory controls increasing with device risk class



7.0 The Determination of Device Class using this Rules-based System

The manufacturer should:

1. Decide if the product concerned is a medical device, using the appropriate definition.

NOTE: Medical devices that are used for the *in vitro* examination of specimens derived from the human body are not covered by the classification rules within this document (see Scope).

- 2. Determine the intended use of the medical device.
- 3. Take into consideration all the rules that follow in order to establish the proper classification for the device, noting that where a medical device has features that place it into more than one class, classification and conformity assessment should be based on the highest class indicated.
- 4. Determine that the device is not subject to special national rules that apply within a particular jurisdiction.

NOTES: Once a rules-based system has been adopted, modifications **may occasionally be required**. For example, where through post-market experience, a level of risk for a

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type of medical device, classified using the criteria found in this guidance document is no longer appropriate, consideration should be given to re-classification by a change to the rules.

Similarly, the historical knowledge of a device may necessitate a different class than the one assigned by the initial classification. Unlike the principle of reclassification after post-market experience with a device, this principle of historical knowledge should be applied immediately when the initial classification yields an inappropriate result.

Where special national rules are applied, resulting in a device class other than that suggested by the present rules, then a different conformity assessment procedure may be indicated. This may have an effect on the acceptability of such devices for free movement in countries where these present rules have been adopted unless other, or additional, conformity assessment procedures are carried out.

8.0 Initial Classification Rules

The actual classification of each device depends on the precise claims made by the manufacturer and on its intended use. While the provision of examples in the table that follows is helpful when interpreting the purpose of each rule, it must be emphasised that the **actual classification of a particular device** must be considered individually, taking account of its design and intended use.

Where a medical device has features that place it into more than one class, conformity assessment should be based on the highest class indicated.

RULE	ILLUSTRATIVE EXAMPLES OF
	DEVICES THAT MAY CONFORM
	WITH A RULE
Ø NON-INVASIVE DEVICES	
1. All non-invasive devices are in Class	These devices either do not touch the
A, unless Rule 2, 3 or 4 applies.	patient or contact intact skin only.
	Examples: urine collection bottles;
	compression hosiery; non-invasive
	electrodes, hospital beds.
	NOTE: Non-invasive devices that are
	indirectly in contact with the body & can
	influence internal physiological processes
	by storing, channelling or treating blood,
	other body liquids or liquids which are
	returned or infused into the body or by
	generating energy that is delivered to the
	body are outside the scope of this rule.
2. All non-invasive devices intended for	Such devices are 'indirectly invasive' in
channelling or storing blood, body	that they channel or store liquids that will

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11 11 1	
liquids or tissues, liquids or gases for	eventually be delivered into the body (see
the purpose of eventual infusion,	comment for Rule 1).
administration or introduction into the	Examples: administration sets for gravity
body are in Class A,	infusion; syringes without needles.
unless they may be connected to an	Examples: syringes and administration
active medical device in Class B or a	sets for infusion pumps; anaesthesia
higher class, in which case they are	breathing circuits.
Class B;	NOTE: "Connection" to an active device
,	covers those circumstances where the
	safety and performance of the active
	device is influenced by the non-active
	device and <i>vice versa</i> .
unless they are intended for use of	Examples: tubes used for blood
storing or channeling blood or other	transfusion.
body liquids or for storing organs, parts	NOTE: in some jurisdictions, blood bags
of organs or body tissues, in which case	have a special rule that places them
they are Class B.	within a higher risk class.
3. All non-invasive devices intended for	Such devices are indirectly invasive in
modifying the biological or chemical	that they treat or modify substances that
composition of blood, other body	will eventually be delivered into the body
liquids or other liquids intended for	(see comment for Rule 1). They are
infusion into the body are in Class C,	normally used in conjunction with an
	active device within the scope of either
	Rule 9 or 11.
	Examples: haemodializers; devices to
	remove white blood cells from whole
	blood.
	NOTE : for the purpose of this part of the
	rule, 'modification' does not include
	simple, mechanical filtration or
	centrifuging which are covered below.
unless the treatment consists of	Examples: devices to warm or cool
filtration, centrifuging or exchanges of	blood; devices to remove carbon dioxide;
gas or of heat, in which case they are in	particulate filters in an extracorporial
Class B.	circulation system.
4. All non-invasive devices which come	Devices covered by this rule are
into contact with injured skin:	extremely claim sensitive.
- are in Class A if they are intended to	Examples: simple wound dressings;
be used as a mechanical barrier, for	cotton wool.
compression or for absorption of	
exudates;	
unless intended to be used principally	Devices used to treat wounds where the
with wounds which have breached the	subcutaneous tissue is as least partially
dermis and can only heal by secondary	exposed and the edges of the wound are
intent, in which case they are in Class	not sufficiently close to be pulled
•	together. The device manufacturer
C.	togemen. The device manufacturer

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- are in Class B in all other cases, including devices principally intended to manage the microenvironment of a wound.	claims that they promote healing through physical methods other than providing a barrier are in Class C. Examples: dressings for chronic ulcerated wounds; dressings for severe burns. Examples: non-medicated impregnated gauze dressings.
Ø INVAS	IVE DEVICES
5. All invasive devices with respect to body orifices (other than those which are surgically invasive) and which: a) are not intended for connection to an active medical device or b) are intended for connection to a Class A medical device	Such devices are invasive in body orifices (refer to definition) and are not surgically invasive. Devices tend to be diagnostic and therapeutic instruments used in ENT, ophthalmology, dentistry, proctology, urology and gynaecology. Classification depends on the time of invasion and the sensitivity (or vulnerability) of the orifice to such invasion.
- are in Class A if they are intended for transient use; - are in Class B if they are intended for short-term use; unless they are used in the oral cavity as far as the pharynx, in an ear canal up to the ear drum or in a nasal cavity, in which case they are in Class A, - are in Class C if they are intended for long-term use; unless they are used in the oral cavity as far as the pharynx, in an ear canal up to the ear-drum or in a nasal cavity and are	Examples: dental impression materials; examination gloves; enema devices. Examples: contact lenses, urinary catheters, tracheal tubes. Examples: dentures intended to be removed by the patient; dressings for nose bleeds. Example: urethral stent; contact lenses for long-term continuous use (for this device, removal of the lens for cleaning or maintenance is considered as part of the continuous use). Examples: orthodontic wire, fixed dental prosthesis.
not liable to be absorbed by the mucous membrane, in which case they are in Class B. All invasive devices with respect to body orifices (other than those which are surgically invasive) that are intended to be connected to an active medical device in Class B or a higher	Examples: tracheal tubes connected to a ventilator; suction catheters for stomach drainage; dental aspirator tips. NOTE: independent of the time for which they are invasive.

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class, are in Class B. 6. All surgically invasive devices	A majority of such devices fall into three
intended for transient use are in Class B,	major groups: those that create a conduit through the skin (e.g. syringe needles; lancets), surgical instruments (e.g. single-use scalpels; surgical staplers; surgical gloves; single-use aortic punch) and various types of catheter /sucker etc. NOTE: a surgical instrument (other than those in Class D) is in Class A if reusable and in Class B if supplied sterile and intended for single use. Also, a surgical instrument connected to an active device is in a higher class than A. NOTE: if the device incorporates a medicinal substance in a secondary role
valore they are reveable event al	refer to Rule 13.
unless they are reusable surgical instruments, in which case they are in	Examples: Manually operated surgical drill bits and saws.
Class A;	arm one and saws.
unless intended to supply energy in the	Example: catheter incorporating/
form of ionizing radiation, in which case they are in Class C;	containing sealed radioisotopes.
unless intended to have a biological	NOTE: the 'biological effect' referred to
effect or be wholly or mainly absorbed,	is an intended one rather than
in which case they are in Class C;	unintentional. The term 'absorption' refers to the degradation of a material within the body and the metabolic elimination of the resulting degradation products from the body.
unless intended to administer medicines	Example: insulin pen for self-
by means of a delivery system, if this is	administration.
done in a manner that is potentially	NOTE : the term 'admin istration of
hazardous taking account of the mode	medicines' implies storage and/or
of application, in which they are in	influencing the rate/volume of medicine
Class C.	delivered not just channelling. The term
	'potentially hazardous manner' refers to the characteristics of the device and not
	the competence of the user.
unless intended specifically to	Examples: angioplasty balloon catheters
diagnose, monitor or correct a defect of	and related guide wires; dedicated
the heart or of the central circulatory	disposable cardiovascular surgical
system through direct contact with these	instruments.
parts of the body, in which case they are	
in Class D.	

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intended for short-term use are in Class B,	context of surgery or post-operative care, or are infusion devices, or are catheters of various types. Examples: clamps; infusion cannulae; temporary filling materials; non-absorbable skin closure devices; tissue stabilisers used in cardiac surgery. NOTE: includes devices that are used during cardiac surgery but do not monitor or correct a defect. NOTE: if the device incorporates a medicinal substance in a secondary role refer to Rule 13.
unless they are intended to administer medicines, in which case they are in Class C;	NOTE: the term 'administration of medicines' implies storage and/or influencing the rate/volume of medicine delivered not just channelling.
unless they are intended to undergo chemical change in the body (except if the devices are placed in the teeth), in which case they are in Class C;	Example: surgical adhesive.
unless they are intended to supply energy in the form or ionizing radiation, in which case they are in Class C;	Example: brachytherapy device.
unless they are intended to have a biological effect or to be wholly or mainly absorbed, in which case they a re in Class D;	Example: absorbable suture; biological adhesive. NOTE: the 'biological effect' referred to is an intended one rather than unintentional. The term 'absorption' refers to the degradation of a material within the body and the metabolic elimination of the resulting degradation products from the body.
unless they are intended specifically for use in direct contact with the central nervous system, in which case they are in Class D;	Example: neurological catheter.
unless they are intended specifically to diagnose, monitor or correct a defect of the heart or of the central circulatory system through direct contact with these parts of the body, in which case they are in Class D.	Examples: cardiovascular catheters; temporary pacemaker leads; carotid artery shunts.
8. All implantable devices, and long-term surgically invasive devices, are in Class C,	Most of the devices covered by this rule are implants used in the orthopaedic, dental, ophthalmic and cardiovascular

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	,
	fields. Example: maxilla-facial implants; prosthetic joint replacements; bone cement; non-absorbable internal sutures;
	posts to secure teeth to the mandibula
	bone (without a bioactive coating).
	NOTE: if the device incorporates a
	medicinal substance in a secondary role refer to Rule 13.
unless they are intended to be placed	Examples: bridges; crowns; dental filling
into the teeth, in which case they are in	materials.
Class B;	
unless they are intended to be used in	Examples: prosthetic heart valves; spinal and vascular stents.
direct contact with the heart, the central	and vascular stents.
circulatory system or the central nervous system, in which case they are	
in Class D;	
unless they are intended to be life	
supporting or life sustaining, in which	
case they are in Class D;	
unless they are intended to be active	Example: pacemakers, their electrodes
implantable medical devices, in which	and their leads; implantable defibrillators.
case they are Class D;	1
unless they are intended to have a	Example: implants claimed to be
biological effect or to be wholly or	bioactive.
mainly absorbed, in which case they a re	NOTE : hydroxy-apatite is considered as
in Class D;	having biological effect only if so
	claimed and demonstrated by the
	manufacturer.
unless they are intended to administer	Example: rechargeable non-active drug
medicines, in which case they are in	delivery system.
Class D;	NOTE: hone coment is not within the
unless they are intended to undergo	NOTE: bone cement is not within the
chemical change in the body (except if	scope of the term 'chemical change in the body' since any change takes place in the
the devices are placed in the teeth), in which case they are in Class D.	short rather than long term.
unless they are breast implants, in which	Short rather than long term.
case they are in Class D.	
· · · · · · · · · · · · · · · · · · ·	VE DEVICES
9. All active therapeutical devices	Such devices are mostly electrically
intended to administer or exchange	powered equipment used in surgery;
energy are in Class B,	devices for specialised treatment and
	some stimulators.
	Examples: muscle stimulators; TENS
	devices; powered dental hand pieces;
	hearing aids; neonatal phototherapy

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	equipment; ultrasound equipment for
	physiotherapy.
unless their characteristics are such that	Examples: lung ventilators; baby
they may administer or exchange energy	incubators; electrosurgical generators;
to or from the human body in a	external pacemakers and defibrillators;
potentially hazardous way, including	surgical lasers; lithotriptors; therapeutic
ionizing radiation, taking account of the	X-ray and other sources of ionizing
nature, the density and site of application	radiation.
of the energy, in which case they are in	NOTE: the term 'potentially hazardous'
Class C.	refers to the type of technology involved
A11	and the intended application.
All active devices intended to control or	Examples: external feedback systems for
monitor the performance of active	active therapeutical devices.
therapeutical devices in Class C, or	
intended directly to influence the	
performance of such devices, are in	
Class C.	Cuch devices include againment for
10. Active devices intended for diagnosis	Such devices include equipment for
are in Class B:	ultrasonic diagnosis/imaging, capture of physiological signals, interventional
:C 41 :	radiology and diagnostic radiology.
- if they are intended to supply energy	Examples: magnetic resonance
which will be absorbed by the human	equipment; diagnostic ultrasound in non-
body (except for devices used solely to	critical applications; evoked response stimulators.
illuminate the patient's body, with light	stillulators.
in the visible or near infra-red spectrum,	
in which case they are Class A), or	F1
- if they are intended to image <i>in vivo</i>	Example: gamma/nuclear cameras.
distribution of radiopharmaceuticals, or	Example: electronic thermometers,
- if they are intended to allow direct	
diagnosis or monitoring of vital	stethoscopes and blood pressure monitors; electrocardiographs.
physiological processes,	monitors, electrocardiographs.
unless they are specifically intended	
for:	Evample: manitara/alarma for intensiva
a) monitoring of vital physio logical	Example: monitors/alarms for intensive
parameters, where the nature of	care; biological sensors; oxygen
variations is such that it could result in	saturation monitors; apnoea monitors.
immediate danger to the patient, for	
instance variations in cardiac	
performance, respiration, activity of	
central nervous system, or	Example: ultresound againment for use in
b) diagnosing in clinical situations	Example: ultrasound equipment for use in
where the patient is in immediate	interventional cardiac procedures.
danger,	
in which case they are in Class C.	
Active devices intended to emit ionizing	Example: diagnostic X-ray source;

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{	
radiation and intended for diagnostic	devices for the control, monitoring or
and/or interventional radiology, including	influencing of the emission of ionizing
devices which control or monitor such	radiation.
devices, or those which directly influence	
their performance, are in Class C.	
11. All active devices intended to	Such devices are mostly drug delivery
administer and/or remove medicines,	systems, or anaesthesia equipment.
body liquids or other substances to or	Examples: feeding pumps; jet injectors.
from the body are in Class B,	
unless this is done in a manner that is	Examples: infusion pumps; anaesthesia
potentially hazardous, taking account of	equipment; dialysis equipment;
the nature of the substances involved, of	hyperbaric chambers.
the part of the body concerned and of the	hyperburic chambers.
mode of application, in which case they	
are in Class C.	
12. All other active devices are in Class	Examples: examination lamps; surgical
A.	microscopes; powered hospital beds &
A.	
	wheelchairs; powered equipment for the
	recording, processing, viewing of
C IDDI	diagnostic images; dental curing lights.
	TIONAL RULES
13. All devices incorporating, as an	These devices cover combination devices
integral part, a substance which, if used	that incorporate medicinal substances in a
separately, can be considered to be a	secondary role.
medicinal product, and which is liable to	Examples: antibiotic bone cements;
act on the human body with action	heparin-coated catheters; wound
ancillary to that of the devices, are in	dressings incorporating antimicrobial
Class D.	agents to provide ancillary action on the
	wound.
14. All devices manufactured from or	NOTE : In some jurisdictions such
incorporating animal or human	products:
cells/tissues/derivatives thereof,	- are considered to be outside the scope
whether viable or non-viable,	of the medical device definit ion;
are Class D,	- may be subject to different controls.
,	, , ,
	It is likely the regulations controlling
	these devices will be the subject of future
	harmonization efforts.
	Examples: porcine heart valves; catgut
	sutures.
unless such devices are manufactured	Examples: leather components of
from or incorporate non-viable animal	orthopaedic appliances.
tissues or their derivatives that come in	
contact with intact skin only, where they	
are in Class A.	
	1
15. All devices intended specifically to	Examples: disinfectants intended to be

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be used for disinfecting or sterilisin g medical devices are in Class B,	used with medical devices; washer disinfectors. NOTE: This rule does not apply to products that are intended to clean medical devices other than contact lenses by means of physical action e.g. washing machines.
unless they are intended specifically to be used for disinfecting, cleaning, rinsing or, when appropriate, hydrating contact lenses, in which case they are in Class C.	Examples: contact lens solutions. NOTE: In some jurisdictions solutions for use with contact lenses: - are considered to be outside the scope of the medical devices definition; - may be subject to different controls.
16. All devices used for contraception or the prevention of the transmission of sexually transmitted diseases are in Class C, unless they are implantable or long-term	Examples: condoms; contraceptive diaphragms. Example: intrauterine contraceptive
invasive devices, in which case they are in Class D.	device.

Decision trees illustrating how these rules may be used to classify specific devices are shown in Appendix A.

8.1 Rationale for the inclusion of the Additional Rules into this document

There are a small number of products that fall within the scope of the definition of a medical device and which may need to be classified to take account of factors other than those covered by the risk-based rules (Rules 1 to 12). For the understanding of those countries that are not Founding Members of GHTF, it is felt important to offer guidance on the classification of such devices (see Clause 6.2, above). Therefore, four Additional Rules are provided (Rules 13 to 16).

Matters that may need to be considered are: -

Rule 13: Devices incorporating a medicinal product

- The regulations applying to medicinal products re quire different acceptance procedures to those for medical devices.
- The behavior of a medicinal product used in conjunction with a medical device may differ from that covered by its approved use as a medicine alone.
- The public perception of possible risks associated with such devices demands a high classification.

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Rule 14: Devices incorporating animal or human tissues

- There is an absence of global regulatory controls for such devices.
- Classification needs to acknowledge the many different ethical and religious cultures throughout the world have an opinion on such devices.
- The public perception of possible risks associated with such devices, particularly after the problems caused by Bovine Spongiform Encephalopathies (BSE) and Creutzfeldt -Jacob disease (CJD), demands a high classification.

Rule 15 Disinfectants

• The particular concerns relating to those disinfectants that are used with contact lenses, due to sensitivity and vulnerability of the eye.

Rule 16 Contraceptive devices

- The risks associated with unwanted pregnancy if caused by mechanical failure of the device.
- The need to safeguard public health through the use of condoms to reduce the prevalence of sexually transmitted diseases.
- Public expectation that contraceptive devices are perfectly reliable and safe despite published data to the contrary.
- High political profile of these devices in assuring the protection of public health

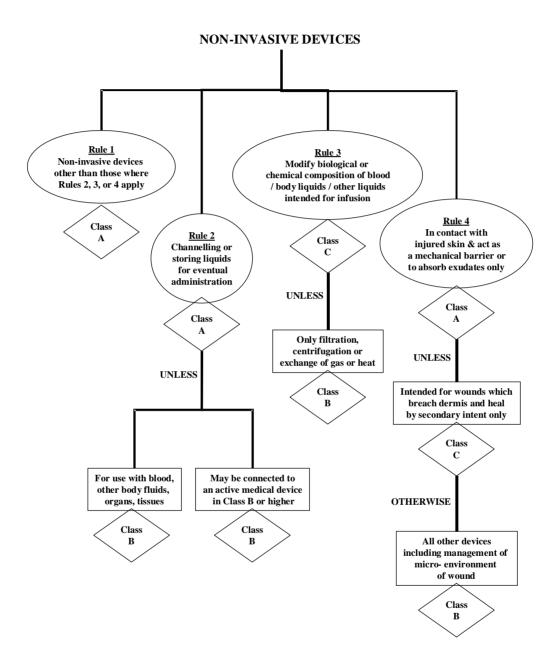
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Appendices

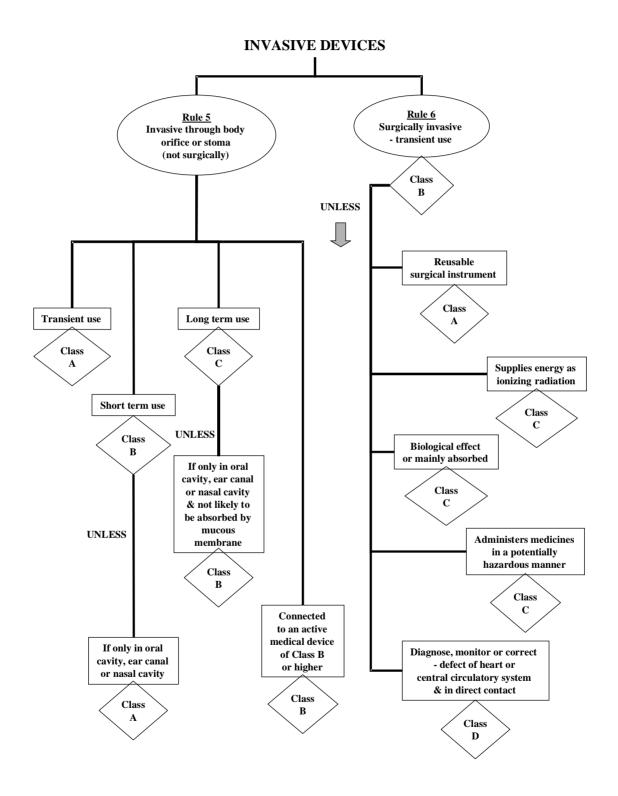
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Appendix A: Decision trees to demonstrate how the rules may be used to classify specific devices.

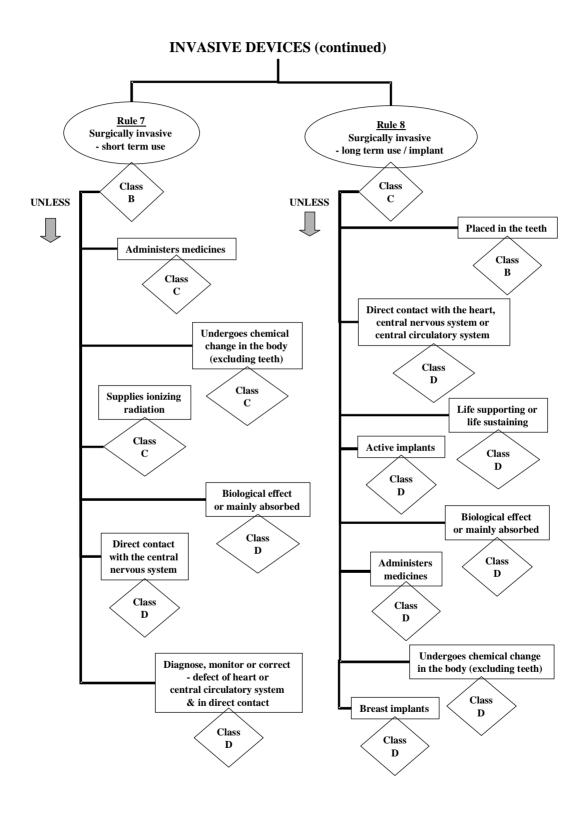


NOTE: This diagram and those that follow are for illustrative purposes only and the determination of risk class for a particular device should be made by referring to the rules themselves and not the decision trees. Where a medical device has features that place it into more than one class, conformity assessment should be based on the highest class indicated.

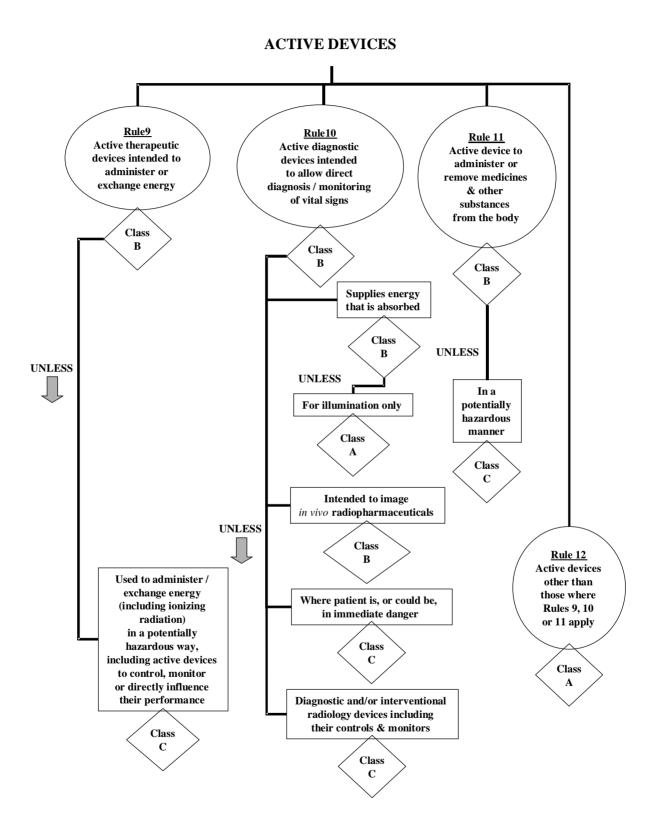
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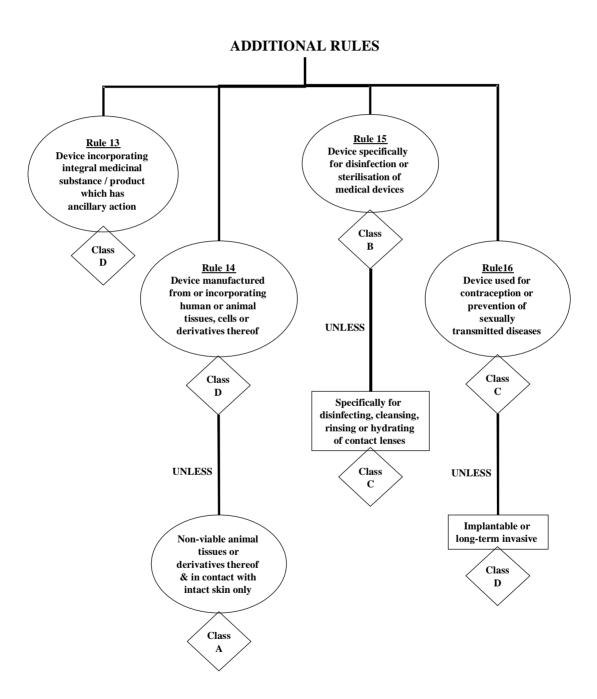
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