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BIOSTEC 2021

14TH INTERNATIONAL JOINT CONFERENCE ON BIOMEDICAL ENGINEERING SYSTEMS AND TECHNOLOGIES



European Training Network on Electromagnetic Risks in Medical Technology

ETERNITY

European Training
Network on
Electromagnetic Risks in
Medical Technology





- Introduction
- What is EMI?
- The medical devices environment
- What is EMC?
- What is a medical device?
- Medical devices classification
- European medical devices standards: the EN-60601 Family
- Medical devices risk management
- Electromagnetic risk management in medical devices
- ETERNITY

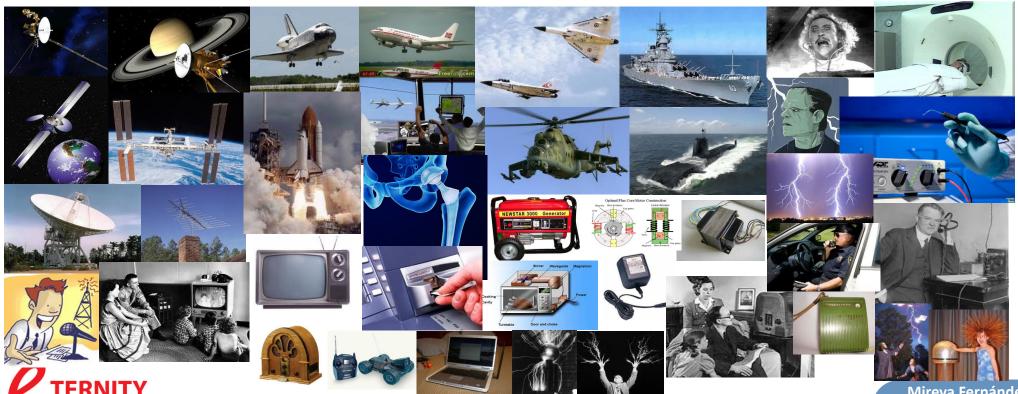


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Introduction

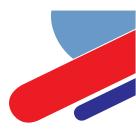
Electromagnetic Risks in **Medical Technology** → **electromagnetic energy**



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Electromagnetic interferences (EMI)

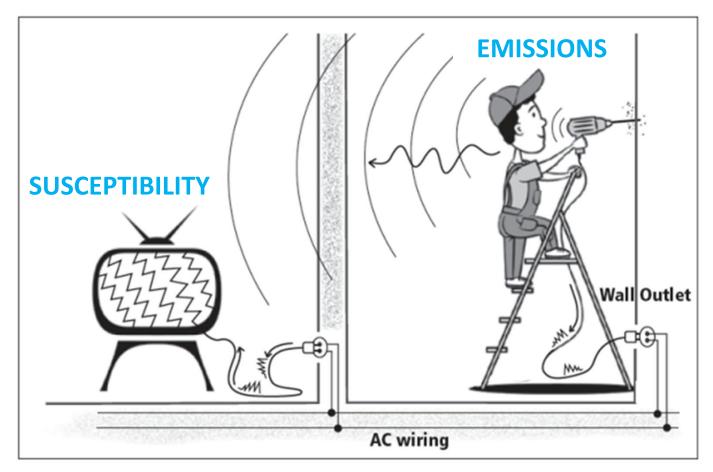
- Any electromagnetic disturbance that interrupts, obstructs, or otherwise degrades or limits the effective performance of electronics and electrical equipment.
- The IEC/IEV defines electromagnetic interference (EMI) as "degradation of the performance of a device, equipment or system by an electromagnetic disturbance"





What is an EMI?



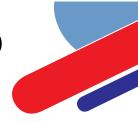


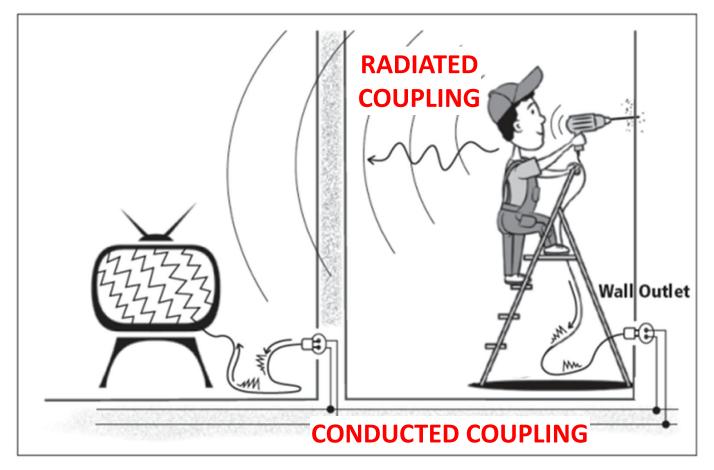


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What is an EMI?



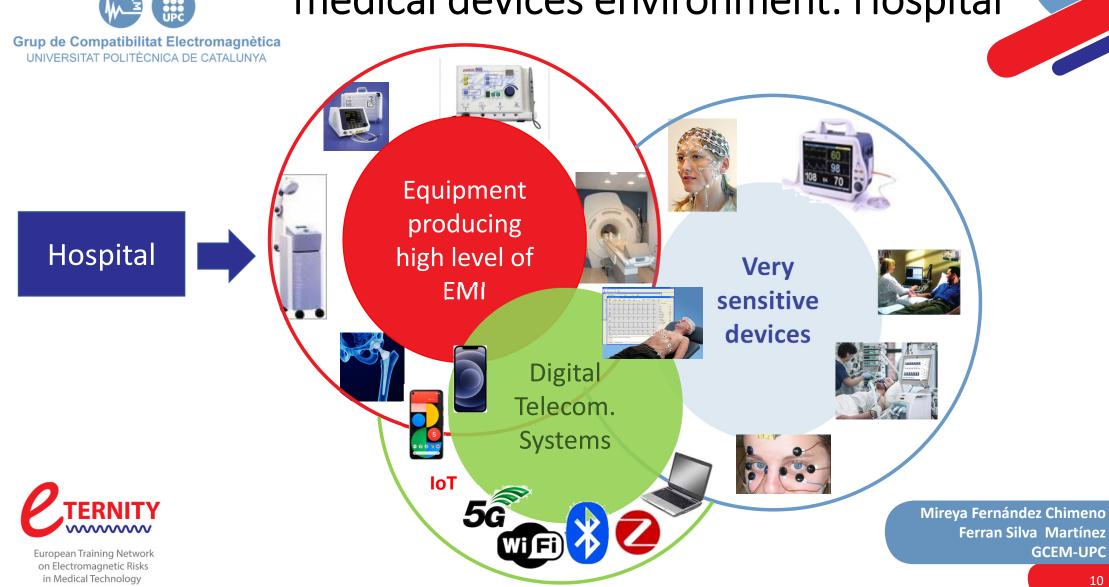




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medical devices environment: Hospital





medical devices environment: at home





medical devices environment: at home

CONNECTED IOT PRODUCTS







- Home Appliances
- Smart Lighting
- Home Automation
- Smart Door Lock
- Smart Meter









- Drone
- ATC
- Aeroplane
- Satellite FSS
- Navigation







- Smart Parking
- Street Lighting
- Trashcan
- Public Hotspot
- · Payment Device







- V2I
- Customer Hotspot
- · Payment Device







- · Remote Surgery
- Wireless

Medical Implants

 External Control device







- Factory
- · Smart Fitness & health



on Electromagnetic Risks

in Medical Technology

Rohde & Schwarz

Living with the IoT Neighbors: Demonstrating Wireless Coexistence Testing

Naseef Mahmud



medical devices electromagnetic environment

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Professional Healthcare Environment

EM Environments Home Healthcare Environment

Special Environment

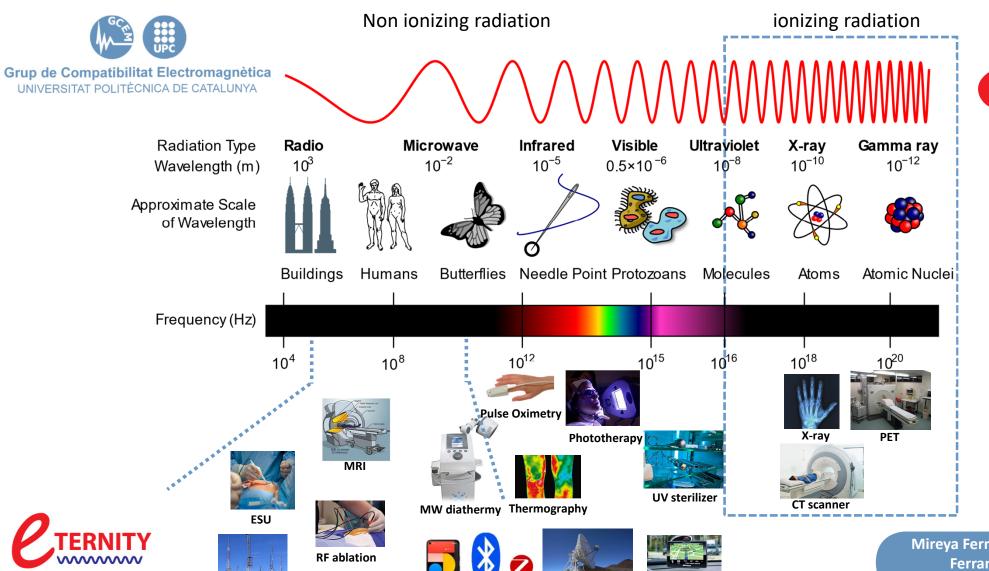
Physician offices, dental offices, clinics, limited care facilities, freestanding surgical centres, freestanding birthing centers, hospitals (emergency rooms, patient rooms, intensive care units, surgical rooms..)

Military areas (submarines, near radar installations, near weapons control systems), heavy industrial areas (power plants, steel and paper mills, doundries, oil and gas refineries..), medical treatment areas with high power ME equipment (HF surgical equipment, short wave therapy equipment..)

Restaurants, cafes, shops, stores, markets, schools, churches, libraries, outdoors (streets, sidewalks, parks), domiciles (residences, homes, nursing homes), vehicles (cars, buses, trains, boats, planes, helicopters) train stations, bus stations, airports, hotels, hostels, pensions, museums theatres...



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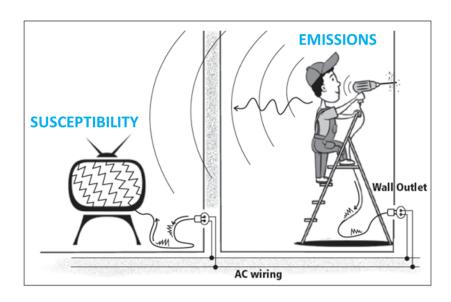


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The European EMC Directive says:

- "Equipment shall be so designed and manufactured, having regard to the state of the art, as to ensure that:
 - (a) the electromagnetic disturbance generated does not exceed the level above which radio and telecommunications equipment or other equipment cannot operate as intended;
 - (b) it has a level of immunity to the electromagnetic disturbance to be expected in its intended use which allows it to operate without unacceptable degradation of its intended use."

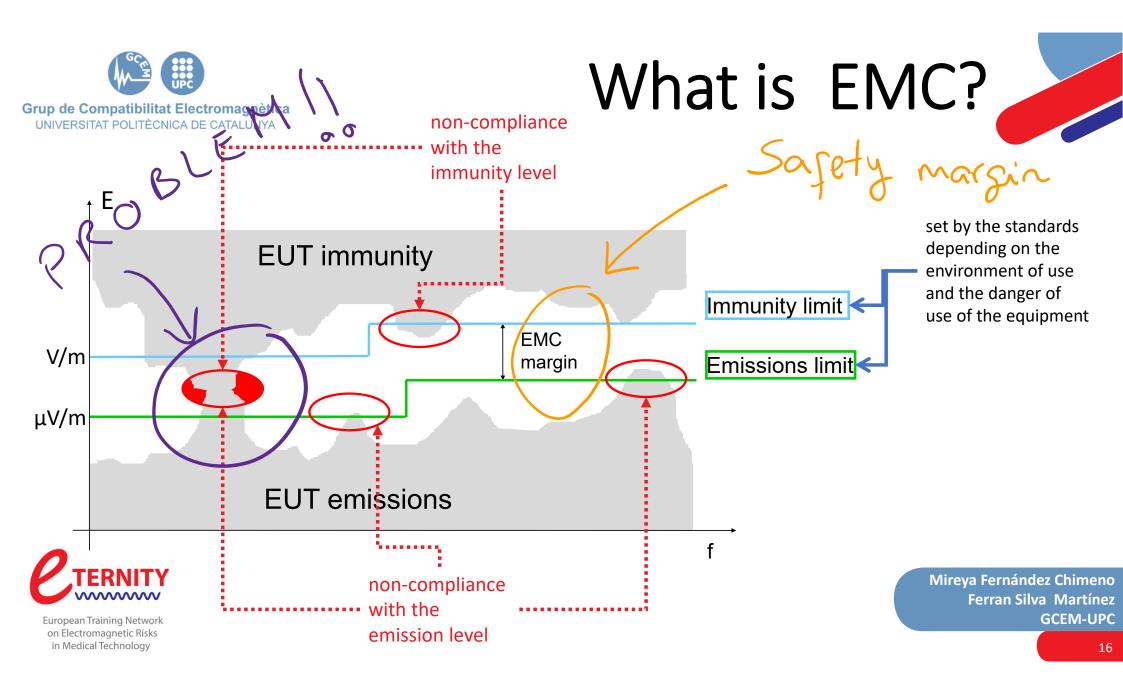


STANDARDS (with TESTS) ensures LOW EMISSIONS and LARGE IMMUNITY (low susceptibility) This is **ELECTROMAGNETIC COMPATIBILITY (EMC)**



in Medical Technology

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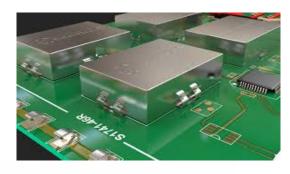


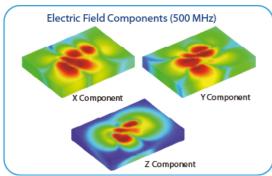




ELECTRONIC DESIGN FOR EMC



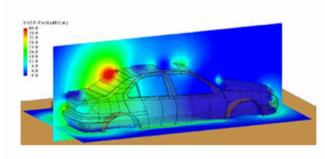








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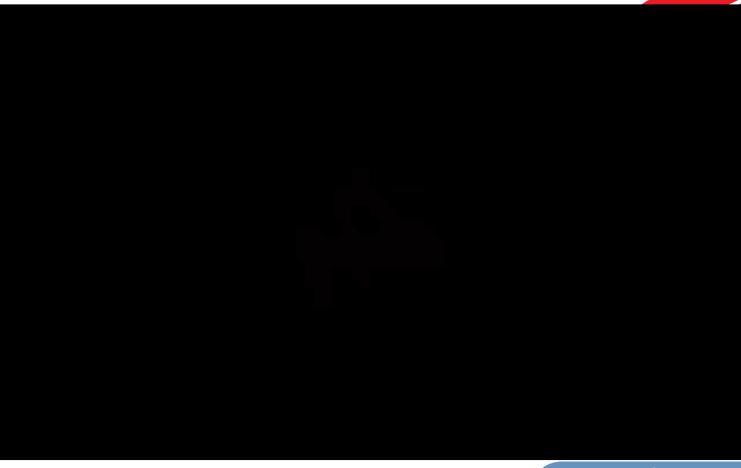


Rowan Sebastian Atkinson was born on January 6, 1955, in Newcastle upon Tyne, England. Atkinson studied at Newcastle University and Oxford University and earned a master's degree in electrical engineering.



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What is EMC?

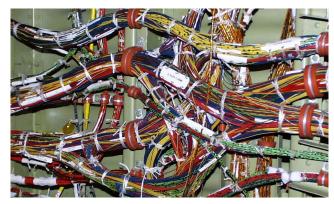




but real life is much more complex











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Is this the real life?



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What is EMC?

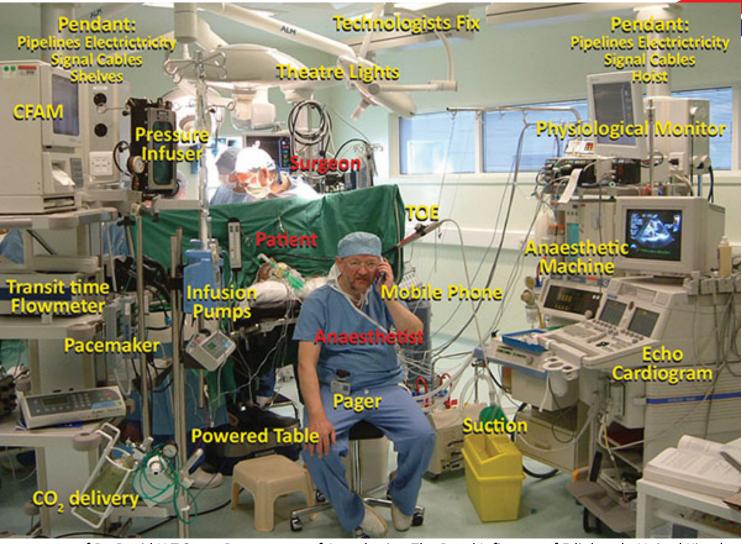


Photo courtesy of Dr. David H T Scott, Department of Anesthetics, The Royal Infirmary of Edinburgh, United Kingdom



What is a medical device



REGULATION (EU) 2017/745 on medical devices establishes that

"medical device" means any instrument, apparatus, appliance, software, implant, reagent, material or other article intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the following specific medical purposes:

- diagnosis, prevention, monitoring, prediction, prognosis, treatment or alleviation of disease,
- diagnosis, monitoring, treatment, alleviation of, or compensation for, an injury or disability,
- investigation, replacement or modification of the anatomy or of a physiological or pathological process or state, providing information by means of *in vitro* examination of specimens derived from the human body, including organ, blood and tissue donations, and which does not achieve its principal intended action by pharmacological, immunological or metabolic means, in or on the human body, but which may be assisted in its function by such means.

The following products shall also be deemed to be medical devices:

- devices for the control or support of conception;
- products specifically intended for the cleaning, disinfection or sterilization of devices





What is a medical device













































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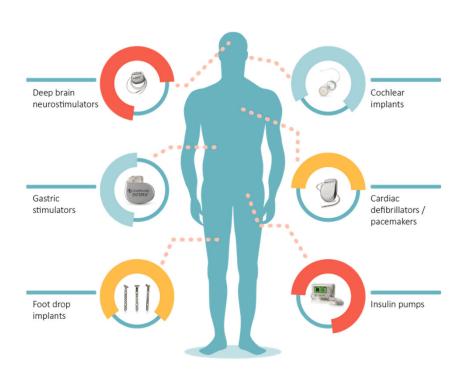








What is a medical device



Active implantable















in vitro diagnosis



European Training Network on Electromagnetic Risks in Medical Technology Borderline products: Medicated surgical dressings, head lice products
Aesthetic Products: Non-corrective contact lenses, Equipment for liposuction



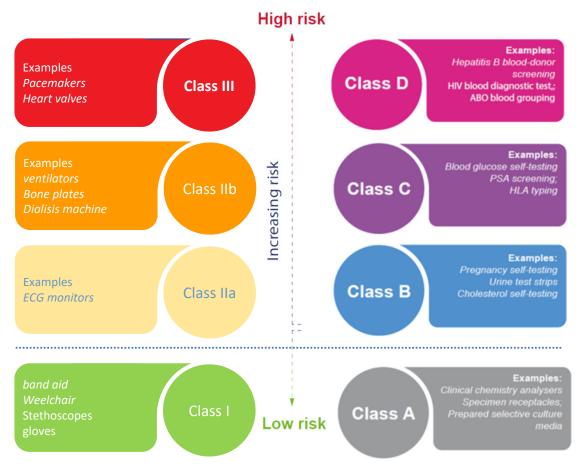
Medical devices classification

Medical devices

Notified Body approval required

Self-assessment





Classification is based on risk

n Vitro Mireya Fernández Chimeno

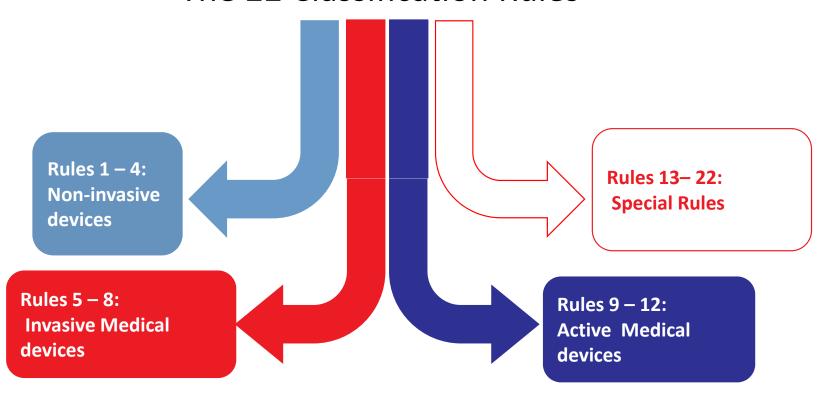
Diagnos

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Medical devices classification

The 22 Classification Rules

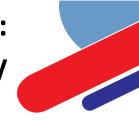




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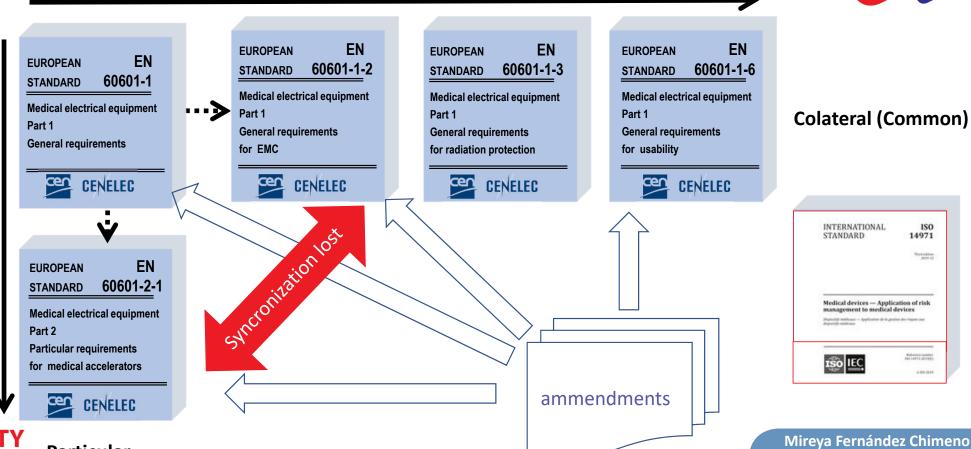


European medical devices standards: the EN-60601 Family



ISO

14971



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Particular (product specific about 70)



ISO 14971 specifies a process for risk management of medical devices, including software as a medical device and in vitro diagnostic medical devices. The process intends to assist manufacturers of medical devices to identify the hazards associated with the medical device, to estimate and evaluate the associated risks, to control these risks, and to monitor the effectiveness of the controls.







Risks can be related to injury, not only to the patient, but also to the user and other persons. **Risks** can also be related to damage to property (for example objects, data, other equipment) or the environment.

Risk management is a complex subject because each stakeholder can place a different value on the acceptability of risks in relation to the anticipated benefits. 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.

The concept of *risk* has two key components:

- the probability of occurrence of *harm*; and
- the consequences of that *harm*, that is, how severe it might be.

The acceptability of a risk is influenced by the stakeholder's perception of the risk and the benefit.



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Examples of hazards in ISO14971:2019

Energy hazards

Acoustic Electric Mechanical Radiation -Thermal Biological and chemical hazards

Biological agents
Chemical agents
Immunological agents

Hazards related with performance

Data
Delivery
Diagnostic information
Functionality

Electromagnetic radiation



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Common terms	Possible description
Significant	Death or loss of function or structure
Moderate	Reversible or minor injury
Negligible	No injury or slight injury

Example of three qualitative **severity** levels

		Qualita	tive severity le	evels
els		Negligible	Moderate	Significant
Qualitative probability levels	High	R1	R2	
	Medium		R4	R5,R6
	Low		R3	

Common terms	Possible description				
High	Likely to happen, often, frequently, always Likely to happen several times during the lifetime of the medical device				
Medium	Can happen, but not frequently Likely to occur a few times during the lifetime of the medical device				
Low	Unlikely to happen, rare, remote Not likely to occur during the lifetime of the medical device				



Example of three qualitative probability levels



severity

Common terms	Possible description			
Catastrophic / Fatal	Results in death			
Critical	Results in permanent impairment or irreversible injury			
Serious / Major	Results in injury or impairment requiring medical intervention			
Minor	Results in temporary injury or impairment not requiring medical intervention			
Negligible	Results in inconvenience or temporary discomfort			

Example of five qualitative **severity** levels and of five semi- qualitative **probability** levels

Qualitative severity levels

Common terms	Ex. of probability range		
Frequent	≥10-3		
Probable	<10-3 and ≥10-4		
Occasional	<10-4 and ≥10-5		
Remote	<10-5 and ≥10-6		
Improbable	<10-6		

probability

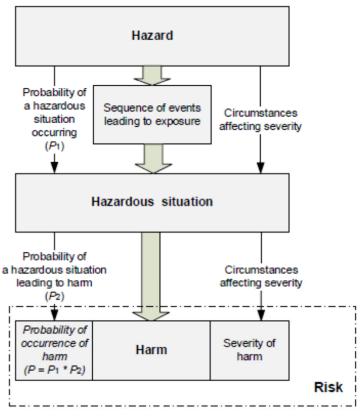
		Fatal	Critical	Major	Minor	Negligible
Semi-Qualitative probability levels	Frequent	R1	R2		R3	
	Probable					
	Occasional					
	Remote		R4	R6		
	Improbable					R5

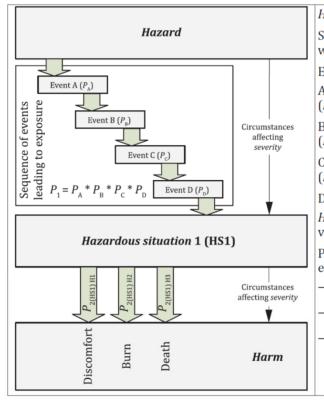


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Medical devices risk management





Hazard: electricity

Situation: line voltage (220 V) of an insulated wire beneath a cover of the *medical device*

Events:

A. Insulation material is damaged by cracks $(P_{\Delta} = 0.01)$

B. Insulation material falls off the wire $(P_R = 0.10)$

C. User connects and turns on the device $(P_C = 0.10)$

D. User removes cover ($P_D = 0.10$)

Hazardous situation: user is exposed to line voltage $(P_1 = P_A * P_B * P_C * P_D = 1 \times 10^{-5})$

Probability that the user touches the wire and experiences:

- discomfort $(P_2 = 0.10)$

— burn $(P_2 = 0.01)$

— death $(P_2 = 0.001)$

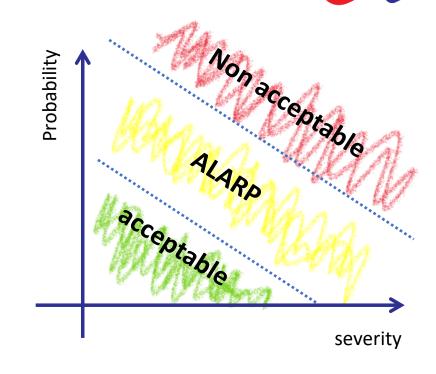


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severity levels

	Fatal	Critical	Major	Minor	Negligible
Frequent		R2			
Probable				R3	
Occasional		R1			
Remote		R4	R6		
Improbable					R5



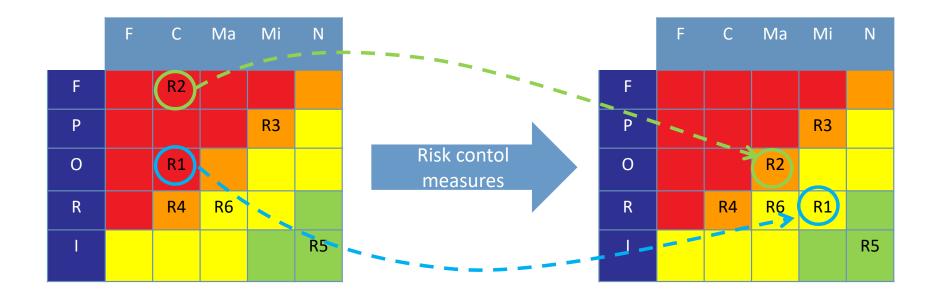


Probabilty levels

You should stay in the green or yellow area

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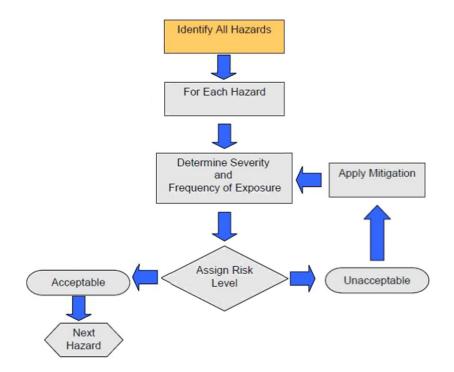




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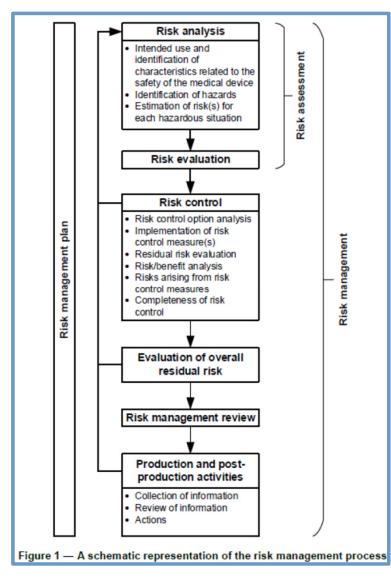


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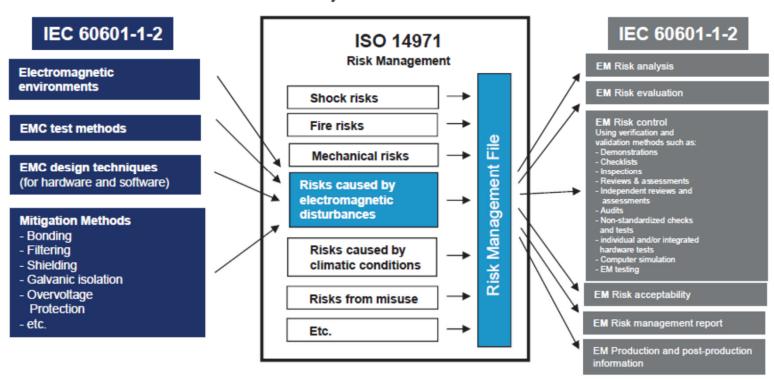
Risk Management Tools

- FMEA
- FRA
- HACCP
- HAZOP
- ETA
- Others



EMI risk management in medical devices

IEC 60601-1:
Basic Safety and Essential Performance





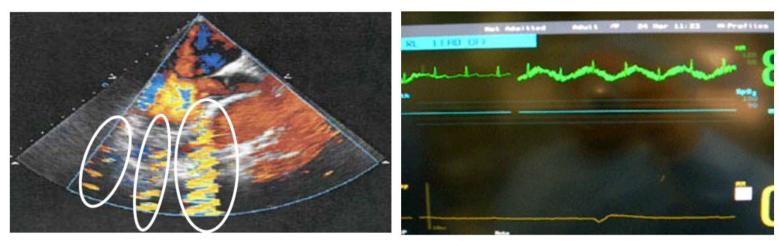
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EMI examples in medical devices

Artifacts in an Image

Noise in an ECG Trace



An FDA perspective on EMC on Medical Devices. Jeffrey L. Silberberg. FDA. EMC+SIPI 2017





The call you wish you'd never made

Imagine yourself at a family gathering. Everyone seems to be enjoying themselves. All of a sudden you notice your father. One side of his face is drooping. His speech is slurred. This is serious; maybe it's a stroke. You call an ambulance, and it arrives within 15 minutes. As soon as your father gets to the hospital he is taken to the catheterization lab. A thoughtful nurse takes you to the control room, where you are allowed to watch the medical procedure. Your father is in good hands. For the medical staff this is routine. A doctor comes to tell you that you did exactly the right thing, that your father was lucky to reach the hospital in a short time after the event, and there is a good chance that his brain will suffer no long-term damage.

Relieved, you decide to call you brother, to tell him that everything looks fine. But at the first ring of your phone, the situation changes completely... The monitors in the examination room go blank – what is happening? You notice the worried faces of the doctors, who are urgently pressing buttons, trying to get the system back up again. Nurses are rushing in and out of the room. The machines connected to your father are no longer illuminated. This is serious. Then you remember the warnings at the entrance. Did your mobile-phone call just bring the whole system crashing down?

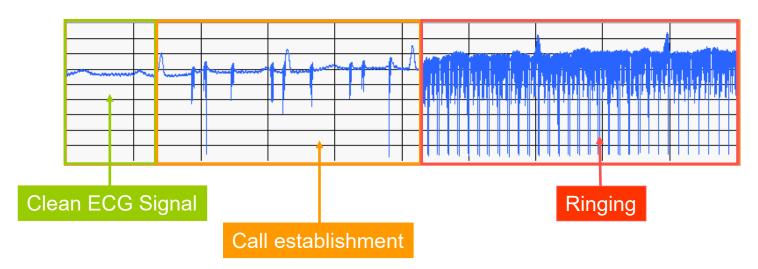


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Problem to analyze:

Could a short duration interference (a mobile phone signal during the call establishment), affect the performance of a low frequency medical device (an ECG recorder)?





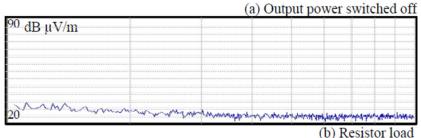


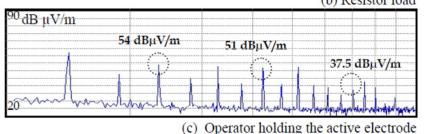
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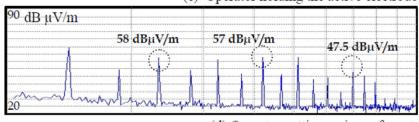
Electromagnetic radiated spectrum from an Electrosurgical Unit (ESU):

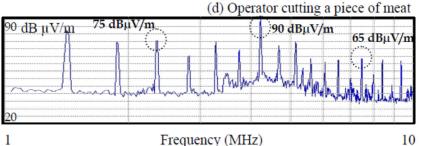
- (a) in standby (as described in the standard)
- (b) with a resistor as a load (to allow current flowing in the electrode wires),
- (c) with a volunteer holding the ESU active electrode and with a resistor as a load (allowing the current flow in the electrode wires and considering the presence of a surgeon)
- (d) cutting a piece of meat









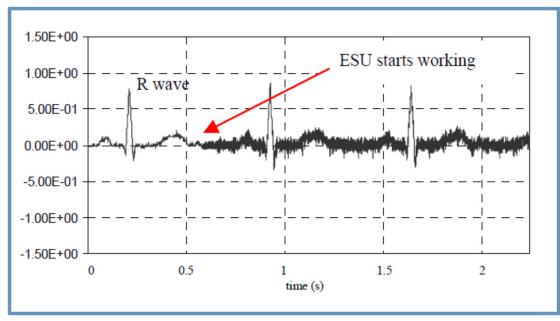




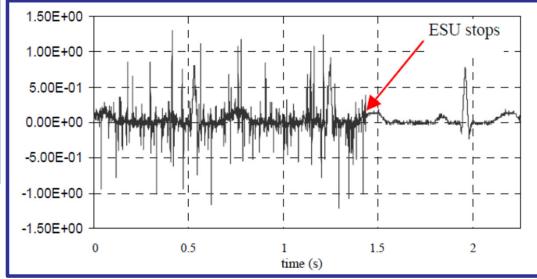




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Effect of ESU interference in an ECG signal





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The number of reported incidents in hospitals relating to EMI is clearly increasing.

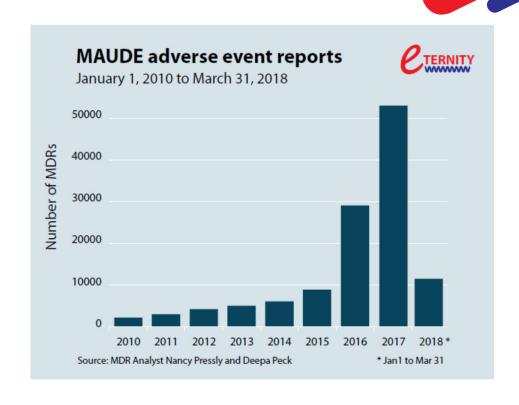


Managing EMI in complex scenarios becomes priority because people's lives are being put at risk.

There is a gradual shift towards prevention and care taking place **away from the hospital environment**.

Wearables, the Internet of Things (IoT) and 5G technologies are playing an increasing role in the remote delivery of care.







European Training Network on Electromagnetic Risks in Medical Technology Many new, high-tech, electronic medical devices need to be able to operate safely when surrounded by everyday electronic equipment that produces a lot of EMI.



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But..

- The traditional rule- based approach (application of a set of mitigation techniques as filtering, shielding, cable routing, etc.) clearly do not satisfy the EMC requirements of complex electromagnetic medical environments.
- A "risk-based approach" will offer much higher levels of safety as medical equipment becomes more complex and we become increasingly dependent on its reliability.
- The **law demands a risk-based approach**. The recent EU Blue Guide (regarding the implementation of EU product rules) made an EMI risk-based approach mandatory for any new piece of equipment. The specific regulations for medical equipment (MDR3), which also refer to a risk-based approach, are mandatory since May 2020.
- Many hospitals and industries report that there is no clearly prescribed risk assessment methodology in place.
- Small and medium-sized enterprises (SMEs), which are often not in a position to cope with such a major shift in approach, make up almost 95% of the medical technology industry

This new, risk-based methodology will require not only a formalization, but also trained specialists to address the complexity of the systems and all the individuals and institutions involved.





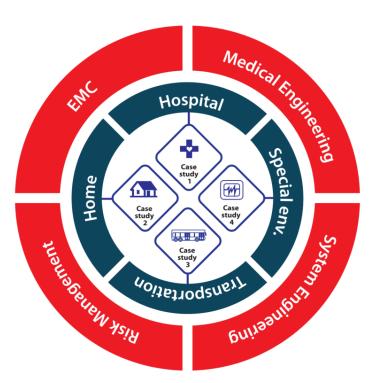
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ETERNITY is about including the risk management of EMI in the design of innovative, electronic medical equipment.

The safer use of medical equipment based on assessing EMI risks requires bringing together expertise from 4 key areas – electromagnetic compatibility (EMC), medical engineering, system safety engineering and risk management.

From the regulatory perspective, ETERNITY covers all 4 key medical environments: hospital, homecare, transportation and the special environment of medical imaging and treatment systems.

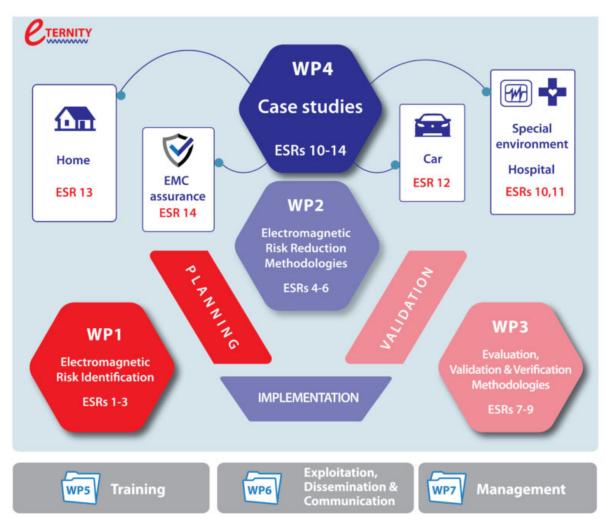


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ETERNITY Work Packages





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ETERNITY ESR



- EMI footprint characterization of medical devices (ESR1)
- Characterization of medical electromagnetic environments for the use of new digital communication systems (DCS) (ESR2)
- Risk-Based EMI-Aware Design of Complex Systems (ESR4)
- Optimal Digital Communication Systems in electromagnetically noisy medical environments (ESR 5)
- EMI- Resilient Sensor and Communication Networks for complex medical systems-ofsystems (ESR 6)
- Behavioural EMI Risk-based testing of medical devices (ESR7)
- Improvement of digital communication systems immunity tests to include complex electromagnetic disturbances (ESR8)

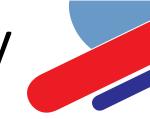


https://eternity-project.eu/esr-projects/

ETERNITY CONSORTIUM

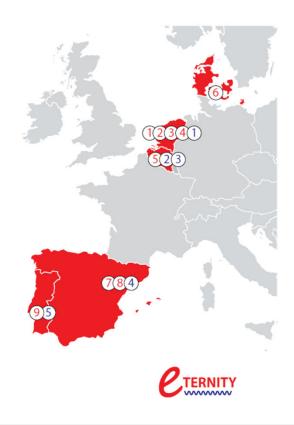






Beneficiaires





Partner Organisations







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Thanks!

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in Medical Technology