



# Draft Guidance Document

## Pre-market Requirements for Medical Device Cybersecurity

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Health Canada is responsible for helping Canadians maintain and improve their health. It ensures that high-quality health services are accessible, and works to reduce health risks.

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Exigences relatives à la cybersécurité des instruments médicaux avant leur mise en marché

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## Foreword

Guidance documents are meant to provide assistance to industry and health care professionals on **how** to comply with governing statutes and regulations. Guidance documents also provide assistance to staff on how Health Canada mandates and objectives should be implemented in a manner that is fair, consistent and effective.

Guidance documents are administrative instruments not having force of law and, as such, allow for flexibility in approach. Alternate approaches to the principles and practices described in this document **may be** acceptable provided they are supported by adequate justification. Alternate approaches should be discussed in advance with the relevant program area to avoid the possible finding that applicable statutory or regulatory requirements have not been met.

As a corollary to the above, it is equally important to note that Health Canada reserves the right to request information or material, or define conditions not specifically described in this document, in order to allow the Department to adequately assess the safety, efficacy, or quality of a therapeutic product. Health Canada is committed to ensuring that such requests are justifiable and that decisions are clearly documented.

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## 27 1. Introduction

28 Medical devices have evolved from largely analogue, non-networked and isolated hardware to  
29 networked devices incorporating remote access, wireless technology and complex software.  
30 Increasing levels of interconnectedness and data exchange between medical devices can have  
31 significant benefits to both patients and the healthcare system but can also leave devices  
32 vulnerable to unauthorized access. These vulnerabilities can negatively impact safety by causing  
33 diagnostic or therapeutic errors, or by affecting clinical operations.

34 The Food and Drugs Act sets out the legislative framework under which medical devices are  
35 regulated in Canada. Health Canada as the federal regulator of medical device safety and  
36 effectiveness, considers cybersecurity vulnerabilities in medical devices as a potential risk to  
37 patients that must be mitigated or eliminated by manufacturers of medical devices.

### 38 1.1 Policy Objectives

39 Health Canada considers the inclusion of cybersecurity measures an important consideration in  
40 issuing medical device licenses. Therefore, this guidance document provides medical device  
41 manufacturers advice on the practices, responses and mitigation measures which can improve  
42 the cybersecurity of their device. This guidance also outlines the information to be submitted as  
43 part of a medical device licence or licence amendment application to demonstrate that their  
44 medical device, consisting of or containing software, is sufficiently secure from intentional or  
45 unintentional unauthorized access.

### 46 1.2 Policy Statements

47 Health Canada considers cybersecurity a component of the medical device's design and life-  
48 cycle that can impact safety and effectiveness. Manufacturers should consider cybersecurity  
49 when designing their medical device.

50 Risk management is required for all medical devices throughout their life-cycle. Manufacturers  
51 should incorporate cybersecurity into the risk management process for every device which  
52 consists of or contains software. Manufacturers are also encouraged to develop and maintain a  
53 framework for managing cybersecurity risks throughout their organizations.

54 All cybersecurity risk control measures should be successfully verified and validated against the  
55 device's design requirements and/or design specifications. Manufacturers should be able to  
56 trace all verification and validation activities back to the device's design requirements and/or  
57 design specifications.

### 58 1.3 Scope and Application

59 This guidance document applies to products that consist of or contain software and are  
60 regulated as medical devices (Class I to Class IV) under the Medical Devices Regulations.

61 This guidance document should be read in conjunction with the guidance documents  
62 ([https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-  
63 devices/application-information/guidance-documents.html](https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/application-information/guidance-documents.html)) on supporting evidence to be  
64 provided for medical device licence applications and licence amendment applications for Class  
65 III and Class IV medical devices. The content described in this guidance document is to be

66 submitted for review in addition to the general data elements listed in Sections 32(3) and (4) of  
67 the Medical Devices Regulations.

68 The document provides guidance to manufacturers regarding the evidence to support Class III  
69 and Class IV medical device licence and licence amendments applications. Considerations  
70 related to the design, risk management, verification and validation testing and planning for  
71 future events are included in this guidance document. However, not all considerations will be  
72 applicable to every device type.

73 Although this document recommends that manufacturers demonstrate in their pre-market  
74 licence or licence amendment application that adequate provisions are in place to monitor,  
75 prevent, and respond to post-market cybersecurity events, this document does not provide  
76 guidance on post-market activities to be performed by the manufacturer.

## 77 1.4. Abbreviations and Definitions

### 78 1.4.1 Abbreviations

#### 79 **AAMI**

80 Association for the Advancement of Medical Instrumentation

#### 81 **ANSI**

82 American National Standards Institute

#### 83 **BOM**

84 Bill of Materials

#### 85 **IEC**

86 International Electrotechnical Commission

#### 87 **IMDRF**

88 International Medical Device Regulators Forum

#### 89 **ISO**

90 International Standards Organization

#### 91 **MDB**

92 Medical Devices Bureau

#### 93 **NIST**

94 National Institute of Standards and Technology

#### 95 **TIR**

96 Technical Information Report

#### 97 **TPD**

98 Therapeutic Products Directorate

#### 99 **UL**

100 UL LLC

101

## 102 1.4.2 Definitions

103 **authentication** means verifying the identity of a user, process or device often as a prerequisite  
104 to allowing access to resources in an information system. [AAMI TIR57: 2016]

105 **cybersecurity** means the body of technologies, processes, practices, responses and mitigation  
106 measures designed to protect the medical device against unauthorized access, modification,  
107 misuse, or denial-of-use, and against the unauthorized use of information associated with a  
108 medical device.

109 **device** means an instrument, apparatus, contrivance or other similar article, or an in vitro  
110 reagent, including a component, part or accessory of any of them that is manufactured, sold or  
111 represented for use in diagnosis, treating, mitigating or preventing a disease, disorder or  
112 abnormal physical state, or any of their symptoms in human beings or animals. (instrument)  
113 [Food and Drugs Act]

114 **malware** means software designed with malicious intent to disrupt normal function, gather  
115 sensitive information, and/or access other connected systems.

116 **risk** means a combination of the probability of occurrence of harm and the severity of that  
117 harm. [ISO 13485: 2016]

118 **system** means a medical device comprising a number of components or parts intended to be  
119 used together to fulfill some or all of the device's intended functions, and that is sold under a  
120 single name. (système)[Medical Devices Regulations]

121 **software** means a software system that has been developed for the purpose of being  
122 incorporated into the medical device being developed or that is intended for use as a medical  
123 device in its own right. [IEC 62304:2006]

124 **validation** means confirmation by examination and the provision of objective evidence that the  
125 requirements for a specific intended use have been fulfilled, as set out in the definition of  
126 validation in section 2.18 of International Organization for Standardization standard ISO  
127 8402:1994, Quality management and quality assurance - Vocabulary, as amended from time to  
128 time. (validation) [Medical Devices Regulations]

129 **threat** means any circumstance or event with the potential to adversely impact health and  
130 safety via unauthorized access, destruction, disclosure, modification of information, and/or  
131 denial of service. [modified from AAMI TIR57:2016]

132 **verification** means confirmation through provision of objective evidence that specified  
133 requirements have been fulfilled. [IEC 62304:2006]

134 **vulnerability** means a weakness in an information system, system security procedures, internal  
135 controls, or implementation that could be exploited or triggered by a threat source. [AAMI  
136 TIR57:2016]

## 137 2. Guidance for Implementation

138 Medical device cybersecurity is a shared responsibility between the manufacturer, regulator,  
139 user and network administrator. Manufacturers are responsible for continuously monitoring,  
140 assessing, and mitigating potential cybersecurity risks throughout the lifecycle of their product.

141 Health Canada recommends manufacturers consider a methodology that addresses  
142 cybersecurity risk throughout their organization. The NIST document “Framework for Improving  
143 Critical Infrastructure Cybersecurity” (Version 1.0) is an established framework which may be  
144 utilized in whole or in part by the manufacturer. More information on how the framework may  
145 apply to medical devices is provided in Appendix A.

146 Additionally, a manufacturer must have a strategy to address the cybersecurity risk of a medical  
147 device (Class I to Class IV) that runs software code. This strategy should include the following  
148 elements.

- 149 • Secure design
- 150 • Risk management
- 151 • Verification and validation testing
- 152 • Planning for continued monitoring of and response to emerging risks and threats

153 During the evaluation of Class III and Class IV medical device licence and licence amendment  
154 applications, Health Canada will consider these elements in the assessment of the safety and  
155 effectiveness of the device. The elements listed above, and Health Canada’s expectations with  
156 respect to each element, are outlined in the subsequent sections of this guidance document.

### 157 2.1 Medical Device Cybersecurity Strategy

#### 158 2.1.1 Secure Design

159 Manufacturers should consider cybersecurity early in the product life-cycle when design  
160 requirements are being developed. This includes:

- 161 • cybersecurity risks and controls when making design choices, and
- 162 • design choices that maximize device cybersecurity while not unduly affecting other  
163 safety-related aspects of the medical device (e.g., usability)

164 Design inputs captured in a requirement specification should include those related to  
165 cybersecurity. Where applicable, these cybersecurity requirements should be cross-referenced  
166 to specific device cybersecurity hazards if the requirements are mitigations to identified  
167 hazards. The manufacturer should also consider some design controls that allow the device to  
168 detect, resist, respond and recover from cybersecurity attacks. Some design control  
169 considerations are outlined in Table 1.

170



171 **Table 1 - Cybersecurity design inputs that may be considered during medical device design**

Design Principle	Description
Secure Communications	<p>The manufacturer should consider how the device will interface with other devices or networks. Interfaces may include hardwired connections and/or wireless communications.</p> <p>For each type of interface the manufacturer should determine the method the device will use to communicate with users (e.g., patients or healthcare professionals), other medical devices/sensors or healthcare systems. Examples of interface methods include Wi-Fi, Ethernet, Bluetooth and USB.</p>
	<p>The manufacturer should consider how data transfer to and from the device will be secured to prevent unauthorized access.</p>
Data Security	<p>The manufacturer should consider if data that is stored on or transferred to the device requires some level of encryption.</p>
	<p>The manufacturer should consider design controls that take into account a device that communicates with a system and/or device that is less secure (e.g., a device connects to a home network or a legacy device with no device security controls).</p>
User Access	<p>The manufacturer should consider user access controls that validate who can use the device. There may also be a requirement for authentication that grants privileges to different classes of users. Examples of authentication or access authorization include passwords, hardware keys or biometrics.</p>
Software Maintenance	<p>The manufacturer should consider how the software will be updated to secure the device against newly discovered cybersecurity threats. Consideration should be given to whether updates will require user intervention or be initiated by the device.</p>
	<p>The manufacturer should determine what connections will be required to conduct updates.</p>
	<p>The manufacturer should consider how often a device will need to be updated.</p>
	<p>The manufacturer should consider how operating system software, third-party software (e.g., libraries) or open source software will be updated or controlled.</p>

172

Hardware or Physical Design	The manufacturer should consider controls to prevent an unauthorized person from making physical and software changes to the device in order to bypass security controls (e.g., disable a USB port that is not being used on device to prevent unauthorized access via USB key).
Reliability and Availability	The manufacturer should consider design controls that will allow the device to detect, resist, respond and recover from cybersecurity attacks.

173 2.1.2 Device Specific Risk Management

174 Risk management is required for a medical device throughout its life-cycle. Manufacturers  
 175 should incorporate medical device cybersecurity into each device’s risk management process,  
 176 and should develop and maintain an organizational framework for managing cybersecurity  
 177 risks.

178 Sound risk management principles, as described in ISO 14971-07:2007 Medical devices -  
 179 Application of risk management (ISO 14971), should be incorporated throughout the life-cycle  
 180 of a medical device. Health Canada recommends manufacturers extend these risk management  
 181 principles to cybersecurity with additional considerations.

182 Generally, a manufacturer should:

- 183 • identify any cybersecurity hazard
- 184 • estimate and evaluate the associated risks
- 185 • control those risks to an acceptable level, and
- 186 • monitor the effectiveness of the risk controls

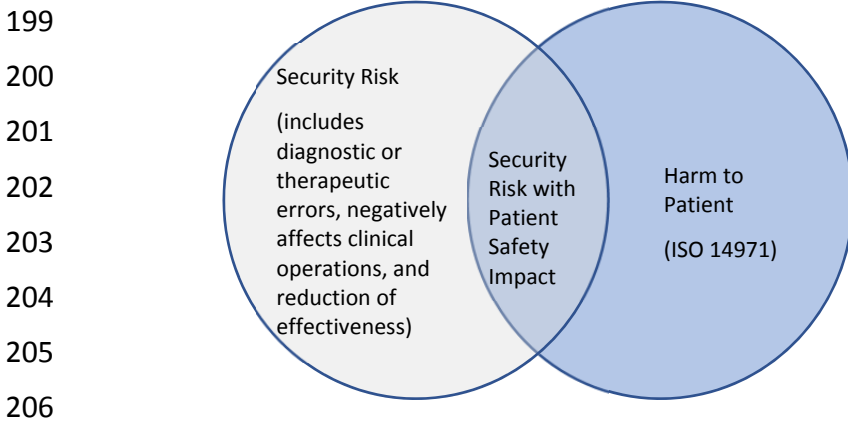
187 However, as shown in Figure 1, there are cybersecurity risks that may have an impact on the  
 188 safety or effectiveness of the medical device.

189 A cybersecurity risk that reduces effectiveness, negatively affects clinical operations, or results  
 190 in diagnostic or therapeutic errors should also be considered in the medical device’s risk  
 191 management process. This consideration is reflected AAMI TIR57:2016 Principles for medical  
 192 device security - Risk management which suggests that the risks associated with the  
 193 cybersecurity of a device include harms to patient safety (as described in ISO 14971), and can  
 194 be associated with indirect patients harm via cybersecurity security risks.

195 The Venn diagram below illustrates this concept of cybersecurity risk.

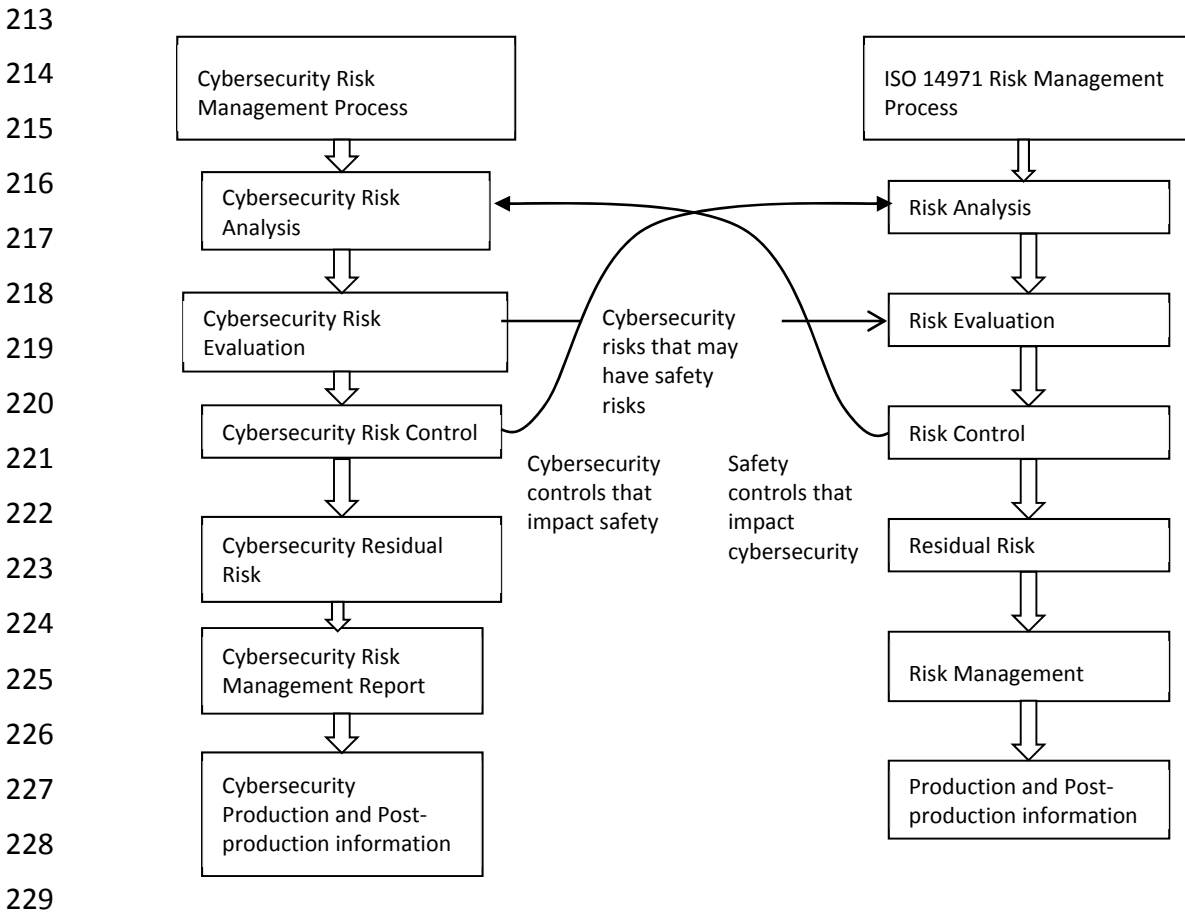
196

197 **Figure 1 - A Venn diagram illustrating the relationship between cybersecurity risk and safety**  
 198 **risks as defined by ISO 14971 (AAMI TIR57)**



207 Health Canada recommends that device-specific cybersecurity risk management processes be  
 208 conducted in parallel to the safety risk management process described in ISO 14971. This  
 209 parallel process is outlined in Figure 2 and is necessary because some cybersecurity risks may  
 210 not have a safety impact.

211 **Figure 2 - Illustrating the relationship between cybersecurity risk management process and**  
 212 **safety risk management process as defined in ISO 14971 (AAMI TIR57:2016)**



230 The following table outlines four examples showing this relationship between cybersecurity risk  
 231 management and patient safety management.

232 **Table 2 - Examples of the relationship between cybersecurity risk management and patient**  
 233 **safety management**

Risk Relationship	Device	Security Harm	Safety Harm
		Security Control	Safety Control
Security risk only.	A smart infusion pump and its remote control.	An unauthorized listening on wireless communications between the smart infusion pump and its remote control.	None.
		Not Applicable.	Not Applicable.
Security risk with a safety impact.	A smart infusion pump with its remote control.	An unauthorized user gains access to wireless communications and issues a command to infuse insulin.	The smart infusion pump infuses more insulin than what was prescribed by an authorized user.
		Not Applicable.	Not Applicable.
Security risk control with a safety impact.	An x-ray machine.	Not Applicable.	The device not readily accessible during an emergency because of the password requirement.
		Requires password for access control to device.	Design an emergency mode to mitigate the safety risk.
Safety risk control with a security impact.	A smart infusion pump with a drug library.	An unauthorized user gains access to the drug library and makes changes to the limits.	The drug library requires an update to its limits to meet clinical needs.
		Access to the drug library requires authentication of updates.	The smart infusion pump has hardwired or a wireless connection for library updates.

234 Health Canada recommends the following standards to assist manufacturers conduct their  
 235 cybersecurity risk management processes in parallel, and potentially iteratively, with their  
 236 current established risk management process:

- 237 • AAMI TIR57:2016 - Principles for medical device security - Risk management
- 238 • ANSI/CAN/UL 2900-1:2017 - Standard for Software Security Network-Connectable  
 239 Products, Part 1: General Requirements
- 240 • ANSI/CAN/UL 2900-2-1:2018 - Software Cybersecurity for Network Connectable  
 241 Products
- 242 • IEC 80001-1: 2010 - Application of risk management for IT-networks incorporating  
 243 medical devices
- 244 • NIST 800-30 Revision 1 Guide for Conducting Risk Assessments, September 2012

245 **2.1.3 Verification and Validation Testing**

246 All cybersecurity risk control measures should be successfully verified and validated against  
 247 design specifications and/or design requirements. Manufacturers should be able to trace all  
 248 verification and validation activities back to design specifications and/or design requirements.

249 Testing should include verification and validation of the functions, features and design elements  
 250 that have been implemented to mitigate identified cybersecurity hazards. Health Canada  
 251 recommends the UL 2900-1:2017 and UL 2900-2-1:2018 standards for guidance on  
 252 cybersecurity testing.

253 The following table outlines the types of testing manufacturers may consider during the  
 254 software verification and validation process.

255 **Table 3 - Types of cybersecurity testing to consider during software verification and validation**  
 256 **process. [UL 2900-2-1]**

Test Category	Test Description
Vulnerabilities and Exploits Testing	Known Vulnerability Testing: Software code is tested against a database of known vulnerabilities such as the National Vulnerability Database.
	Malware Testing: Malware tools are used to scan the code to determine if any known malware exists.
	Malformed Input Testing: The device is subjected to massive amounts of malformed (invalid or unexpected inputs) to observe if the device will behave in an unorthodox manner or if it will “crash”.
	Structured Penetration Testing: This type of testing requires a cybersecurity expert who is

	familiar with hacking techniques (i.e., white hat hacker). The cybersecurity expert attempts to circumvent the layers of defense that were designed into the device.
Software Weakness Testing	Static Source Code Analysis: Utilization of a software tool to examine (i.e., debug) the source code without executing the software code.
	Static Binary and Bytecode Analysis: Utilization of tools that will examine compiled code created from source code.

257 **2.1.4 Monitoring and Response to Emerging Risks**

258 It is essential that manufacturers proactively monitor, identify and address vulnerabilities and  
 259 exploits as part of their post-market management because cybersecurity risks to medical  
 260 devices are continuously evolving. Manufacturers should demonstrate, in their pre-market  
 261 licence application, that consideration has been given to address ongoing monitoring of and  
 262 response to emerging cybersecurity threats to their device throughout its expected service life  
 263 for both Class III and Class IV medical devices.

264 **2.2 Medical Device Licence Applications: Cybersecurity Requirements**

265 Medical device licence and licence amendment applications should include sufficient  
 266 information for Health Canada to assess the following elements with respect to cybersecurity.

- 267 • Secure design
- 268 • Risk control activities
- 269 • Verification and validation testing
- 270 • The plan for on-going monitoring for and action against emerging threats

271 Details on the general data elements requirements for medical device licence and licence  
 272 amendment applications are in Guidance Document: Guidance on supporting evidence to be  
 273 provided for new and amended licence applications for Class III and Class IV medical devices,  
 274 not including In Vitro Diagnostic Devices (IVDDs) (<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/application-information/guidance-documents/guidance-document-guidance-supporting-evidence-provided-new-amended-licence-applications-class-class-medical-devices-including-vitro-diagnostic.html>). The following  
 275 data elements are relevant to cybersecurity:  
 276  
 277  
 278

- 279 • Device Labels, Package Label and Documentation
- 280 • Marketing History
- 281 • Risk Assessment
- 282 • Device Specific Quality Plan
- 283 • Safety and Effectiveness

## 284 2.2.1 Device Label, Package Label and Documentation

285 Manufacturers must provide a copy of all labelling, package inserts, product brochures and file  
286 cards to be used in connection of the device.

287 This includes the following information with respect to cybersecurity.

- 288 • The software BOM which lists all third-party or open source software components that  
289 were included in building the medical device software. The version and build of the  
290 components should be included in the software BOM. The manufacturer should also  
291 include a description of the tools used to create the software in the labelling.
- 292 • Any instructions:
  - 293 ○ To the user and/or patient related to operation of the device that are part of the  
294 mitigation controls to reduce a cybersecurity risk(s).
  - 295 ○ To the user on how to respond to and recover from a cybersecurity incident.
  - 296 ○ Related to how the device will update its software as part of the mitigation of  
297 cybersecurity risks.
  - 298 ○ To network system personnel on the proper IT environment to mitigate  
299 cybersecurity risks.

## 300 2.2.2 Marketing History

301 This section should include a summary of reported problems and details of any recalls  
302 associated with cybersecurity incidents (e.g., recall to address vulnerability discovered in a  
303 device).

## 304 2.2.3 Risk Assessment

305 A risk management report should include a risk analysis and evaluation of the risks inherent in  
306 the use of the device. The report should also include the risk reduction measures adopted to  
307 satisfy safety and effectiveness requirements as described in section 2.1.2 of this guidance  
308 document.

## 309 2.2.4 Device-Specific Quality Plan

310 Manufacturers are required to submit a quality plan for a Class IV licence application. The  
311 quality plan should demonstrate that a cybersecurity framework is part of the quality standards  
312 for the medical device being manufactured.

## 313 2.2.5 Safety and Effectiveness

314 Details of any cybersecurity studies that the manufacturer relied on to ensure that the device  
315 meets the safety and effectiveness requirements should be included in the Safety and  
316 Effectiveness section of the submission.

### 317 2.2.5.1 Standards

318 A list of all standards applied, in whole or in part, with respect to cybersecurity in the design  
319 and manufacture of the device should be included. For standards recognized by Health Canada,  
320 a Declaration of Conformity (<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/application-information/forms/declaration-conformity-forms-medical-devices.html>) to cybersecurity related standards should still be accompanied by  
321 evidence that the proposed device is safe and effective from all identified cybersecurity risks.  
322  
323

#### 324 2.2.5.2 Cybersecurity Testing

325 Cybersecurity testing evidence should be provided and include:

- 326 • For Class III and Class IV devices a detailed summary of testing that was conducted to
- 327 verify and validate the security of the device.
- 328 • For Class IV devices, reports of cybersecurity testing.

#### 329 2.2.5.3 Traceability Matrix

330 A traceability matrix should be included that maps all identified cybersecurity risks to:

- 331 • Requirement specification(s) (i.e., design inputs)
- 332 • Design specification(s) (i.e., design outputs), and
- 333 • Design verification and validation test(s)

#### 334 2.2.5.4 Maintenance plan

335 A summary of the device's maintenance plan should be included. The summary should

336 describe:

- 337 • how software will be updated to maintain the safety and effectiveness of the device,
- 338 and
- 339 • the post-market process(es) by which the manufacturer intends to ensure the continued
- 340 safety and effectiveness of the device throughout its life-cycle

### 341 3. References

342 AAMI TIR57: 2016 Principles for medical device security - Risk management

343 ANSI/CAN/UK 2900-1:2017 Software Cybersecurity for Network-Connectable Products, Part1:  
344 General Requirements

345 ANSI/CAN/UL 2900-2-1:2018 Software Cybersecurity for Network-Connectable Products, Part 2-  
346 1: Particular Requirements for Network Connectable Components of Healthcare and Wellness  
347 Systems

348 IEC 62304 Medical Device Software - Software life cycle processes

349 IEC 62304 Amendment 1 Medical Device Software - Software life cycle processes

350 IMDRF Software as a Medical Device (SaMD): Key Definitions

351 ISO 14971 Medical devices - Application of risk management to medical devices

352 NIST: Framework for Improving Critical Infrastructure Cybersecurity, Version 1.1

353 NIST: Guide for Conducting Risk Assessments, September 2012



## 354 Appendix A

### 355 Manufacturers' Cybersecurity Risk Management Framework

356 Manufacturers should consider the Framework for Improving Critical Infrastructure  
357 Cybersecurity (NIST, Version 1.1, April 2018) as a blueprint of best practices to guide their  
358 cybersecurity activities, including those related to risk management. Although this document is  
359 intended to improve cybersecurity risk management activities for critical infrastructure, Health  
360 Canada supports the framework as a way to improve and maintain the cybersecurity of medical  
361 devices. The framework can be applied to both the business and compliance processes (i.e.,  
362 design controls) of a medical device company.

363 Health Canada has focused on how the five core functions of the framework relate specifically  
364 to medical device design controls.

- 365 1. **Identify:** The manufacturer should perform a risk analysis to identify cybersecurity risks  
366 in their product(s).
- 367 2. **Protect:** Design controls should be implemented to limit the risk associated with the  
368 identified cybersecurity risks.
- 369 3. **Detect:** Processes or measures should be in place to identify when the device has been  
370 compromised due to a cybersecurity event.
- 371 4. **Respond:** A defined process or plan on should be developed on how the device,  
372 manufacturer or user will respond to a cybersecurity event.
- 373 5. **Recover:** A plan describing the activities the device, manufacturer or user must  
374 undertake to restore the device to normal operating capacity following a cybersecurity  
375 event. The outcome of any investigations into previous recoveries may be used as  
376 feedback into the risk management process.

377 The framework is intended to complement the ISO 14971 risk management processes. A  
378 medical device manufacturer with a mature cybersecurity risk management process is  
379 encouraged to utilize the concepts of the framework to identify areas in its cybersecurity risk  
380 management processes that can be improved. A manufacturer that does not have an  
381 established cybersecurity risk management process may consider using the framework as a  
382 guide to establish organizational best practices in the cybersecurity of the devices that they  
383 manufacture.