


American
National
Standard



ANSI/AAMI/
ISO
80369-5:
2016

Small-bore connectors
for liquids and gases in
healthcare applications—Part
5: Connectors for limb cuff
inflation applications

Objectives and uses of AAMI standards and recommended practices

It is most important that the objectives and potential uses of an AAMI product standard or recommended practice are clearly understood. The objectives of AAMI's technical development program derive from AAMI's overall mission: the advancement of medical instrumentation. Essential to such advancement are (1) a continued increase in the safe and effective application of current technologies to patient care, and (2) the encouragement of new technologies. It is AAMI's view that standards and recommended practices can contribute significantly to the advancement of medical instrumentation, provided that they are drafted with attention to these objectives and provided that arbitrary and restrictive uses are avoided.

A voluntary *standard* for a *medical device* recommends to the manufacturer the information that should be provided with or on the product, basic safety and performance criteria that should be considered in qualifying the device for clinical use, and the measurement techniques that can be used to determine whether the device conforms with the safety and performance criteria and/or to compare the performance characteristics of different products. Some standards emphasize the information that should be provided with the device, including performance characteristics, instructions for use, warnings and precautions, and other data considered important in ensuring the safe and effective use of the device in the clinical environment. Recommending the disclosure of performance characteristics often necessitates the development of specialized test methods to facilitate uniformity in reporting; reaching consensus on these tests can represent a considerable part of committee work. When a drafting committee determines that clinical concerns warrant the establishment of *minimum* safety and performance criteria, referee tests must be provided and the reasons for establishing the criteria must be documented in the rationale.

A *recommended practice* provides guidelines for the use, care, and/or processing of a medical device or system. A recommended practice does not address device performance *per se*, but rather procedures and practices that will help ensure that a device is used safely and effectively and that its performance will be maintained.

Although a device standard is primarily directed to the manufacturer, it may also be of value to the potential purchaser or user of the device as a frame of reference for device evaluation. Similarly, even though a recommended practice is usually oriented towards healthcare professionals, it may be useful to the manufacturer in better understanding the environment in which a medical device will be used. Also, some recommended practices, while not addressing device performance criteria, provide guidelines to industrial personnel on such subjects as sterilization processing, methods of collecting data to establish safety and efficacy, human engineering, and other processing or evaluation techniques; such guidelines may be useful to health care professionals in understanding industrial practices.

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All AAMI standards and recommended practices are *voluntary* (unless, of course, they are adopted by government regulatory or procurement authorities). The application of a standard or recommended practice is solely within the discretion and professional judgment of the user of the document.

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Despite periodic review and revision (at least once every five years), a standard or recommended practice is necessarily a static document applied to a dynamic technology. Therefore, a standards user must carefully review the reasons why the document was initially developed and the specific rationale for each of its provisions. This review will reveal whether the document remains relevant to the specific needs of the user.

Particular care should be taken in applying a product standard to existing devices and equipment, and in applying a recommended practice to current procedures and practices. While observed or potential risks with existing equipment typically form the basis for the safety and performance criteria defined in a standard, professional judgment must be used in applying these criteria to existing equipment. No single source of information will serve to identify a particular product as "unsafe". A voluntary standard can be used as one resource, but the ultimate decision as to product safety and efficacy must take into account the specifics of its utilization and, of course, cost-benefit considerations. Similarly, a recommended practice should be analyzed in the context of the specific needs and resources of the individual institution or firm. Again, the rationale accompanying each AAMI standard and recommended practice is an excellent guide to the reasoning and data underlying its provision.

In summary, a standard or recommended practice is truly useful only when it is used in conjunction with other sources of information and policy guidance and in the context of professional experience and judgment.

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Small-bore connectors for liquids and gases in healthcare applications—Part 5: Connectors for limb cuff inflation applications

Approved 5 June 2016 by
Association for the Advancement of Medical Instrumentation

Approved 1 July 2016 by
American National Standards Institute

Abstract: Specifies dimensions and requirements for the design and functional performance of small-bore connectors intended to be used for connections in limb cuff inflation applications of medical devices and accessories. Limb cuff inflation applications include connections between a sphygmomanometer and its cuff.

AAMI Standard

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Glossary of equivalent standards

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

www.aami.org/standards/glossary.pdf

Committee representation

Association for the Advancement of Medical Instrumentation

Quality Management and Corresponding General Aspects for Medical Devices Committee

The publication of AAMI/ISO 80369-5 as a new American National Standard was initiated by the AAMI Quality Management and Corresponding General Aspects for Medical Devices Committee, which also functions as a U.S. Technical Advisory Group to the relevant work in the International Organization for Standardization (ISO). U.S. representatives from the AAMI Small Bore Connectors Committee (U.S. Sub-TAG for ISO/TC 210/JWG 04), chaired by Scott Colburn of FDA and Brad Noe of Becton Dickinson & Co. played an active part in developing ISO 80369-5.

At the time this document was published, the **AAMI Quality Management and Corresponding General Aspects for Medical Devices Committee** had the following members:

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

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Background of ANSI/AAMI/ISO 80369-5:2016

As indicated in the foreword to the main body of this document (page viii), the International Organization for Standardization (ISO) is a worldwide federation of national standards bodies. The United States is one of the ISO members that took an active role in the development of this standard, which was developed by a joint ISO and International Electrotechnical Commission (IEC) working group, ISO/TC 210-IEC/SC 62D/JWG4, Small-bore connectors.

U.S. participation in ISO/TC 210-IEC/SC 62D/JWG4 is organized through the U.S. sub-Technical Advisory Group to ISO/TC 210-IEC/SC 62D/JWG4, administered by the Association for the Advancement of Medical Instrumentation. Experts from the United States made a considerable contribution to this standard.

As used within the context of this document, “shall” indicates requirements strictly to be followed to conform to the standard. “Should” indicates that among several possibilities, one is recommended as particularly suitable, without mentioning or excluding others, or that a certain course of action is preferred but not necessarily required, or that (in the negative form) a certain possibility or course of action should be avoided but is not prohibited. “May” is used to indicate that a course of action is permissible within the limits of the standard. “Can” is used as a statement of possibility and capability. Finally, “must” is used only to describe “unavoidable” situations, including those mandated by government regulation.

The concepts incorporated in this standard should not be considered inflexible or static. This standard, like any other, must be reviewed and updated periodically to assimilate progressive technological developments. To remain relevant, it must be modified as technological advances are made and as new data come to light.

Suggestions for improving this standard are invited. Comments and suggested revisions should be sent to Standards Department, AAMI, 4301 N. Fairfax Dr, Suite 301, Arlington, VA 22203-1633.

Foreword

- 1) The International Electrotechnical Commission (IEC) is a worldwide organization for standardization comprising all national electrotechnical committees (IEC National Committees). The object of IEC is to promote international co-operation on all questions concerning standardization in the electrical and electronic fields. To this end and in addition to other activities, IEC publishes International Standards, Technical Specifications, Technical Reports, Publicly Available Specifications (PAS) and Guides (hereafter referred to as "IEC Publication(s)"). Their preparation is entrusted to technical committees; any IEC National Committee interested in the subject dealt with may participate in this preparatory work. International, governmental and non-governmental organizations liaising with the IEC also participate in this preparation. IEC collaborates closely with the International Organization for Standardization (ISO) in accordance with conditions determined by agreement between the two organizations.
- 2) The formal decisions or agreements of IEC on technical matters express, as nearly as possible, an international consensus of opinion on the relevant subjects since each technical committee has representation from all interested IEC National Committees.
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- 8) Attention is drawn to the Normative references cited in this publication. Use of the referenced publications is indispensable for the correct application of this publication.
- 9) Attention is drawn to the possibility that some of the elements of this IEC Publication may be the subject of patent rights. IEC shall not be held responsible for identifying any or all such patent rights.

International Standard IEC 80369-5 has been prepared by a Joint Working Group of subcommittee 62D: Electromedical equipment of IEC technical committee 62: Electrical equipment in medical practice, ISO technical committee 210, Quality management and corresponding general aspects for medical devices and CEN/CENELEC TC3/WG 2, Small-bore connectors.

The text of this standard is based on the following documents:

FDIS	Report on voting
62D/1306/FDIS	62D/1329/RVD

Full information on the voting for the approval of this standard can be found in the report on voting indicated in the above table. In ISO, the standard has been approved by 23 P members out of 23 having cast a vote.

This publication has been drafted in accordance with the ISO/IEC Directives, Part 2.

A list of all parts in the International Standard 80369 series, published under the general title *Small-bore connectors for liquids and gases in healthcare applications*, can be found on the IEC and ISO websites.

In this standard, the following print types are used:

- Requirements and definitions: roman type.
- Informative material appearing outside of tables, such as notes, examples and references: in smaller type. Normative text of tables is also in a smaller type.
- TERMS DEFINED IN CLAUSE 3 OF THIS STANDARD OR AS NOTED IN THE INDEX OF DEFINED TERMS: SMALL CAPITALS.

In this standard, the conjunctive “or” is used as an “inclusive or” so a statement is true if any combination of the conditions is true.

The verbal forms used in this standard conform to usage described in Annex H of the ISO/IEC Directives, Part 2. For the purposes of this standard, the auxiliary verb:

- “shall” means that compliance with a requirement or a test is mandatory for compliance with this standard;
- “should” means that compliance with a requirement or a test is recommended but is not mandatory for compliance with this standard;
- “may” is used to describe a permissible way to achieve compliance with a requirement or test.

An asterisk (*) as the first character of a title or at the beginning of a paragraph or table title indicates that there is guidance or rationale related to that item in Annex A.

NOTE The attention of Member Bodies and National Committees is drawn to the fact that equipment manufacturers and testing organizations may need a transitional period following publication of a new, amended or revised ISO or IEC publication in which to make products in accordance with the new requirements and to equip themselves for conducting new or revised tests. It is the recommendation of the committees that the content of this publication be adopted for implementation nationally not earlier than 3 years from the date of publication.

The committee has decided that the contents of this publication will remain unchanged until the stability date indicated on the IEC website under "<http://webstore.iec.ch>" in the data related to the specific publication. At this date, the publication will be

- reconfirmed,
- withdrawn,
- replaced by a revised edition, or
- amended.

Introduction

This International Standard was developed because of several incidents, with catastrophic consequences, resultant from inappropriate medication, liquid nutritional formula or air being administered intravenously. Many incidents have been reported, leading to international recognition of the importance of these issues, and a need has been identified to develop specific CONNECTORS for MEDICAL DEVICES and their ACCESSORIES used to deliver fluids in other APPLICATIONS.

The International Standard 80369 series was developed to prevent misconnection between SMALL-BORE CONNECTORS used in different APPLICATIONS. Part 1 specifies the requirements necessary to verify the designs and dimensions of SMALL-BORE CONNECTORS to ensure that:

- a) they do not misconnect with other SMALL-BORE CONNECTORS; and
- b) they safely and securely connect with their mating half.

Part 20 contains the common TEST METHODS to support the performance requirements for SMALL-BORE CONNECTORS. The other parts specify the designs of SMALL-BORE CONNECTORS for the various APPLICATIONS.

This part of International Standard 80369 specifies the design and the dimensions and drawings of SMALL-BORE CONNECTORS intended for use in limb cuff inflation APPLICATIONS. The informative Annex D through Annex G describe the methods by which this design has been assessed. Other parts of International Standard 80369 include requirements for SMALL-BORE CONNECTORS used in different APPLICATION categories.

CONNECTORS manufactured to the dimensions set out within this International Standard are therefore dimensionally incompatible with the SMALL-BORE CONNECTORS used in other APPLICATIONS specified by the standards in this series, unless otherwise indicated. If fitted to the relevant MEDICAL DEVICES and ACCESSORIES, these CONNECTORS should be able to prevent air being delivered intravenously. CONNECTORS manufactured to the dimensions specified in this standard are also NON-INTERCONNECTABLE with any of the other CONNECTORS identified in the International Standard 80369 series of standards for SMALL-BORE CONNECTORS, unless otherwise indicated.

Small-bore connectors for liquids and gases in healthcare applications — Part 5: Connectors for limb cuff inflation applications

1 * Scope

This part of International Standard 80369 specifies dimensions and requirements for the design and functional performance of SMALL-BORE CONNECTORS intended to be used for CONNECTIONS in limb cuff inflation APPLICATIONS of MEDICAL DEVICES and ACCESSORIES. Limb cuff inflation APPLICATIONS include CONNECTIONS between a sphygmomanometer and its cuff. [3] [7] ¹

This part of International Standard 80369 does not specify requirements for the MEDICAL DEVICES or ACCESSORIES that use these CONNECTORS. Such requirements are given in particular International Standards for specific MEDICAL DEVICES or ACCESSORIES.

This part of International Standard 80369 does not specify requirements for pressurizing and depressurizing the retention mechanism (e.g. balloon) used to hold invasive MEDICAL DEVICES in place.

NOTE 1 MANUFACTURERS are encouraged to incorporate the SMALL-BORE CONNECTORS specified in this part of International Standard 80369 into MEDICAL DEVICES, medical systems or ACCESSORIES, even if currently not required by the relevant particular MEDICAL DEVICE standards. It is expected that when the relevant particular MEDICAL DEVICE standards are revised, requirements for SMALL-BORE CONNECTORS, as specified in this part of International Standard 80369, will be included.

NOTE 2 The requirements for SMALL-BORE CONNECTORS intended to be used with neonatal PATIENTS to connect a cuff to a sphygmomanometer are intended to be added to this standard by an amendment or new edition. IEC 80601-2-30 [7] defines the age range for neonatal mode usage of sphygmomanometers.

NOTE 3 The requirements for SMALL-BORE CONNECTORS intended to be used to connect a tourniquet to its inflating equipment are intended to be added to this standard by an amendment or new edition.

NOTE 4 ISO 80369-1:2010, 5.8, specifies alternative methods of compliance with ISO 80369-1:2010, for SMALL-BORE CONNECTORS intended for limb cuff inflation APPLICATIONS of MEDICAL DEVICES or ACCESSORIES which do not comply with this part of ISO 80369.

2 Normative references

The following documents, in whole or in part, are normatively referenced in this document and are indispensable for its application. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

NOTE 1 The way in which these referenced documents are cited in normative requirements determines the extent (in whole or in part) to which they apply.

NOTE 2 Informative references are listed in the bibliography on page 35.

ISO 5356-1:2004, *Anaesthetic and respiratory equipment – Conical connectors – Part 1: Cones and sockets*

¹ Figures in square brackets refer to the Bibliography.