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Medical devices — Connectors for reservoir delivery systems for healthcare applications —

Part 1: General requirements and common test methods

Dispositifs médicaux — Connecteurs pour systèmes de livraison de réservoir pour des applications de soins de santé —

Partie 1: Exigences générales et méthodes d'essai courantes

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT) see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 210, *Quality management and corresponding general aspects for medical devices*.

A list of all the parts in the ISO 18250 series can be found on the ISO website. The numbering of the parts follows in parallel the clinical applications listed in ISO 80369-1:2018 where applicable. Other parts are expected to be added in the future for applications not yet covered.

In this document, 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;

— compliance checks: *italic type*;

— TERMS DEFINED IN THIS DOCUMENT OR AS NOTED: SMALL CAPITALS.

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

For the purposes of this document, the following verbal forms are used:

— "shall" indicates that compliance with a requirement or a test is mandatory for compliance with this document,

— "should" indicates that compliance with a requirement or a test is recommended but is not mandatory for compliance with this document, and

— "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.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

During the development of the ISO 80369 series of standards for small-bore connectors, it became evident that equally important were the connections between medical devices and fluid reservoirs. It was agreed that such connectors should be developed in parallel with the small-bore connectors specified in the ISO 80369 series of standards and comply with analogous safety and interoperability requirements.

ISO 16142-1:2016, Clause 4 addresses this type of problem.

The solutions adopted by the manufacturer for the design and manufacture of the medical device should conform to safety principles, taking into account the generally acknowledged state of the art. When risk reduction is required, the manufacturer should control the risks so that the residual risk associated with each hazard is judged acceptable. The manufacturer should apply the following principles in the priority order listed:

a) identify known or foreseeable hazards and estimate the associated risks arising from the intended use and foreseeable misuse;

b) eliminate risks as far as reasonably practicable through inherently safe design and manufacture;

c) reduce as far as reasonably practicable the remaining risks by taking adequate protection measures, including alarms or information for safety;

d) inform users of any residual risk.

It was soon realized that many of the reservoirs that contain liquids for administering to patients for different applications all utilized the same ubiquitous spike as the connector between the giving set and the reservoir leading to wrong drug administration. The ISO 18250 series endeavours to provide unique designs for each of the applications specified to reduce the risk of administering the wrong drug. It is understood that reservoir connector systems cannot be designed to overcome all chances of misconnection or to eliminate deliberate misuse. However, a number of steps that would improve the current situation and lead to greater patient safety can be taken. This will only be achieved through a long-term commitment involving industry, healthcare professionals, medical device purchasers and medical device regulatory authorities.

The ISO 18250 series specifies the requirements to prevent misconnection between reservoir connectors used in different applications. This document specifies the general requirements and test methods common to all reservoir connectors in this series. Test methods that are specific to a particular reservoir connector will be included in that application part. The ISO 18250 series specifies the requirements to prevent misconnections or reduce their occurrence to acceptable levels between reservoir connectors used in different applications.

Medical devices — Connectors for reservoir delivery systems for healthcare applications —

Part 1: General requirements and common test methods

1 *Scope

This document specifies general requirements for RESERVOIR CONNECTORS, which convey fluids in healthcare APPLICATIONS. These RESERVOIR CONNECTORS are used in MEDICAL DEVICES or ACCESSORIES intended for use with a PATIENT.

This document also specifies the healthcare fields in which these RESERVOIR CONNECTORS are intended to be used.

These healthcare fields of use include, but are not limited to, APPLICATIONS for

— respiratory,

— enteral,

— neural,

— intravascular,

— citrate-based anticoagulant solution, and

— irrigation.

RESERVOIR CONNECTORS as specified in this document are NON-INTERCONNECTABLE with:

— the RESERVOIR CONNECTORS of every other APPLICATION specified in the ISO 18250 series;

— removable temperature sensor port specified in Annex EE of ISO 80601-2-74:2017;

— the nipples specified in Annex B of ISO 17256[1)];

unless otherwise specified in the ISO 18250 series.

APPLICATION parts of the ISO 18250 series can specify additional CONNECTORS with which RESERVOIR CONNECTORS (as specified in those APPLICATION parts) are to be NON-INTERCONNECTABLE.

This document provides the methodology to assess NON-INTERCONNECTABLE characteristics of RESERVOIR CONNECTORS based on their inherent design and dimensions in order to reduce the RISK of MISCONNECTIONS between MEDICAL DEVICES or between ACCESSORIES for different APPLICATIONS.

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

NOTE 1 MANUFACTURERS are encouraged to incorporate the RESERVOIR CONNECTORS specified in the ISO 18250 series 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 RESERVOIR CONNECTORS as specified in the series of standards will be included.

1) Under preparation. Stage at the time of publication: ISO/DIS 17256:2017.

NOTE 2 The ISO 18250 series does not apply to screw and crown cork caps and necks as they are not CONNECTORS specific for MEDICAL DEVICES. Examples of screw caps and necks are defined in DIN 55525, ASTM D2911/D2911M, DIN 6063-1, DIN 6063-2, DIN 168-1. Examples of crown cork caps and necks are defined in DIN 6094, ISO 12821, EN 14635.

This document also specifies the TEST METHODS to verify the common performance requirements for RESERVOIR CONNECTORS. The performance requirements for these common TEST METHODS are specified in the APPLICATION parts and not in the general part.

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 527-1, *Plastics — Determination of tensile properties — Part 1: General principles*

ISO 527-2, *Plastics — Determination of tensile properties — Part 2: Test conditions for moulding and extrusion plastics*

ISO 178, *Plastics — Determination of flexural properties*

ISO 14971:2007, *Medical devices — Application of risk management to medical devices*

ISO 17256[2)], *Anaesthetic and respiratory equipment — Respiratory therapy tubing and connectors*

ISO 18250-3, *Medical devices — Connectors for reservoir delivery systems for healthcare applications — Part 3: Enteral applications*

ISO 18250-6[3)], *Medical devices — Connectors for reservoir delivery systems for healthcare applications — Part 6: Neural applications*

ISO 18250-7[4)], *Medical devices — Connectors for reservoir delivery systems for healthcare applications — Part 7: Intravascular applications*

ISO 18250-8, *Medical devices — Connectors for reservoir delivery systems for healthcare applications — Part 8: Citrate-based anticoagulant solution for apheresis applications*

ISO 80601-2-74:2017, *Medical electrical equipment — Part 2-74: Particular requirements for basic safety and essential performance of respiratory humidifying equipment*

IEC 62366-1, *Medical devices — Part 1: Application of usability engineering to medical devices*

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 14971, IEC 62366-1, and the following apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

— ISO Online browsing platform: available at https://www.iso.org/obp

— IEC Electropedia: available at http://www.electropedia.org/

2) Under preparation. Stage at the time of publication: ISO/DIS 17256:2017.

3) Under preparation. Stage at the time of publication: ISO/DIS 18250-6:2018.

4) Under preparation. Stage at the time of publication: ISO/FDIS 18250-7:2018.

3.1
ACCESSORY
additional part(s) for use with MEDICAL DEVICE in order to:

— achieve the INTENDED USE,

— adapt it to some special use,

— facilitate its use,

— enhance its performance, or

— enable its functions to be integrated with those of other MEDICAL DEVICES

[SOURCE: IEC 60601-1:2005, definition 3.3, modified — "equipment" has been replaced with MEDICAL DEVICE]

3.2
APPLICATION
specific healthcare field in which a RESERVOIR CONNECTOR is intended to be used

[SOURCE: ISO 80369-1:2018, 3.2, modified — "SMALL-BORE CONNECTOR" has been replaced with "RESERVOIR CONNECTOR"]

Note 1 to entry: Annex K lists RESERVOIR CONNECTOR APPLICATIONS and gives examples of the MEDICAL DEVICES used within that healthcare field.

3.3
CONNECTION
union or joining of mating halves of a CONNECTOR

[SOURCE: ISO 80369-1:2018, 3.3]

3.4
CONNECTOR
mechanical device, consisting of one of two mating halves and designed to join a conduit to convey liquids or gases

[SOURCE: ISO 80369-1:2018, 3.4]

Note 1 to entry: This term refers to both mating halves of the CONNECTION and applies to both the mechanical devices on the RESERVOIR side and PATIENT side.

3.5
MISCONNECTION
CONNECTION between CONNECTORS intended for different APPLICATIONS or from different designs within the same APPLICATION and not intended to connect

3.6
NON-INTERCONNECTABLE
having characteristics which incorporate geometries or other characteristics that prevent different CONNECTORS from making a CONNECTION

[SOURCE: ISO 80369-1:2018, 3.10]

3.7
PATIENT
person undergoing a medical, surgical or dental PROCEDURE

[SOURCE: IEC 60601-1:2005, definition 3.76, modified — "person or animal" has been replaced by "person"]

3.8
RESERVOIR
fluid container within MEDICAL DEVICE field

3.9
TEST METHOD
PROCEDURE that produces a test result

4 Materials used for RESERVOIR CONNECTORS

4.1 *General

To verify the MISCONNECTION requirements specified in this document, RESERVOIR CONNECTORS shall be made of materials with a modulus of elasticity either in tension or in flexure of at least 700 MPa, unless otherwise specified in specific APPLICATION parts of the ISO 18250 series.

Check compliance in accordance with ISO 527-1 and ISO 527-2 or ISO 178 at (23 ± 2) °C temperature and (50 ± 5) % relative humidity.

Non-rigid materials are allowed in order to provide sealing surfaces or other performance characteristics whereas they do not affect NON-INTERCONNECTABLE characteristics, or unless otherwise specified in specific APPLICATION parts of the ISO 18250 series.

MANUFACTURERS shall demonstrate that, when non-rigid materials are introduced in the design, the NON-INTERCONNECTABLE characteristics are not affected.

NOTE The TEST METHODS listed in Annex L are considered acceptable alternatives to ISO 527-1 and ISO 527-2, and ISO 178.

4.2 Alternative TEST METHODS

MANUFACTURERS may use alternative TEST METHODS to those listed in Annex L if it can be demonstrated that they are technically equivalent to ISO 527-1 and ISO 527-2 or ISO 178 within the typical uncertainty range of the mechanical properties of the plastics used.

In cases of dispute, the TEST METHODS listed in this document shall be identified as the reference TEST METHODS.

Check compliance by inspection of the technical file.

5 *Requirements for RESERVOIR CONNECTORS for specific APPLICATIONS

5.1 *RESERVOIR CONNECTOR incompatibility

RESERVOIR CONNECTORS for APPLICATIONS specified in this document shall be NON-INTERCONNECTABLE with:

— the RESERVOIR CONNECTORS of every other APPLICATION specified in the ISO 18250 series;

— the defined surfaces of nipples of ISO 17256;

— the defined surfaces of temperature sensors and mating ports made in compliance with Annex EE of ISO 80601-2-74:2017;

unless otherwise indicated in this document or the APPLICATION parts of the ISO 18250 series.

Check compliance by confirming that OBJECTIVE EVIDENCE verifies that RISKS have been reduced to acceptable levels for the acceptability criteria specified in Annex B.

5.2 Enteral APPLICATIONS

RESERVOIR CONNECTORS intended to be used for CONNECTIONS in enteral APPLICATIONS shall comply with ISO 18250-3, unless the use of these CONNECTORS creates an unacceptable RISK for a specific MEDICAL DEVICE.

5.3 Neural APPLICATIONS

RESERVOIR CONNECTORS intended to be used for CONNECTIONS in neural APPLICATIONS shall comply with ISO 18250-6, unless the use of these CONNECTORS creates an unacceptable RISK for a specific MEDICAL DEVICE.

5.4 Intravascular APPLICATIONS

RESERVOIR CONNECTORS intended to be used for CONNECTIONS in intravascular APPLICATIONS shall comply with ISO 18250-7, unless the use of these CONNECTORS creates an unacceptable RISK for a specific MEDICAL DEVICE.

5.5 Citrate-based anticoagulant solution for apheresis APPLICATIONS

RESERVOIR CONNECTORS intended to be used for CONNECTIONS in citrate-based anticoagulant solution for apheresis APPLICATIONS shall comply with ISO 18250-8, unless the use of these CONNECTORS creates an unacceptable RISK for a specific MEDICAL DEVICE.

6 *RESERVOIR CONNECTORS for APPLICATIONS not already covered in the ISO 18250 series

RESERVOIR CONNECTORS for APPLICATIONS other than those specified in 5.2, 5.3, 5.4 and 5.5 shall:

a) comply with Clause 4, 5.1 and Clause 7;

b) not create an unacceptable RISK for a specific MEDICAL DEVICE or ACCESSORY; and

c) be evaluated in accordance with Annex B.

Check compliance by confirming that OBJECTIVE EVIDENCE verifies that RISKS have been reduced to acceptable levels for the acceptability criteria specified in Annex B and other acceptability criteria established by the MANUFACTURER for NON-INTERCONNECTABLE characteristics.

CONNECTORS that satisfy the requirements of this clause are identified as compliant with "Clause 6 of ISO 18250-1:2018" only. They may or may not comply with ISO 18250-1 as a whole, nor necessarily with any of the APPLICATION parts of the ISO 18250 series.

7 *Performance requirements

7.1 Leakage

7.1.1 Positive-pressure liquid leakage

There shall be no leakage from the RESERVOIR CONNECTOR sufficient to form a falling drop when subjected to a pressure of (50 ± 10) kPa within a period of 30 s.

Check compliance using the test method specified in Annex C.

7.1.2 Sub atmospheric pressure air leakage

There shall be no leakage of air through the RESERVOIR CONNECTOR at a sub-atmospheric pressure of (40 ± 0,1) kPa.

Check compliance using the test method specified in Annex D.

7.2 Stress-cracking

RESERVOIR CONNECTORS shall show no signs of stress-cracking when subjected to an axial connection force of (27,5 ± 1) N at a torque of (0,12 ± 0,02) N·m, an axial disconnection force of (35 ± 1) N and an internal pressure of (50 ± 1) kPa.

Check compliance using the test method specified in Annex E.

7.3 Resistance to separation from axial load

RESERVOIR CONNECTORS shall not separate when subjected to an axial disconnection force of less than 35 N.

Check compliance using the test method specified in Annex F.

7.4 Resistance to separation from unscrewing

RESERVOIR CONNECTORS shall not separate when subjected to a disconnection torque of less than 0,12 N·m.

Check compliance using the test method specified in Annex G.

7.5 Resistance to overriding

RESERVOIR CONNECTORS shall not override any threads or locking features when subjected to an applied torque of 35 N·m.

Check compliance using the test method specified in Annex H.

7.6 Disconnection by unscrewing for floating or rotating screw-thread locking CONNECTORS and locking CONNECTORS with fixed threads

RESERVOIR CONNECTORS shall become detached when an unscrewing torque of 0,25 N·m is applied.

Check compliance using the test method specified in Annex I.

The TEST METHODS may be referenced fully, in part, or not at all in the individual APPLICATION parts of the ISO 18250 series.

Annex A
(informative)

Rationale and guidance

A.1 General

This annex provides rationale for the important requirements of this document and is intended for those who are familiar with the subject of this document but who have not participated in its development. An understanding of the reasons for the main requirements is considered to be essential for its proper application. Furthermore, as clinical practice and technology change, it is believed that rationale for the present requirements will facilitate any revision of this document necessitated by those developments.

A.2 Rationale for particular clauses and subclauses

The clauses and subclauses in this annex have been numbered to correspond to the numbering of the clauses and subclauses of this document to which they refer. The numbering is, therefore, not consecutive.

Clause 1 Scope

Advances in modern medicine have led to a significant rise in the number of MEDICAL DEVICES attached to PATIENTS. Many of these MEDICAL DEVICES fall into the categories of monitoring devices, diagnostic devices and drug delivery devices.

Such MEDICAL DEVICES perform a variety of similar, but not interchangeable, functions. Examples include: intravenous and neural fluid delivery, and enteral feeding. Despite the varied nature of the functions performed, many of these MEDICAL DEVICES use a universal system of RESERVOIR CONNECTORS based on the closure-piercing device defined in ISO 1135-4 and ISO 8536-4.

The universal nature of the CONNECTORS used, and the proximity of several different CONNECTORS around a single PATIENT, makes accidental MISCONNECTIONS inevitable. The consequences of such MISCONNECTIONS vary but a significant number is actually or potentially fatal.

Serious and usually fatal MISCONNECTIONS include intravenous injection of enteral feeds and intrathecal administration of e.g. vincristine. Less disastrous MISCONNECTIONS such as enteral administration of intravenous fluids might not directly HARM the PATIENT but cause a failure of the intended treatment.

Introducing the ISO 18250 series of standards for RESERVOIR CONNECTORS alongside the ISO 80369 series of small bore CONNECTORS will help to reduce the likelihood of MISCONNECTIONS and incorrect administration of fluids leading to a direct improvement in PATIENT safety.

Subclause 4.1 General

The modulus of elasticity (MoE) of 700 MPa was chosen as the minimum as this is considered to be the worst-case scenario for the sort of materials likely to be used for RESERVOIR CONNECTORS. If the CONNECTORS comply with the MISCONNECTION and the performance requirements specified in this document using material with this MoE, then devices made from more rigid materials are also expected to comply with the requirements and reduce the possibility of forcing, beyond a reasonable detection threshold, a fit between RESERVOIR CONNECTORS from different APPLICATIONS made from flexible materials.

Non-rigid materials can be used for components such as gaskets as long as they do not affect the NON-INTERCONNECTABILITY characteristics of the RESERVOIR CONNECTOR. In addition, it provides the

possibility for rubber portions in CONNECTORS like the closures for intravascular infusion bottles in case these CONNECTORS will be included in the framework of the ISO 18250 series.

The definition of material stiffness is based upon the value of the Young's modulus. As many standard and non-standard TEST METHODS have been developed in order to estimate this value, it was decided to refer to the mechanical TEST METHODS given in ISO 527-1, ISO 527-2 and ISO 178, while allowing the use of different methods considered to be technically equivalent. Annex L provides a list of these equivalent TEST METHODS that may be used providing results applicable for the purpose of this document within the typical uncertainties on the mechanical properties of plastics.

The different values obtained from these various tests are considered to fall within acceptable limits for the model approximations and raw material variability. Since the standard TEST METHODS refer to standard specimen that cannot represent the effective behaviour of the material after processing, 4.2 allows the MANUFACTURERS to set specific TEST METHODS for the estimate of the effective Young's modulus, provided that MANUFACTURERS can produce OBJECTIVE EVIDENCE of the reliability of the methods.

The adoption of rigid materials is regarded as a minimal necessary condition for reduction of MISCONNECTIONS. First, because it is not sufficient for a final assessment as it cannot univocally describe the mechanical behaviour of plastic materials even in a rough approximation of the linear elastic range. Second, because the model approximations that underlie the standard TEST METHODS are often not accurate, neglecting phenomena like plastic and viscoelastic behaviour that may occur in reality during a MISCONNECTION attempt.

Different TEST METHODS can be used to estimate the Young's modulus of these materials and may produce slightly different values. Thus materials whose modulus is close to 700 MPa may be reported as above or below that threshold depending on the method used. For the purposes of this document, as long as one of the referenced methods provides a result above the threshold, that will be taken as sufficient evidence to assess compliance with the appropriate clause. This can be considered acceptable provided that the adoption of rigid materials is regarded as a minimal necessary condition for reduction of MISCONNECTIONS.

Clause 5 Requirements for RESERVOIR CONNECTORS for specific APPLICATIONS

National regulatory bodies, hospital accreditation organizations, and independent public health organizations recognize MISCONNECTIONS as a persistent problem with potentially fatal consequences. Warnings have been issued and strategies offered for healthcare organizations to reduce RISKS and MANUFACTURERS to redesign CONNECTORS to prevent MISCONNECTIONS. The ability of CONNECTORS used to interconnect is identified as a root cause of MISCONNECTIONS.

Reference [5] identifies the problem of unintended CONNECTION, with sometimes fatal consequences, when using the same CONNECTOR on devices used for different APPLICATIONS and recommended restricting the use of Luer CONNECTORS to hypodermic and vascular APPLICATIONS. The ISO 80369 series has addressed this problem. RESERVOIR CONNECTORS have a similar issue in that the spike has become ubiquitous and has led to unintended CONNECTIONS to the wrong RESERVOIR with fatal consequences for the patient. This document, by developing unique RESERVOIR CONNECTORS for each of the identified APPLICATIONS, attempts to address this problem.

Clause 5 provides the requirements for RESERVOIR CONNECTORS based upon the APPLICATION categories specified in 5.2 to 5.5. Minimal requirements including verifiable acceptability criteria are established to reduce the RISK of MISCONNECTION. The purpose is to make the RISK of MISCONNECTION acceptably low by ensuring that halves of incompatible CONNECTORS are NON-INTERCONNECTABLE. OBJECTIVE EVIDENCE is required that the criteria are met for the RISK of MISCONNECTION for these criteria to be acceptable.

The requirements are not comprehensive. Additional requirements and criteria for other NON-INTERCONNECTABLE characteristics may be needed to reduce the RISK of incompatible MISCONNECTIONS to acceptable levels. This circumstance is acknowledged in this document by requiring that all RISK acceptability criteria applicable to NON-INTERCONNECTABLE characteristics be met.

The adoption of CONNECTORS different from the ones defined by the APPLICATION parts of the ISO 18250 series for APPLICATIONS already covered by this series of standards is not allowed within the conceptual framework of the ISO 18250 series of standards.

Subclause 5.1 RESERVOIR CONNECTOR incompatibility

The respiratory therapy tubing connectors specified in ISO 17256 are restricted to an elastomeric funnel inlet that is compatible with the fir-tree/nipple and an outlet that complies with the dimensions of an R2 respiratory small-bore connector to be included in the future ISO 80369-2. Previously this tubing had elastomeric funnel connectors at both ends. As these are still of common use, allowing CONNECTION of a RESERVOIR to a gas supply device such as a flow meter, oxygen concentrator or nebulizer air compressor, it was therefore considered to be a RISK that needed to be addressed, hence the inclusion of the nipple as a connector that should be considered when assessing possible MISCONNECTIONS.

The temperature sensor ports used on humidifiers specified in ISO 80601-2-74 were also considered to be a risk of MISCONNECTION that should be avoided.

Clause 6 RESERVOIR CONNECTORS for APPLICATIONS not already covered in the ISO 18250 series

Clause 6 provides the requirements for RESERVOIR CONNECTORS for APPLICATIONS not yet identified within the APPLICATION parts of the ISO 18250 series to be added to the ISO 18250 series.

Clause 6 has purposely been restricted to RESERVOIR CONNECTORS for APPLICATIONS that are not already specified. Manufacturers of proprietary CONNECTORS cannot therefore claim compliance with this document.

MANUFACTURERS may wish to design a proprietary CONNECTOR for their devices but, as the details of these would be unknown to the committee, there is no guarantee that proprietary CONNECTORS from different MANUFACTURERS, for different APPLICATIONS, will not interconnect thereby putting PATIENTS' lives at RISK.

Clause 7 Performance requirements

These performance requirements and compliance TEST METHODS have been adopted from the ISO 80369 series as they are considered to be synonymous, with the exception of the high-pressure requirements which are not needed. Many of the TEST METHODS in this document were extracted from ISO 80369-20:2015 which used the ISO 594 series[5] as a basis for TEST METHOD development. Minimal changes were made to these TEST METHODS, except when the TEST METHODS contained subjective acceptance criteria.

Due to the specific design characteristics of some of the CONNECTORS, some TEST METHOD steps will specify alternate methods or PROCESSES. When this occurs, the method will reference the changes for the CONNECTOR TEST METHOD in question. If a CONNECTOR is not mentioned in the body of the method, then it can be presumed that the TEST METHOD applies to the unnamed CONNECTOR.

The assembly PROCEDURE in each annex mimics the assembly PROCEDURE that was extracted from the ISO 594 series. Test sample preconditioning and environmental test condition requirements were added to each annex.

The ease of assembly TEST METHOD that was part of the ISO 594 series has been removed as a requirement from the APPLICATION parts of the ISO 18250 series and is not present in this document. The acceptance criterion of the ISO 594 series for ease of assembly was subjective. It was underdefined for a standardized TEST METHOD, i.e. "a satisfactory fit" is not repeatable. Furthermore, the intent of the ease of assembly test was to ensure that the USER can complete the CONNECTION using the mating halves of the CONNECTOR. This requirement is satisfied by the requirement for USABILITY validation for all new CONNECTORS being added to the ISO 18250 series. Therefore, the ease of assembly TEST METHOD has been omitted from this document.

5) ISO 594-1 and ISO 594-2, now withdrawn and superseded by ISO 80369-7.