

American National Standard



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ANSI/AAMI/ ISO 81060- 1:2007/ (R)2013

Non-invasive sphygmomanometers — Part
1: Requirements and test methods for non-
automated measurement type

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.

In determining whether an AAMI standard or recommended practice is relevant to the specific needs of a potential user of the document, several important concepts must be recognized:

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.

Each AAMI standard or recommended practice reflects the collective expertise of a committee of health care professionals and industrial representatives, whose work has been reviewed nationally (and sometimes internationally). As such, the consensus recommendations embodied in a standard or recommended practice are intended to respond to clinical needs and, ultimately, to help ensure patient safety. A standard or recommended practice is limited, however, in the sense that it responds generally to perceived risks and conditions that may not always be relevant to specific situations. A standard or recommended practice is an important *reference* in responsible decision-making, but it should never *replace* responsible decision-making.

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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Requests for interpretations of AAMI standards and recommended practices must be made in writing, to the AAMI Vice President, Standards Policy and Programs. An official interpretation must be approved by letter ballot of the originating committee and subsequently reviewed and approved by the AAMI Standards Board. The interpretation will become official and representation of the Association only upon exhaustion of any appeals and upon publication of notice of interpretation in the "Standards Monitor" section of the *AAMI News*. The Association for the Advancement of Medical Instrumentation disclaims responsibility for any characterization or explanation of a standard or recommended practice which has not been developed and communicated in accordance with this procedure and which is not published, by appropriate notice, as an *official interpretation* in the *AAMI News*.



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Non-invasive sphygmomanometers — Part 1: Requirements and test methods for non-automated measurement type

Approved 18 March 2008 by
Association for the Advancement of Medical Instrumentation

Approved 1 May 2008 and reaffirmed 26 June 2013 by
American National Standards Institute, Inc.

Abstract: This standard specifies requirements for mechanical sphygmomanometers and their accessories that, by means of an inflatable cuff, are used for the non-invasive measurement of blood pressure. This standard also specifies requirements for the safety, essential performance, effectiveness, and labeling, for these instruments and their accessories, including test methods to determine the accuracy of their measurements. The standard covers non-invasive blood pressure measuring devices with a mechanical pressure sensing element and display used in conjunction with a stethoscope or other manual methods for detecting Korotkoff sounds.

Keywords: sphygmomanometer, blood pressure

AAMI Standard

This Association for the Advancement of Medical Instrumentation (AAMI) standard implies a consensus of those substantially concerned with its scope and provisions. The existence of an AAMI standard does not in any respect preclude anyone, whether they have approved the standard or not, from manufacturing, marketing, purchasing, or using products, processes, or procedures not conforming to the standard. AAMI standards are subject to periodic review, and users are cautioned to obtain the latest editions.

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Glossary of equivalent standards

International Standards adopted in the United States may include normative references to other International Standards. For each International Standard that has been adopted by AAMI (and ANSI), the table below gives the corresponding U.S. designation and level of equivalency to the International Standard. NOTE: Documents are sorted by international designation.

Other normatively referenced International Standards may be under consideration for U.S. adoption by AAMI; therefore, this list should not be considered exhaustive.

International designation	U.S. designation	Equivalency
IEC 60601-1:2005	ANSI/AAMI ES60601-1:2005	Major technical variations
IEC 60601-1-2:2007	ANSI/AAMI/IEC 60601-1-2:2007	Identical
IEC 60601-2-2:2006	ANSI/AAMI/IEC 60601-2-2:2006	Identical
IEC 60601-2-4:2002	ANSI/AAMI DF80:2003	Major technical variations
IEC 60601-2-19:1990 and Amendment 1:1996	ANSI/AAMI I136:2004	Major technical variations
IEC 60601-2-20:1990 and Amendment 1:1996	ANSI/AAMI I151:2004	Major technical variations
IEC 60601-2-21:1994 and Amendment 1:1996	ANSI/AAMI/IEC 60601-2-21 and Amendment 1:2000 (consolidated texts)	Identical
IEC 60601-2-24:1998	ANSI/AAMI ID26:2004	Major technical variations
IEC 60601-2-47:2001	ANSI/AAMI EC38:2007	Major technical variations
IEC 60601-2-50:2001	ANSI/AAMI/IEC 60601-2-50:2006	Identical
IEC/TR 60878:2003	ANSI/AAMI/IEC TIR60878:2003	Identical
IEC/TR 62296:2003	ANSI/AAMI/IEC TIR62296:2003	Identical
IEC 62304:2006	ANSI/AAMI/IEC 62304:2006	Identical
IEC/TR 62348:2006	ANSI/AAMI/IEC TIR62348:2006	Identical
ISO 5840:2005	ANSI/AAMI/ISO 5840:2005	Identical
ISO 7198:1998	ANSI/AAMI/ISO 7198:1998/2001/(R)2004	Identical
ISO 7199:1996	ANSI/AAMI/ISO 7199:1996/(R)2002	Identical
ISO 8637:2004	ANSI/AAMI RD16:2007	Major technical variations
ISO 8638:2004	ANSI/AAMI RD17:2007	Major technical variations
ISO 10993-1:2003	ANSI/AAMI/ISO 10993-1:2003	Identical
ISO 10993-2:2006	ANSI/AAMI/ISO 10993-2:2006	Identical
ISO 10993-3:2003	ANSI/AAMI/ISO 10993-3:2003	Identical
ISO 10993-4:2002 and Amendment 1:2006	ANSI/AAMI/ISO 10993-4:2002 and Amendment 1:2006	Identical
ISO 10993-5:1999	ANSI/AAMI/ISO 10993-5:1999	Identical
ISO 10993-6:2007	ANSI/AAMI/ISO 10993-6:2007	Identical
ISO 10993-7:1995	ANSI/AAMI/ISO 10993-7:1995/(R)2001	Identical
ISO 10993-9:1999	ANSI/AAMI/ISO 10993-9:1999/(R)2005	Identical
ISO 10993-10:2002 and Amendment 1:2006	ANSI/AAMI BE78:2002 ANSI/AAMI BE78:2002/A1:2006	Minor technical variations Identical
ISO 10993-11:2006	ANSI/AAMI/ISO 10993-11:2006	Identical
ISO 10993-12:2007	ANSI/AAMI/ISO 10993-12:2007	Identical
ISO 10993-13:1998	ANSI/AAMI/ISO 10993-13:1999/(R)2004	Identical
ISO 10993-14:2001	ANSI/AAMI/ISO 10993-14:2001/(R)2006	Identical
ISO 10993-15:2000	ANSI/AAMI/ISO 10993-15:2000/(R)2006	Identical
ISO 10993-16:1997	ANSI/AAMI/ISO 10993-16:1997/(R)2003	Identical

International designation	U.S. designation	Equivalency
ISO 10993-17:2002	ANSI/AAMI/ISO 10993-17:2002	Identical
ISO 10993-18:2005	ANSI/AAMI BE83:2006	Major technical variations
ISO/TS 10993-19:2006	ANSI/AAMI/ISO TIR10993-19:2006	Identical
ISO/TS 10993-20:2006	ANSI/AAMI/ISO TIR10993-20:2006	Identical
ISO 11135-1:2007	ANSI/AAMI/ISO 11135-1:2007	Identical
ISO 11137-1:2006	ANSI/AAMI/ISO 11137-1:2006	Identical
ISO 11137-2:2006 (2006-08-01 corrected version)	ANSI/AAMI/ISO 11137-2:2006	Identical
ISO 11137-3:2006	ANSI/AAMI/ISO 11137-3:2006	Identical
ISO 11138-1: 2006	ANSI/AAMI/ISO 11138-1:2006	Identical
ISO 11138-2: 2006	ANSI/AAMI/ISO 11138-2:2006	Identical
ISO 11138-3: 2006	ANSI/AAMI/ISO 11138-3:2006	Identical
ISO 11138-4: 2006	ANSI/AAMI/ISO 11138-4:2006	Identical
ISO 11138-5: 2006	ANSI/AAMI/ISO 11138-5:2006	Identical
ISO/TS 11139:2006	ANSI/AAMI/ISO 11139:2006	Identical
ISO 11140-1:2005	ANSI/AAMI/ISO 11140-1:2005	Identical
ISO 11140-3:2007	ANSI/AAMI/ISO 11140-3:2007	Identical
ISO 11140-4:2007	ANSI/AAMI/ISO 11140-4:2007	Identical
ISO 11140-5:2007	ANSI/AAMI/ISO 11140-5:2007	Identical
ISO 11607-1:2006	ANSI/AAMI/ISO 11607-1:2006	Identical
ISO 11607-2:2006	ANSI/AAMI/ISO 11607-2:2006	Identical
ISO 11737-1:2006	ANSI/AAMI/ISO 11737-1:2006	Identical
ISO 11737-2:1998	ANSI/AAMI/ISO 11737-2:1998	Identical
ISO 11737-3:2004	ANSI/AAMI/ISO 11737-3:2004	Identical
ISO 13485:2003	ANSI/AAMI/ISO 13485:2003	Identical
ISO 14155-1:2003	ANSI/AAMI/ISO 14155-1:2003	Identical
ISO 14155-2:2003	ANSI/AAMI/ISO 14155-2:2003	Identical
ISO 14160:1998	ANSI/AAMI/ISO 14160:1998	Identical
ISO 14161:2000	ANSI/AAMI/ISO 14161:2000	Identical
ISO 14937:2000	ANSI/AAMI/ISO 14937:2000	Identical
ISO/TR 14969:2004	ANSI/AAMI/ISO TIR14969:2004	Identical
ISO 14971:2007	ANSI/AAMI/ISO 14971:2007	Identical
ISO 15223-1:2007	ANSI/AAMI/ISO 15223-1:2007	Identical
ISO 15225:2000 and A1:2004	ANSI/AAMI/ISO 15225:2000/(R)2006 and A1:2004/(R)2006	Identical
ISO 15674:2001	ANSI/AAMI/ISO 15674:2001	Identical
ISO 15675:2001	ANSI/AAMI/ISO 15675:2001	Identical
ISO 15882:2003	ANSI/AAMI/ISO 15882:2003	Identical
ISO/TR 16142:2006	ANSI/AAMI/ISO TIR16142:2005	Identical
ISO 17664:2004	ANSI/AAMI ST81:2004	Major technical variations
ISO 17665-1:2006	ANSI/AAMI/ISO 17665-1:2006	Identical
ISO 18472:2006	ANSI/AAMI/ISO 18472:2006	Identical
ISO/TS 19218:2005	ANSI/AAMI/ISO 19218:2005	Identical
ISO 22442-1:2007	ANSI/AAMI/ISO 22442-1:2007	Identical
ISO 22442-2:2007	ANSI/AAMI/ISO 22442-2:2007	Identical
ISO 22442-3:2007	ANSI/AAMI/ISO 22442-3:2007	Identical
ISO 25539-1:2003 and A1:2005	ANSI/AAMI/ISO 25539-1:2003 and A1:2005	Identical
ISO 81060-1:2007	ANSI/AAMI/ISO 81060-1:2007	Identical

Committee representation

Association for the Advancement of Medical Instrumentation Sphygmomanometer Committee

This standard was adopted with minor U.S. inclusion by the Sphygmomanometer Committee of the Association for the Advancement of Medical Instrumentation. Committee approval of this document does not necessarily imply that all committee members voted for its approval.

At the time this document was published, the committee had the following members.

- Cochairs:** Bruce Stephen Alpert, MD
Bruce A Friedman
- Members:** Bruce Stephen Alpert, MD, University of Tennessee @ Memphis College of Graduate Health Sciences
Donald J. Fournier, Draeger Medical
Gerhard Frick, Microlife Services AG
Bruce A Friedman, GE Healthcare
David Gallick, Sun Tech Medical
Jeff Gilham, Spacelabs Medical Inc
John W. Graves, MD, Mayo Medical School - Mayo Clinic Division of Nephrology & Hypertension
Clarence E. Grim, MS, MD, Medical College of Wisconsin
Charles S. Ho, Ph.D, FDA/CDRH ODE
Jiri Jilek, Independent Expert
Charles C. Monroe, Philips Medical Systems
Bruce Z. Morgenstern, MD, Mayo Clinic
Ronald Portman, University of Texas Health Science Center @ Houston
L. Michael Prisant, MD, FACC, FACP, Medical College of Georgia
David Quinn, Welch Allyn Inc
Osamu Shirasaki, Omron Healthcare Co Ltd
Leonard Steinfeld, M.D., Mount Sinai Medical Center
William B. White, MD, University of Connecticut School of Medicine
- Alternates:** Greg Downs, Spacelabs Medical Inc
Iwao Kojima, Omron Healthcare Co Ltd
Dayn C. McBee, Sun Tech Medical
David Osborn, Philips Medical Systems
John Seller, Welch Allyn Inc
Andrea D. Stebor, PhD, GE Healthcare

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.

Background of AAMI Adoption of ISO 81060-1:2007

This standard was developed by the International Organization for Standardization (ISO)/TC 121/SC3 and International Electrotechnical Commission (IEC)/SC 62D Joint Working Group 7 on Non-Invasive Blood Pressure Monitoring Equipment and has been adopted by the AAMI Sphygmomanometer Committee, with one minor U.S. inclusion. The objective of this standard is to provide minimum labeling, performance, and safety requirements for non-automated type non-invasive sphygmomanometers.

This is a new American National Standard. During the course of this international standard undergoing U.S. review, the U.S. Technical Advisory sub-Group (sub-TAG) for the ISO and IEC Joint Working Group (JWG) 7 (AAMI Sphygmomanometer Committee) decided to adopt this then proposed international standard as an American National Standard. During the national balloting process, the committee decided to include one minor U.S. inclusion in Annex A, subclause 6.4.2, which does not change any technical content of ISO/IEC 81060-1:2007, but provides clarification of the section. Serving as the U.S. sub-TAG for the ISO/IEC JWG, the AAMI Sphygmomanometer Committee was responsible for developing U.S. consensus on the international standard and otherwise participated in the drafting of that document.

AAMI and ANSI procedures require that standards be reviewed every five years and, if necessary, revised to reflect technological advances that may have occurred since publication.

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.

This standard reflects the conscientious efforts of concerned health care professionals and medical device manufacturers to develop a standard for those performance levels that can be reasonably achieved at this time.

Suggestions for improving this standard are invited. Comments and suggested revisions should be sent to Technical Programs, AAMI, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.

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NOTE—This background does not contain provisions of the American National Standard, *Non-invasive sphygmomanometers – Part 1: Requirements and test methods for non-automated measurement type* (ANSI/AAMI/ISO 81060-1:2007), but it does provide important information about the development and intended use of the document.

NOTE—Beginning with the ISO foreword on page “x”, this American National Standard is identical to ISO 81060-1:2007, except for the minor inclusion to Annex A, subclause 6.4.2.

AAMI inclusion to ISO 81060-1:2007

6.4.2 * Non-automated sphygmomanometers for transport

Add the following:

Note: See last paragraph of the Annex A, Subclause 6.4.2 for U.S. inclusion.

Annex A

Subclause 6.4.2 Non-automated sphygmomanometers for transport

Add at the end of section, the following paragraph:

Note: Since clause 6.4.2 of this standard requires functional testing before and after vibrations, but not during vibrations, the U.S. believes that there is no proof that the device can indeed perform within specifications during vibrations, such as enabling the user to accurately measure the blood pressure of a patient who is being transported in a moving ambulance. Thus, this standard cannot be used in the U.S. to substantiate a claim of functionality within the manufacturer's specifications during transport.

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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.

International Standards are drafted in accordance with the rules given in the ISO/IEC Directives, Part 2.

The main task of technical committees is to prepare International Standards. Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75% of the member bodies casting a vote.

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.

ISO 81060-1 was prepared by Technical Committee ISO/TC 121, *Anesthetic and respiratory equipment*, Subcommittee SC 3, *Lung ventilators and related equipment*.

ISO 81060 consists of the following parts, under the general title *Non-invasive sphygmomanometers*:

— *Part 1: Requirements and test methods for non-automated measurement type*

The preparation of a second part covering clinical evaluation for the automated measurement type is planned.

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For automated measurement type non-invasive sphygmomanometers, see IEC 60601-2-30 [7].

Introduction

The minimum safety requirements specified in this part of ISO 81060 are considered to provide a practical degree of safety in the operation of non-automated sphygmomanometers.

The requirements are followed by specifications for the relevant tests.

A “rationale and guidance” section giving some explanatory notes, where appropriate, about the more important requirements is included in Annex A.

It is considered that knowledge of the reasons for these requirements will not only facilitate the proper application of this part of ISO 81060 but will, in due course, expedite any revision necessitated by changes in clinical practice or as a result of developments in technology. However, Annex A does not form part of the requirements of this part of ISO 81060.


Advancing Safety in Medical Technology

Throughout this document, text for which a rationale is provided in Annex A is indicated by an asterisk (*).

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Non-invasive sphygmomanometers — Part 1: Requirements and test methods for non-automated measurement type

1 * Scope

This part of ISO 81060 specifies requirements for non-automated sphygmomanometers, as defined in 3.11, and their accessories, which, by means of inflatable cuffs, are used for the non-invasive blood pressure measurement by operator observation.

This part of ISO 81060 specifies requirements for the safety and essential performance, including effectiveness and labeling, for non-automated sphygmomanometers and their accessories, including test methods to determine the accuracy of non-invasive blood pressure measurement.

The part of ISO 81060 covers non-invasive blood pressure measurement devices with a pressure-sensing element and display used in conjunction with means of detecting blood flow.

EXAMPLE 1 A stethoscope for detecting Korotkoff sounds, Doppler ultrasound or other manual methods.

Requirements for non-invasive blood pressure measurement equipment with electrically-powered pressure sensing elements and/or displays used in conjunction with other automatic methods determining blood pressure are specified in IEC 60601-2-30 [7].

Requirements for invasive blood pressure measurement equipment that directly measure blood pressure are specified in document IEC 60601-2-34 [8].

EXAMPLE 2 Measuring equipment, including associated transducers, that is used for the invasive measurement of circulatory system pressures.

2 Normative references

The following referenced documents are indispensable for the application 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 594-1, *Conical fittings with a 6 % (Luer) taper for syringes, needles and certain other medical equipment — Part 1: General requirements*

ISO 594-2, *Conical fittings with 6 % (Luer) taper for syringes, needles and certain other medical equipment — Part 2: Lock fittings*

ISO 7010:2003, *Graphical symbols — Safety colors and safety signs — Safety signs used in workplaces and public areas*