American National Standard

ANSI/AAMI/ISO 18472:2006/(R)2010

Sterilization of health care products—Biological and chemical indicators—Test equipment

Association for the Advancement of Medical Instrumentation

The 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 fume of reference for device evaluation. Similarly, even though a recommended practice is usually oriented towards health care 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.

INTERPRETATIONS OF AAMI STANDARDS AND RECOMMENDED PRACTICES

Requests for interpretations of AAMI standards and recommended practices must be made in writing, to the Manager for Technical Development. 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*.

American National Standard

ANSI/AAMI/ISO 18472:2006/(R)2010
(Revision of ANSI/AAMI ST44:2002)

Sterilization of health care products—Biological and chemical indicators—Test equipment

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Association for the Advancement of Medical Instrumentation

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American National Standards Institute

Abstract: This standard specifies the requirements for the test equipment to be used to test chemical and biological indicators for steam, ethylene oxide, or dry heat processes. This standard also provides informative methods useful in characterizing the performance of biological and chemical indicators for intended use and routine quality control testing.

Keywords: indicator-evaluator resistometer, BIER vessel, accuracy, calibration, carrier, characterization, endpoint, measurement, performance, pressure

AAMI Standard

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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 60601-1-2:2001 and Amendment 1:2004	ANSI/AAMI/IEC 60601-1-2:2001 and Amendment 1:2004	Identical
IEC 60601-2-04:2002	ANSI/AAMI DF80:2003	Major technical variations
IEC 60601-2-19:1990 and Amendment 1:1996	ANSI/AAMI II36:2004	Major technical variations
IEC 60601-2-20:1990 and Amendment 1:1996	ANSI/AAMI II51:2004	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 TR 60878:2003	ANSI/AAMI/IEC TIR60878:2003	Identical
IEC TR 62296:2003	ANSI/AAMI/IEC TIR62296:2003	Identical
IEC TR 62348:200x[1]	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 10993-1:2003	ANSI/AAMI/ISO 10993-1:2003	Identical
ISO 10993-2:1992	ANSI/AAMI/ISO 10993-2:1993/(R)2001	Identical
ISO 10993-3:2003	ANSI/AAMI/ISO 10993-3:2003	Identical
ISO 10993-4:2002	ANSI/AAMI/ISO 10993-4:2002	Identical
ISO 10993-5:1999	ANSI/AAMI/ISO 10993-5:1999	Identical
ISO 10993-6:1994	ANSI/AAMI/ISO 10993-6:1995/(R)2001	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	ANSI/AAMI BE78:2002	Minor technical variations
ISO 10993-11:1993	ANSI/AAMI 10993-11:1993	Minor technical variations
ISO 10993-12:2002	ANSI/AAMI/ISO 10993-12:2002	Identical
ISO 10993-13:1998	ANSI/AAMI/ISO 10993-13:1999/(R)2004	Identical
ISO 10993-14:2001	ANSI/AAMI/ISO 10993-14:2001	Identical
ISO 10993-15:2000	ANSI/AAMI/ISO 10993-15:2000	Identical
ISO 10993-16:1997	ANSI/AAMI/ISO 10993-16:1997/(R)2003	Identical
ISO 10993-17:2002	ANSI/AAMI/ISO 10993-17:2002	Identical
ISO 10993-18:2005	ANSI/AAMI BE83:2006	Major technical variations
ISO TS 10993-19:200x[1]	ANSI/AAMI/ISO TIR10993-19:2006	Identical
ISO TS 10993-20:200x[1]	ANSI/AAMI/ISO TIR10993-20:2006	Identical
ISO 11135:1994	ANSI/AAMI/ISO 11135:1994	Identical

International designation	U.S. designation	Equivalency
ISO 11137-1:2006	ANSI/AAMI/ISO 11137-1:2006	Identical
ISO 11137-2:200x[1]	ANSI/AAMI/ISO 11137-2:2006	Identical
ISO 11137-3:2006	ANSI/AAMI/ISO 11137-3:2006	Identical
ISO 11138-1: 200x[1]	ANSI/AAMI/ISO 11138-1:2006	Identical
ISO 11138-2: 200x[1]	ANSI/AAMI/ISO 11138-2:2006	Identical
ISO 11138-3: 200x[1]	ANSI/AAMI/ISO 11138-3:2006	Identical
ISO 11138-4: 200x[1]	ANSI/AAMI/ISO 11138-4:2006	Identical
ISO 11138-5: 200x[1]	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 11140-5:2000	ANSI/AAMI ST66:1999	Major technical variations
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 13488:1996	ANSI/AAMI/ISO 13488:1996	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 14971:2000 and A1:2003	ANSI/AAMI/ISO 14971:2000 and A1:2003	Identical
ISO 15223:2000, A1:2002, and A2:2004	ANSI/AAMI/ISO 15223:2000, A1:2001, and A2:2004	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 TS 15843:2000	ANSI/AAMI/ISO TIR15843:2000	Identical
ISO 15882:2003	ANSI/AAMI/ISO 15882:2003	Identical
ISO TR 16142:2006	ANSI/AAMI/ISO TIR16142:2006	Identical
ISO 17664:2004	ANSI/AAMI ST81:2004	Major technical variations
ISO 17665-1:200x[1]	ANSI/AAMI/ISO 17665-1:2006	Identical
ISO 18472:2006[1]	ANSI/AAMI/ISO 18472:2006	Identical
ISO TS 19218:2005	ANSI/AAMI/ISO 19218:2005	Identical
ISO 25539-1:2003 and A1:2005	ANSI/AAMI/ISO 25539-1:2003 and A1:2005	Identical

[1]In production

Committee representation

Association for the Advancement of Medical Instrumentation

AAMI Resistometer Working Group

The adoption of ISO 18472 as an American National Standard was initiated by the AAMI Resistometer Working Group of the AAMI Sterilization Standards Committee. The AAMI Resistometer Working Group 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 Resistometer Working Group (U.S. Sub-TAG for ISO/TC 198/WG 91) played an active part in developing the ISO standard.

At the time this document was published, the **AAMI Resistometer Working Group** had the following members:

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

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

Background on the AAMI adoption of ISO 18472:2006

As indicated in the foreword to the main body of this document (page x), 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.

ISO 18472 was developed by ISO Technical Committee 198, Sterilization of health care products, to fill a need for an international standard for biological and chemical indicators for test equipment. U.S. participation in ISO/TC 198 is organized through the U.S. Technical Advisory Group (TAG) for ISO/TC 198, administered by the Association for the Advancement of Medical Instrumentation (AAMI) on behalf of the American National Standards Institute (ANSI). The United States made a considerable contribution to this standard.

AAMI encourages its committees to harmonize their work with international standards as much as possible. Upon review of the final Draft International Standard (FDIS) of ISO 18472:2006, the AAMI Resistometer Working Group (WG) decided to adopt ISO 18472 verbatim as a revision of ANSI/AAMI ST44:2002, *Resistometers used for characterizing the performance of biological and chemical indicators.* The main difference between ANSI/AAMI/ISO 18472:2006 and ANSI/AAMI ST44:2002 is that while ST44 addressed both resistometer performance and test methods, 18472 addresses only the performance requirements for resistometers. The associated test methods are given in the ANSI/AAMI/ISO 11138:2006 series for biological indicators and in ANSI/AAMI/ISO 11140-1:2005 for chemical indicators.

This document serves stakeholders in sterilization sciences by specifying standardized equipment for the qualification of sterilization process indicators. These biological and chemical sterilization indicators are fundamental for the measurement of sterilization processes. In particular, biological indicators are required for the demonstration of sufficient Sterility Assurance Levels as part of validation studies. Both biological and chemical indicators play a key role in the routine release of sterilization loads. In particular, manufacturers of sterilization process indicators require well-specified test equipment, as described in this document, for the qualification and shelf life testing for product.

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.

AAMI (and ANSI) have adopted other ISO standards. See the Glossary of Equivalent Standards for a list of ISO standards adopted by AAMI which gives the corresponding U.S. designation and the level of equivalency with the ISO standard.

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, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.

NOTE—Beginning with the ISO foreword on page x, this American National Standard is identical to ISO 18472:2006.

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 18472 was prepared by Technical Committee ISO/TC 198, *Sterilization of health care products*.

This first edition of ISO 18472 partially replaces ISO 11140-2.

Introduction

To test the performance of chemical and biological indicators, specific test equipment is required. This International Standard specifies the performance requirements for the test equipment to be used in order to establish the response of chemical and biological indicators to critical process variables. This International Standard does not apply to test equipment for irradiation indicators or low temperature steam and formaldehyde indicators.

Resistometers constitute test equipment designed to create precise and repeatable sterilizing environments, allowing the evaluation of their effect on biological inactivation kinetics, chemical reactions, material degradation and product bioburden. Resistometers allow precise variation of the environmental conditions and cycle sequences in order to produce controlled physical studies. When used with the defined test methods given in ISO 11138 for biological indicators and ISO 11140 for chemical indicators, the results of these studies can be used to demonstrate conformance of biological indicators and chemical indicators to these standards.

Resistometers differ from conventional sterilizers. Instrumentation selection and control requirements for resistometers are based upon mathematical models in which rates of reaction, measurement accuracy and process control requirements are evaluated to quantify the effects induced by test equipment-controlled variables. The requirements for accurate measurement, precise control, and rapid rates of change approach limits of commercially available process control and calibration instrumentation accuracy. The measurement and control requirements often prohibit practical validation of a resistometer using procedures that might be employed in a conventional heat or chemical sterilization system. Resistometers are considered test equipment rather than sterilizers; therefore, an understanding of instrumentation and process design is critical in clarifying requirements on precision and accuracy. Practical design has to consider the following:

— achievable measurement and control;

— acceptable equipment induced variation in test results;

— economic design (utilizing tight process controls only where required);

— test method correlation with intended use;

— historical knowledge applied to test procedures and an understanding of micro-environmental physical phenomena;

— testing and analysis alternatives, when accurate quantitative determinations exceed physical measurement/control limits.

Sterilization of health care products — Biological and chemical indicators — Test equipment

1 Scope

1.1 This International Standard specifies the requirements for test equipment to be used to test chemical and biological indicators for steam, ethylene oxide, dry heat and vaporized hydrogen peroxide processes for conformity to the requirements given in ISO 11140-1 for chemical indicators, or the requirements given in the ISO 11138 series for biological indicators. This International Standard also provides informative methods useful in characterizing the performance of biological and chemical indicators for intended use and for routine quality control testing.

ISO 11138-2, ISO 11138-3, ISO 11138-4, and ISO 11140-1 require the use of resistometers specified in this International Standard, and these resistometers are used in conjunction with the test methods specified in the appropriate parts of ISO 11138 and ISO 11140.

NOTE Resistometers for formaldehyde indicators are not included in this International Standard. Test methods using laboratory apparatus for steam-formaldehyde are included in ISO 11138-5, ISO 11140-3, and ISO 11140-4.

1.2 This International Standard does not address the methods used to demonstrate compliance of biological or chemical indicators to ISO 11138 and ISO 11140, as these are covered in the appropriate parts of these standards. Indicators used with combination processes, such as washer-disinfection, are not covered by this International Standard.

NOTE Test equipment and methods necessary for ISO 11140-3, ISO 11140-4 or ISO 11140-5 are specified in those standards.

1.3 This International Standard does not address safety aspects of the test equipment because these are usually covered by specific regional, national or local regulations.