Tervishoiutoodete steriliseerimine. Etüleenoksiid. Nõuded meditsiiniseadmete steriliseerimisprotsessi väljatöötamiseks, valideerimiseks ja rutiinseks kontrollimiseks

Sterilization of health-care products - Ethylene oxide - Requirements for the development, validation and routine control of a sterilization process for medical devices (ISO 11135:2014)

EESTI STANDARDIKESKUS
ESTONIAN CENTRE FOR STANDARDISATION

EESTI STANDARDI EESSÕNA

NATIONAL FOREWORD

See Eesti standard EVS-EN ISO 11135:2014 sisaldab Euroopa standardi EN ISO 11135:2014 inglisekeelset teksti.	This Estonian standard EVS-EN ISO 11135:2014 consists of the English text of the European standard EN ISO 11135:2014.
Standard on jõustunud sellekohase teate avaldamisega EVS Teatajas.	This standard has been endorsed with a notification published in the official bulletin of the Estonian Centre for Standardisation.
Euroopa standardimisorganisatsioonid on teinud Euroopa standardi rahvuslikele liikmetele kättesaadavaks 16.07.2014.	Date of Availability of the European standard is 16.07.2014.
Standard on kättesaadav Eesti Standardikeskusest.	The standard is available from the Estonian Centre for Standardisation.

Tagasisidet standardi sisu kohta on võimalik edastada, kasutades EVS-i veebilehel asuvat tagasiside vormi või saates e-kirja meiliaadressile standardiosakond@evs.ee.

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EUROPEAN STANDARD

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EN ISO 11135

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English Version

Sterilization of health-care products - Ethylene oxide - Requirements for the development, validation and routine control of a sterilization process for medical devices (ISO 11135:2014)

Stérilisation des produits de santé - Oxyde d'éthylène - Exigences de développement, de validation et de contrôle de routine d'un processus de stérilisation pour des dispositifs médicaux (ISO 11135:2014)

Sterilisation von Produkten für die Gesundheitsfürsorge - Ethylenoxid - Anforderungen an die Entwicklung, Validierung und Lenkung der Anwendung eines Sterilisationsverfahrens für Medizinprodukte (ISO 11135:2014)

This European Standard was approved by CEN on 28 June 2014.

CEN members are bound to comply with the CEN/CENELEC Internal Regulations which stipulate the conditions for giving this European Standard the status of a national standard without any alteration. Up-to-date lists and bibliographical references concerning such national standards may be obtained on application to the CEN-CENELEC Management Centre or to any CEN member.

This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the CEN-CENELEC Management Centre has the same status as the official versions.

CEN members are the national standards bodies of Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and United Kingdom.

EUROPEAN COMMITTEE FOR STANDARDIZATION
COMITÉ EUROPÉEN DE NORMALISATION
EUROPÄISCHES KOMITEE FÜR NORMUNG

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Ref. No. EN ISO 11135:2014 E

Foreword

This document (EN ISO 11135:2014) has been prepared by Technical Committee ISO/TC 198 “Sterilization of health care products” in collaboration with Technical Committee CEN/TC 204 “Sterilization of medical devices” the secretariat of which is held by BSI.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by January 2015, and conflicting national standards shall be withdrawn at the latest by July 2017.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN [and/or CENELEC] shall not be held responsible for identifying any or all such patent rights.

This document supersedes CEN ISO/TS 11135-2:2008, EN ISO 11135-1:2007.

This document has been prepared under a mandate given to CEN by the European Commission and the European Free Trade Association, and supports essential requirements of EU Directive(s).

For relationship with EU Directive(s), see informative Annex ZA, ZB, which are integral parts of this document.

According to the CEN-CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

Endorsement notice

The text of ISO 11135:2014 has been approved by CEN as EN ISO 11135:2014 without any modification.

Annex ZA
(informative)

Relationship between this European Standard and the Essential Requirements of EU Directive 90/385/EEC

This European Standard has been prepared under a mandate given to CEN by the European Commission and the European Free Trade Association to provide one means of conforming to Essential Requirements of the New Approach Directive 90/385/EEC.

Once this standard is cited in the Official Journal of the European Union under that Directive and has been implemented as a national standard in at least one Member State, compliance with the clauses of this standard given in Table ZA.1 confers, within the limits of the scope of this standard, a presumption of conformity with the relevant Essential Requirements of that Directive and associated EFTA regulations.

Table ZA.1 — Correspondence between this European Standard and Directive 90/385/EEC

Clauses of this EN	Essential Requirements (ERs) of Directive 90/385/EEC	Qualifying remarks/Notes
4,5,6,7,8,9,10,11,12	7	This relevant Essential Requirement is only partly addressed in this European Standard. Packaging for maintenance of sterility during transportation and storage are not covered

WARNING: Other requirements and other EU Directives may be applicable to the products falling within the scope of this standard.

Annex ZB
(informative)

Relationship between this European Standard and the Essential Requirements of Directive 93/42/EEC

This European Standard has been prepared under a mandate given to CEN by the European Commission and the European Free Trade Association to provide one means of conforming to Essential Requirements of the New Approach Directive 93/42/EEC.

Once this standard is cited in the Official Journal of the European Union under that Directive and has been implemented as a national standard in at least one Member State, compliance with the clauses of this standard given in Table ZB.1 confers, within the limits of the scope of this standard, a presumption of conformity with the relevant Essential Requirements of that Directive and associated EFTA regulations.

Table ZB.1 — Correspondence between this European Standard and Directive 93/42/EEC

Clauses of this EN	Essential Requirements (ERs) of Directive 90/42/EEC	Qualifying remarks/Notes
4,5,6,7,8,9,10,11,12	8.3	This relevant Essential Requirement is only partly addressed in this European Standard. Packaging for maintenance of sterility during transportation and storage are not covered
4,5,6,7,8,9,10,11,12	8.4	

WARNING: Other requirements and other EU Directives may be applicable to the products falling within the scope of this standard.

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Introduction

A sterile medical device is one that is free of viable microorganisms. Medical devices produced under standard manufacturing conditions in accordance with the requirements for quality management systems (see for example ISO 13485) might, prior to sterilization, have microorganisms on them, albeit in low numbers. Such medical devices are non-sterile. The purpose of sterilization is to inactivate the microbiological contaminants and thereby transform the non-sterile medical devices into sterile ones.

The kinetics of inactivation of a pure culture of microorganisms by physical and/or chemical agents used to sterilize medical devices can generally best be described by an exponential relationship between the numbers of microorganisms surviving and the extent of treatment with the ethylene oxide (EO); inevitably this means that there is always a finite probability that a microorganism might survive regardless of the extent of treatment applied. For a given treatment, the probability of survival is determined by the number and resistance of microorganisms and by the environment in which the organisms exist during treatment. It follows that the sterility of any one medical device in a population subjected to sterilization processing cannot be guaranteed and the sterility of a processed population is defined in terms of the probability of there being a viable microorganism present on a medical device.

ISO 11135 describes requirements that, if met, will provide an ethylene oxide sterilization process intended to sterilize medical devices, which has appropriate microbicidal activity. Furthermore, compliance with the requirements ensures that validations conducted following this International Standard will provide products that meet the defined requirements for sterile products with a high degree of confidence. The specification for this probability is a matter for regulatory authorities and can vary from country to country (see for example EN 556-1 and ANSI/AAMI ST67).

Generic requirements of the quality management systems for design and development, production, installation and servicing are given in ISO 9001 and particular requirements for quality management systems for medical device production are given in ISO 13485. The standards for quality management systems recognize that, for certain processes used in manufacturing or reprocessing, the effectiveness of the process cannot be fully verified by subsequent inspection and testing of the product. Sterilization is an example of such a process. For this reason, sterilization processes are validated for use, the performance of the sterilization process monitored routinely and the equipment maintained.

Exposure to a properly validated, accurately controlled sterilization process is not the only factor associated with the provision of reliable assurance that the product is sterile and, in this regard, suitable for its intended use. Attention is therefore given to a number of considerations including:

— the microbiological status of incoming raw materials and/or components;

— the validation and routine control of any cleaning and disinfection procedures used on the product;

— the control of the environment in which the product is manufactured or reprocessed, assembled and packaged;

— the control of equipment and processes;

— the control of personnel and their hygiene;

— the manner and materials in which the product is packaged;

— the conditions under which product is stored.

The type of contamination on a product to be sterilized varies and this impacts upon the effectiveness of a sterilization process. Products that have been used in a health care setting and are being presented for resterilization in accordance with the manufacturer's instructions (see ISO 17664) are a special case. There is the potential for such products to possess a wide range of contaminating microorganisms and residual inorganic and/or organic contamination in spite of the application of a cleaning process. Hence, it is important to pay particular attention to the validation and control of the cleaning and disinfection processes used during reprocessing. Mixed product loads are common in health care facilities with throughput volumes dictated by historical and predicted demand for sterile product.

The requirements are the normative parts of ISO 11135 with which compliance is claimed. The guidance given in the informative annexes is not normative and is not provided as a checklist for auditors. The guidance in Annex D provides explanations and methods that are regarded as being suitable means for complying with the requirements for industry and health care facilities.

The guidance, in Annex D, is intended for people who have a basic knowledge of the principles of EO sterilization. Methods other than those given in the guidance can be used if they are effective in achieving compliance with the requirements of ISO 11135.

The development, validation and routine control of a sterilization process comprises a number of discrete but interrelated activities; e.g. calibration, maintenance, product definition, process definition, installation qualification, operational qualification and performance qualification. While the activities required by ISO 11135 have been grouped together and are presented in a particular order, ISO 11135 does not require that the activities be performed in the order in which they are presented. The activities required are not necessarily sequential, as the programme of development and validation may be iterative. It is possible that performing these different activities will involve a number of separate individuals and/or organizations, each of whom undertakes one or more of these activities. This International Standard does not specify the particular individuals or organizations to carry out the activities.

It is important that patient safety be addressed by minimizing exposure to EO and its by-products during normal product use. ISO 10993-7 specifies limits for EO and ethylene chlorohydrin (ECH); however, no exposure limits are set for ethylene glycol (EG) because risk assessment indicates that when EO residues are controlled, it is unlikely that biologically significant residues of EG would be present.