

Preparation and quality management of fluids for
haemodialysis and related therapies - Part 1: General
requirements (ISO 23500-1:2024)

EESTI STANDARDI EESSÕNA

NATIONAL FOREWORD

<p>See Eesti standard EVS-EN ISO 23500-1:2024 sisaldab Euroopa standardi EN ISO 23500-1:2024 ingliskeelset teksti.</p> <p>Standard on jõustunud sellekohase teate avaldamisega EVS Teatajas.</p> <p>Euroopa standardimisorganisatsioonid on teinud Euroopa standardi rahvuslikele liikmetele kättesaadavaks 04.09.2024.</p> <p>Standard on kättesaadav Eesti Standardimis- ja Akrediteerimiskeskusest.</p>	<p>This Estonian standard EVS-EN ISO 23500-1:2024 consists of the English text of the European standard EN ISO 23500-1:2024.</p> <p>This standard has been endorsed with a notification published in the official bulletin of the Estonian Centre for Standardisation and Accreditation.</p> <p>Date of Availability of the European standard is 04.09.2024.</p> <p>The standard is available from the Estonian Centre for Standardisation and Accreditation.</p>
--	---

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

ICS 11.040.40

Standardite reprodutseerimise ja levitamise õigus kuulub Eesti Standardimis- ja Akrediteerimiskeskusele. Andmete paljundamine, taastekitamine, kopeerimine, salvestamine elektroonsesse süsteemi või edastamine ükskõik millises vormis või millisel teel ilma Eesti Standardimis- ja Akrediteerimiskeskuse kirjaliku loata on keelatud.

Kui Teil on küsimusi standardite autorikaitse kohta, võtke palun ühendust Eesti Standardimis- ja Akrediteerimiskeskusega: Koduleht www.evs.ee; telefon 605 5050; e-post info@evs.ee

The right to reproduce and distribute standards belongs to the Estonian Centre for Standardisation and Accreditation. No part of this publication may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, without a written permission from the Estonian Centre for Standardisation and Accreditation.

If you have any questions about copyright, please contact Estonian Centre for Standardisation and Accreditation: Homepage www.evs.ee; phone +372 605 5050; e-mail info@evs.ee

EUROPEAN STANDARD

EN ISO 23500-1

NORME EUROPÉENNE

EUROPÄISCHE NORM

September 2024

ICS 11.040.40

Supersedes EN ISO 23500-1:2019

English Version

Preparation and quality management of fluids for haemodialysis and related therapies - Part 1: General requirements (ISO 23500-1:2024)

Préparation et management de la qualité des liquides
d'hémodialyse et de thérapies annexes - Partie 1:
Exigences générales (ISO 23500-1:2024)

Herstellung und Qualitätsmanagement von
Flüssigkeiten für die Hämodialyse und verwandte
Therapien - Teil 1: Allgemeine Anforderungen (ISO
23500-1:2024)

This European Standard was approved by CEN on 17 May 2024.

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, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Republic of North Macedonia, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Türkiye and United Kingdom.



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

CEN-CENELEC Management Centre: Rue de la Science 23, B-1040 Brussels

European foreword

This document (EN ISO 23500-1:2024) has been prepared by Technical Committee ISO/TC 150 "Implants for surgery" in collaboration with Technical Committee CEN/TC 205 "Non-active medical devices" the secretariat of which is held by DIN.

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 March 2025, and conflicting national standards shall be withdrawn at the latest by March 2025.

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

This document supersedes EN ISO 23500-1:2019.

Any feedback and questions on this document should be directed to the users' national standards body/national committee. A complete listing of these bodies can be found on the CEN website.

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, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Republic of North Macedonia, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Türkiye and the United Kingdom.

Endorsement notice

The text of ISO 23500-1:2024 has been approved by CEN as EN ISO 23500-1:2024 without any modification.

Contents

	Page
Foreword	v
Introduction	vii
1 Scope	1
2 Normative references	1
3 Terms and definitions	2
4 Quality requirements	9
4.1 General.....	9
4.2 Dialysis water.....	10
4.2.1 General.....	10
4.2.2 Chemical contaminants in dialysis water.....	10
4.2.3 Organic carbon, pesticides and other chemicals.....	12
4.2.4 Microbiological contaminants in dialysis water.....	12
4.3 Requirements for concentrate.....	12
4.3.1 Chemical and microbiological contaminants in concentrate.....	12
4.3.2 Water used to prepare concentrate.....	13
4.4 Requirements for dialysis fluid.....	13
4.4.1 General.....	13
4.4.2 Microbiological requirements for standard dialysis fluid.....	13
4.4.3 Microbiological requirements for ultrapure dialysis fluid.....	13
4.4.4 Microbiological requirements for online-prepared substitution fluid.....	14
4.5 Record retention.....	14
5 System design and technical considerations	14
5.1 General.....	14
5.2 Technical aspects.....	15
5.3 Microbiological aspects.....	16
5.4 Environmental impact.....	16
6 Validation of system performance	16
6.1 General.....	16
6.2 Validation plan.....	18
6.3 Installation and operational qualification.....	18
6.4 Performance qualification.....	18
6.5 Validation.....	19
6.5.1 General.....	19
6.5.2 Initial validation.....	19
6.5.3 Retrospective (annual) validation.....	19
6.5.4 Revalidation.....	19
6.6 Monitoring and surveillance.....	20
7 Quality management	20
7.1 General.....	20
7.2 Surveillance of fluid quality.....	21
7.2.1 Surveillance of dialysis water quality.....	21
7.2.2 Surveillance of concentrate quality.....	21
7.2.3 Surveillance of dialysis fluid quality.....	21
7.3 Surveillance of water treatment equipment.....	21
7.3.1 General.....	21
7.3.2 Surveillance of sediment filters.....	21
7.3.3 Surveillance of cartridge filters.....	22
7.3.4 Surveillance of softeners.....	22
7.3.5 Surveillance of carbon media.....	23
7.3.6 Surveillance of chemical injection systems.....	23
7.3.7 Surveillance of reverse osmosis.....	24
7.3.8 Surveillance of deionization.....	25

7.3.9	Surveillance of bacteria and endotoxin-retentive filters	25
7.3.10	Surveillance of dialysis water storage and distribution	25
7.3.11	Surveillance of bacterial control devices	26
7.4	Surveillance of concentrate preparation	27
7.4.1	Surveillance of mixing systems	27
7.4.2	Surveillance of additives	27
7.5	Surveillance of concentrate distribution	27
7.6	Surveillance of dialysis fluid proportioning	27
8	Strategies for microbiological control	28
8.1	General	28
8.2	Disinfection	28
8.2.1	General	28
8.2.2	Microbiological aspects of fluid system design	28
8.2.3	Disinfection frequency	29
8.3	Microbiological surveillance methods	30
8.3.1	General	30
8.3.2	Sample collection	31
8.3.3	Heterotrophic plate count	32
8.3.4	Bacterial endotoxin test	34
8.3.5	Determination of yeast and mould	34
9	Location of and access to the water treatment system	35
10	Personnel	35
Annex A (informative) Rationale for the development and provisions of this document		36
Annex B (informative) Equipment		42
Annex C (informative) Surveillance guidelines for water treatment equipment, distribution systems and dialysis fluid		61
Annex D (informative) Strategies for microbiological control		65
Annex E (informative) Validation		75
Annex F (informative) Special considerations for home haemodialysis		83
Annex G (informative) Special considerations for acute haemodialysis		90
Annex H (informative) Further considerations for different water quality monitoring approaches		95
Annex I (informative) Additional considerations for risk assessment		97
Bibliography		100

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 document 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).

ISO draws attention to the possibility that the implementation of this document may involve the use of (a) patent(s). ISO takes no position concerning the evidence, validity or applicability of any claimed patent rights in respect thereof. As of the date of publication of this document, ISO had not received notice of (a) patent(s) which may be required to implement this document. However, implementers are cautioned that this may not represent the latest information, which may be obtained from the patent database available at www.iso.org/patents. ISO shall not be held responsible for identifying any or all such patent rights.

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 150, *Implants for surgery*, Subcommittee SC 2, *Cardiovascular implants and extracorporeal systems*, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 205, *Non-active medical devices*, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

This second edition cancels and replaces the first edition (ISO 23500-1:2019), which has been technically revised.

The main changes are as follows:

- WHO Drinking Water Guideline has been used as the main drinking water quality reference instead of the US EPA or other European standards;
- thallium has been removed from the list of contaminants, as no studies have reported data to indicate that this contaminant is of particular concern in the haemodialysis setting;
- alternative water treatment technologies (e.g. reverse osmosis pre-treatment with ultrafiltration) have been included in the subclauses dealing with water treatment technology (refer to [B.2.7](#) and [B.2.8](#));
- a new annex ([Annex H](#)) has been added to provide clarification of the different water quality monitoring approaches (online versus offline monitoring);
- the microbiological analytic methods have been updated to include endotoxin testing using recombinant Factor C (rFC), flow cytometry, autofluorescence and rapid tests (e.g. ATP);
- a new annex ([Annex I](#)) has been added to provide guidance on risk assessment;
- the validation of water treatment systems has been revised to include validation steps (e.g. installation qualification, operational qualification, performance qualification and revalidation);
- further guidance has been added on technical needs after the typical technical interventions in [Clause E.4](#).

A list of all parts in the ISO 23500 series can be found on the ISO website.

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.

This document is a preview generated by EVS

Introduction

This document is the base standard for standards dealing with water treatment and the production of dialysis fluid in the ISO 23500 series.

The objective of the ISO 23500 series is to provide users with guidance for handling water and concentrates and for the production and quality oversight of dialysis fluid used for haemodialysis. The need for such guidance is based on the critical role of dialysis fluid quality in providing safe and effective haemodialysis, and the recognition that day-to-day dialysis fluid quality is under the control of the healthcare professionals who deliver dialysis therapy.

[Annex A](#) provides further information on the rationale for the development and provisions of this document.

The equipment used in the various stages of dialysis fluid preparation is generally obtained from specialized vendors. Dialysis practitioners are generally responsible for maintaining that equipment following its installation. Therefore, this document provides guidance on quality oversight and maintenance of the equipment to ensure that dialysis fluid quality is acceptable at all times. At various places in this document, the user is advised to follow the manufacturer's instructions regarding the operation and maintenance of equipment. In instances in which the equipment is not obtained from a specialized vendor, it is the responsibility of the user to validate the performance of the equipment in the haemodialysis setting and to ensure that appropriate operating and maintenance manuals are available.

[Annex B](#) provides further information on the system components that are used for water treatment, concentrate and dialysis fluid preparation at a dialysis facility. These descriptions are intended to provide the user with a basis for understanding why certain equipment can be required and how it should be configured; the descriptions are not intended to be detailed design standards. Requirements for water treatment equipment are provided in ISO 23500-2.

Increasingly, self-contained, integrated systems designed and validated to produce water and dialysis fluid are becoming available and used clinically. This document applies to systems assembled from individual components. Consequently, some of the requirements in ISO 23500-1 and ISO 23500-2 do not apply to integrated systems, however such systems are required to comply with the requirements of ISO 23500-3, ISO 23500-4 and ISO 23500-5. In order to ensure conformity when using such systems, adherence to the manufacturer's instructions regarding the operation, testing and maintenance of such systems is required to ensure that the system is being operated under the validated conditions.

This document reflects the conscientious efforts of healthcare professionals, patients and medical device manufacturers to develop recommendations for handling water and concentrates and for the production and surveillance of dialysis fluid for haemodialysis and protecting haemodialysis patients from adverse effects arising from known chemical and microbial contaminants that can be found in improperly prepared dialysis fluid.

[Annexes F](#) and [G](#) provide further information regarding the special considerations for home and acute haemodialysis. This document together with its constituent parts is directed towards the healthcare professionals involved in the management or routine care of haemodialysis patients and responsible for the quality of dialysis fluid. However, the physician in charge of dialysis has the ultimate responsibility for ensuring that the dialysis fluid is correctly formulated and meets the requirements of all applicable quality standards.

Preparation and quality management of fluids for haemodialysis and related therapies —

Part 1: General requirements

1 Scope

This document specifies the general requirements for the preparation of fluids for haemodialysis and related therapies and substitution fluid for use in online therapies, such as haemodiafiltration and haemofiltration, for dialysis practitioners. This document gives guidance on the user's responsibility for fluids used in haemodialysis and related therapies once the equipment used in its preparation has been delivered and installed. As dialysis water used to prepare dialysis fluid can also be used to reprocess dialysers not marked intended for single use, this aspect of water use is also covered by this document.

This document is applicable to

- the quality management of equipment used to treat and distribute water used for the preparation of dialysis fluid and substitution fluid, from the point at which municipal water enters the dialysis facility to the point at which the final dialysis fluid enters the dialyser or the point at which substitution fluid is infused.
- the quality management of the equipment used to prepare acid and bicarbonate concentrate from powdered or other highly concentrated media at a dialysis facility, and
- the preparation of the final dialysis fluid or substitution fluid from dialysis water and concentrates.

This document does not apply to

- sorbent-based dialysis fluid regeneration systems that regenerate and recirculate small volumes of dialysis fluid,
- systems for continuous renal replacement therapy that use pre-packaged solutions, and
- systems and solutions for peritoneal dialysis.

This document does not address clinical issues associated with inappropriate usage of such fluids.

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 23500-2, *Preparation and quality management of fluids for haemodialysis and related therapies — Part 2: Water treatment equipment for haemodialysis applications and related therapies*

ISO 23500-3, *Preparation and quality management of fluids for haemodialysis and related therapies — Part 3: Water for haemodialysis and related therapies*

ISO 23500-4, *Preparation and quality management of fluids for haemodialysis and related therapies — Part 4: Concentrates for haemodialysis and related therapies*

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

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

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <https://www.electropedia.org/>

3.1

acetate concentrate

concentrated solution of salts containing acetate, which when diluted with *dialysis water* (3.17), yields bicarbonate-free *dialysis fluid* (3.15) for use in dialysis

Note 1 to entry: Acetate concentrate can contain glucose.

Note 2 to entry: Sodium acetate is used to provide buffer in place of sodium bicarbonate.

Note 3 to entry: Acetate concentrate is used as a single concentrate.

3.2

acid concentrate

A-concentrate

low pH mixture of salts that, when diluted with *dialysis water* (3.17) and *bicarbonate concentrate* (3.6), yields *dialysis fluid* (3.15) for use in dialysis

Note 1 to entry: The term “acid” refers to the small amount of acid (acetic acid or citric acid) that is included in the concentrate.

Note 2 to entry: Acid concentrate can contain glucose.

Note 3 to entry: Acid concentrate can be in the form of a liquid, a dry powder, other highly concentrated media or some combination of these forms.

3.3

action level

value from monitoring that necessitates immediate intervention

[SOURCE: ISO 13408-1:2023, 3.1, modified — the word particulate has been excluded.]

3.4

additive

spike

small amount of a single chemical that, when added to the concentrate, increases the concentration of a single existing chemical by a value labelled on its packaging

3.5

bacteria and endotoxin-retentive filter

BERF

endotoxin retentive filter

ERTF

membrane filter used to remove *endotoxins* (3.20) and microorganisms from *dialysis water* (3.17) or *dialysis fluid* (3.15)

Note 1 to entry: The performance of an endotoxin-retentive filter is usually expressed as the logarithmic reduction value (LRV), defined as \log_{10} of the inlet concentration, divided by the outlet concentration.

Note 2 to entry: Endotoxin-retentive filters can be configured in a cross-flow or dead-end mode. Some endotoxin-retentive filters also remove endotoxins by adsorption.