



# SLOVENSKI STANDARD SIST EN ISO 26722:2016

01-februar-2016

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**Oprema za pripravo vode za uporabo pri hemodializi in podobnih terapijah (ISO 26722:2014)**

Water treatment equipment for haemodialysis applications and related therapies (ISO 26722:2014)

Ausstattung zur Wasseraufbereitung zur Verwendung in der Hämodialyse und in verwandten Therapien (ISO 26722:2014)

Équipement de traitement de l'eau pour des applications en hémodialyse et aux thérapies apparentées (ISO 26722:2014)

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**Ta slovenski standard je istoveten z: EN ISO 26722:2015**

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**ICS:**

11.040.20	Transfuzijska, infuzijska in injekcijska oprema	Transfusion, infusion and injection equipment
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**en**

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EUROPEAN STANDARD

EN ISO 26722

NORME EUROPÉENNE

EUROPÄISCHE NORM

December 2015

ICS 11.040.40

English Version

## Water treatment equipment for haemodialysis applications and related therapies (ISO 26722:2014)

Équipement de traitement de l'eau pour des applications en hémodialyse et aux thérapies apparentées (ISO 26722:2014)

Ausstattung zur Wasseraufbereitung zur Verwendung in der Hämodialyse und in verwandten Therapien (ISO 26722:2014)

This European Standard was approved by CEN on 23 November 2015.

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

CEN-CENELEC Management Centre: Avenue Marnix 17, B-1000 Brussels

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## European foreword

The text of ISO 26722:2014 has been prepared by Technical Committee ISO/TC 150 “Implants for surgery” of the International Organization for Standardization (ISO) and has been taken over as EN ISO 26722:2015 by 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 June 2016, and conflicting national standards shall be withdrawn at the latest by June 2016.

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 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.

For relationship with EU Directive, see informative Annex ZA, which is an integral part of this document.

The following referenced documents are indispensable for the application of this document. For undated references, the latest edition of the referenced document (including any amendments) applies. For dated references, only the edition cited applies. However, for any use of this standard ‘within the meaning of Annex ZA’, the user should always check that any referenced document has not been superseded and that its relevant contents can still be considered the generally acknowledged state-of-art.

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When an IEC or ISO standard is referred to in the ISO standard text, this shall be understood as a normative reference to the corresponding EN standard, if available, and otherwise to the dated version of the ISO or IEC standard, as listed below.

NOTE The way in which these referenced documents are cited in normative requirements determines the extent (in whole or in part) to which they apply.

## EN ISO 26722:2015 (E)

Table 1 — Correlation between normative references and dated EN and ISO standards

Normative references as listed in Clause 2 of the ISO standard	Equivalent dated standard	
	EN	ISO or IEC
ISO 13959:2014	EN ISO 13959:2015 <sup>1)</sup>	ISO 13959:2014
ISO 14971:2007	EN ISO 14971:2012	ISO 14971:2007
IEC 60601-1-8	EN 60601-1- 8:2007+Cor.:2010+A1:2013	IEC 60601-1-8:2006+A1:2012

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 26722:2014 has been approved by CEN as EN ISO 26722:2015 without any modification.

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<sup>1)</sup> To be published.

## Annex ZA (informative)

### Relationship between this European Standard and the Essential Requirements of EU Directive 93/42/EEC on medical devices

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

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 corresponding Essential Requirements of that Directive and associated EFTA regulations.

NOTE 1 Where a reference from a clause of this standard to the risk management process is made, the risk management process needs to be in compliance with Directive 93/42/EEC as amended by 2007/47/EC. This means that risks have to be reduced 'as far as possible', 'to a minimum', 'to the lowest possible level', 'minimized' or 'removed', according to the wording of the corresponding essential requirement.

NOTE 2 The manufacturer's policy for determining acceptable risk must be in compliance with essential requirements 1, 2, 5, 6, 7, 8, 9, 11 and 12 of the Directive.

NOTE 3 This Annex ZA is based on normative references according to the table of references in the European foreword, replacing the references in the core text.

NOTE 4 When an Essential Requirement does not appear in Table ZA.1, it means that it is not addressed by this European Standard.

**Table ZA.1 — Correspondence between this European Standard and Directive 93/42/EEC on medical devices**

Clause(s)/sub-clause(s) of this EN	Essential Requirements (ERs) of Directive 93/42/EEC	Qualifying remarks/Notes
4.2.1.1	7.3	
4.2.1.1	7.5	
4.2.1.4	8	
1.2, 4.1.1	9.1	
4.1.1	13.3. (a)	
4.2.1.4	13.3. (i)	
1.2, 1.3	13.6. (c)	

**WARNING** — Other requirements and other EU Directives may be applicable to the product(s) falling within the scope of this standard.

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INTERNATIONAL  
STANDARD

ISO  
26722

Second edition  
2014-04-01

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**Water treatment equipment for  
haemodialysis applications and  
related therapies**

*Équipement de traitement de l'eau pour des applications en  
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## ISO 26722:2014(E)

## 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](http://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](http://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 on the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the WTO principles in the Technical Barriers to Trade (TBT) see the following URL: Foreword - Supplementary information

The committee responsible for this document is ISO/TC 150, *Implants for surgery*, Subcommittee SC 2, *Cardiovascular implants and extracorporeal systems*.

This second edition cancels and replaces the first edition (ISO 26722:2009), which has been technically revised.

## Introduction

This International Standard reflects the conscientious efforts of concerned physicians, clinical engineers, nurses, dialysis technicians, and dialysis patients, in consultation with device manufacturers and government representatives, to develop an International Standard for performance levels that could be reasonably achieved at the time of publication. The term “consensus,” as applied to the development of voluntary medical device International Standards, does not imply unanimity of opinion, but rather reflects the compromise necessary in some instances when a variety of interests should be merged.

The provisions of this International Standard apply to individual water treatment devices and to water treatment systems assembled from one or more of these devices. In the first instance, this International Standard is directed at the individual or company that specifies the complete water treatment system and, second, at the supplier who assembles and installs the system. Since systems can be assembled from a number of individual water treatment devices, the provisions of this International Standard are also directed at the manufacturers of these devices, provided that the manufacturer indicates that the device is intended for use in haemodialysis applications. This International Standard is written principally to address water treatment systems for dialysis facilities treating multiple patients. However, many of its provisions equally apply to water treatment systems used in applications where a single patient is treated, such as in a home dialysis or acute hospital dialysis setting. Specifically, requirements for the chemical and microbiological quality of water are considered to apply in all settings, regardless of whether a single patient or many patients are being treated.

The verbal forms used in this International Standard conform to usage described in Annex H of the ISO/IEC Directives, Part 2. For the purposes of this International Standard, the auxiliary verb

- “shall” means that compliance with a requirement or a test is mandatory for compliance with this International Standard,
- “should” means that compliance with a requirement or a test is recommended but is not mandatory for compliance with this International Standard, and
- “may” is used to describe a permissible way to achieve compliance with a requirement or test.

The requirements established by this International Standard should help protect haemodialysis patients from adverse effects arising from known chemical and microbial contaminants found in water supplies. However, proper dialysis and patient safety is ultimately dependent on the quality of the dialysis fluid. Since the manufacturer or supplier of water treatment equipment does not have control over the dialysis fluid, any reference to dialysis fluid in this International Standard is for clarification only and not a requirement of the manufacturer. The responsibility for assuring that the dialysis fluid is not contaminated, mismatched, or otherwise damaging to the patient rests with the clinical professionals caring for the patient under the supervision of the medical director. Recommendations on the preparation and handling of water and dialysis fluid in a dialysis facility are provided in ISO 23500.