



# SLOVENSKI STANDARD SIST EN ISO 23500:2015

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## Smernice za pripravo in vodenje kakovosti tekočin za hemodializo in podobne terapije (ISO 23500:2014)

Guidance for the preparation and quality management of fluids for haemodialysis and related therapies (ISO 23500:2014)

Leitfaden für die Vorbereitung und das Qualitätsmanagement von Konzentraten für die Hämodialyse und verwandte Therapien (ISO 23500:2014)

Directives concernant la préparation et le management de la qualité des fluides d'hémodialyse et de thérapies annexes (ISO 23500:2014)

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Ta slovenski standard je istoveten z: **EN ISO 23500:2015**

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### **ICS:**

11.040.20	Transfuzijska, infuzijska in injekcijska oprema	Transfusion, infusion and injection equipment
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EUROPEAN STANDARD

EN ISO 23500

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## Guidance for the preparation and quality management of fluids for haemodialysis and related therapies (ISO 23500:2014)

Directives concernant la préparation et le management de la qualité des fluides d'hémodialyse et de thérapies annexes (ISO 23500:2014)

Leitfaden für die Vorbereitung und das Qualitätsmanagement von Konzentraten für die Hämodialyse und verwandte Therapien (ISO 23500:2014)

This European Standard was approved by CEN on 27 September 2015.

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## European foreword

The text of ISO 23500:2014 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 23500:2015 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of an identical text or by endorsement, at the latest by April 2016, and conflicting national standards shall be withdrawn at the latest by April 2016.

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**Guidance for the preparation and  
quality management of fluids for  
haemodialysis and related therapies**

*Directives concernant la préparation et le management de la qualité  
des fluides d'hémodialyse et de thérapies annexes*

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## ISO 23500:2014(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 23500:2011), which has been technically revised.

## Introduction

This International Standard was developed by ISO/TC 150/SC 2. The objective was to provide users with guidance for handling water and concentrates and for the production and monitoring 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.

Quality requirements for the water and concentrates used to prepare dialysis fluid, and for that dialysis fluid, are provided in ISO 13959, ISO 13958, and ISO 11663, respectively. This International Standard does not address clinical issues that might be associated with inappropriate usage of the water, dialysis water, concentrates, or dialysis fluid. Healthcare professionals involved in the provision of treatment for kidney failure should make the final decision regarding the applications with which these fluids are used, for example, haemodialysis, haemodiafiltration, high-flux haemodialysis, and the reprocessing of dialysers, and need to be aware of the issues that the use of inappropriate fluid quality raises in each of the therapies.

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 International Standard provides guidance on monitoring and maintenance of the equipment to ensure that dialysis fluid quality is acceptable at all times. At various places throughout this International Standard, the user is advised to follow the manufacturer's instructions regarding the operation and maintenance of equipment. In those 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 a general description of 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 might be required and how it should be configured; they are not intended as detailed design standards. Requirements for water treatment equipment are provided in ISO 26722.

The verbal forms used in this International Standard conform to usage described in Annex H of the ISO/IEC Directives, Part 2:2004. 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;
- “may” is used to describe a permissible way to achieve compliance with a requirement or test.

This International Standard 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 monitoring of dialysis fluid for haemodialysis. This International Standard is directed towards the healthcare professionals involved in the management or routine care of haemodialysis patients and responsible for the quality of dialysis fluid. The recommendations contained in this International Standard might not be applicable in all circumstances and they are not intended for regulatory application.

The guidance provided by this International Standard should help protect haemodialysis patients from adverse effects arising from known chemical and microbial contaminants that might be found in improperly prepared 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.

The concepts incorporated in this International Standard should not be considered inflexible or static. The recommendations presented here should be reviewed periodically in order to assimilate increased understanding of the role of dialysis fluid purity in patient outcomes and technological developments.

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# Guidance for the preparation and quality management of fluids for haemodialysis and related therapies

## 1 Scope

### 1.1 General

This International Standard provides dialysis practitioners with guidance on the preparation of dialysis fluid for haemodialysis and related therapies and substitution fluid for use in online therapies, such as haemodiafiltration and haemofiltration. As such, this International Standard functions as a recommended practice.

### 1.2 Inclusions

This International Standard addresses the user's responsibility for the dialysis fluid once the equipment used in its preparation has been delivered and installed. For the purposes of this International Standard, the dialysis fluid includes dialysis water (see 3.18 for definition) used for the preparation of dialysis fluid and substitution fluid, dialysis water used for the preparation of concentrates at the user's facility, as well as concentrates and the final dialysis fluid and substitution fluid.

The scope of this International Standard includes

- a) 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,
- b) equipment used to prepare concentrate from powder or other highly concentrated media at a dialysis facility, and
- c) preparation of the final dialysis fluid or substitution fluid from dialysis water and concentrates.

**NOTE** Because water used to prepare dialysis fluid is commonly prepared and distributed using the same equipment as the water used to reprocess dialysers, water used to reprocess dialysers is also covered by this International Standard.

### 1.3 Exclusions

This International Standard 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 prepackaged solutions, and systems and solutions for peritoneal dialysis.

## 2 Normative references

The following documents, in whole or in part, are normatively referenced in this document and are indispensable for its application. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 11663:2014, *Quality of dialysis fluid for haemodialysis and related therapies*

ISO 13958:2014, *Concentrates for haemodialysis and related therapies*

ISO 13959:2014, *Water for haemodialysis and related therapies*

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ISO 26722:2014, *Water treatment equipment for haemodialysis applications and related therapies*

**3 Terms and definitions**

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

**3.1**  
**acetate concentrate**  
concentrated solution of salts containing acetate, which, when diluted with dialysis water, yields bicarbonate-free dialysis fluid for use in dialysis

Note 1 to entry: Acetate concentrate may 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**  
acidified concentrated mixture of salts that, when diluted with dialysis water and bicarbonate concentrate, yields dialysis fluid for use in dialysis

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

Note 2 to entry: Acid concentrate may contain glucose.

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

**3.3**  
**action level**  
concentration of a contaminant at which steps should be taken to interrupt the trend toward higher, unacceptable levels

**3.4**  
**additive spike**  
small amount of a single chemical that, when added to the concentrate, will increase the concentration of a single existing chemical by a value labelled on the additive packaging

**3.5**  
**bicarbonate concentrate**  
**B-concentrate**  
concentrated preparation of sodium bicarbonate that, when diluted with dialysis water and acid concentrate, makes dialysis fluid used for dialysis

Note 1 to entry: Sodium bicarbonate is also known as sodium hydrogen carbonate.

Note 2 to entry: Some bicarbonate concentrates also contain sodium chloride.

Note 3 to entry: Bicarbonate concentrate may be in the form of a liquid or a dry powder.

Note 4 to entry: Dry sodium bicarbonate, without added sodium chloride, is also used in concentrate generators to produce a concentrated solution of sodium bicarbonate used by the dialysis machine to make dialysis fluid.

### 3.6 biofilm

microbially-derived sessile community characterized by cells that are irreversibly attached to a substratum or interface or to each other, are imbedded in a matrix of extracellular polymeric substances that they have produced, and exhibit an altered phenotype with respect to growth rate and gene transcription

Note 1 to entry: The matrix, a slimy material secreted by the cells, protects the bacteria from antibiotics and chemical disinfectants.

Note 2 to entry: A certain amount of biofilm formation is considered unavoidable in dialysis water systems. When the level of biofilm is such that the action levels for microorganisms and endotoxins in the dialysis water cannot be routinely achieved, the operation of the system is compromised from a medical and technical point of view. This level of biofilm formation is often referred to as biofouling.

### 3.7 bulk delivery

delivery of large containers of concentrate to a dialysis facility

Note 1 to entry: Bulk delivery includes containers such as drums, which can be pumped into a storage tank maintained at the user's facility. Alternatively, the drums can be left at the facility and used to fill transfer containers to transfer the concentrate to the dialysis machines. Bulk delivery can also include large containers for direct connection to a central concentrate supply system.

Note 2 to entry: Bulk delivery also includes dry powder concentrates intended to be used with an appropriate concentrate mixer.

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### 3.8 central concentrate system (standards.iteh.ai)

system that prepares and/or stores concentrate at a central point for subsequent distribution to its points of use

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### 3.9 central dialysis fluid delivery system

system that produces dialysis fluid from dialysis water and concentrate or powder at a central point and distributes the dialysis fluid from the central point to individual dialysis machines

### 3.10 chlorine, combined

chlorine that is chemically combined, such as in chloramine compounds

Note 1 to entry: There is no direct test for measuring combined chlorine, but it can be measured indirectly by measuring both total and free chlorine and calculating the difference.

### 3.11 chlorine, free

chlorine present in water as dissolved molecular chlorine (Cl<sub>2</sub>), hypochlorous acid (HOCl), and hypochlorite ion (OCl<sup>-</sup>)

Note 1 to entry: The three forms of free chlorine exist in equilibrium.

### 3.12 chlorine, total

sum of free and combined chlorine

Note 1 to entry: Chlorine can exist in water as dissolved molecular chlorine, hypochlorous acid, and/or hypochlorite ion (free chlorine) or in chemically combined forms (combined chlorine). Where chloramine is used to disinfect water supplies, chloramine is usually the principal component of combined chlorine.