



SLOVENSKI STANDARD
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Nadomešča:

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Sterilizacija izdelkov za zdravstveno nego - Sevanje - 1. del: Zahteve za razvoj, validacijo in rutinsko kontrolo sterilizacijskih postopkov za medicinske pripomočke (ISO 11137-1:2006, vključno z dopolnilom Amd 1:2013)

Sterilization of health care products - Radiation - Part 1: Requirements for development, validation and routine control of a sterilization process for medical devices (ISO 11137-1:2006, including Amd 1:2013)

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Sterilisation von Produkten für die Gesundheitsfürsorge - Strahlen - Teil 1: Anforderungen an die Entwicklung, Validierung und Lenkung der Anwendung eines Sterilisationsverfahrens für Medizinprodukte

Stérilisation des produits de santé - Irradiation - Partie 1: Exigences relatives à la mise au point, à la validation et au contrôle de routine d'un procédé de stérilisation pour les dispositifs médicaux (ISO 11137-1:2006, y compris Amd 1:2013)

Ta slovenski standard je istoveten z: EN ISO 11137-1:2015

ICS:

11.080.01	Sterilizacija in dezinfekcija na splošno	Sterilization and disinfection in general
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EUROPEAN STANDARD
NORME EUROPÉENNE
EUROPÄISCHE NORM

EN ISO 11137-1

June 2015

ICS 11.080.01

Supersedes EN ISO 11137-1:2006

English Version

**Sterilization of health care products - Radiation - Part 1:
Requirements for development, validation and routine control of
a sterilization process for medical devices (ISO 11137-1:2006,
including Amd 1:2013)**

Stérilisation des produits de santé - Irradiation - Partie 1:
Exigences relatives à la mise au point, à la validation et au
contrôle de routine d'un procédé de stérilisation pour les
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1:2013)

Sterilisation von Produkten für die Gesundheitsfürsorge -
Strahlen - Teil 1: Anforderungen an die Entwicklung,
Validierung und Lenkung der Anwendung eines
Sterilisationsverfahrens für Medizinprodukte (ISO 11137-
1:2006, einschließlich Amd 1:2013)

This European Standard was approved by CEN on 20 May 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.

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Contents

Page

Foreword	3
Annex ZA (informative) Relationship between this European Standard and the Essential Requirements of EU Directive 90/385/EEC on active implantable medical devices	5
Annex ZB (informative) Relationship between this European Standard and the Essential Requirements of EU Directive 93/42/EEC on medical devices	6
Annex ZC (informative) Relationship between this European Standard and the Essential Requirements of EU Directive 98/79/EC on <i>in vitro</i> diagnostic medical devices	7

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Foreword

The text of ISO 11137-1:2006, including Amd 1:2013 has been prepared by Technical Committee ISO/TC 198 “Sterilization of health care products” of the International Organization for Standardization (ISO) and has been taken over as EN ISO 11137-1:2015 by 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 December 2015, and conflicting national standards shall be withdrawn at the latest by December 2015.

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 EN ISO 11137-1:2006.

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 Directives.

For relationship with EU Directives, see informative Annexes ZA, ZB, ZC, which are an integral part of this document.

The following referenced documents are indispensable for the application of this document. For undated references, the edition of the referenced document (including any amendments) listed below applies. For dated references, only the edition cited applies. However, for any use of this standard within the meaning of Annex ZA, ZB or ZC, 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.

When an IEC or ISO standard is referred to in the ISO standard text, this should 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.

Table — 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
ISO 10012-1	EN ISO 10012:2003	ISO 10012:2003
ISO 11137-2	EN ISO 11137-2:2013	ISO 11137-2:2013
ISO 11737-1	EN ISO 11737-1:2006 + AC:2009	ISO 11737-1:2006 + Cor 1:2007
ISO 11737-2	EN ISO 11737-2:2009	ISO 11737-2:2009
ISO 13485	EN ISO 13485:2012	ISO 13485:2003

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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 11137-1:2006, including Amd 1:2013 has been approved by CEN as EN ISO 11137-1:2015 without any modification.

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Annex ZA (informative)

Relationship between this European Standard and the Essential Requirements of EU Directive 90/385/EEC on active implantable medical devices

This European Standard has been prepared under a mandate given to CEN/CENELEC by the European Commission and the European Free Trade Association to provide a means of conforming to Essential Requirements of the New Approach Directive 90/385/EEC on active implantable 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 normative 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 90/385/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, 4, 5, 8, 9 and 10 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 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	<p>Only a sterilization process using ionizing radiation is considered by this standard.</p> <p>This relevant Essential Requirement is only partly addressed in this European Standard. Design and packaging for maintenance of sterility during transportation and storage are not covered. Aspects of manufacture other than those related to sterilization are not covered.</p>

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

Annex ZB (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/CENELC 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 normative 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 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 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 ZB.1 — Correspondence between this European Standard and Directive 93/42/EEC

Clauses of this EN	Essential Requirements (ERs) of Directive 93/42/EEC	Qualifying remarks/Notes
4,5,6,7,8,9,10,11,12	8.3	Only a sterilization process using ionizing radiation is considered by this standard. This relevant Essential Requirement is only partly addressed in this European Standard. Design and packaging for maintenance of sterility during transportation and storage are not covered. Aspects of manufacture other than those related to sterilization are not covered.
4,5,6,7,8,9,10,11,12	8.4	This relevant Essential Requirement is only partly addressed in this European Standard. Aspects of manufacture other than those related to sterilization are not covered.

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

Annex ZC (informative)

Relationship between this European Standard and the Essential Requirements of EU Directive 98/79/EC on *in vitro* diagnostic medical devices

This European Standard has been prepared under a mandate given to CEN/CENELEC by the European Commission and the European Free Trade Association to provide a means of conforming to Essential Requirements of the New Approach Directive 98/79/EC on *in vitro* diagnostic 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 normative clauses of this standard given in Table ZC.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 98/79/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 Part A: 1, 2 and 5; Part B: 1.2, 2, 3, 5, 6, and 7 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 ZC.1 — Correspondence between this European Standard and Directive 98/79/EC

Clauses of this EN	Essential Requirements (ERs) of Directive 98/79/EC	Qualifying remarks/Notes
4,5,6,7,8,9,10,11,12	B.2.3	<p>Only a sterilization process using ionizing radiation is considered by this standard.</p> <p>This relevant Essential Requirement is only partly addressed in this European Standard. Design and packaging for maintenance of sterility during transportation and storage are not covered. Aspects of manufacture other than those related to sterilization are not covered.</p>

EN ISO 11137-1:2015 (E)

4,5,6,7,8,9,10,11,12	B.2.4	<p>This relevant Essential requirement is addressed only with regard to:</p> <ul style="list-style-type: none"> - sterilization, not covering other special microbiological state - devices for which sterilization by radiation is appropriate
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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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ISO
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**Sterilization of health care products —
Radiation —**

Part 1:

**Requirements for development, validation
and routine control of a sterilization
process for medical devices**

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Stérilisation des produits de santé — Irradiation —

*Partie 1: Exigences relatives à la mise au point, à la validation et au
contrôle de routine d'un procédé de stérilisation pour les dispositifs
médicaux*

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Contents

Page

Foreword.....	iv
Introduction	v
1 Scope	1
2 Normative references	2
3 Terms and definitions.....	2
4 Quality management system elements	8
4.1 Documentation	8
4.2 Management responsibility	9
4.3 Product realization.....	9
4.4 Measurement, analysis and improvement — Control of nonconforming product	9
5 Sterilizing agent characterization	9
5.1 Sterilizing agent	9
5.2 Microbicidal effectiveness	9
5.3 Material effects.....	9
5.4 Environmental considerations	10
6 Process and equipment characterization	10
6.1 Process	10
6.2 Equipment	10
7 Product definition	11
8 Process definition.....	12
8.1 Establishing the maximum acceptable dose	12
8.2 Establishing the sterilization dose.....	12
8.3 Specifying the maximum acceptable dose and the sterilization dose.....	13
8.4 Transference of maximum acceptable, verification or sterilization dose between radiation sources	13
9 Validation.....	14
9.1 Installation qualification.....	14
9.2 Operational qualification.....	14
9.3 Performance qualification.....	15
9.4 Review and approval of validation.....	15
10 Routine monitoring and control	16
11 Product release from sterilization.....	17
12 Maintaining process effectiveness	17
12.1 Demonstration of continued effectiveness	17
12.2 Recalibration	20
12.3 Maintenance of equipment	20
12.4 Requalification of equipment	20
12.5 Assessment of change.....	20
Annex A (informative) Guidance	21
Bibliography	36

ISO 11137-1:2006(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.

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 11137-1 was prepared by Technical Committee ISO/TC 198, *Sterilization of health care product*.

This first edition, together with ISO 11137-2 and ISO 11137-3, cancels and replaces ISO 11137:1995.

ISO 11137 consists of the following parts, under the general title *Sterilization of health care products — Radiation*:

- *Part 1: Requirements for development, validation and routine control of a sterilization process for medical devices*
- *Part 2: Establishing the sterilization dose*
- *Part 3: Guidance on dosimetric aspects*

Introduction

A sterile medical device is one that is free of viable microorganisms. International Standards, which specify requirements for validation and routine control of sterilization processes, require, when it is necessary to supply a sterile medical device, that adventitious microbiological contamination of a medical device prior to sterilization be minimized. Even so, medical devices produced under standard manufacturing conditions in accordance with the requirements for quality management systems (see, for example, ISO 13485) may, 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 sterilizing agent; inevitably this means that there is always a finite probability that a microorganism may 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.

This part of ISO 11137 describes requirements that, if met, will provide a radiation sterilization process intended to sterilize medical devices, that has appropriate microbicidal activity. Furthermore, compliance with the requirements ensures that this activity is both reliable and reproducible so that predictions can be made, with reasonable confidence, that there is a low level of probability of there being a viable microorganism present on product after sterilization. Specification of this probability is a matter for regulatory authorities and may vary from country to country (see, for example, EN 556-1 and ANSI/AAMI ST67).

Generic requirements of the quality management system 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 recognise that, for certain processes used in manufacturing, 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 is monitored routinely and the equipment is maintained.

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

- a) the microbiological status of incoming raw materials and/or components;
- b) the validation and routine control of any cleaning and disinfection procedures used on the product;
- c) the control of the environment in which the product is manufactured, assembled and packaged;
- d) the control of equipment and processes;
- e) the control of personnel and their hygiene;
- f) the manner and materials in which the product is packaged;
- g) the conditions under which product is stored.