

საქართველოს სტანდარტი

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სამედიცინო პროდუქტების სტერილიზაცია - მიკრობიოლოგიური მეთოდები
- ნაწილი 2: სტერილობის გამოცდების ჩატარება განსაზღვრის, ვალიდაციისა
და სტერილიზაციის პროცესის ტექნიკური მახასიათებლებში

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**Sterilization of health care products —
Microbiological methods —**

**Part 2:
Tests of sterility performed in
the definition, validation and
maintenance of a sterilization process**

*Stérilisation des produits de santé — Méthodes microbiologiques —
Partie 2: Contrôles de stérilité pratiqués au moment de la définition,
de la validation et de la maintenance d'un procédé de stérilisation*





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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).

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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 the following URL: www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 198, *Sterilization of health care products*.

This third edition cancels and replaces the second edition (ISO 11737-2:2009), which has been technically revised.

The main changes compared to the previous edition are as follows:

- addition of a requirement concerning the test samples and the interval of time between the manufacture of product and the exposure to the sterilizing agent being as short as possible;
- addition of a requirement about the samples staying immersed in the culture media and providing a rationale where this is not possible;
- provision of additional guidance regarding performing tests of sterility on packaging, clarifying that package testing is not typically done except when it is an integral part of the product;
- provision of additional guidance regarding what is meant by “controlled environment” for performing tests of sterility;
- provision of additional guidance to discuss circumstances where the method suitability test does not give acceptable results, stating that after multiple attempts to eliminate inhibitory substances, it is appropriate to accept a reduction of inhibitory substances, with an accompanying rationale and risk assessment;
- provision of guidance regarding identification of microbial growth in a test of sterility, saying generally for positive growth the microorganism(s) should be identified;
- provision of guidance regarding method suitability, saying that consideration should be given to periodically demonstrating ongoing method suitability in order to ensure that an accumulation of minor changes over time has not occurred;
- addition of a table to clarify where typical responsibilities reside for the manufacturer or the laboratory.

A list of all parts in the ISO 11737 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.

Introduction

A sterile medical device is one that is free from viable microorganisms. International Standards that 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 from all sources 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) can, prior to sterilization, have microorganisms on them. Such products are non-sterile. The purpose of sterilization is to inactivate the microbiological contaminants and thereby transform the non-sterile products 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 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 item 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 product item.

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.

International Standards specifying procedures for the development, validation and routine control of the processes used for sterilization of medical devices have been prepared [see ISO 11135, ISO 11137 (all parts), ISO 14937, ISO 14160, ISO 17665-1 and ISO 20857]. An element of validation might consist of exposing medical devices to the sterilizing agent with the extent of treatment being reduced relative to that which will be used in routine sterilization processing, in order to provide a knowledge of the resistance to the agent of the microbial contamination as it occurs naturally on medical devices. The reduced exposures applied in these instances are often called fractional exposures or verification doses. Subsequent to this reduced exposure, medical devices are subjected individually to tests of sterility as described in this document. Examples of the use of such tests are in:

- a) establishing a dose for sterilization by radiation,
- b) demonstrating the continued validity of an established sterilization dose, and
- c) establishing a cycle for sterilization by evaluating the product's naturally occurring bioburden.

Product that has been exposed to a terminal sterilization process in its final packaged form has a very low probability of the presence of a viable microorganism; such as one in one million or 10^{-6} . As such, performing a test of sterility on product that has been exposed to the complete sterilization process provides no scientifically usable data and is not recommended.

[Annex A](#) of this document gives guidance on the techniques used and on practical aspects of the requirements.