

Nederlandse norm

# **NEN-EN-ISO 11135**

(en)

Sterilisatie van producten in de  
gezondheidszorg - Ethyleen-oxide - Eisen voor  
de ontwikkeling, validatie en besturingscontrole  
van een sterilisatieproces voor medische  
hulpmiddelen (ISO 11135:2014, IDT)

Sterilization of health-care products - Ethylene  
oxide - Requirements for the development,  
validation and routine control of a sterilization  
process for medical devices (ISO  
11135:2014, IDT)

Vervangt NEN-EN-ISO 11135-1:2007;  
NPR-CEN-ISO/TS 11135-2:2008;  
NPR-CEN-ISO/TS 11135-2:2008/C1:2009;  
NEN-EN-ISO 11135:2012 3e Ontw.

ICS 11.080.01; 11.080.20

juli 2014

Als Nederlandse norm is aanvaard:

- EN ISO 11135:2014,IDT
- ISO 11135:2014,IDT

Normcommissie 301081 "Steriliteit"



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Voor de in deze norm vermelde normatieve verwijzingen bestaan in Nederland de volgende equivalenten:

<u>vermelde norm</u>	<u>Nederlandse norm</u>	<u>titel</u>
ISO 10012	NEN-EN-ISO 10012	Managementsystemen voor metingen - Eisen voor meetprocessen en meetapparatuur
ISO 10993-7	NEN-EN-ISO 10993-7	Biologische evaluatie van medische hulpmiddelen - Deel 7: Ethyleenoxidesterilisatie-residuen
ISO 11138-1:2006	NEN-EN-ISO 11138-1:2006	Sterilisatie van producten voor de gezondheidszorg - Biologische indicatoren - Deel 1: Algemene eisen
ISO 11138-2:2009	NEN-EN-ISO 11138-2:2009	Sterilisatie van producten voor de gezondheidszorg - Biologische indicatoren - Deel 2: Biologische indicatoren voor ethyleenoxide sterilisatieprocessen
ISO 11140-1	NEN-EN-ISO 11140-1	Sterilisatie van producten voor de gezondheidszorg - Chemische indicatoren - Deel 1: Algemene eisen
ISO 11737-1	NEN-EN-ISO 11737-1	Sterilisatie van medische hulpmiddelen - Microbiologische methodes - Deel 1: Bepaling van de populatie van micro-organismen op producten
ISO 11737-2	NEN-EN-ISO 11737-2	Sterilisatie van medische apparatuur - Microbiologische methodes - Deel 2: Steriliteitsproeven uitgevoerd bij de definitie, validatie en onderhoud van een steriliteitsproces
ISO 13485:2003/Cor 1:2009	NEN-EN-ISO 13485:2003/C1:2009	Medische hulpmiddelen - Kwaliteitsmanagementsystemen - Bijzondere eisen voor reguleringsdoeleinden



EUROPEAN STANDARD

**EN ISO 11135**

NORME EUROPÉENNE

EUROPÄISCHE NORM

July 2014

ICS 11.080.01

Supersedes CEN ISO/TS 11135-2:2008, EN ISO 11135-1:2007

English Version

**Sterilization of health-care products - Ethylene oxide -  
Requirements for the development, validation and routine control  
of a sterilization process for medical devices (ISO 11135:2014)**

Stérilisation des produits de santé - Oxyde d'éthylène -  
Exigences de développement, de validation et de contrôle  
de routine d'un processus de stérilisation pour des  
dispositifs médicaux (ISO 11135:2014)

Sterilisation von Produkten für die Gesundheitsfürsorge -  
Ethylenoxid - Anforderungen an die Entwicklung,  
Validierung und Lenkung der Anwendung eines  
Sterilisationsverfahrens für Medizinprodukte (ISO  
11135:2014)

This European Standard was approved by CEN on 28 June 2014.

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## Foreword

This document (EN ISO 11135:2014) has been prepared by Technical Committee ISO/TC 198 "Sterilization of health care products" in collaboration with 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 January 2015, and conflicting national standards shall be withdrawn at the latest by January 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 CEN ISO/TS 11135-2:2008, EN ISO 11135-1:2007.

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(s).

For relationship with EU Directive(s), see informative Annex ZA, ZB, which are integral parts of this document.

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 11135:2014 has been approved by CEN as EN ISO 11135:2014 without any modification.

## Annex ZA (informative)

### Relationship between this European Standard and the Essential Requirements of EU Directive 90/385/EEC

This European Standard has been prepared under a mandate given to CEN by the European Commission and the European Free Trade Association to provide one means of conforming to Essential Requirements of the New Approach Directive 90/385/EEC.

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 relevant Essential Requirements of that Directive and associated EFTA regulations.

**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	This relevant Essential Requirement is only partly addressed in this European Standard. Packaging for maintenance of sterility during transportation and storage are not covered

**WARNING:** Other requirements and other EU Directives may be applicable to the products falling within the scope of this standard.



## Annex ZB (informative)

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

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

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 ZB.1 confers, within the limits of the scope of this standard, a presumption of conformity with the relevant Essential Requirements of that Directive and associated EFTA regulations.

**Table ZB.1 — Correspondence between this European Standard and Directive 93/42/EEC**

Clauses of this EN	Essential Requirements (ERs) of Directive 90/42/EEC	Qualifying remarks/Notes
4,5,6,7,8,9,10,11,12	8.3	This relevant Essential Requirement is only partly addressed in this European Standard. Packaging for maintenance of sterility during transportation and storage are not covered
4,5,6,7,8,9,10,11,12	8.4	

**WARNING:** Other requirements and other EU Directives may be applicable to the products falling within the scope of this standard.



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**Sterilization of health-care  
products — Ethylene oxide —  
Requirements for the development,  
validation and routine control of  
a sterilization process for medical  
devices**

*Stérilisation des produits de santé — Oxyde d'éthylène — Exigences  
de développement, de validation et de contrôle de routine d'un  
processus de stérilisation pour des dispositifs médicaux*



Reference number  
ISO 11135:2014(E)

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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. [www.iso.org/directives](http://www.iso.org/directives)

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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 198, *Sterilization of health care products*.

ISO 11135:2014 cancels and replaces ISO 11135-1:2007 and ISO/TS 11135-2:2008, both of which have been technically revised and condensed into a single standard.

## Introduction

A sterile medical device is one that is free of viable microorganisms. Medical devices produced under standard manufacturing conditions in accordance with the requirements for quality management systems (see for example ISO 13485) might, 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 ethylene oxide (EO); 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 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.

ISO 11135 describes requirements that, if met, will provide an ethylene oxide sterilization process intended to sterilize medical devices, which has appropriate microbicidal activity. Furthermore, compliance with the requirements ensures that validations conducted following this International Standard will provide products that meet the defined requirements for sterile products with a high degree of confidence. The specification for this probability is a matter for regulatory authorities and can vary from country to country (see for example EN 556-1 and ANSI/AAMI ST67).

Generic requirements of the quality management systems 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 recognize that, for certain processes used in manufacturing or reprocessing, 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 monitored routinely and the equipment maintained.

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

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

The type of contamination on a product to be sterilized varies and this impacts upon the effectiveness of a sterilization process. Products that have been used in a health care setting and are being presented for resterilization in accordance with the manufacturer's instructions (see ISO 17664) are a special case. There is the potential for such products to possess a wide range of contaminating microorganisms and residual inorganic and/or organic contamination in spite of the application of a cleaning process. Hence, it is important to pay particular attention to the validation and control of the cleaning and disinfection processes used during reprocessing. Mixed product loads are common in health care facilities with throughput volumes dictated by historical and predicted demand for sterile product.



The requirements are the normative parts of ISO 11135 with which compliance is claimed. The guidance given in the informative annexes is not normative and is not provided as a checklist for auditors. The guidance in [Annex D](#) provides explanations and methods that are regarded as being suitable means for complying with the requirements for industry and health care facilities.

The guidance, in [Annex D](#), is intended for people who have a basic knowledge of the principles of EO sterilization. Methods other than those given in the guidance can be used if they are effective in achieving compliance with the requirements of ISO 11135.

The development, validation and routine control of a sterilization process comprises a number of discrete but interrelated activities; e.g. calibration, maintenance, product definition, process definition, installation qualification, operational qualification and performance qualification. While the activities required by ISO 11135 have been grouped together and are presented in a particular order, ISO 11135 does not require that the activities be performed in the order in which they are presented. The activities required are not necessarily sequential, as the programme of development and validation may be iterative. It is possible that performing these different activities will involve a number of separate individuals and/or organizations, each of whom undertakes one or more of these activities. This International Standard does not specify the particular individuals or organizations to carry out the activities.

It is important that patient safety be addressed by minimizing exposure to EO and its by-products during normal product use. ISO 10993-7 specifies limits for EO and ethylene chlorohydrin (ECH); however, no exposure limits are set for ethylene glycol (EG) because risk assessment indicates that when EO residues are controlled, it is unlikely that biologically significant residues of EG would be present.



# Sterilization of health-care products — Ethylene oxide — Requirements for the development, validation and routine control of a sterilization process for medical devices

## 1 Scope

### 1.1 Inclusions

This International Standard specifies requirements for the development, validation and routine control of an ethylene oxide sterilization process for medical devices in both the industrial and health care facility settings, and it acknowledges the similarities and differences between the two applications.

NOTE 1 Among the similarities are the common need for quality systems, staff training, and proper safety measures. The major differences relate to the unique physical and organizational conditions in health care facilities, and to the initial condition of reusable medical devices being presented for sterilization.

NOTE 2 Health care facilities differ from medical device manufacturers in the physical design of processing areas, in the equipment used, and in the availability of personnel with adequate levels of training and experience. The primary function of the health care facility is to provide patient care; medical device reprocessing is just one of a myriad of activities that are performed to support that function.

NOTE 3 In terms of the initial condition of medical devices, medical device manufacturers generally sterilize large numbers of similar medical devices that have been produced from virgin material. Health care facilities, on the other hand, must handle and process both new medical devices and reusable medical devices of different descriptions and with varying levels of bioburden. They are therefore faced with the additional challenges of cleaning, evaluating, preparing and packaging a medical device prior to sterilization. In this International Standard, alternative approaches and guidance specific to health care facilities are identified as such.

NOTE 4 EO gas and its mixtures are effective sterilants that are primarily used for heat- and/or moisture-sensitive medical devices that cannot be moist heat sterilized.

NOTE 5 Although the scope of this International Standard is limited to medical devices, it specifies requirements and provides guidance that can be applicable to other health care products.

### 1.2 Exclusions

**1.2.1** This International Standard does not specify requirements for the development, validation and routine control of a process for inactivating the causative agents of spongiform encephalopathies such as scrapie, bovine spongiform encephalopathy and Creutzfeldt-Jakob disease. Specific recommendations have been produced in particular countries for the processing of materials potentially contaminated with these agents.

NOTE See ISO 22442-1, ISO 22442-2 and ISO 22442-3.

**1.2.2** This International Standard does not detail a specified requirement for designating a medical device as sterile.

NOTE Attention is drawn to national or regional requirements for designating medical devices as “sterile”. See for example EN 556-1 or ANSI/AAMI ST67.

**1.2.3** This International Standard does not specify a quality management system for the control of all stages of production of medical devices.

**ISO 11135:2014(E)**

**NOTE** The effective implementation of defined and documented procedures is necessary for the development, validation and routine control of a sterilization process for medical devices. Such procedures are commonly considered to be elements of a quality management system. It is not a requirement of this International Standard to have a full quality management system during manufacture or reprocessing. The necessary elements are normatively referenced at appropriate places in the text (see, in particular, [Clause 4](#)). Attention is drawn to the standards for quality management systems (see ISO 13485) that control all stages of production or reprocessing of medical devices. National and/or regional regulations for the provision of medical devices might require the implementation of a full quality management system and the assessment of that system by a third party.

**1.2.4** This International Standard does not specify requirements for occupational safety associated with the design and operation of EO sterilization facilities.

**NOTE 1** For further information on safety, see examples in the Bibliography. National or regional regulations may also exist.

**NOTE 2** EO is toxic, flammable and explosive. Attention is drawn to the possible existence in some countries of regulations giving safety requirements for handling EO and for premises in which it is used.

**1.2.5** This International Standard does not cover sterilization by injecting EO or mixtures containing EO directly into packages or a flexible chamber.

**NOTE** See ISO 14937 for these types of EO processes.

**1.2.6** This International Standard does not cover analytical methods for determining levels of residual EO and/or its reaction products.

**NOTE 1** For further information see ISO 10993-7.

**NOTE 2** Attention is drawn to the possible existence of national or regional regulations specifying limits for the level of EO residues present on or in medical devices.

## 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 10012, *Measurement management systems — Requirements for measurement processes and measuring equipment*

ISO 10993-7, *Biological evaluation of medical devices — Part 7: Ethylene oxide sterilization residuals*

ISO 11138-1:2006, *Sterilization of health care products — Biological indicators — Part 1: General requirements*

ISO 11138-2:2009, *Sterilization of health care products — Biological indicators — Part 2: Biological indicators for ethylene oxide sterilization processes*

ISO 11140-1, *Sterilization of health care products — Chemical indicators — Part 1: General requirements*

ISO 11737-1, *Sterilization of medical devices — Microbiological methods — Part 1: Determination of a population of microorganisms on products*

ISO 11737-2, *Sterilization of medical devices — Microbiological methods — Part 2: Tests of sterility performed in the definition, validation and maintenance of a sterilization process*

ISO 13485:2003/Cor 1:2009, *Medical devices — Quality management systems — Requirements for regulatory purposes — Technical Corrigendum 1*

### 3 Terms and definitions

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

#### 3.1

##### **aeration**

part of the sterilization process during which ethylene oxide and/or its reaction products desorb from the medical device until predetermined levels are reached

Note 1 to entry: This can be performed within the sterilizer and/or in a separate chamber or room.

#### 3.2

##### **aeration area**

either a chamber or a room in which aeration occurs

#### 3.3

##### **bioburden**

population of viable microorganisms on or in product and/or sterile barrier system

[SOURCE: ISO/TS 11139:2006, definition 2.2]

#### 3.4

##### **biological indicator**

test system containing viable microorganisms providing a defined resistance to a specified sterilization process

[SOURCE: ISO/TS 11139:2006, definition 2.3]

#### 3.5

##### **calibration**

set of operations that establish, under specified conditions, the relationship between values of a quantity indicated by a measuring instrument or measuring system, or values represented by a material measure or a reference material, and the corresponding values realized by standards

[SOURCE: ISO/TS 11139:2006, definition 2.4]

#### 3.6

##### **chemical indicator**

test system that reveals a change in one or more pre-defined process variables based on a chemical or physical change resulting from exposure to a process

[SOURCE: ISO/TS 11139:2006, definition 2.6]

#### 3.7

##### **conditioning**

treatment of product within the sterilization cycle, but prior to ethylene oxide admission, to attain a predetermined temperature and relative humidity

Note 1 to entry: This part of the sterilization cycle can be carried out either at atmospheric pressure or under vacuum.

Note 2 to entry: See [3.27](#), preconditioning.

**ISO 11135:2014(E)****3.8*****D* value*****D*<sub>10</sub> value**

time or dose required to achieve inactivation of 90 % of a population of the test microorganism under stated conditions

[SOURCE: ISO/TS 11139:2006, definition 2.11]

Note 1 to entry: For the purposes of this International Standard, the *D* value is the exposure time required to achieve 90 % inactivation of the population of the test organism.

**3.9****development**

act of elaborating a specification

[SOURCE: ISO/TS 11139:2006, definition 2.13]

**3.10****dew point**

The temperature at which the saturation water vapour pressure is equal to the partial pressure of the water vapour in the atmosphere

Note 1 to entry: Any cooling of the atmosphere below the dew point would produce water condensation.

**3.11****establish**

determine by theoretical evaluation and confirm by experimentation

[SOURCE: ISO/TS 11139:2006, definition 2.17]

**3.12****ethylene oxide (EO) injection time**

duration of the stage beginning with the first introduction of the EO (mixture) into the chamber to the completion of that injection

**3.13****exposure time**

period for which the process parameters are maintained within their specified tolerances

[SOURCE: ISO/TS 11139:2006, definition 2.18]

Note 1 to entry: For the purpose of calculation of cycle lethality, it is the period of sterilization between the end of EO injection and the beginning of EO removal.

**3.14****fault**

one or more of the process parameters lying outside of its/their specified tolerance(s)

[SOURCE: ISO/TS 11139:2006, definition 2.19]

**3.15****flushing**

procedure by which the ethylene oxide is removed from the load and chamber by either multiple alternate admissions of filtered air, inert gas or steam and evacuations of the chamber or continuous passage of filtered air, inert gas or steam through the load and chamber

**3.16****fractional cycle**

a cycle in which the exposure time to EO gas is reduced compared to that specified in the sterilization process

**3.17****half cycle**

a cycle in which the exposure time to EO gas is reduced by 50 % compared to that specified in the sterilization process

**3.18****health care facility****HCF**

governmental and private organizations and institutions devoted to the promotion and maintenance of health, and the prevention and treatment of diseases and injuries

EXAMPLE A health care facility can be a hospital, nursing home, extended care facility, free-standing surgical centre, clinic, medical office, or dental office.

**3.19****health care product**

medical device(s), including *in vitro* diagnostic medical device(s), or medicinal product(s), including biopharmaceutical(s)

[SOURCE: ISO/TS 11139:2006, definition 2.20]

**3.20****installation qualification****IQ**

process of obtaining and documenting evidence that equipment has been provided and installed in accordance with its specification

[SOURCE: ISO/TS 11139:2006, definition 2.22]

**3.21****medical device**

any instrument, apparatus, implement, machine, appliance, implant, *in vitro* reagent or calibrator, software, material or related article, intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the specific purpose(s) of

- diagnosis, prevention, monitoring, treatment or alleviation of disease,
- diagnosis, monitoring, treatment, alleviation of, or compensation for an injury,
- investigation, replacement or modification or support of the anatomy or of a physiological process,
- control of conception,
- disinfection of medical devices,
- providing information for medical purposes by means of *in vitro* examination of specimens derived from the human body,

and which does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means, but which may be assisted in its function by such means

[SOURCE: ISO 13485:2003, definition 3.7]

**3.22****microorganism**

entity of microscopic size, encompassing bacteria, fungi, protozoa and viruses

Note 1 to entry: A specific standard might not require demonstration of the effectiveness of the sterilization process in inactivating all types of microorganisms, identified in the definition above, for validation and/or routine control of the sterilization process.

[SOURCE: ISO/TS 11139:2006, definition 2.26]

**ISO 11135:2014(E)****3.23****operational qualification****OQ**

process of obtaining and documenting evidence that installed equipment operates within predetermined limits when used in accordance with its operational procedures

[SOURCE: ISO/TS 11139:2006, definition 2.27]

**3.24****overkill approach**

approach using sterilization process that delivers a minimum of 12 Spore Log Reduction (SLR) to a biological indicator having a resistance equal to or greater than the product bioburden

**3.25****parametric release**

declaration that product is sterile, based on records demonstrating that the process parameters were delivered within specified tolerances

[SOURCE: ISO/TS 11139:2006, definition 2.29]

Note 1 to entry: This method of process release does not include the use of biological indicators.

**3.26****performance qualification****PQ**

process of obtaining and documenting evidence that the equipment, as installed and operated in accordance with operational procedures, consistently performs in accordance with predetermined criteria and thereby yields product meeting its specification

[SOURCE: ISO/TS 11139:2006, definition 2.30]

**3.27****preconditioning**

treatment of product, prior to the sterilization cycle, in a room or chamber to attain specified conditions for temperature and relative humidity

**3.28****process challenge device****PCD**

item designed to constitute a defined resistance to a sterilization process and used to assess performance of the process

[SOURCE: ISO/TS 11139:2006, definition 2.33]

Note 1 to entry: For the purpose of this International Standard, a PCD can be product, simulated product or other device that is inoculated directly or indirectly. See [7.1.6](#) and [D.7.1.6](#).

Note 2 to entry: In this International Standard, a distinction is made between an internal PCD and an external PCD. An internal PCD is used to demonstrate that the required product SAL is achieved. A PCD located within the confines of the product or product shipper case is an internal PCD, whereas a PCD located between shipper cases or on the exterior surfaces of the load is an external PCD. An external PCD is an item designed to be used for microbiological monitoring of routine production cycles.

**3.29****process parameter**

specified value for a process variable

Note 1 to entry: The specification for a sterilization process includes the process parameters and their tolerances.

[SOURCE: ISO/TS 11139:2006, definition 2.34]



**3.30****process variable**

condition within a sterilization process, changes in which alter microbicidal effectiveness

EXAMPLE Time, temperature, pressure, concentration, humidity, wavelength.

[SOURCE: ISO/TS 11139:2006, definition 2.35]

**3.31****processing category**

collection of different product or product families that can be sterilized together

Note 1 to entry: All products within the category have been determined to present an equal or lesser challenge to the sterilization process than the process challenge device for that group.

**3.32****product**

result of a process

[SOURCE: ISO 9000:2005, definition 3.4.2]

Note 1 to entry: For the purposes of sterilization standards, product is tangible and can be raw material(s), intermediate(s), sub-assembly(ies) and health care products.

**3.33****product family**

group of product possessing characteristics that allow them to be sterilized using defined process conditions

**3.34****product load volume**

defined space within the usable chamber volume occupied by product

**3.35****recognized culture collection**

depository authority under the Budapest Treaty on *The International Recognition of the Deposit of Microorganisms for the Purposes of Patent and Regulation*

[SOURCE: ISO/TS 11139:2006, definition 2.38]

**3.36****reference microorganism**

microbial strain obtained from a recognized culture collection

[SOURCE: ISO/TS 11139:2006, definition 2.39]

**3.37****requalification**

repetition of part of validation for the purpose of confirming the continued acceptability of a specified process

[SOURCE: ISO/TS 11139:2006, definition 2.40]

**3.38****reusable medical device**

medical device designated or intended by the manufacturer as suitable for reprocessing and re-use

Note 1 to entry: This is not a medical device that is designated or intended by the manufacturer for single use only.

**ISO 11135:2014(E)****3.39****services**

supplies from an external source, needed for the correct function of equipment

EXAMPLE Electricity, water, compressed air, drainage.

[SOURCE: ISO/TS 11139:2006, definition 2.41]

**3.40****single use medical device**

medical device designated or intended by the manufacturer for one-time use only

**3.41****specify**

stipulate in detail within an approved document

[SOURCE: ISO/TS 11139:2006, definition 2.42]

**3.42****Spore-log-reduction****SLR**

log of initial spore population,  $N_0$ , minus the log of the final population,  $N_u$

[SOURCE: ISO 14161:2009, definition 3.19]

Note 1 to entry: Describing the reduction in the number of spores on a biological indicator or inoculated item produced by exposure to specified conditions.

For Direct Enumeration:

$$SLR = \log N_0 - \log N_u$$

where

$N_0$  is the initial population;

$N_u$  is the final population.

For Fraction Negative:

$$SLR = \log N_0 - \log [\ln (q/n)]$$

where

$N_0$  is the initial population;

$q$  is the number of replicate samples tested;

$n$  is the number of samples negative for growth.

If there are no survivors, the true SLR cannot be calculated. The SLR can be reported as “greater than”  $\log N_0$  if one surviving organism is used.

**3.43****sterile**

free from viable microorganisms

[SOURCE: ISO/TS 11139:2006, definition 2.43]

**3.44****sterile barrier system**

minimum package that prevents ingress of microorganisms and allows aseptic presentation of the product at the point of use

[SOURCE: ISO/TS 11139:2006, definition 2.44]

**3.45****sterility**

state of being free from viable microorganisms

Note 1 to entry: In practice, no such absolute statement regarding the absence of microorganisms can be proven.

Note 2 to entry: See [3.47](#), sterilization.

[SOURCE: ISO/TS 11139:2006, definition 2.45]

**3.46****sterility assurance level****SAL**

probability of a single viable microorganism occurring on an item after sterilization

Note 1 to entry: The term SAL takes a quantitative value, generally  $10^{-6}$  or  $10^{-3}$ . When applying this quantitative value to assurance of sterility, an SAL of  $10^{-6}$  has a lower value but provides a greater assurance of sterility than an SAL of  $10^{-3}$ .

[SOURCE: ISO/TS 11139:2006, definition 2.46]

**3.47****sterilization**

validated process used to render product free from viable microorganisms

Note 1 to entry: In a sterilization process, the nature of microbial inactivation is exponential and thus the survival of a microorganism on an individual item can be expressed in terms of probability. While this probability can be reduced to a very low number, it can never be reduced to zero.

Note 2 to entry: See [3.46](#), sterility assurance level.

[SOURCE: ISO/TS 11139:2006, definition 2.47]

**3.48****sterilization cycle**

treatment in a sealed chamber, which includes air removal, conditioning (if used), injection of ethylene oxide, inert gas (if used), exposure to ethylene oxide, removal of ethylene oxide and flushing (if used), and air/inert gas admission

**3.49****sterilization load**

product to be, or that has been, sterilized together using a given sterilization process

[SOURCE: ISO/TS 11139:2006, definition 2.48]

**ISO 11135:2014(E)****3.50****sterilization process**

series of actions or operations needed to achieve the specified requirements for sterility

[SOURCE: ISO/TS 11139:2006, definition 2.49]

Note 1 to entry: This series of actions or operations includes preconditioning (if necessary), exposure to the ethylene oxide under defined conditions and any necessary post-treatment required for the removal of ethylene oxide and its by-products. It does not include any cleaning, disinfection or packaging operations that precede the sterilization process.

**3.51****sterilization specialist**

person with technical knowledge of the sterilization technology being utilized and its effects upon materials and microorganisms

**3.52****sterilizing agent**

physical or chemical entity, or combination of entities having sufficient microbicidal activity to achieve sterility under defined conditions

[SOURCE: ISO/TS 11139:2006, definition 2.50]

**3.53****survivor curve**

graphical representation of the inactivation of a population of microorganisms with increasing exposure to a microbicidal agent under stated conditions

[SOURCE: ISO/TS 11139:2006, definition 2.51]

**3.54****test for sterility**

technical operation defined in a Pharmacopoeia performed on product following exposure to a sterilization process

[SOURCE: ISO/TS 11139:2006, definition 2.53]

**3.55****test of sterility**

technical operation performed as part of development, validation, or requalification to determine the presence or absence of viable microorganisms on product or portions thereof

[SOURCE: ISO/TS 11139:2006, definition 2.54]

**3.56****usable chamber volume**

defined space within the sterilizer chamber, which is not restricted by fixed or mobile parts and which is available to accept the sterilization load

Note 1 to entry: The volume allowed for gas circulation around the load inside the chamber is not included as usable space.

**3.57****validation**

documented procedure for obtaining, recording and interpreting the results required to establish that a process will consistently yield product complying with predetermined specifications

[SOURCE: ISO/TS 11139:2006, definition 2.55]

**3.58****virgin material**

material that has not been previously used, or subjected to processing other than for its original production

**4 Quality management systems****4.1 Documentation**

**4.1.1** Procedures for development, validation, routine control and product release from sterilization shall be specified.

**4.1.2** Documents and records required by this International Standard shall be reviewed and approved by designated personnel (see [4.2.1](#)). Documents and records shall be controlled in accordance with the applicable clauses of ISO 13485.

**4.2 Management responsibility**

**4.2.1** The responsibility and authority for implementing and meeting the requirements described in this International Standard shall be specified. Responsibility shall be assigned to competent personnel in accordance with the applicable clauses of ISO 13485.

**4.2.2** If the requirements of this international standard are undertaken by organizations with separate quality management systems, the responsibilities and authority of each party shall be specified.

When a HCF contracts out the sterilization of reusable medical devices, it is the HCF's responsibility for validation and release of the sterilized product.

**4.3 Product realization**

**4.3.1** Procedures for purchasing shall be specified. These procedures shall comply with the applicable clauses of ISO 13485.

**4.3.2** Procedures for identification and traceability of product shall be specified. These procedures shall comply with the applicable clauses of ISO 13485.

**4.3.3** A system complying with the applicable clause(s) of ISO 13485 or ISO 10012 shall be specified for the calibration of all equipment, including instrumentation for test purposes, used in meeting the requirements of this International Standard.

**4.4 Measurement, analysis and improvement — Control of nonconforming product**

Procedures for control of product designated as nonconforming and for correction, corrective action and preventive action shall be specified. These procedures shall comply with the applicable clauses of ISO 13485.

**5 Sterilizing agent characterization****5.1 General**

The purpose of this activity is to define the sterilizing agent, demonstrate its microbicidal effectiveness, identify the factors that influence microbicidal effectiveness, assess the effects that exposure to the sterilizing agent has on materials, and identify requirements for safety of personnel and protection of

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the environment. This activity may be undertaken in a test or prototype system. Where this occurs, the final equipment specification (see [6.3](#)) shall be relatable to the results of experimental studies undertaken in the test or prototype equipment. For the purposes of this International Standard, the sterilizing agent is EO.

### 5.2 Sterilizing agent

The sterilizing agent specification shall include, if appropriate, conditions of storage to maintain the EO within its specification for the duration of the stated shelf life.

### 5.3 Microbicidal effectiveness

Microbicidal effectiveness data shall be developed if it is proposed to use the EO outside of the range of compositions that are widely recognized or if a novel diluent is to be used.

**NOTE** The inactivation of microorganisms by EO has been comprehensively documented in literature. This literature provides knowledge of the manner in which the process variables affect microbial inactivation. Reference to these general studies on microbial inactivation is not required by this International Standard.

### 5.4 Material effects

The effects of EO on a wide variety of materials used to manufacture medical devices have been comprehensively documented and such documentation is of value to those designing and developing medical devices that are to be sterilized by EO. This International Standard does not require the performance of specific studies on material effects, but does require performance of studies of the effects of EO on product (see [Clause 7](#)).

### 5.5 Safety and the environment

**5.5.1** Either a material safety data sheet (MSDS) or analogous safety information shall be made available for EO and its diluents (if any). Measures necessary to protect the health and safety of personnel shall be identified.

**5.5.2** The potential effect on the environment of the operation of the sterilization process shall be assessed and measures to protect the environment shall be identified. This assessment, including potential impact and measures for control, shall be documented.

**5.5.3** Users of EO shall comply with applicable local, national and international requirements regarding the emission and disposal of EO and its diluents as well as any by-products.

## 6 Process and equipment characterization

### 6.1 General

**6.1.1** The purpose of this activity is to define the entire sterilization process and the equipment necessary to deliver the sterilization process safely and reproducibly.

**6.1.2** If an existing process has been used to sterilize product this activity is not required, however, the process and equipment should be reviewed to ensure the identified variables in [6.2](#) and [6.3](#) have been included in the process specification for routine production.

### 6.2 Process characterization

**6.2.1** Process characterization, at a minimum, shall include:

- a) identifying the phases that are necessary for an EO sterilization process;
- b) identifying the process variables for each phase;
- c) documenting the process variables.

NOTE The data developed in product definition (see [Clause 7](#)) can impact the characterization of the sterilization process.

**6.2.2** The phases of the sterilization process include:

- a) preconditioning (if used);
- b) the sterilization cycle;
- c) aeration (if used).

**6.2.3** The process variables for preconditioning (if used) include at a minimum:

- a) time;
- b) temperature;
- c) humidity;
- d) transfer time.

**6.2.4** The process variables for the sterilization cycle include:

- a) exposure time;
- b) temperature;
- c) humidity;
- d) EO concentration;
- e) pressure.

**6.2.5** The process variables for aeration (if used) include at a minimum:

- a) time;
- b) temperature.

NOTE In aeration these parameters are considered process variables only if aeration is considered to contribute to ensuring the microbicidal effectiveness of the sterilization process (See AAMI TIR16:2009, clause 5.1.3.3)

### **6.3 Equipment characterization**

**6.3.1** The specification for the equipment to be used shall be developed and documented. This specification shall include:

- a) the preconditioning area (if used);
- b) the sterilizer;
- c) the aeration area (if used).

NOTE Some aspects of the equipment design may be influenced by national or regional regulatory requirements or standards.

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**6.3.2** At a minimum, the specification shall include:

- a) description of the equipment, together with any necessary ancillary items, including materials of construction;
- b) description of the means by which the sterilizing agent is delivered to the chamber;
- c) description of the means by which any other gas(es), including steam, are delivered to the chamber;
- d) description of instrumentation for monitoring, controlling and recording the sterilization process, including sensor characteristics and their locations;
- e) fault(s) recognized by the sterilizing equipment;
- f) safety features, including those for personnel and environmental protection;
- g) installation requirements, including specifications for required services and requirements for the control of emissions.

**6.3.3** Software used to control and/or monitor the process shall be prepared and validated in accordance with the elements of a quality system that provides documented evidence that the software meets its design specification.

NOTE For further information, attention is drawn to ISO/IEC 90003.

**6.3.4** The means of monitoring and controlling the process variables shall be determined and specified.

**6.3.5** Means shall be provided to ensure that failure in a control function does not lead to failure in recording of process variables such that an ineffective process appears effective.

NOTE This may be achieved either by the use of independent systems for control and monitoring or by a cross-check between control and monitoring which identifies any discrepancies or indicates a fault.

## **7 Product definition**

### **7.1 General**

**7.1.1** The purpose of this activity is to define the product to be sterilized, including the microbiological quality of the product prior to sterilization and the manner in which product is packaged and presented for sterilization.

**7.1.2** Product definition shall be performed prior to the introduction of a new or modified product, package or loading configuration. A demonstration of equivalence (with reference to the challenge to the sterilization process) to a previously validated product, package or loading configuration shall be considered to meet the requirement to perform product definition. Any demonstration of equivalence shall be documented.

**7.1.3** Product shall be designed to allow removal of air, if applicable, and penetration of heat, humidity and EO during the sterilization process, and removal of EO at the end of the process.

**7.1.4** Packaging shall be designed to allow removal of air and penetration of heat, humidity and EO during the sterilization process, and removal of EO at the end of the process.

**7.1.5** The load configuration shall be designed to allow removal of air and penetration of heat, humidity and EO during the sterilization process, and removal of EO at the end of the process.



**7.1.6** It shall be demonstrated that the specified sterilization process is effective in sterilizing the most difficult-to-sterilize location within the product. This can be achieved by performing process definition and validation of a new product; or through the demonstration of equivalence to a previously validated product, or internal process challenge device (internal PCD) used to qualify the product SAL when exposed to the specified sterilization process (See [8.6](#) and [D.8.6](#)).

## 7.2 Product safety, quality and performance

**7.2.1** It shall be confirmed that the product and its packaging meet specified requirements for safety, quality and performance following the application of the defined sterilization process using the process parameter tolerances that have been determined to have the greatest impact on the product/package.

NOTE Design control is one aspect addressed in ISO 14971.

**7.2.2** If multiple sterilization cycles are permitted, the effects of such processing on the product and its packaging shall be evaluated.

**7.2.3** The biological safety of product following exposure to the sterilization process shall be established in accordance with the applicable parts of the ISO 10993 series.

**7.2.4** Means shall be established to reduce EO residual levels such that the processed products comply with the requirements of ISO 10993-7.

## 7.3 Microbiological quality

**7.3.1** A system shall be specified and maintained to ensure that the microbiological quality and cleanliness of the product presented for sterilization is controlled and does not compromise the effectiveness of the sterilization process.

NOTE Bacterial endotoxins are not destroyed by the ETO process. Guidance on testing for bacterial endotoxins is provided in ANSI / AAMI /ST72 and the applicable pharmacopeia.

**7.3.2** For single use medical devices, an estimation of bioburden at a defined interval shall be performed in accordance with ISO 11737-1. For reusable medical devices, an assessment of the effectiveness of the specified cleaning process and, if applicable, disinfecting process, shall be performed.

NOTE Requirements for information to be provided for the reprocessing of resterilizable devices are given in ISO 17664. Information for the assessment of the effectiveness of cleaning and disinfection processes is given in the applicable parts of ISO 15883 series.

## 7.4 Documentation

The results of product definition shall be documented by the manufacturer of the device.

## 8 Process definition

**8.1** The purpose of this activity is to obtain a process specification which can be applied for the sterilization of the defined product (see [Clause 7](#)) during the validation studies.

**8.2** The sterilization process applicable for the defined product shall be established. The defined product includes new or modified product, packaging or loading configurations.

**8.3** Process definition activities shall be performed in a sterilization chamber (developmental chamber or production chamber) that has undergone Installation Qualification (IQ) and Operational Qualification (OQ) procedures (see [9.2](#) and [9.3](#)).

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**8.4** Documentation and records shall support the validity of process parameters and associated process variables as defined in the process characterization (see [6.2](#))

**8.5** The rate of microbiological inactivation provided by the specified sterilization cycle for a specific microbiological challenge shall be determined, using one of the methods described in [Annexes A](#) or B or by an alternative method that demonstrates the product has achieved the required sterility assurance level (SAL).

**8.6** Biological indicators (BIs) used as part of the establishment of the sterilization process shall

- a) comply with ISO 11138-2:2006, Clause 5 and 9.5,
- b) be shown to be at least as resistant to EO as is the bioburden of product to be sterilized, and
- c) be placed within an appropriate PCD.

The appropriateness of the PCD used for process definition, validation or routine monitoring and control shall be determined. The PCD shall present a challenge to the sterilization process that is equivalent or greater than the challenge presented by the natural bioburden at the most difficult to sterilize location within the product.

NOTE For information on the selection, use and interpretation of biological indicators, see ISO 14161.

**8.7** Commercially supplied biological indicators used in the definition of the sterilization process shall comply with the requirements in [8.6](#) and all applicable clauses of ISO 11138-1.

**8.8** If chemical indicators are used as part of the definition of the sterilization process, these shall comply with ISO 11140-1.

Chemical indicators shall not be used as the sole means of establishing the sterilization process and shall not be used as an indicator that the required SAL has been achieved.

**8.9** If tests of sterility are performed during the definition of the sterilization process, they shall comply with ISO 11737-2.

## **9 Validation**

### **9.1 General**

**9.1.1** The purpose of validation is to demonstrate that the sterilization process established in the process definition (see [Clause 8](#)) can be delivered effectively and reproducibly to the product within the sterilization load. Validation consists of a number of identified stages: installation qualification (IQ), operational qualification (OQ) and performance qualification (PQ). Testing shall not commence until the procedures and/or protocols have been approved.

**9.1.2** IQ is undertaken to demonstrate that the sterilization equipment and any ancillary items have been supplied and installed in accordance with their specification.

**9.1.3** OQ is undertaken to demonstrate the ability of the equipment to meet the performance requirements of its design specification.

**9.1.4** PQ is the stage of validation that uses product to demonstrate that the equipment consistently operates in accordance with predetermined acceptance criteria and the process yields product that is sterile and meets the specified requirements.

IQ and OQ may be a one-time exercise for the specific equipment being employed for a sterilization process. PQ should be carried out for each new process and/or product to be validated to demonstrate that the process complies with identified acceptance criteria and is capable of delivering the required SAL to the product.

## **9.2 Installation qualification, IQ**

### **9.2.1 Equipment**

**9.2.1.1** Equipment to be used in the sterilization process, including any ancillary items, shall comply with its design specifications.

**9.2.1.2** Sterilization equipment shall comply with the applicable safety standards.

**9.2.1.3** The operating procedures for the equipment shall be specified. These operating procedures shall include, but are not limited to

- a) step-by-step operating instructions,
- b) fault conditions, the manner in which they are indicated, and actions to be taken,
- c) instructions for maintenance and calibration, and
- d) details of contacts for technical support.

### **9.2.2 Installation qualification**

**9.2.2.1** Installation of the equipment and all associated services shall be in accordance with the architectural and engineering drawings. The installation shall comply with all pertinent national, regional and local regulations.

**9.2.2.2** Instructions for installation shall be specified and shall include instructions pertinent to the health and safety of personnel.

**9.2.2.3** Conditions for the safe storage of EO shall be specified to ensure that its quality and composition remain within specification.

**9.2.2.4** Prior to IQ, the calibration status of any test instrumentation used during the IQ shall be confirmed.

**9.2.2.5** Drawings of the equipment as installed, plumbing and other ancillary equipment shall be finalized during IQ.

**9.2.2.6** Changes made to systems during the IQ shall be assessed for their impact on the design and process specification and documented in the design history file.

## **9.3 Operational qualification, OQ**

**9.3.1** Prior to OQ, the calibration of all instrumentation (including any test instruments) used for monitoring, controlling, indicating or recording of the sterilization process shall be confirmed (see [4.3.3](#)).

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9.3.2 OQ shall demonstrate that the installed equipment is capable of meeting its operating specification.

**9.4 Performance qualification, PQ****9.4.1 General**

9.4.1.1 PQ consists of both microbiological and physical performance qualification and is performed in the equipment used to sterilize the product.

9.4.1.2 PQ shall be performed on the introduction of new or modified products, packaging, load configuration, equipment or process parameters, unless equivalence to a previously validated product, packaging, load configuration, equipment or process has been documented. (See [7.1.2](#), [7.1.6](#) and [12.5](#).)

9.4.1.3 PQ shall use product, or material representative of that to be sterilized routinely, to demonstrate that the equipment consistently operates in accordance with acceptance criteria and that the process produces product that meets the intended SAL.

9.4.1.4 The manner of presenting product for sterilization, including the load configuration of a product, shall be specified.

NOTE If saleable product has been used during validation, [7.2](#) provides information concerning the product quality for patient use and [11.4](#) provides information concerning the requirements for the release of sterile product.

9.4.1.5 The load used for PQ shall be representative of that to be sterilized routinely and shall be defined based upon the most challenging routine load.

9.4.1.6 For establishments that have widely varying load configurations, the extent to which the variation affects the sterilization process shall be evaluated. It shall be demonstrated that all product exposed to a sterilization process achieves the required SAL.

9.4.1.7 If material other than product is used, it shall present at least as great a challenge to the sterilization process as the product.

9.4.1.8 If loads are reused for the validation cycles, they shall be aerated between exposures to meet the regulations for worker safety and to ensure that EO residues in the load do not affect the biological challenge in the next microbiological PQ study.

9.4.1.9 If chemical indicators are used as part of PQ, these shall comply with ISO 11140-1, and shall be used in conjunction with microbiological and physical monitoring.

9.4.1.10 Biological indicators used in PQ shall comply with the applicable clauses of ISO 11138-1:2006 and ISO 11138-2:2009, Clause 5 and 9.5.

**9.4.2 Performance qualification — Microbiological**

9.4.2.1 The microbiological PQ (MPQ) shall demonstrate that, on application of the sterilization process, the specified requirements for sterility are met. Studies shall be performed in the production chamber using defined process parameters selected to deliver less lethality than the specified sterilization process.

9.4.2.2 MPQ shall confirm the effectiveness of the defined process for the product/load combination in a production chamber.

**9.4.2.3** The lethality of the cycle shall be determined using one of the methods described in [Annex A](#) or [Annex B](#) or by an alternative method that demonstrates achievement of the required product SAL.

**9.4.2.4** If process definition was determined in a developmental chamber, the MPQ shall include at least three fractional or three half cycles in the production chamber that confirm the data from the developmental chamber.

**9.4.2.5** If the overkill half cycle approach [see [B.1.2 a\)](#)] is used, then there shall be no positive internal PCDs from the half cycle runs.

Positive external PCDs during the half cycle are acceptable if they have demonstrated greater resistance than the internal PCDs providing a “worst-case challenge” for routine processing. However, all internal PCDs should test negative.

**9.4.2.6** If the overkill cycle calculation approach [see [B.1.2 b\)](#)] or the BI/bioburden approach (see [Annex A](#)) is used, there may be some surviving internal PCDs, but the calculated SAL shall meet the specified value (See ISO 14161).

### **9.4.3 Performance qualification — Physical**

**9.4.3.1** Physical PQ (PPQ) shall demonstrate

- a) that the specified acceptance criteria are met throughout the load for the duration of the proposed routine process specification, and
- b) reproducibility of the process.

The PPQ shall include a minimum of three planned qualification cycles, consecutive in the same study, in which all the specified acceptance criteria are met. PPQ may be conducted during the MPQ. If PPQ is performed in parallel with at least three MPQ runs, then a minimum of one additional PPQ run shall be performed using the full routine process specification.

If a failure can be attributed to factors not relevant to the effectiveness of the process being validated, this may be documented as unrelated to the performance of the process without requiring three further consecutive successful runs. Examples of this type of failure may include, but are not limited to, power failures, other loss of services, or failure of external monitoring equipment.

**9.4.3.2** PPQ shall confirm the process such that:

- a) the minimum temperature of product to enter the sterilization process and/or the defined conditions required to achieve it shall be established;
- b) at the end of the defined preconditioning time (if used), the sterilization load temperature and humidity have been established;
- c) the specified maximum elapsed time between the completion of preconditioning (if used) and the commencement of the sterilization cycle is appropriate;
- d) at the end of the defined conditioning time, if used, the sterilization load temperature and humidity have been established;
- e) the chamber humidity was recorded if parametric release was to be used;
- f) gaseous EO has been admitted to the sterilizer chamber;
- g) pressure rise and the quantity of EO used or concentration of EO in the sterilizer chamber have been established [see [9.5.4 f\)](#)]. If parametric release is to be used, also see [9.5.5 b\)](#);

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- h) during the sterilization cycle, the temperature and humidity (if recorded) of the chamber and, where applicable, other process parameters have been established;
- i) the temperature of the product load during exposure has been established;
- j) during aeration (if used), the temperature of the sterilization load has been established.

**9.5 Review and approval of validation**

**9.5.1** The purpose of this activity is to undertake and document a review of the validation data to confirm the acceptability against the approved validation procedures/protocol for the sterilization process and to approve the process specification.

**9.5.2** Information gathered or produced during product definition, process definition, IQ, OQ and PQ, including results from incubation of biological indicators, shall be recorded and reviewed for acceptability. The results of this review shall be recorded.

**9.5.3** A validation report shall be prepared. The report shall be reviewed and approved by the designated responsible person(s).

**9.5.4** The validation report shall describe or reference specific qualified product, defined load configurations and the documented specification for the EO sterilization process and shall address:

NOTE For practical purposes, rates can be determined as the time taken (with tolerances) to attain a specified pressure change.

- a) the minimum temperature of product to enter the sterilization process and/or the defined conditions required to achieve the minimum required temperature;
- b) preconditioning (if used):
  - 1) time in chamber/area, temperature and humidity of chamber/area;
  - 2) temperature and humidity of the sterilization load;
  - 3) maximum elapsed time between removal of the load from preconditioning and commencement of the sterilization cycle;
- c) vacuum levels and rate of evacuation (if used):
  - 1) holding time under vacuum (if used);

NOTE The rate of evacuation is commonly specified as either a minimum allowed evacuation time, a maximum allowed evacuation time or as an acceptable range of evacuation times, rather than the specific time for each run.

- d) inert gas flushing (if used):
  - 1) pressure ( $\Delta P$  or terminal pressure) and rate ( $\Delta P$ /time) of attainment of pressure associated with inert gas/steam;
  - 2) depth ( $\Delta P$  or terminal pressure) and rate ( $\Delta P$ /time) of attainment of vacuum;
  - 3) number of times of repetition and any variations in successive repetitions;
- e) conditioning and/or humidity dwell phases (if used):
  - 1) pressure levels and/or rate of attainment of vacuum or relative humidity levels (whichever is being controlled and monitored);
  - 2) number of steam pulses/vacuum (if used);

- 3) time;
  - 4) chamber temperature;
  - 5) temperature and humidity of the sterilization load at the end of conditioning;
- f) EO injection and exposure:
- 1) EO injection pressure rise ( $\Delta P$ ), EO injection time and terminal pressure of EO injection phase;
  - 2) evidence that the gaseous EO has been admitted to the sterilization chamber by the pressure rise and by one of the following:
    - i) Mass of EO used (see [D.10.2](#) i);
    - ii) Direct measurement of the concentration of EO;
    - iii) Volume of EO used.
  - 3) sterilizer chamber temperature;
  - 4) exposure time;
  - 5) temperature of the sterilization load;
  - 6) an indication of the satisfactory operation of the chamber gas circulation system (if used) during exposure;
- g) post exposure flushing (if used):
- 1) depth ( $\Delta P$  or terminal pressure) and rate ( $\Delta P/\text{time}$ ) of attainment of vacuum;
  - 2) pressure ( $\Delta P$  or terminal pressure) and rate ( $\Delta P/\text{time}$ ) of attainment of pressure associated with inert gas/air/steam;
  - 3) number of times of repetition and any variations in successive repetitions;
- h) aeration (if used):
- 1) time and temperature within the chamber and/or room;
  - 2) pressure changes (if any) within the chamber and/or room;
  - 3) rate of change of air or other gas;
  - 4) temperature of the sterilization load.

**9.5.5** If parametric release is to be used, the validation report shall also specify:

- a) the value and tolerances for chamber humidity by direct measurement during conditioning;
- b) the value and tolerances for the EO concentration determined from direct analysis of chamber atmosphere using analytical methods to establish the process specification for routine processing. The sampling shall be conducted at defined intervals sufficient to verify the required conditions throughout EO exposure.
- c) temperature of the chamber; recorded from two separate monitoring locations.

**9.5.6** A process specification including the process parameters and their tolerances shall be established for routine processing based upon the documentation generated during the validation. This process specification shall also include the criteria for designating EO processed product as conforming product and approved for release.

**ISO 11135:2014(E)****10 Routine monitoring and control**

**10.1** The purpose of routine monitoring and control is to demonstrate that the validated and specified sterilization process has been delivered to the product.

**10.2** Data shall be recorded and retained for each sterilization cycle to demonstrate that the sterilization process specification has been met. These data shall include at least the following:

NOTE For practical purposes, rates can be determined as the time taken (with tolerances) to attain a specified pressure change.

- a) the minimum temperature of product entering the sterilization process and/or the defined conditions used to acclimate the load;
- b) temperature and humidity within the preconditioning area (if used), monitored and recorded from a specified position;
- c) time of commencement of preconditioning and of removal of load from preconditioning (if used) of each sterilization load;
- d) elapsed time between removal of the sterilization load from preconditioning (if used) and the commencement of the sterilization cycle;
- e) chamber humidity during conditioning and/or humidity dwell phases by pressure, pressure rise ( $\Delta P$ ) and/or direct monitoring;
- f) conditioning time;
- g) indication of the satisfactory operation of the chamber gas circulation system (if used) during EO injection and during exposure;
- h) temperature and pressure in the chamber throughout the sterilization cycle;
- i) If pressure is used as the primary control measure, the requirement for the secondary measure is only to confirm admission of EO to the chamber by at least one of the following:
  - 1) the mass of EO used (see [D.10.2 i](#));
  - 2) the direct measurement of the concentration of EO in the sterilizer chamber;
  - 3) volume of EO used;
- j) EO-injection time
- k) inert gas injection, if used;
- l) exposure time;
- m) time taken to evacuate the chamber;
- n) time and pressure changes during post exposure flushing;
- o) time, temperature, pressure changes (if any) during aeration.

**10.3** If biological indicators are used in routine monitoring, they shall comply with [8.6](#) and [8.7](#).

If the PCD that is used for routine release is different from that used in the MPQ, it should be at least as resistant to the process as is the PCD used in the MPQ.



**10.4** If chemical indicators are used in routine monitoring, they shall comply with [8.8](#).

Chemical indicators shall not replace biological indicators for product release or be used to support a rationale to release a load parametrically.

**10.5** If parametric release is performed, the following additional data shall be recorded and retained:

- a) temperature in the chamber from a minimum of two locations throughout the sterilization cycle;
- b) chamber humidity during conditioning as determined by direct measurement;
- c) the EO concentration, determined from direct analysis of chamber atmosphere using analytical methods at defined intervals sufficient to verify the required conditions throughout the exposure time.

## 11 Product release from sterilization

**11.1** The criteria for designating conformance of the sterilization process used for a particular sterilization load shall be documented. The criteria shall include:

- a) confirmation that the data recorded during routine processing meet the sterilization process specification;
- b) confirmation of no growth of the test organism from any biological indicator (if used).

NOTE Formal release of the load from sterilization could require results from other tests (e.g. EO residuals, endotoxin, physical testing, etc.) before product can enter the distribution chain.

**11.2** If a process does not fulfil all of the conformance criteria above, the cause shall be investigated. If repair or alteration to the equipment is required, the necessary qualification shall be performed before this process can be used again.

**11.3** Product shall be considered as non-conforming and handled in accordance with the applicable clauses of ISO 13485 if one or more of the conformance criteria of [11.1](#) are not fulfilled. In the event of a positive BI, it is not acceptable to release product based on acceptable results of a product test for sterility.

The non-conformity shall be addressed per documented procedures.

**11.4** If saleable product is used in validation studies the requirements for release of this product for distribution shall be generated before the start of the validation activities. It is important to assess the effect of repeated exposures to the validation/sterilization processes on product and packaging functionality, and levels of residual EO and/or reaction products prior to release.

If saleable product is used in MPQ studies, then procedures shall be established to ensure the product is subjected to a full exposure sterilization process and formal review of its acceptance prior to release to market.

NOTE See [Annex E](#) for information about single lot release.

## 12 Maintaining process effectiveness

### 12.1 General

**12.1.1** The continued effectiveness of the system for ensuring the condition of the product presented for sterilization (see [7.3.1](#)) shall be demonstrated.

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**12.1.2** The accuracy and reliability of the instrumentation used to control and monitor the sterilization process shall be verified periodically in accordance with [4.3.3](#).

**12.2 Maintenance of equipment**

**12.2.1** Preventative maintenance shall be planned and performed in accordance with documented procedures. All procedures shall follow manufacturers' recommendations as well as any pertinent national, regional or local requirements.

**12.2.2** Equipment shall only be used to process product after all specified maintenance tasks have been satisfactorily completed and recorded.

**12.2.3** Records of maintenance shall be retained (see [4.1.2](#)).

**12.2.4** The maintenance scheme, maintenance procedures and maintenance records shall be reviewed at specified intervals by a designated person and the results of the review shall be documented.

**12.3 Requalification**

**12.3.1** IQ, OQ, PQ and subsequent requalification(s) shall be reviewed annually to determine the extent of requalification that is necessary. This shall include an assessment of the need to reconfirm the product SAL through microbiological studies. The outcome of this review, including the rationale for decisions reached, shall be documented.

**12.3.2** Requalification of a sterilization process carried out with specified equipment shall be performed at defined intervals against specified acceptance criteria and in accordance with documented procedures. These intervals shall be justified.

**12.3.3** If requalification indicates that the sterilization process might no longer be capable of achieving the required product SAL, the cause shall be investigated and corrective and/or preventive action shall be taken. As part of the investigation, the effect on the achievement of the specified SAL for previously processed loads of product shall be considered and a risk assessment undertaken on their suitability for use. If the investigation shows that the required SAL can no longer be achieved then a new MPQ/PPQ shall be performed to re-establish the required SAL. The investigation and subsequent actions shall be recorded.

**12.3.4** Records of reviews of requalification data, reports and resulting corrective actions (if required) shall be retained (see [4.1.2](#)).

**12.4 Assessment of change**

**12.4.1** Changes to manufacturing operations, product, sterilization equipment and/or the sterilization process shall be assessed for their effect on the effectiveness of the sterilization process.

**12.4.2** The appropriateness of the internal and/or external PCD in relation to the bioburden of the product shall be reconfirmed as a result of change (see [8.6](#) and [10.3](#)) as appropriate.

**12.4.3** The load and load configuration shall be re-evaluated following a change for its appropriateness, and the results of this re-evaluation shall be documented in accordance with [4.1.2](#).

**12.4.4** The qualified sterilization process shall be reviewed whenever there has been a change to the sterilization process, the sterilization equipment or product that could alter the efficacy of the process (see [8.2](#)).

**12.4.5** The magnitude of the change shall be considered in determining the extent to which process definition, IQ, OQ or PQ is undertaken.

**12.4.6** The outcome of the assessment, including the rationale for decisions reached, shall be documented.

## **12.5 Assessment of equivalence**

### **12.5.1 Process Equivalence**

Sterilization equipment that delivers the same process parameters, having undergone IQ and OQ, shall be qualified either

- a) in the same manner as the original chamber, or
- b) using a reduced MPQ that demonstrates the delivery of the required level of microbiological lethality and PPQ to demonstrate temperature and humidity uniformity of the load and control by the production chamber. The rationale for this reduced qualification shall be recorded and documented.

The influence of different geographical locations on the product or load properties shall be determined.

### **12.5.2 Product**

A product may be added to a validated process if deemed equivalent to or a lesser challenge than an existing qualified product or internal PCD. A technical review shall be performed comparing the candidate product with the product or PCD that was used to validate the existing EO process. The outcome of the technical review, including the rationale for decisions reached, shall be documented. The requirements of [7.2](#) still need to be addressed for the product.

## Annex A (normative)

### Determination of lethal rate of the sterilization process — Biological indicator/bioburden approach

#### A.1 General

**A.1.1** This approach combines knowledge of the resistance of a biological indicator to a given sterilization process with knowledge of the bioburden population and resistance to establish the sterilization process parameters (sterilization cycle exposure time).

Use of the method requires that product bioburden levels shall be demonstrated to be relatively consistent over time and the resistance of the bioburden be shown to be equal to, or less resistant than the resistance of the biological indicator (see [D.8.6](#)).

The resistance of the internal PCD is demonstrated by running the sterilization cycle at graded exposure times, or by exposing graded BI populations to a single sterilization exposure time, and then determining the lethal rate (rate of inactivation through D-value calculations) when exposed to the sterilization cycle. Knowledge of the BI lethality rate and the population and relative resistance of the bioburden allows one to establish exposure time so that an SAL can be predicted.

Attention shall be given to the impact of packaging and the removal of EO from the PCD.

Guidance on this approach can be found in ISO 14161.

**A.1.2** The conditions used for recovery of biological indicators in qualification studies, including duration of incubation, shall be established and documented. The incubation period shall take into account the possibility of delayed outgrowth of spores that have been exposed to EO. Refer to ISO 14161 for additional information on biological indicator incubation times.

**A.1.3** After time-graded exposures to EO or population-graded BIs exposed to EO, with all other parameters remaining the same, the lethality of the process can be determined by using one of the following methods:

- a) direct enumeration;
- b) the fraction-negative method; or
- c) a combination of a) or b) above.

**NOTE** The fraction-negative method uses growth/no growth data from the recovery test on the reference microorganisms after exposure to fractional gas exposure times; or to graded populations of reference microorganisms to a single fractional gas exposure time.

#### A.2 Procedure

For additional guidance on this developmental process refer to AAMI TIR 16 and ISO 14161, both of which discuss process development in detail.

## Annex B (normative)

### Conservative determination of lethal rate of the sterilization process — Overkill approach

#### B.1 General

**B.1.1** This approach to process definition is based on the inactivation of reference microorganisms and has been widely used (see also ISO 11138-2). Sterilization processes qualified in this manner are often conservative and use a treatment that may exceed that required to achieve the specified requirements for sterility.

Guidance on this approach can be found in ISO 14161.

**B.1.2** Conservative process definition requires use of either of the approaches given in a) and b) below.

- a) Half-cycle approach: a total of three consecutive experiments resulting in total inactivation of the biological indicators (with a population of not less than  $10^6$  and, where appropriate, placed within a PCD) shall be performed in order to confirm the minimum exposure time. The specified exposure time for the sterilization process shall be at least double this minimum time. A fractional cycle of short duration from which BI survivors can be recovered shall also be run to demonstrate the adequacy of the recovery technique for BIs exposed to EO gas.

NOTE This short cycle can also be used to demonstrate the relative resistance of Biological Indicator, PCD and product bioburden.

- b) Cycle calculation approach: The routine processing parameters that deliver minimally a 12 SLR of the biological indicator shall be established using one of the methods described in [A.1.3](#). The number of cycles is dictated by the method used.

**B.1.3** The conditions used for recovery of biological indicators in qualification studies shall be established and documented. The incubation period shall take into account the possibility of delayed outgrowth of spores that have been exposed to EO. Further guidance on the biological indicator incubation times can be found in ISO 14161.

**B.1.4** The resistance of the product bioburden shall be shown to be such that, total inactivation time of the product bioburden is less than the total inactivation time of the product BI (internal PCD).

#### B.2 Procedure

**B.2.1** Create a challenge to the sterilization process, PCD, comprising a known number of microorganisms with known resistance to EO, by placing biological indicators in the product or inoculating product at locations where sterilizing conditions are most difficult to achieve. If the location(s) of the microbiological challenge is other than the most difficult-to-sterilize within the product, its relationship to the most difficult location(s) shall be established.

**B.2.2** Use of a PCD that has demonstrated an equivalent or greater microbiological resistance to the sterilization process than the product meets this requirement. Attention must be given to the impact of packaging and the removal of sterilant from the PCD.

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**B.2.3** Place the PCD (in accordance with [B.2.1](#) and [B.2.2](#)) within or on the sterilization load as appropriate.

**B.2.4** Expose the sterilization load to EO under conditions designed to deliver less lethality than the specified sterilization process.

**B.2.5** For the cycle calculation approach, if the inactivation of a known number of microorganisms has been confirmed according to [A.1.3](#), determine the extent of treatment for the sterilization process by extrapolation to a known predicted probability of a surviving microorganism, taking account of the required SAL.

## Annex C (informative)

### Temperature sensors, RH sensors and biological indicator numbers

#### C.1 Temperature sensors

It is recommended to use one sensor per 2,5 m<sup>3</sup> during OQ to establish a thermal map of the room or chamber that captures potential hot or cold locations. Therefore, monitoring should include more than one plane and locations near doors.

For PQ, one temperature sensor is required per cubic metre of product volume. The minimum number of temperature sensors is three. For PQ, humidity sensors should be placed within the packaging (where possible) within the load. This can be achieved by placing the sensor within the sterile barrier system or amongst the unit packages.

The result of the calculation should be rounded to the next higher number.

[Table C.1](#) provides guidance for determining the number of temperature sensors.

**Table C.1 — Minimum recommended number of temperature sensors**

Volume m <sup>3</sup>	Number for OQ (usable chamber/room volume)			Number for PQ (product load volume)		
	Preconditioning	Conditioning/ sterilization	Aeration	Preconditioning	Conditioning/ sterilization	Aeration
≤ 1	3			3		
10	4			10		
15	6			15		
20	8			20		
25	10			25		
30	12			30		
35	14			35		
40	16			40		
50	20			50		
100	40			100		

EXAMPLE During OQ of a preconditioning room with a usable chamber volume of 70 m<sup>3</sup>:  $70/2,5 = 28$ .

EXAMPLE During PQ with a product load volume of 2 m<sup>3</sup>:  $2/1 = 2$ . The number of sensors to use is at least three (the minimum number of sensors to use).

#### C.2 Humidity sensors

The recommendation is to use one sensor per 2,5 m<sup>3</sup> to establish a humidity map of the area or product that captures potential variability in the humidity levels. The minimum number of sensors is two.

The result of the calculation should be rounded to the next higher number.

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For PQ, humidity sensors should be placed within the packaging (where possible) within the load. This can be achieved by placing the sensor within the sterile barrier system or amongst the unit packages.

[Table C.2](#) provides guidance for determining the number of humidity sensors.

**Table C.2 — Minimum recommended number of humidity sensors**

Volume m <sup>3</sup>	Number for OQ (usable chamber/room volume)			Number for PQ (product load volume)		
	Preconditioning	Conditioning/ sterilization	Aeration	Preconditioning	Conditioning/ sterilization	Aeration
≤ 1	2		N/A	2		N/A
10	4			4		
15	6			6		
20	8			8		
25	10			10		
30	12			12		
35	14			14		
40	16			16		
50	20			20		
100	40			40		

EXAMPLE 1 During OQ for a usable chamber volume of 6 m<sup>3</sup>:  $6/2,5 = 2,4$ . The number of sensors to use is at least three.

EXAMPLE 2 During PQ for a product volume of 60 m<sup>3</sup>:  $60/2,5 = 24$ . The number of sensors to use is at least 24.

### C.3 Biological Indicators

The minimum recommended number of BI/PCDs to use is as follows:

- For MPQ with a product load volume of up to 10 m<sup>3</sup>, use three BIs per m<sup>3</sup> of product volume, with a minimum of five BIs.
- For MPQ with a product load volume above 10 m<sup>3</sup>, use one additional BI per additional m<sup>3</sup> beyond 10m<sup>3</sup>.

If BIs are used for routine control use half the number of BIs used during MPQ up to a maximum of 30.

The result of the calculation should be rounded to the next higher number.

[Table C.3](#) provides guidance for determining the number of BI/PCDs.

The actual number of BI/PCDs to be used will depend on:

- microbiological qualification method chosen (see [Annex A](#) or [Annex B](#));
- product volume;
- type of chamber (developmental vs. production).

When using the Stumbo-Murphy-Cochran procedure and the Overkill Cycle Calculation approach the recommended number of BI/PCDs can be based on the product volume to be sterilized. When this approach is being used a minimum quantity of 10 BI/PCD's are indicated, see Reference [38].



**Table C.3 — Examples of minimum recommended number of BI/PCDs**

Product load volume m <sup>3</sup>	MPQ	Routine control (if used)
≤ 1	5	3
10	30	15
15	35	18
20	40	20
25	45	23
30	50	25
35	55	28
40	60	30
50	70	30
100	120	30

EXAMPLE 1 For product load volume of 3 m<sup>3</sup>:  $3 \times 3 = 9$ . The number of BIs to use is at least nine for MPQ. For routine control:  $9/2 = 4,5$ . The number of BIs is at least five.

EXAMPLE 2 For a product load volume of 18 m<sup>3</sup>:  $10 \times 3 + (18 - 10) \times 1 = 38$ . The number of BIs to use is at least 38 for MPQ. For routine control:  $38/2 = 19$ . The number of BIs is at least 19.

## Annex D (informative)

### Guidance on the application of the normative requirements

The guidance given in this annex is not intended as a checklist for assessing compliance with this International Standard. This guidance is intended to assist in obtaining a uniform understanding and implementation of this International Standard by providing explanations and acceptable methods for achieving compliance with specified requirements. Methods other than those given in the guidance can be used, providing their performance achieves compliance with this International Standard

NOTE For ease of reference, the numbering of clauses in this annex corresponds to that in the normative parts of this International Standard.

#### D.1 Scope

No guidance offered.

#### D.2 Normative references

The requirements given in documents that are included as normative references are requirements of this International Standard only to the extent that they are cited in normative parts of this International Standard; the citation can be to a whole standard or limited to specific clauses in which case the referenced standard should be dated.

#### D.3 Terms and definitions

No guidance offered.

#### D.4 Quality management systems

NOTE As the scope of ISO 13485 focuses on manufacturers of medical devices, health care facilities can use other quality management standards applicable to their organization.

##### D.4.1 Documentation

Refer to ISO 13485.

##### D.4.2 Management responsibility

**D.4.2.1** Requirements for responsibility and authority are specified in ISO 13485:2003, 5.5, and requirements for human resources are specified in ISO 13485:2003, 6.2.

In ISO 13485, the requirements for management responsibility relate to management commitment, customer focus, quality policy, planning, responsibility, authority and communication, and management review.

Each organization should establish procedures for identifying training needs and ensure that all personnel are trained to adequately perform their assigned responsibilities.

**D.4.2.2** The development, validation and routine control of a sterilization process can involve a number of separate parties, each of whom is responsible for certain elements. It is important that the respective

procedures clearly outline the responsibilities for meeting the requirements of this International Standard. This is especially important where contractors are engaged to carry out specific functions.

Even where elements of the sterilization process are contracted out it is important to note that the medical device manufacturer is ultimately responsible for validation, release and distribution of sterilized product to the market. When a health care facility contracts out the sterilization of reusable medical devices, it is the health care facility's responsibility for validation and release of the sterilized product

Further guidance is available in ISO 14937:2009, E.4.2.2.

### **D.4.3 Product realization**

**NOTE** In ISO 13485, the requirements for product realization relate to the product lifecycle from the determination of customer requirements, design and development, purchasing, control of production, and calibration of monitoring and measuring devices.

**D.4.3.1** Requirements for purchasing are specified in ISO 13485:2003, 7.4. In particular, it should be noted that the requirements in ISO 13485:2003, 7.4 for verification of purchased product apply to product and services, that impact on process quality, received from outside the organization.

Purchasing procedures in a health care facility should ensure that reusable medical devices are supplied with validated instructions for cleaning, disinfection, sterilization and aeration as specified in ISO 17664. It should also be verified that the prescribed procedure for cleaning, disinfection, sterilization and aeration can be performed in the health care facility.

**D.4.3.2** Requirements for identification and traceability are specified in ISO 13485:2003, 7.5.3.

For those facilities that do not fully comply with ISO 13485, such as health care facilities, procedures for identification of product and maintenance of traceability should include the labelling of each item or package prior to sterilization with a lot control identifier that includes the following information:

- a) the sterilizer ID or code;
- b) the date of sterilization;
- c) the cycle number (i.e. the cycle run of the day or sterilizer);
- d) the identity of the person who assembled the pack.

Including the identity of the person who assembled the pack allows for further investigation if a problem should arise. Lot identification information enables personnel to retrieve items sterilized in a specific cycle in the event of a recall and to trace problems to their source.

**D.4.3.3** Requirements for calibration of monitoring and measuring instrumentation are specified in ISO 13485:2003, 7.6.

### **D.4.4 Measurement, analysis and improvement — Control of non-conforming product**

Procedures for control of non-conforming product and corrective action are specified in ISO 13485:2003, 8.3 and 8.5.2, respectively.

## **D.5 Sterilizing agent characterization**

### **D.5.1 General**

No guidance offered.

**ISO 11135:2014(E)****D.5.2 Sterilizing agent**

EO is a highly penetrative gas that will permeate most packaging materials and polymeric materials. Widely recognized compositions include pure EO and mixtures with carbon dioxide or nitrogen.

**NOTE** For EO gas mixtures with carbon dioxide, nitrogen or other inert gas blends, EO molecular diffusion rates into polymer materials can be affected by the volume percent of EO gas molecules within the sterilant, which can result in longer EO exposure times to achieve the desired microbiological spore log reduction.

The storage conditions and shelf life for EO should be in accordance with the EO manufacturer's recommendations and all applicable regulations. This is particularly important with premixed gas mixtures where stratification might be an issue.

**D.5.3 Microbicidal effectiveness**

No guidance offered.

**D.5.4 Material effects**

No guidance offered.

**D.5.5 Safety and the environment**

**D.5.5.1** EO is toxic, flammable and explosive; therefore, extreme caution should be used during its handling and use. The explosive limits are 2,6 % to 100 % EO by volume in air.

Where practical, EO sterilization cycles should operate within the non-flammable region throughout the complete sterilization cycle in order to minimize the risk of explosion. This requires the removal of air from the chamber prior to the introduction of EO gas. For 100 % EO sterilization processes this can be achieved by pulling a deep vacuum or by pulling several partial vacuums, each of which is followed by injection of an inert gas, e.g. nitrogen. This purges air from the chamber allowing EO gas to be injected into the chamber in a safe manner. On completion of the EO gas exposure phase it is necessary to remove the EO gas from the chamber until the level of gas is below the 2,6 % explosive limit. This is achieved by pulling several post-vacuums, each of which is followed by a nitrogen backfill.

The use of non-flammable sterilant blends can improve safety by decreasing the risk of fire or explosion. They can also facilitate compliance with country-specific equipment safety requirements. Non-flammable blends are produced by mixing the highly flammable EO gas with one or more inert gases. The flammability of such a mixture can be assessed by measuring the relative proportions of EO, air, diluent gas (e.g. CO<sub>2</sub>, etc.), inert gas (e.g. nitrogen) and water vapour in the sterilizer. Caution should be exercised to ensure no separation of the EO blend can occur as this might lead to safety and quality issues.

Ethylene oxide sterilizers should be installed in a dedicated room. The operating controls for the sterilization equipment should be mounted outside the room so that operators can set or change program parameters without entering the sterilization room. All airflow from the sterilizer access area should be exhausted to the outdoors and comply with applicable requirements.

Prior to removing product from a sterilizer, precautions should be taken to ensure that operators are not exposed to levels of EO above relevant worker exposure limits [permissible exposure limit (PEL)/short term exposure limit STEL] due to the outgassing of the load. When products sterilized with inert EO-gas mixtures are not immediately removed from the sterilizer at the end of a cycle the EO concentrations in the sterilizer might result in personnel safety issues.

**D.5.5.2** Principles of an environmental management system can be applied to the EO sterilization process. ISO 14001 provides a specification for an environmental management system. ISO 14040 provides guidance on designing a life cycle assessment study.

**D.5.5.3** Effluent gas should be discharged through an EO gas treatment system, such as a catalytic oxidizer, wet acid scrubber or thermal oxidizer in compliance with local permit requirements or emission control legislation.

When choosing a diluent, the ozone depleting potential of the diluent as well as the disposal of any by-products should be taken into consideration.

## **D.6 Process and equipment characterization**

In health care facilities, process and equipment characterization are generally the responsibility of the sterilizer manufacturer. The management of the health care facility should have controls in place to ensure that the equipment it purchases conforms to national, regional and local regulations and is suitable for use to sterilize products that require EO sterilization. The management of the health care facility should ensure that the facility has the infrastructure necessary to correctly operate the sterilizing equipment and to achieve effective sterilization of medical devices.

### **D.6.1 General**

No guidance offered.

### **D.6.2 Process characterization**

**D.6.2.1** No guidance offered.

**D.6.2.2** The resistance of microorganisms to deactivation by EO is affected by their moisture content. At low levels of humidity, below 30 %, microbial resistance may increase with decreased humidity for some products. For this reason it is common practice to control and monitor the humidity of the atmosphere to which the product is exposed in order to attempt to equilibrate the moisture content of the microorganisms with the local conditions. Consideration should be given to the packaged product to ensure that excessive relative humidity will not impact the product functionality and package integrity. One of the ways to assist in addressing the humidity in the product is to precondition product at a defined temperature and humidity. Such preconditioning can reduce the duration of the sterilization cycle. For health care facilities, excessive moisture content can also be caused by inadequate drying after cleaning.

Product heating and humidification are used to establish reproducible product temperature and moisture content prior to EO exposure. Studies establishing minimum residence time in preconditioning cells/rooms ensure that the required conditions are attained in the sterilization load. Precautions should be taken to prevent excessive water condensation on the sterilization load.

Although it is common practice to perform preconditioning in a separate chamber, room or cell, sterilization cycles can be designed to attain the required temperature and humidity ranges within the load during a conditioning phase in the sterilization chamber. To minimize the risk of excessive condensation, it is recommended that the load temperature should be maintained above the process environmental dewpoint temperature during the preconditioning and conditioning phases of the sterilization process.

The actual temperature and humidity ranges within the sterilization load at the end of preconditioning should be demonstrated during PQ.

Where applicable, a maximum time between removal of the load from preconditioning and the start of the sterilization cycle needs to be established. A transfer time of 60 min or less is common practice.

- a) When product enters the sterilization chamber without preconditioning, consideration should be given to the possibility of excessive condensation in product and packaging.
- b) Residues of EO and its reaction products can be hazardous. It is essential for the manufacturer of the product to be sterilized to be aware of the possible occurrence of residues in the product. Temperature, dwell time, forced heated air circulation, load characteristics, product and packaging

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materials all affect the efficiency of aeration, and the set points and tolerances should be taken into account when evaluating residual levels as outlined in ISO 10993-7. Aeration can be performed within the sterilizer, in a separate area(s), or in a combination of both. For health care facilities it is usual to perform aeration in a chamber rather than in a room due to the hazards of exposure to EO. In health care facilities, reprocessed items sterilized with EO need to be thoroughly aerated prior to handling or use, according to the medical device and the rigid sterilizer container manufacturer's recommendations. Inadequately aerated items and packaging will release EO, which can injure patients and health care facility personnel.

**D.6.2.3** Transfer time refers to each transfer step during preconditioning and final transfer of product into the sterilizer to the start of cycle.

**D.6.2.4** The following is a list of phases that can be included in a sterilization cycle along with the performance factors that might be considered for each phase:

- a) air removal:
  - 1) depth ( $\Delta P$  or terminal pressure) and rate ( $\Delta P/\text{time}$ ) of attainment of vacuum;
- b) chamber leak test (performed either under vacuum for subatmospheric cycles or under vacuum and at pressure for superatmospheric cycles), if applicable:
  - 1) stabilization period and/or hold time;
  - 2) pressure change;
- c) inert gas addition (if used);
  - 1) pressure ( $\Delta P$  or terminal pressure) and rate ( $\Delta P/\text{time}$ ) of attainment of pressure on admission of the inert gas.
- d) conditioning (if used);
  - 1) during the conditioning phase, pressure rise ( $\Delta P$  or terminal pressure) or % relative humidity and rate ( $\Delta P/\text{time}$ ) of attainment of pressure on injection of steam;
  - 2) number of steam pulse/vacuum stages, if applicable;
- e) EO injection:
  - 1) pressure, pressure rise ( $\Delta P$ ) and rate ( $\Delta P/\text{time}$ ) of attainment of specified pressure on admission of EO and correlation of methods used to monitor EO concentration;
  - 2) pressure, pressure rise ( $\Delta P$ ) and rate ( $\Delta P/\text{time}$ ) of attainment of specified pressure on admission of any inert gasses (if used);
- f) maintenance of specified conditions for the exposure time:
  - 1) pressure differential used to apply sterilant or inert gas make-ups (if used);
  - 2) chamber temperature;
- g) EO removal:
  - 1) depth ( $\Delta P$  or terminal pressure) and rate ( $\Delta P/\text{time}$ ) of attainment of vacuum to remove EO;
- h) flushing (if used):
  - 1) pressure rise and rate of attainment of pressure;
  - 2) depth ( $\Delta P$  or terminal pressure) and rate ( $\Delta P/\text{time}$ ) of attainment of vacuum to remove EO;

- 3) number of times of repetition and any variations in successive repetitions;
- i) air/inert gas admission:
  - 1) pressure ( $\Delta P$  or terminal pressure) and rate ( $\Delta P/\text{time}$ ) of attainment of pressure on admission of the inert gas or air;
  - 2) number of times of repetition and any variations in successive repetitions;
  - 3) equilibration to atmospheric pressure using air admission.

**D.6.2.5** Recirculation velocity should be specified when assessing product residual levels.

### **D.6.3 Equipment characterization**

**D.6.3.1** The following factors should be considered when characterizing the equipment:

- a) Preconditioning area characterization.

Preconditioning can be performed in a separate preconditioning area (chamber, cell or room). Humidification by steam is necessary because humidifiers that operate by dispersion of unheated water as an aerosol (e.g. spinning disc humidifiers and nebulizers) can be a potential source of microbial contamination.

The preconditioning area (if used) should have the following performance and monitoring capabilities:

- adequate air circulation to ensure the uniformity of temperature and humidity in the usable space, and to ensure that uniformity is maintained in a loaded room or chamber;
- airflow detection equipment, alarm systems or indicators monitoring the circulation system to ensure conformance to predetermined tolerances;
- means of recording time of load entry into and removal from the preconditioning area;
- means of monitoring cell/room temperature and humidity;
- means of controlling cell/room temperature and humidity.

- b) Sterilizer characterization.

The sterilization chamber should have the following performance and monitoring capabilities:

- means of monitoring time, chamber pressure, temperature and humidity (if humidity additions are controlled by sensor readings);
- means of controlling time, chamber pressure, temperature and humidity, if humidity additions are controlled by sensor readings (when sensors are fixed on the equipment, ensure that a correlation is made during IQ or OQ to the pressure rise);
- if humidity is not controlled by sensor readings, means to monitor and control steam additions;
- if parametric release is used, analytical instrumentation for the direct analysis of humidity during conditioning and EO concentration during EO exposure time (also see [9.5.5](#) and [D.9.5.5](#));
- a system controlling the admission of gaseous EO to the chamber;
- means to demonstrate that gaseous EO is injected into the chamber. This can be done by measuring the temperature of the EO gas flowing from the vaporizer to the sterilizer chamber. This system can control EO concentration during EO exposure time.
- means to detect and alert deviations to cycle parameters so that remedial action can be taken in a timely fashion.

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## c) Aeration area characterization.

An aeration area (chamber, cell or room) can be used to remove EO residuals from product/packaging. Temperature uniformity, fresh air make-up and air re-circulation throughout the area are important to ensure consistent and reproducible results. The aeration area should have the following performance and monitoring capabilities:

- airflow detection equipment, alarm systems or indicators monitoring the air handling system to ensure that it operates within predetermined tolerances and maintains adequate airflow in a loaded room or chamber;
- equipment to re-circulate air;
- means of monitoring room temperature;
- means of controlling room temperature.

**D.6.3.2** The equipment specification should be reviewed to ensure that regulatory and safety requirements are met, technical specifications are appropriate, and services and infrastructure necessary to operate the equipment are available.

The following items should be considered when preparing the equipment specification:

- a) If the EO supply to the sterilizer is from a bulk storage tank that is periodically replenished, then the tank should be equipped with a means of removing samples for analysis, a means of emptying the tank of EO and a provision for cleaning in the event of contamination or excessive accumulation of polymers.
- b) The system for admission of EO to the sterilizer should be equipped with a vaporizer to prevent liquid EO from being admitted to the sterilizer chamber.
- c) The temperature of the EO gas flowing from the vaporizer to the sterilizer chamber should be measured to demonstrate that gaseous EO has been produced.
- d) Steam is utilized to humidify the load and is not intended to be a sterilant. The consistency of steam supply can be determined by the periodic analysis of the boiler feed water or condensate.
- e) A minimum of two probes to measure chamber temperature should be used. Large volume chambers can be fitted with more than two probes so as to ensure that the monitoring/control system captures data that reflects the temperature throughout the chamber during use.

**NOTE** The purpose of two separate probes is to prevent the failure of one sensor from causing an out-of-specification process from being erroneously accepted. Comparing two separate temperature sensors will detect that one of the sensors has failed. A dual element temperature probe can be used to meet this need.

- f) It is important to maintain uniform conditions within the sterilizer chamber during processing. This can be achieved by forced gas circulation. If used, a gas circulation system should be equipped with a monitoring device to indicate when circulation is ineffective as devices that solely monitor “power on” to the fan or pump are not sufficient.
- g) Areas used for storage of cylinders, tanks or cartridges of EO or EO gas mixtures should be secured and ventilated.
- h) Where ambient conditions are subject to temperature variation greater than the range recommended by the supplier, storage areas for the containers of EO should include provision for temperature control.

It might not be possible to calibrate controlling and monitoring instruments under actual processing conditions, e.g. humidity sensors. Calibration results for these instruments should be correlated against qualification studies. Processing conditions can have a detrimental effect on some types of sensors, e.g. humidity sensors. Sensors might require replacement after repeated exposure to processing conditions due to irreversible deterioration of materials currently used as sensing elements. It might be necessary



to implement a program of more frequent maintenance for these sensors than that recommended by the sensor manufacturer/supplier.

**D.6.3.3** No guidance offered.

**D.6.3.4** No guidance offered.

**D.6.3.5** If there is an undetected failure of a control or monitoring function, a sterilization load could be released without having met its required processing parameters. To prevent this from happening, it is general practice to have redundant sensors for many critical process parameters. The common options for utilizing these redundant sensors include:

- a) use one sensor for control, and another sensor for monitoring and reporting;
- b) use two sensors, or their average value, for both monitoring and control; this system needs to generate an automatic fault condition if the difference between the two sensors exceeds a defined value;
- c) use dual element sensors for both monitoring and control; this system needs to generate an automatic fault condition if the difference between the two elements exceeds a defined value.

## D.7 Product definition

### D.7.1 General

**D.7.1.1** Product definition involves documentation of essential information about the medical device to be sterilized (i.e. the new or modified product).

Product definition for a medical device includes the medical device itself, the sterile barrier system containing the device, and any accessories, instructions, or other items included in the packaging system. It also includes a description of the intended functionality of the medical device, and the available manufacturing and sterilization processes. The product definition process should also consider whether this is a new design, or whether it is part of an existing product family.

The following should be considered as part of product definition:

- a) physical attributes of the medical device (composition and configuration);
- b) intended use of the medical device;
- c) whether the medical device is intended for single use or for multiple use;
- d) design characteristics that would affect the choice of sterilization process (e.g. batteries, fibre-optics, computer chips);
- e) raw materials/manufacturing conditions that could affect microbiological quality (e.g. materials of natural origin);
- f) required sterility assurance level (SAL);
- g) packaging;
- h) loading configuration; requirements for a specific load or mixed loading configurations, or range of acceptable loading configurations;
- i) compatibility with EO or gas mixture and processing conditions (preconditioning, sterilization and aeration processes).

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**D.7.1.2** A technical review should be performed to compare the new or modified product to the validated product and/or PCD that was used to validate the existing EO process. The construction and configuration of the new or modified product should be carefully examined for any features that could present obstacles to the penetration of EO, heat or humidity. For medical device manufacturers, this comparison should also involve an examination of factors that could affect the initial bioburden on the product, including the location of the manufacturing facilities, the types of raw material used, the sources of these materials and production methods. For modified reusable products, this comparison should include the evaluation of the cleaning efficacy for the product.

If a new or modified product is demonstrated to be equivalent to an existing medical device or PCD for which sterilization characteristics are already known, the new or modified product might be considered to be part of a product family or a processing category.

**NOTE** AAMI TIR 28[26] is a useful guide for minimizing the risk of introducing a new or modified product that presents a greater challenge to the sterilization cycle than the product/PCD previously validated.

If the product configuration, density or load configuration of the candidate product and its packaging could present a greater challenge to the sterilization process than the previously validated product, then EO, heat and humidity penetration studies and/or cycle lethality studies should be conducted.

As part of the technical review the following questions should be considered. If the answer to any of the following questions is “yes”, then further evaluation of the new or modified product might be necessary to determine if it is more difficult to sterilize than the previously validated product:

- a) with respect to the previously validated product, does the new or modified product:
  - 1) have more restricted passageways or inner chambers;
  - 2) have fewer openings;
  - 3) have more internal surfaces;
  - 4) have more mated surface areas and/or occluded spaces;
  - 5) have more closures;
  - 6) have longer or narrower lumens;
  - 7) include changes or differences that could reduce the transfer of heat, humidity or EO;
  - 8) have a bioburden or bioburden resistance significantly higher than that of the reference product (due to manufacturing conditions, handling, cleaning process or materials used); or
  - 9) contain materials or structures that could be adversely affected by the proposed processing or sterilization method;
- b) with respect to the previously validated product, does the packaging of the new or modified product:
  - 1) have any changes in packaging elements, including instructions or protective barriers;
  - 2) have any additional impermeable protective barriers (e.g. container, case, template, that would restrict or interfere with EO or humidity penetration or removal);
  - 3) have a change in the porosity of the packaging material, (e.g. basis weight, treatment - adhesive or coating);
  - 4) have a decrease in the surface area of the venting material or underlying opening (e.g. application of tape or secondary label, change in size of label);
  - 5) increase the bioburden level of the product; or

- 6) change the number of barrier layers?
- c) with respect to the previously validated product, does the load configuration of the new or modified product:
  - 1) differ significantly from the validated load configuration of the reference load;
  - 2) differ significantly in the amount of absorptive materials;
  - 3) differ significantly in density from that of the reference load; or
  - 4) differ significantly in total load volume.

**D.7.1.3** The presence of either occluded spaces or mated surfaces should be evaluated in consideration to the designation of an internal PCD that would be used for subsequent lethality qualification studies.

**D.7.1.4** The major function of a sterile barrier system for a sterilized medical device is to ensure that the product remains sterile until used. During sterilization, the sterile barrier system needs to be able to withstand the process conditions and to remain intact to ensure product quality.

When selecting a packaging system for a product that is to be sterilized, certain major design and manufacturing factors are considered with respect to the particular sterilization process. To ensure EO penetration, the permeability of the packaging to the particular sterilizing environment is of utmost importance. As air removal is part of the EO sterilization process the packaging system should also allow gases to vent into, and out of, the package during pressure changes during gas injections and evacuations without damage to, or rupture of, the seal integrity.

The ability of the sterile barrier system (SBS) to protect product during customary handling and distribution should be demonstrated. Evidence should also be generated to show that the SBS can withstand the sterilization process without losing its ability to protect the product. Validation of the SBS should consider the potential stresses that the SBS can be exposed to during an EO sterilization process. Considerations would include vacuum/pressure levels, rate of pressure change, temperature, etc. It is common practice to demonstrate suitability of the SBS by exposure of the SBS to multiple sterilization processes (see [D.7.2.1](#) and [D.7.2.2](#)).

Packaging considerations are addressed in more detail in the ISO 11607-1 and ISO 11607-2.

**D.7.1.5** The load configuration in the chamber can influence product heat, humidity, EO gas penetration and EO gas removal. The load configuration is to be defined during the validation to ensure adequate product temperature, humidity and EO penetration and EO removal during processing.

**D.7.1.6** A PCD is a device into which a microbiological challenge is located. Examples of ways to develop PCDs for use in the demonstration of equivalence include, but are not limited to

- a) placement of a microbiological challenge between rings, lands, grommets or ribs of a syringe stopper,
- b) placement of a microbiological challenge in the middle of the lumen of a tube that is then reconnected using a solvent bond agent or a connector to restore product integrity,
- c) placement of a microbiological challenge in an interface,
- d) placement of a microbiological challenge in a series of envelopes or packages.

Several PCD designs have been recommended for use in health care facilities.

**NOTE** For further information see ANSI/AAMI ST41. See also [D.8.6](#) for further information about internal and external PCDs.

To prepare the internal PCD, the microbiological challenge can be inoculated on the product either directly or indirectly. Direct inoculation is accomplished by applying a liquid suspension of the spores

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on the product. Indirect inoculation is accomplished by placing an inoculated carrier either within the package or in/on the product.

Listed below are various ways to prepare a PCD.

- a) *Inoculated product*: the product to be sterilized is used to prepare the PCD and is inoculated directly or indirectly.
- b) *Inoculated simulated product*: a simulated product is used to prepare the PCD and is inoculated directly or indirectly. The simulated product consists of portions of a medical device or a combination of components that are known to represent the greatest challenge to the process while still adequately representing all products within a product family.
- c) *Inoculated object*: such as a package, piece or tubing, that is used to prepare the PCD and is directly or indirectly inoculated.

**NOTE** Direct inoculation with a spore suspension can result in variable resistance of the inoculated product because of surface phenomena, other environmental factors and the occlusion of the spores on or in the product. Therefore, it is important to provide scientific rationale or validation for this practice to ensure that the resistance of the inoculated product is reasonably correlated to the routine product. The inoculum recovery should also be validated if resistance is measured by plate count techniques. See Gillis and Schmidt,<sup>[30]</sup> West<sup>[40]</sup> and ISO 11737-1 for additional information.

A means of demonstrating equivalence to a previously qualified product or internal PCD is the comparison of the relative rates of inactivation of BIs placed in a challenge location within the new or modified product and previously qualified product/master product (see [D.8.6](#) and [D.12.5.2](#)) when both are exposed to a fractional cycle. Equivalence studies should compare the new or modified product to the internal PCD used to validate the process. If a PCD is used for this comparison, this resistance of the PCD should be assessed as part of the annual review.

## **D.7.2 Product safety, quality and performance**

**D.7.2.1** It is important to select materials that tolerate the chemical and physical changes caused by EO and/or any diluents over the anticipated range of sterilization conditions. Properties of materials required to satisfy requirements for product performance, such as physical strength, permeability, physical dimensions and resilience, are evaluated after sterilization to ensure that the materials are still acceptable for use. Degradation effects due to exposure to the sterilization process, such as crazing and embrittlement may need to be considered. Where applicable, the effects of exposure to multiple sterilization processes may also need to be evaluated.

Demonstration that the specified sterilization process does not affect the correct functioning of the product can be accomplished by performing functionality tests, or other appropriate tests, on the medical device and its packaging system. These tests can be performed after exposure in the sterilizer or other environmental chambers that simulate the specified process and can range from a simple visual inspection to a battery of specialized tests.

Elements that could affect safety, quality or performance include:

- a) cycle pressure changes that could affect the sterile barrier system seal integrity;
- b) effects of EO exposure time, temperature, humidity and, if applicable, any diluent gases present in the intended sterilization mixture;
- c) inclusion of new materials known to retain higher EO residuals;
- d) packaging characteristics;
- e) the presence of lubricants, especially within mated surface areas;
- f) whether the medical device requires disassembly or cleaning;
- g) safety hazards (e.g. leachable materials, or batteries or sealed liquids that could leak or explode);

h) number of sterilization cycles.

Medical devices containing a potential source of ignition (e.g. a battery) should be sterilized using a process that does not contain an explosive mixture of EO in any part of the cycle.

**D.7.2.2** The evaluation of multiple sterilization cycles can be performed utilizing the routine sterilization process for the product/package. The effect of repeated sterilization and any necessary pre-treatment on the materials, functionality and safety of the product should be evaluated.

For reusable medical devices, the manufacturer's reprocessing instructions should be available and followed. The instructions should include the recommended sterilization parameters for the process and the limits to the number of sterilization cycles to which the reusable medical device can be exposed. If applicable, testing and inspection should be performed to assess functionality of the reusable medical device following sterilization. The medical device manufacturer's claims for the number of allowable cycles should be considered to be the maximum. A system should be in place which will provide notification if the maximum number of cycles is reached.

NOTE See ISO 17664 for more information.

**D.7.2.3** No guidance offered.

**D.7.2.4** Proper aeration is essential to control EO residues in medical devices after EO processing. Consideration should be given to the placement of the residual product test samples within the load, taking into account the most challenging positions for EO removal.

Local environment, health and safety regulations can require extra worker exposure precautions when handling EO sterilized products even when product residuals are in compliance with ISO 10993-7 requirements.

*For health care facilities:* If information regarding aeration for a medical device is not available from the manufacturer, the health care facility should establish the aeration process for that device using either data or knowledge of the product and its material and design. The aeration process should be established based upon the most difficult-to-aerate product or product family.

### **D.7.3 Microbiological quality**

**D.7.3.1** Guidance on testing for bacterial endotoxins is provided in ANSI/AAMI/ST72 and the applicable pharmacopeia.

**D.7.3.2** In health care facilities, attention to microbiological quality will comprise having strict procedures for collection and handling of used, reusable medical devices, and for validation and control of the cleaning processes for reusable medical devices in accordance with the medical device manufacturer's instructions.

When using the bioburden approach (see [Annex A](#)) bioburden testing should be performed at least quarterly. The period of monitoring can be extended following a documented risk analysis that considers the following: the use of product families, historical data, statistical analysis, manufacturing frequency and product design.

### **D.7.4 Documentation**

Upon completion of the product definition the following should be documented:

- a) a description of the product configuration and how it is to be presented to the EO process (packaging and load configuration). The specification should also include or reference the required SAL, as well as evidence for, or assessment of, the compatibility of the product with the process.

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- b) the result of the comparison between the new or modified product and the existing validated product(s). This result should clearly demonstrate that product complexity, materials, packaging and load configuration were assessed.
- c) evidence or assessment of the bioburden of the product and its resistance relative to the internal PCD.
- d) the documented conclusion that the new or modified product is suitable for adoption into the product family/processing category specifically referenced in the current validation study to achieve the specified SAL. This conclusion should include or reference any results from additional tests performed to supplement the existing validation study and any further testing performed for confirmation/qualification for routine release of product from the existing validated cycle (i.e. residual testing, functional testing).

This documentation should be approved, retained and retrievable.

**D.8 Process definition**

**D.8.1** No guidance offered.

**D.8.2** The result of the process definition activities is a detailed specification of a sterilization process.

The selection of the sterilization process that is to be used for medical devices should include consideration of all factors that can influence the efficacy of the process. The following should be taken into account:

- availability of sterilization equipment;
- range of conditions that can be achieved within the available sterilizing equipment;
- sterilization processes already in use for other products;
- sterilant to be used (i.e. 100 % EO or EO mixed with diluent gas);
- product limitations (i.e. temperature, humidity, pressure sensitivity);
- requirements for levels of residual EO and/or its reaction products;
- results of process development experiments.

During process definition, a manufacturer will use microbiological testing and other analytical tools to help establish an appropriate sterilization process for a medical device.

The sterilization process parameters to be established include:

- a) temperature range within the preconditioning room (if used);
- b) relative humidity range within the preconditioning room (if used);
- c) time set point and range within the preconditioning room (if used);
- d) vacuum and pressure levels and rates of pressure changes in the sterilization chamber;
- e) if used, confirmation that chamber recirculation operational during sterilant dwell;
- f) temperature set point and range within the sterilization chamber;
- g) humidity control set point (pressure or %RH) and range within the sterilization chamber environment;
- h) EO and diluent gas (if used) injection pressure set point and range; this will include EO concentration if EO analysis equipment is installed on the sterilization chamber;

- i) EO dwell time;
- j) setting for the in-chamber gas flushing prior to the removal of the load from the sterilization chamber (if used);
- k) temperature set point and range within the aeration room (if used);
- l) time set point and range within the aeration room (if used);
- m) air flow/changes parameters.

NOTE For reference in the development of sterilization processes, [Annexes A](#) and [B](#) provide requirements for determination of cycle lethality.

*For health care facilities*, for reusable medical devices that will be reprocessed in the health care facility, the manufacturer is expected to provide validated reprocessing instructions, which are based in part on the process definition. It is then the health care facility's responsibility to review this documentation and confirm that it can follow the medical device manufacturer's instructions using its own equipment and sterilization processes. The health care facility's purchasing procedures should require that, prior to the purchase of an EO-sterilizable medical device, the reprocessing instructions be evaluated to confirm that the device is compatible with the equipment and sterilization processes that are in use at the facility. See also ISO 17664.

If the medical device or packaging manufacturer supplies instructions for reprocessing that are not specific enough or not appropriate (e.g. an EO process with 100 % EO, where the health care facility uses a mixture of EO and diluent gas), the facility should either perform a validation or assess the appropriateness of its own reprocessing method, based on materials effect data and reprocessing instructions for other devices. If the health care facility is not able to validate the product or assess the appropriateness of its own reprocessing method, it should not reprocess the medical device.

**D.8.3** A developmental chamber is usually a smaller vessel than the production chamber and can be used to perform studies to support validation.

Using a developmental chamber does not preclude confirmation of PQ in a production chamber.

**D.8.4** When establishing process definition it is important to consider the impact of the selected processing parameters and their tolerances on the safety and functionality of the product and its packaging. As there are a number of parameters within a sterilization process, (temperature, humidity, pressure changes/rates, EO concentration and time), it is impractical to assess the tolerances of all combinations of all variables. A determination should be made as to which variables will have the greatest impact, and those should be assessed.

Data supporting this activity can be collected from alternative studies, e.g. product and its packaging validations, product and its package stability test studies, accelerated aging studies, etc. Alternatively, data can be generated from a specific challenge cycle(s) in a developmental or production chamber.

**D.8.5** No guidance offered.

**D.8.6** A number of approaches can be used to show that the BI is appropriate.

### Approach 1

This approach is to use the rationale that most of the microorganisms found on product present a lesser challenge than the reference microorganism. This approach is applicable when

- a) the BI used in the PCD is in accordance with ISO 11138-2:2006, Clause 5 and 9.5, and
- b) the product bioburden is consistent, and is not likely to contain highly resistant microorganisms.

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In this approach, bioburden trending data should be available and should demonstrate the consistency of the bioburden regarding the number and types of microorganisms. Manufacturing processes and product contact materials should also be evaluated to ensure that potential sources of bioburden are identified and controlled.

**Approach 2**

This approach is to use a test of sterility of the product and PCD, following a fractional cycle. The results of this study should provide a means of lethality comparison using survival data from the tests of sterility for the product and PCD.

Typically in this approach, product tests of sterility samples and BI/PCD are exposed to fractional cycle(s) with the intent of achieving negative growth for all product tests of sterility and survivors of the test microorganism from the BI/PCD.

**Approach 3**

This approach can be applied in cases where

- a) the product bioburden challenge is equal to or greater than the challenge of the BI within the PCD,
- b) the product bioburden contains highly resistant microorganisms, or
- c) where a BI with a lower population than required by ISO 11138-2:2006, 9.3 is used in the PCD.

In this third approach, the lethality challenge of the bioburden and the PCD can be based on direct enumeration methods and/or fraction-negative methods. (See ISO 14161).

If there is an indication that the challenge posed by the product bioburden exceeds that of the PCD (i.e. if the PCD is not appropriate), one of the following can be used:

- a) select a BI to use within the PCD having a higher population and/or resistance;
- b) the product can be pre-treated before sterilization to reduce the bioburden numbers;
- c) the product, the process or both can be evaluated to determine how to reduce the bioburden number or resistance (e.g. by changing the raw materials or manufacturing process used, by improving the manufacturing environment, or by modifying the product design)
- d) develop a new PCD.

If any of the above changes are made, it is important to verify the effectiveness of the changes.

Product design might not allow a BI to be positioned in the most difficult-to-sterilize location of the product. In this circumstance it might be appropriate to place the BI in a location to which the relationship with the most difficult-to-sterilize location can be established. Additionally, in many medical devices the most difficult-to-sterilize location contains a low number of microorganisms, and therefore the challenge population may be more closely linked to the bioburden of the product.

Different types of PCDs are described in [D.7.1.6](#). Methods similar to those used for determining the appropriateness of the BI can be used for determining the appropriateness of the PCD. A PCD located within the confines of the product, in the product shipper or product shipper case is an internal PCD, whereas a PCD located between shipper cases or on the exterior surfaces of the sterilization load is an external PCD. Internal PCDs can be used for routine product release; however, external PCDs are usually used as they are easier to recover after completion of the sterilization process. Studies conducted in a development chamber can be used to demonstrate the comparative lethality challenge of the internal and external PCDs; however, consideration should be given to the effects of load volume and production sterilizer performance when performing these studies. If the development chamber is not capable of duplicating the production process then the comparative lethality challenge studies should be conducted in the production chamber.



The comparative lethality challenge of the internal versus external PCDs can be assessed using concurrent exposure(s) in a fractional cycle(s). The resulting data can be used for:

- a) making decisions about which internal PCD is appropriate to validate the sterilization process;
- b) evaluating candidate designs for external PCDs (i.e. for routine monitoring of the process);
- c) assessing the equivalence of new or modified products for adoption into a validated sterilization process; or
- d) deciding if a new or modified product or internal PCD should become the master product for a product family or processing group.

There can be instances when it is desirable to compare the lethality challenge of one PCD to another without comparing both to the challenge of the product. This is often used when an internal PCD has been proven to be appropriate and an external PCD is being introduced for monitoring routine production cycles for conventional release or when it is desirable to change to another external PCD. In this case, a method of evaluating the appropriateness of the PCD is to demonstrate that the external PCD presents an equal or greater lethality challenge when compared to the internal PCD. Typically this is done by performing a single fractional cycle that compares the fraction-negative results of the internal and external PCDs. If the lethality challenge of the external PCD is less than the lethality challenge of the internal PCD (not more than 20 %, United States Pharmacopeia Biological indicators for Ethylene Oxide Sterilization), the PCDs may be considered equivalent since this is the confidence level of the biological indicator used within the PCD.

**NOTE** It is not uncommon to find an external PCD in a less difficult-to-sterilize configuration presenting a greater lethality challenge than an internal PCD in a more difficult-to-sterilize configuration. It is theorized that this occurs because the EO is removed more rapidly from the external PCD than the internal PCD, resulting in less gas exposure time to the microbiological challenge.

**D.8.7** No guidance offered.

**D.8.8** No guidance offered.

**D.8.9** No guidance offered.

## **D.9 Validation**

### **D.9.1 General**

**D.9.1.1** The object of validation is to document the evidence required to provide a high degree of assurance that a specific process will consistently produce product meeting the required sterility assurance level (SAL). Product sterilized in the validated process should be shown to meet predetermined specifications and quality characteristics related to product functionality and safety (i.e. through product compatibility studies).

Validation of the sterilization process should be performed according to an approved written document (e.g. protocol) that defines the testing procedures and the acceptance criteria, prior to initiation of testing. This document should be reviewed by a sterilization specialist(s).

The elements of validation, as defined in this clause, are

- a) IQ,
- b) OQ, and
- c) PQ.

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In a health care facility, IQ and OQ are typically performed by the sterilizer manufacturer, although they can be performed by any qualified personnel. MPQ data might be available from the sterilizer manufacturer for general loads.

For health care facilities, this means describing and documenting the following:

- a) the validation steps that need to be performed;
- b) the way in which these validation steps will be performed, along with a listing of responsible individuals, departments and/or outside contractors;
- c) the criteria for successful validation.

*For health care facilities*, there is an option of contracting with an outside service to perform this validation; however, the health care facility is still responsible for ensuring that the validation complies with the requirements of this International Standard.

**D.9.1.2** No guidance offered.

**D.9.1.3** No guidance offered.

**D.9.1.4** No guidance offered.

**D.9.2 Installation qualification****D.9.2.1 Equipment**

**D.9.2.1.1** The supporting documentation for IQ should include descriptions of the physical and operational characteristics of the equipment (including ancillary equipment). Examples of relevant documents include design specifications, the original purchase order, user requirements specifications and functional design specifications.

The following are examples of equipment components that should be qualified to ensure that the equipment was installed according to the applicable specifications and requirements:

- a) chamber and door construction;
- b) seals and connections on chamber and piping construction (i.e. ability to maintain specified pressure and vacuum extremes);
- c) supply systems for gases and liquids (e.g. air, nitrogen, steam, EO and water), including filters (if used);
- d) the electrical supply, which should adequately and consistently supply the power needed for proper equipment and instrumentation operation;
- e) gas circulation systems, where used;
- f) gas injection systems;
- g) vacuum systems, including pumps, pump cooling systems and piping;
- h) exhaust, emission control and abatement systems;
- i) other critical systems that could affect process conditions, such as process automation, safety systems, etc.;
- j) the calibration of instruments (e.g. sensors, recorders, gauges and test instruments) that monitor, control, indicate or record parameters such as temperature, humidity, pressure and EO concentration.

- k) the documented procedures for IQ should specify how each element of this qualification is planned, performed and reviewed.

**D.9.2.1.2** Guidance can be found in IEC 61010-2-40.

**D.9.2.1.3** No guidance offered.

### **D.9.2.2 Installation qualification**

**D.9.2.2.1** The location in which the equipment is to be installed should comply with all pertinent national, regional and local regulations.

**D.9.2.2.2** National and local requirements for occupational health and safety should be consulted as to how they apply to potential EO exposure.

To protect the health and the safety of personnel, equipment that detects atmospheric levels of EO or gas mixtures should be installed near the sterilizer and anywhere else where potential exposure could occur.

EO safety is achieved and maintained through a combination of factors that include:

- a) proper design, installation and maintenance of systems and equipment;
- b) compliance with applicable regulations for occupational health and safety and for environmental protection;
- c) development and implementation of policies and procedures that support safe work practices;
- d) atmospheric monitoring in areas where EO exposure could occur;
- e) use of personal monitoring devices as appropriate;
- f) personnel training;
- g) periodic audits of equipment, personnel and processes to ensure on-going compliance with design specifications and with the facility's policies and procedures.

In healthcare facilities IQ is generally the responsibility of the sterilizer manufacturer, while in industrial facilities it is often performed by site personnel in conjunction with a factory representative. If the IQ is performed by the manufacturer, or by a third party, the facility is responsible for retention and management of documents and records relating to the purchase, installation of the equipment.

**D.9.2.2.3** The storage conditions for EO should be in accordance with the EO manufacturer's recommendations and all applicable regulations.

**D.9.2.2.4** No guidance offered.

**D.9.2.2.5** Drawings, process and instrumentation diagrams (P&ID), and schematics should be checked against the as-installed configuration and updated where necessary.

Drawings and parts lists for the equipment should include:

- a) pipe work and instrumentation schematic drawings (i.e. process and instrumentation diagrams);
- b) a list of other pertinent mechanical and electrical drawings and their location;
- c) a list of critical instruments and devices, particularly those influencing process control, for which physical characteristics and manufacturer performance claims (e.g. accuracy, repeatability, size and model) should be kept on file;

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- d) process control logic or software documentation necessary to support validation, including control system layout, control logic diagrams and application software (computerized measurement and control systems) such as program listings, flow charts, ladder logic diagrams where applicable and strategy diagrams.

**D.9.2.2.6** No guidance offered

**D.9.3 Operational qualification**

**D.9.3.1** The following information should be documented for all instrumentation used for monitoring, controlling, indicating or recording:

- a) equipment identification;
- b) calibration schedule;
- c) actual completion date for each calibration, as well as who performed it;
- d) the next scheduled calibration date.

**D.9.3.2** OQ for EO equipment is carried out either with an empty sterilizer chamber or using appropriate test material to demonstrate the capability of the equipment to deliver the range of operating parameters and operating limits contained in the process specification. This range of parameters and operating limits should include the initial sterilization process that has been defined in process definition (see [Clause 8](#)).

OQ should also determine the performance of associated ancillary systems. For example, the capability of the EO vaporizer to achieve a minimum EO input temperature.

The system software (e.g. computerized measurement and control systems) should be tested in all fault conditions during OQ. The user is responsible for assuring the software is validated.

OQ can include the following when using a predefined cycle:

- a) Preconditioning Phase
  - 1) The pattern of air circulation throughout the area to be occupied by the sterilization load(s) should be determined. This can be performed by smoke tests in combination with calculation of air change rates and anemometric determinations.
  - 2) Temperature and humidity should be monitored throughout the preconditioning area over a period long enough to demonstrate that values are maintained within the desired ranges. The temperature and humidity in a number of locations distributed throughout the preconditioning area should be determined.

NOTE See [Table C.1](#) and [Table C.2](#) for recommendations on the number of temperature and humidity sensors.

- b) Sterilization Phase

- 1) If inert gases are used instead of EO, account should be taken of the differences in the relative heat capacity when assessing the results.
- 2) Temperature/humidity distribution: Temperature/humidity sensors should be located in those locations that are likely to represent the maximum temperature differential, such as locations near unheated portions of the chamber or door and locations near steam or gas entry ports. The remaining temperature sensors should be distributed evenly throughout the usable chamber volume.

NOTE See [Table C.1](#) for the recommended number of sensors.

- 3) In empty chamber OQ exercises, the recorded temperature range, within the usable chamber volume during EO or inert gas exposure, of  $\pm 3$  °C of the average recorded chamber temperature at each time point should be obtained after an equilibration period. When the OQ exercise is carried out using a loaded chamber, then the  $\pm 3$  °C tolerance might not be achievable.
  - 4) chamber leak rate (performed either under vacuum for subatmospheric cycles or under vacuum and at pressure for superatmospheric cycles);
  - 5) pressure rise on injection of steam during the conditioning phase;
  - 6) the temperature of the injected EO-gas should be within the volatizer specification or above the boiling point of EO (10,7°C at atmospheric pressure);
  - 7) pressure rise and rate of attainment on admission of EO and correlation of factors with which it is intended to monitor EO concentration;
  - 8) depth and rate of attainment of vacuum used to remove EO;
  - 9) pressure rise and rate of attainment of pressure on admission of air (or other gases);
  - 10) number of times these last two stages are repeated and any variations in successive repetitions;
  - 11) the reliability of the supply of filtered air, inert gasses, water and steam;
  - 12) replicate cycles should be carried out to demonstrate the repeatability of control;
  - 13) a chamber wall temperature study should be completed to verify adequate temperature uniformity provided by the jacket heating system. The study should characterize the temperature profile for comparison on a periodic basis to ensure the system continues to operate effectively.
- c) Aeration Phase
- 1) When performing aeration, the temperature profile of the aeration area should be determined in the same manner as recommended for preconditioning areas. The air flow rates and air flow patterns through the area should also be determined.

## D.9.4 Performance qualification

### D.9.4.1 General

PQ consists of rigorous microbiological and physical testing, beyond routine monitoring, to demonstrate the efficacy and reproducibility of the sterilization process. PQ is normally not started until after completion and approval of the IQ and OQ testing. Acceptance criteria should include conformance with the specifications for the sterilization process parameters and microbiological challenge. PQ activities should be clearly defined in a written document (e.g. protocol). Where elements of the PQ are carried out by separate parties, those parties should approve the relevant documentation. See [4.1](#) and [4.2](#).

**D.9.4.1.1** No guidance offered

**D.9.4.1.2** See AAMI TIR 28:2009[26].

**D.9.4.1.3** No guidance offered.

**D.9.4.1.4** In specifying the presentation of product, both load configuration (the composition of the load) and the placement of items within the load should be considered.

Typical load parameters to be defined might include stacking configuration, overall density, dimensions, material composition, and use and type of pallet wrap. Load configuration should be documented for each sterilizer. If routine sterilization consists of product loads that are less than the full chamber, then the MPQ/PPQ should incorporate the minimum load.

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Product placement should also be specified. In a large industrial sterilizer, this would refer to the positioning of cases in a pallet or tote. For smaller sterilizers, as used by health care facilities, this refers to the positioning of baskets, packs and rigid containers on a sterilization carriage or carrier.

The product and load used during PQ should be at least as difficult to sterilize as the most challenging load expected during normal production. The load can consist of product or materials that have characteristics similar to those of a load to be sterilized routinely. Changes in the load configuration can affect the lethality of a sterilization process. It is important that the acceptable load configurations be specified. If multiple load configurations are allowed, the load configuration used in the PQ studies should represent the most difficult-to-sterilize configuration, or should have a known relationship to the most difficult-to-sterilize configuration. Some variations in the load size might be justified as having no significant impact.

During PQ, two types of load can be chosen:

- a) saleable product;
- b) non saleable product or appropriate test material.

**D.9.4.1.5** When the load is composed of products, such as surgical kits, lumens of varying size and length, various packaging, and varying physical mass that contain a number of different materials (e.g. plastics, metals, cotton, etc.), it is important to verify the load configuration because these materials might not behave similarly when heated during preconditioning and conditioning.

**D.9.4.1.6** In addition to considering maximum/minimum load size (see [D.9.4.1.4](#)) and product effects (see [D.9.4.1.5](#)), validation load composition should consider any widely varying load material/packaging characteristics routinely sterilized, when developing a representative or most challenging load for validation.

Products or surrogate product materials utilized in validation loads should represent those that typically present the most challenging condition for lethality (i.e. for penetration of heat, humidity, and EO gas diffusion; density). Consideration should be given to include load material with substantially varying characteristics such as: absorbent materials, barriers to diffusion such as rigid materials, sealed liquids, containers, etc.

**D.9.4.1.7** No guidance offered

**D.9.4.1.8** If the load is to be re-used during PQ, the loads should be aerated and re-equilibrated to ambient conditions prior to starting the next run. After repeated use, the suitability of the load should be considered. Aeration between exposures will ensure that EO residues in the load do not affect the biological indicator. If equilibration time is insufficient, the load could be warmer than the normal ambient conditions, or the load humidity could be much lower than the normal ambient load conditions. Either of these situations produce data that are not representative of normal production. Too high a starting temperature produces an unrealistically rapid kill rate. Too low a humidity, where test spores become desiccated, produces an unrealistically low kill rate. Also, too high a humidity that results in an environment condition where the environmental dew point is higher than the product and/or load temperature results in condensate formation in the load and product that results in a low and erratic kill rate.

**D.9.4.1.9** No guidance offered

**D.9.4.1.10** No guidance offered

**D.9.4.2 Performance qualification — Microbiological**

**D.9.4.2.1** Results obtained during process definition and, where applicable, IQ and OQ should be used to set the parameters for MPQ. Exposure time is the key parameter that is varied during microbiological

qualification. Other parameters can be adjusted as necessary to provide assurance that the MPQ delivers less lethality than the normal production process. For example, temperature, humidity, and/or EO concentrations could be run at set points that are at the lower extreme of the normal process range. This would provide assurance that any observed values within the specified range will produce acceptable lethality.

MPQ should be conducted using product that is at or below the minimum temperature specified for product to enter the preconditioning area. If it is anticipated that initial product temperature could vary, for example because of transport for sterilization at a remote facility, the design of the qualification testing should reflect this possibility.

For fractional cycles (sub-lethal or half cycle), it might also be necessary to shorten the post-exposure phases of the cycle or to remove BIs prior to the aeration phase or after an abbreviated aeration phase. This is done to minimize “residual kill” of the BIs due to EO that is present in the load during the aeration phases of the cycle. When shortening the post-exposure phases of the cycle, factors such as operator safety should be taken into account. The parameters selected for MPQ, with the exception of exposure time, should remain fixed throughout MPQ.

**NOTE** Attention is drawn to the existence of statutory regulations existing in some countries on personnel exposure to EO.

**D.9.4.2.2** The microbiological challenge defined in MPQ should be designed to ensure the required SAL is attained for all product load combinations. To achieve this objective, it is common to use PCDs or a worst case product to represent EO product families.

PCDs should be placed within the product case and evenly distributed in the sterilization load, but distribution should include those locations where sterilization conditions are the most difficult to achieve. The locations used should include those selected for temperature monitoring. For loads that are palletized, these locations should also include the top and bottom of the pallets to ensure that all potential stratification within the chamber is assessed.

For guidance on sample numbers, see [Table C.3](#).

**D.9.4.2.3** No guidance offered

**D.9.4.2.4** If a developmental chamber was used for process definition, consideration should be given to establishing the relationship between data from the developmental chamber studies and data from the production chamber. The development of the microbial inactivation curves is not always possible in production chambers because of the size of the chamber and the time required to inject and remove EO in the chamber. These long injection and vacuum times limit the ability to obtain the required fractional recovery of indicator organisms. These inactivation curves can be developed in a developmental chamber that can deliver equivalent parameters especially EO concentration used in the production chamber. Methods for demonstrating a relationship between the data developed in the developmental chamber and a production chamber involve a physical profile comparison and load density comparison. The sterilization conditions delivered in the developmental chamber should be compared with the physical profile obtained in a production chamber. Comparison of the lethality obtained in the development chamber and production chamber should take into account the differences in EO gas injection and evacuation times of the two chambers.

During the development of the sterilization process in a developmental chamber, it is important to place PCDs inside the finished product case or in the routine configuration to provide a relationship of the dynamics of the products within the case against the PCD during process development.

**D.9.4.2.5** See AAMI TIR16:2009<sup>[25]</sup>, [4.3.2](#).

### **D.9.4.3 Performance qualification — Physical**

**NOTE** Results obtained from OQ can be used to identify features needing evaluation during PPQ.

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**D.9.4.3.1** If, in any of these runs, sterility or product functionality requirements are not met, an investigation should be conducted to determine if additional qualification runs are necessary. If process parameters cannot be maintained within the defined limits, an investigation should be conducted. If modifications are made, additional runs might be necessary.

**D.9.4.3.2** PPQ should be carried out with the loading patterns and pallet separations specified in the documented procedures. For large preconditioning areas where a small load will not have a significant effect on the area dynamics, it is not necessary (and indeed might be impractical) to perform the studies with the preconditioning area in various loading states.

The guidance on PPQ of preconditioning also applies to the performance qualification of conditioning (i.e. during sterilization). See [Table C.1](#) and [Table C.2](#) for the recommended minimum number of sensors.

- a) No guidance offered.
- b) It is important to establish and report the product temperature and humidity ranges of the sterilization load after exposure to the specified preconditioning time (if used).
- c) During the product transfer from preconditioning (if used) to the sterilization chamber, conditions of product temperature and humidity might be impacted. It is important to ensure that this effect is considered during PQ and is commonly addressed during PQ by ensuring that the time of transfer specified in the PQ reflects the maximum time specification to be used for product transfer during routine sterilization.
- d) Temperature and humidity sensors should be located within the sterile barrier system or amongst the unit packages in the sterilization load. When preconditioning is used, the product should be preconditioned within the specified time range. When preconditioning is not used, the temperature and relative humidity within the load should be within defined limits prior to the end of the conditioning phase of the cycle.

The temperature and humidity profile within the sterilization load should be evaluated during the time that is needed for the sterilization load to attain the minimum predetermined temperature and humidity.

For product, consideration should be given to locating humidity sensors in areas of the load that are most likely to experience variation in humidity, e.g. pallet centers, pallet edges and surfaces. For PQ, humidity sensors should be placed within the packaging (where possible) within the load. This can be achieved by placing the sensor within the sterile barrier system or amongst the unit packages.

- e) No guidance offered.
- f) If parametric release is used, the EO concentration profile for the entire gas dwell phase should be assessed to determine how the gas concentration changes over the phase.
- g) No guidance offered.
- h) No guidance offered.
- i) The temperature sensors within the sterilization load should be placed in the locations that are most likely to experience the greatest temperature variation. These locations should take into account hot or cold spots located during OQ. The locations of hot and cold spots within a load can be significantly different than the locations in an empty chamber.

During PQ, it is important to take into account the relationship between the load temperature and the chamber temperature in order to ensure adequate load temperature in the routine process. If sensors are used in the sterilization chamber and 100 % EO or potentially flammable sterilant mixtures are used, the temperature and humidity sensors should be intrinsically safe, or should be of an explosion proof design. These sensors should also be functionally compatible with EO and with any diluent gases.



- j) The temperature within the sterilization load during the aeration process should be measured over the period of time required for the sterilization load to attain acceptable residual levels or measured over the period of time required for the sterilization load temperature to stabilize.

NOTE This can be established during additional studies after completion of MPQ/PPQ.

#### **D.9.4.4 Review and approval of validation**

**D.9.5.1** No guidance offered.

**D.9.5.2** Any discrepancies observed during the validation process should be documented, and their effect on the results of the validation should be determined and documented.

**D.9.5.3** Typically the validation report is approved by the designated responsible person(s) as defined in the validation protocol.

**D.9.5.4** The validation report(s) should also include or reference the following:

- The specifications for the sterilizer and the sterilization process;
- a) the IQ/OQ data;
- b) the records, physical and microbiological, of all PQ runs;
- c) an indication that all gauges, recorders, etc. were calibrated and within their specifications;
- d) provision for future review and requalification;
- e) the validation protocol(s)/procedure(s);
- f) the documented procedures used;
- g) documented operating procedures including process control limits;
- h) if a failure occurred, a description of the issues, the corrective action taken, and the effect of the failure on the intent of the validation;
- i) if a deviation to the protocol occurred, details of this deviation and an assessment of its impact upon the validation and its results.

**D.9.5.5** Parametric release is a product release method wherein product is considered to be sterile if the essential physical processing parameters are in conformance with the specifications established during the validation for the specific product(s) in a defined load. Parametric release is based upon a documented review of processing records rather than the testing of biological indicators or PCDs.

The values and tolerances for both RH and EO concentration might need to be generated after review of a predefined number of routine cycles. During this evaluation period, BI's might be used as part of the routine monitoring and control of loads processed. The rationale for the number of runs selected should be justified and recorded. This can be influenced by uniformity of the load, existing data, seasonal variations or frequency of sterilization.

EO sterilizers used in health care facilities might not be adequately equipped to permit parametric release of product.

**D.9.5.6** No guidance offered.

## D.10 Routine monitoring and control

D.10.1 No guidance offered.

D.10.2 Guidance on the bulleted items of [10.2](#) follows:

- a) The temperature of products entering the preconditioning area should be at or above the minimum temperature specified or the defined conditions of storage should be met. If the product has been exposed to extreme temperatures, for example during transport, it might be necessary to store the product prior to preconditioning, or extend preconditioning time to allow the internal temperature and humidity to be within acceptable ranges.

NOTE The minimum temperature of products entering preconditioning or the storage conditions are defined during PQ.

- b) The reference position for routine monitoring of temperature and relative humidity during preconditioning should be correlated to the location at which it is most difficult to achieve the desired conditions. Monitoring data for the operation of the preconditioning area should be reviewed in conjunction with other data for the release of product.
- c) No guidance offered.
- d) No guidance offered.
- e) The humidity is typically calculated by measuring pressure changes. (See also AAMI TIR15.[\[24\]](#)) The humidity in the chamber is typically calculated by measuring the partial pressure of water vapour injected into the chamber. The relative humidity value is then determined using the steam tables by a ratio of the partial pressure to the saturated vapour pressure for the actual cycle process temperature. This will indicate the relative humidity value in the head space of the chamber and will be accurate until load or other reactions impact the actual water vapour content in the head space. Consideration should be given to the amount of moisture introduced into the chamber with the load from preconditioning.
- f) No guidance offered.
- g) Forced gas circulation is particularly important when gas mixtures are used in order to ensure uniform conditions are maintained and to avoid stratification of gases that might have an impact on microbial lethality. (See [D.6.3.2](#)).
- h) No guidance offered.
- i) Pressure rise of EO injection ( $\Delta P$ ) provides an indirect measure of the mean EO gas concentration in the available space within the sterilizer chamber. As EO concentration is a key variable affecting the efficacy of the sterilization process, it is considered essential that a separate second system be provided for documenting that the pressure rise is due to EO admission (see AAMI TIR15.[\[25\]](#) for more information). During EO injection and EO exposure phases of the sterilization process, EO is absorbed by product and packaging materials, which influences the correlation between the control measure (pressure differential) and the secondary measure (i.e. mass of EO dispensed or direct measure of EO concentration).
- j) Since EO injection times can vary from cycle to cycle, it is common practice to specify a time range for an acceptable EO injection time.
- k) No guidance offered.
- l) No guidance offered.
- m) The time taken for evacuation immediately after EO exposure can vary from cycle to cycle; it is common practice to specify a range for acceptable evacuation time.
- n) No guidance offered.

- o) No guidance offered.

**D.10.3** Observations of growth from biological indicators not attributable to failure to meet physical process specifications should be analysed; this can lead to a need for process or equipment modifications, and for the PQ to be repeated.

**D.10.4** The following guidance is provided for health care facility applications:

*External chemical indicators in health care facilities:* Sterilizer indicator tape, an indicating label or an indicating printed legend should be affixed to or printed on each package assembled by the health care facility. The purpose of external chemical indicators is to differentiate between processed and non-processed items. They do not establish whether the parameters for sterilization were achieved. Indicators should be of Class 1 specification in accordance with ISO 11140-1.

Internal chemical indicators in health care facilities:

- a) An internal chemical indicator can be used within each package to be sterilized. If used, the chemical indicator should be placed in that area of the package considered to be the least accessible to EO, heat, and humidity penetration; this might or might not be the centre of the pack. While internal chemical indicators do not verify sterility, they allow detection of procedural errors and equipment malfunctions. The use of chemical indicators that respond to all the parameters of the EO process is beneficial.
- b) The internal chemical indicator is retrieved at point-of-use and interpreted by the user. The user should be adequately trained and knowledgeable about the performance characteristics of the indicator in order to make an informed decision based on the result shown.
- c) If the interpretation of the indicator suggests inadequate EO processing, the contents of the package should not be used. The complete unused package, including load identification and the chemical indicator, should be returned to the processing department for appropriate follow up. The results of the physical monitoring, chemical indicators elsewhere in the load, and the biological monitoring, should be reviewed, in order to reach a conclusion as to whether the entire load should be recalled or not. Records of this review should be retained. A single non-responsive or inconclusive indicator should not be considered as evidence that the entire load is non-sterile. Chemical indicators can indicate problems associated with incorrect packaging, incorrect loading of the sterilizer, overloading of the sterilizer chamber, malfunctions of the sterilizer, incomplete delivery of the sterilization parameters, or inadequate preconditioning. The “pass” result of a chemical indicator does not prove that the item where the indicator is placed is sterile.
- d) Indicators should be of Class 3, 4, 5 or 6 in accordance with ISO 11140-1.

**D.10.5** Parametric release is a method of releasing product from sterilization as sterile without the use of BIs, relying instead on a demonstration of conformity of the physical processing parameters to all specifications. Therefore, data are gathered for additional processing parameters such as direct analysis of chamber relative humidity and EO concentration, in order to ensure that the sterilization process has met specification.

- a) Temperature measurement.

The requirement to measure temperature within the sterilizer from a minimum of two locations is established in order to ensure that an undetected fault in a temperature sensor does not lead to the inadvertent release of an improperly processed load. If there is a difference in the two temperature data points, the acceptable temperature difference should be defined within the processing specification. If either the controlling or the monitoring sensor do not meet specification and an investigation cannot determine the accuracy of the chamber readings, the load is rejected

- b) Humidity measurement.

Direct analysis of the head space for relative humidity can be performed using electronic sensors, Gas Chromatography (GC), Infrared (IR) or other spectroscopic methods currently available to

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indicate water vapour concentration and calculation of the relative humidity value. The benefit of these methods is the real-time indication throughout the conditioning phase. Electronic sensors require periodic calibration to offset the effect of exposure to the EO gas and can require replacement after repeated exposures to EO due to irreversible deterioration of materials currently utilized as sensing elements.

c) EO gas concentration measurement.

The frequency of analysis required to demonstrate that the minimum EO concentration is maintained throughout EO exposure should be established during the PQ studies. Monitoring throughout the EO exposure dwell period should also be done as part of the validation, in order to determine how the EO concentration changes over time. The results of this analysis are specific to the product and load configuration being analysed. The analysis performed during the PQ study will result in documented specifications for how often direct analysis should be performed during the cycle. It is recommended that when direct analysis of EO concentration is performed, at a minimum, direct analysis of EO concentration be performed during the first and last portions of EO exposure.

Particular attention should be given to the measurement and documentation of humidity during conditioning and that of EO concentration during exposure. The EO sampling device providing direct EO concentration measurement using IR, GC, microwave, and other similar technologies should be positioned in a location to represent the EO gas concentration within the sterilizer chamber. However, it is important to understand that this measurement provides an EO concentration at that position in the chamber throughout the entire exposure phase without any restrictions of reactivity effects or load impact. The reproducibility and accuracy of the results from direct analysis should be determined during PQ. Routine cycle analysis should fall within the determined range for the cycle to be acceptable.

It can be necessary to introduce an equilibration time at the start of the EO dwell phase of the cycle to allow the chamber concentration to stabilize as the EO gas is distributed throughout the chamber and penetrates into the void spaces in the load.

NOTE 1 An electronic sensor measures EO gas concentration at only one sample site, whereas the calculated EO gas concentration represents the mean EO gas concentration within the space (volume) available for EO gas molecules to reside. Due to several factors, such as EO sensor dynamic performance characteristics, placement of the EO sensor within the volume occupied by the EO gas molecules, potential stratification within the chamber especially when the sterilant is made up of both EO and diluent gas molecules, selective absorption and adsorption of EO in the load and the volume taken up by the load, the values obtained by calculating the mean EO gas concentration can differ considerably from the direct measured value.

NOTE 2 Health care facilities do not routinely use parametric release.

## **D.11 Product release from sterilization**

**D.11.1** This confirmation should include a formal review of the process documentation by a designated individual (or by a validated automated process) to verify and document that the physical cycle variables are within the tolerances defined in the sterilization process specification. If parametric release has been approved and used, product can be released based on compliance with specified process parameters.

Routine release of a product following sterilization can be based on a review of electronic records in lieu of paper records. Likewise, required signatures can be made electronically. Users of electronic signatures and records should be aware of, and should meet, national and/or international requirements for this type of documentation. The review of processing records and the decision to release should be performed by qualified individuals.

**D.11.2** No guidance offered.

**D.11.3** Failure to meet the physical specification or the observation of growth of indicator organism from BIs (if used) should lead to the sterilization load being quarantined and the cause of the failure being

investigated. This investigation should be documented and the subsequent handling of product should be in accordance with documented procedures.

If a controlling or monitoring sensor has failed, the run should be rejected, unless

- a) there is an assignable cause for the failure, and
- b) data from the remaining sensors are within specification.

If the decision is to reprocess the load, the suitability of the product and its packaging system for re-sterilization should be established. The effect of repeated exposure to the sterilization process on product functionality and levels of residual EO, and/or reaction products, should be considered. Records of the original sterilization should be traceable from the re-sterilization records. (See [7.2.2](#)).

If the effect of repeated exposure on the packaging system is not known, product should be repackaged before re-sterilization.

**D.11.4** No guidance offered.

**D.11.5** No guidance offered.

## **D.12 Maintaining process effectiveness**

### **D.12.1 General**

**D.12.1.1** To ensure that the sterilization process continues to deliver the required product SAL, it is necessary to evaluate any changes to the product and packaging, the processes and equipment. The use of a comprehensive product and process change control system is recommended.

One parameter commonly monitored to ensure the continued ability to sterilize the load is the product bioburden. The bioburden should be monitored per ISO 11737-1. If significant changes are observed in the number and/or types of microorganisms, their possible effect on the ability of the sterilization process to adequately sterilize the load should be evaluated.

In a health care facility, it is recommended that there be a periodic review of the data on the effectiveness of the cleaning/decontamination process, to confirm that the process is still effective and provides adequate bioburden reduction in preparation for the subsequent sterilization process. Decontaminated medical devices should be visually examined for cleanliness prior to terminal sterilization. Medical devices that are not clean should not be sterilized. Policies and procedures should be in place to ensure that medical devices are adequately decontaminated prior to sterilization (see ISO 17664 and the ISO 15883 series).

It is essential for health care facilities to obtain from the manufacturers detailed reprocessing instructions specific to the medical device, e.g. disassembly. Policies and procedures should be in place to ensure that medical devices are decontaminated.

**D.12.1.2** A documented program for calibration of instrumentation used to control and monitor a sterilization process is necessary to ensure that the process continues to deliver product with the required SAL and performance characteristics.

**ISO 11135:2014(E)****D.12.2 Maintenance of equipment**

**D.12.2.1** In order to be effective, preventive maintenance activities should follow a defined schedule based on the manufacturer's recommendations and the performance of the equipment. The procedures should be documented, and maintenance personnel should be trained.

Equipment to be maintained and/or calibrated on a routine basis can include, but is not limited to, the following preconditioning, chamber and aeration equipment:

- a) gaskets and seals;
- b) monitoring gauges;
- c) EO monitoring equipment (i.e. environmental and/or chamber);
- d) door safety interlocks;
- e) safety pressure relief valves or rupture discs;
- f) filters (for periodic replacement);
- g) volatilizers/vaporizers;
- h) chamber jacket re-circulation system;
- i) chamber jacket system;
- j) audible and visual alarms;
- k) temperature and humidity sensor equipment;
- l) boiler system for steam and heat supply;
- m) evacuation equipment (vacuum pumps);
- n) weighing scales;
- o) valves;
- p) pressure transducers;
- q) timers;
- r) recorders;
- s) air/gas circulation systems.

**D.12.2.2** Sterilization equipment that is not calibrated or is not properly maintained can generate an inaccurate record of the process parameters during the sterilization cycle. If these data are used for product release, it could result in loads being released that have not been adequately sterilized.

**D.12.2.3** No guidance offered.

**D.12.2.4** It is necessary to periodically review the maintenance records and to make any adjustments that are indicated by the data.

**D.12.3 Requalification**

**D.12.3.1** Review of IQ should include confirmation of the acceptable calibration status of control and monitoring equipment. The change control and preventive maintenance programs indicate that no

modifications of, or significant changes to, the sterilizing equipment have been made that could affect the process.

**D.12.3.2** Review of OQ should include an assessment of the equipment performance and engineering changes that were made during the year to ensure that the results from the original OQ are still valid (see [Figure D.1](#)).

In order to do so, it is common practice to perform periodic requalification of equipment and should include:

- a) review of IQ status of equipment;
- b) assessment of trends in equipment performance;
- c) temperature and relative humidity profiles of the preconditioning areas (if used);
- d) chamber temperature profile;
- e) temperature profile of the aeration areas (if used).

These requalification exercises should indicate no significant changes in the performance of preconditioning (if used), chamber or aeration areas since the previous (re)qualification. If equipment changes are necessary as a result of these exercises, requalification of OQ might need to be repeated.

**NOTE** For large preconditioning or aeration rooms containing multiple sterilization loads, the extent of requalification can be reduced if there have been no significant changes in equipment. The rationale for reduced requalification is documented.

**D.12.3.3** Review of PQ should include assessment that the sterilization process remains valid for the designated product(s).

Factors to be considered include, but are not limited to, the following:

- a) review of IQ status of the equipment;
- b) review of OQ status of the equipment;
- c) confirmation that there have been no significant changes to the product design, manufacturing and packaging materials, PCDs, suppliers, manufacturing area or facility, load configuration, or manufacturing process that could affect product sterility;
- d) confirmation that there has not been a significant increase in the product bioburden, and/or a change in the resistance of the product bioburden to the sterilization process, which might adversely affect the ability of the sterilization process to sterilize product to the specified SAL;
- e) confirmation that individual sterilization processes have operated within specification since the last qualification;
- f) confirmation that there have been no changes to the sterilization process that could affect product sterility;
- g) review of sterility failures of BIs or PCDs that have occurred where process specifications were met to determine whether requalification is warranted.

Based on this review, the sterilization specialist should determine the extent of physical and microbiological requalification required. The review and decision should be documented.

There are three requalification options available as a result of the review:

- *Full Qualification* – consisting of PPQ and MPQ. This can be required in certain situations, e.g. following a significant change to product/packaging design or configuration (creating a new “worst-case” condition), process design or equipment/service.

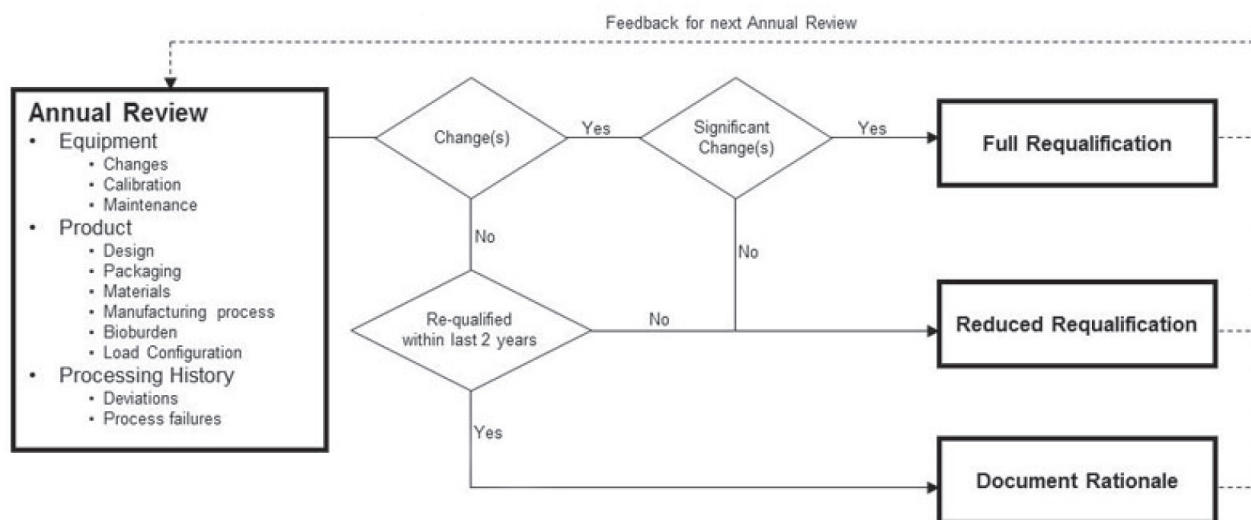
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- *No physical or microbiological qualification required* – In circumstances where no changes have been made to product, packaging, equipment/services and process, acceptable chamber performance and engineering review, and the routine sterilization process has operated reliably in the intervening period, then professional judgment can be used to justify that no physical or microbiological requalification efforts need be performed before the next review.
- *Reduced MPQ/PPQ* – This can be necessary in certain situations, e.g. to verify continued appropriateness of the resistance of the internal PCD in the product load to the resistance of the product bioburden, or, after a defined interval, to provide evidence that there has been no inadvertent change since the previous requalification study. This would typically include, minimally, one fractional or half cycle exposure including load temperature and humidity measurements. Fractional cycles in a developmental chamber can also be used to support a requalification program, but requalification of the production chamber should be performed in the production chamber.

It is recommended that a MPQ cycle and load temperature and humidity measurements (MPQ/PPQ) be performed at least every two years to verify that the documented paperwork review has captured any changes in the product or sterilization process.

Requalification can also include verification that if the sterilization process specification is changed, then requalification of the sterilization process should include confirmation that product meets allowable limits for EO residuals as specified in ISO 10993-7.

In all of the above cases, it is important to document the decisions taken as well as the rationale for those decisions, and to define the plan for future review of requalification.



Note – Where more than one configuration is validated, this is reflected in any requalification activity

Figure D.1 — Requalification decision tree

**D.12.3.4** Requalification is performed to confirm that the cumulative effect of minor changes has not compromised the effectiveness of the sterilization process.

Requalification can include verification that allowable product EO residuals as delineated in ISO 10993-7 are being met.

It is important to formally assess the need for requalification of the sterilization process at least annually to ensure that inadvertent process changes have not occurred and to demonstrate that the original validation remains valid.

The requalification program should define acceptable ranges and levels of variability in performance that are necessary to maintain the validity of the original validation from year to year.



**D.12.3.5** An investigation should be initiated to try to determine the root cause(s) of a non-conformity. The impact of the non-conformity on the validity of the requalification should be assessed and the rationale for the decision(s) reached should be documented. Further activities pertaining to the requalification should proceed with proper quality system oversight.

#### **D.12.4 Assessment of change**

**D.12.4.1** Events that might require requalification include, but are not limited to:

- a) major sterilizer repairs and changes (replacing controls, major rebuilding or installation of major new components);
- b) changes to construction or relocation;
- c) unexplained sterility failures in routine sterilization;
- d) changes to product;
- e) changes to packaging;
- f) modification to the sterilizing agent and/or its presentation;
- g) changes to presentation of product for sterilization or load configuration;
- h) changes to load density.

It is important to ensure that the reference load used in any requalification takes into account changes that might have been made to ensure that the reference load is representative of the revised product / configuration.

**D.12.4.2** A requalification study could be necessary if a change has been made in materials, manufacturing location or processing method that can impact the product bioburden population or resistance. The study should demonstrate that product bioburden population or resistance has not increased to a level which might potentially invalidate the suitability of the internal PCD, or compromise achievement of the required product SAL.

**D.12.4.3** Where re-evaluation of the load and load configuration identifies changes that might impact on the efficacy of the sterilization process, then these changes should be incorporated into the requalification studies.

**D.12.4.4** No guidance offered.

**D.12.4.5** No guidance offered.

**D.12.4.6** No guidance offered.

#### **D.12.5 Assessment of equivalence**

##### **D.12.5.1 Process equivalence**

Process equivalence is a method used to demonstrate that the same validated sterilization process is delivered by two or more pieces or sets of equipment. It does not require that the equipment be physically identical. Even if the parameters delivered by the equipment are not statistically identical, the processes delivered can still be equivalent if they are all capable of running the process within the defined, validated process limits (see AAMI TIR 28[26]).

Process equivalence among multiple pieces of equipment is intended to minimize the amount of testing required to qualify the process. The sterilization process should be validated in one chamber. The

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remaining equipment can undergo reduced PQ if the remaining equipment has undergone installation qualification (IQ) and operational qualification (OQ) (see 9.2 and 9.3). Equivalence can also be used to reduce requalification of several pieces of equipment. The equipment used to deliver a sterilization process commonly consists of a chamber or room and ancillary control systems. Sterilization process equipment might be located within a given processing facility or among several facilities. This equipment can be used independently to deliver the same process conditions and could be exactly the same design or might differ in size or in the extent of ancillary equipment.

Process equivalence can be established through analysis of process data in combination with a microbiological evaluation. The process data should demonstrate that the candidate equipment is performing within an acceptable range of control (i.e. validated process parameters can be reliably delivered to the product). The data analysis should confirm that the process operates within the defined tolerances for the validated parameters. The microbiological evaluation will demonstrate that the required SAL is achieved.

**D.12.5.2 Criteria for process equivalence**

Process equivalence can be established regardless of whether the equipment is located in the same facility or in different facilities. The criteria to be met prior to the establishment of a process equivalence program are:

- a) full validation of the sterilization process in at least one existing system according to the requirements of [Clause 9](#);
- b) performance of the IQ and OQ studies demonstrating and documenting that all equipment has been installed in accordance with engineering specification requirements and operates in accordance with those requirements;
- c) definition of the process to include the tolerances allowed and documentation of all phases of the process; and
- d) process data analysis associated with the validated tolerances for the candidate equipment and the original equipment.

**D.12.5.3 Determination of process equivalence**

The equivalence of the sterilization process delivered by one piece of equipment to that delivered by another piece of equipment can be established by comparing the data obtained when running the same validated process in each piece of equipment. This comparison should include an evaluation of the equipment's capability to reproducibly deliver the desired process parameters when running a normal production load. Data obtained during the PQ on the process can also be used. The delivered parameters and tolerances should be those that were previously validated in the PQ of the sterilization process in the original equipment. The evaluation of equivalence involves performing a process analysis and evaluation as well as a microbiological evaluation.

**D.12.5.4 Process analysis and evaluation**

An analysis of process data associated with a validated process in the candidate equipment and the original equipment is performed. Process data should be collected from the candidate equipment. These data should be compared with the parameter limits for that specific sterilization process and the results obtained in the PQ of the original equipment. The parameter limits are those established in the initial validation for the sterilization process (including all process requirements identified in this International Standard) in the existing equipment. The specifications, acceptance criteria, and pallet or load configuration should be the same as those defined for the initial PQ. The actual parameters to be evaluated in the equivalence determination are generally a subset of the entire process specification. The parameters selected and the rationale for their selection should be documented. Statistical methods that evaluate both the central tendencies of the test data and the degree of variability of the data can be used in this evaluation. Examples of statistical analysis approaches are presented in AAMI TIR15. [\[24\]](#) The examples are illustrative only, and are intended to provide guidance on statistical calculations,

normality requirements, and steps to take if the data fail a normality test. If the process analysis and evaluation do not meet the established acceptance criteria, then it is not possible to demonstrate process equivalence.

#### D.12.5.5 Evaluation of preconditioning or aeration areas

The criteria for establishing process equivalence are the same for preconditioning or aeration areas, with the exception that humidity usually does not apply to aeration. An evaluation that compares the load temperature and humidity profiles within each environment should be performed. At a minimum, temperature and humidity uniformity within the load and the relationship of this uniformity with the corresponding set points and recorded control variables for the areas should be evaluated. If the pieces of equipment use different set points or have different control limits, it might not be possible to declare that they are equivalent. Process equivalence for the preconditioning or aeration processes can be established if analysis of performance data concludes that conditions within the load meet the parameter limits (e.g. temperature distribution, residual levels, etc.) at the end of preconditioning or the end of aeration. Product EO sterilization residuals levels should be verified in the candidate aeration room/chamber/cell.

#### D.12.5.6 Evaluation of sterilization chamber performance

An evaluation that compares the delivery of process parameters for the load in the candidate equipment to the data obtained in the PQ or in production runs should be performed. The critical process and load parameters to be compared should be defined for the sterilization process before the evaluation is performed. These parameters are unique for each sterilization process but can include the following:

- a) Load parameters:
  - 1) product temperatures — temperatures achieved and their distribution within the load during EO dwell;
  - 2) product humidity — humidity achieved and its distribution within the load at the end of conditioning.
- b) Process parameters:
  - 1) chamber humidity at selected times during the cycle (e.g. beginning and/or end of conditioning). This parameter can be measured directly or can be based on pressure rise due to steam injection;
  - 2) chamber process temperature at selected times during the cycle (e.g. end of conditioning or during the EO dwell period);
  - 3) chamber EO gas concentration at selected times during EO dwell period during the cycle (if measured), or EO pressure rise or gas weight.
- c) Other process parameters that might be considered include:
  - 1) vacuum depth and rate of evacuation ( $\Delta P/\text{time}$ ) at selected times during the cycle;
  - 2) humidification time and steam injection rate ( $\Delta P/\text{time}$ );
  - 3) EO injection temperature and rate ( $\Delta P/\text{time}$ ) and the amount of EO used (weight, concentration, or pressure); and
  - 4) air or nitrogen injection rate ( $\Delta P/\text{time}$ ).

An analysis of the process data are used to indicate that the processes are or are not equivalent in their ability to meet the existing process parameter limits and any additional acceptance criteria. The data generated should be analysed and compiled in a format that will allow for its use in future process equivalence determinations.

**ISO 11135:2014(E)****D.12.5.7 Microbiological evaluation**

In the microbiological evaluation, a fractional or half cycle is performed to demonstrate that the sterilization process is capable of delivering the defined minimum specified product SAL in all the evaluated pieces or sets of equipment.

**NOTE** If the run used during process analysis was a fractional or half cycle and included microbiological monitoring, then the data can also be used for this evaluation.

In addition to the delivery of the specified product SAL, additional factors that should be evaluated include any changes to the sterilization location or manufacturing location that might have an impact on the bioburden level of the product as presented for sterilization. Increased distances between the manufacturing facility and sterilization site might result in higher bioburden levels, especially if the product will support microbial growth. Differences in manufacturing environments might lead to the manufacture of product with higher or more resistant bioburden levels than previously qualified, even if the product does not support microbiological growth. Another issue to be evaluated when shipping product between sites is the difference in shipping conditions, such as time in transit and seasonal effects (e.g. temperature, humidity, etc.). Holding of product under defined conditions to simulate shipping/transport conditions should be performed if required.

**D.12.5.8 Results evaluation**

The results of the evaluation will determine whether the different pieces or sets of equipment perform equivalently. If the different pieces or sets of equipment are equivalent, then the requirement for a reduced MPQ has been satisfied through the testing that was already performed and no further qualification would be necessary. If the conclusion of either the process analysis and evaluation or the microbiological evaluation is that the processes are not equivalent, then the process should be declared “not equivalent” and a full PQ should be performed.

**D.12.5.9 Maintenance of equivalence**

Maintenance of equivalence should include a review of changes to each piece of equipment, the manufacturing process, the product load, and the sterilization process to ensure that these changes do not compromise the overall determination of equivalence. This review should be conducted before changes are made and should be part of the change control process. If any process fails the periodic equivalence review, then it should be removed from the equivalence list and requalified on its own.

**D.12.5.10 Documentation**

All decisions related to the outcome of the analysis determining whether candidate equipment can be declared equivalent to the existing sterilization process equipment should be documented. At a minimum, this documentation package should include:

- a) The complete specification for the candidate equipment, which fully describes the equipment, operating specifications, and tolerances, and which refers to or provides a list of applicable operating procedures, calibration procedures, and maintenance schedules. This specification should include or reference the current IQ per this International Standard.
- b) Evidence or assessment of the ability of the equipment to deliver the intended process. The evidence or assessment should include or reference the current OQ.
- c) The result of the comparison between the candidate process equipment and the existing validated process equipment. This comparison should clearly demonstrate that all major systems and critical parameters were assessed, including statistical analysis (if used).
- d) Evidence or assessment of the product conditions during processing within the candidate equipment to demonstrate equivalence to the existing process.
- e) Results of the evaluation of any additional factors that could affect the lethality of the sterilization process, as appropriate.

- f) The documented conclusion that the candidate equipment is equivalent to the equipment specifically referenced in the current validation study to achieve the specified product SAL. This conclusion should include or reference any additional tests performed to supplement the existing validation study and any further testing performed for confirmation or qualification for routine release of product from the existing validated cycle (e.g. residual testing, functional testing on first three lots, etc.).
- g) Approval by the sterilization specialist and other individuals as required by the normal change control or process documentation control practices within the organization.
- h) A list of applicable sterilizer operating procedures and specifications issued or changed to authorize use of the candidate equipment for routine processing of product.

#### **D.12.5.11 Product**

##### **D.12.5.11.1 Product family**

A product family is a collection of products determined to be similar or equivalent for validation purposes. Although product families can be used for other reasons (EO residuals, bioburden, or biocompatibility) for EO sterilization a product family usually refers to products that have been grouped together for the purposes of determining that the required SAL has been delivered to the products during the MPQ.

An EO product family can consist of various combinations of similar products. For example, a product family might contain a series of catheters that differ only in their sizes or a variety of products that are made in the same environment with the same material. When products are grouped into families it is important that they are grouped based on a rationale that is appropriate for the EO sterilization process.

The use of product families makes the validation process simpler since all products in the family would be determined to represent an equivalent or lesser challenge to the sterilization process than the representative product or internal PCD. The product family can be represented by a worst-case product (often called the “master product”); the entire family is considered an equivalent challenge to the sterilization process, or it is represented by a product PCD (internal PCD).

In addition to product families, processing categories can also be used in EO sterilization routinely once the PQ has been completed. A processing category is a collection of EO product families that can be dissimilar in the details used to establish the product family, such as material of construction or packaging, or manufacturers, but each of the EO product families within a processing category should be qualified in a common sterilization process. For example, a collection of products (intravenous sets) might constitute a product family and might be placed in a processing category that includes a separate collection of products (e.g. a family of syringes). The commonality within the processing category might be the PCD that represents the microbial challenge for those products in that group. All products within this processing category should present an equivalent or lesser challenge to the sterilization process when compared with the worst-case product, representative member, or internal PCD which is placed within the product sterile barrier system.

The review for product equivalence can be conducted within each product family or processing category. Alternatively, a worst-case product or representative member can be selected for the qualification study. In the following paragraphs, several aspects of product evaluation are addressed.

##### **D.12.5.11.2 Determination of adverse effects to product**

Before determining whether a candidate product or packaging system can be adopted into a product family or processing category, one should determine whether the candidate product or packaging system will remain functional and effective. A system to evaluate these aspects should be addressed by the design or change control process. Consideration should be given to functionality, integrity, stability, biocompatibility, and residuals, with special consideration given to determining the effect that the sterilization process might have on drugs that could be included in devices or components. For products that contain certain types of finished components (e.g. kits with drugs), the manufacturer

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should consider regulatory requirements with regard to the safety and efficacy of these components in addition to the impact the sterilization process can have on the expiry date of the products involved.

The EO process for which the product will be tested should constitute a representative challenge to the product and its packaging system. Documentation should address how the challenge process differs from the nominal process, and the product qualification should demonstrate that these parameters are acceptable for product acceptance.

The candidate product and its packaging should be evaluated to determine the effect on product EO residual levels, and any changes to either should be evaluated for the impact on product release. ISO 10993-7 should be used as guidance for making this evaluation.

**D.12.5.11.3 Determination of product design effects**

The design of the candidate product should be carefully reviewed for any changes or differences that could present greater obstacles to EO, heat, or humidity penetration than the existing product or PCD. Examples of possible changes include longer lumens, the addition of closures, or a larger number of mated surfaces or product density.

Review the product design against the original product functionality testing to ensure that the changes do not adversely affect the function of the product.

**NOTE** This evaluation typically does not include areas of the device that are hermetically sealed and cannot be exposed during intended use. Examples are items such as sealed, hollow, moulded parts or sealed lumens.

**D.12.5.11.4 Determination of product material and characteristics effects**

The characteristics of the candidate product should be carefully examined for any differences that could potentially affect the product bioburden, such as manufacturing production methods, facilities, location, and raw material types and sources. The materials of construction should be reviewed to ensure that the product will not retain higher EO residual levels or levels that will exceed the regulated limits.

**D.12.5.11.5 Determination of sterile barrier system effects**

The sterile barrier system of the candidate product should be carefully examined for any factors that could present obstacles to EO, heat, or humidity penetration. These factors can include a decrease in porosity of the venting material, a smaller venting surface area, the occlusion of the venting area, or any other feature that would make the candidate product a greater challenge to the sterilization process than the existing product or product internal PCD. In addition, the effects of changes to the sterile barrier system on the bioburden of the product and any effects on EO residual levels should be evaluated.

**D.12.5.11.6 Determination of load configuration effects**

The load configuration of the candidate product should be carefully examined for any changes that could affect the thermodynamic response to the sterilization process. These changes could include additional layers of stretch wrap, a reconfiguration of the pallet, a change in the load size, a change to the overall density of the load, or any other change that would make the candidate product a greater challenge to the sterilization process.

**D.12.5.11.7 Conclusions of product adoption evaluation**

If the results of the written technical review show that the candidate product and existing products or internal PCD are similar and the differences between them are determined to be insignificant or to present a lesser challenge than the currently validated product or internal PCD, then the candidate product can be adopted into the product family or processing category without further study. If AAMI TIR28:2009<sup>[26]</sup>, [Annex A](#), was used for the review, this decision would be supported by virtually all “No” answers to the questions. The rationale for this decision should be made by a sterilization specialist and should be documented. If the technical review indicates that the candidate product has the potential to be a greater challenge to the sterilization process than the currently validated product

or internal PCD, then further studies are indicated. If the candidate product is determined to represent a greater challenge to the sterilization process, then it does not meet the requirements for adoption into an existing product family or processing category, and a full PQ needs to be performed. This PQ can:

- a) establish a new product family or processing category, with the candidate product as the representative product;
- b) establish a new internal PCD for the sterilization process;
- c) establish that the candidate product is equivalent to the currently validated master product; or
- d) establish a new sterilization process for the candidate product.

## D.13 Guidance on [Annex A](#) — Determination of lethal rate of the sterilization process — Biological indicator/bioburden approach

### D.13.1 [\[A.1\]](#) General

**D.13.1.1 [\[A.1.1\]](#)** This clause provides further guidance to information in [Annex A](#) and [D.8](#) through [D.9](#). Since the biological indicator/bioburden approach and the overkill approach use many of the same procedures, some of the text in this clause duplicates text in [D.14](#).

The combined biological indicator/bioburden approach is based on the use of a resistant BI or other internal PCD with a population that is equal to or greater than that of the bioburden. This method is appropriate when sufficient bioburden data are available from the bioburden monitoring program to demonstrate that the product bioburden resistance along with the population can be appropriately represented during the validation studies to deliver a  $10^{-6}$  SAL to the product.

NOTE This method can involve the use of a BI or other internal PCD with a population of less than  $10^6$ .

The relative resistance and population of the internal PCD should be compared with the resistance and population of the product bioburden. The log reduction of the internal PCD can be used to calculate the sterility assurance level achieved for the product bioburden with the most resistance to the sterilization process.

If this is the case, then the Spore Log Reduction (SLR) data developed in a lethality study for the BI can be used to demonstrate the effectiveness of the process for the product. If the data are generated using an enumeration method, then the SLR can also be predicted from the survivor curve data that are generated. The user should be aware that the minimum cycle time derived from this approach is not, by itself, adequate to validate the sterilization process. Demonstration of the ability to maintain process parameters within defined limits during the proposed full cycle is necessary.

If the product bioburden is tested at frequent intervals and is consistent, then a combined biological indicator/bioburden method can be used for process definition and/or MPQ.

**Process lethality determinations:** the microbiological lethality delivered to a product after exposure of the product to a particular process can be calculated based on the *D* value of a specified microorganism. Because microorganisms generally die at a rate that is approximately logarithmic for a given process, a time unit of exposure to EO gas can be found to result in the destruction of 90 % of the microorganism's population regardless of the population size. Each of these time units is referred to as the *D*-value for the product microbiological contaminant, when exposed to the specified sterilization process.

The *D*-value of a specified microorganism and the microbiological lethality delivered to the product when exposed to a specified sterilization process can be calculated using the results from one of two commonly used methods. The first method (enumeration) consists of an enumeration or physical count of the survivors and the second (fraction-negative) uses growth/no growth during fractional cycles. Either of these methods can be used for [Annexes A](#) or B. *D* values can be calculated by using the results from the fractional cycles and equations described in ISO 11138-1 and ISO 14161.

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It might be appropriate to consider the impact of EO injection and post exposure evacuation time to provide greater accuracy in determining the lethal rate. This impact will be most significant when EO injection and post exposure times are lengthy compared to the EO exposure time, see Reference.<sup>[40]</sup>

Regardless of the method used, it is assumed that:

- a) the microorganism population is homogeneous;
- b) the process parameters are constant from run to run;
- c) a semi-logarithmic survivor relationship exists;
- d) microorganisms that have survived the process and unexposed microorganisms respond similarly in the recovery medium;
- e) all microbiological test methods (tests of sterility, enumeration, etc.) should be validated in accordance with ISO 11737-1 and 11737-2.

**Enumeration:** enumeration consists of exposing internal PCDs to the fractional cycle, removing the challenge and performing survivor counts on the samples or biological indicators. The survivor count can be used in developing a survivor curve and *D* value. The *D*-value is then calculated using a linear regression model.

See ISO 14161:2009.

**Fraction-negative:** fraction-negative analysis involves running sterilization cycles in which some, but not all, of the biological indicators are inactivated. This includes:

- a) Holcomb-Spearman-Karber (HSK) procedure;
- b) Limited Holcomb-Spearman-Karber (LHSK) procedure;
- c) Stumbo-Murphy-Cochran (SMC) procedure.

See ISO 14161:2009.

**Sample size:** the number of samples depends on the method used and whether the samples are distributed throughout the load or concentrated in one location. Use of a single location can improve consistency of results between samples; however, it might not represent the worst case location in a chamber unless extensive mapping has been performed in each chamber with each possible load configuration.

When evaluating results, consideration needs to be given to ensure that the differences in the number of surviving microorganisms between replicate challenges are due to random variation within a population rather than a variation in exposure conditions.

For further guidance on the number of biological indicators, see [Table C.3](#). In addition, see ISO 11138-1 and ISO 14161 to ensure that the minimum number of samples is met.

In order to achieve the desired results, it might be necessary to shorten the post-exposure phases of the cycle.

**D.13.1.2 [A.1.2]** Information on the incubation period for biological indicators is provided in ISO 14161:2009, subclause 12.3.

**D.13.1.3 [A.1.3]** It is possible to combine the enumeration and fraction-negative approaches for determining lethality or *D* values. The two approaches are based on different calculation methods. Users generally select one method or the other for determining process lethality.

### **D.13.2 [A.2] Procedure**

The location within the product at which sterility is most difficult to achieve might include not only those areas that have reduced sterilant penetration, but also those areas that are more likely to have a



significant amount of bioburden present. A review of the product should be conducted to establish an appropriate placement of the biological challenge. The review should be documented. See ISO 14161:2009, 7.2.2.

Aspects to consider are:

- a) the length and inside diameter of lumens, and whether or not the wall of the medical device allows diffusion of EO;
- b) absorbency of the different parts of both the product and material;
- c) weights and densities of items;
- d) load configuration, especially for a mixed product load.

See ISO 11138-1 and ISO 14161 to ensure that the requirement for the minimum number of samples is met.

ISO 14161:2009, Annex A, provides additional guidance on the application of the relationship between the BI and the product bioburden in the biological indicator/bioburden approach.

It is important that the internal PCD provides an equal or greater challenge than that of the bioburden located in the most inaccessible portion of the product. See [D.7.1.6](#) for information on the development of PCDs and [D.8.6](#) for information on determining the appropriateness of the internal PCD, placed within the sterile barrier system of the product.

The parameters that primarily affect lethality are exposure time, EO concentration, humidity and temperature. If an adjustment of parameters other than exposure time is made, the overall effect to the cycle should be evaluated since the adjustment might not achieve the desired result because the parameters are interrelated. For example, the result of decreasing temperature would actually increase the EO concentration and the relative humidity if no change is made to the pressure parameters.

The data obtained from process lethality studies are used to establish the minimum EO gas exposure time required for the sterilization process. If these studies are performed in a developmental chamber, caution should be taken in directly applying this time to the sterilization process because kill curves (lethality rates or *D* values/SLRs) are specific to the process parameters, chamber load configuration, and PCD placement within packaged product within the load used for the study.

For additional information on direct enumeration and fraction negative-methods, see ISO 11138-1:2006, Annex D and ISO 14161:2009, Annex C.

## **D.14 Guidance on [Annex B](#) — Conservative determination of lethal rate of the sterilization process — Overkill approach**

### **D.14.1 [\[B.1\]](#) General**

**D.14.1.1 [\[B.1.1\]](#)** This clause provides further guidance to information in [Annex B](#), and supplementary guidance to information in [Clauses 8](#) and [9](#). Since the biological indicator (BI)/bioburden approach and the overkill approach use many of the same procedures, some of the text in this annex duplicates text in D.13. However, when using the cycle calculation approach, see also [D.13.1.1](#). For further information regarding the use of the overkill approach see ISO 14161:2009, 7.2.

The user should be aware that the minimum cycle time derived from this approach is not, by itself, adequate to validate the sterilization process. Demonstration of the ability to maintain process parameters within defined limits during the proposed full cycle is necessary.

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**D.14.1.2 [B.1.2]** Two methods are commonly used in this approach.

*Half cycle approach:* Due to its relative ease of use and the conservative SAL obtained, medical device manufacturers and health care facilities commonly use this method which is to demonstrate total inactivation of the  $10^6$  challenge BIs at a half-cycle exposure time. When this exposure time is doubled, a minimum 12 SLR is delivered during EO exposure. This approach will lead to a process delivering considerably more than 12 SLR.

*Cycle Calculation:* This method consists of exposing internal PCDs to the experimental cycle, removing the challenge and testing for survivors. This testing can be conducted by using a fraction-negative technique or by performing viable microbial counts on the samples or challenge indicators. This information can be used to calculate the cycle necessary to deliver the defined SAL for the product. See ISO 14161:2009. When using the Stumbo-Murphy-Cochran procedure and the Overkill Cycle Calculation approach, the recommended number of BI/PCDs can be based on the product volume to be sterilized with a minimum of 10, see Reference [38] and C.3. The sample set exposed at zero time should be exposed to all stages of the experimental cycle prior to sterilant injection.

**D.14.1.3 [B.1.3]** Information on the incubation period for biological indicators is provided in ISO 14161:2009, 12.3.

**D.14.1.4 [B.1.4]** The appropriateness of the BI relative to the bioburden inactivation time can be demonstrated by a test of sterility, either before or during process definition using a fractional-cycle of the appropriate exposure time.

## **D.14.2 [B.2] Procedure**

**D.14.2.1 [B.2.1]** Internal PCDs placed within the product sterile barrier system can be used for this method. If used, they should provide at least as great a challenge to sterilization process as the product they represent. The challenge of the internal PCD to the sterilization process should be at least that of the bioburden located in the most inaccessible portion of the product (See D.7.1.6 and D.8.6). See 7.1.6 for information on the development of PCDs and 8.6 and D.8.6 for information on determining the appropriateness of the internal PCD for the product microbiological challenge.

**D.14.2.2 [B.2.2]** The location within the product at which sterility is most difficult to achieve might include not only those areas that have reduced sterilant penetration, but also those areas that are more likely to have a significant amount of bioburden present.

Aspects to consider are:

- a) the length and inside diameter of lumens, and whether or not the wall of the medical device allows diffusion of EO;
- b) absorbency of the different parts of both the product and material;
- c) weights and densities of items;
- d) load configuration, especially for a mixed product load.

*Health care considerations:* To demonstrate adequate penetration of EO, humidity and heat into product, a PCD should be chosen for routine monitoring and validation of the EO sterilization process. The resistance of the PCD to EO should be shown to be equal to or greater than the resistance of the bioburden of product to be sterilized at the most difficult to sterilize location on the product.

**D.14.2.3 [B.2.3]** No guidance offered

**D.14.2.4 [B.2.4]** Obtaining microbial enumeration data or fractional kill data requires exposing the microbial challenge to less lethality than is present in the normal production cycle. This is usually accomplished by reducing the exposure time while holding all other parameters either constant at

nominal conditions, or at selected minimum acceptable processing conditions. Utilizing the allowed minimum process temperature for the enumeration study ensures the required lethality is obtained when operating within the specified temperature range.

The parameters that primarily affect lethality are exposure time, EO concentration, humidity, and temperature. If an adjustment of parameters other than exposure time is made, the overall effect to the cycle should be evaluated since the adjustment might not achieve the desired result because the parameters are interrelated. For example, the result of decreasing temperature would actually increase EO concentration and relative humidity if no change is made to the steam injection pressure and the EO injection pressure rise.

**D.14.2.5 [B.2.5]** SLRs can be calculated using the results of fractional cycles. If there are no surviving internal PCDs, a worst-case estimate of the SLR can be obtained by running the calculation with one assumed survivor.

Regardless of the method used, it is assumed that:

- a) the organism population is homogeneous;
- b) the process parameters (except gas exposure time) are constant from run to run;
- c) a semi-logarithmic survivor relationship exists;
- d) exposed and unexposed organisms respond similarly in the recovery medium.

## Annex E (normative)

### Single Lot Release

#### E.1 General

This annex specifies the requirements for the release of product from a sterilization process where there is only sufficient product to comprise a single sterilization load, for example, during research and development of new product or for clinical trial product.

NOTE Attention is drawn to the possible existence of national or regional regulations for clinical product. Where such regulations are in force, the requirements of these regulations should be followed.

#### E.2 Procedure

**E.2.1** Assess the packaged product to determine if it can be assigned to an existing product family for sterilization purposes. This assessment considers product composition, design, packaging, bioburden and load density. The outcome of this assessment, including the rationale for decisions reached, is documented.

**E.2.2** If the packaged product can be assigned to an existing product family refer to [12.5.2](#) and [D.12.5.2](#).

**E.2.3** Where there is no existing product family(ies), or where packaged product cannot be assigned to an existing product family:

- a) Randomly select samples from the batch and determine the average bioburden of the batch in accordance with ISO 11737-1.
- b) Distribute product test of sterility samples and internal PCDs that are located within packaged product throughout the sterilization load, including locations where sterilizing conditions are most difficult to achieve. Place external PCDs (if used) on the load in defined locations. The PCD contains BIs that comply with ISO 11138-2:2006, Clause 5 and 9.5.

NOTE The locations used should include those used for temperature monitoring.

- c) Expose the sterilization load to a fractional EO gas exposure cycle at minimum process parameters estimated to deliver an SAL of  $< 10^{-1}$  for product and a 7 to 8  $\log_{10}$  reduction in the PCD.
- d) Remove internal PCDs, external PCDs (if used) and product test samples from the load and subject to tests of sterility in accordance with ISO 11737-2.

NOTE If comparative resistance of the internal PCD versus product bioburden has previously been assessed using a fractional cycle of shorter duration than that of the fractional cycle in [E.2.3 c\)](#), and there have been no positive test results from the product test of sterility samples, then it is not necessary to perform the test of sterility for product test samples exposed to the fractional cycle in [E.2.3 c\)](#).

- e) Aerate and re-equilibrate the load to ambient conditions. The aeration period is sufficient to allow EO residues to dissipate to a level that will not adversely affect new PCDs in the full exposure sterilization cycle (see f) and g) below).
- f) Distribute new internal PCDs that are located within packaged product throughout the sterilization load, including locations where sterilizing conditions are most difficult to achieve. Place external PCDs (if used) on the load in defined locations.

NOTE The locations used should include those used for temperature monitoring.

- g) Process the same load by exposing it to a second sterilization cycle at nominal process parameters and where the specified exposure time is at least double that of the fractional cycle in c) above (this is a full cycle).
- h) Remove external PCDs (if used) and internal PCDs from the reprocessed load and subject to tests of sterility.

**E.2.4** The sterilization load can be released from sterilization if the following requirements are met:

- a) the product bioburden presents less of a challenge to the sterilization process than the biological indicator used in the external PCDs (if used) and internal PCDs;
- b) the process parameters for the fractional cycle comply with the process specification;
- c) the load has been reprocessed by exposure to a full sterilization cycle at nominal process parameters where the specified exposure time was at least double that of the fractional cycle in [E.2.3 c\)](#);
- d) the process parameters for the full sterilization cycle comply with the process specification;
- e) confirmation of no growth of the test microorganisms from external PCDs (if used) and internal PCDs exposed to the fractional sterilization cycle;
- f) confirmation of no positive result growth from product test of sterility samples exposed to the fractional sterilization cycle;

NOTE If comparative resistance of the internal PCD versus product bioburden has previously been assessed using a fractional cycle of shorter duration than that of the fractional cycle in [E.2.3 c\)](#), and there have been no positive test results from the product test of sterility samples, then it is not necessary to perform the test of sterility for product test samples exposed to the fractional cycle in [E.2.3 c\)](#).

- g) confirmation of no growth of the test microorganisms from PCDs exposed to the full sterilization cycle;
- h) product functionality, stability and package integrity comply with requirements after exposure to the full sterilization cycle;
- i) confirmation that product EO residue levels comply with the requirements of ISO 10993-7 after product has been exposed to both the fractional and the full sterilization cycles; and
- j) all quality and regulatory requirements have been met.

NOTE Information and data generated from this approach can be used retrospectively to support future validation of the sterilization process.

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