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| <b>STN</b> | <b>Sterilizácia výrobkov zdravotnej starostlivosti.<br/>Etylénoxid. Požiadavky na vývoj, validáciu a<br/>rutinnú kontrolu sterilizačného procesu pri<br/>zdravotníckych pomôckach (ISO 11135: 2014).</b> | <b>STN<br/>EN ISO 11135</b><br><br>85 6530 |
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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 (ISO 11135:2014)

Táto norma obsahuje anglickú verziu európskej normy.  
This standard includes the English version of the European Standard.

Táto norma bola oznámená vo Vestníku ÚNMS SR č. 01/15

Obsahuje: EN ISO 11135:2014, ISO 11135:2014

Oznámením tejto normy sa ruší  
STN EN ISO 11135-1 (85 6530) z decembra 2007

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Úrad pre normalizáciu, metrológiu a skúšobníctvo SR, odbor SÚTN, 2015  
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EUROPÄISCHE NORM

**EN ISO 11135**

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)

Sterilisierung 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.

CEN members are bound to comply with the CEN/CENELEC Internal Regulations which stipulate the conditions for giving this European Standard the status of a national standard without any alteration. Up-to-date lists and bibliographical references concerning such national standards may be obtained on application to the CEN-CENELEC Management Centre or to any CEN member.

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

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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 July 2017.

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**

| <b>Clauses of this EN</b> | <b>Essential Requirements (ERs) of Directive 90/385/EEC</b> | <b>Qualifying remarks/Notes</b>  |
|---------------------------|---|--|
| 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*





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Tel. + 41 22 749 01 11  
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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)

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received. [www.iso.org/patents](http://www.iso.org/patents)

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

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

The committee responsible for this document is ISO/TC 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.

**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*

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