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| <b>STN</b> | <b>Obaly na zdravotnícke pomôcky sterilizované v<br/>konečnom obale<br/>Časť 2: Požiadavky validácie na procesy<br/>tvarovania, spájania a skladania (ISO 11607-2:<br/>2006)</b> | <b>STN<br/>EN ISO 11607-2</b><br><br>85 6543 |
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Packaging for terminally sterilized medical devices - Part 2: Validation requirements for forming, sealing and assembly processes (ISO 11607-2:2006)

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. 12/17

Obsahuje: EN ISO 11607-2:2017, ISO 11607-2:2006

Oznámením tejto normy sa ruší  
STN EN ISO 11607-2 (85 6543) z apríla 2007

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Úrad pre normalizáciu, metrológiu a skúšobníctvo Slovenskej republiky, 2018  
Podľa zákona č. 264/1999 Z. z. o technických požiadavkách na výrobky a o posudzovaní zhody a o zmene a doplnení niektorých zákonov v znení neskorších predpisov sa slovenská technická norma a časti slovenskej technickej normy môžu rozmnožovať alebo rozširovať len so súhlasom slovenského národného normalizačného orgánu.

EUROPEAN STANDARD

**EN ISO 11607-2**

NORME EUROPÉENNE

EUROPÄISCHE NORM

July 2017

ICS 11.080.30

Supersedes EN ISO 11607-2:2006

English Version

## Packaging for terminally sterilized medical devices - Part 2: Validation requirements for forming, sealing and assembly processes (ISO 11607-2:2006)

Emballages des dispositifs médicaux stérilisés au stade  
terminal - Partie 2: Exigences de validation pour les  
procédés de formage, scellage et assemblage (ISO  
11607-2:2006)

Verpackungen für in der Endverpackung zu  
sterilisierende Medizinprodukte - Teil 2:  
Validierungsanforderungen an Prozesse der  
Formgebung, Siegelung und des Zusammenstellens  
(ISO 11607-2:2006)

This European Standard was approved by CEN on 18 July 2017.

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

This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the CEN-CENELEC Management Centre has the same status as the official versions.

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EUROPEAN COMMITTEE FOR STANDARDIZATION  
COMITÉ EUROPÉEN DE NORMALISATION  
EUROPÄISCHES KOMITEE FÜR NORMUNG

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

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## European foreword

The text of ISO 11607-2:2006 has been prepared by Technical Committee ISO/TC 198 "Sterilization of health care products" of the International Organization for Standardization (ISO) and has been taken over as EN ISO 11607-2:2017 by Technical Committee CEN/TC 102 "Sterilizers and associated equipment for processing of medical devices" the secretariat of which is held by DIN.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by January 2018, and conflicting national standards shall be withdrawn at the latest by January 2018.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN shall not be held responsible for identifying any or all such patent rights.

This standard replaces EN ISO 11607-2:2006.

This document has been prepared under a standardization request 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, Annex ZB, and Annex ZC, which are an integral part of this document.

The following referenced documents are indispensable for the application of this document. For undated references, the latest edition of the referenced document (including any amendments) applies. For dated references, only the edition cited applies. However, for any use of this standard 'within the meaning of Annex ZA', the user should always check that any referenced document has not been superseded and that its relevant contents can still be considered the generally acknowledged state-of-art.

When an IEC or ISO standard is referred to in the ISO standard text, this shall be understood as a normative reference to the corresponding EN standard, if available, and otherwise to the dated version of the ISO or IEC standard, as listed below.

NOTE The way in which these referenced documents are cited in normative requirements determines the extent (in whole or in part) to which they apply.

**Table – Correlation between normative references and dated EN and ISO standards**

| Normative references<br>as listed in Clause 2 of the<br>ISO standard | Equivalent dated standard    |            |
|--|------------------------------|------------|
|  | EN                           | ISO or IEC |
| ISO 11607-1  | EN ISO 11607-1:2009/A1: 2014 |            |

**EN ISO 11607-2:2017 (E)**

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, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

**Endorsement notice**

The text of ISO 11607-2:2006 has been approved by CEN as EN ISO 11607-2:2017 without any modification.

## Annex ZA (informative)

### Relationship between this European Standard and the essential requirements of Directive 93/42/EEC [OJ L 169] aimed to be covered

This European Standard has been prepared under a Commission's standardization request M/023 concerning the development of European Standards related to medical devices to provide one voluntary means of conforming to essential requirements of Council Directive 93/42/EEC of 14 June 1993 concerning medical devices [OJ L 169].

Once this standard is cited in the Official Journal of the European Union under that Directive and has been implemented as a national standard in at least one Member State, compliance with the normative clauses of this standard given in Table ZA.1 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding essential requirements of that Directive and associated EFTA regulations.

NOTE 1 Where a reference from a clause of this standard to the risk management process is made, the risk management process needs to be in compliance with Directive 93/42/EEC as amended by 2007/47/EC. This means that risks have to be reduced 'as far as possible', 'to a minimum', 'to the lowest possible level', 'minimized' or 'removed', according to the wording of the corresponding essential requirement.

NOTE 2 The manufacturer's policy for determining **acceptable risk** must be in compliance with Essential Requirements 1, 2, 5, 6, 7, 8, 9, 11 and 12 of the Directive.

NOTE 3 This Annex ZA is based on normative references according to the table of references in the European foreword, replacing the references in the core text.

NOTE 4 When an Essential Requirement does not appear in Table ZA.1, it means that it is not addressed by this European Standard.

**Table ZA.1 — Correspondence between this European Standard and Annex I of Directive 93/42/EEC [OJ L 169]**

| Essential Requirements of Directive 93/42/EEC | Clause(s)/sub-clause(s) of this EN | Remarks/Notes  |
|---|------------------------------------|--|
| <b>8.1</b>                                    | 4.3, 5, 6, 7, 8                    | E.R. 8.1 is covered only in respect of the function of the sterile barrier system(s) to protect the sterility of the device from the point of sterilisation to the point of use and to allow for aseptic presentation and only if the requirements of EN ISO 11607-1:2009/A1:2014 (Requirements for materials, sterile barrier systems and packaging systems) are met as well. |
| <b>8.3</b>                                    | 4.3, 5, 6, 8                       | E.R. 8.3 is covered only in  |

| Essential Requirements of Directive 93/42/EEC | Clause(s)/sub-clause(s) of this EN | Remarks/Notes   |
|---|------------------------------------|---|
|   |                                    | respect of the function of sterile barrier system(s) to protect the sterility of the device from the point of sterilisation to the point of use and to allow for aseptic presentation but only if the requirements of EN ISO 11607-1:2009/A1:2014 are met as well (Requirements for materials, sterile barrier systems and packaging systems). In this respect damage to the “protective packaging” is taken to mean damage to or loss of integrity of the sterile barrier system only. |
| 8.4   | 5, 6, 8                            | E.R. 8.4 is covered only in respect of the compatibility between the packaging and the selected sterilisation processes including packaging system performance testing and sterile barrier system stability testing, but only if the requirements of EN ISO 11607-1:2009/A1:2014 are met as well (Requirements for materials, sterile barrier systems and packaging systems).   |

**WARNING 1** — Presumption of conformity stays valid only as long as a reference to this European Standard is maintained in the list published in the Official Journal of the European Union. Users of this standard should consult frequently the latest list published in the Official Journal of the European Union.

**WARNING 2** — Other Union legislation 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 90/385/EEC [OJ L 189] aimed to be covered

This European Standard has been prepared under a Commission's standardization request M/432 to provide one voluntary means of conforming to essential requirements of Council Directive 90/385/EEC of 20 June 1990 on the approximation of the laws of the Member States relating to active implantable medical devices [OJ L 189].

Once this standard is cited in the Official Journal of the European Union under that Directive, compliance with the normative clauses of this standard given in Table ZB.1 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding essential requirements of that Directive and associated EFTA regulations.

NOTE 1 Where a reference from a clause of this standard to the risk management process is made, the risk management process needs to be in compliance with Directive 90/385/EEC as amended by 2007/47/EC. This means that risks have to be reduced 'as far as possible', 'to a minimum', 'to the lowest possible level', 'minimized' or 'removed', according to the wording of the corresponding essential requirement.

NOTE 2 The manufacturer's policy for determining **acceptable risk** must be in compliance with Essential Requirements 1, 4, 5, 8, 9 and 10 of the Directive.

NOTE 3 This Annex ZB is based on normative references according to the table of references in the European foreword, replacing the references in the core text.

NOTE 4 When an Essential Requirement does not appear in Table ZB.1, it means that it is not addressed by this European Standard.

**Table ZB.1 — Correspondence between this European Standard and Annex I of Directive 90/385/EEC [OJ L 189]**

| Essential Requirements of Directive 90/385/EEC | Clause(s)/sub-clause(s) of this EN | Remarks/Notes  |
|--|------------------------------------|--|
| 7  | 4.3, 5, 6, 8                       | E.R. 7 is covered only in respect of the function of sterile barrier system(s) to protect the sterility of the device from the point of sterilisation to the point of use and to allow for aseptic presentation but only if the requirements of EN ISO 11607-1:2009/A1:2014 are met as well (Requirements for materials, sterile barrier systems and packaging systems). |

**WARNING 1** — Presumption of conformity stays valid only as long as a reference to this European Standard is maintained in the list published in the Official Journal of the European Union. Users of this standard should consult frequently the latest list published in the Official Journal of the European Union.

**WARNING 2** — Other Union legislation may be applicable to the products falling within the scope of this standard.

## Annex ZC (informative)

### Relationship between this European Standard and the essential requirements of Directive 98/79/EC [OJ L 331] aimed to be covered

This European Standard has been prepared under a Commission's standardization request, M/252, concerning the development of European Standards relating to *in vitro* diagnostic medical devices, to provide one voluntary means of conforming to essential requirements of Directive 98/79/EC of the European Parliament and of the Council of 27 October 1998 on *in vitro* diagnostic medical devices [OJ L 331].

Once this standard is cited in the Official Journal of the European Union under that Directive, compliance with the normative clauses of this standard given in Table ZC.1 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding essential requirements of that Directive and associated EFTA regulations.

NOTE 1 Where a reference from a clause of this standard to the risk management process is made, the risk management process needs to be in compliance with Directive 98/79/EC. This means that risks have to be reduced 'as far as possible', 'to a minimum', 'to the lowest possible level', 'minimized' or 'removed', according to the wording of the corresponding essential requirement.

NOTE 2 The manufacturer's policy for determining **acceptable risk** must be in compliance with Essential Requirements Part A: 1, 2 and 5; Part B: 1.2, 2, 3, 5, 6 and 7 of the Directive.

NOTE 3 This Annex ZC is based on normative references according to the table of references in the European foreword, replacing the references in the core text.

NOTE 4 When an Essential Requirement does not appear in Table ZC.1, it means that it is not addressed by this European Standard.

**Table ZC.1 — Correspondence between this European Standard and Annex I of Directive 98/79/EC [OJ L 331]**

| Essential Requirements of Directive 98/79/EC | Clause(s)/sub-clause(s) of this EN | Remarks/Notes   |
|--|------------------------------------|---|
| <b>B2.3</b>                                  | 4.3, 5, 6, 8                       | E.R. B2.3 is covered only in respect of the function of the sterile barrier system(s) to protect the sterility of the device from the point of sterilisation to the point of use and to allow for aseptic presentation but only if the requirements of EN ISO 11607-1:2009/A1:2014 are met as well (Requirements for materials, sterile barrier systems and packaging systems). In this respect damage to the "protective packaging" is taken to mean |

| Essential Requirements of Directive 98/79/EC | Clause(s)/sub-clause(s) of this EN | Remarks/Notes  |
|--|------------------------------------|--|
|  |                                    | damage to or loss of integrity of the sterile barrier system only.   |
| B2.4   | 5, 6, 8                            | E.R. B2.4 is covered only in respect of the compatibility between the packaging and the selected sterilisation processes including packaging system performance testing and sterile barrier system stability testing, but only if the requirements of EN ISO 11607-1:2009/A1:2014 are met as well (Requirements for materials, sterile barrier systems and packaging systems). |

**WARNING 1** — Presumption of conformity stays valid only as long as a reference to this European Standard is maintained in the list published in the Official Journal of the European Union. Users of this standard should consult frequently the latest list published in the Official Journal of the European Union.

**WARNING 2** — Other Union legislation may be applicable to the products falling within the scope of this standard.

# INTERNATIONAL STANDARD

# ISO 11607-2

First edition  
2006-04-15

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## Packaging for terminally sterilized medical devices —

### Part 2: Validation requirements for forming, sealing and assembly processes

*Emballages des dispositifs médicaux stérilisés au stade terminal —  
Partie 2: Exigences de validation pour les procédés de formage,  
scellage et assemblage*



Reference number  
ISO 11607-2:2006(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.

International Standards are drafted in accordance with the rules given in the ISO/IEC Directives, Part 2.

The main task of technical committees is to prepare International Standards. Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75 % of the member bodies casting a vote.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights.

ISO 11607-2 was prepared by Technical Committee ISO/TC 198, *Sterilization of health care products*.

ISO 11607-1 and ISO 11607-2 cancel and replace ISO 11607:2003, which has been technically revised.

ISO 11607 consists of the following parts, under the general title *Packaging for terminally sterilized medical devices*:

- *Part 1: Requirements for materials, sterile barrier systems and packaging systems*
- *Part 2: Validation requirements for forming, sealing and assembly processes*

## Introduction

Medical devices delivered in a sterile state should be designed, manufactured and packed to ensure that they are sterile when placed on the market and remain sterile, under documented storage and transport conditions, until the sterile barrier system is damaged or opened. Additionally, medical devices delivered in a sterile state should have been manufactured and sterilized by an appropriate, validated method.

One of the most critical characteristics of a sterile barrier system and packaging system for sterile medical devices is the assurance of sterility maintenance. The development and validation of packaging processes are crucial to ensure that sterile barrier system integrity is attained and will remain so until opened by the users of sterile medical devices.

There should be a documented process validation program demonstrating the efficacy and reproducibility of all sterilization and packaging processes. Along with the sterilization process, some of the packaging operations that can affect sterile barrier system integrity are forming, sealing, capping or other closure systems, cutting and process handling. This part of ISO 11607 provides the framework of activities and requirements to develop and validate the process used to make and assemble the packaging system. ISO 11607-1 and ISO 11607-2 are designed to meet the Essential Requirements of the European Medical Device Directives.

One significant barrier to harmonization was terminology. The terms “package”, “final package”, “final pack”, “primary pack”, and “primary package” all have different connotations around the globe and choosing one of these terms to be the harmonized basis for this part of ISO 11607 was considered a barrier to successful completion of this document. As a result, the term “sterile barrier system” was introduced to describe the minimum packaging required to perform the unique functions required of medical packaging: to allow sterilization, to provide an acceptable microbial barrier, and to allow for aseptic presentation. “Protective packaging” protects the sterile barrier system, and together they form the packaging system. “Preformed sterile barrier systems” would include any partially assembled sterile barrier systems such as pouches, header bags or hospital packaging reels.

The sterile barrier system is essential to ensure the safety of terminally sterilized medical devices. Regulatory authorities recognize the critical nature of sterile barrier systems by considering them as an accessory or a component of a medical device. Preformed sterile barrier systems sold to healthcare facilities for use in internal sterilization are considered as medical devices in many parts of the world.



# Packaging for terminally sterilized medical devices —

## Part 2: Validation requirements for forming, sealing and assembly processes

### 1 Scope

This part of ISO 11607 specifies the requirements for development and validation of processes for packaging medical devices that are terminally sterilized. These processes include forming, sealing, and assembly of preformed sterile barrier systems, sterile barrier systems and packaging systems.

This part of ISO 11607 is applicable to industry, to health care facilities, and wherever medical devices are packaged and sterilized.

This part of ISO 11607 does not cover all requirements for packaging medical devices that are manufactured aseptically. Additional requirements may also be necessary for drug/device combinations.

### 2 Normative references

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

ISO 11607-1, *Packaging for terminally sterilized medical devices — Part 1: Requirements for materials, sterile barrier systems and packaging systems* [ISO/TS 11139:2006]

**koniec náhľadu – text ďalej pokračuje v platenej verzii STN**