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STN	**Aseptické spracovanie výrobkov na zdravotnú starostlivosť Časť 2: Sterilizujúca filtrácia (ISO 13408-2: 2018)**	**STN EN ISO 13408-2** 85 6537

Aseptic processing of health care products - Part 2: Sterilizing filtration (ISO 13408-2:2018)

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. 08/18

Obsahuje: EN ISO 13408-2:2018, ISO 13408-2:2018

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STN EN ISO 13408-2 (85 6537) z októbra 2011

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EUROPEAN STANDARD

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EN ISO 13408-2

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ICS 11.080.01

Supersedes EN ISO 13408-2:2011

English Version

Aseptic processing of health care products - Part 2: Sterilizing filtration (ISO 13408-2:2018)

Traitement aseptique des produits de santé - Partie 2: Filtration stérilisante (ISO 13408-2:2018)

Aseptische Herstellung von Produkten für die Gesundheitsfürsorge - Teil 2: Sterilfiltration (ISO 13408-2:2018)

This European Standard was approved by CEN on 2 January 2018.

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EUROPEAN COMMITTEE FOR STANDARDIZATION
COMITÉ EUROPÉEN DE NORMALISATION
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European foreword

This document (EN ISO 13408-2:2018) 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of an identical text or by endorsement, at the latest by September 2018, and conflicting national standards shall be withdrawn at the latest by September 2018.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 document supersedes EN 13408-2:2011.

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, B, and C, which are an integral part of this document.

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within the meaning of Annexes ZA, ZB or ZC, the user should always check that any referenced document has not been superseded and that its relevant contents can still be considered the generally acknowledged state-of-art.

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

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

Table — Correlation between normative references and dated EN and ISO standards

Normative references as listed in Clause 2 of the ISO standard	Equivalent dated standard	
	EN	**ISO**
ISO 13408-1:2008 + Amd 1:2013	EN ISO 13408-1:2015	ISO 13408-1:2008 + Amd 1:2013
ISO 13408-5	EN ISO 13408-5:2011	ISO 13408-5:2006
ISO 11135	EN ISO 11135:2014	ISO 11135:2014
ISO 11137-1	EN ISO 11137-1:2015	ISO 11137-1:2006 + Amd 1:2013
ISO/DIS 11139:2017	prEN ISO 11139:2017	ISO/DIS 11139:2017

EN ISO 13408-2:2018 (E)

Normative references as listed in Clause 2 of the ISO standard	Equivalent dated standard	
	EN	ISO
ISO 13485	EN ISO 13485:2016 + AC:2016	ISO 13485:2016
ISO 17665-1	EN ISO 17665-1:2006	ISO 17665-1:2006

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 13408-2:2018 has been approved by CEN as EN ISO 13408-2:2018 without any modification.

Annex ZA
(informative)

Relationship between this European Standard and the Essential Requirements of EU Directive 90/385/EEC on active implantable medical devices [OJ L 189] aimed to be covered

This European standard has been prepared under a Commission's standardisation request M/023 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 ZA.1 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding Essential Requirements of that Directive and associated EFTA regulations.

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

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

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

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

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

Essential Requirements (ERs) of Directive 90/385/EEC	Clauses of this EN	Qualifying remarks/Notes
7	4,5,6,7,8,9,10,11,12	Only a sterilization process using filtration as part of an aseptic process is considered by this standard and only in conjunction with EN ISO 13408-1. This relevant Essential Requirement is only partly addressed in this European Standard. Design and packaging for maintenance of sterility during transportation and storage are not covered. Aspects of manufacture other than those related to sterilization by filtration are not covered.

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 EU Directive 93/42/EEC on medical devices [OJ L 169] aimed to be covered

This European Standard has been prepared under a Commission's standardization request M/023 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, compliance with the normative clauses of this standard given in Table ZB.1 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding Essential Requirements of that Directive and associated EFTA regulations.

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

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

NOTE 3 This Annex 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 93/42/EEC [OJ L 169]

Essential Requirements (ERs) of Directive 93/42/EEC	Clauses of this EN	Qualifying remarks/Notes
8.3	4,5,6,7,8,9,10 ,11,12	Only a sterilization process using filtration as part of an aseptic process is considered by this standard and only in conjunction with EN ISO 13408-1. This relevant Essential Requirement is only partly addressed in this European Standard. Design and packaging for maintenance of sterility during transportation and storage are not covered. Aspects of manufacture other than those related to sterilization by filtration are not covered.

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 EU Directive 98/79/EC on *in vitro* diagnostic medical devices [OJ L 331] aimed to be covered

This European standard has been prepared under a Commission's standardisation 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 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 (ERs) of Directive 98/79/EC	Clauses of this EN	Qualifying remarks/Notes
B.2.3	4,5,6,7,8,9,10,11,12	Only a sterilization process using filtration as part of an aseptic process is considered by this standard and only in conjunction with EN ISO 13408-1. This relevant Essential Requirement is only partly addressed in this European Standard. Design and packaging for maintenance of sterility during transportation and storage are not covered. Aspects of manufacture other than those related to sterilization by filtration are not covered.

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 13408-2

Second edition
2018-01

Aseptic processing of health care products —

Part 2: Sterilizing filtration

Traitement aseptique des produits de santé —

Partie 2: Filtration stérilisante

Reference number
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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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 (see 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 voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT) see the following URL: www.iso.org/iso/foreword.html.

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

This second edition cancels and replaces the first edition (ISO 13408-2:2003), which has been technically revised.

A list of all parts in the ISO 13408 series can be found on the ISO website.

Introduction

ISO 13408-1 covers general aspects of aseptic processing. Several processes including sterilizing filtration, lyophilization, clean and sterilization in place, isolator systems, and alternative processes for medical devices and combination products were found to be in need of supplementary information, which was too extensive to be included in the corresponding annexes to ISO 13408-1. This information is presented in ISO 13408-2 to ISO 13408-7.

Sterilizing filtration is a critical step in an aseptic manufacturing process. Validation of sterilizing filtration processes can be complex and is generally conducted in both a process and product specific manner. This document describes requirements that, if met, will provide a sterilizing filtration process that consistently removes microorganisms from a fluid (liquid or gas) without negatively affecting the quality of the filtrate. Furthermore, conformity with the requirements ensures that a sterilizing filtration process is both reliable and reproducible so that a determination can be made, with reasonable confidence, that the sterilizing grade filter/s will provide a sterile filtrate under specified operational conditions. This (the reliability and reproducibility of the filtration process) is essential, as unlike a micro-biocidal sterilization process where process variables can be monitored continuously, microbial retention and physical integrity of a sterilising grade filter cannot be monitored on a continuous basis throughout a filtration process.

Where validation establishes a reproducible relationship between the product-specific bacterial retention capability of a sterilizing grade filter and the physical integrity of that filter, then suitable non-destructive pre-use and post-use filter integrity tests are used to determine whether a full-scale sterilizing filtration process has been conducted successfully. During terminal sterilization the kinetics of inactivation follows a mathematical order and allow calculation of a sterility assurance level (SAL). Removal of organisms from a fluid by filtration does not follow such mathematical order and so the use of the term “sterility assurance level” is not appropriate for product sterilized by filtration.

There has been a significant increase in the development and availability of biopharmaceuticals, biologic-based medical devices and cell-based health care products since publication of the initial 2003 edition of this document. This second edition emphasizes the importance of a thorough understanding of the nature of the indigenous bioburden of a fluid that is to be sterilized by filtration, including its relationship to the test microorganism used to determine microbial retention capability of the sterilizing grade filter. For example, Mycoplasma can cause serious contamination problems during the manufacturing of biopharmaceutical, biotechnological and cell-based health care products. A thorough understanding of the indigenous bioburden enables suitable safeguards to be implemented during development, validation and control of a sterilizing filtration process to ensure the safety and quality of the filtered fluid.

While the activities required by this document have been grouped together and are presented in a particular order, this document does not require that the activities be performed in the order that 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 undertake one or more of these activities. This document does not specify the particular individuals or organizations to carry out the activities.

Guidance on the application of this document is given in Annex A.

INTERNATIONAL STANDARD **ISO 13408-2:2018(E)**

Aseptic processing of health care products —

Part 2: Sterilizing filtration

1 Scope

This document specifies requirements for sterilizing filtration as part of aseptic processing of health care products conducted in accordance with ISO 13408-1. It also offers guidance to filter users concerning general requirements for set-up, validation and routine operation of a sterilizing filtration process.

This document is not applicable to removal of viruses.

Sterilizing filtration is not applicable to fluids that intentionally contain particles larger than the pore size of the filter (e.g. bacterial whole-cell vaccines).

This document is not applicable to high efficiency particulate air (HEPA) filters.

This document does not specify requirements for the development, validation and routine control of a process for removing 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.

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements 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 11135, *Sterilization of health-care products — Ethylene oxide — Requirements for the development, validation and routine control of a sterilization process for medical devices*

ISO 11137-1, *Sterilization of health care products — Radiation — Part 1: Requirements for development, validation and routine control of a sterilization process for medical devices*

ISO 11139,[1)] *Sterilization of health care products — Vocabulary — Terms used in sterilization and related equipment and process standards*

ISO 13408-1:2008, *Aseptic processing of health care products — Part 1: General requirements*

ISO 13408-1:2008/Amd. 1:2013, *Aseptic processing of health care products — Part 1: General requirements — Amendment 1*

ISO 13408-5, *Aseptic processing of health care products — Part 5: Sterilization in place*

ISO 13485, *Medical devices — Quality management systems — Requirements for regulatory purposes*

ISO 17665-1, *Sterilization of health care products — Moist heat — Part 1: Requirements for the development, validation and routine control of a sterilization process for medical devices*

1) Under preparation. Stage at the time of publication: ISO/DIS 11139:2017(E).