

SS ISO 11137-2 : 2019
ISO 11137-2: 2013, IDT
(ICS 11.080.01)

SINGAPORE STANDARD

Sterilisation of health care products – Radiation
– Part 2 : Establishing the sterilisation dose



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National Foreword

This Singapore Standard was prepared by the National Mirror Working Group on ISO/TC 210 set up by the Technical Committee on Quality Management Systems under the purview of BHSC.

This Standard is identical with ISO 11137-2:2013, “Sterilization of health care products – Radiation – Part 2: Establishing the sterilization dose”, published by the International Organization for Standardization.

NOTE 1 – Reference to International Standards are replaced by applicable Singapore Standards/Technical References.

NOTE 2 – Where numerical values are expressed as decimals, the comma is read as a full point.

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

NOTE

- 1. Singapore Standards (SSs) and Technical References (TRs) are reviewed periodically to keep abreast of technical changes, technological developments and industry practices. The changes are documented through the issue of either amendments or revisions. Where SSs are deemed to be stable, i.e. no foreseeable changes in them, they will be classified as “Mature Standards”. Mature Standards will not be subject to further review, unless there are requests to review such standards.*
- 2. An SS or TR is voluntary in nature except when it is made mandatory by a regulatory authority. It can also be cited in contracts making its application a business necessity. Users are advised to assess and determine whether the SS or TR is suitable for their intended use or purpose. If required, they should refer to the relevant professionals or experts for advice on the use of the document. Enterprise Singapore and the Singapore Standards Council shall not be liable for any damages whether directly or indirectly suffered by anyone or any organisation as a result of the use of any SS or TR. Although care has been taken to draft this standard, users are also advised to ensure that they apply the information after due diligence.*
- 3. Compliance with a SS or TR does not exempt users from any legal obligations.*

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 11137-2 was prepared by Technical Committee ISO/TC 198, Sterilization of health care products.

This third edition cancels and replaces the second edition (ISO 11137-2:2012), of which it constitutes a minor revision with the following changes:

- addition of the word “and” in 9.1, second paragraph, third sentence;
- addition of the word “not” in 10.3.4.1, third paragraph;
- correction of the language used to describe requirements for interpretation of results during a verification dose experiment in the second paragraph in 7.2.6.2, 7.3.7.2, 9.2.6.3, 9.3.7.3, 9.4.6.3, and 9.5.7.3.

ISO 11137 consists of the following parts, under the general title *Sterilization of health care products — Radiation*:

- *Part 1: Requirements for development, validation and routine control of a sterilization process for medical devices*
- *Part 2: Establishing the sterilization dose*
- *Part 3: Guidance on dosimetric aspects*

Introduction

This part of ISO 11137 describes methods that can be used to establish the sterilization dose in accordance with one of the two approaches specified in 8.2 of ISO 11137-1:2006. The methods used in these approaches are:

- dose setting to obtain a product-specific dose;
- dose substantiation to verify a preselected dose of 25 kGy or 15 kGy.

The basis of the dose setting methods described in this part of ISO 11137 (Methods 1 and 2) owe much to the ideas first propounded by Tallentire⁰⁰⁰. Subsequently, standardized protocols were developed⁰⁰, which formed the basis of the dose setting methods detailed in the AAMI Recommended Practice for Sterilization by Gamma Radiation⁰⁰.

Methods 1 and 2 and the associated sterilization dose audit procedures use data derived from the inactivation of the microbial population in its natural state on product. The methods are based on a probability model for the inactivation of microbial populations. The probability model, as applied to bioburden made up of a mixture of various microbial species, assumes that each such species has its own unique D_{10} value. In the model, the probability that an item will possess a surviving microorganism after exposure to a given dose of radiation is defined in terms of the initial number of microorganisms on the item prior to irradiation and the D_{10} values of the microorganisms. The methods involve performance of tests of sterility on product items that have received doses of radiation lower than the sterilization dose. The outcome of these tests is used to predict the dose needed to achieve a predetermined sterility assurance level (SAL).

Methods 1 and 2 can also be used to substantiate 25 kGy if, on performing a dose setting exercise, the derived sterilization dose for an SAL of 10^{-6} is less than or equal to 25 kGy. The basis of the method devised specifically for substantiation of 25 kGy, Method VD_{max} , was put forward by Kowalski and Tallentire⁰. Subsequent evaluations involving computational techniques demonstrated that the underlying principles were soundly based⁰ and field trials confirmed that Method VD_{max} is effective in substantiating 25 kGy for a wide variety of medical devices manufactured and assembled in different ways⁰.

A standardized procedure for the use of VD_{max} for substantiation of a sterilization dose of 25 kGy has been published in the AAMI Technical Information Report *Sterilization of health care products — Radiation sterilization — Substantiation of 25 kGy as a sterilization dose — Method VD_{max}* ⁰, a text on which the method described herein is largely based. Method VD_{max} is founded on dose setting Method 1 and, as such, it possesses the high level of conservativeness characteristic of Method 1. In a similar manner to the dose setting methods, it involves performance of tests of sterility on product items that have received a dose of radiation lower than the sterilization dose. The outcomes of these tests are used to substantiate that 25 kGy achieves an SAL of 10^{-6} .

To link the use of VD_{max} for the substantiation of a particular preselected sterilization dose, the numerical value of the latter, expressed in kilograys, is included as a superscript to the VD_{max} symbol. Thus, for substantiation of a sterilization dose of 25 kGy, the method is designated Method VD_{max}^{25} .

Method VD_{max}^{15} is based on the same principles as Method VD_{max}^{25} . The test procedure is similar to that of Method VD_{max}^{25} , but Method VD_{max}^{15} is limited to product with an average bioburden less than or equal to 1,5. The outcomes of the associated tests of sterility are used to substantiate that 15 kGy achieves a sterility assurance level of 10^{-6} .

This part of ISO 11137 also describes methods that can be used to carry out sterilization dose audits in accordance with ISO 11137-1:2006, Clause 12. Following establishment of the sterilization dose, sterilization dose audits are performed routinely to confirm that the sterilization dose continues to achieve the desired SAL.

Sterilization of health care products — Radiation —

Part 2: Establishing the sterilization dose

1 Scope

This part of ISO 11137 specifies methods for determining the minimum dose needed to achieve a specified requirement for sterility and methods to substantiate the use of 25 kGy or 15 kGy as the sterilization dose to achieve a sterility assurance level, SAL, of 10^{-6} . This part of ISO 11137 also specifies methods of sterilization dose audit used to demonstrate the continued effectiveness of the sterilization dose.

This part of ISO 11137 defines product families for sterilization dose establishment and sterilization dose audit.

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 11137-1:2006, *Sterilization of health care products — Radiation — Part 1: Requirements for the development, validation and routine control of a sterilization process for medical devices*

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*