



NSAI
Standards

Irish Standard
I.S. EN ISO 13959:2015

Water for haemodialysis and related therapies (ISO 13959:2014)

I.S. EN ISO 13959:2015

Incorporating amendments/corrigenda/National Annexes issued since publication:

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National Foreword

I.S. EN ISO 13959:2015 is the adopted Irish version of the European Document EN ISO 13959:2015, Water for haemodialysis and related therapies (ISO 13959:2014)

This document does not purport to include all the necessary provisions of a contract. Users are responsible for its correct application.

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In line with international standards practice the decimal point is shown as a comma (,) throughout this document.

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EUROPEAN STANDARD

EN ISO 13959

NORME EUROPÉENNE

EUROPÄISCHE NORM

December 2015

ICS 11.040.40

English Version

Water for haemodialysis and related therapies (ISO 13959:2014)

Eau pour hémodialyse et thérapies apparentées (ISO
13959:2014)

Wasser für Hämodialyse und ähnliche Therapien (ISO
13959:2014)

This European Standard was approved by CEN on 23 November 2015.

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.

CEN members are the national standards bodies of 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 United Kingdom.



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EN ISO 13959:2015 (E)

Contents	Page
European foreword	3
Annex ZA (informative) Relationship between this European Standard and the Essential Requirements of EU Directive 93/42/EEC on medical devices	4

European foreword

The text of ISO 13959:2014 has been prepared by Technical Committee ISO/TC 150 “Implants for surgery” of the International Organization for Standardization (ISO) and has been taken over as EN ISO 13959:2015 by Technical Committee CEN/TC 205 “Non-active 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 June 2016, and conflicting national standards shall be withdrawn at the latest by June 2016.

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 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, which is an integral part 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 13959:2014 has been approved by CEN as EN ISO 13959:2015 without any modification.

Annex ZA (informative)

Relationship between this European Standard and the Essential Requirements of EU Directive 93/42/EEC on medical devices

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

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 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 Directive 93/42/EEC on medical devices

Clause(s)/sub-clause(s) of this EN	Essential Requirements (ERs) of Directive 93/42/EEC	Qualifying remarks/Notes
3.2	8	
3.2	13.1	

WARNING — Other requirements and other EU Directives may be applicable to the product(s) falling within the scope of this standard.

**INTERNATIONAL
STANDARD**

**ISO
13959**

Third edition
2014-04-01

**Water for haemodialysis and related
therapies**

Eau pour hémodialyse et thérapies apparentées



Reference number
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Contents		Page
Foreword		iv
Introduction		v
1 Scope		1
2 Terms and definitions		1
3 Dialysis water requirements		5
3.1 Dialysis water verification and monitoring.....		5
3.2 Microbiological requirements.....		5
3.3 Chemical contaminants.....		5
4 Tests for compliance with microbiological and chemical requirements		6
4.1 Microbiology of dialysis water.....		6
4.2 Chemical contaminants test methods.....		7
Annex A (informative) Rationale for the development and provisions of this International Standard		10
Bibliography		14

ISO 13959:2014(E)

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 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 150, *Implants for surgery*, Subcommittee SC 2, *Cardiovascular implants and extracorporeal systems*.

This third edition cancels and replaces the second edition (ISO 13959:2009), which has been technically revised.

Introduction

Assurance of adequate water quality is one of the most important aspects of ensuring a safe and effective delivery of haemodialysis, haemodiafiltration, or haemofiltration.

This International Standard contains minimum requirements, chemical and microbiological, for the water to be used for preparation of dialysis fluids, concentrates, and for the reprocessing of haemodialysers and the necessary steps to ensure compliance with those requirements.

Haemodialysis and haemodiafiltration can expose the patient to more than 500 l of water per week across the semi-permeable membrane of the haemodialyser or haemodiafilter. Healthy individuals seldom have a weekly oral intake above 12 l. This over 40-fold increase in exposure requires control and monitoring of water quality to avoid excesses of known or suspected harmful substances. Since knowledge of potential injury from trace elements and contaminants of microbiological origin over long periods is still growing and techniques for treating drinking water are continuously developed, this International Standard will evolve and be refined accordingly. The physiological effects attributable to the presence of organic contaminants in dialysis water are important areas for research. At the time this International Standard was published it was not possible to specify threshold values for organic contaminants permitted in water used for the preparation of dialysis fluids, concentrates, and reprocessing of haemodialysers. The issue of organic contaminants will be reassessed on the next revision of this International Standard.

Within this International Standard, measurement techniques current at the time of publication have been cited. Other standard methods may be used, provided that such methods have been appropriately validated and compared to the cited methods.

The final dialysis fluid is produced from concentrates or salts manufactured, packaged, and labelled according to ISO 13958 mixed with water meeting the requirements of this International Standard. Operation of water treatment equipment and haemodialysis systems, including ongoing monitoring of the quality of water used to prepare dialysis fluids, and handling of concentrates and salts are the responsibility of the haemodialysis facility and are addressed in ISO 23500. Haemodialysis professionals make choices about the various applications (haemodialysis, haemodiafiltration, haemofiltration) and should understand the risks of each and the requirements for safety for fluids used for each.

The verbal forms used in this International Standard conform to usage described in Annex H of the ISO/IEC Directives, Part 2. For the purposes of this International Standard, the auxiliary verb

- “shall” means that compliance with a requirement or a test is mandatory for compliance with this International Standard,
- “should” means that compliance with a requirement or a test is recommended but is not mandatory for compliance with this International Standard, and
- “may” is used to describe a permissible way to achieve compliance with a requirement or test.

This International Standard is directed towards manufacturers and providers of water treatment systems and also to haemodialysis facilities.

Water for haemodialysis and related therapies

1 Scope

This International Standard specifies minimum requirements for water to be used in haemodialysis and related therapies.

This International Standard includes water to be used in the preparation of concentrates, dialysis fluids for haemodialysis, haemodiafiltration and haemofiltration, and for the reprocessing of haemodialysers.

The operation of water treatment equipment and the final mixing of treated water with concentrates to produce dialysis fluid are excluded from this International Standard. Those operations are the sole responsibility of dialysis professionals. This International Standard does not apply to dialysis fluid regenerating systems.

2 Terms and definitions

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

2.1

action level

concentration of a contaminant at which steps should be taken to interrupt the trend toward higher, unacceptable levels

2.2

chlorine, combined

chlorine that is chemically combined, such as in chloramine compounds

Note 1 to entry: There is no direct test for measuring combined chlorine, but it can be measured indirectly by measuring both total and free chlorine and calculating the difference.

2.3

chlorine, free

chlorine present in water as dissolved molecular chlorine (Cl₂), hypochlorous acid (HOCl), and hypochlorite ion (OCl⁻)

Note 1 to entry: The three forms of free chlorine exist in equilibrium.

2.4

chlorine, total

sum of free and combined chlorine

Note 1 to entry: Chlorine can exist in water as dissolved molecular chlorine, hypochlorous acid, and/or hypochlorite ion (free chlorine) or in chemically combined forms (combined chlorine). Where chloramine is used to disinfect water supplies, chloramine is usually the principal component of combined chlorine.

2.5

colony-forming unit

CFU

measure of bacterial or fungal cell numbers that theoretically arise from a single cell when grown on solid media

Note 1 to entry: Colonies can also form from groups of organisms when they occur in aggregates.

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