



NSAI
Standards

Irish Standard
I.S. EN ISO 11663:2015

Quality of dialysis fluid for haemodialysis and related therapies (ISO 11663:2014)

I.S. EN ISO 11663:2015

Incorporating amendments/corrigenda/National Annexes issued since publication:

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National Foreword

I.S. EN ISO 11663:2015 is the adopted Irish version of the European Document EN ISO 11663:2015, Quality of dialysis fluid for haemodialysis and related therapies (ISO 11663:2014)

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

Compliance with this document does not of itself confer immunity from legal obligations.

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 11663

NORME EUROPÉENNE

EUROPÄISCHE NORM

November 2015

ICS 11.040.40

English Version

Quality of dialysis fluid for haemodialysis and related therapies (ISO 11663:2014)

Qualité des fluides de dialyse pour hémodialyse et thérapies apparentées (ISO 11663:2014)

Qualität von Konzentraten für die Hämodialyse und verwandte Therapien (ISO 11663:2014)

This European Standard was approved by CEN on 10 October 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 11663:2015 (E)

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Foreword

The text of ISO 11663:2014 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 11663:2015 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 May 2016, and conflicting national standards shall be withdrawn at the latest by May 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.

For relationship with EU Directive, see informative Annex ZA, which is 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 1 — 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 or IEC
ISO 13958	EN ISO 13958:2015 ¹	ISO 13958:2014
ISO 13959	EN ISO 13959:2015 ²	ISO 13959:2014

¹⁾ To be published

²⁾ To be published.

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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 11663:2014 has been approved by CEN as EN ISO 11663:2015 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
4	7.2	
3.13	7.3	
4.1	8	
1.3	13.6. (c)	

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

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INTERNATIONAL STANDARD

**ISO
11663**

Second edition
2014-04-01

Quality of dialysis fluid for haemodialysis and related therapies

*Qualité des fluides de dialyse pour hémodialyse et thérapies
apparentées*



Reference number
ISO 11663:2014(E)

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ISO 11663:2014(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 second edition cancels and replaces the first edition (ISO 11663:2009) which has been technically revised.

Introduction

Haemodialysis patients are directly exposed to large volumes of dialysis fluid, with the dialyser membrane being the only barrier against transfer of hazardous contaminants from the dialysis fluid to the patient. It has long been known that there could be hazardous contaminants in the water and concentrates used to prepare the dialysis fluid. To minimize this hazard, ISO 13958 and ISO 13959 set forth quality requirements for the water and concentrates used to prepare dialysis fluid. However, if the dialysis fluid is not prepared carefully, it could contain unacceptable levels of contaminants even though it is prepared from water and concentrates, meeting the requirements of ISO 13958 and ISO 13959. Further, the dialysis fluid might be used as the starting material for the online preparation of fluids intended for infusion into the patient, for example, in therapies such as online haemodiafiltration. For these reasons, this International Standard for dialysis fluid quality was developed to complement the existing International Standards for water and concentrates, ISO 13959 and ISO 13958, respectively. Guidelines to aid the user in routinely meeting the requirements of this International Standard and ISO 13959 can be found in ISO 23500.

Within these International Standards, measurement techniques current at the time of preparation have been cited. Other standard methods can be used, provided that such methods have been appropriately validated and compared to the cited methods.

This International Standard reflects the conscientious efforts of healthcare professionals, patients, and medical device manufacturers to develop recommendations for the quality of dialysis fluid. This International Standard is directed at the healthcare professionals involved in the management of dialysis facilities and the routine care of patients treated in dialysis facilities, since they are responsible for the final preparation of dialysis fluid. The recommendations contained in this International Standard are not intended for regulatory application.

The requirements of this International Standard aim to help protect haemodialysis patients from adverse effects arising from known chemical and microbiological contaminants that can be found in improperly prepared dialysis fluid. However, the physician in charge of dialysis has the ultimate responsibility for ensuring that the dialysis fluid is correctly formulated and meets the requirements of all applicable quality standards.

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.

The concepts incorporated in this International Standard should not be considered inflexible or static. The recommendations presented here should be reviewed periodically in order to assimilate increased understanding of the role of dialysis fluid purity in patient outcomes and technological developments.

Quality of dialysis fluid for haemodialysis and related therapies

1 Scope

This International Standard specifies minimum quality requirements for dialysis fluids used in haemodialysis and related therapies.

This International Standard includes dialysis fluids used for haemodialysis and haemodiafiltration, including substitution fluid for haemodiafiltration and haemofiltration.

This International Standard does not address the requirements for the water and concentrates used to prepare dialysis fluid or the equipment used in its preparation. Those areas are covered by other International Standards.

Sorbent-based dialysis fluid regeneration systems that regenerate and recirculate small volumes of dialysis fluid, systems for continuous renal replacement therapy that use prepackaged solutions, and systems and solutions for peritoneal dialysis are excluded from this International Standard.

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 13958, *Concentrates for haemodialysis and related therapies*

ISO 13959, *Quality of water for haemodialysis and related therapies*

3 Terms and definitions

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

3.1

acid concentrate

A-concentrate

acidified concentrated mixture of salts that, when diluted with dialysis water and bicarbonate concentrate, yields dialysis fluid for use in dialysis

Note 1 to entry: The term “acid” refers to the small amount of acid (for example, acetic acid or citric acid) that is included in the concentrate.

Note 2 to entry: Acid concentrate may contain glucose.

Note 3 to entry: Acid concentrate may be in the form of a liquid, a dry powder, other highly concentrated media, or some combination of these forms.

3.2

action level

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

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3.3

bicarbonate concentrate

B-concentrate

concentrated preparation of sodium bicarbonate that, when diluted with dialysis water and acid concentrate, makes dialysis fluid used for dialysis

Note 1 to entry: Sodium bicarbonate is also known as sodium hydrogen carbonate.

Note 2 to entry: Some bicarbonate concentrates also contain sodium chloride.

Note 3 to entry: Bicarbonate concentrate can be in the form of a liquid or a dry powder.

Note 4 to entry: Dry sodium bicarbonate, without added sodium chloride, is also used in concentrate generators to produce a concentrated solution of sodium bicarbonate used by the dialysis machine to make dialysis fluid.

3.4

central dialysis fluid delivery system

system that produces dialysis fluid from dialysis water and concentrate or powder at a central point and distributes the dialysis fluid from the central point to individual dialysis machines

3.5

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 may be measured indirectly by measuring both total and free chlorine and calculating the difference.

3.6

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.

3.7

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.

3.8

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.

3.9

concentrate generator

system where the concentrate is delivered to the user as a powder in a container, suitable for attachment to the dialysis machine with which it is intended to be used, and then the powder is converted into a concentrated solution by the dialysis machine

Note 1 to entry: The solution produced by the concentrate generator is used by the dialysis machine to make the final dialysis fluid delivered to the dialyser

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