Irish Standard
I.S. EN ISO 13408-7:2015

Aseptic processing of health care products - Part 7: Alternative processes for medical devices and combination products (ISO 13408-7:2012)

I.S. EN ISO 13408-7:2015

Incorporating amendments/corrigenda/National Annexes issued since publication:

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EUROPEAN STANDARD

NORME EUROPÉENNE

EUROPÄISCHE NORM

EN ISO 13408-7

August 2015

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English Version

Aseptic processing of health care products - Part 7: Alternative processes for medical devices and combination products (ISO 13408-7:2012)

Traitement aseptique des produits de santé - Partie 7: Procédés alternatifs pour les dispositifs médicaux et les produits de combinaison (ISO 13408-7:2012)

Aseptische Herstellung von Produkten für die Gesundheitsfürsorge - Teil 7: Alternative Verfahren für Medizinprodukte und Kombinationsprodukte (ISO 13408-7:2012)

This European Standard was approved by CEN on 30 July 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.

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EUROPÄISCHES KOMITEE FÜR NORMUNG

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Ref. No. EN ISO 13408-7:2015 E

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European foreword

The text of ISO 13408-7:2012 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 13408-7:2015 by 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of an identical text or by endorsement, at the latest by February 2016, and conflicting national standards shall be withdrawn at the latest by February 2016.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 Directives.

For relationship with EU Directives, see informative Annexes ZA, ZB and ZC, which are integral parts 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 Annex 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	EN ISO 13408-1:2015	ISO 13408-1:2008

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 13408-7:2012 has been approved by CEN as EN ISO 13408-7:2015 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

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 90/385/EEC on active implantable 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 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 Directive 90/385/EEC

Clauses of this EN	Essential Requirements (ERs) of Directive 90/385/EEC	Qualifying remarks/Notes
4,5,6,7,8,9,10,11	7	Only attainment of sterility by aseptic processing is considered by this standard. 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 aseptic processing are not covered.

WARNING — Other requirements and other EU Directives may be applicable to the product(s) 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

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 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 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 ZB.1 — Correspondence between this European Standard and Directive 93/42/EEC

Clauses of this EN	Essential Requirements (ERs) of Directive 93/42/EEC	Qualifying remarks/Notes
4,5,6,7,8,9,10,11	8.3	Only attainment of sterility by aseptic processing is considered by this standard. 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 aseptic processing are not covered.
4,5,6,7,8,9,10,11	8.4	This relevant Essential Requirement is only partly addressed in this European Standard. Aspects of manufacture other than those related to aseptic processing are not covered.

WARNING — Other requirements and other EU Directives may be applicable to the product(s) 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

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 98/79/EC on in vitro diagnostic 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 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 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 ZC.1 — Correspondence between this European Standard and Directive 98/79/EC

Clauses of this EN	Essential Requirements (ERs) of Directive 98/79/EC	Qualifying remarks/Notes
4,5,6,7,8,9,10,11	B.2.3	Only attainment of sterility by aseptic processing is considered by this standard. 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 aseptic processing are not covered.
4,5,6,7,8,9,10,11	B.2.4	This relevant Essential requirement is addressed in this International Standard only with regard to: - aseptic processing to attain sterility, not covering other special microbiological state - medical devices for which aseptic processing is appropriate

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

I.S. EN ISO 13408-7:2015

INTERNATIONAL STANDARD

ISO 13408-7

First edition
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Aseptic processing of health care products —

Part 7: Alternative processes for medical devices and combination products

Traitement aseptique des produits de santé —

Partie 7: Procédés alternatifs pour les dispositifs médicaux et les produits de combinaison

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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 13408-7 was prepared by Technical Committee ISO/TC 198, *Sterilization of health care products*.

ISO 13408 consists of the following parts, under the general title *Aseptic processing of health care products*:

— *Part 1: General requirements*

— *Part 2: Filtration*

— *Part 3: Lyophilization*

— *Part 4: Clean-in-place technologies*

— *Part 5: Sterilization in place*

— *Part 6: Isolator systems*

— *Part 7: Alternative processes for medical devices and combination products*

Introduction

ISO 13408 is the International Standard, published in a series of parts, for aseptic processing of health care products. Historically, sterile health care products that are aseptically produced have typically been liquids, powders or suspensions that cannot be terminally sterilized. More recently, medical devices and health care products have been developed that are combined with medicinal products, including biological and viable cells, that cannot be terminally sterilized.

The application of ISO 13408-1 to these medical devices and combination products can require the development of alternative approaches to process simulation. This part of ISO 13408 specifies requirements and provides guidance for developing such alternative approaches for the qualification of aseptic processes through process simulation of medical devices and combination products that meet the requirements of ISO 13408-1.

ISO 13408-1:2008, 10.1.2 permits the use of alternative process simulation approaches, based on particular medical devices or combination products, where the substitution in full with sterile liquid media might not be possible.

Medical devices and combination products that typically require aseptic processing might include, for example, the following.

a) Medical devices that cannot be terminally sterilized and where the process simulation approach according to ISO 13408-1 cannot be applied:

   — bioprostheses (e.g. heart valves, vascular implants);

   — biodegradable implants (e.g. hernia meshes);

   — artificial and/or non-viable biologically based matrixes;

   — extracorporeal processing devices (e.g. immuno-adsorbers);

   — implantable osmotic pumps;

   — hermetically sealed electromechanical devices and partially enclosed electronic devices (e.g. invasive and non-invasive diagnostic devices).

b) Combination products (including viable cell-based combination products):

   — implants coated with drug and/or biologically derived substances (e.g. drug-coated stents, carrier materials with protein, bone-graft material with growth factors, biodegradable drug-coated stents);

   — wound dressings (e.g. dressings with haemostatic agents, tissue sealants, or biologics);

   — transdermal or injectable delivery systems (e.g. drug-coated or biologics interstitial patches);

   — kits containing a biological or drug component (e.g. demineralized bone matrices).

For such products, a risk management strategy and method(s) can be used for the identification, evaluation and quantification (estimation) of contamination risks throughout the entire product/process life cycle. Environmental monitoring and microbiological studies can be performed on individual steps of the process to evaluate the effectiveness of contamination controls and risk mitigations. The design of the process simulation can then be driven by the results of the risk analysis. If the results of the process simulation are acceptable, this provides evidence that the aseptic process is in a state of contamination control (i.e. no extrinsic microbiological/microbial contamination has been introduced during the aseptic process).

This part of ISO 13408 should be read in conjunction with ISO 13408-1.

Within this International Standard, text that supplements ISO 13408-1 by providing additional requirements or guidance is identified by the prefix “Addition”.

INTERNATIONAL STANDARD ISO 13408-7:2012(E)

Aseptic processing of health care products —

Part 7: Alternative processes for medical devices and combination products

1 Scope

This part of ISO 13408 specifies requirements and provides guidance on alternative approaches to process simulations for the qualification of the aseptic processing of medical devices and combination products that cannot be terminally sterilized and where the process simulation approach according to ISO 13408-1 cannot be applied.

This part of ISO 13408 describes how risk assessment can be used during the development of an aseptic process to design a process simulation study for medical devices and combination products in those cases where a straightforward substitution of media for product during aseptic processing is not feasible or would not simulate the actual aseptic process.

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

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 13408-1 and the following apply.

3.1
extrinsic contamination
ingress of material of external origin during the manufacturing process

NOTE The focus of extrinsic contamination in this part of ISO 13408 is biological agents e.g. bacteria, mould, yeast.

3.2
process simulation
exercise that simulates the manufacturing process or portions of the process in order to demonstrate the capability of the aseptic process to prevent biological contamination

3.3
risk management
systematic application of quality management policies, procedures and practices to the tasks of analysing, evaluating, controlling and monitoring risk

[ISO 14971:2007, definition 2.22]

3.4
surrogate product
item designed to represent product in process simulations and which is comparable to the actual product