

# American National Standard



Advancing Safety in Health Technology

## ANSI/AAMI/ ISO 11137-3:

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2017

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Sterilization of health care  
products—Radiation—Part  
3: Guidance on dosimetric  
aspects of development,  
validation and routine  
control

## Objectives and uses of AAMI standards and recommended practices

It is most important that the objectives and potential uses of an AAMI product standard or recommended practice are clearly understood. The objectives of AAMI's technical development program derive from AAMI's overall mission: the advancement of medical instrumentation. Essential to such advancement are (1) a continued increase in the safe and effective application of current technologies to patient care, and (2) the encouragement of new technologies. It is AAMI's view that standards and recommended practices can contribute significantly to the advancement of medical instrumentation, provided that they are drafted with attention to these objectives and provided that arbitrary and restrictive uses are avoided.

A voluntary *standard* for a *medical device* recommends to the manufacturer the information that should be provided with or on the product, basic safety and performance criteria that should be considered in qualifying the device for clinical use, and the measurement techniques that can be used to determine whether the device conforms with the safety and performance criteria and/or to compare the performance characteristics of different products. Some standards emphasize the information that should be provided with the device, including performance characteristics, instructions for use, warnings and precautions, and other data considered important in ensuring the safe and effective use of the device in the clinical environment. Recommending the disclosure of performance characteristics often necessitates the development of specialized test methods to facilitate uniformity in reporting; reaching consensus on these tests can represent a considerable part of committee work. When a drafting committee determines that clinical concerns warrant the establishment of *minimum* safety and performance criteria, referee tests must be provided and the reasons for establishing the criteria must be documented in the rationale.

A *recommended practice* provides guidelines for the use, care, and/or processing of a medical device or system. A recommended practice does not address device performance *per se*, but rather procedures and practices that will help ensure that a device is used safely and effectively and that its performance will be maintained.

Although a device standard is primarily directed to the manufacturer, it may also be of value to the potential purchaser or user of the device as a frame of reference for device evaluation. Similarly, even though a recommended practice is usually oriented towards healthcare professionals, it may be useful to the manufacturer in better understanding the environment in which a medical device will be used. Also, some recommended practices, while not addressing device performance criteria, provide guidelines to industrial personnel on such subjects as sterilization processing, methods of collecting data to establish safety and efficacy, human engineering, and other processing or evaluation techniques; such guidelines may be useful to health care professionals in understanding industrial practices.

In determining whether an AAMI standard or recommended practice is relevant to the specific needs of a potential user of the document, several important concepts must be recognized:

All AAMI standards and recommended practices are *voluntary* (unless, of course, they are adopted by government regulatory or procurement authorities). The application of a standard or recommended practice is solely within the discretion and professional judgment of the user of the document.

Each AAMI standard or recommended practice reflects the collective expertise of a committee of health care professionals and industrial representatives, whose work has been reviewed nationally (and sometimes internationally). As such, the consensus recommendations embodied in a standard or recommended practice are intended to respond to clinical needs and, ultimately, to help ensure patient safety. A standard or recommended practice is limited, however, in the sense that it responds generally to perceived risks and conditions that may not always be relevant to specific situations. A standard or recommended practice is an important *reference* in responsible decision-making, but it should never *replace* responsible decision-making.

Despite periodic review and revision (at least once every five years), a standard or recommended practice is necessarily a static document applied to a dynamic technology. Therefore, a standards user must carefully review the reasons why the document was initially developed and the specific rationale for each of its provisions. This review will reveal whether the document remains relevant to the specific needs of the user.

Particular care should be taken in applying a product standard to existing devices and equipment, and in applying a recommended practice to current procedures and practices. While observed or potential risks with existing equipment typically form the basis for the safety and performance criteria defined in a standard, professional judgment must be used in applying these criteria to existing equipment. No single source of information will serve to identify a particular product as "unsafe". A voluntary standard can be used as one resource, but the ultimate decision as to product safety and efficacy must take into account the specifics of its utilization and, of course, cost-benefit considerations. Similarly, a recommended practice should be analyzed in the context of the specific needs and resources of the individual institution or firm. Again, the rationale accompanying each AAMI standard and recommended practice is an excellent guide to the reasoning and data underlying its provision.

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Approved 8 September 2017 by  
**AAMI**

Approved 6 October 2017 by  
**American National Standards Institute**

**Abstract:** Guidance on dosimetry for radiation sterilization of health care products.

**Keywords:** health care products, medical equipment, sterilization, radiation, gamma, electron beam, bremsstrahlung, x-ray, dosimeter, dosimetry

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## Glossary of equivalent standards

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[www.aami.org/standards/glossary.pdf](http://www.aami.org/standards/glossary.pdf)



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## Committee representation

### Association for the Advancement of Medical Instrumentation

#### Sterilization Standards Committee

The publication of AAMI/ISO 11137-3 as a new American National Standard was initiated by the AAMI Sterilization Standards Committee, which also functions as a U.S. Technical Advisory Group to the relevant work in the International Organization for Standardization (ISO). U.S. representatives from the AAMI Radiation sterilization working group played an active part in developing ISO 11137-3.

At the time this document was published, the **AAMI Sterilization Standards Committee** had the following members:

*Cochair:* Mike Scholla

*Members:* Brett Anderson, Cochlear Ltd  
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Garry Bassi, CMC Sterilization Ltd  
Stacy Bohl, Boston Scientific Corporation  
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Tim Carlson, Becton Dickinson & Company  
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NOTE—Participation by federal agency representatives in the development of this document does not constitute endorsement by the federal government or any of its agencies.

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### Radiation sterilization working group

At the time this document was published, the **AAMI Radiation sterilization working group** had the following members:

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## Background on the adoption of ISO 11137-3:2017

As indicated in the foreword to the main body of this document (page ix), the International Organization for Standardization (ISO) is a worldwide federation of national standards bodies. The United States is one of the ISO members that took an active role in the development of this standard, which was developed by an ISO and International working group, ISO/TC 198/WG2, Radiation sterilization.

U.S. participation in ISO/TC 198/WG2 is organized through the U.S. Technical Advisory Group to ISO/TC 198, administered by the Association for the Advancement of Medical Instrumentation. Experts from the United States made a considerable contribution to this standard.

As used within the context of this document, "shall" indicates requirements strictly to be followed to conform to the standard. "Should" indicates that among several possibilities, one is recommended as particularly suitable, without mentioning or excluding others, or that a certain course of action is preferred but not necessarily required, or that (in the negative form) a certain possibility or course of action should be avoided but is not prohibited. "May" is used to indicate that a course of action is permissible within the limits of the standard. "Can" is used as a statement of possibility and capability. Finally, "must" is used only to describe "unavoidable" situations, including those mandated by government regulation.

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NOTE Users of this standard are advised that this document is an AAMI identical adoption of an ISO document and that the following international conventions have been carried over to the AAMI publication:

- British English spelling (e.g. colour instead of color)
- Use of SI units (e.g. metres instead of feet, Celsius instead of Fahrenheit, etc.)
- Decimal comma instead of a decimal point (e.g. 1 000,15 instead of 1,000.15)

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The concepts incorporated in this standard should not be considered inflexible or static. This standard, like any other, must be reviewed and updated periodically to assimilate progressive technological developments. To remain relevant, it must be modified as technological advances are made and as new data come to light.

Suggestions for improving this standard are invited. Comments and suggested revisions should be sent to Standards Department, AAMI, 4301 N. Fairfax Dr, Suite 301, Arlington, VA 22203-1633.

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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](http://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](http://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 World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT) see the following URL: [www.iso.org/iso/foreword.html](http://www.iso.org/iso/foreword.html).

The committee responsible for this document is ISO/TC 198, *Sterilization of health care products*.

This second edition cancels and replaces the first edition (ISO 11137-3), which has been technically revised.

A list of all parts in the ISO 11137 series can be found on the ISO website  
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## Introduction

An integral part of radiation sterilization is the ability to measure dose. Dose is measured during all stages of development, validation and routine monitoring of the sterilization process. It has to be demonstrated that dose measurement is traceable to a national or an International Standard, that the uncertainty of measurement is known, and that the influence of temperature, humidity and other environmental considerations on dosimeter response is known and taken into account. Process parameters are established and applied based on dose measurements. This document provides guidance on the use of dose measurements (dosimetry) during all stages in the development, validation and routine control of the radiation sterilization process.

Requirements in regard to dosimetry are given in ISO 11137-1 and ISO 11137-2 and ISO/TS 13004. This document gives guidance to these requirements. The guidance given is not normative and is not provided as a checklist for auditors. The guidance provides explanations and methods that are regarded as being suitable means for complying with the requirements. Methods other than those given in the guidance may be used, if they are effective in achieving compliance with the requirements of ISO 11137-1, ISO 11137-2 and ISO/TS 13004.



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# Sterilization of health care products—Radiation— Part 3: Guidance on dosimetric aspects of development, validation and routine control

## 1 Scope

This document gives guidance on meeting the requirements in ISO 11137-1 and ISO 11137-2 and in ISO/TS 13004 relating to dosimetry and its use in development, validation and routine control of a radiation sterilization process.

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

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ISO 11137-2, *Sterilization of health care products—Radiation—Part 2: Establishing the sterilization dose*

ISO/TS 13004, *Sterilization of health care products—Radiation—Substantiation of a selected sterilization dose: Method VD<sub>maxSD</sub>*

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

## 3 Terms, definitions and symbols

For the purposes of this document, the terms and definitions given in ISO 11137-1 and ISO 11137-2 and the following apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

— IEC Electropedia: available at <http://www.electropedia.org/>

— ISO Online browsing platform: available at <http://www.iso.org/obp>

### 3.1 General

#### 3.1.1

##### absorbed dose

quantity of ionizing radiation energy imparted per unit mass of a specified material

[SOURCE: ISO 11137-1:2006, 3.1, modified]

#### 3.1.2

##### combined standard measurement uncertainty

*standard measurement uncertainty* (3.1.13) that is obtained using the individual standard measurement uncertainties associated with the input quantities in a measurement model

[SOURCE: VIM 2012, 2.31]