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American National Standard



ANSI/AAMI/ ISO 11607-1: 2019

Packaging for terminally
sterilized medical devices—
Part 1: Requirements for
materials, sterile barrier
systems and packaging
systems

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.

In summary, a standard or recommended practice is truly useful only when it is used in conjunction with other sources of information and policy guidance and in the context of professional experience and judgment.

American National Standard

ANSI/AAMI/ISO 11607-1:2019
(Revision of ANSI/AAMI/ISO 11607-1:2006/(R)2015 & A1:2014 (R)2016)

Packaging for terminally sterilized medical devices— Part 1: Requirements for materials, sterile barrier systems and packaging systems

Approved 2 May 2019 by
AAMI

Approved 24 May 2019 by
American National Standards Institute

Abstract: Specifies requirements and test methods for materials, preformed sterile barrier systems, sterile barrier systems and packaging systems that are intended to maintain sterility of terminally sterilized medical devices until the point of use.

Keywords: barrier systems, bioburden, closure, microbial, seal, validation

AAMI Standard

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Published by

AAMI
901 N. Glebe Road, Suite 300
Arlington, VA 22203

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Printed in the United States of America

ISBN 978-1-57020-721-1

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Committee representation

Association for the Advancement of Medical Instrumentation Packaging Working Group

The adoption of ISO 11607-1 as an American National Standard was initiated by the AAMI Packaging Working Group. AAMI Packaging Working Group provides input to the AAMI Sterilization Standards Committee which is the responsible group for providing the U.S. input to the relevant group in ISO/TC 198, Sterilization of health care products. U.S. representatives from AAMI Packaging Working Group and the TAG played an active part in developing the ISO document.

At the time this document was published, the **AAMI Packaging Working Group** has the following members:

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NOTE—Participation by federal agency representatives in the development of this standard does not constitute endorsement by the federal government or any of its agencies.

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Background of ANSI/AAMI adoption of ISO 11607-1:2019

As indicated in the foreword to the main body of this document (page viii), 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 ISO/TC 198 to specify requirements and test methods for materials, preformed sterile barrier systems, sterile barrier systems and packaging systems that are intended to maintain sterility of terminally sterilized medical devices until the point of use.

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

AAMI encourages its committees to harmonize their work with International Standards in the area of packaging for terminally sterilized medical devices. Upon review of ISO 11607-1:2019, the AAMI Sterilization Standards Committee and the AAMI Packaging Working Group decided to adopt it verbatim, as a first edition of ANSI/AAMI/ISO 11607-1:2019.

AAMI and ANSI procedures require that standards be reviewed and, if necessary, revised every five years to reflect technological advances that may have occurred since publication.

As used within the context of this document, "shall" indicates requirements strictly to be followed to conform to the recommended practice. "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.

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)

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 comes to light.

Suggestions for improving this standard are invited. Comments and suggested revisions should be sent to Standards Department, AAMI, 901 N. Glebe Road, Suite 300, Arlington, VA 22203.

NOTE—Beginning with the ISO foreword on page viii, this American National Standard is identical to ISO 11607-1:2019.

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 of the voluntary nature of standards, 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 www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 198, *Sterilization of health care products*.

This second edition cancels and replaces the first edition (ISO 11607-1:2006), which has been technically revised. It also incorporates the amendment ISO 11607-1:2006/Amd.1:2014.

The main changes compared to the previous edition are as follows:

- the definitions have been aligned with the latest version of ISO 11139;
- new requirements for the evaluation of usability for aseptic presentation have been added;
- new requirements for the inspection of sterile barrier system integrity prior to use have been added;
- a new subclause with requirements for revalidation in accordance with ISO 11607-2 has been added;
- Annex B has been updated and various national, international and European test methods have been added or deleted;
- a new Annex D has been added with environmental considerations;
- a new Annex E has been added with draft guidance on ways to differentiate a sterile barrier system from protective packaging.

A list of all parts in the ISO 11607 series can be found on the ISO website.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

The process of designing and developing a packaging system for terminally sterilized medical devices is a complicated and critical endeavour. The device components and the packaging system should be combined to create a sterile medical device that performs efficiently, safely and effectively in the hands of the user.

This document specifies requirements for the design of sterile barrier systems and packaging systems for terminally sterilized medical devices, the basic attributes required of materials and preformed sterile barrier systems, and design validation requirements. This document is written as a general (horizontal) standard considering a wide range of potential materials, medical devices, packaging system designs and sterilization methods. It can be applied by suppliers of materials or of preformed sterile barrier systems, by medical device manufacturers or health care facilities. ISO 11607-2 describes the process development and validation requirements for forming, sealing and assembly processes and addresses controls during normal operations.

Guidance for ISO 11607 series can be found in ISO/TS 16775.

European standards that provide requirements for particular materials and preformed sterile barrier systems are available and known as the EN 868 series. Conformity with the EN 868 series can be used to demonstrate conformity with one or more of the requirements of this document.

The goal of a terminally sterilized medical device packaging system is to allow sterilization, provide physical protection, maintain sterility up to the point of use and allow aseptic presentation. The specific nature of the medical device, the intended sterilization methods(s), the intended use, expiry date, transport and storage all influence the packaging system design and choice of materials.

The term "sterile barrier system" was introduced in ISO 11607-1:2006 to describe the minimum packaging required to perform the unique functions required of medical packaging: to allow sterilization, to provide an acceptable microbial barrier, and to allow for aseptic presentation. "Protective packaging" protects the sterile barrier system, and together they form the packaging system. "Preformed sterile barrier systems" would include any partially assembled sterile barrier systems such as pouches, header bags or hospital packaging reels. An overview of sterile barrier systems is given in Annex A.

The sterile barrier system is essential to ensure the safety of terminally sterilized medical devices. Regulatory authorities recognize the critical nature of sterile barrier systems by considering them as an accessory or a component of a medical device. Preformed sterile barrier systems sold to health care facilities for use in internal sterilization are considered medical devices in many parts of the world.