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American National Standard



ANSI/AAMI/ ISO 11737-1:

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Sterilization of health care
products—Microbiological
methods—Part 1:
Determination of
a population of
microorganisms on products

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.

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Requests for interpretations of AAMI standards and recommended practices must be made in writing, to the AAMI Vice President, Standards Policy and Programs. An official interpretation must be approved by letter ballot of the originating committee and subsequently reviewed and approved by the AAMI Standards Board. The interpretation will become official and representation of the Association only upon exhaustion of any appeals and upon publication of notice of interpretation in the "Standards Monitor" section of the *AAMI News*. The Association for the Advancement of Medical Instrumentation disclaims responsibility for any characterization or explanation of a standard or recommended practice which has not been developed and communicated in accordance with this procedure and which is not published, by appropriate notice, as an *official interpretation* in the *AAMI News*.

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Sterilization of health care products—Microbiological methods—Part 1: Determination of a population of microorganisms on products

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Approved 17 November 2017 by
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American National Standards Institute

Abstract: Specifies general criteria to be applied in the estimation of the population of viable microorganisms on a medical device or component, raw material or device packaging.

Keywords: health care products, medical equipment, components, raw materials, packages, sterilization, tests, estimation, microorganisms, bioburden

AAMI Standard

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Glossary of equivalent standards

International Standards adopted in the United States may include normative references to other International Standards. For each International Standard that has been adopted by AAMI (and ANSI), the table below gives the corresponding U.S. designation and level of equivalency to the International Standard. NOTE: Documents are sorted by international designation. The code in the US column, "(R)20xx" indicates the year the document was officially reaffirmed by AAMI. E.g., ANSI/AAMI/ISO 10993-4:2002/(R)2009 indicates that 10993-4, originally approved and published in 2002, was reaffirmed without change in 2009.

Other normatively referenced International Standards may be under consideration for U.S. adoption by AAMI; therefore, this list should not be considered exhaustive.

www.aami.org/standards/glossary.pdf



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Committee representation

Association for the Advancement of Medical Instrumentation

Microbiological Methods Working Group

The adoption of ISO 11737-1 as an American National Standard was initiated by the AAMI Microbiological Methods Working Group (ST/WG 8). AAMI ST/WG 8 functions as a U.S. Technical Advisory Group to the relevant work in the International Organization for Standardization (ISO). U.S. representatives from AAMI ST/WG 8 played a very active part in developing the ISO standard.

At the time this document was published, the **AAMI Microbiological Methods Working Group** had the following members:

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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.

Background on the adoption of ISO 11737-1:2018

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 ISO Technical Committee 198, *Sterilization of health care products*, to specify general criteria to be applied in the estimation of the population of viable microorganisms on a medical device or component, raw material or device packaging.

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

- the term “bioburden spikes” has been introduced as a normal and consistent part of the bioburden, and examples of data have been provided;
- clarification has been added that package testing is not typically done except when it is an integral part of the product;
- more information has been provided on the most probable number (MPN) technique and its applications;
- details have been provided on ways to improve limit of detection (LOD) and correct use of the data;
- some discussion has been deleted of statistical methods for the evaluation of bioburden data where information was not typical or not required;
- a table has been added with criteria for selection of a bioburden recovery efficiency approach, the use of the correction factor (CF) has been explained, and the bioburden recovery efficiency value of < 50 % mentioned for technique modifications has been eliminated;
- more information has been provided on the application and performance of a bioburden method suitability test;
- a section has been added to detail rules for direct plate counts, estimated counts and counts beyond the ideal range;
- a table has been added to clarify where typical responsibilities reside for the manufacturer or the laboratory;
- the focus on a risk-based approach has been increased, including the purpose for which bioburden data will be used.

U.S. participation in ISO/TC 198 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.

ANSI/AAMI/ISO 11737-1 was approved by the American National Standards Institute (ANSI) on 24 January 2018.

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

AAMI (and ANSI) have adopted other ISO standards. See the Glossary of Equivalent Standards for a list of ISO standards adopted by AAMI, which gives the corresponding U.S. designation and the level of equivalency with the ISO standard.

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 recommended practice. “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 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).

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 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 the following URL: www.iso.org/iso/foreword.html.

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

This third edition cancels and replaces the second edition (ISO 11737-1:2006), which has been technically revised. It also incorporates the Technical Corrigendum ISO 11737-1:2006/Cor 1:2007.

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

- the term "bioburden spikes" has been introduced as a normal and consistent part of the bioburden, and examples of data have been provided;
- clarification has been added that package testing is not typically done except when it is an integral part of the product;
- more information has been provided on the most probable number (MPN) technique and its applications;
- details have been provided on ways to improve limit of detection (LOD) and correct use of the data;
- some discussion has been deleted of statistical methods for the evaluation of bioburden data where information was not typical or not required;
- a table has been added with criteria for selection of a bioburden recovery efficiency approach, the use of the correction factor (CF) has been explained, and the bioburden recovery efficiency value of < 50 % mentioned for technique modifications has been eliminated;
- more information has been provided on the application and performance of a bioburden method suitability test;

- a section has been added to detail rules for direct plate counts, estimated counts and counts beyond the ideal range;
- a table has been added to clarify where typical responsibilities reside for the manufacturer or the laboratory;
- the focus on a risk-based approach has been increased, including the purpose for which bioburden data will be used.

A list of all parts in the ISO 11737 series can be found on the ISO website.



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Introduction

A sterile health care product is one that is free of viable microorganisms. International Standards that specify requirements for the validation and routine control of sterilization processes require, when it is necessary to supply a sterile health care product, that adventitious microbiological contamination of a health care product prior to sterilization be minimized. Such products are non-sterile. The purpose of sterilization is to inactivate the microbiological contaminants and thereby transform the non-sterile products into sterile ones.

The kinetics of inactivation of a pure culture of microorganisms by physical and/or chemical agents used to sterilize health care products can generally best be described by an exponential relationship between the numbers of microorganisms surviving and the extent of treatment with the sterilizing agent. Inevitably, this means there is always a finite probability that a microorganism can survive regardless of the extent of treatment applied. For a given treatment, the probability of survival is determined by the number and resistance of microorganisms and by the environment in which the microorganisms exist during treatment. It follows that the sterility of any one product in a population subjected to sterilization processing cannot be guaranteed and the sterility of a processed population is defined in terms of the probability of there being a viable microorganism present on a product item.

Generic requirements of the quality management system for design and development, production, installation and servicing are given in ISO 9001 and particular requirements for quality management systems for medical device production are given in ISO 13485. The standards for quality management systems recognize that, for certain processes used in manufacturing, the effectiveness of the process cannot be fully verified by subsequent inspection and testing of the product. Sterilization is an example of such a process. For this reason, sterilization processes are validated for use, the performance of the sterilization process is monitored routinely and the equipment is maintained.

International Standards specifying procedures for the validation and routine control of the processes used for the sterilization of health care products have been prepared (see, for example, ISO 14937, ISO 11135, the ISO 11137 series, the ISO 17665 series and ISO 14160). However, it is important to be aware that exposure to a properly validated and accurately controlled sterilization process is not the only factor associated with the provision of assurance that the product is sterile and, in this respect, suitable for its intended use. Furthermore, for the effective validation and routine control of a sterilization process, it is important to be aware of the microbiological challenge that is presented in the process, in terms of number, characteristics and properties of microorganisms.

The term "bioburden" is used to describe the population of viable microorganisms present on or in a product and/or a sterile barrier system. A knowledge of bioburden can be used in a number of situations as part of the following:

- validation and requalification of sterilization processes;
- routine monitoring for control of manufacturing processes;
- monitoring of raw materials, components or packaging;
- assessment of the efficiency of cleaning processes;
- an overall environmental monitoring programme.

Bioburden is the sum of the microbial contributions from a number of sources, including raw materials, manufacturing of components, assembly processes, manufacturing environment, assembly/manufacturing aids (e.g. compressed gases, water, lubricants), cleaning processes and packaging of finished products. To control bioburden, attention should be given to the microbiological status of these sources.

It is not possible to enumerate bioburden exactly and, in practice, a determination of bioburden is made using a defined method. Definition of a single method for use in determining bioburden in all situations is not practicable because of the wide variety of designs and materials of construction of health care products. Nor is it possible to define a single technique to be used in all situations for the removal of microorganisms in preparation for enumeration. Furthermore, the selection of culture conditions for enumeration of microorganisms will be influenced by the types of microorganism likely to be present on or in health care products.

This document specifies the requirements to be met for the determination of bioburden. In addition, it gives guidance in the annexes to provide explanations and methods that are deemed suitable to conform with the requirements. Methods other than those given in the guidance may be used, if they are effective in achieving conformity with the requirements of this document.



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Sterilization of health care products—Microbiological methods—Part 1: Determination of a population of microorganisms on products

1 Scope

This document specifies requirements and provides guidance on the enumeration and microbial characterization of the population of viable microorganisms on or in a health care product, component, raw material or package.

NOTE 1 The nature and extent of microbial characterization is dependent on the intended use of bioburden data.

NOTE 2 See Annex A for guidance on Clauses 1 to 9.

This document does not apply to the enumeration or identification of viral, prion or protozoan contaminants. This includes the removal and detection of the causative agents of spongiform encephalopathies, such as scrapie, bovine spongiform encephalopathy and Creutzfeldt-Jakob disease.

NOTE 3 Guidance on inactivating viruses and prions can be found in ISO 22442-3, ICH Q5A(R1) and ISO 13022.

This document does not apply to the microbiological monitoring of the environment in which health care products are manufactured.

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 10012, *Measurement management systems—Requirements for measurement processes and measuring equipment*

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

ISO 15189, *Medical laboratories—Requirements for quality and competence*

ISO/IEC 17025, *General requirements for the competence of testing and calibration laboratories*

3 Terms and definitions

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

batch

defined quantity of a *product* (3.16) intended or purported to be uniform in character and quality, which has been produced during a defined cycle of manufacture