
**Sterilization of medical devices —
Microbiological methods —**

**Part 1:
Determination of a population of
microorganisms on products**

Stérilisation des dispositifs médicaux — Méthodes microbiologiques —

*Partie 1: Détermination d'une population de micro-organismes sur des
produits*



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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 11737-1 was prepared by Technical Committee ISO/TC 198, *Sterilization of health care products*.

This second edition cancels and replaces the first edition (ISO 11737-1:1995) which has been technically revised and ISO 11737-3:2004 whose contents it now incorporates.

ISO 11737 consists of the following parts, under the general title *Sterilization of medical devices — Microbiological methods*:

- *Part 1: Determination of a population of microorganisms on products*
- *Part 2: Tests of sterility performed in the validation of a sterilization process*

Introduction

A sterile medical device is one that is free of viable microorganisms. International standards that specify requirements for validation and routine control of sterilization processes, require, when it is necessary to supply a sterile medical device, that adventitious microbiological contamination of a medical device prior to sterilization be minimized. Even so, medical devices produced under standard manufacturing conditions in accordance with the requirements for quality management systems (see, for example, ISO 13485) may, prior to sterilization, have microorganisms on them, albeit in low numbers. 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 medical devices 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 that there is always a finite probability that a microorganism may 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 organisms 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 medical devices have been prepared (see, for example, ISO 11135, ISO 11137 series and ISO 17665). 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 product and/or a sterile barrier system. A knowledge of bioburden can be used in a number of situations as part of:

- validation and revalidation 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 product. To control bioburden, attention must be given to the microbiological status of these sources.

It is not possible to enumerate the bioburden exactly and, in practice, a determination of bioburden is made using a defined method. Definition of a single method for use in the determination of bioburden in all situations is not practicable because of the wide variety of designs and materials of construction of medical devices. 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 conditions for enumeration of microorganisms will be influenced by the types of microorganism likely to be present on or in medical devices.

This part of ISO 11737 specifies the requirements to be met in the determination of bioburden. The requirements are the normative parts of this part of ISO 11737 with which compliance is claimed. The guidance given in the informative annexes is not normative and is not provided as a checklist for auditors. The guidance provides explanations and methods that are regarded as being a 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 this part of ISO 11737.



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