

Institut luxembourgeois de la normalisation de l'accréditation, de la sécurité et qualité des produits et services

**ILNAS-EN ISO 13408-1:2015** 

Aseptic processing of health care products - Part 1: General requirements (ISO 13408-1:2008, including Amd 1:2013)

Traitement aseptique des produits de santé - Partie 1: Exigences générales (ISO 13408-1:2008, y compris Amd 1:2013)

Aseptische Herstellung von Produkten für die Gesundheitsfürsorge - Teil 1:
Allgemeine Anforderungen (ISO 13408-1:2008)

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#### **National Foreword**

This European Standard EN ISO 13408-1:2015 was adopted as Luxembourgish Standard ILNAS-EN ISO 13408-1:2015.

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- Participate in the design of standards
- Foresee future developments
- Participate in technical committee meetings

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## EUROPEAN STANDARD LINAS-EN ISO 13408-1:2 EN ISO 13408-1

### NORME EUROPÉENNE

**EUROPÄISCHE NORM** 

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Supersedes EN ISO 13408-1:2011

#### **English Version**

## Aseptic processing of health care products - Part 1: General requirements (ISO 13408-1:2008, including Amd 1:2013)

Traitement aseptique des produits de santé - Partie 1: Exigences générales (ISO 13408-1:2008, y compris Amd 1:2013) Aseptische Herstellung von Produkten für die Gesundheitsfürsorge - Teil 1: Allgemeine Anforderungen (ISO 13408-1:2008, einschließlich Amd 1:2013)

This European Standard was approved by CEN on 20 May 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.

CEN members are the national standards bodies of 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 United Kingdom.



EUROPEAN COMMITTEE FOR STANDARDIZATION COMITÉ EUROPÉEN DE NORMALISATION EUROPÄISCHES KOMITEE FÜR NORMUNG

CEN-CENELEC Management Centre: Avenue Marnix 17, B-1000 Brussels

Contents	Page
Foreword	2
Annex ZA (informative) Relationship between this European Standard and the Essential Requirements of EU Directive 90/385/EEC on active implantable medical devices	4
Annex ZB (informative) Relationship between this European Standard and the Essential Requirements of EU Directive 93/42/EEC on medical devices	5
Annex ZC (informative) Relationship between this European Standard and the Essential Requirements of EU Directive 98/79/EC on in vitro diagnostic medical devices	6

#### **Foreword**

The text of ISO 13408-1:2008, including Amd 1:2013 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 13408-1:2015 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 December 2015, and conflicting national standards shall be withdrawn at the latest by December 2015.

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 supersedes EN ISO 13408-1:2011.

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	Equivalent dated standard	
as listed in Clause 2 of the ISO standard	EN	ISO
ISO 9001	EN ISO 9001:2008	ISO 9001:2008
ISO 11135	EN ISO 11135:2014	ISO 11135:2014
ISO 11137-1	EN ISO 11137-1:2006 + A1:2013	ISO 11137-1:2006 + A1:2013
ISO 11137-2	EN ISO 11137-2:2013	ISO 11137-2:2013
ISO 13408-2	EN ISO 13408-2:2011	ISO 13408-2:2011
ISO 13408-3	EN ISO 13408-3:2011	ISO 13408-3:2011
ISO 13408-4	EN ISO 13408-4:2011	ISO 13408-4:2011
ISO 13408-5	EN ISO 13408-5:2011	ISO 13408-5:2011
ISO 13408-6	EN ISO 13408-6:2011 + A1:2013	ISO 13408-6:2011 + A1:2013

Normative references	Equivalent dated standard	
as listed in Clause 2 of the ISO standard	EN	ISO
ISO 13485	EN ISO 13485:2012	ISO 13485:2003
ISO 14160	EN ISO 14160:2011	ISO 14160:2011
ISO 14644-1	EN ISO 14644-1:1999	ISO 14644-1:1999
ISO 14644-2	EN ISO 14644-2:2000	ISO 14644-2:2000
ISO 14644-3	EN ISO 14644-3:2005	ISO 14644-3:2005
ISO 14644-4	EN ISO 14644-4:2001	ISO 14644-4:2001
ISO 14644-5	EN ISO 14644-5:2004	ISO 14644-5:2004
ISO 14644-7	EN ISO 14644-7:2004	ISO 14644-7:2004
ISO 14698-1	EN ISO 14698-1:2003	ISO 14698-1:2003
ISO 14698-2	EN ISO 14698-2:2003 + A1:2006	ISO 14698-2:2003 + A1:2006
ISO 14937	EN ISO 14937:2009	ISO 14937:2009
ISO 14971	EN ISO 14971:2012	ISO 14971:2007
ISO 17665-1	EN ISO 17665-1:2006	ISO 17665-1:2006
ISO 20857	EN ISO 20857:2013	ISO 20857:2013

Regarding the reference to ICH Q9: Guidance for Industry — Quality Risk Management, this should be considered to be the edition published in 2006.

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 13408-1:2008, including Amd 1:2013 has been approved by CEN as EN ISO 13408-1:2015 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/CENELEC 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 sterilization 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/CENELC 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 sterilization 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 sterilization 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/CENELEC 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 sterilization are not covered.