

Technical Information Report

AAMI TIR35: 2016/(R)2021

Sterilization of health care
products—

Radiation sterilization—

Product adoption and

alternative sampling

plans for verification

dose experiments and

sterilization dose audits

Sterilization of health care products— Radiation sterilization— Product adoption and alternative sampling plans for verification dose experiments and sterilization dose audits

Approved 5 June 2016 and reaffirmed 6 October 2021 by
AAMI

Abstract: Describes approaches to the selection and auditing of a sterilization dose that may reduce the number of product items required while maintaining assurance of attaining the desired sterility assurance level (SAL). This approach addresses sampling plans for verification dose experiments and sterilization dose audits. In addition the approaches to adopting a product into an established product family are defined.

Keywords: sterility, bioburden, radiation, health care products, dose, audits, product adoption, design verification, procedures

AAMI Technical Information Report

A technical information report (TIR) is a publication of the Association for the Advancement of Medical Instrumentation (AAMI) Standards Board that addresses a particular aspect of medical technology.

Although the material presented in a TIR may need further evaluation by experts, releasing the information is valuable because the industry and the professions have an immediate need for it.

A TIR differs markedly from a standard or recommended practice, and readers should understand the differences between these documents.

Standards and recommended practices are subject to a formal process of committee approval, public review, and resolution of all comments. This process of consensus is supervised by the AAMI Standards Board and, in the case of American National Standards, by the American National Standards Institute.

A TIR is not subject to the same formal approval process as a standard. However, a TIR is approved for distribution by a technical committee and the AAMI Standards Board.

Another difference is that, although both standards and TIRs are periodically reviewed, a standard must be acted on—reaffirmed, revised, or withdrawn—and the action formally approved usually every five years but at least every 10 years. For a TIR, AAMI consults with a technical committee about five years after the publication date (and periodically thereafter) for guidance on whether the document is still useful—that is, to check that the information is relevant or of historical value. If the information is not useful, the TIR is removed from circulation.

A TIR may be developed because it is more responsive to underlying safety or performance issues than a standard or recommended practice, or because achieving consensus is extremely difficult or unlikely. Unlike a standard, a TIR permits the inclusion of differing viewpoints on technical issues.

CAUTION NOTICE: This AAMI TIR may be revised or withdrawn at any time. Because it addresses a rapidly evolving field or technology, readers are cautioned to ensure that they have also considered information that may be more recent than this document.

All standards, recommended practices, technical information reports, and other types of technical documents developed by AAMI are *voluntary*, and their application is solely within the discretion and professional judgment of the user of the document. Occasionally, voluntary technical documents are adopted by government regulatory agencies or procurement authorities, in which case the adopting agency is responsible for enforcement of its rules and regulations.

Comments on this technical information report are invited and should be sent to AAMI, Attn: Standards Department, 901 N. Glebe Road, Suite 300, Arlington, VA 22203.

Published by

Association for the Advancement of Medical Instrumentation
901 N. Glebe Road, Suite 300
Arlington, VA 22203

© 2016 by the Association for the Advancement of Medical Instrumentation

All Rights Reserved

Publication, reproduction, photocopying, storage, or transmission, electronically or otherwise, of all or any part of this document without the prior written permission of the Association for the Advancement of Medical Instrumentation is strictly prohibited by law. It is illegal under federal law (17 U.S.C. § 101, *et seq.*) to make copies of all or any part of this document (whether internally or externally) without the prior written permission of the Association for the Advancement of Medical Instrumentation. Violators risk legal action, including civil and criminal penalties, and damages of \$100,000 per offense. For permission regarding the use of all or any part of this document, visit the Copyright Clearance Center.

Printed in the United States of America

ISBN 978-1-57020-618-4

Contents

Page

Glossary of equivalent standards.....	iv
Committee representation.....	v
Introduction.....	viii
1 Scope.....	1
2 Normative references.....	1
3 Terms and definitions.....	1
4 Sample sizes for the verification dose experiment and dose establishment or dose audit.....	2
4.1 General.....	2
4.2 Selection and testing of product.....	3
4.3 Procedures for verification dose experiments and sterilization dose audits.....	3
4.3.1 General.....	3
4.3.2 Method 1: Alternative sampling plan for the verification dose experiment.....	3
5 Evaluation and Methods for Product Adoption.....	19
5.1 Evaluation of Candidate Product for Product Adoption.....	19
5.2 Methods of Product Adoption.....	20
5.3 Designation of the Candidate Product as the Product Family Representative.....	21
6 Maintenance of Product Families.....	21
Annex A (informative) Sample sizes for implementation of sampling plans and sampling scheme.....	23
Annex B (informative) Radiation product adoption assessment flowchart.....	24
Bibliography.....	26

Tables

1 Method 1: Alternative sampling plan for the verification dose experiment.....	5
2 Alternative sampling plan 1 for the sterilization dose audit (Methods 1 or 2).....	8
3 Alternative sampling plan 2 for the sterilization dose audit (Methods 1 or 2).....	11
4 Alternative sampling plan 3 for the sterilization dose audit (Methods 1 or 2).....	13
5 Alternative sampling scheme for Method 1: Sampling plan for the verification dose experiment (tightened inspection level).....	10
6 Alternative sampling scheme for Method 1: Sampling plan for the sterilization dose audit (reduced inspection level).....	19
A.1 Sample sizes for implementation of sampling plans and sampling scheme.....	23

Glossary of equivalent standards

International Standards adopted in the United States may include normative references to other International Standards. AAMI maintains a current list of each International Standard that has been adopted by AAMI (and ANSI). Available on the AAMI website at the address below, this list gives the corresponding U.S. designation and level of equivalency to the International Standard.

www.aami.org/standards/glossary.pdf

Committee representation

Association for the Advancement of Medical Instrumentation Radiation Sterilization Working Group

This technical information report was developed and balloted by the AAMI Radiation Sterilization Working Group under the auspices of the AAMI Sterilization Standards Committee. Approval of this technical information report does not necessarily imply that all working group members voted for its approval.

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

Cochair: Mike Scholla, Dupont Protection Technologies

Members: Richard Bancroft, Steris Corporation
Trabue Bryans, BryKor LLC
Nancy Chobin, St Barnabas Healthcare System
Phil Cogdill, Medtronic Inc Campus
Ramona Conner, Association of Perioperative Registered Nurses
Jackie Daley, Sinai Hospital of Baltimore Kim Darnell, CR Bard
Gordon Ely, MiMedx Group
Lisa Foster, Aduvo Quality Sterilization Consulting
Joel Gorski, NAMSA
Joyce Hansen, Johnson & Johnson
Doug Harbrecht, Sterility Assurance LLC
Deborah Havlik, Hospira Worldwide Inc
Sue Klacik, IAHCSSM
Byron Lambert, Abbott Laboratories
Colleen Landers, Timmins & District Hospital
Michelle Luebke, Baxter Healthcare Corporation
Jeff Martin, Alcon Laboratories Inc Patrick McCormick, Bausch & Lomb Inc
Janet Prust, 3M Healthcare - Saint Paul, MN
Nancy Rakiewicz, IUVO BioScience
Andrew Sharavara, Propper Manufacturing Co Inc
Mark Smith, Getinge USA
Joan Spear, B Braun of America Inc
Stacy Wiehle, Boston Scientific Corporation
Sid Wiggs
Martell Winters, Nelson Laboratories Inc
Bill Young, Sterigenics International

Alternates: SuzanneButler, Boston Scientific Corporation
Aaron Dement, Sterigenics International
Dave Dion, Cardinal Health (MP&S)
Ken Eddington, NAMSA
Diane Faivre-Swiat, Cardinal Health (MP&S) Danny Hutson, Becton Dickinson & Company
Natalie Lind, IAHCSSM
Jeffrey Marx, Steris Corporation
Mary Mayo, CR Bard
Gerry McDonnell, Johnson & Johnson
David McGoldrick, Abbott Laboratories
Jerry Nelson, Nelson Laboratories Inc
Patrick Polito, IUVO BioScience
Karen Polkinghorne, Dupont Protection Technologies
Mike Sadowski, Baxter Healthcare Corporation
Mike Schoene, Bausch & Lomb Inc
Craig Wallace, 3M Healthcare

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

Cochairs: Emily Craven, Nordion Inc
Pat Weixel, FDA/CDRH

Members: Ed Arcscott, NAMSA
Simon Bogdansky, Allo Source
Curt Bogue, Cook Inc
Anne Booth, Booth Scientific Inc
Riley Brown, St Jude Medical Inc
Trabue Bryans, BryKor LLC
Harry Bushar
David Cardin, Zimmer Inc
Sarah Chamberlain, Accuratus Labs Services
Denise Cleghorn, Boston Scientific Corporation
Gary Cranston, Consulting & Technical Services/PCS
Greg Crego, IUVO BioScience
Elaine Daniell, CR Bard
Douglas Davie, Sterilization Validation Services
Jeffrey DelGaudio, Medtronic Inc Campus
Darci Diage, Direct Flow Medical Inc
Dave Dion, Cardinal Health (MP&S)
Francesco Famosi, Arthrex Inc
William FitzGerald, FitzGerald & Associates Ltd
Lisa Foster, Aduvo Quality & Sterilization Consulting
Matthew Freeman, Terumo BCT
Shelley Green, WuXi AppTec Inc
Joyce Hansen, Johnson & Johnson
Doug Harbrecht, Sterility Assurance LLC
Deborah Havlik, Hospira Worldwide Inc
Donna Horner, Abbott Laboratories
Betty Howard, Steris Corporation
Carolyn Kinsley, LexaMed Ltd
Jeff Martin, Alcon Laboratories Inc
Patrick McCormick, Bausch & Lomb Inc
Nicole McLees, 3M Healthcare
Rusty Mills, GE Healthcare
Larry Nichols, Nutek Corporation
Gerry O'Dell, Gerry O'Dell Consulting
Kevin O'Hara, Sterigenics International
Dave Parente, Ecolab
Kimberly Patton, Becton Dickinson & Company
Michelle Peterson, Stryker Instruments Division
Rudy Pina, Dynatec Scientific Labs Inc
Keith Reiner, Terumo Americas Corporate
Jody Rupert, WL Gore & Associates Inc
Manny Saavedra, Halyard Health
Liza Salerno, Accuratus Labs Services
Harry Shaffer, Sterilization Consulting Services
Michael Sprague, Ethide Laboratories Inc
Sopheak Srun, Quality Tech Services Inc
Fenil Sutaria, Medline Industries Inc
Jill Warren, WuXi AppTec Inc
Bud Weisman, Fresenius Medical Care
Beverly Whitaker, Indigo Consulting Group LLC
Martell Winters, Nelson Laboratories Inc

Alternates: MarJean Boyter, Fresenius Medical Care -
Carolyn Braithwaite-Nelson, Spectranetics Corporation
Rachel Brewer, IUVO BioScience
Claudia Camp, Stryker Instruments Division

Jessica Desmond, Accuratus Labs Services
Brian Drumheller, CR Bard
Diane Faivre-Swiat, Cardinal Health (MP&S)
Niki Fidopiastis, Sterigenics International
Scott Giraud, Medtronic Inc Campus
Mike Graybill, 3M Healthcare
Henry Hart, Zimmer Inc
Fatima Hasanain, Nordion Inc
Brent Huberty, Boston Scientific Corporation
Nichole Jackson, Ecolab
Chris Johnson, Steris Corporation
Satu King, Spectranetics Corporation
Chris Kobus, GE Healthcare
Ezra Koski, Terumo BCT
Vu Le, Abbott Laboratories
Antonio Lopez-Feliciano, Becton Dickinson & Company
Bradley Lundahl, Johnson & Johnson
Connie McChesney, Alcon Laboratories Inc
Joseph Mello, Ethide Laboratories Inc
Ken Paddock, Baxter Healthcare Corporation
Dupeh Palmer-Ochieng, FDA/CDRH
Michelle Pierce, NAMSA
Nancy Rakiewicz, IUVO BioScience
Robert Reich, LexaMed Ltd
Reginald Roberts, Medline Industries Inc
Jade Schiesser, Quality Tech Services Inc
Mike Schoene, Bausch & Lomb Inc
Mara Tafoya, WuXi AppTec Inc
Kristen Thompson, Stryker Instruments Division
Wendy Wangsgard, Nelson Laboratories Inc
Keisha Weaver, Halyard Health
Cas Woss, FitzGerald & Associates Ltd

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

Introduction

This technical information report (TIR) is intended to be used in conjunction with the ANSI/AAMI/ISO 11137 series. One of the activities encompassed within this series is the selection and routine auditing of the sterilization dose to be applied to health care products, and, in relation, the number of product items to be used to assure the sterility assurance level (SAL) is attained. A primary manufacturer might wish to reduce this number.

The guidance contained within this TIR provides strategies by which the primary manufacturer may reduce the total number of product items to be tested for establishing and maintaining the sterilization dose with alternative sampling plans. The approach to alternative sampling plans given in this TIR employs alternative sampling plans that are statistically equivalent to the sample size of 100 product items as described in Methods 1 and 2 of ANSI/AAMI/ISO 11137-2, even though a different number of products is tested. However, if there is a dose audit failure when using this approach, there is no provision for the augmentation of the sterilization dose. In this situation, the dose must be re-established or another validation method utilized.

The TIR also provides guidance by which the primary manufacturer may adopt new products or redesigned products into an established product family with a technical evaluation. Based upon the technical evaluation the method to be used to adopt the product into the family can be determined.

Text of this document was adapted from ANSI/AAMI/ISO 15843:2000. This document, along with the ANSI/AAMI/ISO 11137 series, supersedes ANSI/AAMI/ISO 15843:2000.

NOTE—This technical information report is not a standard and the material contained herein is not normative in nature. The committee has in a few places used the term "shall" based on their knowledge of requirements contained in relevant standards and/or regulatory requirements.

Sterilization of health care products—Radiation sterilization—Product adoption and alternative sampling plans for verification dose experiments and sterilization dose audits.

1 Scope

This TIR describes approaches to the selection and auditing of a sterilization dose that may reduce the number of product items required while maintaining assurance of attaining the desired sterility assurance level (SAL). This approach addresses sampling plans for verification dose experiments and sterilization dose audits. Additionally, guidance for adopting a product into an existing product family and maintenance of product families is provided.

2 Normative references

ANSI/AAMI/ISO 11137-1:2006/(R) 2010 & A1:2013 Sterilization of health care products – Radiation – Part 1: Requirements for the development, validation and routine control of a sterilization process for medical devices

ANSI/AAMI/ISO 11137-2:2013 Sterilization of health care products – Radiation – Part 2: Establishing the sterilization dose

ANSI/AAMI/ISO 11737-1:2006/(R) 2011 Sterilization of health care product – Microbiological methods – Part 1: Determination of the population of microorganisms on product

ANSI/AAMI/ISO 11737-2:2009/(R) 2012 Sterilization of health care product – Microbiological methods – Part 2: Tests of sterility performed in the definition, validation and maintenance of a sterilization process

3 Terms and definitions

For the purposes of this TIR, the following terms and definitions apply:

3.1 augmentation

Action taken to increase the sterilization dose based upon the results obtained from a sterilization dose audit.

3.2 bioburden

Population of viable microorganisms on or in product and/or a sterile barrier system.

[ANSI/AAMI/ISO TIR11139:2006]

3.3 candidate product

The product being examined for adoption into an existing product family.

3.4 false positive

Test result interpreted as growth arising from the product, or portions thereof, tested when either growth resulted from extraneous microbial contamination or turbidity occurred from interaction between the product, or portions thereof, and the test medium.

[ANSI/AAMI/ISO 11137-2:2013]

3.5 health care product

Medical device(s), including *in vitro* diagnostic medical device(s), or medical product(s), including biopharmaceuticals.

[ANSI/AAMI/ISO TIR11139:2006]