

to be able to provide that information, the question is, what methodology is the manufacturer to use in documenting that capability?

Having been a member of AAMI's Committee on Aseptic Barrier Materials, Ms Ryan knows that after seven years of attempting to reach consensus on a test method, the group abandoned the undertaking.² Not only were wrappers not a matter of concern, but they were deliberately excluded from consideration.

Nevertheless, reason tells us that some provision must be made for permeability in these filters so as to permit the entrance and withdrawal of the sterilizing agent. By the same token, the filter must not be readily penetrable by potential contaminating invaders so as to provide "an adequate barrier to microorganisms or their vehicles."³ The result is the paradox of permeability and penetrability.*

Granting the fact that the air vents in the containers are designed to provide a tortuous path to any and all contaminants, the level of protection to the contents is only as good as its most penetrable point. This is particularly important when one considers the principle that the maintenance of sterility is event-related and not time-related.³

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In support of the economics of the rigid container systems, Ms Ryan amortized the cost of the container in its first year of use, and concluded that the only cost incurred in the second year is that of the filters. This would be true if, of course, the container's components did not have to be repaired or replaced for any reason during that two-year period. However, inasmuch as this may not prove to be the case, it might be advisable to apprise readers of that possibility.

It is not my intent to say that rigid containers are not an improvement over traditional packaging or wrapping techniques, or that their use cannot be justified on a cost/benefit ratio.

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materials. HPN Hospital Purchasing News.
1986;10:30-31.

Peggy Ryan, RN, was asked to respond to this letter.

I appreciate Dr. Belkin's continuing concerns for the costs of current and competitive sterilization packaging systems. As we both are aware, healthcare facilities that conduct a cost analysis of any reusable packaging system—either containers or fabrics—must include the costs of routine and preventative maintenance and all replacement factors relating to individual components of the system. These costs will vary from one facility to another depending upon the care and handling of these reusable products during processing and use.

Peggy Ryan, RN
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REFERENCES

1. *Good Hospital Practice: Guidelines for the Selection and Use of Reusable Rigid Sterilization Container Systems* (proposed). Arlington, Va: Association for the Advancement of Medical Instrumentation; 1989.
2. Beck WC, Meeker MH, Olderman GM. Demise of aseptic barrier committee: success and failure. *AORN J.* 1983;38:384-388.
3. *Recommended Practices for In-Hospital Packaging Materials, AORN Standards and Recommended Practices for Perioperative Nursing.* Denver, Co: Association of Operating Room Nurses; 1986.
4. Belkin NL. Finding the balance in packaging

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