

American
National
Standard



ANSI/AAMI
ST77:2013/
(R)2018

Containment devices for
reusable medical device
sterilization

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.

INTERPRETATIONS OF AAMI STANDARDS AND RECOMMENDED PRACTICES

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*.

American National Standard

ANSI/AAMI ST77:2013/(R)2018
(Revision of ANSI/AAMI ST77:2006)

Containment devices for reusable medical device sterilization

Developed by
AAMI

Approved 1 February 2013 and reaffirmed 6 September 2018 by
American National Standards Institute Inc.

Abstract: This standard covers minimum labeling and performance requirements for rigid sterilization container systems and for instrument organizers.

Keywords: containment devices, reusable rigid sterilization containers, instrument organizers.

AAMI Standard

This Association for the Advancement of Medical Instrumentation (AAMI) standard implies a consensus of those substantially concerned with its scope and provisions. The existence of an AAMI standard does not in any respect preclude anyone, whether they have approved the standard or not, from manufacturing, marketing, purchasing, or using products, processes, or procedures not conforming to the standard. AAMI standards are subject to periodic review, and users are cautioned to obtain the latest editions.

CAUTION NOTICE: This AAMI standard may be revised or withdrawn at any time. AAMI procedures require that action be taken to reaffirm, revise, or withdraw this standard no later than 5 years from the date of publication. Interested parties may obtain current information on all AAMI standards by calling or writing AAMI, or by visiting the AAMI website at www.aami.org.

All AAMI 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.

Published by

AAMI
4301 N. Fairfax Dr., Suite 301
Arlington, VA 22203-1633
www.aami.org

© 2013 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, complete the reprint request form at www.aami.org or contact AAMI, 4301 N. Fairfax Dr., Suite 301, Arlington, VA 22203-1633. Phone: +1-703-525-4890; Fax: +1-703-525-1067.

Printed in the United States of America

ISBN 978-1-57020-485-2

Contents

	Page
Glossary of equivalent standards	iv
Committee representation	v
Foreword	viii
Introduction	1
1 Scope	1
1.1 General	1
1.2 Inclusions	2
1.3 Exclusions	2
2 Normative references	3
3 Definitions and abbreviations	4
4 Requirements	7
4.1 General	7
4.2 Materials of construction	7
4.2.1 Durability	7
4.2.2 Compatibility with the sterilization process	7
4.2.3 Corrosion resistance	7
4.2.4 Biocompatibility	7
4.3 Design	7
4.3.1 General	7
4.3.2 Decontamination	8
4.3.3 Perforations	8
4.3.4 Stacking	8
4.3.5 Maximum weight	9
4.3.6 Additional requirements for reusable rigid sterilization containers	9
4.4 Performance	11
4.4.1 Sterilization	11
4.4.2 Drying (if applicable)	12
4.4.3 Sterilant residual removal (if applicable)	13
4.4.4 Sterility maintenance	13
4.5 Labeling requirements	14
4.5.1 Device markings	14
4.5.2 Instructions for use (IFU)	14
5 Tests	16
5.1 General	16
5.2 Biocompatibility	16
5.3 Gaskets and filters	16
5.4 Valves	16
5.5 Handles	16
5.6 Sterilization	16
5.7 Drying (if applicable)	18
5.8 Sterilant residual removal (if applicable)	18
5.9 Sterility	18
5.9.1 Sterility maintenance	18
Annexes	
A Medical Device Integration With Rigid Sterilization Container Systems	19
Bibliography	23
Tables	
1 Biological indicators for various sterilization processes	17
A.1 Critical assessment comparison tool	20

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 Reusable Sterilization Container Working Group

This standard was developed by the AAMI Reusable Sterilization Container Working Group under the auspices of the AAMI Sterilization Standards Committee. Approval of the standard does not necessarily mean that all working group members voted for its approval. At the time this standard was published, the **AAMI Reusable Sterilization Container Working Group** had the following members:

Co-Chairs: Damien Berg, Medical Center of the Rockies
Joan M. Spear, B Braun of America Inc.

Members: Navin Agarwal, Medline Industries Inc.
Edward Arscott, Johnson & Johnson
Damien Berg, Medical Center of the Rockies
Angela H. Brightwell, Medtronic Inc. WHQ Campus
Renee Camp, Moog Medical Devices
Nancy Chobin, RN CSPDM, St Barnabas Healthcare System
Susan Christensen, CareFusion
Linda Clement, CRCST, Steris Corporation
Linda Condon, Johns Hopkins Hospital
Ramona Conner, RN MSN CNOR, Association of periOperative Registered Nurses
Jacqueline Daley, Sinai Hospital of Baltimore
April J. Doering, St Jude Medical Inc.
Mary Ann Drosnock, MS, Olympus America Inc.
Betty D. Edge, Northshore University Hospital
Steven J. Elliott, NAMSA
Sue Ellen Erickson, MS CNOR, Newark Beth Israel Medical Center
Rosanna Fardo, RN BSN CIC CHSP, Department of Veterans Affairs
Susan Flynn, 3M Healthcare
Marcia Ann Frieze, Case Medical Inc.
Shelley Green, WuXi AppTec Inc.
Charles Oren Hancock, RAC, H&W Technology LLC
Sybil Hickee, Materials Management Microsystems
Charles A. Hughes, SPS Medical Supply Corp
Geetha C. Jayan, PhD, FDA/CDRH
David W. Johnson, Kimberly-Clark Corporation
Susan G. Klacik, CCSMC FCS ACE, IAHCSSM
Colleen Patricia Landers, RN, Landers Consulting
Mary Kneeece Lane, BS MHA CSPDS CSPDM, Sarasota Memorial Hospital
Helene Leblond, TSO3 Inc.
Teckla A. Maresca, LPN CSPDM, St Clare's Health System
Dennis Moore, CRCST FCS, Fletcher Allen Health Care
Thomas K. Moore
Karen Nauss, CRCST, Mount Auburn Hospital
Gerry A. O'Dell, MS, Gerry O'Dell Consulting
Rodney D. Parker, Stryker Instruments Division
Anthony Powell, Getinge USA
Rose E. Seavey, RN MBA CNOR CRCST, Seavey Healthcare Consulting, LLC
Frank Sizemore, Wake Forest University - Baptist Medical Center
Linda Slone, RN BSPA CNOR
Joan M. Spear, B Braun of America Inc.
Betty Strickland, Pryce Consultants
Karen Swanson, Connecticut Childrens Medical Center
R. Brent Sweet, Zimmer Inc.
Raymond Taurasi, MBA CRCST CHL FCS AC, Healthmark Ind Co Inc.
Nora E. Wikander, RN, CSPDM, St Josephs Wayne Hospital
Martha Young, Association for Professionals in Infection Control and Epidemiology

Alternates: Terence A. Alwin, Medline Industries Inc.
Ralph J. Basile, MBA, Healthmark Ind Co Inc.
Sylvie Dufresne, PhD, TSO3 Inc.
Steven Elliott, FDA/CDRH

Gordon M. Ely, WuXi AppTec Inc.
Jeff Felgar, Zimmer Inc.
Naomi Gamm, St Jude Medical Inc.
Rachel Hill, CareFusion
Natalie Lind, IAHCMM
Tania Lupu, Case Medical Inc.
Michael Neilson, Nelson Laboratories Inc.
Edward Nuber, B Braun of America Inc.
Richard T. O'Donnell, Steris Corporation
Patrick Polito, Moog Medical Devices
Janet M. Prust, 3M Healthcare
Shaundrea L. Rechsteiner, NAMSA
Mandy Ryan, Stryker Instruments Division
Barb Smith, Getinge USA
Gary J. Socola, SPS Medical Supply Corp
Jonathan A. Wilder, PhD, H&W Technology LLC
Su-Syin S. Wu, PhD, Johnson & Johnson

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.

AAMI Sterilization Standards Committee

Co-Chairs: Victoria M. Hitchins, PhD, FDA/CDRH
Michael H. Scholla, Dupont Protection Technologies

Members: Trabue D. Bryans, WuXi AppTec Inc.
Peter A. Burke, PhD, Steris Corporation
Nancy Chobin, RN CSPDM, St Barnabas Healthcare System (Independent Expert)
Charles Cogdill, Boston Scientific Corporation
Ramona Conner, RN MSN CNOR, Association of periOperative Registered Nurses
Jacqueline Daley, Association for Professionals in Infection Control and Epidemiology
Kimbrell Darnell, CR Bard
Dave Dion, Cardinal Health (MP&S)
Lisa Foster, Sterigenics International
Joel R. Gorski, PhD, NAMSA
Deborah A. Havlik, Hospira Worldwide Inc.
Victoria M. Hitchins, PhD, FDA/CDRH
Lois Atkinson Jones, MS, (Independent Expert)
Susan G. Klacik, CCSMC FCS ACE, IAHCMM
Byron J. Lambert, PhD, Abbott Laboratories
Colleen Patricia Landers, RN, Canadian Standards Association
Lisa N. Macdonald, Becton Dickinson & Company
Jeff Martin, Alcon Laboratories Inc.
Patrick J. McCormick, PhD, Bausch & Lomb Inc.
Rainer Newman, Johnson & Johnson
Janet M. Prust, 3M Healthcare
Nancy Rakiewicz, Moog Medical Devices
Michael H. Scholla, Dupont Protection Technologies
Mark Seybold, Baxter Healthcare Corporation
Andrew Sharavara, PhD, Propper Manufacturing Co Inc.
Mark N. Smith, Getinge USA
William N. Thompson, Covidien
Martell Kress Winters, BS SM, Nelson Laboratories Inc.
William E. Young, (Independent Expert)

Alternates: Lloyd Brown, Covidien
Glenn W. Calvert, Becton Dickinson & Company
Steven J. Elliott, WuXi AppTec Inc.
Thomas J. Frazar, Johnson & Johnson
Kathy Hoffman, Sterigenics International
Jim Kaiser, Bausch & Lomb Inc.
Natalie Lind, IAHCMM

Reynaldo Lopez, Cardinal Health (MP&S)
Ralph Makinen, Boston Scientific Corporation
Mary S. Mayo, CR Bard
David Ford McGoldrick, BS, Abbott Laboratories
Jim Neher, NAMSA
Jerry R. Nelson, PhD, Nelson Laboratories Inc.
Karen Polkinghorne, Dupont Protection Technologies
Wallace E. Puckett, PhD, Steris Corporation
Mike Sadowski, Baxter Healthcare Corporation
Jason Voisinet, Moog Medical Devices
Craig A. Wallace, 3M Healthcare
Valerie Welter, Hospira Worldwide Inc.

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.

Foreword

This standard was developed by the AAMI Reusable Sterilization Container Working Group under the auspices of the AAMI Sterilization Standards Committee. The objective of this standard is to provide minimum labeling, safety, performance, and testing requirements to help ensure a reasonable level of safety and efficacy in rigid sterilization containers and instrument organizers, which are referred to in this standard as containment devices for reusable medical device sterilization.

This standard is the second edition of *Containment devices for reusable medical device sterilization*, which was first published as an American National Standard in 2006 as ANSI/AAMI ST77:2006. In comparison to the first edition, this new edition includes an informative annex on integrating medical devices with rigid sterilization container systems.

Compliance with this standard is voluntary. The existence of the standard does not preclude anyone from manufacturing, marketing, purchasing, or using products, processes, or procedures not conforming to the standard.

As used within the context of this document, “shall” indicates requirements strictly to be followed in order to conform to the standard; “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 standard; and “can” is used as a statement of possibility and capability. “Must” is used only to describe “unavoidable” situations, including those mandated by government regulation.

This standard should be considered flexible and dynamic. As technology advances and as new data are brought forward, the standard will be reviewed and, if necessary, revised. Suggestions for improving this standard are invited. Comments and suggested revisions should be sent to Technical Programs, AAMI, 4301 N. Fairfax Drive, Suite 301, Arlington, VA 22203-1633.

NOTE—This foreword does not contain provisions of the American National Standard *Containment devices for reusable medical device sterilization* (ANSI/AAMI ST77:2013), but it does provide important information about the development and intended use of the document.

Containment devices for reusable medical device sterilization

Introduction

Containment devices for reusable medical device sterilization comprise a number of different types of systems, including reusable rigid sterilization containers and instrument organizers. Containment devices are intended to serve as packaging for instruments and other medical devices before, during, and after sterilization of the instruments and devices. Furthermore, such systems can be designed as an aid to the efficiency of the surgical procedure. Instrument organizers with lid and base serve to secure and organize instrument sets and other medical devices within a sealed reusable rigid sterilization container or within a legally marketed sterilization wrap. Reusable rigid sterilization containers require a barrier system (e.g., filters or valves) to maintain the integrity of the package. Reusable rigid sterilization containers and instrument organizers vary in their design, the mechanics of operation, and the materials of construction.

Although AAMI has published recommended practices (ANSI/AAMI ST79 and ANSI/AAMI ST41¹) that contain guidance for users of reusable rigid sterilization container systems, ANSI/AAMI ST79 and ANSI/AAMI ST41 are not device standards. These recommended practices do outline in a broad format the information that the manufacturer should supply the user to demonstrate that a reusable rigid sterilization container system has been qualified in commonly available hospital cycles. However, they do not establish performance requirements for reusable rigid sterilization container systems or other containment devices such as instrument organizers. Therefore, a design and performance standard for containment devices, ANSI/AAMI ST77, was developed to provide manufacturer requirements. These requirements entail labeling, sterilization effectiveness (e.g., sterilant penetration, air removal), sterilant compatibility, sterility maintenance (barrier properties), compatibility with the intended use (e.g., containment for sterilization of endoscopes, implants, and other devices), maximum size, maximum load, and validation of performance (including accessories) in specific sterilization cycles.

There are two primary categories of containment devices: (a) self-contained reusable rigid sterilization containers that require a barrier system (e.g., filters or valves), and (b) containment devices that require a sterilization wrap or pouch to maintain sterile integrity once the containment device and its contents are sterilized. Containment device and packaging manufacturers bear the ultimate responsibility for validating that their products are compatible with a specified sterilization method. Health care personnel bear the ultimate responsibility for using the containment device or packaging material in the recommended sterilization method and for performing tests to ensure that items to be packaged can be sterilized by the specific sterilizers and sterilization methods used within the health care facility.

1 Scope

1.1 General

This standard applies to containment devices intended for use in sterilizing reusable medical devices in health care facilities.

NOTE—For purposes of this standard, “health care facilities” means hospitals, nursing homes, extended-care facilities, free-standing surgical centers, clinics, and medical and dental offices. For convenience, the term “hospital” is sometimes used in this recommended practice; in all instances, this term should be taken to encompass all other health care facilities.

¹ Guidance for the use of reusable rigid sterilization container systems was originally provided in ANSI/AAMI ST33, *Guidelines for the selection and use of reusable rigid sterilization container systems for ethylene oxide sterilization and steam sterilization in health care facilities*. The provisions of this document pertaining to sterilization container systems intended for use in steam sterilization were updated and incorporated into ANSI/AAMI ST79, *Comprehensive guide to steam sterilization and sterility assurance in health care facilities*. The provisions of ANSI/AAMI ST33 pertaining to sterilization container systems intended for use in ethylene oxide sterilization were updated and incorporated into the latest edition of ANSI/AAMI ST41, *Ethylene oxide sterilization in health care facilities: Safety and effectiveness*.