DIF-OT Ceiling Filter

The optimized laminar airflow











When hygiene is crucial

The operating room is the most critical zone of the hospital. The operating theatre must be a clean room to protect the patient. The ventilation and the filtration system must ensure an ultra clean air environment to keep the patient alive and healthy. The infections are caused by various contaminants. The main risks of contamination are coming from the staff and the equipements (direct contamination or from the indoor air (indirect contamination). The air is the most important source of infection therefore it must be controlled to limit the risk.



What are the requirements in an operating theatre

Further the quality air indoor, an easy maintenance and a comfortable air indoor are required.

The maintenance must require minimal operation costs and minimal tasks number. The cleaning and the readjustement between two operations must be faster as possible since the operating room are used uninterrupted by all the different surgeons of the hospital.

The thermal environment must be comfortable for all the staff (surgeons, anaesthetist, nurses). They must be able to work without additionnal constraints caused by the ventilation and filtration system.

How to design the HVAC system

First of all the risk analysis must be made for the operating room to estimate the level of risk including the pathogenicity of all the agents in the room, the possible consequences of an exposure, ways of transmission, duration of the operation, etc. Then the type of surgeries, the maximum crowdies and the uses frequency will be the additional parameters which will lead to the specifications of the operating room.

The standards are the guidelines which define exactly the level risk of the room and the requirements of the ventilation and filtration system. The raised parameters are :

- type of air diffusion, mixing or laminar airflow
- dimensions of the diffusers, airflow and air velocity
- cleanroom classification acccording to EN ISO14644/1, recovery time or biocontamination class
- comfort criteria: air temperature, humidity and noise level





Standards

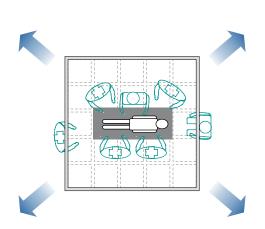
- EN ISO 14644/1, classification of air cleanliness, number of particles in the air

CLASS	Number of Particles per Cubic Meter by Micrometer Size					
	0.1 µm	0.2 µm	0.3 µm	0.5 µm	1 µm	5 µm
ISO 5	100 000	23 700	10 200	3 520	832	29
ISO 6	1000 000	237 000	102 000	35 200	8 320	293
ISO 7				352 000	83 200	2 930

Ceiling filtration system

It supplies the clean air in the operating room. The air diffusion will be an unidirectional airflow or laminar airflow for the highest riskly room (ISO5 class is required) whereas it will be a turbulent diffusion for the room with a low risk (ISO7 is required). The laminar airflow prevents contaminated air entering the operating area in order to achieve ISO5 class under the ceiling. the supply clean air pushes the contaminated air outside the area which must be cleaned.

It's composed by a structure in stainless steel and HEPA filters.





Exhaust grilles

It enables to have an air movement everywhere in the room. The combination with supply air movement coming from the ceiling will clean the protected area and remove the contaminants created in the operating area.

Filter panel or/and high efficiency filters in the exhaust grilles are required depending on the standards.

Operating area

The most critical area of the operating room. The contaminants must be pushed out from this area.

- It can be splitted in two differents areas:
- the surgery bed (core zone): the patient must be absolutely protected against all the infection by creating an overpressure with the neighboured zone.
- the peripheral zone wich contains the surgical staff: the air movement must prevent the contaminants from going to the core zone and guarantee the comfort for the surgeons

Transfer grille

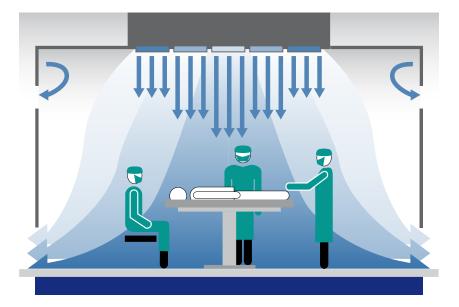
An overpressure must be maintained with the neighboured room (from 15 to 25 Pa).

- prCEN/TC 156, ventilation for hospitals, definition of protected operating zone

H1a	Protected operating zone within the operating room for orthopaedic and trauma surgery, neurosurgery, transplantations, cardiac and vascular surgery, gynaeco-logy, general surgery	At least 9 m² by means Iaminar airflow	Slight overpressure in the
H1b	No defined protected operating zone within the operating room for other opera- tive interventions (e.g., insertion of small implants, invasive angiography, herat catherisation, endoscopic examinations)	no defined protected zone	operating room compared to
H1c	reduced protected operating zone within the operating room, e.g., for abdominal surgery, eye surgery, urological surgery	6 m² to 9 m² by means of laminar airflow	adjacent rooms

DIF-OT, the optimized laminar airflow for high clean rooms classification

There are differential flow velocities decreasing from centre towards system's perimeter to provide a dynamic barrier between the operating table and the outer zone. This differential air velocities optimizes the air treatment and the air cleaning in different operating areas : surgery bed (most critical area), surgi-



cal staff area and outer area (rest of the staff and equipements).

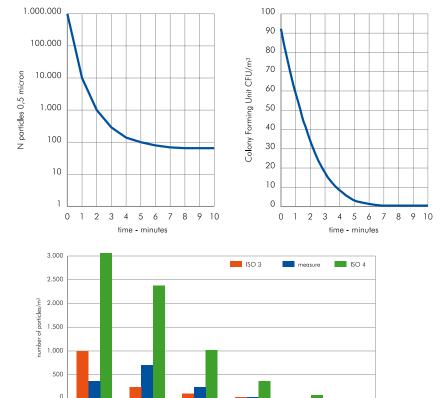
- Benefits of laminar airflow :
 ISO5 class at rest (acc. SWKI99-3)
 Short recovery time
 No draft in the comfort zone
- Benefits of differential velocities :

ISO5 class at rest and at operational simulated (acc. SWKI99-3) No induced air coming from the room into the unidirectional diffusion, no needs for air guide curtains Less required airflow to achieve ISO5 class than constant velocities (energy savings) ISO4 class over the surgery bed

DIF-OT, high performances

Fast recovery time

A DIF-O.T. fitted in a mock-up room was tested by specialized people using an OPC (Optical Particle Counter) and a biological concentration counter. The diagrams shows the test results in terms of 0.5 µm diameter particles and CFU (Colony Forming Units). These datas were confirmed then during the tests carried out on site and certified by independent laboratories.



0.30

0.50

1.00

5.00

0,10

0 0,20 particle size (micron)

Low particle concentration

The diagrams shows the results of the particle count above the surgery bed. The test has been performed using an OPC following the ISO 14644/1 procedures. The results refers to tests in "at rest" situation in operating theatres for real operating conditions. The particle count concentration values has been measured between ISO 3 and ISO 4 class.

DIF-OT, ceiling structure and filters

V1	V1	V1	V1	V1
V1	V2	V2	V2	V1
V1	LV	LV	LV	V1
V1	V2	V2	V2	V1
V1	V1	V1	V1	V1

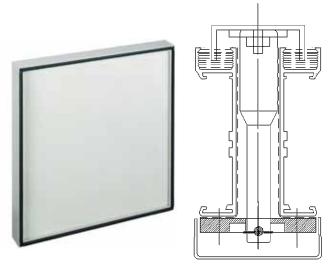
Filters

- HEPA filters H14 efficiency, individually scan tested, according to EN1822.
- Uniform air flow over the whole surface (+-5% comparted to the average flow velocity) thanks to the integrated equalizer in synthetic cloth.
- No additional flow stabilisers are required.
- Very low pressure drop through the clean air distributor.
- No micro-turbulence in the laminar flowarea as with conventional filter outlets or perforated plates.

Holding structure, filters frames and plenum box made of AISI 304 in stainless steel.

HEPA filters with different performance and colours (V1, V2, LV) designed to obtain a decreasing air velocity from the centre towards the perimeter of the surgical theatre.

- Patented flow equaliser to achieve uniform and constant air distribution over the whole surface even low velocities.
- Perfect tightness guarantedd by a reverse liquid seal around the edge of the filters.



Study case: Hospital "Riuniti di Ancona"

A survey about the surgery infections has been performed according to "National Healthcare Safety Network US" method by an independant company. 15 operating units has been studied.

At the end 2003 they have refurnished the 18 operating rooms by exchanging the old ventilation system with differential flow velocities laminar airflow.

Period A April 2001 – March 2004		Period B April 2004 – March 2007	
21.759 Operations		19.608 Operations	
N° INF	% INF	N° INF	% INF
650	3,0	353	1,8

- The whole cost for each surgery room with unidirectional flow has been 50 000 €.

- The total invest for all the operating units has been 900 000 €.
- The cost of a post-operative infection is estimated at 9 000 € and the number of infections has been reduced of 300.
- Thus the hospital has saved 2 700 k€ in 3 years.

Pay back = 1 year

DIF-OT, technical data

Model	DIF-0T 5/610	DIF-0T 6/555	DIF-0T 5/555	DIF-0T 6/435
ISO CLASS "at rest" (2)	\geq ISO 5	\geq ISO 5	\geq ISO 5	\geq ISO 5
ISO CLASS "operational simulation" (3)	\geq ISO 5	\geq ISO 5	-	-
Dimension	3,2 x 3,2 m	3 x 3,5 m	3 x 3 m	2,4 x 2,8 m
O.T. crowd	High	High	Normal	Low
Nominal airflow (m3/h)	9 500	9 000	7 400	5 600
Initial pressure drop (Pa)	80	80	80	80
Final pressure drop (Pa)	250	250	250	250
Mean velocity (m/s)	0,24	0,24	0,24	0,24
Velocity over surgery bed (m/s)	0,4	0,4	0,4	0,4
ΔT (K), between supply air and temperature in comfort zone	2÷3	2÷3	2÷3	2÷3

References





Italie

 Casa di cura S. Lucia S.Giuseppe Vesuviano 	• •	DIF-OT/4
 Ospedale Fidenza Fidenza 	General surgery	DIF-OT DLS 5/43
 Clinica Villa Fiorita Prato 	General surgery	DIF-OT DLS 6/43
 Clinica Bernardini Taranto 	General surgery	DIF-OT DLS 5/43
– Clinica S.Rita Milano	General surgery	DIF-OT DLS 6/435

- Mellino Mellini General surgery DIF-OT DLS 6/435 Chiari
 Ospedale S. Chiara Heart surgery DIF-OT DLS 5/435 Trento
- Istituti Clinici S. Donato Heart surgery DIF-OT DLS 5/435
 S. Donato Milanese

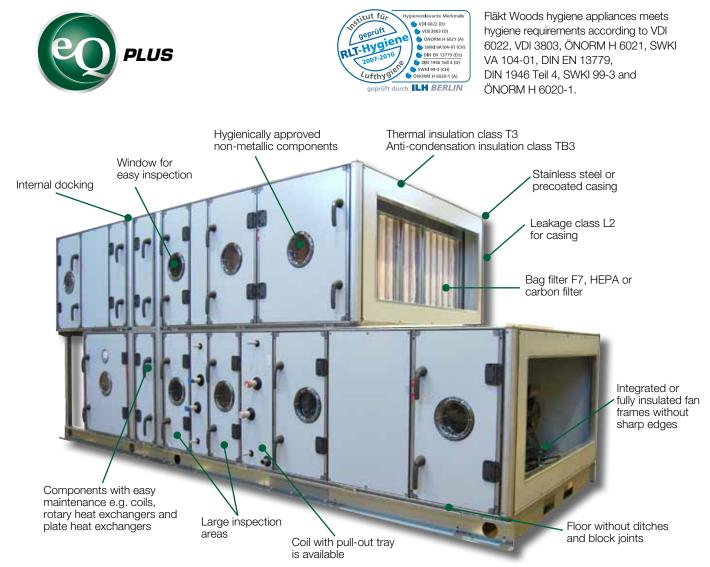
Swizterland

 Ospedale Neuchatel Neuchatel 	General surgery	DIF-OT/ 5
- Ospedale	General surgery	DIF-OT DLS 5/435
Pontresina		

Spain

- Ospedale Orthopedic surgery DIF-OT 6/43 Zaragosse

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