

# OR ventilation systems, a view from different perspectives

2nd Scientific and Technical Conference "Air conditioning of hospital facilities"

March 25<sup>th</sup> 2022

Jos Lans - TU Delft



# Introduction

Jos Lans

PhD candidate TU Delft



**Delft University of Technology**

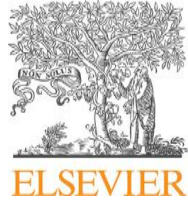
CEO Medexs



# Content

- Introduction
- Background
- Problem definition
- Ventilation systems
- Research questions
- Methodology
- Results
- Scientific and societal Relevance
- References
- Questions





Review

# Operating room ventilation systems: recovery degree, cleanliness recovery rate and air change effectiveness in an ultra-clean area

J.L.A. Lans<sup>a,c,\*</sup>, N.M.C. Mathijssen<sup>b,c</sup>, A. Bode<sup>d</sup>, J.J. van den Dobbelsteen<sup>e</sup>,  
M. van der Elst<sup>e,f</sup>, P.G. Luscuere<sup>a</sup>

<sup>a</sup> Faculty of Architecture and the Built Environment, Delft University of Technology, Delft, The Netherlands

<sup>b</sup> Reinier Haga Orthopaedic Centre, Zoetermeer, The Netherlands

<sup>c</sup> Reinier de Graaf Hospital, Delft, The Netherlands

<sup>d</sup> Expert/Advisor on Health Care and Construction, IJsselstein, The Netherlands

<sup>e</sup> Faculty of Mechanical, Maritime and Materials Engineering, Delft University of Technology, Delft, the Netherlands

<sup>f</sup> Department of Trauma Surgery, Reinier de Graaf Hospital, Delft, The Netherlands

## ARTICLE INFO

### Article history:

Received 11 November 2021

Accepted 22 December 2021

Available online 30 December 2021

### Keywords:

Cleanliness recovery rate

Air change effectiveness

## SUMMARY

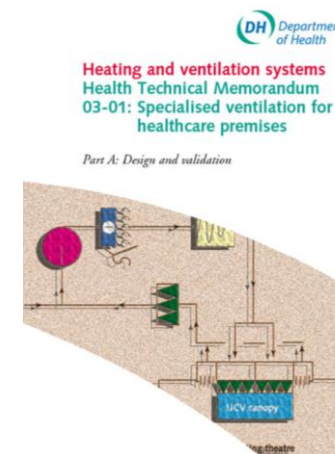
**Background:** Entrainment test methods are described in most European standards and guidelines to determine the protected area for ultra-clean ventilation (UCV) systems. New UCV systems, such as temperature-controlled airflow (TcAF) and controlled dilution ventilation (cDV) systems, claim the whole operating room (OR) to be ultra-clean. However, current test standards were not developed to assess ventilation effectiveness outside the standard protected area.

**Aim:** To assess and compare the ventilation effectiveness of four types of OR ventilation systems in the ultra-clean area using a uniform test grid.

**Methods:** Ventilation effectiveness of four ventilation systems was evaluated for three

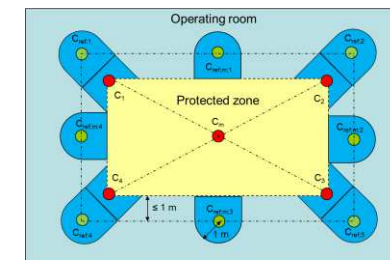
# Background

- Operating room (OR) ventilation systems are important to prevent surgical site infections<sup>[17]</sup> through airborne contamination<sup>[1-8]</sup>.
- The wound area, the area of the surgical staff and the instrument tables are defined as ultra-clean areas.
- To date, entrainment test methods are described in most European standards to determine the protected area for traditional Ultra Clean Ventilation (UCV) systems<sup>[9-15,18]</sup>.
- New OR UCV ventilation systems are introduced in the market which claim to use less energy and the whole OR to be ultra-clean<sup>[15,16]</sup>. They can not be tested according to current standards and guidelines.
- The study gives insights of the functioning of different OR ventilation systems on the market.



OK /Opdek classificatie	Classificatie beschermd gebied volgens ISO 14644-1 at rest op $\geq 0,5\mu\text{m}$	Classificatie periferie volgens ISO 14644-1 at rest op $\geq 0,5\mu\text{m}$	Beschermingsgraad	Hersteltijd ISO 14644-3 (factor 100) in midden beschermd gebied* op $\geq 0,5\mu\text{m}$	Hersteltijd ISO 14644-3 (factor 100) op $\geq 0,5\mu\text{m}$
1	ISO 5	7	Rand $\geq 2$ Midden $\geq 2$	$\leq 3$ min	-
2	ISO 7	N.v.t.	-	-	$\leq 20$ min

\*) Niet van toepassing voor opdekruimtes

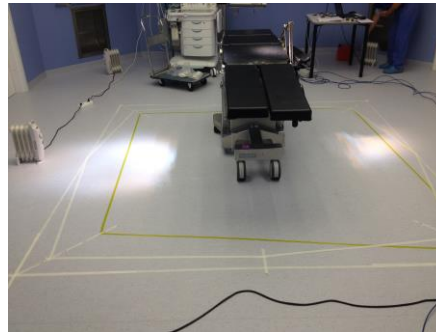


Measuring point C<sub>i</sub> ● Measuring point C<sub>iw</sub> ● Emission not allowed ●

# Problem definition

## *Problem 1a.*

The protected area of a traditional UCV system, a uni-directional airflow (UDAF)<sup>[21,23]</sup>, is for some surgical procedures not large enough to position and protect all instrument tables underneath the UDAF and to allow enough space between sterile staff and instrument tables<sup>[29,30]</sup>.



# Problem definition

## *Problem 1b.*

New UCV systems, such as temperature-controlled airflow (TcAF) and controlled-dilution ventilation (cDV) claim the whole OR to be ultra-clean<sup>[24-26]</sup>.

However, current standards are not developed to test ventilation systems that claim the whole OR to be ultra-clean.

Halton Vita OR Space is an airflow solution which provides the highest required air cleanliness for the ultraclean operations in the entire operating space. This

Source HALTON

- Flexible use of the space in operating room allows full use of floor area

Source HALTON

Journal of Hospital Infection (Oct 2017). The Opragon operating room ventilation system is actively sweeping away the bacteria carrying particles before they can whirl around the room and contaminate the wound or the sterile instruments. The whole OR is kept at ISO 5 or better. This leads to less than 5 cfu/m<sup>3</sup> in the surgical working area and less than 10 cfu/m<sup>3</sup> in the whole room (provided that hygiene requirements are met). This means a 3-5x larger sterile work zone

Source Avidicare

# Problem definition

## *Problem 2.*

When building or renovating an OR complex, the hospital faces many choices. One of these choices is to select the type of UCV<sup>[22,27,28,32]</sup> in the OR.

Besides problem 1, the final choice of the UCV system determines, in addition to the necessary ventilation (HVAC) installation, the final amount of the investment (CAPEX) and the resulting maintenance and operating costs (OPEX).

## Ultra-clean ORs with less energy

The Opragon achieves ultra-clean conditions using 30% less energy than standard laminar airflow systems according to an article in the Journal of Hospital Infection (Oct 2017). The Opragon operating room

Source Avidicare

- Flexible use of the space in operating room allows full use of floor area
- Comfortable conditions in the operating room increase wellbeing and comfort of the patient and the medical team
- Energy efficiency brings savings in operational costs
- The offering is compliant with various national and international standards

Source HALTON

# Objectives 4 OR ventilation systems compared

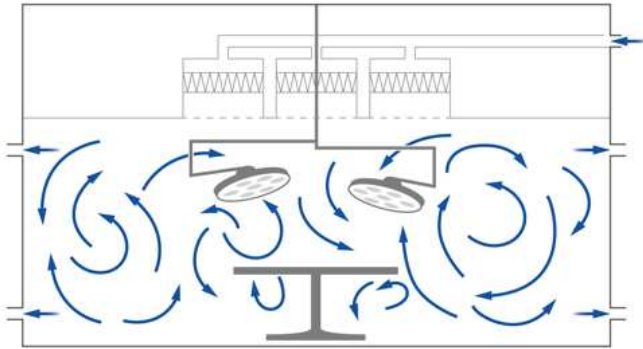


Figure 1. Working principle (1a) and photo CV LUMC, Leiden (1b).

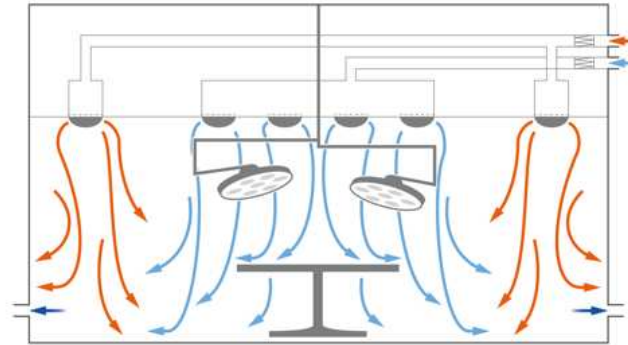


Figure 2. Working principle (2a) and photo TcAF Rijnstate Hospital Arnhem(2b).

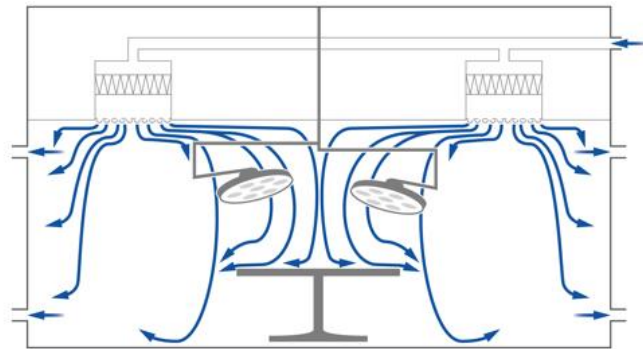


Figure 3. Working principle (3a) and Photo cDV Nij Smellinghe Hospital, Drachten (3b).

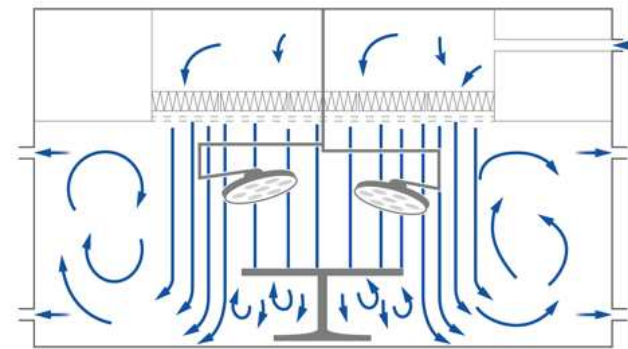


Figure 4. Working principle UDAF (4a) and photo UDAF IJsselland Hospital (4b).

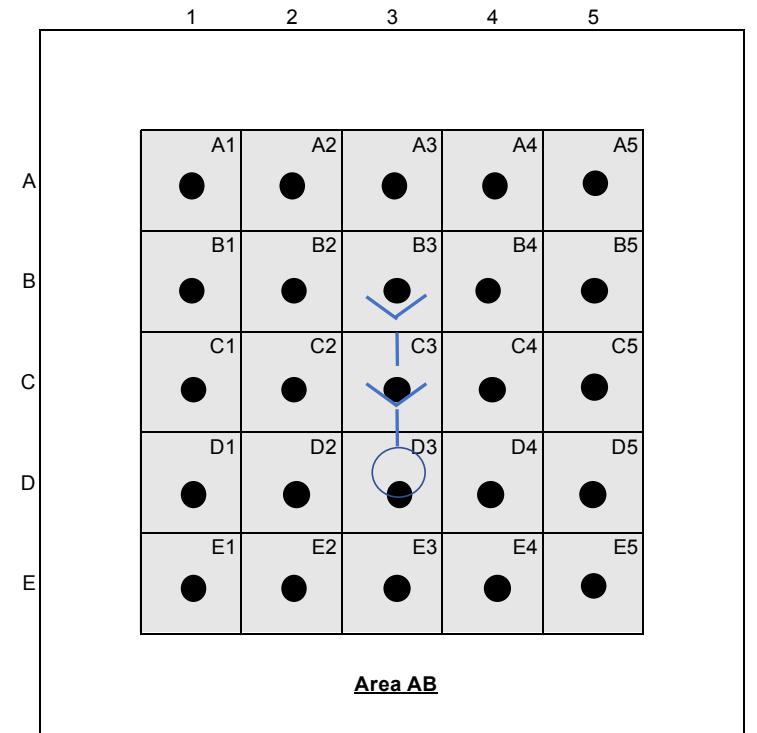
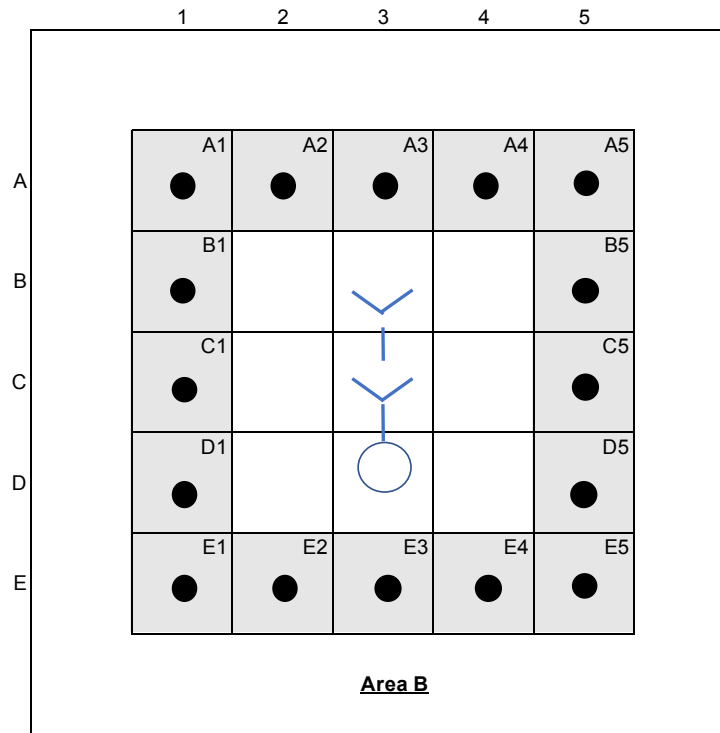
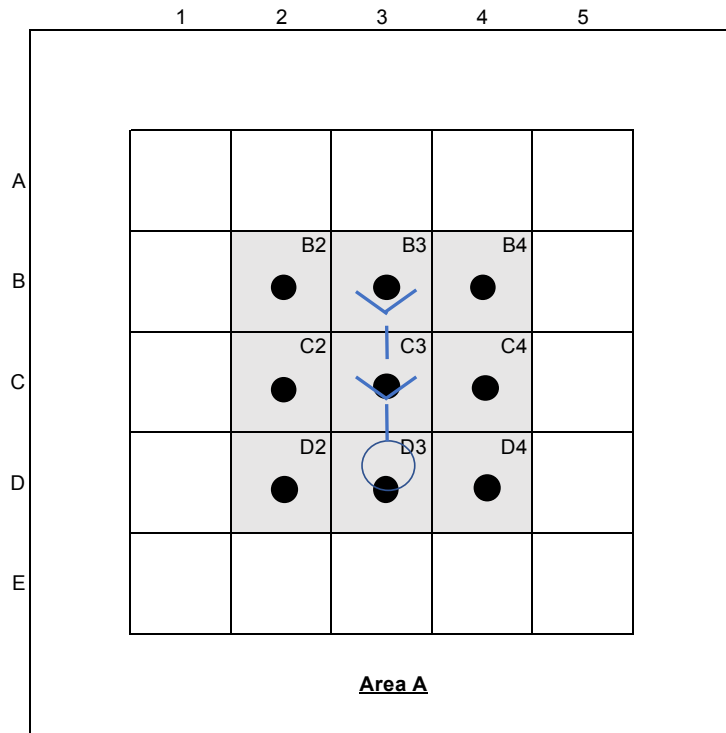
# Research questions

1. How do the different OR ventilation systems ventilation effectiveness compare?
2. Which OR ventilation system performs the best in terms ventilation effectiveness<sup>[20,31]</sup> measured in the whole OR?

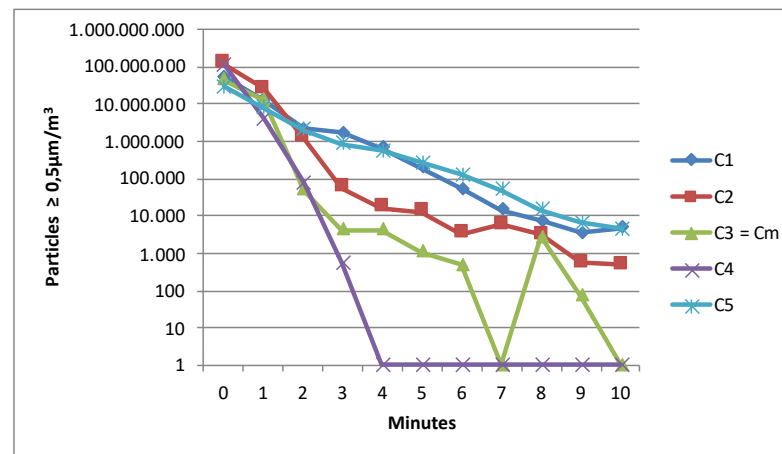
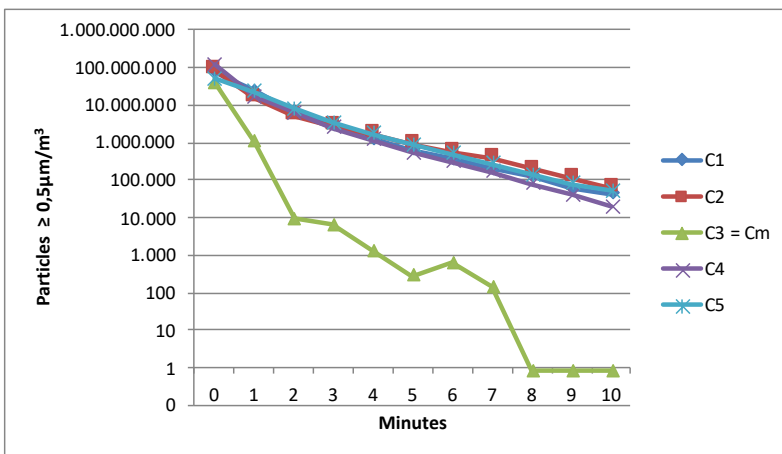
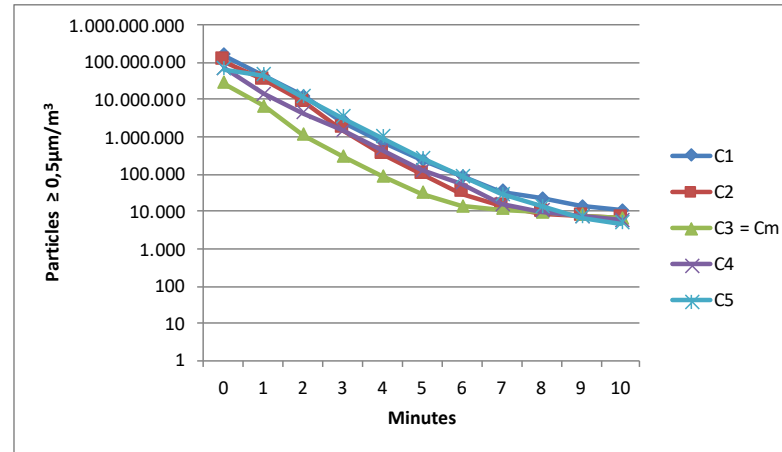
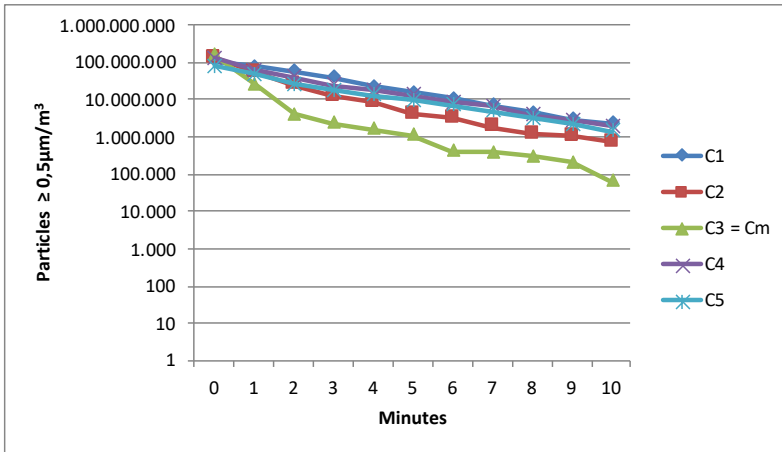
# Methodology

Methodology	Description
Literature	Literature research – current guidelines and standards
Measurements	Uniform test grid with measuring points
Prospective	Measurements

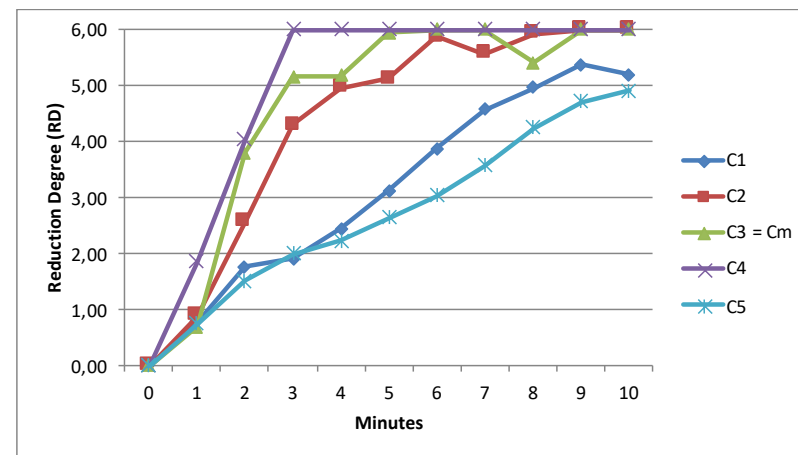
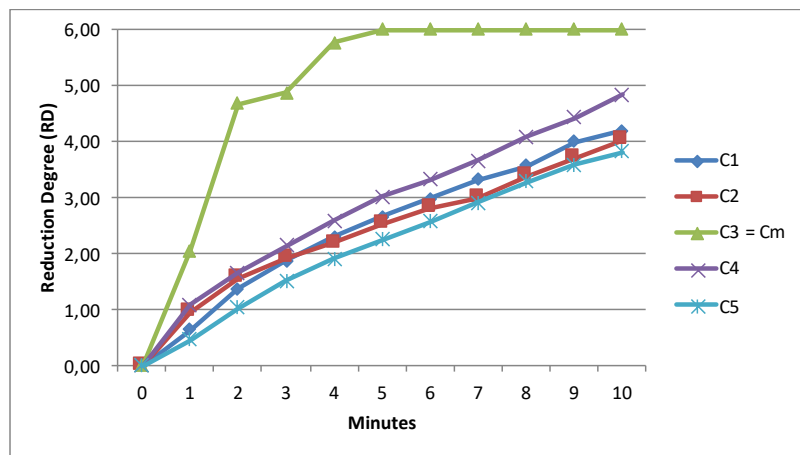
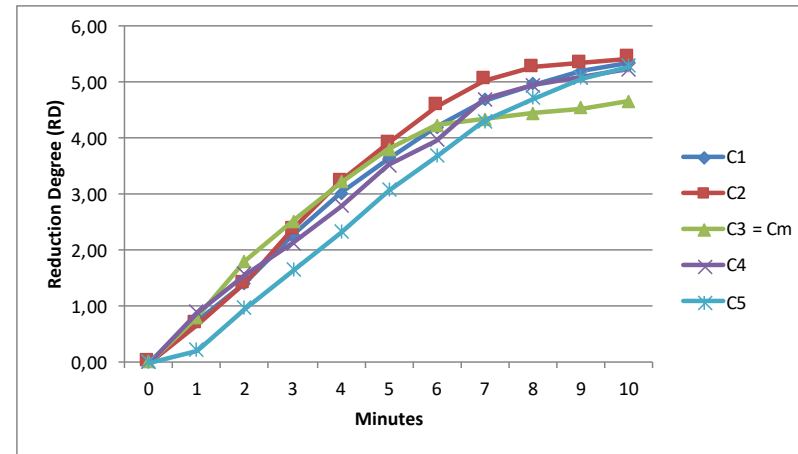
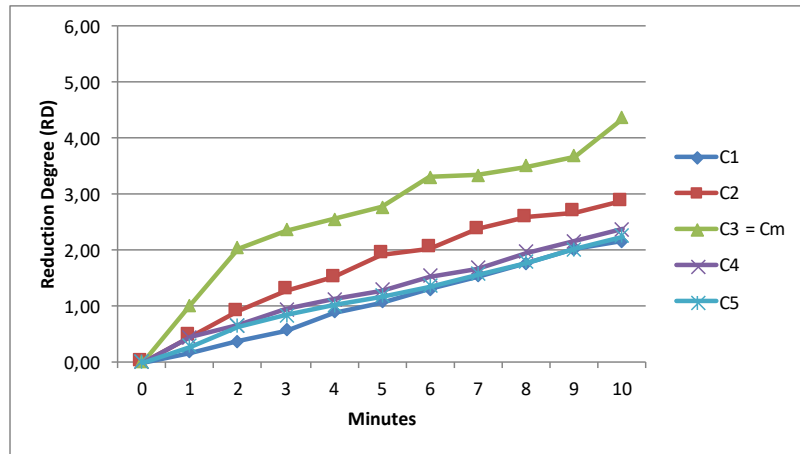
# Methodology - Measurement grid -



# Methodology - CRR -



# Methodology - RD -



# Results

Ultra-clean Area	CV	cDV	TcAF	UDAF
<b>Area A</b>				
n	45	54	45	54
RD	2.22 (1.23)	4.17 (0.94)	2.96 (0.73)	6.00 (<0.001)
<i>p</i> -value TcAF	<i>p</i> =0.05			
<i>p</i> -value TcAF		<i>p</i> =0.06		
CRR	0.50 (0.39)	1.22 (0.26)	0.73 (0.28)	5.42 (2.49)
<i>p</i> -value TcAF	<i>p</i> =0.42			
ACE	1.20 (0.90)	1.08 (0.23)	0.97 (0.36)	4.64 (1.93)
<i>p</i> -value cDV	<i>p</i> =0.75			
<i>p</i> -value cDV			<i>p</i> =0.51	
<b>Area B</b>				
n	80	96	80	96
RD	1.86 (0.78)	4.63 (1.49)	2.90 (1.52)	4.33 (2.40)
<i>p</i> -value cDV				<i>p</i> =0.05
CRR	0.39 (0.08)	1.23 (0.18)	0.67 (0.18)	1.12 (0.33)
<i>p</i> -value cDV				<i>p</i> =0.15
ACE	0.93 (0.19)	1.08 (0.16)	0.81 (0.22)	0.96 (0.32)
<i>p</i> -value cDV				<i>p</i> =1.00
<b>Area AB</b>				
n	125	150	125	150
RD	1.94 (0.87)	4.48 (0.99)	2.92 (1.28)	5.35 (1.85)
<i>p</i> -value UDAF		<i>p</i> =0.31		
CRR	0.40 (0.18)	1.23 (0.20)	0.70 (0.21)	1.29 (2.50)
<i>p</i> -value UDAF		<i>p</i> =1.00		
ACE	0.98 (0.41)	1.08 (0.18)	0.86 (0.26)	1.14 (2.26)
<i>p</i> -value UDAF		<i>p</i> =1.00		

Table 2. Descriptives examined OR ventilation systems, Area A, B and AB. Results are presented as median (interquartile range).

# Scientific and societal Relevance PhD

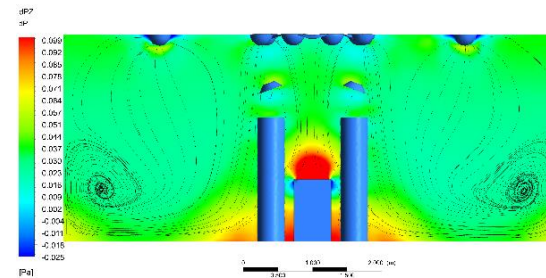
## Scientific Relevance

Ventilation effectiveness different OR ventilation systems compared.

Ventilation effectiveness of different OR ventilation systems compared with levels of CFU.

Air quality in ultra clean area in relation to quantity of CFUs, different OR ventilation systems.

CFD compared with an as built Hybrid OR ventilation system.



## Societal Relevance

Environmental impact OR ventilation systems, energy consumption.

Investment (CAPEX) costs different OR ventilation systems.

Operational costs (OPEX) different OR ventilation systems.

Measurements according to current standards and guidelines are time consuming.

Contribution to cost/benefit balance of infection prevention.



# References

- Langvatn, H., Schrama, J. C., Cao, G., Hallan, G., Furnes, O., Lingaas, E., Walenkamp, G., Engesæter, L. B., & Dale, H. (2020). Operating room ventilation and the risk of revision due to infection after total hip arthroplasty: assessment of validated data in the Norwegian Arthroplasty Register. *Journal of Hospital Infection*, 105(2), 216–224. <https://doi.org/10.1016/j.jhin.2020.04.010>
- Charnley, J., & Eftekhar, N. (1969). Postoperative infection in total prosthetic replacement arthroplasty of the hip-joint with special reference to the bacterial content of the air of the operating room. *British Journal of Surgery*, 56(9). <https://doi.org/10.1002/bjs.1800560902>
- Knobben, B. A. S., van Horn, J. R., van der Mei, H. C., & Busscher, H. J. (2006). Evaluation of measures to decrease intra-operative bacterial contamination in orthopaedic implant surgery. *Journal of Hospital Infection*, 62(2), 174–180. <https://doi.org/10.1016/j.jhin.2005.08.007>
- de Lissovoy, G., Fraeman, K., Hutchins, V., Murphy, D., Song, D., & Vaughn, B. B. (2009). Surgical site infection: Incidence and impact on hospital utilization and treatment costs. *American Journal of Infection Control*, 37(5). <https://doi.org/10.1016/j.ajic.2008.12.010>
- Zimlichman, E., Henderson, D., Tamir, O., Franz, C., Song, P., Yamin, C. K., Keohane, C., Denham, C. R., & Bates, D. W. (2013). Health care-associated infections: A Meta-analysis of costs and financial impact on the US health care system. *JAMA Internal Medicine*, 173(22). <https://doi.org/10.1001/jamainternmed.2013.9763>
- Jankowski, T., & Mlynarczyk, M. (2016). An impact of the efficient functioning of the ventilation and air-conditioning system on thermal comfort of the medical staff in the operating room. *Journal of Ecological Engineering*, 17(5). <https://doi.org/10.12911/22998993/65459>
- van Gaever, R., Jacobs, V. A., Diltoer, M., Peeters, L., & Vanlanduit, S. (2014). Thermal comfort of the surgical staff in the operating room. *Building and Environment*, 81. <https://doi.org/10.1016/j.buildenv.2014.05.036>
- Melhado, M. A., Hensen, J. L. M., & Loomans, M. (2006). Literature review of staff thermal comfort and patient "thermal risks" in operating rooms. *HB 2006 - Healthy Buildings: Creating a Healthy Indoor Environment for People, Proceedings*, 2, 11–14.
- NEN-EN 1822-1:2019 en. (2019). *High efficiency air filters (EPA, HEPA and ULPA) - Part 1: Classification, performance testing, marking*.
- Swiss Association of Heat and Climate Engineers: Bern, Switzerland. (2003). *SWKI 99-3: Heating, Ventilation and Air-Conditioning in Hospitals*.
- DIN 1946-4: 2018-09. (2018). *Ventilation and air conditioning - Part 4: Ventilation in buildings and rooms of health care*.
- VCCN RL7. (2014). *VCCN-RL-7-Testen-en-classificeren-van-OKs-en-opdekrumtes-in-rust*.
- HTM-03-01 Part A. (n.d.). *Part A: The concept, design, specification, installation and acceptance testing of healthcare ventilation systems Classification: Official Publications approval reference: PAR38*.
- SIS-TS 39(E):2015. (2015). *Swedish Standards Institute - Microbiological cleanliness in the operating room – Preventing airborne contamination – Guidance and fundamental requirements*. [www.sis.se](http://www.sis.se)
- Avidicare. (2021). [www.avidicare.com](http://www.avidicare.com). Avidicare. [www.avidicare.com/taf-ventilation-keeps-the-whole-operating-room-ultra-clean](http://www.avidicare.com/taf-ventilation-keeps-the-whole-operating-room-ultra-clean)
- Halton. (2021, August 21). [www.halton.com](http://www.halton.com). [https://www.halton.com/wp-content/uploads/2020/08/Halton\\_Vita\\_OR\\_brochure\\_en.pdf](https://www.halton.com/wp-content/uploads/2020/08/Halton_Vita_OR_brochure_en.pdf)
- Humphreys, H. (2017). WHO Guidelines to prevent surgical site infections. *The Lancet Infectious Diseases*, 17(3), 262. [https://doi.org/10.1016/S1473-3099\(17\)30080-4](https://doi.org/10.1016/S1473-3099(17)30080-4)
- ISO 14644-3:2019(en). (2019). *ISO 14644-3:2019(en) Cleanrooms and associated controlled environments — Part 3: Test methods*.
- Nielsen, P. v. (2009). Control of airborne infectious diseases in ventilated spaces. *Journal of the Royal Society Interface*, 6(SUPPL. 6). <https://doi.org/10.1098/rsif.2009.0228.focus>
- Whyte, W., Whyte, W., Ward, S., & Agricola, K. (2018). Ventilation effectiveness in cleanrooms and its relation to decay rate, recovery rate, and air change rate. *European Journal of Parenteral and Pharmaceutical Sciences*, 23(4).
- Whyte, W., Mackintosh, C. A., & Whyte, W. M. (2021). The design and testing of unidirectional airflow operating theatres. *International Journal of Ventilation*. <https://doi.org/10.1080/14733315.2021.1889104>
- Aganovic, A., Cao, G., Fecer, T., Ljungqvist, B., Lytsy, B., Radtke, A., Reinmüller, B., & Traversari, R. (2021). Ventilation design conditions associated with airborne bacteria levels within the wound area during surgical procedures: a systematic review. In *Journal of Hospital Infection* (Vol. 113). <https://doi.org/10.1016/j.jhin.2021.04.022>
- Langvatn, H., Schrama, J. C., Cao, G., Hallan, G., Furnes, O., Lingaas, E., Walenkamp, G., Engesæter, L. B., & Dale, H. (2020). Operating room ventilation and the risk of revision due to infection after total hip arthroplasty: assessment of validated data in the Norwegian Arthroplasty Register. *Journal of Hospital Infection*, 105(2). <https://doi.org/10.1016/j.jhin.2020.04.010>
- Pedersen, C., Cao, G., Drangsholt, F., Stenstad, L. I., & Skogås, J. G. (2019). Can we meet the requirement for ultra-clean operation room (10CFU/m3) with dilution ventilation? *E3S Web of Conferences*, 111(2019). <https://doi.org/10.1051/e3sconf/201911101041>
- Noble, W. C., Lidwell, O. M., & Kingston, D. (1963). The size distribution of airborne particles carrying micro-organisms. *Journal of Hygiene*, 61(4). <https://doi.org/10.1017/S0022172400020994>
- Whyte, W., Lidwell, O. M., Lowbury, E. J. L., & Blowers, R. (1983). Suggested bacteriological standards for air in ultraclean operating rooms. *Journal of Hospital Infection*, 4(2), 133–139. [https://doi.org/10.1016/0195-6701\(83\)90042-7](https://doi.org/10.1016/0195-6701(83)90042-7)
- Alsved, M., Civilis, A., Ekolind, P., Tammelin, A., Andersson, A. E., Jakobsson, J., Svensson, T., Ramstorp, M., Sadrzadeh, S., Larsson, P. A., Bohgard, M., Šantl-Temkiv, T., & Löndahl, J. (2018). Temperature-controlled airflow ventilation in operating rooms compared with laminar airflow and turbulent mixed airflow. *Journal of Hospital Infection*, 98(2). <https://doi.org/10.1016/j.jhin.2017.10.013>
- Traversari, R., Goedhart, R., & Schraagen, J. M. (2013). Process simulation during the design process makes the difference: Process simulations applied to a traditional design. *Health Environments Research and Design Journal*, 6(2). <https://doi.org/10.1177/193758671300600206>
- Bullitta, C., & Schlaumann, B. (2020). Relevance and implications of positioning analysis for infection-preventive effectiveness of ventilation systems with low-turbulence dis-placement flow. *Current Directions in Biomedical Engineering*, 6(3). <https://doi.org/10.1515/cdbme-2020-3078>
- Benen, T., Wille, F., & Clausdorff, L. (2013). Influence of different ventilations systems upon the contamination of medical devices. *Hygiene + Medizin*, 38(4), 142–146. <http://www.scopus.com/inward/record.url?eid=s2-s2.0-84877851682&partnerID=40&md5=64e3cba3737fad193c7c619409b17122>
- Whyte, W., Ward, S., Whyte, W. M., & Eaton, T. (2014). Decay of airborne contamination and ventilation effectiveness of cleanrooms. *International Journal of Ventilation*, 13(3). <https://doi.org/10.1080/14733315.2014.11684049>
- Memarzadeh, F., & Jiang, Z. (2004). Effect of operation room geometry and ventilation system parameter variations on the protection of the surgical site. *IAQ Conference*.

# Questions

