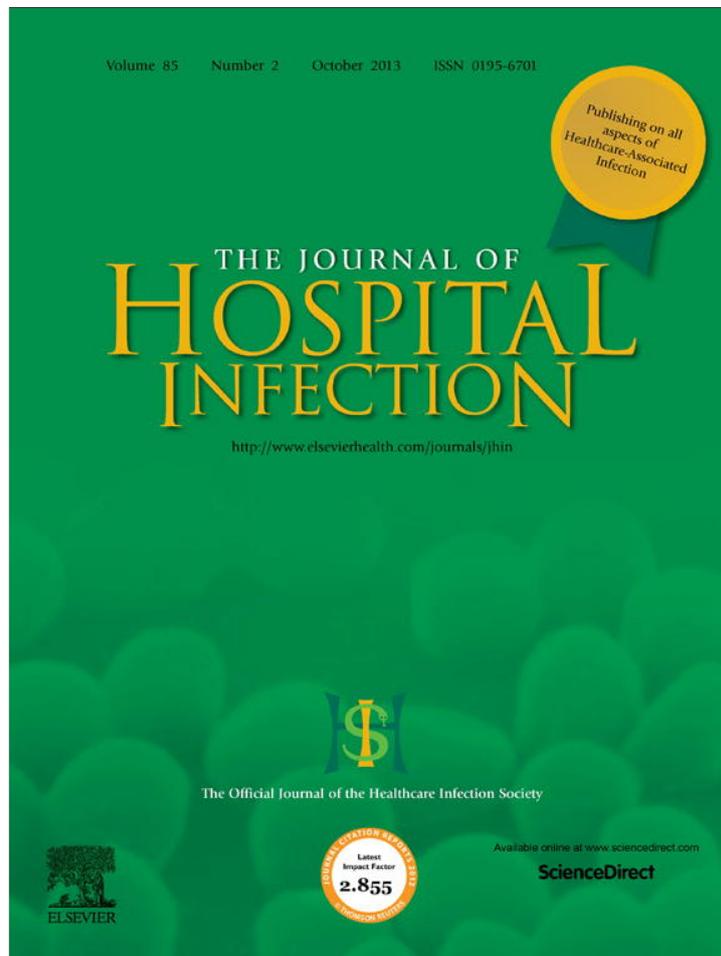


Provided for non-commercial research and education use.  
Not for reproduction, distribution or commercial use.



This article appeared in a journal published by Elsevier. The attached copy is furnished to the author for internal non-commercial research and education use, including for instruction at the authors institution and sharing with colleagues.

Other uses, including reproduction and distribution, or selling or licensing copies, or posting to personal, institutional or third party websites are prohibited.

In most cases authors are permitted to post their version of the article (e.g. in Word or Tex form) to their personal website or institutional repository. Authors requiring further information regarding Elsevier's archiving and manuscript policies are encouraged to visit:

<http://www.elsevier.com/authorsrights>



# Laying-up of sterile instruments in the operating theatre: equal or superior protection by using a horizontal unidirectional air flow system

A.A.L. Traversari<sup>a,\*</sup>, C.A. Goedhart<sup>b</sup>, E. Dusseldorp<sup>c</sup>, A. Bode<sup>a</sup>, F. Keuning<sup>a</sup>, M.S.J. Pelk<sup>d</sup>, M.C. Vos<sup>e</sup>

<sup>a</sup>TNO Dutch Centre for Health Assets, Soesterberg, The Netherlands

<sup>b</sup>Erasmus MC, University Medical Center Rotterdam, Expertise Group Corporate Real Estate, The Netherlands

<sup>c</sup>TNO Statistics Group, Leiden, The Netherlands

<sup>d</sup>Erasmus MC, University Medical Center, Rotterdam, Service Organisation Knowledge, Sector Patient Care, The Netherlands

<sup>e</sup>Erasmus MC, University Medical Center, Rotterdam, Department of Medical Microbiology and Infectious Diseases, The Netherlands

## ARTICLE INFO

### Article history:

Received 7 January 2013

Accepted 24 June 2013

Available online 12 August 2013

### Keywords:

Air quality

Contamination

Laying-up process

Operation theatre

Unidirectional flow system

## SUMMARY

**Background:** A system for the preparation of sterilized instruments with unidirectional horizontal air flow (UDHF) has several advantages over a unidirectional down flow system (UDDF). The advantages are based on the installation of the system being more flexible and easier to use, no cooling of the air flow being necessary and less air being needed for circulation, resulting in reduced energy use.

**Objectives:** The objective of this study was to determine whether a system with UDHF performs equal or superior to a system with UDDF in terms of prevention of contamination of the air (the presence of particles and micro-organisms) during the laying-up process.

**Methods:** The degree of protection (DP) offered by two UDHF system variants and two UDDF system variants was determined for several static set-ups and a dynamic simulation of the process. In addition to determining the level of protection for several categories of particle size, colony-forming units (CFU) were also measured during process simulations.

**Findings:** When maximum protection (no particles present) is considered, the UDHF systems performed significantly better than the UDDF systems for particles  $\geq 2.5 \mu\text{m}$ . When particles were present, there was no significant difference between systems for particles  $\geq 0.3$  and  $\geq 0.5 \mu\text{m}$ . However, the performance of the UDHF system was superior to that of the UDDF system (DP) for particles  $\geq 1.0 \mu\text{m}$  representing the bacteria-carrying particles. During the process measurements, no CFU were found with the UDDF system in 64% of the measurements, compared with 90% for the UDHF system ( $P = 0.012$ ).

**Conclusions:** The UDHF system offers equal or superior protection to the UDDF system against contamination of the clean area within which the laying up takes place. Despite our finding that the differences did not always reach statistical significance (due to low background concentrations), there is a clear trend, from the small-sized particles

\* Corresponding author. Address: TNO Dutch Centre for Health Assets, Kampweg 5, Soesterberg 3769 DE, The Netherlands. Tel.: +31 653194752.

E-mail address: [Roberto.Traversari@tno.nl](mailto:Roberto.Traversari@tno.nl) (A.A.L. Traversari).

( $\geq 1.0 \mu\text{m}$ ) up to the largest sizes considered, including bacteria-carrying particles, that demonstrates the superiority of the horizontal flow system. The UDHF system offers a more robust solution than the UDDF system, provided that good work instructions are given and the height of the table and height of the plenum are properly adjusted.

© 2013 The Healthcare Infection Society. Published by Elsevier Ltd. All rights reserved.

## Introduction

Laying-up of sterile instruments in the operating theatre is an important quality process and should keep instruments sterile to be used for the procedure. There is an unresolved and ongoing debate as to which air treatment systems create the best conditions for this process. In The Netherlands, laying-up of sterile instruments is increasingly done in a separate and dedicated preparation room with a special ventilation system to provide an ultraclean environment for the lay-up process in order to reduce the number of surgical side infections as much as possible. These rooms are attached to an operation room or more centrally located in the operating department. Newly built lay-up systems in The Netherlands almost exclusively use unidirectional down flow systems (UDDF systems), similar to the systems used in operating rooms. However, a system with horizontal flow [unidirectional horizontal flow system (UDHF system)] would seem to offer advantages from a hygiene point of view. In the case of a down flow system, the person doing the lay-up is (partially) located within the down flow. In the case of emission of particles by this person (the so-called spraying from the neck opening of the clothing), these particles – possibly contaminated with micro-organisms – are carried to the laying-up table by the down flow, creating a risk of contamination of the instruments. By contrast, in a system with a UDHF the falling particles are carried away from the instrument table, as long as the particles are not too heavy and the air flow is strong enough.

From an installation point of view, a UDHF system also has advantages for both new build and renovation of operating rooms. The advantages of a UDHF system compared with a UDDF system are three-fold. First, the system is simpler because it requires no cooling (energy conservation and cost reduction). Because of this, it is easier to install and may even be mobile. Second, less air is needed to protect the same number of instrument tables (energy conservation). Third, the system set-up results in a less ambiguous process because of the location of sterile material between the air coming from the UDHF and the scrub nurse. Hoffman *et al.* pointed out that the air change rate in preparation rooms used for laying up sterile instruments should be around 37 air changes per hour – a greater air change rate than in theatres.<sup>1,2</sup>

Until now, it has not been clear whether the performance in terms of air quality achieved in the laying-up zone of a UDHF system equals or exceeds that of a UDDF system during the laying-up of instruments in a separate preparation room.

The objective of this experimental comparative study is to answer the following research question: What is the difference in contamination (presence of particles and micro-organisms) of the clean area within which laying up takes place when a UDHF system is used versus when a UDDF system is used?

## Methods

### Principles

By emitting particles in the lay-up area and evaluating whether these particles land on the instrument table, it may be determined whether there is a risk of contamination and whether the system offers protection from these environmental conditions. If the number of particles found is the same or less with a UDHF system as with a UDDF system, we conclude that it gives at least the same level of protection against airborne contamination as the UDDF system.

Because it is impossible to maintain the background concentration of particles ( $C_{\text{ref}}$ , see below) at exactly the same level for both systems, we chose to make use of the degree of protection (DP) concept described in DIN 1946, part 4, annex C.<sup>3</sup> The DP is derived according to the following formula<sup>3</sup>:

$$DP_x = -\log(C_x/C_{\text{ref}})$$

$DP_x$  = degree of protection in the 'clean' area  $x$

$C_x$  = concentration of particles in the 'clean' area  $x$

$C_{\text{ref}}$  = concentration of particles outside the 'clean' area, i.e. the background

The DP in our analysis was limited to a factor of 7 (i.e. a  $10^7$ -fold reduction in counts) for the situation in which no particles were found at a given measuring point ( $x$ ).

A range of particle sizes was used including the range of particles containing bacteria.<sup>4</sup> The sizes were divided into six categories ( $\mu\text{m}$ ):  $\geq 0.30$ ,  $\geq 0.50$ ,  $\geq 1.0$ ,  $\geq 2.5$ ,  $\geq 5.0$  and  $\geq 10.0$ .

### Systems

The two systems (UDHF and UDDF) were subjected to the same experimental procedures. The experiments with the UDHF system were carried out with a nominal air velocity of 0.45 m/s (UDHF) and a lowered air velocity: 'low flow' (UDHF\_LF: 0.3 m/s). The experiments with the UDDF system were carried out at an air velocity of 0.3 m/s with air cooling (UDDF) and without air cooling: 'no cooling' (UDDF\_NC). The temperature of the cooled air was roughly 2–3 K lower than the ambient temperature. The systems were installed and tested in the same room, one after the other, so that the environmental factors during the experiments (air flow, temperature, number of people present, etc.) were as similar as possible.

### Experiments

Particles were emitted into the room so that the background concentration ( $C_{\text{ref}}$ ) in the room was kept at a relatively high level. The particle concentration in the background was

created by the vaporization of tap water with an ultrasonic fogger (Lighthouse Volcano P6). The small (2–4 μm) water droplets emitted by the machine vaporize very fast (a few seconds) and the mineral residues from the evaporated tap water remain as solid particles airborne in the air flow in the room.<sup>5–7</sup> Two emission positions A and B were used one at a time (Figure 1). The particles in this study were emitted at a height of 1.5 m (average neck height). Airborne particles were measured using three particle counters (Lighthouse 3016-IAQ, Fremont, CA, USA).

**Set-up**

The experimental set-up used was placed in a general purpose room with no special air ventilation in the hospital.

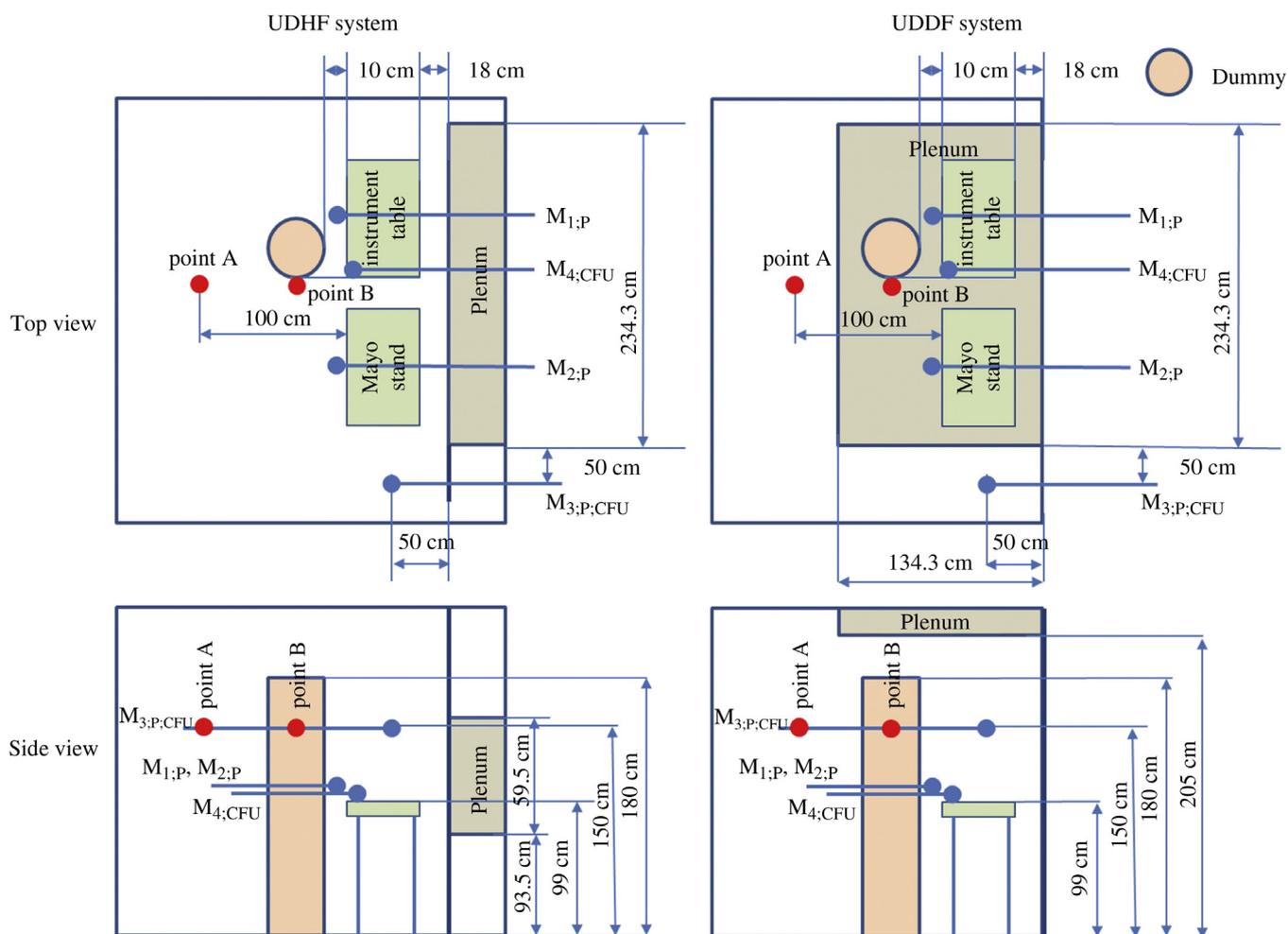
The UDHF and UDDF systems were supplied with air by two ventilator boxes connected to the plenum with tubes. The plenum was supplied with air using two filter boxes fitted with high efficiency particulate air (HEPA) grade 14 (H 14) filters.<sup>8</sup> A homogeneous air velocity over the outlet surface of the plenum was created by fitting the plenum chambers with an air distributor consisting of two layers of air distribution cloth that were ~1 cm apart.

**Particle measurement**

Airborne particles were measured on the instrument table ( $M_{2,P}$ ), the Mayo stand ( $M_{1,P}$ ), and in the background ( $M_{3,P,CFU}$ ) (Figure 1). At 30 s intervals, particles in the size categories (μg) of  $\geq 0.3$ ,  $\geq 0.5$ ,  $\geq 1.0$ ,  $\geq 2.5$ ,  $\geq 5.0$ , and  $\geq 10.0$  were read online via a computer. The airflow through the instrument was 2.8 dm<sup>3</sup>/min. Each measurement had a duration of  $\geq 10$  min, so a total amount of  $\geq 28$  dm<sup>3</sup> of air was sampled. Outcome parameter was the DP at the instrument table and the Mayo stand, determined on the basis of the reduction in particle counts at these measuring points compared with the background measurement.

**Colony-forming units measurement**

The number of micro-organisms was determined using an active air sampler, sampling at a volume flow of 200 dm<sup>3</sup>/min. Two Biotest Diagnostics' RCS Plus Centrifugal Air Samplers (Denville, NJ, USA) were used for this purpose. One of these air samplers measured the background concentration ( $M_{3,P,CFU}$ ), just as with the particle measurement (Figure 1), and the other air sampler was placed between the instrument table and the



**Figure 1.** Layout of the measuring set-up, unidirectional horizontal air flow (UDHF) and unidirectional down flow (UDDF) systems. Point A, emission particles position A; point B, emission particles position B;  $M_{1,P}$ , measuring point 1, particles;  $M_{2,P}$ , measuring point 2, particles;  $M_{3,P,CFU}$ , measuring point 3, particles and cfu;  $M_{4,CFU}$ , measuring point 4, cfu; Dummy, 120 W.

Mayo stand at a height level with the top of the tables ( $M_{4,CFU}$ ). At least 200 dm<sup>3</sup> of air was passed over the strips per sample. The strips contained Tryptone Soya Agar, and were incubated for 48 h at 30 °C

All CFU were counted but identification was not performed.

#### *Measurement 1 (experiments carried out without instruments or Mayo stand)*

The size and quality of the clean area for the given configuration of the systems was determined by using a grid. No instrument table or Mayo stand was present in the clean area when these measurements were conducted; particles were only emitted from position A (Figure 1).

#### *Measurement 2 (experiments carried out with instruments and Mayo stand)*

This was carried out with the instrument table and Mayo stand in place and covered with a sheet. By carrying out measurements with and without a heated dummy, the effect of the presence of a 'person' on the protective function of the system during emission from positions A and B was determined. The convective air stream that is created by the heat effect of this person will cause particles to move upwards into the unidirectional air stream. The dummy was a 1.80 m high cylindrical body with a uniform heat emission of 120 W. It was fitted with clothing customary for scrub nurses and placed in the working position of the scrub nurse (Figure 1).

#### *Measurement 3 (experiments carried out with a simulated process)*

This was carried out during a simulated laying-up process. In addition to measuring the number of particles the number of CFU was also determined, both in the background and between the instrument table and the Mayo stand. The simulated process was executed by two scrub nurses (one sterile scrub nurse and one pathway scrub nurse). Both scrub nurses wore scrub suits, the sterile scrub nurse was additionally equipped with a sterile gown and gloves, surgical mask and cap, protective equipment usually worn during these activities. The simulated process involved laying up one instrument table and one Mayo stand with a basic surgical kit, and involved the following process steps: (i) preparing materials; (ii) placing sterile cloth over instrument table plus opening packet by the non-sterile staff; (iii) putting on sterile overcoat and gloves by sterile scrub nurse (handing the coat and closing it on the back by non-sterile scrub nurse); (iv) placing cover on the Mayo stand by sterile scrub nurse; (v) laying up by sterile scrub nurse; (vi) cleaning up by sterile scrub nurse.

The simulated process followed an actual laying-up protocol. The measurements started at step 2 and ended after step 5.

#### *Statistical analysis*

For most particle sizes, the distribution of DP was negatively skewed, with a high peak at the value of 7 (indicating maximum protection; values >7 were not possible). Therefore, we split per particle size the variable DP into two outcome variables. The first outcome variable was maximum protection (yes or

no), where 'yes' equalled a DP value of 7, and 'no' equalled a value <7. The second outcome variable was DP (value <7) and was only applicable for the situations without maximum protection (i.e. value of 7 removed). The latter outcome was approximately normally distributed. Consequently, for each particle size, we analysed the data to answer the following research questions: first, do the systems differ in their percentages of maximum protection? (i.e. 'no particles present'); second, in the situations without maximum protection: do the systems differ in their mean DP? The difference between the systems in percentages of maximum protection was analysed by chi-square tests.

Whether the difference in percentages depended on the type of table ('instrument table' or 'Mayo stand') or the dummy variable ('present' or 'not present') was analysed using logistic regression analysis. The outcome variable in this analysis was maximum protection (yes or no); the predictor variables were type of system (categorical variable with four categories: UDDF, UDHF, UDDF\_NC, UDHF\_LF), type of table and the interaction effect between type of system and type of table (i.e. cross-product). The same type of analysis was repeated with, instead of type of table, either the dummy variable (with dummy or no dummy) or the emission variable (position A or B).

The difference between the systems in mean DP (for the situations without maximum protection) was tested with analysis of variance. The outcome variable in this analysis was DP, and the independent factor was type of system. Whether the differences between the systems in mean DP depended on type of table or dummy or emission, was also investigated with analysis of variance. Type of table (or dummy or emission) was included as an extra factor, and a full-factorial design was used (including the interaction effect). Again, a significant interaction effect indicated that the difference between the systems in mean DP depended on, for example, type of table. For all analyses, two-sided  $\alpha = 0.05$  was considered significant. The analyses were performed using SPSS, version 20 (SPSS, Inc., Chicago, IL, USA).

## Results

#### *Measurement 1 (experiments carried out without instruments or Mayo stand)*

The DP offered by the UDDF system without cooling at 1.0 m was  $\leq 2$  at 70 cm from the back wall and  $\leq 1$  at 105 cm. Both sides of the system showed a similar rapid decrease in DP (constriction). At 69 cm from the sides and 70 cm from the back wall, a DP of 2 was reached. The DP of this area was not symmetrical relative to the central line. This is because the air on the left side cannot flow out freely.

Cooling the air emitted by the UDDF system to 2–3 K lower than the ambient temperature was found to increase the size of the clean area at 1 m above the ground. At 105 cm from the back wall, the DP was still maximum (no particles found). At 117 cm from the back wall, the DP had decreased to <1. Substantial improvement was also measured along the sides of the system. At 70 cm from the back wall and 56 cm from the side, the DP was still maximum. At 43 cm from the side a DP of 1.0 was measured. In conclusion, the area with a DP of  $\geq 2$  with a UDDF system with cooling was found to be substantially larger

(1.281 vs 0.672 m<sup>2</sup> of usable clean area, DP  $\geq 2$ ) than with a UDDF system without cooling.

The experiments with a UDHF system resulted in an area with a DP  $> 2$  reaching to 110 cm from the plenum. Measured at a height of 30 cm above the bottom of the plenum (at half height) and at a distance of 80 cm from the plenum and 30 cm to the side, the DP was still maximum. Thus the breadth and depth of this area (1.914 m<sup>2</sup>) exceeded that of the UDDF system with cooling. At a lower air velocity (reduced from 0.45 to 0.30 m/s), the size of the equivalent area measured at 30 cm above the bottom of the plenum hardly changes in comparison with the UDHF system. A higher air velocity was found to have positive effects (less constriction) for the outer area. Compared with the UDHF system the size of the usable clean area (DP  $\geq 2$ ) of the UDDF system was 49% smaller (1.281 vs 1.914 m<sup>2</sup>).

Before starting measurements 2 and 3, experiments were conducted to determine the optimum positioning of air supply and tables. Initially, the bottom of the air supply surface was positioned at a level that was nearly the same as the top of the tables. This set-up offered no protection because contaminated air was entrained from the environment. The horizontal flow attracted air containing particles from under the table, 'sucking' the particles into the 'clean area' (Figure 2, left). By lowering the air supply surface, the air flow split into a flow over the table with covering material and a flow under the table (Figure 2, right), creating a clean area above the table. All experiments were carried out with tables that were 99 cm high and with the bottom of the air supply surface located 79 cm above the floor, that is, 20 cm below the surface of the table. The distance between the air supply surface and the tables became an important parameter. Positioning the air supply surface so that there was a 20 cm distance to the tables led to an increase of entrained air from under the table. At a distance of ~5 cm between the air supply surface and the tables, the UDHF system functioned properly. This is the distance that was used during all experiments with the tables.

#### Measurement 2 (experiments carried out with instruments and Mayo stand)

Table I gives an overview per system showing that the percentage of observations in which no particles were found on the tables (maximum protection) increases with the size of the particles. The percentage is especially low for the two lowest particle categories ( $\geq 0.3$  and  $\geq 0.5$   $\mu\text{m}$ ). There is a significant difference between the systems for all particle categories except for the  $\geq 0.3$   $\mu\text{m}$  category. If only the UDDF and UDHF systems are compared, the UDHF systems performs significantly better than the UDDF systems for the particle categories  $\geq 2.5$ ,  $\geq 5.0$  and  $\geq 10.0$   $\mu\text{m}$  ( $P < 0.01$ ), whereas for particle size  $\geq 0.5$   $\mu\text{m}$  the UDDF system performs better. For the  $\geq 5.0$  and  $\geq 10.0$   $\mu\text{m}$  particle categories almost no particles were found ( $\geq 99\%$  of the observations) using the UDHF system. The UDDF system shows that in 68% of the observations no particles are encountered.

The difference in the percentage of observations in which no particles were found between the four systems does not depend on the type of table (instrument table or Mayo stand) except for the case of the  $\geq 5.0$   $\mu\text{m}$  particle category. The difference between the two most important system types (UDDF, UDHF) does not depend on the type of table either. In addition, the difference between UDDF and UDHF depends on the presence of a dummy only in the case of the  $\geq 1.0$   $\mu\text{m}$  particle category. The difference between UDDF and UDHF does not depend on the emission position (position A or B).

Table II shows the mean DP per system for the observations in which particles were found (DP  $< 7$ ) for the UDDF and UDHF system. Only the particle categories  $\geq 0.3$ ,  $\geq 0.5$ ,  $\geq 1.0$  and  $\geq 2.5$   $\mu\text{m}$  are displayed. The number of observations in which particles are found for the UDHF system particle categories  $\geq 5.0$  and  $\geq 10.0$   $\mu\text{m}$  ( $N \leq 1$ ) was too low for statistical analyses.

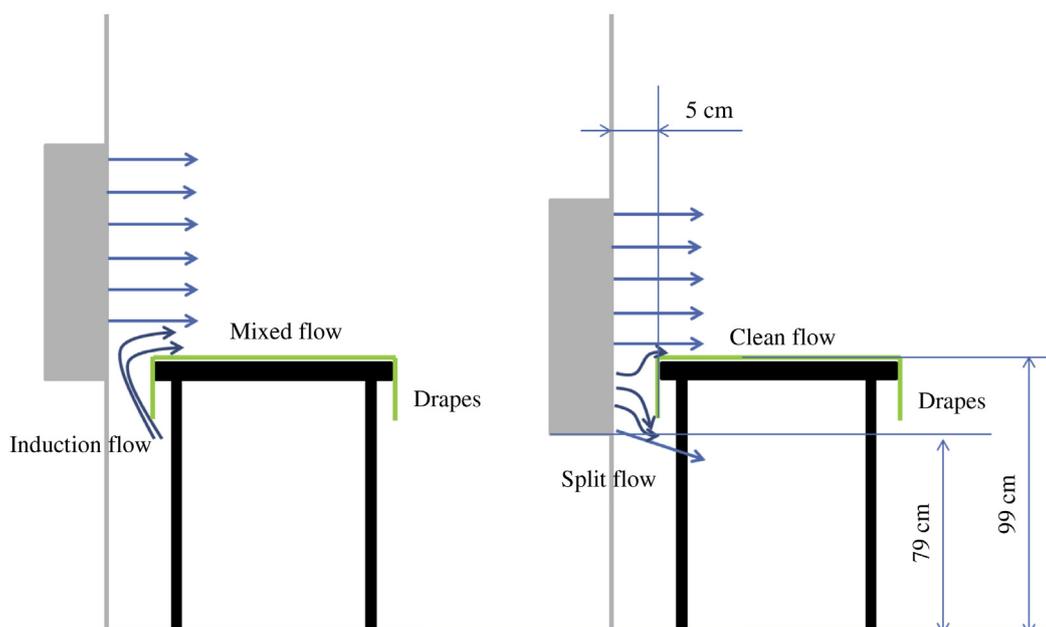


Figure 2. Air flow for too high positioning and proper positioning of the air supply surface for a unidirectional horizontal air flow system.

Table I

Percentage of observations with maximum protection (degree of protection = 7) per type of system

System	≥0.3 μm	≥0.5 μm	≥1.0 μm	≥2.5 μm	≥5.0 μm	≥10.0 μm
UDDF (N = 84)	1%	24%	52%	57%	68%	68%
UDHF (N = 86)	0%	0%	58%	91%	99%	100%
UDDF_NC (N = 80)	1%	19%	36%	48%	54%	63%
UDHF_LF (N = 40)	0%	0%	18%	30%	65%	85%
P-value <sup>a</sup>	0.66	<0.01	<0.01	<0.01	<0.01	<0.01
P-value <sup>a,b</sup>	0.49	<0.01	0.45	<0.01	<0.01	<0.01

UDDF, unidirectional down flow; UDHF, unidirectional horizontal flow; UDDF\_NC, unidirectional down flow without cooling the supply air; UDHF\_LF, unidirectional horizontal flow with a lower air velocity.

<sup>a</sup> Results from chi-square tests are given for differences between the systems in maximum protection (yes or no) for particle sizes ≥1.0 and ≥2.5 μm. Results from Fisher exact tests are reported for particle sizes ≥0.3, ≥0.5, ≥5.0 and ≥10.0 μm due to frequencies <5.

<sup>b</sup> Comparison between the UDDF and UDHF only.

Results of analysis of variance indicated that there was no significant difference between the performance of the two systems for the ≥0.3 and ≥0.5 μm particle categories. In the case of the ≥1.0 and ≥2.5 μm particle categories, the UDHF system performs significantly better than the UDDF system ( $P < 0.01$ ). The difference in performance of the two systems was slightly influenced by 'type of table' (instrument table or Mayo stand). Only for the ≥0.5 μm particle category was a significant interaction effect between 'table' and 'type of system' found ( $P < 0.01$ ). In this situation the DP of UDHF system on the Mayo stand was higher.

The presence or absence of a heated dummy has an effect on all particle categories. There was a significant interaction effect for the ≥0.3 and ≥0.5 μm particle categories. For these particle sizes, the UDDF system performed better than the UDHF system when the dummy was present.

The mean values in Table II show that there is a remarkable difference between the performance of the UDDF system with and without a dummy, whereas there was hardly any difference between the performance of the UDHF system with and without a dummy.

If the position from which the particles are emitted (position A or B) is taken into consideration, the emission position only had an effect on the difference in performance of the systems for the ≥0.5 and ≥1.0 μm particle categories.

### Measurement 3 (experiments carried out with a simulated process)

Table III shows that during the process measurements, no CFU were found with the UDDF system in 64% of the measurements, compared with 90% for the UDHF system ( $P = 0.012$ ). When CFU were found, the mean number of CFU for the UDDF system was 19.2 CFU/m<sup>3</sup> compared with 5.0 CFU/m<sup>3</sup> for the UDHF system ( $P = 0.05$ ). The difference in background concentrations was not significant ( $P = 0.96$ ) for the different experiments at 91.4 CFU/m<sup>3</sup> for the UDDF system, and at 90.7 CFU/m<sup>3</sup> for the UDHF system.

Based on the analysis of variance of the mean DP for the laying-up process (process steps 2–5) the difference in performance (DP) between the two main systems was not significant for any of the particle categories. If 'type of table' (instrument table or Mayo stand) was taken into consideration, there was a limited and non-significant influence ( $P > 0.05$ ) on performance of the different systems.

### Discussion

This study has partially answered the research question of whether the UDHF system equals or performs better than a UDDF system in controlling contamination (presence of

Table II

Differences between the two main systems in mean degree of protection for different particle sizes and different design factors

Design factor	Levels	≥0.3 μm			≥0.5 μm			≥1.0 μm			≥2.5 μm		
		UDDF (N = 83)	UDHF (N = 86)	P	UDDF (N = 64)	UDHF (N = 86)	P	UDDF (N = 40)	UDHF (N = 36)	P	UDDF (N = 36)	UDHF (N = 8)	P
Total	—	4.10	3.99	0.58	3.81	4.11	0.14	2.59	3.92	<0.01	2.32	4.13	<0.01
Table	Instrument table	4.17	4.01		4.49	4.18		2.82	3.93		1.94	3.99	
	Mayo stand	4.03	3.98	0.78 <sup>a</sup>	2.89	4.03	<0.01 <sup>a</sup>	2.44	3.91	0.49 <sup>a</sup>	2.51	4.26	0.79 <sup>a</sup>
Dummy	Without dummy	3.75	3.97		3.63	4.09		2.49	3.76		2.15	4.06	
	With dummy	5.19	4.02	<0.01 <sup>a</sup>	4.70	4.13	0.03 <sup>a</sup>	3.29	4.05	0.45 <sup>a</sup>	3.35	4.17	0.36 <sup>a</sup>
Location	A	4.37	3.97		4.20	4.05		3.19	3.88		2.93	3.85	
	B	3.83	4.01	0.13 <sup>a</sup>	3.43	4.17	0.02 <sup>a</sup>	2.00	3.96	0.01 <sup>a</sup>	1.77	4.29	0.13 <sup>a</sup>

UDDF, unidirectional down flow; UDHF, unidirectional horizontal flow.

Observations with maximum protection were disregarded. Results from univariate analyses of variance are reported.

<sup>a</sup> P-value of interaction effect: System (UDDF, UDHF) \* Design factor.

**Table III**

Percentage of observations for which no colony-forming units (CFU) were observed at the table and mean CFU counts if CFU were detected

	CFU between the tables		CFU background
	Percentage of observations without CFU	Mean CFU/m <sup>3</sup> if CFU were observed	Mean (CFU/m <sup>3</sup> )
UDDF	64% (N = 21)	19.2 (N = 12)	91.4 (N = 17)
UDHF	90% (N = 28)	5.0 (N = 3)	90.7 (N = 19)
P-value	0.01	0.05	0.96

UDDF, unidirectional down flow; UDHF, unidirectional horizontal flow.

particles and micro-organisms) of the clean area within which laying up takes place. On the one hand, there is a significant difference in the percentage of observations where no particles were found for the larger particle categories ( $\geq 2.5$ ,  $\geq 5.0$  and  $\geq 10.0$   $\mu\text{m}$ ), clearly favouring the UDHF system. On the other hand, for the  $\geq 0.5$   $\mu\text{m}$  category, there is a significant difference favouring the UDDF system. For the  $\geq 5.0$  and  $\geq 10.0$   $\mu\text{m}$  particle categories, almost no particles were found ( $\geq 99\%$  of the observations) using the UDHF system. The UDDF system yielded a no-particles result in only 68% of the observations. If particles were detected, there was no significant difference in the performance of the UDDF system and the UDHF system for the small particles ( $\geq 0.3$  and  $\geq 0.5$   $\mu\text{m}$ ), although the results point in the direction of better performance with the UDHF system. The performance of the UDHF system is better than the performance of the UDDF system for the larger particles ( $\geq 1.0$  and  $\geq 2.5$   $\mu\text{m}$ ).

However, the reliability of observations for the  $\geq 5.0$  and  $\geq 10.0$   $\mu\text{m}$  particle categories is low due to the relatively low background concentration (Figure 3). ISO 14644-1 Annex B.4.2 indicates that, for a statistically reliable measurement, it should be possible to detect a minimum of 20 particles at the

class limit.<sup>9</sup> This research took a similar approach and used this minimum number of particles that would be acceptable to find, given the background concentration and DP, to check whether the measurements were reliable. At the sample volume used (28.8 L per measurement), a DP of 5.0, 4.0, 3.0 and 2.5 were determined to be statistically reliable for the particle categories  $\geq 0.3$ ,  $\geq 0.5$ ,  $\geq 1.0$  and  $\geq 2.5$   $\mu\text{m}$ , respectively. No statistically reliable degrees of protection were determined for the  $\geq 5.0$  and  $\geq 10.0$   $\mu\text{m}$  particles due to the low background concentration for these particle sizes.

The presence or absence of a dummy has an influence on the performance of the systems for the 0.3 and 0.5  $\mu\text{m}$  particle categories. The UDDF system performs better with a dummy than without a heated dummy. For the UDHF system there is hardly any difference in performance with or without a heated dummy. This is probably because the static dummy guides the UDDF air stream over the instrument table. This effect is not likely to occur if a moving person is present. The difference in performance with and without a dummy is much larger for the UDDF system than for the UDHF system, leading to the conclusion that the UDDF system is less robust than the UDHF system. The position from which the particles were emitted is of importance because of the unusual behaviour of these particles in the air stream.<sup>10</sup> In order for these experiments to reflect the actual situation in the operating room as closely as possible, particles needed to be emitted from the position they would come from in practice. We chose to emit the particles at a height of 1.5 m (average neck height), on the assumption that when dressed in operation clothing with cuffs and a sterile overcoat and gloves, particles (flakes of skin) are mainly released from the neck area. This release of particles is caused by the presence of a gap between the clothing and the body at the neck, and the convection effect (upward flow of air around the body).

The percentage of observations for which no CFU were found was significantly higher for the UDHF system. When CFU were found, their number was higher for the UDDF system than

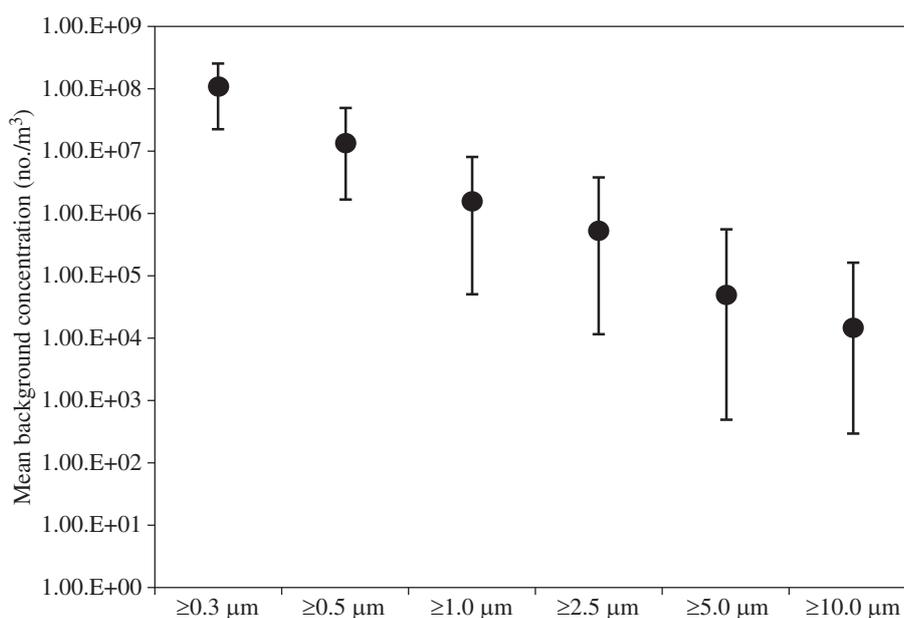


Figure 3. Mean background concentration (●) during the measurements.

for the UDHF system ( $P = 0.05$ ). The DP during the process did not vary significantly between a UDDF and UDHF system.

Taking both systems into consideration, based on the bigger difference in performance of the UDDF system for the design factors table, dummy and location (Table II), we conclude that the UDHF system offers a more robust solution than the UDDF system, provided that good work instructions are given and the height of the table and height of the plenum are correctly adjusted. A UDHF system could easily be made mobile because cooling is not necessary. However, whether a mobile system would also offer a more robust solution needs to be carefully considered.

The DP offered by the different systems is influenced by environmental factors and human behaviour. For instance, the differences in measurements with the UDHF system on the left and right side shows that the distance of the plenum to the side wall or other obstructions is of influence. It is clear from our experiments that the height of the instrument tables relative to the height of the UDHF system is also critical. If the tables are too low in relation to the UDHF system, the non-filtered air below the table is sucked along by the air flow from the UDHF system, possibly leading to contamination of the instruments. To function properly, the UDHF system needs to be set up in such a way that the air flow from it is divided into a flow above and below the table.

We based our research method on the fact that the presence of particles has been shown to be a good proxy of the risk of the instruments being contaminated with micro-organisms.<sup>11</sup> Particle composition includes bacteria with a mean equivalent diameter of  $12.3\ \mu\text{m}$ , with a distribution of between  $4$  and  $18\ \mu\text{m}$ . Research in a Korean hospital has shown that most airborne bacteria occur in the range between  $1.1$  and  $2.1\ \mu\text{m}$ .<sup>12</sup> There was also a good correlation between particles sized  $5$ – $7\ \mu\text{m}$  and the number of micro-organisms found in air samples in ultra-clean operating theatres.<sup>12</sup> Hambraeus *et al.* showed that 7.9% of the measured bacteria-carrying particles in an operating room have a diameter from  $1.1$  to  $2.1\ \mu\text{m}$ , 12.7% from  $2.1$  to  $3.3\ \mu\text{m}$ , 17.9% from  $3.3$  to  $4.7\ \mu\text{m}$ , 23.7% from  $4.7$  to  $7.0\ \mu\text{m}$ , and 35.7%  $>7.0\ \mu\text{m}$ .<sup>4</sup> Based on these studies it can be stated that smaller particles ( $1.1$ – $5.0\ \mu\text{m}$ ) may carry bacteria as well as larger ones. Very small-sized particles ( $<1.0\ \mu\text{m}$ ) are seen as 'indicator' particles for larger particles which potentially carry bacteria. Counting of these particles is considered a good approximation of the relative presence of larger particles. Since they are more frequently present in higher numbers they can be measured more reliably than the larger bacteria-carrying particles. Particles with sizes  $<4.5\ \mu\text{m}$  are also considered to be completely airborne.<sup>13</sup> They behave much like a gas ('Brownian motion'), and will follow the air stream they are in.<sup>14</sup> Skin particles released by staff are a potentially greater source of contamination because they may carry more micro-organisms than other particles, and these micro-organisms come directly from humans.<sup>15</sup> These skin particles, measuring  $10$ – $25\ \mu\text{m}$  and  $\sim 1\ \mu\text{m}$  thick, bear many staphylococci.<sup>16–19</sup> This group of micro-organisms is responsible for postoperative wound infections especially in implantation surgery.<sup>15</sup> We have found no other research literature related to contamination of sterile instruments during the laying-up process with respect to different air systems or to the air quality provided by different systems during this process.

Apart from the choice of UDDF or UDHD, other procedures are also important to protect instruments from contamination.

It was shown that the contamination rate of surgical instruments exposed to the air in an operating theatre was 1.18 times higher than that of instruments which had been covered with sterile guard.<sup>20,21</sup> The exposure time also had a positive correlation with the bacterial contamination rate. Chosky *et al.* concluded that setting up instruments in the ultra-clean air theatre and covering them until the patient was transferred on to the operating table produced an overall 28-fold reduction in instrument contamination compared with instruments set up in the conventional plenum-ventilated preparation room.<sup>22</sup> By contrast, covering the instruments after setting them up in the preparation room produced only an overall four-fold reduction compared with not covering them.

In conclusion, The UDHF system offers the same or better protection against contamination (the presence of particles and micro-organisms) of the clean area within which the laying-up takes place compared with the UDDF system. For large particles, the UDHF system offers superior protection. However, for the  $\geq 5.0$  and  $\geq 10.0\ \mu\text{m}$  particles the difference is not statistically reliable due to the low background concentration for these particle sizes. The results based on the measurements of particles (DP) and the measured number of CFU both show that the UDHF system offers the same or better protection against contamination. Although the differences between the two systems did not always reach statistical significance, there is a clear trend, from small-sized particles up to the largest sizes considered, including bacteria-carrying particles ( $\geq 1.1\ \mu\text{m}$ ), that demonstrates the superiority of the horizontal flow system. The UDHF system offers a more robust solution than the UDDF system, provided that good work instructions are given and the height of the table and height of the plenum are properly adjusted.

## Acknowledgements

We thank the scrub nurses and staff of the operating department of Erasmus Medical Center who participated in this project. In addition, we thank the Erasmus MC, University Medical Center Rotterdam for facilitating the project by providing a room for the experiments, and Telstar Medical Components for providing the systems.

### Conflict of interest statement

None declared.

### Funding source

The Dutch Ministry of Health, Welfare and Sport for funding the research performed by TNO Dutch Centre for Health Assets (TNO DUCHA).

## References

- Hoffman PN, Williams J, Stacey A, *et al.* Microbiological commissioning and monitoring of operating theatre suites. A report of a working party of the Hospital Infection Society. *J Hosp Infect* 2002;52:1–28.
- Whyte W, Hodgson R, Tinkler J. The importance of airborne bacterial contamination of wounds. *J Hosp Infect* 1982;3:123–135.
- Deutsche Norm, DIN 1946–4: 2008-12. *Ventilation and air conditioning – part 4: ventilation in buildings and rooms of health care*. Berlin: Deutsches Institut für Normung; December 2008. ICS 91.040.10; 91.140.30.

4. Hambraeus A, Benediktsdóttir E. Airborne non-sporeforming anaerobic bacteria. *J Hyg (Camb)* 1980;**84**:181–189.
5. Rodes C, Smith T, Crouse R, Ramachandran G. Measurements of the size distribution of aerosols produced by ultrasonic humidification. *Aerosol Sci Technol* 1990;**13**:220–229.
6. Porstendörfer J, Gebhart J, Röbig G. Effect of evaporation on the size distribution of nebulized aerosols. *J Aerosol Sci* 1977;**8**:371–380.
7. Hinds WC. *Aerosol technology: properties, behaviour and measurement of airborne particles*. 2nd ed. New York: Wiley; 1999. p. 278–303.
8. European Standard, EN 1822-1: 2009 (E). *High efficiency air filters (EPA, HEPA and ULPA) – part 1: classification, performance testing, marking*. 1st ed. 2009–11.
9. International ISO Standard, ISO 14644-3:2005(E). *Clean rooms and associated controlled environments – part 3: test methods*. 1st ed. 2005.
10. Kowalski WJ. *Aerobiological engineering handbook*. 1st ed. New York: McGraw-Hill; 2005. p. 119–141.
11. Seal DV, Clark RP. Electronic particle counting for evaluating the quality of air in operating theatres: a potential basis for standards? *J Appl Bacteriol* 1990;**68**:225–300.
12. Kim KY, Kim YS, Kim D. Distribution characteristics of airborne bacteria and fungi in the general hospitals of Korea. *Ind Health* 2010;**48**:236–243.
13. Murakami S, Kato S, Nagano S, Tanaka Y. Diffusion characteristics of airborne particles with gravitational settling in a convection-dominant indoor flow field. ASHRAE Winter Meeting; Anaheim, California, USA, 25–29 January 1992. p. 82–97.
14. Noble WC, Lidwell OM, Kingston D. The size distribution of airborne particles carrying micro-organisms. *J Hyg (Lond)* 1963;**61**:385–391.
15. Henderson RJ. Staphylococcal infection of surgical wounds: the source of infection. *Br J Surg* 1967;**54**:756–760.
16. Clark RP. Skin scales among airborne particles. *J Hyg (Lond)* 1974;**72**:47–51.
17. Toshkova K, Annemüller C, Akineden Ö, Lämmle C. The significance of nasal carriage of *Staphylococcus aureus* as risk factor for human skin infections. *FEMS Microbiol Lett* 2001;**202**:17–24.
18. Whyte W, Hodgson R, Tinkler J, Graham J. The isolation of bacteria of low pathogenicity from faulty orthopaedic implants. *J Hosp Infect* 1981;**2**:219–230.
19. Yavuz SS, Bicer Y, Yapici N, et al. Analysis of risk factors for sternal surgical site infection: emphasizing the appropriate ventilation of the operating theaters. *Infect Control Hosp Epidemiol* 2006;**27**:958–963.
20. Maini L. Clean operating rooms for optimizing surgical outcome. *J Clin Orthop Trauma* 2011;**2**:1–2.
21. Yin SH, Xu SH, Bo YC. Study of surgical instruments contamination by bacteria from air during the operation. *Zonghua Hu Li Za Zhi* 1996;**31**:690–691.
22. Chosky SA, Modha D, Taylor GJS. Optimisation of ultraclean air: the role of instrument preparation. *J Bone Joint Surg Br* 1996;**78**:835–837.