

# Reducing airborne contamination in hospital environments with an in-room non-thermal Plasma air-treatment unit



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airinspace

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## Abstract

**Objective:** Evaluate in critical hospital environments the performance of a new mobile air treatment unit, for lowering the airborne bio-burden and reducing the risk of nosocomial infection from opportunistic airborne pathogens such as *Aspergillus fumigatus*.

## Design:

Three Phase testing Strategy:  
**Phase 1.** Laboratory bench testing of the technology.  
**Phase 2.** Device Testing under simulated conditions in the Hospital.  
**Phase 3.** Device Testing in occupied patient rooms of an haematology/oncology ward.

Monitor airborne contamination (i.e. particles > 0.5 µm) removal rates and overall lowering of the airborne bio-burden (i.e. cfu/m<sup>3</sup> of total mesophilic flora (TMF) and fungal levels). In patient rooms, opportunistic and non-pathogenic airborne fungal levels are determined with an air-treatment unit and compared to those of a control room.

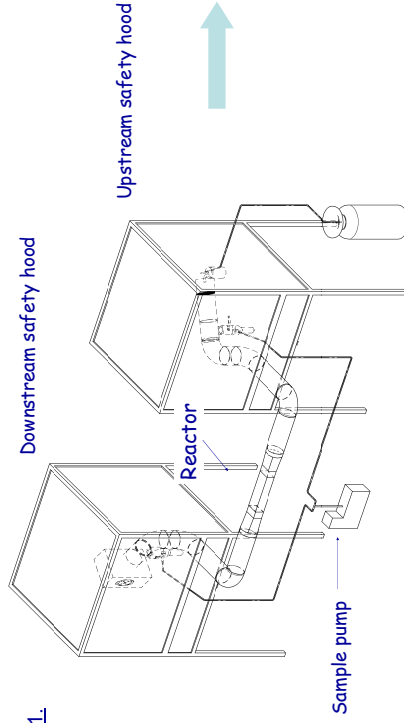
## Results:

**Phase 1.** At 1.5 m/s, >99 % single-pass performance of the technology for a wide range of airborne pathogens.  
**Phase 2.** In a 18 m<sup>3</sup> OR, the time required to lower the ≥ 0.5 micron airborne particle counts by 90% is decreased from twelve to less than two minutes, with a two-log decrease in their steady-state levels, p< 0.01. Concurrently, airborne TMF concentrations dropped by a factor of two and fungal species were reduced to undetectable levels, p<0.01.

**Phase 3.** For 12 day test period in the haematology ward a significant reduction in airborne fungal levels, p<0.01, with average reductions of 75% and 82% for opportunistic and non-pathogenic species respectively.

**Conclusion:** Our data indicate that the mobile non-thermal plasma air-treatment unit tested in this study can rapidly reduce levels of airborne particles and significantly lower the airborne bio-burden in hospital high-risk environments.

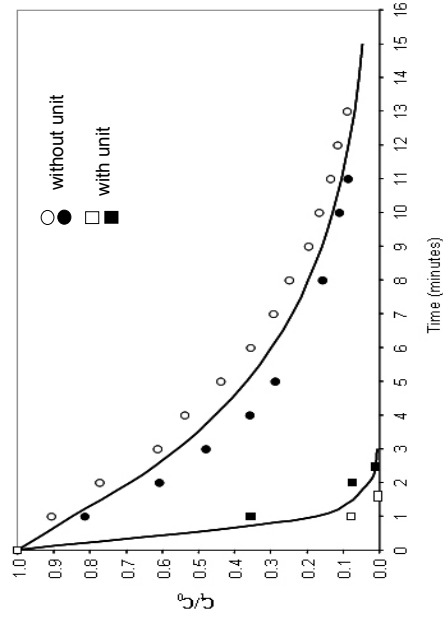
## Phase 1.



Single-pass laboratory testing facility. Biological aerosols generated with a 6-jet collision nebulizer and before and after the reactor samples retrieved with AGI-30 glass impingers.

## Phase 2.

### Decontamination Kinetics in an OR



Plot of the reduction of particles ≥0.5 µm as a function of time with and without the mobile recycle unit operating.

**Airborne contamination peaks are abated ten times faster when the recycle unit is in operation.**

## Single-pass results @ 1.5 m/s (e.g. 625 CFM)

Species	% Reduction
<i>Brevundimonas diminuta</i>	> 99.99
<i>Bacillus subtilis</i>	> 99.95
<i>Staphylococcus sp.</i>	>99.9
<i>Serratia marcescens</i>	>99.9
<i>Aspergillus sp.</i>	>99.9
MS-2 coliphage	>99.995
Avian Flu virus H5N2	>99.995

**A broad spectrum of microorganisms including viruses are destroyed by the Plasma reactors**

## Phase 3

Lower Airborne Bio-burden in patients room

Statistic	Opportunistic species		Non-pathogenic species	
	Test Room	Reference Room	Test Room	Reference Room
Average (CFU/m <sup>3</sup> )	0.6	2.4	7.3	41
Std. Deviation	0.8	2	6.7	21.3
Percent reduction	<b>75%</b>		<b>82%</b>	
Significance test	p< 0.01		p< 0.01	

Table summarizing results from airborne viable fungal levels in an occupied patient room housed in a haematology/oncology ward.

**Significant lowering of the airborne fungal levels in the patients room is witnessed.**