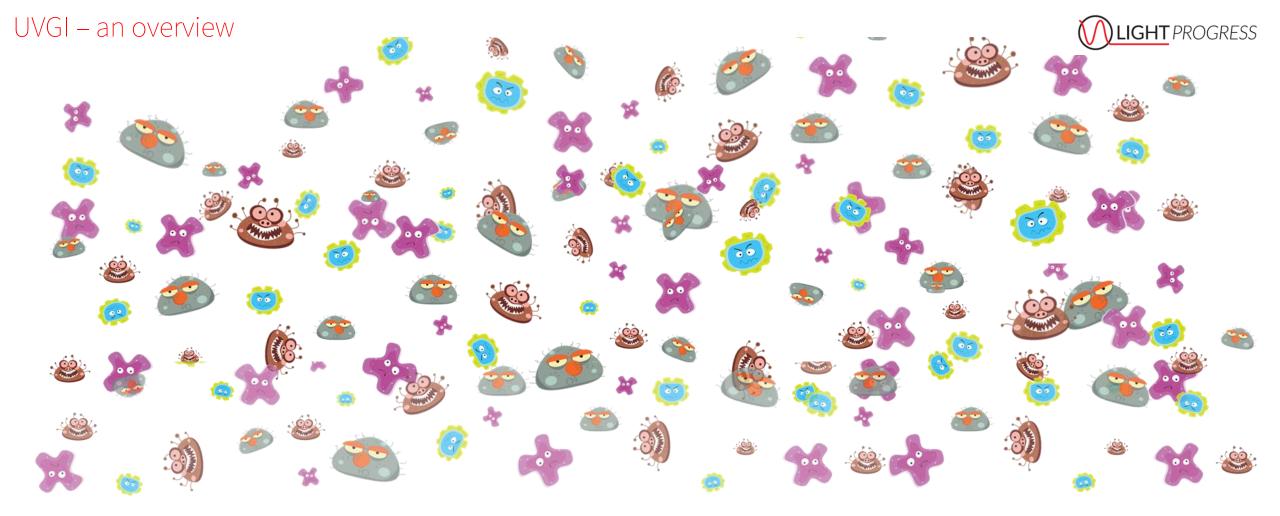


P 10-10-

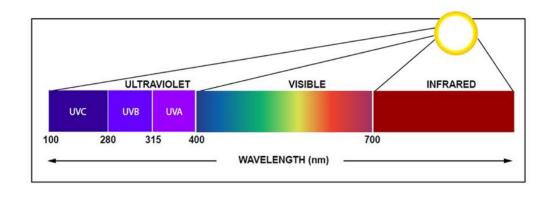
UltraViolet Germicidal Irradiation (UVGI)

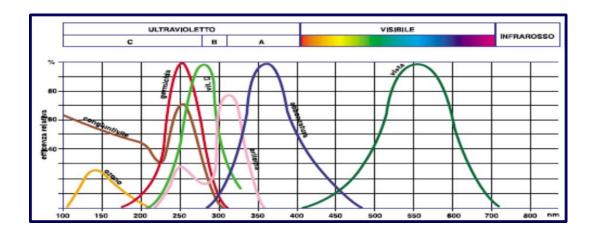


Ultraviolet Germicidal Irradiation is known from the 60s as a good physical method to control growth and distribution of microbial organisms, pathogens, spores, moulds, etc.



What does UVGI mean?





Light in a broad sense can be divided in visible, infra-red and ultraviolet rays. Ultra-violet rays (invisible) can be classified in :

- UV A (with tanning properties),
- UV B (with therapeutic properties)
- UV C (with germicidal properties).

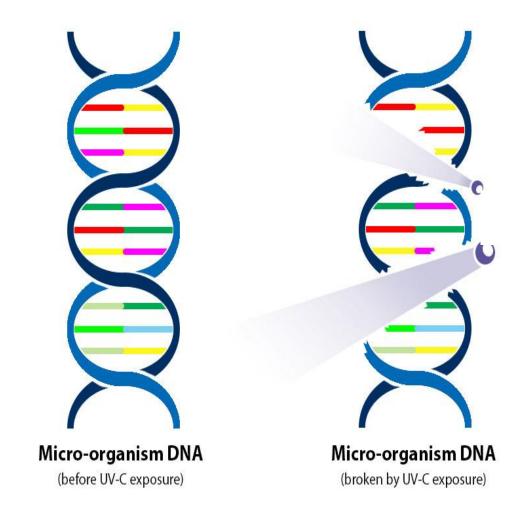


What does UVGI mean?

The absorption of a UV photon by the DNA of microrganisms causes a destruction of a link in the DNA chain, and consequently the inhibition of DNA replication.

The germicidal effects of the UV-C radiation destroy DNA of Bacteria, Viruses, Spores, Fungi, Molds and Mites avoiding their growth and proliferation.

UVGI technology is a physic disinfection method with a great costs/benefits ratio, it's ecological, and, unlike chemicals, it works against every microorganisms without creating any resistance.





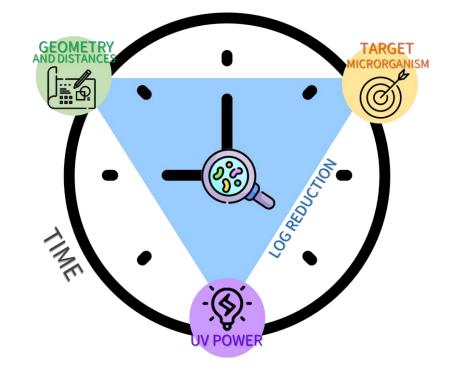
UV Disinfection Key Factors

Each microorganism has a specific UV-resistance threshold, called DOSE. The specific dose need to be delivered to get a proper disinfection level, which is expressed in LOG REDUCTION (1 Log=90%, 2 Logs=99%, 3 Logs=99,9%, etc).

Therefore, for some microorganisms a low level of UV POWER is sufficient to be eliminated, while for others it takes more power to get same elimination level...or alternatively a longer exposure TIME.

These factors are essential to understand UV technology:

- Disinfection level that needs to be achieved (Log Reduction);
- Target pathogen (and its dose);
- UV power in play;
 - Exposure time / geometry and distance balance;



UV DOSE needed to eliminate 99% (2 Logs) value in ($\mu W/cm2~SEC)$

BACTERIA		Virus (genieric, DNA e RNA)	
Mycobacterium tuberculosisn (TBC)	4300	Virus dell' influenza A	4558
Escherichia coli ATCC 11229	4800	Hepatitis A HM175	8000
Legionella pneumophila ATCC 33152	3200	Corona Virus (SARS-CoV1 – MERS-Cov)	1200-1500
Pseudomonas aeruginosa ATCC 9027	6500	Rotavirus	15000
Salmonella ATCC 6539	4500	Molds	
Staphylococcus aureus	3200	Aspergillus Amstelodami	66700
Streptococcus hemolyticus	4400	Aspergillus Brasiliensis (Niger)	226000
Vibrio cholerae	4100	Yeasts	
MRSA	6550	Comuni lieviti dolciari	12000
Clostridium Difficile	10000	Lievito di birra	20000

SANITATION means bringing the microbial load into acceptable and optimal hygiene standards that depend on the intended use of the environments concerned. Sanitation is often used to mean "clean" and must however be preceded by cleaning.

SANITATION

DISINFECT means to reduce the microbial load deeply, that is to eliminate at least 1 log (90%) of the bacteria present. Microbial load reduction is a basic value in disinfection and it is expressed in Log Reduction.

A good disinfection level is around 2Logs (99%) a very good disinfection is 3Logs (99,9%), and 4Logs (99,99%) is considered a pretty high standard.

STERILITY is the closest level anyone can get to achieve complete reduction of microbial load, we can talk about sterilization only if reduction is proved to be not less than 6Logs, meaning 99,9999%.

To declare sterility test has to be proved and certified by third parts by law.

DISINFECTION

STERILIZATION





Light Progress

studies, develops, projects and manufactures

Ultraviolet Germicidal Irradiation devices















New German Branch Office, Frankfurt.

Light Progress has a brand-new office to follow clients from Germany, Austria, Switzerland, UK, and East and North EU in general. Russian market is also a one of our future target.

Main goal is to increase our presence in these countries and be able to offer better assistance to Key Accounts.

One new Business Development Manager has been employed to strength our Brand Identity and offer a better service for old and new clients.





Great reseller and distributors network

















Benefits



We eliminate every harmful microorganism, up to 99,999%





We improve your product Quality

We ensure you safety





We support sustainability

We make you save money







Our team is there to support you



We offer the **widest product range** of UVGI Devices on the market, providing different solutions, great quality, 100% Made in Italy.

Our Team sizes and projects every application designing a **custom solution** for each specific case, we invest in R&D e work together with Universities and big companies, leaders in their field.

Our products **fit in different application fields**, such as Healthcare, Food Industries, Water Treatment, Odour reduction, HVAC, Public Trasports, etc. with thousand clients in Italy and abroad.

LIGHT PROGRESS operates in different fields and turns Ultraviolet Technology into real Solutions, providing a Specific Device for

every application needed.

Image: Open set in the set i
--

Certificates





LIGHT PROGRESS			
CE			
DECLARATION OF COMPLIANCE			
We, LIGHT PROGRESS S	S.r.l., hereby declare under our own responsibility that the following units of own production:		
⇒are in accordance w ⇒are in accordance w	ith EEC directive 2014/30/EU (Electromagnetic Compatibility) ith EEC Machinery Directive dispositions 2006/42/EU ith EEC Now Voltage Directive 2014/35/EU th EEC (RoHs) directive 2002/95/EU and 2011/65/EU		
⇒are in accordance w	TECHNICAL STANDARDS APPLIED		
UNI EN ISO 42400-2040	Safety of Machinery - Basic Concepts, General Principles for Design - Risk		
	assessment and risk reduction		
	Safety of Machinery - Safety Distances to prevent danger zones being reached by the upper and lower limbs (2008)		
SO 14120:2015	Safety of Machinery - Guards - General Requirements for the Design and construction of fixed and movable guards		
UNI EN ISO 13849-1:2016	Safety of Machinery - Parts of the Control System related to the Safety – Part 1: General Design Principles		
UNI EN ISO 14119:2013	Safety of Machinery - Interlocking devices associated with guards - Principles for design and selection		
CEI EN 60204-1/EC	Safety of Machinery - Electrical Equipment of Machines. Part 1: General Rules (2010)		
EN 61439-1:2011	Low-voltage Switchgear and Control Gear Assemblies. Part 1: General rules		
	FURTHER TECHNICAL STANDARDS APPLIED:		
Electronic Ballasts for the Germicidal UV-C Lamps ir	f household electrical appliances and similar" control of the lamps in accordance with the standard EN 60928. accordance with EN 61199.		
Electrical Protective Meas	ures in accordance with IEC 70-1, EN 60229.		
Anghiari, 05 January 2017			
	SRESS		
- XMM	95.666 2		
Responsible for Standards	ć Dr. Aldo Santi		
LIGHT PROGRESS S.r.I.	Via G. Marconi, 81 - 53031 ANGHIARI (AR) - ITALY - http://www.lightprogress.com		
Jan-2017	Pag. 22/24		



				kiwa	
	Reg. Number	6950 - A	Valid From	2019-07-28	
	First issue date	2007-12-21	Last change date	2019-07-28	
	Valid Until	2022-07-29	IAF Sector	19	
Шİ	Quality Man	agement Syster 1:2015	n Certificate		
\sum	We certify that	t the Quality Manag	ement System of ti	ne Organization:	
\sim	LIGHT F	PROGRESS	6 S.r.l.		
\subseteq	Is in compliant products/servi		1 UNI EN ISO 9001:	2015 for the following	
ΠI	Design and p	roduction of UV-C	rays disinfection	systems.	
HA	Chief Operatin Giampiero Bel				
Ш О	Kiwa Cermet Ita	of the certification is sub ia contractual requireme s composed of 1 page.		ce and dependent on the observance of	
Kiwa Cermet Italia S.p.A. locietà con socio unico, oggetta all'attività di	LIGHT PROGI				
irezione e coordinamento di Tiwa Italia Holding Srl Ta Cadriano, 23	Registered H - Località Sar	eadquarters Lorenzo, 40 52031 /	Anghiari (AR) Italy		
0057 Granarolo dell'Emilia IO) nl +39.051.459.3.111 ax +39.051.763.382	Certified Site - Località Sar	s i Lorenzo, 40 52031 /	Anghiari (AR) Italy		
mail: info@kiwacermet.it					

SGQ Nº 007A

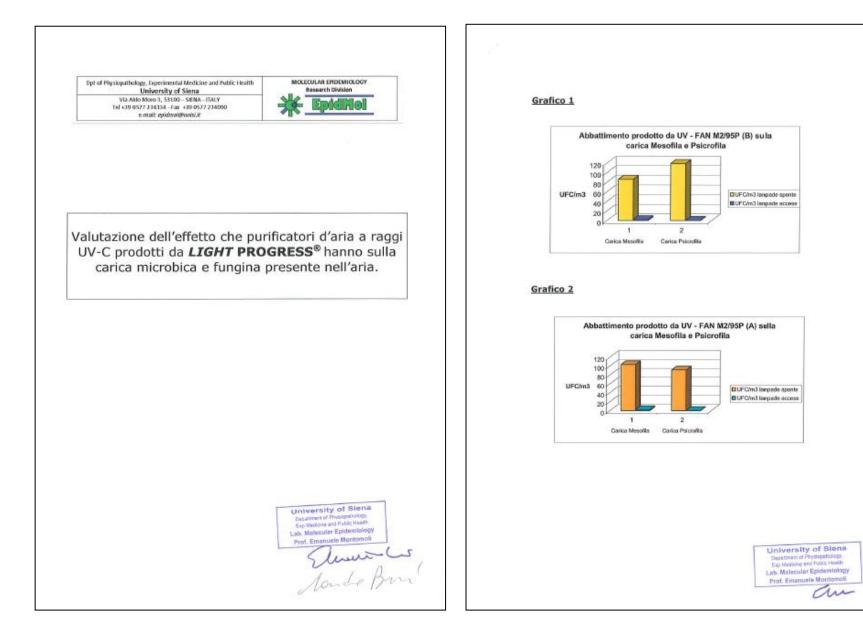


Certificate Number	20130702-E362672
Report Reference	E362672-20130628
Issue Date	2013-JULY-02
Issued to:	LIGHT PROGRESS SRL
	VIA G. MARCONI 81
	52031 ANGHIARI AR ITALY
This is to certify that representative samples of	ACCESSORIES, AIR-DUCT MOUNTED
	Duct-Mounted UV Lamp Assembly, Models UV-RACK,
	followed by 3/, 4/ or 6/, followed by 40H, 60H or 90H.
	Have been investigated by UL in accordance with the
	Standard(s) indicated on this Certificate.
Standard(s) for Safety:	Bi-National Standard for Heating and Cooling Equipment,
	ANSI/UL 1995-2011 and CAN-CSA C22.2 No. 236-11
Additional Information:	See the UL Online Certifications Directory at
	www.ul.com/database for additional information
	Classification Mark for the U.S. and Canada should be considered as bein ollow-Up Service and meeting the appropriate U.S. and Canadian
The UL Classification Mark includes	the UL in a circle symbol: 🛞 with the word "CLASSIFIED" (as
of UL's evaluation of the product; an	[phanumeric) assigned by UL; a statement to indicate the extent d the product category name (product identity) as indicated in L Classification Mark for Canada includes: the UL Classification
Mark for Canada: (1) with the word	"CLASSIFIED" (as shown); a control number (may be
	tement to indicate the extent of UL's evaluation of the product; duct identity) in English, French, or English/French as indicated
in the appropriate UL Directory.	
Look for the UL Classification Mark of	on the product.
William R Gener	֎֎֎֎֎֎֎֎
Within R. Carring Within R. Carring, Marine Sawatana Carathantica Programs	



University Tests - Air Treatment



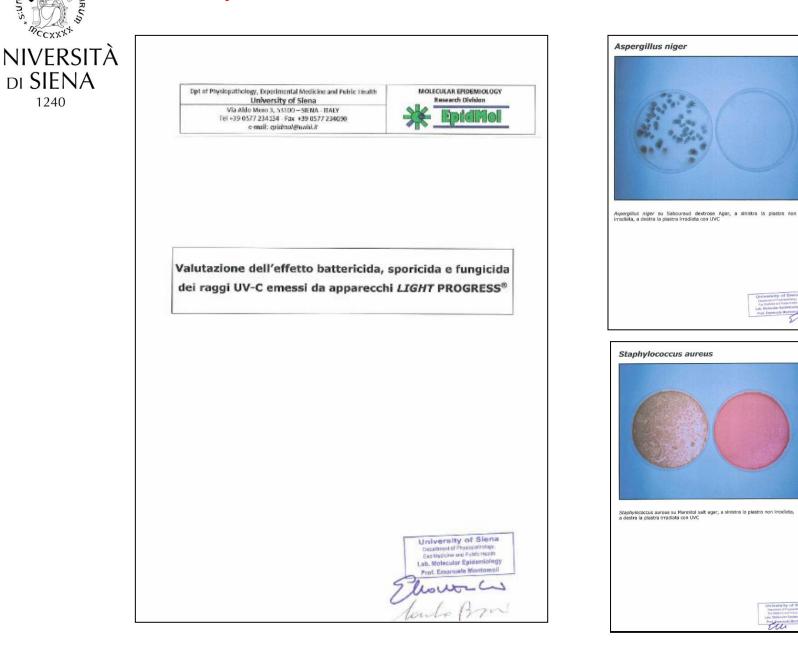




1240

University Tests - Microbial Load Reduction

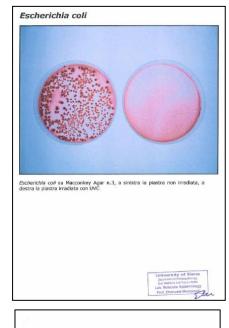


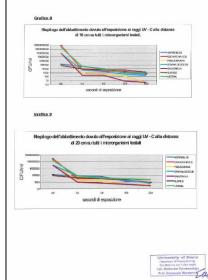


Staphylococcus aureus

Staphylococcus aureus su Mannitol salt agar, a sinistra la plastra non irradiata, a destra la plastra irradiata con UVC

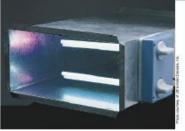
Prot Emanuela





Best Practice

Design Basics



for Air and Surface Disinfection

Ultraviolet germicidal irradiation lamps can help clean coils and improve indoor air quality

promise that the elimination of aircome disease seemed possible. In 1936, Hart used UVGI to sterilize air in a sargical operating room." In 1937, the first application of UVGI for a school venulation system dramatically reduces

UVGI for Hospital Applications Engine The P

Dr. Wladyslaw Kowaiski

Vice President, Immune Building Systems, Inc., New York, NY, drkowakk/@/bsie.com IUVA Air Ewatmenit Symposium, Los Angeles, 2007

INTRODUCTION

By W WILL

Univ

T

plant

violet

10000

100

ing the Health Care facilities are subject to microbiological airborne hazards that can cause infections in both patients and health care workers. Hospital-ocquired, or nosocomial, tions has be infections have been a penintent problem in hospitals and tice.] they can have complex multifaceted etiologies. It is possible that as much as a third or more of all nosocomial distri infections may be the result of airborne transmission at some point and, if so, air disinfection technologies may be tion -**Frint** able to reduce the nesocornial infection rate. dictal If the direct contact route predominates, as many experts UVC

believe, then surface distrilection technologies could also have a major impact. Combining air and surface *Wills disinfection may be an optimum approach to reduce infection rates and may very well be economical to implement. Existing health care guidalines for ventilation Engra system design, pressurization, filtration, and disinfection procedures have historically held the problem at boy, but emerging nosocomial hazards and increasingly complicated etiologies are creating a demand for new

control technologie This evolving and growing problem has spawned interest in both existing and developmental technologies, especially among engineers and health care professionals. This presentation summarizes applicable codes and standards. summers the epide logy of airborne no infections and their aerobiological pathways, and reviews air and surface disinfection technologies such as ultraviolat germicidal irradiation (UNG), which may offer more effective solution. A summary of results from implementation of UVGI systems in hospitals is provided which demonstrates average nosocornial infection rate reductions of over 45%.

Guidelines, Codes, and Standards

Various duidelines, codes, and standards exist that offer details for designing health care facility vertilation system (AIA 2001, ASHRAE 2003a & 2003b, CDC 1996 & 2003) Some quidelines specifically address problems like TB, nonocomial intections, and surgical site infections (CDC 2005, Wenzei 1981, Mangram et al 1999, Tablan et al 1994). While these guidelines provide adequate design information relating to airflow, air exchange rates, and filtration, they do not contain any specific guidelines for UVG applications and are not reviewed here. In fact, the current quidelines that provide any detailed

information relating to UVCI air and surface disinfection are the draft IUVA guidelines (IUVA 2005). The IUVA Guidelines include a description of the operating ameters of UVGI systems intended for effective air timent, and these are equally applicable to health care applications as well as to commercial buildings and other facilities. The operating characteristics for successful UVGI system implementation do not differ (Le. are not more stringert) for hespitals since performance criteria are already near a maximum for any UVGI system that meets the suggested guidelines. Included in the operating rameters are a recommended minimum of 0.25 seconds of UV exposure, an air velocity within the range of 500 fpm +-100 fpm, and a recommended rating of URV 10 or higher, which corresponds to a minimum UV dose of 5 J/m2. Coupled with the requisite filters for heapital applications (per ASHRAE) such combined UVGUEItration air cleaning systems will provide high removal rates for all nosocomial bacteria, fungi, and viruses.

Airborne levels in hospitals are not routinely monitored or regulated. For hospital air, WHO recommends relatively selaxed limits of 100 cluim' for bacteria and 50 cluim3 for lung, but many facilities would fail to meet these (WHO 1988). Environmental fungal spores should be completely terroved per fittation guidelines, and so the presence of any lungal sports in an OR should warrant investigation. According to the oritoria of Federal Standard 209E (FD 209E) on cleansooms, conventionally ventilated operating source rank less than cleas 3.5 (Darmar et al 2005). A limit of 10 cfu/m3, based on the ISO Class 7 cleanroom limit (EU Grade B) used in the pharmaceutical industry and at a target for ultra clean ventilation (UCV) systems, would probably be a more appropriate criterion for hospital OBs and XU.

Airborne Nosocomial Epidemiology

Airburne noncomial infections are those that transmit directly or indirectly by the alrhome route, and they may cause respiratory (primarity pneumonia) and surgical site infections (55b). The cost of nosocornial infections in the U.S. is estimated to be about \$4-5 billion annually and various sources estimate that they cause between 2 and 4 million moscomial infections with some 20-80 thousand latalities annually (Knazakii 2006). It is not known what traction of these infections are due specifically to airbome microbeo, but since many of these microbes are potentially airborne it could be assumed that a large fraction, perhaps 25% or more, involve airborne transmission at some point in the noncorrial etiology

The following article was published in ASHRAE Journal, August 2008. @Copyright 2008 American Society of Healing, Rehigerating and Air-Conditioning Engineers, Inc. It is presented for educational purposes only. This article may not be copied and/or distributed or paper form without permission of ASHRAE.

> The U.S. General Services Administration requires that UVC be included in cooling coll air-handling units for all new facilities and alteration projects to maintain coll cleanliness

Ultraviolet Lamp Systems

By S Willia

Stude

light

com

to 28

inact

effec

LIV/

by e

press

encl

merc

to as

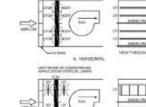
peop

to th

enen

28

Table 3 Advantages and Disadvantages of UVC Fisture Location Relative to Coll Disad-antapp Location Advantages More space to costall fistores. Lamp and Fratiers must be Allows formers to better and for damp location. reduce surface where Large cooling, effects may condensation in highest. Allows finners to readiate reduce UV crateral, or ricquiry winds or more larges and it stars generally most opplams sale. part of coil and drain pan. for a given result Lamp and fisher may be May not allow enough spay to install fixtures. May initially take longer to May be the only location to apply features. clean coil and may not or Longs and Estures may disinfict chain pan-Bu randed that on downstream use



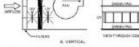


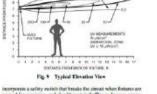
Fig 7 UV Lamps Upstream or Downstream of Coll and Drain Pag

site to ensure that electrical interlocks are included to deepergize the UV system when it is accessed. UV systems should operate continuotedy to maximize UV's benefits and to improve lamp life, and to et model and bacteria growth that occurs when an HVAC systern is not operating.

UVG systems can be installed upstream or downstream of the cooling coil (<u>Figure 7</u>). Both locations have advantages and disadvantages, as shown in Jable 3. Figure 8 shows an actual installation at a coil.

Upper-Air UVGI Systems Upper-ait imagation systems are designed to imadiate only air in the upper part of the room. Their narrow, focused beam is placed parallel to the plane of the colling and prevents stray ulitawisely trans-from interinging an occupants below. Upper-air systems rely on air suspection and mixing to move air from the lower to the upper portion of the more where it can be irradiated and airborne mice organistro inactivated (Kethley and Branch 1972). Many flatteres





opened for servicing, and should contain baffles or lowers appro-pristely positioned to direct UV irradiation to the upper sir space. Haffles and losvers must never be bent or deformed Upper-room UVGI fistures typically use low-pressure UVC larges in tubular and comment shapes, and require a variety of electrial wartages. Beyond large size, shape, and ballast, fixtures are designed to be open or restricted in distribution, depending on the

hydical space to be treated. Ceiling heights above 10 ft allow more for more open fistures. which are more efficient. For occupied spaces with lower collings (less than 10 ft), various lowered upper room UVGI faiture (wall, rendant, and competiate available to be mounted in combinations at least 7 ft from the floor to the bottom of the fisture. Figure 9 shows some typical elevations and corresponding UV levels, and Figure 10 (Bustrates distribution in a room.



de a high level of ultraviolet past the lamps. Upper room he occupants, shielded from urces to create currents that rooms with low air turnover in pan in the delivery plenum tivates microorganisms that This irradiation of stationary intensity requirements than

to provide radiation at the microorganisms. The lamps rescent lamp but differing in other difference is that UVC ransmits UVC, rather than

These guidelines deal primarily with issues related to placement of UVC systems in air handing units in the proximity of the cooling coil.

How important is indoor air quality?

Evidence strongly suggests that poor environments in schools, primarily due to the effects of indoor pollutants, adversely influence the health, performance and attendance of students and teachers. This evidence links high concentrations of several air pollutants to reduced school attendance. There is also persuasive evidence that microbiological pollutants are associated with increases in asthma effects and respiratory infections, both of which are related to lower school performance and attendance.² UVC lights offer a potentially effective means of both reducing energy use and delivering fresh air to improve classroom air quality.

UVC lamps are designed to clean both the coil and drain pan surfaces in a few hours or a few days* and to progressively penetrate between the coil rows and fins with time. Indoor air quality may be improved since the coils that are continuously cleaned by UVC are thus no longer an incubation site for microorganisms. Air flowing through the coils is therefore not contaminated, resulting in cleaner air being delivered to the classroom

What are the maintenance issues with UVC?

An effective traditional coil cleaning program cleans the coils three to four times per year. Use of UVC lamps can eliminate the need for these costly, tedious cleaning treatments that create system downtime and use chemicals, biocides or pressure washing, Mechanical or chemical washing may also damage coils. Maintenance benefits may accrue from use of UVC lights to keep coils continuously clean, avoiding these laborious coil cleaning actions that will otherwise be required to return coils to a clean condition. UVC lamps should be inspected to see if they are dirty and then cleaned on a regular basis, as needed. Some installations have a view port to permit visual observation of the

Scientific Studies



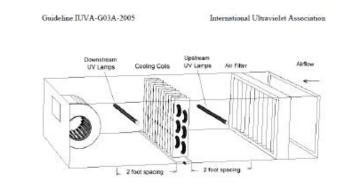


Figure 2.1: Location and spacing for UVGI system in an air handling unit.

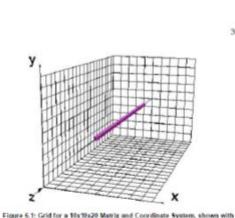
2.2 Location of UV Lamp Ballasts

UV lamp ballasts should preferably be located external to the ventilation system although this is not currently a strict requirement due to so many systems that have integral lamp ballasts that must be located wherever the lamp is located. One of the problems with lamp ballasts being located inside air handling units is that they may be exposed to temperature and humidity extremes.

If lamp ballasts are located in an internal lamp housing, the housing should be of drip-proof construction or other approved housing method. If lamp ballasts are located external to the air handling unit or ductwork, the wiring must be run through conduit such that there is no exposed wiring inside the air handling unit. Exposed wiring may be subject to deterioration inside and air handling unit and may also be exposed to UV irradiation, which may cause photodegradation over time and thus pose a fire hazard.

2.3 Operating Conditions

Both the UV lamp and the ballast should be located such that the ambient operating conditions (i.e. temperature and relative humidity) are within the component design or operating limits. Refer to manufacturer's information for design operating conditions. In general, both UVGI and filters are designed to operate at an air velocity of 500 fpm, although some lamps may be suitable for operation at higher velocities. Variations in air velocity (i.e. +/- 100 fpm) may be acceptable depending on the manufacturer's lamp but such variations should be evaluated to include or assess the impact on UV output. See IUVA-G01A-2005, "General Guideline for UVGI Air and Surface Disinfection Systems," for



a lamp in an axial configuration.

6.2 Operation of the Program

The program takes the input data from an input text file, performs the analysis and outputs results in a text file. Intermediate results can be extracted and graphed in spreadsheets.

Input data requires definition of the coordinate system. The lamp coordinates are based on the lower left front corner of the matrix being at (0, 0, 0). The indices for both the large and small matrices are also based on this (0, 0, 0) point.

Using the input the enclosure intensity field is determined by evaluating the direct intensity field of the lamp, the first reflection intensity field, and the total inter-reflected intensity field. These are summed to produce the total intensity field of the enclosure. This process is shown by the flow chart in Figure 6.2.

As mentioned previously, the inter-reflections are only computed for three iterations, after which the total bulk average intensity is determined mathematically for the remaining interreflections. Each of the first three inter-reflection calculations involves computing the exchange of radiative energy from each of the blocks on the other three sides, for all four walls. The summed result produces the wall intensity contours for the next set of inter-reflection calculations. This is the most calculation-intensive portion of the program and takes up the most operating time. In comparison, the direct and first reflection calculations proceed relatively rapidly.

Because two different size matrices are used for the computations, it is necessary to scale up the smaller matrix to match the size of the larger matrix prior to adding them. This is

MN-00-11-1

36

Effective UVGI System Design Through Improved Modeling

W.J. Kowalski, P.E. Shating Manufar ABMBAE William P. Bahnfleth, Ph.D., P.E. Member ASHORAF

ABSTRACT

This paper summarizes an improved methodology for predicting the rate of airstream disinfection for UVCI systems that will enable officitive designs and lower energy cents. This approach uses radiative view factors to define the shreedimensional intensity field for lamps and effective surfaces inside enclosures. Lang photomensor data for a variety of lance are shown to agree more closely with the view factor model than with models using the Inverse Square Law. The interactly field due to a flectivity from internal surfaces in determined by assuming diffine pellectivity. An analytical method in question determine the inter-reflection component of intermity due to multiple internal reflections. The superposition of these components yields a three-dimensional intensity field matrix that can be used to calculate disinfection rates for any given microbial rate constant. Results from laboratory bissoarys using 5. marcescens in various duct configurations have corroborated model predictions within ±15% in most cases.

INTRODUCTION

Corrontly available design information has not guaranteed predictable performance for UVGI air disinfection systems. Some of today's design practices can overdesign systems, leading to prohibitive costs and high energy comuption. Other design practices lead to undersized and meffective systems. Design practices have not changed in decades, and it is worthwhile to review the history of UVOI applications to discover how this situation has come to be.

Although the first LIVET water disinfection system was implemented in 1909 (AWWA 1971), the first UVOE systems designed for sirstness disinfection weren't implemented until the 1930s (Sharp 1940). Based on limited laboratory data and

using newly available UVOI hangs, these systems were sized without the benefit of preexisting creation. Texts, either air sampling or epidemiological, were used to determine their efficacy. Some of these systems were highly successful, such as those used to control mensles in schools, and one used by Riley to eliminate TB bacilli from hospital ward exhaust air (Riley and O'Geady 1961).

Other designs appeared to be meffective, with the result that the initial glowing reviews of this technology became tempered. Guidelines were issued that sanctioned the use of UVOI only in combination with HEPA filters (Lociano 1977). ASHRAE 1991). No studies were ever undertaken to determine the root cause for any UVGL system failures. Apart from improvements in Imp designs, applications technology for sirstream disinfection has remained almost etogrant for decades

The first design midelines for UVGI anstream disinfertion protems were developed in the 1940s (Lockiesh and Hollsday 1942; Luckiesh 1946). Versions appeared in catalogs that continue to be reproduced and used today (Philips 1985). These midelines offer orocedures, charts, and tables to size lange and reflective surfaces so as to obtain a desired disinfection rate. These sizing methods, though admirably detailed for the period, suffer from a number of deficiencies:

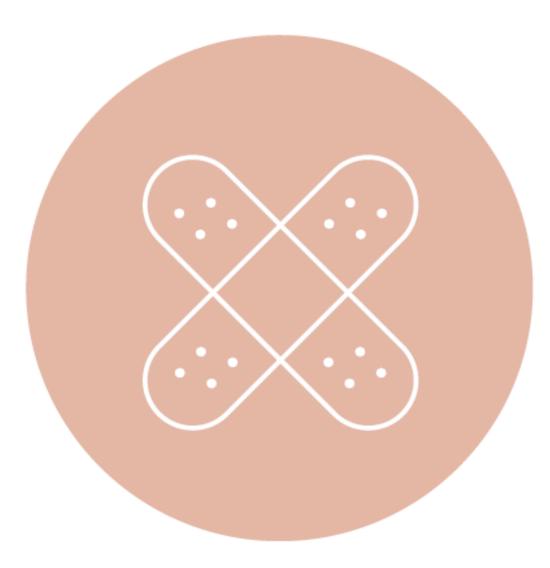
- I. They fail to define the intensity field, instead merely using the lamp enting or else relying on photometric data for lamp mideeinte
- 2. Lumps are specified without regard to lump location or
- The correction factor for rectangular ducts ignores the intensity field variations due to surface reflectivity.

W.J. Kewabiki is a doctoral candidate and Williams P. Bahafleth is an associate professor in the Department of Architectural Engineering. Penasylivania State University, University Park, Pa.

THIS PREPRINT IS FOR DISCUSSION PURPOSES ONLY, FOR INCLUSION IN ASHMAE TRANSACTIONS 2000, V. 100, PL 2. Not to be reported in whole or in ant when writes persions of the Arestan Society of Heatry, Derignating and An-Contineng Explanate, i.e., 1791 Tulia Ersis, ME, Atlanti, GJ (2023) Opinion, (indep), conductors, or economicalization represent in this paper are have of the advects) and do not necessarily reflect the sense of AGHAR. Writes quietons and comments regarding this paper should be reached at AGHAR to later than July 7, 1988.









What are most common issues in healthcare?

Healthcare environment is for sure the most sensitive about hygiene levels control. However it is also the most fertile ground on which to develop issues regarding the spread of viruses, bacteria, molds, spores and mites. There usually a great consciousness regarding the proper procedures that have to be followed to avoid the spreading of harmful microorganisms.

But often they are not enough.



What are most common issues in healthcare ?





Disinfection is the base for good hygiene praxis in healthcare environments.

A good sanitization procedures enables the elimination of **pathogenic microorganism**.

Microorganisms arrive through the air, employees, and, obviously, patients.

They spread through the air, by sedimentation or by vectors (animated) or vehicle (inanimate). Microorganisms settle in areas that offer a favorable environment for proliferation.

These areas become potential sources of **contamination for the whole environment**.

Chemical method is used massively, but not without a lot of bad consequences.

What is important in healthcare ?





To set **ideal hygienic** conditions in every environment.



To **avoid Risks**, increasing controls.



To have a **programmable** and possibly automated **cleaning process**.



To cut the consumption of chemicals, which create resistant pathogens.



Maintain the hygiene level achieved easily.





devices







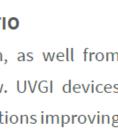
IT ELIMINATES COMPLETELY **ALL PATHOGENS**

UVGI eliminates bacteria, viruses, spores, fungi, molds and mites, without creating microbial resistant forms as chemical disinfectants and antibiotics do usually.



GOOD COSTS/BENEFIT RATIO

HAIs have a cost in health, as well from an economic point of view. UVGI devices interact with cleaning operations improving there effectiveness. UVGI systems do not require special maintenance, they just need periodically lamps replacement.



IT IS A PHYSICAL PROCESS, SAFE AND **ECO - FRIENDLY**

It requires little time to achieve microbial reduction of over 99%. UVGI treatment prevents the onset of such conditions, which are the base of cross-contamination development.



IT IS A DEEP, CONTINUOUS, PROGRAMMABLE DISINFECTION

UVGI method maintains ideal hygienic conditions in healthcare environments, both in presence that in absence of patients and employees.



IT'S EASY TO APPLY, YOU CAN TRUST ON US!

Our expert team work with both big and small healthcare facilities, obtaining always great results. We will help you to choose the best product between our complete range of over 300 different models offering you the perfect solution that will satisfy your needs.



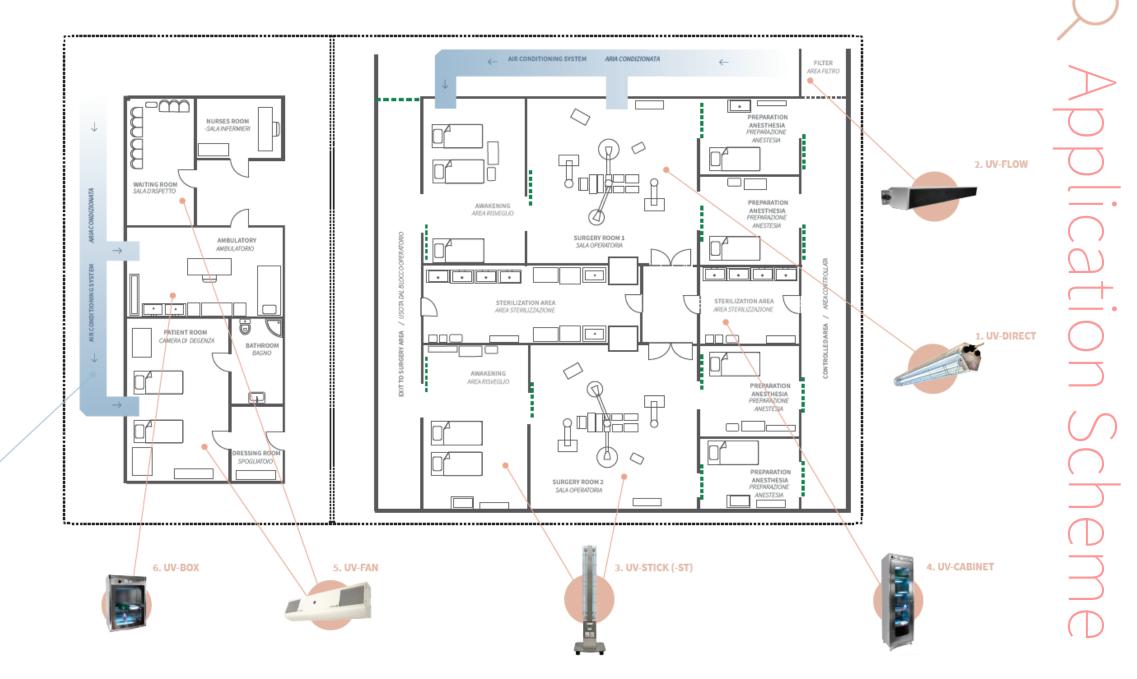
designed to improve

Hygiene and Safety

in Healthcare ?









Environmental Disinfection

- Direct Irradiation (absence of people)
- Air Purifiers (presence of people)







It can be easily applied as a common ceiling light fixture.

Special mirror bright reflector to increase UVGI power.

Switched ON during work breaks, it treats both air and surfaces

Made in high quality SS.

Control board available to set up programmable disinfections.

External Grid to protect the lamp.







It can be easily applied as a common ceiling light fixture, but smallest models could be also used inside processing and packaging machines (pharma industries).

Switched ON during work breaks, it treats both air and surfaces.



Made in high quality SS.

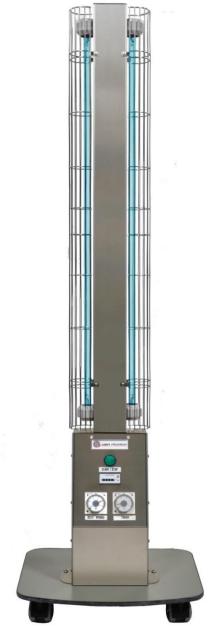
Special mirror bright reflector to increase UVGI power.

Control board available to set up programmable disinfections.

External Grid to protect the lamp.









-<u>ST</u> model with double lamp and a four-wheels stand is available to treat surfaces all around in different environments.



Its compact sizes and the wide range of models allow endless applications' solutions.







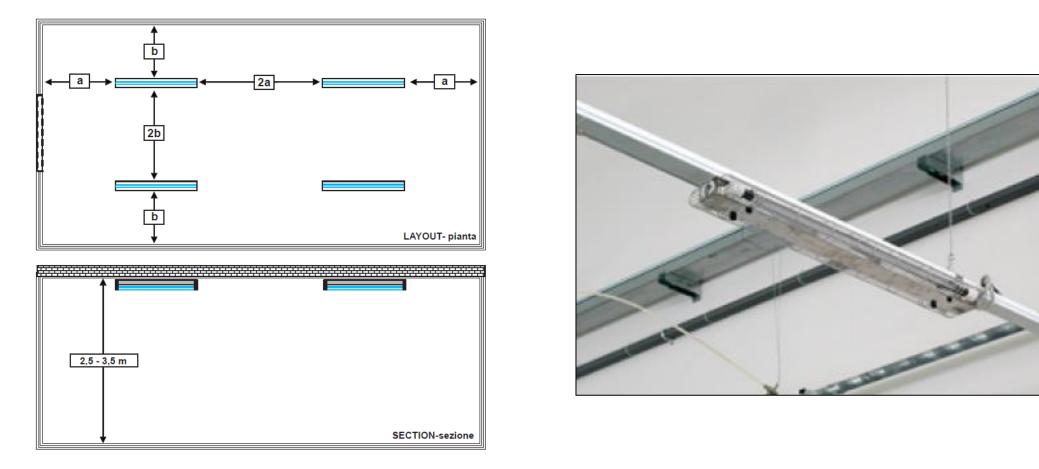
When staff leaves during work breaks, direct irradiation of surfaces allow a deep disinfection treatment.

The natural recirculation of air currents allows air disinfections as well.

The combination of surface + air disinfection creates the ideal hygiene level in healthcare environments.



응 UV-DIRECT 응 UV-STICK-NX



We help you designing the **application layouts** to fit the specific area that has to be treated.

The solution provided will fit exactly clients' need, according to our know-how in UV-C employment methods and our 30 years experience specific in food industries applications, as well as several tests made with a University Research center;







Air Purifier, it treats the air 24 hours a day, without any contraindications for the people present.

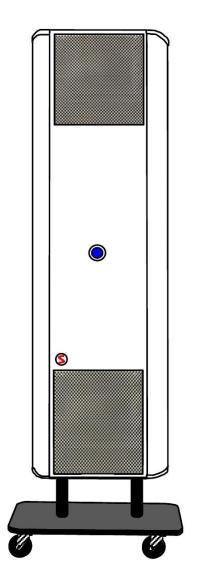
A silent built-in fan conveys the air to pass inside its germicidal chamber.

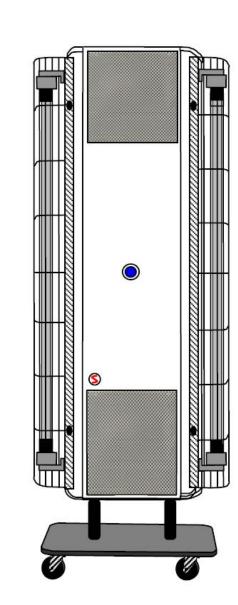
External body in extruded Aluminum, coated with epoxy-powders.

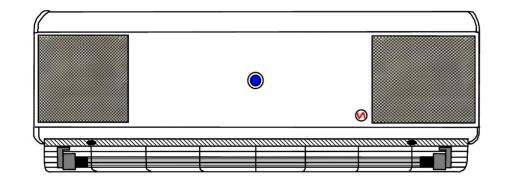


TiOX Filter included. Titan Dioxide Nanoparticles with silver salts enhance the germicidal effect of UV-C light; Its photocatalyzation allows the elimination of VOCs and NOXs, too.









-<u>BD</u> model with integrated external lamp. Besides the normal purifying action, it provides the possibility of having a deeper disinfection treatment during non operational hours (i.e. night).

-<u>ST</u> model with four wheels stand available.















Special Areas Environments

• Controlled Areas (clean rooms, filter passages, etc)







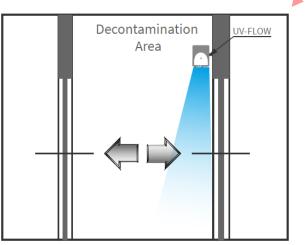
Monodirectional UV-C flow device;

it creates a UV-C barrier if placed above an opening (door) and/or it treats the upper air layers when installed pointing Made in high quality SS.

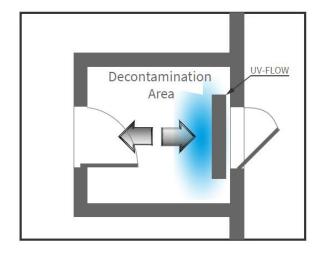
Directional honeycomb filter to create a «UV blade»





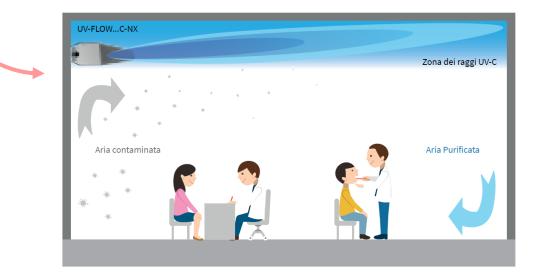


SECTION / SEZIONE



Filter Room are very important to separate areas with a different grade of microbiological controll (i.e. Clean Rooms, separeted sectors).

Treating upper air layers enables a general enhancement of air decontamination, thanks to air natural convective motions.







Tools Sterility Maintenance Germicidal Box Germicidal Cabinet







Cabinet to preserve sterility maintenance, for any type of equipments, tools, containers.

Automatic switching ON-OFF to set disinfection cycles with a settable timer.

Available vith multiple doors, wallmounted or floor standing.

High quality Stainless Steel AISI 304.









Wall mounted model is also available





<u>-E</u> model includes a special endoscopic probes holder (just for floor standing structure).







Box to preserve sterility maintenance, for any type of equipments, tools, containers.

Automatic switching ON-OFF to set disinfection cycles with a settable timer.

Table model available (UV-BOX-E2/40H).

High quality Stainless Steel AISI 304.









The transparent door with the anti-UV LEXAN® window allow you to check the proper operation at any time.



We offer the **widest product range** of UVGI Devices on the market, providing different solutions, specifically designed for HEALTHCARE ENVIRONMENTS application.

Our Team sizes and projects every application designing a **custom solution** for each specific case.

Our products are born solving **real market issues coming from Healthcare field**, our first mission is to fit UV-C technology in already existing environments and habits, satisfaying exactly the clients requests.



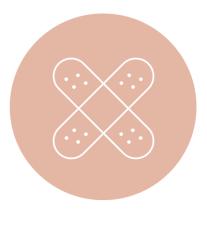
30 years of Health Quality improvements, **30 years of happy customers**.

Air, Surfaces, Water disinfection. Over 200 products within the same catalogue, 360° solutions.

Good **value for money**, great Quality level, devices are 100% Made in Italy and CE marked.



References







VILLA MARGHERITA SPA ESTETA MEDICA CENTRO IPERBARICO SRL VILLA ALBINA CASA DI CURA ISTITUTO G. GASLINI CASA DI CURA CITTA'DI PARMA AZIENDA SANITARIA ULSS N° 3 B.D.G. VI U.S.S.L. DI LECCO TERME DI FONTECCHIO SPA SALUS SRL CASA DI CURA CLINICA S. CARLO CASA DI CURA PRIVATA POLISPECIALISTICA SPA UNITA SANITARIA LOCALE 7 BN AZIENDA OSPEDALIERA S.MARIA TR VILLA BELLA DAY HOSPITAL BOTTI GIOVANNI USL N 8 LUIGI ROGANTE (MC) VILLA PINETA Pavullo MO SANTOBONO PAUSILIPON AZ.OSP. NA POLICLINICO di BARI S.ANTONIO ABATE AZ.OSPEDALIERA Erice TP SERVIZIO VETERINARIO A.S.L. Lucera FG ULSS 4 ALTO VICENTINO Thiene VI SIA CASA DI CURA S. ANNA SRL AG USL 14 Omegna VB USL 9 PRESIDIO OSP.DI CORNIE' TN ASL RMH PRESIDIO OSPEDALIERO Genzano RM AZIENDE U.S L. N°1 DI AVEZZANO E SULMONA AQ DIA.SO SRL CLINICA S.MICHELE Sorrento NA AZIENDA AUTONOMA DI STATO DI PRODUZIONE RSM ISTITUTO REUMATOLOGICO MUNARI S.P.A. FI **TERME DI CHIANCIANO Spa** SANATRIX S.R.L. CASA DI CURA AQ CROATTO DOTT. GIULIANO CENTRO KOFLER CENTRO RIFERIMENTO ONCOLOGICO Aviano PN UNIV.STUDI VERONA DIP.MED.CLI. POLICLINICO G.B.ROSSI VR A.S.S. N.5 BASSA FRIULANA UD TERME ACQUA PIA SRL C.M.I. S.a.s CENTRO MEDICO ITALIANO AZ.OSPEDALIERO UNIVER.PISANA UFF.TECNICO DI S.CHIARA OSPEDALE L. SACCO MI CASA DI CURA S.LUCIA GLEF SRL SR SAPIENZA UNIVERSITA'DI ROMA CLINICA VETERINARIA ADRIATICO Vasto CH AZ.UNITA'LOCALE SOCIO SANITARI REGIONE VENETO **USL RAVENNA** CLINICA ODONTOIATRICA QUATTRO RM CLINICA VETERINARIA MALPENSA VA E.O. OSPEDALI GALLIERA GENOVA A.I.L. Sez A. Piceno ONLUS CENTRO ONCOBIOLOGIA SPERIMENTALE PA I.P.A.B. Residenza per Anziani "G. Francescon" VE AZIENDA SANITARIA LOCALE – Barletta (BA)

CASA DI CURA MADONNA DELLE GRAZIE



...and many more all over the world

Thank you