

Asia Industrial Gases Association (Webinar 007)



Medical Gas Supply Systems at Healthcare Facilities



Agenda

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- AIGA Introduction by Haris Farooqi, AIGA TC Chairman
- Webinar Objectives & Disclaimer
- Introduction of the Presenters
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AIGA and Key Members

About AIGA: Formed in Dec 2002 in Singapore as a non-profit association representing

Industrial Gases companies operating in Asia.

Mission: To promote better safety, health, environmental awareness and security in

production, distribution and use of industrial gases.

Active Members: Category - 1 and 2



8 National Association Members

• India, Indonesia, Korea, Malaysia, Philippines, Singapore, Taiwan, and Thailand

Representative Offices

China and Vietnam

Reciprocal Members

CGA, EIGA, JIMGA, MEGA & ANZIGA



Organizational Links





AIGA Technical Committee Focus

AIGA TC is currently focused on 8 priority areas:

- 1. SAG(General Safety & sharing of incidents/ learnings)
- 2. Packaged Gases
- 3. Medical Gases
- 4. Electronics & Specialty Gases
- 5. Transportation of Packaged & Bulk Gases
- 6. ASU & Large Facilities
- 7. HYCO
- 8. Physical Security



Technical Committee: Major Deliverables

- AIGA Publications (available on AIGA website: > 150 in nos
 - > 115 Standards/ Guidelines/ Codes of Practices
 - > 28 Training Packages
 - > 25 Safety Bulletins
 - Several Safety Posters and Position Papers
- Co-hosting of multiple Safety Seminars every year with National Associations
- Engagement with National Associations face-to-face meetings 3 per year
- Actively promote AIGA activities among various stake holders
- Participation in global harmonization of standards at IHC
- Carry out need based technical surveys on specific topics
- Sharing of learning from safety events and compilation of safety statistical data
- Collaborate with non-AIGA Associations AIIGMA (India) & CIGIA (China)
- Communication with IOMA GC and Regional Associations (CGA, EIGA, JIMGA)

Please visit <u>www.asiaiga.org</u> for more details



Webinar Objectives

Elevated demand for Medical Oxygen amidst the COVID-19 pandemic has led to shortages of oxygen in various parts of the world. Some healthcare facilities are struggling to keep pace with the surge in demand. The Gas Industry stands committed to ensuring that healthcare professionals are equipped with the necessary knowledge to cope with this unprecedented challenge.

The objective of this webinar is to reiterate the key points:

- How to ensure a safe & reliable supply of medical gases to healthcare facilities and patients
- To emphasize that consequence of system failure could be severe, or even fatal
- Importance of understanding the requirements on the design and installation of medical gases supply and pipeline system by both the suppliers and hospitals
- Participants in the webinar should be able to convey this knowledge to related stakeholders in an appropriate manner that is convenient for their country and organisation



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Presenters



- Sawet Thananirun
- Linde PLC
- Position : Head of Cylinder operation and Customer Engineering Service _ ASEAN
- Experience : 27 Year in Industrial gases operation and installation
- Base location: Thailand



- Jerry Guo
- Air Liquide
- Position : Director of Medical Gases
- Experience : Medical gas supply and business development
- Base location: PR China



Incident #1 – Oxygen Fire in Hospital

On 29 Sep 2008, the fire occurred at 08:30 hrs in a four bed intensive care ward in the Cardiac Wing

- Paediatric patients were being treated with Berlin Heart machines (where a lot of oxygen is used)
- The fire was all over in 10 minutes and fortunately no patient was hurt



What the cylinder looked like after the incident



What the hospital ward looked like after the incident





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Incident #1 – Oxygen Fire in Hospital

Incident Investigation

- Electrical fault from a mounted television started the incident
- Excessive number of cylinders in ward, coupled with large quantities of pipeline oxygen delivered to the medical devices in the ward
- Soft toys and combustible material present in the vicinity (Potential oxygen enrichment on soft material, intensifying the fire)
- Cylinder in vicinity became hot in the fire and led to a massive explosion, releasing large amount of oxygen into the fire

Learning Points

- Risk assessments to be carried out to address oxygen safety
- Provide oxygen safety training to staff (oxygen enrichment, combustibles)
- Always use pipeline supplies to minimise the number of cylinders on the ward
 especially those brought in by patients



Incident #2 – Pipeline Oxygen concentration fell to 40%

On 28 Oct 2005, an anaesthetist noticed that the percentage of oxygen in the hospital supply system had dropped from the normal 100% to around 40%, raising independent alarms throughout the hospital.

 Anaesthesiologist mandated no new procedure to commence and all operating theatres were suspended

Incident Investigation

- Med O2 line was contaminated with Med Air by contractor in the absence of installation drawing
- Existing lines were wrongly labelled
- Contractor **didn't check the line content** before modifying pipework
- Hospital Authority was not notified about commissioning of new lines



Incident #3 –Portable Liquid Containers(PLCs)- Wrong product connected:

On 7 Dec 2000, a nursing home reported 2 patient deaths and 8 patient injuries following a mix-up in their oxygen supply system

- Several days later, 2 of the injured patients succumbed to injuries from exposure to industrial nitrogen, bringing the death total to 4

Incident Investigation

- The nursing home was running low on oxygen and deployed a maintenance employee to connect a new oxygen PLC to the oxygen supply system
- Employee had selected a nitrogen PLC and discovered that he was unable to connect the vessel due to different fittings. Employee then removed a fitting and install it on the nitrogen PLC. He then proceeded to connect the nitrogen PLC to the oxygen system.



Adapter must not be used



Incident #4 – Medical gas installation – pipework cross connection

- A hospital wanted to modify its existing gas supply for an expansion project. The modification was to move existing piping to facilitate civil works (by another contractor) and to add connections to supply gases to 8 delivery rooms and an operating theatre
- When performing pre-startup checks in the operating theatres on the next working day, the anesthetist's stations started to alarm indicating low oxygen level in supplied gas. Fortunately, No patients were involved!

Incident Investigation

- Mandatory supervision and oversight must be provided for such as work on hospital installations.
- Contractors should be trained and qualified as employees to be able to work unsupervised.
- To ensure all process changes, design or piping changes MUST be subject to the Management of Change (MOC) process





Overview of Medical Gases

Gas	Uses	GHS Hazards
02	 Breathing Assistance Medical Treatment Deliveries CMG Mixtures for Hyperbaric Chambers 	
Air	 Breathing Assistance Medical Treatment Deliveries 	\diamond
N ₂ O	- Sedation/Anaesthetic	♦ ♦
CO ₂	- Insufflating for less invasive surgeries	\diamond
N ₂	Cryosurgery RemovalOperate Power Tools	\diamond
Oxidizing Compressed Gas (Pressure) Harmful (Acute Toxicity)		



Overview of Medical Gases

- Expectations Provide uninterrupted supply to end users
 - Primary and Secondary supply (Reserve supply may be installed as per national requirements)
 - Alarms for abnormal conditions
 - Equipment Sizing and Material
 Selection based on normal and abnormal situations
 - Able to handle worst-case scenarios





Gas in Cylinders or Cylinder Bundles



Portable Liquid Cylinder

Cryogenic liquid in Stationary Vessels

Gas Cylinders connected to a Manifold



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Typical Medical Supply Systems



Figure 1: Typical Medical Supply Systems (Source: AIGA 049/17 Guideline to Medical Oxygen Supply System for Healthcare Facilities)



Storage & Capacity Requirement

- The selection of location should comply with applicable Local/National regulations
- Avoid installing liquid storage vessel in indoor environment or near drains/pits
- The control equipment should be protected from the weather and the area fenced
- Oxygen cylinder storage should be separated from vacuum and medical air compressor plant to avoid possible oil contamination
- Appropriate undercover storage facilities for cylinders should be provided to maintain cylinder safety, security and cleanliness
- The capacity of any supply system shall be based on the **estimated usage** and **frequency** of delivery
- Have systems to regularly review healthcare facility demand patterns for ensuring that the bulk medical supply can reliably meet this demand



Figure 2 : Safety Distance Guidelines: Refer to NFPA 55 for additional details



Capacity :

- Requirements should be based on estimated usage and delivery frequency
- Location should be consulted with the gas supplier
- Demand should be regularly reviewed (eg. O2 demand increase during the Covid-19 Pandemic)



Primary Supply

Figure 3 : Primary Supply Stock Management & Reordering (Source: HTM 02-01 Medical Gas Pipeline Systems Part A)



Secondary Supply



Cylinder Manifold



Figure 4 : Secondary Supply Stock Management & Reordering (Source: HTM 02-01 Medical Gas Pipeline Systems Part A)



Medical Gas Supply Systems

- Dual Parallel Regulator System
- Primary, Secondary & Reserve Supply Sources





Safety Protection Considerations

Alarm System

Alarm 'ON' when any of the following occurs:

- Primary Supply Below MIN Level, Below MIN Pressure
- Changeover from primary to secondary supplies
- Secondary or Reserve Supply Below MIN Level, Below MIN Pressure
- Deviation of pipeline pressure by more than ± 20 %



Figure 5: Typical Alarm Systems (Source: AIGA 049 Guideline to Medical Oxygen Supply System for Healthcare Facilities)



Safety Protection Considerations

Alarm System

Requirements:

- Both Audio and Visual Alarms
- Silencing of an existing audio alarm shall not prevent a new alarm from blaring
- Periodic tests
- Master Alarm to be strategically located





System Components

Pressure Reducing Unit

- The healthcare facility supply pipeline pressure reducing station must consist of a dual parallel regulator system
- Both regulators must be online and all isolation valves and regulators must be in the open position.
- The design based on a single pressure regulator with a by-pass is not accepted.
- The **nominal distribution pressure** should be within the range of 400 kPa to 500 kPa.





System Components

Pressure Relief Valve

- Medical oxygen pipeline system should be provided with a pressure relief device downstream of the line pressure regulator
- A **three-way valve** to be installed for the safety device can be exchanged for a certified replacement in accordance with the frequency required by the Regulations



Figure 5: Typical Pressure Relief Device locations



System Components

Check Valve and Filter

 Check valves should be installed to prevent cross flow between the different supply systems



Figure 5: Typical locations of Check Valves and Filters



System Component

Material Selection

- Ensure Oxygen Compatible material is used for oxygen supply system which comes into contact with the gas under operating conditions
 - Metals Austenitic SS304 / 316, Copper and Alloys, Monel (CS / MS Forbidden, Al with some conditions)
 - Non-Metals PEEK, PTFE (Only for Cryogenic Application, NO HALOGENS) Refer to AIGA 059
 - Lubricants Avoid use of oils & greases
- Consider flammability and Auto ignition temperature





Ref AIGA 059: Use of Non Metallic Materials in High Pressure Oxygen Breathing Applications



Testing/Commissioning and Ops Management

Testing and Commissioning

- Carry out Pre Start Up Safety Review to ensure that all the necessary design, safety and performance requirements of the supply system will be met
 - It is required for new installations, additions/modifications to existing installations

Operation Management system

- Compliance to applicable Regulatory requirements
- Clarity about Functional Responsibilities
- Availability of Operational procedures
- Training and communications
- Cylinder and sources of supply management established
- Preventive maintenance, repair and risk assessment
- Emergency Response Plan



Medical O2 93% Generators

- PSA Oxygen 93% can be manufactured on-site within the healthcare facility, under the responsibility of the healthcare facility qualified personnel
- Suitable for production and supply of oxygen at sites where access for cylinders and liquid oxygen supplies are difficult
- 93% O2 manufactured via PSA process are allowed for medical use by most country Authorities
- Oxygen 93% are produced using pressure swing adsorption process (PSA) or vacuum swing adsorption (VSA)



Figure 5: Typical 93% PSA Oxygen Generator Skid and Process Flow Scheme (not meant for design)



Key References

International Standards

- ISO 7396-1, 2016 Medical Gas Pipeline Systems Part 1: Pipeline Systems for Compressed Medical Gases and Vacuum
- HTM 02-01 Medical Gas Pipeline System
 - Part A: Design, Installation, Validation and Verification
 - Part B: Operational Management
- NFPA 99, 2015 Health Care Facilities Code

AIGA/EIGA/CGA References

- AIGA 049 Guideline to medical Oxygen Supply system for healthcare facilities
- AIGA 019 Connections for Portable Liquid Cylinders
- AIGA 024 Connections for Transportable and Static Bulk Storage Tanks
- AIGA 016 Safety Features of Portable Cryogenic Liquid Containers for Industrial and Medical Gases
- AIGA TP 05/05 Prevention of Over Pressurization
- AIGA 059 Use of Non-Metallic Materials in High Pressure Oxygen Breathing Gas Applications
- AIGA 113-20 : Safe Design and Operation of Onsite Generation of O2 93% for Medical used
- EIGA Doc 73/08/E Design Considerations to mitigate the potential risks of toxicity when using nonmetallic materials in high pressure oxygen breathing systems
- CGA M-1 2013 Standard for Medical Gas Supply Systems at Healthcare Facilities



Suggested Actions for Participants

An increase in the demand for Medical Gases amidst the COVID-19 Pandemic has prompted:

- Increased frequency of cylinders changeout or stationary tank top up
- Temporary systems to cope with higher Medical Gases demand
- Increased capacity of bulk medical gas supply system
- Additional vaporizers / higher frequency of vaporizer de-icing
- Higher than normal reorder points within the facility
- Increased regulator set pressure or use of existing spare regulator in parallel
- Reduced licensing time for new system or upgrading of existing system
- If you do encounter any of the above changes, we urge you to immediately review your facilities or medical supply systems
- Use Management of Change (MOC) Process with review and approval by competent people while doing any modification/addition etc
- Share the knowledge with people associated with design, installation, Operations and Maintenance of the Supply Systems at hospitals





Please use messaging for your questions



Thank You

