PRODUCING MEDICAL AIR

UNDERSTANDING MEDICAL AIR

Medical Air (MA) is the technical name for compressed air used in hospitals and healthcare facilities. Medical Air is filtered extensively to remove contaminants and particles. It contains no oil, nor does it emit an odor. It is also dry to reduce water build up in the facility’s piping system.

Due to the volume requirements of larger institutions, many facilities forego purchasing cylinders or bulk containers in favor of producing their own Medical Air on-site. Like most commercial or industrial air compressors, Medical Air compressors pull in ambient air to produce compressed air which is filtered, analyzed, and ultimately sent to critical point-of-use locations throughout the facility.

USES FOR MEDICAL AIR

Medical Air has a myriad of uses in hospitals and healthcare facilities, but its more common applications include:

- Breathing air for ventilators where regulated filtered air helps reduce potential oxygen toxicity events for patients
- Carrier gas for anesthetic agents prior to and during procedures
- Power source for surgical tools and instruments in the operating rooms

STANDARDS FOR MEDICAL AIR

In the absence of globally-accepted standards for Medical Air derived from a compressed source, several domestic and international organizations have developed recommendations and best practices for its production and filtration including:

- USP Medical Air
- PhEur
- ISO 7396-1:2016
  Medical gas pipeline systems - Part 1: Pipeline systems for compressed medical gases and vacuum
- USP Limit Values for MA
- ISO 7396-1:2016 Limit Values for MA

<table>
<thead>
<tr>
<th>USP Limit Values for MA</th>
<th>ISO 7396-1:2016 Limit Values for MA</th>
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</thead>
<tbody>
<tr>
<td>O₂</td>
<td>&gt;19.5% v/v and &lt; 23.5% v/v</td>
</tr>
<tr>
<td>CO</td>
<td>≤ 10 ppm</td>
</tr>
<tr>
<td>CO₂</td>
<td>≤ 500 ppm</td>
</tr>
<tr>
<td>NO + NO₂</td>
<td>≤ 2.5 ppm</td>
</tr>
<tr>
<td>SO₂</td>
<td>≤ 5 ppm</td>
</tr>
<tr>
<td>Humidity</td>
<td>≤ -5°C PDP</td>
</tr>
<tr>
<td>Total Oil</td>
<td>&lt; 0.1 mg/m³</td>
</tr>
<tr>
<td>Particulates</td>
<td>Class 2 according to ISO 8573-1:2010</td>
</tr>
</tbody>
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ISO 8573-1 is not a specific breathing air standard but a general standard describing compressed air purity.
Current standards in use range from OSHA-mandated workplace requirements for Grade D breathing air to Medical Air mixture levels set forth in USP 29 from the United States Pharmacopoeia (USP). While most of the standards contain limits for forms of contamination such as gases, dewpoint, and hydrocarbons, they do not contain well-defined guidance on allowable limits for microbes or spores. Notably, most of the recommendations are comparable and traceable to current OSHA, NFPA and/or ISO standards (see table on page 2). Additionally, the lack of a common limit for microorganisms prompts many professionals to refer to the limits established for cleanroom classifications per ISO 14644-1.

**DELIVERING MEDICAL AIR**

Without formal production standards in place, we recommend – at a minimum – following established industry best practices, which may include:

**Step 1:** Prefilter — Removes bulk liquid oil and water to protect refrigerated dryer. *(DF filter with M-grade coalescing filter element)*

**Step 2:** Refrigerated dryer — Suppresses dew point by cooling, condensing and draining away water. *(Buran dryer)*

**Step 3:** Desiccant dryer — Removes water vapor through adsorption, creating a dry environment to prevent bacterial growth conditions and can be configured to remove CO, CO₂, SO₂, NO and NO₂. *(Ultrapure ALG-S Dryer)*

**Step 4:** Sterile filter — Validated filter for removing bacteria and bacteriophages. *(P-EG with P-SRF C sterile filter element)*
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Donaldson Company, Inc.
Minneapolis, MN
donaldson.com
shop.donaldson.com

Australasia 61-02-4355-2066
marketing.australia@donaldson.com
Brazil 55-11-4894-6035
vendas.brasil@donaldson.com
China 86-400-921-7032
info.cn@donaldson.com
EMEA 49-2129-569-0
cap-europe@donaldson.com

India 91-124-4867-400
indiaenquiries@donaldson.com
Japan 81-42-540-4123
ndl-ultrafilter-web@donaldson.com
Korea 82-2-517-3333
cap-kr@donaldson.com
Latin America 52-449-300-2442
industrialair@donaldson.com
North America 800-543-3634
processfilters@donaldson.com
South Africa 27-11-997-6000
samarketing@donaldson.com
Southeast Asia 65-6311-7373
sea.salesenquiry@donaldson.com

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