

Development of Computational Methods for Evaluating Loose-Fitting Powered Air-Purifying Respirators

Zhipeng Lei, Michael Bergman, George Niezgoda, Evanly Vo, and Ziqing Zhuang
CDC/NIOSH/NPPTL

EXPANDING RESEARCH PARTNERSHIPS: STATE OF THE SCIENCE CONFERENCE

Aurora, Colorado, June 21-23, 2017

Background

- Loose-fitting powered air-purifying respirator (PAPR):
 - Battery-operated blower;
 - High efficiency particulate air (HEPA) filter; and
 - Respiratory inlet covering (i.e., hood or helmet).
- Advantages:
 - Comfortable,
 - Does not require fit testing,
 - Covers the wearer's head and neck to reduce contact with an infected person's body.



Photo credit: CDC PHIL

Background

- Disadvantages:
 - Heavy;
 - Noisy; and
 - Battery needs to be charged.
- If supplied-air flow rate can be lower as long as it provides effective protection, this will lead to:
 - Smaller air blower and battery.
 - Quieter and lighter PAPR system.
- There is a need to investigate factors that determine PAPR performance.



Photo credit: NIOSH NPPTL

CDC Innovation Fund (iFund) Project

- Title: Development of Advanced Methods for Evaluating and Designing Loose-fitting Powered Air-purifying Respirators.
- Highlight:
 - Computational Fluid Dynamics (CFD).
 - Python programming for software designing.

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innovation fund CHALLENGE
Bringing Ideas to Life

The CDC Innovation Fund (iFund) seeks to promote the inventiveness and creativity of the CDC community in the design and development of new innovations which show promise for making a substantial impact on public health and how we accomplish our mission. The iFund program is an opportunity for CDC/ATSDR staff to both learn innovation-related competencies, and also gain access to funding and support to enable employees' innovation efforts!

We invest in a range of innovations with strong potential for public health impact. We define 'innovation' broadly to include new or novel scientific discoveries, policy practices, technologies, behavioral insights, or ways of delivering products and services that benefit specific populations and stakeholders-- any solution that has potential to address an important public health problem more effectively than existing approaches.

In an effort to seed more innovation here at CDC, we are seeking proposals for iFund projects that target innovation projects over three phases.

THREE PHASES OF INNOVATION

- PHASE I: Develop Ideas and Concepts**
Idea Generation
Idea Formulation
Project Planning
- PHASE II: Prototype and Test**
Idea Application
Prototype Development
Testing
- PHASE III: Implement and Scale**
Production
Market Launch & Iteration

Note: Awardees are eligible to compete in subsequent years for more advanced levels of support, but funding is not guaranteed based on a prior award.

FY2018 Call for Proposals for CDC Innovation Fund will be released tentatively July 2017

2017 Funding Cycle

Anticipated Key Dates:

- July 18: First Day to Submit a Project Proposal
- October 3: Last Day to Submit a Project Proposal
- Oct 18-Nov. 1: Pre-Pitches to OTI staff (each applicant will get 30-45 minute sessions during this week)
- Week of Nov 14th: Pitch to the Innovation Council (30 minute session during this week)
- Nov 28-Dec 2: Follow-up discussions/ negotiations if needed (30 minute session during this week)
- Dec 5: Selected teams expected to be notified

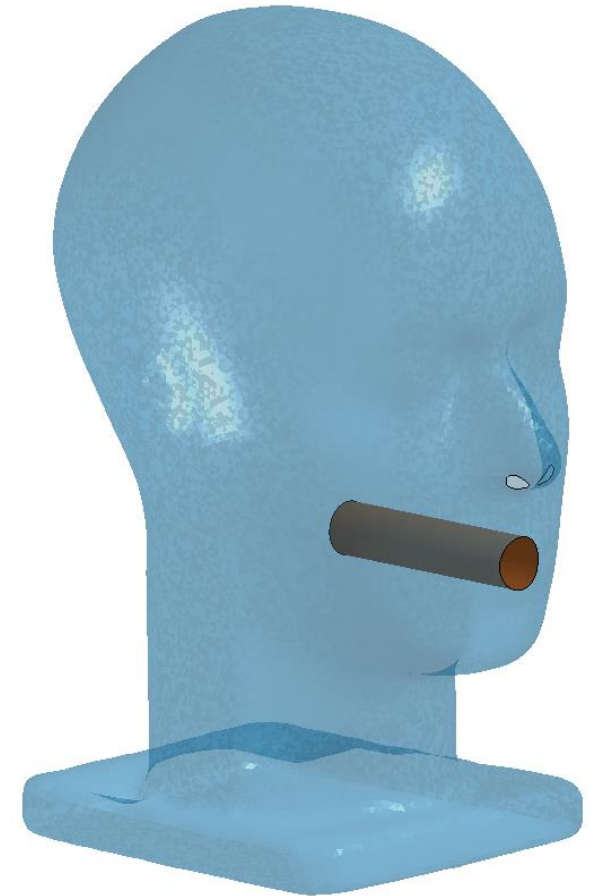
Objectives

- The aim of this study was to develop computational methods for estimating the performance of loose-fitting PAPRs.
 - Develop a digital PAPR model and a digital headform model;
 - Create CFD simulation for airflows and particles inside PAPR; and
 - Explore the effects of breathing and supplied-air on particle leakage.

Headform Model

- Medium-size, representing approximately 50% of the current U.S. workforce.
- One of NIOSH ISO Digital Headforms*.
- Construct a breathing tube for simulating breathing airflows.

* A technical specification standard for ISO TC94 Personal Protective Equipment, SC15 Respiratory Protective Devices, WG1 General, PG5 Human Factors, titled “ISO 16976-2 Respiratory Protective Devices — Human Factors — Part 2: Anthropometrics”.



**Digital headform model
having a breathing tube**

PAPR Model

- Scan PAPR components;
- Don the PAPR system on the headform;
- Create PAPR breathing zone by smoothing and trimming surfaces (in next slide).

Inlet Covering + Cuff



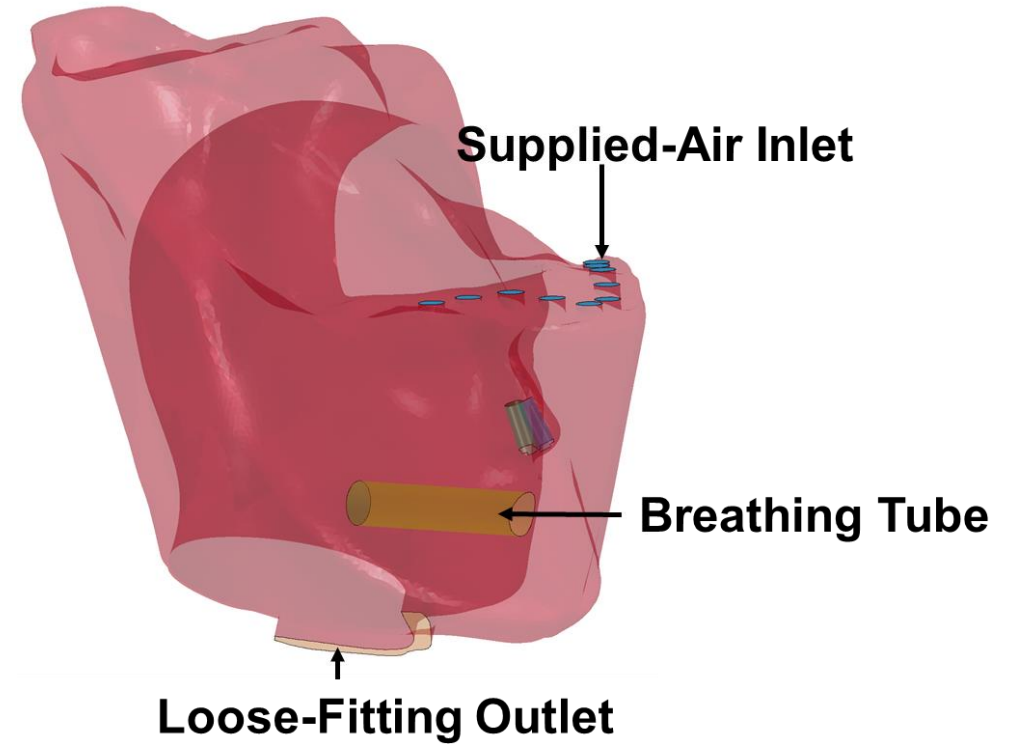
Filter + Helmet



Photo credit: NIOSH NPPTL

CFD Model

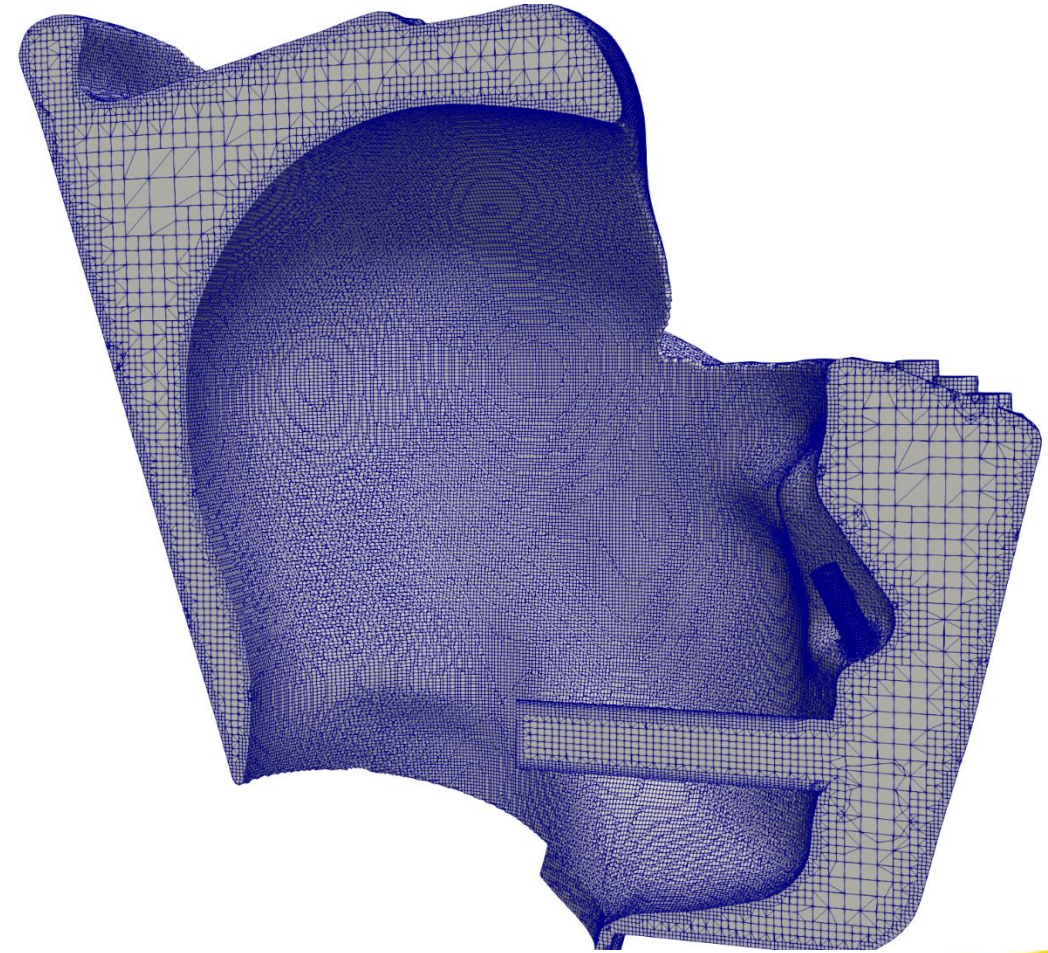
- Boundaries:
 - PAPR surface.
 - Headform surface.
 - Breathing tube.
 - Supplied-air inlet.
 - Loose-fitting outlet.



The CFD model of headform-PAPR.

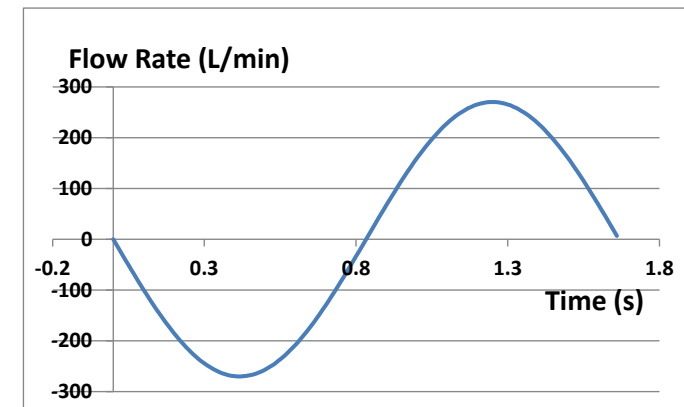
Spatial Discretization

- Used Snappyhexmesh provided by OpenFOAM software;
- Applied Adaptive mesh refinement at the wall, inlet, and outlet; and
- Divided into 913,653 hexahedral cells for the breathing zone.

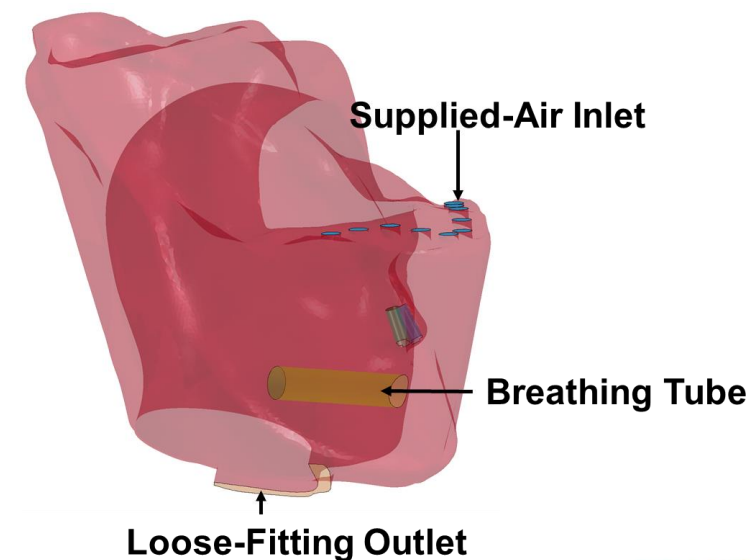


Simulation Setup

- Cyclic breathing
 - A time-dependent flow rate with a sine wave shape.
 - Pass through the venting hole of the breathing tube.
- Supplied-air
 - Constant flow rate with the direction inwards towards the PAPR breathing zone.
- Particles
 - Particle size $0.1\mu\text{m}$ and concentration $100,000/\text{cm}^3$.
 - Outside of the PAPR breathing zone.
- Assumption
 - Filter penetration would be negligible.



Profile of breathing flow rate



Simulation Conditions

- Light, moderate, and heavy breathing workloads (minute ventilations of 35, 55, and 85 L/min) *.
- Different PAPR supplied-air flow rates (85, 115, 145, 175, and 195 L/min).
- 15 total simulations (3 workloads × 5 flow rates).

* Anderson NJ, Casidy PE, Janssen LL, Dengel DR. (2006) Peak Inspiratory Flows of Adults Exercising at Light, Moderate and Heavy Work Loads. *Journal of the International Society for Respiratory Protection*; Vol. 23.

Manikin Protection Factors (mPF)

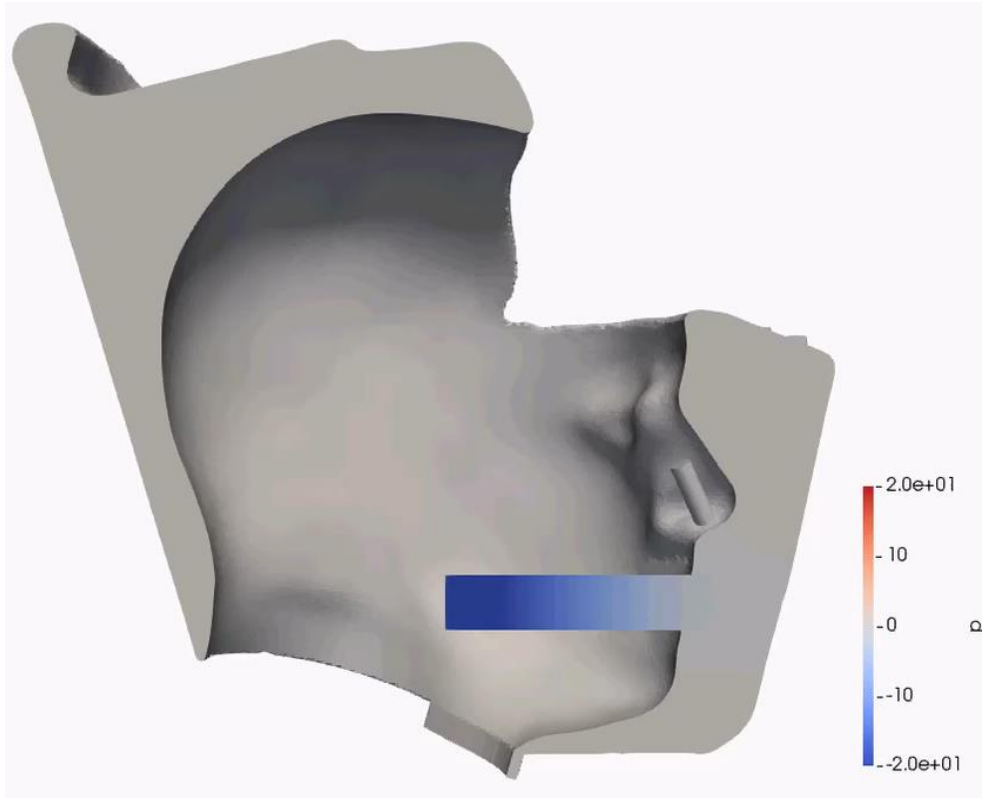
$$mPF = \frac{C_o}{C_i}$$

Where C_o was the challenge particle concentration outside the PAPR and C_i was the particle concentration inside the PAPR breathing zone.

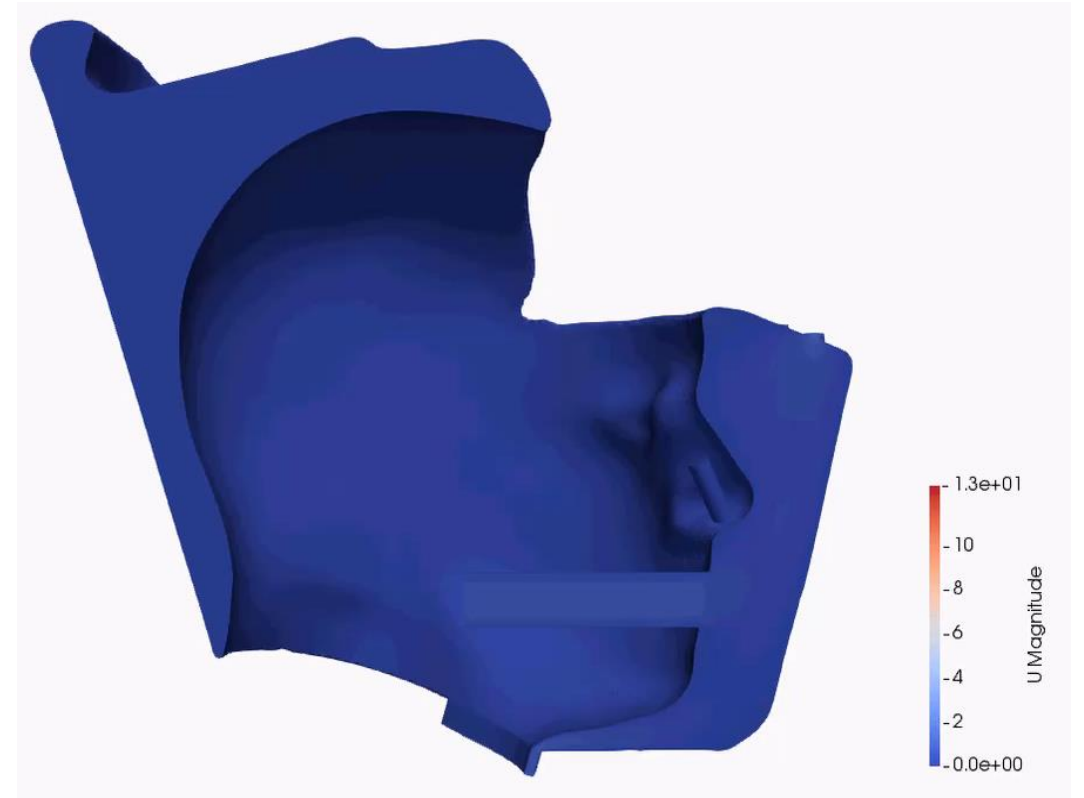
Results

[Click to play video](#)

Pressure Contour

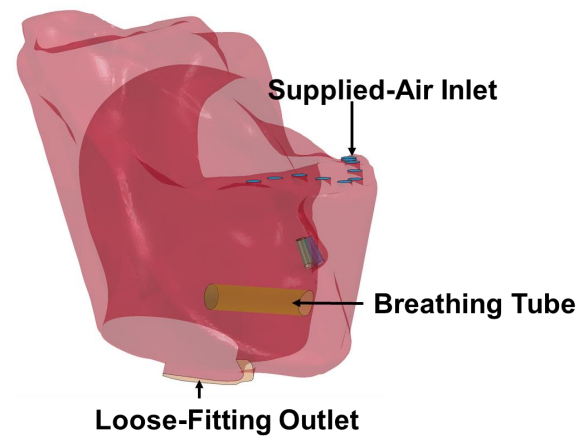


Velocity Contour



(Heavy workload and 85 L/min supplied-air flow rate)

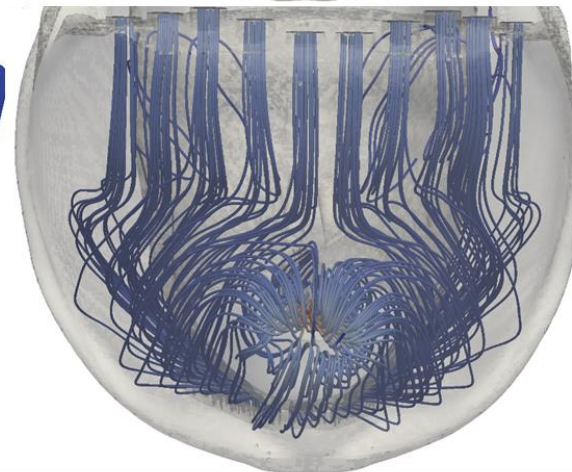
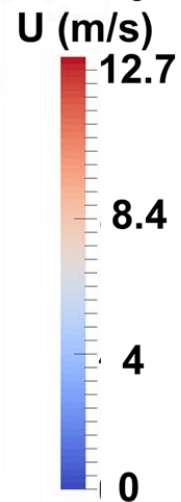
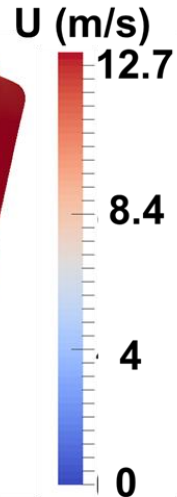
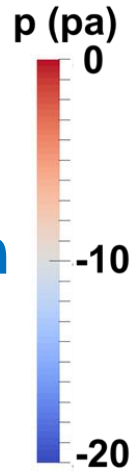
CFD Visualization



Pressure Contour

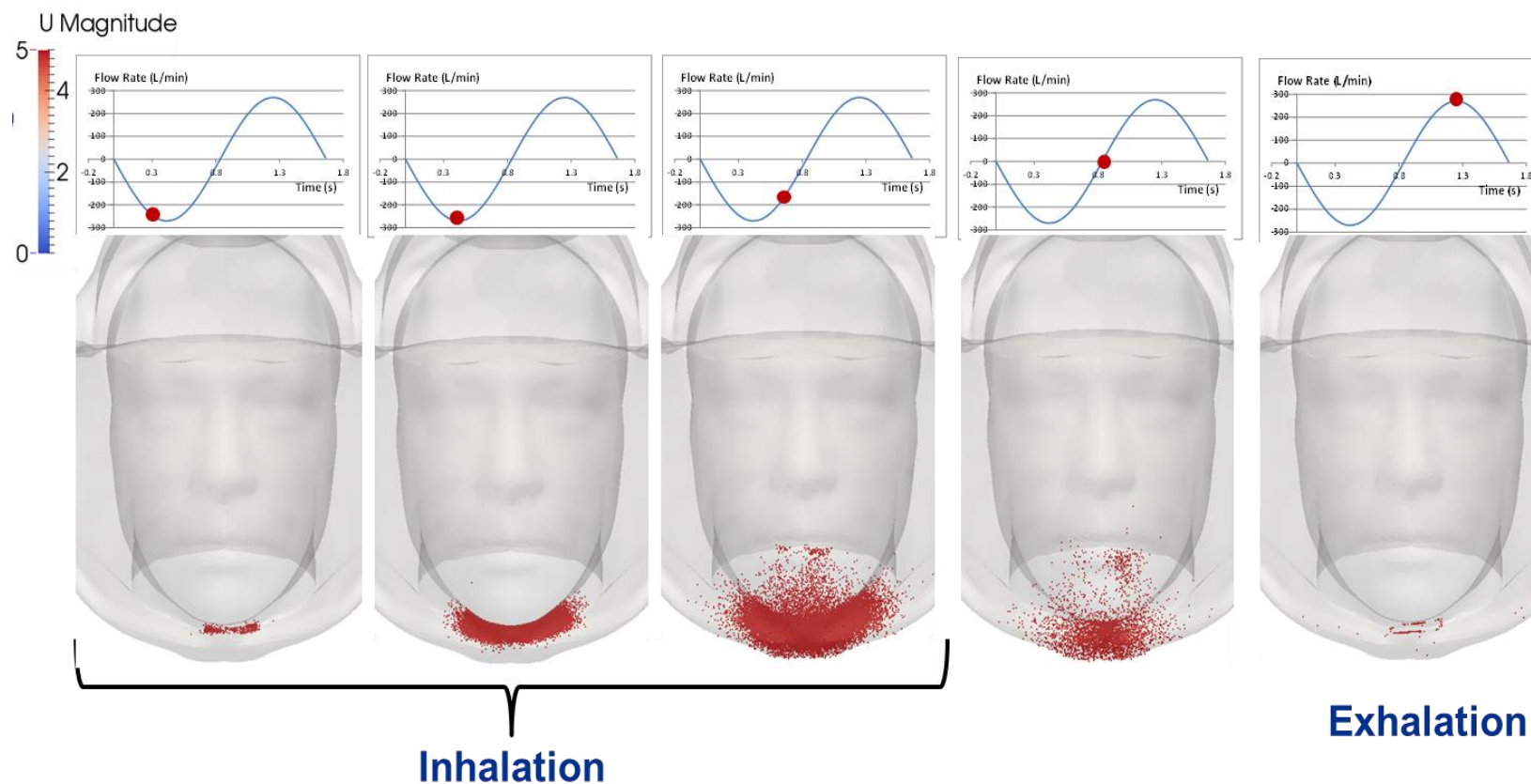
Velocity Contour

Air Streamlines



Visualization of flow fields at peak inhalation and exhalation (heavy workload and 85 L/min supplied-air flow rate).

Particle distribution



Particle distribution inside the PAPR inlet covering at different time instances of a breathing cycle (heavy workload and 85 L/min supplied-air flow rate).

Summary of Estimated mPFs

Breathing Workload	Supplied-Air Flow Rate				
	85 L/min	115 L/min	145 L/min	175 L/min	195 L/min
Light (35 L/min)	> 10,000	> 10,000	> 10,000	> 10,000	> 10,000
Moderate (55 L/min)	31.8	> 10,000	> 10,000	> 10,000	> 10,000
Heavy (85 L/min)	6.6	10.6	43.1	> 10,000	> 10,000

- The **smaller** estimated mPFs were found at **heavier** workloads and **lower** supplied-air flow rates.

Discussion

- The CFD method is capable of simulating:
 - Different breathing patterns;
 - Different supplied-air flows of PAPR; and
 - Aerosol particle dynamics.
- The simulation results will be validated by
 - Experiments; and
 - Direct numerical simulation (DNS) using immersed boundary method (IBM).



Experimental setting
Photo credit: NIOSH NPPTL

Next Steps:

- Include additional headforms and PAPRs;
- Explore the effects of particle sizes on leakage;
- Simulate heat stress inside PAPR; and
- Create Python program to help PAPR design.

Conclusions

- Computational methods have potential for assessing PAPR performance and improving PAPR design.
- The smaller estimated mPFs were found at heavier breathing workloads and lower supplied-air flow rates.

Acknowledgments

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- This research was supported in part by computational and storage resources managed by the Scientific Computing and Bioinformatics Support (SCBS) team, funded by the Office of Advanced Molecular Detection (OAMD) at the Centers for Disease Control and Prevention (CDC) in Atlanta, GA USA.

Quality Partnerships Enhance Worker Safety and Health

DISCLAIMER: The findings and conclusions in this report are those of the author(s) and do not necessarily represent the views of the National Institute for Occupational Safety and Health.

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Photos courtesy of NIOSH NPPTL

Questions?

Contact Information:

Zhipeng Lei, Ph.D.

Phone: 412-386-5212

Email: wrt3@cdc.gov

Evaluating a novel respirator seal integrity monitor for controlling inhalation exposure of firefighters

Bingbing Wu, Michael Yermakov, Jonathan Corey, Yan Liu, Sergey A. Grinshpun

Center for Health-Related Aerosol Studies
University of Cincinnati



Outline

- Background: Firefighter Exposure
- Concept: Real-time Respirator Seal Integrity Monitor (ReSIM)
- Methodology: Laboratory Evaluation
- Results
- Conclusions

Background

Respirator performance

N95, N99,
P100,...

Filter certification

Fit testing
(29 CFR 1910.134)



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Workplace usage

Fire overhaul



- High concentration of toxic particles from burning
 - Plastics
 - Roofing
 - Household chemicals
- Exposure associated with adverse health outcomes
- Elastomeric respirators instead of SCBA for overhaul

Combustion particles

- Combustion particles (Baxter et al., 2010)
 - Ultrafine ($< 0.1 \mu\text{m}$): $> 70\%$ by count
 - Submicron ($< 1 \mu\text{m}$): $> 99\%$
- Large particles ($\geq 0.5 \mu\text{m}$) are present in these environments at low, but measureable, concentration levels

Particle penetration into a respirator

- $P_{\text{Leakage}} \gg P_{\text{Filter}}$
 - Half-mask equipped with two P-100 filters challenged with combustion particles (He et al., 2013)



Partially sealed	Fully sealed
$P_{\text{Leakage}} + P_{\text{Filter}} = 6 - 8 \%$	$P_{\text{Filter}} = 0.001 - 0.011 \%$

Concept

Concept

- A new sensor should be able to measure aerosol inside respirator
- It should be capable of detecting relatively **large particles ($\geq 0.5 \mu\text{m}$)**
- Penetration of these large particles indicates a performance failure (the respirator seal integrity is compromised)

Respirator Seal Integrity Monitor (ReSIM) prototype

- Particle detection
 - PPD60PV-T2 (Shinyei, Kobe, Japan) Particle Sensor Unit
 - Utilizes the light scattering method
 - Detects particles sizes $\gtrsim 0.5 \mu\text{m}$
 - Low particle concentration detection threshold
 - Inexpensive
- Data acquisition and recording module
- Pump, battery and circuitry

Objective

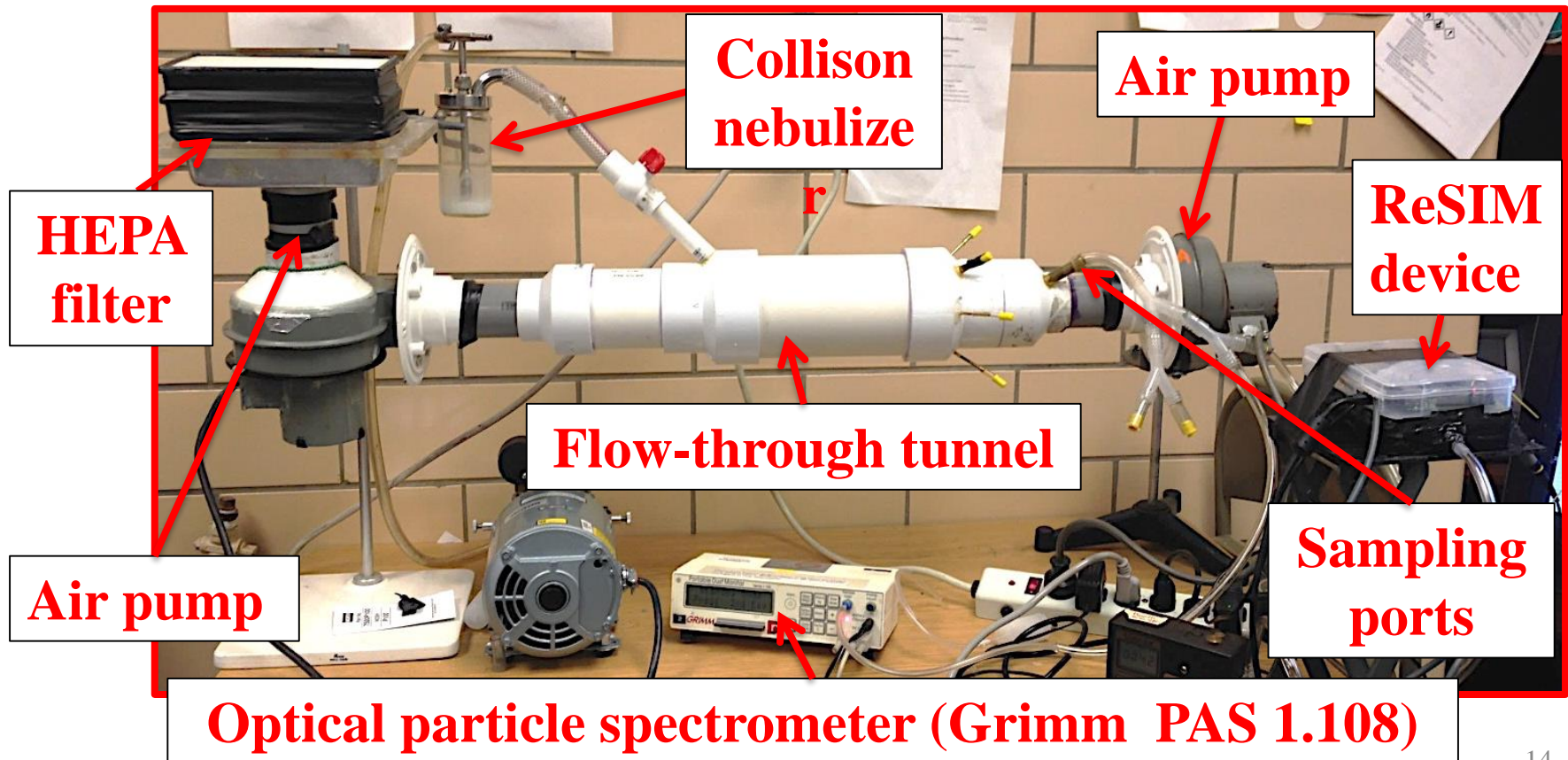
To evaluate the newly-developed ReSIM that can rapidly detect the respirator performance failure in real time and alert the wearer

Methodology

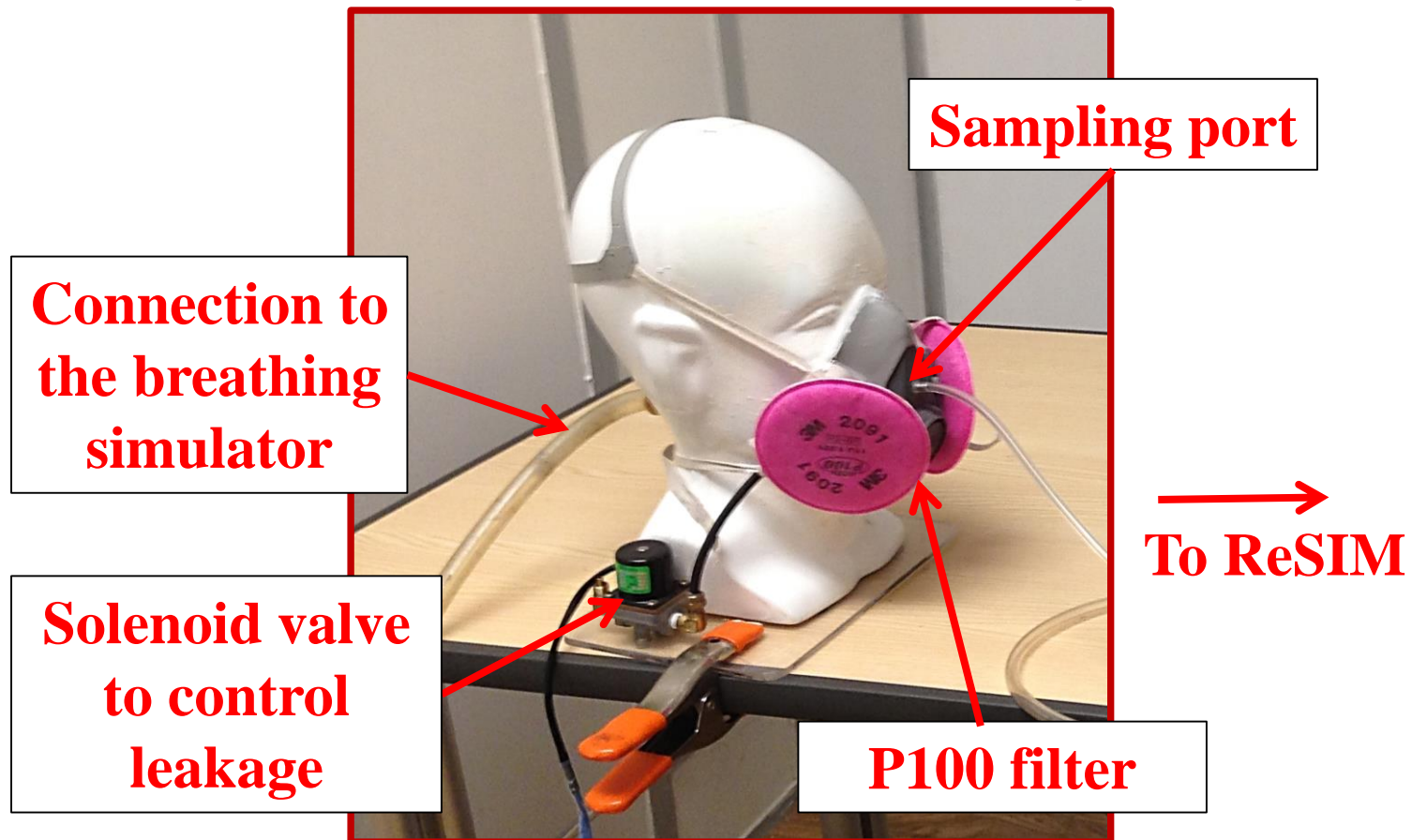
Laboratory evaluation of ReSIM

- Sensitivity and accuracy
 - Calibration against a reference optical particle spectrometer (flow-through set-up)
- Capability to detect respirator failure
 - Testing the capability of ReSIM to detect a face seal leakage (manikin-based set-up)

Experimental set-up: flow-through design



Experimental set-up: manikin-based design



Experimental design (leak detection)

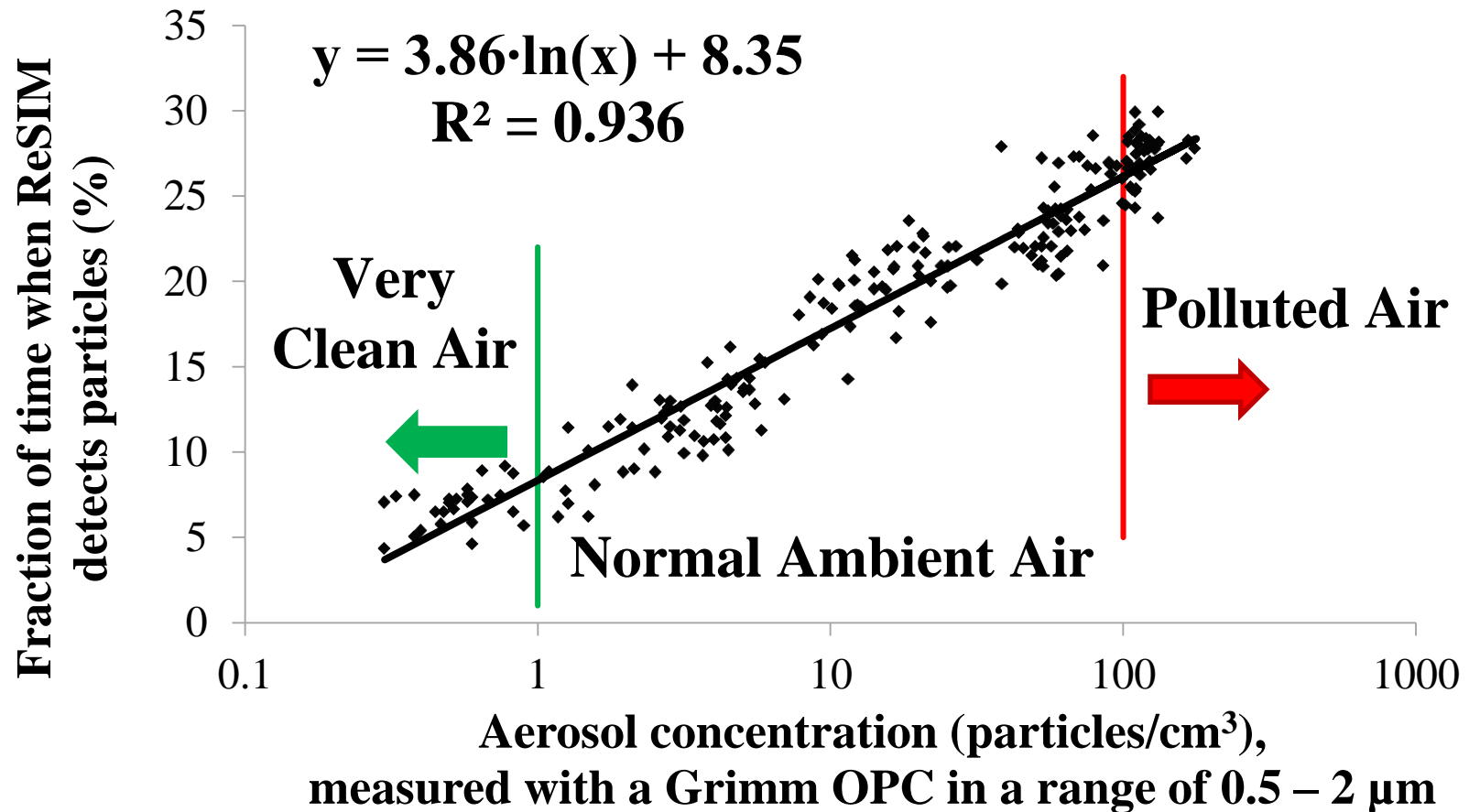
- Test chamber (24.3 m³)
- Challenge aerosols
 - Combustion
 - NaCl
- Respirator seal failure simulation
 - An orifice (dia = 5 mm) in the faceseal to simulate a leak
 - Controlled by a solenoid valve (leak vs. fully sealed mask)
 - Leak openings for 5 s, 10 s, 15 s, and 20 s
- Respirator tested under cyclic breathing conditions
 - Mean inspiratory flow (MIF) rate = 30, 60 and 85 L/min

Results

Data processing of ReSIM

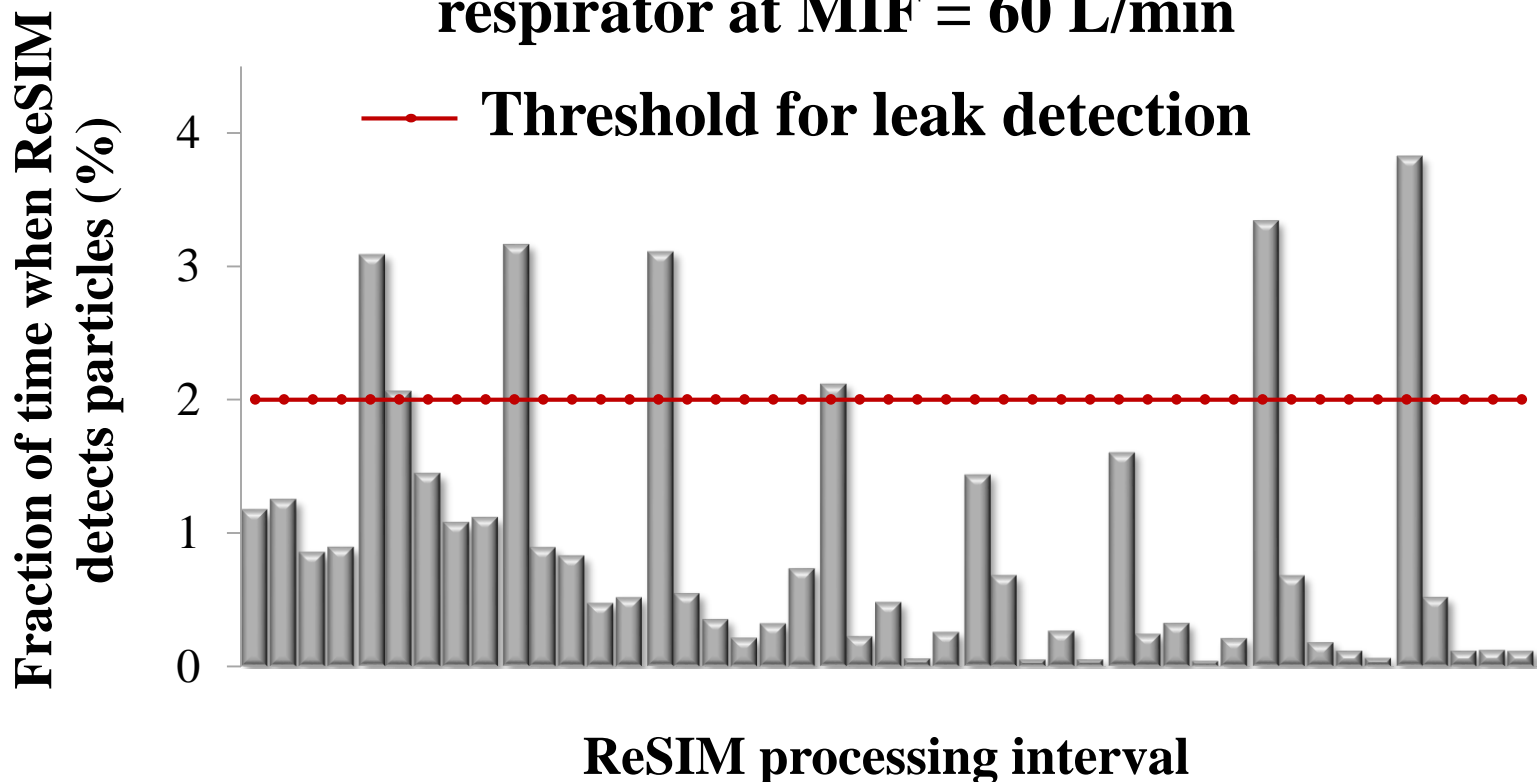
- ReSIM outputs
 - Fraction of time (%) during which ReSIM detects particles
 - Output is recorded at 30-s intervals
- 3-step leak detection algorithm
 - Background level (non-leak): concentration inside a fully sealed operating respirator
 - Threshold: based on the rolling average of previous 5 consecutive intervals with no leaks created
 - Leak: aerosol concentration $>$ threshold

ReSIM calibration against a Grimm OPC with NaCl aerosol



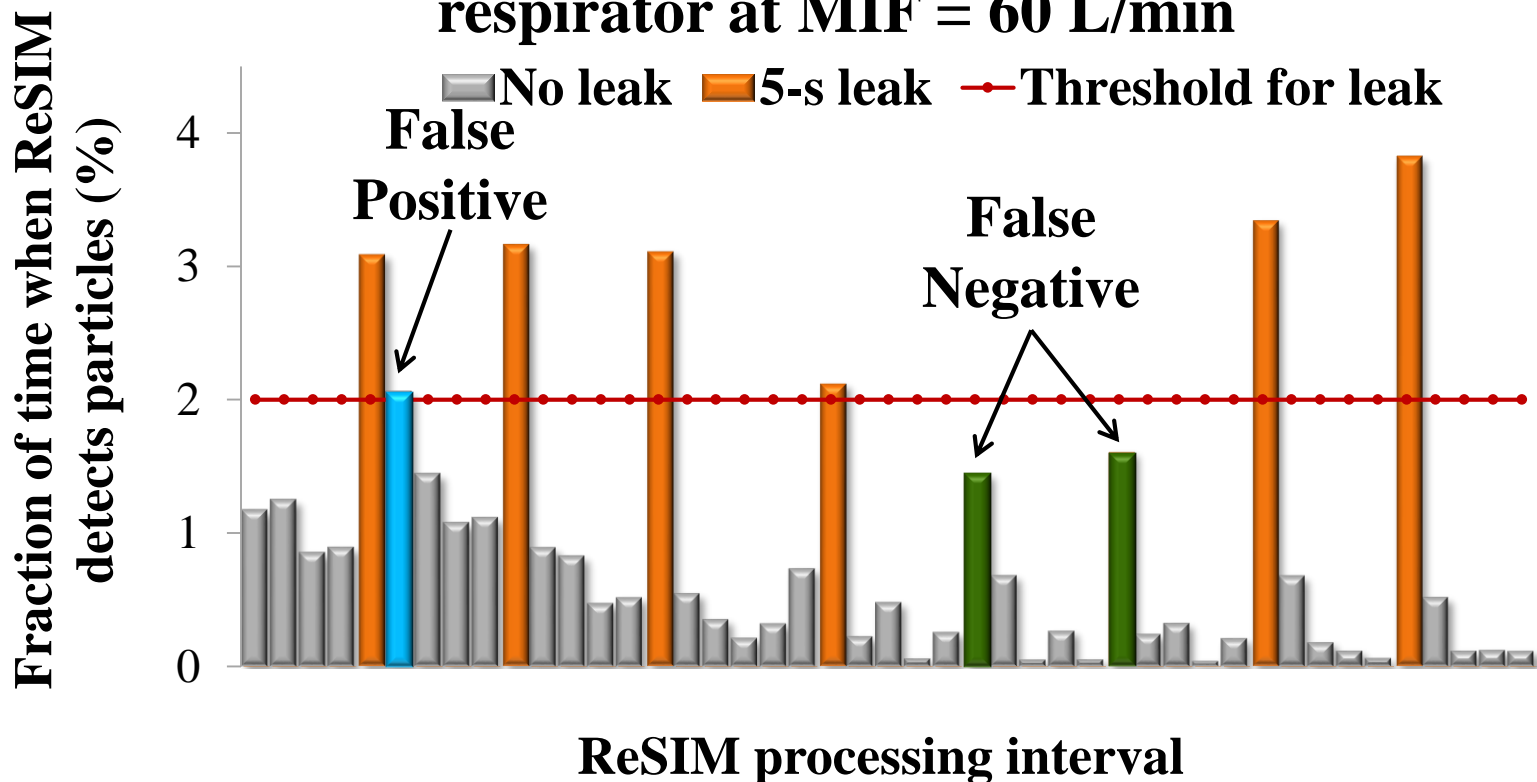
Leak detection (combustion aerosol)

ReSIM measurements inside of the operating respirator at MIF = 60 L/min

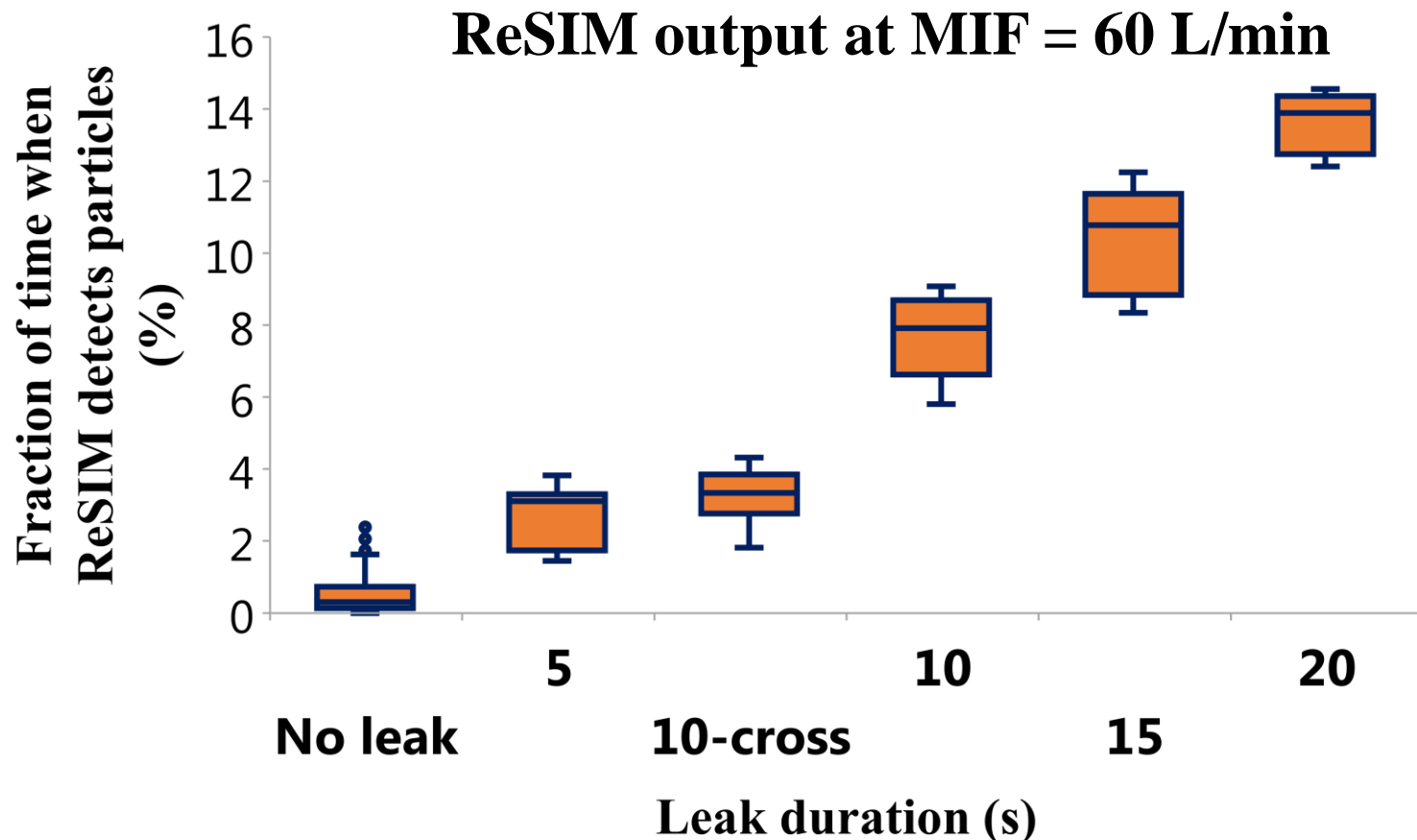


Leak detection (combustion aerosol)

ReSIM measurements inside of the operating respirator at MIF = 60 L/min



Leak detection (combustion aerosol)

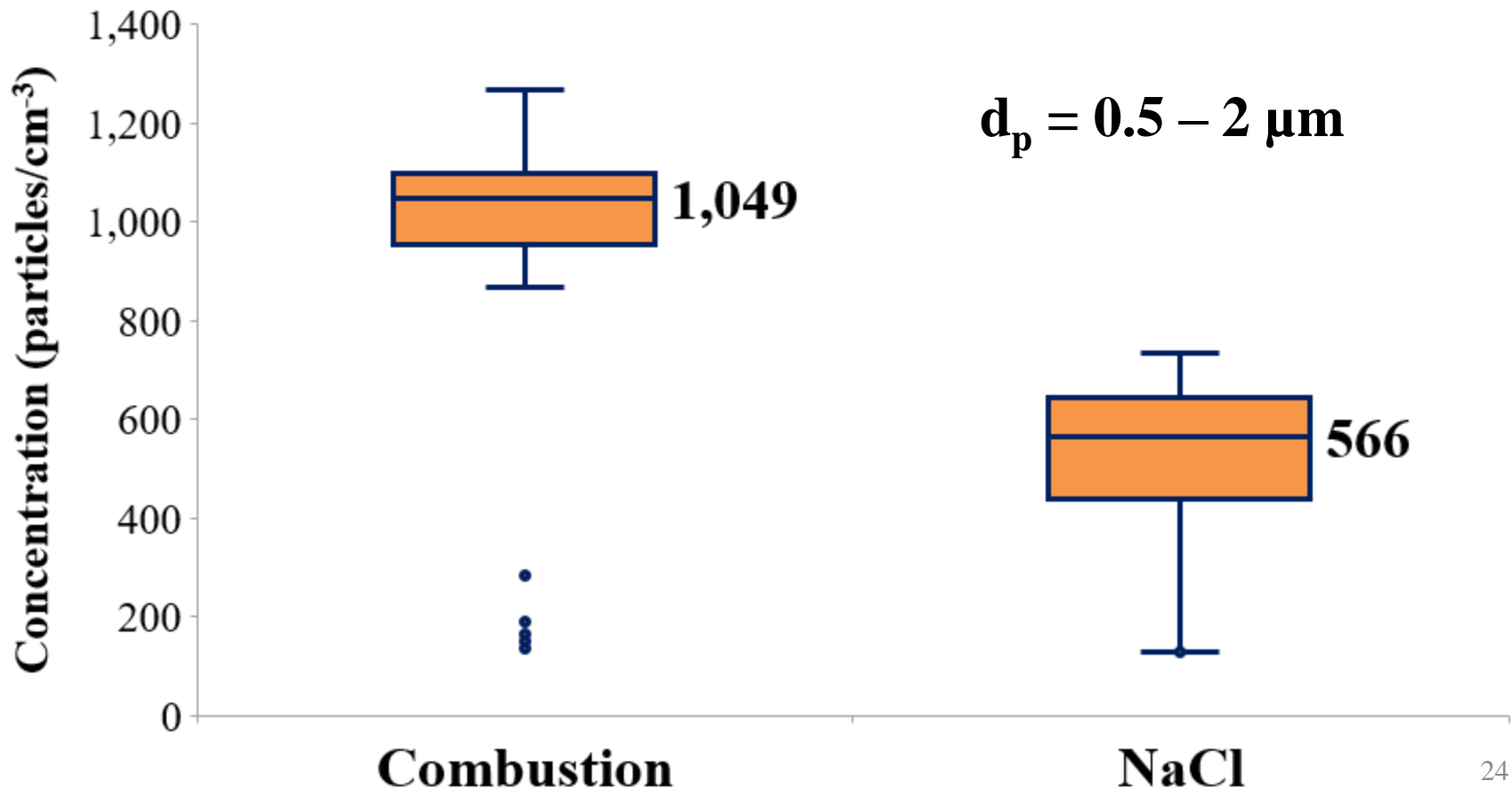


10-cross: a 10-s leak intentionally timed to split the leak time across two ReSIM processing intervals.

Leak detection vs. false negatives (combustion aerosol)

Flow rate MIF (L/min)	Leak duration (s)	Number of intervals with		True leaks correctly identified
		true leaks	false negatives	
30	5	11	0	100%
	10-cross	14	0	100%
	10	8	0	100%
	15	6	0	100%
	20	6	0	100%
60	5	8	2	75%
	10	6	0	100%
	15	6	0	100%
	20	6	0	100%
85	5	9	0	100%
	10-cross	14	0	100%
	10	8	0	100%
	15	6	0	100%
	20	6	0	100%
All Tests	Overall	126	2	98.4%

Particle concentration measured with a Grimm OPC in the test chamber



Leak detection vs. false negatives (NaCl aerosol)

Flow rate MIF (L/min)	Leak duration (s)	Number of intervals with		True leaks correctly identified
		true leaks	false negatives	
30	5	8	0	100%
	10-cross	14	0	100%
	10	8	0	100%
	15	5	0	100%
	20	6	0	100%
60	5	9	9	0%
	10-cross	12	8	33.3%
85	5	8	8	0%
	10-cross	12	10	16.7%
All Tests	Overall	124	35	71.8%

Leak detection vs. false positives

Particle type	Flow rate MIF (L/min)	Number of intervals with				Correctly identified
		no leak	false positives			
Combustion	30	200	6			97.0%
	60	124	5			96.0%
	85	187	5			97.3%
	All Tests	511	16			96.9%
NaCl	30	183	14			92.3%
	60	142	1			99.3%
	85	196	1			99.5%
	All tests	521	16			96.9%

Leak detection vs. false positives

Particle type	Flow rate MIF (L/min)	Number of intervals with				Adjusted correctly identified
		no leak	false positives	persistent false positives	adjusted false positives	
Combustion	30	200	6	6	0	100%
	60	124	5	5	0	100%
	85	187	5	4	1	99.5%
	All Tests	511	16	15	1	99.8%
NaCl	30	183	14	14	0	100%
	60	142	1	1	0	100%
	85	196	1	0	1	99.5%
	All tests	521	16	15	1	99.8%

Conclusions

- High sensitivity and specificity
- Capable of rapidly detecting respirator performance failure in real time and enact alarm for a firefighter
- With modifications, can be applied to other particulate filter respirators

Future field study

- Evaluation with firefighters engaged in routine operational activities (fire overhaul)
- Inspiratory flow rate measurement
- Performance evaluation of ReSIM installed in respirators of different types

Acknowledgement

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 - Dr. Sergey A. Grinshpun
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Thank you!

QUESTIONS

BINGBING WU

513-302-9510

WUBI@MAIL.UC.EDU

A Test for Liquid Penetration through Protective Fabric

2017 Expanding Research Partnerships:
State of the Science Conference

June 22, 2017

Lee Portnoff, Health Scientist

National Institute for Occupational Safety and Health (NIOSH)
National Personal Protective Technology Laboratory (NPPTL)



Courtesy of NIOSH/ NPPTL

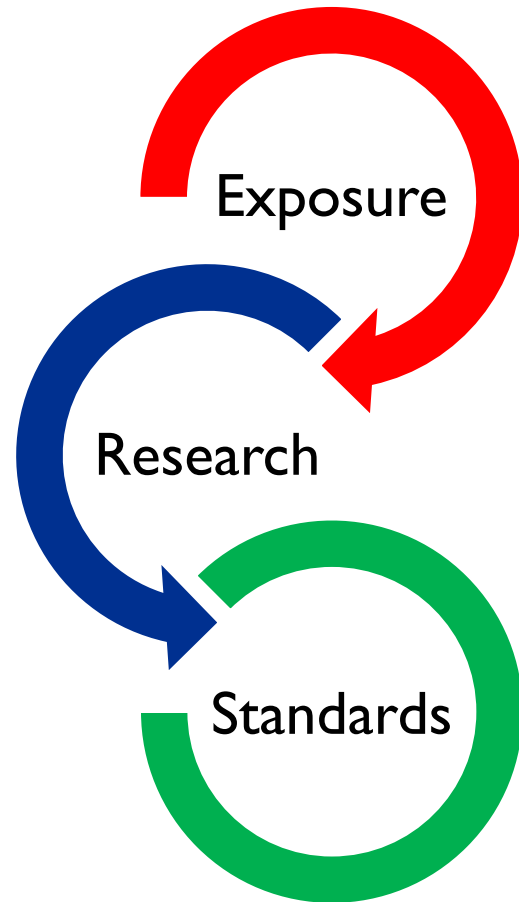
National Personal Protective Technology Laboratory (NPPTL) Research Branch (Pittsburgh, PA)

NPPTL prevents work-related injury, illness and death by **advancing the knowledge and application** of personal protective technologies (PPT).



Courtesy of MSA and CDC PHIL

Improving Standard Test Methods



Personal Protective Equipment (PPE)

- Eye Protection
- Respiratory Protection
- Protective Clothing
- Gloves
- Foot Coverings



Courtesy of CDC PHIL



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A manufacturer may ask

What quality of garment is needed?



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A consumer may ask

Will virus pass through my garment?

For the most protective garment (Level 4),
A failure rate of one in 25 is acceptable

4% Acceptable Quality Level (AQL)



Courtesy of CDC PHIL

An agency may ask



Do state, county, city, and hospital stockpiles provide viral protection?



Courtesy of CDC PHIL

Standard Tests to Evaluate Protective Clothing

	Test	Criteria	Est.
Level 1	AATCC 42	≤ 4.5 g	1945
Level 2	AATCC 42	≤ 1.0 g	
	AATCC 127	≤ 20 cm	1968
Level 3	AATCC 42	≤ 1.0 g	
	AATCC 127	≤ 50 cm	
Level 4	ASTM F1671	PASS	1997



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Standard	Description
<u>AATCC 42</u>	Water Resistance: Impact Penetration Test
<u>AATCC 127</u>	Water Resistance: Hydrostatic Pressure Test
<u>ASTM F1670</u>	Standard Test Method for Resistance of Materials Used in Protective Clothing to Penetration by Synthetic Blood
<u>ASTM F1671</u>	Standard Test Method for Resistance of Materials Used in Protective Clothing to Penetration by Bloodborne Pathogens Phi-X174 Bacteriophage Penetration as a Test System
<u>ANSI/AAMI PB70</u>	Liquid barrier performance and classification of protective apparel and drapes intended for use in healthcare facilities
<u>ASTM F903</u>	Standard Test Method for Resistance of Materials Used in Protective Clothing to Penetration by Liquids
<u>ASTM F1819</u>	Standard Test Method for Resistance of Materials Used in Protective Clothing to Penetration by Synthetic Blood Using a Mechanical Pressure Technique
<u>ISO 16603</u>	Clothing for Protection Against Contact with Blood and Body Fluids—Determination of the Resistance of Protective Clothing Materials to Penetration by Blood and Body Fluids — Test Methods Using Synthetic Blood
<u>ISO 16604</u>	Clothing for Protection Against Contact with Blood and Body Fluids—Determination of the Resistance of Protective Clothing Materials to Penetration by Bloodborne Pathogens — Test methods using Phi X-174 Bacteriophage
<u>NFPA 1999</u>	Standard on Protective Clothing for Emergency Medical Operations

<http://www.cdc.gov/niosh/npptl/topics/protectiveclothing/default.html>



Standard Test Method for Resistance of Materials Used in Protective Clothing to Penetration by Blood-Borne Pathogens Using Phi-X174 Bacteriophage Penetration as a Test System¹

This standard is issued under the fixed designation F1671/F1671M; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ϵ) indicates an editorial change since the last revision or reapproval.

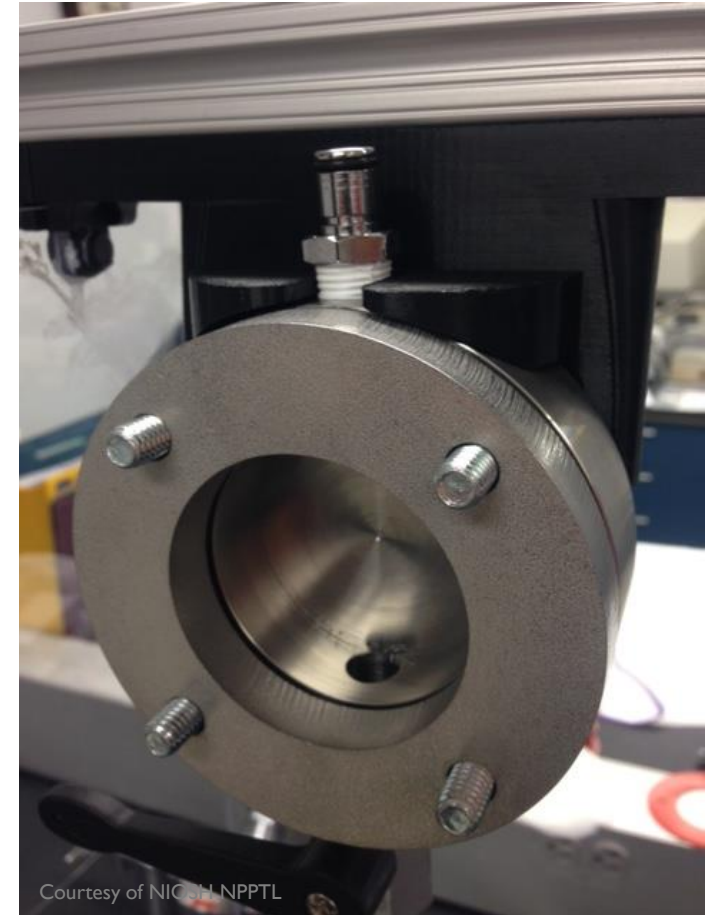
INTRODUCTION

Workers, primarily those in the health care profession, involved in treating and caring for individuals injured or sick, can be exposed to biological liquids capable of transmitting disease. These diseases, which may be caused by a variety of microorganisms, can pose significant risks to life and health. This is especially true of blood-borne viruses which cause Hepatitis (Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV)) and Acquired Immune Deficiency Syndrome (AIDS) (Human Immunodeficiency Virus (HIV)). Since engineering controls can not eliminate all possible exposures, attention is placed on reducing the potential of direct skin contact through the use of protective clothing that resists penetration (29 CFR Part 1910.1030). This test method was developed to assess the effectiveness of materials used in protective clothing for protecting the wearer against contact with blood-borne pathogens using a surrogate microbe suspended in a body fluid simulant under conditions of continuous contact.

1. Scope

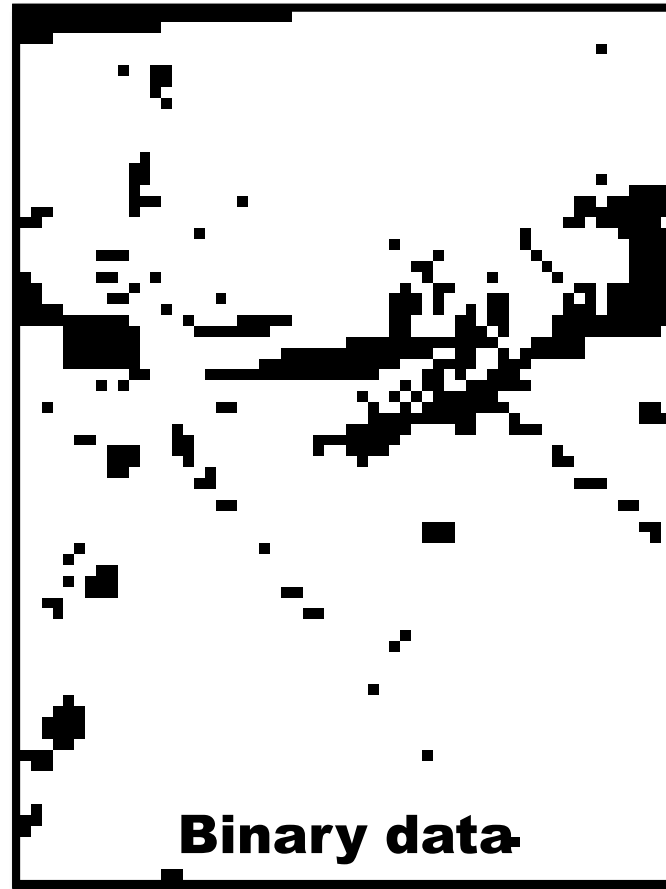
1.1 This test method is used to measure the resistance of materials used in protective clothing to penetration by blood-borne pathogens using a surrogate microbe under conditions of

1.4 This test method addresses only the performance of materials or certain material constructions (for example, seams) used in protective clothing and determined to be viral resistant. This test method does not address the design, overall



Courtesy of NICHL/NPPTL

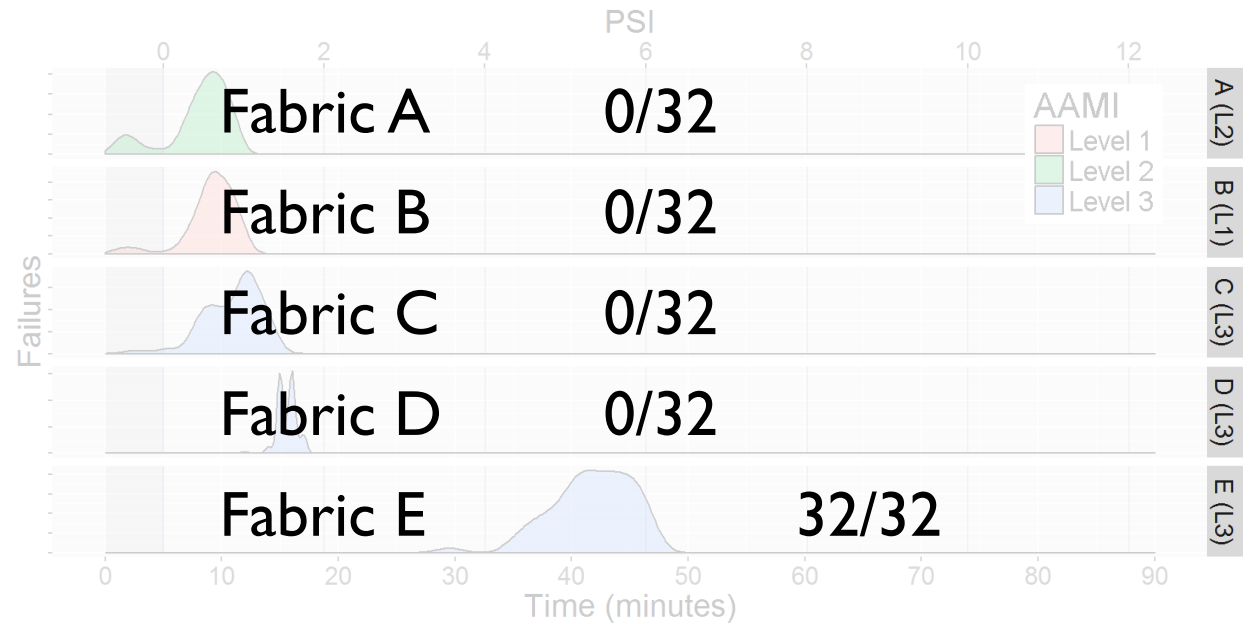
Non-parametric vs. parametric data



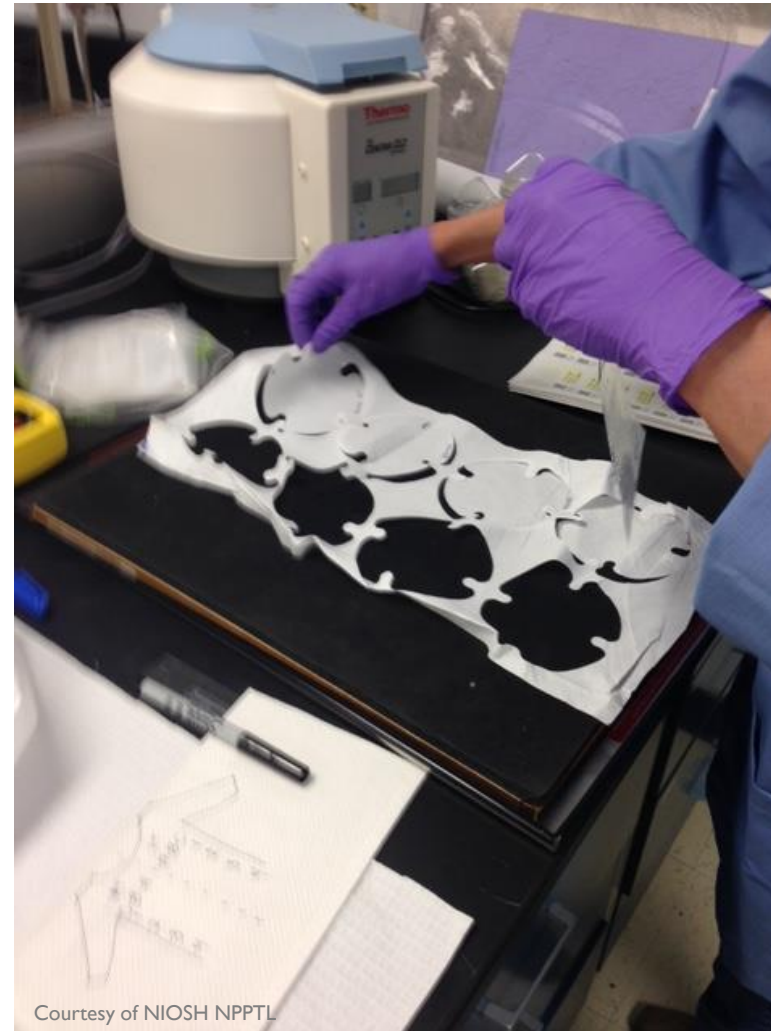
Courtesy of NIOSH NPPTL

ASTM F1671

Costs **\$12,800** for 160 tests



Consider the location of the fabric swatch



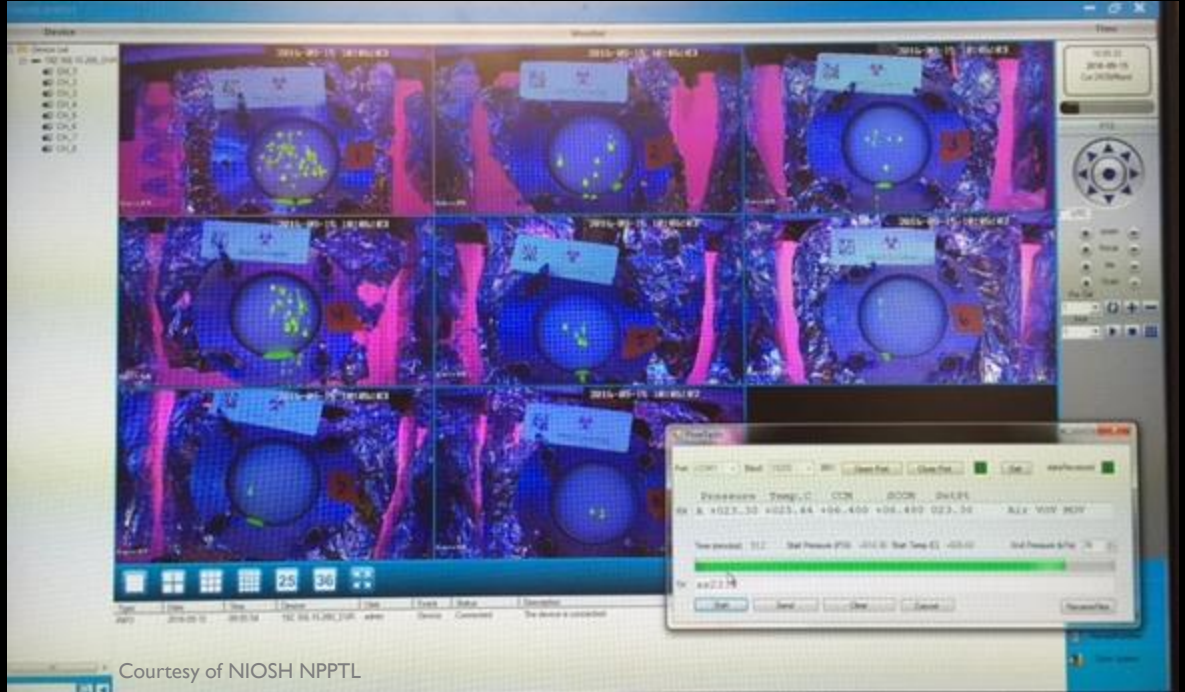
Hydrostatic Test (Video)

Increasing Hydrostatic Pressure
(1 kPa/minute)

Courtesy of NIOSH NPPTL



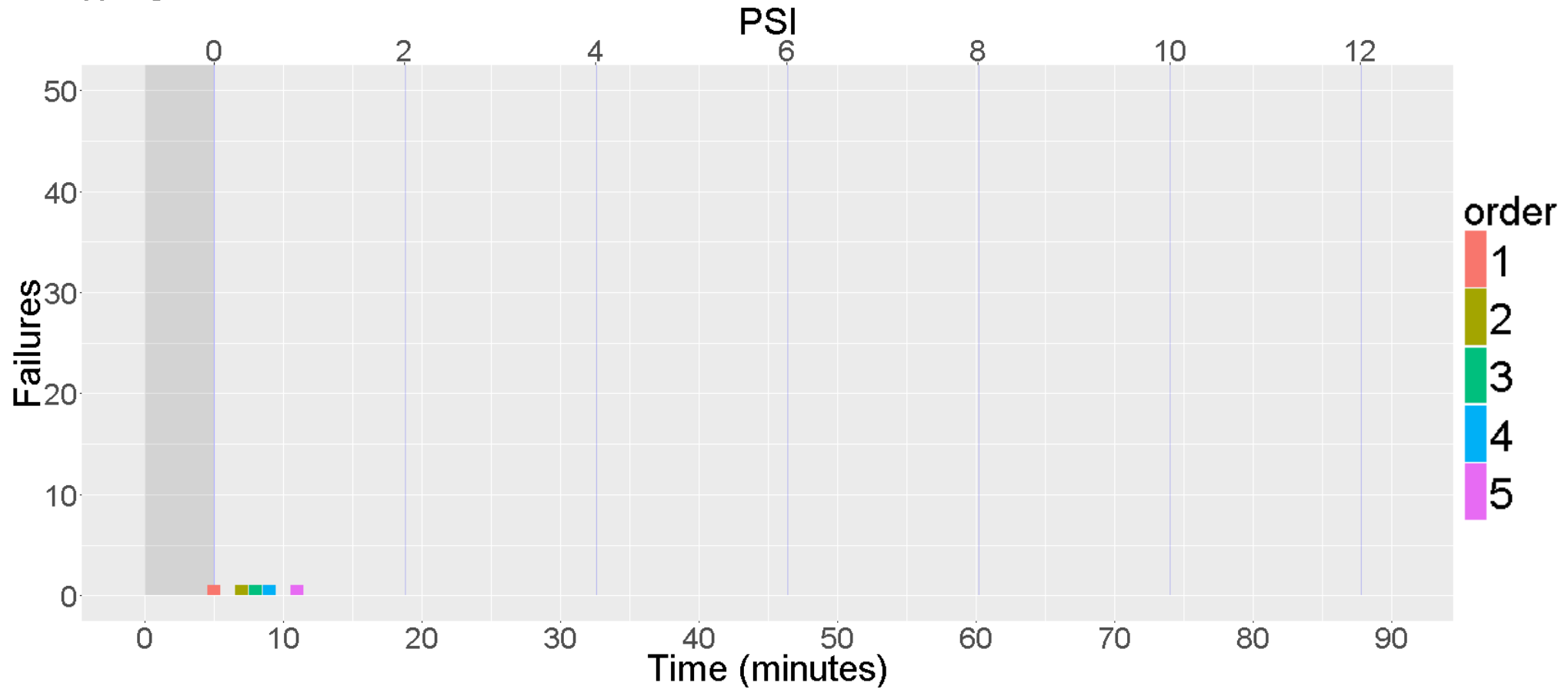
Courtesy of NIOSH NPPTL



Courtesy of NIOSH NPPTL

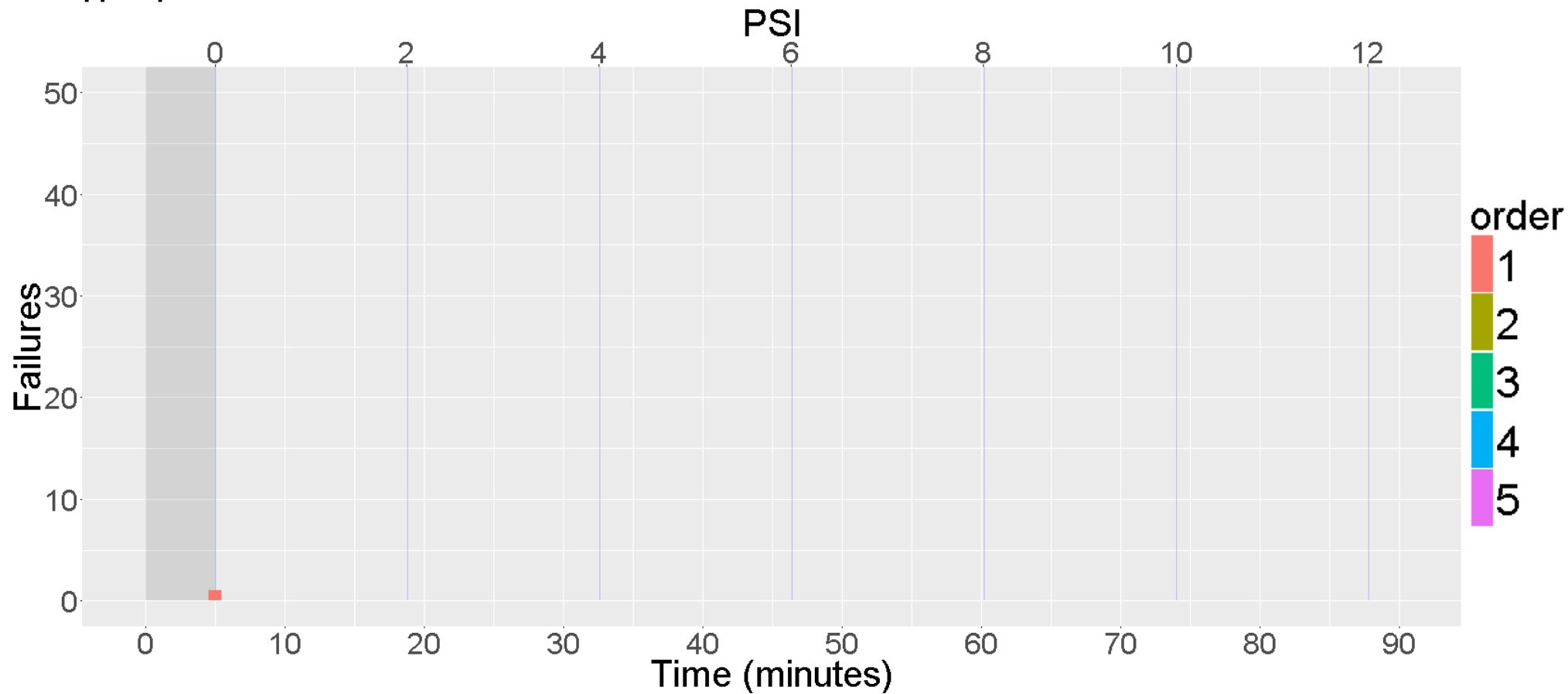


n= 5



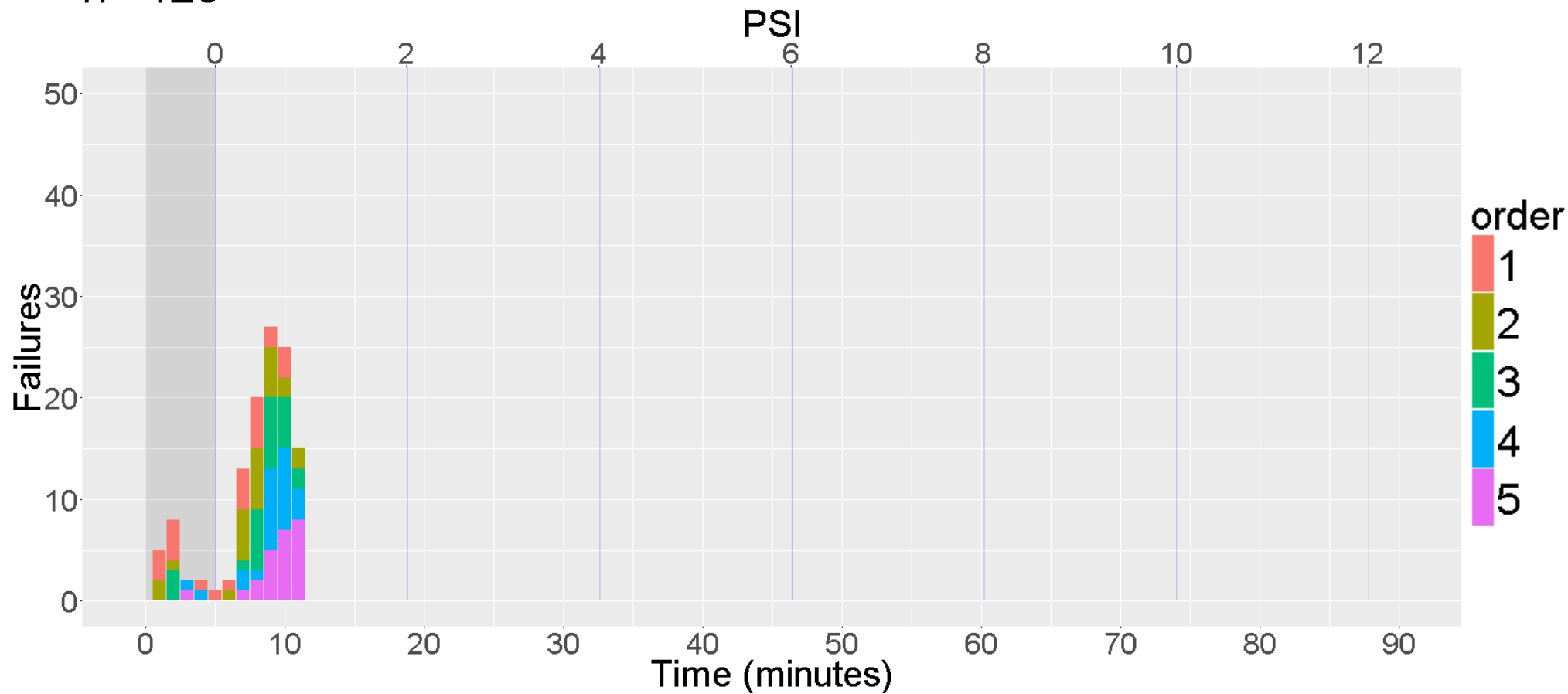


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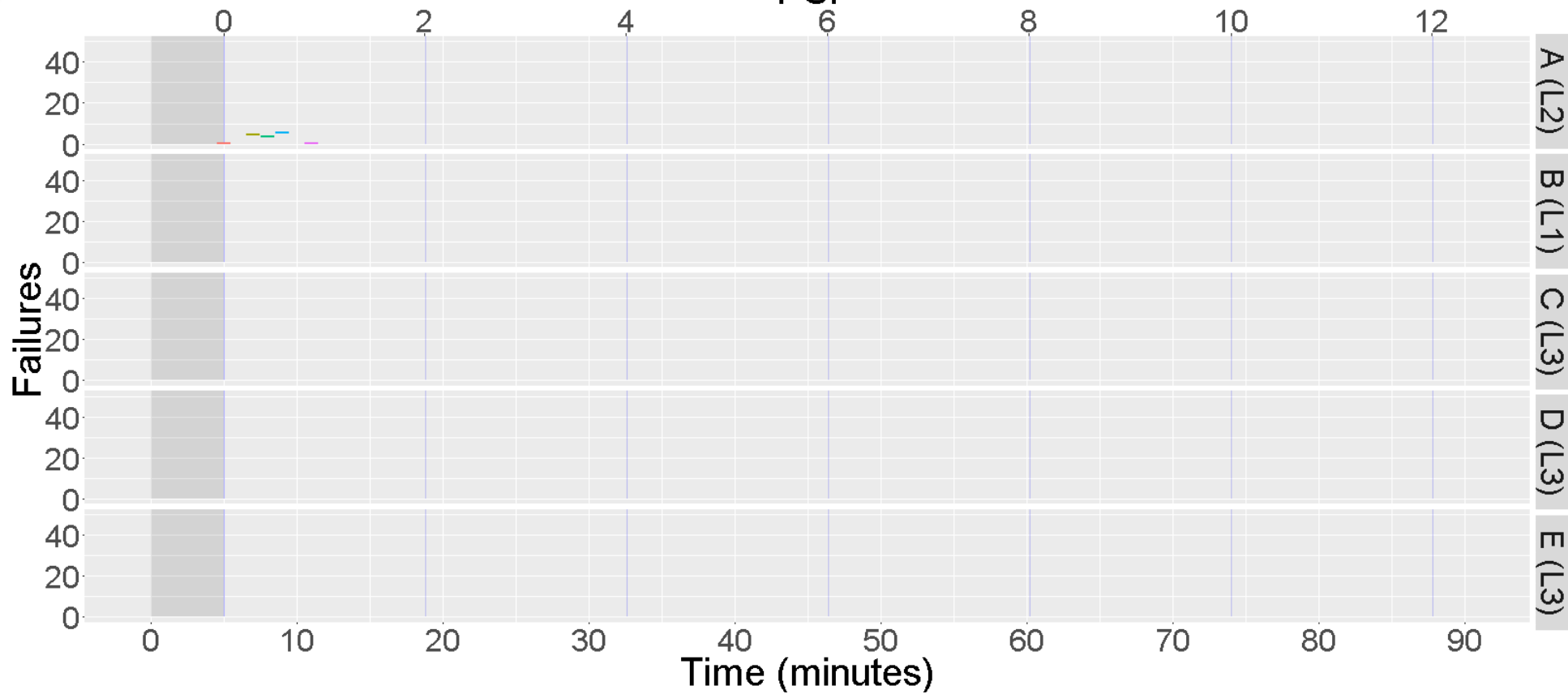
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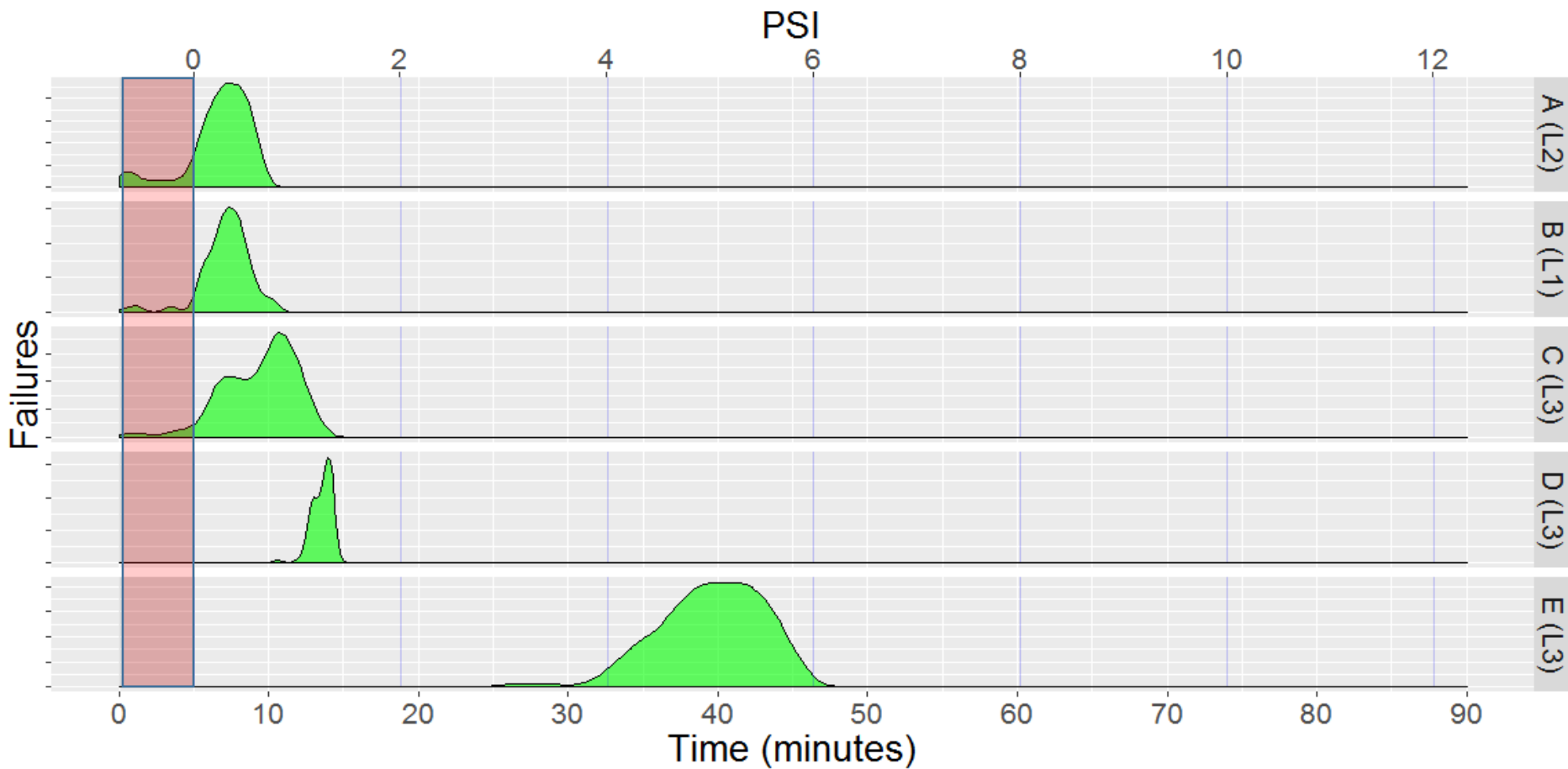
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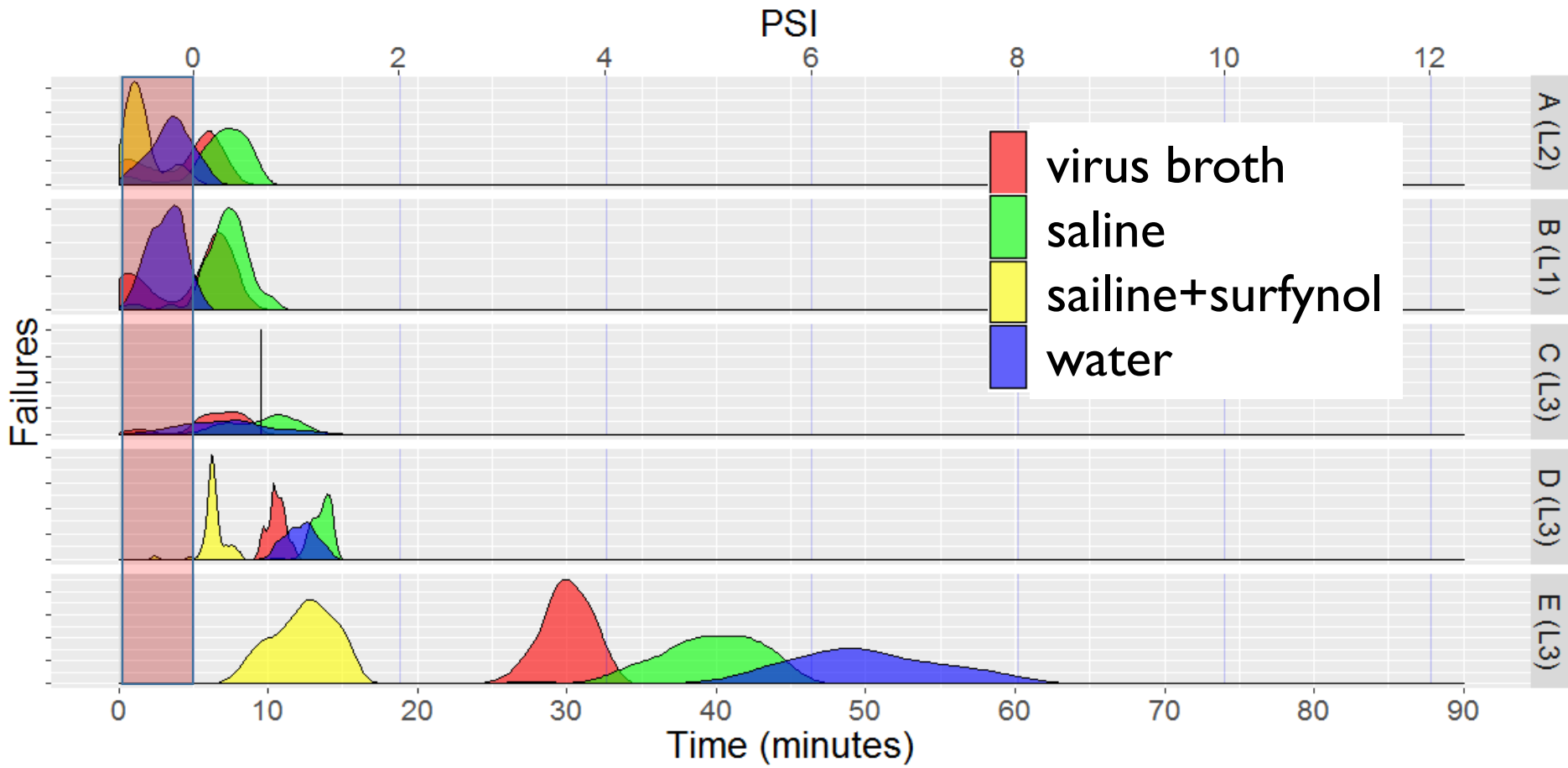
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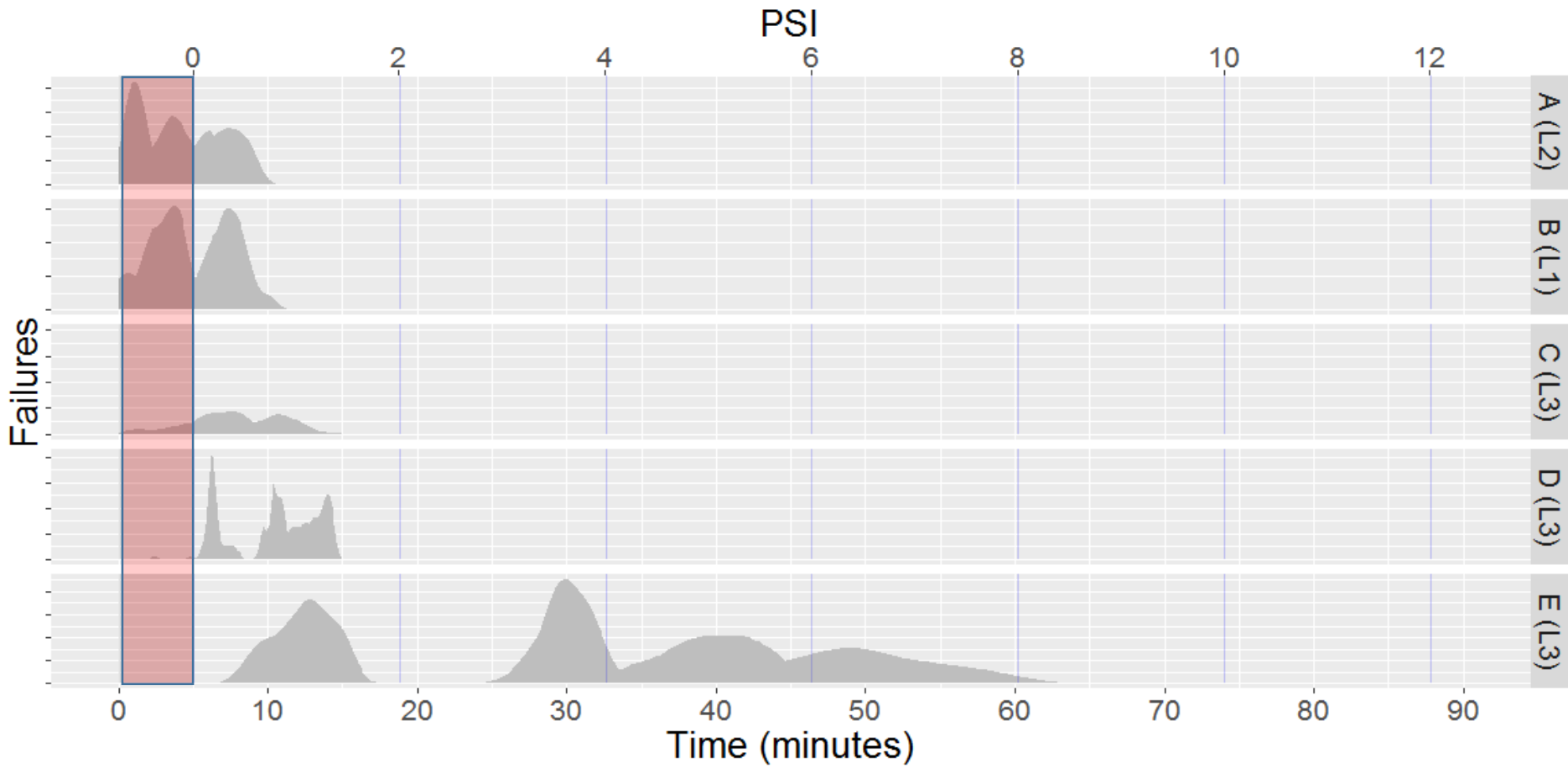


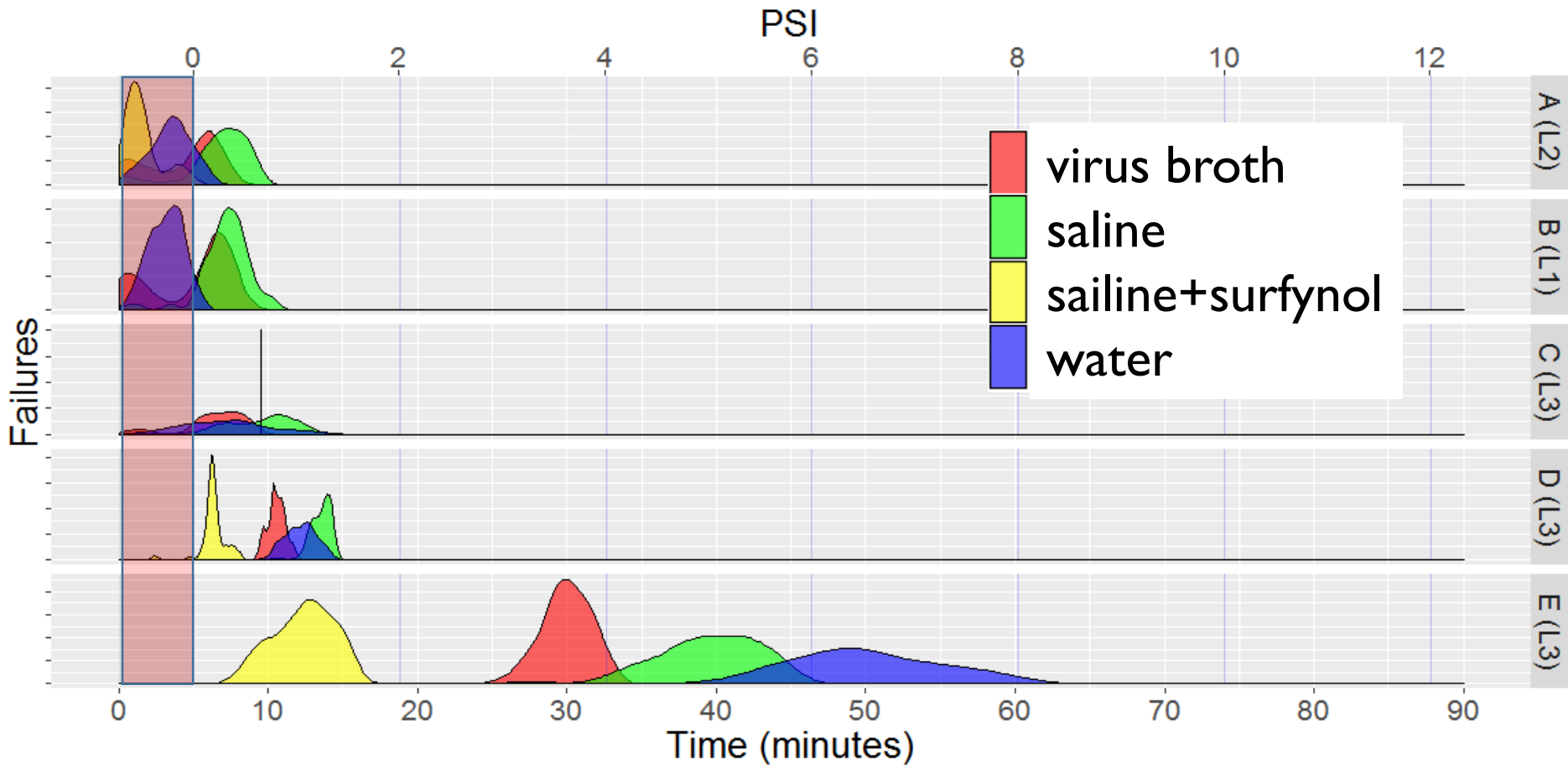


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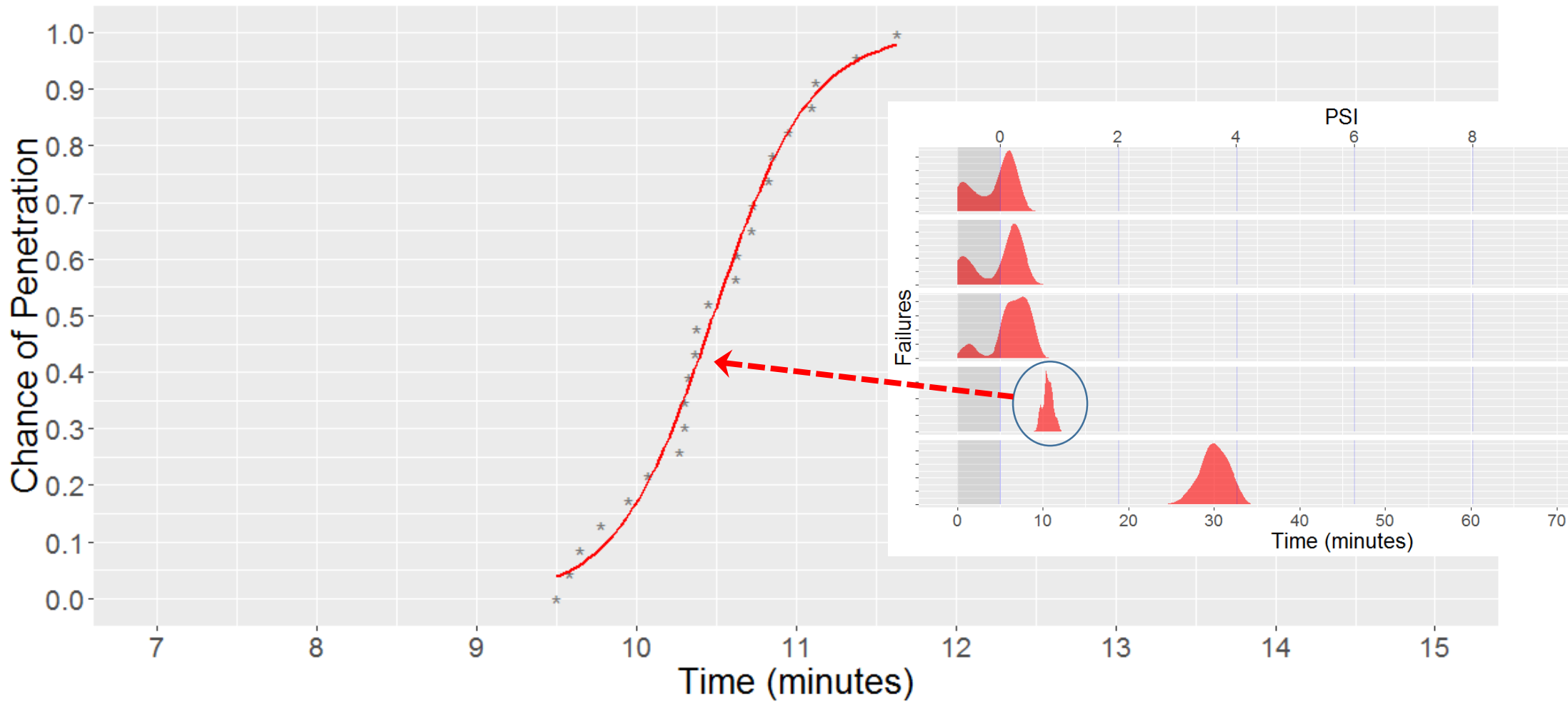




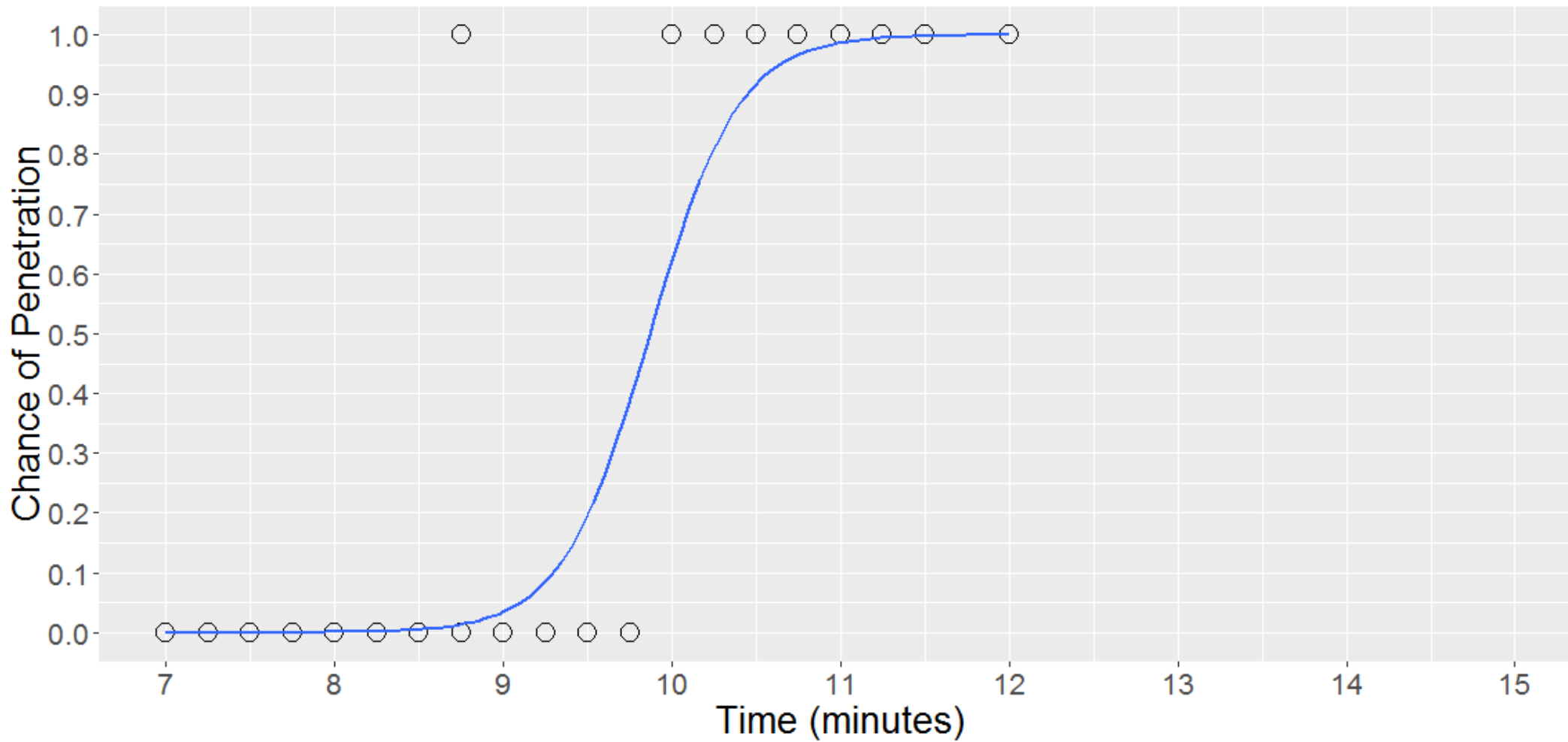




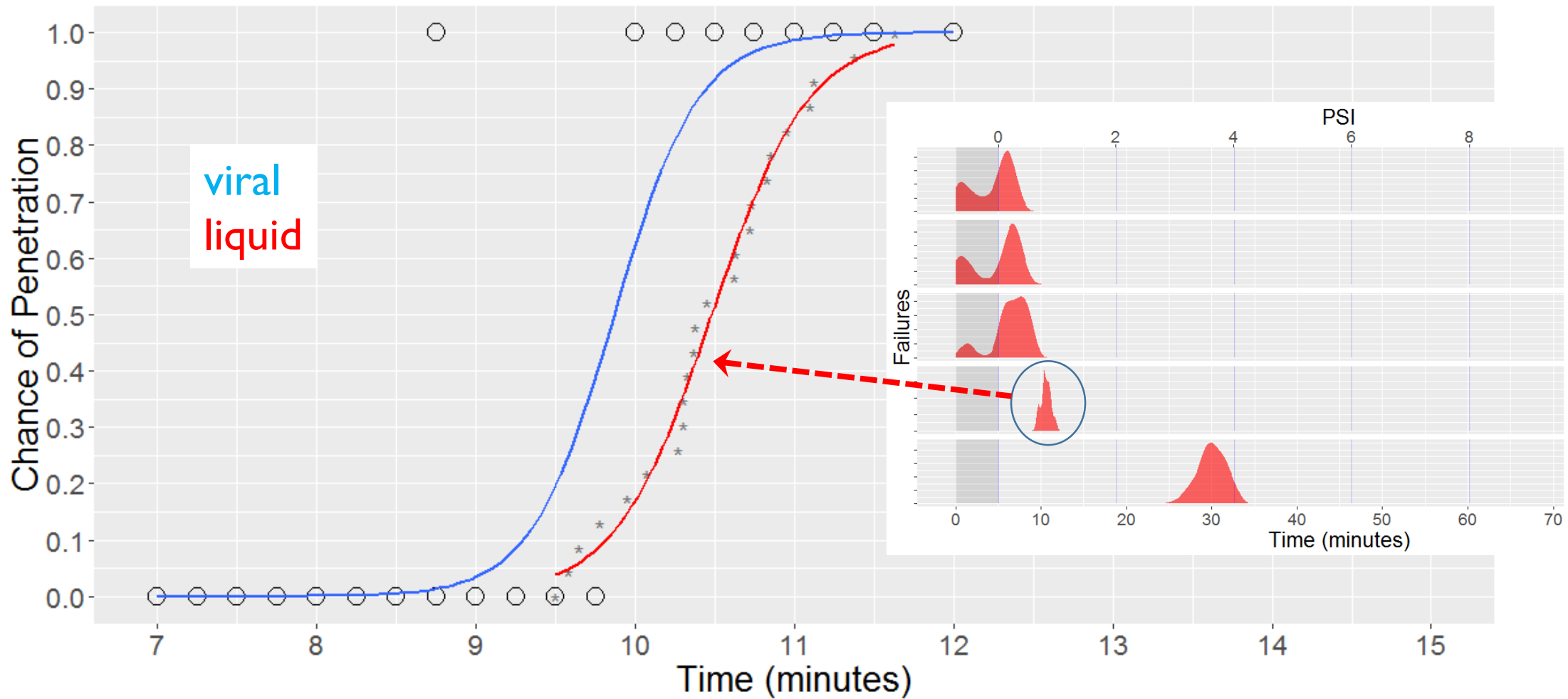
Time of first liquid penetration (n=24)

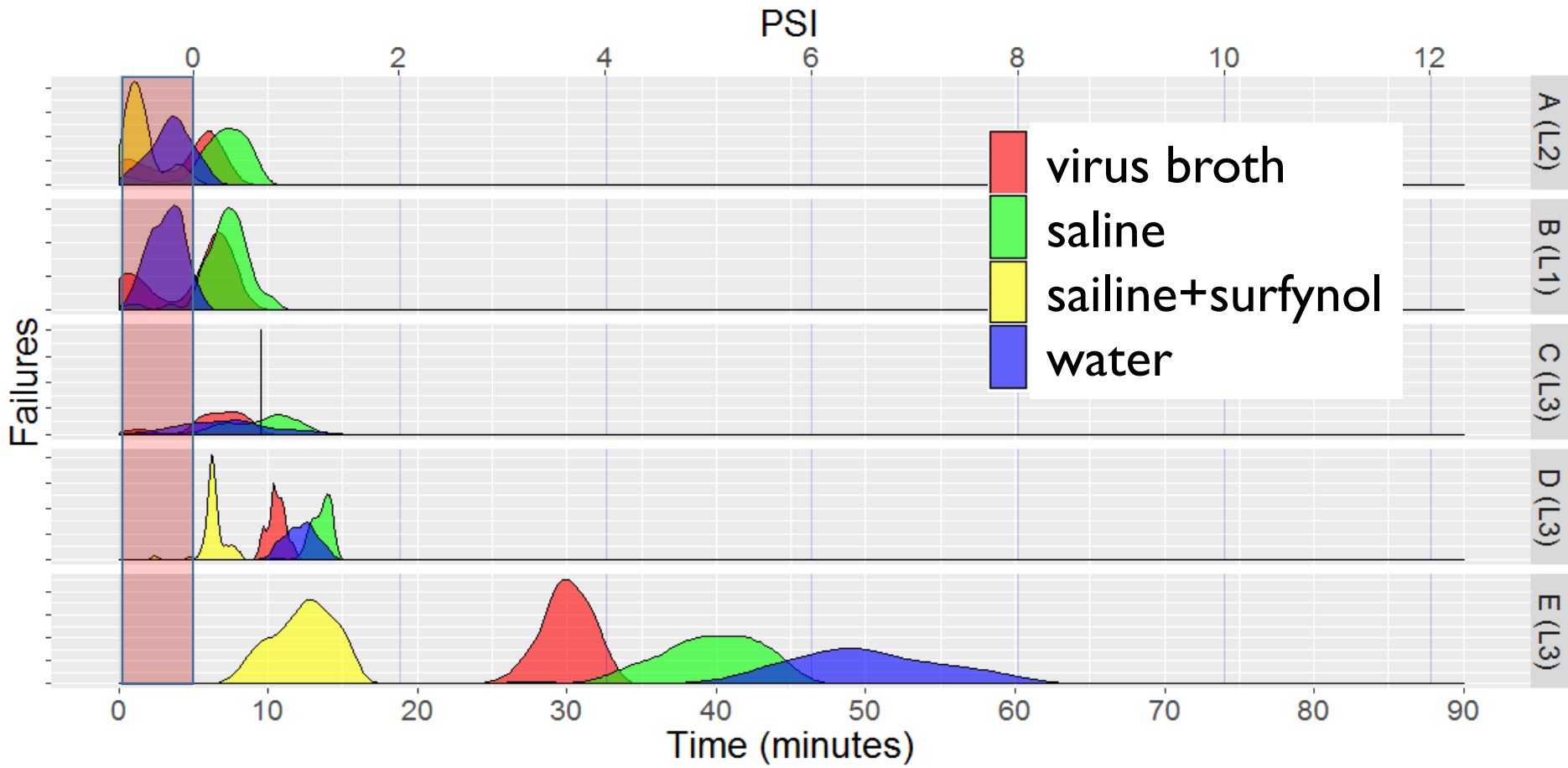


Time of first viral penetration (n=36)



Time of penetration: viral vs. liquid





Current Work

- Evaluating factors contributing to penetration (time, pressure, carrier fluid, virus type, screen/no-screen, pre-wetting, elevated temperature and RH)
- Writing manuscripts
 - ranking factors contributing to penetration
 - dynamic hydrostatic test protocol
 - comparing viral to liquid penetration

Next Steps

- To develop multi-modal models of liquid and viral penetration
- To increase magnification/resolution of camera
- To develop AI (Tensorflow open-source library) to record time and location of penetration events
- To conduct experiments in dark with UV light
- To propose as new ASTM test method

Quality Partnerships Enhance Worker Safety and Health

DISCLAIMERS: The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the views of the National Institute for Occupational Safety and Health. Mention of a product or use of a photo does not constitute NIOSH endorsement.

THANK YOU

Lee Portnoff, Health Scientist
NIOSH Pittsburgh
626 Cochran Mill Road
Pittsburgh, PA 15236
Phone: 412-386-5570
Email: LPortnoff@cdc.gov

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Courtesy of Kimberly-Clark and MSA

