PhEn-602

Notes # 6
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Pharmaceutical Facility Design Spring 2009

Unidirectional Flow Clean Rooms & Air Velocity

- Parenteral Drug Association guidance on air velocity
- ◆ Topic A: Airflow Velocity How often tested?
- Problem Statement: When do velocity measurements have to be taken?
- Recommendation Airflow velocity measurements should be taken during operational and performance qualification studies. Frequency of routine monitoring should be at least annually. HEPA filters in critical areas should be tested semi-annually. More frequent measurements may be appropriate if other measures of clean room quality indicate a significant deviation.

Unidirectional Flow Clean Rooms Velocity Testing

- Airflow pattern studies should be repeated when any changes are made that might have an impact on the velocity measurements outside validated acceptance criteria (i.e., changes to air handling systems, aseptic processing equipment, HEPA filters). Evaluation of such impact should be made following applicable change management procedures. Airflow measurements can be area or line-specific.
- Rationale for Recommendation Airflow velocity is measured to ensure adequate airflow to protect exposed product, product contact packaging components, and product contact surfaces. It is also measured to ensure there have been no significant changes to the HVAC system. Airflow criteria are established during qualification studies.

Unidirectional Flow Clean Rooms Velocity Testing

- During qualification, airflow pattern tests/smoke studies should be performed to establish the acceptable velocity range.
 - Where is velocity measured?
 - Filter face?
 - 6" down?
 - Work level?
 - For homework

Clean Rooms and Controlled Environments

◆ FDA Aseptic guidelines: section 4, Buildings and Facilities: "Clean area control parameters should be supported by microbiological and particle data obtained during qualification studies. Initial cleanroom qualification includes, in part, an assessment of air quality under as-built, static conditions. It is important for area qualification and classification to place most emphasis on data generated under dynamic conditions (i.e., with personnel present, equipment in place, and operations ongoing). An adequate aseptic processing facility monitoring program also will assess conformance with specified clean area classifications under dynamic conditions on a routine basis".

FDA Aseptic Guidelines Class of Clean Room

Supporting Clean Areas

Supporting clean areas can have various classifications and functions. Many support areas function as zones in which nonsterile components, formulated products, inprocess materials, equipment, and container/closures are prepared, held, or transferred. These environments are soundly designed when they minimize the level of particle contaminants in the final product and control the microbiological content (bioburden) of articles and components that are subsequently sterilized.

FDA Aseptic Guidelines Class of Clean Room

- Supporting Clean Areas
- The nature of the activities conducted in a supporting clean area determines its classification. FDA recommends that the area immediately adjacent to the aseptic processing line meet, at a minimum, Class 10,000 (ISO 7) standards (see Table 1) under dynamic conditions. Manufacturers can also classify this area as Class 1,000 (ISO 6) or maintain the entire aseptic filling room at Class 100 (ISO 5). An area classified at a Class 100,000 (ISO 8) air cleanliness level is appropriate for less critical activities (e.g., equipment cleaning).

FDA Aseptic Guidelines Class of Clean Room

FDA Aseptic Guidelines from 1987 Controlled Area:

"A controlled area is one in which <u>unsterilized</u> drug product, in-process materials or containers/closures are prepared..... acceptable air quality if it has a per-cubic-foot particle count of not more than 100,000 in a size range of 0.5 micron and larger (Class 100,000) when measured in the vicinity of the exposed articles during periods of activity.

Clean Rooms and Controlled Environments

Pharmaceutical:

 A controlled* area where personnel are required to be in a minimal amount of gowning. E.g.: Packing hall.
 Typical gowning consists of coat, hat and shoe covers

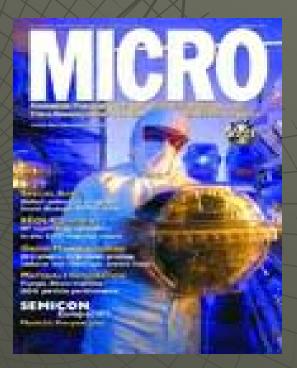
*controlled term is used generically. It is different from the controlled area referenced in the 1987 Aseptic guidelines.

Pharmaceutical with local monitoring:

 A pharmaceutical area that has at least some portions designed as Class 100,000 at rest.

Clean Rooms and Controlled Environments

- Pharmaceutical also called
 "Controlled Not Classified"
 - Often designed as EU Grade D



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Lesson Objectives:

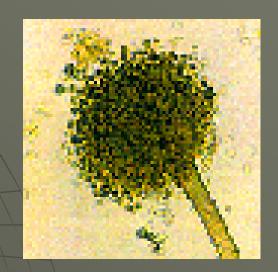
- Discuss sources of micro-contaminants
- Discuss regulatory requirements
- Identify types of microbiological sampling in the clean room
- Discuss sampling equipment used
- Discuss environmental monitoring program

Reference Documents

- USP, <1116>, "Microbiological Evaluation of Clean Rooms and Other Controlled Environments"
- FDA, 1987. Guideline on Sterile Drug Products Produced by Aseptic Processing.
- FDA, 2002. Draft Guideline on Sterile Drug Products Produced by Aseptic Processing
- European Commission Good Manufacturing Practices: Medicinal Products for Human and Veterinary Use

- FDA Aseptic Guidelines: first document to establish general micro limits
- USP and EU GMP's provide more specific limits for microcontaminants in the Clean Room in three areas:
 - Airborne
 - Surface
 - Personnel

- People are often the only source of micro-organisms or viable particulates in the clean room
- Micro-organisms are continually dispersed from people in the room
- Testing for microorganisms in the "asbuilt" or "at rest" state is of little value.



- Other sources of microbial contamination:
 - Water
 - Gases
 - Raw materials
- Important to monitor micro levels in these systems as well as air
 - Will not be discussed in PhEn-602

- Unit of measure is colony forming unit (cfu) (Viability?)
- FS 209E and ISO 14644-1 do not contain any specific limits for microbial contaminants
- ◆ ISO: Developing new standards for Micro limits in clean rooms

Critical Areas

- Critical Areas (sites, zones, surfaces) are identified as those areas where sterilized product or container and/or closures are exposed to the environment
 - Critical sites, zones, surfaces should be monitored most rigorously
 - Class 100 areas (EU Grade A)
 - Organisms recovered from critical areas should be identified to genus and species for possible investigation

Critical Area Examples:

- Room air in areas with product or container exposure
 - Path of any open containers
- Manufacturing equipment surfaces
 - Component loading areas
 - Filling Stations
- Storage containers
- Gloved hands
- Aseptic connections

Non-Critical Area Examples:

- Areas that do not come in contact with the sterilized product or container/closures.
 - Class 10,000 and 100,000 (C, D)
 - Monitoring becomes less rigorous as the classification number increases

Non-Critical Area Example

- ◆ Class 100,000 Areas
 - "Non-sterile" portion of changing areas. Example: washrooms
 - Preparation of bulk solutions prior to sterile filtration
 - Preparation of components prior to sterilization

1987 FDA Aseptic Guideline Limits:

- Controlled areas: (Class 100,000 areas)
 - "with regard to microbial quality, an incidence of no more than <u>25 colony</u> forming units per 10 cubic feet is acceptable."
- Critical areas: (Class 100 areas)
 - "air should also be of a high microbial quality....no more than 1 colony forming unit per 10 cubic feet is considered attainable and acceptable".

FDA Aseptic Guidelines: Clean Room Class

TABLE 1 - Air Classifications	CDER Aseptic Guidelines - 2004			
Clean Area Classification (0.5 micron particles/ft ³)	ISO Designation	G.T. or equal to 0.5 micron (particles/m³)	Microbiological Active Air Action Levels (cfu/m³)	Microbiological Settling Plates Action Levels (diam. 90mm, cfu/4 hours)
100	5	3,520	1	1
1,000	6	35,200	7	3
10,000	7	352,000	10	5
100,000	8	3,520,000	100	50

- EU Limits for Microbial Contaminants
 - Differs for Grades A, B, C, D
 - No requirements for the "at rest" state
 - Requirements for
 - Airborne
 - Surfaces
 - Personnel Gowns
 - Personnel Gloves
 - EU has limits for surfaces contained in Class 100,000 areas. FDA & USP do not

- EU Limits for Microbial Contaminants
 - Airborne:
 - Grade A: less than 1 cfu/cubic meter
 - Grade B: less than 10 cfu/cubic meter
 - Grade C: less than 100 cfu/cubic meter
 - Grade D: less than 200 cfu/cubic meter

- USP Limits for Microbial Contaminants
 - Controlled areas: (Class 100,000 areas)
 - Class 10,000 Areas (sometimes referred to as "sub-critical" areas)
 - Critical areas: (Class 100 areas)

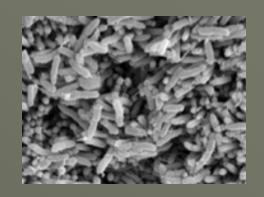
- USP Limits for Microbial Contaminants
 - Requirements for
 - Airborne
 - Surfaces
 - Personnel Gowns
 - Personnel Gloves

USP Airborne Viable Limits

Room Classification	cfu/m ³	cfu/ft ³
Class 100	<3	< 0.1
Class 10,000	<20	<0.5
Class 100,000	<100	<2.5

Note: These limits are consistent with the 1987 FDA guidelines for Class 100, and Class 100,000 areas

USP Surface Limits



Class

cfu/contact plate (24-30cm²)

100

3 (including floor)

10,000

5 10 (floor)

USP Limits for Personnel

Class	cfu/contact plate Gloves	cfu/contact plate Garb
100	3	5
10,000	10	20

USP Limits for Personnel

- No limits for personnel in Class 100,000 areas
- Microbial monitoring of personnel is not required for Class 100,000 areas

Environmental Control:

Steps taken through facility design and construction, testing and validation, personnel practices and cleaning and sanitization to limit micro-organisms in the clean room.

Environmental Monitoring:

Routine microbiological monitoring provides a series of snapshots of the microbiological profile of a controlled environment. Routine monitoring ensures that systems continue to provide an environment of consistent quality.

EM Objectives

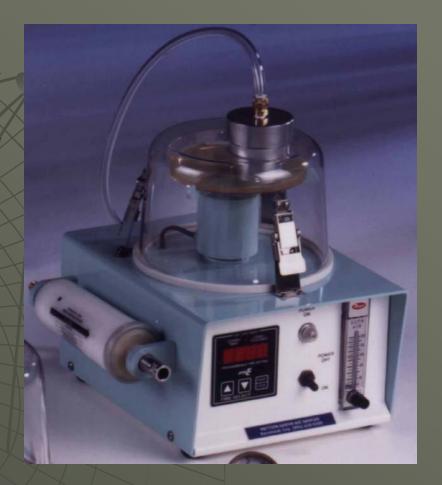
- Monitor the effectiveness of the cleaning and sanitization
- Monitor effectiveness of gowning and training of personnel in aseptic areas
- Provide information for trending and to identify excursions from normal operating parameters
- Verify that we continue to maintain an environmentally controlled system as initially established in the validation of the clean room

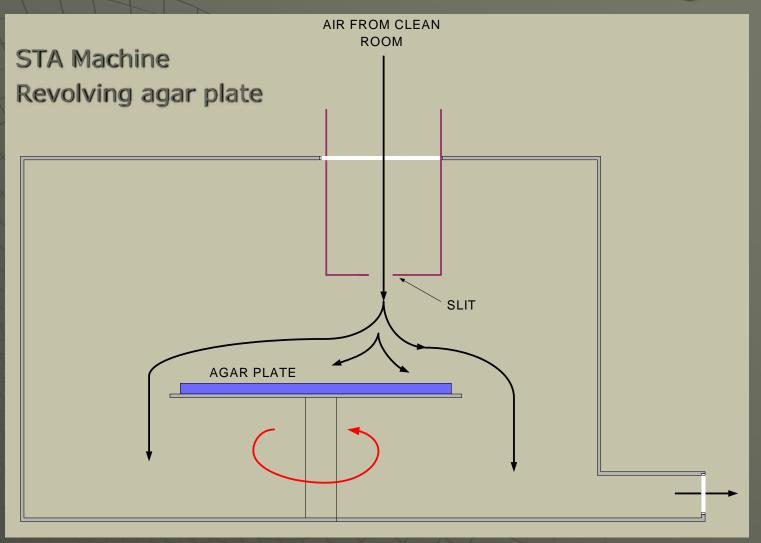
- Agar:
 - Jelly-type material
 - Nutrients added to support microbiological growth



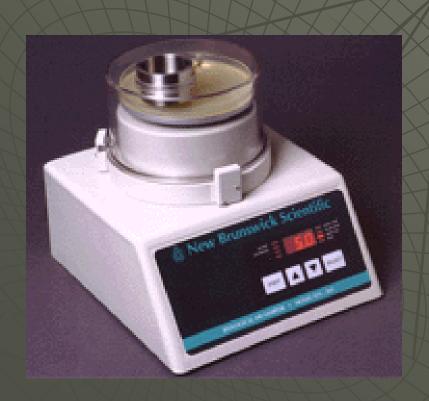
- Airborne Viables are measured:
 - Volumetric (i.e. cfu/m³)
 - Settling plate (i.e. measured in cfu per unit time collected)
 - 1 cfu/4 hr. period, for a 90 mm settling plate, is requirement for a Grade A room).

- Airborne Viables
 - Volumetric sampling typically done by sampling a specific volume of air per unit time.
 - Slit to Agar (STA) sampler typically used





Devices Used for Monitoring Air:





- Air through STA slit travels at a high velocity
 - Forced to turn 90 degree so particles leave the air stream and impact the agar surface
 - When incubated at a suitable temperature, for specific period of time, microbe carrying particles will grow to form a colony
 - Count the colonies to obtain a count.

- STA samples typically 30–180 liters per minute approximately
 - We can determine how many liters of air are sampled.
 - Knowing the counts and the volume, we can obtain the cfu/m³

Slit to Agar (STA) Sampler

- Change out plate every 60 minutes
 - Microbiologist gowns and enters fill room every hour
- Colonies are "seen" as dots in the contact plate
 - Different colors, clear or translucent
- Incubate at different temperatures
 - First two days at 30 35 C
 - Next five days at 20 25 C
 - Total of five to seven days for incubation
- Various types of spores may be present
- Mold, if present will grow in a large formation covering most of the plate.
 - Individual colonies would lie underneath the mold
 - reverse the plate to see them.

- Airborne Viable- Settling plate
 - Petri dish left in room for a specific period of time.
 - Can correlate number of microorganisms deposited onto the settling plate to # particles deposited onto an open product container
 - Proportional areas.

- Surface Viables: Measured in cfu per contact plate.
 - Contact Plates often used: RODAC (Replicate Organisms Detection and Counting)
 - Agar is pushed onto the clean room surface to be sampled
 - Then incubate to obtain count per plate

- RODAC plates are appropriate for flat surfaces
 - Can obtain CFU per plate, or CFU per unit area (per sq inch)

Other methods of surface sampling including uneven surfaces:

- Cotton Swabs
 - Rub surface to be sampled, then pass over an agar plate.
 - Plate then incubated and counted
- Contact Strips & Slides
 - Strips are removed from containers
 - Applied to the surface to be sampled
 - Incubate, then count

Sampling Personnel

- Sample gloves Fingers tips pressed against an agar plate
- Garments/gowns: Press plate or contact strip against the clothing. Best done as they exit the clean room.
 - Could sample at various locations on the body
- Initial qualification sampling more indepth than routine sampling

EM & FDA Expectations

- FDA expects firms to have a thorough Environmental Monitoring program
 - For critical areas, clear action and alert limits must be specified
 - SOP's must establish frequency of sampling, and type of sampling to be performed, for each type of clean room
 - Trending must be performed
 - Deviations from normal results must be documented on an investigation report
 - Excursions must be explained
 - Corrective action must be taken if applicable

Environmental Control vs. Monitoring

Environmental Control

Steps taken in the facility/clean room design construction, operation, personnel behaviors, and cleaning and sanitization to limit the presence of micro-organisms in the clean room environment.

Environmental Control Requires:

- Providing/maintaining:
 - Appropriate sterile air flow and air changes
 - Effective sanitization and disinfection
 - Appropriate controls of temperature and relative humidity (RH)
 - Equipment cleaning and sterilizing
 - Especially important
 - Appropriate training and re-training of operators/personnel

Environmental Control vs. Monitoring

Environmental Monitoring:

Routine microbiological monitoring program that provides a series of snapshots of the microbiological profile of a controlled environment. Routine monitoring ensures that systems continue to provide an environment of consistent quality.

"Alert" Level

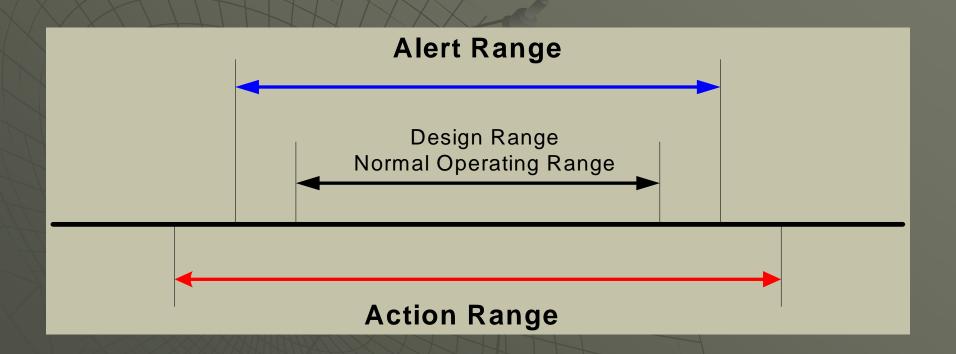
- Warning of a potential problem
- Exceeding the alert level signals a potential drift from normal operating conditions
 - Should define the alert level based on history
 - Excursions may or may not require action, but they do require that the situation be closely monitored
 - Frequent alert level excursions will require action

"Action" Level

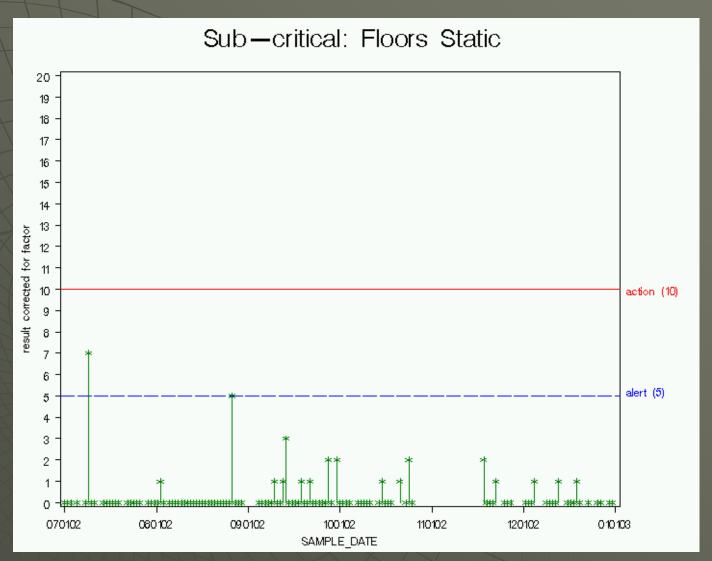
- Exceeding the action level signals a drift from normal operating conditions
 - Excursions beyond the action level will require some type of investigation and/or action
 - The investigation will result in some sort of action
 - The action will depend on the frequency of the excursion, the usage of the room, the activity in the room, etc.

- There should be a "cushion" between the design and operating level of the clean room, and the alert and action levels.
- There should be a "cushion" between the alert level and action level.
- For less critical areas, such as controlled areas, alert and action levels may be equivalent

"Alert" and "Action" Levels



Example: "Alert" and "Action" Levels



Example: Classification Levels within an Aseptic Facility

