

To: [redacted] [redacted] @rivm.nl]
From: [redacted]
Sent: Fri 11/13/2020 11:37:51 AM
Subject: RE: Risk Analysis Assessment (veilig gebruik van Smokerlyzer)
Received: Fri 11/13/2020 11:37:51 AM

Hai, dank. De fabrikant reageert wel heftig zeg. Voor ons nu denk ik goed om dit te laten. Groet, [redacted]

Van: [redacted] <[redacted]@rivm.nl>
Verzonden: vrijdag 13 november 2020 08:55
Aan: [redacted] [redacted]@rivm.nl>
Onderwerp: FW: Risk Analysis Assessment (veilig gebruik van Smokerlyzer)

Dag [redacted]

FYI, de follow-up van de Rookvrij loterij.

Groet [redacted]

From: [redacted]
Sent: vrijdag 13 november 2020 08:54
To: [redacted] [redacted]@rivm.nl> [redacted] [redacted]@rivm.nl>
Cc: [redacted] [redacted]@rivm.nl>
Subject: RE: Risk Analysis Assessment (veilig gebruik van Smokerlyzer)

Dag [redacted]

Op zich begrijpelijke reactie. Lijkt me dat we hier niet op in moeten gaan, wij hebben aangegeven voor onze proeven uit voorzorg te handelen. Als de fabrikant/importeur hier verder mee wil via TNO is dat natuurlijk prima.

Groet [redacted]

From: [redacted] <[redacted]@rivm.nl>
Sent: donderdag 12 november 2020 14:25
To: [redacted] [redacted]@rivm.nl> [redacted] [redacted]@rivm.nl>
Subject: FW: Risk Analysis Assessment (veilig gebruik van Smokerlyzer)

Hi [redacted]

Kunnen jullie adviseren hoe hiermee om te gaan?

Groeten,

[redacted] [redacted]

National Institute for Public Health & the Environment (RIVM)

Department of Health Economics
Antonie van Leeuwenhoeklaan 9
3721 MA Bilthoven

[redacted] [redacted]

From: [redacted] <[redacted]@rookvrijookjjj.nl>
Sent: donderdag 12 november 2020 14:24
To: [redacted] [redacted]@rivm.nl>
Subject: FW: Risk Analysis Assessment (veilig gebruik van Smokerlyzer)

Hey [redacted]

Ik heb het RIVM advies mbt gebruik van de meters voorgelegd aan Bedfont.
 Hieronder hun reactie. Denk je dat we daar nog iets mee kunnen? Is een meeting haalbaar? Of gaat dat nooit lukken?
 We hebben zelf inmiddels ook een ingang bij TNO. We willen het dan misschien daar voorleggen.
 Los van de Rookvrij loterij willen we bekijken of het veilig genoeg is dat we weer met CO-metingen starten.

Beste groet,

5.1.2e

Van: 5.1.2e <5.1.2e@bedfont.com>

Verzonden: donderdag 12 november 2020 14:02

Aan: 5.1.2e 5.1.2e @rookvrijookkijj.nl>; 5.1.2e 5.1.2e @bedfont.com>

CC: 5.1.5 @rookvrijookkijj.nl>; 5.1.2e 5.1.2e @bedfont.com>

Onderwerp: RE: Risk Analysis Assessment (veilig gebruik van Smokerlyzer)

Dear 5.1.2e

RIVM's statement is confusing to me! There is no-way in this world anyone can guarantee filtration of any virus at 100%! No testing practices performed in clinical settings at this time come without risk, but obviously we can mitigate the risk as much as we can to ensure such a key service can resume safely.

Maybe they can be re-assured with the knowledge of how the filters are tested. As explained in the presentations, test-houses which test bacterial and viral filtration efficiency use a virus/ bacteria model. These models are designed to be highly penetrable- more penetrable than how viruses and bacteria would naturally behave when it comes into contact with the filter. Filtration efficiency is based on the particles size. A single COVID-19 virion is approximately 124nm in size. In comparison, the model virus used at the test house we use is approximately 24nm in size, which is about 5 x smaller than COVID. Our filter performs very well against the model virus which is incredibly small in comparison to COVID, so we can be fairly confident in saying our filter will perform very well against COVID-19. (no testing can ever be 100%!). The iCO CO monitor is the only CO monitor which is remote and offers an alternative standard CO face-to-face testing.

The statement regarding- "it is not known how many virus particles are needed to cause infection", the testing practices performed on the filter accounts for this. The filters undergo a test called 'an increased challenge'. A high volume of model viruses is cultivated and challenges the filter, the volume of viruses and bacteria in comparison to say the average cough or sneeze is smaller viral/ bacteria load in comparison to the number used to challenge the filter which is much greater.

Obviously, risk can be further mitigated by further infection control procedures such as well-ventilated rooms, PPE, good hygiene etc. These guidelines vary from country to country and region based on current virus threat level.

The risk of transmission is further mitigated as this type of breath testing procedure is unlikely to become aerosol generating.

We have been working very closely with a government body in England- Public Health England to try and help resume breath testing practices. They haven't released any official guidance on breath testing as of yet, however they seem very close to resuming CO monitoring for maternity services. As a government body they don't endorse products or say whether specific products or practices are safe or not, the furthest they can go is saying looking at the evidence they don't see a reason as to why breath testing can't start to be reintroduced to the public.

I think it would be good to maybe set up a meeting with RIVM, yourselves and Bedfont to go through these points and discuss their concerns surrounding breath testing if you would like to?

Kind Regards,

5.1.2e

5.1.2e

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