

AIVC 2017 Workshop: Is Ventilation The Answer To Indoor Air Quality Control In Buildings? Do We Need Performance-Based Approaches?

INDOOR CARBON DIOXIDE AS METRIC OF VENTILATION AND IAQ: YES OR NO OR MAYBE?

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ABSTRACT

Indoor carbon dioxide (CO₂) concentrations have been proposed and employed as metrics for building ventilation and indoor air quality (IAQ) for many decades. In too many cases, such applications have been employed without an adequate understanding of the impacts of CO₂ on building occupants, the relationship between ventilation rates and indoor CO₂ concentrations, and the requirements in ventilation and IAQ standards. While indoor CO₂ concentrations may be a useful metric for ventilation and IAQ, these issues need to be understood and considered in such applications.

KEYWORDS

Carbon dioxide; indoor air quality; metrics; standards; ventilation

1 INTRODUCTION

Indoor CO₂ concentrations have been prominent in discussions of building ventilation and indoor air quality (IAQ) since the 18th century when Lavoisier suggested that CO₂ build-up rather than oxygen depletion was responsible for “bad air” indoors. About one hundred years later, von Pettenkofer suggested that bioeffluents from occupants were causing indoor air problems, not CO₂. Discussions of CO₂ in relation to IAQ and ventilation have continued to evolve, focusing on the impacts of CO₂ on building occupants, how CO₂ concentrations relate to occupant perception of bioeffluents, the use of CO₂ to control outdoor air ventilation rates, and the use of CO₂ as a tracer gas for estimating ventilation rates (Persily, 2015). This paper summarizes these uses, and in some cases misuses, of indoor CO₂ as a ventilation and IAQ metric. The potential uses include the following: comparison to values in IAQ standards; a health-based IAQ metric; and, a surrogate for outdoor air ventilation. Common misuses include using indoor concentrations of 1800 mg/m³ (1000 ppm_v) as an indoor air standard and the improper use of peak concentrations to estimate outdoor air ventilation rates per person

2 CO₂ LIMITS IN STANDARDS

Indoor CO₂ limits exist, but typically only apply to industrial work spaces. For example, in the United States, the health-based ACGIH TLV (Threshold Limit Value) is 9000 mg/m³ over a 40-h work week and 54 000 mg/m³ for a 15 min exposure (ACGIH, 2014). Similar levels exist in workplace standards in other countries, but such levels are not observed in non-industrial

environments, e.g. homes, schools and office buildings. However, despite many statements to the contrary, IAQ standards do not contain CO₂ limits. ASHRAE Standard 62-1981 contained an indoor CO₂ limit of 4500 mg/m³ for use when applying the standard's performance approach, i.e., the IAQ Procedure, but that limit was later removed. The current version of that standard (62.1-2016) does not contain any indoor contaminant limits, including for CO₂. It does contain an informative appendix that describes limits for various contaminants issued by other organizations, but those are not requirements of the standard itself. CEN standards 13779 and 15521 do not contain indoor CO₂ limits either, but rather informative annexes that provide default CO₂ concentrations for four classes of IAQ (CEN, 2007a; CEN, 2007b). The highest IAQ class is associated with concentrations about 700 mg/m³ or less above outdoors, and the lowest class 1800 mg/m³ or less above outdoors.

Indoor CO₂ concentrations are relevant to ventilation and IAQ standards based on their relation to indoor levels of bioeffluents and associated odors, and their relation to ventilation rates per person. To the first point, several studies of bioeffluent odor perception in chambers showed correlations of dissatisfaction with these odors and both ventilation rate per person and CO₂ level (Persily, 2006). This research resulted in a recommended ventilation rate of 7.5 L/s to 9 L/s per person to achieve a roughly 80 % level of odor acceptability as judged by individuals entering the room from relatively clean air. These ventilation rates can be related to indoor CO₂ levels using a steady-state mass balance of occupant-generated CO₂. For a ventilation rate of 7.5 L/s per person and a CO₂ generation rate of 0.3 L/min per person, such a mass balance yields an indoor CO₂ concentration about 1300 mg/m³ above outdoors. Using slightly different values of the generation rate and outdoor concentration, one arrives at the familiar CO₂ concentration value of 1800 mg/m³. This CO₂ concentration (equal to about 1000 ppm_v) has become a de facto CO₂ concentration guideline value based on its relationship to recommended ventilation rates, but not based on health effects associated with CO₂.

3 HEALTH IMPACTS OF CO₂

Indoor CO₂ concentrations in non-industrial environments are typically well below values of interest based on health concerns. While several studies have shown associations of elevated CO₂ levels (still below these industrial limits) with symptoms, absenteeism and other effects (Apte et al., 2000; Shendell et al., 2004; Gaihre et al., 2014), these associations are likely due to lower ventilation rates elevating the concentrations of other contaminants with health and comfort impacts at the same time they are elevating CO₂. There have been some studies of individuals completing computer-based tests showing decreases in decision-making performance at CO₂ concentrations as low as 1800 mg/m³ (Maddalena et al., 2015; Satish et al., 2012; Allen et al., 2016). However, other recent studies did not observe an impact of similar CO₂ levels on occupant performance (Zhang et al., 2016b; Zhang et al., 2016a).

4 PEAK CO₂ CONCENTRATIONS AS AN INDICATOR OF VENTILATION

It is quite common to use indoor CO₂ concentrations to estimate ventilation rates per person based on a single-zone mass balance of CO₂, though in many cases without acknowledgement of the assumptions on which it is based (ASTM, 2012; Persily, 1997). In a ventilated space with a uniform CO₂ concentration, the ventilation rate and CO₂ concentration are related under steady-state conditions assuming the generation rate, ventilation rate and outdoor CO₂ concentration are all constant over the analysis period. This relationship has been discussed in ASHRAE Standard 62 since 1981, in which the steady-state equation is presented as:

$$Q_o = \frac{G}{C_{in,ss} - C_{out}} \quad (1)$$

where Q_o is the outdoor air ventilation rate per person, G is the CO₂ generation rate per person, $C_{in,ss}$ is the steady-state indoor concentration and C_{out} is the outdoor concentration. This steady-state relationship, sometimes referred as the peak CO₂ approach, is an application of the constant injection tracer gas method described in ASTM E741 (2011). It must therefore abide by the following assumptions to yield a valid air change rate: the CO₂ generation rate is known, constant, and uniform throughout the building being tested; the CO₂ concentration is uniform throughout the building and has achieved steady state; the outdoor CO₂ concentration is known and constant; and, the outdoor air ventilation rate is constant. Violation of any of these assumptions will lead to erroneous estimates of ventilation rates. In particular, if Equation 1 is applied before reaching steady state, the ventilation rate will be overestimated.

5 CONCLUSIONS

While reliable information on the proper interpretation of indoor CO₂ concentrations has been available for many years (Persily, 1997), confusion still exists about the relationship of CO₂ to ventilation and IAQ. The only indoor CO₂ limits in standards or guidance documents are either high values applicable in industrial workplaces or lower values that are derived from ventilation requirements combined with a steady-state mass balance of occupant-generated CO₂. Given that this confusion exists, the IAQ and ventilation community needs to educate researchers, practitioners and others through training, presentations and publications for non-academic audiences as well as careful review of technical papers that use indoor CO₂ for estimating ventilation rates or as an indicator of IAQ.

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