

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

Indoor CO₂ as Metric of Ventilation and IAQ: Yes or No or Maybe So?

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KEY MESSAGES

- **Ventilation/IAQ standards do not contain CO₂ limits of 1000 ppm_v**
- **Indoor CO₂ can be used as a tracer gas to assess ventilation, but assumptions must be understood and their validity evaluated.**
- **Indoor CO₂ concentrations related to perceptions of human bioeffluents, but not to other important indoor contaminants.**
- **Typical indoor CO₂ concentrations (in nonindustrial) buildings are unlikely to result in adverse health effects.**

OUTLINE

Brief background on indoor CO₂

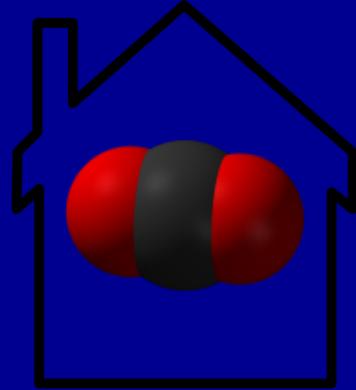
Potential uses and abuses of CO₂

USES

- Compliance with standards
- IAQ metric
- Ventilation surrogate

ABUSES

- 1000 ppm_v de facto limit
- Peak concentrations to estimate outdoor air per person

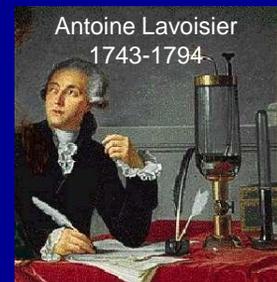


BACKGROUND

CO₂ part of ventilation discussions since 1700s

Discussions evolved over time

- Impacts on building occupants
- Relation to bioeffluent perception
- Estimation of ventilation rates
- Demand controlled ventilation



CO₂ as a Metric: What do the Standards Say?

Most ventilation/IAQ criteria about 1800 mg/m³

ASHRAE 62.1 and CEN 13779/15251 do not contain CO₂ limits

Informative appendices discuss 1800 mg/m³

Exposure limits in industrial environments:

18000 to 54000 mg/m³

LEED v4

Requires CO₂ monitoring in naturally ventilated spaces

Points for monitoring in densely occupied spaces

But no concentration limit



1800 mg/m³ CO₂ and Perception of Body Odor

- **Chamber studies since 1930s, later in buildings**
7 to 9 L/s per person, body odor acceptable to most individuals entering from clean air
- **80 % acceptability for 1250 mg/m³ > outdoors**
Consistent with 1800 mg/m³
- **1800 mg/m³ reflects acceptable body odor**
But many other important indoor pollutants not associated with number of occupants



Impacts of CO₂ on Building Occupants

- **Indoor levels rarely close to health-based limits**
Industrial limits not applicable to non-industrial occupants
- **1800 mg/m³ (1000 ppm) viewed as de facto standard**
Not based on CO₂ health impacts
Linked to 7 L/s per person outdoor air ventilation rate
- **Higher CO₂ levels correlate with increased symptoms**
Other contaminants increased with lower ventilation
- **Recent studies showing decreased decision-making performance as low as 1800 mg/m³; other recent studies don't show effect**

Measured Indoor CO₂ Concentrations (mg/m³)

Office Buildings

EPA BASE: Mean peak 1260, 90th percentile 1650

European Audit Study: Averages from 900 to 1400

Calif. small/medium commercial: Mean 1168, mean peak 3031

Residences

New California homes: 600 to 2000

Tianjin China: Median 2500, 20 % above 3600

Denmark bedrooms, 25 % above 3600

Schools: 2 studies - most below 2000

Most <2000; small fraction >5000; none near industrial limits.

Peak CO₂ to Estimate Outdoor Air per Person

$$Q_{out} = \frac{G_{CO_2}}{(C_{in, Steady-state} - C_{out})}$$



- **Well-established tracer gas methods**
ASTM E741, ISO 12569, ...
- **Single-zone constant injection most common**
Assumptions not always acknowledged (ASTM D6245): single-zone, constant air change, CO₂ generation rate constant and known, ...
CO₂ generation depends on activity, sex, age, weight, height
Estimating before steady-state overestimates air change rate

USES AND ABUSES (POTENTIAL)

ABUSE

- 1800 mg/m³ as a definitive IAQ metric
- Stressing on health impacts
- Peak CO₂ concentrations to estimate outdoor air per person

USE

- Convenient tracer gas
- Indicator of ventilation per person
- Demand controlled ventilation

CONCLUSIONS

- People are still confused about CO₂ in ventilation and IAQ
- “Limits” in standards either steady-state value linked to ventilation rate or health-based industrial value
- Most measured concentrations below “magic” value of 1800 mg/m³, none in range of industrial limits
- CO₂ is a fine tracer gas, but mass balance still applies
- How to address confusion?
Reports and papers; Training; Careful review of papers