

Measuring Air Changes per Hour with Carbon Dioxide

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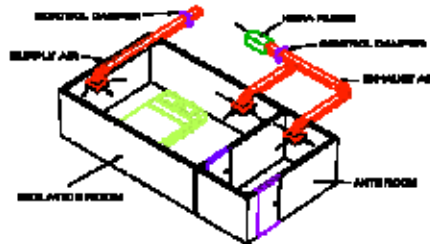


Measuring room air exchange

- Measure air supply & extract
- Negative pressure: extract > supply by ~10%

Calculating ACH

- Q = room ventilation (cfm)
- V = velocity (feet/min)
- A = duct area (square feet)
- $ACH = Q/\text{room volume}$



Measuring room air exchange in low resource settings



$$Q = V \times A$$

$$ACH = Q / \text{volume}$$



Measuring room air exchange using a tracer gas

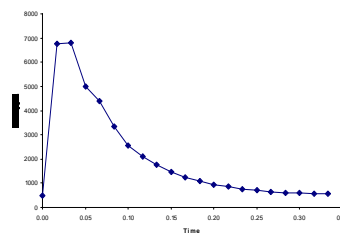
Principles:

- Use gas that is not usually present in the room air: SF₆
- Deliver gas and mix with room air
- Measure concentration decay to calculate air exchange
- Also a continuous release methodology



US\$ 30,000

Concentration decay



Standard tracer gas technique:

- American Standards and Test Material Committee. 1988. Standard test method for determining air leakage rate by tracer dilution. In Annual Book ASTM Standards & Test Materials. Wash DC. 568-575
- Standard test methods for determining air change in a single zone by means of a tracer gas dilution. Standard E741-00. Philadelphia, Pennsylvania: American Society for Testing Materials.
- Decker J. Evaluation of isolation rooms in health care settings using tracer gas analysis. Appl Occup Envir Hyg 1995;10:887-91.

Other methods: theatrical fog

- Gershey EL, Reiman J, Wood W, Party E. Evaluation of a room for tuberculosis patient isolation using theatrical fog. Infect Control Hosp Epidemiol. 1998 Oct;19(10):760-6.

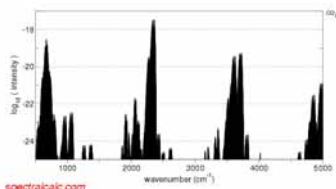


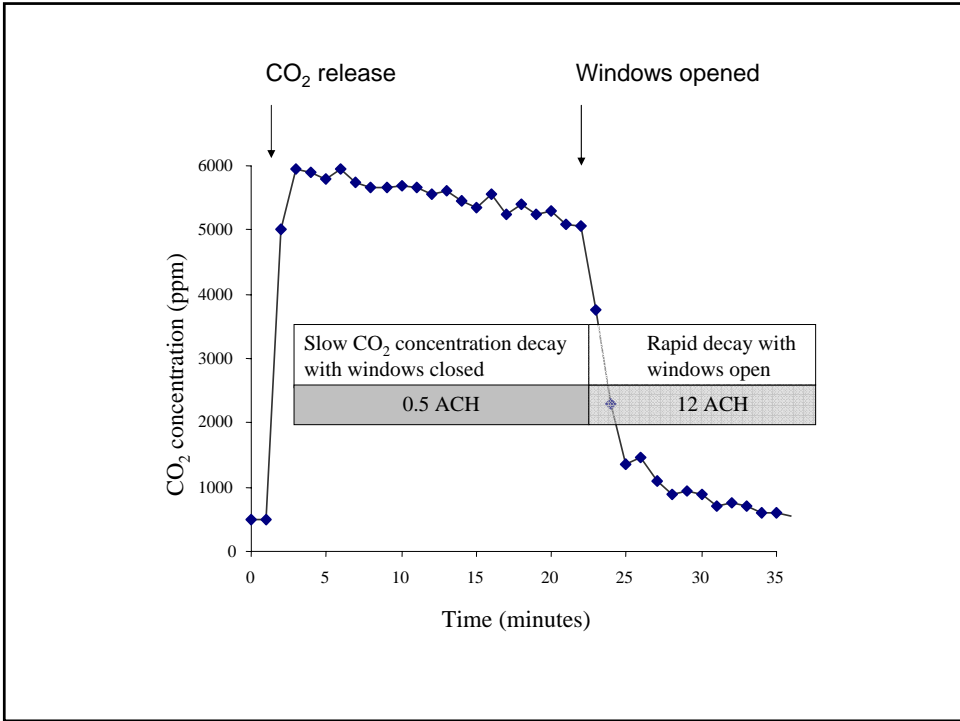
Measuring natural ventilation




Measuring room air exchange using carbon dioxide as a tracer gas

- Infra-red gas analyser to measure CO₂ concentrations
- Advantages:
 - Cheap
 - CO₂ easily available (dry ice, fizzy drinks)
 - Can use occupied rooms
- Disadvantages:
 - Not perfect
 - CO₂ present in air
 - CO₂ produced by occupants
- Menzies R, Schwartzman K, Loo V, Pasztor J. **Measuring ventilation of patient care areas in hospitals. Description of a new protocol.** Am J Respir Crit Care Med 1995;152:1992-9.








CO₂ release

Small rooms, little ventilation:
Gas cylinder
Large rooms, lots of ventilation:
Fire extinguisher



CO₂ release
Very big rooms – lots of fire extinguishers





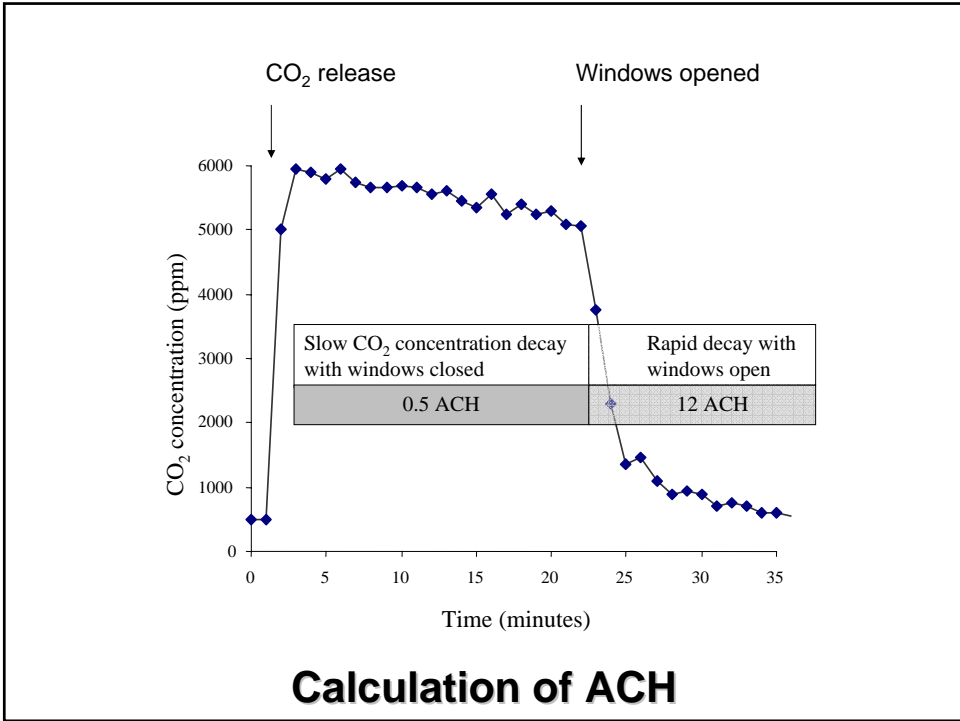
Mixing: Aiming for complete mixing



Mixing

no electricity





Calculation of ACH

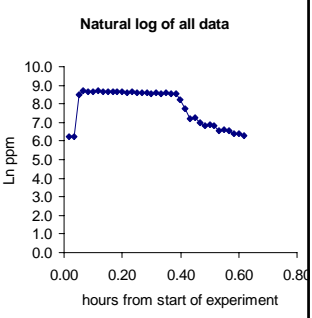
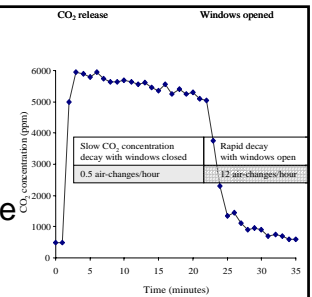
Calculation of ACH

ACH = Absolute ventilation / Room Volume
 = Q / V

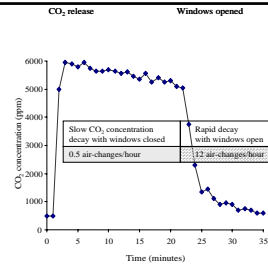
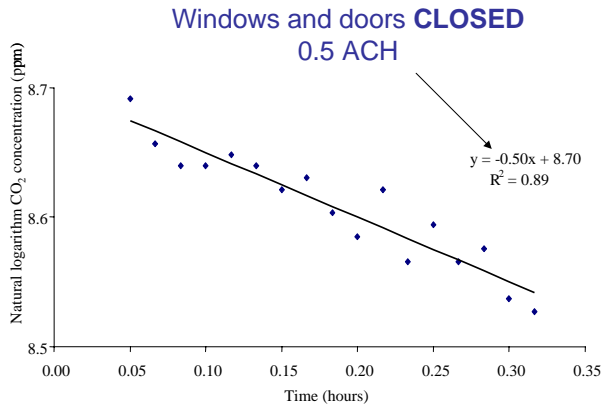
Plot natural log of CO₂ concentration against time

Units: concentration (eg ppm)
 vs. time in hours

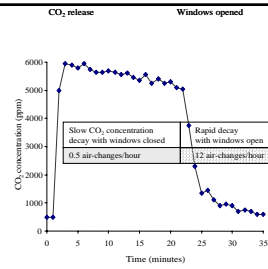
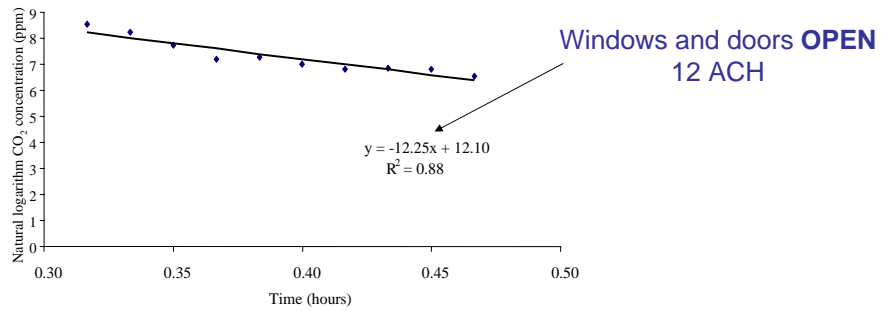
ACH = slope of line of best fit



Calculation of ACH

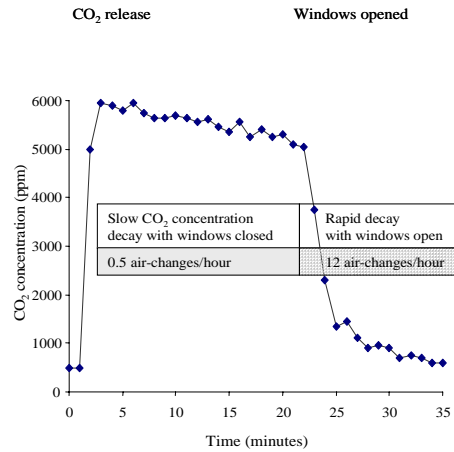


Calculation of ACH

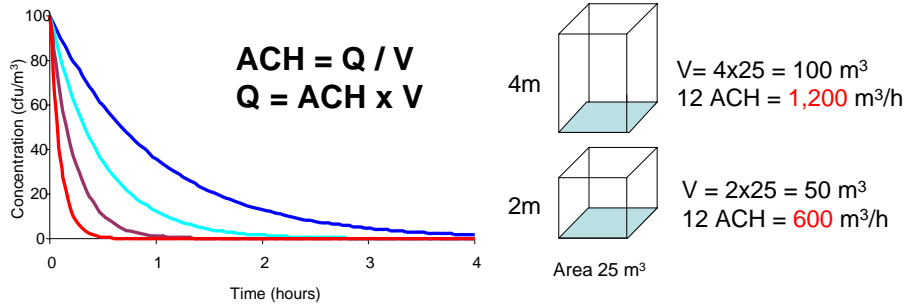


Where to stop?

- Depends on room occupants
- Within 200 ppm of baseline



ACH vs. Absolute ventilation



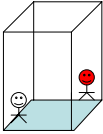
In models of airborne infection, it is absolute ventilation that is a major determinant of disease transmission

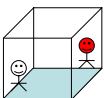
$$\text{Wells-Riley equation: } C = S(1 - e^{-lqpt/Q})$$

Effect of room volume if ACH is constant

Wells-Riley equation: $C = S(1 - e^{-Iqpt/Q})$

C = new cases
 S = susceptibles
 I = number of infectors
 q = infectious quanta produced per hour
 p = pulmonary minute ventilation
 t = duration of exposure
 Q = absolute ventilation

ACH=12  $Q = 1,200$
 $C = 1 \times (1 - e^{-1 \times 13 \times 0.6 \times 8}) / 1,200$
 $= 0.05$
Risk = 5%

ACH=12  $Q = 600$
 $C = 1 \times (1 - e^{-1 \times 13 \times 0.6 \times 8}) / 1,200$
 $= 0.10$
Risk = 10%

Mechanical ventilation can't deliver high ACH in large rooms due to cost, drafts, fan noise etc
 More complex: room crowding / bed spacing / near-far effect



Measuring room air exchange using carbon dioxide as a tracer gas

Conclusions

- Simple
- Easy to do
- Equipment relatively easily available
- Cheap
- A bit rough, but with inherent variability of natural ventilation (wind speed etc) and such high air exchange rates, high precision is less important
- It's fun!



