HEALTHIER BUILDINGS & COVID-19 DESIGN STRATEGIES

Presented to Columbia | CBIPS - Center for Buildings, Infrastructure and Public Space September 1, 2020





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SARS-CoV2 is a contagious virus that causes the illness COVID-19 and is primarily transmitted through respiratory droplets (>5 microns). Other modes of transmission may include aerosols (<5 microns) and touching contaminated surfaces, although this is not thought to be the main way the virus spreads¹.

We need to re-think how we design buildings moving forward with a focus on healthy buildings

1. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html

66 Companies are going to come back to a different world where their workers have a heightened awareness about the risk of infectious disease transmission and how the building influences that.

How do we respond

as design industry professionals that deal with existing and new buildings

to the community that will soon be allowed to re-enter buildings?









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SARS-CoV2: Severe Acute Respiratory Syndrome Corona Virus 2 The illness caused by the virus is known as **COVID-19**

	SARS-CoV1	SARS-CoV2
Year of affect	/ear of affect 2002-2004 2019-ong	
Confirmed Cases	8,096	25,500,870*
Mortality Rate	9.50%	3.34%

*as of 2020/09/01

SARS-CoV2 is 60-140 nanometers in diameter



TRANSMISSION

The primary transmission method is from person-to-person in close contact through respiratory droplets.



Source: Kimberly A. Prather et al. Science 2020; DOI: 10.1126/science.abc6197

Respiratory droplets >5 microns

Coughs, sneezes, or exhales release droplets of infected fluid – most fall quickly. If you are standing within 6' of someone you can catch it by breathing in droplets.



Source: N van Doremalen, et al. Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1. The New England Journal of Medicine DOI: 10.1056/NEJMc2004973

Aerosolized Droplets <5 microns

Aerosolized droplets (droplet nuclei) can travel long distances through the air stream and linger, where they can be breathed in before eventually settling on surfaces. Most small particle losses are by exchange with outdoor air.

Fomite Transmission

Touching contaminated surfaces or objects and then touching your eyes, nose or mouth.

Sources: WHO: "Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations" CDC: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html CDC: "Generation and Behavior of Airborne Particles (Aerosols)" https://www.cdc.gov/niosh/topics/aerosols/pdfs/Aerosol_101.pdf CDC: "Aerosol and surface distribution of severe acute respiratory syndrome coronavirus 2 in hospital wards, Wuhan, China, 2020." https://doi.org/10.3201/eid2607.200885

TRANSMISSION



There are 4 main elements to consider when identifying the risk of transmission.¹





Distance

The closer you are to others the higher the risk. It is recommended by the CDC to stay at least 6' apart and to wear a mask.

Environment

A majority of infections (outside of nursing homes) occurred indoors, at home, in workplaces, on public transit, and during social gatherings. Reduce risks indoors with good ventilation.²



Time

The longer amount of time spent with others increases transmission risk. It is recommended to reduce sustained contact time to less than 15 minutes, especially if you are indoors.



Activity

Singing and yelling produce far more droplets than breathing, leading to an increased risk. Consider the activities happening around you to reduce risk.

1. https://www.vox.com/science-and-health/2020/5/22/21265180/cdc-coronavirus-surfaces-social-distancing-guidelines-covid-19-risks

2. https://www.erinbromage.com/post/the-risks-know-them-avoid-them

Pre-symptomatic spread: Those infected with the coronavirus are emitting the virus BEFORE they are symptomatic¹.

Asymptomatic spread: Those that are truly asymptomatic (never develop symptoms) appear to be a lower transmission risk¹.

2.5 days

TRANSMISSION

Time an infected individual is estimated to be spreading the virus before first symptoms appear

18 hours

Time before developing first symptoms at which an infected person is estimated to be most contagious

44%

Estimation of transmissions that may occur during the pre-symptomatic period

Symptoms may appear **2-14 days after exposure to the virus**².

- 1. He, X., Lau, E.H.Y., Wu, P. et al. Temporal dynamics in viral shedding and transmissibility of COVID-19. Nat Med 26, 672–675 (2020). https://doi.org/10.1038/s41591-020-0869-5
- 2. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

TRANSMISSION

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More Droplets

Average droplet size is larger

The infectious dose (the amount of virus necessary to make someone sick) of SARS-CoV2 is currently unknown. Experts speculate it ranges from a few hundred to thousands of infectious particles¹.

Lower infectivity, Needs more sustained contact time to infect

Less droplets Average droplet size is smaller Most droplets don't come from lower respiratory area



Breathing

50-5,000 Droplets²

~33 infectious particles per minute for influenza, unknown for SARS-CoV2

Speaking600-2,600 Droplets23~200-1,000 infectious droplets

per minute & can stay in the air for 8-14 minutes



3,000 Droplets²

~millions of infectious particles, travels at 50 mph, and can stay in the air for 30 minutes or more



Higher Infectivity, Needs less sustained contact time to infect

Many droplets come from lower respiratory area

40,000 Droplets²

~millions of infectious particles, travels at 200 mph, and can stay in the air for 30 minutes or more

1. https://www.sciencemediacentre.org/expert-reaction-to-questions-about-covid-19-and-viral-load/

2. https://www.erinbromage.com/post/the-risks-know-them-avoid-them

3. Valentyn Stadnytskyi, Christina E. Bax, Adriaan Bax, and Philip Anfinrud "The airborne lifetime of small speech droplets and their potential importance in SARS-CoV-2 transmission" PNAS first published May 13, 2020 https://doi.org/10.1073/pnas.2006874117

Generation of heating, ventilating, and air-conditioning systems, can reduce airborne exposures.

Ventilation and filtration provided by heating, ventilating, and airconditioning systems can reduce the airborne concentration of SARS-CoV-2 and thus the risk of transmission through the air. Recommendations for healthier buildings



Improve air quality: Increase air exchange rates & Highefficiency filtration/air treatment

Ensure pressurization between spaces Humidification

Decentralized Systems

Architectural



Space planning for distancing Frictionless entryways Lighting Controls & Automated Shading Distance Indicator on Floors Larger workstations



Low-VOC materials Easy to clean surfaces Entryway mats

Technology



High-tech connectivity App-based touch-free systems Smart Concierge Thermal Scanning

ENHANCED HVAC SYSTEMS

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Air Quality (Dilution)



Increase outdoor air ventilation Disable demand-controlled ventilation Extend hours of operation and

consider pre/post occupancy purge ventilation

Provide CO2 sensors in densely occupied spaces

Air Treatment (Removal/Disabling)



Enhanced Filtration (MERV 14+) Air Ionization

(Bi-Polar Ionization / Photo-Hydro Ionization)

UV Light Sanitizers (Ultraviolet Germicidal Irradiation & Photo Catalytic Oxidation)





Reduce air recirculation with smaller HVAC zones Increase bathroom exhaust and elevator ventilation Control pressurization relationships Humidification (Optimization)



Control humidification within optimal bandwidth

Increase outdoor air change to dilute contaminants in the air.

Air Changes Per Hour (ACH)

Assuming 9' ceiling and 1 CFM/sf	Typical Modern Building			Typical 1970's Induction Building		
		Outside ACH	Filtered Recirculation ACH		Outside ACH	Filtered Recirculation ACH
Outside air	.15 CFM/sf			.25 CFM/sf		
Time for 100% outside air change	60 minutes	1	6	36 minutes	1.7	6
If % outside air is doubled	30 minutes	2	6	18 minutes	3.3	6
Assuming 12' ceiling and 1 CFM/sf	Typical Modern Building		Typical 1970's Induction Building			
Time for 100% outside air change	80 minutes	.75	4.5	48 minutes	1.25	4.5
If % outside air is doubled	40 minutes	1.5	4.5	24 minutes	2.5	4.5

Implications of HVAC Energy Usage

Code outside air without demand controlled ventilation +5% energy usage Doubling the ventilation without demand controlled ventilation +20% energy usage

*These numbers are for a floor by floor VAV system.

AIR TREATMENT – High Efficiency/HEPA FILTERS

HEPA filters consist of interlaced glass fibers that create a fibrous maze that takes particles out of circulation through diffusion, interception, straining, and inertial impaction.

HEPA Filters*

When selecting a filter, careful consideration must be given due to the pressure drop from a high filter



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*In large central stations consider electronic filter (performs at MERV 15 level)

AIR TREATMENT – FILTRATION

MERV - Minimum Efficiency Reporting Value

SARS-CoV2 is 0.06 microns to 0.14 microns

HEPA - High Efficiency Particulate Air filter

Ratings	0.3-1 microns*	1-3 microns	3-10 microns	Filter Type	Controlled Particles	
MERV 8	-	-	70-85%	Low Quality MERV Filter	Mold spores, pollen, dust	
MERV 9	-	<50%	85-90%	Standard MERV Filter	Fine dust	
MERV 11	-	65-79%	85-90%			
MERV 13	<75%	<90%	<90%			
MERV 14	75-84%	<90%	<90%	Cupariar MEDV/ Eiltar	Destaria viruses emoka	
MERV 15	85-94%	<90%	<90%	Superior MERV Filter	Bacteria, viruses, smoke	
MERV 16	<95%	<95%	<95%	_		
MERV 17	99.97%	<99%	<99%		Small bacteria and viruses, fumes	
MERV 18	99.997%	<99%	<99%			
MERV 19	99.9997%	<99%	<99%	HEPA / ULPA Filter		
MERV 20	99.99997%	<99%	<99%			

Filters must be changed regularly. Consider monitoring air quality as well.

AIR TREATMENT – FILTRATION

30%

25%

20%

15%

10%

5%

0%

Risk of infection by flu virus

Infections Versus Filtration Rate

How filters perform for influenza virus and cost of filtration versus MERV

Office: Influenza Q_{HVAC,total} = 3000 m³/hr

 $F_{0A} = 25\%$

N_{infectors} = 1

N_{susceptibles} = 24

q = 100 per hourV = 1500 m³ t = 8 hours

Figure 6. Projected risk of infection by influenza virus during an 8-hour workday in a hypothetical office building with 25 occupants and 25% outdoor air supply using a range of HVAC filters installed in a system with a recirculation rate of 1.5 per hour

No filter MERV 4 MERV 7 MERV 11 MERV 13 MERV 14 MERV 15 MERV 16 HEPA

Cost of Filtration Versus MERV



Figure 17. Estimated annual cost of filtration in the hypothetical office environment

AIR TREATMENT – BI-POLAR IONIZATION

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Bi-Polar Ionization works by introducing positive and negative ions into the air via the supply side of ducts. The ionization causes production of clusters of hydroxyl (OH) radicals which are formed on the surface of microbes, removing hydrogen from the microbes cell wall, thereby inactivating the virus.

Bi-Polar Ionization



ASHRAE Position: Systems are reported to range from ineffective to very effective in reducing airborne particulates and acute health symptoms. Convincing scientifically-rigorous, peer-reviewed studies do not currently exist on this emerging technology; manufacturer data should be carefully considered.

AIR TREATMENT – BI-POLAR IONIZATION

Installation is most often in supply ducts, but can also be rack-mounted in plenums, in air handling units, or smaller units can be installed within fan coil unit plenums.

Bi-Polar Ionization



The unit has negligible air pressure drop, and can be easily retrofitted to an existing HVAC system.





AIR TREATMENT - UV LIGHT SANITIZERS

Ultraviolet light kills bacteria and viruses by destroying bonds that hold their DNA together as particles pass under the UV light they are destroyed. UV-C energy in the wavelengths from 200 to 280 nm provides the most germicidal effect, with 265 nm being the optimum wavelength. Exposure to UV-C rays is harmful to occupants.

UV Light Sanitizers



Effectiveness is based on how long air is exposed to UV (resonance time)



AIR TREATMENT – UV LIGHT SANITIZERS

Installation can be in-duct or on AHUs. Lamps installed inside HVAC can also clean cooling coils & drain pans.





The majority of modern UVGI lamps create UV-C energy at a near optimum 254 nm wavelength

Works by installing banks of UV-Lamps inside HVAC systems or associated ductwork. Consider adding to return air plenums or downstream of cooling coils.

Requires high UV doses to inactivate microorganisms on-the-fly as they pass through the irradiated zone due to limited exposure time.

- 99.9% Coronavirus deactivation in 0.25 seconds (first pass) is commercially available.
- Systems typically designed for 500 fpm (at AHU) moving airstream.
- Installation in ductwork at higher velocities is possible, with exponentially higher lamp power

Should always be coupled with mechanical filtration.

AIR TREATMENT - UV LIGHT SANITIZERS

Upper room UV disinfection involves mounting lights from the ceilings or on the walls and pointing them upwards to disinfect the upper room air. It can be used in combination with in-duct UV for maximum effect. The UV-C lamps must be mounted 7' in the air to protect inhabitants from the harmful UV rays. Requires low UV-reflectivity of walls and ceilings and ventilation should maximize air mixing (supplemental fans needed where ventilation is insufficient).



Upper Room Air UV Light Disinfection

AIR TREATMENT – UV LIGHT SANITIZERS

Portable, fully automated units that can be controlled remotely. Effective on air and surfaces where the light can penetrate (not in shadowed areas).



- >99.9% reduction of vegetative bacteria within 15 minutes¹
- 99.8% for C. difficile spores within 50 minutes¹

1. Weber DJ1, Rutala WA, Miller MB, Huslage K, Sickbert-Bennett E. Role of hospital surfaces in the transmission of emerging health care-associated pathogens: norovirus, Clostridium difficile, and Acinetobacter species. American Journal of Infection Control 2010.

Pulsed Xenon lamps: High-powered UV lamps (generally containing xenon gas) used in rapid pulses of intense energy. Emits a broad brand of visible and ultraviolet wavelengths, with a significant fraction in the UV-C band. Uses significantly higher power outputs than usual UV-C techniques.





AIR TREATMENT – UV LIGHT SANITIZERS

UV-C lights on occupancy sensors so they can sanitize spaces when unoccupied.





More UV-C lights in various shapes and styles are currently in development, including UV-C LED's which are emerging for use.

Far UV-C lights (200-230 nm spectrum) can sanitize without harming occupants¹. Awaiting more testing.



One cleanse per 800ft3 achieves 4 air exchanges per hour (50cfm) and also includes a HEPA & Carbon filter

Individual downlights and doorway disinfection technology currently in development

1. Rich M. Simons, Far UV-C in the 200 – 225 nm range, and its potential for disinfection applications. IUVA July 2020. https://bit.ly/2B5rYaa

EMERGING TECHNOLOGIES – DFS SYSTEM

A Disinfecting Filtration System (DFS) traps microorganisms such as bacteria, mold and viruses, reduces bioburden and inhibits microorganism's growth through Microbiostatic condition. The system captures 99.99% of all particles down to .0007 micron in size. System consists of a constant energy field, particle agglomeration and a MERV 15 filter. The filters estimated life expectancy is 1 year.



Self contained independent blower that can be retrofitted to HVAC system or installed as a standalone unit above ceiling space to treat targeted areas. Has zero pressure drop.



Portable Unit



EMERGING TECHNOLOGIES – DHP System

The Dry Hydrogen Peroxide (DHP) system uses ambient oxygen and humidity to create a safe amount of H_2O_2 (5-25 parts per billion) in the air. The molecules attach itself to a microbe's access points and naturally breaks down the microbe. The technology works on odors and insects as well. Works on both air and surfaces. Non-Ozone producing system and regulated by the EPA.





AIR TREATMENT OPTIONS SUMMARY



Due to the nature of the SARS-CoV2 virus, **HVAC solutions are not effective in preventing the spread of contamination person to person or eliminating airborne transmission risk**, however the following technologies are presented because they provide benefit in bacterial and virus reduction within their path of effect.

	High Efficiency/ HEPA Filters	Ionization	UV Light	Activated Carbon
Effectiveness against Viruses	Very Good	Not Effective (Good on surfaces)	Good (Depending on contact time)	Poor
Effectiveness against Bacteria	Excellent	Not Effective (Good on surfaces)	Good (Depending on contact time)	Poor
Removes Gasses (Radon, Formaldehyde, etc.)	Not Effective	Not Effective	Not Effective	Excellent
Eliminates Odors	Not Effective	Good	Not Effective	Excellent
Effectiveness against pet dander/pollen	Excellent	Excellent	Not Effective	Not Effective
Effectiveness against mold spores	Excellent	Excellent	Good	Not Effective
Effectiveness against dust mite excreta	Excellent	Excellent	Poor	Poor
Cost per cartridge	Moderate	Moderate	Moderate	Inexpensive
Cartridge life expectancy	1 Year	2 years	1 year	3-12 Months

HUMIDIFICATION

Decrease in bar width indicates decreases in effect

OPTIMUM ZONE

"maintaining a RH between 40% and 60% indoors may help to limit the spread and survival of SARS-CoV-2"1

- Higher humidity reduces infectivity of influenza¹
- Membranes in the respiratory track/nose dry out quicker in low humidity²
- Low humidity results in breathing smaller particles³



- 1. John Noti, et al, Humidity Leads to Loss of Infectious Influenza Virus from Simulated Coughs (February 27, 2013)
- 2. J.P. Guggenbichler, R. Huster and S. Geiger, Luftfeuchtigkeit und Immunabwehr Die Rolle der Schleimhaut und Auswirkungen auf die Klimatechnik (2007) Tab Technik AM, Vol. 38 No. 9
- 3. ASHRAE Guidelline 10-2016, Interactions Affecting the Achievement of Acceptable Indoor Environments

HVAC ZONES

Using smaller zones (500 sf) will lower recirculation of air. Consider use of VRF or DOAS systems.



Typical zoning with Floor-by-Floor AHU

Floor by floor AHU's have a higher efficiency filter (typically MERV 8-13) but the mix of outside air percentage can vary and contamination zones are larger.



Multiple small zones from use of VRF system

VRFs have a lower efficiency filter but can be retrofitted to accept a MERV 8 or potentially higher efficiency filter. Percentage of outside air is assured.

HVAC ZONES

COVID-19 Outbreak Study within a Restaurant in Guangzhou, China Air circulation and Ventilation





January 24, 2020, 12:00 PM, Chinese New Years Eve luncheon 5-story restaurant, 3rd floor of the restaurant Exposure time: 53 minutes for TA & TB, 75 min for TA & TC

Source: Lu J, Gu J, Li K, Xu C, Su W, Lai Z, et al. COVID-19 outbreak associated with air conditioning in restaurant, Guangzhou, China, 2020. Emerg Infect Dis. 2020

TOUCHLESS TECHNOLOGY



Destination Dispatch Elevators

Automatic Doors (motion sensor, facial recognition, optical foot sensor) Pantries



App-based coffee and water machines Motion sensor faucet with 20 second timer and soap dispensers Touchless cabinets or open

shelves for frequently used items Use bottle fillers instead of drinking fountains Bathrooms



Motion sensor flushometer, faucet with 20 second timer, and soap dispenser Paper towels instead of automatic hand dryers

UV disinfecting on seats

UV lamps in bathrooms for after-hours disinfection

Lighting



Lighting Controls Automated Shading BMS & app-based controls for lighting controls & automated shading

BUILDING LOBBY

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OPEN OFFICE

Increase outside air, enhanced filtration, and air treatment systems



For conference rooms space out seating, add CO2 sensors, consider portable air filtration. Reduce open collab/touchdown spaces.



Desk dividers for existing desks







Larger or separated workstations, stagger work hours and occupancy (occupy every other desk) for social distancing



Floor markings for circulation and 6' separations

PANTRIES

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Motion-activated faucet with 20 second timer



Touchless cabinets

BATHROOMS



Full-height water closet partitions (\$7,500/unit)



Automatic closing lids, optional UV disinfection (not yet readily available) Automatic paper towel dispensers and open trash can located by door. Disable air dryers



OPERATIONAL CONCEPTS

Proactive things building owners can do





New cleaning protocols More regular deep cleaning Frequent cleaning of common touchpoints Increase supply of sanitizing products Ductwork and unit cleaning



Changing filters Monitoring air quality Extending ventilation hours and after-hour purge with outside air

Screening Protocols

Thermal Camera Scanning/Elevated Body Temperature (EBT) checks Staggered Arrivals and Departures Packages Sanitization

Commissioning



Commissioning of systems with periodic validation

Creating operations and maintenance manuals for staff Create a best practices manual

for tenants



THERMAL SCANNING



This thermal scanning system works at the turnstile and has facial recognition, mask recognition, and thermal scanning. Facial recognition can be turned off to protect privacy.



https://www.youtube.com/watch?v=PLqdXJLo5Uc

THERMAL SCANNING

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This solution is for large volume scanning without turnstiles and can scan from 20 feet away.







contacted you?

Help maintain social distancing requirements

Contact tracing identification and reporting

Instant communication



Smart Building Digital Platform

- Ultra high-speed connectivity (DAS/5G)
- Artificial Intelligence (AI)
- Analytics IoT
- Big Data
- CBRS, mmWave
- WIFI 6

Touchless Environment

- Biometrics (Face ID, Iris, Palm)
- Destination dispatch touchless lobby turnstiles
- Virtual Assistants/Help Desk
- Voice/Gesture Control AV and Conference Sys
- Real Time Occupancy Monitoring
- Social distancing density control
- Dynamic Indoor Wayfinding
- Workspace Management Flexible Seating

SOCIAL BEHAVIORS



What the building occupants can do



Always stay 6' apart Shifted work schedules (Different days, different hours) Staggered reoccupancy One-way office circulation where possible

<image>

Educational posters about hand washing, wearing masks, touching your face, and other best practices Periodic hand washing reminders 20 second timers at faucets



Flexible work from home policy Use videoconferencing for meetings when possible Postpone large gatherings Assess risk of travel

New Protocols



Wearing face masks Keeping your desk clean Minimize elevator occupancy Communication with staff

RECOMMENDATIONS AND CONSIDERATIONS

	Short Term	Long Term		
Outside Air	Increase outside air to maximize dilution. Purge before and after occupancy.	Increase ventilation rates 30% above ASHRAE minimum recommendations		
Filtration	Upgrade to MERV 13 or better filtration	Minimum MERV 13		
Humidity Control	Consider humidification to maintain 40% minimum relative humidity in the winter if possible (difficult in cold climates)	Difficult to humidify buildings in winter in cold climates		
Restrooms	Increase exhaust in toilet rooms. Check trap primers. Consider UV sterilization lighting.	ASHRAE may recommend increased exhaust. UV technology still being developed.		
Local Filtration	Provide local HEPA filtration in dense locations like conference rooms and elevators.	Rebalancing of systems and assured outside air supply may preclude need for local filtration.		
Touchless	Frictionless entry, automatic doors, motion-activated faucets, soap dispensers, & flushometers.	Smart building and app-based technologies		

