Ventilation Strategies to Reduce Spread of COVID-19 for Long-Term Care Facilities

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- Introductions and EH&E Background
- COVID-19 Transmission Basics
- Ventilation Strategies for Infection Control
- Questions

Presenters

- Kathleen W. Brown, Sc.D. Senior Scientist
- Will Wade, CIH Principal Consultant
- Andrew Machado, PE, CEM Senior Engineer

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- COVID-19
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Aerobiological Pathway for Transmission of COVID-19

Source Release Transport Dispersion Deposition Infection

Disease Transmission

SARS CoV-2 is the coronavirus that causes COVID-19 disease

- Transmission is by respiratory droplets when an infected person coughs, sneezes or talks
- Touching a contaminated surface or object then touching your mouth, nose, or eyes



Control of COVID-19

- Immunity is **KEY**
- Goal should be the highest vaccination rate possible for residents, staff, and visitors
- Vaccines provide strong personal immunity especially with boosters
- Community immunity is what stops transmission when personal immunity doesn't do it or do it perfectly



Hierarchy of Hazard Control



Engineering Controls

Installing portable high-efficiency air filters

Increasing ventilation rates in occupied areas

Installing physical barriers, such as clear plastic sneeze guards







Typical Air Distribution



Typical Air Handling Unit



HVAC Operations

- Facilities Team
 - Tenants and Managers
 - Testing and Balancing Contractor
 - Building Controls Contractor
 - Mechanical Contractor
 - Building Owner and/or Operator

System Condition and Operation

- Conduct a walkthrough
- Inspect HVAC system components
 to verify proper function
- Review building automation system (BAS) or thermostat programming
- Modify thermostat or BAS occupancy schedules



Ventilation

- Opening windows during periods of building occupancy (when the weather is good or even just a few inches even in cold weather)
- Operating HVAC systems at increased outdoor air rates
- Exhaust air systems should also be operated

Filtration

- Increasing the level of filtration in the air handling systems to a MERV-13 or highest efficiency filter compatible with the system
- Portable high efficiency particle air (HEPA)-filtered units can be used in occupied spaces to provide continuous local filtration
- Minimum of 4 ACH for resident activity and dining spaces; see ASHRAE Standard 170-2017, Table 7.1 for other spaces within healthcare facilities
- ASHRAE requirements for healthcare facilities range from 2 to 10+ ACH depending on the space/activity
- Key metrics CO₂, airborne particles, filtration, air exchange rates



Air Exchange Rates



Effective Air Exchange Rate

Effective Air Exchange Rates





Facilities with No Mechanical Ventilation

- Ensure all windows are operable
- Keep windows open as much as possible to promote increased ventilation
- Operate all building exhaust fans continuously
- Consider using portable HEPA-filtered air cleaners to increase air cleaning
- Choose a portable HEPA unit based on room size or CADR; follow air exchange calculations





Additional Considerations for LTC Facilities

- Nighttime HVAC setbacks
- Certain areas/systems not operated 24/7
- Some facilities have older HVAC equipment
- Decreasing outdoor air contribution during winter months
- Gatherings and events



Common Mistakes

- Leaving thermostats on the "auto" setting
- Obstructions to air intakes
- Choosing portable HEPA units that are not correctly sized to the room



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Summary



Questions?

For more information: www.eheinc.com 800-825-5343



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