

ARCHITECTURAL PLANNING OF (DAY)LIGHT

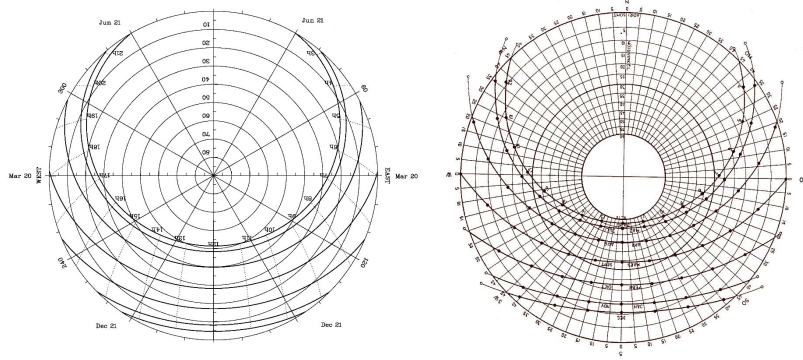


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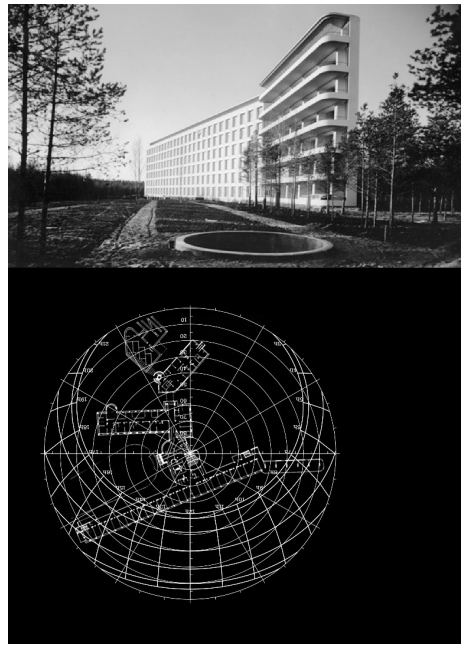
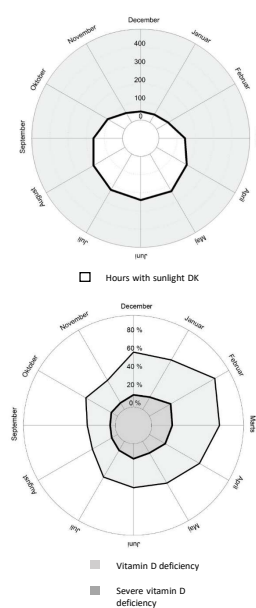
Program

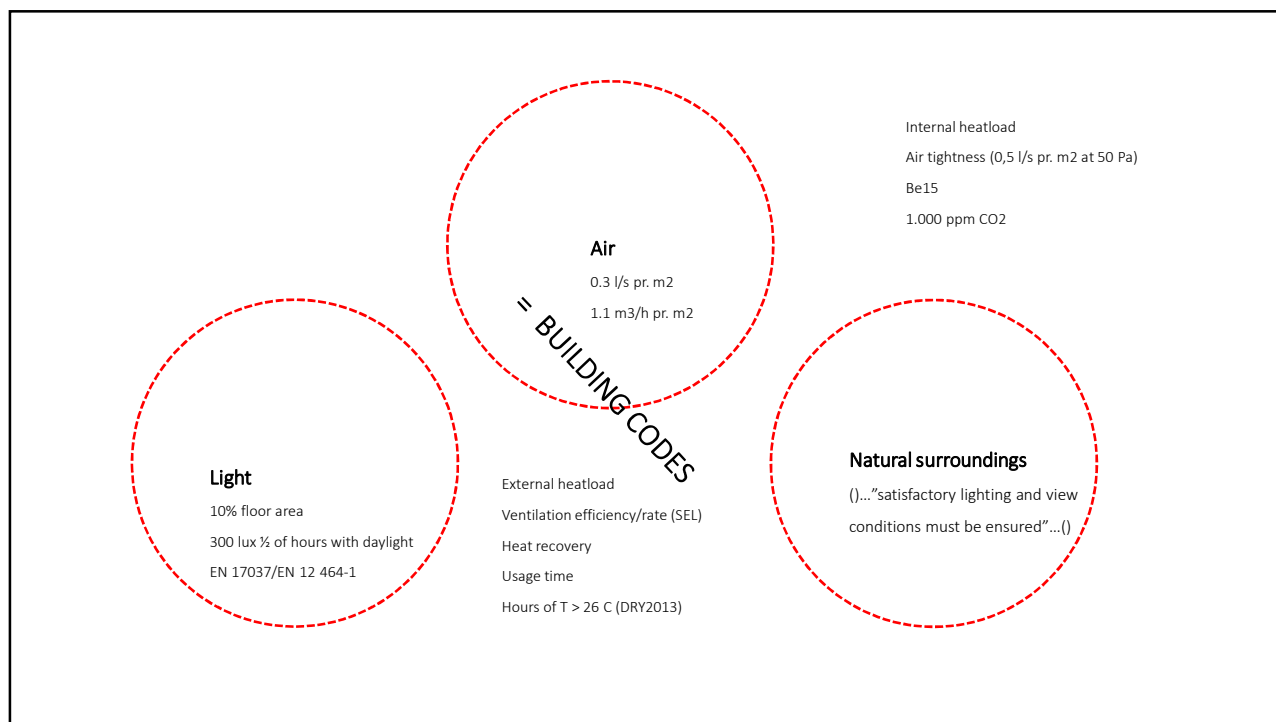
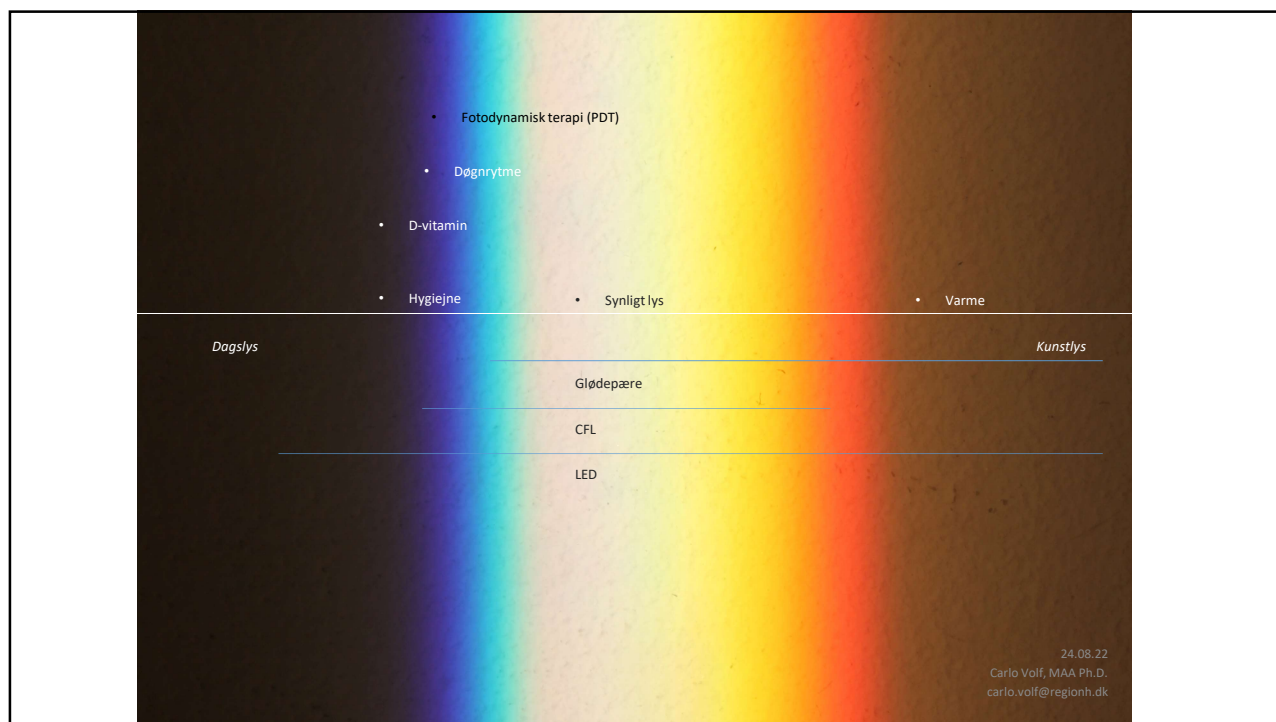
- Et regionalt, historisk perspektiv
- Hvad betyder dagslys for indlagte psykiatriske patienter?
- Hvad betyder dagslys for raske mennesker?
- Indeklima, udfordringer og potentialer
- Fra BR20 til BK/FBK: Fra >10 kg CO₂ pr m² pr år til 2,5 kg CO₂ pr m² pr år

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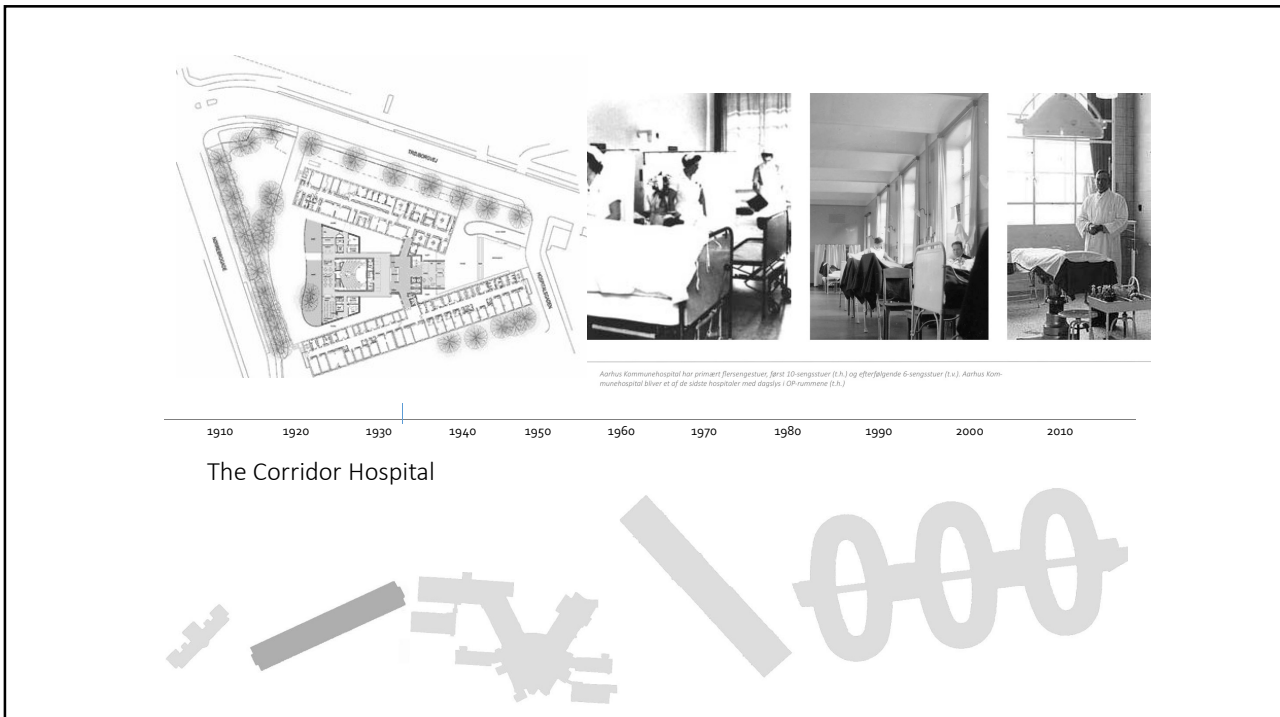
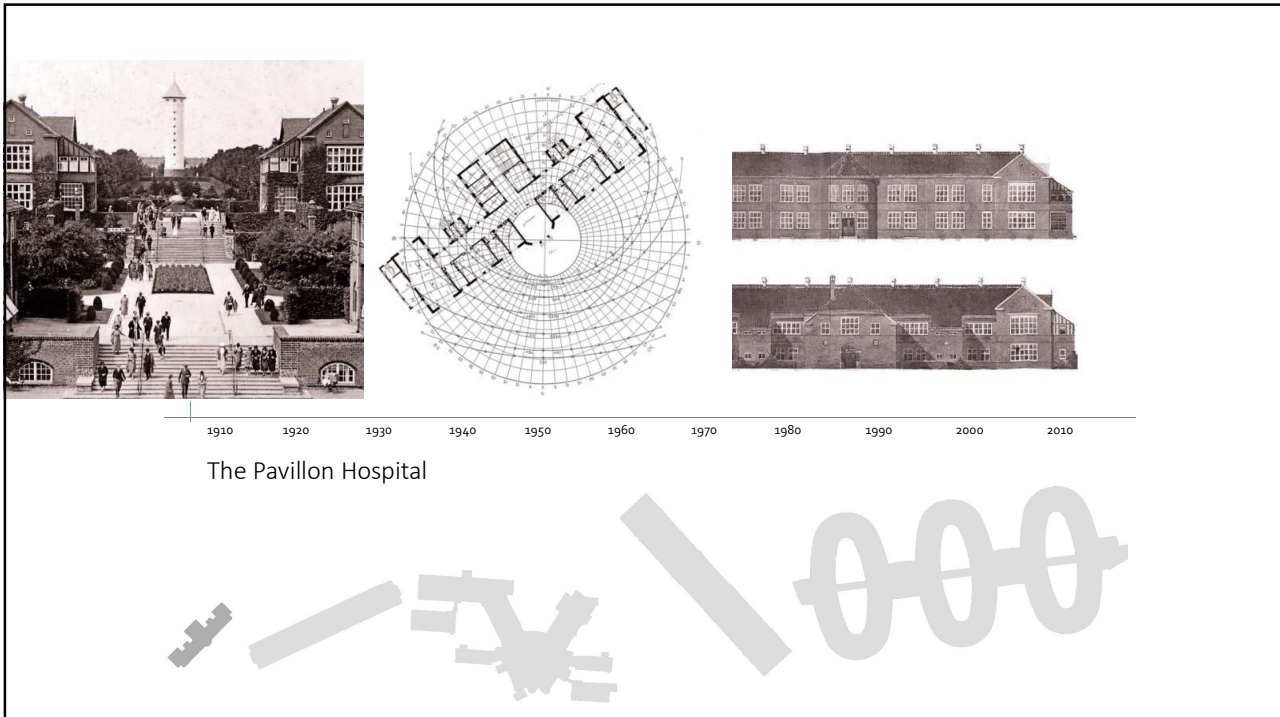


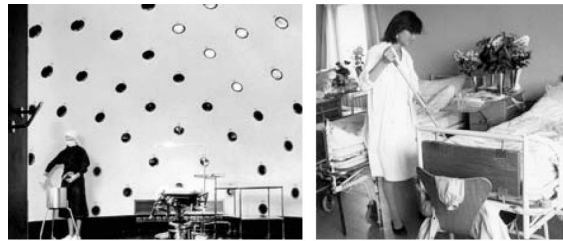
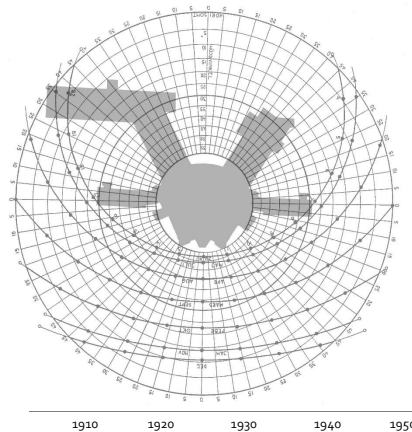
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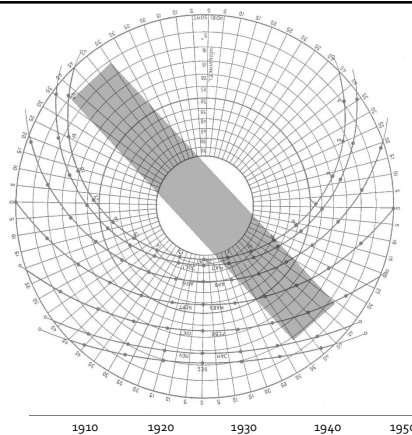
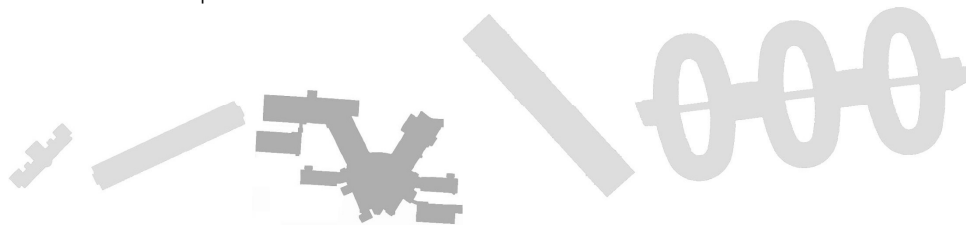




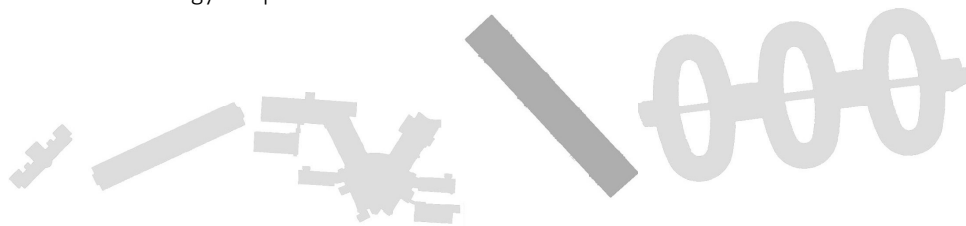


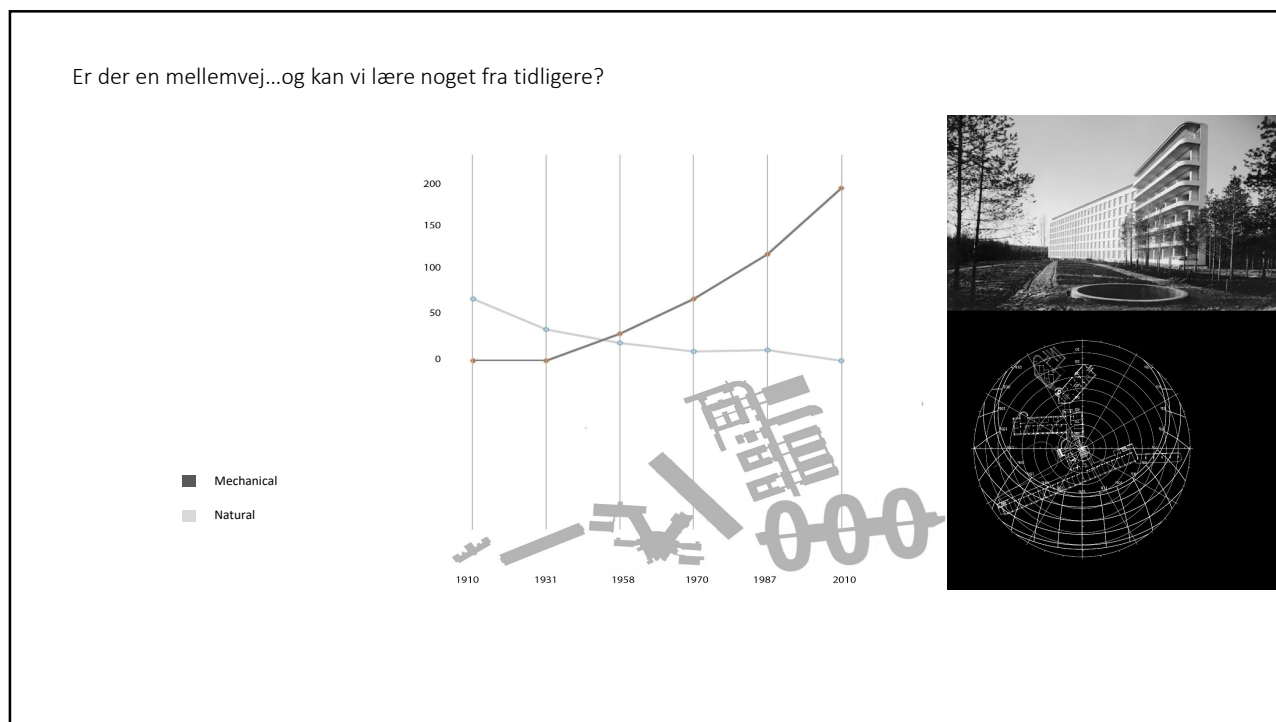
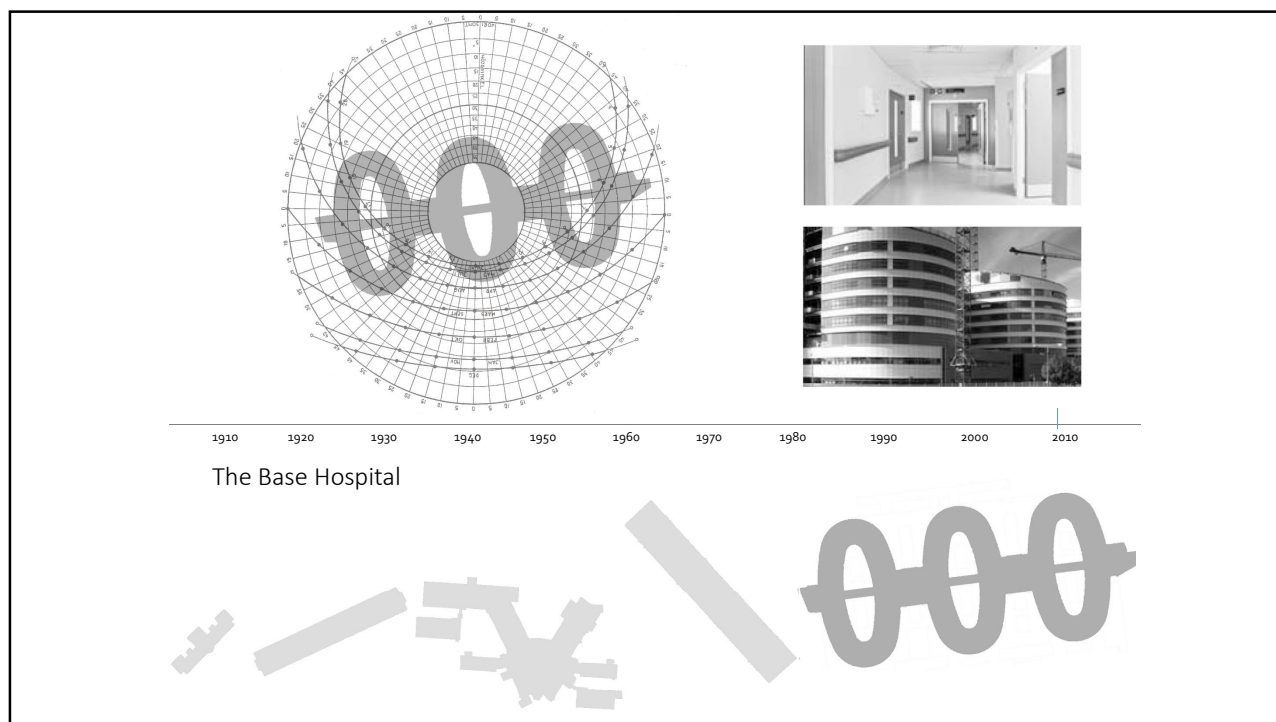
De kuppelformede OP-rum har nu ingen adgang til daglys, men det kreative kunstige lys skaber nu flere søjler, så det ikke bliver generende skygger på operationsborden. Ligesom mekanisk ventilation nu sørger for, at luftskiftet på OP-rum nu kan ske kontrolleret, mange gange i timen (i u) Glaxup Hospital er renoveret i flere omgange - men har bevaret en hjemlig atmosfære (i. u.)

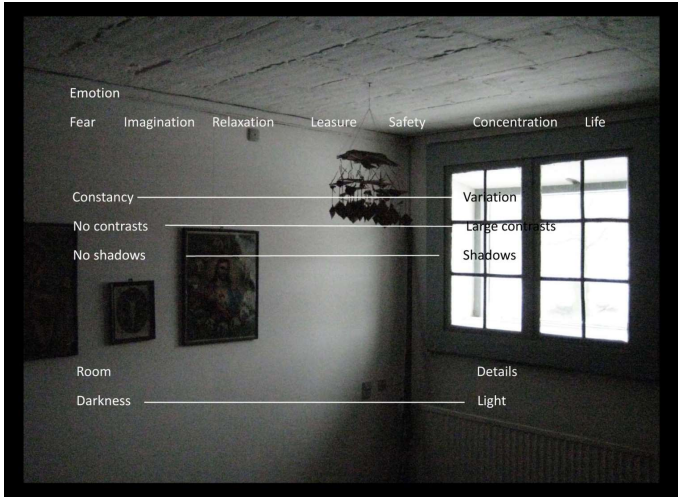
The Block Hospital



The Technology Hospital







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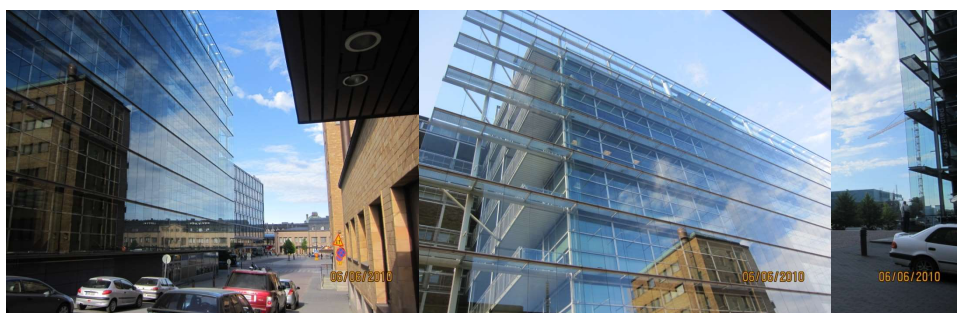


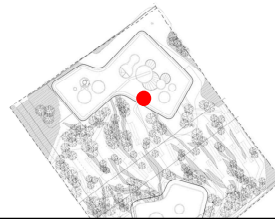
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- EN 17037: European Standard for Daylight
- EN 12464-1: Lighting of Workspaces

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PUBLIC NOTICE

ANYING LISTED BUILDINGS AND CONSERVATION AREAS ACT 1983

Applicant has been notified by the Council for consent to carry out works at

PICKHAM HEALTH CENTRE, PICKHAM PLACE, LONDON, SE10 2BB

on a Listed Building.

Applicant has been notified of the existing 'Original' steel window frames and replacement of glass with solar protective glass panels with a view to prevent further deterioration of the building and its fabric due to excessive condensation, when to prevent further heat loss or overheating and excessive heat gain during the summer.

The impact of the Council this development may affect the setting of the listed building.

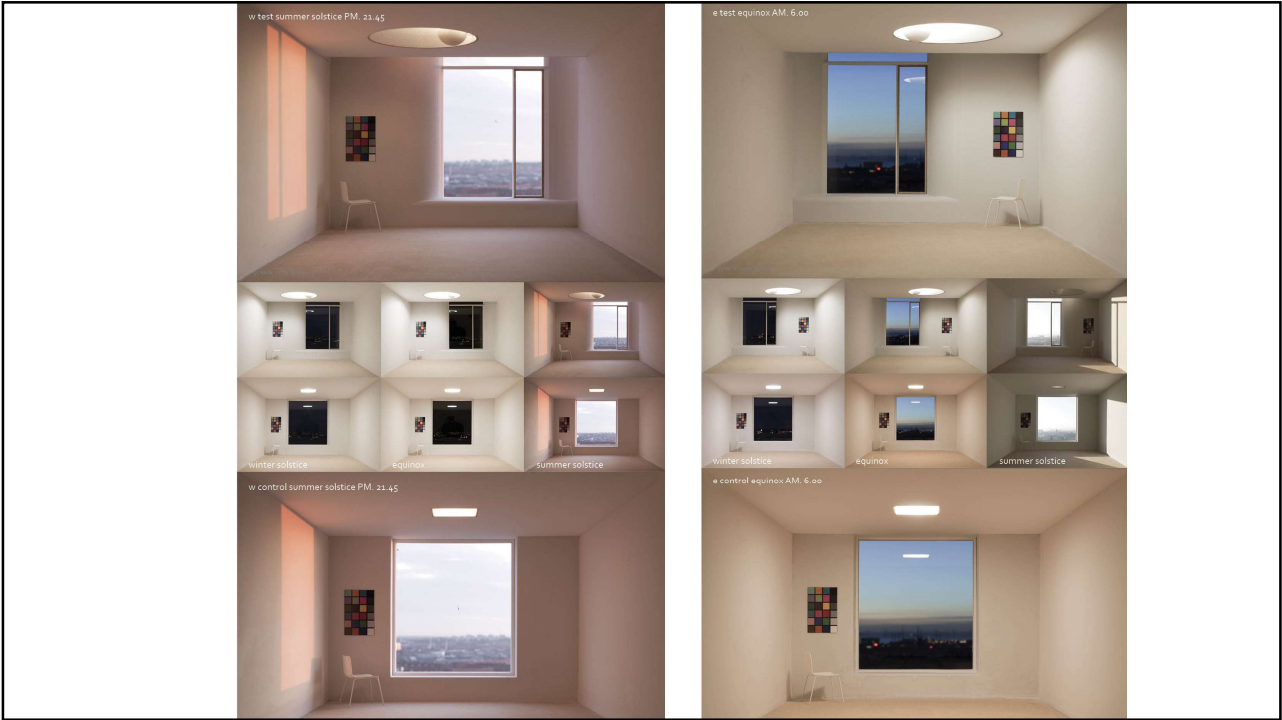
The Pickham Health Centre is 1938 (b), with the clear Vita glass, and the building today (bright), renovated with solar protective glass.

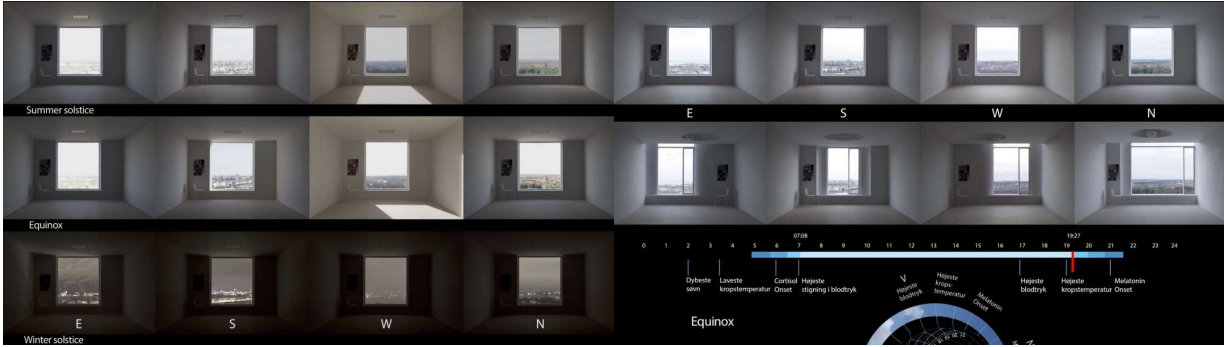
The MS axis, with the large facades facing E and W, opens equally up for the morning sun and for the evening sun. This may work further south, where there is less seasonal variation, and where the sun sets earlier during the summer. But here, at 51° N this orientation neither utilizes the sparse morning sun during the winter, nor shields against the late evening sun during the summer.

The sunlight creates heat problems, especially in the W facing facade, from early afternoon until late evening. At times of the day when the building is already warm.

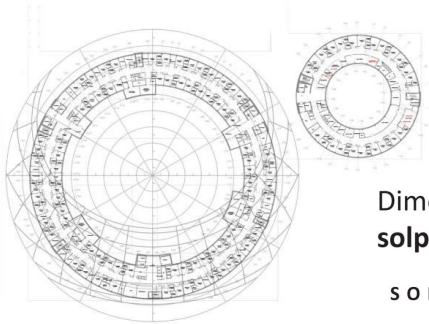
Above: The result, an application for solar protective glass in front of The Pickham Health Centre, or The Phoenix Centre as it is named today.

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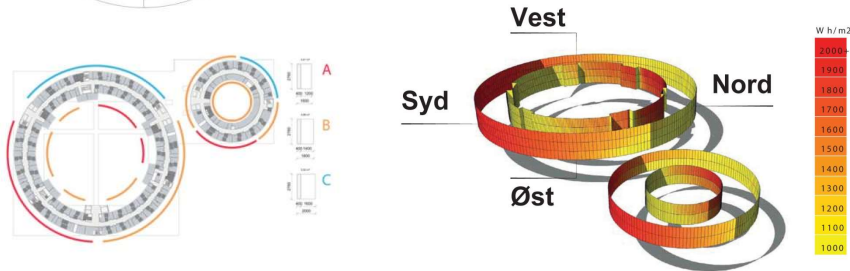


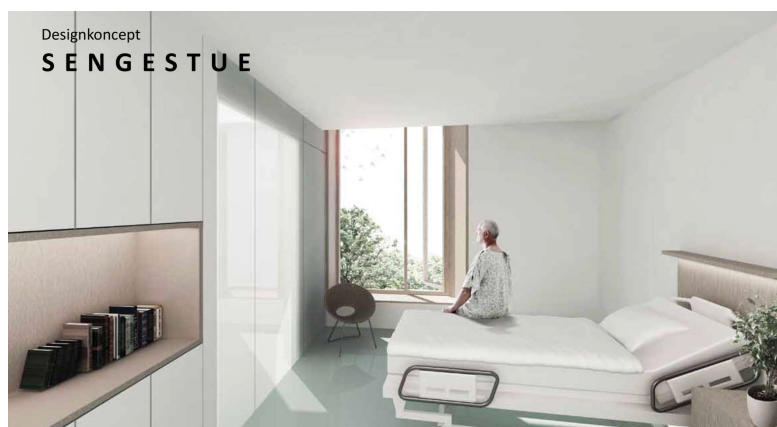
LIGHT, ARCHITECTURE AND HEALTH - AMETHOD



Dimensionering af vinduet i forhold til solpårvirkning og døgnrytme

SOLPÅRVIRKNING

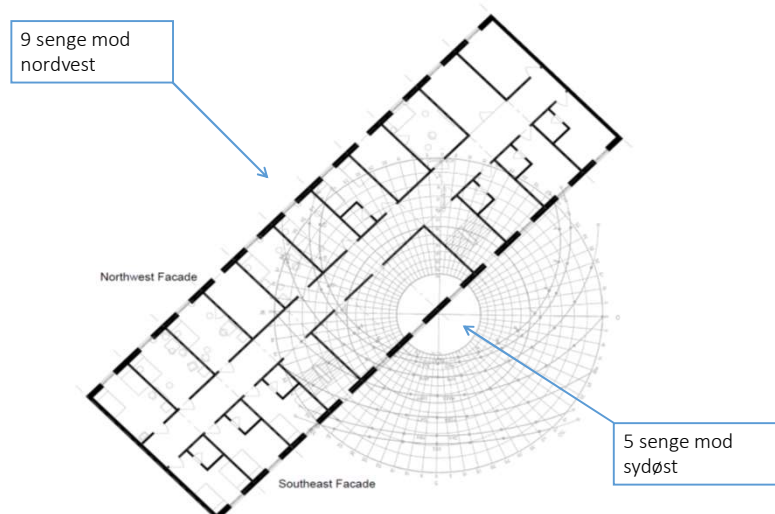




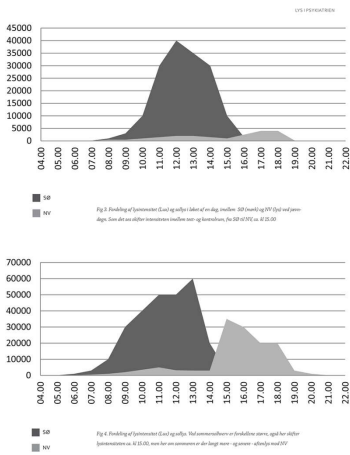
KONSORTIET - NYT HERLEV HOSPITAL - SPOR A | DAGSLYS / KUNSTLYS |

| SIDE 40

Hvad betyder dagslyset for indlagte patienter?



Lysfordeling på NV- og SØ-vendte stuer



Sydøst
12.00
Efterårs
jævn døgns



40.000 Lux

Nordvest
12.00
Efterårs
jævn døgns



2.000 Lux

Hvad fandt vi?

- Indlæggelseslængden
 - Sydøst: 29.2* dage (26.8)
 - Nordvest: 58.8 dage (42.0)
- Halvdelen af patienterne havde vitamin D niveauer under anbefalede niveau (gennemsnitligt 32.4 nmol/l fra 9 nmol/l til 44 nmol/l)

*Statistisk signifikant $p=0.01$ (Kruskal-Wallis test)

Hvad dagslyset for raske mennesker?

FACULTY OF HEALTH AND MEDICAL SCIENCES
UNIVERSITY OF COPENHAGEN



Glass Quality and Health in Public Housing

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¹Psychiatric Hospital Copenhagen, University of Copenhagen Denmark, ²DTU Fotonik, Roskilde Denmark, ³Tanish Building Research Institute, Aalborg University Copenhagen, ⁴Tanish Denmark

Objective

The objective of this study is to investigate the health impact of two kinds of window glass on healthy individuals in a public housing in Denmark. Since the invention of the insulating glass unit (IGUs) in the 1970s, a lot of innovative effort and talent has been put into optimizing the performance of window glass as climate screens. Unfortunately these efforts have served only one purpose: energy. A development which seems to continue in the build environment in the near future, and seems to be the most rational choice, if we do not consider other parameters, such as health. Spending on average 90 % of our time in the indoor environment, the quality of the window glass plays an important and yet overlooked role for our circadian rhythm, sleep, mood, wakefulness and levels of vitamin D. Recent discoveries about the missing piece in the lighting puzzle, the non-visual (p)RGCs, put emphasis on natural daylight and its beneficial effects as an efficient Zeitgeber, however until now studies have focused on artificial lighting and not daylight

Method

This randomized controlled study will investigate the effect of the daylight quality, establishing two different indoor daylight conditions by using two different types of window glass in building blocks, housing a total N = 90 healthy individuals in 72 apartments. As part of a building renovation, all windows will be renewed. Tenants participating in the study will have their apartment randomized to either:

- a) 2-layered clear low iron glass (g-value = 0,67, Lt = 0,83, U-value = 1,1) that allows ultraviolet and blue light to pass
- b) 3-layered float glass (g-value = 0,50, Lt = 0,71, U-value = 0,5) that limits the blue and ultraviolet parts of the daylight

G-value = Solar heat transmission, Lt = Light transmittance, U-value = Heat transfer coefficient

Spectral transmittance (St) of both glass types will be measured in a controlled environment. Subsequently the study will collect information on wellbeing, mood, sleep, health, and self-reported days of illness. The circadian response spectrum as well as the ability to produce 25(OH)D, the Standard Erythral Dose (SED), is measured and compared for each glass type across seasons. The study will sample data during four seasons (autumn, winter, spring and summer). Primary outcomes will be self-ratings of sleep, wellbeing and circadian rhythms, based on Pittsburgh Sleep Quality Index (PSQI), WHO-5 Wellbeing and SF-12. Secondary outcomes will be general satisfaction, self-reported days of sick leave and causes of illness. Exploratory outcomes will be ability to produce 25(OH)D measured in Standard Erythral Dose for each glass type and their effect on the use of additional artificial lighting

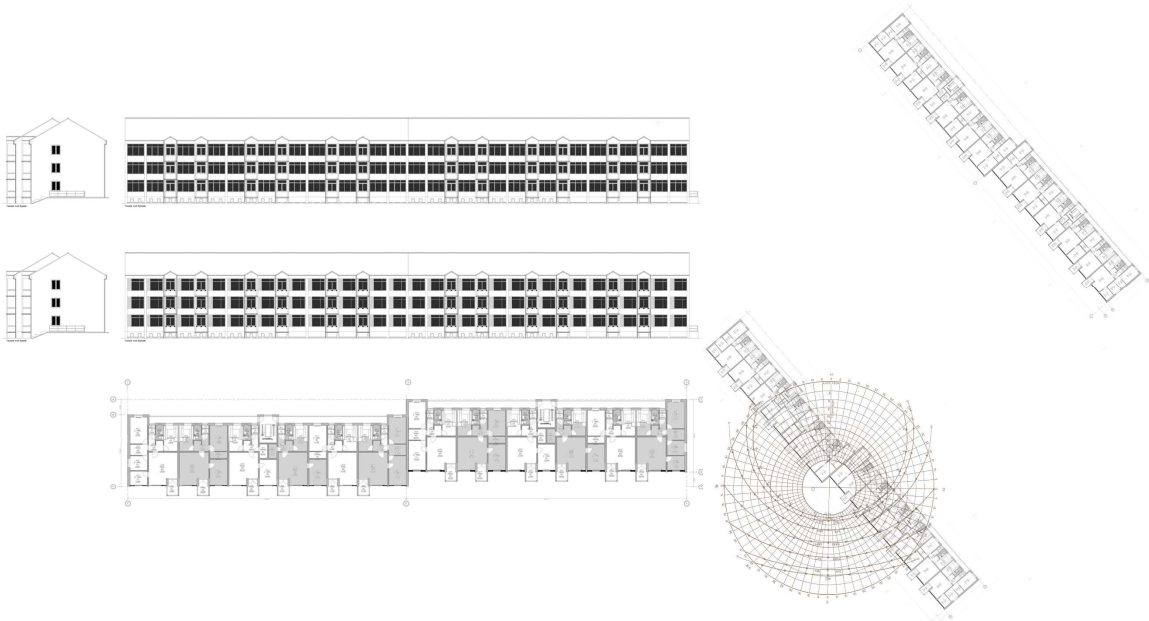
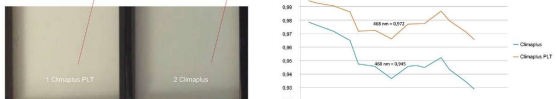
Results

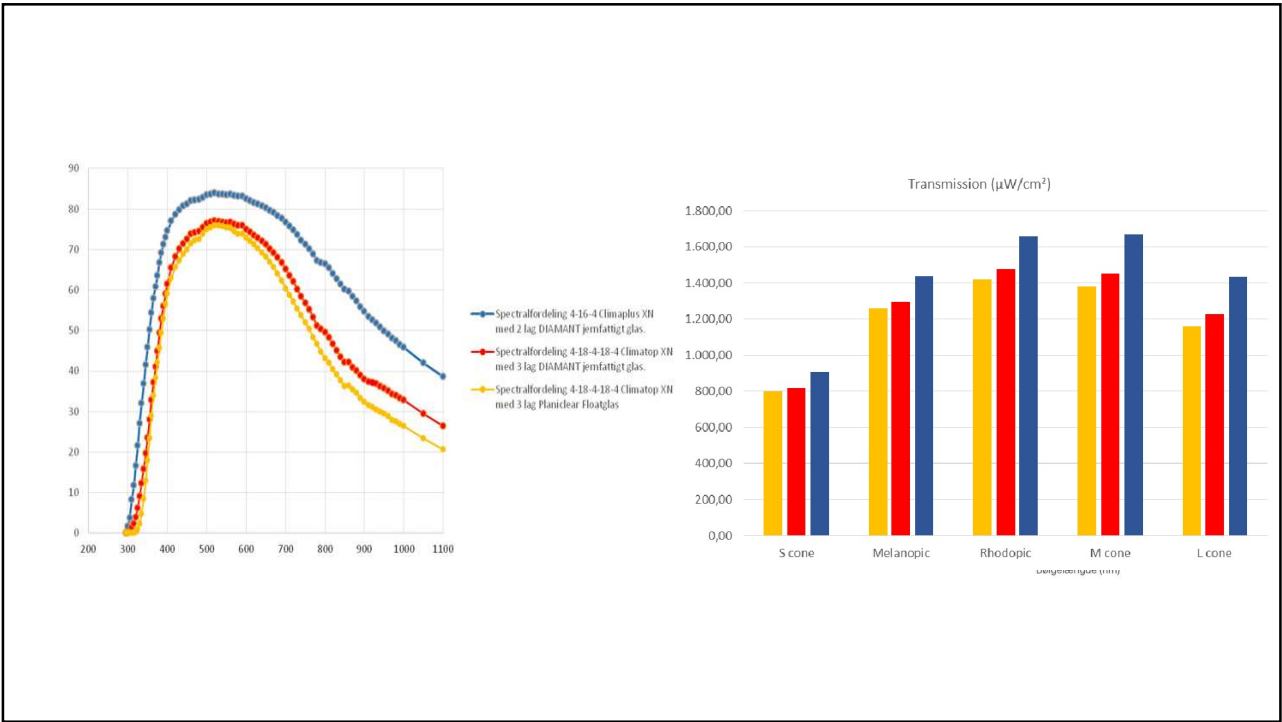
Expected results in September 2018

Conclusions



Fig. 1 The Public Housing HSB, Frederiksberg, DENMARK, experimental block (top) and control block (bottom)





Kortbølget lys som stimulerer døgnrytme

- 2-lags hospitalsglas transmitterer < 20 % mere kortbølget dagslys end 3-lags energiglas. *j.f. Toolbox, Measuring in the Melanopsian Age*

D-vitamin og glaskvalitet

- 2-lags hospitalsglas transmitterer UVB-lys (285 – 315 nm) (5 %)
- 3-lags energiglas transmitterer ikke UVB-lys (0 %)
- 3-lags hospitalsglas transmitterer stort set ingen UVB-lys (<0,5 %)

5 % dosis svarer til, at en person der sidder 2-3 timer pr dag ved vinduet kan få dækket D-vitamin behovet i DK når 20% af kroppen bestråles

Resultater viste følgende signifikante resultater ($p < 0.05$):

Socio-demography

5.9% of the residents were associated to the labor market, while 47.1% of the residents in the building with 2-layered low-iron glass were associated to the labor market ($p = 0.02$ + Fishers exact test)

Health

The residents in apartments in the building with 3-layered low energy windows reported statistically significant problems sleeping after renovation ($p = 0.05$).

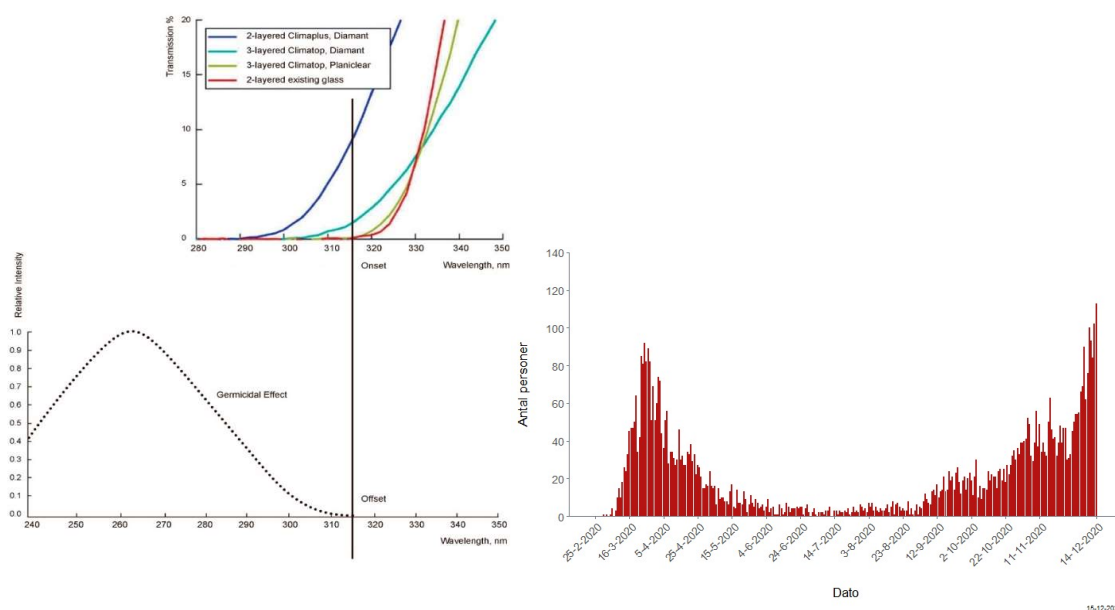
The residents in apartments with 2-layered low-iron glass experienced work difficulties due to physical pain over the last 4 weeks ($p = 0.05$).

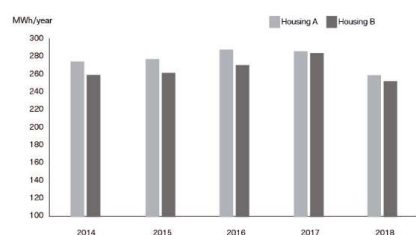
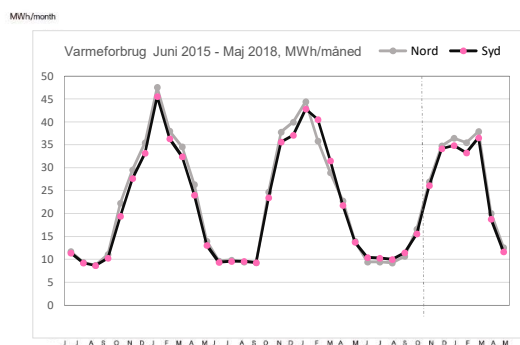
Satisfaction

Residents in apartments with 3-layered low energy windows were more satisfied with ventilation and air in their apartments after the renovation compared to the residents in apartments with 2-layered low-iron glass ($p = 0.04$)

Residents in apartments with 3-layered low energy glass reported that satisfaction with the daylight in apartments ($p = 0.03$) and colors of furniture, etc. ($p = 0.05$) were higher after the renovation, compared to apartments with 2-layered low-iron glass

Residents in the apartments with 3-layered low energy glass reported fewer days with too much cold in apartments, compared to residents in apartments with 2-layered low-iron glass ($p = 0.02$ X-2 = 5,7), although both groups reported fewer days compared to baseline



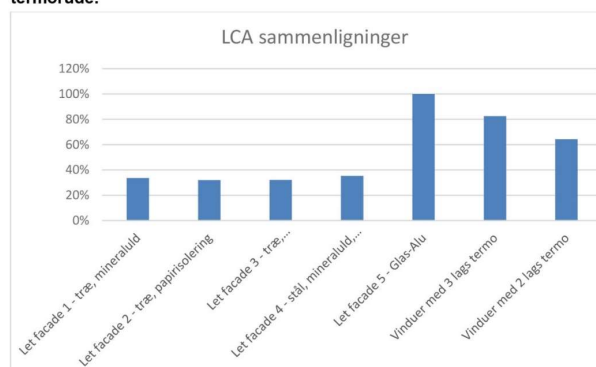


Energy consumption for heating:

Housing A with 3-layered low energy glass decreased by 9.4%
Housing B with 2-layered low-iron glass decreased by 11.0%

When comparing season 2016-17 (before renovation) with season 2017 – 18 (after renovation)

Forholdsmæssig betydning af lukket facade, 3-lags termorude og 2-lags termorude:





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