ANSI/ASHRAE/ASHE Addendum a to
ANSI/ASHRAE/ASHE Standard 170-2008

ASHRAE/ASHE STANDARD

Ventilation of Health Care Facilities

Approved by the ASHRAE Standards Committee on June 20, 2009; by the ASHRAE Board of Directors on June 24, 2009; by the American Society for Healthcare Engineering of the American Hospital Association on June 2, 2009; and by the American National Standards Institute on June 25, 2009.

This standard is under continuous maintenance by a Standing Standard Project Committee (SSPC) for which the Standards Committee has established a documented program for regular publication of addenda or revisions, including procedures for timely, documented, consensus action on requests for change to any part of the standard. The change submittal form, instructions, and deadlines may be obtained in electronic form from the ASHRAE Web site, http://www.ashrae.org, or in paper form from the Manager of Standards. The latest edition of an ASHRAE Standard may be purchased from ASHRAE Customer Service, 1791 Tullie Circle, NE, Atlanta, GA 30329-2305. E-mail: orders@ashrae.org. Fax: 404-321-5478. Telephone: 404-636-8400 (worldwide), or toll free 1-800-527-4723 (for orders in US and Canada).

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SPECIAL NOTE

This American National Standard (ANS) is a national voluntary consensus standard developed under the auspices of the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE). *Consensus* is defined by the American National Standards Institute (ANSI), of which ASHRAE is a member and which has approved this standard as an ANS, as "substantial agreement reached by directly and materially affected interest categories. This signifies the concurrence of more than a simple majority, but not necessarily unanimity. Consensus requires that all views and objections be considered, and that an effort be made toward their resolution." Compliance with this standard is voluntary until and unless a legal jurisdiction makes compliance mandatory through legislation.

ASHRAE obtains consensus through participation of its national and international members, associated societies, and public review.

ASHRAE Standards are prepared by a Project Committee appointed specifically for the purpose of writing the Standard. The Project Committee Chair and Vice-Chair must be members of ASHRAE; while other committee members may or may not be ASHRAE members, all must be technically qualified in the subject area of the Standard. Every effort is made to balance the concerned interests on all Project Committees.

The Assistant Director of Technology for Standards and Special Projects of ASHRAE should be contacted for:

a. interpretation of the contents of this Standard,
b. participation in the next review of the Standard,
c. offering constructive criticism for improving the Standard, or
d. permission to reprint portions of the Standard.

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FOREWORD

The changes in this addendum clear up inconsistencies regarding design parameters for spaces. The following discusses the specific changes implemented in this addendum.

1. ***Modifications to Table 7-1, Design Parameters, for "Newborn intensive care."*** *This change modifies the table entry for "Newborn intensive care" under the Design Temperature column to be the same as the Table entry for "Newborn nursery suite." These two spaces have similar design temperature requirements.*
2. ***Modifications to Table 7-1, Design Parameters, for "Corridor."*** *This change modifies the table entry for "Corridor" under the Function of Space column. This modification differentiates the requirements for minimum total air changes per hour in patient corridors from those corridors within health care facilities in which patients are not present.*
3. ***Modifications to Table 7-1, footnote k.*** *This change modifies the footnote to denote that some entries have only a maximum relative humidity requirement. This change also deletes the word "control" and its associated interpretations from the text and replaces it with new text.*
4. ***Modifications to Table 7-1, footnote n.*** *This change modifies the footnote to denote which type of "monitoring device alarms" is the subject of the sentence since the footnote discusses a variety of topics.*

Note: In this addendum, changes to the current standard are indicated in the text by underlining (for additions) and ~~strikethrough~~ (for deletions) unless the instructions specifically mention some other means of indicating the changes.

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[In Table 7-1, revise two entries and notes "k" and "n" as shown below.]

TABLE 7-1 Design Parameters

Function of Space	Pressure Relationship to Adjacent Areas (n)	Minimum Outdoor ach	Minimum Total ach	All Room Air Exhausted Directly to Outdoors (j)	Air Recirculated by means of Room Units (a)	RH (k), (%)	Design Temperature (l), (°F/°C)
Newborn intensive care	Positive	2	6	N/R	No	30-60	~~70-75/21-24~~ 72-78/22-26
Patient Corridor	N/R	N/R	2	N/R	N/R	N/R	N/R

[k] The RH ranges listed are the minimum and/or maximum ~~limits where control is specifically needed.~~ allowable at any point within the design temperature range required for that space.

[n] If pressure monitoring device alarms are installed, allowances shall be made to prevent nuisance alarms. Short term excursions from required pressure relationships shall be allowed while doors are moving or temporarily open. Simple visual methods such as smoke trail, ball-in-tube, or flutterstrip shall be permitted for verification of airflow direction. Recirculating devices with HEPA filters shall be permitted in existing facilities as interim, supplemental environmental controls to meet requirements for the control of airborne infectious agents. The design of either portable or fixed systems should prevent stagnation and short circuiting of airflow. The design of such systems shall also allow for easy access for scheduled preventative maintenance and cleaning.

POLICY STATEMENT DEFINING ASHRAE'S CONCERN FOR THE ENVIRONMENTAL IMPACT OF ITS ACTIVITIES

ASHRAE is concerned with the impact of its members' activities on both the indoor and outdoor environment. ASHRAE's members will strive to minimize any possible deleterious effect on the indoor and outdoor environment of the systems and components in their responsibility while maximizing the beneficial effects these systems provide, consistent with accepted standards and the practical state of the art.

ASHRAE's short-range goal is to ensure that the systems and components within its scope do not impact the indoor and outdoor environment to a greater extent than specified by the standards and guidelines as established by itself and other responsible bodies.

As an ongoing goal, ASHRAE will, through its Standards Committee and extensive technical committee structure, continue to generate up-to-date standards and guidelines where appropriate and adopt, recommend, and promote those new and revised standards developed by other responsible organizations.

Through its *Handbook*, appropriate chapters will contain up-to-date standards and design considerations as the material is systematically revised.

ASHRAE will take the lead with respect to dissemination of environmental information of its primary interest and will seek out and disseminate information from other responsible organizations that is pertinent, as guides to updating standards and guidelines.

The effects of the design and selection of equipment and systems will be considered within the scope of the system's intended use and expected misuse. The disposal of hazardous materials, if any, will also be considered.

ASHRAE's primary concern for environmental impact will be at the site where equipment within ASHRAE's scope operates. However, energy source selection and the possible environmental impact due to the energy source and energy transportation will be considered where possible. Recommendations concerning energy source selection should be made by its members.