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

ASHRAE/ASHE ADDENDA

Ventilation of Health Care Facilities

Approved by the ASHRAE Standards Committee on January 29, 2011; by the ASHRAE Board of Directors on February 2, 2011; by the American Society for Healthcare Engineering of the American Hospital Association on January 28, 2011; and by the American National Standards Institute on March 3, 2011.

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FOREWORD

This addendum revises the requirements concerning the application of different types of ventilation diffusers in certain spaces.

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.

Addendum g to Standard 170-2008

[Add the following definition to Section 3, "Definitions." The source of the new definition is the glossary of the FGI Guidelines for Design and Construction of Health Care Facilities, 2010 Edition*.]*

1. DEFINITIONS

patient care area: an area used primarily for the provision of clinical care to patients. Such care includes monitoring, evaluation, and treatment services.

[Revise Table 6-2 and the table notes as shown at the bottom of this page. See Item "a" of Section 6.7.2 and Item 2 of Section 7.2 of Standard 170-2008 for information relating to this change.]

[Add the following sentence to footnote "s" in Table 7-1, "Design Parameters." Note also that "immediate care" was added to the first sentence of this footnote by Addendum "b" to Standard 170-2008.]

s. For patient rooms, intermediate care, labor/delivery/recovery rooms and labor/delivery/recovery/postpartum rooms, four total ach shall be permitted when supplemental heating and/or cooling systems (radiant heating and cooling, baseboard heating, etc.) are used. For single-bed patient rooms using Group D diffusers, a minimum of six total air changes per hour shall be provided and calculated based on the volume from finished floor to 6 ft (1.83 m) above the floor.

[Add the following new reference to Section 9, "Normative References."]

[10] *ASHRAE System Performance Evaluation and Design Guidelines for Displacement Ventilation,* 2003. Quigyean Chen and Leon Glickman.

TABLE 6-2 Supply Air Outlets

Space Designation (According to Function)	Supply Air Outlet Classification[a]
All class A, B, and C surgeries[b]	Primary supply diffusers Group E, non-aspirating additional supply diffusers Group E
Protective environment (PE) rooms	Group E, non-aspirating
Wound intensive care units (burn units)	Group E, non-aspirating
Trauma rooms (crisis or shock)	Group E, non-aspirating
AII rooms	Group A or Group E
Single-bed patient rooms[c]	Group A, Group D, or Group E
All other patient care spaces	Group A or Group E
All other spaces	No requirement

Note a: Refer to *2005 ASHRAE Handbook--Fundamentals*, ~~Chapter 35~~ Chapter 33, for definitions related to outlet classification and performance (see Informative Annex B: Bibliography).

Note b: Surgeons may require alternate air-distribution systems for some specialized surgeries. Such systems shall be considered acceptable if they meet or exceed the requirements of this standard.

Note c: Air-distribution systems using Group D diffusers shall meet the following requirements:

1. The system shall be designed according to "Design Guidelines" in Chapter 7 of *ASHRAE System Performance Evaluation and Design Guidelines for Displacement Ventilation.*[10]
2. The supply diffuser shall be located where it cannot be permanently blocked (e.g., opposite the foot of the bed.)
3. The room return/exhaust grille shall be located in the ceiling, approximately above the head of the patient bed.
4. The transfer grille to the toilet room shall be located above the occupied zone.