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Reference: This request for interpretation refers to the requirements presented in ANSI/ASHRAE Standard 62.1-2010, Section 6.2.2.1 and Table 6.2.2.1, regarding health care spaces.

Background: Table 6.2.2.1 does not include rates for health care spaces. General Note 6 indicates that, for unlisted occupancies, “requirements for the listed occupancy category that is most similar in terms of occupant density, activities, and building construction shall be used”.

For health care spaces, occupant densities range from 5-10 #/100 ft². Activity levels are low to moderate. Building construction is tight. Based on this, $R_p$ values would seem to be 5 cfm/person, similar to Office spaces, Hotels, or Correctional Facilities. $R_a$ values would seem to be 0.06 cfm/ft², similar to Office spaces, Hotels, and Multiuse assembly.

Additionally, §2.3 states that “Additional requirements for... health care...may be dictated by other standards.” The “other” standard in the U.S. is ASHRAE/ASHE Standard 170-2013, Ventilation of Health Care Facilities (S170). S170 outdoor air ventilation rates (S170 §7), use the ‘air change per hour’ (ACH) method. In 85% of spaces, it requires 2ACH.

Interpretation: For health care spaces, designers should select similar occupancies (as indicated in General Note 6 of Table 6.2.2.1) to determine $V_{bc}$ in Section 6.2.2.1 of the ventilation rate procedure.

Question: Is this interpretation correct?

Answer: No

Comments: While selecting a ventilation rate based on similar spaces is appropriate in terms of compliance with Standard 62.1, the requirement in Section 2.3 is specifically intended to let the user know that other standards and codes covering health care spaces must be reviewed, and if those documents establish ventilation rates that are more appropriate for the space under consideration, those rates must be met. In such a situation, while the ventilation rate is established by another standard or code, such as Standard 170, there may be other requirements in Standard 62.1 that must be met.