SPECIAL NOTE

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 Senior Manager of Standards 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.

DISCLAIMER

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FOREWORD
Addendum m addresses changes made as the committee has reviewed and responded to informal and formal interpretation requests. Additionally, in recognition of the changes in the behavioral health care industry, the committee has sought to specifically provide guidance.

- Revised lab exhaust discharge requirements in coordination with ANSI/AIHA Z9.5
- Updated the standard to allow recirculating room units in sterilizer equipment room
- Expanded guidance to address behavioral and mental health patient areas, residential behavioral and mental health patient rooms in coordination with the FGI
- Revised Normative and Informative references in coordination with recent publications

This addendum includes changes originally made by published Addendum p to the 2017 edition of the standard. Addenda can be downloaded at http://www.ashrae.org/technical-resources/standards-and-guidelines/standards-addenda.

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.

Revise Section 6.1.1 as shown.

6.1 Utilities

6.1.1 Ventilation Upon Loss of Electrical Power. The space ventilation and pressure relationship requirements of Tables 7.1, 8.1, and 9.1 shall be maintained for the following spaces, even in the event of loss of normal electrical power:

a. All rooms
b. PE rooms
c. Operating rooms (ORs), including delivery rooms (Caesarean)

Exception to 6.1.1: When an essential power system is not provided or required, operation of space ventilation and pressure relationships is not required.

Informative Note: For further information, see NFPA 99 (2018) in Appendix B.

Revise Section 6.3.2.2 as shown.

6.3.2.2 Additional Requirements

b. Exhaust discharge outlets from laboratory work area chemical fume hoods shall discharge with a stack velocity of at least 3000-2500 fpm (15.24-12.7 m/s).

Exception to 6.3.2.2(b): Lower discharge velocity may be permitted when an engineering analysis can demonstrate that the specific design meets the dilution criteria necessary to reduce concentration of hazardous materials in the exhaust to safe levels at all potential receptors. (See ANSI/AIHA Z9.5-2012, Section 2.1.)

Revise Section 7.6 as shown.

7.6 Behavioral and Mental Health Psychiatric Patient Areas. HVAC systems and related controls shall be secured as called for in the patient safety risk assessment. All exposed equipment located with these spaces shall have enclosures with rounded corners and tamper-resistant fasteners. With the exception of HVAC room recirculating units, equipment shall be arranged such that maintenance personnel are not required to enter patient-care spaces for ser-
vice, unless approved by the AHJ when such arrangement is not possible. Seclusion, restraint, and observation rooms intended for behavioral and mental health patients shall use fully recessed, vandal-resistant grilles with diffuser blades designed for ligature-resistant and anti-contraband capability. Spaces intended for the care and treatment of inpatients who do not require acute medical services shall comply with Residential Health in Table 7.1.

**Revise Section 8.6 as shown.**

8.6 Behavioral and Mental Health Psychiatric Patient Areas. HVAC systems and related controls shall be secured as called for in the patient safety risk assessment. All exposed equipment located with these spaces shall have enclosures with rounded corners and tamper-resistant fasteners. With the exception of HVAC room recirculating units, equipment shall be arranged such that maintenance personnel are not required to enter patient-care spaces for service, unless approved by the AHJ when such arrangement is not possible. Seclusion, restraint, and observation rooms intended for behavioral and mental health patients shall use fully recessed, vandal-resistant grilles with diffuser blades designed for ligature-resistant and anti-contraband capability.
Revise Table 7.1 as shown. The remainder of Table 7.1 is unchanged. Note: This table includes changes originally made by published Addendum p to the 2017 edition of the standard.

Table 7.1 Design Parameters—Inpatient Spaces

<table>
<thead>
<tr>
<th>Function of Space (f)</th>
<th>Pressure Relationship to Adjacent Areas (n)</th>
<th>Minimum Outdoor ach</th>
<th>Minimum Total ach</th>
<th>All Room Air Exhausted Directly to Outdoors (j)</th>
<th>Air Recirculated by Means of Room Units (a)</th>
<th>Unoccupied Turndown</th>
<th>Minimum Filter Efficiencies (c)</th>
<th>Design Relative Humidity (k), %</th>
<th>Design Temperature (l), °F/°C</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSING UNITS AND OTHER PATIENT CARE AREAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEHAVIORAL AND MENTAL HEALTH FACILITIES (k)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient bedroom, resident room (2.5–2.2.2)</td>
<td>NR</td>
<td>2</td>
<td>2</td>
<td>NR</td>
<td>NR</td>
<td>Yes</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Seclusion room (2.5–2.24.3)</td>
<td>NR</td>
<td>4</td>
<td>2</td>
<td>NR</td>
<td>NR</td>
<td>Yes</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
</tbody>
</table>
Add new Section 9.3 as shown below.

9.3 Behavioral and Mental Health Facilities

9.3.1 General. These spaces are intended for the care and treatment of inpatients who do not require acute medical services.

9.3.2 Behavioral and Mental Health Patient Areas. HVAC systems and related controls shall be secured as called for in the patient safety risk assessment. All exposed equipment located with these spaces shall have enclosures with rounded corners and tamper-resistant fasteners. With the exception of HVAC room recirculating units, equipment shall be arranged such that maintenance personnel are not required to enter patient-care spaces for service, unless approved by the AHJ when such arrangement is not possible. Seclusion, restraint, and observation rooms intended for behavioral and mental health patients shall use fully recessed, vandal-resistant grilles with diffuser blades designed for ligature-resistant and anticontraband capability.

Revise Section 11 as shown. Add new Normative Reference 14 and revise References 1, 6, 7, 8, 10, and 11. The remainder of Section 11 is unchanged.

11. NORMATIVE REFERENCES


[...]


[...]


[...]


Add new informative references and revise existing references in Informative Appendix B as shown. The remainder of Informative Appendix B is unchanged.


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.
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Founded in 1894, ASHRAE is a global professional society committed to serve humanity by advancing the arts and sciences of heating, ventilation, air conditioning, refrigeration, and their allied fields.

As an industry leader in research, standards writing, publishing, certification, and continuing education, ASHRAE and its members are dedicated to promoting a healthy and sustainable built environment for all, through strategic partnerships with organizations in the HVAC&R community and across related industries.

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