SPECIAL NOTE

This American National Standard (ANS) is a national voluntary consensus Standard developed under the auspices of 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 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.

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FOREWORD

These changes come from a critical review of Sections 5 and 10. Addendum e improves the flow of the standard by moving the planning requirements from Section 10 into Section 5, “Planning.” The addendum also harmonizes revised Section 10, “Construction and System Start-Up,” requirements with those in ASHRAE Standard 62.1. SSPC 170 feels the changes represent minimum current design practices and should not present additional economic burden to health care facility construction.

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 e to Standard 170-2017

Modify Section 5 as shown.

5. PLANNING

Owners/managers of health care facilities shall prepare a detailed program that shall include the clinical service expected in each space, the specific user equipment expected to be used in each space, and any special clinical needs for temperature, humidity, and pressure control. This program shall be prepared in the planning phase of design.

5.1 General. Space programming and planning details that impact the HVAC design shall be identified and addressed in the planning phase of design.

5.2 Owner Requirements. Owners/managers of health care facilities shall do the following:

a. Space Program. Prepare a space program, including the clinical service expected in each space and specific user equipment to be used. Specify needs for temperature, humidity, air filtration, localized and general exhaust, and pressure control that are not covered or are different than the requirements in this standard.

b. Medical/Clinical Organizations. Provide specific medical and clinical requirements that are different than the requirements in this standard.

c. Facility Operational Plan. Provide an operational plan in event of extended power or fuel outage. See Sections 6.1.2.1 and 6.1.2.2.

5.3 Planning for HVAC Services in a New Facility. Design documents for new construction shall meet the following requirements:

a. Mechanical Equipment

1. Locate mechanical rooms to avoid the intrusion of maintenance personnel into surgical, critical care patient, or other patient- or medical-staff-sensitive areas.
2. Provide sufficient space to comply with HVAC equipment manufacturers’ minimum required access for operation, maintenance, and replacement.
3. Provide safe and practical means of accessing equipment.
4. Floors in mechanical rooms shall be sealed—including sealing around all penetrations—when they are above surgical suites and critical care spaces.

b. Space Allocation for HVAC Distribution Systems

1. HVAC Distribution Systems. Coordinate ceiling plenum height, under-floor, and other areas where HVAC distribution systems are intended to be installed to allow for installation, inspection, and maintenance.
2. Mechanical Shafts. Allow for needed access for damper installation (if required), inspection, and service. Access doors shall be sized to meet code minimum for service requirements.
10.3.5.4 Planning for HVAC Services in an Existing Facility. If any existing air-handling, cooling, or heating equipment is to be reused, the designer shall evaluate the capacity of the equipment to determine whether it will meet the requirements of this standard for the remodeled space.

5.4 Planning for HVAC Services in an Existing Facility. Where required, prior to beginning modifications or remodeling of HVAC systems in an existing facility, an owner shall conduct an infection control risk assessment (ICRA). The ICRA shall establish those procedures required to minimize the disruption of facility operation and the distribution of dust, odors, and particulates.

5.6 Planning for HVAC Systems Operating During Construction. Owner and design team shall determine if, and under what conditions, the permanent HVAC systems can be used for providing temporary heating, cooling, and/or dehumidifying during construction. Refer to Section 10.1.4.3(b).

Modify Section 10 as shown:

10. PLANNING, CONSTRUCTION, AND SYSTEM START-UP

10.1 Overview. For HVAC systems serving surgery and critical care spaces, compliance with this standard requires preparation of an acceptance testing plan.

10.2 Planning for the HVAC Services in a New Facility. Design documents for new construction shall meet the following requirements:

a. General Mechanical Equipment Rooms. The access to mechanical rooms shall be planned to avoid intrusion of maintenance personnel into surgical and critical care patient spaces.

b. Mechanical Room Layout. Mechanical room layout shall include sufficient space to provide manufacturers’ minimum required access to equipment for operation, maintenance, and replacement. Floors in mechanical rooms shall be sealed, including sealing around all penetrations, when they are above surgical suites and critical care spaces.

c. Maintenance/Repair Personnel Access. Safe and practical means of accessing equipment shall be provided. Clearance to mechanical equipment is required at all service points to allow personnel access and working space.

10.1 Construction Phase

10.1.1 Application. The requirements of this section apply to ventilation systems and the spaces they serve in new buildings, and in additions to or alterations in existing buildings, during the construction phase of the project.

10.1.2 Protection of Materials. When recommended by the manufacturer, building materials shall be protected from rain and other sources of moisture by appropriate in-transit and on-site procedures. Porous materials with visible microbial growth shall not be installed. Nonporous materials with visible microbial growth shall be decontaminated.

10.6 10.1.3 Duct Cleanliness. The duct supply system shall meet the following requirements for cleanliness:

a. The duct system shall be free of construction debris. New supply duct system installations shall comply with level “B C,” the Advanced Level of SMACNA Duct Cleanliness for New Construction Guidelines 12.

b. The supply diffusers in ORs, delivery rooms (Caesarean), trauma rooms (crisis or shock), wound intensive care rooms, PEs, and critical and intensive care rooms shall be opened and cleaned before the space is initially used and at regular intervals thereafter.

c. The permanent HVAC systems shall not be operated unless protection from contamination of the air distribution system is provided.

10.1.4 Protection of Occupied Areas

10.1.4.1 Application. The requirements of Section 10.1.4 apply when construction entails sanding, cutting, grinding, or other activities that generate significant amounts of airborne particles or procedures that generate significant amounts of gaseous contaminants.

10.1.4.2 Protective Measures. Measures shall be employed to reduce the migration of construction-generated contaminates to occupied areas. When required, follow the ICRA established procedures from Section 5.5 to minimize the disruption of facility operation and the distribution of dust, odors, and particulates.

10.1.4.3 HVAC During Construction
a. Provide conditions to aid in preventing microbial growth on materials that are or will be installed in the new or remodeled facility or addition.

b. As determined from Section 5.6, if the permanent HVAC equipment is to be used during construction for temperature and/or humidity control, then, prior to its use, take the following minimum steps:

1. Supply 100% outdoor air—no return air; blank off return duct openings with solid material.
2. Provide a method for pressure relief (such as open window(s) or door(s)).
3. Provide final level of filtration in air-handling units.
4. Cover supply duct openings when air-handler(s) are OFF.
5. Provide prefilters over outdoor air intakes as needed during site construction activities.
6. Clean air-handling components prior to occupancy.
7. Operate air-handling unit(s) only if safety devices and sequences are in place and operational.

c. Prior to starting and operating any ventilation systems from the time the testing, adjusting, and balancing work is taking place to the completion of the project, isolate expected construction activities that produce dust and debris from the ventilation systems.

10.2 System Start-Up

10.2.1 Application. This section applies to HVAC equipment and systems designed and installed to meet the requirements of this standard.

10.2.2 Testing, Adjusting, and Balancing (TAB). HVAC systems shall be balanced in accordance with one of the following national standards: ASHRAE Standard 111, AABC, NEBB, or TABB for airflows, water flows, and relative room air pressurization.

10.2.3 Testing of Drain Pans. To minimize conditions of water stagnation that may result in microbial growth, inspect drain pans to verify proper drainage under operating conditions.

10.2.4 Manufactured Equipment Start-Up. For all manufactured HVAC equipment components, follow manufacturer’s start-up recommendations and requirements. All equipment and air distribution systems shall be clean of dirt and debris.

10.3 Planning for the HVAC Services in an Existing Facility. If any existing air-handling equipment is reused, the designer shall evaluate the capacity of the equipment to determine whether it will meet the requirements of this standard for the remodeled space.

10.4 Planning for Infection Control During Remodeling of an Existing Facility. Prior to beginning modifications or remodeling of HVAC systems in an existing facility, an owner shall conduct an infection control risk assessment (ICRA). The ICRA shall establish those procedures required to minimize the disruption of facility operation and the distribution of dust, odors, and particulates.

10.5 Documentation of New or Remodeled HVAC Systems. Owners shall retain an acceptance testing report for their files. In addition, the design shall include requirements for operations and maintenance (O&M) staff training that is sufficient for the staff to keep all HVAC equipment in a condition that will maintain the original design intent for ventilation. Training of operating staff shall include an explanation of the design intent. The training materials shall include, at a minimum, the following:

a. O&M procedures
b. Temperature and pressure control operation in all modes
c. Acceptable tolerances for system temperatures and pressures
d. Procedures for operations under emergency power or other abnormal conditions that have been considered in the facility design
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.
About ASHRAE

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.

To stay current with this and other ASHRAE Standards and Guidelines, visit www.ashrae.org/standards, and connect on LinkedIn, Facebook, Twitter, and YouTube.

About ASHE

The American Society for Health Care Engineering (ASHE) of the American Hospital Association is a trusted professional resource that provides education, regulatory guidance, networking, advocacy representation, and professional development for our members. ASHE is committed to our members, the facilities they build and maintain, and the patients they serve.

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