

# ADDENDA

**ANSI/ASHRAE/ASHE Addendum g to  
ANSI/ASHRAE/ASHE Standard 170-2021**

# Ventilation of Health Care Facilities

Approved by ASHRAE and the American National Standards Institute on September 30, 2022, and by the American Society for Health Care Engineering on September 28, 2022.

This addendum was approved 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. Instructions for how to submit a change can be found on the ASHRAE® website ([www.ashrae.org/continuous-maintenance](http://www.ashrae.org/continuous-maintenance)).

The latest edition of an ASHRAE Standard may be purchased on the ASHRAE website ([www.ashrae.org](http://www.ashrae.org)) or from ASHRAE Customer Service, 180 Technology Parkway, Peachtree Corners, GA 30092. E-mail: [orders@ashrae.org](mailto:orders@ashrae.org). Fax: 678-539-2129. Telephone: 404-636-8400 (worldwide), or toll free 1-800-527-4723 (for orders in US and Canada). For reprint permission, go to [www.ashrae.org/permissions](http://www.ashrae.org/permissions).

© 2022 ASHRAE

ISSN 1041-2336



**ASHRAE Standing Standard Project Committee 170**

**Cognizant TC: 9.6, Healthcare Facilities**

**SPLS Liaison: Russell C. Tharp**

Michael P. Sheerin*, Chair	Travis R. English	Peter J. Hoch	Kyle D. Mulder
Frederick E. Granzow*, Secretary	Douglas S. Erickson	Louis Iglhaut	Russell N. Olmsted
David J. Anderson	Jack R. Evans	Aaron L. Johnson	Justin M. Opperman
George A. Augustini	Sama Fakhimi	Michael R. Keen	Erick A. Phelps
Jenny M. Berens	Jeremy P. Fauber*	Benjamin T. Leutze	Heather L. Platt Guldge
Amit Bhansali	Jonathan J. Flannery*	Paul R. Kondrat*	Adel Rizkalla
Robert Booth	Kenneth A. Frazier	Roger W. Lautz*	Benjamin D. Roseborough
Randy Brannen	Steven D. Friedman*	Pavel V. Likhonin	Maya Salabasheva
Brendon J. Burley	Glenn Saint-Aubin Gall*	Michael D. Locke	Kevin A. Scarlett*
Philip T. Cantin	Michael B. Gammill	David M. Mason	Shannon Schmidt
Sarah Clock*	Kristopher R. Geysen	Kenneth R. Mead*	Carl C. Schultz
Abdel K. Darwich	Danette J. Hauck*	Maria A. Menchaca Brandan	Charles J. Seyffer
Mark Davidson	Caleb Haynes	Michael S. Meteyer*	Ronald L. Westbrook
John M. Dombrowski*	Robert N. Heinlein, Jr.	Kenneth A. Monroe	

\* Denotes members of voting status when the document was approved for publication

**ASHRAE STANDARDS COMMITTEE 2022–2023**

Susanna S. Hanson, Chair	Gerald J. Kettler	Julie Majurin	Christopher J. Seeton
Jonathan Humble, Vice-Chair	Essam E. Khalil	Lawrence C. Markel	Christian R. Taber
William P. Bahnfleth	Jay A. Kohler	Margret M. Mathison	Paolo M. Tronville
Thomas E. Cappellin	Cesar L. Lim	Kathleen Owen	William F. Walter
Douglas D. Fick	Paul A. Lindahl, Jr.	Gwelen Paliaga	Steven C. Sill, BOD ExO
Patricia Graef	James D. Lutz	Karl L. Peterman	Sarah E. Maston, CO
Jaap Hogeling	Phillip A. Johnson	Justin M. Prosser	
Jennifer A. Isenbeck	Srinivas Katipamula	David Robin	

Connor Barbaree, Senior Manager of Standards

**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.

**DISCLAIMER**

ASHRAE uses its best efforts to promulgate Standards and Guidelines for the benefit of the public in light of available information and accepted industry practices. However, ASHRAE does not guarantee, certify, or assure the safety or performance of any products, components, or systems tested, installed, or operated in accordance with ASHRAE's Standards or Guidelines or that any tests conducted under its Standards or Guidelines will be nonhazardous or free from risk.

**ASHRAE INDUSTRIAL ADVERTISING POLICY ON STANDARDS**

ASHRAE Standards and Guidelines are established to assist industry and the public by offering a uniform method of testing for rating purposes, by suggesting safe practices in designing and installing equipment, by providing proper definitions of this equipment, and by providing other information that may serve to guide the industry. The creation of ASHRAE Standards and Guidelines is determined by the need for them, and conformance to them is completely voluntary.

In referring to this Standard or Guideline and in marking of equipment and in advertising, no claim shall be made, either stated or implied, that the product has been approved by ASHRAE.

**(This foreword is not part of this standard. It is merely informative and does not contain requirements necessary for conformance to the standard. It has not been processed according to the ANSI requirements for a standard and may contain material that has not been subject to public review or a consensus process. Unresolved objectors on informative material are not offered the right to appeal at ASHRAE or ANSI.)**

## FOREWORD

*Addendum g revises portions of Sections 3, 6, 7, and 8 to provide clarity of intent and/or correct five elements (indicated below) of the current standard. It also follows the continuous maintenance process in further coordination with FGI and SSPC 170 to result in a coordinated document for use by all stakeholders in the health care community.*

*Addendum g comprises the following general edits:*

- *New definition for hybrid operating room*
- *Revisions to Table 6-2 relating to coordinating the recent Class 2 and 3 imaging rooms to their associated operating rooms and procedure rooms and correlating supply air outlets*
- *Revisions to Sections 7 and 8 coordinating the nuclear medicine treatment space to align Tables 7-1 and 8-1 (and associated footnotes) along with minor edits to Section 8.7 and adding a new Section 7.7 matching Section 8.7*
- *Minor edits to Table 7-1 correcting an error (opposite switch) from outdoor air and total air changes per hour for seclusion room*

**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 170-2021

*Add the following new definition to Section 3 as shown. The remainder of Section 3 is unchanged.*

**hybrid operating room:** a room that meets the definition of an *operating room (OR)* and has permanently installed equipment to enable diagnostic imaging before, during, and after surgical procedures. (**Informative Note:** This space is functionally equivalent to Class 3 Imaging rooms. Imaging equipment may include MRI, fixed single-plane and bi-plane tomographic imaging systems, and computed tomography equipment. Use of portable imaging technology does not make an OR a hybrid operating room.)

*Revise Table 6-2 as shown. The remainder of Table 6-2 is unchanged.*

**Table 6-2 Supply Air Outlets**

Space Designation (According to Function)	Supply Air Outlet Classification <sup>a</sup>
<u>Operating rooms<sup>b</sup>, procedure rooms</u> <u>Operating rooms and Class 3 Imaging rooms<sup>b</sup></u>	Supply diffusers within the primary supply diffuser array; Group E, nonaspirating; Additional supply diffusers within the room; Group E
Procedure Rooms and Class 2 Imaging rooms	Group E

*Revise Table 7-1 as shown. The remainder of Table 7-1 and normative notes is unchanged.*

**Table 7-1 Design Parameters—Inpatient Spaces**

Function of Space (ee)	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)		Unoccupied Turndown	Minimum Filter Efficiencies (cc)	Design Relative Humidity (k), %	Design Temperature (l), °F/°C
					All Room Air Exhausted Directly to Outdoors (j)	Recirculated by Means of Room Units (a)				
<b>BEHAVIORAL AND MENTAL HEALTH FACILITIES (k)</b>										
[ ... ]										
Seclusion room ( <i>FGI 2.1–2.4.3 &amp; 2.2–2.12.4.3</i> )	NR	4 $\frac{1}{2}$	2 $\frac{1}{2}$	NR	NR	Yes	NR	NR	NR	NR
[ ... ]										
<b>DIAGNOSTIC AND TREATMENT</b>										
Class 1 imaging room ( <i>FGI 2.2–3.4.1.2 &amp; Table 2.2-2</i> ) (kk)	NR (jj)	2	6	NR (jj)	NR	Yes	NR	Max 60	72–78/22–26	
Class 2 imaging room ( <i>FGI 2.2–3.4.1.2 &amp; Table 2.2-2</i> ) (d), (p), (kk)	Positive	3	15	NR	No	Yes	NR	Max 60	70–75/21–24	
Class 3 imaging room ( <i>FGI 2.2–3.4.1.2 &amp; Table 2.2-2</i> ) (m), (o), (kk)	Positive	4	20	NR	No	Yes	NR	20–60	68–75/21–24	
[ ... ]										
Nuclear medicine hot lab (see Section 7.7) ( <i>FGI 2.2–3.4.8.22</i> )	Negative	NR 2	6	Yes	No	Yes (ff)	NR	NR	70–75/21–24	

**Normative Notes for Table 7-1:**

[ ... ]

- jj. Negative pressure and room exhaust is required if open mixing of isotopes or gaseous studies are performed as a part of nuclear treatment procedures within the imaging room. See also Section 7.7 (**Informative Note:** Open mixing of isotopes, when performed, is typically performed in the hot lab.)
- kk. The facility governing body shall inform design engineers relating to room function or use (which function is applicable) for Class 1, Class 2, or Class 3 imaging rooms.

*Revise Table 8-1 as shown below. The remainder of Table 8-1 and normative notes is unchanged.*

**Table 8-1 Design Parameters—Specialized Outpatient Spaces**

Function of Space (f)	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)	Minimum Filter Efficiencies (c)	Design Relative Humidity (k), %	Design Temperature (l), °F/°C
[...]								
DIAGNOSTIC AND TREATMENT								
Class 1 imaging room ( <i>FGI 2.1–3.5.2.4[1]/[b]/[i]</i> ) (ff)	NR (hh)	2	6	NR (hh)	NR	MERV-8	Max 60	72–78/22–26
[...]								

***Normative Notes for Table 8-1:***

[...]

hh. Negative pressure and room exhaust is required if open mixing of isotopes or gaseous studies are performed as a part of nuclear treatment procedures within the imaging room. See also Section 8.7. (***(Informative Note:*** Open mixing of isotopes, when performed, is typically performed in the hot lab.)

***Add new Section 7.7 as shown. This matches exactly Section 8.7 in the current standard.***

**7.7 Nuclear Medicine.** Refer to Table 7-1 of this standard for both nuclear medicine treatment spaces and nuclear medicine hot-lab spaces when radiopharmaceutical preparation is performed on site (not premixed) and radioactive materials (radionuclides) are mixed/distributed from their protective containers within this room. When dose administration and preparation uses only low-level premixed radioactive materials, then negative air pressure and room exhaust is not indicated and these nuclear medicine spaces will follow the Class 1 Imaging room space of this standard for ventilation requirements.

***Revise Section 8.4.1 as shown.***

**8.4.1 Operating Rooms (ORs), Operating/Surgical Cystoscopic Rooms, and Caesarean Delivery Rooms-and Class 3 Imaging Rooms.** Refer to Section 7.4.1 of this standard.

***Revise Section 8.7 as shown.***

**8.7 Nuclear Medicine.** Refer to Table 8-1 of this standard for both nuclear medicine treatment spaces and nuclear medicine hot-lab spaces when radiopharmaceutical preparation is performed on site (not premixed) and radioactive materials (radionuclides) are mixed/distributed from their protective containers within this room. If When dose administration and on-site mixing and preparation uses only low-level premixed radioactive materials, then a hot lab negative air pressure and room exhaust is not indicated and these nuclear medicine spaces will follow the general examination Class 1 Imaging room space in Table 8-2-8-1 of this standard for ventilation requirements.

## **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.

**ASHRAE · 180 Technology Parkway · Peachtree Corners, GA 30092 · [www.ashrae.org](http://www.ashrae.org)**

## **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](http://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.

For more information, visit [ashe.org](http://ashe.org).

## **Visit the ASHRAE Bookstore**

ASHRAE offers its Standards and Guidelines in print, as immediately downloadable PDFs, and via ASHRAE Digital Collections, which provides online access with automatic updates as well as historical versions of publications. Selected Standards and Guidelines are also offered in redline versions that indicate the changes made between the active Standard or Guideline and its previous version. For more information, visit the Standards and Guidelines section of the ASHRAE Bookstore at [www.ashrae.org/bookstore](http://www.ashrae.org/bookstore).

### **IMPORTANT NOTICES ABOUT THIS STANDARD**

**To ensure that you have all of the approved addenda, errata, and interpretations for this Standard, visit [www.ashrae.org/standards](http://www.ashrae.org/standards) to download them free of charge.**

**Addenda, errata, and interpretations for ASHRAE Standards and Guidelines are no longer distributed with copies of the Standards and Guidelines. ASHRAE provides these addenda, errata, and interpretations only in electronic form to promote more sustainable use of resources.**