ANSI/ASHRAE/ASHE Addendum a to
ANSI/ASHRAE/ASHE Standard 189.3-2021

Design, Construction, and
Operation of Sustainable
High-Performance Health
Care Facilities

Approved by ASHRAE and the American National Standards Institute on December 29, 2023, and by the American Society for Healthcare Engineering on December 11, 2023.

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).

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FOREWORD

Addendum a addresses the issue presented by patients or residents in beds, chairs, or required fixed positions for whom it would be difficult to look up or out to gain the view fenestration. The addendum also adjusts line-of-sight distance for the other space types generally utilized in assisted living facilities. However, proximity of staff to patients, and the typical arrangement of the nurses’ station, is in conflict, as that space would be considered an office. This change provides flexibility to the design professional to arrange for the best patient care. Providing staff views to the exterior is strongly encouraged whenever possible.

Informative 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.

Add new Section 8.3.9 as shown. The remainder of Section 8 is unchanged.

8. INDOOR ENVIRONMENTAL QUALITY

[ . . . ]

8.3.8 Exterior Views. Provide qualifying view fenestration for the space types listed in Section 8.3.8.1 and 8.3.8.2. Qualifying view fenestration shall meet the following criteria:

a. Glazing shall have a haze value less than 3%, as determined in accordance with ASTM D1003.

b. Center-of-glass visible transmittance (VT) shall be not less than 20%.

c. The product of the center-of-glass VT and the openness factor of screens, patterned films, and ceramic frits shall be not less than 20%.

d. Where dynamic glazing is provided, glazing shall have a center-of-glass VT of not less than 20% at the highest setting of its VT range.

e. Where stationary opaque window treatments are provided, such as nonoperable blinds, shades, and louvers, such treatments shall not obstruct more than 40% of the fenestration glazing area.

8.3.8.1 Patient and Resident Rooms. Not less than 50% of the net floor area of each patient room and resident room within hospitals and residential health, care, and support facilities shall have a direct line-of-sight to view fenestration meeting the criteria of Section 8.3.8, originating at a height of not more than 36 in. (0.9 m) above the finished floor. The line-of-sight distance to view fenestration shall not exceed 20 ft (6.1 m), and the view fenestration shall not be less than 8% of the floor area.

8.3.8.2 Other Space Types. Not less than 50% of the total combined floor area of each of the following space types shall have a direct line-of-sight to view fenestration meeting the criteria of Section 8.3.8, originating at a height of not more than 42 in. (1.1 m) above the floor.

a. Classrooms
b. Enclosed offices and open-plan offices
c. Conference, meeting, and multipurpose rooms
d. Lounge or breakrooms

The line-of-sight distance to view fenestration shall not exceed 40 ft (12.2 m). The glazing area shall not be less than 8% of the floor area required to have exterior views.

Exceptions to 8.3.8.2:

1. Space types listed in Section 8.3.8.2 that are not located along the perimeter of the building.
2. Space types listed in Section 8.3.8.2 for which the view fenestration would interfere with patient care delivery and privacy.

Modify Section 12 as shown.

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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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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