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ANSI/ASHRAE/ASHE Standard 189.3-2025
Design, Construction, and Operation of Sustainable High-Performance Health Care Facilities

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Preview

NOTE

Approved addenda, errata, or interpretations for this standard can be downloaded free of charge from the ASHRAE website at www.ashrae.org/technology.

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(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

ASHRAE Standard 189.3 continues to build on the work of ASHRAE Standard 189.1 to provide minimum requirements for the design, construction, and operation of sustainable health care facilities. SSPC 189.3 reviews and evaluates changes to Standard 189.1 and their applicability to health care buildings, with the goal of improving patient outcomes.

The 2025 edition of Standard 189.3 incorporates multiple changes. For a full list, see Informative Appendix D.

- *Waterborne pathogens are an increasing concern in health care buildings. New Section 6 requirements encourage the design of engineered plumbing systems.*
- *In response to significant energy changes in Standard 189.1-2023, Table 7.4.6.1B was adjusted to expand lighting power density allowances for spaces in requirements specific to health care facilities.*
- *Tables 7.6.1 and 7.6.2 are formatted to closely resemble their Standard 189.1 counterparts. "Hospital" and "Specialized Outpatient Facility" category values match the "Healthcare/Hospital" values; the "Residential Health Facility" values align with the "Multifamily" values; and the "General Outpatient Facility" values match the "Office" values listed in Standard 189.1-2023.*
- *Several changes are made to address carbon emissions. The standard now specifies the electrification of sterilization, cart wash, food service, and humidification for normal operation.*
- *Additionally, identification and evaluation of Scope 3 operational emissions are now required.*
- *Building materials for interior elements must be carefully selected to withstand the necessary cleaning and sanitizing required in health care facilities. The COVID-19 pandemic emphasized the large amount of furniture and surface area that requires frequent cleaning. New Section 9.9, "Material Resilience" provides minimum efforts for addressing this issue.*
- *To highlight the impact of acoustics in health care environments, an informative note is added that references existing requirements in the FGI Guidelines.*
- *Section 11 remains unique to Standard 189.3, as its emissions effluent and pollution controls are unique to health care facilities. Nitrous oxide should only be used via point-of-use cylinders. This change to the standard reflects nitrous oxide's limited use as an anesthetic agent; reduces the cost of a new installation due to a reduction in piping, valves, and equipment; and reduces the release of a potent greenhouse gas.*

Section numbers in this standard correspond to their Standard 189.1 counterparts. Sections labeled "[189.3]" and their subsections are unique to this standard. Appendices are also unique to this standard. Where no section or subsection is shown, the provisions of Standard 189.1 apply.

1. PURPOSE

1.1 The purpose of this standard is to provide minimum requirements for the siting, design, construction, and operation of high-performance, sustainable health care facilities to

a. Reduce emissions, enhance occupant health and comfort, conserve water, protect local biodiversity and ecosystems services, promote sustainable and regenerative materials cycles, and enhance resilience; and
b. Support the goal of development that meets the needs of the present without compromising the ability of future generations to meet their own needs, including decarbonization of the building environment.

1.2 This standard provides requirements that can be adopted by national and local jurisdictions.

2. SCOPE

2.1 This standard applies to patient care areas and related support areas within health care facilities and their site, including hospitals, outpatient facilities, residential health, care, and support facilities.

2.2 This standard applies to new buildings, additions to existing buildings, and those alterations to existing buildings that are identified within the standard.

2.3 This standard provides procedures for the integration of sustainable principles into the health care facility design, construction, and operation process, including the following:

a. Integrated design
b. Conservation of water

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