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ASHRAE/ASHE Guideline 43-2025
Operations Guideline for Ventilation of Health Care Facilities

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Preview

NOTE

Approved addenda, errata, or interpretations for this guideline 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 guideline. It is merely informative and does not contain requirements necessary for conformance to the guideline.)

FOREWORD

Health care organizations are challenged to meet the requirements a series of unclear and sometimes conflicting heating, ventilating, and air-conditioning (HVAC) standards and guidelines established by a variety of professional organizations. Complicating matters, some standards, such as ANSI/ASHRAE/ASHE Standard 170, Ventilation of Health Care Facilities*, are design standards that do not apply to operations but are applied as an operational standard by authorities having jurisdiction. Also complicating matters is the enforcement of differing versions of various standards at different points in the building lifespan.*

As revealed in surveys of hospital and ambulatory care organizations by state agencies, Centers for Medicare and Medicaid Services (CMS), and other accrediting organizations, the lack of an operational guideline detailing the difference between building and engineering design standards and operational practice guidelines has led to confusion and a difference of opinion in the health care physical environment. ASHRAE/ASHE Guideline 43 (referred to herein as "the Guideline") was created in collaboration between ASHRAE and the American Society for Health Care Engineering (ASHE) with the intent of addressing the often inconsistent practice of applying HVAC design standards to operational practices in health care facilities.

The intent is to provide an operational guideline for health care facilities that works in collaboration with the design standard ASHRAE/ASHE Standard 170, which has been adopted by reference by CMS. First and foremost, the Guideline 43 Project Committee (GPC 43) focused on patient, staff, and visitor safety and how best to enhance a healing environment. It is the intent of this guideline to provide guidance to operating personnel and thus consistency in the operation of health care ventilation systems.

Guideline 43 addresses health care HVAC systems as a comprehensive whole while also providing consistency in maintenance and operation of these systems. The Guideline encourages the optimization of HVAC systems and the resources they use through the application of a maintenance program along with the appropriate application of alternative equipment maintenance and reliability-centered maintenance practices.

The Guideline covers implementation of a ventilation management program plan, from defining the responsible party, to outlining the minimum elements of a maintenance program, to providing guidance on legacy systems, condition indicators, excursion variations, and program improvement opportunities.

The Guideline also recommends a ventilation management program based on risk of harm (categorized as either critically or generally ventilated spaces), reliability factors, and risk of failure. Operation practices within the Guideline are based on a continuous and consistent balance of day-to-day unscheduled outages or repairs, scheduled regulatory and maintenance needs, ongoing building rehabilitation and construction projects, and long-term visioning and capital planning.

Finally, the Guideline lists baseline inspection and maintenance tasks for ventilation systems within health care facilities.

Preview

1. PURPOSE

The purpose of this guideline is to provide recommendations for the operation of heating, ventilation and air conditioning (HVAC) *systems* that provide environmental control in health care facilities for the safety and comfort of *health care facility* occupants.

2. SCOPE

2.1 This guideline pertains to the operation, of *health care facility* HVAC *systems* and equipment, their normal and routine maintenance, major *tasks* of periodic maintenance, and energy conservation.

2.2 This guideline applies to all *health care facilities*. It contains guidance for operational parameters and preventative maintenance, based on the capabilities of the infrastructure, and the risks incurred in the *systems* and spaces, including the needs of infection prevention, to support asepsis during perioperative care or invasive procedures, and for ancillary and support services, e.g. disinfection or sterilization of reusable devices and instruments.

2.3 This guideline lists the health care spaces that should be monitored for compliance, the parameters that should be monitored in each, and the means of monitoring and recording.

2.3.1 This guideline describes acceptable ranges for each parameter in each monitored space type and contains time-dependent protocols to be followed when parameters are out of the acceptable range.

2.4 This guideline applies to emergency operations, continuity of service, and resiliency planning. It includes guidance on maintaining, modifying, or overriding space parameters monitoring during emergency operations and specifies what environmental conditions are minimally acceptable, signifying urgent, contin-