



**BSR/ASHRAE/ASHE Addendum a
to ANSI/ASHRAE/ASHE Guideline 43-2025**

Public Review Draft

**Proposed Addendum a to
Guideline 43-2025, Operations
Guideline for Ventilation of Health
Care Facilities**

**First Public Review (Oct, 2026)
(Draft shows Proposed Changes to Current Standard)**

This draft has been recommended for public review by the responsible project committee. To submit a comment on this proposed standard, go to the ASHRAE website at www.ashrae.org/standards-research--technology/public-review-drafts and access the online comment database. The draft is subject to modification until it is approved for publication by the Board of Directors and ANSI. Until this time, the current edition of the standard (as modified by any published addenda on the ASHRAE website) remains in effect. The current edition of any standard may be purchased from the ASHRAE Online Store at www.ashrae.org/bookstore or by calling 404-636-8400 or 1-800-727-4723 (for orders in the U.S. or Canada).

This standard is under continuous maintenance. To propose a change to the current standard, use the change submittal form available on the ASHRAE website, www.ashrae.org.

The appearance of any technical data or editorial material in this public review document does not constitute endorsement, warranty, or guaranty by ASHRAE of any product, service, process, procedure, or design, and ASHRAE expressly disclaims such.

© 2024 ASHRAE. This draft is covered under ASHRAE copyright. Permission to reproduce or redistribute all or any part of this document must be obtained from the ASHRAE Manager of Standards, 180 Technology Parkway NW, Peachtree Corners, GA 30092. Phone: 404-636-8400, Ext. 1125. Fax: 404-321-5478. E-mail: standards.section@ashrae.org.

ASHRAE, 180 Technology Parkway NW, Peachtree Corners, GA 30092

(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

With the publication of ASHRAE/ASHE Guideline 43, Operations Guideline for Ventilation of Health Care Facilities, it has come to the attention of SSPC 170 that there isn't a correlation of how Guideline 43 works with ASHRAE/ASHE Standard 170, Ventilation of Health Care Facilities. This proposed addendum adds language to Section 4, Compliance, and adds a new Section, Section 11 Operations of Heating, Ventilation, and Air-conditioning Systems, to provide clarification on how these two documents should work together.

Note: In this addendum, changes to the current standard are indicated in the text by underlining (for additions) and ~~striketrough~~ (for deletions) unless the instructions specifically mention some other means of indicating the changes.

Addendum a to 43-2025

Revise Section 10 as shown below. The remainder of Section 10 is unchanged.

5. MONITORED SPACES

5.1 General. Ventilated spaces are categorized based on risk of harm. This section defines critically ventilated spaces and generally ventilated spaces. Additionally, operational functionality of a space must be periodically monitored and verified. Table 1 lists the testing frequency of the spaces and the space parameters. The continued application of *building management systems (BMSs)* and computer maintenance management systems (CMMSs) provides for advanced monitoring and verification of *condition indicators* throughout a *facility*. While the baseline recommendations listed in the tables within this section are indicative of a more manual process, the use of *BMSs* and other automated methods is encouraged and can provide a more reliable and proactive response to excursions from established *condition indicators*. The *ventilation management program plan (VMP)* should document monitoring and verification process for monitored spaces.

5.2 The monitored space category of risk is dependent on space clinical function and the required delivery of environmental parameters such as temperature, relative humidity, pressure relationships, and ventilation rates as defined in the *VMP*.

5.3 Classification of Spaces

5.3.1 The Ventilation Management Committee will use the updated space inventory and risk assessment tools and processes to determine the classification of ventilated spaces. The following recommendations are provided for guidance and an organization can have additional classifications as determined by the ventilation management committee.

5.3.1.1 ~~5.3.1~~ Critically Ventilated Spaces. Those areas used for invasive or high-risk procedures, infection control isolation, or any space where loss of required airflow, temperature, relative humidity, and/or pressure relationships could result in harm, injury, or death to patients, visitors, or staff.

5.3.1.2 ~~5.3.2~~ Generally Ventilated Spaces. Those areas not used for invasive or high-risk procedures, not used for infection control isolation, and where loss of required airflow, temperature, humidity, and/or pressure relationships would not result in harm, injury or death to patients, visitors or staff.

5.3.1.3 ~~Other~~ Spaces. Those areas not classified as Critically Ventilated or Generally Ventilated Spaces, and where loss of required air flow, temperature, humidity, and/or pressure relationships would not result in harm, injury or death to patients, visitors or staff