



# Introduction to



## 2019 California Building Standards Code

as applied to

### Buildings Regulated by OSHPD



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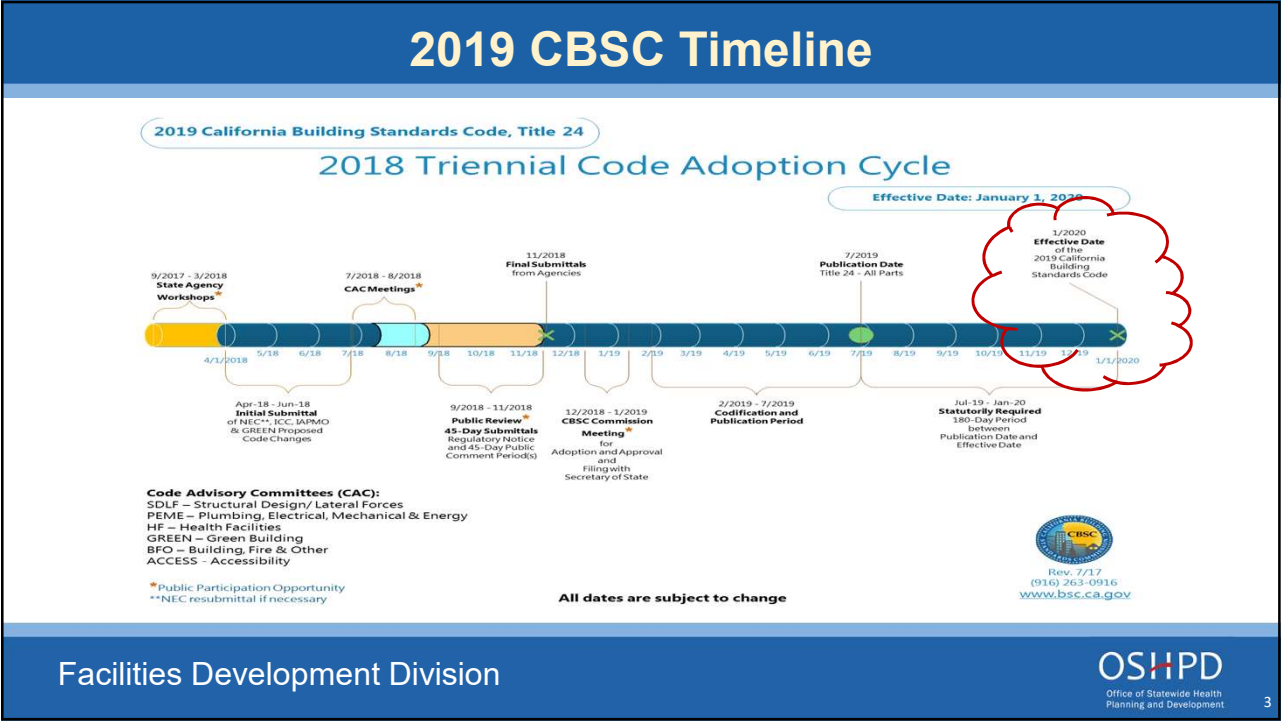
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# OSHPD Update

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# Learning Objectives


## Major Highlights:

- ❖ Part 2 – Building Code

## Other Items:

- ❖ Intro to “OSHPD 1R”
- ❖ Part 10 – Existing Building Code
- ❖ Part 1 – Administrative Code *(NPC-4D)*
- ❖ Part 9 – Fire and Life Safety
- ❖ Part 3 – Electrical Code
- ❖ Part 4 – Mechanical Code
- ❖ Part 5 – Plumbing Code
- ❖ Part 6 – Energy Code

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# 2019 Code Update Webinar Series

## Session 1:

- Intro
- OSHPD 1R
- Part 10 (CEBC)
- Part 1 – Administrative Code

March 24, 2020

## Session 2:

- Fire/Life Safety

April 7, 2020

## Session 3:

- Building Code

April 21, 2020

## Session 4:

- Part 3 – Electrical Code
- Part 4 – Mechanical Code
- Part 5 – Plumbing Code
- Part 6 – Energy Code
- How to Remove from Acute Care
- New Remodel CAN 2-102.6
- New Accessibility CAN 2-11B
- What’s coming up

May 7, 2020



## Register for each session you want to attend!

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Session 3

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Questions  
at end

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# Part 2

# California Building Code

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## LEARNING OBJECTIVES for PART 2 CBC

- OSHPD Classification Alignment
- Structural Updates
- OSHPD 1R Allowable Services
- Ch 2 Definitions + Ch 10 & 12 Means of Egress & Utilities
- SFM & Ch 12 General Items
- Section 1224 [OSHPD 1] Changes
- Sections 1225 [OSHPD 2] & 1228 [OSHPD 5] Changes
- Sections 1226 & 1227 Changes



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## OSHPD 1, 1R, 2 and 5 Alignment

[OSHPD 1] = Chapter 1224

General Acute-Care Hospitals including those that provide Rehabilitation Services

➡ [OSHPD 1R] = Varies per Intended Use

Hospital Building removed from General Acute-Care services

[OSHPD 2] = Chapter 1225

Skilled Nursing Facilities and Intermediate Care Facilities

[OSHPD 3] = Chapter 1226

Clinics, including those under H&S Code Section 1200 and Hospital Outpatient Clinical Services provided in a freestanding building un H&S Code Section 1250

[OSHPD 4] = Chapter 1227

Correctional Treatment Centers

➡ [OSHPD 5] = Chapter 1228

Acute Psychiatric Hospitals

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## Legislative Mandate for Hospitals



***Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983***

***APPLICATION:***

*It is the intent of the Legislature that **hospital buildings that house patients** who have less than the capacity of normally healthy persons to protect themselves, **and** that must be reasonably capable of **providing services to the public after a disaster....***

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Alquist Act - Application

**California Administrative Code (CAC) Chapter 6** (SB 1953 regs)

**GENERAL ACUTE CARE HOSPITAL**, as used in Chapter 6, Part 1 means a hospital building as defined in Section 129725 of the Health and Safety Code and that is also licensed pursuant to subdivision (a) of **Section 1250** of the Health and Safety Code, **but does not include these buildings if...**

**... provide skilled nursing or acute psychiatric services only.**

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Legislative Mandate for Hospitals



***Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983***

***STANDARDS:***

*shall be designed and constructed to resist, **insofar as practical**, the forces generated by earthquakes, gravity, and winds. In order to accomplish this purpose, the **office shall propose proper building standards for earthquake resistance based upon current knowledge**, and provide an independent review of the design and construction of hospital buildings.*

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## California Building Standards Law

**California Health & Safety Code Subsection 18930(a)  
Nine-Point Criteria Analysis of Proposed Building Standards:**

7) *The applicable national specifications, published standards, and model codes have been incorporated therein as provided in this part, where appropriate.*



(A) *If a national specification, published standard, or model code does not adequately address the goals of the state agency, a statement defining the inadequacy shall accompany the proposed building standard when submitted to the commission.*

**OSHPD is obligated to use model code** whenever and wherever possible, unless model code can be shown to be inadequate.

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## Model Code Standard for....

**Buildings that do not .....**

- house patients who have less than the capacity of normally healthy persons to protect themselves
- nor***
- provide services to the public after a disaster

**Model code may apply to any use other than required [OSHPD 1] General Acute Care Services... where appropriate**

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Part 2 – Chapter 16 Structural Design

Risk Category of Buildings and Other Structures

III	<ul style="list-style-type: none"><li>Buildings and other structures containing Group E occupancies with an occupant load greater than 250.</li><li>Buildings and other structures containing educational occupancies for students above the 12th grade with an occupant load greater than 500.</li><li>Group I-2, Condition 1 occupancies with 50 or more care recipients.</li><li>Group I-2, Condition 2 occupancies not having emergency <i>medical</i> surgery or emergency <i>medical</i> treatment facilities.</li><li><i>OSHPD 2] Skilled Nursing Facilities, Intermediate Care Facilities.</i></li><li><i>OSHPD 5] Acute Psychiatric Hospitals.</i></li><li>Group I-3 occupancies.</li><li>Any other occupancy with an occupant load greater than 5,000.<sup>a</sup></li><li>Power-generating stations, water treatment facilities for potable water, wastewater treatment facilities and other public utility facilities not included in Risk Category IV.</li><li>Buildings and other structures not included in Risk Category IV containing quantities of toxic or explosive materials that: Exceed maximum allowable quantities per control area as given in Table 307.1(1) or 307.1(2) or per outdoor control area in accordance with the <i>International Fire Code</i>; and are sufficient to pose a threat to the public if released.<sup>b</sup></li></ul>
IV	<p>Buildings and other structures designated as essential facilities, including but not limited to:</p> <ul style="list-style-type: none"><li>Group I-2, Condition 2 occupancies having emergency <i>medical</i> surgery or emergency <i>medical</i> treatment facilities.</li><li>Ambulatory care facilities having emergency <i>medical</i> surgery or emergency <i>medical</i> treatment facilities.</li><li>Fire, rescue, ambulance and police stations and emergency vehicle garages.</li><li>Designated earthquake, hurricane or other emergency shelters.</li><li>Designated emergency preparedness, communications and operations centers and other facilities required for emergency response.</li><li>Power-generating stations and other public utility facilities required as emergency backup facilities for Risk Category IV structures.</li></ul>

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Part 2 – Chapter 16 Structural Design

Component Importance Factors

**1613.4 Component Importance Factors. [OSHPD 2 & 5]**  
*Nonstructural components designated below shall have a component importance factor, I<sub>p</sub>, equal to 1.5:*

1. *For components that are required for life-safety purposes after an earthquake, including emergency and standby power systems, mechanical smoke removal systems, fire protection sprinkler systems and fire alarm control panels.*

2. *For medical device components, mechanical and electrical components and components required for life support for patients in sub-acute bed(s).*

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Part 2 – Chapter 16A Structural Design

TABLE 1604A.5 - RISK CATEGORY OF BUILDINGS AND OTHER STRUCTURES

RISK CATEGORY	NATURE OF OCCUPANCY
...	...
III	<div>Buildings and other structures that represent a substantial hazard to human life in the event of failure, including but not limited to:</div> <div>...</div> <div><ul style="list-style-type: none"><li>Group I-2, Condition 1 occupancies with an occupant load of 50 or more resident care recipients.</li><li>Group I-2, Condition 2 occupancies not having emergency surgery or emergency treatment facilities.</li></ul></div> <div>...</div>
IV	<div>Buildings and other structures designated as essential facilities, including but not limited to:</div> <div><ul style="list-style-type: none"><li><del>Group I-2 occupancies having surgery or emergency treatment facilities.</del></li><li><i>[OSHPD 1 &amp; 4] General Acute Care Hospital Buildings as defined in the California Administrative Code, Section 7-111 and Correctional Treatment Center Buildings and all structures required for their continuous operation or access/egress.</i></li></ul></div> <div>...</div>

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LEARNING OBJECTIVES  
for  
PART 2 CBC

➤ OSHPD Classification Alignment

➤ Structural Updates

➤ OSHPD 1R Allowable Services

➤ Ch 2 Definitions +  
Ch 10 & 12 Means of Egress & Utilities

➤ SFM & Ch 12 General Items

➤ Section 1224 [OSHPD 1] Changes

➤ Sections 1225 [OSHPD 2] &  
1228 [OSHPD 5] Changes

➤ Sections 1226 & 1227 Changes

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OSHPD 1R - Allowable Services

OSHPD Services permitted in OSHPD 1R Buildings (Section 1224.2.1):

➤ OSHPD 1 – Section 1224 Duplicative Hospital Services  
(in excess of those required for GACH Basic and Supplemental Services)

➤ OSHPD 1 – Section 1224.39 Outpatient Hospital Services

➤ OSHPD 2 – Section 1225 Skilled Nursing

➤ OSHPD 5 – Section 1228 Acute Psychiatric Hospital and/or Related Services

Other Services are also permitted in accordance with model code provisions

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CDPH Licensing Perspective

Considerations for OSHPD 1R Buildings:

➤ Duplicative Services are permitted providing that required hospital support features are within conforming hospital construction

➤ Outpatient Observation acuity may be restricted in the absence of acceptable evacuation provisions and protocols

➤ Multiple provider arrangements will require additional provisions to demonstrate:

- Separate entrancing
- Requires demonstration of independent support services separate from the hosting hospital

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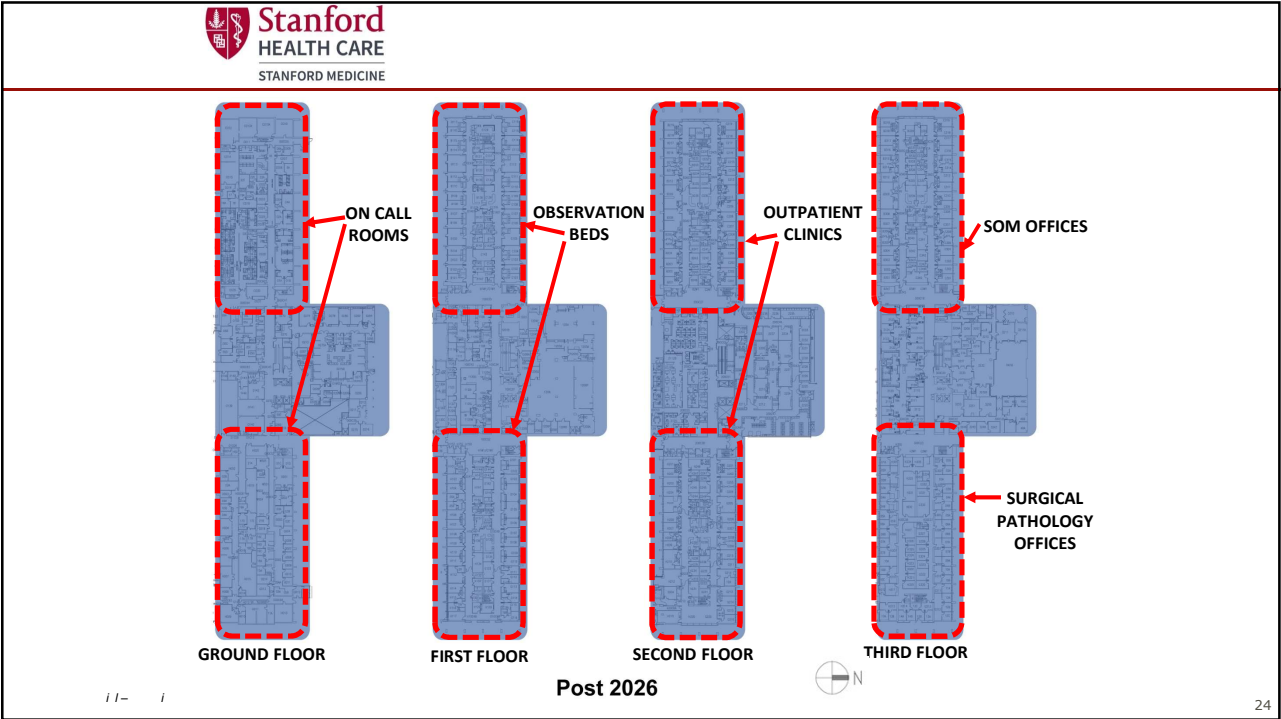


## DSA Accessibility Perspective

**Accessibility Provisions for OSHPD 1R Buildings:**

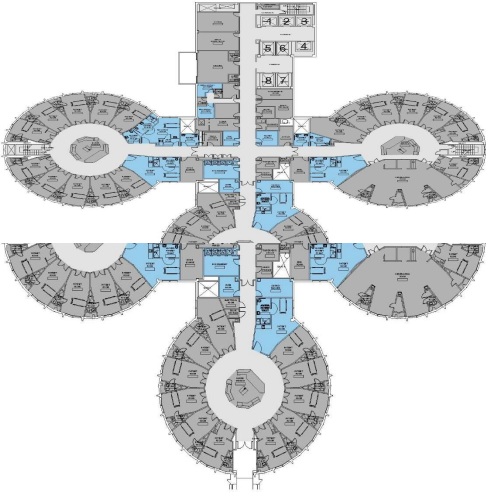
- **50% SNF Accessible Patient Room ratio** is per room versus per patient bed
- **Existing non-accessible toilets** within nursing units converted to staff offices and clinic exam rooms will not need to be removed, provided that:
  - ❑ A minimum of 10% are made to be accessible
  - ❑ Separate accessible common-use toilets are provided
  - ❑ Nursing unit conversions to family lodging suites will be required to meet the provisions of “transient lodging”

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### Proposal— 9<sup>th</sup> Floor Psychiatric




Existing Areas To Remain

Remodeled Areas

Current Deficiencies:

- 10% Accessible Patient Rooms
- Accessible support spaces
- Operational/safety solution not reviewed/looked at

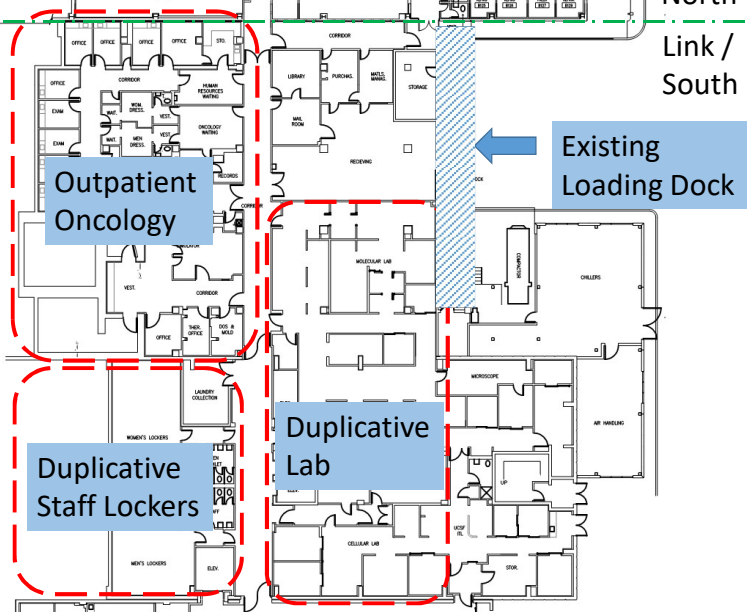
MASCARI WARNER  
architects

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MEDICAL CENTER

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### South Tower Level B



North  
Link /  
South

Existing  
Loading Dock

Outpatient  
Oncology

Duplicative  
Staff Lockers

Duplicative  
Lab

Duplicative Loading Dock:

- Continue to use in addition to new loading dock in N. Tower

Outpatient Oncology:

- Continue as an ‘Outpatient’ service on the hospital license
- (Only 25% of patients may be inpatient)

Duplicative Lab Services:

- Continue as a duplicative service

Duplicative Staff Lockers:


- Continue as a duplicative service

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## Mixed-Use Considerations

- **Access – Public *versus* Patient *versus* Multiple Providers**
  - Outpatient Services cannot traverse Inpatient Nursing Units
  - Separate Entrancing if Separate Providers *versus* Distinct Part
  - New Front Door???
  - Emergency Egress
  - Elevators Use Limitations/Security based upon Use (i.e. Acute Psych)
- **Zoning/Land Use**
  - Permitted Uses
  - Parking Demand
- **Vacated Spaces**
  - Fire Separation
  - Smoke Detection
  - Security



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LEARNING OBJECTIVES  
for  
PART 2 CBC

- OSHPD Classification Alignment
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- Ch 2 Definitions +  
Ch 10 & 12 Means of Egress & Utilities
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- Section 1224 [OSHPD 1] Changes
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Part 2 – Chapter 2 Definitions

**EQUIPMENT** (Relocated from the California Administrative Code, Chapter 7, Article 2) [OSHPD 1, 1R, 2, 4 & 5]. *Equipment as used in this part and all applicable parts of the California Building Standards Code shall be classified as building service equipment, fixed equipment, mobile or movable equipment.*

(1) **FIXED EQUIPMENT** *includes items that are permanently affixed...*

(2) **MOVABLE EQUIPMENT** *means equipment, with or without wheels or rollers, that typically remains in one fixed location during its service life or use...*

(3) **MOBILE EQUIPMENT** *means equipment, with or without wheels or rollers, that is typically used in a different location than where it is stored and moved from one location in the structure to another during ordinary use...*

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Part 2 – Chapter 2 Definitions

**REMOVED FROM ACUTE CARE SERVICE** [OSHPD 1R]. *Buildings that previously provided basic and/or supplemental services, as defined in Section 1224.3 that have been removed from acute care service in compliance with Part 10 California Existing Building Code Chapter 3A through a project approved by OSHPD, and remain under the jurisdiction of OSHPD.*

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Part 2 – Chapter 10 Means of Egress

**1003.1.1 Means of egress for hospitals. [OSHPD 1]** In addition to the requirements of this chapter, means of egress for hospitals shall comply with Part 10 California Existing Building Code Section 308A.

**1003.1.2 Means of egress for hospital buildings removed from acute care service, skilled nursing facilities, intermediate care facilities and acute psychiatric hospitals. [OSHPD 1R, 2 & 5]** In addition to the requirements of this chapter, means of egress for hospital buildings removed from acute care service, skilled nursing facilities, intermediate care facilities and acute psychiatric hospitals shall comply with OSHPD amendments to Part 10 California Existing Building Code Section 308.

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Part 2 – Chapter 12 Means of Egress

**1224.4.1.2 Means of egress.**

**[OSHPD 1]** Means of egress shall comply with Part 10, California Existing Building Code, Section 308A.

**[OSHPD 1R]** Means of egress shall only pass through structures that are under the jurisdiction of the Office of Statewide Health Planning and Development (OSHPD).

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## Part 2 – Chapter 12 Services/Systems & Utilities

**1224.4.1.2 Services/systems and utilities.**

**[OSHPD 1]** *Services/systems and utilities shall comply with California Existing Building Code Section 307A.*

**[OSHPD 1R]** *Services/systems and utilities shall only originate in, pass through or under structures which are under the jurisdiction of the Office of Statewide Health Planning and Development (OSHPD).*

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LEARNING OBJECTIVES  
for  
PART 2 CBC

- OSHPD Classification Alignment
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- OSHPD 1R Allowable Services
- Ch 2 Definitions +  
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- **SFM & Ch 12 General Items**
- Section 1224 [OSHPD 1] Changes
- Sections 1225 [OSHPD 2] &  
1228 [OSHPD 5] Changes
- Sections 1226 & 1227 Changes

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Part 2 – Section 407.4.5

**407.4.5 Group I-2 and I-2.1 nonpatient-care suites.** *The means of egress provisions for nonpatient-care suites shall be in accordance with the primary use and occupancy of the suite.*

**407.4.5.1 Separation.** *Nonpatient-care suites shall be separated from other portions of the building, including other suites, by not less than a 1-hour fire barrier complying with Section 707. Each suite of rooms shall be separated from the remainder of the building by not less than a 1-hour fire barrier.*

**407.4.5.2 Area.** *Nonpatient-care suites of rooms shall have an area not greater than 10,000 square feet (929 m²).*

**407.4.5.3 Automatic sprinkler system protection.** *Nonpatient-care suites shall be located in fully sprinklered buildings.*

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Part 2 – Section 804 Floor Finishes

**Floor Finish Where Restraint is Used**

- **2016 CBC Supplement** (Effective July 1, 2018)
  - Group I-3 redefined as incarceration only
  - **Psychiatric Facilities** now **Group I-2 (with restraint)**
  - **Noncombustible floor finish** and floor coverings where restraint is used
- **2019 CBC**
  - Floor finish may be **Class I** where restraint is used, under certain conditions

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Part 2 – Chapter 12 General Items

➤ Continued update from “Handwashing Fixtures” to “**Handwashing Stations**”, including soap dispensing & hand drying, throughout

➤ Continued update of **proximity/access terminology**

- **DIRECTLY ACCESSIBLE.** *Connected to the identified area or room through a doorway, ~~pass-through~~, or other opening without going through an intervening room or public space.*
- **IMMEDIATELY ACCESSIBLE.** *Available either in ~~or adjacent to~~ the identified area or room, or directly accessible from a room or area located within the same department or service space.*
- **READILY ACCESSIBLE.** *~~Available on the same floor~~ Located within the same department or service space as the identified area or room, or located in and shared with an adjacent directly accessible unit.*

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Part 2 – Chapter 12 General Items

**SERVICE SPACE.** *Service Space refers to the distinct area of a health facility where a licensed Basic Service or Supplemental Service is provided.*

*The Service Space shall include all the functional area requirements required to deliver the specific Service. Basic Service Spaces are identified in Sections 1224.14 through 1224.27. Supplemental Service Spaces are identified in Section 1224.28 through 1224.41. Similar distinctions are made between Basic and Supplemental or Optional Services in Section 1225 through Section 1228. Required functional areas may be a portion of a larger space, one or more Patient Care Locations, support areas or separate Rooms as defined in Section 1224.3. See departmental boundary requirements under Section 1224.4.4.7.6.*

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Part 2 – Chapter 12 General Items

➤ Further clarification of “**Departmental Boundaries**”, location of identifiable spaces for each of the required functional areas within the department

➤ Update of acceptable **Sound Transmission (STC) Ratings (per FGI)**

- Minor drop in ratings at patient rooms (STC 60 now max vs. 65)
- Minor increase at exam rooms (HIPA)
- Added MRI room ratings

➤ Clarification of **Medication Station locations/observation**

**1224.4.4.4.2 Self-contained medication dispensing unit.** *If provided, a self-contained medicine dispensing unit shall be located at the nurses’ station, in the clean utility room, or in an ~~alcove~~ area where access to the self-contained medication dispensing unit is under the monitoring and control of nursing staff. Self-contained medication dispensing units shall be provided with essential power and lighting.*

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Part 2 – Chapter 12 General Items

Restructured Nurse Call Table:

(Replace existing Table 1224.4.6.5 and footnotes with the following re-formatted table)

TABLE 1224.4.6.5

[OSHPD 1, 1R, 2, 3, 4 & 5] LOCATION OF NURSE CALL DEVICES

• = Required

AREA DESIGNATION	STATION TYPE	1224	1225	1226	1227	1228
<b>Nursing Units</b>						
Patient toilet room	B	•	•		•	
Patient bathing	B	•	•		•	
Special bathing	E	•				
Patient bed (nursing service)	P,E,C	•			•	
Patient bed (intensive care)	P,E,C					
Patient bed (LDR/LDRP)	P,E,C					
Patient bed (Dementia Unit)	P					
Patient bed (SNF/ICF)	P					
NICU	E,C					
Nursery	E,C					
<b>Support Areas</b>						
Nurse/control station	M	•	•	•	•	•
Medication preparation room	D	•			•	
Soiled workroom /utility/holding	D	•			•	

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LEARNING OBJECTIVES  
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➤ OSHPD Classification Alignment

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➤ **Section 1224 [OSHPD 1] Changes**

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➤ Sections 1226 & 1227 Changes

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Part 2 – 1224 Nursing Support Space

Required vs. shared Support Areas for Nursing Service

➤ **Required in each Nursing Unit**

• Administrative area / Nurse Station

• Nurse/Supervisor Office

• Separate Clean and Soiled Utility Rooms, Clean linen storage

• Medication Station

• Equipment & Emergency Storage, gurneys & wheelchairs

• Nourishment area & Ice Machine

➤ **Shared between Nursing Units**

• Staff toilet rooms

• Housekeeping rooms

• Special bathing facilities

➤ **Optional or may be shared with other service spaces**

• Exam &/or treatment rooms are optional

• Multipurpose rooms may be shared with other departments

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Part 2 - Surgical Service Space

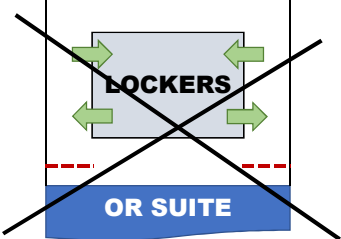
Staff Clothing Change Areas

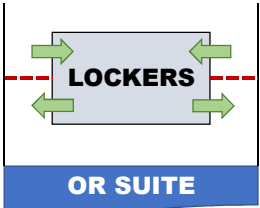
Arranged to ensure a traffic pattern so that personnel can:

✓ Enter the staff change area from non-restricted space

✓ Change their attire

✓ Move directly into the semi-restricted surgical service corridor





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Part 2 - Surgical Service Space

**1224.15.3.11 Staff clothing change areas.** *Appropriate areas shall be provided for male and female ~~personnel (orderlies, technicians, nurses and doctors)~~ staff working within the surgical service space. The areas shall contain lockers, showers, toilets, ~~lavatories equipped for handwashing stations~~, and space for donning surgical attire. These areas shall be arranged to ~~encourage~~ **ensure** a ~~one-way~~ traffic pattern so that personnel entering from unrestricted area outside the surgical service space ~~can enter~~, change their clothing, and move directly into the surgical service space semi-restricted corridor.*

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## Part 2 – Clinical Lab Space



- **1224.17.2 Laboratory work areas.** *The following laboratory work areas shall be provided:*
  - **1224.17.2.1 Laboratory workstation(s).** *Space shall be provided to accommodate equipment used and, at minimum, shall include...*
  - **1224.17.2.2 Handwashing station(s).**
  - **1224.17.2.3 Refrigerated storage facilities.** *Refrigerated blood storage facilities for...*
  - **1224.17.2.4 Storage facilities**
  - **1224.17.2.5 Terminal sterilization.**
    - **Exception:** *Terminal sterilization facilities are not required when it can be demonstrated to the licensing agency that transport and terminal sterilization can be effectively contracted to an independent medical waste treatment facility.*
  - **1224.17.2.6 Radioactive material handling.** *If radioactive materials are employed...*

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## Part 2 – Clinical Lab Space



- **1224.17.3 Specimen Collection Facilities**
  - **1224.17.3.1 General.** *Space shall be provided for specimen collection. Facilities for this function shall be located outside the laboratory work area.*
  - **1224.17.3.2 Facility requirements.** *At a minimum...*
- **1224.17.4 Administrative areas.** *Office(s) and space for clerical work, filing, and record maintenance and storage shall be provided.*

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## Part 2 – Pharmacy

### Section 1224.19 Pharmaceutical Service Space

- Reference Materials
  - ▪ USP <797> & <800>
  - Title 16 Pharmacy Sections 1735 and 1751
  - Veterans Affairs Standards
  - Facility Guidelines Institute
  - Industry Partners
- Collaboration with CDPH and Board of Pharmacy



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## Part 2 – Pharmacy

- **Dispensing Facilities** (required for all Hospital Pharmacies)
  - **Receiving/breakout/inventory**
    - Size based on Functional Program w/ 120 sq. ft. minimum
  - **Dispensing**
    - Work counters/Space for manual or automated dispensing
    - Size for volume of doses per day for in-patients & outpatients
- **Non-sterile compounding**
  - Work stations
  - Handwashing Fixture
  - Utility sink
- **Recording** – counter and electronic workstations
- **Storage**
  - Temporary, Bulk, Active
  - Refrigerated, Secured, etc.

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Part 2 – Pharmacy

➤ **Non-Hazardous Sterile compounding** (if provided)

▪ **Workstation** – vented biological safety cabinets, CAIs, etc.

▪ **Buffer room** (Clean room)

• 120 square feet + 75 s.f. for each additional work station

• Sealed tight, positive pressure, laminar flow, low level return

• Semi-restricted finishes

▪ **Ante-Room** (may be common with Hazardous Drug Compounding Clean Room)

• 120 square feet

• Sealed tight, negative pressure relative to Buffer room

• Scrub sink, eyewash station, dedicated housekeeping

• Semi-restricted finishes

▪ **Segregated Compounding Area** (when provided) comply with Section 1250.

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Part 2 – Pharmacy

➤ **Hazardous Drug Sterile compounding** (if provided)

▪ **Workstation** – vented biological safety cabinets, etc.

▪ **Buffer room** (Clean room)

• 130 square feet + 75 s.f. for each additional work station

• Sealed tight, negative pressure, laminar flow, low level return

• Doffing area, Refrigerator, Semi-restricted finishes

▪ **Ante-Room** (may be common with Non-Hazardous Compounding Clean Room)

• 120 square feet

• Sealed tight, negative pressure relative to Buffer room

• Scrub sink, eyewash station, dedicated housekeeping

• Semi-restricted finishes

▪ **Segregated Compounding Area** (when provided) comply with Section 1250.

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Part 2 – Pharmacy

➤ Support Areas for the Pharmacy

▪ Access to information

- Patient information
- Pharmacopeia information

▪ Office for Chief Pharmacist

▪ Multipurpose room may be shared with other departments

▪ Outpatient consultation area, if provided

▪ Staff toilet rooms and lockers

▪ Additional equipment & supplies

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Part 2 – Pharmacy

➤ Optional Alternate for Hospitals with less than 100 beds

▪ Drug Room Permit in lieu of Hospital Pharmacy

- Receiving/breakout/inventory
- Handwashing station
- Storage – bulk, refrigerated, secured, etc.

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## Part 2 – Dietetic Service Space



- **1224.20 DIETETIC SERVICE SPACE**
- **1224.20.1 General.** *Food and nutrition facilities shall be provided to support food services provided for staff, visitors, and patients. Adequate space for the preparation and serving of food shall be provided. Equipment shall be placed so as to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment, and supplies. Food service facilities and equipment shall conform to these standards, the standards of the National Sanitation Foundation, and the requirements of the local public health agency.*
- **1224.20.2 Functional elements. ...**

**\* Also see 1224.29.2.10 for Infant Formula requirements**

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## Part 2 – Outpatient Observation Units

**Senate Bill 1076** (*Health and Safety Code section 1253.7*)

Defines **“observation services”** as **“outpatient services... to those patient who have unstable or uncertain conditions potentially serious enough to warrant close observation, but not so serious as to warrant inpatient admission to the hospital.”**

**New Code Section**  
**1224.39.6**

Analysis - Patient Station:



Nursing Unit

Single Patient Room	1988 - 2001 CBC (effective thru 12/31/2006) 110 sf (3 feet clear @ sides and foot of bed)	2016 CBC 120 sf (3 feet clear @ sides and foot of bed)
Multi-Patient Room	80 sf / bed (3 feet clear between)	100 sf / bed (3 feet clear between)

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## Part 2 – Outpatient Observation Units

- **Location**
  - **Must be** located in a *conforming, or non-conforming, hospital building*
  - **May be** located in a hospital *building removed from acute-care service*
- **Connection to Hospital Services**
  - **Corridor systems shall connect the unit to all Basic and Supplemental Services**
  - **Patient access** to the unit shall not pass through public lobbies, waiting areas, other departments, or inpatient units
- **Support Spaces for Outpatient Services**
  - **Waiting Room**
  - Access to **Public Toilets**
  - Access to **Telephone & Drinking Fountain**

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LEARNING OBJECTIVES  
for  
PART 2 CBC

- OSHPD Classification Alignment
- Structural Updates
- OSHPD 1R Allowable Services
- Ch 2 Definitions +  
Ch 10 & 12 Means of Egress & Utilities
- SFM & Ch 12 General Items
- Section 1224 [OSHPD 1] Changes
- **Sections 1225 [OSHPD 2] &  
1228 [OSHPD 5] Changes**
- Sections 1226 & 1227 Changes

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Part 2 – 1225 [OSHPD 2]

**Section 1225 Skilled Nursing Facilities and Intermediate Care Facilities [OSHPD 2]**

- **Means of egress** required to only pass through building under OSHPD jurisdiction.
- **Multi-story and/or higher Construction Types** are no longer considered [OSHPD 1] for structural considerations or for “Existing Structures”
- State **Chapter 34A “Existing Structures” is repealed**
- Section 1225.2.2 **egress requirements** now expanded to include multi-story SNFs previously considered [OSHPD 1] and previously addressed in *Chapter 34A*

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Part 2 – 1225 [OSHPD 2]

- **1225.1.2 Subacute care.** *Patient rooms providing subacute care shall comply with Section 1225.5.1.2. Equipment and components supporting subacute bed(s) shall have special seismic certification per Section 1705. Electrical requirements shall comply with California Electrical Code Article 517.*
- **Note:** (Relocated from Section 1705.13.3.1) *Construction documents for OSHPD 2 buildings without subacute beds shall explicitly state that the skilled nursing facility or intermediate care facility does not admit patients needing sustained electrical life support equipment*



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Part 2 – 1225 [OSHDP 2]



- **1225.2.1 Services/systems and utilities.** *Services/systems and utilities shall only originate in, pass through or under structures which are under the jurisdiction of the Office of Statewide Health Planning and Development (OSHDP).*
- **1225.2.2 Means of egress.** *Means of egress shall only pass through structures that are under the jurisdiction of the Office of Statewide Health Planning and Development (OSHDP).*

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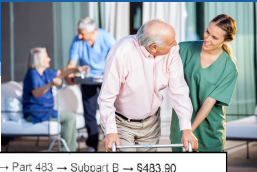
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Part 2 – 1225 [OSHDP 2]



CMS 2-Bed Requirement – Impact to subacute conversions

eCFR — Code of Federal Regulations

Title 42 — Chapter IV — Subchapter G — Part 483 — Subpart B — §483.90

Title 42, Public Health

PART 483—REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES

Subpart B—Requirements for Long Term Care Facilities

(2) Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.

(e) *Resident rooms.* Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents.

(1) Bedrooms must—

(i) Accommodate no more than four residents. For facilities that receive approval of construction or reconstruction plans by State and local authorities or are newly certified after November 28, 2016, bedrooms must accommodate no more than two residents.

(ii) Measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet per resident in single resident bedrooms.

New construction or newly certified after November 28, 2018 = maximum of 2 beds/room

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Part 2 – 1228 [OSHDP 5]

Section 1228 Acute-Psychiatric Hospitals [OSHDP 5]

❑ Clarification of Application

– Application of former [OSHDP 1] amendments that are applicable to Acute Psychiatric Hospitals as [OSHDP 5]

➤ Requirements were previously introduced in the 2018 Supplement to the 2016 CBC

(effective date – July 1, 2018)

▪ Tailored hospital requirements specifically for acute psychiatric hospitals where they differ from general acute-care hospitals

▪ Common elements shared with general acute-care hospitals still located in 1224.4 with references from 1228.4, etc.

▪ Acute Psychiatric Basic Services (per H&S Code 71000)

No “general acute-care services” are included

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Part 2 – 1228 [OSHDP 5]


• 1228.4.1 Services/systems and utilities.

Services/systems and utilities shall only originate in, pass through or under structures which are under the jurisdiction of the Office of Statewide Health Planning and Development (OSHDP).

• 1228.4.2 Means of egress.

Means of egress shall only pass through structures that are under the jurisdiction of the Office of Statewide Health Planning and Development (OSHDP).

\* Also see special requirements for locked units (I-2 with restraint)



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SESSION 3: California Building Code

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LEARNING OBJECTIVES  
for  
PART 2 CBC

➤ OSHPD Classification Alignment

➤ Structural Updates

➤ OSHPD 1R Allowable Services

➤ Ch 2 Definitions +  
Ch 10 & 12 Means of Egress & Utilities

➤ SFM & Ch 12 General Items

➤ Section 1224 [OSHPD 1] Changes

➤ Sections 1225 [OSHPD 2] &  
1228 [OSHPD 5] Changes

➤ Sections 1226 & 1227 Changes

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Part 2 – 1226 [OSHPD 3]

Section 1226 Clinics [OSHPD 3]

Clarification of Application

➤ Clinics licensed under H&S Code Section 1200

▪ Primary Care Clinics

▪ Specialty Clinics

- Surgical Clinics
- Chronic Dialysis Clinics
- Alternative Birthing Clinics (ABCs)
- Rehabilitation Clinics

▪ Psychology Clinics

➤ Also, Outpatient Clinical Services of a Hospital provided in a freestanding building under H&S Code Section 1250

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Part 2 – 1226 [OSHPD 3]

**1226.4.3.5 Contiguous functions.** *Basic services of a single licensed clinic may be located in separate suites. Each clinic suite shall be contiguous and include internal circulation to access each of the required functions identified for that specific basic service.*

**Exceptions:**

1. Various functions including, but not limited to **reception, waiting, staff support areas such as toilets, storage, and lounge** may located outside of the clinic suite with approval from the California Department of Public Health.
2. If **toilets and drinking fountain(s) serving the public** are provided as part of the overall building features, they need not be provided within the clinic suite.
3. **Shared services.** Space for general storage, laundry, housekeeping and waste management may be shared with other tenants.



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Part 2 – 1227 [OSHPD 4]

**Section 1227 Correctional Treatment Centers (CTCs)**  
**[OSHPD 4]**

**General housekeeping items and language clarification/cleanup**

- Clarification that **gooseneck spouts** may be used in appropriate locations (requested by CDCR)

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Only You Can Prevent Bad Codes



Get Involved With the Process

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- Any Questions?
- Any Answers?
- Any Additional Thoughts or Discussion?

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2019 Code Update Webinar Series

Thank You!

Session 1:

- Intro
- OSHPD 1R
- Part 10 (CEBC)
- Part 1 – Administrative Code

Session 2:

- Fire/Life Safety

April 7, 2020

Session 3:

- Building Code

April 21, 2020

Session 4:

- Part 3 – Electrical Code
- Part 4 – Mechanical Code
- Part 5 – Plumbing Code
- Part 6 – Energy Code
- How to Remove from Acute Care
- New Remodel CAN 2-102.6
- New Accessibility CAN 2-11B
- What’s coming up

May 7, 2020

Register for the final session!

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