HCAi Department of Health Care Access and Information

Advisory
Guide
Series

A17

OSHPD 3 Clinics

FOR
CLINICS THAT ARE
LICENSED PURSUANT TO
HEALTH AND SAFETY
CODE SECTIONS 1200
OR 1250

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INTRODUCTION

A clinic is a health facility that is focused on the care of outpatients. Clinics can be privately operated or publicly managed and funded. They typically provide primary care in local communities, in contrast to hospitals which offer more specialized treatments and admit inpatients for overnight stays.

The Department of Health Care Access and Information's Office of Statewide Hospital Planning and Development (OSHPD) is statutorily mandated to promulgate building standards for certain types of licensed clinics in California, known as "OSHPD 3" clinics. For the most part, the OSHPD 3 building standards in the California Building Standards Code, Title 24 of the California Code of Regulations (Title 24) are enforced by the local jurisdiction, usually a city or county building department.

The determination of which clinics and outpatient facilities are subject to the OSHPD 3 requirements found in Title 24 can be difficult to understand. This may result in a lack of consistency in application of the model code and OSHPD 3 requirements to clinic facilities, and uncertainty regarding the roles of the local building jurisdiction and OSHPD in the plan review, certification, and construction inspection processes.

Confusion exists, in part, because the use of the generic terms, "clinics" and "outpatient facilities". The OSHPD 3 requirements found in Title 24 apply only to those clinics and outpatient facilities that are licensed by the California Department of Public Health (CDPH) pursuant to Health and Safety Code (H&SC) Sections 1200 or 1250. There are variables in statute and regulations regarding the use and licensing of these clinic facilities, making consistent application of the regulations seemingly complex.

Another source of confusion is that the applicability of certain requirements is determined by factors that are normally out of the scope of work of the building department and design professional. For example, sources of financial reimbursement and the specific type of license a clinic owner desires to obtain, determine what regulations apply and who has jurisdiction for the project. In addition, there has been confusion in interpretation or applying some of the OSHPD 3 building standards.

The purpose of this Guide is to help owners, operators, and design professionals better understand the different types of clinics licensed by CDPH that must comply with the OSHPD 3 building standards in Title 24. The Guide explains what jurisdictions are responsible for plan review, approval, inspection and licensing processes. Flowcharts with explanations and checklists for each type of licensed clinic are included to support the written information. This Guide also clarifies common OSHPD 3 Clinic questions. However, it does not include all applicable building standards. It remains the responsibility of design professionals and facility operators to ensure full compliance with all relevant regulations and requirements.

Department of Health Care Access and Information (HCAI)
Office of Statewide Hospital Planning and Development (OSHPD)

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SECTION 1
HOW TO USE THIS GUIDE

The intent of this Advisory Guide is to provide direction and information regarding OSHPD 3 clinics, including the complex environment surrounding jurisdictions for plan review and enforcement. This Advisory Guide also provides clarifications for the general construction requirements for all clinics (See Section 7) as well as construction requirements for specific clinic types (See Sections 8-14).

As stated in the Introduction Section, the owner, operator and design professional should first decide how, or if, the clinic will be licensed by CDPH and then what portions of the OSHPD 3 Title 24 requirements are applicable, if any. Section 4 of this Guide can assist with the determination.

It's also important to understand who has jurisdiction for construction, plan review, certification and licensing. Section 5 of this Guide clarifies these topics and Appendix A contains flowcharts that provide a visual description to assist the owners, operators and design professionals.

Each OSHPD 3 clinic type, from Primary Care Clinics to Radiological/Imaging facilities, must contain certain general program requirements to function properly. The general requirements typically include administrative space, patient care areas, utilities, waste management, and storage. These common elements are defined during the programming phase and incorporated into the plan. In addition to the general base requirements, the design of outpatient clinics must be tailored to the specific clinical services being offered.

Therefore, the applicability of the general requirements in CBC Section 1226.4 is based on three factors:

1) General requirements that must be complied with regardless of the OSHPD 3 clinic type or services to be provided, such as reception, waiting rooms, corridor widths, etc.,

2) Requirements that are needed for the clinic services to be provided, such as, sterilization facilities, nurse's station, etc., and

3) Requirements for rooms, functions, services, etc. if they are provided, such as a nourishment room, medical gas outlets, etc.

Section 7 of this Guide provides clarification and flexibility for the general requirements while still maintaining code compliance. The section also addresses common questions about which general requirements are necessary and/or could be shared. The remaining Sections describe the additional or specific requirements for the different OSHPD 3 clinic types.

California law allows some Primary Care Clinics to be licensed prior to meeting all the Title 24 requirements. This is permitted through the Plan of Modernization (PoM) process that is described in Appendix C.

This edition of the Guide provides details for Primary Care Clinics and Alternative Birthing Clinics. Links to checklists to assist design professionals are available in this Guide and on the HCAI website. This is a living document and HCAI will continue to update this Guide as more information is developed.

As noted in the Introduction Section, it remains the responsibility of design professionals and facility owners or operators to ensure full compliance with all relevant regulations and requirements. This Guide is not a substitute for the Title 24 requirements.

SECTION 2
CODE REFERENCES

2025 California Administrative Code (CAC), Title 24, Part 1
Chapter 7 SAFETY STANDARDS FOR HEALTH FACILITIES
Article 21 Plan Review, Building Inspection and Certification of Surgical Clinics, Chronic Dialysis Clinics and Outpatient Services Clinics

2025 California Building Code (CBC), Title 24, Part 2
Chapter 12 Interior Environment
Section 1226 [OSHPD 3] Clinics

Access is provided to the codes promulgated by OSHPD through the California Building Standards Commission website (https://www.dgs.ca.gov/en/BSC/Codes) with active links to each publisher's website for read-only public access versions of the codes.

Part 1, California Administrative Code

Part 2, California Building Code, Volumes 1 and 2

Part 3, California Electrical Code (Note: Accessed through the National Fire Protection Association (NFPA), however, requires the creation of a user account to view the Free Access - NFPA 70: 2022 California Electrical Code - NFPA 70 (2020 NEC®)

Part 4, California Mechanical Code

Part 5, California Plumbing Code

Part 6, California Energy Code

Part 9, California Fire Code

Part 10, California Existing Building Code

CANs - Code Application Notices are issued by OSHPD to interpret specific section(s) of Title 24, the California Building Standards Code, that may otherwise seem to be confusing or vague. A CAN, as OSHPD's formal interpretation, is enforceable as though it is contained within Title 24. The following CANs are applicable to this Guide:

CAN 1-0 Enforceable Codes identifies the version of Title 24 that is applicable based on the date a project is submitted for review by the authority having jurisdiction.

CAN 2-0 OSHPD Jurisdiction provides direction on jurisdictional limits as specifically related to the codes and regulations being enforced, as charged to the respective authorities. The extent of OSHPD's jurisdiction varies based on building type, system design, and configurations.

SECTION 3
ACRONYMS AND DEFINITIONS

Acronyms and Definitions assist the user in recognizing and identifying various acronyms and terms generally used in OSHPD documents. Please refer to the Master Glossary of Acronyms and Definitions on the HCAI website at https://hcai.ca.gov/document/master-glossary-of-acronyms-and-definitions/.

Other definitions may also be found in the Title 24, California Code of Regulations, California Building Standards Code.

Acronyms used in this Guide:

CMS - Center for Medicare/Medicaid Services (formerly known as Healthcare Financing Association (HCFA))

H&SC - Health and Safety Code. This is one of 29 separate State codes that make up the body of California state law. It authorizes the adoption, creation and enforcement of regulations, and are enacted by the legislative process involving the legislative and executive branches of state government.

Certification for Medicare and/or Medicaid – (Not related to OSHPD 3 certification requirements) A process to determine the eligibility of health care providers for reimbursement under the Medicare and/or Medicaid (Medi-Cal) programs. Certification for Medicare is provided by CMS, based on recommendation by CDPH. The Department of Health Care Services (DHCS) provides certification for Medi-Cal, a process that involves coordination with the CDPH for specific providers like clinics, which CDPH licenses.

SECTION 4
APPLICABILITY OF OSHPD 3 REQUIREMENTS

To determine the applicability of OSHPD 3 requirements, it is necessary for the owner or operator to decide if the clinic will be licensed by CDPH, and if so, how it is licensed. The Title 24 OSHPD 3 requirements only apply to clinics that are licensed pursuant to H&SC Section 1200 (which include primary care clinics and specialty clinics) or H&SC Section 1250 (which include outpatient clinical services of a licensed hospital). Where the term “clinic” or “outpatient facility” is used relative to OSHPD 3 requirements in Title 24, it means a clinic or outpatient facility licensed pursuant to H&SC Section 1200 or 1250.

It is also recommended that clinic owners or operators determine if they are seeking reimbursement from Medicare and Medicaid (Medi-Cal). This determination is another factor in how a facility should be constructed. A Condition of Participation (CoP) in the Medicare program means a healthcare provider meets specific federal health, safety, and quality standards set by the Centers for Medicare & Medicaid Services (CMS) to receive reimbursements from Medicare and Medicaid. Certification for Medicare is provided by CMS, based on a recommendation by CDPH. Medi-Cal certification is provided by DHCS through coordination with CDPH. See Section 6 for CDPH licensing.

New buildings, additions, alterations, or repairs to existing buildings, and conversion of space to a licensed clinic within existing buildings, subject to the Licensing and Certification Program at CDPH, shall substantially comply with applicable provisions of the California Building Code (CBC), California Electrical Code (CEC), California Mechanical Code (CMC), California Plumbing Code (CPC), California Energy Code, California Wildland-Urban Interface Code, California Fire Code, and California Green Building Standards Code (Parts 2, 3, 4, 5, 6, 7, 9, and 11 of Title 24).

The application of OSHPD 3 requirements is independent of the determination of occupancy classification. A Group B Occupancy doctor’s office is subject to OSHPD 3 requirements if the office is licensed as a clinic pursuant to H&SC Section 1200. Conversely, a surgical clinic classified as a Group B Ambulatory Care Facility occupancy is not subject to OSHPD 3 requirements if it is not licensed pursuant to H&SC Section 1200 or 1250. It should be noted that other requirements, not enforced by OSHPD or the local building jurisdiction, may apply to these non-licensed surgical clinics; for example, the National Fire Protection Association (NFPA)101 Life Safety Code.

SECTION 5
PLAN REVIEW, CERTIFICATION AND LICENSING

HCAI is authorized through the H&SC to promulgate building standards for certain clinics licensed by CDPH. Those regulations are found in Title 24 with the [OSHPD 3] banner.

The California Building Code, Chapter 1, Section 1.10.3 states the local building department has enforcement authority for OSHPD 3 Clinics. The California Administrative Code, Chapter 7, Article 21, Section 7-2100 states the local jurisdiction shall provide certification that the OSHPD 3 Clinics are in conformance with the applicable provisions in Title 24. The “certification” discussed in this section refers to a written statement, issued by the building department/Authority Having Jurisdiction (AHJ), whose purpose is to certify to CDPH that the physical plant of the clinic meets OSHPD 3 requirements as found in Title 24. Though similar in name, this is a separate document from the CMS certifications discussed in Section 4 of this Guide.

Section 5 discusses new construction projects. See Section 6 for construction at existing clinics.

Local Jurisdiction Plan Review and Certification

Local city or county building departments are responsible for plan review, building permits, inspections, and the certificate of occupancy (CofO) for most clinic construction projects. This includes new construction, additions, and renovation projects. As the jurisdiction having authority, these local building departments are also responsible for issuing the clinic certifications that are submitted to CDPH as part of the application for licensure. These certifications can either be a statement included on the jurisdiction’s typical certificate of occupancy, or a completed Form 270. Please note that some clinic types have additional options for obtaining certifications, and these options are listed on the Form 270 itself. CDPH’s website provides detailed instructions and checklists, per clinic type, that identify which certifications are acceptable for an initial, and Change of Owner (CHOW), application. The clinic owner and/or operator is responsible for submitting the correct certification to CDPH.

The local fire department enforces all fire and life safety requirements of the Office of the State Fire Marshal (SFM) in Title 24. CDPH also requires verification by an initial fire clearance that the clinic is in compliance with the rules and regulations of the State Fire Marshal. Providers must submit documentation that the clinic complies with local fire authority requirements when submitting their application for licensing. CDPH requires a ***Form STD 850 Fire Safety Inspection Request***, or similar form that contains equivalent information, approved and signed by the fire authority.

OSHPD Jurisdiction Plan Review and Certification

There are three scenarios when OSHPD could be involved in a clinic's plan review. These scenarios are only available to the clinic types listed below, which have legal provisions in the H&SC and Title 24 allowing clinic operators to select or request OSHPD as a reviewing agency. These legal provisions do not exist for operators of primary care clinics, alternative birthing center clinics, and rehabilitation clinics; these clinics may only be reviewed by the local jurisdiction. More information about the plan review and certification process for each clinic type can be found in the flowchart in APPENDIX A.

1. Certain Specialty Clinics under H&SC Code Section 1200
    a. Surgical clinic as defined in H&SC Section 1204(b)(1).
    b. Chronic dialysis clinic as defined in H&SC Section 1204(b)(2).
2. Hospital Outpatient Services under H&SC Section 1250: Surgical and/or chronic dialysis clinic building which is freestanding from a building where hospital services are provided and as defined in H&SC Section 129725(b)(1).
3. Hospital Outpatient Services under H&SC Section 1250: Any building where hospital outpatient clinical services are provided that are freestanding from a hospital building, as defined in H&SC Section 129725(a), except those buildings identified in 7-2100(a)(3) of the CAC.

Scenario 1 - The local building department is selected by the **clinic operator** of a **surgical or dialysis Specialty Clinic**, or by the hospital governing authority of a freestanding outpatient services clinic, to be the authority having jurisdiction (AHJ). If the local building department declines to provide written certification of the OSHPD 3 requirements, OSHPD shall perform a plan review and provide written certification to OSHPD 3 only. The local building jurisdiction is still responsible for performing the plan review for compliance with the remaining Title 24 requirements, which include but are not limited to structural, energy, and fire life safety components.

Scenario 2 - The **clinic operator** of a **surgical or dialysis Specialty Clinic**, requests that OSHPD provide the plan review. OSHPD will consult with the local jurisdiction to determine which agency will review for compliance with OSHPD 3 requirements (and written certification) and the review for compliance with the remaining Title 24 requirements. OSHPD will then either: review for OSHPD 3 requirements and provide written certification only, similar to Scenario 1 above; or will review for all applicable provisions of the current edition of the California Building Standards code (Title 24). Issuance of a building permit and construction inspection for the project shall be performed by the local building department. The governing body or owner shall submit

to the local jurisdiction the applicable OSHPD approved documents required for local permitting and construction inspection.

Scenario 3 - The **hospital governing authority** may elect to place a freestanding hospital-owned **outpatient clinical services** building under OSHPD jurisdiction. OSHPD will review the project for conformance with all applicable provisions of Title 24, including OSHPD 3 compliance and provide written certification. The entire building will be under OSHPD jurisdiction and remain under OSHPD jurisdiction, including any subsequent alteration projects, until the owner or governing authority notifies OSHPD otherwise in writing and jurisdiction is transferred to the local jurisdiction. OSHPD is responsible for the review and issuance of any building permits, and field review of all construction activities.

It is not uncommon for a local Building Department/Authority Having Jurisdiction (AHJ) to contract out some plan review to a third-party plan review consultant to meet staffing needs and/or technical specialty. In certain cases, as described in Scenarios 1 through 3, OSHPD can provide plan review, in whole or in part as described. This support is codified under H&SC Section 1226(C) & (g) for Licensed Clinics under a 1200 license, and H&SC Section 129885 for Hospital Outpatient Services. The request may come from the local AHJ, or may be from the clinic owner wishing to use OSHPD's expertise to obtain a more streamlined and consistent review and approval process.

The scope of OSHPD's review under Scenarios 1 and 2 can range from simple AMEP review for compliance with the [OSHPD 3] amendments promulgated ty the Office, to a full comprehensive review of all disciplines for compliance with all requirements of Title 24. The actual scope of review for any single project must be arranged and coordinated between OSHPD and the local AHJ. In general, the scope of review should respond to the size of the clinic's footprint within the building.

A. **Clinic Occupies the Entire Building** – If the clinic comprises the entire building, then:
    - The full building must comply with all applicable CBSC requirements for the clinic occupancy; and
    - OSHPD's review encompasses the entire building, including systems, means of egress, fire and life safety, structural and nonstructural elements, and all OSHPD 3 provisions.
B. **Clinic Occupies Only Part of the Building** – If the clinic occupies only a portion of the building, then:
    - Only the clinic area is required to comply with the OSHPD-3 provisions of Title 24; and

- Any shared or supporting building systems that serve the clinic must comply with applicable portions of Title 24, including but not limited to:
    - Means of egress serving the clinic;
    - Fire & life safety systems (alarm, sprinkler, smoke control, etc.);
    - Mechanical, electrical, and plumbing systems serving the clinic;
    - Accessibility requirements for areas supporting clinic operations;
    - Structural or nonstructural components that interface with the clinic space.
- OSHPD does not assume enforcement authority over portions of the building that are not part of, or do not serve, the clinic.

Supporting Systems – Supporting systems must be evaluated for compliance to the extent necessary to ensure:

- Proper performance of the clinic space;
- Integrity of egress paths;
- Required life safety performance;
- Compliance with referenced codes and standards;
- Infection control as provided by building systems.

Reviews by OSHPD will be conducted on a time and material basis. After the plans have been reviewed and approved, either in total or for OSHPD 3 certification only, and all applicable fees have been paid, OSHPD will stamp the plans and issue an approval letter. This letter and the stamped approved plans constitute written certification to OSHPD 3. A Building Permit is required before construction begins. For all clinic types except for freestanding clinics under a hospital license, the local jurisdiction will issue the Building Permit.

OSHPD approval does not authorize or approve any omission or deviation from applicable regulations. Should conditions develop that are not covered by the stamped construction documents, a change order (amended construction document) detailing and specifying the required work must be submitted for OSHPD approval. Acceptance of the work is subject to field inspection by the local jurisdiction and determination that the work, as completed, complies with applicable regulations and the approved plans.

Licensing by the California Department of Public Health

CDPH verifies that operational requirements are met and issues a license to operate a licensed clinic. CDPH also conducts the life safety portion of the survey, enforcing the 2012 edition of NFPA 101, Life Safety Code. Clinics must meet both State and Federal standards as a Condition of Participation in the Medicare program.

A Condition of Participation in the Medicare program means Certification for Medicare and/or Medicaid – (Not related to OSHPD 3 certification requirements) A process to determine the eligibility of health care providers for reimbursement under the Medicare and/or Medicaid (Medi-Cal) programs. Certification for Medicare is provided by CMS, based on recommendation by CDPH.

Appendix A contains flowcharts with footnotes to help graphically explain the Plan Review, Approval, Inspection and Certification of OSHPD 3 Clinics.

SECTION 6
EXISTING VERSUS NEW CLINIC CONSTRUCTION

Clinic operators that undertake construction projects that result in wholly new facilities- such as a freestanding building, or a new tenant fit-out in an empty shell space- will most likely submit an initial license application to CDPH for these new facilities.

Clinic operators who wish to reuse existing facilities to provide CDPH-licensed medical services must carefully evaluate the condition of the existing facility, the improvements needed to provide those medical services, and CDPH licensing requirements. These projects could include renovations, alterations, remodels, and existing unlicensed clinics that seek initial licensure.

During plan review for a renovation or remodel, the building department having jurisdiction will review the new work to applicable portions of the current Title 24. There are provisions within the CBC, the CMC, and the CPC that allow existing structures and installations to remain if they were in compliance with the code in effect at the time they were installed. Given these provisions, each jurisdiction will have their own approach to how much existing construction is addressed. For more information on how OSHPD approaches remodel projects, please see Advisory Guide A14 Remodel Guide.

CDPH does not limit the scope of applications for initial licenses to new construction. Initial CDPH licenses are required for any facilities that have not been previously licensed or have had a break in licensure. All initial license applications require the certification described in Section 5, which certifies the facility as a whole meets current applicable building codes.

This can have significant impacts to older facilities constructed during previous building codes. For example, if a private ten-year-old medical clinic undergoes a renovation to reconfigure existing exam rooms, its existing mechanical system would be permitted to remain and be reconfigured for the new space plan. If that same private clinic wishes to obtain a new CDPH license after construction is completed, both the exam room size and the mechanical system would have to meet the current building codes in order to receive the certification needed for its initial license application. It is highly recommended that clinic operators carefully plan construction work with their design team, and licensing requirements with CDPH, early in the design planning process.

CDPH does not require CHOW license applications to provide Title 24 certification if the following conditions have been met: there has been no construction or remodeling done to the facility, the services provided in the new application are the same as in the previous license, and there has been no break in licensed services.

Lastly, initial license applications also require fire clearance (STD 850 Form). This form is generally not required for a CHOW unless there has been construction and/or remodeling for the clinic. Operators should confirm all licensing requirements with CDPH.

SECTION 7
GENERAL CONSTRUCTION REQUIREMENTS FOR CLINICS

CBC Section 1226 includes general construction requirements for clinics and specific requirements for different types of clinics, such as primary care clinics, specialty clinics, psychology clinics, and hospital outpatient clinics. Section 1226.4 outlines the general construction requirements for clinics. Sections 1226.4.3 through 1226.4.8 contain general construction requirements for all clinics. In many cases these sections also point to minimum requirements in 1224 (Hospitals) that are to be applied to clinics. Depending on the specific clinic type, additional general construction requirements in 1224 or 1226 (1226.2, 1226.4.9-1226.4.17) may also be applicable.

The following information is to provide clarification and flexibility with the OSHPD 3 requirements while still maintaining safe environments for the patients. Requirements for General Construction found in Section 1226.4 that apply to all clinics licensed by CDPH are detailed in this Section. These general requirements apply where they are not specifically supplemented, amended, or modified in CBC Sections 1226.5 through 1226.12.

For additional information about a specific clinic type, refer to Sections 8 to 14 for the respective clinic. This section also includes clarifications for CEC, CMC, and CPC requirements. **It is important to note that this section only provides clarifications to questions frequently submitted to HCAI by code users. This section does not list all the requirements.**

<u>California Building Code (CBC), Architectural features</u>

1. **Corridor width**: Section 1226.4.3 Corridors contain two sections pertaining to corridors; 1226.4.3.1 Outpatient services refers to 1224.4.7.3;1226.4.3.2 Corridor width for clinics with bed/gurney patient(s) refers to 1224.4.7.1.

   ***1224.4.7.3 Outpatient services**. Outpatient clinics which contain facilities for outpatient use only, such as laboratory, x-ray, physical therapy or occupational therapy, shall have a minimum corridor or hallway width of 5 feet (1524 mm). Outpatient departments caring for one or more nonambulatory outpatients shall have a minimum corridor or hallway width of 6 feet (1829 mm). Corridors serving gurney or stretcher traffic shall comply with minimum width requirements of Section 1020.3. Outpatient clinics and outpatient departments consisting only of waiting rooms, business offices, doctor's offices and examining rooms, where there is no traffic through such area to other services or to exits from the building, shall have a minimum corridor or hallway width of 44 inches (1118 mm).*

***1224.4.7.1 Width**. The minimum width of corridors and hallways shall be 8 feet (2438 mm).*
***Exception:** Patient-care corridors and hallways in hospitals for patients who are not bedridden shall have a minimum clear and unobstructed width of 6 feet (1829 mm). For the purposes of this section, bedridden patients shall be defined as patients confined to beds who would be transported or evacuated in beds, stretchers, or litters.*

Clarification: Corridor or hallway widths in clinics may vary from 44 inches wide to 8 feet wide, depending on the function or use of the corridor. Corridor or hallway widths may be wider than the minimum required for the services or functions served; however, the width cannot be less than the minimum required for such service or function.

A general summary of each corridor width and the services or functions that each serve is provided below:

a. 44 inches-wide - corridors that serve only waiting rooms, business offices, doctor's offices, and examining rooms, where no other traffic passes through these areas to other rooms or spaces in the clinic, and the corridor does not provide an exit from the building.
b. 5 feet wide – corridors for outpatient services only, such as laboratory, x-ray, physical therapy or occupational therapy.
c. 6 feet wide – corridors for clinics providing care for one or more (nonambulatory) outpatients who are unable to move about independently and may require the use of mobility aids such as wheelchairs, walkers, crutches, etc.
d. 8 feet wide – patient care corridors serving bedridden patients, or those patients confined to beds who would be transported or evacuated in beds, stretchers, or litters.

2. Contiguous functions: Section 1226.4.3.5

***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 be 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.

Clarification: A clinic must have internal circulation for access to all required functions required for its specific basic service. With the approval of CDPH, there are allowances for some non-patient care functions and services, such as reception, waiting, and staff support areas, to be in the building outside the boundaries of the clinic suite.

Additionally, there may be functions or services provided in the building that are common to or shared by the building tenants. In this case certain functions or services, including public toilets and drinking fountains, space for general storage, laundry, housekeeping, and waste management are not required to be provided in the clinic suite.

3. **Pocket door:** Section 1226.4.4.2 Pocket doors refer to Section 1224.4.8.2

1224.4.8.2 Pocket doors. *Pocket sliding doors are not permitted.*
Exception: *Administration and business areas.*

Clarification: Pocket doors that slide into a cavity or pocket in the wall frame are only allowed in administration and business areas. Doors that slide on the outside of the wall, and not within a pocket, such as “barn doors,” are allowed to be used for exam and treatment rooms. Barn doors must meet any fire rating and accessibility requirements. Additional information regarding the use of barn doors can be found in CBC 407.4.4.5 and 1010.1.2, Exception 9.

4. **Ceiling heights:** Section 1226.4.6 Ceiling heights contain two sections pertaining to minimum ceiling heights. 1226.4.6.1 Minimum height refers to 1224.4.10.1 and 1226.4.6.2 Minimum height with fixed ceiling equipment refers to Section 1224.4.10.2.

1224.4.10.1 Minimum height*. The minimum height of ceilings shall be 8 feet (2438 mm).*
Exception: *Closet, toilet room and bathroom minimum ceiling heights and soffits over fixed cabinets and work surfaces, shall not be less than 7 feet (2134 mm).*

1224.4.10.2 Minimum height with fixed ceiling equipment. *Operating rooms, emergency rooms, delivery rooms, radiographic rooms and other rooms containing ceiling-mounted, major fixed equipment or ceiling mounted surgical light fixtures shall have ceiling heights to accommodate the equipment or fixtures and their normal movement. Suspended tracks, rails and pipes located in the traffic path for patients in beds and/or on stretchers, including those in inpatient service areas, shall be not less than 7 feet (2134 mm) above the floor.*

> ***Exception****: Mobile suspended tracks such as traverse rails for overhead patient lifts that may be moved out of the traffic path shall provide a clearance of not less than 6 feet, 8 inches (2032 mm) above the floor when in use.*

Clarification: Ceiling heights in new construction shall meet the minimum requirement of 8 feet except that closet, toilet room, and bathroom ceiling heights and soffits over fixed cabinets and work surfaces, may be not less than 7 feet. Ceilings slightly lower than 8 feet typically do not pose a hazard for clinic employees, clients or first responders; so it is acceptable for a ceiling height to be minimum 7 feet 6 inches for an existing clinic undergoing an addition or alteration, or an existing clinic seeking CDPH licensure. For existing clinics, the authority having jurisdiction may use their judgement to accept ceiling heights other than the minimum 8 feet but no less than 7 feet 6 inches.

5. **Floor finishes:** Section 1226.4.7.1 Floor finishes refers to CBC 1224.4.11.1 and Table 1224.4.11.

1224.4.11.1 Floor finishes*. Floor finishes shall be smooth, waterproof and durable. Flooring surfaces shall provide smooth transitions between different floor materials. Slip-resistant flooring products shall be used for flooring surfaces in wet areas (e.g., kitchens, shower and bath areas), ramps, stairways, entries from exterior to interior space and other areas as determined by the functional program. Joints for floor openings for pipes, ducts and conduits shall be tightly sealed. Joints of structural elements shall be similarly sealed.*

> ***Exception****: Upon written appropriate documented requests, the licensing agency may grant approval of the installation of carpets. See Table 1224.4.11.*

Here is a snapshot of **Table 1224.4.11** headings. Please refer to the entire table in Title 24.

TABLE 1224.4.11—ACCEPTABLE CEILING AND CARPET LOCATIONS				
AREAS/ROOMS [3,4]	GENERAL ACUTE CARE HOSPITAL CEILING/CARPET	ACUTE PSYCHIATRIC HOSPITAL CEILING/CARPET	SKILLED NURSING AND INTERMEDIATE-CARE FACILITIES CEILING/CARPET	CLINIC CEILING/CARPET

Clarification: It is important to have floors in a clinic that are easy to clean and maintain in areas that are subject to high traffic, wet locations, spills, etc. for infection control, safety, and maintenance.

The section that governs floor finishes for clinics, 1226.4.7.1 and its subsections, references 1224.4.11 for requirements. 1224.4.11.1 contains general requirements for floor types to be used in wet locations, exterior locations, and at transitions. Subsections contain specific requirements for coved bases (1224.4.11.2) and wet cleaning (1224.4.11.2.2). Clinic spaces are not required to provide integral, homogenous floor and wall bases unless the space is identified in section 1224.4.11.2.2.

The use of carpet is only allowed in nurse or administration stations, administration, and speech pathology and audiology spaces. Other locations are allowed to have carpet if approved by CDPH. These areas include patient corridors and hallways, examination rooms, pharmacies, dining rooms, chronic dialysis, mammography, dental, occupational therapy, physical therapy, and radiation therapy.

6. **Elevator Dimensions: Section 1226.4.8.2**

1226.4.8.2 Dimensions. *Elevators used for the routine transport of wheeled stretchers shall have minimum inside platform dimensions of 5 feet by 8 feet (1524 mm by 2438 mm) and a minimum clear door opening of 3 feet 8 inches (1118 mm).*

Clarification: Clinics located in multi-story buildings, and clinics providing services that require patients to be transported in wheeled stretchers, must have access to at least one elevator with a cab to accommodate ambulance stretchers in compliance with Section 3002.4. In addition, all elevators must comply with the applicable elevator accessibility standards in CBC 11B Section 407 Elevators. Refer to CAN 2-11B - Accessibility in Health Facilities.

7. **Garbage, solid waste, medical waste and trash storage:** Section 1226.4.9

1226.4.9 Garbage, solid waste, medical waste and trash storage*. These facilities shall comply with the appropriate local health and environmental authorities' requirements, California Department of Public Health requirements for medical waste management, and comply with the following minimum requirements:*

1226.4.9.1 Location…
1226.4.9.2 Enclosure…
1226.4.9.3 Waste holding room…

Clarification: Clinics have several options to provide garbage, solid waste, medical waste, and trash storage. If an enclosure is provided for waste collection storage it is required to be 25 sq. ft. Min.; however, this amount of space may not be required by the enforcing agency if there is a proposed method of handling and storage which requires a lesser amount of space. Additional space may be required by the enforcing agency when special operations or collection and disposal methods result in greater than usual accumulation of solid waste. A waste-holding room may be considered as an alternative to an enclosure if it has 25 sq. ft. min, 100% exhaust to the outside, and convenient access to an exterior door.

CDPH enforces operational requirements for waste management in Title 22. The space requirements in CBC Section 1226.4.9 Garbage, solid waste, medical waste, and trash storage (and subsections) support these processes. For example, Title 22 Section 75067 requires waste to be stored and disposed in a manner to protect patients from communicable disease and odors, and be secured from the public. CBC Section 1226.4.9 requires facilities to provide a secured room for waste accumulation. Title 22 Section 75068 requires solid waste containers to be able to be washed down; CBC Section 1226.4.9.2 requires an enclosure with features for washing and cleaning solid waste containers.

Facilities located in medical office buildings may have trash enclosures provided as part of the building core and shell and they may be shared between multiple licensed clinics sharing the building.

8. **Housekeeping room:** Section 1226.4.11 Housekeeping room refers to Section 1224.4.15.

1224.4.15 Housekeeping room*. This room shall be a minimum floor area of 15 square feet (1.4 m2). It shall contain a service sink or floor receptor and provisions for storage of supplies and housekeeping equipment.*

Clarification: Since the housekeeping room is required to have a service sink or floor receptor, it cannot be a cabinet or a closet. A housekeeping room is used for general cleaning and storage of cleaning supplies. Due to infection control, the housekeeping room must be separated from the soiled utility room. The soiled utility room is used for storing used items such as containers that have collected human waste or disposing soiled waste. The soiled utility room needs to be exhausted and requires negative pressure. A housekeeping room needs to exhaust to the outdoors just like a toilet, shower, or laundry room in residential construction. Additionally, the housekeeping room cannot be mixed with the clean utility room that is used for preparing and/or storing clean and sterile supplies.

9. **Nurse station**: Section 1226.4.13.1.

1226.4.13.1 Nurse station(s). *If required, this area shall have space for counters and storage and shall have direct access to a handwashing stations (refer to Section 1224.3 for definition of handwashing station). It may be combined with or include centers for reception, charting and communication.*

Clarification: Nurse station is a term commonly used in health care facilities. A nurse station is not limited to the nurses' usage. It is a designated working area for nurses and other healthcare staff to perform administrative and clinical tasks when they are not directly attending to patients. As provisioned by Section 1226.4.13.1, the clinic may combine the nurse station with reception and/or charting space. Additionally, 1226.4.13.2.1 allows the medicine preparation room to be part of the nurse station.

10. **Medication station**: Section 1226.4.13.2

1226.4.13.2 Medication station*. Provision shall be made for distribution of medications. This shall be done from a medicine preparation room or a self-contained medicine dispensing unit.*

1226.4.13.2.1 Medication preparation room or area*. When provided, the entry of the medication preparation room or area shall be under the visual control of the staff. This may be a part of the nurse station and shall include all of the following:*

1. Work counter
2. Sink
3. Lockable refrigerator
4. Immediate access to handwashing station
5. Locked storage for biologicals and drugs

When a medication preparation room or area is to be used to store self-contained medication dispensing units, the room shall be designed with adequate space to prepare medications with the self-contained medication-dispensing units present.

1226.4.13.2.2 Self-contained medicine-dispensing unit. *When provided, the location of a self-contained medicine-dispensing unit shall be permitted in the clean workroom or at the administrative center or nurse station, provided there is adequate security for medications and adequate lighting to easily identify drugs. Immediate access to a handwashing station shall be provided.*

Clarification: Most clinics require some form of medication storage or preparation. The main section provides two options: Medication preparation room or area, or self-contained medicine-dispensing unit. HCAI often answers the following questions:

1. Is #4 Immediate access to the handwashing station required in the medication preparation room or area if a sink is adjacent in the nurse station, that has a handwashing station or if it's adjacent to the clean utility room that has a handwashing station? The answer is no; the handwashing station is not required if there is one immediately accessible without the need to touch a door handle.

2. Why is #2 sink, required in a clinic when similar language in Section 1224.4.4.1 does not require a sink? OSHPD recognizes that this is an inconsistency in the code and is proposing a code change to fix this. Title 22 only requires a convenient water source. The Facility Guidelines Institute (FGI), Guidelines only requires a handwashing station.

11. **Clean utility room:** Section 1226.4.13.3.

1226.4.13.3 Clean utility room. *A clean utility room shall be provided. If the room is used for preparing patient care items, it shall contain:*

1. *Work counter*
2. *Handwashing station*
3. *Storage facilities for clean and sterile supplies*

   If the room is used only for storage and holding as part of a system for distribution of clean and sterile materials from a central sterile supply, the work counter and handwashing station may be omitted. Soiled and clean utility rooms or holding rooms shall be separated and have no direct connection.

Clarification: A clean utility room is a designated space for preparing and/or storing clean and sterile supplies. If the space is used only for storing clean and sterile supplies, it may be a cabinet or a closet. Due to infection control, the clean utility room/cabinets/closets shall be separated from the soiled utility room and housekeeping room. Clean utility rooms need to be positive pressure. The soiled utility room is used for storing used items such as containers that have collected human waste or disposing soiled waste. The soiled utility room needs to be exhausted and requires negative pressure. A housekeeping room needs to exhaust to the outdoors just like a toilet, shower, or laundry room in residential construction.

12. **Soiled workroom or soiled linen holding room:** Section 1226.4.13.4.

1226.4.13.4 Soiled workroom or soiled holding room. *Soiled workroom or soiled holding room shall be provided and contain:*

1. *Clinic sink*

   Exception: *For primary care clinics, a utility sink or patient toilet room equipped with a bedpan flushing device may be provided in lieu of a clinic sink. A utility sink may be used for soaking or rinsing and shall be provided as appropriate to the method of decontamination used.*
2. *Handwashing station*
3. *Work counter*
4. *Storage cabinets*
5. *A designated area for waste receptacle(s)*
6. *A designated area for soiled linen receptacle(s)*

If the clinic includes a central sterile supply that complies with Section 1224.22 and the soiled holding room is used only for temporary holding of soiled materials, the clinic sink and work counter may be omitted. Where rooms are used for temporary holding of materials, provisions shall be made for separate collection, storage and disposal of soiled materials. Soiled and clean utility rooms or holding rooms shall be separated and have no direct connection.

Clarification: The soiled workroom or soiled holding room shall contain all the items listed in the section. The soiled workroom or soiled holding room cannot be mixed with a clean workroom or clean linen storage due to infection control. The soiled workroom needs to be exhausted and requires negative pressure, whereas the clean workroom needs to be positive pressure. Note: Item #1 says clinic sink, the correct term is clinical sink, which is defined in the California Plumbing Code, Section 205.0.

13. **Public and Administrative areas.** Section 1226.4.16

1226.4.16.1.1 Reception. *A reception and information counter or desk shall be provided.*

Clarification: A reception and information counter or desk is required. Section 1226.4.13.1 Nurse station(s) allows the nurse station to be combined with the reception area. Section 1226.4.3.5 Contiguous functions allows certain functions such as reception to be located outside of the clinic suite with approval from CDPH. A reception area and a waiting room may be combined and/or shared in a multi-tenant building.

1226.4.16.1.2 Outpatient waiting rooms. *Refer to Section 1224.4.5.*

1224.4.5 Outpatient waiting rooms. *Waiting rooms for outpatients shall provide a seating area and space for wheelchairs and have public corridor access. Public toilets, drinking fountains and telephones shall be readily accessible.*

Note*: One waiting area may serve more than one department or service.*

1224.4.5.1 Outpatient access*. Outpatient access to services shall not traverse a nursing unit.*

Clarification: Section 1224.4.5 Outpatient waiting rooms has minimum requirements and states that public toilets, drinking fountains and telephones shall be readily accessible. Additionally, one waiting area may serve more than one department or service.

For example, if a clinic provides multiple services (radiological, primary care, etc.) the patients can check in at a central location. The public toilets, drinking fountains and telephones do not have to be in the clinic space, they could be down a hall or corridor to a common area of the building. OSHPD is proposing a code change to correct the term in this Section.

14. **Equipment and supply storage**: Section 1226.4.16.2.2.

1226.4.16.2.2 Equipment and supply storage. *General storage facilities for office supplies and equipment shall be provided.*

Clarification: This is a general storage space to store office supplies and equipment. It can be cabinets, a closet, or a room. It may also be combined with the reception or nurse station.

California Electrical Code (CEC) and NFPA 99

New construction and remodels in California will need to meet the California Electrical Code. General electrical requirements can be found in Chapters 1 through 4 of the CEC, and requirements specifically for health care environments can be found in Article 517 of the CEC. In addition, NFPA 99 (Health Care Facilities Code) provides requirements that dovetail with the CEC requirements. The following items are electrical code requirements that would apply to OSHPD 3 Clinics. Note: HCAI has published the Advisory Guide A8-Electrical Guide for Heath Care Facilities which includes checklists that contain electrical requirements based on specific areas or functions of a facility. Requirements for OSHPD 3 Clinics can be found throughout the Guide. The following are definitions and requirements that could apply to all OSHPD 3 clinics.

Article 100 - Definitions.

Patient Care Space Category Any space of a health care facility wherein patients are intended to be examined or treated. [**99**:3.3.140] (517) (CMP-15)

> **Informational Note No. 1:** The health care facility's governing body designates patient care space in accordance with the type of patient care anticipated.
>
> **Informational Note No. 2:** Business offices, corridors, lounges, day rooms, dining rooms, or similar areas typically are not classified as patient care spaces. [**99**:A.3.3.140]

Category 1 Space (Category 1). Space in which failure of equipment or a system is likely to cause major injury or death of patients, staff, or visitors. [**99**:3.3.140.1] (CMP-15)

[OSHPD 1, 2, 3, 4 & 5] *Includes special care units, intensive care units, coronary care units, sub-acute units, angiography laboratories, cardiac catheterization laboratories, delivery rooms, operating rooms, portions of emergency departments, electroconvulsive therapy procedure rooms, post-operative recovery rooms and similar areas in which patients are intended to be subjected to invasive procedures and are connected to line-operated electromedical devices.*

> Informational Note: These spaces, formerly known as critical care rooms, are typically where patients are intended to be subjected to invasive procedures and connected to line-operated, patient care–related appliances. Examples include, but are not limited to, special care patient rooms used for critical care, intensive care, and special care treatment rooms such as angiography laboratories, cardiac catheterization laboratories, delivery rooms, operating rooms, post-anesthesia care units, trauma rooms, and other similar rooms. [**99**:A.3.3.140.1]

Category 2 Space (Category 2). Space in which failure of equipment or a system is likely to cause minor injury to patients, staff, or visitors. [**99**:3.3.140.2]

[OSHPD 1, 2, 3, 4 & 5] *Includes areas such as patient bedrooms, examining rooms, treatment rooms, clinics, and similar areas where the patient may come into contact with electromedical devices or ordinary appliances such as a nurse call system, electric beds, examining lamps, telephones, and entertainment devices.*

> Informational Note: These spaces were formerly known as general care rooms. Examples include, but are not limited to, inpatient bedrooms, dialysis rooms, in vitro fertilization rooms, procedural rooms, and similar rooms. [**99**:A.3.3.140.2]

Category 3 Space (Category 3). Space in which failure of equipment or a system is not likely to cause injury to the patients, staff, or visitors but can cause patient discomfort. [**99**:3.3.140.3] (517) (CMP-15)

Informational Note: These spaces, formerly known as basic care rooms, are typically where basic medical or dental care, treatment, or examinations are performed. Examples include, but are not limited to, examination or treatment rooms in clinics, medical and dental offices, nursing homes, and limited care facilities. [**99**:A.3.3.140.3]

Clarification: Hands-on patient care (examination and/or treatment) performed in OSHPD 3 Clinics will fall under one of these three categories. Note that only Surgical Clinics (and hospitals providing outpatient surgery similar to a surgical clinic) will have Category 1 Critical Care spaces (e.g.: operating rooms and post-anesthesia care units). Dialysis Clinics will have Category 2 General Care space such as the dialysis treatment room. Many outpatient clinical services of a hospital (1226.5) will also be categorized as General Care space. Primary Care Clinics, Alternative Birthing Clinics well-baby labor, delivery, and recovery (LDR) also known as “birthing rooms” (note that the “delivery room” as a listed a critical care space is in reference to more complicated deliveries associated with hospitalization), and Rehabilitation Clinics fall under Category 3 Basic Care spaces. These clinics provide hands-on patient care however treatment rooms are limited to non-invasive treatment may not include any “procedure rooms” or minimally invasive procedures. Psychology Clinics do not include any hands-on patient care examination or treatment. They do not have any categorized “patient care” rooms.

The following are electrical code sections that should be reviewed and incorporated (where appropriate) for the general construction of all Clinics.

1) **Ground fault circuit-interrupter protection requirements**

Chapter 2 - Wiring and Protection

210.8

(B) Other Than Dwelling Units. All 125-volt through 250-volt receptacles supplied by single-phase branch circuits rated 150 volts or less to ground, 50 amperes or less, and all receptacles supplied by three-phase branch circuits rated 150 volts or less to ground, 100 amperes or less, installed in the following locations shall be provided with GFCI protection:

(1) Bathrooms

(2) Kitchens

...

(7) Sinks — where receptacles or cord-plug-connected fixed or stationary appliances are installed within 1.8 m (6 ft) from the top inside edge of the bowl of the sink.

Clarification: GFCI protection is a general electrical code requirement that is mentioned here as clinics typically have bathrooms and sinks. GFCI protection helps prevent electrical injury to humans by cutting off power in the event of a ground fault, typically in under 1/40th of a second. All receptacles installed in bathrooms and kitchens will need to be GFCI type. In all other spaces, receptacles located within 6' of a sink are required to be GFCI type.

2) Tamper-Resistant Receptacles.

Chapter 4 Equipment for General Use

406.12 Tamper-Resistant Receptacles. All 15- and 20-ampere, 125- and 250-volt nonlocking-type receptacles in the following locations shall be listed tamper-resistant receptacles:

...

(5) Within clinics, medical and dental offices, and outpatient facilities, the following spaces:

a. Business offices accessible to the general public

b. Lobbies, and waiting spaces

c. Spaces of nursing homes and limited care facilities covered in 517.10(B)(2)

Clarification: Requirements for tamper-resistant receptacles are general electrical code requirement that apply to all facilities. Tamper-resistant receptacles are required for facilities that provide services for pediatrics and/or the elderly. Tamper-resistant receptacle requirements strive to enhance safety in areas where children or the elderly may be present, to reduce the risk of electric shock from playing with outlets.

3) Lighting requirements

Chapter 5 - Specific Occupancies and Locations

517.8 [OSHPD 1, 2, 3, 4, 5 & 6] Artificial Lighting.

(A) Rooms and Passageways*. All rooms and passageways shall be provided with artificial illumination.*

(B) Illumination.

(1) [OSHPD 1, 3, 4 & 5] Illumination intensity*. Illumination intensity values in each area shall meet the recommended values in the latest edition of ANSI/IES RP-29, Recommended Practice: Lighting Hospital and Healthcare Facilities.*

…

(D) Special Locations.

(1) The general illumination fixtures in nurseries, central sterilizing rooms, treatment rooms, surgical suites, intensive care units, recovery rooms, obstetrical suites, emergency rooms, and laboratories shall be smooth and easily cleanable.

(2) Lighting in intensive care nurseries shall be controlled by a dimmer or other means of multiple switching to provide varied lighting intensities. Lighting shall have the ability to provide 100 footcandles at each infant bed location when needed.

> **Clarification:** All rooms are required to have artificial lighting and controls. ANSI/IES RP-29 provides lighting level requirements for health care facilities.

4). Wiring Protection

Chapter 5 - Specific Occupancies and Locations

Part II. Wiring and Protection

517.10 Applicability.

(A) Applicability. Part II shall apply to patient care space of all health care facilities.

(B) Not Covered. Part II shall not apply to the following:

(1) Business offices, corridors, waiting rooms, and the like in clinics, medical and dental offices, and outpatient facilities

...

Informational Note No. 1: See 406.12(5) for receptacles located in health care facility business offices, corridors, and waiting rooms that are required to be tamper resistant.

3) Areas used exclusively for any of the following purposes:

a. Intramuscular injections (immunizations)

b. Psychiatry and psychotherapy

c. Alternative medicine

d. Optometry

e. Pharmacy services not contiguous to health care facilities

Clarification: Part II states wiring and protection requirements for patient care spaces. Note: the word “spaces” is used instead of “rooms” for all requirements. In a large room, different services might be provided in different spaces within that room, and this language assesses the risks in the individual spaces rather than treating the room as a single risk factor.

517.10 clarifies that the special wiring and protection requirements found in article 517 only apply to patient spaces and lists some exclusions to these requirements for specific spaces/services provided. All other spaces would just need to follow the general electrical wiring and installation requirements found in Chapter 1-4 of the California Electrical Code.

5) Switchboards/Panelboards not permitted in patient care rooms.

517.12 Wiring Methods. Except as modified in this article, wiring methods shall comply with Chapters 1 through 4 of this Code.

(A) [OSHPD 1, 2, 4 & 5] Wall spaces in patient care rooms shall not be used for the installation of switchboards and panelboards, unless dedicated for that room.

Clarification: Panelboards are not permitted to be installed in patient care rooms.

6) Grounding of receptacles in patient care areas.

Chapter 5 - Specific Occupancies and Locations

517.13 Equipment Grounding Conductor for Receptacles and Fixed Electrical Equipment in Patient Care Spaces. Wiring serving patient care spaces shall comply with the requirements of 517.13(A) and (B).

…

(A) Wiring Methods. All branch circuits serving patient care spaces shall be provided with an effective ground-fault current path by installation in a metal raceway system or a cable having a metallic armor or sheath assembly. The metal raceway system, metallic cable armor, or sheath assembly shall itself qualify as an equipment grounding conductor in accordance with 250.118.

(B) Insulated Equipment Grounding Conductors and Insulated Equipment Bonding Jumpers….

Clarification: Special grounding requirements are required in patient care areas to minimize electrical hazards by maintaining low potential differences between exposed conductive surfaces that are likely to be energized and that can be contacted by a patient. Wiring for electrical receptacles in patient care spaces will need to be installed in a raceway that qualifies as a ground conductor (metal conduit or healthcare grade flex conduit) and have a dedicated insulated ground wire.

7) Ground-Fault Protection of Equipment.

Chapter 2 - Wiring and Protection

215.10 Ground-Fault Protection of Equipment. Each feeder disconnect rated 1000 amperes or more and installed on solidly grounded wye electrical systems of more than 150 volts to ground, but not exceeding 1000 volts phase-to-phase, shall be provided with ground-fault protection of equipment in accordance with 230.95.

230.95 Ground-Fault Protection of Equipment. Ground-fault protection of equipment shall be provided for solidly grounded wye electric services of more than 150 volts to ground but not exceeding 1000 volts phase-to-phase for each service disconnect rated 1000 amperes or more. The grounded conductor for the solidly grounded wye system shall be connected directly to ground through a grounding electrode system, as specified in 250.50, without inserting any resistor or impedance device.

The rating of the service disconnect shall be considered the rating of the largest fuse that can be installed or the highest continuous current trip setting for which the actual overcurrent device installed in a circuit breaker is rated or can be adjusted.

Exception The ground-fault protection system shall operate to cause the service disconnect to open all undergrounded conductors of the faulted circuit. The maximum setting of the ground-fault protection shall be 1200 amperes, and the maximum time delay shall be one section for the ground-fault currents equal to or greater than 3000 amperes.

Clarification: Ground-Fault protection is required for 480Y277V services and feeders rated 1000A and more, to protect equipment damage and ensure safety.

8) Nurse Call Requirements

Chapter 5 - Specific Occupancies and Locations

517.123 [OSHPD 1, 2, 3, 4 & 5] Call Systems

(A) General.

(1) Nurse call devices shall be installed in the locations shown in Table 1224.4.6.5 and as described in Sections 1224, 1225, 1226, 1227, and 1228 of the California Building Code. One device shall be permitted to accommodate any combination of patient station, staff emergency, and code call, provided the individual functions and requirements listed below are met.

(2) Nurse call systems shall be listed and installed in accordance with UL 1069: "Standard for Hospital Signaling and Nurse Call Equipment."

(3) Initiation of any call station shall activate all of the following signals:

(a) Visual signal in the corridor at the patient room door or care space;

(b) Visual signals at corridor intersections where individual patient room door or care space signals are not directly visible from the associated nurses' stations; and

(c) Visual and audible signals at the nurse master station and associated duty stations.

(4) Each call station shall include a visual call assurance indicator to acknowledge that the station has been activated.

TABLE 1224.4.6.5—[OSHPD 1, 2, 3, 4 & 5] LOCATION OF NURSE CALL DEVICES

• = Required

AREA DESIGNATION	*STATION TYPE*	*1224*	*1225*	*1226*	*1227*	*1228*
Nursing Units						
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*	•			•	
Support Areas						
Nurse/control station	*M*	•	•	•	•	•
Medication preparation room	*D*	•			•	
Soiled workroom/utility/holding	*D*	•			•	
Clean workroom/utility/holding	*D*	•			•	
Diagnostic and Treatment Areas						
Seclusion room or vestibule	*E*	•				•
Emergency exam, treatment and triage rooms	*P,E*	•			•	
Operating room/Cesarean	*E,C*	•		•	•	
Delivery room/Birthing room	*E,C*	•		•	•	
Observation unit bed/gurney	*P,E,C*	•			•	
Pre-op patient care	*P,E,C*	•		•	•	
Post-op patient care/PACU	*P,E,C*	•		•	•	
Imaging exam/procedure room [3]	*E,C*	•		•	•	
Procedure Room, including Endoscopy	*E,C*	•		•	•	
Patient toilet room	*B*	•		•	•	
Electroconvulsive therapy	*E,C*	•			•	•
Station Types P = Patient Statio B = Bath Station, E = Staff Emergency, C = Code Call, M = Master, D = Duty *1. Not required for Primary Care Chronic Dialysis, Rehabilitation or Psychology Clinics*						

Clarification: Nurse call requirements for OSHPD 3 Clinics are as follows: Follow column 1226. Generally, a clinic will not have Nursing Unit functions, therefore no nurse call. Unless the clinic has a special diagnostic or treatment area listed in column 1226, a nurse call will not be required. Footnote 1 indicates that nurse calls are not required in the patient toilet room for Primary Care, Chronic Dialysis, Rehabilitation or Psychology Clinics.

California Mechanical Code (CMC)

New construction and remodels in California will need to meet the California Mechanical Code. OSHPD 3 amendments are provided throughout the codes to address the medical specific requirements related to operation and infection control in a medical setting. Ventilation requirements found in the CMC relate to the requirements found in ASHRAE 170, Ventilation of Healthcare Facilities, but may be more restrictive than the national standard. The ASRHAE 170 standard is adopted by model code in CMC Section 402.1.2 for all clinics including non-licensed clinics. The following items are mechanical and plumbing code requirements for OSHPD 3 Clinics.

1. ***320.3 Requirements for Outpatient Facilities and Licensed Clinics. [OSHPD 3]***

   320.3.1 *The system shall be designed to provide the temperature and humidities for sensitive areas for rooms shown in Table 4-A.*

   Clarification: The temperature and humidity ranges for outpatient spaces included for spaces under Table 4-A. Outdoor design conditions are to follow the Part 6 energy code requirements.

2. **402.1.2 Ventilation in Health Care Facilities.** Mechanical ventilation for health care facilities shall be designed and installed in accordance with this code, ASHRAE/ASHE 170, and NFPA 99. **[OSHPD 1, 1R, 2, 3, 4 & 5]** *Ventilation for health care facilities shall be designed and installed in accordance with this code and Table 4-A. All supply-air, return air, and exhaust-air systems shall comply with this code and ASHRAE 170. When the requirements of this code conflict with ASHRAE 170, the most restrictive requirements shall prevail.*

   Clarification: The ventilation requirements for outpatient facilities are to comply with the OSHPD 3 amendments in the California Mechanical Code and ASHRAE 170, Ventilation for Healthcare Facilities.

3. **402.2 Natural Ventilation Procedure*. [Not permitted for OSHPD 1, 2, 3, 4 & 5]***

   Clarification: (See 407.1.1 below) This is a requirement for mechanical ventilation to be provided. Window openings providing natural ventilation may be provided as supplemental.

4. ***406.0 Evaporative Cooling System for Health Care Facilities. [For OSHPD 1, 2, 3, 4 & 5]*** *Direct evaporative cooling systems where the air directly contacts the*

wetted surface or spray shall be limited in health facilities to nonpatient areas such as laundry rooms, and boiler or machinery rooms.

Clarification: Evaporative cooling systems that wet the filter media are not permitted.

5. ***407.0 Ventilation System Details. [OSHPD 1, 1R, 2, 3, 4 & 5]***

407.1 General.

407.1.1 *All supply-air, return air, and exhaust-air systems shall be mechanically operated and such systems for areas listed in Table 4-A shall be operated continuously. Natural ventilation through windows or other openings such as louvers will be considered as supplemental to the required mechanical ventilation systems.*

Exceptions:

(1) Natural ventilation shall not be used in airborne infection isolation rooms and protective environment rooms.

(2) Unoccupied turndown shall be permitted in accordance with Section 407.7.

Clarification: Ventilation systems are to be operating continuously when the building is occupied. Exception 2 allows for unoccupied when the outpatient facility or a portion of the facility is unoccupied.

6. ***407.1.2*** *Fans serving exhaust systems shall be located at the discharge end of the system. Ductwork within the building shall be under negative pressure.*

Clarification: Exhaust duct work is required to be negative. Duct leakage occurs in all ducts, inline exhaust fans positively pressurize ductwork and leaks dirty air into the building.

7. ***407.2.1 Outdoor Air Intakes****. Outdoor air intakes shall be located at least 25 feet (7.62 m) from exhaust outlets…, plumbing vents. The bottom of outdoor air intakes shall be located as high as practicable, but not less than 10 feet (3048 mm) above ground level.*

Clarification: This requirement is to limit contaminants that could enter the outside air intake.

8. ***407.2.2 Exhaust Outlets.*** *Exhaust outlets shall be located a minimum of 10 feet (3048 mm) above adjoining grade and 10 feet (3048 mm) from doors, occupied areas, and operable windows.*

   Exception: *Airborne infection isolation rooms shall comply with Section 414.1.*

   Clarification: Exhaust discharge outlet height and separation from openings are in addition to the general requirements found in Chapter 5.

9. ***407.4 Air Circulation.***

   407.4.1 *Design of the ventilation system shall provide air movement that is generally from clean to less clean areas.*

   Clarification: In addition to air change rates and room pressurization, the layout of supply and return/exhaust diffusers are to be placed to provide air movement from clean to less clean areas.

10. ***407.4.2*** *Corridors shall not be used to convey supply, return, transfer or exhaust air to or from any room per the California Building Code.*

    CBC 1020.6 Air movement in corridors. Corridors shall not serve as supply, return, exhaust, relief or ventilation air ducts.

    Clarification: Where rooms in the outpatient facility are connected by a corridor system, air movement is not permitted to be transferred through the corridor other than transfer air required to provide room pressurization. This will require a supply and return duct to each room.

11. ***407.4.3*** *No space above a ceiling may be utilized as an outside-air, relief-air, supply-air, exhaust-air, or return air plenum.*

    Exception*: Designs specifically approved by the enforcing agency.*
    (see also model code section 602.1)

    Clarification: Outpatient facilities cannot utilize the space above ceiling or other independent building construction to convey air. HVAC systems must convey all air through ductwork. The exception may be permitted in low acuity spaces such a clinics without exam or treatment such as consultation services.

12. ***407.4.5 Recirculating Room Units.*** *Recirculating room units shall be permitted to provide a portion of the total air changes for a space in excess of the minimum*

outside air changes where indicated with a "yes" in the "Recirculated Room Units" column of Table 4-A.

Clarification: A recirculating room unit allows a portion of the total air change other than the outside air to be provided through a recirculating room unit with a MERV 8 filter. This allows reduced filtration for a portion of the total airflow to a single space served by a room unit since the air is not shared with other spaces.

13. 407.6 Economizers.

407.6.1 *Systems with economizers shall include modulating relief and/or return fans to ensure compliance with the pressure requirements of spaces listed in Table 4-A.*

Clarification: Where economizers adjust the amount of outside air brought into the HVAC system. These changes can affect the air balance to a building. Systems with barometric relief vents open based on pressurization of the building and can affect room pressures. Air handling units with economizers will need to be able to maintain a balanced supply and return air system to maintain the space pressurization to areas served.

14. 407.7 Unoccupied Turndown.

407.7.1 *Where indicated with a "yes" in the Unoccupied turndown column of Table 4-A, the number of air changes shall be permitted to be reduced.*

Clarification: The ventilation system shall run continuously when occupied. Unoccupied turndown can be provided during hours the building is unoccupied

15. ***408.4.1*** *The air ventilation systems for outpatient facilities shall have filter bank efficiencies as listed in Table 4-B.*

    Clarification: Filters for outpatient facilities will require a pre and post filter at the air handler unit for spaces that require a MERV 14 filter.

16. ***603.4.1.1 Flexible Ducts. [OSHPD 1, 2, 3, 4 & 5]*** *In hospital building projects and all other healthcare facilities, including clinics and correctional treatment centers, flexible ducts of not more than 10 feet (3048 mm) in length may be used to connect supply, return or exhaust-air terminal devices to rigid duct systems. Where constant volume, variable volume or mixing boxes are utilized, flexible duct of not more than 5 feet (1524 mm), may be used on the inlet side for alignment. An internal impervious liner shall be provided to isolate insulation material from conditioned air. Flexible duct is not permitted in corridors where fire*

or smoke dampers are omitted per CBC 717.5.4 and the duct is required to be constructed of steel not less than 0.019 inch (0.483 mm) in thickness.

Clarification: OSHPD amendments provide increase in flexible duct length from 5 feet to 10 feet at connection to terminal devices and terminal units. Utilization of flexible duct in the duct system will be based on model code requirements for the space.

California Plumbing Code (CPC)

New construction and remodels in California will need to meet the California Plumbing Code. OSHPD 3 amendments are provided throughout the codes to address the medical specific requirements related to operation and infection control in a medical setting. Much of the plumbing requirements found in the CPC originate from the Facilities Guidelines Institute requirements for outpatient facilities. These include handwashing for infection control, hot water safety and medical gas requirements. These requirements are the national consensus standard but are not adopted by model code and only apply to licensed clinics through state regulations. The following items are mechanical and plumbing code requirements for OSHPD 3 Clinics.

1. ***CPC 210 – H-***

   Handwashing Fixture. [OSHPD 1, 2, 3, 4, 5 & 6] *Handwashing fixtures consist of faucet, trim and lavatory as described:*
   (1) Faucets and Trim…
   (2) Lavatory…

   Clarification: Handwashing fixtures require a gooseneck spout and handsfree operation. Wrist blades or electronic sensor operation is permitted.

2. **422.0 Minimum Number of Required Fixtures.**

   [OSHPD 1, 2, 3, 4 & 5] Plumbing fixtures shall be provided in the minimum number shown in Table 4-2.
   422.3.1 [OSHPD 1, 2, 3, 4, 5 & 6] *Separate toilet facilities shall be provided for the use of patients, staff personnel and visitors.*
   Exceptions:
   (2) For public waiting areas with an occupant load of 10 or less, one toilet facility, designed for use by no more than one person at a time, shall be permitted for use by both sexes.

   Clarification: Toilet facilities are based on separate facilities for patients, staff and visitors. Staff may use 1 all gender restroom to serve up to 10 staff.

Outpatient facilities with 3 or less exam rooms may allow the waiting area to share with the patient toilet. Waiting rooms serving 10 or less may share one all gender toilet.

3. **604.1. Pipe, Tube, and Fittings.** Pipe, tube, fittings…

   Exception: [OSHPD 1, 2, 3, 4 & 5] *Use of CPVC is not permitted for potable water applications.*

   701.2/903.1.3 Drainage Piping. Materials for drainage piping…
   (2) ABS and PVC DWV piping installations…
   (b) ***[OSHPD 1, 2, 3, 4 & 5]*** *ABS and PVC installations are not allowed.*
   1101.4. Material Uses. Pipe, tube, and fittings conveying rainwater shall be of such materials…
   [OSHPD 1, 2, 3, 4 & 5] *ABS and PVC installations are not allowed.*

   Clarification: Installation of new plastic piping such as PVC, CPVC, ABS are not permitted. Projects under OSHPD jurisdiction with plumbing included in the scope of work can utilize CPC section 102.2 Existing Installations. This section permits existing plumbing systems, that comply with the building code at the time of initial construction, to remain in place. A new occupancy designation will require compliance with CPC 604.1 for above ground installations.

4. ***613.2*** *At least two pieces of hot-water-heating equipment shall be provided to supply hot water for dishwashing and minimum patient services such as handwashing and bathing.*

   Exception: A single piece of hot-water-heating equipment shall be permitted, subject to the Authority Having Jurisdiction, for primary care and non-specialty clinics where the equipment is limited to the service of handwashing fixtures.

   Clarification: Redundant equipment is intended to keep the facility in operation.

5. ***613.5*** *Temperature control valves shall be provided to automatically regulate the temperature of hot water delivered to plumbing fixtures used by patients to a range of 105°F (41°C) minimum to 120°F (49°C) maximum. High temperature alarm set at 125°F (52°C) shall be provided. The audible/visual device for the high temperature alarm shall annunciate at a continuously occupied location.*

   Clarification: Scalding prevention is provided by having a master mixing valve with temperature alarm to prevent water above 120F to fixtures in patient areas.

6. ***613.6*** *Hot-water distribution system serving patient care areas shall be under constant mechanical recirculation to provide continuous hot water at each hot water outlet. Hot water recirculation piping shall return the recirculation loop back through the hot water source. Non-recirculated fixture branch piping shall not exceed 10 feet (3.05 meters) in length.*

   Clarification: Hot water circulation and branch length limitations are intended to prevent legionella growth and other organisms in the water piping.

7. **701.2 Drainage Piping.**

   (2) ABS and PVC DWV piping installations

   (b) ***[OSHPD 1, 2, 3, 4 & 5]*** *ABS and PVC installations are not allowed.*
   903.1.3 [OSHPD 1, 2, 3, 4 & 5] *ABS and PVC installations are not allowed.*
   1101.4.2.2 [OSHPD 1, 2, 3, 4 & 5] *ABS and PVC installations are not allowed.*

   Clarification: Installation of new plastic piping such as PVC, CPVC, ABS are not permitted. . Projects under OSHPD jurisdiction with plumbing included in the scope of work can utilize CPC section 102.2 Existing Installations. This section permits existing plumbing systems, that comply with the building code at the time of initial construction, to remain in place. A new occupancy designation will require compliance with CPC 604.1 for above ground installations.

8. ***906.2.1 [OSHPD 1,1R, 2, 3, 4 & 5]*** *Each vent pipe shall terminate not less than twenty-five (25) feet (7620 mm) from any air intake or vent shaft.*

   Clarification: Plumbing vents must be a minimum of 25ft from outside air intakes of air handling units serving the outpatient facility. Existing installations may remain where the vent is a minimum of 10ft and the vent discharge is above the level of the intake.

9. ***1304.1.2 [OSHPD 1, 1R, 2, 3, 4 & 5]*** *A medical gas source system serving an OSHPD 1, 2, 3 or 5 building shall not be located in an OSHPD 1R or OSHPD 3 building. OSHPD 1R buildings may be served by an individual main supply line from other OSHPD buildings, with a main line valve as per NFPA 99. [NFPA 99:5.1.4.2.1, 5.1.4.2.2, 5.1.4.3.1, 5.1.4.3.2] Valves shall be accessible and clearly labeled.*

   Exception: *A medical gas source system serving only an OSHPD 1R or 3 building may be located within it.*

Clarification: OSHPD 3 medical gas systems must be separate from the hospital med gas systems. OSHPD 3 buildings do not meet the same minimum design standards as hospital buildings.

SECTION 8
OUTPATIENT CLINICAL SERVICES OF A HOSPITAL - RESERVED

SECTION 9
PRIMARY CARE CLINIC

1. Introduction

Primary Care Clinics are licensed under Section 1200 of the California Health and Safety Code and must comply with the requirements in California Building Code Section 1226.6. Outpatient clinical services of a hospital providing services, licensed under Section 1250 of the California Health & Safety Code, which are equivalent to a primary care clinic, shall also comply with California Building Code Section 1226.6 and be considered a primary care clinic.

Pursuant to H&SC Section 1204(a)(1) Primary Care Clinics (PCC) are classified into two main types, community clinics and free clinics. The law defines each class of primary care clinics such as they are operated by a tax-exempt nonprofit corporation supported by donations, grants, etc. and charges to the patient shall be based on the patient's ability to pay. It's important for owners and operators to read the law to determine how their clinic will be licensed.

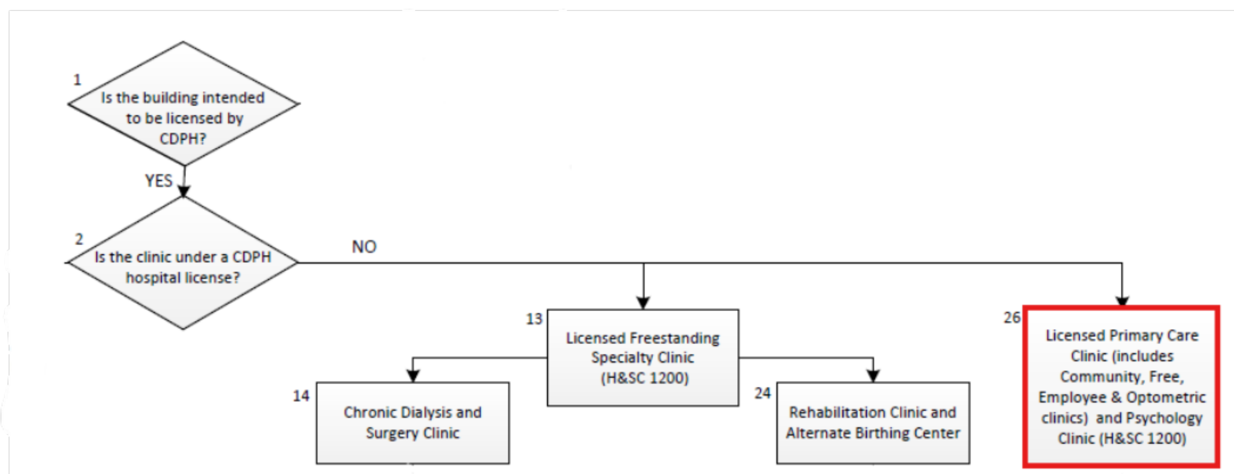
PCCs are subject to the provisions of Section 1226 [OSHPD 3] CLINICS, of the California Building Code and all amendments to the Title 24 under the banner [OSHPD 3]. OSHPD requirements apply to all facilities described above and are not dependent upon Occupancy Group designations in CBC Chapter 3.

The law does not clarify what types of services can be provided in a PCC, so the owner in cooperation with the design professional will need to determine what support services are necessary for the services provided in the clinic. While Examination Rooms are required in PCCs, Treatment Rooms are optional and dependent upon the intended delivery of care. Examination Rooms are intended for diagnostic examinations. Treatment Rooms are intended for clinical/interventional procedures and include appropriate size and finish requirements to accommodate treatment/procedures that do not require a restricted (sterile) environment but may use sterile instruments or equipment.

A primary care clinic may establish compliance with the minimum construction standards of adequacy and safety for the physical plant by submitting written certification from a licensed architect or a written statement from a local building jurisdiction that design drawings, specifications and/or construction for a specified licensed clinic comply with applicable OSHPD 3 requirements. This is usually accomplished using CDPH Form 270. OSHPD is statutorily prohibited from performing plan review of Primary Care Clinics.

See Appendix B for the Primary Care Clinc checklist.

OSHPD 3 Primary Care Clinic Flowchart:



2. Construction Requirements Clarification

Requirements for General Construction found in Section 1226.4 that apply to all clinics licensed by CDPH are detailed in Section 8 of this Guide. These general requirements apply where they are not specifically supplemented, amended, or modified in CBC Section 1226.6 PRIMARY CARE CLINICS.

California Building Code (CBC) – Architectural Features

1. Section 1226.6 Primary Care Clinics states PCC and outpatient clinical services of a hospital providing services equivalent to a PPC shall comply with Sections 1226.4.3 through 1226.4.8 and the provisions of this section. This means the listed spaces are required unless otherwise stated.

2. **Examination room(s). Section 1226.1.1** Refers to Section 1224.4.4.1.

Clarification: Examination room(s) is/are required for Primary Care Clinics. Exam rooms must have a minimum clear floor area of 80 square feet, with a minimum dimension of 8 feet. A handwashing fixture and accommodation for written or electronic documentation must also be provided in the room.

3. Treatment room(s). Section 1226.6.1.2 includes minimum space requirements and refers to CBC Section 1224.4.4.1. It also states, “if provided”.

1224.4.4.1.2 Treatment room*. Unless specified elsewhere, if a treatment room is provided, it shall have a minimum clear floor area of 120 square feet (11.15 m2), the least dimension of which shall be 10 feet (3048 mm). A minimum of 3 feet (914 mm) is*

required between the sides and foot of the bed/gurney/table and any wall or other fixed obstruction. The room shall contain an examination light, a work counter for medical equipment, a handwashing fixture, cabinets, medication storage and counter space for writing or electronic documentation. If used for exercise stress testing, include space for a crash cart and patient resuscitation and omit the exam light. Multi-bed treatment rooms shall have separate patient cubicles with a minimum clear floor area of 80 square feet (7.4 m2) per cubicle. Each cubicle shall contain an examination light, counter and storage facilities. In multi-bed treatment rooms, a handwashing fixture shall be provided in the room for each three or fewer cubicles.

Clarification: Treatment rooms are optional and whether they need to be provided in a Primary Care Clinic depends on the services provided by the clinic. Certain kinds of services may need to be performed in a treatment room instead of an exam room, such as sutures, casting, wound debridement and management, certain laser procedures, or special diagnostic examination and/or testing, etc..

If provided, treatment rooms must have a minimum clear floor area of 120 square feet with the minimum dimension of 10 feet excluding vestibules and work counters. The following must be provided in each treatment room:

1. Examination light
2. A work counter for medical equipment.
3. A handwashing fixture.
4. Cabinets
5. Medicine storage.
6. Counter space for writing or electronic documentation.

If exercise stress testing is to be performed a space for a crash cart and patient resuscitation must be provided. The exam light may be omitted.

Refer to CBC Section 1224.4.4.2 if multi-bed treatment rooms are to be provided.

4. Support areas for exam rooms. Section 1226.6.2 lists all of the support areas required for exam rooms in a PCC, including a nurse station.

Section 1226.6.2.1 Nurse station Refers to CBC Section 1226.4.13.1.

1226.4.13.1 Nurse station(s). *If required, this area shall have space for counters and storage and shall have direct access to a handwashing stations (refer to Section 1224.3 for definition of handwashing station). It may be combined with or include centers for reception, charting and communication.*

Clarification: Nurse station is a term commonly used in health care facilities. A nurse station is not limited to the nurses' usage. It is a designated working area for nurses and other healthcare staff to perform administrative and clinical tasks when they are not directly attending to patients. Section 1226.4.13.1, allows the nurse station to be combined with reception and/or charting space. Additionally, 1226.4.13.2.1 allows the medicine preparation room to be part of the nurse station.

4. **Public and administrative areas**. Section 1226.6.5 lists all of the support areas required for the public and administrative areas in a PCC.

Section 1226.6.5.1.2 Outpatient waiting rooms refers to CBC Section 1224.4.5.

1224.4.5 Outpatient waiting rooms. *Waiting rooms for outpatients shall provide a seating area and space for wheelchairs and have public corridor access. Public toilets, drinking fountains and telephones shall be readily accessible.*

Note*: One waiting area may serve more than one department or service.*

1224.4.5.1 *Outpatient access. Outpatient access to services shall not traverse a nursing unit.*

Clarification: Waiting rooms for outpatients must include:

1. Seating area and space for wheelchairs.
2. Public corridor access.
3. Public toilets, drinking fountains, and telephones shall be readily available.

Clinics must provide a telephone for public use. It is not necessary to have a traditional public telephone or a pay phone. Based on current technologies, there are various options for telephone service other than a traditional public phone. Therefore, the clinic will meet this requirement if a telephone is readily available for public use.

A central waiting room may serve more than one clinical service area, or department. For example a PCC may have a clinical area that provides primary care assessments and another clinical area that provides X-ray or orthopedic services. All clients can use one central waiting area as long as the patients are not walking through one service area to get to the other.

Additionally, centralized public toilets, drinking fountains and telephone access can be utilized.

Refer to the Primary Care Clinic Checklist for additional requirements.

California Electrical Codes (CEC)

In addition to the electrical requirements in Section 7 for all clinic types, the following electrical code sections should be reviewed and incorporated when appropriate for Primary Care Clinics.

1) Category type spaces in Primary Care Clinics.
https://link.nfpa.org/publications/99/2024/chapters/3

Primary Care Clinics should be considered Category 3 spaces, if there will not be any category 1 or 2 patients.

2) Nurse Call Requirements:

See Section 7 for additional clarification. Nurse calls are not required in patient toilet rooms in Primary Care Clinics.

California Mechanical Codes

1. TABLE 4-A PRESSURE RELATIONSHIP AND VENTILATION REQUIREMENTS FOR LICENSED CLINICS [OSHPD 3]

Function of Space (ee)	Pressure Relationship (d)(n)	Minimum Outdoor ach	Minimum Total ach	Exhausted Directly to Outdoors (j)	Recirculated Room Units (a)	Unoccupied Turndown	Design Relative Humidity (k), %	Design Temperature (l), °F/°C
Waiting area primary care clinic	*Negative*	*2*	*12*	*Yes*	*No*	*No*	*Max 60*	*70-75/21-24*

Clarification: Waiting area in a primary care clinic is intended to support clinics that receive patients with respiratory disease. Specialty clinics serving well patients or dental clinics under a primary care designation would not require exhaust ventilation in the waiting area. Other waiting areas would provide ventilation per ASHREA 62.1 as outlined in CMC Section 403.

California Plumbing Codes (CPC)

1. 422.0 Minimum Number of Required Fixtures.

422.1 Fixture Count…
[OSHPD 1, 2, 3, 4 & 5] *Plumbing fixtures shall be provided in the minimum number shown in Table 4-2.*
422.2 Separate Facilities. *Separate toilet facilities shall be provided for each sex.*
Exceptions [Not adopted for OSHPD 1, 2, 3, 4 & 5]:

422.3.1 [OSHPD 1, 2, 3, 4, 5 & 6] *Separate toilet facilities shall be provided for the use of patients, staff personnel and visitors.*
Exceptions:
(1) For Primary Care Clinics where a facility contains no more than three examination and/or treatment rooms, the patient toilet shall be permitted to serve waiting areas.
(2) For public waiting areas with an occupant load of 10 or less, one toilet facility, designed for use by no more than one person at a time, shall be permitted for use by both sexes.

Clarification: Separate restrooms are to be provided for patients, staff and visitors. Staff toilets cannot be shared with patients or visitors. Staff is to provide male and female staff toilets for up to 15 persons per toilet. For staff counts less than 10, a single all gender toilet may be considered. Visitors are to have a public toilet in the public waiting area. Outpatient clinics with less than 3 exam rooms are permitted to have the public share a non-private patient toilet room.

SECTIONS 10 THROUGH 12
SURGICAL CLINIC, CHRONIC DIALYSIS CLINIC, REHABILITATION CLINIC - RESERVED

SECTION 13
ALTERNATIVE BIRTHING CLINIC

1. Introduction

An Alternative Birthing Clinic (ABC) is a clinic that provides comprehensive perinatal services and delivery care to pregnant women who remain less than 24 hours at the facility. An ABC may be licensed under Health and Safety Code Section 1204 (b) as an alternative birth center specialty clinic or licensed under Health and Safety Code Section 1204.2 as a primary care clinic that provides services as an alternative birth center. Alternative birth centers are licensed by the California Department of Public Health (CDPH) and must meet the OSHPD 3 building standards found in the California Building Standards Code, Title 24 of the California Code of Regulations (Title 24).

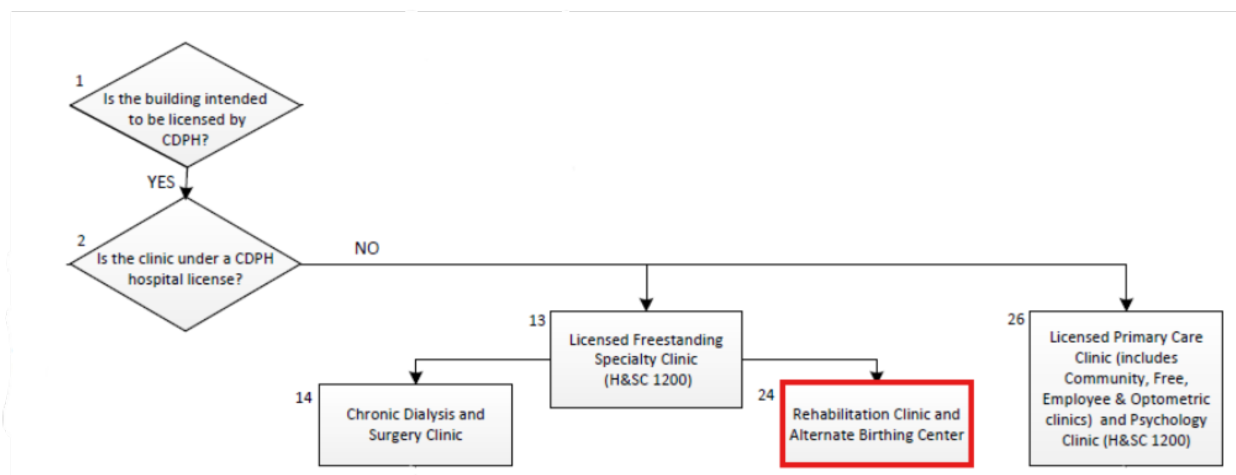
It's important to note that on average birthing centers contain 2-3 birthing rooms and conduct approximately 5-8 births per month. During a 2025 survey, one ABC stated they have conducted 24 births in one month. In conclusion, patient traffic is very low.

CBC Section 1226.11 states ABCs are required to comply with Sections 1226.4.3 through 1226.4.8 and the requirements in Section 1226.11. Sections 1226.4.3 through 1226.4.8 contain general construction requirements for all clinics. In many cases these sections also point to minimum requirements in 1224 for Hospitals that are included for ABCs by reference.

An alternative birthing clinic may prove OSHPD 3 compliance by submitting local certification that its design and construction meet all applicable standards. This is usually accomplished using CDPH Form 270 or a written certification provided by the local building authority.

See Appendix B for the ABC Checklist.

OSHPD 3 Alternative Birthing Clinics flowchart:



2. Construction requirements clarification

The following information is to provide clarification and flexibility with the OSHPD 3 requirements while still maintaining safe environments for birthing mothers. For general construction codes, refer to Section 7 of this Advisory Guide.

California Building Code, Architectural features

1. **Corridor width:** Refer to Section 7 of this Guide for clarification of general construction Section 1226.4.3 Corridors. Below is additional clarification specifically for ABCs.

   Clarification: Section 1226.4.3 corridors contain two sections pertaining to corridors; 1226.4.3.1 Outpatient services refers to 1224.4.7.3 and 1226.4.3.2 Corridor width refers to 1224.4.7.1. Code sections 1224.4.7.1 and 1224.4.7.3 do not list birthing rooms. Birthing rooms are not similar to laboratories, x-ray, or physical therapy rooms. They are not for the care of nonambulatory outpatients. They do not require gurney or stretcher traffic. By process of elimination, birthing rooms are most closely aligned with examination rooms. New or existing alternative birthing clinics may comply with the option of a minimum corridor or hallway of 44 inches where there is no traffic from other services to exits from the building.

2. **Ceiling heights**: Section 1226.4.3 – Refer to Section 7 of this Guide.

3. **Handwashing station or fixture:** Section 1226.11.1.4 Hand-washing stations refer to CPC 210.0 for the definition of handwashing fixture.

   1226.11.1.4 Handwashing stations. A handwashing fixture, as defined in Section 1224.3, shall be located within or directly outside the room. If the fixture is located within the room, the fixture may be screened or within openable casework.

   1224.3 Definitions. HANDWASHING STATION. A clinical staff-use area that provides a handwashing fixture, cleansing agents and means for drying hands. Handwashing stations shall be immediately accessible to the patient care area they serve without requiring passage through a doorway unless hands-free door operation is provided. Refer to the California Plumbing Code, Section 210.0 for the definition of handwashing fixture.

   Clarification: Section 1226.11.1.4 provides an option to install the handwashing station either inside the room or directly outside the room. If installed directly outside of birthing rooms, a handwashing station may serve up to three birthing rooms, provided they are in close proximity and directly accessible to staff.

4. **Nurse station**: Section 1226.11.2.1 Nurse station **is required** for ABC. Refers to Section 7 of this Guide for the clarification of space utilization.

5. **Clean utility room:** Section 1226.11.2.3: Refer to Section 7 of this Guide for the clarification for section 1226.4.13.3.

6. **Nourishment rooms and Ice-making equipment**: Sections 1226.11.2.7 Ice-making equipment and 1226.11.2.8 Nourishment room or area.

   1226.11.2.7 Ice-making equipment. Each facility shall have equipment to provide ice for treatments and nourishment. Icemaking equipment shall be permitted in the clean utility or the nourishment room/area. Ice intended for human consumption shall be provided in the nourishment station and shall be served from self-dispensing ice-makers.

   1226.11.2.8 Nourishment room or area. When provided, refer to Section 1226.4.13.7.

   1226.4.13.7 Nourishment room. When provided, the nourishment room or area shall have all of the following:

   1. Sink
   2. Work counter
   3. Refrigerator
   4. Storage cabinets
   5. Equipment for serving nourishment
   6. A handwashing station, as defined in Section 1224.3, shall be located in the nourishment room or be immediately accessible without going through a door.

   Clarification: It is acceptable to have a refrigerator with an ice-making machine provided in the nourishment room pursuant to Section 1226.11.2.8. A separate ice-making machine is not required. If the ice is intended for patient consumption, the refrigerator's ice-maker shall have a self-dispensing functionality.

   Since patients stay in the birth clinics for only a few hours or less than 24 hours, the clinics may offer convenient food options such as boxed food or pre-packaged food. These food options must adhere to the food safety guidelines (i.e. proper storage and temperature control) and meet patients' nutritional needs.

7. **Housekeeping room:** Section 1226.11.4.1 points to 1224.4.15: Refer to Section 7 of this Guide for the clarification of 1226.4.11, which also points to 1224.4.15.

8. **Reception area:** Section 1226.11.5.1.1 points to Section 1226.4.16.1.1: Refer to Section 7 of this Guide for the clarification of Section 1226.4.16.1.1.

9. **Public Telephone:** Section 1226.11.5.1.4 Public telephone. Refer to Section 1224.4.5.

1224.4.5 Outpatient waiting rooms. Waiting rooms for outpatients shall provide a seating area and space for wheelchairs and have public corridor access. Public toilets, drinking fountains and telephones shall be readily accessible.

Note: One waiting area may serve more than one department or service.

Clarification: This code requires clinics to provide a telephone for public use. It is not necessary to have a traditional public telephone or a pay phone. Based on current technologies, there are various options for telephone service other than a traditional public phone. Therefore, the clinic will meet this requirement if a telephone is readily available for public use.

10. **Medical records storage**: Section 1226.11.5.2.1 Medical records storage refers to Section 1226.4.16.2.1.

1226.4.16.2.1 Medical records storage. Outpatient clinics shall provide a health record service which shall comply with the following:

1. Work area for sorting and recording records for either paper or electronic media.
2. Storage area for records for either paper or electronic media.

Clarification: Due to the evolution of computer and information technologies, electronic medical record systems have become more common in health care facilities. For facilities using only electronic medical record systems, a computer station is sufficient to meet this requirement. This may be located in the nurse station.

11. **Equipment and supply storage:** Section 1226.11.5.2.2 points to Section 1226.4.16.2.2: Refers to Section 7 of this Guide for clarification.

California Electrical Codes (CEC)

In addition to the electrical requirements in Section 7 for all clinic types, the following electrical code sections should be reviewed and incorporated when appropriate for Alternative Birthing Clinics.

2) Lighting requirements

CEC 517.8 [OSHPD 1, 2, 3, 4, 5 & 6] Artificial Lighting.

(A) Rooms and Passageways*. All rooms and passageways shall be provided with artificial illumination.*

(B) Illumination.

(1) [OSHPD 1, 3, 4 & 5] Illumination intensity. *Illumination intensity values in each area shall meet the recommended values in the latest edition of ANSI/IES RP-29, Recommended Practice: Lighting Hospital and Healthcare Facilities.*

Clarification: All rooms are required to have lighting and controls. ANSI/IES RP-29 requires dimmable lighting that can provide an average of 75 foot candles in birthing rooms.

California Mechanical Code (CMC)

1. 407.1 General.

407.1.1 All supply-air, return air, and exhaust-air systems shall be mechanically operated and such systems for areas listed in Table 4-A shall be operated continuously. Natural ventilation through windows or other openings such as louvers will be considered as supplemental to the required mechanical ventilation systems.

Exceptions:

(2) Unoccupied turndown shall be permitted in accordance with Section 407.7.

Clarification: Ventilation systems are to be operating continuously when the building is occupied. Exception 2 allows for unoccupied turndown when the ABC or a portion of the facility is unoccupied. Systems can utilize programmable controls to a set schedule. Occupancy sensors or override buttons can turn system on for occupancy during off hours.

2. 408.4 Filters for Outpatient Facilities.

408.4.1 The air ventilation systems for outpatient facilities shall have filter bank efficiencies as listed in Table 4-B.

Clarification: Certain clinic spaces require pre and post filters of MERV 8 and 14 rating. The birthing room requires a MERV-14 filter rating. This OSHPD amendment is in alignment with model code. The Uniform Mechanical Code requires healthcare facilities to comply with ASHRAE 170. The 2021 edition of ASHRAE 170, Table 8-2 requires MERV-14 filtration for birthing rooms of an alternative birthing center.

California Plumbing Code (CPC)

1. 422.0 Minimum Number of Required Fixtures.

422.1 Fixture Count…

[OSHPD 1, 2, 3, 4 & 5] *Plumbing fixtures shall be provided in the minimum number shown in Table 4-2.*
422.2 Separate Facilities*. Separate toilet facilities shall be provided for each sex.*

Exceptions [Not adopted for OSHPD 1, 2, 3, 4 & 5]:
422.3.1 [OSHPD 1, 2, 3, 4, 5 & 6] *Separate toilet facilities shall be provided for the use of patients, staff personnel and visitors.*
Exceptions:
(1) For Primary Care Clinics where a facility contains no more than three examination and/or treatment rooms, the patient toilet shall be permitted to serve waiting areas.
(2) For public waiting areas with an occupant load of 10 or less, one toilet facility, designed for use by no more than one person at a time, shall be permitted for use by both sexes.

Clarification: Separate restrooms are to be provided for patients, staff and visitors. Birthing rooms are to be provided with a private toilet room per CBC 1226.11.3.1. Staff toilets cannot be shared with patients or visitors. Staff is to provide male and female staff toilets for up to 15 persons per toilet. For staff counts less than 10, a single all gender toilet may be considered. Visitors are to have a public toilet in the public waiting area. Outpatient clinics with less than 3 exam rooms are permitted to share a non-private patient toilet room.

SECTION 14
PSYCHOLOGY CLINIC - RESERVED

APPENDIX A
FLOWCHARTS FOR PLAN REVIEW, CERTIFICATION AND LICENSING

The following flowcharts in this Appendix are intended to assist owners, operators and design professionals in determining which jurisdiction has authority over the plan review, certification, and construction inspection and licensing of clinic facilities.

- **OSHPD 3 Clinic Guidelines, Plan Review, Approval, Inspection and Certification Flowchart.** Provides a process to follow in determining the appropriate authority having jurisdiction and applicable regulations for various clinic facilities.
  - **Flowchart Explanatory Notes**. Provides additional information to apply the flowchart shown in Figure 1, and as applicable to Figures 2 through 4.

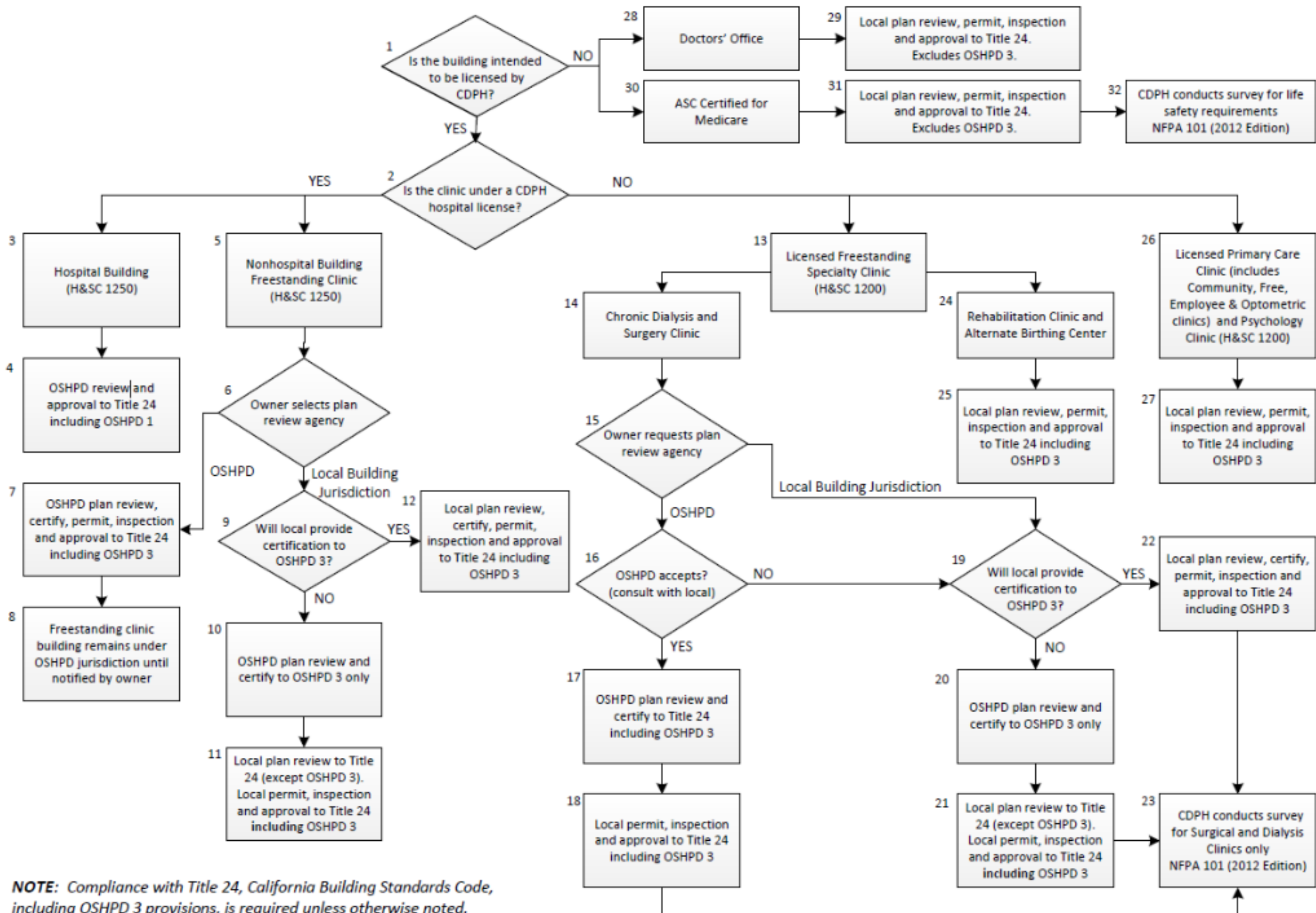


Figure 1. [OSHPD 3] Clinic Flowchart

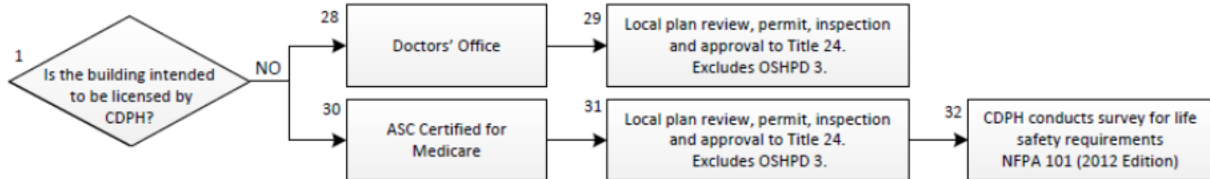


Figure 2. Partial Flow Chart for Doctor's Office and Ambulatory Surgery Center

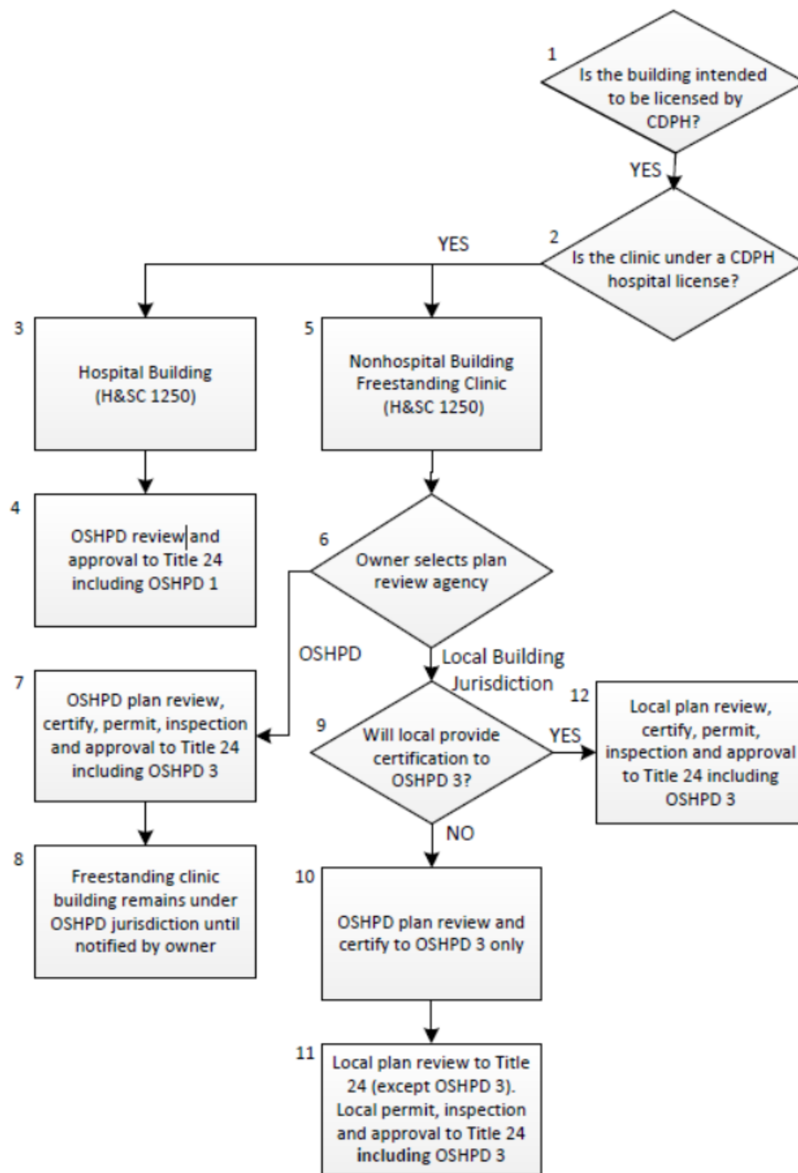


Figure 3. Partial Flow Chart for Clinic under a Hospital License

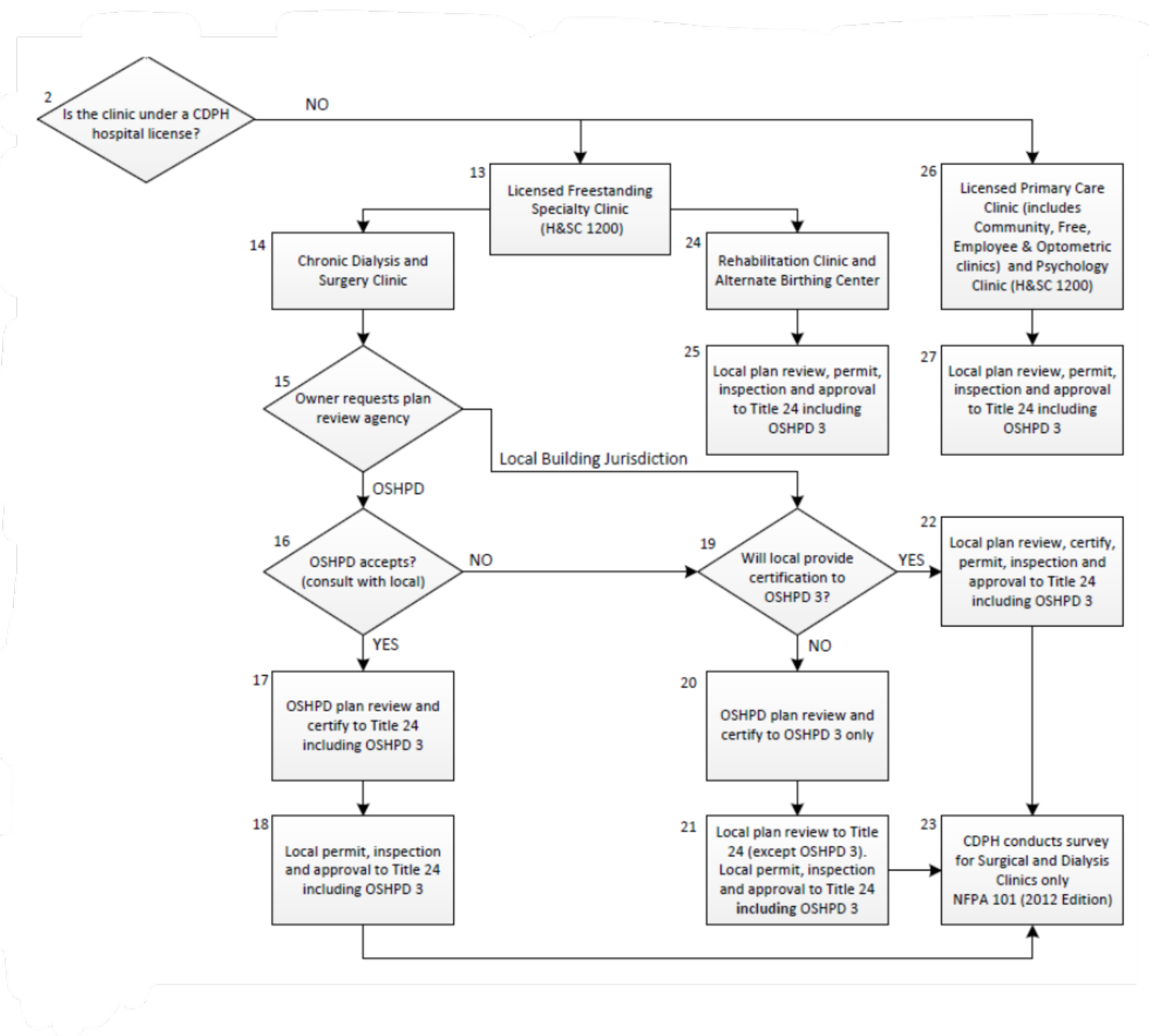


Figure 4. Partial Flow Chart for Licensed Clinic

Flowchart Explanatory Notes *(Keyed to numbers at upper left corner of each box on flowchart.)* Citations are from the Health and Safety Code and the California Administrative Code Chapter 7. The explanatory notes apply to the entire flow chart shown in Figure 1, and as applicable to enlarged sections shown in Figures 2 through 4.

1. If the clinic is not licensed by California Department of Public Health (CDPH), Licensing and Certification, compliance and certification to the requirements of OSHPD 3 are not required.
2. How a clinic is licensed will affect which sections of Title 24 apply, how they are applied, and what agency (local building jurisdiction or OSHPD) will enforce them.

3. “Hospital building” is defined in H&SC 129725 for Hospitals Licensed under Section 1250. OSHPD preempts the local building jurisdiction for enforcement of Title 24.
4. Hospital buildings are subject to OSHPD jurisdiction and must comply with OSHPD 1 requirements in the Title 24.
5. Freestanding clinic buildings under the hospital license are typically subject to the local building jurisdiction, although they are licensed under H&SC Section 1250.
6. The owner or governing authority may submit plans directly to the local building jurisdiction or may select OSHPD to perform the plan review and certification for freestanding hospital outpatient clinics. (Also refer to the California Existing Building Code, Part 10 of Title 24 Section 312A.”)
7. If the governing authority selects OSHPD to perform the plan review and certification responsibilities for a freestanding hospital licensed outpatient clinic, then the entire project, including plan review and approval to Title 24 including OSHPD 3 requirements, building permit, and construction inspection is under OSHPD jurisdiction.
8. Freestanding clinic buildings that have been reviewed by OSHPD will remain under the jurisdiction of the Office until the owner or governing authority notifies OSHPD otherwise in writing.
9. Written certification of compliance to OSHPD 3 is required for outpatient clinical services of a hospital including surgical clinics and dialysis clinics. If plans are submitted to the local building jurisdiction, the local building jurisdiction must notify the owner or governing authority if their review will include written certification for OSHPD 3 conformance.
10. If the local building jurisdiction will not provide written certification to OSHPD 3 requirements, then plans must be submitted to OSHPD for plan review and certification to OSHPD 3 requirements only. The local building jurisdiction will review the plans for compliance with Title 24 excluding OSHPD 3.
11. Concurrent with OSHPD’s review to OSHPD 3 requirements, the local building jurisdiction reviews the plans for compliance with Title 24, except OSHPD 3. The design professional of record is required to coordinate the OSHPD certification documents with those permitted by the local jurisdiction. The local building jurisdiction must also issue the building permit and perform construction inspection to Title 24 including OSHPD 3 requirements.
12. If the local building jurisdiction will provide written certification to OSHPD 3 requirements, then the entire project, including plan review and approval, building permit, and construction inspection for the project is under the local building jurisdiction.
13. Licensed freestanding specialty clinics are defined in H&SC Section 1200. Specialty clinics include surgical, chronic dialysis, and rehabilitation clinics and alternate birthing centers. These specialty clinics are required to conform to the requirements of OSHPD 3.

14. Written certification to OSHPD 3 is required for licensed surgical and dialysis specialty clinics and only these specialty clinics may be reviewed and certified by OSHPD.
15. The owner or governing authority must submit plans directly to the local building jurisdiction or may request OSHPD to perform the plan review and certification for surgery and dialysis specialty clinics.
16. OSHPD will consult with the local building jurisdiction, and either accept or not accept the clinic project for plan review. One purpose for this consultation is to determine whether the local building jurisdiction will issue a building permit and inspect construction for a project for which OSHPD did the plan review. If the local building jurisdiction is unwilling or unable to do this, OSHPD cannot accept the review.
17. If, after consultation with the local building jurisdiction, OSHPD accepts the project for plan review, then OSHPD will perform a complete plan review of Title 24 requirements, including OSHPD 3. The local building jurisdiction is not involved in plan review.
18. The local building jurisdiction will issue the building permit and perform construction inspection to Title 24 including OSHPD 3.
19. If plans are submitted to the local building jurisdiction, the local building jurisdiction must notify the owner or governing authority if their review will include certification for OSHPD 3 conformance.
20. If the local building jurisdiction will not provide written certification to OSHPD 3 requirements, then plans must be submitted to OSHPD for plan review and certification to OSHPD 3 requirements only. The local building jurisdiction will review the plans for compliance to Title 24 excluding OSHPD 3.
21. Concurrent with OSHPD's review to OSHPD 3 requirements, the local building jurisdiction reviews the plans for compliance to Title 24, except OSHPD 3. The design professional of record is required to coordinate the OSHPD certification documents with those permitted by the local jurisdiction. The local building jurisdiction will also issue the building permit and perform construction inspection to Title 24 including OSHPD 3.
22. If the local building jurisdiction will provide written certification to OSHPD 3 requirements, then the entire project, including plan review and approval, building permit and construction inspection for the project is under the local building jurisdiction.
23. The CDPH will survey surgical and dialysis clinics for compliance to NFPA 101.
24. Rehabilitation Clinics and Alternate Birthing Centers are not subject to OSHPD review or certification.
25. Rehabilitation Clinics and Alternate Birthing Centers are under the jurisdiction of the local building jurisdiction only. Conformance to OSHPD 3 is required.

26. Primary Care Clinics and Psychology Clinics, as defined in H&SC Section 1200, are required to conform to the requirements of OSHPD 3. Primary Care Clinics may include Community Clinics, Free Clinics, Employee Clinics and Optometric Clinics. If these clinics are licensed under H&SC 1200 as Primary Care Clinics they are required to conform to the requirements of OSHPD 3.
27. Primary Care Clinics are under the jurisdiction of the local building jurisdiction only. Conformance to OSHPD 3 is required. Written certification to OSHPD 3 may be provided by a licensed architect or the local building jurisdiction. (H&SC Section 1226.3)
28. Doctor's offices that are not licensed pursuant to H&SC 1200 or 1250 are not subject to OSHPD 3 regulations or certification.
29. These buildings are reviewed by the local building jurisdiction and are not subject to OSHPD 3 regulations or OSHPD plan review.
30. If an Ambulatory Surgical Center (ASC) licensed for Medicare reimbursement only is not licensed as a specialty clinic, conformance and certification to OSHPD 3 is not required.
31. These facilities are reviewed by the local building jurisdiction and are not subject to OSHPD 3 regulations or OSHPD plan review.
32. The CDPH will survey ASC for compliance to NFPA 101.

APPENDIX B
CHECKLISTS

Effective Use of the Checklists. The following checklists are designed to assist in the review process of applications for clinic facilities located in California. They provide a summary of the relevant OSHPD 3 requirements, as outlined in Title 24.

Applicants are responsible for ensuring that the submitted plans for building permits comply with all applicable OSHPD requirements referenced in the checklist. The checklist should be filled out by the project architect or engineer, based on the design reflected in the plans.

1. Outpatient Clinical Services of a Hospital Checklist:[Under

   Construction]

2. Primary Care Clinic Checklist:

   https://hcai.ca.gov/document/primary-care-clinic-checklist/

3. Surgical Clinic Checklist:

   [Under Construction]

4. Chronic Dialysis Clinic Checklist:

   [Under Construction]

5. Rehabilitation Clinics Checklist:

   [Under Construction]

6. Alternative Birthing Clinics Checklist:

   https://hcai.ca.gov/document/alternative-birthing-clinics-checklists/

7. Psychology Clinics Checklist:

   [Under Construction]

APPENDIX C
PLAN OF MODERNIZATION
APPLICABLE TO PRIMARY CARE CLINICS

A Plan of Modernization (PoM), authorized by Health and Safety Code Section 1217, allows a Primary Care Clinic to receive an initial license to serve patients while simultaneously renovating an existing facility into full compliance with all Title 24 requirements for clinic space. PoMs are only available to Primary Care Clinics; this option is not available to Specialty Clinics or Hospitals.

The PoM demonstrates to OSHPD and CDPH how the clinic will provide licensed health care services while undergoing limited construction to upgrade the facilities to meet current Title 24 requirements. The plan must be prepared by a California-licensed architect, and is submitted by a clinic owner or operator to HCAI/OSHPD. Once OSHPD reviews and approves the plan, it is forwarded as a professional courtesy to CDPH's Licensing and Certification Division. CDPH may also require the clinic operator to submit the HCAI-approved PoM as part of their initial clinic application.

PoMs outline the required modifications to bring a facility into compliance with the relevant Title 24 requirements within a three-year timeframe. Fire and life safety requirements must be in compliance with the current building code prior to issuance of the license to operate. The existing space should comply, where possible, with OSHPD 3 clinic requirements. Feasible remedial work shall be identified and documented within the plan. All outstanding remedial work must be completed within the three-year timeframe. Failure to complete the plan of modernization as approved and within the time allowed may result in revocation or nonrenewal of the applicant's license by CDPH.

The first step in developing a PoM is to have the space surveyed by design professionals to identify what is compliant and non-compliant with the current edition of Title 24. (This may also help gauge the overall project's feasibility.) All non-compliant conditions shall be addressed in the PoM. Schedules shall be included in the PoM to demonstrate how construction work will proceed. Construction may be completed in one or more phases of work. Each phase (or project) will need to be submitted to the local building department as an individual project for review, approval, permit, and inspections. A building permit will be issued for each completed project, and the building department should certify each project for OSHPD 3 compliance (See Section 5).

The current edition of Title 24 in effect at the time of each project's submittal will be applicable to that project for its duration. Therefore, if several projects are submitted, it is possible that they will be submitted under different Title 24 cycles. Please note that each jurisdiction sets time limitations between the time of project approval and the start of construction. If multiple projects are submitted at the same time and these time limits are exceeded, the local jurisdiction can require portions of earlier projects to be brought up to newly adopted Title 24 requirements.

A waiting room that meets the ventilation requirements of the CMC must be included in the first phase of the PoM. These items include, but are not limited to, ten air changes per hour, negative pressure in relation to surrounding areas, and 100% exhaust to outside air or the use of HEPA filters. While the waiting room ventilation requirements are required during the first phase, the first phase is not limited to just this work, and other areas can be upgraded as well.

HCAI/OSHPD published a sample PoM that may be downloaded and used by the design team upon request. Questions regarding the PoM process can be sent to the Regsunit@hcai.ca.gov. Completed PoMs are submitted to the Regsunit@hca.ca.gov for review and processing. HCAI/OSHPD will contact the PoM's architect of record with any questions. HCAI/OSHPD will notify the architect when the PoM is approved and forward the approved plan to CDPH's Licensing & Certification division. CDPH is responsible for final approval of the PoM.

REVISION HISTORY

Version 1.0	April 2026	First issued and used Code Application Notice (CAN) 1-7-2100 Clinics and the Checklists as the basis for developing this new Advisory Guide. The following information describes how the CAN and checklist information was incorporated and updated into the new Guide. A specific section is dedicated to OSHPD 3 applicability. Another section is specific to plan review, certification and licensing. Section 6 addresses compliance allowances for existing versus new clinics. Section 7 explains all the general provisions required for all clinics. The first edition includes a section for Primary Care Clinics and answers common questions for these types of clinics. This edition has a similar section for Alternative Birthing Clinics. Future editions will include sections for each type of clinic listed in 1226. The appendices contain the flowchart for plan review, certification and licensing, the checklist links and the PCC Plan of Modernization which was not addressed in the previous CAN or checklist.