June 26, 2024 **HCAI** Webinar

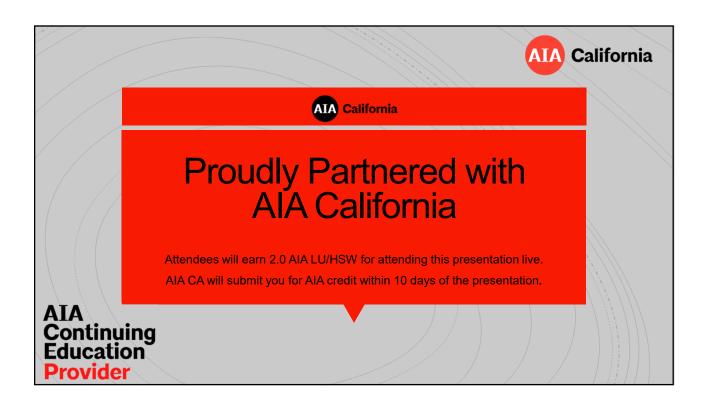


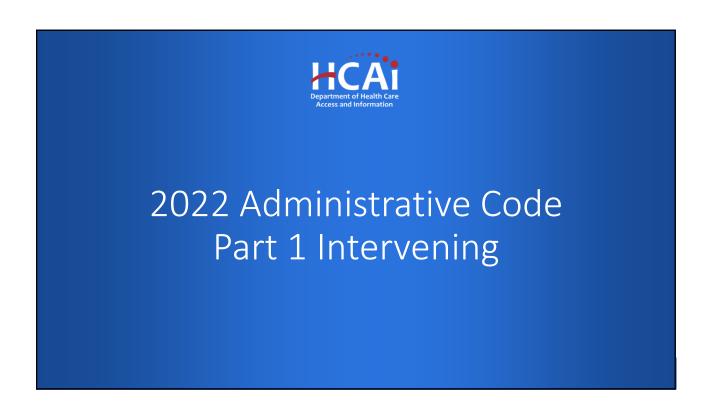




2022 Intervening California Building Code Update June 26, 2024







7-115. Preparation of construction documents and reports.

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(a) All construction documents or reports, except as provided in (c) below shall be prepared under an architect or engineer in responsible charge. Prior to submittal to the office, the architect or engineer in responsible charge for a project shall sign every sheet of the drawings, and the title sheet, cover sheet or signature sheet of specifications and reports. A notation may be provided on the drawings indicating the architect's or engineer's role in preparing and reviewing the documents. Plans/drawings submitted to the office shall not exceed the size and weight described in Section 7.113(a)(2).

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- (b) Architects or engineers licensed in the appropriate branch of engineering, may be responsible for the preparation of construction documents and administration of the work of construction as permitted by their license, and as provided below. Architects and engineers shall sign and affix their professional stamp to all construction documents or reports that are prepared under their charge. All construction documents shall be signed and stamped prior to issuance of a building permit.
- 1. The structural construction documents or reports shall be prepared by a structural engineer. <u>Architects may prepare construction documents and reports as permitted by their license.</u>



7-115. Preparation of construction documents and reports.

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a) Final construction documents shall be submitted in accordance with Section 107, Part 2. Title 24 within 10 days of application. Final construction documents that are incomplete shall be returned to the applicant for completion prior to acceptance by the Office for plan review.



7-129. Time limitations.

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(d) If the work of construction is suspended or abandoned for any reason for a period of one year following its commencement, the Office's approval shall become void. Prior to the approval becoming void, the applicant may apply for one extension of up to one year. The Office may require that the construction documents be revised to meet current regulations before granting an extension. The extensions must be requested in writing and justifiable cause demonstrated.

Exception: The time limitations and deadlines specified in Section 7-129 shall not apply to managed projects as defined in Section 7-111. This includes, but is not limited to, projects approved for phased plan review, as described in Section 7-130, or incremental review, as described in Section 7-131.

(e) The procedures leading to project closeout shall be carried to conclusion without suspension or unnecessary delay. Once project completion Substantial Compliance or a Certificate of Occupancy is issued, final closeout documentation must be submitted within 90 days or the Substantial Compliance or Certificate of Occupancy will be revoked, California Department of Public Health informed of the revocation and the project closed as noncompliant.



7-133. Fees.

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- (q) **Amended construction documents.** The fee for submittal and review of Amended Construction Documents shall be as follows:
- 1. Additional costs. The minimum filing fee for Amended Construction Documents which result in additional construction costs shall be \$250.00.
- 2. Cost reductions. The minimum filing fee for Amended Construction Documents with cost reductions or no cost shall be \$500.00. The Office shall charge actual costs for review and approval. Total cost paid for these review services shall be nonrefundable.
- (r) Projects with no construction. The Office shall charge actual costs for the review of projects that do not have any construction. In addition, the minimum filing fee of \$250.00 shall apply to each application pursuant to Health and Safety Code Section 129785(a). The total cost paid for these services shall be nonrefundable.



7-144. Inspection.

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(a) The hospital governing board or authority shall provide for competent, adequate and continuous inspection by one or more Inspector(s) of Record (IOR) satisfactory to the architect or structural engineer or both, in responsible charge of the work, or the engineer in responsible charge of the work and the Office. An inspector of record associated with a project shall not have any current employment relationship with any entity which is a contracting party for the construction of the project or providing any services for the hospital other than those required of an IOR.

other than those required of an IOR.

(b) Inspectors of Record are prohibited from any project activities involving the actual performance of construction, or the scheduling, coordination or supervision of construction contractors for the project.

(c) The Inspector of Record shall be capable of performing all essential inspection functions of the job.

(bd) When the hospital governing board or authority proposes more than one IOR for a construction project, a lead IOR shall be identified to coordinate construction inspection and communication with the Office. The lead IOR must be allocated the majority of their time on project inspection responsibilities that are identified in the IOR responsibility matrix of the approved TIO Program. The lead IOR approved for the project must be present on site to obtain personal knowledge, ensure continuous inspection, to coordinate the inspection responsibilities of additional IORs, and to verify that all required documentation is being maintained on site during the construction of the project, inclusive of the coordination of special inspectors, testing, and project specific approved testing agencies. The employment of special inspectors or assistant inspectors shall not be construed as relieving the Inspector of Record of his or her duties and responsibilities.



7-153. Changes to the approved work.

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- (b) **Changes that do not materially alter the work.** The following types of changes in the work do not materially alter the work and do not require the submission of amended construction documents to the Office:
 - 4. New details that are <u>referenced standards or preapproved details or</u> based on other approved <u>details</u>, in <u>whole or in part, including</u> referenced standards or preapproved details. Reference to the approved details must be shown.



7-215. Conduct relative to performance.

For a certified inspector to provide competent services, they must act with integrity, honesty, and objectivity. This Code reflects the expectations of the Office for not only inspectors, but also all professionals working on any facility subject to inspection. An inspector shall expect others to act with integrity, honesty, and objectivity. If an inspector believes that any person on the project lacks integrity, honesty, and objectivity, the inspector shall bring it to the attention of the Office. The Code of Ethics requires that an inspector shall:

- 1. Uphold their duty to the profession, the project, and the public.
- 2. Maintain an impartial, respectful, and unprejudiced attitude.
- 3. Treat all person encountered with courtesy.
- 4. Be familiar with and obey all state and federal laws that may apply to the inspection being conducted.
- 5. Maintain their professional competence through ongoing education.
- Ensure they have access to all pertinent facts which are reasonably available before making any suggestions or drawing any conclusions in the course of a construction inspection.
- 7. Work efficiently, and only in their area of their competence.
- Not receive compensation on a contingency payment basis for either work, or referrals.
- Neither accept, nor solicit anything of value from any party associated with the facility subject to inspection.
- 10. Make neither unjust, nor unreasonable demands.
- 11. Never be involved in a construction inspection where any direct or indirect conflict of interest may be cause for concern about the final report's objectivity.
- 12. Conduct themselves in a professional manner at all times.
- 13. Strive to maintain and improve professional standards in the field of environmental assessment and be willing to assist HCAI to that end.
- 14. Refrain from engagement in inspection without a valid and active certification.
- 15. Follow the directions of the design professional in charge of the project.



7-153. Changes to the approved work.

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Section 7-300. Plan review and approval.

- (a) All repair projects are subject to prior plan review, plan approval and construction permit by the Office except as noted in subsection (b).
- (b) For emergency repairs carried out without the Office plan review and permit in the aftermath of an emergency, an application for plan review must be submitted with construction documents, fees and a letter of transmittal stating the reasons for emergency repairs within 10 business days of the temporary authorization. Back checks shall be resubmitted within 10 business days of receiving comments. Photographs, if available, and reports of damage and repairs should also be submitted with the application. Additional repairs may be required if the emergency repairs do not comply with the code. For alternate fee payment methodology, see Section 129787 of the Health and Safety Code.





2022 Building Code Part 2, Volume 1 Intervening

SECTION 1.10 OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

1.10.2 OSHPD 2, 2A and 2B. Specific scope of application of the agency responsible for enforcement, enforcement agency and the specific authority to adopt and enforce such provisions of this code, unless otherwise stated.

Application—[OSHPD 2A]-Skilled nursing facility and intermediate care facility buildings of single-story, wood frame or light steel frame construction or buildings of single-story, wood-frame or light steel frame construction where only skilled nursing or intermediate care services are provided if the building is separated from a building housing other patients of the health facility receiving higher levels of care. [OSHPD 2B] Skilled nursing facility and intermediate care facility buildings of all other types. [OSHPD 2] The OSHPD 2 designation applies to both 2A and 2B.



SECTION 202 DEFINITIONS

1.10.6 OSHPD 6.

Specific scope of application of the agency responsible for enforcement, enforcement agency and the specific authority to adopt and enforce such provisions of this code, unless otherwise stated.

Application—Chemical dependency recovery hospital buildings.

Enforcing agency—Office of Statewide Health Planning and Development (OSHPD). The office shall also enforce the Division of the State Architect — Access Compliance regulations and the regulations of the Office of the State Fire Marshal for the above-stated facility type.



SECTION 202 DEFINITIONS

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EQUIPMENT. [DSA-SS, DSA-SS/CC, OSHPD 1, 2, 4 & 5] Equipment as used in this part and all applicable parts of the California Building Standards Code shall be classified as fixed equipment, mobile, movable, countertop, interim, temporary or other equipment.

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- (4) INTERIM EQUIPMENT [OSHPD 1, 2, 4 & 5] means temporary equipment that will be in use for the duration of the need for the equipment, not to exceed greater than 180 days but only for the duration of the construction project that it is related to.
- (6) MOVABLE EQUIPMENT [DSA-SS, DSA-SS/CC, OSHPD 1, 2, 4 & 5] means <u>fixed</u> equipment that is directly attached to the building and/or directly connected to a service distribution system/utility, with or without wheels or rollers, that typically remains in one fixed location during its service life or use, but is required to be periodically moved to facilitate cleaning or maintenance.



SECTION 202 DEFINITIONS

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PATIENT ROOM. Licensed patient bed rooms <u>or rooms occupied by one or more individuals during an overnight stay over 24 hours in a health facility. Also referred to as a patient bedroom.</u>

11B-223.2.1 Facilities not specializing in treating conditions that affect mobility. In facilities not specializing in treating conditions that affect mobility, including hospitals, psychiatric and detoxification facilities, at least 10 percent, but no fewer than one, of the patient bedrooms or resident sleeping rooms shall provide mobility features complying with Section 11B-805. Accessible patient bedrooms or resident sleeping rooms shall be dispersed in a manner that is proportionate by type of medical specialty.

Purpose: To allow 10% accessibility for rooms that have patient care above that of an exam room such as LDRs, Antepartum, observation. Licensing specifically removes these functions.

TREATMENT ROOM. A room designated for the performance of patient care activities that may require high-level disinfected or sterile instruments but do not require the environmental controls of a procedure room. A treatment room may be used for a variety of functions, patient examination and various treatments or procedures, including wound packing, suture placement, or casting. This room may contain specialized equipment as identified in the functional program.



Removal of I-2.1

308.3.3 Institutional Group I-2.1. A healthcare facility that receives persons for outpatient medical care that may render the patient incapable of unassisted self-preservation and where each tenant space accommodates more than five such patients.



Removal of I-2.1

SECTION 422

AMBULATORY CARE FACILITIES

422.1 General. Occupancies classified as ambulatory care facilities shall comply with the provisions of Sections 422.1 through 422.7 and other applicable provisions of this code.

[For OSHPD 3] For clinics licensed by California Department of Public Health also refer to Section 1226.2.

422.2 Separation. Ambulatory care facilities where the potential for **four** or more care recipients are to be incapable of self-preservation at any time shall be separated from adjacent spaces or tenants with a *1-hour* fire *barrier* installed in accordance with Section 707.



1224.4 GENERAL CONSTRUCTION.

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1224.4.4 Support areas for patient care.

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1224.4.4.4 Medication station. Provision shall be made for distribution of medications. This shall be done from a medication preparation room or from a self-contained dispensing unit.

1224.4.4.4.1 Medication preparation room. If provided, this room shall be lockable. When a <u>medicine</u> <u>medication</u> preparation room is to be used to store one or more self-contained <u>medicine-medication</u> dispensing units, the room shall be designed with adequate space to prepare medicines with the self-contained <u>medicine</u> <u>medication</u> dispensing unit(s) present. <u>Medicine-Medication</u> preparation rooms shall include:

- 1. Work counter.
- 2. Handwashing station.
- 3. Refrigerator.
- 4. Locked storage for controlled drugs.

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



1224.4.4.8 Toilet rooms. Separate toilet rooms shall be provided for the use of patients, staff and public.

1224.4.4.8.1 Staff toilets. The number of staff toilets provided in a health facility shall comply with the requirements of the California Plumbing Code, Tables 4-2-and 4-3. When staff toilet rooms are required to be dedicated to a specific Service Space, the number of staff toilet rooms provided under the California Plumbing Code shall specific Service Space served. Satellite service spaces do not require dedicated toilet rooms be based on the number of staff within the specific Service Space served. Satellite service spaces do not require dedicated toilet rooms.



1224.4 GENERAL CONSTRUCTION.

TABLE 1224.4.6.1 STATION OUTLETS FOR OXYGEN, VACUUM (SUCTION) AND MEDICAL AIR SYSTEMS¹.

	LOCATIONS	OXYGEN	VACUUM	MEDICAL AIR	WAGD ³
1	Patient rooms (medical/surgical unit)	1/bed	1/bed	_	_
2	Examination or treatment (medical/surgical unit and postpartum care)	1/room	1/room	_	_
3	Airborne infection isolation or protective environment rooms (medi- cal/surgical unit)	1/bed	1/bed	_	_
4	Seclusion room (medical/surgical unit and postpartum care)	1/bed	1/bed	_	_
5	Intensive care (general)	3/bed	3/bed	1/bed	_
6	Airborne infection isolation (intensive care)	3/bed	3/bed	1/bed	_
7	Coronary-care service space	3/bed	2/bed	1/bed	_
8	Pediatric intensive care	3/bed	3/bed	1/bed	_
9	Newborn intensive care	3/bassinet	3/bassinet	3/bassinet	_
10	Newborn nursery (full term)	1/4 bassinets ²	1/4 bassinets ²	1/4 bassinets ²	_
11	Pediatric and adolescent	1/bed	1/bed	1/bed	_
12	Pediatric nursery	1/bassinet	1/bassinet	1/bassinet	_
13	Psychiatric patient room	_	_	_	_
14	Seclusion treatment room (psychiatric unit)	_	_		
15	General operating room and Class 3 imaging room	2/room	5/room	1/room	1/room

	38	MRI	1/room	1/room	1/room	_
П	39	Procedure room and Class 2 imaging room	2/room	2/room	1/room	_
$\overline{}$	40	Hyperbaric suite pre-procedure/patient holding area	2/station	2/station		_
	41	Electroconvulsive therapy procedure room	1/room	1/room'	_	_

Line 15 after General Operating Room add <u>Class 3 Imaging Room</u> Line 39 change Interventional Imaging to <u>Procedure Room and Class 2 Imaging Room</u> with 2 O₂, 2 Vac and 1 Air in each.



1224.4 GENERAL CONSTRUCTION.

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1224.4.7.3 Outpatient services. Outpatient clinics or outpatient departments 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 1020.32. 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).

1224.4.9 Windows and Screens.

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1224.4.9.2 Operation and sills. Patient room windows hall have sills not more than 36 inches (914 mm) above the floor. If operable windows are provided that require the use of tools or keys for operation, the tools or keys shall be located at the nurses' station.

Exception: Window sills in intensive-care units special nursing care area may be up to 60 inches (1524 mm) above the floor. Sill height does not apply to newborn nurseries and rooms intended for occupancy less than 24 hours.



1224.4 GENERAL CONSTRUCTION.

TABLE 1224.4.11 ACCEPTABLE CEILING AND CARPET LOCATIONS

AREAS/ROOMS ^{8,4}	GENERAL ACUTE CARE HOSPITAL CEILING	GENERAL ACUTE CARE HOSPITAL CARPET	ACUTE PSYCHIATRIC HOSPITAL CEILING	ACUTE PSYCHIATRIC HOSPITAL CARPET	SKILLED NURSING AND INTERMEDIATE- CARE FACILITIES CEILING			CLINIC CARPET
Patient bedrooms	3	*	3	*	3	*	_	_
Patient corridors/hallways	3	*	3	*	3	*	3	*
Airborne infection isolation rooms	2	N	2	N	2	N	2	N
Protective environment rooms	I	N	I	N	I	N	-	-
Nurse or administration station	3	Y	3	Y	3	Y	3	Y
Utility rooms	2	N	2	N	2	N	2	N
Surgical units ²	2	N	_	_	_	_	2	N
Operation rooms, sterile core	I	N	_	_	_	_	I	N
Surgical corridors/hallways	2	N	_	_	_	_	2	N

Add Sterile Core under Surgical Units



1224.4 GENERAL CONSTRUCTION.

TABLE 1224.4.11.4a EXAMINATION/TREATMENT, IMAGING, PROCEDURE, AND OPERATING ROOM CLASSIFICATION 1,2

ROOM	USE	ROOM TYPE	LOCATION	SURFACES
Exam or treatment room	Patient care that may require high-level disinfected or sterile instruments but does not require the environmental controls of a procedure room	Unrestricted area	Accessed from an unrestricted area	Flooring: cleanable and wear-resistant for the location; stable, firm, and slip-resistant Wall finishes: washable Ceiling: cleanable with routine housekeeping equipment; lay-in ceiling permitted
Class 1 imaging room	Diagnostic radiology, fluoroscopy, mammography, computed tomography (CT), ultrasound, magnetic resonance imaging (MRI), and other imaging modalities. Services that either a) use natural orifice entry and do not pierce or penetrate natural protective membranes or b) are low-risk needle-based procedures that do not require a sterile field.			

Revise language for Class 1 Imaging Room



1224.15 SURGICAL SERVICE SPACE.

1224.15.3 Service areas.

1224.15.3.1 Control station. Control stations shall be located to permit visual observation of all traffic into the surgical service space. Staff lockers rooms may be provided at a location with alternative controlled

1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE.

1224.18.3 Computerized tomography (CT) scanning. If provided, CT space shall accommodate the following:

1224.18.3.1 Spaces required. If provided, CT scan spaces shall accommodate the equipment with a minimum of 3 feet (914 mm) on all sides and foot of the equipment as well as required service clearance at the rear, together with the following:



1224.19 PHARMACEUTICAL SERVICE SPACE.

1224.19.2 Pharmacy areas.

1224.19.2.1 Dispensing facilities. Hospital pharmacies shall provide the following areas for patient-specific compounding and dose repackaging of non-sterile preparations.

1224.19.2.1.1 Receiving. A room or area for receiving, breakout and inventory control of materials used in the pharmacy.

1224.19.2.1.1.1 Size. A minimum of 120 square feet (11.15 m²) shall be provided.

1224.19.2.1.2 Dispensing. Work counters and space for automated and/or manual dispensing activities shall be provided to serve the volume of doses per day for in-patient and out-patient needs.

1224.19.2.1.3 Non-sterile compounding areas. An extemporaneous compounding/dose repackaging area shall be located next to bulk storage and include the following:

1224.19.2.1.3.1 Size. Work stations shall have sufficient counter space for drug preparation, with a minimum area of 120 square feet (11.15 m²) per station.



1224.19 PHARMACEUTICAL SERVICE SPACE.

1224.19.3.2 Nonhazardous sterile preparation area. If IV solutions are prepared in the pharmacy, a sterile compounding work area with a laminar airflow workstation designed for product protection shall be provided in accordance with Title 16, Section 1735, and USP Chapter 797 and include the following.

1224.19.3.2.1 Workstation. The Primary Engineering Control (PEC) shall be a laminar airflow work bench or isolator (CAI) as required. The workstation shall have a visible pressure gauge for detection of filter leaks or defects. All exposed sides of the workstation shall be accessible for cleaning and allow for reach behind the unit if not built against a wall. If built against a wall, the space behind the unit shall be sealed to prevent intrusion of moisture, contaminants and bacteria growth.

1224.19.3.2.2 Buffer room. Workstations shall be located in a Secondary Engineering Control (SEC) room. The SEC shall be a buffer/clean room, with the following requirements:

ze. The minimum size for a nonhazardous buffer room is 120 square feet (11.15 m²) for a single workstation, and 75 square feet (6.97 m²) for each additional workstation.

- Air quality
 Finishes
- 3.Evewash
- 4. Sealed tight room



1224.19 PHARMACEUTICAL SERVICE SPACE.

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1224.19.3.2.2.3 Finishes. The buffer room is considered a semi-restricted area with nonporous and cleanable surfaces, ceilings, walls and floors subject to wet cleaning. The surfaces of ceilings, walls, floors, 1224.19.3.2.2.3 Finishes. The buffer room is considered a semi-restricted area with nonporous and cleanable surfaces, ceilings, walls and floors subject to wet cleaning. The surfaces of ceilings, walls, floors, fixtures, shelving, work surfaces, counters and cabinets shall be smooth, seamless, impervious, free from cracks and crevices and be non-shedding. Ceilings shall be monolithic or utilize cleanroom style scrubbable and gasketed panels, able to withstand cleaning with chemicals. If ceilings consist of inlaid panels, the panels must be caulked around each panel to seal them to the support frame. Junctures of ceilings to walls shall be coved or caulked to avoid cracks and crevices where dirt can accumulate. Sprinkler systems shall be recessed, covered, easily cleanable and of a type suitable for a cleanroom environment. Wall finishes shall be 2-coat epoxy-covered gypsum board, seamless vinyl or other impervious covering. Work surfaces, shelving and cabinets shall be constructed of smooth, impervious materials, such as stainless steel or molded plastic, so that they are easily cleaned and disinfected. Plastic laminate finish over a pervious substrate is not permitted.

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1224.22 CENTRAL STERILE SUPPLY.

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1224.22.1 Minimum requirements. A central supply and sterilizing area shall be provided. Rooms and or distinct spaces shall accommodate the following services and equipment:

1224.24 MORGUE AND AUTOPSY FACILITIES.

1224.24.1 General acute-care hospitals with a licensed bed capacity of 50 to 99 or more beds shall provide a morgue with autopsy facilities.

Exception: This may not be required if it can be demonstrated to the licensing agency that morgue and autopsy facilities are available locally.

1224.24.2 General acute-care hospitals with a licensed bed capacity of 100 or more shall provide a morgue with autopsy facilities.

1224.24.23 *Minimum requirements.* The morgue and autopsy space shall have a minimum of 250 square feet (23.23 m²) of floor area, no dimension of which shall be less than 10 feet (3048 mm), and provide for: 1. Handwashing station or scrub sink.

2. Space for refrigerated compartments if human remains are held unembalmed. Refrigerated rooms and prefabricated body refrigerator temperatures shall not be higher than 45°F (25°C).



1224.29 INTENSIVE CARE UNITS.

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1224.29.2 Newborn intensive care units (NICU). The NICU shall comply with all the requirements of Section 1224.29.1 except as supplemented, amended or modified below.

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1224.29.2.5 Control station. A central area shall serve as a control station, and shall have space for counters and storage, and direct access to a handwashing station <u>and gowning</u>. It may be combined with or include centers for reception, communication and patient monitoring.

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Title 22 §70489. Intensive Care Newborn Nursery Service Space

- (a) Sufficient floor area shall be provided so that there is at least 7.2 square meters (80 square feet) per bassinet.
- (b) A work room or control station shall be maintained which shall provide for handwashing, **gowning** and charting.



1224.32 OBSTETRICAL FACILITIES (PARINATAL UNIT SPACE)

1224.32.4 LDR and LDRP facilities.

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1224.32.4.2 Space requirements. These rooms shall have a minimum of 250 square feet (23.23 m²) of clear floor area with a minimum dimension of 13 feet (3962 mm). There shall be space for crib and sleeping space for support person. An area within the room but distinct from the mether's area shall be provided for infant stabilization and resuscitation. If an infant resuscitation room is not provided elsewhere, service space shall be provided in this room per Section 1224.32.3.5 in addition to the minimum service required for the mother. The medical gas outlets shall be located in the room so that they are accessible to the mother's delivery area and infant resuscitation area.



1224.33 EMERGENCY SERVICE.

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1224.33.2.7 Observation area. A patient station with a minimum clear floor area of 100 square feet (9.29 m²) shall be provided under the visual control of an emergency service staff work area. The patient station shall have space at bedside for visitors and shall have provision for visual privacy from casual observation by other patients and visitors. The dimensions and arrangement of rooms with multiple beds/gurneys shall be such that there is a minimum of 3 feet (914 mm) between the sides and any wall or any other fixed obstruction. A minimum clearance of 3 feet (914 mm) shall be provided between beds, and a clearance of 4 feet (1219 mm) shall be available at the foot of each bed to permit the passage of equipment and beds. A handwashing station shall be located in each room, and at least one handwashing station shall be provided for every four patient stations, and for each major fraction thereof, in open-bay areas. These shall be uniformly distributed to provide equal access from each patient station.

Exception: For small and rural hospitals, the observation area need not be dedicated solely for that purpose.

1224.33.2.7.1 Behavioral health observation area. If provided, a patient station with a minimum clear floor area of 40 square feet (12.19 m²) shall be provided under the visual control of an emergency service staff work area. The patient station shall have provision for visual privacy from casual observation by other patients and visitors. The dimensions and arrangement of rooms with multiple beds/gurneys shall be such that there is a minimum of 3 feet (914 mm) at one side and any wall or any other fixed obstruction. A minimum clearance of 3 feet (914 mm) shall be provided between beds, and a clearance of 4 feet (1219 mm) shall be available at the foot of each bed to permit the passage of equipment and beds. A handwashing station shall be located in each room, and at least one handwashing station shall be provided for every eight patient stations, and for each major fraction thereof, in open-bay areas. These shall be uniformly distributed to provide equal access from each patient station.



1224.33 EMERGENCY SERVICE.

1224.33.3 Basic Emergency Medical Service.

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1224.33.3.15 Staff lounge. A staff lounge shall be located within the Emergency Department and include staff clothing change areas with lockers, showers, toilets and handwashing stations for male and female staff.

1224.33.3.16 Staff clothing change areas. Appropriate areas shall be provided for male and female staff working within the emergency service space. The areas shall contain lockers, showers, toilets and handwashing stations.

1224.33.3.167 Housekeeping room.

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1224.33.3.178 Airborne infection isolation exam/treatment room.

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1224.33.3.17<u>9</u> Secured holding room.

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1224.33 EMERGENCY SERVICE.

1224.33.4 Comprehensive Emergency Medical Services.

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1224.33.4.2 Fast-track area. A fast-track area may be used for treating patients presenting simple and less serious conditions. If a fast-track area is provided, it shall meet the following requirements:

- 1. Space requirements each fast-track station shall have a minimum 100 square feet (9.29 m²) of clear floor area for each private room and 80 square feet (7.4 m²) minimum clear floor area for each station in open-bay triage areas.
- 2. Each station shall include a handwashing station, work/documentation counter, and examination table light.
- 3. A handwashing station shall be located in each room, and at least one handwashing station shall be provided for every four patient stations, and for each major fraction thereof, in open-bay areas.

 34. Storage areas for supplies and medication.
- 45. A separate procedure room may be provided. It shall have a minimum clear floor area of 120 square feet (11.15 m²).



1224.34 NUCLEAR MEDICINE.

1224.34.1 General. If nuclear medicine is provided, the following shall be provided:

1224.34.1.2.2 Positron Emission Tomography (PET). Shall include the following:

- 1. Scanner room shall provide a minimum clearance of 4 feet (1218 mm) at each side and the foot of the table. Additional space shall be provided when PET is combined with CT; and include compliance with Section 1224.18.3 and shielding requirements in Section 1224.34.1.1.
- 2. Cyclotron room. Where radiopharmaceuticals are prepared on-site, a cyclotron shall be provided. Cyclotron facilities shall be located in access-restricted areas. Shielding requirements for cyclotron facilities shall comply with Section 1224.34.1.1.
- 3. Control room. A <u>If a control room is required based on the physicist's report, it</u> shall be provided with a full direct view of the patient in the PET scanner.

1224.34.1.2.3 Single-Photon Emission Computed Tomography (SPECT) Facilities. When provided shall include the following:

- Scanner room shall provide a minimum clearance of 4 feet (1218 mm) at each side and the foot of the table. Additional space shall be provided when SPECT is combined with CT, and include compliance with Section 1224.18.3 and shielding requirements in Section 1224.34.1.1. In multi-bay scanner rooms, a minimum clearance of 4 feet (1218 mm) shall be provided between each scanner and any mobile screen used between bays.
- 2. Control room. A <u>If a control room is required based on the physicist's report, it</u> shall be provided with a full direct view of the patient in the PET scanner.



1224.35 REHABILITATION THERAPY DEPARTMENT.

. . .

1224.35.2 Physical therapy service space. If physical therapy is part of the service, the following shall be included:

1. The minimum floor area for a physical therapy space shall be 300 square feet (27.87 m²) with no dimensions less than 12 feet (3658 mm) in addition to any provided therapy stations. Each individual patient care station shall have a minimum clear floor area of 60 square feet (5.57 m²), except individual patient care stations formed with permanent partitions shall have a minimum clear floor area of 80 square feet (7.43 m²). Each individual patient care station shall have privacy screens or curtains



1225 [OSHPD 2] SKILLED NURSING FACILITIES 1225.4 COMMON ELEMENTS.

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1225.4.1 NURSING SERVICE SPACE.

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1225.4.1.6 Toilet room and bath facilities.

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1225.4.1.6.3 Bathroom facilities. Bathtubs or showers shall be provided at a ratio of 1:20 patients, and for each major fraction thereof, with a minimum of one bathtub per floor. A separate private toilet shall be provided that is directly accessible to each multi-bathing fixture central bathing area without requiring entry into the general corridor.



1225.5 SKILLED NURSING UNIT MODELS.

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1225.5.1 MEDICAL MODEL.

1225.5.1.2 NURSING SERVICE SPACE.

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1225.5.1.2.4 Outside exposure. Each patient bed area shall have an outside exposure and shall not be below ground level. The window or glazed opening shall provide an unobstructed view from the head of each patient bed to the outdoors and shall be accessible to approach using a wheelchair or other patient-operated mobility device.

1225.5.1.2.5 Operation and sills. Patient room windows shall have sills not more than 36 inches (914 mm) above the floor. If operable windows are provided that require the use of tools or keys for operation, the tools or keys shall be located at the nurses' station.

1225.5.1.2.56 Patient storage. Each patient room shall be provided with wardrobe or locker spaces for clothing, toilet articles, or other personal belongings for each patient.



1228.2 Application. An acute psychiatric hospital or unit shall meet the requirements of Section 1224.14 for a unit that provides acute medical care or 1228.14 for a non-medical unit, in addition to the requirements of Section 1228.4 based on the functional program. Specific application shall respond to the patient injury and suicide prevention component of the Patient Safety Risk Assessment prepared under California Administrative Code (Part 1 of Title 24) Section 7-119. If a facility or unit provides acute medical care, the unit shall be located in a building that is compliant with California Administrative Code Chapter 6 for OSHPD-1. New buildings and additions, alterations or repairs to existing buildings subject to licensure shall comply with applicable provisions of the California Electrical Code, California Mechanical Code, California Plumbing Code, California Energy Code, California Fire Code (Parts 3, 4, 5, 6 and 9 of Title 24) and this section.

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SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.3 Definitions.

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SALLY PORT. A compartment provided with two or more doors where the intended purpose is to prevent continuous and unobstructed passage by allowing the release of only one door at a time.

TAMPER RESTISTANT means designed to prevent damage, destruction or interference or indicates the product is designed to withstand dismantling, removal of the product, or interference with the operation of the product.

...



SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.4 GENERAL CONSTRUCTION.

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1228.4.9 Windows and screens.

1. Windows located in patient care areas, or areas used by patients, shall limit the opportunities for patients to inflict harm to themselves or others.

1.1. All glazing (interior and exterior) shall be fabricated with polycarbonate or laminate on the inside of the glazing or with any glazing that meets or exceeds the requirements for Class 1.4 per ASTM F1233-08 (2013), Standard Test Method for Security Glazing Material and Systems. Translucent film may be used up to 60" (1524 mm) for privacy.

Exception: Use of tempered glass for interior borrowed lights shall be permitted where allowed by the Patient Safety Risk Assessment.

3. A minimum net glazed area of not less than 8 percent of the floor area of each indoor activity space and dining space shall be provided <u>for observation from nurse station</u>.



SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.13 PSYCHIATRIC REHABILITATION ACTIVITIES SERVICE SPACE....

1228.13.2 Physical therapy service space. Where provided, the The physical therapy service space shall comply with Section 1224.35.2.

1228.13.3 Occupational therapy service space. Where provided, the The occupational therapy service space shall comply with Section 1224.35.3., Items 1, 2 and 3.

1228.13.4 Speech pathology and/or audiology service space. Where provided, the The speech pathology service space shall comply with Section 1224.35.4.



SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.14 PSYCHIATRIC NURSING SERVICE SPACE.

1228.14.1 Patient rooms. Each patient bedroom shall meet the following standards:

1228.14.1.1 Capacity. Maximum room capacity shall be two patients.

Exception: Where renovation of existing individual acute psychiatric hospital patient rooms is undertaken in facilities built under the 2013, or prior, California Building Code, maximum room capacity shall be no more than the present capacity, to a maximum of eight patients per patient room. Placement of beds shall not be more than three deep from the exterior window.

1228.14.1.2 Space requirements. Patient bedrooms shall have a minimum clear floor area <u>inclusive of beds</u> of 110 square feet (10.2 m²) for single-bed rooms and 80 square feet (7.43 m²) per bed for multiple-bed rooms.

1228.14.2.5 Examination and treatment room. Refer to Section 1228.4.4.1.1 and 1228.4.1.2.



SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.24 MORGUE.

1228.24.1 Acute-care Psychiatric Hospitals with a licensed bed capacity of 50 to 199, or more, shall provide a morgue with autopsy facilities.

Exception: This may not be required if it can be demonstrated to the licensing agency that morgue and autopsy facilities are available locally.

1228.24.2 Acute-care Psychiatric Hospitals with a licensed bed capacity of 200 or more shall provide a morque with autopsy facilities.

1228.24.23 *Minimum requirements.* Refer to Section 1224.24.23.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.1 Scope. The provisions of this section shall apply to chemical dependency recovery hospitals licensed under California Health & Safety Code Section 1250.3. General acute care hospitals and acute psychiatric hospitals licensed under Health & Safety Code Section 1250 may provide chemical dependency services as a supplemental service located within a distinct part as a separate unit.

12291.1 Distinct Part. Beds in a general acute care hospital, or acute psychiatric hospital, classified as chemical dependency recovery beds shall be within a distinct part. "Distinct part" means an identifiable unit of a hospital or a freestanding facility accommodating beds, and related services, including, but not limited to, contiguous rooms, a wing, a floor, or a building that is approved by the California Department of Public Health for a specific purpose.

29.2 Application. New buildings and additions, alterations, or repairs to existing buildings shall comply with applicable provisions of the California Electrical Code, California Mechanical Code, California Plumbing Code, California Energy Code, California Fire Code (Parts 3, 4, 5, 6 and 9 of Title 24) and this section.

Note: Refer to the applicable exceptions under Section 1224.2.

1229.2.1 Functional program. General acute care hospitals and acute psychiatric hospitals providing chemical dependency recovery services as a supplemental service on their hospital license shall include a Patient Safety Risk Assessment as defined in California Administrative Code Section 7-119.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.3 Definitions. The definitions provided under Section 1224.3 apply to this section except as modified below:

BASIC SERVICES. Basic services mean those essential services required by law for licensure as an acute psychiatric hospital including medical, nursing, rehabilitative, pharmaceutical, dietary and support services.

CHEMICAL DEPENDANCY RECOVERY HOSPITAL. Chemical dependency recovery hospital means a health facility that provides 24-hour inpatient chemical dependency recovery services for persons who have a dependency on alcohol or other drugs, or both alcohol and other drugs.

HOSPITAL. Hospital, where used in this section, means a chemical dependency recovery hospital, unless noted otherwise as a general acute care hospital or acute psychiatric hospital.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.4 GENERAL CONSTRUCTION. Chemical dependency recovery units provided in general acute care hospitals shall comply with the provisions under Section 1224.4, General Construction, and chemical dependency recovery units provided in acute psychiatric hospitals shall comply with the provisions under Section 1228.4, General Construction, where applicable. Chemical dependency recovery hospitals under H&SC Section 1250.3 shall comply with the following requirements:

1229.4.1 Reserved

1229.4.2 Reserved.

1229.4.3 Reserved.

1229.4.4 Support areas for patients.

1229.4.4.1 Examination and treatment rooms.

1229.4.4.1.1 Examination room. Examination rooms in chemical dependency recovery units shall meet the requirements of Section 1224.4.4.1.1 as amended below:

1229.4.4.1.1.1 Location. Examination rooms shall be permitted to serve several chemical dependency units and shall be permitted to be on a different floor.

1229.4.4.1.1.2 Space requirements. Examination rooms shall have a minimum clear floor area of 80 square feet (11.15 m2).

1229.4.4.1.2 Treatment room. Where provided, refer to Section 1224.4.4.1.2.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.4.5 Outpatient waiting rooms. Where provided, refer to Section 1224.4.5.

1229.4.6 Reserved

1229.4.7 Corridors. Refer to Section 1224.4.7. Minimum width of corridors and hallways shall be 5 feet (1524 mm), refer to restrictions under Section 435.

Exceptions

Chemical dependency recovery units provided as distinct part units of a General Acute-Care Hospital must provide a minimum width of 8' subject to exemptions under Section 1224.4.7.

<u>Chemical dependency recovery units provided as distinct part units of an Acute Psychiatric Hospital must provide a minimum width of 6' subject to exemptions under Section 1224.4.7.</u>

1229.4.8 Doors and door openings. Refer to Section 1224.4.8

1229.4.9 Windows and screens.

Windows located in patient care areas or areas used by patients, shall limit the opportunities for patients to inflict harm to themselves or others.

A minimum net glazed area of not less than 8 percent of the floor area of each indoor activity space and dining space shall be provided.

1229.4.10 Ceiling heights. Refer to Section 1224.4.10.

1229.4.11 Interior finishes. Interior finishes shall comply with Section 1224.4.11.

1229.4.12 Noise control. Refer to Section 1224.4.19.

1229.5 Communication system. Refer to Section 1224.5.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

BASIC SERVICES

1229.6 Reserved.

1229.7 Reserved.

1229.8 PATIENT COUNSELING.

1229.8.1 Patient counseling shall include space to conduct an interview or series of interviews with the patient to address the needs identified in the patient's recovery plan. Also refer to Section 1229.14.7.

1229.9 GROUP THERAPY.

1229.9.1 Service area(s) shall be provided for sessions conducted by the professional staff designed to promote the interaction of the individuals within the session for the purpose of alleviating, or changing, personal and/or family situations, attitudes and beliefs which present a threat to the recovery or stability of the patient or the family. Refer Sections 1229.13 and 1229.14.9.

1229.10 PHYSICAL CONDITIONING.

1229.10.1 Service area(s) shall be provided for patients' participation in an organized program of physical activities designed to improve the patient's wellbeing and as defined in the patient's individual recovery plan. See Section 1229.13.

1229.11 FAMILY THERAPY.

1229.11.1 Family Therapy shall include space(s) for individual counseling, group counseling, conjoint counseling and/or other appropriate activities provided for consenting family members and/or consenting significant others. Also refer to Section 1229.14.7.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.12 OUTPATIENT SERVICES.

1229.12.1 Outpatient services means outreach programs, intervention, after care services, individual or group service and any other service provided for persons who are outpatients in the chemical dependency recovery unit.

1229.13 CHEMICAL DEPENDENCY RECOVERY ACTIVITY AREAS. The activity areas may be centralized for common use or may be located in each residential unit. The following areas are required in support of the chemical dependency recovery group therapy and physical conditioning basic services:
1229.13.1 Patient care areas.

1229.13.1.1 Indoor activity rooms.

- 1. At least two separate activity rooms, one appropriate for group recreation and one for quiet activities to serve as a patient lounge, shall be provided.
- 2. Space requirements. The combined area of these rooms shall have a minimum of 25 square feet (2.32 m2) per patient bed, with at least 120 square feet (11.15 m2) of clear floor area for each of the two spaces
- **1229.13.1.2 Outdoor activity area.** If provided, an outdoor activity area shall be sized to meet the appropriate needs of the occupants and maintain egress.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.14 CHEMICAL DEPENDENCY RECOVERY RESIDENTIAL AREAS.

Resident areas within chemical dependency hospital shall comply with the requirements of Sections 1202, 1203, 1204, 1205, 1206, 1207, 1209, 1211 and the requirements of this Section. Distinct part units within a General Acute Care Hospital shall comply with the requirements in 1224.14. Distinct part units within an Acute Psychiatric Hospital shall comply with the requirements in 1228.14.

1229.14.1 Patient rooms. Each patient bedroom shall meet the following standards:

1229.14.1.1 Capacity. Maximum room capacity shall be two patients.

1229.14.1.2 Space requirements. Patient bedrooms shall have a minimum clear floor area of 100 square feet (10.2 m2) for single-bed rooms and 80 square feet (7.43 m2) per bed for multiple-bed rooms.

1229.14.1.3 Windows. Each patient bedroom shall have a window in accordance with Section 1229.4.9.

1229.14.1.4 Reserved.

1229.14.1.5 Outside exposure. Refer to Section 1224.14.1.5.

1229.14.1.6 Reserved

1229.14.1.7 Patient toilet room.

- 1. Each patient shall have access to a toilet room without having to enter a corridor.
 - **Exception:** Corridor access to the patient toilet room shall be permitted at adolescent patient bedrooms and in specific patient bedrooms where the use of corridor access is part of the hospital's written Patient Safety Risk Assessment and management program.
- 2. One toilet room shall serve no more than two patient bedrooms and no more than four patients.
- 3. The toilet room shall contain a toilet and a handwashing station.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.14.1.8 Bathroom facilities. Showers shall be provided at a ratio of 1:20 patients, and for each major fraction thereof.

1229.14.1.9 Patient storage. Each patient shall have in their room a separate wardrobe, locker, or closet for storing personal effects.

1229.14.2 Service areas. Provision for the services listed below shall be in or immediately accessible to each chemical dependency recovery unit. The size and location of each service area will depend upon the numbers and types of beds served. Identifiable spaces are required for each of the indicated functions. If a service area is specifically permitted to serve more than one nursing unit, there shall be at least one such service area located on each nursing unit floor.

1229.14.2.1 Administrative center(s) or nurse station(s). Refer to Section 1224.4.4.2. A separate charting area with provisions for acoustic and patient file privacy shall be provided.

1229.14.2.2 Office(s) for staff. Office(s) for staff shall be provided.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

PATIENT CARE SUPPORT AREAS

1229.14.7 Visitor/consultation room(s). Service support space shall be provided for Patient Counseling and Family Therapy Basic Services. Visitor/consultation rooms shall be provided at a room-to-bed ratio of one consultation room for each 12 beds, or major fraction thereof with a minimum of one, in each residential unit. Additionally, the following requirements shall be met:

- 1. Visitor/consultation room(s) shall have a minimum clear floor area of 100 square feet (9.29 m2).
- 2. The room(s) shall be designed for acoustical and visual privacy. Refer to Table 1224.4.19, Sound Transmission Limitations in Hospitals.

1229.14.8 Conference room. A conference and treatment planning room shall be provided for use by the chemical dependency recovery unit.

1229.14.9 Space for group therapy. Service support space shall be provided for Group Therapy Basic Services. An enclosed private space with a minimum clear floor area of at least 225 square feet (20.90 m2) shall be available for group therapy activities.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.19 PHARMACEUTICAL SERVICE SPACE. Pharmaceutical service space shall comply with the provisions of Section 1224.19.1.2.1.

1229.19.1 Shared Services. Chemical Dependency Recovery units provided as Distinct Parts of General Acute Care Hospitals or Acute Psychiatric Hospitals may share pharmaceutical service space provided under Section 1224.19.

1229.20 DIETETIC SERVICE SPACE. Refer to Section 1224.20, Dietetic Service Space for requirements, as modified below:

1229.20.1 Dining area. Provide dining space(s) for ambulatory patients, staff and visitors. Provide patient dining room(s) of 20 square feet (1.86 m2) per patient bed separate from staff dining. These spaces shall be separate from the food preparation and distribution areas.

1229.20.2 Multi-use dining room. If minimum space requirements are met for dining, the dining area may serve as required group therapy room and/or as one of two required indoor activity spaces when not be used for dining.

<u>1229.20.3 Shared Services.</u> Chemical Dependency Recovery units provided as Distinct Parts of General Acute Care Hospitals or Acute Psychiatric Hospitals may share dietetic service space provided under 1224.20.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

SUPPORT SERVICES

1229.21 ADMINISTRATIVE SPACE. Refer to Section 1224.21.

1229.22 Reserved.

1229.23 STORAGE.

1229.23.1 General storage. Provide general storage space of at least 10 square feet (0.93 m2) per bed in addition to specialized storage spaces. All storage spaces shall be located within the hospital building. **1229.23.2 Specialized storage.** Specialized storage spaces shall include the following:

1229.23.2.1 Linen. Provide separate and enclosed facilities for clean and soiled linen in each residential unit. The clean linen storage space shall have a minimum area of 10 square feet (0.93 m2). The soiled linen collection space shall have an area of no less than 10 square feet (0.93 m2), except where linen chutes are provided.

1229.23.2.2 Supply. One supply storage space having a minimum area of 15 square feet (1.39 m2) shall be provided in each residential unit.

1229.23.2.3 Reserved

1229.23.2.4 Reserved

1229.23.2.5 Food storage shall be as described in Section 1224.20.

1229.23.3 Patient storage facilities. A staff-controlled secured storage area shall be provided for patient's effects that are determined to be potentially harmful (e.g., razors, nail files, cigarette lighters).

1229.25 EMPLOYEE DRESSING ROOMS AND LOCKERS. Refer to Section 1224.25.

1229.26 HOUSEKEEPING ROOMS. Refer to Section 1224.26.

1229.27 LAUNDRY. Refer to Section 1224.27.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

OPTIONAL SERVICES

1229.30 Adolescent chemical dependency service space.

Adolescent service space patient areas shall be separate and distinct from adult service space patient areas. The requirements of Section 1229.14 shall apply to adolescent units as amended below:

1229.30.1 Patient bedroom.

1229.30.1.1 Capacity. Maximum bedroom capacity shall be two patients.

1229.30.1.2 Space requirements. Patient bedroom areas shall meet the following requirements:

- 1. For single-bed rooms, a minimum clear floor area of 100 square feet (9.29 m2).
- 2. For multiple-bed rooms, a minimum clear floor area of 80 square feet (7.43 m2) per bed.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.30.2 Patient toilet room.

- 1. Each patient shall have access to a toilet room, either from the patient room or from the corridor outside the patient room.
- 2. Where access is provided via a corridor, the following requirements shall be met:
 - 2.1. The toilet room shall be located in the unit.
 - 2.2. The toilet room shall be located no more than 150 feet (45.72 m) from the bedroom.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.30.3 Bathroom facilities. Showers shall be provided at a ratio of 1:20 patients, and for each major fraction thereof.

1229.30.4 Activity areas. The adolescent activities space may be centralized for common use by multiple adolescent units or may be located in each individual unit. Centralized activity areas shall be readily accessible without traversing adult patient areas.

1229.30.4.1 Space requirements.

- 1. The combined area for activity space shall have 35 square feet (3.25 m2) of clear floor area per patient bed.
- 2. A separate dining space shall be provided and shall have a minimum of 15 square feet (1.39 m2) of clear floor area per patient bed.

<u>1229.30.4.2 Outdoor areas.</u> Adolescent outdoor areas shall be separate from adult outdoor areas. Refer to Section 1229.13.1.2.



CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.30.5 Support areas for the adolescent unit. Storage space shall be provided for equipment, extra beds and cots or recliners for parents who may stay overnight.

1229.30.6 Education. If a unit treats children of school age over a period of one month or more, it shall provide physical facilities for an educational program, such as classrooms and an office for the teacher.

1229.31 Other chemical dependency service space. Where provided, other service space(s) for services which are provided for the treatment of chemical dependency, not addressed in Section 1229, that have prior approval of the California Department of Health Services shall comply with other applicable sections.







