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CODE APPLICATION NOTICE (CAN)
 H&S Code §129851

SUBJECT

Removal of Acute Care Services
 (formerly CAN 2-3406A – Note: This CAN has been replaced in its entirety)

CAN: 1-6-1.4.5.1.4
Effective: 8/08/2012
Revised: 9/10/2013



CODE SECTION

Section 1.4.5.1.4, Chapter 6
2010 California Administrative Code (CAC)

1.4.5.1.4 A hospital building from which acute care services and beds have been removed shall not provide such services unless it has been modified to comply with the requirements of SPC 5 and NPC 4 or 5. Prior to use for acute care service, the SPC and/or NPC of the hospital building shall be changed in accordance with Section 1.4.5.1.1

REFERENCE CODE SECTIONS

Section 7-111, Chapter 7
2010 California Administrative Code (CAC)

FREESTANDING as applied to structures that are adjacent to a licensed hospital building means a structure that meets the following criteria:

1. *Structural separation* shall comply with the applicable provisions of the *California Building Code*.
2. Fire-resistance-rated construction separations shall comply with the applicable provisions of the *California Building Code*.
3. Buildings on the same lot shall comply with the height and area limitations of the *California Building Code*.

Sections 502, 702, 705, 706, 1402, 1602A, 1613A, 3408A
2010 California Building Code (CBC)

AREA, BUILDING. The area included within surrounding *exterior walls* (or *exterior walls* and *fire walls*) exclusive of vent shafts and courts. Areas of the building not provided with surrounding walls shall be included in the *building area* if such areas are included within the horizontal projection of the roof or floor above.

SECTION 3408A CHANGE OF OCCUPANCY

3408A.1 Conformance. No change shall be made in the use or occupancy of any building that would place the building in a different division of the same group of occupancies or in a different group of occupancies, unless such building is made to

comply with the requirements of this code for such division or group of occupancies. Subject to the approval of the *building official*, the use or occupancy of existing buildings shall be permitted to be changed and the building is allowed to be occupied for purposes in other groups without conforming to all the requirements of this code for those groups, provided the new or proposed use is less hazardous, based on life and fire risk, than the existing use.

3408A.2 Certificate of occupancy. A certificate of occupancy shall be issued where it has been determined that the requirements for the new occupancy classification have been met.

PURPOSE

In an effort to achieve compliance with the requirements of SB 1953, hospital facilities may consider removal of all *general acute care services* from nonconforming hospital buildings. The removal of *general acute care services* may result in a change of the use, change of occupancy, change in function, change in licensure, or a combination thereof for all or a part of the building. In addition, removal of *general acute care service* may also involve a change of the authority having jurisdiction, from OSHPD to the local enforcement agency, if the *Building* meets specified seismic separation and fire protection criteria.

The purpose of this CAN is to guide the user through the process of removing all *general acute care services* from a building, and potentially removing the building from OSHPD jurisdiction. Due to the broad range of site specific conditions that will be encountered, this document cannot provide comprehensive guidance. However, the approach to the process in principle is illustrated.

INTRODUCTION

Removal of a building from *general acute care service* will involve either the conversion of the building, or portions of the building, to other uses, or demolition. Buildings removed from *general acute care service* may remain under OSHPD jurisdiction, or in some cases, they may be removed from OSHPD jurisdiction and placed under the jurisdiction of the local enforcement agency.

Application of the California Building Standards Code (CBSC) to existing buildings under OSHPD jurisdiction has always been complex. This stems from the diverse definitions of the terms “building” and “hospital building” in the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 and the CBSC. The following definitions from the CBSC illustrate different nuances related to the definition of “building”:

**2010 California Administrative Code (CAC)
Section 7-111, Chapter 7**

FREESTANDING as applied to structures that are adjacent to a licensed hospital building means a structure that meets the following criteria:

1. Structural separation shall comply with the applicable provisions of the *California Building Code*.
2. Fire-resistance-rated construction separations shall comply with the applicable provisions of the *California Building Code*.
3. Buildings on the same lot shall comply with the height and area limitations of the *California Building Code*.

**2010 California Building Code (CBC)
Section 200**

BUILDING. Any structure used or intended for supporting or sheltering any use or occupancy.

Section 502

AREA, BUILDING. The area included within surrounding *exterior walls* (or *exterior walls* and *fire walls*) exclusive of vent shafts and courts. Areas of the building not provided with surrounding walls shall be included in the *building area* if such areas are included within the horizontal projection of the roof or floor above.

**2010 California Electrical Code (CEC)
Article 100**

BUILDING. A structure that stands alone or that is cut off from adjoining structures by fire walls with all openings therein protected by approved fire doors.

The SB 1953 regulations use the term “Building” without defining it. In the structural evaluation provisions, the term refers to a structure with independent vertical and lateral load resisting systems and a distinct seismic performance category assigned by OSHPD. It may be freestanding or a portion of a larger “Building” as defined in other portions of the CBSC. This is a much narrower use of the term “Building” than in any other portion of the CBSC.

For the purposes of this Code Application Notice, the terms below shall have the following meanings:

GENERAL ACUTE CARE SERVICE means healthcare services that must be provided in a general acute care hospital building, as defined in 2010 California Administrative Code (CAC), Chapter 6, Article 1, Section 1.2, Definitions.

BUILDING is defined by the area included within surrounding exterior walls or any combination of exterior walls and fire walls (as described by CBC Sections 702 and 706) exclusive of vent shafts and courts. Areas of the building not provided with surrounding walls shall be included in the building area if such areas are included within the horizontal projection of the roof or floor above. A *Building* will consist of

one or more *SPC Buildings*. (Based on the definition of **AREA, BUILDING**, 2010 California Building Code (CBC), Section 502.1)

DETACHED HOSPITAL BUILDING means a *Building* containing *general acute care services* that meets the following criteria:

1. Structural separation shall comply with the applicable provisions of the California Building Code.
2. Fire-resistive-rated construction separations shall comply with the applicable provisions of the California Building Code.
3. Buildings on the same lot shall comply with the height and area limitations of the California Building Code.

(Based on the definition of **FREESTANDING**, 2010 California Administrative Code (CAC), Chapter 7, Section 7-111, Definitions).

FREESTANDING NONHOSPITAL BUILDING means a *Building* that does not contain any *general acute care services* and meets the following criteria:

1. Structural separation shall comply with the applicable provisions of the California Building Code.
2. Fire-resistive-rated construction separations shall comply with the applicable provisions of the California Building Code.
3. Buildings on the same lot shall comply with the height and area limitations of the California Building Code.

(Based on the definition of **FREESTANDING**, 2010 California Administrative Code (CAC), Chapter 7, Section 7-111, Definitions).

SPC BUILDING is defined as a structure with an independent vertical and lateral load resisting system and a distinct seismic performance category assigned by OSHPD. When reference is made to SPC-1 Buildings, SPC-2 Buildings, etc., it applies to a *SPC Building* that has been placed in that particular Structural Performance Category.

SPC SEISMIC SEPARATION means a building separation in accordance with the California Administrative Code Chapter 6 Section 3.4.

STRUCTURAL SEPARATION means a separation gap between adjacent structures sufficient to avoid damaging contact, complying with the current structural provisions of the CBC.

NOTE: When referring to a defined term in this Code Application Notice, the term will be shown in *italics*.

BACKGROUND

SPC Buildings were identified as part of the SB 1953 seismic performance evaluation. The key attribute of *SPC Buildings* is that they are structurally independent. A *SPC Building* can encompass an entire *Building* or hospital facility. In other cases, it may be a portion of a hospital *Building*, which consists of an original building and one or more

structurally separate additions. In many cases, there are no fire separations between adjacent *SPC Buildings* and therefore, they do not qualify as *Detached Hospital Buildings*. Figure 1 illustrates different relationships between *SPC Buildings* and *Detached Hospital Buildings*.

In Figure 1A, *SPC Building T* is a *Detached Hospital Building*, since it is not adjacent to another structure.

In Figure 1B, *SPC Buildings U, V, and W* together form a single *Detached Hospital Building*. The *SPC Buildings U, V, and W* have independent vertical and lateral structural systems with *SPC Seismic Separations* between them, but are not separated by exterior walls and/or fire walls. *SPC Building X*, which has a CBC compliant *Structural Separation* and fire walls between it and *SPC Building V*, is a *Detached Hospital Building*.

In Figure 1C, *SPC Buildings Y and Z* are *Detached Hospital Buildings*. Although they are adjacent, they are separated by fire walls, and the *Structural Separation* joint between them complies with the current CBC structural provisions.

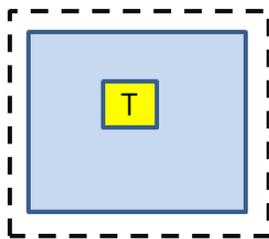


FIGURE 1A.

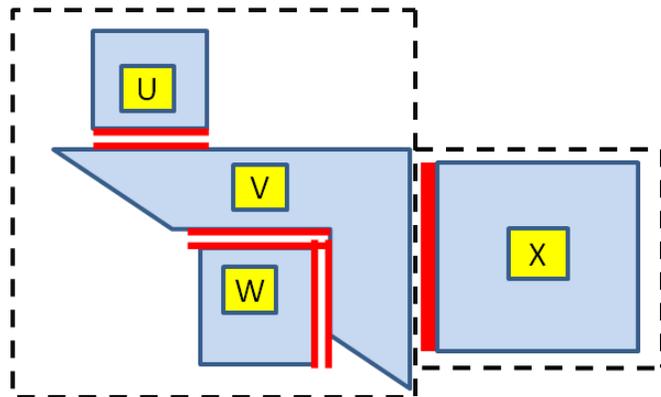


FIGURE 1B.

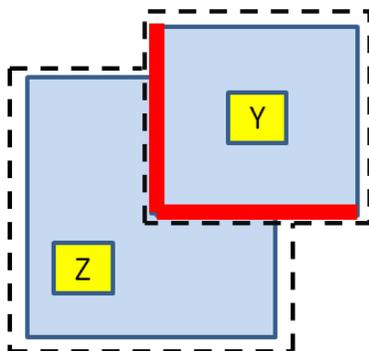


FIGURE 1C.

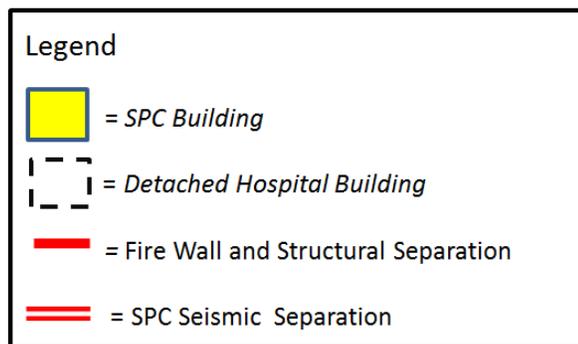


FIGURE 1

The SB 1953 performance evaluation ranked buildings by relative risk; depending on how well they conform to modern seismic design requirements. The ranking depends on the date a *SPC Building* was constructed. Conforming Buildings are *SPC Buildings* that were originally constructed in compliance with the 1973 or subsequent editions of the CBC. All other *SPC Buildings* are Nonconforming Buildings. Note that the concepts of Conforming and Nonconforming Buildings apply only to *SPC Buildings*.

A *Detached Hospital Building*, which may consist of multiple *SPC Buildings*, may include both Conforming and Nonconforming Buildings. To illustrate this, assume in Figure 1B that the *Detached Hospital Building* composed of *SPC Buildings* U, V and W together was constructed over several decades. *SPC Buildings* U and V were built in the 1950's, and *SPC Building* W was built in the 1990's. The *Detached Hospital Building* is a mix of Conforming (*SPC Building* W) and Nonconforming Buildings (*SPC Buildings* U and V). The *Detached Hospital Building* itself is not classified as a Conforming or Nonconforming Building.

While the concepts of Nonconforming and Conforming Buildings apply chiefly to the seismic evaluation procedures of the 2010 CAC Chapter 6, they also influence the requirements enforced when a *SPC Building* is remodeled or modified, including those that are removed from *general acute care service* and remain under OSHPD jurisdiction. Modifications to *SPC Buildings* that are Nonconforming may trigger code upgrades or retrofits, even if the *SPC Building* is no longer in *general acute care service*. The exact requirements will depend in part on whether the *SPC Building* is part of a *Detached Hospital Building*, any portion of which provides *general acute care service*, or if the *SPC Building* is part of a *Freestanding Nonhospital Building*, which provides only outpatient clinical services.

The distinction between *SPC Buildings* and *Detached Hospital Buildings* or *Freestanding Nonhospital Buildings* is important, since jurisdiction is determined only for buildings that are freestanding. By statute, OSHPD preempts the local jurisdiction from the enforcement of all building standards published in the CBSC for hospital buildings. Split jurisdiction for buildings removed from *general acute care service* is not permitted. If in Figure 1B, *SPC Buildings* U and V are removed from *general acute care service* to comply with SB 1953 and *SPC Building* W remains in *general acute care service*, OSHPD will retain jurisdiction over all three *SPC Buildings*. If any *SPC Buildings* in the group remain in general acute care inpatient service, the whole is classified as a *Detached Hospital Building*, and the entire *Detached Hospital Building* must remain under OSHPD jurisdiction.

INTERPRETATION

The process to remove a *SPC Building* from *general acute care service* is a complex process that can be approached systematically. The following flowchart provides a graphic representation of the process required to remove a *SPC Building* from *general acute care service*. The letters in the flowchart boxes correspond to the Items listed below.

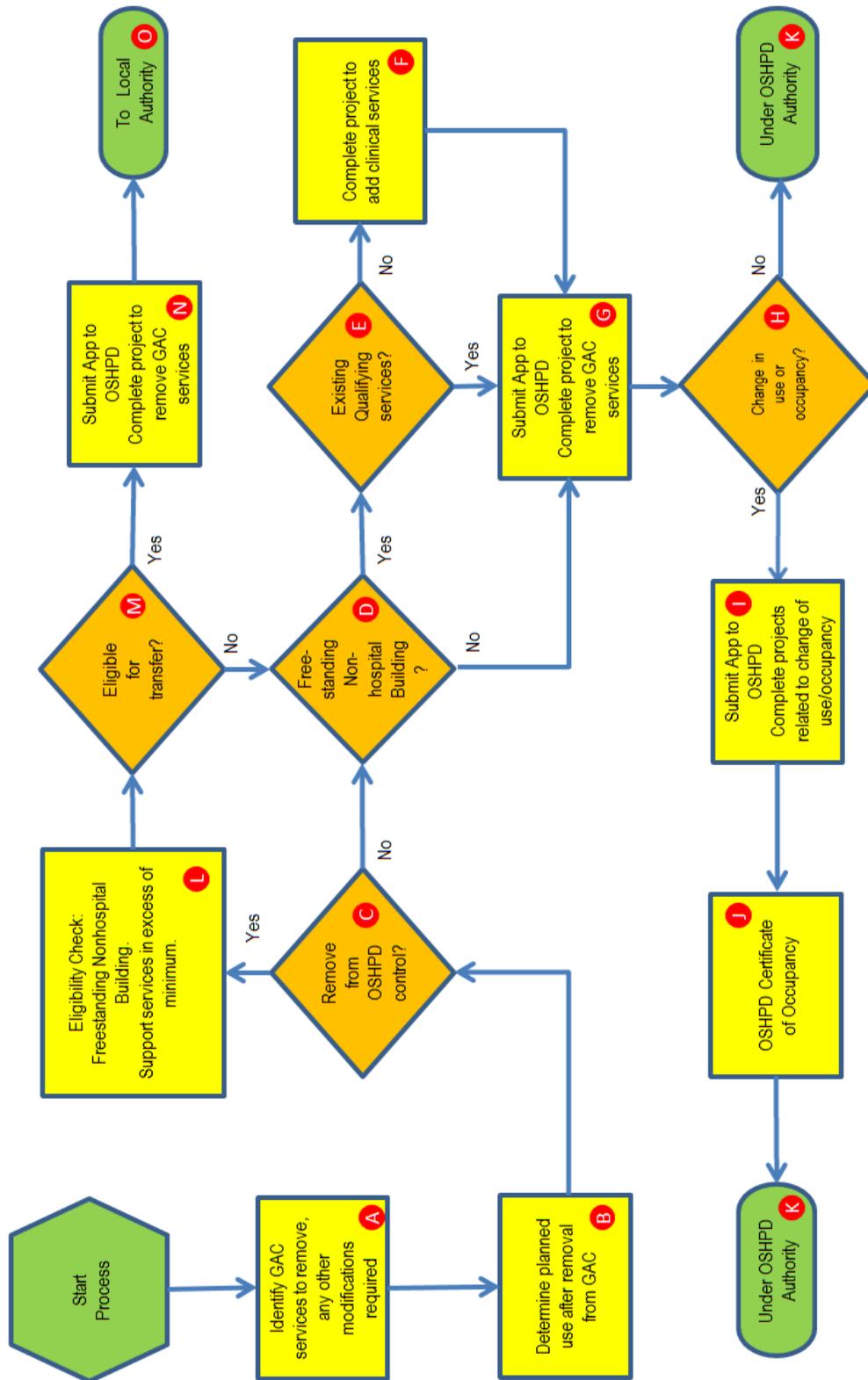


FIGURE 2

A. The first step in the process is to identify the *general acute care services* that must be removed from the *SPC Building* in order to comply with the provisions of SB 1953, and to identify any construction that may be required to separate the *SPC Building* from the remaining general acute care hospital. This will involve submittal of a project and application to OSHPD, showing that after the *general acute care services* are removed from the *SPC Building* the following criteria are met:

1. No acute care basic services or supplemental services on the hospital's license are provided in a *SPC Building* removed from *general acute care service*.
2. The hospital complies with all egress requirements, including occupant load, number of required exits and travel distance to exits, and provides evidence that no egress from any general acute care hospital building passes through the *SPC Building* removed from *general acute care service*, or through any building not under OSHPD jurisdiction.
3. No *SPC Building* removed from *general acute care service* is used as a smoke compartment for any general acute care hospital building. Buildings not under OSHPD jurisdiction shall not be used as a smoke compartment for any general acute care hospital building.
4. The *Structural Separation* and fire-resistive rated construction separation between the *SPC Building* removed from *general acute care service* and other buildings, satisfy the requirements of the California Building Standards Code.

Exception: A *SPC Seismic Separation* complying with the California Administrative Code Chapter 6 Section 3.4 shall be deemed to satisfy the building structural/seismic separation requirement in this section for *SPC Buildings* that will remain under OSHPD jurisdiction.

5. If a *SPC Building* removed from *general acute care service* shares a common fire alarm system with the general acute care hospital, the main fire alarm control panel shall be located in a general acute care hospital building. *SPC Buildings* removed from *general acute care service* shall be in a separate zone monitored by the main fire alarm control panel. Flexible connections shall be provided for conduits/conductors crossing seismic separation joints.

Exception: Flexible connections may be omitted at seismic separation joints between the *SPC Building* removed from *general acute care service* and adjacent SPC -1 or SPC -2 Buildings, provided the criteria in Item A.11 are met.

If the intent is to place the *SPC Building* under local jurisdiction, the building shall have its own, independent fire alarm system (see Item L.3).

6. If a *SPC Building* removed from *general acute care service* shares a fire sprinkler system with the general acute care hospital, an isolation valve with a tamper switch shall be provided to isolate the portion of the system serving the *SPC Building* removed from *general acute care service*. Flexible connections shall be provided in pipe crossing seismic separation joints.

Exception: Isolation valves are not required between a *SPC Building* removed from *general acute care service* and adjacent SPC-1 or SPC-2 Buildings, provided the criteria in Item A.11 are met.

The fire sprinkler system shall not originate in a *SPC Building* removed from *general acute care service*.

If the intent is to place the *SPC Building* under local jurisdiction, the building shall have its own, independent fire sprinkler system (see Item L.3).

7. Patient access as required by CBC Section 1224.4.7.5 does not pass through a *SPC Building* removed from *general acute care service* or through buildings that are not under the jurisdiction of OSHPD.
8. The primary accessible entrance to the hospital is not through a *SPC Building* removed from *general acute care service* or through buildings that are not under the jurisdiction of OSHPD.
9. No utilities servicing general acute care hospital buildings originate in or pass through, over, or under, a *SPC Building* removed from *general acute care service* or a building not under OSHPD jurisdiction.
10. If utilities originating in a general acute care hospital building feed a *SPC Building* removed from *general acute care service*, fail safe shut-off valves and/or disconnects shall be provided that permit isolation of the *SPC Building* removed from *general acute care service* from the hospital utilities. Flexible connections shall be provided for all utilities crossing seismic separation joints.

Exception: Fail safe shut-off valves are not required between a *SPC Building* removed from *general acute care service* and adjacent SPC-1 or SPC-2 Buildings, provided the criteria in Item A.11 are met.

11. Flexible connections for fire alarm conduits/conductors crossing seismic separation joints and fail safe shut-off valves, and disconnects for utilities between a *SPC Building* removed from *general acute care service* and adjacent SPC-1 or SPC-2 Buildings may be omitted, provided the fire alarm and utilities in the adjacent SPC-1 and SPC-2 Buildings have no connection to any SPC-3, SPC-4, and SPC-5 Buildings *providing general acute care service*.

These requirements are illustrated in Figure 3.

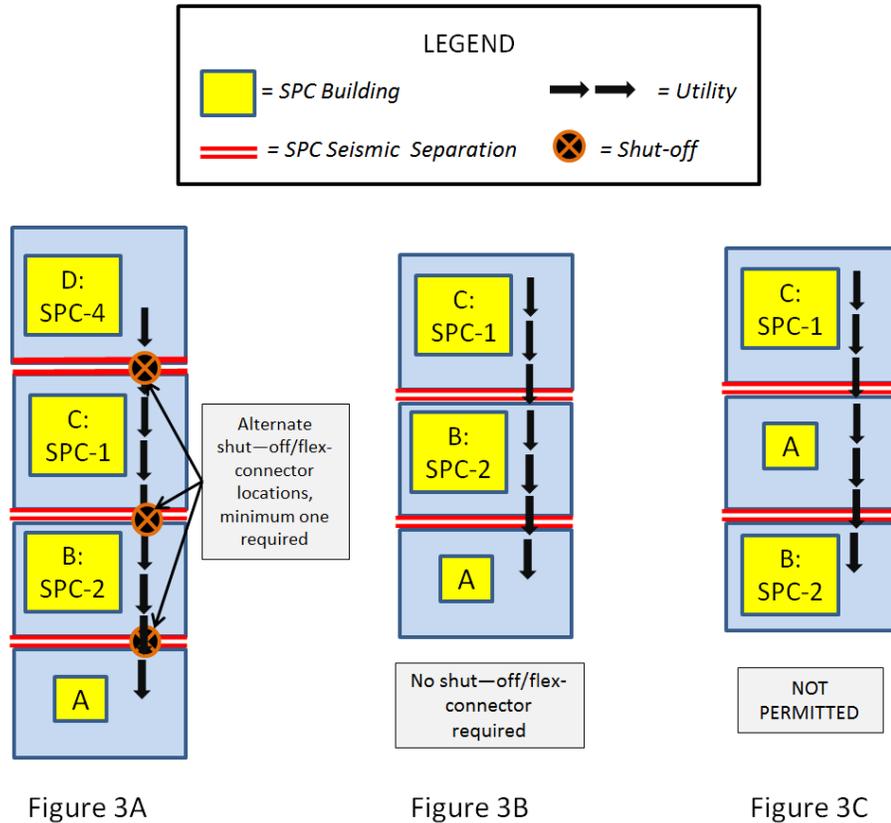


FIGURE 3

In Figure 3A, Building A is a *SPC Building* being removed from *general acute care service*. Buildings B, C, and D will remain in *general acute care service* at this time. Because all the *SPC Buildings* have only *SPC Seismic Separations*, Buildings A, B, C, and D form a single *Detached Hospital Building*. Building A is adjacent to Building B (SPC-2), and is served by utilities that originate in Building D (SPC-4). Flexible connections for fire alarm conduits/conductors crossing the seismic separation joint and fail safe shut-off valves and disconnects for utilities to isolate Building D are required. The flexible connections and shut-off valves may be placed at the seismic separations between Buildings A and B, B and C, or C and D. Locating them at the seismic separation between buildings C and D is preferred, since they will be most effective at isolating the SPC-4 building from the non-conforming buildings that are vulnerable to damage. This will also facilitate removal of Buildings B and C from *general acute care service* in the future if they are not intended for retrofit.

In Figure 3B, Building A is a *SPC Building* removed from *general acute care service*. Buildings B and C remain in *general acute care service*. Buildings A, B, and C form a single *Detached Hospital Building*. Building A is adjacent to Building B (SPC-2), and is served by utilities that originate in Building C (SPC-1). Flexible connections for fire alarm conduits/conductors crossing the seismic separation joint and fail safe shut-off valves and disconnects for utilities to isolate Buildings B and C are not required, since Building A has no connection to any SPC-3, SPC-4, and SPC-5 Buildings providing *general acute care service*.

In Figure 3C, Building A is again a *SPC Building* removed from *general acute care service*. Buildings B and C remain in *general acute care service*. Utilities originate in Building C (SPC-1), pass through Building A, and pass into Building B. In this case, the utilities must be rerouted around Building A since, per Item 9, no utilities servicing general acute care hospital buildings may originate in or pass through, over, or under a *SPC Building* removed from *general acute care service* or a building not under OSHPD jurisdiction

- B. The facility owner must determine the planned disposition of the *SPC Building*, after all *general acute care services* have been removed. Options include demolition, transfer of jurisdiction to the local building authority, or maintaining the building under OSHPD jurisdiction. Depending on the particular circumstances, not all options will be available, and some options may require significant construction to be viable. *SPC Buildings* that are not also *Freestanding Nonhospital Buildings* or that have not been modified to become a *Freestanding Nonhospital Building*, must remain under OSHPD jurisdiction.
1. **Demolition.** Demolition of *SPC Buildings* removed from *general acute care service* shall be permitted provided those buildings remaining under OSHPD's jurisdiction after demolition of the *SPC Buildings* satisfy the requirements of the California Building Standards Code. The demolition activity must not impair the operation and/or safety of any buildings under OSHPD's jurisdiction.
 2. **Remain under OSHPD jurisdiction.** *SPC Buildings* may remain under OSHPD jurisdiction as a hospital building after all *general acute care services* are removed. The requirements depend on whether the *SPC Building* is also a *Freestanding Nonhospital Building*. See Item C for additional information.
 3. **Transfer of jurisdiction.** Under this option, jurisdiction of the building is transferred to the local building authority. See Item C for additional information.
- C. The facility owner determines whether the *SPC Building* is to remain under OSHPD jurisdiction after all *general acute care services* have been removed. A building cannot be under split or multiple jurisdictions, even when the building is

a mixed-occupancy building containing occupancies other than those generally associated with hospital services (refer to CBC Section 508 for Mixed Use/Occupancy Buildings).

A *Freestanding Nonhospital Building* must contain one or more qualifying services that permit OSHPD to retain jurisdiction after removal of *general acute care services*. Qualifying services include:

1. Services considered “Outpatient Clinical Services” as defined in Health & Safety Code § 129730 (a)
 - i. Administrative space
 - ii. Central sterile supply
 - iii. Storage
 - iv. Morgue and autopsy facilities
 - v. Employee dressing rooms and lockers
 - vi. Janitorial and housekeeping facilities
 - vii. Laundry

2. Outpatient clinical services in CBC Section 1226 (OSHPD 3) with no more than 25% in-patient use.

3. Services that duplicate Basic Services, as defined in Health & Safety Code §1250, or services that are provided as part of a Basic Service, but are not required for facility licensure (with no more than 25% in-patient use).

A *SPC Building* that remains under OSHPD jurisdiction as part of a *Detached Hospital Building* may include the services listed above.

All hospital support services listed in Item C.1 that are located in a *SPC Building* at the time *general acute care services* are removed may remain, provided the State Department of Public Health certifies to the Office that it has received and approved a plan that demonstrates how the health facility will continue to provide all basic services in the event of any emergency when the *SPC Building* may no longer remain functional. This certification must be received by the Office prior to approval of the application to remove the *SPC Building* from *general acute care service*. Existing approved non-acute care services or Outpatient Clinical Services listed in Items C.2 and C.3 that are located in a *SPC Building* at the time *general acute care services* are removed may remain.

The process to determine eligibility for a change of jurisdiction, and the procedures for completing the transfer of jurisdiction to the local building authority are presented in Items L through O. The processes for buildings that will remain under OSHPD jurisdiction are presented in Items D through K.

Process for *SPC Buildings* remaining Under OSHPD Jurisdiction (Flowchart Figure 2, Items D through K)

- D. Determine whether the *SPC Building* constitutes a *Detached Hospital Building* that qualifies for conversion to a *Freestanding Nonhospital Building* (see definitions).
1. To be considered a *Freestanding Nonhospital Building*, it must be structurally independent. It may consist of one or more *SPC Buildings*. A *Structural Separation* must be provided between the *SPC Buildings* that make up the *Freestanding Nonhospital Building* and all adjacent structures that are not part of the *Freestanding Nonhospital Building*.
 2. Fire-resistive-rated construction separations and/or open space/frontage between the *SPC Buildings* that make up the *Freestanding Nonhospital Building* and all adjacent structures that are not part of the *Freestanding Nonhospital Building* must comply with the applicable provisions of the California Building Code. The separations may include fire walls, or an adequate fire separation distance as required by the CBCSC.
 3. *Freestanding Nonhospital Buildings* and *Detached Hospital Buildings* on the same lot shall comply with the height and area limitations of the California Building Code.

If the *SPC Building* does not qualify as a *Freestanding Nonhospital Building*, proceed to Item G.

If the *SPC Building* qualifies for conversion to a *Freestanding Nonhospital Building*, determine if it currently contains one or more qualifying services that permit OSHPD to retain jurisdiction after removal of *general acute care services*. Qualifying services are listed in Item C.

- E. The Office shall be permitted to require evidence that the existing occupancies and services were in compliance with applicable codes at the time they were located in the building. If the *Detached Hospital Building* currently contains any qualifying services that permit OSHPD to retain jurisdiction after removal of acute care services, proceed to Item G.
- F. In order to remain under OSHPD jurisdiction, *Freestanding Nonhospital Buildings* must contain one or more qualifying services. If qualifying services are not present, they must be added in order to remain under OSHPD jurisdiction. Projects to add qualifying services must be complete prior to removal from *general acute care service* and conversion to a *Freestanding Nonhospital Building*. A change of service or function for all, or a portion, of a *Freestanding Nonhospital Building* remaining under OSHPD jurisdiction requires compliance with the current requirements for that service, including but not limited to the accessibility requirements in accordance with CBC Chapter 11B (refer to CAN 2-11B) and other remodel/renovation requirements in CAN 2-102.6.

All hospital support services listed in Item C.1 that are located in a *SPC Building* at the time *general acute care services* are removed may remain, provided the State Department of Public Health certifies to the Office that it has received and approved a plan that demonstrates how the health facility will continue to provide

all basic services in the event of any emergency when the *SPC Building* may no longer remain functional. This certification must be received by the Office prior to approval of the application to remove the *SPC Building* from *general acute care service*.

- G. Submit an application and project to the Office to remove the *SPC Building* from *general acute care service*, showing that all the criteria noted in Item A have been met. Any construction work needed to meet the requirements of Item A should be complete prior to submittal of the application and project to remove the *SPC Building* from *general acute care service*.
- H. Determine whether the removal of *general acute care services* from the *SPC Building* will result in a change of use, occupancy, or function. Existing approved non-acute care occupancies, or services, existing in the *SPC Building* at the time it is decommissioned shall be permitted to remain. The removal of *general acute care services* from the *SPC Building* is not considered a change in occupancy (assuming no other changes are made). If there is no change of use, occupancy, or function, proceed to Item K.
- I. A change of service or function for all, or a portion, of a *SPC Building* remaining under OSHPD jurisdiction requires compliance with the current requirements for that service, including but not limited to accessibility requirements in accordance with CBC Chapter 11B (refer to CAN 2-11B) and other remodel/renovation requirements identified in CAN 2-102.6.

When *general acute care services* are removed from a *Building* or *SPC Building*, and the new services provided in the *Building* or *SPC Building* are issued an initial license as a Skilled Nursing Facility or Acute Psychiatric Hospital, the *Building* or *SPC Building* shall comply with the building code requirements or equivalent provisions of the California Building Standards Code at the time of application. The California Department of Public Health, Licensing & Certification Division shall determine whether the new services constitute an original license.

- J. The new occupancy group and division of the *Building* or *SPC Building*, and/or new service or function, shall be established. A new certificate of occupancy shall be required for the *Building* or *SPC Building*.
- K. Once the project submitted in Item G is closed with compliance, the *SPC Building* is removed from *general acute care service* and remains under OSHPD jurisdiction. It is no longer subject to the provisions of Title 24, Part 1, Chapter 6. The Office shall notify the hospital owner that the building has been removed from *general acute care service*.

If the *SPC Building* is part of a *Detached Hospital Building* (any portion of which provides *general acute care service*), it is subject to the current *California Administrative Code* and the current *California Building Standards Code*, Parts 2, 3, 4, 5, 6, 9, 10, and 11, as adopted for OSHPD 1 (CBC Part 2, Section 1.10.1) and the provisions of OSHPD 2 (CBC Part 2, Section 1.10.2), if applicable. Although no longer subject to the seismic requirements of SB 1953, the *SPC Building* retains its Structural Performance Rating and status as a Nonconforming

Building for the purposes of determining applicable code requirements for future construction projects. See CAN 2-102.6 for additional information on remodel requirements.

If a *SPC Building* is part of a *Freestanding Nonhospital Building* (provides only outpatient clinical services), it is subject to the current *California Building Standards Code*, Parts 2, 3, 4, 5, 6, 9, 10, and 11, as adopted by the local building jurisdiction, including any local amendments, and OSHPD 3 amendments (per CBC Section 1.10.3) as applicable.

OSHPD will apply these provisions to any subsequent construction, alteration, movement, enlargement, repair, equipment, use and occupancy, location, maintenance, removal or demolition as required in CBC Section 1.1.3, as long as the *SPC Building* remains under OSHPD jurisdiction.

Process for *Freestanding Nonhospital Buildings* Placed Under Local Jurisdiction (Flowchart Figure 2, Items L through O)

- L. When removal of *general acute care services* will result in a *Building* being classified as a *Freestanding Nonhospital Building*, the Hospital may at its discretion transfer jurisdiction to the local enforcement agency, provided it meets the following criteria:
 - 1. It must be a *Freestanding Nonhospital Building*.
 - 2. With prior approval from the State Department of Public Health, hospital support services may be located in the building removed from acute care hospital service. Hospital support services include administrative services, central sterile supply, storage, morgue and autopsy, employee dressing rooms and lockers, janitorial and housekeeping service, and laundry. Consistent with Health & Safety Code §129730(d), the State Department of Public Health must certify to the Office that it has received and approved a plan that demonstrates how the health facility will continue to provide all basic services in the event of any emergency when the *SPC Building* may no longer remain functional. This certification must be received by the Office prior to approval of the application to remove the *SPC Building* from *general acute care service*.
 - 3. Services/systems and utilities (e.g. power, emergency power, communication/data/nurse-call systems, space-heating systems, fire alarm system, fire-sprinkler system, medical gas & plumbing systems) shall be separate and independent from those serving the buildings under OSHPD jurisdiction. See Items A.5 and A.6.
 - 4. If the *Freestanding Nonhospital Building* is adjacent to a *Detached Hospital Building* and fire-resistive-rated construction separations are required, they shall be located in the *Detached Hospital Building*. The local authority having jurisdiction may require fire-resistive-rated construction separations located in the *Freestanding Nonhospital Building*, in addition to those required in the *Detached Hospital Building*.

Figure 4 illustrates *Freestanding Nonhospital Buildings* eligible for transfer to the jurisdiction of the local enforcement agency.

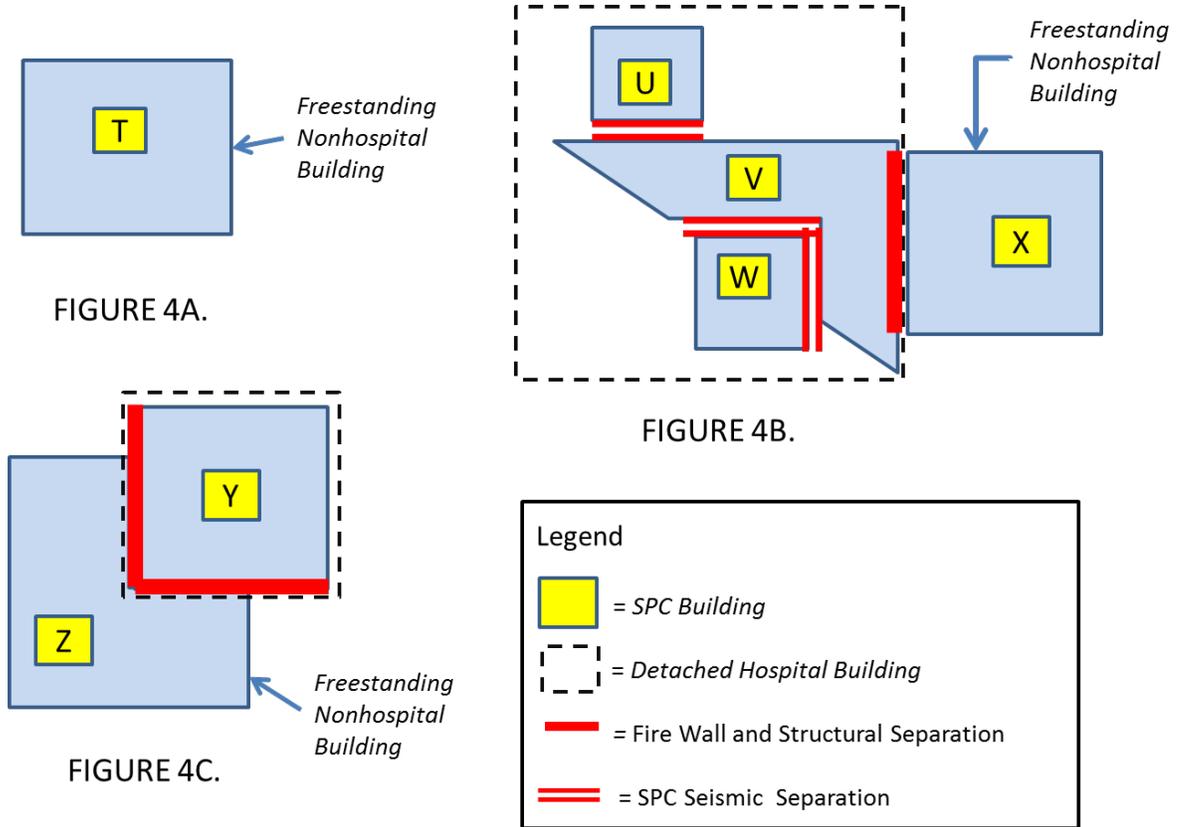


FIGURE 4

In Figure 4A, *SPC Building T* is a *Freestanding Nonhospital Building*, since it is not adjacent to another structure. It is eligible for transfer to the jurisdiction of the local enforcement agency.

In Figure 4B, *SPC Buildings U, V, and W* together form a single *Detached Hospital Building*. The *SPC Buildings U, V, and W* have independent vertical and lateral structural systems with *SPC Seismic Separations* between them, but are not separated by exterior walls and/or fire walls. If one or two of these *SPC buildings* are removed from *general acute care service*, they must remain under OSHPD jurisdiction, because they are still part of a *Detached Hospital Building* (one or more portions of the *Building* (the *SPC Buildings*) remain as a general acute care hospital). *SPC Building X*, which has a CBC compliant *Structural Separation* and fire walls between it and *SPC Building V*, is a *Freestanding Nonhospital Building* and is eligible for transfer to the jurisdiction of the local enforcement agency, provided the fire-resistive-rated construction separation is in *SPC Building V* (a *SPC Building* under OSHPD jurisdiction).

In Figure 4C, *SPC Building Y* is a *Detached Hospital Building* and *SPC Building Z* is a *Freestanding Nonhospital Building*. Although they are adjacent, they are separated by fire walls, and the *structural separation* joint between them complies with the current CBC structural provisions. *SPC Building Z* is eligible for transfer to the jurisdiction of the local enforcement agency, provided the fire-resistive-rated construction separation is in *SPC Building Y* (the *SPC Building* remaining under OSHPD jurisdiction).

- M. *Freestanding Nonhospital Buildings* meeting all the requirements of Item A and Item L are eligible for a change of jurisdiction. All other *SPC Buildings* must remain under the jurisdiction of OSHPD. It is recommended that the owner confer with the local authority having jurisdiction and identify the implications of transfer of jurisdiction of the *Freestanding Nonhospital Building* to local control.
- N. If the *Building* meets the eligibility requirements for change of jurisdiction, the hospital owner must submit a project to the Office to remove the *Building* from *general acute care service* to change jurisdiction to the local building authority, showing that all the criteria noted in Item A and Item L have been met. In addition, the owner of the building shall be responsible for bringing the *Freestanding Nonhospital Building* into compliance with all requirements of the new local authority having jurisdiction. If a *Freestanding Nonhospital Building* requires modification to become eligible for removal from OSHPD jurisdiction, all construction projects shall be closed with compliance by OSHPD prior to the change in jurisdiction. Any construction work needed to meet the requirements of Item A and Item L must be complete prior to submittal of the project to remove the *Freestanding Nonhospital Building* from acute care hospital service and OSHPD jurisdiction.
- O. Once the project submitted in Item N is closed with compliance, the *Freestanding Nonhospital Building* is removed from *general acute care service* and is transferred to the local authority having jurisdiction. The Office shall notify the hospital owner and the local authority having jurisdiction of the transfer.

Original signed	9/10/13
Paul Coleman	Date