



SUBJECT

Accessibility in Health Facilities

CAN: 2-11B

Effective: 9/09/2014



CODE SECTIONS

2013 California Building Code

CHAPTER 11B - ACCESSIBILITY TO PUBLIC BUILDINGS, PUBLIC ACCOMODATIONS, COMMERCIAL BUILDINGS AND PUBLIC HOUSING

PURPOSE

The purpose of this Code Application Notice (CAN) is to clarify code sections in the 2013 California Building Code (CBC) in order to provide consistent application of accessibility regulations as they relate to new construction and alteration of health facilities under the jurisdiction of the Office of Statewide Health Planning and Development (OSHPD).

BACKGROUND

The Division of the State Architect – Access Compliance (DSA–AC) adopts Title 24 CBC code requirements relating to accessibility for persons with disabilities. The purpose of these code requirements is to ensure that barrier-free design is incorporated in all buildings, facilities, site work, additions, alterations, and structural repairs. OSHPD enforces the DSA–AC accessibility code requirements for hospitals, skilled nursing facilities, and intermediate care facilities.

INTERPRETATIONS

Note: Code section language being clarified is shown within the boxes. In some instances, an entire code section is clarified. In other instances, specific language within the code section is clarified. For these instances, the specific language within the code section is shown in **bold underlined italics** followed by the interpretation.

CHAPTER 2 – DEFINITIONS

SECTION

202 - DEFINITIONS

ALTERATION. Any construction or renovation to an existing structure other than repair or addition.

[DSA-AC] A change, addition or modification in construction, a change in occupancy or use, or structural repair to an existing building or facility. Alterations include, but are not limited to, remodeling, renovation, rehabilitation, reconstruction, historic restoration, resurfacing of circulation paths or vehicular ways, changes or rearrangement of the structural parts or elements, and changes or rearrangement in the plan configuration of walls and full-height partitions. Normal maintenance, reroofing, painting or wallpapering, or changes to mechanical and electrical systems are not alterations unless they affect the usability of the building or facility.

INTERPRETATION

A ***change in occupancy or use*** is a change in the major activity for which the room, space, unit, or facility is intended. A *change in occupancy or use* can occur whether construction is performed or not.

Examples of a *change in occupancy or use* include the following: changing a patient bedroom to a storage room; changing a nursing service space to an administrative space; changing an intensive care unit to a perinatal unit; changing a med/surg unit to acute psych, rehab, or distinct part SNF; changing a general acute care hospital to a skilled nursing facility, etc. Changing patient bedrooms in a nursing service space from general nursing (med/surge) to antepartum and postpartum bedrooms is not a change in use.

Placing patient bedrooms in suspense without performing construction and not using the space during the period they are in suspense, is not a *change in occupancy or use* and does not initiate compliance with accessibility requirements. Placing patient bedrooms in suspense without construction and using the space for another purpose during the period they are in suspense may be a *change in occupancy or use* and may initiate compliance with accessibility requirements. For example, if the suspended patient bedroom contains an adjoining toilet room and the bedroom is used as a waiting room, the adjoining toilet room must be accessible. If the suspended patient bedroom is used as an office, the adjoining toilet room may also be required to be accessible. Removing patient bedrooms from suspense without performing construction is not a change in primary function and does not initiate compliance with accessibility requirements. However, compliance with Chapter 11B is required if construction is performed in placing patient bedrooms in suspense or removing them from suspense.

Structural repair - For the purposes of this CAN, *structural repair* is divided into two categories – structural work and nonstructural work.

Structural Work

In Attorney General’s Opinion Number 94-1109, dated May 10, 1995, the Attorney General for the State of California concluded that seismic strengthening work in an existing building constitutes a “building alteration, *structural repair* or addition” for purposes of providing access to the building for persons with disabilities. Therefore, seismic retrofit projects, *structural repair* projects, and seismic retrofit projects for the purpose of compliance with the Structural Performance Category (SPC) requirements of the 2013 California Administrative Code (CAC) and the 2013 CBC are subject to the access requirements of Section 11B-202.4.

Compliance with Section 11B-202 shall be provided as follows:

- A. Section 11B-202.4 requires the provision of: an accessible *primary entrance; toilet and bathing facilities*; drinking fountains; signs; public telephones; and an accessible *path of travel* connecting these elements throughout the building.
- B. The *specific area of alteration* shall comply with all accessibility requirements as noted in Section 11B-202.3. Note that for some *structural repair* or retrofit work, the *specific area of alteration* may not occur in a room or space intended for human occupancy. In such cases, the requirements of Section 11B-202.3, while enforceable, have no practical application. Similarly, providing a *path of travel* (see Section 11B-202.4) to such area has no practical application.
- C. The requirements of Section 11B-202 shall not be construed to require an entire building to be subject to accessibility upgrades due to a *structural repair* or retrofit project. Section 11B-202 is consistent with Section 19959 of the Health and Safety Code, which states: “Every existing public accommodation constructed prior to July 1, 1970, which is not exempted by Section 19956, shall be subject to the requirements of this chapter when any alterations, *structural repairs* or additions are made to such public accommodation. This requirement shall only apply to the area of specific alteration, *structural repair* or addition and shall not be construed to mean that the entire building or facility is subject to this chapter.” Clearly, it is not the intent of

Section 11B-202 that a *structural repair*, structural retrofit, or an addition, be construed to mean that the entire building or facility be subject to a complete accessibility upgrade.

Nonstructural Work

Projects consisting entirely of anchorage and bracing of equipment and components will not be considered a building alteration, renovation, *structural repair*, or retrofit project subject to the Attorney General's Opinion 94-1109 noted above, and therefore are not subject to the accessibility requirements of Section 11B-202.4. Similarly, seismic retrofit projects for the purpose of compliance with the Nonstructural Performance Category (NPC) requirements of the 2013 CAC and the 2013 CBC are not subject to the accessibility requirements of Section 11B-202.4.

**SECTION
202 - DEFINITIONS**

UNREASONABLE HARDSHIP. *When the enforcing agency finds that compliance with the building standard would make the specific work of the project affected by the building standard infeasible, based on an overall evaluation of the following factors:*

1. *The cost of providing access.*
2. *The cost of all construction contemplated.*
3. *The impact of proposed improvements on financial feasibility of the project.*
4. *The nature of the accessibility which would be gained or lost.*
5. *The nature of the use of the facility under construction and its availability.*

The details of any finding of unreasonable hardship shall be recorded and entered in the files of the enforcing agency.

INTERPRETATION

Two types of ***unreasonable hardship*** exist in CBC Chapter 11B. One type, as defined in Section 202, applies to all projects regardless of the construction cost of the project. The second type applies to alterations, *structural repairs*, or additions that do not exceed a valuation threshold specified in Section 11B.202.4, Exception 8.

All Projects

All projects, regardless of construction cost, are eligible for *unreasonable hardship* as defined in Section 202. Requests for *unreasonable hardship* for accessibility requirements must be submitted by the applicant to the OSHPD Regional Supervisor on OSHPD Form OSH-FD-800 "[Application for Unreasonable Hardship Exception to Accessibility Requirements](#)." Such finding of *unreasonable hardship* does not constitute a waiver from other applicable accessibility code requirements.

Unless otherwise specified in the code, *equivalent facilitation* must be provided when *unreasonable hardship* is requested and granted. Section 202 defines ***equivalent facilitation*** as "*the use of designs, products or technologies as alternatives to those prescribed, resulting in substantially equivalent or greater accessibility and usability.*" In some instances, the code specifies the *equivalent facilitation* requirements. In instances where the code does not specify the *equivalent facilitation* requirement, the applicant requesting the *unreasonable hardship* must propose the means by which *equivalent facilitation* will be achieved. The proposed *equivalent facilitation* must be submitted with the request for *unreasonable hardship*.

Alterations, Structural Repairs, or Additions Below Valuation Threshold

See Section 11B-202.4, Exception 8 in this CAN.

CHAPTER 11B - ACCESSIBILITY TO PUBLIC BUILDINGS, PUBLIC ACCOMMODATIONS, COMMERCIAL BUILDINGS AND PUBLICLY FUNDED HOUSING

DIVISION 2: SCOPING REQUIREMENTS

SECTIONS

11B-201.1 Scope. All areas of newly designed and newly constructed buildings and facilities and altered portions of existing buildings and facilities shall comply with these requirements.

11B-201.2 Application based on building or facility use. Where a site, building, facility, room, or space contains more than one use, each portion shall comply with the applicable requirements for that use.

11B-202.2 Additions. Each addition to an existing building or facility shall comply with the requirements for new construction *and* shall comply with Section 11B-202.4.

11B-202.3 Alterations. Where existing elements or spaces are altered, each altered element or space shall comply with the applicable requirements of *Division 2, including Section 11B-202.4.*

Exceptions:

2. ***Technically infeasible.*** In alterations, where *the enforcing authority determines* compliance with applicable requirements is technically infeasible, the alteration shall *provide equivalent facilitation or* comply with the requirements to the maximum extent feasible. *The details of the finding that full compliance with the requirements is technically infeasible shall be recorded and entered into the files of the enforcing agency.*

11B-202.3.3 Alteration of single elements. *If alterations of single elements, when considered together, amount to an alteration of a room or space in a building or facility, the entire room or space shall be made accessible.*

INTERPRETATION

Chapter 11B of the 2013 CBC requires all areas of newly constructed buildings and facilities and *altered portions* of existing buildings to be accessible and be served by an *accessible route*. Each portion of a room or space shall comply with the requirements for the use associated with that portion of the room or space. Alterations to existing facilities must include an *accessible path of travel* to the altered area including the elements that shall comply with Section 11B-202.4.

*Alteration of **single elements*** shall comply with the applicable requirements of Division 2 for that element. Alteration of a *single element* does not constitute an *altered space* and does not trigger *path of travel requirements* in and by itself. When multiple elements are altered in the same space, the entire room or space shall be made accessible, including *path of travel requirements* in compliance with Section 11B-202.4.

Example: The addition (or alteration) of an electrical outlet in a patient room is considered a single element and that outlet must be located within the reach range as required by Section 11B-308.1.2. A *single element* does not trigger Section 11B-202.4, and Exception 7 is not relevant. If the project includes alteration of other elements as well, then these are no longer “single” elements as addressed in Section 11B-202.3.3. These would then constitute an *altered space*.

Each **altered element or space** is relevant to projects occurring within the confines of a space(s) or room(s), or projects not occurring within the confines of a space(s) or room(s) as described below:

1. For projects that occur within the confines of a space(s) or room(s), the *altered element or space* is the entire altered space(s) or room(s).

Example: A project proposes to replace the ceiling in the entrance lobby of a hospital. The *altered element or space* is the entire entrance lobby. As required by Section 11B-202.3, the entire lobby must meet the requirements of Chapter 11B Division 2, including Section 11B-202.4 for *path of travel* requirements to the *specific area of alteration*.

A room or area outside of the *specific area of alteration* is **not** required to be made accessible, even if it is a required element of the unit in which the work is proposed.

Example: A project proposes to alter two CT scan rooms. The work will include equipment replacement, new flooring, new ceiling work, and modifications to the mechanical and electrical systems. The *altered element or space*, and the *specific area of alteration*, is the two CT scan rooms. A dressing room elsewhere in the same radiological/imaging service space is not within the *specific area of alteration*; therefore accessibility of the dressing room is not required as part of the proposed project. Note that a dressing room is not a *toilet or bathing facility* that serves the area of alteration. See Section 11B-202.4, item 2 in this CAN.

2. For projects not occurring within the confines of a space(s) or room(s), the *altered element or space* and the “*specific area of alteration*” shall be defined by the physical area in which work is to occur. In some cases the *specific area of alteration* is best described as a series of specific areas that may or may not be physically connected.

Example: A facility proposes to replace several of the windows and doors in a hospital. This type of replacement project affects a small portion of many rooms within a building. The *specific area of alteration* may be the immediate area of construction at each individual window and each individual door. Therefore, in this example, the *altered element or space* is a small portion of several different rooms. The requirements of Division 2 apply to each door, door hardware, and each window. Section 11B-202.4 requires an accessible *path of travel* to each individual door and window being replaced; an accessible *primary entrance*; and *toilet and/or bathing facilities*, drinking fountains, signs and telephones *servicing the area*.

Example: A facility proposes to repair various fire/life safety deficiencies in a hospital. The scope of the project includes many locations throughout the hospital where fire dampers are added and wall penetrations are sealed (i.e. not eligible for Section 11B-202.4, Exception 7). Much of the proposed work occurs above the ceiling, but some work occurs below the ceiling. In this example, the *altered element or space* shall be defined as the immediate area of construction work, whether above the ceiling or below. The *altered element or space* does not automatically become the entire room in which a small repair occurs. In this case, a small portion of the rooms are being altered, and the *altered element or space* is the immediate area in which alteration work occurs. If any of the proposed work affects any accessibility requirements, it shall be made to comply with those requirements. In this example, it is probable that there would be no requirements that would be affected by fire damper and penetration sealing work. However, as required by Section 11B-202.4, this project shall provide an accessible *primary entrance*; and *toilet and bathing facilities*, drinking fountains, signs and public telephones *servicing the area*.

Note: For projects without a well-defined *specific area of alteration*, the facility may provide the required accessibility features (*path of travel*, accessible *toilet and bathing facilities*, drinking fountains, signs and public telephones) in a central location.

Technically infeasible does not mean a financial or operational inconvenience. It is defined in CBC Section 202: “An alteration of a building or a facility that has little likelihood of being accomplished because the existing structural conditions require the removal or alteration of a load-bearing member that is an essential part of the structural frame, or because other existing physical or site constraints prohibit modification or addition of elements, spaces or features which are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility.”

If full compliance with the minimum requirements is found to be *technically infeasible*, the alteration shall include *equivalent facilitation* or comply with the requirements to the maximum extent possible. Under *equivalent facilitation* the project must result in substantially equivalent or greater accessibility and usability. The definition in CBC Section 202 includes the following note: “In determining equivalent facilitation, consideration shall be given to means that provide for the maximum independence of persons with disabilities while presenting the least risk of harm, injury or other hazard to such persons or others.”

SECTION

11B-202 Existing buildings and facilities

11B-202.4 Path of travel requirements in alterations, additions and structural repairs.

When alterations or additions are made to existing buildings or facilities, an accessible path of travel to the specific area of alteration or addition shall be provided. The primary accessible path of travel shall include:

1. A primary entrance to the building or facility,
2. Toilet and bathing facilities serving the area,
3. Drinking fountains serving the area,
4. Public telephones serving the area, and
5. Signs.

INTERPRETATION

For the purposes of this CAN, the **specific area of alteration** is equivalent to the *altered element or space* described in Section 11B-202.3 in this CAN.

The language “*primary accessible path of travel shall include*” indicates that, in most projects, accessibility must be demonstrated and/or provided outside of the *specific area of alteration* as required by Section 11B-202.4. Every project subject to the requirements of Section 11B-202.4 shall demonstrate compliance for a *primary entrance*; *primary path of travel* to the specific area; and toilet and/or bathing facilities, drinking fountains, signs, and public telephones *serving the area*. These elements are required pursuant to Section 11B-202 and yet they may be located outside of the *specific area of alteration*.

Path of travel as defined in CBC Section 202: “An identifiable accessible route within an existing site, building or facility by means of which a particular area may be approached, entered and exited, and which connects a particular area with an exterior approach (including sidewalks, streets and parking areas), an entrance to the facility, and other parts of the facility. When alterations, structural repairs or additions are made to existing buildings or facilities, the term “path of travel” also includes the toilet and bathing facilities, telephones, drinking fountains, and signs serving the area of work.”

Primary entrance is the “primary entry” defined in Section 202, which states: “Primary Entry. The principal entrance through which most people enter the building, as designated by the building official.” For the purposes of this CAN, the *primary entrance* is equivalent to the “primary entry.”

Toilet and bathing facilities serving the area must meet the requirements of Section 11B-213 and include those required for each user group as stipulated in Section 11B-213.1.1 which states: “Where separate

toilet facilities are provided for the exclusive use of separate user groups, the toilet facilities serving each user group shall comply with Section 11B-213.”

The California Plumbing Code (CPC) Section 422.2.1 [OSHPD 1, 2, 3 & 4] requires: “*Separate toilet facilities shall be provided for the use of patients, staff personnel and visitors.*” Consequently, if the area of work serves more than one of these user groups, each user group served must have accessible toilets as a part of the *path of travel* requirements.

Example: An alteration of an Imaging Department, including outpatient services, will require an accessible patient toilet serving the specific altered space, men’s and women’s staff toilets serving the department, and men’s and women’s public/visitor toilets serving the waiting area.

Example: An alteration of a “non-accessible” patient room within a nursing unit will require accessible men’s and women’s staff toilets serving the nursing unit, and men’s and women’s public/visitor toilets on the *path of travel* from the main entrance. Note that in nursing units, patient rooms are already segregated into those requiring accessible patient facilities and those that are not required to have accessible facilities. Consequently, the patient toilet serving the non-accessible patient room may not need to be made accessible. In all other service areas, patient toilets are *common use* facilities for all patients and thus are required to be accessible. Note that this code application is not intended to countermand the requirements of Section 11B-223.2.1 for the minimum number of accessible patient rooms. Refer to the application under Section 11B-223.1.1 for facilities that do not currently comply with Section 11B-223.2.1.

Example: An alteration of an area limited to staff personnel only, such as Central Sterile Supply, will only have one user group. Thus only the men’s and women’s staff toilets *servicing the area* are required to be accessible.

Toilet and bathing facilities are regulated in Section 11B-213 and include toilet rooms and bathing rooms. “Toilet room” is defined in CPC Section 222.0 as: “*A room within or on the premises containing water closets, urinals, and other required facilities.*”

Servicing the area is specific to those *toilet and bathing facilities* that are most directly related to the area of alteration. *Toilet and bathing facilities* are not required to be on the immediate *path of travel* to the area to be considered as *servicing the area*, but they must be within a reasonable distance of the area. In no case shall the distance exceed 200 feet of travel or more than one floor above or below the area for access to staff toilets. Note that some departments such as Surgery and Dietary require dedicated staff toilets that may not be shared with other departments and therefore the 200 foot rule does not apply.

Example: A nurse’s station is remodeled on the first floor of a hospital, but the toilet rooms for those nurses are not accessible and are located on the second floor. As a result of this remodel project, the inaccessible toilet rooms must be made accessible, because they are the only staff toilet facilities within a reasonable distance that serve the area.

Example: Alternately, given the same situation as in the example above, the facility could choose to provide new accessible toilet rooms to serve that specific nurses’ station on the same floor and in close proximity to the remodeled nurses’ station. In this case, they would not be required to upgrade the toilet rooms on the second floor, because they would be providing new toilet rooms to serve the area on the first floor.

When there is more than one toilet facility that is within a reasonable distance from the *specific area of alteration* and each can be considered as *servicing the area*, only one of each required toilet facility must be made accessible. The facility may designate the toilet facilities that will be considered as *servicing the area*

as long as they are within a reasonable distance, even if they are located further from the *specific area of alteration* than other sanitary facilities.

Example: A pharmacy remodel project on the second floor of a hospital requires that accessible toilet rooms be provided (both male and female) for the public, as well as separate accessible toilet rooms for staff. Accessible public toilet rooms (both male and female) are already available approximately 80 feet away, which satisfies Section 11B-202.4.2 for public use. The existing staff toilet rooms within the pharmacy are not accessible, but there are also accessible separate male and female staff toilet rooms on the first floor, with a total distance to the *specific area of alteration* of 120 feet (including elevator travel). However, in this case the facility may not designate the first floor staff toilet rooms as “*servicing the specific area of alteration*” for the purpose of this remodel project as this is not “convenient access” from the pharmacy as required by CBC Section 1224.19.1.2 and thus additional construction work to provide accessible staff toilets will be required.

SECTION

11B-202 Existing buildings and facilities

11B-202.4 Path of travel requirements in alterations, additions and structural repairs.

Exceptions:

4. Alterations solely for the purpose of barrier removal undertaken pursuant to the requirements of the Americans with Disabilities Act (Public Law 101-336, 28 C.F.R., Section 36.304) or the accessibility requirements of this code as those requirements or regulations now exist or are hereafter amended consisting of one or more of the following items shall be limited to the actual scope of work of the project and shall not be required to comply with Section 11B-202.4.

INTERPRETATION

Projects consisting solely of ADA barrier removal in response to court-ordered remediation might not necessarily result in compliance with CBC Chapter 11B. In this case, these areas may not be designated as “accessible”, and may not be used in meeting accessibility requirements or path-of-travel requirements for any subsequent projects in the area. Non-compliance with Chapter 11-B must be clearly indicated in the barrier removal documents and signage to truly accessible facilities must be added where necessary.

SECTION

11B-202 Existing buildings and facilities

11B-202.4 Path of travel requirements in alterations, additions and structural repairs.

Exceptions:

7. Projects consisting only of heating, ventilation, air conditioning, reroofing, electrical work not involving placement of switches and receptacles, cosmetic work that does not affect items regulated by this code, such as painting, equipment not considered to be a part of the architecture of the building or area, such as computer terminals and office equipment shall not be required to comply with Section 11B-202.4 unless they affect the usability of the building or facility.

INTERPRETATION

The phrase “***projects consisting only of***” shall be understood to allow work that is incidental to projects covered under Section 11B-202.4, Exception 7. For example, an HVAC replacement project may require incidental electrical work as well as incidental support and anchorage work associated with the HVAC equipment. This incidental work shall be considered part of the equipment replacement project and will

not initiate compliance with accessibility requirements. Projects consisting only of fire sprinkler alterations, of fire alarm systems, or of nurse call systems qualify for Exception 7.

Part of the architecture of the building.

Replacement of Fixed Equipment (e.g. Imaging Equipment) - Permanently secured imaging equipment is considered *part of the architecture of the building*; therefore, projects consisting solely of the replacement of imaging equipment are not eligible for Exception 7.

Mobile Equipment - Equipment that is designed to be mobile and can be easily moved from one room to another is not considered *part of the architecture of the building*; and therefore, is eligible for Exception 7.

SECTION

11B-202 Existing buildings and facilities

11B-202.4 Path of travel requirements in alterations, additions and structural repairs

Exceptions:

8. When the adjusted construction cost is less than or equal to the current valuation threshold, as defined in Chapter 2, Section 202, the cost of compliance with Section 11B-202.4 shall be limited to 20 percent of the adjusted construction cost of alterations, structural repairs or additions. When the cost of full compliance with Section 11B-202.4 would exceed 20 percent, compliance shall be provided to the greatest extent possible without exceeding 20 percent.

When the adjusted construction cost exceeds the current valuation threshold, as defined in Chapter 2, Section 202, and the enforcing agency determines the cost of compliance with Section 11B-202.4 is an unreasonable hardship, as defined in Chapter 2, Section 202, full compliance with Section 11B-202.4 shall not be required. Compliance shall be provided by equivalent facilitation or to the greatest extent possible without creating an unreasonable hardship; but in no case shall the cost of compliance be less than 20 percent of the adjusted construction cost of alterations, structural repairs or additions. The details of the finding of unreasonable hardship shall be recorded and entered into the files of the enforcing agency and shall be subject to Chapter 1, Section 1.9.1.5, Special Conditions for Persons with Disabilities Requiring Appeals Action Ratification.

For purposes of this section, the adjusted construction cost of alterations, structural repairs or additions shall not include the cost of alterations to path of travel elements required to comply with Section 11B-204.

INTERPRETATION

The **adjusted construction cost** shall be provided by the applicant as either an estimate of construction costs or as an actual contract amount and shall include the cost of fixed equipment, imaging equipment, and the fair market value of any labor or materials provided by the owner. The construction cost shall exclude design fees, inspection fees, and off-site work in accordance with California Administrative Code (CAC) Section 7-111. Note that Exception 8 defines “adjusted” as not inclusive of the cost of alterations to *path of travel* elements required to comply with Section 11B-202.4.

Applicants may file a request for *unreasonable hardship* (see definition and application under Section 202) if the cost of upgrading all the elements listed above exceeds 20 percent of the project cost without these elements. The request must be submitted on OSHPD Form OSH-FD-800 “[Application for Unreasonable Hardship Exception to Accessibility Requirements.](#)” The applicant must submit the request to the Regional Supervisor and must substantiate the hardship with detailed construction cost estimates. If the *unreasonable hardship* request is approved, a minimum of 20 percent of the project cost without

accessible features is required to be spent on accessible features. Applicants may use the Comment and Process Review (CPR) procedure when OSHPD denies a hardship request.

SECTIONS

11B-203 General exceptions

11B-203.1 General. Sites, buildings, facilities, and elements are exempt from these requirements to the extent specified by 11B-203.

11B-203.9 Employee work areas. Spaces and elements within employee work areas shall only be required to comply with *Sections 11B-206.2.8, 11B-207.1, and 11B-215.3* and shall be designed and constructed so that individuals with disabilities can approach, enter, and exit the employee work area.

INTERPRETATION

General exceptions to the accessibility requirements are identified in Section 11B-203 and are exempt from these requirements only to the extent specified by Section 11B-203. The exception(s) are provided under specific requirements. Unless there is an exception, each space and/or element must be made accessible in compliance with Chapter 11B.

Employee work area is defined in Section 202 as: “All or any portion of a space used only by employees and only for work. Corridors, toilet rooms, kitchenettes and break rooms are not employee work areas.” Specific *employee work areas* in health facilities include, but are not limited to: nurse sub-stations, operating room tables, counters in clinical laboratories, imaging equipment, control/*workstations* in imaging rooms, and housekeeping rooms. For imaging equipment, the aisle width requirements shall apply to only those sides of the equipment where staff typically work to provide medical care to patients, including assisted transfer onto and off of the apparatus table. Section 11B-206.2.8 requires *common use* circulation paths within work areas shall comply with Section 11B-402.

Employee for the purpose of this Code Application Notice is interchangeable with the term “staff personnel” as used in CPC Section 422.2.1 and includes: employees, personnel, Full Time Equivalents (FTEs), hospital volunteers, medical staff, administrative staff, technical staff, service staff, security staff, etc. Note that the term “patient” includes inpatients and outpatients. “Ambulatory outpatients” are considered “the public” until they are received into the particular outpatient service department they are seeing. The term “visitor” is interchangeable with the term “public” and includes guests, family members and friends of patients, law enforcement, ambulance drivers, members of the public and “outpatients” on their way to an outpatient department, etc.

Common use is defined in Section 202 as: “*Interior or exterior circulation paths, rooms, spaces or elements that are not for public use and are made available for the shared use of two or more people.*” *Common use* circulation paths, rooms, spaces and elements must be made accessible. See Section 11B-223.2.

Workstation is defined in Section 202 and generally is for one employee or a small number of employees. Therefore, a specific *workstation* is not typically interpreted as an entire room. *Employee workstations* would include spaces where a single staff member works such as an imaging technician’s control booth, block and mold rooms, hot lab, etc. A satellite nurse station may be considered an *employee work area*. Reception desks, nurse stations, clean and soiled utility rooms, clean linen storage, and nourishment areas are generally used by multiple medical staff and considered *common use* and not *employee work areas*. Consequently these areas, including built-in cabinets and handwashing fixtures, must be fully compliant with relevant sections in Chapter 11B.

SECTIONS

11B-206 Accessible routes

11B-206.1 General. Accessible routes shall be provided in accordance with Section 11B-206 and shall comply with *Division 4*.

11B-206.4.10 Medical care and long-term care facilities. *Weather protection by a canopy or roof overhang shall be provided at a minimum of one accessible entrance to licensed medical care and licensed long-term care facilities where the period of stay may exceed twenty-four hours. The area of weather protection shall include the passenger loading zone complying with Section 11B-209.3 and the accessible route from the passenger loading zone to the accessible entrance it serves.*

INTERPRETATION

Section 11B-206.4.10 requires a **minimum of one accessible entrance** to be provided with weather protection, passenger loading zone, and vehicle pull-up space. The code does not require more than one entrance with these features.

1. The protected accessible entrance is not required to be the *primary entrance* to the facility.
2. Only the passenger loading zone is required to be protected from the weather. The vehicle pull-up space is not required to be protected from the weather.
3. For existing buildings that do not have a protected accessible entrance, projects subject to Section 11B-202 are not required to provide one. A protected accessible entrance is required when an addition is proposed for a facility that does not have an existing protected accessible entrance. The protected accessible entrance may be provided at the addition or at an appropriate location in the existing building.

SECTIONS

11B-223 Medical care and long-term care facilities

11B-223.1 General. In licensed medical care facilities and licensed long-term care facilities where the period of stay exceeds twenty-four hours, patient *bedrooms* or resident sleeping rooms shall be provided in accordance with *Sections 11B-223 and 11B-805*.

11B-223.2 Hospitals, rehabilitation facilities, psychiatric facilities and detoxification facilities. *Hospitals, rehabilitation facilities, psychiatric facilities and detoxification facilities shall comply with Section 11B-223.2. All public use and common use areas shall be accessible in compliance with this chapter.*

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 shall be dispersed in a manner that is proportionate to the type of medical specialty.*

11B-223.2.2.2 Facilities specializing in treating conditions that affect mobility. In facilities specializing in treating conditions that affect mobility, 100 percent of the patient *bedrooms* shall provide mobility features complying with *Section 11B-805*.

11B-223.2.3 On-call rooms. *Where physician or staff on-call sleeping rooms are provided, at least 10 percent, but no fewer than one, of the on-call rooms shall provide mobility features complying with Sections 11B-806.2.3, 11B-806.2.4 and 806.2.6.*

11B-223.3 Long-term care facilities. In licensed long-term care facilities, *including skilled nursing facilities, intermediate care facilities and nursing homes*, at least 50 percent, but no fewer than one, of each type of *patient bedroom* or resident sleeping room shall provide mobility features complying with *Section 11B-805*.

INTERPRETATION

The following hospital patient bedrooms and their associated toilet rooms are subject to the 10 percent requirement indicated in Section 11B-223.2.1 above:

- Nursing Service Space patient bedrooms (general acute care bedrooms).
- Labor/delivery/recovery/postpartum rooms (LDRP).

Accessible patient rooms in new construction are to be dispersed in proportion to the type of medical specialty represented in the medical facility (e.g. 10 percent of medical/surgical beds, 10 percent of pediatric beds, 10 percent of post-partum beds, etc.). Only the patient bedrooms designated as accessible are required to comply with the requirements in Section 11B-805.2.

Skilled Nursing beds are subject to the 50 percent requirement. Hospital's with distinct part skilled nursing units must create/maintain at least 50 percent of bedrooms under this category as accessible. A change in bed classification from med/surg to skilled nursing must result in number of med/surg bedrooms not dropping below 10 percent and the new number of skilled nursing bedrooms must include at least 50 percent accessible rooms.

Patient bedrooms used for rehabilitation therapy must be 100 percent accessible. Any changes in bed classification must result in both prior and new classifications meeting their respective requirements.

SECTIONS**11B-223 Medical care and long-term care facilities**

11B-223.1.1 Alterations. Where *patient bedrooms or resident sleeping rooms* are altered or added, the requirements of Section 11B-223 shall apply only to the *patient bedrooms or resident sleeping rooms* being altered or added until the number of *patient bedrooms or resident sleeping rooms* complies with the minimum number required for new construction.

11B-223.1.1.1 Area alterations. *Patient bedroom or resident sleeping rooms added or altered as part of a planned renovation of an entire wing, a department, or other discrete area of an existing medical facility shall comply with Section 11B-805.2 until the number of patient bedrooms or resident sleeping rooms provided within the area of renovation complies with the minimum number required for new construction by Section 11B-223.2 or 11B-223.3.*

11B-223.1.1.2 Individual alterations. *Patient bedrooms or resident sleeping rooms added or altered individually, and not as part of an alteration of an entire area, shall comply with Section 11B-805.2, until either: a) the number of patient bedrooms or resident sleeping rooms provided in the department or area containing the individually altered or added patient bedrooms or resident sleeping rooms complies with the minimum number required if the percentage requirements of Section 11B-223.2 or 11B-223.3 were applied to that department or area; or b) the overall number of patient bedrooms or resident sleeping rooms in the facility complies with the minimum number required for new construction by Section 11B-223.2 or 11B-223.3.*

11B-223.1.1.3 Toilet and bathing facilities. *Toilet/bathing rooms which are part of patient bedrooms added or altered and required to be accessible shall comply with Section 11B-805.2.4.*

INTERPRETATION

When patient bedrooms are added or altered, the requirements of Section 11B-223.1.1 shall apply to only the patient bedrooms being added or altered and shall be consistent with the percentages required by Section 11B-223.2.1, 11B-223.2.2, or 11B-223.3.

Example: In a hospital with 100 acute care bedrooms, of which only 5 are currently accessible, 20 acute care patient bedrooms are proposed to be altered in the obstetrics department.

As required by Section 11B-223.1.1.1, two of the altered acute care bedrooms must be made accessible (10 percent of 20 acute care bedrooms). As a result, the facility would then have 7 percent of the acute care patient bedrooms accessible. Future remodel projects would continue to be subject to the 10 percent requirement, until the 10 percent requirement for the entire facility has been met.

If an existing facility is already in compliance with the percentages required by Section 11B-223.2 or 11B-223.3 as calculated for the entire building, then future remodel projects are not required to provide accessibility beyond the percentages required in Sections 11B-223.2 and 11B-223.3.

Example: In a hospital with 100 acute care bedrooms of which 10 are currently accessible, 20 existing acute care obstetrics patient bedrooms are proposed to be altered.

None of the altered obstetrics patient bedrooms need to be made accessible, because the facility can already demonstrate facility-wide compliance. In this case the dispersion requirement in Section 11B-223.2.1 does not trigger additional accessible rooms that would result in exceeding the minimum requirement for the building. Note that the project may not remove accessible patient bedrooms from service if the result would be to drop below the 10 percent requirement.

The requirements in Sections 11B-223.2 and 11B-223.3 are to be calculated independently of each other. For example, an excess of long-term care bedrooms (50 percent required to be accessible) shall not be used to compensate for a lack of general acute care bedrooms (10 percent required to be accessible).

Example: In a hospital with 100 bedrooms, 80 bedrooms are acute care, of which 5 are accessible, and 20 bedrooms are in a distinct part skilled nursing facility (SNF) of which all 20 are currently accessible. The facility proposes to remodel 20 of the acute care patient bedrooms, none of which are currently accessible.

Two of the 20 remodeled bedrooms must be made accessible to meet the 10 percent requirement (10 percent of acute care bedrooms being remodeled). The fact that the facility has exceeded the 50 percent requirement for long-term care patient bedrooms, does not allow the facility to provide less than 10 percent of accessible patient bedrooms in acute care. As a result, the facility would then have 7 accessible acute care bedrooms out of 80, still short of the 10 percent requirement. Future remodel projects would continue to be subject to the 10 percent requirement, until the 10 percent acute care standard has been met.

The requirements in Section 11B-223 are based on patient bedrooms, not patient beds. Placing more than one bed in a patient bedroom does not affect the requirements of Section 11B-223.2 or 11B-223.3.

DIVISION 6: PLUMBING ELEMENTS AND FACILITIES

SECTION

11B-604 Water closets and toilet compartments

11B-604.3.2 Overlap. The required clearance around the water closet shall be permitted to overlap the water closet, associated grab bars, dispensers, sanitary napkin disposal units, coat hooks, shelves, accessible routes, clear floor space and clearances required at other fixtures, and the turning space. No other fixtures or obstructions shall be located within the required water closet clearance.

INTERPRETATION

Showers are *fixtures* including a 30 inch x 60 inch clear receptor with a minimum/maximum slope of $\frac{1}{4}$ inch per foot to a drain (refer to CPC Section 408.5 and CBC Section 11B-608.9), and a threshold, between the shower receptor and the fixture clearance provided outside the shower (CBC Section 11B-608.2.2.1) with a maximum height of $\frac{1}{2}$ inch (CBC Section 11B-608.7). The required clearance around a water closet may overlap the clearance required outside the shower but not overlap the shower *fixture* threshold or receptor.

SECTION

11B-604 Water closets and toilet compartments

11B-604.5 Grab bars.

11B-604.5.2 Rear Wall. The rear wall grab bar shall be 36 inches (914 mm) long minimum and extend from the centerline of the water closet 12 inches (305 mm) minimum on one side and 24 inches (610 mm) minimum on the other side.

Exceptions:

2. Where an administrative authority requires flush controls for flush valves to be located in a position that conflicts with the location of the rear grab bar, then the rear grab bar shall be permitted to be split or shifted to the open side of the toilet area.

INTERPRETATION

CBC Section 1224.14.2.7 requires the provision of a flushing-rim clinical sink in the soiled utility room of a nursing unit. There is an allowance to eliminate the clinical sink if facilities for cleaning bedpans are provided elsewhere. CPC Table 4-2 Footnote 14 allows the clinical sink to be deleted if all bedrooms in the nursing unit are provided with adjoining toilets with bedpan flushing devices.

Patient toilet rooms with bedpan flushing devices are an allowance, not a requirement. If this approach is pursued, the bedpan flushing device shall not be a unit that results in the need to split or offset the rear grab bar. Section 11B-604.5.2 Exception 2 is not available to accommodate bedpan flushing devices. The gripping surface of the grab bar must be available for the entire 36-inch length without interruption.

DIVISION 8: SPECIAL ROOMS, SPACES, AND ELEMENTS

SECTIONS

11B-805 Medical care and long-term care facilities

11B-805.2 Patient bedrooms and resident sleeping rooms. *Patient bedrooms and resident sleeping rooms required to provide mobility features shall comply with Section 11B-805.2*

11B-805.2.4 Toilet and bathing rooms. *Toilet and bathing rooms that are provided as part of patient bedrooms and resident sleeping rooms complying with Section 11B-223.2 or 11B-223.3 shall comply with Section 11B-603. Where provided, one water closet, one lavatory, and one bathtub or shower shall comply with the applicable requirements of Sections 11B-603 through 11B-610.*

INTERPRETATION

Required to provide mobility features means those patient bedrooms intended to meet the requirements of Section 11B-223.2 or 11B-223.3. Accessible patient amenities such as the turning radius, door maneuvering areas, their toilet/bathing room and their wardrobe are dependent upon whether it is an “accessible room” required to provide mobility features, or not. The 18 inch strike-side clearance and 5 feet deep maneuvering clearance are not required at the patient room door in a “non-accessible room,” as one not required to provide mobility features. Handwashing fixtures located in non-accessible rooms must still comply with Section 11B-805.6. These are primarily for staff use. Staff access to both sides of the patient is a functional requirement of Section 1224.14.1.2, and not dependent upon Section 11B-805.4.1.

Patient ***toilet and bathing rooms*** that are accessed from patient bedrooms that are not required to provide mobility features are not subject to the accessibility requirements of Section 11B-805.2.4 or Section 11B-603. Although these rooms are not required to comply with Section 11B-603, CBC Section 1224.4.18 requires that “*each toilet, bathtub and shower serving patients shall have conveniently placed grab bars.*” These non-accessible grab bars are only required to be compliant with Section 11B-609. Also note that patient toilet rooms that are part of Intensive Care Unit (ICU) rooms are not required to comply with Section 11B-603. Section 11B-223.1, Exception states: “Toilet rooms that are part of critical or intensive care patient sleeping rooms shall not be required to comply with *Section 11B-603.*”

Modular (cabinet) toilets allowed under CBC Section 1224.29.1.4 for ICUs are not required to have grab bars. These units are not intended as normal patient toileting facilities but as equipment in support of patient care assessment within an ICU setting.

All doors to patient toilet rooms “*shall be equipped with hardware which will permit the door to swing outward or in a manner to negate the need to push against a patient who may have collapsed within the toilet room*” per CBC Section 1224.4.8.1. The operable parts requirements in Section 11B-309 and the maneuvering clearances and clear space requirements in Section 11B-404.2.4 apply only to the normal use of doors required to be accessible and not to the emergency breakaway function.

SECTION

11B-805 Medical care and long-term care facilities

11B-805.4 Examination, diagnostic and treatment rooms. *Examination, diagnostic and treatment rooms shall comply with Section 11B-805.4.*

INTERPRETATION

Examination, diagnostic and treatment rooms refer to all patient care areas and include but are not limited to: exam rooms, treatment rooms, imaging rooms, operating rooms, emergency rooms, post anesthesia recovery rooms/units, dialysis rooms/units, infusion rooms/units, labor/delivery/recovery rooms and observation rooms/units. All *examination, diagnostic and treatment rooms* shall be accessible. Toilet rooms that are accessed from an *examination, diagnostic or treatment room* shall also be accessible. Note that all patient toilet rooms, other than those specifically exempted (i.e. non-accessible patient rooms and ICU patient rooms), must comply with Section 11B-603.

SECTIONS

11B-805 Medical care and long-term care facilities

11B-805.4.1 Beds, exam tables, procedure tables, gurneys and lounge chairs. *A 36-inch (914 mm) minimum wide clear space shall be provided along the full length of each side of beds, exam tables, procedure tables, gurneys and lounge chairs.*

Exception: *General exam rooms in non-emergency settings may provide clear space on only one side of beds, gurneys and exam tables.*

11B-805.4.2 Equipment. *Clear space complying with Section 11B-305.2 shall be provided as required for specific equipment.*

11B-805.4.3 Turning space. *Turning space complying with Section 11B-304 shall be provided within the room.*

INTERPRETATION

All patient care areas must provide access to the area and to the bed, exam table, procedure table, gurney, lounge chair and/or equipment/apparatus associated with the delivery of care, exam, diagnosis or treatment performed in the space. Access includes compliance with Division 4 of Chapter 11B for travel to, and circulation within, the patient care area; and turning space in compliance with Section 11B-304. A minimum of a 36-inch wide access shall be provided to and along each side of the bed, exam table, procedure table, gurney, lounge chair and/or equipment/apparatus. "Each side" includes both sides and the foot, but does not include the head unless the provision of care requires it. Refer to the following examples:

Exam room - *Exam rooms* are required to provide a turning space, accessible handwashing fixture, and 36-inch wide access along the full length of each side and the foot of the exam table. The exception is in reference to general *exam rooms* only. These are restricted to those meeting the definition of *exam room* in CBC Section 1224.3. Specific exam rooms required to be larger than 80 square feet are not considered "general exam rooms" and are not eligible for the exception.

Treatment room - *Treatment rooms* are required to provide a turning space, accessible handwashing fixture, accessible counter and writing surface, and 36-inch wide access along the full length of each side and foot of the treatment table. If the treatment room is intended to accommodate procedures requiring access to the head (e.g. minor surgery, etc.), all four sides of the table require 36-inch wide access.

Equipment - *Exam or treatment rooms* with equipment such as imaging must provide a turning space, accessible handwashing fixture if required, and 36-inch wide access to both sides and the foot of the table. The head of the equipment does not require the 36-inch access if only used for servicing.

SECTION

11B-805 Medical care and long-term care facilities

11B-805.6 Handwashing fixtures, lavatories and sinks. *All handwashing fixtures, lavatories and sinks shall comply with Section 11B-606.*

Exception: *Scrub sinks, as defined in California Plumbing Code Section 221.0, shall not be required to comply with Section 11B-606.*

INTERPRETATION

The requirements of Section 11B-606 apply to all lavatories, sinks, and handwashing fixtures for public use, patient use, and employee use, unless otherwise specifically exempted by the code. Lavatories, sinks, and handwashing fixtures are *common use* areas and therefore, require accessibility.

Exceptions:

- Scrub sinks (due to impracticality)
- Specific *workstations* (see Section 11B-203.9). This applies only where the sink is the actual *workstation*.

Example: A sink used exclusively for cleaning endoscopes. The sink is the actual area where work is performed as opposed to a place where the employee cleans up before and after performing work elsewhere in the room.

Knee clearance requirement - All accessibility requirements of Section 11B-606 apply to lavatories, sinks, and handwashing fixtures required to be accessible. Lavatories are subject to Section 11B-306.3.3, Exception 1 which states: *“At lavatories required to be accessible by Section 11B-213.3.4, the knee clearance shall be 27 inches (686 mm) high minimum above the finish floor or ground at a depth of 8 inches (203 mm) minimum increasing to 29 inches (737 mm) high minimum above the finish floor or ground at the front edge of a counter with a built-in lavatory or at the front edge of a wall-mounted lavatory fixture.”*

This requirement applies to all lavatories. “Handwashing fixtures” are special application “sinks” and not subject to the exception. Handwashing fixtures, as sinks, are subject to Section 11B- 306.2.3, Exception 1 which states: *“The toe clearance shall extend 19 inches minimum under sinks required to be accessible by Section 11B-212.3.”*

Consequently, handwashing fixtures must have a minimum depth of 19 inches in order to comply with the minimum toe clearance. They shall also have a minimum knee clearance of 27 inches at the depth and reduction described in Sections 11B-306.3.3 and 11B-306.3.4.

SECTION
11B-805 Medical care and long-term care facilities
11B-805.7 Built-in cabinets and work surfaces. *Built-in cabinets, counters and work surfaces shall be accessible, including: patient wardrobes, nurses’ stations, administrative centers, reception desks, medicine preparation areas, laboratory work stations, equipment consoles, clean and soiled utility cabinets, and storage areas; and shall comply with Sections 11B-225 and 11B-902.*

INTERPRETATION

Built-in equipment consoles include recessed or wall mounted Electronic Medical Record (EMR) systems. These units must also comply with US Access Board *Section 508 Standards for Electronic and Information Technology*. A 30-inch by 48-inch clear floor space, in compliance with Section 11B-305, shall be centered in front of the display screen. Wall-mounted units shall comply with protrusion limits prescribed in Section 11B-307.2. Touch screen units shall be allowed to be vertically mounted with the centerline of the display screen no more than 52 inches above the floor in compliance with Section 11B-707.7.1.1. These units will need the capability of an alternate input method such as a wireless keyboard made available to those who would need it.

Original signed _____ 9/9/14
Paul Coleman Date