California Health and Human Services Agency

Department of Health Care Access and Information Gavin Newsom, Governor



2020 West El Camino Avenue, Suite 800 Sacramento, CA 95833 hcai.ca.gov

> Hospital Building Safety Board Codes and Processes Committee AGENDA May 7, 2025 10:00 a.m. – 4:00 p.m.

The Committee may not discuss or act on any matter raised during the public comment section that is not included on this agenda, except to place the matter on a future meeting agenda. (Government Code §§ 11125, 11125.7, subd. (a).)

Locations:

2020 West El Camino Ave, Conference Room 930, Sacramento, CA 95833 355 South Grand Avenue, Conference Room 2000, Los Angeles, CA 90071 Teams Meeting Access; Meeting ID: 250 857 690 419; Passcode: jr7Q6Ci6 Call in: (916) 535-0978; Phone Conference ID: 367 977 240#

- Item #1 Call to Order and Welcome Facilitator: Michael O'Connor, Principal, Nichols, Melburg & Rossetto; Committee Chair (or designee)
- Item #2 Roll Call and Meeting Advisories/Expectations Facilitator: Veronica Yuke, Supervisor, HCAI; Executive Director (or designee)
- Item #3 Update on Electronic Test, Inspection, and Observation (eTIO) Development • Discussion and public input Facilitator: Chris Davis, SE, District Structural Engineer, HCAI
- Item #4 Standard Details Update

(or designee)

Standard Details Update

Discussion and public input

Facilitator: Gary Dunger, Executive Director, Design and Construction, Cedars-Sinai Health System; Committee Member (or designee)

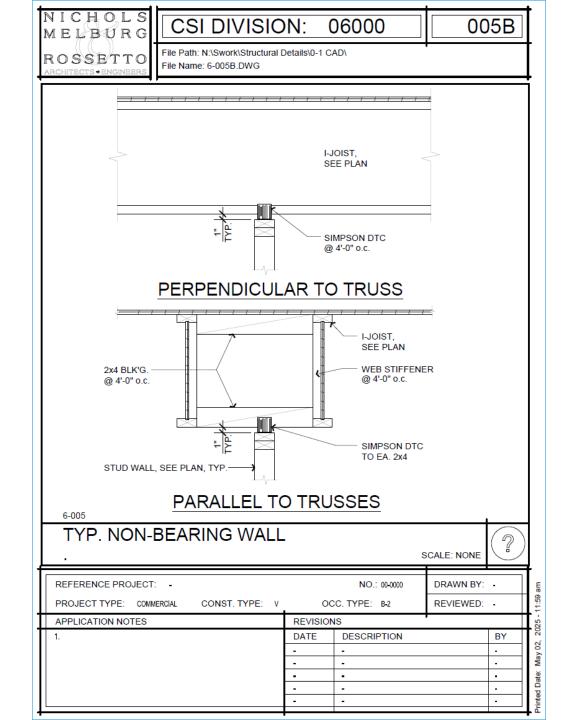
Item #1 Call to Order and Welcome Facilitator: Michael O'Connor, Principal, Nichols, Melburg & Rossetto; Committee Vice-Chair (or designee) Item #2 Roll Call and Meeting Advisories/Expectations Facilitator: Veronica Yuke, Supervisor, HCAI; Executive Director (or designee)

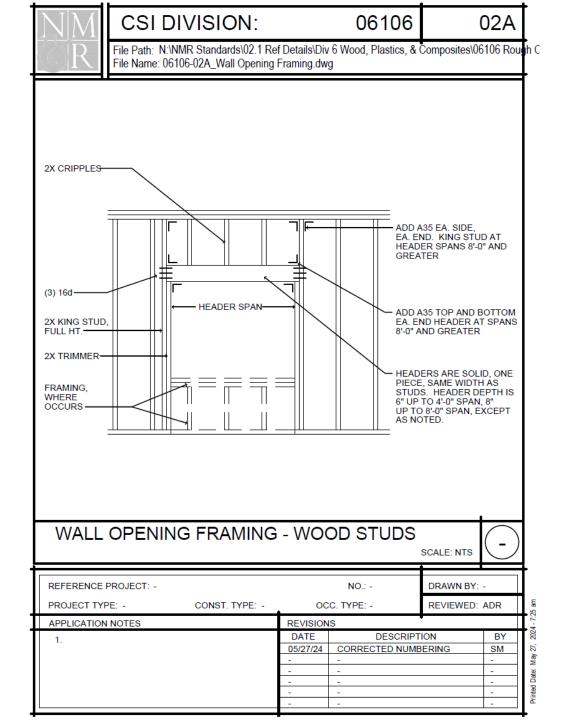
- Item #3 Update on Electronic Test, Inspection, and Observation (eTIO) Development
 - Discussion and public input Facilitator: Chris Davis, SE, District Structural Engineer, HCAI (or designee)

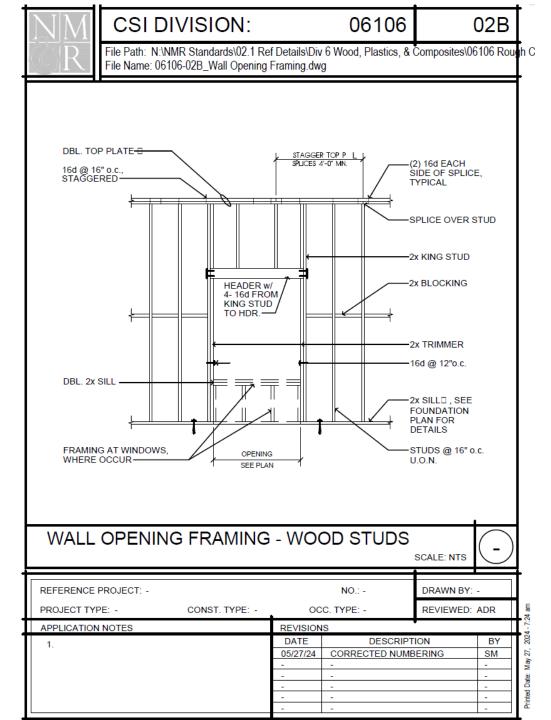
Item #4

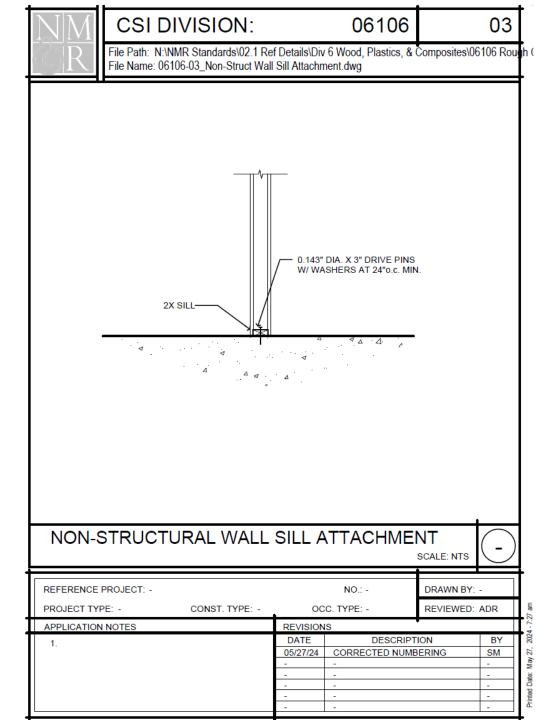
Standard Details Update

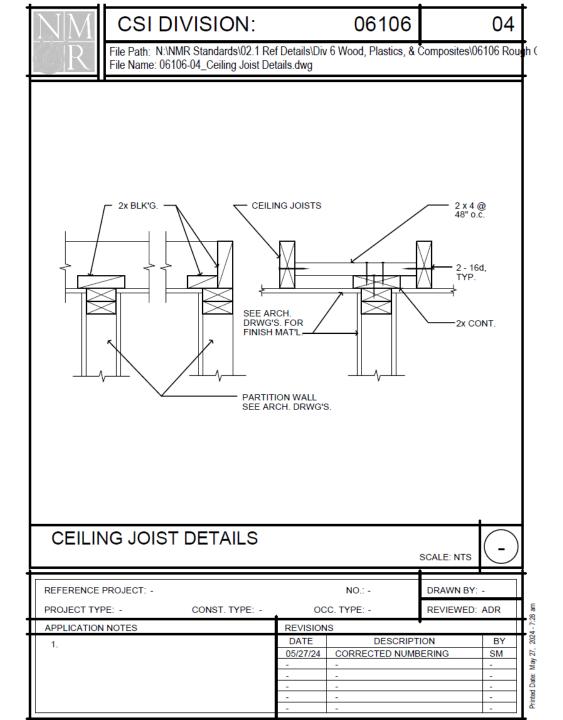
• Discussion and public input Facilitator: Gary Dunger, Executive Director, Design and Construction, Cedars-Sinai Health System; Committee Member (or designee)

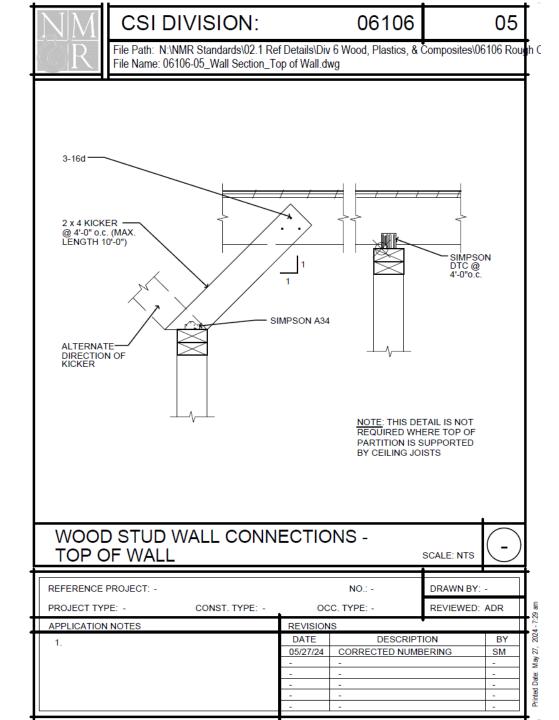












CSI DIVISION:

06106

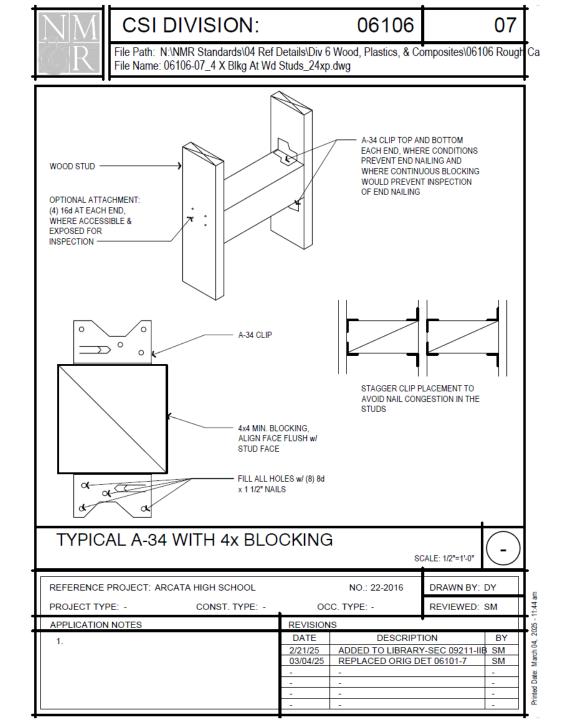
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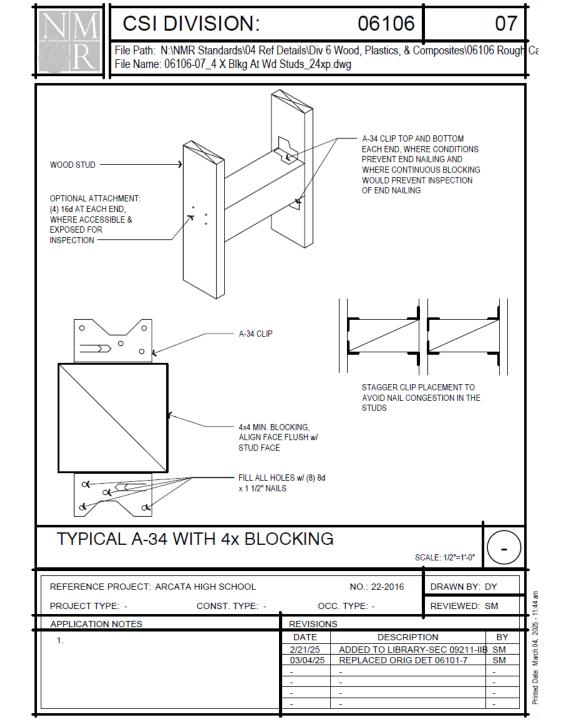
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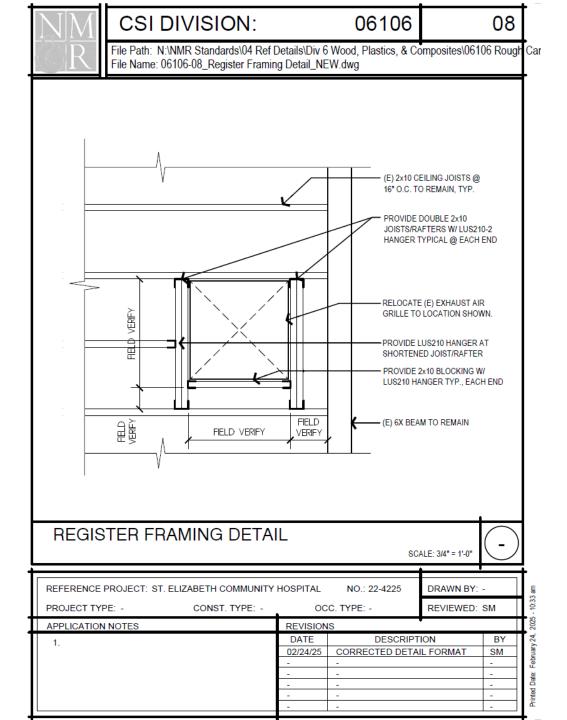
CONNECTION	NA
1. JOIST TO SILL OR GIRDER, TOENAIL	
2. BRIDGING TO JOIST, TOENAIL EACH END	
3. 1" x 6" SUBFLOOR OR LESS TO EACH JOIST, FACE NAIL	
4. WIDER THAN 1" x 6" SUBFLOOR TO EACH JOIST, FACE NAIL	(
5. 2" SUBFLOOR TO JOIST OR GIRDER, BLIND AND FACE NAIL	(2
6. SOLE PLATE TO JOIST OR BLOCKING, TYPICAL FACE NAIL SOLE PLATE TO JOIST OR BLOCKING, AT BRACED WALL PANELS	(3) 16d @ 16 (3) 16d @ 16
7. TOP PLATE TO STUD, END NAIL	(2
8. STUD TO SOLE PLATE	(4) 8d TOENAIL OR (2) 16d END
9. DOUBLE STUDS, FACE NAIL	16d @ 24
10. DOUBLE TOP PLATES, TYPICAL FACE NAIL DOUBLE TOP PLATES, LAP SPLICE	16d @ 16 (8) 16d U
11. BLOCKING BETWEEN JOISTS OR RAFTERS TO TOP PLATE, TOE NA	IL (
12. RIM JOIST TO TOP PLATE, TOE NAIL	8d @ 6
13. TOP PLATES, LAPS & INTERSECTIONS, FACE NAIL	(2
14. CONTINUOUS HEADER, TWO PIECES	16d @ 16" o.c. ALONG EACH E
15. CEILING JOISTS TO PLATE, TOENAIL	(
16. CONTINUOUS HEADER TO STUD, TOENAIL	
17. CEILING JOISTS, LAPS OVER PARTITIONS, FACE NAIL	(3
18. CEILING JOISTS TO PARALLEL RAFTERS, FACE NAIL	(3
19. RAFTERS TO PLATE, TOE NAIL	
20. 1" BRACE TO EACH STUD & PLATE, FACE NAIL	
21. 1" x 8" SHEATHING OR LESS TO EACH BEARING, FACE NAIL	
22. WIDER THAN 1" x 8" SHEATHING TO EACH BEARING, FACE NAIL	(
23. BUILT-UP CORNER STUDS	16d @ 24

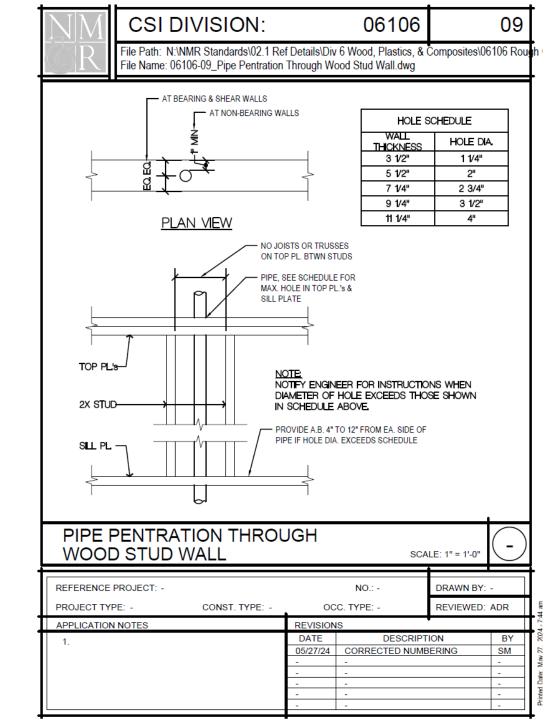
ALL NAILS SHALL BE COMMON WIRE NAILS, U.O.N.

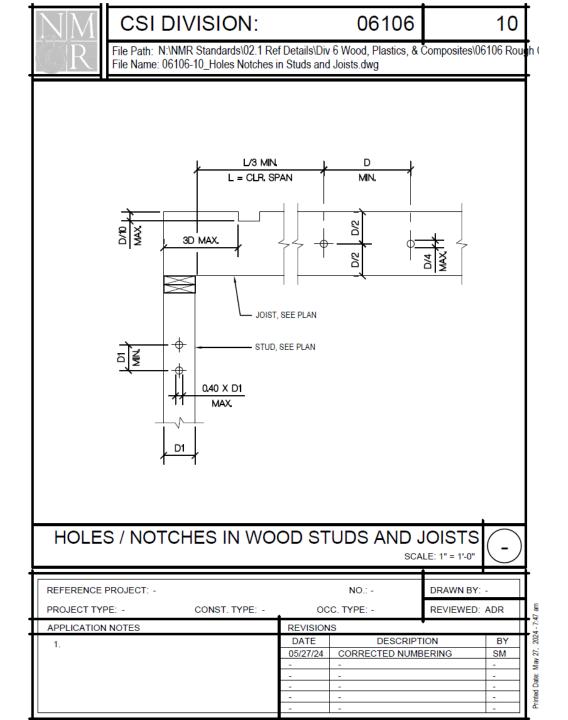
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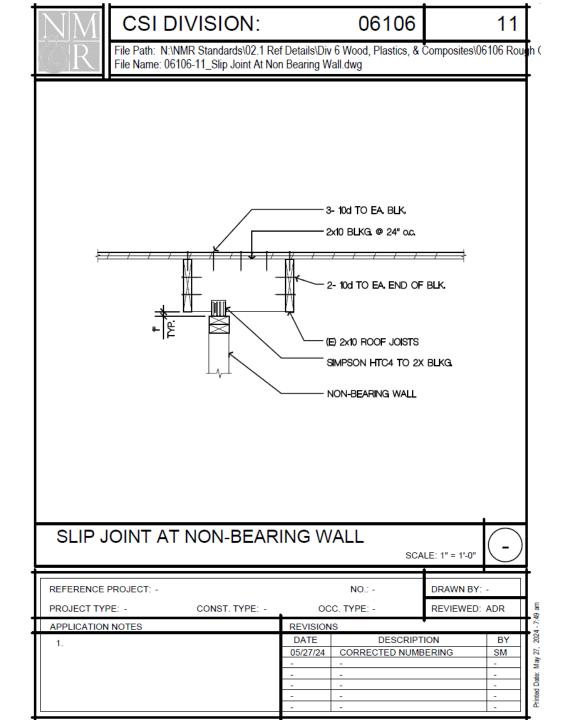


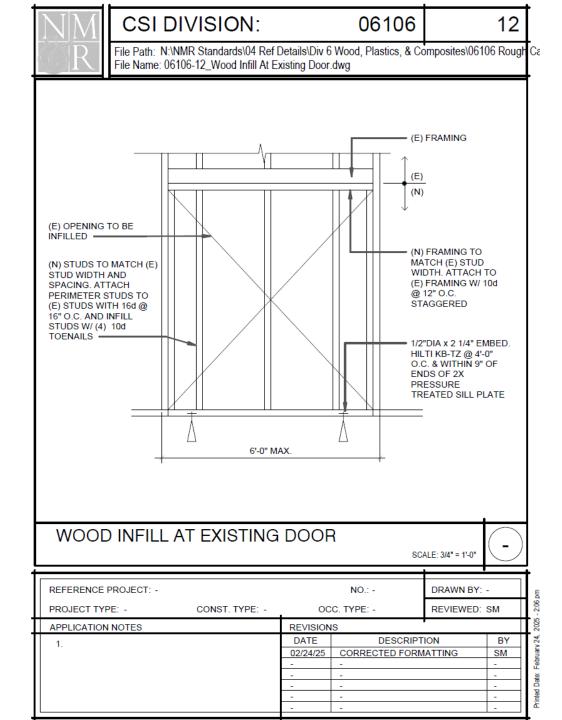


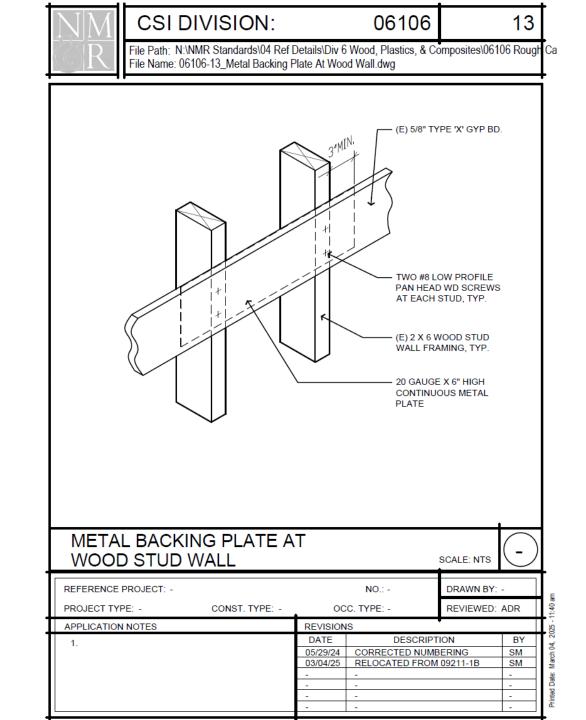


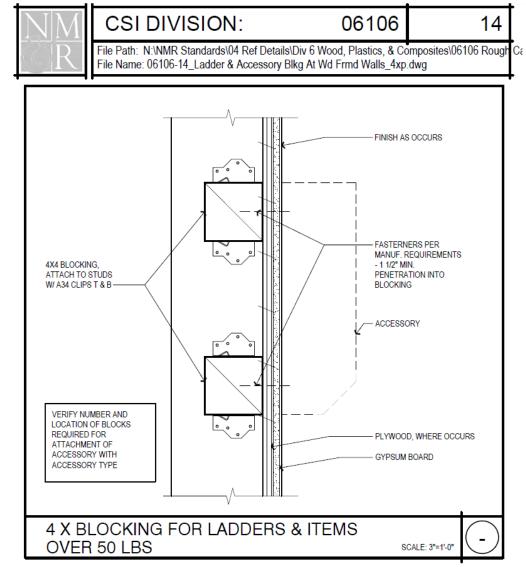




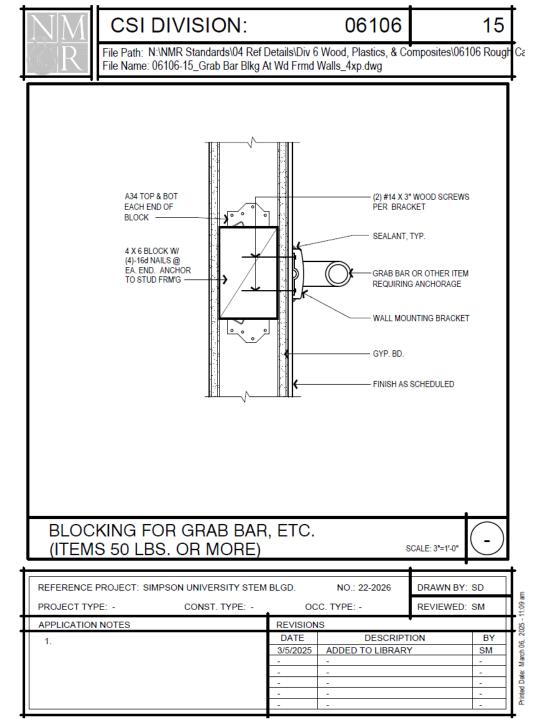








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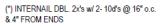


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INTERIOR NON-BEARING				
HE/	ADER SCHED.			
SPAN	HEADER SIZE (depth)			
UP TO 3'-4"	*(3")			
3'-4" to 6'-6"	3 1/2"			
6'-6 to 10'-0"	5 1/2"			
10'-0 to 13'-0"	7 1/4"			
13'-0 to 16'-8"	9 1/4"			

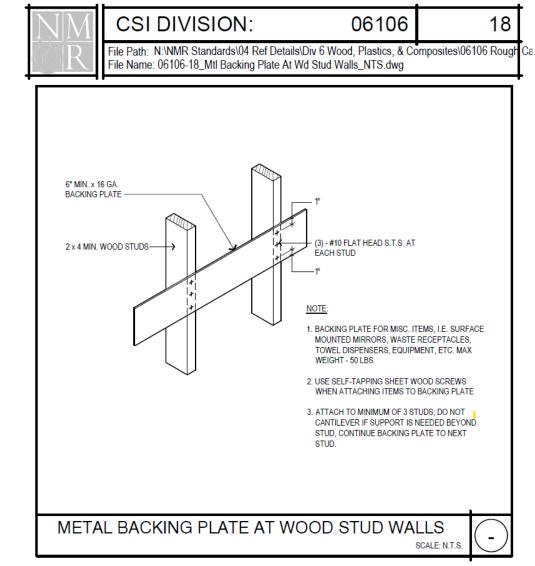




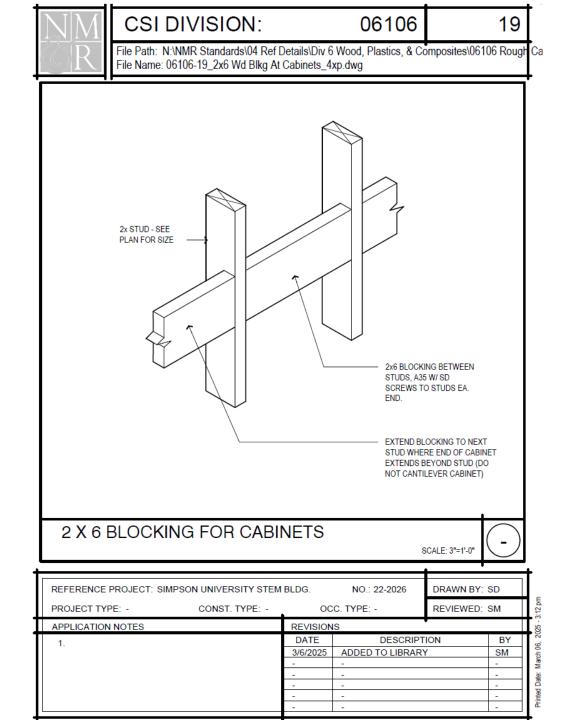


INTERIOR NON-BEARING HEADER SCHEDULE SCALE: 1 1/2"=1'-0"

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Item #5

2025 Triennial Code Cycle update and timeline

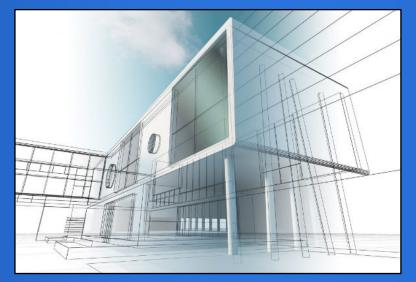
- Cycle timeline update
- Administrative Code changes
- Building Code changes
- Electrical Code changes
- Mechanical Code changes
- Plumbing Code changes
- Discussion and public input

Facilitator: Mia Marvelli, Architect, Supervisor; HCAI (or designee)



HBSB Codes and Processes Committee 2025 Triennial Code Cycle update and timeline May 7, 2025







2025 Edition of Title 24

December 2024 & February 2025, CBSC approved the 2025 T-24 Code changes

July 2025, Publication of the 2025 Title 24

January 2026, Effective date of the 2025 Title 24

OSHPD has already started new code changes for the 2025 Supplement (Intervening Code Cycle)



OSHPD 2025 Timeline and HBSB Meetings **DUE TO CBSC HCAI/OSHPD INTERNAL TIMELINE** January – June 2025 identify code changes **May 2025 CBSC Coordinating Council** July 2025 OSHPD DD & DDC review/approve meeting **REVIEW BY HBSB/COMMITTEES** Sept. 10, 2025 (Codes and Process) CAC, CBC Vol. 1, **CEC, CMC and CPC December 1, 2025** Submit all Parts of T-24 Oct. 22, 2025 Struct & Non-Struct) CAC, CBC Vol. 2 and **CEBC**

Dec. 10, 2025 HBSB Full Board meeting



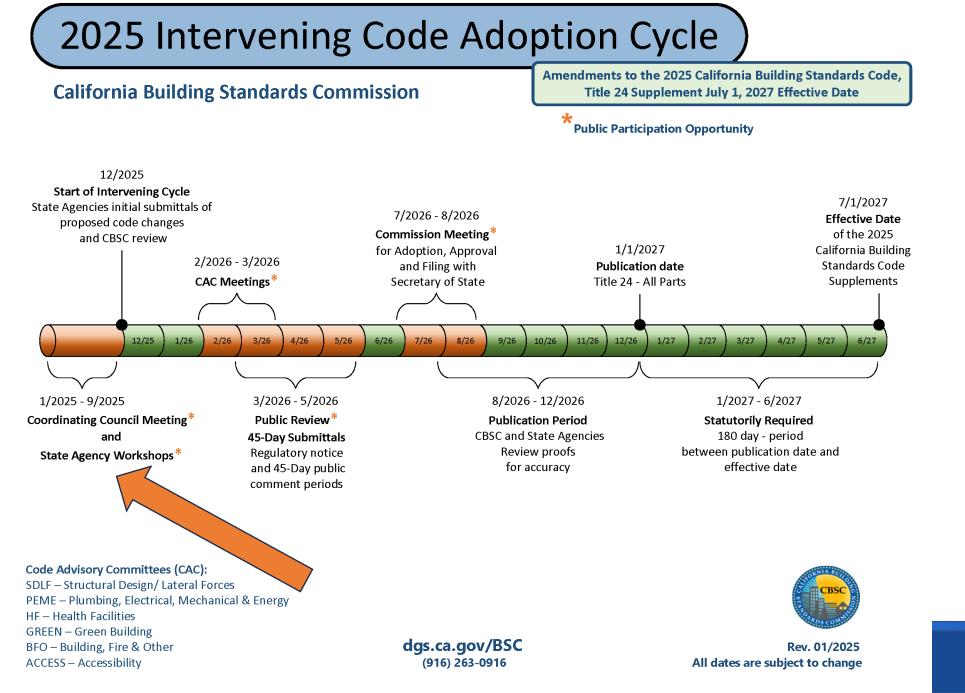
ACTION ITEMS

- Review Tentative Interim Amendment (TIA)
- Review updated Reference Standards
- Attend National Codes and Standards committees
- Assess new/recent Legislation
- Ongoing list of T-24 questions, clarifications
 - regsunit@hcai.ca.gov

Questions/comments

- Stakeholder outreach/workshop
- Coordinate with state agencies (DSA & SFM)





- December 2025
 Submit all Parts to CBSC
- Supplement
 Publication Jan. 1, 2027
- Effective Date: July 1, 2028
- <u>2025 Intervening</u> <u>Cycle</u>

2024-26 CODE ADVISORY COMMITTEES Code Advisory Committees (ca.gov)

	Expand All
ACCESSIBILITY COMMITTEE — ACCESS	+
BUILDING, FIRE & OTHER COMMITTEE – BFO	+
GREEN BUILDING COMMITTEE—GREEN	+
HEALTH FACILITIES COMMITTEE—HF	+
PLUMBING, ELECTRICAL, MECHANICAL & ENERGY COMMITTEE- PEME	- +
STRUCTURAL DESIGN/LATERAL FORCES COMMITTEE—SD/LF	+

Familiar faces: Connie Christensen-HF Ex-Officio Gary Dunger-HF Belinda Young-HF Bill Zellmer-HF & ACCESS



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Stay in touch with CBSC and receive meeting and public comment period notices, information bulletins, quarterly newsletters and more! Add your email address to our mailing list by visiting <u>DGS' govDelivery Subscription Service</u> webpage. After submitting your email, be sure to select the "CBSC Communications" topic on the next page. View our <u>Privacy Policy</u> for more information.

www.dgs.ca.gov/BSC/Contact

CBSC Rulemaking page https://www.dgs.ca.gov/BSC/Rulemaking/2025-Intervening-Cycle





California Administrative Code, Part 1

CAC 7-118 – Provide prescriptive requirements for compliance documents to demonstrate compliance with Part 6 California Energy Code. Section 7-118 will be revised to better align with 10-103 requirements as they apply to healthcare facilities



California Building Code, Part 2 Vol. 1 10,000' OVERVIEW

SB 1382 Clinic – Right-size PCC (1226.6) clinic regulations Alternative Birthing Clinics (1226.11) Empath/Behavioral Health/Crisis Stabilization regulations AB 2376 Chem Dependency Recovery Hospitals (CDPH) Miscellaneous cleanup items

SB 1382 (2024) Building Standards for Primary Care Clinics– OSHPD 3 (CBC 1226.6)

Requires Department of Health Care Access and Information (HCAI) to establish construction standards for community clinics and rural health clinics in consultation with the CPCA Community Clinics Advisory Committee

Prohibits amended standards from being more restrictive than current construction standards

Requires HCAI to hold at least 2 public meetings for comment on proposed new standards



PCC Public meetings & schedule



Depending on the feedback and priorities, some code changes may need to be done in the next code cycle.



Recap of stakeholder engagement

4/9/2025: Met with the California Primary Care Association (CPCA) Community Clinic Advisory Committee [17 attendees] <u>CPCA Home</u>

Discussed prior accomplishments with the committee Provided them a PCC Title 24, Title 22 comparison table Asked for feedback by May 31 Discussed a future ABC Guidance document and checklist Explained the Title 24 cycle and need to complete work by Oct. 2025



PCC Title 24 remaining priorities

- HVAC
- Plumbing material type
- Plumbing fixture count (public, patient and staff)
- Room sizes (existing vs new)
 - Treatment room and exam room
- Clean utility, soiled utility, waste holding
- Corridor widths
- Hot water heating
- Right-size requirements for various types of clinic types (clinics not under a hospital license)



Public meeting information

On the <u>HCAI</u> homepage under Facilities click Codes and Regulations Then click Title 24 California Building Standards

Codes and Regulations - HCAI

2025 Intervening Code Adoption Cycle

The Intervening Supplement (blue pages) will be published January 1, 2027, with an effective date of July 1, 2027.

Pre-cycle Public Meetings

<u>Alternative Birthing Clinics (ABC) Public Meeting</u> – May 1, 2025 from 10am-12pm.

SB 1382 Public Meeting #1 – More information coming soon.

SB 1382 Public Meeting #2 – More information coming soon.





Alternative Birthing Clinics – OSHPD 3 (CBC 1226.11)

Increasing concerns about access to birth services in California Challenges ABCs face for Title 24 compliance and CDPH licensure

Since 2012, total of 56 hospitals removed labor and delivery services <u>CA hospitals close maternity wards faster than U.S.rate – CalMatters</u>

Challenges ABCs face for Title 24 compliance and CDPH licensure



Recap of stakeholder engagement

TWO MEETINGS WITH ABC REPRESENTATIVES:

1/7/2025: Discussed ABC environment, challenges faced building an ABC licensed by CDPH, and compliance with Title 24, Title 22 and American Association of Birth Centers, Standards for Birth Centers

• Birth Center Standards - American Association Of Birth Centers

Developed an ABC Title 24, Title 22 comparison table

2/4/2025: Reviewed ABC Title 24, Title 22 comparison table and discussed regulations that could be changed. Discussed opportunities for a guidance document and ABC checklist to help the local jurisdictions.



Survey emailed 31 birth centers; 5 responses

Questions	Responses				
1. Is the birthing center within 30 minutes of a	# yes		# no		
facility with the capacity to manage an obstetrical and neonatal emergency?	5		0		
2. How many birthing rooms are in the birthing center?	2 - 3				
3. On an average, how many births per month occur in the center?	5 – 24 (3 of 5 birth center with an average of 5-8 births)				
4. Is the birthing center licensed by the CDPH? If not, how is the birthing center licensed, accredited or certified (i.e., through city, county, etc.)?	# yes		# no		
	1		4		
5. Does the center intend to pursue licensure from CDPH?	# yes	# no		others	
	2	1		1 licensed, 1 closed	
6. If you sought licensure from CDPH in the past, what challenges did you face?	Financial burden from building the birth center: i.e. Window, clean-up room, mechanical codes. CPSP, limitation from AABC				



Alternative Birthing Clinics Public meeting

May 1, 2025 virtual via Teams. 40 attendees

Meeting materials and recording are on the <u>HCAI</u> homepage under Facilities click Codes and Regulations. Then click Title 24 California Building Standards

Codes and Regulations - HCAI

Recapped outreach thus far

Purpose, background and licensing

Spend 70+ minutes going over the comparison table

Explain the code cycle and need to complete work by Oct. 2025

Discuss a future ABC Guidance document and checklist



ABC Title 24 Comparison Table

The table compares Title 24, Title 22 and AABC: We met with several ABC representatives to better understand ABC needs, challenges getting licensed, and suggestions. We took their comments and edited the OSHPD comment column.

Table includes:

- CBC (California Building Code)
- CMC (California Mechanical Code)
- CPC (California Plumbing Code)
- CEC (California Electrical Code)



ABC Title 24 Priorities

- HVAC/ventilation
- Plumbing material type
- Plumbing fixture count (public, patient and staff)
- Room sizes
 - Birthing room and exam room
- Nurse call
- Clean utility, soiled utility, waste holding



Empath/Behavioral Health/Crisis Stabilization

Demand for out-patient behavioral health units. State grants encourage these services in hospitals

Behavioral Health Continuum Infrastructure Program by Dept. of Health Care Services

EmPATH by the Mental Health Services Oversight & Accountability Commission



Empath/Behavioral Health/Crisis Stabilization

Physical Space Design Concepts for Crisis Stabilization Units in Hospitals

- Outpatient service outside of any Inpatient Unit and not part of the Emergency Department
- Calming, healing environment that prioritizes safety and freedom
- Large, open space where patients can be together in the same room
- Designed to facilitate socialization, discussion, interaction and therapy
- Patient care stations utilizing a chair model outfitted with recliners, 80 sq. ft. total per patient, which includes 40 sq. ft. patient area around each recliner
- Open staff observation station w/instant access to staff, separate from the patients
- Nourishment area or room for providing food and/or drinks for patients
- Voluntary Calming Rooms If provided with visual observation for staff



Chemical Dependency Recovery Hospitals OSHPD 6

AB 2376 (2004)

The bill would delete the requirement for chemical dependency recovery as a supplemental service to be provided in a distinct part of a general acute care hospital or acute psychiatric hospital, and instead would authorize those facilities to provide chemical dependency recovery services as a supplemental service within the same building or in a separate building on campus that meets specified structural requirements of a freestanding chemical dependency recovery hospital. The bill would also authorize chemical dependency recovery services to be provided in a general acute care hospital or acute psychiatric hospital without a distinct part, or outside the distinct part, in beds that are licensed for a service other than chemical dependency recovery if certain conditions are satisfied.



Chemical Dependency Recovery Hospitals OSHPD 6

AB 2376 (2004)

Chemical dependency recovery services provided pursuant to this subdivision shall not require a separate license.

..... [CDPH] may, without taking any regulatory actions implement, interpret, or make specific this section by means of an All Facilities Letter or similar instruction.



Miscellaneous code changes

1224.35Update rehab for title 22 requirements in section 70603 rehab, 70521 occupational, 70563 phycisal therapyNormalMiaTitle 22 inlcudes requirements and needs to be confirmed491224.4.4.5Update language to align with the plumbing code.NormalLarry E.See 25-02-10 Conflict between building and plumbing code501224.28Update to reflect interventional being in Class 2 or 3 roomNormalSamantha M.See 25-02-07 Control room or Area511224.18.3.1Update languageNormalNormalSamantha M.See 25-02-08 Language change521224.33.2.1Editorial change to make one sentence into two sentencesNormalSamantha M.See 25-02-06 Section 1224.33.2.1 Editorial change531224.36.3Ancillary services in dialysis and infusion. Clarify if this is for outpatient only and nor needed if inpatient only.NormalNormalClara W.See 25-02-05 Ancillary facilities email541224.39.4.3Ancillary services in dialysis and infusion. Clarify if this is for outpatient only and nor needed if inpatient only.NormalNormalClara W.See 25-02-05 Ancillary facilities551224.39.4.3Ancillary services in dialysis and infusion. Clarify if this is for outpatient only and nor needed if inpatient only.NormalNormalClara W.See 25-02-05 Ancillary facilities	
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54 1224.39.4.3 54 needed if inpatient only.	
55 407.4.1 Add Exception #3 to Section 407.4.1 Direct access to corridor. Normal Mia M. See 25-02-04 Direct access to a corridor	
56 903.2.6 Rename section number Normal Normal Samantha M. See 25-02-03 CBC 903.2.6 Exception 1	
57 1224.33.3.11 Observation toilet ratio is 1:8 - Table 4-2 and FGI 2.2-3.3 1:6 Mia M.	
58 1224.33.2.2 counters vs mobile work surface option Normal Clara W. See 25-02-26 1224.33.2.2 fast track area (watitng for CDP	H response)
Table 1224.4.6.5 Nurse call requirements for SNF OSHPD 2 Normal See 25-02-27 Nurse Call Requirements and 25-02-28 Nurse 59 Clara W. Clara W. See 25-02-27 Nurse Call Requirements and 25-02-28 Nurse	e call
1224.4.11.2.2 Rooms listed to require coved base - update to 2022 FGI Normal FGI lists 14 spaces required to have coved wall base. Ster 60 25-02-29	
1224.35.3 Check the rehab sections PT and OT for grab bar requirements in toilet rooms. See T- 22 requirement Normal 0% Mia See 25-02-30	
62 508.2.4 Exception 3 Separation of occupancies. Is item 3 necessary and the exception? Normal 0% Mia See 25-02-31508.2.4 Item 3 and Exception	
63 1224.4.11.1.1 no change needed, need to verify last section is in the 2025 edition Mia See 25-02-32 CBC 1224	
64 1226.4.13.2 Section 1226.4.13.2 needs to match 1224.4.4.2 Mia See 25-02-33 1226.4.13.2 needs to match 1224.4.4.2	
422.7 4ding item 6 separating areas with cooking facilities from the 2024 cbc hanges with the sfm	
1224.37 Respitory Therapy - see FGI 2.2-3.9 for additinoal requirements. Room function in Table 4-A for sputum collection or other inducing therapy for potential infected patients. (TB)	r cough
67 1224 Empath/Behavioral Health/Crisis Stabilization regulations High 60% Paul C. See 25-02-35 Re EmPATH Licensure. See cycle themes abo	coe
1224.42, 1228.44, AB 2376 (2024) Chem Dependency Recovery Hospital High Mia M. See 25-02-26 AB 2376 CDRH	



Miscellaneous code changes

- Chapter 3-7 Possible I-2 related amendments; coordinate with the SFM
- Section 407.4.1 direct access to corridor may need an exception allowing an intervening room or anteroom – coordinate with SFM
- Chapter 11B Correct 11B-223-2.3 reference to 11B-805 (medical care and longterm care) instead of 806 (transient lodging) - coordinate with the DSA-AC
- Chapter 11B clarify sink types listed in 11B-805 for non-patient care areas of medical facilities - coordinate with the DSA-AC
- Section 1202.2 –ventilation for attic spaces coordinate with DSA-SS



Chapter 12

- Provide direction on how many nurse call stations required in NICU with multiple bassinets and just curtains in between each.
- FGI Table 1.2-4. AHSRAE 170 also developing max noise criteria for building systems. Coordinate with CMC/CPC
- ED Treatment rooms consider mobile work surface option vs counters
- Rehab: PT, OT, ADL OT spaces intend to train patients in real-life scenarios, what are the accessibility requirements? Panic hardware, bathtub access, grab bars - coordinate with CDPH
- Correct 1225 to point to Table 1224.4.6.5 vs the CEC Section 517.123.
- Research ED, OB, and other services that require on-call rooms.



Chapter 12

SECTION 1224 [OSHPD 1] HOSPITALS

- 1224.4.6.5 Add footnote so nurse call is allowed to be in the MRI control room in lieu of the MRI procedure room.
- 1224.17.3 Blood collection area or specimen collection toilet should not be required if only inpatient services are provided.
- 1224.22- Update Central Sterile Supply with 2022 FGI 2.1-5.1 language. Soiled work area is named decontamination room - requires handwashing station match CMC Table 4A and Table 4-2 for function name.
- 1224.36.3 & 1224.39.4.3 Ancillary services in dialysis and infusion. Clarify if this is for outpatient only and not needed if inpatient only.





California Electrical Code, Part 3 Potential code changes

Article 110 – Requirements for Electrical Installations

Editorial change to fix printers error (correct reference to CBC) which is included in CEC 110.26 and addresses Personnel doors for electric rooms. **110.26 Spaces About Electrical Equipment**...

(B) Clear Spaces. ...

(3) Personnel Doors. Where equipment rated 800 amperes or more that contains overcurrent devices, switching devices, or control devices is installed and there is a personnel door(s) intended for entrance to and egress from the working space less than 7.6 m (25 ft) from the nearest edge of the working space, the door(s) shall open in the direction of egress and be equipped with listed panic hardware or listed fire exit hardware.

[OSHPD 1, 1R, 2, 3, 4 & 5]: See California Building Code, Section <u>110.1.10</u> <u>1010.2.9.2</u> for additional exit door requirements for electrical room with equipment rated 800-amperes or more.



Revise CEC 517.1 to state that new "Ground Up" SNF buildings need to have 96 hours of fuel storage on site.

(2) Alternate Source of Power Backup Requirements.

(a) Generator Units: Where generators are used as an alternative source of power, sufficient fuel onsite shall be maintained to sustain generator operation for no less than 96 hours, or contract arrangements shall be made for fuel delivery and refueling during an emergency event. For existing SNFs only, it will be acceptable to have contract arrangements for fuel delivery and refueling during an emergency event. If fuel is to be delivered during an emergency event, the facility shall ensure that fuel will be available with no delays. Onsite fuel storage shall not be less than 6 hours capacity in a minimum of one tank. For instances existing facilities where 96 hours of onsite fuel is not provided, Onsite fuel storage shall not be less than 6 hours capacity in a minimum of Public Health (CDPH) must approve the contract arrangements that have been made for delivery of fuel to meet this requirement.



Add a note to 517.31 (B) that states Isolation bypass type switches will not be required for fire pumps.

517.31 Requirements for the Essential Electrical System.

(B) Transfer switches.

(3) Bypass Isolation. ...

(1) Isolation bypass type switches will not be required for fire pumps.



Article 695 – Fire Pumps

Remove the requirement in 695.3 to provide isolation bypass type ATSs for fire pumps.

695.3 Power Source(s) for Electric Motor-Driven Fire Pumps.

G) Power Source Selection. Selection of power source shall be performed by a transfer switch listed for fire pump service. [20:10.8.1.3.1] [OSHPD 1, 2 (facilities complying with Article 517.40(B), & 4] Transfer switch shall comply with Article 517.31(B)(3).



Remove the requirement for automatically operated doors to be powered by the equipment branch in the NEC which can be found in CEC 517.35(B)(5).

Note: This is a conflict in the code that is in the process of being fixed as it is in direct conflict with CEC 517.33 (H) which requires electrically powered doors used for the building egress to be circuited to the life safety branch.

517.35 Equipment Branch Connection to Alternate Power Source

. . . .

. . .

(B) Equipment for Delayed Automatic or Manual Connection.

The following equipment shall be permitted to be arranged for either delayed automatic or manual connection to the alternate power source:

(5) Automatically operated doors.



Add requirements to CEC 517.44 for e-power feeds to alarm systems for negative pressure isolation systems, medical dispensing units, medication refrigerators and freezers for Type 2 electrical systems (SNFs)

517.44 Connection to Equipment Branch

(A) Delayed Automatic Connections to Equipment Branch.

The following equipment shall be permitted to be connected to the equipment branch and shall be arranged for delayed automatic connection to the alternate power source:

<u>11. Alarm systems for monitoring negative pressure isolation rooms and positive pressure isolation rooms.</u>

12. Medication dispensing units.

. . .

13. Medication refrigerators and freezers.



Remove 517.45(E)(1) which is a CA amendment that requires a generator for all ASC essential electrical system sources.

Note: We removed this requirement for Hospitals and SNF's in last intervening code update (now in NEC) and neglected to remove this requirement for ASC's. Removing this requirement will allow ASC's to utilize generators, batteries, fuel cells, energy storage systems or healthcare microgrids as emergency power sources.

517.45 Essential Electrical Systems for Other Health Care Facilities.

(E.1) [OSHPD 3] Ambulatory surgical clinics shall be provided with a generator with on-site fuel.





California Mechanical Code, Part 4 Potential code changes

Part 4 – California Mechanical Code

- Merge filtration requirements from Table 4-B and 4-C to Table 4-A
- Provide updates for Pharmacy Compounding to align with U.S. Pharmacopeia (USP) and ASHRAE standards
 - Provide minimum outdoor airflow rate for compounding workrooms to comply with
 - Provide essential power for compounding ventilation system to maintain temperature
 - Relocate hazardous pharmacy exhaust hood requirement from Section 507.7 to 505



Part 4 – California Mechanical Code

- Amend Table 4-A to more clearly identify clinic spaces.
- Revise OSHPD amendments in chapter 4 that reference ASHRAE 62.1 to call out applicable sections in chapter 4 that reference 62.1.
- Revise OSHPD amendment in CMC 602.1 for plenum spaces to align with model code exception that does not permit plenums in healthcare facilities.
- Revise OSHPD amendments in section 402.3 and 402.5 to adopt model code additions that apply to healthcare.
- Consider adopting ASHRAE 170 code language for combination airborne infection isolation/protective environment (AII/PE) rooms in coordination with the architectural code amendments in CBC 1224.





California Plumbing Code, Part 5 Potential code changes

Part 5 – California Plumbing Code

- CPC Table 4-2 Minimum Plumbing Facilities proposals:
 - $\circ\,$ Revise to include specific clinic type functions
 - Pharmacy compounding handwashing
 - $_{\odot}$ Staff toilet count for 5 or less
 - \circ Central Sterile Supply fixtures
- Coordinate fixture count requirements for OSHPD in CPC 422
- Clarify redundant equipment requirement for hot water recirculation for clinics and SNFs
- Hot water system balancing for hot water recirculation
- Clarify OSHPD amendment for piping material for subsoil drainage
- Provide pointer in CPC Table 1305.3 to note OSHPD enforces CBC Table 1224.4.6.1 for medical gas outlets/inlets



Item #6 Comments from the Public/Committee Members on Issues not on this Agenda The Committee will receive comments from the Public/Committee Members. Matters raised at this time may be taken under consideration for placement on a subsequent agenda. *Facilitator: Michael O'Connor (or designee)*

Future Codes and Processes Committee meeting:

• September 10, 2025

Item #7 Adjournment