

OSHPD Office of Statewide Health Planning and Development

Hospital Building Safety Board
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***** SPECIAL NOTICE *****

Because of the COVID-19 emergency, this meeting will only be held by teleconference. Committee members and members of the public may fully participate from their own locations.

NOTICE OF PUBLIC MEETING

HOSPITAL BUILDING SAFETY BOARD
Codes and Processes Committee

Date:
Thursday, January 14, 2020
9:00 a.m. – 3:00 p.m.

Teleconference Meeting Access:
[HBSB GoToMeeting APCCSD Committee](#)
Access Code: 986-538-725

For more detailed instructions on how to join via GoToMeeting, see page 3.

Committee Members:

Michael O'Connor, Chair; Roy Lopez, Vice-Chair; Louise Belair; John Donelan*; Mark Hershberg*; Mike Hooper; Scott Jackson; Pete Kreuser; Michele Lampshire; Bruce Macpherson; Jim Malley

OSHPD Staff:

Brett Beekman; Mickey Fong; Bill Gow; Roy Lobo; Dave Mason; Diana Navarro; Diana Scaturro; Carl Scheuerman; Richard Tannahill; Nanci Timmins

OSHPD Director: Elizabeth Landsberg

FDD Deputy Director: Paul Coleman

Executive Director: Ken Yu

*Consulting Member

2. Presentation: California Building Standards Code Revision Update for 2022

Facilitator: Richard Tannahill, OSHPD (or designee)

- Part 1, California Administrative Code
- Part 2, California Building Code, Volume 1 and 2
- Part 3, California Electrical Code
- Part 4, California Mechanical Code
- Part 5, California Plumbing Code
- Part 10, California Existing Building Code
- Discussion and public input

Code Revisions Proposed for 2022 California Building Standards Code

January 14, 2021

Proposals for Part 1 2022 California Administrative Code

7-111 Definitions

ACTUAL CONSTRUCTION COST means the cost of all portions of a project to construct the work as shown on the approved construction documents and as necessary to comply with the California Building Standards Code, generally based upon the sum of the construction contract(s), when applicable, and other direct construction costs, including but not limited to mobilization, general and special conditions, supervision and management, overhead, markups and profit, demolition, building pad construction (including but not limited to grading, soil remediation, excavation, trenching, retaining, shoring, etc.), temporary construction and barriers, materials, supplies, machinery, construction equipment, labor cost...

COLLABORATIVE REVIEW AND CONSTRUCTION (CRC) means the process that engages the Office, at its sole discretion, utilizing Rolling Reviews for all disciplines starting at the beginning of the first scheduled submittal and continuing through construction for qualified Amended Construction Documents (ACDs). CRC provides regulatory schedule plan exchange meetings and collaborative workshops. CRC may be used for phased or non-phased projects. The Office provides an agreed upon level of review as specified in the Integrate Review Plan.

7-111 Definitions (Continued)

PHASED PLAN REVIEW is the process that, ~~at its sole discretion,~~ engages the Office, at its sole discretion, early in the project design and continues through the development and submission of documents during the conceptualization, criteria design, detailed design, implementation documents, Office review, ~~construction and closeout phases~~ and final plan approval. Within each phase, milestones are established for specific, agreed upon points in time where segments/~~elements~~ of the design/building system are completely designed and/or defined in their entirety. The Office provides an agreed upon level of review that allows for written conditional acceptance of these elements and/or systems.

START OF CONSTRUCTION [OSHDP 1, 1R, 2, 4 & 5] is the date the actual physical work, demolition, construction, repair, reconstruction, rehabilitation, addition, placement, preparation of the site for the first placement of permanent construction of a building such as trenching for foundations or utilities, or other improvement or offsite component preparation as shown on the approved construction documents begins.

7-111 Definitions (Continued)

SUBSTANTIAL COMPLIANCE *refers to a stage of a construction or building project or a designated portion of the project that is sufficiently complete, in accordance with the construction contract documents, so that the owner may use or occupy the building project or designated portion thereof for the intended purpose.*

7-121. Presubmittal meeting.

(c) **Phased plan review and collaborative review and construction.** A request for Phased Plan Review (PPR) ~~or Collaborative Review and Construction (CRC)~~ must be submitted to the Office in writing, prior to the presubmittal meeting being scheduled. In addition to the items listed in Section 7-121 (a), for PPR ~~or CRC~~ reviewed projects, the architect or engineer in responsible charge shall submit the following information to the Office:

1. Complete...

...

3. Initial draft of the ~~Memorandum of Understanding (MOU)~~ Integrated Review Plan (IRP) proposed, defining roles and accountability of the participants.

7-129 Time Limitations

(b) The procedures leading to obtaining written approval of final construction documents shall be carried to conclusion without suspension or unnecessary delay. Unless an extension has been approved by the Office, the application shall become void when either paragraph 1 or 2 occurs:

1. If project actual construction cost is \$500,000 or less and construction documents are not filed for backcheck within 45 calendar days after the date of return of checked construction documents to the architect or engineer in responsible charge. Backcheck submittals that do not contain a written response to all comments in accordance with Section 7-125(c) shall not be considered an official submittal to the Office. The architect or engineer in responsible charge may request one extension of up to 45 calendar days; however, the Office may require the construction documents be revised to meet current regulations. The extension must be requested in writing and justifiable cause demonstrated.

2. If project actual construction cost is greater than \$500,000 and ~~Prints from corrected~~ construction documents are not filed for backcheck within 90 calendar days after the date of return of checked construction documents to the architect or engineer in responsible charge. Backcheck submittals that do not contain a written response to all comments in accordance with Section 7-125(c) shall not be considered an official submittal to the Office. The architect or engineer in responsible charge may request one extension of up to 90 calendar days; however, the Office may require the construction documents be revised to meet current regulations. The extension must be requested in writing and justifiable cause demonstrated.

3. A set of ~~prints of the~~ stamped construction documents are not submitted to the Office within 45 calendar days after the date shown with the identification stamp by the Office.

7-129 Time Limitations (Continued)

~~(c) Construction, in accordance with the approved construction documents, shall commence within one year after obtaining the written approval of construction documents, or this approval shall become void. Prior to the approval becoming void, the applicant may apply for one extension of up to one year. The Office may require that the construction documents be revised to meet current regulations before granting an extension. The extensions must be requested in writing and justifiable cause demonstrated.~~

(c) The permit for the work must be obtained within one year of plan approval. If a permit is not issued within one year of plan approval, the plan approval shall become void. Prior to the approval becoming void, the applicant may apply for extensions of time for periods not more than 180 days each. The Hospital Inspector of Record must notify the Office, in writing, upon start of the actual or physical construction at the site, or off-site when applicable. Failure to receive such notice, and/or for the start of actual or physical construction to begin later than one year after the building permit is issued shall be cause for cancellation of the project due to inactivity. To avoid cancellation of the project due to inactivity, the Office must receive a request for an extension for up to 180 days. The request must be in writing and must state a justifiable reason for needing the extension. The Office may require that the construction documents be revised to comply with the current code in effect at the time, prior to granting an extension.

7-130. Phased submittal, review and approval.

The Office, ~~in~~ at its sole discretion, may enter into a written agreement with the hospital governing board or authority for the phased submittal, review and approval of construction documents.

7-133. Fees.

1. The fee for hospital ~~buildings construction projects with an estimated cost of \$250,000 or more is 1.64 percent of the estimated construction cost.~~ The estimated construction cost shall include fixed equipment cost or estimated value (including shipping, installation, and taxes) but exclude design fees, inspection fees and off-site construction work.

A. For projects under \$250,000, the fee is 2.0 percent of the estimated construction cost.

BA. The Office shall charge actual costs for review and approval of seismic evaluations and compliance plans prepared pursuant to Article 8, Chapter 1, Part 7, Division 107, (commencing with Section 130000) of the Health and Safety Code. Total cost paid for these review services shall be nonrefundable.

Not addressed yet: Applicant turnaround times for small/large projects. Projects not submitted within return times would not be subject to reduced review times.

7-133. Fees. (continued)

(h) ~~Phased submittal review and collaborative review.~~

1. The fee for phased submittal, review and approval pursuant to Section 7-130 shall be based on the written agreement, which shall include a schedule for payment. The phased review fee shall be 1.95 percent of the estimated construction cost as calculated in accordance with Section 7-133(a) 4 through 7. ~~not exceed the fee required by Section 7-133(a).~~

2. ~~The fee for collaborative review shall be 1.95 percent of the estimated construction cost as calculated in accordance with Section 7-133(a) 4 through 7.~~

...

(q) **Amended Construction Documents.** The fee for submittal and review of Amended Construction Documents shall be as follows:

1. **Additional Costs.** The minimum filing fee for Amended Construction Documents which result in additional construction costs shall be \$250.00.
2. **Cost Reductions.** The minimum filing fee for Amended Construction Documents with cost reductions or no cost shall be \$500.00.

~~Exception: Projects that have been submitted and approved using the Collaborative Review Process shall have a minimum filing fee of \$250.00.~~

7-145 Continuous inspection of the work

(a) The general duties of the IOR shall be as follows:

...

5. The IOR shall notify the Office *in writing*:

A. When the work is started or ...

...

6. The IOR(s) shall maintain field records of construction progress for each day or any portion of a day that they are present at the project site location. The field record shall state the time of arrival, time of departure, a summary of work in progress and noted deficiencies in the construction or deviations from the approved construction documents. *The field record shall document the time and date of all significant correspondence with the contractor regarding incomplete work, potential deficiencies or deviations which require the contractor's attention and could potentially affect the timely and compliant completion of the project.* This field record shall document the date, time and method of correction for any noted deficiencies or deviations. In addition, this record shall contain the following as applicable:

7-145 Continuous inspection of the work (Continued)

A. *Copies of all certificates, tags, marks or other evidence of material properties and/or manufactured components as required by the California Building Standards Code.*

AB. The time and date of placing concrete; time and date of removal of forms and shoring in each portion of the structure; location of defective concrete; and time, date and method of correction of defects.

BC. Identification marks of welders, lists of defective welds, and manner of correction of defects and other related events.

CD. A list of test reports of all nonconforming materials or defective workmanship and shall indicate the corrective actions taken.

E. *The names and certificate numbers (when applicable) of all special inspectors who perform work both on and off-site.*

DF. When driven piles are used for foundations, the location, length and penetration under the last ten blows for each pile. It shall also include a description of the characteristics of the pile driving equipment.

EG. The log of changes to the work prepared by the architect or engineer in responsible charge required by Section 7-153(e).

7-145 Continuous inspection of the work (Continued)

7. Field records may be kept electronically. All field records of construction progress shall be retained on the job until the completion of the work and shall, upon request, be made available to the Office, the architect or engineer in responsible charge and the owner. Electronic records may be retained off-site if made available during on-site and remote review of documents. Upon completion of the project, these original field records shall be submitted to the hospital governing board or authority.

7-205 ~~Location of~~ Contact with office.

All correspondence, applications and remittances related to the certification or recertification of Hospital Inspector shall be directed to: the Office of Statewide Health Planning and Development, Facilities Development Division, Hospital Inspector Certification Program, ~~400 R Street, Suite 200, Sacramento, CA 95811.~~

Proposals for Part 2 Volume 1 2022 California Building Code

1224.3 Definitions

FLOOR AREA, CLEAR. *The actual occupied area exclusive of fixed or wall-mounted cabinets, fixed beds and furnishings exclusive of beds, built-in shelves, toilet rooms, closets, lockers, wardrobes, alcoves, anterooms or vestibules.*

INVASIVE PROCEDURE *means a procedure that is performed in an aseptic surgical field and penetrates the protective surfaces of a patient's body (e.g. subcutaneous tissue, mucous membranes, cornea). An invasive procedure may fall into one or more of the following categories:*

- Requires entry into or opening of a sterile body cavity (i.e. cranium, chest, abdomen, pelvis, joint spaces)
- Involves insertion of an indwelling foreign body
- Includes excision and grafting of burns that cover more than 20 percent of total body area
- Does not begin as an open procedure but has a recognized measurable risk of requiring conversion to an open procedure

1224.3 Definitions *(Continued)*

PROCEDURE ROOM means a room designated for the performance of patient care that requires high-level disinfection or sterile instruments and some environmental controls but is not required to be performed with the environmental controls of an operating room.

SERVICE SPACE. Service Space refers to the distinct area of a health facility where a licensed Basic Service or Supplemental Service is provided. The Service Space shall include all the functional area requirements required to deliver the specific Service. Basic Service Spaces are identified in Sections 1224.14 through 1224.27. Supplemental Service Spaces are identified in Sections 1224.28 through 1224.41. Similar distinctions are made between Basic and Supplemental or Optional Services in Section 1225 through Section 1228. Required functional areas may be a portion of a larger space, one or more Patient Care Locations, support areas or separate Rooms as defined in Section 1224.3. See departmental boundary requirements under Section 1224.4.4.7.6.



1224.3 Definitions (Continued)

[BS] START OF CONSTRUCTION. *[Not adopted by OSHPD]* The date of permit issuance for new construction and substantial improvements to existing structures, provided ...

1224.4 GENERAL CONSTRUCTION

1224.4.4 Support areas for patient care

...

1224.4.4.1 Examination, ~~and~~ treatment and procedure rooms. *Relocated here from Surgery.*

...

1224.4.4.1.4 General operating room(s). *Each room shall have a minimum...*

...

1224.15.2.2 Procedure room(s). Where a procedure room is provided in a surgery department, it shall meet the requirements in this section.

1224.15.2.2.1 General.

(1) Application. The governing body shall perform a clinical assessment of the procedures to be performed to determine the appropriate room type and location for these procedures and document this in the Functional Program in compliance with the California Administrative Code, Section 7-119. Where a procedure room is used for multiple procedure types, the room shall meet the most stringent requirements for the space.

(2) Location. The procedure room shall meet the requirements of a semi-restricted area. The procedure room shall be permitted to be accessed from a semi-restricted corridor or from an unrestricted corridor.

1224.4 GENERAL CONSTRUCTION

1224.15.2.2.2 Space requirements.

(1) Area. Procedure rooms shall have a minimum clear floor area of 130 square feet (12.08 m²). Procedure rooms where anesthesia will be administered using an anesthesia machine and supply carts shall have a minimum clear floor area of 160 square feet (14.86 m²). Procedure rooms where procedures will be performed that require additional personnel and/or large equipment shall be sized to accommodate the personnel and equipment planned to be in the room during procedures, including and additional personnel and equipment that will be needed for emergency rescue.

(2) Clearances. Procedure rooms shall have the following minimum clearances around the table, gurney, or procedure chair:

(a) 3 feet 6 inches (1070 mm) on each side

(b) 3 feet (9144 mm) at the head and foot. Where an anesthesia machine and associated supply cart is used, the clearance at the head shall be 6 feet (1830 mm).

(3) Fixed encroachments into the minimum clear floor area. Fixed encroachments shall be permitted to be included when determining the minimum clear floor area for a procedure room as long as:

(a) The encroachments do not extend more than 12 inches (305 mm) into the minimum clear floor area.

(b) Where a sterile field is provided, the encroachment shall not extend into the sterile field.

(c) The encroachment width along each wall does not exceed 10 percent of the length of that wall.

1224.4 GENERAL CONSTRUCTION

1224.15.2.2.3 Documentation area.

(1) Accommodations for written and/or electronic documentation shall be provided in the procedure room.

(2) Where a built-in feature is provided for documentation, it shall allow for direct observation of the patient.

1224.15.2.2.4 Patient privacy. Provisions shall be made for patient visual and speech privacy.

1224.15.2.2.5 Handwashing station. A handwashing station shall be provided in the procedure room. Where a hand scrub station is directly accessible to the procedure room, omission of the handwashing station is permitted.

1224.4 GENERAL CONSTRUCTION

1224.4.4.4 Medication station.

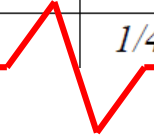
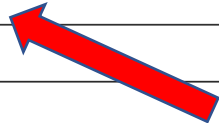
1224.4.4.4.1 Medication preparation room. *If provided, this room shall be lockable ~~and be directly accessible from the nursing station.~~ When a medicine preparation room is to be used...*

1224.4 GENERAL CONSTRUCTION

TABLE 1224.4.6.1

STATION OUTLETS FOR OXYGEN, VACUUM (SUCTION), AND MEDICAL AIR SYSTEMS^{1, 6}

	LOCATIONS	OXYGEN	VACUUM	MEDICAL AIR	WAGD ³
1	Patient rooms (medical/surgical unit)	1/bed	1/bed	—	—
2	Examination or treatment (medical/surgical unit and postpartum care)	1/room	1/room	—	—
3	Airborne infection isolation or protective environment rooms (medical/surgical unit)	1/bed	1/bed	—	—
4	Seclusion room (medical/surgical unit and postpartum care)	1/bed	1/bed	—	—
5	Intensive care (general)	3/bed	3/bed	1/bed	—
6	Airborne infection isolation (<u>intensive care</u>)	3/bed	3/bed	1/bed	—
7	Coronary-care service space	3/bed	2/bed	1/bed	—
8	Pediatric intensive care	3/bed	3/bed	1/bed	—
9	Newborn intensive care	3/bassinets	3/bassinets	3/bassinets	—
10	Newborn nursery (full term)	1/4 bassinets ²	1/4 bassinets ²	1/4 bassinets ²	—



1224.4 GENERAL CONSTRUCTION

TABLE 1224.4.6.5
 [OSHPD 1, 1R, 2, 3, 4 & 5] LOCATION OF NURSE CALL DEVICES
 * = Required

AREA DESIGNATION	STATION TYPE	1224	1225	1226	1227	1228
<i>Nursing Units</i>						
<i>Patient toilet room</i>	<i>B</i>	*	*		*	
<i>Patient bathing</i>	<i>B</i>	*	*		*	
<i>Special bathing</i>	<i>E</i>	*				
<i>Patient bed (nursing service)</i>	<u><i>P, E, C</i></u>	*			*	
<hr/>						
<i>Post-op patient care/PACU</i>	<u><i>P, E, C</i></u>	*		*	*	
<i>Imaging exam/procedure room</i>	<u><i>E, C</i></u>	*		*	*	
<i>Procedure Room, including Endoscopy</i>	<u><i>E, C</i></u>	*		*	*	
<i>Patient toilet room</i>	<i>B</i>	*		*	*	
<i>Electroconvulsive therapy</i>	<u><i>E, C</i></u>	*			*	*

Station Types

P = Patient Station, B = Bath Station, E = Staff Emergency, C = Code Call, M = Master, D = Duty

1. Not required for Primary Care, Chronic Dialysis, Rehabilitation or Psychology Clinics.

1224.4 GENERAL CONSTRUCTION

1224.4.11 Interior finishes. For imaging, examination/treatment, procedure, and operating rooms also see Table 1224.4.11.4a.

1224.4.11.4 Ceilings. *Ceilings in areas occupied by patients...*

1224.4.11.4.1 Ceiling finishes. *Ceiling finishes shall comply with Table 1224.4.11, Table 1224.4.11.4.1a, and the following requirements:*

TABLE 1224.4.11.4a

EXAMINATION/TREATMENT, IMAGING, PROCEDURE, AND OPERATING ROOM CLASSIFICATION ^{1, 2}

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

<p><u>Procedure room</u></p>	<p><u>Patient care that requires high-level disinfection of the room, sterile instruments, and some environmental controls but does not require the environmental controls of an operating room.</u> <u>Endoscopic procedures</u></p>	<p><u>Semi-restricted area</u></p>	<p><u>Accessed from an unrestricted or a semi-restricted area</u></p>	<p><u>Flooring: cleanable and wear-resistant for the location; stable, firm and slip-resistant</u> <u>Floor and wall base assemblies: monolithic floor with integral coved wall base carried up the wall a minimum of 6 inches.</u></p> <p><u>Wall finishes: washable; free of fissures, open joints or crevices</u></p> <p><u>Ceiling: smooth and without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals; lay-in ceiling permitted if gasketed or each ceiling tile weighs at least one pound per square foot and no perforated, tegular, serrated, or highly textured tiles.</u></p>
<p><u>Class 2 imaging room</u></p>	<p><u>Diagnostic and therapeutic procedures such as coronary, neurological, or peripheral angiography</u> <u>Electrophysiology procedures</u></p>			

<p><u>Operating room</u></p>	<p><u>Invasive procedures³ Any procedure during which the patient will require physiological monitoring and is anticipated to require active life support</u></p>	<p><u>Restricted area</u></p>	<p><u>Accessed from a semi-restricted area</u></p>	<p><u>Flooring: cleanable and wear-resistant for the location, stable, firm, and slip-resistant Floor and wall assemblies: monolithic floor with integral covered wall base carried up the wall a minimum of 6 inches</u></p>
<p><u>Class 3 imaging room</u></p>	<p><u>Invasive procedures³ Any Class 2 procedure during which the patient will require physiological monitoring and is anticipated to require active life support</u></p>			<p><u>Wall finishes: washable; free of fissures, open joints, or crevices</u></p> <p><u>Ceiling: monolithic, scrubbable, capable of withstanding cleaning and/or disinfecting chemical, gasketed access openings</u></p>

1. This table includes a brief description of the services performed in these room types and a summary of some applicable requirements that appear elsewhere in the California Building Code.
2. Other requirements that apply to these room types include, but are not limited to, ventilation, lighting, and sound transmission requirements. See California Mechanical Code Table 4-A and ASHRAE 170 for ventilation requirements. See California Electrical Code, Article 517 for lighting and power requirements. See California Building Code Table 1224.4.19 for noise transmission requirements.
3. "Invasive procedure" is defined in Section 1224.3 definitions.

1224.5.4 SPC/NPC compliance

1224.5.4 SPC/NPC compliance. *The location of spaces required by this section shall meet the requirements of California [Existing](#) Building Code, Section ~~3416A~~ [307A](#) Compliance Alternatives for Services/Systems and Utilities.*

1224.14 NURSING SERVICE SPACE

1224.14.2 Support areas. ~~The provision for the support areas listed below shall be in each nursing unit, unless noted otherwise.~~ The size and location of each support area will depend upon the numbers and types of beds served. If it has direct access to the unit, some ~~Some~~ support areas may be arranged and located to serve more than one nursing unit as indicated below, but, unless noted otherwise, at least one such support area shall be provided on each nursing floor.

1224.14 NURSING SERVICE SPACE

1224.14.2.2 Nurse or supervisor office. A nurse or supervisor office shall be provided ~~in each nursing unit~~ and may be shared between adjacent nursing units on the same floor.

...

1224.14.2.6 Clean utility/workroom. Clean utility/workroom shall be provided ~~in each nursing unit~~ and shall comply with ~~to~~ Section 1224.4.4.

...

1224.14.2.7 Soiled workroom or soiled holding room. A soiled workroom or soiled holding room shall be provided ~~in each nursing unit~~ and shall comply with Section 1224.4.4.7.

...

1224.14.2.10 Nourishment area. A nourishment area or room shall be provided ~~in~~ for each nursing unit and shall comply with Section 1224.4.4.5.

1224.14 NURSING SERVICE SPACE

1224.14.2.12 Equipment storage room. *Appropriate room(s) shall be provided for storage of equipment necessary for patient care. ~~Each unit shall provide~~ with not less than 10 square feet (0.93 m²) per patient bed.*

...

1224.14.2.14 Centralized bathing facilities. *When individual bathing facilities are not provided in patient rooms, there shall be at least one shower and/or bathtub for each 12 beds without such facilities. Each bathtub or shower shall be in an individual room or enclosure that provides privacy for bathing, drying, and dressing. Each centralized bathing facility shall have direct access to a patient toilet and handwashing fixture.*

~~**1224.14.2.14.1 Special bathing facilities.** *Special bathing facilities, including space for attendant, shall be provided for patients on gurneys, carts, and wheelchairs at the ratio of one per 100 beds or a fraction thereof. The special bathing facility may be located in a nursing unit on a separate floor.*~~

1224.15 SURGICAL SERVICE SPACE

1224.15.2 Surgery

1224.15.2.1 General operating room(s). Each room shall have a minimum...

...

1224.15.2.2 Procedure room(s). Where a procedure room is provided it shall comply with Section 1224.14.2.6 unless specified elsewhere. Moved requirements to 1224.14.2.5 and add pointer here.

Moved requirements to 1224.14.2.5 and add pointer here.

1224.16 ANESTHESIA/RECOVERY SERVICE SPACE

1224.16.3 Recovery and Post-Anesthesia Care Unit (PACU)...

1224.16.3.1 Space requirements. A minimum of 4 feet (1218) clearance shall be provided between the sides and the foot of patient gurneys, or beds, and adjacent walls or other fixed elements. A minimum clear floor area of 80 square feet (7.43 m²) shall be provided for each station in an open-bay plan. A minimum of 5 feet (1524 mm) shall be provided between sides of gurneys or beds, and a minimum of 3 feet (914 mm) clearance shall be provided between the foot of the gurney or bed, to a closed cubicle curtain. A minimum width of 6 feet (1829 mm) of access/circulation outside the curtain shall be provided at the foot of the gurney or bed. See patient Bay under Patient Care Locations in Section 1224.3.

1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE.

1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE. Space and equipment shall be provided to accommodate all required elements, and any additional imaging modalities included in the service space, as required in this section. To differentiate the design and construction requirements needed to achieve the environmental controls and other requirements that support the amount of intervention to be provided, imaging rooms shall be classified as described in Table 1224.4.11.4a (Examination/Treatment, Imaging, Procedure, and Operating Room Classification). Where an imaging room will be used for Class 1 and Class 2 procedures, the more stringent requirements for the higher class room shall apply. Where imaging procedures meeting Class 3 criteria are performed, rooms that meet the requirements for the applicable imaging suite and for an operating room per Section 1224.15.2.1 or hybrid operating room per Section 1228.28.5 shall be provided. If Class 2 or Class 3 interventional or image-guided procedures are performed in the imaging services area, additional provisions shall be as described in Section 1224.28 Supplemental Surgery and other Special Procedure Services. If nuclear medicine is provided in the imaging services area, spaces shall also comply with the requirements described in Section 1224.34 Nuclear Medicine.

1224.18.1 Minimum requirements. Hospital shall provide a minimum of...

1. One fluoroscopy room...

1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE.

6. Handwashing stations located within the unit.

a) Handwashing station(s) shall be provided within the unit to serve imaging spaces not served by a dedicated handwashing station within the imaging room, or scrub facility located directly outside the imaging/procedure room.

b) A handwashing station shall be provided in Class 1 imaging rooms, unless specified otherwise for a specific imaging modality.

c) A handwashing station or hand scrub facility shall be provided for Class 2 imaging rooms. If a handwashing station is provided, it shall be directly accessible to the imaging room. If a hand scrub facility is provided, it shall be directly outside the entrance to the imaging room.

d) Hand scrub facilities shall be provided directly outside the entrance to a Class 3 imaging room.

7. Dressing room facilities.

1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE.

1224.18.1.1 Radiation protection. A certified physicist or other qualified expert shall specify the type, location, and amount of radiation protection...

1. The control alcove or room shall be, at minimum, sized and configured in compliance with the manufacturer's recommendations for installation, service, and maintenance.

2. A control alcove or room shall be permitted to serve more than one imaging room, provided the manufacturer's recommendations for installation, service, and maintenance are accommodated for all rooms served.

3. The control alcove or room shall include a shielded view window, as specified in the physicist's report, designed to provide a full view of the examination/procedure table and the patient at all times, including a full view of the patient during imaging activities (e.g. when the table is tilted or the chest x-ray is in use).

4. The control room shall be physically separated from a Class 2 or Class 3 imaging room with walls and a door.

5. Where an imaging room requires positive (or negative) pressure, a door shall be provided between the control room and the imaging room.

1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE.

1224.18.1.2 Multiple-modality devices. *Where two or more individual imaging or therapy modalities are integrated into one imaging device (e.g. PET/CT, SPECT/CT, or PET/MRI), the minimum requirements for that room shall include the criteria for each individual contributing modality. Refer to Section 1224.34 for modalities not included under Section 1224.18.*

1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE.

1224.18.4 Magnetic resonance imaging (MRI). *If provided, the MRI room shall accommodate the equipment with a minimum of 3 feet (914 mm) on all sides of the equipment, together with the following:*

- 1. A control room shall be provided with full view of the patient in the MRI scanner. The control console shall be positioned so the operator has a full view of the approach and entrance to the MRI scanner room.*
- 2. An anteroom or area visible from the control room shall be located outside the MRI scanner room so that patients, health care personnel, and other employees must pass through it before entering the scanning area and control room. The room or area shall be outside the restricted areas of the MRI's magnetic field.*

3. Safety Zones One through Four shall be identified.

a) Zone One consists of all areas freely accessible to the general public. This zone includes the entrance to the MR facility.

b) Zone Two acts as a buffer between Zone One and the more restrictive Zone Three. Patients are under the general supervision of MR personnel. Zone Two may include the reception area, dressing room and interview room.

c) Zone Three should be restricted by a physical barrier. Only approved MR personnel and patients that have undergone a medical questionnaire and interview are allowed inside Zone Three. The MR control room and/or computer room are located within Zone Three.

d) Zone Four is strictly the area within the walls of the MR scanner room. Access into the MR scanner room should only be available by passing through Zone Three.

1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE.

...

1224.18.5.3 Patient toilet(s). A patient toilet shall be directly accessible to the ultrasound procedure room. The patient toilet may be permitted to serve more than one ultrasound procedure room. If procedures performed do not require a full bladder, then the toilet is not required.

Being reviewed by CDPH

1224.18.5.4 Processing room. If provided, a Processing room shall contain an area for cleaning and decontaminating instruments. The cleaning area shall provide for flow of instruments from the contaminated area to the clean area and then to storage.

1224.18.5.4.1 The decontamination area shall be equipped with the following:

1. Utility sink(s) shall be provided as appropriate to the method of decontamination used.

1. One freestanding handwashing station.

2. Work counter space(s).

3. Separate Storage Room or cabinet for HLD probes

1224.20 DIETETIC SERVICE SPACE.

1224.20.3 Outside Service. *On approval of the Licensing Agency, when food is provided by an outside food service, all applicable licensing and certification requirements shall be met. The facility shall maintain adequate space, equipment and food supplies to accommodate required functional elements listed in Section 1224.20.2, as required to provide patient food service in the event that outside food service is interrupted. A temporary mobile kitchen approved by the licensing agency can be used to meet the requirements of 1224.20.2 during construction.*

1224.25 EMPLOYEE DRESSING ROOMS AND LOCKERS.

1224.25 EMPLOYEE DRESSING ROOMS AND LOCKERS.

1224.25.1 Minimum facilities. *Hospitals shall provide the following:*

- 1. Separate dressing rooms for male and female personnel with lockers, ~~lavatory~~ and a toilet room.*
- 2. Additional dressing rooms for the surgical service and as required within any of the supplemental services.*

1224.28 SUPPLEMENTAL SURGERY AND SPECIAL PROCEDURE SERVICES

1224.28.2 Cardiac catheterization.

1224.28.2.1 Procedure room. A procedure room with a minimum clear floor area of 400 square feet (37.16 m²) for the procedure room in addition to spaces for control, monitoring and recording equipment, and x-ray imaging equipment power and controls, and a minimum of one scrub sink for each catheterization laboratory. This space does not include the control room.

...

1224.28.2.3 Equipment space. An equipment space or enclosure large enough to contain x-ray imaging equipment transformers, power modules, and associated electronics and electrical gear shall be provided.

1224.28 SUPPLEMENTAL SURGERY AND SPECIAL PROCEDURE SERVICES

CDPH Reviewing

1224.28.3 Freestanding and OSHPD 1R cardiac catheterization laboratory service space. A general acute care hospital referenced in Health and Safety Code Section 1255 (d)(3) ~~(E)~~ (see next slide) may provide cardiac catheterization laboratory service in a freestanding nonhospital building or an OSHPD 1R hospital building in conformance with this section and Section 1226.2.2. In addition, the service space shall comply with Section 1224.28.2 and applicable requirements in Section 1224.15.3 that are not covered by this section.

1224.28.3.1 Outpatient support areas. Outpatient support areas shall include outpatient waiting rooms in compliance with Section 1224.4.5. A separate space shall be provided where outpatients change from street clothing and are prepared for a procedure. This space shall include provisions for clothing storage, toilet room(s), sink and an area for clothing change and gowning.

1224.28.3.2 Connection to hospital. The freestanding cardiac catheterization laboratory service space shall be located in the nonhospital or OSHPD 1R building such that the service space has a direct connection to the general acute care hospital providing cardiac surgery by a patient corridor link in compliance with Section 1224.4.7. The corridor link shall have a minimum width of 8 feet (2438 mm) as required under Section 1224.4.7.1. The corridor link shall connect to the hospital corridor system with access to all basic services as required under Section 1224.4.7.5.

Reference:

CDPH Reviewing

HSC 1255:

(d)...

(3) Commencing March 1, 2013, a general acute care hospital that has applied for program flexibility on or before July 1, 2012, to expand cardiac catheterization laboratory services may utilize cardiac catheterization space that is in conformance with applicable building code standards, including those promulgated by the Office of Statewide Health Planning and Development, provided that all of the following conditions are met:

(A) The expanded laboratory space is located in the building so that the space is connected to the general acute care hospital by an enclosed all-weather passageway that is accessible by staff and patients who are accompanied by staff.

(B) The service performs cardiac catheterization services on no more than 25 percent of the hospital's inpatients who need cardiac catheterizations.

(C) The service complies with the same policies and procedures approved by hospital medical staff for cardiac catheterization laboratories that are located within the general acute care hospital, and the same standards and regulations prescribed by the department for cardiac catheterization laboratories located inside general acute care hospitals, including, but not limited to, appropriate nurse-to-patient ratios under Section 1276.4, and with all standards and regulations prescribed by the Office of Statewide Health Planning and Development. Emergency regulations allowing a general acute care hospital to operate a cardiac catheterization laboratory service shall be adopted by the department and by the Office of Statewide Health Planning and Development by February 28, 2013.

(D) Emergency regulations implementing this paragraph have been adopted by the department and by the Office of Statewide Health Planning and Development by February 28, 2013.

(E) This paragraph shall not apply to more than two general acute care hospitals.

Why only E? Should be all of (3).

1224.28 SUPPLEMENTAL SURGERY AND SPECIAL PROCEDURE SERVICES

1224.28.4 Interventional imaging.

...

1224.28.4.12 Staff changing areas. Male and female staff changing areas shall be provided and arranged to ensure a traffic pattern so that personnel can enter from an unrestricted area outside the suite, change their clothing, and move directly into the ~~semi-restricted corridor within the~~ interventional imaging suite.

...

1224.28.5 Hybrid operating room(s).

...

1224.28.5.2 Control room. If required, a control room shall be provided that accommodates the imaging system control equipment and the following requirements:

1. The control room shall have a minimum clear floor area of 120 square feet (11.15 m²), which may include fixed work surfaces.
2. The room shall be physically separated from the hybrid operating rooms with walls and a door.
3. The room shall have viewing windows that provide for a full view of the patient and the surgical team.
Cameras shall be permitted to provide for full view of patient while positioned in imaging equipment.

1224.29 INTENSIVE CARE UNITS

1224.29.1.13 Airborne infection isolation room. *At least one airborne infection isolation room shall be provided per unit. The room shall comply with the requirements of Section 1224.14.3; however, the adjoining toilet room is not required. Modular toilet units located within a privacy curtain may be used within the airborne infection isolation room. The modular toilet fixture shall comply with Section 1224.29.1.4.*

Exception: When approved by the licensing agency an airborne infection isolation room is not required for small or rural hospitals or protect environment burn-center units.

1224.29.2 NEWBORN INTENSIVE CARE UNITS (NICU)

1224.29.2.6 Area. Each patient care space shall contain a minimum of 120 square feet (11.15 m²) of clear floor area per bassinet excluding handwashing fixtures and aisles with a minimum headwall width of 11 feet (3353 mm). **There shall be an aisle for circulation adjacent to each patient care space with a minimum width of 4 feet (1219 mm).**

This is what is currently required for aisles between NICU bassinets. I'm removing the 6-foot access aisle as it is more restrictive and redundant.

1224.31 PSYCHIATRIC NURSING UNIT

1224.31.1 Psychiatric unit space. A psychiatric unit shall be housed in a separate and distinct nursing unit and shall provide the following:

1224.31.1.1 General. A psychiatric nursing unit shall meet the requirements of Section 1224.14 for a unit that provide acute medical care or 1228.14 for a non-medical unit, in addition to the requirements of Section 1228.4, based on the functional program. Specific application shall respond to the patient injury and suicide prevention component of the Patient Safety Risk Assessment prepared under California Administrative Code (Part 1 of Title 24) Section 7-119. If a unit provides acute medical care, the unit shall ~~comply with Section 1224.14 and~~ be located in a building that is compliant with California Administrative Code Chapter 6 for OSHPD-1.

1224.31.1.2 Administrative center(s) or nurse station(s). The distance between the nurses station entrance and the center of the doorway of the most remote patient bedroom shall not exceed 90 linear feet (27,432 mm). Refer to Section 1224.4.4.2.

...

1224.31.1.10 Occupational therapy. Facilities for occupational therapy shall comply with Section 1224.35.3, items 1, 2 and 3. **Eliminates item 4. CDPH concurs**

1224.32 OBSTETRICAL FACILITIES (PERINATAL UNIT SPACE)

1224.32.3.2 Delivery room(s). At least one delivery room shall be provided in the obstetrical unit. Delivery rooms shall have a minimum clear floor area of 300 square feet (27.87 m²). An emergency communication system shall be connected with the obstetrical facilities control station.

1224.32.3.2.1 Postpartum bed ratio. Delivery rooms, which are used for no other purpose, shall be provided at the ratio of one per 12 postpartum beds and for each major fraction thereof.

Exceptions:

1. If LDR or LDRP beds are provided, each LDR or LDRP may be counted as a delivery room in the postpartum bed ratio. [This does not exempt the delivery room required per 1224.32.3.2.](#)
2. When approved by the licensing agency, the operating room of small or rural hospitals with a licensed bed capacity of 50 or less may serve as the delivery room.

1224.33 EMERGENCY SERVICE

1224.33.2.2 Treatment room. Standby emergency service shall include at least one treatment room with the following elements:

...

5. Multiple-station treatment rooms shall provide a minimum of 80 square feet (7.43 m²) per patient gurney, with a minimum 8 foot width (2,438 mm) and 3 feet (914 mm) at the foot of the bed/gurney, with a minimum of 3 feet to any wall or fixed obstruction, and a minimum of 5 feet (1524 mm) between patient gurneys. Patient gurneys shall be separated from adjoining **subicles patient care stations** by curtains. A minimum width of 6 feet (1829 mm) of access/circulation outside the curtain shall be provided at the foot of the gurney. Handwashing fixtures shall be provided for each four treatment stations and for each major fraction thereof in multiple-station areas. These shall be uniformly distributed to provide equal access from each patient station.

1224.33 EMERGENCY SERVICE

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

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

1224.33 EMERGENCY SERVICE

1224.33.3.14 Medication preparation room. A minimum of one medication preparation room shall be provided in accordance with Section 1224.4.4.4.1. Self-contained medication dispensing units may be provided in addition.

1224.33 EMERGENCY SERVICE

1224.33.5.1 Observation units. Observation rooms for the monitoring of patients up to 24 hours may be provided as a distinct unit within, the emergency department. If provided the unit shall have the following:

1. Handwashing stations shall be provided in each patient room and for each four treatment stations, and for each major fraction thereof. These shall be uniformly distributed to provide equal access from each patient station. Handwashing stations shall be directly accessible to nurse stations and patient care areas.

2. Each patient station shall provide space at each bedside for visitors and provision for visual privacy from casual observation by other patients and visitors. A minimum distance of 3 feet (914 mm) shall be provided between the sides and foot of bed and any wall or other fixed obstructions. ~~Each patient~~ Single station rooms shall have a minimum of 120 square feet (11.15 m²) of clear floor area. including space at each bedside for visitors and provision for visual privacy from casual observation by other patients and visitors. Multiple-station rooms shall provide a minimum of 80 square feet (7.43 m²) per patient station with a minimum 8 foot width (2,438 mm). A minimum distance of 3 feet (914 mm) between the sides and any wall or any other fixed obstruction shall be provided. A minimum distance of 3 feet (914 mm) shall be provided between beds and 4 feet (1219 mm) at the foot of each bed to permit the passage of equipment and beds. Patient gurneys shall be separated from adjoining patient stations by curtains.

Matches Outpatient Observation Unit language.

3. One toilet room shall be provided for each six treatment stations and for each major fraction thereof.

4. An administrative center/nurse station, in compliance with Section 1224.4.4.2, positioned to allow staff to observe each patient care station or room.

5. A nourishment area in compliance with Section 1224.4.4.5.

1224.34 NUCLEAR MEDICINE

1224.34.1.2.3 Single-Photon Emission Computed Tomography (SPECT) Facilities.

When provided shall include the following:

1. ~~Scanner room.~~ Scanner room shall provide a minimum clearance of 4 feet (1218 mm) at each side and the foot of the table. Additional space shall be provided when SPECT is combined with CT, and include compliance with Section 1224.18.3 and shielding requirements in Section 1224.34.1.1.

1224.34.2.14 Hot lab for scintigraphy (gamma camera), PET and SPECT facilities. A securable ~~area or~~ room shall be provided in which radiopharmaceuticals can be safely stored and doses can be calculated and prepared.

CDPH Reviewing

1224.34 NUCLEAR MEDICINE

CDPH Reviewing – currently no changes

1224.34.1.3 Radiopharmacy. If radiopharmaceutical preparation is performed, an area adequate to house a radiopharmacy shall be provided with appropriate shielding. This area shall include adequate space for storage of radionuclides, chemicals for preparation, dose calibrators, and record keeping. If preprepared materials are used, storage and calculation area may be considerably smaller than that for on-site preparation. Space shall provide adequately for dose calibration, quality assurance, and record keeping. The area may still require shielding from other portions of the facilities.

1224.34.2.14 Hot lab for scintigraphy (gamma camera), PET, and SPECT facilities. A securable area or room shall be provided in which radiopharmaceuticals can be safely stored and doses can be calculated and prepared.

1. A single hot lab shall be permitted to serve multiple scanners and nuclear medicine modalities.
2. The hot lab shall be shielded in compliance with Section 1224.34.1.1.
3. A source storage area, a dose area, and a storage area for syringe shields shall be provided.

1224.34 NUCLEAR MEDICINE

1224.34.6 Radiosurgery suite. *If radiosurgery (gamma knife/cyber knife) is provided, the following shall be provided:*

...

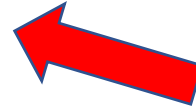
1224.34.6.3 Pre-procedure/recovery accommodations. *If provided, pre-procedure/recovery patient care stations shall meet the following requirements:*

...

3. *Clearances. Each bay or cubicle shall have a minimum clearance of 3 feet (914 mm) between walls or partitions and the sides and foot of gurneys or patient beds. Each bay shall have a minimum clearance of 4 feet (1218 mm) between sides of gurneys or patient beds. A minimum width of 6 feet (1829 mm) of access/circulation outside the curtain shall be provided.*

1224.39 OUTPATIENT SERVICE SPACE

1224.39.3.4 Post-anesthesia recovery area. *A post-anesthesia recovery area shall meet the requirements of Section 1224.16.3.*



...

1224.39.3.6 Service areas. *Each gastrointestinal endoscopy unit shall provide the support areas required under Section 1226.5.11.6 if not shared within the department.*



1224.39 OUTPATIENT SERVICE SPACE

1224.39.6 OUTPATIENT OBSERVATION UNITS.

...

1224.39.6.4 Patient care stations. Each patient station shall provide minimum clear floor area that includes space at each bedside for visitors. Provisions for visual privacy from casual observation by other patients and visitors shall be provided. Patient care stations shall meet the following:

1224.39.6.4.1 Space requirements:

1. Single-station rooms: 110 square feet (10.2 m²). A minimum distance of 3 feet (914 mm) shall be provided between the sides and foot of bed and any wall or other fixed obstructions.
2. Multi-station rooms or areas: 80 square feet (7.4 m²) per patient station. A minimum distance of 3 feet (914 mm) shall be provided between beds and 4 feet (1219 mm) between the foot of beds, ~~and~~ walls or other fixed obstructions for access/circulation.

This aligns with patient rooms.

1225 SKILLED NURSING AND INTERMEDIATE-CARE FACILITIES

1225.4 COMMON ELEMENTS

...

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

1225 SKILLED NURSING AND INTERMEDIATE-CARE FACILITIES

1225.6.7 DIALYSIS SERVICE. *Dialysis services providing services equivalent to a chronic dialysis clinic shall comply with Sections 1226.4.3 through 1226.4.8 and the provisions of this section.*

1225.6.7.1 Examination and treatment rooms.

1225.6.7.1.1 Examination room(s). *When provided, refer to Section 1224.4.4.1.1.*

1225.6.7.1.2 Treatment room(s). *When provided, refer to Section 1224.4.4.1.2.*

1225.6.7.1.3 Individual patient treatment areas. *Individual patient treatment areas shall contain at least 80 square feet (7.44 m²). There shall be at least a 4-foot (1219 mm) space around and between beds and/or lounge chairs. In addition, the following shall be provided:*

- 1. Location.** *The treatment area may be an open area and shall be separate from administrative area and outpatient waiting room.*
- 2. Privacy.** *An open unit shall be designed to provide visual privacy for each patient.*

1225.6.7.1.4 Airborne infection isolation exam/treatment room. *When provided, refer to Section 1224.4.4.1.3.*

1225.7.2 Support areas for examination and treatment rooms.

1225.7.2.1 Administrative center or nurse station.

Administrative center or nurse station shall be located within the dialysis treatment area and designed to provide visual observation of all patient stations. In addition, refer to Section 1226.4.13.1 for nurses' station(s) requirements.

CDPH Reviewing

1225 SKILLED NURSING AND INTERMEDIATE-CARE FACILITIES

1225.6.7 DIALYSIS SERVICE. (Continued)

1225.7.2.1.1 Handwashing stations. Handwashing stations shall be directly accessible to the administrative center or nurses' station and to patient treatment areas. Handwashing stations shall be provided for each four patient stations and for each major fraction thereof. These shall be uniformly distributed to provide equal access from each patient station. Refer to Section 1224.3 for the definition of a handwashing station.

1225.7.2.2 Medication station. Refer to Section 1226.4.13.2.

1225.7.2.3 Clean utility room. Refer to Section 1226.4.13.3.

1225.7.2.4 Soiled workroom or soiled linen holding. Refer to Section 1226.4.13.4.

1225.7.2.5 Housekeeping room. Provide a housekeeping room that is readily accessible to the unit. This room shall have a minimum floor area of 15 square feet (1.4 m²) and shall include the following:

- 1. Service sink or floor receptor**
- 2. Supply storage**
- 3. Housekeeping equipment storage**

1225.7.2.6 Nourishment room. When provided, refer to Section 1226.4.13.7.

1225.7.2.7 Sterilization facilities. When provided, refer to Section 1226.4.13.6.

1225.7.4 Support areas for patients.

1225.7.4.1 Patient toilet room(s). Provide patient toilet room(s) directly readily accessible from treatment area. The toilet shall be equipped with bedpan flushing attachment(s). Refer to Section 1226.4.14.1.

1225 SKILLED NURSING AND INTERMEDIATE-CARE FACILITIES

1225.6.7 DIALYSIS SERVICE. (Continued)

1225.7.4.3 Specimen collection facilities. When provided, refer to Section 1224.4.4.2.

1225.7.5 General support services and facilities.

1225.7.5.1 Reprocessing room. When dialyzers are reused, a reprocessing room is required and sized to perform the functions required and include one-way flow of materials from soiled to clean with provisions for a refrigerator for temporary storage of dialyzer, decontamination/cleaning areas, sinks, processors, computer processors and label printers, packaging area, dialyzer storage and disinfectants storage.

1225.7.5.4 Repair room. When required, an equipment repair and breakdown room shall be equipped with a handwashing fixture, deep service sink, work counter and storage cabinet. Provide water supply and drain connection for testing machines.

1225.7.5.5 Mixing room. Each facility using a central batch delivery system shall provide, either on the premises or through written arrangements, individual delivery systems for the treatment of any patient requiring special dialysis solutions. The mixing room shall also include a sink, storage space and holding tanks. ???

1225.7.5.6 Water treatment room. The water treatment equipment shall be located in an enclosed room. ???

1225.7.6 Support areas for staff.

1225.7.6.1 Staff toilet(s). Provide readily accessible staff toilets. Refer to Section 1226.4.17.1.

1225.7.6.2 Storage for employees. Refer to 1226.4.17.2.

1226 CLINICS

1226.4 General Construction. Clinics and outpatient clinical services under a hospital license shall comply with the ~~following provisions wherever applicable~~ under Section 1224.4, General Construction, where applicable, except as supplemented, amended or modified below.

1226.4.1 Examination and treatment areas.

...

1226.4.2 Miscellaneous requirements.

1226.4.2.1 Station outlets. When provided, refer to Section 1224.4.6.1.

1226.4.2.2 Gas and vacuum systems. When provided refer to Section 1224.4.6.2.

1226.4.2.3 Hyberbaric facilities. When provided, refer to Section 1224.4.6.3.

1226.4.2.4 Laboratories. Refer to Section 1224.4.6.4.

1226.4.2.5 Nurse call systems. Refer to Section 1224.4.6.5.

1226.4.2.6 Noise reduction. The noise reduction criteria shown in Table 1224.4.19 shall apply to partitions, floors, and ceiling construction in patient treatment areas.

1226 CLINICS

1226.5.11 Gastrointestinal endoscopy.

...

1226.5.11.6.8 Housekeeping room. Refer to Section ~~1224.39.2, Item 7~~
1224.39.2.3.2.

1228 ACUTE PSYCHIATRIC HOSPITALS

~~1228.4.4.2 Administrative center(s) or nurse station(s). Refer to Section 1224.4.4.2. [Reserved.](#)~~

...

1228.4.8 Doors and door openings. Refer to Section 1224.4.8 with the following modifications and amendments:

1. Where indicated by the Patient Safety Risk Assessment, toilet room doors shall be equipped with keyed locks that allow staff to control access to the toilet room.
2. Use of door closers is to be avoided unless required by other sections of this code.
3. Door hinges shall be designed to minimize accessible anchor points (e.g., cut hinge type, piano hinge, concealed hinge, etc.).
4. Except for specifically designed ligature-resistant hardware, door lever handles shall point downward when in the latched and in the unlatched position.
5. All hardware shall have tamper-resistant fasteners.
6. Soft doors may be used for patient room toilets where indicated in the Patient Safety Risk Assessment.

1228 ACUTE PSYCHIATRIC HOSPITALS

1228.13.3 Occupational therapy service space. *Where provided, occupational therapy shall comply with Section 1224.35.3, [items 1, 2 and 3](#). **Eliminates item 4. CDPH concurs***

...

1228.14.1.2 Space requirements. *Patient bedrooms shall have a minimum clear floor area of ~~100~~ [110](#) square feet (~~9.29~~ [10.2](#) m²) for single-bed rooms and 80 square feet (7.43 m²) per bed for multiple-bed rooms.*

...

1228.14.2.12 Equipment and supply storage. *Appropriate room(s) shall be provided for storage of equipment necessary for patient care. Each unit shall provide not less than 5 square feet (0.46 m²) per patient bed.* ~~*Equipment and supply storage is required, refer to Section 1224.14.2.12. Location of the storage areas shall not present a risk to the patient population as indicated in the functional program.*~~

~~**1228.14.2.13 Gurneys or wheelchairs.** *Storage for gurneys or wheelchairs is required, refer to Section 1224.14.2.13. Storage areas may be located within the nursing unit or outside but readily accessible to the unit.*~~

1228 ACUTE PSYCHIATRIC HOSPITALS

1228.23 STORAGE. *Refer to Section 1224.23, Storage, for requirements and the additional requirements below:*

1228.23.1 General storage. *Hospitals shall provide general storage space of at least 10 square feet (0.93 m²) per bed in addition to specialized storage spaces. All storage spaces shall be located within the hospital building and readily accessible to the connecting corridor required under Section 1224.4.7.5.*

1224.23.2 Specialized storage. *Specialized storage spaces shall include the following:*

1224.23.2.1 Linen. *Provide separate and enclosed facilities for clean and soiled linen in each nursing unit. The clean linen storage space shall have a minimum area of 10 square feet (0.93 m²) and may be within the clean utility room. The soiled linen collection space shall have an area of no less than 10 square feet (0.93 m²), except where linen chutes are provided, and may be within the soiled utility room.*

1224.23.2.2 Supply. *One supply storage space having a minimum area of 15 square feet (1.39 m²) shall be provided in each nursing unit. Supply storage may be within the clean utility room used only as part of a system for distributing clean and sterile supplies.*

1224.23.2.4 Sterile and unsterile supplies shall be stored separately.

1224.23.2.5 Food storage shall be as described in Section 1224.20.

1228.23.13 Patient storage facilities. *A staff-controlled secured storage area shall be provided for patient's effects that are determined to be potentially harmful (e.g., razors, nail files, cigarette lighters).*

1228 ACUTE PSYCHIATRIC HOSPITALS

1228.30.5 Education. *If a unit treats children of school age over a period of one month or more, it shall provide physical facilities for an educational program, such as classrooms and an office for the teacher.*

**Proposals for
Part 2 Volume 2
2022 California Building Code**

16A STRUCTURAL DESIGN

1617A.1.3 ~~Reserved~~ [OSHPD 1,2, 4 & 5] ASCE 7, Section 11.4. Modify ASCE 7, Section 11.4

ASCE 7-16 Supplement 3, will include clarifications to determining the Seismic ground motion values in Section 11.4. Propose adoption of ASCE 7-16 Supplement 3. Update Chapter 35 accordingly:

CHAPTER 35

REFERENCED STANDARDS

...

ASCE/SEI

7-16: Minimum Design Loads and Associated Criteria for Buildings and Other Structures *with Supplement No. 1 and 3*

16A STRUCTURAL DESIGN

1617A.1.18 ASCE 7, Section 13.1.4.

...

13.1.4.a [OSHPD 1, ~~1R~~, 2, 4 & 5]. *The following nonstructural components and equipment shall be anchored in accordance with this section. Design and detailing shall be in accordance with Chapter 13 except as modified by this section.*

1. Fixed Equipment: Equipment...

16A STRUCTURAL DESIGN

1617A.1.18 ASCE 7, Section 13.1.4.

...

13.1.4.a

Clarify exemption language for anchorage and bracing of wall/ceiling hung equipment.

CHAPTER 18A - SOILS AND FOUNDATIONS

- Update specific sections based on updates in the 2021 IBC. No change in existing regulatory effect.
- Revise references to appropriate sections in ACI 318-19 which were not picked up in the 2021 IBC with the revised referenced standard from ACI 318-14 to ACI 318-19

Proposals for Part 3 2022 California Electrical Code

Amend OSHPD Definition Due to Code Change

Coordination, Selective (Selective Coordination). Localization of an overcurrent condition to restrict outages to the circuit or equipment affected, accomplished by the selection and installation of overcurrent protective devices and their ratings or settings for the full range of available overcurrents, from overload to the available fault current, and for the full range of overcurrent protective device opening times associated with those overcurrents. (CMP-10)

[OSHPD 1, 2, 3, & 4, & 5] Localization of an overcurrent condition to restrict outages to the circuit or equipment affected, accomplished by the selection and installation of overcurrent protective devices and their ratings or settings utilizing the 0.10 second level of the overcurrent protective device from the time current curve as the basis for the lower limit of the calculation method.

Add OSHPD Requirements for Acceptable Equipment

110.2 Approval. The conductors and equipment required or permitted by this Code shall be acceptable only if approved.

[OSHPD 1, 1R, 2, 3, 4 & 5] Equipment shall be approvable if the equipment meets the following requirements:

- Equipment is approved, listed, labeled or certified for its use by a Nationally Recognized Testing Laboratory (NRTL) as recognized by the U.S. department of Labor, Occupational Safety and Health Administration
- When field evaluated, equipment is evaluated and labeled by a Field Evaluation Body (FEB) that is accredited by International Accreditation Services (IAS) in accordance with NFPA 790
- Equipment has special seismic certifications when required by Sections 1705.13.3 and 1705A.13.3 of California Building Code

Add Pointer to CBC Similar CBC Requirement

110.26 Spaces About Electrical Equipment.

...

(C) Entrance to and Egress from Working Space.

...

(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 1010.1.10 for additional exit door requirements for electrical room with equipment rated 800-amperes or more.](#)

Informational Note: For information on panic hardware, see UL 305, Standard For Safety For Panic Hardware. For fire exit hardware, see UL 305, Standard For Panic Hardware, and UL 10C, Standard for Safety for Positive Pressure Fire Tests of Door Assemblies.

Change “Emergency System” to “Essential Electrical System”

220.42 General Lighting. The demand factors specified in Table 220.42 shall apply to that portion of the total branch-circuit load calculated for general illumination. They shall not be applied in determining the number of branch circuits for general illumination.

[OSHDP 1] The factors of Table 220.42 shall not be applied in the following areas: surgery suite, including recovery; emergency department, kitchen, food service, dining, critical care areas as defined in Article 517, elevator lobbies, corridors, inpatient nurse stations, and loads connected to the life safety branch or the critical branch of the ~~emergency~~-essential electrical system. Administrative areas shall be included in “All others” Type of Occupancy

Switches Located Near Bathtubs and Showers

404.4 Damp or Wet Locations.

...

(C) Switches in Tub or Shower Spaces. Switches shall not be installed within tub or shower spaces unless installed as part of a listed tub or shower assembly.

[OSHDP 1, 2, 4 & 5] Switches that are not part of a listed tub or shower assembly shall not be installed within shower rooms or stalls, or be accessible from within those areas. Switches shall not be installed within 900mm (3 ft) ~~5-foot (1.52m)~~ of the perimeter of bathtubs or shower stalls.

Exception 1: Bath station devices for Call Systems meeting the requirements of 517.123(C)(4) shall be permitted to be installed outside the perimeter of bathtubs or shower stalls.

Exception 2: Bath station devices for Call Systems meeting the requirements of 517.123(C)(3) shall be permitted to be installed within the tub or shower spaces.

Receptacles Located Near Bathtubs and Showers

406.9 Receptacles in Damp or Wet Locations.

...

(C) Bathtub and Shower Space. Receptacles shall not be installed within a zone measured 900 mm (3 ft) horizontally and 2.5 m (8 ft) vertically from the top of the bathtub rim or shower stall threshold. The identified zone is all-encompassing and shall include the space directly over the tub or shower stall.

Exception: In bathrooms with less than the required zone the receptacle(s) shall be permitted to be installed opposite the bathtub rim or shower stall threshold on the farthest wall within the room.

[\[OSHPD 1, 2, 4 & 5\] Exception not adopted.](#)

~~*(1) [OSHPD 1, 2, 4 & 5] Receptacles shall not be installed within shower rooms or stalls or be accessible from within these areas. Receptacles shall not be installed within 5 feet (1.52 m) of the perimeter of bathtubs or shower stalls.*~~

Update Title of ANSI/IESNA RP-28

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

...

(B) Illumination.

...

(2) [OSHPD 2] Minimum illuminance. Minimum maintained average illuminance in each area shall meet the recommended values in the latest edition of ANSI/IESNA RP-28, ~~Recommended Practice for~~ Lighting and the Visual Environment for Senior and the Low Vision Population Living.

Revise Type 1 Essential Electrical System Requirements for OSHPD 4 and OSHPD 5

517.29 Source of Power

...

(A.1) [OSHPD 1, 2, 3, 4 & 5] Applicability. The requirements of Part III, 517.29 through 517.35, shall apply to hospitals, facilities subject to the requirements of CEC 517.40(B), clinics subject to the requirements of CEC 517.45(B) or (C), correctional treatment centers and acute psychiatric hospitals providing critical care (Category 1) ~~and/or general care (Category 2)~~ services.

Allow Battery Systems for Essential Electrical System

517.30 Source of Power

...

(B) Types of Power Sources.

...

(1.1) [OSHPD 1, 3, 4 and 5] *Generating Units. The alternate source of power shall be **at least** one of the following:*

(A) *Generator(s) driven by some form of prime mover(s) and located on the premises.*

(B) *Another generating unit(s) where the normal source consists of a generating unit(s) located on the premises.*

(C) *As provided in paragraph (B)(2) below.*

(D) As provided in paragraph (B)(3) below.

All on-premises sources of power shall meet the on-premises fuel or battery stored energy requirements specified in Article 700.12.

[OSHPD 1, 2, & 5]: For facilities subject to Centers for Medicare and Medicaid Services (CMS) regulations, see 42 CFR 482.15(e) and 42 CFR 483.73(e) for emergency generator requirements.

(2) Fuel Cell Systems.

...

(3) Battery Systems.

Battery systems shall be permitted to serve as the alternate source for all or part of an essential electrical system. [OSHPD 1, 3, 4 and 5] Where life safety and critical portions of the distribution system are present, a connection shall be provided for a portable diesel generator.

42 CFR 482.15(e) and 42 CFR 483.73(e)

§482.15(e) Condition for Participation:

- Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section.

§483.73(e)

- (e) Emergency and standby power systems. LTC facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.

Delete OSHPD 5 from OSHPD Banner and Relocate OSHPD Amendment

517.30 Sources of Power.

...

(C) Location of Essential Electrical System Components.

Essential electrical system components shall be located to minimize interruptions caused by natural forces common to the area (e.g., storms, floods, earthquakes, or hazards created by adjoining structures or activities). [99.6.2.4.1] [OSHPD 1, & 4 ~~& 5~~] Refer to *California Building Code, Section 1617A.1.40.*

(1) Services....

(2) Feeders....

Allow Option for Receptacles and Light Switches to be Identified on Device or Cover Plate

517.31 Requirements for the Essential Electrical System.

...

(E) Receptacle Identification. The cover plates for the electrical receptacles *[For OSHPD 1, 2, 3, 4 & 5]* and light switches ~~*[For OSHPD 1, 2, 3, 4 & 5]*~~ *or the electrical receptacles and light switches* supplied from the life safety and critical branches shall have a distinctive color or marking so as to be readily identifiable. [99:6.7.2.3.5(B)]

Restore 10 Second Restoration Time for Type 1 Life Safety and Critical Branches

517.32 Branches Requiring Automatic Connection.

(A) Life Safety and Critical Branch Used in a Type 1 EES.

Those functions of patient care depending on lighting or appliances that are connected to the essential electrical system shall be divided into the life safety branch and the critical branch, as described in 517.33 and 517.34.

[OSHDP 1, 2, 3, 4, & 5] The life safety and critical branches shall be installed and connected to the alternate power source specified in 517.30(A) and (B) so that all functions specified herein for the life safety and critical branches are automatically restored to operation within 10 seconds after interruption of the normal source.

Amend OSHPD Amendment to Add Requirement for Imaging Equipment to be Powered by Essential Electrical System

517.34 Critical Branch.

(A) Task Illumination, Fixed Equipment, and Selected Receptacles. The critical branch shall supply power for task illumination, fixed equipment, select receptacles, and select power circuits serving the following spaces and functions related to patient care:

...

(7) Task illumination, select receptacles, and select power circuits for the following areas:

- a. Category 1 (critical care) or 2 (general care) spaces with at least one duplex receptacle per patient bed location, and task illumination as required by the governing body of the health care facility.

...

I. [OSHPD 1] Imaging room containing imaging equipment needed for diagnostic services of emergency/trauma patients found in California Building Code Section 1705A.13.3.1 7. Imaging equipment shall be connected to critical branch or equipment branch.

...

~~(4011)~~ [OSHPD 1, 2, 3, & 4 & 5] The following equipment: ...

Repeal Requirement for UPS Systems for Telecommunications and Data Technology Equipment to be Powered by Equipment Branch

517.35 Equipment Branch Connection to Alternate Power Source.

(A) Equipment for Delayed Automatic Connection.

...

~~(10) [OSHDPD 1, 2, 3, 4 & 5] Where provided, UPS systems serving telephone, data, technology and telecommunications equipment rooms and closets.~~

Add OSHPD Amendment to Correct Error for Type 2 Essential Electrical System Equipment Branch

517.44.1 [OSHPD 2, 4, & 5] Connection to Equipment Branch. *The equipment branch shall be installed and connected to the alternate power source such that equipment described in 517.44(A) is automatically restored to operation at appropriate time-lag intervals following the energizing of the life safety.*

[99:6.7.5.1.4.2(A)]

The equipment branch arrangement shall also provide for the additional connection of equipment listed in 517.44(B).

Exception: For essential electrical systems under 150 kVA, deletion of the time-lag intervals feature for delayed automatic connection to the equipment branch shall be permitted.

Change “Critical Branch” to “Equipment Branch”

517.44 Connection to Equipment Branch. ...

(B) Delayed Automatic or Manual Connection to the Equipment Branch.

...

...

(3) Optional Connections to the Equipment Branch. Additional illumination, receptacles, and equipment shall be permitted to be connected only to the critical branch.

(3.1) [OSHDP 2, 4, & 5] Optional Connections to the Equipment Branch. Additional illumination, receptacles, and equipment shall be permitted to be connected only to the equipment branch.

Add Power over Ethernet (PoE) Wiring to 517.80

517.80 Patient Care Spaces. Equivalent insulation and isolation to that required for the electrical distribution systems in patient care areas shall be provided for communications, signaling systems, data system circuits, fire alarm systems, and systems less than 120 volts, nominal.

Class 2 and Class 3 signaling and communications systems, [\[OSHPD 1, 2, 3, 4, & 5\] Class 2 circuits that transmit power and data to a power device](#), and power-limited fire alarm systems shall not be required to comply with the grounding requirements of 517.13, to comply with the mechanical protection requirements of 517.31(C)(3)(5), or to be enclosed in raceways, unless otherwise specified by Chapter 7 or 8.

Secondary circuits of transformer-powered communications or signaling systems shall not be required to be enclosed in raceways unless otherwise specified by Chapters 7 or 8. [99:6.7.2.3.7]

[\[OSHPD 1, 2, 3, 4, 5\] See ANSI/NEMA C137.3-2017, American National Standard for Lighting Systems — Minimum Requirements for Installation of Energy Efficient Power over Ethernet \(PoE\) Lighting Systems, for information on installation of cables for PoE lighting systems.](#)

Add References to Nurse Call Systems Requirements in CBC Chapter 12

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

(A) General.

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

Restrict Raceways and Cables Not Related to Technology and Telecommunication Rooms from Being Installed or Passing Through these Rooms

517.124 [OSHPD 1, 4 & 5] Technology and Telecommunications

Rooms. *Where technology or telecommunications rooms are provided in accordance with Section 1224.5 of the California Building Code, the following requirements shall apply:*

(A) General. *Electrical equipment, raceways, and cables that is not directly related to the support of the room shall not be installed in or pass through the room. Non-lighting circuits serving each room shall be dedicated to that room.*

Remove OSHPD 1R and Add OSHPD 5 to Periodically Emergency System Testing

700.3 Tests and Maintenance.

...

(B) Tested Periodically. Systems shall be tested periodically on a schedule approved by the authority having jurisdiction to ensure the systems are maintained in proper operating condition. *[OSHPD 1, ~~1R~~, and, 2, & 5] The authority having jurisdiction is Department of Public Health, Licensing and Certification.*

Repeal ATS Listing Amendment Due to Model Code Requirement

700.5 Transfer Equipment.

...

(C) Automatic Transfer Switches. Automatic transfer switches shall be electrically operated and mechanically held. Automatic transfer switches shall not be permitted to be reconditioned.

~~*[OSHDPD 1, 1R, 2, 3, 4 & 5] Automatic transfer switches rated above 1000 VAC shall be listed for emergency system use or approved by an alternative testing and approval program acceptable to the authority having jurisdiction.*~~

Add Minimum Energy Storage Requirements for Battery System

700.12(C) Storage Battery. Storage batteries shall be of suitable rating and capacity to supply and maintain the total load for a minimum period of 1 1/2 hours, without the voltage applied to the load falling below 87 1/2 percent of normal. Automotive-type batteries shall not be used.

An automatic battery charging means shall be provided.

Exception: [OSHPD 1, 2, 3, 4 & 5] Battery system used as an alternate power source for Type 1 essential electrical system shall be of suitable rating and capacity to supply and maintain the full-demand load for the time durations specified in 700.12(D)(2)(a).

Relocate Existing OSHPD Amendment and Add Reference to CMS Regulations

700.12 General Requirements. ...

(D) Generator Set. ...

(2) Internal Combustion Engines as Prime Movers.

(a) On-Site Fuel Supply. Where internal combustion engines are used as the prime mover, an on-site fuel supply shall be provided with an on-premises fuel supply sufficient for not less than 2 hours' operation of the system.

Exceptions [SFM, OSHPD 1, 2, 3, 4 & 5]

Exception No.1: [SFM, OSHPD 1, 2, 3, 4 & 5] The on-premises fuel supply shall be sufficient for not less than 24 hours full-demand operation in acute general care hospitals and correctional treatment centers that provide optional services. For acute care hospital facilities required to meet NPC-5, the on-premise fuel supply shall be sufficient for no less than 72 hours full-demand operations.

...

[OSHPD 1, 2, & 5]: For facilities subject to CMS regulations, see 42 CFR 482.15(e)(3) and 42 CFR 483.73(e)(3) for emergency generator fuel requirements.

42 CFR 482.15(e)(3) and 42 CFR 483.73(e)(3)

Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.

Update Existing OSHPD Amendment for Fuel Cell

(G) Fuel Cell System. Fuel cell systems used as a source of power for emergency systems shall be of suitable rating and capacity to supply and maintain the total load for not less than 2 hours of full-demand operation.

Exception: [OSHPD 1, 2, 3, 4 & 5] Fuel cell system shall meet on-premises fuel requirements specified in Article 700.12 ~~(B)~~(D)(2)(a)

Proposals for Part 4 2022 California Mechanical Code

Definition for Zone

Section: Section 228.0 -Z-

228.0

...

[ASHRAE 34:3]

Zone. [For OSHPD 1, 2, 3, 4 & 5] A space or group of spaces within a building for which the heating, or cooling requirements are sufficiently similar that desired conditions can be maintained throughout by a single controlling device.

Variable Air Volume

407.5.1.3 Spaces with pressure requirements per Table 4-A shall utilize ~~Variable air volume for return or exhaust air shall be accomplished by utilizing an automatic modulating damper in the return or exhaust air for each zone~~space. The damper will modulate from full open to minimum position in conjunction with the supply air VAV terminal ~~boxes~~equipment.

Economizers

407.6 Economizers. *Economizers shall include an integral powered exhaust function to prevent non-compliant pressurization of the spaces served.*

Diffusers

420.0 Air Distribution Devices. [For OSHPD 1, 2, 3, 4 & 5] All air distribution devices and supply air outlets shall meet the requirements of ASHRAE 170-2013, Section 6.7.2 and Table 6.7.2.

Remove a Redundancy on Gamma Camera

TABLE 4-A (continued)

PRESSURE RELATIONSHIP AND VENTILATION REQUIREMENTS FOR GENERAL ACUTE CARE HOSPITALS, SKILLED NURSING FACILITIES, INTERMEDIATE CARE FACILITIES, CORRECTIONAL TREATMENT CENTERS, OUTPATIENT FACILITIES, AND LICENSED CLINICS

Function or Space	Pressure Relationship to Adjacent Areas (f) (n)	Minimum Outdoor ach	Minimum Total ach	Minimum Total ach if 100% O.A. (z)	All Room Air Exhausted Directly to Outdoors (j)	Air Recirculated by Means of Room Units (a)	Design Relative Humidity (k), %	Design Temperature (l), oF/oC
...
Gamma Camera	NR	2	6	6	NR	No	NR	NR

**Proposals for
Part 10
2022 California Existing
Building Code**

202 GENERAL DEFINITIONS

[BS] SUBSTANTIAL STRUCTURAL DAMAGE. A condition where any of the following apply:

1. The vertical elements of the lateral force-resisting system have suffered damage such that the lateral load-carrying capacity of any story in any horizontal direction has been reduced by more than 33 percent from its predamage condition.
2. The capacity of any vertical component carrying gravity load, or any group of such components, has a tributary area more than 30 percent of the total area of the structure's floor(s) and roof(s), has been reduced more than 20 percent from its predamage condition, and the remaining capacity of such affected elements, with respect to all dead and live loads, is less than 75 percent of that required by the *California* [International](#) Building Code for new buildings of similar structure, purpose and location.
3. The capacity of any structural component carrying snow load, or any group of such components, that supports more than 30 percent of the roof area of similar construction, has been reduced more than 20 percent from its predamage condition, and the remaining capacity with respect to dead, live and snow loads is less than 75 percent of that required by the *California* [International](#) Building Code for new buildings of similar structure, purpose and location.

[OSHPD 1 & 1R] A condition where any of the following apply:

1. The vertical elements of the lateral force-resisting system...

CHAPTER 3A

- Modify/clarify the applicability of the exemption to performing a pounding analysis in ASCE 41 for buildings being upgraded to SPC-4D
- Provide alternate overturning acceptance criteria for foundations evaluated with Chapter 8 of ASCE 41

Thank you

3. Presentation: Emergency Design Task Force

Facilitators: Chris Tokas and Richard Tannahill, OSHPD (or designees)

- Update from Emergency Design Task Force to address design and regulatory concerns for emergencies
- Discussion and public input

Emergency Design Task Force Update

1. Design Guide for Emergency Preparation in Healthcare Facilities
 - a. Outline has been developed
 - b. Task Teams have been designated for each of the 6 focus topics
 - c. Task Teams have been scheduled

Emergency Design Task Force Update

Task Teams

- 1) Quick conversion to negative pressure Design Concerns.
 - a. No negative in ORs
 - b. Flexibility may not be so easy to achieve
 - c. Alarms to switch back
- 2) Changes of outside air percentage during wildfires due to smoke.
 - a. Filters are better than eliminating outside air
 - b. Keep minimum outside air to dilute contaminants
 - c. Carbon filters should be final filter
- 3) How to better expedite Emergency projects.
 - a. Better communication
 - b. Access to information
 - c. Contact with field staff

Emergency Design Task Force Update

Task Teams

- 4) Designing spaces to accommodate multiple beds.
 - a. Better to allow this on site as staff and equipment are available
 - b. Ventilated headwalls
- 5) Further streamlining with other jurisdictions of Temporary Surge Facilities.
 - a. Maybe not OSHPDs role?
- 6) Waiting rooms (emergency room) that can be split and separated with multiple entrances/exits.
 - a. Redundancy in units
 - b. May be hard to do with overcrowded EDs
 - c. Triage areas
 - d. Use of portable equipment

5. Comments from the Public/Committee Members on issues not on this agenda

Facilitator: Michael O'Connor, Committee Chair

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.