



Repurposing Hospital Buildings

A One-Day Seminar

Your Hospital Building Safety Board

HOSPITAL BUILDING SAFETY BOARD MEMBERSHIP

| MEMBERSHIP CATEGORIES | NAMES | APPOINTMENT DATE | TERM EXPIRATION DATE | TERM OF SERVICE |
|--|--|-----------------------------|-----------------------------|--|
| Appointed Members (Appointed by OSHPD Director) | | | | |
| 2 structural engineers | Maryann Phipps Rami Elhassan | 7/2016 8/2013 | 7/2020 8/2021 | 1 st term 2 nd term |
| 2 architects | Deepak Dandekar Bruce Macpherson | 5/2015 8/2013 | 5/2019 8/2021 | 1 st term 2 nd term |
| 1 engineering geologist | Lou Gilpin | 10/2011 | 10/2019 | 2 nd term |
| 1 geotechnical engineer | Marshall Lew | 5/2015 | 5/2019 | 1 st term |
| 1 mechanical engineer | Louise Belair | 6/2017 | 6/2021 | 1 st term |
| 1 electrical engineer | Roy L. Lopez | 6/2018 | 6/2022 | 1 st term |
| 1 hospital facilities manager | Carl Scheuerman | 11/2010 | 11/2018 | 2 nd term |
| 1 local building official | Y. Henry Huang | 5/2012 | 5/2020 | 2 nd term |
| 1 general contractor | Pete Kreuser | 7/2016 | 7/2020 | 1 st term |
| 1 fire/life safety representative | Scott L. Jackson | 6/2018 | 6/2022 | 1 st term |
| 1 hospital inspector of record | Mike Hooper | 5/2015 | 5/2019 | 1 st term |
| 3 public members | Enid K. Eck David Bliss D. Michael Foulkes | 10/2011 5/2016 6/2017 | 10/2019 5/2020 6/2021 | 2 nd term 1 st term 1 st term |
| TOTAL | 16 | | | |

Your Education and Outreach Committee

EDUCATION AND OUTREACH COMMITTEE

Board Members:

Mike Hooper, Chair

Pete Kreuser, Vice-Chair

Louise Belair

Scott Jackson

Joe Labrie

Bruce Macpherson

Consulting Members:

Bert Hurlbut

FDD's Hospital Building Safety Board Staff

HBSB Staff

Ken Yu

Executive Director

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Evett Torres

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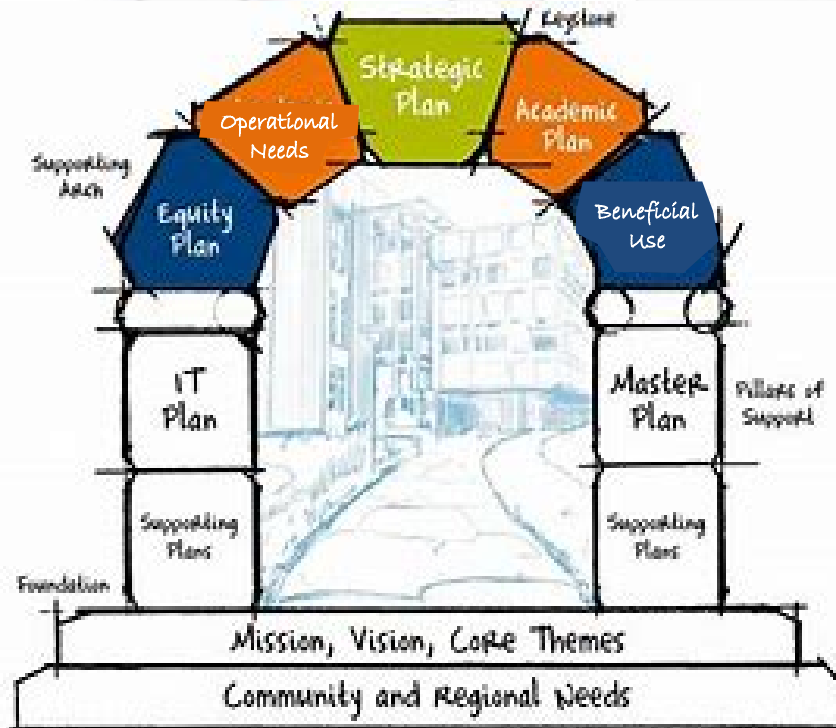
Support Staff

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evett.torres@oshpd.ca.gov

Repurposing SPC-1 & 2 Buildings in alignment with *Proposed* 2019 California Building Standards Code

*Provisions for turning
nonconforming hospital buildings
into alternative uses*



California Administrative Code Chapter 6, Section 1.4.5.1.5

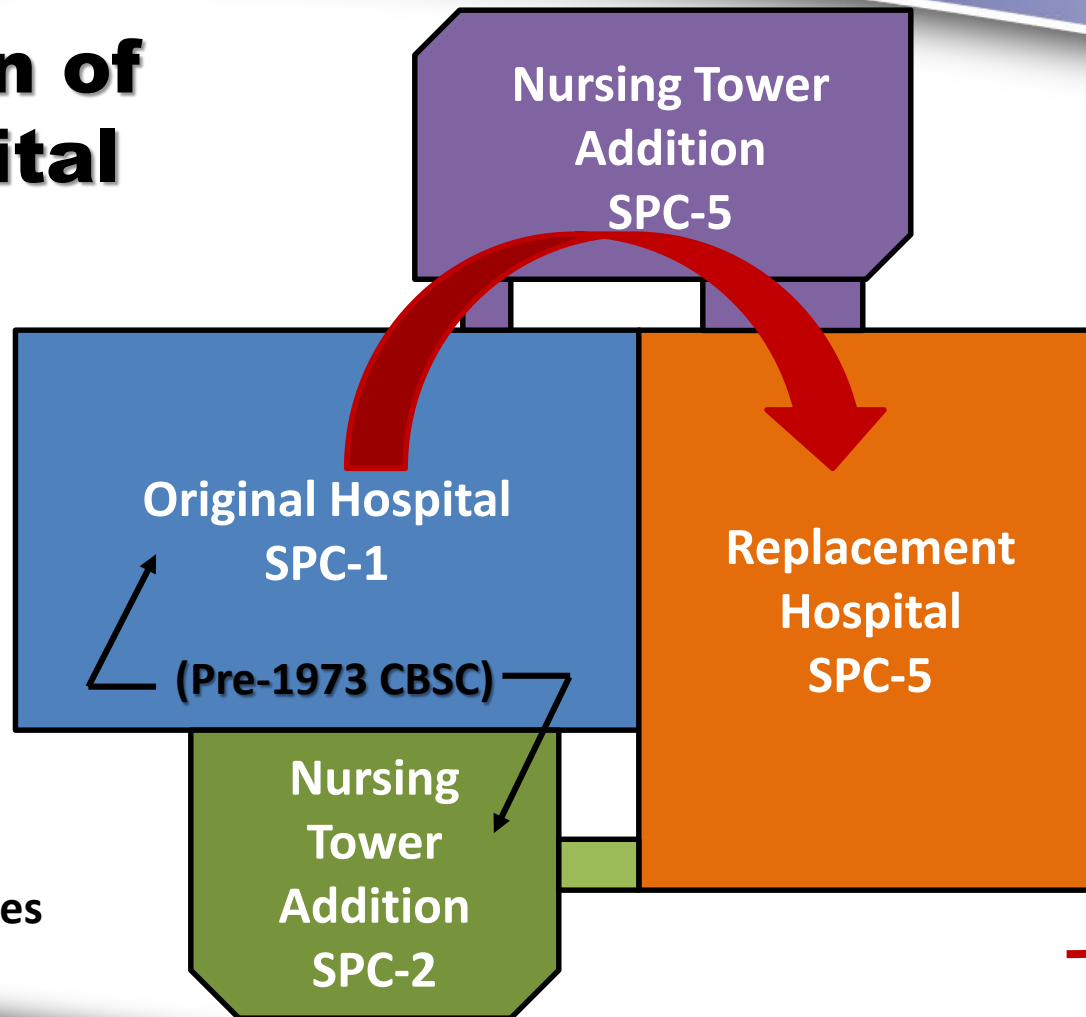
A **hospital building** from which acute care services and beds have been removed or a nonconforming hospital building without SPC or NPC rating **shall not provide general acute care services unless it has been modified to comply with the requirements of...**

appropriate SPC and NPC ratings.

Evolution of a Hospital

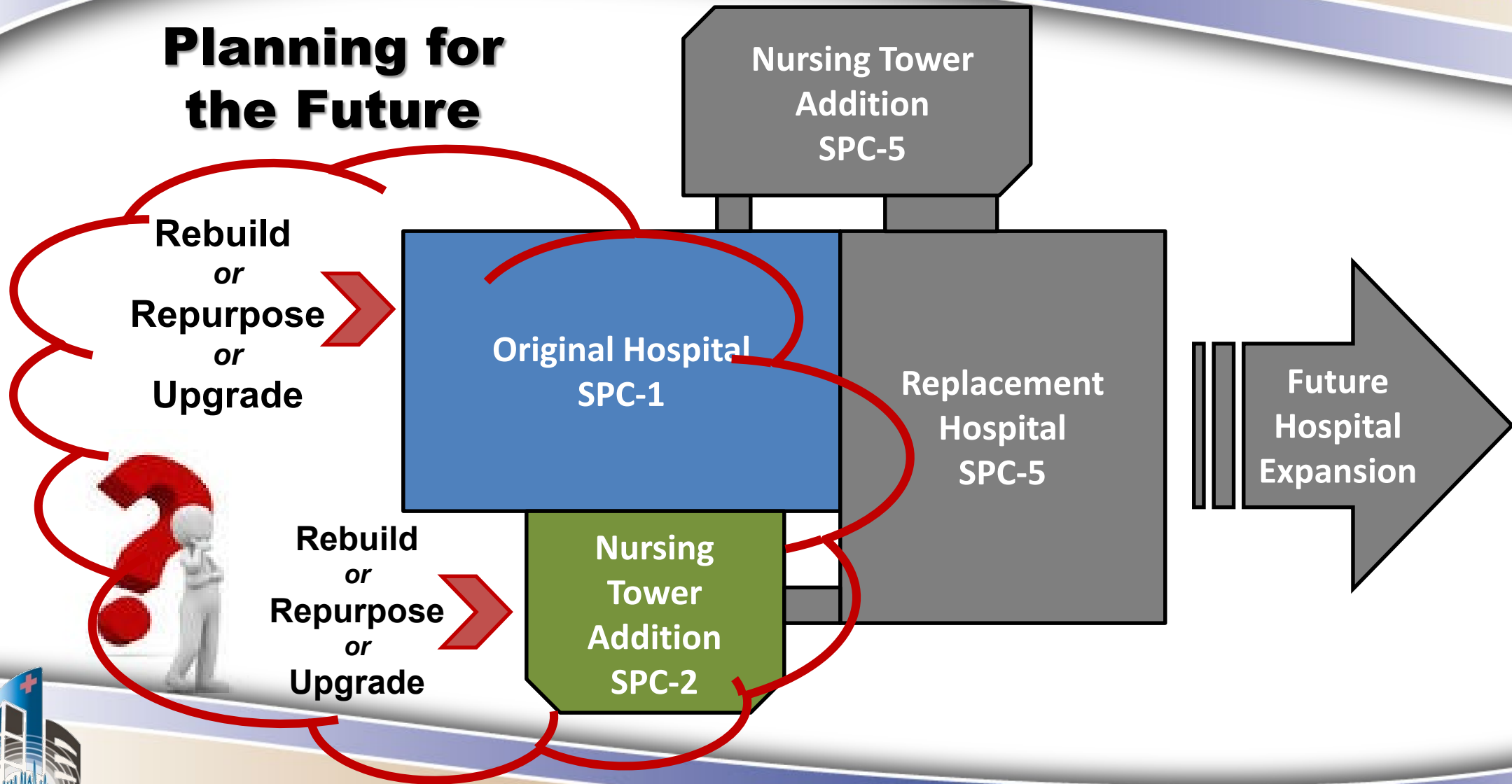
Potential Vacated GACH Services:

- Nursing
- Surgical
- Anesthesia/PACU
- Clinical Lab
- Radiology
- Pharmacy
- Dietary
- Support
- Supplemental Services



All GACH Services Relocated to Conforming Building(s) per California Administrative Code Chapter 6

Planning for the Future



Agenda

- ❖ **SESSION ONE: Introduction to “OSHDPD 1R”**
- ❖ **SESSION TWO: Proposed 2019 Code Changes**
- ❖ **SESSION THREE: Case Studies**

SESSION ONE: Introduction to OSHDP 1R

- **What is it?**
- **“Freestanding” Determination and Implications**
- **Process for Removal from Acute Care Services**

OSHPD 1R – What is it?

REMOVED FROM ACUTE CARE SERVICE [OSHPD 1R]

Buildings that previously provided basic and/or supplemental services, as defined in Section 1224.3, that have

- ✓ ***been removed from acute care service*** in compliance with Part 10 California Existing Building Code Chapter 3A,
- ✓ ***and remain under the jurisdiction of the Office of Statewide Health Planning & Development (OSHPD).***

OSHPD 1R – Deadlines

TABLE 2.5.3—STRUCTURAL PERFORMANCE CATEGORIES (SPC)

| SPC | DESCRIPTION |
|-------|--|
| SPC 1 | Buildings posing significant risk of collapse and a danger to the public. These buildings must be brought up to the SPC 2 level by January 1, 2008, or be removed from acute care service. Where the Office has performed a collapse probability assessment, buildings with Probability of Collapse greater than 1.20% shall be placed in this category. |
| SPC 2 | Buildings in compliance with the pre-1973 <i>California Building Standards Code</i> or other applicable standards, but not in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act. These buildings do not significantly jeopardize life, but may not be repairable or functional following strong ground motion. These buildings must be brought into compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act, its regulations or its retrofit provisions by January 1, 2030, or be removed from acute care service. Where the Office has performed a collapse probability assessment, buildings with Probability of Collapse less than or equal to 1.20% shall be placed in this category. |
| SPC 3 | Buildings in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act, utilizing steel moment-resisting frames in regions of high seismicity as defined in Section 4.2.10 and constructed under a permit issued prior |

1/1/2020
1/1/2030

Exception: Assembly Bill 2190

Enacted 9/22/2018

Effective 1/1/2019

OSHPD 1R – Implications

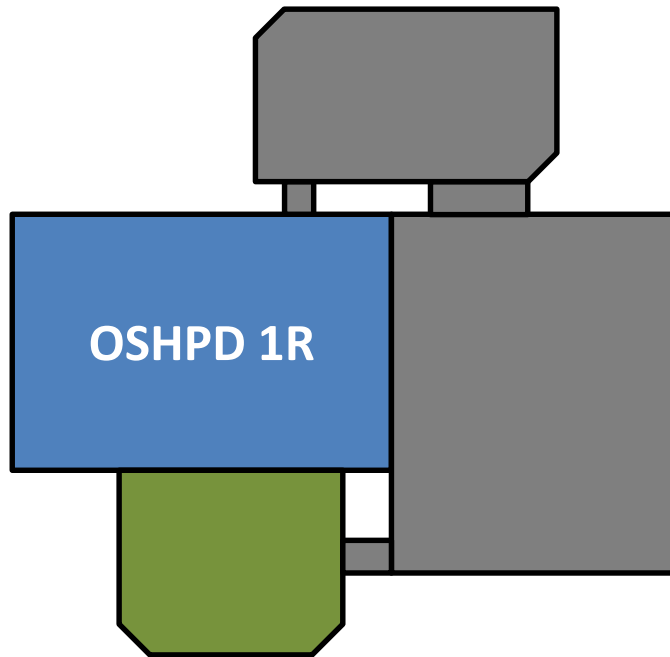
- The **removal of General Acute Care Hospital (GACH) services** from a building may result in a change of:
 - Use
 - Occupancy
 - Function
 - Licensure
 - A combination of the above for all or a part of the building
- It may also involve a change of the authority having jurisdiction from OSHPD to the local enforcement agency if the *SPC Building* meets specified seismic separation and fire protection criteria (i.e. “Freestanding”)

OSHPD 1R - Required Analysis

- ✓ **General Acute Care Hospital (GACH) Services are removed from *SPC Building***
- ✓ **Utility Infrastructure Services not permitted to traverse or provide services from *SPC Building* to support GACH (see SPC-2 Exceptions)**
 - Mechanical
 - Plumbing
 - Medical Gasses
 - Electrical
 - Fire Suppression & Alarm
 - Other
- ✓ **Exiting through *SPC Building* not permitted as “Means of Egress” from GACH**

OSHPD *versus* Local Jurisdiction

NOT Freestanding

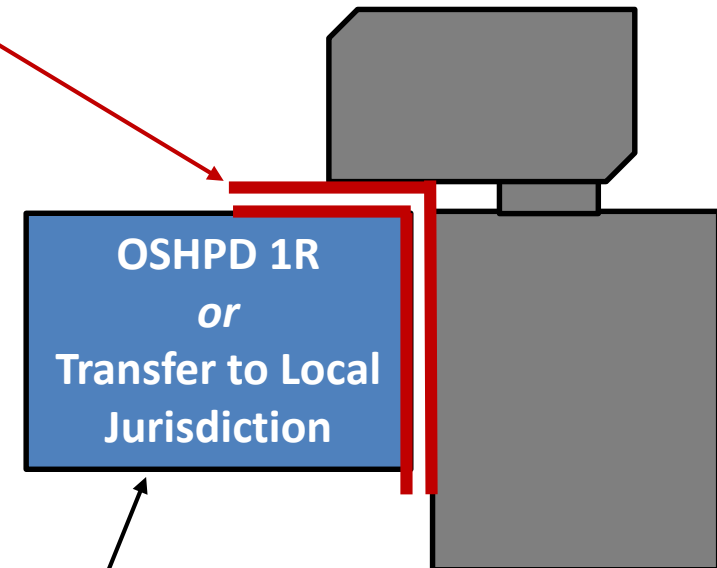


“FREESTANDING”

means...

Structural and Fire Separation
per California Building Code
(CAC 7-111)
and within Height/Area Limits on Same Lot

Freestanding



Building must have a qualifying service per Part 10, Chapter 3A to remain as “OSHPD 1R” under OSHPD jurisdiction

“Freestanding” Determination – Seismic

- *Building*
- *SPC Building*
- *SPC Seismic Separation*
- *Structural Separation*
- *Freestanding Nonhospital Building*
- *Detached Hospital Building*

Definitions

- There are diverse definitions of the terms “building” and “hospital building” in the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 and the CBSC
- For the purposes of removing a building from general acute care service, terms have been defined in Part 10 CEBC (or CAN 1-6-1.4.5.1.4) to clarify the process
- See the CAN 1-6-1.4.5.1.4 for detailed explanations and or illustrations

Definitions

- **BUILDING:** is defined by the area included within surrounding exterior walls or any combination of exterior walls and fire walls. *A Building will consist of one or more SPC Buildings.* (Based on the definition of **AREA, BUILDING**, 2016 California Building Code (CBC), Section 502.1)
- **SPC BUILDING** is defined as a structure with an independent vertical and lateral load resisting system and a seismic performance category assigned by OSHPD.

Definitions

- **SPC SEISMIC SEPARATION** means a building separation in accordance with the California Administrative Code Chapter 6 Section 3.4.
- **STRUCTURAL SEPARATION** means a separation gap between adjacent structures sufficient to avoid damaging contact, complying with the current structural provisions of the CBC.

Definitions

- **SPC SEISMIC SEPARATION** means a building separation in accordance with the California Administrative Code Chapter 6 Section 3.4 **Adjacent buildings.** There is no immediately adjacent structure that is less than half as tall or has floors/levels that do not match those of the building being evaluated. A neighboring structure is considered to be “immediately adjacent” if it is between adjacent structures, but not in direct contact, and is complying with the current structural provisions of the CBC.

Definitions

- **SPC SEISMIC SEPARATION** means a building separation in accordance with the California Administrative Code Chapter 6 Section 3.4.
- **STRUCTURAL SEPARATION** means a separation gap between adjacent structures sufficient to avoid damaging contact, complying with the current structural provisions of the CBC.

Definitions

- **SPC SEI**
- **STRUC**

Adjacent buildings on the same property shall be separated by a distance not less than δ_{MT} , determined by Equation 16A-45.

$$\delta_{MT} = \sqrt{(\delta_{M1})^2 + (\delta_{M2})^2} \quad \text{(Equation 16A-45)}$$

where:

δ_{M1}, δ_{M2} = The maximum inelastic response displacements of the adjacent buildings in accordance with Equations 16A-44A or 16A-44B for OSHPD.

ation in
Chapter 6
between
contact,
of the CBC.

Definitions

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

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

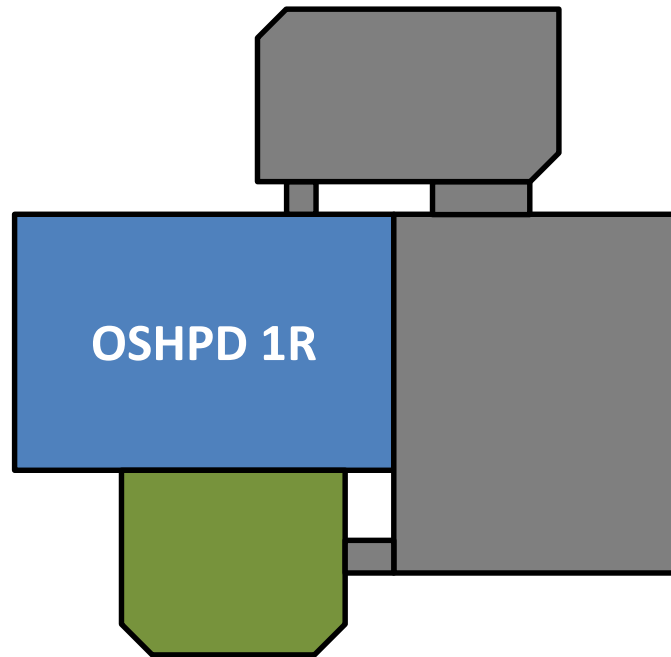
Definitions

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

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

“Freestanding” Determination – Fire

NOT Freestanding



NOT Freestanding = Fire Barrier

Separation between
occupancies constructed as Fire
Barriers per CBC 707 and Table
508.4



Definitions

- **FIRE BARRIER.** A fire-resistance-rated wall assembly of materials designed to restrict the spread of fire in which continuity is maintained.
- Section 707
- May be 1, 2, 3 or 4-hour fire-resistance rated.

Local Jurisdiction

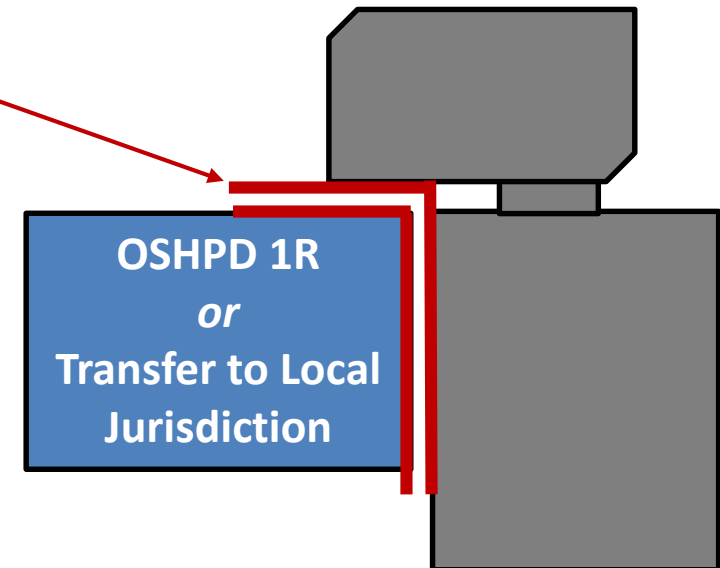
Freestanding

“FREESTANDING” =

Structural *and* Fire
Separation
*per California Building
Code*

Freestanding =

Fire Wall

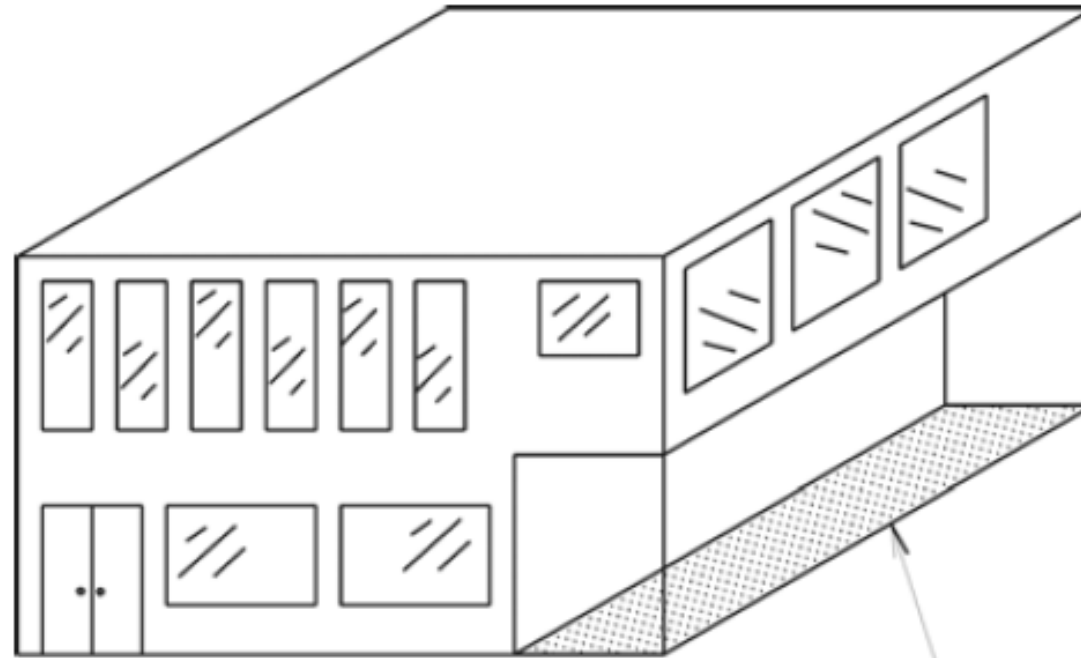


Definitions

- **AREA, BUILDING.** The area included within surrounding exterior walls (or exterior walls and fire walls) exclusive of vent shafts and courts. Areas of the building not provided with surrounding walls shall be included in the building area if such areas are included within the horizontal projection of the roof or floor above.
- The building area is the “footprint” of the building; that is, the area measured within the perimeter formed by the inside surface of the exterior walls. This excludes spaces that are inside this perimeter and open to the outside atmosphere at the top, such as open shafts and courts.
- When a portion of the building has no exterior walls, the area is defined by the projection of the roof or floor above.
- A roof overhang on portions of a building where there are exterior enclosure walls does not add to the building area because the area is defined by the exterior walls.

Definitions

- AREA, BUILDING



HORIZONTAL PROJECTION
OF FLOOR ABOVE DEFINES
ADDITIONAL BUILDING
AREA THAT IS INCLUDED AS
PART OF THE BUILDING AREA

Fire Walls

- The code allows for buildings to be viewed as one, if area, height and story limitations are met, or the buildings are regulated as two separate buildings. However, the code never considered buildings on the same lot under different jurisdictions.
- Buildings are defined as noted in the slide above, surrounded by exterior walls or fire walls. In order to have two buildings under different jurisdictions the building walls shall be defined as exterior walls or fire walls in accordance with CBC.

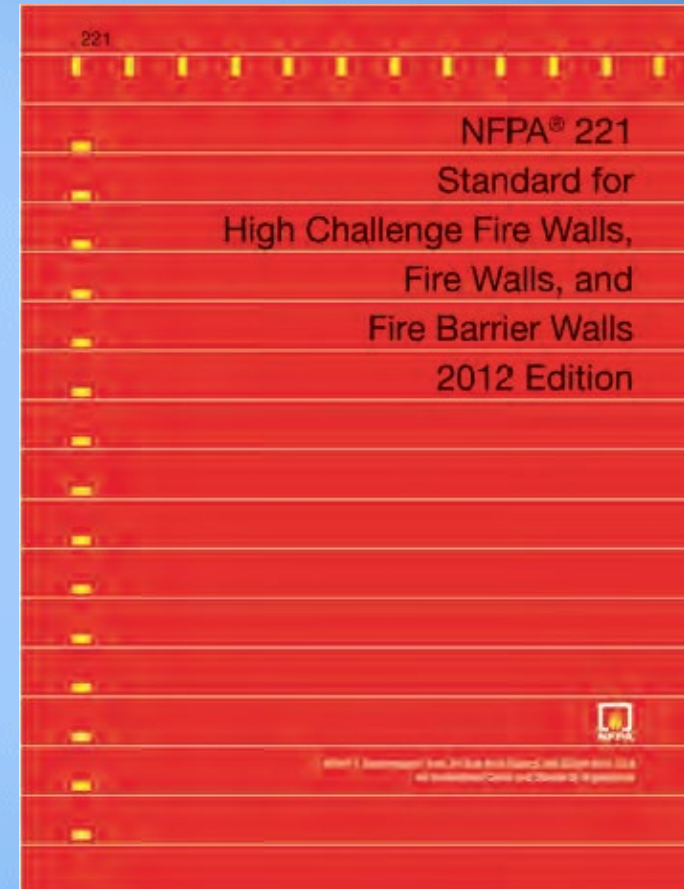
Fire Walls

- **706.1 General.** Each portion of a building separated by one or more fire walls that comply with the provisions of this section shall be **considered** a separate building. The extent and location of such fire walls shall provide a complete separation. Where a fire wall also separates occupancies that are required to be separated by a fire barrier wall, the most restrictive requirements of each separation shall apply.

*Creates two separate buildings for purposes of allowable area and type of construction requirements. NO horizontal offsets.

Fire Walls

- **706.2 Structural stability.** Fire walls shall be designed and constructed to allow collapse of the structure on either side without collapse of the wall under fire conditions. Fire walls designed and constructed in accordance with NFPA 221 shall be deemed to comply with this section.

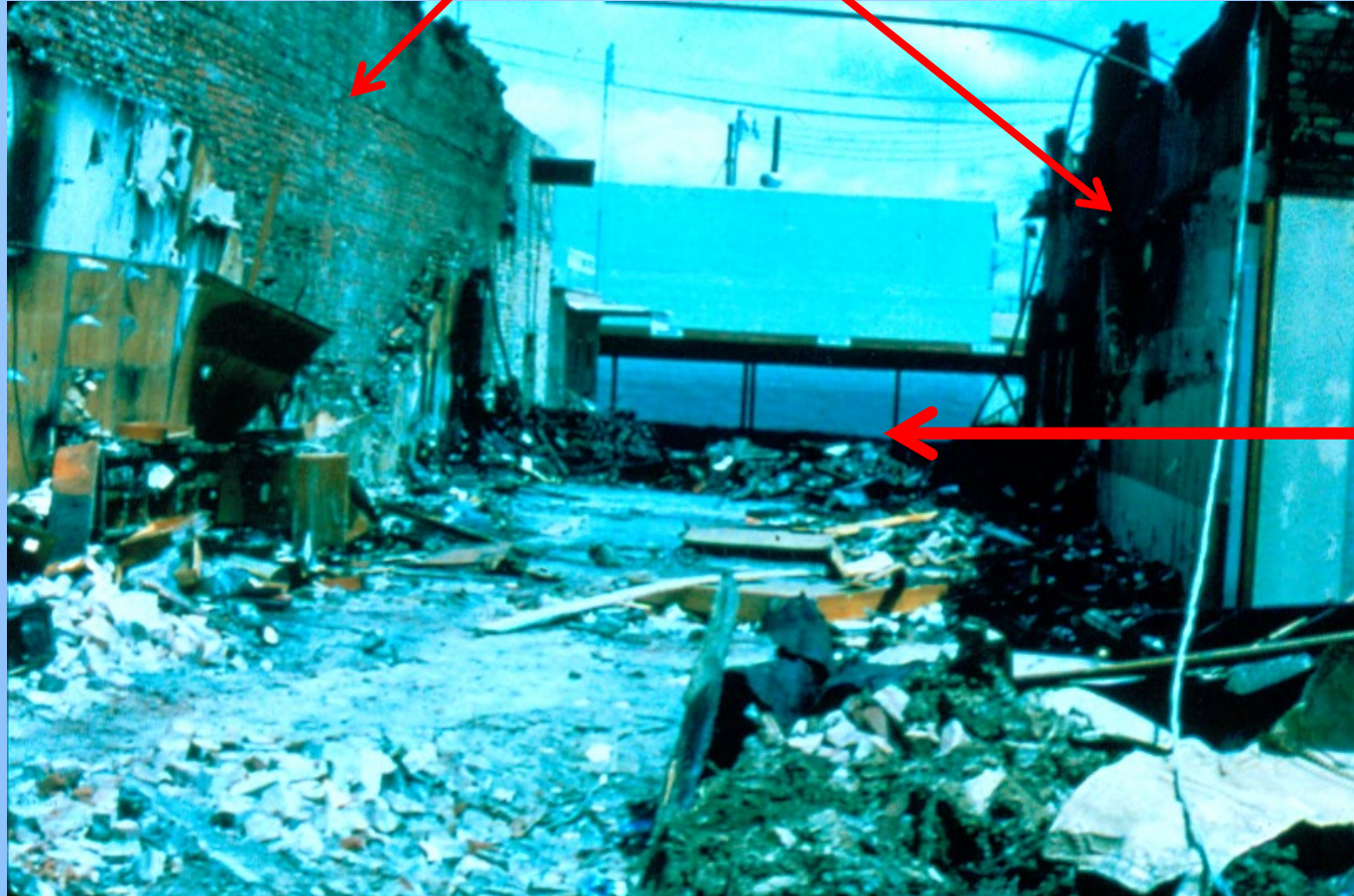


Fire Walls

For masonry walls, the NCMA TEK Bulletin 5-8B contains helpful information.

The Gypsum Association's Fire Resistance Design Manual contains construction details for area separation walls (party wall/fire walls) which have been accepted as fire walls.

Fire Walls



Fire



Fire Walls

- **706.3 Materials.** Fire walls shall be of any approved noncombustible materials.

Exception: Buildings of Type V construction.

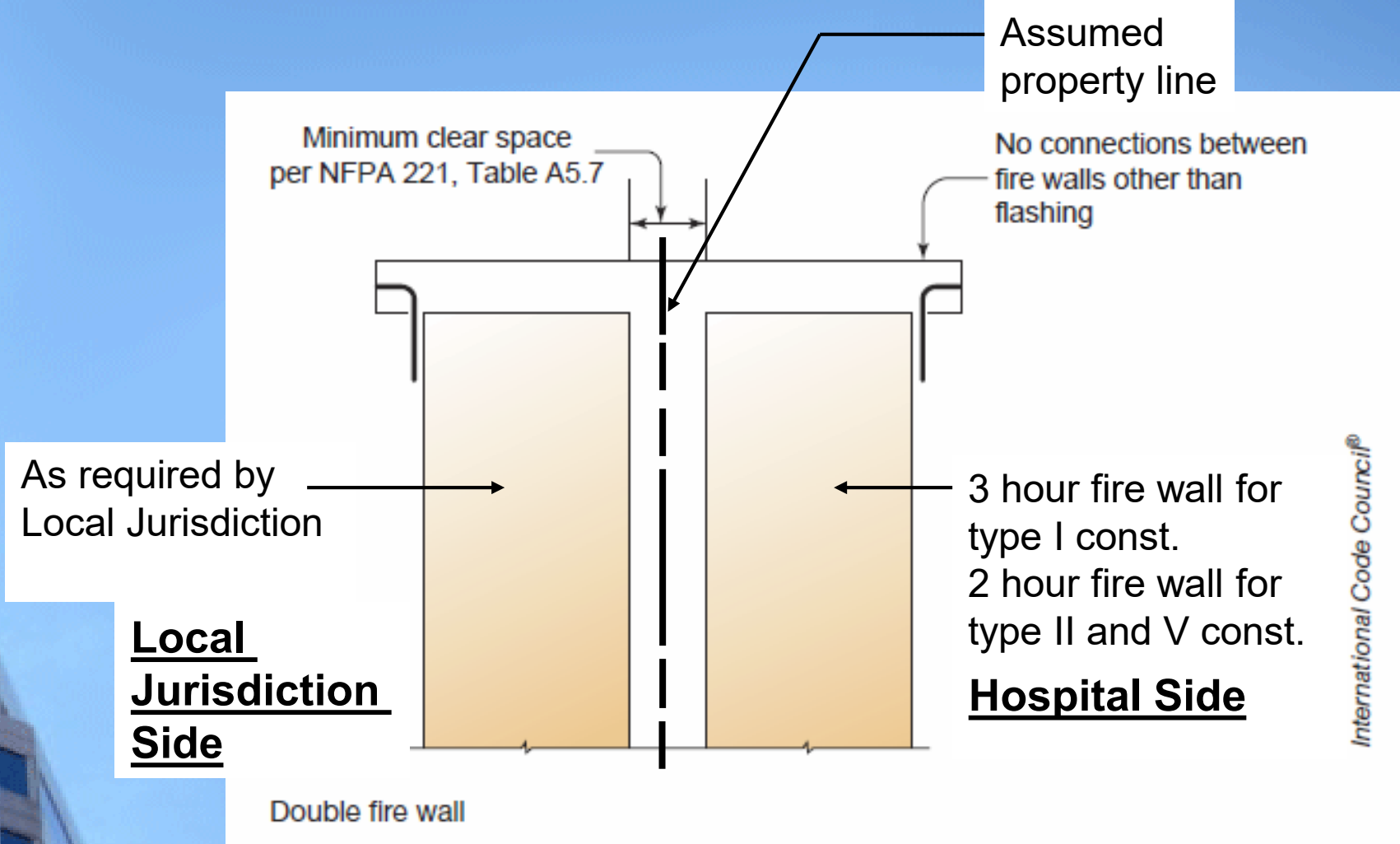
- **706.4 Fire-resistance rating.** Firewalls shall have a fire-resistance rating of not less than that required by Table 706.4

Fire Walls

**TABLE 706.4
FIRE WALL FIRE-RESISTANCE RATINGS**


| GROUP | FIRE-RESISTANCE RATING (hours) |
|--|---------------------------------------|
| A, B, E, H-4, I, R-1, R-2, <i>R-2.1</i> , U, <i>L</i> | 3 ^a |
| F-1, H-3 ^b , H-5, M, S-1 | 3 |
| H-1, H-2 | 4 ^b |
| F-2, S-2, R-3, R-4 | 2 |

- a. In Type II or V construction, walls shall be permitted to have a 2-hour fire-resistance rating.
- b. For Group H-1, H-2 or H-3 buildings, also see Sections 415.6 and 415.7.



221

Double fire walls are required where the intent is to regulate as separate buildings under the fire wall provisions in order to have the buildings under different jurisdictions

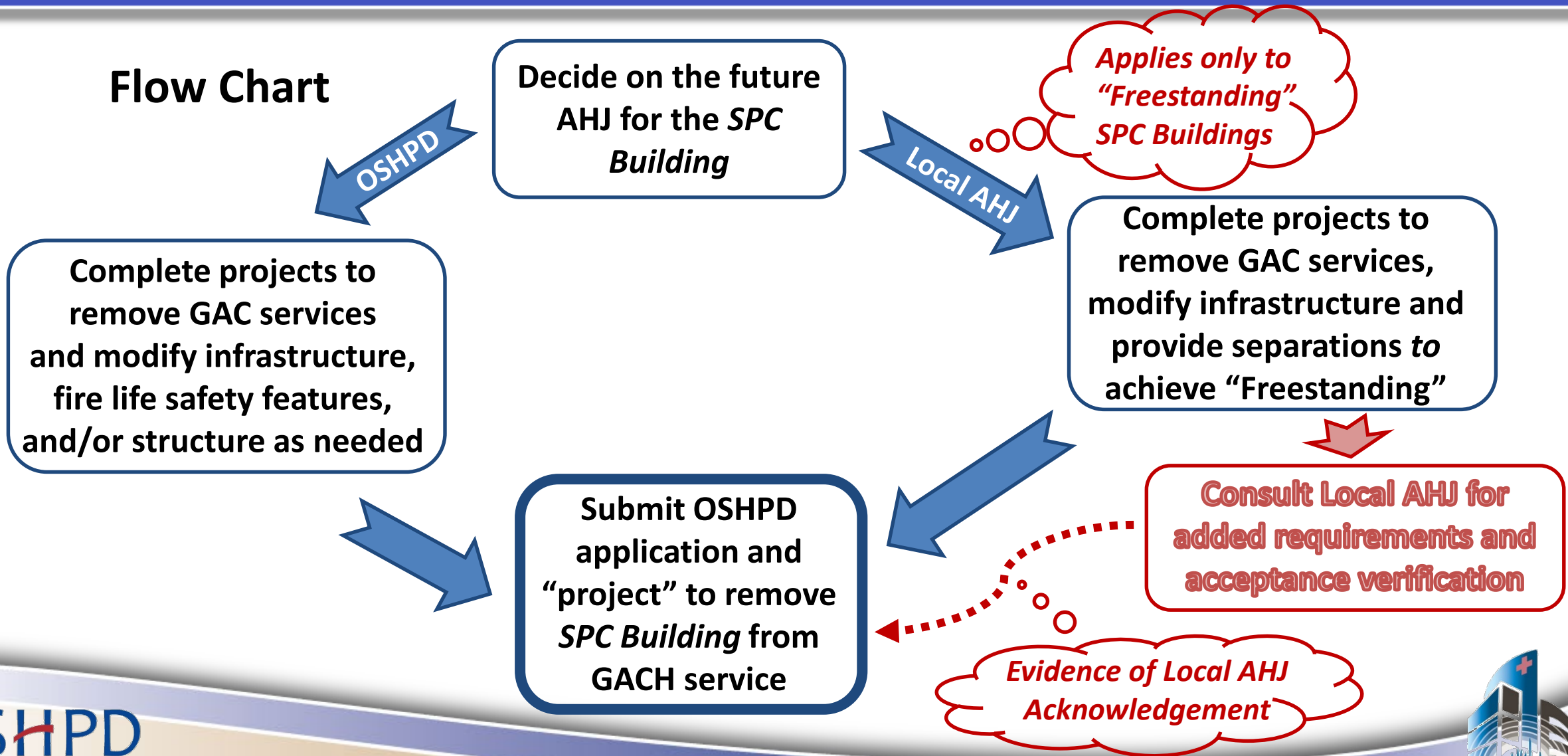


High Rise Hospitals – CMS Requirement

- New high rise AND existing high rise healthcare shall be fully sprinklered.
- This is required to be in place by 2028. This exceeds the CBSC and California State Law for some hospital buildings
 - *Note-Existing high rises taken out of acute care services by 2030 + will be required to meet this standard.*
- NFPA 101-11.8, 11.8.1.1
- CMS

General Overview for Removal

Flow Chart

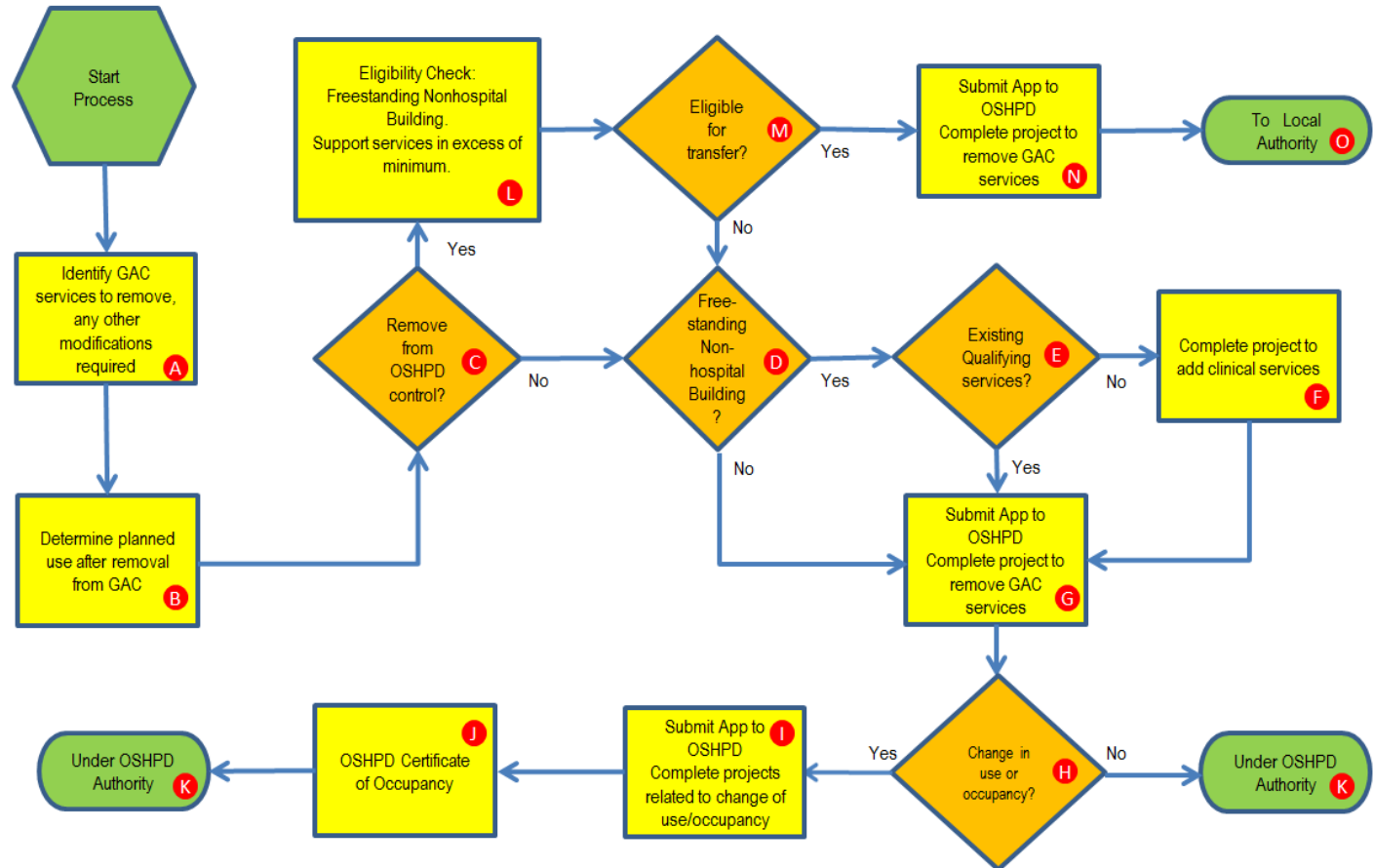


Detailed Process for Removal

2012 OSHPD Presentation

How to Remove Acute Care Services from an SPC-1 Hospital Building

[https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Construction-And-Finance/Documents/Resources/Training-and-Education/How-to-Remove-a-Bldg-2012-08-29-\(2012-09-12\).pdf](https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Construction-And-Finance/Documents/Resources/Training-and-Education/How-to-Remove-a-Bldg-2012-08-29-(2012-09-12).pdf)



Process for Repurposing SPC-1 Buildings

Removal of Acute Care Services (RACS)

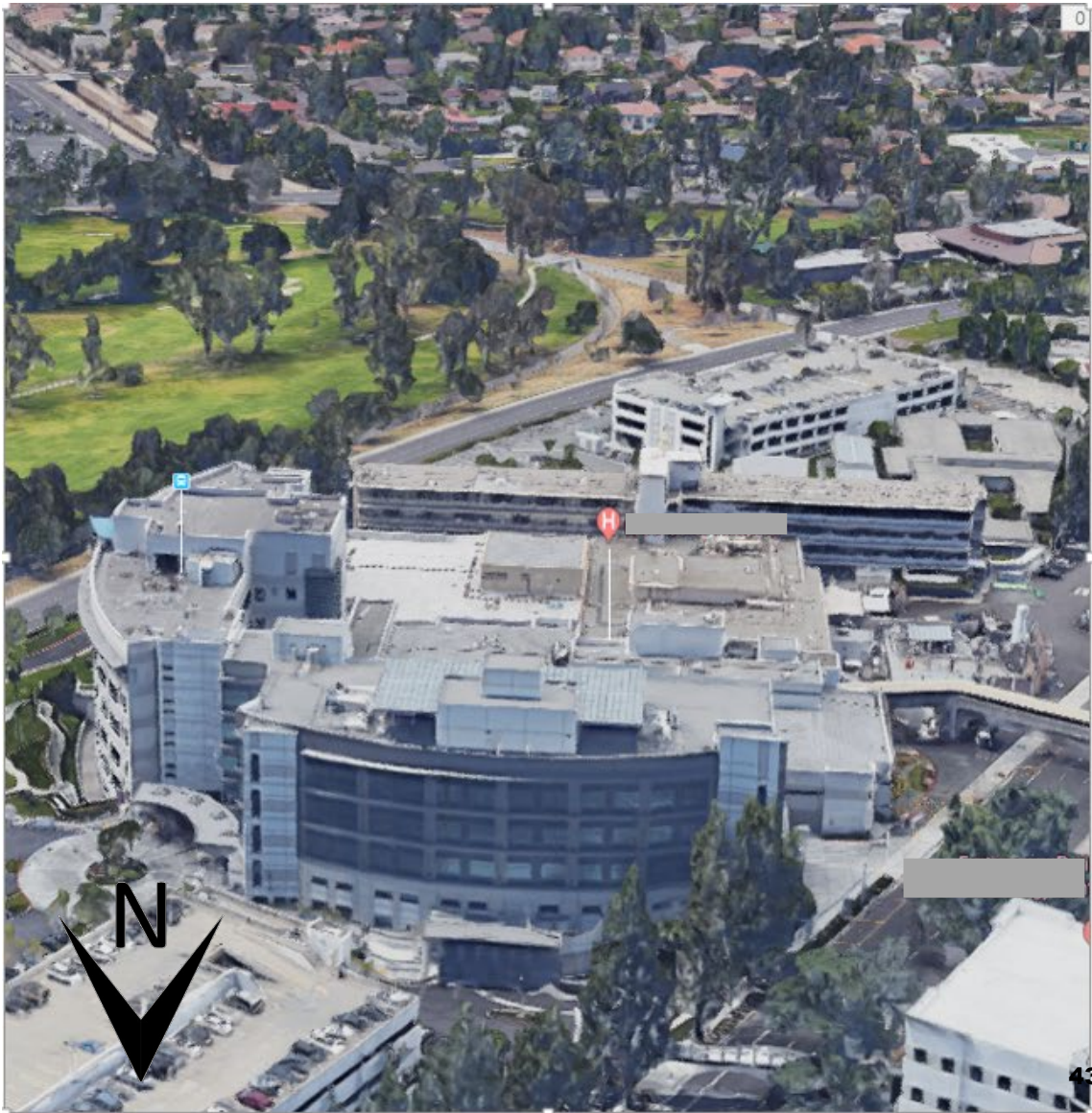
November 8, 2018

November 14, 2018

Case Study Outline

- HOSPITAL ORIENTATION
 - Southern California
 - High Ground Motion Potential
 - 2- SPC-1 Buildings Require Resolution
 - 1- SPC-2 Building Requires Resolution
 - All Buildings are NPC-3 Exempt
 - Building Between 1955 and 2011
 - Utilities Routing
 - Current Use

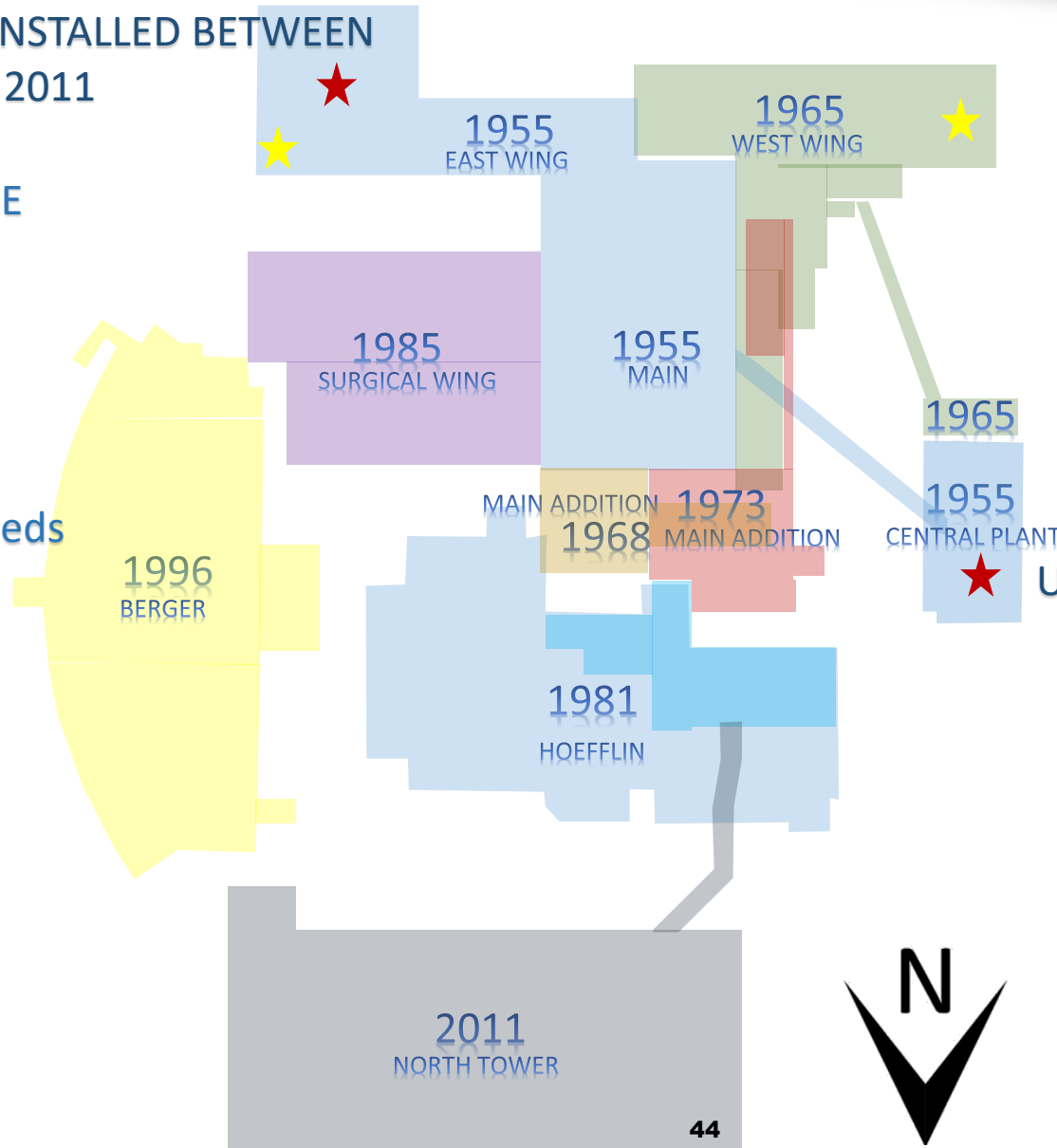
- EVALUATION OF OPTIONS
 - Removal of Acute Care Services (RACS)
 - Demolish / Upgrade / Repurpose



**UTILITIES INSTALLED BETWEEN
1955 AND 2011**

EAST WING CURRENT USE

- Cardiac Rehab
- HBO
- Wound Care
- Storage
- Office Space
- No Licensed Patient Beds

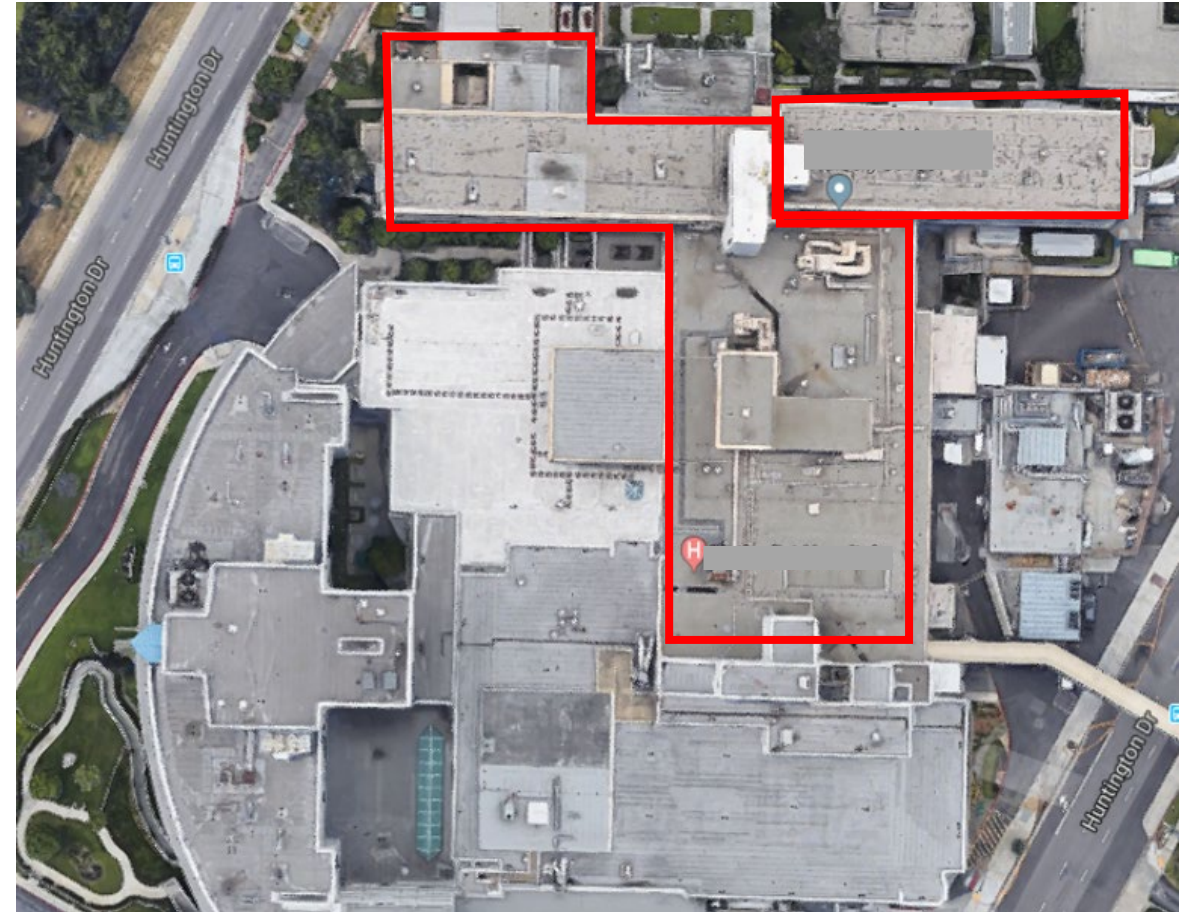
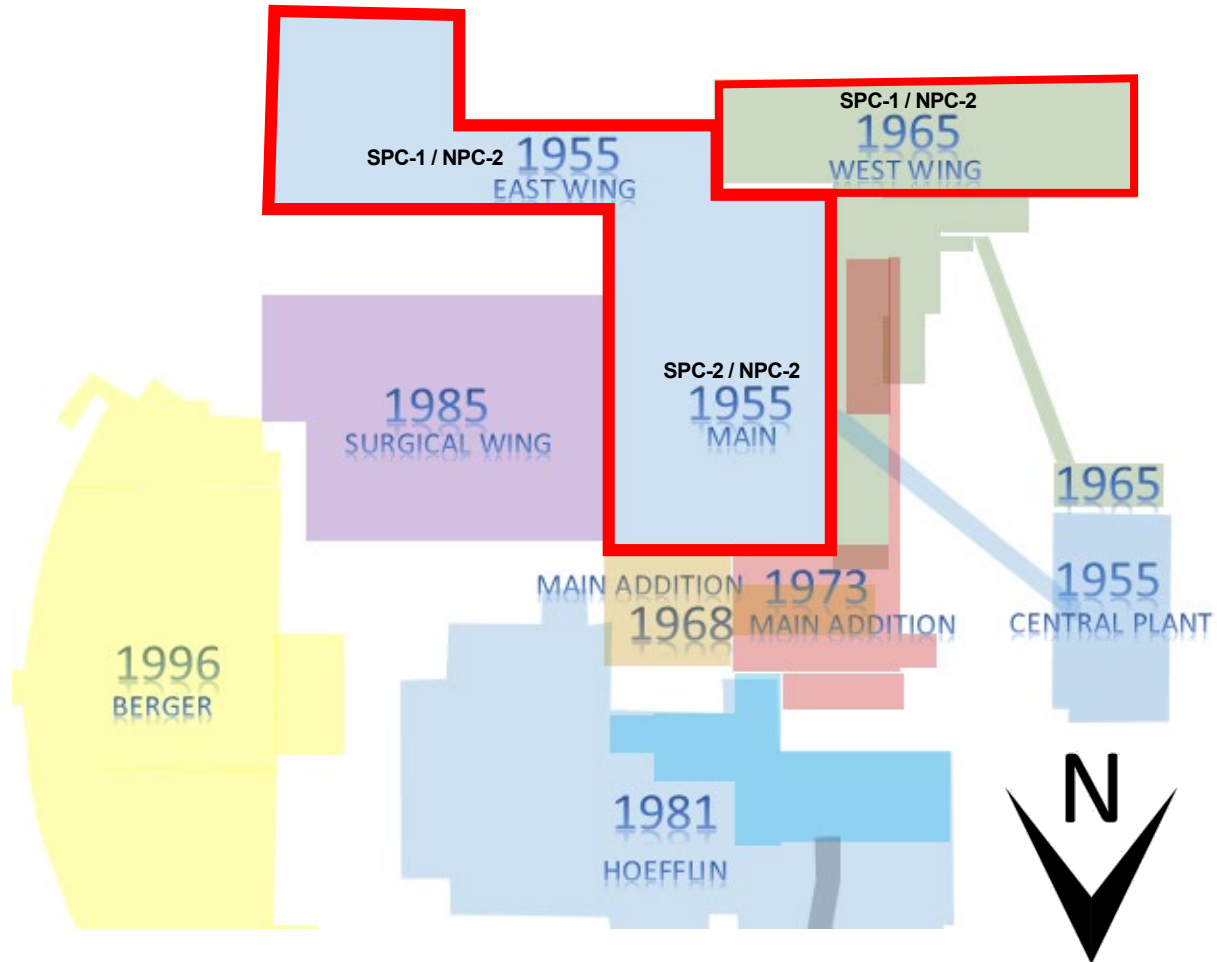


WEST WING CURRENT USE

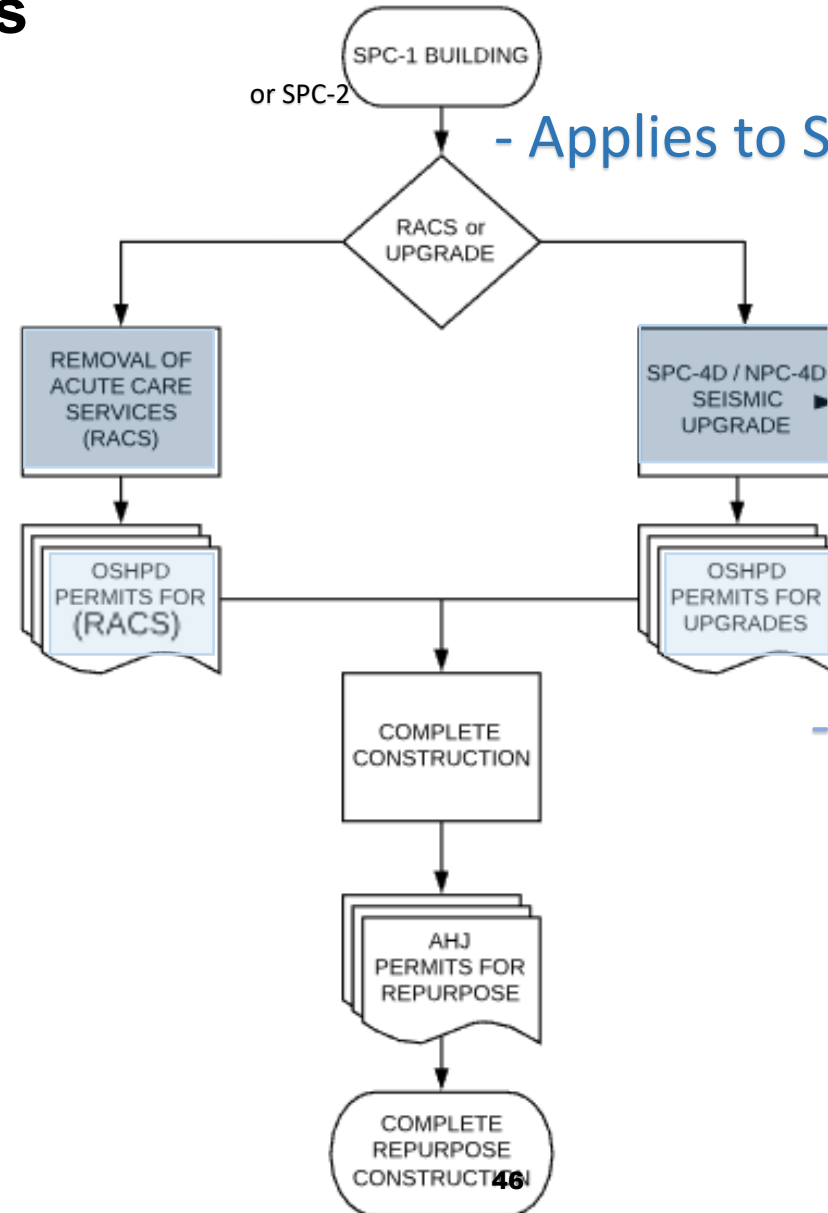
- Materials Management
- Storage
- Office Space
- Education
- No Licensed Patient Beds

UTILITIES UPGRADED IN 2011

Focus of Case Study Outlined in Red



Overall Process

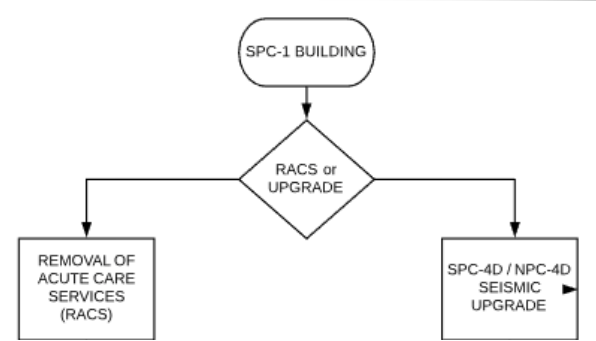


- Applies to SPC-1 and SPC-2 Buildings

- One of the Two Paths Required before Repurpose

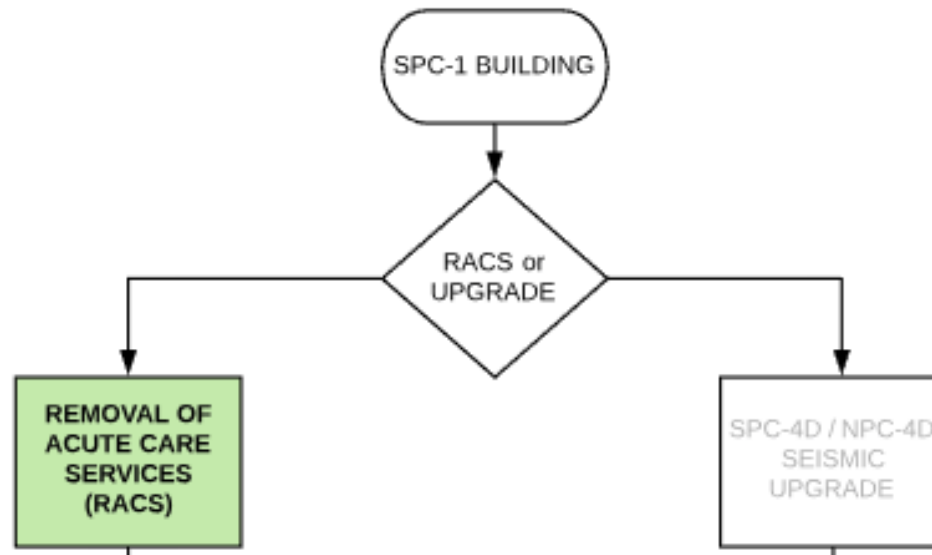
- Both Paths Require Building Permit

Decide on Best Option



| CONSIDERATIONS | ADVANTAGES | |
|---|-------------------------------------|-------------------------------------|
| | RACS | UPGRADE |
| Less Restricted Use of Building Spaces | | <input checked="" type="checkbox"/> |
| Mitigated Earthquake Vulnerability to Occupants | | <input checked="" type="checkbox"/> |
| Cheaper Option | <input checked="" type="checkbox"/> | |
| Offers Greater Flexibility for Future Development | | <input checked="" type="checkbox"/> |
| Improved Infrastructure Conditions (Utilities) | | <input checked="" type="checkbox"/> |
| Less Disruptive | <input checked="" type="checkbox"/> | |

Removal of Acute Care Services (RACS)



**RACS Requires
That You Pay Close Attention to the ...**



**... And Address
All Related Details
& Conditions.**

There are no shortcuts!

Fire Protection and Detection

Utilities Isolation

Seismic Separation

Egress

R
U



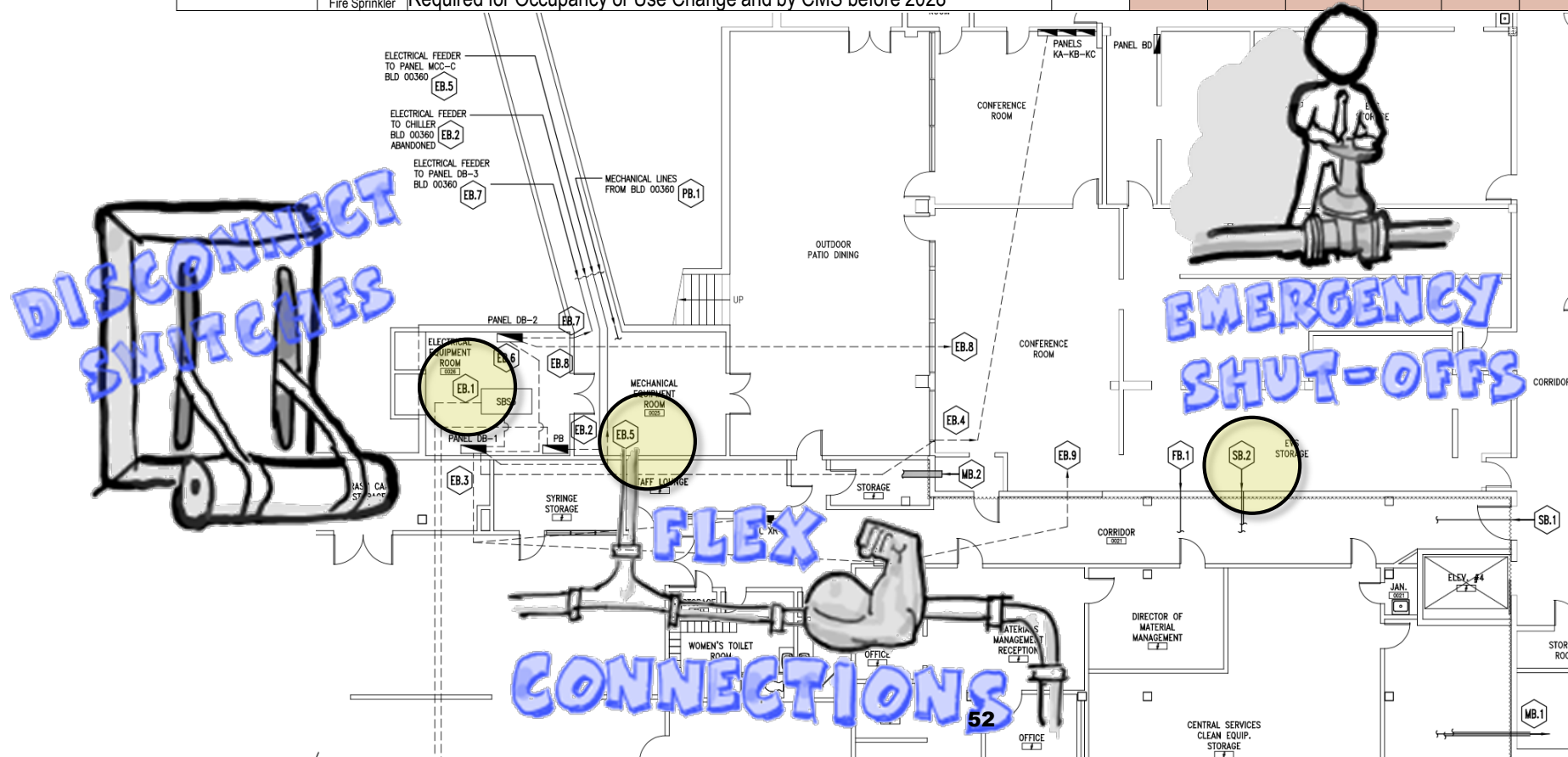
Removal of Acute Care Services (RACS) Scope Summary for West Wing (1965)

| WEST WING | | | | | | | | | | |
|-----------------------------------|--------------------|---|-------|--------|------|---------|---------|---------|---------|----------|
| CATEGORY | SYSTEM | WORK SCOPE | PH RF | PH FLR | ROOF | 4TH FLR | 3RD FLR | 2ND FLR | 1ST FLR | BASEMENT |
| Utilities | Plumbing | Install Flexible Connections, Install Emergency Shut Off Valves | | | | Red | Red | Red | Red | Red |
| | Electrical | Install Flexible Connections, Install Emergency Disconnects, Modify Main Electrical Feeders and Panels to Feed from Conforming Building | | | Red | Red | Red | Red | Red | Red |
| | Mechanical | Install Smoke / Fire Dampers at New 2 Hr Barrier Wall | | | | Red | Red | Red | Red | Red |
| | Fire Alarm | Modifications to Existing Fire Alarm System to Segregate into Separated Zones | | Red | Red | Red | Red | Red | Red | Red |
| | Fire Sprinkler | Required for Occupancy or Use Change and by CMS before 2028 | | Red | Red | Red | Red | Red | Red | Red |
| Egress | Corridors | Modifications to Main Building Existing Egress to Prevent Exiting through a Non-Conforming Building | | | | | | | | |
| Services (Occupancy / Use) | Vacant | Vacant Building to be Made Safe and Secured Against Entry, Storage Prohibited | | | | Red | Red | Red | Red | Red |
| | Change | Compliance with Current Code (Access for People with Disabilities and All Other Systems) | | Red | Red | Red | Red | Red | Red | Red |
| Seismic Separation | Structural | Install NEW Seismic Separation | | | | | | | Red | |
| | Fire & Life Safety | Install Fire Rated Wall, Floor, Ceiling Joint Covers | | | | Red | Red | Red | Red | Red |
| Fire Barrier Walls | Fire & Life Safety | Install Fire Barrier Walls, Install / Modify Cross Corridor Doors, Modify Existing Elevator No. 4 to Allow Separation | | | | Red | Red | Red | Red | Red |
| | Smoke Compartments | Remodel Main Building for Smoke Compartments | | | | | | Red | Red | Red |
| Legend: | Red | Required for Removal of Acute Care Services Project Scope | | | | | | | | |
| | Red | Required for Future Projects | | | | | | | | |



Removal of Acute Care Services (RACS) Scope Detail

| WEST WING | | | PH RF | PH FLR | ROOF | 4TH FLR | 3RD FLR | 2ND FLR | 1ST FLR | BASEMENT |
|-----------|----------------|---|-------|--------|------|---------|---------|---------|---------|----------|
| CATEGORY | SYSTEM | WORK SCOPE | | | | | | | | |
| Utilities | Plumbing | Install Flexible Connections, Install Emergency Shut Off Valves | | | | | | | | |
| | Electrical | Install Flexible Connections, Install Emergency Disconnects, Modify Main Electrical Feeders and Panels to Feed from Conforming Building | | | | | | | | |
| | Mechanical | Install Smoke / Fire Dampers at New 2 Hr Barrier Wall | | | | | | | | |
| | Fire Alarm | Modifications to Existing Fire Alarm System to Segregate into Separated Zones | | | | | | | | |
| | Fire Sprinkler | Required for Occupancy or Use Change and by CMS before 2028 | | | | | | | | |



Key Plan

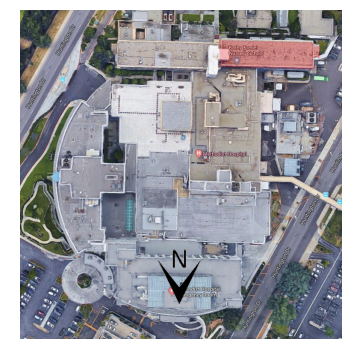
Removal of Acute Care Services (RACS) Scope Detail

| WEST WING | | | PH RF | PH FLR | ROOF | 4TH FLR | 3RD FLR | 2ND FLR | 1ST FLR | BASEMENT |
|-----------|---------------|---|-------|--------|------|---------|---------|---------|---------|----------|
| CATEGORY | SYSTEM | WORK SCOPE | | | | | | | | |
| Utilities | Plumbing | Install Flexible Connections, Install Emergency Shut Off Valves | | | | | | | | |
| | Electrical | Install Flexible Connections, Install Emergency Disconnects, Modify Main Electrical Feeders and Panels to Feed from Conforming Building | | | | | | | | |
| | Mechanical | Install Smoke / Fire Dampers at New 2 Hr Barrier Wall | | | | | | | | |
| | Fire Alarm | Modifications to Existing Fire Alarm System to Segregate into Separated Zones | | | | | | | | |
| | Fire Sprinkle | Required for Occupancy or Use Change and by CMS before 2028 | | | | | | | | |

(E) NON-COMPLYING CONDITION REQUIRING CORRECTIVE MEASURES



| I.D. NO. | (E) NON-COMPLYING CONDITION | (N) OSHPD PROJECT WORK SCOPE |
|----------|---|---|
| 1 | (E) FIRE ALARM PANEL MONITORS BLDG. 01, BLDG. 02, & BLDG. 05 AS A SINGLE ZONE | SEGREGATE DEVICES OF EACH BUILDING & RECONFIGURE ALARM PANEL TO MONITOR EACH BUILDING AS SEPARATE ZONE. |



Key Plan

Removal of Acute Care Services (RACS) Scope Detail

| WEST WING | | | | | | | | | | |
|----------------------------------|--------|--|-------|--------|------|---------|---------|---------|---------|----------|
| CATEGORY | SYSTEM | WORK SCOPE | PH RF | PH FLR | ROOF | 4TH FLR | 3RD FLR | 2ND FLR | 1ST FLR | BASEMENT |
| Services (Occupancy / Use) | Vacant | Vacant Building to be Made Safe and Secured Against Entry, Storage Prohibited | | | | | | | | |
| | Change | Compliance with Current Code (Access for People with Disabilities and All Other Systems) | | | | | | | | |

Vacant Spaces

CBC § 116.1 Conditions. Structures or existing equipment that are or hereafter become unsafe, insanitary or deficient because of inadequate *means of egress* facilities, inadequate light and ventilation, or which constitutes a fire hazard, or are otherwise dangerous to human life or the public welfare, or that **involve illegal or improper occupancy or inadequate maintenance, shall be deemed an unsafe condition.** Unsafe structures shall be taken down and removed or **made safe**, as the *building official* deems necessary and as provided for in this section. A vacant structure that is not **secured against entry** shall be deemed unsafe.

- Storage use over 100 square feet require 1-hour fire barrier
- Locks/security
 - Secured against entry
 - Illegal or improper occupancy
- Sewer gases
 - Trap primers
 - Waste system isolated with valves
- Ventilation systems - use and maintenance
- Fire protection systems
 - Maintenance of systems
 - **Non-sprinklered building may require a 24/7 Fire Watch in accordance with PIN #14**



Vacant Spaces:

Require Building Permit to Address:

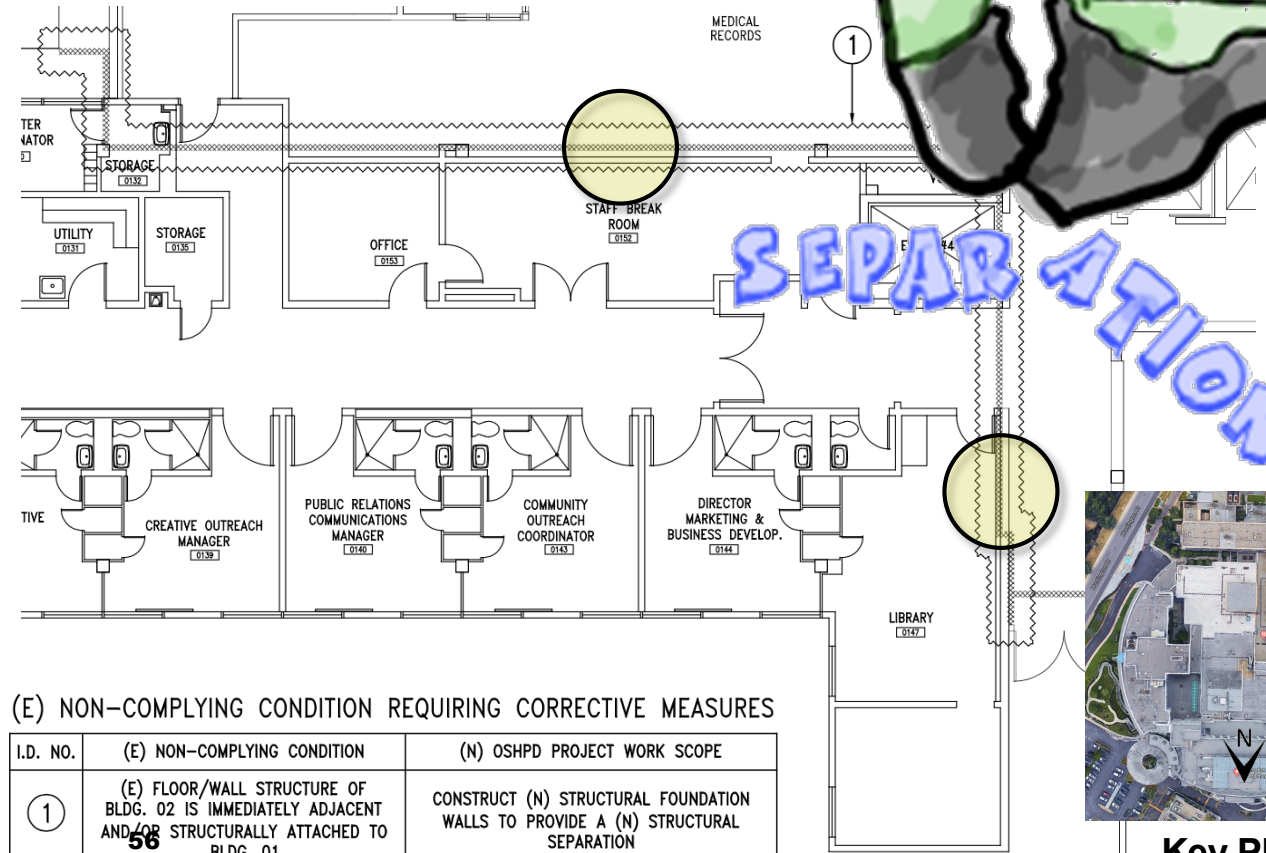
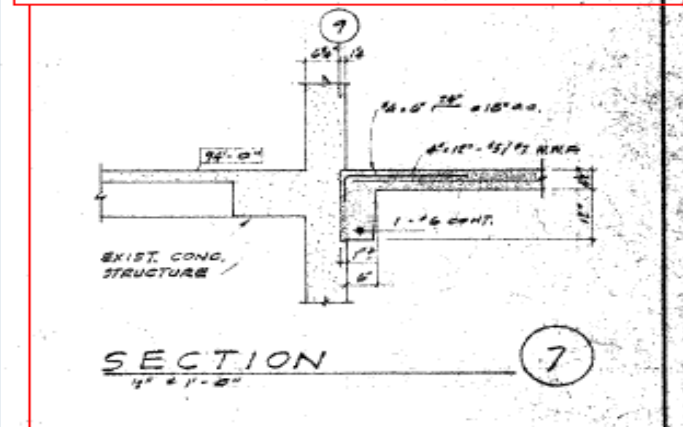
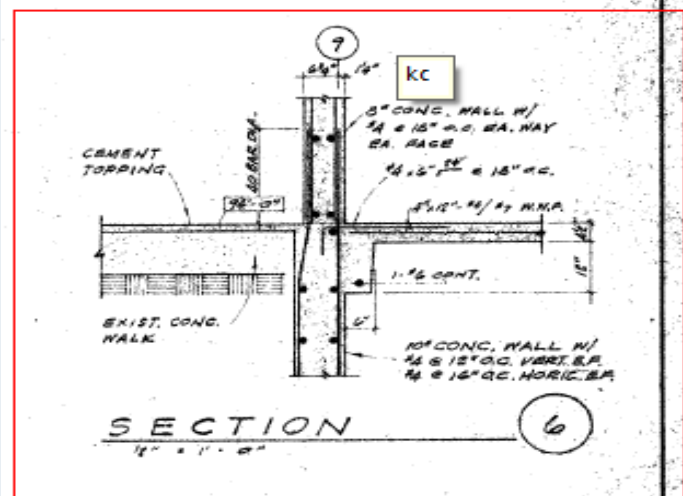
- Unsafe, Insanitary
- Deficiencies from Inadequate:
 - Means of Egress
 - Lighting
 - Ventilation
- Fire Hazards
- Dangers to:
 - Human Life
 - Public Welfare
- Unsafe Conditions Due To:
 - Illegal Occupancy
 - Improper Occupancy
 - Inadequate Maintenance
 - Unsecured Against Unauthorized Entry



Key Plan

Removal of Acute Care Services (RACS) Scope Detail

| WEST WING | | | | | | | | | | |
|--------------------|--------------------|--|-------|--------|------|---------|---------|---------|---------|----------|
| CATEGORY | SYSTEM | WORK SCOPE | PH RF | PH FLR | ROOF | 4TH FLR | 3RD FLR | 2ND FLR | 1ST FLR | BASEMENT |
| Seismic Separation | Structural | Install NEW Seismic Separation | | | | | | | | |
| | Fire & Life Safety | Install Fire Rated Wall, Floor, Ceiling Joint Covers | | | | | | | | |



(E) NON-COMPLYING CONDITION REQUIRING CORRECTIVE MEASURES

| I.D. NO. | (E) NON-COMPLYING CONDITION | (N) OSHPD PROJECT WORK SCOPE |
|----------|---|--|
| ① | (E) FLOOR/WALL STRUCTURE OF BLDG. 02 IS IMMEDIATELY ADJACENT AND/OR STRUCTURALLY ATTACHED TO BLDG. 01 | CONSTRUCT (N) STRUCTURAL FOUNDATION WALLS TO PROVIDE A (N) STRUCTURAL SEPARATION |



Key Plan

SEISMIC

SEPARATION

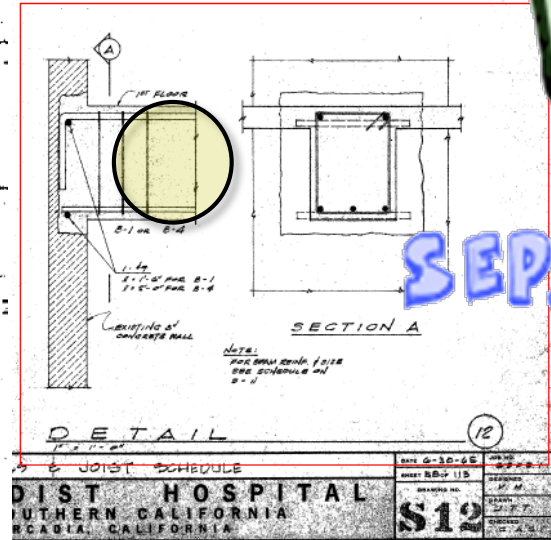
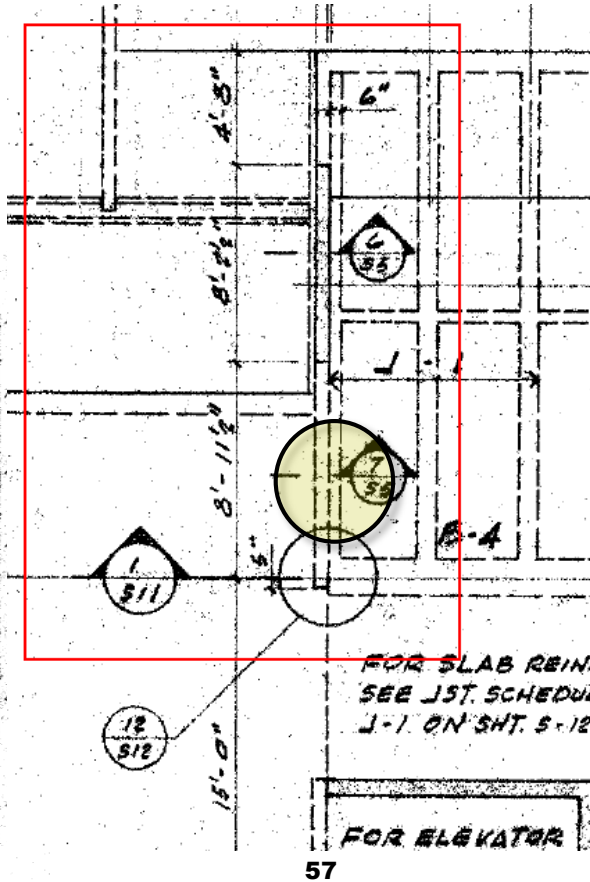
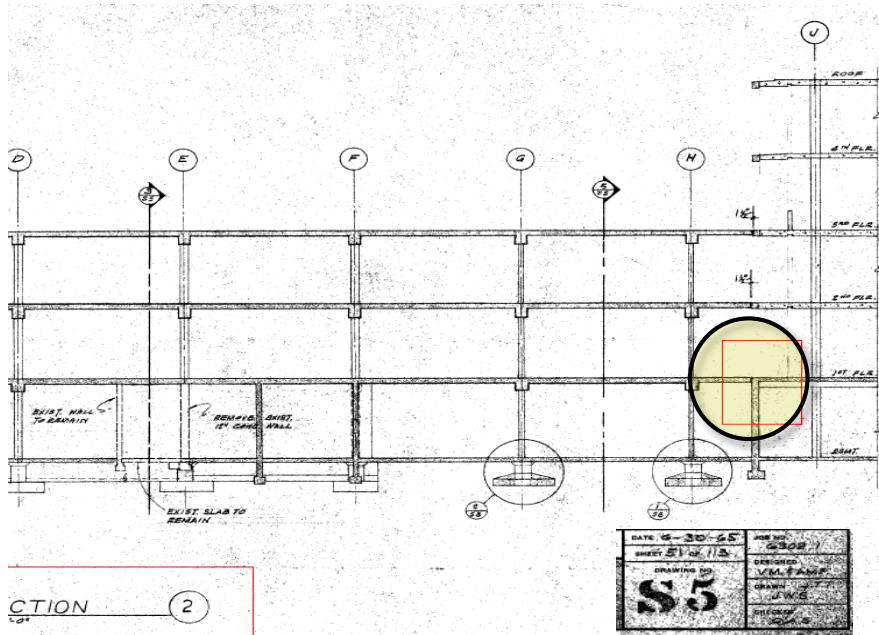
Removal of Acute Care Services (RACS) Scope Detail

| WEST WING | | | PH RF | PH FLR | ROOF | 4TH FLR | 3RD FLR | 2ND FLR | 1ST FLR | BASEMENT |
|--------------------|--------------------|--|-------|--------|------|---------|---------|---------|---------|----------|
| CATEGORY | SYSTEM | WORK SCOPE | | | | | | | | |
| Seismic Separation | Structural | Install NEW Seismic Separation | | | | | | | | |
| | Fire & Life Safety | Install Fire Rated Wall, Floor, Ceiling Joint Covers | | | | | | | | |

SEISMIC



SEPARATION



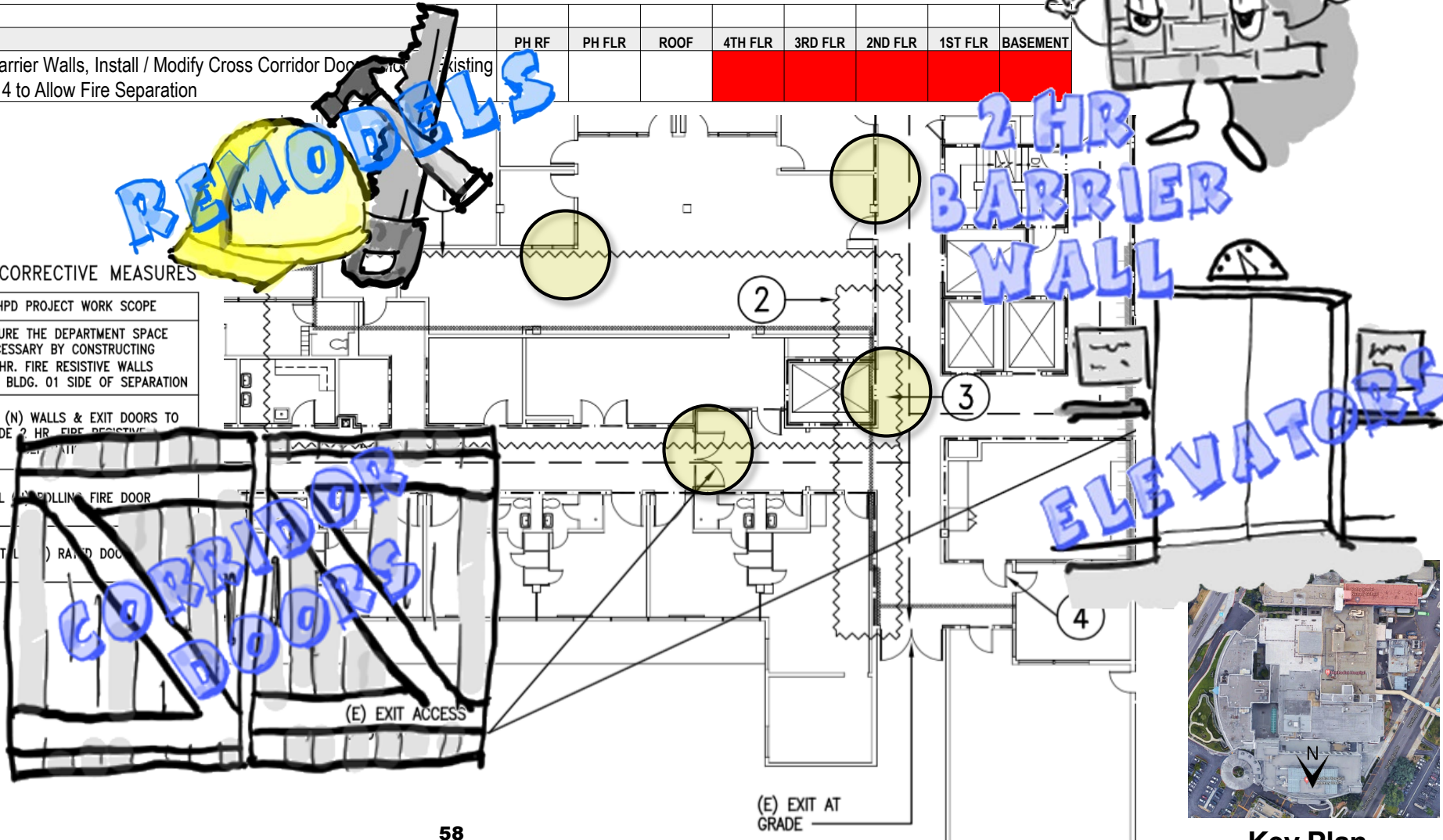
Key Plan

Removal of Acute Care Services (RACS) Scope Detail

| WEST WING | | | PH RF | PH FLR | ROOF | 4TH FLR | 3RD FLR | 2ND FLR | 1ST FLR | BASEMENT |
|---------------------------|--------------------|---|----------|--------|------|---------|---------|---------|---------|----------|
| CATEGORY | SYSTEM | WORK SCOPE | | | | | | | | |
| Fire Barrier Walls | Fire & Life Safety | Install Fire Barrier Walls, Install / Modify Cross Corridor Doors and Elevator No. 4 to Allow Fire Separation | Existing | | | | | | | |

(E) NON-COMPLYING CONDITION REQUIRING CORRECTIVE MEASURES

| I.D. NO. | (E) NON-COMPLYING CONDITION | (N) OSHPD PROJECT WORK SCOPE |
|----------|---|---|
| ① | (E) MEDICAL RECORD DEPARTMENT SPACE IS CONFIGURED OVER THE EXPANSION JOINT SEPARATING BLDG. 05 & BLDG 01 | RECONFIGURE THE DEPARTMENT SPACE AS NECESSARY BY CONSTRUCTING (N) 2 HR. FIRE RESISTIVE WALLS & DOORS AT BLDG. 01 SIDE OF SEPARATION |
| ② | (E) WALL & EXIT ACCESS DOORS SEPARATING BLDG. 05 FROM BLDG. 01 DO NOT PROVIDE 2 HR. FIRE RESISTIVE SEPARATION | CONSTRUCT (N) WALLS & EXIT DOORS TO PROVIDE 2 HR. FIRE RESISTIVE SEPARATION |
| ③ | (E) ELEVATOR OPENS DIRECTLY INTO EXIT CORRIDOR | INSTALL (N) BOLLING FIRE DOOR |
| ④ | (E) CORRIDOR DOOR IS NON FIRE-RESISTIVE | INSTALL (N) RATED DOOR |



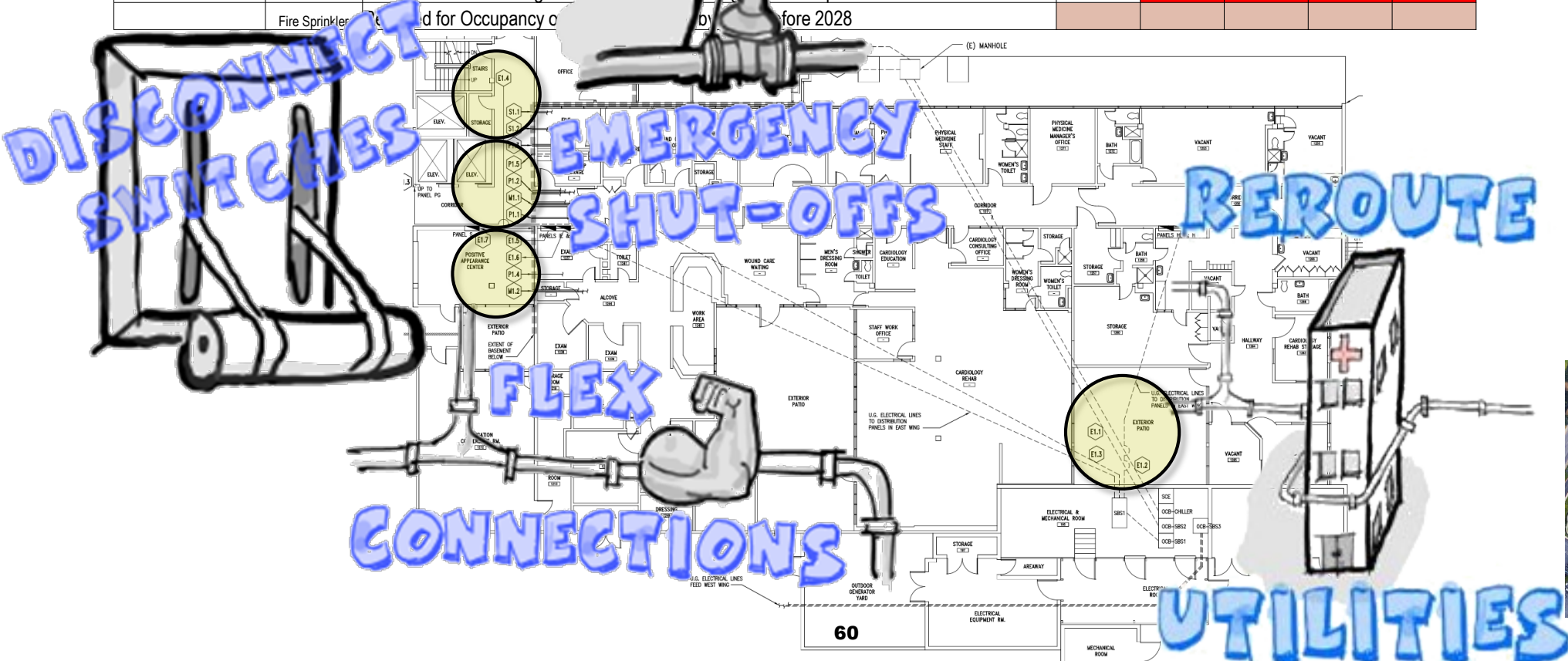
Removal of Acute Care Services (RACS) Scope Summary for East Wing (1955)

| EAST WING | | | | | | | |
|-----------------------------------|--------------------|---|------|---------|---------|---------|---------|
| CATEGORY | SYSTEM | WORK SCOPE | ROOF | 4TH FLR | 3RD FLR | 2ND FLR | 1ST FLR |
| Utilities | Plumbing | Install Flexible Connections, Install Emergency Shut Off Valves | | | | | |
| | Electrical | Install Flexible Connections, Install Emergency Disconnects, Modify Main Electrical Feeders and Panels to Feed from Conforming Building | | | | | |
| | Mechanical | Install Smoke / Fire Dampers at New 2 Hr Barrier Wall | | | | | |
| | Fire Alarm | Modifications to Existing Fire Alarm System to Segrate into Separated Zones | | | | | |
| | Fire Sprinkler | Required for Occupancy or Use Change and by CMS before 2028 | | | | | |
| Egress | Corridors | Modifications to Main Building Existing Egress to Prevent Exiting through a Non-Conforming Building | | | | | |
| Services (Occupancy / Use) | Vacant | Vacant Building to be Made Safe and Secured Against Entry, Storage Prohibited | | | | | |
| | Change | Compliance with Current Code (Access for People with Disabilities and All Other Systems) | | | | | |
| Seismic Separation | Structural | Install NEW Seismic Separation | | | | | |
| | Fire & Life Safety | Install Fire Rated Wall, Floor, Ceiling Joint Covers | | | | | |
| Fire Barrier Walls | Fire & Life Safety | Install Fire Barrier Walls, Install / Modify Cross Corridor Doors | | | | | |
| Smoke Compartments | Fire & Life Safety | Remodel Main Building for Smoke Compartments | | | | | |
| Legend: | | Required for Removal of Acute Care Services Project Scope | | | | | |
| | | Required for Future Projects | | | | | |



Removal of Acute Care Services (RACS) Scope Detail

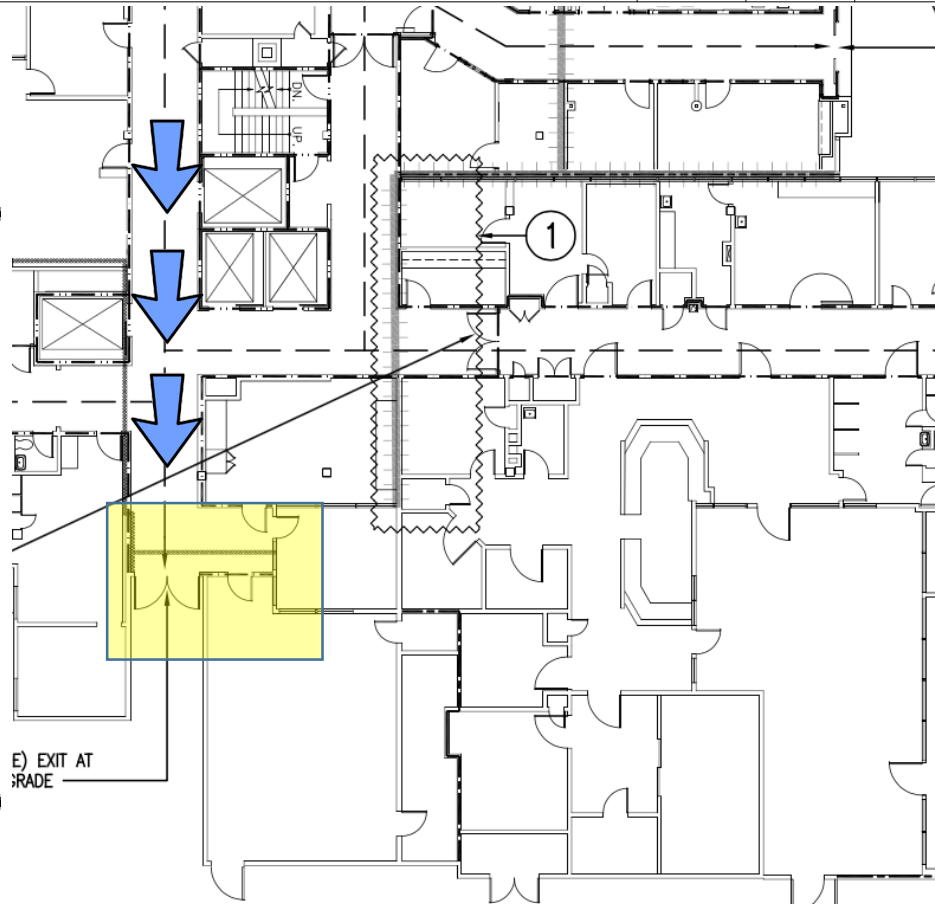
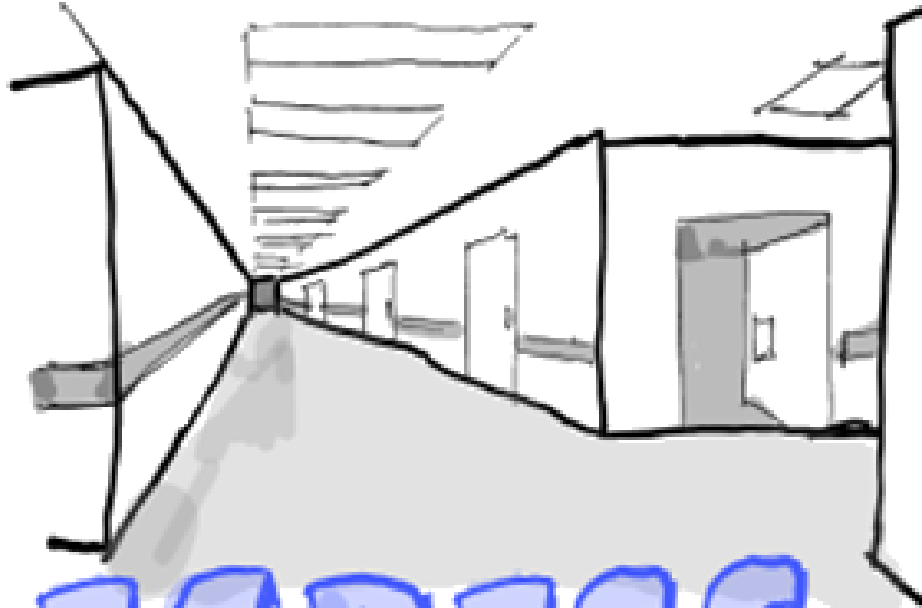
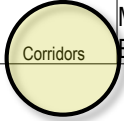
| EAST WING | | | ROOF | 4TH FLR | 3RD FLR | 2ND FLR | 1ST FLR |
|------------------|----------------|---|------|---------|---------|---------|---------|
| Utilities | Plumbing | Install Flexible Connections, Install Staff Valves | | | | | |
| | Electrical | Install Flexible Connections, Install Emergency Disconnects, Modify Main Electrical Feeders | | | | | |
| | Mechanical | Install Smoke / Fire Dampers | | | | | |
| | Fire Alarm | Modifications to Existing Fire Alarm System into Separated Zones | | | | | |
| | Fire Sprinkler | Work for Occupancy of Building before 2028 | | | | | |



Key Plan

Removal of Acute Care Services (RACS) Scope Detail

| EAST WING | | | ROOF | 4TH FLR | 3RD FLR | 2ND FLR | 1ST FLR |
|-----------|-----------|---|------|---------|---------|---------|---------|
| CATEGORY | SYSTEM | WORK SCOPE | | | | | |
| Egress | Corridors | Modifications to Main Building Existing Egress to Prevent Exiting through a Non-Conforming Building | | | | | |



Key Plan

Removal of Acute Care Services (RACS) Scope Detail

EAST WING

| CATEGORY | SYSTEM | WORK SCOPE | ROOF | 4TH FLR | 3RD FLR | 2ND FLR | 1ST FLR |
|-------------------------------|------------------|---|------|---------|---------|---------|---------|
| Services (Occupancy / Use) | Vacant Change | Vacant Building to be Made Safe and Secured Against Entry, Storage Prohibited Compliance with Current Code (Access for People with Disabilities and All Other Systems) | | | | | |

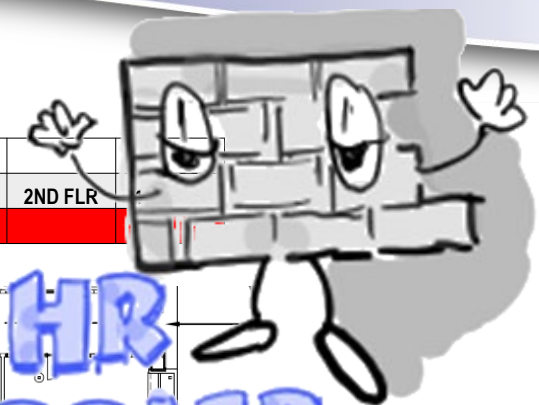
- Unsafe, Insanitary
- Deficiencies from Inadequate:
 - Means of Egress
 - Lighting
 - Ventilation
- Fire Hazards
- Dangers to:
 - Human Life
 - Public Welfare
- Unsafe Conditions Due To:
 - Illegal Occupancy
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 - Inadequate Maintenance
 - Unsecured Against Unauthorized Entry



Key Plan

Removal of Acute Care Services (RACS) Scope Detail

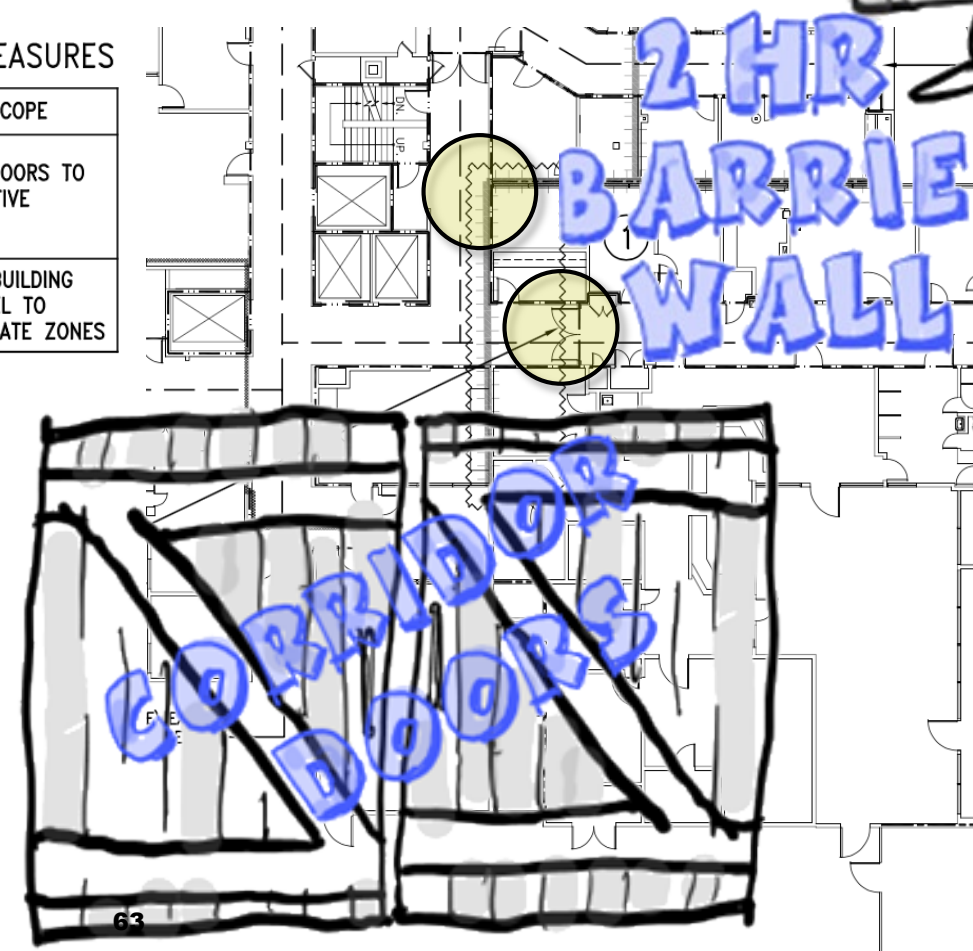
| EAST WING | | | ROOF | 4TH FLR | 3RD FLR | 2ND FLR |
|--------------------|--------------------|---|------|---------|---------|---------|
| CATEGORY | SYSTEM | WORK SCOPE | | | | |
| Fire Barrier Walls | Fire & Life Safety | Install Fire Barrier Walls, Install / Modify Cross Corridor Doors | | | | |



(E) NON-COMPLYING CONDITION REQUIRING CORRECTIVE MEASURES

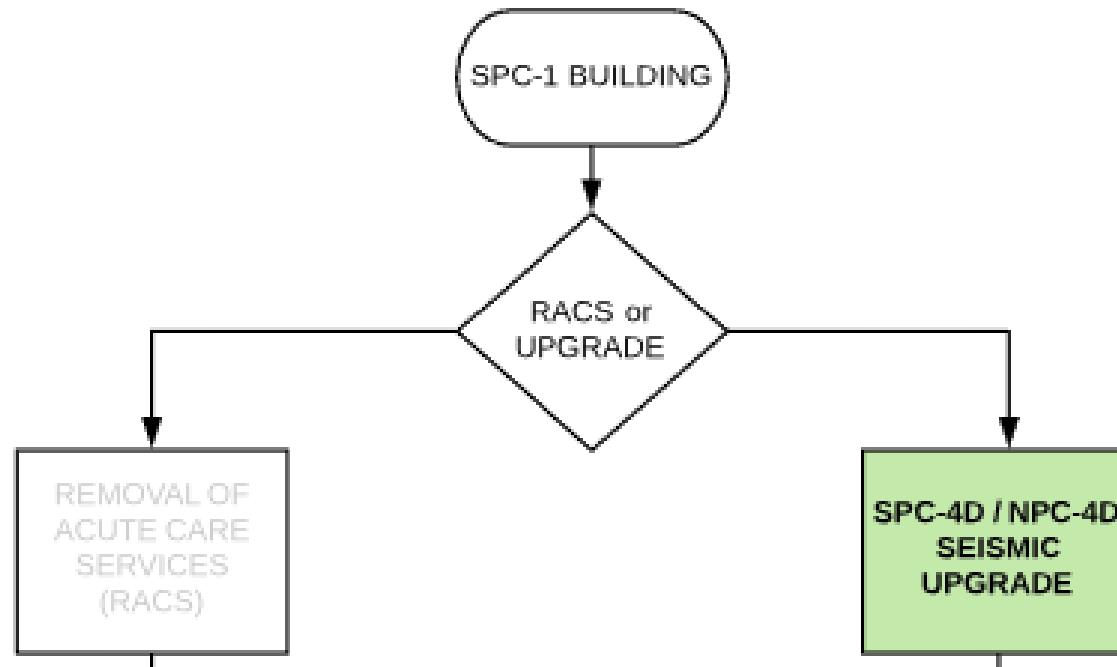
| I.D. NO. | (E) NON-COMPLYING CONDITION | (N) OSHPD PROJECT WORK SCOPE |
|----------|---|---|
| ① | (E) WALL & EXIT ACCESS DOORS SEPARATING BLDG. 02 FROM BLDG. 01 DO NOT PROVIDE 2 HR. FIRE RESISTIVE SEPARATION | CONSTRUCT (N) WALLS & EXIT DOORS TO PROVIDE 2 HR. FIRE RESISTIVE SEPARATION |
| ② | (E) FIRE ALARM PANEL MONITORS BLDG. 01, BLDG. 02, & BLDG. 05 AS A SINGLE ZONE | SEGREGATE DEVICES OF EACH BUILDING & RECONFIGURE ALARM PANEL TO MONITOR EACH BUILDING AS SEPARATE ZONES |

FIRE ALARM



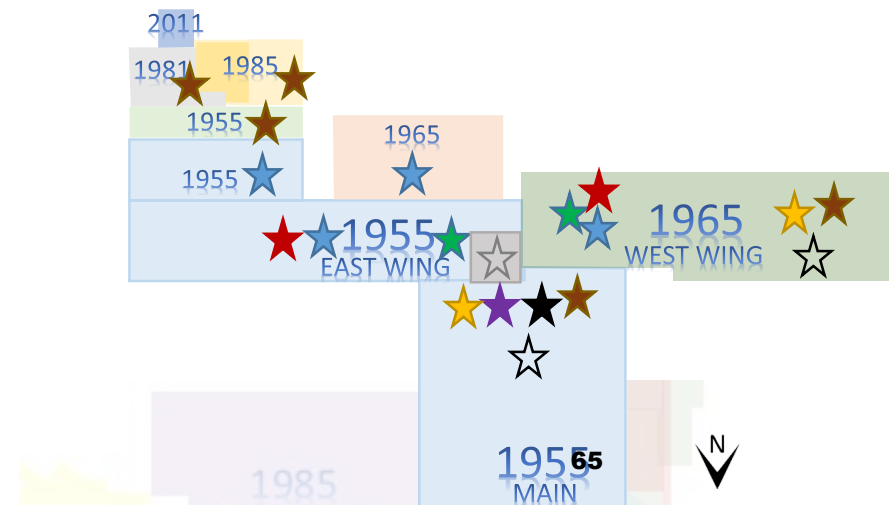
Key Plan

Seismic Upgrade SPC-4D / NPC-4D



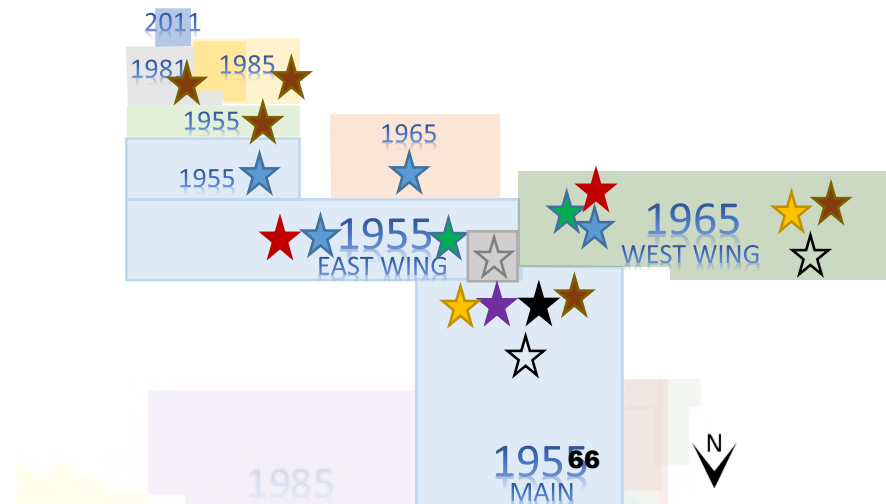
PROJECT PHASES

- ★ PHASE 1: Remove and Relocate existing hospital functions and / or departments into existing vacant spaces located on the hospital campus
- ★ PHASE 2: Install shut off valves and electrical disconnects that assure the complete isolation
- ★ PHASE 3: Demolish the building structure
- ★ PHASE 4: Build a three story elevator tower to replace the existing elevator tower
- ★ PHASE 5: Install shut off valves and electrical disconnects that assure the complete isolation
- ★ PHASE 6: Demolish the building structure from the roof down to the third floor level
- ★ PHASE 7: Renovate and Remodel existing building exteriors and spaces.
- ★ PHASE 8: SPC-4D & NPC-4D Upgrades
- ★ PHASE 9: Repurpose Upgraded Buildings



PROJECT PHASES

- ★ PHASE 1: Remove and Relocate existing hospital functions and / or departments into existing vacant spaces located on the hospital campus
- ★ PHASE 2: Install shut off valves and electrical disconnects that assure the complete isolation
- ★ PHASE 3: Demolish the building structure
- ★ PHASE 4: Build a three story elevator tower to replace the existing elevator tower
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- ★ PHASE 6: Demolish the building structure from the roof down to the third floor level
- ★ PHASE 7: Renovate and Remodel existing building exteriors and spaces.
- ★ PHASE 8: SPC-4D & NPC-4D Upgrades
- ★ PHASE 9: Repurpose Upgraded Buildings



Seismic Upgrade SPC-4D / NPC-4D

Scope Detail

| COMPLIANCE DUE DATE: | 2022 | 2022 | 2022 | 2030 | 2030 | 2030 | 2030 | 2030 |
|----------------------|--|-----------------------------|--|---------------------------|-----------------------------|-----------------------------|--|--|
| | PHASE 1 | PHASE 2 | PHASE 3 | PHASE 4 | PHASE 5 | PHASE 6 | PHASE 7 | PHASE 8 |
| EAST WING | EDUCATION CONFERENCE STORAGE AREAS OFFICE / STAFF AREAS WOUND CARE & HBO CARDIAC REHAB | ALL LEVELS | GROUND LEVEL TO ROOF | 3-STOP HYDRAULIC ELEVATOR | | | | 1955 ELECTRICAL ROOM SPC-4D 1955 ELECTRICAL ROOM NPC-4D 1981 ELECTRICAL ROOM NPC-4D 1985 ELECTRICAL ROOM NPC-4D |
| WEST WING | STORAGE AREAS OFFICE / STAFF AREAS OCCUPIED BASMENT DURING CONSTRUCTION | FIRST FLOOR LEVEL AND ABOVE | EXTERIOR THIRD FLOOR LEVEL AND ABOVE INTERIOR AT FIRST AND SECOND | | | | | BASEMENT, FIRST, & SECOND FLOORS SPC-4D BASEMENT, FIRST, & SECOND FLOORS NPC-4D |
| MAIN BLDG | OFFICE / STAFF AREAS AT FIRST BUSINESS OFFICE AT FIRST MEDICAL RECORDS AT SECOND | | | | THIRD FLOOR LEVEL AND ABOVE | THIRD FLOOR LEVEL AND ABOVE | ELEVATOR AREA AT EACH FLOOR NEWLY EXPOSED EXTERIOR FACES BUSINESS OFFICES AT FIRST MEDICAL RECORDS AT FIRST OFFICES AT CHAPPEL SOUTH ENTRANCE | ENTIRE BUILDING SPC-4D ENTIRE BUILDING NPC-4D |

Shaded area indicates ROM funds needed between now and July 01, 2022





SESSION TWO: Proposed 2019 Code Changes

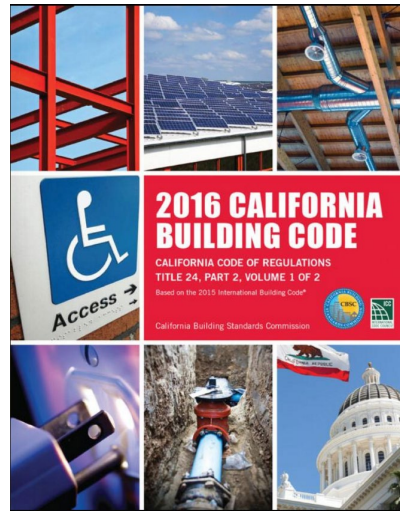
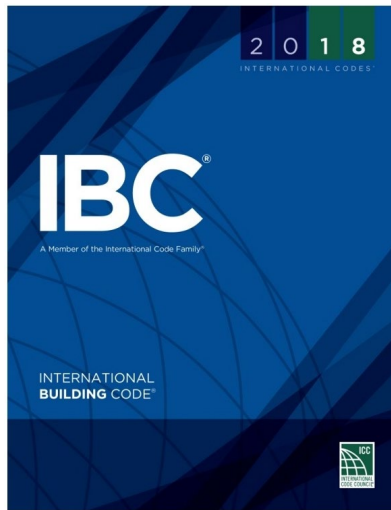
❖ OSHPD 1R, 2 & 5

- **Structural Updates**
- **OSHPD 1R Allowable Uses**
- **Selective Parts 2, 3, 4 and 5**
- **Part 10 - Existing Building Code**
- **Part 6 - Energy Code**

❖ Special Provisions for SPC-2 Buildings

- **Utilities Traversing
SPC-1 Buildings**
- **Introduction to NPC 4D**

Proposed CBSC 2019 Amendments



- Office of Statewide Health Planning and Development (OSHPD)
- OSHPD 01/18: California Administrative Code, Part 1, (Chapters 6 and 7), Title 24**
- Notice of Proposed Action (NOPA): ([PDF](#))
 - Initial Statement of Reasons (ISOR): ([PDF](#))
 - Express Terms (ET): ([PDF](#))
 - Matrix Table, CAC recommendations: ([PDF](#))
-
- OSHPD 02/18: California Building Code, Part 2 Volume 1, Title 24**
- Notice of Proposed Action (NOPA): ([PDF](#))
 - Initial Statement of Reasons (ISOR): ([PDF](#))
 - Express Terms (ET): ([PDF](#))
 - Matrix Table, CAC recommendations: ([PDF](#))
-
- OSHPD 03/18: California Building Code, Part 2, Volume 2, Title 24**
- Notice of Proposed Action (NOPA): ([PDF](#))
 - Initial Statement of Reasons (ISOR): ([PDF](#))
 - Express Terms (ET): ([PDF](#))
 - Matrix Table, CAC recommendations: ([PDF](#))
-
- OSHPD 04/18: California Mechanical Code, Part 4, Title 24**
- Notice of Proposed Action (NOPA): ([PDF](#))
 - Initial Statement of Reasons (ISOR): ([PDF](#))
 - Express Terms (ET): ([PDF](#))
 - Matrix Table, CAC recommendations: ([PDF](#))
-
- OSHPD 05/18: California Plumbing Code, Part 5, Title 24**
- Notice of Proposed Action (NOPA): ([PDF](#))
 - Initial Statement of Reasons (ISOR): ([PDF](#))
 - Express Terms (ET): ([PDF](#))
 - Matrix Table, CAC recommendations: ([PDF](#))
-
- OSHPD 06/18 California Existing Building Code, Part 10, Title 24**
- Notice of Proposed Action (NOPA): ([PDF](#))
 - Initial Statement of Reasons (ISOR): ([PDF](#))
 - Express Terms (ET): ([PDF](#))
 - Matrix Table, CAC recommendations: ([PDF](#))
-
- OSHPD 01/17 California Electrical Code, Part 3, Title 24**
- Notice of Proposed Action (NOPA): ([PDF](#))
 - Initial Statement of Reasons (ISOR): ([PDF](#))
 - Express Terms (ET): ([PDF](#))
 - Matrix Table, CAC recommendations: ([PDF](#))

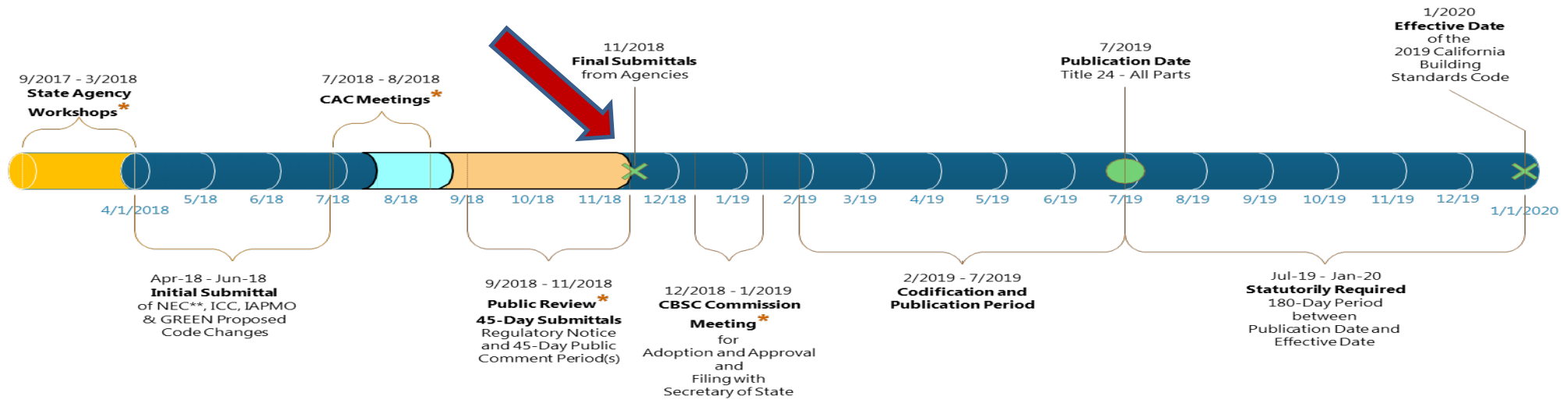


2019 CBSC Timeline

2019 California Building Standards Code, Title 24

2018 Triennial Code Adoption Cycle

Effective Date: January 1, 2020



Code Advisory Committees (CAC):
 SDLF – Structural Design/ Lateral Forces
 PEME – Plumbing, Electrical, Mechanical & Energy
 HF – Health Facilities
 GREEN – Green Building
 BFO – Building, Fire & Other
 ACCESS - Accessibility

*Public Participation Opportunity
 **NEC resubmittal if necessary

All dates are subject to change



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OSHPD 1, 1R, 2 and 5 Alignment

[OSHPD 1] = Chapter 1224

General Acute-Care Hospitals including those that provide Rehabilitation Services

[OSHPD 1R] = Varies per Intended Use

Hospital Building removed from General Acute-Care services

[OSHPD 2] = Chapter 1225

Skilled Nursing Facilities and Intermediate Care Facilities

[OSHPD 3] = Chapter 1226

Clinics, including those under H&S Code Section 1200 and Hospital Outpatient Clinical Services provided in a freestanding building un H&S Code Section 1250

[OSHPD 4] = Chapter 1227

Correctional Treatment Centers

[OSHPD 5] = Chapter 1228

Acute Psychiatric Hospitals

Legislative Mandate for Hospitals



Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983

APPLICATION:

It is the intent of the Legislature that hospital buildings that house patients who have less than the capacity of normally healthy persons to protect themselves, and that must be reasonably capable of providing services to the public after a disaster....



Alquist Act - Application

California Administrative Code (CAC) Chapter 6 (SB 1953 regs)

GENERAL ACUTE CARE HOSPITAL, as used in Chapter 6, Part 1 means a hospital building as defined in Section 129725 of the Health and Safety Code and that is also licensed pursuant to subdivision (a) of **Section 1250** of the Health and Safety Code, **but does not include these buildings if...**

... provide skilled nursing or acute psychiatric services only.

Legislative Mandate for Hospitals



Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983

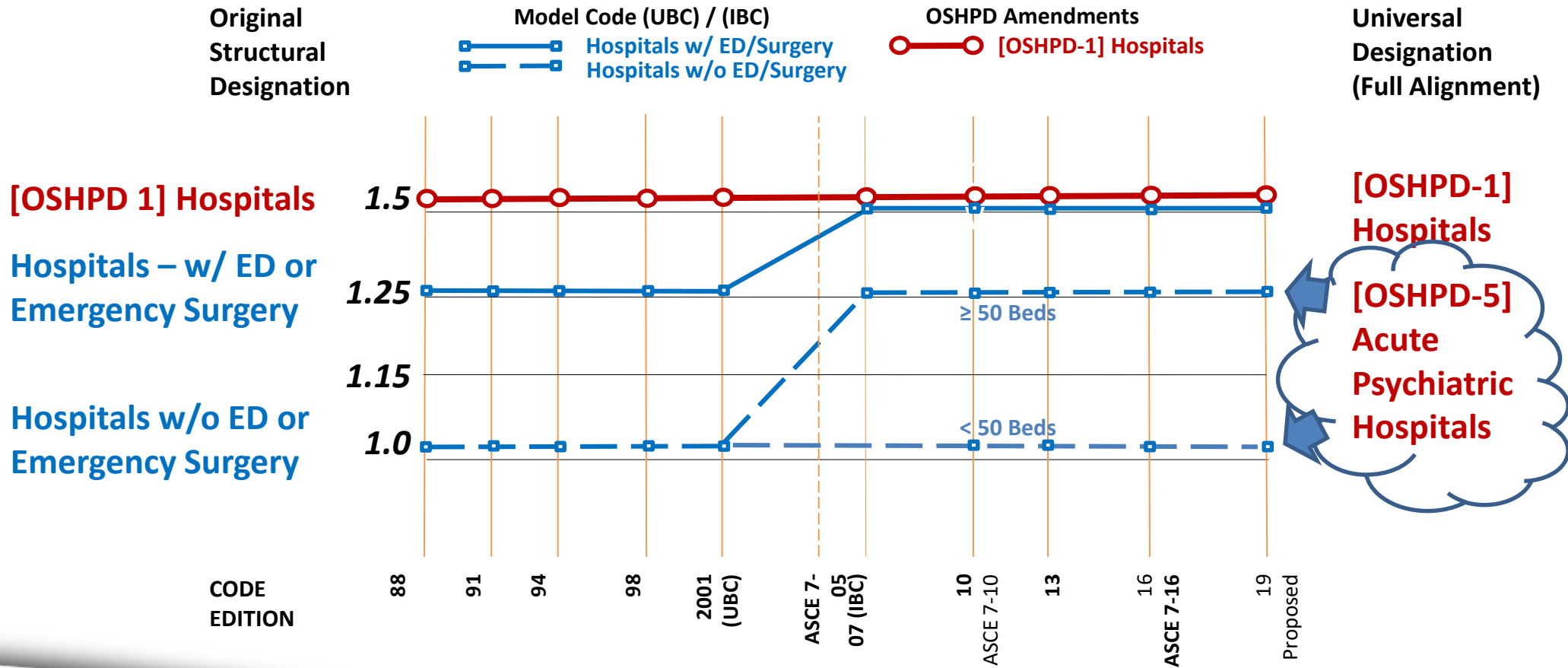
STANDARDS:

*shall be designed and constructed to resist, **insofar as practical**, the forces generated by earthquakes, gravity, and winds. In order to accomplish this purpose, the **office shall propose proper building standards for earthquake resistance based upon current knowledge**, and provide an independent review of the design and construction of hospital buildings.*



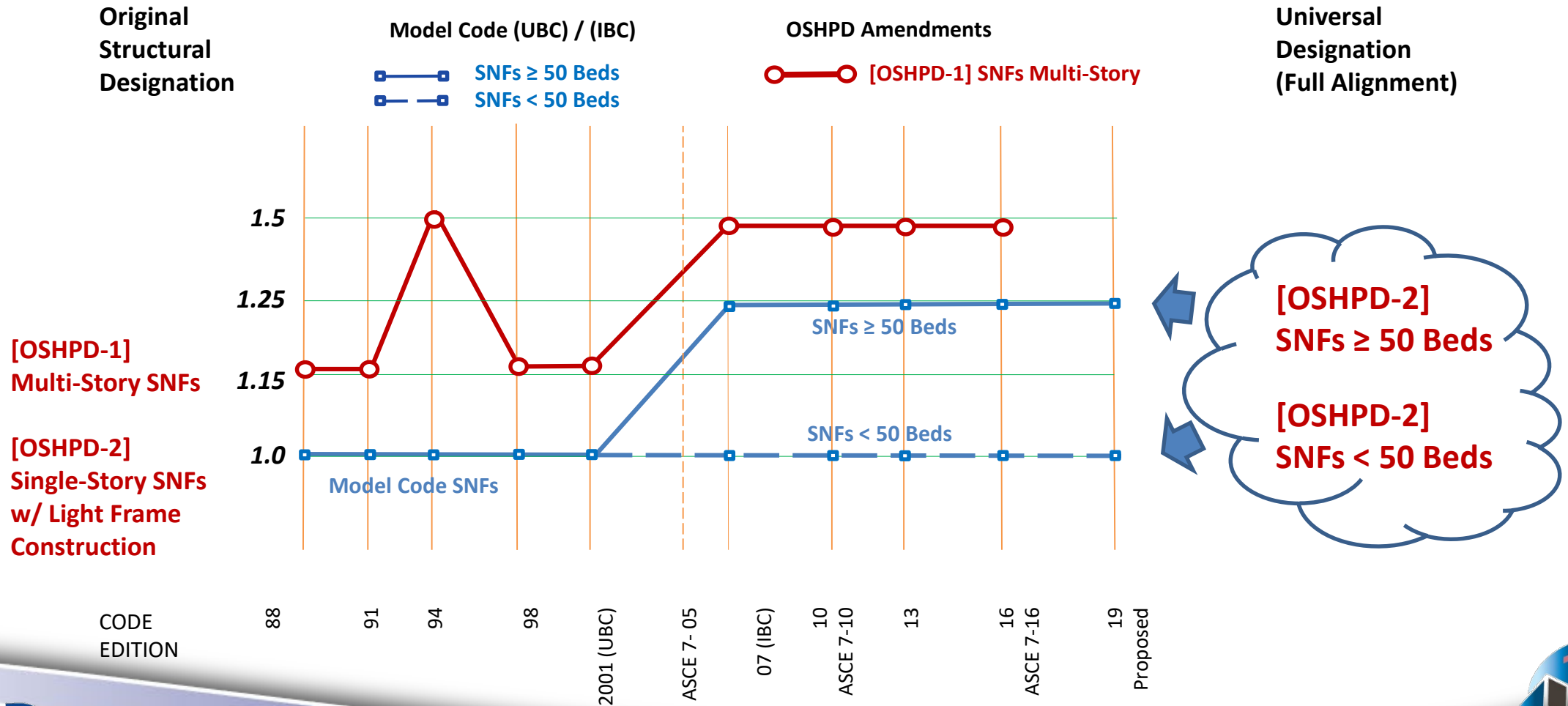
History of Structural Importance Factors

OSHPD Hospital Importance Factors



History of Structural Importance Factors

OSHPD SNF Importance Factors



California Building Standards Law

California Health & Safety Code Subsection 18930(a) Nine-Point Criteria Analysis of Proposed Building Standards:

7) *The applicable national specifications, published standards, and model codes have been incorporated therein as provided in this part, where appropriate.*

(A) *If a national specification, published standard, or model code does not adequately address the goals of the state agency, a statement defining the inadequacy shall accompany the proposed building standard when submitted to the commission.*

OSHPD is obligated to use model code whenever and wherever possible, unless model code can be shown to be inadequate.



Model Code Standard for....

Buildings that do not

- House patients who have less than the capacity of normally healthy persons to protect themselves

nor

- Provide services to the public after a disaster

Model code may apply to any use other than required [OSHPD 1] General Acute Care Services...

where appropriate

Model Code Standard for...

[OSHDP 1R] =

Model Code =

No SPC/NPC Ratings

OSHPD 1R - Allowable Services

OSHPD Services permitted in OSHPD 1R Buildings:

- OSHPD 1 – **Section 1224** Duplicative Hospital Services
(in excess of those required for GACH Basic and Supplemental Services)
- OSHPD 1 – **Section 1224.39** Outpatient Hospital Services
- OSHPD 2 – **Section 1225** Skilled Nursing
- OSHPD 5 – **Section 1228** Acute Psychiatric Hospital and/or Related Services

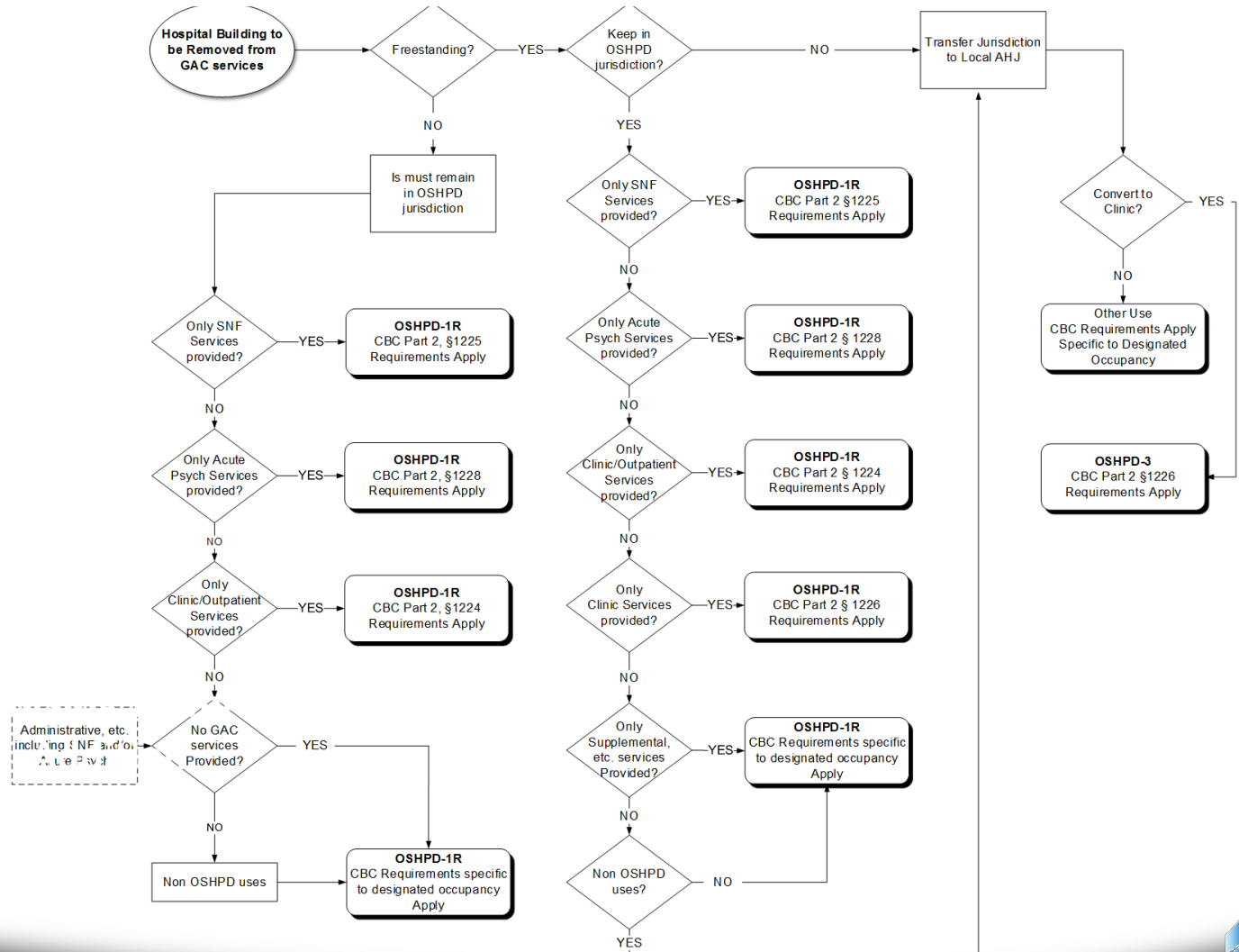
Other Services are also permitted in accordance with model code provisions

OSHPD 1R – Flowchart of Uses

Mixed
 “Use” and “Occupancy”
 Permitted
in accordance with
 Model Code

✓ **Non-GACH OSHPD Program
 Uses (1224/1225/1228)**

✓ **Other Uses**



CDPH Licensing Perspective

Considerations for OSHPD 1R Buildings:

- **Duplicative Services** are permitted providing that required hospital support features are within conforming hospital construction
- **Outpatient Observation** acuity may be restricted in the absence of acceptable evacuation provisions and protocols
- **Multiple provider arrangements** will require additional provisions to demonstrate:
 - Separate entrancing
 - Required support services cable of being provided outside of hospital services

DSA Accessibility Perspective

Accessibility Provisions for OSHPD 1R Buildings:

- **50% SNF Accessible Patient Room ratio** is per room versus per patient bed
- **Existing non-accessible toilets** within nursing units converted to staff offices and clinic exam rooms will not need to be removed, provided that:
 - ❑ A minimum of 10% are made to be accessible
 - ❑ Separate accessible common-use toilets are provided
 - ❑ Nursing unit conversions to family lodging suites will be required to meet the provisions of “transient lodging”

Repurposing - Other New Items

- **Part 1**

 - Adoption of Part 6 California Energy Codes

- **Part 2**

 - I-2 (with restraint): Class I Flooring

 - Sharing of Nursing Unit Support Spaces

 - Surgical Suite Staff Changing Areas – Flow Improvement

 - Outpatient Observation Units

- **Parts 3, 4 and 5**

 - Outpatient Observation Provisions

 - Mechanical Ventilation *Table 4A* Alignment with ASHRAE 170

Part 1 – Application of Part 6

Chapter 7, Article 1 General

7-103. Jurisdiction. The following are within the jurisdiction of Office of Statewide Health Planning and Development:

...

(c) For hospital buildings, skilled nursing facilities and intermediate care facilities, the Office shall also enforce the regulations of the California Building Standards Code as adopted by the California Energy Commission, the Office of the State Fire Marshal and the Division of the State Architect/Access Compliance Section, for Energy Conservation, fire and life safety and accessibility compliance for persons with disabilities, respectively.

Part 2 – Section 804 Floor Finishes

Floor Finish Where Restraint is Used

- **2016 CBC Supplement** (Effective July 1, 2018)
 - Group I-3 redefined as incarceration only
 - **Psychiatric Facilities** now **Group I-2 (with restraint)**
 - **Noncombustible floor finish** and floor coverings where restraint is used

- **2019 CBC**
 - Floor finish may be **Class I** where restraint is used, under certain conditions

Part 2 – Nursing Support Space

Required vs. shared Support Areas for Nursing Service

➤ Required in each Nursing Unit

- Administrative area / Nurse Station
- Nurse/Supervisor Office
- Separate Clean and Soiled Utility Rooms, Clean linen storage
- Medication Station
- Equipment & Emergency Storage, gurneys & wheelchairs
- Nourishment area & Ice Machine

➤ Shared between Nursing Units

- Staff toilet rooms
- Housekeeping rooms
- Special bathing facilities

➤ Optional or may be shared with other service spaces

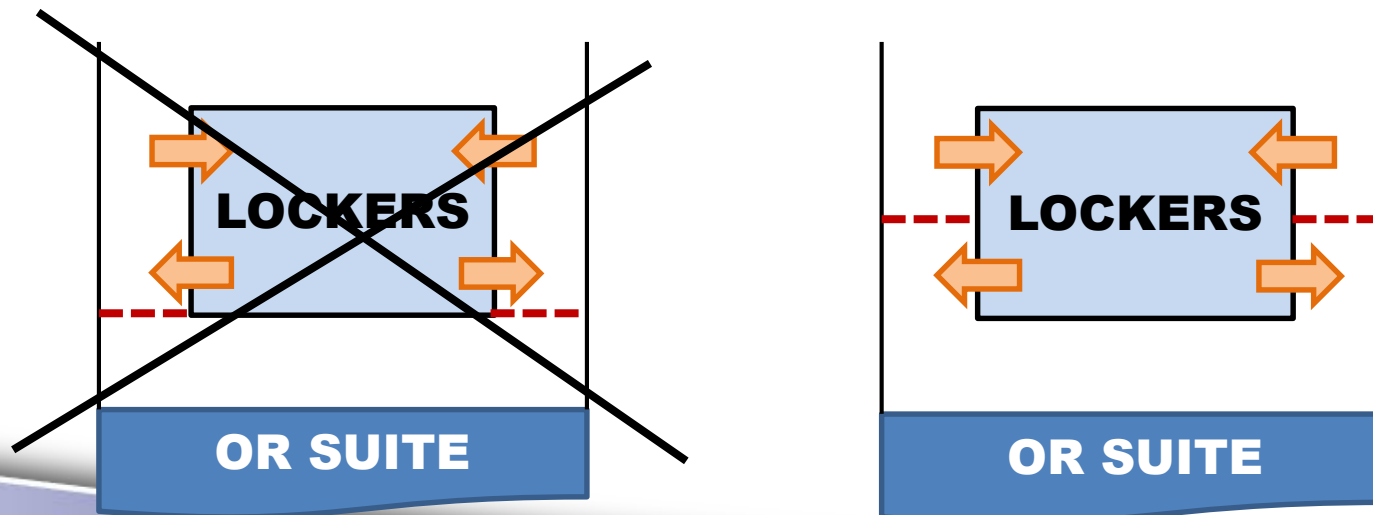
- Exam &/or treatment rooms are optional
- Multipurpose rooms may be shared with other departments

Part 2 - Surgical Service Space

Staff Clothing Change Areas

Arranged to ensure a traffic pattern so that personnel can:

- ✓ Enter the staff change area from non-restricted space
- ✓ Change their attire
- ✓ Move directly into the semi-restricted surgical service corridor




Part 2 – Outpatient Observation Units

Senate Bill 1076 (*Health and Safety Code section 1253.7*)

Defines **“observation services”** as **“outpatient services... to those patient who have unstable or uncertain conditions potentially serious enough to warrant close observation, but not so serious as to warrant inpatient admission to the hospital.”**

New Code Section 1224.39.6

Analysis - Patient Station:



| | 1988 - 2001 CBC <i>(effective thru 12/31/2006)</i> | 2016 CBC |
|---------------------|---|---|
| Nursing Unit | | |
| Single Patient Room | 110 sf <i>(3 feet clear @ sides and foot of bed)</i> | 120 sf <i>(3 feet clear @ sides and foot of bed)</i> |
| Multi-Patient Room | 80 sf / bed <i>(3 feet clear between</i> | 100 sf / bed <i>(3 feet clear between</i> |

Part 4 – Table 4A

California Mechanical Code

Revised Table 4-A

Non-Patient Areas may be per Section 403 (ASHRAE 62.1):

- Administrative
- Dining Room
- Dishwashing Room
- Multipurpose Room
- Staff Sleep Room

VENTILATION AIR

**TABLE 4-A
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) (h) | MINIMUM OUTDOOR ACH | MINIMUM TOTAL ACH | MINIMUM TOTAL ACH IF 100% O.A. | ALL ROOM AIR EXHAUSTED DIRECTLY TO OUTDOORS (j) | AIR RECIRCULATED BY MEANS OF ROOM UNITS (k) | DESIGN RELATIVE HUMIDITY (%) | DESIGN TEMPERATURE (l), °F/°C |
|---|---|---------------------|-------------------|--------------------------------|---|---|------------------------------|-------------------------------|
| Administrative | NR | 2 | 4 | 2 | NR | NR | NR | NR |
| Airborne infection isolation anteroom (i) | (e) | NR | 10 | 10 | Yes | No | NR | NR |
| Airborne infection isolation room (i) | Negative | 2 | 12 | 12 | Yes | No | max 60 | 70-75/21-24 |
| Airborne infection isolation treatment/clean room | Negative | 2 | 12 | 12 | Yes | No | NR | NR |
| Angiography room | Positive | 5 | 15 | 12 | NR | NR | NR | NR |
| Bathing room | Negative | NR | 10 | NR | Yes | No | NR | 70-75/21-24 |
| Bathroom | Negative | NR | 10 | 10 | Yes | No | NR | 72-78/22-26 |
| Bedpan room | Negative | NR | 10 | 10 | Yes | No | NR | NR |
| Blood bank/tissue storage | NR | 2 | 6 | 6 | NR | NR | NR | NR |
| Blood draw/pherlebotomy | NR | 2 | 6 | 6 | NR | NR | NR | NR |
| Bronchoscopy, sputum collection, and pentamidine administration (n) | Negative | 2 | 12 | 12 | Yes | No | NR | 68-73/20-23 |
| Cardiac catheterization lab | Positive | 5 | 20 | 12 | NR | No | max 60 | 70-75/21-24 |
| Clean linen storage | Positive | NR | 2 | 2 | NR | NR | NR | 72-78/22-26 |
| Clean workstation (central medical and surgical supply space) | Positive | 2 | 4 | 4 | NR | No | max 60 | 72-78/22-26 |
| Clean workstation or clean holding (support) | Positive | 2 | 4 | 4 | NR | NR | NR | NR |
| Critical and intensive care | NR | 2 | 6 | 6 | NR | No | 30-60 | 70-75/21-24 |
| CT Scan | NR | 2 | 6 | 6 | NR | NR | max 60 | NR |
| Darkroom (g) | Negative | 2 | 10 | 12 | Yes | No | NR | NR |
| Delivery room (caesarean) (m), (n), (o) | Positive | 4 | 20 | 12 | NR | No | 20-60 | 68-75/20-24 |
| Dialysis treatment area | NR | 2 | 6 | 6 | NR | NR | NR | 72-78/22-26 |
| Dialyzer reprocessing room | Negative | NR | 10 | NR | Yes | No | NR | NR |
| Dietary storage | NR | NR | 2 | 2 | NR | No | NR | 72-78/22-26 |
| Dining room | NR | 2 | 10 | 10 | NR | NR | NR | NR |
| Dishwashing room | N | NR | 10 | NR | Yes | NR | NR | NR |
| Electroconvulsive therapy procedure room | P | 5 | 15 | 10 | NR | NR | NR | NR |
| Emergency department exam/treatment room (p) | NR | 2 | 6 | 6 | NR | NR | max 60 | 70-75/21-24 |
| Endoscope cleaning | Negative | 2 | 10 | 10 | Yes | No | NR | NR |
| ER decontamination | Negative | 2 | 12 | 4 | Yes | No | NR | NR |
| ER waiting rooms | Negative | 2 | 12 | 12 | Yes (q) | NR | max 65 | 70-75/21-24 |
| Examination room | NR | 2 | 6 | 6 | NR | NR | max 60 | 70-75/21-24 |
| Fast track room | NR | 2 | 6 | 2 | NR | NR | NR | NR |
| Fluoroscopy room | Negative | 2 | 6 | 6 | Yes | No | NR | NR |

2016 CALIFORNIA MECHANICAL CODE JULY 1, 2018 SUPPLEMENT BLUE 73

Part 6 – California Energy Code (CEC)

Applications to Building Envelope

OSHPD *versus* CEC Definition of “Addition”

What’s the Difference?

OSHPD:

[A] ADDITION. An extension or increase in floor area or height of a building or structure. *[DSA-AC] An expansion, extension or increase in the gross floor area or height of a building or facility.*

Part 6 – Applications to Building Envelope

CEC:

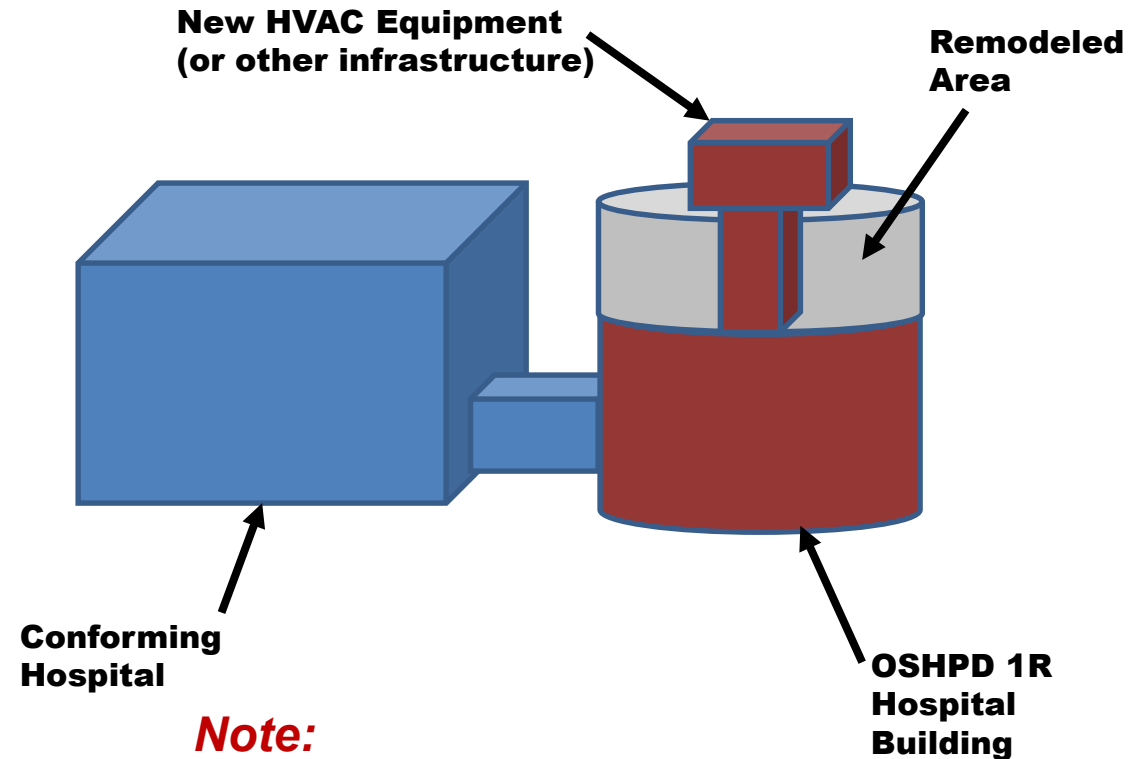
ADDITION is any change to a building **that increases conditioned floor area and conditioned volume**. See also, **“newly conditioned space.”** Addition is also any change that increases the floor area and volume of an unconditioned building of an occupancy group or type regulated by Part 6. Addition is also any change that increases the illuminated area of an outdoor lighting application regulated by Part 6.

NEWLY CONDITIONED SPACE is **any space being converted from unconditioned to directly conditioned or indirectly conditioned space**. Newly conditioned space must comply with the requirements for an addition. See Section 141.0 for nonresidential occupancies and Section 150.2 for residential occupancies.

Part 6 – Applications to Remodels

OSHPD 1R Remodel

- **New Lighting & Controls**
 - Meets Part 6
- **New HVAC Equipment**
(units, chillers, etc.)
 - Meets Part 6 (SEER)
- **New Ventilation Shaft**
(for future build-out)
 - Meets Part 6 (duct testing)



Note:
Remodels will meet Part 6 requirements for new elements at time of construction.

Part 6 – Enforcement

Required Verifications

- LED Lighting
- Equipment Efficiency Ratings
- Building Envelope
 - Insulation/Leakage
 - Fenestration
 - ✓ Glazing Type
 - ✓ % Fenestration
 - ✓ Orientation

2019 Nonresidential Appendices

Appendix NA7-1

Nonresidential Appendix NA7

Appendix NA7 – Installation and Acceptance Requirements for Nonresidential Buildings and Covered Processes

| | |
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Appendix NA7– Installation and Acceptance Requirements for Nonresidential Buildings and Covered Processes

Part 6 – Enforcement

OSHPD Systems

Plan Review:

- ✓ Exterior Assemblies & Detailing
- ✓ Electrical Lighting Design & Specifications
- ✓ Mechanical Systems Design & Specifications
- ✓ Energy Code Modeling

Construction:

- ✓ Continuous Inspection & Observation
- ✓ Verified Reports
- ✓ Commissioning & Occupancy

CHAPTER 10

ADMINISTRATIVE REGULATIONS FOR THE CALIFORNIA ENERGY COMMISSION (CEC)

ARTICLE 1 ENERGY BUILDING REGULATIONS

10-101. Scope.

(a) This article contains administrative regulations relating to the energy building regulations in Title 24, Part 6. This article applies to all residential and nonresidential buildings.

(b) Nothing in this article lessens any necessary qualifications or responsibilities of licensed or registered building professionals or other designers or builders, or the duties of enforcement agencies, that exist under state or local law.

(c) If any provision of the regulations in this article or the Building Energy Efficiency Standards, Title 24, Part 6, of the California Code of Regulations is found invalid by a court of competent jurisdiction, the remainder of these regulations shall remain in effect.

Authority: Sections 25402 and 25402.1, Public Resources Code. Reference: Sections 25402 and 25402.1, Public Resources Code.

HISTORY:

1. New Article 1 (Section 1401) filed 5-3-76; effective thirtieth day thereafter (Register 76, No. 19).
2. Amendment filed 8-17-77; designated effective 3-11-78 (Register 77, No. 34).
3. Repealer of Article 1 (Section 1401) and new Article 1 (Sections 1401-1408, not consecutive) filed 12-9-81; designated effective 7-1-82 (Register 81, No. 50).
4. Amendment filed 12-27-84; designated effective 1-1-85 pursuant to Government Code Section 11346.2 (d) (Register 84, No. 52).

10-102. Definitions. In this article the following definitions apply.

ACCEPTANCE REQUIREMENTS are "acceptance requirements for code compliance" as defined in Section 100.1(b) of Part 6.

ACCEPTANCE TEST TECHNICIAN is a Field Technician as defined in Section 10-102 who is certified by an authorized Acceptance Test Technician Certification Provider pursuant to the requirements of Section 10-103.1 or 10-103.2.

LIGHTING CONTROLS ACCEPTANCE TEST TECHNICIAN is a professional certified by an authorized Lighting Controls Acceptance Test Technician Certification Provider to perform nonresidential lighting controls acceptance tests and complete the documentation required for nonresidential lighting controls acceptance tests as required by the Building Energy Efficiency Standards.

MECHANICAL ACCEPTANCE TEST TECHNICIAN is a professional certified by an authorized Mechanical Acceptance Test Technician Certification Provider to perform nonresidential mechanical acceptance tests and complete the documentation required for nonresidential

mechanical acceptance tests as required by the Building Energy Efficiency Standards.

ACCEPTANCE TEST EMPLOYER is a person or entity who employs an Acceptance Test Technician and is certified by an authorized Acceptance Test Technician Certification Provider.

LIGHTING CONTROLS ACCEPTANCE TEST EMPLOYER is a person or entity who is the employer of a Lighting Controls Acceptance Test Technician and is certified by an authorized Lighting Controls Acceptance Test Technician Certification Provider.

MECHANICAL ACCEPTANCE TEST EMPLOYER is a person or entity who is the employer of a Mechanical Acceptance Test Technician and is certified by an authorized Mechanical Acceptance Test Technician Certification Provider.

ACCEPTANCE TEST TECHNICIAN CERTIFICATION PROVIDER is an agency, organization or entity approved by the Energy Commission to train and certify Acceptance Test Technicians and Acceptance Test Employers according to the requirements of Section 10-103.1 or 10-103.2.

LIGHTING CONTROLS ACCEPTANCE TEST TECHNICIAN CERTIFICATION PROVIDER is an agency, organization or entity approved by the Energy Commission to train and certify Lighting Controls Acceptance Test Technicians and Lighting Controls Acceptance Test Employers according to the requirements of Section 10-103.1.

MECHANICAL ACCEPTANCE TEST TECHNICIAN CERTIFICATION PROVIDER is an agency, organization or entity approved by the Energy Commission to train and certify Mechanical Acceptance Test Technicians and Mechanical Acceptance Test Employers according to the requirements of Section 10-103.2.

NOTE: Authority cited: Sections 25402, 25402.1, and 25213, Public Resources Code. Reference: Sections 25007, 25402(a)-(b), 25402.1, 25402.4, 25402.5, 25402.8 and 25910, Public Resources Code.

ACM means **ALTERNATIVE CALCULATION METHOD** are compliance software, or alternative component packages, or exceptional methods approved by the Commission under Section 10-109. ACMs are also referred to as Compliance Software.

ACM APPROVAL MANUALS are the documents establishing the requirements for Energy Commission approval of Compliance Software used to demonstrate compliance with the Building Energy Efficiency Standards for Residential and Nonresidential Buildings currently adopted by the Energy Commission.

Part 6 - Enforcement

eTIO Next Steps:

- Analyze Final Adopted Language
- Perform Detailed Comparison of CEC Acceptance Testing Methods *versus* OSHPD Practices
- Provide Training to Office Staff, Field Staff & IORs
- Modify eTIO

NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by OSHPD prior to proceeding with the related work.

| Index # | REQUIRED (Select) | TESTS | PERFORMED OFF-SITE | RESPONSIBLE APPROVED AGENCY AND/OR INDIVIDUAL | COMPLIANCE VERIFICATION BY IOR | OSHPD FED USE |
|-----------------------------------|-------------------|-------|--------------------|---|--------------------------------|---------------|
| + STRUCTURAL TESTS | | | | | | |
| + ELECTRICAL TESTS | | | | | | |
| + MECHANICAL TESTS | | | | | | |
| + PLUMBING TESTS | | | | | | |
| + FIRE PROTECTION EQUIPMENT TESTS | | | | | | |
| - OTHER TESTS | | | | | | |
| B-011 | | | | | | |
| B-012 | | | | | | |
| B-013 | | | | | | |
| B-014 | | | | | | |
| B-015 | | | | | | |
| B-016 | | | | | | |

Part 6 – CEC Resources

OSHPD Documents
will refer to...

2019 CEC updates

- Energy Standards
- Forms
- Manuals
- Training Information

<https://www.energy.ca.gov/title24/orc/>

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Google

Home → title24 → orc

Online Resource Center

The Online Resource Center is provided to assist the building community and enforcement agencies with Building Energy Efficiency Standards (Energy Standards) compliance. Energy Standards apply to newly constructed buildings, as well as additions and alterations for existing buildings. Presently, the Energy Standards are updated every three years.

To assist in the compliance process, we provide compliance documents and free Public Domain Compliance Software programs for commercial and residential buildings. Training and links to the Energy Standards and compliance software are available on the Energy Commission website and at utility training centers throughout the state. To help direct you to an appropriate resource, Energy Commission and external resource information are provided on this page.

Building Energy Efficiency Standards and Forms

- 2016 Energy Standards & Forms
- 2013 Energy Standards & Forms
- Past Energy Standards & Forms

Energy Standards Information and Training Materials

Follow

- Twitter
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- Google+
- Instagram

Energy Standards Questions?

- Energy Standards Hotline

Forms

- 2016 Residential Compliance Forms
- 2016 Nonresidential Compliance Forms

YouTube Videos

- HVAC: Low-Rise Residential Buildings
- High Efficacy Lighting for Residential Applications
- Nonresidential Lighting Controls Acceptance Testing
- Nonresidential Lighting Alterations and Additions
- Nonresidential Lighting Controls

Trainings & Upcoming Events

- October 29, 2018
2019 Energy Code Fall Training

Other New Items – Introducing Part 10

Part 10 – California Existing Building Code

Relocation of Chapter 34A to new CEBC “A” Chapters:

Exception:

**SPC-1 and SPC-2 (OSHPD 1R)
Additions, Alterations, Repairs &
Voluntary Seismic
Improvements...**

**Adopt IEBC Chapters 2, 3, 4
and 5 at the life safety
performance level.**

| 2016 CBC Chapter 34A | | 2019 CEBC | |
|--|-----------|-----------|--------------|
| Description | Section | Section | Notes |
| Additions, alterations and repairs | 3401A.1.1 | 301A.1 | Modify 301 |
| Maintenance | 3401A.2 | 302A.7 | Modify 302 |
| Compliance | 3401A.3 | 302A.3 | Modify 302 |
| Building material, equipment and Systems | 3401A.4 | 302A.4 | Modify 302 |
| Existing seismic force resisting systems | 3401A.4.3 | 302A.4.1 | Modify 302 |
| Definitions | 3402A | 202A | Modify 202 |
| Additions | 3403A | 502A | Modify 502 |
| Alterations | 3404A | 503A | Modify 503 |
| Repairs | 3405A | 405A | Modify 405 |
| Glass Replacement | 3407A | 402A.1 | Modify 402 |
| Change of Occupancy/Function | 3408A | 506A | Modify 506 |
| Seismic Retrofit Pre-1973 buildings | 3411A | 303A.3 | Modify 303.3 |
| Compliance Alternatives for Seismic Retrofit | 3412A | 303A.3 | Modifv 303.3 |

Part 10 – Signage for OSHPD 1R

Part 10 – California Existing Building Code

310A.4 Non-General Acute Care Building (non-GAC building)
Access. *All access points into SPC-1 buildings/non-GAC buildings from General Acute Care buildings shall prominently display signage at entrances/corridors, on each floor with access into the SPC-1 building stating **“NO GENERAL ACUTE CARE SERVICES BEYOND THIS POINT”***

Part 10 - Provisions for Removal

SECTION ~~3419A~~310A

HOSPITAL BUILDINGS REMOVED FROM GENERAL ACUTE CARE SERVICES

(Relocated from CBC 3419A)

310~~3419A~~.1 General. *The requirements of this section and Section 309~~3418A~~ shall apply to buildings removed from general acute care services that remain under OSHPD jurisdiction.*

310~~3419A~~.2 Non-GAC buildings. *Non-GAC buildings shall conform to the requirements of Section 1.10.1 **[OSHPD 1R]**.*

310~~3419A~~.3 Freestanding buildings. *Application and enforcement of freestanding buildings removed from general acute care services but remaining under OSHPD jurisdiction shall be in accordance with Section 1.10.1 **[OSHPD 1R]**.*

Part 10 – Repurposing OSHPD 1R Uses

Part 10 – California Existing Building Code

506.1.2 Change in function. [OSHPD 1R, 2, 4 and 5] *A change in function shall require compliance with all the functional requirements for new construction in the California Building Code, including requirements in Sections 1224, 1225, 1226, 1227 and 1228.*

Exception [OSHPD 1R]: *Hospital buildings removed from acute care service adapted for re-use as skilled nursing facilities, acute psychiatric hospitals, or out-patient services of a hospital may be permitted to meet the minimum room clearances, areas, and dimensions **of the 2001 California Building Code** for existing rooms re-used for a similar purpose, subject to the approval of OSHPD.*

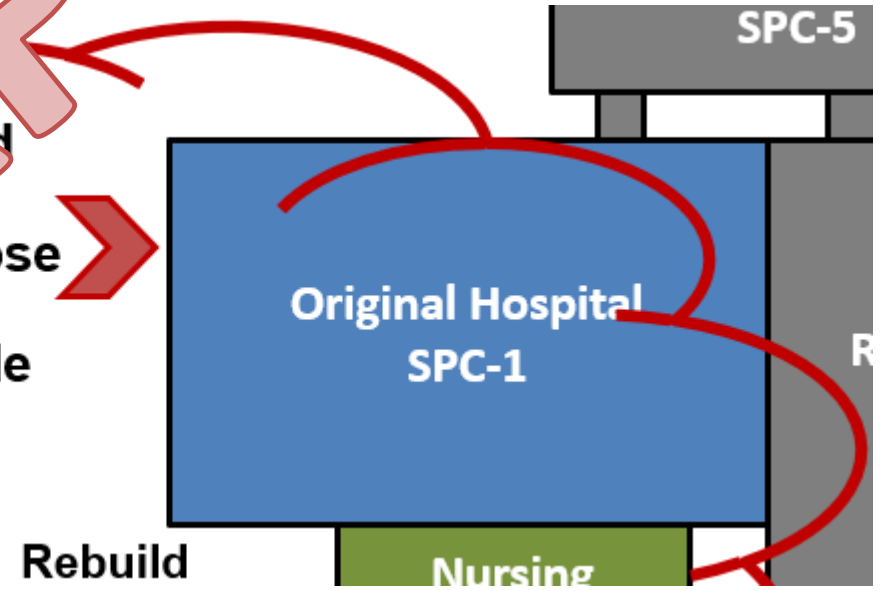
Proposed 2019 Code Changes for...

❖ OSHPD 1R, 2 & 5

- Structural Updates for OSHPD 1R, 2 & 5
- Selective Parts 2, 3, 4 & 5
- Part 10 - Existing Building Code
- Part 6 - Energy Code

RECAP

Rebuild
or
for
purpose
or
Upgrade

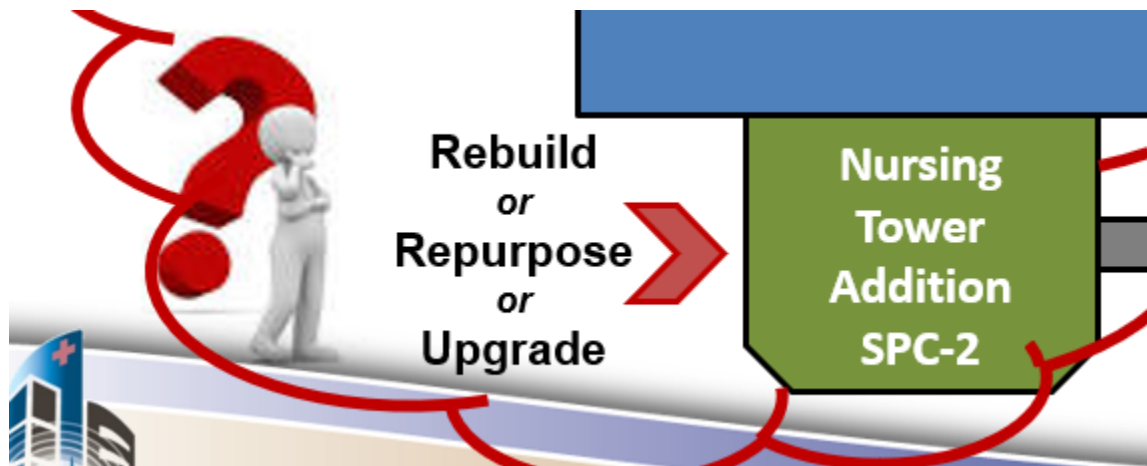


Almost There...



Proposed 2019 Code Changes for...

❖ Special Provisions for SPC-2 Buildings



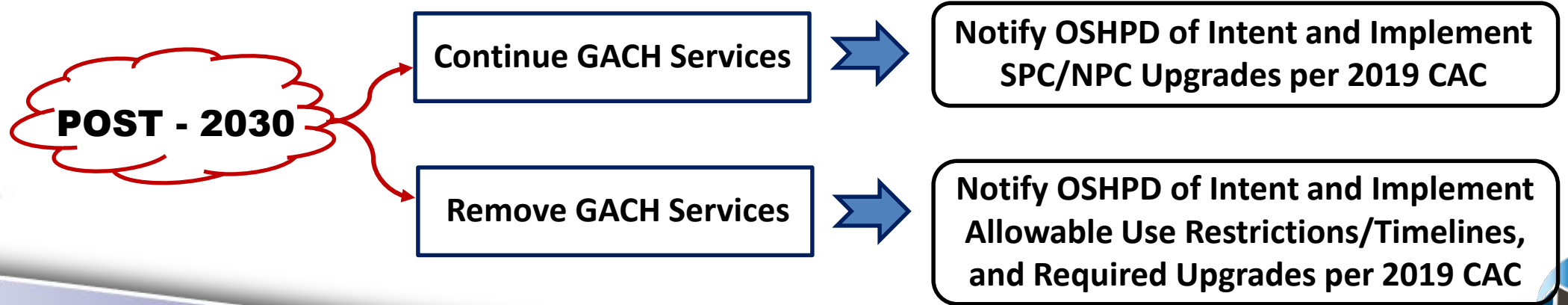
- Utilities Traversing SPC-1 Buildings
- Introduction to NPC 4D

SPC-2 Strategies and Impacts

SPC and NPC Compliance

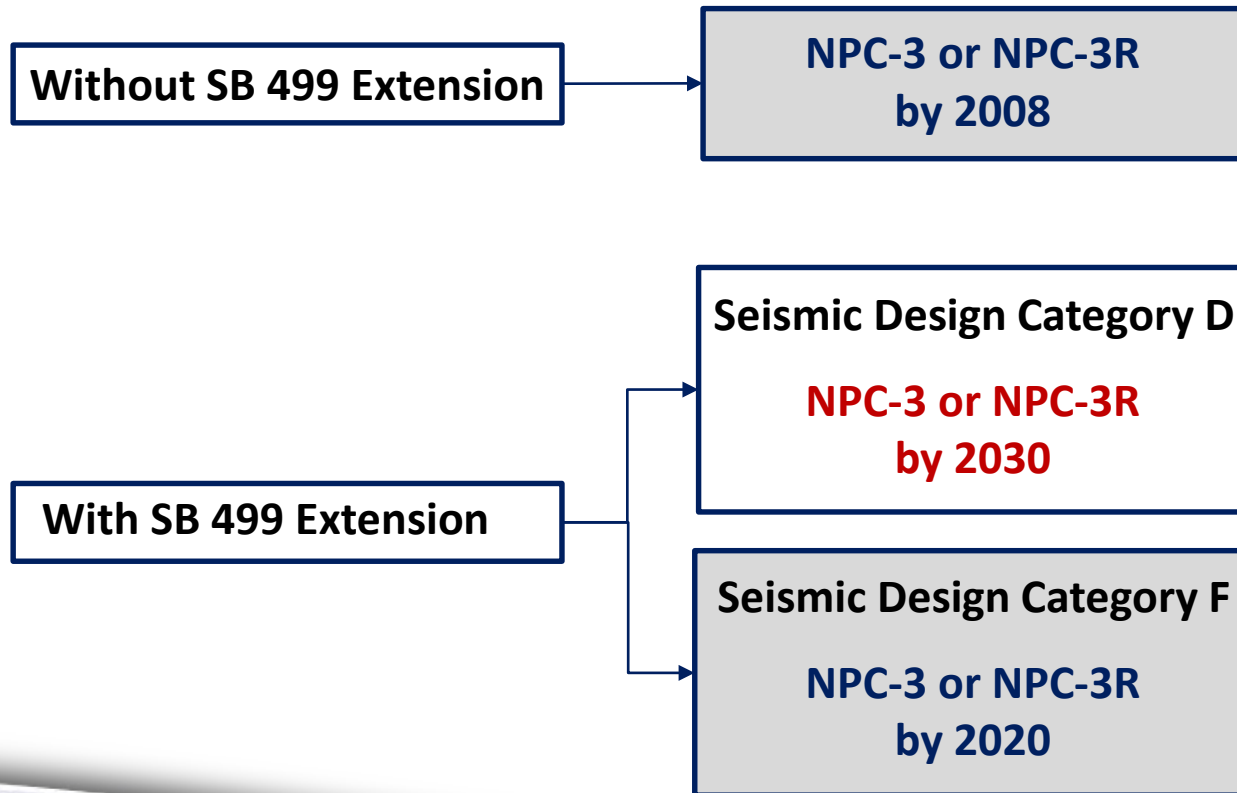
Requirements per 2016 California Administrative Code, Chapter 6:

After **January 1, 2030**, any general acute care hospital building which continues acute care operation must, at a minimum, meet the structural requirements of **SPC 3, 4, 4D or 5**, as defined in ... and the nonstructural requirements of **NPC 5**, as defined in... **or shall no longer provide acute care services.**



Currently NPC Compliant?

NPC Compliance Deadlines



Allowable
NPC-2 Status

OVERDUE



OVERDUE

Allowable
NPC-1 Status



NPC - 1 Compliance Restrictions

Status and Impacts



141 buildings at 28 facilities are NPC-1

NPC-2 status was required by January 1, 2002

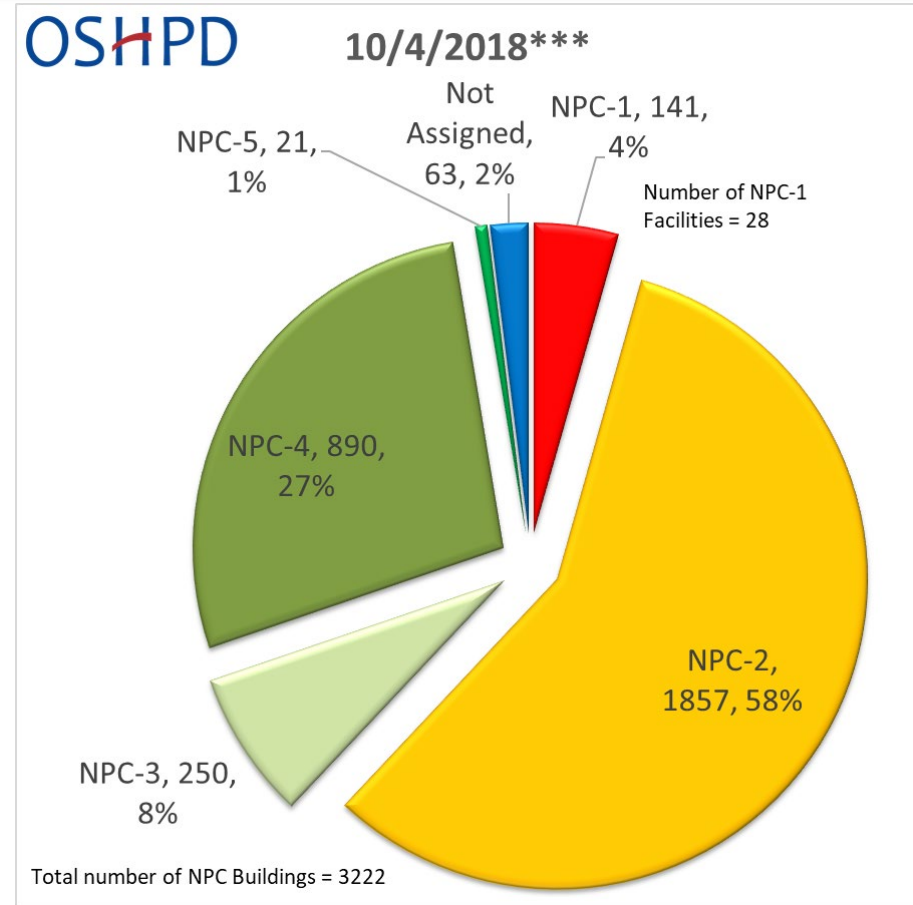
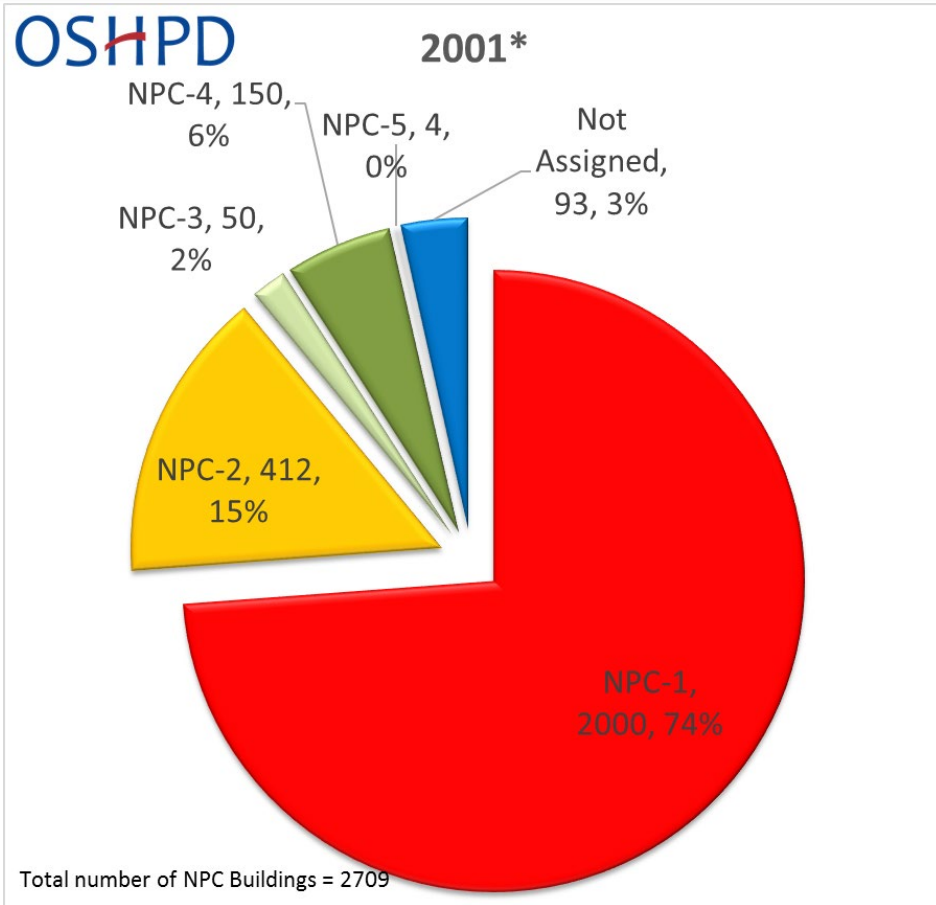
– 16 years, 10 months overdue

If a building is less than NPC-2 compliant...

No building permit after January 1, 2020 except:

- Seismic Compliance
- Maintenance
- Emergency Repairs

NPC Status



***Includes buildings under construction, tunnels and equipment yards
 For NPC - "Not Assigned" are for buildings and nonbuilding structures either under construction or where the nonstructural performance category has not been verified
 Buildings under construction or just built are assigned a preliminary NPC of 4

Part 1 – Continue GACH Post-2030

For Buildings Intended to Complete SPC Upgrades

NPC Deadlines

- By **January 1, 2024**, the hospital owner shall submit to the Office a complete nonstructural evaluation up to NPC-4 / **NPC-4D** and NPC 5, for each building to remain in acute care service beyond January 1, 2030
- By **January 1, 2026**, the hospital owner shall submit to the Office construction documents for NPC-4 / **NPC-4D** and NPC 5 compliance, that are deemed ready for review by the Office, for each building to remain in acute care service beyond January 1, 2030

Part 1 – Continue GACH Post-2030

- By **January 1, 2028**, the hospital owner shall obtain a building permit to begin construction for NPC-4 / **NPC-4D** and NPC-5 for each building to remain in acute care service beyond January 1, 2030. Hospitals not meeting this deadline shall not be issued a building permit except for:
 - Seismic compliance
 - Maintenance
 - Emergency repairs
- Hospitals must be NPC-4 / **NPC-4D** *and* NPC 5 compliant **by 2030**

Part 1 – Continue GACH Post-2030

NPC work to be included in remodels/renovations

- After **January 1, 2028**, buildings with NPC rating less than 4, all remodels/renovations, or other construction work, shall include anchorage and/or bracing of all equipment and services within the boundary of the scope of work that is not in compliance with NPC 4

Don't forget the exceptions!

Part 1 – Continue GACH Post-2030

- **Exception 1:** Remodels/renovations, or other construction work, that remove a room or space from service use or occupancy for less than 24 hours
- **Exception 2:** Where 20% or less of the affected existing construction, such as ceilings, walls, ducts, but independent of finishes, is removed to access equipment and services for anchorage/bracing may be reinstalled as it pre-existed prior to the NPC work, as long as it was in compliance with the code at the time it was installed/constructed
- **Exception 3:** Buildings that have been removed from general acute care service, or have projects to remove the building from acute care services by 2030

Part 1 – What is this NPC-4D?

NPC-4D is...

- A new seismic nonstructural performance category for hospital buildings upgraded to this level **to provide acute care functions beyond 2030**
 - New dates associated with new category
 - Three levels...**
 - Operational Plan** required:
Nonstructural Performance Category 4D Operational Plan (Operational Plan) for Levels 1, 2, and 3 areas required for continuous operations. For minimum compliance with NPC 4D the facility must prepare an owner-approved Operational Plan specifying how it will repair nonstructural damage and bring systems and services back on line, or provide them in an alternative manner to accommodate continuation of critical care operations.

Part 1 – What is this NPC-4D?

Level 1:

All systems and equipment required to comply with NPC-3 (as revised) + Operational Plan

Level 2:

Includes Level 1, and all services and utilities from the source to Level 1 areas necessary to accommodate continuation of operations after an event. These services are anchored and braced, and shall include elevator(s) selected to provide service to patient, surgical, obstetrical, and ground floors during interruption of normal power needed

Level 3:

Includes Level 2, and all systems and equipment are anchored and braced so that additional services, as determined by the hospital in its Operational Plan, are functional and available to the public after a seismic event

Part 1 – Revisions to NPC-3

Revisions to NPC-3

- Bracing of **ceilings less than 300 sq. feet** not in critical care spaces is exempt. Use of preapproved details for bracing is permitted
- **Wall or floor mounted cabinets** need not be braced unless they are in a patient care vicinity or could block a means of egress
- Supports for **elevator guide rails** need not comply with the requirements of Part 2, Title 24
- **Tanks and vessels** should be adequately strapped and have flex connections capable of 12” movement, instead of rigid anchorage
- **Load path check** may be limited to the connection of equipment to support if magnitude of load less than certain limits

Part 1 – Remove GACH Post-2030

For Buildings Intended to Remain at SPC-2

NPC permitted to remain at NPC-2 if:

- By **January 1, 2024**, the hospital owner shall submit to the Office an updated seismic compliance plan for each building to be removed from acute care service beyond January 1, 2030
- By **January 1, 2028**, the hospital owner shall submit to the Office a RACS project which includes construction documents deemed ready for review by the Office for remaining work required to meet conditions indicated in Part 10, Chapter 3A for Removal of Acute Care Services.

Part 1 – Services, Systems and Utilities Exception

Remove GACH Services Post-2026

- **Services/systems and utilities for SPC-1 or SPC-2 hospital buildings** are permitted to pass through or under a building that has been removed from acute care hospital service only if:
 - The building removed from GAC service remains under the **jurisdiction of OSHPD**
 - The Services/system and utilities only support SPC-1 or 2 Buildings **where no critical care hospital functions occur**
 - SPC 1 or SPC 2 buildings must be NPC 2 and be served with **essential power** from a conforming building or source which does not pass through or under a building removed from acute care services
 - The SPC 2 building must be **removed from acute care service** no later than **January 1, 2026**

NPC Compliance Deadlines

| SPC Rating | Seismic Compliance Deadline | | |
|--|------------------------------------|-----------------|-----------------|
| | January 1, 2020 | January 1, 2024 | January 1, 2030 |
| | | SDC F Only | SDC D and F |
| SPC -1 | NPC-2, Remove GAC Services by 2020 | | |
| SPC-2 (Remove Acute Care Services by 2030) | NPC-2 | | |
| SPC-2 (Upgrade to SPC-4D or 5 by 2030) | NPC-2 | NPC-3 | NPC-4 or 4D & 5 |
| SPC-4D | NPC-2 | NPC-3 | NPC-4 or 4D & 5 |
| Pre-83 SPC-3 & SPC-4 | NPC-2 | NPC-3 | NPC-4 or 4D & 5 |
| Post 83 SPC-3, SPC-4 & SPC5 | NPC-2 | NPC-3 | NPC-4 or 4D & 5 |

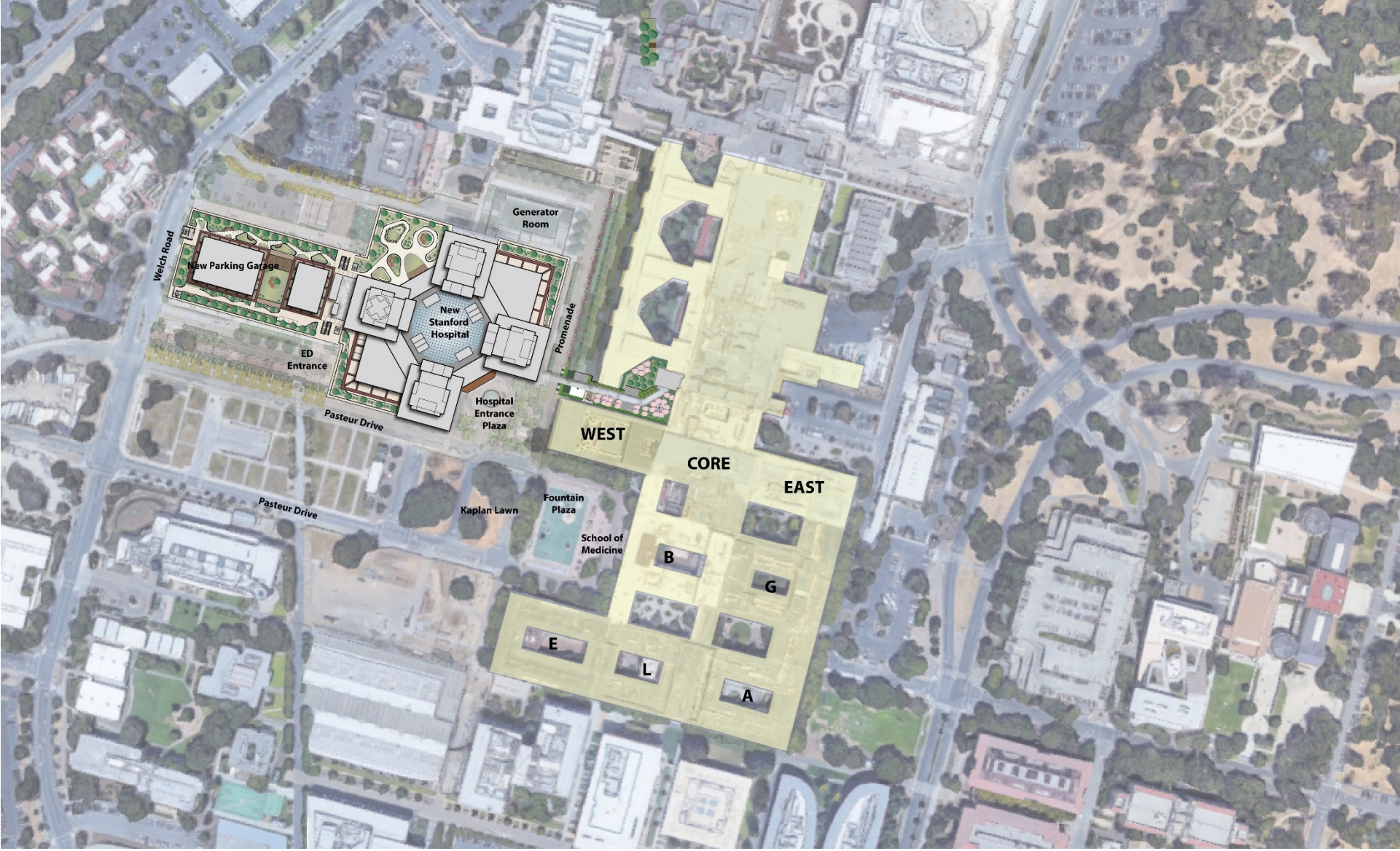


OSHPD 1R

November 2018

Bert Hurlbut, VP of Construction

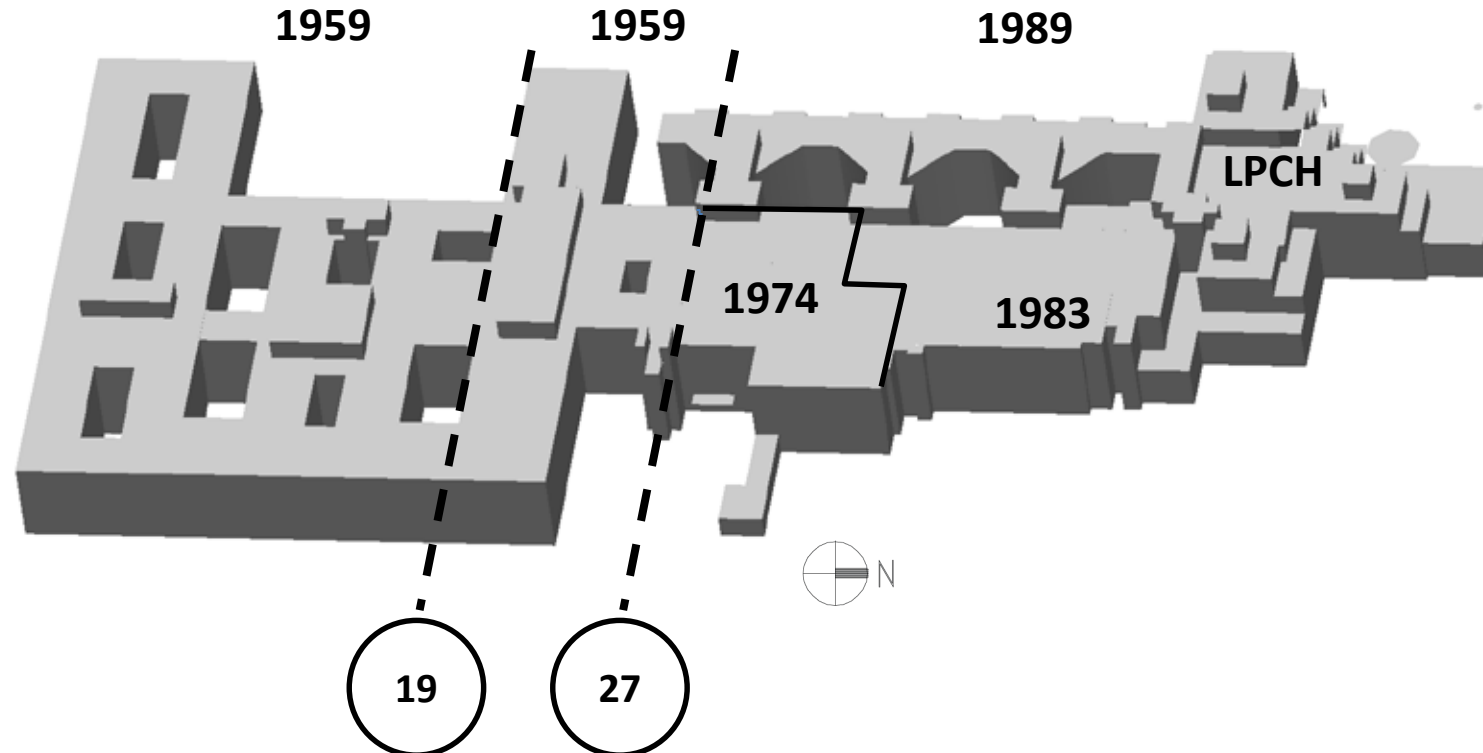
- OSHPD is updating regulations for the 2019 California Building Code (CBC)
- New CBC will be effective 1/1/2020
- California amendments reflect revised seismic safety requirements, as well as new definitions for hospital buildings removed from acute care service
- Specific amendments requested by SHC enable a focused approach to separating compliant from non-compliant buildings, and also extend dates for compliance to align with the SHC master plan



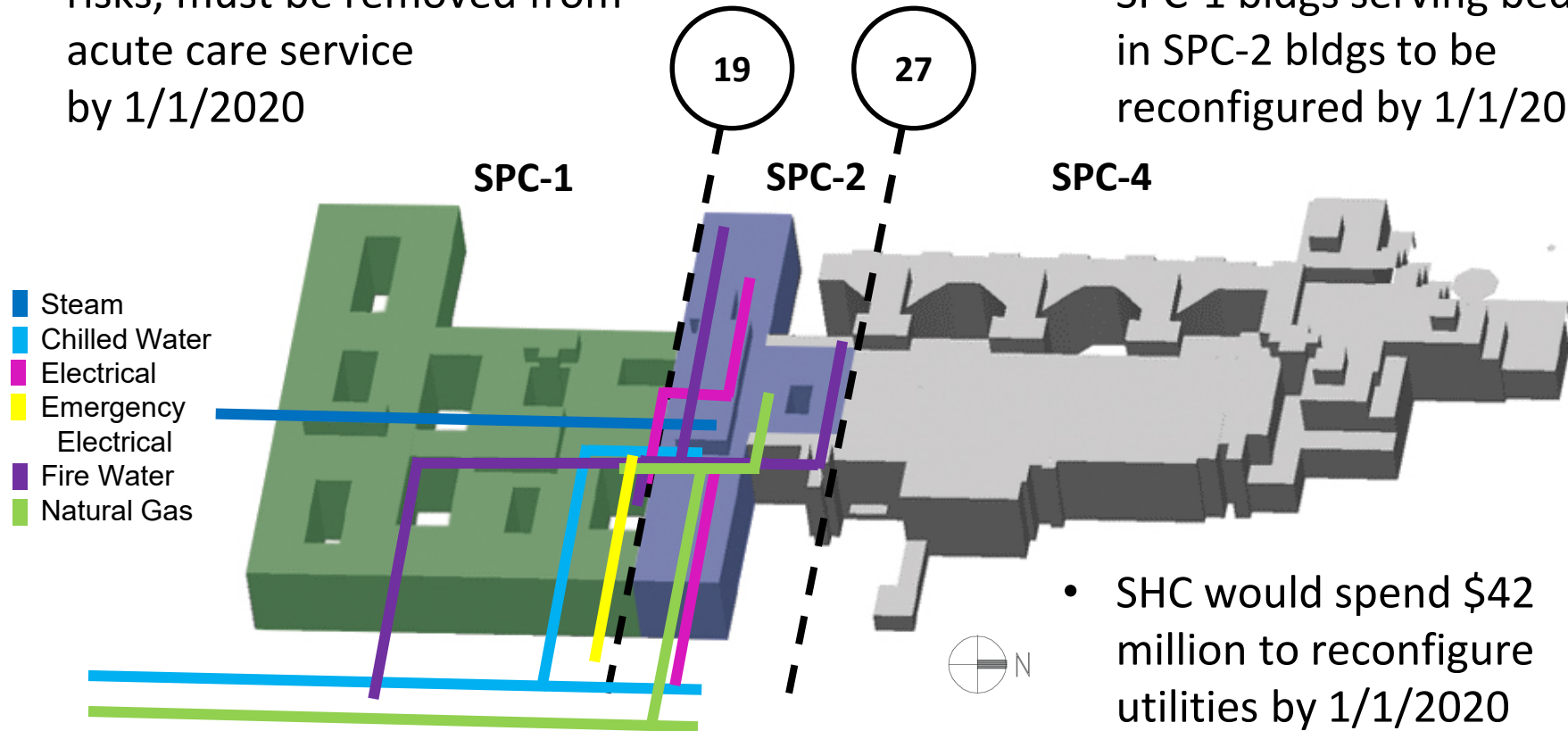
- Currently entire facility is classified as a hospital – OSHPD 1 requirements

- All seismic requirements apply
 - all nonstructural retrofits required
 - all requirements for hospital grade construction

**New Stanford Hospital
368 Beds
Opening 2019**



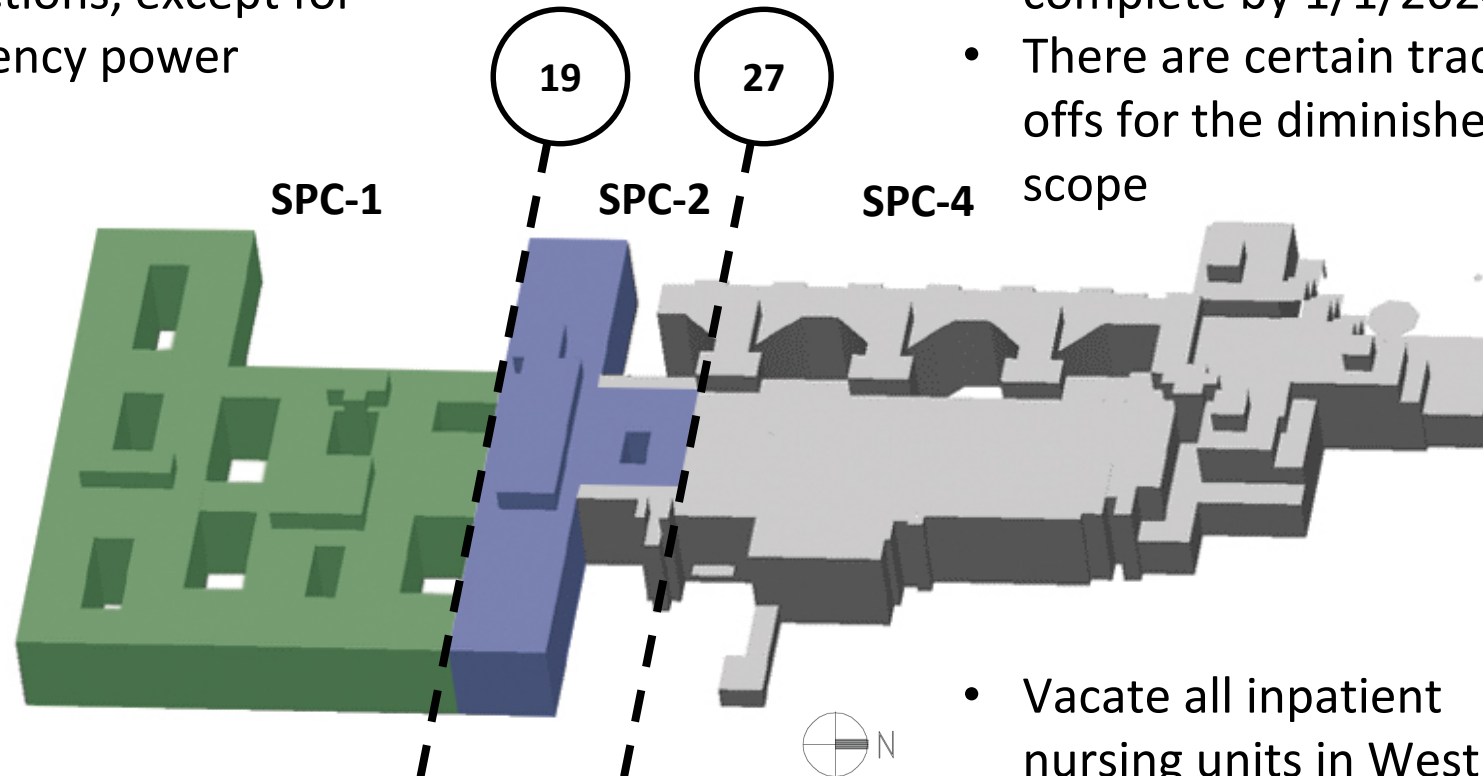
- Buildings south of line 19 are classified as seismic collapse risks, must be removed from acute care service by 1/1/2020



- Current code requires all utilities passing through SPC-1 bldgs serving beds in SPC-2 bldgs to be reconfigured by 1/1/2020

- SHC would spend \$42 million to reconfigure utilities by 1/1/2020
- West and East Pavilions would still be decommissioned by 2030

- Revised regulations will exempt most non-compliant utility connections, except for emergency power

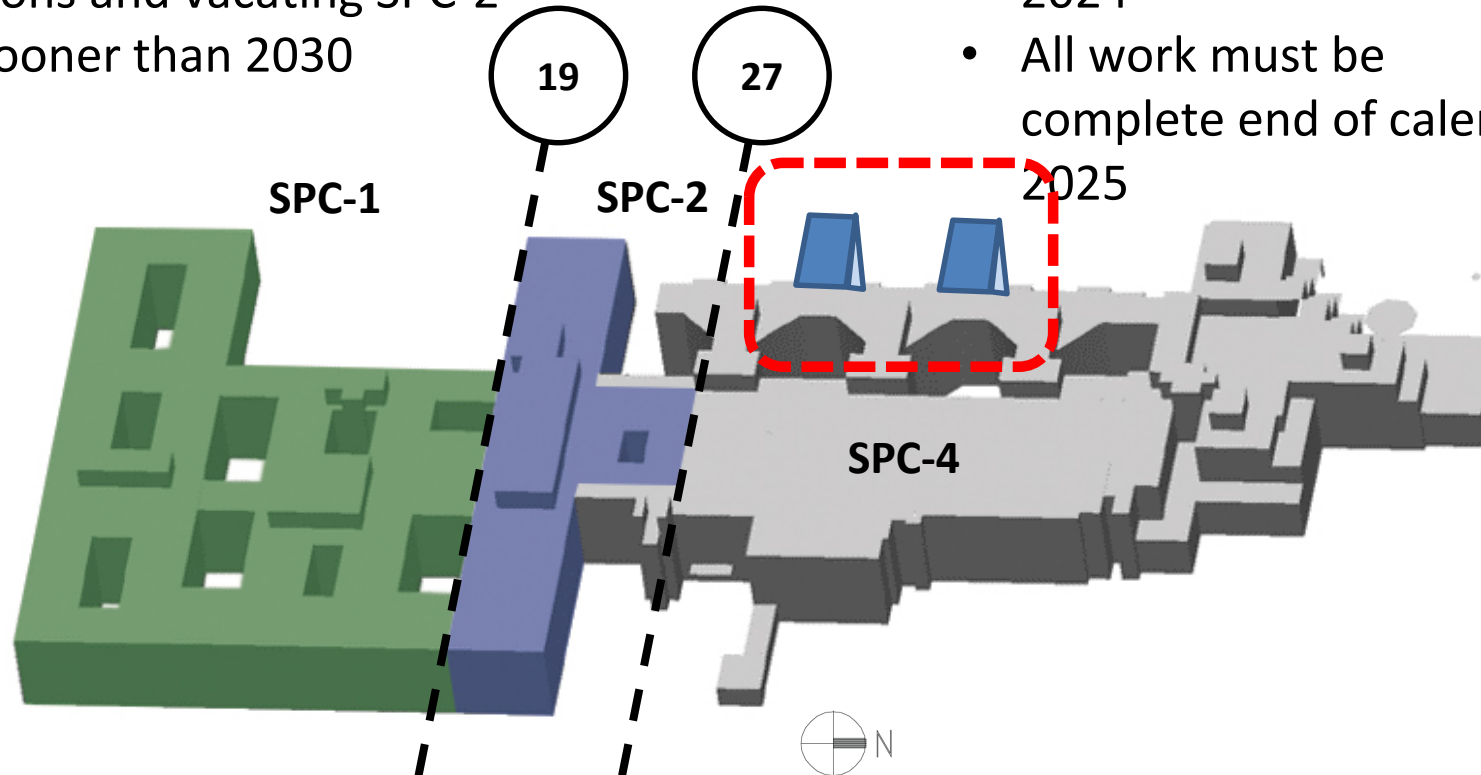


- E-power is due 1/1/2020
- Nonstructural retrofits complete by 1/1/2024
- There are certain trade-offs for the diminished scope

- Vacate all inpatient nursing units in West and East Pavilions by 1/1/2026
- No acute care south of line 27 by 1/1/2030

- Exceptions allows SHC to focus capital on building bed extensions and vacating SPC-2 bldgs sooner than 2030

- Target completion of bed extension is end of CY 2024
- All work must be complete end of calendar 2025





A wooden plate is centered on a bamboo mat. On the plate, a rectangular piece of light brown cardboard is placed. A white rectangular card is attached to the cardboard with a bright green ribbon tied in a bow at the top. The card has the text "Time for lunch." written in a black, serif font. To the left of the plate, a wooden fork is visible, and to the right, a wooden spoon is visible. The background is a bamboo mat with horizontal slats.

Time for lunch.

SESSION THREE:

Inpatient Services to Outpatient Services

- *Surgery/Radiology/Emergency Department*

Duplicative Hospital Services

- *Clinical Lab*
- *Dietary*

Nursing Unit Re-use

- *Acute Psychiatric and/or Skilled Nursing*
- *Business Office*
- *Outpatient Clinics*
- *Physician Sleep & Other Uses*

❖ **Scenario 1 (Stanford):**

- Nursing Unit Reuse

❖ **Scenario 2 (LLUMC):**

- Nursing Unit Reuse
- IP to OP Perioperative Suite

❖ **Scenario 3 (CPMC Davies):**

- Nursing Unit Reuse
- Duplicative Lab
- OP Clinics

❖ **Scenario 4 (Final Thoughts):**

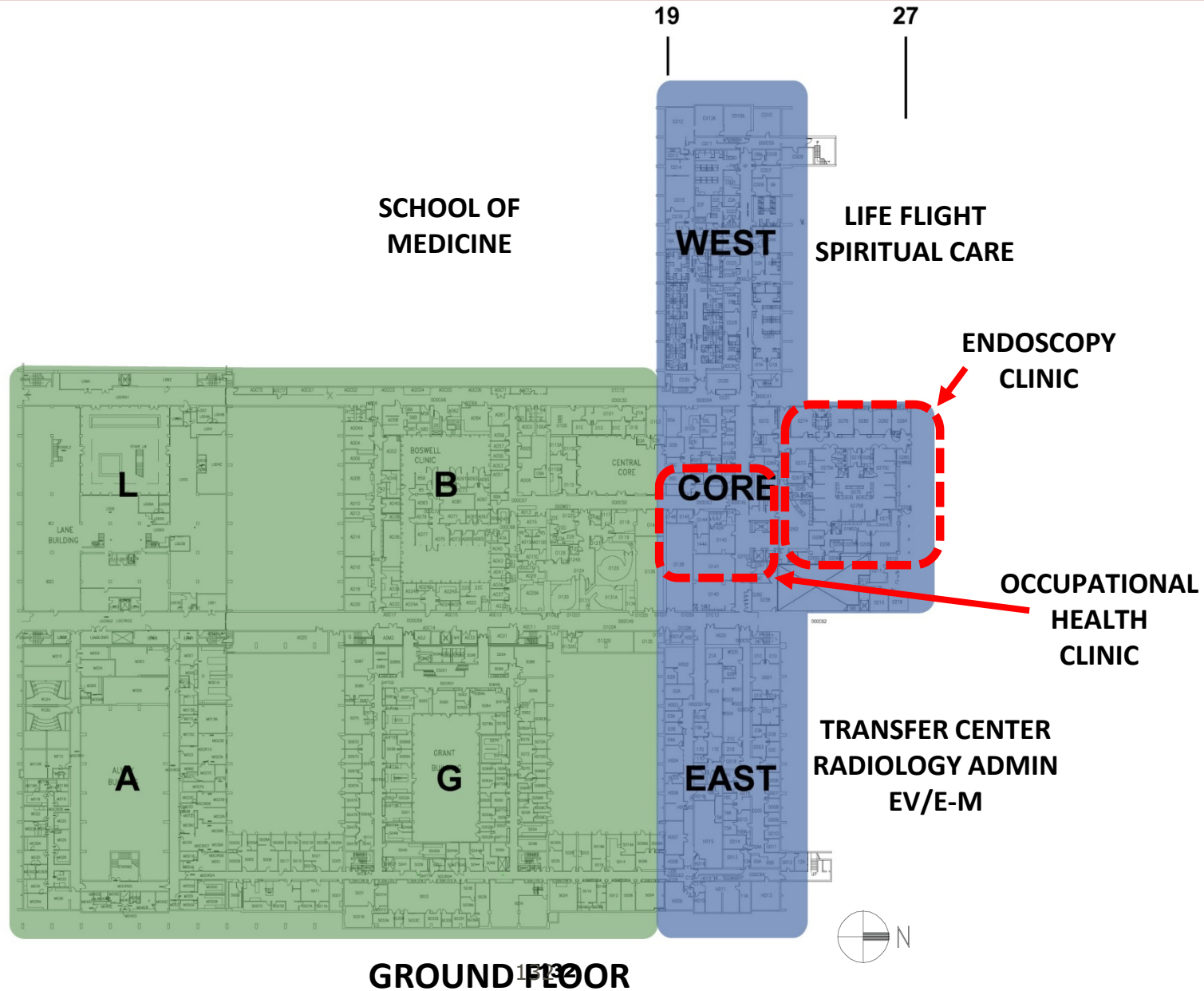
- Various Considerations
- Trust the Process

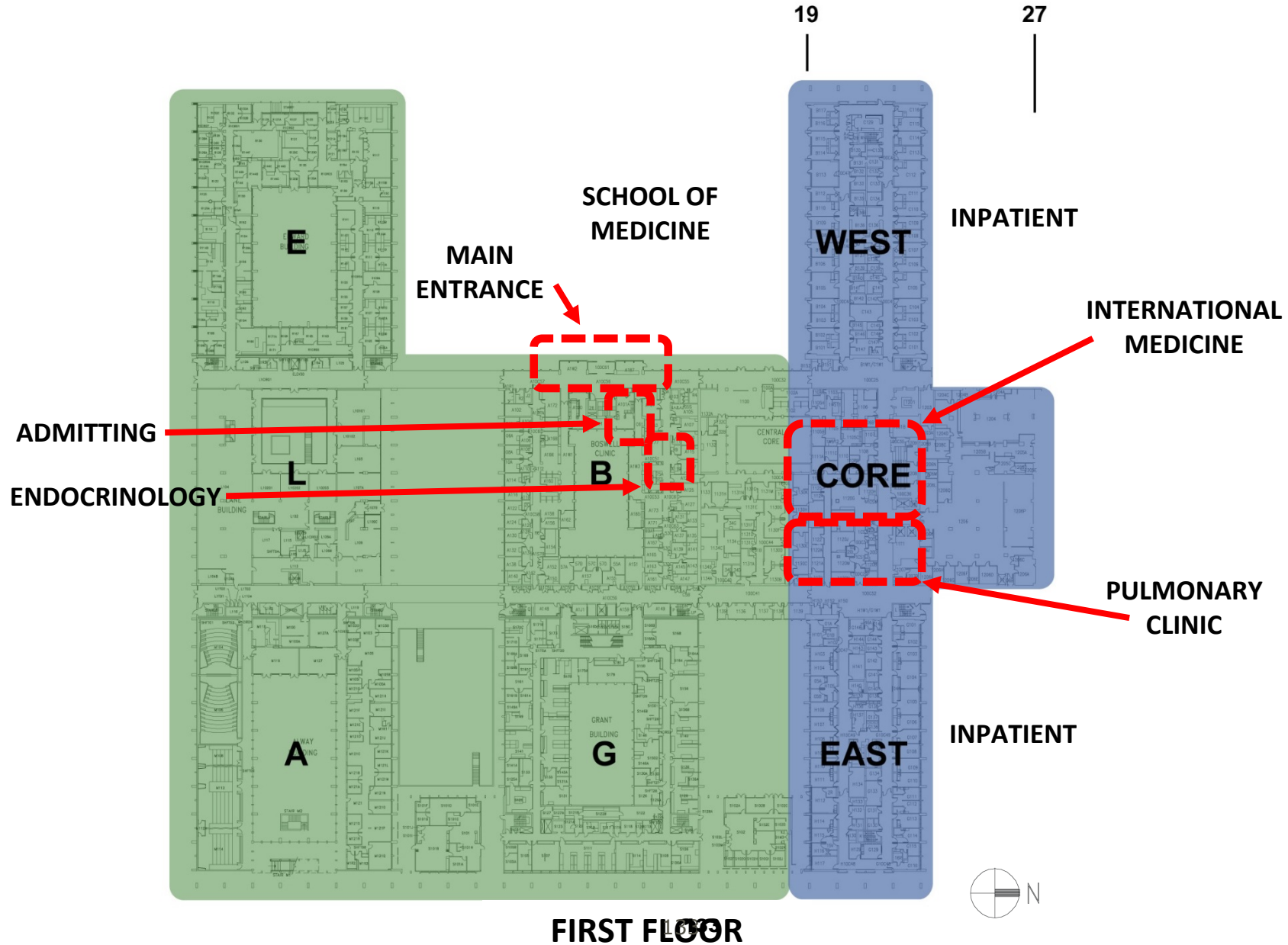


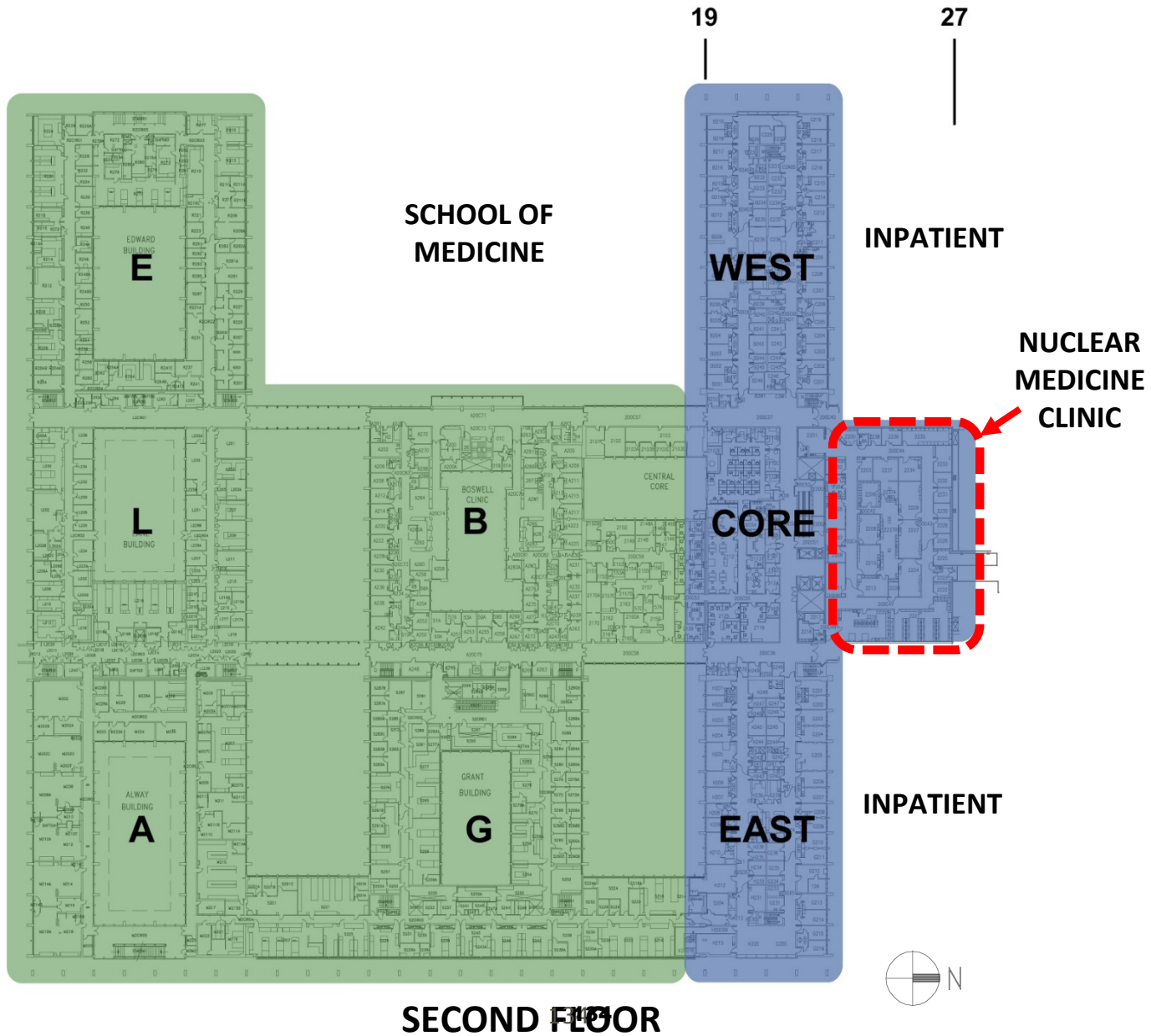
OSHPD 1R

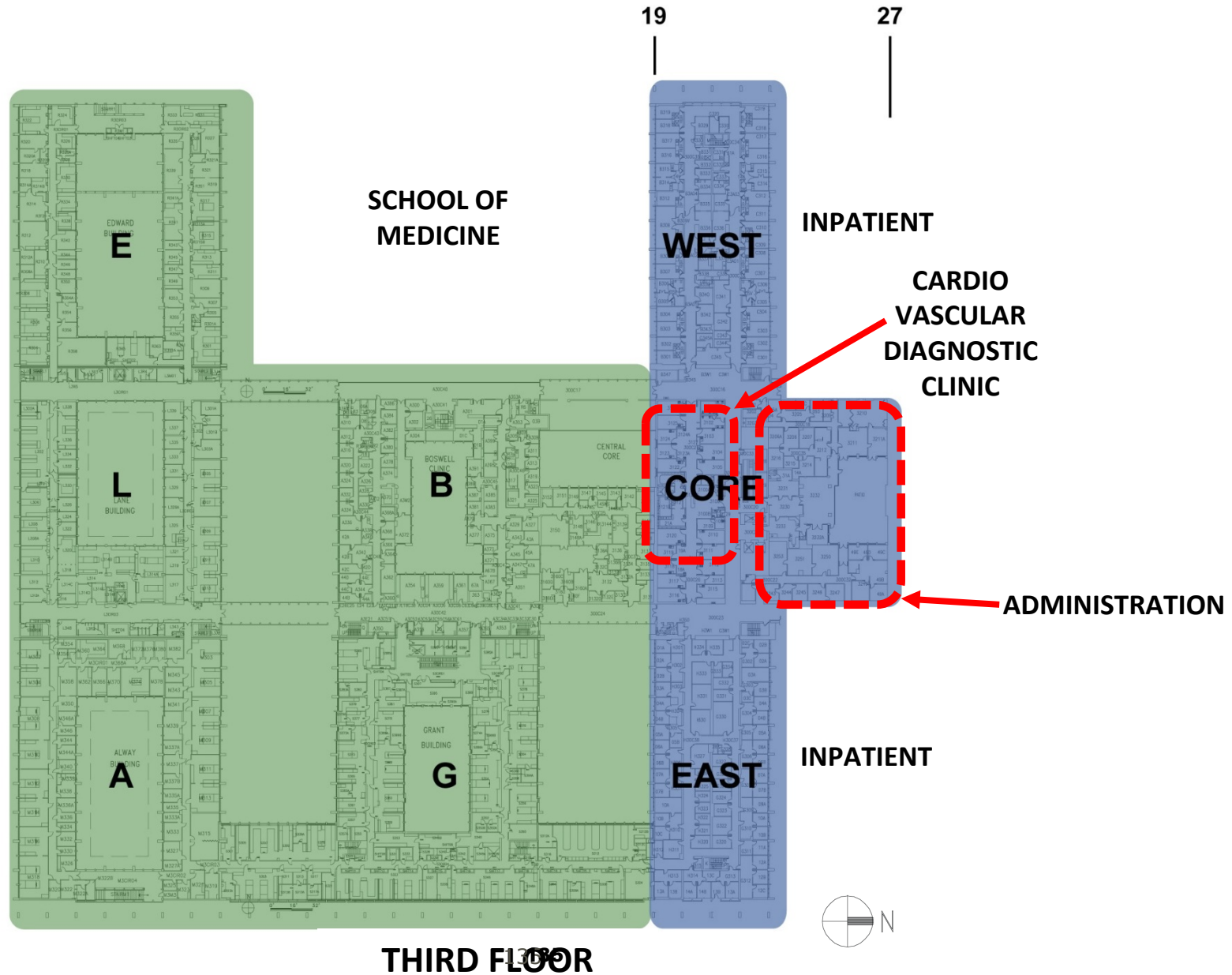
November 2018

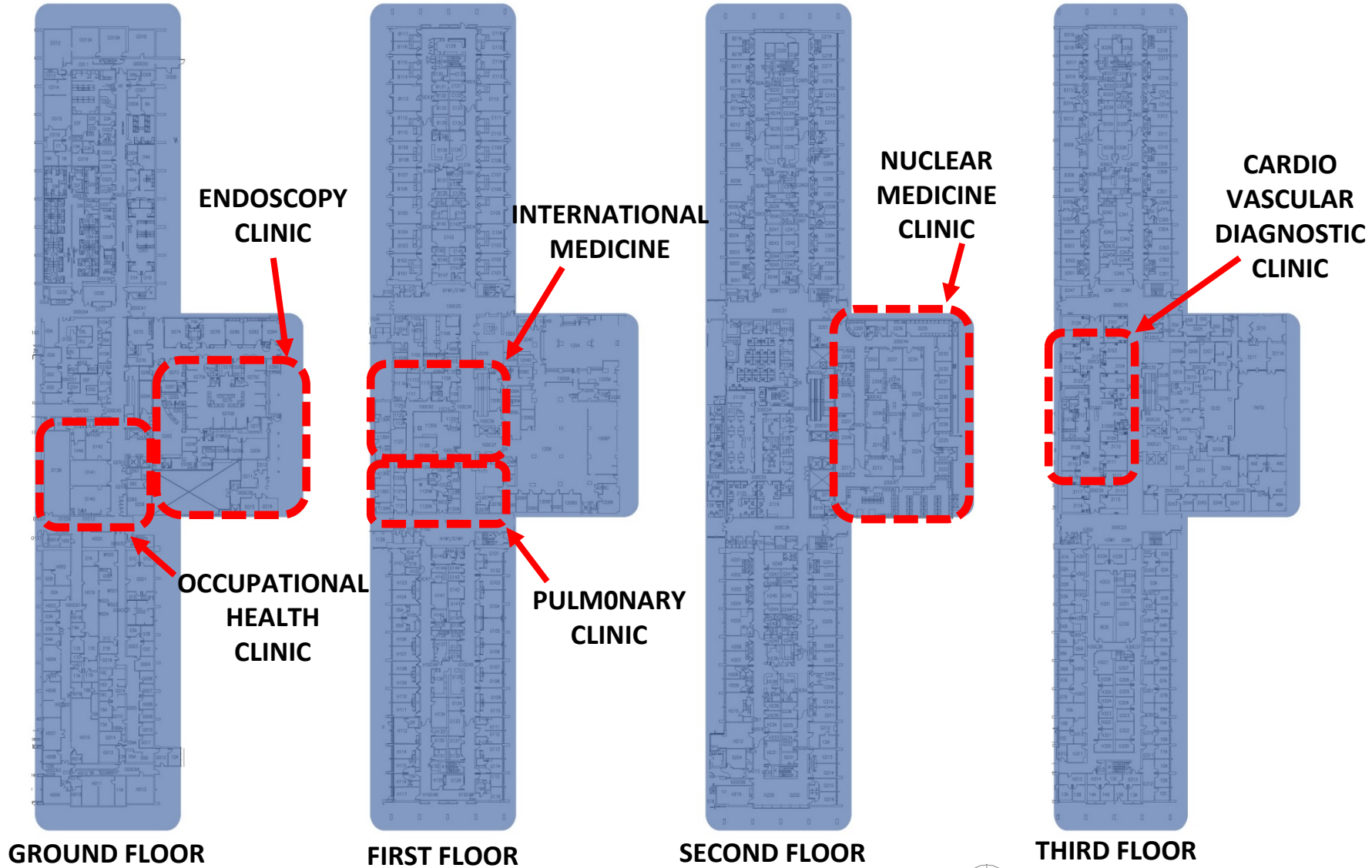
Bert Hurlbut, VP of Construction











GROUND FLOOR

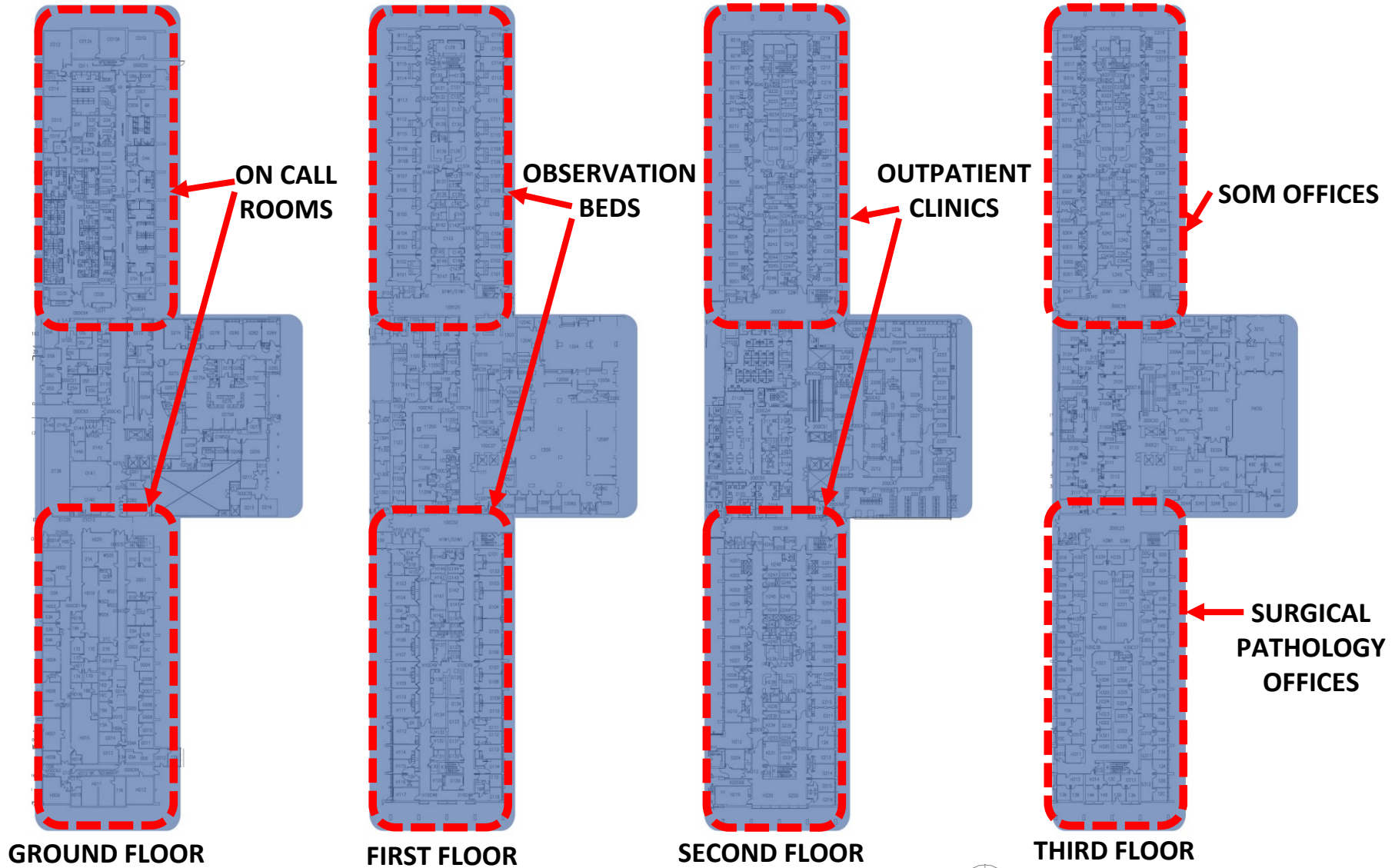
FIRST FLOOR

SECOND FLOOR

THIRD FLOOR

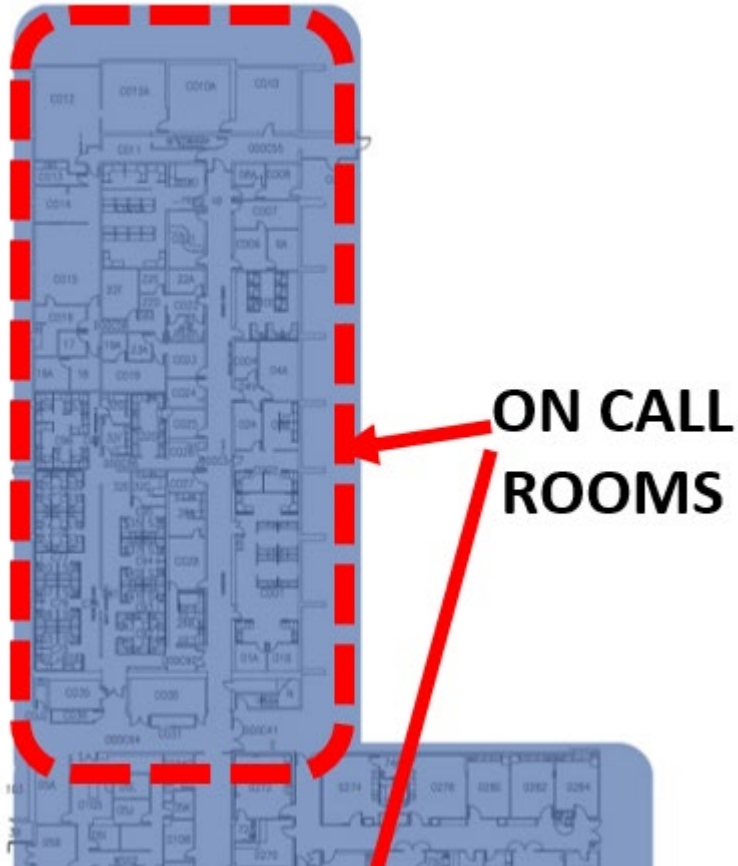
POST 2026





POST 2026

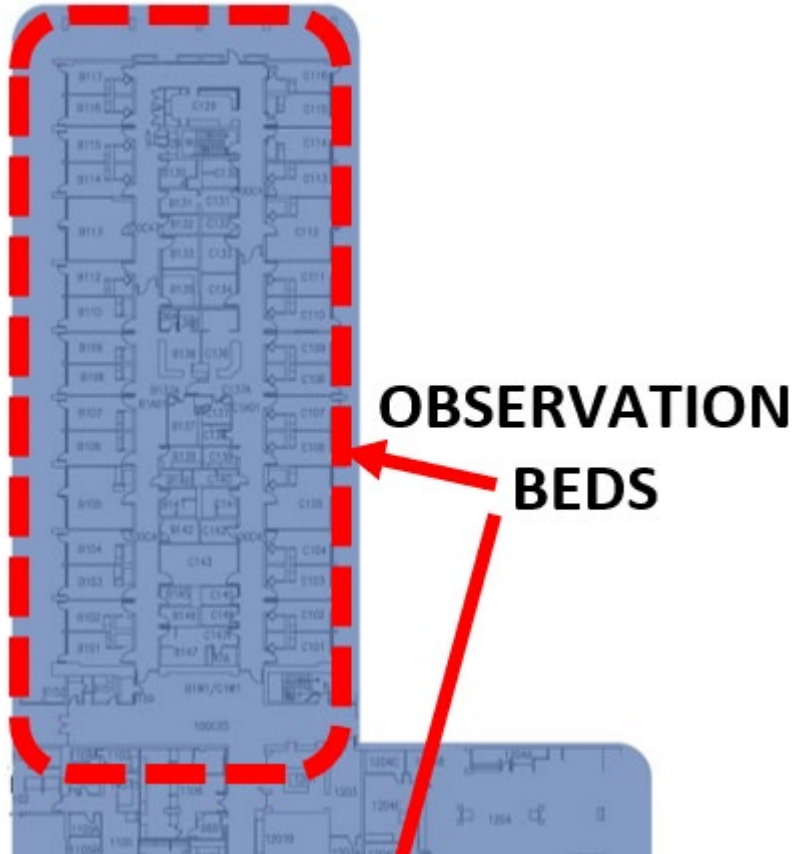




Design Factors:

- 10% of Rooms to be Accessible (including adjacent Toilets)
 - Single-Bed Rooms to have 3' aisle access each side of bed
 - Dual-Bed Rooms may have one 3' access aisle between the beds

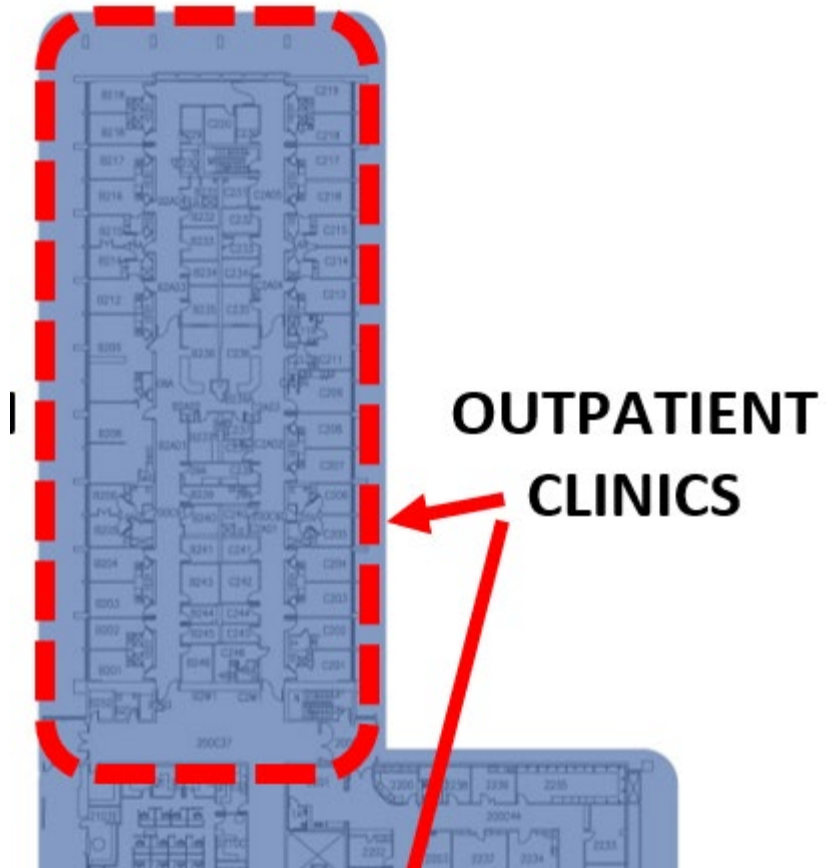




Design Factors:

- Patient Stations/Rooms may meet size requirements of 2001 CBC
- Minimum of one accessible Patient Toilet Room shall be provided in or immediately accessible to the unit
- Handwash Stations shall be provided at each Nurse Station

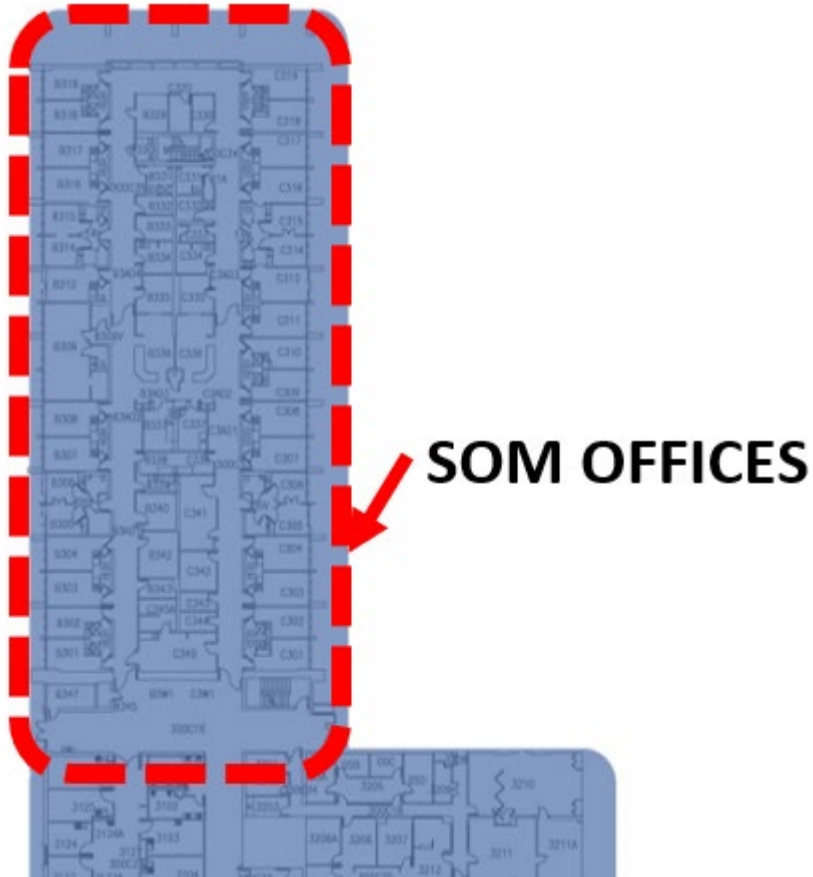




Design Factors:

- Exam Rooms may meet size requirements of 2001 CBC
- Minimum of one accessible Patient Toilet Room shall be provided in or immediately accessible to the unit
- Handwash Stations shall be provided at each Nurse Station and each Exam Room





Design Factors:

- For Staff Offices a minimum of 10% adjacent Toilet Rooms to be Accessible
- 90% of existing non-Accessible Toilets may be allowed to remain if “Technically Infeasible” to remove
- Toilets serving public shall be Accessible
- Conversion to “B” Occupancy with appropriate fire separation and fire provision amenities



Conversion from Inpatient Nursing to Physician Sleep Rooms (Stanford)

OSHDP Plan Review Questions (Sample)

➤ **Physician Sleep Rooms - Change In Occupancy Group?**

- “I-2” to “R-2” (Dormitories) – Occupancy Separations
- CBC Chapter 10 - Egress, Corridors, Door Closers, etc.
- No longer Section 407, No Smoke Compartments

➤ **Accessible Toilets and Bathing (CBC Chapter 11-B)**

- “Required” Common-use Toilets and Bathing – accessible
- (E) “Non-required” – non-accessible may remain under “Infeasible” to remove – Dead legs on water supply
- Required to make 10% of the (E) private facilities accessible

Conversion from Inpatient Nursing to Outpatient Clinical Services (Stanford)

- **Outpatient Clinics - Change in Occupancy Group?**
 - “I-2” to “B” – Occupancy Separations

- **“Outpatient” Requirements per CBC Section 1224.39**
 - Outpatient Access – not traversing nursing units
 - Patient Changing areas
 - Waiting areas, Public Toilets, Telephone, and Drinking Fountain



Loma Linda University Medical Center SPC-1 Repurposing - Options

LOMA LINDA UNIVERSITY MEDICAL CENTER

LOMA LINDA, CALIFORNIA

NOVEMBER, 2018



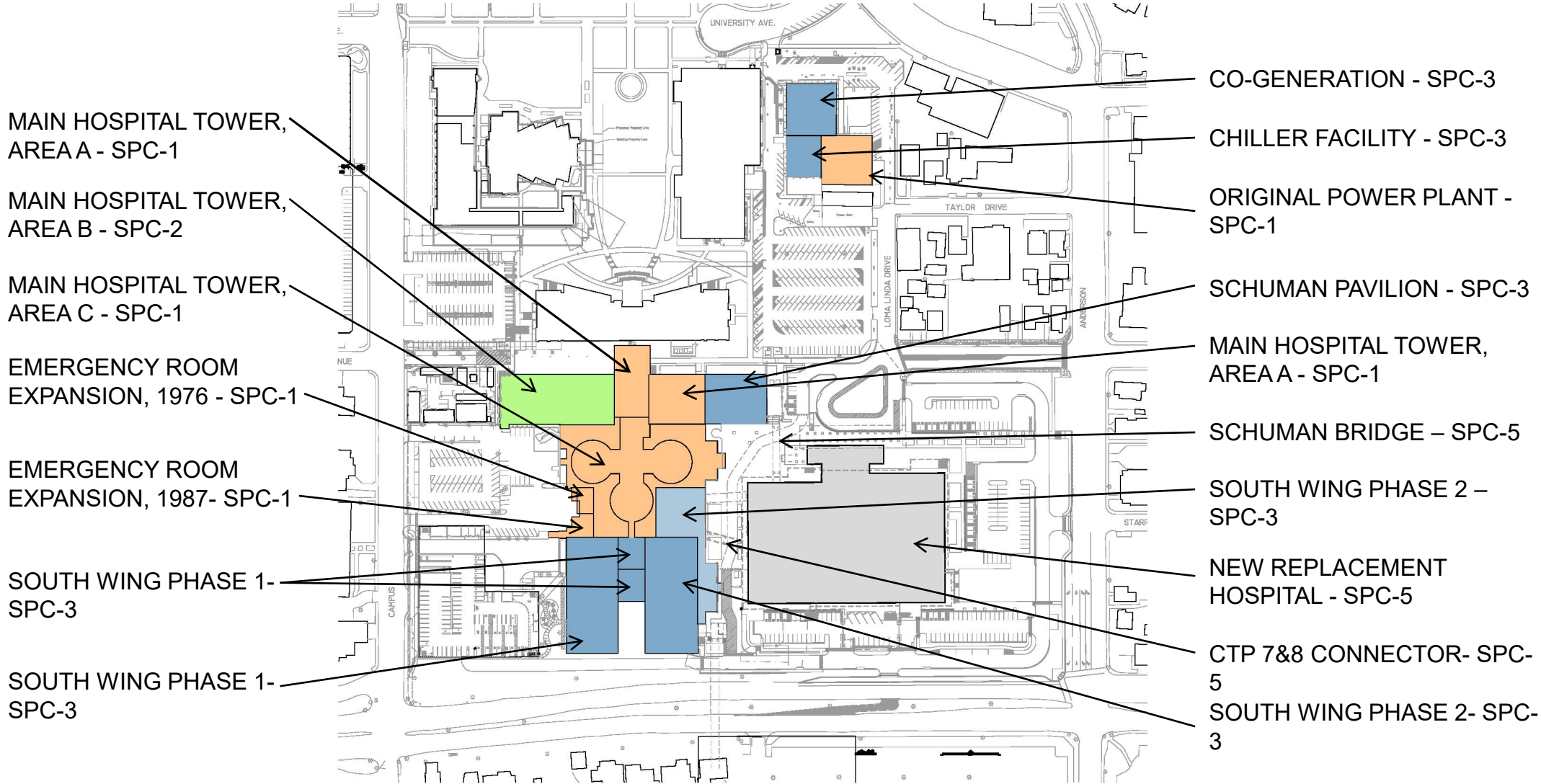




Background

- Loma Linda University Medical Center and Children's Hospital is in the midst of construction on a replacement building for its primary adult in-patient building
- Over the last few years LLUMC has been exploring several options for extending the useful life of the SPC 1 building for support and outpatient services on its campus

LLUH Campus



MAIN HOSPITAL TOWER,
AREA A - SPC-1

MAIN HOSPITAL TOWER,
AREA B - SPC-2

MAIN HOSPITAL TOWER,
AREA C - SPC-1

EMERGENCY ROOM
EXPANSION, 1976 - SPC-1

EMERGENCY ROOM
EXPANSION, 1987- SPC-1

SOUTH WING PHASE 1-
SPC-3

SOUTH WING PHASE 1-
SPC-3

CO-GENERATION - SPC-3

CHILLER FACILITY - SPC-3

ORIGINAL POWER PLANT -
SPC-1

SCHUMAN PAVILION - SPC-3

MAIN HOSPITAL TOWER,
AREA A - SPC-1

SCHUMAN BRIDGE - SPC-5

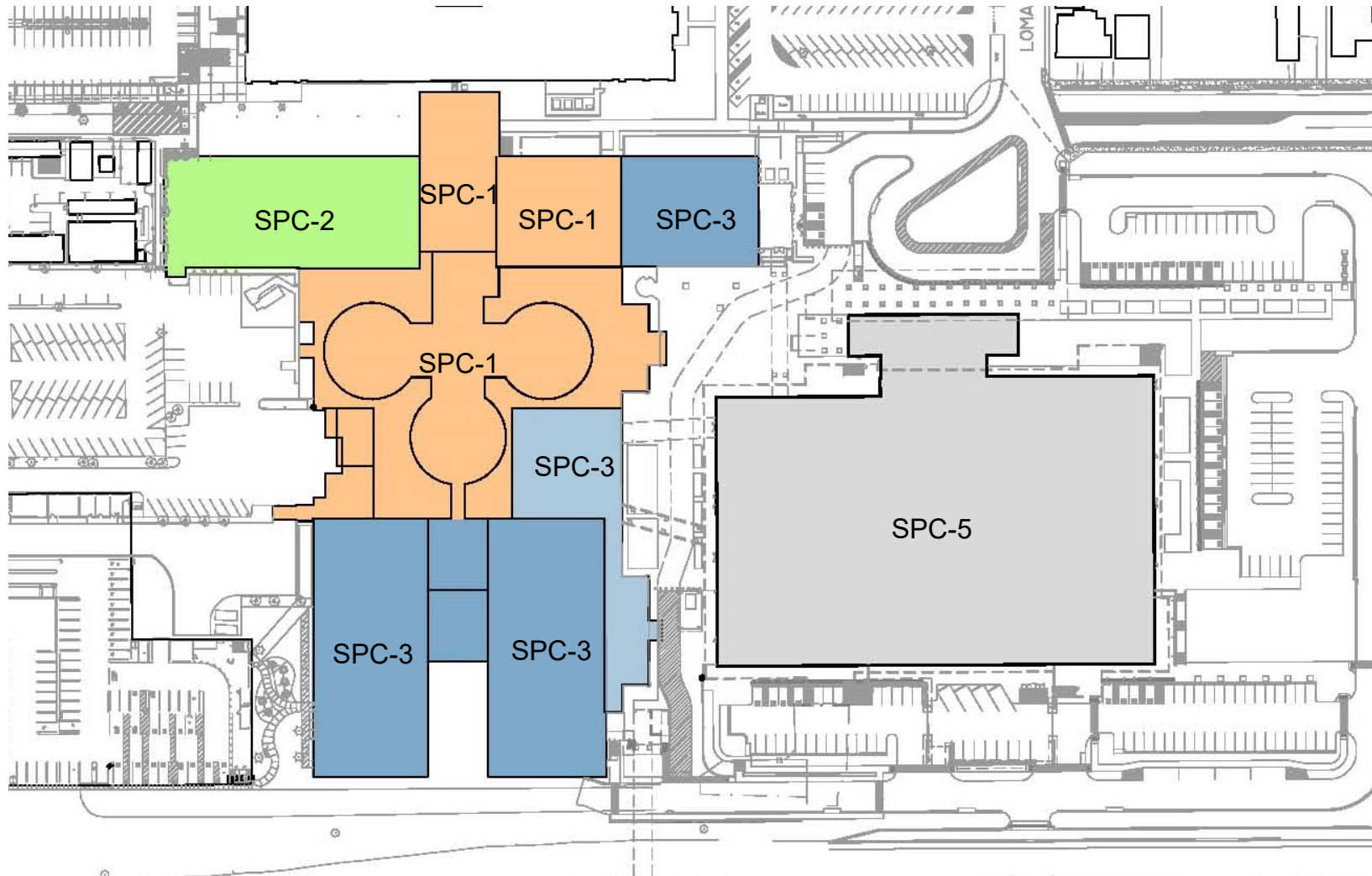
SOUTH WING PHASE 2 -
SPC-3

NEW REPLACEMENT
HOSPITAL - SPC-5

CTP 7&8 CONNECTOR- SPC-
5

SOUTH WING PHASE 2- SPC-
3

LLUH Campus – Expanded view



Background

- The existing SPC 1 buildings are approximately 500,000 sq. ft., most of which is expected to be vacated or underutilized with the opening/completion of the new building.
- The first step in considering repurposing options was to establish the plan for which AHJ the building would be under. Due to the age of the buildings, immediate adjacency of other GAC buildings, desired plan for clinical spaces and concerns over local jurisdiction's view of this as a new building, LLUMC decided the best option was to keep the building in OSHPD's jurisdiction.
- A primary driver in the strategy of the options studied was using the remaining spaces for clinical purposes that could support our patient needs while maximizing the use of spaces already designed/used for clinical functions.

Studies

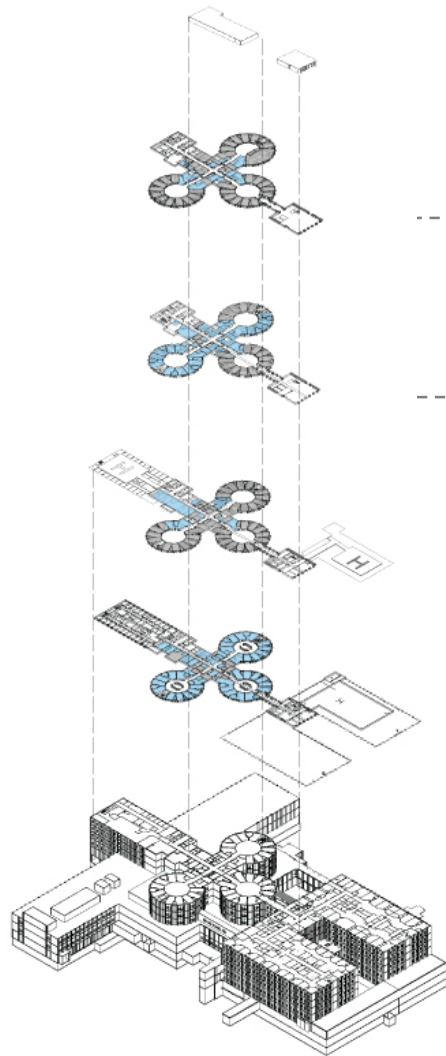
- OR/Perioperative Suite from IP to OP
- ED Observation to Cancer Center Infusion
- IP Med/Surg beds to SNF beds
- IP ICU or Med/Surg beds to IP Psych

Proposed Use Case Study 1: Re-Use of Existing Acute Inpatient Beds

Options:

- Skilled Nursing Facility and Sub-Acute Option
- IP Psych

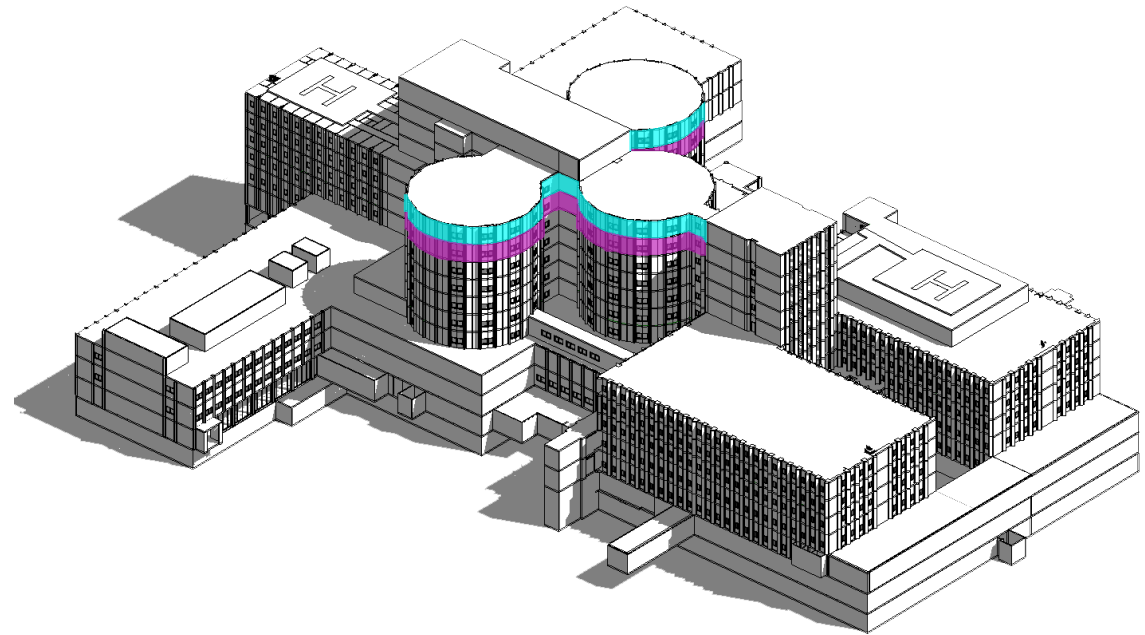
Proposed Patient Floor Conversions



9th Floor - Psychiatric



8th Floor – SNF and Sub-Acute



Single Floor Program area summary – Two Options

Private-room bed count option

| FLOORS | PRIVATE ROOMS | ISOLATION ROOM (PRIVATE) | TOTAL BEDS |
|--------------|---------------|-----------------------------|------------|
| 8TH Floor | 31 | 2 | 33 |

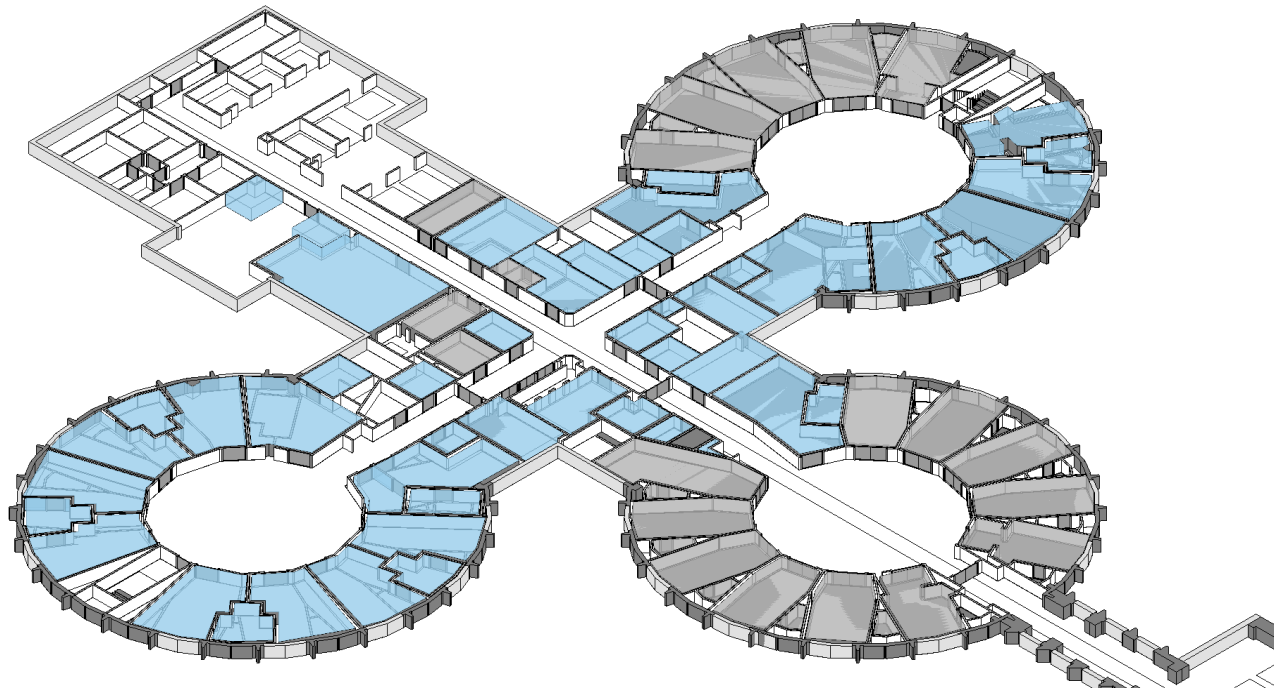
Semi-private bed count option

| FLOORS | SEMI-PRIVATE ROOMS | ISOLATION ROOM (PRIVATE) | TOTAL BEDS |
|--------------|--------------------|-----------------------------|------------|
| 8TH Floor | 62 | 2 | 64 |

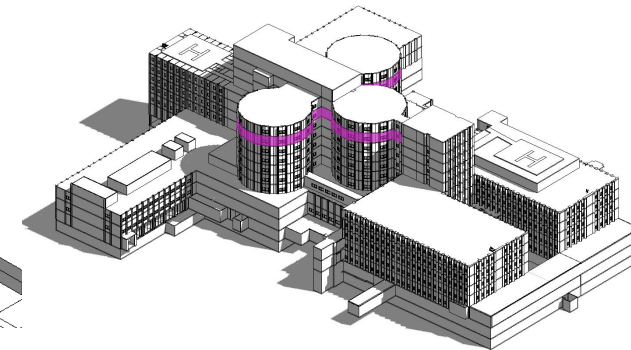
Single Floor (8th Floor)

EIGHTH FLOOR PROGRAMS:

- 33 PRIVATE OR 64 SEMI-PRIVATE BEDS
- SUPPORT SERVICES

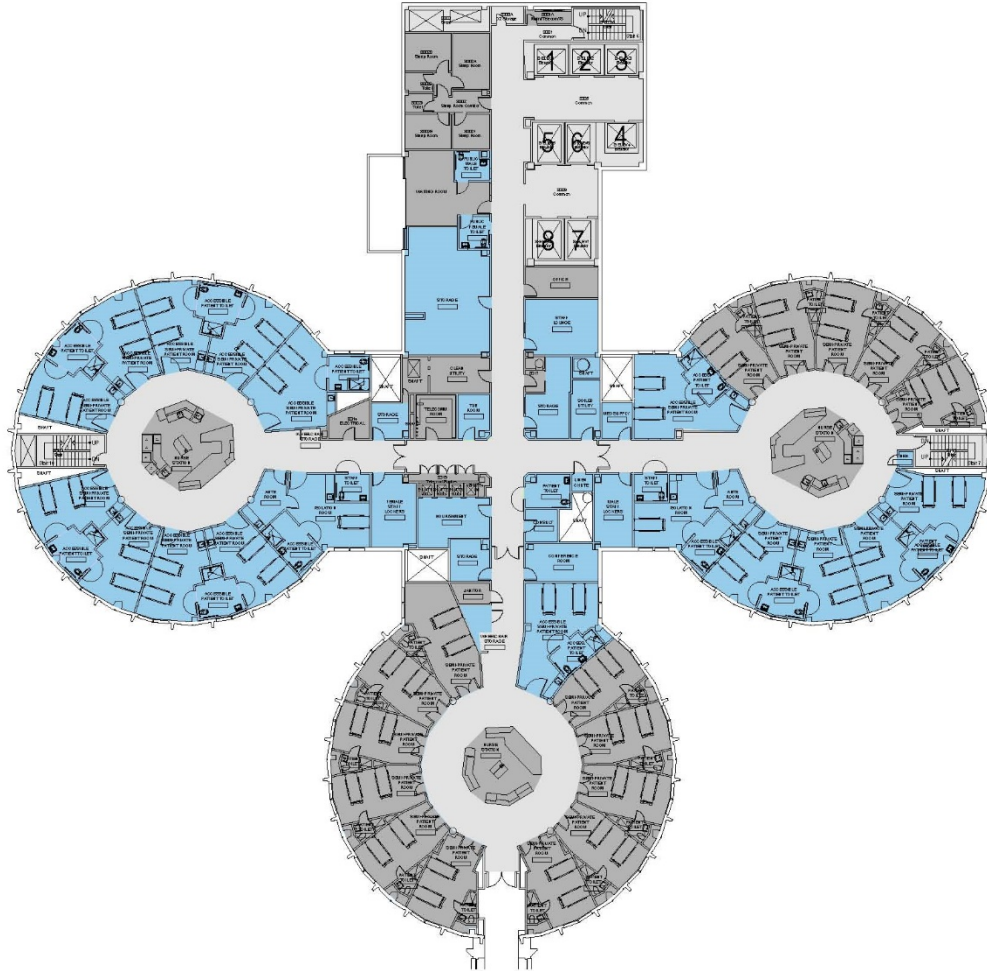


- Existing Areas To Remain
- Remodeled Areas



SKILLED NURSING and SUB-ACUTE

Single Floor (8th Floor)



- Existing Areas To Remain
- Remodeled Areas

Current Deficiencies:

- 50% Accessible Patient Rooms
- Accessible support spaces
- Program support spaces

Psychiatric Program area summary

Private-room bed count option

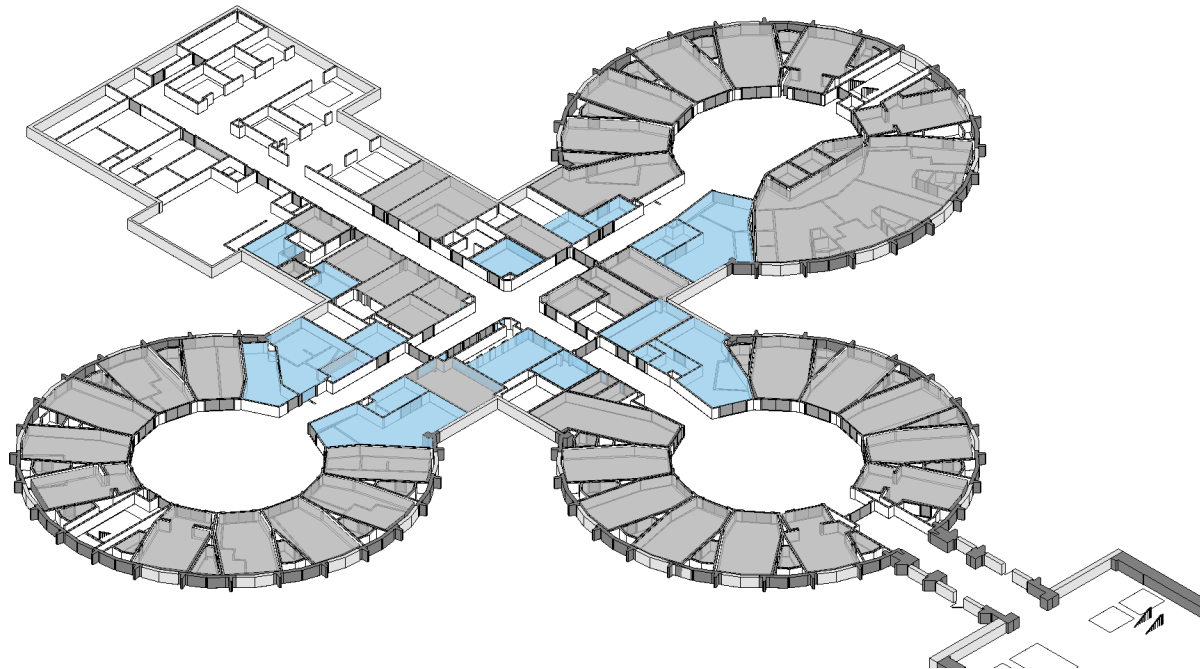
| FLOORS | PRIVATE ROOMS | ISOLATION ROOM (PRIVATE) | TOTAL BEDS |
|-----------|---------------|--------------------------|------------|
| 9TH Floor | 31 | 1 | 32 |

PSYCHIATRIC

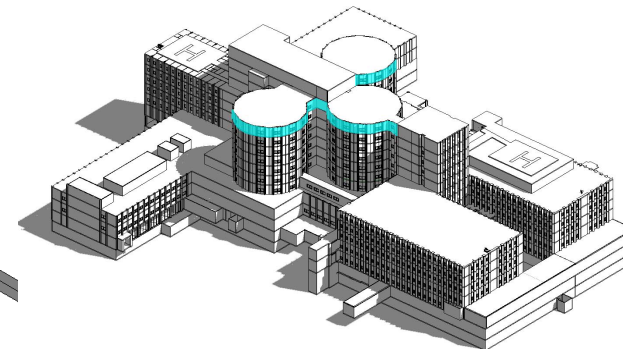
Proposal– 9th Floor Psychiatric

NINTH FLOOR PROGRAMS:

- 32 PRIVATE ROOMS OR BEDS
- SUPPORT SERVICES

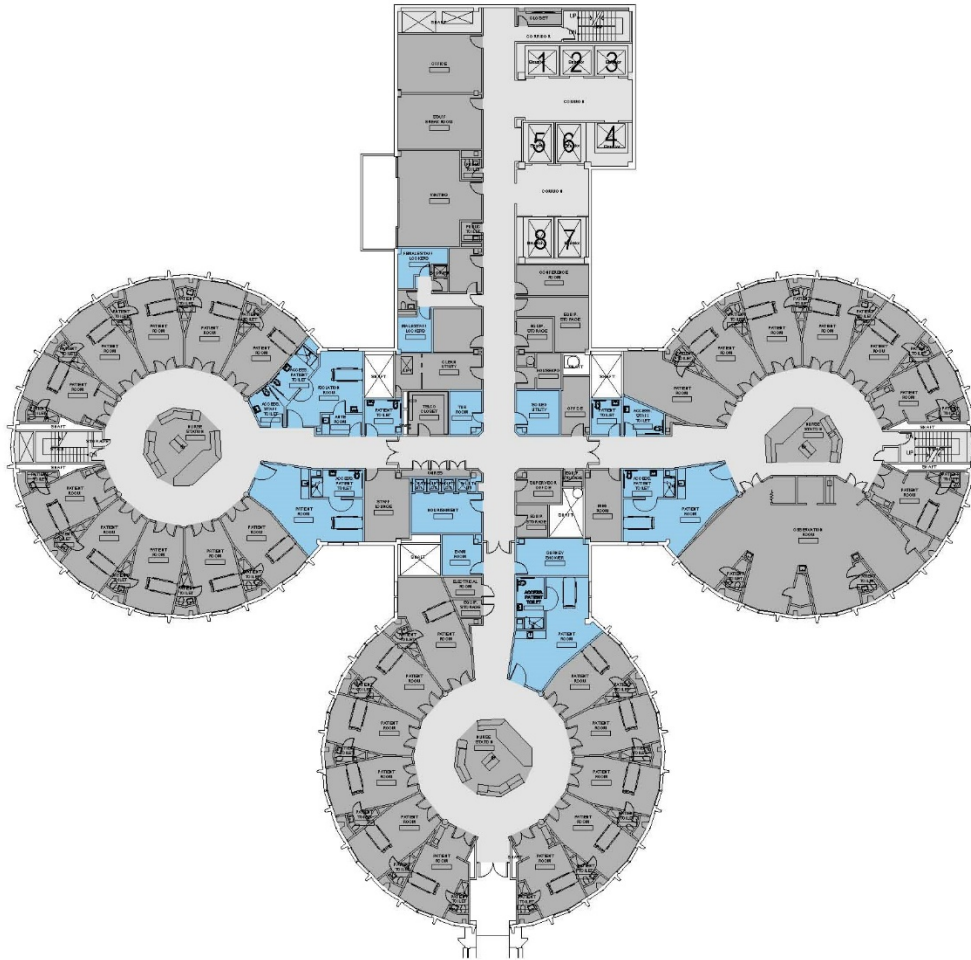


- Existing Areas To Remain
- Remodeled Areas



PSYCH OPTION

Proposal— 9th Floor Psychiatric



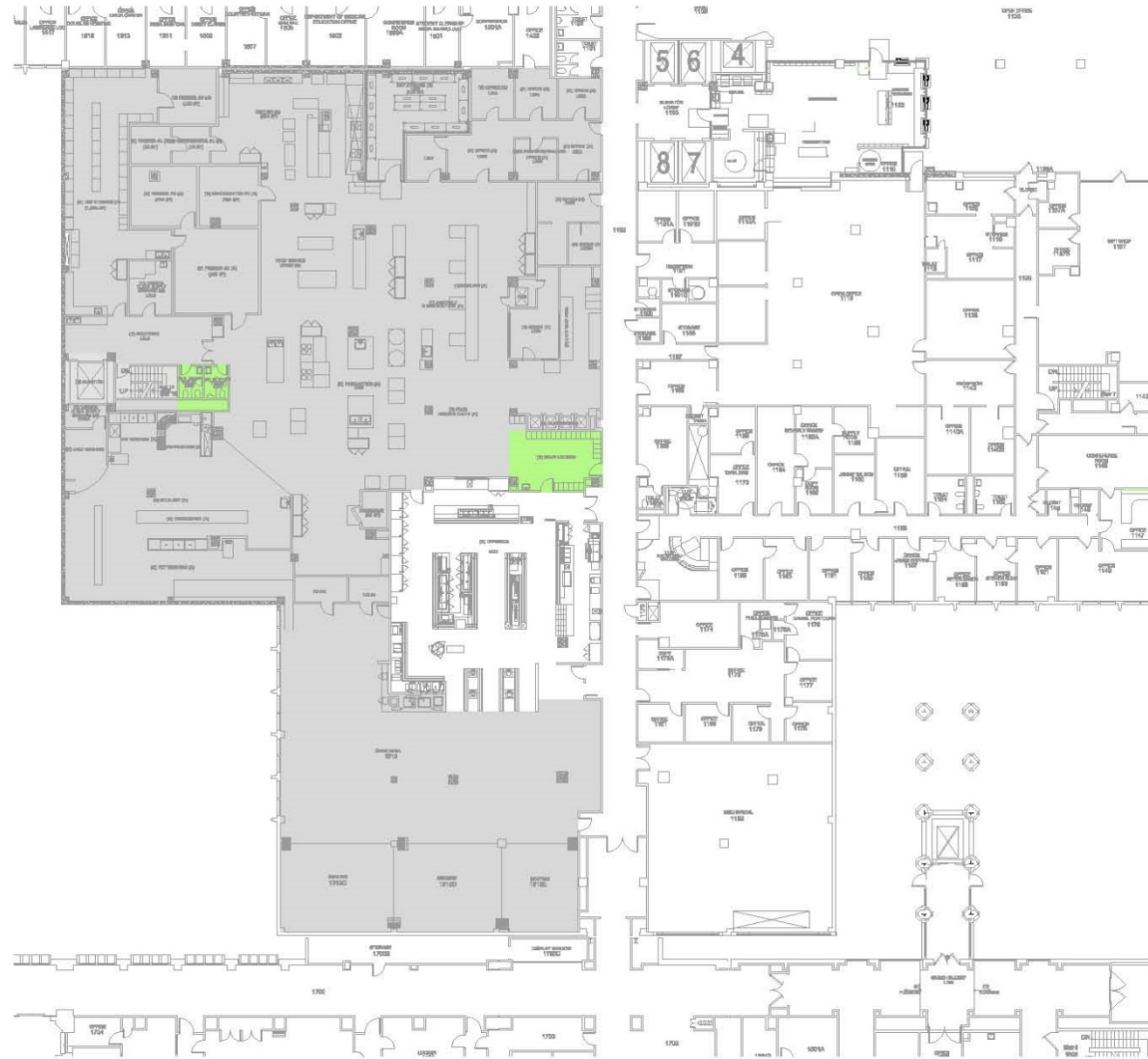
- Existing Areas To Remain
- Remodeled Areas

Current Deficiencies:

- 10% Accessible Patient Rooms
- Accessible support spaces
- Operational/safety solution not reviewed/looked at

SPYCH OPTION

Proposed Support Program – 1st Floor (required for all Programs)



- Existing Kitchen To Remain
- Remodeled Areas

SUPPORT PROGRAM

Challenges

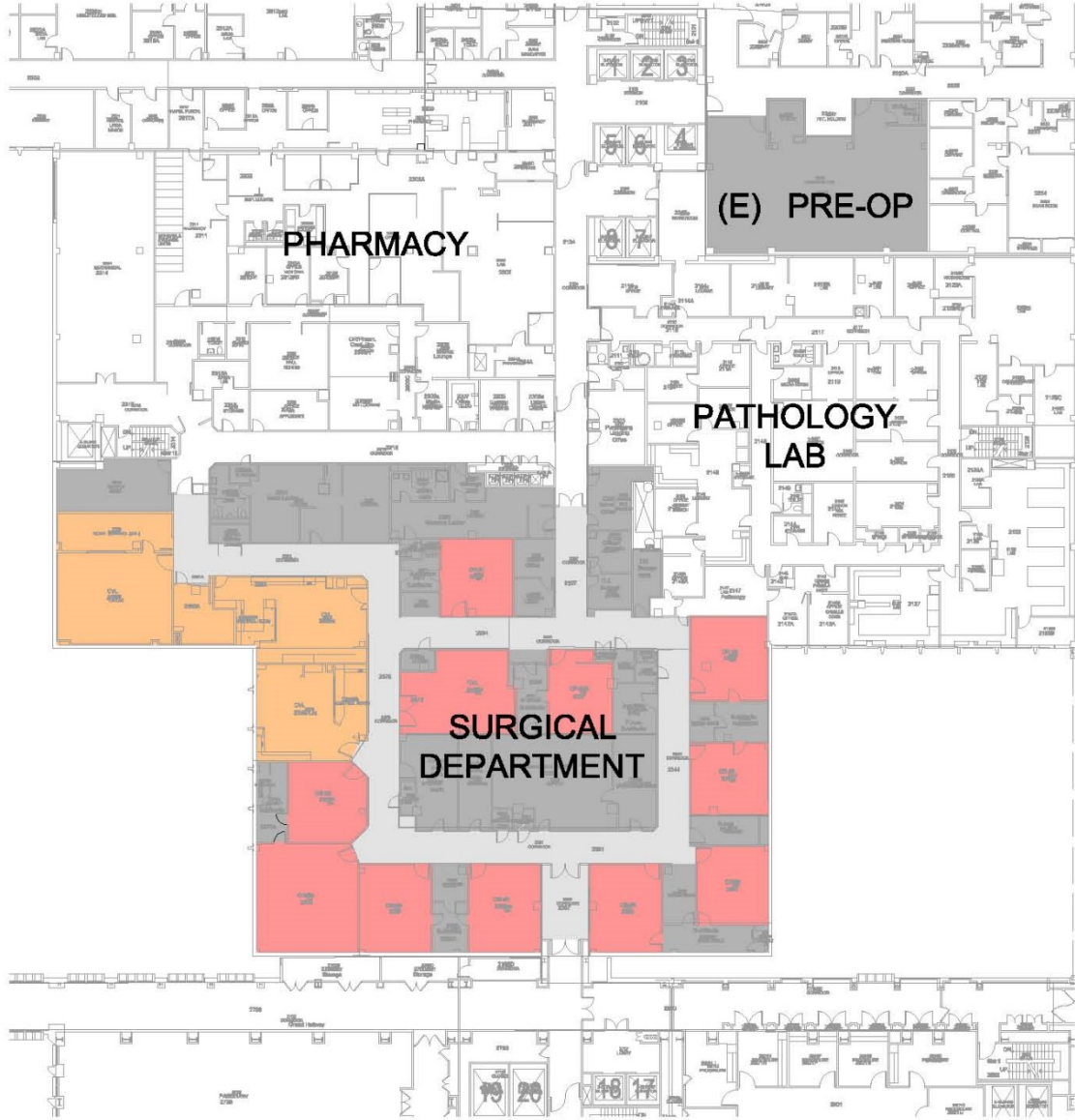
- Unforeseen conditions – This review is high level. Practical implementation of significant change may make accurate budget and schedule forecasting a challenge.
- Capital investment – Significant construction is required for to upgrade the patient restrooms for ADA compliance. This contradicts the premise of lower capital investment and few modifications to take advantage of spaces as they are currently configured.
- Regulatory oversight – What have we missed regarding CDPH and OSHPD expectations/requirements that may not be encountered until midway through the project?

Proposed Use Case Study 2: Re-Use of Existing Acute Inpatient Beds

Operating Room/Perioperative Services from Inpatient to
Outpatient

-

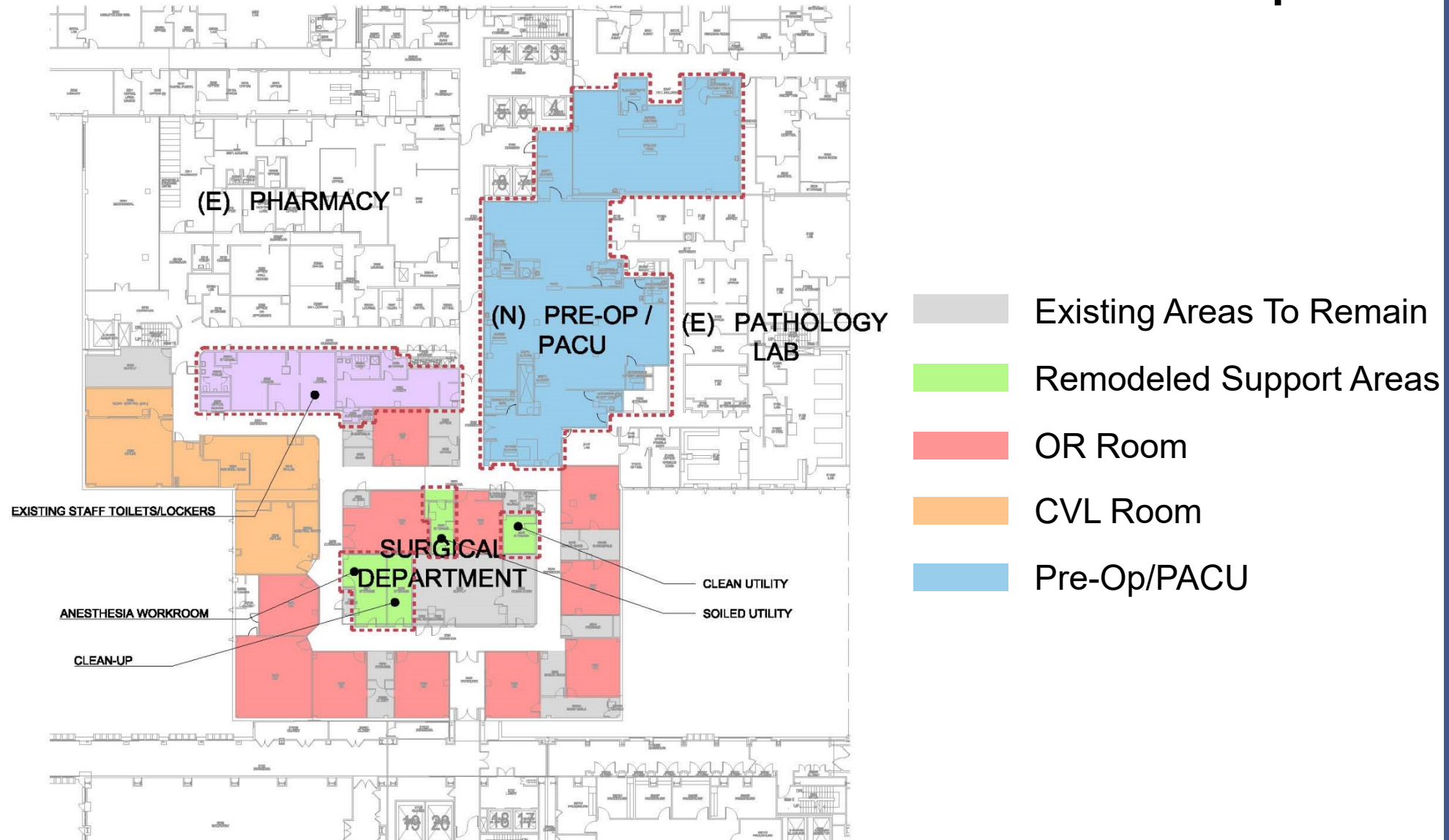
Existing – 2nd Floor Inpatient OR/Periop



- Existing Areas To Remain
- Existing OR Room
- Existing CVL Room

OUTPATIENT OR/PERIOP

Proposal – 2nd Floor Outpatient OR/Periop



OUTPATIENT OR/PERIOP

Challenges

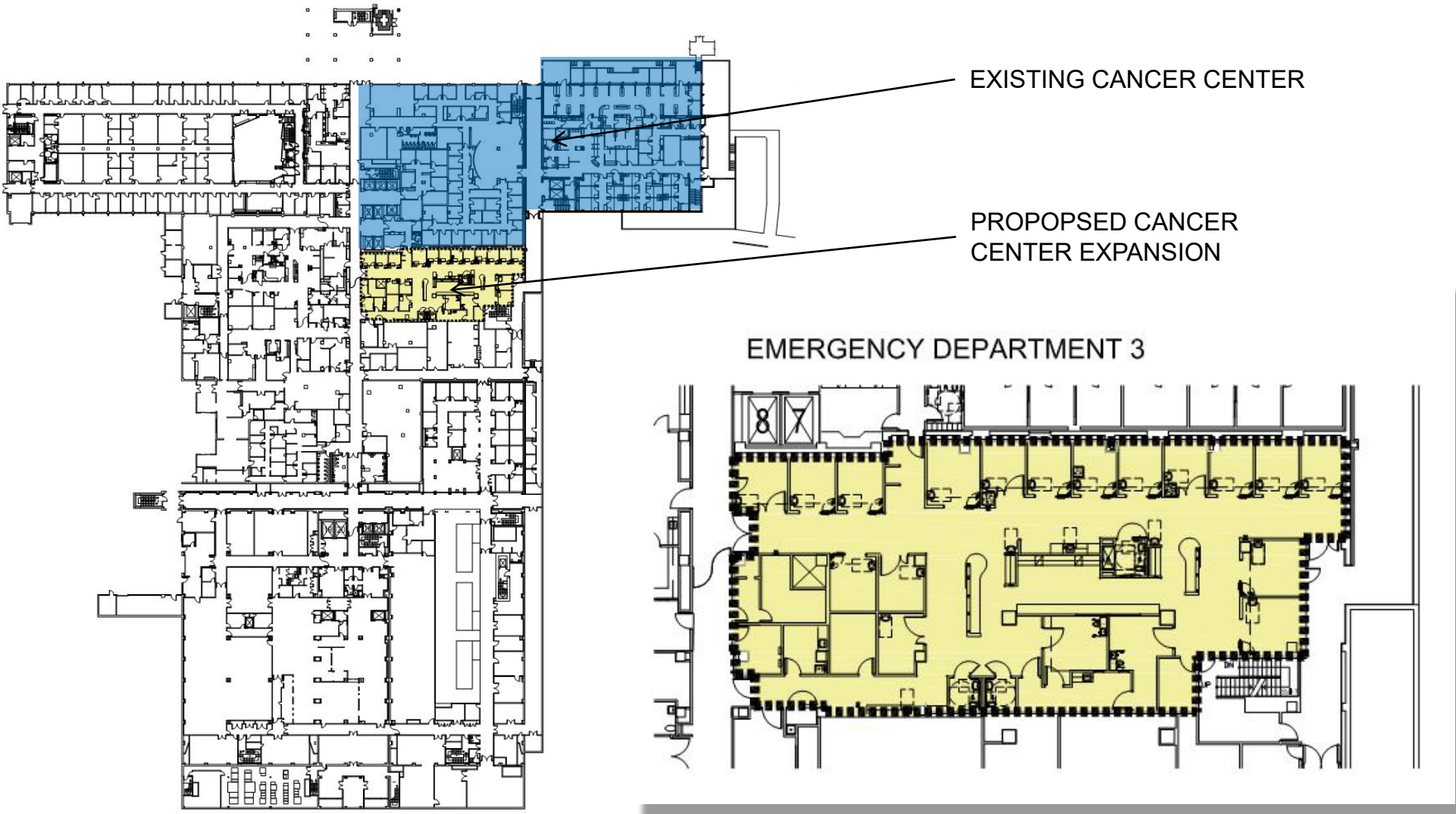
- Unforeseen conditions – This review is high level. Practical implementation of significant change may make accurate budget and schedule forecasting a challenge.
- Capital investment – Significant construction is required to create a new PACU/PRE-OP. This contradicts the premise of lower capital investment and few modifications to take advantage of spaces as they are currently configured.
- Regulatory oversight – What have we missed regarding CDPH and OSHPD expectations/requirements that may not be encountered until midway through the project?

Proposed Use Case Study 3: Re-Use of Existing Acute Inpatient Beds

Emergency Department Observation to Outpatient Infusion

-

Existing – 1st Floor Emergency/Observation



OUTPATIENT CANCER INFUSION

Proposed – Outpatient Cancer Infusion



OUTPATIENT CANCER INFUSION

Conversion from Inpatient to Outpatient Surgical Services (LLUMC)

OSHDP Plan Review Questions (Sample)

➤ **Change In Occupancy Group?**

- CBC Chapter 3 (e.g. “I-2” to “I-2.1”)
- Still under Section 407 – now as “I-2.1”

➤ **“Outpatient” Requirements per CBC Section 1224.39**

- Outpatient Access – not traversing nursing units
- Waiting & Changing areas, Public Toilets, Telephone, & Drinking Fountain

Conversion from Inpatient to Outpatient Surgical Services (LLUMC)

- **“Outpatient Surgery” Requirements per CBC Section 1224.39.2**
 - Verify all program requirements are met (2001 allowance for exist rooms of similar nature)
 - Access & Support to and from Sterile Supply per pointer to Section 1224.15.3
 - Staff Changing – Traffic flow from unrestricted space through Staff Changing to Semi-restricted corridor (as clarified in 2019 CBC)
 - Access & Support of Pre-Op and PACU per pointer to Section 1224.16 (direct access to semi-restricted corridor)

Conversion from Inpatient to Outpatient Surgical Services (LLUMC)

- **“Outpatient” Requirements per CPC & Existing Building Code**
 - Separation of Medical Gas – manifolds & shut-offs

- **“Outpatient” Requirements per CEC & Existing Building Code**
 - Emergency Power – Separation, transfer switches, shut-offs
 - Segregation – 3 branches?
 - 4-hr “Ambulatory Surgery” vs 72-hr “Hospital”

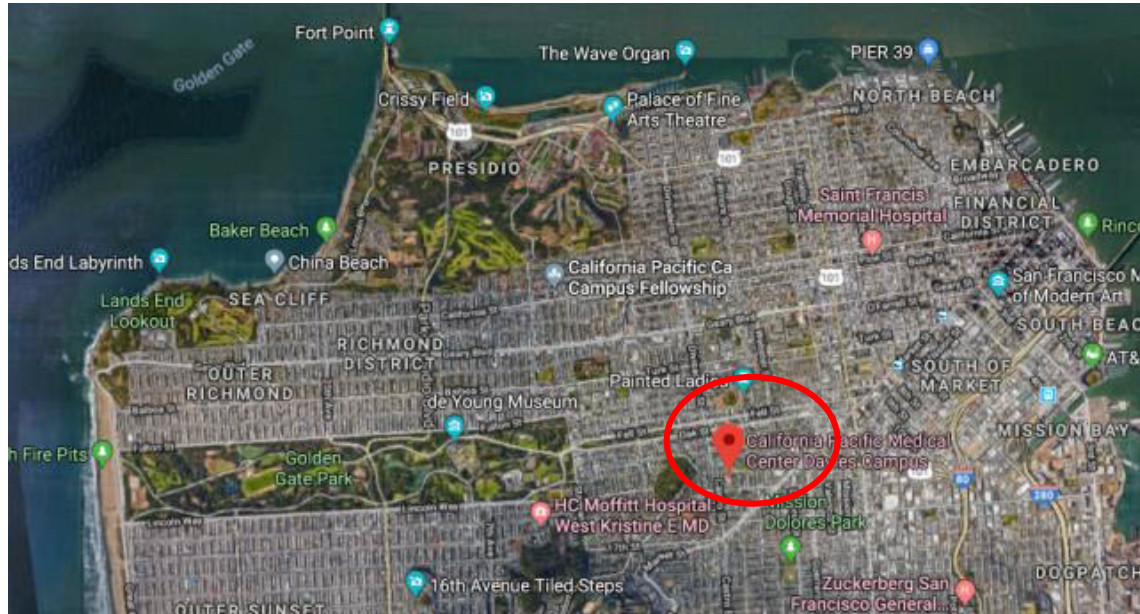


SPC-1 Repurposing Example:

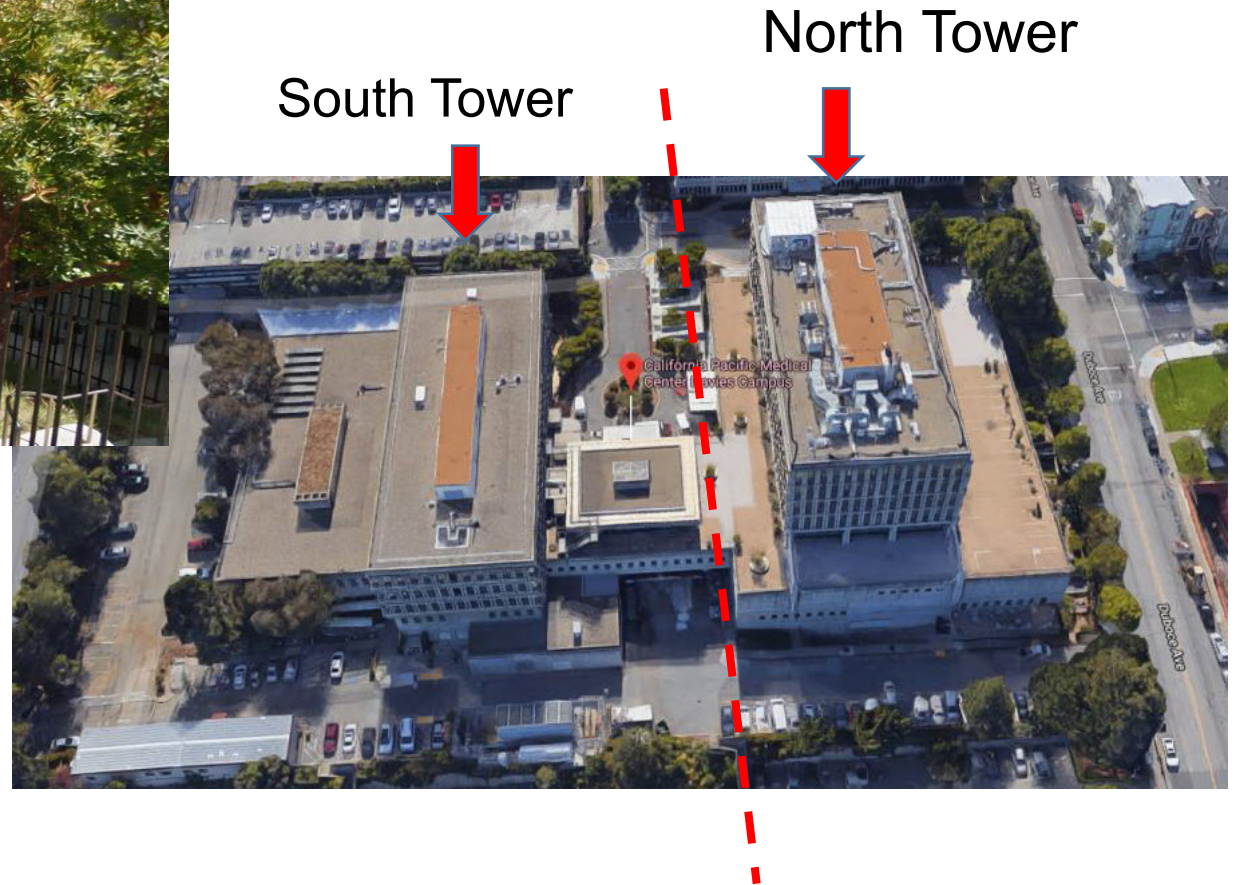
Sutter - California Pacific Medical Center Davies Campus



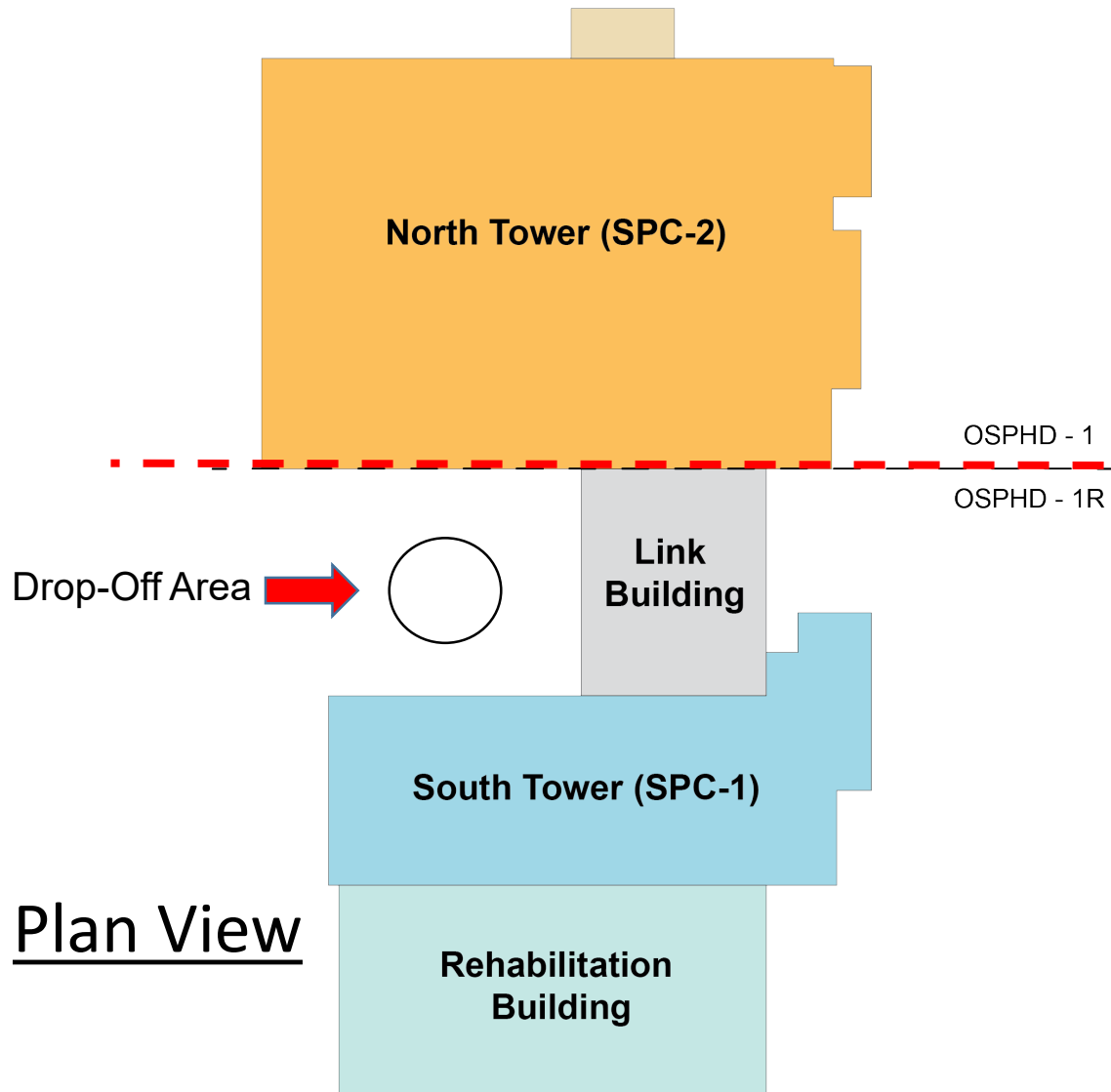
Sutter - California Pacific Medical Center Davies Campus



Sutter - California Pacific Medical Center Davies Campus



Building Areas & Functions



DECISION:

North Tower: Keep as an Acute Care Hospital (OSHPD-1)

South Tower & Link: Convert to Non-Acute Care (OSHPD-1R)

Seismic Upgrade of North Tower:

1. Original Construction: 1968
2. Upgrade North Tower Building from SPC-1 to SPC-2
3. Allows Hospital to Continue Operation until 2030
4. OSHPD Approval of Seismic Upgrade 2001
5. Construction Completed 2007

2001

2007

Consolidation of Services in North Tower: (Removal of Acute Care Services – R.A.C.S.)

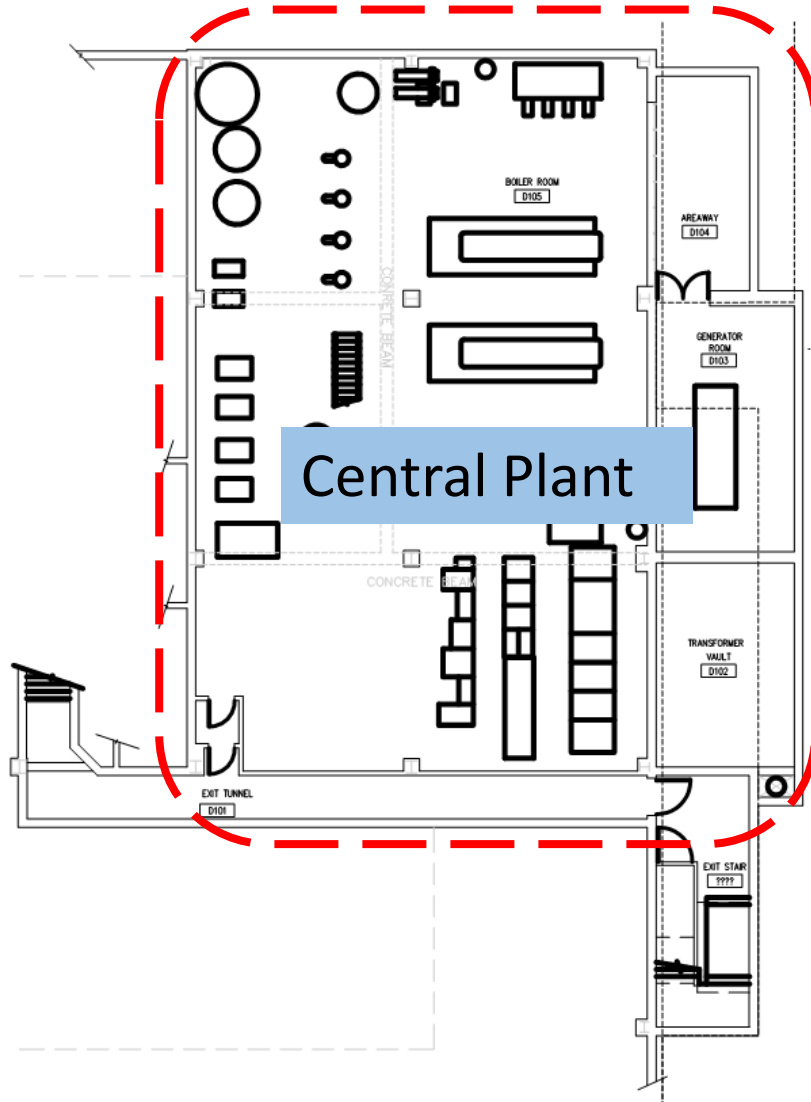
1. Build New Loading Dock at North Tower
2. Build New Exit Corridor from Lower Level ('Bunker')
3. Move Storage from South Tower to North Tower
4. Move Staff Shower / Locker Rooms from South Tower to North Tower
5. New Canopy at Emergency Department
6. Other Minor Changes

2019

Removal of Acute Care Services (RACS): (North Tower - Consolidation of Required Services)



North Tower Level D



HOSPITAL BASIC SERVICES:

1. Nursing
2. Surgical Service
3. Anesthesia
4. Clinical Lab
5. Radiology / Diagnostics
6. Pharmacy
7. Dietetic

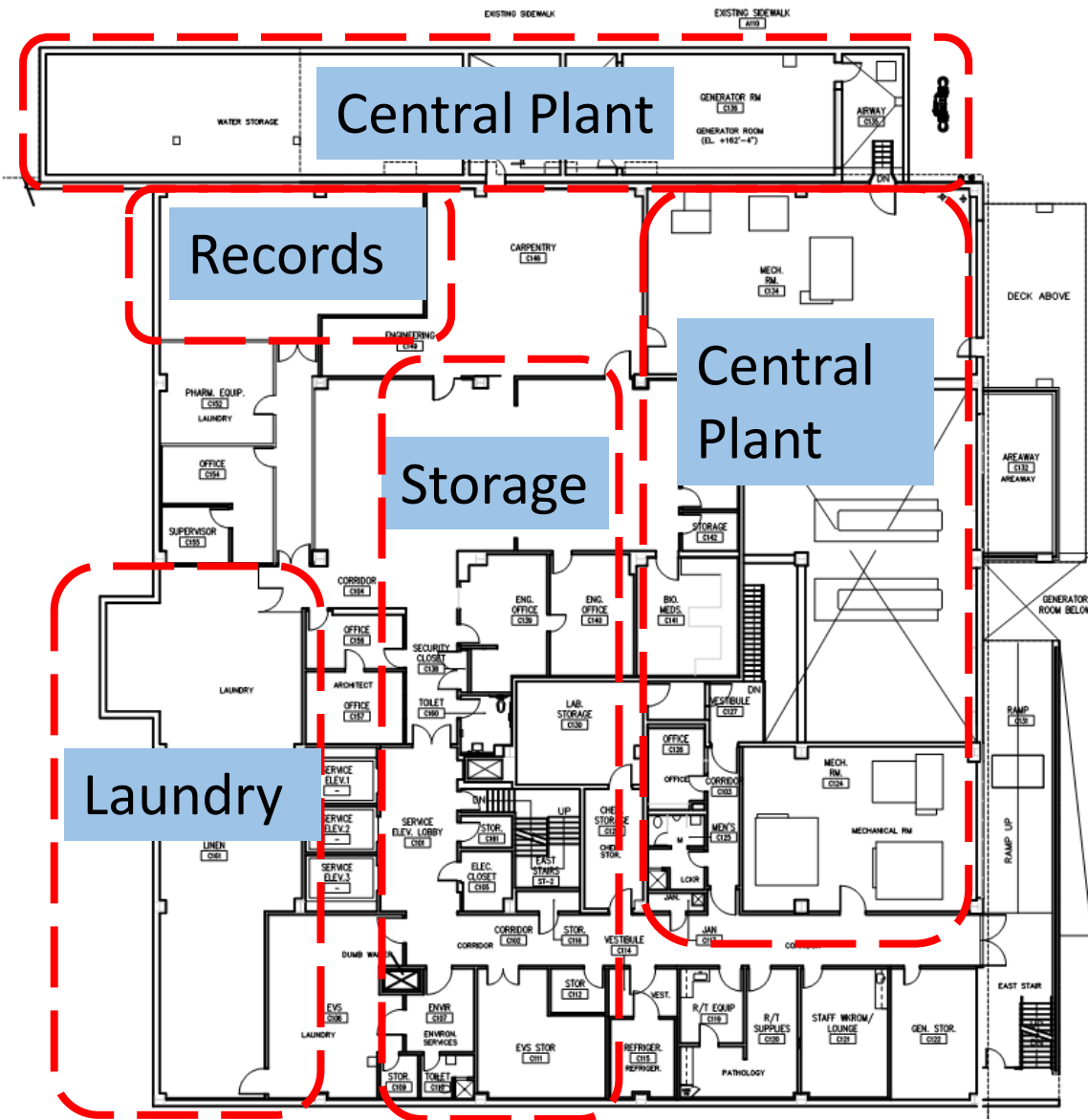
SUPPORT SERVICES:

- A. Administrative
- B. Central Sterile Supply
- C. Storage
- D. Employee Dressing Rooms / Lockers

OTHER:

- F. Loading Dock
- G. Central Plant

North Tower Level C



HOSPITAL BASIC SERVICES:

1. Nursing
2. Surgical Service
3. Anesthesia
4. Clinical Lab
5. Radiology / Diagnostics
6. Pharmacy
7. Dietetic

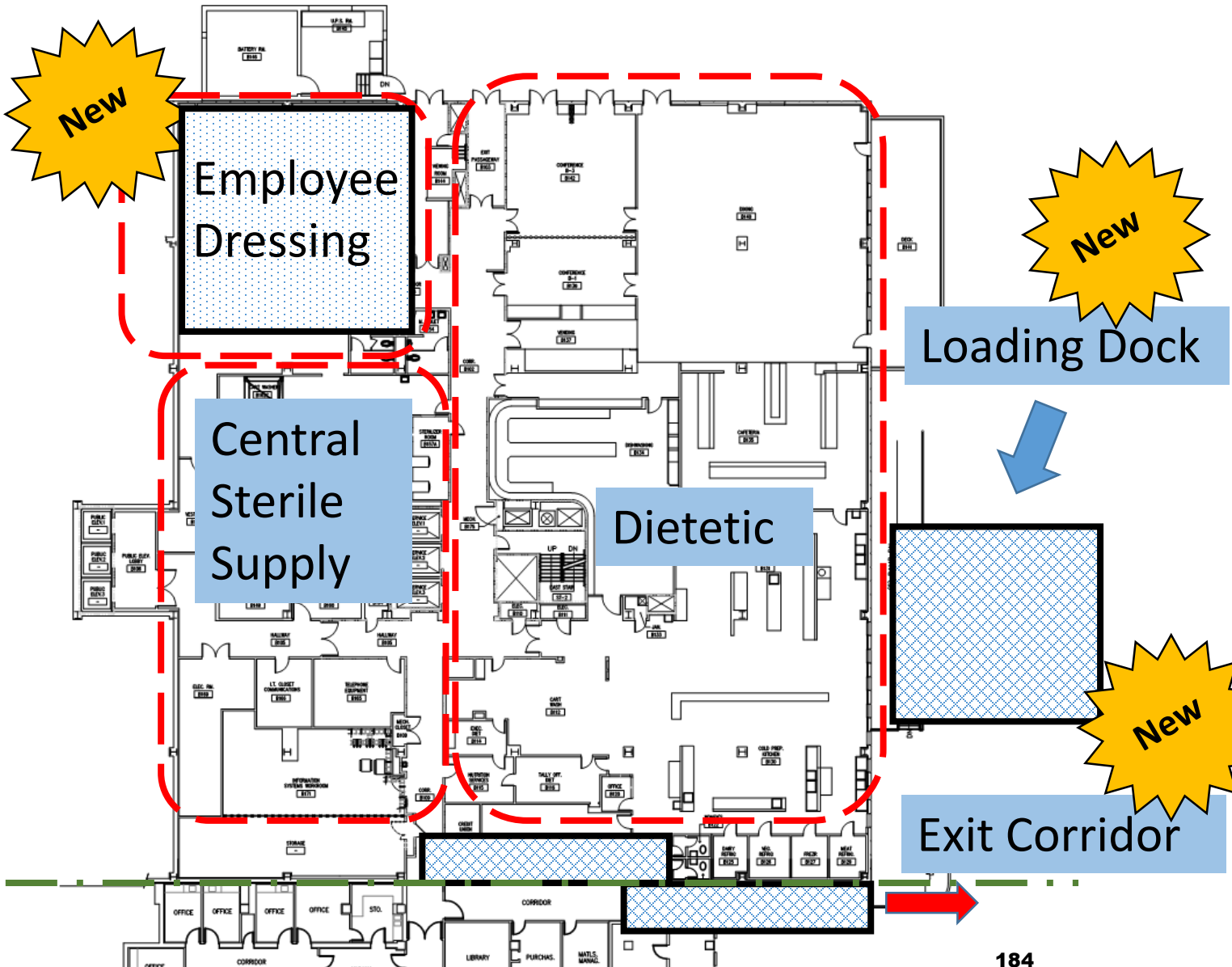
SUPPORT SERVICES:

- A. Administrative
- B. Central Sterile Supply
- C. Storage
- D. Employee Dressing Rooms / Lockers

OTHER:

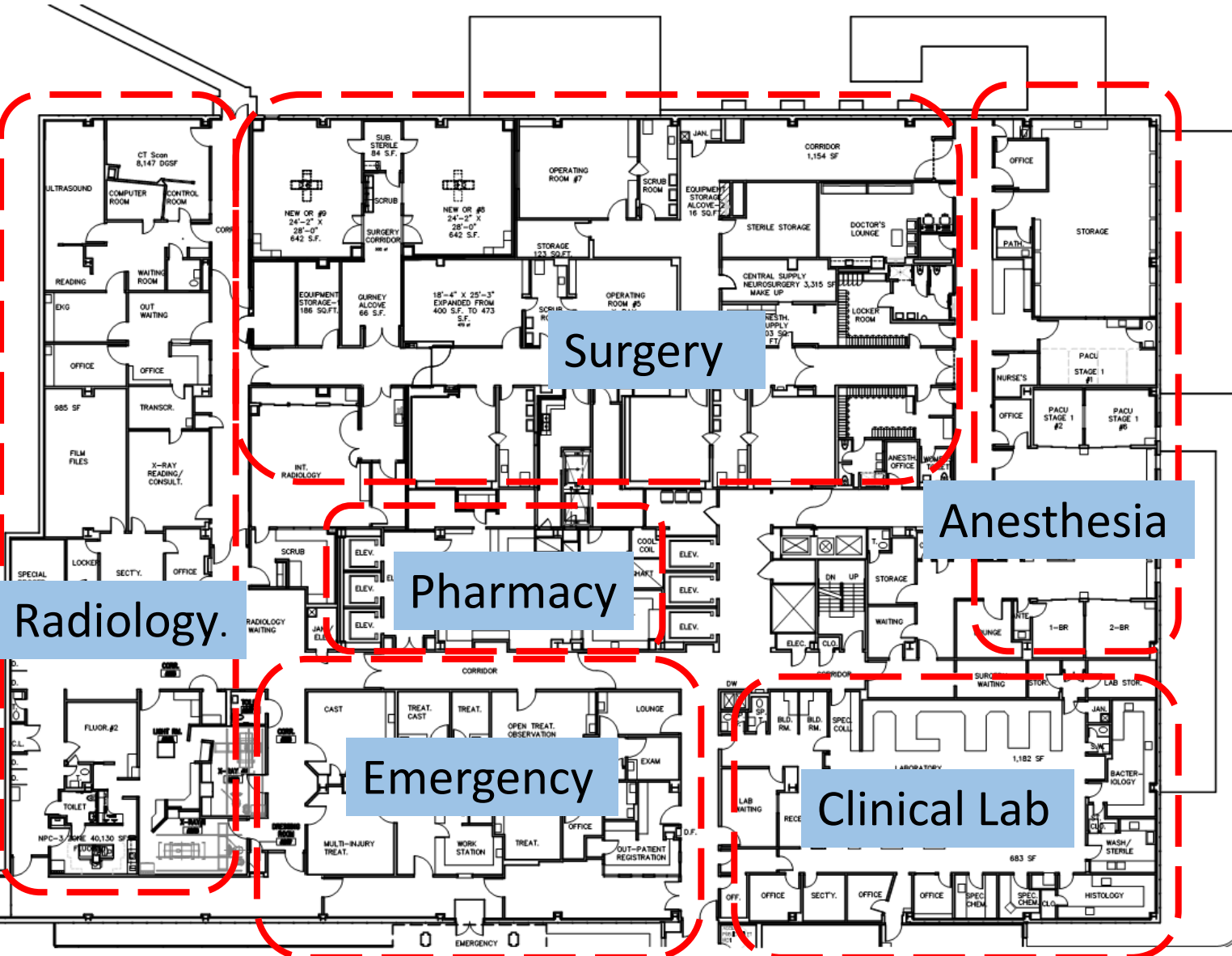
- F. Loading Dock
- G. Central Plant

North Tower Level B



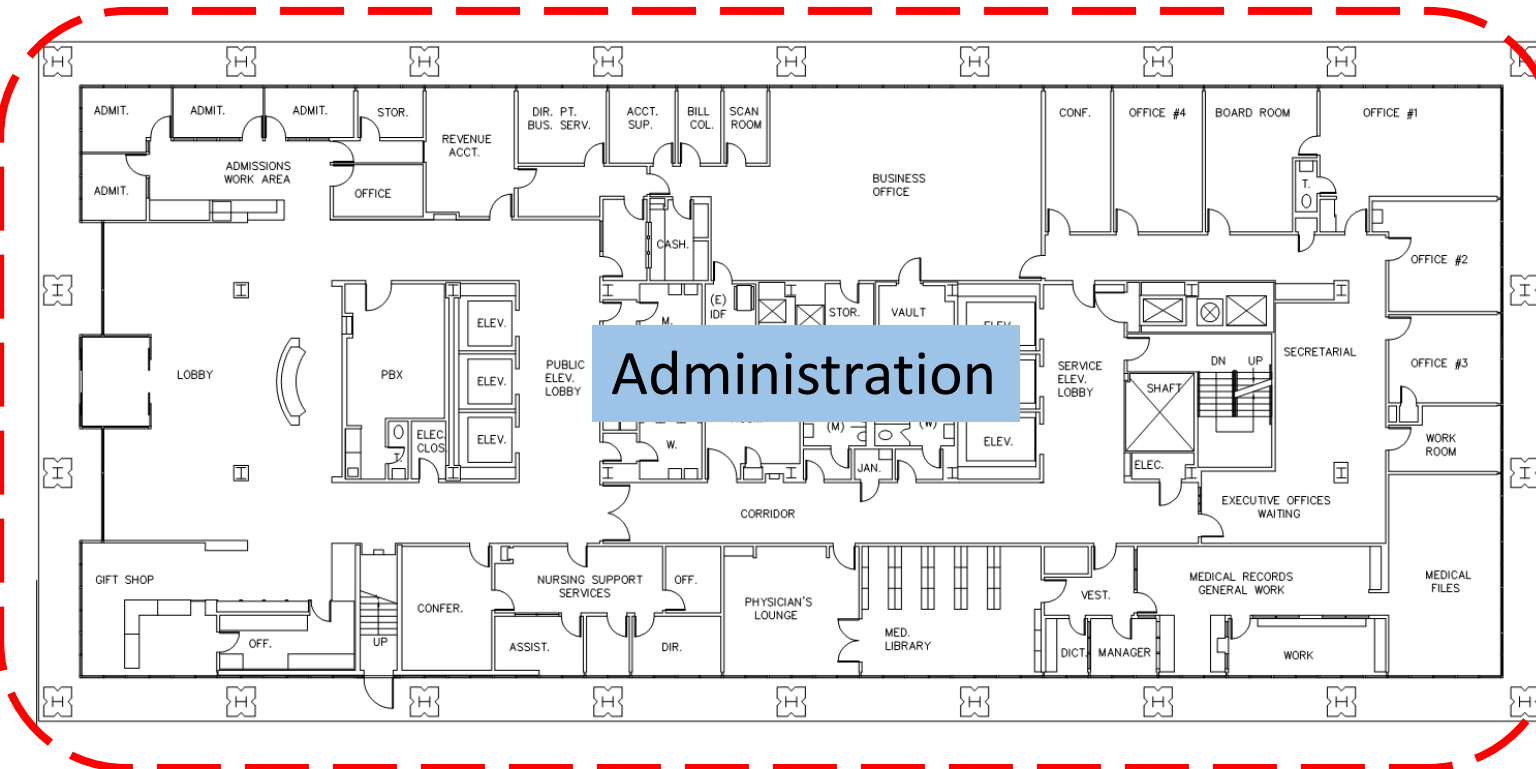
- HOSPITAL BASIC SERVICES:**
1. Nursing
 2. Surgical Service
 3. Anesthesia
 4. Clinical Lab
 5. Radiology / Diagnostics
 6. Pharmacy
 7. Dietetic
- SUPPORT SERVICES:**
- A. Administrative
 - B. Central Sterile Supply
 - C. Storage
 - D. Employee Dressing Rooms / Lockers
- OTHER:**
- F. Loading Dock
 - G. Central Plant

North Tower Level A



- HOSPITAL BASIC SERVICES:**
1. Nursing
 2. Surgical Service
 3. Anesthesia
 4. Clinical Lab
 5. Radiology / Diagnostics
 6. Pharmacy
 7. Dietetic
- SUPPORT SERVICES:**
- A. Administrative
 - B. Central Sterile Supply
 - C. Storage
 - D. Employee Dressing Rooms / Lockers
- OTHER:**
- F. Loading Dock
 - G. Central Plant
 - H. Emergency Service

North Tower – Lobby Level



HOSPITAL BASIC SERVICES:

1. Nursing
2. Surgical Service
3. Anesthesia
4. Clinical Lab
5. Radiology / Diagnostics
6. Pharmacy
7. Dietetic

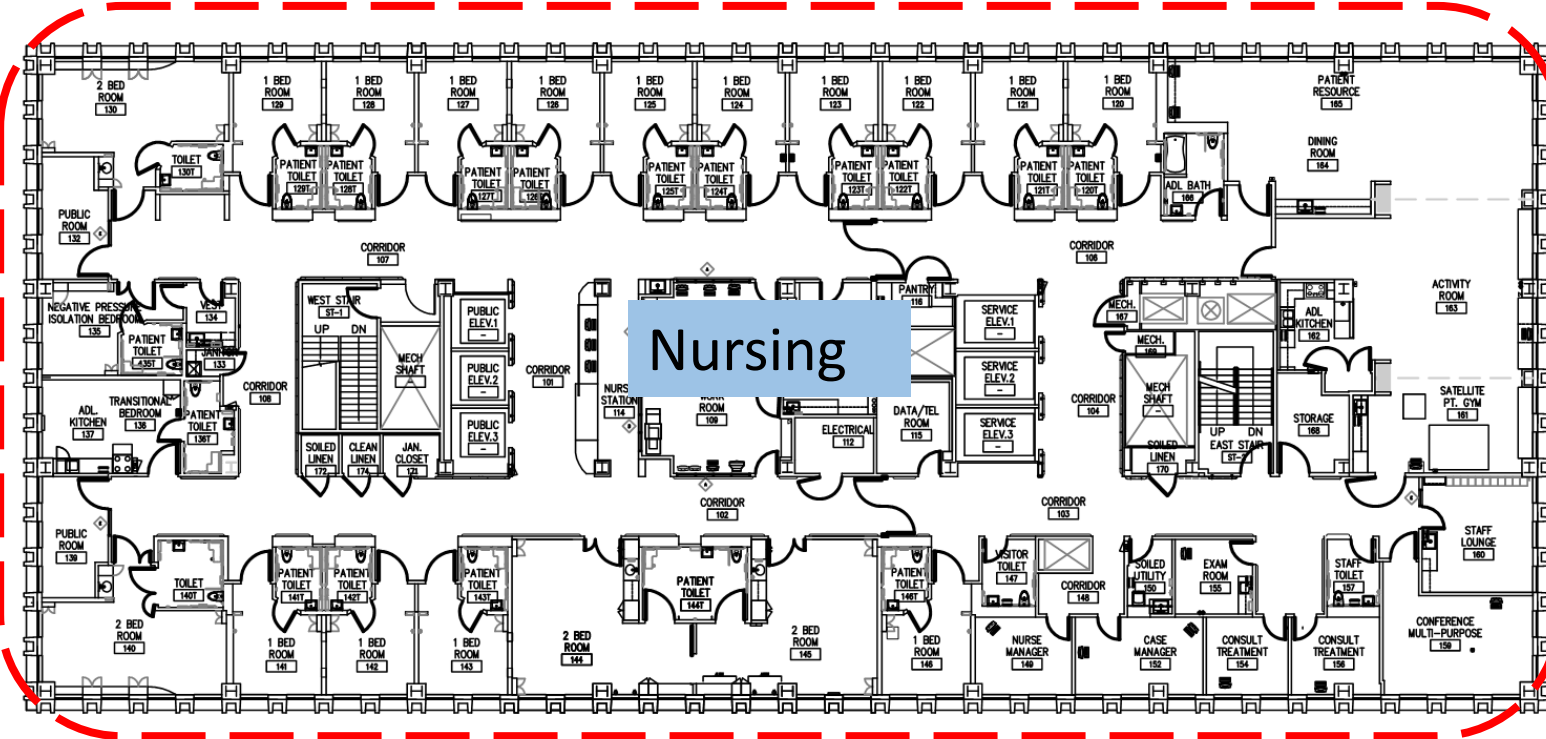
SUPPORT SERVICES:

- A. Administrative
- B. Central Sterile Supply
- C. Storage
- D. Employee Dressing Rooms / Lockers

OTHER:

- F. Loading Dock
- G. Central Plant
- H. Emergency Service

North Tower Levels 1,2 and 3



HOSPITAL BASIC SERVICES:

1. Nursing
2. Surgical Service
3. Anesthesia
4. Clinical Lab
5. Radiology / Diagnostics
6. Pharmacy
7. Dietetic

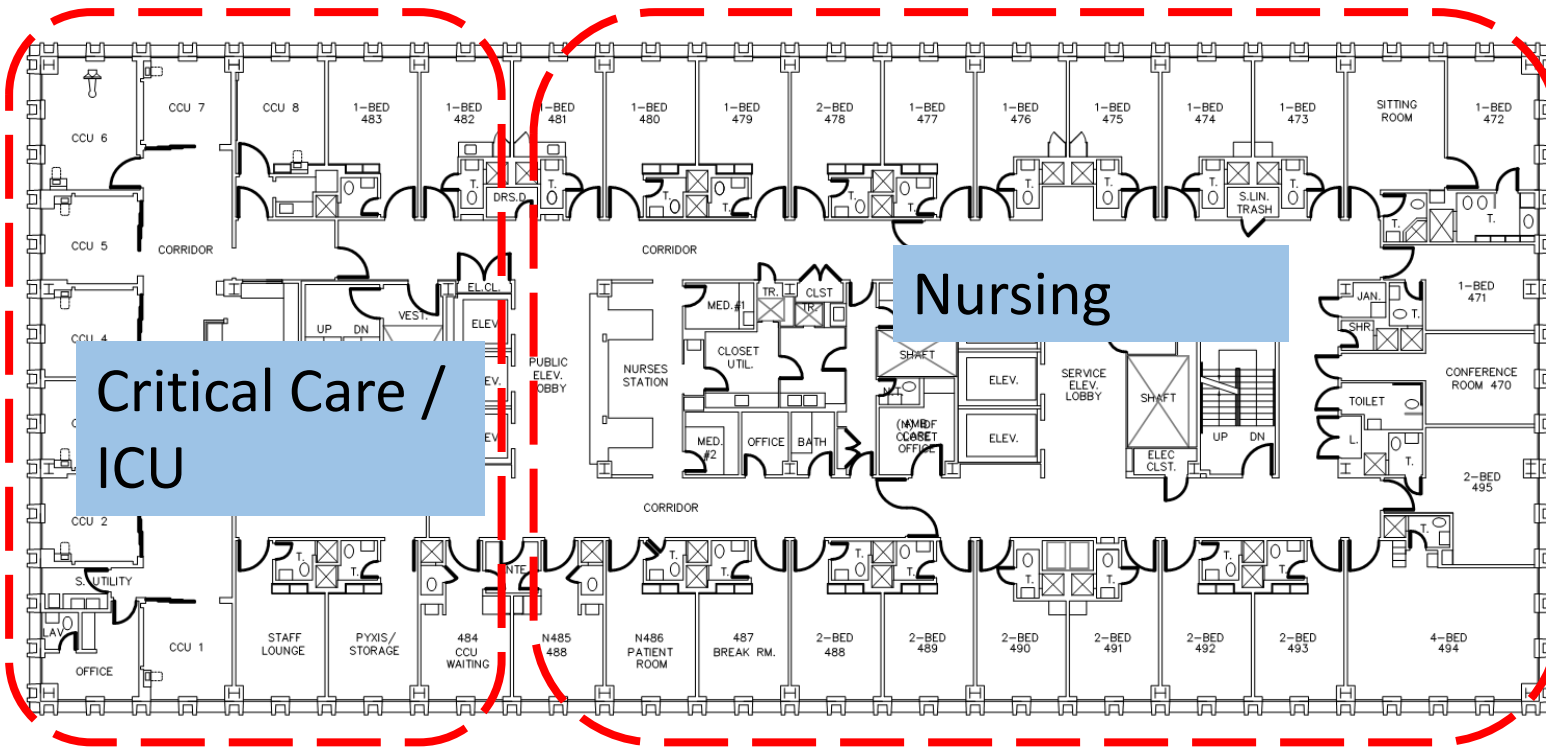
SUPPORT SERVICES:

- A. Administrative
- B. Central Sterile Supply
- C. Storage
- D. Employee Dressing Rooms / Lockers

OTHER:

- F. Loading Dock
- G. Central Plant
- H. Emergency Service

North Tower Level 4



HOSPITAL BASIC SERVICES:

1. Nursing
2. Surgical Service
3. Anesthesia
4. Clinical Lab
5. Radiology / Diagnostics
6. Pharmacy
7. Dietetic

SUPPORT SERVICES:

- A. Administrative
- B. Central Sterile Supply
- C. Storage
- D. Employee Dressing Rooms / Lockers

OTHER:

- F. Loading Dock
- G. Central Plant
- H. Emergency Service

Re-Purposing South Tower: (OSHPD-1R)



Allowed Uses / Proposed Uses

OSHPD-1R Allows:

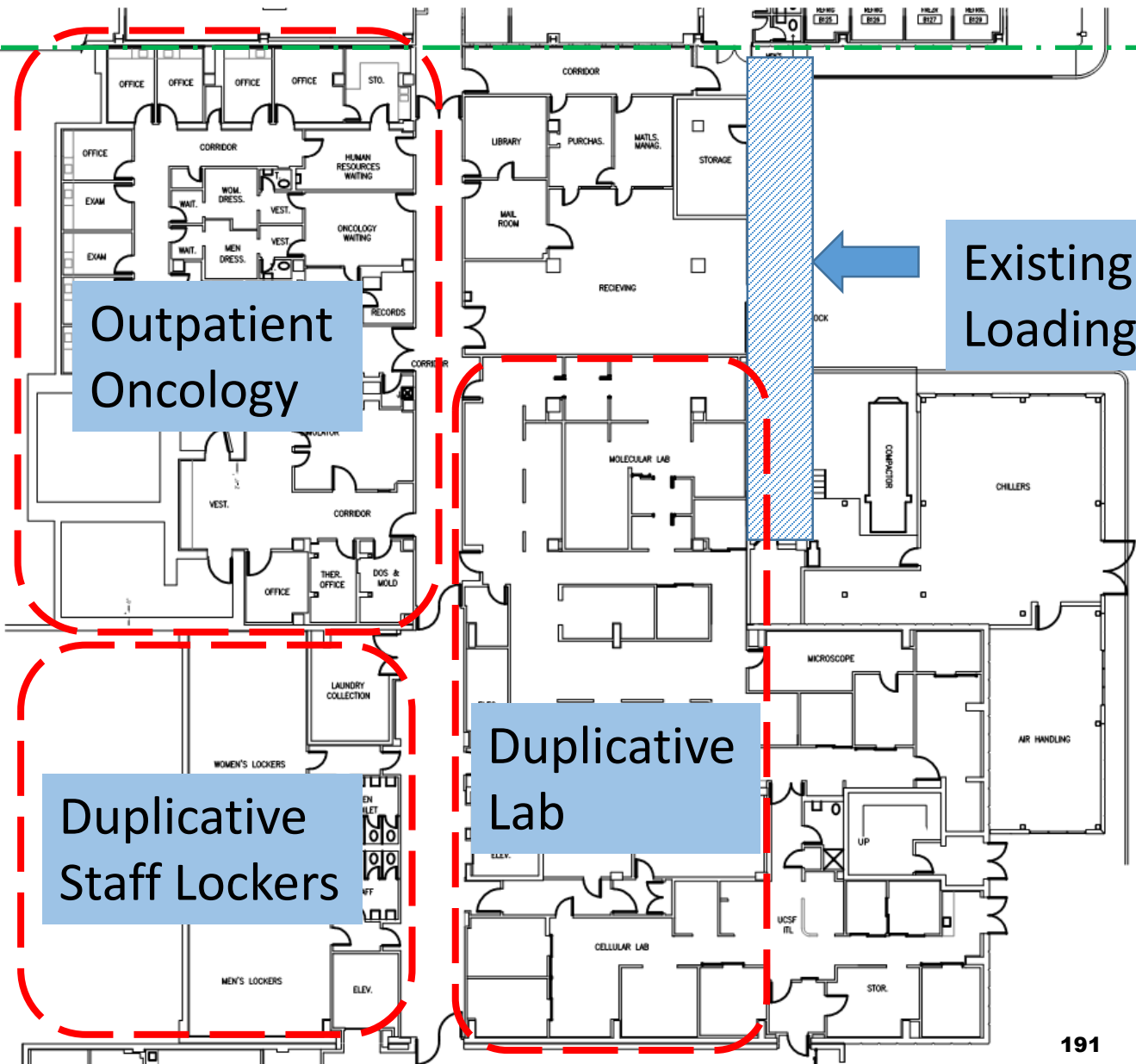
1. Duplicative Hospital Services
2. Outpatient Hospital Services
3. Skilled Nursing
4. Acute Psych
5. Offices, Storage Etc.

Proposed Uses for South Tower (OSHPD 1R)

1. Duplicative Hospital Services
 - Laboratory
 - Staff Offices
 - Staff Lockers
 - Hospital Storage
2. Outpatient Hospital Services
 - Oncology
 - Physical Therapy
 - Occupational Therapy
 - Outpatient Clinic
3. Skilled Nursing (W/ 17 Subacute Beds)
4. Acute Psych (Behavioral Health)
5. Offices, Storage, Etc.

South Tower Level B

North
Link /
South



Outpatient
Oncology

Existing
Loading Dock

Duplicative
Lab

Duplicative
Staff Lockers

Duplicative Loading Dock:

- Continue to use in addition to new loading dock in N. Tower

Outpatient Oncology:

- Continue as an 'Outpatient' service on the hospital license
- (Only 25% of patients may be inpatient)

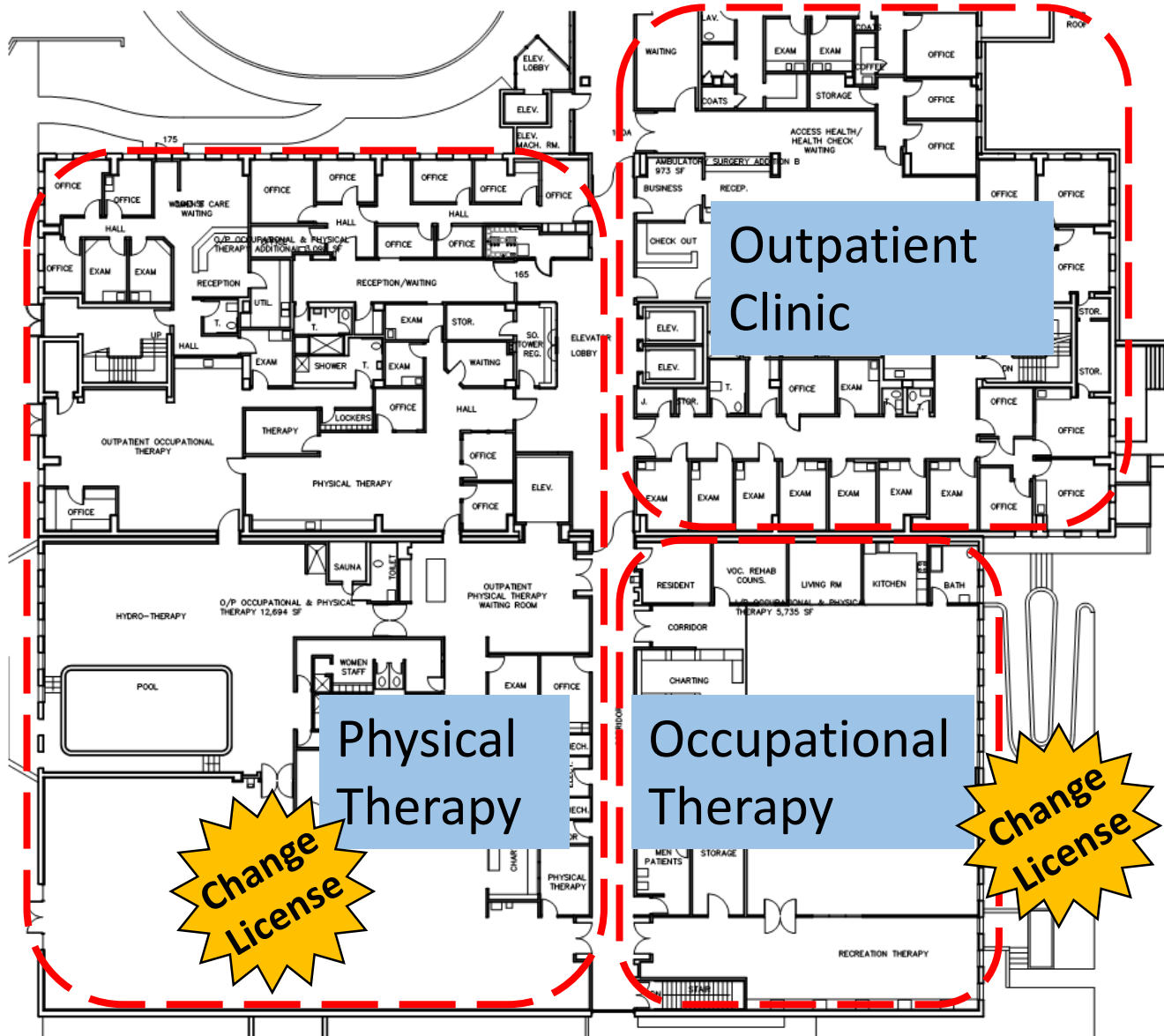
Duplicative Lab Services:

- Continue as a duplicative service

Duplicative Staff Lockers:

- Continue as a duplicative service

South Tower Level A



Outpatient Clinic:

- Continue operation as an 'Outpatient' clinic

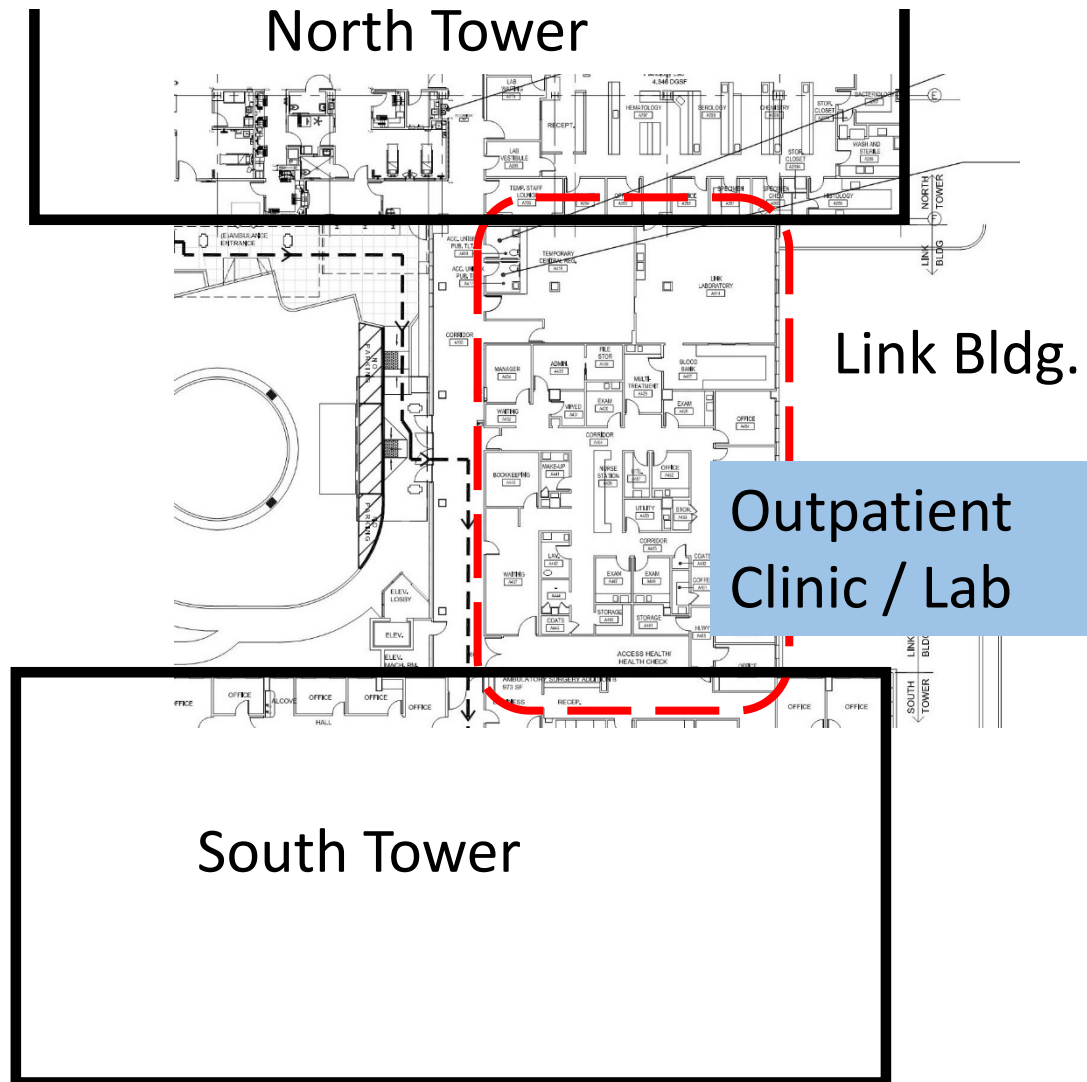
Physical Therapy:

- **Change License** from 'Inpatient and Outpatient' to 'Outpatient' only

Occupational Therapy:

- **Change License** from 'Inpatient and Outpatient' to 'Outpatient' only

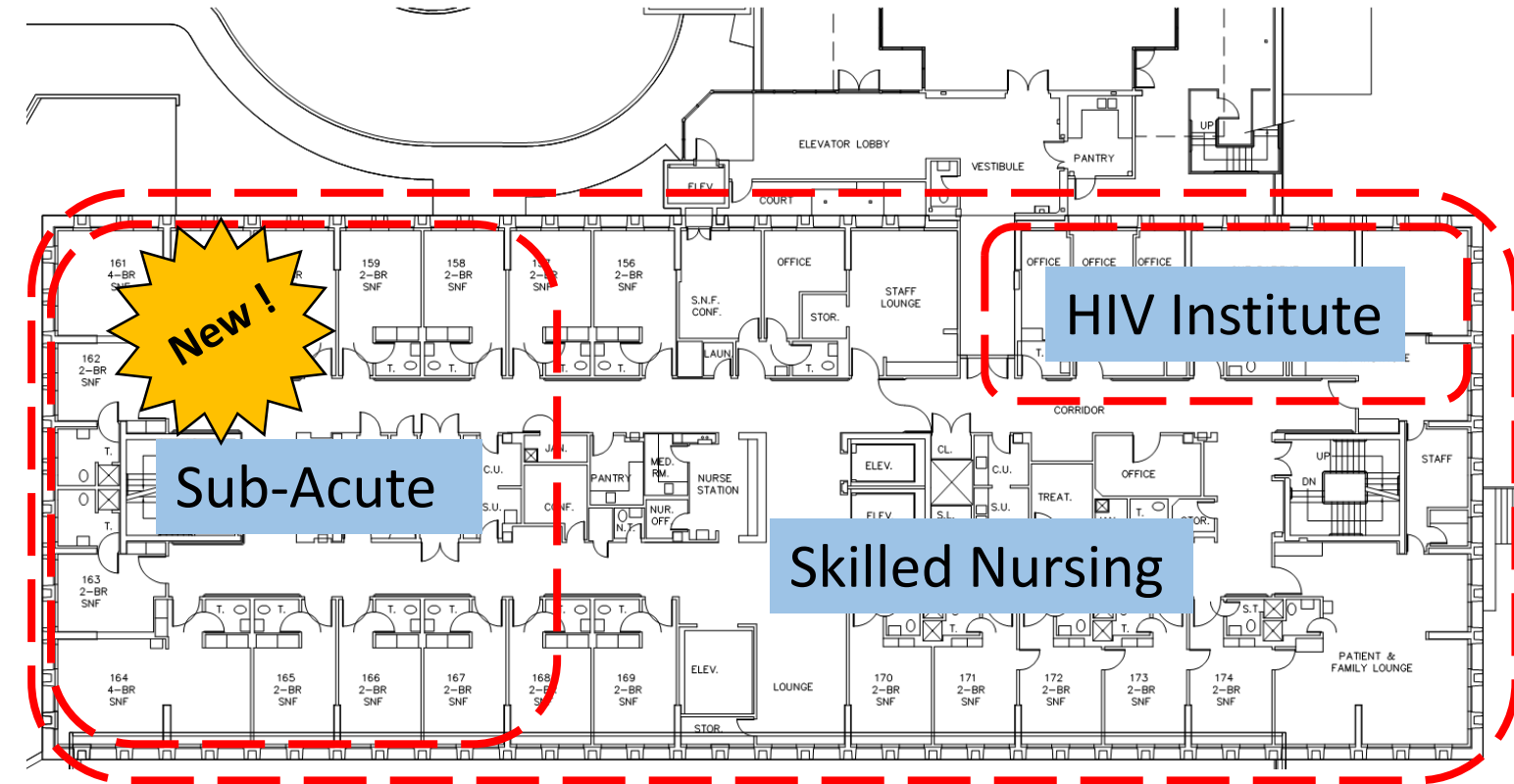
Link Building Level A



Outpatient Clinic / Lab:

- Continue as Outpatient Clinic and Lab services only.

South Tower Level 1



Skilled Nursing:

- Existing Skilled Nursing to remain 'As-Is',

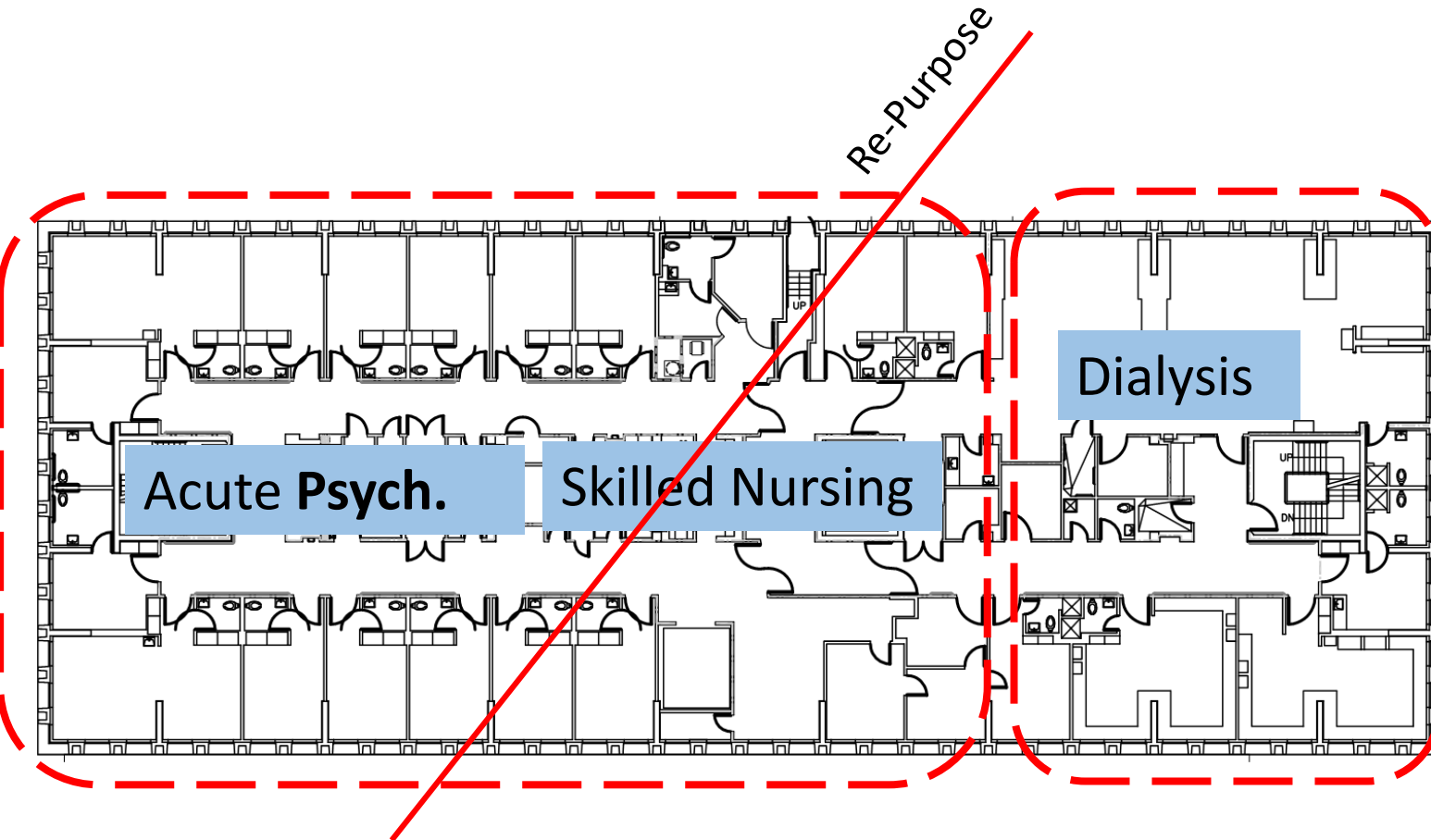
Sub Acute:

- 2018 – Converted 17 Beds to 'Sub-Acute'

HIV Institute:

- Existing Infusion Services to Remain 'As-Is'

South Tower Level 2



Existing Dialysis:

Existing Dialysis (Infusion) to Remain As-Is

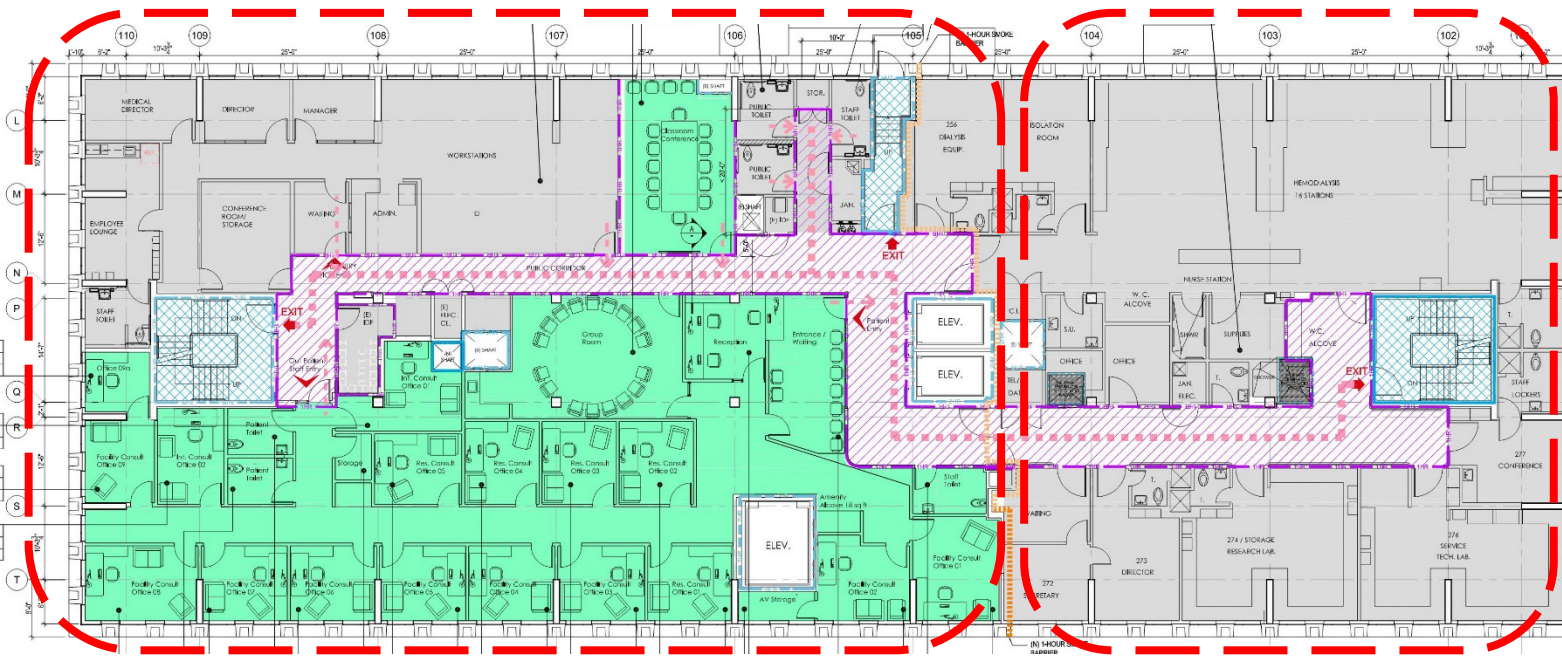
Existing - Skilled Nursing:

Existing Skilled Nursing to be remodeled to

Acute Psych (Behavioral Health)

See next slide.

South Tower Level 2



Outpatient
Acute **Psych.**



Dialysis

New – Acute Psych:

Existing Skilled Nursing to be remodeled to:

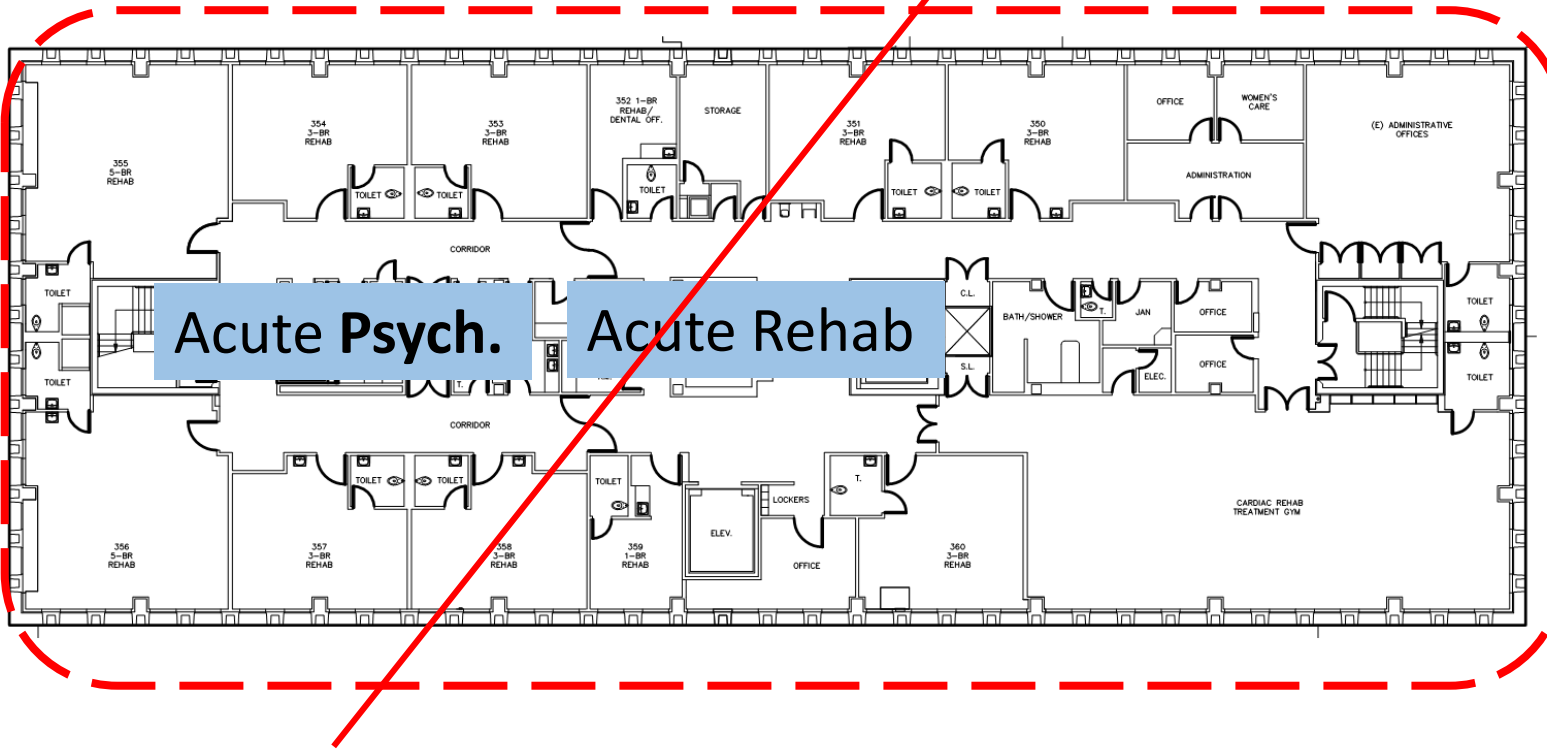
- **Acute Psych** (Behavioral Health)
- Outpatient Services – Shaded Green
- Staff Support Areas - Grey
- Outpatient Dialysis to Remain 'As-is'

South Tower Level 3

Existing - Acute Rehab:

Alteration Project to Convert Acute Rehab to **Acute Psych.** (See next slide)

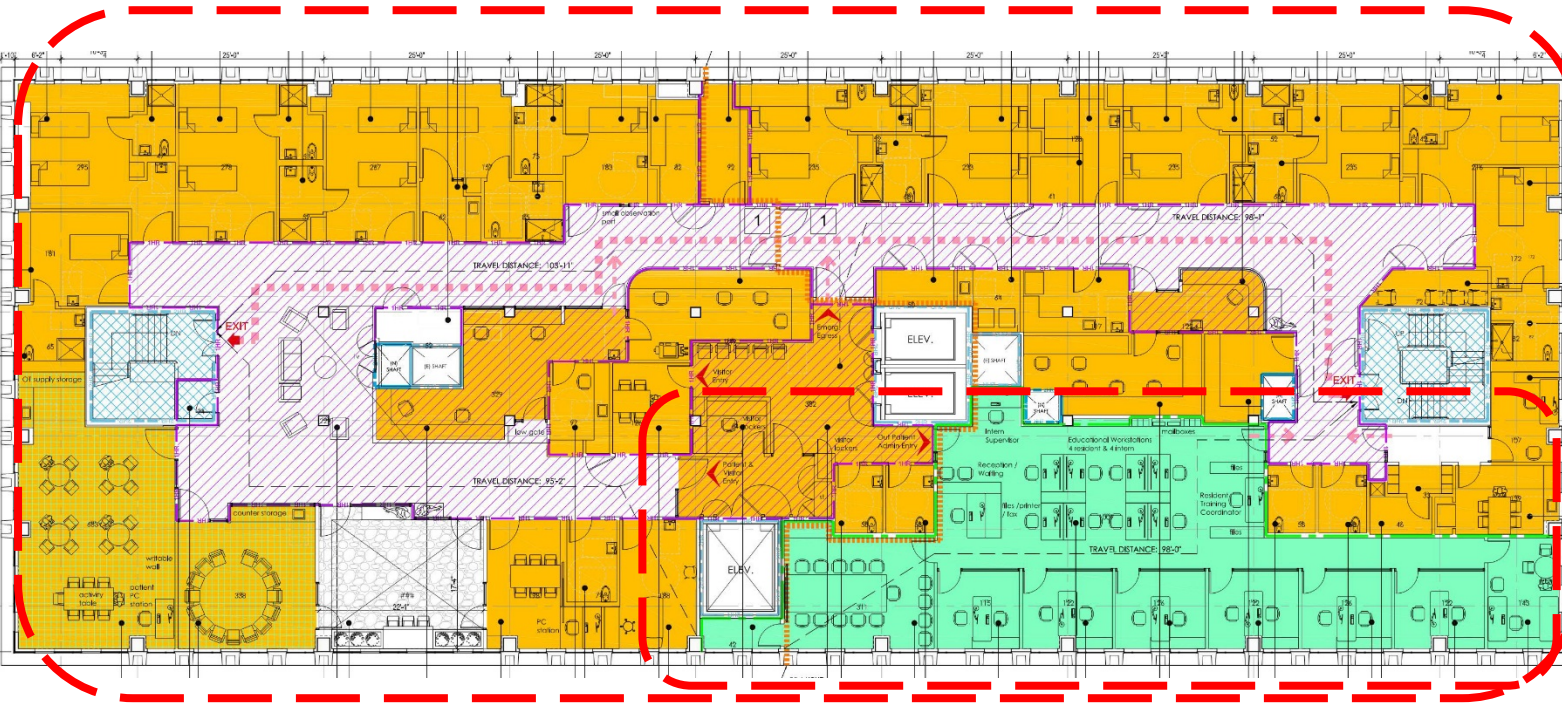
Re-Purpose



South Tower Level 3

19 Acute Psych. Beds

New!



Staff Support Areas

Acute Psych:

Alteration Project to Convert Acute Rehab to **Acute Psych.**

- 19 Beds Acute Psych. (Orange Area)
- Staff Support Areas (Green)
- Complete Demo and Reconstruction for this entire floor, thus no limitations to provide ADA compliance

Conversion from Nursing to SNF & Acute Psychiatric Services (Sutter CPMC)

OSHDPD Plan Review Questions (Sample)

- **No Change In Occupancy Group (e.g. “1-2” to “1-2”)**
 - Still under Section 407 – Egress, Smoke Compartments, etc.
 - SNF – “1-2”
 - Acute Psych – “1-2 with Restraint” not “1-3”

- **Type of Facility**
 - Distinct Part under the Hospital License, Dietary, Support Services
 - Separate Provider – Entrance, Dietary, Supporting Services

Conversion from Nursing to Skilled Nursing Facility Services (Sutter CPMC)

- **“SNF” Requirements per CBC Section 1225**
 - 50% Accessible Rooms (Chapter 11B)
 - Maximum of 2 beds per room, dedicated toilet per room
 - Ambulatory Patient Dining Area (Section 1225.4.2.1.2)
 - Recreation (Day) Room per Section 1225.5.1.4
 - Removal of (E) Med Gas & Essential Power @ Patient Rooms (non sub-acute)
 - Emergency Power – Separation, transfer switches, shut-offs
 - Segregation – 2 branches? 3 branches at sub-acute?
 - 6-hr “Skilled Nursing” vs 72-hr “Hospital”

Conversion from Nursing to Acute Psychiatric Services (Sutter CPMC)

- **“Acute Psych” Requirements per CBC Section 1228 (not 1224.31/14)**
 - Functional Program w/ Patient Safety Risk Assessment
 - Ligature resistant furnishings & fixtures; Sally ports?
 - 10% Accessible Rooms (Chapter 11B)
 - Maximum of 2 beds per room, toilet shared up to 2 rooms
 - Patient Dining Area(s) (Section 1228.20.1)
 - Indoor Activity Space per Section 1228.13
 - Outdoor Activity Space per Section 1228.13
 - Group Therapy Room

Conversion from Nursing to Acute Psychiatric Services (Sutter CPMC)

➤ **“Acute Psych” Requirements per CBC Section 1228 – (continued)**

- Airborne Infection Isolation (All) Room – 1 per 50 beds
- Seclusion Room (locked) – 1 per 24 beds
- Quiet Room (not locked) – 1 per Psych Nursing Unit
- Conference Room (staff, patient evaluation, progress reports)
- Outpatient – Access, Waiting, Toilets, Telephone, Drink. Fount.
- Removal of (E) Med Gas & Essential Power @ Patient Rooms
- Emergency Power – Separation, transfer switches, shut-offs
- Segregation – 2 branches?
- 6-hr “Acute Psych” vs 72-hr “Hospital”



Scenario 4:

Final Thoughts...

Mixed-Use Considerations

- **Access – Public *versus* Patient *versus* Multiple Providers**
 - Outpatient Services cannot traverse Inpatient Nursing Units
 - Separate Entrancing if Separate Providers *versus* Distinct Part
 - New Front Door???
 - Emergency Egress
 - Elevators Use Limitations/Security based upon Use (i.e. Acute Psych)
- **Zoning/Land Use**
 - Permitted Uses
 - Parking Demand
- **Vacated Spaces**
 - Fire Separation
 - Smoke Detection
 - Security



General MEP Considerations

Opportunity to remove loads from compliant OSHPD 1 infrastructures:

- Chilled Water
- Steam / Heating Hot Water
- Emergency Power
- Medical Gasses

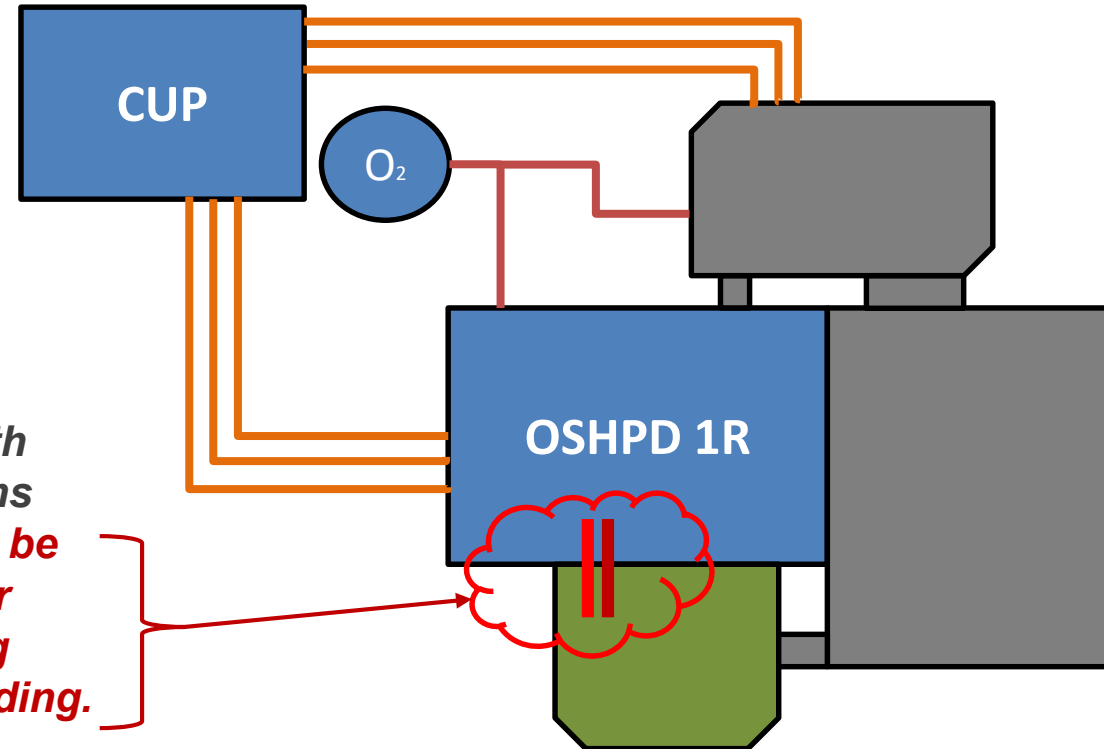


General MEP Considerations

Utility Isolation from OSHPD 1

- Bulk Oxygen
- Med Gasses
- Chilled Water
- Steam
- Domestic Water
- Sewer/Sanitary
- Essential Power
- Nurse Call
- Fire Alarm
- Fire Suppression
- Communications
- Data Systems

*Services from a conforming building shall be permitted to serve a nonconforming building with prior approval of the Office. The services/systems and utilities in the nonconforming building **shall be equipped with fail safe valves, switches, or other equivalent devices that allow the nonconforming building to be isolated from the conforming building.***



Emergency Power Considerations

Fuel Requirements

GACH Services

- CEC 700.12(b)(2) Ex 1 - 24 hours
- NPC-5 – 72 hours



Non-GACH Services

- CEC Ambulatory Surgery – 4 hours
- CEC Skilled Nursing – 6 hours
- CEC Acute Psych – 6 hours

Segregation of Electrical Systems

- Retroactive Segregation – CAN 2-102.6 Remodel
- Required Branches
 - SNF & Acute Psych – 2
 - SNF Subacute - 3

Electrical Service Source

- CEC 517.30(B)(3) – Optional Loads Supplied by a Separate Transfer Switch
- Part 10 Section 307A - Utilities supplying the OSHPD 1R building
- CEC 225.30 - Disconnecting means for each branch of the electrical system

where conductors enter the building



General MEP Considerations

Energy Savings Opportunities:

- **Revisit HVAC loads based on new occupancy:**
 - Air Changes per Hour vs Actual Loads
 - Ventilation Rates
- **Review Filtration Requirements**
- **Consider converting to Variable Volume**
- **Determine Lighting Levels**



Evaluate overall impact of Part 6 compliance for new occupancy.

How to Remove Acute Care Services From an SPC-1 or SPC-2 Building



Determine the Repurposed Use

Some Items to Consider

- **Ingress**
- **Egress – required exits**
- **Utilities – shutoffs/disconnects, rerouting**
- **Smoke Compartments**
- **Functional Uses – SNF, Acute Psych, etc.**
- **Fire Alarm – panel, zones, etc.**
- **Fire Sprinklers – non-sprinklered, main riser, branches/zones, etc.**
- **Fire Wall/Fire Barrier Separations – occupancy(ies), jurisdiction, etc.**
- **As-built/condition assessment**
- **Accessibility – based on function, construction. etc.**
- **Is Use or Occupancy Less Restrictive**
- **Jurisdiction – OSHPD or Local**
- **Licensing under hospital license – new license (Hospital Within a Hospital, etc.)**
- **Local zoning requirements/restrictions**
- **Time/Cost**

Trust the Process

Steps to a Successful Repurposing Project:

❑ Do your homework

- Determine the repurposed use by considering the impacts/items to consider

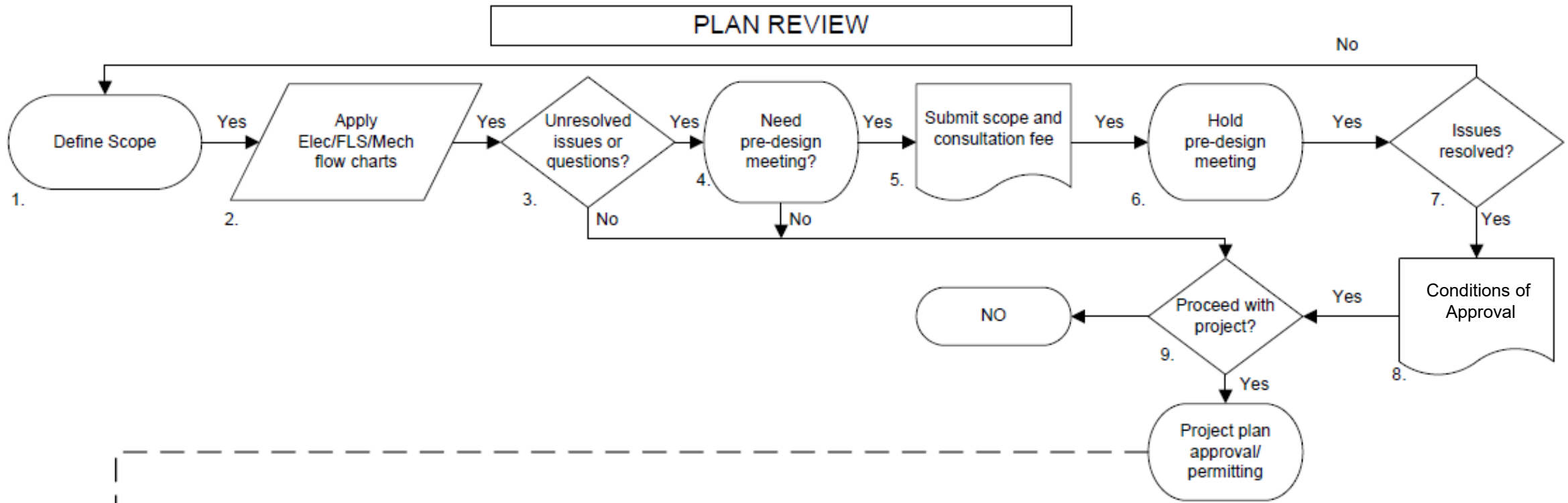
❑ Do a “Remove From Acute Care Services” project

- Required to reclassify SPC-1 or SPC-2 building to OSHPD 1R

❑ Follow the remodel C.A.N. 2-102.6

- Schedule Pre-design Meeting with OSHPD Repurposing Task Force
- Documented decisions to become “Conditions of Approval”
- Plan reviews to be conducted in the appropriate region in accordance with the Conditions of Approval

Go With The Flow



Go With The Flow

