



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



***** SPECIAL NOTICE *****

This meeting will be held in-person at the locations noted below, as well as by teleconference. Committee members and members of the public may fully participate from their own locations.

NOTICE OF PUBLIC MEETING

HOSPITAL BUILDING SAFETY BOARD
Codes and Processes Committee

Date:

Thursday, October 13, 2022
10:00 a.m. – 4:00 p.m.

Locations:

Department of Health Care Access and Information
[2020 West El Camino Avenue, Suite 930](#)
[Sacramento, CA 95833](#)

Department of Health Care Access and Information
[355 South Grand Avenue, Suite 1901](#)
[Los Angeles, CA 90071](#)

Teleconference Meeting Access:

[HBSB Teams CAP Committee](#)

For more detailed instructions on how to join via Microsoft Teams, see pages 3 – 4.

Committee Members:

Michael O'Connor, Chair; Jim Malley, Vice-Chair; Cody Bartley, Louise Belair;
John Donelan*; Gary Dunger*; John Griffiths; Mark Hershberg*; Mike Hooper;
Scott Jackson; Michele Lampshire; Scott Mackey; Farzad Naeim

HCAI Staff:

Brett Beekman; Larry Enright; Roy Lobo; Diana Navarro; Carl Scheuerman;
Jamie Schnick; Nanci Timmins

*Consulting Member

1. Call to Order and Welcome

Facilitator: Michael O'Connor, Committee Chair (or designee)

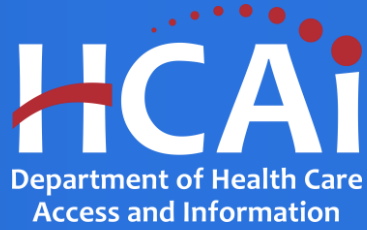
2. Roll Call and Meeting Advisories/Expectations

Facilitator: Ken Yu, Executive Director (or designee)

3. California Building Standards Code Revision Cycle for 2022 and Intervening Code Cycle

Facilitator: Richard Tannahill, HCAI (or designees)

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



2022 Administrative Code Part 1 Intervening

7-125 Final review of construction documents.

(a) Final construction documents shall be submitted in accordance with Section 107, Part 2, Title 24 [within 10 days of application](#). Final construction documents that are incomplete shall be returned to the applicant for completion prior to acceptance by the Office for plan review.

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7-129 Time limitations.

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(d) If the work of construction is suspended or abandoned for any reason for a period of one year following its commencement, the Office's approval shall become void. Prior to the approval becoming void, the applicant may apply for one extension of up to one year. The Office may require that the construction documents be revised to meet current regulations before granting an extension. The extensions must be requested in writing and justifiable cause demonstrated.

Exception: The time limitations and deadlines specified in Section 7-129 shall not apply to managed projects as defined in Section 7-111. This includes, but is not limited to, projects approved for phased plan review, as described in Section 7-130, or incremental review, as described in Section 7-131.

(e) The procedures leading to project closeout shall be carried to conclusion without suspension or unnecessary delay. Once project completion Substantial Compliance or a Certificate of Occupancy is issued, final closeout documentation **must be submitted within 90 days** or the Substantial Compliance or Certificate of Occupancy will be revoked, California Department of Public Health informed of the revocation and the project closed as noncompliant.

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7-131 Incremental design, bidding and construction.

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(b) Increments shall be limited to complete phases of construction, such as demolition, site work and utilities, foundations and basement walls, structural framing, architectural work, mechanical work, electrical work, etc. A master plan identifying the work to be completed in each increment, and an estimated cost for each increment, and a chart showing the proposed coordination of the design, bidding and construction schedules; state and local plan review times; and estimated completion and occupancy of the project, shall be submitted with the first increment.

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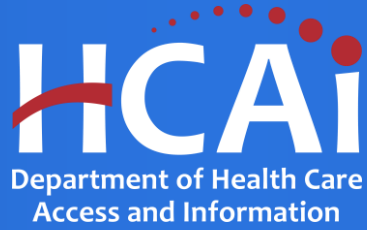
7-144. Inspection.

(a) The hospital governing board or authority shall provide for competent, adequate and continuous inspection by one or more Inspector(s) of Record (IOR) satisfactory to the architect or structural engineer or both, in responsible charge of the work, or the engineer in responsible charge of the work and the Office.

(b) When the hospital governing board or authority proposes more than one IOR for a construction project, a lead IOR shall be identified to coordinate construction inspection and communication with the Office. The lead IOR must be allocated the majority of their time on project inspection responsibilities that are identified in the IOR responsibility matrix of the approved TIO Program. The lead IOR must be present on site to obtain personal knowledge, ensure continuous inspection, to coordinate the inspection responsibilities of alternate IORs, and to verify that all required documentation is being maintained on site during the construction of the project.

(c) IOR(s) for a hospital construction project shall be approved by the Office in accordance with the provisions of Section 7-212.

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2022 Building Code Part 2, Volume 1 Intervening

SECTION 202 DEFINITIONS

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HANDWASHING STATION. *A clinical staff-use area that provides a handwashing fixture, cleansing agents and means for drying hands. Handwashing stations shall be immediately accessible to the patient care area they serve without requiring passage through a doorway, unless hands-free door operation ~~of the door~~ is provided. Refer to the California Plumbing Code, Section 210.0 for the definition of handwashing fixture.*

SECTION 202 DEFINITIONS

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TREATMENT ROOM. A room designated for the performance of patient care activities that may require high-level disinfected or sterile instruments but do not require the environmental controls of a procedure room. A treatment room may be used for a variety of functions, patient examination and various treatments or procedures, including wound packing, suture placement, or casting. This room may contain specialized equipment as identified in the functional program.

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1224.14 NURSING SERVICE SPACE.

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1224.14.2 Support areas.

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1224.14.2.15 Patient toilet room(s). *Common patient toilet room(s), in addition to those serving bed areas, ~~shall~~ should be located adjacent to multipurpose room(s) and within, or directly accessible to each central bathing facility.*

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1224.19 PHARMACEUTICAL SERVICE SPACE.

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1224.19.2 Pharmacy areas.

1224.19.2.1 Dispensing facilities. Hospital pharmacies shall provide the following areas for patient-specific compounding and dose repackaging of non-sterile preparations.

1224.19.2.1.1 Receiving. A room or area for receiving, breakout and inventory control of materials used in the pharmacy.

~~1224.19.2.1.1.1 Size. A minimum of 120 square feet (11.15 m²) shall be provided.~~

1224.19.2.1.2 Dispensing. Work counters and space for automated and/or manual dispensing activities shall be provided to serve the volume of doses per day for in-patient and out-patient needs.

1224.19.2.1.3 Non-sterile compounding areas. An extemporaneous compounding/dose repackaging area shall be located next to bulk storage and include the following:

~~1224.19.2.1.3.1 Size. Work stations shall have sufficient counter space for drug preparation, with a minimum area of 120 square feet (11.15 m²) per station.~~

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1224.19 PHARMACEUTICAL SERVICE SPACE.

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1224.19.3.2 Nonhazardous sterile preparation area. *If IV solutions are prepared in the pharmacy, a sterile compounding work area with a laminar airflow workstation designed for product protection shall be provided in accordance with Title 16, Section 1735, and USP Chapter 797 and include the following.*

1224.19.3.2.1 Workstation. *The Primary Engineering Control (PEC) shall be a laminar airflow work bench or isolator (CAI) as required. The workstation shall have a visible pressure gauge for detection of filter leaks or defects. All exposed sides of the workstation shall be accessible for cleaning and allow for reach behind the unit if not built against a wall. If built against a wall, the space behind the unit shall be sealed to prevent intrusion of moisture, contaminants and bacteria growth.*

1224.19.3.2.2 Buffer room. *Workstations shall be located in a Secondary Engineering Control (SEC) room. The SEC shall be a buffer/clean room, with the following requirements:*

~~**1224.19.3.2.2.1 Size.** *The minimum size for a nonhazardous buffer room is 120 square feet (11.15 m²) for a single workstation, and 75 square feet (6.97 m²) for each additional workstation.*~~ **Typical for all pharmacy buffer rooms.**

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1224.19 PHARMACEUTICAL SERVICE SPACE.

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1224.19.3.2.3.6 Finishes. *The anteroom room is considered a semi-restricted area with nonporous and cleanable surfaces, ceilings, walls, and floors subject to wet cleaning. The surfaces of ceilings, walls, floors, fixtures, shelving, work surfaces, counters, and cabinets shall be smooth, seamless, impervious, free from cracks and crevices, and be non-shedding. Ceilings shall be monolithic or utilize cleanroom style scrubbable ~~and gasketed~~ panels, able to withstand cleaning with chemicals. If ceilings consist of inlaid panels, the panels must be caulked around each panel to seal them to the support frame. Junctures of ceilings to walls shall be coved or caulked to avoid cracks and crevices where dirt can accumulate. Sprinkler systems shall be recessed, covered, easily cleanable, and of a type suitable for a cleanroom environment. Wall finishes shall be 2-coat epoxy-covered gypsum board, seamless vinyl, or other impervious covering. Work surfaces, shelving and cabinets shall be constructed of smooth, impervious materials, such as stainless steel or molded plastic so that they are easily cleaned and disinfected. Plastic laminate finish over a pervious substrate is not permitted.*

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Typical for all pharmacy buffer and prep rooms.

1224.19 PHARMACEUTICAL SERVICE SPACE.

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1224.19.3.3.3 Anteroom. Hazardous buffer rooms shall be accessed through an anteroom with the following requirements:

1224.19.3.3.3.1 Size. The anteroom shall be of adequate size to accommodate a demarked area for donning and doffing, and anticipated staging of carts and supplies. ~~The minimum size for the anteroom is 120 square feet (11.15 m²).~~

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1224.33 EMERGENCY SERVICE.

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

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

1224.33.2.7.1 Behavioral health observation area. If provided, a patient station with a minimum clear floor area of 40/80 square feet (12.19/24.38 m²) shall be provided under the visual control of an emergency service staff work area. The patient station shall have provision for visual privacy from casual observation by other patients and visitors. The dimensions and arrangement of rooms with multiple beds/gurneys shall be such that there is a minimum of 3 feet (914 mm) at one side between the sides and any wall or any other fixed obstruction. A minimum clearance of 3 feet (914 mm) shall be provided between beds, and a clearance of 4 feet (1219 mm) shall be available at the foot of each bed to permit the passage of equipment and beds. A handwashing station shall be located in each room, and at least one handwashing station shall be provided for every four eight patient stations, and for each major fraction thereof, in open-bay areas. These shall be uniformly distributed to provide equal access from each patient station.

1224.34 NUCLEAR MEDICINE.

1224.34.1 General. *If nuclear medicine is provided, the following shall be provided:*

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1224.34.1.2.2 Positron Emission Tomography (PET). *Shall include the following:*

1. *Scanner room shall provide a minimum clearance of 4 feet (1218 mm) at each side and the foot of the table. Additional space shall be provided when PET is combined with CT, and include compliance with Section 1224.18.3 and shielding requirements in Section 1224.34.1.1.*
2. *Cyclotron room. Where radiopharmaceuticals are prepared on-site, a cyclotron shall be provided. Cyclotron facilities shall be located in access-restricted areas. Shielding requirements for cyclotron facilities shall comply with Section 1224.34.1.1.*
3. *Control room. If required a A control room shall be provided with a full direct view of the patient in the PET scanner. **Is a Control Room needed if no CT is provided?***

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1224.34.1.2.3 Single-Photon Emission Computed Tomography (SPECT) Facilities. *When provided shall include the following:*

1. *Scanner room shall provide a minimum clearance of 4 feet (1218 mm) at each side and the foot of the table. Additional space shall be provided when SPECT is combined with CT, and include compliance with Section 1224.18.3 and shielding requirements in Section 1224.34.1.1. In multi-bay scanner rooms, a minimum clearance of 4 feet (1218 mm) shall be provided between each scanner and any mobile screen used between bays.*
2. *Control room. If required a A control room shall be provided with a full view of the patient in the SPECT scanner. Dropped off in 2022. **Is a Control Room needed if no CT is provided?***

1225.5 SKILLED NURSING UNIT MODELS.

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1225.5.1 MEDICAL MODEL.

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1225.5.1.2 NURSING SERVICE SPACE.

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1225.5.1.2.4 Outside exposure. Each patient bed area shall have an outside exposure and shall not be below ground level. The window or glazed opening shall provide an unobstructed view from the head of each patient bed to the outdoors and shall be accessible to approach using a wheelchair or other patient-operated mobility device.

1225.5.1.2.5 Operation and sills. Patient room windows shall have sills not more than 36 inches (914 mm) above the floor. If operable windows are provided that require the use of tools or keys for operation, the tools or keys shall be located at the nurses' station.

1225.5.1.2.56 Patient storage. Each patient room shall be provided with wardrobe or locker spaces for clothing, toilet articles, or other personal belongings for each patient.

Exception: Pediatric and psychiatric patient rooms.

1225.5.1.2.67 Patient toilet room. Each patient room shall have its own patient toilet room. Each patient shall have direct access to a toilet room without entering a general corridor or patient bed area in a shared patient room.

SECTION 1229 ~~Reserved~~ CHEMICAL DEPENDENCY RECOVERY HOSPITALS

1229.1 Scope. *The provisions of this section shall apply to chemical dependency recovery hospitals licensed under California Health & Safety Code Section 1250.3. General acute care hospitals and acute psychiatric hospitals licensed under Health & Safety Code Section 1250 may provide chemical dependency services as a supplemental service located within a distinct part as a separate unit.*

1229.1.1 Distinct Part. *Beds in a general acute care hospital, or acute psychiatric hospital, classified as chemical dependency recovery beds shall be within a distinct part. “Distinct part” means an identifiable unit of a hospital or a freestanding facility accommodating beds, and related services, including, but not limited to, contiguous rooms, a wing, a floor, or a building that is approved by the California Department of Public Health for a specific purpose.*

1229.2 Application. *New buildings and additions, alterations, or repairs to existing buildings shall comply with applicable provisions of the California Electrical Code, California Mechanical Code, California Plumbing Code, California Energy Code, California Fire Code (Parts 3, 4, 5, 6 and 9 of Title 24) and this section.*

Note: *Refer to the applicable exceptions under Section 1224.2.*

1229.2.1 Functional program. *General acute care hospitals and acute psychiatric hospitals providing chemical dependency recovery services as a supplemental service on their hospital license shall include a Patient Safety Risk Assessment as defined in California Administrative Code Section 7-119.*

1229.3 Definitions. *The definitions provided under Section 1224.3 apply to this section except as modified below:*

BASIC SERVICES. *Basic services mean those essential services required by law for licensure as chemical dependency recovery hospital including patient counseling, group therapy, physical conditioning, family therapy, outpatient services and dietetic services.*

CHEMICAL DEPENDANCY RECOVERY HOSPITAL. *Chemical dependency recovery hospital means a health facility that provides 24-hour inpatient chemical dependency recovery services for persons who have a dependency on alcohol or other drugs, or both alcohol and other drugs.*

HOSPITAL. *Hospital, where used in this section, means a chemical dependency recovery hospital, unless noted otherwise as a general acute care hospital or acute psychiatric hospital.*

1229.4 GENERAL CONSTRUCTION. *Chemical dependency recovery units provided in general acute care hospitals shall comply with the provisions under Section 1224.4, General Construction, and chemical dependency recovery units provided in acute psychiatric hospitals shall comply with the provisions under Section 1228.4, General Construction, where applicable. Chemical dependency recovery hospitals under H&SC Section 1250.3 shall comply with the following requirements:*

1229.4.1 Reserved

1229.4.2 Reserved.

1229.4.3 Reserved.

1229.4.4 Support areas for patients.

1229.4.4.1 Examination and treatment rooms.

1229.4.4.1.1 Examination room. *Examination rooms in chemical dependency recovery units shall meet the requirements of Section 1224.4.4.1.1 as amended below:*

1229.4.4.1.1.1 Location. *Examination rooms shall be permitted to serve several chemical dependency units and shall be permitted to be on a different floor.*

1229.4.4.1.1.2 Space requirements. *Examination rooms shall have a minimum clear floor area of 80 square feet (11.15 m²).*

1229.4.4.1.2 Treatment room. *Where provided, refer to Section 1224.4.4.1.2.*

1229.4.5 Outpatient waiting rooms. Where provided, refer to Section 1224.4.5.

1229.4.6 Reserved

1229.4.7 Corridors. Refer to Section 1224.4.7. Minimum width of corridors and hallways shall be 5 feet (1524 mm), refer to restrictions under Section 435.

Exceptions

1. Chemical dependency recovery units provided as distinct part units of a General Acute-Care Hospital must provide a minimum width of 8' subject to exemptions under Section 1224.4.7.
2. Chemical dependency recovery units provided as distinct part units of an Acute Psychiatric Hospital must provide a minimum width of 6' subject to exemptions under Section 1224.4.7.

1229.4.8 Doors and door openings. Refer to Section 1224.4.8

1229.4.9 Windows and screens.

1. Windows located in patient care areas or areas used by patients, shall limit the opportunities for patients to inflict harm to themselves or others.
2. A minimum net glazed area of not less than 8 percent of the floor area of each indoor activity space and dining space shall be provided.

1229.4.10 Ceiling heights. Refer to Section 1224.4.10.

1229.4.11 Interior finishes. Interior finishes shall comply with Section 1224.4.11

1229.4.12 Noise control. Refer to Section 1224.4.19.

1229.5 Communication system. Refer to Section 1224.5.

BASIC SERVICES

1229.6 Reserved.

1229.7 Reserved.

1229.8 PATIENT COUNSELING.

1229.8.1 Patient counseling shall include space to conduct an interview or series of interviews with the patient to address the needs identified in the patient's recovery plan. Also refer to Section 1229.14.7.

1229.9 GROUP THERAPY.

1229.9.1 Service area(s) shall be provided for sessions conducted by the professional staff designed to promote the interaction of the individuals within the session for the purpose of alleviating, or changing, personal and/or family situations, attitudes and beliefs which present a threat to the recovery or stability of the patient or the family. Refer Sections 1229.13 and 1229.14.9.

1229.10 PHYSICAL CONDITIONING.

1229.10.1 Service area(s) shall be provided for patients' participation in an organized program of physical activities designed to improve the patient's well being and as defined in the patient's individual recovery plan. See Section 1229.13.

1229.11 FAMILY THERAPY.

1229.11.1 Family Therapy shall include space(s) for individual counseling, group counseling, conjoint counseling and/or other appropriate activities provided for consenting family members and/or consenting significant others. Also refer to Section 1229.14.7.

1229.12 OUTPATIENT SERVICES.

1229.12.1 Outpatient services means outreach programs, intervention, after care services, individual or group service and any other service provided for persons who are outpatients in the chemical dependency recovery unit.

1229.13 CHEMICAL DEPENDENCY RECOVERY ACTIVITY AREAS. The activity areas may be centralized for common use or may be located in each residential unit. The following areas are required in support of the chemical dependency recovery group therapy and physical conditioning basic services:

1229.13.1 Patient care areas.

1229.13.1.1 Indoor activity rooms.

1. At least two separate activity rooms, one appropriate for group recreation and one for quiet activities to serve as a patient lounge, shall be provided.
2. Space requirements. The combined area of these rooms shall have a minimum of 25 square feet (2.32 m²) per patient bed, with at least 120 square feet (11.15 m²) of clear floor area for each of the two spaces.

1229.13.1.2 Outdoor activity area. An outdoor activity area shall be provided. Outdoor areas shall meet the following requirements:

1. Fences and walls shall be designed to:
 - 1.1. Be installed with tamper-resistant hardware.
 - 1.2. Have a minimum height of 10 feet (3048 mm) above the outdoor area elevation.
 - 1.3. Be anchored and constructed to withstand the body force of a 350-pound (158-kg) person.
2. If provided, gates or doors in the fence or wall shall:
 - 2.1. Swing away from the outdoor activity area.
 - 2.2. Have the hinge installed on the outside of the outdoor activity area.
 - 2.3. Be provided with a locking mechanism that has been coordinated with egress requirements of Section 1004.5, Outdoor areas.
3. Lights shall not be accessible to patients. Lighting in the outdoor activity area shall not be pole mounted.
4. If provided, security cameras shall not be accessible to patients and cameras shall view the entire outdoor activity area.
5. If provided, furniture shall be secured from movement. Furniture shall not be placed in locations where it can be used to climb the fence or wall.

1229.14 CHEMICAL DEPENDENCY RECOVERY RESIDENTIAL AREAS.

Resident areas within chemical dependency hospital shall comply with the requirements of Sections 1202, 1203, 1204, 1205, 1206, 1207, 1209, 1211 and the requirements of this Section. Distinct part units within a General Acute Care Hospital shall comply with the requirements in 1224.14. Distinct part units within an Acute Psychiatric Hospital shall comply with the requirements in 1228.14.

1229.14.1 Patient rooms. *Each patient bedroom shall meet the following standards:*

1229.14.1.1 Capacity. *Maximum room capacity shall be two patients.*

1229.14.1.2 Space requirements. *Patient bedrooms shall have a minimum clear floor area of 100 square feet (10.2 m²) for single-bed rooms and 80 square feet (7.43 m²) per bed for multiple-bed rooms.*

1229.14.1.3 Windows. *Each patient bedroom shall have a window in accordance with Section 1229.4.9.*

1229.14.1.4 Reserved.

1229.14.1.5 Outside exposure. *Refer to Section 1224.14.1.5.*

1229.14.1.6 Reserved

1229.14.1.7 Patient toilet room.

1. Each patient shall have access to a toilet room without having to enter a corridor.

Exception: *Corridor access to the patient toilet room shall be permitted at adolescent patient bedrooms and in specific patient bedrooms where the use of corridor access is part of the hospital's written Patient Safety Risk Assessment and management program.*

2. One toilet room shall serve no more than two patient bedrooms and no more than four patients.

3. The toilet room shall contain a toilet and a handwashing station.

1229.14.1.8 Patient storage. Each patient shall have in their room a separate wardrobe, locker, or closet for storing personal effects.

1229.14.1.9 Privacy. Visual privacy in multibed rooms (e.g., cubicle curtains) is **not** required in chemical dependency recovery units.

1229.14.2 Service areas. Provision for the services listed below shall be in or immediately accessible to each chemical dependency recovery unit. The size and location of each service area will depend upon the numbers and types of beds served. Identifiable spaces are required for each of the indicated functions. If a service area is specifically permitted to serve more than one nursing unit, there shall be at least one such service area located on each nursing unit floor.

1229.14.2.1 Administrative center(s) or nurse station(s). Refer to Section 1224.4.4.2. A separate charting area with provisions for acoustic and patient file privacy shall be provided.

1229.14.2.2 Office(s) for staff. Office(s) for staff shall be provided.

PATIENT CARE SUPPORT AREAS

1229.14.7 Visitor/consultation room(s). Service support space shall be provided for Patient Counseling and Family Therapy Basic Services. Visitor/consultation rooms shall be provided at a room-to-bed ratio of one consultation room for each 12 beds, or major fraction thereof with a minimum of one, in each residential unit. Additionally, the following requirements shall be met:

1. Visitor/consultation room(s) shall have a minimum clear floor area of 100 square feet (9.29 m²).
2. The room(s) shall be designed for acoustical and visual privacy. Refer to Table 1224.4.19, Sound Transmission Limitations in Hospitals.

1229.14.8 Conference room. A conference and treatment planning room shall be provided for use by the chemical dependency recovery unit.

1229.14.9 Space for group therapy. Service support space shall be provided for Group Therapy Basic Services. An enclosed private space with a minimum clear floor area of at least 225 square feet (20.90 m²) shall be available for group therapy activities.

1229.15 Reserved.

1229.16 Reserved.

1229.17 Reserved.

1229.18 Reserved.

1229.19 PHARMACEUTICAL SERVICE SPACE. *Pharmaceutical service space shall comply with the provisions of Section 1224.19.1.2.1.*

1229.19.1 Shared Services. *Chemical Dependency Recovery units provided as Distinct Parts of General Acute Care Hospitals or Acute Psychiatric Hospitals may share pharmaceutical service space provided under Section 1224.19.*

1229.20 DIETETIC SERVICE SPACE. *Refer to Section 1224.20, Dietetic Service Space for requirements, as modified below:*

1229.20.1 Dining area. *Provide dining space(s) for ambulatory patients, staff and visitors. Provide patient dining room(s) of 20 square feet (1.86 m²) per patient bed separate from staff dining. These spaces shall be separate from the food preparation and distribution areas.*

1229.20.2 Shared Services. *Chemical Dependency Recovery units provided as Distinct Parts of General Acute Care Hospitals or Acute Psychiatric Hospitals may share dietetic service space provided under 1224.20.*

SUPPORT SERVICES

1229.21 ADMINISTRATIVE SPACE. Refer to Section 1224.21.

1229.22 Reserved.

1229.23 STORAGE.

1229.23.1 General storage. Provide general storage space of at least 10 square feet (0.93 m²) per bed in addition to specialized storage spaces. All storage spaces shall be located within the hospital building.

1229.23.2 Specialized storage. Specialized storage spaces shall include the following:

1229.23.2.1 Linen. Provide separate and enclosed facilities for clean and soiled linen in each residential unit. The clean linen storage space shall have a minimum area of 10 square feet (0.93 m²). The soiled linen collection space shall have an area of no less than 10 square feet (0.93 m²), except where linen chutes are provided.

1229.23.2.2 Supply. One supply storage space having a minimum area of 15 square feet (1.39 m²) shall be provided in each residential unit.

1229.23.2.3 Reserved

1229.23.2.4 Reserved

1229.23.2.5 Food storage shall be as described in Section 1224.20.

1229.23.3 Patient storage facilities. A staff-controlled secured storage area shall be provided for patient's effects that are determined to be potentially harmful (e.g., razors, nail files, cigarette lighters).

1229.25 EMPLOYEE DRESSING ROOMS AND LOCKERS. Refer to Section 1224.25.

1229.26 HOUSEKEEPING ROOMS. Refer to Section 1224.26.

1229.27 LAUNDRY. Refer to Section 1224.27.

OPTIONAL SERVICES

1229.28 Reserved.

1229.29 MEDICAL DETOXIFICATION

1229.30 ADOLESCENT CHEMICAL DEPENDENCY SERVICE SPACE. *Adolescent service space patient areas shall be separate and distinct from adult service space patient areas. The requirements of Section 1229.14, chemical dependency recovery nursing service space shall apply to adolescent units as amended below:*

1229.30.1 Patient bedroom.

1229.30.1.1 Capacity. *Maximum bedroom capacity shall be two patients.*

1229.30.1.2 Space requirements. *Patient bedroom areas shall meet the following requirements:*

- 1. For single-bed rooms, a minimum clear floor area of 100 square feet (9.29 m²).*
- 2. For multiple-bed rooms, a minimum clear floor area of 80 square feet (7.43 m²) per bed and 60 square feet (5.57 m²) minimum clear floor area per crib.*

1229.30.2 Patient toilet room.

- 1. Each patient shall have access to a toilet room, either from the patient room or from the corridor outside the patient room.*
- 2. Where access is provided via a corridor, the following requirements shall be met:*
 - 2.1. The toilet room shall be located in the unit.*
 - 2.2. The toilet room shall be located no more than 150 feet (45.72 m) from the bedroom.*

1229.30.3 Activity areas. *The adolescent activities space may be centralized for common use by multiple adolescent units or may be located in each individual unit. Centralized activity areas shall be readily accessible without traversing adult patient areas.*

1229.30.3.1 Space requirements.

1. *The combined area for activity space shall have 35 square feet (3.25 m²) of clear floor area per patient bed.*

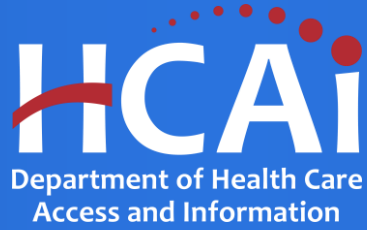
2. *A separate dining space shall be provided and shall have a minimum of 15 square feet (1.39 m²) of clear floor area per patient bed.*

1229.30.3.2 Outdoor areas. *Adolescent outdoor areas shall be separate from adult outdoor areas. Refer to Section 1229.13.1.2.*

1229.30.4 Support areas for the adolescent unit. *Storage space shall be provided for equipment, extra beds and cots or recliners for parents who may stay overnight.*

1229.30.5 Education. *If a unit treats children of school age over a period of one month or more, it shall provide physical facilities for an educational program, such as classrooms and an office for the teacher.*

1229.31 OTHER CHEMICAL DEPENDENCY SERVICE SPACE. *Where provided, other service apace(s) for services which are provided for the treatment of chemical dependency, not addressed in Section 1229, that have prior approval of the California Department of Health Services.*



2022 Building Code Part 2, Volume 2 Intervening

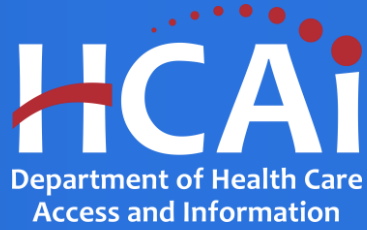
Putting OSHPD 2A and 2B back to just 2

SECTION 1703A

APPROVALS

1703A.1 Approved agency. An approved agency shall provide all information as necessary for the building official to determine that the agency meets the applicable requirements specified in Sections 1703A.1.1 through 1703A.1.3.

1703A.1.1 Independence. An approved agency shall be objective, competent and independent from the [project Inspector of Record, IOR Firm or](#) contractor responsible for the work being inspected. The agency shall disclose to the building official and the registered design professional in responsible charge possible conflicts of interest so that objectivity can be confirmed.



2022 Intervening Part 3 Code Changes

2022 Intervening Part 3 Express Terms

Part VI. Health Care Facilities

220.110 Receptacle Loads

Receptacle loads calculated in accordance with 220.14(H) and (I) and supplied by branch circuits not exceeding 150 volts to ground shall be permitted to be subjected to the demand factors provided in Table 220.110(1) and Table 220.110(2) for health care facilities.

Information note No. 1: See Article 517 for the definitions of patient care space categories.

Informational Note No 2: See 220.14(I) for the calculation of receptacle outlet loads.

Table 220.110(1) Demand Factors for Receptacles Supplied by General-Purpose Branch Circuits in Category 1 and Category 2 Patient Care spaces

<u>Portion of Receptacle Load to Which Demand Factor Applies (Volt-Amperes)</u>	<u>Demand Factor (%)</u>
<u>First 5000 or less</u>	<u>100</u>
<u>From 5001 to 10,000</u>	<u>50</u>
<u>Remainder over 10,000</u>	<u>25</u>

2022 Intervening Part 3 Express Terms

220.110 Receptacle Loads (continued)

Table 220.110(2) Demand Factors for Receptacles Supplied by General-Purpose Branch Circuits in Category 3 and Category 4 Patient Care spaces

<i>Portion of Receptacle Load to Which Demand Factor Applies (Volt-Amperes)</i>	<i>Demand Factor (%)</i>
<i>First 5000 or less</i>	<i>100</i>
<i>Remainder over 5,000</i>	<i>50</i>

2022 Intervening Part 3 Express Terms

517.2 Definitions. The definitions in this section shall apply only within this article....

Health Care Facility's Governing Body. ...

Health Care Microgrid. A group of interconnected loads and distributed energy resources within clearly defined boundaries that acts as a single controllable entity with respect to the utility.

Health Care Microgrid Control System. A system including health care microgrid controller functions that can manage itself, operate autonomously, and connect to and disconnect from the utility for the exchange of power and the supply of ancillary services.

Hospital.

2022 Intervening Part 3 Express Terms

517.30 Sources of Power.

(A) Two Independent Power Sources. Essential electrical systems shall have a minimum of the following two independent sources of power: a normal source generally supplying the entire electrical system and one or more alternate sources for use when the normal source is interrupted.[99:6.7.1.2.2]

(A1) Two Independent Power Sources.

Essential electrical systems (EES) shall have two or more independent sources (or sets of sources). One on-site source (or set of sources) shall be sized to supply the entire EES. The other independent source (or sets of sources) shall be sized to supply the entire EES and shall be permitted to be located on-site or off-site. Additional sources other than the first two independent sources shall be permitted to be sized to supply the intended load.

Informational Note: An example of a set of sources may be several generators that combined serve the entire EES.

2022 Intervening Part 3 Express Terms

517.30 Sources of Power (continued)

(B) Types of Power Sources.

(B1) [OSHPD 1, 3, 4 and 5] Power Sources for the EES.

Where utility power is used as the normal source, utility power shall not be used as the alternate source. Power sources for the EES shall be permitted to be any of those specified in 517.30(B)(1) through B(4). One on-site power source (or set of sources) shall meet the on-premises fuel or battery stored energy requirements specified in Article 700.12

(1) Generating Units. Where the normal source consists of generating units on the premises, the alternate source shall be either another generating set or an external utility service. [99:6.7.1.2.3]

~~(1.1) [OSHPD 1, 3, 4 and 5] Generating Units. The alternate source of power shall be at least one of the following: (A) Generator(s) driven by some form of prime mover(s) and located on the premises. (B) Another generating unit(s) where the normal source consists of a generating unit(s) located on the premises. (C) As provided in paragraph (B)(2) below. (D) As provided in paragraph (B)(3) below. All on-premises sources of power shall meet the on-premises fuel or battery stored energy requirements specified in Article 700.12.~~

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

2022 Intervening Part 3 Express Terms

517.30 Sources of Power (continued)

(2) Fuel Cell Systems. Fuel cell systems shall be permitted to serve as the alternate source for all or part of an essential electrical system, provided the following conditions apply: [99:6.7.1.4]

(1) Installation of fuel cells shall comply with the requirements in Parts I through VII of Article 692 for 1000 volts or less and Part VIII for over 1000 volts.

Informational Note: For information on installation of stationary fuel cells, see NFPA 853-2015, *Standard for the Installation of Stationary Fuel Cell Power Systems*.

(2) $N + 1$ units shall be provided where N units have sufficient capacity to supply the demand load of the portion of the system served. [99:6.7.1.4.2]

(3) Systems shall be able to assume loads within 10 seconds of loss of normal power source. [99:6.7.1.4.3]

(4) Systems shall have a continuing source of fuel supply, together with sufficient on-site fuel storage for the essential system type. [99:6.7.1.4.4]

(5) Where life safety and critical portions of the distribution system are present, a connection shall be provided for a portable diesel generator. [99:6.7.1.4.5]

2022 Intervening Part 3 Express Terms

517.30 Sources of Power (continued)

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

Informational Note: For information on installation of battery systems, see NFPA 111-2019, *Standard on Stored Electrical Energy Emergency and Standby Power Systems*.

2022 Intervening Part 3 Express Terms

517.30 Sources of Power (continued).

(4) Health Care Microgrid.

EES shall be permitted to be supplied by a Health Care Microgrid that also supplies nonessential loads. The health care microgrid shall be permitted to share distributed resources with the normal system. Health care microgrid systems shall be designed with sufficient reliability to provide effective facility operation consistent with the facility emergency operations plan. Health care microgrid system components shall not be compromised by failure of the normal source. Healthcare microgrids shall meet the Installation and Commissioning requirements set forth in NFPA 99-2021 article 6.10.

Note: [OSHPD 1, 3, 4 &5]: For facilities subject to Centers for Medicare and Medicaid Services (CMS) regulations see 42 CFR 482.15(e) and 42 CFR 483.73 (e) for emergency power requirements

(C) Location of Essential Electrical System Components.

2022 Intervening Part 3 Express Terms

517.35 Equipment Branch Connection to Alternate Power Source.The arrangement of the connection to the alternate power source shall also provide for the subsequent connection of equipment described in 517.35(B).

(B) Equipment for Delayed Automatic or Manual Connection. The following equipment shall be permitted to be arranged for delayed automatic connection to the alternate power source.

(6) Minimal ~~electrically heated autoclaving equipment~~ (at least one per building).~~shall be permitted to be arranged for either automatic or manual connection to the alternate source.~~

2022 Intervening Part 3 Express Terms

517.41 Required Power Sources.

(A) Two Independent Power Sources. Essential electrical systems shall have a minimum of the following two independent sources of power: a normal source generally supplying the entire electrical system and one or more alternate sources for use when the normal source is interrupted.

[99:6.7.1.2.2]

(A1) Independent Power Sources.

Essential electrical systems (EES) shall have two or more independent sources (or sets of sources). One on-site source (or sets of sources) shall be sized to supply the entire EES. The other independent source (or sets of sources) shall be sized to supply the entire EES and shall be permitted to be located on-site or off-site. Additional sources other than the first independent sources shall be permitted to be sized to supply the intended load.

Informational Note:

An example of a set of sources may be several generators that combined serve the entire EES.

2022 Intervening Part 3 Express Terms

517.41 Required Power Sources (continued)

(B) Types of Power Sources. Where the normal source consists of generating units on the premises, the alternate source shall be either another generating set or an external utility service. [99:6.7.1.2.3]

~~*(B1) [OSHPD 2 & 4] Alternate Source of Power. The alternate source of power shall be a generator(s) driven by some form of prime mover(s) and located on the premises.*~~

(B1) [OSHPD 2, 4 & 5] Power Sources for the EES.

Where utility power is used as the normal source, utility power shall not be used as the alternate source. Power sources for the EES shall be permitted to be any of those specific in 517.41(B)(1) through B(4). One on-site power source (or set of sources) shall meet the on-premises fuel or battery stored energy requirements specified in Article 700.12

(1) Generating Units. Where the normal source consists of generating units on the premises, the alternate source shall be either another generating set or an external utility service.

2022 Intervening Part 3 Express Terms

517.41 Required Power Sources (continued)

(2) Fuel Cell Systems. Fuel cell systems shall be permitted to serve as the alternate source for all or part of an essential electrical system, provided the following conditions apply:

(1) Installation of fuel cells shall comply with the requirements in Parts I through VII of Article 692 for 1000 volts or less and Part VIII for over 1000 volts. Informational Note: For information on installation of stationary fuel cells, see NFPA 853-2015, Standard for the Installation of Stationary Fuel Cell Power Systems.

(2) $N + 1$ units shall be provided where N units have sufficient capacity to supply the demand load of the portion of the system served.

(3) Systems shall be able to assume loads within 10 seconds of loss of normal power source.

(4) Systems shall have a continuing source of fuel supply, together with sufficient on-site fuel storage for the essential system type.

(5) Where life safety and critical portions of the distribution system are present, a connection shall be provided for a portable diesel generator.

2022 Intervening Part 3 Express Terms

*(3) **Battery Systems.** Battery systems shall be permitted to serve as the alternate source for all or part of an essential electrical system. [OSHPD 2, 4 and 5] Where life safety and critical portions of the distribution system are present, a connection shall be provided for a portable diesel generator.*

Informational Note: For information on installation of battery systems, see NFPA 111-2019, Standard on Stored Electrical Energy Emergency and Standby Power Systems.

2022 Intervening Part 3 Express Terms

- **517.41 Required Power Sources (continued)**

(4) Health Care Microgrid.

EES shall be permitted to be supplied by a Health Care Microgrid that also supplies nonessential loads. The health care microgrid shall be permitted to share distributed resources with the normal system. Health care microgrid systems shall be designed with sufficient reliability to provide effective facility operation consistent with the facility emergency operations plan. Health care microgrid system components shall not be compromised by failure of the normal source. Healthcare microgrids shall meet the Installation and Commissioning requirements set forth in NFPA 99-2021 article 6.10.

~~Exception No. 1 to B.1 [OSHPD 2 & 4] Where the normal source consists of generating units on the premises, the alternate source shall be either another generator set or an external utility service.~~

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

~~Exception No. 2: to B.1~~ Informational Note: [OSHPD 2,4 & 5] Battery-powered components of wireless emergency nurse call systems complying with the latest edition of ANSI/UL 1069, Standard for Hospital Signaling and Nurse Call Equipment need not have the wireless components connected to the alternate source of power.

C) Location of Essential Electrical System Components.

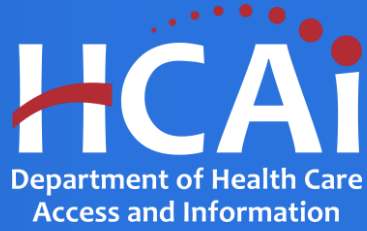
2022 Intervening Part 3 Express Terms

705.20 Disconnecting Means, Source. Means shall be provided to disconnect power source output circuit conductors of electric power production equipment from conductors of other systems. The disconnecting means shall comply with the following:

(1) Be one of the following types: ...

(8) Be marked in accordance with the warning...

(9) The disconnecting means shall be installed either inside or outside of the building that houses equipment that will have connection(s) from electric power production equipment. The disconnecting means shall be located as near as practicable to where the conductors enter or leave HCAI Jurisdiction.



2022 Intervening Part 4 Code Changes

2022 Intervening Part 4 Express Terms

f. *For operating rooms, cardiac catheterization labs, angiography rooms, cystoscopy rooms, delivery rooms, cesarean operating rooms, and newborn intensive care, ~~and nurseries~~ provide approximately 15% excess supply air to the room or a sufficient quantity of excess supply air to maintain an appropriate positive air balance based on the room tightness and number of doors. For all rooms not listed in this footnote or not listed in Section 322.0 requiring either a positive or negative air balance, provide approximately 10% differential cfm between supply and return/exhaust airflow but not less than 25 cfm differential shall be provided regardless of room size. Room function, size, and tightness may be considered when determining the differential airflow required. Where continuous directional control is not required, variations between supply cfm and return or exhaust cfm shall be minimized in accordance with Section 407.4.1.3.*

2022 Intervening Part 4 Express Terms

**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) (n)	MINIMUM OUTDOOR ACH	MINIMUM TOTAL ACH	ALL ROOM AIR EXHAUSTED DIRECTLY TO OUTDOORS (j)	AIR RECIRCULATED BY MEANS OF ROOM UNITS (a)	DESIGN RELATIVE HUMIDITY(k) %	DESIGN TEMPERATURE (l), °F/°C
...							
<i>Cardiac catheterization lab</i>	<i>Positive</i>	<i>3</i>	<i>15</i>	<i>NR</i>	<i>No</i>	<i>Max 60</i>	<i>70-75/21-24</i>
<u><i>Class 1 Imaging</i></u>	<u><i>NR</i></u>	<u><i>2</i></u>	<u><i>6</i></u>	<u><i>NR</i></u>	<u><i>NR</i></u>	<u><i>Max 60</i></u>	<u><i>72-78/22-26</i></u>
<u><i>Class 2 Imaging (d), (p)</i></u>	<u><i>Positive</i></u>	<u><i>3</i></u>	<u><i>15</i></u>	<u><i>NR</i></u>	<u><i>No</i></u>	<u><i>Max 60</i></u>	<u><i>70-75/21-24</i></u>
<u><i>Class 3 Imaging (m), (o)</i></u>	<u><i>Positive</i></u>	<u><i>4</i></u>	<u><i>20</i></u>	<u><i>NR</i></u>	<u><i>No</i></u>	<u><i>20-60</i></u>	<u><i>68-75/20-24</i></u>
...							

2022 Intervening Part 4 Express Terms

**TABLE 4-B
FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR-CONDITIONING SYSTEMS IN GENERAL ACUTE CARE HOSPITALS, ACUTE PSYCHIATRIC HOSPITALS, OUTPATIENT FACILITIES, AND LICENSED CLINICS**

AREA DESIGNATION	MINIMUM NUMBER OF FILTER BANKS	FILTER EFFICIENCY % FILTER BANK (MINIMUM EFFICIENCY REPORTING VALUE MERV) ⁵		
		NO. 1 ¹	NO. 2 ¹	NO. 3 ¹
		<i>Protective environment rooms</i>	3	30%
		(8)	(14)	(17)
<i><u>Operating Room, Operating/surgical cystoscopic room, Cesarean Operating Room, Class III Imaging, Hybrid OR</u></i>	<u>2</u>	<u>30%</u>	<u>95%</u>	...
		<u>(8)</u>	<u>(16)</u>	...
<i>Angiography; cardiac catheterization labs; operating rooms; interventional imaging procedure rooms; delivery rooms, nurseries; patient care, treatment, cystoscopy, cesarean operating room, diagnostic, and related areas; airborne infection isolation rooms; areas providing direct patient service or clean supplies such as sterile and clean processes, and patient area corridors</i>	<u>2</u>	30%	90%	---
		(8)	(14)	---

2022 Intervening Part 4 Express Terms

CHAPTER 4

407.4 Air Circulation.

407.4.1 *Design of the ventilation system shall provide air movement that is generally from clean to less clean areas.*

407.4.1.1 *Air supplied to operating rooms, cesarean operating rooms, cardiac catheterization labs, cystoscopy rooms, delivery rooms, and ~~nurseries~~ class 3 imaging shall be delivered at ~~or near~~ the ceiling of the area served. In these areas and in morgues and autopsy rooms all air removed from the area shall be removed near floor level. Exhaust or recirculation inlets shall be located not less than 3 inches (76 mm) nor more than 8 inches (203 mm) above the finished floor, except in morgues and autopsy rooms where all of the exhaust air is removed through an autopsy table designed for this purpose. At least two exhaust or recirculation air inlets of equal capacity shall be used in all cardiac catheterization labs, cystoscopy rooms, operating rooms, class 3 imaging and delivery rooms and shall be located not less than 3 inches (76 mm) nor more than 8 inches (203 mm) above the finished floor*

2022 Intervening Part 4 Express Terms

Chapter 4

408.0 Filters. [OSHPD 1, 1R, 2, 3, 4 & 5]

...

408.4 Filters for Outpatient Facilities.

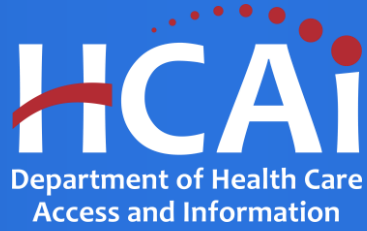
...

408.4.2 Noncentral air systems serving individual rooms ~~shall comply with Table 4-B~~ may be provided with recirculating systems with a minimum filtration level of MERV 6.

2022 Intervening Part 4 Express Terms

CHAPTER 3

323.0 Mechanical Equipment Schedules. *[OSHPD 1,1R, 2, 4 & 5] Mechanical equipment schedules in the construction documents shall clearly indicate which equipment will be powered by essential power ~~or~~ and which equipment includes the appropriate special seismic certifications.*



2022 Intervening Part 5 Code Changes

2022 Intervening Part 5 Express Terms

422.0 Minimum Number of Required Fixtures.

422.1 Fixture Count. Plumbing fixtures shall be provided for the type of building occupancy and in the minimum number shown in Table 422.1 ~~[OSHPD 1, 2, 3, 4 & 5] and Table 4-2 and Table 4-3~~. The total occupant load and occupancy classification shall be determined in accordance with the *California Building Code*. Occupancy classification not shown in Table 422.1 shall be considered separately by the Authority

Having Jurisdiction.

[\[OSHPD 1, 2, 3, 4 & 5\] Plumbing fixtures shall be provided in the minimum number shown in Table 4-2.](#)

Exception: [BSC, DSA-SS & DSA-SS/CC] Using occupancy classification, described as function of space, determine occupant load factor from Table 4-1 Occupant Load Factor, of this chapter.

...

422.1.3 [OSHPD 1, 2, 3, 4 & 5] OSHPD facilities shall also comply with requirements of the *California Building Code*, Chapters 1224, 1225, 1226, 1227 and 1228 ~~in addition to total occupant load and occupancy classification for determination of minimum number of fixtures.~~

2022 Intervening Part 5 Express Terms

TABLE 4-2
[OSHPD 1, 2, 3, 4 & 5]24 MINIMUM PLUMBING FACILITIES

SPACE	HANDWASHING FIXTURE	SCRUB SINKS ³	TOILETS	BATHTUBS OR SHOWERS	SERVICE SINKS ¹	CLINIC SINKS
...						
Dietetic Service Space						
Kitchen						
<u>Dining area</u>	<u>1¹⁶</u>		<u>1¹⁶</u>			
...						
Surgical Service Space		2 ³³				
Staff clothing change areas						
Staff Toilet - Male	1 ²		<u>1:1-15³⁶</u>	1 shower		
Staff Toilet - Female	1 ²		<u>1:1-15³⁶</u>	1 shower		

16 – Plumbing fixtures for public use shall be readily accessible and are to be based on 50% of the seating capacity value. Fixture quantity shall be based on Table 422.1 for an occupancy group A2.

36 Staff toilet facilities located in the surgical unit may be applied to the total fixture count.

2022 Intervening Part 5 Express Terms

613.0 [OSHPD 1, ~~1R~~, 2, 3, 4 & 5] Domestic Hot-Water Distribution Systems for Health Facilities and Clinics.

...

613.2 [Not for OSHPD 3] *At least two pieces of hot-water-heating equipment shall be provided to supply hot water for dishwashing and minimum patient services such as handwashing and bathing. The arrangement of water-heating equipment shall be based on the capacity and capability of the equipment to provide the required hot water during periods of breakdown or maintenance of any one water heater. Booster heaters for 125°F to 180°F (52°C to 82°C) water are acceptable as a second piece of equipment for dishwashing. Where storage tanks are separate from the water heater, at least two independent storage tanks shall be provided.*

...

614.1 [OSHPD 1, ~~1R~~, 2, 3, 4 & 5] Dialysis water feedlines...

2022 Intervening Part 5 Express Terms

615.4 [OSHPD 1] Emergency Water Supply.

615.4.1 *For new acute care hospital buildings submitted after the effective date of this code, the hospital shall have an on-site water supply sufficient to operate essential hospital utilities and equipment in the acute care hospital building, to support 72 hours of continuing operation in the event of an emergency. Any general acute care hospital in operation after January 1, 2030 shall have an on-site water supply sufficient to operate essential hospital utilities and equipment in the acute care hospital buildings on the campus with an SPC-3, SPC-4, or SPC-5 rating, to support 72 hours of continuing operation in the event of an emergency. See also California Building Code, Part 2, Section ~~1616A.1.42~~ [1617A.1.40](#). The emergency water storage capacity shall be computed...*

2022 Intervening Part 5 Express Terms

727.0 [OSHPD 1] Emergency Sanitary Drainage.

727.1 *For new acute care hospital buildings submitted after the effective date of this code, the hospital shall have an onsite holding tank[s] to store sewage and liquid waste sufficient to operate essential hospital utilities and equipment in the acute care hospital building, to support 72 hours of continuing operation in the event of an emergency. Any general acute care hospital in operation after January 1, 2030 shall have an on-site holding tank[s] to store sewage and liquid waste sufficient to operate essential hospital utilities and equipment in the acute care hospital buildings on the campus with an SPC-3, SPC-4, or SPC-5 rating, to support 72 hours of continuing operation in the event of an emergency. The emergency waste holding capacity shall be based on the Water Conservation/Water Rationing Plan required in Section 615.4.1. See also California Building Code, Part 2, Section ~~1616A.1.42~~[1617A.1.40](#).*

2022 Intervening Part 5 Express Terms

TABLE 4-2
[OSHPD 1, 2, 3, 4 & 5]24 MINIMUM PLUMBING FACILITIES

SPACE	HANDWASHING FIXTURE	SCRUB SINKS³	TOILETS	BATHTUBS OR SHOWERS	SERVICE SINKS¹	CLINIC SINKS
...						
<i>Delivery room</i>		<i>1^{10, 33}</i>				
<i><u>LDR or LDRP room</u></i>	<i><u>1³³</u></i>		<i><u>1</u></i>	<i><u>1</u></i>		
...						
<i>Staff Toilet - Female</i>	<i>1²</i>		<i>1:1-15</i>			
<i>LDR or LDRP room</i>	<i>1³³</i>		<i>1</i>	<i>1</i>		

2022 Intervening Part 5 Express Terms

TABLE 4-2
[OSHPD 1, 2, 3, 4 & 5]24 MINIMUM PLUMBING FACILITIES

SPACE	HANDWASHING FIXTURE	SCRUB SINKS ³	TOILETS	BATHTUBS OR SHOWERS	SERVICE SINKS ¹	CLINIC SINKS
...						
...						
<i>Post anesthesia care units (PACU)</i>			<u>1:8</u>			
<i>Open plan</i>	<i>1:4 gurney spaces³³</i>					
<i>Individual rooms</i>	<i>1³³</i>					
<u><i>Preoperative patient holding</i></u>			<u>1:8</u>			
...						

2022 Intervening Part 5 Express Terms

TABLE 4-2
[OSHPD 1, 2, 3, 4 & 5]24 MINIMUM PLUMBING FACILITIES

SPACE	HANDWASHING FIXTURE	SCRUB SINKS ³	TOILETS	BATHTUBS OR SHOWERS	SERVICE SINKS ¹	CLINIC SINKS
<i>Airborne infection isolation room</i>	<i>1²⁰</i>					
<i>Airborne infection isolation treatment/exam room</i>	<i>1²⁰</i>					
<i>Airborne infection isolation anteroom</i>	<i>1²⁰</i>					

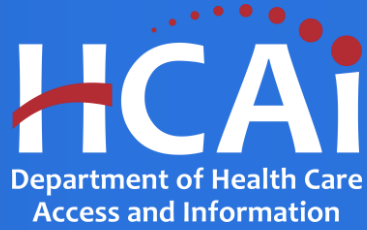
20 Not required when there is a handwash fixture in the patient bed room. Where the patient room can only be accessed through the ante room the handwash fixture may be omitted in the patient room.

2022 Intervening Part 5(Part 2) Express Terms

TABLE 1224.4.6.1

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

	<i>Locations</i>	<i>Oxygen</i>	<i>Vacuum</i>	<i>Medical Air</i>	<i>WAGD</i>
...					
15	<i>General operating room</i> <i>Class 3 imaging room</i>	<i>2/room</i>	<i>5/room</i>	<i>1/room</i>	<i>1/room</i>
...					
...					
39	<i>Interventional imaging pProcedure room</i> <i>Class 2 imaging room</i>	<i>2/room</i>	<i>2/room</i>	<i>1/room</i>	<i>---</i>
...					



2022 Existing Building Code Part 10 Intervening

7-300 Plan review and approval.

SECTION 301A ADMINISTRATION

...

~~**301A.5 Compliance with accessibility.** Accessibility requirements for existing buildings shall comply with the *California Building Code, Part 2 Volume 1 Chapter 11B, Section 201 “Existing Buildings and Facilities.”*~~

...

IEBC deleted Section 301.5.

SECTION 312A REMOVAL OF HOSPITAL SPC AND FREESTANDING BUILDINGS FROM GENERAL ACUTE CARE SERVICE

...

312A.3 Establishing eligibility for removal from general acute care service. *In order to establish that one or more SPC buildings are eligible for removal from general acute care service, the hospital owner shall submit construction documents showing that after the SPC buildings are removed from general acute care service:*

1. *All basic acute care...*

...

5. ~~*Structural separation, fire barriers and fire walls shall satisfy the requirements of the California Building Standards Code.*~~ *Structural separation shall satisfy the requirements of the California Building Standards Code and fire walls shall be constructed in accordance with the California Building Code, Section 706.*

Exception: *A fire barrier constructed in accordance with the California Building Code, Section 707 and an* ~~*SPC*~~ *seismic separation in accordance with the California Administrative Code Chapter 6 Section 3.4 shall be deemed to satisfy the building structural/seismic separation requirement in this section for SPC buildings that will remain under OSHPD jurisdiction.*

Aligning with revisions by SFM.

4. Committee Goals for 2023

Facilitator: Michael O'Connor, Committee Chair (or designees)

- Discuss goals for Committee in the coming year
- Discussion and public input

2022 Focus/Goals:

- Update CANs and PINs to code (ongoing)
- Mental health jurisdiction flowchart and guide
- TIO Program: virtual/offsite inspections
- Develop standards for a behavioral health observation unit
- Evaluate and articulate detailed building standards for SNFs
- Emergency Design Guide
- Title 24, Part 3, 4, and 5
 - NPC-5 Water, Sewer storage requirements
 - Identify code modifications to support Part 6 implementation of energy savings measures
 - Revisit MEP systems Inspections requirements
 - Revisit Fire Protection drawing stamping requirements per MEOR
 - Ventilation Table Standard Format

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

Facilitator: Michael O'Connor, Committee Chair (or designee)

The Committee will receive comments from the Public/Committee Members. Matters raised at this time may be taken under consideration for placement on a subsequent agenda.

Future Codes and Processes Committee meeting is scheduled for:

- November 1, 2022 (Joint meeting with Technology and Research Committee and Energy Conservation and Management Committee)