



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, July 14, 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 2000](#)
[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; VACANT, Vice-Chair; Louise Belair; Gary Dunger*;
Mark Hershberg*; Mike Hooper; Scott Jackson; Michele Lampshire; Scott Mackey;
Jim Mailey; Farzad Naeim

HCAI Staff:

Brett Beekman; Larry Enright; Mickey Fong; Bill Gow; Roy Lobo; Diana Navarro;
Carl Scheuerman; 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. Review and approve the May 12, 2022 draft meeting report/minutes

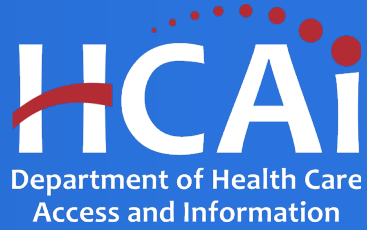
Facilitator: Michael O'Connor, Committee Chair (or designee)

- Discussion and public input

4. Draft Policy Intent Notice (PIN)/Code Application Notice (CAN) for emergency projects

Facilitator: Richard Tannahill, HCAI (or designees)

- Present draft of a new PIN (or CAN) for emergency projects and the process to have work authorized
- Discussion and public input



PIN 72

Emergency Work Authorization



Facilities Development Division
Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800 • Sacramento, CA 95833
(916) 440-8300
355 South Grand Avenue, Suite 1900 • Los Angeles, CA 90071
(213) 897-0166

POLICY INTENT NOTICE (PIN)

SUBJECT

Emergency Work Authorization

PIN: 72

Effective: 6/15/2022



PURPOSE

Emergency work may be necessary due to permanent equipment failure, natural disaster, or other occurrences that require immediate repair or replacement to ensure jobsite or building occupant health or safety. The Department of Health Care Access and Information (HCAI), also known as the Office of Statewide Health Planning and Development (OSHPD) and referred to as “Office”, recognizes that emergency temporary construction and installation of temporary equipment is sometimes required to accommodate construction or to provide transitional solutions. Note that an emergency is not maintenance to prevent something from failing. A true emergency is the actual disaster, event, or failure of equipment.

POLICY

HCAI will consider and may issue an Emergency Authorization to Proceed (EAP) with emergency work prior to plan approval and building permit based on emergency conditions and necessity. Even where an EAP is granted, the design for permanently repairing or replacing building systems, components, or equipment must be eventually approved and permitted as required by California Administrative Code, Chapter 7, Article 3, APPROVAL OF CONSTRUCTION DOCUMENTS. All Emergency Projects must adhere to the general emergency authorization requirements noted herein for permanent equipment and building components or temporary equipment and building components. Temporary equipment or temporary building components may have special requirements

PROCEDURE

I. Immediate Action

The facility may take the necessary emergency actions to abate and make safe the emergency condition that poses an imminent danger to life, injury, or property damage. Such emergency actions may proceed prior to contacting HCAI and the HCAI Regional Compliance Officer (RCO) must be contacted immediately thereafter.

For existing approved HCAI projects, the facility and/or their contractor, may take the necessary actions to abate and make safe the emergency conditions arising at a project or construction site that poses an imminent danger to life, injury, or property damage.

Such emergency actions may proceed prior to contacting HCAI, and all changes to active permitted projects shall be documented by a subsequent Amended Construction Document (ACD) with Inspector of Record (IOR) inspections documenting all emergency work performed. The IOR shall apply reasonable diligence to maintain the normally required on-site documentation including material tests and special inspection reports.

Beyond emergency actions to abate the emergency conditions and to make safe the emergency conditions, emergency repairs, restoration, or replacement of an element of the building, structure, utility system, or equipment shall be authorized by HCAI prior to proceeding with work.

An additional project may be required for permanent replacement equipment.

PROCEDURE

II. Notification to HCAI and Request for EAP

Immediate written notification shall be provided to the HCAI RCO for determination and issuance of EAP with repairs, replacement, or installation of temporary equipment prior to required plan approval and building permit (see California Administrative Code, Chapter 7, Article 20, REPAIR OF DAMAGE AFTER AN EMERGENCY). The “Request for Information to Authorize Emergency Work” (HCAI-FD-101) should be included in the notification to the HCAI RCO. See Appendix A for the form and instructions.

For All Emergency Projects, the Permit Application and complete Testing Inspection Observation (TIO) Program shall be submitted within the next working business day as required per California Building Code, Part 2, Volume 1, Section [A] 105.2.1 Emergency repairs.

It is the facility’s responsibility to notify the California Department of Public Health (CDPH) Licensing and Certification of the emergency condition and affects to the facility’s operations and their request to HCAI to approve the emergency repair, replacement, or temporary equipment project.

Because each emergency condition is unique, the HCAI RCO will review each EAP request on an individual basis and decide if it can be granted.

PROCEDURE

III. When an EAP is Denied, Construction May Not Proceed Until Plan Approval and Building Permit has been Issued by HCAI

If the HCAI RCO determines the request does not meet the requirements for EAP, the request will be denied. If the approval for emergency authorization is denied, the project created will proceed as a traditional submittal and construction work may not proceed until plan approval and a building permit has been issued.

Emergency repair does not include the ongoing replacement, upgrading of equipment, or corrective/preventive maintenance.

Replacement of equipment that is not critical to the safety of occupants or continued operations of facility will not be approved as an emergency replacement. An example is replacement of failed imaging equipment; this is not an emergency unless the imaging equipment is a required basic service.

PROCEDURE

IV. When an EAP is Approved, Construction May Commence Prior to Plan Approval and Building Permit in accordance with the Requirements and Conditions of the Emergency Authorization Approval

A Letter of Emergency Authorization to Proceed will be issued by the HCAI RCO for the specific work that may be performed with conditions and restrictions noted. Emergency authorization is not an expedited review and start of construction should begin as soon as authorization to proceed is granted. A

n Emergency Authorization Banner will be applied to the project in HCAI's project logging software (eSevicesPortal) to indicate the issuance of the EAP.

The following apply to each Emergency Project:

- A. The Design Professional(s) of Record (DPOR(s)) shall provide all necessary direction to perform the work of construction and inspection of the work in the form of plans, notes, sketches, installation instructions and/or drawings, Testing, Inspection and Observation (TIO) program, etc., to the Contractor and the IOR. This direction is required to allow the work to proceed while preparing the required construction documents and prior to HCAI Facilities Development Division (FDD) plan approval.
- B. The emergency project plans submittal and building permit must be carried out in an expeditious manner to ensure that the emergency work conforms with the California Building Standards Code requirements. Complete construction plans for emergency work, involving permanent equipment replacement or building area revisions must be submitted to HCAI FDD within 10 days of the emergency work authorization issued by the HCAI RCO. Extension requests of up to 10 days may be submitted to the HCAI RCO with justifiable cause.

For emergency projects, all returns and backcheck submittals shall be resubmitted within 10 days of HCAI return date.

The following apply to each Emergency Project:

- C. The construction work on the emergency project must be carried out to completion without undue delay. Notification to the office must be provided when construction actually begins.
- D. If the plan approval and/or permit is delayed without justifiable cause or valid reasons, an Unauthorized Construction Project may be applied in accordance with California Administrative Code, Section 7-128 Work performed without a permit.
- E. The DPOR is responsible for submitting the TIO with the plans submittal and maintaining the TIO with all required testing and inspection for field approval during performance of emergency work. If special testing and/or special inspections are required, the DPOR shall submit the TIO to the HCAI Field Staff for review and approval prior to work being performed. The accepted TIO shall be distributed to the contractor and IOR with all required test and/or special inspection to be performed listed.
- F. Inspection of the Work: All emergency authorized work must be continuously inspected by an IOR approved by the Office. The IOR will continuously inspect the work during its placement to verify that the work performed prior to plan approval complies with the California Building Standards Code and the final HCAI FDD approved construction documents. The IOR shall notify the Compliance Officer when work is started as required by the California Administrative Code, Section 7-145(a)5 Continuous inspection of the work. The required Start Notice shall be uploaded at the start of construction to the assigned project number documents in the eServices Portal system (eSP). The IOR shall coordinate required field observation with all necessary HCAI FDD Field Staff.

The following apply to each Emergency Project:

The IOR shall submit their daily field records of construction progress for this Emergency Authorization for each day or any portion of a day that they are present at the project site location to the Compliance Officer, Fire Life Safety Officer, and Regional Compliance Officer. Submission of the daily field report shall be without delay and may be via email or uploaded to the project record using the eServices Portal system (eSP). Submission of IOR daily field records of construction progress shall be received by HCAI FDD staff or uploaded to the eSP system within one day of the field inspection date. The daily field record shall state the time of arrival, time of departure, a summary of work in progress and noted deficiencies in the construction. The daily field record shall document the date, time, and method of correction for any noted deficiencies or deviations (California Administrative Code, Section 7-145 Continuous inspection of the work.). No work shall be covered, concealed, or placed into service without HCAI FDD authorization.

- G. Substantial Compliance (SC): An SC Milestone must be added on the TIO for any work, equipment, or area that will be placed into temporary or permanent use or service. All applicable listed professionals shall submit a Verified Compliance Report (VCR) for the SC Milestone for HCAI review and approval of the SC.

Conditional Substantial Compliance (CSC) may be granted prior to plan approval or submittal of complete plans for plan review. Preliminary plans and other documents may be required to be submitted for preliminary review prior to issuance of a CSC. H. Additional repairs or corrections may be required if the authorized emergency work does not comply with the conditional approval and the final HCAI FDD approved construction documents.

The following apply to each Emergency Project:

H. Additional repairs or corrections may be required if the authorized emergency work does not comply with the conditional approval and the final HCAI FDD approved construction documents.

V. Special Conditions and Exceptions for Emergency Projects involving Permanent Equipment and/or Building Components

The HCAI RCO in consultation with the HCAI Field Staff may classify the emergency work as maintenance based on the scope of construction work and exempt the emergency project from plan approval and building permit. Projects exempted under maintenance will be closed by the HCAI RCO under an administrative closure.

VI. Special Conditions and Exceptions for Emergency Projects involving Temporary Equipment and/or Building Components

Temporary equipment and systems may be required to protect occupant safety and maintain services during the repairs. Temporary equipment installed under an emergency authorization must comply with the requirements of HCAI CAN 2-108. The time duration of use is measured from the date the equipment is first placed into service until removal from site.

The additional structural load of any equipment that is placed or mounted on the structure must be verified that it can be supported by the structure.

The additional electrical or mechanical load of any equipment that is placed on existing service must be verified that the existing system can support the added utility service. Special consideration must be given to additional electrical load on the emergency electrical branch. (Refer to CAN 2-108).

All emergency temporary equipment is required to be removed prior to project closure.

The HCAI RCO may, at their discretion, exempt the submittal of plans for temporary equipment in place less than 30 days. The 30 days starts when the equipment is in service and ends when disconnected and removed from the site. If temporary equipment is left in place longer than 30 days, a permit or ACD must be submitted to show this equipment as either temporary (less than 180 days), interim, or permanent.

VI. Special Conditions and Exceptions for Emergency Projects involving Temporary Equipment and/or Building Components

Emergency projects exempted from plan approval may be closed under typical closure requirements or may be closed administratively as determined on a case-by-case basis of each project.

If temporary conditions approved under an Emergency Authorization to Proceed are not addressed per the California Building Standards Code and this PIN, an Unauthorized Construction Project will be applied, and the facility will have restrictions placed for future construction projects until it comes into compliance.

APPENDIX A
Request for Information to Authorize Emergency Work

Facility

Facility # _____	Facility Name _____		
HCAI Building # BLD - _____	Building Name _____		
Type of Facility	<input type="checkbox"/> Acute Psychiatric Hospital	<input type="checkbox"/> General Acute Care Hospital	<input type="checkbox"/> Skilled Nursing or Intermediate Care Facility
	<input type="checkbox"/> Correctional Treatment Center	<input type="checkbox"/> Licensed Clinic	

Proposed Work - Record Detail

Record/Project Number _____	Record/Project Name _____
Detailed Description	<div style="border: 1px solid black; height: 100px;"></div>

Equipment and/or Building Components Details

Permanent Equipment or Building Components Temporary Equipment or Building Components Duration: _____

Equipment and/or Building Components to be Replaced Note: Include 'Critical' for most important equipment	1.	<div style="border: 1px solid black; width: 100%; height: 50px;"></div>	2.	<div style="border: 1px solid black; width: 100%; height: 50px;"></div>
	3.	<div style="border: 1px solid black; width: 100%; height: 50px;"></div>	4.	<div style="border: 1px solid black; width: 100%; height: 50px;"></div>

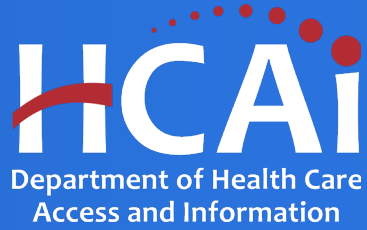
Justification

Provide justification for the need for an emergency project and reason this service is critical to patient care and/or operation of the facility:

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

Facilitator: Richard Tannahill, HCAI (or designees)

- Update on code cycle status
- Discussion and public input



2022 Administrative Code Part 1 Intervening

7-111. Definitions.

MANAGED PROJECT means a project where schedules¹ and deadlines relating to plan review ~~and construction~~ are negotiated between the Office and the governing board or authority of the health facility or their designated representative. Managed projects include, but are not limited to, projects approved by the Office for integrated review, as described in Section 7-130, or incremental review, as described in Section 7-131.

...

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

Left in error from triennial. Redundant. Recommended removal from CAC.



7-113. Application for plan, report or seismic compliance extension review.

(a) Except as otherwise provided in this part, before commencing construction or alteration of any health facility, the governing board or authority thereof shall submit an application for plan review to the Office, and shall obtain the written approval thereof by the Office describing the scope of work included and any special conditions under which approval is given.

1. The application shall be electronic and contain a definite identifying name for the health facility, the name of the architect or engineer who is in responsible charge of the work, pursuant to Section 7-115 (a), the names of the delegated architects or engineers responsible for the preparation of portions of the work pursuant to Section 7-115(a)3, the estimated cost of the project and all such other information required for completion of the application. The architect or engineer in responsible charge or having delegated responsibility may name one or more persons to act as an alternate(s), provided such persons are architects or engineers qualified under these regulations to assume the responsibility assigned.

7-113. Application for plan, report or seismic compliance extension review.

2. Submission of documents to the Office shall be electronic and may be in three consecutive stages:
 - A. Geotechnical Review: ~~One a~~ Application for plan review and, when applicable, ~~three copies of the site data must be attached. Plans may be submitted electronically in a format acceptable to the Office.~~
 - B. Preliminary Review: ~~Submit drawings electronically or provide two paper copies of reports or preliminary plans and preliminary annotated specifications. If providing paper copies, plans/drawings size shall not exceed 36 x 48 inches, and bundled sets of plans/drawings shall not exceed 40 lbs in weight. Plans may be submitted electronically in a format acceptable to the Office.~~
 - C. Final Review: ~~Submit drawings electronically or provide two paper copies of~~ The final construction documents and reports. ~~Plans/drawings size shall not exceed 36 x 48 inches, and bundled sets of plans/drawings shall not exceed 40 lbs in weight. Plans may~~ shall be submitted electronically in a format acceptable to the Office.

(b) Application for seismic ...

(c) For every project there shall be an architect or engineer in responsible charge of reviewing and coordinating all submittals, except as set forth in Section 7-115(c).

1. A project may be divided into parts, provided that each part is clearly defined by an architectural building or similar distinct unit. The part, so defined, shall include all portions and utility systems or facilities necessary to the complete functioning of that part. Separate assignments of the delegated architects or engineers pursuant to Section 7-115(a)3 may be made for the parts. Incremental projects pursuant to Section 7-131 shall consist of only one building.



7-115. Preparation of construction documents and reports.

(a) All construction documents or reports, except as provided in (c) below shall be prepared under an architect or engineer in responsible charge. Prior to submittal to the office, the architect or engineer in responsible charge for a project shall sign every sheet of the drawings, and the title sheet, cover sheet or signature sheet of specifications and reports. A notation may be provided on the drawings indicating the architect's or engineer's role in preparing and reviewing the documents.

~~Plans/drawings submitted to the office shall not exceed the size and weight described in Section 7-113(a)(2).~~

...

(b) Architects or engineers licensed in the appropriate branch of engineering, may be responsible for the preparation of construction documents and administration of the work of construction as permitted by their license, and as provided below. Architects and engineers shall sign and affix their professional stamp to all construction documents or reports that are prepared under their charge. All construction documents shall be signed and stamped prior to issuance of a building permit.

1. The structural construction documents or reports shall be prepared by a structural engineer. [Architects may prepare construction documents and reports as permitted by their license.](#)
2. A mechanical or electrical engineer may prepare construction documents or reports for projects where the work is predominately of the kind normally prepared by mechanical or electrical engineers.
3. A civil engineer may prepare construction documents or reports for the anchorage and bracing of nonstructural equipment.



7-117. Site data.

(a) The site data reports shall be required for all proposed construction except:

1. As provided in ...

(b) ~~Three copies of~~ [The](#) site data reports shall be furnished to the Office for review and evaluation prior to the submittal of the project documents for final plan review. Site data reports shall comply with the requirements of these regulations and Part 2, Title 24. Upon the determination that the investigation of the site and the reporting of the findings was adequate for the design of the project, the Office will issue a letter stating the site data reports are acceptable.

7-119 Functional Program.

...

Behavioral and Mental Health Elements (Psychiatric Patient Injury and Suicide Prevention). The safety risk assessment report shall identify areas that will serve patients at risk of mental health injury and suicide.

Informational Note: ...

Lowest Level of Risk

1. Exam rooms, private offices, and conciliation rooms (always supervised).
2. Staff and support areas (not accessible by patients).

Other information that could be considered can be found in Patient Safety Standards, Materials and Systems Guidelines published by the New York State Office of Mental Health, and the [Behavioral Health Design Guide by Behavioral Health Facility Consulting, LLC](#) ~~Design Guide for the Built Environment of Behavioral Health Facilities~~ distributed by The Facility Guidelines Institute.



7-125 Final review of construction documents.

- (a) Final construction documents shall be submitted in accordance with Section 107, Part 2, Title 24. Final construction documents that are incomplete shall be returned to the applicant for completion prior to acceptance by the Office for plan review.
- (b) Local government entity zoning approvals or clearances shall be furnished to the Office, when applicable, prior to approval of the final construction documents by the Office.
- (c) When the Office finds items on the final construction documents that do not comply with these regulations and/or applicable sections of the California Building Standards Code, the noncomplying items shall be noted in writing with a proper code citation. The marked-up set of construction documents will be returned to the architect or engineer in responsible charge. ~~A set of prints from e~~ Corrected construction documents shall be filed for backcheck when the original check or subsequent backchecks(s) indicates that extensive changes are necessary. Where necessary corrections are of a minor nature, corrected original construction documents may be filed for backcheck. The architect or engineer in responsible charge must provide a written response to all comments made by the Office. The written response must include a description and a location of the corrections made to the construction documents. The written response may be provided as a letter, ~~or may be provided as responses written directly on the marked-up set of drawings.~~ Changes in construction documents, other than changes necessary for correction, made after submission for approval, shall be brought to the attention of the Office in writing or by submission of revised construction documents identifying those changes. Failure to give such notice voids any subsequent approval given to the construction documents.



7-133 Fees.

~~(f) Annual permit for hospital projects. A hospital may choose to apply for an annual permit for one or more small projects of \$50,000 or less in cumulative total estimated construction cost. The annual permit is applicable to only the project(s) submitted within the state's fiscal year in which the Office issues the annual permit. An application filing fee of \$500.00 is due upon submittal of the annual permit and is in lieu of an application filing fee specified in (a) of this Section.~~



7-133 Fees.

(h) **Geotechnical/Geohazard reports.** The nonrefundable fee for review of a geotechnical/geohazard report shall be \$5,000.00.

...

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

Additional Costs. The minimum filing fee for Amended Construction Documents which result in additional construction costs shall be \$250.00.

Cost Reductions. The minimum filing fee for Amended Construction Documents with cost reductions or no cost shall be \$500.00. The Office shall charge actual costs for review and approval. Total cost paid for these review services shall be nonrefundable.

...

(q) **Projects with no construction.** The Office shall charge actual costs for the review of projects that do not have any construction. In addition, the minimum filing fee of \$250.00 shall apply to each application pursuant to Health and Safety Code Section 129785(a). The total cost paid for these services shall be nonrefundable.



7-134 Refunds.

(a) Construction shall not commence until the health facility has applied for and obtained from the Office:

1. Written approval of the construction documents.
2. A building permit.
3. Written ~~approval~~ acceptance of the testing, inspection and observation program.

...

7-135 Time of beginning construction.

(a) Construction shall not commence until the health facility has applied for and obtained from the Office:

1. Written approval of the construction documents.
2. A building permit.
3. Written ~~approval~~ acceptance of the testing, inspection and observation program.



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 the project inspection responsibilities and shown 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.

...



7-153. Changes to approved work.

(a) **Changes in the work.** Work shall be executed in substantial conformance with the construction documents approved by the Office. Changes in the work shall be made by amended construction documents approved by the Office. Changes in the work include, but are not limited to, the following: Correction of errors in design and/or construction to bring the construction documents and/or construction into compliance with applicable codes; change(s) in the scope of the work; and additional work required because of discovered conditions. Only changes that materially alter the work shall be submitted to the Office for review and approval as amended construction documents.

1. **Amended construction documents.** Changes or alterations of the approved construction documents shall be made by means of amended construction documents. Amended construction documents shall be submitted with a form provided by the Office and shall state the reason for the change and show the estimated or actual addition to or deduction from the current, estimated or actual, contract amount. The form shall be signed by the architect or engineer, or delegated architect or engineer as allowed by Section 7-115, and shall be accompanied by supplementary construction documents, when necessary. The construction documents shall be stamped and signed pursuant to Section 7-115. All changes shall be clearly described. ~~An electronic copy or two paper copies of the~~ The form and construction documents shall be submitted for review and approval by the Office. All amended construction documents shall be approved by the Office prior to installation of the work.

...



7-153. Changes to approved work.

(b) **Changes that do not materially alter the work.** The following types of changes in the work do not materially alter the work and do not require the submission of amended construction documents to the Office:

...

4. New details that are per ~~based on other approved details, in whole or in part, including~~ referenced standards or preapproved details. Reference to the approved details must be shown.

...

7-155 Final approval of work.

(a) The Office shall schedule a final state agency ~~inspection~~ review of the work subsequent to the receipt of the responsible architect's or engineer's statement that the contract is performed or substantially performed.

(b) The final approval of the construction shall be issued by the Office when:

...

7-206. Fees.

(a) Fees required pursuant to subsection (b), shall be transmitted by credit card, money order, cashier check, certified check or personal check, and payable to the Office of Statewide Health Planning and Development.

(b) The prescribed fees relative to the Hospital Inspector Certification Program shall be specifically charged to the applicant to recover reasonable costs of administering the certification program. Fees shall be charged as follows:

Application review	\$100.00 (nonrefundable)
Exam for Class "A" Inspector Certification	\$300.00
Exam for Class "B" Inspector Certification	300.00
Exam for Class "C" Inspector Certification	100.00 (for each specialty certificate)
<u>Late fee</u>	<u>100.00</u>
<u>Recertification exam</u>	<u>100.00</u>
<u>Recertification Retest</u>	<u>100.00</u>
<u>Reschedule Fee</u>	<u>100.00</u>
Delinquency fee	100.00
Duplicate certificate	25.00

(c) An application review fee must accompany an application for a certification examination. This fee is nonrefundable.

...

(e) An applicant shall forfeit the exam fee if the applicant fails to appear for any portion of the exam for which the applicant is scheduled.

1. If the applicant cancels and/or reschedules their examination, the applicant shall pay a fee to reschedule their exam.

...

(g) A late fee shall be submitted by the applicant if their recertification application is postmarked after the final filing date.



7-211. Renewal of a hospital inspector certificate.

...

(b) To be eligible for the recertification exam, a Hospital Inspector shall maintain all certifications and prerequisites required to qualify for certification as specified in Section 7-204; and

1. Possess a valid unexpired Hospital Inspector Certificate or an expired certificate that meets the delinquency criteria in subsection (c).
2. Complete a seminar conducted, sponsored, or cosponsored by the Office within the three-year certification period.
3. Submit a recertification [application and](#) exam fee pursuant to Section 7-206.

...

7-215. Conduct relative to performance.

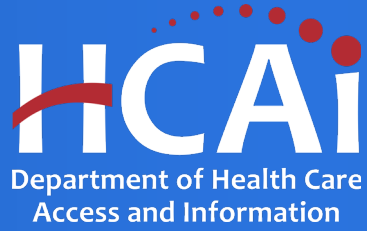
For a certified inspector to provide competent services, they must act with integrity, honesty, and objectivity. This Code reflects the expectations of the Department for not only inspectors, but also all professionals working on any facility subject to inspection. An inspector shall expect others to act with integrity, honesty, and objectivity. If an inspector believes that any person on the project lacks integrity, honesty, and objectivity, the inspector shall bring it to the attention of the Department. The Code of Ethics requires that an inspector shall:

1. Uphold their duty to the profession, the project, and the public.
2. Maintain an impartial, respectful, and unprejudiced attitude.
3. Treat all person encountered with courtesy.
4. Be familiar with and obey all state and federal laws that may apply to the inspection being conducted.
5. Maintain their professional competence through ongoing education.
6. Ensure they have access to all pertinent facts which are reasonably available before making any suggestions or drawing any conclusions in the course of a construction inspection.
7. Work efficiently, and only in their area of their competence.
8. Not receive compensation on a contingency payment basis for either work, or referrals.
9. Neither accept, nor solicit anything of value from any party associated with the facility subject to inspection.
10. Make neither unjust, nor unreasonable demands.
11. Never be involved in a construction inspection where any direct or indirect conflict of interest may be cause for concern about the final report's objectivity.
12. Conduct themselves in a professional manner at all times.
13. Strive to maintain and improve professional standards in the field of environmental assessment and be willing to assist HCAI to that end.
14. Refrain from engagement in inspection without a valid and active certification.
15. Follow the directions of the design professional in charge of the project.



7-300 Plan review and approval.

- (a) All repair projects are subject to prior plan review, plan approval and construction permit by the Office except as noted in subsection (b).
- (b) For emergency repairs carried out without the Office plan review and permit in the aftermath of an emergency, an application for plan review must be submitted with construction documents, fees and a letter of transmittal stating the reasons for emergency repairs within 10 days of the temporary authorization. Back checks shall be resubmitted within 10 days of receiving comments. Photographs, if available, and reports of damage and repairs should also be submitted with the application. Additional repairs may be required if the emergency repairs do not comply with the code. For alternate fee payment methodology, see Section 129787 of the Health and Safety Code.



2022 Building Code Part 2, Volume 1 Intervening

SECTION 1.1 GENERAL

...

1.10.2 OSHPD 2, 2A and 2B. *Specific scope of application of the agency responsible for enforcement, enforcement agency and the specific authority to adopt and enforce such provisions of this code, unless otherwise stated.*

Application—~~[OSHPD 2A] Skilled nursing facility and intermediate care facility buildings of single-story, wood frame or light steel frame construction or buildings of single-story, wood-frame or light steel frame construction where only skilled nursing or intermediate care services are provided if the building is separated from a building housing other patients of the health facility receiving higher levels of care. [OSHPD 2B] Skilled nursing facility and intermediate care facility buildings of all other types. [OSHPD 2] The OSHPD 2 designation applies to both 2A and 2B.~~

SECTION 202 DEFINITIONS

...

EQUIPMENT. *[DSA-SS, DSA-SS/CC, OSHPD 1, 2, 4 & 5] Equipment as used in this part and all applicable parts of the California Building Standards Code shall be classified as fixed equipment, mobile, movable, countertop, interim, temporary or other equipment.*

...

(4) INTERIM EQUIPMENT *[OSHPD 1, 2, 4 & 5] means ~~temporary~~ equipment that will be in use for the duration of the need for the equipment, not to exceed greater than 180 days but only for the duration of the construction project that it is related to.*

SECTION 202 DEFINITIONS

...

PATIENT ROOM. *Licensed patient bed rooms or rooms occupied by one or more individuals during a stay in a health facility. Also referred to as a patient bedroom.*

11B-223.2.1 Facilities not specializing in treating conditions that affect mobility. *In facilities not specializing in treating conditions that affect mobility, including hospitals, psychiatric and detoxification facilities, at least 10 percent, but no fewer than one, of the **patient bedrooms** or resident sleeping rooms shall provide mobility features complying with Section 11B-805. Accessible patient bedrooms or resident sleeping rooms shall be dispersed in a manner that is proportionate by type of medical specialty.*

Purpose: To allow 10% accessibility for rooms that have patient care above that of an exam room such as LDRs, Antepartum, observation. Licensing specifically removes these functions.

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.*

1224.4 GENERAL CONSTRUCTION.

...

1224.4.4 Support areas for patient care.

...

1224.4.4.4 Medication station. Provision shall be made for distribution of medications. This shall be done from a medication preparation room or from a self-contained dispensing unit.

1224.4.4.4.1 Medication preparation room. If provided, this room shall be lockable and be directly accessible from the nursing station. When a ~~medicine~~-medication preparation room is to be used to store one or more self-contained ~~medicine~~-medication dispensing units, the room shall be designed with adequate space to prepare medicines with the self-contained ~~medicine~~-medication dispensing unit(s) present. ~~Medicine~~-Medication preparation rooms shall include:

1. Work counter.
2. Handwashing station.
3. Refrigerator.
4. Locked storage for controlled drugs.

1224.4.4.4.2 Self-contained medication dispensing unit. If provided, a self-contained ~~medicine~~-medication dispensing unit shall be located at the nurses' station, in the clean utility room, or in an area where access to the self-contained medication dispensing unit is under the monitoring and control of nursing staff. Self-contained medication dispensing units shall be provided with essential power and lighting.

1224.4 GENERAL CONSTRUCTION.

TABLE 1224.4.6.1
STATION OUTLETS FOR OXYGEN, VACUUM (SUCTION), AND MEDICAL AIR SYSTEMS^{1, 6}

	LOCATIONS	OXYGEN	VACUUM	MEDICAL AIR	WAGD ³
1	Patient rooms (medical/surgical unit)	1/bed	1/bed	—	—
2	Examination or treatment (medical/surgical unit and postpartum care)	1/room	1/room	—	—
3	Airborne infection isolation or protective environment rooms (medical/surgical unit)	1/bed	1/bed	—	—
4	Seclusion room (medical/surgical unit and postpartum care)	1/bed	1/bed	—	—
5	Intensive care (general)	3/bed	3/bed	1/bed	—
6	Airborne infection isolation	3/bed	3/bed	1/bed	—
7	Coronary-care service space	3/bed	2/bed	1/bed	—
8	Pediatric intensive care	3/bed	3/bed	1/bed	—
9	Newborn intensive care	3/bassinet	3/bassinet	3/bassinet	—
10	Newborn nursery (full term)	1/4 bassinets ²	1/4 bassinets ²	1/4 bassinets ²	—
11	Pediatric and adolescent	1/bed	1/bed	1/bed	—
12	Pediatric nursery	1/bassinet	1/bassinet	1/bassinet	—
13	Psychiatric patient room	—	—	—	—
14	Seclusion treatment room (psychiatric unit)	—	—	—	—
15	General operating room	2/room	5/room	1/room	1/room
16	Cardio and special procedures	2/room	5/room	1/room	1/room
17	Orthopedic surgery	2/room	5/room	1/room	1/room
38	MRI	1/room	1/room	1/room	—
39	Interventional imaging procedure room	2/room	2/room	1/room	—
40	Hyperbaric suite pre-procedure/patient holding area	2/station	2/station	—	—
41	Electroconvulsive therapy procedure room	1/room ⁷	1/room ⁷	—	—

1. For any area or room not described above, the facility clinical staff shall determine outlet requirements after consultation with the enforcing agency.

2. Four bassinets may share one outlet that is accessible to each bassinet.

To add Procedure Room and Class 2 Imaging Room with 2 O2, 2 Vac and 1 Air in each.
Change Interventional to: Class 2 & 3 Imaging, Procedure room above line 39



1224.4 GENERAL CONSTRUCTION.

...

1224.4.4.8 Toilet rooms. *Separate toilet rooms shall be provided for the use of patients, staff and public.*

1224.4.4.8.1 Staff toilets. *The number of staff toilets provided in a health facility shall comply with the requirements of the California Plumbing Code, Tables 4-2 and 4-3. When staff toilet rooms are required to be dedicated to a specific Service Space, the number of staff toilet rooms provided under the California Plumbing Code shall be based on the number of staff within the specific Service Space served. Satellite service spaces do not require dedicated toilet rooms.*

...

1224.4.7 Corridors.

1224.4.7.1 Width. *The minimum width of corridors and hallways shall be 8 feet (2438 mm).*

Exception: *Patient-care corridors and hallways in hospitals for ~~psychiatric care of~~ patients who are not bedridden shall have a minimum clear and unobstructed width of 6 feet (1829 mm). For the purposes of this section, bedridden patients shall be defined as patients confined to beds who would be transported or evacuated in beds, stretchers, or litters.*



1224.4 GENERAL CONSTRUCTION.

...

1224.4.7.3 Outpatient services. *Outpatient clinics ~~or outpatient departments~~ which contain facilities for outpatient use only, such as laboratory, x-ray, physical therapy or occupational therapy, shall have a minimum corridor or hallway width of 5 feet (1524 mm). Outpatient departments caring for one or more nonambulatory outpatients shall have a minimum corridor or hallway width of 6 feet (1829 mm). Corridors serving gurney or stretcher traffic shall comply with minimum width requirements of Section 1020.32. Outpatient clinics and outpatient departments consisting only of waiting rooms, business offices, doctor's offices and examining rooms, where there is no traffic through such area to other services or to exits from the building, shall have a minimum corridor or hallway width of 44 inches (1118 mm).*

...

1224.4.9 Windows and Screens.

...

1224.4.9.2 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.*

Exception: *Window sills in ~~intensive care units~~ special nursing care area may be up to 60 inches (1524 mm) above the floor. Sill height does not apply to newborn nurseries and rooms intended for occupancy less than 24 hours.*

1224.4 GENERAL CONSTRUCTION.

TABLE 1224.4.11
ACCEPTABLE CEILING AND CARPET LOCATIONS

AREAS/ROOMS ^{3,4}	GENERAL ACUTE CARE HOSPITAL CEILING/CARPET		ACUTE PSYCHIATRIC HOSPITAL CEILING/ CARPET		SKILLED NURSING AND INTERMEDIATE-CARE FACILITIES CEILING/CARPET		CLINIC CEILING/ CARPET	
Patient bedrooms	3	*	3	*	3	*	—	—
Patient corridors/hallways	3	*	3	*	3	*	3	*
Airborne infection isolation rooms	2	N	2	N	2	N	2	N
Protective environment rooms	1	N	1	N	1	N	-	-
Nurses' or administration station	3	Y	3	Y	3	Y	3	Y
Utility rooms	2	N	2	N	2	N	2	N
Surgical units ²	2	N	—	—	—	—	2	N
Operation rooms	1	N	—	—	—	—	1	N
Surgical corridor/hallways	2	N	—	—	—	—	2	N
Recovery	3	N	—	—	—	—	3	N
Radiological unit ²	3	*	3	*	—	—	3	—
X-ray rooms ¹	3	N	3	N	—	—	3	N
Treatment rooms ²	2	N	3	N	2	N	2	N

Add Sterile Core under Surgical Units

1224.4 GENERAL CONSTRUCTION.

TABLE 1224.4.11.4a
EXAMINATION/TREATMENT, IMAGING, PROCEDURE, AND OPERATING ROOM CLASSIFICATION ^{1,2}

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

Revise language for Class 1 Imaging Room

1224.15 SURGICAL SERVICE SPACE.

...

1224.15.3 Service areas.

...

1224.15.3.1 Control station. Control stations shall be located to permit visual observation of all traffic into the surgical service space. Staff lockers rooms may be provided at a location with alternative controlled access.

1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE.

...

1224.18.3 Computerized tomography (CT) scanning. If provided, CT space shall accommodate the following:

1224.18.3.1 Spaces required. If provided, CT scan spaces shall accommodate the equipment with a minimum of 3 feet (914 mm) on ~~all~~ sides and foot of the equipment as well as required service clearance at the rear, together with the following:

...

1224.19 PHARMACEUTICAL SERVICE SPACE.

...

Relook at pharmacy square footage requirements. Are they excessive? Are they needed? Look at all requirements to see if it is excessive or needed.

...

1224.19.3.2.2.3 Finishes. The buffer 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.

...

1224.22 CENTRAL STERILE SUPPLY.

...

1224.22.1 Minimum requirements. A central supply and sterilizing area shall be provided. Rooms ~~and~~ or distinct spaces shall accommodate the following services and equipment:

...

1224.24 MORGUE AND AUTOPSY FACILITIES.

1224.24.1 General acute-care hospitals with a licensed bed capacity of 50 to 99 ~~or more~~ beds shall provide a morgue with autopsy facilities.

***Exception:** This may not be required if it can be demonstrated to the licensing agency that morgue and autopsy facilities are available locally.*

1224.24.2 General acute-care Hospitals with a licensed bed capacity of 100 or more shall provide a morgue with autopsy facilities.

***1224.24.23 Minimum requirements.** The morgue and autopsy space shall have a minimum of 250 square feet (23.23 m²) of floor area, no dimension of which shall be less than 10 feet (3048 mm), and provide for:*

- 1. Handwashing station or scrub sink.*
- 2. Space for refrigerated compartments if human remains are held unembalmed. Refrigerated rooms and prefabricated body refrigerator temperatures shall not be higher than 45°F (25°C).*

...



1224.29 INTENSIVE CARE UNITS.

...

1224.29.2 Newborn intensive care units (NICU). *The NICU shall comply with all the requirements of Section 1224.29.1 except as supplemented, amended or modified below.*

...

1224.29.2.5 Control station. *A central area shall serve as a control station, and shall have space for counters and storage, and direct access to a handwashing station and gowning. It may be combined with or include centers for reception, communication and patient monitoring.*

...

Title 22 §70489. Intensive Care Newborn Nursery Service Space

(a) Sufficient floor area shall be provided so that there is at least 7.2 square meters (80 square feet) per bassinet.

(b) A work room or control station shall be maintained which shall provide for handwashing, **gowning** and charting.



1224.30 PEDIATRIC AND ADOLESCENT UNIT.

A pediatric nursing unit shall be provided if the hospital has eight or more licensed pediatric beds. The unit shall meet the following standards:

1224.30.1 Patient rooms. *Each patient room shall meet the following standards:*

1224.30.1.1 Beds. *The space requirements for pediatric patient beds shall be the same as required by Section 1224.14.1.2.*

1224.30.1.2 Observation. *Continuous observation by nursing staff shall be provided.*

1224.30.1.23 Windows. *Each patient room shall have a window in accordance with Section 1224.4.9.*

...

1224.30.3 Service areas. *The service areas in the pediatric and adolescent nursing units shall conform to Section 1224.14.2 and shall also provide the following:*

1224.30.3.1 Play area room. *A play area room shall be provided with direct observation by nursing staff.*



1224.32 OBSTETRICAL FACILITIES (PARINATAL UNIT SPACE)

...

1224.32.4 LDR and LDRP facilities.

...

1224.32.4.2 Space requirements. *These rooms shall have a minimum of 250 square feet (23.23 m²) of clear floor area with a minimum dimension of 13 feet (3962 mm). There shall be space for crib and sleeping space for support person. ~~An area within the room but distinct from the mother's area shall be provided for infant stabilization and resuscitation.~~ If an infant resuscitation room is not provided elsewhere, service space shall be provided in this room per Section 1224.32.3.5 in addition to the minimum service required for the mother. The medical gas outlets shall be located in the room so that they are accessible to the mother's delivery area and infant resuscitation area.*

1224.33 EMERGENCY SERVICE.

...

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.



1224.33 EMERGENCY SERVICE.

1224.33.3 Basic Emergency Medical Service.

...

1224.33.3.15 Staff lounge. *A staff lounge shall be located within the Emergency Department and include staff clothing change areas with lockers, showers, toilets and handwashing stations for male and female staff.*

1224.33.3.16 Staff clothing change areas. *Appropriate areas shall be provided for male and female staff working within the emergency service space. The areas shall contain lockers, showers, toilets and handwashing stations.*

1224.33.3.167 Housekeeping room.

...

1224.33.3.178 Airborne infection isolation exam/treatment room.

...

1224.33.3.179 Secured holding room.

...



1224.33 EMERGENCY SERVICE.

...

1224.33.4 Comprehensive Emergency Medical Services.

...

1224.33.4.2 Fast-track area. *A fast-track area may be used for treating patients presenting simple and less serious conditions. If a fast-track area is provided, it shall meet the following requirements:*

1. *Space requirements – each fast-track station shall have a minimum 100 square feet (9.29 m²) of clear floor area. Should this be 80 square feet? These may not be rooms. FGI is 100. (Triage: 100 square feet (9.29 m²) minimum clear floor area for each private triage room and 80 square feet (7.4 m²) minimum clear floor area for each station in open-bay triage areas.)*
2. *Each station shall include a handwashing station, work/documentation counter, examination table light. Sink at each station? Or match ED “areas” – 1:4*
3. *Storage areas for supplies and medication.*
4. *A separate procedure room may be provided. It shall have a minimum clear floor area of 120 square feet (11.15 m²).*



1224.34 NUCLEAR MEDICINE.

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

...
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?***

...
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?***



1224.35 REHABILITATION THERAPY DEPARTMENT.

...

1224.35.2 Physical therapy service space. *If physical therapy is part of the service, the following shall be included:*

1. *The minimum floor area for a physical therapy space shall be 300 square feet (27.87 m²) with no dimensions less than 12 feet (3658 mm) in addition to any provided therapy stations. Each individual patient care station shall have a minimum clear floor area of 60 square feet (5.57 m²), except individual patient care stations formed with permanent partitions shall have a minimum clear floor area of 80 square feet (7.43 m²). Each individual patient care station shall have privacy screens or curtains.*



1225.4 COMMON ELEMENTS.

...

1225.4.1 NURSING SERVICE SPACE.

...

1225.4.1.6 Toilet room and bath facilities.

...

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



1226.6 PRIMARY CARE CLINICS.

...

1226.6.1 Examination and treatment areas.

...

1226.6.1.3 Dental examination and treatment areas.

...

1226.6.1.3.4 Imaging. *If provided, the space for a dental panoramic x-ray system and printer shall ~~also~~ comply with shielding requirements in Section 1226.5.5.2 and alcove requirements in Section 1224.18.1.1.*



SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.1 Scope. *The provisions of this section shall apply to acute psychiatric hospitals.*

1228.2 Application. *An acute psychiatric hospital or unit shall meet the requirements of Section 1224.14 for a unit that provides acute medical care or 1228.14 for a non-medical unit, in addition to the requirements of Section 1228.4. based on the functional program. Specific application shall respond to the patient injury and suicide prevention component of the Patient Safety Risk Assessment prepared under California Administrative Code (Part 1 of Title 24) Section 7-119. If a facility or unit provides acute medical care, the unit shall be located in a building that is compliant with California Administrative Code Chapter 6 for OSHPD-1. New buildings and additions, alterations or repairs to existing buildings subject to licensure 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.*

Matches 1224.31



SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.3 Definitions.

...

SALLY PORT. *A compartment provided with two or more doors where the intended purpose is to prevent continuous and unobstructed passage by allowing the release of only one door at a time.*

TAMPER RESISTANT *means designed to prevent damage, destruction or interference or indicates the product is designed to withstand dismantling, removal of the product, or interference with the operation of the product.*

...



SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.4 GENERAL CONSTRUCTION.

...

1228.4.9 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.

1.1. All glazing (interior and exterior) shall be fabricated with polycarbonate or laminate on the inside of the glazing or with any glazing that meets or exceeds the requirements for Class 1.4 per ASTM F1233-08 (2013), Standard Test Method for Security Glazing Material and Systems. Translucent film may be used up to 60" (1524 mm) for privacy.

Exception: Use of tempered glass for interior borrowed lights shall be permitted where allowed by the Patient Safety Risk Assessment.

...

3. 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 for observation from nurse station.



SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.13 PSYCHIATRIC REHABILITATION ACTIVITIES SERVICE SPACE.

...

1228.13.2 Physical therapy service space. Where provided, the ~~The~~ physical therapy service space shall comply with Section 1224.35.2.

1228.13.3 Occupational therapy service space. Where provided, the ~~The~~ occupational therapy service space shall comply with Section 1224.35.3.

1228.13.4 Speech pathology and/or audiology service space. Where provided, the ~~The~~ speech pathology service space shall comply with Section 1224.35.4.

Should not have been deleted last round.



SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.14 PSYCHIATRIC NURSING SERVICE SPACE.

...
1228.14.1 Patient rooms. Each patient bedroom shall meet the following standards:

1228.14.1.1 Capacity. Maximum room capacity shall be two patients.

Exception: Where renovation of existing individual acute psychiatric hospital patient rooms is undertaken in facilities built under the 2013, or prior, California Building Code, maximum room capacity shall be no more than the present capacity, to a maximum of eight patients per patient room. Placement of beds shall not be more than three deep from the exterior window.

1228.14.1.2 Space requirements. Patient bedrooms shall have a minimum clear floor area inclusive of beds of 110 square feet (10.2 m²) for single-bed rooms and 80 square feet (7.43 m²) per bed for multiple-bed rooms.

...

1228.14.2.5 Examination and treatment room. Refer to Section 1228.4.4.1.1 and 1228.4.1.2.



SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.24 MORGUE.

1228.24.1 *Acute-care Psychiatric Hospitals with a licensed bed capacity of 50 to 199, ~~or more~~, shall provide a morgue with autopsy facilities.*

Exception: *This may not be required if it can be demonstrated to the licensing agency that morgue and autopsy facilities are available locally.*

1228.24.2 *Acute-care Psychiatric Hospitals with a licensed bed capacity of 200 or more shall provide a morgue with autopsy facilities.*

1228.24.~~2~~3 *Minimum requirements. Refer to Section 1224.24.~~2~~3.*



SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.30 PEDIATRIC AND ADOLESCENT PSYCHIATRIC SERVICE SPACE.

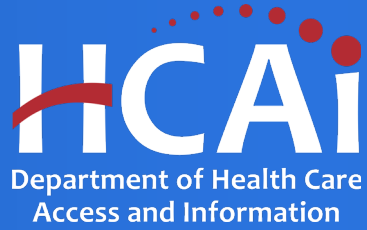
...

1228.30.1 Patient bedroom.

1228.30.1.1 Capacity. *Maximum room capacity shall be four patients.*

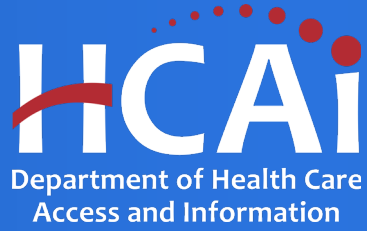
1228.30.1.2 Space requirements. *Patient bedroom areas (with beds or cribs) shall meet the following requirements:*

- 1. For single-bed rooms, a minimum clear floor area of ~~400~~ 110 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.*



2022 Building Code Part 2, Volume 2 Intervening

Putting OSHPD 2A and 2B back to just 2



2022 Intervening Part 3 Code Changes

2022 Intervening Part 3 Express Terms

517.13 Equipment Grounding Conductor for Receptacles and Fixed Electrical Equipment in Patient Care Spaces. Wiring in patient care spaces shall comply with 517.13(A) and (B).

.....

(C) Grounding System Testing. [OSHPD 1, 2, 4 & 5] The effectiveness of the grounding systems in patient care spaces shall be tested in accordance with NFPA 99: 6.3.3.1.

(D) Receptacle Testing in Patient Care Spaces. [OSHPD 1, 2, 4 & 5] Receptacles in patient care spaces shall be tested in accordance with NFPA 99: 6.3.3.2.

2022 Intervening Part 3 Express Terms

- **517.18 Category 2 (General Care) Spaces.**

(A) Patient Bed Location. ...

(B) Patient Bed Location Receptacles. ...

Exception No. 3: [OSHPD 1, 2, 4 & 5] The requirements of 517.18(A) and 517.18(B) shall not apply to patient bed locations in skilled nursing facilities and intermediate care facilities. Additionally, #hospital grade receptacles shall not be required in patient sleeping areas in ~~nursing homes~~ skilled nursing facilities and intermediate care facilities.

2022 Intervening Part 3 Express Terms

517.20 Wet Procedure Locations. Operating rooms shall be considered to be a wet procedure location, unless a risk assessment conducted by the health care governing body determines otherwise. [99:6.3.2.3.4]

(A) Receptacles and Fixed Equipment. ...

(2) Power distribution system in which the power supply is interrupted if the ground-fault current does, in fact, exceed the trip value of a Class A GFCI. [99:6.3.2.3.2].

Where GFCI protection is used in an operating room, one of the following shall apply:

(1) Each receptacle shall be an individual GFCI device.

(2) Each receptacle shall be individually protected by a single GFCI device.

[99: 6.3.2.3.9]

2022 Intervening Part 3 Express Terms

517.31 Requirements for the Essential Electrical System. ...

(E) Receptacle ~~[OSHPD 1, 2, 3, 4 & 5] and Switch~~ Identification. The cover plates for the electrical receptacles ~~[For OSHPD 1, 2, 3, 4 & 5]-and light switches~~ or the electrical receptacles ~~and light switches~~ supplied from the life safety and critical branches shall have a distinctive color or marking [\[OSHPD 1, 2, 3, 4, & 5\] \(provide either red device, red coverplate or metal coverplate with engraved text and red paint fill\)](#) so as to be readily identifiable. [99:6.7.2.3.5(B)]

2022 Intervening Part 3 Express Terms

517.42 Essential Electrical Systems for Nursing Homes and Limited Care Facilities. ...

(E) Receptacle Identification. The electrical receptacles *[OSHPD 1, 2, 4 & 5] and light switches* or the cover plates for the electrical receptacles *[OSHPD 1, 2, 4 & 5] and light switches* supplied from the life safety or equipment branches shall have a distinctive color or marking *[OSHPD 1, 2, 4 & 5] (provide either red device, red coverplate or metal coverplate with engraved text and red paint fill)* to be readily identifiable. [99: 6.7.6.3.2]

2022 Intervening Part 3 Express Terms

517.42 Essential Electrical Systems for Nursing Homes and Limited Care Facilities.

...

(F) Coordination. Overcurrent protective devices serving the essential electrical system shall be coordinated for the period of time that a fault's duration extends beyond 0.1 second.

Exception No. 1: Between transformer primary and secondary overcurrent protective devices, where only one overcurrent protective device or set of overcurrent protective devices exists on the transformer secondary.

Exception No. 2: Between overcurrent protective devices of the same size (ampere rating) in series.

Informational Note: The terms coordination and coordinated as used in this section do not cover the full range of overcurrent conditions.

2022 Intervening Part 3 Express Terms

517.44 Connection to Equipment Branch. ...

(A) Delayed Automatic Connections to Equipment Branch ...

(1) Task illumination and select receptacles in the following:
[99:6.7.6.2.1.6(D)(1)]

a. Patient care spaces [99:6.7.6.2.1.6(D)(1)(a)]

Exception No. 1: Psychiatric patient bedrooms shall not be required to have receptacle outlets installed in the room. If installed, the receptacles shall be tamper-resistant, controlled by a switch outside the room that is under the control of staff, and shall be protected by a ground-fault circuit interrupter.

2022 Intervening Part 3 Express Terms

517.44 Connection to Equipment Branch. ...

(A) Delayed Automatic Connections to Equipment Branch. ...

(7) [OSHPD 1, 1R, 2, 4 & 5] Selected receptacles in patient room or corridors so that any patient bed can be reached with fifty (50) foot extension cord.

2022 Intervening Part 3 Express Terms

517.45 Essential Electrical Systems for Other Health Care Facilities. ...

(F) [OSHPD 3] Receptacle ~~and Light Switch~~ Identification. *The cover plates for the electrical receptacles ~~and light switches~~ or the electrical receptacles ~~and light switches~~ themselves, supplied from the critical and life safety branches ~~emergency system~~, shall have a distinctive color or marking (provide either red device, red coverplate or metal coverplate with engraved text and red paint fill) so as to be readily identifiable.*

2022 Intervening Part 3 Express Terms

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

- **(G) Power Source Selection.** ... *[OSHPD 1, 2 (facilities complying with Article 517.40(B), & 4 & 5)]*
Transfer switch shall comply with Article 517.301(B)(53).

2022 Intervening Part 3 Express Terms

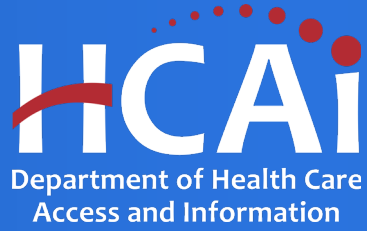
700.3 Tests and Maintenance. ...

(F) Temporary Source of Power for Maintenance or Repair of the Alternate Source of Power. ...

Exception: The permanent switching means to connect a portable or temporary alternate source of power, for the duration of the maintenance or repair, shall not be required where any of the following conditions exists:

(4) A permanent alternate emergency source, such as, but not limited to, a second on-site standby generator or separate electric utility service connection, capable of supporting the emergency system, exists.

(4.1) [OSHPD 1, 1R, 2, 4 & 5] A permanent alternate emergency source, such as, but not limited to, a second on-site standby generator or separate electric utility service connection, capable of supporting the life safety and critical branch loads, exists.



2022 Intervening Part 4 Code Changes

2022 Intervening Part 4 Express Terms

320.0 Air Conditioning and Heating Systems

320.1 Requirements for Hospitals and Optional Services Provided in Correctional Treatment Centers. [OSHPD 1, 1R, 4 & 5]

320.1.1 *The systems shall be designed to provide the temperatures and relative humidity for sensitive areas or rooms shown in Table 4-A. When outdoor humidity and internal moisture sources are not sufficient to meet the requirements of sensitive areas or rooms in Table 4-A, humidification shall be provided by means of the healthcare facility air-handling systems. Temperature shall be individually controlled for each operating and delivery room. Burn unit patient rooms that require humidifiers to comply with the requirements of sensitive areas or rooms in Table 4-A shall be provided with individual humidity control. All ~~h~~Humidifiers shall be of the use dry steam or adiabatic type. Adiabatic humidifiers shall comply with the water treatment requirements in accordance with ASHRAE 170. Humidifiers shall be located within air handling systems or ductwork to avoid moisture accumulation in downstream components, including filters and insulation.*

2022 Intervening Part 4 Express Terms

CHAPTER 3

323.0 Diesel-Powered Emergency Generators. [OSHPD 1, 1R, 2, 3, 4 & 5] *The minimum horizontal distance between operable doors and windows and diesel-powered emergency electrical generator exhaust less than 65 feet (19.81 m) vertically below these building openings shall be 30 feet (9.14 m). The minimum horizontal distance from the generator exhaust to a property line shall be 15 feet (4.57 m) or per the requirements of the local AHJ, whichever is greater.*

2022 Intervening Part 4 Express Terms

CHAPTER 4

402.0 Ventilation Air.

...

402.1.2 Ventilation in Health Care Facilities.

Mechanical ventilation for health care facilities shall be designed and installed in accordance with this code and ASHRAE 170. *[OSHPD 1, 1R, 2, 3, 4 & 5]-2013, through Addendum ae. Ventilation rates for areas not specified in Table 4-A shall have minimum ventilation and air change rates per ANSI/ASHRAE Standard 62.1. Where areas with prescribed ventilation rates in both Standards 62.1 and Table 4-A exist, the higher of the two air change rates shall be used. All supply-air, return air, and exhaust-air systems shall comply with ASHRAE 170. The text of ASHRAE 170 shall be modified as follows:*

2022 Intervening Part 4 Express Terms

402.1.2 Ventilation in Health Care Facilities cont'd:

(1) ASHRAE 170. Section 6.1.2.1 -- Not adopted.

(2) ASHRAE 170. Section 6.3.1.2 – Modify as follows: Relief air discharge shall be at least 10 feet from any outside air intake.

(~~23~~) ASHRAE 170. Section 6.3.2 -- Not adopted.

(~~34~~) ASHRAE 170. Table 6.4 -- Not adopted.

(~~45~~) ASHRAE 170. Section 6.4-6.4.4 -- Not adopted.

(~~56~~) ASHRAE 170. Section 6.9 -- Not adopted.

(~~67~~) ASHRAE 170. Section 7.1a -- Modify as follows: Replace reference to Table 7.1 with reference to Table 4-A.

(~~78~~) ASHRAE 170. Section 7.2.1a through e – Not adopted.

(~~89~~) ASHRAE 170. Section 7.2.2 a through c, and e – Not adopted.

(~~910~~) ASHRAE 170. Section 7.2.3 -- Not adopted.

(~~1011~~) ASHRAE 170. Section 7.3.1 -- Modify as follows: Replace reference to Table 7.1 with reference to Table 4-A.

(~~1112~~) ASHRAE 170. Section 7.4.1 -- Modify as follows: Delete the Exception that allows for high return grilles.

2022 Intervening Part 4 Express Terms

CHAPTER 4

407.0 Ventilation System Details. [OSHPD 1, 1R, 2, 3, 4 & 5]

...

407.1.2 Fans serving exhaust systems shall be located at the discharge end of the system. Ductwork within the building shall be under negative pressure. The ventilation rates shown in Table 4-A shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates if they are required to meet design conditions.

2022 Intervening Part 4 Express Terms

CHAPTER 4

407.2 Outdoor Air Intakes and Exhaust Outlets.

407.2.1 Outdoor Air Intakes. *Outdoor air intakes shall be located at least 25 feet (7.62 m) from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, cooling towers, and areas that may collect vehicular exhaust or other noxious fumes. Plumbing vents shall be located in relation to outdoor air intakes per California Plumbing Code. The bottom of outdoor air intakes shall be located as high as practicable, but not less than 10 feet (3048 mm) above ground level. Outside air intakes located in a below grade areaway shall have the top of the areaway extend a minimum of 10' above grade. If installed above the roof, they shall be located 18 inches (457 mm) above roof level or 3 feet (914 mm) above a flat roof where heavy snowfall is anticipated.*

2022 Intervening Part 4 Express Terms

CHAPTER 4

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

...

408.1.5 *Filter bank No. 1 shall be located upstream of the air-conditioning equipment. Filter bank No. 2 and filter bank No. 3 shall be located downstream of the supply fan and all cooling and humidification equipment with efficiencies as indicated in Table 4-B or Table 4-C.*

Exception: ~~Dry steam-type h~~Humidifiers for local room humidity control may be installed in the supply air duct downstream of the final filter bank where designs are specifically approved by the enforcing agency. ~~Dry steam is that which is defined in the ASHRAE HVAC Systems and Equipment Handbook.~~ Humidification shall be in accordance with 320.1.1.

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>Airborne infection isolation treatment/exam room</i>	<i>Negative</i>	2	12	Yes	No	NR <u>max60</u>	NR <u>70-75/21-24</u>
...							
<i>Blood draw/phlebotomy</i>	NR	2	6	NR	NR	NR	NR <u>70-75/21-24</u>
...							
Critical and intensive care (ac)	NR	2	6	NR	No	30-60	70-75/21-24
<i>CT Scan</i>	NR	2	6	NR	NR	max60	NR <u>70-75/21-24</u>
...							

2022 Intervening Part 4 Express Terms

<i>Electroconvulsive therapy procedure room</i>	<u>Positive</u>	3	15	NR	NR	NR	<u>NR70-75/21-24</u>
...							
<i>Fast track room</i>	NR	2	6	NR	NR	NR	<u>NR70-75/21-24</u>
<i>Fluoroscopy room</i>	Negative	2	6	Yes	No	NR	<u>NR70-75/21-24</u>
...							
<i>Infusion room</i>	Positive	2	6	NR	NR	NR	<u>NR70-75/21-24</u>
...							
<i>Interventional imaging procedure room</i>	Positive	5	15	NR	NR	<u>NR20-60</u>	<u>NR70-75/21-24</u>
...							
<i>Lactation</i>	NR	2	6	NR	NR	NR	<u>NR70-75/21-24</u>
...							
<i>MRI room</i>	NR	2	6	NR	NR	NR	<u>NR70-75/21-24</u>
...							

2022 Intervening Part 4 Express Terms

Newborn intensive care formula room	<u>Positive</u>	2	10	NR	NO	NR	70-75/21-24
...							
Nuclear medicine (Gamma, PET, SPECT)	Negative	2	6	Yes	No	NR	NR <u>70-75/21-24</u>
...							
Patient holding preparation	NR	2	6	NR	No	NR	NR <u>70-75/21-24</u>
...							
Pediatric play area	NR	2	6	NR	NR	NR	NR <u>70-75/21-24</u>
...							
HD ante room (b)	Positive	NR	NR <u>30</u>	NR	NR	<60	≤68/≤20
...							
Non-HD segregated compounding area (<u>ad</u>)	NR	NR	NR	NR	NR	NR	NR
...							
Pre-screening area	Negative	2	12	Yes(q)	NR	NR	NR <u>70-75/21-24</u>
...							
Recreation/activity room	NR	2	6	NR	NR	NR	NR <u>70-75/21-24</u>
...							

2022 Intervening Part 4 Express Terms

Seclusion room	NR	2	6	NR	NR	NR	NR70-75/21-24
...							
Shower room	Negative	2	10	Yes	No	NR	NR70-75/21-24
...							
Special purpose room (SNF & ICF only)	NR	2	6	Yes	NR	NR	NR70-75/21-24
Speech therapy/audiology room	NR	2	6	NR	NR	NR	NR70-75/21-24
...							
Ultrasound room	NR	2	6	NR	NR	NR	NR70-75/21-24

2022 Intervening Part 4 Express Terms

u. The All room described in this standard shall be used for isolating the airborne spread of infectious diseases, such as measles, varicella, or tuberculosis. *The airborne infection isolation room shall have negative pressure in relation to the anteroom, and the adjoining toilet room shall have negative pressure in relation to the airborne infection isolation room.* Supplemental recirculating devices using HEPA filters shall be permitted in the All room to increase the equivalent room air exchanges; however, the minimum outdoor air changes of Table 4-A are still required. All rooms that are retrofitted from standard patient rooms from which it is impractical to exhaust directly outdoors may be recirculated with air from the All room, provided that air first passes through a HEPA filter. When the All room is not utilized for airborne infection isolation, the pressure relationship to adjacent areas, when measured with the door closed, shall remain unchanged and the minimum total air change rate shall be 6 ach. Switching controls for reversible airflow provisions shall not be permitted. ~~*The anteroom shall have positive air pressure in relation to the airborne infection isolation room.*~~ *A door louver, transfer grille, or other acceptable means may be provided to allow for airflow from the anteroom to the airborne infection isolation room.*

2022 Intervening Part 4 Express Terms

...
ac Intensive care patient rooms that contain a modular toilet/sink combination unit within the room shall be provided with a minimum of 75 cfm (35.4 Lis) of exhaust directly over the modular toilet/sink combination unit.

ad. The requirements for the non-HD segregated compounding area shall meet the minimum requirements for the room which it is located in.

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 CLINICS¹**

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>Administrative, med staff support areas, bulk storage, soiled holding areas, food preparation areas, public cafeterias, and laundries</i>	1 ⁶	30 80%	---	---
		(8 ¹³)	---	---
<i>Psychiatric hospitals intended for the care and treatment of inpatients who do not require acute medical services</i>	1 ⁶	30 80%	---	---
		(8 ¹³)	---	---

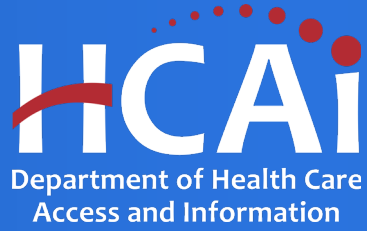
6. Additional prefilters may be used to reduce maintenance for filters with minimum efficiency of MERV 8.

2022 Intervening Part 4 Express Terms

**TABLE 4-C
 FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR-CONDITIONING SYSTEMS IN SKILLED
 NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES AND CORRECTIONAL TREATMENT CENTERS¹**

AREA DESIGNATION	MINIMUM NUMBER OF FILTER BANKS	FILTER EFFICIENCY % FILTER BANK	
		(MINIMUM EFFICIENCY REPORTING VALUE MERV) ⁵	
		NO. 1 ¹	NO. 2 ¹
...
<i>Administrative, bulk storage, soiled holding, laundries and food prep areas</i>	1 ⁶	3080%	
		(813)	---

[4. Additional prefilters may be used to reduce maintenance for filters with minimum efficiency of MERV 8.](#)



2022 Intervening Part 5 Code Changes

2022 Intervening Part 5 Express Terms

210.0 – H –

Handwashing Fixture [OSHPD 1, 2, 3, 4 & 5]. Handwashing fixtures consist of faucet, trim and lavatory as described:

(1) Faucets and Trim

...

d. Faucets shall be equipped with gooseneck spouts. A gooseneck spout shall be deck or fixture-mounted so the discharge point of the spout return is at least 10 inches (25.4 mm) above the bottom of the basin. The water shall not flow directly from the spout into the drain. The gooseneck spout shall have a 180 \pm 5 degree return with a constant radius and the outlet pointing vertically down.

2022 Intervening Part 5 Express Terms

321.0 Essential Plumbing Provisions. [OSHPD 1, 2, 3(surgical clinics), 4 & 5] During periods of power outages essential electrical power shall be provided for the following equipment:

- (1) Domestic water booster pumps.
- (2) Domestic hot water circulating pumps.
- (3) Sewage ejector pumps.
- (4) Sump pumps and drainage pumps.
- (5) Domestic water heating equipment and their controls.
- (6) Fuel pumps.
- (7) Grease removal devices requiring electrical power
- (8) Domestic hot water high temperature alarm.

2022 Intervening Part 5 Express Terms

310.9 [OSHPD 1, 2, 3, 4 & 5] *Drainage piping over operating and delivery rooms, nurseries, food preparation centers, food-serving facilities, food storage areas, [compounding ante and buffer rooms](#) and other sensitive areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage from necessary overhead drainage piping systems. Piping over switchboards, panel boards, and motor control centers are subject to restrictions of the California Electrical Code where applicable.*

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 ~~Tables 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.

...

2022 Intervening Part 5 Express Terms

TABLE 422.1 MINIMUM PLUMBING FACILITIES¹

...

Notes:

...

7 [OSHDPD ...]When there are less than five employees, separate toilet rooms for each sex are not required provided toilet rooms can be locked from the inside and contain at least one water closet.

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 anteroom</i>	<i>1²⁰</i>					
...						
<i>Delivery room</i>		<i>1^{10 33}</i>				
<i>LDR or LDRP room</i>	<i>1³³</i>		<i>1</i>	<i>1</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>		
...						
<i>Patient toilet and bath facilities¹³</i>	<i>1²</i>		<i>1:4 beds</i>	<i>1:1²¹⁶</i>		
<i>Central bathing facility¹⁶</i>	<i>1</i>		<i>1</i>	<i>1</i>		
<i>Special bathing facility¹⁶</i>				<i>1</i>		
...						

2022 Intervening Part 5 Express Terms

SPACE	HANDWASHING FIXTURE	SCRUB SINKS ³	TOILETS	BATHTUBS OR SHOWERS	SERVICE SINKS ¹	CLINIC SINKS
...						
<i>Psychiatric unit patient room</i>	<i>1^{<u>36</u>}</i>		<i>1</i>			
...						

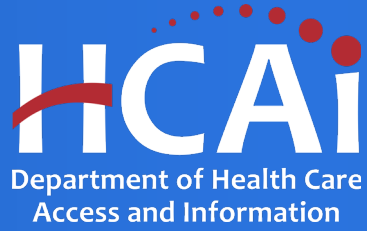
~~16 A minimum of one bathtub is required on each floor of an acute care or acute psychiatric hospital providing skilled nursing or intermediate care services. Special bathing facilities/gurney shower shall be provided at a minimum ratio of one per 100 beds for acute care facilities~~

~~...~~

~~20 Not required when there is a handwash fixture in the patient bed room.~~

~~...~~

36 Handwashing stations are required in patient toilet rooms. Handwashing stations are not required in patient bedrooms.



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 ~~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.

6. HCAI Preapproved Details (OPD)

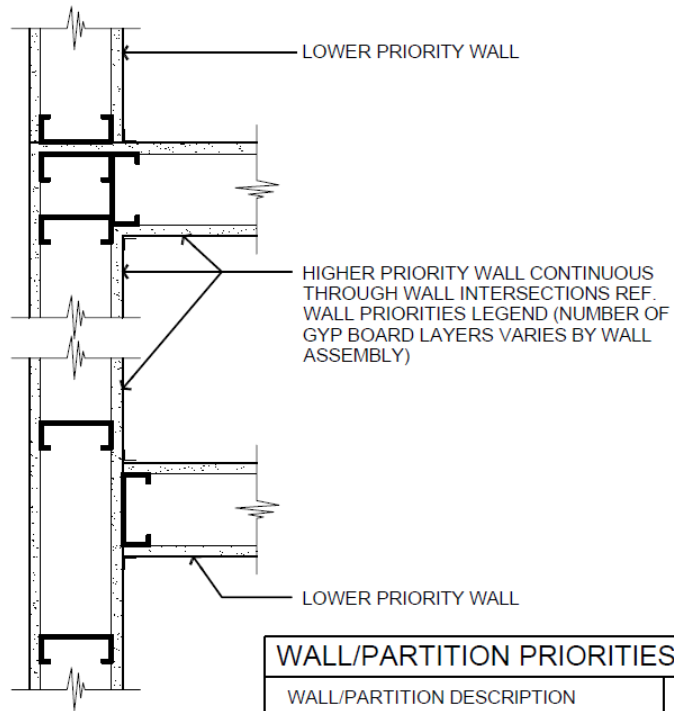
Facilitator: Michael O'Connor, Committee Chair (or designees)

- Update on OPD Development
- Discussion and public input

HCAI PRE-APPROVED DETAILS (HPD) DEVELOPMENT & REVIEW TRACKING

Detail Number	Detail	HBSB Received Date	Candidate for OPD	Detail Discussion/Edits	Issued as an OPD
Structural					
	HM Door Head at Metal Framing	8/18/2021			
	Bottom Track Splicing	8/18/2021			
	Gypsum Board Patch Back	8/18/2021			
	Pipe Roof Anchorage	8/18/2021			
	Concrete Slab On-Grade Repair	8/18/2021	Yes		
Fire and Life Safety					
	Shaft Corner Edge Framing	8/18/2021			
	Corridor Tunnel Construction / Ceiling Framing	8/18/2021			
	Wall Assembly Intersection Priorities	6/24/2021	Yes	Proposed detail currently being reviewed.	
Electrical & Communications					
Mechanical					

- No new details have been received by HCAI since the last meeting.



WALL/PARTITION PRIORITIES LEGEND	
WALL/PARTITION DESCRIPTION	PRIORITY
4 HR FIRE BARRIER OR FIRE WALL	1 (HIGHEST)
3 HR FIRE BARRIER OR FIRE WALL	2
2 HR FIRE WALL	3
2 HR FIRE BARRIER SHAFT WALL	4
2 HR FIRE BARRIER EXIT CONSTRUCTION	5
INTERIOR EXIT STAIRS	
INTERIOR EXIT RAMP	
EXIT PASSAGEWAY	
HORIZONTAL EXIT	
2 HR FIRE BARRIER & SMOKE BARRIER	6
2 HR FIRE BARRIER	7
1 HR FIRE BARRIER EXIT CONSTRUCTION	8
INTERIOR EXIT STAIRS	
INTERIOR EXIT RAMP	
EXIT PASSAGEWAY	
1 HR FIRE BARRIER	9
1 HR SMOKE BARRIER	10
1 HR FIRE PARTITION	11
NONRATED SMOKE PARTITION	12
NONRATED PARTITION	13 (LOWEST)

Section Title : FIRE LIFE SAFETY - WALL ASSEMBLIES

OPD No:

Sheet Title : WALL ASSEMBLY INTERSECTION
PRIORITIES

-

7. 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:

- October 13, 2022