

**INITIAL EXPRESS TERMS
FOR PROPOSED BUILDING STANDARDS
OF THE OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT
REGARDING THE 2025 CALIFORNIA ADMINISTRATIVE CODE
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 1
(OSHDP 0X/24)**

The state agency shall draft the regulations in plain, straightforward language, avoiding technical terms as much as possible and using a coherent and easily readable style. The agency shall draft the regulation in plain English. A notation shall follow the express terms of each regulation listing the specific statutes authorizing the adoption and listing specific statutes being implemented, interpreted, or made specific (Government Code Section 11346.2(a)(1)).

If using assistive technology, please adjust your settings to recognize underline, strikeout and ellipsis.

LEGEND for EXPRESS TERMS (California Administrative Code - Part 1)

- Existing California amendments appear upright
- Amended or new California amendments appear underlined
- Repealed California language appears ~~upright and in-strikeout~~
- Ellipses (...) indicate existing text remains unchanged
- Notes for publisher appears as **text** with **blue highlight**. **Blue highlighted texts** are not code amendments and shall not be published as such.

INITIAL EXPRESS TERMS

ITEM [Insert Item #]

**CHAPTER 6
SEISMIC EVALUATION PROCEDURES FOR HOSPITAL BUILDINGS
ADMINISTRATIVE REGULATIONS FOR THE
OFFICE OF STATEWIDE HEALTH HOSPITAL PLANNING AND DEVELOPMENT
(OSHDP)**

ARTICLE 1 - DEFINITIONS AND REQUIREMENTS

1.0 Scope. The regulations in this article shall apply to the administrative procedures necessary to implement the seismic retrofit requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983.

1.1 Application. The regulations shall apply to all general acute care hospital facilities as defined in Section 1.2 of these regulations.

1.2 Definitions. Unless otherwise stated, the words and phrases defined in this section shall have the meaning stated therein throughout Chapter 6, Part 1, Title 24.

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ADMINISTRATIVE EXTENSION means an extension not to exceed two years granted while the hospital's application for an extension pursuant to Section 1.5.2 Item 8 is being reviewed by the Office.

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DAMAGE CONTROL STRUCTURAL PERFORMANCE CATEGORY is a performance category that has been demonstrated either by analysis or retrofit to satisfy the requirements of Section 1.4.5.1.3 and the California Existing Building Code (CEBC) Sections ~~303A.3.4.5~~ 304A.3.4.5, 501A.3.1, and or, 501A.3.2 or equivalent provisions in later editions of the CEBC. Buildings satisfying this structural performance standard shall be deemed to satisfy the requirements of the Structural Performance Category SPC-4D.

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GENERAL ACUTE CARE HOSPITAL as used in Chapter 6, Part 1 means a hospital building as defined in Section 129725 of the Health and Safety Code and that is also licensed pursuant to subdivision (a) of Section 1250 of the Health and Safety Code, but does not include these buildings if the beds licensed pursuant to subdivision (a) of Section 1250 of the Health and Safety Code, as of January 1, 1995, comprise 10 percent or less of the total licensed beds of the total physical plant, and does not include facilities owned or operated, or both, by the Department of Corrections. It also precludes hospital buildings that may be licensed under the above-mentioned code sections, but provide skilled nursing, or acute psychiatric, or chemical dependency recovery services only.

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NONCONFORMING BUILDING means any building that is not a conforming building.

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PROBABILITY OF COLLAPSE means the fraction of building that is expected to collapse given that the ground motions defined in Section ~~4.4.5.1.2.1.4~~ 1.8.1 Item 4 occur at the building site.

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STRUCTURAL PERFORMANCE CATEGORY (SPC) means a measure of the probable seismic performance of building structural systems and risk to life posed by a building subject to an earthquake, as defined in Article 2, Table 2.5.3 of these regulations.

STRUCTURAL PERFORMANCE CATEGORY SPC-4D is a performance category assigned to previously nonconforming hospital buildings that have been demonstrated either by analysis or retrofit to be equivalent to the minimum prescriptive requirements of the 1979 Uniform Building Code (UBC 1979) including the California amendments, hereafter called the 1980 CBC, in accordance with Section 1.4.5.1.3 or the California Existing Building Code Sections 304A.3.3 and ~~303A.3.4.5~~ 304A.3.4.5, 501A.3.1 ~~and~~ or 501A.3.2.

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1.3 Seismic evaluation. All general acute care hospital owners shall perform a seismic evaluation on each hospital building in accordance with the Seismic Evaluation Procedures as specified in Articles 2 through 11 of these regulations. By January 1, 2001, hospital owners shall submit the results of the seismic evaluation to the Office for review and approval. By completing this seismic evaluation, a hospital facility can determine its respective seismic performance categories for both the Structural Performance Category (SPC) and the Nonstructural Performance Category (NPC) in accordance with Articles 2 and 11 of these regulations.

Exception: The Structural Performance Category of SPC- 4D shall be established in accordance with Section 1.4.5.1.3 and the California Existing Building Code Sections 304A.3.3 and 303A.3.4.5, 501A.3.1, ~~and~~ or 501A.3.2 or equivalent provisions in later editions of the CEBC.

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1.4 Compliance plans. A compliance plan shall be prepared and submitted for each building subject to these regulations. All general acute care hospital owners shall formulate a compliance plan which shall indicate the facility's intent to do any of the following:

1. Building retrofit for compliance with these regulations for continued acute care operation beyond 2030;
2. Partial retrofit for initial compliance, with closure or replacement expected by 2002, 2008, 2013 or 2030;
3. Removal from acute care service with conversion to nonacute care health facility use; or
4. No action, building to be closed, demolished, or replaced.

This plan ~~must~~ shall clearly indicate the actions to be taken by the facility and ~~must~~ shall be in accordance with the timeframes set forth in Article 2 (Structural Performance Category-"SPC") and Article 11 (Nonstructural Performance Category-"NPC") of the Seismic Evaluation Procedure regulations.

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1.4.4.4 Compliance plan schedule. Provide a bar graph schedule which describes the schedule for compliance with the SPC and NPC seismic performance categories, indicating the schedule of the following major phases of the plan:

1. Obtain a geotechnical report (if necessary);
2. Architecture and engineering design/construction document preparation;

3. Local approvals;

| BUILDING NAME/ DESIGNATION | BUILDING TYPE (per Section 2.2.3) | SPC existing | SPC planned | NPC existing | NPC planned |
|----------------------------|-----------------------------------|--------------|-------------|--------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

4. Office review, approval and permitting;
5. Approval of California Department of Public Health (CDPH) Services Licensing and Certification, and any other required licensing;
6. Permanent relocation of acute care services to other buildings or facilities (identify services affected);
7. Temporary/interim relocation of acute care services to other buildings including the duration of the approved program flexibility plan pursuant to Health and Safety Code Section 1276.05;
8. Construction period; and
9. Beneficial occupancy.

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1.4.5 Compliance plan update/change notification. ~~Should~~ When a hospital owner changes an approved Compliance Plan, the hospital shall document any changes and submit for review and approval to the Office an amended Compliance Plan. Changes are defined as alterations to the planned level of seismic performance or compliance schedule. Submittal of an amended compliance plan shall require a hospital owner to comply with one or more of the following provisions, if applicable:

1. A hospital owner shall submit to the California Department of Public Health (CDPH) Services' Seismic Safety Unit (DHS) Licensing and Certification an Office approved compliance plan that includes interim relocation of general acute care services in accordance with a program flexibility plan pursuant to Health and Safety Code Section 1276.05. This submittal by the hospital owner to CDPH ~~DHS~~ shall occur within 30 days of the Office's approval.
2. A hospital owner shall comply with the requirements of Section 1.5.2, "Delay in Compliance" for any amended compliance plan.
3. A hospital owner amending a compliance plan to attain a higher NPC level will perform a nonstructural evaluation of the systems and components required for the planned level of nonstructural performance identified in Table 11.1, "Nonstructural Performance Categories."
4. An owner of a hospital building not in compliance with Health and Safety Code Section 130065 shall submit for review and approval a revised compliance plan to the Office no later than 3/1/2025.

1.4.5.1 Change in seismic performance category. The SPC or NPC for a hospital building may be changed by the Office from the initial determination in Section 1.3.3 or

1.3.4, provided the building has been modified to comply with the requirements of the *California Existing Building Code* (Part 10 of Title 24) for the specified SPC or NPC. *The SPC of a hospital building shall also be permitted to be changed on the basis of the following:*

1. Collapse probability assessments in accordance with Section 1.4.5.1.2; or
2. *Analysis or retrofit in accordance with Section 1.4.5.1.3.*

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1.4.5.1.3 Nonconforming hospital buildings shall be permitted to be reclassified to SPC-4D, pursuant to Table 2.5.3, in accordance with the CEBC Sections 304A.3.3 and 303A.3.4.5, 501A.3.1, and or 501A.3.2. ~~or equivalent provisions in later editions of the CEBC.~~

Exceptions: Hospital buildings with the following deficiencies are not eligible for reclassification to SPC-4D:

1. Hospital buildings with the potential for surface fault rupture and surface displacement at the building site (Section 9.3.3).
2. Unreinforced Masonry shear wall buildings (Section 5.4), and
3. Precast Concrete buildings (Sections 4.4, 5.2 & 7.4).

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1.5.2 Delay in compliance.

1. **Requirements for NPC.** For any general acute care hospital building the following shall apply: ~~located in Seismic Design Category D, as defined by Section 1613A of the 2013 California Building Code:~~

1.1. By January 1, 2024, the hospital owner shall submit to the Office a complete nonstructural evaluation up to NPC 4 or 4D and NPC 5, for each building.

1.2. By ~~January~~ March 1, 2026, the hospital owner shall submit to the Office construction documents for NPC 4 or 4D and NPC 5 compliance that are deemed ready for review by the Office, for each building that will continue to provide acute care services beyond January 1, 2030.

Exception: Buildings that have been removed from general acute care service, or have projects to remove the building from acute care services by 2030.

1.3. By ~~January~~ March 1, 2028, the hospital owner shall obtain a building permit to begin construction, for NPC 4 or 4D and NPC 5 compliance of each building that the owner intends to use as a general acute care hospital building after January 1, 2030. Hospitals not meeting the ~~January~~ March 1, 2028 deadline set by this section shall not be issued a building permit for any noncompliant building except those required for seismic compliance in accordance with the California Administrative Code (Chapter 6), maintenance, and emergency repairs until the building permit required by this section is issued.

Exception: If the hospital has obtained an extension for SPC compliance, the NPC compliance deadlines shall coincide with the approved SPC

extension deadlines and the requirements of Sections 1.5.2 shall be deemed to be satisfied.

- 1.4. After ~~January~~ March 1, 2028, buildings with an NPC rating ~~less than 4.3 or less~~, all remodels/renovations, or other construction work, shall include anchorage and/or bracing of all equipment and services within the boundary of the scope of work that is not in compliance with NPC 4 or NPC 4D.

Exception 1: Remodels/renovations, or other construction work, that remove a room or space from service use or occupancy for less than 24 hours.

Exception 2: Where 20 percent or less of the affected existing construction, such as ceilings, walls, and ducts, but independent of finishes, is removed to access equipment and services for anchorage/bracing may be reinstalled as it pre-existed prior to the NPC work, as long as it was in compliance with the code at the time it was installed/constructed.

Exception 3: Buildings that have been removed from general acute care service, or have projects to remove the building from acute care services by 2030.

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2. Requirements for SPC.

~~1. Extension until January 1, 2020. Any SPC-1 general acute care hospital building that has received an extension to the January 1, 2008, deadline for both the structural and nonstructural requirements may receive an additional extension of up to seven years to the January 1, 2013, deadline for both the structural and nonstructural requirements.~~

~~1.1. For an SPC-1 building to be eligible for this extension, all of the following conditions must be met:~~

~~(a) The hospital owner requesting an extension for an SPC-1 building in accordance with this section, must submit to the Office no later than March 31, 2012, the following:~~

~~(i) An application for extension accompanied by a letter of intent stating whether the hospital intends to rebuild, replace or retrofit the building, or remove all general acute care beds and services from the building.~~

~~(ii) A facility site plan identifying the SPC-1 hospital building for which the extension is being requested by name and OSHPD assigned building number.~~

~~(iii) A chart or a bar graph schedule which describes the necessary amount of time and schedule to complete the construction for the subject building in order to achieve the targeted building resolution~~

~~stipulated in the letter of intent pursuant to Section 1.5.2 Item 2.1.1(a)(i). The chart shall indicate all major milestones required for the implementation of the construction plan.~~

~~(iv) A narrative description and supporting documentation demonstrating how the hospital intends to meet the requested deadline and why the requested extension is necessary.~~

~~(v) When applicable, a narrative description and supporting documentation demonstrating community access to essential hospital services as specified in Section 1.5.2 Item 2.1.5.~~

~~(vi) When applicable, a narrative description and supporting documentation demonstrating the hospital owner's financial hardship to meet the milestones specified in Section 1.5.2 Items 2.1.6.~~

~~(vii) Information on the type of use/ occupancy of the SPC-1 building by listing the type of services currently delivered in the building.~~

~~(b) The hospital owner submits to the Office, no later than September 30, 2012, an application and required documents ready for review seeking collapse probability assessment for its SPC-1 building in accordance with Section 1.8.2.~~

~~(c) The hospital owner submits to the Office, no later than January 1, 2015, construction documents ready for review consistent with the letter of intent and the schedule submitted pursuant to Section 1.5.2 Items 2.1.1(a)(i) and (iii). The construction documents shall be accompanied by a financial capacity report. The financial capacity report shall demonstrate the hospital owner's financial capacity to implement the construction plans submitted pursuant to this subsection.~~

~~(d) The hospital owner receives a building permit consistent with the letter of intent and the schedule submitted pursuant to Section 1.5.2 Items 2.1.1(a)(i) and (iii) no later than July 1, 2018.~~

~~1.2. A hospital may demonstrate that it has complied with the requirements of their compliance schedule if they received confirmation of compliance from the Office by the end of their extension date.~~

~~1.3. Extensions to the January 1, 2013 compliance deadline.~~

~~1.3.1. The maximum permitted extension for a hospital building is the greater extension time allowed based on consideration of the structural integrity of the building as determined by the Risk-Based Extension in Section 1.5.2. Item 8.4, the access to essential hospital services as~~

~~determined in Section 1.5.2 Item 8.5 and the Financial Hardship as determined by Section 1.5.2 Item 8.6. In no event shall the maximum permitted extension exceed seven years or the amount of time reasonably required to complete the construction described in Section 1.5.2 Item 2.1.1(a), whichever is less.~~

~~1.3.2. Upon acceptance of the application for extension and all submittal documentation required in Section 1.5.2 Item 8.1(a) an SPC-1 building may be granted an Administrative Extension by the Office.~~

~~1.4. Risk-Based Extension. The risk-based extension is based on the seismic risk coefficient.~~

~~(a) The seismic risk coefficient posed by a building, P , shall be determined by:~~

$$P = H \times E$$

~~Where:~~

~~H = the value of the collapse probability in percent, as determined by the requirements of Section 1.8; and,~~

~~E = the Exposure Factor, based on the presence of Basic and Supplemental Services, as defined in Part 2, Title 24, Section 1224.3.~~

~~The Exposure Factor E shall be taken as:~~

~~$E = 0.5$ where the building houses only storage spaces, central sterile supply spaces, and/or utility plant spaces.~~

~~$E = 0.7$ where the building houses only clinical laboratory, pharmaceutical, dietetic and/or support services spaces, or nonpatient care building which is contiguous to and provides egress or structural support to an acute care hospital building(s).~~

~~$E = 1.0$ where the building houses any other Basic and/or Supplementary Service spaces.~~

~~Where a building contains more than one Basic and/or Supplementary Service space, the largest value of E shall apply.~~

~~(b) The Risk-Based Extension is determined by the seismic risk coefficient, P :~~

~~i. Where $P \leq 3.0\%$, the Risk-Based Extension for the building shall not exceed seven years.~~

~~ii. Where $P > 3.0\%$ but $P \leq 5.0\%$, the Risk-Based Extension for the building shall not exceed five years.~~

~~iii. Where $P > 5.0\%$, the Risk-Based Extension for the building shall not exceed two years.~~

~~iv. Regardless of the seismic coefficient, P , the Risk-Based Extension for any building straddling an Active Fault shall not exceed two years.~~

~~1.5. Community access to essential hospital services. The potential effect of closure of the hospital building on community access to essential hospital services shall be evaluated. A building at a hospital defined as a Critical Community Provider in accordance with this Section is eligible for a Maximum Permitted Extension of up to seven years. The hospital may be classified as a Critical Community Provider if it meets the requirements of Section 1.5.2 Items 2.1.5(a), 2.1.5(b), 2.1.5(c), 2.1.5(d) or 2.1.5(e):~~

~~(a) The hospital meets the requirements of (i) or (ii) below:~~

~~i. Certified as a Sole Community Hospital, Critical Access Hospital, or Rural Referral Center by the Department of Health and Human Service Centers for Medicare & Medicaid Services.~~

~~ii. Disproportionate Share Hospital. For purposes of this section a hospital is deemed to be a disproportionate share hospital if it meets the eligibility requirements of the Welfare and Institutions Code, Section 14105.98 for at least two years during the five most current years prior to application for an extension.~~

~~(b) The hospital provides care for uninsured/ underinsured populations. To qualify, the hospital must meet or exceed all of the following minimum thresholds:~~

~~i. 10 percent Medicaid Discharges.~~

~~ii. 10 percent Medicaid Emergency Department visits.~~

~~iii. 10 percent Uninsured Emergency Department visits.~~

~~iv. Inpatient Occupancy rate of the hospital general acute licensed beds greater than 50 percent.~~

~~(c) The hospital is a critical service provider of any of the following specialized medical care within its service area as defined in Section 1.5.2 Item 2.1.5(f):~~

~~i. Trauma Center as defined by CCR — Title 22, Division 9, Section 400248.~~

~~ii. Children's Hospital as defined by the Welfare and Institutions Code, Section 40727.~~

- ~~iii. Burn Unit as defined by CCR—Title 22, Division 5, Section 70421.~~
- ~~iv. Emergency department provides 10 percent or more of the total Emergency Treatment Stations.~~
- ~~v. A hospital in which its service area has an average number of patient beds/1000 population below 1.5.~~

~~(d) The hospital provides more than 20 percent of the licensed acute care beds in the hospitals' service area as defined in Section 1.5.2 Item 2.1.5(f).~~

~~(e) A tertiary or specialty hospital dedicated to specific sub-specialty care with volumes in excess of 50 percent of total annual discharges within the county in which the hospital is located.~~

~~(f) Hospital Service Area. The total geographic area comprised by the sum of all patient origin regions that significantly contribute to the inpatient population of the subject hospital. For the purposes of determining the hospital service area, conditions (i) and (ii) listed below shall be satisfied:~~

~~(i) The number of regions considered shall include all the regions with a relative hospital ratio of inpatient discharges per region greater than 5 percent of the total hospital inpatient discharges. "Relative hospital ratio of inpatient discharges per region" means the number of hospital patients discharged in a region by the subject hospital in relation to the total hospital patients discharged for the same region by all hospitals.~~

~~(ii) The number of regions considered shall include all the regions with a hospital ratio of inpatient discharges per region that cumulatively account for at least 70 percent of the total hospital patient discharges. "Hospital ratio of inpatient discharges per region" means the number of hospital patients discharged in a region by the subject hospital in relation to the total patients discharged by the subject hospital. The data utilized to determine community access to essential hospital services shall be based on the hospital's most current fiscal reporting information filed with the Office or on the hospital's fiscal reporting information filed with the Office for any of the most current three years.~~

~~1.6. Financial Hardship. Evaluation of financial hardship shall be determined on a hospital-by-hospital basis. A building at a hospital that meets the financial hardship criteria of this section is eligible for a Maximum Permitted Extension of up to seven years. A hospital may be determined to have financial hardship if it meets at least one of the following requirements:~~

(a) Financial performance. The hospital meets all of the following thresholds:

i. Negative operating margin for the hospital for at least two years during the five years prior to application for an extension.

ii. Days Cash-on-Hand less than 60.

iii. Current Ratio less than 1.5

b) The hospital has a bond rating based on the following table:

**TABLE 1.5.2.8.6
BOND RATING GRADES**

| CREDIT RISK | MOODY'S | STANDARD AND POOR'S | FITCH RATINGS |
|------------------------|---------|---------------------|---------------|
| Medium | Baa | BBB | BBB |
| Lower Medium | Ba | BB | BB |
| Lower Grade | B | B | B |
| Poor Grade | Caa | CCC | CCC |
| Speculative | Ca | CC | CC |
| No Payments/Bankruptcy | C | D | D |
| In Default | C | D | D |

(c) For public hospitals, voters rejected the most recent bond issue specifically related to seismic compliance construction work at the facility.

The data utilized to determine financial hardship shall be based on the hospital owner's most current fiscal reporting information filed with the Office or on the hospital owner's fiscal reporting information filed with the Office for any of the most current three years unless noted otherwise in subsection (a) above.

1.7. Extension Adjustments. A hospital may request an extension adjustment necessary to complete the construction for the building granted an extension pursuant to Section 1.5.2 Item 2. In order for this request to be considered, the hospital owner shall notify the Office in writing as soon as practicable, but in no event later than six months after the hospital owner discovered the change of circumstances. The request shall include at a minimum all of the following:

(a) The length/duration of the additional extension time adjustment, but in no event the total extension including the adjustment shall exceed the period specified in Section 1.5.2 Item 2.

(b) The name and OSHPD assigned number for the hospital building requiring the extension adjustment.

~~(c) A narrative description and data supporting the discovered change of circumstances in completing the construction for the building granted an extension pursuant to Section 1.5.2 Item 2.~~

~~(d) An amended bar graph schedule required by Section 1.5.2 Item 2.1.1(a)(iii).~~

~~1.8. Extension Revocation/Termination. An extension for any hospital building granted pursuant to Section 1.5.2 Item 2 may be revoked or terminated based on the following:~~

~~(a) The Office determines that any information submitted pursuant to this section was falsified; or~~

~~(b) The hospital failed to meet a milestone set forth in Sections 1.5.2 Item 2.1.1(a)(iii); or~~

~~(c) Where the work of construction is abandoned or suspended for a period of at least six months, unless the hospital demonstrates in a publicly available document that the abandonment or suspension was caused by factors beyond its control.~~

1. Additional Extensions beyond January 1, 2020.

2.41.1. The Office may grant the hospital owner an additional extension to the January 1, 2020 seismic compliance deadline for each SPC 1 building where all the following conditions are met:

(a) An extension was previously granted pursuant to California Health and Safety Code, Section 130060(g) or Section 130061.5(b).

(b) A prior compliance plan corresponding to a replacement, retrofit or rebuild project was submitted to the Office by January 1, 2018.

(c) The application for an extension is submitted by the owner on a form provided by the Office, and received by the Office no later than April 1, 2019.

(d) The application, one per building, shall identify the seismic compliance method chosen based on a replacement, retrofit or rebuild plan as defined in definitions Section 1.2 of this chapter, for addressing the acute care functions in the SPC-1 building.

(e) Documentation of facts necessary in determining the maximum length of the extension that may be granted in accordance with subsection 2.1.1 shall be submitted with the application.

~~2.4.11.1.1.~~ 2.4.11.1.1. Maximum length of Extension. The Office shall not grant an extension that exceeds the amount of time needed by the owner to come into compliance. The length of the extension to be granted shall be based upon a showing by the owner of the facts necessitating the additional time. It shall include a review of the plan and all the documentation submitted in the application for the extension, and shall permit only that additional time necessary to allow the owner to deal with compliance plan issues that cannot be fully met without the extension.

~~2.4.21.1.2.~~ 2.4.21.1.2. Extension for Replacement or Retrofit Plan where Construction has not Started. For an extension request based on a replacement plan or retrofit plan, final seismic compliance shall be achieved, a certificate of occupancy or construction final shall be obtained by July 1, 2022 and the following conditions shall apply:

1. Application submitted shall contain an extension schedule that identifies:
 - a. The maximum extension time requested, but no later than July 1, 2022.
 - b. Date when building permit will be obtained.
 - c. Date the hospital will begin construction.
2. A construction schedule shall be submitted within 15 calendar days of obtaining a building permit. The construction schedule shall identify a minimum of two major milestones acceptable to the office that will be used as a basis for determining whether the hospital is making adequate progress. Major milestones identified in the construction schedule shall be chosen such that they are easily verifiable by the Office.
3. Obtain a building permit.
4. Start construction. Compliance with the requirements in (1 through 4) above shall be achieved no later than April 1, 2020.

~~2.4.31.1.3.~~ 2.4.31.1.3. Extension for Rebuild Plan where Construction has not Started. For an extension requested based on a rebuild plan, final seismic compliance shall be achieved, a certificate of occupancy shall be obtained by January 1, 2025 and the following shall apply:

1. Application submitted, shall contain an extension schedule that identifies:
 - a. The maximum time request for the extension, but no later than January 1, 2025.
 - b. Date of submission of the rebuild project deemed ready for review to the Office, but no later than July 1, 2020
 - c. Date when building permit will be obtained.
 - d. Date the hospital will begin construction.

2. Submission of the rebuild project deemed ready for review to the Office shall occur no later than July 1, 2020.

3. A construction schedule submitted within 15 calendar days of obtaining a building permit. The construction schedule shall identify a minimum of two major milestones acceptable to the office that will be used as a basis for determining whether the hospital is making adequate progress. Major milestones identified in the construction schedule shall be chosen such that they are easily verifiable by the Office.

4. Obtain a building permit.

5. Start construction. Compliance with the requirements in 3) through 5) above shall be achieved no later than January 1, 2022.

2.4.41.1.4. Extension where Construction has Started. For a hospital building that has previously submitted to the Office a retrofit, replace or rebuild project for which a retrofit, replace or rebuild project was previously submitted to the Office and is under construction, the application for an extension shall contain all the following:

1. The method of compliance with the requested extension which shall be no later than July 1, 2022 for retrofit or replace plan and January 1, 2025 for rebuild plan. The application shall include the facts necessitating the additional time.

2. The project number under which the construction has commenced and is continuing.

3. A revised construction schedule to reflect the extension being requested and at least two major milestones shall be identified. Major milestones shall be chosen such that they are easily verifiable by the Office.

2.2. Quarterly Status Reports. A hospital granted an extension pursuant to this section shall provide a quarterly status report in a form required by the Office, consistent with their extension/construction schedule. The first report is due on July 1, 2019, and subsequent status reports shall be due every October 1, January 1, April 1, and July 1 until seismic compliance is achieved. Each quarterly report shall contain the cumulative progress made towards meeting the dates in the extension and the construction schedules, current to 15 calendar days before the report is due. The report may be submitted to the Office no more than 15 calendar days before the due date.

2.3. Fines for Failure to Comply. Failure to comply with the dates for plan submission, construction schedule submission, obtain a building permit, to begin construction identified and accepted by the Office in the extension schedule or the major milestone dates identified and accepted by the Office in the construction schedule shall result in the assessment of a fine of five thousand dollars (\$5,000) per calendar day until the requirements or milestones,

respectively, are met. The Office shall not issue a construction final or certificate of occupancy for the building until all assessed penalties accrued pursuant to this section have been paid in full or, if an appeal is pending, have been posted subject to resolution of the appeal.

2.4. Adjustments to Schedules. The Office may grant an adjustment as necessary to deal with contractor, labor, material delays, with acts of God, or with governmental entitlements, experienced by the hospital. The hospital shall submit the reason for the delay along with substantiating documents, a revised construction schedule and identify at least two new major milestones consistent with the adjustment. Requests for adjustments shall be made with the Office as soon as the reasons for the delay are known but no less than 30 calendar days before any upcoming affected extension schedule or construction milestone date. Failure to comply with the revised construction schedule or meet any of the major milestones shall result in penalties as specified in subsection 2.3. The adjustment shall not exceed the corresponding final seismic compliance date of July 1, 2022 for a replacement plan or retrofit plan and January 1, 2025 for a rebuild plan.

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11.2.3 Evaluation procedures for NPC 4 and NPC 4D. The following steps shall be followed to determine if the building meets the criteria for NPC 4 or NPC 4D:

a) Identify the specific nonstructural components and equipment that are subject to the requirements of NPC 2 through NPC 4 or NPC 4D;

...

f) Nonstructural Performance Category 4D Operational Plan (Operational Plan) for Levels 1, 2, and 3 areas required for continuous operations. For minimum compliance with NPC 4D the facility must prepare an owner-approved Operational Plan specifying how it will repair nonstructural damage and bring systems and services back on line, or provide them in an alternative manner to accommodate continuation of critical care operations. This plan may include any other units or departments that hospitals may wish to keep operational for a minimum of 72 hours after a seismic event or other natural or human-made disaster. The Operational Plan shall be filed with the Office and shall include an executive summary, a detailed narrative of management of utilities, provisions, sustainability, and alternate means. The Operational Plan shall include, but is not limited to, the following topics for each unit or service that is not in compliance with NPC 4:

1. ~~LEVEL 1~~ NPC 3 AREAS

i. As-built plans, schematic, or other means showing the routing for all non-exempt utilities serving the areas from their source to the areas they serve.

ii. Materials on hand to make necessary repairs to these systems in the event of failure, breakage, or other causes of nonoperational status.

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11.3 Testing requirements for evaluating the performance

of existing mechanical fasteners. A testing program shall be instituted to determine the capacity of mechanical fasteners used to anchor nonstructural components including the bracing of pipes, ducts and conduit, and the attachment of equipment and other components listed in the 1995 CBC, Part 2, Title 24, Table 16A-0. Anchors shall be categorized as either seismic bracing of pipes ducts or conduit or equipment and other component anchors.

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11.3.3 Tension testing procedure.

1. Testing of anchors shall be accomplished by the application of externally applied direct tension force to the anchor. The testing apparatus shall not restrict the probable shear cone failure surface of the concrete or masonry.
2. Torque testing is not permitted in lieu of tension testing unless specifically allowed in these provisions.
3. A failure is defined when the tension load on the anchor produces a slip of 1/8 inch, a shear cone failure in the concrete or masonry, concrete splitting, or fracture of the steel anchor itself prior to attaining the test load value.

Exception: For internally threaded anchors, the allowable slip shall not exceed 1/16 inch.

11.3.4 Alternate test criteria. In lieu of testing in accordance with Section 11.3.1 or 11.3.2, a test load may be established by the evaluating engineer. The allowable load that the anchor can resist shall be determined by dividing the test load by the appropriate factors noted in Section 11.3.1 or 11.3.2. No one-third increase is permitted for seismic or wind loads.

~~**11.3.5 Allowable shear loads.** Allowable shear loads on anchors shall be determined by either of the following:~~

- ~~1. Shear values listed in Table 19B-E of 1998 California Building Code (CBC) or equivalent provision in later version of the CBC, or~~
- ~~2. Shear values shall be obtained by analysis using Strength Design of Anchorage to Concrete, Section A.6, published by the Portland Cement Association, 1999, with the specified reduction coefficient(s) to convert the "strength" values to allowable stress design values of 1.7.~~

11.3.5 Shear testing procedure. Shear testing or tension testing is not required when analysis indicates only shear demand (no tension). If analysis indicate both shear and tension, perform tension testing per previous sections as applicable.

11.4 Capacity of existing mechanical anchors:

1. For cast-in-place anchors, the tension and shear capacity shall be per Table 19B-E of the 1998 CBC.
2. For post-installed anchors, the tension and shear capacities are permitted to be per the ICC ER evaluation report matching the anchor manufacturer and applicable code at the time of installation.

Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 130002, 130006, 130055, 130065, 130066.5

ITEM [Insert Item #]

**CHAPTER 7
SAFETY STANDARDS FOR HEALTH FACILITIES**

ARTICLE 1 - GENERAL

7-101. Scope. The regulations in this part shall apply to the administrative procedures necessary to implement the Alfred E. Alquist Act of 1983 and to comply with State Building Standards Law.

Sections 129680 and 129850, Health and Safety Code, authorizes the OSHPD to enforce and amend the California Building Standards Code for the safety of hospitals, skilled nursing facilities, and intermediate care facilities.

Unless otherwise stated, all references to sections of statute are sections found in the Health and Safety Code.

...

7-104. Alternate method of compliance. The provisions of the *California Building Standards Code* (CBSC) are not intended to prevent the installation of any material or to prohibit any design or method of construction ~~the use of any alternate method of compliance~~ not specifically prescribed by the CBSC, provided written approval for such alternate method has been granted by the Office. Alternate methods include Alternate Means of Protection, Alternate Method of Compliance, Alternative System, designs required by regulations to be specifically approved by the enforcing agency, and Program Flexibility. A written request shall be submitted to the Office with an Alternate Method of Compliance form provided by the Office and supporting documentation as necessary to assist the Office in its review. The written request shall include substantiating evidence in support of the alternate. If the request is submitted prior to the submittal of construction documents, an Application for Plan Review form ~~must~~ shall also be submitted with a fee pursuant to Section 7-133 (a) 3. A request approved by the Office shall be limited to the specific request and shall not be construed as establishing a precedent for any future requests. The provisions of the following sections ~~must~~ shall also be met: Section 104.2.3 ~~104.14~~ and Section 1224.2, *California Building Code*; Section 104.2.3, *California Existing Building Code*; Article 90.4, *California Electrical Code*; Section 105.0, *California Mechanical Code*; Section 301.4, *California Plumbing Code*; and Section 1.11.2.4, *California Fire Code*.

...

7-109. Application of regulations.

(a) Except as otherwise provided, these regulations and all applicable parts of the *California Building Standards Code* shall be the basis for design, plan review and observation of construction of hospital buildings, skilled nursing facilities and intermediate care facilities.

~~(b) Deleted.~~

~~(b) (c)~~ Additions, structural repairs, or alterations to existing health facilities shall be made in accordance with the provisions of Part 2 10, Title 24, California Code of Regulations, *California Building Standards Code*.

~~(c) (d)~~ Before any health facility not previously licensed under Section 1250 of the Health and Safety Code can be licensed and used as a health facility, the applicant shall provide substantiating documentation from a structural engineer that the building is in full conformance with the requirements of the *California Building Standards Code* for new buildings; if not, the building shall be reconstructed to conform to the requirements of the *California Building Standards Code*.

~~(d) (e)~~ Routine maintenance and repairs shall not require prior approval by the Office but shall be performed in compliance with the applicable provisions of the *California Building Standards Code*.

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ARTICLE 2 – DEFINITIONS

Unless otherwise stated, the words and phrases defined in this article shall have the meaning stated therein throughout Chapter 7, Part 1, Title 24.

Where terms are not defined in this code and are defined in the other California codes, such terms shall have the meanings ascribed to them in those codes.

7-111. Definitions.

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FREESTANDING as applied to structures that are adjacent to a licensed hospital building means a structure that meets the following criteria:

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

...

OFFICE means the ~~Facilities Development Division~~ Office of Statewide Hospital Planning and Development (OSHPD) within the ~~Office of Statewide Health Planning and Development~~ Department of Health Care Access and Information (HCAI).

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ARTICLE 3 APPROVAL OF CONSTRUCTION DOCUMENTS

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~~ apply 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 contain:

A. A ~~A~~ definite identifying name for the health facility,

B. The ~~the~~ name of the architect or engineer who is in responsible charge of the work, pursuant to Section 7-115 (a),

C. The ~~the~~ names of the delegated architects or engineers responsible for the preparation of portions of the work pursuant to Section 7-115(a)3,

D. the ~~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~~ shall be permitted to 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.

2. Submission of documents to the Office ~~may~~ shall be permitted to be in three consecutive stages:

A. Geotechnical/Geohazard Review: Submittal shall include,

(1) One ~~An~~ application for plan review, -

(2) A description of the project prepared by the registered design professional (RDP) in responsible charge, and, when applicable,

(3) Three ~~three~~ copies of the site data report(s). ~~must be attached.~~

~~Plans may be~~ All documents for this review shall be permitted to be submitted electronically in a format acceptable to the Office.

B. Preliminary Review: Submit drawings electronically or provide two paper copies of reports or pre liminary plans and preliminary annotated specifications. If providing paper copies, plans/drawings size shall not exceed 36 × 48 inches, and bundled sets of plans/drawings shall not exceed 40 lbs. in weight. Plans ~~may~~ shall

be permitted to be submitted electronically in a format acceptable to the Office.

C. Final Review: Submit drawings electronically or provide two paper copies of final construction documents and reports. If providing paper copies, plans/drawings size shall not exceed 36 × 48 inches, and bundled sets of plans/drawings shall not exceed 40 lbs. in weight. Plans ~~may~~ shall be permitted to be submitted electronically in a format acceptable to the Office.

(b) Application for seismic compliance extension requires submission of OSHPD Application Form #OSHFD-384, "Application for 2008 Extension/Delay in Compliance." The submittal ~~must~~ shall comply with the applicable requirements of Chapter 6, Article 1, Section 1.5.2 "Delay in Compliance."

(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~~ shall be permitted to be divided into parts, provided that each part is clearly defined by a 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~~ shall be permitted to be made for the parts.

2. Incremental projects pursuant to Section 7-131 shall consist of only one building.

(d) The assignment of the delegated architect or engineer pursuant to Section 7-115 (a) 3 and the responsibility for the preparation of construction documents and the administration of the work of construction for portions of the work shall be clearly designated on the application for approval of reports or construction documents.

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~~ shall be permitted to 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).

1. Except as provided in paragraph 2 below, the architect or engineer in responsible charge of the work shall be an architect or structural engineer.

2. For the purposes of this section, a mechanical, electrical, or civil engineer ~~may~~ shall be permitted to be the engineer in responsible charge of alteration or repair projects that do not affect architectural or structural conditions, and where the work is predominantly of the kind normally performed by mechanical, electrical or civil engineers.

3. The architect or engineer in responsible charge ~~may~~ shall be permitted to delegate the preparation of construction documents and administration of the

work of construction for designated portions of the work to other architects and/or engineers as provided in (b) below. Preparation of portions of the work by others shall not be construed as relieving the architect or engineer in responsible charge of his rights, duties and responsibilities under Section 129805 of the Health and Safety Code.

(b) Architects or engineers licensed in the appropriate branch of engineering, ~~may~~ shall be permitted to 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~~ shall be permitted to 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 or an architect ~~may~~ shall be permitted to prepare construction documents or reports for the anchorage and bracing of nonstructural ~~equipment~~ components.

(c) A licensed specialty contractor ~~may~~ shall be permitted to prepare construction documents and ~~may~~ shall be permitted to administer the work of construction for health facility construction projects, subject to the following conditions:

1. The work is performed and supervised by the licensed specialty contractor who prepares the construction documents,
2. The work is not ordinarily within the standard practice of architecture and engineering,
3. The project is not a component of a project prepared pursuant to 7-115(a) and (b),
4. The contractor responsible for the design and installation shall also be the person responsible for the filing of reports, pursuant to Section 7-151,
5. The contractor shall provide with the application for plan review to the Office a written and signed statement stating that he or she is licensed, the number of the license, and that the license is in full force and effect, and
6. The work is limited to one of the following types of projects:
 - A. Fire protection systems where none of the fire sprinkler system piping exceeds 2 1/2 inches (63.5 mm) in diameter.
 - B. Low voltage systems not ~~in excess of~~ more than 91 volts. These systems include, but are not limited to, telephone, sound, cable television, closed circuit video, nurse call systems and power limited fire alarm systems.
 - C. Roofing contractor performing reroofing where minimum 1/4-inch (6.4 mm) on 12-inch (305 mm) roof slopes are existing and any roof mounted equipment needing remounting does not exceed 400 pounds.

D. Insulation and acoustic media not involving the removal or penetration of fire-rated walls, or ceiling and roof assemblies.

(d) The specification and use of preapprovals does not preempt the plan approval and building permit process. Construction documents using preapprovals shall be submitted to the Office for review and approval and issuance of a building permit prior to the start of construction.

1. The registered design professional, in conjunction with the registered design professional in responsible charge, listed on the plan review application or the building permit application, shall review all qualities, features, and/or properties to ensure code compliance, appropriate integration with other building systems, and proper design for the project-specific conditions and installation. Stamping and signing of construction documents as required in subsection (a) and (b) shall be for this purpose only.

2. When ~~preapprovals~~ OSHPD Preapproved Details (OPDs) are used, they shall be incorporated into the construction documents. Incorporation by reference only is not permitted. ~~Preapprovals must~~ OPDs shall be incorporated without any material modification. This subsection shall not apply if modifications ~~are made to~~ materially alter the preapproved details.

3. ~~Preapprovals~~ OPDs submitted after the construction documents have been approved and a building permit has been issued shall be incorporated into the construction documents in accordance with Section 7-153.

4. The use of ~~preapproved details must~~ the OPDs shall strictly comply with all manufacturer's instructions, conditions, special requirements, etc., which are a part of the preapproval.

5. Conditions not covered by an OPD ~~preapproval~~ shall be substantiated with calculations, drawings, specifications, etc., stamped and signed by the registered design professional and signed by the registered design professional in responsible charge listed on the plan review application or building permit application and ~~must~~ shall be submitted to the OSHPD for review and approval prior to construction.

7-117. Site data.

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

1. As provided in ~~Part 2, Title 24~~ the California Building Code.
2. One-story, wood-frame or light steel frame buildings of Type II or V construction and 4,000 square feet or less in floor area not located within Earthquake Fault Zones or Seismic Hazard Zones as shown in the most recently published maps from the California Geological Survey (CGS) or in seismic hazard zones as defined in the Safety Element of the local General Plan.
3. Nonstructural alterations.
4. Structural repairs for other than earthquake damage.
5. Incidental structural additions or alterations.

(b) ~~Three copies of site~~ Site data reports shall be furnished to the Office for review and evaluation, in accordance with Section 7-113(a).2.A, 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~~ the California Building Standards Code. 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.

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ARTICLE 7 TESTING AND INSPECTIONS

Testing and inspections ~~requirements are found in~~ shall be in accordance with the California Building Standards Code.

ARTICLE 8 CALIFORNIA BUILDING STANDARDS

Design and construction shall be in accordance with the California Building Standards Code for the following:

1. Architectural,
2. Mechanical, ~~mechanical,~~
3. Plumbing,
4. Electrical, ~~electrical,~~
5. Structural, ~~structural,~~ and
6. Energy,
7. Fire ~~fire~~ and life safety, and
8. Accessibility. ~~accessibility standards are found in the California~~

~~Building Standards Code.~~

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Notation:

Authority: Health and Safety Code, Sections 1200, 1250, 18928, 129680, and 129850

Reference(s): Health and Safety Code, Section 129850