NOTE: The following answers are provided to the webinar questions. For project specific questions, contact the HCAI/OSHPD Regional Supervisor assigned to the project.

Q1 Which edition of NFPA 99 is currently adopted by HCAI?

A1 The 2024 edition

Q2 Are patient "observation rooms" in an OSHPD 1 facility, which require Anti-ligature construction, also require patient storage units (wardrobes) similar to OSHPD 5 acute care rooms?

A2 "Under 1224 [OSHPD 1] HOSPITAL, in 1224.14 NURSING SERVICE SPACE. … 1224.14.1 Patient rooms… 1224.14.1.8 Patient storage. Each patient room shall include a separate wardrobe, locker or closet for storing clothing and personal effects for each patient.

In 1224.33 EMERGENCY SERVICE, it contains the emergency service space requirements that could have behavioral health observation (1224.33.2.7.1) areas. The observation areas are not required to have patient storage.

Under 1228 [OSHPD 5] ACUTE PSYCH, 1228.14 PSYCHIATRIC NURSING SERVICE SPACE….Only the patient room is required to have patient storage.

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

1228.14.1.8 Patient storage. Each patient room shall include a separate wardrobe, locker or closet for storing clothing and personal effects for each patient. Shelves for folded garments shall be used instead of arrangements for hanging garments.

SPECIAL PATIENT CARE ROOMS, such as seclusion rooms, quiet rooms do not require patient storage."

Q3 If under renovation activities, adolescent behavioral health unit can only go through the adult unit to access to a second exit access, would alternate egress method typically not allowed by code (ex. exit through an outdoor patio back into corridor) be consider to separate the adult and adolescent patients?

A3 Code does not allow exiting from the building and returning back into the building.

Q4 For new construction projects, is HCAI/OSHPD adopting ICC ANSI117.1 regarding the 67" turning circle + T-turn and larger clear floor space (and other requirements not noted) or should spaces continue to be designed what is noted in 2025 CBC which still notes the 60" diameter?

A4 No, the Div. of the State Architect (DSA) has authority for accessible regulations in CA and they are located in CBC Chapter 11B. HCAI/OSHPD follows those regulations. The 60" diameter is the required dimension.

Q5 For Final VCRs and reports, do these get uploaded to the office after the Compliance Field Officer reviews them? What does that process look like? What would the timeline be for Office review?

A5 Final VCRs and final reports can be uploaded after project completion Substantial Compliance has been issued. See Part -1 Chapter 7, Section 7-129 (e)

Q6 CBC 1224.3 - can we presume correctly that indwelling foreign body can be temporary during the procedure only and not be considered invasive?

A6 Yes. The intent is to distinguish between the presumed risks associated with Class-2 Imaging Rooms as compared to Class-3 and to allow for catheters, probes, etc. as "foreign bodies" to be used during the procedure and removed by the close of the procedure and not left as "indwelling" foreign bodies after the procedure. "Invasive" is a relative term as noted in the A-10 Guide (See the explanatory note under the FGI definition of "invasive"). Actual segregation of procedures intended to be performed in an interventional imaging room class will need to be supported by the hospital's Clinical Risk Assessment determined by the surgeons, anesthesiologists, infection preventionists, hospital administration and the design team.

Q7 "The six (6) items listed under CAC Section 7-153(b) are examples of changes that would qualify as NMAs. This list is not limited to these items.

Note: The NMA Change Form shall have no more than one change and shall identify what section of the CAC Section 7-153(b) it meets, e.g., moving a cabinet may include power outlet, light fixture, etc. All associated components of the individual proposed change can be included Hello, sorry to ask you to go back. CAN: 1-7-153(b) Revised 09/22/2025 states "

A7 CAN 1-7-153(b) has been updated to correct this error.

Q8 "Hi, Sorry to go back: CAN: 1-7-153(b) Revised 09/22/25 states:
The six (6) items listed under CAC Section 7-153(b) are examples of changes that would qualify as NMAs. This list is ""not limited to these items.""

Note: The NMA Change Form shall have no more than one change and shall identify what section of the CAC Section 7-153(b) it meets, e.g., moving a cabinet may include power outlet, light fixture, etc. All associated components of the individual proposed change can be included in a single NMA submittal.

Question: If this section is not limited to the examples listed(as stated) but the CAN is also instructing to identify a section. Can you clarify what to identify if no example is listed in the CAN?"

A8 CAN 1-7-153(b) has been updated to correct this error.

Q9 Is a non-medical psych nursing unit designated OSHPD 5? Since it is non-medical can it be housed in an OSHPD 1R bldg?

A9 Yes, as long as the 1R building meets the structural provisions in CBC Table 1604.5.

Q10 The new Building Permit application process, whereby the TIO needs to be coordinated with the field staff, through the office has made the process very inefficient and time costly for the project schedule. Is this being discussed internally, whereby the project can be served more efficiently?

A10 Yes, it has been discussed. This process, if followed correctly, will expedite the building permit process and allow construction to start immediately once the building permit is received. Previously the permit was issued sooner, but without the TIO and IOR Workload, the project could not be started at permit issuance. We had many instances of construction starting without required items which caused even more delays.

Q11 Are all Class 3 Imaging (Hybrid Operating Room) must be designed as 1224.28.5 Hybrid Operating Room(s) ?

A11 Yes. CBC Section 1224.18 is noted below in question item 22. While the Class-3 procedures may be performed in either a Hybrid OR or an OR that complies with 1224.15, the Hybrid OR has permanent imaging equipment in the room while the 1224.15 OR would only use mobile imaging equipment as needed on a case-by-case basis.

Q12 Per 1224.18 - Where imaging procedures meeting Class 3 criteria are performed, rooms that meet the requirements for the applicable imaging suite and for an operating room per Section 1224.15.2.1 or hybrid operating room per Section 1224.28.5 shall be provided. If Class 3 interventional or image-guided procedures are performed in the imaging services area, additional provisions shall be as described in Section 1224.28 Supplemental Surgery and other Special Procedure Services. If nuclear medicine is provided in the imaging services area, spaces shall also comply with the requirements described in Section 1224.34 Nuclear Medicine.

A12 The follow-on citation continues with the allowance for a Class-3 Imaging Suite to be located in the Imaging Service Space (1224.18) with the conditions found in 1224.28. This will lead you to 1224.28.5 for Hybrid ORs and clarify the need for compliance with the surgical environment/support required under 1224.15 (e.g.: access through a semi-restricted corridor, etc.) that would not otherwise be located in the Imaging Service Space.

Q13 NMA form question: In the CAN it states that we still need to identify the type of NMA changes per 7-153(b). Is it acceptable to keep the check boxes with these 6 types of changes as part of the NMA form meet this requirement? I ask this because the form that is on HCAI's website removed those check boxes.

A13 CAN 1-7-153(b) has been updated to correct this error.

Q14 Advisory Guide A10 Imaging Classification: The code does not equate Class 3 as Hybrid OR, but the advisory guide notes that these terms are interchangeable with HCAI. The code language states that if physiological monitoring is required an d anticipated to require active life support, then the room is considered class 3 not that it is considered an Hybrid OR. If I have a cath lab that is a class 3 based on the use of physiological monitoring and ventilation equipment, would I be required to apply the Hybrid OR chapter 12 requirements to the project even when no OR type of procedures will be performed even code does not equate class 3 to be an Hybrid OR?

A14 Yes. Cath Lab procedures that are considered Class-3 procedures must be performed in a Hybrid OR. The code does equate Class 3 as Hybrid OR as noted in items 21 & 22 above. The Cath Lab requirements under Section 1224.28.2 are for procedures that would be classified as "Class-2". "Physiological monitoring" is commonly used with Monitored Anesthesia Care [MAC], and administered in many Class-2 procedures. The physiological monitoring by itself does not suggest a need to perform the procedure in an OR or Hybrid OR. It is the combination with the conditions after the "and" that is the flag. If it is anticipated that the procedure will require "active life support" then precautions should steer the environment to Class-3 OR. See the definition of "invasive procedure" in Section 1224.3, with category "4" citing a 5 percent probability of requiring "conversion." It is not the intent of the CBC or even the Advisory Guide to set up hard-and-fast rules associated with classification of a procedure. It is the intent to provide some guidance for facilities conducting their Clinical Risk Assessment of proposed procedures for coordination with CDPH for licensure.

Q15 Does that mean that an MEOR is no longer required to stamp the fire protection drawings?

A15 The MEOR is not required to stamp the FP drawings if they are prepared and stamped by a FPE.

Q16 Does the new NMA form has to be used only for the projects that are submitted under 2025 code?

A16 No. NMA's are an administrative function and go into effect 30 days after the Secretary of state approved them. Administrative changes apply to all projects moving forward.

Q17 Can the medical air system serve the Instrument Air outlets now required by Table 1224.4.6.1, or is a whole different compressed air system required?

A17 Medical air is only allowed for patient use, no process use. Sterile processing will need to be evaluated by the infection control team for the applicable instrument air or compressed air sources.

Q18 Is Advisory Guide A2 applicable at all to OSHPD 3 outpatient facilities with compounding pharmacies?

A18 [OSHPD 3] CLINICS are not required to have pharmacies. That said, if an OSHPD 3 Clinic chose to have a pharmacy, the A2 Guide could be used for guidance.

Q19 For changes to 1224.30 can you please define "patient areas" that need to be separate for peds and adolescents? Do you just mean patient rooms?

A19 Patient Areas is the patient unit and any ancillary spaces that patients use. If dining or recreation rooms are shared, they will need to be scheduled so patient populations do not mix.

Q20 Does the Checklist per Design Advisory Guide A10 will be required for projects submitted prior to January 1st, 2025?

A20 Yes. Appendix A is intended to format the list of procedures proposed for new or altered imaging rooms (Class-1, Class-2 and/or Class 3) along with Clinical Risk Assessment support of the facility's intended classification. This is only an organizational tool for effective submittal of the limited Functional Program required by California Administrative Code Section 7-119. It is not relative to any code cycle and not dependent on adoption of the 2025 CBC. The Appendix B checklists are intended to "facilitate" OSHPD review of submittals that include new or altered imaging rooms. It is a tool intended to convey critical aspects of the project for an efficient review. IT will help inform the facility, the design profession and subsequently OSHPD of how the project complies with the various code requirements. The code requirements for Imaging Rooms have not changed and will not be changing under the 2026 CBC, and thus the checklists are not dependent on any code cycle. They are intended to help avoid protracted submittal & review times.

Q21 does the temporary installation apply to equipment?

A21 Yes CAN 2-108 addresses equipment requirements for both temporary and interim installations.

Q22 Is a template or guide available for the CRA? The A10 guide references the 2026 FGI - which is not even available yet.

A22 No. As noted in the Guide regarding Appendix A: "It is understood there is no acceptance, one-size-fits-all assessment tool. Each facility must have a multi-disciplinary team of clinicians, infection preventionists, and other care providers who under the direction of the facility's governing body perform ongoing safety risk assessments and infection control risk assessments. The Clinical Risk Assessment must evaluate all the proposed procedures and quantifiably substantiate the Imaging Room Classification(s) determined by the Clinical Risk Assessment Team for consideration by CDPH." There is no need to specifically use the assessment tool available through FGI. The Assessment Team needs to use their professional judgement and substantiate the classification of proposed procedures as they deem appropriate. Subsequent dialog with CDPH may necessitate specific clarification and/or adjustment.

Q23 We have heard that HCAI is currently drafting a code section specific for CSU for behavioral health. Do you know when this will be coming out? We also heard it will require 3' on either side of the recliner/bed. Do you know this is more restrictive than the behavioral health ED requirements that allow for 3' only 1 side of the recliner/bed?

A23 "The code change is for behavioral health licensed by CDPH, not specific to CSU. The draft regulations can be found at https://hcai.ca.gov/document/proposed-amendments-to-2025-cbc-part-2/ See slides 37-44.

We are still editing these regulations and may remove the 3' requirement to a wall or fixed obstruction to make it consistent with the ED BH observation section 1224.33.2.7.1"

Q24 For the slide that talks about 7-152, will you please confirm that this change means that if an individual design professional within a design firm leaves, that the replacement process is not required to update the application documentation to the new design professional assigned by the design firm? If so, how does this affect submission of verified compliance reports that ask for the license #? The license # on the verified compliance report will no longer match the license # of the design professional listed on the application documents. Thank you!

A24 Confirmed. The responsibility of a project is with the firm, not the individual that works for the firm. If an individual leave the firm, they can be replaced with another licensed individual from the same firm. Notification to OSHPD is required so the project(s) can be updated. VCRs will be submitted with the new professional identified. Our system will be updated with the new professionals information.

Q25 will patient activity spaces be a shared resource or dedicated to each nursing service?

A25 need context