

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 For return and exhaust air control. does every space need to be controlled individually or we can combine multiple space into one box?

A1 Multiple spaces may be combined unless the room or space is required to have pressurization. Exhaust is typically provided at constant volume, unless the system is 100% outside air. If the goal is to provide control to reduce or turn off individual spaces for unoccupied mode, boxes may be needed per space. A return air system serving similar space types may have a single fan control.

Q2 For FSD E power. Do we need to wire E power individually to the FSD?

A2 FSD's can be powered by circuit and shut off with a relay on the power circuit.

Q3 OSHPD 1 is not excepted in title 24 energy standard? Is the compliance required?

A3 Part 6 energy code is applicable to healthcare facilities. Part 6 includes specific healthcare exceptions. Compliance is required for new buildings and additions and for any mandatory provisions for specific components such as insulation.

Q4 Do the scrub sink controls when provided with electronic sensor, can a single mixed temperature be provided (Tempered water) or do you need individual sensor/activation for cold and hot?

A4 A set mixing valve is permitted, the deck control is specific to models that provide manual control.

Q5 616.3: seems fairly vague, is there a reference standard for water quality that can be referenced? What are we monitoring and maintaining?

A5 Title 22 requires the facility to provide water sampling. The OSHPD amendment is a performance requirement based on the built components of the system based on the water management program. The water management plan is addressed in CPC Appendix N. Appendix N provides reference to ASHRAE 188 and ASHRAE Guideline 12. The water management plan should include evaluation of the water piping system to maintain water quality and provide means for sampling.

Q6 is the Min. 1.0 gpm also applicable to public restroom lavatory faucets?

A6 Public restrooms are required to comply with the Title 20 requirement for 0.5 gpm maximum flow rate. We are proposing to add a pointer to note the requirement.

Q7 is the change to 422.3 also meant include reducing the number of staff restrooms to a single one (instead of male and female)

A7 The specific amendment addresses waiting areas and the visitors fixture count. We are looking to address the staff count in the 2025 intervening code cycle currently in development.

Q8 Is full VAV still prohibited in the code and only switching between occupied and unoccupied mode?

A8 Section 407.5 allows VAV in most spaces. VAV is specifically not acceptable for airborne infection isolation, protective environment rooms and sensitive areas. A sensitive area such as an operating room is only permitted to switch between occupied and unoccupied mode.

Q9 Allowance for refrigerant type systems (mini-split) for IDF rooms? Storage rooms?

A9 Refrigerant types are as permitted in accordance with Chapter 11 of the CMC and ASHRAE 15. With the prohibition of R410a, new A1 and A2L refrigerants are being employed.

Q10 Table 4A requirements for admin spaces in OSHPD 1 bldgs.? Employee Lounges, Locker Rooms?

A10 Per CMC 402.1, spaces not under the scope of CMC Table 4-A are to have ventilation rates in accordance with ASHRAE 62.1(CMC 403.0). Administration was removed from Table 4-A when the code provision for using the ASRHAE 62.1 ventilation rates was added to the code.

Q11 Is the intent of section 407.5.1 that all requirements there are cumulative? That is, in a VAV med/surg floor; all clean storage, soiled storage, toilets rooms, etc. are required to have return and exhaust valves, as well as a control damper located at the return air at the shaft, as well as the exhaust to All rooms (even though they are constant volume and on a separate exhaust system)?

A11 At code minimum the return fan will need to track the supply fan to maintain a slightly pressurized air balance to the area served. The pressurized spaces need to have independent pressure control to maintain spaces pressurization. Negative rooms typically are exhausted and have constant volume exhaust to maintain air changes and pressurization. Positive rooms require an independent supply box to maintain the positive space pressurization and are set to provide positive pressure at maximum return air rate. Reduction in return fan speed does not compromise the positive pressurization, but could affect door operation. Airborne infection isolation is served by a dedicated exhaust system and is typically constant volume, this section would not apply to the independent system.

Q12 In the new Table 4-A, Waiting Area Primary Clinic specifically refers to section 1226, which is under OSHPD 3. In past projects, plan review has required 12 ACH of exhaust for various waiting areas in OSHPD 1 spaces, citing this requirement. Is the intent of the code that any clinical waiting area be exhausted at 12 ACH regardless of

building type? Why do radiology waiting rooms get an exception for spaces that do not involve chest X-rays, but no other waiting room?

A12 CMC Table 4-A provides three locations where 12 ACH exhaust and negative pressure is required. Emergency department public waiting, Radiology waiting rooms and Waiting area primary care clinic. These are intended where spaces are programmed to receive patients with possible respiratory disease including TB. Other units that have waiting areas to serve visitors such as anesthesia recovery waiting, Administration waiting, Supplemental procedures/surgery, intensive care would have ASHRAE 62.1 ventilation requirements.

Q13 For section 407.5.1.5, return air controls shall be provided for each system, floor, or area with similar conditions. Can you provide more clarity on how to comply with this new clarified statement? Are there any references to help understand required controls? How should the system, floor, or similar area be interpreted?

A13 The main evaluation for determining if the VAV can be approved with fan level controls will be if minimum air change rates and minimum pressurization can be met for all spaces served. As noted in 407.5.1.1, the VAV system needs to comply with outside air, total air and pressure relationship through the full range of operation from minimum to maximum. The code allows turn downs through VAV and Unoccupied modes, but if the system serves a mixed type of room functions, the control may not be available to accommodate the turn downs and maintain minimum air flows and pressurization to all spaces served.

Q14 Is there a definition for handwash sink used in a pharmacy ante room? Previously use of scrub sinks was enforced.

A14 The handwashing station for sterile compounding is required to be capable of scrubbing to the elbows per CBC 1224.19.3. This is in accordance with USP 797/800 requirements. A scrub sink will meet this requirement, however some fixture manufacturers make a fixture that will meet this requirement in smaller footprint.

Q15 Is fiber free acoustical liner allowed?

A15 Typically, a liner serving the sensitive area is required to have sheet metal face. Other areas need to meet ASHRAE 170/ASHRAE 62.1 requirements to limit mold growth.

Q16 Does 609.1 (supply-side detection) also apply to I-2 occupancies, so both supply and return detection are required? The Chapter 6 Matrix Adoption Table and the language of 609.2 (other than potentially the title) doesn't look to supersede 609.1.

A16 Yes, CMC 609.1 applies, in addition to CMC 609.2. The amended language is not a new requirement. It differentiates location of smoke detection required for shut-down of supply-air systems from the location of smoke detection required for return-air systems. This brings back requirements into alignment with NFPA 72, as well as NFPA 90A which our facilities that participate with the conditions of CMS have to follow.

Q17 Does this apply to air systems that exhaust air outside the building, or only air systems that return air from the building, back to the HVAC unit, and back into the building?

A17 CMC 609.2 is for automatic shutoff of return-air systems. There are supply-air, return-air and exhaust, and some systems switch to exhaust upon fire alarm activation.

Q18 For single/multiple ductless systems with returns >2,000 CFM – where should the duct detector be located?

A18 If these are ductless, they are likely serving one room, not communicating with other rooms, and CMC 609.1 would not apply.

Q19 Is exception 1 of 609.1 (“returning air”) correct for 609.1 (“supplying air”)?

A19 CMC 609.1 is for air-moving systems as a whole, not supply-systems only. Air-Moving System. A system designed to provide heating, cooling, or ventilation in which one or more air-handling units are used to supply air to a common space or are drawing air from a common plenum or space.

Q20 Is this exception also applicable for 609.2, or was it meant for 609.2?

A20 The exception permits the use of a total coverage (area) smoke detection system in lieu of duct detection for the shutdown of a return-air system and eliminates the use of a total coverage (area) smoke detection system in lieu of duct detection for shutdown of a supply-air system.

CMC 609.1, exception 1 can be used in addition to CMC 609.2. The intent is to not bring smoke into the building from the exterior, such as wildfires or equipment failures, or other smoke movement. The air-exchanges in the health care facilities exceed that of commercial and residential facilities and can exacerbate concerns related to smoke movement with sensitive populations."

Q21 Is the Timeline for Potable Water Disinfection per the Model Code ?

A21 The UPC does not have a specific timing limit in the requirement. AHSRAE Guideline 12 and AWWA include timing requirements and have been brought into the code by OSHPD amendment.

Q22 Will 613.9 - When doing rehab projects would this section apply to the section of piping within the scope of work limitations?

A22 The requirement would apply to new construction and major remodels. OSHPD provides the A14 Remodel Guide that discusses remodel work. Generally, the current code requirements apply to the scope of work. Existing configurations may remain per previous approved code until the scope of work is significant.