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## POLICY INTENT NOTICE

## SUBJECT

Hospital Seismic Safety Public Notices and Annual Status Update Reporting Effective: 12/12/2022 Revised: 05/30/2023



**PIN: 75** 

### PURPOSE

The purpose of this Policy Intent Notice (PIN) is to provide a policy for the implementation of the hospital seismic safety public notices and status updates for hospital buildings per Assembly Bill (AB) 1882 (Chapter 584, Statutes of 2022).

### BACKGROUND

AB 1882 seeks to raise the awareness of a general acute care hospital's compliance with the seismic safety regulations or standards outlined in the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (HFSSA) through public notices, hospital campus postings, Department of Health Care Access and Information (HCAI) website, and annual status updates until compliance is achieved.

AB 1882 amended Health and Safety Code Section (HSC) 130055, and added Sections 130002, 130006, and 130066.5:

### 130002

(a) The Legislature finds and declares all of the following: (a) The Legislature finds and declares all of the following:

(1) Following a major earthquake, Californians will rely on their community hospitals to provide care to those who are injured, to continue to care for those already within the hospital, and to respond to the emergent needs of new patients.

(2) Under existing law, all hospital buildings providing acute care services in California are required to be fully functional to provide care following an earthquake as of 2030. This standard includes both structural performance categories (SPC) and nonstructural performance categories (NPC), such as for electricity, water, sewage, oxygen, and other mechanical and electrical systems.

(3) The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, which was passed after the 1971 Sylmar earthquake that caused the collapse of the Veteran Administration Hospital and killed 47 people, as well as the collapse of large sections of Olive View County Hospital, which led to its closure six weeks after it opened, required that new hospital construction be seismically sound. The act's focus on new hospital construction was based on the understanding that the useful life of hospital buildings was 20 to 30 years and that most existing hospital buildings would be replaced by the mid-1990s.

(4) The 1994 Northridge earthquake showed that nonstructural damage is a serious threat to patient safety and a hospital's capacity to function. Also, as of 1994, most hospital buildings still predated 1972 and thus were at risk of collapse in a major earthquake.

(5) As of 2022, most hospitals in California do not fully meet the seismic safety standards that will be required in order to remain operational past the 2030 deadline.

(6) Patients receiving care in seismically deficient hospitals when an earthquake occurs will be at risk of needing to be immediately evacuated, even if other hospitals in the area have also been impacted by the earthquake. Additionally, seismically deficient hospital buildings may not be available to treat new patients.

(7) It is critical for cities, counties, and the state to fully understand hospitals' seismic safety compliance in order to prepare earthquake response and recovery plans.

(b) The Legislature reaffirms its commitment to Californians that hospitals will be fully functional and able to provide hospital care to Californians after an earthquake.

(c) Therefore, it is the intent of the Legislature to ensure that the Department of Health Care Access and Information, Office of Emergency Services, relevant local government entities, and other interested parties are notified of the status of acute care hospitals' compliance with existing requirements that the facilities be fully functional to provide care following an earthquake as of 2030.

### 130055

On and after July 1, 2023, general acute hospital building owners shall do both of the following annually until each of the hospital buildings owned by that hospital building owner is compliant with Section 130065.

(a) Include all pertinent information regarding the building's expected earthquake performance in emergency training, response, and recovery plans.

(b) Include all pertinent information regarding the building's expected earthquake performance in capital outlay plans.

### 130006

(a) A hospital building that is classified as SPC-2 shall be identified as "These buildings do not significantly jeopardize life, but may not be repairable or functional following an earthquake" on the department's internet website and in all documents and submissions to the department by the hospital owner relating to compliance with Section 130065.

(b) A hospital building that is classified as both SPC-5 and NPC-5 may be labeled "earthquake resilient" on the department's internet website and in all documents and submissions to the department by the hospital owner relating to compliance with Section 130065.

**130065** Statute Unchanged (*Amended by Stats. 2021, Ch. 143, Sec. 336. (AB 133) Effective July 27, 2021.)* In accordance with the compliance schedule approved by the department, but in any case no later than January 1, 2030, owners of all acute care inpatient hospitals shall either:

(a) Demolish, replace, or change to nonacute care use all hospital buildings not in substantial compliance with the regulations and standards developed by the department pursuant to the Alfred E. Alquist Hospital Facilities Seismic Safety Act and this act.

(b) Seismically retrofit all acute care inpatient hospital buildings so that they are in substantial compliance with the regulations and standards developed by the department pursuant to the Alfred E. Alquist Hospital Facilities Seismic Safety Act and this act.

Upon compliance with this section, the hospital shall be issued a written notice of compliance by the department. The department shall send a written notice of violation to hospital owners that fail to comply with this section.

### 130066.5

(a) Before January 1, 2024, the owner of an acute care inpatient hospital that includes a building that does not substantially comply with the seismic safety regulations or standards described in Section 130065 shall post in any lobby or waiting area generally accessible to patients or the public a notice provided by the department that the hospital is not in compliance with the seismic safety requirements that the hospital is required to meet by January 1, 2030. The notice shall be posted until the time the owner receives notification from the department that it meets the requirements described in Section 130065.

(b) On or before January 1, 2024, and annually thereafter, the owner of an acute care inpatient hospital that includes a building that does not substantially comply with the seismic safety regulations or standards described in Section 130065 shall provide an annual status update on the Structural Performance Category ratings of the buildings and the services provided in each hospital building on the hospital campus to all of the following entities until each of the hospital buildings owned by that hospital building owner is compliant with Section 130065:

(1) The county board of supervisors in whose jurisdiction the hospital building is located.

(2) The city council in whose jurisdiction the hospital building is located, if applicable.

(3) Any labor union representing workers who work in a building that does not substantially comply with the seismic safety regulations or standards described in Section 130065.

(4) The board of directors of the special district or joint powers agency that provides fire and emergency medical services in the jurisdiction in which the hospital building is located, if applicable.

(5) The department.

(6) The board of directors of the hospital.

(7) The local office of emergency services or the equivalent agency.

(8) The Office of Emergency Services.

(9) The medical health operational area coordinator.

(c) Before July 1, 2023, the department shall develop the notice required in subdivision (a) with the intent that the notice will clearly convey to patients and the public that the hospital building does not meet seismic safety standards intended to ensure that the hospital will be capable of continued operation following an earthquake. For SPC-2 buildings, the notice shall clearly state, "The State of California has determined that this building does not significantly jeopardize life, but may not be repairable or functional following an earthquake." For other buildings that are not compliant with the seismic safety regulations or standards described in Section 130065, the notice shall state, "The State of California has determined that the hospital building is at risk of not being functional to provide care to its patients or the community after an earthquake." In its discretion, the department may develop multiple notices in order to provide a more detailed description of different hospital buildings' failure to meet the seismic safety regulations or standards described in Section 130065.

### POLICY

options.

This PIN implements the intent of the Legislature in HSC §130002 and provides the provisions specified in HSC §130006, §130055, and §130066.5 for hospital seismic safety posting of public notices and annual status updates.

#### **Definitions:** California Administrative Code, California Code of Regulations, Title 24, Part 1 CHAPTER 6 SEISMIC EVALUATION PROCEDURES FOR HOSPITAL BUILDINGS "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

"Nonstructural Performance Category (NPC) means a measure of the probable seismic performance of building contents and nonstructural systems critical to providing basic services to inpatients and the public following an earthquake, as defined in Article 11, Table 11.1 of these regulations." The NPC requirements, unlike SPC requirements, are cumulative, and not different

## Identification of General Acute Care Buildings on HCAI Website

defined in Article 2, Table 2.5.3 of these regulations."

SPC-2 buildings are identified on the HCAI website as "These buildings do not significantly jeopardize life, but may not be repairable or functional following an earthquake".

SPC-5/NPC-5 buildings are identified on the HCAI website as "Earthquake Resilient".

### Identification of General Acute Care Buildings for HCAI Projects

On or after January 1, 2023, for SPC-2 buildings, the following documentation shall include building identification as, "These buildings do not significantly jeopardize life, but may not be repairable or functional following an earthquake". For SPC-5/NPC-5 buildings, the following documentation may include building identification as "Earthquake Resilient":

- 1. On the title sheet of construction drawings and title sheet of specifications. The following documents and/or forms are excluded: Amended Construction Documents (ACD), Request for Information (RFI), Calculations, and Testing, Inspection & Observation (TIO).
- **2.** On the title sheet of seismic compliance evaluation reports.

### Public Notice Requirements

Buildings compliant with HSC §130065 means buildings with SPC-3/NPC-5, SPC-4D/NPC-5, SPC-4/NPC-5, or SPC-5/NPC-5 ratings. Therefore, before January 1, 2024, the owner of an acute care inpatient hospital that includes a general acute care (GAC) building that is not SPC-3/NPC-5,

SPC-4D/NPC-5, SPC-4/NPC-5, or SPC-5/NPC-5 shall post a notice in a public space, designated as any lobby or waiting area.

The proposed location and the content of the notice are required to be accepted by the department through a construction project submittal.

The notice sign shall be in accordance with the California Building Code, California Code of Regulations, Title 24, Part 2, Volume 1, *CHAPTER 11B, Division 7,* Section *11B*-703.5 Visual characters. For all notice types, the SPC and NPC rating of the building shall be included.

For each general acute care hospital building, the type of notices shown in the following table are required. The required format of the notice for different SPC and NPC combinations is shown in Appendix A. Any deviations from the notice format in Appendix A is not acceptable.

### Notice Requirements of General Acute Care (GAC) Buildings

	NPC-1, 2, 3, 4D, 4	NPC-5
SPC-1	Notice Type A	Notice Type A
SPC-2	Notice Type B	Notice Type B
SPC-3	Notice Type C	Notice not required, see optional Notice Type D
SPC-4D	Notice Type C	Notice not required, see optional Notice Type D
SPC-4	Notice Type C	Notice not required, see optional Notice Type D
SPC-5	Notice Type C	Notice not required, see optional Notice Type E

Notice Type A:

"The State of California has determined that this hospital building does not meet seismic safety standards. This building may jeopardize life and is a danger to the public in an earthquake."

### Notice Type B:

"The State of California has determined that this building does not significantly jeopardize life, but may not be repairable or functional following an earthquake."

### Notice Type C:

"The State of California has determined that the hospital building is at risk of not being functional to provide care to its patients or the community after an earthquake."

### Notice Type D:

"The State of California has determined that the hospital building meets seismic safety standards, but the hospital building may not be functional to provide care to its patients or the community after an earthquake."

### Notice Type E:

"The State of California has determined that the hospital building meets seismic safety standards and designated this building as an Earthquake Resilient Building."

### Annual Status Update Reporting

On or before January 1, 2024, and annually thereafter, the owner of an acute care inpatient hospital that includes a general acute care building that is not SPC-3/NPC-5, SPC-4D/NPC-5, SPC-4/NPC-5, or SPC-5/NPC-5 shall provide an annual status update on the Structural Performance Category ratings of the buildings and the services provided in each hospital building on the hospital campus to all of the following entities:

(1) The county board of supervisors in whose jurisdiction the hospital building is located.

(2) The city council in whose jurisdiction the hospital building is located, if applicable.

(3) Any labor union representing workers who work in a general acute care building that is not SPC-3/NPC-5, SPC-4D/NPC-5, SPC-4/NPC-5, or SPC-5/NPC-5.

(4) The board of directors of the special district or joint powers agency that provides fire and emergency medical services in the jurisdiction in which the hospital building is located, if applicable.

- (5) The department.
- (6) The board of directors of the hospital.
- (7) The local office of emergency services or the equivalent agency.
- (8) The Office of Emergency Services.
- (9) The medical health operational area coordinator.

The reporting shall include all GAC buildings in a facility where any one GAC building is not compliant with HSC §130065. For example, if one of the GAC buildings is SPC-2/NPC-3 and all other GAC buildings are SPC-5/NPC-5, all services in all GAC buildings (including SPC-2 and SPC-5 buildings) are required to be reported annually per HSC §130066.5.

This report shall be submitted annually so long as the facility contains any buildings providing general acute care services that are not SPC-3/NPC-5, SPC-4/NPC-5, SPC-4D/NPC-5, SPC-5/NPC-5.

The annual reporting period to HCAI is November 1<sup>st</sup> through December 1<sup>st</sup>. The annual status report shall be submitted electronically using the <u>eServices Portal</u> located on the HCAI website.

Original signed

Chris Tokas

05/30/2023 Date

## FREQUENTLY ASKED QUESTIONS (FAQ)

### Annual Status Update Requirements

### 1. Who must report yearly under AB 1882?

All operational hospitals licensed as general acute hospitals or that have any general acute care category licensed beds that are subject to SB 1953 requirements. This means acute rehabilitation hospitals, surgical hospitals, etc., are subject to the reporting requirements. The owner of an acute care inpatient hospital that includes a general acute care building that is not SPC-3/NPC-5, SPC-4D/NPC-5, SPC-4/NPC-5, or SPC-5/NPC-5 shall provide an annual status update on the Structural Performance Category ratings of the buildings and the services provided in each hospital building on the hospital campus.

### 2. How do I do the required reporting?

The reporting needs to submitted online through <u>eServices Portal</u> (eSP). See <u>HOSPITAL SERVICES REPORTING</u> User Guide for instructions.

## What documents are required for AB 1882 service reporting application? Please follow the eSP <u>HOSPITAL SERVICES REPORTING</u> User Guide. No additional documents are required.

4. When filling out the services in the eSP application website, can I leave a blank for service type for a building?

No, all buildings need at least one service selected. If the building doesn't contain any of the acute care services, select 'Non-GAC Uses' and enter a brief description of the building service(s).

## 5. What if my facility no longer has any acute care functions, but is licensed as a General Acute Hospital?

Contact CDPH L&C to see if the facility needs to be relicensed to reflect the current usage. Once the facility is relicensed as something other than a General Acute Care hospital, please email HCAI/OSHPD <u>Seismic Compliance Unit</u> (SCU) a scanned copy of the paper license and the record will be updated to exempt the AB 1882 reporting requirement.

### 6. What if I need to add a GAC building to the inventory?

Submit an "add a building" application to the Seismic Compliance Unit. Following the creation of the new building number, AB 1882 reporting of the services for the added building is required.

### 7. What if I need to remove a GAC building from the inventory?

Submit an application to the SCU explaining why the building should be removed from the building inventory. Reasons include demolition, reclassification as an OSHPD 1R, building returned to the local authority having jurisdiction, etc. The AB 1882 services list will be updated following the removal of the building.

### Public Notice Posting Requirements

1. PIN 75 states the following: "The proposed location and the content of the notice are required to be accepted by the department through a construction project submittal." Is an Amended Construction Document (ACD) or a new project acceptable to submit for posting?

Please submit an application with a specific record type (GACSIGN) using the <u>eServices Portal</u> (eSP). Please follow the <u>HOSPITAL SIGNAGE REPORTING</u> User Guide for the step-by-step application process.

### 2. What documents are required for the signage application?

Please follow the eSP <u>HOSPITAL SIGNAGE REPORTING</u> User Guide. A floor plan showing the signage locations and the signage page selected and filled in from PIN 75 are required to be uploaded as part of the AB 1882 signage application.

### 3. Is only one notice needed for each non-compliant structure?

The law requires posting in any lobby or waiting area generally accessible to patients. The department may agree with a fewer number of posting locations depending on the floor(s) layout and use of space. Please submit an application with proposed posting locations for the department's review and approval.

### 4. Can this be done as part of another ongoing project on the site?

No. Please submit a new AB 1882 signage application using eSP.

## 5. There are general acute care buildings without lobby or waiting areas, would posting still be required?

If there is no lobby or waiting area, the department will review the location of the posting on a case-by-case basis. AB 1882 posting is not required for equipment yards, tunnels, canopies, cooling towers, or emergency generator enclosures.

## 6. Are these signs expected to be printed pieces of paper? What about signage to wall connection detail?

There is no required material type for the signage. The signage should be protected from damage and securely adhered or hung on the wall.

7. Is it sufficient to provide a general location, such as pointing to the approximate area on a floor plan, or does the exact location need to specified?

Pointing to the approximate area on a floor plan is acceptable. The installed signage is required to be verified and accepted by HCAI field staff.

8. Will the HCAI regions be reviewing these AB 1882 projects, or will they go through the Seismic Compliance Unit?

Review and approval will be done by the corresponding region or field staff.

- Do we need to complete project kick-offs with the field staff? District Structural Engineer (DSE), Fire Life Safety Officer (FLSO), and Compliance Officer (CO)? No.
- 10. Do we need an Inspector of Record (IOR), Testing Inspection Observation Program (TIO), or Verified Compliance Report (VCR) by the Design Professional of Record (DPOR)? No.
- 11. Can the sign be moved at a later date?

For revised location, please submit a new AB 1882 signage application using eSP.

12. Is a version of the sign for the visually impaired required?

Braille signage is not required.

- 13. If the building SPC or NPC rating changes, would revised signage be required? Yes.
- 14. Can the facility provide supplemental information to the posting?

No supplemental information on the posting will be allowed. However, additional informational postings around the signage that does not interfere with the AB 1882 signage posting is allowed.

15. The statement says no deviation from the notice format. Assuming that the format remains as is, can the statement be adjusted?

The statement, the size, or the format cannot be revised.

16. Is the signage requirement in Section 130065 applicable only to the first floor, or does it apply to all floors including the basement in multi-story buildings?

The signage requirement in Section 130065 applies to all floors in multi-story buildings, including the basement. This is because the section states that signs must be posted in "any lobby or waiting area generally accessible to patients or the public." Therefore, all floor plans, including the basement, must be submitted with the locations of posted signage clearly marked. In the absence of lobby or waiting room place the signage in front of elevator/stair exit or in corridor. A minimum of one signage per floor is required.

17. Is signage required for a building that is not open to the public or does not see patients or provides no general acute care services?

Yes, provide at least one signage for OSHPD 1 building at each floor.

18. Is signage required for OSHPD 1R or OSHPD 2 or OSHPD 5 buildings?

Signage is not required for OSHPD 1R or OSHPD 2 or OSHPD 5 buildings.

## **APPENDIX A**

### Required Notice Format (Print Size: 8-1/2" x 14" minimum)

The following pages include required notice format for different SPC and NPC combinations. The following pdf pages include fillable form field for facility ID and building number and should be completed by the facility prior to printing.



5

Equipment and Systems Critical to Patient Care



The State of California has determined that this hospital building does not meet seismic safety standards. This building may jeopardize life and is a danger to the public in an earthquake.

More info:









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Structural Integrity



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Facility Number:

Building Number: BLD-



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More info:





Facility Number: Building Number: BLD- 4

5

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More info:







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More info:









More info:

5





Facility Number: Building Number: BLD- 5





Equipment and Systems Critical to Patient Care



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More info:





Structural Integrity



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More info:





Facility Number: Building Number: BLD- 5



The State of California has determined that the hospital building meets seismic safety standards and designated this building as an Earthquake Resilient Building.

More info:



