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CODE APPLICATION NOTICE (CAN)
 H&S Code §129851

SUBJECT

Accessibility in Health Facilities

CAN: 2-11B

Effective: 7/30/2021



CODE SECTIONS

2019 California Building Code

CHAPTER 11B - ACCESSIBILITY TO PUBLIC BUILDINGS, PUBLIC ACCOMMODATIONS, COMMERCIAL BUILDINGS AND PUBLIC HOUSING

PURPOSE

The purpose of this Code Application Notice (CAN) is to clarify code sections in the 2019 California Building Code (CBC) in order to provide consistent application of accessibility regulations as they relate to new construction and alteration of health facilities under the jurisdiction of the Office of Statewide Health Planning and Development (OSHPD). This CAN only addresses accessibility requirements associated with CBC Chapter 11B. Functional/clinical requirements in Chapter 12 and/or exiting requirements in Chapter 10 may also apply. Project elements must be compliant with all relevant California Building Standards Code requirements.

BACKGROUND

The Division of the State Architect – Access Compliance (DSA–AC) adopts Title 24 CBC code requirements relating to accessibility for persons with disabilities. The purpose of these code requirements is to ensure that barrier-free design is incorporated in all buildings, facilities, site work, additions, alterations, and structural repairs. OSHPD enforces the DSA–AC accessibility code requirements for hospitals, skilled nursing facilities, and intermediate care facilities.

Accessibility within a building is addressed in two ways in California; the Americans with Disabilities Act (ADA) and Title 24 California Building Standards Code (CBSC). The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including access to all public and private places that are open to the general public. Title 24 is a building code that provides standards for building construction including requirements for providing accessibility. Even though existing noncompliant conditions may not be required to be corrected as part of a project through the building standards code, this does not relieve facilities of providing legal accessible compliance required by ADA within their facilities.

INTERPRETATIONS

Note: Code section language being clarified is shown within the boxes. In some instances, an entire code section is clarified. In other instances, specific language within the code section is clarified. For these instances, the specific language within the code section is shown in **bold underlined italics** followed by the interpretation.

11B-202 FLOW CHART

For determining the correct requirements for a project, the attached 11B-202 Flow Chart has been provided as guidance. The following comments apply to this flow chart. The default condition for Path of Travel requirements is that all alterations, additions, and structural repair projects must make accessible the primary entrance to the building or facility, toilet and bathing facilities serving the area, drinking fountains and public telephones serving the area and signage. There are several exceptions to these requirements. The flow chart addresses when Path of Travel requirements must be implemented, when general accessibility must be provided and when the exceptions may be applied.

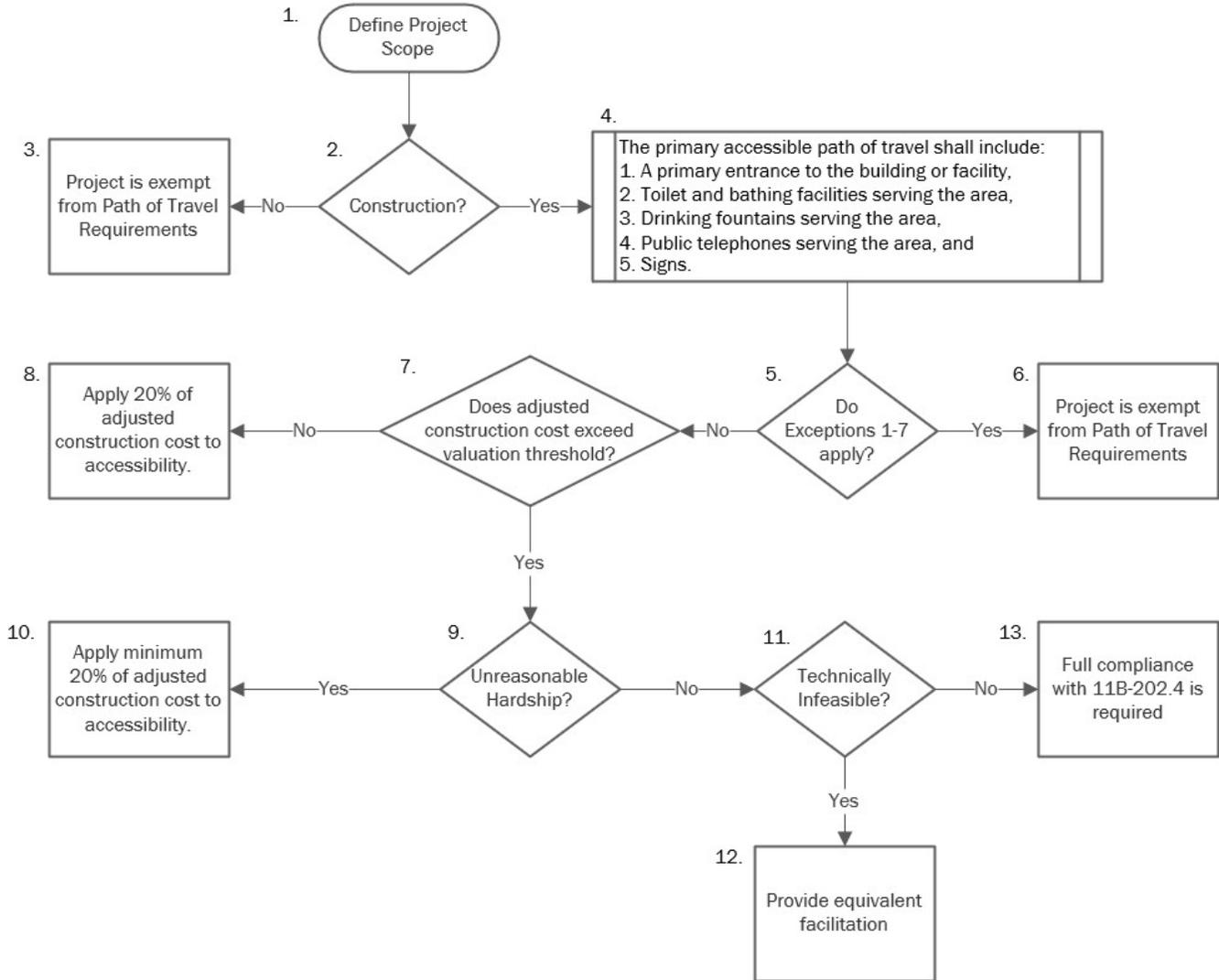


Figure 1 - Path of Travel Compliance

1. Process Box: Define Project Scope

- a. It is the responsibility of the project team with their client to clearly identify the scope of the project including identifying any change in occupancy, use or function. It is important to identify what the basic project contains including what accessible features must be provided as part of the project scope. This will assist in determining which Path of Travel elements must also be provided.

2. Decision Box: Construction?

- a. If there is no construction involved in the project scope such as only a change in function, then proceed to Item 3.
- b. If construction is involved, then proceed to Item 4.

3. Process Box: **Project is exempt from Path of Travel Requirements**
 - a. If there is no construction within the project scope, the project is exempt from Path of Travel requirements in alterations, additions, and structural repairs per 11B-202.4.
4. Process Box: **11B-202.4 Path of Travel Requirements in alterations, additions, and structural repairs.**
 - a. When alterations or additions are made to existing buildings or facilities, an accessible path of travel to the specific area of alteration or addition shall be provided. The primary accessible path of travel shall include a primary entrance to the building or facility, toilet and bathing facilities serving the area, drinking fountains and public telephones serving the area, and signage. Proceed to Item 5.
5. Decision Box: **Do Exceptions 1 – 7 apply?**
 - a. Review exceptions 1 through 7 under 11B-202.4 and determine if any apply to the project. If yes, proceed to Item 6.
 - b. If exceptions 1 through 7 do not apply, proceed to Item 7.
6. Process Box: **Project is exempt from Path of Travel Requirements**
7. Decision Box: **Does adjusted construction cost exceed valuation threshold?**
 - a. The current valuation threshold can be found on the Division of State Architect website. It is updated annually. If the adjusted construction cost for this project, or projects on this path of travel during the preceding three years, does not exceed this threshold, proceed to Item 8.
 - b. If the adjusted construction cost does exceed this threshold, proceed to Item 9.
8. Process Box: **Apply 20% of adjusted construction cost to accessibility**
 - a. If the adjusted construction cost does not exceed the defined threshold, path of travel compliance is limited to 20 percent of the adjusted construction cost. An amount that is equal to or exceeds 20 percent of the adjusted construction cost must be applied for path of travel compliance to provide the greatest access in the priority order of entrance, route to the altered areas, at least one accessible restroom for each sex or one accessible unisex restroom, telephone, drinking fountain and, when possible, additional accessible elements such as parking, signs, storage, and alarms.
9. Decision Box: **Unreasonable Hardship?**
 - a. When the adjusted construction cost exceeds the current valuation and the cost of compliance is not unreasonable, proceed to Item 11.
 - b. When the adjusted construction cost exceeds the current valuation and the cost of compliance is unreasonable, proceed to Item 10.
10. Process Box: **Apply minimum 20% of adjusted construction cost to accessibility**
 - a. When the adjusted construction cost exceeds the current valuation, and the cost of compliance is unreasonable, full compliance shall not be required. Compliance shall be provided by equivalent facilitation or to the greatest extent possible, but in no case shall the cost of compliance be less than 20 percent of the adjust construction cost. An Alternate Method of Compliance (AMC) with an Unreasonable Hardship application will be required.
11. Decision Box: **Technically Infeasible?**
 - a. If it is determined that compliance with the applicable requirements is technically infeasible, go to Item 12.
 - b. If it is determined that compliance with the applicable requirements is not technically infeasible, go to Item 13.
12. Process Box: **Provide equivalent facilitation**
 - a. The details of the finding that full compliance with the requirements is technically infeasible shall be recorded and entered into the files of the enforcing agency to provide a record of the acceptance. An Alternate Method of Compliance (AMC) with an Unreasonable Hardship application will be required.
13. Process Box: **Full compliance with 11B-202.4 is required**
 - a. When the adjusted construction cost exceeds the current valuation, and the cost of compliance is reasonable, full compliance shall be required. Compliance shall be provided by providing compliance to the primary entrance, route to the altered area(s), at least one accessible restroom for each sex and use (staff, public and patient) or one accessible unisex restroom, telephone, drinking fountain and signage.

CHAPTER 2 – DEFINITIONS

SECTION

202 – DEFINITIONS

ALTERATION. Any construction or renovation to an existing structure other than repair or addition. *[DSA-AC] A change, addition or modification in construction, a change in occupancy or use, or structural repair to an existing building or facility. Alterations include, but are not limited to, remodeling, renovation, rehabilitation, reconstruction, historic restoration, resurfacing of circulation paths or vehicular ways, changes or rearrangement of the structural parts or elements, and changes or rearrangement in the plan configuration of walls and full-height partitions. Normal maintenance, reroofing, painting or wallpapering, or changes to mechanical and electrical systems are not alterations unless they affect the usability of the building or facility.*

CHANGE IN FUNCTION. *A change in function is a change in activity, service or licensed service provided, within the project limits, that does not necessarily change the use, specific use, and/or occupancy. Conversion of a space that results in a change in activity such that the space will be required to satisfy the functional requirements under a different code subsection than that of the prior use is considered a change in function.*

CHANGE OF OCCUPANCY. A change in the use of a building or a portion of a building that results in a change of occupancy classification or a change from one group to another group within an occupancy classification or any change in use within a group for which there is a change in application of the requirements of this code.

REPAIR. The reconstruction or renewal of any part of an existing building for the purpose of its maintenance or to correct damage.

INTERPRETATION

A ***change in occupancy or use*** is a change in the major activity for which the room, space, unit, or facility is intended. A *change in occupancy or use* can occur whether construction is performed or not. Examples of a *change in occupancy or use* include the following: changing the occupancy classification and use designation (e.g., changing from Group I to Group B) from Chapter 3, changing a patient room to a storage room; changing a nursing service space to an administrative space; changing an intensive care unit to a perinatal unit; changing a med/surg unit to acute psych, rehab, or distinct part SNF; changing a general acute care hospital to a skilled nursing facility, etc. Changing patient rooms in a nursing service space from general nursing (med/surg) to antepartum and postpartum patient rooms is not a change in use. Changes in occupancy or use may require additional plumbing fixtures and/or additional segregation of staff, patients, and visitors. See Table 4-2 in the California Plumbing Code. If construction is not performed, Path of Travel requirement of 11B-202.4 do not apply.

Placing patient rooms in suspense without performing construction and not using the space during the period they are in suspense, is not a *change in occupancy or use* and does not initiate compliance with accessibility requirements. Placing patient rooms in suspense without construction and using the space for another purpose during the period they are in suspense may be a *change in occupancy or use* and may initiate compliance with accessibility requirements if required for the new use. For example, if the suspended patient room contains an adjoining toilet room and the patient room is used as a waiting room, the adjoining toilet room must be accessible. If the suspended patient room is used as an office, the adjoining toilet room would not be required to be accessible if there is another common accessible toilet that is available. Removing patient rooms from suspense without performing construction is not a change in primary function and does not initiate compliance with accessibility requirements. However, compliance with Chapter 11B is required if construction is performed in placing patient rooms in suspense or removing them from suspense.

*A **change in function** is a change from a room, space or unit satisfying specific functional requirements associated with a CBC subsection under Sections 1224, 1225, 1226 or 1228 to satisfying specific functional requirements of a different subsection. A change in function will require an altered room or space to comply with accessibility requirements. A change in licensed bed category that does not change the accessibility category under 11B-223.2 or 11B-223.3 will not require the repurposed patient bed/toilet rooms to be altered if no other alterations are made to the room. See discussion of Section 11B-223.2.*

Example 1: Med/Surg to Pediatric Nursing Unit: A med/surg nursing unit has been satisfying the requirements of CBC Section 1224.14 and is now repurposed to satisfy the requirements under Section 1224.30 for a Pediatric Nursing Unit. The requirements for a play area and infant formula space under 1224.30.3 (Service Areas) will need to be met as a part of the repurposing project. The play area required by Section 1224.30.3.1 must have a patient toilet room adjacent to it per Section 1224.30.3.3. A new play area and accessible toilet will be constructed which will satisfy the functional requirement of Section 1224.30. The new toilet must be accessible and may not be counted as a path of travel element associated with Section 11B-202.4 as it is required to meet the functional requirements of 1224.30. Path of Travel requirements will be triggered by the construction so two (2) accessible staff toilets will need to be identified serving the unit.

Example 2: Med/Surg to Pediatric Nursing Unit: Similar scenario as above except a space exists that can be used for the play area and there is an existing non-accessible staff toilet adjacent to it. If the existing non-accessible staff toilet is designated as the required patient toilet, it may continue to be used “as is” as part of the change in function (no upgrades required). If there are sufficient required staff toilets serving the nursing unit, a new staff toilet does not need to be created to meet the functional requirements for the Pediatric Unit.

Example 3: Med/Surg to Pediatric Nursing Unit: Similar scenario as example 1 above except there is an existing non-accessible staff toilet serving the nursing unit. This toilet may be designated as a patient toilet and continue to be used. If there are sufficient required staff toilets serving the nursing unit, a new staff toilet does not need to be created to meet the functional requirements for the Pediatric unit. The existing toilet may be upgraded under path of travel requirements per 11B-202.4 if other work requires path of travel upgrades.

Maintenance and repair – Maintenance and non-structural repair applies to reconstruction/renewal of any part of an existing building for the purpose of its maintenance or to correct damage. Maintenance includes the “Excluded Maintenance Projects” listed in the Field Reviewed Exempt Excluded and Expedited Review (FREER) Manual, normal maintenance, re-roofing, and changes to mechanical and electrical systems not affecting the usability of the building. These are not subject to accessibility requirements, however, replacement of elements associated with an accessible route, such as damaged doors will need to comply with accessible hardware requirements as noted in the FREER Manual.

Replacement of Equipment – Equipment replacement that meets the general functional specification of the item it is replacing is not a change in function, nor by itself an alteration under the definition in Chapter 202. The definition cites mechanical and electrical equipment as examples; however, this understanding also extends to planned replacement of other equipment as well. For example, if CT Scan equipment is being replaced with new CT Scan equipment, the room is still a CT Scan Room and does not cause the room to be brought into compliance with current code as long as the space or room complies with the requirements of the 2001 CBC, or later edition where applicable, for existing rooms continuing to serve the same function, subject to the approval of OSHPD (CEBC Section 506A.1 and 506A.1.1). However, replacement of equipment shall not decrease the accessibility of the space, room, or building below that which the equipment and configuration currently provides. If alterations are made to the space, room, or building in addition to what is required for the replacement of the equipment, such alteration must comply with accessibility, and other code requirements, for new construction.

Structural repair – For the purposes of this CAN, *structural repair* is divided into two categories – structural work and nonstructural work.

Structural Work

In Attorney General’s Opinion Number 94-1109, dated May 10, 1995, the Attorney General for the State of California concluded that seismic strengthening work in an existing building constitutes a “building alteration, *structural repair* or addition” for purposes of providing access to the building for persons with disabilities. Therefore, *structural repair* projects, and seismic retrofit projects for the purpose of compliance with the Structural Performance Category (SPC) requirements of the 2019 California Administrative Code (CAC) and the 2019 CBC are subject to the access requirements of Section 11B-202.4.

Compliance with Section 11B-202 shall be provided as follows:

- A. Section 11B-202.4 requires the provision of an accessible *primary entrance; toilet and bathing facilities*; drinking fountains; signs; public telephones; and an accessible *path of travel* connecting these elements throughout the building.

- B. The *specific area of alteration* shall comply with all accessibility requirements as noted in Section 11B-202.3. Note that for some *structural repair* or retrofit work, either interior or exterior, the *specific area of alteration* may not occur in a room or space intended for human occupancy. In such cases, the requirements of Section 11B-202.3, while enforceable, have no practical application. Similarly, providing a *Path of Travel* (see Section 11B-202.4) to such area has no practical application. This does not mean that *Path of Travel* may be omitted but should be applied based on required percentage or costs, not necessarily by the location of the alteration.

- C. The requirements of Section 11B-202 shall not be construed to require an entire building to be subject to accessibility upgrades due to a *structural repair* or retrofit project. Section 11B-202 is consistent with Section 19959 of the Health and Safety Code, which states: “Every existing public accommodation constructed prior to July 1, 1970, which is not exempted by Section 19956, shall be subject to the requirements of this chapter when any alterations, *structural repairs* or additions are made to such public accommodation. This requirement shall only apply to the area of specific alteration, *structural repair* or addition and shall not be construed to mean that the entire building or facility is subject to this chapter.” Clearly, it is not the intent of Section 11B-202 that a *structural repair*, structural retrofit, or an addition, be construed to mean that the entire building or facility be subject to a complete accessibility upgrade.

Nonstructural Work

Projects consisting entirely of anchorage and bracing of equipment and components will not be considered a building alteration, renovation, *structural repair*, or retrofit project subject to the Attorney General’s Opinion 94-1109 noted above, and therefore are not subject to the accessibility requirements of Section 11B-202.4. Similarly, seismic retrofit projects for the purpose of compliance with the Nonstructural Performance Category (NPC) requirements of the 2019 CAC and the 2019 CBC are not subject to the accessibility requirements of Section 11B-202.4.

Incidental structural repairs – Minor/incidental repairs as described in the California Existing Building Code intended to simply restore a damaged building component to its pre-damage state is not included in the “structural repair” work described above.

"**STRUCTURAL REPAIRS** are any changes affecting existing or requiring new structural components primarily intended to correct the effects of damage, deterioration or impending or actual failure, regardless of cause."
(California Existing Building Code, Section 318.)

Example: Dry Rot Repair: Replacement of damaged doors or windows may reveal unknown related damage such as dry rot in surrounding framing. Corrective repair would require replacement in-kind to restore the structure to its pre-damage condition, and still not trigger path of travel upgrades associated with 11B-202.4. The "structural repair" reference in 11B-202.4 would not apply to such minor/incidental repair. By contrast, structural upgrade (e.g., SPC 2 to SPC 4) is subject to path of travel requirements as discussed under "Structural Work" addressed above.

SECTION

202 – DEFINITIONS

UNREASONABLE HARDSHIP. *When the enforcing agency finds that compliance with the building standard would make the specific work of the project affected by the building standard infeasible, based on an overall evaluation of the following factors:*

- 1. The cost of providing access.*
- 2. The cost of all construction contemplated.*
- 3. The impact of proposed improvements on financial feasibility of the project.*
- 4. The nature of the accessibility which would be gained or lost.*
- 5. The nature of the use of the facility under construction and its availability.*

The details of any finding of unreasonable hardship shall be recorded and entered in the files of the enforcing agency.

INTERPRETATION

Two types of **unreasonable hardship** exist in CBC Chapter 11B. One type, as defined in Section 202, applies to all projects regardless of the construction cost of the project. The second type applies to alterations, *structural repairs*, or additions that do not exceed a valuation threshold specified in Section 11B.202.4, Exception 8. Valuation thresholds change annually and can be found on the DSA (Division of the State Architect) website.

Accessibility must be provided to the maximum extent feasible. *"In determining equivalent facilitation, consideration shall be given to means that provide for the maximum independence of persons with disabilities while presenting the least risk of harm, injury or other hazard to such persons or others."* (definition of *Equivalent Facilitation* in Chapter 2). An Alternate Method of Compliance (AMC) providing accessibility to the maximum extent feasible, must accompany unreasonable hardship submittals.

Removing a barrier to make one element accessible which in itself changes an accessible element to be non-accessible does not meet the intent of the code. The overall increase of accessibility may be considered in an Unreasonable Hardship submittal.

All Projects

All projects, regardless of construction cost, are eligible for *unreasonable hardship* as defined in Section 202. Requests for *unreasonable hardship* for accessibility requirements must be submitted by the applicant to the OSHPD Regional Supervisor on OSHPD Form OSH-FD-800 "[Application for Unreasonable Hardship Exception to Accessibility Requirements](#)." Such finding of *unreasonable hardship* does not constitute a waiver from other applicable accessibility code requirements.

Unless otherwise specified in the code, *equivalent facilitation* must be provided when *unreasonable hardship* is requested and granted. Section 202 defines **equivalent facilitation** as *"the use of designs,*

*products or technologies as alternatives to those prescribed, resulting in substantially equivalent or greater accessibility and usability.” In some instances, the code specifies the *equivalent facilitation* requirements. In instances where the code does not specify the *equivalent facilitation* requirement, the applicant requesting the *unreasonable hardship* must propose the means by which *equivalent facilitation* will be achieved. The proposed *equivalent facilitation* must be submitted with the request for *unreasonable hardship*.*

Alterations, Structural Repairs, or Additions Below Valuation Threshold
See Section 11B-202.4, Exception 8 in this CAN.

**CHAPTER 11B – ACCESSIBILITY TO PUBLIC BUILDINGS, PUBLIC ACCOMMODATIONS,
COMMERCIAL BUILDINGS AND PUBLICLY FUNDED HOUSING**

DIVISION 1: APPLICATION AND ADMINISTRATION

SECTION

11B-104 Conventions

11B-104.1 Dimensions. Dimensions that are not stated as “maximum” or “minimum” are absolute.

11B-104.1.1 Construction and manufacturing tolerances. All dimensions are subject to conventional industry tolerances except where the requirement is stated as a range with specific minimum and maximum end points.

INTERPRETATION

Chapter 11B requires placement of most accessible items and elements within a range that defines specific minimum and maximum dimensions. Section 11B-104.1.1 excludes the allowance of construction tolerance in the case of an allowed range within the requirement. In this case, minimum and maximum dimensions are absolute. Note that if an item or element was installed under a previous code that only stated a single dimension, then construction tolerances still apply when verifying compliance.

CBC Section 11B-609.3 requires an absolute dimension of 1-1/2 inches clear between a grab bar and the wall behind it. In a toilet room, the wall finish is often somewhat irregular due to the material, such as ceramic tile. The grab bar bracket sets a stand-off of 1-1/2 inches within the manufacturer’s tolerance, and the tile finish adds additional construction tolerance to the installed element. Both are acceptable.

DIVISION 2: SCOPING REQUIREMENTS

SECTION

11B-201.1 Scope. All areas of newly designed and newly constructed buildings and facilities and altered portions of existing buildings and facilities shall comply with these requirements.

11B-201.2 Application based on building or facility use. Where a site, building, facility, room, or space contains more than one use, each portion shall comply with the applicable requirements for that use.

11B-202.2 Additions. Each addition to an existing building or facility shall comply with the requirements for new construction *and* shall comply with Section 11B-202.4.

11B-202.3 Alterations. Where existing elements or spaces are altered, each altered element or space shall comply with the applicable requirements of *Division 2, including Section 11B-202.4.*

Exceptions:

2. **Technically infeasible.** In alterations, where *the enforcing authority determines* compliance with applicable requirements is technically infeasible, the alteration shall *provide equivalent facilitation or* comply with the requirements to the maximum extent feasible. *The details of the finding that full compliance with the requirements is technically infeasible shall be recorded and entered into the files of the enforcing agency.*

11B-202.3.3 Alteration of single elements. If alterations of single elements, when considered together, amount to an alteration of a room or space in a building or facility, the entire room or space shall be made accessible.

INTERPRETATION

Chapter 11B of the 2019 CBC requires all areas of newly constructed buildings and facilities and *altered portions* of existing buildings to be accessible and be served by an *accessible route*. Each portion of a room or space shall comply with the requirements for the use associated with that portion of the room or space. Alterations to existing facilities must include an *accessible Path of Travel* to the altered area including the elements that shall comply with Section 11B-202.4.

Removal of existing barriers to accessibility in the path of travel is required for all projects unless covered by an exemption under 11B-202.4. For purposes of calculation, the adjusted construction cost excludes equipment costs. Existing conditions along the path of travel shall be assessed against current code requirements, or the previous code edition. Status of compliance within the submittal documents shall accurately reflect existing conditions. Required accessibility elements shall be located on the path of travel or serving the area of work and must be in facilities under OSHPD jurisdiction.

Alteration of single elements shall comply with the applicable requirements of Division 2 for that element. Alteration of a *single element* does not constitute an *altered space* and does not trigger *Path of Travel requirements* in and by itself. When multiple elements are altered in the same space, the entire room or space shall be made accessible, including *Path of Travel requirements* in compliance with Section 11B-202.4.

Example: The addition (or alteration) of an electrical outlet (or multiple outlets) in a patient room is considered a single element and the outlet(s) must be located within the reach range as required by Section 11B-308.1.2. A *single element* does not trigger Section 11B-202.4, and Exception 7 is not relevant. Multiple outlets, when considered together, would not amount to an alteration if there is no other work. If the project includes alteration of other elements as well, then these are no longer “single” elements as addressed in Section 11B-202.3.3. These would then constitute an *altered space*.

Example: The door, frame and hardware in an office need to be replaced due to wear and tear. This would be considered a single element as it is a complete system and would not require the entire room to be made accessible. If there was a sidelight on this door system, it too would be considered part of the single element. Strike side and all accessible clearances related to the new door system would need to be met.

Each **altered element or space** is relevant to projects occurring within the confines of a space(s) or room(s), or projects not occurring within the confines of a space(s) or room(s) as described below:

1. For projects that occur within the confines of a space(s) or room(s), the *altered element or space* is the entire altered space(s) or room(s).

Example: A project proposes to replace the ceiling in the imaging department waiting area. The scope would also include the adjacent registration area adding new soffits over the reception station. The *altered element or space* is the entire ceiling in this area. As required by Section 11B-202.3, the entire area must meet the requirements of Chapter 11B Division 2, including Section 11B-202.4 for *Path of Travel* requirements to the *specific area of alteration*. The ceiling and soffit additions are not considered a single element.

A room or area outside of the *specific area of alteration* is **not** required to be made accessible, even if it is a required element of the unit in which the work is proposed.

Example: A project proposes to replace the ceiling in the entrance lobby of a hospital. The *altered element or space* is the entire entrance lobby. In this case, the ceiling is considered a single element and no further upgrades would be required. If there was more work than just the ceiling, as required by Section 11B-202.3 the entire lobby would have to meet the requirements of Chapter 11B Division 2, including Section 11B-202.4 for *Path of Travel* requirements to the *specific area of alteration*.

Example: A project proposes to alter two CT scan rooms. The work will include equipment replacement, new flooring, new ceiling work, and modifications to the mechanical and electrical systems. The *altered element or space*, and the *specific area of alteration*, are the two CT scan rooms. Path of Travel updates will need to be addressed as part of this project. A dressing room elsewhere in the same radiological/imaging service space is not within the *specific area of alteration*; therefore, accessibility of the dressing room is not required as part of the proposed project. Note that a dressing room is not a *toilet or bathing facility* that serves the area of alteration per Section 11B-202.4, item 2.

2. For projects not occurring within the confines of a space(s) or room(s), the *altered element or space* and the “*specific area of alteration*” shall be defined by the physical area in which work is to occur. In some cases, the *specific area of alteration* is best described as a series of specific areas that may or may not be physically connected.

Example: A facility proposes to replace several of the windows and doors in a hospital. This type of replacement project affects a small portion of many rooms within a building. The *specific area of alteration* may be the immediate area of construction at each individual window and each individual door. Therefore, in this example, the *altered element or space* is a small portion of several different rooms. However, the replacement of windows and doors is not considered an alteration so would not have to meet the requirements of Section 11B-202.4.

Example: A facility proposes to replace several soffits above windows and doors in a hospital. This type of alteration project affects a small portion of many areas within the building. The *specific area of alteration* may be the immediate area of construction at each soffit. Therefore, in this

example, the *altered element or space* is a small portion of several different rooms. The requirements of Division 2 apply to each area that an altered soffit is located. Section 11B-202.4 requires an accessible *Path of Travel* to each individual soffit being replaced; an accessible *primary entrance*; and *toilet and/or bathing facilities*, drinking fountains, signs and telephones *servicing the area* (also see Note following examples).

Example: A facility proposes to repair various fire/life safety deficiencies in a hospital. The scope of the project includes many locations throughout the hospital where fire dampers are added and wall penetrations are sealed (eligible for Section 11B-202.4, Exception 7). Much of the proposed work occurs above the ceiling, but some work occurs below the ceiling. In this example, the *altered element or space* shall be defined as the immediate area of construction work, whether above the ceiling or below. The *altered element or space* does not automatically become the entire room in which a small repair occurs. In this case, a small portion of the rooms are being altered, and the *altered element or space* is the immediate area in which alteration work occurs. If any of the proposed work affects any accessibility requirements, it shall be made to comply with those requirements. It is also required that all work comply with current code requirements. In this example, it is probable that there would be no upgrades that would be required by fire damper and penetration sealing work.

Note: For projects without a well-defined *specific area of alteration*, the facility may provide the required accessibility features (*path of travel*, accessible *toilet and bathing facilities*, drinking fountains, signs, and public telephones) in a central location.

Technically infeasible does not mean a financial or operational inconvenience. It is defined in CBC Section 202: “An alteration of a building or a facility that has little likelihood of being accomplished because the existing structural conditions require the removal or alteration of a load-bearing member that is an essential part of the structural frame, or because other existing physical or site constraints prohibit modification or addition of elements, spaces or features which are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility.”

If full compliance with the minimum requirements is found to be *technically infeasible*, the alteration shall include *equivalent facilitation* or comply with the requirements to the maximum extent possible. Under *equivalent facilitation* the project must result in substantially equivalent or greater accessibility and usability. The definition in CBC Section 202 includes the following note: “In determining equivalent facilitation, consideration shall be given to means that provide for the maximum independence of persons with disabilities while presenting the least risk of harm, injury or other hazard to such persons or others.”

Example 1: Conversion of an old nursing unit in a multi-story hospital into administrative space includes re-tasking the patient rooms as private offices. The patient rooms had attached private toilet rooms, most of which were not accessible. While only 10% of the patient rooms were required to be accessible, all the staff (employee) toilet rooms are required to be accessible. The private offices are considered “employee workstations” and must comply with Section 11B-203.9 which requires them to be on an accessible route with limited accessibility requirements in the private office itself. The attached toilet room is not a workstation itself, but rather serves that workstation. As such, it is not specifically exempted from 11B-213, that requires where toilet facilities and bathing facilities are provided, they shall comply with Section 11B-213. There is no functional requirement to provide a private toilet off a private office and abandonment of these toilets would result in compliance. Even if the plumbing fixtures were removed, plumbing lines to these fixtures would result in excessive dead extensions contrary to infection control and the plumbing code. The significant disruption to the existing building to remove all the abandoned plumbing lines and re-route remaining active lines is considered a disproportionate increase in cost/scope to provisions of equal accessibility, or equal absence of plumbing fixtures. This work can be found as technically infeasible and the existing toilet rooms may remain without accessibility alterations. Equivalent facilitation under Section 11B-202.3 will

require occupants of these private offices to have reasonable access (i.e., within 200') to common staff toilet facilities that are accessible. A minimum of 10% of the private offices should include attached private toilet rooms that are altered to comply with Section 11B-606, such that those with mobility disabilities are not subject to discrimination, but can be assigned to the accessible offices, including attached accessible toilet rooms.

SECTION

11B-202 Existing buildings and facilities.

11B-202.4 Path of travel requirements in alterations, additions and structural repairs.

When alterations or additions are made to existing buildings or facilities, an accessible path of travel to the specific area of alteration or addition shall be provided. The primary accessible path of travel shall include:

1. *A primary entrance to the building or facility,*
2. *Toilet and bathing facilities serving the area,*
3. *Drinking fountains serving the area,*
4. *Public telephones serving the area, and*
5. *Signs.*

INTERPRETATION

There are two distinct factors regarding accessibility compliance in alteration projects:

- The first is the **specific area of alteration** itself (covered under 11B-202.3), and
- The second is the **Path of Travel** to that area of work (covered under 11B-202.4). The Path of Travel work may be required even though the area of work itself may, or may not, include an accessibility upgrade.

For the purposes of this CAN, the **specific area of alteration** is equivalent to the *altered element or space* described in Section 11B-202.3 in this CAN.

The language “*primary accessible Path of Travel shall include*” indicates that, in most projects, accessibility must be demonstrated and/or provided outside of the *specific area of alteration* as required by Section 11B-202.4. Every project subject to the requirements of Section 11B-202.4 shall demonstrate compliance for a *primary entrance*; *primary Path of Travel* to the specific area; and toilet and/or bathing facilities, drinking fountains, signs, and public telephones *serving the area*. These elements are required pursuant to Section 11B-202 and yet they may be located outside of the *specific area of alteration*.

Path of Travel as defined in CBC Section 202: “*An identifiable accessible route within an existing site, building or facility by means of which a particular area may be approached, entered and exited, and which connects a particular area with an exterior approach (including sidewalks, streets and parking areas), an entrance to the facility, and other parts of the facility. When alterations, structural repairs or additions are made to existing buildings or facilities, the term “path of travel” also includes the toilet and bathing facilities, telephones, drinking fountains, and signs serving the area of work.*”

Submittal drawings for projects subject to **Path of Travel** need to graphically identify the Path of Travel and document accessible elements “serving the area of work” along the path of travel to the area of alteration. The accessible elements identified shall comply with the present, or the immediately preceding code, or be brought into compliance with the current accessibility requirements of Chapter 11B.

If signage on the path of travel to area of work does not meet the present or previous code (2019 or 2016), it can be considered for replacement when the other elements of 11B-202.4 are already accessible in accordance with the present or previous code.

Primary entrance is the “primary entry” defined in Section 202, which states: “*Primary Entry. The principal entrance through which most people enter the building, as designated by the building official.*” For the purposes of this CAN, the *primary entrance* is equivalent to the “primary entry.”

Toilet and bathing facilities serving the area must meet the requirements of Section 11B-213 and include those required for each user group as stipulated in Section 11B-213.1.1 which states: “*Where separate toilet facilities are provided for the exclusive use of separate user groups, the toilet facilities serving each user group shall comply with Section 11B-213.*”

The California Plumbing Code (CPC) Section 422.3.1 [OSHPD 1, 2, 3 & 4] requires: “*Separate toilet facilities shall be provided for the use of patients, staff personnel and visitors.*” Consequently, if the area of work serves more than one of these user groups, each user group served must have accessible toilets as a part of the *Path of Travel* requirements.

Example (public, staff and patient): An alteration of an Imaging Department, including outpatient services, will require an accessible patient toilet serving the specific altered space, men’s and women’s staff toilets serving the department, and men’s and women’s public/visitor toilets serving the waiting area. Note: Single occupancy toilets will be labeled with all gender terminology.

Example (public and staff): An alteration of a “non-accessible” patient room within a nursing unit will require accessible men’s and women’s staff toilets serving the nursing unit, and men’s and women’s public/visitor toilets on the *path of travel* from the main entrance. Note that in nursing units, patient rooms are already segregated into those requiring accessible patient facilities and those that are not required to have accessible facilities. Consequently, the patient toilet serving the non-accessible patient room may not need to be made accessible. In all other service areas, patient toilets are *common use* facilities for all patients and thus are required to be accessible. Note that this code application is not intended to countermand the requirements of Section 11B-223.2.1 for the minimum number of accessible patient rooms. Refer to the application under Section 11B-223.1.1 for facilities that do not currently comply with Section 11B-223.2.1.

Example (staff only): An alteration of an area limited to staff personnel only, such as Central Sterile Supply, will only have one user group. Thus, only the men’s and women’s staff toilets *servicing the area* are required to be accessible.

Toilet and bathing facilities are regulated in Section 11B-213 and include toilet rooms and bathing rooms. “Toilet room” is defined in CPC Section 222.0 as: “*A room within or on the premises containing water closets, urinals, and other required facilities.*”

Servicing the area is specific to those *toilet and bathing facilities* that are most directly related to the area of alteration. *Toilet and bathing facilities* are not required to be on the immediate *path of travel* to the area to be considered as *servicing the area*, but they must be within a reasonable distance of the area. In no case shall the distance exceed 200 feet of travel or more than one floor above or below the area for access to staff toilets. Note that some departments require dedicated staff toilets that may not be shared with other departments and in those cases the 200 feet allowance does not apply.

Example: A nurse’s station is remodeled on the first floor of a hospital, but the toilet rooms for those nurses are not accessible per current or immediately preceding code and are located on the second floor. As a result of this remodel project, the inaccessible toilet rooms must be made accessible, because they are the only staff toilet facilities within a reasonable distance that serve the area.

Example: Alternately, given the same situation as in the example above, the facility could choose to provide new accessible toilet rooms to serve that specific nurses' station on the same floor and in close proximity to the remodeled nurses' station. In this case, they would not be required to upgrade the toilet rooms on the second floor, because they would be providing new toilet rooms to serve the area on the first floor.

When there is more than one toilet facility that is within a reasonable distance from the *specific area of alteration* and each can be considered as *servicing the area*, only one of each required toilet facility must be made accessible. The facility may designate the toilet facilities that will be considered as *servicing the area* as long as they are within a reasonable distance, even if they are located further from the *specific area of alteration* than other sanitary facilities.

Example: An outpatient surgery department remodel project on the second floor of a hospital requires that accessible toilet rooms be provided (both male and female) for the public off the waiting room, as well as separate accessible toilet rooms for staff. Accessible public toilet rooms (both male and female) are already available approximately 80 feet away, which satisfies Section 11B-202.4.2 for public use. The existing staff toilet rooms within the department are not accessible, but there are also accessible separate male and female staff toilet rooms on the first floor, with a total distance to the *specific area of alteration* of 120 feet (including elevator travel). However, in this case the facility may not designate the first-floor staff toilet rooms as "*servicing the specific area of alteration*" for the purpose of this remodel project as this is not "within the surgical service space" as required by CBC Section 1224.39.2.4 and 1224.15.1.3 and thus, additional construction work to provide accessible staff toilets will be required.

Example: An existing pharmacy does not have internal accessible staff toilet rooms or lockers. A remodel project requires that accessible staff toilet rooms (both male and female or two (2) all gender) and lockers be immediately accessible. The lockers can be located within the pharmacy space, but it is not possible for the toilets due to restrictions in existing construction. An Unreasonable Hardship / AMC must be approved to provide dedicated staff toilets down the corridor within 200 feet of the pharmacy entrance. It must not pass through cross-corridor doors or other departments.

Clustered Toilet Rooms is defined as multiple single user toilet rooms at a single location per 11B-213.2, exception 4. Where multiple single user toilet rooms are clustered at a single location, 50 percent, but no fewer than one, of the single user toilet rooms for each use at each cluster shall comply with Section 11B-603. With "all-gender" requirements for single-user toilet rooms, "clustering" of unisex toilets can be considered with the following requirements:

- The "count" is still 1 toilet for up to 15 male staff and 1 toilet for up to 15 female staff
- If "single-user" toilet rooms are used, each would be "signed" as all-gender (unisex)
- If "clustered" (at a single location) only 50% need to be accessible to the disabled
- If "shared" between compatible units with a combined staff complement of 30 or less, one can be the required "male" at 1:15, and the other the required "female" at 1:15, although each would be signed as all-gender, and the travel distance cannot exceed 200 feet from the most remote employee area to the furthers toilet to be considered "servicing the area."

SECTION

11B-202 Existing buildings and facilities.

11B-202.4 Path of travel requirements in alterations, additions and structural repairs.

Exceptions:

4. Alterations solely for the purpose of barrier removal undertaken pursuant to the requirements of the Americans with Disabilities Act (Public Law 101-336, 28 C.F.R., Section 36.304) or the accessibility requirements of this code as those requirements or regulations now exist or are hereafter amended including, but not limited to, one or more of the following items shall be limited to the actual scope of work of the project and shall not be required to comply with Section 11B-202.4.

INTERPRETATION

Projects consisting solely of voluntary ADA barrier removal, or in response to court-ordered remediation, might not necessarily result in compliance with CBC Chapter 11B. In this case, these areas may not be designated as “accessible” and may not be used in meeting accessibility requirements or path of travel requirements for any subsequent projects in the area. Non-compliance with Chapter 11B must be clearly indicated in the barrier removal documents and signage to truly accessible facilities must be added where necessary.

SECTION

11B-202 Existing buildings and facilities.

11B-202.4 Path of travel requirements in alterations, additions and structural repairs.

Exceptions:

7. Projects consisting only of heating, ventilation, air conditioning, reroofing, electrical work not involving placement of switches and receptacles, cosmetic work that does not affect items regulated by this code, such as painting, equipment not considered to be a part of the architecture of the building or area, such as computer terminals and office equipment shall not be required to comply with Section 11B-202.4 unless they affect the usability of the building or facility.

INTERPRETATION

The phrase “***projects consisting only of***” shall be understood to allow work that is incidental to projects covered under Section 11B-202.4, Exception 7. For example, a lab analyzer replacement project may require modifications to casework, incidental electrical work as well as incidental support and anchorage work associated with the equipment replacement. This incidental work shall be considered part of the equipment replacement project and will not initiate compliance with accessibility requirements. Projects consisting only of fire sprinkler alterations, of fire alarm systems, patient lifts or of nurse call systems qualify for Exception 7.

Electrical work not involving placement of switches and receptacles. Electrical receptacles and medical gas outlets associated with a patient headwall are intended for staff use for patient care and are independent of whether the patient room is an “accessible room” or not. The headwall is considered a tightly defined employee workstation, where the elements are not required to be accessible for common use. The receptacles are exempt due to Section 11B-203.6 and not subject to Section 11B-308.1.1 reach ranges. Consequently, they are not the “convenience” receptacles excluded from the electrical work exempted in Exception 7. Exception 7 may be applied if no other work is proposed. This understanding is

also presented in CAN 3-517.40(B) “Sub-Acute” – “*Projects solely for the purpose of establishing a sub-acute bed and involving electrical systems only, will not trigger accessibility path-of-travel requirements.*”

Part of the architecture of the building.

Replacement of Fixed Equipment (e.g., Imaging Equipment). Permanently secured imaging equipment is considered part of the architecture of the building. However, a direct replacement of imaging equipment, and the incidental work required to install that equipment, does not alter the existing architecture of the building and would be eligible for Exception 7 unless any of the following apply:

- The scope includes providing imaging equipment in addition to the imaging equipment being replaced
- A change is made to the type of imaging equipment, e.g., MRI to CT Scan
- The type of procedures with the replacement equipment will alter the environment classification required, i.e., new procedures require a more sterile, controlled environment
- The scope includes a renovation of the space, room, or department
- The replacement of equipment makes the room less accessible than it was before

Equipment Replacement in Kind. Equipment replacement that meets the general functional specifications and operational use of the item it is replacing, does not change the use or architecture of the space, room, or building, and does not require alterations to the space, room, or building other than related changes to plumbing, mechanical, or electrical services and/or connections to adapt to the new equipment, and equipment anchorage. Replacement of equipment shall not decrease the accessibility of the space, room, or building that was provided by the equipment it is replacing.

Movable Equipment. Equipment, with or without wheels or rollers, that typically remains in one fixed location during its service life or use but is required to be periodically moved to facilitate cleaning or maintenance, is eligible for Exception 7.

Mobile Equipment. Equipment that is designed to be mobile and can be easily moved from one room to another is not considered *part of the architecture of the building*; and therefore, is eligible for Exception 7.

SECTION**11B-202 Existing buildings and facilities.****11B-202.4 Path of travel requirements in alterations, additions and structural repairs.****Exceptions:**

8. When the adjusted construction cost is less than or equal to the current valuation threshold, as defined in Chapter 2, Section 202, the cost, as defined, of compliance with Section 11B-202.4 shall be limited to 20 percent of the adjusted construction cost of alterations, structural repairs or additions. When the cost of full compliance with Section 11B-202.4 would exceed 20 percent, compliance shall be provided to the greatest extent possible without exceeding 20 percent.

When the adjusted construction cost, as defined, exceeds the current valuation threshold, as defined, and the enforcing agency determines the cost of compliance with Section 11B-202.4 is an unreasonable hardship, as defined, full compliance with Section 11B-202.4 shall not be required. Compliance shall be provided by equivalent facilitation or to the greatest extent possible without creating an unreasonable hardship; but in no case shall the cost of compliance be less than 20 percent of the adjusted construction cost of alterations, structural repairs or additions. The details of the finding of unreasonable hardship shall be recorded and entered into the files of the enforcing agency and shall be subject to Chapter 1, Section 1.9.1.5, Special Conditions for Persons with Disabilities Requiring Appeals Action Ratification.

For purposes of this section, the adjusted construction cost of alterations, structural repairs or additions shall not include the cost of alterations to path of travel elements required to comply with Section 11B-204.

INTERPRETATION

Removal of existing barriers to accessibility in the path of travel is required for all projects, unless covered by an exemption under 11B-202.4. Existing conditions along the path of travel shall be assessed against current code requirements, or the immediately preceding code edition. Status of compliance within the submittal documents shall accurately reflect existing conditions specific to the area of the project. Required accessibility elements shall be located on the path of travel, or those serving the area of alteration, and must be in facilities under OSHPD jurisdiction.

The **adjusted construction cost** shall be provided by the applicant as either an estimate of construction costs or as an actual contract amount and shall include the fair market value of any labor or materials provided by the owner and shall not include the cost of fixed equipment and imaging equipment. The construction cost shall exclude design fees, inspection fees, and off-site work in accordance with California Administrative Code (CAC) Section 7-111. Note that Exception 8 defines "adjusted" as not inclusive of the cost of alterations to *path of travel* elements required to comply with Section 11B-202.4.

Applicants may file a request for *unreasonable hardship* (see definition and application under Section 202) if the cost of upgrading all the elements listed above exceeds 20 percent of the project cost without these elements. The request must be submitted on OSHPD Form OSH-FD-800 "[Application for Unreasonable Hardship Exception to Accessibility Requirements](#)." The applicant must submit the request attached to an Alternate Method of Compliance (AMC) to the Regional Supervisor and must substantiate the hardship with detailed construction cost estimates. If the *unreasonable hardship* request is approved, a minimum of 20 percent of the project cost without accessible features is required to be spent on accessible features. Applicants may use the Comment and Process Review (CPR) procedure when OSHPD denies a hardship request.

Projects with the adjusted construction cost under the valuation threshold that cannot provide complete accessibility in accordance with the priority list of Exception 7 of 11B-202.4 due to disproportionate costs may provide partial accessible upgrades to increase accessibility.

The remodeling cost of making a required element on the path of travel accessible due to 11B-202.4 is not included in the “adjusted construction cost.” The cost of providing a required element due to the function of the project space is a part of the project and would be included in the adjusted construction cost. This would not be a part of the 20% associated with 11B-202.4, even if it is an “accessible” element.

Example: A nursing unit is being altered to become a Pediatric Unit with the required play area and associated toilet room:

Example A: The play area required by Section 1224.30.3.1 must have a patient toilet room adjacent to it, per Section 1224.30.3.3. If this is a new toilet room, it is satisfying a functional requirement of Section 1224.30 and may not be counted as a path of travel element associated with Section 11B-202.4.

Example B: An existing non-accessible staff toilet already serving the nursing unit may continue to be used. A new staff toilet does not need to be created to meet the functional requirements for the Pediatric unit. The existing toilet may need to be upgraded under path of travel requirements per 11B-202.4. In this case the cost of remodeling that toilet is a part of the 20% requirement.

The Path of travel elements are limited to those listed in 11B-202.4, and only those that are on the path for the project and those that are identified as serving the area of work. Once the elements on the list are shown to be compliant, the requirement is satisfied. Elements in other parts of the hospital do not need to be included.

SECTION

11B-203 General exceptions.

11B-203.1 General. Sites, buildings, facilities, and elements are exempt from these requirements to the extent specified by 11B-203.

11B-203.9 Employee workstations. *Employee workstations shall be on an accessible route complying with Division 4. Spaces and elements within employee work areas shall only be required to comply with Sections 11B-207.1, 11B-215.3, 11B-302, 11B-303, 11B-308.1.1, 11B-308.1.2 and 11B-404.2.3. Common use circulation paths within employee workstations shall comply with Section 11B-206.2.8*

INTERPRETATION

General exceptions to the accessibility requirements are identified in Section 11B-203 and are exempt from these requirements only to the extent specified by Section 11B-203. The exception(s) are provided under specific requirements. Unless there is an exception, each space and/or element must be made accessible in compliance with Chapter 11B. Employee workstations in medical care and long-term care facilities have additional accessibility access requirements in 11B-805.7.

Circulation Path An exterior or interior way of passage from one place to another for pedestrians. [DSA-AC] An exterior or interior way of passage provided for pedestrian travel, including but not limited to, walks, sidewalks, hallways, courtyards, elevators, platform lifts, ramps, stairways, and landings.

Common use is defined in Section 202 as: “Interior or exterior circulation paths, rooms, spaces or elements that are not for public use and are made available for the shared use of two or more people.” *Common use* circulation paths, rooms, spaces and elements must be made accessible. See Section 11B-223.2.

Employee work area is defined in Section 202 as: “All or any portion of a space used only by employees and only for work. Corridors, toilet rooms, kitchenettes and break rooms are not employee work areas.” Specific *employee work areas* in health facilities include, but are not limited to nurse sub-stations, operating room tables, counters in clinical laboratories, imaging equipment, control/*workstations* in imaging rooms, and housekeeping rooms. Also see Common Use below. For imaging equipment, the aisle width requirements shall apply to only those sides of the equipment where staff typically work to provide medical care to patients, including assisted transfer onto and off of the apparatus table. Section 11B-206.2.8 requires *common use* circulation paths within work areas shall comply with Section 11B-402.

Employee for the purpose of this Code Application Notice is interchangeable with the term “staff personnel” as used in CPC Section 422.2.2 and includes: Employees, personnel, Full Time Equivalents (FTEs), hospital volunteers, medical staff, administrative staff, technical staff, service staff, security staff, etc. Note that the term “patient” includes inpatients and outpatients. “Ambulatory outpatients” are considered “the public” until they are received into the particular outpatient service department they are seeing. The term “visitor” is interchangeable with the term “public” and includes guests, family members and friends of patients, law enforcement, ambulance drivers, members of the public and “outpatients” on their way to an outpatient department, etc.

Workstation is defined in Section 202 and generally is for one employee or a small number of employees. This may be a workstation used by different employees on different shifts, or a couple of employees at the same time for a short period of time. Therefore, a specific *workstation* is not typically interpreted as an entire room. *Employee workstations* would include spaces where a single staff member works such as an imaging technician’s control booth, block and mold rooms, hot lab, etc. The headwall in a patient room or utility boom in an operating room is considered an employee workstation such that the medical gas and electrical outlets are not required to be placed within a reach range. A satellite nurse station may be considered an *employee workstation*. Reception desks, nurse stations, clean and soiled utility rooms, clean linen storage, nourishment areas and medication stations are generally used by multiple medical staff and considered *common use* and not *employee workstations*. Consequently, these areas must provide accessibility, including built-in cabinets, handwashing fixtures and door clearances, with relevant sections in Chapter 11B.

Employee workstations are required to comply with:

- 11B-207.1 – Have an accessible means of egress per Section 1009
- 11B-215.3 – Have audible alarm coverage
- 11B-302 – Ground/floor surface – stable firm & slip-resistant
- 11B-303 – Changes in level – ¼” maximum (or ½” with ¼” bevel)
- 11B-308.1.1 – Reach range for electrical light switches & temperature control
- 11B-308.1.2 – Reach range for convenience receptacle outlets and common use communications
- 11B-404.2.3 – Door opening clear width of 32”

Section 1009.2 requires an accessible route complying with Section 11B-402 as applicable, where 11B-402 also requires subsequent section such as 404.2.3, The width requirement in 11B-203.9 applies to the opening to the workstation while the accessible means of egress is a shared “common path of egress travel” which starts once outside the workstation opening. The clear opening width is the only part of Division 4 that applies to the workstation itself, while the rest of Division 4 applies to the “common” path of egress. Where several employee workstations of the same type are group in series (e.g., labs, service counters, ticket booths), 5% of each type shall be accessible, but not less than one.

Example: Sterile compound cleanrooms are examples of employee workstations, even if there are several work benches or bio-safety cabinets in the buffer room. The anteroom is the beginning of the “workstation” and needs to be on an accessible route, with a compliant width of the door opening. Everything beyond the anteroom door is considered a part of the employee workstation.

Example: A Medication Room has three (3) work counters. This room is considered common use as more than one employee may use the room at any given time. Since there are three (3) work counters, only one of them would need to meet accessibility requirements. If there was only one (1) work counter, then a portion of that counter would be required to meet the accessibility requirements for height and width of the work surface.

SECTION

11B-204 Protruding objects.

11B-204.1 General. *Protruding objects on circulation paths shall comply with Section 11B-307.*

INTERPRETATION

Objects protruding from a wall or object along a circulation path shall be restricted to the limits provided in Section 11B-307.2. This includes paths in corridors, hallways, common paths of travel and accessible routes in waiting and meeting rooms. It does not include paths along the perimeter walls within offices, patient rooms, exam rooms, etc.

SECTION

11B-206 Accessible routes.

11B-206.1 General. Accessible routes shall be provided in accordance with Section 11B-206 and shall comply with *Division 4*.

11B-206.4.10 Medical care and long-term care facilities. *Weather protection by a canopy or roof overhang shall be provided at a minimum of one accessible entrance to licensed medical care and licensed long-term care facilities where the period of stay may exceed twenty-four hours. The area of weather protection shall include the passenger loading zone complying with Section 11B-209.3 and the accessible route from the passenger loading zone to the accessible entrance it serves.*

INTERPRETATION

Section 11B-206.4.10 requires a **minimum of one accessible entrance** to be provided with weather protection, passenger loading zone, and vehicle pull-up space. The code does not require more than one entrance with these features.

1. The protected accessible entrance is not required to be the *primary entrance* to the facility.
2. The passenger drop-off and loading zone is required to be protected from the weather. The vehicle pull-up space is not required to be protected from the weather.
3. For existing buildings that do not have a protected accessible entrance, projects subject to Section 11B-202 are not required to provide one. A protected accessible entrance is required when an addition is proposed for a facility that does not have an existing protected accessible entrance. The protected accessible entrance may be provided at the addition or at an appropriate location in the existing building.

SECTION**11B-223 Medical care and long-term care facilities.**

11B-223.1 General. In licensed medical care facilities and licensed long-term care facilities where the period of stay exceeds twenty-four hours, patient *bedrooms* or resident sleeping rooms shall be provided in accordance with *Sections 11B-223 and 11B-805*.

11B-223.2 Hospitals, rehabilitation facilities, psychiatric facilities and detoxification facilities. Hospitals, rehabilitation facilities, psychiatric facilities and detoxification facilities shall comply with Section 11B-223.2. *All public use and common use areas shall be accessible in compliance with this chapter.*

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

11B-223.2.2 Facilities specializing in treating conditions that affect mobility. In facilities specializing in treating conditions that affect mobility, 100 percent of the patient *bedrooms* shall provide mobility features complying with *Section 11B-805*.

11B-223.2.3 On-call rooms. *Where physician or staff on-call sleeping rooms are provided, at least 10 percent, but no fewer than one, of the on-call rooms shall provide mobility features complying with Sections 11B-806.2.3, 11B-806.2.4 and 806.2.6.*

11B-223.3 Long-term care facilities. In licensed long-term care facilities, *including skilled nursing facilities, intermediate care facilities and nursing homes*, at least 50 percent, but no fewer than one, of each type of *patient bedroom* or resident sleeping room shall provide mobility features complying with *Section 11B-805*.

INTERPRETATION

The following hospital patient rooms and their associated toilet rooms are subject to the 10 percent requirement indicated in Section 11B-223.2.1 above:

- Nursing Service Space patient rooms (general acute care patient rooms).
- Labor/delivery/recovery/postpartum rooms (LDRP).

Accessible patient rooms in new construction are to be dispersed in proportion to the type of medical specialty represented in the medical facility (e.g., 10 percent of medical/surgical beds, 10 percent of pediatric beds, 10 percent of post-partum beds, etc.). Only the patient rooms designated as accessible are required to comply with the requirements in Section 11B-805.2.

Change of Patient Room Licensure: There are three levels of patient room accessibility required for healthcare facilities base on the function of the room:

- 1) Facilities not specializing in treating conditions that affect mobility – 10%
- 2) Facilities specializing in treating conditions that affect mobility – 100%
- 3) Long-term care facilities – 50%

If an existing licensed patient room(s) is/are changed to a different licensed category and it does not change the patient room(s) to a different accessibility level, then no accessibility changes are required unless alterations are made to the patient room(s). For example, a change from a med/surg bed to a pediatric bed, or a post-partum bed would not require accessibility compliance if no alterations are made to the patient rooms. All spaces or rooms that must be added or altered to comply with the change in function must comply with the applicable accessibility requirements for new construction.

Skilled Nursing beds are subject to the 50 percent requirement. Hospitals with distinct part skilled nursing units must create/maintain at least 50 percent of patient rooms under this category as accessible. Additionally, a change in bed classification from med/surg to skilled nursing must result in the overall number of med/surg patient rooms within the facility not dropping below 10 percent and the new number of skilled nursing patient rooms must include at least 50 percent accessible rooms.

Patient rooms used for rehabilitation therapy must be 100 percent accessible. Any changes in bed classification must result in both prior and new classifications meeting their respective requirements.

SECTION

11B-223 Medical care and long-term care facilities.

11B-223.1.1 Alterations. Where *patient bedrooms or resident sleeping rooms* are altered or added, the requirements of *Section 11B-223* shall apply only to the *patient bedrooms or resident sleeping rooms* being altered or added until the number of *patient bedrooms or resident sleeping rooms* complies with the minimum number required for new construction.

11B-223.1.1.1 Area alterations. *Patient bedroom or resident sleeping rooms added or altered as part of a planned renovation of an entire wing, a department, or other discrete area of an existing medical facility shall comply with Section 11B-805.2 until the number of patient bedrooms or resident sleeping rooms provided within the area of renovation complies with the minimum number required for new construction by Section 11B-223.2 or 11B-223.3.*

11B-223.1.1.2 Individual alterations. *Patient bedrooms or resident sleeping rooms added or altered individually, and not as part of an alteration of an entire area, shall comply with Section 11B-805.2, until either: a) the number of patient bedrooms or resident sleeping rooms provided in the department or area containing the individually altered or added patient bedrooms or resident sleeping rooms complies with the minimum number required if the percentage requirements of Section 11B-223.2 or 11B-223.3 were applied to that department or area; or b) the overall number of patient bedrooms or resident sleeping rooms in the facility complies with the minimum number required for new construction by Section 11B-223.2 or 11B-223.3.*

11B-223.1.1.3 Toilet and bathing facilities. *Toilet/bathing rooms which are part of patient bedrooms added or altered and required to be accessible shall comply with Section 11B-805.2.4.*

INTERPRETATION

When patient rooms are added or altered, the requirements of Section 11B-223.1.1 shall apply to only the patient rooms being added or altered and shall be consistent with the percentages required by Section 11B-223.2.1, 11B-223.2.2, or 11B-223.3.

Example (GACH): In a hospital with 100 acute care patient rooms of which only 5 currently meet accessible standards for this code, or the immediately preceding edition, 20 acute care patient rooms are proposed to be altered in the obstetrics department. As required by Section 11B-223.1.1.1, two of the altered acute care patient rooms must be made accessible (10 percent of 20 acute care patient rooms). As a result, the facility would then have 7 percent of the acute care patient rooms accessible. Future remodel projects would continue to be subject to the 10 percent requirement, until the 10 percent requirement for the entire facility has been met.

Example (SNF): In a long-term care facility with 75 resident rooms, only 7 currently meet accessible standards for this code or the immediately preceding edition. One resident room is being proposed to be altered. As required by Section 11B-223.1.1.2, the altered resident room must be made accessible. Future remodel projects would continue to be subject to single rooms being upgraded to accessible standards, or meet the 50 percent upgrade requirement, until 50 percent of the resident rooms for the entire facility has been met.

If an existing facility is already in compliance with the percentages required by Section 11B-223.2 or 11B-223.3 as calculated for the entire building, then future remodel projects are not required to provide accessibility beyond the percentages required in Sections 11B-223.2 and 11B-223.3.

Example: In a hospital with 100 acute care patient rooms of which 10 are currently accessible, 20 existing acute care obstetrics patient rooms are proposed to be altered. None of the altered obstetrics patient rooms need to be made accessible, because the facility can already demonstrate facility-wide compliance. In this case, the dispersion requirement in Section 11B-223.2.1 does not trigger additional accessible rooms that would result in exceeding the minimum requirement for the building. Note that the project may not remove accessible patient rooms from service if the result would be to drop below the 10 percent requirement.

The requirements in Sections 11B-223.2 and 11B-223.3 are to be calculated independently of each other. For example, an excess of long-term care patient rooms (50 percent required to be accessible) shall not be used to compensate for a lack of general acute care patient rooms (10 percent required to be accessible).

Example: In a hospital with 100 patient rooms, 80 patient rooms are acute care, of which 5 are accessible, and 20 patient rooms are in a distinct part skilled nursing facility (SNF) of which all 20 are currently accessible. The facility proposes to remodel 20 of the acute care patient rooms, none of which are currently accessible.

Two of the 20 remodeled patient rooms must be made accessible to meet the 10 percent requirement (10 percent of acute care patient rooms being remodeled). The fact that the facility has exceeded the 50 percent requirement for long-term care patient rooms does not allow the facility to provide less than 10 percent of accessible patient rooms in acute care. As a result, the facility would then have 7 accessible acute care patient rooms out of 80, still short of the 10 percent requirement. Future remodel projects would continue to be subject to the 10 percent requirement, until the 10 percent acute care standard has been met.

The requirements in Section 11B-223 are based on patient rooms, not patient beds. Placing more than one bed in a patient room does not affect the requirements of Section 11B-223.2 or 11B-223.3.

Assisted toileting: While assisted toileting is not a requirement, some facilities may provide toilet rooms set up for assisted toileting and/or bathing. The requirements associated with providing toilet and bathing facilities that accommodate assistance might not meet the requirements of Section 11B-603. These facilities are considered therapeutic patient care spaces and are not intended to provide greater accessibility for independent bathing and toileting. They may not be used to satisfy the minimum accessible room requirements, nor are they considered non-accessible patient toilet and/or bathing rooms. Private assisted bathing and/or toileting facilities may be provided to accessible patient rooms within facilities specializing in treating conditions that affect mobility. These rooms shall have access to common accessible bathing and toilet facilities.

DIVISION 3: BUILDING BLOCKS

SECTION

11B-307 Protruding objects.

11B-307.2 Protrusion limits. Objects with leading edges more than 27 inches and not more than 80 inches above the finish floor or ground shall protrude 4 inches maximum horizontally into the circulation path.

INTERPRETATION

No object shall protrude more than 4 inches horizontally into the circulation path if it has an edge more than 27 inches or less than 80 inches above the finish floor or ground. Also see discussion on 11B-307.

Protruding objects. Objects may protrude no more than 4” maximum into the required clear width of an accessible route in corridors, hallways, courtyards, ramps and other paths of circulation. Note that other requirements for minimum width in corridors, hallways, etc., will normally govern, and protrusions into that minimum width would also be governed by other sections, such as Section 1003.3. An example of this is that structural elements, fixtures or furnishings in Group I-2 and I-2.1 occupancies shall not project horizontally from either side more than 1-1/2 inches into the require width of an exit access corridor serving any area caring for one or more nonambulatory or bedridden persons.

A protruding object with leading edge more than 27 inches and less than 80 inches above the finish floor may protrude more than 4 inches into the circulation path provided that a permanent fixed object protruding equal to or more than the protruding object above is placed below it on the finish floor.

Electronic cane-detectable devices. With an approved Alternate Method of Compliance (AMC), a cane detectable device (powered by the emergency branch of the essential electrical system) may substitute for the requirement that the monitor cannot protrude more than 4” into the circulation path where less than 80” above the floor (CBC 11B-307.2) if full coverage under the protruding object is provided. Also note the restriction into fire/egress widths.

DIVISION 4: ACCESSIBLE ROUTES

SECTION

202 – DEFINITIONS

Accessible Route. *A continuous unobstructed path connecting accessible elements and spaces of an accessible site, building or facility that can be negotiated by a person with a disability using a wheelchair, and that is also safe for and usable by persons with other disabilities. Interior accessible routes may include corridors, hallways, floors, ramps, elevators and lifts. Exterior accessible routes may include parking access aisles, curb ramps, crosswalks at vehicular ways, walks, ramps and lifts.*

Path of travel. *An identifiable accessible route within an existing site, building or facility by means of which a particular area may be approached, entered and exited, and which connects a particular area with an exterior approach (including sidewalks, streets and parking areas), an entrance to the facility, and other parts of the facility. When alterations, structural repairs or additions are made to existing buildings or facilities, the term “path of travel” also includes the toilet and bathing facilities, telephones, drinking fountains and signs serving the area of work.*

Accessible Means of Egress. *A continuous and unobstructed way of egress travel from any accessible point in a building or facility to a public way.*

INTERPRETATION

An **accessible route** is needed to access all accessible elements throughout the building and the site. An accessible route must be included throughout the extent of all new construction.

Exterior Accessible Route – Parking: The minimum number of accessible parking spaces is dependent upon the total number of parking spaces provided. The minimum number of parking spaces required is set by the local agency having jurisdiction. Accessible electrical vehicle charging stations are not considered parking spaces for this count. Accessible parking spaces converted to EV charging shall not reduce the accessible parking spaces below the minimum number required.

Also subject to OSHPD review is verification that exterior routes of travel, accessible parking and other site features are accessible and in compliance with regulations of the CBC as adopted by the Division of the State Architect/Access Compliance Section. This compliance may be demonstrated by:

- standard OSHPD review and observation; or
- evidence of review and certification by an independent Certified Access Specialty (CASp) retained by the health facility, for CBC compliance (inspections to be performed by project Inspect of Record); or
- evidence of plan review, construction inspection, and approval by the local building authority for CBC compliance.

Interior Accessible Route Considerations: Aisles around storage shelving – 36” clear is required when serving one side, and 44” clear is required when serving both sides of the aisle. Movable storage shelving on rails requires an accessible path between the shelving over the rails with a maximum height differential in accordance with Section 11B-403.4 (changes in level – ¼” maximum) and 11B-303 (1/2” maximum slot perpendicular to direction of travel).

Accessible doors require a 32” minimum clear opening. Generally, this requires a 36” wide swinging door to get the clearance between the open door (90 degrees) and the strike-side stop. Note that other code requirements may determine the minimum clear width at a door opening. For example, Section 1010.1.1 requires 44” clear for egress doors used for the movement of beds.

ICU doors – Sliding doors with multiple leaves shall provide 32” minimum clear opening with one action that does not require the breakaway function to be used.

Accessible Means of Egress. *“Each required accessible means of egress shall be continuous to a public way and shall consist of... accessible routes complying with... Chapter 11B, Sections 11B-206 and 11B-402 as applicable”* [From Section 1009.2-1]. Accessible means of egress from a building shall be provided as common paths of egress from a building and are restricted to areas that are required to be on an accessible route, where a person does not depend on others to go about everyday functions.

DIVISION 5: GENERAL SITE AND BUILDING ELEMENTS

Mobile units are not buildings and the interior plans are not reviewed by OSHPD, however the path of travel from the medical facility and parking is required to be accessible and is reviewed by OSHPD. Note that the interiors of mobile units that serve as compounding pharmacies are not required to be accessible. Refer to the discussion of Employee Workstation.

DIVISION 6: PLUMBING ELEMENTS AND FACILITIES

Plumbing Fixture Considerations:

- **Number of fixtures.** The minimum number of fixtures for a specific service space and room type is provided in the California Plumbing Code Table 4-2, and additional requirements associated with fixtures provided for employees is covered under Table 4-3. Where specific requirements are not addressed by either Table 4-2 or 4-3, Table 422.1 shall be used.
- **Training toilets.** Toilets and other fixtures provided to facilitate Occupational Therapy and other modes of support for activities of daily living are not fixtures providing for independent personal hygiene. They are in support of therapeutic patient care and not required to comply with Division 6.
- **Emergency eyewash stations at compounding cleanrooms.** Clean rooms (buffer rooms) and anterooms are “employee workstations” and fixtures within the clean room and anteroom are not required to be accessible.
- **Less than two toilets required.** When there are less than five employees, separate toilet rooms for each sex are not required provided toilet rooms can be locked from the inside and contain at least one water closet (Table 4-3, footnote 7).

SECTION

11B-603 Toilet and bathing rooms.

11B-603.2.3 Door swing. Doors shall not swing into the clear floor space or clearance required for any fixture. *Doors to accessible water closet compartments shall be permitted to encroach into the turning space without limitation. Other than doors to accessible water closet compartments, a door, in any position, shall be permitted to encroach into the turning space by 12 inches maximum.*

Exceptions:

2. Where the toilet room or bathing room is for individual use and a clear floor space complying with Section 11B-305.3 is provided within the room beyond the arc of the door swing, doors shall be permitted to swing into the clear floor space or clearance required for the fixture.

11B-604 Water closets and toilet compartments.

11B-604.3.2 Overlap. The required clearance around the water closet shall be permitted to overlap the water closet, associated grab bars, dispensers, sanitary napkin disposal units, coat hooks, shelves, accessible routes, clear floor space and clearances required at other fixtures, and the turning space. No other fixtures or obstructions shall be located within the required water closet clearance.

INTERPRETATION

Showers are *fixtures* including a 30 inch x 60 inch clear receptor with a minimum/maximum slope of ¼ inch per foot to a drain (refer to CPC Section 408.5 and CBC Section 11B-608.9), and a threshold, between the shower receptor and the fixture clearance provided outside the shower (CBC Section 11B-608.2.2.1) with a maximum height of ½ inch, including a ¼ inch bevel if required (CBC Section 11B-303.3 and 11B-608.7). The required clearance around a water closet may overlap the clearance required outside the shower but not overlap the shower *fixture* threshold or receptor.

Door swing at single-user toilet room. Note Exception 2 to Section 11B-603.2.3 permitting the door to swing into the clear space of any fixture, providing the clear floor space complying with 11B-305.3 (30” x 48”) is provided beyond the arc of the door swing.

Door swing at handwashing fixtures and accessible sinks. While handwashing fixtures and accessible sinks may be located outside of toilet rooms, adjacent doors may not swing into the required clear space, similar to the requirement of Section 11B-603.2.3.

SECTION

11B-604 Water closets and toilet compartments.

11B-604.5 Grab bars.

11B-604.5.2 Rear Wall. The rear wall grab bar shall be 36 inches long minimum and extend from the centerline of the water closet 12 inches minimum on one side and 24 inches minimum on the other side.

Exceptions:

1. The rear grab bar shall be permitted to be 24 inches long minimum, centered on the water closet, where wall space does not permit a length of 36 inches minimum due to the location of a recessed fixture adjacent to the water closet.
2. Where an administrative authority requires flush controls for flush valves to be located in a position that conflicts with the location of the rear grab bar, then the rear grab bar shall be permitted to be split or shifted to the open side of the toilet area.

INTERPRETATION

Recessed Fixture in Exception 1. In a single occupancy toilet or bathing room, a recessed lavatory or shower compartment may be located within the 60" distance from the side wall of a toilet, providing the front face of the fixture, threshold or countertop does not extend beyond the face of the rear wall of the toilet. While the clear spaces may overlap per Section 11B-604.3.2, the 60-inch clear space from the side wall of the toilet must be unobstructed by the recessed fixture itself.

Flush valve conflict in Exception 2. Patient toilet rooms with bedpan flushing devices are an allowance, not a requirement. If this approach is pursued, the bedpan flushing device shall not be a unit that results in the need to split or offset the rear grab bar. Section 11B-604.5.2 Exception 2 is not available to accommodate bedpan flushing devices. The gripping surface of the grab bar must be available for the entire 36-inch length without interruption.

Bedpan flushing is commonly provided in patient toilet rooms associated with Protective Environment rooms when located in a dedicated nursing unit such as a Bone Marrow Transplant (BMT) unit. The clinical need associated with infection control, in this case, may be considered to justify Exception 2.

SECTION

11B-609 Grab bars.

11B-609.3 Spacing. The space between the wall and the grab bar shall be 1-1/2 inches. The space between the grab bar and projecting objects below and at the ends shall be 1-1/2 inches minimum. The space between the grab bar and projecting objects above shall be 12 inches minimum.

INTERPRETATION

The space between the wall and the grab bar shall be 1-1/2 inches. If a nurse call pull station is located on the wall behind the grab bar, it must be recessed so there is 1-1/2 inches clear. The pull station may be located above the 12" clearance above the grab bar with the string dropping behind the grab bar.

DIVISION 7: COMMUNICATION ELEMENTS AND FEATURES

In addition to the requirements for CBC 11B-703.7.2.6, signs for toilet rooms shall identify the usage of the room as for public/visitors, staff only, or patient only (where not attached to a patient room).

Wall-mounted touch screen monitors associated with electronic medical records shall be mounted in accordance with CBC 11B-707.7.1. If any operable portion of the touch screen is higher than 48", then a sign and wireless keyboard must be provided. The sign shall comply with Chapter 11B, Division 7, requirements. The sign shall direct the reader to the location of the wireless keyboard (e.g., the nearest nurse station).

DIVISION 8: SPECIAL ROOMS, SPACES, AND ELEMENTS

SECTION

11B-805 Medical care and long-term care facilities.

11B-805.2 Patient bedrooms and resident sleeping rooms. *Patient bedrooms and resident sleeping rooms required to provide mobility features shall comply with Section 11B-805.2*

11B-805.2.4 Toilet and bathing rooms. *Toilet and bathing rooms that are provided as part of patient bedrooms and resident sleeping rooms complying with Section 11B-223.2 or 11B-223.3 shall comply with Section 11B-603. Where provided, one water closet, one lavatory, and one bathtub or shower shall comply with the applicable requirements of Sections 11B-603 through 11B-610.*

INTERPRETATION

“Required to provide mobility features” means those patient rooms intended to meet the requirements of Section 11B-223.2 or 11B-223.3. Accessible patient amenities such as the turning radius, door maneuvering areas, their toilet/bathing room and their wardrobe are dependent upon whether it is an “accessible room” required to provide mobility features, or not. The 18-inch strike-side clearance and 5 feet deep maneuvering clearance are not required at the patient room door in a “non-accessible room,” as one not required to provide mobility features. Note that only patient toilet rooms associated with non-accessible patient rooms are exempt from Section 11B-213. All other patient toilet rooms shall comply with Section 11B-603. Handwashing fixtures located in non-accessible rooms must still comply with Section 11B-805.6. These are primarily for staff use. Staff access to both sides of the patient is a functional requirement of Section 1224.14.1.2, and not dependent upon Section 11B-805.4.1.

Patient **toilet and bathing rooms** that are accessed from patient rooms that are not required to provide mobility features are not subject to the accessibility requirements of Section 11B-805.2.4 or Section 11B-603. Although these rooms are not required to comply with Section 11B-603, CBC Section 1224.4.18 requires that *“each toilet, bathtub and shower serving patients shall have conveniently placed grab bars.”* These non-accessible grab bars are only required to be compliant with Section 11B-609. Also, note that patient toilet rooms that are part of Intensive Care Unit (ICU) rooms are not required to comply with Section 11B-603. Section 11B-223.1, exception states: “Toilet rooms that are part of critical or intensive care patient sleeping rooms shall not be required to comply with *Section 11B-603.*”

Modular (cabinet) toilets allowed under CBC Section 1224.29.1.4 for ICUs are not required to have grab bars. These units are not intended as normal patient toileting facilities but as equipment in support of patient care assessment within an ICU setting.

All doors to patient toilet rooms “shall be equipped with hardware which will permit the door to swing outward or in a manner to negate the need to push against a patient who may have collapsed within the toilet room” per CBC Section 1224.4.8.1. The operable parts requirements in Section 11B-309 and the maneuvering clearances and clear space requirements in Section 11B-404.2.4 apply only to the normal use of doors required to be accessible and not to the emergency breakaway function.

Per CBC 1228.14.1.6, in Psychiatric Nursing Service Space, accessible handwashing fixtures are not required in the patient toilet rooms.

SECTION

11B-805 Medical care and long-term care facilities.

11B-805.4 Examination, diagnostic and treatment rooms. *Examination, diagnostic and treatment rooms shall comply with Section 11B-805.4.*

INTERPRETATION

Examination, diagnostic and treatment rooms refer to all patient care areas and include, but are not limited to exam rooms, treatment rooms, imaging rooms, operating rooms, emergency rooms, post anesthesia recovery rooms/units, dialysis rooms/units and infusion rooms/units. All examination, diagnostic and treatment rooms shall be accessible. Toilet rooms that are accessed from an *examination, diagnostic or treatment room* shall also be accessible. Note that all patient toilet rooms, other than those specifically exempted (i.e., non-accessible patient rooms and ICU patient rooms), must comply with Section 11B-603.

SECTION

11B-805 Medical care and long-term care facilities.

11B-805.4.1 Beds, exam tables, procedure tables, gurneys and lounge chairs. *A 36-inch (914 mm) minimum wide clear space shall be provided along the full length of each side of beds, exam tables, procedure tables, gurneys and lounge chairs.*

Exception: *General exam rooms in non-emergency settings may provide clear space on only one side of beds, gurneys and exam tables.*

11B-805.4.2 Equipment. *Clear space complying with Section 11B-305.2 shall be provided as required for specific equipment.*

11B-805.4.3 Turning space. *Turning space complying with Section 11B-304 shall be provided within the room.*

INTERPRETATION

All patient care areas must provide access to the area and to the bed, exam table, procedure table, gurney, lounge chair and/or equipment/apparatus associated with the delivery of care, exam, diagnosis, or treatment performed in the space. Access includes compliance with Division 4 of Chapter 11B for travel to, and circulation within, the patient care area; and turning space in compliance with Section 11B-304. A minimum of a 36-inch wide access shall be provided to and along each side of the bed, exam table, procedure table, gurney, lounge chair and/or equipment/apparatus. “Each side” includes both sides and the foot but does not include the head unless the provision of care requires it. Refer to the following examples:

Exam room – *Exam rooms* are required to provide a turning space, accessible handwashing fixture, and 36-inch wide access along the full length of each side and the foot of the exam table. The exception is in reference to general *exam rooms* only. These are restricted to those meeting the definition of *exam room* in CBC Section 1224.3. Specific exam rooms required to be larger than 80 square feet are not considered “general exam rooms” and are not eligible for the exception.

Treatment room – *Treatment rooms* are required to provide a turning space, accessible handwashing fixture, accessible counter and writing surface, and 36-inch wide access along the full length of each side and foot of the treatment table. If the treatment room is intended to accommodate procedures requiring access to the head (e.g., minor surgery, etc.), all four sides of the table require 36-inch wide access.

Equipment – *Exam or treatment rooms* with equipment such as imaging must provide a turning space, accessible handwashing fixture if required, and 36-inch wide access to both sides and the foot of the table when in its resting position and only at the sides when in extended position for patient loading. Note that for inpatients, it may be necessary to provide additional access for bed/gurney patients. Imaging modalities such as x-ray, that include overhead equipment above a symmetrical table, may provide patient access to only one side of the table. The head of the equipment does not require the 36-inch access if only used for servicing, however appropriate servicing clearance will need to accommodate the manufacturer’s requirements.

SECTION

11B-805 Medical care and long-term care facilities.

11B-805.6 Handwashing fixtures, lavatories and sinks. *All handwashing fixtures, lavatories and sinks shall comply with Section 11B-606.*

Exception: *Scrub sinks, as defined in California Plumbing Code Section 221.0, shall not be required to comply with Section 11B-606.*

INTERPRETATION

The requirements of Section 11B-606 apply to all lavatories, sinks, and handwashing fixtures for public use, patient use, and employee use, unless otherwise specifically exempted by the code. Lavatories, sinks, and handwashing fixtures are *common use* areas and therefore, require accessibility.

Exceptions:

- Scrub sinks (due to impracticality)
- Specific *workstations* (see Section 11B-203.9). This applies only where the sink is the actual *workstation*. Clinical sinks are workstations and not required to be accessible.

Example: A sink used exclusively for cleaning endoscopes. The sink is the actual area where work is performed as opposed to a place where the employee cleans up before and after performing work elsewhere in the room.

Knee clearance requirement – All accessibility requirements of Section 11B-606 apply to lavatories, sinks, and handwashing fixtures required to be accessible. Lavatories are subject to Section 11B-306.3.3, Exception 1 which states: *“At lavatories required to be accessible by Section 11B-213.3.4, the knee clearance shall be 27 inches high minimum above the finish floor or ground at a depth of 8 inches minimum increasing to 29 inches high minimum above the finish floor or ground at the front edge of a counter with a built-in lavatory or at the front edge of a wall-mounted lavatory fixture.”*

This requirement applies to all lavatories. “Handwashing fixtures” are special application “lavatories” and are subject to the exception to 11B-306.3.3. Handwashing fixtures, as lavatories, are not subject to Section 11B- 306.2.3, Exception 1 which states: “*The toe clearance shall extend 19 inches minimum under sinks required to be accessible by Section 11B-212.3.*”

Consequently, handwashing fixtures must have a minimum depth of 17 inches to a maximum of 19 inches in order to comply with the toe clearance requirements. They shall also have a minimum knee clearance of 29 inches at the front of the lavatory with depth and reduction described in Sections 11B-306.3.3 Exception 1 and 11B-306.3.4.

SECTION

11B-805 Medical care and long-term care facilities.

11B-805.7 Built-in cabinets and work surfaces. *Built-in cabinets, counters and work surfaces shall be accessible, including patient wardrobes, nurses’ stations, administrative centers, reception desks, medicine preparation areas, laboratory work stations, equipment consoles, clean and soiled utility cabinets, and storage areas; and shall comply with Sections 11B-225 and 11B-902.*

INTERPRETATION

Built-in **equipment consoles** include recessed or wall mounted Electronic Medical Record (EMR) systems. These units must also comply with US Access Board *Section 508 Standards for Electronic and Information Technology* (www.access-board.gov). A 30-inch by 48-inch clear floor space, in compliance with Section 11B-305, shall be centered in front of the display screen. Touch screen units shall be allowed to be vertically mounted with the centerline of the display screen no more than 52 inches above the floor in compliance with Section 11B-707.7.1.1. These units will need the capability of an alternate input method such as a wireless keyboard made available to those who would need it.

Original signed	7/30/2021
Paul Coleman	Date