

**FINAL STATEMENT OF REASONS
FOR
PROPOSED BUILDING STANDARDS
OF THE
OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT

REGARDING THE CALIFORNIA BUILDING CODE
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 2**

The Administrative Procedure Act requires that every agency shall maintain a file of each rulemaking that shall be deemed to be the record for that rulemaking proceeding. The rulemaking file shall include a final statement of reasons. The Final Statement of Reasons shall be available to the public upon request when rulemaking action is being undertaken. The following are the reasons for proposing this particular rulemaking action:

UPDATES TO THE INITIAL STATEMENT OF REASONS

The Office of Statewide Health Planning and Development (OSHPD) finds that no revisions have been made which would warrant a change to the initial statement of reasons for the proposed actions.

The OSHPD proposes technical amendments to the 2016 California Building Code (CBC) for clarification and consistency of service space requirements regarding hospitals, skilled nursing facilities, licensed clinics and correctional treatment centers. In addition, OSHPD proposes service space requirements specifically for acute psychiatric hospitals. The amendments are identified below:

▪ **SECTION 1224 -- HOSPITALS**

1224.1 Scope. Delete reference to acute psychiatric hospitals from the section application. Requirements associated with acute psychiatric hospitals have been clarified and moved to new Section 1228.

1224.2 Application. Exception #2 revised to include new Section 1228.

1224.3 Definitions – Floor Area, Clear. Revised the existing definition to exclude fixed beds and furnishings from the total amount of clear floor area.

The current definition excludes “fixed or wall-mounted cabinets, built-in shelves, toilet rooms, closets, lockers, wardrobes, alcoves, anterooms and vestibules” from the actual occupied area when determining the clear floor area of a room or space. “Fixed beds and furnishings” would normally be found to be similar to fixed cabinets, lockers and wardrobes; they have been specifically addressed for clarity.

1224.4.4.1.4 Seclusion room. Add new Section 1224.4.4.1.4-Seclusion Room under Section 1224.4.4.1-Examination and Treatment Rooms including multiple sub-sections.

Section 1224.4.4.1.4-Seclusion Room is added to provide guidance and specific requirements associated with these rooms. Seclusion rooms are also addressed in Section 1224.31.1.4 under Psychiatric Nursing Unit requirements. The amended language provides alignment with Title 22, California Code of Regulations (CCR), Section 71625 and with the national standards of the *Facilities Guidelines Institute (FGI), Guidelines for Design and Construction of Hospitals and Outpatient Facilities* (this publication will be referred to as “*FGI Guidelines*” throughout this document).

1224.4.4.8 Toilet rooms. Add new Section 1224.4.4.8-Toilet Rooms under Section 1224.4.4-Support areas for patient care, for clarification of segregated toilet facilities for patients, staff, and public; and alignment with recent legislation relative to signage of single-user toilet rooms for use by all genders.

Table 1224.4.6.1 Station outlets for oxygen, vacuum (suction), and medical air. Amendment and addition of new locations in the current table for station outlets for oxygen, vacuum (suction), and medical air. Also a new column associated with waste anesthesia gas disposal (WAGD) has been added.

Station outlets associated with special procedure rooms, endo-urologic procedures, and recovery space for cesarean delivery have been added to the table for clarification. WAGD requirements have been added to the spaces that use it. The amendments provide alignment with the national standards published in *FGI Guidelines*.

1224.4.9.1 Window. Specific requirement regarding daylight in Newborn Intensive Care Units (NICU) is being relocated and addressed, by reference, in Section 1224.29.2.13-Daylight for clarity.

1224.4.11.2.2 Wet cleaning. Amendment and re-structuring of existing section for “wet cleaning” requirements.

The existing section is reformatted as a list in lieu of the long sentence previously included in the paragraph. Additional rooms are identified for clarification. The requirement for non-absorbent, smooth, easily cleaned, not physically affected by germicidal solutions, and the height of the cove are also identified. The amended language is in alignment with *FGI Guidelines*.

1224.5 Communications Systems. New section added to provide clarification for technology and medical communication rooms and alignment with the California Electrical Code, California Mechanical Code and California Plumbing Code, with various sub-sections.

The new section covers the telecommunications service entrance that houses the point at which outside data and voice circuits enter the facility. It also covers the technology equipment center for electronic data storage, processing and networking, and technology distribution rooms located throughout the facility. This section provides alignment with *FGI Guidelines* and response to public outreach via the California Hospital Building Safety Board.

1224.14.1.1 Capacity. This existing section, is amended to specify that the number of beds in a patient room shall be limited to four, with an exception for renovation of a patient room built under a prior code. Placement of beds in existing facilities shall not exceed three deep from a window.

The amended language is a partial step in updating California code and approaching alignment with the national standards published as the *FGI Guidelines*. The number four is utilized because, as referenced by other unit types, four is the maximum bed compliment.

1224.14.1.2 Space requirements. Exception #2 regarding shelled space that was built under the 2001 CBC or prior code is an outdated provision; therefore, it is being repealed.

1224.14.3.1 General. (Airborne infection isolation rooms) Minor revision to existing language regarding the ratio of isolation rooms relative to the number of patient rooms. This same clarification has been made to numerous sections for the intervening cycle.

The ratio of the number of rooms is clarified from “or major fraction thereof” to “and for major fractions thereof.” This revision is for correctness and for consistency with the language in the national standards published in *FGI Guidelines*.

1224.15.1 General. The general requirement section under Surgical Service Space is amended to include the number of operating rooms as required for licensed bed capacity.

The existing requirement only addresses that an operating room is required as a part of the Surgical Service Space. Title 22, CCR requires a minimum of two operating rooms for hospitals with a licensed bed capacity between 25 and 100, and three operating rooms for those with a licensed bed capacity of more than 100 beds. Title 22, CCR also requires an additional operating room for each 100 beds, or major fraction thereof, for licensed bed capacities over 300 beds. The language in the revised section aligns with the requirements in Title 22, CCR.

1224.16.2.3 Handwashing stations. Minor revision to existing language regarding the ratio of handwashing stations relative to the number of stations in open bay areas of a preoperative service area. This same clarification has been made to numerous sections for the intervening cycle.

The ratio of the number of handwashing stations is clarified from “or major fraction thereof” to “and for major fractions thereof.” This revision is for correctness and for consistency with the language in the national standards published in *FGI Guidelines*.

1224.16.3.1 Handwashing stations. Minor revision to existing language regarding the ratio of handwashing stations in a recovery and post-anesthesia care unit. This same clarification has been made to numerous sections for the intervening cycle.

The ratio of the number handwashing stations is clarified from “or major fraction thereof” to “and for major fractions thereof.” This revision is for correctness and for consistency with the language in the national standards published in *FGI Guidelines*.

1224.28.1.1 Service areas. Exception #2 regarding shelled space that was built under the 2001 CBC or prior code is an outdated provision; therefore, it is being repealed.

1224.29.1.2 Patient space. Exception #2 regarding shelled space that was built under the 2001 CBC or prior code is an outdated provision; therefore, it is being repealed.

1224.29.1.14 Additional service spaces. The requirements for clean, soiled utility rooms and nourishment areas in Intensive Care Units are revised to refer to in the common requirements listed under Section 1224.4-General Construction.

The requirements for clean and soiled utility rooms and nourishment areas in Intensive Care Units are not any different than those requirements for these utility rooms and nourishment areas found in other service spaces. The duplicative language has been removed with reference back to the requirements located in the General Construction section used for all health facilities.

1224.29.2.2 Handwashing fixtures. Minor revision to existing language regarding the ratio of handwashing fixtures relative to the number of infants in a newborn intensive care unit. This same clarification has been made to numerous sections for the intervening cycle.

The ratio of the number of handwashing fixtures is clarified from “or major fraction thereof” to “and for major fractions thereof.” This revision is for correctness and for consistency with the language in the national standards published in *FGI Guidelines*.

1224.29.2.6 Area. Exception #2 regarding shelled space that was built under the 2001 CBC or prior code is an outdated provision; therefore, it is being repealed.

1224.29.2.13 Daylight (Newborn intensive care units (NICU)). Clarification of the link between the specific requirements under Section 1224.29.2-Newborn Intensive Care Units and the general requirements under Section 1224.4.9-Windows and Screens.

Windows in NICUs are regulated by the general requirements under Section 1224.4.9 and specific requirements under Section 1224.29.2.13. A reference to Section 1224.4.9 in Section 1224.29.2.13 provides clarification regarding sources of daylight in NICUs.

Section 1224.31.1 Psychiatric unit space. Addition of a reference to new Section 1228.4 for general requirements associated with psychiatric nursing service spaces. Amendment of the term associated with “seclusion rooms” from prior reference to “observation room” and the addition of a reference to new Section 1224.4.4.1.4-Seclusion Room added under Section 1224.4-General Construction.

General requirements specific to acute psychiatric nursing services have been added as a part of new Section 1228-Acute Psychiatric Hospitals. These requirements apply to psychiatric unit space in general acute-care hospitals as well. The specialized psychiatric requirements have been provided in a common location with references to that location from other specific service spaces. The change in name from “observation room” to “seclusion room” is for consistency with Title 22, CCR and alignment with *FGI Guidelines*.

1224.32.3 Cesarean delivery and delivery service space. Addition of new Section 1224.32.3.1 to clarify the suite nature of the cesarean delivery and delivery service space with reference back to Section 1224.16-Anesthesia/Recovery Service Space, and renumbering of the cesarean operating room requirements of the new delivery suite section. Also, revise minimum clear floor area of cesarean delivery room inclusive of infant resuscitation space to be consistent with national standards published in *FGI Guidelines*.

Cesarean operating rooms are specialized operating rooms and require support spaces similar to typical surgical suites. The minor re-structuring clarifies these relationships. The reference back to Section 1224.16 for post-anesthesia recovery following a cesarean delivery is also a clarification of current requirements.

1224.32.3.6 Labor room(s) (LDR or LDRP rooms may be substituted). Exception #2 regarding shelled space that was built under the 2001 CBC or prior code is an outdated provision; therefore, it is being repealed.

1224.33.2.2 and 1224.33.2.7. Minor revision to language associated with numbering and locations of handwashing fixtures in emergency service space for clarity and consistency with the California Plumbing Code.

1224.33.5.1 Observation units. Minor revision to existing language regarding the ratio of handwashing stations relative to treatment stations in an observation unit. This same clarification has been made to numerous sections for the intervening cycle.

The ratio of the number of handwashing stations is clarified from “or major fraction thereof” to “and for major fractions thereof.” This revision is for correctness and for consistency with the language in the national standards published in *FGI Guidelines*.

1224.34.2.8 Patient toilet room(s). (Nuclear Medicine) Minor revision to language associated with the location of patient toilet rooms in nuclear medicine service areas.

The language regarding the location of the patient toilet rooms has been revised from “directly accessible” to “immediately accessible” for clarity and consistency with the language in the national standards published in *FGI Guidelines*.

1224.34.3.4 General support area. (Radiotherapy) Exception #2 regarding shelled space that was built under the 2001 CBC or prior code is an outdated provision; therefore, it is being repealed. The subsequent exceptions are being renumbered.

1224.35.2 Physical therapy service space. This section is amended to include minimum floor area and minimum dimensions.

This section is being amended to include minimum floor area and minimum dimensions for clarification and consistency with other sections under other facility types. The language is restored from prior code editions and is aligned with Title 22, CCR and with *FGI Guidelines*.

1224.36.2.4 Handwashing stations. Minor revision to existing language regarding the ratio of handwashing stations relative to treatment stations in a renal dialysis service space. This same clarification has been made to numerous sections for the intervening cycle.

The ratio of the number of handwashing stations is clarified from “or major fraction thereof” to “and for major fractions thereof.” This revision is for correctness and for consistency with the language in the national standards published in *FGI Guidelines*.

1224.39.4.2.4 Handwashing stations. Minor revision to existing language regarding the ratio of handwashing stations relative to patient stations in an outpatient service space. This same clarification has been made to numerous sections for the intervening cycle.

The ratio of the number of handwashing stations is clarified from “or major fraction thereof” to “and for major fractions thereof.” This revision is for correctness and for consistency with the language in the national standards published in *FGI Guidelines*.

Section 1224.39.6 Outpatient Observation Units has been withdrawn from the 2016 Intervening Code Cycle for further study. ~~1224.39.6 Outpatient observation units.~~ ~~A new sub-section under Outpatient Service Space is added for observation units provided as an outpatient service with reference back to existing Section 1224.33.5.1, Items 1 through 5 for observation units within an Emergency Department.~~

~~This section is added to provide for outpatient observation units. Current code allows for observation units to be provided within an Emergency Department. Health and Safety Code Section 1253.7 is newly enacted statute that provides for licensure of observation units as an “outpatient” service. These observation units would be located outside of any inpatient unit and not part of the Emergency Department. The requirements are the same as those listed under Items 1 through 5 of Section 1224.33.5.1 for observations units that are part of an Emergency Department.~~

▪ **SECTION 1225 -- SKILLED NURSING AND INTERMEDIATE-CARE FACILITIES**

1225.1 Scope. This existing section is amended to add “physician” and “skilled nursing” services and to rename “pharmacy” to “pharmaceutical” services.

The language has been revised to align with Title 22, CCR, Section 72301 (a) “Required Services” terminology.

1225.4.1.6 Toilet room and bath facilities. This existing section has been reformatted to separate the requirements for toilet rooms from the requirements for bathing rooms, with the exception for existing facilities constructed under a prior code. The table that included ratios for toilets, lavatories, and bathtubs or showers is being repealed. The specific rewording of personnel, to “staff” and adding “public” serves to clarify the toilet room requirements located elsewhere in the code. Repealed language referencing patient wards.

Public toilet rooms are required under the California Plumbing Code, Table 4-2-Minimum Plumbing Facilities. This text serves to clarify a requirement that is frequently overlooked. Open patient wards are no longer permitted, and this language aligns with *The Facilities Guidelines*

Institute, Guidelines for Design and Construction of Residential Health, Care, and Support Facilities. There is an exception for approved wards, built under an earlier edition of the California Building Code (CBC). This revision brings the CBC into alignment with the accepted national standards that provide a minimum of one toilet room for every two patient rooms (maximum four patients), accessed without entering a corridor.

1225.4.1.11 Quiet Room. This new section includes the space and acoustic requirements for a Quiet Room and includes an adjacent toilet room, which may be a shared with compatible services when located in a common area.

The added language provides alignment with the national standards published as the *Facilities Guidelines Institute, Guidelines for Design and Construction of Residential Health, Care, and Support Facilities* to allow quiet rooms for residents who may be experiencing personal conflicts, agitation, or episodic mental disturbances, with convenient access to toilet facilities.

1225.4.1.2.3 Patient room beds. This existing section, is amended to specify that the number of beds in a patient room shall be limited to two, and each patient shall have direct access to a toilet room, with an exception for renovation of a patient room built under a prior code. Placement of beds in existing facilities shall not exceed three deep from a window.

The amended language will maximize patient privacy and is in alignment with the national standards published as the *Facilities Guidelines Institute, Guidelines for Design and Construction of Residential Health, Care, and Support Facilities* and *The Centers for Medicare and Medicaid Services, CMS.*

1225.5.1.2.4 Outside exposure. This existing section is amended to provide each patient bed with a view to the outdoors and require that windows shall be accessible to approach with a mobility device.

The added language provides alignment with the national standards published as *Facilities Guidelines Institute, Guidelines for Design and Construction of Residential Health, Care, and Support Facilities.*

1225.5.1.2.6 Patient toilet room. This is a new section requiring that each patient bedroom shall have direct access to a toilet room without entering a general corridor or patient bed area in a shared patient room.

The added language provides alignment with the national standards published as *Facilities Guidelines Institute, Guidelines for Design and Construction of Residential Health, Care, and Support Facilities.*

1225.6.2 PHYSICAL THERAPY SERVICE. This is an existing section is amended to strike all text and provide direct reference to Section 1224.35.2 where the same requirements are already stated.

This amendment provides uniformity in removing duplicative language that is already stated in CBC Section 1224.

1225.6.3 OCCUPATIONAL THERAPY SERVICE. This existing section is amended to strike all text and provide direct reference to Section 1224.35.3 where the same requirements are already stated.

This amendment provides uniformity in removing duplicative language that is already stated in CBC Section 1224.

1225.6.6 SPECIAL TREATMENT PROGRAM SERVICE. This existing section is amended to reference the Functional Program requirement in the California Administrative Code, Part 1 of Title 24 and further require a Patient Safety Risk Assessment.

The added language provides alignment with the national standards published as *Facilities Guidelines Institute Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*.

- **SECTION 1226 – CLINICS**

1226.4.13.4 Soiled workroom or soiled holding room. This existing section is amended to clarify the application of the California Plumbing Code relative to rooms used only for temporary holding of soiled materials.

The California Plumbing Code notes that soiled workrooms and soiled linen holding rooms used only for temporary holding of soiled materials may omit the required clinic sink and work counter. This language has been added to Section 1226.4.13.4 for clarification and closer alignment with the existing California Plumbing Code requirements.

- **SECTION 1227 – CORRECTIONAL TREATMENT CENTERS**

1227.2 Application. This section is amended to add a reference to the existing Exception 6 of Section 1224.2 indicating that it is applicable to the requirements of Section 1227.2.

Adding the reference clarifies the precise location of the existing exception in Section 1224.2 which applies to the requirements of Section 1227.2.

1227.12.3 Airborne infection isolation rooms. Minor revision to existing language regarding the ratio of isolation rooms relative to the number of patient rooms. This same clarification has been made to numerous sections for the intervening cycle.

The ratio of the number of rooms is clarified from “or major fraction thereof” to “and for major fractions thereof.” This revision is for correctness and for consistency with the language in the national standards published in *FGI Guidelines*.

1227.12.6 ~~Observation~~ Seclusion rooms. The term “observation” has been changed to “seclusion” in reference to the rooms addressed in this section and related sub-sections.

The revised term “seclusion” is relative to the term identified in Title 22, CCR and is related to the new section added under 1224.4.4.1. This revision provides consistency with the language in other sections of the code and with the national standards published in *FGI Guidelines*.

1227.23.2 Mental health treatment. Minor revision to existing language regarding the ratio of safety rooms and of observation rooms relative to the number of mental health beds. This same clarification has been made to numerous sections for the intervening cycle.

The ratio of the number of rooms is clarified from “or major fraction thereof” to “and for major fractions thereof.” This revision is for correctness and for consistency with the language in the national standards published in *FGI Guidelines*.

- **(NEW) SECTION 1228 – ACUTE PSYCHIATRIC HOSPITALS**

1228 Acute psychiatric hospitals. Addition of new Section 1228-Acute Psychiatric Hospitals is used to tailor hospital requirements specifically for acute psychiatric hospitals where they differ from general acute-care hospitals. New Section 1228 includes various sub-sections and is structured similarly to Section 1224-Hospitals.

Requirements for acute psychiatric hospitals have previously been associated with general acute-care hospitals and general acute-care hospitals providing only acute medical rehabilitation center services under Section 1224. New Section 1228 addresses the specific requirements of Title 22, CCR, Section 71000 for acute psychiatric hospitals. The Basic Service spaces include medical, nursing, rehabilitative, pharmacy and dietary services. This section is structured in a similar way to that of Section 1224.

Section 1228.4-General Construction requirements are unique to acute psychiatric hospitals with reference back to Section 1224.4 for common requirements shared with acute-care hospitals. Section 1228.13-Psychiatric Rehabilitation Activities Service Space includes the specific requirements associated with the provision of this basic service and is unique to acute psychiatric hospitals. Section 1228.14-Psychiatric Nursing Service Space is also tailored to the unique requirements associated with the patient populations and support elements needed for these service areas. The requirements are distinct from those associated with Psychiatric Nursing Units provided in general acute-care hospitals. Sections 1228.19-Pharmaceutical Service Space, 1228.20-Dietetic Service Space, and Sections 1228.21 through 1228.27 under Support Services are similar to the requirements under Section 1224 for general acute-care hospitals and include amendments specific for adaptation to acute-psychiatric hospitals. Various supplemental services are presented under Sections 1228.28 through 1228.43. The provisions respond to the requirements of Title 22, CCR, Section 71000 and align with the national standards published in *FGI Guidelines*.

1228.2.1 Functional program. New Section 1228.2.1 provides reference to Section 7-119-Functional Program of California Administrative Code, Part 1 of Title 24 and more specifically the proposed Section 7-119(c)9 - Patient Safety Risk Assessment requirements.

The proposed Patient Safety Risk Assessment in Title 24, Part 1 provides a standardization of programmatic information specific to psychiatric facilities. The standardization is based upon the *Design Guide for the Built Environment of Behavioral Health Facilities* as reference by *FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities*. Numerous references to the Acute-Psychiatric Hospital's Patient Safety Risk Assessment are made in various provisions under Section 1228, as a tool to identify and establish specific design criteria intended to respond to the risks of the anticipated patient population.

1228.3 Definitions. New Section 1228.3 provides reference back to existing Section 1224.4-Definitions that remain applicable to acute-psychiatric hospitals, and adds the definitions for "Acute Psychiatric Hospital," and "Sally Port," and defines the term "Basic Services" as related to acute-psychiatric hospitals.

The definitions associated with general acute-care hospitals in Section 1224 still apply to acute-psychiatric hospitals. The definitions for "Acute Psychiatric Hospital" and "Basic Services" for acute psychiatric hospitals provides alignment with Title 22, CCR, Section 71000. The definition of "Sally Port" is in alignment with the national standards published in *FGI Guidelines* and promotes a common understanding of the specific requirements for locked units under Section 1228.14-Psychiatric Nursing Unit and Section 1228.31-Forensic Psychiatric Unit.

1228.4 General construction. New Section 1228.4 provides reference back to existing Section 1224.4-General Construction that remain applicable to acute-psychiatric hospitals and adds supplemental, amended or modified language specific to acute-psychiatric hospitals.

Many of the general construction requirements under Section 1224.4 remain applicable to acute-psychiatric hospitals. All general construction requirements must also respond to the facility's specific Patient Safety Risk Assessment. Some general construction requirements are modified for application to acute-psychiatric hospitals with respect to prevention of elopement, general safety risks, and anti-ligature features. Specific amendments are made to examination and treatment rooms; doors and door openings; windows and screens; interior finishes; grab bars; and handwashing fixtures. Requirements unique to acute-psychiatric hospitals are added for construction of quiet rooms, built-in furnishings and various building systems. These sections provide alignment with the national standards published in *FGI Guidelines*.

1228.13 Psychiatric rehabilitation activities service space. New Section 1228.13 provides specific language associated with psychiatric rehabilitation activities as a Basic Service required for licensure of an acute-psychiatric hospital.

Psychiatric Rehabilitation Activities is one of the Basic Services required for licensure of an acute-psychiatric hospital. It is not a basic service for general acute-care hospitals and not covered as such under Section 1224. Rehabilitation Therapy Department, as a supplemental service of a general acute-care hospital does not adequately cover the specific application to the acute-psychiatric setting and the service required under Title 22, CCR, Section 71000. New Section 1228.13 includes indoor and outdoor activity areas specific for acute-psychiatric hospitals, and staff areas in support of this basic service. Reference to physical therapy, occupational therapy and speech pathology/audiology under existing Sections 1224.35.2, 1224.35.3 and 1224.35.4 are provided for requirements common with those services in a general acute-care hospital. Specific language under new Section 1228.13 provides alignment with Title 22, CCR, Section 71000 and with *FGI Guidelines*.

1228.14 Psychiatric nursing service space. New Section 1228.14 provides specific language associated with Psychiatric Nursing Service as a Basic Service required for licensure of an acute-psychiatric hospital.

Psychiatric nursing units in an acute-psychiatric hospital have specific needs that are not addressed under existing Section 1224.14-Nursing Service Space or Section 1224.31-Psychiatric Nursing Unit associated with general acute-care hospitals. The acute-psychiatric patient population differs from the patient population in general acute-care hospitals. New Section 1228.14 addresses the space requirements of psychiatric nursing as a Basic Service within an acute-psychiatric hospital. When a locked unit, the reference to sally ports or alternate design in Secure Treatment Facilities (reference: California Penal Code and California Welfare and Institutions Code) is included.

Patient room requirements are similar to those under Section 1224.14 and the *FGI Guidelines* with an exception for renovation of a patient room built under a prior code. Placement of beds in existing facilities shall not exceed three deep from a window. Windows are subject to the Patient Safety Risk Assessment and provisions under new Section 1228.4. The provision of handwashing fixtures in patient bedrooms is not a requirement but optional and subject to the Patient Safety Risk Assessment of the anticipated patient population. Patient storage and grab bars must meet anti-ligature requirements.

Special Patient Care rooms for psychiatric nursing units are modified from those associated with general acute-care hospitals. Airborne infection isolation and protective environment rooms are optional. Seclusion rooms and quiet rooms are provided as presented under Title 22, CCR and *FGI Guidelines*.

1228.15 through 1228.18 Reserved. Sections 1228.15 through 1228.18 are reserved for future use.

The structure of new Section 1228 matches that of existing Section 1224. Section 1224.15-Surgical Service Space, Section 1224.16-Anesthesia/recovery Service Space, Section 1224.17-Clinical Laboratory Service Space, and Section 1224.18-Radiological/diagnostic Imaging Service Space cover Basic Services of a general acute-care hospital; these are not Basic Services of an acute-psychiatric hospital.

1228.19 Pharmaceutical service space. New Section 1228.19 makes reference to existing Section 1224.19.

The requirements for the pharmaceutical service space as a Basic Service in an acute-psychiatric hospital are the same as those for a general acute-care hospital. Section 1228.19 simply refers to the pharmaceutical service space under Section 1224.19 for general acute-care hospitals.

1228.20 Dietetic service space. New Section 1228.20 refers to existing Section 1224.20 and requirements for a separate patient dining area are included.

The dietary service space requirements for an acute-psychiatric hospital are much the same as those for a general acute-care hospital. Section 1228.20-Dietetic Service Space refers to existing Section 1224.20. New Section 1228.20.2.1.1 requires a separate patient dining area as provided under Title 22, CCR, Section 71243; and space requirements are in alignment with *FGI Guidelines*.

1228.21 through 1228.27 Support Services. New Sections 1228.21 through 1228.27 refer to existing Sections 1224.21 through 1224.27, being the Support Services required for general acute-care hospitals.

The requirements for support services for acute-psychiatric hospitals are the same as those required for general acute-care hospitals. Consequently, new Sections 1228.21-Administrative Space through 1228.27-Laundry refer to existing Sections 1224.21-Administrative Space through 1224.2-Laundry. The requirement for a staff-controlled secured storage for patient's personal effects that are determined to be potentially harmful is provided in the new sub-section 1228.23.1. This is in alignment with *FGI Guidelines*.

1228.28 Electroconvulsive therapy (ETC). New Section 1228.28 addresses electroconvulsive therapy as a Supplemental Service and refers to existing Section 1224.28.6.

New Section 1228.28 simply refers to existing Section 1224.28.6 when electroconvulsive therapy is provided in an acute-psychiatric hospital.

1228.30 Pediatric and adolescent psychiatric unit. New Section 1228.30 refers to Section 1228.14-Psychiatric Nursing Unit and provides amendments unique to a pediatric and/or adolescent patient population.

New Section 1228.30 supplements Section 1228.14 for pediatric and adolescent psychiatric units provided as a Supplemental Service. The capacity is increased to a maximum of four patients per room with a decrease of minimum floor area to 100 square feet for single-bed rooms, and an allowance of 60 square feet per crib in multi-crib rooms. Section 1228.30 allows for hall/corridor access to a toilet room (limited to a maximum of 150 feet from the bedroom). The indoor activity space requirements are increased to 35 square feet per patient and the dining room space requirements are reduced to 15 square feet per patient. The new section requires that pediatric and adolescent outdoor areas shall be separate from adult outdoor areas, and that storage space be provided for toys, equipment, extra cribs and beds, and cots or recliners for parents who may stay overnight. These requirements are aligned with the national standards provided in *FGI Guidelines*.

1228.31 Forensic psychiatric unit. New Section 1228.31 refers to Section 1228.14-Psychiatric Nursing Unit and adds requirements for a sally port, separation of pediatric and adolescent patients from adult areas, and notes that specialized program requirements may result from the functional program and Patient Safety Risk Assessment.

New Section 1228.31 supplements Section 1228.14 for forensic psychiatric units provided as a Supplemental Service. Acute-psychiatric hospitals that house individuals being assessed for competency to stand trial and/or mental state at the time of offense have unique risk management/supervision and security criteria as a part of the Patient Safety Risk Assessment. As a locked unit, the reference to sally ports or alternate design in Secure Treatment Facilities (ref: Penal and Welfare and Institutions Code) is included. These requirements are aligned with the national standards presented in *FGI Guidelines*.

1228.32 through 1228.37 Reserved. Sections 1228.15 through 1228.18 are not used and designated as "Reserved."

The structure of new Section 1228 matches that of existing Section 1224. Section 1224.32-Obstetrical Facilities, Section 1224.33-Emergency Service, Section 1224.34-Nuclear Medicine, Section 1224.35-Rehabilitation Therapy Department, Section 1224.36-Renal Dialysis Service Space, and Section 1224.3-Respiratory Therapy Service Space cover Supplemental Services of a general acute-care hospital that are not Supplemental Services of an acute-psychiatric hospital.

1228.38 Intermediate-care service space. New Section 1228.38 recognizes intermediate-care as a Supplemental Service of an acute-psychiatric hospital and refers to the provisions of existing Section 1225 with general construction requirements in Section 1228.4.

New Section 1228.38 provides for intermediate-care as a Supplemental Service of an acute-psychiatric hospital similar to the way existing Section 1224.38 does. Both refer to the existing requirements under Section 1225.

1228.39 Outpatient service space. New Section 1228.39 refers to existing Section 1224.39-Outpatient Service Space associated with general acute-care hospitals, and the general construction requirements in Section 1228.4.

New Section 1228.39 provides for outpatient services as a Supplemental Service of an acute-psychiatric hospital and refers to existing Section 1224.39 for basic requirements for outpatient waiting areas. The new section also refers to general construction requirements under Section 1228.4.

1228.40 Skilled nursing service space. New Section 1228.38 recognizes skilled nursing as a Supplemental Service of an acute-psychiatric hospital and refers to the provisions of existing Section 1225 with general construction requirements in Section 1228.4.

New Section 1228.38 provides for skilled nursing as a Supplemental Service of an acute-psychiatric hospital similar to the way existing Section 1224.40 does. Both refer to the existing requirements under Section 1225.

1228.41 Reserved. Section 1228.41 is not used and designated as "Reserved."

The structure of new Section 1228 matches that of existing Section 1224. Section 1224.41-Social Service Space, cover Supplemental Services of a general acute-care hospital that are not Supplemental Services of an acute-psychiatric hospital.

1228.42 Clinical laboratory service space. New Section 1228.42 refers to existing Section 1224.17-Clinical Laboratory Service Space.

The structure of new Section 1228 matches that of existing Section 1224. Existing Section 1224.17-Clinical Laboratory Service Space, covers this Basic Service of a general acute-care hospital. While an acute-psychiatric hospital can provide clinical laboratory services, it is as a Supplemental Service and not as a Basic Service. The requirements are the same as those for a general acute-care hospital, the reference to the existing section under Section 1224 is made from a new section at the end of the Supplemental Services sections under Section 1228-Acute-psychiatric Hospitals to avoid confusing it as a Basic Service.

1228.43 Radiological service space. New Section 1228.43 refers to existing Section 1224.18-Radiological / Diagnostic Imaging Service Space.

The structure of new Section 1228 matches that of existing Section 1224. Existing Section 1224.18 Radiological/Diagnostic Imaging Service Space, covers this Basic Service of a general acute-care hospital. While an acute-psychiatric hospital can provide radiological/imaging services, it is as a Supplemental Service and not as a Basic Service. The requirements are the same as those for a general acute-care hospital, the reference to the existing section under Section 1224 is made from a new section at the end of the Supplemental Services sections under Section 1228-Acute-psychiatric Hospitals to avoid confusing it as a Basic Service.

MANDATE ON LOCAL AGENCIES OR SCHOOL DISTRICTS

The Office of Statewide Health Planning and Development has determined that the proposed regulatory action would not impose a mandate on local agencies or school districts.

OBJECTIONS OR RECOMMENDATIONS MADE REGARDING THE PROPOSED REGULATION(S)

- ***OSHPD RECEIVED THE FOLLOWING COMMENTS DURING THE 45-DAY PUBLIC COMMENT PERIOD OF APRIL 28, 2017 TO JUNE 12, 2017***

Comment #1

Commenter: Cheri Hummel – representing California Hospital Association (CHA)

Comment #1 regarding Psychiatric Hospital Services code changes for Title 24, Parts 1, 2, 3, 4 & 5: Ms. Cheri Hummel, representing the CHA, writes in support of OSHPD's proposed building standards (i.e. for the California Administrative Code, California Building Code, California Electrical Code, California Mechanical Code and California Plumbing Code) applicable to psychiatric hospital services space. The commenter maintains that the proposed standards are in conformance with the national standards and the Facilities Guidelines Institute and if adopted, will provide safe and protective environments for patients and staff and result in reduced healthcare costs. CHA recommends that the California Building Standards Commission adopt these standards.

OSHPD Response to Comment #1: OSHPD appreciates the expressed interest and support of the CHA for adoption of OSHPD's proposed code changes to Title 24, Parts 1, 2, 3, 4 & 5 as they apply to psychiatric hospital services space.

Comment #2.A

Commenter: John Bennett – representing Universal Health Services, Inc.

Comment #2.A: 1224.4.4.1.4.3. Recommend deleting the requirement to locate seclusion rooms to permit observation from nurse station provided the functional program requires "one to one" observation of all patients in seclusion rooms.

OSHPD Response to Comment #2.A: As proposed, the language is wholly consistent with FGI Guidelines 2.1-2.4.3.1(2) (a) which requires “The room(s) shall be located to permit observation from the nurse station.” While program flexibility under Title 22, CCR might be entertained by California Department of Public Health Licensing & Certification (CDPH L&C), a more common design in response to this Title 24 requirement is to provide a sub-nurses station in the anteroom leading to the seclusion room where the staff member responsible for observing the secluded patient can sit while observing the patient. This design allows for locating the seclusion room remotely from the central nurse station.

Comment #2.B

Commenter: John Bennett – representing Universal Health Services, Inc.

Comment #2.B: 1224.14.3 and 1228.4.4.1.3 Airborne infection isolation rooms. Recommend changing this requirement to optional based on the functional program. Medically compromised patients are typically transferred to an acute care hospital immediately rather than placed in an isolation room within the facility per the functional program. Outside of CA, this is not required in acute psychiatric hospitals nor is it an operational requirement, in our experience.

OSHPD Response to Comment #2.B: While the provision of airborne infection isolation rooms is optional outside of California, provision is required under Title 22, CCR, Section 71623 requires the provision of the isolation rooms at a ratio of one for each 50 beds, or major fraction thereof, with a minimum of one in the facility (or psychiatric unit). The proposed language in the Express Terms is in alignment with Title 22, CCR requirements.

Comment #2.C

Commenter: John Bennett – representing Universal Health Services, Inc.

Comment #2.C: 1228.4.4.5: Nourishment area or room. Refer to Section 1224.4.4.5. Recommend limiting the requirements to beverages only and other provisions as optional based on the functional program. Unless the patients will be served food in the activity rooms, acute psychiatric programs typically do not require significant dietary equipment in nourishment areas..

OSHPD Response to Comment #2.C: As a construction element, this requirement does not prescribe, or set limits on, the nourishment provided. That is an operational requirement regulated by CDPH L&C and the requirements of Title 22, CCR.

Comment #2.D

Commenter: John Bennett – representing Universal Health Services, Inc.

Comment #2.D: 1228.4.22 Handwashing stations. Recommend deleting “located in patient rooms” since this implies handwashing sinks are required in patient bedrooms, which is in conflict with 1228.14.16. Concur with not requiring sinks in patient bedrooms due to the ligature risk.

OSHPD Response to Comment #2.D: This is a General Construction requirement. As common elements, they stipulate the standard that applies to handwashing stations wherever they are provided in a psychiatric setting. The General Construction requirements do not prescribe the required location(s) of these elements. Those are covered in the specific Service Space requirements (i.e. 1228.14.1.6, 1228.14.1.7 item 3, 1228.14.2.1.2, etc.).

The reference to “located in patient rooms” accommodates those psychiatric units that also provide acute medical care as referenced in 1224.31.1.1. While not required by the minimum standards, facilities are not prohibited from providing additional handwashing stations that may be located in patient rooms.

Comment #2.E

Commenter: John Bennett – representing Universal Health Services, Inc.

Comment #2.E: 1228.13.1.2.2.3 Outdoor activity areas – gates and doors. Recommend permitting locking to control egress based on the functional program (i.e. “secure treatment facilities”).

OSHPD Response to Comment #2.E: The proposed language for Section 1228.13.1.2.2.3 is intended to be permissive. It specifically allows for a locking mechanism on gates, or doors, provided in the fence, or wall enclosing the required activity area. The standard does not require that gates or doors are to be provided in the fence or wall, assuming that the Means of Egress still complies with CBC Chapter 10 requirements without an exterior gate or door.

Comment #2.F

Commenter: John Bennett – representing Universal Health Services, Inc.

Comment #2.F: 1228.13.2[3] - 4 Occupational therapy service space. Please confirm if this space is required or optional, based on the functional program, which is recommended. This states that it shall comply with Section 1224.35.3, which then states “if this service is provided ...”

OSHPD Response to Comment #2.F: This was an oversight. OSHPD has revised the express terms language for Section 1228.13.3 to include the language “*Where provided ...*”. Please note this is a licensure requirement [Health & Safety Code Section 70583(5)] for General Acute Care Hospitals providing psychiatric nursing and is a minimum requirement of CBC 1224.31.1.10. The revised Section 1228.13.3 language was Noticed during the subsequent 15-Day Public Comment Period of June 22, 2017 through July 7, 2017.

Comment #2.G

Commenter: John Bennett – representing Universal Health Services, Inc.

Comment #2.G: 1228.14.2.3 Support areas for staff. Recommend extending the option to combine not only the staff lounge facilities between units to include the staff toilet rooms, staff storage locations, Clean utility/workroom with Clean linen storage, and Soiled utility/workroom for units on the same floor.

OSHPD Response to Comment #2.G: The commenter’s recommendation is overly broad to assure design of a functional licensable nursing unit as defined in the CBC and in Title 22, CCR. Note the following existing language in Section 1224.3:

NURSING UNIT. *A designated patient care area of the hospital which is planned, organized, operated and maintained to function as a unit. It includes patient rooms with adequate support facilities, services and personnel providing nursing care and necessary management of patients.*

Comment #2.H

Commenter: John Bennett – representing Universal Health Services, Inc.

Comment #2.H: 1228.14.5 Seclusion rooms. Recommend waiver option to allow one seclusion room up to a maximum of 26 beds if a patient unit is 26 beds.

OSHPD Response to Comment #2.H: The revised proposed language is consistent with FGI Guidelines Section 2.1-2.4.3.1(1)(b) which requires “There shall be at least one seclusion room for each 24 beds or fewer and for each major fraction thereof on each psychiatric unit.” The proposed express terms language also allows psychiatric nursing units to share a seclusion room provided the total licensed bed ratio is still met. Seclusion rooms may not be shared with pediatric/adolescent units or forensic nursing units, which are calculated independently. The proposed “major fraction thereof” language provides for up to 35 licensed beds before requiring an additional seclusion room. Note that seclusion rooms are therapeutic in nature and are not considered patient bedrooms per the definition in Section 1224.3 (“**PATIENT ROOM. Licensed patient bed rooms.**”) and are not included in the number of “beds” for the calculation. The revised Section 1228.14.5 language was Noticed during the subsequent 15-Day Public Comment Period of June 22, 2017 through July 7, 2017.

Comment #2.I

Commenter: John Bennett – representing Universal Health Services, Inc.

Comment #2.I: 1228.24 MORGUE. Recommend deleting this requirement. I’m not aware of any acute psychiatric hospitals in the country, outside of CA, with a morgue since the service is readily available in all locations.

OSHPD Response to Comment #2.I: The proposed Express Term language is in alignment with the Title 22, CCR, Section 71633, licensure requirement that a morgue is to be provided in an acute psychiatric hospital. The proposed language currently provides an exception when adequate morgue and autopsy facilities are available in the local community, as allowed by the Title 22, CCR requirement.

Comment #2.J

Commenter: John Bennett – representing Universal Health Services, Inc.

Comment #2.J: 1228.30.4 Support areas for the pediatric and adolescent psychiatric unit. Recommend deleting this requirement. The general storage requirements supports pediatric/adolescent-specific storage needs. Note, parents are not permitted to stay overnight due to safety concerns therefor “cots” are not required.

OSHPD Response to Comment #2.J: The proposed Express Term language is consistent with FGI Guidelines section 2.5-2.3.6, which requires “Storage space shall be provided for toys, equipment, extra cribs and beds, and cots or recliners for parents who may stay overnight.” The section is a physical plant requirement for sufficient storage space to be provided in support of the unit. It does not result in an operational requirement that parents can stay overnight or that cots are to be provided. Operational requirements are regulated by CDPH L&C through Title 22, CCR. OSHPD is not aware of any licensure prohibition against parent overnight visitation. The section only requires adequate space for the cots in the facilities in which parents may stay overnight.

Comment #3

Commenter: Glenn Gall – representing OSHPD

Comment #3: OSHPD proposed minor revisions to acute psychiatric hospitals provisions in Section 1228.13.3 regarding occupational therapy service space and Section 1228.14.5 regarding seclusion rooms in for clarification.

OSHPD Response: OSHPD made minor revisions to Sections 1228.13.3 and 1228.14.5 to provide clarification. These amendments were Noticed in the 15-Day Public Comment Period of June 22, 2017 through July 7, 2017.

- ***OSHPD DID NOT RECEIVE COMMENTS DURING THE 15-DAY PUBLIC COMMENT PERIOD OF JUNE 22, 2017 THROUGH JULY 7, 2017.***

DETERMINATION OF ALTERNATIVES CONSIDERED AND EFFECT ON PRIVATE PERSONS

OSHPD has determined that no alternative would be more effective in carrying out the purpose for which the regulation is proposed or would be as effective and less burdensome to affected private persons than the adopted regulation. The proposed regulations are technical modifications that will provide clarification and consistency within the code.

REJECTED PROPOSED ALTERNATIVE THAT WOULD LESSEN THE ADVERSE ECONOMIC IMPACT ON SMALL BUSINESSES

OSHPD has determined that the proposed regulations will not have an adverse economic impact on small businesses.