

**FINAL STATEMENT OF REASONS  
FOR PROPOSED BUILDING STANDARDS OF THE  
OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT  
REGARDING THE 2019 CALIFORNIA BUILDING CODE  
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 2, VOLUME 1**

**(OSHPD 02/18)**

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 associated with this rulemaking.

**MANDATE ON LOCAL AGENCIES OR SCHOOL DISTRICTS**

OSHPD has determined that the proposed regulatory action would not impose a mandate on local agencies or school districts. OSHPD's proposed building standards relate to health facility design and construction.

**OBJECTIONS OR RECOMMENDATIONS MADE REGARDING THE PROPOSED REGULATION(S).**

OSHPD received various comments, objections, and recommendations for the proposed actions as noticed during the 45-Day Comment Period of September 14, 2018 through October 29, 2018

Summary of comments, objections, recommendations, and OSHPD responses are as follows:

**Chapter 12**

Commenter: James, Mwangi, PhD, SE, Cal Poly, SLO

Commenter requested moving all of the OSHPD provisions in Chapter 12 to a separate section at the end of the chapter, similar to DSA-SS/CC.

**OSHPD Response:** The points expressed in this comment are not subject to rulemaking. The express terms presented by OSHPD continue to follow a structure which has been established for numerous prior code cycles. The International Building Code (IBC), as the model code proposed for adoption, only includes sections through

Section 1209. Various state agencies have added sections at the end of the Chapter 12 starting with *Section 1211 [HCD 1 & HCD 2] Garage Door Springs* and continuing through *Section 1254 [CA] Acupuncture Offices*. The regulations associated with OSHPD amendments have been located in *Section 1224 [OSHPD 1] Hospitals* through *Section 1228 [OSHPD 5] Acute Psychiatric Hospitals* under the prior editions of the *California Building Code (CBC)* since the 2007 CBC. The use of 5 separate sections allows grouping of regulations by health facility type. There is no intent to relocate these sections.

## Chapter 14

Commenter: James, Mwangi, PhD, SE, Cal Poly, SLO

Commenter requested moving all of the OSHPD provisions in Chapter 14 to a separate section at the end of the chapter, similar to DSA-SS/CC.

**OSHPD Response:** The points expressed in this comment are not subject to rulemaking. The express terms presented by OSHPD continue to follow a structure which has been established for numerous prior code cycles. OSHPD is proposing to amend and re-number existing *Section 1405.1.1* as *Section 1404.1.1*, and re-number existing *Section 1411* as *Section 1410*. Both of these sections are co-adopted with DSA-SS/CC. OSHPD's proposed amendments are only to include reference to new classifications OSHPD 1R, OSHPD 2 and OSHPD 5. The re-numbering is a result of re-numbering of these sections in model code (IBC). *Section 1404.1.1* is intended to remain as a clarification the installation of exterior wall coverings subject to OSHPD & DSA to comply with the additional requirements of state *Section 1410*. *Section 1410* is already located at the end of Chapter 14. There is no intent to relocate these sections.

## Chapter 15

Commenter: James, Mwangi, PhD, SE, Cal Poly, SLO

Commenter requested moving all of the OSHPD provisions in Chapter 15 to a separate section at the end of the chapter, similar to DSA-SS/CC.

**OSHPD Response:** The points expressed in this comment are not subject to rulemaking. The express terms presented by OSHPD continue to follow a structure which has been established for numerous prior code cycles. OSHPD is proposing to amend existing sections *150.3.10*, *1507.7.8* and *15103.1*. All three of these sections are co-adopted with DSA-SS/CC. OSHPD's proposed amendments are only to include reference to new classifications OSHPD 1R, OSHPD 2 and OSHPD 5. OSHPD is also proposing a new amendment to section 1510 with reference to the wind load factors in ASCE 7, as already required under Chapters 16 & 16A. There is no intent to relocate these sections.

#### **Section 1224.19.3.2.4**

Commenter: Joe Panushka, Rasmussen & Associates

Commenter cited a discrepancy between a 1-meter clearance between the PEC and the demarcation line between Title 16 and the proposed Title 24 requirement.

**OSHPD Response:** OSHPD takes exception to this comment. The California Board of Pharmacy (BoP) is currently revising Title 16, Sections 1735 and 1751 relative to sterile compounding, in the interest of alignment with revised US Pharmacopeia (USP) Chapters <797> and <800>. The one-meter perimeter delineates a restricted-use area in the vicinity of the Primary Engineering Control (PEC), being the workstation itself. Sinks and handwashing fixtures may not be placed within this area, with the exception of a “dry” emergency eyewash. USP has adopted metric dimensions for required clearances, while the 2016 language of Title 16 still uses US/Imperial dimensions. The one-meter clearance has been used to align with USP requirements due to required compliance with both Federal USP and State of California regulations for licensure by California Department of Public Health. No additional edits are needed.

#### **Section 1224.2.1 Removed from acute care service [OSHPD 1R]**

Commenter: Glenn Gall, AIA

Commenter requested to revise reference using the term “occupancies” to the term “uses”, noting the occupancy groups are independent of other uses that might occur in a building removed from acute care service.

**OSHPD Response:** OSHPD takes exception to this comment. The commenter had shared this comment earlier when reviewing a previous draft of the Express Terms. The 45-Day Express Terms already include the edit. No additional edits are needed.

#### **Section 1224.4.4.5 Nourishment area or room.**

Commenter: Glenn Gall, AIA

Commenter requested a clarification regarding the use of a door between the handwashing fixture and corridor.

**OSHPD Response:** OSHPD takes exception to this comment. The commenter had shared this comment earlier when reviewing a previous draft of the Express Terms. The 45-Day Express Terms already include the edit relative to passing through a door. No additional edits are needed.

#### **Section 1224.4.4.8.1 Staff toilets.**

Commenter: Glenn Gall, AIA

Commenter expressed concern regarding satellite service spaces allowed to be exempt from a requirement for a dedicated toilet room.

**OSHPD Response:** OSHPD takes exception to this comment. Many hospital services do not require dedicated toilet rooms. Of those that do, dietary, surgery, emergency, and cesarean delivery require dedicated toilets to be combined with required change areas and/or lockers and cannot be provided as satellite service spaces. Satellite service spaces are generally associated with radiology, laboratory, and pharmacy. California Department of Public Health and Board of Pharmacy have indicated that these satellite functions do not require dedicated toilets. No additional edits are needed.

#### **Section 1224.4.5.1 Outpatient access.**

Commenter: Glenn Gall, AIA

Commenter expressed concern regarding the language including “outpatient access to services provided for outpatients shall not travers a nursing unit”. The perceived result was to allow outpatient access to other than outpatient radiological services to still traverse inpatient units. Additionally, the commenter expressed concern that the proposed language in 1224.4.5.1 was in conflict with Section 1224.4.7.6 “Departmental Boundaries.”

**OSHPD Response:** OSHPD takes exception to this comment, which has two parts discussed herein.

The first part refers to the amendment to section 1224.4.5.1, which clarifies that “outpatient” access to any and all services shall not traverse a nursing unit. This restriction shall not to be limited to radiological examination, as is currently noted in existing language. The new language was proposed at the request of the California Department of Public Health (CDPH) to align with language updates planned for Title 22.

The second part suggests that a conflict is created by relocating the paragraph “Exception:...” to another location in section 1224.4, *Departmental Boundaries*. We disagree with this comment due to the current placement being incorrect. This exception states that satellite components of various services may be located outside of their main department and directly into nursing units and inpatient treatment areas. This exception has no relationship to the outpatient access section. It is better placed as an exception to the *Departmental Boundaries* section that requires department functions to be contiguous. No additional edits are intended at this time.

#### **Table 1224.4.19 Sound Transmission Limitation in Hospitals.**

Commenter: Glenn Gall, AIA

Commenter expressed concern that the table has become more dependent upon expanded footnotes. He recommends that the existing table be repealed and Table 1.2-6 in the 2018 FGI Guidelines be adopted instead.

**OSHPD Response:** OSHPD takes exception to this comment and the point made is not subject to rulemaking. FGI is used as one of many sources of research information rather than a building standard. The proposed amendments to selective STC ratings in the existing table align with comparable FGI table standards, however, Table 1.2-6, as a whole was ~~but~~ carried forward from previous CBC editions. The requested repeal and adoption are outside the rulemaking process.

#### **Section 1224.14.2.17 Housekeeping room.**

Commenter: Glenn Gall, AIA

Commenter expressed concern that the allowance for sharing housekeeping rooms was too broad, and should be restricted to “compatible” units. He believed that the requirement was duplicative of Section 1224.26 “Housekeeping rooms” under the Support Services grouping, and that the section should be repealed.

**OSHPD Response:** OSHPD takes exception to this comment. The commenter had shared the comment regarding “compatibility” earlier when reviewing a previous draft of the Express Terms. The 45-Day Express Terms already include the edit. No additional edits are needed.

#### **Section 1224.17.3 Specimen collection facilities.**

Commenter: Glenn Gall, AIA

Commenter requested that this section allow for laboratories not to provide specimen collection and if it is provided simply reference existing Section 1224.4.4.3.

**OSHPD Response:** OSHPD takes exception to this comment. This language has been coordinated with the California Department of Public Health. Similar existing Section 1224.4.4.3 is located under “General Construction” requirements that may be applied to any health facility when that element is provided. These cases would include other Service Spaces, skilled nursing facilities, clinics, and acute-psychiatric hospitals. The requirements under proposed Section 1224.17.3 are specific to hospital clinical laboratories. No additional edits are needed.

#### **Section 1224.19.1 General.**

Commenter: Glenn Gall, AIA

Commenter expressed concern that the reference to “the extent of shared or purchased services” is confusing without further clarification of Board of Pharmacy (BoP) requirements.

**OSHPD Response:** OSHPD takes exception to this comment. The proposed language was developed through extensive joint meetings with both the California Department of Public Health and the Board of Pharmacy. Language included in this section is intended to remain consistent with these agencies’ requirements, and to allow applicants and review staff to be aware that the size, functional areas and elements of licensed Pharmaceutical Service Space may be affected by the extent of shared and purchased services. These influences would then be presented in the accompanying Functional Program. The proposed language has been provided to acknowledge that allowances extended by the Board of Pharmacy may influence the inclusion of various functional spaces. No additional edits are needed.

#### **Section 1224.19.1.2 Less than 100-bed Exemption.**

Commenter: Glenn Gall, AIA

Commenter believes there is a typographical error in reference to “Section 1224.19.1.2” that should read “1224.19.1.2.1”. He also recommends restructuring the section to combine subsection 1224.19.1.2.1 with Section 1224.19.1.2 and have one less indent level for all subsequent subsections.

**OSHPD Response:** OSHPD takes exception to this comment. Section 1224.19.1.2 outlines the requirements associated with providing pharmaceutical services under the 100-bed exemption. The requirements include the “drug room” described in 1224.19.1.2.1, the Handwashing station described in 1224.19.1.2.2, and the storage described in 1224.18.1.2.3. The Express Term language is correct and references all the subsections under 1224.19.1.2. There is no typographical error. The language must remain as proposed for consistency and clarity. No additional edits are needed.

#### **Section 1224.19.1.2.2 Handwashing station.**

Commenter: Glenn Gall, AIA

Commenter requested a clarification regarding the use of a door between the handwashing fixture and the area where medications are handled.

**OSHPD Response:** The commenter had shared this comment earlier when reviewing a previous draft of the Express Terms. The 45-Day Express Terms already include the edit relative to passing through a door. No additional edits are needed.

#### **Section 1224.19.2.1.3.2 Handwashing station.**

Commenter: Glenn Gall, AIA

Commenter requested a clarification regarding the use of a door between the handwashing fixture and the area where medications are handled.

**OSHPD Response:** The commenter had shared this comment earlier when reviewing a previous draft of the Express Terms. The 45-Day Express Terms already include the edit relative to passing through a door. No additional edits are needed.

### **Section 1224.19.3 Sterile Compounding Areas**

Commenter: Glenn Gall, AIA

Commenter believes this section falls entirely under the purview of another agency and thus fails the 9-point criteria. He also claims that reference to Title 16 is unenforceable, and problematic.

**OSHPD Response:** OSHPD takes exception to this comment. While the Board of Pharmacy (BoP) is responsible for enforcement of regulations under Title 16, reference has been included under 1224.19 since the 2007 edition CBC and remains as existing language carried forward under Section 1224.19.1.1. Pharmacies in hospitals are also Basic Services under the hospital license through the California Department of Public Health (CDPH). CDPH has been revising their requirements under Title 22, including the removal of “physical plant” requirements that are to be located in Title 24. The proposed language was developed through extensive joint meetings with both the California Department of Public Health and the Board of Pharmacy. The requirements proposed under Section 1224.19.3 are in support of both Titles 17 and 22, and are limited to specific physical plant requirements when pharmacies are located within hospitals. No additional edits are appropriate.

### **Section 1224.31.1.1 General.**

Commenter: Glenn Gall, AIA

Commenter believes that the change in reference from “SPC 3 or higher” to “compliant with CAC Chapter 6 for OSHPD-1” is an inappropriate reference since CAC Chapter 6 addresses “Evaluation Procedure.” He recommends that a reference to a General Acute Care (GAC) building or no reference at all.

**OSHPD Response:** OSHPD takes exception to this comment. While Chapter 6 is titled “Seismic Evaluation Procedures for Hospital Buildings” the legislature has continued to add statute addressing upgrade requirements, standards and deadlines. This amendment is associated with related changes in CAC Tables 2.3.3 (SPC), and 11.1 (NPC), ratings, requirements and deadlines. Consequently, the amendment to Section 1224.31.1.1 is proposed to now reference Chapter 6, which is periodically modified, rather than list a singular static standard that may conflict with various future Chapter 6

amendments. The proposed language remains more accurate, and the recommended edit is less accurate and confusing. No additional edits are appropriate.

### **Section ~~1224.39.6.1.2~~ 1224.39.6.2 Location.**

Commenter: Glenn Gall, AIA

The commenter cites Section 1224.39.6.1.2. This section does not exist, and given the context, it is assumed he is referring to proposed Section 1224.39.6.2 relative to “location.” The commenter requests clarification of the jurisdiction under which that this service may be provided. There is an assumption that this service may be provided in a freestanding non-hospital building.

**OSHPD Response:** OSHPD takes exception to this comment. The statute associated with “outpatient observation units” does not allow for these units to be provided in freestanding non-hospital buildings as an OSHPD 3 service. This service can only be provided as an outpatient unit of a hospital and may not be located in the Emergency Department. It must be served by the hospital’s corridor system that connects to all the Basic Services. As with other outpatient hospital services, this service may be placed in either a conforming hospital building (OSHPD-1) or a non-conforming hospital building that has been removed from acute-care service (OSHPD-1R). Consequently, the jurisdiction will always be OSHPD. The existing proposed language under Section 1224.39.6.2 is correct. No additional edits are appropriate.

### **Section 1224.39.6.4.1 Space requirements**

Commenter: Glenn Gall, AIA

Commenter stated that sub-items 1 & 2 would not meet the definition of “patient rooms”, and that the language was in conflict with defined terms.

**OSHPD Response:** OSHPD takes exception to this comment. The commenter had shared this comment earlier when reviewing a previous draft of the Express Terms. The 45-Day Express Terms already include the edit relative to changing the reference from “single-patient rooms” to “single-station rooms”. No additional edits are needed.

### **Section 1224.39.6.4.2 Negative pressure isolation room with anteroom.**

Commenter: Glenn Gall, AIA

Commenter believed the section was duplicative of existing Section 1224.4.4.1.3 “airborne infection isolation exam/treatment room.” He recommended to delete the language and simply refer to the existing section in 1224.4.

**OSHPD Response:** OSHPD takes exception to this comment. The provision of the negative pressure isolation room is not an exact match to the existing section for

airborne infection isolation exam/treatment rooms. The unit is an observation unit. These rooms are neither patient rooms nor exam/treatment rooms, but patient care stations used for “observation” of patients prior to discharge or admittance. As such, these rooms should not be confused with either the exam rooms under Section 1224.4.4.1.3 nor the patient rooms under 1224.14.3. They are unique to outpatient observation units. No additional edits are needed.

#### **Section 1224.39.6.4.4 Patient toilet room(s).**

Commenter: Glenn Gall, AIA

Commenter suggested that a single patient toilet room might not be sufficient to serve larger observation units. He recommended adding a ratio of patient toilets to patient-care stations.

**OSHPD Response:** OSHPD takes exception to this comment. As with most outpatient services, Section 1224.39.6 requires a patient toilet room. There is no standard for requiring a ratio of patient toilet rooms to patient-care stations. While possibly useful as a design guideline, an arbitrary ratio would not be defensible under the 9-point criteria. No additional edits are appropriate.

#### **Section 1224.39.6.5.15 Portable Oxygen Storage**

Commenter: Glenn Gall, AIA

Commenter noted that a reference to Table 1224.4.6.1 item “Definitive emergency care observation unit” does not exist and that the language needed clarification.

**OSHPD Response:** OSHPD takes exception to this comment. The commenter had shared this comment earlier when reviewing a previous draft of the Express Terms. The 45-Day Express Terms already include the edit relative to changing the reference from “definitive emergency care observation unit” to “observation unit”. This reference currently matches Table 1224.4.6.1. No additional edits are needed.

#### **Section 1226.4.3.5 Contiguous functions.**

Commenters: California Primary Care Association (CPCA), Asian Health Services, La Clinica, de La Raza, Health Center Partners of Southern California, Native American Health Center, Neighborhood Healthcare, Shasta Community Health Center, Neenan Archistruction, Tiburcia Vasquez Health Center, and White Memorial Community Health Center.

Commenters believe that the proposed section is ambiguous and would cause considerable administrative delays. They recommend disapproval of this section.

**OSHPD Response:** OSHPD takes exception to these comments. Per statute, OSHPD promulgates building standards for OSHPD 3 Clinics, however primary authority for enforcement resides with local jurisdictions. Lack of clarity in building standards has led to many instances where California Department of Public Health (CDPH) has consulted with OSHPD after-the-fact for “plan of modernization” proposals to upgrade environments and/or trigger reduction in services for clinics constructed to unacceptable standards. The proposed language is intended to provide added clarity surrounding built environment expectations by CDPH in order to facilitate a common understanding among health care providers, their design professionals, and the local building departments.

Physical plant requirements for “Clinics” as previously regulated under Article 6, Section T17-600 (Title-17/Title-24 1071) and specific reference to Article 2, including Section T17-058 “Corridors” and Section T17-105 “Air conditioning, heating, and ventilating systems for all health facilities except hospitals,” sub-section (12) “Corridors”, and (13) “Plenums” has stayed much the same since 1971. Clarification of departmental boundaries was made in the 2016 CBC as Section 1224.4.7.6. The same clarification was not afforded to clinics, which still referred to Section 1224.4.7.5 “Connections” [under the general construction section for corridors]. The current proposed language is intended to provide such clarification.

In the days leading up to the Code Advisory Committee (CAC) meeting on July 19, 2018, representatives of the California Primary Care Association (CPCA) reached out to OSHPD to discuss the potential impact of the proposed section might have on multiple clinic sites on a consolidated license. A joint meeting was held on July 11. A follow up e-mail was then received on July 16, expressing a desire to work together to refine the language such that clinics would not suffer any unintended consequences. That desire was also delivered orally at the CAC meeting. The CAC recommendation on this section was for short-term further study for language refinement. OSHPD prepared revised language addressing the concerns voiced by CPCA, advised the California Department of Public Health of the revised language and a joint meeting was held August 10 with OSHPD, CDPH and CPCA. OSHPD facilitated the presentation of clinic provider concerns and related licensing concerns. Additional fine-tuning resulted in language acceptable to CDPH on August 13. Final language with minor additional edits was then posted for the 45-Day comment period.

As stated in the comment letter from CPCA, the current language addresses much of their concerns, however they continue to believe that the proposed section would result in “significant administrative delays.” These delays are relative to seeking approval from CDPH prior to submitting plans for a clinic that proposes non-contiguous clinical areas. Exception 1 appears to them as an administrative burden instead of affording a greater degree of latitude in the design of their clinic space. Discussions with the Licensing & Certification (L&C) branch of CDPH reveals just the opposite. Licensing of non-contiguous clinical space has been held up at CDPH due to its apparent non-conformity with their aseptic clinical standards. This proposed section will result in a latitude acceptable to CDPH, without forcing clinics to risk construction of clinical space

that ultimately cannot be licensed. The commenters' recommended action of disapproval will return to the current status quo of no acceptable non-contiguous clinic space, and the expensive risk of constructing space that cannot be licensed. OSHPD continues to propose Section 1226.4.3.5 as shown in the 45-Day Express Terms.

## **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 will not have a cost impact to private persons.

The rulemaking represents OSHPD's proposed adoption of the 2018 International Existing Building Code published by the International Code Council carrying forward existing California amendments from Chapter 35A of the 2016 California Building Code into the 2019 California Existing Building Code. In addition, editorial and minor technical modifications to the existing requirements 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. The rulemaking proposes the adoption of the 2018 International Existing Building Code and carrying forward of existing California amendments from Chapter 34A of the 2016 California Building Code into the 2019 California Existing Building Code. In addition, editorial and minor technical modifications to the existing requirements will provide clarification and consistency within the code.