

**INITIAL 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-VOLUME 1  
  
HEALTH FACILITIES**

The Administrative Procedure Act (APA) requires that an Initial Statement of Reasons be available to the public upon request when rulemaking action is being undertaken. The following information required by the APA pertains to this particular rulemaking action:

**STATEMENT OF SPECIFIC PURPOSE, PROBLEM, RATIONALE and BENEFITS**

The Office of Statewide Health Planning and Development (OSHPD) is mandated to adopt the most recent edition of model code pursuant to Health and Safety Code Section 18928. This rulemaking represents OSHPD's proposal to adopt the 2018 International Building Code (IBC) published by the International Code Council and carry forward existing California amendments into the 2019 California Building Code. In addition, it was also necessary to propose editorial and minor technical modifications to the existing requirements for the benefit of clarification and consistency within the code as identified below. Specific amendments are as follows:

▪ **SECTION 1.10 – California Administrative Chapter**

**1.10.1 OSHPD 1 and 1.10.2 OSHPD 2.** Realignment of the use of the acronyms [OSHPD 1] and [OSHPD 2] to be specific to facilities providing “hospital” services, and “skilled nursing” and “intermediate care” services respectively. Add the acronym [OSHPD 1R] for buildings removed from acute care service.

While the “services” for Skilled Nursing Facilities (SNFs) and for Intermediate Care Facilities (ICFs) have been addressed under Section 1225, the structural requirements have been grouped under [OSHPD 1], unless they are single-story and of wood frame or light-metal frame construction. This code cycle provides a direct alignment between [OSHPD 1], which will now apply to only general acute care hospitals and general acute care hospitals providing rehabilitative services, versus [OSHPD 2] that will now apply to only skilled nursing and intermediate care facilities. Number of stories and/or construction type no longer impact the OSHPD classification for SNFs and ICFs. Nonconforming hospital buildings removed from acute care service will be given the classification [OSHPD 1R]. These structures, although remaining “hospital buildings” under OSHPD jurisdiction, may not house general acute-care services. Some restrictions related to utilities, exiting, and separations apply to [OSHPD 1R] buildings.

**1.10.5 OSHPD 5.** Addition of new Section 1.10.5 is related to the introduction of Section 1228 - Acute Psychiatric Hospitals, under the 2016 Intervening Cycle. Section 1228 enumerated requirements specific to acute psychiatric hospitals, where they differ from general acute-care hospitals. Section 1228 is now assigned the new acronym [OSHPD 5]. This OSHPD category is introduced throughout the 2019 CBSC in reference to California amendments applicable to Acute Psychiatric Hospitals. New section 1.10.5 provides the specific scope of application of the agency responsible for enforcement, and to adopt and enforce such provisions of this code.

Requirements for acute psychiatric hospitals had previously been associated with [OSHPD 1] general acute-care hospitals and general acute-care hospitals providing only acute medical rehabilitation center services under Section 1224. Section 1228 addresses the specific requirements of Title 22,

CCR, Section 71000 for acute psychiatric hospitals. The removal of acute psychiatric hospitals from Section 1224, and subsequent placement into Section 1228, created a misalignment of the term [OSHPD 1]. Establishment of the new acronym [OSHPD 5] allows for clarification. Related housekeeping modifications have been made to Sections 1.10.1 and 1.10.2. The new acronym is also being introduced throughout the California Building Standards Code to applicable amendments.

▪ **CHAPTER 1 – DIVISION II – SCOPE AND ADMINISTRATION**

**101.4.7 Existing buildings.** With the adoption of Title 24 – Part 10 California Existing Building Code, and the repeal of CBC Chapter 34A “Existing Structures”, the OSHPD amendments to the “Existing buildings” section of Chapter 1 have been updated to refer to the relocated standards.

**Sections 102, 104, 105, 106 & 107.** OSHPD banners for amendments have been updated to include [OSHPD 1R & 5]. Similar administrative updates have also been made to the banners for the other OSHPD amendments throughout the Californian Building Code.

▪ **CHAPTER 2 – DEFINITIONS**

**Various Definitions.** OSHPD definitions previously located in CBC Section 16A have been relocated to Chapter 2. These include “Active Earthquake Fault”, “Base”, “Distance from an Active Earthquake Fault”, “Irregular Structure”, and “Peer Review.” The definition for “Rugged Equipment” has been repealed. “Incidental Structural Alterations, Additions or Repairs” and “Substantial Structural Damage” have been relocated to Part 10 - California Existing Building Code.

**Equipment.** This definition has been relocated from the California Administrative Code, Chapter 7 to CBC Chapter 2. Related sub-definitions have been revised. The definitions of “Building Service Equipment”, “Fixed Medical Equipment”, and Fixed Nonmedical Equipment” have been repealed. Sub-definitions “Movable Equipment” and “Mobile Equipment” have been added in their place, in order to bring alignment with anchorage and bracing requirements for nonstructural components in hospital buildings.

**Removed from Acute Care Service.** A new definition has been added to clarify the specific buildings associated with the new acronym [OSHPD 1R].

**Sub-Component.** A new definition of “sub-component” has been added to clarify the components of non-structural elements subject to seismic certification for hospital buildings.

• **SECTION 1003 – GENERAL MEANS OF EGRESS**

**1003.1.1 Means of egress for hospitals and correctional treatment centers and 1003.1.2 Means of egress for hospital buildings removed from acute care service, skilled nursing facilities, intermediate care facilities and acute psychiatric hospitals.** Amended language provides consistency with the amended use of [OSHPD 1] with direction to CEBC Chapter 3A; and [OSHPD 1R], [OSHPD 2], and [OSHPD 5] with direction to CEBC Chapter 3.

▪ **SECTION 1224 – HOSPITALS [OSHPD 1]**

**Various Sections.** Minor editorial changes include updating the reference from handwashing “fixtures” to handwashing “stations” as initiated in the 2015 Triennial Cycle.

Reference to handwashing fixtures was clarified as handwashing stations to include the provision of cleansing agents and means for drying hands in the 2016 CBC with reference out to the California Plumbing Code to address the “fixture” (sink and fittings) itself. The definition was added to 1224.3 at

that time. Effort is made in this code cycle to update the remaining sections to refer to the defined term in 1224.3.

**1224.1 Scope.** Amended language provides a distinction between [OSHPD 1] and [OSHPD 1R] relative to the application of CBC Section 1224.

**1224.2.1 Removed from acute care service [OSHPD 1R].** A new section has been added to clarify the application of [OSHPD 1R] and the conditions associated with hospital buildings removed from acute care service.

**1224.3 Definitions.** OSHPD definitions associated with Sections 1224 through 1228 are amended as follows:

**Location Terminology.** The definitions for “Directly Accessible” and “Readily Accessible” are refined in response to a lack of distinction experienced in application of the terms.

**Service Space.** A new definition has been added to clarify the intent of various subsequent references to “Service Space” as used for Basic Services and for Supplemental Services, the functional areas included and the relationship to departmental boundaries.

**1224.4.1 Services/systems and utilities.** This section is amended in response to the repeal of State Chapter 34A and the relocation of jurisdictional requirements associated with the routing of egress, services/systems and utilities. Requirements for [OSHPD 1] buildings are now referred to Sections 307A and 308A in the *California Existing Building Code*. Requirements for [OSHPD 1R] simply require egress, systems/services and utilities to pass through structures that are under OSHPD jurisdiction.

**1224.4.4.2 Nurse stations.** The inclusion of “administrative center(s)” has been removed from “Nurse Station(s)” as a common support area for patient care. The previous inclusion of the term has had an unintentional effect of causing confusion over what a nurse station is when compared to general administrative areas located in various service spaces.

**1224.4.4.4 Medication preparation room.** Clarification has been added to the “lockable” nature of a medication preparation room; and the location of a self-contained medication dispensing unit being under the direct visual control of nursing staff.

**1224.4.4.5 Nourishment area or room.** Language relative to the location of the handwashing fixture associated with nourishment rooms is amended to utilize the amended definition of “immediately accessible.”

**1224.4.4.8.1 Staff toilets.** New Section 1224.4.4.8.1 is added to clarify staff toilets dedicated to specific Service Spaces, and for consistency with the California Plumbing Code.

**1224.4.5.1 Outpatient access.** Amended language is intended to clarify that outpatient access to any service provided for outpatients shall not traverse a nursing unit. Previous language only identified radiological space associated with x-ray examinations.

**1224.4.6.5 Nurse call systems.** Minor modifications and updates to Table 1224.4.6.5 “Location of Nurse Call Devices” have been made for consistency with minor revisions to California Electrical Code Article 517.123. The table now distinguishes between the functional requirements of Section 1224, 1225, 1226, 1227 and 1228.

**1224.4.7.6 Departmental boundaries.** Clarifying language previously provided in Section 1224.14.2 has been moved to 1224.4.7.6 for clarity and consistency.

The clarifying language relative to functional areas, the term “room”, and location in larger common areas is applicable to all Service Spaces. It is related to the departmental boundaries as General Construction requirements presented Section 1224.4.

**1224.4.4.19 Noise control.** Minor modifications and updates have been made to Table 1224.4.4.19 “Sound Transmission Limitations in Hospitals” for alignment with the national standard, FGI Guidelines.

**1224.14.2 Support areas [Nursing Service Space].** Related to the move discussed in Section 1224.4.7.6 above, additional clarification has been added to specific application of dedicated rooms and shared spaces for nursing units. Amended language for the various “Support areas” under 1224.14.2 is proposed. Clarification has been made for required areas that must be dedicated to each nursing unit, those that may be shared between adjacent nursing units, and those that may be shared with other Service Spaces

**1224.15 Surgical Service Space.** Section 1224.15.3.11 is amended to clarify staff movement through the staff clothing change area, as entering from an unrestricted area outside the surgical service space and movement directly into the semi-restricted corridor after donning surgical attire.

**1224.17 Clinical Laboratory Service Space.** Section 1224.17 has been re-structured for clarity and closer alignment with the regulations in Title 22, promulgated by the California Department of Public Health. Several sub-sections have been added. The revised structure is similar to other basic service spaces and is now aligned with the national standard, FGI Guidelines.

**1224.19 Pharmaceutical Service Space.** Section 1224.19 has been re-structured for clarity and closer alignment with the provisions of Title 16, Sections 1735 and 1751 promulgated by the California Board of Pharmacy. Several sub-sections have been added. The revised structure is similar to other basic service spaces.

The California Board of Pharmacy (BOP) promulgates language in Title 16, Sections 1735 and 1751 to clarify application of amended Chapters <797> and <800> of the U.S. Pharmacopeia national standards. Much of this work is in response to requirements for hazardous and non-hazardous sterile compounding clean rooms. California amendments in Section 1224.19 address specific application of BOP requirements for pharmacies located within hospital buildings.

**1224.20 Dietetic Service Space.** Section 1224.20 has been amended for closer alignment with the regulations in Title 22, promulgated by the California Department of Public Health.

**1224.29.2 Newborn intensive care units (NICU).** Section 1224.29.2.10.2 has been amended for closer alignment with the regulations in Title 22 for a Treatment area and a Formula preparation room, as promulgated by the California Department of Public Health.

**1224.31.1 Psychiatric unit space.** Clarification is made to Section 1224.31.1.16 regarding to references to standards under Section 1224.14 and to those under Section 1228.14.

Previous reference to units providing “acute medical care” has been clarified, and limitation to buildings rated SPC 3 or higher has been replaced with a reference to the California Administrative Code Chapter 6.

**1224.32 Obstetrical Facilities (Perinatal Unit Space).** Section 1224.32.3.8.2.8 is amended to clarify staff movement through the staff clothing change area, as entering from an unrestricted area outside the Cesarean suite and movement directly into the semi-restricted corridor after donning surgical attire.

**1224.35.2 Physical therapy service space.** Section 1224.35.2 has been amended to provide consistency for the requirements and distribution of handwashing stations with other similar Service Spaces.

**1224.39.2 Outpatient surgery.** Section 1224.39.2 has been restructured to match the structures of 1224.15 “Surgical Service Space” and 1226.8 “Surgical Clinics”.

**1224.39.6 Outpatient Observation Units.** New Section 1224.39.6 is added to clarify the requirements for Observation units when located outside of the Emergency Department.

The California Health and Safety Code Section 1253.7 now includes the provisions for outpatient observations units, separate from Emergency Service Space. The proposed language of CBC Section 1224.39.6 is consistent with the statute.

▪ **SECTION 1225 -- SKILLED NURSING AND INTERMEDIATE-CARE FACILITIES [OSHPD 2]**

**1225.1.2 Sub-acute care.** New section is added to clarify the specific requirements for this CMS designation, as enforced by the California Department of Public Health.

**1225.2 Application.** Amended language is provided for alignment with the clarification of skilled nursing facilities under Section 1.10.2, consistent use of the acronym [OSHPD 2], and is relative to the repeal of State amended Chapter 34A.

The requirements under sub-section 1225.2.2 addressed means of egress required to pass through only buildings under OSHPD jurisdiction. The language was limited to only skilled nursing facilities and intermediate care facilities that were single-story wood frame or light steel frame construction. With the repeal of State Chapter 34A, provisions previously contained in that chapter are moved to other appropriate Sections of the CBC and to chapters of the California Existing Building Code (CEBC). The realignment of [OSHPD 2] results in Section 1225 being the appropriate section to address all SNF and ICF facilities, not just those that are single-story and wood or light-metal frame. The previous qualifying language has been removed.

▪ **SECTION 1226 – CLINICS [OSHPD 3]**

**1226.1 Scope.** Portions of the language in this section have been re-ordered for clarity.

The section now addresses “clinics” as those licensed by the California Department of Public Health under Health and Safety Code Section 1200 first. These include Primary Care Clinics, Specialty Clinics and Psychology Clinics. The section then addresses outpatient clinical services of a hospital (licensed under H&S Section 1250) when provided in a freestanding building. The separation of covered facilities into two sentences is intended for clarification and to avoid confusing the various clinic types as all being provided by hospital in a freestanding building.

**1226.4.3.5 Departmental boundaries.** Language similar to that of Section 1224.4.7.6 has been added to Section 1226.4 as the General Construction requirements for clinics.

The containment of licensed space for clinics affording access to the various required functional areas without exiting the licensed space has been clarified with the new section. The language is tailored specifically for clinic spaces in lieu of a reference to Section 1224.4.7.6 for better clarity.

**1226.5 Outpatient Clinical Services of a Hospital.** Section 1226.5 is amended to include reference to Section 1228 for acute-psychiatric hospitals providing outpatient services, not addressed under 1226.5

Outpatient services of acute-psychiatric hospitals, provided in a separate freestanding building, are governed by OSHPD 3 instead of OSHPD 5, with specific functional requirements for the Service Space listed under Section 1228.

**1226.8 Surgical Clinics.** Repeal Section 1226.8.2.13 “Cleanup room” and renumber the following sub-sections of 1226.8.2. The amendment is made for consistency of referenced terms.

The term “cleanup room” was used in the California Building Code 2001 and prior editions. The 2007 edition of the California Building Code introduced the term “soiled workroom”, which provided the same functional support as the earlier “cleanup room.” The duplicative reference has now been removed.

- **SECTION 1227 -- CORRECTIONAL TREATMENT CENTERS [OSHPD 4]**

**Various Sections.** Minor editorial changes include updating the reference from handwashing “fixtures” to handwashing “stations” as initiated in the 2015 Triennial Cycle, as requested by the California Department of Corrections and Rehabilitation.

- **SECTION 1228 -- ACUTE PSYCHIATRIC HOSPITALS [OSHPD 5]**

**Section 1228 [OSHPD 5].** The acronym [OSHPD 5] has been added to the 1228 section heading.

Relative to the introduction of [OSHPD 5] in Section 1.10.5, to designate amendments that apply to acute psychiatric hospitals, the entire Section 1228 is designated as [OSHPD 5].

**1228.4.1 Jurisdiction.** This section is added in response to the repeal of State Chapter 34A and the relocation of jurisdictional requirements associated with the routing of egress, services/systems and utilities. Egress, services/systems and utilities for [OSHPD 5] buildings are required to pass through only structures under OSHPD jurisdiction.

- **SECTION 1510 ROOTOP STRUCTURES.**

**1510.7.2 Photovoltaic panels and modules.** Sub-section 1510.7.2.2 Photovoltaic panels and modules is amended for [OSHPD 1, 1R, 2, 4 & 5] for inclusion of wind and seismic restraint with calculations and drawings of the supports and attachments to be submitted to the enforcement agency for review.

The 2018 edition of the International Building Code (IBC) repealed the prior 2015 edition’s Section 1510.7.1 with requirements for wind resistance design in compliance with Chapter 16 (and consequently with ASCE 7). The proposed amendment reintroduces the requirement with direct reference to ASCE 7 Chapter 29, as an amendment to IBC Section 1510.7.2.2 for the installation of photovoltaic panels.

## **TECHNICAL, THEORETICAL, AND EMPIRICAL STUDY, REPORT, OR SIMILAR DOCUMENTS**

There are no formal studies, reports or documents to be identified as the basis for the proposed amendments.

## **STATEMENT OF JUSTIFICATION FOR PRESCRIPTIVE STANDARDS**

The proposed changes do not mandate any specific technologies or equipment and do not require any prescriptive standards.

## **CONSIDERATION OF REASONABLE ALTERNATIVES**

There were no alternatives for consideration by the Office. The adoption of the 2018 International Building Code complies with the mandate of Health and Safety Code Section 18928. In addition, proposed amendments will provide clarification and consistency within the code and are in alignment with national standards.

## **REASONABLE ALTERNATIVES THE AGENCY HAS IDENTIFIED THAT WOULD LESSEN ANY ADVERSE IMPACT ON SMALL BUSINESS**

Small businesses will not be adversely impacted by the proposed adoption, amendments or repeal of code requirements.

#### **FACTS, EVIDENCE, DOCUMENTS, TESTIMONY, OR OTHER EVIDENCE OF NO SIGNIFICANT ADVERSE IMPACT ON BUSINESS**

The Office did not identify any cost to comply with the proposed rulemaking. The proposed amendments will provide clarification within the code and repeal outdated requirements.

#### **ASSESSMENT OF EFFECT OF REGULATIONS UPON JOBS AND BUSINESS EXPANSION, ELIMINATION OR CREATION**

The Office of Statewide Health Planning and Development has assessed whether or not and to what extent this proposal will affect the following:

- **The creation or elimination of jobs within the State of California.**

The proposed regulations will not create or eliminate jobs within the State of California.

- **The creation of new businesses or the elimination of existing businesses within the State of California.**

The proposed regulations will not create new businesses, or eliminate existing businesses within the State of California.

- **The expansion of businesses currently doing business with the State of California.**

The proposed regulations will not cause expansion of businesses currently doing business with the State of California.

- **The benefits of the regulation to the health and welfare of California residents, worker safety, and the state's environment.**

OSHPD promulgates building standards regarding the design and construction of licensed health facilities to ensure the protection of the public's health and safety in the facilities. The proposed regulations are necessary for the continued preservation of the health, safety, and welfare of California residents through updated amendments. The regulations will not affect worker safety, or the state's environment.

#### **ESTIMATED COST OF COMPLIANCE, ESTIMATED POTENTIAL BENEFITS, AND RELATED ASSUMPTIONS USED FOR BUILDING STANDARDS**

OSHPD did not identify any cost to comply with the proposed adoption and amendments. The proposal includes minor technical and editorial modifications that will provide clarification and consistency within the code.

#### **DUPLICATION OR CONFLICTS WITH FEDERAL REGULATIONS**

The proposed regulations do not duplicate or conflict with federal regulations.