

**INITIAL STATEMENT OF REASONS  
FOR PROPOSED BUILDING STANDARDS  
OF THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
REGARDING THE 2019 CALIFORNIA BUILDING CODE  
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 2, VOLUME 1  
(OSHPD 02/19)**

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**

Government Code Section 11346.2(b)(1) requires a statement of specific purpose of each adoption, amendment, or repeal and the problem the agency intends to address and the rationale for the determination by the agency that each adoption, amendment, or repeal is reasonably necessary to carry out the purpose and address the problem for which it is proposed. The statement shall enumerate the benefits anticipated from the regulatory action, including the benefits or goals provided in the authorizing statute.

**ITEM 1**

**CHAPTER 1 SCOPE AND ADMINISTRATION**

**DIVISION I CALIFORNIA ADMINISTRATION**

**SECTION 1.10 OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

**1.10.1 OSHPD 1 and OSHPD 1R**

Clarification of the application for [OSHPD 1R] to include “SPC or freestanding” nonconforming hospital buildings that have been removed from acute-care service.

**ITEM 2**

**CHAPTER 1 SCOPE AND ADMINISTRATION**

**DIVISION I CALIFORNIA ADMINISTRATION**

**SECTION 1.10 OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

**1.10.4 OSHPD 4**

Alignment of code language to reflect the enforcing agency for Correctional Treatment Centers as the California Department of Corrections and Rehabilitation for state prison facilities.

**ITEM 3**

**CHAPTER 1 SCOPE AND ADMINISTRATION**

**DIVISION II SCOPE AND ADMINISTRATION**

**SECTION 104 DUTIES AND POWERS OF BUILDING OFFICIAL**

**104.11.4 Earthquake monitoring instruments, OSHPD 1 and OSHPD 4**

Clarification and elimination of duplicative language in the building code. Similar provisions are found in Appendix L of the building code which is also adopted by OSHPD.

**ITEM 4**  
**CHAPTER 2 DEFINITIONS**  
**SECTION 202 DEFINITIONS**

**CHANGE IN OCCUPANCY.** OSHPD does not adapt item 3 under this definition.

**CHANGE OF USE.** Added definition for Change of Use as any change in use within a group for which there is a change in application of the requirements of this code.

**EQUIPMENT.** New definitions for equipment classification in OSHPD buildings are being added to clarify when and how anchorage of these equipment is required and applied. Existing definitions are being expanded to include countertop, temporary, interim, other and essential equipment. These additional definitions are to eliminate confusion with the previous limited definitions.

**HANDWASHING FIXTURE.** OSHPD currently provides definitions for health care facilities under Section 1224.3. The definition of "Handwashing Station" includes a reference to "Handwashing Fixture" as defined in Section 210.0 of the California Plumbing Code. The definition added to Chapter 2 of the California Building Code is intended for internal consistency and clarification.

**IMAGING EQUIPMENT.** Definition added for imaging equipment that points to CBC Section 1705A. Imaging equipment required for diagnostic services of emergency/trauma patients, include x-ray, fluoroscopy, and Computerized Tomography (CT). To diagnose injury to trauma patients post-earthquake, this equipment is required to remain functional. Current language is too general and does not adequately capture which such equipment is required to seismically certified and implies any equipment that can perform this function. In addition, the specific exception for CT equipment used for treatment or in hybrid operating rooms, including those used for interventional CT implied this exemption does not apply to fluoroscopy equipment. The new code language clarifies code intent.

**RESTRICTED AREA.** Removed 1R from banner as 1R is for the building type and not the use.

**ITEM 5**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1207 INTERIOR SPACE DIMENSIONS**  
**SECTION 1209 TOILET AND BATHROOM REQUIREMENTS**

**1207.2 Minimum ceiling heights, and 1209.2 Finish materials**

The minimum ceiling heights in health care facilities are currently regulated under Section 1224.4.10, and finish materials under Section 1224.4.11. There is an exception for [OSHPD 1, 2, 3 & 5] with references to Sections 1224.4.10 and 1224.4.11. The designation "OSHPD 1R" has been removed in both cases. Non-health care uses provided in hospital buildings removed from acute-care service need not comply with 1224.4.10 and 1224.4.11. They would be regulated by 1207.2 and 1209.2 instead. The repeal of "1R" is intended for greater accuracy within the existing exception.

**ITEM 6**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1224 [OSHPD 1] HOSPITALS**

Removal of the banner [OSHPD 1R] from the Section 1224 heading. The introduction of the designation “OSHPD 1R” is in reference to the building or portion of a hospital building that has been removed from acute-care service, while the designations OSHPD 1, 2, 3, 4 & 5 refer to types of health care services provided under licensure by the California Department of Public Health. Non-acute OSHPD 1, OSHPD 2 and OSHPD 5 health facility services may be provided in a hospital building removed from acute-care service and designated OSHPD 1R. The previous application of OSHPD 1R to “hospitals” was misleading and is being corrected.

**ASSOCIATED SECTIONS TO ITEM 6:**

Represents section that may be impacted by this proposed code change item – Refer to those items in parentheses for related changes.

**(ITEM 8) Section 1224.4 GENERAL CONSTRUCTION**

**ITEM 7**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.3 Definitions.** Clarification is added to the existing definitions: Change in Function, Handwashing Station, and Patient Care Locations. The word “space” has been removed from the reference to “Function Requirements” to avoid continuing confusion among code users. Additional language has been added to the definition of Handwashing Station relative to where they occur, and the clearances needed around them. Language has been added to “Patient Care Locations” to clarify the various types of patient care locations. Additional clarification has been added to the patient Bay location relative to clearances for circulation. Language has been added to the Patient Room location with reference to related terminology. The revisions are intended for clarification and consistency throughout the code.

**ITEM 8**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.4 General Construction.** Removal of the designation "OSHPD 1R" from Table 1224.4.6.5 (Location of Nurse Call Devices) is intended to clarify the table relative to actual health facility types and their related services and remove the building designation as non-relevant.

**ASSOCIATED SECTIONS TO ITEM 8:**

Represents section that may be impacted by this proposed code change item – Refer to those items in parentheses for related changes.

**(ITEM 6) Section 1224 [OSHPD 1] HOSPITALS**

**ITEM 9**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.4.7.3 Outpatient services.** Language has been added to **Section 1224.4.7.3** for reference to current language in Chapter 10 to facilitate code use. Language has been added to **Section 1224.4.8** to consolidate various regulations associated with doors and door openings to a single location to facilitate code use. Clarification has been added to **Section 1224.4.10** relative to soffits over fixed cabinets and over work surfaces to be a minimum of 7 feet in height in lieu of the 8 feet required for ceiling heights in the room itself. Clarification has been added to Section **1224.4.18** for reference to the specific sections in Chapter 11B to be used for grab bars intended for non-accessible patient toilet rooms.

**ITEM 10**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.14 Nursing Service Space.** The exception following Section 1224.14.4.3 providing for protective environment rooms without anterooms has been repealed. Language associated with protective environment room anterooms in the section has been modified to apply when anterooms are provided. The intent is to simplify the code section by incorporating the former exception into the language of the section itself.

**ITEM 11**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.18.3 Computerized tomography (CT) scanning.** The current requirement for a control room is modified to allow for an alcove as well to reflect current technological advances in this imaging modality. Reference to a patient toilet room to be "readily accessible" instead of the term "convenient" is in response to defined location terminology introduced into the code several cycles back. Language under Section 1224.18.3.1 had been previously overlooked when refining the references.

**ITEM 12**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.23.1 General storage.** Clarification of the location of the minimum amount of general storage has been added to refer to a conforming hospital building, as distinguished from non-conforming hospital buildings resulting from SB1953, and the removal of acute-care services from those buildings. Storage provided beyond the minimum required may be located in non-hospital, or non-conforming buildings.

**ITEM 13**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.29.2 Newborn intensive care units (NICU).** Current language makes reference to compliance with the all the requirements of Section 1224.29.1 for Intensive Care Units (ICUs). Some of the ICU requirements are not necessarily applicable to NICUs. The amended language clarifies that the sub-sections that follow Section 1224.29.2 supplement, amend, or modify the requirements listed under Section 1224.29.1. Sub-section 1224.29.2 is amended to address the treatment area where multi-patient rooms are provided, allowing shared use of that treatment space. Language has been added to current Section 1224.29.2.10 Infant formula facilities to clarify that this section is provided in NICUs in lieu of the nourishment area required for ICUs under Section 1224.29.1.14.4.

**ITEM 14**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.32 Obstetrical facilities (Perinatal unit space).** Language under Section 1224.32.3.7 "Recovery room(s) (LDR or LDRP rooms may be substituted)," has been amended to correct the current reference to "beds" to read "patient care stations" instead. Patient "beds" is a defined term for "licensed hospital beds" serving admitted in-patients, where patients in labor and delivery are not classified as admitted in-patients.

**ITEM 15**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.33 Emergency Service.** Minor modifications have been made to Section 1224.33.2.2 to correct the reference to "cubicles" to read "bays", as these are now defined terms and the current reference is incorrect. The reference to "handwashing fixtures" has been changed to "handwashing stations." These references were overlooked when the defined terms under Section 1224.3 were amended several code cycles ago. Language under Section 1224.33.3.7 for Trauma/Cardiac rooms, has been amended to address the placement of handwashing fixtures within the procedure room. Clarification is made that such voluntary provision does not satisfy the requirement for a scrub sink located outside the procedure room. The requirement for medication storage under Section 1224.33.3.13 is removed and replaced with a new Section 1224.33.3.14 "Medication preparation room" with reference back to current Section 1224.4.4.4.1, under General Construction requirements.

**ITEM 16**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.34 Nuclear Medicine.** Section 1224.34.1.1. The language under Section 1224.34.1.1 for radiation protection is amended to address dosing areas and circulation paths of dosed patients, including multi-bay scanner rooms. Section 1224.34.1.2.3 Single-

photon emission computed tomography (SPECT) facilities is amended to address multi-bay scanner rooms. Section 1224.34.2 is amended to clarify the sharing of compatible areas when nuclear medicine services are located within the imaging department.

**ITEM 17**

**CHAPTER 12 INTERIOR ENVIRONMENT  
SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.35 Rehabilitation Therapy Department.** Clarification has been added to Section 1224.35 to address in-patient units, out-patient units, and out-patient units that serve no more than 25% in-patients. Associated amendments are made to subsection 1224.35.1 to clarify which requirements are relative to units serving out-patients.

**ITEM 18**

**CHAPTER 12 INTERIOR ENVIRONMENT  
SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.36 Renal Dialysis Service (Acute and Chronic).** Section 1224.36.2.7 for a medication station is amended to refer to Section 1224.4.4.4 for medication stations under the general construction requirements in Section 1224.4, in lieu of restating the requirements in Section 1224.36. This amendment is intended for clarity and consistency with the provision of medication stations in other locations within the hospital.

**ITEM 19**

**CHAPTER 12 INTERIOR ENVIRONMENT  
SECTION 1224 [OSHPD 1] HOSPITALS**

**1224.39 Outpatient Service Space.** Amendments have been made to Section 1224.39.3.2 relative to the processing room, acknowledging the provisions of an eyewash station associated with health standards.

**ITEM 20**

**CHAPTER 12 INTERIOR ENVIRONMENT  
SECTION 1225 [OSHPD 2] Skilled Nursing and Intermediate-Care Facilities.**

**1225.5.1 Medical Model.** Section 1225.5.1.2.6 for patient toilet rooms, has been amended to include language that each patient room shall have its own patient toilet room, as required by California Department of Public Health (CDPH) and the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation.

**ITEM 21**

**CHAPTER 12 INTERIOR ENVIRONMENT  
SECTION 1226 [OSHPD 3] Clinics**

**1226.5 Outpatient Clinical Services of a Hospital.** Section 1226.5 is amended to refer to Section 7-111 of the California Administrative Code (Part 1) and Section 309A.5.1 of the California Existing Building Code (Part 10) for the definition of a freestanding building and eligibility for jurisdiction, in lieu of presenting duplicative language in Part 2 of the California

Building Standards Code. Clarification is added for hospital services provided as outpatient clinical services in a freestanding building [OSHPD 3] that are not specifically addressed under 1226. 1226.5.11.6.9 Cleanup Room was redundant and is being removed as it pointed back to a soiled utility room which is already a requirement.

## ITEM 22

### CHAPTER 12 INTERIOR ENVIRONMENT

#### SECTION 1228 [OSHPD 5] Acute Psychiatric Hospitals

**1228.14.2.5 Examination and treatment room.** This section was mistakenly numbered as 1224 when it should have been 1228.

**1228.14 Psychiatric Nursing Service Space.** Section 1228.14.3 for airborne infection isolation (AI) rooms currently refers to the requirements under 1224.14.3 for AI rooms in general acute-care hospitals. This section has been amended to clarify that the bedpan flushing attachment associated with patient toilet rooms under 1224.14.3.6 is not required for toilet rooms associated with Airborne Infection Isolation rooms in acute psychiatric hospitals.

**1228.30 Pediatric and Adolescent Psychiatric Service Space.** The term Unit has been replaced but Service Space as the revised language allows for centralized activities between units which may cause confusion. Language has been added to Section 1228.30.3 Activity areas to clarify that pediatric and adolescent activities space may be centralized for common use by multiple pediatric and adolescent psychiatric units or may be located in each individual unit, in response to the Patient Safety Risk Assessment.

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

Government Code Section 11346.2(b)(3) requires an identification of each technical, theoretical, and empirical study, report, or similar document, if any, upon which the agency relies in proposing the regulation(s).

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

### STATEMENT OF JUSTIFICATION FOR PRESCRIPTIVE STANDARDS

Government Code Section 11346.2(b)(1) requires a statement of the reasons why an agency believes any mandates for specific technologies or equipment or prescriptive standards are required.

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

### CONSIDERATION OF REASONABLE ALTERNATIVES

Government Code Section 11346.2(b)(4)(A) requires a description of reasonable alternatives to the regulation and the agency's reasons for rejecting those alternatives. In the case of a regulation that would mandate the use of specific technologies or equipment or prescribe specific action or procedures, the imposition of performance standards shall

be considered as an alternate. It is not the intent of this paragraph to require the agency to artificially construct alternatives or describe unreasonable alternatives.

*Response: There were no alternatives for consideration by the Office. 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**

Government Code Section 11346.2(b)(4)(B) requires a description of any reasonable alternatives that have been identified or that have otherwise been identified and brought to the attention of the agency that would lessen any adverse impact on small business.

*Response: 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**

Government Code Section 11346.2(b)(5)(A) requires the facts, evidence, documents, testimony, or other evidence on which the agency relies to support an initial determination that the action will not have a significant adverse economic impact on business.

*Response: The Office identified that there will be no adverse economic impact on businesses on the basis that the provisions proposed are optional and are being proposed to allow facilities to provide services that better match their needs. The estimates in the addendum are based on archival data and, if options are implemented, they may result in either an additional or subtractive cost to a construction project.*

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

Government Code Sections 11346.3(b)(1) and 11346.5(a)(10)

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

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

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

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

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

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

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

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

*Response: 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**

Government Code Section 11346.2(b)(5)(B)(i) states if a proposed regulation is a building standard, the initial statement of reasons shall include the estimated cost of compliance, the estimated potential benefits, and the related assumptions used to determine the estimates.

*Response: The proposed changes will not result in any cost of compliance to the hospitals due to clarifications provided. The remaining proposed amendments will provide clarification within the code and repeal outdated requirements.*

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

Government Code Section 11346.2(b)(6) requires a department, board, or commission within the Environmental Protection Agency, the Resources Agency, or the Office of the State Fire Marshal to describe its efforts, in connection with a proposed rulemaking action, to avoid unnecessary duplication or conflicts with federal regulations contained in the Code of Federal Regulations addressing the same issues. These agencies may adopt regulations different from these federal regulations upon a finding of one or more of the following justifications: (A) The differing state regulations are authorized by law and/or (B) The cost of differing state regulations is justified by the benefit to human health, public safety, public welfare, or the environment.

*Response: The proposed regulations do not duplicate or conflict with federal regulations.*