

**INITIAL STATEMENT OF REASONS  
FOR PROPOSED BUILDING STANDARDS  
OF THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
REGARDING THE 2022 CALIFORNIA BUILDING CODE  
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 2, VOLUME 1**

**(OSHPD 04/21)**

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  
DIVISION II SCOPE AND ADMINISTRATION**

Adopt 2021 International Building Code (IBC). Adopt specific sections of Chapter 1 and carry forward existing amendments of the 2019 California Building Code (CBC) for OSHPD 1, 1R, 2, 3, 4 and 5 with the following modifications:

**SECTION 1.1 GENERAL**

This amendment is being added to differentiate between single-story, wood-frame, or light steel frame construction of skilled nursing facilities that must meet the requirements of model code and more complex construction types that must meet the requirements of the California amendments.

...

**1.10.2 OSHPD 2, 2A and 2B**

Skilled nursing facility and intermediate care facility buildings of single-story, wood-frame, or light steel frame construction or buildings of single-story, wood-frame, or light steel frame construction where only skilled nursing or intermediate care services are provided if the building is separated from a building housing other patients of the health facility receiving higher levels of care, must not have additional requirements from the building code. Other facilities of all other types are allowed to have more stringent requirements due to safety and seismic concerns based on the building type and location. In order to distinguish between what must meet model code and what does not, OSHPD 2 has been split into two (2) categories. OSHPD 2A is for skilled nursing facility and intermediate care facility buildings of single-story, wood-frame, or light steel frame construction or buildings of single-story, wood-frame, or light steel frame construction where only skilled nursing or intermediate care services are provided if the building is separated from a building housing other patients of the health facility receiving higher levels of care and must meet model

code requirements. OSHPD 2B skilled nursing facility and intermediate care facility buildings of all other types must meet the requirements designated by the OSHPD 2B banner. If the only designation is OSHPD 2, it applies to both 2A and 2B.

...

## **SECTION 110 INSPECTIONS**

### ***110.3.12 Types IV-A, IV-B and IV-C connection protection inspection.***

This amendment was added in the 2019 intervening cycle but is now part of model code language in the 2021 IBC, therefore, this section is deleted to avoid duplication.

#### **CAC Recommendation (if applicable):**

Approve

#### **Agency Response:**

Accept. Editorial amendment to Section 1.10.2 to add comma to section heading before the word "and."

### **Item 2**

## **CHAPTER 2**

Adopt 2021 International Building Code (IBC) Chapter 2 and carry forward existing amendments of the 2019 California Building Code (CBC) for OSHPD 1, 1R, 2, 3, 4 and 5 with the following modifications:

## **SECTION 202 DEFINITIONS**

**MASS TIMBER** The definition for mass timber is deleted as it is now included in the 2021 IBC and would be a duplication of model code language.

**WALL, LOAD BEARING** The words "or mass timber" in item 2 of this definition is now included in the 2021 IBC and duplicative language is deleted.

#### **CAC Recommendation (if applicable):**

Approve

#### **Agency Response:**

Accept

### **Item 3**

## **CHAPTER 3**

Adopt 2021 International Building Code (IBC) Chapter 3 for OSHPD 1, 1R, 2, 3, 4 and 5. This has been corrected to align with the content of the chapter.

#### **CAC Recommendation (if applicable):**

Approve

#### **Agency Response:**

Accept

**Item 4**  
**CHAPTER 4**

Adopt 2021 International Building Code (IBC) Chapter 4 for OSHPD 1, 1R, 2, 4 and 5. Adopt specific sections of Chapter 4 for OSHPD 3 and carry forward existing amendments of the 2019 California Building Code (CBC).

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 5**  
**CHAPTERS 5, 6, and 7**

Adopt 2021 International Building Code (IBC) Chapters 5, 6, and 7 for OSHPD 1, 1R, 2, 3, 4 and 5.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 6**  
**CHAPTER 7A**

Entire Chapter 7A not adopted by OSHPD.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 7**  
**CHAPTERS 8, 9, and 10**

Adopt 2021 International Building Code (IBC) Chapters 8 and 9 for OSHPD 1, 1R, 2, 3, 4 and 5.

Adopt 2021 International Building Code (IBC) Chapter 10 for OSHPD 3. Adopt 2021 International Building Code (IBC) Chapter 10 and carry forward existing amendments of the 2019 California Building Code (CBC) for OSHPD 1, 1R, 2, 4 and 5.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 8**  
**CHAPTERS 11A and 11B**

Entire Chapters 11A and 11B not adopted by OSHPD.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

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

Adopt 2021 International Building Code (IBC) Chapter 12 and carry forward existing amendments of the 2019 California Building Code (CBC) for OSHPD 1, 1R, 2, 3, 4 and 5 with the following modifications:

**1224.1 Scope. [OSHPD1]**

Amend existing language to remove a grammatical error. The word “either” is not required.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 10**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**1224.3 Definitions.**

**HANDWASHING STATION** Amended existing language to clarify that hands-free operation is required at the door and not the handwashing fixture. OSHPD is proposing in this cycle to add provisions for intermediate level rooms for medical procedures as well as imaging. Currently there are only exam/treatment level procedures and surgical operating rooms. These added requirements will allow for an intermediate level procedure room that remains restricted but is not located within a semi-restricted surgical environment. In addition, imaging rooms are currently limited to diagnostic environments or invasive/intervention which required a surgical environment. Added requirements will allow for an intermediate level imaging room where procedures can be performed in a restricted room but is not located within a semi-restricted surgical environment. Imaging rooms will be identified as Class 1, Class 2 or Class 3. The determination of which room would be required is based on procedures to be performed and the risk to the patient that it presents.

**INVASIVE PROCEDURE** Added new language for Invasive Procedure. This definition will be used to determine the classification of the imaging room or procedure room required.

**LOCATION TERMINOLOGY** Amended existing language for Readily Accessible to remove the requirement that it also be Directly Accessible as these are two separate requirements. Added new language to include option for location within 200 feet of department or service space for when support services cannot be located with the department or an adjacent department due to space or security concerns.

**PROCEDURE ROOM** Added new language for Procedure Room. This will be the intermediate level room for procedures that do not required a full surgical environment.

**RESTRICTED AREA** Amended existing language for Restricted Area to better align with Facilities Guidelines Institute (FGI). This is a designated space contained within a semi-restricted space which is used for operating and other rooms in which operative or other invasive procedures are performed. This definition is required to determine the level of procedure room to be used and the requirements therein.

**SEMI-RESTRICTED AREA** Added new language for Semi-restricted Area at CDPH request. This area applies to intermediate level procedures and imaging as well as peripheral areas that support surgical services.

**SERVICE SPACE** Amended existing language to correct a pointer to another section.

**START OF CONSTRUCTION** OSHPD is not adopting the current definition of Start of Construction in the Building Code as the definition being added to Part 1 is aligned with OSHPD practices.

**UNRESTRICTED AREA** Added new language for Unrestricted Area at CDPH request. This area applies to any area of the department that is not defined as semi-restricted or restricted. This definition is required to determine the level of control outside a surgical area or within a medical department.

**ASSOCIATED ITEMS: 11, 14, 17, 19**

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept. Editorial amendment made post CAC to correct the tense of the word area to areas in the definition of Unrestricted Area.

**Item 11**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**1224.4 GENERAL CONSTRUCTION**

**1224.4.4.1 Examination, treatment, and procedure rooms.**

Amended existing language to add procedure room to the heading. OSHPD is proposing to add provisions for intermediate level rooms for medical procedures and imaging. Currently there are only exam/treatment level procedures and surgical operating rooms. The added requirements for a Procedure Room will allow for intermediate level procedures that are located within a semi-restricted environment. In addition, imaging rooms are currently limited to diagnostic environments or invasive/intervention which required a

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surgical environment. Added class requirements will allow for an intermediate level imaging room where procedures can be performed in a semi-restricted environment. Imaging rooms will be identified as Class 1, Class 2, or Class 3 with Class 3 being the most restrictive. The determination of which room would be required is based on procedures to be performed and the risk to the patient that it presents.

**1224.4.4.1.2 Treatment room.**

CDPH is adding a new service space for exercise stress testing. This space can be located in several locations within a hospital and not assigned to any one service. This amended language allows for exercise stress testing in a treatment room due to the need for space for a crash cart and possible resuscitation. This location is for general requirements, so the exercise stress test room can be located in several locations to align with CDPH intent.

**1224.4.4.1.4 Procedure room.**

Added new language to provide the requirements of a procedure room. This language aligns with FGI requirements.

Renumbered following sections.

**1224.4.4.4.1 Medication preparation room.**

Amended existing language to remove the requirement that a medication preparation room be directly accessible from the nursing station at CDPH request.

**ASSOCIATED ITEMS: 10, 14, 17, 19**

**CAC Recommendation (if applicable):**

Approve as Amended based on 9 Point Criteria #8.

**Agency Response:**

Accept. Editorial amendment made post CAC to heading of Section 1244.4.4.1 adding a comma after the word "treatment." Editorial amendment made per CAC request to Section 1224.4.4.1.4.2 (2)(b) where language was amended to include "a minimum of" 6 feet. Under the same item the conversion to metric was corrected to 914.4 as a decimal point was missing.

**Item 12**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**1224.4.6 Miscellaneous requirements.**

Amended existing language in Table 1224.4.6.1. Line 6 of Table has been identified specifically for Intensive Care. This was done to avoid confusion with the similarly named room on line 3.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

### Item 13

#### CHAPTER 12 INTERIOR ENVIRONMENT

##### **1224.4.6 Miscellaneous requirements.**

Amended existing language in Table 1224.4.6.5 to add note 1 to the line for Patient Toilet Room under column 1226. Current language is confusing and is often misinterpreted as a nurse call is required in all 1226 clinic patient toilets which it is not. The note will clarify that a nurse call station is not required for Primary Care, Chronic Dialysis or Psychology Clinic patient toilet rooms.

#### **CAC Recommendation (if applicable):**

Approve

#### **Agency Response:**

Accept

### Item 14

#### CHAPTER 12 INTERIOR ENVIRONMENT

##### **1224.4.11 Interior finishes.**

Amend existing language to 1224.4.11 and 1224.4.11.4.1 to add a pointer to the new table being added for the different levels of procedure and imaging rooms. This item also includes adding the new Table 1224.4.11.4a which will identify the different levels of exam/procedure rooms as well as the different classes of imaging rooms. It includes the room type, the uses in each type of room, if the room is unrestricted, semi-restricted or restricted, how it is accessed, and the level of finishes required. This new table was designed as an easy reference for the newly provided level of rooms.

#### **ASSOCIATED ITEMS: 10, 11, 17, 19**

#### **CAC Recommendation (if applicable):**

Approve as Amended based on 9 Point Criteria #6.

#### **Agency Response:**

Accept. Editorial amendment made to Table 1224.4.11.4a, second column for Operating room and Class 3 imaging room adding the word “or” in “Invasive procedures or any procedure...”

### Item 15

#### CHAPTER 12 INTERIOR ENVIRONMENT

##### **1224.5.4 SPC/NPC compliance.**

Amend existing language to correct the reference to the “existing” building code and the proper code section of 307A.

#### **CAC Recommendation (if applicable):**

Approve

#### **Agency Response:**

Accept

**Item 16**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**1224.14 NURSING SERVICE SPACE.**

**1224.14.2 Support areas.**

Amend existing language to allow for support areas that service nursing units to be shared if there is direct access. Currently the code requires many of the support areas to be dedicated to a single nursing unit which can require additional space in each unit and would prevent back-to-back or adjacent units from sharing common support areas. After review with California Department of Public Health (CDPH), it was determined that many of these services could be shared and allowing the units to better utilize their space without jeopardizing patient safety. The sections that are being allowed to be shared between adjacent units is a nurse office, a clean utility/workroom, soiled workroom or soiled holding room, nourishment area and equipment storage room.

**1224.14.2.15 Special bathing facilities.**

It was also determined through review with CDPH that the special bathing facilities for roll-in gurneys should not be a requirement as there are several other methods of bathing or cleaning bedridden patients. We are amending existing language for the special bathing facilities to be optional.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 17**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**1224.15. SURGICAL SERVICE SPACE.**

**1224.15.1 General.**

Amend existing language to clarify that a sterile core is required to be in a restricted area. A sterile core is where clean equipment is storage prior to bringing into an operating room and it must be a sterile environment.

**1224.15.2.2 Procedure room(s).**

Adds a pointer to where the requirements for a procedure room can be found. The following section 1224.15.2.2.1 was renumbered.

**ASSOCIATED ITEMS: 10, 11, 14, 19**

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept



## Item 18

### CHAPTER 12 INTERIOR ENVIRONMENT

#### **1224.16 ANESTHESIA/RECOVERY SERVICE SPACE**

##### **1224.16.3 Recovery and Post-Anesthesia Care Unit (PACU).**

Amended existing language to clarify the clearances required between beds and the access aisle at the foot of a bed. This was not previously in the code and caused a lot of confusion and differing interpretations of what is required.

##### **CAC Recommendation (if applicable):**

Approve

##### **Agency Response:**

Accept. Editorial amendment to Section 1224.16.3 capitalizing the word "Patient" in last sentence.

## Item 19

### CHAPTER 12 INTERIOR ENVIRONMENT

#### **1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE**

Amended existing language to provide direction for applying the new classes of imaging rooms. To alleviate confusion, pointers are provided to Table 1224.4.11.4a as well as pointers to more acute level procedures such as hybrid operating rooms.

##### **1224.18.1 Minimum requirements.**

Amends existing language to allow a CT Scanner to be used as the primary imaging modality once Title 22 is revised. Existing language was also amended to allow the space used for processing images to also be used exclusively for viewing as processing technology is no longer required on newer equipment.

The requirements for handwashing stations was added to provide direction for applying the new classes of imaging rooms.

##### **1224.18.1.1 Radiation protection.**

The requirements for radiation protection was added to provide direction for applying to the new classes of imaging rooms.

##### **1224.18.1.2 Multiple-modality devices.**

Added new language to clarify that when two or more modalities are integrated into one device, the requirements of both must be met. This would apply to space requirements, radiation protection and any differences in the requirements.

##### **1224.18.4 Magnetic resonance imaging (MRI).**

Added new language to provide safety zones to MRIs. This is required to prevent prohibited objects from entering the MRI zones of influence which can contaminate images and like cause physical damage to patients or staff. This in an industry standard that is not currently identified in the building code. Existing language for the imaging equipment room was amended to align with other imaging equipment room annotation.

**1224.18.5 Ultrasound.**

Amended existing language to properly identify an ultrasound exam room. Previous identification as a procedure room is incorrect. A toilet is typically required to be directly accessible to the ultrasound exam room. An exception is added to not require a directly accessible toilet if only specific exams are conducted. Language is added for the requirements of a processing room if it is to be provided as a support service.

**ASSOCIATED ITEMS: 10, 11, 14, 17**

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 20**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**1224.19 PHARMACEUTICAL SERVICE SPACE**

**1224.20 DIETETIC SERVICE SPACE**

**1224.19.7 Support areas for staff.**

Amended existing language to provide alignment with Title 22 and Board of Pharmacy regulations that pharmacy staff lounge, lockers and toilet may be readily accessible in lieu of immediately accessible.

**1224.20.3 Outside service.**

Amended existing language to provide clarification that if a temporary mobile kitchen is approved by CDPH for use during construction, a separate warming kitchen is not needed internally.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 21**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**1224.22 CENTRAL STERILE SUPPLY**

Amended existing language to provide clarification that a central sterile supply process includes distinct spaces within one or more rooms. There has been confusion that these processes should be in separate rooms, but the requirement is for the processes to be distinct and not overlap. These processes can be performed in a single room with the processes separated into distinct areas or spaces, or they may be in separate rooms. CDPH requested this be clarified.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 22**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**1224.25 EMPLOYEE DRESSING ROOMS AND LOCKERS**

Amended existing language to provide clarification that the lockers must be separate from the toilet room and not within it. If the toilets being used or the locker room is being used, the other use shall not be obstructed.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 23**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**1224.28 SUPPLEMENTAL SURGERY AND SPECIAL PROCEDURE SERVICES**

**1224.28.2.1 Procedure room and 1224.28.2.3 Equipment space.**

Amended existing language to update x-ray to imaging equipment to make it more inclusive of the type of equipment that is in use today.

**1224.28.4.8 Imaging equipment room.**

Existing language for the imaging equipment room was amended to align with other imaging equipment room annotation.

**1224.28.4.12 Staff changing areas.**

Amended existing language to clarify that both a male and female staff changing area is required as interventional procedures are equivalent to surgery and has the same changing requirements.

**1224.28.5.2 Control room.**

Add new language to allow cameras to be used for patient observation in hybrid operating rooms as the configuration of the rooms may prevent full patient visibility within the equipment bore from within the control room.

**1224.28.5.5.2 iMRI.**

Amend existing language to correct an incorrect reference.

**1224.28.5.5.3 Vascular imaging.**

Amended existing language to correct an incorrect reference.

**CAC Recommendation (if applicable):**

Approve as Amended based on 9 Point Criteria #4 and 6.

**Agency Response:**

Accept. Editorial amendment to Section 1224.28.4 to delete the word "Electronic" at beginning of definition since "Electrical" is being removed from heading.

**Item 24**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**1224.29 INTENSIVE CARE UNITS**

**1224.29.1.12 Medication station.**

Added to existing language to clarify that refrigerated storage is required for the medication station in an ICU.

**1224.29.1.13 Airborne infection isolation room.**

Amended existing language to clarify that ICU units that are protected environments do not require airborne infection isolation rooms as all rooms are already negative pressure.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 25**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**1224.29.2 Newborn intensive care units (NICU).**

Amended existing language to clarify that the headwall in a NICU does not need to be 13 feet long as in an ICU. This would force the NICU bed spaces to be much larger than needed.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 26**  
**CHAPTER 12 - INTERIOR ENVIRONMENT**  
**1224.30 PEDIATRIC AND ADOLESCENT UNIT**

Amended existing language to align with Title 22 language for pediatric and adolescent units. Requirements from Title 22 require patient rooms and playrooms to be observed by staff, so the language has been amended to state this requirement. It also corrected language to clarify that both an exam room and a treatment room are required in or adjacent to the pediatric unit.

**CAC Recommendation (if applicable):**

Approve as Amended based on 9 Point Criteria #6.

**Agency Response:**

Accept. Editorial amendment to Section 1224.30.2 to add the word "room" after examination in the heading and after the word exam in the description so it is clear that both rooms are required. Also replaced the word "area" with "room" in the heading for consistency with the text.

**Item 27**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**1224.31 PSYCHIATRIC NURSING UNIT**

**1224.31.1.1 General.**

Amended existing language to clarify that the requirements for a psychiatric nursing unit in Section 1224 is for a psychiatric medical unit and Section 1228 is for a psychiatric ambulatory unit.

**1224.31.1.10 Occupational therapy.**

Amended existing language to remove the requirement for area for teaching daily living activities. This is not required for a psychiatric unit as it is intended to rehabilitate patients with physical impairment.

**1224.31.1.17 Administrative center(s) or nurse stations(s).**

Added new language to state that a nurse station can be no further than 90 linear feet from the furthest patient room doorway. This is a Title 22 requirement for a medical psychiatric unit which was not currently in the building code.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept. Editorial amendment post CAC to Section 1224.31.1.1 make the work “provide” plural by adding an “s.” A comma was also added in Section 1224.31.1.10 after item 2.

**Item 28**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**1224.32 OBSTETRICAL FACILITIES (PERINATAL UNIT SPACE)**

Amended existing language to clarify that at least one delivery room is always required regardless if LDR or LDRP rooms are provided. This is a Title 22 requirement.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 29**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**1224.33 EMERGENCY SERVICE**

**1224.33.2.2 Treatment room.**

Amended existing language to clarify the clearance required for circulation outside the cubicle curtain. This was not previously in the code and caused a lot of confusion and differing interpretations of what is required.

### **1224.33.2.7 Observation area.**

Amended existing language to clarify the clearances required between beds and the access aisle at the foot of a bed. This was not previously in the code and caused a lot of confusion and differing interpretations of what is required.

### **1224.33.3.14 Medication preparation room.**

Amended existing language to clarify that a minimum of one medication preparation room is required in emergency departments per Title 22. Also added language that this does not prohibit the use of self-dispensing medication dispensing machines in emergency departments as long as one medication preparation room is provided.

### **1224.33.4.3 Pre-screening stations.**

Amended existing language to provide for a ratio of one handwashing station for every four pre-screening stations that are in an open bay environment.

### **1224.33.5.1 Observation units.**

Observation units currently only allow for patient rooms and not bays or cubicles. We are amending existing language to provide requirements for multi-station rooms to align with the outpatient observation unit. Clearances around the beds are also added.

#### **CAC Recommendation (if applicable):**

Approve

#### **Agency Response:**

Accept

## **Item 30**

### **CHAPTER 12 INTERIOR ENVIRONMENT**

#### **1224.34 NUCLEAR MEDICINE**

##### **1224.34.1.2.2 Positron Emission Tomography (PET) and 1224.34.1.2.3 Single-Photon Emission Computed Tomography (SPECT) Facilities (Item 3)**

Existing language for the imaging equipment room was amended to align with other imaging equipment room annotation.

##### **1224.34.1.2.3 Single-Photon Emission Computed Tomography (SPECT) Facilities.**

Amended existing language to clarify that when a SPECT is combined with a CT, additional space must be provided. It was previously assumed that a SPECT already contained a CT, but this is now known to be an option. This language aligns with that of the PET CT.

##### **1224.34.6.3 Pre-procedure/recovery accommodations.**

Amended existing language to clarify the clearance required for circulation outside the cubicle curtain. This was not previously in the code and caused a lot of confusion and differing interpretations of what is required.

#### **CAC Recommendation (if applicable):**

Further Study based on 9 Point Criteria #8.

**Agency Response:**

Accept. Editorial amendment made to Section 1224.34.1.2.3, item 2 deleting the redundant term "Control room" as it is already in the text.

**Item 31**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**1224.39 OUTPATIENT SERVICE SPACE**

**1224.39.3.2 Processing room.**

Amended existing language to provide clarification that a central sterile supply process includes distinct spaces within one or more rooms. There has been confusion that these processes should be in separate rooms, but the requirement is for the processes to be distinct and not overlap. These processes can be performed in a single room with the processes separated into distinct areas or spaces, or they may be in separate rooms. CDPH requested this be clarified.

**1224.39.3.4 Post-anesthesia recovery area.**

Amended existing language to correct reference.

**1224.39.3.6 Service areas.**

Added new language to reference requirements in an outpatient clinic for GI endoscopy. It is assumed that an endoscopy department within a hospital would be able to share existing support services. An outpatient clinic endoscopy must provide its own support functions and services as it is not attached to a hospital and there are no services to share. Added language points to the outpatient requirements if the hospital endoscopy department is not able to share support services within the facility as these services are still required.

**1224.39.6.4 Patient care stations.**

Amended existing language to clarify the clearance required for circulation. This was not previously in the code and caused a lot of confusion and differing interpretations of what is required.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 32**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**1225.4.1.6.3 Bathroom facilities.**

Amended existing language to provide clarification that in a medical model Skilled Nursing Facilities (SNF), central bathing and shower facilities shall have a directly accessible private toilet. This aligns with language in the household model requirements.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 33**

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

***1226.4 General construction.***

Amended existing language in the leading paragraph to align with clinic and psychiatric sections.

***1226.4.2.6 Noise reduction.***

Added new language under General Construction to provide requirements for noise reduction for patient care areas for privacy. A reference was added to point to the Table in Section 1224 for sound transmission levels in patient care areas.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 34**

**CHAPTER 12 INTERIOR ENVIRONMENT**

***1226.4.13 Support areas for examination and treatment rooms.***

This section was improperly indented in previous code. Showing correct indentation for new code cycle.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 35**

**CHAPTER 12 INTERIOR ENVIRONMENT**

***1226.5.11.6.8 Housekeeping room.***

Amended existing language to correct a reference to an old section that no longer exists.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept



**Item 36**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**1226.6.1.4 Oral surgery.**

Amended existing language to clarify that when more than five patients at a time are having a procedure using general anesthesia it would require a surgical environment. This aligns with I-2.1 Occupancy requirements of Chapter 3.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 37**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1227 [OSHPD 4] CORRECTIONAL TREATMENT CENTERS**  
**1227.12.10.1 Bathroom facilities.**

CDCR Health Care Services does not utilize a bathtub as part of its Program. A tub room becomes unused and poses a security concern when left vacant.

**1227.23.2 Mental health treatment.**

CDCR Health Care Services does not utilize a Safety Room as part of its Program. A Safety Room becomes unused and poses a security concern when left vacant.

The July 1, 2018 Supplement to the 2016 CBC revised the name of Section 1227.12.6 Observation rooms to Seclusion rooms but failed to make the same name change to Section 1227.23.2.

**1227.23.3 Safety rooms.**

CDCR Health Care Services does not utilize a Safety Room as part of its Program. A Safety Room becomes unused and poses a security concern when left vacant.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 38**  
**CHAPTER 12 INTERIOR ENVIRONMENT**  
**SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS**  
**1228.4.4.2 Administrative center(s) or nurse station(s)**

Deleted existing language as it was redundant.

**1228.4.8 Doors and door openings.**

Added new language to include an allowance to provide soft doors at patient room toilets. This is a new product that is anti-ligature for this location.

**1228.13.2 Physical therapy service space.**

Amended existing language to clarify that physical therapy is a basic service of a psychiatric hospital and is not optional.

**1228.13.3 Occupational therapy service space.**

Amended existing language to clarify that occupational therapy is a basic service of a psychiatric hospital and is not optional. Also amended existing language to remove the requirement for area for teaching daily living activities. This is not required for a psychiatric unit as it is intended to rehabilitate patients with physical impairment.

**1228.13.4 Speech pathology and/or audiology service space.**

Amended existing language to clarify that speech pathology and/or audiology service space is a basic service of a psychiatric hospital and is not optional.

**1228.14.1.2 Space requirements.**

Amended existing language to align with Title 22 that a hospital room cannot be less than 110 square feet. This was incorrectly shown as 100 square feet in current language.

**1228.14.2.12 Equipment and supply storage.**

Requirements for storage in psychiatric hospitals are not as extensive as an acute care hospital. Current code directed psychiatric hospitals to match acute care hospital's storage requirements. This section is deleting reference to Section 1224 and adding language to 1228 that is specific to psychiatric care facilities. A storage room will be provided in each nursing unit.

**1228.14.2.13 Gurneys or wheelchairs.**

Deleted existing language for gurney and wheelchair storage as it is redundant.

**1228.20 DIETETIC SERVICE SPACE.**

Amend existing language to clarify that the staff dining must be separate from patient dining. The current wording caused a lot of confusion on this requirement.

**1228.23 STORAGE.**

Deleted existing reference to Section 1224 for Acute Care Hospitals. Requirements for storage in psychiatric hospitals are not as extensive as an acute care hospital. Current code directed psychiatric hospitals to match acute care hospital's storage requirements. This section is adding language to 1228 that is specific to psychiatric care facilities. Amending existing language to provide 10 square feet per bed of storage in lieu of 20 square feet for an acute care hospital. This was reviewed by CDPH and the Hospital Building Safety Board (HBSB) and is aligned with the needs of a psychiatric hospital as they do not require the same quantities of medical equipment as acute care.

**1228.30.5 Education.**

Add new language to provide education facilities if a unit treats children of school age over a period of one month. This aligns with existing 1224.31 requirements.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept. Editorial amendment made post CAC correcting the metric conversion in Section 1228.14.2.12 to 1.39 m2.

**Item 39**

**CHAPTER 14 EXTERIOR WALLS**

Adopt 2021 International Building Code (IBC) Chapter 14 for OSHPD 3. Adopt 2021 International Building Code (IBC) Chapters 14 for OSHPD 1, 1R, 2, 4 and 5 and carry forward existing amendments. This has been corrected to align with the content of the chapter.

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept

**Item 40**

**CHAPTERS 15 ROOF ASSEMBLIES AND ROOFTOP STRUCTURES**

Adopt 2021 International Building Code (IBC) Chapters 15 for OSHPD 3. Adopt 2021 International Building Code (IBC) Chapters 15 for OSHPD 1, 1R, 2, 4 and 5 and carry forward existing amendments with the following modifications. This has been corrected to align with the content of the chapter.

**Section 1511.0 Photovoltaic (PV) panel systems**

**Section 1511.9 and 1511.9.1**

This is a retention of 1510.7.2 (renumbered to 1511.9) which has been removed from model code, and continued amendment 1510.7.2.1 (renumbered to 1511.9.1). Only adjustments are to nomenclature and to updated UL standards to align with similar adjustments done in 2021 IBC for BIPVs (Section 1507.17.5) and PV shingles (Section 1507.16.6).

**CAC Recommendation (if applicable):**

Approve

**Agency Response:**

Accept. Editorial amendment made to Section 1511.9 to correct typo on UL 1703.

**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).

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.

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.

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.

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.

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.

## **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)  
OSHPD 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.  
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.  
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.  
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.  
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.

The proposed changes will result in possible cost or savings to meet compliance to the hospitals due to clarifications provided. If any cost is recognized it would be considered reasonable. The proposed amendments will provide clarification within the code.

### **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.

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