

**FINAL 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 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:

Government Code Section 11346.9(a)(1) requires an update of the information contained in the Initial Statement of Reasons. If the update identifies any data or any technical, theoretical or empirical study, report, or similar document on which the state agency is relying that was not identified in the Initial Statement of Reasons, the state agency shall comply with Government Code Section 11347.1.

The Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development (OSHPD) is making the following changes to the Initial Statement of Reasons for the proposed actions associated with this rulemaking as summarized below.

Item 25

CHAPTER 12 INTERIOR ENVIRONMENT

1224.29.2 Newborn intensive care units (NICU)

A 45-Day Public Comment was received to amend this section. As a result of this comment, code change language was revised adding further clarification for the minimum headwall width for each patient care space. There were no 15-Day Public Comments received regarding this code change proposal.

MANDATE ON LOCAL AGENCIES OR SCHOOL DISTRICTS

Pursuant to Government Code Section 11346.9(a)(2), if the determination as to whether the proposed action would impose a mandate, the agency shall state whether the mandate is reimbursable pursuant to Part 7 of Division 4. If the agency finds that the mandate is not reimbursable, it shall state the reasons for the finding(s).

OSHPD has determined that the proposed regulatory action WOULD NOT impose a mandate on local agencies or school districts.

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

Government Code Section 11346.9(a)(3) requires a summary of EACH objection or recommendation regarding the specific adoption, amendment, or repeal proposed, and an explanation of how the proposed action was changed to accommodate each objection or recommendation, or the reasons for making no change. This requirement applies only to

objections or recommendations specifically directed at the agency's proposed action or to the procedures followed by the agency in proposing or adopting the action, or reasons for making no change. Irrelevant or repetitive comments may be aggregated and summarized as a group.

The text with proposed code changes was made available to the public for a 45-Day Comment Period from September 24, 2021 until November 8, 2021. There was a subsequent 15-Day Comment Period from November 19, 2021 until December 3, 2021.

The following is a summary of the 17 comments OSHPD received during the 45-Day Public Comment Period and OSHPD's Response. No comments were received from the 15-Day Public Comment Period:

Item 10

CHAPTER 12 INTERIOR ENVIRONMENT

1224.3 Definitions.

Commenter(s) and Recommendation (if applicable):

Lilis Wu, Kaiser Permanente, Four (4) separate comments were received to Approve Section *1224.3 Definitions* for *PROCEDURE ROOM, SEMI-RESTRICTED AREA, RESTRICTED AREA*, and *UNRESTRICTED AREA*.

Agency Response:

OSHPD acknowledges and appreciates the support comments.

Item 11

CHAPTER 12 INTERIOR ENVIRONMENT

1224.4 GENERAL CONSTRUCTION.

Commenter(s) and Recommendation (if applicable):

Laura Srebnik, Medical Imaging & Technology Alliance (MITA), Further Study Required Section *1224.4*. "Compliance with the new imaging room classification requirements will be difficult in many existing medical facilities. Due to the increased HCAI focus on the specific procedures being performed in imaging spaces, there have been challenges to receiving project approval to upgrade aging imaging equipment, most often multipurpose fluoroscopy rooms, where no change to currently preformed procedures or construction will take place. The additional supplemental space requirements that Class 2 (or even 3) Imaging Rooms are now required to meet based on current code becomes prohibitive in land locked facilities looking to replace equipment where funds and space is simply not available for extensive department renovations." "There is a need for patient procedure focused design of imaging rooms, we therefore, request consideration of the unintended costs and limitations to patient care resulting from the proposed 2022 CBC imaging room classifications in conjunction with existing code requirements."

Agency Response:

OSHPD proposes no further changes to the proposed regulation. The addition of the intermediate procedure and imaging rooms is to allow facilities to accommodate a change in procedures in existing rooms without forcing them into a sterile environment.

In most cases, this would allow an existing Class 1 imaging room to be converted to a Class 2 in its current location and environment if the use moves beyond diagnostic but not to the level of invasive. This change is specifically to avoid what the stated concern is.

Item 11

CHAPTER 12 INTERIOR ENVIRONMENT

1224.4 GENERAL CONSTRUCTION.

1224.4.4.1.4.1(2) Procedure room. General. Location.

Commenter(s) and Recommendation (if applicable):

Lilis Wu, Kaiser Permanente, Disapprove Section 1224.4.4.1.4.1(2) *Procedure Room, General*. "The definition of the procedure room conflicts with the definition of the semi-restricted area (1224.3. No benefit or purpose is indicated for categorizing it as a semi-restricted room type."

Agency Response:

OSHPD respectfully declines to withdraw the proposed regulation. The intent is to align with FGI Guidelines. A semi-restricted area includes intermediate level procedures or imaging.

Item 11

CHAPTER 12 INTERIOR ENVIRONMENT

1224.4 GENERAL CONSTRUCTION.

1224.4.4.1.4.2(2) Procedure room. Space requirements. Clearances.

Commenter(s) and Recommendation (if applicable):

Laura Srebnik, Medical Imaging & Technology Alliance (MITA), Approve as Amended Section 1224.4.4.1.4.2(2). "The proposed requirement for 3 feet 6 inches of clearance on each side of the patient table, specified in 1224.4.4.1.4.2 (2) for Procedure rooms/Class 2 Imaging Rooms, will prove difficult and increase construction costs for many existing facilities to meet in the future that currently operate with the minimum 3 feet of clearance. This would likely require the removal of built in casework storing necessary supplies and providing work space in the procedure room at a minimum, and would necessitate extensive department construction to enlarge existing procedure rooms in other cases. For any CT rooms occasionally used for minimally invasive procedures triggering Class 2 imaging room design requirement this additional space will be prohibitive." "An exception is needed from the proposed increased clearance, of 3 feet 6 inches on the sides of the table in Class 2 imaging rooms, for existing facilities already functioning with 3 feet of clearance, to allow the 3 foot minimum to be maintained when replacing imaging equipment where more extensive construction is prohibitive."

Agency Response:

OSHPD respectfully declines to amend the proposed regulation. The proposed clearance of 3'-6" is only for procedure rooms. The alternative to the procedure room is

an operating room which has greater space requirements. The 3 feet clearance notes is for treatment rooms, which is still on option, but may not be allowed for certain types of procedures. The procedure allows an intermediate level room for procedures that would otherwise be required to be in an operating room. There is currently no provision for procedure rooms. It is either a treatment room or operating room. This standard provides the option for an intermediate procedure room and would not require any existing facilities to be enlarged. The example provided by the commenter about a CT room would currently require a minimally invasive procedure to be relocated to an interventional room as it is prohibited in a diagnostic setting. The California Department of Public Health (CDPH) has concurred with this proposal.

Item 11

CHAPTER 12 INTERIOR ENVIRONMENT

1224.4 GENERAL CONSTRUCTION.

1224.4.4.4.1 Medication station. Medication preparation room.

Commenter(s) and Recommendation (if applicable):

Carrie Sheridan, Kaiser Permanente, Approve Section 1224.4.4.4.1 *Medication preparation room.*

Agency Response:

OSHPD acknowledges and appreciates the support comment.

Item 14

CHAPTER 12 INTERIOR ENVIRONMENT

1224.4 GENERAL CONSTRUCTION.

1224.4.11.4a Interior finishes. TABLE EXAMINATION/TREATMENT, IMAGING, PROCEDURE, AND OPERATING ROOM CLASSIFICATION

Commenter(s) and Recommendation (if applicable):

1. Laura Srebnik, Medical Imaging & Technology Alliance (MITA), Approve as Amended *TABLE 1224.4.11.4a*. "An exception needs to be added, in Table 1224.4.11.4a Examination/Treatment, Imaging, Procedure, and Operating Room Classification, for Class 1 imaging room use to allow contrast injection." "While not explicitly stated in the 2018 FGI Guidelines Table 2.2-2, trainings published by FGI related to imaging room classifications have explicitly stated contrast injection is permitted in the Class 1 Imaging Room, despite this requiring the penetration of the patient's skin which is a natural protective membrane and otherwise excluded. The 2018 FGI currently references the need for contrast injection services in imaging rooms in section 2.2-3.4.8.15. Contrast injection is commonly used in the procedure room while providing imaging services, especially for computed tomography (CT), and should not be excluded in a Class 1 imaging room."

Agency Response:

OSHPD respectfully declines to amend the proposed regulation. This has been reviewed with CDPH and contrast injections are not considered invasive and would be

allowed in a Class 1 imaging room as they are now allowed in a diagnostic imaging room.

Commenter(s) and Recommendation (if applicable):

2. Jeff Polachowski, Kaiser Permanente, Disapprove *TABLE 1224.4.11.4a*. “The definition for the Class-1 room only allows for procedures that use natural orifice entry. Many low-risk needle-based procedures like biopsies, cavity drainages and microwave ablations (without anesthesia) do not fall under the safety requirements for Class-2 rooms. KP came to agreement with OSHPD and CDPH in 2018 that needle-based procedures can continue to be performed in Class-1 type rooms. KP is working with FGI to have this definition modified to exclude these procedures from Class-2 rooms in their upcoming updates.”

Agency Response:

OSHPD respectfully declines to withdraw the proposed regulation. The intent is to align with FGI Guidelines. Note that the term Class 1 is only for imaging rooms. It is not the intent to eliminate low-risk needle-based procedures like biopsies, cavity drainages, and microwave ablations.

Item 16

CHAPTER 12 INTERIOR ENVIRONMENT

1224.14 NURSING SERVICE SPACE.

1224.14.2 Support areas.

Commenter(s) and Recommendation (if applicable):

1. Carrie Sheridan, Kaiser Permanente, Approve Section *1224.14.2.6 Clean utility/workroom.*
2. Adrienne Alcantara, Kaiser Permanente, Approve Section *1224.14.2.7 Soiled workroom or soiled holding room.*
3. Adrienne Alcantara, Kaiser Permanente, Approve Section *1224.14.2.15 Special bathing facilities.*

Agency Response:

OSHPD acknowledges and appreciates the support comments.

Item 16

CHAPTER 12 INTERIOR ENVIRONMENT

1224.14 NURSING SERVICE SPACE.

1224.14.2.10 Nourishment area.

Commenter(s) and Recommendation (if applicable):

Adrienne Alcantara, Kaiser Permanente, Disapprove Section *1224.14.2.10 Nourishment area*. “To be consistent with other unit support rooms, revise to- A nourishment room shall be provided and shall comply with 1224.4.4.5.”

Agency Response:

OSHPD respectfully declines to withdraw the proposed regulation. Nourishment does have to be available for each nursing unit. This language is not changing in this proposal. The only correction to this section is changing "in" to "for".

Item 19

CHAPTER 12 INTERIOR ENVIRONMENT

1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE.

1224.18.4.3 Magnetic resonance imaging (MRI).

Commenter(s) and Recommendation (if applicable):

Mabel Tse, Kaiser Permanente, Approve Section 1224.18.4.3 *Magnetic resonance imaging*.

Agency Response:

OSHPD acknowledges and appreciates the support comments.

Item 25

CHAPTER 12 INTERIOR ENVIRONMENT

1224.29.2 Newborn intensive care units (NICU)

1224.29.2.6 Area.

Commenter(s) and Recommendation (if applicable):

Mabel Tse, Kaiser Permanente, Approve as Amended Section 1224.29.2.6 *Area*.
"Revise to- Each patient care space shall contain a minimum of 120 square feet (11.15 m²) of clear floor area per bassinet excluding handwashing fixtures and aisles with a minimum width of 11 feet (3353 mm) at headwall. There shall be an aisle for circulation adjacent to each patient care space with a minimum width of 4 feet (1219 mm)."

Agency Response:

OSHPD accepts the recommendation and amends the proposed regulation.

Item 28

CHAPTER 12 INTERIOR ENVIRONMENT

1224.32 OBSTETRICAL FACILITIES (PERINATAL UNIT SPACE)

1224.32.3.2.1 Postpartum bed ratio. Exceptions:

Commenter(s) and Recommendation (if applicable):

Adrienne Alcantara, Kaiser Permanente, Approve as Amended Section 1224.32.3.2.1 *Exceptions: 1*. "The intent is not clear. Does it mean 1 LDR per 12 postpartum plus a additional?"

Agency Response:

OSHPD respectfully declines to amend the proposed regulation. A minimum of one (1) delivery room must be provided. If there are greater than 18 postpartum beds, an LDR or LDRP can be used in place of the second delivery room and so on.

DETERMINATION OF ALTERNATIVES CONSIDERED AND EFFECT ON PRIVATE PERSONS

Government Code Section 11346.9(a)(4) requires a determination with supporting information that no alternative considered 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, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provisions of law.

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.

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

Government Code Section 11346.9(a)(5) requires an explanation setting forth the reasons for rejecting any proposed alternatives that would lessen the adverse economic impact on small businesses, including the benefits of the proposed regulation per 11346.5(a)(3).

OSHPD has determined that the proposed regulations will not have an adverse economic impact on small businesses. The proposed regulations are technical modifications that will provide clarification and consistency within the code.