

**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 02/22)**

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

1.10.2 OSHPD 2.

Removing references to OSHPD 2A and 2B as there is no longer a difference in requirements between skilled nursing facilities that are single-story wood frame or light steel construction and multi-story facilities.

1.10.6 OSHPD 6.

OSHPD 6 is being added to as a new banner to identify the requirements for Chemical Dependency Recovery Hospitals (CDRH). This item incorporates AB 2096 (Chapter 233, Statutes 2022) into regulations. The statute permits CDRH services to be provided in a freestanding facility, within a hospital building that only provides chemical recovery services, or within a distinct part of a hospital, as defined. It also authorizes chemical dependency recovery services to be provided within a hospital building that has been removed from general acute care use.

OSHPD 6 will only apply to new chemical dependency recovery hospitals or spaces. OSHPD 6 will comply with model code and Chapter 12 as revised. If OSHPD 6 occurs within an OSHPD 1 building, it will need to comply with OSHPD 1 requirements as well as with OSHPD 6 in the spaces where chemical dependency recovery services are performed. OSHPD 6 requirements have been added in Section 1229 and will provide the building standards and space requirements for CDRH buildings and units. Note that this is similar to OSHPD 2 and OSHPD 5.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 2

CHAPTER 2 DEFINITIONS

SECTION 202 DEFINITIONS

EQUIPMENT. [DSA-SS, DSA-SS/CC, OSHPD 1, 2, 4 & 5]

(4) INTERIM EQUIPMENT [OSHPD 1, 2, 4 & 5]

Removing incorrect reference to it being temporary and clarifying that it can remain in use during construction for as long as it is needed during the duration of construction.

(6) MOVABLE EQUIPMENT [DSA-SS, DSA-SS/CC, OSHPD 1, 2, 4 & 5]

Clarified that moveable equipment is required to be fixed with anchorage even though it may be occasionally moved for maintenance or cleaning.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 3

CHAPTER 12 INTERIOR ENVIRONMENT

SECTION 1224 [OSHPD 1] HOSPITALS

1224.1 Scope. [OSHPD 1]

1224.3 Definitions.

1224.4 GENERAL CONSTRUCTION.

1224.1 Scope. [OSHPD 1]

Section 1229 is added to address Chemical Dependency Recovery Hospitals that may be included in an OSHPD 1 facility in a distinct part unit. Assembly Bill 2096 (Chapter 233, Statutes of 2022) incorporates the statute into regulations.

1224.3 Definitions.

HANDWASHING STATION

Removed redundant wording for hands free door operation of the door.

PATIENT ROOM

Added language to patient room to include other services that require overnight stays of over 24 hours in a health facility as these rooms are still considered patient rooms.

TREATMENT ROOM

Added as it was not previously defined such as an exam or procedure room which falls under a similar use.

1224.4 GENERAL CONSTRUCTION.

1224.4.1.1 Services/systems and utilities.

Correcting a pointer from an older section that was revised.

1224.4.4.4.1 Medication preparation room.

When referring to a medication preparation room the word was not consistent. Revising all references from medicine to medication.

1224.4.4.8.1 Staff toilets.

Removing the pointer to Table 4-3 as the California Plumbing Code will be revising the requirements for healthcare and adding them to Table 4-2 of the California Plumbing Code.

TABLE 1224.4.6.1

STATION OUTLETS FOR OXYGEN, VACUUM (SUCTION) AND MEDICAL AIR SYSTEMS^{1, 6}

Adding requirements for station medical gas outlets as this was not added when the procedure room was included. Removing reference to Interventional Imaging as it is proposed to be added to line 15 for surgery. Reclassifying line 39 to a procedure and class 2 imaging room.

1224.4.7 Corridors.

Removing reference to psychiatric care as it is not necessary if the patient is not bedridden. Adding stretchers to reduce confusion. Deleting outpatient department as language is redundant with outpatient clinic. Adding clarification for outpatient clinics for corridor width requirements when there is one or more nonambulatory outpatient.

1224.4.9.2 Operation and sills.

Revising exception language for windowsill heights to be in special nursing care areas to align with Centers for Medicare & Medicaid Services language for sill heights.

TABLE 1224.4.11

ACCEPTABLE CEILING AND CARPET LOCATIONS

Adding sterile core areas to surgical units as these are sterile environments and have the same requirements.

TABLE 1224.4.11a

EXAMINATION/TREATMENT, IMAGING, PROCEDURE, AND OPERATING ROOM CLASSIFICATION^{1, 2}

Revising language for the use of a Class 1 imaging room as previous language was too restrictive and limited use. This was a request of the California Department of Public Health (CDPH).

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 4
CHAPTER 12 INTERIOR ENVIRONMENT
SECTION 1224 [OSHPD 1] HOSPITALS
1224.14 NURSING SERVICE SPACE

1224.14.2.16 Patient toilet room(s).

Revised “shall” to “should” as this requirement was too restrictive if the multipurpose room and central bathing were not located together.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 5
CHAPTER 12 INTERIOR ENVIRONMENT
SECTION 1224 [OSHPD 1] HOSPITALS
1224.15 SURGICAL SERVICE SPACE

1224.15.3.1 Control Station.

The requirements for a control station for a surgical suite have been modified to clarify that staff changing rooms do not need to enter the surgical area via the control desk as this is not required nor practical.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 6
CHAPTER 12 INTERIOR ENVIRONMENT
SECTION 1224 [OSHPD 1] HOSPITALS
1224.18 RADIOLOGICAL/DIAGNOSTIC IMAGING SERVICE SPACE.

1224.18.3 Computerized tomography (CT) scanning.

Providing clarification that a CT scanner must have accessible clearance at the sides and front of the equipment and serviceable clearances at the rear. This revision is required to ensure there is access to the patient but may not require the same clearance for servicing as these are variable depending on the equipment.

CAC Recommendation:

Approve as Amended under 9-Point Criteria #6.

Editorial correction to add "the" between "on" and "sides".

Agency Response:

Accept

ITEM 7
CHAPTER 12 INTERIOR ENVIRONMENT
SECTION 1224 [OSHPD 1] HOSPITALS
1224.19 PHARMACEUTICAL SERVICE SPACE

The floor clearance requirements for pharmacies are being deleted as the service clearances are based on the equipment and the needs of the users. The clearances previously identified were resulting in much larger spaces than needed. The finish sections with the pharmacy section added work surfaces to be smooth and resistant to contamination and the ceiling requirements were align with the California Board of Pharmacy language for sealing, but not gasketing ceiling panels.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 8
CHAPTER 12 INTERIOR ENVIRONMENT
SECTION 1224 [OSHPD 1] HOSPITALS
1224.22 CENTRAL STERILE SUPPLY.

The requirements do not require both rooms and distinct spaces to be provided, so the “and” is being replaced with “or”.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 9
CHAPTER 12 INTERIOR ENVIRONMENT
SECTION 1224 [OSHPD 1] HOSPITALS
1224.24 MORGUE AND AUTOPSY FACILITIES.

The language for when a morgue is required did not align with the requirements stated in Title 22, Section 70829. A morgue is required in a facility that has a capacity of 100 or more beds. The exception to contract out for these facilities is being removed. An option for a scrub sink is also being provided in lieu or in addition to the handwashing fixture.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 10
CHAPTER 12 INTERIOR ENVIRONMENT
SECTION 1224 [OSHPD 1] HOSPITALS
1224.29 INTENSIVE CARE UNITS.

The requirement in Title 22, Section 70489 for a gowning area for visitors to a NICU were mistakenly removed in a previous code revision. This is still required and is being added back.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 11
CHAPTER 12 INTERIOR ENVIRONMENT
SECTION 1224 [OSHPD 1] HOSPITALS
1224.32 OBSTETRICAL FACILITIES (PERINATAL UNIT SPACE)

The current language in the code requires both an infant resuscitation room and resuscitation area within an LDR/LDRP room. The requirement in Title 22, Section 70547 is that a resuscitation area be provided but not in both locations. The language is being revised to clarify that the resuscitation area can be in either location.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 12
CHAPTER 12 INTERIOR ENVIRONMENT
SECTION 1224 [OSHPD 1] HOSPITALS
1224.33 EMERGENCY SERVICE.

1224.33.2.7.1 Behavioral health observation area.

Many facilities have observation areas in their emergency department, but these are unsuitable for behavioral health hold patients. Several facilities have submitted projects for behavioral health observation areas, but they have been varied and inadequate. Section 1224.33.2.7.1 provides basic requirements for safe and observable observation area for behavioral health patients. The requirements align with those of the medical observation unit but have been adjusted for a non-medical purpose.

1224.33.3 Basic Emergency Medical Service.

For the emergency department, the staff clothing changing areas were grouped in the same section with the staff lounge although it is required to be separate. This revision separates these to different functions to remove any confusion of the requirements. Title 22, Section 70419 Basic Emergency Medical Service, requires staff support rooms including toilets, showers and lounge. These have been determined to be separate rooms.

1224.33.4 Comprehensive Emergency Medical Services.

Fast-track areas only had requirements for single patient rooms and not for multi-patient rooms. These additions provide clarification on square feet requirements as well as the required number of handwashing stations.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 13

CHAPTER 12 INTERIOR ENVIRONMENT

SECTION 1224 [OSHPD 1] HOSPITALS

1224.34 NUCLEAR MEDICINE.

1224.34.1.2.2 Positron Emission Tomotography (PET).

PET scanners may or may not have a CT scanner included as part of the equipment. If a CT is not provided, there is more flexibility with the control room as the protections a control provide may not be needed. A physicist's report is required for all imaging equipment and this language provides an allowance if the physicist states the control room is not required it will be optional.

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

Multi-bay clearanace requirements were mistakenly deleted in the 2022 publication. SPECT scanners may or may not have a CT scanner included as part of the equipment. If a CT is not provided, there is more flexibility with the control room as the protections a control provide may not be needed. A physicist's report is required for all imaging equipment and this language provides an allowance if the physicist states the control room is not required it will be optional.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 14

CHAPTER 12 INTERIOR ENVIRONMENT

SECTION 1224 [OSHPD 1] HOSPITALS
1224.35 REHABILITATION THERAPY DEPARTMENT.

1224.35.2 Physical therapy service space.

The existing code provides for square feet of the physical therapy exercise space as well as individual patient care stations. The language added clarifies that the space required for the patient care stations is not subtractive to the exercise space.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 15

CHAPTER 12 INTERIOR ENVIRONMENT

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

1225.4 COMMON ELEMENTS.

1225.5 SKILLED NURSING MODELS.

1225.4.1.6.3 Bathroom facilities.

The requirement for at least one bathtub per floor in a Skilled Nursing Facility is being deleted. There is no requirement for a bathtub in Title 22.

1225.5.1.2.5 Operation and sills.

The added language aligns with that of CBC Section 1224.4.9.2 Operation and sills. It includes language that would allow a window evacuation/rescue in an emergency and also provide direction for the storage and keeping of keys or tools to operate the windows.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 16

CHAPTER 12 INTERIOR ENVIRONMENT

SECTION 1226 [OSHPD 3] CLINICS

1226.6 PRIMARY CARE CLINICS.

1226.8 SURGICAL CLINICS.

1226.6.1.3.4 Imaging.

The added language is removing confusion for dental clinics that do not have panoramic x-ray systems by removing the word “also”.

1226.8.2.12 Housekeeping room.

Correcting incorrect pointer.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 17

CHAPTER 12 INTERIOR ENVIRONMENT

SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS

1228.2 Application.

1228.3 Definitions.

1228.4 GENERAL CONSTRUCTION.

1228.13 PSYCHIATRIC REHABILITATION ACTIVITIES SERVICE SPACE.

1228.14 PSYCHIATRIC NURSING SERVICE SPACE.

1228.24 MORGUE.

1228.2 Application.

Aligning language with CBC Section 1224.31.1.1 for psychiatric units to include provision for medical, non-medical and the Patient Safety Risk Assessment.

CAC Recommendation:

Approve as Amended under 9-Point Criteria #4 and #6.

Editorial correction to change reference from Chapter 6 to Chapter 7.

Agency Response:

Disagree

Following the CAC meeting, OSHPD verified the reference and found Chapter 6 to be correct, therefore, no correction is needed.

1228.3 Definitions.

The definition of tamper resistant is being added to reduce confusion on what would be required.

CAC Recommendation:

Approve

Agency Response:

Accept

1228.4 GENERAL CONSTRUCTION.

1228.4.4.1.4 Seclusion room.

Correcting a incorrect pointer.

CAC Recommendation:

Approve

Agency Response:

Accept

1228.4.9 Windows and screens.

Patients require outside exposure which requires unobstructed window viewing. Patient security and privacy are also very important in a psychiatric facility and requires security glazing in most locations. Blinds and other window coverings are a patient safety concern and are not allowed in psychiatric hospitals so privacy is hard to maintain. Item 1 addresses a request that is made quite often to use a translucent film on the glazing to provide needed patient privacy as well as maintaining outside exposure and security. To ensure that the outside exposure is maintained, the film will be limited to 60 inches in height. Item 3 clarifies confusion of the requirement for not less than 8 percent of glazed area to be in the indoor activity space and dining space. The glazing requirement is to ensure staff can observe patients activities in these spaces.

CAC Recommendation:

Approve

Agency Response:

Accept

1228.13 PSYCHIATRIC REHABILITATION ACTIVITIES SERVICE SPACE.

“Where provided” was mistakenly deleted from the 2022 Triennial Code publication from psychiatric rehabilitation service spaces.

CAC Recommendation:

Approve

Agency Response:

Accept

1228.14 PSYCHIATRIC NURSING SERVICE SPACE.

1228.14.1.2 Space Requirements. Adding language to clarify that the 110 square feet required for a psychiatric room is inclusive of the bed footprint. This is allowed in a psychiatric environment as medical equipment is not used at patient bedside.

CAC Recommendation:

Approve

Agency Response:

Accept

1228.14.2.5 Examination and treatment room. Pointer to treatment rooms is added.

CAC Recommendation:

Approve as Amended under 9-Point Criteria #4 and #6. Editorial correction to fix pointer to 1228.4.4.1.2.

Agency Response:

Accept

1228.24 MORGUE.

The language for when a morgue is required did not align with the requirements stated in

Title 22, Section 71633. A morgue is required in a facility that has a capacity of 200 or more beds. The exception to contract out for these facilities is being removed.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 18

CHAPTER 12 INTERIOR ENVIRONMENT

SECTION 1229 [OSHPD 6] CHEMICAL DEPENDENCY RECOVERY HOSPITALS

Assembly Bill 2096 (Chapter 233, Statutes of 2022) was passed into law which adds the requirements for Chemical Dependency Recovery Hospitals (CDRH). The statute permits CDRH services to be provided in a freestanding facility, within a hospital building that only provides chemical recovery services, or within a distinct part of a hospital, as defined. It also authorizes chemical dependency recovery services to be provided within a hospital building that has been removed from general acute care use.

This added section provides only the requirements of CDRH services including application, basic services, support services, and building standards. OSHPD 6 will only apply to new chemical dependency recovery hospitals or spaces. OSHPD 6 will comply with model code and Chapter 12 as revised. If OSHPD 6 occurs within an OSHPD 1 building, it will need to comply with OSHPD 1 requirements as well as with OSHPD 6 in the spaces where chemical dependency recovery services are performed. OSHPD 6 requirements have been added in Section 1229 and will provide the building standards and space requirements for CDRH buildings and units. Note that this is similar to OSHPD 2 and OSHPD 5.

CAC Recommendation:

Approve all proposals in this item except for Approve as Amended under 9-Point Criteria #6 for the definition of BASIC SERVICES in Section 1229.3. Editorial correction to fix "acute psychiatric hospital" to "chemical dependency recovery hospital".

Agency Response:

Accept

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. The 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 has 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 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 with 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.

The proposed building standards and regulations regarding the design and construction of licensed health facilities ensure protection of the public's 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.

OSHPD finds that the proposed building standards will result in minimal cost, cost savings, and/or cost that is reasonable if the facility chooses to incorporate a specific building standard into the project design.

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.