

**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 OHSPD 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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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<sup>1, 6</sup>**

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<sup>1, 2</sup>**

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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 mistaken were 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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 provide 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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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.

**1228.3 Definitions.**

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

**1228.4 GENERAL CONSTRUCTION.**

**1228.4.4.1.4 Seclusion room.**

Correcting a incorrect pointer.

**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.

**1228.13 PSYCHIATRIC REHABILITATION ACTIVITIES SERVICE SPACE.**

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

**1228.14 PSYCHIATRIC NURSING SERVICE SPACE.**

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. Pointer to treatment rooms is added.

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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 (if applicable):**

[Enter CAC recommendation(s), if any]

**Agency Response:**

[Enter the agency's response to CAC recommendation(s)]

**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.**

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.

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.