

OSHPD Office of Statewide Health Planning and Development



Hospital Building Safety Board

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**HOSPITAL BUILDING SAFETY BOARD
Administrative Processes and Code Changes Committee**

**Thursday, April 23, 2015
10:00 a.m. - 4:00 p.m.**

Office of Statewide Health Planning and Development

400 R Street, Suite 452
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and

Metropolitan Water District Headquarters

700 N. Alameda Street, Suite 2-546
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Committee Members Present

Bruce Macpherson, Chair
Rami Elhassan, Vice-Chair
John Donelan
Enid Eck
Henry Huang
Bert Hurlbut
Eric Johnson
Scott Karpinen
Carl Scheuerman

Michael Gritters, Consulting Member

OSHPD Staff

Robert David, OSHPD Director
Paul Coleman, FDD Deputy Director
David Castillo
Connie Christensen
Jonathan Cook
Gary Dunger
Glenn Gall
Mohammad Karim, Ph.D.
Del Kirkish
Jacob Knapp
Roy Lobo
Ramin Sadr

Staff

Evet Torres, HBSB
Kathi Zamora, OSHPD

1 **1. Welcome and Introductions**

2 Mr. Macpherson welcomed everyone and called the meeting to order. Those in
3 attendance introduced themselves.

4

5 **2. Review the September 23, 2014 Approved Meeting Report / Minutes**

6 There were no comments on the approved meeting minutes of September 23, 2014.

7

8 **3. Develop and Determine Committee Goals and Objectives for 2015**

9 Mr. Macpherson saw the primary committee goal and objective for 2015 to be
10 monitoring the 2016 code amendments and process.

11

12 • Discussion and Public Input

13 Mr. Gritters mentioned the topics of mobile access for field staff, and outreach to
14 manufacturers in making more efficient the processes of nonstructural seismic bracing
15 and seismic certification that occur every three years. The latter process is currently
16 fairly disruptive.

17

18 Mr. Coleman felt that this committee should be looking at all the various processes that
19 OSHPD provides for efficiency. He felt that for mobile access for field staff, the
20 committee should leverage programs provided by others – using them to be aware of
21 plan changes and latest plan versions in real time. In addition, the Electronic Plan
22 Review process will be going office-wide probably at the end of this year. Because of
23 the nature of this committee, the goal should be to look at the process itself.

24

1 Mr. Hurlbut suggested that the committee could seek change in the statute to allow
2 archiving of both electronic and paper drawings – the various hospital associations
3 might want to consider it. Mr. Coleman pointed out that a problem with electronic
4 storage is that as software media changes, old drawings can no longer be read.

5

6 Mr. Huang noted that many local governments now allow electronic data archiving;
7 perhaps OSHPD counsel could look into the statutory requirement. Mr. Knapp
8 responded that OSHPD Legal has been in touch with various local building departments
9 and jurisdictions with respect to electronic archiving, as well as electronic plan
10 review/digital signatures. (There are some places where the jurisdictions have moved
11 faster in these areas than the law has changed.)

12

13 Mr. Gritters raised the topic of conflict between Special Seismic Certification
14 requirements and interpretation of *1615A.1.21SE – 13.6.7 Ductwork*. We have seen
15 recently that constant air volumes (CAVs) and variable air volumes (VAVs) of less than
16 75 pounds are now required to be braced. This has resulted in confusion on the part of
17 manufacturers – they have done testing on the smaller CAVs and VAVs for Special
18 Seismic Certification with bracing in place, driving up the cost of each unit by
19 approximately \$1,000 apiece. Mr. Gritters suggested that a Code Application Notice
20 (CAN) or a Policy Intent Notice (PIN) might be in order.

21

22 Mr. Macpherson summarized the goals and objectives for 2015 the committee had
23 discussed:

24 1. Monitor proposed 2016 code amendments and processes.

1 2. Address mobile access for field staff.

2

3 Dr. Karim stated that all of the items related to Special Seismic Certification preapproval
4 are already in Part B of Structural and Nonstructural code. An FAQ is in place
5 regarding this item. Dr. Karim noted that all OSHPD Pre-approved Details (OPDs)
6 approved for 2013 CDC can be used for any previous code without exceptions.

7

8 Relative to Dr. Karim's points, Mr. Macpherson stated that the suggested goal of
9 outreach to manufacturers for preapproved details had been withdrawn.

10

11 3. Establish process and protocols for Electronic Plan Review.

12 4. Establish clarity regarding field enforcement of Special Seismic Certification on
13 bracing.

14

15 An Interested Party mentioned that she often encounters typos in the code referring to
16 code sections that do not exist. Is there a running list of such typos? Mr. Gall
17 responded that there has been a perpetual chase to coordinate references with the
18 Building Standards Commission (BSC), as well as to keep things current in the codes
19 moving forward that were previously adopted and submitted. The publication process is
20 the hard part. Mr. Dunger added that OSHPD has submitted the errors it becomes
21 aware of them to the State Fire Marshal to carry forward for corrections.

22

23 • Approve Committee Goals and Objectives for 2015

24

1 Mr. Macpherson asked about 7-124, b): the phrase “completely and thoroughly” –
2 would we be setting up potential conflict between various regulations? Mr. Gall replied
3 that it gives indication of the expectation for professional performance on the document.
4

5 Mr. Scheuerman commented that he did not view the first sentence in this section as
6 true code language – it attempts to enforce behavior for which code has no actual
7 authority. He recommended deletion of the whole sentence or the phrase “completely
8 and thoroughly.”
9

10 The group discussed the language in *Subsection B*.
11

12 Mr. Scheuerman asked about the definition of “distribution” in *Subsection C-7A* – was it
13 the distribution of services in the building, or the activity of distribution within the
14 building? Mr. Macpherson suggested emailing such detailed comments or concerns to
15 Mr. Gall.
16

17 Mr. Gall continued explaining the changes.
18

19 Mr. Scheuerman expressed concern over the \$500 fee in *Section 7-133* for amended
20 construction documents with cost reductions or no cost, specifically as it applies to
21 Integrated Project Delivery (IPD) projects – they do minimize change orders in the IPD,
22 and they feel that the additional fee is punitive. Mr. Scheuerman asked for an
23 exemption from the Amended Construction Document (ACD) \$500 fee for those
24 projects, whether they are Phased Plan Review or Collaborative Review and

1 Construction-type projects where the fee is higher anyway. Mr. Coleman felt this was
2 reasonable.

3

4 An Interested Party added that the ACD fee was especially burdensome for the Skilled
5 Nursing Facilities (SNFs) – it has made them not want to get actual permits for their
6 work. Mr. Gall informed her that there should not be fees for nonmaterial work. Mr.
7 Coleman recommended for facilities to take advantage of Comment and Process
8 Review (CPR) to resolve such problems at the lowest level possible.

9

10 o California Building Code, Title 24 Part 2, Nonstructural (Attachment B)
11 Mr. Gall stated that the major changes in the list were addressed in the previous
12 meeting; this was an update of those changes.

13

14 Mr. Gall said that 1224.4 is a general restructuring of the code. In order to maintain the
15 code better, common elements are in the up-front portion of the code under *General*
16 *Construction requirements*. If any future changes take place in those sections, they can
17 be amended once and caught in all instances that they apply.

18

19 OSHPD is proposing to remove an amendment from the California Building Code (CBC)
20 101.4.6 Energy regarding exclusions for “I Occupancies.”

21

22 1224.3 includes a change in definitions – part of the move to national standards. The
23 definitions are being added to the code because of ongoing conversations with
24 architects. By putting location terminology into the code as well as more of the Facility

1 Guidelines Institute (FGI) Guidelines, we will have the same intent and meaning as the
2 Guidelines.

3
4 Mr. Scheuerman questioned the reference to floor plates in the definition of “readily
5 accessible” and provided an example. Mr. Gall responded that alternate methods of
6 compliance would cover Mr. Scheuerman’s example. He agreed to consider making the
7 definition more flexible.

8
9 Mr. Gall listed the sections that have been relocated from *1224.14 (Nursing Service
10 Space)* to *1224.4 General Construction*. When they are required in a Nursing Unit or
11 Service Space, there will be a pointer back to this section relative to what the
12 requirements are. This affords the ability to keep code more current with fewer
13 mistakes.

14
15 Mr. Scheuerman suggested for 1224.4.4.4 to clarify the phrase “basic and” with “basic
16 and applicable.” He suggested to ensure that the phrases “next to” or “directly
17 accessible” in 1224.4.4.2 be defined in the *Location terminology* section.

18
19 Mr. Gall continued explaining changes in *1224.4 General Construction* and *1224.16
20 Anesthesia/Recovery Service Space*.

21
22 Ms. Eck felt that the *Hybrid Operating Room (1224.28.5)* needs to be clearly defined
23 somewhere; more and more interventional invasive procedures are being done in the
24 areas addressed in this section. Mr. Gall agreed.

1

2 Mr. Gall explained the sections of 1224.28 which include *Hybrid Operating Rooms*. It
3 also includes *Electroconvulsive Therapy rooms*, which normally have the same
4 requirements as *Surgical Operating Rooms*. However, many people are wanting to do
5 them as standalone suites, so those requirements have been added.

6

7 Mr. Coleman reminded the group that this will also require a Functional Program.
8 Hospitals will lay out the actual function and operation, and show how the space they
9 provided will actually accommodate it. This also applies to licensing.

10

11 Mr. Gall stated that in 1224.33 *Emergency Service*, they have distinguished the levels of
12 emergency services to align with Title 22 and the FGI.

13

14 Mr. Scheuerman questioned the term “bed” in 1224.33.5.1 *Observation units*.

15

16 Mr. Gall explained the changes in 1224.34 *Nuclear Medicine*.

17

18 He continued that for 1224.39 *Outpatient Service Space*, 1224.39.5 *Hyperbaric Therapy*
19 *Service Space* has been added; it is a service being offered at many more facilities of
20 late.

21

22 For 1225 [OSHPD 2] *Skilled Nursing Facilities*, 1225.5.1 *Medical Model* contains an
23 amendment to patient bedrooms that clearance is needed on each side of the bed. For
24 a multi-patient room, clearance is 3’ between beds, and between the bedside and any

1 hard wall; clearance is 4' at the foot of the bed. For a single-bed room the clearance is
2 3' all around except for the head.

3

4 Mr. Gall stated that *1226.5 Outpatient Services of a Hospital* forms the pointers between
5 the *[OSHPD 3] Clinical Services* section back to the requirements for *Hyperbaric*
6 *Facilities* covered under *1226.5 Outpatient Services of a Hospital*.

7

8 He continued that *1226.6 Primary Care Clinics* adds a section on *Dental examination*
9 *and treatment areas*. Many primary care providers are providing dental services without
10 any appropriate standards. The new standards are garnered from the national
11 standards.

12

13 Ms. Eck commented that for *1226.6.2.6 Sterilization area*, in the outpatient setting, the
14 vast majority of what is done is high-level disinfection, not sterilization. She requested a
15 combination of the two terms for clarity. She also requested language making it clear
16 that the one-way flow from dirty to clean must continue as equipment goes out of that
17 area. In addition, *1226.6.2.6.2 Clean work area* only references a sterilizer but should
18 include high-level disinfection equipment. Mr. Gall mentioned that he would appreciate
19 any language suggestions from Ms. Eck.

20

21 ○ California Electrical Code, Title 24, Part 3 (Attachment C)

22 Mr. Gall stated that many of the changes had to do with the fact that it is a triennial
23 adoption of the model code. The majority of amendments are in *Article 517 Health Care*

1 *Facilities*. The items outside of *Article 517* are attempts to align with the National
2 Electrical Code.

3
4 The National Electrical Code had not permitted the use of PVC conduit for certain uses.
5 The California amendment has been placed just below that model code prohibition –
6 *352.12 Uses Not Permitted* repeals the amendment for [OSHPD 1, 2, 3 & 4] for PVC
7 conduit use.

8
9 Mr. Gall explained the *Article 517* and *Article 700 Emergency Systems* amendments.

10

11 o California Mechanical Code, Title 24, Part 4 (Attachment D)

12 Mr. Gall explained the amendments in *Chapter 3 General Requirements* and *Chapter 4*
13 *Ventilation Air Supply*. Edition years have been removed from various American
14 Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) standard
15 references.

16

17 An Interested Party commented that *407.4.1.4 (Air Circulation)* is unclear on where
18 plenum can be used – it says where it cannot be used. Mr. Castillo pointed out that the
19 *Exceptions* section contains that information.

20

21 An Interested Party commented that in unducted return systems there is a problem with
22 noise transmission. There may be a Health Insurance Portability and Accountability Act
23 (HIPAA) issue; if not, there should be some provision for noise transfer other than this.

24 He felt that the existing language is sufficient and the amendment is not necessary for

1 health and safety reasons. He noted that OSHPD's role has always been to set
2 reasonable health and safety requirements over and above the minimum code.

3
4 Mr. Gall responded that OSHPD noted that the Uniform Mechanical Code for Health
5 Facility Applications directly adopted ASHRAE 170. OSHPD is on a mission of sorts to
6 normalize model code relative to national standards. There are some criteria for
7 adopting amendments in California code, typically based on geographical, geological, or
8 other particulars about this environment versus model code standards. OSHPD is
9 looking at the issue that the Interested Party had mentioned, but Mr. Gall was not sure
10 the evidence exists to sway the decision.

11
12 Mr. Karpinen addressed the noise concern. There are many ways to meet the
13 American National Standards Institute (ANSI) requirements between patient rooms with
14 flexible ductwork, as well as duct transfer booths and things like that which are lined.
15 The design team should be able to take care of the issue.

16
17 Mr. Gall noted that providers need to comply with HIPAA; the noise issue does not
18 typically manifest itself in a physical plant requirement.

19
20 The Interested Party still preferred for OSHPD not to make the change. But if it does,
21 the minimum requirement should be to install noise transfer boxes as part of
22 responsible design.

23

1 He suggested for OSHPD to look at the International Mechanical Code's (IMC's) current
2 proposal regarding any kind of open plenum chambers allowed except those on exterior
3 walls – it may have some technical merit.

4

5 Mr. Gall continued to *Chapter 6 Duct Systems*.

6

7 For *602.6.1 Flexible Ducts*, an Interested Party recommended against having unlimited
8 flex duct, and felt that it should not be used in place of metal fittings – he advised
9 conforming to the International Association of Plumbing and Mechanical Officials'
10 (IAPMO's) 5' limitation. He said that the acoustical piece had been well vetted: the
11 issue primarily came down to adding a couple of feet at the end of the duct, resulting in
12 increased compression of the duct, which also increased the static pressure.

13

14 ○ California Plumbing Code, Title 24, Part 5 (Attachment E)

15 Mr. Gall explained changes to *Chapter 3 General Requirements. 320.0 Essential*
16 *Plumbing Provisions [OSHPD 1, 2, 3 (surgical clinics) & 4]* is a new requirement for
17 continued operation of a health care facility. OSHPD wanted to make it clear that as we
18 go to Seismic Performance Ratings (SPC) 4 and 5 facilities with the intent of ongoing
19 operation, these systems should be capable.

20

21 Mr. Gall explained the changes in *Chapter 4 Plumbing Fixtures & Fittings*. He
22 requested a future discussion about making *Table 4-2* into a CAN rather than a code
23 requirement – keeping all the footnotes and requirements in the right rows of the table is
24 very difficult.

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Mr. Gall explained the changes in *Chapter 6 Water Supply & Distribution*, and *Chapters 7, 9, & 11 Re: ABS & PVC*.

An Interested Party commented that the California State Pipe Trades Council and the Coalition for Safe Building Materials have well-documented concerns about CPVC, ABS and PVC pipes. Everyone agrees that they need to be examined in an environmental review document. Their use in health care facilities will be considered.

Mr. Gall stated that California Environmental Quality Act (CEQA) studies are underway; public meetings are slated for mid-May in Los Angeles and Sacramento. They will be posted on the OSHPD website; in addition, those on the HBSB Interested Party mailing list will receive an email notice.

Mr. Gall ended with a list of dates showing the *2015 CBSC Rulemaking Cycle (2016 Building Code)*. The CEQA meetings will dovetail with the final approval date for adoption of December 15, 2015 – it is to support the package as OSHPD submits it.

5. Update on Electronic Over-the-Counter Plan Review

(Postponed for a future meeting)

6. Overview of the Revision Cycle Schedule for 2018 FGI Guidelines for Design and Construction of Health Care Facilities (Attachment F)

1 Mr. Gall stated that OSHPD is starting the 2018 Guidelines revision period; he referred
2 to the press release. The basis for the majority of OSHPD proposals is the FGI
3 Guidelines – the national standard. This particular document holds ASHRAE 170,
4 which is part of the national standard; it is the ventilation standard for health facilities.

5
6 It was adopted into the uniform mechanical code – the base model code – for
7 application. OSHPD is working to get FGI to recognize some California requirements
8 and allowances; then we could just adopt the model code as is.

9
10 Mr. Gall noted that in the 2014 cycle, the document was expanded from one volume to
11 two: one volume became hospitals and other health facilities while the other became
12 residential health care facilities. For the current cycle, the Guidelines committee has
13 proposed breaking out into a third book dealing specifically with outpatient facilities.
14 Those FGI discussions have been in response to the Affordable Care Act: much more
15 health care is now being delivered on an outpatient basis and those facilities are
16 becoming more specialized.

17
18 Mr. Gall emphasized that OSHPD tries to adopt national standards based on FGI
19 Guidelines. He invited the public – the California voice – to participate in the national
20 Guidelines process. From there it will flow back into the California process directly,
21 typically without any tweaking.

22
23 Mr. Gall added that the FGI Guidelines are consensus-based, going under ANSI
24 standards for development of consensus documents. The FGI Cost/Benefit Committee,

1 reporting to the Steering Committee, raises questions about any standards that are not
2 enforceable, are well above any minimum standards, and can cause a burden to
3 providers. Cost justification of any changes is now a significant factor in acceptance to
4 the document.

5

6 **7. Comments from the Public/Board Members on Issues Not on This Agenda**

7 Mr. Gall stated that he had received a request from former Board member Walter
8 Vernon to address this group regarding energy standards for health facilities.

9

10 **8. Adjournment**

11 Mr. Macpherson adjourned the meeting at 1:55 p.m.

12