

**INITIAL STATEMENT OF REASONS  
FOR PROPOSED BUILDING STANDARDS  
OF THE DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION/  
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT  
REGARDING THE 2025 CALIFORNIA BUILDING CODE  
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 2, VOLUME 1  
(OSHPD 04/24)**

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.

**GENERAL INITIAL STATEMENT OF REASONS**

The California Department of Health Care Access and Information (HCAI), Office of Statewide Hospital Planning and Development (OSHPD) proposes to repeal the 2021 International Building Code, adopt the 2024 International Building Code, and carry forward existing amendments from the 2022 California Building Code, Part 2 of Title 24 California Code of Regulations. Specific repeal, adoption and amendments are listed below.

OSHPD was recast and transitioned to the Department of Health Care Access and Information (HCAI) in 2021. The Divisions within HCAI were changed to Offices and OSHPD was able to retain the acronym which will not change the Title 24 banners.

**ITEM 1**

**CHAPTER 1 SCOPE AND ADMINISTRATION**

***DIVISION I CALIFORNIA ADMINISTRATIVE CODE***

Carry forward existing amendments from the California Building Code 2022 to the 2025 California Building Code, Chapter 1, Division I for OSHPD 1, 1R, 2, 3, 4, 5, AND 6 with the following amendments for OSHPD 1, 1R, 2, 3, 4, 5 and 6.

***1.1.3.2(13), 1.10.0, 1.10.1, 1.10.2, 1.10.3, 1.10.4, 1.10.5***

HCAI proposes to revise the word “Health” to “Hospital” throughout this article to align with the name change of our office to Office of Statewide Hospital Planning and Development. Additionally, HCAI is responsible for the enforcement of the California Energy Code regulations specific to health facilities within its jurisdiction. An amendment is added to Subsections 1.10.1, 1.10.2, 1.10.4, and 1.10.5. Corrections are made to subsection 1.10.5 to correct the Chapters adopted by OSHPD.

### **1.10.6 OSHPD 6**

HCAI proposes amendments to application and enforcing agency to clarify that Chemical Dependency Recovery Hospitals (CDRH) are not always within an acute care hospital or an acute psychiatric facility and enforced by the local building department. These facilities are currently in existence and built throughout California and are not under HCAI/OSHPD jurisdiction. This section was added to the California Building Code during the 2022 Intervening Code Cycle in response to Assembly Bill (AB) 2096 (Chapter 233, Statutes 2022). The statute permits Chemical Dependency Recovery Hospital 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. Typically, CDRH are not under OSHPD's authority for building standards. These facilities are generally reviewed and approved by the local authority having jurisdiction. On the rare occasion that CDRH services are within an OSHPD 1, 1R, 2, or 5, they would be within OSHPD's jurisdiction. This amendment provides consistency throughout all Parts of Title 24.

Corrections are made to subsections 1.10.6 to correct the Chapters adopted by OSHPD.

The authority and reference sections of the Health and Safety Code are added to the section consistent with the other administrative regulations.

#### **CAC Recommendation:**

Further Study Required for the entirety of ITEM 1 based on criteria # 6. HCAI requested Further Study recommendation to address editorial issues within Chapter 1 (remove references to "matrix adoption table", clarify that HCAI is the department and OSHPD is the office within HCAI). The committee also suggested OSHPD consider utilizing dashes, hyphens, dashes used as hyphens consistently.

#### **Agency Response:**

Accept. After the CAC, the Department of Health Care Access and Information revised Section 1.1.3.2 to clarify that HCAI is the department and OSHPD is the office within HCAI. The Department of Health Care Access and Information has been added to the title of section 1.10. In Sections 1.10.1, 1.10.2, 1.10.4, 1.10.5, HCAI was added to the Enforcing agency.

The applicable administrative standards section in each of the sections noted above, and in Sections 1.10.3 and 1.10.6 were amended to remove the reference to the adoption matrix. The code adoption matrix at the beginning of each chapter is nonregulatory. This change is consistent with code changes in Part 10.

## **ITEM 2**

### **CHAPTER 1 SCOPE AND ADMINISTRATION**

#### ***DIVISION II SCOPE AND ADMINISTRATION***

Adopt only the following Chapter 1 Sections of the 2024 International Building Code and carry forward existing amendments from the 2022 California Building Code to Chapter 1, Division II for OSHPD 1, 1R, 2, 3, 4, 5 and 6 with the following amendments.

#### **SECTION 101 SCOPE AND GENERAL REQUIREMENTS**

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HCAI proposes to adopt Section 101 and carry forward existing amendments.

**101.4.7 Existing buildings.** HCAI proposes to repeal the Chapter 2A reference and default to Chapter 2 as there is no Chapter 2A in the California Existing Building Code, only Chapter 2.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 102 APPLICABILITY**

HCAI proposes to adopt Section 102 and carry forward existing amendments.

**102.4.3 Code Reference.** Amend OSHPD banner to include OSHPD 6.

**102.4.4 Reference in standards.** Amend OSHPD banner to include OSHPD 6.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 103 CODE COMPLIANCE AGENCY** HCAI does not adopt Section 103.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 104 DUTIES AND POWERS OF THE BUILDING OFFICIAL**

HCAI proposes to adopt Section 104 and carry forward existing amendments.

**104.2.3 [Formerly 104.11] Alternative materials, design and methods of construction and equipment.** Carry forward existing amendments.

**104.2.3.7 Peer review.** [Formerly 104.11.3] HCAI proposes to adopt the new IBC Section 104.2.3.7 and relocate its amendment from Section 104.11.3 to align with model code reorganization. Additionally, use proper code language.

**104.2.3.8 [Formerly 104.11.4].** HCAI proposes to amend the section to use proper code language and correct a code reference.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 105—PERMITS**

HCAI proposes to adopt specific sections of Section 105 and carry forward existing

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amendments.

**105.1 – 105.2** HCAI proposes to adopt.

**105.2 (1-13)** HCAI proposes to not adopt items 1 through 13.

**105.2.1 and 105.2.2** HCAI proposes to adopt.

**105.3 and 105.3.1** HCAI proposes to adopt.

**105.3.2** HCAI proposes to adopt Section 105.3.2 for OSHPD 1, 1R, 2, 4 and 5 and carry forward existing amendments.

**105.4** HCAI proposes to adopt.

**105.5** HCAI proposes to adopt.

**105.6** HCAI proposes to adopt.

**105.7** HCAI proposes to adopt.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 106—FLOOR AND ROOF DESIGN LOADS** HCAI proposes to adopt Section 106 and carry forward existing amendments.

**106.1.1** Carry forward existing amends in 106.1.1 for OSHPD 1, 1R, 2, 4 & 5.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 107—CONSTRUCTION DOCUMENTS** HCAI proposes to adopt specific sections of 107.

**107.1** HCAI proposes to adopt.

**107.2** HCAI proposes to adopt.

**107.2.1** HCAI proposes to adopt for OSHPD 1, 1R, 2, & 5.

**107.2.2 through 107.2.7** HCAI proposes to not adopt.

**107.3 through 107.3.4.1** HCAI proposes to adopt and carry forward existing amendment to Section 107.3.4.1 Deferred submittals for OSHPD 1, 1R, 2, 4 & 5.

**107.4** HCAI proposes to not adopt.

**107.5** HCAI proposes to adopt.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 108 TEMPORARY STRUCTURES, EQUIPMENT AND SYSTEMS**

**108.1 General.** HCAI proposed to adopt and amend this section stating that only one extension to temporary structure or systems is granted. Currently HCAI does not have a regulation in the California Building Code (CBC) or California Administrative Code that indicates if extensions are or are not allowed for temporary construction. HCAI plan reviewers and compliance officers have asked that clarification be put in Title 24 to remove ambiguity and provide consistent enforcement rules. This amendment is appropriate in the CBC and the California Existing Building Code (Section 107) because Section 7-129 Time limitations, in the California Administrative Code, Part 1 of Title 24 contains time limitations of a permit, not use of temporary structures.

**108.2 through 108.4** HCAI proposes to adopt.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 109 FEES** HCAI proposes to adopt the entire Section 109.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 110 INSPECTIONS** HCAI proposes to adopt specific sections of 110.

**110.1 through 110.3.4** HCAI proposes to adopt.

**110.3.4.1** HCAI proposes to not adopt.

**110.3.5** HCAI proposes to not adopt.

**110.3.6 through 110.3.11** HCAI proposes to adopt.

**110.3.12 and 110.3.12.1** HCAI proposes to not adopt.

**110.4 through 110.6** HCAI proposes to adopt.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 111 CERTIFICATE OF OCCUPANCY** HCAI proposes to adopt the entire Section 111.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 112 SERVICE UTILITIES** HCAI proposes to adopt the entire Section 112.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 113 MEANS OF APPEALS** HCAI proposes to adopt the entire Section 113.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 114 VIOLATIONS** HCAI proposes to adopt specific sections of 114.

**114.1 through 114.3** HCAI proposes to adopt.

**114.4** HCAI proposes to not adopt.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 115 STOP WORK ORDER** HCAI proposes to adopt the entire Section 115.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**SECTION 116 UNSAFE STRUCTURES AND EQUIPMENT** HCAI proposes to adopt the entire Section 116.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 3**

**CHAPTER 2 DEFINITIONS**

**SECTION 202 DEFINITIONS**

Adopt the 2024 International Building Code Chapter 2 for OSHPD 1, 1R, 2, 3, 4, 5 and 6. Carry forward existing amendments of the 2022 California Building Code Chapter 2

for OSHPD 1, 1R, 2, 3, 4, and 5. See OSHPD's Part 2, Volume 2 Express Terms and ISOR for structural related amendments to Chapter 2 Definitions.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 4**

**CHAPTER 3 OCCUPANCY CLASSIFICATION AND USE**

Adopt the 2024 International Building Code Chapter 3 for OSHPD 1, 1R, 2, 3, 4, 5 and 6.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 5**

**CHAPTER 4 SPECIAL DETAILED REQUIREMENTS BASED ON OCCUPANCY AND USE**

Adopt the 2024 International Building Code Chapter 4 for OSHPD 1, 1R, 2, 3, 4, 5 and 6. Carry forward existing amendment for Section 422.1.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 6**

**CHAPTER 5 GENERAL BUILDING HEIGHTS AND AREAS**

Adopt the 2024 International Building Code Chapter 5 for OSHPD 1, 1R, 2, 3, 4, 5 and 6.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 7**

**CHAPTER 6 TYPES OF CONSTRUCTION**

Adopt the 2024 International Building Code Chapter 6 for OSHPD 1, 1R, 2, 3, 4, 5 and 6.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 8**

**CHAPTER 7 FIRE AND SMOKE PROTECTION FEATURES**

Adopt the 2024 International Building Code Chapter 7 for OSHPD 1, 1R, 2, 3, 4, 5 and 6.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 9**

**CHAPTER 8 INTERIOR FINISHES**

Adopt the 2024 International Building Code Chapter 8 for OSHPD 1, 1R, 2, 3, 4, 5 and 6.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 10**

**CHAPTER 9 FIRE PROTECTION AND LIFE SAFETY SYSTEMS**

Adopt the 2024 International Building Code Chapter 9 for OSHPD 1, 1R, 2, 3, 4, 5 and 6.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 11**

**CHAPTER 10 MEANS OF EGRESS**

Adopt the 2024 International Building Code Chapter 10 for OSHPD 1, 1R, 2, 3, 4, 5 and 6. Carry forward existing amendments. Adopt Chapter 10 and carry forward amendments for OSHPD 1, 1R, 2, 4 and 5.

***1003.1.1 and 1003.1.2***

HCAI proposes to amend Sections 1003.1.1 and 1003.1.2 to correct and clarify references to the California Existing Building Code Sections 311A and 311 respectively.



During a prior code cycle the code sections were renumbered in the International Existing Building Code and the OSHPD references were not corrected during that code cycle. These proposed amendments are necessary for clarity and have no regulatory effect.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1020.6** Replace Health with Hospital for consistency.

**CAC Recommendation:**

Approve

**Agency Response:**

Withdraw. HCAI is withdrawing this code change, as this code section was originally amended by the Office of the State Fire Marshal (SFM). HCAI will work with the SFM and CBSC during codification to make the change.

**ITEM 12**

**CHAPTER 11 ACCESSIBILITY**

HCAI does not adopt Chapter 11.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 13**

**CHAPTER 12 INTERIOR ENVIRONMENT**

Adopt the 2024 International Building Code Chapter 12 for OSHPD 1, 1R, 2,3, 4, 5 and 6. Carry forward existing amendments to Sections 1203.1, 1208.2 and 1210.2.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 14**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**SECTION 1224 [OSHPD 1] HOSPITALS**

Carry forward existing amendments from the 2022 California Building Code, Section 1224 [OSHPD 1] Hospitals for the 2025 California Building Code and as amended below.

***1224.2.1 Removed from acute care service [OSHPD 1R].***

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HCAI proposes to amend Section 1224.2.1 to correct the reference to the California Existing Building Code (CEBC) Sections 312A. Section 1224.2.1 references CEBC Section 309A which is reserved and contains no regulations. During a prior code cycle, the code sections were renumbered in the International Existing Building Code and the HCAI references were not corrected during that code cycle. The correct reference should be Section 312A which contains the regulations for removing a hospital structural performance category (SPC) and freestanding building from general acute care service. These proposed amendments are necessary for clarity and have no regulatory effect.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1224.3 Definitions.**

**INVASIVE PROCEDURE.** This defined term and Table 1224.4.11.4a were adopted into the 2022 California Building Code to assist design professionals determine the classification of the imaging room or procedure room required for procedures of varying risks. The defined term and table align with the Glossary in the Guidelines for Design and Construction of Hospitals as published by the Facility Guidelines Institute (FGI), without the explanatory note.

HCAI and the California Department of Public Health (CDPH) continue to receive questions about what types of invasive procedures are permitted in the room types listed in Table 1224.4.11.4a. The proposed amendments add clarification that is provided in the FGI explanatory note and assign a risk percentage rather than stating a recognized risk.

The proposed amends were coordinated with the California Department of Public Health as they are responsible for licensing services in health care facilities.

Background: When a new facility is designed and submitted to HCAI for a building permit, a Functional Program is required. It contains information about the environment of care requirements and a list of procedures to be performed. This information is necessary for OSHPD's plan reviewers to determine if the construction drawings meet the built environment requirements for the type of procedure room designated on the construction documents. In addition, CDPHs uses the Functional Program when reviewing the project for licensing requirements.

**SERVICE SPACE.** HCAI proposes to change the Section reference to 1224.42 because new Section 1224.42 Chemical Dependency Recovery Hospital service is being adding to the end of the chapter. The amendments do not add any new requirement.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1224.4 GENERAL CONSTRUCTION**

**TABLE 1224.4.6.1 STATION OUTLETS FOR OXYGEN, VACUUM (SUCTION) AND MEDICAL AIR SYSTEMS<sup>1, 6</sup>** HCAI proposes to add an instrument air outlet column to Table 1224.4.6.1, line items 42, 43 and 44 and footnotes 9, 10 and 11. This table specifies the required outlets and inlets for the required medical gases in a health care facility. The Sterile Processing Department cleans and sanitizes instruments and tools used by the health care facility for medical procedures. An Instrument air source provides a clean air source so that sterilized equipment does not become contaminated during drying operations. HCAI currently adopts National Fire Protection Association Code (NFPA 99), Health Care Facilities Code, which provides minimum requirements for instrument air sources. NFPA 99 does not provide requirements for where instrument air outlets are required. Table 1224.4.6.1 includes the required medical gas outlet and inlet locations and is based on the Facility Guidelines Institute (FGI) Medical Gas Table 2.1-3. The 2018 edition of the FGI guidelines for the construction of hospitals introduced the Instrument air column to the medical gas table. Prior, instrument air outlets were based on industry standards. The 2018 FGI Table included footnotes to instruct instrument air outlets to be provided based on the equipment used in the Central Sterile Department. The 2022 edition added a requirement for an instrument air outlet in the decontamination room of the two-room sterile processing department. For the clean workroom, the instrument air outlet requirement is based on the equipment used in the room. HCAI proposes to add the instrument air column to Table 1224.4.6.1 to coordinate with the national guidelines. Footnote 10 has been reworded to coordinate with the room functions as provided in the California Building Code.

**CAC Recommendation:**

Further study required. Based on criteria 6, the CAC suggests putting footnote 11 in the vacuum column, not the medical air column. Also, the CAC suggests using “and” or “or” rather than “and/or” in the new footnote 11.

**Agency Response:**

Accept. Footnote 11 was removed from the medical air column and was added to the vacuum column. Also, “and/or” was changed to “or”.

**1224.4 GENERAL CONSTRUCTION**

**TABLE 1224.4.6.5.** HCAI proposes to amend Table 1224.4.6.5 Location of Nurse Call Devices, to amend table line-item Emergency exam, treatment, triage rooms to add an “and” between treatment and tirage rooms. The HCAI team and interested parties have stated as written, it is unclear if this is one room or three separate rooms. Adding the “and” clarifies these are three rooms. This proposed amendment is necessary for clarity and has no regulatory effect.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1224.4 GENERAL CONSTRUCTION**

**TABLE 1224.4.19.** HCAI proposes to amend footnote number 1 in Table 1224.4.19 Sound transmission limitations in hospitals, to the correct reference standard number

E413 Classification for rating sound insulation. This proposed amendment is necessary to remove ambiguity and has no regulatory effect.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1224.14 NURSING SERVICE SPACE.**

**1224.14.1.8 Patient storage.**

HCAI proposes to amend the section to make the patient storage requirement clear and consistent with other sections 1225.5.1.2.5, 1228.14.1.8, 1229.14.1.9. Provisions for patient storage are throughout Chapter 12 and written slightly different. The key element is each patient shall have their own storage for their personal belongings.

HCAI proposes to amend this section to repeal nonspecific language “suitable for hanging full-length garments”. The code section is silent on what is suitable, and design professionals often ask, what is an acceptable dimension. During plan review, the HCAI plan examiners receive construction documents that do not provide enough length for full-length garments. HCAI has reviewed Title 22 and the 2022 Guidelines for Design and Construction of Hospitals, developed by the Facility Guidelines Institute and neither require space for full-length garments. They do require patients be provided with a wardrobe, closet or locker space for clothing and storage for personal belongings.

Repealing “suitable for hanging full-length garments” will remove ambiguity in the code and provide more flexibility for the design professionals.

Related sections: 1225.5.1.2.5, 1228.14.1.8, 1229.14.1.9

**CAC Recommendation:**

Approve

**Agency Response:**

Disagree. Based on CAC discussion for the similar items, OSHPD decided to replace “provide” with “include” for appropriate and clarifying language

**1224.16 ANESTHESIA/RECOVERY SERVICE SPACE.**

**1224.16.2 Preoperative patient holding area(s)...**

**1224.16.2.1 Space requirements.**

HCAI proposes to amend this section for consistency with 1224.16.3 PACU. This language was added to 1224.16.3.1 and 1224.33.2.2 treatment rooms during the 2021 Triennial Code Adoption Cycle.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

## **1224.19 PHARMACEUTICAL SERVICE SPACE**

### **1224.19.2 Pharmacy areas.**

#### **1224.19.2.3 Storage.**

##### **1224.19.2.3.7 Hazardous Drug (HD) storage.**

HCAI proposes to add a new section that define a Hazardous Drug (HD) Storage room. United States Pharmacopeia General Chapter, USP-GC <800> Hazardous Drugs-Handling in Healthcare Settings requires hazardous drugs to be stored in the hazardous buffer room, hazardous segregated compounding area or a dedicated storage room that is under negative pressure and externally ventilated at 12 air changes per hour. The HD Storage room has been defined in the California Mechanical Code (CMC) Table 4-A since the 2019 CMC July Supplement. The proposed amendment is to align with USP-GC <800> Hazardous Drugs-Handling in Healthcare Settings. It will not cause financial burden to the facilities. The storage arrangement is currently required under Title 16 Section 1751. Title 16 is the Professional and Vocational Regulations, Board of Pharmacy and Sterile Compounding regulations.

#### **CAC Recommendation:**

Approve

#### **Agency Response:**

Disagree. After the CAC meeting, OSHPD decided to spell out HDs for further clarification.

### **1224.19.3 Sterile compounding areas.**

#### **1224.19.3.2 Nonhazardous sterile preparation area.**

##### **1224.19.3.2.2.5 Pass-throughs.**

HCAI proposes to add a title to the subsection for pass-throughs in nonhazardous sterile compounding area for code consistency and formatting. This does not change any design requirements.

#### **CAC Recommendation:**

Approve

#### **Agency Response:**

Accept

##### **1224.19.3.2.3 Anteroom.**

###### **1224.19.3.2.3.3 Handwashing station.**

HCAI proposes an amendment to this section for consistency with United States Pharmacopeia, USP-NF <797> Pharmaceutical compounding sterile preparations, that allows the sink to be located either inside or outside the anteroom. ADJACENT is an OSHPD defined term in Section 1224 than means “located next to but not necessarily connected to the identified area or room”.

Related section: 1224.19.3.2.4.2

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1224.19.3.2.4 Segregated Compounding Area (SCA).**

**1224.19.3.2.4.2 Handwashing station.**

HCAI proposes an amendment to this section for consistency with United States Pharmacopeia, USP <797> Pharmaceutical compounding sterile preparations, that says the sink may be either inside the (segregated compounding area) SCA or in close proximity to the SCA. ADJACENT is an OSHPD defined term in Section 1224 that means “located next to but not necessarily connected to the identified area or room”.

Related section: 1224.19.3.2.3.3

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1224.19.3.3 Hazardous Drug (HD) sterile preparation room.**

**1224.19.3.3.2 Hazardous buffer room.**

Cleanup changes are proposed to clarify that these sections are part of the Hazardous prep area. When you look through 1224.19 several sections are repeated for slightly different areas. Adding “hazardous” to the section titles will help the code reader navigate through the various sections.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1224.19.3.3.2.8 Pass-throughs.**

HCAI proposes an amendment to remove the prohibition of a pass-through between the hazardous drug buffer room and any unclassified area and to add a restriction for refrigerator pass-through. The proposed amendment is to align with United States Pharmacopeia General Chapter, USP-GC <800> Hazardous Drugs-Handling in Healthcare Settings (USP-GC <800>). The USP-GC <800> standards allow a passthrough from the buffer room to unclassified areas but not the refrigerator. This revision will align with USP-GC <800>. It will not cause financial burden to the facilities.

**CAC Recommendation:**

Approve

**Agency Response:**

Disagree. During the CAC meeting, it was recommended changing “must” to “shall”. After the CAC meeting, OSHPD decided to make this change.

**1224.19.3.3.4 Hazardous Segregated Compounding Area (SCA).**

Cleanup changes are proposed to clarify that these sections are part of the Hazardous prep area. When you look through 1224.19 several sections are repeated for slightly different areas. Adding “hazardous” to the section titles will help the code reader navigate through the various sections.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1224.20 DIETETIC SERVICE SPACE**

**1224.20.2.11 Pot washing facilities**

HCAI proposes to amend this section to clarify that three compartment sinks are required in pot washing facilities. This change is necessary to align with State law, Health and Safety Code, Division 104, Part 7 known as the California Retail Food Code. Section 114099 requires manual warewashing sinks have at least three compartments for washing, rinsing, and sanitizing utensils and equipment. This law is enforced by the California Department of Public Health and local health departments when inspecting a food facility.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1224.29 INTENSIVE CARE UNITS**

**1224.29.1.15 Support.**

HCAI proposes to amend Section 1224.29.1.15 Support, to replace the term immediately adjacent with immediately accessible. HCAI adopts location terminology in Section 1224 that includes adjacent, directly accessible, immediately accessible, in, and readily accessible. These definitions are consistent with the terminology used in Facility Guidelines Institute (FGI). The amendments do not add new requirements, they provide consist application of the defined terms and remove ambiguity.

Related section: 1224.29.2.9

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

### **1224.29.2.9 Lactation.**

HCAI proposes to amend Sections 1224.29.2.9 Lactation, to replace the term immediately adjacent with immediately accessible. HCAI adopts location terminology in Section 1224 that includes adjacent, directly accessible, immediately accessible, in, and readily accessible. These definitions are consistent with the terminology used in Facility Guidelines Institute (FGI). The amendments do not add new requirements, they provide consist application of the defined terms and remove ambiguity.

Related section: 1224.29.1.15

#### **CAC Recommendation:**

Approve

#### **Agency Response:**

Accept

### **1224.30 PEDIATRIC AND ADOLESCENT UNIT**

HCAI proposes an amendment to clarify that the pediatric patient area and adolescent patient area are separate from each other and are separate from the adult nursing unit. The proposed amendment further clarifies that common areas may be shared and used by pediatric and adolescent patients at different times. The amended regulation will align with Title 22, California Code of Regulation.

Related section: 1228.30

#### **CAC Recommendation:**

Approve

#### **Agency Response:**

Accept

### **1224.31 PSYCHIATRIC NURSING UNIT**

#### **1224.31.1 Psychiatric unit space.**

HCAI proposes an amendment to clarify that a psychiatric nursing unit in the general acute care hospital [OSHPD 1] is not a distinct part but is a separate nursing unit. This amendment will align with Title 22, California Code of Regulations.

#### **1224.31.1.1 General.**

HCAI proposes to separate the general statements about psychiatric nursing units in a medical facility [OSHPD 1] verses the non-medical psychiatric hospital or units [OSHPD 5]. 1224.31 is specific to psychiatric units that provide medical care and are permitted to share some of the services in the hospital OSHPD 1 building. Section 1228 is specific to acute psychiatric hospitals or units that do not provide medical care. Section 1228 has pointers to Section 1224 for certain nursing unit requirements, but Section 1228 also has its own requirements.

#### **1224.31.1.9 Activity spaces.**

HCAI proposes to add specificity for activity spaces provided in a psychiatric nursing unit. Currently Title 24 is silent on the requirements, however Title 22 requires activity spaces be provided. A pointer to Section 1228.13.1 is added and new section



1224.31.1.9 that delineates the indoor activity rooms for a psychiatric nursing unit. New Section 1224.31.1.9.2 clarifies that outdoor activity areas are dedicated for the psychiatric unit. The amendments are necessary because HCAI receives questions regarding these spaces, such as, can a common courtyard be used. Section 1228.13 contains requirements for patient safety in outdoor activity areas. Furthermore, these proposed code changes align with Title 22, California Code of Regulations, and the international standards.

Related section: 1228.2

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1224.33 EMERGENCY SERVICE.**

**1224.33.2 Standby Emergency Medical Service**

**1224.33.2.7.1 Behavioral health observation area.**

HCAI proposes an amendment to clarify the furniture options for the behavioral health observation area and to provide one additional option. The original code provided options for beds or gurneys. The amendment proposes to add an option for recliners. The proposed amendment will not cause any financial burden and will allow for design treatment flexibility. An additional proposed amendment will clarify a minimum of 3 feet on one side of recliners/beds/gurneys, in response to a question raised in the HBSB (Hospital Building Safety Board) Codes and Processes Committee presentation. This additional amendment is editorial and does not add new requirement.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1224.33.4.2 Fast-track area.**

HCAI proposes an amendment to clarify the fast-track area requirements in the emergency department to be consistent with the triage area requirements. The proposed code changes align with the fast-track section in the Facility Guidelines Institute (FGI) Hospital guidelines. The proposed amendments provide clarity between fast-track rooms and open-bay designs. Additionally, the patient care areas are required to have an examination light, but not an examination table light. This amendment will provide more flexible options for the fast-track treatment areas. These amendments do not cause financial burden to the facilities.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

### **1224.35 REHABILITATION THERAPY DEPARTMENT.**

#### **1224.35.1 Rehabilitation center space.**

HCAI proposes an amendment to clarify that access for outpatient rehabilitation services are required when a rehabilitation center is provided. The proposed amendment also clarifies that physical therapy service, occupational service, and speech pathology service are required services for a rehabilitation center, and the space of these services shall meet the requirements indicated in the specific code sections. This amendment is to align with Title 22, California Code of Regulations.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

### **1224.42 CHEMICAL DEPENDENCY RECOVERY HOSPITAL.**

HCAI proposes to add this section since chemical dependency recovery services can be provided as supplemental services located within a distinct part as a separate unit in general acute care hospitals and acute psychiatric hospitals, pursuant to Health and Safety Code Section 1250.3. Pointer to section 1229 is added for reference of regulatory compliance.

Related Sections: 1.10.6, 1224.3, 1228, 1229

**CAC Recommendation:**

Approve

**Agency Response:**

Disagree. After the CAC, HCAI noticed this section needed the same correction as Section 1228.44 (CAM Item 17-4). Therefore, the correction was made.

## **ITEM 15**

### **CHAPTER 12 INTERIOR ENVIRONMENT**

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

Carry forward existing amendments from the 2022 California Building Code, Section 1225 [OSHPD 2] for the 2025 California Building Code and as amended below.

#### **1225.5 SKILLED NURSING UNIT MODELS.**

**1225.5.1.2.6 Patient storage.** HCAI proposes to amend the section to make the room requirement clear and consistent with other sections 1224.14.1.8, 1228.14.1.8, 1229.14.1.9. Provisions for patient storage are throughout Chapter 12 and written slightly different. The key elements are each patient shall have their own storage for their personal belongings.

HCAI proposes to amend this section to align with other similar sections. HCAI has reviewed Title 22 and the 2022 Guidelines for Design and Construction of Hospitals, developed by the Facility Guidelines Institute and patients should be provided with a wardrobe, closet or locker space for clothing and storage for personal belongings.

[Related sections; 1224.14.1.8, 1228.14.1.8, 1229.14.1.9]

**CAC Recommendation:**

Approve

**Agency Response:**

Disagree. Based on CAC discussion for the similar items, OSHPD decided to replace “provide” with “include” for appropriate and clarifying language.

**1225.6 OPTIONAL SERVICES.**

**1225.6.6 SPECIAL TREATMENT PROGRAM SERVICE.**

HCAI proposes to add language to clarify that the skilled nursing facilities shall have a minimum of 30 beds for special treatment program service. This proposed change is to align with existing Title 22 and will eliminate the inconsistency of regulation enforcement. This proposed change will not cause any financial or operational burden to the skilled nursing facilities as Title 22 has been enforcing this requirement.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 16**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**SECTION 1226 [OSHPD 3] CLINICS**

Carry forward existing amendments from the 2022 California Building Code, Section 1226 [OSHPD 3] Clinics for the 2025 California Building Code and as amended below.

**1226.4 General construction**

**1226.4.13.2.1 Medication preparation room or area.**

HCAI proposes an amendment to clarify the location option for medication preparation room or area. HCAI also proposes to change the wording of medicine to medication. These proposed amendments are editorial and technical modification within the code and will not cause any financial burden.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1226.4.14.2 Specimen and/or blood collection facilities.**

HCAI proposes to amend Section 1226.4.14.2 to correct the reference from Section 1224.4.4.2 to Section 1224.4.4.3. Section 1224.4.4.2 contains regulations about nurse stations, not specimen and blood collection. Section 1224.4.4.3 is the appropriate section to reference. This proposed amendment is necessary for clarity and have no regulatory effect.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

***SURGICAL CLINICS***

The section is missing a title similar to primary care clinics, hyperbaric therapy. HCAI proposes to add a title for consistent format throughout Section 1226. This is an editorial change for the publisher.

***1226.8.1.3 Procedure room(s).***

HCAI proposes to add this subsection to provide a pointer to the procedure room requirements in Section 1224.4.4.1.4. Procedure rooms are not required in Surgical Clinics, however HCAI has received questions such as, are they allowed and what are the requirements. Adding this pointer removes ambiguity.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 17**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**SECTION 1228 [OSHPD 5] ACUTE PSYCHIATRIC HOSPITALS**

Carry forward existing amendments from the 2022 California Building Code, Section 1228 [OSHPD 5] for the 2025 California Building Code and as amended below.

***1228.2 Application.***

HCAI proposes to amend and clarify the statement that an acute psychiatric hospital with non-medical units shall comply with 1228. Section 1228 refers the code reader to Section 1224.31 for acute psychiatric hospitals or units that provide acute medical care.

**CAC Recommendation:**

Approve

**Agency Response:**

Disagree. After the CAC meeting, OSHPD removed “s” from “units” as the statement is singular and changed “shall be” to “shall comply with” for clarifying language.

***1228.14.1.8 Patient storage.***

HCAI proposes to amend the section to make the room requirement clear and consistent with other sections 1224.14.1.8, 1225.5.1.2.5, 1229.14.1.9. Provisions for patient storage are throughout Chapter 12 and written slightly different. The key elements are each patient shall have their own storage for their personal belongings. Section 1228 is unique in that the storage must be designed free of ligature hazards.

Related sections; 1224.14.1.8, 1225.5.1.2.5, 1229.14.1.9

**CAC Recommendation:**

Approve

**Agency Response:**

Disagree. Based on CAC discussion for the similar items, OSHPD decided to replace “provide” with “include” for appropriate and clarifying language.

**1228.30 PEDIATRIC AND ADOLESCENT PSYCHIATRIC SERVICE SPACE.**

HCAI proposes an amendment to clarify that pediatric and adolescent mental health service space patient areas are separate from each other and are separate from adult mental health services space patient areas. The proposed amendment further clarifies that common areas may be shared and used by pediatric and adolescent patients at different times. The proposal also includes removing the “and distinct.” These are separate units, but not a distinct part. The amended regulation will align with Title 22, California Code of Regulations, and the Facility Guidelines Institute (FGI).

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**1228.44 CHEMICAL DEPENDENCY RECOVERY HOSPITAL.**

HCAI proposes to add this section since chemical dependency recovery services be provided as supplemental services located within a distinct part in acute psychiatric hospitals, pursuant to Health and Safety Code Section 1250.3. Pointer to section 1229 is added for reference of regulatory compliance.

Related Sections: 1.10.6, 1224, 1224.3, 1229

**CAC Recommendation:**

Further study required. Based on criteria 6, the CAC recommends fixing the last sentence.

**Agency Response:**

Accept. In the last sentence, “hospital or unit and services” was changed to “hospital, unit or services”.

**ITEM 18**

**CHAPTER 12 INTERIOR ENVIRONMENT**

**SECTION 1229 [OSHPD 6] CHEMICAL DEPENDENCY RECOVERY HOSPITALS**

Carry forward existing amendments from the 2022 California Building Code, Section 1229 [OSHPD 6] for the 2025 California Building Code and as amended below.

**1229.14.1.9 Patient storage.** HCAI proposes to amend the section to make the room requirement clear and consistent with other sections 1224.14.1.8, 1225.5.1.2.5, 1228.14.1.8. Provisions for patient storage are throughout chapter 12 and written slightly different. The key elements are each patient shall have their own storage for their personal belongings.

HCAI has reviewed Title 22 and the 2022 Guidelines for Design and Construction of Hospitals, developed by the Facility Guidelines Institute and they require patients be provided with a wardrobe, closet or locker space for clothing and storage for personal belongings.

Related sections; 1224.14.1.8, 1225.5.1.2.5, 1228.14.1.8

**CAC Recommendation:**

Approve

**Agency Response:**

Disagree. Based on CAC discussion for the similar items, OSHPD decided to replace “provide” with “include” for appropriate and clarifying language.

**1229.31 Other chemical dependency service space.** HCAI proposes to amend Section 1229.31 to reference the sections that may be used for other services in a chemical dependency hospital. The amendments do not add new requirements, they remove ambiguity. Additionally, the department name is changed to the California Department of Public Health rather than Dept. of Health Services which does not exist.

**CAC Recommendation:**

Further study required. Based on criteria 6, the CAC recommends replacing “When” with “Any” and clarify the sentence.

**Agency Response:**

Accept. “Where provided,” was changed to “Any”. Extraneous language was removed from the sentence for clarification.

**ITEM 19**

**CHAPTER 13 ENERGY EFFICIENCY**

HCAI does not adopt Chapter 13 of the 2024 International Building Code.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 20**

**CHAPTER 14 EXTERIOR WALLS**

Adopt the 2024 International Building Code Chapter 14 for OSHPD 1, 1R, 2, 3, 4, 5 and 6. Carry forward existing amendments for OSHPD 1, 1R, 2, 4 and 5. See OSHPD’s Part 2, Volume 2 Express Terms and ISOR for structural related amendments to Chapter 14 Exterior walls.

**CAC Recommendation:**

Not applicable as the item has been withdrawn during the HF CAC meeting.

**Agency Response:**

Withdraw. This item was heard by the SDLF CAC.

## ITEM 21

### CHAPTER 15 ROOF ASSEMBLIES AND ROOFTOP STRUCTURES

Adopt the 2024 International Building Code Chapter 15 for OSHPD 1, 1R, 2, 3, 4, 5 and 6. Carry forward existing amendments for OSHPD 1, 1R, 2, 4 and 5. See OSHPD's Part 2, Volume 2 Express Terms and ISOR for structural related amendments to Chapter 15 Roof assemblies and rooftop structures.

#### **CAC Recommendation:**

Not applicable as the item has been withdrawn during the HF CAC meeting.

#### **Agency Response:**

Withdraw. This item was heard by the SDLF CAC.

### 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.

### 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).

Facility Guidelines Institute (FGI), Guidelines for Design and Construction of Hospitals  
International Health Facility Guidelines

Outpatient Procedural and Surgical Service Guidance prepared by the New York State  
Department of Health

Title 16, Professional and Vocational Regulations, Board of Pharmacy and Sterile  
Compounding regulations

Title 22, Social Security, Division 5, Licensing and Certification of Health Facilities,  
Home Health Agencies, Clinics, and Referral Agencies

United States Pharmacopeia General Chapter, USP-NF <797> Pharmaceutical  
compounding sterile preparations

United States Pharmacopeia General Chapter, USP-GC <800> Hazardous Drugs-  
Handling in Healthcare Settings

### 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 HCAI. 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 ECONOMIC 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.

HCAI 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 11346.2(b)(2) and 11346.3(b)(1)

The Office of Statewide Hospital Planning and Development (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 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.**



HCAI 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.

HCAI finds that the proposed building standards will result in no cost.

### **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.