# ADDITIONAL 15-DAY EXPRESS TERMS AND RATIONALEFOR PROPOSED BUILDING STANDARDSOF THE DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION/OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENTREGARDING THE 2025 CALIFORNIA MECHANICAL CODE,CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 4(OSHPD 01/24)

No state agency may adopt, amend, or repeal a regulation which has been changed from that which was originally made available to the public pursuant to Section 11346.5, unless the change is (1) nonsubstantial or solely grammatical in nature, or (2) sufficiently related to the original text that the public was adequately placed on notice that the change could result from the originally proposed regulatory action. If a sufficiently related change is made, the full text of the resulting adoption, amendment, or repeal, with the change clearly indicated, shall be made available to the public for at least 15 or 45 days before the agency adopts, amends, or repeals the resulting regulation.

Any written comments received regarding the change must be responded to in the final statement of reasons required by Section 11346.9 (Government Code Section 11346.8(c)).

If using assistive technology, please adjust your settings to recognize underline, strikeout, double strikeout, italics and ellipsis. Double underline will be indicated by parenthetical notes within the text. The notes will not be codified or published in the code.

## LEGEND for EXPRESS TERMS (Based on model codes - Parts 2, 2.5, 3, 4, 5, 9, 10)

* Model Code language appears upright.
* Unmodified California 45-day amendments appear in *underline and italic* and *~~strikeout and italic~~.*
* California additional 15-day amendments appear in *double underline and italic* and *double strikeout and italic*.
* Ellipses ( ...) indicate existing text remains unchanged.
* **Rationale**: The justification for the change is shown after each section or series of related changes.

## ADDITIONAL 15-DAY EXPRESS TERMS AND RATIONALE

### ITEM 1CHAPTER 1 ADMINISTRATIONDIVISION I CALIFORNIA ADMINISTRATIONSections 1.1.0 General, 1.10 Office of Statewide Health Planning and Development

***1.1.3 Scope****…*

…

***1.1.3.2 State-Regulated Buildings, Structures, and Applications****. …*

*…*

*(13) General acute care hospitals, acute psychiatric hospitals, skilled nursing and/or intermediate care facilities, clinics licensed by the Department of Public Health and correctional treatment centers regulated by the [begin double underline] Department of Health Care Access and Information/[end double underline] Office of Statewide ~~Health~~ Hospital Planning and Development. See Section 1.10.0 for additional scope provisions.*

*...*

***1.10.0*** *[begin double underline]* ***Department of Health Care Access and Information/****[end double underline]* ***Office of Statewide ~~Health~~ Hospital Planning and Development.***

***1.10.1 OSHPD 1 and OSHPD 1R.*** *Specific scope of application of the agency responsible for enforcement, enforcement agency, specific authority to adopt and enforce such provisions of this code, unless otherwise stated.*

***OSHPD 1 and OSHPD 1R***

***Application*** *–* ***[OSHPD 1]*** *General acute-care hospital buildings.* ***[OSHPD 1R]*** *Non-conforming hospital SPC or freestanding buildings that have been removed from acute care service.*

***Enforcing Agency*** *– [begin double underline] Health Care Access and Information/[end double underline] Office of Statewide ~~Health~~ Hospital Planning and Development (OSHPD). The office shall enforce the Division of the State Architect access compliance regulations and the regulations of the Office of the State Fire Marshal for the above stated facility types.*

*...*

***1.10.2 OSHPD 2.*** *Specific scope of application of the agency responsible for enforcement, enforcement agency, specific authority to adopt and enforce such provisions of this code, unless otherwise stated.*

***OSHPD 2***

***Application*** *– Skilled nursing facilities and intermediate care facility buildings.*

***Enforcing Agency*** *–[begin double underline] Health Care Access and Information/[end double underline] Office of Statewide ~~Health~~ Hospital Planning and Development (OSHPD). The office shall also enforce the Division of the State Architect access compliance regulations and the regulations of the Office of the State Fire Marshal for the above stated facility type.*

*...*

***1.10.3 OSHPD 3.*** *Specific scope of application of the agency responsible for enforcement, enforcement agency, specific authority to adopt and enforce such provisions of this code, unless otherwise stated.*

***OSHPD 3***

***Application*** *– Licensed clinics and any freestanding building under a hospital license where outpatient clinical services are provided*

***Enforcing Agency*** *– Local building department.*

...

***1.10.4 OSHPD 4.*** *Specific scope of application of the agency responsible for enforcement, enforcement agency, specific authority to adopt and enforce such provisions of this code, unless otherwise stated.*

***OSHPD 4***

***Application*** *– Correctional Treatment Centers.*

***Enforcing Agency*** *– [begin double underline] Health Care Access and Information/[end double underline] Office of Statewide ~~Health~~ Hospital Planning and Development (OSHPD). The Office shall also enforce the Division of the State Architect access compliance regulations and the regulations of the Office of the State Fire Marshal for the above stated facility types.*

*...*

***1.10.5 OSHPD 5.*** *Specific scope of application of the agency responsible for enforcement, enforcement agency and the specific authority to adopt and enforce such provisions of this code, unless otherwise stated.*

***OSHPD 5***

***Application*** *– Acute psychiatric hospital buildings.*

***Enforcing Agency*** *– [begin double underline] Health Care Access and Information/[end double underline] Office of Statewide ~~Health~~ Hospital Planning and Development (OSHPD). The office shall also enforce the Division of the State Architect – Access Compliance regulations and the regulations of the Office of the State Fire Marshal for the above-stated facility types.*

*...*

***1.10.6 OSHPD 6.*** *Specific scope of application of the agency responsible for enforcement, enforcement agency and the specific authority to adopt and enforce such provisions of this code, unless otherwise stated.*

***OSHPD 6***

***Application—****Chemical dependency recovery hospital not within an acute care hospital building or an acute psychiatric facility.*

***Enforcing agency —*** *Local building department.*

***1.10.6.1******Applicable Administrative Standards.***

*(1) Title 24, Part 1, California Code of Regulations: Chapter 7.*

*(2)* *Title 24, Part 2, California Code of Regulations: Section 1.1 and 1.10, Chapter 1 Division I, and as indicated in the adoption matrix for Chapter I, Division II.*

***1.10.6.2 Applicable Building Standards.*** *California Building Standards Code, Title 24, Parts 2, 3, 4, 5, 6, 9, 10 and 11.*

***Authority Cited –*** *Health and Safety Code Sections 1275, 18929 and 129850.*

***References –*** *Health and Safety Code Sections 1250.3 and 129675-130070.*

***1.10.6.3 Adopting Agency Identification.*** *The provisions of this code applicable to buildings identified in this Subsection 1.10.6 will be identified in the Matrix Adoption Tables under the Acronym OSHPD 6.*

**Rationale: *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 Section 1.1.3.2 to clarify that the Department of Health Care Access and Information is the regulatory agency for the specified building types. The Department of Health Care Access and Information is added to the title of Section 1.10. The sections are revised to add HCAI to the enforcing agency.

#### Notation:

Authority: Health and Safety Code, Sections 1275, 18929, 129850

Reference: Health and Safety Code, Sections 1250.3, 1418.22, 129675-130070

### ITEM 2CHAPTER 2 DEFINITIONS

**210.0 – H –**

...

***Health Facilities. [OSHPD 1, 1R, 2, 3, 4, ~~&~~ 5 & 6]*** *Buildings specified within the statutory authority of the [begin double underline] Department of Health Care Access and Information/[end double underline] Office of Statewide ~~Health~~ Hospital Planning and Development.*

**Rationale:**

HCAI proposes to add the Department of Health Care Access and Information to the definition.

#### Notation:

Authority: Health and Safety Code, Sections 1275, 18929, 129850

Reference: Health and Safety Code, Sections 1250.3, 1418.22, 129675-130070

### ITEM 3CHAPTER 3 GENERAL REGULATIONS

***Section 321.3 Essential Mechanical Provisions***

[No change to the Express Terms] ***321.3*** *Cooling equipment necessary to maintain temperature and humidity listed in Table 4-A for a minimum of one operating room and other spaces as identified in the functional program.*

**Rationale:** HCAI proposed to update the Initial statement of reasons for Section 321.3 as follows:

HCAI proposes to add cooling equipment to the essential mechanical provisions that require essential power. Acute care hospitals are required to provide the equipment necessary to remain operational for 72 hours of continued operation for newly constructed buildings and all hospitals by January 1, 2030. The Code of Federal Regulations found in Title 42, Chapter IV, Subchapter G, Part 482, Section 482.15 requires hospitals to have provisions for alternate sources of energy to maintain temperatures to protect patient health and safety and the safe and sanitary storage of provisions. Title 42, Section 482.41(c)(4) requires proper ventilation in appropriate areas. The Centers for Medicare & Medicaid Services (CMS) *State Operations Manual Appendix Z* provides interpretative guidelines for planning and preparedness. Appendix Z provides interpretive guidance for Title 42 Section 482.15. Hospital facilities are required to establish how required heating and cooling will be maintained during an emergency such as loss of primary power in areas deemed necessary to protect patients. Operating rooms are considered an area that requires temperature and humidity control to protect patients by preventing bacterial growth and infection. The California Department of Public Health enforces the Federal operational requirements and Emergency Preparedness Plan found in the Title 42 and *CMS State Operations Manual Appendix Z* for hospitals in California. California Mechanical Code Section 321.3 is amended to reflect that the cooling equipment shall maintain temperature and humidity for a minimum of one operating room and other spaces outlined in a hospital’s Emergency Preparedness Plan. Existing Title 24 regulations already require alternate energy/back-up power for emergency lighting, fire life safety equipment, heating, and ventilation. This requirement also supports the Federal requirement to protect patient health and safety during a power outage by codifying the cooling requirement. Maintaining the minimum code requirements for temperature and humidity for operating rooms has been deemed necessary during a power outage.

#### Notation:

Authority: Health and Safety Code, Sections 1275, 18929, 129850

Reference: Health and Safety Code, Sections 1250.3, 1418.22, 129675-130070

### ITEM 5CHAPTER 4 VENTILATION AIRSection *407.0 Ventilation System Details*

***407.5 Variable Air Volume.***

***407.5.1 Variable Air Volume Systems (VAV).*** *Variable air volume systems subjecting the patient to a fluctuating air movement are not acceptable for airborne infection isolation rooms, protective environment rooms or those critically sensitive areas listed in Section 322.0. For nonsensitive areas, variable air volume systems meeting the following criteria can be considered:*

***407.5.1.1*** *The VAV system shall comply with code requirements for outside air, total air, and pressure relationship through the full range of operation from minimum to maximum.*

***407.5.1.2*** *The central return or exhaust fan shall be controlled to accomplish the variable air volume requirements of the individual rooms served by the fan as described in Section 407.5.1.3.*

***407.5.1.3*** *Spaces with pressure requirements per Table 4-A shall utilize an automatic modulating damper in the return or exhaust air for each space. The damper will modulate from full open to minimum position in conjunction with the supply air VAV terminal equipment to maintain space pressurization.*

***407.5.1.4*** *Sensitive areas or rooms shall be provided with an automatic modulating damper on the supply and [begin double underline] controls [end double underline] on the return or exhaust [begin double underline] duct system [end double underline] air for each space where needed to maintain constant air flows.*

***407.5.1.5*** *NR spaces per Table 4-A for pressurization shall utilize a modulating damper in the r [begin double underline] R[end double underline]eturn air [begin double underline] controls shall be provided [end double underline] for each zone or zones [begin double underline] system, floor or area [end double underline] with similar conditions.*

**Rationale:** HCAI is proposing to revise the amendments to section 407.5. During the 45-day comment period, HCAI received comments that the proposed language may be more restrictive than what was intended. New Sections 407.5.1.4 and 407.5.1.5 are revised for the 15-day comment period. Section 407.5.1.4 is revised from requiring a modulating damper in each sensitive space to performance language that will require the return air controls to maintain constant air flows when the duct system also serves sensitive spaces. The charging language in Section 407.5 does not permit variable air volume systems for sensitive spaces. All supply boxes to these spaces are required to be constant volume to maintain a constant airflow. This section will allow a duct system that serves sensitive and nonsensitive spaces to utilize VAV when the design incorporates adequate controls to maintain air balance. Return box, return valves, flow stations with modulating damper or other balancing techniques are methods of design to provide adequate control. Section 407.5.1.5 is revised to provide a performance approach to the arrangement of controls for the return air duct system. The proposed 45-day express terms wording for one or more zones, could imply modulating boxes were required in more places than necessary. Section 407.5.1.5 coordinates with the California Building Code Section 1020.6 which prohibits using the corridor to convey air except for spaces that are required to be pressurized for infection control.

#### Notation:

Authority: Health and Safety Code, Sections 1275, 18928, 129850

Reference(s): Health and Safety Code, Section 1250.3, 1418.22, 129675-130070

### ITEM 8CHAPTER 4 VENTILATION AIR*TABLE 4-A*

***TABLE 4-A
PRESSURE RELATIONSHIP AND VENTILATION REQUIREMENTS FOR GENERAL ACUTE CARE HOSPITALS, SKILLED NURSING FACILITIES, INTERMEDIATE CARE FACILITIES, ~~CORRECTIONAL TREATMENT CENTERS,~~ OUTPATIENT FACILITIES, ~~AND~~ LICENSED CLINICS,
CORRECTIONAL TREATMENT CENTERS, AND ACUTE PSYCHIATRIC HOSPITALS [OSHPD 1, 2, 3, 4 & 5]***

| **Function of Space (ee)** | **PressureRelationship(*d*)(n)** | **MinimumOutdoorach** | **MinimumTotalach** | **ExhaustedDirectly toOutdoors(j)** | **RecirculatedRoom Units(a)** | **UnoccupiedTurndown** | **DesignRelativeHumidity (k),%** | **DesignTemperature (l), °F/°C** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NURSING UNITS AND OTHER PATIENT CARE AREAS** |  |  |  |  |  |  |  |  |
| AII anteroom *(1224.14.3.3)* (u) | (e) | NR | 10 | Yes | No | ~~Yes~~ *No* | NR | NR |
| . . .  |  |  |  |  |  |  |  |  |
| Treatment room *(1224.4.4.1.2)* (p) | NR | 2 | 6 | NR | NR | Yes | 20-60 | 70-75/21-24 |
| *[begin double underline] Waiting area primary care clinic (1226.4.16.1.2) [end double underline]* | *[begin double underline] Negative**[end double underline]* | *[begin double underline]2**[end double underline]* | *[begin double underline]**12**[end double underline]* | *[begin double underline]**Yes**[end double underline]* | *[begin double underline]**No**[end double underline]* | *[begin double underline]* *No**[end double underline]* | *[begin double underline]**Max 60**[end double underline]* | *[begin double underline]* *70-75/21-24**[end double underline]* |
| Wound intensive care (bum unit) (1224.29.1) | Positive | 2 | 6 | NR | No | Yes | 40-60 | 70-75/21-24 |
| **DIAGNOSTIC AND TREATMENT** |  |  |  |  |  |  |  |  |
| Bronchoscopy, sputum collection, and pentamidine administration *(1224.39.3)* (n), (x) | Negative | 2 | 12 | Yes | No | Yes | NR | 68-73/20-23 |
| . . .  |  |  |  |  |  |  |  |  |
| ~~Treatment room~~ | ~~NR~~ | ~~2~~ | ~~6~~ | ~~NR~~ | ~~NR~~ | ~~Yes~~ | ~~Max 60~~ | ~~70- 75/21-24~~ |
| *[begin double underline] Ultrasound (1224.18.5) [end double underline]* | *[begin double underline]**NR**[end double underline]* | *[begin double underline]2**[end double underline]* | *[begin double underline]**6**[end double underline]* | *[begin double underline]**NR**[end double underline]* | *[begin double underline]**NR**[end double underline]* | *[begin double underline]**Yes**[end double underline]* | *[begin double underline]**Max 60**[end double underline]* | *[begin double underline]**72- 78/22-26**[end double underline]* |
| **~~PATIENT~~ SUPPORT ~~FACILITIES~~ *SERVICES*** |  |  |  |  |  |  |  |  |
| *Blood bank/tissue storage (1224.17.2.4)* | *NR* | *2* | *6* | *NR* | *NR* | *Yes* | *NR* | *NR* |
| … |  |  |  |  |  |  |  |  |

Informative Notes: (1) NR = no requirement

….[no change to footnotes]

**Rationale:** HCAI proposed to add two more items in Table 4-A. When HCAI was rearranging the 2022 CMC Table 4-A for the 2025 version, these two items were inadvertently missed. These are not new function space categories, just carried forward from the previous code cycle. Since the entire table was rearranged, the California amendments are shown in underline, therefore for the purposes of 15-day, these additional California amendments are shown in double underline. This oversight was brought to our attention from a public member that submitted a 45-day comment. HCAI appreciates their participation in the process and additional review of the proposed code changes.

#### Notation:

Authority: Health and Safety Code, Sections 1275, 18928, 129850

Reference(s): Health and Safety Code, Section 1250.3, 1418.22, 129675-130070