Facilities Development Division
California’s Building Department for Hospitals

Paul A. Coleman, Architect, Deputy Director
Chris Tokas, S.E., Deputy Division Chief
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Hussain Bhatia, Ph.D., S.E., Supervisor, Seismic Compliance Unit
David Neou, S.E., Supervisor, Structural Support Unit
Diana Scaturro, Supervisor, Building Standards Unit
Nanci Timmins, Fire Marshal, Chief Fire Life Safety Officer

A Hodgepodge Assortment of Miscellaneous Information
Paul Coleman, Architect, Deputy Director
September 5, 2019

Facilities Development Division
4 Year Trend of Projects in Plan Review

Cost

Count

Facilities Development Division
The median project cost (50% above and 50% below) is $200,000
4 Year Trend of Projects in Construction

Cost

Count

Facilities Development Division
The median project cost is $222,000
1301.3 Conflict of Requirements. The requirements of this chapter shall not be interpreted to conflict with the requirements of NFPA 99. For requirements of portions of medical gas and vacuum systems not addressed in this chapter or medical gas and vacuum systems beyond the scope of this chapter refer to NFPA 99.

1304.1.2 [OSHPD 1, 1R, 2, 3, 4 & 5] Medical gas systems for health care facilities that are regulated by OSHPD (hospitals, skilled nursing facilities, and intermediate care facilities, licensed clinics, and correctional treatment centers) shall be in accordance with NFPA 99, Standard for Health Care Facilities. See California Building Code Table 1224.4.6.1 for location and number of station outlets for oxygen, vacuum, and medical air.
<table>
<thead>
<tr>
<th>Locations</th>
<th>ORTEN</th>
<th>VACCIN</th>
<th>MEDICAL AIR</th>
<th>WATSEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient rooms (nursing, surgical)</td>
<td>1 bud</td>
<td>1 bud</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2. Examination or treatment (medical/surgical in and patient care)</td>
<td>1 room</td>
<td>1 room</td>
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</tr>
<tr>
<td>3. Dermatology/ultraviolet or protective environment rooms (medical/surgical in)</td>
<td>1 bud</td>
<td>1 bud</td>
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</tr>
<tr>
<td>4. Emergency rooms (medical/surgical in and patient care)</td>
<td>1 bud</td>
<td>1 bud</td>
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<td>—</td>
</tr>
<tr>
<td>5. Central service area</td>
<td>1 bud</td>
<td>1 bud</td>
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<tr>
<td>6. Central supply area</td>
<td>1 bud</td>
<td>1 bud</td>
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<td>—</td>
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<tr>
<td>7. Patient rooms (medical/surgical in and patient care)</td>
<td>1 bud</td>
<td>1 bud</td>
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<td>—</td>
</tr>
<tr>
<td>8. Central service area</td>
<td>1 bud</td>
<td>1 bud</td>
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<tr>
<td>9. Central supply area</td>
<td>1 bud</td>
<td>1 bud</td>
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<td>—</td>
</tr>
<tr>
<td>10. Laboratory (nursing, surgical)</td>
<td>1/3 room*</td>
<td>1/3 room*</td>
<td>1/3 room*</td>
<td>—</td>
</tr>
<tr>
<td>11. Patient rooms (bed, patient)</td>
<td>1 bud</td>
<td>1 bud</td>
<td>—</td>
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<tr>
<td>12. Central service area</td>
<td>1 bud</td>
<td>1 bud</td>
<td>—</td>
<td>—</td>
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<tr>
<td>13. Psychiatric patient rooms</td>
<td>—</td>
<td>—</td>
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<td>—</td>
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<tr>
<td>14. Isolation treatment rooms (psychiatric units)</td>
<td>—</td>
<td>—</td>
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<td>—</td>
</tr>
<tr>
<td>15. General operating room</td>
<td>1 room</td>
<td>1 room</td>
<td>1 room</td>
<td>1 room*</td>
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<tr>
<td>16. Central and special procedures</td>
<td>1 room</td>
<td>1 room</td>
<td>1 room</td>
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<tr>
<td>17. Obstetric surgery</td>
<td>1 room</td>
<td>1 room</td>
<td>1 room</td>
<td>1 room</td>
</tr>
<tr>
<td>18. Surgical/obstetric and other sterile-sterile procedures</td>
<td>1 room</td>
<td>1 room</td>
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<tr>
<td>19. Non-sterile operating rooms</td>
<td>1 bud</td>
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<tr>
<td>20. Laminar airflow workrooms</td>
<td>—</td>
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<td>—</td>
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<tr>
<td>21. Positive pressure procedure rooms</td>
<td>—</td>
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</tr>
<tr>
<td>22. Positive pressure delivery</td>
<td>—</td>
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<tr>
<td>23. Obstetric breathing room</td>
<td>1 room</td>
<td>1 room</td>
<td>—</td>
<td>—</td>
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<tr>
<td>24. Operating room (nursing, surgical)</td>
<td>1 room</td>
<td>1 room</td>
<td>1 room</td>
<td>1 room</td>
</tr>
<tr>
<td>25. Whisker resuscitation space</td>
<td>1 room</td>
<td>1 room</td>
<td>1 room</td>
<td>—</td>
</tr>
<tr>
<td>26. Labor room</td>
<td>1 room</td>
<td>1 room</td>
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<td>—</td>
</tr>
<tr>
<td>27. Obstetric department (OB)</td>
<td>1 bud</td>
<td>1 bud</td>
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<td>—</td>
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<tr>
<td>28. Obstetric department (OB/ND)</td>
<td>1 bud</td>
<td>1 bud</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>29. Labor and delivery emergency management (OB/ND)</td>
<td>1 bud</td>
<td>1 bud</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>30. Labor and delivery emergency management (OB/ND)</td>
<td>1 bud</td>
<td>1 bud</td>
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</tr>
<tr>
<td>31. Trauma area (nursing, surgical)</td>
<td>1 room</td>
<td>1 room</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>32. Intensive care emergency care assessment or treatment rooms</td>
<td>1 bud</td>
<td>1 bud</td>
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<td>—</td>
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<tr>
<td>33. Observation unit</td>
<td>1 bud</td>
<td>1 bud</td>
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<td>—</td>
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<tr>
<td>34. Trauma critical care (obstetric)</td>
<td>1 bud</td>
<td>1 bud</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>35. Obstetric and surgical delivery</td>
<td>1 bud</td>
<td>1 bud</td>
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<td>—</td>
</tr>
<tr>
<td>36. Central sterilization lab</td>
<td>1 bud</td>
<td>1 bud</td>
<td>1 bud</td>
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<tr>
<td>37. Radionuclide room</td>
<td>—</td>
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<tr>
<td>38. MRI</td>
<td>1 room</td>
<td>1 room</td>
<td>1 room</td>
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</tr>
<tr>
<td>39. Disinfecting and sterilization procedure area</td>
<td>1 room</td>
<td>1 room</td>
<td>1 room</td>
<td>—</td>
</tr>
<tr>
<td>40. Windowed area, preoperative/patient holding areas</td>
<td>1 room</td>
<td>1 room</td>
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</tr>
</tbody>
</table>

NFPA 99 vs. CPC Chapter 13

Facilities Development Division

Office of Statewide Health Planning and Development

Saline PE 1724.4(A)
STATION OUTLETS FOR OXYGEN, VACUUM (DRAIN), AND MEDICAL AIR SYSTEMS 1 2

1 For any area or room not described above, the having clinical staff shall determine actual requirements after consultation with the referring agency.
2 Whereophthalmic intervention takes place in a room such as emergency ophthalmology or OSEM, then the intraoperative services shall be provided in that room or addition to the central service required for the purpose.
3 One outlet for each pod and one for each functional area.
4 The providing of any ancillary service for any one area is the responsibility of the area.
5 The removal of any equipment shall be permitted.
6 WASS shall be used during the patient's pre-operative visit.
7 The removal of any equipment shall be permitted.
Some of FDD’s Changes to the 2019 CBSC

Develop and promulgate cost effective codes and code changes, utilizing national standards to the extent possible, for the 2019 California Building Standards Code (partial list)

- Changed SNF and Acute Psych structural requirements to be model code
- Created OSHPD 1R and OSHPD 5
- Revised NPC-3 requirements
- Created NPC-4D
- Created I-2 With Restraint I.L.O. I-3 in the 2016 mid-cycle code, added Class I flooring acceptance in the 2019 CBSC
- Revised testing protocols for bracing components
- Use the International Existing Building Code (IEBC) instead of Chapter 34A
- Modifications to elevator requirements
- Building standards for out-patient Observation Units
- Adopted ASHRAE 62.1 for non-patient care areas
- Developed Pharmacy standards for hospitals with fewer than 100 beds
- Worked with CEC staff to add I Occupancies to Part 6, California Energy Code
Highlights:

• Building Envelope Minimum Requirements for new space

• Equipment Energy Efficiency Ratings for new equipment

• LED Lighting for new lighting and lighting retrofits

Effective Date:

• January 1, 2020
7-118. Building Energy Efficiency Program.
Projects that consist of any new elements related to A thru D shall include a Building Energy Efficiency Program with the submittal. The Program shall describe how the design of the building systems meets the owner’s project requirements and include the associated Basis of Design (BOD) document required under Title 24, Part 6. The BOD shall describe the building systems to be commissioned, outline design assumptions, describe how the building systems design meets the owner’s project requirements, and why the systems were selected. The BOD shall cover the following systems and components as described in the Building Energy Efficiency Standards, Nonresidential Compliance Manual:

A. HVAC systems efficiencies
B. Indoor lighting systems efficiencies
C. Water heating systems efficiencies
D. Building envelope considerations
Facilities Development Division

2019 CBSC Intervening Code Cycle

Diana Scaturro
Supervisor, Building Standards Unit

Title 24 California Building Standards Code

Code Application Notices (CANs)
2019 Interim Code Cycle

2019 Intervening Code Adoption Cycle

Amendments to the 2019 California Building Standards Code, Title 24 Supplement July 1, 2021 Effective Date

Code Advisory Committees:
- SDLF – Structural Design/ Lateral Forces
- PEME – Plumbing, Electrical, Mechanical & Energy
- HF – Health Facilities
- GREEN – Green Building
- BFO – Building, Fire & Other
- ACCESS – Accessibility

Public Participation Opportunity
All dates are subject to change

Facilities Development Division

DRAFT

19161 263-0916
www.dgs.ca.gov/bsc
Rev. March 2019
2019 Interim Code Cycle

RegSUnit@oshpd.ca.gov

Facilities Development Division

President’s Message

As we begin the official release of the 2019 Code Cycle, the OSHPD has engaged in a series of virtual stakeholder sessions to gather feedback on the draft codes. These sessions were facilitated by the Hospitals Building Safety Board (HBSB) and the Codes and Processes Committee (CPC) of the California Health and Human Services Agency. The 2019 Code Cycle is an important opportunity to shape the future of healthcare facility code requirements, and we encourage all stakeholders to participate.

HBSB and CPC Meetings

The HBSB and CPC meetings, as well as the Code Change Call, are opportunities for stakeholders to provide input on the draft codes. The meetings are open to the public and provide an opportunity to discuss the codes, ask questions, and provide feedback. To view the meeting agendas and participate in the discussions, please visit the OSHPD website.

Code Change Call

The Code Change Call is an important opportunity to participate in the code development process. During the call, stakeholders can provide input on the draft codes and share their perspectives on the proposed changes. To view the agenda and participate in the call, please visit the OSHPD website.

If you have any questions or would like to provide feedback on the 2019 Code Cycle, please contact the OSHPD at RegSUnit@oshpd.ca.gov.
2019 Interim Code Cycle

- 2019 California Building Code is available
- We are currently working on code change proposals for the 2019 Interim Code Cycle
  - Special seismic certification of servers, routers and switches
  - Special seismic certification for Fluoroscopy and X-ray
  - PIN for anchorage and bracing of Fixed, Movable and Mobile equipment
  - Changes to the material chapters (Steel, Masonry)
  - Modifications to SPC-4D requirements (Pounding analysis)
Major Research Initiatives

California Building Standards Code alignment with CDPH & CMS
Anti-Ligature enhancements per CMS
Emergency Department Revisions
  o Environments based upon classification of Patient Care Needs
  o Enhanced Trauma Room standards and Urgent Care
Short Term Skilled Nursing (i.e. Transitional Care)
Energy, Energy, Energy…
Emergency Operations impacts to Building Standards
  o Surge Tents
  o Infrastructure Availability
Major Research Initiatives

(New) Chemical Dependency Recovery Hospitals

(New) Sub-Categories of OSHPD 3 Clinics

(New) Protective Environment Standards
  - High – Unit (i.e. Bone Marrow Transplant)
  - Med – Unit (i.e. Oncology)
  - Low – Room Only

Interventional Imaging Revisions per collaboration with CDPH (IP/OP)

Part 10 Enhancements (Existing Building Code)

Ongoing CDPH collaboration re: Title 22 updates for Licensing Standards
Unified Imaging & Procedure Room Classification System

<table>
<thead>
<tr>
<th>Imaging Room</th>
<th>Procedure Room</th>
<th>Type of Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Class 1 Imaging</td>
<td>= Exam/Treatment Room</td>
<td>= Unrestricted Space</td>
</tr>
<tr>
<td>• Class 2 Imaging</td>
<td>= Procedure Room</td>
<td>= Semi-restricted Space</td>
</tr>
<tr>
<td>• Class 3 Imaging</td>
<td>= Operating Room</td>
<td>= Restricted Space</td>
</tr>
</tbody>
</table>

Modeled on 2018 FGI *Guidelines for Design & Construction of Hospitals*
TRANSITIONAL CARE UNITS (TCUs)

• Post Acute Care Stay
  • After hospital stay of 3 days or more
  • Patient improving (recuperative/rehabilitative)
  • Short-term – 5 to 21 days (no more than 100 days) then discharged

• Skilled Nursing Facility
  • Distinct Part (DP/SNF) or stand alone
  • Sub-acute – Essential electrical
  • OSHPD 1, OSHPD 1R or OSHPD 2

• Rehabilitation Therapy
  • PT, OT, and/or Speech
Assembly Bill 2798

- New Hospital Licensing Bill
- Applies to General Acute Care Hospital and Acute Psychiatric Hospital
- Effective January 1, 2019
- **NEW** Health & Safety Code section 1272
Centralized Applications Branch New GACH/APH Timelines

Initial/Change of Ownership:

• Review application
• Conduct on-site survey
• Approve or deny application within 100 days from date of receipt of application
• Survey (if applicable) must be completed within 30 days of CAB approval and submit findings to CAB
• CAB issues license at 31st day
Expand a service currently provided/add to license (except if out of compliance):

- Approve 30 days from receipt; Survey not required; at DO discretion
- Remain licensed for up to 18-mos; unless approved for longer period
- December 31, 2019; develop automated applications system
A new definition will be added to the California Building Code (or Administrative Code) for **Substantial Compliance**:

**Substantial Compliance** is a stage of a construction or building project, or a designated portion of the project, that is sufficiently complete in accordance with the approved construction plans and the California Building Standards Code such that the owner may use or occupy the building project, or designated portion thereof, for the intended purpose.

Effective immediately, the Certificate of Occupancy shall only be issued when construction is complete and ready for patient use where the project is a new building, addition or change of occupancy. The new **Certificate of Substantial Compliance** shall be issued for all projects that involve:

- Remodels/Renovations
- Maintenance Projects
- Equipment Replacement
Certificate of Substantial Compliance

Number: S171519-19-00

Field Operations Group: FDD

Field Operations Type
- Field Visit/Observation: Optional
- Substantial Compliance: Optional
- Certificate of Occupancy: Optional
- Construction Final: Optional

Facility Name and Address
Ronald Reagan UCLA Medical Center
757 Westwood Plaza Los Angeles, CA 90095

Inspector of Record
Nathan G Cantillo

Telephone No.: (310) 826-8919

Approved Plans: 9/19/2019

Date: 5/29/2019

Facility No.: 12/127

Project No.: 5/171519.19.30

Contractor: UCLA MEDICAL CENTER

SC

OFFICE OF STATEWIDE HEALTHPLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION
15500 Research Drive, Suite 2100, Los Angeles, CA 90045
Phone: (310) 826-8045 Fax: (310) 826-8148

Certificate of Substantial Compliance: The building project, or a designated portion thereof, is sufficiently complete in accordance with the approved construction plans and applicable California Building Standards Code such that the owner may use or occupy the building project, or designated portion thereof, for the intended purpose.

Comments or Additional Conditions
Emergency Projects
Emergency Work and Repairs

- CAC, Chapter 6 § 1.5.1.1 – NPC-1 Buildings - **141 buildings at 28 facilities are NPC-1**

- CBC 309.1.1 - SPC-1 Buildings without an extension and no Remove From Acute Care Services project approved, permitted, and closed in compliance

**SEISMIC COMPLIANCE WORK/REMOVE FROM ACUTE CARE SERVICES**

**MAINTENANCE.** The routinely recurring work required to keep a facility (plant, building, structure, utility system, etc.) in such condition that it may be continuously utilized, at its original or designed capacity and efficiency, for its intended purpose. Actions necessary for retaining or restoring an existing piece of equipment, machine, or system to the specified operable condition to achieve its maximum useful life, including corrective maintenance and preventive maintenance.

**EMERGENCY WORK/REPAIR.** The least amount of immediate work, replacement, or repair of a failed or damaged element of a building, structure, utility system, or equipment that is essential to the continued safe occupation and operation of a facility.
[A] 105.2.1 Emergency repairs. Where equipment replacements and repairs must be performed in an emergency situation, the permit application shall be submitted within the next working business day to the building official.
ARTICLE 20
REPAIR OF DAMAGE AFTER AN EMERGENCY

7-300. Plan review and approval.

(b) For emergency repairs carried out without the Office plan review and permit the aftermath of an emergency, an application for plan review must be submitted with construction documents, fees and a letter of transmittal stating the reasons for emergency repairs. Photographs, if available, and reports of damage and repairs should also be submitted with the application. Additional repairs may be required if the emergency repairs do not comply with the code. For alternate fee payment methodology, see Section 129787 of the Health and Safety
Emergency Work

Emergency work may be necessary due to equipment failure, natural disaster or other occurrences that require immediate repair or replacement to insure jobsite or building occupant health or safety. If buildings, systems, components or equipment are repaired or replaced under emergency conditions, the work must be approved and permitted as required by CAC, Chapter 7, Article 20. Short-term, mid-term or long-term temporary equipment and systems may be required to protect occupant safety and maintain services during the repairs.
Examples of Emergency Repairs

- Earthquake, wind, flood or fire damage, or other natural disaster
- Some equipment failures. Case by Case
- Threat of impending danger to the life of occupants, public, staff, visitors, etc.
- Water heater. Depends on number and size. Same for boiler
- Emergency generator equipment failure or damage. If you only have one generator
- Chiller failure during summer months
- HVAC/heating failure during winter months
- Vehicle into building
- Fire alarm system failure
NOT Examples of Emergency Repairs

• Unauthorized construction mitigation work
• Planned maintenance of equipment
• Leaking roof???
  • Repair, yes
  • Reroof, no
• Sewer line replacement???
  • Repair, yes
  • Reroof, no.
Emergency Work and Repairs

CAN: 2-108 -Temporary Systems, Utilities and Equipment

Temporary spans 3 different durations

1. 7 days
2. 30 days
3. 180 days maximum
14. Healthcare facilities must request authorization from OSHPD prior to performing emergency work and shall proceed as directed to obtain the approvals and

15. The Regional Compliance Officer may grant authorization for emergency work.

16. For emergency repairs carried out without an Office plan review and permit due to sudden equipment failure or natural disaster, the facility shall submit a letter stating the reasons for the emergency repairs and requesting emergency authorization to proceed.

17. Emergency changes to permitted projects relating to the safety of persons at the construction site may be made immediately.

18. Emergency changes shall be documented by change order.

19. Plan review and construction documents for the emergency work shall be submitted for review as soon as possible.
Field Review POST APPROVAL AND DEFERRED APPROVALS Reminder

20. The procedures leading to obtaining written approval of final plans and specifications for the emergency work shall be carried to conclusion without suspension or unnecessary delay.

21. Additional repairs or corrections may be required if the emergency repairs do not comply with the code.

22. All work must be observed by an approved Inspector of Record or remain uncovered until approved adequate inspection is provided in order to assure safety and compliance.

23. Licensing and Certification should be notified by the facility of the emergency repair or projects.
Field Review POST APPROVAL AND DEFERRED APPROVALS Reminder

Field staff shall visit the facility to observe the emergency situation and document on their field visit report that all work must be observed by an approved IOR or remain uncovered until approved adequate inspection is provided in order to assure safety and code compliance.
Vacated Spaces
Vacated Spaces

CBC Section 116

Structures or existing equipment that are or hereafter become unsafe, insanitary or deficient because of inadequate means of egress facilities, inadequate light and ventilation, or which constitute a fire hazard, or are otherwise dangerous to human life or the public welfare, or that involve illegal or improper occupancy or inadequate maintenance, shall be deemed an unsafe condition. Unsafe structures shall be taken down and removed or made safe, as the building official deems necessary and as provided for this section. A vacant structure that is not secured against entry shall be deemed unsafe.
CFC Section 311

Temporarily unoccupied buildings, structures, premises, or portions thereof, including tenant spaces, shall be safeguarded and maintained in accordance with Sections 311.1.1 through 311.6.

- Must be secured
- Must be protected
Vacated Spaces

Vacating Licensed Service Space (unoccupied – no change in use)

• Ex.: Beds in suspense
• No modifications or the creation of a project
• OSHPD must be notified
• Space to be maintained as is, although the air volume may be reduced in accordance with CMC Section 407.1.1, and general lighting may be turned off
• Emergency egress lighting must remain in service
• The space must remain accessible for emergency egress and for use as a smoke compartment
Vacated Spaces

Vacating Licensed Service Space (occupied with an interim use)

- Beds in “suspense” must be able to resume that former use within a 24-hour period in order to remain in compliance with Title 22
- This places a limitation on interim use of the space
- Interim use must be approved in writing by CDPH in accordance with Title 22
- The change in use (primary function) and any related construction must also be approved by OSHPD in accordance with Title 24
## Vacated Spaces

<table>
<thead>
<tr>
<th>Temporary Vacated Lin-Occupied Space</th>
<th>Temporary Vacated With Interna Use</th>
<th>Vacated with Future Change in Occupancy</th>
<th>De-Commissioned Portion of Hospital Bldg</th>
<th>De-Commissioned Free-Standing Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</table>

### Requirements

1. Any modifications to the existing spaces to be vacated (e.g., removing existing equipment) shall be submitted to OSHPD (office or field) for review and permit. Note: Spaces that have been modified will be subject to current code requirements prior to re-occupancy.

2. Perimeter walls of vacated space shall be of 1-hr type construction and extend, as a minimum, to the underside of the ceiling.

3. Vacated space shall be protected with at least one of the following methods of protection:
   - [ ] Fully Sprinklered
   - [ ] Full Smoke Detection
   - [ ] Fire Watch

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Facilities Development Division

Office of Statewide Health Planning and Development

DRAFT
# Vacated Spaces

<table>
<thead>
<tr>
<th>Temporary Vacated Space</th>
<th>Temporary Vacated With Interim Use</th>
<th>Vacated with Future Change in Occupancy</th>
<th>De-Commissioned Portion of Hospital Building</th>
<th>De-Commissioned Free-Standing Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
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<td>X</td>
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</table>

**Requirements**

4. Measures shall be taken for all plumbing to eliminate any gases or liquids from entering the space. Measures may include capping off pipes or drains, sealing p-traps with non-evaporative fluids, or providing a maintenance plan to assure p-traps are full.

5. Electrical breakers for receptacle circuits serving only the vacated space shall be turned off and locked. All lighting may remain.

6. Security patrol shall be provided bi-monthly to assure the space is not being occupied for any use.

7. The vacated spaces shall be locked to prevent entry.

8. Local fire authority shall be notified of the space(s) being vacated.

9. Access to vacated areas shall be posted “NO OCCUPANCY OR STORAGE.”

10. Closing vacated space shall not affect access to, or egress from, occupied spaces.
<table>
<thead>
<tr>
<th>Temporary Vacuum</th>
<th>Occupation Change</th>
<th>De-Commissioned Portion</th>
<th>De-Commissioned Free-Standing Building</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
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</tbody>
</table>

**11.** HVAC serving the area may be maintained as existing in order to prevent rebalancing of other areas outside the space, or it may be capped off which will require an HVAC project submitted for the re-balance of occupied areas affected.

**12.** An Alternate Method of Compliance shall be submitted for review and approval request shall be submitted for review and approval requesting one of the following options:

a. Designate the vacated space as storage complying with current code requirements for such use, including occupancy separation, or

b. Allow the Space to remain under current licensed use as vacant on an interim basis. Include an outline showing compliance with relevant requirements, including a time line for conversion back to a licensed service within one year.
Vacated Spaces

This slide is no longer vacated

Storage is a use

Occupancy Classification?
- Heavy or Light Storage? – 125#/sf or 250#/sf
- Fire wall requirements?
Remodel Seminar

Remodel +
Clear Path to Success

November 6, 2019
Sacramento

November 14, 2019
Santa Ana
Facilities Development Division

What is Facilities Development Division?

California is an area of high seismic activity. History has shown us that an earthquake can be devastating to structures and people. As a result, the Illinois Hospital Facilities Remodel Seminar was passed in 1973. It is the intent of the Legislature that hospitals continue to provide service to the community after a disaster and shall be designed and constructed, insofar as practical, to resist the forces generated by earthquakes, gravity, and wind. The Office of Statewide Health Planning and Development (OSHPD) is the agency responsible for administering the seismic safety and is considered a leader in the area of seismic safety.

In 1994, Senate Bill 885 was passed which requires all existing acute care hospitals to evaluate their seismic resisting systems and specifies timeframes to upgrade to current code standards. These retrofit designs of existing structures, along with the designs for complete new facilities, will be utilized to improve the seismic resisting systems as well as the latest innovative technology such as seismic isolation and/or passive energy dissipation systems.

OSHPD’s FDD performs plan review and observes construction for Hospitals and Skilled Nursing Facilities throughout the state. These responsibilities are divided into six geographical regions and the staff consists of Structural, Mechanical and Electrical Engineers, Architects, Compliance Officers and Fire and Life Safety Officers.

The FDD Building Safety Section (Architecture and Engineering) and Field Compliance Unit reviews plans and specifications and conducts construction observation for all proposed construction of hospitals and skilled nursing facilities, including additions and alterations to existing structures, to ensure compliance with the provisions of the latest California Building Standards Code.

Currently, OSHPD FDD is tasked with reviewing the seismic retrofit designs comprised by retrofit plans and specifications of facilities with non-conforming buildings, in addition to the normal flow of projects. This requires a team of highly skilled professionals. In order to provide excellent service to our customers, we are looking for leaders in the field of construction observation.

The Positions

The Facilities Development Division (FDD) Compliance Officer (CO) conducts inspections, performs observations, reviews architectural plans, fire and life safety systems, specifications, and calculations for new and existing hospital construction and other licensed health care facilities to ensure compliance with the California Building Standards Code.

COs are assigned to FDD’s Building Safety Section, Field Compliance Unit, within an assigned geographical area. COs make frequent site visits of health facilities under construction for the purpose of monitoring compliance with the approved construction plans and existing building standards. The CO works closely with the Inspector of Record assigned to the project and may consult with architects, contractors, inspectors, and hospital authorities regarding code related issues affecting their project. The CO may also prepare reports of investigations and participate as part of the Office of Statewide Health Planning and Development (OSHPD) emergency response team assigned to perform post-emergency event evaluations.

Requirements

All applicants must meet the education and/or experience requirements for the examination prior to filing an application.

Compliance Officer:

Either I:

Two years of experience in the California state service performing difficult construction inspection/supervision duties for the purpose of monitoring compliance with the approved construction plans and existing building standards. The CO works closely with the Inspector of Record assigned to the project and may consult with architects, contractors, inspectors, and hospital authorities regarding code related issues affecting their project. The CO may also prepare reports of investigations and participate as part of the Office of Statewide Health Planning and Development (OSHPD) emergency response team assigned to perform post-emergency event evaluations.

Or II:

Four years of experience as the representative of an architect, engineer, or building owner performing full-time technical inspection or supervision of general building construction projects. (Experience working as a full-time technical inspector or supervisor for an architect, engineer, or owner of a building under construction may be substituted on a year-for-year basis.) Experience as a plan checker or field inspector for a city or county building department may substitute for up to one-half of the required experience (on a year-for-year basis).

And

The equivalent of graduation from college with major work in engineering or architecture. (Additional qualifying experience may substitute for education on a year-for-year basis.)

Benefits of being a Compliance Officer for the State of California

- FLEXIBLE WORK SCHEDULE – Alternate work week schedules available
- PAID HOLIDAYS – 11 days per year
- SICK LEAVE – 8 hours per month
- VACATION – 7 to 14 hours per month
- PROFESSIONAL LEAVE – 16 hours per year
- MEDICAL, DENTAL AND VISION – Dental/benefit program available
- GROUP TERM LIFE INSURANCE
- PUBLIC EMPLOYEES’ RETIREMENT SYSTEM
- DEFERRED COMPENSATION PLANS (403b and 457)
- PROFESSIONAL LICENSE RENEWAL FEE REIMBURSEMENT
- CONTINUOUS EDUCATION CLASSES
- DISCOUNTED PUBLIC TRANSPORTATION

Interested individuals should follow the “31 Steps To A New Job” which can be found on the California Department of Human Resources' website: https://www.ca.gov/CalHR/Public/Lun/PeppWrs/31StepsToANewJob.html

For further information regarding Compliance Officer positions, contact the FDD Personnel Liaisons at (916) 440-8510 and (916) 440-8432 or email at FDPersonnel@oshpd.ca.gov.
• Any Questions?
• Any Answers?
• Any Additional Thoughts or Discussion?