

PARTICIPATION COMMENTS FOR THE NOTICE DATED OCTOBER 9, 2015
 Written comments are to be sent to the above address.

WRITTEN COMMENT DEADLINE: NOVEMBER 23, 2015 (no later than 5:00 pm)

Date: November 9, 2015

From: Travis R. English, P.E.
 Name (Print or type)


 (Signature)

Kaiser Permanente, Facilities Planning & Design, Engineering

Agency, jurisdiction, chapter, company, association, individual, etc.

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I/We do not agree with:

The Agency proposed modifications As Submitted on Section No. Title 24 Part 4 §Table 4-A

and request that this section or reference provision be recommended:

Approve Disapprove Further Study Approve as Amended

Suggested Revisions to the Text of the Regulations:

A	B	C	D	E	F
AREA DESIGNATION	AIR BALANCE RELATIONSHIP TO ADJACENT AREAS	MINIMUM AIR CHANGES IF 100% O.S.A.	CONDITIONED AIR NOT 100% O.S.A.		ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS
			MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR	MINIMUM TOTAL AIR CHANGES PER HOUR	
Trauma Room	P	12	5 <u>3</u>	20 <u>15</u>	-

Reason: [The reason should be concise if the request is for “Disapprove,” “Further Study Required,” or “Approve As Amended” and identify at least one of the 9-point criteria (following) of Health and Safety Code §18930.]

Please include this amendment, recommended under HSC §18930 (a), points 7, 3, & 4

HSC §18930 (a) (7) The applicable national specifications, published standards, and model codes have been incorporated therein as provided in this part, where appropriate.

Without this amendment, it seems §18930 (a) (7) may not be met.

*There is a national published standard for health care ventilation: ASHRAE-170. It is appropriate for California use. OSHPD’s initial statement of reasons (ISOR) indicates Table 4-A has been updated to incorporate ASHRAE-170. However, for **trauma rooms**, ASHRAE-170 is not incorporated.*

*The ISOR by OSHPD does not detail why ASHRAE 170 is inadequate for **trauma rooms** in California, as required by §18930 (a) (7) (A).*

HSC §18930 (a) (3) The public interest requires the adoption of the building standards.

Without this amendment, it seems §18930 (a) (3) may not be met.

The airflows proposed exceed those in ASHRAE-170. When §Table 4-A’s airflows or pressures exceed ASHRAE-170, they increase baseline HVAC energy use in California hospitals, relative to national baselines.

*It would seem to be in the public interest to adopt ASHRAE-170 for **trauma rooms**. Doing so also enables energy conservation in California hospitals: Reducing from 20ACH to ASHRAE-170’s 15ACH would enable a ~25% annual HVAC energy reduction in **trauma rooms**.*

HSC §18930 (a) (4) The proposed building standard is not unreasonable, arbitrary, unfair, or capricious, in whole or in part.

Without this amendment, it seems §18930 (a) (4) may not be met.

*The airflows required in **trauma rooms** would be unique to California, and higher than ASHRAE-170 (i.e. “arbitrary” in §18930 (a) (4)). There aren’t any apparent benefits to higher airflows, to offset the increased costs and energy use California hospitals will incur. Without a stated justification in the ISOR, this requirement would seem to place unfair cost and energy-use burdens on California hospitals.*

HEALTH & SAFETY CODE SECTION 18930

SECTION 18930. APPROVAL OR ADOPTION OF BUILDING STANDARDS; ANALYSIS AND CRITERIA; REVIEW CONSIDERATIONS; FACTUAL DETERMINATIONS

- (a) Any building standard adopted or proposed by state agencies shall be submitted to, and approved or adopted by, the California Building Standards Commission prior to codification. Prior to submission to the commission, building standards shall be adopted in compliance with the procedures specified in Article 5 (commencing with Section 11346) of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government Code. Building standards adopted by state agencies and submitted to the commission for approval shall be accompanied by an analysis written by the adopting agency or state agency that proposes the building standards which shall, to the satisfaction of the commission, justify the approval thereof in terms of the following criteria:
- (1) The proposed building standards do not conflict with, overlap, or duplicate other building standards.
 - (2) The proposed building standard is within the parameters established by enabling legislation and is not expressly within the exclusive jurisdiction of another agency.
 - (3) The public interest requires the adoption of the building standards.
 - (4) The proposed building standard is not unreasonable, arbitrary, unfair, or capricious, in whole or in part.
 - (5) The cost to the public is reasonable, based on the overall benefit to be derived from the building standards.
 - (6) The proposed building standard is not unnecessarily ambiguous or vague, in whole or in part.
 - (7) The applicable national specifications, published standards, and model codes have been incorporated therein as provided in this part, where appropriate.
 - (A) If a national specification, published standard, or model code does not adequately address the goals of the state agency, a statement defining the inadequacy shall accompany the proposed building standard when submitted to the commission.
 - (B) If there is no national specification, published standard, or model code that is relevant to the proposed building standard, the state agency shall prepare a statement informing the commission and submit that statement with the proposed building standard.
 - (8) The format of the proposed building standards is consistent with that adopted by the commission.
 - (9) The proposed building standard, if it promotes fire and panic safety as determined by the State Fire Marshal, has the written approval of the State Fire Marshal.