

**EXPRESS TERMS
FOR
PROPOSED BUILDING STANDARDS
OF THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

**REGARDING PROPOSED CHANGES TO
CALIFORNIA ELECTRICAL CODE
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 3**

LEGEND FOR EXPRESS TERMS

1. Existing California amendments or code language being modified: All such language appears in *italics*, modified language is underlined.
2. Repealed text: All such language appears in ~~strikeout~~.

EXPRESS TERMS

CHAPTER 4 – EQUIPMENT FOR GENERAL USE

<i>Adopting Agency</i>	<i>OSHPD</i>				<i>Comments</i>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	
<i>Adopt Entire Chapter</i>					
<i>Adopt Entire Chapter as amended (amended sections listed below)</i>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	
<i>Adopt only those articles / sections that are listed below</i>	X	X	X	X	
<i>Article / Section</i>					
<i>404.4</i>	<u>X</u>	<u>X</u>		<u>X</u>	
<i>406.8 (C) (1)</i>	<u>X</u>	<u>X</u>		<u>X</u>	

CHAPTER 5

ARTICLE 517 – HEALTH CARE FACILITIES

CHAPTER 5 – SPECIAL OCCUPANCIES

<i>Adopting Agency</i>	<i>OSHPD</i>				<i>Comments</i>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	
<i>Adopt Entire Chapter</i>					
<i>Adopt Entire Chapter as amended (amended sections listed below)</i>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	
<i>Adopt only those articles / sections that are listed below</i>					
<i>Article / Section</i>					
<i>517.30(B)(7) CA</i>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<i>Remainder of Matrix remains unchanged.</i>

...

517.30(B)(7) [For OSHPD 1, 2, 3, & 4] All automatic transfer switches in general acute care hospitals, ~~and ambulatory surgical clinics, and correctional treatment centers providing optional services shall be provided with an in-phase monitor relay and shall have provisions for electrically by-passing and isolating the transfer switch. The by-pass switch shall be capable of by-passing loads to the emergency source or normal source if the selected by-pass source voltage is available.~~

...

517.123 [OSHPD 1, 2, 3, & 4] Signal Systems. ~~Signal systems shall include provisions for visual and audible communications between patients and nursing personnel and between health care facility staff. Exception No. 1: In facilities or separate buildings of 6 beds or less, a signal/call system which can be demonstrated to the enforcing agency to function effectively is permitted.~~

~~Exception No. 2: Acute psychiatric hospitals are not required to install or maintain a signal system if they do not admit or retain patients who are confined to bed.~~

~~(A) Patient/Nurse Call System.~~ ~~The patient/nurse call system shall be comprised of components which include an annunciator located at each nurses' station which emits an audible signal and indicates the origin of the call. The system shall require resetting at the calling station unless a two-way voice communication component is included. Visual signals visible from all parts of the corridor shall be provided above corridor doors to each patient bedroom, toilet room, and bath or shower room. The system shall be provided for at least:~~

~~(1) One call station at each bed in patient bedrooms, labor rooms, intensive care units and coronary care units, capable of being activated by patients confined to bed.~~

~~(2) One call station with cords within 12 inches of the floor in each patient toilet room, bathroom, and shower room in locations easily accessible to patients.~~

~~Exception: For correctional treatment centers, the call system may be a cordless-type actuator in a location easily accessible to the patient or may be an audio communication system.~~

~~(3) Detachable cords at all call stations in rooms designated for psychiatric patient use.~~

~~(B) Staff Emergency Call System.~~ ~~The staff emergency call system shall be comprised of components which provide for at least:~~

~~(1) One call station from each operating, delivery, special procedure, and nursery room connected to the nearest continuously staffed nurses' station or control desk.~~

~~(2) One call station from the control desk of each recovery room, intensive care unit, neonatal intensive care unit (NICU), and coronary care unit connected to the nearest continuously staffed nurses' station.~~

~~(C) Emergency Alarm System (Code Blue).~~ ~~The emergency alarm system shall be comprised of components which provide for at least:~~

~~(1) One call station at each bed and nurses' station in recovery room, intensive care unit, and coronary care unit.~~

~~(2) One call station at the control desk in each neonatal intensive care unit (NICU).~~

~~(3) A unique visual and audible signal at attending nurses' station and a unique visual device above each entry door to the recovery room, intensive care unit, coronary care unit, and neonatal intensive care unit.~~

~~(4) Visual and audible signals at the PBX operator or other 24-hour staff area.~~

517.123 [OSHPD 1, 2, 3, & 4] Call Systems. Hospital signaling and nurse call equipment includes four types of call stations: patient stations, bath stations, staff emergency stations, and code call stations.

(A) General.

(1) Call station locations shall be as required in Table 1224.4.6.5, "Location of Nurse Call Devices" of the California Building Code.

(2) Call stations shall report to an attended location with electronically supervised visual and audible announcement as described in Table 1224.4.6.5 of the California Building Code.

(3) Where provided, nurse master stations shall provide audible/visual prompting and display all pending calls. If display capabilities are limited, the system shall display the highest priority calls as determined by

facility operations in conjunction with the licensing agency.

(4) The call system shall include a priority hierarchy to account for the needs of specific patient (e.g. nonverbalizing patients or patients with a high risk of falling).

(5) Alternate technologies that meet the requirements of UL 1069: "Standard for Hospital Signaling and Nurse Call Equipment", including radio frequency systems, shall be permitted for call systems.

(6) In addition to these requirements, call systems shall meet the requirements of UL 1069: "Standard for Hospital Signaling and Nurse Call Equipment".

(B) Patient Stations. A patient station shall be provided to allow each patient to summon assistance from the nursing staff.

(1) Each patient sleeping bed, except nursery beds, shall be provided with a patient station equipped for two-way voice communication. Use of a dual call station shall be permitted when beds are located adjacent to each other.

(2) The patient station shall be equipped with the following:

(a) A visual signal once it has been activated. An indicator light or call assurance lamp that remains lighted as long as the voice circuit is operating shall be provided. In rooms containing two or more patient stations, call assurance lamps shall be provided at each station.

(b) A reset switch for canceling a call

(3) The patient station shall activate signals as follows:

(a) Visual signals visible from all parts of the corridor shall be provided above corridor doors to each patient bedroom, toilet room, and bath or shower room. In multi-corridor nursing units or patient care areas, additional visual signals shall be installed at corridor intersections.

(b) A visual and audible signal at nurse call duty stations. The audible signal may be temporarily silenced provided subsequent calls automatically reactivate the audible signal.

(4) Diagnostic and treatment areas. A nurse call system shall be provided in each diagnostic and treatment area (including labor rooms, LDR rooms, emergency examination/treatment rooms or cubicles, and preoperative rooms or cubicles) as required in this article.

(C) Bath Stations. A bath station that can be activated by a patient lying on the floor shall be provided at each room containing a patient water closet, bathtub, sitz bath, or shower stall. Pull cords shall be located a maximum 12 inches (30.48 centimeters) above the floor.

(1) An alarm in these areas shall be able to be turned off only at the bath station where it was initiated.

(2) Bath stations in shower stalls and tubs shall be located 5 to 6 feet (1.52 to 1.83 meters) above the floor, within normal view of the user and within reach of staff without the need to step into the stall or tub.

(3) Bath stations shall be located to the side of toilets, within 12 inches (30.48 centimeters) of the front of the toilet bowl and 3 to 4 feet (.91 meter to 1.22 meters) above the floor. A bath station shall be permitted to serve both a toilet and a shower or other fixture if it is accessible to both.

(D) Staff Emergency Stations. Staff emergency stations for summoning additional local staff assistance for non-life-threatening situations shall be provided in each patient care location.

(E) Code Call Stations. Commonly referred to as a "Code Blue," code call stations are meant for use during a life-threatening situation to summon assistance from outside the unit or department.

(1) Code call stations shall be provided as determined by facility operations in conjunction with the licensing agency.

(2) Code call station locations shall be as required in Table 1224.4.6.5, "Location of Nurse Call Devices" of the California Building Code.

(3) The code call station shall be equipped with a continuous audible or visual confirmation to the person who initiated the code call.

(4) Code call stations shall provide audible and visual signals at the PBX operator or other continuously monitored location.

(F) Alarm in Psychiatric Nursing Units. A nurse call is not required in psychiatric units, but if one is

included the following shall apply:

(1) Provisions shall be made for easy removal or for covering of call button outlets.

(2) All hardware shall have tamper-resistant fasteners.

(3) Cords at all call stations in rooms designated for psychiatric patient use shall be detachable.

Notation

Authority: Health & Safety Code Section 1226, 1275, 129790 and 129850 and Government Code Section 11152.5

Reference(s): Health & Safety Code Section 129850