

**15-DAY 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**

(The State agency shall draft the regulations in plain, straightforward language, avoiding technical terms as much as possible and using a coherent and easily readable style. The agency shall draft the regulation in plain English. A notation shall follow the express terms of each regulation listing the specific statutes authorizing the adoption and listing specific statutes being implemented, interpreted, or made specific. (PART 1 – ADMINISTRATIVE CODE)

LEGEND FOR EXPRESS TERMS

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 Repealed text: All such language appears in double ~~strikeout~~.

The express terms below were subject to comments during the 45-day comment period that began on April 22, 2011, and ended on June 6, 2011. Comments were submitted by Mr. Vince Baclawski, Senior Director, Codes and Standards of National Electrical Manufacturers Association which suggested some modifications to the proposed language. OSHPD proposes to amend the express terms based on the comments received.

Based on criterion six of the nine-point criteria of Health and Safety Code §18930, these modifications provide clarity and consistency; therefore, mitigating the potential for misinterpretation of the requirements.

**EXPRESS TERMS
TITLE 24, PART 3**

**CHAPTER 5
ARTICLE 517**

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, of the California Building Code.

(2) Electronically supervised call stations shall report to an attended location with ~~electronically supervised~~ visual and audible annunciation as described in Table 1224.4.6.5 "Location of Nurse Call Devices" of the California Building Code.

Rationale:

Without the modifications the provision could be interpreted that only annunciation devices and the ability to functionally annunciate would need to be supervised. The proposed modifications will clarify and assure that call initiation and notification station devices are supervised, not the annunciation function.

~~(3) Where provided, nurse master stations shall provide audible/visual prompting and display all pending patient station, bath station, staff emergency station, and code call station calls for its defined area of coverage. If display capabilities are limited, the system shall display calls in the highest priority calls descending order with oldest calls displayed first. as determined by facility operations in conjunction with the licensing agency.~~

Rationale:

The display and processing of call notifications need to conform with clinical processes and industry standards, which typically address high priority, high urgency, or long waiting calls first. Without the proposed modifications, this section could allow for non-standard and unconventional interpretations by facility operations and the licensing agency at a time in a project where compliance could add significant and potentially prohibitive costs and time delay.

~~(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).~~

Rationale:

This language is being deleted because it is unclear and open to interpretation. There is no presiding standard that addresses how the proposed special needs priority hierarchy would conform and function within the context of other established and standardized nurse call priorities. The determination of specific special needs patients is a clinical staff determination that can vary within the context of each health care facility. Attempts at implementation could easily result in conflicts with facility protocols, and could result in systemic call fatigue of the clinicians.

~~(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.~~

Rationale:

There are no "alternate technologies" that meet UL1069. A system is either compliant with UL1069 or it is not. This language is being deleted because it could be interpreted that an alternate technology can meet the requirements of UL1069 and not be listed by a nationally recognized testing agency.

~~(6 4) In addition to these requirements, call systems shall meet the requirements of UL 1069: "Standard for Hospital Signaling and Nurse Call Equipment".~~

Rationale:

This provision is being renumbered to accommodate for the deletion of item (5). This provision negates the need for the above item (5).

(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 call assurance signal once ~~the station~~ has been activated.

(b) An indicator light or recurring audible tone, ~~or call assurance lamp that remains lighted active as long as the voice circuit is operating shall be provided. A tone may also sound at the patient station upon initial voice circuit operation.~~

(c) In rooms containing two or more patient stations, call assurance lamps shall be provided at each station.

~~(b)~~ (d) A ~~reset~~ switch for canceling a call.

Rationale:

The modifications will provide clarification as follows:

(2)(a) Call assurance visual indication should be provided for any time a call is activated. (b) In consideration of a patient's privacy, a visual or audible indicator would let the patient know the audio circuit connection is active. The call assurance and audio active indications should not be the same element. (c) The requirement for two or more patient stations should be stated separately. (d) Renumber the provision and minor change for clarification.

(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~~ station 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.

Rationale:

The modification provides clarity. The word "system" could lead to misinterpretation and misapplication. Individual rooms or areas do not require a "system" but do require specific call "station" devices.

(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~~ extend to a maximum of 12 inches (30.48 centimeters) above the floor.

Rationale:

This modification provides clarity and consistency. As indicated in items (C)(2) and (3) of this subsection, bath stations will be installed well beyond 12 inches above the floor. For pull cords, this provision should describe the determination of the length rather than its location.

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

Exception: When two or more stations are located in the same bath area and all are visible from any call location, the alarm may be canceled at any of these locations.

Rationale:

This modification adds clarification to allow the ability to cancel a bath station call in a way that is common to canceling calls for all other call initiation station devices.

(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. Call stations that initiate ~~S~~ staff emergency stations signals for summoning additional local staff assistance for non-life-threatening situations shall be provided in each patient care location as required in Table 1224.4.6.5, "Location of Nurse Call Devices" of the California Building Code.

Rationale:

The modifications provide clarity. Without the modifications, the provision may be interpreted to require a separate call station device whereas the emergency alert function could be accomplished with a multi-function station (e.g., a patient station with a dedicated Staff Emergency button). The modifications to this provision would not preclude the use of specialized or dedicated Staff Emergency Stations.

(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.~~

Rationale:

Deleting item (E)(1) is necessary because it can be interpreted as a direct conflict with item (2), which stipulates that the location of such stations is clearly defined.

~~(2)(1) Call stations that initiate ~~C~~ code call signals station locations shall be as required in Table 1224.4.6.5, "Location of Nurse Call Devices" of the California Building Code.~~

Rationale:

Modifications provide clarity. Without the modifications this provision may be interpreted to require a separate call station device whereas the code call function could be accomplished with a multi-function station (e.g., a patient station with a dedicated code blue button). This item is also being renumbered to accommodate for the modifications to item (1) above.

~~(3) (2) The ~~code~~ call station shall be equipped with a continuous audible or visual confirmation of activation to the person who initiated the code call.~~

Rationale:

Modifications add clarification of the required operation and would maintain consistency with the requirements for Patient Stations. This item is also being renumbered to accommodate for the modifications to item (1) above.

~~(4) (3) Audible and visual code call signals ~~Code call stations shall be provided audible and visual signals at the PBX operator or other continuously monitored location.~~~~

Rationale:

The modifications provide clarification. Without the modifications the provision would require code call stations to provide audible and visual signals at the PBX operator whereas the annunciation of the code signal could be provided by other means. This item is also being renumbered accommodate for the modifications to item (1) above.

(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