

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY
CALIFORNIA BUILDING STANDARDS COMMISSION
2525 NATOMAS PARK DR., SUITE 130
SACRAMENTO, CA 95833
(916) 263-0916 Phone
(916) 263-0959 Fax
Email: cbsc@dgs.ca.gov

Office Use Item No. _____

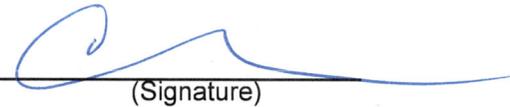
PARTICIPATION COMMENTS FOR THE NOTICE DATED AUGUST 24, 2012
Written comments are to be sent to the above address.

WRITTEN COMMENT DEADLINE: OCTOBER 8, 2012

Date: 5 October 2012

From:

Carol Corr
(AA) Name (Print or type)


(Signature)

KAISER PERMANENTE

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

1800 Harrison Street Oakland CA 94612
Street City State Zip

I/We do not agree with:

[] The Agency non-modification on Section No. 1224.29.1.1 Service Space

and request that this section or reference provision be recommended:

[] Approved [] Disapproved [] Held for Further Study [] Approved as Amended

Suggested Revisions to the Text of the Regulations:

1224.29.1.1 Service Space. Each intensive-care unit shall contain not less than four ~~or more than 12~~ beds.

Reason:

(1) The proposed building standard is unreasonable, arbitrary, unfair, or capricious, in whole or in part.

The original intent for limiting the quantity of beds in this unit to 12 was driven by old paper driven technologies and when paired with open unit configurations, the combination produced fire/life safety issues. Currently in most hospitals now, and all hospitals within the next five years, eliminates paper charts in favor of the required electronic record. Reduction of paper on the unit removes the fire safety issues.

The requirement to limit the size of the unit to 12 beds puts in place a new and even larger patient safety issue. Where the patient census increases beyond 12 patients, the hospital is forced to open another unit to accommodate the single patient. In this case, the facility must either transfer other patients to the new unit, or

mostly support the second unit from the fully occupied unit. Either staffing scenario puts patient care at risk. A larger unit that meets all of the other requirements, including patient visibility and support is a better option for most patients and hospitals. While it is possible to construct smaller units to meet the patient demand, smaller units run less efficiently and make it more difficult for specialist resources to monitor and attend to patients when they are spread into separate units.

In addition, this section is now applied by the new organization of the code to Newborn Intensive Care Units (NICU). The provision for multiple separate units for infants is especially dangerous as the number and types of specialists needing to care for infants, typically with multiple morbidities, is significantly greater than in adult patients. It is difficult for a specialist to directly monitor the care of infants housed on separate units, and rarely possible to group them as with adult patients where the morbidity is typically known in advance of the patient admit. The requirement for separate units also drives additional support spaces, such as isolation rooms, not typically needed for newborn infant care.

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:
 - (2) The proposed building standards do not conflict with, overlap, or duplicate other building standards.
 - (3) The proposed building standard is within the parameters established by enabling legislation and is not expressly within the exclusive jurisdiction of another agency.
 - (4) The public interest requires the adoption of the building standards.
 - (5) The proposed building standard is not unreasonable, arbitrary, unfair, or capricious, in whole or in part.
 - (6) The cost to the public is reasonable, based on the overall benefit to be derived from the building standards.
 - (7) The proposed building standard is not unnecessarily ambiguous or vague, in whole or in part.
 - (8) 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.
 - (9) The format of the proposed building standards is consistent with that adopted by the commission.
 - (10) 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.