

STATE OF CALIFORNIA
 STATE AND CONSUMER SERVICES AGENCY
 CALIFORNIA BUILDING STANDARDS COMMISSION
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Office Use Item No. _____

PARTICIPATION COMMENTS FOR THE NOTICE DATED AUGUST 28, 2009
 Written comments are to be sent to the above address.

WRITTEN COMMENT DEADLINE: OCTOBER 12, 2009

Date: September 24, 2009

From:

Paul A. Coleman, Deputy Director
 Name (Print or type)



(Signature)

-- Office of Statewide Health Planning and Development
 Agency, jurisdiction, chapter, company, association, individual, etc.

400 R Street Sacramento CA 95811
 Street City State Zip

I/We do not agree with:

The Agency proposed modifications As Submitted on Section No. CMC, Table 315 and Table 4-A
 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

(Suggested revisions are shown in double underline & double strikethrough)

Table 315 – Heating, Cooling, and Relative Humidity Requirements for Sensitive Areas or Rooms

AREA OR ROOM DESIGNATION	TEMPERATURE RANGE ^{1, 2}	RELATIVE HUMIDITY ^{1, 3}
	°F	Percent
Operating room	68 -73-75	30-60
Cystoscopy	68 -73-75	30-60
Cardiac catheterization lab	70 -75	30-60 <u>max 60</u>
Delivery room	68 -73-75	30-60
Recovery room <u>Post-anesthesia care unit</u>	70 -75	30-60
Newborn nursery	75-72 -78	30-60
<u>Newborn intensive-care newborn-nursery unit</u>	75-80-70-75	30-60
Intensive care ⁴	70-75	30-60
<u>Burn unit</u>	70-75	40-60

¹ Thermostats and humidistat shall be either locally resetable and of the non-locking type or remotely resetable and of the

locking type.

² Where temperature ranges are indicated, the system shall be capable of maintaining the rooms at any point within the range. A single figure indicates a heating or cooling capacity of at least the indicated temperature. Temperatures different than those shown will be allowed when approved by the authority having jurisdiction. Systems shall be capable of maintaining the rooms within the range during normal operation. Lower or higher temperature shall be permitted when patients' comfort and/or medical conditions require those conditions.

³ The ranges listed are the minimum and maximum limits where control is specifically needed.

⁴ Types of intensive care service spaces are listed in the California Building Code.

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TABLE 4-A --PRESSURE RELATIONSHIP AND VENTILATION REQUIREMENTS FOR GENERAL ACUTE CARE HOSPITALS, SKILLED NURSING FACILITIES, INTERMEDIATE CARE FACILITIES, CORRECTIONAL TREATMENT CENTERS, OUTPATIENT FACILITIES AND LICENSED CLINICS

A AREA DESIGNATION	B AIRBALANCE RELATIONSHIP TO ADJACENT AREAS ⁸	C MINIMUM AIR CHANGES IF 100% O.S.A.	D CONDITIONED AIR NOT 100% O.S.A.		F ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS
			Minimum Air Changes of Outdoor Air per Hour	Minimum Total Air Changes per Hour	
Operating room, cardiac cath lab and cystoscopy	P ¹	12	5	20	--
Patient holding preparation ¹	E	6	2	6	--
Delivery room, cesarean operating room	P	12	5	20	--
Nursery Newborn/ well baby nursery	P	86	3 2	12 6	--
Recovery Post anesthesia care unit	E	6	2	6	Yes
Intensive/coronary care ⁹ Intensive care service spaces, Acute respiratory- care service spaces, Burn service spaces, Coronary-care service Spaces, Pediatric intensive-care service spaces ⁹	P	6	2	6	--
Newborn intensive care	P	6	2	6	--
Emergency department:					
Waiting area	N	12	2	12	Yes ²
Operating room	P	12	5	20	---
Treatment room	E	6	2	6	---
Trauma room ³	P	12	5	20	--
Triage	N	12	2	12	<u>Yes</u>

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Reason: The Office of Statewide Health Planning and Development (OSHPD) is recommending “approve as amended” for Table 315 and Table 4A of the California Mechanical Code (CMC) based on #6 of the 9-Point Criteria. The suggested amendments will provide clarification and consistency within Title 24 and correct a printing error.

- **Table 315** - The suggested amendment to Table 315 will replace “Recovery room” with “Post-anesthesia care unit” (PACU) under the “Area and Room Designation” column of the table. This revision will make the terminology in Table 315 consistent with the terminology currently used in CMC, Table 4A. In the 2006 Annual Code Adoption Cycle, OSHPD revised Table 4A replacing “recovery room” with PACU in order to be consistent with the 2007 California Building Code; Table 315 terminology should be consistent, as well.
- **Table 4A** – The suggested amendment to Table 4A will correct a publishing error in the CMC. OSHPD added “Triage” to Table 4A under Column A – “Area Designation” in the 2006 Annual Code Adoption Cycle. Under Column F – “All Air Exhausted Directly to Outdoors”, the word “yes” was indicated for the triage area, however, this word was inadvertently left out during printing of the 2007 CMC.

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.