

June 13, 2011

Ms. Jennifer Hoke  
Chief of Certification and Regulations  
California Department of Public Health  
Licensing & Certification  
P.O. Box 997377; MS 3201  
Sacramento, CA 95899-7377

Dear Ms. Hoke:

On behalf of more than 400 member hospitals, health systems and post-acute-care providers, the California Hospital Association (CHA) respectfully offers the following comments for consideration as the California Department of Public Health (CDPH), Center for Healthcare Quality, begins the process of revising Title 22. While we are providing specific recommendations in this letter and the accompanying document pertaining to Articles 8 and 9, it is important to first acknowledge the significance and complexity of the task. Toward that end, we have some general recommendations we believe must be considered to achieve a successful outcome.

As CDPH is aware, the vast majority of Title 22 is outdated and no longer relevant to current hospital delivery of care. Consequently, Title 22 in its current form precludes CDPH's ability to provide effective oversight. Equally problematic, the current regulations serve as one of many obstacles California hospitals face in reaching the goal of providing quality health care under very tight financial restrictions. Recognizing the need for a wholesale revision, CDPH has made several attempts over the past four decades to undertake substantive revisions. Unfortunately, most efforts did not result in updating Title 22 to reflect health care delivery in the current environment. CHA applauds CDPH for undertaking the monumental task of rewriting Title 22, yet we remain concerned that the outcome will fall short unless the proper foundation and infrastructure are created.

Based on previous experience, CHA strongly recommends that CDPH develop an internal team dedicated to revising Title 22 that will have oversight and coordination responsibilities. It is critical that team members have knowledge and experience with respect to the challenges and opportunities of health care delivery in the 21<sup>st</sup> century. It is also essential that this team work closely with the Office of Statewide Health Planning and Development (OSHPD) Facilities Development Division on Article 8 revisions.

CHA also recommends that CDPH develop a comprehensive stakeholder process by which the CDPH team can receive input from experts on each subject covered by Title 22 before issuing draft regulations. A more structured stakeholder process will help ensure the draft regulations: 1) are consistent with existing laws and regulations, as well as national standards; 2) can be readily implemented at the facility and unit level; 3) allow for innovation in a constantly changing environment; 4) are organized in a manner that facilitates understanding and compliance; and 5) will achieve the desired results.

CHA believes these two recommendations are critical to the success of the project. The broader infrastructure must be designed first, and serve as the umbrella for the more specific activities.

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### **Article 8: Physical Plant**

CHA would like to propose general recommendations pertaining to Article 8 directly in this letter. However, detailed recommendations with regard to Article 8 are also attached for CDPH's consideration.

First, we wish to emphasize that Title 22 should be rewritten to allow California hospitals to provide care and design buildings that meet the needs of today's health care delivery. Furthermore, CDPH should address Title 22's building design sections as soon as possible due to the number of hospitals that will be undergoing major retrofits and new construction to meet the seismic mandate, and to provide the facility flexibility needed for health care reform. In addition, all square footage and non-operational standards in Title 22 should immediately be moved to Title 24. OSHPD has already identified these standards.

Article 8 should also include a requirement that hospitals develop a functional plan that is jointly submitted to Licensing & Certification and OSHPD. Any new construction or remodel of a hospital building that results in a change of license, services provided or the function of the hospital building should require a Joint Functional Plan Application.

Many states have already adopted the use of functional/operational plans prior to the design of construction plans. Numerous hospital designers and OSHPD endorse this concept. Detailed recommendations, including the key elements to be included in a functional plan, can be found in the attached document.

### **Article 9: Regulations Specific to Small and Rural Hospitals**

Section 70907 should be renamed to reflect more current terminology. The recommended term to be used is Food and Nutrition Services. The term "dietetic services" should be replaced with Food and Nutrition Services throughout Section 70907.

No other changes are proposed in regards to Article 9 at this time.

CHA is ready to assist CDPH in updating the Title 22 regulations so they provide a structure for hospitals to provide safe care to patients.

Thank you for the opportunity to comment. We look forward to working with you.

Sincerely,



Dorel Harms, RN  
Senior Vice President, Clinical Services

Attachment

Cc: Pam Dickfoss, Acting Deputy Director, California Department of Public Health,  
Center for Health Care Quality

**California Hospital Association  
Proposed Changes to  
Article 8. Physical Plant**

June 13, 2011

**§ 70801. ~~Alterations to Existing Buildings or New Construction~~ New Construction and Remodel.**

- ~~(a) Alterations to existing buildings licensed as hospitals or new constructions shall be in conformance with Chapter 1, Division T17, Part 6, Title 24, California Administrative Code.~~
- ~~(b) Hospitals licensed and in operation prior to the effective date of changes in these regulations shall not be required to institute corrective alterations or construction to comply with such changes except where specifically required or where the Department determines that a definite hazard to health and safety exists. Any hospital for which preliminary or working drawings and specifications have been approved by the Department prior to the effective date of changes to these regulations shall not be required to comply with such changes provided substantial, actual construction is commenced within one year after the effective date of such changes.~~

The new construction or remodel of a hospital building which results in a change of license, the services provided or the function of the hospital building will require the submission of a joint operations plan application to the California Department of Health Services and the Office of Statewide Health Planning and Development. The hospital owner shall complete the application and submit it to the department for Title 22 compliance and to the office for Title 24 compliance.

**1.2-2.2 Functional Program Outline.**

A functional program for the facility shall describe the following:

**1.2-2.2.1 Purpose of the Project.**

**1.2-2.2.1.1 Required services.**

A description of those services necessary for the complete operation of the facility shall be provided in the functional program.

**1.2-2.2.2 Environment of Care Components**

The relationships between the following environment of care components (including key elements of the physical environment) and the functional requirements shall be addressed in the functional program:

**\*1.2-2.2.2.1 Delivery of care model (concepts)**

- (1) The delivery of care model shall be defined in the functional program.
- (2) The functional program shall support the delivery of care model to allow the design of the physical environment to respond appropriately.

**1.2-2.2.2.2 Facility and service users (people).**

The physical environment shall support the facility and service users in their effort to administer the delivery of care model.

**\*1.2-2.2.2.3 Systems design.**

The physical environment shall support organizational, technological, and building systems designed for the intended delivery of care model.

**\*1.2-2.2.2.4 Layout/operational planning.**

The layout and design of the physical environment shall enhance operational efficiencies and the satisfaction of patients or residents, families/visitors, and staff.

**1.2-2.2.2.5 Physical environment.**

The physical environment shall be designed to support the intended delivery of care model and address the key elements listed below:

- \*(1) Light and views. Use and availability of natural light, illumination, and views shall be considered in the design of the physical environment.
- \*(2) Clarity of access (wayfinding). Clarity of access shall be addressed in the overall planning of the facility, individual departments, and clinical areas.
- \*(3) Control of environment. Patient/resident/ staff ability to control their environment shall be addressed in the overall planning of the facility consistent with the functional program.
- \*(4) Privacy and confidentiality. The level of patient or resident privacy and confidentiality shall be addressed in the overall planning of the facility consistent with the functional program.
- \*(5) Safety and security. The safety and security of patients or residents, staff, and visitors shall be addressed in the overall planning of the facility consistent with the functional program.
- \*(6) Water features. Where provided, open water features shall be equipped to safely manage water quality to protect occupants from infectious or irritating aerosols.

**1.2-2.2.3 Functional Requirements**

The facility shall incorporate functional requirements and other basic information related to fulfillment of the institution's objectives into the functional program commensurate with the scope and purpose of the project. Explanation of the functional requirements shall cover, but not be limited to, the following subjects:

**1.2-2.2.3.1**

Projected operational use and demand

1.2-2.2.3.2 Relevant operational circulation patterns. These shall include staffing, family/visitor, and materials movement circulation patterns.

**1.2-2.2.3.3**

Departmental operational relationships

**1.2-2.2.3.4**

Patient/resident, staff, and family/visitor needs

**1.2-2.2.3.5**

Communication and information operational Needs

**1.2-2.2.3.6 Space and equipment needs**

- (1) Size and function of each space and any other design feature
  - a. Include the projected occupant load, numbers and types of staff, patients, residents, visitors, and vendors.
  - b. Describe the types and projected numbers of procedures for treatment areas.
  - c. Identify required adjacencies for each space.
  - d. Include space for dedicated storage.
- (2) Furnishings, fixtures, and equipment requirements
  - a. Describe building service equipment.
  - b. Describe fixed and movable equipment.
  - c. Describe the furnishings and fixtures.
  - d. Include storage requirements.
- (3) Circulation patterns
  - a. Describe the circulation patterns for staff, patients or residents, and the public.
  - b. Describe the circulation patterns for equipment and clean and soiled materials.
  - c. Where circulation patterns are a function of infection control requirements, note these features.

**1.2-2.2.3.7 Short and long-term master planning considerations, including should include the following:**

- (1) Future growth
- (2) Impact on existing adjacent facilities
- (3) Impact on existing operations and departments
- (4) Flexibility
- (5) Technology and equipment

**1.2-2.3 Nomenclature**

**1.2-2.3.1**

Use the same names for spaces and departments as used in these regulations. If acronyms are used, they shall be clearly defined.

**1.2-2.3.2**

The names and spaces indicated in the functional program shall be consistent with the submitted floor plans.

## **1.2-2.4 Use**

### **1.2-2.4.1**

Following approval, the functional program shall be made available for use in the development of project design and construction documents.

### **1.2-2.4.2**

The facility shall retain the functional program with other design data to facilitate future alterations, additions, and program changes.

## **1.1-3 Renovation: Compliance Issues**

### **1.1-3.1 Compliance Requirements**

Where renovation or replacement work is done within an existing facility, all new work or additions or both shall comply both with applicable sections of these Regulations and with the applicable California Building Standards Code.

#### **1.1-3.1.1 Exceptions**

Where major structural elements make total compliance impractical or impossible, exceptions shall be considered.

1.1-3.1.1.1 This recommendation does not guarantee that an exception will be granted, but does attempt to minimize restrictions on those improvements where total compliance would not substantially improve safety but would create an unreasonable hardship.

1.1-3.1.1.2 These standards shall not be construed as prohibiting a single phase of improvement. (For example, a facility may plan to replace a flammable ceiling with noncombustible material but lack funds to do other corrective work.) However, they are not intended as encouragement to ignore deficiencies when resources are available to correct life-threatening problems. See 1.1-5.3 (Equivalency).

#### **1.1-3.1.2 Temporary Flexes**

When parts of an existing facility essential to continued overall facility operation cannot comply with particular standards, those standards may be temporarily flexed if patient care and safety are not jeopardized.

### **1.1-3.2 Affected Areas**

In renovation projects and additions to existing facilities, only that portion of the total facility affected by the project shall be required to comply with applicable sections of these Regulations.

### **1.1-3.3 Unaffected Areas**

Those existing portions of the facility and its associated building systems that are not included in the renovation but are essential to the functionality or code compliance of the renovated spaces shall, at minimum, comply with the applicable requirements of the California Building Standards Code.

### **1.1-3.4 Functional Requirements and Safety**

When construction is complete, the facility shall satisfy functional requirements for the appropriate classification (general hospital, skilled nursing facility, etc.) in an environment that will provide acceptable care and safety to all occupants.

### **1.1-3.5 Conversion**

When a building is converted from one occupancy to another, it shall comply with the new occupancy requirements.

### **1.1-3.6 Undiminished Safety**

Renovations, including new additions, shall not diminish the safety level that existed prior to the start of the work; however, safety in excess of that required for new facilities is not required.

### **1.1-3.7 Long-Range Improvement**

#### **1.1-3.7.1**

Nothing in these Regulations shall be construed as restrictive to a facility that chooses to do work or alterations as part of a phased long-range safety improvement plan.

#### **1.1-3.7.2**

All hazards to life and safety and all areas of noncompliance with applicable codes and regulations shall be corrected as soon as possible in accordance with a plan of correction.

### **1.1-5.3 Equivalency**

#### **1.1-5.3.1 Performance Standards**

The minimum standards in these Regulations have been established to obtain a desired performance result.

#### **1.1-5.3.2 Prescriptive Standards**

Prescriptive limitations (such as exact minimum dimensions or quantities), when given, describe a condition that is commonly recognized as a practical standard for normal operation. For example, reference to a room or area by the patient, equipment, or staff activity that identifies its use avoids the need for complex descriptions of procedures for appropriate functional programming.

#### **1.1-5.3.3 Technical Standards**

##### **1.1-5.3.3.1**

NFPA 101A is a technical standard for evaluating equivalency to certain requirements of NFPA 101: Life Safety Code.

##### **1.1-5.3.3.2**

The Fire Safety Evaluation System (FSES) has become widely recognized as a method for establishing a safety level equivalent to that of the Life Safety Code. It may be useful for

evaluating compliance with the Life Safety Code in renovations of existing facilities and in new facility designs. For purposes of these Regulations, use of the FSES is permitted, subject to authority having jurisdiction (AHJ) approval, for new construction and renovation projects. (The FSES is intended as an evaluation tool for fire safety only.)

#### **1.1-5.3.4 Equivalency Concepts**

While these Regulations are adopted as the regulatory standard, it is the intent of the document to permit and promote equivalency concepts.

##### **1.1-5.3.4.1**

When contemplating equivalency allowances, the authority having jurisdiction may use a variety of expert sources to make equivalency findings and may document the reasons for approval or denial of equivalency to the requester.

##### **1.1-5.3.4.2**

Alternate methods, procedures, design criteria, and functional variations from these Regulations, because of extraordinary circumstances, new programs, or unusual conditions, may be approved by the authority having jurisdiction when the facility can effectively demonstrate that the intent of the Regulations is met and that the variation does not reduce the safety or operational effectiveness of the facility below that required by the exact language of the Regulations.

##### **1.1-5.3.4.3**

In all cases where specific limits are described, equivalent solutions will be acceptable if the authority having jurisdiction approves them as meeting the intent of these standards.

##### **1.1-5.3.4.4**

Nothing in this document shall be construed as restricting innovations that provide an equivalent level of performance with these standards in a manner other than that which is prescribed by this document, provided that no other safety element or system is compromised in order to establish equivalency.

#### **1.2-7 Renovation: Phasing Issues**

##### **1.2-7.1 Phasing**

Projects involving renovation of existing buildings shall include phasing to minimize disruption of existing patient services. This phasing is essential to ensure a safe environment in patient care areas.

##### **1.2-7.1.1 Phasing Provisions**

Phasing provisions shall include assurance for clean to dirty airflow, emergency procedures, criteria for interruption of protection, construction of roof surfaces, written notification of interruptions, and communication authority.

**1.2-7.1.2 Noise and Vibration**

Phasing plans shall include considerations of noise and vibration control that result from construction activities.

**1.2-7.2 Isolation**

During construction, renovation areas shall be isolated from occupied areas based on the infection control risk assessment (ICRA).

**1.2-7.3 Maintenance of Air Quality and Utilities**

Existing air quality requirements and other utility requirements for occupied areas shall be maintained during any renovation or construction.

**1.2-7.4 Nonconforming Conditions**

It is not always financially feasible to renovate an entire existing structure in accordance with these Regulations. Therefore, authorities having jurisdiction shall be permitted to grant approval to renovate portions of a structure if facility operation and patient safety in the renovated areas are not jeopardized by existing features of sections retained without complete corrective measures.

**\*1.2-7.5 Existing Conditions**

Existing conditions and operations shall be documented prior to initiation of renovation and/ or new construction projects. This shall include documentation of existing mechanical/electrical/ structural capacities and quantities.

**§ 70803. Application for Architectural Plan Review.**

- ~~(a) Drawings and specifications for alterations to existing buildings or new construction shall be submitted to the Department for approval and shall be accompanied by an application for plan review on forms furnished by the Department. The application shall:~~
- ~~(1) Identify and describe the work to be covered by the plan review for which the application is made.~~
  - ~~(2) Describe the land on which the proposed work is to be done, by lot, block, tract or house and street address or similar description that will readily identify and definitely locate the proposed building or work.~~
  - ~~(3) Show the present and proposed use or occupancy of all parts of the building or buildings.~~
  - ~~(4) State the number of square meters (feet) of floor area involved in new construction and in alterations.~~
  - ~~(5) Give such other information as may be required by the Department for unusual design circumstances.~~
  - ~~(6) Be signed by the person designing the work or the owner of the work.~~
- ~~(b) The application for plan review shall also include a written statement that a description of the proposed work has been submitted to the Area Comprehensive Health Planning Agency approved by the State Advisory Health Council pursuant to Section 437.7 of the Health and Safety Code.~~

**~~§ 70805. Space Conversion.~~**

~~Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the written approval of the Department.~~

**~~§ 70807. Notice to Department.~~**

~~The licensee shall notify the Department in writing not later than ten days after the date when construction of a new hospital is commenced or when construction involving an increase in bed capacity or change of services of an existing hospital is commenced.~~

**§ 70809. Patient Accommodations.**

- (a) No hospital shall have more patients or beds set up for overnight use by patients than the approved licensed bed capacity except in the case of justified emergency when temporary permission may be granted by the Director or his designee. Beds not used for overnight stay such as labor room beds, recovery beds, beds used for admission screening or beds used for diagnostic purposes in X-ray or laboratory departments are not included in the approved licensed bed capacity.
- (b) Five percent of a facility's total licensed bed capacity may be used for a classification other than that designated on the license. Upon application to the Director and a showing that seasonal fluctuations justify, the Director may grant the use of an additional five percent of the beds for other than the classified use.
- (c) Patients shall not be housed in areas which have not been approved by the Department for patient housing and which have not been granted a fire clearance by the State Fire Marshal, except as provided in paragraph (a) above.
- (d) The number of licensed beds shown on a license shall not exceed the number of beds for which the facility meets applicable construction and operational requirements.

**§ 70811. Patient Rooms.**

- (a) Patients shall be accommodated only in rooms with the following minimum floor area:
  - (1) Single rooms: 10.2 square meters (110 square feet) of floor area, except for private rooms in pediatric units which shall have at least 9.3 square meters (100 square feet). (Should be moved to Title 24)
  - (2) Multi-patient rooms: 7.4 square meters (80 square feet) of floor area per bed with one meter (three feet) between beds, except in specialized units. (Should be moved to Title 24)
- (b) Each patient room shall be labeled with a number, letter or combination of the two for identification. (Should be moved to Title 24)
- (c) Patient rooms in a general acute care inpatient building which are only approved for ambulatory patients only shall not accommodate nonambulatory patients. Before patients are accommodated in ambulatory sections, they shall demonstrate that they are ambulatory, and this shall be noted in the patient's medical record. The hospital shall transfer patients from the ambulatory section when their condition becomes nonambulatory. The ambulatory status of patients shall be demonstrated upon request of the Department.
- (d) Patient rooms approved for use only by ambulatory patients only shall be identified as follows: the words Reserved for Ambulatory Patients, in letters at least one and one-half

centimeters (one-half inch) high shall be posted on the outside of the door or on the wall alongside the door where they are visible to persons entering the room.

- (e) Except in rooms approved by the Department for detention and for psychiatric patients, patients' rooms shall not be kept locked when occupied.
- (f) The hospital security plan required under Health and Safety Code 1257.7 should be considered in the development of inpatient services.

**§ 70813. Patient Property Storage.**

Patients shall be provided with closet or locker space for clothing, toilet articles and other personal belongings. Bedside tables or the equivalent shall be provided for each patient.

**§ 70815. Patient Room Furnishings.**

A bed with a suitable mattress and a chair shall be provided for each patient. In hospitals all beds, except cribs and bassinets, shall be adjustable.

~~**§ 70817. Provisions for Emptying Bedpans:**~~

~~Bedpans shall be emptied and cleaned in utility rooms or in toilets adjoining patients' rooms when such toilets are equipped with flushing attachments and vacuum breakers.~~

~~Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.~~

**§ 70819. Provision for Privacy.**

A method of assuring visual privacy for each patient shall be maintained in patient rooms and in tub, shower and toilet rooms.

**§ 70821. Public Telephone.**

~~Each floor accommodating patients shall have a telephone installed for patient use. Such telephones shall be readily accessible to patients who are limited to wheel chairs and stretchers. This may not be required in separate buildings having six (6) or fewer beds which are restricted to occupancy by ambulatory patients. Each hospital inpatient should have access to a telephone.~~

**§ 70823. Isolation Facilities.**

A private room shall be available for any patient in need of physical separation as defined by the infection control committee. Private toilet facilities shall be immediately adjacent to this room.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

**§ 70825. Laundry Service.**

(a) Laundry and linen.

- (1) An adequate supply of clean linen shall be provided for at least three complete bed changes for the hospital's licensed bed capacity.
- (2) There shall be written policies and procedures developed and implemented pertaining to the handling, storage, transportation and processing of linens.

- (3) If the hospital operates its own laundry, such laundry shall be:
    - (A) Located in such relationship to other areas that steam, odors, lint and objectionable noises do not reach patient or personnel areas.
    - (B) Well-lighted and ventilated and adequate in size for the needs of the hospital and for the protection of employees.
    - (C) Maintained in a sanitary manner and kept in good repair.
    - (D) Not part of a storage area.
  - (4) Hospital linens shall be washed according to the following method:

All linens shall be washed using an effective soap or detergent and thoroughly rinsed to remove soap or detergent and soil. Linens shall be exposed to water at a minimum temperature of 71 degrees C (160 degrees F) for at least 24 minutes during the washing process.
  - (5) Separate rooms shall be maintained in the hospital for storage of clean linen and for storage of soiled linen. Linen storage rooms shall not be used for any other purpose. Storage shall not be permitted in attic spaces, corridors or plenums (air distribution chambers) of air conditioning or ventilating systems.
  - (6) Handwashing and toilet facilities for laundry personnel shall be provided at locations convenient to the laundry.
  - (7) Soiled and clean linen carts shall be so labeled and provided with covers made of washable materials which shall be laundered or suitably cleaned daily. Linen carts used for the storage or transportation of dirty linen shall be washed before being used for the storage and transportation of clean linen.
  - (8) If the hospital does not maintain a laundry service, the commercial laundry utilized shall meet the standards of this section.
- (b) Soiled linen.
- (1) Soiled linen shall be handled, stored and processed in a safe manner that will prevent the spread of infection and will assure the maintenance of clean linen.
  - (2) Policies and procedures shall be developed and implemented pertaining to linen soiled with chemotherapeutic agents or radioactive substances.
  - (3) Soiled linen shall be sorted in a separate enclosed room by a person instructed in methods of protection from contamination. This person shall not have responsibility for immediately handling clean linen until protective attire worn in the soiled linen area is removed and hands are washed.
  - (4) Soiled linen shall be bagged or covered for transport.
  - (5) If chutes are used for transporting soiled linen, the chutes shall be maintained in a clean, sanitary state.
- (c) Clean linen.
- (1) Persons processing clean linen shall be dressed in clean garments at all times while on duty shall not handle soiled linen.
  - (2) Clean linen from a commercial laundry shall be delivered to the hospital completely wrapped and delivered to a designated clean area.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

**§ 70827. Housekeeping/Environmental Services.**

- (a) Each hospital shall make provision for the routine cleaning of articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures with a detergent/disinfectant.
- (b) There shall be written policies and procedures developed and implemented to include but not be limited to the following:
  - (1) Cleaning of occupied patient areas, nurses' stations, work areas, halls, entrances, storage areas, rest rooms, laundry, pharmacy, offices, etc.
  - (2) Cleaning of specialized areas such as nursery, operating and delivery rooms.
  - (3) Cleaning of isolation areas.
  - (4) Cleaning of kitchen and associated areas.
  - (5) Cleaning of walls and ceilings.
  - (6) Terminal cleaning of patient unit upon discharge of patient.
- (c) Housekeeping cleaning supplies and equipment provided.
- (d) Housekeeping personnel shall maintain the interior of the hospital in a safe, clean, orderly, attractive manner free from offensive odors. One person shall be designated to be in charge of the housekeeping service.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

**§ 70829. Morgue.**

- (a) Hospitals with a licensed bed capacity of 50 or more shall maintain a well-ventilated morgue with autopsy facilities unless adequate morgue and autopsy facilities are available in the local community.
- (b) Hospitals with a licensed bed capacity of 100 or more shall maintain a well-ventilated morgue with autopsy facilities.
- (c) Refrigerated compartments shall be maintained if human remains are held unembalmed. The air temperature shall not be higher than 7 degrees C (45 degrees F).

**§ 70831. Central Sterile Supply.**

- (a) Each hospital shall provide, prepare, sterilize and store sufficient sterile supplies and medical and surgical equipment and shall dispense them to all services in the hospital. The operation of this service shall be carried out in an area designated, equipped and staffed for this purpose.
- (b) A person shall be designated to be in charge of the central sterile supply.
- (c) There shall be written procedures developed and maintained pertaining to the cleaning, preparation, disinfection and sterilization of utensils, instruments, solutions, dressings and other articles.
- (d) There shall be effective separation of soiled or contaminated supplies and equipment from the clean and sterilized supplies and equipment.
- (e) Sterile supplies and equipment shall be stored in clean cabinets, cupboards or other satisfactory spaces. An orderly system of rotation of supplies shall be used so that supplies stored first will be used first.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

**§ 70833. Autoclaves and Sterilizers.**

- (a) Autoclaves and sterilizers shall be maintained in operating condition at all times.
- (b) Instructions for operating autoclaves and sterilizers shall be posted in the area where the autoclaves and sterilizers are located.
- (c) Written procedures shall be developed, maintained and available to personnel responsible for sterilization of supplies and equipment that include, but are not limited to the following:
  - (1) Time, temperature and pressure for sterilizing the various bundles, packs, dressings, instruments, solutions, etc.
  - (2) Cleaning, packaging, storing and issuance of supplies and equipment.
  - (3) Dating and outdating of materials sterilized.
  - (4) Loading of the sterilizer.
  - (5) Daily checking of recording and indicating thermometers and filing for one year of recording thermometer charts.
  - (6) Monthly bacteriological test, the bacterial organism used and filing for one year of the test results.
  - (7) Length of aeration time for materials gas-sterilized.

**§ 70835. Disinfecting.**

Note: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

**§ 70837. General Safety and Maintenance.**

- (a) The hospital shall be clean, sanitary and in good repair ~~at all times~~. Maintenance shall include provision and surveillance of services and procedures for the safety and well-being of patients, personnel and visitors.
- (b) Hospital buildings and grounds shall be maintained free of such environmental pollutants and such nuisances as may adversely affect the health or welfare of patients to the extent that such conditions are within the reasonable control of the hospital.
- (c) All hospitals shall maintain in operating condition all buildings, fixtures and spaces in the numbers and types as specified in construction requirements under which the hospital or unit was first licensed or subsequently licensed.
- (d) A written manual on maintenance of heating, air conditioning and ventilation systems shall be adopted by each hospital and a maintenance log shall be maintained.
- (e) Equipment provided must meet any and all applicable California Occupational Safety and Health Act requirements in effect as of the time of purchase. All portable electrical equipment ~~using 110-120 volt 60 hertz current shall be equipped with a three-wire grounded power cord with an Underwriters Laboratories approved hospital grade three-prong plug. The cord grip shall be an integral part of the plug shall have proper labeling.~~
- (f) All gauging and measuring equipment shall be regularly calibrated as specified by the manufacturer and records of such testing kept for at least two years.

**§ 70839. Air Filters.**

- (a) The licensee shall be responsible for regular inspection, cleaning or replacement of all filters installed in heating, air conditioning and ventilating systems, as necessary to maintain the systems in normal operating condition. The efficiency of the replacement filters shall be equal to the efficiency rating of the replaced filters.
- (b) A written record of inspection, cleaning or replacement including static pressure drop shall be regularly maintained and available for inspection. The record shall include a description of the filters originally installed, the American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) atmospheric dust spot test efficiency rating and the criteria established by the manufacturer or supplier to determine when replacement or cleaning is necessary.
- (c) Following filter replacement or cleaning, the installation shall be visually inspected for torn media and bypass in filter frames by means of a flashlight or equivalent, both with fans in operation and stopped. Tears in filter media and bypass in filter frames shall be eliminated in accordance with the manufacturer's directions and as required by the Department.
- (d) Where filter maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the requirements listed in Section 70839 (a) and (b) have been accommodated.
- (e) If filter maintenance as required in Section 70839 (a) and (b) is performed by employees of the hospital, a written record shall be maintained by the licensee.

**§ 70841. Emergency Lighting and Power System.**

- (a) Auxiliary lighting and power facilities shall be readily available at all times.
  - (1) The emergency lighting and power system shall be maintained in operating condition to provide automatic restoration of power for emergency circuits within ten seconds after normal power failure.
  - (2) Emergency generators installed in hospitals shall be tested ~~under load conditions for at least 30 minutes at intervals of not more than 7 days~~ under the latest requirements in NFPA 110.
- (b) ~~The licensee shall provide and maintain an emergency electrical system in compliance with Section E702-7 and E702-20, Part 3, Title 24, California Administrative Code. The system shall serve all lighting, signals, alarms and equipment required to permit continued operation of all necessary functions of the hospital for a minimum of 24 hours.~~
- (c) ~~The Department may require the licensee to submit a report of evaluation of the emergency electrical system by a registered electrical engineer to substantiate compliance with Subarticle E702-7, Part 3, Title 24, California Administrative Code. Essential engineering data, including load calculations, assumptions and tests and, where necessary, plans and specifications acceptable to the Department shall be included in the report.~~
- (d) ~~Where alteration of the emergency electrical system is determined to be necessary, the work shall comply with Sections E702-20 and E702-24, Part 3, Title 24, California Administrative code.~~
- (e) A written record of inspection, performance, exercising period and repairs shall be maintained and available.

**§ 70843. Storage and Disposal of Solid Wastes.**

- (a) Solid wastes shall be stored and eliminated in a manner to preclude the transmission of communicable disease. These wastes shall not be a nuisance or a breeding place for insects or rodents nor be a food source for either.
- (b) Solid waste containers shall be stored and located in a manner that will protect against odors.
- ~~(c) Syringes and needles shall be disposed of safely as biohazardous waste in puncture proof containers.~~

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

**§ 70845. Solid Waste Containers.**

- (a) All containers, except movable bins used for storage of solid wastes, shall have tight-fitting covers in good repair, external handles and be leakproof and rodent proof.
- (b) Movable bins, when used for storing or transporting solid wastes from the premises, shall have approval of the local health department and meet the following requirements:
  - (1) Have tight-fitting covers.
  - (2) Be in good repair.
  - (3) Be leakproof.
  - (4) Be rodent proof unless stored in a room or screened enclosure.
- (c) All containers receiving putrescible wastes shall be emptied at least every four days, or more often if necessary.
- (d) Solid waste containers, including movable bins, shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been completely protected from contamination by disposable liners, bags or other devices removed with the waste. Each movable bin should provide for suitable access and a drainage device to allow complete cleaning at the storage area.

Note: Authority cited: Sections 208(a) and 1254, Health and Safety Code. Reference: Sections 1250, 1275 and 25157.3, Health and Safety Code.

**~~§ 70847. Infectious Waste.~~Medical Waste**

~~Infectious waste, as defined in Health and Safety Code Section 25117.5, shall be handled and disposed of in accordance with the Hazardous Waste Control Law, Chapter 6.5, Division 20, Health and Safety Code (beginning with Section 25100) and the regulations adopted thereunder (beginning with Section 66100 of this Title).~~

~~Note: Authority cited: Sections 208, 1254, 25150 and 25157.3, Health and Safety Code. Reference: Sections 1250, 25117 and 25117.5, Health and Safety Code. The generating, treatment, containment and storage of medical waste, including biohazardous and sharps waste, shall meet the requirements of the Medical Waste Management Act contained in California Health and Safety Code Sections 117600-118360.~~

**§ 70849. Gases for Medical Use.**

- (a) ~~Provision shall be made for safe handling and storage of medical gas cylinders. Safe handling and storage of medical gas cylinders shall conform to the standards contained in CGA Video AV-1, 2004 revision: *Safe Handling and Storage of Compressed Gases.*~~
- (b) Transfer of medical gas and medical support gas by hospital personnel from one cylinder to another is prohibited, as recommended in NFPA 99. ~~except when approved by the Department.~~
- (c) ~~Gases for medical use include carbon dioxide, cyclopropane, ethylene, helium, nitrous oxide, oxygen, helium-oxygen mixtures and carbon dioxide-oxygen mixtures. Non-flammable medical gases are oxygen, nitrous oxide, carbon dioxide, medical air, helium, helium-oxygen mixtures, carbon dioxide – oxygen mixtures, medical-vacuum, and waste anesthetic gas disposal, as defined in NFPA 99, Chapters 3 and 5.~~
  - (1) Non-flammable medical support gases are nitrogen and instrument air, as defined in NFPA 99, Chapters 3 and 5.
- (d) All anesthesia machines and related equipment shall be so constructed that connections for different gases are not interchangeable.

This requirement shall be accomplished by installing permanent fittings as indicated below:

- (1) Yoke connections of anesthesia machines and flush outlet valves for small compressed medical gas cylinders (Style E and smaller) shall conform ~~with to~~ the pin index safety system (PISS) ~~as~~ contained in ~~pamphlet B57.1 Compressed Gas Cylinder Valve Outlet and Inlet Connections, 1965 Edition, by the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018. CGA Pamphlet V-1, 2005 edition: *Standards for Compressed Gas Cylinder Valve Outlet and Inlet Connections.*~~
- (2) Valve outlet connections for large medical gas cylinders (Style F and larger) ~~for oxygen and nitrous oxide shall conform with to~~ the standards contained in ~~pamphlet B57.1, Compressed Gas Cylinder Valve Outlet and Inlet Connections, 1965 Edition, by the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018. Standard connection No. 540 shall be used with oxygen cylinders and standard connection No. 1320 shall be used with nitrous oxide cylinders. Cylinders for medical gases, other than oxygen and nitrous oxide, used with anesthesia machines shall be limited to Style E and smaller. CGA Pamphlet V-1, 2005 edition: *Standards for Compressed Gas Cylinder Valve Outlet and Inlet Connections.*~~
- (3) Removable exposed gas specific threaded connections, where employed in medical gas and medical support gas piping systems and equipment ~~used in conjunction with resuscitators and oxygen therapy apparatus, shall be provided with noninterchangeable connections which conform with pamphlet V-5, Diameter Index Safety System, May 1970 printing, by the Compressed Gas Association, Inc., 500 Fifth Avenue, New York, NY 10036. shall conform to NFPA 99 and CGA Pamphlet V-5: *Diameter Index Safety System (Noninterchangeable Low Pressure Connections for Medical Gas Applications.*~~

- (4) Station outlets ~~/inlets connected to medical gas and medical support gas piping systems from piped oxygen and nitrous oxide systems shall conform with the standards contained in bulletin NFPA No. 56 degrees F, Nonflammable Medical Gas Systems, 1973, by the National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02210.~~ shall conform to the standards contained in NFPA 99.
- (5) Removable connection hoses from station outlets or cylinders to yokes of anesthesia machines shall be fitted with permanently connected fittings to match the standards listed above in paragraphs (1), (2), (3) and (4).
- (e) The ~~pipd oxygen or nitrous oxide system(s)~~ medical gas and medical support gas piping systems shall be tested in accordance with the National Fire Protection Association 99. Bulletin NFPA No. 56F, referred to above, and a A written report shall be maintained in each of the following instances:
  - (1) Upon completion of initial installation.
  - (2) Whenever permanent or temporary changes are made to athe piping systems.
  - (3) Whenever ~~the integrity of a system has been breached~~ repairs are made to the piping systems.
  - (4) At least annually.
- (f) Oxygen Equipment.
  - (1) Vaporizer bottles shall be sterilized after each use.
  - (2) Only sterile fluids shall be used in vaporizer bottles.
  - (3) Vaporizer bottles shall be changed at least every 24 hours.

#### § 70851. Lighting.

- (a) All rooms, attics, basements, passageways and other spaces shall be illuminated.
- (b) Adequate illumination shall be maintained for the comfort of patients and personnel.
- ~~(c) All patient rooms shall have a minimum of 30 foot candles of light delivered to reading or working surfaces and not less than 10 foot candles of light in the remainder of the room.~~
- ~~(d) All corridors, storerooms, stairways, ramps, exits and entrances shall have a minimum of five foot candles of light measured in the darkest corner.~~
- ~~(e) Except in closets, storage spaces, attic spaces, equipment rooms and similar areas, lighting fixtures shall have suitable enclosures to control fixture brightness and to prevent accidental breakage. Where exposed lamp fixtures are permitted, suitable guards shall be maintained in locations where breakage could be hazardous to personnel.~~
- ~~(f)~~(c) Emergency lighting facilities shall be maintained for use during electrical power failure. In addition, flashlights shall be available at all times. Open flame lights shall not be used.

#### § 70853. Electrically Sensitive Areas.

All medical equipment in electrically sensitive patient areas shall be managed in accordance with the latest edition of NFPA 99.

- ~~(a) Electrically sensitive patient areas are those areas of the hospital where patients with invasive instrumentation (that can provide electrically conductive pathways directly to~~

~~the heart) are usually located. These patients are particularly vulnerable to accidental electrocution from contact with equipment or other conducting surfaces bearing electrical potentials that would not normally be considered hazardous. These patient care areas must be provided with additional electrical safeguards. Such areas include but are not limited to:~~

- ~~(1) Coronary care units.~~
  - ~~(2) Intensive care units.~~
  - ~~(3) Cardiac catheterization laboratories.~~
  - ~~(4) Operating rooms.~~
  - ~~(5) Portions of emergency rooms.~~
  - ~~(6) Postoperative recovery rooms.~~
- ~~(b) All circuits serving electrically sensitive patient care areas shall have equipotential bonding.~~
- ~~(c) Each patient bed shall be served by receptacles from two separate circuits and, as a minimum, one of the circuits shall be from a separate emergency power source. A portion of the receptacles should be located other than at the head of the bed.~~
- ~~(d) All circuits from the same source shall be in the same phase.~~
- ~~(e) To protect instrumented patients who are vulnerable to electric shock hazards, all conducting surfaces, that are or could be located within six feet of a patient shall be tested regularly and shown to meet the requirements set forth below. The measurements shall be made using a standard test load to simulate the conducting pathway provided by the patient. The standard test load and test conditions shall meet the requirements in Safe Current Limits: AAMI Safety Standard for Electromedical Apparatus, published April 1974 by the Association for the Advancement of Medical Instrumentation, 1500 Wilson Boulevard, Suite 417, Arlington, VA 22209.~~
- ~~(1) Electromedical equipment with patient leads or other connections intended to be attached directly to the heart or to an invasive conductive pathway to the heart or great vessels shall be provided with special electrically isolated leads or connections by optical coupling or some other technical provision. The current limits for such an isolated patient connection shall not exceed 20 microamperes at the patient end of the lead and shall not exceed 10 microamperes at the junction between the patient lead and the equipment.~~
  - ~~(2) The current limit for electromedical equipment with an electrical or conductive patient contact, other than defined in (1) above, shall not exceed 50 microamperes.~~
  - ~~(3) The limit for currents arising from metal parts associated with electromedical equipment, other than the cases defined in (1) and (2) above, shall not exceed 100 microamperes.~~
- ~~(f) All electrical service outlets and grounding circuits shall be inspected at least quarterly.~~
- ~~(1) Records of this inspection shall include at least the following information:
    - ~~(A) Confirmation that the contact tension of each blade of each wall receptacle is not less than 225 grams (8 oz.) per blade.~~
    - ~~(B) Confirmation of the presence and correct polarity of the hot and neutral connections in each wall receptacle.~~~~

- ~~(C) Verification of the continuity of the grounding circuit in each wall receptacle.~~
- ~~(D) Physical condition of each receptacle.~~
- ~~(E) Physical condition of any male plugs and line cords of equipment in use in the areas at the time of each inspection.~~
- ~~(F) Verification that the resistance between all exposed metal surfaces and each patient reference grounding point, or a selected wall receptacle ground, is less than 0.15 ohms.~~
- ~~(g) All portable (minor movable) electromedical equipment that is used in electrically sensitive patient areas shall be included in an appropriate preventive maintenance program.~~
  - ~~(1) Records of the maintenance shall include at least the following information. These measurements and inspections shall be made at least once every three months.~~
    - ~~(A) Determination of the leakage current levels for all electrically powered diagnostic, monitoring or therapeutic equipment, including electrically powered beds.~~
    - ~~(B) Verification of the integrity of the power cords, including continuity of the conductors and adequacy of the strain relief device.~~

**§ 70855. Mechanical Systems.**

Heating, air conditioning and ventilating systems shall be maintained in operating condition to provide a comfortable temperature and to meet the new construction requirements in effect at the time plans were approved for the facility.

**§ 70857. Screens.**

To protect against insects, screens of 6 mesh per centimeter (16 mesh per inch) shall be provided on doors and openable windows. Screen doors shall be of a type approved by the State Fire Marshal.

**§ 70859. Signal Nurse Call Systems.**

**Nurse call systems shall be designed, installed and maintained in conformance with the requirements of UL-1069.**

- ~~(a) A call system shall be maintained in operating order in all nursing units. Call systems shall be maintained to provide visible and audible signal communication between nursing personnel and patients. The minimum requirements are:~~
  - ~~(1) A call station or stations providing extension cords to each patient bed. These extension cords shall be readily accessible to patients.~~
  - ~~(2) A visible signal in the corridor above the door of each patient room.~~
  - ~~(3) An audible signal and light indicating the room from which the call originates shall be located at the nurses' stations. Alternate systems must be approved in writing by the Department.~~
- ~~(b) The call system shall be provided in each patient's toilet room, bathroom and shower room in locations easily accessible to the patients. Electric shock hazard shall be eliminated by grounding or by an equally effective method.~~

~~(e) The call systems shall be designed to require resetting at the calling station unless a two-way voice communication component is included in the system.~~

**§ 70861. Storage.**

- (a) All hospitals shall maintain general storage space of at least 1.9 square meters (20 square feet) per bed in addition to specialized storage space.
- (b) Storage is not permitted in plenums (air distribution chambers) of air conditioning or ventilation systems.

**§ 70863. Water Supply and Plumbing**

- (a) Water for human consumption from an independent source shall be subjected to bacteriological analysis by the local health department, State Department of Health or a licensed commercial laboratory at least every three (3) months. A copy of the most recent laboratory report shall be available for inspection.
- (b) Plumbing and drainage facilities shall be maintained in compliance with ~~Part 5,~~ Title 24, California Administrative Code, Basic Plumbing Requirements. Drinking water supplies shall comply with ~~Group 4, Subchapter 1, Chapter 5, Division T17, Part 6, of~~ Title 24, California Administrative Code.
- (c) Backflow preventers (vacuum breakers) shall be maintained in operating condition ~~where required by Section T17 210(e), Division T17, Part 6,~~ in conformance with the Title 24, California Administrative Code.
- (d) ~~For hot water used by patients, there shall be temperature controls to automatically regulate the temperature between 40.5 degrees C (105 degrees F) and 48.9 degrees C (120 degrees F).~~
- (e) ~~Hot water at a minimum temperature of 82.2 degrees C (180 degrees F) shall be maintained at the final rinse section of dishwashing facilities unless alternate methods are approved by the Department.~~
- (f) ~~Taps delivering water at 51.6 degrees C (125 degrees F) or higher shall be identified prominently by warning signs with letters 5 cm (2 inches) high.~~
- (d) Water temperature requirements should be based on the Title 24 plumbing code, adopted by the California Building Standards Commission.
- (e) Grab bars shall be maintained for each toilet, bathtub and shower used by patients, ~~where required in Section T17 212(b), Division T17, Part 6, of~~ in conformance with the Title 24, California Administrative Code.
- (f) As a minimum, toilet, handwashing and bathing facilities shall be maintained in operating condition in the number and types specified in construction requirements in effect at the time the building or unit was constructed.

**§ 70865. Ice.**

Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.