OSHPD undertakes effort to revise Acute Psychiatric Hospital requirements

Joint task force assembled comprised of OSHPD, CDPH and DSH

Proposed amendments brought before CHA and HBSB for discussion

Proposed amendments submitted to the Building Standards Commission

Amendments adopted into the 2016 Intervening code cycle effective July 1, 2018
2016 CBSC Amendments - Intervening Code

Current California Building Code (2013 CBC) Section
Section 1224 HOSPITALS

Services

8 Basic Services (Per Title 22 - §70000)
- Medical
- Nursing
- Surgical
- Anesthesia
- Laboratory
- Radiology
- Pharmacy
- Dietary

Supplemental Services - incl.: Psychiatric Nursing Unit
(Discussed as a unit within a General Acute Care Hospital)
California Building Code (2016 CBC - Supplement) Section
Section 1228 ACUTE PSYCHIATRIC HOSPITALS

Services

5 Basic Services (Per Title 22 - §71000)
  Medical
  Nursing
  Rehabilitative
  Pharmacy
  Dietary

Supplemental Services (incl.: Special Procedures, Intensive Care, Pediatric and Adolescent Unit, Intermediate-care Services, Outpatient Services, Clinical Lab, Radiology, Skilled Nursing Service, and Social Services)
2016 CBSC Amendments - Intervening Code

CAC – 7-119 Functional Program

- Patient Safety Risk Assessment Req’d Psych Units & Psych Hospitals

New CBC Section 1228 Acute Psychiatric Hospitals

- Structure matches 1224 (Hospitals)
- Basic Services (Medical, Nursing, Rehabilitative, Pharmaceutical, Dietary and Support Services)
- Handwash station not required in patient rooms
One-size fits all?

Always design for the very worst possible case in each and every instance, however unlikely it would be.

OR

Design the facility in response to a functional programmatic statement to construct the acute psychiatric hospital tailored to the actual services to be provided and the needs of the actual patient population being served.
Design Guide for the Built Environment of Behavioral Health Facilities
(Referenced by FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities)
2016 CBSC Amendments - Intervening Code

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2016 CBSC Amendments - Intervening Code

Design Guide for the Built Environment of Behavioral Health Facilities
CALIFORNIA ADMINISTRATIVE CODE

CHAPTER 7
SAFETY STANDARDS FOR HEALTH FACILITIES

7-119. Functional Program

(c) Functional program content. The functional program for the project shall include the following:

1. Purpose of the project. …

…
8. Short and long-term planning considerations…

9. **Patient Safety Risk Assessment.** Projects associated with acute psychiatric hospitals, acute psychiatric nursing units in general acute-care hospitals, and special treatment program service units in skilled nursing facilities, shall include a Patient Safety Risk Assessment.
A. **General.** A behavioral and mental health risk assessment as a part of the Patient Safety Risk Assessment shall be prepared for all acute psychiatric hospitals, for psychiatric nursing units within general acute care hospitals, and for special treatment program units in skilled nursing facilities. The safety risk assessment shall include evaluation of the population at risk and the nature and scope of the project, taking into account the model of care and operational considerations, and proposed built environment solutions to mitigate potential risks and hazards. The safety risk assessment shall be subject to review and approval by the California Department of Public Health.

B. **Behavioral and Mental health (Psychiatric Patient Injury and Suicide Prevention)**

   (1) Behavioral and Mental Health Elements of the Safety Risk Assessment. The Safety risk assessment report shall identify areas that will serve patients at risk of mental health injury and suicide.
Two kinds of Psychiatric Nursing Units:
1224.31 – Medical
1228 – Non-medical
California Building Code (CBC) – New Section 1228 Structure

1228.1 Scope
1228.2 Application
1228.3 Definitions
1228.4 General Construction (Common Elements)

BASIC SERVICES
1228.13 – Psychiatric Rehabilitation Activities Service
1228.14 – Psychiatric Nursing Service
1228.19 – Pharmaceutical Service
1228.20 – Dietetic Service
1228.21 – 1228.27 Support Services

SUPLEMENTAL SERVICES
1228.28 – 1228.43
ARTICLE 517 – HEALTHCARE FACILITIES
517.18 (B) Patient Bed Location Receptacles. …

Exception No. 4: [OSHPD 1] Psychiatric patient bedrooms shall not be required to have receptacle outlets installed in the room. If installed, the receptacles shall be tamper-resistant, controlled by a switch outside the room that is under the control of staff, and shall be protected by a ground-fault circuit interrupter.

...
1228.31 FORENSIC PSYCHIATRIC UNIT. When provided, a forensic psychiatric unit shall be separate and distinct from other patient areas. The requirements of Section 1228.14 Psychiatric Nursing Unit shall apply to forensic units as amended below:

1228.31.1 Sally Port. Forensic units shall have security vestibules or sally ports at the unit entrance.

1228.31.2 Pediatrics and Adolescents. Forensic unit areas for pediatrics and adolescents shall be separated from adult areas. Refer to Section 1228.30.

1228.31.3 Space Requirements. Specialized program requirements may result in additional treatment areas, police and courtroom space, and security considerations. When a forensic unit is provided, the needs of the patient population and special requirements shall be specifically addressed in the Patient Safety Risk Assessment.
2019 CBSC Amendments – Triennial Code

2019 California Building Standards Code, Title 24

2018 Triennial Code Adoption Cycle

Effective Date: January 1, 2020

Code Advisory Committees (CAC):
- SDLF – Structural Design/ Lateral Forces
- PEME – Plumbing, Electrical, Mechanical & Energy
- HF – Health Facilities
- GREEN – Green Building
- BFO – Building, Fire & Other
- ACCESS – Accessibility

*Public Participation Opportunity
**NEC resubmittal if necessary

All dates are subject to change

OSHPD
Office of Statewide Health Planning and Development
I-2 Occupancies, wherein mental health patients are restrained, will be permitted to be locked, without being classified as an I-3 Occupancies

- There are **limitations in construction types and area, height and story** requirements for locked I-2 facilities/units
- Entire building is required to be **fully sprinklered**
- **Smoke detection is required throughout** all occupied areas and smoke compartments, where patients are restrained, including mechanical and electrical spaces, and throughout adjacent smoke compartments where occupants of those compartments utilize the same means of egress.
- **Non-combustible flooring** required in areas where patients are restrained (To Be Amended in 2019 CBSC)
- **Interior finish** requirements shall meet the requirements of an I-3 occupancy
- Doors are permitted to be secured in accordance with **CBC 1010.1.9.6 Controlled egress doors in Group I-2**, and all 7 criteria of 1010.1.9.6
An exception to the requirement of allowing only non-combustible flooring in locked I-2 areas will be added to CBC 804.4.3

Flooring meeting **not less than Class I critical radiant flux** and smoke density rating not exceeding 450 (ASTM E662) will be permitted.
7-118. Building Energy Efficiency Program.
Projects that consist of any new elements related to A thru D shall include a Building Energy Efficiency Program with the submittal. The Program shall describe how the design of the building systems meets the owner’s project requirements and include the associated Basis of Design (BOD) document required under Title 24, Part 6. The BOD shall describe the building systems to be commissioned, outline design assumptions, describe how the building systems design meets the owner’s project requirements, and why the systems were selected. The BOD shall cover the following systems and components as described in the Building Energy Efficiency Standards, Nonresidential Compliance Manual:

A. HVAC systems efficiencies.
B. Indoor lighting systems efficiencies.
C. Water heating systems efficiencies.
D. Building envelope considerations.
2019 CBSC Amendments – Triennial Code

OSHPD-1
- Realignment making this designation specific to facilities providing “General Acute-Care Hospital” services

OSHPD-1R
- Assigned to hospital buildings that have been “removed” from acute-care service

OSHPD-2
- Applicable to all Skilled Nursing Facilities regardless of number of stories or construction type, for closer alignment with model code (IBC)

OSHPD-5
- Assigned to Acute-Psychiatric Hospitals as distinct from General Acute-Care Hospitals
OSHPD-1R
- Non-conforming SPC or free-standing hospital building removed from acute care service
- Requires a “Remove From Acute Care” project for reclassification

OSHPD-2 – Skilled Nursing SPC or free-standing building

OSHPD-5 – Acute Psychiatric SPC or free-standing building

“I” factor is based on number of patients, not number of stories
- Less than 50 – I = 1.0
- 50 or more – I = 1.25
- May divide into separate buildings with seismic/structural separation