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HEALTH AND SAFETY CODE - HSC

DIVISION 107. HEALTH CARE ACCESS AND INFORMATION [127000 - 130079] (*Heading of Division 107 amended by Stats. 2021, Ch. 143, Sec. 28.)*

PART 7. FACILITIES DESIGN REVIEW AND CONSTRUCTION [129675 - 130079] (*Part 7 added by Stats. 1995, Ch. 415, Sec. 9.)*

CHAPTER 1. Health Facilities [129675 - 130070] (*Chapter 1 added by Stats. 1995, Ch. 415, Sec. 9.)*

ARTICLE 8. New State Responsibilities For Seismic Safety in Hospitals [130000 - 130025] (*Article 8 added by Stats. 1995, Ch. 415, Sec. 9.)*

130000. (a) The Legislature hereby finds and declares the following:

- (1) The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 was created because of the loss of life in the collapse of hospitals during the Sylmar earthquake of 1971.
- (2) We were reminded of the vulnerability of hospitals in the Northridge earthquake of January 17, 1994.
- (3) Several hospitals built prior to the act suffered major damage and had to be evacuated.
- (4) Hospitals built to the Alfred E. Alquist Hospital Facilities Seismic Safety Act standards resisted the Northridge earthquakes with very little structural damage demonstrating the value and necessity of this act.
- (5) Both pre- and post-act hospitals suffered damage to architecture and to power and water systems that prevented hospitals from being operational, caused the loss of one life, triggered evacuations, unacceptable property losses, and added additional concerns on emergency medical response.
- (6) An earthquake survivability inventory of California's hospitals completed by the Department of Health Care Access and Information in December 1989 indicated that over 83 percent of the state's hospital beds were in buildings that did not comply with the Alfred E. Alquist Hospital Facilities Seismic Safety Act because they were issued permits prior to the effective date of the act. Furthermore, 26 percent of the beds are in buildings posing significant risks of collapse since they were built before modern earthquake codes. The older hospitals pose significant threats of collapse in major earthquakes and loss of functions in smaller or more distant earthquakes.
- (7) The 1989 survey also states: "Of the 490 hospitals surveyed, nine hospitals are in Alquist–Priolo Earthquake Fault Rupture Zones, 31 are in areas subject to soil liquefaction, 14 in areas with landslide potential, 33 in flood zones, and 29 have a possible loss or disruption of access. Two hundred five hospitals had no emergency fuel for their main boilers on hand, 19 had no emergency fuel for their emergency generators. Onsite emergency potable water was available at 273 hospitals and nonpotable water was available at 102 hospitals. Four hundred eighteen hospitals had emergency radios onsite, and 419 hospitals had inadequate or partially adequate equipment anchorage. In terms of available emergency preparedness, inadequate or partially inadequate equipment anchorage is still the most widespread shortcoming."
- (8) This survey identifies many of the shortcomings that caused 23 hospitals to suspend some or all operations after the Northridge earthquake. However, one hospital was rebuilt to comply with the Alfred E. Alquist Hospital Facilities Seismic Safety Act after an older hospital building had partially collapsed in the 1971 Sylmar earthquake. The rebuilt hospital suffered failures in water distribution systems and had to be evacuated.
- (9) The state must rely on hospitals to support patients and offer medical aid to earthquake victims.

(b) Therefore, it is the intent of the Legislature, that:

(1) By enacting this article, the state shall take steps to ensure that the expected earthquake performance of hospital buildings housing inpatients and providing primary basic services is disclosed to public agencies that have a need and a right to know, because the medical industry cannot immediately bring all hospital buildings into compliance with the Alfred E. Alquist Hospital Facilities Seismic Safety Act.

(2) The state shall encourage structural retrofits or replacements of hospital buildings housing inpatients and providing primary basic services that place lives at risk because of their potential for collapse during an earthquake.

(3) The state shall also encourage retrofits and enhancements to critical hospital architecture, equipment, and utility and communications systems to improve the ability of hospitals to remain operational for those hospitals that do not pose risk to life.

(Amended by Stats. 2021, Ch. 143, Sec. 322. (AB 133) Effective July 27, 2021.)

130002. (a) The Legislature finds and declares all of the following:

(1) Following a major earthquake, Californians will rely on their community hospitals to provide care to those who are injured, to continue to care for those already within the hospital, and to respond to the emergent needs of new patients.

(2) Under existing law, all hospital buildings providing acute care services in California are required to be fully functional to provide care following an earthquake as of 2030. This standard includes both structural performance categories (SPC) and nonstructural performance categories (NPC), such as for electricity, water, sewage, oxygen, and other mechanical and electrical systems.

(3) The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, which was passed after the 1971 Sylmar earthquake that caused the collapse of the Veteran Administration Hospital and killed 47 people, as well as the collapse of large sections of Olive View County Hospital, which led to its closure six weeks after it opened, required that new hospital construction be seismically sound. The act's focus on new hospital construction was based on the understanding that the useful life of hospital buildings was 20 to 30 years and that most existing hospital buildings would be replaced by the mid-1990s.

(4) The 1994 Northridge earthquake showed that nonstructural damage is a serious threat to patient safety and a hospital's capacity to function. Also, as of 1994, most hospital buildings still predated 1972 and thus were at risk of collapse in a major earthquake.

(5) As of 2022, most hospitals in California do not fully meet the seismic safety standards that will be required in order to remain operational past the 2030 deadline.

(6) Patients receiving care in seismically deficient hospitals when an earthquake occurs will be at risk of needing to be immediately evacuated, even if other hospitals in the area have also been impacted by the earthquake. Additionally, seismically deficient hospital buildings may not be available to treat new patients.

(7) It is critical for cities, counties, and the state to fully understand hospitals' seismic safety compliance in order to prepare earthquake response and recovery plans.

(b) The Legislature reaffirms its commitment to Californians that hospitals will be fully functional and able to provide hospital care to Californians after an earthquake.

(c) Therefore, it is the intent of the Legislature to ensure that the Department of Health Care Access and Information, Office of Emergency Services, relevant local government entities, and other interested parties are notified of the status of acute care hospitals' compliance with existing requirements that the facilities be fully functional to provide care following an earthquake as of 2030.

(Added by Stats. 2022, Ch. 584, Sec. 1. (AB 1882) Effective January 1, 2023.)

130005. By June 30, 1996:

(a) The Department of Health Care Access and Information, hereinafter called the department, shall develop definitions of earthquake performance categories for earthquake ground motions for both new and existing hospitals that are:

(1) Reasonably capable of providing services to the public after a disaster, designed and constructed to resist, insofar as practical, the forces generated by earthquakes, gravity, and winds, and in full compliance with the regulations and standards developed by the department pursuant to the Alfred E. Alquist Hospital Facilities Seismic Safety Act.

(2) In substantial compliance with the pre-1973 California Building Standards Codes, but not in substantial compliance with the regulations and standards developed by the department pursuant to the Alfred E. Alquist Hospital Facilities Seismic Safety Act. These buildings may not be repairable or functional but will not significantly jeopardize life.

(3) Potentially at significant risk of collapse and that represent a danger to the public.

(b) The department may define other earthquake performance categories as it deems necessary to meet the intent of this article and the Alfred E. Alquist Hospital Facilities Seismic Safety Act.

(c) Earthquake performance categories shall also include subgradations for risk to life, structural soundness, building contents, and nonstructural systems that are critical to providing basic services to hospital inpatients and the public after a disaster.

(d) Earthquake performance categories shall, as far as practicable, use language consistent with definitions and concepts as developed in the model codes and other state and federal agencies. Where the department finds that deviations from other's definitions and concepts are necessary and warranted to comply with the intent of the Alfred E. Alquist Hospital Facilities Seismic Safety Act, the act that added this article, or the specific nature or functions of hospitals, the department shall provide supporting documentation that justifies these differences.

(e) Insofar as practicable, the department shall define rapid seismic evaluation procedures that will allow owners to determine with reasonable certainty the existing applicable earthquake performance categories and the minimum acceptable earthquake performance categories for hospital buildings. These procedures shall allow for abbreviated analysis when known vulnerability is clear and when construction in accordance with post-1973 codes allows for an evaluation focusing on limited structural and nonstructural elements.

(f) The department, in consultation with the Hospital Building Safety Board, shall develop regulations to identify the most critical nonstructural systems and to prioritize the timeframes for upgrading those systems that represent the greatest risk of failure during an earthquake.

(g) The department shall develop regulations as they apply to the administration of seismic standards for retrofit designs, construction, and field reviews for the purposes of this article.

(h) The department shall develop regulations for the purpose of reviewing requests and granting delays to hospitals demonstrating a need for more time to comply with Section 130060.

(i) The department shall submit all information developed pursuant to subdivisions (a) to (f), inclusive, to the California Building Standards Commission by June 30, 1996.

(j) The department shall submit all information developed pursuant to subdivisions (g) and (h) to the California Building Standards Commission by December 31, 1996.

(k) "Hospital building," as used in Article 8 and Article 9 of this chapter means a hospital building as defined in Section 129725 and that is also licensed pursuant to subdivision (a) of Section 1250, but does not include these buildings if the beds licensed pursuant to subdivision (a) of Section 1250, as of January 1, 1995, comprise 10 percent or less of the total licensed beds of the total physical plant, and does not include facilities owned or operated, or both, by the Department of Corrections.

(Amended by Stats. 2021, Ch. 143, Sec. 323. (AB 133) Effective July 27, 2021.)

130006. (a) A hospital building that is classified as SPC-2 shall be identified as "These buildings do not significantly jeopardize life, but may not be repairable or functional following an earthquake" on the department's internet website and in all documents and submissions to the department by the hospital owner relating to compliance with Section 130065.

(b) A hospital building that is classified as both SPC-5 and NPC-5 may be labeled "earthquake resilient" on the department's internet website and in all documents and submissions to the department by the hospital owner relating to compliance with Section 130065.

(Added by Stats. 2022, Ch. 584, Sec. 2. (AB 1882) Effective January 1, 2023.)

130010. The department is responsible for reviewing and approving seismic evaluation reports, compliance schedules and construction documents that are developed by hospital owners, and field review of construction for work done pursuant to this article.

(Amended by Stats. 2021, Ch. 143, Sec. 324. (AB 133) Effective July 27, 2021.)

130020. (a) By December 31, 1996, the California Building Standards Commission shall review, revise as necessary and adopt earthquake performance categories, seismic evaluation procedures, and standards and timeframes for upgrading the most critical nonstructural systems as developed by the department. By June 30, 1997, the California Building Standards Commission shall review, revise as necessary, and adopt seismic retrofit building standards and procedures for reviewing requests and granting delays to hospitals that demonstrate a need for more time to comply with Section 130060.

(b) For purposes of this section all submittals made by the department pursuant to subdivisions (i) and (j) of Section 130005 shall be deemed as emergency regulations and adopted as such.

130025. (a) In the event of a seismic event, or other natural or manmade calamity that the department believes is of a magnitude so that it may have compromised the structural integrity of a hospital building, or any major system of a hospital building, the department shall send one or more authorized representatives to examine the structure or system. "System" for these purposes shall include, but not be limited to, the electrical, mechanical, plumbing, and fire and life safety system of the hospital building. If, in the opinion of the department, the structural integrity of the hospital building or any system has been compromised and damaged to a degree that the hospital building has been made unsafe to occupy, the department may cause to be placed on the hospital building either a red tag, a yellow tag, or a green tag.

(b) A "red" tag shall mean the hospital building is unsafe and shall be evacuated immediately. Access to red-tagged buildings shall be restricted to persons authorized by the department to enter.

(c) A "yellow" tag shall mean that the hospital building has been authorized for limited occupancy, and the authorized representative of the department shall write directly on the yellow tag that portion of the hospital building that may be entered with or without restriction and those portions that may not.

(d) A "green" tag shall mean the hospital building and all of its systems have been inspected by an authorized agent of the department, and have been found to be safe for use and occupancy.

(e) Any law enforcement or other public safety agency of this state shall grant access to hospital buildings by authorized representatives of the department upon the showing of appropriate credentials.

(f) For purposes of this section, "hospital building" includes the buildings referred to in paragraphs (2) and (3) of subdivision (b) of Section 129725.