

Outline of Disaster Preparedness Modernization Proposal

1) Refocus the Requirement on Post-Event Emergency Medical Services

- The current 2030 standard requires that a building be reasonably capable of *providing services* following an earthquake. That means it must meet a classification of Structural Performance Category-3 or higher (e.g., SPC-3, SPC-4, SPC-4D, or SPC-5) for *every* acute care area of the hospital or the building can no longer be used to care for patients.
- Refocus this *operational* standard to those buildings in which *post-event emergency medical services* are located.
- *Post-event emergency medical services* would be:
 - The emergency department
 - Storage areas for food, water, medical testing and monitoring equipment, and pharmaceutical supplies
 - Some equipment and supplies for clinical laboratory service
 - Some equipment and supplies for radiological service
 - Some operating rooms for surgical service
 - Some patient holding areas and post-anesthesia care stations for anesthesia service
 - For patients following emergent surgeries, intensive care service
- The Office of Statewide Health Planning and Development (OSHPD), which regulates hospital buildings, in consultation with the California Department of Public Health (CDPH), which licenses hospital services, will create proportionate standards for how many of the above services hospitals will provide. These standards will plan for 150% of the average amount of emergency department admissions from 2017, 2018, and 2019.
 - *For example, if a hospital typically needed four of its operating rooms to support the emergency department, it would need six located in operational buildings.*
- Next year (2022), hospitals with emergency departments would report to OSHPD and CDPH the building in which all potential post-event emergency medical services are located, so that both departments would have that line of sight.
- Next year and the year after (2022 and 2023), OSHPD and CDPH would develop regulations.

2) Strengthen Patient Care Areas

- Currently, over 96% of all hospital buildings have met the SPC-2 standard or higher; all will be in compliance by January 1, 2025. This proposal would further strengthen each and every one of those buildings. Those that house post-event emergency medical services would meet the standards described above.
- The remaining acute care patient areas would include operating rooms that will not be used for scheduled admissions, which will be canceled immediately after an earthquake and medical/surgical units that will be empty once the hospital transfers patients to hospitals outside of the disaster zone.
- These remaining patient care area buildings would all need to come to the level of SPC-2 through engineering evaluation, unless they are among the lowest collapse probability and the lowest seismic areas in the state, or of a single-story wood-framed construction.
- And they would all need to anchor and brace equipment and utility lines to the level of Non-Structural Performance Category-3 or higher to provide an even greater level of safety.

3) Provide Additional Time to Comply

- Hospitals need a decade to plan, gain approval, and construct capital improvement projects like that required by the current 2030 standard. Prior to the COVID-19 pandemic, this timeline was challenging at best. Given hospitals' worsened financial position, additional time to comply is more needed than ever.
- An additional seven years — until 2037 — for all hospitals to strengthen their buildings to these new standards is needed.