

STATE OF CALIFORNIA
GOVERNMENT OPERATIONS AGENCY
CALIFORNIA BUILDING STANDARDS COMMISSION
2525 NATOMAS PARK DR., SUITE 130
SACRAMENTO, CA 95833
(916) 263-0916 Phone
Email: cbsc@dgs.ca.gov

Office Use Item No. _____

PARTICIPATION COMMENTS FOR THE NOTICE DATED APRIL 7, 2017
Written comments are to be sent to the above address.

WRITTEN COMMENT DEADLINE: MAY 22, 2017 (no later than 5:00 pm)

Date: 5-20-17

From:

Eugene Lozano Jr.
Name (Print or type)

Eugene Lozano Jr.
(Signature)

California Council of the Blind

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Agency, jurisdiction, chapter, company, association, individual, etc.

1303 J Street Suite 400 Sacramento CA 95814
Street City State Zip

Eugene.lozano@cbbnet.org 916-485-8307
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I/We (do)(**do not**) agree with:

[X] The Agency proposed modifications As Submitted on Section No. BSCC Part 2 Section 1231.2.12
Medical examination room

and request that this section or reference provision be recommended:

[] Approve [X] Disapprove [] Further Study [] Approve as Amended

Suggested Revisions to the Text of the Regulations:

We disapprove of Section 1231.2.12 'Medical examination room' because of its limited list of accessible medical equipment and cross-reference to applicable examination room requirements found in Part 2, Chapter 11B of Title 24.

More specifically, we disapprove of sub-item #5 of this section which appears to require the provision of traditional fixed-height exam tables in the accessible examination rooms. These examination tables are too high for many people with a mobility disability to use.

Individuals with mobility disabilities often need to use an adjustable-height table which, when positioned at a low height (at least 17 inches from floor to top of the cushion), allows them to transfer from a wheelchair. These

adjustable-height examination tables provide many wheelchair and scooter users to laterally transfer with less physical lifting from staff, in addition to easier access for other people with mobility limitations including pregnant patients, seniors, and larger patients.

Correctional facilities should have height-adjustable examination tables for these reasons:

1. Improves quality of care for people with disabilities and activity limitations;
2. Complies with legal obligations under Section 504 of the Rehabilitation Act of 1973 and Title 2 of the Americans with Disabilities Act; and
3. Reduces health care professionals' workplace injuries.

Additionally, what is needed but was not included in the list of accessible medical equipment under Section 1231.2.12, are:

- A. A handle or support rail. They are often needed along one side of the height-adjustable examination table for a patient's stability during a transfer and the examination of the person with a disability.
- B. Transfer board. This is a product made of a smooth rigid material which acts as a supporting bridge between a wheelchair and another surface (e.g. height-adjustable examination table), along which the patient with a disability slides.
- C. Portable floor power patient lift with sling. This equipment is an assistive device that will help a caregiver transfer a patient, with limited mobility, from a wheelchair/scooter to a height-adjustable examination table and back.
- D. Accessible weight scales. Accessible scales are useable by all people with and without disabilities including wheelchair users, people with activity limitations, and larger people who may exceed a standard weight scale limit. When patients cannot be weighed, they receive a lesser quality of health care.
- E. Height-adjustable examination chair (podiatry, dental, orthopedic, treatment, etc.). Individuals with mobility disabilities often need to use an adjustable-height examination chair which, when positioned at a low height (at least 17 inches from floor to top of the seat), allows them to transfer from a wheelchair.
- F. Miscellaneous accessible medical equipment to be identified with knowledgeable experts working with persons with disabilities.

In closing, we do not fully agree with BSCC regarding the use of patient lifts in a correctional setting. Recommendations given at the CBSC CAC meeting did not limit lifts to those that are mounted to the ceiling. Portable power floor lifts could address the access/safety needs of patients as well as the safety of workers. We feel the BSCC needs to meet with accessible medical vendors and occupational therapists to determine what accessible medical equipment can be utilized in a correctional setting.

Reason: [The reason should be concise if the request is for "Disapprove," "Further Study Required," or "Approve As Amended" and identify at least one of the 9-point criteria (following) of Health and Safety Code §18930.]

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. The public interest includes, but is not limited to, health and safety, resource efficiency, fire safety, seismic safety, building and building system performance, and consistency with environmental, public health, and accessibility statutes and regulations.
 - (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.