

Title 22. Social Security

**Division 5. Licensing and Certification of Health Facilities, Home Health Agencies,
Clinics, and Referral Agencies**

Chapter 1. General Acute Care Hospital

Article 6. Supplemental Services

70547. Perinatal Unit General Requirements

(b) There shall be written policies and procedures developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. These policies and procedures shall reflect the standards and recommendations of ~~the American College of Obstetricians and Gynecologists "Standard for Obstetric-Gynecologic Hospital Services," 1969, and the American Academy of Pediatrics "Hospital Care of Newborn Infants," 1974.~~ "Guidelines for Perinatal Care, 8th Edition" (2017) by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, hereby incorporated by reference. Policies shall be approved by the governing body. Procedures shall be approved by the medical staff and administration where such is appropriate. Such policies and procedures shall include but not be limited to:

Justification for Update: Perinatal care standards have been significantly revised and updated since section 70547 was first promulgated in 1989. Jointly developed by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG), this unique resource addresses the full spectrum of perinatal medicine from obstetric and pediatric standpoints.

You can download the "Guidelines for Perinatal Care, 8th Edition" by visiting the [American College of Obstetrics and Gynecologists](#) webpage.

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Chapter 1. General Acute Care Hospital

Article 6. Supplemental Services

70607. Renal Transplant Center General Requirements

(d) There shall be a written hepatitis control program incorporating the recommendations of ~~Report 33, January 1971, of the Hepatitis Surveillance Program of the Center for Disease Control, Public Health Services, Atlanta, GA 30333~~ “Viral Hepatitis Surveillance and Case Management: Guidance for State, Territorial, and Local Health Departments” (2021) by the Center for Disease Control and Prevention’s Division of Viral Hepatitis, hereby incorporated by reference.

Justification for Update: Since Report 33 was published in 1971, the Center for Disease Control and Prevention has continued to update public health programs, such as the update to the Viral Hepatitis Surveillance and Case Management program. The epidemiology of viral hepatitis in the United States has changed substantially since 1971, including viral hepatitis testing recommendations. This has created major advances in information systems and laboratory testing which has allowed jurisdictions to conduct more comprehensive viral hepatitis surveillance. The updated version contains these standards and recommendations.

You can download “Viral Hepatitis Surveillance and Case Management: Guidance for State, Territorial, and Local Health Departments” by visiting the [Center for Disease Control and Prevention’s Division of Viral Hepatitis](#) webpage.

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Chapter 1. General Acute Care Hospital

Article 7. Administration

70741. Disaster and Mass Casualty Program

(a) A written disaster and mass casualty program shall be developed and maintained in consultation with representatives of the medical staff, nursing staff, administration and fire and safety experts. The program shall be in conformity with the ~~California Emergency Plan of October 10, 1972 developed by the State Office of Emergency Services and the California Emergency Medical Mutual Aid Plan of March 1974 developed by the Office of Emergency Services, Department of Health~~ “State of California Emergency Plan” (2017) and the “State of California Coroners’ Mutual Aid Plan” (2014) by the California Governor’s Office of Emergency Services, hereby incorporated by reference. The program shall be approved by the medical staff and administration. A copy of the program shall be available on the premises for review by the Department.

Justification for Update: The California Legislature merged the powers, purposes, and responsibilities of the former Office of Emergency Services (OES) with those of the Governor’s Office of Homeland Security (OHS) into the newly created California Emergency Management Agency (CalEMA). In 2013, CalEMA was renamed to the California Governor’s Office of Emergency Services (Cal OES) and merged with the Office of Public Safety Communications. The previously cited publications from OES and OHS were published in 1972 and 1974 and are to be replaced with updated publications which are consistent with the state departments’ renaming and latest guidance.

You can download the [“State of California Emergency Plan”](#) and the [“State of California Coroners’ Mutual Aid Plan”](#) by visiting the California Governor’s Office of Emergency Services’ webpage.

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Chapter 1. General Acute Care Hospital

Article 8. Physical Plant

70839. Air 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 according to “Standard 52.2-2017 – Method of Testing General Ventilation Air-Cleaning Devices for Removal Efficiency by Particle Size” (2017) by the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), hereby incorporated by reference, and the criteria established by the manufacturer or supplier to determine when replacement or cleaning is necessary.

Justification for Update: The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) is a global society focusing on building systems, energy efficiency, indoor air quality, refrigeration, and sustainability within the industry through research, standards writing, publishing and continuing education. ASHRAE’s Standard 52.2 establishes a method of laboratory testing to measure the performance of general ventilation air-cleaning devices in removing particles of specific diameters. The updated standards ensure that reports provided by labs and manufacturers share the same data, allowing for a simpler evaluation of products.

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Chapter 1. General Acute Care Hospital

Article 8. Physical Plant

70849. Gases for Medical Use

(d)(1) Yoke connections of anesthesia machines and flush outlet valves for small compressed gas cylinders (Style E and smaller) shall conform with the pin index safety system contained in ~~pamphlet B57.1~~ "V-1: Standard for Compressed Gas Cylinder Valve Outlet and Inlet Connections", 1965 15th Edition (2021), by the Compressed Gas Association and the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018 hereby incorporated by reference.

(2) Valve outlet connections for large cylinders (Style F and larger) for oxygen and nitrous oxide shall conform with the standards contained in ~~pamphlet B57.1~~ "V-1: Standard for Compressed Gas Cylinder Valve Outlet and Inlet Connections", 1965 15th Edition (2021), by the Compressed Gas Association and the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018 hereby incorporated by reference. Standard connection No. 540 shall be used with oxygen cylinders and standard connection No. ~~1320326~~ 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.

(3) Removable exposed threaded connections, where employed in medical 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 (Noninterchangeable Low Pressure Connections for Medical Gas Applications)" 7th Edition (2019), May 1970 printing, by the Compressed Gas Association, Inc., 500 Fifth Avenue, New York, NY 10036 hereby incorporated by reference.

(4) Station outlets from piped oxygen and nitrous oxide systems shall conform with the standards contained in ~~bulletin NFPA No. 56F, Nonflammable Medical Gas Systems, 1973, by the National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02210~~ "NFPA 99: Health Care Facilities Code" (2012) by the National Fire Protection Association, hereby incorporated by reference.

(e) The piped oxygen or nitrous oxide system(s) shall be tested in accordance with the National Fire Protection Association bulletin, ~~NFPA No. 56F99~~, referred to above, and a written report shall be maintained in each of the following instances:

Justification for Update of (d)(1) and (2): The Compressed Gas Association's (CGA's) Cylinder Valve Committee, established detailed dimensions for the manufacture of new cylinder valve outlet and inlet connections to provide connections that minimize the possibility of hazardous misconnections. This standard is based on a coordinated plan for the inclusion of future connections as they are required on cylinders that are not permanently manifolded during transport and use. Standard outlet connections for respective gases are fully defined and complete in themselves. Furthermore, CGA renumbered standard connection No. 1320 to No. 326. The updated publication includes updated standard connection numbers as well as current industry standards and recommendations.

You can purchase "V-1: Standard for Compressed Gas Cylinder Valve Outlet and Inlet Connections" 15th Edition (2019) by visiting [CGA's website](#).

Justification for Update of (d)(3): The Diameter Index Safety System defines noninterchangeable removable connections for use with medical gases at pressures of 200 psi (1380 kPa) or less. Removable, threaded connections are readily and commonly engaged or disengaged in routine use and service and are often found on regulators, resuscitation equipment, anesthesia equipment, therapy equipment, and other similar equipment.

You can purchase "V-5: Diameter-Index Safety System (Noninterchangeable Low Pressure Connections for Medical Gas Applications)" 7th Edition (2019) by visiting [CGA's website](#).

Justification for Update of (d)(4) and (e): NFPA 99 (2012) establishes criteria for levels of health care services or systems based on risk to the patients, staff, or visitors in health care facilities to minimize the hazards of fire, explosion, and electricity. The updated publication encompasses the performance, maintenance, installation, and testing of nonflammable medical gas systems within health care facilities, which is in alignment with the outdated NFPA No. 56F (1973) reference being replaced. The updated publication includes current industry standards and recommendations and conforms to US Centers for Medicare and Medicaid Services (CMS) requirements.

You can purchase "NFPA 99: Health Care Facilities Code" (2012) by visiting the [National Fire Protection Association](#) website.

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Article 8. Physical Plant

70853. Electrically Sensitive Areas

(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~~ “ANSI/AAMI ES60601-1:2005 (R2012) with amendments: Medical Electrical Equipment-Part 1: General Requirements for Basic Safety and Essential Performance” (2012) published by the American National Standards Institute (ANSI) and the Association for the Advancement of Medical Instrumentation (AAMI), hereby incorporated by reference.

Justification for Update: The American National Standards Institute (ANSI) and the Association for the Advancement of Medical Instrumentation (AAMI) revised the recommended standards and requirements regarding medical electrical equipment in 2012. This update reflects changes to the general requirements for basic safety and essential performance of medical electrical equipment since the original publication was incorporated in 1974.

You can purchase “ANSI/AAMI ES60601-1:2005 (R2012) with amendments: Medical Electrical Equipment-Part 1: General Requirements for Basic Safety and Essential Performance” by visiting the [ANSI webstore](#).

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Chapter 2. Acute Psychiatric Hospitals

Article 3. Basic Services

71243. Dietetic Service General Requirements

(a) The dietetic service shall provide food of the quality and quantity to meet the patient's need in accordance with physicians' orders and, to the extent medically possible, to meet the ~~Recommended Daily Dietary Allowance, 1974 Edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, 2107 Constitution Avenue, Washington, DC 20418,~~ "Dietary Reference Intakes: The Essential Guide to Nutrient Requirements" (2006) by the National Research Council of the National Academy of Sciences, Institute of Medicine, hereby incorporated by reference, and the following:

Justification for Update: Widely regarded as the classic reference work for the nutrition, dietetic, and allied health professions since its introduction in 1943, "Recommended Dietary Allowances" has been the accepted source in nutrient allowances for healthy people. Responding to the expansion of scientific knowledge about the roles of nutrients in human health, the Food and Nutrition Board of the Institute of Medicine, in partnership with Health Canada, has updated what used to be known as "Recommended Dietary Allowances" and renamed their new approach to these guidelines "Dietary Reference Intakes." This is the most recent publication which incorporates current industry standards.

You can download "Dietary Reference Intakes: The Essential Guide to Nutrient Requirements" by visiting the [National Research Council of the National Academy of Sciences, Institute of Medicine](#) website.

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Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Chapter 2. Acute Psychiatric Hospitals

Article 6. Administration

71537. Infection Control Program

(a) A written hospital infection control program shall be adopted. The program shall conform to the guidelines contained in ~~Infection Control in the Hospital, 1974, published by the American Hospital Association, 840 North Lake Shore Drive, Chicago, IL 60611~~ the “Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals” (2014) by the American Hospital Association (AHA), the Society of Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America (IDSA), the Association for Professionals in Infection Control and Epidemiology (APIC), and The Joint Commission, hereby incorporated by reference.

Justification for Update: The prevention of healthcare-associated infections (HAIs) has become a national priority. Despite improvements, preventable HAIs continue to occur. The 2014 updates to the Compendium were created to provide acute care hospitals with up-to-date, practical, expert guidance to assist in prioritizing and implementing their HAI prevention efforts. They are the product of a highly collaborative effort led by the Society for Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America (IDSA), the American Hospital Association (AHA), the Association for Professionals in Infection Control and Epidemiology (APIC), and The Joint Commission, with major contributions from representatives of a number of organizations and societies with content expertise, including the Centers for Disease Control and Prevention (CDC), the Institute for Healthcare Improvement (IHI), the Pediatric Infectious Diseases Society (PIDS), the Society for Critical Care Medicine (SCCM), the Society for Hospital Medicine (SHM), and the Surgical Infection Society (SIS).

You can download the “Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals” by visiting the [Society for Healthcare Epidemiology of America](#) website.

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Chapter 2. Acute Psychiatric Hospitals

Article 6. Administration

71539. Disaster and Mass Casualty Program

(a) A written disaster and mass casualty program shall be developed and maintained in consultation with representatives of the medical staff, nursing staff, administration and fire and safety experts. The program shall be in conformity with the ~~California Emergency Plan of October 10, 1972 developed by the State Office of Emergency Services and the California Emergency Medical Mutual Aid Plan of March 1974 developed by the Office of Emergency Services, Department of Health~~ “State of California Emergency Plan” (2017) and the “State of California Coroners’ Mutual Aid Plan” (2014) by the California Governor’s Office of Emergency Services, hereby incorporated by reference. The program shall be approved by the medical staff and administration. A copy of the program shall be available on the premises for review by the Department.

Justification for Update: The California Legislature merged the powers, purposes, and responsibilities of the former Office of Emergency Services (OES) with those of the Governor’s Office of Homeland Security (OHS) into the newly created California Emergency Management Agency (CalEMA). In 2013, CalEMA was renamed to the California Governor’s Office of Emergency Services (Cal OES) and merged with the Office of Public Safety Communications. The previously cited publications from OES and OHS were published in 1972 and 1974 and are to be replaced with updated publications which are consistent with the state departments' renaming and latest guidance.

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Chapter 2. Acute Psychiatric Hospitals

Article 7. Physical Plant

71643. Air 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 according to “Standard 52.2-2017 – Method of Testing General Ventilation Air-Cleaning Devices for Removal Efficiency by Particle Size” (2017) by American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), hereby incorporated by reference, and the criteria established by the manufacturer or supplier to determine when replacement or cleaning is necessary.

Justification for Update: The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) is a global society focusing on building systems, energy efficiency, indoor air quality, refrigeration, and sustainability within the industry through research, standards writing, publishing and continuing education. ASHRAE’s Standard 52.2 establishes a method of laboratory testing to measure the performance of general ventilation air-cleaning devices in removing particles of specific diameters. The updated standards ensure that reports provided by labs and manufacturers share the same data, allowing for a simpler evaluation of products.

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Article 7. Physical Plant

71653. Gases for Medical Use

(d)(1) Yoke connections of anesthesia machines and flush outlet valves for small compressed gas cylinders (Style E and smaller) shall conform with the pin index safety system contained in ~~pamphlet B57.1~~ "V-1: Standard for Compressed Gas Cylinder Valve Outlet and Inlet Connections", 1965 15th Edition (2021), by the Compressed Gas Association and the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018 hereby incorporated by reference.

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(3) Removable exposed threaded connections, where employed in medical 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 (Noninterchangeable Low Pressure Connections for Medical Gas Applications)" 7th Edition (2019), May 1970 printing, by the Compressed Gas Association, Inc., 500 Fifth Avenue, New York, NY 10036 hereby incorporated by reference.

(4) Station outlets from piped oxygen and nitrous oxide systems shall conform with the standards contained in ~~bulletin NFPA No. 56F, Nonflammable Medical Gas Systems, 1973, by the National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02210~~ "NFPA 99: Health Care Facilities Code" (2012) by the National Fire Protection Association, hereby incorporated by reference.

(e) The piped oxygen or nitrous oxide system(s) shall be tested in accordance with the National Fire Protection Association bulletin, ~~NFPA No. 56F99~~, referred to above, and a written report shall be maintained in each of the following instances.

Justification for Update of (d)(1) and (2): The Compressed Gas Association's (CGA's) Cylinder Valve Committee, established detailed dimensions for the manufacture of new cylinder valve outlet and inlet connections to provide connections that minimize the possibility of hazardous misconnections. This standard is based on a coordinated plan for the inclusion of future connections as they are required on cylinders that are not permanently manifolded during transport and use. Standard outlet connections for respective gases are fully defined and complete in themselves. Furthermore, CGA renumbered standard connection No. 1320 to No. 326. The updated publication includes updated standard connection numbers as well as current industry standards and recommendations.

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Justification for Update of (d)(3): The Diameter Index Safety System defines noninterchangeable removable connections for use with medical gases at pressures of 200 psi (1380 kPa) or less. Removable, threaded connections are readily and commonly engaged or disengaged in routine use and service and are often found on regulators, resuscitation equipment, anesthesia equipment, therapy equipment, and other similar equipment.

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Justification for Update of (d)(4) and (e): NFPA 99 (2012) establishes criteria for levels of health care services or systems based on risk to the patients, staff, or visitors in health care facilities to minimize the hazards of fire, explosion, and electricity. The updated publication encompasses the performance, maintenance, installation, and testing of nonflammable medical gas systems within health care facilities, which is in alignment with the outdated NFPA No. 56F (1973) reference being replaced. The updated publication includes current industry standards and recommendations and conforms to US Centers for Medicare and Medicaid Services (CMS) requirements.

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**Division 5. Licensing and Certification of Health Facilities, Home Health Agencies,
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Chapter 3. Skilled Nursing Facilities

Article 3. Required Services

72335. Dietetic Service—Food Service

(a) The dietetic service shall provide food of the quality and quantity to meet each patient's needs in accordance with the physicians' orders and to meet—~~The Recommended Daily Dietary Allowance,~~ the most current edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, the “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” (2006) by the National Research Council of the National Academy of Sciences, Institute of Medicine, hereby incorporated by reference, and the following:

Justification for Update: Widely regarded as the classic reference work for the nutrition, dietetic, and allied health professions since its introduction in 1943, Recommended Dietary Allowances has been the accepted source in nutrient allowances for healthy people. Responding to the expansion of scientific knowledge about the roles of nutrients in human health, the Food and Nutrition Board of the Institute of Medicine, in partnership with Health Canada, has updated what used to be known as “Recommended Dietary Allowances” and renamed their new approach to these guidelines “Dietary Reference Intakes.” This is the most recent publication which incorporates current industry standards.

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Chapter 3. Skilled Nursing Facilities

Article 6. Physical Plant

72639. Air Filters

(b) A written record of inspection, cleaning or replacement, including static pressure drop, shall be 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)~~ efficiency rating according to “Standard 52.2-2017 – Method of Testing General Ventilation Air-Cleaning Devices for Removal Efficiency by Particle Size” (2017) by the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), hereby incorporated by reference, and the criteria established by the manufacturer or supplier to determine when replacement or cleaning is necessary.

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Chapter 3. Skilled Nursing Facilities

Article 6. Physical Plant

72649. Gases for Medical Use

(d) The piped oxygen or nitrous oxide system(s) shall be tested in accordance with the ~~National Fire Protection Association Bulletin, NFPA No. 56F, Nonflammable Medical Gas Systems, 1973, by the National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02210,~~ “NFPA 99: Health Care Facilities Code” (2012) by the National Fire Protection Association, hereby incorporated by reference, and a written report shall be maintained in each of the following instances:

Justification for Update: NFPA 99 (2012) establishes criteria for levels of health care services or systems based on risk to the patients, staff, or visitors in health care facilities to minimize the hazards of fire, explosion, and electricity. The updated publication encompasses the performance, maintenance, installation, and testing of nonflammable medical gas systems within health care facilities, which is in alignment with the outdated NFPA No. 56F (1973) reference being replaced. The updated publication includes current industry standards and recommendations and conforms to US Centers for Medicare and Medicaid Services (CMS) requirements.

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Title 22. Social Security

Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Chapter 4. Intermediate Care Facilities

Article 3. Services

73325. Dietetic Service—Food Service

(a) The dietetic service shall provide food of the quality and quantity to meet the patient's needs in accordance with orders of a licensed healthcare practitioner acting within the scope of his or her professional licensure and, to the extent medically possible, to meet ~~“the Recommended Daily Dietary Allowance,” 1974 Edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, 2107 Constitution Avenue, Washington, D.C., 20418; the~~ “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” (2006) by the National Research Council of the National Academy of Sciences, Institute of Medicine, hereby incorporated by reference, and the following:

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Chapter 4. Intermediate Care Facilities

Article 4. Administration

73549. Disaster and Mass Casualty Program

(a) A written disaster and mass casualty program shall be adopted. The program shall be developed with the advice and assistance of qualified fire and safety experts and shall be in conformity with the ~~California Emergency Plan of October 10, 1972, developed by the state office of Emergency Services and the California Emergency Medical Mutual Aid Plan of March 1974, developed by the office of Emergency Services, Department of Health.~~ “State of California Emergency Plan” (2017) and the “State of California Coroners’ Mutual Aid Plan” (2014) by the California Governor’s Office of Emergency Services, hereby incorporated by reference. The program shall be approved by the medical staff and administration. A copy of the Program shall be available on the premises for review by the Department.

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Chapter 4. Intermediate Care Facilities

Article 5. Physical Plant

73637. Air Filters

(b) A written record of inspection, cleaning or replacement, including static pressure drop, shall be 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)~~ efficiency rating according to “Standard 52.2-2017 – Method of Testing General Ventilation Air-Cleaning Devices for Removal Efficiency by Particle Size” (2017) by the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), hereby incorporated by reference, and the criteria established by the manufacturer or supplier to determine when replacement or cleaning is necessary.

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Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Chapter 4. Intermediate Care Facilities

Article 5. Physical Plant

73647. Gases for Medical Use

(d)(1) Yoke connections of anesthesia machines and flush outlet valves for small compressed gas cylinders (Style E and smaller) shall conform with the pin index safety system contained in ~~pamphlet B57.1~~ "V-1: Standard for Compressed Gas Cylinder Valve Outlet and Inlet Connections", 1965 15th Edition (2021), by the Compressed Gas Association and the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018 hereby incorporated by reference.

(2) Valve outlet connections for large cylinders (Style F and larger) for oxygen and nitrous oxide shall conform with the standards contained in ~~pamphlet B57.1~~ "V-1: Standard for Compressed Gas Cylinder Valve Outlet and Inlet Connections", 1965 15th Edition (2021), by the Compressed Gas Association and the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018 hereby incorporated by reference. Standard connection No. ~~240540~~ shall be used with oxygen cylinders and standard connection No. ~~1320326~~ 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.

(3) Removable exposed threaded connections, where employed in medical 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 (Noninterchangeable Low Pressure Connections for Medical Gas Applications)" 7th Edition (2019), May 1970 printing, by the Compressed Gas Association, Inc., 500 Fifth Avenue, New York, NY 10036 hereby incorporated by reference.

(4) Station outlets from piped oxygen and nitrous oxide systems shall conform with the standards contained in ~~bulletin NFPA No. 56F, Nonflammable Medical Gas Systems, 1973, by the National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02210~~ "NFPA 99: Health Care Facilities Code" (2012) by the National Fire Protection Association, hereby incorporated by reference.

(e) The piped oxygen or nitrous oxide system(s) shall be tested in accordance with the National Fire Protection Association bulletin, ~~NFPA No. 56F99~~, referred to above, and a written report shall be maintained in each of the following instances:

Justification for Update of (d)(1) and (2): The Compressed Gas Association's (CGA's) Cylinder Valve Committee, established detailed dimensions for the manufacture of new cylinder valve outlet and inlet connections to provide connections that minimize the possibility of hazardous misconnections. This standard is based on a coordinated plan for the inclusion of future connections as they are required on cylinders that are not permanently manifolded during transport and use. Standard outlet connections for respective gases are fully defined and complete in themselves. Furthermore, standard connection No. 240 was an incorrect reference and has been updated to standard connection No. 540 as was originally intended. CGA also renumbered standard connection No. 1320 to No. 326. The updated publication includes updated standard connection numbers as well as current industry standards and recommendations.

You can purchase "V-1: Standard for Compressed Gas Cylinder Valve Outlet and Inlet Connections" 15th Edition (2019) by visiting [CGA's website](#).

Justification for Update of (d)(3): The Diameter Index Safety System defines noninterchangeable removable connections for use with medical gases at pressures of 200 psi (1380 kPa) or less. Removable, threaded connections are readily and commonly engaged or disengaged in routine use and service and are often found on regulators, resuscitation equipment, anesthesia equipment, therapy equipment, and other similar equipment.

You can purchase "V-5: Diameter-Index Safety System (Noninterchangeable Low Pressure Connections for Medical Gas Applications)" 7th Edition (2019) by visiting [CGA's website](#).

Justification for Update of (d)(4) and (e): NFPA 99 (2012) establishes criteria for levels of health care services or systems based on risk to the patients, staff, or visitors in health care facilities to minimize the hazards of fire, explosion, and electricity. The updated publication encompasses the performance, maintenance, installation, and testing of nonflammable medical gas systems within health care facilities, which is in alignment with the outdated NFPA No. 56F (1973) reference being replaced. The updated publication includes current industry standards and recommendations and conforms to US Centers for Medicare and Medicaid Services (CMS) requirements.

You can purchase "NFPA 99: Health Care Facilities Code" (2012) by visiting the [National Fire Protection Association](#) website.

Title 22. Social Security

Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Chapter 8. Intermediate Care Facilities for the Developmentally Disabled

Article 3. Services

76363. Food and Nutrition Services—Food Service

(a) The food and nutrition needs of clients shall be met in accordance with the ~~1974 Edition of the “Recommended Daily Dietary Allowance,” adopted by the Food and Nutrition Board of the National Research Council, National Academy of Sciences, 2107 Constitution Avenue, Washington, DC 20418,~~ “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” (2006) adopted by the National Research Council of the National Academy of Sciences, Institute of Medicine, hereby incorporated by reference, and adjusted for age, sex, activity, and disability through a nourishing, balanced diet unless contraindicated by medical needs.

Justification for Update: Widely regarded as the classic reference work for the nutrition, dietetic, and allied health professions since its introduction in 1943, Recommended Dietary Allowances has been the accepted source in nutrient allowances for healthy people. Responding to the expansion of scientific knowledge about the roles of nutrients in human health, the Food and Nutrition Board of the Institute of Medicine, in partnership with Health Canada, has updated what used to be known as “Recommended Dietary Allowances” and renamed their new approach to these guidelines “Dietary Reference Intakes.” This is the most recent publication which incorporates current industry standards.

You can download “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” by visiting the [National Research Council of the National Academy of Sciences, Institute of Medicine’s](#) website.

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Chapter 8. Intermediate Care Facilities for the Developmentally Disabled

Article 5. Physical Plant

76649. Air Filters

(b) A written record of inspection, cleaning or replacement, including static pressure drop, shall be 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)~~ efficiency rating according to “Standard 52.2-2017 – Method of Testing General Ventilation Air-Cleaning Devices for Removal Efficiency by Particle Size” (2017) by the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), hereby incorporated by reference, and the criteria established by the manufacturer or supplier to determine when replacement or cleaning is necessary.

Justification for Update: The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) is a global society focusing on building systems, energy efficiency, indoor air quality, refrigeration, and sustainability within the industry through research, standards writing, publishing and continuing education. ASHRAE’s Standard 52.2 establishes a method of laboratory testing to measure the performance of general ventilation air-cleaning devices in removing particles of specific diameters. The updated standards ensure that reports provided by labs and manufacturers share the same data, allowing for a simpler evaluation of products.

You can download “Standard 52.2-2017 Method of Testing General Ventilation Air-Cleaning Devices for Removal Efficiency by Particle Size” by visiting the [American Society of Heating, Refrigerating and Air-Conditioning](#) website.

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**Division 5. Licensing and Certification of Health Facilities, Home Health Agencies,
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Chapter 8. Intermediate Care Facilities for the Developmentally Disabled

Article 5. Physical Plant

76659. Gases for Medical Use

(d) The piped oxygen on nitrous oxide system(s) shall be tested in accordance with the National Fire Protection Association bulletin, ~~NFPA No. 56F, Nonflammable Medical Gas Systems 1973 by the National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02210~~ “NFPA 99: Health Care Facilities Code” (2012) by the National Fire Protection Association, hereby incorporated by reference, and a written report shall be maintained in each of the following instances:

Justification for Update: NFPA 99 (2012) establishes criteria for levels of health care services or systems based on risk to the patients, staff, or visitors in health care facilities to minimize the hazards of fire, explosion, and electricity. The updated publication encompasses the performance, maintenance, installation, and testing of nonflammable medical gas systems within health care facilities, which is in alignment with the outdated NFPA No. 56F (1973) reference being replaced. The updated publication includes current industry standards and recommendations and conforms to US Centers for Medicare and Medicaid Services (CMS) requirements.

You can purchase “NFPA 99: Health Care Facilities Code” by visiting the [National Fire Protection Association](#) website.

Title 22. Social Security

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Chapter 9. Psychiatric Health Facilities

Article 3. Services

77077. Dietetic Services

(a) The total daily diet for patients shall be of the quality and in the quantity necessary to meet the needs of the patients and shall meet the ~~“Recommended Dietary Allowances,” 9th edition, 1980, or most current edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Science, “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” (2006) adopted by the National Research Council of the National Academy of Sciences, Institute of Medicine, hereby incorporated by reference,~~ adjusted to the age, activity and environment of the group involved. All food shall be of good quality and be selected, stored, prepared and served in a safe and healthful manner. The following shall apply:

Justification for Update: Widely regarded as the classic reference work for the nutrition, dietetic, and allied health professions since its introduction in 1943, Recommended Dietary Allowances has been the accepted source in nutrient allowances for healthy people. Responding to the expansion of scientific knowledge about the roles of nutrients in human health, the Food and Nutrition Board of the Institute of Medicine, in partnership with Health Canada, has updated what used to be known as Recommended Dietary Allowances (1974) and renamed their new approach to these guidelines Dietary Reference Intakes (2006). This is the most recent publication which incorporates current industry standards.

You can download purchase “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” by visiting the [National Research Council of the National Academy of Sciences, Institute of Medicine](#) website.

Title 22. Social Security

Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Chapter 10. Adult Day Health Centers

Article 3. Services

78319. Basic Services: Nutrition Services.

(a) When meals are served in the center, they shall meet the ~~“Recommended Dietary Allowances,” 1974 Edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences~~ “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” (2006) adopted by the National Research Council of the National Academy of Sciences, Institute of Medicine, hereby incorporated by reference.

(c) Each participant who is in the center for four hours or more shall be served a meal that will supply at least one-third of the National Research Council's recommended ~~Dietary Allowances~~ nutrient requirements.

(d) Each participant who is in the center for eight hours shall be served a meal and between meal nourishments that will supply at least one-half of the National Research Council's recommended ~~Dietary Allowances~~ nutrient requirements.

Justification for Update: Widely regarded as the classic reference work for the nutrition, dietetic, and allied health professions since its introduction in 1943, Recommended Dietary Allowances has been the accepted source in nutrient allowances for healthy people. Responding to the expansion of scientific knowledge about the roles of nutrients in human health, the Food and Nutrition Board of the Institute of Medicine, in partnership with Health Canada, has updated what used to be known as Recommended Dietary Allowances (1974) and renamed their new approach to these guidelines Dietary Reference Intakes (2006). This is the most recent publication which incorporates current industry standards.

You can download “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” by visiting the [National Research Council of the National Academy of Sciences, Institute of Medicine](#) website.

Title 22. Social Security

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Chapter 11. Chemical Dependency Recovery Hospital Licensing Regulations

Article 3. Basic Services

79213. Dietetic Services

(a) The total daily diet for patients shall be of the quality and in the quantity necessary to meet the needs of the patients and shall meet the ~~“Recommended Dietary Allowances,” 9th edition, 1980, or most current edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Science~~ “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” (2006) adopted by the National Research Council of the National Academy of Sciences, Institute of Medicine, hereby incorporated by reference, adjusted to the age, activity and environment of the group involved. All food shall be selected, stored, prepared and served in a safe and healthful manner. The following shall apply:

Justification for Update: Widely regarded as the classic reference work for the nutrition, dietetic, and allied health professions since its introduction in 1943, Recommended Dietary Allowances has been the accepted source in nutrient allowances for healthy people. Responding to the expansion of scientific knowledge about the roles of nutrients in human health, the Food and Nutrition Board of the Institute of Medicine, in partnership with Health Canada, has updated what used to be known as “Recommended Dietary Allowances” and renamed their new approach to these guidelines “Dietary Reference Intakes.” This is the most recent publication which incorporates current industry standards.

You can download “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” by visiting the [National Research Council of the National Academy of Sciences, Institute of Medicine](#) website.

Title 22. Social Security

Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Chapter 11. Chemical Dependency Recovery Hospital Licensing Regulations

Article 3. Basic Services

79215. Medication Management

(o) Drugs which have been discontinued or those which remain in the hospital after discharge of the patient shall be destroyed by the hospital in the following manner:

(1) ~~Drugs listed in Schedules II, III, or IV of the Federal Control Substance Act (Title II, Public Law 91-513)~~ in United States Code, Title 21, Chapter 13, section 812 shall be destroyed in the hospital in the presence of two pharmacists, or a pharmacist and a licensed nurse, at least one of whom is employed or retained by the hospital. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signatures of the witnesses required above shall be recorded in the patient's health record or in a separate log. Such log shall be retained by the hospital for at least three years.

(2) ~~Drugs not listed under Schedules II, III, or IV of the Federal Control Substance Act (Title II, Public Law 91-513)~~ in United States Code, Title 21, Chapter 13, section 812 shall be destroyed in the presence of a pharmacist or a registered nurse. The name of the patient, the name and strength of the drugs, the prescription number if applicable, the amount destroyed, the date of destruction and the signatures of two witnesses shall be recorded in the patient's health record or in a log. Such log shall be retained by the hospital for at least three years.

Justification for Update: The Comprehensive Drug Abuse Prevention and Control Act of 1970, Public Law 91-513, enacted October 27, 1970, is a federal law intended to combat the rising problem of drug abuse through prevention and rehabilitation for drug users and more effective law enforcement and penalties against drug offenses. The Act includes Title II, the Controlled Substances Act (CSA), which classified drugs into five categories, or schedules, based on the medical use and potential for drug abuse or dependence. Public Law 91-513 and the citation of the CSA does not provide a cross-reference to drug schedules. Updating the reference to United States Code assists with clarity and specificity for the regulated community.

You can review drug schedules by viewing [21 U.S.C. section 812 – Schedules of Controlled Substances](#).

Title 22. Social Security

Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Chapter 12. Correctional Treatment Centers

Article 3. Required Services

79685. Dietary Service General Requirements

(a) The food and nutrition needs of patients in the correctional treatment center shall be met in accordance with ~~“The Recommended Dietary Allowance”, adopted by the Food and Nutrition Board of the National Research Council, National Academy of Science, revised 1989, and “The California Daily Food Guide”, California Department of Health Services, April 1990 edition.~~ “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” (2006), by the National Research Council of the National Academy of Sciences, Institute of Medicine, and “California Food Guide: Fulfilling the Dietary Guidelines for Americans” (2008) by the California Department of Health Care Services and California Department of Public Health, hereby incorporated by reference. Daily menus shall follow these recommendations.

Justification for Update: Widely regarded as the classic reference work for the nutrition, dietetic, and allied health professions since its introduction in 1943, “Recommended Dietary Allowances” has been the accepted source in nutrient allowances for healthy people. Responding to the expansion of scientific knowledge about the roles of nutrients in human health, the Food and Nutrition Board of the Institute of Medicine, in partnership with Health Canada, has updated what used to be known as “Recommended Dietary Allowances” and renamed their new approach to these guidelines “Dietary Reference Intakes” which is the most recent publication which incorporates current industry standards.

You can download “Dietary Reference Intakes: The Essential Guide to Nutrient Requirements” by visiting the [National Research Council of the National Academy of Sciences, Institute of Medicine](#) website.

The “California Food Guide” (CFG) is an update of the original 1990 hard copy document, formerly titled the “California Daily Food Guide.” In 2003, the California Department of Health Services (CDHS) and the InterAgency Nutrition Coordinating Council (IANCC) formed the CFG Editorial Committee to assist with the selection of authors and the review process. IANCC represents the California Departments of Health Care Services, Public Health, Education, Aging, Corrections and Rehabilitation; the Universities of California at Berkeley and Davis; the University of California Cooperative Extension; and California Dairy Council.

Since the completion of CFG, CDHS has split into two new departments, the California Department of Public Health (CDPH) and the Department of Health Care Services (DHCS). The updated publication is the culmination of over four years of collaborative work reviewing new dietary and physical activity recommendations and revising chapters with nutrition experts within the state of California.

You can download the California Food Guide, Fulfilling the Dietary Guidelines for Americans, by visiting the [Department of Health Care Services and California Department of Public Health](#) website.

Title 22. Social Security

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Chapter 12. Correctional Treatment Centers

Article 4. Optional Services

79723. Perinatal Service General Requirements

(b) There shall be written policies and procedures developed and maintained by the person responsible for the service, in consultation with other appropriate health professionals and administration. These policies and procedures shall reflect the standards and recommendations of the ~~1989 American College of Obstetricians and Gynecologists “Standards for Obstetric Gynecologic Services” and the 1988 American Academy of Pediatrics “Guidelines for Perinatal Care”~~ “Guidelines for Perinatal Care” (2017) adopted by the American Academy of Pediatrics and American College of Obstetricians and Gynecologists, hereby incorporated by reference. These standards are hereby incorporated by reference. Policies shall be approved by the governing body. Procedures shall be approved by the patient care policy committee and medical director. Policies and procedures shall address but not be limited to:

Justification for Update: Perinatal care standards have been significantly revised and updated since section 70547 was first promulgated in 1989. Jointly developed by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG), this unique resource addresses the full spectrum of perinatal medicine from obstetric and pediatric standpoints.

You can download “Guidelines for Perinatal Care, 8th Edition” by visiting the [American College of Obstetrics and Gynecologists](#) webpage.