

ICRA IN CALIFORNIA - FIELD SHEET

Healthcare Facility Hub - healthcarefacilityhub.org

THE DIRECT ANSWER

California hospital construction runs through two gates at once. HCAI permits and inspects the CONSTRUCTION (plan review, permit, Inspector of Record). The ICRA governs the PATIENTS - and it comes from the licensing side (Title 22 infection control program, CDPH HAI guidance, Joint Commission EC.02.06.05), not from HCAI. Plan both gates on one calendar, phase by phase.

THE 2030 STANDARD

Every general acute care building: SPC 3/4/4D/5 AND NPC 5 by January 1, 2030 - or retrofitted, replaced, or out of acute care. The blanket extension (SB 1432) was vetoed in 2024. AB 869 gives small, rural, critical access, district, and distressed hospitals an application path for up to 3 more years.

WHY SEISMIC WORK IS ICRA WORK

NPC-5 is above-ceiling systems work - pipes, ducts, conduit, ceilings, medical gas - over occupied patient areas. Every decant and phase rotation is a new ICRA event: fresh assessment, barriers, posted permit, verification, teardown clearance.

THE PHASE RULES

1. ICRA steps are predecessors on the same calendar as HCAI milestones.
2. The ICRA permit is posted at the job site; infection prevention monitors routinely.
3. IP and the Inspector of Record hear the same plan, same day, before each phase.
4. Water-system openings get a Legionella plan, not just a dust plan.

Planning aid only - not a substitute for HCAI's published requirements, the ASHE ICRA 2.0 tool, or your infection preventionist.