

Appendix B: Planning, Design & Construction (PD&C)

B.1 New Construction and Alterations Requiring AEDs

All AED purchases must be coordinated through EHSRM to ensure compliance with California Health & Safety Code requirements, UC policy, and UCR's medical director's oversight. AED units not ordered through this process cannot be included in UCR's AED Program, will not be covered under the medical director's standing order, and will not receive maintenance, inspection, or replacement services from EHSRM.

Supported AED Models and Costs

The following AED model and accessories are supported under the UCR program:

Adults:

Product Number	Product Description	Unit Price* (Initial Cost)
M5066A C01-Onsite	Philips HeartStart OnSite AED includes 4-Year Battery, 2-Year Adult Pads Cartridge, 2-Year Spare Adult Pads Cartridge Pre-Installed into Case Compartment, Standard Carrying Case, 8-Year Warranty.	\$1,326.75
FRK-RD	First Responder Kit - Red. Includes items typically needed in a cardiac arrest event. The nylon, zippered pouch contains (1) pair of nitrile gloves, a pocket CPR mask, scissors, razor, and (2) towelettes.	\$20.40
FR-S	Cubi fully recessed small defibrillator wall cabinet with window and alarm; inside tub measures 11 1/2" L x 11 1/8"H x 7"D; outside frame measures 13 1/2"L x 13"H x 1"D. Rough wall opening size: 12 1/2"L x 12 1/8"H x 6 1/4"D.	\$152.15
Flex3DWS-CPR1	Transforming wall sign that can be used in three different configurations (flat, corner, triangular). Each panel measures 6 1/8" W x 9" H. Total measurements at 14 7/8" W x 9" H.	\$19.00
AED Decal	AED Inside' Sticker: Premium Quality - Circular - White on Red Sticker. 5H x 5W.	\$2.95

Quick Poster AED-0	AED/CPR Quick Reference Poster, to be posted next to AED Dimensions: 16×10×16 in	\$4.95
Software, Adult Pads, and Batteries (Required Initial)	Annual AED Total Solution (Adult w/ Spare Adult Pads) Includes: physician-provided medical oversight, written policies and procedures, an AED Total Solution Specialist, a customized AED Total Solution Web Portal and Mobile App, automatic no-cost replacement of pads and batteries, liability and safety consultation services, and post-event services.	\$254.00

If pediatric support is required, the order must be placed at a cost of **\$299** (instead of \$254). This package includes:

- **Pediatric pads** (in addition to adult pads)
- **A separate pediatric key** for the AED unit

Software, Adult and Pediatric Pads and Batteries (Required Initial and Annual Expense)	Annual AED Total Solution (Adult w/ Spare Adult Pads & Pediatric Pads) Includes: physician-provided medical oversight, written policies and procedures, an AED Total Solution Specialist, a customized AED Total Solution Web Portal and Mobile App, automatic no-cost replacement of pads and batteries, liability and safety consultation services, and post-event services.	\$299.00
Philips Heart Start FRX	Pediatric Key (good for the life of the AED)	\$102.85

Alternative Option – Philips FRx: The Philips FRx is another UCR-recommended AED and is particularly well suited for locations that serve or are frequently visited by pediatric populations. When equipped with the pediatric key, the device can quickly transition from adult to pediatric mode, making it an excellent choice for schools, childcare facilities, recreation centers, and other environments where young children may be present.

Adult and Pediatric AED Unit Cost Breakdown			
Product Number	Product Description	Unit Price* (Initial Cost)	**Renewal Cost (After 8-10 Years)
R01-FRx	Philips FRx AED w/ Standard Carrying Case and Spare Pad	\$1,786.50	\$1,786.50

	Philips HeartStart FRx AED includes 4-Year Battery, 2-Year Adult Pads Cartridge, 2-Year Spare Adult Pads Cartridge Pre-Installed into Case Compartment, Standard Carrying Case, 8-Year Warranty.		
Philips HeartStart FRx Pediatric Key	Philips HeartStart FRx Pediatric Key (good for the life of the AED Unit)	\$102.85	\$102.85
FRK-RD	First Responder Kit - Red. Includes items typically needed in a cardiac arrest event. The nylon, zippered pouch contains (1) pair of nitrile gloves, a pocket CPR mask, scissors, razor, and (2) towelettes.	\$20.40	\$20.40
FR-S	Cubi fully recessed small defibrillator wall cabinet with window and alarm; inside tub measures 11 1/2" L x 11 1/8"H x 7"D; outside frame measures 13 1/2"L x 13"H x 1"D. Rough wall opening size: 12 1/2"L x 12 1/8"H x 6 1/4"D.	\$152.15	\$0.00
Flex3DWS-CPR1	Transforming wall sign that can be used in three different configurations (flat, corner, triangular). Each panel measures 6 1/8" W x 9" H. Total measurements at 14 7/8" W x 9" H.	\$19.00	\$0.00
AED Decal	AED Inside' Sticker: Premium Quality - Circular - White on Red Sticker. 5H x 5W.	\$2.95	\$0.00
Quick Poster AED-0	AED/CPR Quick Reference Poster, to be posted next to AED Dimensions: 16x10x16 in	\$4.95	\$4.95
Software, Adult Pads, & Pediatric Pads and Batteries (Required Initial and	Annual AED Total Solution (Adult w/ Spare Adult Pads & Pediatric Pads) Includes: physician-provided medical oversight, written policies and procedures, an AED Total Solution Specialist.	\$299.00	\$299.00

Annual Expense)			
Shipping Charge	Shipping	\$25.00	\$25.00
Sales Tax	Sales Tax (8.75%)	\$115.29	\$115.29
AED Unit Cost Total	Brand new total unit cost	\$2,528.09	\$2,353.99

Ordering Pediatric AED Capability

Departments should order a pediatric-capable AED (with pediatric pads and a key) when:

- The building, program, or activity serves or frequently hosts children under 8 years old (e.g., childcare centers, camps, community outreach programs, athletic facilities, recreation spaces).
- The location is designated for family or community use where children are reasonably expected to be present (e.g., gyms, pools, student centers, libraries, athletic courts).
- Pediatric populations are part of the primary service group (e.g., youth programs, K–12 visitors, summer programs).

Note: If pediatric capability is not available, AEDs should still be used with adult pads, as this is preferable to delaying treatment.

Regulatory Triggers for AED Placement

AEDs are required as follows:

- a. AEDs shall be placed in all newly constructed buildings, modified, renovated, or tenant improved as described by section (b) in the occupancy groups with occupant loads more than that shown in Table A. The occupant load shall be determined based on the occupant load factors in the California Building Code. Occupancy groups shall be determined based on Chapter 3 of the California Building Code.
- b. Prior to approval of final inspection, AEDs shall be placed in all existing buildings undergoing *alteration* when any of the following apply:
 1. The building undergoing *alteration* was constructed prior to January 1, 2017;
 2. The accumulated value of the *alterations* within the building within one calendar year is \$100,000 or more; or
 3. The *alterations* are within a public assembly occupancy use, including auditoriums and performing arts and movie theaters.
- c. The requirements in (b) shall not apply to the following:

1. A general acute care hospital, acute psychiatric hospital, skilled nursing facility or special hospital licensed under Section 1250(a), (b), (c), or (f) of the California Health and Safety Code; and
 2. An existing AED that is located within a common area of the building described in subdivision (b) such as the main entry lobby or similar location.
- d. AEDs shall be visibly placed and readily accessible in the event of an emergency. AEDs shall be mounted such that the top of the AED is no more than five (5) feet above floor level.

***Table A: Occupancy Groups on UCR Campus**

Occupancy Group	Occupant Load
Group A “Assembly”	300
Group E “Educational”	200
Group I “Institutional”	200
Group R “Residential”¹	200

*Occupancy Group(s) in Table A are selected based on the relevant building types on campus.

¹Excluding single-family and multi-family dwelling units

The following buildings on campus have an occupancy of 200 or more and do not have an AED unit on site. Evaluation is required to assess compliance with CA Health and Safety Code §19300.

The following locations in Table B: Aberdeen-Inverness, CHASS Interdisciplinary South, Winston Chung Hall, Lothian Hall, Pentland Hills Bear Cave, and Physics Building, and Spieth Hall, have been identified within the current Capital Projects Schedule. These buildings meet the occupant loads and must be evaluated for the accumulated value of alterations within the building within one calendar year.

Table B: Buildings with 200 or more Occupancy Limit

Building	Occupancy Limit
Aberdeen-Inverness	1499
Bourns Hall	1136
Boyce Hall	279
CHASS Interdisciplinary North	761

CHASS Interdisciplinary South	805
Chemical Sciences	499
Winston Chung Hall	1671
Dundee A	673
Dundee B	561
Genomics Building	473
Geology Building	327
Humanities & Social Sciences	1239
Humanities Building	610
International Village	322
Life Sciences Building	621
Lothian Hall	1122
Material Sciences Engineering	1136
North District A	1603
North District B	1020
Olmsted Hall	994
Pentland Hills Bear Cave	237
Physics Building	863
Pierce Hall	959
Psychology 1 Building	369
Science Laboratories 1 Building	240
Skye Hall	1093
Spieth Hall	538
Sproul Hall	1267
Stonehaven	556
University Lecture Hall	570
University Village Building E	270
Watkins Hall	854

Table C: Locations on UCR Campus with an AED as of 06/25/2026

Building Name	Occupancy Load
Agricultural Operations	10
Alumni & Visitors Center	165
Arts Building Fine Arts Seismic Facility	1135
Athletics and Dance	248
Batchelor Hall	414
Botanical Gardens House	9
Bourns Hall A&B	1136
Boyd Deep Canyon Research Center	46
Center for Early Childhood Education North & South	26
Central Utility Plant	8
Chancellor's Residence	4
Chemical Science	499
Corporate Yard A Car Shelter	0
Culver Center for the Arts	144
Emerson Oaks Reserve	10
Environmental Health & Safety	124
Genomics	473
Facilities Services Annex B	25
Heckman Center Complex PH 2	570
Highlander Union Building	2147
Ivan Hinderaker Hall	323
James San Jacinto Mtn Reserve Garage	0
Material Science & Engineering (MSE)	1149
Multidisciplinary Research Building 1	734
Motte Rimrock Reserve	10
North District Building C	1036
North District Building D	616

Parking Services Building	40
Police Building	55
Psychology	369
Raymond L. Orbach Science Library	1764
School of Business	350
School of Medicine Education I	478
School of Medicine Education II	1164
School of Medicine Research Building	238
Skye Hall	1091
Student Recreation Center North	98
Student Recreation Center Pool	0
Student Recreation Center South	63
Student Health & Counseling Center	284
Student Success Center	1610
Student Support Services Building	374
Telephone Building	18
Tomas Rivera Library	1250
University Theater	460
USDA Clonal Germplasm Repository	5
USDA Salinity Laboratory	69
Watkins Hall	854
Winston Chung Hall	1532

The following locations in Table D are identified as new construction(s) to the UCR campus. Their occupancy load must be evaluated based on CA Health and Safety Code §19300 standards to determine whether an AED is required in the newly constructed building.

Table D: Anticipated New Construction(s) for UCR Campus

Building Name
Undergraduate Teaching & Learning Facility

B.2 Health and Fitness Centers

AEDs are required in health studios, fitness centers and public swimming pools.

Particular public swimming pools must supply lifeguard services and AED during pool operations. Typically, any place where physical exertion is present shall have an AED because of the increased risk of cardiac arrest and other heart problems.

Effective July 1, 2007, all health clubs and health studios in California are required to have an automated external defibrillator (AED) program in place as required in the California Health and Safety code, Section 104113.

Health studios are required to supply, maintain, and train personnel on how to use an AED. For the purpose of this law, a health studio is considered a facility that allows the use of its environment and equipment to people for physical exercise, bodybuilding, reducing, figure development, fitness training, or for a similar purpose on a membership basis.

B.3 Location of AEDs

- a. AEDs shall be located in buildings to optimally achieve a three-minute response time to the person in need of emergency care using the AED.
 1. One AED shall be placed at the main entrance; This ensures that the AED is easily accessible to anyone entering or exiting the building and is positioned in a central and commonly known location, making it more likely to be found and used quickly in an emergency situation.

B.4 AED Installation and Repair

For all newly constructed buildings that require AEDs, the AED Department Designee shall ensure monthly maintenance checks and verify that the AED is in good working condition. The AED Department Designee shall also ensure compliance with all requirements under state and federal law relating to AEDs, which may ensure that the conditions for limits on liability under state law are met. In the absence of an AED Department Designee, the EHSM AED program coordinator will fulfill the role of the AED Department Designee. Such requirements and conditions may include, but may not be limited to the following:

- a. Installation, maintenance, repair, testing, and readiness checks of each AED in accordance with the manufacturer's operation and maintenance guidelines, the American Heart Association, the American Red Cross, the California Code of Regulations, and all other applicable rules and regulations including but not limited to, all regulations promulgated by the federal Food and Drug Administration; and as described in section 6 AED Unit Inspection of the UCR AED program.
- b. Upon rendering an emergency case using the AED, activate Emergency Medical

Services (EMS) and the in-house emergency plan by phoning 9-1-1 system as soon as possible and report of any use of the AED. For reporting requirements reference section 7 of the UCR AED program.

B.5 AED Cubix Cabinet Dimensions and Specifications

The Cubix CB2-S and FR-S are two types of AED cabinets utilized on campus. The Semi-Recessed AED cabinet is also an approved AED wall storage cabinet appropriate for the campus. The AED Cabinets must be installed following Americans with Disabilities Act (ADA) standards.

The height to reach the handle of an automated external defibrillator (AED) in a public gathering place shall be no more than 48 inches high. ADA guidelines specify maximum reach ranges for health equipment such as AEDs and other life safety devices. For safety equipment with an unobstructed approach, the maximum forward reach to the equipment is 48 inches above the floor. The maximum side reach for an unobstructed approach to an AED is 54 inches. For more information regarding ADA standards review and reference Appendix C.

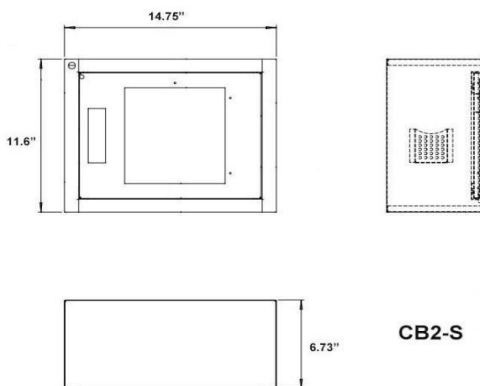
Standard AED Wall Storage Cabinet(s)



Product Code: CB2-S

Price of one (1) CB2-S Cabinet: \$135.15

Interior Dimensions					Exterior Dimensions			
Standard Cabinets	Height	Length	Depth		Height	Length	Depth	Weight
Small	11 1/8"	14 1/4"	6 1/2"		11 5/8"	14 3/4"	6 3/4"	7.5 lbs.
	Packaging Dimensions (1 unit)				Palletized Dimensions (60 units)			
Standard Cabinets	Height	Length	Depth	Weight	Height	Length	Depth	Weight
Small	14"	17 1/2"	10"	10 lbs.	88"	40"	48"	670 lbs.



Components included:

- Standard AED Wall Storage Cabinet
 - 0.8mm cold rolled steel
- Textured powder coating finish
- Recessed hinges
- Magnetic Door
- Keyed alarm system
- Set of two keys
- 80-120 dB local alarm
 - 9V battery
- Mounting Hardware
 - Screws (4)
 - Wall Anchors (4)
 - Washers (4)

This cabinet is designed to hold Philips, Heartsine, and Defibtech AEDs.

Product Code: FR-S

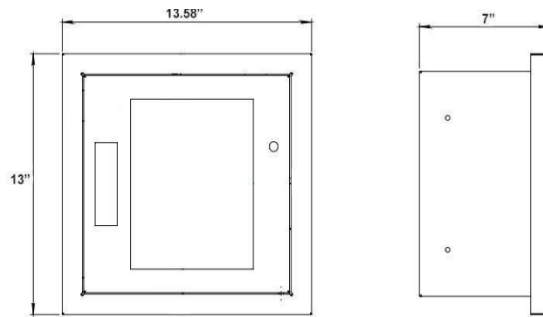
Price of one (1) FR-S Cabinet: \$152.15



Interior/Rough Wall Dimensions					Exterior Dimensions			
Recessed Cabinets	Height	Length	Depth		Height	Length	Depth	Weight
Small	12"	12"	6 ¼"		13 ½"	13"	1"	9 lbs.
Packaging Dimensions (1 unit)					Palletized Dimensions (40 units)			
Recessed Cabinets	Height	Length	Depth	Weight	Height	Length	Depth	Weight
Small	15"	16"	9"	11 lbs.	84"	42"	42"	620 lbs.

Components included:

- Fully Recessed AED Wall Storage Cabinet
 - 0.8mm cold rolled steel
 - Textured powder coating finish
 - Recessed hinges
 - Magnetic door
- Keyed alarm system
 - Set of two keys 80-120 dB local alarm
 - 9V battery
- Mounting Hardware
 - Screws (4)
 - Wall Anchors (4)
 - Washers (4)



Fully Recessed-S



This cabinet is designed to hold Philips, Heartsine, and Defibtech AEDs.

Semi-Recessed AED Wall Storage Cabinet

Product Code: SR-S

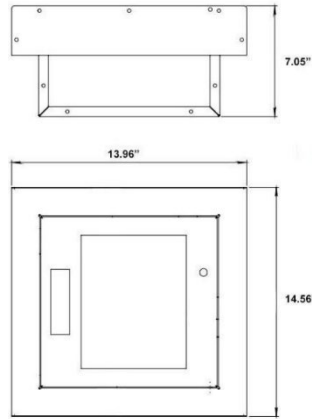
Price of one (1) SR-S Cabinet: \$169.15



Interior/Rough Wall Dimensions					Exterior Dimensions			
Recessed Cabinets	Height	Length	Depth		Height	Length	Depth	Weight
Large	12"	12"	6 3/4" / 4"		14 1/2"	14"	3 1/8"	9 lbs.
Packaging Dimensions (1 unit)					Palletized Dimensions (40 units)			
Recessed Cabinets	Height	Length	Depth	Weight	Height	Length	Depth	Weight
Large	17"	17"	10"	11 lbs.	88"	48"	40"	750 lbs.

Components included:

- Semi-Recessed AED Wall Storage Cabinet
 - 0.8mm cold rolled steel
 - Textured powder coating finish
 - Recessed hinges
 - Magnetic door
- Keyed alarm system
 - Set of two keys
 - 80-120 dB local alarm
 - 9V battery
- Mounting Hardware
 - Screws (4)
 - Wall Anchors (4)
 - Washers (4)



SR-S



This cabinet is designed to hold Philips, Heartsine, and Defibtech AEDs.

B.6 AED Placement Guidelines

The AED must be located in an area accessible to all employees in an unlocked cabinet. Starting in July 2025 all AED cabinets on campus shall be alarmed in such a way that the alarm goes off when the cabinet is opened and stops when the cabinet is closed. The AED cabinets will have to utilize the 9-volt standard for the alarm system.

AED alarm systems are not required for devices within the Chancellor's home, and portable units. Portable units include but are not limited to the ones used by the UCR University of California Police Department (UCPD), athletics, and remote research sites.

The AED shall be installed at a central point relative to the building's population. Ideally, the AED is installed in a high traffic area.

1. The AED shall be placed at the main entrance; This ensures that the AED is easily accessible to anyone entering or exiting the building and is positioned in a central and commonly known location, making it more likely to be found and used quickly in an emergency.

The AED will have electrodes already connected and be configured in a way to be used immediately. The AED shall also have a spare set of electrodes either in the cabinet or under the lid.

The wall cabinet housing an AED must not protrude more than 4 inches from the wall into walkways, corridors, passageways, or aisles.

The AED must be clearly visible and unobstructed.

The AED must include use and reporting instructions.

To ensure compliance with applicable laws and regulations, including the Americans with Disabilities Act (ADA), the UCR campus must abide by the following requirements regarding the installation and placement of the AED unit:

B.7 AED Cabinet Installation

Per 2010 Americans with Disabilities Act (ADA) standards for Accessible Design, Section 308 unless otherwise noted (see section 2010 ADA standards for detailed description). These national standards are subject to change by authorities having jurisdiction. ADA requirements are constantly evolving through ongoing legislative and judicial actions.

B.8 AED Cabinet Height

Forward Reach

The requirements specify that the cabinet handle, and consequently the AED handle, shall have a maximum height of 48 inches above finished floor (AFF), with a minimum height of 15 inches AFF. When reaching forward over an obstruction, the clear floor space shall extend beneath the

element for distance equal to or greater than the required reach depth over the obstruction. For a high forward reach where the reach depth is 20 inches maximum, the maximum height shall be 48 inches. However, if the reach depth exceeds 20 inches, the high forward reach shall not exceed 44 inches, and the reach depth shall be limited to 25 inches.

Parallel or Side Reach

Where the side reach is unobstructed, both the cabinet handle AND the AED handle shall not exceed 48 inches in height above the finished floor or ground, with a minimum height of 15 inches. An obstruction is permissible between the clear floor or ground space and the element if the depth of the obstruction does not exceed 10 inches.

B.9 AED Cabinet Protrusion

Per [2010 ADA Standards for Accessible Design](#) requires any wall-mounted cabinet that protrudes more than 4 inches shall have the bottom corner no higher than 27 inches from the floor in a walkway.

In a circulation path (walks, hallways, ramps, stairways, landings, courtyards)

- If the mounting location is in a circulation path and the leading edge is between 27' and 80' AFF (48" in above section), it shall protrude no more than 4" maximum horizontally into the circulation path (section 204 and 307.2)
- If mounting 27 to 48 inches, the cabinet must be recessed or semi-recessed into the wall so it will not protrude more than 4 inches.
- If the cabinet has the leading edge below 27 inches, it may protrude any amount as long as it does not violate any exit corridor requirements in a room.
- If the mounting location is not in a circulation path, it may project any amount from the wall.

B.10 2010 ADA Standards

Advisory 308.1 General. The following table provides guidance on reach ranges for children according to age where building elements such as coat hooks, lockers, or operable parts are designed for use primarily by children. These dimensions apply to either forward or side reaches. Accessible elements and operable parts designed for adult use or children over age 12 can be located outside these ranges but must be within the adult reach ranges required by 308.

Children's Reach Ranges			
Forward or Side Reach	Ages 3 and 4	Ages 5 through 8	Ages 9 through 12
High (maximum)	36 in (915 mm)	40 in (1015 mm)	44 in (1120 mm)
Low (minimum)	20 in (510 mm)	18 in (455 mm)	16 in (405 mm)

308.2 Forward Reach

308.2.1 Unobstructed. Where a forward reach is unobstructed, the high forward reach shall be 48 inches (1220 mm) maximum and the low forward reach shall be 15 inches (380 mm) minimum above the floor or ground.

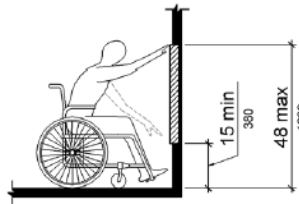


Figure 308.2.1 Unobstructed Forward Reach

308.2.2 Obstructed High Reach. Where a high front forward reach is over an obstruction, the clear floor space shall extend beneath the element for a distance not less than the required reach depth for the obstructions. The high forward reach shall be 49 inches (1220 mm) maximum where the reach depth is 20 inches (510 mm) maximum. Where the reach depth exceeds 20 inches (510 mm), the high forward reach shall be 44 inches (1220 mm) maximum and the reach depth shall be 25 inches (635 mm) maximum.

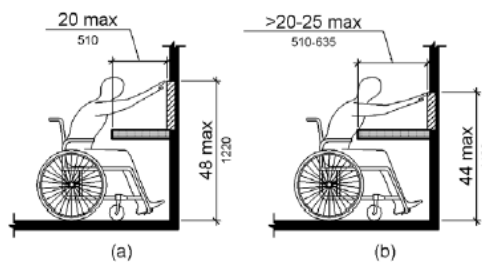


Figure 308.2.2 Obstructed High Forward Reach

308.3 Side Reach

308.3.1 Unobstructed. Where a clear floor or ground space allows a parallel approach to an element and the side reach is unobstructed, the high side reach shall be 48 inches (1220 mm) maximum and the low side reach shall be 15 inches (380 mm) minimum above the finish floor or ground.

Exceptions:

1. An obstruction shall be permitted between the clear floor or ground space and the element where the depth of the obstruction is 10 inches (255 mm) maximum.
2. Operable parts of fuel dispensers shall be permitted to be 54 inches (1370 mm) maximum measured from the surface of the vehicular way where fuel dispensers are installed on existing curbs.

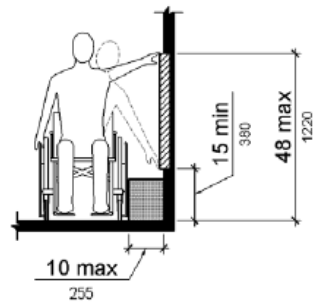


Figure 308.3.1 Unobstructed Side Reach

