



2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov



AMENDED

Hospital Building Safety Board Education and Outreach Committee

AGENDA

August 1, 2024

10:00 a.m. – 4:00 p.m.

The Committee may not discuss or act on any matter raised during the public comment section that is not included on this agenda, except to place the matter on a future meeting agenda. (Government Code §§ 11125, 11125.7, subd. (a).)

Locations:

[2020 West El Camino Ave, Conference Room 930, Sacramento, CA 95833](#)

[355 South Grand Avenue, Conference Room 1901, Los Angeles, CA 90071](#)

[Teams Meeting Access](#): Meeting ID: 222 320 551 528; Passcode: hpTjon

Call in: (916) 535-0978; Phone Conference ID: 465 455 504#

- Item #1 Call to Order and Welcome
Facilitator: Scott Mackey, AIA, NCARB, APEC, Design Manager, Hensel Phelps; Committee Chair (or designee)

- Item #2 Roll Call and Meeting Advisories/Expectations
Facilitator: Veronica Yuke, Manager, HCAI; Executive Director (or designee)

- Item #3 Review and approve the [draft May 22, 2024, meeting report/minutes](#)
 - Discussion and public input*Facilitator: Scott Mackey (or designee)*

- Item #4 Report on the *Preapproved Fabricated Components & Systems* webinar held on June 25, 2024
 - Discussion and public input*Facilitator: Cody Bartley, DPR Construction (or designees)*

- Item #5 Update on the *Policy Intent Notice (PIN) 50 – Integrated Review* webinar
 - Webinar is tentatively scheduled for September 25, 2024

Item #1

Call to Order and Welcome

*Facilitator: Scott Mackey, AIA, NCARB, APEC, Design Manager,
Hensel Phelps; Committee Chair (or designee)*

Item #2

Roll Call and Meeting Advisories/Expectations

Facilitator: Veronica Yuke, HCAI; Executive Director (or designee)

Item #3

Review and approve the draft May 22, 2024, meeting report/minutes

- Discussion and public input


Facilitator: Scott Mackey (or designee)

Item #4

Report on the *Preapproved Fabricated Components & Systems* webinar held on June 25, 2024

- Discussion and public input

Facilitator: Facilitator: Cody Bartley, DPR Construction (or designee)



Preapproved Fabricated Components & Systems Webinar 6/25/24

632 Registered Attendees

393 Logged in Attendees

1 Hr Presentation

30 Min Q&A

- **Development of Webinar started in June of 23', Committee met 5 times and had 1 Dry Run to prepare**

HBSB COMMITTEE MEMBERS

Scott Mackey, CHAIR
Cody Bartley, VICE CHAIR
Teresa Endres

OSHPD STAFF

Hussain Bhatia
Alireza Asgari
Cesar Ponce

Item #5

Update on the Policy Intent Notice (*PIN*) 50 – *Integrated Review* webinar

- Webinar is tentatively scheduled for September 25, 2024
- Discussion and public input

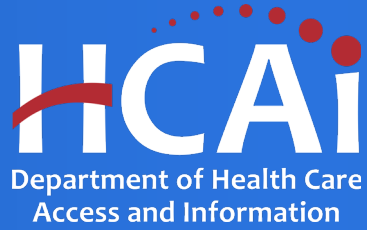
Facilitator: Diana Navarro, Supervisor, HCAI (or designee)

Item #6

Report on the *California Administrative Proficiency (CAP) Training* webinar

- Discussion and public input

Facilitator: Monica Colosi, Compliance Officer, HCAI (or designee)



Construction Administration Proficiency (CAP) Training

DPOR Responsibilities during the Construction of Healthcare Facilities
In California

Design Professional's Role in Construction

Three Parts to the DPOR Certification – Construction Administration Proficiency (CAP) Training for any individuals who want to participate (DPORs, Owner Representatives, even IORs)

Webinar – Part 1: June 6, 2024

- 746 Attendees

Webinar – Part 2: July 11, 2024

- 563 Attendees

Written Exam on California Administrative Code – CAP Certificate

- Was offered on July 23 in Los Angeles and on July 24 in Sacramento
 - Los Angeles – 21 out of 72 exam participants passed
 - Sacramento – 32 out of 62 exam participants passed

53 out of 134 exam participants passed, as they answered 24 out of 30 questions correctly. This is a 39 percent passing rate.

Professionals who Passed the CAP Exam in July, 2024

Omar Barcena
Tim Beemer
Craig Blackhurst
Zoe Bick
Keith Blazer
Stanley Cheung
Thomas Coppin
Robert Crandall
Kayla Cunha
Jessica Files
Omar Galvan
Miguel Gonzalez
Jon Gray
Steven Harvey
Ryan Hayashida
Jonathan Heredia
Kimberly Huffman
Branden Ip

Scott Jensen
Matt Johnson
David Lin
Gladys Makabenta
Amanda Manning
Teresita Marquina
Anthony Martinez
Claudia Mendizabal
Nathan Morgan
Paul Morgan
Geny Munoz
George Narancic
Martin Ortega
Sam Ouyang
Charles Parks
Xiang Qin
Paul Reski
Russell Rocker

Marc Rudy
Tamara Sahagian
Kelly Schreihofner
Steven Sequoia
Suzanne Stahl
RJ Stanfield
Nathan Steele
Anupa Suguraman
Nathan Thompson
Mark C.J. Tu
Clarissa Urquico
Zhenyu Wang
Tanner Williams
Mikel Weaver
Bo Wongkalasin
Nathan Woods
Larry Yee

Item #7

Report on the *Inspect-to-Pass Approach to Field Inspections* webinar

- Discussion and public input

Facilitator: Michael Davis, Committee Member (or designee)

Inspect-To-Pass Presentation (DRAFT, WORK IN PROGRESS)

- I. Introduction (arouse interest, break down barriers)
 - a. This is primarily directed at IORs
 - i. But owners, designers, and contractors can benefit from this information as they play a role in the success of this approach to inspection.
 - ii. Owners are paying for IOR services and have a direct role in the success of the IOR's activities
 - b. What does the phrase "inspect-to-pass" mean to you?
 - i. When some IORs hear this, they errantly form the wrong idea and "tune out"
 - c. What it is NOT:
 - i. It does not mean that the IOR is giving the contractor a free pass to do things incorrectly.
 - ii. It does not mean that the IOR is looking the other way or turning a blind eye to non-compliant work.
 - iii. It does not mean that the IOR is going to be a pushover.
 - iv. It does not mean that an inspection will pass when the actual work installed does not match the approved construction documents or does not comply with minimum code requirements.
 - v. It does not mean that OSHPD now wants IORs to pass Inspection Requests at all costs.
 - d. What it IS:
 - i. Inspect-to-Pass is the mental attitude with which you approach your inspection duties.
 - ii. Inspect-to-Pass is a philosophical approach to inspection.
 - iii. When that philosophical approach is put into action, Inspect-to-Pass is the embodiment of the collaborative, communicative, pro-active (anticipatory) approach to inspection.
 - iv. Inspect-to-Pass is project centric, NOT ego centric.

- II. Body (through explanation with examples)
 - a. The Mental Attitude with which you approach your inspection duties:
 - i. How do you view the contractor?
 - 1. The enemy?
 - 2. The "dark side"?
 - 3. The opposition?
 - ii. How do you view the designers?
 - 1. According to Title 24 Part 1, you take direction from them.
 - iii. How do you view the owners?
 - 1. This is who you work for; they pay you.
 - 2. Therefore, you have a fiduciary responsibility to them.
 - iv. How do you view OSHPD and the field staff?
 - 1. Even though you may not see eye to eye with them all the time, their position deserves your respect.
 - 2. On the other hand...
 - 3. You do NOT work for OSHPD.
 - 4. You are NOT the AHJ.
 - 5. You are licensed by OSHPD and have a duty to your license, to OSHPD, and to the people of the State of California.
 - v. How do you view the project as a whole?
 - 1. Do you ever find yourself frustrated and you wish for the IR's to fail?
 - vi. KEY: How do you view your role as IOR on the project?

b. The Principles of the Philosophical Approach:

i. Collaboration:

1. To collaborate means to work jointly with others, or together with them, especially in an intellectual endeavor. It involves cooperation and contribution to a joint project or the attainment of a common goal.
2. It takes a team of people to build a hospital (or even remodel one)
3. How the IOR should collaborate
 - a. As the IOR, you are part of that team.
 - i. An important part
 - ii. But just a part
 - b. You are paid by the owner and therefore have a fiduciary responsibility to ownership.
 - i. Responsibility to make sure owner is getting the building they are paying for.
 - ii. Responsibility to be a good steward of ownership's money:
 1. Honest in our billing and hours
 2. Be fiscally responsible in scheduling IOR inspections and special inspections
 3. Never by action, or omission of action, cause the job to go on longer than necessary in order to make more money
 - c. You are licensed by the state and therefore have a moral responsibility to the people of California to see to it that the hospital is constructed in a safe manner.
 - d. By statute, you have the legal responsibility to work under, and take direction from, the DPOR.
 - e. Also, by statute, you are obligated to report to the OSHPD field staff.
 - i. Openly and willingly share your reports and other information.
 - ii. Follow the direction of the ISU in matters of conduct, practice and conflict of interest.

- ii. Communication:
 - 1. Should be open and transparent at all times.
 - 2. Should always be honest.
 - 3. Should be timely.
 - 4. Delivering Bad News:
 - a. Always best when done tactfully
 - b. Without malice or celebration
 - c. How you say something can dramatically impact how the listener responds to what you say.
 - d. EXAMPLE
- iii. Proactive (anticipatory):
 - 1. As an IOR, you should be performing observation walks of your projects on a regular basis.
 - a. Large projects - walk them twice a day
 - b. Small project - regularly stop by and take a look at progress
 - 2. Be in constant communication with the superintendent regarding any potential deficiencies, deviations, or non-compliance.
 - a. EXAMPLE
 - 3. If you are truly proactive, and the contractor is responsive, the IR should just be just a formality
- c. How the Philosophy is Put into Action:
 - i. Pre-Construction
 - 1. Read the specs for the upcoming work. Get familiar with the requirements as called out therein.
 - 2. Review approved submittals to determine how the systems come together.
 - 3. Become thoroughly familiar with the approved drawings.
 - 4. Seek clarification from the DPOR on any confusing details.

- ii. Construction:
 - 1. Continually watch work being installed in the field and ask questions when something doesn't look right.
 - a. EXAMPLE
 - 2. Look over the TIO every day to ensure that nothing is being missed.
 - 3. Hold mini Pre-Construction meetings well in advance of the start of any new trade.
 - 4. Hold Pre-Installation meetings with the general superintendent and trade foremen to review plans, details, specs, and shop drawings to establish expectations.
 - 5. Recommend that the contractor produce mock-up installations so that everyone can evaluate it and become familiar with it and with expectations.
- iii. Never weaponize your inspections as a way to get back at the contractor or the project.
 - 1. Personality conflict with the contractor.
 - 2. Agitation over slow payment by the hospital.
- iv. What makes "Inspect-to-Pass" challenging (this is directed to everyone)
 - 1. Uncooperative contractor
 - 2. Inexperienced contractor
 - 3. Uninvolved DPOR
 - 4. Ownership pushing speedy inspection approvals over compliance
 - 5. Ownership not being willing to pay for a sufficient number of IORs
 - 6. If the IOR feels bullied or pressured to pass inspections

- III. To the OSHPD Field Staff (Joe LaBrie)
 - a. Do you have an “inspect-to-pass” mentality?
 - b. Do you support your IORs in having an “inspect-to-pass” mentality?
 - c. We should be guided by a set of principles, not a detailed list of what to do under every possible situation.
 - d. Do not set random, unsubstantiated rules that exclude ownership (or their third-party PMs), designers, or contractors from project walks or meetings during the field visit.

- IV. To Ownership (Joe LaBrie)
 - a. Hire sufficient number of IORs
 - b. Small cost when compared to the price of the project
 - c. Success rates of inspections goes up
 - d. Minimize changes and tear-outs
 - e. Try to view investment in inspection as a cheap insurance policy of project success

- V. Conclusion (motivating call to action)
 - a. ?

OTHER POINTS TO WORK INTO PRESENTATION

- Not directing the contractor but being willing to share knowledge and experience.
- A measuring stick of the success of Inspect-to-Pass is a low number of failed inspections.
- Success of Inspect-to-Pass requires cooperation by the contractor. But as an IOR, do your part regardless of the attitude or actions of the contractor.
- IOR should not rethink the approved design or details. We do not deal with "What Ifs". Use example.
- IOR is a people-business first, a technical business second.
- IORs must be able to handle the pressure of dealing with "shades of gray" verses everything being "black or white".
- Address the importance of early notification of anything you see or note. No waiting until the IR is issued.
- The project delivery method can influence how chains of communication go, but do not affect areas of responsibility.
- Types of inspectors:
 - "Drive-by guy" - just making money
 - "Hustler" - has contractor write reports for them; greed drives them to take on too much at one time
 - "Code cop" - oversteps his bounds

Item #8

Update on OSHPD 6 Chemical Dependency Recovery Hospitals

- Review draft Code Application Notice (CAN) 2-1.10.6
- Discussion and public input

Facilitator: Mia Marvelli, Architect, Supervisor, HCAI (or designee)

Item #9

Update on PINs, CANs, and Advisory Guides

- Discussion and public input

Facilitator: Mia Marvelli (or designee)

CANs/PINs/Guides/Webinars

The Building Standards Unit (BSU),
in collaboration with other units,
has published the following
CANS/ PINS/ Guides/ and Webinars

<https://hcai.ca.gov/facilities/building-safety/codes-and-regulations/#cans-pins-faqs>
<https://hcai.ca.gov/facilities/building-safety/resources/building-safety-construction-webinars/>



CANs/PINs/Guides/Webinars

Published

- ❑ **CAN 1-0 Enforceable Codes**
 - ❑ Reissued to clarify that the California Administrative Code is effective 30 days after filing with the Secretary of State.

- ❑ **CAN 2-108 Temporary/Interim Structures, Tents and Equipment Uses**
 - ❑ Reissued to refer to the 2022 edition of Title 24 with the July 1, 2024 Supplement. Clarifies that only one extension will be granted for a building permit for temporary structures and temporary uses. Adds information from the California Administrative Code on who can prepare and submit construction documents and explains that temporary equipment may become interim equipment in specific circumstances. Adds a section on tents used for temporary purposes.

- ❑ **CAN 3-517.30(B.1)(4) Health Care Microgrids as Type 1 Essential Electrical System (EES) Source**
 - ❑ Provides minimum standards required for the health care microgrid to be considered to have sufficient reliability. Also, provides direction on how to meet the on-site fuel storage requirements for health care microgrid sources other than diesel generators.

<https://hcai.ca.gov/facilities/building-safety/codes-and-regulations/#cans-pins-faqs>

CANs/PINs/Guides/Webinars

Published

- ❑ **CAN 1-7-153(b) Non-Material Alterations (NMA)**
 - ❑ Revised to reflect 2022 Supplement changes to the California Administrative Code, Section 7-153(b)4. Clarifies how to handle full size sheets submitted as NMAs and adds information for NMAs not concurred within 4 weeks. Added repercussions for work performed without a concurred NMA.

- ❑ **PIN 74 Skilled Nursing Facility Alternate Source of Power**
 - ❑ Reissued to permit fuel delivery if 96 hours fuel is not available onsite. Edited Special Seismic Certification section to clarify California Building Code sections, and Alternative Source of Power section updated to provide clarity. Edited the Onsite Source of Power Assessment section to clarify that the assessment is required and HCAI will review the assessment for compliance with HSC §1418.22 before sending to CDPH.

- ❑ **PIN 76 Inspection Services Companies and Project Management: Ethical Practices and Incompatible Activities**
 - ❑ Issued to clarify what constitutes conflict of interest for Inspection Services Companies performing consulting services and Project Management on OSHPD projects.

<https://hcai.ca.gov/facilities/building-safety/codes-and-regulations/#cans-pins-faqs>

CANs/PINs/Guides/Webinars

Published

- ❑ **Advisory Guide A5 - NPC-5 Water Rationing Plan for Hospital Facilities**
 - ❑ Addresses code requirements for the Nonstructural Performance Category 5 (NPC-5) water rationing plan to support 72 hours of emergency operations and frequently asked questions to HCAI OSHPD and CDPH. Adds a clarification for wastewater holding tanks and essential electrical power requirements for operating rooms.

- ❑ **Advisory Guide A6 – Alternate Source of Power to Maintain Safe Temperatures, Life-Saving Equipment, and Oxygen-Generating Devices**
 - ❑ Addresses frequently asked questions to OSHPD and CDPH as they relate to Skilled Nursing Facilities, OSHPD 2 Buildings, and Health and Safety code Section 1418.22 requirements.
 - ❑ Clarifies safe temperature ranges and Federal Code requirements, explains how safe temperatures can be researched and achieved, and includes Special Seismic Certification requirements.

<https://hcai.ca.gov/facilities/building-safety/resources/training-education/>



CANs/PINs/Guides/Webinars

Published

- ❑ **Preapproved Fabricated Components and Systems Webinar**
 - ❑ June 25, 2024
 - ❑ Educated on the advantages of leveraging prefabrication, modular design theory, and design for manufacture and assembly.

- ❑ **2022 Title 24 Intervening Code Cycle – Part 1 and Part 2, Volume 1 Webinar**
 - ❑ June 26, 2024
 - ❑ Educated about the code changes that became effective July 1, 2024 in the 2022 California Building Standards Code, Title 24 of the California Code of Regulations, Intervening Code Supplement.

<https://hcai.ca.gov/facilities/building-safety/resources/building-safety-construction-webinars/>



CANs/PINs/Guides/Webinars

Coming Soon

- CAN 2-0 OSHPD Jurisdiction**
- CAN 2-1.10.6 OSHPD 6 Chemical Dependency Recovery Hospitals**
- CAN 2-102.6 Remodel**
- CAN 2-2508.2.1 Weather Protection for Gypsum Wallboard**
- CAN 2-1224.4.4.4 Self-Contained Medication Dispensing Units**
- PIN 77 Protection for Class-2-Powered Emergency Lighting Systems**
- PIN XX Structural Steel QA/QC Ready for Processing**
- Advisory Guide A3 - Dietetic Design and Review Checklist for Hospital and SNF Facilities**
- Advisory Guide A4 - Acute Psychiatric Hospitals**
- Electrical Guide for Health Facilities**

Item #10

Prioritize development of future educational programs:

- a. Classification of imaging procedures into Class 1, 2, and 3
- b. OSHPD 6 roll out
- c. Tips on how to work with HCAI in the field
- d. How to write a functional program and operational program, and how to make it easy for the California Department of Public Health to approve
- e. Develop a formal design-professional mentorship program with HCAI
- f. 2025 Educational Seminar
 - Discussion and public input

Facilitator: Scott Mackey (or designee)

Item #11

Comments from the Public/Committee Members on Issues not on this Agenda

The Committee will receive comments from the Public/Committee Members. Matters raised at this time may be taken under consideration for placement on a subsequent agenda.

Facilitator: Scott Mackey (or designee)

Item #12 Adjournment

Future Education and Outreach Committee meetings:

- September 26, 2024