HCAI Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

Hospital Building Safety Board
Education and Outreach Committee

April 29, 2026
10:00 a.m. – 4:00 p.m.

Locations
2020 West El Camino Ave, Conference Room 930, Sacramento, CA 95833
355 South Grand Avenue, Conference Room 2000, Los Angeles, CA 90071

Committee Members Present
Teresa Endres, Chair
Cody Bartley, Vice-Chair
Janice Cheung
Michael Davis
Gary Dunger
Courtney Johnson
Kelly Martinez
Noella Tabladillo

Consulting Members
Bill Zellmer

HCAI Staff Present
Arash Altoontash
Richard Tannahill

HBSB Staff
Veronica Yuke, Executive Director
Marcus Palmer
Evett Torres

1. Call to Order and Welcome

Facilitator: Teresa Endres, AIA, ACHA, EDAC, AAH, Principal, HOK; Committee Chair (or designee)

Teresa Endres opened and welcomed attendees to the HBSB Education and Outreach Committee meeting on April 29th at 10:00 a.m.

2. Roll Call and Meeting Advisories/Expectations

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

Veronica Yuke established that a quorum was present. She communicated the rules of engagement for the meeting, including comment submission procedures, speaker identification requirements, and the voting process to be conducted via roll call by the executive director.

3. Review and prioritize the committee's 2026 goals:
Facilitator: Teresa Endres (or designee)

Discussion and Input

Teresa Endres opened the discussion by reading last year's goals to the committee. She listed them as: support the development of webinars; develop a regular curriculum and predictable calendar of webinars; revisions to the Guide for working on OSHPD Projects, Tips from the Experts; the Emergency Design Guide; the Collaborative Inspection Approach to Hospital Construction seminar (which she noted was completed); work with the Instrumentation Committee regarding a webinar or seminar on the Instrumentation White Paper; Advisory Guides; and eTIO awareness going from paper to electronic. Teresa Endress opened the discussion to the committee to prioritize them.

- Michael Davis clarified that he had spoken with Chris Tokas recently, and Chris Tokas had mentioned that once budget information was known, a decision would be made on the next step for the Collaborative Inspection Approach to Hospital Construction (CIA), potentially as a late 2026 or early 2027 in-person seminar. Teresa Endres asked Richard Tannahill if it would be combined with another seminar or just on the CIA, and he responded it would be a one-day seminar just on CIA. Veronica Yuke stated that the seminars were being tabled until 2027 and would be on the 2027 goals list.
- Cody Bartley asked to add continuing to advance pre-approvals and prefabrication related to healthcare. He explained that the Advisory Guide is being published this year in hopes more people would go down the PCS route.
- Richard Tannahill noted that Item H., eTIO, should not be with this group as training on the eTIO would be done internally. Veronica Yuke clarified that the eTIO awareness piece was different from training and could be removed from the list.
- Richard Tannahill asked about item G., Advisory Guides. Teresa Endres explained it was about how the board has been assisting with advisory guides like PCS, with committee members assisting with the functional program guide as subject matter experts. Veronica Yuke suggested adding that wording. Richard Tannahill informed the committee that he and Chris Tokas felt the committee was taking on a lot, with not all items expected to be done and many

potentially carrying over to next year. Teresa Endres responded that the committee was getting a lot done this year.

Teresa Endres noted that webinars had been a number one priority this year. She asked Richard Tannahill about the intent for revisions to the Guide for Working on OSHPD Projects, noting it had been updated two years ago. Richard Tannahill replied it should probably be removed, as Paul Coleman was helping update it for code changes and link corrections, and the committee would not be involved.

Teresa Endres suggested moving the Emergency Design Guide update to 2027. Richard Tannahill agreed.

- Courtney Johnson addressed the Instrumentation Committee item, stating the bulk of technical work was being done with the subcommittee, with pieces still being targeted to move forward in 2026. She noted webinar outlining was in progress as content was being pulled together, and her instinct was that this subcommittee would have a relatively light effort this year and more in 2027.

For eTIO awareness, Teresa Endres asked Michael Davis about other organizations to spread the word. Michael Davis mentioned the American Construction Inspectors Association but noted there was not a lot for inspectors individually. Teresa Endres suggested DBIA. Kelly Martinez asked for an outline of project size and whether it was for testing the eTIO. Teresa Endres clarified it was for awareness. Kelly Martinez suggested an email blast to all licensed individuals using contact information available on the HCAI website.

- Michael Davis supported the email blast idea, mentioning IORs and design professionals. He listed associations from a previous brainstorming meeting: AIA, AMFP, ASHRAE, CHI, ACIA, California Coalition of Professional Construction Inspectors, and SEAOC. Teresa Endres noted SEAOC was for structural engineers.
- Richard Tannahill provided an update on the eTIO, stating testing had not yet started but was about to. He noted final tweaks were being made and internal testing was completed. He responded to Kelly Martinez that smaller projects would be ideal because they could be processed faster. He stated all parts of the eTIO needed to be tested and security issues with site access were being worked on. He mentioned the eTIO was live in Accella but required permission to access. He noted Chris Davis had reached out to several people and asked for names of interested parties. Kelly Martinez asked about the building permit timeline. Richard Tannahill responded that projects at different stages were being taken, with recently permitted projects being good candidates, and smaller projects being preferred due to time cycles. Richard Tannahill mentioned an initial interest, but many projects did not pan out due to timelines.

Teresa Endres asked who would craft the email blast. Veronica Yuke responded they would work with the committee on that. Cody Bartley suggested making it an agenda item at the next meeting. Richard Tannahill mentioned Chris Davis would conduct a series of training and was recording everything, with videos to be made available.

Teresa Endres summarized the remaining 2026 goals as: support the development of webinars; develop a regular curriculum and predictable calendar for webinars; assist with advisory guides as subject matter experts; and eTIO awareness. Cody Bartley added PCS programs. Veronica Yuke stated no more items should be added and to revisit closer to the end of the year.

Committee and Public Comments

- None

Informational and Action Items

- The committee identified the 2026 goals as: support the development of webinars; develop a regular curriculum and predictable calendar of webinars; assist with advisory guides as subject matter experts; eTIO awareness; and PCS pre-approvals/prefabrication advancement.
- The committee moved the following items to 2027: revisions to the Guide for Working on OSHPD Projects (removed entirely as Paul Coleman is updating it); the Emergency Design Guide; the Collaborative Inspection Approach to Hospital Construction seminar; and the Instrumentation Committee webinar/seminar.
- Item H (eTIO training) was removed as it would be handled internally.
- The next meeting will include an agenda item for crafting the email blast for eTIO awareness and interfacing with organizations including AIA, AMFP, ASHRAE, CHI, ACIA, California Coalition of Professional Construction Inspectors, SEAOC, and DBIA.
- Chris Davis will conduct a series of training sessions and record them for distribution.

4. Update from the Ad Hoc "HCAI Design Guide for Planning and Preparing for Disasters" Webinar Development Subcommittee
Facilitators: Teresa Endres (or designee)

Topic 1: Power Resilience, Regulatory Compliance, and the Future of Healthcare Infrastructure Webinar (Presenters: John Griffiths and Jamie Schnick)

Discussion and Input

John Griffiths greeted the committee and informed them he and Jamie Schnick had been updating the slides that morning. Teresa Endres requested that John Griffiths run through the slides for committee comments.

John Griffiths explained the timeline would target one hour and noted the cover slide would include placeholders for QR codes. He stated that David Bliss might join, and that he, David, and Jamie Schnick would introduce themselves. He outlined the agenda: defining resilience, emerging threats, solutions, opportunities, timeline, implementation feasibility (covered by Jamie Schnick and David), Q&A, and next steps. He confirmed with the group that David Bliss would monitor the chat and moderate questions at the end.

John Griffiths discussed defining resilience, contrasting baseline code (minimal resiliency, protect-in-place) with enhanced resilience goals (business as usual, design beyond code). He emphasized seamless switching from normal to emergency power to continue operations without interruption, citing patient stress, rescheduling, and financial impacts. He stated that code is a minimum baseline.

John Griffiths covered internal threats to power resiliency, including aging equipment (40-50 years old or older), deferred maintenance budgets, fiscal challenges, and skill shortages. He addressed external threats: over-taxed utility grids, increasing demands from all-electric hospitals, EVs, data centers, increasing extreme climatic events (winds, temperatures), and supply chain issues for critical components such as circuit breakers, transformers, and boards, with lead times of 96 weeks for certain circuit breakers.

John Griffiths discussed solutions, including onsite resources to supplement utility (PSPS support, not requiring seismic compliance) and onsite resources to serve as emergency power source (EPSS), noting code permits this and Jamie Schnick would discuss the work done. He emphasized that technology needs to catch up to code and discussed forward compatibility, distributed energy resources (DER), and additional revenue streams from virtual power plants. He praised HCAI's work from the microgrid white paper through the microgrid design guide and mentioned Jamie Schnick's accessibility for project consultation.

- Teresa Endres commented that the microgrid is no longer a white paper but an Advisory Guide, and suggested adding a hot link. John Griffiths agreed.

John Griffiths covered constraints: cost, space, seismic certification requirements (with few solutions currently certified), the call to action for engagement with HCAI on code updates, fragmented supply chains, and lack of familiarity with new vendors and developers. Teresa Endres suggested replacing "money" with "cost" to align with how clients speak. Jamie Schnick agreed to take notes.

John Griffiths discussed innovation pathways, design strategies (campus-wide, seismic designs, available footprint, utility connections), generation mix considerations, and integration with future technologies including autonomous microgrids, hydrogen fuel

cells, advanced storage, and vehicle-to-grid. He commended PG&E for allowing additional DERs on the grid.

Jamie Schnick took over the presentation, defining healthcare microgrids as interconnected loads and distributed energy resources within clearly defined boundaries acting as a single controllable entity. He traced code evolution: PVs in 1984, microgrids in 1997, fuel cells in 2002, and microgrids as essential electrical system source in 2022.

Jamie Schnick described the Kaiser Ontario microgrid distribution board with PV inputs, batteries, a large fuel cell, and utility connection orchestrated by a microgrid controller, capable of island mode operation. He explained two implementation options: as a supplement to utility service (parallel with normal system) or as the essential electrical source (Article 517 and 51730).

Jamie Schnick detailed code requirements in Article 705 for microgrids supplementing utility, including listing requirements, marking disconnects, two-way power flow breakers, capacity verification, and commissioning plans. He explained that microgrid as emergency power source per NFPA 99 requires the system to assume critical and life safety loads within 10 seconds and operate for 96 hours, with sequence of operations and commissioning compliance.

Jamie Schnick described work on a CMS waiver allowing current code language for microgrids in lieu of emergency generators, replacing the requirement based on 2010 NFPA 99 compliance. He introduced the microgrid guide A7, which covers hospital microgrids paralleling normal systems, microgrids serving as emergency power source, skilled nursing, and medical office buildings.

Jamie Schnick walked through the OSHPD1 hospital single line diagram demonstration with multiple sources (turbine, solar array, fuel cell, batteries) paralleling the normal distribution system. He concluded that permitting microgrids is achievable in California, with dozens of installed projects, and discussed code adoption timelines (2026 California electric code adopted in 2027, 2028 California electric code adopted in 2029, drawing from 2026 National Electric Code).

- John Griffiths confirmed David Bliss was unavailable, and Jamie Schnick proceeded with project examples. Jamie Schnick described the Kaiser Ontario project with a 1.7 megawatt fuel cell. John Griffiths discussed the EOS batteries, noting it is likely the largest sustainable microgrid in the US and possibly the world, and described site constraints requiring stacking batteries on a covered retention pond, emphasizing access requirements.

Jamie Schnick described Valley Children's Hospital as a demonstration project funded by the California Energy Commission and Department of Energy, featuring a large PV array, large batteries, and a fuel cell, designed to back up the normal system and pursuing seismic certification. He described Kaiser Permanente San Marcos with a 1.7

megawatt fuel cell paralleling the normal system, carrying the entire load and saving money during normal operations, with continuous surgery capability during outages.

John Griffiths concluded that alternative solutions are allowed by code, fiscally viable for new construction and remodels, with examples including Kaiser Ontario, San Marcos, and Valley Children's. He emphasized the need for regulatory progress, fiscal viability, and a call to action for suppliers to provide certified emergency equipment.

Committee and Public Comments

- Teresa Endres requested the microgrid be referenced as an advisory guide rather than a white paper and asked about hot links to speakers.
    - John Griffiths confirmed and asked about linking Jamie Schnick and Dr. Bliss.
    - Evett Torres explained she could create QR codes when receiving links and outlines and asked for project links.
    - John Griffiths offered to provide the links by end of week.
- Noella Tabladillo asked whether having representatives from Valley Children's Hospital and Kaiser would be beneficial.
    - Richard Tannahill responded that the slides were too brief. Noella Tabladillo asked what links John Griffiths needed.
    - John Griffiths requested Kaiser and San Marcos links.
    - Jamie Schnick suggested searching for Kaiser Ontario for capacity information from groundbreaking ceremonies.
    - Veronica Yuke and Noella Tabladillo agreed Noella Tabladillo would send links directly to John Griffiths.
- Bill Zellmer praised the presentation and asked for clarification on code minimums versus enhanced design.
    - Jamie Schnick explained that the California electrical code requires three branches (life safety, critical, equipment), described code minimum operations including egress lighting, plug load, and HVAC for pressure differentials, with hospitals maintaining current patients, accepting no new ones, and completing operations within 90 minutes of generator capability. He noted lighting goes to 10% in corridors, 70% in patient spaces, and plug loads only at bedside.
    - John Griffiths added that switching disruption occurs when generators come up within 10 seconds, with HVAC delays, fire smoke dampers closing, and UPS-dependent computer systems. Bill Zellmer requested attention to surgery centers (OSHPD3) and asked for clarity on California's

mandatory versus next code cycle requirements. Jamie Schnick explained code revisions are permissive, not adding new requirements but allowing alternative solutions to existing requirements, stating generators remain a code-compliant option.

- Teresa Endres asked Jamie Schnick to convey these points in the webinar, noting attendees would include clients, technical architects, facilities staff, C-suite members, and design professionals.
    - Jamie Schnick agreed to add slides on code minimum versus business as usual and clarification that requirements are not more restrictive.
    - John Griffiths suggested adding a slide showing business as usual hospital operation.
    - Jamie Schnick suggested consulting with Gary Dunger and site leaders to sketch something out.

Informational and Action Items

- The webinar is scheduled for July 7th.
- John Griffiths will add the date to the first slide and add hot links to speakers including Jamie Schnick and Dr. Bliss. Evett Torres will create QR codes once links and outlines are provided.
- Noella Tabladillo will send Kaiser and San Marcos links directly to John Griffths. John Griffiths will replace "money" with "cost" on the constraints slide.
- Jamie Schnick will add slides addressing code minimum versus business as usual and clarification that code revisions are permissive.
- John Griffiths and Jamie Schnick will work with Gary Dunger and site leaders to develop a slide showing business as usual hospital operation.

Topic 2: Wildfire and Wildland Urban Interface Readiness for Healthcare Facilities Webinar (Presenters: Janice Cheung, Gary Dunger, and Nanci Timmins)

Discussion and Input

Gary Dunger quickly ran through the slides: introduction of presenters, an icebreaker on building codes for wildfire-resilient healthcare design, and the agenda (welcome and introductions, wildland urban interface definition, new Title 24 part seven, fire hazard severity zones, hazards, operations and emergency planning, Q&A). He noted he would change the word "framing" in the agenda.

Gary Dunger covered slides on WUI designation triggers and mandatory design requirements, exposure risks for healthcare facilities (radiant heat, smoke infiltration, access issues from road closures), and fire hazard severity zones (moderate, high, very

high). He discussed code applicability, materials, restrictions, and impacts on hospital design.

Gary Dunger explained part seven, noting the last bullet stated it is not retroactive but contains parts that are retroactive (defensible space, vegetation requirements). He covered access and water supply requirements, fire department access impacts, emergency water storage, standby power requirements, and addresses road markings.

Gary Dunger discussed key areas for ignition-resistant construction (roof assemblies, eaves, soffits, vents, exterior walls, glazing, decks, projections, under floors), accessory and miscellaneous structures triggered by section 504, enclosed structures with ignition resistant requirements, and miscellaneous structures regulated elsewhere.

Gary Dunger covered primary wildfire exposure pathways, requirements for roofs and vulnerabilities, ventilation openings (ASTM and WUI code), exterior walls including glazing and doors, and the importance of fire hazard severity zone designations. He showed a QR code for determining fire hazard severity zones and described the OSHPD Emergency Operations Center webpage with CalFire fire hazard severity zone layers.

Gary Dunger noted some redundant slides he might remove, discussed hospital vulnerabilities and stressors (HVAC system smoke infiltration, power problems, staff shortages, supply deliveries, fuel deliveries). He introduced smoke readiness as a teaser for Abdel Darwich's upcoming webinar, covering filtration requirements, monitoring, clean air zones, and pre-filter replacement strategies.

Gary Dunger discussed infection control implications when reducing outside air intake, portable HEPA filters in various sizes, redundancy considerations, pre-wildfire-season testing, and a smoke readiness plan flow chart including scheduled testing, pre-event assessment, filter availability and upgrades, MERV 13 or higher filter compatibility, indoor air monitoring, supplemental filtration strategies, and checklists.

Gary Dunger addressed standby power requirements, noting most facilities have 24-72 hours (sometimes 96) of emergency power while events can last 7-14 days, requiring fuel resupply logistics and load shedding consideration, with a reference to Jamie Schnick's microgrid systems.

Gary Dunger covered fire department access redundancies, surge capacity considerations during wildfire events (community gathering at hospitals, respiratory illness, regional hospital closure impacts), exterior triage and patient arrival considerations, compartment strategies as a teaser for another webinar, shelter-in-place versus evacuation decisions, alternate care site considerations, a checklist of present actions, and aligning facility design with operations for wildfire resilience.

Committee and Public Comments

- Teresa Endres suggested adding hot links to register for the WUI-HVAC and resiliency webinars on relevant slides to cross-pollinate webinars.
- Nanci Timmins noted they would add discussion of crossover topics between local jurisdictions and OSHPD and how those merge together.
- Janice agreed it was worth reordering and reorganizing slides for better flow and updating agenda slides accordingly.

Informational and Action Items

- Gary Dunger will reorder several slides and modify the agenda wording (replacing "framing").
- Hot links to register for related webinars will be added.
- Nanci Timmins will add slides addressing crossover topics between local jurisdictions and OSHPD.
- Janice will work on slide reorganization and agenda updates.

Topic 3: Wildland Interface for HVAC Webinar (Presenters: Abdel Darwich and Mikhail Fuks)

Discussion and Input

Abdel Darwich explained that he and Mikhail Fuks had revised the title to differentiate the webinar from the previous one, focusing on wildfire smoke specifically and adding "HVAC" in the subtitle.

Abdel Darwich outlined the agenda: background information, four concepts (knowing, planning, preventing, filtering), extra precautions for healthcare, "triple refill," and the future.

Abdel Darwich introduced the transition slide emphasizing that proximity to fire is not required for smoke impact, citing Sacramento 2018, San Francisco 2020, and the LA fire of 2025 (which jumped to burn an entire neighborhood, changing smoke chemistry under continued study).

Abdel Darwich provided background on smoke composition (particles and gases), noting VOCs are most smellable but not most dangerous, while PM 2.5 are most dangerous and penetrate deep into human lungs. He cited clinical data showing increased mortality, physician visits, and medication usage during wildfire smoke events, with non-linear negative effects.

Abdel Darwich explained particulate filters (working on interception) and gas phase filtration (working on gases). He referenced the "Design Guide" terminology preferred by Teresa Endres and noted sources including the Design Guide Section 7 and ASHRAE Guideline 44 published January 2025.

Abdel Darwich introduced the four concepts framed by colored squares (knowing, planning, preventing, removing) appearing on each slide for navigation. For knowing, he recommended PM 2.5 monitors at outside locations, ED entryways, or ambulance bays. For planning, he discussed the smoke readiness plan (SRP) with details in design guide section 7.2 and Guideline 44 section six, including a questionnaire about building occupancy during smoke events.

Abdel Darwich covered SRP sections: preparation (what, who, how much, cost), testing components (with infographic from the design guide), implementation timing (waiting for smoke or starting two days in advance based on prevailing wind), and return to normal operation (cleaning ducts, building flushing). He emphasized coordination with infection control in healthcare settings and including the SRP in the Owner's Project Requirements (OPR), Basis of Design (BOD), and sequence of operations for new projects.

For preventing, Abdel Darwich identified five smoke entry pathways: HVAC intakes, doors, envelope element leakage, and emissions from contaminated clothing (firefighters in ED). He recommended minimizing outside air without complete shutdown, disabling economizers, avoiding natural ventilation, using air curtains on doors, avoiding doors facing prevailing wind direction, weatherizing envelopes, visual inspections for cracks, professional thermal imaging inspections with pressurization, envelope commissioning, and air leakage goals. He emphasized keeping the building positive with more air in than out.

For removing, Abdel Darwich emphasized PM 2.5 removal through particulate mitigation as the primary goal, with VOC removal optional. He explained MERV 13 as the descriptive method minimum (stopping 85% of PM 2.5), balancing filtration with energy use. He noted Guideline 44 contains advanced calculation methodologies and equations, which they chose not to display to avoid intimidating audiences.

Abdel Darwich addressed frequent filter changes (sometimes every 2-3 days), with calculation methods in Guideline 44 and recommended filter stockpiling. He discussed HVAC measures including extra filter racks, smoke filtration, gas phase or carbon filters, and air cleaning with proper sizing. He covered portable air cleaners (PACs) per AHAM (American Home Appliances Manufacturing Association) recommendations of 1 CADR per square foot (e.g., 120 CADR for 120 square foot exam room), with infection control consultation required for pressure-controlled spaces.

Abdel Darwich discussed extra precautions for healthcare: difficulty evacuating, outlet filters in compounding pharmacies, pressure-controlled spaces requiring infection control consultation. He cited two incidents: one hospital lost medical air when a clogged compressor inlet filter without bypass shut down the system, and another facility found NICU incubator HEPA filters loaded quickly with wildfire smoke and had difficulty finding replacements.

Abdel Darwich referenced the 2020 "poly crisis" of earthquake, pandemic, and wildfire occurring simultaneously, noting the conflict between pandemic 100% outside air and wildfire outside air reduction. He concluded with the future, noting wildfires as continuous threats, Guideline 44's adoption in other standards, and LEED Version 5 awarding a point for wildfire resilience compliance with Guideline 44.

Committee and Public Comments

- Teresa Endres commented that when Abdel Darwich refers to the guide, he should mention the upcoming update including ASHRAE Guideline 44 and Standard 241, so people know the guide is not static. She praised the four squares as good wayfinding for slides.
    - Abdel Darwich responded that the squares were developed after presenting the material more than 10 times to keep the audience engaged after 30 minutes of wildfire smoke discussion.
- Teresa Endres suggested adding a contact information slide before the Q&A slide.
    - Abdel Darwich acknowledged contact information had not been added and agreed to include it at the end.

Informational and Action Items

- The webinar is scheduled for June 10th.
- Abdel Darwich will mention the upcoming guide update including ASHRAE Guideline 44 and Standard 241 during the presentation.
- Abdel Darwich will add contact information for himself and Mikhail Fuks before the Q&A slide.

5. Review Q&A from the January 14, 2026, Collaborative Inspection Approach to Hospital Construction Webinar
Facilitator: Teresa Endres (or designee)

Discussion and Input

Michael Davis noted that Marcus Palmer had sent the questions out the previous week with the meeting agenda. Michael Davis walked through each question and answer:

- For question one, regarding whether the IOR is expected to perform inspections daily while walking the project, Michael Davis read the response that CAC 7145A requires the IOR to perform continuous inspections during construction. He explained the IOR shall have personal knowledge obtained by continuous inspection of all parts of the work in all stages, with continuous inspection

meaning complete inspection of the work. He clarified there is no code requiring the IOR to perform inspections on a daily basis or only when requested.

- For question two, regarding why the NMA form was shortened to not include checkoff boxes for reasons of applying, Michael Davis explained that the six reasons are not an exhaustive list but examples of what can qualify as an NMA. He stated the answer was framed to encourage thinking about the NMA in terms of principle rather than seeking an exhaustive list.
- For question three, regarding why the IOR does eTIO closure instead of the DPOR, Michael Davis explained there is no code directing who submits documentation to OSHPD. He cited CAC 7141 explaining the DPOR's responsibility to administer the TIO and CAC 7151G explaining the DPOR is responsible for ensuring all required VCRs related to the project are submitted to OSHPD.
- For question four, regarding how long until an eTIO is released, Michael Davis noted the answer at the time was that it would be kicked off in a couple of months and was being gradually moved in with small projects.
- For question five, regarding how long the CAP certification is valid, Michael Davis stated the answer is three years per the CAP application and code cycle.
- For question six, regarding whether an inspection request should be used to ensure the IOR has reviewed drawings prior to construction, Michael Davis explained the answer points out this is not the purpose of the inspection request. He clarified the inspection request is meant to document what inspections happened and where and when, not to ensure the IOR is looking at drawings and details.
- For question seven, regarding the best practice for the DPOR to work with the lab to verify information when labs are hired by owners, Michael Davis read the answer citing CAC 7419 that approved testing inspection agency shall be acceptable to the architect or engineering responsible charge. He explained the DPOR is responsible for administering the TIO with no code requirement to contact the owner first, though it is best practice to gain knowledge on the qualification of the agency. He noted he was not entirely clear on the intent of the question but felt the answer pointed to where responsibility truly lies.
- For question eight, regarding what inspection related issues most often turn into change orders and what early coordination steps construction managers can take, Michael Davis read the lengthier response. He explained HCAI is not involved in contractual agreements between owner and construction or inspection parties, so it does not involve with change orders. He stated that where there are changes to approved construction documents, amended construction documents (ACDs) must be reviewed by HCAI to concur or approve

as NMA or ACD respectively. He noted changes to testing and/or inspection requirements must be reviewed and approved by HCAI field staff per CAC 7153A. He cited CAC 715145B requiring the IOR to notify the contractor of deviations from approved construction documents. He listed best practices: CMs being fully engaged and communicating effectively with design professionals, anticipating changes, coordinating between disciplines, conducting constructability reviews with installers, completing QC during installation, completing value engineering during design or before construction, and keeping design teams involved in decisions. He noted the principles were not an exhaustive list but should direct teams toward best results.

- For question nine, regarding how inspection findings should be used to support legitimate compliance change orders without normalizing avoidable rework, Michael Davis repeated that HCAI is not involved in contractual agreements and does not involve with change orders. He stated HCAI is focused on enforcing minimum code requirements, and the DPOR is responsible to review non-compliances flagged by the inspection team and provide direction.
- For the final question regarding the IOR's responsibility to schedule and manage the special inspection testing agency, Michael Davis cited CAC 7145 requiring the IOR to verify that all construction documentation is maintained on site during construction, inclusive of coordination of special inspections, testing, and project-specific approved testing agencies. He explained the IOR works hand in hand with the testing lab and there is no separating that.

Michael Davis concluded that some questions were vague or off topic, but the team did a good job reining them back to principles and code-specific facts to provide as helpful an answer as possible.

Committee and Public Comments

- Teresa Endres confirmed the questions were received in the meeting agenda email and asked if there were any questions about the questions.
- Bill commented on grammar, noting that responses to questions eight and nine used the same sentence with the awkward phrasing "hence does not involve with change orders." Teresa Endres suggested "is not involved."
- Cody Bartley pointed out the date in the top left should be checked, noting it said 2025 when it was really 2026. Teresa Endres acknowledged it had taken her a while to notice. Michael Davis acknowledged the correction.

Informational and Action Items

- The Q&A document requires grammatical revision to questions eight and nine to address the awkward phrasing "hence does not involve with change orders."

- The date in the top left of the document needs to be corrected from 2025 to 2026.

6. 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: Teresa Endres (or designee)

Discussion and Input

Teresa Endres asked if there were any questions or comments from the board, OSHPD staff, or public on issues not on the agenda.

- Evett Torres asked about scheduling another meeting. Teresa Endres acknowledged the need to discuss scheduling.

Teresa Endres explained that three more webinars from the Design Guide webinar series remain to be reviewed: infection control for design, the combined webinar on infection control for ops and HVAC, and a third webinar that Kelly Martinez was working on with Jennifer Cox.

- Kelly Martinez identified the third as the Hazard Vulnerability Assessment (HVA).
    - Teresa Endres noted these three webinars still need to be reviewed at the Education and Outreach Committee level, plus some updates.
- Teresa Endres proposed a meeting in July to review the webinars and get them scheduled.
    - Veronica Yuke suggested looking at Wednesday or Thursday of week of the 18th.
- Teresa Endres indicated she could make either date work. Michael Davis stated he likely would not be available that particular week. Cody Bartley asked if the next week would work better, and Michael Davis confirmed it would. Veronica Yuke noted the 22nd looked good. Teresa Endres stated she could do the 22nd but not the 23rd. Veronica Yuke confirmed the 22nd looked open. Cody Bartley confirmed July 22nd.

Teresa Endres confirmed the next meeting would be July 22nd and would include reviewing the webinars and the upcoming agendas. Veronica Yuke reminded Teresa Endres about the email blast. Teresa Endres acknowledged she had the email blast on her list and added that she would put together a list of the webinar curriculum achieved this year. She stated this would be the agenda for July 22nd.

Committee and Public Comments

- None

Informational and Action Items

- The next Education and Outreach Committee meeting will be held on July 22nd.
- The agenda for the next meeting will include:
    - reviewing the three remaining design guide webinar series webinars (infection control for design, combined infection control for ops and HVAC, and hazard vulnerability assessment);
    - crafting the email blast for eTIO awareness;
    - reviewing upcoming agendas; and
    - presenting a list of the webinar curriculum achieved this year.
- Teresa Endres will put together the list of the achieved webinar curriculum for the year.

7. Adjournment

Teresa Endres moved the meeting to adjournment at 12:26 p.m. and wished everyone a good day.