

OSHDP Office of Statewide Health Planning and Development**Hospital Building Safety Board**

2020 West El Camino Avenue, Suite 800

Sacramento, CA 95833

(916) 440-8453

(916) 324-9188 Fax

www.oshpd.ca.gov/Boards/HBSB/index.html**HOSPITAL BUILDING SAFETY BOARD
Codes and Processes Committee****Thursday, September 23, 2021****9:00 a.m. - 3:00 p.m.****Teleconference Meeting Access:**[HBSB GoToMeeting APCCSD Committee](#)

Access Code: 296-431-085

Committee Members Present:

Michael O'Connor, Chair

Roy Lopez, Vice-Chair

Louise Belair

Gary Dunger

Mike Hooper

Scott Jackson

Pete Kreuser

Michele Lampshire

Scott Mackey

Jim Malley

Farzad Naeim

Michael O'Connor

Consulting Members:

John Donelan

Gary Dunger

Mark Hershberg

OSHDP Staff Present:

Elizabeth Landsberg, OSHDP Director

Chris Tokas, Acting FDD Deputy Director

Arash Altoontash

Richard Tannahill

Brett Beekman

Chris Dickey

Mickey Fong

William Gow

Roy Lobo

Dave Mason

Diana Navarro

Diana Scaturro

Carl Scheuerman

Richard Tannahill

Nanci Timmins

HBSB Staff:

Ken Yu, Executive Director

Joanne Jolls

Evet Torres

1. Welcome and Introductions

- 2 Michael O'Connor, Committee Chair, called the meeting to order on September 23, 2021, at
- 3 9:00 a.m. and HBSB Executive Director, Ken Yu called roll.

1 Twelve members of the Committee present constitutes a quorum. There being twelve present
2 at the time of roll, a quorum was established.

3
4 Mr. Yu read the public announcement regarding COVID-19, meeting rules and procedures.

5 **2. California Building Standards Code Revision Cycle for 2022**

- 6 • Update on code cycle status

7 **Presenter:** Richard Tannahill, OSHPD

8 **Discussion and public Input**

9 Bill Zellmer asked if anything changed since the Committee last saw the code. Mr. Tannahill
10 stated that nothing had changed and that the Committee had been informed of all updates.

11 **Information item and Action Item**

12 None.

13 **3. Emergency Design Task Force**

- 14 • Update from Emergency Design Task Force to address the approach design and regulatory
15 concerns during emergency events

16 **Presenter:** Chris Tokas and Richard Tannahill, OSHPD

17 **Discussion and public Input**

18 Mr. O'Connor asked if item 1, Patient Room Ventilation, was about outside air or conversion to
19 negative pressure. Mr. Tannahill replied that it was about converting patient rooms and even
20 entire departments, into a negative environment. He noted that there are projects coming in
21 requesting to keep their temporary measures in place so that in the future, they could more
22 readily adapt. Mr. Tannahill reported that facilities are putting in big exhaust fans and things that
23 are more infrastructure related.

24
25 Ms. Belair asked for confirmation that the Emergency Design Guide would not be replacing
26 code language. Mr. Tannahill assured it is not and that this will be a guide for best practices to
27 better prepare. What they did look at was if there would be any code changes required. Ms.
28 Belair questioned if there was anything being proposed in the emergency design guide that
29 conflicts with code requirements. Mr. Tannahill replied yes, because negative patient rooms are
30 not allowed in the Code but the Emergency Design Guide will provide guidance on how to
31 expedite the process to get the AMC approved. He stated that OSHPD will provide optional
32 language later where an AMC will not be required.

33
34 Ms. Belair questioned if the changes to the NPC 5 requirements will be addressed in the
35 Emergency Design Guide, specifically relating to the emergency water storage. Mr. Tannahill
36 stated this is being addressed at a different committee at a different level and that Ali Sumer, as
37 the head of that Committee, is working on the NPC revisions. That will be a code change in the
38 future, but it will not be part of this guide. It will be actual requirements for preparedness
39 primarily for earthquakes and other events. Ms. Belair asked if there is any information available
40 regarding what is being changed to NPC 5, what is being considered or proposed so that a

1 designer who is working on a hospital replacement or master planning can help guide the
2 process. Mr. Tokas responded that the NPC 5 requirements remain as they are today. He
3 stated that they are lower than the national standards and facilities should be planning with what
4 is in the code today. Mr. Tokas indicated that there are allowances for alternate methods of
5 compliance because they are performance based and those requirements can be utilized today.
6 He mentioned that CDPH also has requirements regarding emergency water storage
7

8 Mr. Hooper asked Mr. Tannahill what type of case studies he is looking for. Mr. Tannahill
9 responded they are seeking creative solutions that a facility or a department is doing to prepare
10 for emergencies such as a surge, or wildfires. He expressed that if anyone sees or hears of a
11 facility doing something or even just talking about doing something to prepare for an
12 emergency, OSHPD would be interested in working with them.
13

14 Pete Kreuser noted that he would be able to provide case studies.

15 **Information item and Action Item**

- 16 • None

17 **4. OSHPD Preapproved Details (OPD)**

- 18 • Discussion and review of candidate details for OPD program

19 **Presenter:** Michael O'Connor, Committee Chair

20 **Discussion and public Input**

21 Mr. Kreuser asked how the Committee would categorize the details. Mr. O'Connor suggested
22 that a good start would be to categorize the major disciplines first (e.g. Structural, Mechanical,
23 Electrical, and Fire Life Safety), then look at subcategories as we start to get bigger groupings,
24 and hopefully correlate our numbering system with that.
25

26 Mr. Hooper asked if there was any thought given to starting off with updating the details that
27 OSHPD already has. Mr. O'Connor acknowledged this is an extension of the program, not a
28 reinvention and that what might be most useful to the Committee would be to find out from
29 OSHPD what percent of projects use the details successfully, because there is no reason to
30 keep loading up the details if they are not being utilized. Mr. Tannahill concurred that it would be
31 a great opportunity not only to filter through the details OSHPD already has but to update them
32 to current code.
33

34 Mr. Hooper asked if there was a way to catalogue all the current details and keep track of new
35 ones to ensure no one is doing duplicate work. Mr. O'Connor agreed and disclosed that he
36 wanted today's focus to be more on tracking details than on the details themselves. He
37 suggested implementing a collaborative tracking system for existing and future details that
38 would allow assignments of detail numbers and categorizing the details. He explained that it
39 could help track the date received, date issued, as well as which code cycle. Mr. O'Connor
40 suggested creating subcommittees, each one made up of one Committee member and one
41 OSHPD representative, to organize and track the different categories of details and provide
42 updates and feedback on an ongoing basis and as efficiently as possible.

1 Mr. O'Connor pointed out the current list is lacking details under the mechanical category and
2 Ms. Belair stated one of the items that comes up a lot is the connection to the terminal units on
3 the water side. Mr. O'Connor concurred that should be number one on the list.

4
5 Mr. Dunger stated that in looking at the flowchart, it lends itself to an ongoing process where
6 these pre-approved details are being reviewed regularly, then published. He added that
7 seemed contrary to how they have been done in the past. Mr. O'Connor clarified that the earlier
8 process was batch focused, where HBSB and OSHPD spent a lot of time in getting it off the
9 ground with the partition and ceiling details. He explained that got the program going but since
10 then, there has been very little added. Mr. O'Connor indicated that the Committee was charged
11 with setting up the process, working jointly with OSHPD on getting more details produced, and
12 monitoring the success of the program by whether these details are being used effectively, in
13 hopes of assisting the plan checking, field staff, and design community.

14
15 Mr. Dunger continued for historical perspective; the charge of the Committee was to come up
16 with a group of details that were common on every single project. Mr. O'Connor concurred
17 stating the focus would be on details with the most common denominators and used with the
18 highest frequency.

19
20 Mr. Tokas expressed his admiration of the vision and goals but noted that the current focus
21 should be on skilled nursing facilities, specifically details for the framing and for fire life safety.

22
23 Mark Hershberg stated that the effort related to the code justification, in terms of structural,
24 required extensive calculation and drafting efforts. He asked if that was expected to be taken on
25 by the party advocating for a detail, or by the Committee. Mr. Tokas replied that it would depend
26 on the volume and the complexity of the details. He added that the focus should be on collecting
27 and defining those details, and OSHPD will worry about how to produce them. Mr. Hershberg
28 continued, stating that originally there was a design entity that was commissioned by OSHPD.
29 Brett Beekman noted that the work previously was for structural review, and that at the time,
30 they did have retainer contracts for structural contract-out reviews, but when talking about other
31 disciplines, that doesn't exist. Mr. O'Connor responded that he does think they will need that
32 sort of collaboration on the other disciplines as well, but that it may take less resources to help
33 with some of the fire life safety and other details than the effort that was needed previously.

34
35 Ms. Timmins commented that in terms of updating existing details, it could be a simple fix
36 because the fire life safety details shouldn't change drastically between code editions so a note
37 could be added, much like what is done for the PINs and CANs, stating that it is valid until
38 rescinded. She added that if it changed later, the detail could be removed or updated at that
39 time.

40
41 John Donelan indicated that some of the details would have to be noted on the spreadsheet as
42 being good for hospitals (OSHPD 1) or good for SNFs because when you get into the structural,
43 there could be quite a difference between what would be appropriate for a wood-framed hospital
44 than for a wood-framed SNF.

1 Mr. O'Connor asked if there was any objection to the idea of having smaller task force,
2 addressed by discipline, to help move the process through.

3
4 Mr. Mason suggested that there's an easy way to standardize the ventilation table that is
5 thorough and applicable for sufficient analysis to get the work done. He added that OSHPD has
6 two good mechanical details that are potentials so far.

7
8 Mr. Beekman noted that some of the details presented were product-specific and asked if those
9 would be adjusted. Mr. O'Connor confirmed and stated there will be a struggle on the table
10 support systems.

11
12 Mr. Hooper questioned if they would be open to people submitting details to the Committee for
13 review. Mr. O'Connor stated he would be open and that it would probably help get the best
14 details.

15 **Information item and Action Item**

- 16 • None

17 **5. Committee goals for 2022**

- 18 • Discuss goals for Committee in the coming year

19 **Presenter:** Michael O'Connor, Committee Chair

20 **Discussion and public Input**

21 Ms. Belair asked if any topic takes priority over any other or if the list is still accurate. Mr.
22 O'Connor acknowledged the emphasis on SNFs signifies it is a top priority. Mr. Tokas agreed.

23
24 Bill Zellmer brought up a topic that he wasn't sure was part of the behavioral health code
25 analysis or not, but chemical dependency recovery hospitals, CDRHs, are very confusing and
26 the guidelines, rules, and codes that govern are unclear. He disclosed that he would like
27 clarification for the whole arena of chemical dependency to be considered. Diana Navarro
28 stated that she is on the Acute Psych Hospital Guidelines Task Force and does not believe this
29 is currently being addressed but that she will bring the issue back to the Committee.

30 **Information item and Action Item**

- 31 • None.

32 **6. Comments from the Public/Board Members on Issues Not on This Agenda.**

- 33 • None.

34 **7. Adjournment**

35 Mr. O'Connor adjourned the meeting at approximately 10:24 a.m.