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HOSPITAL BUILDING SAFETY BOARD Education and Outreach Committee

**Wednesday, September 27, 2023
10:00 a.m. – 4:00 p.m.**

Teleconference Meeting Access:

[HBSB Teams EO Committee](#)

Access Code: 451-325-571

Committee Members Present

Scott Mackey, Chair
Cody Bartley, Vice Chair
Louise Belair
Gary Dunger
Teresa Endres
John Griffiths
Bert Hurlbut
Marshall Lew
Jim Malley

HCAI Staff Present

Chris Tokas, OSHPD Deputy Director
Arash Altoontash
Richard Tannahill
Monica Colosi
Mike Hooper
Joe LaBrie
Mia Marvelli
Jamie Schnick
Nanci Timmins
John Gray

Consulting Members Present

Kelly Martinez
Belinda Young

HBSB Staff Present

Veronica Yuke, Acting Executive Director
Marcus Palmer
Evet Torres

1. Welcome and Introductions

- 2 Scott Mackey, Committee Chair, called the meeting to order on September 27, 2023, at
- 3 10:00 a.m., and Acting HBSB Executive Director Veronica Yuke called roll.

2. Roll Call and Meeting Advisories/Expectations

Eight members of the Committee present constitute a quorum. There being eleven present at the time of roll, a quorum was established.

Ms. Yuke read the meeting rules and procedures.

3. Review the Guide for Working on OSHPD Projects—Tips from the Experts

Presenter: Mia Marvelli, HCAI

Ms. Marvelli stated that The Guide edits updates were:

- The preface updated to reflect Chris Tokas' thoughts.
- Name changes, FDD to OSHPD, OSHPD to HCAI and spelled out, and Inspector to Inspector of Record (IOR).
- The rapid review unit – removed from the Building Safety Sector.
- Geohazard tips – added to The Guide.
- Updated section 1.1 Authority of OSHPD to include additional regulations enforced by OSHPD, adding Part 6 of Title 24 California Energy Code and Part 10 of Title 24 California Existing Building Code.
- Section 3.4 Fire and Life Safety Drawings – images added and refined, links added, and updated terms.
- Section 3.10 Guidelines for Mechanical Drawings- provided demo drawing, impact on air-handling unit by the remodel, Part 6, CA Energy Code compliance, added tip: Visit Energy Code Ace.
- Section 3.11 Guidelines for Plumbing Drawings - fixture schedule, demonstrate handwashing fixtures meet all CPC 210 requirements, provide NPC-5 compliant water and waste emergency storage systems information, submit NPC-5 water rationing plan, added tip: Consult Advisory Guide A5.
- Section 4.1 – 4.3 Certified Hospital Inspector Code of Ethics - Edits to reflect new IOR California Administrative Code Changes, edits to reflect nonmaterial alterations California Administrative Code changes and CAN 1-7-153(b) changes.
- Section 5 Testing, Inspection and Observation (TIO) Guidelines – formatting to explain the TIO application and spreadsheet.
- Section 6 Guidelines for Working with OSHPD Field Staff – edits to reflect amended construction documents and non-material alterations.

- Section 7.4 Project Planning Phase - expanded description and need for a comprehensive functional program, tips added for certificate of Substantial Compliance, Construction Final report or Certificate of Occupancy must be issued to start the CDPH (California Department of Public Health) licensing application process, a reminder that local school taxes must be paid prior to issuance of a building permit, use of local firm as a joint venture for large projects using out-of-state firm.
- Section 7.6 Permit Phase - added Infection Control Risk Assessment (ICRA) section, included information that OSHPD had developed a project review time calculator to establish reasonable time frames for review and backchecks.
- Section 7.8 Close Out Phase – reminder to project teams to be aware of remaining activities outside of OSHPD’s authority to become operational.

Ms. Marvelli said that glossary, acronyms, and definition updates were still being made.

Discussion and Input

Mr. Hurlbut asked where the Guide could be accessed. Ms. Marvelli answered that the Guide had been taken off the Cloud to avoid more edits but would be back online before the presentation date October 5, 2023.

Mr. Griffiths asked if the terms and definitions were referencing those in the code.

Ms. Marvelli said that the terms and definitions were referencing the building codes.

Mr. Griffiths asked if there was a process for the public to comment or ask question on the Guide. Ms. Marvelli answered that there was an email for sending comments, but there would be pauses for comments during the presentation.

Informational and Action item

- None

4. Practice run for the upcoming 2023 Educational Seminar California Hospital Projects A to Z, Tips from the Experts, scheduled for Thursday, October 5, 2023, in Newark, and Tuesday, October 10, 2023, in Irvine

Presenter: Scott Mackey, Committee Chair

Discussion and Input

Session 1: HCAI/OSHPD

Mr. Tokas stated that in 2003, Hospital Building Safety Board (HBSB), California Healthcare Association (CHA), in collaboration with the California Society of Healthcare Engineers and design professionals, published the first project management design and

1 collaboration of buildings under OSHPD jurisdiction as a general guideline and
2 reference tool.

3 He added that in 2006, OSHPD, with help from HBSB and other design professionals,
4 republished, updated, and renamed the manual to Guide for Working on Projects Under
5 OSHPD Jurisdiction: Tips from the Expert.

6 Mr. Tokas explained that HCAI's mission is to expand equitable access to quality,
7 affordable health care for all Californians through resilient facilities, actionable
8 information, and the health workforce each community needs.

9 Mr. Tokas said that HCAI is comprised of the following offices:

- 10 • Health Facility Loan Insurance - Provides loan insurance for non-profit healthcare
11 facility development.
- 12 • Health Care affordability – promotes strategies for managing the cost of health
13 care and improving affordability for consumers and purchasers while maintaining
14 or improving quality and equity and enforcing cost targets.
- 15 • Information Services - collects data and distributes information on health and
16 healthcare in California.
- 17 • Healthcare Workforce Development: Shortage Designation, Research, Data,
18 Funding, Loan Repayments, Internships, Pilot Projects, and Resources
- 19 • Hospital Planning and Development - reviews and inspects health facility
20 construction projects.

21 Mr. Tokas mentioned that OSHPD's purpose is to advance partnerships with healthcare
22 design professionals and providers to build safe, sustainable, and resilient facilities for
23 all Californians, that remain functional through all disasters.

24 He said that OSHPD funding sources are from fees paid by hospitals and Skilled
25 Nursing Facilities (SNFs) for plan review and building permits of construction projects.

26 Mr. Tokas highlighted that OSHPD has two physical locations:

- 27 • Sacramento, California, headquarters – headed by Mr. Tannahill, Deputy Division
28 Chief.
 - 29 ○ Building Safety Section
 - 30 ○ Building Standard Unit
 - 31 ○ Structural Support Section
 - 32 ○ Division Support Section
- 33 • Los Angeles office – headed by Mr. Altoontash, Deputy Division Chief.
 - 34 ○ Building Safety Section
 - 35 ○ Fire Prevention Unit

- Inspection Service Unit

Mr. Tokas gave the seven areas of OSHPD responsibilities:

- Develop Building Standards for hospitals, skilled nursing, clinics, and Correctional Treatment Centers.
- Plan review and approval of hospital and skilled nursing construction projects.
- Building permit and construction observation of hospital and skilled nursing construction projects.
- Hospital Seismic Retrofit Program (SB 1953).
- Hospital Building Safety Board (Advisory and Appeals Board).
- Emergency response after an earthquake or other disaster.
- Research: earthquake engineering; new and advanced technologies; computer analyses.

Mr. Mackey asked if there would be an added topic on behavioral health under project types. Mr. Tokas answered that the topic would be added.

Session 2: Tips from the Owners

Mr. Dunger stated that the presentation follows the Guide, organizing the work by phase. The topics were:

- Project Selection and Identification Phase – presented by Mr. Dunger.
 - Develop an overall master facility plan and program that are construction specific.
 - Clinic and outpatient facilities - CAN 1-7-2100.
 - Long-term building planning- refers to CAN 1-6-1.4.5.1.
 - Invest the necessary time and resources.
- Project Planning Phase
 - Unauthorized constructions and consequences – working without a permit is considered unauthorized construction.
 - Functional program – critical aspect in understanding the project from design team, owners, and OSHPD standpoint.
 - Project management – the value of having the right project management and the responsibilities of project managers.

- Design team – Use contractors that provide code-compliant drawings to avoid extra charges.
- Regulatory requirements- OSHPD has jurisdiction over construction in healthcare facilities, but it is not the only public agency involved.
- Project feasibility – make certain that the total project budget and the scope of the project match.
- Project delivery models – the style of delivering the project can influence the success of the project.
- OSHPD approaches to review and permitting.

- Design Phase – identifying areas that have led to unsuccessful projects.

- Flexibility for change – a good design goal of any hospital project should be to provide flexibility to change.
- Design flexibility into hospitals – develop a shelling strategy that can be used as an alternate approved design or amended construction document.
- Geotechnical reports – submit a geotechnical report in a timely manner using experienced firms.
- Design team – OSHPD expects licensed design professionals to adhere to the codes while preparing construction documents.
- Importance of a preliminary review – during the design process, it is important to determine whether early permits are needed for certain sections of the work.
- Incremental submittals - OSHPD allows larger new construction projects to have complete phases of construction broken into incremental submittals for permitting.
- Construction documents - once the construction documents are finalized, any changes to programs or services will result in additional costs and delays.
- Deferred submittals - deferred submittals may be used for large or technologically sensitive pieces of clinical equipment when there will be long periods of time between design and installation.
- Application process - it is the responsibility of design professionals to prepare the OSHPD plan review application.

- 1 • Permit Phase – Presented by Ms. Martinez.
 - 2 ○ Plan review process - Monitor progress of plan review, track review
 - 3 cycles, monitor number of reviews, and secure committed timeline.
 - 4 ○ Reasons for project delays - Careful planning, minimizing changes during
 - 5 reviews and construction, and active management of review process are
 - 6 crucial to preventing project delays.
 - 7 ○ OSHPD forms after plan approval - Obtain all needed OSHPD forms on
 - 8 the OSHPD website to ensure they are current.
 - 9 ○ Obtaining building permit – after approval by OSHPD, submit an
 - 10 application for Building Permit using the OSHPD eServices Portal.
 - 11 ○ Inspector of record - The IOR is required to provide for competent,
 - 12 adequate, and continuous inspection.
 - 13 ○ Notice of start of construction - date the actual physical work,
 - 14 demolition, construction, repair, reconstruction, rehabilitation, addition,
 - 15 preparation of the site for the first placement of permanent construction of
 - 16 a building.
 - 17 ○ Permit lapse - Construction must commence within one year of plan
 - 18 approval. Failure to do so will cause the permit to expire, and with it, the
 - 19 approval of the plans.
 - 20 ○ Comment and process reviews (CPR) – procedures clients would use to
 - 21 promptly resolve issues concerning plan review and construction
 - 22 observation comments.
 - 23 ○ CPR path level contacts.
- 24 • Construction Phase – presented by Mr. Hurlbut.
 - 25 ○ Material alterations to approved construction documents – only changes
 - 26 that materially alter the work shall be submitted to OSHPD as an
 - 27 Amended Construction Document (ACD) - for review and approval.
 - 28 ○ Contactor - any changes to plans and specifications that materially alter
 - 29 the work require OSHPD approval prior to the execution of the work.
 - 30 ○ Changes to approved documents - changes to approved construction
 - 31 documents must be approved by OSHPD staff and are documented using
 - 32 the OSHPD Application for Amended Construction Documents.
 - 33 ○ Owner - when considering changes, evaluate if they are necessary or just
 - 34 preferences to avoid project delays and increased costs.

- Critical path expedite review - an ACD causing undue delay to construction schedule may trigger the Critical Path Expedite Review (CPE) process.
- Field staff availability - OSHPD field staff ensures hospital buildings comply with regulations in the approved construction documents and applicable statutes and regulations.

- Close-Out Phase – presented by Mr. Dunger.

- OSHPD field staff must approve the work before issuing a Certificate of Occupancy or a Certificate of Substantial Compliance.
- Project close-out should be considered at the beginning of the project and should be a continuing effort throughout the project.
- Professionals, inspectors, and contractors must obtain verified compliance reports prior to project completion and follow the TIO program schedule.
- Types of project closure - It is the goal of the OSHPD to close every project in compliance.
- Project closure checklist - An excellent tool to ensure all documents and test reports are obtained and demonstrate compliance to OSHPD Field Staff.
- Re-opening closed projects - Hospitals can request to reopen a closed project for compliance by submitting a "Re-Open Closed Project" record through the OSHPD eServices Portal.

- Owner Considerations – presented by Ms. Martinez.

- Healthcare-acquired infections – facility design plays a critical role in both acquiring and preventing health-associated infections.
- Infection Control Risk Assessment (ICRA) - used to help reduce the infection risk during construction and can help identify potential risk to the healthcare environment.
- The ICRA process - meet with facility infection control practitioners to determine necessary measures and incorporate ICRA in design and send to contractor before bidding.
- Pre-construction risk assessment (PCRA)- before any construction starts, a PCRA must be completed to identify potential risks and the corresponding measures to be taken by the contractor.
- Interim Life Safety Measures (ILSM) - the ICRA, PCRA, and ILSM should be posted at the job site and saved as part of the project documents.

- Activation - the process of preparing people, fixture, furniture, and equipment (FFE), and facilities for move-in and start-up.
- Licensing - provide sufficient time in the project schedule for required licensure.
- Owner considerations - an aware and involved owner is the major key to a successful project.

Ms. Young asked if the difference between a compliance certificate and a certificate of occupancy could be explained under the owners' consideration topic. Ms. Martinez answered that the topic would be addressed under licensing.

Session 3: Submittals, Design and OSHPD Review.

3.1 HCAI roles and jurisdictions

Mr. Tannahill stated his presentation on OSHPD roles would include:

- Working with OSHPD, CDPH, and Local Jurisdictions.
- OSHPD roles and regulations.
- OSHPD jurisdiction CAN 2-0.
- Possible OSHPD jurisdiction and responsibilities.
- Items outside building enclosure subject to OSHPD review.
- Fire life safety and utilities.
- Difference between Administrative Code and Building Code.

3.2 Geologic hazards

Mr. Lew explained that Session 3 presentation on geologic hazards would include:

- The geological hazards report which also includes other hazards that are earthquake-related, like flood zones, that might affect the usefulness of a hospital.
- A review of the California Geological Survey – Note 48, and geotechnical recommendations.
- Engineering geology requirements.
- Evaluation of seismology and ground motions.
- Other hazards/adverse site conditions.

- Report documentation – Ensure that both the geotechnical/geological principals involved in the project have the proper required certifications and registrations.

Mr. Lew highlighted that the Geologist of Record (GOR) and the Geotechnical Engineering of Record (GEOR) should be experienced in requirements with hospitals and schools in California.

3.3 Architects roles and responsibilities.

Mr. Mackey talked about the architect's roles and responsibilities:

- Working with OSHPD staff.
- Geologic Hazards.
- Plan Design and Guidelines – design phase, OSHPD review, and construction.
- Working with local fire authority.
- ADA Compliance incorporated and detailed in projects.
- Referencing Code Application Notices (CANs) and Policy Intent Notices (PINs), calculation specifications and construction documents.
- Collaboration between internal structural engineering team, design team and the project team.
- Plan review process – working with OSHPD as a partner.
- Construction support – dealing with submittals and changes in the project.
- Deferred approvals – minimize deferred approvals.
- QA/QC and TIO.

3.5 MEP Roles and Responsibilities.

Ms. Belair's presentation covered the Mechanical, Electrical and Plumbing (MEP) roles and responsibilities.

- Mechanical Engineer of Record (MEOR).
- Electrical Engineer of Record (EEOR).
- MEP tips – covering the design phase, OSHPD review, construction.
- Ductwork drawings – show rated walls on mechanical ductwork drawings.
- Ventilation tables – organize ventilation tables by Air Handling Unit (AHU).

- Energy code compliance - provide compliance forms as part of the mechanical and electrical drawings sets.
- Coordination of essential systems – Consult PIN 70 for coordination of essential systems over current protection devices.
- NPC-5 emergency water and waste storage- Consult HCAI - Advisory Guide A5 – Water Rationing Plan for Hospital Facilities.
- Remodel projects – importance of CAN 2-102.6.
- Responding to OSHPD comments/Meeting with OSHPD staff.
- TIO form.
- Importance of field visits and working with IOR - Visit the job site on a regular basis and establish a good rapport with field staff and IOR.

Session 4: Working with HCAI in the Field.

Mr. LaBrie communicated that Hospital IORs should adopt and adhere to a Code of Ethics that provides high ethical standards to protect the public, the profession, and the state's physical healthcare infrastructure.

Mr. LaBrie stated that session 4 would include:

- IOR duty to the project - Inspectors shall avoid activities that compromise, or appear to compromise, professional independence, objectivity, or inspection integrity.
- IOR duty to the profession – comply with the laws and regulations and not misrepresent their qualifications.
- Importance of IOR personal knowledge obtained through continuous inspection.
- Communication with OSHPD.
- Importance of daily records.
- Inspection of changes.
- Records that should be onsite that the IOR is responsible for.
- Coordination issues that IORs run into.
- Preconstruction meetings.
- HCAI interaction with IOR.
- TIO – fundamentals of TIO, management of TIO.
- Working with HCAI office.

1 Ms. Young recommended using updated PINs and CANs in the presentations.

2
3 **Informational and Action item**

- 4 • None

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7 **5. Update on the Small and Rural Hospital Relief Program Introduction Webinar**

8 **Presenter:** Carl Scheuerman, HCAI

9 **Discussion and input**

10 Mr. Scheuerman announced that the Small and Rural Hospital Relief Program webinar,
11 presented by The Office of Health Facilities Loan Insurance within HCAI, was scheduled
12 for October 18, 2023.

13
14 Mr. Scheuerman highlighted that the webinar would cover:

- 15 • The program overview.
16 • Eligibility criteria.
17 • Eligible projects.
18 • Grant application process.

19
20 **Informational and Action item**

- 21 • None.

22
23 **6. Comments from the public/committee members on issues not on this agenda**

24 **Presenter:** Scott Mackey, Committee Chair

25 Future Education and Outreach Committee meeting scheduled for November 1, 2023.

26
27 **Discussion and input**

- 28 • None.

29
30 **Informational and Action item**

- 31 • None.

1 **7. Adjournment**

2 Mr. Mackey adjourned the meeting on September 27, 2023, at approximately 3:36 p.m.