

# Hospital Building Safety Board

Full Board Meeting  
April 9, 2026



**\*\*\* SPECIAL NOTICE \*\*\***

This meeting will be held in-person at the Department of Health Care Access and Information (HCAI) office in Los Angeles, as well as by teleconference.

Board members must attend this meeting in person. HCAI staff and members of the public may fully participate from their own locations.

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



## Hospital Building Safety Board Full Board Meeting AGENDA

April 9, 2026  
10:00 a.m. – 4:00 p.m.

The Board 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).)

### Location:

[355 South Grand Avenue, Conference Room 2000, Los Angeles, CA 90071](#)

[Teams Meeting Access](#); Meeting ID: 255 032 605 939 45; Passcode: AB65zt32

Call in: (916) 535-0978; Phone Conference ID: 307 883 306#

- Item #1      Call to Order and Welcome  
*Facilitator: Jim Malley, SE, Senior Principal, Degenkolb Engineers; Board Chair (or designee)*
- Item #2      Roll Call and Meeting Advisories/Expectations
- Determination of Quorum
  - Conduct of Meeting
- Facilitator: Veronica M. Yuke, HCAI; HBSB Executive Director (or designee)*
- Item #3      Department of Health Care Access and Information (HCAI) Update
- Swearing-in Ceremony for new HBSB members
    - Director-Appointed Ex-Officio Members:
      - Michael Foulkes, Director, State and Local Government Affairs, Apple Inc.
      - Scott Karpinen, ME, LEED AP, Chief Design Engineer, Frank M. Booth, Inc.
  - HCAI Update
  - Discussion and public input

*Facilitator: Lemeneh Tefera, MD MSc, Chief Medical Officer and Deputy Director, HCAI (or designee)*

- Item #4 Overview and approval of the December 10 – 11, 2025, Full Board draft Meeting Report/Minutes
- Discussion and public input
- Facilitator: Jim Malley (or designee)*

- Item #5 Ad Hoc “HCAI Design Guide for Planning and Preparing for Disasters” Webinar Development Subcommittee of the Education and Outreach Committee
- Overview and approval of the following draft Meeting Report/Minutes
    - November 20, 2025
    - January 22, 2026
    - March 11, 2026
  - Discussion and public input
- Facilitator: Facilitator: Teresa Endres, AIA, ACHA, EDAC, AAH, Principal, Sr. Medical Planner, HOK; Subcommittee Chair (or designee)*

- Item #6 “Collaborative Inspection Approach to Hospital Construction” Webinar Development Subcommittee of the Education and Outreach Committee
- Overview of the January 14, 2026, webinar
  - Discussion and public input
- Facilitator: Michael L. Davis, CHI, CEO Emeritus, DavisHBC, Inc; Subcommittee Chair (or designee)*

- Item #7 Ad Hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee of the Education and Outreach Committee
- Overview and approval of the January 29, 2026, draft Meeting Report/Minutes
  - Overview of the March 26, 2026, meeting
  - Discussion and public input
- Facilitator: Martin Hudson, PhD, PE, GE, Principal Geotechnical Engineer, Hudson Geotechnics, Inc.; Subcommittee Chair (or designee)*

- Item #8 Ad Hoc How-To-Guide Development for Preapproved Fabricated Components and Systems Subcommittee of the Education and Outreach Committee
- Overview and approval of the February 12, 2026, draft Meeting Report/Minutes

- Overview of the March 19, 2026, meeting
- Discussion and public input

*Facilitator: Cody Bartley, DPR Construction; Subcommittee Chair (or designee)*

Item #9 Instrumentation Committee

- Overview of the March 24, 2026, meeting
- Discussion and public input

*Facilitator: Martin Hudson; Committee Chair (or designee)*

Item #10 Education and Outreach Committee

- Overview and approval of the March 4, 2026, draft Meeting Report/Minutes
- Discussion and public input

*Facilitator: Teresa Endres; Committee Chair (or designee)*

Item #11 Appoint a Nominating Committee for Chair and Vice-Chair elections at the August 2026, Full Board meeting

- Discussion and public input

*Facilitator: Jim Malley (or designee)*

Item #12 Office of Statewide Hospital Planning and Development (OSHPD) Update

- Discussion and public input

*Facilitator: Chris Tokas, SE, F.SEAOC, CBO, Deputy Director, HCAI (or designee)*

Item #13 Comments from the Public/Board Members on issues not on this agenda  
The Board will receive comments from the Public/Board Members. Matters raised at this time may be taken under consideration for placement on a subsequent agenda.

*Facilitator: Jim Malley (or designee)*

Item #14 Adjournment

Appointed Members: James O. Malley, SE, Senior Principal, Degenkolb Engineers;  
Board Chair  
Cody Bartley, DPR Construction; Vice-Chair  
Janice Cheung, PE, CSP, Fire Marshal, Redwood City

Jennifer G. Cox, MHA, BSN, RN, PHN, CIC, System Director,  
Epidemiology and Infection Prevention, UC Irvine Health  
Michael L. Davis, CHI, Senior Consultant, DavisHBC, Inc.  
Gary Dunger, Executive Director, Design and Construction,  
Cedars-Sinai Health System  
Teresa Endres, AIA, ACHA, EDAC, AAH  
Mikhail Fuks, P.E., HFDP, DBIA  
John Griffiths, PE, Electrical Engineer, CONTECH-CA  
Martin B. Hudson, PhD, PE, GE, Principal Geotechnical  
Engineer, Hudson Geotechnics, Inc.  
Courtney B. Johnson, PG, CEG, Principal Geologist, Slate  
Geotechnical Consultants  
Kelly Martinez, RN, MBA, FACHE, EDAC, Co-founder, Hallsta, Inc.  
Farzad Naeim, PhD, SE, Esq, NAE, President, Farzad Naeim, Inc.  
Carl Newth, PE, CBO, LEED BD+C, Building Official and  
Director of Engineering Services, UC Los Angeles  
Noella Tabladillo, Director of Government and Community  
Relations, Kaiser Permanente National Facilities Services  
Belinda Young, AIA, LEED BD+C, Assoc. DBIA, Regional  
Leader of Healthcare, HOK

Director-Appointed

Ex-Officio Members: David Bliss, MD, Faraday Microgrids

Ex-Officio Members: Elizabeth Landsberg, HCAI Director  
Daniel Berlant, State Fire Marshal  
Vickie Sakamoto (Delegate)  
Jeremy Lancaster, State Geologist  
Jennifer Thornburg (Delegate)  
Stoyan Bumbalov, Building Standards Commission,  
Executive Director  
Irina Brauzman (Delegate)  
Kevin Day (Delegate)  
Erica Pan, MD, MPH, FIDSA, FAAP, Department of Public  
Health, Director  
Nathaniel Gilmore (Delegate)  
Chris Tokas, SE, F.SEAOC, CBO, OSHPD Deputy Director

HBSB

Executive Director: Veronica M. Yuke

The Hospital Building Safety Board agenda and other notices  
about meetings are posted online and can be found by searching for Hospital  
Building Safety Board and meeting month at <https://hcai.ca.gov/public-meetings>.

For further information about this meeting, please contact Evett Torres at (916) 440-8453, [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov), or send a letter to The Department of Health Care Access and Information, 2020 West El Camino Avenue, Sacramento, CA 95833.

The Board may take action under any agenda item.

Every effort will be made to address each agenda item as listed. However, the agenda order is tentative and subject to change without prior notice. Items not listed on the agenda will not be considered. The Board may take a 30- to 90-minute break during the meeting. Members of the public are NOT required to identify themselves or provide other information to attend or participate in this meeting. If Microsoft Teams (or another platform) requires a name, you may enter "Anonymous". You may also input fictitious information for other requested information if required to attend the meeting (e.g., [anonymous@anonymous.com](mailto:anonymous@anonymous.com)).

This meeting is accessible to persons with a disability. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Evett Torres at [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov) or sending a written request to HBSB Staff at 2020 West El Camino Avenue, Sacramento, CA 95833. Providing your request at least seven (7) business days before the meeting will help ensure availability of the requested accommodation.

If you need help understanding or translating into another language, or if you need sign language services, please contact Evett Torres at [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov). Let us know at least seven (7) days before the meeting so we can set up the services you need.

### **Spanish/ Español**

Si necesita ayuda para entender esta agenda de la reunión, necesita que se traduzca en otro idioma, o necesita servicios en lenguaje de señas Evett Torres [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov). Avísenos al menos siete días antes de la reunión a fin de que podamos programar los servicios que necesita.

### **Korean/ 한국어**

이 회의 안건을 이해하는 데 도움이 필요하거나, 다른 언어로 번역이 필요하거나, 수화 서비스가 필요한 경우: Evett Torres [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov). 필요한 서비스를 제공할 수 있도록 회의 개최 7일 전까지 알려주십시오.

### **Chinese Simplified/簡體中文**

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### **Tagalog/Tagalog**

Kung kailangan mo ng tulong upang maunawaan ang adyenda ng pagpupulong na ito, kailangan itong isalin sa ibang wika, o kailangan ng mga serbisyo para sa sign language Evett Torres [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov). Ipaalam sa amin nang hindi bababa sa pitong araw bago ang pagpupulong upang mai-set up namin ang kailangan mong mga serbisyo.

### **Vietnamese/Tiếng Việt**

Nếu quý vị cần trợ giúp để hiểu chương trình nghị sự của cuộc họp này, như cần dịch sang ngôn ngữ khác hoặc cần dịch vụ ngôn ngữ ký hiệu Evett Torres [HBSBSupportStaff@hcai.ca.gov](mailto:HBSBSupportStaff@hcai.ca.gov). Vui lòng cho chúng tôi biết ít nhất bảy ngày trước cuộc họp để chúng tôi có thể bố trí các dịch vụ mà quý vị cần

### **Chinese 繁體中文**

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### **Los Angeles Office:**

You may take public transportation via:

- The "B" or "D" Metro Lines to Pershing Square
- The "A" or "E" Metro Lines to Grand Avenue Arts/Bunker Hill
- The B Dash bus to Financial District (on Alameda St)
- The Commuter bus at Patsaouras Plaza (Stop# 3)

Public parking locations in the area:

- 330 S. Hope Street - Wells Fargo Center (on site)
- 465 S. Flower Street - Westin Bonaventure Garage (0.12 miles)
- 530 S. Grand Avenue - Pac Mutual Building Garage (0.15 miles)
- 601 W. 5th Street - Cal Edison Building (0.18 miles)
- 625-631 S. Olive Street - Crown Plaza Garage (0.23 miles)

# HCAI Update

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## New Hospital Building Safety Board Members

### Director-Appointed Ex-Officio Member:

**Michael Foulkes** is the Director of State and Local Government Affairs for Apple Inc. Serving in that role for over 20 years, Mr. Foulkes helped to develop the company's outreach to the states and was responsible for creating and managing Apple Inc.'s worldwide political compliance program.

Before joining Apple Inc., Mr. Foulkes had a career in state government, serving as the Deputy State Controller and Chief of Staff in both houses of the California State Legislature. He discovered his passion for seismic safety while working for Senator Alfred Alquist, the creator of California's seismic safety regulations. During that time, Mr. Foulkes shepherded numerous bills through the legislature, and helped draft Senate Bill (SB) 1953 (Alquist, Chapter 740, Statutes of 1994), creating seismic safety rankings for hospitals.

Mr. Foulkes was a Director-Appointed Ex-Officio member of the Hospital Building Safety Board from 1995 to 2017. He also served as a Public Member on the Board from 2017 to 2025. Mr. Foulkes was the longest serving member in the Board's history.

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### Director-Appointed Ex-Officio Member:

**Scott Karpinen, Mechanical Engineer, LEED Accredited Professional**, is a Chief Design Engineer with Frank Booth Design Build Company. He has over 31 years of experience in the engineering design of building heating, ventilating, and air conditioning systems, plumbing systems, and performance specifications for building fire protection systems.

Mr. Karpinen's specialized expertise includes design services for hospitals, surgery centers and medical office buildings, as well as conducting life cycle cost analyses, load analyses and energy studies for new and existing facilities. He also has extensive experience in management of engineering projects and mechanical master planning.

Mr. Karpinen served on the Hospital Building Safety Board from 2009 to 2017 and served as Board Chair for two years. He currently serves as a consulting member on several committees, including Codes and Processes, Energy Conservation and Management, and the Ad Hoc How-To-Guide Development for Preapproved Fabricated Components and Systems Subcommittee.


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# Full Board

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Draft Meeting Report/Minutes

December 10 - 11, 2025

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



**Hospital Building Safety Board  
Full Board Meeting**

**December 10 – 11, 2025**

**Meeting Location:**

2020 West El Camino Avenue, Ste. 900, Sacramento, CA 95833

**Committee Members Present**

James O. Malley, Board Chair  
Cody Bartley  
Janice Cheung  
Michael L. Davis  
Gary Dunger  
Teresa Endres  
Mikhail Fuks  
John Griffiths  
Martin Hudson  
Courtney Johnson  
Kelly Martinez  
Farzad Naeim  
Carl Newth  
Noella Tabladillo  
Belinda Young

**Director Appointed Ex-Officio  
Members Present**

Bert Hurlbut  
Michael O'Connor

**Ex-Officio Members Present**

Elizabeth Landsberg, HCAI Director  
Chris Tokas, OSHPD Deputy Director  
Kevin Day, Building Standards Commission  
(Delegate)  
Nathaniel Gilmore, Department of Public  
Health (Delegate)  
Jennifer Thornburg, State Geologist  
(Delegate)

**HCAI Staff Present**

Arash Altoontash  
Richard Tannahill  
Hussain Bhatia  
Roy Lobo  
Mia Marvelli

**HBSB Staff Present**

Veronica M. Yuke, Executive Director  
Marcus Palmer  
Evet Torres

1 **Day 1: December 10, 2025, 10:00 a.m. – 4:00 p.m.**

2 **1. Call to Order and Welcome**

3 **Facilitator:** Jim Malley, SE, Senior Principal, Degenkolb Engineers; Board Chair

4 Jim Malley officially called the meeting to order. He welcomed all attendees to the  
5 HBSB Full Board meeting for December 10 and 11, 2025. Jim Malley expressed  
6 anticipation for productive discussions over the course of the two-day meeting.

7

8 **2. Roll Call and Meeting Advisories/Expectations**

9 **Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director

10 Veronica Yuke conducted the official roll call and confirmed quorum was established.  
11 She proceeded to present the Rules of Engagement and Meeting Expectations.

12

13 **3. Nomination and election to fill the unexpired Vice-Chair vacancy**

14 **Facilitator:** Jim Malley, SE, Senior Principal, Degenkolb Engineers; Board Chair

15 **Discussion and Input**

16 Jim Malley opened the item by announcing the need to fill the unexpired Vice-Chair  
17 vacancy. He, as Board Chair, formally nominated Cody Bartley to serve as Vice-Chair of  
18 the Hospital Building Safety Board.

19 **Board and Public Comments**

20 None.

21 **Voting**

- 22 • Nominate Cody Bartley as Vice-Chair of the Board
- 23 • **Motion:** Jim Malley
- 24 • **Second:** Farzad Naeim
- 25 • **Outcome:** Motion passed unanimously with no opposition or abstentions

26 **Informational and Action Items**

- 27 • Cody Bartley was elected to serve as Vice-Chair of the HBSB Board for the  
28 remainder of the current term.
- 29 • Jim Malley congratulated Cody Bartley and expressed appreciation for his  
30 willingness to serve in the role.

31 **4. Department of Health Care Access and Information (HCAI) Update**

32 **Facilitator:** Elizabeth Landsberg, Director, HCAI

33 **Discussion and Input**

1 **Swearing-In of New Member:**

2 Elizabeth Landsberg introduced and swore in Belinda Young as a new board member.  
3 After taking the oath, Belinda Young shared her appreciation for joining the board,  
4 highlighting her previous experience as a consulting member. She emphasized her  
5 enthusiasm for contributing to the architectural and healthcare building sector.

6 **Acknowledgment of Reappointment:**

7 Elizabeth Landsberg acknowledged the reappointment of Farzad Naeim for a second  
8 term and thanked him for his continued service.

9 **Recognition of Retiring Members:**

10 Bert Hurlbut was recognized for nearly 20 years of service. He served in multiple  
11 capacities, including:

- 12 • Two years as General Contractor Member (appointed in 2006)
- 13 • Reappointed in 2019 as Ex-Officio member
- 14 • Active roles in various committees:
  - 15 ○ Three years on Codes and Processes Committee (two as Chair)
  - 16 ○ Six years on Structural and Nonstructural Regulations Committee
  - 17 ○ Six years on Standard Details Committee (three as Chair)
  - 18 ○ Seven years on Technology and Research Committee
  - 19 ○ 12 years on Education and Outreach Committee, including presenting in five
  - 20 in-person seminars

21 Michael O'Connor was honored for over 20 years of service since 2002 as Director-  
22 Appointed Ex-Officio Member:

- 23 • Committee service highlights:
  - 24 ○ Nine years on Standard Details Committee (four as Vice Chair)
  - 25 ○ 11 years on Technology and Research Committee (three as Chair)
  - 26 ○ 13 years on Structural and Nonstructural Regulations Committee
  - 27 ○ 13 years on Codes and Processes Committee (four as Vice Chair, five as
  - 28 Chair)

29 Chris Tokas added heartfelt remarks acknowledging the dedication, leadership, and  
30 contributions of both Bert Hurlbut and Michael O'Connor. He noted specific  
31 contributions to critical tools like the FREER Manual and "Inspect to Pass" initiative and  
32 emphasized the lasting industry impact of their committee work.

33 Bert Hurlbut reflected on his achievements, especially pushing for electronic signatures  
34 on drawings and efforts toward "Inspect to Pass". He passed the torch to Michael Davis  
35 to continue those efforts.

36 **Program Updates by Elizabeth Landsberg:**

1 Office of the Patient Advocate and the Data Exchange Framework were transferred to  
2 HCAI as of August 1, 2025:

- 3 ○ The Patient Advocate Office publishes health plan report cards.
- 4 ○ The Data Exchange Framework mandates hospitals and other providers to  
5 share patient information securely and efficiently across platforms.
- 6 ○ Senate Bill 660 introduced an advisory committee to guide data exchange  
7 efforts.

8 **Litigation Announcement:**

9 The California Hospital Association filed a lawsuit against HCAI in October, challenging  
10 the spending growth target methodology and the identification of high-cost hospitals.

11 HCAI did not comment on the litigation details but reaffirmed its commitment to  
12 affordability and performance.

13 **CalRx Biosimilar Insulin Initiative:**

14 Starting January 1, 2026, HCAI will launch its first insulin product: a \$11 Glargine insulin  
15 pen and a \$55 five-pack, aimed at disrupting inflated pharmaceutical pricing.

16 **Naloxone Cost Reduction:**

- 17 ● HCAI successfully secured lower pricing for Naloxone, used in overdose  
18 treatment.
- 19 ● Rural Health Transformation Program:
  - 20 ○ Under HR1, California is applying for funding from a \$50 billion federal  
21 investment for rural health transformation.
  - 22 ○ HCAI led an extensive stakeholder engagement process with:
    - 23 ■ 360 survey responses
    - 24 ■ Outreach to rural, tribal hospitals and clinics
  - 25 ● Three key initiatives:
    - 26 1. Transformative Care Initiative – building a hub-and-spoke model to  
27 connect small rural hospitals with larger institutions for specialist  
28 support and remote patient monitoring.
    - 29 2. Workforce Expansion – addressing shortages in nurses, midwives,  
30 physician assistants, and mental health professionals in rural  
31 communities.
    - 32 3. Technology and Tools Support – modernizing EHR systems,  
33 supporting data exchange compliance, and possibly enabling group  
34 purchasing for cost efficiency.
      - 35 ■ Plumas District Hospital Site Visit:  
36 Elizabeth Landsberg and Chris Tokas visited the 16-bed  
37 hospital in early November, touring its new skilled nursing  
38 facility and learning firsthand about rural healthcare needs.

1 HCAI submitted California's funding application and is awaiting  
2 CMS's allocation decision by December 31, 2025. Each state  
3 applied for \$1 billion over five years; California hopes for a  
4 higher allocation based on its population and need.

## 5 **Board and Public Comments**

- 6 • None.

## 7 **Informational and Action Items**

- 8 • Belinda Young was sworn in as a board member.
- 9 • Farzad Naeim was acknowledged for his second term appointment.
- 10 • Bert Hurlbut and Michael O'Connor were formally recognized for over two  
11 decades of service.
- 12 • Multiple HCAI program updates were presented, including:
  - 13 ○ Office transitions
  - 14 ○ Insulin and Naloxone pricing initiatives
  - 15 ○ Rural Health Transformation Program
  - 16 ○ Data Exchange Framework
  - 17 ○ Litigation notification

## 18 19 **5. Overview and approval of the June 3 – 4, 2025, Full Board draft Meeting** 20 **Report/Minutes**

21 **Facilitator:** Jim Malley, SE, Senior Principal, Degenkolb Engineers; Board Chair

### 22 **Discussion and Input**

23 Jim Malley presented an overview of the June 3–4, 2025, Full Board meeting report. He  
24 reviewed the attendance and confirmed that a quorum had been established at that  
25 meeting. The highlights of the agenda from the prior meeting included:

### 26 **Swearing-in of New Members:**

- 27 • Mikhail Fuks (Mechanical Engineer)
- 28 • Kelly Martinez (Public Member)
- 29 • Noella Tabladillo (Public Member)
- 30 • Tributes were given to Louise Beliar and Michael Foulkes for their past service.

### 31 **HCAI Update by Elizabeth Landsberg:**

32 Covered the \$12 billion state budget deficit, legislation (e.g., AB 869), clinical standards,  
33 behavioral health workforce, the Connect federal waiver, prescription drug pricing  
34 reforms, and cost growth targets, including equity and quality benchmarks.

### 35 **Board Chair Report:**

- 1 • Committee updates
- 2 • Legislative action (AB 869, AB 1882)
- 3 • Educational programs (e.g., UC Irvine all-electric hospital presentation)
- 4 • Structural/seismic compliance updates

5 **Committee Reports:**

- 6 • Ad Hoc Board Procedures Committee (Gary Dunger): Recommended two policy
  - 7 changes:
  - 8 ○ Allow up to three meetings per year.
  - 9 ○ Update terminology from Facility Development Division to Office of Statewide
    - 10 Health Planning and Development.
- 11 • Instrumentation Committee (Martin Hudson):
  - 12 ○ Approved January 28, 2025, meeting report
  - 13 ○ Promoted white paper on seismic instrumentation
  - 14 ○ Plans for webinars, summary materials, and videos
- 15 • Energy Conservation and Management Committee (Cody Bartley):
  - 16 ○ Approved April 2, 2025, meeting report
  - 17 ○ Updated charter to align with state climate/sustainability mandates
  - 18 ○ Focus on equity, decarbonization, and energy efficiency
- 19 • Structural and Nonstructural Regulations Committee (Jim Malley):
  - 20 ○ Approved March 12, 2025, meeting report
  - 21 ○ Finalized PIN 77, aligned with IBC and AISC standards
  - 22 ○ Updated Seismic Compliance Portal
  - 23 ○ Title 24 amendments and ASCE 722 coordination
- 24 • Codes and Processes Committee (Michael O'Connor):
  - 25 ○ Approved May 7, 2025, meeting report
  - 26 ○ Updates on eTIO (Testing, Inspection, Operation tool) rollout
  - 27 ○ Light wood framing details
  - 28 ○ Clinic regulations
  - 29 ○ SB 1382, SB 1432 updates
- 30 • Education and Outreach Committee (Cody Bartley):
  - 31 ○ Approved Feb 13, and April 23, 2025, meeting reports
  - 32 ○ Continued development of educational materials/webinars
  - 33 ○ Reviewed new PINs and CANs
  - 34 ○ Created three ad hoc subcommittees:
    - 35 1. Designing for Resilience
    - 36 2. Structural Health Monitoring
    - 37 3. Pre-Approved Fabricated Components Guide

- 1 • Collaborative Inspection Approach to Hospital Construction Webinar
- 2 Development Subcommittee (Michael Davis):
- 3 ○ Meetings on February 27, March 27, April 24, 2025
- 4 ○ Improving field inspection practices
- 5 ○ Developing a 90-minute webinar and full-day seminar
- 6 ○ Thematic structure by stakeholder role
- 7 ○ Support from OSHPD and HCAI leadership
- 8 • OSHPD Update by Chris Tokas:
- 9 ○ Discussed evolution of special inspections and QA/QC processes
- 10 ○ Introduced a three-part framework for building performance
- 11 ○ Commented on construction change order trends
- 12 ○ Highlighted wildfire and earthquake response tools
- 13 ○ Supported microgrid and clean energy initiatives
- 14 • Building Standards Update (Richard Tannahill):
- 15 ○ Collaboration with CDPH, DSA, State Fire Marshal, and CAHF
- 16 ○ Title 24 and legislative updates: SB 1382, AB 2376
- 17 ○ Proposed Functional Program Guide
- 18 ○ 2025 Building Standards to take effect January 1, 2026
- 19 • Special Presentation: Kaiser Permanente Ontario Medical Center Microgrid
- 20 (Seth Baruch and Chris Tokas):
- 21 ○ Described the project as the largest microgrid in the U.S.
- 22 ○ Emphasized innovation, seismic certification needs, and policy risks
- 23 ○ Microgrid remains voluntary; diesel generators are still required

24 **Board and Public Comments**

- 25 • David Bliss raised concerns about impacts of federal cuts to Medicare and
- 26 Medicaid on healthcare delivery and facilities.
- 27 • Chris Tokas expressed interest in exploring those issues in future meetings.

28 **Voting**

- 29 • Motion to approve the June 3 – 4, 2025, Full Board meeting minutes as amended
- 30 • **Motion:** Cody Bartley
- 31 • **Second:** Carl Newth
- 32 • **Outcome:** Motion passed unanimously with no opposition or abstentions

33 **Informational and Action Items**

- 34 • Approved Motions (11 Total):
- 35 1. Approval of December 11–12, 2024, Full Board meeting report/
- 36 2. Approval of December 11, 2024, Ad Hoc Board Procedures Committee
- 37 meeting report

- 1 3. Approval of January 28, 2025, Instrumentation Committee report
- 2 4. Approval of April 2, 2025, Energy Conservation and Management
- 3 Committee report
- 4 5. Approval of March 12, 2025, Structural and Nonstructural Regulations
- 5 Committee report
- 6 6. Approval of May 7, 2025, Codes and Processes Committee report
- 7 7. Approval of February 13, and April 23, 2025, Education and Outreach
- 8 Committee reports
- 9 8. Creation of “Designing for Resilience” ad hoc subcommittee
- 10 9. Creation of “Structural Health Monitoring” ad hoc subcommittee
- 11 10. Creation of “Pre-Approved Fabricated Components Guide” ad hoc
- 12 subcommittee
- 13 11. Approval of February 27, March 27, April 24, 2025, Collaborative
- 14 Inspection Approach to Hospital Construction Webinar Development
- 15 Subcommittee reports
- 16 • Action Items:
- 17 ○ Policy Manual Updates: Adoption of flexible meeting frequency and
- 18 terminology revisions
- 19 ○ Seismic Instrumentation: Finalize webinar and summary documents
- 20 ○ Structural Systems Review: Evaluate three systems for exemption from
- 21 AMCs
- 22 ○ Light Wood Framing: Continued development and stakeholder coordination
- 23 ○ Inspection Approach Webinar: Integrate case studies and OSHPD input
- 24 ○ Functional Program Guide: BSU to review and comment
- 25 ○ Microgrids: Explore seismic certification to allow generator replacement
- 26 ○ Healthcare Economics: OSHPD to assess federal funding impacts for future
- 27 discussion
- 28

29 **6. “Collaborative Inspection Approach to Hospital Construction” Webinar**  
30 **Development Subcommittee of the Education and Outreach committee**

31 **Facilitator:** Michael L. Davis, CH C, CEO Emeritus, DavisHBC, Inc; Subcommittee  
32 Chair

33 **Discussion and Input**

34 Michael Davis delivered a detailed report summarizing the subcommittee’s work across  
35 three meetings held on June 19, August 13, and November 13, 2025. The objective was  
36 to develop a webinar titled "Collaborative Inspection Approach to Hospital  
37 Construction", an educational initiative designed to improve communication, trust, and  
38 efficiency across healthcare construction teams.

1 **Meeting Highlights and Key Outcomes:**

2 **June 19, 2025 – Title Refinement and Content Development:**

- 3 • The subcommittee agreed to change the working title from “Inspect to Pass” to  
4 “Collaborative Inspection Approach to Hospital Construction” to emphasize  
5 shared accountability over individual roles.
- 6 • Each subcommittee member outlined their presentation section based on their  
7 area of expertise:
  - 8 ○ Gary Dunger – Ownership Perspective
  - 9 ○ Cody Bartley – Contractor/Subcontractor View
  - 10 ○ Michael Davis – IOR and Special Inspector
  - 11 ○ Monica Colosi – OSHPD Field Staff
  - 12 ○ Design perspective was assigned later to Belinda Young
- 13 • The committee debated the tone and structure of the introduction and conclusion.  
14 Joe LaBrie recommended using concise, memorable language such as:
  - 15 ○ Inspect to Pass
  - 16 ○ Build to Pass
  - 17 ○ Design to Pass
  - 18 ○ Support to Pass
- 19 • The goal was to leave attendees with actionable insights and clear messaging.  
20 ○ The subcommittee scheduled the next meeting for August 13.

21 **August 13, 2025 – Slide Review and Metrics:**

- 22 • Presenters walked through draft PowerPoint slides and further refined  
23 presentation content.
- 24 • Belinda Young officially joined as the design professional contributor.
- 25 • Michael Davis presented inspection success/failure rates from four large projects.  
26 Findings showed strong correlation between collaboration and first-pass  
27 inspection success. Non-collaborative teams had failure rates of up to 40%,  
28 versus 5% for collaborative teams.
- 29 • The team assigned Michael Davis to deliver both the introduction and conclusion  
30 of the webinar.
- 31 • Future meeting was scheduled for November 13, 2025.

32 **November 13, 2025 – Final Review and Logistics:**

- 33 • The subcommittee approved meeting minutes from June 19 and August 13,  
34 2025.
- 35 • Presenters conducted a full mock delivery of the complete presentation.
- 36 • Joe LaBrie was confirmed as the MC for the webinar.
- 37 • Belinda Young volunteered to unify the slide design for visual consistency.
- 38 • The committee finalized a target webinar date of January 14, 2026.

- 1 • No further practice sessions were deemed necessary.
- 2 • The team also envisioned this webinar as a launchpad for future seminars and
- 3 hoped to expand it into an 8-hour, case study-based training event.

#### 4 **Board and Public Comments**

- 5 • Teresa Endres praised the subcommittee for its extensive work and committed to
- 6 promoting the webinar through AIA, CIHI, and AMFP.
- 7 • John Griffiths asked about applicability to small remodel projects and emergency
- 8 projects.
  - 9 ○ Michael Davis acknowledged the concern, noting that the principles were
  - 10 applicable and perhaps even more critical for small-scale projects due to
  - 11 inconsistent team presence and communication breakdowns.
  - 12 ○ Chris Tokas emphasized the statutory requirement for continuous inspection
  - 13 regardless of project size. He stressed the owner's role in fostering team
  - 14 collaboration and the need for communication and trust.
  - 15 ○ John Griffiths reflected on the Stanford project as a positive example of this
  - 16 collaborative model.
- 17 • Jim Malley inquired about the timing of the official webinar announcement.
  - 18 ○ Chris Tokas stated he had approved the announcement and expected it to be
  - 19 released within a few days.
- 20 • Board members suggested additional organizations for outreach, including:
  - 21 ○ SEAOC (Structural Engineers Association)
  - 22 ○ ASHRAE (Mechanical Engineers)
  - 23 ○ IEEE (Electrical Engineers)
- 24 • A member of the public, identifying as a contractor, applauded the committee's
- 25 work and emphasized how foundational it would be for future construction
- 26 projects. The commenter also praised Gary Dunger specifically for his
- 27 contributions.

#### 28 **Voting**

- 29 • Motion to approve the June 19, August 13, and November 13, 2025,
- 30 subcommittee meeting reports.
- 31 • **Motion:** Michael Davis
- 32 • **Second:** Teresa Endres
- 33 • **Outcome:** Motion passed unanimously with no objections or abstentions

#### 34 **Informational and Action Items**

- 35 • The webinar titled "Collaborative Inspection Approach to Hospital Construction" is
- 36 targeted for January 14, 2026.
- 37 • Joe LaBrie will serve as master of ceremonies.
- 38 • Belinda Young will standardize the presentation visuals.

- 1 • The subcommittee intends to evolve the webinar into a standalone seminar for  
2 deeper training.
- 3 • Outreach efforts are underway to engage architectural, structural, mechanical,  
4 and electrical professional groups.
- 5 • The subcommittee approved formal meeting minutes for all three 2025 sessions.
- 6 • A successful public comment emphasized the real-world value of this initiative  
7 and encouraged future implementation.

8

## 9 **7. Technology and Research committee**

10 **Facilitator:** Gary Dunger, Executive Director, Design and Construction, Cedars-Sinai  
11 Health System; Committee Chair

### 12 **Discussion and Input**

13 Gary Dunger reported on the August 12, 2025, meeting of the Technology and  
14 Research Committee, highlighting three main presentations from guest speakers  
15 focused on technological innovation in healthcare infrastructure:

#### 16 **Presentation by Cathy Junda** (Health Technology Practices Leader, Stantec):

17 Cathy Junda provided an overview of emerging healthcare technologies relevant to  
18 OSHPD operations, including:

- 19 • Digital Command Centers: Real-time hospital care coordination and patient  
20 census monitoring.
- 21 • Ambient Intelligence Systems: Passive data collection and machine learning to  
22 support clinical decision-making.
- 23 • Smart Patient Rooms: Integration of lighting, temperature, entertainment, and  
24 alert systems to enhance patient safety.
- 25 • Hybrid Nursing Models: Supported by digital tools to combat staff burnout and  
26 improve care delivery.
- 27 • Real-Time Location Systems (RTLS) and Intelligent Dashboards: Used for asset  
28 tracking, coordination, and safety.
- 29 • Discussion around closed platforms (e.g., Epic) and the advantages of open APIs  
30 for better interoperability with building systems.
- 31 • Robotics: Beyond surgery, robotics now support medication delivery, waste  
32 management, food services, security, and facility monitoring.
- 33 • Cathy Jua offered to return with hands-on demonstrations of technologies such  
34 as wearable sensors and augmented reality tools.

#### 35 **Update on eTIO:**

36 Presented by Joe LaBrie using a recorded video from Chris Davis:

- 1 • Showcased the new interface designed to streamline inspection, testing, and
- 2 observation workflows.
- 3 • Emphasized role-based access and permissions for design professionals, IORs,
- 4 contractors, and OSHPD staff.
- 5 • Highlighted features such as:
- 6 ○ Task automation and scheduling tools
- 7 ○ Real-time alerts for critical activities
- 8 ○ Facility-specific tagging
- 9 ○ Streamlined documentation and status updates

10 **Presentation by Moe Goudarzi** (Principal Mechanical Engineer, ARUP):

- 11 • Focused on smart LED lighting technologies as a foundational tool for:
- 12 ○ Energy conservation
- 13 ○ Patient wellness
- 14 ○ Operational efficiency
- 15 • Described programmable lighting as “living systems” integrated with:
- 16 ○ HVAC
- 17 ○ Nurse call systems
- 18 ○ Building management systems
- 19 • Key benefits included:
- 20 ○ Adjusting light and air conditioning in unoccupied rooms
- 21 ○ Supporting circadian rhythm regulation for patient rest and staff alertness
- 22 ○ Enhanced workflow management and staffing optimization
- 23 • Eric Schilt, a member of the public, added examples of real-world
- 24 implementations, noting:
- 25 ○ Improved staff responsiveness when nurse calls were linked to lighting cues
- 26 ○ Quick ROI through reduced energy use and maintenance needs

27 Gary Dunger concluded the presentation by noting that the committee did not take any  
 28 votes during the meeting and identified no action items requiring follow-up.

29 **Board and Public Comments**

- 30 • None.

31 **Voting**

- 32 • Motion to approve the August 12, 2025, committee meeting report.
- 33 • **Motion:** Farzad Naeim
- 34 • **Second:** Cody Bartley
- 35 • **Outcome:** Motion passed unanimously with no opposition or abstentions

36 **Informational and Action Items**

- The committee meeting report from August 12, 2025 was formally adopted.

## **8. “HCAI Design Guide for Planning and Preparing for Disasters” Webinar Development Subcommittee of the Education and Outreach Committee**

**Facilitator:** Teresa Endres, AIA, ACHA, EDAC, AAH; Subcommittee Chair (or designee)

### **Discussion and Input**

- Teresa Endres presented on the work of the subcommittee, which included members from the subcommittee, a consulting member, and OSHPD staff.
- The subcommittee held meetings on September 23, and November 20, 2025, during which they reviewed the HCAI Design Guide for Planning and Preparing for Disasters, published in March 2024, and initially presented at the 2024 ASHE PDC summit by Richard Tannahill, Gary Dunger, and Teresa Endres.
- The subcommittee clarified the contents of the guide among its members and aligned the name of the subcommittee with the title of the guide.
- The group decided to add new topics: Power Independence (Island Hospital), Air Quality, and Hazard Vulnerability Assessment, aligning each with relevant sections of the guide.
- Sub-subcommittees were formed to develop specific webinar topics while maintaining compliance with Bagley-Keene requirements by limiting membership to two members each.

### **Sub-subcommittees and their Assignments:**

- Power Independence: John Griffiths, David Bliss, and Jamie Schnick
- Wildland Urban Interface (WUI) – Title 24 Part 7: Gary Dunger and Janice Cheung
- WUI HVAC / Infection Control HVAC: Mikhail Fuks and Abdel Darwich
- Infection Control (Operations): Jennifer Cox and Kelly Martinez
- Infection Control (Design): Kelly Martinez and Teresa Endres
- Hazard Vulnerability Assessment: Jennifer Cox and Kelly Martinez
- The webinars will include a standardized introduction and closing delivered by OSHPD staff to ensure consistency.
- Each subcommittee will develop outlines for their webinar topics. Some topics may be merged depending on development progress.
- Discussion included how various guide sections will be divided among the webinars:
  - Emergency Ventilation → Infection Control Webinar
  - Emergency Operations for Surge Capacity → Design, Operations, Hazard Vulnerability webinars
  - Zoned Space Flexibility → Operations and Design

- 1       ○ Energy Independence and HVA → Address surge considerations
- 2       ○ HVAC/Smoke/Air Filter Upgrades → WUI HVAC and WUI Title 24 webinars
- 3       ○ Expediting Emergency Projects and OSHPD Disaster Response → Included
- 4       in each webinar’s closing
- 5       ○ Temporary Surge Facilities and Alternate Care Sites → Infection Control
- 6       (Operations and Design)
- 7       ● Next Steps:
- 8       ○ Each member is responsible for submitting an outline for their webinar by
- 9       December 19, 2025.
- 10      ○ First webinar on Power Independence is tentatively scheduled for January
- 11      2026.
- 12      ○ Next subcommittee meeting is scheduled for January 22, 2026.

13 **Board and Public Comments**

- 14      ● Carl Newth asked whether the webinars would be integrated into the official
- 15      guide or required for hospital design approval.
- 16      ● Teresa Endres clarified that the guide was already published, and while some
- 17      newer topics (e.g., ASHRAE guides) may prompt an update, the webinars are
- 18      separate educational resources at this stage.

19 **Voting**

20 Motion to approve the September 23, and November 20, 2025, meeting reports:

- 21      ● **Motion:** Farzad Naeim
- 22      ● **Second:** Michael Davis
- 23      ● **Outcome:** Motion passed unanimously with no opposition or abstentions

24 **Informational and Action Items**

- 25      ● Subcommittees will submit webinar outlines by December 19, 2025.
- 26      ● First webinar topic on Power Independence expected in January 2026.
- 27      ● Next meeting scheduled for January 22, 2026.
- 28      ● Continued coordination through OSHPD staff to remain compliant with Bagley-
- 29      Keene Act.

30

31 **9. Codes and Processes Committee**

32 **Facilitator:** Teresa Endres, Committee Chair (or designee)

33 **Discussion and Input**

34 Teresa Endres opened the report by confirming the committee held one meeting on

35 September 10, 2025. She stated the committee discussed the following items:

36 **eTIO Update**

- 1 • Chris Davis delivered a recorded presentation on updates to the electronic  
2 Testing, Inspection, and Observation (eTIO) system. He explained that the  
3 Inspection Services Unit (ISU) identified beta testing projects and invited board  
4 members to participate. ISU proceeded with a summer pilot launch for selected  
5 projects.
- 6 ○ Teresa Endres expressed her enthusiasm for the tool, noting its efficiency  
7 even though, as a designer, she doesn't directly use eTIOs.

8 **Proposed Amendments to the 2025 California Administrative Code (Part 1, Title**  
9 **24)**

- 10 • Mia Marvelli presented the proposed amendments. She outlined the timeline and  
11 confirmed the team submitted the amendments to the Building Standards  
12 Commission on December 1, 2025. If approved, the changes will take effect July  
13 1, 2027, via the 2025 blue supplemental pages.
- 14 • Mia Marvelli also reviewed AB 8130 Section 42, which restricts intervening cycle  
15 amendments to only clarify, conform, or coordinate without altering the substance  
16 or intent of the existing code.

17 **Additional BSU presenters and topics included:**

- 18 • Larry Enright – Energy compliance
- 19 • Clara Wu – Functional program requirements
- 20 • Samantha Miller – Deferred submittals, dimensional changes, and start of  
21 construction notifications
- 22 • Mia Marvelli – Time limitations and fee-related amendments

23 **Proposed Amendments to the California Building Code (Part 2, Volume 1, Title 24)**

- 24 • Mia Marvelli reported on changes discussed at a prior board meeting. She  
25 explained updates related to:
  - 26 ○ Primary Care Clinics – Clarified scope and terminology, addressed  
27 construction and access issues, safety in toilet rooms, and improved drinking  
28 water access.
  - 29 ○ Specialty Clinics – Applied consistent changes across surgical, dialysis,  
30 rehabilitation, and psychology clinic types.
- 31 • Clara Wu presented updates for Alternative Birthing Clinics.
  - 32 ○ Clarified licensing language to align with CDPH
  - 33 ○ Reduced required birthing room size from 200 to 120 square feet
  - 34 ○ Allowed birthing rooms to serve as exam rooms
  - 35 ○ Introduced a nurse call system exemption for facilities with three or fewer  
36 rooms (subject to CDPH approval)
  - 37 ○ Revised staff restroom requirements for clarity
- 38 • Samantha Miller presented proposed amendments for Behavioral Health and  
39 Crisis Stabilization Units. She explained that the updates support state-funded  
40 empath model facilities, confirmed the licensing classification as CDPH

1 outpatient observation units, and addressed how to perform patient safety risk  
2 assessments, including anti-ligature needs.

- 3 • Nanci Timmins addressed Fire Life Safety Amendments.
  - 4 ○ Expanded the definition of non-patient care suites
  - 5 ○ Removed a conflicting section related to fire barriers in ambulatory care
  - 6 ○ Clarified compressed medical gas allowances by defining exemptions for
  - 7 small tanks used for immediate patient care

### 8 **California Electrical Code (Part 3, Title 24)**

- 9 • Jamie Schnick presented six categories of proposed amendments. He aimed to  
10 clarify the code, fix past oversights, and align California's standards with NFPA  
11 99 and the National Electrical Code. He focused on:
  - 12 ○ Essential electrical systems in OSHPD-regulated facilities
  - 13 ○ Fire pump transfer switches
  - 14 ○ Sensor-operated fixtures
  - 15 ○ Emergency power for automated doors
  - 16 ○ Equipment branch distinctions
  - 17 ○ Emergency power connections in tech rooms
  - 18 ○ Power resources for fire pumps

### 19 **California Mechanical Code (Part 4, Title 24)**

- 20 • Larry Enright detailed amendments focused on:
  - 21 ○ Ventilation standards
  - 22 ○ Air balancing
  - 23 ○ Facility type distinctions
  - 24 ○ Alignment with ASHRAE 170He reorganized outdated language and presented updates on:
  - 26 ▪ Technology equipment centers
  - 27 ▪ Operating room temperatures
  - 28 ▪ General ventilation and filtration
  - 29 ▪ Licensed clinic ventilation
  - 30 ▪ Concealed plenums and Chapter 5 structure

### 31 **California Plumbing Code (Part 5, Title 24)**

- 32 • Larry Enright also presented the plumbing code revisions.
  - 33 ○ Revised fixture sizing and layout
  - 34 ○ Addressed drainage in sensitive spaces
  - 35 ○ Updated occupancy-based fixture counts
  - 36 ○ Improved guidance for emergency drainage and water conservation
  - 37 ○ Clarified medical gas and vacuum system standards

- Proposed changes to Table 4-2

## 2 **Board and Public Comments**

- No board or public members offered comments or questions.

## 4 **Voting**

- Motion to adopt the September 10, 2025, Codes and Processes Committee meeting report.
- **Motion:** Martin Hudson
- **Second:** Courtney Johnson
- **Outcome:** Motion passed unanimously with no opposition or abstentions.

## 10 **Informational and Action Items**

- The Codes and Processes Committee endorsed all proposed amendments to the following codes:
  - California Administrative Code
  - California Building Code
  - California Electrical Code
  - California Mechanical Code
  - California Plumbing Code

## 19 **10. Structural and Nonstructural Regulations Committee**

20 **Facilitator:** Jim Malley, Committee Chair

### 21 **Discussion and Input**

22 Jim Malley reported that the committee addressed seven topics during the October 22,  
23 2025, meeting.

### 24 **Triannual Code Cycle and Intervening Cycle Update**

25 Mia Marvelli presented an overview of the upcoming intervening code cycle, noting that  
26 the 2025 edition of the California Building Code (CBC) takes effect on January 1, 2026,  
27 and the intervening changes will become effective July 1, 2027.

- AB 130 restricts intervening cycle amendments to clarifications, conformities, or coordination, no substantive changes are allowed.
- OSHPD and HCAI Legal must ensure all proposed changes comply with these legal parameters.

### 32 **Amendments to Title 24, Part 2, Volume 2 (Structural Issues)**

33 Roy Lobo presented proposed amendments and categorized them as clarifying,  
34 conforming, or coordinating:

- 1 • Section 1603A.1, added new requirements for construction documents to support  
2 future retrofits and evaluations of nonstructural components.
- 3 • Clarified the geotechnical design language to distinguish shallow from deep  
4 foundations.
- 5 • Recommended removing an unsafe ASCE 7 exception related to masonry load  
6 combinations.
- 7 • Corrected live load table errors by restoring original content from the 2016 code.
- 8 • Addressed misapplications in two-stage analysis for Type 4 building irregularities.
- 9 • Clarified the seismic risk coefficient and how to apply two methods to the Cs  
10 factor.
- 11 • Corrected terminology in Equation 13.3-7, changing “absolute” to “relative” for  
12 acceleration values.
- 13 • Proposed reduced design forces for nonstructural components in base-isolated  
14 buildings, based on supporting studies.
- 15 • Resolved inconsistencies in drift limits between Chapters 16 and 18.
- 16 • Proposed removing unnecessary language about Glu-lam special inspections.
- 17 • Corrected a referencing error in ACI 318.
- 18 • Agreed to incorporate two additional revisions into the express terms document  
19 before submitting it to the Commission.

#### 20 **Amendments to Title 24, Part 10 (Existing Buildings)**

21 Roy Lobo presented clarifying amendments related to seismic retrofits for hospitals  
22 upgrading to SPC-4D compliance. He stated that the amendments include better  
23 distinguishing between coupling beams and wall segments, clarifying anchorage  
24 requirements, and addressing omega design factors for penthouse structures.

#### 25 **Standard Frame Details (Interface with Codes and Processes Committee)**

26 Gary Dunger reviewed standard frame details the Codes and Processes Committee  
27 developed. He described how OSHPD staff, especially Brett Beekman, reviewed and  
28 commented on them. The committee plans to finalize and present these structural  
29 fire/life safety details for endorsement at a future meeting.

#### 30 **Updates to OPDs (Pre-Approved Details) for Nonstructural Components**

31 Chris Davis updated the committee on changes to OPD #1 (standard partition walls)  
32 and ceilings due to significant updates in ASCE 7-22.

- 33 • ASCE 7 now requires new variables in force calculations, including building  
34 period and lateral force-resisting system, complicating use of simplified OPDs.
- 35 • Chris Davis introduced a new online tool that accommodates these complexities  
36 and conservatively estimates worst-case forces.

- 1 • Partition wall forces could increase by 50% to 100%, possibly requiring heavier  
2 studs, raising concerns about availability, tool compatibility, and installation  
3 complexity.
- 4 • He also expressed concern about anchoring equipment to existing hospital walls  
5 that may now fall short of updated force requirements.
- 6 • The committee recognized potential construction cost increases and questioned  
7 whether the changes reflect real-world earthquake performance.
- 8 • OSHPD committed to ongoing study and potential mitigation strategies.

### 9 **Reconsideration of CBC Exceptions to AISC Design Standards**

10 Jim Malley presented a review of OSHPD’s historical exceptions to AISC steel design  
11 standards. He stated that many discrepancies have been resolved over time but  
12 identified three systems still requiring exceptions:

- 13 1. Special Truss Moment Frames – OSHPD previously opposed their use due to  
14 post-earthquake appearance concerns. New research has validated the yielding-  
15 based behavior of these systems.
- 16 2. Steel Plate Shear Walls – OSHPD’s concern about buckling post-earthquake has  
17 been addressed through research showing no performance degradation.
- 18 3. Speed Core Composite System – Initially limited due to sparse research, this  
19 system has now been successfully implemented (e.g., in Seattle and San Jose)  
20 and tested extensively. Other composite systems will still require an AMOC for  
21 OSHPD composite systems.

22 Jim Malley reported that OSHPD expressed willingness to reconsider these exceptions  
23 while emphasizing the need for proper load path continuity and connection detailing.

### 24 **Board and Public Comments**

- 25 • A public member raised a concern about not seeing discussion of gauge  
26 changes from 14 to 12 for metal studs.
  - 27 ○ Jim Malley clarified the change is from 16 gauge.
  - 28 ○ Chris Tokas responded that OSHPD is currently studying the impact of this  
29 change, especially regarding STC (Sound Transmission Class) ratings of  
30 affected walls.

### 31 **Motions:**

32 Motion to endorse the proposed amendments to the 2025 California Building Code, Title  
33 24, Part 2, Volume 2 (structural)

- 34 • **Motion:** Farzad Naeim
- 35 • **Second:** Cody Bartley
- 36 • **Outcome:** Motion passed unanimously with no opposition or abstentions

37 Motion to endorse the proposed amendments to the 2025 California Building Code, Title  
38 24, Part 10 (existing buildings)

- 1 • **Motion:** Cody Bartley
- 2 • **Second:** Michael Davis
- 3 • **Outcome:** Motion passed unanimously with no opposition or abstentions

#### 4 **Voting**

- 5 • Motion to adopt the October 22, 2025, Structural and Nonstructural Regulations
- 6 Committee meeting report.
- 7 • **Motion:** Jim Malley
- 8 • **Second:** Farzad Naeim
- 9 • **Outcome:** Motion passed unanimously with no opposition or abstentions.

#### 10 **Informational and Action Items**

- 11 • The committee approved both amendment sets related to Part 2 (structural) and
- 12 Part 10 (existing buildings).
- 13 • OSHPD and committee members will continue working on:
  - 14 ○ Assessing the real-world implications of nonstructural force increases
  - 15 ○ Reviewing AISC system exceptions
  - 16 ○ Preparing standard structural details for formal endorsement.

17

#### 18 **11. Instrumentation Committee**

19 **Facilitator:** Farzad Naeim, PhD, SE, Esq, NAE, President, Farzad Naeim, Inc.;

20 Committee Chair

#### 21 **Discussion and Input**

22 Farzad Naeim presented the report summarizing several major instrumentation-related

23 initiatives and discussions from the October 28, 2025, committee meeting. The agenda

24 included annual reporting, tool demonstrations, seismic instrumentation deployment,

25 earthquake early warning integration, and planning for future outreach and technical

26 development.

- 27 • Hamid Haddadi delivered a detailed update on fiscal year 2024–2025
- 28 HCAI/CSMIP hospital instrumentation projects. He reported on two project types:
  - 29 ○ HCAI-funded instrumentation: Hamid Haddadi confirmed the continuation of
  - 30 seven wood-frame hospital projects. The team received plans from six
  - 31 facilities and continued work on the remaining one. He stated that Monterey
  - 32 Park Hospital would begin instrumentation in early 2026.
  - 33 ○ Owner-funded instrumentation: Hamid Haddadi reported that nine hospitals
  - 34 were participating in owner-funded projects and described their progress.
- 35 • Chris Tokas proposed integrating high-cost instrumentation with low-cost,
- 36 community-based and wireless systems. He emphasized that comparing data

1 from both systems could help determine where using low-cost instrumentation  
2 was appropriate. The committee supported this approach.

- 3 • Several committee members highlighted the limited number of instrumented two-  
4 story wood-frame hospitals. They urged the committee to prioritize these  
5 structures in preparation for the 2030 seismic deadline. The committee also  
6 discussed a malfunctioning sensor at one hospital and agreed to disregard it  
7 temporarily.
- 8 • Farzad Naeim confirmed plans to proceed with instrumentation installations at:
  - 9 ○ Hollywood Presbyterian Medical Center
  - 10 ○ Marina Del Rey Hospital
  - 11 ○ Scripps Memorial Hospital La Jolla
  - 12 ○ University of California, Irvine Medical Center
  - 13 ○ Olive View–UCLA Medical Center (Sylmar)
- 14 • Farzad Naeim also announced that training on CGS's Antelope software would  
15 take place in November 2025.
- 16 • Hussain Bhatia presented a demonstration of HCAI's new website tools. He  
17 showed how users could visualize acceleration, velocity, and displacement data,  
18 generate response spectra and drift plots, and access earthquake records for  
19 specific hospitals.
- 20 • A committee member recommended adding continuous monitoring of building  
21 response periods. He explained that changes in the period during and after an  
22 earthquake could indicate structural damage. Committee members praised the  
23 tool's innovation.
- 24 • Farzad Naeim noted that the tool is open-source and receives regular updates.
- 25 • Hamid Haddadi outlined a proposal to integrate earthquake early warning  
26 systems into hospital operations. He presented a case study of the Golden Gate  
27 Bridge, demonstrating how recent data yielded rapid results within minutes of an  
28 earthquake. He proposed applying the same methodology to hospitals.
- 29 • Chris Tokas supported the initiative and emphasized the importance of using  
30 early warnings for functions like evacuating operating rooms or protecting  
31 equipment.
- 32 • Courtney Johnson encouraged the committee to consider sensitivities involving  
33 non-structural components and equipment mounting when designing alerts.
- 34 • Farzad Naeim proposed selecting nine geographically distributed hospitals in  
35 California as a pilot group.
  - 36 ○ Chris Tokas recommended sending a questionnaire to hospital administrators  
37 to determine their data and notification needs.
- 38 • Roy Lobo initiated a discussion on installing free-field seismic stations at hospital  
39 sites lacking them.
  - 40 ○ Farzad Naeim argued that new software and web-based monitoring tools  
41 might reduce the need for immediate installation. However, Martin Hudson  
42 emphasized the value of free-field stations for geotechnical analysis.

- 1 • Hamid Haddadi agreed to verify the functionality and classification of existing  
2 free-field instruments.
- 3 ○ Roy Lobo committed to evaluating the addition of free-field stations at wood-  
4 frame buildings where structural instrumentation is not feasible.
- 5 • Farzad Naeim stated that recent developments in monitoring tools made the  
6 current committee white paper outdated. He recommended pausing the planned  
7 webinar and revising the white paper to reflect these advances.
- 8 • Chris Tokas agreed and underscored the importance of making the updated  
9 version accessible to hospital administrators and non-engineers.
- 10 • Farzad Naeim clarified that the original white paper would still serve the  
11 engineering community but acknowledged that a separate version should better  
12 serve the broader user base. He proposed several steps to improve outreach:
  - 13 ○ Pilot communication strategies with select hospitals
  - 14 ○ Revise the white paper to include system advancements
  - 15 ○ Conduct real-world seismic response surveys
  - 16 ○ Develop non-written educational tools such as videos and interactive maps
  - 17 ○ Coordinate with the Education and Outreach Committee and stakeholders
- 18 • Farzad Naeim proposed holding the committee's next meeting in the first quarter  
19 of 2026. He suggested bringing in new leadership and expressed willingness to  
20 step down as chair.

## 21 **Board and Public Comments**

- 22 • Teresa Endres asked Farzad Naeim to clarify the term "free-field station."
  - 23 ○ Farzad Naeim explained that a free-field station records ground motion  
24 outside of a building and is minimally influenced by surrounding structures.
- 25 • Teresa Endres volunteered to serve as a test subject ("guinea pig") to determine  
26 whether the committee's messaging and materials were understandable to non-  
27 engineers.
  - 28 ○ Farzad Naeim acknowledged her offer and asked the record to reflect it.
  - 29 ○ Chris Tokas expressed gratitude and emphasized the importance of such  
30 engagement for upcoming implementation efforts.

## 31 **Voting**

- 32 • Motion to adopt the October 28, 2025, Instrumentation Committee meeting  
33 report.
- 34 • **Motion:** Farzad Naeim
- 35 • **Second:** Noella Tabladillo
- 36 • **Outcome:** Motion passed unanimously with no opposition or abstentions

## 37 **Informational and Action Items**

- 38 • Continue installations at the five designated hospitals.
- 39 • Implement building response period tracking in HCAI's website tools.

- 1 • Launch the nine-hospital pilot early warning system program.
- 2 • Distribute and analyze administrator questionnaires.
- 3 • Evaluate instrumentation readiness per hospital.
- 4 • Assess need for and expand free-field instrumentation where necessary.
- 5 • Revise and update the committee white paper.
- 6 • Postpone the outdated webinar and develop improved outreach materials.
- 7 • Create educational videos and tools to support non-technical audiences.
- 8 • Coordinate outreach through the Education and Outreach Committee.
- 9 • Schedule the next committee meeting for early Q1 2026.
- 10 • Initiate leadership transition planning.
- 11

## 12 **12. Review and approve 2026 Committee Assignments, Goals, and Meeting Calendar**

14 **Facilitator:** Jim Malley, Board Chair

### 15 **Discussion and Input**

16 Jim Malley led a comprehensive review and discussion of committee assignments,  
17 goals, and the 2026 meeting calendar. He invited board members to request changes in  
18 their committee participation and confirmed updates for both standing and ad hoc  
19 committees. Below is a summary organized by committee:

- 20 • **Ad Hoc Board Procedures Committee**
  - 21 ○ Jim Malley confirmed his role as Chair and named Gary Dunger as Vice
  - 22 Chair, with Cody Bartley as a member. He explained that the committee
  - 23 meets as needed to address policy and procedural updates, supports the
  - 24 nominating process for new board members, and helps onboard them. No
  - 25 changes were proposed to this committee's composition or goals.
- 26 • **Codes and Processes Committee**
  - 27 ○ Jim Malley announced that Michael O'Connor would step down as Vice Chair
  - 28 but remain on the committee as a consulting member. Teresa Endres asked
  - 29 Belinda Young if she would serve as Vice Chair, but Belinda Young declined
  - 30 due to an existing vice chair role. The board deferred the Vice Chair
  - 31 appointment.
  - 32 ○ The committee reviewed the following goals:
    - 33 ▪ Continue updates to CANs (Code Application Notices) and PINs (Policy
    - 34 Intent Notices)
    - 35 ▪ Evaluate standard details, including wood frame package transitioning to
    - 36 the Structural Committee
    - 37 ▪ Identify code modifications for Title 24 and the Building Standards Code

- 1           ○ Teresa Endres and Mia Marvelli emphasized the importance of reviewing  
2           advisory guides and prioritizing feedback collection. Mia Marvelli that 2026  
3           would be focused on the electrical code, with more extensive changes coming  
4           in 2027.
- 5           ● Education and Outreach Committee
- 6           ○ Jim Malley invited Teresa Endres to lead the discussion. Teresa Endres  
7           reviewed the committee roster and meeting schedule, with the first meeting  
8           proposed for February. She outlined goals including:
  - 9           ▪ Supporting curriculum calendars and coordination
  - 10          ▪ Continuing work on the “Tips from the Experts” guide and Emergency  
11          Design Guide Seminar
  - 12          ▪ Advancing the Collaborative Inspection Approach, starting with a January  
13          2026 webinar
  - 14          ▪ Possibly revising the white paper based on new tools presented by the  
15          Instrumentation Committee
  - 16          ▪ Increasing awareness of the evolving eTIO system
- 17          ○ Mia Marvelli suggested reassigning advisory guides from Codes and  
18          Processes to this committee. Kelly Martinez recommended cleaning up the  
19          focus/goals list to include either all subcommittees or none and removing  
20          outdated items like “Tips from the Experts” if already completed. Jim Malley  
21          asked Teresa Endres to finalize the list at the February meeting.
- 22          ● Collaborative Inspection Approach to Hospital Construction Webinar  
23          Development Subcommittee
  - 24          ○ Jim Malley reviewed the membership: Michael Davis, Cody Bartley, Gary  
25          Dunger, and Belinda Young. He confirmed that the scheduled January 2026  
26          webinar serves as the group’s first formal meeting. Michael Davis stated that  
27          the committee would schedule follow-up meetings as needed to prepare for  
28          future presentations.
- 29          ● Ad Hoc HCAI Guide for Planning and Preparing for Disasters Webinar  
30          Development Subcommittee
  - 31          ○ Teresa Endres chairs this subcommittee. She stated that the group would  
32          develop the webinar schedule during its January 22, 2026, meeting.
- 33          ● Ad Hoc Educational Opportunities for Advancing Structural Health Monitoring in  
34          Hospitals Subcommittee
  - 35          ○ Martin Hudson confirmed that he and Courtney Johnson serve as co-chairs.  
36          Martin Hudson explained that the subcommittee would meet in late January to  
37          reassess goals in light of recent technological advancements discussed by  
38          Farzad Naeim.
- 39          ● Ad Hoc How-To-Guide for Preapproved Fabricated Components and Systems  
40          Subcommittee
  - 41          ○ Cody Bartley reported that the committee would build upon the June 2024  
42          webinar and begin a second round of guidance development. The

- 1 subcommittee scheduled its next meeting for February 12, 2026. Teresa  
2 Endres asked whether the final guide would be reviewed by the Education  
3 and Outreach Committee, and Cody Bartley confirmed that it would.
- 4 • Energy Conservation and Management Committee
    - 5 ○ Cody Bartley serves as Chair. He reviewed the committee's extensive goals:
      - 6 ▪ Identify projects for energy conservation, cost reduction, and carbon  
7 footprint reduction
      - 8 ▪ Evaluate alternative energy sources and indoor air quality solutions
      - 9 ▪ Explore wastewater technologies and microgrid applications
      - 10 ▪ Invite commissioning agents to present findings.
    - 11 Cody Bartley noted that momentum had slowed after a productive 2025  
12 meeting and committed to revitalizing activity in 2026.
  - 13 • Instrumentation Committee
    - 14 ○ Jim Malley acknowledged that Martin Hudson would serve as Chair.  
15 Farzad Naeim confirmed this. Teresa Endres asked to be reassigned from the  
16 Structural and Non-Structural Committee to the Instrumentation Committee  
17 and volunteered to serve as a "guinea pig" for evaluating accessibility of  
18 technical material. Jim Malley approved the reassignment.
  - 19 • Structural and Nonstructural Regulations Committee
    - 20 ○ Jim Malley, as Chair, stated that the committee would continue working with  
21 OSHPD and HCAI on:
      - 22 ▪ Code changes
      - 23 ▪ CANs, PINs, and OPDs
      - 24 ▪ SPC and NPC compliance tracking
      - 25 ▪ Integration of preapproved design details
      - 26 ▪ Streamlining seismic compliance
      - 27 ▪ Incorporating emerging materials and technologies
    - 28 ○ Belinda Young volunteered to serve as the architectural representative on the  
29 committee following Teresa Endres's reassignment.
  - 30 • Technology and Research Committee
    - 31 ○ Gary Dunger reviewed the committee membership and noted that the current  
32 goals were outdated. He proposed revisiting the goals via email with board  
33 staff and then validating them in the next meeting. Jim Malley approved the  
34 plan. Mikhail Fuks and Michael Davis requested to join the committee, and  
35 Jim Malley confirmed their appointments.
  - 36 • Full Board Meeting Calendar – 2026
    - 37 ○ Jim Malley confirmed the following board meeting dates:
      - 38 ▪ April 9, 2026 – Los Angeles (One-day meeting)
      - 39 ▪ August 13, 2026 – Sacramento (One-day meeting)
      - 40 ▪ December 9 – 10, 2026 – Los Angeles (Two-day meeting)

- 1 ○ He reminded members that there are three in-person meetings this year; two
- 2 one-day meetings with a 10:00 am start-time to support single-day travel, and
- 3 a two-day meeting in December.

4 **Board and Public Comments**

- 5 ● Belinda Young volunteered to serve on the Structural and Nonstructural
- 6 Committee.
- 7 ● Farzad Naeim requested formal recognition of Martin Hudson as Chair of the
- 8 Instrumentation Committee, which Jim Malley approved.
- 9 ● Carl Newth clarified that the April and August meetings are one-day meetings.

10 **Informational and Action Items**

- 11 ● Committee members will finalize and validate committee focus/goals at their first
- 12 2026 meetings.
- 13 ● Subcommittees will:
  - 14 ○ Complete the Collaborative Inspection Approach to Hospital Construction
  - 15 webinar in January
  - 16 ○ Create a schedule for the HCAI Design Guide for Planning and Preparing for
  - 17 Disasters webinar planning
  - 18 ○ Continue educational planning to advance structural health monitoring by
  - 19 hospitals
  - 20 ○ Advance the guide for preapproved fabricated components and systems
  - 21 ○ The Education and Outreach Committee will reassess legacy goals and
  - 22 coordinate with other committees on guide development.
  - 23 ○ The Technology and Research Committee will update and validate goals via
  - 24 board staff coordination.

25

26 **Day 2: December 11, 2025, 10:00 a.m. – 3:00 p.m.**

27 Jim Malley officially opened the meeting at 10:00 a.m. He welcomed attendees to the

28 second day of the Full Board meeting, thanked staff for organizing the previous

29 evening’s dinner, and expressed optimism for the day’s presentations and discussions.

30 He then turned the floor over for roll call.

31 Veronica Yuke conducted roll call and confirmed a quorum was present.

32

33 **13. Office of Statewide Hospital Planning and Development (OSHPD) Update**

34 **Facilitator:** Chris Tokas, SE, F.SEAOC, CBO, Deputy Director, HCAI (or designee)

35 **Discussion and Input**

36 Chris Tokas opened the session by expressing appreciation for the Hospital Building

37 Safety Board’s dedication throughout the year. He provided a comprehensive, year-end

1 review of HCAI’s achievements and initiatives in 2025. Key themes included efficiency,  
2 collaboration, resilience, and innovation.

3 • 2025 Strategic Goals Achieved:

4 ○ Relocation and Expansion: HCAI planned a relocation but instead opted to  
5 expand within the current building without service interruption.

6 ○ Title 24/OSHPD 3 Standards: Successfully revised and right-sized building  
7 standards. Further details to be provided by Mia Marvelli.

8 ○ 2030 Seismic Compliance: Intensified collaboration with hospitals to meet  
9 seismic safety goals.

10 ○ eSP Modernization: Substantial progress made on the Electronic Services  
11 Portal. Completion by vendor expected by January 2026.

12 • Performance and Accountability:

13 ○ \$23B in active work across California, including large “mega hospital”  
14 projects.

15 ○ 17,000 plan reviews performed in 2025.

16 ○ Average turnaround: 12 days (total), 14 days (office), 11 days (post-approval),  
17 7 days (field), and 20 days (large projects).

18 ○ Data demonstrated HCAI's consistent performance despite frequent  
19 complaints of delays.

20 ○ Delays are often caused by incomplete or noncompliant submissions, slow  
21 responses, or mid-process design changes.

22 • IRP (Integrated Review Process):

23 ○ Encouraged stakeholders to commit fully to collaborative, dynamic review  
24 processes.

25 ○ Emphasized complete team participation, including owners, contractors,  
26 design professionals, inspectors (IORs), and clinicians, from the start.

27 • Education, Stakeholder Engagement, and Innovation:

28 ○ HCAI participated in numerous seminars, industry talks, and outreach efforts.

29 ○ Highlighted collaboration with other agencies like CDPH.

30 ○ Supported innovation, including all-electric and “island” hospitals (self-  
31 sufficient facilities capable of operating during disasters).

32 • Field Observations and Inspections:

33 ○ Stressed the importance of field oversight, timely inspections, and safety.

34 ○ Announced upcoming January 14, 2026, webinar on collaborative inspection  
35 processes.

36 • Tools and Resources:

37 ○ Emphasized use of checklists, pre-approvals, PINs (Policy Intent Notices),  
38 CANs (Code Application Notices), advisory guides, and educational  
39 resources.

40 ○ Referenced the “Guide for Working on Projects Under HCAI Jurisdiction”.

- 1 • Change Order Trends:
  - 2 ○ Contractor-requested change orders increased to 34%, a concern attributed
  - 3 to lack of contractor involvement during design phase.
- 4 • Owner and Design Professional Responsibility:
  - 5 ○ Repeated calls for complete, compliant, and stable design submissions.
  - 6 ○ Showcased successful project case studies (e.g., Kaiser San Marcos) as
  - 7 proof of achievable results when teams collaborate early.

## 8 **Board and Public Comments**

- 9 • Richard Tannahill emphasized that poor submissions by others can affect all
- 10 projects by straining resources.
- 11 • Teresa Endres stressed viewing OSHPD as a collaborative partner from the
- 12 design phase and endorsed early outreach for better results.
- 13 • Cody Bartley noted that early GC and fabricator involvement, while costly
- 14 upfront, yields predictable, efficient outcomes.
- 15 • Michael Davis highlighted the value of early IOR engagement in collaborative
- 16 environments.
- 17 • Noella Tabladillo detailed Kaiser’s holistic, years-in-advance approach to project
- 18 planning, noting the importance of face-to-face team collaboration.
- 19 • Kelly Martinez echoed the importance of including clinicians and hospital staff
- 20 early in planning to ensure functional designs.

## 21 **Informational and Action Items**

- 22 • Year-in-review report on HCAI performance and achievements.
- 23 • Status update on eSP modernization and seismic safety compliance.
- 24 • Overview of permitting timelines, plan review metrics, change order trends, and
- 25 inspection protocols.
- 26 • Announcement of an upcoming webinar on inspection collaboration (January 14,
- 27 2026).
- 28 • Action Items:
  - 29 ○ Stakeholders were urged to:
    - 30 ▪ Submit complete and compliant plans.
    - 31 ▪ Collaborate early with all team members, including HCAI.
    - 32 ▪ Utilize the IRP responsibly.
    - 33 ▪ Adopt a proactive role in training, using provided checklists, PINs, CANs,
    - 34 and guides.
    - 35 ▪ Prepare for stricter IRP compliance and performance monitoring starting in
    - 36 2026.

37

## 14. Special Presentation: Current Trends in Healthcare Design

**Facilitator:** Teresa Endres (or designee)

### Discussion and Input

Teresa Endres delivered a comprehensive and visually rich presentation on current trends in healthcare design, structured around several key themes drawn from her professional experience, recent healthcare forums, and industry partnerships. She highlighted real-world projects, including the UC Davis Medical Center California Tower, to exemplify these evolving trends.

### Major Topics Discussed:

- Precision and Patient-Centered Care
  - Teresa Endres explained that care models now integrate patients and their families into team-based decision-making. Patient needs, clinical, emotional, spiritual, social, and financial, are all factors. The design of healthcare spaces now reflects this shift, with layouts focused on the “journey of care” and the “experience of care.”
- Evidence-Based Design
  - Teresa Endres emphasized that building design affects physiological outcomes. She showcased designs incorporating natural daylight, biophilic elements, resting landings on staircases, and soft finishes, which are proven to improve recovery, comfort, and caregiver satisfaction.
- Value and Longevity in Design
  - She outlined the shift from 50-year to 100-year building life cycles, calling for a collaborative, upfront investment between stakeholders. Modular and universal grid systems allow for easier renovations, prefabrication, and staff familiarity.
- Shifting Care Sites and Hub-and-Spoke Models
  - Teresa Endres shared her own cancer journey to illustrate how care is decentralized across outpatient centers. She discussed how placing care closer to communities improves access, patient satisfaction, and operational efficiency.
- Staff Retention and Respite
  - She advocated for designing staff-centric spaces with natural light, private areas, and amenities as a recruitment and retention strategy, especially in light of staffing shortages exacerbated by the pandemic.
- Phygital (Physical + Digital) Integration
  - Using materials from Carl Fleming, Teresa Endres described how technology, including AI and hybrid virtual/in-person platforms, is transforming healthcare delivery. Smart rooms must now support seamless, adaptable care without overburdening patients or staff.
- Demographic and Rural Health Challenges

- 1           ○ Teresa Endres described the impact of an aging population, increased  
2           chronic illness, and rural staffing shortages. She cited the Calusa Indian  
3           Health project as an example of integrating telehealth into rural clinics.
- 4           ● Designing for Recovery
- 5           ○ Beyond acute care, Teresa Endres urged the board to consider recovery  
6           spaces for physical, emotional, and cognitive healing. She shared her  
7           personal experience recovering from chemotherapy and underscored the  
8           importance of respite, reconnection, and mental health support in built  
9           environments.
- 10          ● Designing Beyond Code Minimums
- 11          ○ Teresa Endres demonstrated how flexible, acuity-adjustable rooms, surge-  
12          capable units, decentralized nursing stations, and onstage/offstage circulation  
13          can significantly improve patient care, emergency response, and operational  
14          flow. These concepts were applied in the California Tower design.
- 15          ● Use of Virtual Reality in Design
- 16          ○ She discussed how Smith Group used VR walkthroughs to involve physicians  
17          and staff in layout decisions for patient rooms and interventional suites.
- 18          ● Post-Occupancy Evaluation and Human-Centered Design
- 19          ○ Teresa Endres concluded with emotional reflections on how meaningful  
20          design, including natural light, biophilic art, and quiet waiting areas, supports  
21          both patient experience and staff well-being.

## 22 **Board and Public Comments**

- 23          ● Jim Malley thanked Teresa Endres for her detailed and moving presentation. He  
24          emphasized the importance of continuing to monitor outcomes as design  
25          evolves.
- 26          ● Noella Tabladillo suggested organizing annual field trips to visit real project sites,  
27          such as the California Tower, to observe design and construction firsthand.
- 28          ● Chris Tokas supported the idea and mentioned that site visits were common  
29          before the pandemic and should be revived.

## 30 **Informational and Action Items**

- 31          ● Teresa Endres provided an in-depth overview of national and state trends in  
32          healthcare design, supported by evidence-based research, her professional  
33          expertise, and personal experiences.
- 34          ● The UC Davis Medical Center California Tower served as a case study for  
35          integrating pandemic-resilient, patient- and staff-centered features.
- 36          ● Technology and digital integration were highlighted as critical components for  
37          future-proofing healthcare facilities.
- 38          ● Recommendations emerged from board members to reestablish field visits as a  
39          way to stay engaged with evolving facility designs.

40

1 **15. Comments from the Public/Board Members on issues not on this agenda** The  
2 **Board will receive comments from the Public/Board Members. Matters raised at**  
3 **this time may be taken under consideration for placement on a subsequent**  
4 **agenda.**

5 **Facilitator:** Jim Malley (or designee)

- 6 • None.

7

8 **16. Adjournment**

9 Jim Malley formally adjourned the meeting at 2:59 p.m. He expressed appreciation to all  
10 participants for their presentations, feedback, and discussion, and extended holiday  
11 greetings to the attendees, thanking them for their work and engagement.

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Ad Hoc “HCAI Design Guide for  
Planning and Preparing for Disasters”  
Webinar Development  
Subcommittee of the Education and  
Outreach Committee

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Draft Meeting Reports/Minutes

November 20, 2025

January 22, 2026

March 11, 2026

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



**Hospital Building Safety Board  
Ad hoc “HCAI Design Guide for Planning and Preparing  
for Disasters” Webinar Development Subcommittee**

**November 20, 2025**  
10:00 a.m. – 4:00 p.m.

**Meeting Locations:**

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

**Subcommittee Members Present**

Teresa Endres, Subcommittee Chair  
Gary Dunger, Vice-Chair  
Janice Cheung  
Jennifer Cox  
Mikhail Fuks  
John Griffiths  
Kelly Martinez

**HCAI Staff Present**

Chris Tokas  
Arash Altoontash  
Hussain Bhatia  
Mia Marvelli  
Jamie Schnick  
Ken Yu  
Heather Hoganson, Attorney

**Consulting Members Present**

Abdel Darwich

**HBSB Staff Present**

Marcus Palmer  
Evet Torres

- 1 **1. Call to Order and Welcome**
- 2 **Facilitator:** Teresa Endres, AIA, ACHA, EDA, AAH, Senior Associate, Medical Planning
- 3 Director, Taylor Design; Subcommittee Chair
- 4 Teresa Endres called the HBSB Ad hoc “HCAI Design Guide for Planning and
- 5 Preparing for Disasters” Webinar Development Subcommittee meeting to order on
- 6 November 20th at 10:00 a.m.

1 **2. Roll Call and Meeting Advisories/Expectations**

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

3 Ken Yu opened by introducing himself as filling in for Veronica Yuke. He proceeded with  
4 the roll call confirming attendance and confirmed that a quorum was present.

5

6 **3. Review and Approve the Draft September 23, 2025, Meeting Report/Minutes**

7 **Facilitator:** Teresa Endres (or designee)

8 **Discussion and Input**

9 Teresa Endres began by reviewing the draft meeting report and minutes from the  
10 September 23, 2025, meeting. She clarified a correction on line seven, noting that a  
11 comment was mistakenly attributed to Veronica Yuke but should have been attributed to  
12 herself.

13 She summarized the previous meeting's proceedings as follows:

- 14 • The HCAI Design Guide for Planning and Preparing for Disasters was discussed,  
15 which had been published on March 1, 2024, and initially presented at the ASHE  
16 PDC conference by Teresa Endres, Richard Tannahill, and Gary Dunger.
- 17 • The presentation reviewed the emergency design task force, which consisted of  
18 six working groups, and emphasized that the guide promotes designing beyond  
19 the code, which represents only the minimum standard.
- 20 • Richard Tannahill clarified that the guide is not about post-disaster response, but  
21 about embedding preparedness into facility design.
  - 22 ○ He noted that during COVID-19, a “do anything” mentality led to poor  
23 decisions and emphasized designing with built-in flexibility for air handling  
24 and infection control.
  - 25 ○ The team discussed integrating lessons learned from outbreaks such as  
26 SARS (2003), MERS (2012), and Canada’s related code changes, which  
27 were included in the guide.
  - 28 ○ HVAC system strategies were discussed, including topics like wildfire smoke  
29 infiltration, infection control, and filter recommendations.
  - 30 ○ A video by Gary Dunger showing patient evacuation during a seismic event  
31 was included in the original presentation and influenced design  
32 considerations for seismic events.
- 33 • Chris Tokas and others discussed staffing shortages, and the expectation that  
34 hospitals remain fully operational after a seismic event.
- 35 • The group discussed how adaptations made under the Governor’s emergency  
36 order during COVID often required follow-up permits and that some temporary  
37 changes remain unresolved.

- 1 • A discussion took place around the ambiguity of the term “resilience.” The group  
2 agreed to rename the subcommittee to align with the guide’s title: HCAI Design  
3 Guide for Planning and Preparing for Disasters.
- 4 • John Griffiths inquired about the audience’s response to the ASHE presentation.
- 5 • Abdel Darwich emphasized the need to plan for overlapping threats such as  
6 wildfires, pandemics, and earthquakes.
- 7 • The group agreed to divide these topics into a series of seven webinars,  
8 supported by Chris Tokas.
- 9 • The subcommittee confirmed that all guide chapters would be included in the  
10 webinars.
- 11 • The team reviewed resilience design criteria and identified eight topics,  
12 eventually narrowing it down to seven.
- 13 • Gary Dunger emphasized integrating resiliency, sustainability, and equity into  
14 planning.
- 15 • John Griffiths highlighted mechanical system strain caused by extreme  
16 temperatures.
- 17 • Microgrids were discussed under the Power Independence topic.
- 18 • Abdel Darwich noted the guide lacked ASHRAE’s updated extreme temperature  
19 metrics.
- 20 • Janice Cheung and Gary Dunger presented updates to California’s Title 24, Part  
21 7, including topics like ember-resistant vents, non-combustible materials,  
22 defensible space, and maintenance.
- 23 • Abdel Darwich presented on two ASHRAE documents:
- 24 ○ Standard 241 (Infectious Aerosol Control)
- 25 ○ Guide 44 (Wildfire Smoke Preparedness)
- 26 ○ Chris Tokas urged inclusion of both documents in the webinar content.
- 27 ○ Corrections were noted to page 7, line item 18, clarifying that there are seven  
28 topics, not eight.
- 29 ■ The seven finalized topics were:
- 30 1. Power Independence
- 31 2. Interface 2025
- 32 3. Wildland Urban Interface (WUI) for HVAC (including ASHRAE 44)
- 33 4. Infection Control – HVAC
- 34 5. Infection Control – Operations
- 35 6. Infection Control – Design
- 36 7. Hazard Vulnerability Assessment
- 37 • Subcommittee assignments were discussed for each topic, forming smaller  
38 workgroups referred to as “sub-subs”, with two board members and one OSHPD  
39 staff per group to comply with Bagley-Keene requirements.

- 1 • The Hospital Building Safety Board staff would serve as the central point of
- 2 contact for the seven sub-subcommittees.
- 3 • The group proposed a webinar per topic, to be developed from outlines into full
- 4 presentations.
- 5 • A preliminary timeline was discussed, suggesting one webinar per month starting
- 6 February 2026, beginning with the Power Independence topic.
- 7 • The originally scheduled next meeting date of October 15 had been updated to
- 8 the current meeting date.

9 **Subcommittee and Public Comments:**

- 10 • There were no public comments made during this agenda item.

11 **Voting:**

12 Motion to approve the draft September 23, 2025, meeting report/minutes:

- 13 • **Motion:** Abdel Darwich
- 14 • **Second:** Unidentified member
- 15 • **Outcome:** Motion passed

16 **Informational and Action Items:**

- 17 • Approval of the September 23, 2025, meeting minutes with identified corrections
- 18 (e.g., line seven attribution and clarification of topics).
- 19 • The finalized list of seven webinar topics was confirmed.
- 20 • Subcommittee assignments (“sub-subs”) established.
- 21 • The webinar series schedule was preliminarily structured to begin in February
- 22 2026.
- 23 • The group acknowledged that future refinements and lessons learned would
- 24 continue to inform updates to the design guide.
- 25 • Chris Tokas concluded the item by emphasizing the broader mission:
  - 26 ○ The ultimate goal is a resilient hospital leading to a resilient community.
  - 27 ○ He reinforced that the guide and the webinars are components of this
  - 28 overarching mission, referencing tools like white papers, advisory guides, and
  - 29 “inspect to pass” protocols.

30

31 **4. Review decision for a series of webinars based on the HCAI Design Guide for**

32 **Planning and Preparing for Disasters and additional topics from September**

33 **meeting**

34 **Facilitator:** Teresa Endres (or designee)

35 **Discussion and Input**

1 Teresa Endres initiated the review of the previously agreed-upon plan to create a series  
2 of webinars based on the HCAI Design Guide for Planning and Preparing for Disasters.  
3 She called on sub-subcommittee members assigned to each topic to provide progress  
4 updates.

5 **Power Independence (Sub-sub: John Griffiths, David Bliss, Jamie Schnick):**

- 6 • Jamie Schnick presented a structured outline:
  - 7 ○ Part 1: Introduction on power reliability, microgrids, and healthcare continuity.
  - 8 ○ Part 2: Planning—combining resources to provide power during outages.
  - 9 ○ Part 3: Implementation—referencing Jamie’s existing “how-to” guide on  
10 microgrid development.
  - 11 ○ Part 4: Recommendations—annual testing and retro-commissioning of  
12 microgrids.
- 13 • John Griffiths supported Jamie Schnick’s work and requested sharing of the  
14 written outline.
- 15 • Ken Yu instructed Jamie to send materials to HBSB staff for distribution.
- 16 • Chris Tokas stressed focusing the webinar strictly on power independence, not  
17 emissions, and emphasized resilience over environmental messaging.
- 18 • David Bliss highlighted recent hospital power failures and discussed healthcare  
19 economics' impact on infrastructure upgrades.
- 20 • Mia Marvelli, BSU Supervisor, asked to keep webinars within 1.5 hours (1 hour of  
21 content + 30 minutes Q&A) and advised tying topics directly to the guide.
- 22 • Teresa Endres affirmed the target timing and welcomed potential collaboration  
23 with BSU.
- 24 • Jamie Schnick clarified that Power Independence is not in the original guide,  
25 suggesting it should be written before the webinar and proposed inviting  
26 Mark Kaufman (Inovus) as a technical advisor.
- 27 • Heather Hoganson confirmed that non-board members like Kaufman may  
28 participate without violating the Bagley-Keene Act, provided no quorum is  
29 reached.
- 30 • Chris Tokas, Mikhail Fuks, and John Griffiths discussed challenges locating  
31 correct versions of HCAI documents online.
- 32 • Teresa Endres recommended using official site navigation instead of search  
33 engines for accuracy.

34 **Wildland Urban Interface (WUI) – Title 24, Part 7 (Sub-sub: Gary Dunger, Janice  
35 Cheung):**

- 36 • Gary Dunger has completed ~80% of an outline but has not yet collaborated with  
37 Janice Cheung.
- 38 • Chris Tokas will identify an OSHPD staff member to join the sub-sub.

- 1 • The presentation focuses on:
  - 2 ○ New Title 24 Part 7 regulations, formerly Chapter 7A.
  - 3 ○ Construction requirements for healthcare facilities in wildfire-prone areas.
  - 4 ○ Fire hazard severity maps, defensible space, ember-resistant vents, roofing,
  - 5 and water access.
- 6 • Gary suggested the presentation may be under 30 minutes, proposing it might be
- 7 combined with another topic.
- 8 • Mikhail Fuks supported the idea of combining WUI Title 24 (Topic #2) with
- 9 HVAC-related smoke infiltration (Topic #3).
- 10 • Abdel Darwich clarified:
  - 11 ○ Topic 2 focuses on protecting buildings from fire.
  - 12 ○ Topic 3 focuses on protecting occupants from smoke—relevant statewide.
- 13 • Chris Tokas noted the different audiences but supported combining content for
- 14 broader exposure.
- 15 • Abdel Darwich and Teresa Endres agreed combining topics can cross-educate
- 16 designers and expand awareness.
- 17 • Abdel Darwich raised questions about how technical the webinars should be.
- 18 Consensus was they should be conceptual and reference-based, not step-by-
- 19 step design tutorials.
- 20 • The need for abstracts for each webinar was confirmed.
- 21 • Mia Marvelli emphasized webinars should inform without being interpreted as
- 22 technical directives.

### 23 **Wildland Urban Interface – HVAC (Sub-sub: Abdel Darwich, Mikhail Fuks):**

- 24 • Abdel Darwich had previously presented related content and will share it with
- 25 Mikhail Fuks.
- 26 • Larry Enright may be involved from OSHPD, pending confirmation.
- 27 • Mia Marvelli asked who would technically review the presentations from OSHPD.
- 28 Chris Tokas confirmed appropriate internal reviewers will ensure accuracy and
- 29 compliance.
- 30 • Mikhail Fuks recommended waiting to finalize the structure or combine topics
- 31 until outlines are fully developed.

### 32 **Infection Control – HVAC (Sub-sub: Abdel Darwich, Mikhail Fuks):**

- 33 • Abdel Darwich proposed to build on his September presentation and incorporate
- 34 ASHRAE Standard 241.
- 35 • Group agreed that Abdel Darwich and Mikhail Fuks may speak directly and
- 36 submit outlines via HBSB staff.

### 37 **Infection Control – Operations (Sub-sub: Jennifer Cox, Kelly Martinez):**

- 1 • Jennifer Cox and Kelly Martinez have not yet met, but both expressed intent to  
2 collaborate.
- 3 • Jennifer Cox noted her hospital is currently undergoing licensing and has  
4 operational insights.
- 5 • Kelly Martinez supported combining infection control topics later if feasible.

#### 6 **Infection Control – Design (Sub-sub: Teresa Endres, Kelly Martinez):**

- 7 • Teresa Endres noted this topic is lightly covered in the guide and offers an  
8 opportunity to go deeper.
- 9 • Jennifer Cox raised the question of including water system design/management  
10 (e.g., Legionella).
- 11 • Abdel Darwich and Mikhail Fuks acknowledged it's a good topic, though not in  
12 the guide.
- 13 • Kelly Martinez suggested such elements might fit within Hazard Vulnerability  
14 Assessment.
- 15 • Arash Altoontash clarified that “disaster” for OSHPD purposes requires a  
16 gubernatorial declaration per the Health & Safety Code.
- 17 • Kelly Martinez emphasized the HVA process allows hospitals to define their own  
18 highest-risk events and plan accordingly.
- 19 • Janice Cheung confirmed that emergencies or disasters must be declared by  
20 local or state officials to qualify for resource allocation and response frameworks.

#### 21 **Hazard Vulnerability Assessment (Sub-sub: Jennifer Cox, Kelly Martinez):**

- 22 • Kelly Martinez presented an outline:
  - 23 ○ Introduction to HVA
  - 24 ○ Purpose and resilient hospital model
  - 25 ○ Methodology overview, including a scoring matrix based on event severity  
26 and mitigation.
  - 27 ○ Categories: natural, technological, human hazards, and hazardous materials.
  - 28 ○ Role of HVA in hospital-wide resilience planning
- 29 • Jennifer Cox supported the outline and will coordinate with Kelly Martinez.
- 30 • Teresa Endres instructed that outlines can be submitted in any format (Word,  
31 PowerPoint, etc.).

#### 32 **Planning and Coordination Notes:**

- 33 • All outlines and coordination must be routed through HBSB staff.
- 34 • Each webinar is intended to be 1–1.5 hours long.
- 35 • Power Independence webinar will be the first, targeted for February 2026.
- 36 • Order of topics may be adjusted based on readiness and logical sequencing.

- 1 • Final presentations will undergo technical review by assigned OSHPD staff.
- 2 • All board members are encouraged to collaborate freely within their sub-sub-
- 3 ensuring any shared outcomes are submitted for the official record.

#### 4 **Subcommittee and Public Comments**

- 5 • There were no public comments made during this agenda item.

#### 6 **Informational and Action Items**

- 7 • Sub-subcommittee members to finalize outlines for their assigned topics.
- 8 • Jamie Schnick to invite Mark Kaufman (Inovus) as subject matter expert.
- 9 • All presentations to tie back to the Design Guide, even when covering new
- 10 material not originally included.
- 11 • Webinar abstracts will be developed and included in outreach/advertising.
- 12 • Next steps include:
  - 13 ○ Completion of outlines
  - 14 ○ Scheduling and sequencing of webinar releases (starting February 2026)
  - 15 ○ Determination of appropriate OSHPD reviewers
  - 16 ○ Coordination across teams to ensure consistent messaging and guide
  - 17 alignment.

18

#### 19 **5. Discuss which HCAI Design Guide for Planning and Preparing for Disasters**

#### 20 **Sections can be integrated with the topics in Item #4**

21 **Facilitator:** Teresa Endres (or designee)

#### 22 **Discussion and Input**

23 Teresa Endres initiated the discussion by confirming the subcommittee’s shared intent  
24 to align the content of the HCAI Design Guide for Planning and Preparing for Disasters  
25 with the seven webinar topics developed under Agenda Item #4. She asked the  
26 subcommittee to confirm whether all guide sections would be integrated in some form  
27 into the webinar series.

28 Subcommittee members expressed general consensus (without a formal vote) on the  
29 integration strategy. The plan includes standardized opening and closing segments for  
30 each webinar and targeted alignment of guide sections with the content of each topic.

#### 31 **Confirmed Integration Approach:**

- 32 • Sections 1 and 2 will be used as standardized introductory content across all
- 33 webinars.
- 34 • Sections 9 and 10 will serve as standardized closing content, presented by
- 35 OSHPD staff.

- 1 • All relevant sections of the guide will be tied to specific webinar topics based on  
2 content alignment.

3 **David Bliss’s Framing Slide Proposal:**

- 4 • Section 1 (Introduction) will reflect David Bliss’s suggestion for a recurring  
5 framing slide at the beginning of each webinar. This slide will help connect each  
6 topic to the overarching goal of resilient healthcare design.

7 **Webinar Topics aligned to Design Guide Sections:**

8 ○ **Framing / Introduction (All Webinars)**

- 9       ▪ Section 1 – Introduction: Why the Guide  
10       ▪ Section 2 – How to Apply the Guide

11 ○ **Power Independence**

- 12       ▪ Not originally in the guide. Referenced via supplemental  
13 materials (e.g., ASHRAE guides, white papers). Suggested to  
14 be positioned between Sections 6 and 7 in future structuring.

15 ○ **Infection Control – HVAC**

- 16       ▪ Section 3 – Ventilation strategies focused on infection control

17 ○ **Infection Control – Design**

- 18       ▪ Sections 4 and 5 – Architectural and engineering considerations  
19 for infection control

20 ○ **Infection Control – Operations**

- 21       ▪ Sections 5 and 6 – Operations planning and surge capacity  
22 management

23 ○ **WUI – Title 24, Part 7**

- 24       ▪ Section 7 – Exterior interface and air quality strategies (with  
25 some HVAC crossover)

26 ○ **WUI – HVAC**

- 27       ▪ Section 8 – Mechanical systems and HVAC protections for  
28 wildfire smoke

29 ○ **Hazard Vulnerability Assessment (HVA)**

- 30       ▪ Section 10 – Facility hazard assessments  
31 (*Not originally identified as such; later clarified as applicable*)

32 ○ **Emergency Project Expediting**

- 33       ▪ Sections 9 and 10 – Procedures for emergency permitting,  
34 coordination, and post-disaster facility transitions

35

1           ○ **Alternate Care Sites / Surge Planning**

- 2                   ▪ Section 6 – Temporary facility conversion, surge capacity  
3 strategies

4 **Additional Notes and Clarifications**

5 Power Independence:

- 6           • Jamie Schnick initiated the discussion on integrating the topic.  
7           • Teresa Endres supported placing it between Sections 6 and 7 for webinar flow.  
8           • Mia Marvelli raised concerns about expanding or revising the guide prior to fully  
9 using its published content.  
10          • Teresa Endres clarified the webinars will reference external content (e.g.,  
11 ASHRAE guidelines) through appendices or hyperlinks, not by altering the guide.

12 Section Clarifications:

- 13          • Abdel Darwich confirmed Section 3 applies solely to Infection Control – HVAC.  
14          • Sections 4, 5, and 6 were confirmed to support Infection Control – Design,  
15 Operations, and Surge Planning.  
16          • Sections 7 and 8 align with WUI topics and advanced HVAC design related to  
17 wildfire smoke protection.  
18          • Sections 9 and 10 will be presented at the end of each webinar by OSHPD staff  
19 and include guidance on expedited emergency project review and coordination.  
20          • Section 11 (non-hospital facility conversions) was discussed as potentially  
21 relevant.  
22           ○ Kelly Martinez referenced her experience leading the Los Angeles Surge  
23 Hospital during COVID-19 and offered to contribute materials.  
24           ○ The section may be integrated into the Infection Control – Design or Surge  
25 Planning webinars, but no formal decision was made.

26 Supplemental Content Strategy:

- 27          • New materials (e.g., ASHRAE 241, wildfire guidance) will be referenced via links  
28 or appendices.  
29          • No modifications to the Design Guide are planned at this stage.  
30          • Existing OSHPD resources such as Advisory Guides, PINs, and CANs will be  
31 linked for further detail.

32 **Subcommittee and Public Comments**

- 33          • Jamie Schnick initiated the structural integration of Power Independence.  
34          • Mia expressed workload concerns; Teresa Endres responded with assurances  
35 that supplemental content will not revise the core guide.  
36          • Abdel Darwich, Gary Dunger, Mikhail Fuks, Jennifer Cox, and Kelly Martinez  
37 contributed to the alignment of topics and guide sections.

- 1 • John Griffiths and David Bliss supported structuring the webinars to reflect the  
2 logic and intent of the guide while remaining useful to stakeholders.

3 **Informational and Action Items**

- 4 • All webinar topics will integrate relevant guide sections as applicable.  
5 • Sections 1 and 2: Framing slides for the start of each webinar.  
6 • Sections 9 and 10: Standardized closing, presented by OSHPD staff.  
7 • Power Independence: External materials to be referenced, not embedded.  
8 • Abstracts will be prepared for each webinar aligning with guide content.  
9 • Supplementary standards (e.g., ASHRAE) will be linked, not embedded.  
10 • All outline materials and coordination are to be submitted to Evett and Marcus for  
11 review and official processing.  
12 • Consensus was reached on the integration approach and on standardized  
13 framing and closing structures for all webinars.

14

15 **6. Discuss Schedule for the Series of HCAI Design Guide for Planning and**  
16 **Preparing for Disasters Webinars in 2026**

17 **Facilitator:** Teresa Endres (or designee)

18 **Discussion and Input**

19 Teresa Endres proposed tabling the detailed scheduling discussion for the webinar  
20 series until the next meeting. The intent is to allow all sub-subcommittees to complete  
21 and submit their draft outlines and consider the logical sequence of topics.

22 **Next Meeting Date:**

- 23 • Evett Torres proposed the next meeting of this subcommittee be held on January  
24 22, 2026.  
25 • Teresa Endres confirmed this date, and a consensus was reached among board  
26 members present. No objections were raised.  
27 • Going forward, subsequent meeting dates will be determined at the end of each  
28 meeting, rather than setting an entire schedule in advance.

29 **Expectations for the January 22, 2026, Meeting:**

- 30 • All sub-subcommittees are expected to submit:  
31 ○ Draft outlines for their assigned webinar topic(s)  
32 ○ A proposed position within the overall webinar sequence  
33 • The purpose is to facilitate a coordinated discussion to finalize the webinar order  
34 based on:  
35 ○ Readiness of material  
36 ○ Logical topic flow (e.g., design preceding HVAC)

- 1 ○ Content integration from the guide

## 2 **Clarifications and Assignments:**

- 3 ● Teresa Endres clarified that the Power Independence webinar will remain first  
4 due to its advanced readiness.
- 5 ● Other sub-subcommittees (e.g., Abdel Darwich and Mikhail Fuks for WUI and  
6 HVAC topics) will determine whether Topics 2 and 3 can be reasonably  
7 combined based on their outlines.
- 8 ● Each group should send their outline and proposed schedule placement to HBSB  
9 staff by December 19, 2025 (four-week deadline).

## 10 **Supporting Coordination and Review:**

- 11 ● Outlines will be reviewed internally and coordinated with OSHPD staff, including  
12 Chris Tokas, Mia Marvelli, and others, to ensure content:
  - 13 ○ Aligns with agency guidance
  - 14 ○ Does not contradict existing statutory, regulatory, or advisory material
  - 15 ○ Is technically accurate and supportable

## 16 **Public Comment – Hazard Vulnerability Assessment (Item #7):**

- 17 ● Public Comment: Suggestion to include historical data as a component of the  
18 Hazard Vulnerability Assessment (HVA) methodology.
  - 19 ○ Jennifer Cox confirmed this is typically covered under the likelihood scoring  
20 based on past events.
  - 21 ○ Kelly Martinez added that recording historical incidents is critical in both  
22 assessing risk and validating mitigation steps. The input will be reflected in  
23 the webinar content.

## 24 **Subcommittee and Public Comments**

- 25 ● Mia Marvelli requested clarification on what board members should prepare by  
26 the next meeting. Teresa Endres reiterated:
  - 27 ○ One draft outline per webinar topic
  - 28 ○ Proposal for topic order/position in the series
- 29 ● Public comments were addressed thoroughly and incorporated into the planning  
30 for the HVA webinar.

## 31 **Voting**

- 32 ● No vote was held during this agenda item. Consensus was reached on:
  - 33 ○ January 22, 2026, as the next meeting date
  - 34 ○ December 19, 2025, as the deadline for submitting draft outlines

## 35 **Informational and Action Items**

- 36 ● Next Meeting Date: January 22, 2026

- 1 • Deadline for Outline Submissions: December 19, 2025
- 2 • Each sub-subcommittee must submit:
  - 3 ○ Draft outline of their assigned webinar topic
  - 4 ○ Suggested placement of their webinar in the 2026 sequence
- 5 • Send materials to: HBSB Staff
- 6 • OSHPD Review Coordination: Teresa Endres and Evett Torres will coordinate
- 7 with OSHPD staff to assign appropriate reviewers per topic
- 8 • All outlines will be compiled into presentation slides for in-depth scheduling
- 9 discussion at the next meeting.

10

11 **7. Comments from the Public/Subcommittee Members on Issues not on this**  
12 **Agenda**

13 **Facilitator:** Teresa Endres (or designee)

14 **Discussion and Input**

15 Teresa Endres introduced the final agenda item, opening the floor to both subcommittee  
16 members and members of the public to provide general comments or raise issues not  
17 covered in the current meeting agenda.

18 **Subcommittee and Public Comments**

- 19 • No comments from either subcommittee members or the public during this
- 20 agenda item.

21

22 **8. Adjournment**

23 Teresa Endres formally expressed appreciation to all board members and staff for their  
24 participation and contributions to the meeting. The meeting was officially adjourned at  
25 11:54 a.m.

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hcai.ca.gov



**Hospital Building Safety Board  
Ad hoc “HCAI Design Guide for Planning and Preparing  
for Disasters” Webinar Development Subcommittee**

**January 22, 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  
Gary Dunger, Vice-Chair  
Janice Cheung  
Jennifer Cox  
Mikhail Fuks  
John Griffiths  
Kelly Martinez

**HCAI Staff Present**

Richard Tannahill  
Arash Altoontash  
Larry Enright  
Jamie Schnick  
Clara Wu  
Michelle Church-Reeves, HCAI Attorney

**Consulting Member Present**

Abdel Darwich

**HBSB Staff**

Veronica Yuke, Executive Director  
Marcus Palmer  
Evet Torres

- 1 **1. Call to Order and Welcome**
- 2 **Facilitator:** Teresa Endres, AIA, ACHA, EDA, AAH; Subcommittee Chair
- 3 Teresa Endres formally called the meeting to order on January 22, 2026, at 10:00 a.m.
- 4 and introduced the session of the Ad hoc “HCAI Design Guide for Planning and
- 5 Preparing for Disasters” Webinar Development Subcommittee.
- 6

1 **2. Roll Call and Meeting Advisories/Expectations**

2 **Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director

3 Veronica Yuke initiated roll call for subcommittee members and HCAI staff. She noted  
4 that only four members were present, so the subcommittee did not initially meet the  
5 quorum required for voting.

6 The remaining members confirmed their presence shortly after, and Veronica Yuke  
7 confirmed a quorum.

8

9 **3. Review and approve the draft November 20, 2025, meeting report/minutes**

10 **Facilitator:** Teresa Endres

11 **Discussion and Input**

12 Teresa Endres provided a comprehensive summary of the November 20, 2025, meeting  
13 proceedings, including:

- 14 • Confirmation and approval of the September 23, 2025, meeting minutes.
- 15 • Review of the HCAI Design Guide published on March 1, 2024, presented at the  
16 ASHE PDC Summit by Teresa Endres, Richard Tannahill, and Gary Dunger.
- 17 • Clarification by Richard Tannahill that the guide focuses on embedded  
18 preparedness in facility design rather than post-disaster response.
- 19 • Discussion of flexible design strategies for HVAC and infection control informed  
20 by lessons from COVID-19, SARS (2003), and MERS (2012).
- 21 • Examination of Canada's building code changes post-SARS and their influence  
22 on the current guide.
- 23 • Consideration of HVAC adaptations for wildfire smoke infiltration and related  
24 filtration recommendations.
- 25 • Reference to a video shared by Gary Dunger highlighting nurse preparedness  
26 during a seismic event in Turkey.
- 27 • Chris Tokas discussed the need for hospitals to remain operational post-disaster  
28 and follow-up permitting after emergency adaptations made during COVID-19.
- 29 • Discussion on the decision not to use the word "resilience" in the subcommittee  
30 title.
- 31 • Abdel Darwich emphasized planning for overlapping threats (wildfires,  
32 pandemics, earthquakes).
- 33 • Review of wildfire-related issues in Title 24, Part 7 by Janice Cheung and  
34 Gary Dunger.

- 1 • Presentation of ASHRAE Standard 241 and Guide 44 by Abdel Darwich,  
2 addressing infectious aerosols and wildfire smoke preparedness.
- 3 • Correction on page 7, line 18: the number of outlined topics was confirmed to be  
4 seven (not eight).
- 5 • Clarification on page 3, line 31: "interface 2025" was corrected to "Wildland  
6 Urban Interface" for Title 24, Part 7.
- 7 • Breakdown of the seven topic areas:
  - 8 1. Power Independence
  - 9 2. Wildland Urban Interface, Title 24, Part 7
  - 10 3. Wildland Urban Interface, HVAC (ASHRAE 44)
  - 11 4. Infection Control, HVAC
  - 12 5. Infection Control, Operations
  - 13 6. Infection Control, Design
  - 14 7. Hazard Vulnerability Assessment
- 15 • Discussion of sub-subcommittee ("sub-sub") structure to comply with Bagley-  
16 Keene requirements and ensure only two board members meet per sub-sub.
- 17 • Communication protocols were emphasized: sub-subcommittee members must  
18 coordinate through board staff, not directly with other members.

19 Further details included:

- 20 • Upcoming outlines and presentation timelines for each sub-sub.
- 21 • Abdel Darwich initially motioned to approve the minutes from the September 23,  
22 2025, meeting.

23 Additional information covered:

- 24 • Subcommittee leads were assigned for each topic area:
  - 25 ○ Power Independence: David Bliss, John Griffiths, Jamie Schnick
  - 26 ○ Wildland Urban Interface, Title 24, Part 7: Gary Dunger, Janice Cheung
  - 27 ○ Wildland Urban Interface, HVAC: Abdel Darwich, Mikhail Fuks
  - 28 ○ Infection Control, HVAC: Abdel Darwich, Mikhail Fuks
  - 29 ○ Infection Control, Operations: Jennifer Cox, Kelly Martinez
  - 30 ○ Infection Control, Design: Teresa Endres, Kelly Martinez
  - 31 ○ Hazard Vulnerability Assessment: Jennifer Cox, Kelly Martinez
- 32 • Coordination for webinars to go through Richard Tannahill and Mia Marvelli to  
33 avoid overburdening OSHPD staff.

- 1 • Webinars are expected to last 1–1.5 hours, with the Power Independence  
2 webinar tentatively scheduled for February 2026.
- 3 • Discussion on possibly consolidating some topics from seven webinars to fewer,  
4 though no final decision was made.
- 5 • Coordination with OSHPD and board emphasized for administrative efficiency.
- 6 • A public comment on the Hazard Vulnerability Assessment suggested including  
7 historical data, which Jennifer Cox and Kelly Martinez supported.

#### 8 **Subcommittee and Public Comments**

- 9 • One public comment supported integrating historical data into the Hazard  
10 Vulnerability Assessment topic.

#### 11 **Voting**

12 Motion to approve the draft November 20, 2025, meeting report/minutes as  
13 amended.

- 14 • **Motion:** Abdel Darwich
- 15 • **Second:** Janice Cheung
- 16 • **Outcome:** Motion passed unanimously.

#### 17 **Informational and Action Items**

- 18 • Seven topic areas and sub-subcommittee assignments finalized.
- 19 • Webinar structure and coordination process confirmed.
- 20 • Future agenda item: finalizing the 2026 webinar schedule.

21

#### 22 **4. Review outline for Topic 1: Power Independence**

23 **Facilitators:** John Griffiths, PE, Electrical Engineer, CONTECH-CA; David Bliss, MD,  
24 Faraday Microgrids; and Jamie Schnick, PE, Senior Electrical Engineer, HCAI

#### 25 **Discussion and Input**

26 John Griffiths introduced the draft outline for the Power Independence webinar and  
27 noted that he, David Bliss, and Jamie Schnick had met previously to develop an initial  
28 presentation framework. He clarified the outline was a work in progress and welcomed  
29 subcommittee input to refine it.

30 Key topics discussed included:

- 31 • **Definition of Resilience:** John Griffiths proposed defining resilience in the context  
32 of enhanced hospital operations beyond the minimum code requirements. He

1 emphasized continuity of operations and patient care, referencing a sentiment  
2 expressed by Chris Tokas: "resilient hospitals support resilient communities."

- 3 • Emerging Threats: John Griffiths highlighted internal and external threats to  
4 power reliability, including aging infrastructure, deferred maintenance, limited  
5 skilled maintenance personnel, and utility instability due to extreme weather and  
6 supply chain disruptions.
- 7 • Constraints and Solutions: The presentation outlined key constraints to  
8 implementing resilient systems, such as space limitations, seismic certification  
9 requirements, and cost, alongside potential solutions including distributed energy  
10 resources (DERs) and microgrids. He commended HCAI's evolving role in  
11 supporting innovative and sustainable power systems.

12 Mikhail Fuks joined the discussion and contributed two critical constraints:

- 13 • A shortage of skilled electrical contractors with experience in emerging  
14 technologies.
- 15 • Reluctance from some healthcare facility owners to adopt unfamiliar systems due  
16 to perceived risk and operational pressure during emergencies.

17 David Bliss acknowledged the importance of these sociological barriers but noted time  
18 limitations for the webinar may constrain how deeply such topics could be covered.

19 John Griffiths suggested deferring extended discussions to other committees such as  
20 the Energy Conservation and Management, or the Technology and Research  
21 Committees.

22 Teresa Endres encouraged the facilitators to focus on delivering a well-structured initial  
23 webinar using existing content from Jamie Schnick's white papers and national  
24 presentations, rather than delaying for perfection.

25 Jamie Schnick presented key content and clarified technical points:

- 26 • Building code aims to protect occupants in place but does not necessarily  
27 support continuity of operations.
- 28 • Microgrids used for complete facility backup are not required to be seismically  
29 certified if they operate outside emergency power systems.
- 30 • The presentation will reference the OSHPD Advisory Guide on Microgrids, which  
31 evolved from an earlier white paper. The group agreed to include visuals,  
32 hotlinks, and QR codes for accessibility.

33 Additional recommendations included:

- 34 • Including fire and life safety perspectives, such as guidance from the State Fire  
35 Marshal.

- 1 • Noting emergency power systems unique to healthcare settings (e.g., smoke  
2 control systems, stair pressurization), as suggested by Gary Dunger.

3 The presenters agreed to structure the webinar around:

- 4 • Site-specific power solutions  
5 • Campus-wide energy mixes  
6 • Code evolution supporting microgrids  
7 • Case studies: Kaiser Ontario, Valley Children’s, and Kaiser San Marcos  
8 • Clarification of design constraints and seismic requirements  
9 • A call to action emphasizing technical feasibility, regulatory compliance, and  
10 fiscal viability

11 Jamie Schnick proposed including a matrix to help owners and designers navigate  
12 applicable codes for various microgrid configurations.

13 Teresa Endres concluded by confirming all sub-subcommittees should:

- 14 • Use the OSHPD slide template for consistency  
15 • Coordinate with HBSB staff via HBSB support email for accessibility and QR  
16 code generation  
17 • Include consistent opening slides using the Design Guide graphic  
18 • Finalize slide decks through internal meetings and submit them for review

19 **Subcommittee and Public Comments**

- 20 • None.

21 **Informational and Action Items:**

- 22 • Presentation framework for Power Independence outlined.  
23 • Input incorporated regarding technical, operational, and regulatory  
24 considerations.  
25 • Presenters to refine content using OSHPD materials and finalize call to action.  
26 • Slide decks to be standardized and coordinated through HBSB staff.  
27 • Sub-subcommittees to meet independently and submit materials for review.  
28

29 **5. Review outline for Topic 2: Wildland Urban Interface - 2025 Title 24, Part 5**

30 **Facilitators:** Gary Dunger, Executive Director, Design and Construction, Cedars-Sinai  
31 Health System; and Janice Cheung, PE, CSP, Fire Marshal, Redwood City

32 **Discussion and Input**

1 Gary Dunger opened the item by noting that a formal presentation had not yet been  
2 developed, as the purpose of this session was to review the outline and gather  
3 feedback. He credited Janice Cheung for preparing the content.

4 The proposed structure for the Wildland Urban Interface webinar includes the following  
5 segments:

6 • Introduction and Context:

7 ○ Welcome and explanation of what the wildland urban interface is and why  
8 wildfire resilience is particularly relevant for healthcare facilities.

9 • Overview of Title 24, Part 7:

10 ○ Introduction to the new WUI-specific requirements under Title 24, Part 7.

11 ○ Discussion of wildfire exposure types and associated hazards for  
12 healthcare facilities, such as embers, sparks, fire department access, and  
13 the need for evacuation or shelter-in-place strategies.

14 ○ Key fire protection design concepts include ignition-resistant construction,  
15 vulnerable exterior features, fire access, water supply, and defensible  
16 space.

17 • Fire Hazard Severity Zones:

18 ○ A five-minute segment explaining what FHSZs are, their importance, and  
19 how to determine if a healthcare facility falls within one.

20 ○ Clarification on the limitations of CAL FIRE maps and how they differ from  
21 locally defined hazard severity zones.

22 • Operational Impacts of Wildfire:

23 ○ Analysis of how wildfire events can affect hospital operations and building  
24 functionality.

25 ○ Emphasis on the risks of smoke infiltration and water supply disruption,  
26 such as experienced during the Palisades Fire.

27 ○ Discussion of logistical and operational requirements for large-scale  
28 evacuations, including ambulance resources and fire department  
29 accessibility.

30 • Emergency Planning and Readiness:

31 ○ A 20-minute segment focused on coordinated design and operations  
32 planning for wildfire resilience.

33 ○ Topics include managing power outages, HVAC smoke management  
34 strategies, and decision-making around evacuation versus shelter-in-  
35 place.

- 1           ○ Guidance on assessing current exposure risks, improving facility envelope  
2 protection and defensible space, and updating the Hazard Vulnerability  
3 Assessment and emergency plans.
- 4           ○ Janice Cheung confirmed the outline aligned with their intentions and  
5 added that the webinar was targeted to run for 60 minutes with flexibility to  
6 expand sections based on need or subcommittee recommendations. She  
7 also raised the question of assigning an OSHPD liaison to assist with  
8 content development.

9 Gary Dunger elaborated that Nanci Timmins, Chief Fire and Life Safety Officer, had  
10 already delivered training to OSHPD staff on the WUI topic and may have an existing  
11 presentation that could be adapted for the subcommittee's use. He suggested it would  
12 be efficient to utilize Nanci's presentation or have her deliver the WUI section during the  
13 webinar. He referenced an action item from the previous subcommittee meeting,  
14 committing to assigning a staff liaison.

15 Veronica Yuke confirmed she would follow up with Chris Tokas to clarify the staff  
16 assignment before the next meeting.

17 Teresa Endres acknowledged her previous mistake in referencing Part 5 instead of Part  
18 7 and confirmed the correction. She then called for closing comments.

#### 19 **Subcommittee and Public Comments**

- 20           • None.

#### 21 **Informational and Action Items**

- 22           • Review outline for WUI, Title 24, Part 7 confirmed.
- 23           • Potential use of existing OSHPD WUI training materials and liaison support  
24 discussed.
- 25           • Coordination with HBSB staff and possible presentation involvement from  
26 Nanci Timmins suggested.
- 27           • Follow-up needed from OSHPD leadership to confirm support staff assignment.

28

#### 29 **6. Review outline for Topic 3: Wildland Urban Interface - HVAC (including** 30 **ASHRAE Guideline 44)**

31 **Facilitators:** Abdel Darwich, PE, LEED AP, HFDP, Principal, Guttman and Blaevoet  
32 Consulting Engineers; and Mikhail Fuks, PE, HFDP, DBIA

#### 33 **Discussion and Input:**

34 Abdel Darwich opened the session by clarifying that this presentation focuses  
35 specifically on mitigating smoke infiltration from wildfires, which differs from the fire-  
36 related risks discussed in Topic 2. The session will align with Section 7 of the HCAI

1 Design Guide and expand upon it using newer content from ASHRAE Guideline 44,  
2 which was published after the Design Guide.

3 The facilitators plan for a 45–60-minute webinar, subject to subcommittee input and  
4 potential integration with related topics. The content is structured around four main  
5 conceptual strategies to manage wildfire smoke intrusion:

6 • Awareness:

7 ○ Overview of wildfire smoke, its impact, and how it differs from general  
8 pollution.

9 ○ Introduction to monitoring tools such as sensors covered in both the  
10 Design Guide and ASHRAE Guideline 44.

11 • Planning:

12 ○ Development of a Smoke Readiness Plan, supported by templates,  
13 questions, and survey tools.

14 ○ Focus on operational governance and preparedness.

15 • Prevention of Smoke Intrusion:

16 ○ Identification of entry points: air intakes, doors, envelopes, leakage paths,  
17 and even contaminated clothing.

18 ○ Techniques to minimize intrusion using both prescriptive (e.g., default  
19 MERV 13 filter use) and performance-based strategies (e.g., advanced  
20 calculation methods available in ASHRAE Guideline 44).

21 • Mitigation of Infiltrated Smoke:

22 ○ Use of particle and gas filtration, with details from both the Design Guide  
23 and ASHRAE resources.

24 ○ Discussion of portable air cleaners and their application in healthcare.

25 ○ Consideration of non-HVAC filters, such as those in incubators and  
26 medication delivery systems that may be impacted by smoke particles.

27 A key feature of the presentation is a comprehensive mitigation measures matrix  
28 developed in ASHRAE Guideline 44. This table evaluates the difficulty of implementing  
29 13–14 mitigation strategies across seven – eight common HVAC system types. While  
30 too detailed to present in full, it will be referenced as a critical resource for healthcare  
31 facility owners and decision-makers.

32 Additional points of discussion will include:

33 • A dedicated page from ASHRAE Guideline 44 focusing on healthcare-specific  
34 precautions.

- 1 • Review of challenges encountered during simultaneous wildfire and pandemic  
2 events, such as the 2020 overlap, where ventilation strategies conflicted (e.g.,  
3 increase outdoor air for infection control vs. reduce outdoor air to limit smoke  
4 infiltration).
- 5 • An overview of emerging research, including lab simulations of wildfire smoke  
6 interactions with air filters and microscopic analyses of filter behavior.

7 Teresa Endres recommended that the presentation begin by clearly stating that  
8 ASHRAE Guideline 44 was developed *after* the HCAI Design Guide was published,  
9 highlighting the evolution of understanding in wildfire smoke mitigation. Abdel Darwich  
10 confirmed that this context is already included in the introductory slides.

### 11 **Subcommittee and Public Comments**

- 12 • None.

### 13 **Informational and Action Items**

- 14 • Topic outline reviewed and affirmed.
- 15 • Presentation will integrate the HCAI Design Guide with ASHRAE Guideline 44.
- 16 • Matrix of mitigation strategies and healthcare-specific filter considerations to be  
17 highlighted.
- 18 • Presentation will reference evolving research and address future directions in  
19 wildfire smoke filtration.
- 20 • Clarification included that ASHRAE Guideline 44 post-dates the Design Guide.

21

## 22 **7. Review outline for Topic 4: Infection Control - HVAC**

23 **Facilitators:** Abdel Darwich and Mikhail Fuks

### 24 **Discussion and Input**

25 Abdel Darwich introduced the outline for the Infection Control, HVAC webinar, noting  
26 that he and Mikhail Fuks developed the content in parallel with the wildfire smoke topic.

- 27 • Section 1: Background and Framework
  - 28 ○ Based on Section 3 of the HCAI Design Guide.
  - 29 ○ Overview of administrative, environmental, and personal protective  
30 measures. HVAC is framed as an environmental control strategy.
  - 31 ○ Emphasis on lessons learned from the COVID-19 pandemic.
- 32 • Section 2: Design Guide Recommendations
  - 33 ○ Review of guidance on increasing outside air, use of UV technologies, and  
34 backup systems.

- 1           ○ Focus on resilient system design that anticipates changes in infection  
2           control needs.
- 3       • Section 3: Filtration
- 4           ○ Discussion on use of HVAC filters for infection control.
- 5           ○ Reinforcement of guidance in the Design Guide regarding filter types and  
6           performance.
- 7       • Section 4: Return and Exhaust Air
- 8           ○ Review of Design Guide Section 3.3 recommendations, including:
- 9               ▪ Negative pressure rooms
- 10               ▪ Switchable airflow configurations
- 11               ▪ Guidance on avoiding negative air pressure in operating rooms
- 12       • Section 5: Augmentation with ASHRAE Standard 241
- 13           ○ Abdel Darwich emphasized that ASHRAE 241 was developed after the  
14           Design Guide and introduces new concepts such as:
- 15               ▪ Clean Airflow vs. Volume
- 16               ▪ Risk modeling and clean air delivery rate (CADR)
- 17               ▪ Infection Management Mode (IMM)
- 18               ▪ Healthcare-specific clean air requirements
- 19           ○ Facilitators plan to provide high-level guidance only, without deep  
20           technical detail. They will also highlight ASHRAE’s free online access to  
21           the standard and its Excel-based calculation tool.
- 22           ○ A practical example will be presented using an ED waiting room, one of  
23           the highest-risk areas for airborne infection transmission, to demonstrate  
24           real-world design decisions using the ASHRAE 241 calculator.
- 25       • Supplemental Content and Emerging Data:
- 26           ○ Abdel Darwich referenced a PNNL study comparing energy consumption  
27           across infection control strategies in various climates.
- 28           ○ Findings showed that 100% outside air, while often recommended, is  
29           among the most energy-intensive solutions. Other options can provide  
30           compliance with less energy use.
- 31           ○ Discussion arose about legacy recommendations in the original Design  
32           Guide, including schematics for HVAC “workarounds” that may now be  
33           obsolete due to updated understanding and ASHRAE 241.
- 34       Mikhail Fuks advised against presenting outdated recommendations that could create  
35       confusion in the field. He emphasized the importance of clarifying to the audience when

1 information has evolved. He recommended working with the Building Standards Unit to  
2 formally revise outdated guidance.

3 Richard Tannahill agreed, stating the subcommittee should inform BSU of necessary  
4 updates. He supported integrating new data into the webinar and flagged that  
5 recirculated HEPA-filtered air is still being used and accepted in certain applications.

6 Teresa Endres noted that the guide was always intended to evolve as new information  
7 emerges. She encouraged Abdel Darwich and Mikhail Fuks to present updated  
8 concepts and use the webinar as an opportunity to preview changes that may appear in  
9 future guide revisions.

10 Abdel Darwich confirmed that ASHRAE 241 enables quantification, moving beyond the  
11 qualitative recommendations of the Design Guide. He expressed interest in showing  
12 examples using different types of spaces and airflows, time permitting.

13 Larry Enright added that some hospital spaces, such as exam rooms, have lower air  
14 change requirements under code and may benefit most from guidance in ASHRAE 241.  
15 He highlighted the importance of discussing recirculating units and their impact on air  
16 quality and energy efficiency.

17 Teresa Endres proposed combining the HVAC and design webinars for infection control  
18 to encourage cross-disciplinary understanding. She noted the overlap between  
19 mechanical systems and medical planning and emphasized the benefit of co-presenting  
20 these concepts to audiences with different professional backgrounds.

## 21 **Subcommittee and Public Comments**

- 22 • None.

## 23 **Informational and Action Items**

- 24 • Presentation will integrate ASHRAE 241 and clarify it post-dates the Design  
25 Guide.
- 26 • Webinar will deliver high-level takeaways for owners, planners, and engineers.
- 27 • Obsolete recommendations from the Design Guide will be flagged for BSU  
28 review.
- 29 • Real-world examples and modeling tools will be included (e.g., ED waiting room).
- 30 • Webinar may be combined with infection control, and design topic for cross-  
31 functional engagement.
- 32 • Subcommittee encouraged to submit updated data to BSU for potential guide  
33 revisions.

34

## 8. Review outline for Topic 5: Infection Control - Operations

**Facilitators:** Jennifer Cox, MHA, BSN, RN, PHN, CIC, System Director, Epidemiology and Infection Prevention, University of California Irvine Health; and Kelly Martinez, RN, MBA, FACHE, EDAC, Co-founder, Hallsta, Inc.

### Discussion and Input

Kelly Martinez presented the Infection Control, Operations outline, developed in collaboration with Jennifer Cox. She noted significant content overlap with the HVAC and design sections, suggesting that these topics may ultimately be merged into a single webinar to create a comprehensive infection control strategy.

The presentation outline includes the following key segments:

- Outbreak Alert Systems:
  - Introduction to the DORSCON (Disease Outbreak Response System Condition) model from Singapore, which categorizes public risk and impacts based on infectious disease threats.
- Foundational Principles:
  - Emphasis on an all-hazards approach, surge readiness, system flexibility, and redundancy.
  - Importance of integrating infection prevention and hospital epidemiology early in the design process.
  - Operational infection control risk assessments (ICRAs) for ongoing maintenance and construction.
- Regulatory and Guideline Frameworks:
  - Review of applicable codes and standards, with a suggestion to develop a matrix for clearer visual reference.
- Built Environment Considerations:
  - Airflow, pressurization, and ventilation strategies.
  - Convertible room and ward-level isolation (e.g., Med/Surg units transformed into negative pressure areas).
  - Compatibility of materials and finishes with enhanced cleaning protocols.
  - HCAI-compliant, durable, and disinfectant-resistant product selection.
- Infrastructure for Surge Events:
  - Hand hygiene: strategic placement of sinks, hand sanitizers, and planning for water outages.
  - Integration of environmental services workflows, including waste management and clean/soiled separation.

- 1           ○ Standardized room design for future adaptability (e.g., donning/doffing
- 2           zones, lobby-to-triage conversions).
- 3           ○ Traffic flow flexibility and control (e.g., badge access, directional
- 4           movement).
- 5       • Morgue and Surge Capacity Planning:
  - 6           ○ Infrastructure support for temporary morgue capacity (e.g., electrical pads
  - 7           for refrigerated trailers).
  - 8           ○ Flexible ventilation modes and real-time environmental monitoring
  - 9           integrated with BMS.
- 10       • Water Systems and Preparedness:
  - 11           ○ Management of low-use zones and Legionella prevention.
  - 12           ○ Plumbing design to minimize dead legs and stagnation.
  - 13           ○ Sensor integration, emergency disinfection (e.g., hyperchlorination), and
  - 14           recovery protocols for main breaks or contamination events.
- 15       • Clinical Operations During Outbreaks:
  - 16           ○ Patient segregation, dedicated flows for infected vs. non-infected
  - 17           populations.
  - 18           ○ PPE storage, surge planning, reusable PPE considerations, visitor
  - 19           screening protocols.
  - 20           ○ Use of exterior spaces (e.g., tents, trailers) for triage and surge capacity.
- 21       • Sterile Processing:
  - 22           ○ Scaling of sterilization capacity in the absence of flash sterilizers.
  - 23           ○ Redundant systems and consideration of centralized vs. decentralized
  - 24           processing workflows.
- 25       • Hazardous Waste Management:
  - 26           ○ Planning for temporary biohazard waste storage and decontamination
  - 27           staging areas.
- 28       • Digital Infrastructure and Monitoring:
  - 29           ○ Environmental dashboards for real-time monitoring of airflow, pressure,
  - 30           and water quality.
  - 31           ○ Support for rapid room mode switching during emergencies.
- 32       • Facilities Management Integration:

- 1           ○ Preparedness-focused documentation (e.g., airflow schematics, shutoff
- 2           locations).
- 3           ○ Cross-training, remote inspection access, and coordination during
- 4           emergency events.
- 5       • Commissioning, Recommissioning, and Validation:
- 6           ○ Infection prevention’s role in reoccupancy procedures.
- 7           ○ Scenario-based drills for surges, system failures, and construction
- 8           turnover planning.
- 9           ○ Ensuring negative pressure zones and water systems are operational
- 10          post-renovation.
- 11       • Governance and Decision-Making:
- 12           ○ Infection prevention’s formal involvement across all design and
- 13           operational phases.
- 14           ○ Escalation pathways for safety-impacting design decisions.

15 Teresa Endres praised the depth of the outline and confirmed the extensive overlap  
16 between the operations, HVAC, and design topics. She proposed merging them into  
17 one comprehensive webinar, while allowing each sub-subcommittee to continue  
18 developing their individual materials in coordination.

19 Mikhail Fuks inquired about whether multiple board members could collaborate on a  
20 shared slide deck. Michelle Church-Reeves clarified that such collaboration would  
21 constitute a serial communication under the Bagley-Keene Open Meeting Act and is not  
22 permitted. Instead, board members must submit materials through the HBSB staff, and  
23 all discussion must occur in a public meeting.

24 Teresa Endres recommended that each sub-subcommittee continue independently and  
25 coordinate indirectly through overlapping members. Kelly Martinez, who is involved in  
26 both the operations and design sub-subs, agreed to facilitate coordination between  
27 groups.

28 Teresa Endres also offered to share a more detailed DORSCON model slide used in a  
29 prior PDC presentation and suggested coordinating with Kelly Martinez on the depth of  
30 content to include in the merged webinar.

### 31 **Subcommittee and Public Comments**

- 32       • None.

### 33 **Informational and Action Items**

- 34       • Outline reviewed and affirmed for Infection Control, Operations.

- 1 • Significant overlap identified with HVAC and Design, potential for webinar  
2 consolidation.
- 3 • Slide development to continue in parallel by each sub-committee.
- 4 • Materials to be routed through HBSB staff in compliance with Bagley-Keene  
5 requirements.
- 6 • Existing morgue and exterior triage infrastructure needs flagged for integration in  
7 surge planning.
- 8 • Detailed infection prevention involvement from planning through re-occupancy  
9 emphasized.

10

## 11 **9. Review outline for Topic 6: Infection Control - Design**

12 **Facilitators:** Teresa Endres and Kelly Martinez

### 13 **Discussion and Input**

14 Teresa Endres led the presentation on the Infection Control, Design topic. She began  
15 by thanking the board staff for their quick work in processing the outline submission.

16 Teresa Endres explained that much of the material presented was previously shared at  
17 the ASHE PDC Conference, focusing on chapters 4 and 5 of the Design Guide. She  
18 emphasized the repeated theme of designing beyond code minimum, which will be  
19 reinforced in the intro and conclusion of the webinar, to be coordinated with OSHPD  
20 staff. That phrase is intentionally repeated throughout the presentation to highlight the  
21 elevated level of preparedness recommended.

22 Key design features outlined include:

- 23 • **Entry-Level Diagram Review:**
  - 24 ○ Diagrams display temperature and security checkpoints (e.g., as  
25 vestibules),
  - 26 ○ Separate entry points for pandemic patients, trauma, and resuscitation.
  - 27 ○ Layout supports isolation and compartmentalization, both for pandemic  
28 and non-pandemic areas.
- 29 • **Emergency Department Diagrams:**
  - 30 ○ Aligned with mechanical examples to illustrate segregated waiting rooms.
  - 31 ○ Diagrammed options show four patient compartments (two for pandemic,  
32 two for non-pandemic).
  - 33 ○ Discussion of redundant HVAC systems, modeled on practices from  
34 Canada and Singapore.

- 1       • Clean and Soiled Flows:
  - 2           ○ Separate clean/soiled elevators and trauma elevators.
  - 3           ○ Design strategies that reduce cross-contamination by placing resuscitation
  - 4           and imaging (x-ray) in proximity within the same zone to reduce patient
  - 5           movement.
- 6       • Pandemic-Ready Patient Units:
  - 7           ○ Description of clean and soiled entry/exit paths featuring double-door
  - 8           alcoves with donning/doffing facilities (handwashing, PPE stations, waste
  - 9           receptacles).
  - 10          ○ Design permits materials to be passed into units without contact,
  - 11          mimicking anteroom functions.
  - 12          ○ Includes multipurpose room strategies as adaptable infection control
  - 13          solutions.
- 14      • Patient Room Design Concepts:
  - 15          ○ Rooms are airborne infection isolation rooms equipped with anteroom
  - 16          vestibules.
  - 17          ○ Diagrams in the guide include inboard, outboard, and midboard toilet
  - 18          configurations to show non-biased options depending on structural
  - 19          feasibility.
  - 20          ○ Specific language used to describe rooms as acuity adjustable rather than
  - 21          acuity adaptable, in alignment with CDPH definitions.

22 Teresa Endres concluded that much of the content in this design section overlaps with  
23 the HVAC and operations sections already reviewed. She proposed merging these  
24 three topics, HVAC, operations, and design, into one consolidated webinar. This  
25 approach will allow for cross-disciplinary education between designers, engineers, and  
26 owners.

27 Teresa Endres further commented on the need to educate owner’s representatives,  
28 especially those from non-healthcare construction backgrounds (e.g., corporate  
29 interiors, schools), who may focus solely on first cost and not grasp the operational  
30 implications of infection control–driven design. She stressed this as an opportunity to  
31 bridge the knowledge gap and promote more informed design discussions.

32 Kelly Martinez agreed with the assessment, highlighting the redundancy and alignment  
33 among the three topics.

#### 34 **Subcommittee and Public Comments**

- 35       • None.

1 **Informational and Action Items:**

- 2 • Outline reviewed and affirmed for Infection Control, Design.
- 3 • Key design recommendations include separate flows, HVAC redundancy,  
4 pandemic-ready patient rooms, and anteroom integration.
- 5 • Extensive overlap identified with HVAC and Operations topics (Items 7 & 8;  
6 Topics 4 & 5), with proposal to consolidate into a single webinar.
- 7 • OSHPD staff to assist in preparing boilerplate introduction and conclusion for  
8 webinars to emphasize “beyond code minimum.”
- 9 • Kelly Martinez to coordinate cross-topic alignment and content integration.
- 10 • Opportunity identified to educate owner’s reps unfamiliar with healthcare  
11 operational requirements.

12

13 **10. Review outline for Topic 7: Hazard Vulnerability Assessment**

14 **Facilitators:** Jennifer Cox and Kelly Martinez

15 **Discussion and Input**

16 Kelly Martinez introduced the topic by emphasizing that a Hazard Vulnerability  
17 Assessment (HVA) should frame hospital design either at the very beginning or end of  
18 the webinar series. She described the HVA as a systematic method for identifying,  
19 evaluating, and prioritizing risks to support strategic preparedness and building  
20 resilience. She noted that risk assumptions can be misleading if actual mitigation efforts  
21 are not considered.

22 Kelly Martinez described the HVA as a Title 22 and Joint Commission requirement and  
23 explained how hospitals score hazards across natural, technological, human, and  
24 hazardous materials categories. Each hazard is assessed by its probability, human  
25 impact, property damage, business impact, mitigation preparedness, and response  
26 capacity, leading to a weighted risk score.

27 She walked through an Excel-based tool and sample matrix, explaining how risks such  
28 as earthquakes could be scored high due to poor mitigation (e.g., outdated  
29 infrastructure). After identifying the top risks, facilities can plan their mitigation,  
30 preparedness, response, and recovery strategies.

31 Kelly Martinez emphasized that findings from HVAs should influence capital investment,  
32 infrastructure renewal, policies, and master planning. She reiterated that risk levels vary  
33 per hospital depending on location and infrastructure.

34 Teresa Endres suggested incorporating real design examples that show how HVA  
35 findings translated into final facility design outcomes, to make the material more  
36 relatable to designers and engineers.

1 Jennifer Cox supported the idea and agreed that tying HVA results to mitigation design  
2 outcomes would be user-friendly.

### 3 **Subcommittee and Public Comments**

- 4 • Teresa Endres praised the clarity of the presentation and emphasized how  
5 helpful it would be for designers to understand where HVAs originate and how  
6 they inform design.
- 7 • Jennifer Cox affirmed the benefit of aligning hazard identification with the  
8 resulting design implications.

### 9 **Informational and Action Items:**

- 10 • The subcommittee discussed possibly placing this topic at the beginning or end  
11 of the webinar series.
- 12 • The facilitators will consider integrating design examples that illustrate how  
13 identified hazards were mitigated through architectural and engineering  
14 decisions.

15

## 16 **11. Discuss schedule for the series of HCAI Design Guide for Planning and** 17 **Preparing for Disasters webinars in 2026**

18 **Facilitator:** Teresa Endres (or designee)

### 19 **Discussion and Input**

20 Teresa Endres opened the item by discussing the scheduling of the 2026 webinars for  
21 the HCAI Design Guide series. She initially referenced Topic 1: Power Independence,  
22 noting that more preparation was needed and confirming with Jamie Schnick and  
23 David Bliss that slide submissions could be completed by February 27, 2026. Jamie  
24 Schnick confirmed that timeline, and Teresa stated that board staff would follow up by  
25 email with the presenters.

26 Teresa Endres then asked Abdel Darwich and Mikhail Fuks whether they could  
27 complete their slide decks by the end of February. Abdel Darwich responded that he  
28 had already presented on wildland smoke and could complete that section by the  
29 deadline; however, the section on wildfire would take more time.

30 Teresa Endres followed up with Gary Dunger and Janice Cheung regarding Title 24  
31 Part 7 content. She asked if slides could be finalized by the end of February and Gary  
32 Dunger agreed.

33 Janice Cheung inquired about the status of slides previously prepared by  
34 Nanci Timmins to avoid duplication. Richard Tannahill stated that he would follow up  
35 with Chris Tokas on that matter the same day.

36 For Topic 5: Infection Control, Operations, Teresa Endres asked Kelly Martinez and  
37 Jennifer Cox to estimate a completion timeline. Kelly Martinez explained that because

1 topics 4, 5, and 6 were being merged, significant coordination would be required  
2 between her, Jennifer Cox, and Teresa Endres. She suggested initially submitting  
3 individual sections. Teresa Endres proposed that she and Kelly Martinez work together  
4 more closely to finalize slides, especially since design-related slides were mostly  
5 prepared from the prior PDC conference rollout. Jennifer Cox agreed to the coordination  
6 plan.

7 Regarding Topic 7: Hazard Vulnerability Assessment, Teresa Endres noted it might take  
8 more time to complete. She asked Kelly Martinez and Jennifer Cox to begin structuring  
9 slides around the Excel tool presented earlier and suggested that board members could  
10 assist by providing relevant images. Kelly Martinez acknowledged and agreed to begin  
11 outlining the content.

12 Teresa Endres proposed reviewing slide decks for Topics 1, 2, and 3 at the next  
13 subcommittee meeting, targeting those as the earliest webinars to be scheduled. Topics  
14 4–7 would be scheduled after slide decks were completed and reviewed in subsequent  
15 meetings.

16 Kelly Martinez asked whether there would be a standard PowerPoint template to  
17 maintain uniformity. Teresa confirmed there would be a consistent slide deck template  
18 using the HCAI/OSHPD design, with the title slide from the previous PDC presentation.  
19 She stated the template would be sent to Marcus Palmer to distribute within a few days.

20 The subcommittee then selected a date for the next meeting. After reviewing calendars,  
21 the group agreed to reconvene on March 11, 2026, to allow time to review completed  
22 slides before the full board meeting in April.

### 23 **Subcommittee and Public Comments**

- 24 • Kelly Martinez highlighted the complexity of coordinating content across merged  
25 topics and affirmed her willingness to work with both Teresa Endres and Jennifer  
26 Cox.
- 27 • Janice Cheung raised an important consideration regarding pre-existing slide  
28 content from Nanci Timmins to avoid rework.

### 29 **Informational and Action Items**

- 30 • All facilitators are to complete and submit their respective slide decks by  
31 February 27, 2026.
- 32 • Board staff will send out follow-up emails to facilitators to confirm deadlines.
- 33 • Topics 1–3 slide decks will be reviewed at the March 11, 2026, subcommittee  
34 meeting.
- 35 • A uniform PowerPoint template will be distributed to all presenters.
- 36 • The next subcommittee meeting is scheduled for March 11, 2026.

1

2 **12. Comments from the Public/Subcommittee Members on Issues not on this**  
3 **Agenda**

4 **Facilitator:** Teresa Endres

5 **Discussion and Input**

6 Teresa Endres formally opened Agenda Item 12 by inviting comments from both the  
7 public and subcommittee members on topics not listed on the current agenda. She  
8 asked whether there were any additional questions or issues unrelated to the specific  
9 agenda items previously discussed.

10 Veronica Yuke clarified the scope of this item, emphasizing that the invitation was for  
11 issues not already covered in the current meeting agenda, in alignment with standard  
12 public meeting procedures.

13 **Subcommittee and Public Comments**

- 14
  - None.

15 **Informational and Action Items**

- 16
  - None.

17

18 **13. Adjournment**

19 Teresa Endres adjourned the Ad Hoc HCAI Design Guide for Planning and Preparing  
20 for Disasters Webinar Development Subcommittee meeting at 12:37 p.m.

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**Hospital Building Safety Board  
Ad hoc “HCAI Design Guide for Planning and Preparing  
for Disasters” Webinar Development Subcommittee**

**March 11, 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, Subcommittee Chair  
Gary Dunger, Subcommittee Vice-Chair  
David Bliss  
Janice Cheung  
Jennifer Cox  
Mikhail Fuks  
John Griffiths  
Kelly Martinez

**Consulting Members Present**

Abdel Darwich

**HBSB Members Present:**

Jim Malley

**HCAI Staff Present**

Chris Tokas  
Richard Tannahill  
Jamie Schnick  
Nanci Timmins  
Clara Wu

**HBSB Staff Present**

Veronica Yuke, Executive Director  
Marcus Palmer  
Evelt Torres

- 1 **1. Call to Order and Welcome**
- 2 **Facilitator:** Teresa Endres, AIA, ACHA, EDA, AAH, Principal, Sr. Medical Planner,
- 3 HOK; Subcommittee Chair
- 4 Teresa Endres called the HBSB Ad Hoc HCAI Design Guide for Planning and Preparing
- 5 for Disasters Webinar Development Subcommittee meeting to order at 10:00 a.m. on
- 6 March 11, 2026.
- 7

1 **2. Roll Call and Meeting Advisories/Expectations**

2 **Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director

3 Veronica Yuke conducted roll call and confirmed that a quorum was established. She  
4 then presented the meeting expectations and rules of engagement.

5

6 **3. Review and approve the draft January 22, 2026, meeting report/minutes**

7 **Facilitator:** Teresa Endres

8 **Discussion and Input**

9 Teresa Endres reviewed the January 22, 2026, meeting report and summarized the  
10 prior meeting record. She stated that the November 20, 2025, meeting report was  
11 reviewed and approved. She then reviewed each topic at a high level.

- 12 • For Topic 1, Teresa Endres stated that John Griffiths, David Bliss, and Jamie  
13 Schnick had discussed resilience, emerging threats, constraints, and solutions.  
14 She noted that Mikhail Fuks had identified two significant constraints: the  
15 shortage of skilled electrical contractors experienced in emerging technologies,  
16 and the reluctance of some healthcare facility owners to adopt unfamiliar  
17 systems because of perceived risk and operational pressure during  
18 emergencies. She added that Jamie Schnick had clarified technical points and  
19 that the presenters had agreed on a webinar structure covering site-specific  
20 power solutions, campus-wide energy mixes, code evolution supporting  
21 microgrids, case studies, and clarification of design constraints and seismic  
22 requirements. She also noted that the group had agreed to use the OSHPD  
23 slide template and that there had been no public comments.
- 24 • For Topic 2, Teresa Endres stated that Gary Dunger and Janice Cheung had  
25 presented an outline covering introduction and context, Title 24, Part 7, fire  
26 hazard severity zones, operational impacts of wildfire, and emergency planning  
27 and readiness. She noted that Nanci Timmins had already created and  
28 delivered WUI training and that Gary Dunger, Janice Cheung, and Nanci  
29 Timmins would coordinate on what remained to be covered. She also corrected  
30 the prior reference from Part 5 to Part 7.
- 31 • For Topic 3, Teresa Endres stated that Abdel Darwich and Mikhail Fuks had  
32 outlined awareness, planning, prevention of smoke intrusion, and mitigation of  
33 infiltrated smoke. She noted that ASHRAE Guideline 44 contained a dedicated  
34 page on healthcare-specific precautions and stated that the Design Guide  
35 might be updated to reference that guideline.
- 36 • For Topic 4, Teresa Endres stated that Abdel Darwich and Mikhail Fuks had  
37 outlined background and framework, Design Guide recommendations, filtration,

1 return and exhaust air, augmentation with ASHRAE Standard 241, and  
2 supplemental content and emerging data.

- 3 • For Topic 5, Teresa Endres stated that Jennifer Cox and Kelly Martinez had  
4 outlined outbreak alert systems, foundational principles, regulatory and  
5 guideline frameworks, built environment conditions, infrastructure and surge  
6 events, morgue and surge capacity planning, water systems and preparedness,  
7 clinical operations during outbreaks, sterile processing, hazardous waste  
8 management, digital infrastructure and monitoring, facilities management  
9 integration, commissioning and recommissioning, validation, and governance  
10 and decision-making.
- 11 • For Topic 6, she stated that Kelly Martinez and Teresa Endres had outlined  
12 entry-level diagram review, emergency department diagrams already included  
13 in the guide, clean and soiled flows, pandemic-ready patient units, and patient  
14 room design considerations.
- 15 • For Topic 7, Teresa Endres stated that Kelly Martinez and Jennifer Cox had  
16 introduced Hazard Vulnerability Assessment as a tool that could frame hospital  
17 design at either the beginning or end of the webinar series. She explained that  
18 Kelly Martinez had described it as a systematic method for identifying,  
19 evaluating, and prioritizing risks to support strategic preparedness and  
20 resilience, and had noted that risk assumptions can be misleading if mitigation  
21 measures are not considered. She added that the discussion also referenced  
22 Title 22 and Joint Commission requirements, and that Jennifer Cox had  
23 commented on the benefit of aligning hazard identification with resulting design  
24 implications.

25 Teresa Endres then stated that the prior meeting had also addressed the 2026 webinar  
26 schedule and that the group had hoped David Bliss, John Griffiths, and Jamie Schnick  
27 would present first because their material was mostly complete. She added that the  
28 group had reviewed work underway by Gary Dunger and Janice Cheung, as well as the  
29 Infection Control Operations material. She noted that Kelly Martinez had commented on  
30 the difficulty of coordinating content across merged topics and had expressed  
31 willingness to work with Teresa Endres and Jennifer Cox, while Janice Cheung had  
32 raised the issue of preexisting slide content from Nanci Timmins to avoid duplication.

### 33 **Subcommittee and Public Comments**

- 34 • None.

### 35 **Voting**

36 Motion to approve the draft January 22, 2026, meeting report/minutes.

- 37 • **Motion:** Abdel Darwich.

- 1 • **Second:** Kelly Martinez.
- 2 • **Outcome:** Motion passed unanimously.

### 3 **Informational and Action Items**

- 4 • Teresa Endres reviewed the contents of the January 22, 2026 meeting report.
- 5 • The subcommittee confirmed the prior assignments for the seven webinar topic
- 6 areas.
- 7 • Teresa Endres corrected the prior reference to WUI as Title 24, Part 7, not Part
- 8 5.

9

### 10 **4. Review slide deck for Topic 1: Power Independence**

11 **Facilitators:** John Griffiths, PE, Electrical Engineer, CONTECH-CA; David Bliss, MD,  
12 Faraday Microgrids; and Jamie Schnick, PE, Senior Electrical Engineer, HCAI

### 13 **Discussion and Input**

14 John Griffiths outlined the structure of the presentation and stated that he would serve  
15 as the moderator, introduce the speakers, and guide the agenda. He stated that the  
16 presentation would define resilience, including code baseline and enhanced resilience,  
17 and that slide text would be reduced to key headings to support verbal explanation. He  
18 described content addressing emerging threats, including internal issues such as  
19 equipment and workforce challenges and external issues such as utility disruptions and  
20 climate-related events. He also identified constraints including cost, space, and  
21 implementation challenges, and stated that the presentation would include solutions,  
22 strategies, and integrated approaches, with further refinement of slide formatting and  
23 graphics.

- 24 • Jamie Schnick defined healthcare microgrids as onsite energy systems that  
25 provide power resiliency during normal operations and emergencies. He stated  
26 that recent code developments in NFPA 99, NEC 2023, and the California  
27 Electrical Code recognize microgrids as both normal and essential power  
28 sources, including potential replacement of generators. Jamie Schnick  
29 explained that a CMS-related variance allows adoption of updated code  
30 provisions and stated that microgrid systems must meet the same requirements  
31 as emergency generators, including seismic certification, compliance with  
32 NFPA standards, rapid load pickup, duration requirements, and commissioning.  
33 He also described an advisory guide for healthcare microgrids that identifies  
34 applicable codes and supports planning and design compliance.
- 35 • David Bliss presented financial and operational considerations for microgrids.  
36 He explained that financial mechanisms include tax credits, direct pay options  
37 for nonprofits, accelerated depreciation, operational savings, and revenue

1 opportunities through energy markets. He stated that microgrids can support  
2 continued hospital operations during power outages when multiple power  
3 sources are available. David Bliss also described challenges including cost  
4 variability, system complexity, integration requirements, and ongoing  
5 maintenance. He stated that microgrids can reduce energy costs, generate  
6 revenue, improve resilience, and provide additional benefits such as  
7 sustainability, space utilization, and protection from utility cost increases. He  
8 presented examples of healthcare microgrid installations and described  
9 technical considerations including system sizing, zero-export configuration,  
10 cybersecurity, and system control.

11 John Griffiths stated that the presentation demonstrates that microgrids are allowable  
12 under code, financially viable, and already implemented in healthcare facilities. He  
13 stated that continued support is needed for code development, financial mechanisms,  
14 and availability of compliant equipment.

### 15 **Subcommittee and Public Comments**

- 16 • Jennifer Cox asked whether the UC Irvine Health facility could be included as  
17 an example and offered to connect the presenters with the project team.
- 18 • Mikhail Fuks stated that the presentation should demonstrate a growing  
19 pipeline of projects to show industry momentum and support broader adoption.  
20 Jamie Schnick stated that while a comprehensive dataset is not available, he  
21 could compile known projects and develop a graphic.
- 22 • David Bliss asked whether any important content areas were missing and  
23 identified minor slide corrections.
- 24 • Abdel Darwich stated that Q&A should be held at the end of the presentation  
25 because many questions are addressed during the presentation.
- 26 • Teresa Endres stated that project-specific questions should not be addressed  
27 during the webinar to maintain focus on general concepts.

### 28 **Informational and Action Items**

- 29 • John Griffiths, David Bliss, and Jamie Schnick will refine slide content,  
30 formatting, and graphics.
- 31 • John Griffiths will coordinate with Jennifer Cox to obtain information related to  
32 the UCI Health Irvine project.
- 33 • Jamie Schnick will compile known microgrid projects and develop a graphic  
34 illustrating project activity.
- 35 • John Griffiths will coordinate development of QR codes and engagement tools.
- 36 • David Bliss will monitor webinar questions and support Q&A coordination.

- 1 • John Griffiths, David Bliss, and Jamie Schnick will coordinate and submit  
2 available dates for an April webinar to staff.
- 3 • Scheduling will avoid conflicts with early and late April meetings and allow time  
4 for advertising and review of materials.

5

6 **5. Review slide deck for Topic 2: Wildland Urban Interface (WUI) – 2025 Title 24,**  
7 **Part 5**

8 **Facilitators:** Gary Dunger, Executive Director, Design and Construction, Cedars-Sinai  
9 Health System; and Janice Cheung, PE, CSP, Fire Marshal, Redwood City

10 **Discussion and Input**

11 Gary Dunger opened the item by correcting the agenda reference from Part 5 to Part 7  
12 and stated that the webinar would use the correct title. He explained that the slide deck  
13 was drawn primarily from work prepared by Nanci Timmins and Janice Cheung and  
14 stated that the presentation was about 90% complete, with polishing, speaker notes,  
15 and presenter assignments still in progress. He also explained that, because  
16 Nanci Timmins had already developed a comprehensive wildland urban interface  
17 presentation for OSHPD staff, it made sense for her to present most of this webinar.

18 Gary Dunger walked through the slide deck at a high level. He stated that the  
19 presentation would begin with objectives and an explanation of why WUI matters to  
20 hospitals in California. He explained that the webinar would define the wildland urban  
21 interface, introduce Title 24, Part 7, and explain how attendees can determine whether  
22 a facility is located in a fire hazard severity zone, which he described as a key issue  
23 because many people do not know how to make that determination. He stated that the  
24 presentation would then explain why those zones matter and would connect them to  
25 hospital operations and emergency planning.

26 Gary Dunger described the section on fire hazard severity zones as one of the main  
27 takeaways of the webinar. He explained that the zones include moderate, high, and  
28 very high categories and that both state responsibility areas and local responsibility  
29 areas have their own requirements. He then described the slide on consolidation of WUI  
30 code provisions into California Building Code Part 7 as the central reason he had  
31 proposed this topic as a standalone webinar. He stated that the presentation would  
32 explain how that consolidation occurred and would recognize it as a major effort by the  
33 State Fire Marshal's Office with broad input from other entities.

34 Gary Dunger explained that the deck would then address how these requirements apply  
35 to hospitals, including the continuing confusion around whether a hospital is treated as  
36 an essential service facility or Risk Category IV, which he attributed in part to the  
37 existence of two Chapter 16s in the building code. He stated that the presentation would  
38 explain Risk Category IV, discuss enforcement, and note that while the code provisions

1 are not necessarily retroactive, certain operational considerations still apply going  
2 forward, including defensible space and vegetation management.

3 Gary Dunger stated that the presentation would also address access and water supply  
4 requirements, ignition-resistant construction, and common building vulnerabilities in  
5 WUI conditions, especially roof and eave openings, vents, exterior walls, glazing, and  
6 doors. He explained that the webinar would repeatedly return to the question of how to  
7 determine whether a facility is located in a fire hazard severity zone and would tie that  
8 determination to hospital-specific exposure pathways and operational concerns.

9 Gary Dunger then described the later sections of the deck as more hospital-focused. He  
10 stated that the presentation would address operational impacts, smoke readiness  
11 planning, and portable filtration, but would use those topics mainly as introductory  
12 material and as a bridge to the later HVAC wildfire smoke webinar. He stated that the  
13 deck would also address testing before an event, standby power considerations, and  
14 infrastructure dependencies, noting that he was aware of multiple cases in which  
15 wildfire reached or came very close to hospital buildings and generator systems failed.

16 Gary Dunger stated that the presentation would also address surge capacity, including  
17 triage and management of large numbers of patient arrivals during wildfire events, and  
18 would connect that discussion to similar issues addressed in the pandemic-related  
19 portions of the Design Guide. He explained that the deck would then address smoke  
20 compartmentation, shelter-in-place versus evacuation, and alternate care sites, again  
21 tying those issues to both wildfire and surge scenarios.

22 Gary Dunger concluded the walkthrough by stating that the final slides would focus on  
23 immediate takeaways for attendees. He explained that the webinar would instruct  
24 facilities to confirm their fire hazard severity zone designation, conduct vulnerability  
25 assessments, test HVAC systems, review generator and fuel capacity, verify what  
26 power source serves the day-tank fuel pump, and align design and operations for new  
27 hospitals and buildings located in fire hazard severity zones.

28 • Nanci Timmins stated that additional slides could be included to help attendees  
29 determine fire hazard severity zones using mapping tools and clarified that  
30 local jurisdictions may impose more restrictive requirements than state maps.  
31 She stated that the presentation could also address overlaps between local and  
32 state code enforcement responsibilities.

33 • Janice Cheung stated that the presentation was structured to be concise rather  
34 than comprehensive and noted that content could be expanded based on  
35 feedback.

## 36 **Subcommittee and Public Comments**

37 Discussion shifted to scheduling:

- 1 • Veronica Yuke stated that there is already a committee meeting scheduled for  
2 May 21 and recommended avoiding scheduling during the last week of May  
3 due to the holiday.
- 4 ○ Evett Torres stated that Gary Dunger, Janice Cheung, and Nanci Timmins  
5 could coordinate a date and send options to staff, noting that the webinar  
6 calendar is otherwise open.
- 7 • Gary Dunger asked whether webinars are typically scheduled in the afternoon  
8 or if a 10:00 a.m. start time is preferred.
- 9 ○ Evett Torres stated that she has primarily worked on afternoon webinars but  
10 was unsure of broader scheduling practices.
- 11 ▪ Gary Dunger stated that he can accommodate either morning or  
12 afternoon scheduling.
- 13 ▪ Veronica Yuke stated that staff will review prior webinar practices to  
14 determine whether morning sessions are appropriate and stated that she  
15 does not want to limit scheduling to afternoons if other options are  
16 viable.
- 17 • Veronica Yuke clarified that the group was discussing Thursday, May 14.
- 18 • Evett Torres stated that staff still needs to determine whether the webinar  
19 should be scheduled in the morning or afternoon and clarified that the group  
20 has identified a date but not a time. She also asked what title should be used  
21 for the webinar.
- 22 ○ Teresa Endres asked whether the title should be “Wildland Urban Interface  
23 2025 Title 24 Part Seven.”
- 24 ▪ Gary Dunger stated that the title slide currently uses “Wildfire and WUI  
25 Readiness for Healthcare Facilities.”
- 26 ▪ Janice Cheung stated that she does not have a preference and is  
27 comfortable either using that title or aligning with the published guide.
- 28 ○ Teresa Endres stated that this topic was developed after the guide and does  
29 not need to match the guide language and stated that the proposed title  
30 appears appropriate if the presenters agree.
- 31 ▪ Gary Dunger stated that he prefers the proposed title.
- 32 ▪ Teresa Endres stated that the webinar has a title and a date and that  
33 staff will coordinate the time.

#### 34 **Informational and Action Items**

- 35 • Gary Dunger and Janice Cheung will finalize slide content, speaker notes, and  
36 presentation roles.

- 1 • Gary Dunger will coordinate with Nanci Timmins regarding presentation  
2 participation.
- 3 • Additional slides will be added to explain fire hazard severity zone  
4 determination and jurisdictional considerations.
- 5 • The webinar title will be “Wildfire and WUI Readiness for Healthcare Facilities.”
- 6 • Gary Dunger, Janice Cheung, and Nanci Timmins identified May 14 as a  
7 potential date, with time to be determined.

8

9 **6. Review slide deck for Topic 3: WUI – HVAC (including ASHRAE Guideline 44)**

10 **Facilitators:** Abdel Darwich, PE, LEED AP, HFDP, Principal, Guttman and Blaevoet  
11 Consulting Engineers; and Mikhail Fuks, PE, HFDP, DBIA

12 **Discussion and Input**

13 Abdel Darwich reported that he and Mikhail Fuks had worked on the presentation since  
14 the last meeting and had revised it in response to board feedback so that a general  
15 audience, not just HVAC engineers, could understand it. He stated that they removed  
16 much of the deep technical content and equations and developed a slide deck of  
17 approximately 37 slides. He explained that they were targeting about 45 minutes for the  
18 presentation and about 15 minutes for questions and answers, for a total of about one  
19 hour, and suggested June as a possible webinar month since the first WUI webinar  
20 would likely occur in May.

21 Abdel Darwich stated that instead of giving the full presentation, he would walk through  
22 the slides and explain the purpose of each section. He noted that the title still needed  
23 refinement because he had used the subcommittee name as a placeholder.

24 Abdel Darwich explained that the presentation begins with background information to  
25 help non-HVAC audience members understand the topic. He stated that the  
26 presentation is organized around four concepts for protecting hospitals from wildfire  
27 smoke: knowing, planning, preventing smoke from entering the building, and removing  
28 smoke if it enters. He added that the presentation also includes healthcare-specific  
29 precautions and concluding material on future wildfire smoke issues.

30 Abdel Darwich clarified that this presentation differs from the prior WUI presentation  
31 because it focuses on wildfire smoke rather than wildfire itself. He emphasized that  
32 smoke can affect any hospital, not only hospitals in WUI zones, and cited the 2020  
33 California wildfires as an example of how smoke can travel long distances. He stated  
34 that the presentation uses images from Sacramento, San Francisco, and the Los  
35 Angeles fires to illustrate the impact of wildfire smoke. He explained that the Los  
36 Angeles fires introduced additional complexity because entire neighborhoods burned,  
37 which meant that manmade materials, not just organic vegetation, were burning.

1 Abdel Darwich stated that the presentation briefly explains the composition of wildfire  
2 smoke and distinguishes between what is most noticeable by smell and what is most  
3 dangerous. He explained that volatile organic compounds are the most smellable, while  
4 PM 2.5 is the most dangerous. He stated that PM 2.5 penetrates deep into the lungs  
5 and increases significantly during wildfire smoke events. He added that the presentation  
6 includes clinical data showing that wildfire smoke increases mortality, physician visits,  
7 and medication use, and that the health effects are not linear, which means early  
8 increases in PM 2.5 matter significantly. He explained that, for that reason, effective  
9 mitigation requires substantial reduction of PM 2.5.

10 Abdel Darwich stated that the presentation also provides basic background on filter  
11 types for non-HVAC audience members. He then identified the main source materials  
12 for the presentation as the Design Guide, especially Section 7, and ASHRAE Guideline  
13 44, which was published after the guide had been completed. He explained that this  
14 timing is why the presentation references both documents.

15 He described the slide that introduces the four organizing concepts, knowing, planning,  
16 preventing, and removing, and stated that subsequent slides use markers to show  
17 which concept is being addressed.

18 Abdel Darwich explained that the “knowing” section addresses PM 2.5 sensors and  
19 where hospitals should place them. He stated that the “planning” section focuses on  
20 smoke readiness plans and expands on material introduced in the prior WUI  
21 presentation. He directed attention to the Design Guide and to Guideline 44 for more  
22 detailed information, including a questionnaire and guidance on preparation, testing,  
23 implementation, and return to normal operations. He stated that the presentation  
24 emphasizes coordination of the smoke readiness plan with infection control and  
25 explains that the plan should be incorporated into operations and maintenance, owner’s  
26 project requirements, basis of design, and sequence of operations rather than sitting  
27 unused on a shelf.

28 Abdel Darwich then described the “preventing” section. He explained that wildfire smoke  
29 can enter buildings through several pathways and stated that the presentation  
30 addresses ways to limit smoke entry through air intakes, doors, building envelope  
31 elements, and leakage. He stated that the presentation discusses minimizing outside  
32 air, shutting down economizers, using air curtains at frequently opened doors such as  
33 emergency department and loading dock doors, and weatherizing the building  
34 envelope. He added that the presentation also refers to advanced methods such as  
35 measurement techniques and infrared imaging to identify leakage. He emphasized that  
36 the key message is to keep the entire building positive to the outside so smoke does not  
37 get pulled into the facility.

38 Abdel Darwich then described the “removing” section, which addresses what hospitals  
39 should do if smoke enters the building. He stated that the presentation focuses on  
40 particulate filtration and optional gas filtration. He explained that hospitals often already

1 have stronger filtration systems than other facilities, but some outpatient settings may  
2 still need increased filtration. He stated that the presentation discusses two approaches:  
3 the prescriptive MERV 13 approach in the Design Guide and the performance-based  
4 method in Guideline 44. He explained that he and Mikhail Fuks chose not to include the  
5 equations from Guideline 44 because they were too technical for the intended audience  
6 but would instead direct attendees to the guideline for further detail.

7 Abdel Darwich stated that the presentation also addresses how frequently filters may  
8 need to be changed and points attendees to Guideline 44 for examples and  
9 calculations. He added that the presentation discusses going beyond the minimum by  
10 using HEPA filters and gas-phase filters, while cautioning that HVAC systems must be  
11 sized to handle them. He stated that the presentation also covers portable air cleaners,  
12 how to use them, and rules of thumb for selecting them, while emphasizing that  
13 hospitals must coordinate their use with infection control so they do not solve one  
14 problem while increasing another risk.

15 Abdel Darwich explained that the presentation includes healthcare-specific issues from  
16 Guideline 44, including the difficulty of evacuating hospitals during wildfire events and  
17 the need to account for smoke mitigation measures in specialized areas. He stated that  
18 the presentation identifies spaces requiring special attention, such as compounding  
19 pharmacies and spaces with HEPA-filtered diffusers, because those filters may load  
20 quickly.

21 Abdel Darwich further explained that the presentation broadens the discussion beyond  
22 HVAC filters to include non-HVAC filters. He stated that hospitals have experienced  
23 issues such as clogged compressed air intake filters and clogged NICU incubator filters  
24 during smoke events. He emphasized that smoke readiness planning should therefore  
25 account for all filters in the hospital and should include spare filters for those systems.

26 Abdel Darwich stated that the presentation also addresses overlapping hazards, which  
27 he referred to as a “triple Murphy’s law” scenario involving wildfire, pandemic, and  
28 earthquake events occurring in the same period. He cited 2020 as an example of  
29 overlapping pandemic and wildfire conditions and noted California’s continued  
30 earthquake risk. He explained that these overlapping hazards can create competing  
31 responses, such as the tension between minimizing outside air during wildfire smoke  
32 events and prior pandemic-era thinking about increasing outside air. He stated that this  
33 discussion could also serve as a segue into the future infection control HVAC  
34 presentation and referenced ASHRAE 241 in that context.

35 Abdel Darwich concluded by stating that wildfire smoke is not going away and that  
36 hospitals must be designed for this continuing hazard. He also noted that LEED now  
37 recognizes wildfire smoke readiness and that facilities applying Guideline 44 may be  
38 eligible for one credit.

1 After his presentation summary, Abdel Darwich stated that the slide deck was about 99  
2 percent complete and that the remaining work involved refining the title and  
3 repositioning some infographics that overlapped text.

- 4 • Larry Enright commented that the presentation should emphasize not drawing  
5 the building negative when reducing outside air, because facilities with high  
6 exhaust can pull smoke into the building. Abdel Darwich agreed and stated that  
7 this was an important theme and that the presentation would highlight it more  
8 clearly.
- 9 • Veronica Yuke stated that June included two committee meetings, one in the  
10 first week and one on June 18.
  - 11 ○ Evett Torres added that the webinar should avoid those dates and that the  
12 last week of June would not work because of the ASHRAE conference.  
13 Abdel Darwich confirmed that he would attend that conference.
  - 14 ○ Teresa Endres directed Abdel Darwich and Mikhail Fuks to coordinate a few  
15 possible dates and times during the first three weeks of June and send  
16 those options to staff.
- 17 • Evett Torres reported that, of the last 13 webinars, nine started at 10:00 a.m.  
18 and four started at 1:00 p.m.
  - 19 ○ Veronica Yuke stated that 1:00 p.m. could work if it suited the presenters.  
20 ■ Abdel Darwich stated that he had many openings at 10:00 a.m. during  
21 the first three weeks of June.
- 22 • Mikhail Fuks asked whether certain days of the week were more common for  
23 webinars.
  - 24 ○ Evett Torres responded that the organization had used multiple days, but  
25 Wednesdays and Thursdays were the most common.
  - 26 ○ Teresa Endres stated that the webinar should not be scheduled on Monday  
27 or Friday.
  - 28 ○ Veronica Yuke asked the presenters to provide staff with date options so  
29 scheduling could proceed.

30 The discussion then turned briefly to the next topic, and Abdel Darwich stated that he  
31 and Mikhail Fuks had not yet started that next presentation because they had focused  
32 on Topic 3.

### 33 **Subcommittee and Public Comments**

- 34 • Larry Enright stated that the presentation should more clearly emphasize that  
35 hospitals must avoid drawing the building negative when reducing outside air,  
36 because negative pressure can pull smoke into the facility.

1 **Informational and Action Items**

- 2 • Abdel Darwich and Mikhail Fuks reported that the slide deck is approximately  
3 99 percent complete.
  - 4 ○ They revised the presentation to make it more accessible to a general  
5 audience and removed much of the deeper technical content and equations.
  - 6 ○ They will refine the webinar title and adjust infographics that overlap slide  
7 text.
  - 8 ○ They will revise the presentation to emphasize the importance of keeping  
9 the building positive and avoiding negative building pressure during smoke  
10 events.
  - 11 ○ They will coordinate and submit several possible webinar dates and times in  
12 the first three weeks of June.
- 13 • The webinar should avoid the June committee meeting dates, the last week of  
14 June, and should preferably be scheduled on Wednesday or Thursday, not  
15 Monday or Friday.

16

17 **7. Review slide deck for Topic 4: Infection Control – HVAC**

18 **Facilitators:** Abdel Darwich and Mikhail Fuks

19 **Discussion and Input**

20 Teresa Endres stated that the slide deck for Topic 4, Infection Control – HVAC, had not  
21 been started because the mechanical engineering team had been focused on  
22 developing the WUI – HVAC presentation.

- 23 • Abdel Darwich confirmed that no work had yet begun on the Topic 4 slide deck.
  - 24 ○ Abdel Darwich asked whether the committee was still planning for the  
25 presentation to be approximately 30 minutes, noting that the topic could  
26 potentially become longer.
    - 27 ▪ Teresa Endres responded that presentation timing would be discussed  
28 later under Agenda Item 11.

29 **Subcommittee and Public Comments**

- 30 • None.

31 **Informational and Action Items**

- 32 • The Topic 4 slide deck (Infection Control – HVAC) has not yet been started.
- 33 • The presenters will develop the presentation at a later stage.
- 34 • Presentation duration will be discussed under Agenda Item 11.

1 **8. Review slide deck for Topic 5: Infection Control – Operations**

2 **Facilitators:** Jennifer Cox, MHA, BSN, RN, PHN, CIC, System Director, Epidemiology  
3 and Infection Prevention, University of California Irvine Health; and Kelly Martinez, RN,  
4 MBA, FACHE, EDAC, Co-founder, Hallsta, Inc.

5 **Discussion and Input**

6 Kelly Martinez introduced the agenda item and invited Jennifer Cox to present the draft  
7 slide deck.

8 Jennifer Cox stated that the presentation was approximately 30 percent complete and  
9 that significant development was still required. She explained that she had been unable  
10 to attend part of the previous meeting due to a work-related issue and therefore had not  
11 made substantial revisions to the previously reviewed outline. She noted that the slides  
12 currently focus on outlining key concepts that will later be expanded.

13 Jennifer Cox explained that the presentation begins with foundational principles,  
14 including the role of infection prevention and hospital epidemiology in the healthcare  
15 facility design process. She emphasized the importance of including infection prevention  
16 and epidemiology partners in facility planning and design decisions. She then described  
17 the need for clear workflows when design decisions affect infection prevention and  
18 referenced the ICRA process used in healthcare construction planning.

19 Jennifer Cox presented a slide listing reference documents and asked whether  
20 presentation slides would be shared with webinar participants. After confirming that  
21 participants receive slides and links during and after the webinar, she stated that she  
22 plans to include live links to reference documents so attendees can access them  
23 directly during the presentation.

24 Jennifer Cox then described sections addressing environmental factors affecting  
25 infection prevention, including airflow and pressurization considerations that influence  
26 both patient protection and containment of infectious organisms. She also discussed  
27 materials and finishes, noting that infection prevention teams frequently evaluate  
28 disinfectant compatibility with surfaces and equipment. She explained that inconsistent  
29 manufacturer instructions for use often create operational challenges for healthcare  
30 facilities when selecting disinfectants.

31 Jennifer Cox described the section on hand hygiene infrastructure, emphasizing the  
32 importance of providing accessible hand hygiene resources at the point of care and  
33 ensuring alternatives during water outages. She noted that alcohol-based hand sanitizer  
34 can support hand hygiene during emergencies but cannot fully replace physical  
35 handwashing when debris must be removed.

36 Jennifer Cox explained that the presentation will address environmental services  
37 workflows, including proper waste collection, staging, and removal from patient care  
38 areas. She also described planned discussion of flexibility and surge capacity, including

1 the ability to convert patient rooms or entire units to accommodate higher-acuity  
2 patients during emergency events.

3 Jennifer Cox noted that the presentation will address strategies for creating temporary  
4 isolation areas, referencing the experience of converting entire hospital units into  
5 isolation zones during the COVID-19 pandemic. She also discussed the potential  
6 conversion of patient rooms between positive and negative pressure, noting that she  
7 would like additional technical input from mechanical engineers on the committee  
8 because of concerns related to disease transmission risks.

9       • During this discussion, Teresa Endres recommended that she collaborate with  
10 mechanical engineering members of the committee, including Larry Enright,  
11 Mikhail Fuks, and Abdel Darwich, to ensure that technical recommendations  
12 are aligned.

13       ○ Jennifer Cox agreed that collaboration would be beneficial in developing  
14 unified recommendations.

15 Jennifer Cox then described planned content addressing water system preparedness,  
16 including strategies for managing low-use zones and preventing stagnation during  
17 emergencies. She explained that response strategies may differ depending on whether  
18 a facility has a secondary disinfection system, and she noted that programmable  
19 faucets capable of automatic flushing may support preparedness efforts.

20 Jennifer Cox stated that preparedness planning should be integrated with the hospital's  
21 water management plan, particularly with regard to Legionella prevention. She also  
22 described plans to discuss system recovery strategies following disasters, including  
23 sampling ports and hyperchlorination procedures used to restore safe water conditions.

24 Jennifer Cox then outlined additional sections addressing emergency response  
25 scenarios, such as water system failures or contamination events, as well as  
26 maintaining clinical operations during infectious disease surges. These strategies  
27 include separating infectious and noninfectious patients in waiting areas and managing  
28 patient flow.

29 Jennifer Cox discussed PPE availability, noting that many healthcare systems rely on  
30 just-in-time supply chain models that may limit stockpiles during emergencies. She also  
31 described strategies for visitor management, including screening stations and safe  
32 reunification areas for patients and family members during disaster events.

33 Jennifer Cox described preparedness considerations for sterile processing and  
34 perioperative services, including the ability to scale sterilization capacity and manage  
35 delayed instrument reprocessing. She also addressed biohazard and hazardous  
36 material management, including space for temporary storage and decontamination  
37 supplies during infectious disease surges.

1 Jennifer Cox explained that the presentation will also address technology and digital  
2 infrastructure, including centralized monitoring of air pressures, temperature, humidity,  
3 water quality, and secondary disinfection systems. She noted that facilities should also  
4 have the capability to quickly reconfigure airborne infection isolation rooms if needed.

5 Jennifer Cox concluded by describing plans to include post-event recovery planning,  
6 including restoring facility operations following disasters and integrating infection  
7 prevention into construction and renovation activities that occur during recovery efforts.  
8 She emphasized that infection prevention professionals should be involved throughout  
9 the entire design and construction process.

## 10 **Subcommittee and Public Comments**

- 11 • Mikhail Fuks commented that many of the topics presented appear closely  
12 connected to HVAC and plumbing systems. He suggested that Topic 4  
13 (Infection Control – HVAC) and Topic 5 (Infection Control – Operations) may  
14 need to be coordinated because of overlapping subject matter. He  
15 recommended sharing draft materials between the groups and considering how  
16 the presentations could be structured to address mechanical topics more  
17 cohesively.
- 18 • Teresa Endres agreed that the two topics appeared interconnected and noted  
19 that she had also identified areas of overlap. She proposed that Mikhail Fuks  
20 and Jennifer Cox coordinate between the two topic areas. Under this approach,  
21 Jennifer Cox would coordinate with Kelly Martinez, and Mikhail Fuks would  
22 coordinate with Abdel Darwich, before bringing a consolidated approach back  
23 to the committee.
- 24 ○ Jennifer Cox agreed with this coordination plan.

## 25 **Informational and Action Items**

- 26 • Jennifer Cox reported that the Infection Control – Operations slide deck is  
27 approximately 30 percent complete.
- 28 • The presentation will continue to be developed and expanded prior to  
29 scheduling.
- 30 • Jennifer Cox will collaborate with mechanical engineering members of the  
31 committee regarding room pressurization and other HVAC-related topics.
- 32 • Mikhail Fuks and Jennifer Cox will coordinate between Topic 4 and Topic 5 to  
33 address overlapping content.
- 34 • The committee will discuss scheduling for Topics 4 and 5 at a future meeting.

## 35 **9. Review slide deck for Topic 6: Infection Control – Design**

36 **Facilitators:** Teresa Endres and Kelly Martinez

## 1 **Discussion and Input**

2 Kelly Martinez introduced the slide deck and stated that the presentation is based  
3 largely on Teresa Endres's prior slides, with some revisions. She explained that the  
4 central theme is designing beyond code minimums to create resilient healthcare  
5 facilities, particularly for infection control. She stated that the presentation begins with  
6 historical context, including SARS, MERS, and pandemic readiness planning, in order to  
7 explain why this topic is important. She also described the use of the DORSCON matrix  
8 from Singapore as an example of an existing framework that addresses different  
9 scenarios and corresponding public health measures, rather than creating an entirely  
10 new model.

11 Kelly Martinez stated that the presentation then shifts to surge planning, emphasizing  
12 that the goal is to provide adequate medical evaluation and care during periods of  
13 increased demand caused by chemical, biological, radiological, earthquake, fire,  
14 trauma, or other disaster events. She explained that many large hospitals already  
15 operate at or near capacity, which makes resiliency planning during the design phase  
16 especially important. She noted that the presentation addresses resilience in relation to  
17 seismic events, pandemics, mass casualty events, hazardous materials, and other  
18 disasters, and that it focuses on integrating operational planning into the design process  
19 so facilities can respond proactively.

20 Teresa Endres then discussed the floor plan graphics from the Design Guide. She  
21 explained that the diagrams illustrate concepts such as decontamination zones,  
22 pandemic zones, bus staging, and patient triage strategies that direct only the sickest  
23 patients into the hospital while others receive care elsewhere. Kelly Martinez added that  
24 the presentation emphasizes surge capacity and infection control by addressing  
25 infrastructure, isolation, patient flow, redundant systems, clean and soiled workflows,  
26 and dedicated elevator use. She explained that the goal is to reduce cross-  
27 contamination while maintaining both surge operations and regular patient care.

28 Kelly Martinez then described the sections on decontamination facilities, including drop-  
29 off areas, water or tank needs, donning and doffing, and secondary screening so that  
30 patients can be separated appropriately. She also explained that the presentation  
31 addresses emergency department entry and triage, including security, flexible entry  
32 processes, decontamination routes, ambulance access, and remote triage strategies  
33 that help evaluate and direct patients before they enter the facility, while still meeting  
34 EMTALA requirements.

35 Teresa Endres explained that the floor plan graphics presented at PDC visually support  
36 those concepts and help the presenters explain the design principles. She noted that  
37 each slide reinforces the message to consider designing beyond code minimums. She  
38 then described the section on compartmentalization, which addresses how facilities can  
39 separate infectious and non-infectious areas and create redundancies not only for  
40 infectious disease events but also for smoke infiltration. She explained that this design

1 approach keeps more infectious patients closer to designated pandemic zones and  
2 prevents them from moving deeper into the hospital.

3 Kelly Martinez next addressed pandemic-ready patient units and stated that this section  
4 overlaps with the Infection Control – Operations presentation, so coordination between  
5 the two presentations would be needed. She explained that the presentation addresses  
6 unit entry solutions, including the use of multipurpose rooms, vestibules, and  
7 anterooms. She emphasized that those spaces are not revenue-generating but are  
8 important resiliency features. She also described acuity-adaptable units, noting that  
9 hospitals may need to convert medical-surgical rooms into ICU-level spaces during  
10 pandemics or other emergencies, which requires design consideration for items such as  
11 medical gas capacity and downstream system effects.

12 Kelly Martinez then returned to decontamination entry vestibules, explaining that they  
13 should be located close to exterior emergency department entries and designed for both  
14 ambulatory and non-ambulatory patients. She emphasized that these spaces need to  
15 support multiple disaster scenarios, from biologic releases to trauma surges. She also  
16 stated that the team would likely consolidate several of these slides because they  
17 currently overlap.

18 Teresa Endres agreed that the slides still needed reorganization and explained that  
19 some of the floor plan graphics illustrate pandemic-ready patient units with different  
20 design options, including inboard, outboard, and mid-board toilet configurations. She  
21 noted that the Design Guide intentionally presented several layout options rather than  
22 prescribing only one solution. She further explained that the graphics show  
23 decentralized nurse stations and entries through anterooms, allowing rooms to function  
24 as airborne infection isolation rooms during a pandemic while still operating as normal  
25 rooms during non-pandemic periods.

26 Kelly Martinez added that decentralized nurse stations located near anteroom spaces  
27 improve direct patient visibility, unlike traditional layouts that require viewing through  
28 multiple doors. She then discussed donning and doffing solutions, including the need for  
29 flexible spaces, large waste containers, and layouts that support efficient compliance  
30 with health department requirements. Teresa Endres added that some of those  
31 concepts came from Canada, where hospital layouts changed after earlier SARS  
32 outbreaks. She explained that those examples informed the Design Guide's diagrams,  
33 particularly with respect to trash handling, handwashing sinks, and supply alcoves for  
34 donning and doffing.

35 Kelly Martinez then shifted to staff support spaces, stressing that pandemic response  
36 affects not only patients but also staff wellbeing. She stated that the presentation should  
37 address respite and recharge rooms, access to natural elements, and flexible support  
38 spaces for staff who work long hours under emotionally difficult conditions.

39 Teresa Endres added that some staff during the pandemic used stairwells or toilet  
40 rooms when they needed privacy or emotional relief, which showed that standard staff

1 lounges were not sufficient. She stated that the presentation should include stronger  
2 examples and images of contemplative staff spaces as part of designing beyond code  
3 minimums and also noted that such spaces relate to staff recruitment and retention.

4 Kelly Martinez then summarized the key strategies in the presentation: providing  
5 redundant systems for power, water, and HVAC; designing for flexibility across both  
6 infectious and non-infectious conditions and across different patient acuity levels;  
7 implementing advanced security measures; and planning for pandemic and emergency  
8 readiness. She stated that these strategies should be viewed as investments that  
9 enhance patient and staff safety and preserve operational capacity during crises.

10 Teresa Endres added that hospital buildings now often remain in use for 80 to 100  
11 years, so decisions should be based not only on first cost but also on the full life of the  
12 building.

13 She concluded by stating that the slide deck was close to complete, although she and  
14 Kelly Martinez still needed to assign speaking roles and finalize talking points. She  
15 identified the proposed webinar title as “Beyond Code Minimums: Crafting Resilient  
16 Healthcare Facilities.”

- 17 • During discussion, Mikhail Fuks commented that while he supported the  
18 concept of full anterooms and built-in isolation capacity, he had not often seen  
19 owners invest in those solutions because of cost and space limitations. He  
20 stated that, in practice, many facilities instead pursue rooms that can convert to  
21 negative pressure conditions, often through alternate means and methods, and  
22 he questioned whether the presentation had fully contextualized those more  
23 ambitious design examples.
- 24 ○ Kelly Martinez agreed with that concern. Teresa Endres responded that the  
25 pandemic-ready designs shown in the presentation are intended primarily  
26 for new construction, not renovation, and stated that at least two facilities in  
27 California are already being built with those design strategies through  
28 approved alternate means and methods. She stated that she would contact  
29 those architectural firms to seek permission to use slides from a previous  
30 board presentation to show that these designs are already being  
31 implemented.
- 32 • Richard Tannahill then commented that HCAI can only enforce code minimums  
33 and must also align with Title 22, which restricts some uses of negative  
34 pressure patient rooms. He stated that if a facility wants to go beyond code  
35 minimums, the agency will work with it to help achieve that goal.
- 36 • Jennifer Cox then commented that many resilient design ideas are often value  
37 engineered out because the people making financial decisions do not always  
38 understand their value. She suggested that the presentation include discussion

1 of how to explain or “sell” the value of these design features when they are  
2 threatened during cost-cutting.

3 ○ Teresa Endres agreed and cited the new UC Davis tower as an example of  
4 a project that reduced the number of fully pandemic-ready beds but still  
5 retained a significant investment in those design features. She stated that  
6 she would seek permission to include that example in the presentation.

7 ● Teresa Endres then proposed scheduling this webinar in July, stating that the  
8 team did not have much additional work left to complete.

9 ○ Veronica Yuke stated that July had no major conflicts other than one CAP  
10 meeting during the week of July 9 and recommended avoiding the July 3–5  
11 holiday period.

12 ○ Teresa Endres stated that she would work with Kelly Martinez to identify a  
13 few possible dates and send them to staff.

#### 14 **Subcommittee and Public Comments**

15 ● Mikhail Fuks commented that full anteroom and isolation-room designs may be  
16 difficult for many owners to implement because of cost and space constraints  
17 and suggested that the presentation better contextualize those examples.

18 ● Richard Tannahill commented that HCAI enforces code minimums and must  
19 align with Title 22 but stated that the agency will work with facilities that choose  
20 to go beyond minimum requirements.

21 ● Jennifer Cox commented that many resilient design ideas are often removed  
22 during value engineering and suggested that the presentation include ways to  
23 explain the value of those features to decision-makers.

#### 24 **Informational and Action Items**

25 ● Teresa Endres and Kelly Martinez reported that the slide deck is close to  
26 complete.

27 ○ They will continue revising slide order, consolidating overlapping content,  
28 and assigning speaking roles.

29 ● Teresa Endres will contact architectural firms to seek permission to use  
30 examples of California facilities already implementing pandemic-ready design  
31 strategies.

32 ○ She will also seek permission to include the UC Davis tower example as a  
33 case study.

34 ● The proposed webinar title is “Beyond Code Minimums: Crafting Resilient  
35 Healthcare Facilities.”

- 1 • Teresa Endres and Kelly Martinez will coordinate a few possible July webinar  
2 dates and send them to staff.
- 3 • Scheduling should avoid the July 3–5 holiday period and account for the CAP  
4 meeting during the week of July 9.

5

## 6 **10. Review slide deck for Topic 7: Hazard Vulnerability Assessment**

7 **Facilitators:** Jennifer Cox and Kelly Martinez

### 8 **Discussion and Input**

9 Kelly Martinez presented the draft slide deck and explained that the Hazard  
10 Vulnerability Assessment is a systematic process for identifying threats, assessing  
11 internal vulnerabilities, and planning mitigation based on the specific risks of an  
12 individual hospital. She stated that the assessment functions as a mathematical scoring  
13 process that helps a facility determine its greatest risks and where it should focus  
14 capital investment and preparedness efforts.

15 Kelly Martinez explained that the assessment matters because it forms the foundation  
16 for resilient hospital planning. She stated that it helps hospitals strengthen  
17 preparedness, maintain operational continuity during disasters, prioritize capital  
18 investments, and meet regulatory requirements. She emphasized that code minimums  
19 do not necessarily reflect each hospital's greatest risk, so the assessment helps  
20 determine where a facility is most vulnerable.

21 Kelly Martinez reviewed the categories evaluated in the assessment. She stated that  
22 natural hazards include earthquakes, floods, wildfires, storms, and heat, and that the  
23 level of risk depends on the hospital's location and community context. She explained  
24 that technological and infrastructure hazards include power outages, IT failures,  
25 cybersecurity breaches, communications failures, HVAC failures, and medical gas  
26 failures. She added that human-caused and operational hazards include intentional and  
27 unintentional events such as active shooters, staffing shortages, strikes, and other  
28 disruptions that interfere with normal operations.

29 Kelly Martinez then explained how facilities score hazards, stating that the process  
30 considers probability, business continuity, operational disruption, and the hospital's level  
31 of preparedness. She described the use of a matrix to evaluate both the likelihood of a  
32 hazard and the mitigation measures already in place. She gave wildfire as an example,  
33 noting that a hospital may face a high wildfire probability but could reduce the actual  
34 hazard level if it has strong mitigation systems already in place.

35 Kelly Martinez stated that the assessment also supports infrastructure and capital  
36 planning by helping hospitals identify risk mitigation priorities, determine where  
37 redundant systems or fire-resistant materials are needed, and guide lifecycle  
38 replacement decisions. She explained that the assessment can inform which items

1 should or should not be removed during value engineering and can help hospitals  
2 decide when aging systems should be replaced rather than extended beyond their  
3 useful life.

4 Kelly Martinez also described the role of the assessment in operational planning,  
5 including surge capacity, emergency staffing, interagency coordination, equipment  
6 staging, alternate care sites, and incident command. She stated that hospitals should  
7 not only have an incident command structure such as HICS in place, but should also  
8 test it and understand who will fill each leadership role.

9 Kelly Martinez then explained that the Hazard Vulnerability Assessment is tied to  
10 regulatory and accreditation requirements. She stated that The Joint Commission  
11 requires hospitals to complete the assessment, identify mitigation efforts, and maintain  
12 business continuity plans. She added that the assessment moves through the  
13 environment of care committee and ultimately to the board of directors for approval. She  
14 also referenced emergency preparedness mandates and noted the importance of  
15 annual review, post-event updates, and training based on lessons learned.

16 Kelly Martinez concluded by stating that the Hazard Vulnerability Assessment helps  
17 hospitals understand their threats, ensure that mitigation measures are in place, protect  
18 patients and staff, maintain continuous care, and strengthen hospital infrastructure so  
19 facilities remain prepared and resilient when disasters occur.

20 • After the presentation, Teresa Endres noted that Kelly Martinez needed to  
21 leave shortly and stated that the webinar for this topic could be scheduled in  
22 August, with Kelly Martinez and Jennifer Cox coordinating a date with Hospital  
23 Building Safety Board staff.

24 ○ Veronica Yuke responded that August would be a busy month because of a  
25 Full Board meeting and a Structural and Nonstructural Regulation  
26 Committee meeting.

27 ○ Teresa Endres then asked whether the webinar should instead be  
28 scheduled in September.

29 ▪ Veronica Yuke agreed that it should be pushed to September.

### 30 **Subcommittee and Public Comments**

31 • None.

### 32 **Informational and Action Items**

33 • Kelly Martinez presented the draft Hazard Vulnerability Assessment slide deck.

34 • The presentation explains the Hazard Vulnerability Assessment as a  
35 systematic tool for identifying and prioritizing hospital risks.

36 • The presentation connects the assessment to capital planning, operational  
37 planning, regulatory compliance, and continuous improvement.

- 1 • Teresa Endres initially proposed scheduling the webinar in August.
- 2 • Veronica Yuke advised that August would be busy because of other meetings.
- 3 ○ She recommended moving the webinar to September.

4

5 **11. Discuss schedule for the series of HCAI Design Guide for Planning and**  
6 **Preparing for Disasters webinars in 2026**

7 **Facilitator:** Teresa Endres (or designee)

8 **Discussion and Input**

9 Teresa Endres stated that the group had largely completed discussion of the webinar  
10 schedule during the earlier agenda items and summarized the planned sequence for the  
11 2026 webinar series. She confirmed that the schedule would include Power  
12 Independence in April, Wildland Urban Interface (WUI) in May, WUI– HVAC in June,  
13 Infection Control – Design in July, and Hazard Vulnerability Assessment in September.  
14 She explained that two additional topics, Infection Control HVAC and Infection Control  
15 Operations, would likely be combined and reviewed again at the next meeting because  
16 those slide decks were still under development.

17 Teresa Endres stated that each subcommittee responsible for a webinar would need to  
18 provide a webinar description and finalized title so that HBSB staff could prepare event  
19 announcements, flyers, and registration materials.

20 • Abdel Darwich asked whether the title for Topic 3 needed to retain the  
21 reference to the WUI. He explained that his presentation with Mikhail Fuks  
22 focuses specifically on wildfire smoke, which can affect hospitals far beyond  
23 WUI zones.

24 ○ Teresa Endres responded that the title did not need to include WUI and  
25 advised him to select a title that better reflects the wildfire smoke focus of  
26 the presentation. She stated that the finalized title should be included in the  
27 webinar description submitted to staff.

28 • Mikhail Fuks asked whether the schedule listed on the agenda would be  
29 modified based on the discussions during the meeting.

30 ○ Teresa Endres clarified the updated schedule and explained that the final  
31 webinar order would be:

- 32 ■ April 2026: Power Independence
- 33 ■ May 14, 2026: WUI – Title 24, Part 7
- 34 ■ June 2026: HVAC and wildfire smoke (ASHRAE Guideline 44)
- 35 ■ July 2026: Infection Control – Design
- 36 ■ September 2026: Hazard Vulnerability Assessment

1 Teresa Endres reiterated that Topics 4 and 5 would likely be combined and reviewed  
2 further at the next meeting before final scheduling.

### 3 **Subcommittee and Public Comments**

- 4 • Abdel Darwich commented that the HVAC presentation focuses on wildfire  
5 smoke rather than the wildland urban interface and asked whether the WUI  
6 reference could be removed from the title.
- 7 • Mikhail Fuks asked whether the schedule shown in the agenda would be  
8 updated to reflect the adjustments discussed during the meeting.

### 9 **Informational and Action Items**

- 10 • The subcommittee confirmed the tentative 2026 webinar sequence.
- 11 • Topics Infection Control HVAC and Infection Control Operations may be  
12 combined and will be reviewed again at the next meeting.
- 13 • Subcommittee leads must provide webinar descriptions and finalized titles to  
14 staff so that promotional materials and registration announcements can be  
15 prepared.
- 16 • Abdel Darwich and Mikhail Fuks will finalize the wildfire smoke HVAC webinar  
17 title.
- 18 • The schedule currently includes:
  - 19 ▪ April 2026 – Power Independence
  - 20 ▪ May 14, 2026 – WUI (Title 24, Part 7)
  - 21 ▪ June 2026 – HVAC / Wildfire Smoke
  - 22 ▪ July 2026 – Infection Control – Design
  - 23 ▪ September 2026 – Hazard Vulnerability Assessment
- 24 • The group will revisit incomplete topics at the next subcommittee meeting.

## 25 **12. Comments from the Public/Subcommittee Members on Issues not on this** 26 **Agenda**

27 **Facilitator:** Teresa Endres (or designee)

### 28 **Discussion and Input**

29 Teresa Endres invited comments from subcommittee members, board members,  
30 HCAI/OSHPD staff, and members of the public regarding issues that were not included  
31 on the meeting agenda. No comments were raised by subcommittee, staff, or the public  
32 regarding issues not listed on the agenda. No additional items were identified for future  
33 agendas.

### 34 **Item #13 Adjournment**

- 1 Teresa Endres formally adjourned the meeting at 1:07 p.m. She thanked the
- 2 participants for their time and acknowledged the the work being completed by the
- 3 subcommittee.

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Ad Hoc Educational Opportunities  
to Advance Structural Health  
Monitoring by Hospitals  
Subcommittee of the Education  
and Outreach Committee

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Draft Meeting Report/Minutes

January 29, 2026

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hcai.ca.gov



**Hospital Building Safety Board  
Ad Hoc Educational Opportunities to Advance Structural Health  
Monitoring by Hospitals Subcommittee**

**January 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**

Martin Hudson, Subcommittee Chair  
Courtney Johnson, Subcommittee Vice-Chair  
Janice Cheung  
Jim Malley  
Farzad Naeim

**HCAI Staff Present**

Chris Tokas  
Richard Tannahill  
Roy Lobo  
Geoff Trautman

**HBSB Staff Present**

Veronica Yuke, Executive Director  
Marcus Palmer  
Evet Torres

**1. Call to Order and Welcome**

**Facilitator:** Martin Hudson, PhD, PE, GE, Principal Geotechnical Engineer, Hudson Geotechnics, Inc.; Subcommittee Chair

Martin Hudson called the Ad hoc Committee: Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee meeting to order on January 29, 2026, at 10:00 a.m. He noted that this Ad hoc Subcommittee is connected to both the Instrumentation Committee and the Education Committee.

1 **2. Roll Call and Meeting Advisories/Expectations**

2 **Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director

3 Veronica Yuke conducted the official roll call for subcommittee members. She confirmed  
4 that a quorum was established.

5

6 **3. Review of introductory materials**

7 **Facilitator:** Martin Hudson

8 **Discussion and Input**

9 Martin Hudson opened the discussion by outlining the purpose of the agenda item. He  
10 presented a PowerPoint overview, beginning with a review of the subcommittee's goals  
11 and objectives as discussed at the December 2025 Full Subcommittee meeting.

12 Key objectives included:

- 13 • Evaluating whether the Seismic Instrumentation of Healthcare Facilities white  
14 paper requires a full rewrite or an addendum, with consideration leaning toward a  
15 rewrite.
- 16 • Incorporating recent implementations and technological advancements not  
17 covered in the original 2023 white paper.
- 18 • Enhancing public and stakeholder accessibility to the white paper, especially for  
19 non-engineers, aligning with educational outreach objectives.

20 Farzad Naeim supported the educational focus and emphasized the need to make  
21 content accessible to broader audiences with help from the Education Committee.

22 Martin Hudson affirmed that the initiative is primarily educational but includes content  
23 development to support that goal.

24 Martin Hudson reviewed outcomes from the October 2025 Instrumentation Committee  
25 meeting, highlighting:

- 26 • Implementation of real-time data streaming stations at new hospitals (Santa  
27 Rosa Kaiser and Antelope Valley) and their educational utility.
- 28 • Importance of data visualization efforts by HCAI and relevance for public  
29 engagement.
- 30 • Effectiveness of working prototypes, such as Antelope Valley and non-hospital  
31 examples like the Golden Gate Bridge, in communicating system capabilities.

1 Courtney Johnson recalled an action item from the previous meeting to conduct  
2 outreach to hospital owners to understand their specific informational needs.  
3 Martin Hudson confirmed that as a key early deliverable of the subcommittee.

4 Martin Hudson then transitioned to a structured walkthrough of the Seismic  
5 Instrumentation of Healthcare Facilities white paper:

- 6 • He summarized the purpose of structural health monitoring, which aims to reduce  
7 inspection time post-earthquake and assist hospital decision-making regarding  
8 operations or evacuation.
- 9 • He emphasized the paper's point that the cost of instrumentation has dropped  
10 while the return on investment has increased.
- 11 • He presented examples from the white paper showing historical earthquake  
12 damage to hospitals and the distinction between structural and non-structural  
13 vulnerabilities.
- 14 • The Olive View Medical Center's performance during the 1994 Northridge  
15 earthquake was used to illustrate how instrumentation could predict both  
16 structural and non-structural damage with high accuracy.
- 17 • He introduced future implementation methods, such as cloud-based systems and  
18 on-site "black box" processors and compared traditional (Path A) and modern  
19 low-cost (Path B) instruments.
- 20 • He outlined the paper's concluding action points, including emphasizing benefits,  
21 promoting low-cost technology, and advocating for broader instrumentation  
22 deployment.

23 Roy Lobo added that access to real-time structural health data is only possible if  
24 hospitals have installed instrumentation. He stressed the importance of communicating  
25 return on investment to stakeholders.

- 26 • Martin Hudson agreed and incorporated that into the action summary.

## 27 **Subcommittee and Public Comments**

- 28 • Courtney Johnson reiterated the importance of targeted hospital outreach to  
29 identify stakeholder-specific information needs.
- 30 • Public comment was provided by Wendy Bohan of the California Geological  
31 Survey. She questioned whether a full rewrite of the white paper was the most  
32 effective output. Instead, she suggested a shorter summary document, such as a  
33 two-pager, that links to the white paper for more detail.
  - 34 ○ Martin Hudson acknowledged the suggestion as aligned with previous  
35 discussions and a viable deliverable for the subcommittee.

1 **Informational and Action Items**

- 2 • Evaluate whether to rewrite or supplement the white paper.
- 3 • Update educational content with examples of real-time monitoring at Santa Rosa  
4 Kaiser and Antelope Valley hospitals.
- 5 • Clarify HCAI’s data visualization practices for use in public education.
- 6 • Explore development of a short-form outreach document summarizing key white  
7 paper findings.
- 8 • Conduct targeted outreach to hospital owners to assess their educational and  
9 operational needs.
- 10 • Consider including real-world case studies, such as the Golden Gate Bridge, as  
11 communication tools.
- 12 • Review feasibility of including simplified communication materials for non-  
13 engineer stakeholders.
- 14 • Reconfirm interest in potential implementation of on-site “black box”  
15 instrumentation systems.

16

17 **4. Discuss approach to address goals and objectives of the ad hoc**  
18 **subcommittee**

19 **Facilitator:** Courtney Johnson, PG, CEG, Principal Geologist, Slate Geotechnical  
20 Consultants; Subcommittee Vice-Chair

21 **Discussion and Input**

22 Courtney Johnson initiated the discussion by presenting the subcommittee’s sole  
23 objective, as defined in the December 2025, Full Board meeting: “to develop  
24 educational opportunities to advance utilization of structural health monitoring by  
25 hospitals using seismic instrumentation.” Johnson invited subcommittee members to  
26 evaluate whether this objective was sufficiently defined and to propose appropriate  
27 deliverables.

28 Farzad Naeim suggested developing a series of short, accessible webinars instead of a  
29 written white paper to engage a broader audience.

- 30 • James Malley recommended collecting testimonials from representatives of  
31 hospitals that had already implemented instrumentation, such as Sutter Health  
32 and the University of California system, to highlight benefits, including reduced  
33 insurance costs.

- 1 • Janice Cheung raised the need to clearly identify the intended audience and  
2 stakeholders and tailor deliverables accordingly.
- 3 • Roy Lobo and James Malley discussed leveraging insights from hospital  
4 administrators or corporate-level planners involved in recent seismic  
5 instrumentation implementation.
- 6 • Martin Hudson suggested including vendors like SafeHub in future meetings to  
7 educate the subcommittee on technologies and costs.
- 8 • Janice Cheung emphasized creating a “how-to” guide for stakeholders, citing the  
9 need to assist hospitals with implementation steps.
- 10 • Martin Hudson referenced joint research from UCLA and Caltech supporting the  
11 efficacy of MEMS instruments and reiterated the importance of understanding  
12 and communicating sensor limitations.
- 13 • James Malley confirmed SafeHub’s use of MEMS systems, suggesting their  
14 potential to address practical and cost concerns.

15 Courtney Johnson summarized consensus around three deliverables: a public-facing  
16 summary document, a webinar series, and an addendum to the 2023 white paper with  
17 recent case studies.

- 18 • Martin Hudson volunteered to draft the summary. James Malley offered to create  
19 a first draft of the how-to guide using input from existing implementations.  
20 Johnson volunteered to begin outlining the webinar structure.
- 21 • Janice Cheung agreed to support content development with a user-focused  
22 perspective.

23 Martin Hudson proposed using the summary paper and a targeted list of stakeholder  
24 questions to guide outreach efforts.

- 25 • Roy Lobo supported this approach and suggested outlining clear benefits of  
26 instrumentation to facilitate stakeholder feedback.
- 27 • James Malley referenced section three of the current white paper as a starting  
28 point for articulating those benefits.

29 The subcommittee discussed identifying specific stakeholders, including hospital facility  
30 administrators and emergency response planners at large health systems like Kaiser  
31 and Sutter, who are critical decision-makers for implementing seismic instrumentation.

32 Martin Hudson reiterated that engaging experienced systems like Sutter could inform  
33 broader educational outreach by providing insight into practical benefits and decision-  
34 making criteria.

1 Courtney Johnson confirmed the assigned leads and deliverables as follows:

- 2 • Martin Hudson: Draft the summary/public overview
- 3 • Courtney Johnson: Outline for webinar series
- 4 • James Malley: Draft how-to implementation guide
- 5 • Webinar content and white paper addendum: To proceed following future
- 6 education on current instrumentation technologies

7 Martin Hudson emphasized the need to identify and engage stakeholders and develop  
8 structured questions to guide those conversations.

9 Janice Cheung and Roy Lobo discussed targeting both on-site facility administrators  
10 and higher-level corporate planners within hospital systems as the appropriate  
11 stakeholders for outreach and feedback.

## 12 **Subcommittee and Public Comments**

- 13 • Farzad Naeim, James Malley, Janice Cheung, Roy Lobo, and Martin Hudson  
14 provided extensive input on goals, deliverables, audience identification,  
15 implementation barriers, and instrumentation case studies.

## 16 **Informational and Action Items**

- 17 • Martin Hudson will draft a summary document outlining benefits of seismic  
18 instrumentation.
- 19 • Courtney Johnson will outline the structure and goals of the webinar series.
- 20 • James Malley will draft a how-to guide for hospital stakeholders, referencing  
21 practical examples.
- 22 • The subcommittee will delay work on the white paper addendum until they  
23 receive updated educational presentations on current technologies.
- 24 • Future agenda will include identifying stakeholders and defining interview  
25 questions.

## 26 **5. Determine schedule and plan for future meetings**

27 **Facilitator:** Courtney Johnson (or designee)

## 28 **Discussion and Input**

29 Courtney Johnson initiated the discussion by referencing the deliverables identified  
30 under the prior agenda item and proposed that the next subcommittee meeting be used  
31 to receive status updates, review drafts, and resolve outstanding questions. She asked  
32 the group whether a meeting should be scheduled before or after the April Full Board  
33 meeting.

1 Veronica Yuke confirmed that the next Instrumentation Committee meeting is scheduled  
2 for February 26, 2026, and clarified that this subcommittee does not formally report to  
3 that committee. However, because members such as Courtney Johnson, Martin  
4 Hudson, and James Malley also serve on the Instrumentation Committee, they can  
5 provide an update there.

- 6 • James Malley supported placing this update on the Instrumentation Committee  
7 agenda, noting that seismic instrumentation is a more aligned focus for that body  
8 than the broader education committee.

9 Veronica Yuke confirmed there was still time to add an agenda item to the  
10 Instrumentation Committee meeting.

11 Courtney Johnson then raised the need to schedule the next Ad Hoc Subcommittee  
12 meeting.

- 13 • Martin Hudson recommended scheduling a meeting before the April Full Board  
14 meeting to review learnings from the Instrumentation Committee and assess  
15 progress on deliverables such as the summary document.

16 Veronica Yuke advised that the next Full Board meeting is scheduled for April 9, 2026,  
17 and recommended scheduling the subcommittee meeting in early March to allow  
18 sufficient time to prepare any updates.

19 After confirming availability, the subcommittee tentatively scheduled its next meeting for  
20 March 10, 2026. All subcommittee members confirmed availability for this date and  
21 time.

22 James Malley asked whether the February Instrumentation Committee agenda should  
23 be discussed further. Veronica Yuke clarified that such discussion falls under the  
24 authority of the Instrumentation Committee, and as its chair, Martin Hudson confirmed  
25 he would add an update from this subcommittee to that agenda.

26 James Malley noted that if the SafeHub representative is to be invited to present, Martin  
27 Hudson should coordinate with him directly.

28 Courtney Johnson confirmed the planned report to the Instrumentation Committee and  
29 the scheduling of the next subcommittee meeting. She asked if there were any  
30 remaining questions regarding scheduling, meeting assignments, or the path forward.

### 31 **Subcommittee and Public Comments**

- 32 • None.

### 33 **Informational and Action Items**

- 1 • The subcommittee will report on its progress during the Instrumentation  
2 Committee meeting on February 26, 2026.
- 3 • The next Ad Hoc Subcommittee meeting is scheduled for March 10, 2026, to  
4 review progress on assigned deliverables.
- 5 • Martin Hudson will ensure that an update from this subcommittee is added to the  
6 February Instrumentation Committee meeting agenda.
- 7 • Members confirmed individual commitments to work on assigned deliverables  
8 between meetings.

9

## 10 **6. Comments from the Public/Subcommittee Members on Issues not on this** 11 **Agenda**

12 **Facilitator:** Martin Hudson (or designee)

13 Martin Hudson opened the floor to subcommittee members for any comments regarding  
14 matters not listed on the agenda.

## 15 **Subcommittee and Public Comments**

- 16 • None.

## 17 **Informational and Action Items**

- 18 • None.

19

## 20 **7. Adjournment**

### 21 **Discussion and Input**


22 Martin Hudson formally announced the adjournment of the meeting at 12:04 p.m.  
23 following the conclusion of all scheduled agenda items.

# Ad Hoc How-To-Guide Development for Preapproved Fabricated Components and Systems Subcommittee of the Education and Outreach Committee

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Draft Meeting Report/Minutes

February 12, 2026



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



**Hospital Building Safety Board  
Ad Hoc How-To-Guide Development for Preapproved  
Fabricated Components and Systems Subcommittee**

**February 12, 2026  
10:00 a.m. – 4:00 p.m.**

**Meeting Locations:**

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

**Subcommittee Members Present**

Cody Bartley, Subcommittee Chair  
Belinda Young, Subcommittee Vice-Chair  
Michael L. Davis  
Gary Dunger  
Carl Newth

**HCAI Staff Present**

Richard Tannahill

**HBSB Staff**

Veronica Yuke, HBSB Executive Director  
Marcus Palmer  
Evet Torres

**Consulting Members Present**

Scott Karpinen

1 **1. Call to Order and Welcome**

2 **Facilitator:** Cody Bartley, DPR Construction; Subcommittee Chair

3 Cody Bartley called the meeting to order on February 12, 2026, at 10:00 a.m. for the  
4 HBSB Ad Hoc How-To-Guide Development for Preapproved Fabricated Components  
5 and Systems Subcommittee. He welcomed attendees and thanked participants for  
6 joining the meeting.

7

1 **2. Roll Call and Meeting Advisories/Expectations**

2 **Facilitator:** Veronica Yuke, HCAI; HBSB Executive Director

3 Veronica Yuke conducted roll call and confirmed a quorum. She reviewed meeting  
4 expectations and rules of engagement.

5

6 **3. Review and Discuss Introductory Materials**

7 **Facilitator:** Cody Bartley

8 **Discussion and Input**

9 Cody Bartley opened the first kickoff meeting for “part two” of the effort that followed a  
10 webinar held on June 25, 2024. He stated the committee’s objective: produce a white  
11 paper that builds on the webinar content and helps people understand how to pursue  
12 prefabrication and the OSHPD Preapproved Prefabricated Components and Systems  
13 (PCS) program. He noted that the PCS program had not received new approvals since  
14 the webinar and asked how to encourage participation.

15 Cody Bartley proposed initial white paper topics and invited input. He stated the white  
16 paper should include definitions, including clarifying “preapproved” versus  
17 “premanufactured,” and it should include step-by-step instructions for how to get items  
18 approved, consistent with the process covered in the webinar.

- 19 • Richard Tannahill clarified that although no additional PCS applications had been  
20 submitted, several projects used prefabricated components without PCS  
21 preapproval. He confirmed the subcommittee should cover both approaches and  
22 suggested adding more real-world examples.
- 23 • Cody Bartley agreed and emphasized broadening beyond PCS alone to include  
24 project-level permitting of prefabricated components.
- 25 • Belinda Young suggested using project examples and lessons learned, including  
26 UCSF Medical Center’s self-performed bathroom pods and Sutter Santa Clara’s  
27 attempt to use SurePods while modifying an approved PCS due to design and  
28 dimension changes. She also referenced Kaiser Roseville as a case study for  
29 prefabricated headwalls and similar assemblies approved through project steps  
30 rather than PCS.
- 31 • Richard Tannahill stated the SurePods PCS update was already in process.

32 Cody Bartley proposed inviting vendor presentations, including SurePods, to capture  
33 the vendor perspective, hurdles, roadblocks, and hesitations encountered during the  
34 PCS process.

- 1 • Richard Tannahill stated he had recently met with SurePods and would be  
2 involved.
- 3 • Belinda Young asked whether a “white paper” differed from an advisory guide.
- 4 • Cody Bartley described the white paper as a broader, step-by-step document  
5 that captures what the webinar covered and can include examples; he  
6 referenced prior white papers, including one on instrumentation, as a model.
- 7 • Richard Tannahill stated the “white paper” direction came from Chris Tokas and  
8 noted he was not fully familiar with Chris Tokas’ intent but said the  
9 instrumentation white paper was done well.
- 10 • Belinda Young said the intended product sounded more like a guide and  
11 suggested a white paper might be easier to draft and distribute.
- 12 • Richard Tannahill described the white paper as the study and information, and a  
13 guide as a more OSHPD/HCAI-specific “how-to,” and he referenced microgrid  
14 work that could lead to both products.
- 15 Cody Bartley reiterated a developing outline: definitions, the approval process, and  
16 expanded examples. He asked whether additional content was needed beyond  
17 definitions, process, and examples.
- 18 • Scott Karpinen asked whether the subcommittee received feedback or questions  
19 after the webinar.
- 20 • Cody Bartley stated the webinar generated many questions, but the responses  
21 had not been posted, and he said the Q&A should become part of the white  
22 paper.
- 23 • Scott Karpinen suggested including an FAQ section, consistent with other  
24 guides.
- 25 • Cody Bartley agreed and said the subcommittee could compile questions and  
26 include answers in the white paper.
- 27 • Belinda Young identified inspection as a recurring industry concern and asked to  
28 include how inspection items get incorporated into the Testing, Inspection and  
29 Observation (TIO) Program and what inspection processes apply to  
30 prefabrication.
- 31 • Michael Davis stated that Joe LaBrie visited SurePods and worked with the TIO  
32 to set up a model, and Michael Davis suggested using that work as a foundation.
- 33 • Richard Tannahill noted Belinda Young worked extensively with the TIO on  
34 Kaiser Roseville and suggested comparing approaches.
- 35 Cody Bartley summarized the emerging structure: definitions, process, examples,  
36 inspections for vendor and non-vendor prefabrication, and a Q&A/FAQ section.

- 1       • Richard Tannahill recommended reviewing sample past white papers to ensure  
2       the subcommittee did not miss key elements.

3       Cody Bartley then discussed industry trends related to prefabrication and preapprovals.  
4       He stated he saw hesitation to use preapproval programs because participants felt their  
5       information became public, leading teams to pursue project-specific prefabrication  
6       instead of preapproval.

- 7       • Richard Tannahill agreed and said people did not want information to be public  
8       while they were going through the process.

9       • Richard Tannahill described a lack of collaboration across projects and said  
10      teams were recreating processes, including TIO development, because  
11      information was not being shared. He said this effort should document what  
12      worked and what did not, including inspection logistics, location considerations,  
13      and pros and cons of preapprovals.

14      • Cody Bartley agreed and referenced industry competition as a barrier to sharing  
15      lessons learned.

16      • Belinda Young described Kaiser Roseville as a case where the owner mandated  
17      silo reduction and collaboration across design firms and contractors to share  
18      lessons learned and support continuous improvement. She said process  
19      improvements should not be treated as proprietary and suggested reeducation  
20      on collaboration for the benefit of the industry.

21      Cody Bartley asked for an owner perspective and invited Gary Dunger to comment.

22      • Gary Dunger stated owners generally focus on the best delivery method at the  
23      lowest cost and do not get heavily involved in means and methods if the process  
24      functions. He said he personally supported prefabrication, called it the future, and  
25      cited prefabricated patient bathroom pods as an example of a compelling  
26      approach.

27      • Richard Tannahill stated HCAI could serve as an intermediary for sharing  
28      knowledge because people were more willing to share with the agency than with  
29      competitors. He said owners wanted to do prefabrication but did not want to start  
30      from scratch.

31      Cody Bartley transitioned to reviewing the June 25, 2024, webinar as context for the  
32      white paper. He described the webinar sections: definitions (which required significant  
33      effort and repeated discussion), different stakeholder perspectives (architect and  
34      contractor views), PCS as one “slice,” distinctions and examples, and the “why” for  
35      prefabrication. He stated the subcommittee should carry forward prior definitions with  
36      less rework. Cody Bartley said the white paper should include definitions, the “why”

1 section, and more examples than before, but he emphasized that implementation and  
2 roadblocks for prefabrication should be the main focus.

3 Cody Bartley stated the webinar included input from fire life safety and said the white  
4 paper should also include the fire life safety voice and considerations. He emphasized  
5 the approval process and inspection content as core components of the future white  
6 paper, including application steps, submittals, and related resources. He referenced  
7 additional topics from the webinar such as offsite and onsite inspections,  
8 weatherization, shipping, change management, and TIO-related items, and he noted the  
9 subcommittee previously had to keep examples generic rather than naming specific  
10 facilities.

- 11 • Scott Karpinen stated that inspection requirements were a key area of confusion,  
12 particularly for mechanical prefabrication. He asked for clarification on when an  
13 IOR is required, what welding can occur without an IOR, and what testing can  
14 occur offsite, including pressure testing. Scott Karpinen asked Belinda Young  
15 whether Kaiser Roseville used continuous or intermittent IOR presence at the  
16 offsite warehouse.
- 17 • Belinda Young stated the project used multiple IORs and scheduled offsite  
18 warehouse visits, with greater IOR presence during welding activities.
- 19 • Scott Karpinen reiterated the need for inspection clarification and described  
20 varying direction from OSHPD inspectors regarding when inspectors must be  
21 onsite versus reviewing work after the fact for items like boiler skids and welds.
- 22 • Carl Newth stated inspections may need to occur twice; once during factory  
23 fabrication and again when the component becomes part of an onsite assembly  
24 and said the white paper may need to address that assembly-level reinspection  
25 concept.
- 26 • Cody Bartley stated that if the subcommittee had inspection questions, the  
27 broader industry likely did as well. He said the process and inspections sections  
28 appeared to be the key intent of the white paper.
- 29 • Michael Davis stated the white paper should describe general methodology, but  
30 each project's TIO would vary depending on construction methods. He explained  
31 that Joe LaBrie's SurePods work described an approach where the IOR might  
32 not need to be present continuously; instead, the IOR could verify completed  
33 work in intervals before production continues. Michael Davis said the  
34 subcommittee should express the concept in a general way useful to design  
35 teams and project-specific situations.
- 36 • Cody Bartley stated the subcommittee needed to obtain the information Joe  
37 LaBrie developed.

1 Cody Bartley completed the webinar refresher, asked for any questions about what the  
2 webinar covered, and then stated the subcommittee had discussed goals, reviewed the  
3 past webinar, and discussed industry trends.

#### 4 **Subcommittee and Public Comments**

- 5 • None.

#### 6 **Informational and Action Items**

- 7 • Cody Bartley identified the committee's output as a white paper and outlined  
8 candidate sections: definitions, approval process steps, examples/case studies,  
9 inspections (including TIO/IOR considerations), and Q&A/FAQ.
- 10 • Cody Bartley added fire life safety considerations as a needed white paper  
11 component.
- 12 • Cody Bartley stated the subcommittee should obtain and review the question list  
13 from the June 25, 2024, webinar and incorporate answers into the white paper.
- 14 • Cody Bartley stated the subcommittee should request and review Joe LaBrie's  
15 SurePods inspection/TIO materials to use as a reference point for inspection  
16 guidance.

17

#### 18 **4. Agenda Item #4: Discuss Approach to Address Goals**

19 **Facilitator:** Cody Bartley (or designee)

#### 20 **Discussion and Input**

21 Cody Bartley initiated discussion on the approach needed to achieve the  
22 subcommittee's goal of producing a white paper. He stated the first step would be  
23 compiling the notes from the meeting into a rough outline that the subcommittee could  
24 review and refine. He volunteered to prepare the initial outline before the next meeting  
25 so the subcommittee would have a working structure to evaluate.

26 Cody Bartley stated the subcommittee should gather additional industry perspectives  
27 through vendor, owner, and manufacturer presentations to better understand  
28 experiences, roadblocks, and recommendations related to prefabrication and PCS  
29 approvals. He stated he had a contact with SurePods and could invite them to present.

- 30 • Belinda Young recommended including vendors that had successfully obtained  
31 PCS approvals, such as DuraFuse, to provide perspectives beyond SurePods.  
32 Cody Bartley reviewed the PCS website and noted that Simpson Strong-Tie,  
33 SurePods, and DuraFuse were listed, with SurePods and DuraFuse actively  
34 engaged in PCS submissions.

- 1 • Cody Bartley stated these vendors would likely provide useful insight into the  
2 approval process.
- 3 • Belinda Young stated she had previously discussed DuraFuse with a project  
4 team and would locate her contact information.
- 5 • Gary Dunger suggested including companies that manufacture individual  
6 prefabricated components, such as STARC prefabricated fire walls, to provide  
7 additional perspective even if the components did not represent the full  
8 prefabrication process.
- 9 • Cody Bartley acknowledged the suggestion and noted companies such as  
10 STARC could provide useful insight into prefabricated wall systems.
- 11 • Gary Dunger stated he had a contact and could reach out to STARC.

12 Cody Bartley discussed a potential project timeline and indicated the subcommittee  
13 might target completing the white paper by the end of the year, subject to confirmation  
14 from HCAI leadership.

- 15 • Belinda Young asked for clarification regarding the rules governing how  
16 subcommittee members could gather information and communicate with one  
17 another outside of meetings.
- 18 • Veronica Yuke stated that no more than two subcommittee members could  
19 collaborate at one time. She confirmed that subcommittee members could  
20 contact outside parties, such as vendors or consultants to gather information, but  
21 any information intended to be shared with the full subcommittee must be  
22 submitted through HBSB staff for distribution.
- 23 • Scott Karpinen asked who would lead the authorship of the white paper.
- 24 • Cody Bartley stated the subcommittee would develop the initial content and  
25 structure, while HCAI would review and approve the final document. He  
26 explained that the subcommittee would organize the material and that  
27 assignments would become clearer as the outline and content developed. He  
28 also stated the subcommittee should first establish the outline and gather vendor  
29 perspectives before assigning specific writing responsibilities.
- 30 • Belinda Young recommended locating the questions and answers generated  
31 from the previous webinar so the subcommittee could evaluate recurring topics  
32 and adjust the white paper outline accordingly.
- 33 • Cody agreed that the prior Q&A would help identify key issues raised by the  
34 industry.

35 Cody Bartley summarized the assignments identified during the discussion and  
36 confirmed responsibilities for vendor outreach and outline development.

- 1       • Veronica Yuke stated she would work with Chris to locate the Joe LaBrie sample  
2       TIO materials and distribute them to the committee. She also confirmed she  
3       would distribute the webinar Q&A and determine the expected completion  
4       timeline for the white paper.

5       Cody Bartley asked whether any additional board member comments or questions  
6       remained regarding next steps before closing the agenda item.

## 7       **Subcommittee and Public Comments**

- 8       • None.

## 9       **Informational and Action Items**

- 10       • Cody Bartley will compile meeting notes and prepare a draft outline for the white  
11       paper prior to the next meeting.
- 12       • Cody Bartley will contact SurePods, Duir regarding a vendor presentation.
- 13       • Belinda Young will contact DuraFuse regarding a vendor presentation.
- 14       • Gary Dunger will contact STARC Company regarding a vendor presentation.
- 15       • Veronica Yuke will coordinate with Chris Tokas to obtain Joe LaBrie's sample  
16       TIO and distribute it to the committee.
- 17       • Veronica Yuke will distribute the Q&A from the prior webinar to the committee.
- 18       • Veronica Yuke will confirm the anticipated completion timeline for the white paper  
19       with HCAI leadership.

20

## 21       **5. Determine Schedule and Plan for Future Meetings**

22       **Facilitator:** Cody Bartley (or designee)

### 23       **Discussion and Input**

24       Cody Bartley opened discussion on scheduling future subcommittee meetings and  
25       stated that maintaining momentum toward completing the white paper by the end of the  
26       year would likely require meetings at least once per month. He asked whether there  
27       were objections to holding monthly meetings rather than meeting every other month.

- 28       • Veronica Yuke reviewed the upcoming calendar and noted that the first two  
29       weeks of March were already scheduled with several subcommittee meetings.  
30       She suggested scheduling the next meeting during the third week of March,  
31       potentially on March 23.
- 32       • Belinda Young stated she would be traveling to Mexico during that week but  
33       indicated she could still attend remotely. She said that the week of March 16  
34       would work better.

- 1       • Veronica Yuke proposed March 19 as a potential meeting date. Both Carl Newth  
2       and Cody Bartley confirmed availability.

3 Cody Bartley noted that a Full Board meeting was scheduled for April 9, 2026.

- 4       • Veronica Yuke stated the subcommittee could provide an update to the board  
5       even if a separate subcommittee meeting did not occur before that board  
6       meeting.

- 7       • Belinda Young asked whether the subcommittee could meet in conjunction with a  
8       board meeting if members were already present.

- 9       • Veronica Yuke explained that the board meeting agenda was already fully  
10      scheduled and would not allow time for an additional meeting.

11 Cody Bartley suggested that instead of scheduling multiple meetings in advance, the  
12 subcommittee could schedule meetings month-to-month since the group was an ad hoc  
13 subcommittee.

- 14      • Veronica Yuke agreed that scheduling one meeting at a time would work better  
15      because staff calendars frequently change.

- 16      • The subcommittee agreed to schedule the next meeting for March 19, 2026,  
17      10:00 a.m. to 4:00 p.m. Veronica Yuke stated that additional potential dates  
18      could be discussed during that meeting.

19 Cody Bartley stated the March 19 meeting agenda would likely include review of the  
20 draft outline for the white paper, discussion of assignments, and continued development  
21 of the document structure. He also stated the subcommittee would attempt to schedule  
22 vendor presentations for the March 19 meeting if possible. Cody Bartley suggested  
23 vendor presentations could be approximately 30 minutes and should focus on vendor  
24 experiences with the PCS or prefabrication process and recommendations for  
25 improvement.

## 26 **Subcommittee and Public Comments**

- 27      • None.

## 28 **Informational and Action Items**

- 29      • The subcommittee agreed to hold meetings approximately once per month to  
30      maintain progress toward completing the white paper.
- 31      • The next subcommittee meeting is scheduled for March 19 at 10:00 a.m.
- 32      • Future meeting dates will be scheduled month-to-month due to changing staff  
33      calendars.

- 1       • The March 19 meeting agenda will include review of the draft white paper outline  
2       and discussion of assignments.
- 3       • The subcommittee will attempt to schedule vendor presentations for the March  
4       19 meeting, with presentations expected to be approximately 30 minutes each.

5

6       **6. Comments from the Public/Subcommittee Members on Issues not on this**  
7       **Agenda**

8       **Facilitator:** Cody Bartley (or designee)

9       Cody Bartley invited comments from subcommittee members and members of the  
10      public on issues not listed on the agenda. He stated that no comments were heard.

11

12      **7. Adjournment**


13      Cody Bartley announced the close of the meeting and thanked participants for their  
14      attendance and contributions to developing the committee's work.

# Education and Outreach Committee

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Draft Meeting Report/Minutes

March 4, 2026



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



**Hospital Building Safety Board  
Education and Outreach Committee**

**March 4, 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  
Janice Cheung  
Michael Davis  
Gary Dunger  
Jim Malley  
Noella Tabladillo  
Belinda Young

**HCAI Staff Present**

Chris Tokas  
Richard Tannahill  
Eric Jacobsen  
Clara Wu

**HBSB Staff Present**

Veronica Yuke  
Evet Torres  
Marcus Palmer

1 **1. Call to Order and Welcome**

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

4 Teresa Endres called the meeting to order on March 4, 2026, at 10:00 a.m. for the HCAI  
5 HBSB Education and Outreach Committee meeting. She welcomed attendees and  
6 thanked participants for joining the meeting.

7 **2. Roll Call and Meeting Advisories/Expectations**

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

9 Veronica Yuke conducted roll call. She confirmed that the committee did not yet have a  
10 quorum and informed members that the committee could not take formal action until a  
11 quorum was established. Quorum was established at 10:10 a.m.

1 **3. Update from the “Collaborative Inspection Approach to Hospital Construction”**  
2 **Webinar Development Subcommittee**

3 **Facilitator:** Michael Davis, CHI, Senior Consultant, Davis HBC, Inc.; Subcommittee  
4 Chair (or designee)

5 **Discussion and Input**

6 Michael Davis reported that, since his previous update at the Full Board meeting in  
7 December, the subcommittee delivered the 90-minute webinar on January 14, 2026, as  
8 planned. He described the presentation as successful and reported 775 registrants and  
9 495 attendees and noted that 82 percent of survey respondents rated the webinar  
10 between eight and ten when asked whether the webinar met expectations.

11 Michael Davis acknowledged that he and Gary Dunger experienced technical difficulties  
12 at the start of the presentation, which briefly disrupted the beginning of the session. He  
13 explained that the presenters recovered from those issues and completed the  
14 presentation successfully.

15 Michael Davis then discussed potential future activities related to the topic. He said that  
16 he spoke with Chris Tokas during the Project Delivery Conference in San Diego the  
17 previous month. He stated that HCAI still intends to hold a full-day seminar dedicated to  
18 the collaborative inspection approach, but that the timing depends on the organization’s  
19 budget decisions for the upcoming year. Michael Davis stated that until budget  
20 considerations become clearer, the subcommittee plans to pause further meetings.

21 Michael Davis noted that the subcommittee does not currently plan additional meetings  
22 until the committee determines the next presentation format and schedule.

23 Michael Davis asked committee members, OSHPD staff, and Inspection Services Unit  
24 (ISU) staff to share examples that illustrate the value of collaborative project delivery.  
25 He explained that these examples could include situations where a collaborative  
26 approach produced positive results or situations where lack of collaboration created  
27 problems. Michael Davis expressed that the subcommittee intends to expand the  
28 presentation in the future and incorporate examples, case studies, and illustrations that  
29 could not be included within the original 90-minute webinar timeframe. He asked  
30 participants to submit relevant examples to HBSB support staff, who would distribute  
31 them to subcommittee members for potential use in future presentations.

32 **Committee and Public Comments**

- 33 • Belinda Young asked whether the committee had followed up on posting  
34 responses to the questions received during the webinar, including any follow-up  
35 questions submitted by participants.
- 36 ○ Michael Davis explained that some questions had already been answered. He  
37 added that he still had one question he was working to answer and therefore

- 1 did not believe an official response document had been issued yet.
- 2 • Belinda Young questioned whether the committee could review the responses  
3 collectively before they were finalized.
    - 4 ○ Michael Davis directed that question to Veronica Yuke.
    - 5 ○ Veronica Yuke explained that staff could distribute the finalized responses to  
6 committee members once the responses were complete. She suggested  
7 either circulating the responses for review or adding the item to a future  
8 meeting agenda for discussion.
  - 9 • Teresa Endres proposed reviewing the responses at the next Education and  
10 Outreach Committee meeting so committee members could benefit from  
11 reviewing the questions submitted during the webinar.
  - 12 • Evett Torres clarified that not all 37 submitted questions related to webinar  
13 content. She explained that several questions concerned technical issues such  
14 as microphone or audio problems. Evett Torres estimated that approximately 20  
15 questions represented substantive questions related to the webinar content. She  
16 asked whether the committee wanted to review the responses before staff posted  
17 them online.
  - 18 • Belinda Young expressed support for reviewing the responses so that the  
19 committee could agree on the official responses before publication.
  - 20 • Jim Malley explained that, if the committee intended to review and comment on  
21 the responses collectively, the discussion would need to appear on a future  
22 meeting agenda. Jim Malley noted that the committee could not simply edit and  
23 return comments outside of an agenda meeting.
  - 24 • Teresa Endres established that she had made a note to add the item to a future  
25 agenda.
  - 26 • Veronica Yuke confirmed that staff would distribute the response document to  
27 committee members so they could review it in advance of discussion at the next  
28 committee meeting.

## 29 **Informational and Action Items**

- 30 • Michael Davis requested that committee members, OSHPD staff, and ISU staff  
31 submit examples or case studies related to collaborative project delivery to HBSB  
32 support staff for potential use in future presentations.
- 33 • Veronica Yuke indicated that staff will finalize responses to webinar questions  
34 and distribute them to committee members.
- 35 • Teresa Endres confirmed that review of the webinar questions and responses will

1 be placed on a future Education and Outreach Committee agenda.

2

3 **4. Update from the Ad Hoc “HCAI Design Guide for Planning and Preparing for**  
4 **Disasters” Webinar Development Subcommittee**

5 **Facilitator:** Teresa Endres, Subcommittee Chair (or designee)

6 **Discussion and Input**

7 Teresa Endres reported that the subcommittee had a meeting scheduled for the  
8 following week.

9 Teresa Endres explained that the subcommittee was currently working with seven  
10 different topics. She explained that some of those topics might merge with one another,  
11 which could reduce the total number of webinars. Teresa Endres noted that the  
12 subcommittee might ultimately produce five webinars or three webinars, depending on  
13 how the topics were organized. She explained that the subcommittee planned to  
14 discuss that issue during its meeting the following week.

15 Teresa Endres explained that the subcommittee would work closely with Building  
16 Standards Unit. She clarified that the subcommittee was not trying to duplicate existing  
17 material or create new code interpretations.

18 Teresa Endres explained that the subcommittee’s goal was to take the guide that had  
19 been presented in one hour at PDC and develop it into a more comprehensive webinar  
20 series.

21 **Committee and Public Comments**

- 22
- None.

23 **Informational and Action Items**

- 24
- Teresa Endres reported that the subcommittee would meet the following week.
  - 25 • Teresa noted that the subcommittee would discuss whether the seven current  
26 topics should remain separate or be consolidated into a smaller number of  
27 webinars.
  - 28 • Teresa explained that the subcommittee aimed to expand the material previously  
29 presented at PDC into a more comprehensive webinar series without duplicating  
30 material or creating new code interpretations.

1 **5. Update from the Ad Hoc Educational Opportunities to Advance Structural**  
2 **Health Monitoring by Hospitals Subcommittee**

3 **Facilitator:** Courtney B. Johnson, PG, CEG, Principal Geologist, Slate Geotechnical  
4 Consultants; Subcommittee Vice-Chair (or designee)

5 **Discussion and Input**

6 Teresa Endres introduced Agenda Item 5 and asked whether Courtney Johnson had a  
7 designee available to provide the update.

8 Jim Malley identified himself as a member of the subcommittee and explained that the  
9 group had rescheduled several meetings. He explained that the subcommittee originally  
10 scheduled an Instrumentation Committee meeting followed by a subcommittee meeting,  
11 but technical challenges required both meetings to be moved. He explained that, as a  
12 result of those schedule changes, there was no substantive update since the previous  
13 report.

14 Veronica Yuke confirmed that the subcommittee did not have a significant update to  
15 report. She explained that the ad hoc committee members were completing homework  
16 assignments, which the subcommittee planned to discuss during a meeting scheduled  
17 for March 26. She indicated that additional information would follow after that meeting  
18 and noted that the subcommittee would likely provide an update at the Full Board  
19 meeting in April.

20 Jim Malley asked whether the committee would have a report available.

- 21 • Veronica Yuke explained that the subcommittee would not have a formal report  
22 prepared, but members would be able to provide an update on the work  
23 completed.

24 Jim Malley asked whether the update might be delivered as part of an instrumentation  
25 committee report or a similar report.

- 26 • Veronica Yuke explained that the ad hoc subcommittee could provide its own  
27 update.

- 28 • Evett Torres then informed the committee that Courtney Johnson had sent an  
29 email before the meeting explaining that Marty Hudson, who was expected to  
30 provide the update, could not attend. She explained that Courtney Johnson  
31 included several points summarizing the subcommittee's progress.

- 32 • Evett Torres read an abbreviated summary from Courtney Johnson's message.  
33 She reported that the subcommittee had held its first meeting, during which  
34 members identified several target deliverables, including:

- 35 ○ A two-page summary of the Instrumentation white paper

- 1           ○ A how-to guide for owners
- 2           ○ An outline for webinars as an initial step in developing educational materials
- 3           ● Evett Torres also reported that the next subcommittee meeting was scheduled
- 4           for March 26, 2026, and that the subcommittee planned to provide an update at
- 5           the April Full Board meeting.
- 6           ○ Jim Malley responded that the group would therefore have a report based on
- 7           the first meeting, and that Courtney Johnson could present that information
- 8           along with any updates resulting from the March 26 meeting.

9           **Committee and Public Comments**

- 10          ● None.

11          **Informational and Action Items**

- 12          ● Jim Malley reported that previously scheduled meetings had been rescheduled
- 13          due to technical challenges.
- 14          ● Veronica Yuke confirmed that the next subcommittee meeting would occur on
- 15          March 26, 2026.
- 16          ● Evett Torres reported that the subcommittee identified several target
- 17          deliverables, including:
  - 18               ○ A two-page summary of the instrumentation white paper
  - 19               ○ A how-to guide for owners
  - 20               ○ An outline for webinars
- 21          ● Veronica Yuke indicated that the subcommittee would provide an update at the
- 22          Full Board meeting in April.

23

24          **6. Update from the Ad Hoc How-To-Guide Development for Preapproved**  
25          **Fabricated Components and Systems Subcommittee**

26          **Facilitator:** Cody Bartley, DPR Construction; Subcommittee Chair (or designee)

27          **Discussion and Input**

28          Cody Bartley began by crediting Evett Torres with keeping the subcommittee organized  
29          and scheduling its meetings. He explained that the subcommittee had gained  
30          momentum quickly.

31          Cody Bartley reported that the subcommittee held its first meeting on February 12,  
32          2026. During that meeting, members discussed next steps for advancing the topic of  
33          prefabrication and pre-approvals.

1 The subcommittee intends to develop a white paper addressing the questions and  
2 answers from the previous webinar. Much of the first meeting focused on identifying  
3 potential content sections and developing a preliminary outline to guide the effort.

4 Cody Bartley announced that the next subcommittee meeting is scheduled for March  
5 19, 2026.

6 For that meeting, the subcommittee arranged for three industry speakers to discuss the  
7 PCS and OPM programs. One of the invited speakers will describe the process of  
8 obtaining pre-approval, how the approval was used in practice, and what benefits  
9 motivated pursuing it. The subcommittee seeks to better understand industry  
10 experience with the pre-approval process.

11 The subcommittee also circulated a rough outline for the proposed white paper.  
12 Members will review the outline at the next meeting after hearing from manufacturers so  
13 the group can determine what topics and guidance the document should address.

#### 14 **Committee and Public Comments**

- 15 • None.

#### 16 **Informational and Action Items**

- 17 • The subcommittee held its first meeting on February 12, 2026.
- 18 • Members began developing a white paper addressing questions from the  
19 previous webinar.
- 20 • The next subcommittee meeting will occur on March 19, 2026.
- 21 • Three industry speakers will participate in that meeting to discuss experiences  
22 with the PCS and OPM programs.
- 23 • Members will review a rough outline for the white paper after hearing from  
24 manufacturers about their experiences with the pre-approval process.

25

### 26 **7. Discuss possible webinar development on the HCAI Functional Program** 27 **Advisory Guide, published September 2025**

28 **Facilitator:** Teresa Endres (or designee)

#### 29 **Discussion and Input**

30 Teresa Endres noted that she would facilitate the discussion and invited assistance  
31 from Eric Jacobsen and Clara Wu.

32 Teresa Endres indicated that the committee appeared to have the materials necessary  
33 to develop a webinar and referenced the Advisory Guide as the primary resource.

- 1       • Eric Jacobsen confirmed that the Advisory Guide was published in September  
2       2025. He noted that the guide would benefit from additional graphics that would  
3       enhance the functional program material. He indicated that the plan was to  
4       incorporate those graphics and republish the guide, and that once those updates  
5       were complete, the material would be more suitable for a webinar.

6       Teresa Endres asked whether the graphics Eric Jacobsen referenced were the graphics  
7       she had previously provided.

- 8       • Eric Jacobsen confirmed that the graphics were hers and expressed interest in  
9       embedding them into the guide.

10      Teresa asked whether she could review the guide before the graphics were embedded  
11      to confirm that all of the graphics had been provided.

- 12      • Eric Jacobsen agreed, and Teresa suggested that they discuss the material  
13      together beforehand due to the amount of content involved. Eric Jacobsen  
14      agreed to that approach.

15      Teresa Endres then referenced additional material that could support webinar  
16      development. She noted that Clara Wu and Samantha Miller were working on a slide  
17      presentation and that the presentation was delivered at AIA a few months earlier. She  
18      indicated that the material provided the beginning of a strong slide deck that could  
19      support the webinar.

- 20      • Eric Jacobsen acknowledged that information and noted that staff was catching  
21      up on the materials, with the goal of holding a webinar in the not-too-distant  
22      future.

23      Teresa Endres asked whether webinar content, including the slides, would be reviewed  
24      by the Education and Outreach Committee before the webinar occurs.

- 25      • Richard Tannahill responded that staff would likely assemble the webinar  
26      materials first, after which the committee could review them. He added that staff  
27      would also determine who would present the webinar, noting that many similar  
28      documents, guidance materials, and internal resources are often presented by  
29      staff.

### 30      **Committee and Public Comments**

- 31      • None.

### 32      **Informational and Action Items**

- 33      • Eric Jacobsen indicated that staff plan to add graphics to the Functional Program  
34      Advisory Guide and republish the guide.
- 35      • Teresa Endres and Eric Jacobsen agreed to review the guide together before the

- 1 graphics are embedded.
- 2 • Teresa Endres referenced an existing slide presentation prepared by Clara Wu
  - 3 and Samantha Miller, previously presented at AIA, which could serve as the
  - 4 foundation for a webinar slide deck.
  - 5 • Richard Tannahill indicated that staff would assemble webinar materials, after
  - 6 which the committee could review them and determine presenters.
  - 7 • Eric Jacobsen indicated that the goal is to develop a webinar in the near future
  - 8 once the updated guide materials are prepared.

9

10 **8. Comments from the Public/Committee Members on Issues not on this Agenda**

11 Facilitator: Teresa Endres (or designee)

12 Teresa Endres invited comments from committee members and members of the public

13 on issues not included on the agenda but there were none.

14

15 **9. Adjournment**

16 Facilitator: Teresa Endres (or designee)

17 Teresa Endres formally adjourned the meeting at 10:21 a.m. and thanked attendees for

18 their time.

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# Board Rosters

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**April 2026**

COMMITTEE LIST

BOARD MEMBERSHIP

CONSULTING COMMITTEE MEMBERS

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**HOSPITAL BUILDING SAFETY BOARD  
2026 COMMITTEES**

**AD HOC BOARD PROCEDURES COMMITTEE**

|  |  |
|--|--|
| <p><b><u>Committee Members:</u></b><br/>         Jim Malley, Chair<br/>         Gary Dunger, Vice-Chair<br/>         Cody Bartley</p>  | <p><b><u>Meeting Dates:</u></b><br/>         TBD</p> |
| <p><b>Focus/Goals:</b></p> <ul style="list-style-type: none"> <li>• Meet as needed for:             <ul style="list-style-type: none"> <li>○ Policies and Procedures updates</li> <li>○ Nominating committee, training/onboarding members</li> </ul> </li> </ul> |  |

**CODES AND PROCESSES COMMITTEE**

|   |   |
|---|---|
| <p><b><u>Committee Members:</u></b><br/>         Teresa Endres, Chair<br/>         VACANT, Vice-Chair<br/>         Cody Bartley<br/>         Jennifer Cox<br/>         Michael Davis<br/>         Gary Dunger<br/>         Mikhail Fuks<br/>         John Griffiths<br/>         Jim Malley<br/>         Kelly Martinez<br/>         Farzad Naeim<br/>         Carl Newth<br/>         Noella Tabladillo<br/>         Belinda Young</p>   | <p><b><u>Consulting Members:</u></b><br/>         Abdel Darwich<br/>         Mark Hershberg<br/>         Scott Karpinen<br/>         Michael O'Connor<br/>         Sam Staley</p> <p><b><u>Meeting Dates:</u></b><br/>         July 9<br/>         October 15</p> |
| <p><b>Focus/Goals:</b></p> <ul style="list-style-type: none"> <li>• Read existing CANs, PINs, and Advisory Guides</li> <li>• Evaluate standard details for SNFs             <ul style="list-style-type: none"> <li>○ Review and approval of Wood-Framed Details package before the Structural and Nonstructural Regulations Committee's review and endorsement</li> </ul> </li> <li>• Title 24             <ul style="list-style-type: none"> <li>○ Identify code modifications to support implementation of building standards code</li> </ul> </li> <li>• Seminar for HCAI Design Guide for Planning and Preparing for Disasters             <ul style="list-style-type: none"> <li>○ Coordinate with the Ad Hoc "HCAI Design Guide for Planning and Preparing for Disasters" Webinar Development Subcommittee</li> </ul> </li> </ul> |   |

## **EDUCATION AND OUTREACH COMMITTEE**

### **Committee Members:**

Teresa Endres, Chair  
Cody Bartley, Vice-Chair  
Janice Cheung  
Michael Davis  
Gary Dunger  
Courtney Johnson  
Jim Malley  
Kelly Martinez  
Noella Tabladillo  
Belinda Young

### **Consulting Members:**

Bruce Rainey  
Bill Zellmer

### **Meeting Dates:**

~~February 18~~ RESCHEDULED  
March 4  
April 29  
October 7

### **Focus/Goals:**

- Support the development of webinars
- Develop a regular curriculum and predictable calendar for webinars
- Revisions to “Guide for Working on OSHPD Projects – Tips from the Experts”
- Emergency Design Guide (seminar TBD)
- Collaborative Inspection Approach to Hospital Construction Seminar (Collaborative Inspection Approach to Hospital Construction Webinar Development Subcommittee)
- Work with Instrumentation Committee regarding webinar/seminar on instrumentation white paper
- Advisory Guides
- eTIO Awareness: going from paper to electronic (informational)

## **“COLLABORATIVE INSPECTION APPROACH TO HOSPITAL CONSTRUCTION” WEBINAR DEVELOPMENT SUBCOMMITTEE**

### **Subcommittee Members:**

Michael Davis, Chair  
Cody Bartley, Vice-Chair  
Gary Dunger  
Belinda Young

### **Meeting Dates:**

January 14- WEBINAR

### **Focus/Goals:**

- Develop content for the webinar presentation
- Finalize and host webinar

**AD HOC “HCAI DESIGN GUIDE FOR PLANNING AND PREPARING FOR DISASTERS”  
WEBINAR DEVELOPMENT SUBCOMMITTEE**

|  |   |
|--|---|
| <b><u>Committee Members:</u></b><br>Teresa Endres, Chair<br>Gary Dunger, Vice-Chair<br>Janice Cheung<br>Jennifer Cox<br>Mikhail Fuks<br>John Griffiths<br>Kelly Martinez   | <b><u>Consulting Member:</u></b><br>Abdel Darwich<br><br><b><u>Meeting Dates:</u></b><br>January 22<br>March 11<br>May 13 |
| <b><u>Focus/Goals:</u></b> <ul style="list-style-type: none"><li>• Develop content and schedule webinar presentation</li><li>• Finalize and host webinar</li><li>• Seminar for HCAI Design Guide for Planning and Preparing for Disasters<ul style="list-style-type: none"><li>○ Coordinate with the Codes and Processes Committee</li></ul></li></ul> |   |

**AD HOC EDUCATIONAL OPPORTUNITIES TO ADVANCE STRUCTURAL HEALTH  
MONITORING BY HOSPITALS SUBCOMMITTEE**

|  |   |
|--|---|
| <b><u>Committee Members:</u></b><br>Marty Hudson, Chair<br>Courtney Johnson, Vice-Chair<br>Janice Cheung<br>Jim Malley<br>Farzad Naeim   | <b><u>Meeting Dates:</u></b><br>January 29<br><del>March 10</del> RESCHEDULED<br>March 26 |
| <b><u>Focus/Goals:</u></b> <ul style="list-style-type: none"><li>• Develop educational opportunities to advance utilization of structural health monitoring by hospitals using seismic instrumentation</li><li>• Taking advantage of new tools</li></ul> |   |

**AD HOC HOW-TO-GUIDE DEVELOPMENT FOR PREAPPROVED FABRICATED  
COMPONENTS AND SYSTEMS SUBCOMMITTEE**

|  |  |
|--|--|
| <b><u>Committee Members:</u></b><br>Cody Bartley, Chair<br>Belinda Young, Vice-Chair<br>Michael Davis<br>Gary Dunger<br>Carl Newth   | <b><u>Consulting Member:</u></b><br>Scott Karpinen<br><br><b><u>Meeting Dates:</u></b><br>February 12<br>March 19<br>May 6 |
| <b><u>Focus/Goals:</u></b> <ul style="list-style-type: none"><li>• Develop a how-to guide on preapproved fabricated components and systems as a follow up to the June 2024 webinar</li></ul> |  |

## **ENERGY CONSERVATION AND MANAGEMENT COMMITTEE**

### **Committee Members:**

Cody Bartley, Chair  
John Griffiths, Vice-Chair  
David Bliss  
Janice Cheung  
Jennifer Cox  
Gary Dunger  
Mikhail Fuks  
Carl Newth

### **Consulting Members:**

Abdel Darwich  
Eric Johnson  
Scott Karpinen  
David Lockhart

### **Meeting Dates:**

~~May 20~~ RESCHEDULED  
May 21  
September 16

### **Focus/Goals:**

- Identify HCAI research projects for energy conservation, reduction of carbon footprint, and cost savings while maintaining health and safety alternate energy sources
  - Consider systems and monitoring devices for other environmental conditions
  - Explore emerging technologies that help reduce the carbon footprint for healthcare facilities and implementation relative to code implementation of emerging tools relative to the code
- Pursue indoor air quality at a lesser energy cost for healthcare
- Explore wastewater solutions
- Lessons learned on microgrid projects
  - White Paper: Improved commissioning practices/failure mode analysis
- Responses to extreme weather-related system failures
- Commissioning agent to speak to committee

## **INSTRUMENTATION COMMITTEE**

### **Committee Members:**

Martin Hudson, Chair  
Courtney Johnson, Vice-Chair  
Teresa Endres  
Jim Malley  
Farzad Naeim  
Jennifer Thornburg

### **Consulting Members:**

Hamid Haddadi  
Moh Huang  
Tony Shakal

### **Meeting Dates:**

~~February 26~~ RESCHEDULED  
March 24  
October 29

### **Focus/Goals:**

- Continue working with HCAI staff on scheduled instrumentation installations
- Consider other systems and monitoring devices
- Collaborate with CGS on prioritizing upgrades to existing instrumentation
- Owner-targeted white paper on instrumentation
- Work with EO Committee regarding webinar/seminar on instrumentation white paper
  - (Ad Hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee (webinar to be placed on hold until revising of white paper to include new development once new tools have been used)

## **STRUCTURAL AND NON-STRUCTURAL REGULATIONS COMMITTEE**

### **Committee Members:**

Jim Malley, Chair  
Farzad Naeim, Vice-Chair  
Cody Bartley  
Michael Davis  
Mikhail Fuks  
Martin Hudson  
Courtney Johnson  
Noella Tabladillo  
Jennifer Thornburg  
Noella Tabladillo  
Belinda Young

### **Consulting Member**

Mark Hershberg  
Scott Karpinen

### **Meeting Dates:**

June 4  
August 26

### **Focus/Goals:**

- Support HCAI with review of code changes (ongoing)
- Support HCAI with review of new/revised PINs, CANs, and OPDs (ongoing)
- Implementation of SPC-4D and NPC-4D
- Develop pre-approved details
  - Review and endorse the final Wood-Framed Details package approved by OSHPD and Codes and Processes Committee
- Seismic compliance issues related to NPC-3, NPC-4D, and NPC-5; streamlining the process for compliance to meet the statutory and regulatory deadline
- Develop and implement procedures and enforceable building standards to ensure safe and sustainable healthcare facilities
- Consider new products, materials and methods that would benefit the public by early adoption rather than waiting for their incorporation in the building code

## **TECHNOLOGY AND RESEARCH COMMITTEE**

### **Committee Members:**

Gary Dunger, Chair  
Cody Bartley, Vice-Chair  
David Bliss  
Janice Cheung  
Jennifer Cox  
Michael Davis  
Teresa Endres  
Mikhail Fuks  
John Griffiths  
Belinda Young

### **Consulting Members:**

Benjamin Broder  
Eric Johnson  
Sam Staley

### **Meeting Dates:**

June 18

### **Focus/Goals:**

- Explore subjects of telemedicine and robotics (ongoing)
- Address how to regulate remote services (e.g., medical records, web-based nurse call, off-site server farms, etc.) (ongoing)
  - Monitor CDPH electronic health records redundancy issues in the event of power failure and watch for potential effects to code
  - Invite industry members to address/inform the committee on the reliability of cloud-based systems (fire alarm, energy monitoring, etc.)

## **FULL BOARD MEETING DATES**

April 9 – Los Angeles  
August 13 – Sacramento  
December 9 and 10 – Los Angeles

## HOSPITAL BUILDING SAFETY BOARD MEMBERSHIP

### Appointed Members (Appointed by HCAI Director)

| MEMBERSHIP CATEGORIES             | NAMES             | APPNTMNT DATE | TERM EXP DATE | TERM OF SERVICE |
|-----------------------------------|-------------------|---------------|---------------|-----------------|
| 2 structural engineers            | James O. Malley*  | 8/2020        | 8/2028        | 2nd term        |
|                                   | Farzad Naeim      | 8/2021        | 8/2029        | 2nd term        |
| 2 architects                      | Teresa Endres     | 8/2023        | 8/2027        | 1st term        |
|                                   | Belinda Young     | 12/2025       | 12/2029       | 1st term        |
| 1 engineering geologist           | Courtney Johnson  | 4/2024        | 4/2028        | 1st term        |
| 1 geotechnical engineer           | Martin B. Hudson  | 12/2023       | 12/2027       | 1st term        |
| 1 mechanical engineer             | Mikhail Fuks      | 6/2025        | 6/2029        | 1st term        |
| 1 electrical engineer             | John Griffiths    | 8/2022        | 8/2026        | 1st term        |
| 1 hospital facilities manager     | Gary Dunger       | 12/2022       | 12/2026       | 1st term        |
| 1 local building official         | Carl Newth        | 8/2024        | 8/2028        | 1st term        |
| 1 general contractor              | Cody Bartley**    | 8/2022        | 8/2026        | 1st term        |
| 1 fire/life safety representative | Janice Cheung     | 12/2023       | 12/2027       | 1st term        |
| 1 hospital inspector of record    | Michael L. Davis  | 8/2023        | 8/2027        | 1st term        |
| 3 public members                  | Jennifer Cox      | 4/2024        | 4/2028        | 1st term        |
|                                   | Kelly Martinez    | 6/2025        | 6/2029        | 1st term        |
|                                   | Noella Tabladillo | 6/2025        | 6/2029        | 1st term        |
| <b>TOTAL</b>                      | <b>16</b>         |               |               |                 |

### Ex-Officio Members

|   |  |                              |
|---|--|------------------------------|
| HCAI, Director                                    | Elizabeth Landsberg  | No Term of Office Stipulated |
| State Fire Marshal                                | Daniel Berlant<br>Vickie Sakamoto (Delegate)                         |                              |
| State Geologist                                   | Jeremy Lancaster<br>Jennifer Thornburg (Delegate)                    |                              |
| Building Standards Commission, Executive Director | Stoyan Bumbalov<br>Irina Brauzman (Delegate)<br>Kevin Day (Delegate) |                              |
| Department of Public Health, Director             | Dr. Erica Pan, MD, MPH, FIDSA, FAAP<br>Nathaniel Gilmore (Delegate)  |                              |
| OSHPD, Deputy Director                            | Chris Tokas  |                              |
| <b>TOTAL</b>                                      | <b>6</b>   |                              |

### Director Appointed Ex-Officio Members (Serve at pleasure of Director)

|                           |             |                              |
|---------------------------|-------------|------------------------------|
| 1 member                  | David Bliss | No Term of Office Stipulated |
| <b>TOTAL</b>              | <b>3</b>    |                              |
| <b>TOTAL HBSB Members</b> | <b>25</b>   |                              |

\*Chair: Jim Malley 2025-2026 (1st term)

\*\*Interim Vice-Chair: Cody Bartley (elected Dec. 2025)

March 2026

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## 2026 CONSULTING COMMITTEE MEMBERS

|  |  |
|--|--|
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