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

Hospital Building Safety Board
Full Board Meeting
AGENDA

August 13, 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:
2020 West El Camino Avenue, Ste. 900, Sacramento, CA 95833
Teams Meeting Access; Meeting ID: 277 409 822 714 50; Passcode: im7Ep9Af
Call in: (916) 535-0978; Phone Conference ID: 530 284 38#

Item #1 Call to Order and Welcome

Facilitator: James O. 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

- Recognition of outgoing HBSB Member, John Griffiths, Electrical Engineer Representative
- Acknowledgment of second-term appointment of Cody Bartley, General Contractor Member Representative
- HCAI Update
- Discussion and public input

Facilitator: Elizabeth Landsberg, Director, HCAI (or designee)


EUREKA
CALIFORNIA
Presented to
John P. Griffiths
Electrical Engineering Member
2022 – 2026

Item #4 Nominations for HBSB Chair and Vice-Chair Kick Off

- Review of the nomination process for HBSB Chair and Vice-Chair
- Nominating Committee presents slate of candidates
- Committee invites nominations from the floor
- Discussion and public input

Facilitator: Michael Foulkes, Director, State and Local Government Affairs, Apple Inc.; and Scott Karpinen, ME, LEED AP, Chief Design Engineer, Frank M. Booth, Inc.; Nominating Committee (or designees)

Item #5 Overview and approval of the April 9, 2026, Full Board draft Meeting Report/Minutes

- Discussion and public input

Facilitator: James O. Malley, Board Chair (or designee)

Department of Health Care Access and Information

Hospital Building Safety Board

Report by

James O. Malley, Board Chair

BOARD MEMBERS Present:

James Malley, 2026 Board Chair; Cody Bartley, Vice-Chair

Michael Davis, Gary Dunger, Teresa Endres, Martin Hudson, Kelly Martinez, Farzad Naeim, Carl Newth, Belinda Young

DIRECTOR APPOINTED EX-OFFICIO MEMBERS Present:
David Bliss, Michael Foulkes, Scott Karpinen

STATUTORY EX-OFFICIO MEMBERS Present:
Lemeneh Tefera, HCAI Chief Medical Officer & Deputy 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, Roy Lobo, Mia Marvelli, Richard Tannahill

HBSB STAFF Present:
Veronica Yuke, Executive Director; Marcus Palmer; Evett Torres

MEETING REPORT:

Meeting Date: April 9, 2026

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 1:** Call to Order and Welcome – Jim Malley, Board Chair
  - Called to order April 9, 2026 at 10:00 a.m.; attendees welcomed.
- **Topic 2:** Roll Call and Meeting Advisories/Expectations – Veronica Yuke, Executive Director
  - Roll call conducted; quorum established.
- **Topic 3:** HCAI Update – Lemeneh Tefera, HCAI Chief Medical Officer & Deputy Director
  - Swore in Michael Foulkes and Scott Karpinen as Director-Appointed Ex-Officio members.
  - Rural Health Transformation Program (HR1 bill, $50B/5 yrs): California awarded $233.6M for Year 1.
    - Three initiatives set (transformative care model, workforce, and technology/tools. First applications will be for Accelerator Partnerships with the RFA expected this spring.

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 4:** Approval of the December 10–11, 2025, Full Board Meeting Report – Jim Malley, Board Chair
  - Recapped the December meeting: Vice-Chair election of Cody Bartley, swearing-in of Belinda Young, Farzad Naeim's reappointment, and recognition of retiring members Michael O'Connor and Bert Hurlbut.
  - Summarized HCAI program updates and June 2025 minutes approval
  - Committee and subcommittee reports/updates included Collaborative Inspection Approach to Hospital Construction Webinar Development Subcommittee, Technology and Research Committee, HCAI Design Guide for Planning and Preparing for Disasters Webinar Development Subcommittee, Codes and Processes Committee, Structural and Nonstructural Regulations Committee, and Instrumentation Committee.
  - 2026 Committee Assignments were discussed.
  - OSHPD year end report and update was presented.
  - Teresa Endres made an excellent presentation on healthcare design trends.
  - 10 motions were approved and three ad hoc subcommittees created.
  - Motion to approve the report: Farzad Naeim / Cody Bartley — passed unanimously.

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 5:** Ad Hoc HCAI Design Guide for Planning and Preparing for Disasters Webinar Development Subcommittee – Teresa Endres, Chair
  - Reviewed three subcommittee meetings (Nov 20, 2025; Jan 22 and Mar 11, 2026) on the 2024 design guide; webinars add depth beyond the ASHE PDC rollout.
  - Identified seven webinar topics: Power Independence, two WUI (Title 24, Part 7 and HVAC), three Infection Control (HVAC, Operations and Design), and Hazard Vulnerability Assessment. Likely combined into four webinars.
  - WUI Title 24 Part 7 webinar scheduled for May 14, 2026; OSHPD to deliver a standard introduction for each webinar.
  - Motion to approve the three subcommittee reports: Teresa Endres / Michael Davis — passed unanimously.

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 6:** “Collaborative Inspection Approach to Hospital Construction” Webinar Development Subcommittee – Michael Davis, Chair
  - A webinar was delivered January 14, 2026: about 775 registrants, 492 attendees (understated due to group viewing), and 37 questions asked.
  - 39% of attendees completed the survey and 82% of respondents scored the webinar between 8 and 10 — strong feedback.
  - Feedback reinforced owner engagement across all phases and collaboration at every level; consistent messaging from all shareholders regarding the need for collaboration was an important theme throughout the webinar; the “OAC” concept was reframed as “OACI” to include the inspector.
  - Chris Tokas discussed plans to expand the material into a one-day seminar, then a written guide.
  - Informational item — no motion.

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 7:** Ad Hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee – Martin Hudson, Chair
  - Met January 29 and March 26, 2026, building on the 2023 white paper on seismic instrumentation; modern sensors (MEMS) are now phone-sized can be installed economically.
  - Four deliverables are planned by the committee to move this effort forward: two-page public summary (Hudson), webinar series outline (Courtney Johnson), how-to implementation guide (Jim Malley), and a possible addendum to the 2023 white paper.
  - Evan Reis of Safehub presented March 26 on how MEMS are implemented; CGS has begun producing informational videos to spur interest; Janice Cheung volunteered to serve as accessibility reviewer.
  - Motion to approve the January 29 report: Martin Hudson / Teresa Endres — passed unanimously.

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 8:** Ad Hoc How-To-Guide Development for Preapproved Fabricated Components and Systems Subcommittee – Cody Bartley, Chair
  - The committee met February 12 and March 19, 2026 (Overview only), building on a 2024 webinar; the deliverable was clarified from a white paper into an advisory guide.
  - Vendors Durafuse, SurePods, and Starc presented on March 19; two are on version three of their Preapproved Component System (PCS) and cited more project opportunities.
  - Goal: assemble content and release the advisory guide by year end; next meeting set for May.
  - Motion to approve the February 12 report: Cody Bartley / Carl Newth — passed unanimously.

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 9:** Instrumentation Committee – Martin Hudson, Committee Chair
  - Met March 24, 2026 (overview only; minutes not yet in the package). Safehub presented again and CSMIP updated the committee on hospital instrumentation.
  - Chris Tokas emphasized “building health monitoring” over “structural health monitoring,” focusing on user value and nonstructural components, systems, and equipment.
  - Farzad Naeim highlighted the CalOES MyShake project (10,000+ subscribers) using cell-phone data for basic building health monitoring.
  - Long-term goal: Develop green/yellow/red-light status indicators to prevent unnecessary hospital evacuations after earthquakes.
  - No motion.

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 10:** Education and Outreach Committee – Teresa Endres, Committee Chair
  - Met March 4, 2026. Received updates on all four subcommittees: Collaborative Inspection Approach to Hospital Construction Webinar Development, Ad Hoc HCAI Design Guide for Planning and Preparing for Disasters Webinar Development, Ad Hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals, and Ad Hoc How-To-Guide Development for Preapproved Fabricated Components and Systems.
  - Discussed a potential webinar on the Functional Program Advisory Guide (published September 2025); champions are Eric Jacobson, Clara Wu, and Teresa Endres.
  - The webinar is pending OSHPD's reissuance of the guide with compliance diagrams not initially provided by AIA.
  - Motion to approve the March 4 report: Teresa Endres / Kelly Martinez — passed unanimously.

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 11:** Appoint a Nominating Committee for Chair and Vice-Chair Elections – Jim Malley, Board Chair
  - Every two years the Chair appoints a Nominating Committee; the election is held at the August meeting and elected officers are sworn in December.
  - Jim Malley appointed Michael Foulkes and Scott Karpinen to the Nominating Committee for the August 2026 elections.
  - Members interested in serving as Chair or Vice-Chair should contact Veronica Yuke, Michael Foulkes, or Scott Karpinen to be interviewed before August.
  - The committee will present a slate, accept floor nominations, and conduct the election. No motion (appointment item).

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 12:** Office of Statewide Hospital Planning and Development (OSHPD) Update – Chris Tokas, Deputy Director (Part 1)
  - Chris Tokas, Arash Altoontash, and Richard Tannahill framed the update around human-centered design — shifting from authority to collaboration and compliance to performance.
  - Modernization: eTIO starting pilot testing (seeking small-project volunteers); eSP fully cloud-based, completed late 2025; biweekly meetings with CDPH for program-flex coordination.
  - Plan review: $24.64B total activity ($13.2B construction, $8.5B plan review); 56–60% of reviews completed within 10 days (17-day average return). Large surge of submittals prior to 1/1/26 due to code change and 3/1/26 for seismic compliance reports.
  - Major completions: City of Hope Orange County, Irvine Medical Center (all-electric), Riverside, a UHS tower, Scripps Encinitas (first half), and Hoag Irvine east pavilion.

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 12:** OSHPD Update – Chris Tokas, Deputy Director (Cont.)
  - Code updates: equipment seismic-labeling memo (permanent labels per Chapter 17 / ASCE 7); OSHPD opposed higher risk-category reclassification of skilled-nursing and behavioral-health facilities.
  - AB 130 froze building-code changes after the June wildfires, blocking healthcare-beneficial updates; CAN-110 revised so plans must be accepted for review (not just submitted) to lock the code cycle.
  - Seismic compliance: 343 facilities (88%) submitted plans; ~80% of buildings now conforming; 42 AB 869 extension applicants; AB 1882 signage 55% compliant of 2,656 buildings. NPC 70% plan to continue retrofitting and 30% plan to remove the buildings from acute care services.
  - Small & Rural Hospitals Grant Program: $11.3M awarded, ~$50M available. Workforce: 40 new IORs and 89 recertified;
  - Eric Jacobson now leads BSU after Mia Marvelli's retirement.

Meeting Date: 4/9/2026
OVERVIEW OF TOPICS

- **Topic 13:** Comments from the Public/Board Members on Non-Agenda Items – Jim Malley, Board Chair
  - Glenn Gall (member of the public) noted that the statute disallowing major rulemaking during interim code cycles leaves healthcare standards up to eight years behind.
  - He suggested adopting guidelines in full during major cycle adoptions; Chris Tokas agreed but noted current California law constrains OSHPD.
- **Topic 14:** Adjournment – Jim Malley, Board Chair
  - Jim Malley thanked attendees and staff, looked forward to the August meeting in Sacramento, and reminded members to contact leadership about Chair/Vice-Chair interest.
  - The meeting was adjourned at 3:41 p.m.

Meeting Date: 4/9/2026
OVERVIEW OF MOTIONS

- **Motion 1:** Approve the December 10–11, 2025, Full Board meeting report
  - Motion: Farzad Naeim | Second: Cody Bartley | Passed unanimously
- **Motion 2:** Approve the Nov 20, 2025, Jan 22 and Mar 11, 2026, HCAI Disaster Design Guide Subcommittee reports
  - Motion: Teresa Endres | Second: Michael Davis | Passed unanimously
- **Motion 3:** Approve the Jan 29, 2026, Structural Health Monitoring Subcommittee report
  - Motion: Martin Hudson | Second: Teresa Endres | Passed unanimously
- **Motion 4:** Approve the Feb 12, 2026, Preapproved Fabricated Components Subcommittee report
  - Motion: Cody Bartley | Second: Carl Newth | Passed unanimously
- **Motion 5:** Approve the March 4, 2026, Education and Outreach Committee report
  - Motion: Teresa Endres | Second: Kelly Martinez | Passed unanimously

Meeting Date: 4/9/2026
ACTION ITEMS (1 of 2)

- **HCAI Update:** Michael Foulkes and Scott Karpinen sworn in; California awarded $233.6M for Year 1 of the Rural Health Transformation Program; Accelerator Partnerships RFA expected this spring.
- **December Minutes:** The December 10–11, 2025 Full Board meeting report was approved.
- **Ad Hoc HCAI Design Guide for Planning and Preparing for Disasters Webinar Development Subcommittee:** Seven webinar topics identified (likely combining into about four); WUI Title 24 Part 7 webinar set for May 14, 2026; three reports approved.
- **Collaborative Inspection Approach to Hospital Construction Webinar Development Subcommittee:** Delivered Jan 14, 2026 (775 registrants, 492 attendees, 82% scored 8–10); one-day seminar, guide, and book planned next.
- **Ad Hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee:** Four deliverables underway; Safehub vendor engaged; CGS producing videos; January 29 report approved.
- **Ad Hoc How-To Guide Development for Preapproved Fabricated Components Subcommittee:** Advisory guide targeted for year-end; February 12 report approved.

Meeting Date: 4/9/2026
ACTION ITEMS (2 of 2)

- **Instrumentation Committee:** Emphasis on “building health monitoring” over structural; CSMIP update; MyShake project (10,000+ users) noted.
- **Education & Outreach Committee:** March 4 report approved; potential webinar on the September 2025 Functional Program Advisory Guide.
- **Nominating Committee:** Michael Foulkes and Scott Karpinen appointed; Chair/Vice-Chair election at the August 2026 meeting.
- **OSHPD Update:** Human-centered design; eTIO pilot and cloud-based eSP; $24.64B activity; multiple major project completions.
- **OSHPD Code & Compliance:** AB 130 froze code changes; ~80% of buildings conforming; 40 new IORs certified and 89 recertified.
- **Public Comment:** Glenn Gall's concern on interim-cycle rulemaking noted for future board consideration.

Meeting Date: 4/9/2026
CONCLUSION

- Questions and Answers
- This report requires a MOTION by a Board Member and must be SECONDED by a Board Member for further ACTION.

Item #6 Instrumentation Committee

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

Facilitator: Martin Hudson, PhD, PE, GE, Principal Geotechnical Engineer, Hudson Geotechnics, Inc.; Committee Chair (or designee)

Department of Health Care Access and Information

Hospital Building Safety Board Instrumentation Committee

By

Marty Hudson, Committee Chair

COMMITTEE MEMBERS

Marty Hudson, PhD, PE, GE, Chair
Courtney Johnson, PG, CEG, Vice-Chair
Teresa Endres, AIA, ACHA, EDAC, AAH
Hamid Haddadi, PhD, GP*
Moh Huang, PhD, PE*
Jim Malley, PE, SE
Farzad Naeim, PhD, PE, SE, Esq, NAE
Tony Shakal, PhD, GP, EIT*
Jennifer Thornburg, PG, CEG, CHG

* Consulting Member

HCAI STAFF

Chris Tokas, PE, SE, F.SEAOC
Richard Tannahill, Architect
Arash Altoontash, PhD, PE, SE
Hussain Bhatia, PhD, PE, SE
Roy Lobo, PhD, PE, SE
Ali Sumer, PhD, PE, SE

HBSB STAFF

Veronica Yuke, Executive Director
Marcus Palmer
Evett Torres

Meeting Date: 3/24/2026, 10:00am

Key agenda items for the March 24, 2026, Instrumentation Committee meeting:

- #3 Implementing Structural Health Monitoring Programs for Post-Earthquake Response
  - Facilitators: Jim Malley, Degenkolb; and Evan Reis, SE, Safehub, Inc.
  - Presentation on current state of instrumentation installation practice by example provider – Safehub
    - Instruments: wall-mounted MEMS accelerometers with cellular communication and battery backup
    - Output: green/yellow/red damage alerts for quickly evaluating potential building damage, not a substitute for engineering evaluation
  - Discussion: drift estimation, filtering, synchronization, and communication reliability

Meeting Date: 3/24/2026

Key agenda items, cont.:

- #4 California Strong Motion Instrumentation Program (CSMIP) update on Notification for Structural Response Monitoring
  - Facilitator: Hamid Haddadi, PhD, GP, CSMIP
  - Pilot covers 10 instrumented hospitals with a common recorder type; Santa Clara case study
  - Template reports peak floor accelerations, maximum interstory drift ratio, and governing floor pair
  - Long-period content filtered for reliable drift evaluation; interpolation for non-instrumented floors
- #5 Review of Goals for Ad hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee Meeting (January 29, 2026)
  - Facilitator: Courtney Johnson, PG, CEG, Committee Vice-Chair
  - Deliverables targeted for 2026: two-page white paper summary, how-to guide for hospital owners, webinar series outline

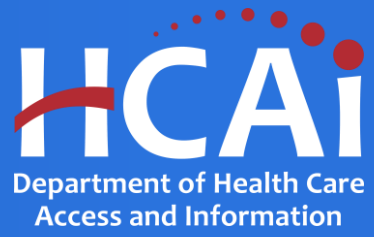
Meeting Date: 3/24/2026
CONCLUSION

- Questions and Answers
- I move to adopt the March 24, 2026, meeting report.

Item #7 Education and Outreach Committee

- Overview and approval of the April 29, 2026, draft Meeting Report/Minutes
- Overview of the July 22, 2026, meeting
- Discussion and public input

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



Education and Outreach Committee

by
Teresa Endres, CHAIR
Cody Bartley, VICE-CHAIR

COMMITTEE MEMBERS
Michael Davis
Gary Dunger
Courtney Johnson
Jim Malley
Kelly Martinez
Noella Tabladillo
Belinda Young

CONSULTING MEMBERS
Bruce Rainey
Bill Zellmer

OSHPD STAFF
Eric Jacobsen
Clara Wu

MEETING REPORTS:

Meeting Date

- **April 29, 2026**

MEETING UPDATES:

Meeting Date

- **July 22, 2026**

Meeting Date: **April 29, 2026**

OVERVIEW OF TOPICS

Review and prioritize the committee's 2026 goals

1. Support development of webinars
2. Develop a regular curriculum and predictable calendar for webinars
3. Continue to advance pre-approved fabricated components and systems (PCS)
4. Advisory Guides – *assist as subject matter experts*
5. Awareness of OSHPD webinars, seminars, PINs, CANs, and Advisory Guides

Meeting Date: **April 29, 2026**

OVERVIEW OF TOPICS

Moved to the committee's 2027 goals

1. Updates to the HCAI Design Guide for Planning and Preparing for Disasters
2. Collaborative Inspection Approach to Hospital Construction seminar
3. Instrumentation committee webinar/seminar

Meeting Date: **April 29, 2026**

OVERVIEW OF TOPICS

Update on Ad Hoc “HCAI Design Guide for Planning and Preparing for Disasters” Webinar Development Subcommittee

1. Goal of the sub- committee is to develop more comprehensive webinars than what HCAI/HBSB was able to present in one (1) hour at the 2024 ASHE PDC
2. Reviewed upcoming webinars
   - Power Resilience, Regulatory Compliance, and the Future of Healthcare Infrastructure
   - Wildfire and Wildland Urban Interface Readiness for Healthcare Facilities
   - Wildland Urban Interface for HVAC
3. Review Q&A from the January 14, 2026, Collaborative Inspection Approach to Hospital Construction Webinar

Meeting Date: **April 29, 2026**

OVERVIEW OF MOTIONS

- **No motions were necessary for this meeting**

CONCLUSION

- **Questions and Answers**
- **I move to adopt this committee's April 29, 2026, meeting report.**



Meeting Date: **July 22, 2026**

OVERVIEW OF TOPICS

Discuss email marketing announcements and how HBSB can help get the word out when there is an upcoming webinar, newly published advisory guide, etc.

1. Reviewed industry organizations that board members could amplify awareness of OSHPD webinars/seminars, Advisory Guides, PINs, CANs, etc.
    - Gary Dunger - AMFP
    - Abdel Darwich - ASHRAE
    - Courtney Johnson - Earthquake Engineering Research Institute (EERI)
    - Noella Tabladillo – CHA
    - Nanci Timmins – CAHFA
    - Chris Tokas – CSHE & SEAOC
    - Mike Davis – IOR groups
    - Belinda Young – DBIA
    - Teresa Endres – AIA Academy of Architecture for Health (AAH) California chapters
    - Board members agreed to follow and repost HCAI's LinkedIn content

Meeting Date: **July 22, 2026**

OVERVIEW OF TOPICS

Update on Ad Hoc “HCAI Design Guide for Planning and Preparing for Disasters” Webinar Development Subcommittee

1. Reviewed upcoming webinars
   - Beyond Code Minimums: Crafting Resilient Healthcare Facilities
   - Infection Control – Operations
   - Hazard Vulnerability Assessment
2. Discussed lessons learned from the webinars already presented by the “HCAI Design Guide for Planning and Preparing for Disasters” Webinar Development Subcommittee

Meeting Date: July 22, 2026
OVERVIEW OF TOPICS

Infection Control – Design + HVAC (including ASHRAE Standard 241)

Presenters will be Teresa Endres, Abdel Darwich, Mikhail Fuks

1. Design and HVAC infection control were combined into one webinar:
    - Background and **Framework**
    - Design Guide Recommendations, **Beyond Code Minimums**
    - Filtration, and Return and Exhaust Air
    - Augmentation with **ASHRAE Standard 241**
    - Supplemental Content and **Emerging Data**
    - Entry-Level Diagram Review
    - Emergency Department Diagrams
    - **Soiled and Clean Flows**
    - **Pandemic-Ready Patient Units**
    - Patient Room Design Concepts

Meeting Date: July 22, 2026
OVERVIEW OF TOPICS

Infection Control – Operations

Presenters will be Jennifer Cox, Kelly Martinez

1. The webinar includes:
    - Outbreak Alert Systems
    - **Foundational Principles**
    - Regulatory and Guideline Frameworks
    - **Built Environment Considerations**
    - Infrastructure for Surge Events
    - Morgue and Surge Capacity Planning
    - Water Systems and Preparedness
    - **Clinical Operations During Outbreaks**
    - Sterile Processing
    - Hazardous Waste Management
    - **Digital Infrastructure and Monitoring**
    - Facilities Management Integration
    - Commissioning, Recommissioning, and Validation
    - **Governance and Decision-Making**

Meeting Date: July 22, 2026
OVERVIEW OF TOPICS

Hazard Vulnerability Assessment

Presenters will be Kelly Martinez, Jennifer Cox

1. Hazard Vulnerability Assessment should frame hospital design either at the very beginning or end of the webinar series
    - HVA is a **systematic method for identifying, evaluating, and prioritizing risks** to support strategic preparedness and building resilience
    - HVA is a **Title 22 and Joint Commission requirement**
    - Hospitals' score hazards across natural, technological, human, and hazardous materials categories
    - Which leads to a **weighted score**

Meeting Date: **July 22, 2026**

OVERVIEW OF TOPICS

Discuss the AIA + HCAI OSHPD HBSB "Road Show," a collaboration with the American Institute of Architects (AIA) Central Valley Academy of Architects for Health

1. Reviewed the 2025 "Road Show" in collaboration with the AIA|LA AAH & OSHPD LA office
2. Due to the workload of the committee, the Road Show will be revisited in the spring of 2027

Meeting Date: July 22, 2026

OVERVIEW OF TOPICS

Reschedule the October 15, 2026 meeting

Meeting Date: **July 22, 2026**

OVERVIEW OF MOTIONS

- **Review and approve the April 29, 2026, draft meeting report/minutes**
  - **Motion: Cody Bartley**
  - **Second: Courtney Johnson**
  - **Outcome: The motion passed unanimously, with no opposition or abstentions**

CONCLUSION

- **Questions and Answers**

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 following draft Meeting Report/Minutes
  - March 19, 2026
  - May 6, 2026
  - June 17, 2026
- Discussion and public input

Facilitator: Cody Bartley, Subcommittee Chair (or designee)

Department of Health Care Access and Information

Ad hoc “How-To-Guide Development for Preapproved Fabricated Components and Systems” Subcommittee of the Education and Outreach Committee

By
Cody Bartley, Chair

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

CONSULTING MEMBER
Scott Karpinen

OSHPD STAFF
Richard Tannahill

Meeting Dates:

- March 19, 2026
- May 6, 2026
- June 17, 2026

Meeting Date: 3/19/26
OVERVIEW OF MEETING - TOPIC 1

Topic 1 – Vendor Presentation: DuraFuse Frames PCS-004

Presented by Justin Marshall

- Discussed timeline for PCS application process
- How they have been able to submit version updates to their PCS
- He explained that one of their motives for pursuing the PCS was due to the length timeline associated with building code adoption, and that having a PCS allowed for their system to be used in hospital facilities more quickly with more predictable and consistent outcomes.
- He recommended early engagement with HCAI to understand process requirements, timelines, and expectations.

Meeting Date: 3/19/26
OVERVIEW OF MEETING - TOPIC 2

Topic 2 – Vendor Presentation: SurePods PCS-0003

Presented by Jake Meyer

- Discussed the original PCS submission being structural in nature but that following versions expanded to include mechanical, electrical, plumbing, fire life safety elements and the TIO program.
- He explained some of the engineering subcontractors that were engaged to comply with PCS requirements and described HCAI's engagement as highly collaborative and included meetings to clarify questions and comments.
- Jake stated that the TIO development included a visit to the point of fabrication to determine a reasonable inspection cadence with prototype inspections occurring before production began.
- He provided advice for others considering a PCS and framed it as a question if their product can be standardized or must be fully custom designed for every project due to numerous variables.
- Jake expressed the need to build flexibility into the bathroom pod preapproval with future revisions
- Inspection process was discussed with the intent to complete as many possible inspection in the factory and limit onsite review to unloading inspection, transport damage checks, and final connection verification.

Meeting Date: 3/19/26
OVERVIEW OF MEETING - TOPIC 3

Topic 3 – Vendor Presentation: STARC Systems OPM-0642

Presented by Mark Marquez and Bruce Bickford

- STARC representatives explained motivation for the OPM being to obtain both seismic and fire-related acceptance for the wall systems in CA hospital projects.
    - He explained that HCAI does not issue written approvals for fire ratings and explained that the company instead obtained approval through the California State Fire Marshal's office.
- STARC explained that due to the OPM being referenced in project specific permitting, that inspections and field interpretation questions are typically handled directly by contractors, subcontractors or the SEOR.
- They recommended engaging an experienced engineering partner early in the process.

Meeting Date: 3/19/26
OVERVIEW OF MEETING - TOPIC 4

Topic 4 – Review and Discuss Proposed White Paper Outline

Facilitated by Cody Bartley

- Subcommittee reviewed a rough outline of the proposed white paper.
- Discussed responsibilities and assignments prior to the next meeting.
- Next meeting was scheduled for the First week of May with deliverables being submitted the last week of April

Meeting Date: 3/19/26

OVERVIEW OF MOTIONS

1- Review and approval of Draft February 12, 2026, meeting report

Meeting Date: 5/6/26
OVERVIEW OF MEETING

Review and discuss proposed Advisory Guide Outline

Facilitated by Cody Bartley

- Subcommittee discussed moving from a White Paper to an advisory guide and taking a higher-level approach to the process and focus on pre-approved fabricated components and systems with a focus on pre-approvals.
- Q&A from the 2024 webinar was discussed and agreed that a completed version of this should be included in the Advisory Guide.
- Out of Country prefabrication was discussed, while the location can not be limited, the processes are pretty much identical for inspections during fabrication.
- Next meeting date was scheduled for June 17th, 2026, with deliverables due to incorporate into the draft Advisory Guide the week before that with the intent to review a comprehensive Draft of the Advisory Guide at the next meeting

Meeting Date: 5/6/26

OVERVIEW OF MOTIONS

1- Review and approval of Draft March 19, 2026 meeting report

Meeting Date: 6/17/26
OVERVIEW OF MEETING

Review and discuss proposed Advisory Guide Outline

Facilitated by Cody Bartley

- Reviewed Draft outline and progress toward an Advisory Guide
- Discussed out of country inspections and what needed to be included in the Advisory Guide
  - Clarified that OSHPD PIN 58 applies worldwide and should be referenced in the advisory guide
- Subcommittee discussed review path for final approval of the document once final content is pulled together for the inspection section.
- Subcommittee reviewed a populated version of the Q&A from the 2024 Webinar
- Lack of visual graphics for the Advisory Guide was noted and something that needs to be addressed
- Next meeting set for September 30th, with intent to review our recommendation for an advisory guide

Meeting Date: 6/17/26

OVERVIEW OF MOTIONS

1- Review and approval of Draft May 6, 2026, meeting report

CONCLUSION How-To-Guide Development for Preapproved Fabricated Components and Systems

- Meeting Dates:
  - March 19, 2026
  - May 6, 2026
  - June 17, 2026
- Questions
- I move to adopt the March 19, May 6, and June 17 2026, meeting report/minutes.

Item #9 Ad Hoc Educational Opportunities to Advance Structural Health Monitoring by Hospitals Subcommittee of the Education and Outreach Committee

- Overview and approval of the March 26, 2026, draft Meeting Report/Minutes
- Overview of the July 23, 2026, meeting
- Discussion and public input

Facilitator: Martin Hudson; Subcommittee Chair (or designee)

Department of Health Care Access and Information

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

By

Marty Hudson, Subcommittee Chair

SUBCOMMITTEE MEMBERS

Marty Hudson, PhD, PE, GE, Chair

Courtney Johnson, PG, CEG, Vice-Chair

Wendy Bohon*, PhD

Janice Cheung, PE, CSP

Jim Malley, PE, SE

Farzad Naeim, PhD, PE, SE, Esq, NAE

* Consulting Member

HCAI STAFF

Chris Tokas, SE, F.SEAOC

Richard Tannahill, Architect

Arash Altoontash, PhD, PE, SE

Roy Lobo, PhD, PE, SE

HBSB STAFF

Veronica Yuke, Executive Director

Marcus Palmer

Evett Torres

Meeting Dates

- March 26, 2026 – Overview and Approval of Minutes

  Presented as a full overview; meeting report/minutes included for review and approval.

- July 23, 2026 – Overview

  Overview only; meeting minutes not yet finalized (to be finalized for future board meeting)

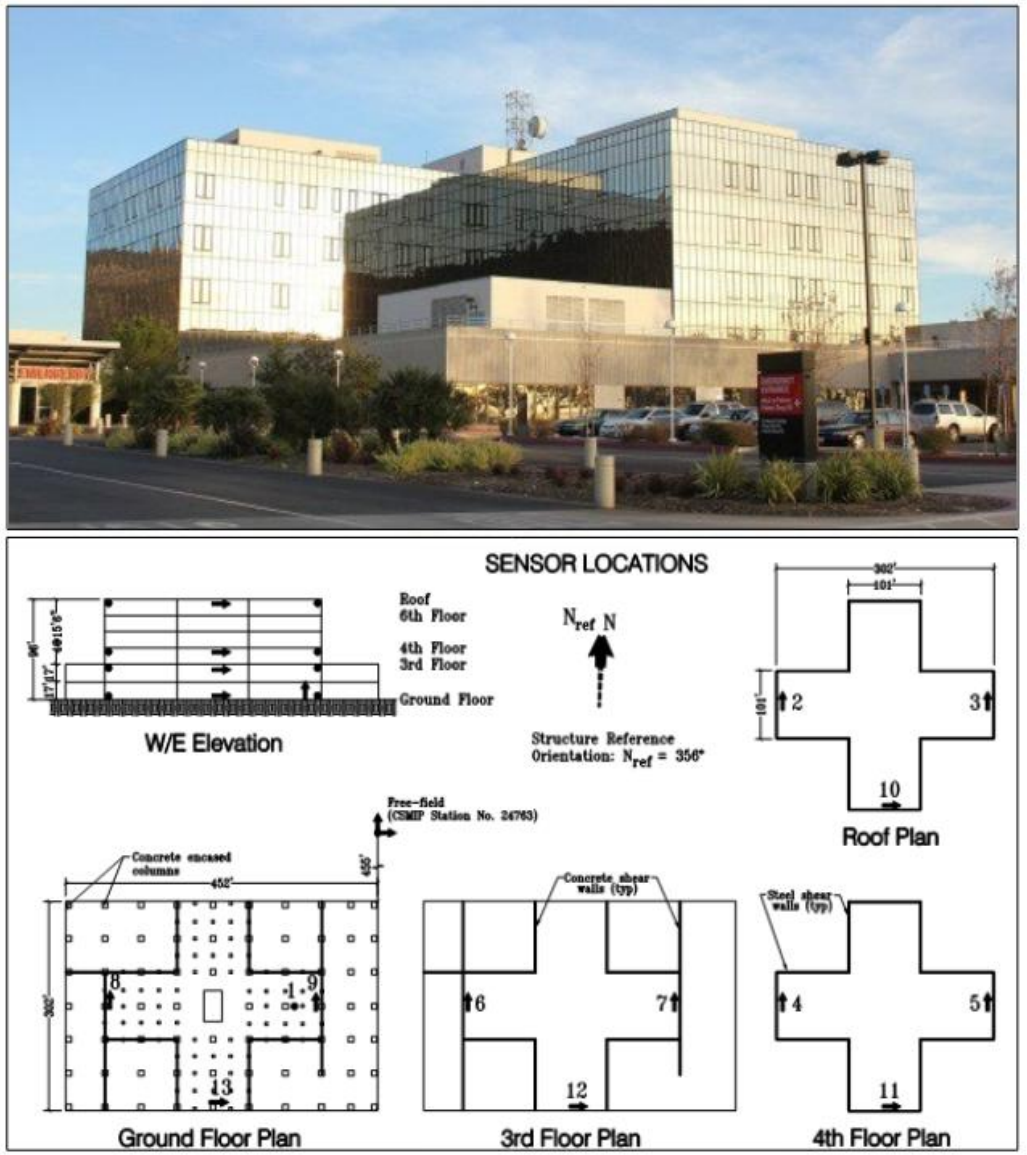
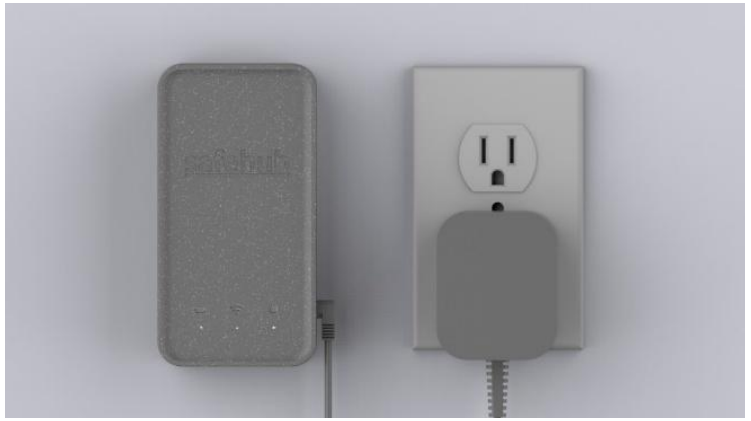


Figure 7. Photo (top) and sensor lay out diagram (bottom) of the six-story Olive View-UCLA Medical Center (New Sylmar County Hospital). Arrows in the schematic diagram show the locations and indicate the directional sensitivity of the strong-motion sensors (accelerometers). The sensors are connected to a central data acquisition system in the building.[6]

Meeting Date: 3/26/2026
Attendees and Item #3 – Minutes Approved

- Attending members and HCAI staff:
  - Marty Hudson, Chair • Courtney Johnson, Vice-Chair • Janice Cheung • Jim Malley • Farzad Naeim
  - HCAI Staff: Richard Tannahill • Roy Lobo
  - HBSB Staff: Veronica Yuke • Marcus Palmer • Evett Torres
  - Item #3 – January 29, 2026, report approved unanimously (Motion: Cheung, Second: Naeim)

Meeting Date: 3/26/2026
OVERVIEW


Example of Instrumentation

Item #4 – Implementing Instrumentation Programs

Presenter: Evan Reis, SE, Executive VP, Safehub, Inc.

Sensor technology and post-earthquake use:

- MEMS sensors: wall-mounted, outlet power, cellular; cheaper than force-balance systems
- Motions compared to building-specific vulnerability functions; green/yellow/red alerts in about two minutes
- Platform data prioritizes inspections and equipment checks (chillers, boilers)
- About 80 instrumented hospital buildings in California via UC, Sutter, and Kaiser
- Case examples: Turkey, Northridge, Ridgecrest, Puebla; parametric insurance for rapid funding

Meeting Date: 3/26/2026
OVERVIEW

Item #4 (cont.) – Subcommittee Discussion

Facilitator: Marty Hudson, Subcommittee Chair

Discussion and direction:

- Materials must explain what green, yellow, and red mean for operations
- Instrumentation informs — it does not replace — a response plan
- Onsite staff need training to act before outside engineers arrive
- Alerts depend on vulnerability functions and owner-selected thresholds
- Most valuable for portfolios and multi-campus systems

Meeting Date: 3/26/2026
OVERVIEW

Item #5 – Draft CGS Video on the Importance of Instrumentation in Hospitals

Facilitator: Courtney Johnson, Subcommittee Vice-Chair

Draft CGS video; initial subcommittee feedback requested:

- Broad audience — public, owners and managers; under 3½ minutes
- show how disruptive hospital evacuations are to patient care
- use an actual hospital image, not a medical office building
- modern examples; tie to regional response and avoiding evacuation
- Comments to be relayed to Wendy Bohon and CGS for the next draft

Meeting Date: 3/26/2026
OVERVIEW

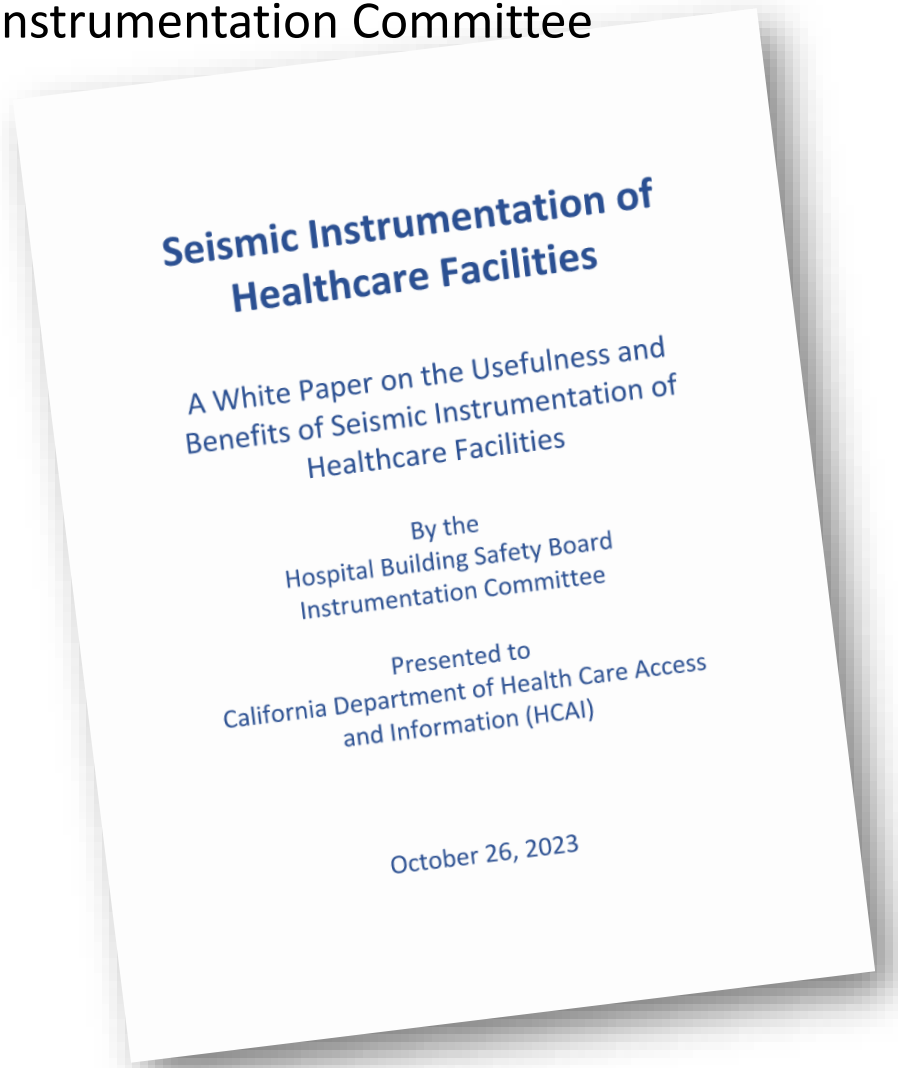
Items #6 & #7 – Deliverables and White Paper

Facilitators: Johnson/Hudson, Vice-Chair/Chair

Deliverable progress and direction:

- Two-page summary – first draft complete (Hudson)
- How-to guide – outline underway (Malley)
- Webinar outlines – underway (Johnson)
- Owner and administrator input still needed
- Leave the 2023 white paper unchanged; proceed with supplement
- Revisit revisions once the supplement is complete

2023 White Paper by Instrumentation Committee


Seismic Instrumentation of Healthcare Facilities

A White Paper on the Usefulness and Benefits of Seismic Instrumentation of Healthcare Facilities

By the
Hospital Building Safety Board
Instrumentation Committee

Presented to
California Department of Health Care Access and Information (HCAI)

October 26, 2023

Meeting Date: 3/26/2026
CONCLUSION

- Questions and Answers

- I move to adopt the March 26, 2026, meeting report.

Colombia quake: 3 floors of major Cali hospital collapse as death toll tops 130 | Video

Colombian President Abelardo de la Espriella declared a national state of emergency to speed up the deployment of resources, funding and military assistance



Three floors of the Hospital Universitario del Valle in Cali collapsed after a powerful 7.4-magnitude earthquake struck western Colombia (Image/X)

HCAI
Department of Health Care Access and Information

Meeting Date: 7/23/2026, 10:00am
JULY 23, 2026 MEETING OVERVIEW

July 23, 2026 Agenda – Items #1–#6

Facilitators: Hudson/Johnson, Subcommittee Chair/Vice-Chair

Key agenda items (all subcommittee members attending virtually):

- #3 Review and approve the draft March 26, 2026, meeting report/minutes
- #4 Updates, Progress, and Needs for Planned Deliverables:
  - 4.1 Two-page summary (Hudson) ○ 4.2 How-to guide outline (Malley, Reis)
  - 4.3 Webinar outlines (Johnson) ○ Video teaser (Johnson)
- #5 Comments on issues not on the agenda
- #6 Adjournment

Meeting Date: 7/23/2026
JULY 23, 2026 MEETING OVERVIEW

Item #4 – Draft Deliverables Distributed with the Agenda

Presenters: Hudson; Malley and Reis; Johnson

- 4.1 Two-page summary – public-facing digest of the 2023 white paper
  - Under 5% of California hospital buildings instrumented; Northridge/Sylmar example
- 4.2 How-to guide outline – 10–14 pages; force balance vs. MEMS, installation, costs
  - Program setup: response protocols, alerts, procurement, instrument placement
- 4.3 Webinar outline – instrumentation as decision support in a response plan
  - Example green/yellow/red protocols; applications and common misconceptions

Item #10 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 May 13, 2026, draft Meeting Report/Minutes
- Discussion and public input

Facilitator: Teresa Endres, Subcommittee Chair (or designee)

Department of Health Care Access and Information

Ad hoc "HCAI Design Guide for Planning and Preparing for Disasters" Webinar Development Subcommittee of the Education and Outreach Committee

By
Teresa Endres, Chair

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

CONSULTING MEMBER
Abdel Darwich

OSHPD STAFF
Lawrence Enright
Samantha Miller
Jamie Schnick
Nanci Timmins

Meeting Date:

- May 13, 2026

Meeting Date: May 13, 2026
OVERVIEW OF TOPICS

HCAI Design Guide for Planning and Preparing for Disasters Webinar Series

Presenter: Teresa Endres, Chair

Webinar Topics - Board Members and OSHPD Staff :

1. Power Independence - John Griffiths, David Bliss and Jamie Schnick COMPLETE
2. Wildland Urban Interface, 2025 Title 24, Part 7 - Gary Dunger, Jancie Cheung COMPLETE
3. Wildland Urban Interface, HVAC - Mikhail Fuks, Abdel Darwich COMPLETE
4. Infection Control, HVAC & Design - Mikhail Fuks, Abdel Darwich, Teresa Endres E&O REVIEWED TO BE SCHEDULED
5. Infection Control, Operations - Jennifer Cox, Kelly Martinez E&O REVIEWED TO BE SCHEDULED
6. Hazard Vulnerability Assessment - Jennifer Cox, Kelly Martinez E&O REVIEWED TO BE SCHEDULED

Meeting Date: May 13, 2026
OVERVIEW OF TOPICS

Wildland Urban Interface - 2025 Title 24, Part 7 May 14, 2026

Presenters will be Gary Dunger, Janice Cheung, Nanci Timmins

1. The webinar was renamed ***Wildfire and Wildland-Urban Interface Readiness for Healthcare Facilities***:
    - Introduction and **Context**
    - **Overview** of Title 24, Part 7
    - Fire Hazard Severity Zones
    - **Operational Impacts** of Wildfire
    - Emergency **Planning and Readiness**

Meeting Date: May 13, 2026
OVERVIEW OF TOPICS

Hazard Vulnerability Assessment

Presenters will be Kelly Martinez, Jennifer Cox

1. Hazard Vulnerability Assessment should frame hospital design either at the very beginning or end of the webinar series
    - HVA is a **systematic method for identifying, evaluating, and prioritizing risks** to support strategic preparedness and building resilience
    - HVA is a **Title 22 and Joint Commission requirement**
    - Hospitals' score hazards across natural, technological, human, and hazardous materials categories
    - Which leads to a **weighted score**

Meeting Date: **May 13, 2026**

OVERVIEW OF MOTIONS

- **No motions were necessary for this meeting**

CONCLUSION

- **Questions and Answers**
- **I move to adopt this committee's May 13, 2026, report.**

Item #10 (Cont'd)

- Overview of the "Wildfire and Wildland-Urban Interface Readiness for Healthcare Facilities" webinar, held on May 14, 2026
  - Presenter: Gary Dunger, Executive Director, Design and Construction, Cedars-Sinai Health System

Item #10 (Cont'd)

- Overview of the "Designing Hospitals for Wildfire Smoke: HVAC Strategies for Resilience and Readiness" webinar, held on June 10, 2026
  - Presenter: Mikhail Fuks, PE, HFDP, DBIA, Director of Engineering, Pan-Pacific Mechanical

Item #10 (Cont'd)

- Overview of the "Power Resilience, Regulatory Compliance, and the Future of Healthcare Infrastructure" webinar, held on July 7, 2026
  - Presenter: Jamie Schnick, PE, Senior Electrical Engineer, HCAI

Item #11 Technology and Research Committee

- Overview and approval of the June 18, 2026, draft Meeting Report/Minutes
- Discussion and public input

Facilitator: Gary Dunger, Committee Chair (or designee)

Department of Health Care Access and Information

Technology and Research Committee

by

Gary Dunger, Chair

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

OSHPD STAFF:
Chris Tokas
Arash Altoontash
Richard Tannahill
Larry Enright
Jamie Schnick
Nanci Timmins

HBSB STAFF
Veronica Yuke, Executive Director
Rajveer Dhaliwal
Marcus Palmer
Evett Torres

Technology and Research Committee Meeting Report:

Meeting Date: Thursday, June 18, 2026
10:00 a.m. – 4:00 p.m.

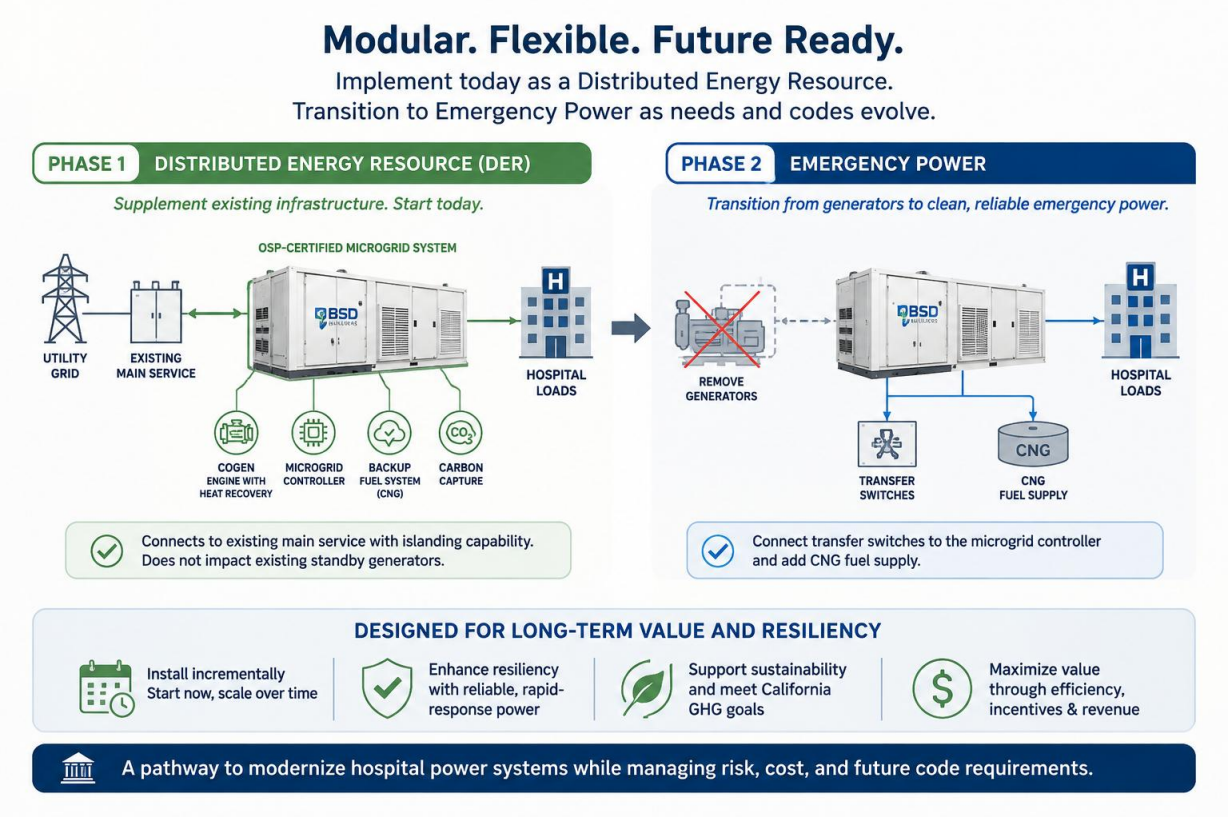
Technology and Research Committee
Meeting Date: **Thursday, June 18, 2026**
Overview of Topics

Topic 1 – Affordable Clean Energy for Supplemental and Emergency Back-Up Power
Presenter: Jeff Blair, President, BSD Builders, Inc.; Patrick Castro, Executive Vice President BSD Builders, Inc.; Frank Shadpour, PE, Principal, SC Engineers; and William “Rocky” Tanner, PE, Principal, RTM Engineering Consultants

The Committee received a presentation on a **microgrid solution combining cogeneration, carbon capture, and microgrid controls** as an alternative approach to supplemental—and potentially emergency—hospital power. The system uses OSP-certified reciprocating-engine cogeneration units to produce electricity while recovering waste heat for domestic hot water, heating, cooling, or steam. Presenters reported overall efficiencies approaching **90%**, substantially reduced energy costs, islanding and black-start capability, and the ability to respond rapidly to large block loads—an important consideration for healthcare emergency power systems.

Topic 1 – Affordable Clean Energy for Supplemental and Emergency Back-Up Power

The presentation also highlighted **carbon capture technology** that converts engine exhaust CO_2 into marketable liquid CO_2, potentially helping hospitals meet California greenhouse-gas reduction goals while creating additional financial incentives or revenue. Of particular interest to the Committee was the system's potential to **supplement existing hospital power infrastructure or ultimately replace conventional diesel emergency generators**, using an OSP-certified compressed-natural-gas backup fuel system. The modular, largely exterior installation could also allow hospitals to implement the technology incrementally, initially as a distributed energy resource and later transition it to emergency power as existing generators reach the end of their useful lives.



Topic 1 – Affordable Clean Energy for Supplemental and Emergency Back-Up Power

Committee Discussion & Key Takeaways

Committee discussion focused on the practical application of microgrid technology in healthcare facilities. Presenters indicated systems are typically sized at approximately **125% of peak load**, with reported combined heat-and-power efficiencies approaching **88–91%**. Emergency fuel storage was also discussed: the currently certified CNG tank configuration provides approximately **six hours of operation for an 800-kW unit**, while hospital applications can be configured with additional storage to target **96 hours of on-site fuel**. Space requirements were characterized as manageable but significant; a current approximately 5-MW installation requires roughly **5,000–6,000 square feet**, including equipment, carbon capture, setbacks, and access.

The Committee also explored **OSP certification, commissioning, integration with existing hospital infrastructure, and code compliance**. Presenters noted that older facilities may require upgrades to existing electrical service and that conventional heating or steam systems may still be necessary for redundancy and high-temperature hospital loads. Particular discussion centered on how microgrids used as emergency power sources are addressed under **NFPA 99, NFPA 110, and NEC Article 517**. Recent code changes increasingly recognize distributed energy resources, microgrid controllers, and other **"onsite power sources"** rather than relying exclusively on traditional generators. The discussion highlighted both the potential of this technology and the need for **clear, consistent commissioning, testing, and regulatory pathways as these systems become more common in California hospitals.**

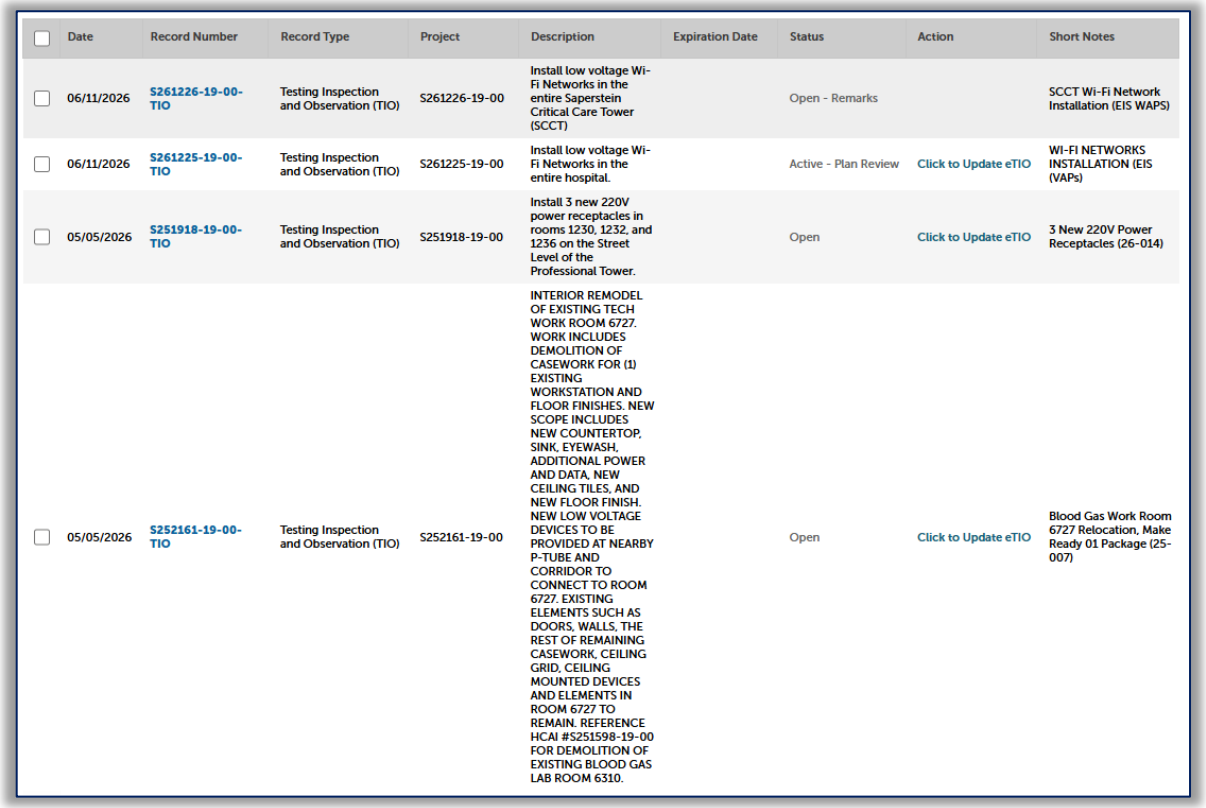
Technology and Research Committee
Meeting Date: **Thursday, June 18, 2026**
Overview of Topics

Topic 2 – Update on Electronic Test, Inspection, and Observation (eTIO) Development

Presenter: Chris Davis, SE, District Structural Engineer, HCAI

The Committee received a status update and live demonstration of HCAI's new **electronic Testing, Inspection and Observation (eTIO) program**, which has moved from development into active pilot use. The system is currently being used on approximately four projects with two different DPORs, with feedback from design professionals, IORs, and HCAI staff reported as largely positive. The pilot is also helping identify and resolve remaining functionality issues before broader deployment. Development is estimated to be **90–95% complete**, with the goal of making eTIO available for use on any project by the end of the year and ultimately transitioning away from the paper TIO process.

Topic 2 – Update on Electronic Test, Inspection, and Observation (eTIO) Development



Date	Record Number	Record Type	Project	Description	Expiration Date	Status	Action	Short Notes
06/11/2026	S261226-19-00-TIO	Testing Inspection and Observation (TIO)	S261226-19-00	Install low voltage Wi-Fi Networks in the entire Saperstein Critical Care Tower (SCCT)		Open - Remarks		SCCT Wi-Fi Network Installation (EIS WAPS)
06/11/2026	S261225-19-00-TIO	Testing Inspection and Observation (TIO)	S261225-19-00	Install low voltage Wi-Fi Networks in the entire hospital.		Active - Plan Review	Click to Update eTIO	WI-FI NETWORKS INSTALLATION (EIS (VAPs)
05/05/2026	S251918-19-00-TIO	Testing Inspection and Observation (TIO)	S251918-19-00	Install 3 new 220V power receptacles in rooms 1230, 1232, and 1236 on the Street Level of the Professional Tower.		Open	Click to Update eTIO	3 New 220V Power Receptacles (26-014)
05/05/2026	S252161-19-00-TIO	Testing Inspection and Observation (TIO)	S252161-19-00	INTERIOR REMODEL OF EXISTING TECH WORK ROOM 6727. WORK INCLUDES DEMOLITION OF CASEWORK FOR (1) EXISTING WORKSTATION AND FLOOR FINISHES. NEW SCOPE INCLUDES NEW COUNTERTOP, SINK, EYEWASH, ADDITIONAL POWER AND DATA, NEW CEILING TILES, AND NEW FLOOR FINISH. NEW LOW VOLTAGE DEVICES TO BE PROVIDED AT NEARBY P-TUBE AND CORRIDOR TO CONNECT TO ROOM 6727. EXISTING ELEMENTS SUCH AS DOORS, WALLS, THE REST OF REMAINING CASEWORK, CEILING GRID, CEILING MOUNTED DEVICES AND ELEMENTS IN ROOM 6727 TO REMAIN. REFERENCE HCAI #S251598-19-00 FOR DEMOLITION OF EXISTING BLOOD GAS LAB ROOM 6310.		Open	Click to Update eTIO	Blood Gas Work Room 6727 Relocation, Make Ready 01 Package (25-007)

The demonstration highlighted the system's **cloud-based integration with eServices, role-based access for DPORs, IORs and HCAI staff, electronic VCR processing with identity verification, and HCAI milestone sign-off capabilities**. Current development priorities include refining VCR workflows, adding digital signatures and document-locking during HCAI review, and completing remaining functionality identified through the pilot. A significant focus is also being placed on user education, including webinars, short topic-specific instructional videos, and an interactive role-based training environment that allows users to learn the eTIO workflow before working in the live system.

Technology and Research Committee
Meeting Date: **Thursday, June 18, 2026**
Overview of Topics

Topic 3 – Reliable Backup Power for Healthcare Facilities: Hybrid SuperCapacitor Uninterruptible Power Supply (UPS) Units

Presenter: Alan Forster, Musashi Energy Solutions

The Committee received a presentation on **hybrid supercapacitor technology as an alternative to traditional battery energy storage for healthcare UPS systems**. The discussion emphasized the increasingly critical power-quality and continuity requirements of hospitals, where imaging systems, electronic medical records, connected medical devices, and other sensitive equipment cannot tolerate even brief interruptions while emergency power sources transition. Traditional VRLA and lithium-ion batteries provide this bridge but present challenges including limited service life, maintenance, degradation, space requirements, and—in the case of lithium-ion—thermal runaway and associated life-safety and permitting concerns.

Topic 3 – Reliable Backup Power for Healthcare Facilities: Hybrid SuperCapacitor Uninterruptible Power Supply (UPS) Units

Mr. Forster described hybrid supercapacitors as a **long-life, high-cycle, non-thermal-runaway energy storage solution** particularly suited to the 30–60 second UPS bridging period needed until alternate power is available. The technology offers a projected **20+ year service life**, hundreds of thousands to potentially one million charge/discharge cycles, rapid recharge, broad temperature tolerance, and a substantially smaller footprint than conventional VRLA batteries. The system has completed **HCAI seismic certification** and applicable UL safety testing, while the **2026 edition of NFPA 855 now recognizes hybrid supercapacitors as a distinct technology category**. For healthcare facilities, the technology could provide a lower-maintenance, space-efficient alternative whose service life more closely aligns with the 15 to 20-year lifecycle of UPS and switchgear infrastructure.



Technology and Research Committee
Meeting Date: **Thursday, June 18, 2026**
OVERVIEW OF MOTIONS

- **No motions were made at this meeting and there were no action items requiring follow-up.**

Technology and Research Committee
Meeting Date: **Thursday, June 18, 2026**
CONCLUSION

- Questions and Answers
- I move to adopt the June 18, 2026, meeting report.

Item #12 Codes and Process Committee

- Overview and approval of the July 9, 2026, draft Meeting Report/Minutes
- Discussion and public input

Facilitator: Teresa Endres, Committee Chair (or designee)

HCAi
Department of Health Care Access and Information

Codes & Processes Committee

COMMITTEE MEMBERS

TERESA ENDRES, CHAIR
VACANT, VICE-CHAIR
CODY BARTLEY
JENNIFER G. COX
MICHAEL DAVIS
GARY DUNGER
MIKHAIL FUKS
JOHN GRIFFITHS
SCOTT KARPINEN
JIM MALLEY
KELLY MARTINEZ
FARZAD NAEIM
CARL NEWTH
NOELLA TABLADILLO
BELINDA YOUNG

CONSULTING MEMBERS

ABDEL DARWICH
MARK HERSHBERG
MICHAEL O'CONNOR
SAM STALEY

HCAI STAFF

RICHARD TANNAHILL
ARASH ALTOONTASH
LARRY ENRIGHT
JAMIE SCHNICK
NANCI TIMMINS

HBSB STAFF

VERONICA YUKE
RAJVEER DHALIWAL
MARCUS PALMER
EVETT TORRES

MEETING REPORTS

Meeting Date: July 9, 2026

Meeting Date: July 9, 2026
OVERVIEW OF TOPICS - TOPIC 1

Review and prioritize the committee's 2026 goals

Facilitator: Teresa Endres

1. Read existing CANs, PINs, and Advisory Guides
2. Evaluate standard details
   - Review and approval of Wood-Framed Details package before the Structural and Nonstructural Regulations Committee's review and endorsement
3. Title 24
   - Identify code modifications to support implementation of building standards code
4. Seminar for HCAI Collaborative Inspection Approach to Hospital Construction
   - Coordinate with the Collaborative Inspection Approach to Hospital Construction Webinar Development Subcommittee

Meeting Date: July 9, 2026
OVERVIEW OF TOPICS - TOPIC 2

Electrical Code Change Summary

Facilitator: Jamie Schnick

1. Review and adopt Model Code (2026 National Electric Code) as appropriate
2. Review and decide what to do with current California amendments
   - Accept as is – carry forward
   - Relocate – to coincide with NEC changes
   - Repeal – remove if not required
3. Clean up (i.e. fixing references, etc.)
4. Address concerns that have come up over the last few years regarding code language

Meeting Date: July 9, 2026
OVERVIEW OF TOPICS - TOPIC 2 (cont'd)

Electrical Code Change Summary

Facilitator: Jamie Schnick

5. Motion to endorse the proposed 2028 California Electrical Code, comprised of the adoption of the 2026 National Electric Code model code and revisions to the California amendments as presented
    - **Motion:** Cody Bartley
    - **Second:** Scott Karpinen
    - **Outcome:** Motion passes. No votes against and no abstentions

Meeting Date: July 9, 2026
OVERVIEW OF TOPICS - TOPIC 3

Triennial Code Cycle: Update and Timeline

Facilitator: Samantha Miller

1. Code Cycle Timeline Update
2. Administrative Code Change Summaries
3. Building Code Change Summaries
4. Electrical Code Change Summaries
5. Mechanical Code Change Summaries
6. Plumbing Code Change Summaries
7. Discussion and Public Input

CONCLUSION

- **Questions and Answers**
- **I move to adopt this committee's July 9, 2026, meeting report.**

Item #13 Structural and Nonstructural Regulations Committee

- Overview of the July 29, 2026, meeting
- Discussion and public input

Facilitator: James O. Malley, Committee Chair (or designee)

HCAi
Department of Health Care Access and Information

Structural and Nonstructural Regulations Committee

by
James O. Malley, Chair

COMMITTEE MEMBERS:
Farzad Naeim, Vice Chair
Cody Bartley
Michael Davis
Teresa Endres
Mikhail Fuks
Martin Hudson
Courtney Johnson
Jennifer Thornburg

CONSULTING MEMBER : Mark Hershberg

HCAi STAFF:
Chris Tokas, Arash Altoontash, Chris Davis, Roy Lobo,
Mia Marvelli, Veronica Yuke

MEETING REPORT (Overview Only):

Meeting Date: July 29, 2026

Meeting Date: July 29, 2026
OVERVIEW OF TOPICS

- Topic 1 – Update on Wood-Frame Details prepared by the HBSB Codes and Processes Committee (Gary Dunger; HBSB Member)
- Topic 2 – Update on OSHPD Details (OPD): Standard Partition Wall, (Roy Lobo for Chris Davis; HCAI)
- Topic 3 - Minimum Anchor Qualification Requirement for Post-Installed Anchors in Concrete, (Roy Lobo; HCAI)
- Topic 4 – Drift Scaling Requirement for Equivalent Lateral Force (ELF) and Modal Response Spectrum Analysis (MRSA) when ASCE 7-22, Equation 12.8-7 Governs the Design, (Roy, Lobo; HCAI)
- Topic 5 – Fiber-Reinforced Polymer (FRP) Retrofit Requirements for Reinforced Concrete Shear Walls, Diaphragms, Spandrels, and Collectors

Meeting Date: July 29, 2026

Topic 1 – Update on Wood-Frame Standard Details Prepared by the HBSB Codes and Processes Committee (Gary Dunger, HBSB Member)

- Gary Dunger provided background and updated the work to date by the HBSB Codes and Processes Committee to develop wood-frame connection and framing details for healthcare facilities to standardize their design, review and construction.
- Updates to the details and preparation of CAD drawings are underway that will be submitted for approval by the Codes and Processes Committee, after which a final technical review will be performed by OSHPD. Once this is complete the full package of structural, and fire/life safety details will be submitted to the SNSR. The SNSR will then discuss the details at their meeting for possible endorsement. This will likely happen at the first SNSR meeting of 2027.

Meeting Date: July 29, 2026
Topic 2 – Update on OSHPD OPD Details: Standard Partition Wall (Roy Lobo for Chris Davis; HCAI)

- Roy Lobo summarized previous presented on the significant ASCE 7-22 changes in nonstructural seismic force demands, specifically the Fp (force on a component). ASCE 7-22 now requires that Fp calculations consider building-specific characteristics, such as building period and lateral force resisting system, making the process more complex and less accessible to non-structural design professionals.
- Roy walked the committee through the basis of the changes and some comparisons to NLRHA results. For hospital construction, the changes can result in an increase of about 50 percent in the Fp force for partition walls under 9 feet tall and almost 100% for taller walls, resulting in significant increases to stud sizes to 14 and even 12 gauge in some cases, creating availability and installation concerns.

Meeting Date: July 29, 2026
Topic 2 – Update on OSHPD OPD Details: Standard Partition Wall (Roy Lobo for Chris Davis; HCAI), Cont.

- Roy also believes that there are areas of conservatism in the new requirements, especially for hospital construction. It was also noted that when properly installed, these systems have performed well in past earthquakes.
- An extensive discussion period ensued, with concern expressed by numerous members of the public regarding the additional material costs and limited availability of the thicker studs and the potential issues with constructability.
- Concern was also expressed that the impacts on construction costs were not fully vetted against the potential benefits to seismic safety. OSHPD will continue to work on this issue and plan to provide a proposal to help to mitigate the impact of these changes at a future SNSR meeting.

Meeting Date: July 29, 2026
Topic 3 – Minimum Anchor Qualification Requirements on Post-Installed Anchors in Concrete (Roy Lobo; HCAI)

- Roy made an extensive presentation on the new ACI requirements on post-installed anchors in concrete. Two updated ACI standards (ACI 355.2 and 355.4) were both adopted into the next edition of ASCE 7 and the 2027 IBC. These standards updated their testing protocol for anchor qualification to require good performance of anchors under repeated crack-width cycling and sustained tension loads.
- Roy expressed that OSHPD has concerns regarding the applicability of this updated qualification procedure for anchors typically used for seismic bracing conditions. The changes to the ACI standards will require extensive re-qualification of these anchors.

Meeting Date: July 29, 2026

Topic 3 – Minimum Anchor Qualification Requirements on Post-Installed Anchoars in Concrete (Roy Lobo; HCAI), Cont.

- An extended number of public comments were made by participants in supporting the process used to updates these ACI standards. Others commentors supported the concerns expressed by Dr. Lobo.
- ACI requested the opportunity to respond in writing to the presentation made during the meeting. Their document will be submitted in time to be included with the agenda package for the next SNSR meeting on October 7, 2026.
- Dr. Lobo plans to develop a code change proposal for how OSHPD plans to address the new editions of these two standards in the future editions of the CBC for consideration at the October meeting.

Meeting Date: July 29, 2026

Topic 4 – Drift Scaling Requirement for Equivalent Lateral Force (ELF) and Modal Response Spectrum Analysis (MRSA) when ASCE 7-22, Equation 12.8-7 Governs the Design, (Roy, Lobo; HCAI)

- Roy Lobo presented a discussion on how ASCE 7 presently requires seismic drifts/displacements are checked for conditions which are subject to near fault ground motions when the design is based on either ELF or MRSA base shear procedures. This requirement first found it's way into the codes in the 1997 UBC and has been modified a number of times since. Some new information on this is being considered for ASCE 7-28 which is presently being balloted that will better reflect changes to ground motion spectra development procedures for near field sites.
- At present, this requirement is being considered regardless of soil site class. Roy provided studies from earthquake ground motion spectra and demonstrated that this may need to be reconsidered.

Meeting Date: July 29, 2026

Topic 4 – Drift Scaling Requirement for Equivalent Lateral Force (ELF) and Modal Response Spectrum Analysis (MRSA) when ASCE 7-22, Equation 12.8-7 Governs the Design, (Roy, Lobo; HCAI), Cont.

- Roy also shared an example project from a hospital design where the present procedure was shown to be very conservative for a tall hospital building in San Diego, where the design base shear using MRSA procedures of the code was higher than that of the Maximum Considered Earthquake design requirements when nonlinear response history analysis was used.
- Roy suggested some potential alternatives to address this issue that will be considered in the next meeting of the SNSR.

Meeting Date: July 29, 2026

Topic 5 – Fiber-Reinforced Polymer (FRP) Retrofit Requirements for Reinforced Concrete Shear Walls, Diaphragms, Spandrels and Collectors (Ali Sumer; HCAI)

- Ali Sumer provided a summary of what FRP is and how it is used in seismic retrofit applications. This is a commonly used technique for strengthening and/or increasing the ductility of reinforced concrete elements.
- While commonly used, there are no standards for the design and construction procedures needed to apply this technique. Each project using FRP needs to be approved via an AMOC. OSHPD has developed a set of guidelines to assist engineers. ACI is working to address this in three documents, but this material will not be available to reference in the CBC until 2032 at the earliest.
- OSHPD is planning to develop a program for pre-approval of FRP design criteria, which will incorporate recent testing results from university and private labs.
- Plan is to eventually propose a new section in the CEBC for application of FRP to R/C and R/M.

Meeting Date: July 29, 2026
Motions

- No motions were made at this meeting.

Meeting Date: July 29, 2026
CONCLUSION

- Questions and Answers

Item #14 HBSB Chair and Vice-Chair Election

- Board Members vote to elect a Chair and Vice-Chair to officially take office on January 1, 2027
- Discussion and Public input

Facilitator: Michael Foulkes and Scott Karpinen (or designees)

Item #15 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)

Department of Health Care Access and Information

Office of Hospital Planning & Development

California's Building Department for Hospitals

Update for the Hospital Building Safety Board

August 13, 2026

The OSHPD Way!



HCAi
Department of Health Care Access and Information

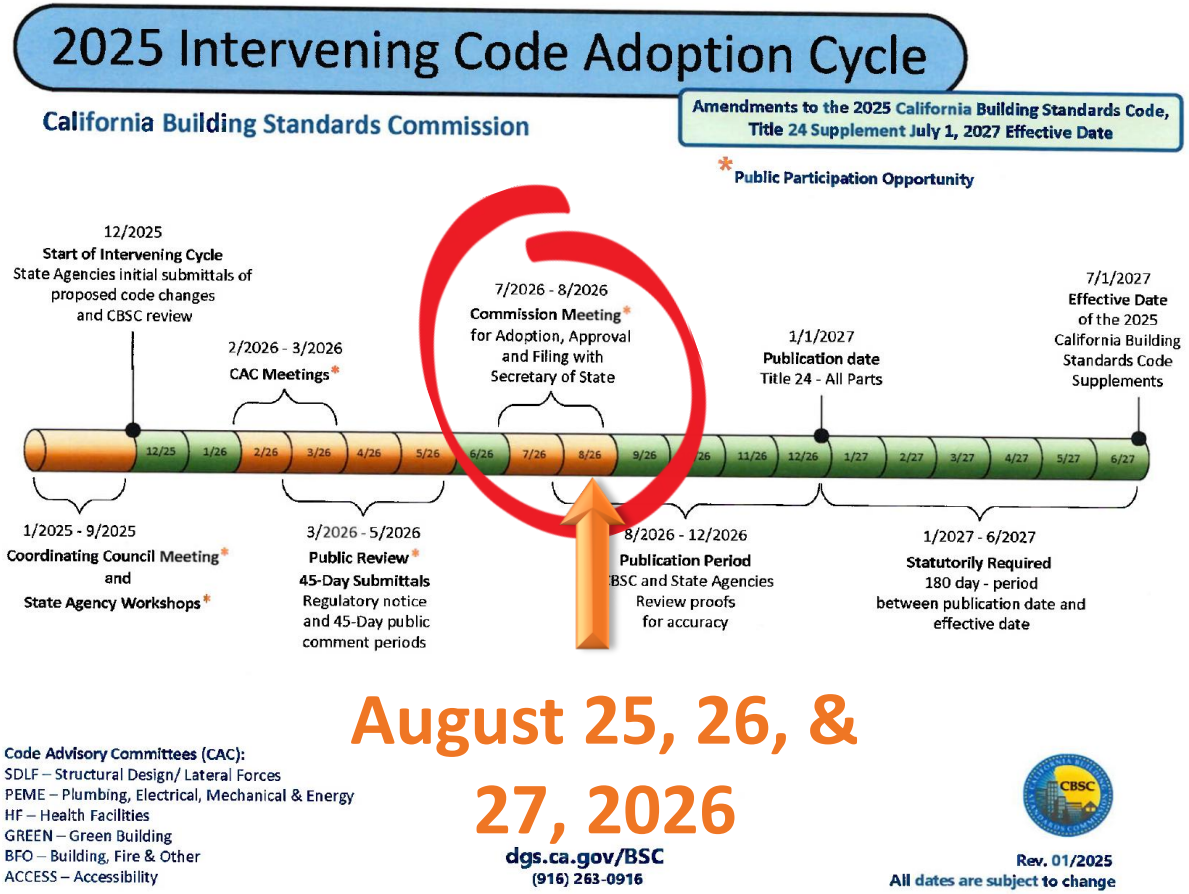
2025 Intervening CBC Changes

2026-Q1 Launched the Intervening Code Cycle

Presentations to the Code Advisory Committees: Health Facilities, Green-PEME Ad-Hoc, Building Fire Other-Structural Design/Lateral Forces

- Part 1 (CAC)
- Part 2 Volume 1 (CBC Non-structural – Chapter 12)
- Part 2 Volume 2 (CBC Structural)
- Part 3 (Electrical Code – Article 517)
- Part 4 (Mechanical Code – ASHRAE 170)
- Part 5 (Plumbing Code)
- Part 10 (Existing Building Code)

Public Review Period Completed



HCAI's Initiative to "Right Size" OSHPD 3 for Alternate Birth Centers (ABCs)

- SB 1832 & AB 55 detached hospital requirements, established ABC licensing/reimbursement criteria, and mandated comprehensive perinatal services with hospital transfer policies.
- **HCAI Right sized OSHPD 3 building standards for Alternate Birth Centers (ABCs) to fit the needs of low-risk birthing environments.**
  - Previous standards tied ABCs to hospital clinic requirements, imposing unnecessary and stringent rules.
  - HCAI is aligning Title 24 building codes, Title 22 licensing, and national standards, identifying burdensome requirements and clarifying applicable CBC Requirements.
- OSHPD's "right sizing" process included:
  - Focus groups with midwives
  - Public meetings for feedback
  - Code modifications to support small/rural clinics
- **This work is vital for rural communities lacking local labor and delivery services—making ABCs more accessible and feasible.**
- **The goal:** Maintain safety while modernizing standards to support equitable, accessible maternity care statewide.





Health and Safety Code §18930

(a). . . .Building standards adopted by state agencies and submitted to the commission for approval shall be accompanied by an analysis written by the adopting agency or state agency that proposes the building standards which shall, to the satisfaction of the commission, justify the approval thereof in terms of the following criteria:

. . .

(4) The proposed building standard is not unreasonable, arbitrary, unfair, or capricious, in whole or in part.

(5) The cost to the public is reasonable, based on the overall benefit to be derived from the building standards.

. . .

(7) The applicable national specifications, published standards, and model codes have been incorporated therein as provided in this part, where appropriate.

(A) If a national specification, published standard, or model code does not adequately address the goals of the state agency, a statement defining the inadequacy shall accompany the proposed building standard when submitted to the commission.

. . .



ICC 2027 Code Cycle

INTERNATIONAL CODE COUNCIL

2026 ICC Leadership Week + Public Comment Hearings

April 18–24, 2026

Connecticut Convention Center

Hartford, CT

BSU testified at the ICC Public Comment Hearings in Connecticut.

- **IBC Model Code currently places SNFs and Acute-Psych Hospitals in Risk Category IV.**
- OSHPD does not adopt this change for OSHPD 2 & OSHPD 5 facilities.
- ICC has reversed their requirements for SNF to be Risk Category IV based on HCAI and FGI testimony.

TABLE 1604.5 RISK CATEGORY OF BUILDINGS AND OTHER STRUCTURES

RISK CATEGORY	NATURE OF OCCUPANCY
I	Buildings and other structures that represent a low hazard to human life in the event of failure, including but not limited to: Agricultural facilities. Certain temporary facilities. Minor storage facilities.
II	Buildings and other structures except those listed in Risk Categories I, III and IV.
III	Buildings and other structures that represent a substantial hazard to human life in the event of failure, including but not limited to: Buildings and other structures whose primary occupancy is public assembly with an occupant load greater than 300. Buildings and other structures containing one or more public assembly spaces, each having an occupant load greater than 300 and a cumulative occupant load of these public assembly spaces of greater than 2,500. Buildings and other structures containing Group E or Group I-4 occupancies or combination thereof, with an occupant load greater than 250. Buildings and other structures containing educational occupancies for students above the 12th grade with an occupant load greater than 500. Group I-3, Condition 1 occupancies. Any other occupancy with an occupant load greater than 5,000.a Power-generating stations with individual power units rated 75 MWAC (megawatts, alternating current) or greater, water treatment facilities for potable water, wastewater treatment facilities and other public utility facilities not included in Risk Category IV. Buildings and other structures not included in Risk Category IV containing quantities of toxic or explosive materials that: Exceed maximum allowable quantities per control area as given in Table 307.1(1) or 307.1(2) or per outdoor control area in accordance with the International Fire Code; and Are sufficient to pose a threat to the public if released[b]
IV	Buildings and other structures designated as essential facilities and buildings where loss of function represents a substantial hazard to occupants or users, including but not limited to: Group I-2 occupancies. Ambulatory care facilities having emergency surgery or emergency treatment facilities. Group I-3 occupancies other than Condition 1. Fire, rescue, ambulance and police stations and emergency vehicle garages Designated earthquake, hurricane or other emergency shelters. Designated emergency preparedness, communications and operations centers and other facilities required for emergency response. Public utility facilities providing power generation, potable water treatment, or wastewater treatment. Power-generating stations and other public utility facilities required as emergency backup facilities for Risk Category IV structures. Buildings and other structures containing quantities of highly toxic materials that: Exceed maximum allowable quantities per control area as given in Table 307.1(2) or per outdoor control area in accordance with the International Fire Code; and Are sufficient to pose a threat to the public if released.[b] Aviation control towers, air traffic control centers and emergency aircraft hangars. Buildings and other structures having critical national defense functions. Water storage facilities and pump structures required to maintain water pressure for fire suppression.

a. For purposes of occupant load calculation, occupancies required by Table 1004.5 to use *gross floor area* calculations shall be permitted to use net floor areas to determine the total occupant load. The floor area for vehicular drive aisles shall be permitted to be excluded in the determination of net floor area in parking garages.

b. Where approved by the building official, the classification of buildings and other structures as Risk Category III or IV based on their quantities of toxic, highly toxic or explosive materials is permitted to be reduced to Risk Category II, provided that it can be demonstrated by a hazard assessment in accordance with Section 1.5.3 of ASCE/SEI 7 that a release of the toxic, highly toxic or explosive materials is not sufficient to pose a threat to the public.

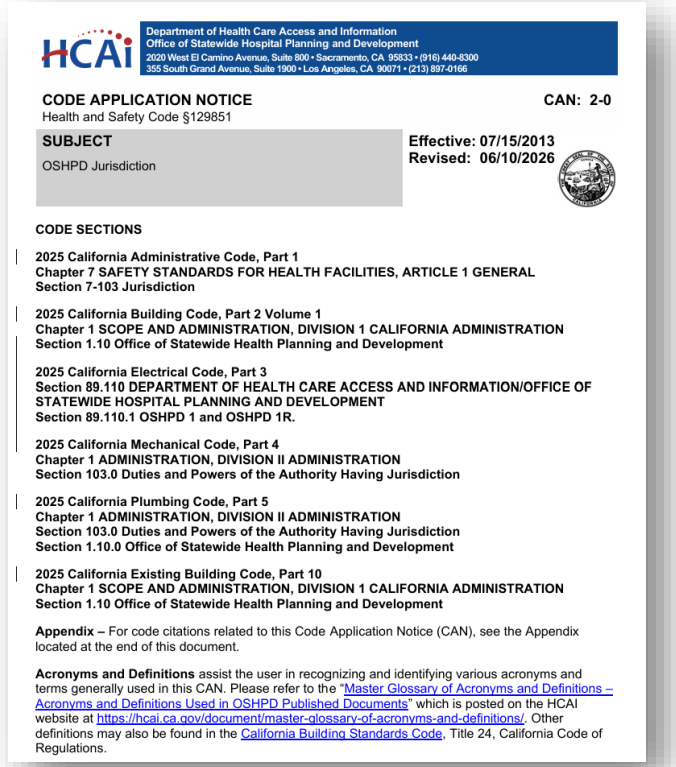
CAN 2-0

OSHPD Jurisdiction

2025 California Building Standards Code

The Office of Statewide Hospital Planning and Development (OSHPD), an office within the Department of Health Care Access and Information (HCAI), is designated as the enforcing agency for these health facilities, including plan checking and inspection of the design and details of the architectural, structural, mechanical, plumbing, electrical, and fire and panic safety systems, and the inspection of construction.

Updated references to current code cycle and adding references for Wildland Urban Interface and California Energy Code



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Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development
2020 West El Camino Avenue, Suite 800 • Sacramento, CA 95833 • (916) 440-8300
355 South Grand Avenue, Suite 1900 • Los Angeles, CA 90071 • (213) 897-0166

CODE APPLICATION NOTICE **CAN: 2-0**
Health and Safety Code §129851

SUBJECT
OSHPD Jurisdiction

Effective: 07/15/2013
Revised: 06/10/2026

CODE SECTIONS

2025 California Administrative Code, Part 1
Chapter 7 SAFETY STANDARDS FOR HEALTH FACILITIES, ARTICLE 1 GENERAL
Section 7-103 Jurisdiction

2025 California Building Code, Part 2 Volume 1
Chapter 1 SCOPE AND ADMINISTRATION, DIVISION 1 CALIFORNIA ADMINISTRATION
Section 1.10 Office of Statewide Health Planning and Development

2025 California Electrical Code, Part 3
Section 89.110 DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION/OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT
Section 89.110.1 OSHPD 1 and OSHPD 1R.

2025 California Mechanical Code, Part 4
Chapter 1 ADMINISTRATION, DIVISION II ADMINISTRATION
Section 103.0 Duties and Powers of the Authority Having Jurisdiction

2025 California Plumbing Code, Part 5
Chapter 1 ADMINISTRATION, DIVISION II ADMINISTRATION
Section 103.0 Duties and Powers of the Authority Having Jurisdiction
Section 1.10.0 Office of Statewide Health Planning and Development

2025 California Existing Building Code, Part 10
Chapter 1 SCOPE AND ADMINISTRATION, DIVISION 1 CALIFORNIA ADMINISTRATION
Section 1.10 Office of Statewide Health Planning and Development

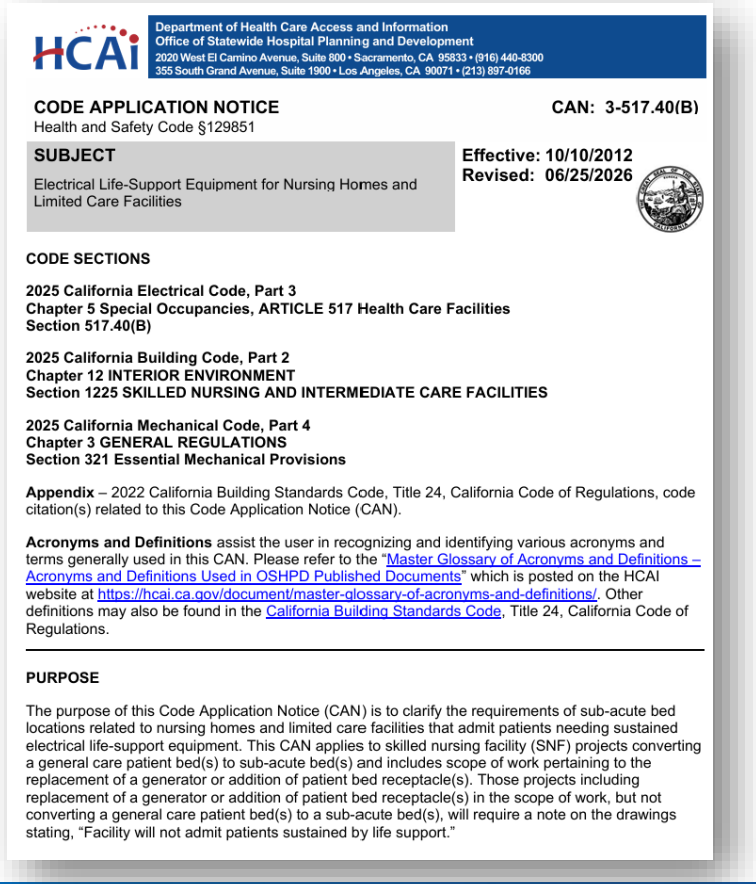
Appendix – For code citations related to this Code Application Notice (CAN), see the Appendix located at the end of this document.

Acronyms and Definitions assist the user in recognizing and identifying various acronyms and terms generally used in this CAN. Please refer to the "Master Glossary of Acronyms and Definitions – Acronyms and Definitions Used in OSHPD Published Documents" which is posted on the HCAI website at https://hcai.ca.gov/document/master-glossary-of-acronyms-and-definitions/. Other definitions may also be found in the California Building Standards Code, Title 24, California Code of Regulations.

CAN 3-517.40(B)

Electrical Life-Support Equipment for Nursing Homes and Limited Care Facilities

- Clarifies the electrical requirements for sub-acute beds
- Applies to skilled nursing facility (SNF) projects:
  - Converting a GAC bed(s) to sub-acute bed(s); and,
  - Includes scope of work pertaining to the replacement of a generator or addition of patient bed receptacle(s).
- Requires project submittal documents to demonstrate that all requirements have been met.



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CODE APPLICATION NOTICE **CAN: 3-517.40(B)**
Health and Safety Code §129851

SUBJECT
Electrical Life-Support Equipment for Nursing Homes and Limited Care Facilities

Effective: 10/10/2012
Revised: 06/25/2026

CODE SECTIONS

2025 California Electrical Code, Part 3
Chapter 5 Special Occupancies, ARTICLE 517 Health Care Facilities
Section 517.40(B)

2025 California Building Code, Part 2
Chapter 12 INTERIOR ENVIRONMENT
Section 1225 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES

2025 California Mechanical Code, Part 4
Chapter 3 GENERAL REGULATIONS
Section 321 Essential Mechanical Provisions

Appendix – 2022 California Building Standards Code, Title 24, California Code of Regulations, code citation(s) related to this Code Application Notice (CAN).

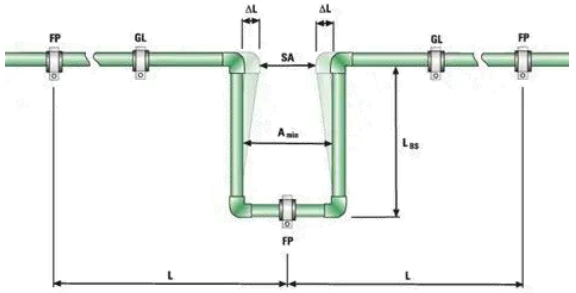
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PURPOSE

The purpose of this Code Application Notice (CAN) is to clarify the requirements of sub-acute bed locations related to nursing homes and limited care facilities that admit patients needing sustained electrical life-support equipment. This CAN applies to skilled nursing facility (SNF) projects converting a general care patient bed(s) to sub-acute bed(s) and includes scope of work pertaining to the replacement of a generator or addition of patient bed receptacle(s). Those projects including replacement of a generator or addition of patient bed receptacle(s) in the scope of work, but not converting a general care patient bed(s) to a sub-acute bed(s), will require a note on the drawings stating, "Facility will not admit patients sustained by life support."

CAN 4-1210.2

Thermal Expansion and Seismic Relative Displacement of Hydronic Piping Connections.



- Hydronic piping systems shall be designed for the seismic forces and seismic relative displacements unless flexible connections are provided in accordance with ASCE 7, 13.6.7.

- To mitigate thermal expansion piping with a Nominal Pipe Size (NPS) ≤ 2.5 inches, when connecting to coils, humidifiers, or similar equipment, is permitted to:
  - Use either flexible connectors; or,
  - A three-90-degree offset configuration

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355 South Grand Avenue, Suite 1900 • Los Angeles, CA 90071 • (213) 897-0166

CODE APPLICATION NOTICE **CAN: 4-1210.2**
Health and Safety Code §129851

SUBJECT **Effective: 04/30/2026**
Thermal Expansion and Seismic Relative Displacement of Hydronic Piping Connections.

CODE SECTIONS

2025 California Mechanical Code
California Code of Regulations, Title 24, Part 4
Section 1210.2: Expansion and Contraction

2025 California Building Code
California Code of Regulations, Title 24, Part 2, Volume II
Section 1617A.1.26

ASCE 7-22, Minimum Design Loads and Associated Criteria for Buildings and Other Structures
13.6.7 Distribution Systems: Piping and Tubing Systems

Applicable Programs: OSHPD 1,1R, 2, 4, and 5
Reference Code Sections: CMC §1210.2; California Amendments

Appendix A – ASME B31.1 Example (Thermal Expansion)

Appendix B – 2025 California Building Standards Code, Title 24, Califor
code citation(s) related to this Code Application Notice (CAN).

Acronyms and Definitions assist the user in recognizing and identifying
terms generally used in this CAN. Please refer to the "Master Glossary o
Acronyms and Definitions Used in OSHPD Published Documents" which
website at https://hcai.ca.gov/document/master-glossary-of-acronyms-an
definitions may also be found in the California Building Standards Code,
Regulations.

FLEXIBLE CONNECTIONS: Those connections between equipment com
rotational and/or translational movement without degradation of performa
universal joints, bellows expansion joints, and flexible metal hose.



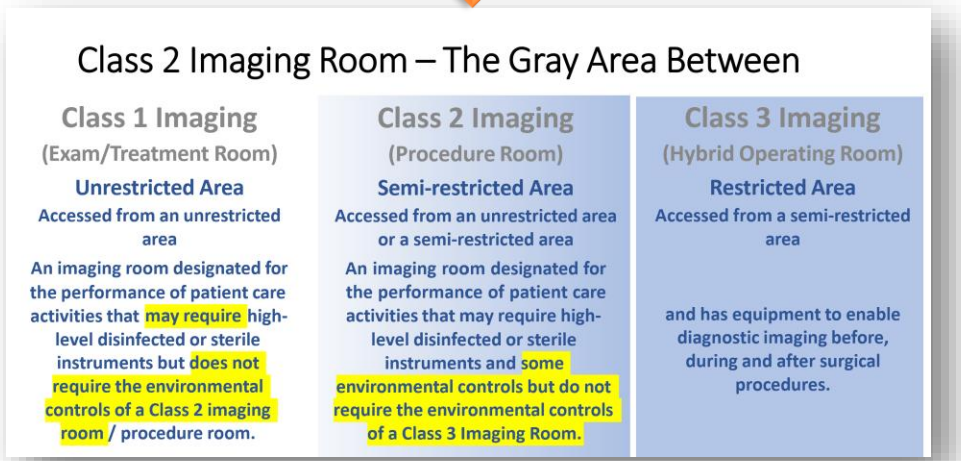
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Department of Health Care Access and Information

Imaging Room Classification Advisory Guide

Class 2 Imaging Room – The Gray Area Between Class 1 & 3

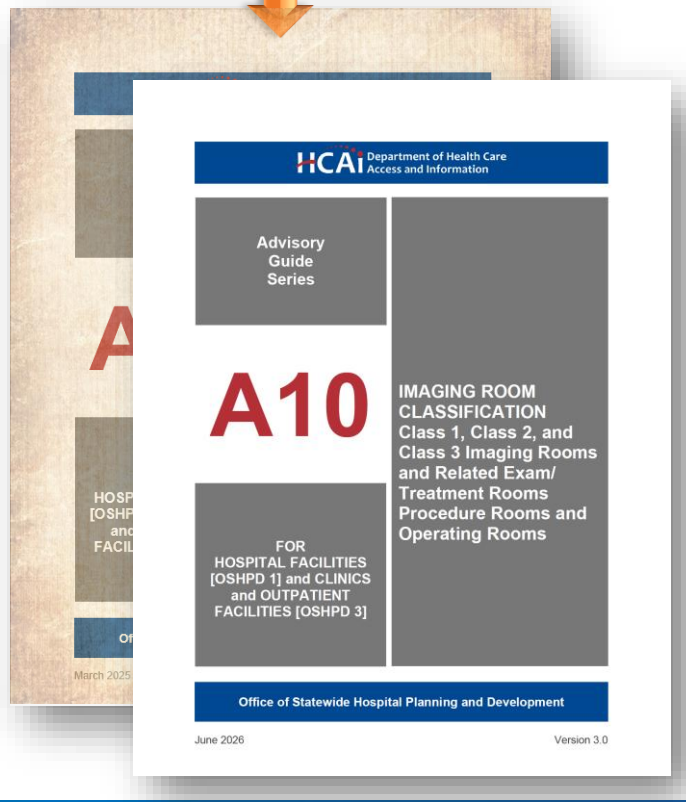
Approved by HBSB

Reviewed by HCAI's Chief Med Officer



Class 2 Imaging Room – The Gray Area Between

Class 1 Imaging	Class 2 Imaging	Class 3 Imaging
(Exam/Treatment Room)	(Procedure Room)	(Hybrid Operating Room)
Unrestricted Area	**Semi-restricted Area**	**Restricted Area**
Accessed from an unrestricted area	Accessed from an unrestricted area or a semi-restricted area	Accessed from a semi-restricted area
An imaging room designated for the performance of patient care activities that may require high-level disinfected or sterile instruments but does not require the environmental controls of a Class 2 imaging room / procedure room.	An imaging room designated for the performance of patient care activities that may require high-level disinfected or sterile instruments and some environmental controls but do not require the environmental controls of a Class 3 Imaging Room.	and has equipment to enable diagnostic imaging before, during and after surgical procedures.



2025 CBC Changes approved by CBSC.
Effective 7/1/2027

Working w/ CDPH . . .

Final Review by CDPH's Med Consultant (6/19/2026)

Working w/ HCAI's Chief Med Officer

HCAi Department of Health Care Access and Information

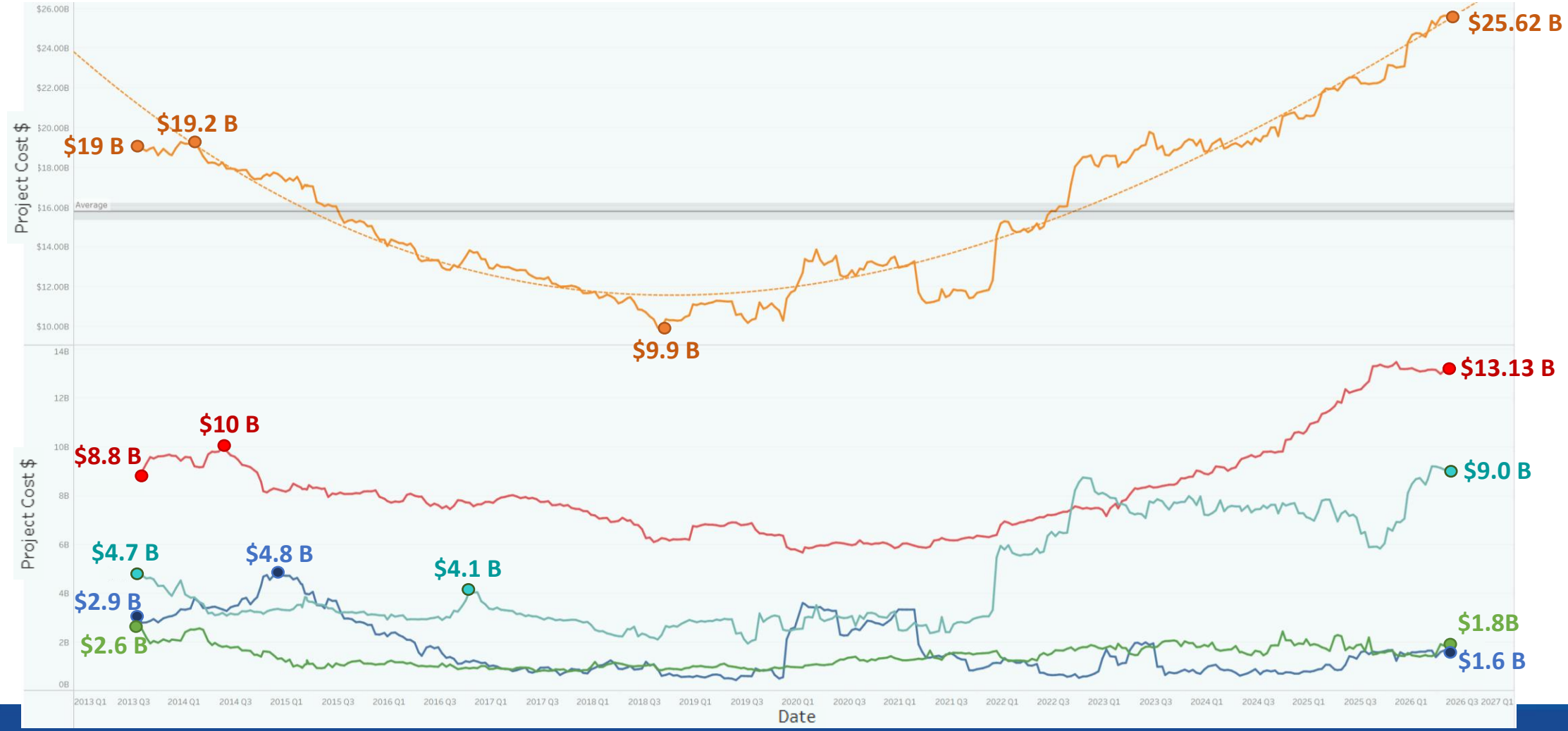
CDPH and OSHPD Joint Issues, Task Force Groups, etc.

- **CDPH Program Flexures (Flex)**
  - OSHPD & CPFU Joint monthly meetings, i.e.
    - Temporary use of exist space.
    - OSHPD role as ambassador.

- **Strengthen Relationships with sister agency**
  - Utilize specialized attributes only available when collaborating with both offices.



Workload in Construction Costs for Projects Over Time

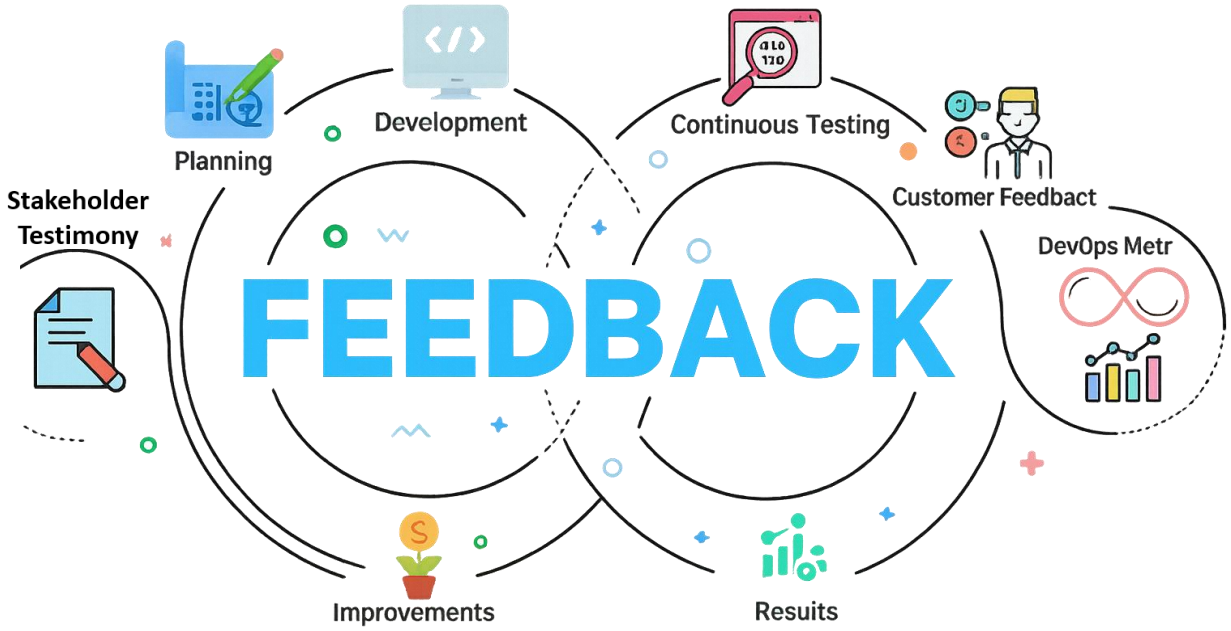


Industry's Concerns w/ OSHPD's Performance

- *"The 60 business day/30 business day/30 business day turnaround time for plan submittals and approvals are occasionally not adhered to."*
- *"For each project, facilities are being told that it will be a minimum of 6 months for staff to review plans due to the large amount of requests and short-staffing in the office. This includes smaller projects such as equipment swap outs and not just complex seismic projects."*

Our Commitment

- We welcome all stakeholder feedback.
  - Open-door policy
  - Ongoing dialogue, not one-time comments
  - Feedback strengthens services and trust



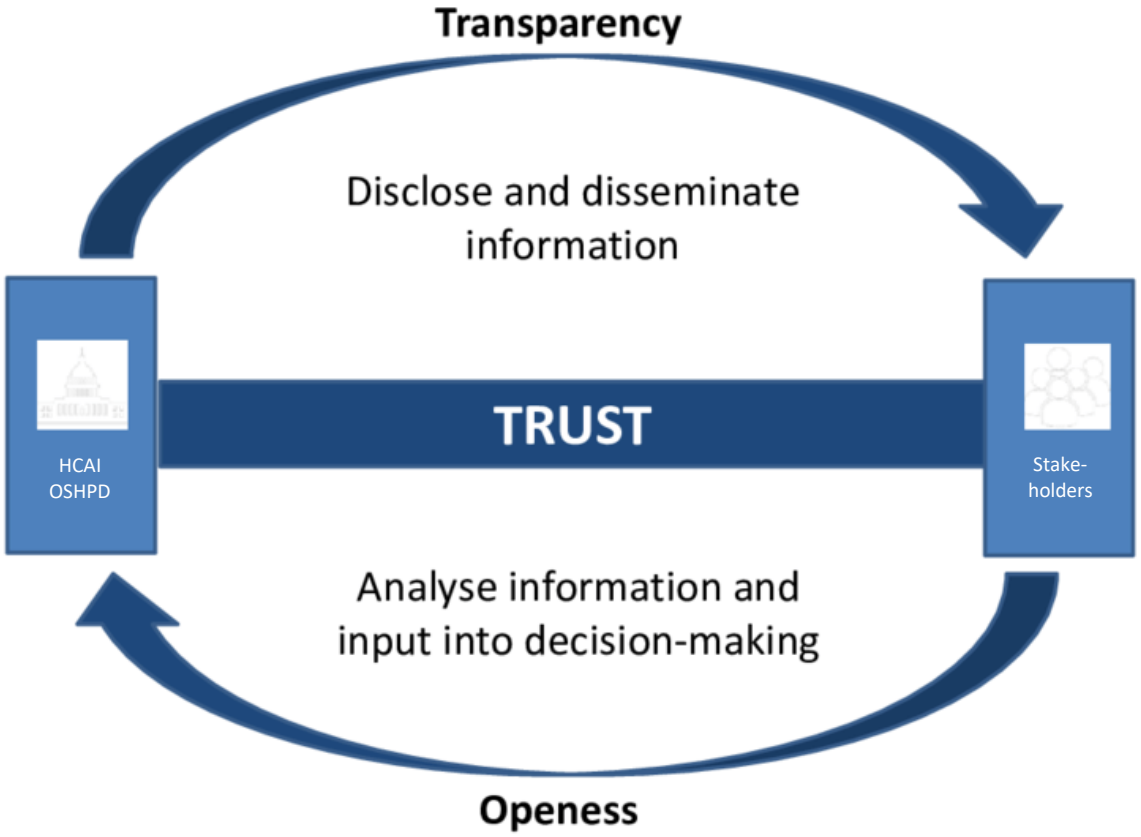
Multi-Channel Feedback System

- Electronic customer surveys
- Outreach seminars and trainings
- Quarterly & monthly stakeholder meetings
- HBSB
- Job site visits
- Direct communication with leadership
- Inclusive of small & rural hospitals (underserved areas)
- . . .



Importance of Engagement

- Strengthens governance and transparency
  - Builds mutual trust
  - Ensures services reflect stakeholder needs
  - Prevents bureaucratic disconnect



Nature of Feedback Received

- Recent concerns were general and lacked specifics
  - We take every concern seriously
  - We welcome additional details to clarify issues
- **Goal:** constructive resolution through open dialogue



Daily Accountability Through Real Time Data

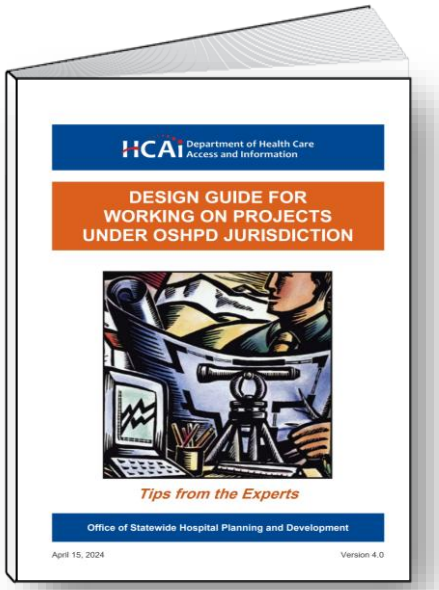
- Dashboards make accountability a daily practice, not a quarterly event.
- They enable:
  - Immediate course correction
  - Early detection of risks
  - Continuous improvement
  - Consistent performance conversations



OSHPD Has Many Plan Review Process Options



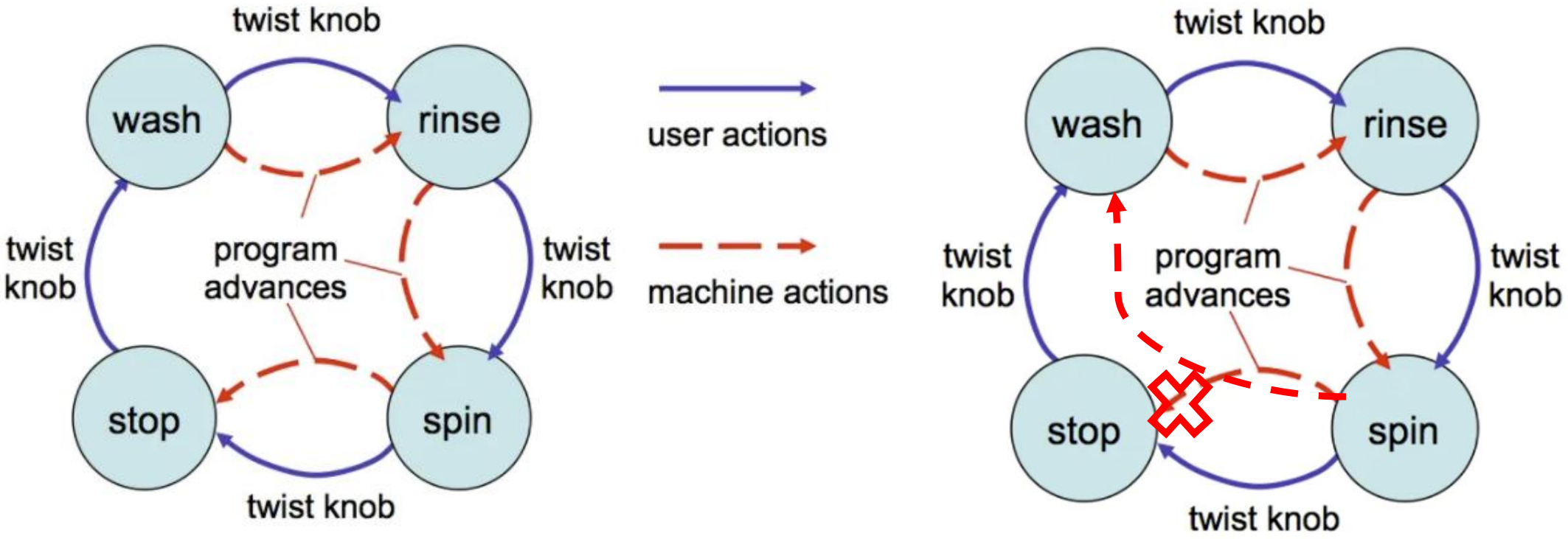
- **Preliminary Review** – a review conducted at an earlier stage of plan development to ensure the design is heading in a code-compliant direction
- **Expedite Review** – reduced turnaround goals for projects that fall within targeted review hour estimates
- **Over-the-counter Reviews** – same day review with the client
- **Incremental Review** – allows "fast-track" construction of large, complex building projects whereby work begins on some increments of work while other work is still in the plan review process
- **Integrated (Collaborative + Phased) Review** – Allows review to begin at the "conceptual" phase of design and continue through all phases & provides for one-on-one collaborative meetings at each transfer of documents
- **Deferred Approval Review** - allows work that is typically done by a subcontractor or fabricator to be deferred until the subcontractor or fabricator has been selected
- **Field Review** – reviews conducted at the facility or other off-site location by OSHPD's field compliance staff



Plan Submittal to Approval Time Duration

- **Managed Projects** - (Review goals negotiated with client)
- **“Anticipated Plan Approval Date”.**
  - Date your review is expected to be approved
    - Not just first review cycle.
  - Based on a weighted average of historical data from prior projects of similar scope.
  - Results in a review cycle significantly less than the **old** traditional 80-40-30 days rigid turnaround goals.

Plan Review Cycles



Old metric based on turnaround times = cycles

60-30-30 (+30, +30, +30 …) when does it end?

Why APAD Replaced 60/30/30

- **Legacy 60/30/30 Model:** Outdated, unpredictable, and masked true review timelines.
- **Industry Evolution:** Extensive policy review, stakeholder input, and modernization led to change.
- **APAD System:** Introduced as a transparent, data-driven solution for plan approval.







Anticipated Date of Plan Approval

[Plan Review Processes & Goals - HCAI]

Plan Approval Date Estimator

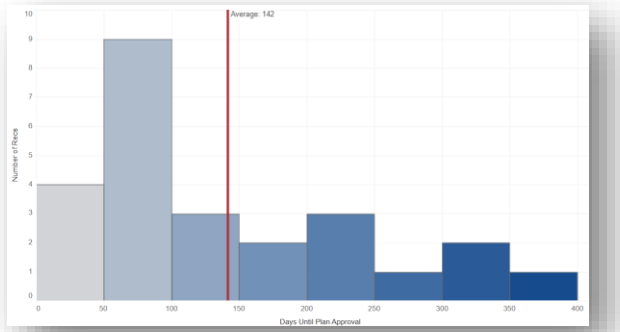
Average OSHPD Plan Approval Time for S/H Projects

Adjust the project criteria below to view an estimated plan approval time for your project. If no data is displayed, there is no similar project data available to create an estimate.



Kind of Project	Cost Range	Review Type	Field or Office Review	Does Project Include Primary Gravity and/or Lateral Load Elements/Systems?	Is the Project a Managed Project?
Addition	between $50,000 a…	Electronic	Office	No	No

Total Number of Projects in Group	Average Calendar Days to Plan Approval	Average Calendar Days with OSHPD	Average Calendar Days not with OSHPD	Average Backchecks	Average Hours Spent to Approve Plans
25	142	44	93	2	20



Based on historical data and the average displayed below, if your plans are accepted for triage tomorrow (8/11/2026), we anticipate that your plans will be approved on 12/30/2026.

APAD Advantages

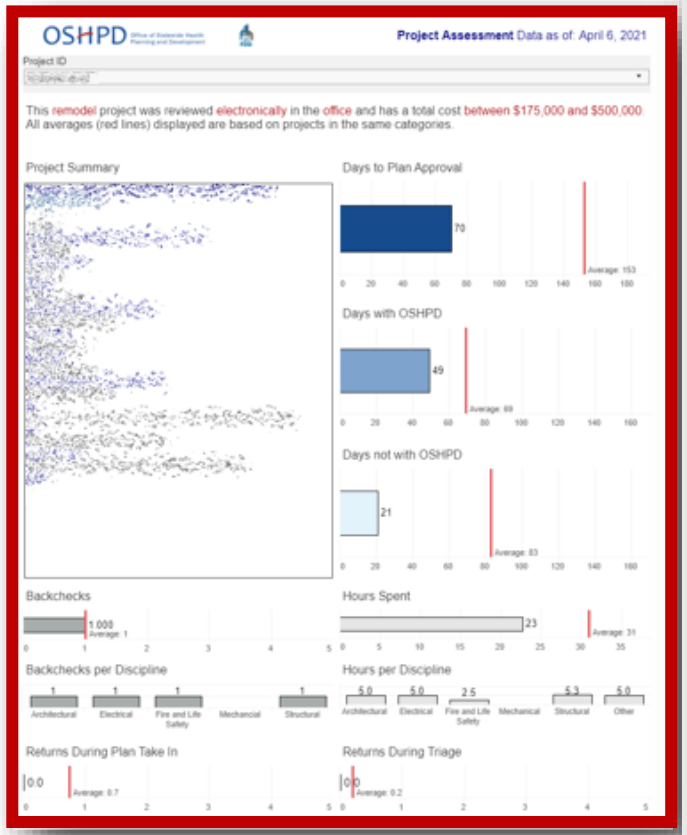
- **Predictable Approval Date:** Based on real project complexity and statistical data.
  - Client Receives Notices of the APAD
- **Integrated Tools:** APAD connects with electronic plan review, dashboards, and performance management.
- **Fact-Based Transparency:** **Project Assessment Report (PAR)** provides analytics and statewide comparisons.



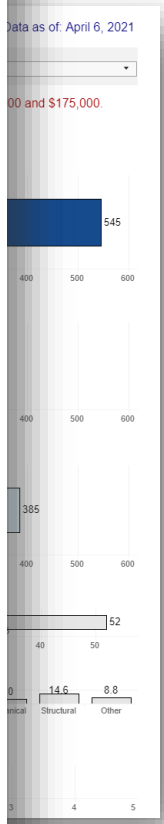




Project Ass







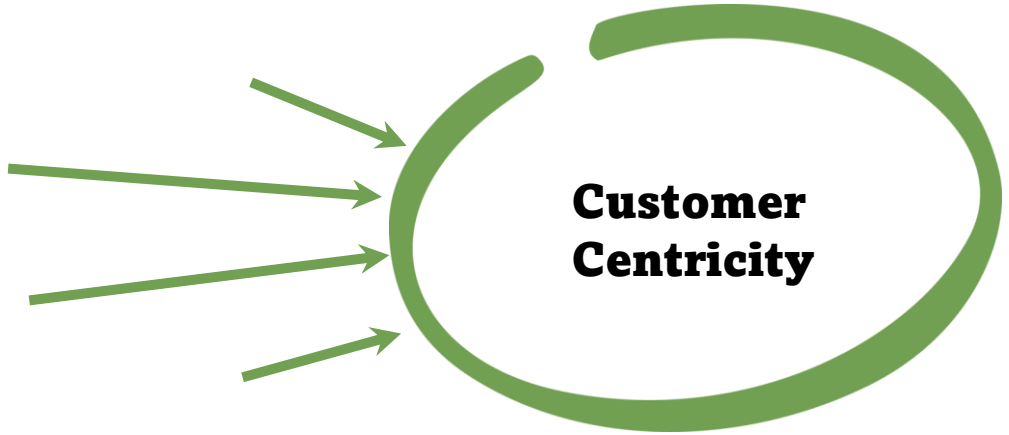
- Project Assessment Report generated and automatically uploaded to the Project Documents upon approval
- Fact-based visualization
- Graphically displays project key metrics
  - Compares them to statistical averages

APAD Advantages - Summary

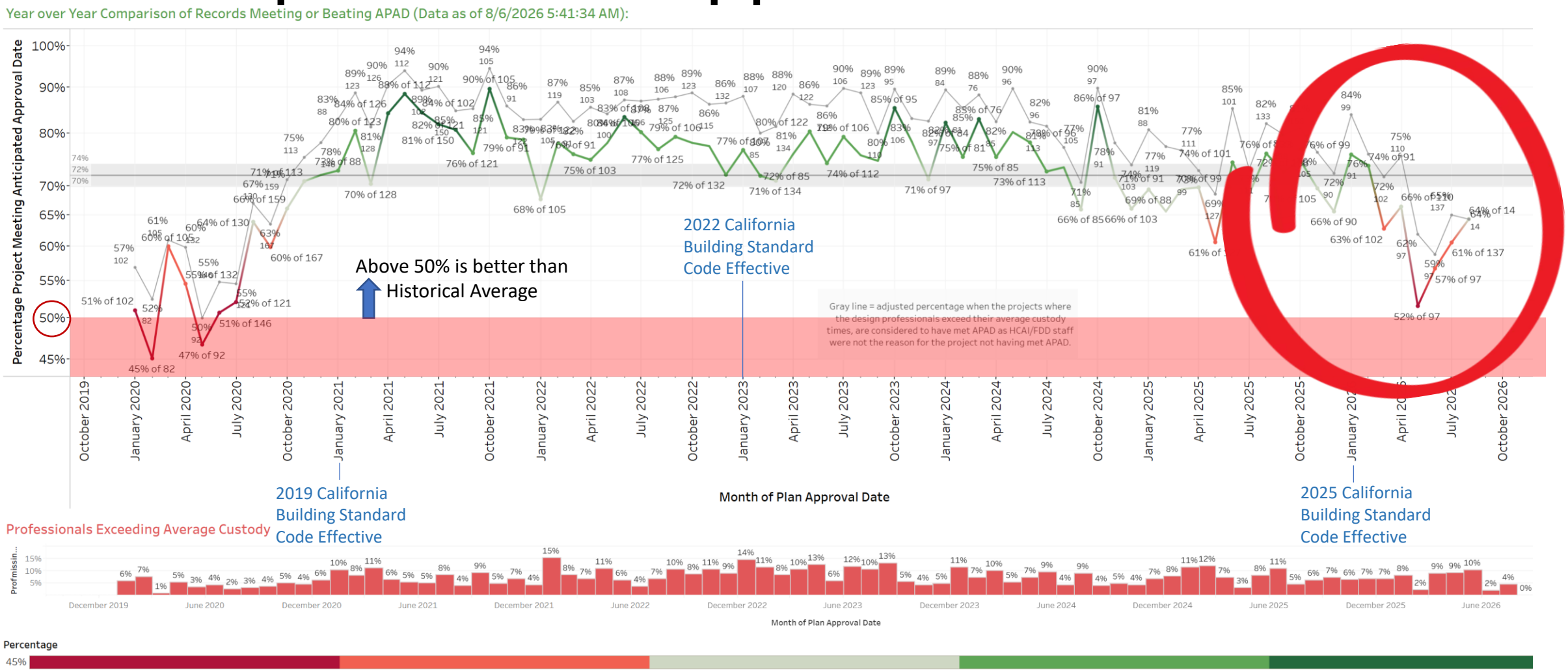
- **APAD is the Standard:** Thoroughly vetted, supported by industry, and aligned with modern practices.



- **Key Benefits:** Clarity, accountability, and objective performance assessment—unmatched by legacy metrics.



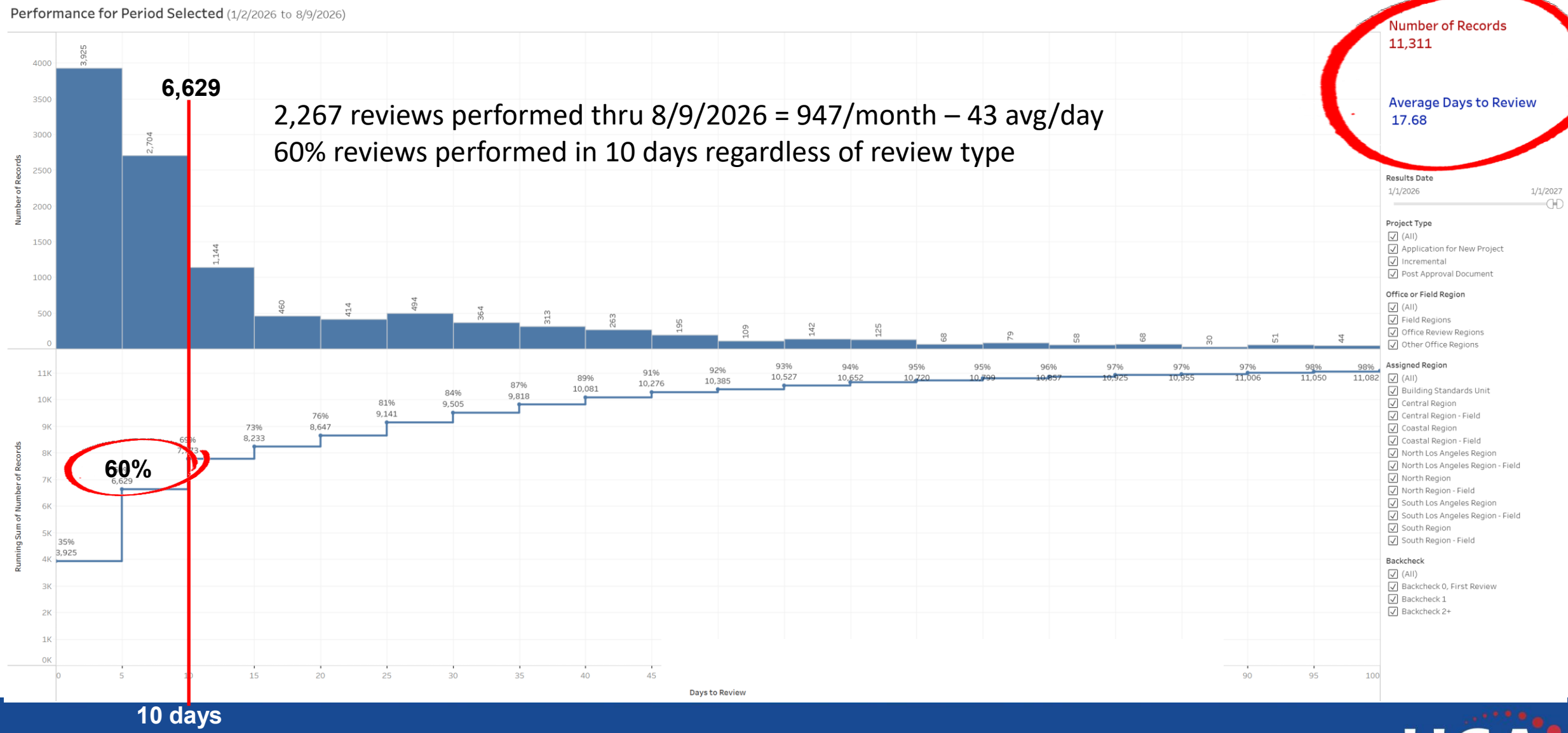
Anticipated Plan Approval Date



Department of Health Care Access and Information

Project Review Turnaround Times

2026



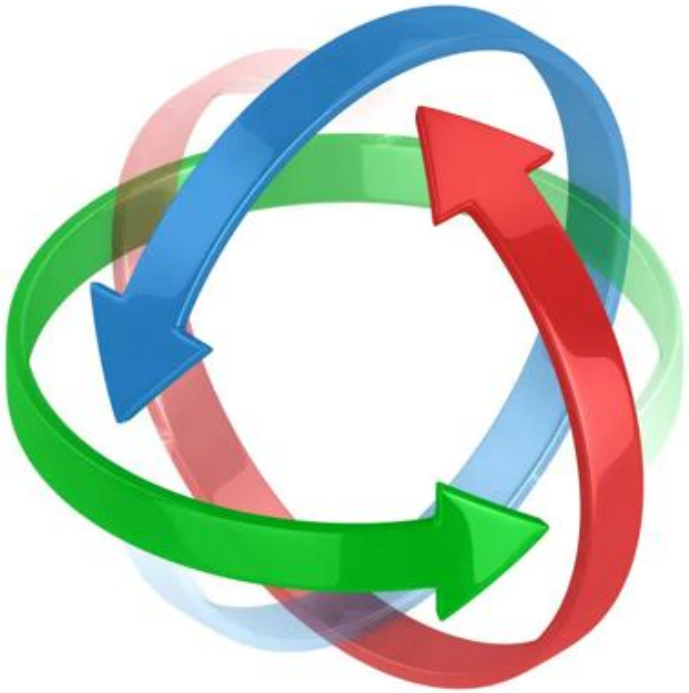
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Help us help you: together we ensure resilient, safe, and efficient healthcare infrastructure.

Your success is our mission — by providing clear, complete building design/construction documents, you help us deliver the service you deserve.

Interconnected & Interdependent Performance

- Our productivity is not isolated.
- It is:
  - Interconnected with upstream processes
  - Interdependent with stakeholder responsiveness
  - Influenced by external partners
  - A reflection of the entire system



When we hold ourselves accountable, we also reveal where stakeholder performance impacts our outcomes.

Accountability Works in Both Directions

- By being transparent about our own performance, we naturally expose:
  - External delays
  - Cross organizational bottlenecks
  - Stakeholder responsiveness issues
  - Systemic inefficiencies

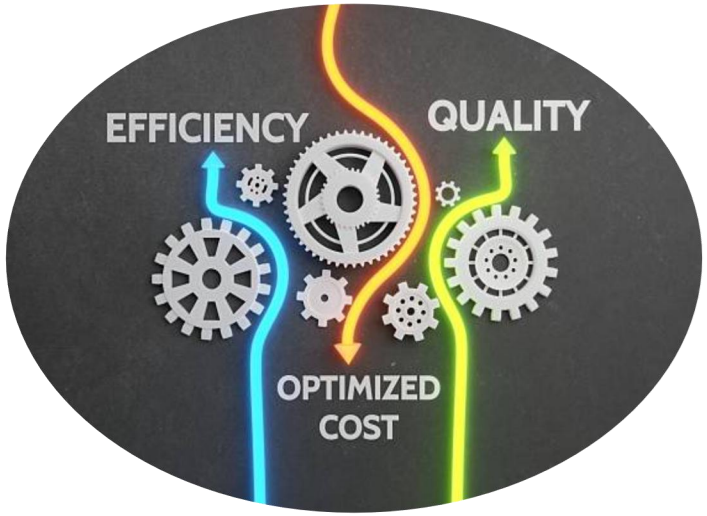


Our accountability illuminates the accountability of others.

Ongoing Research Efforts that are Effective, Efficient reduce Cost and without impacting Safety



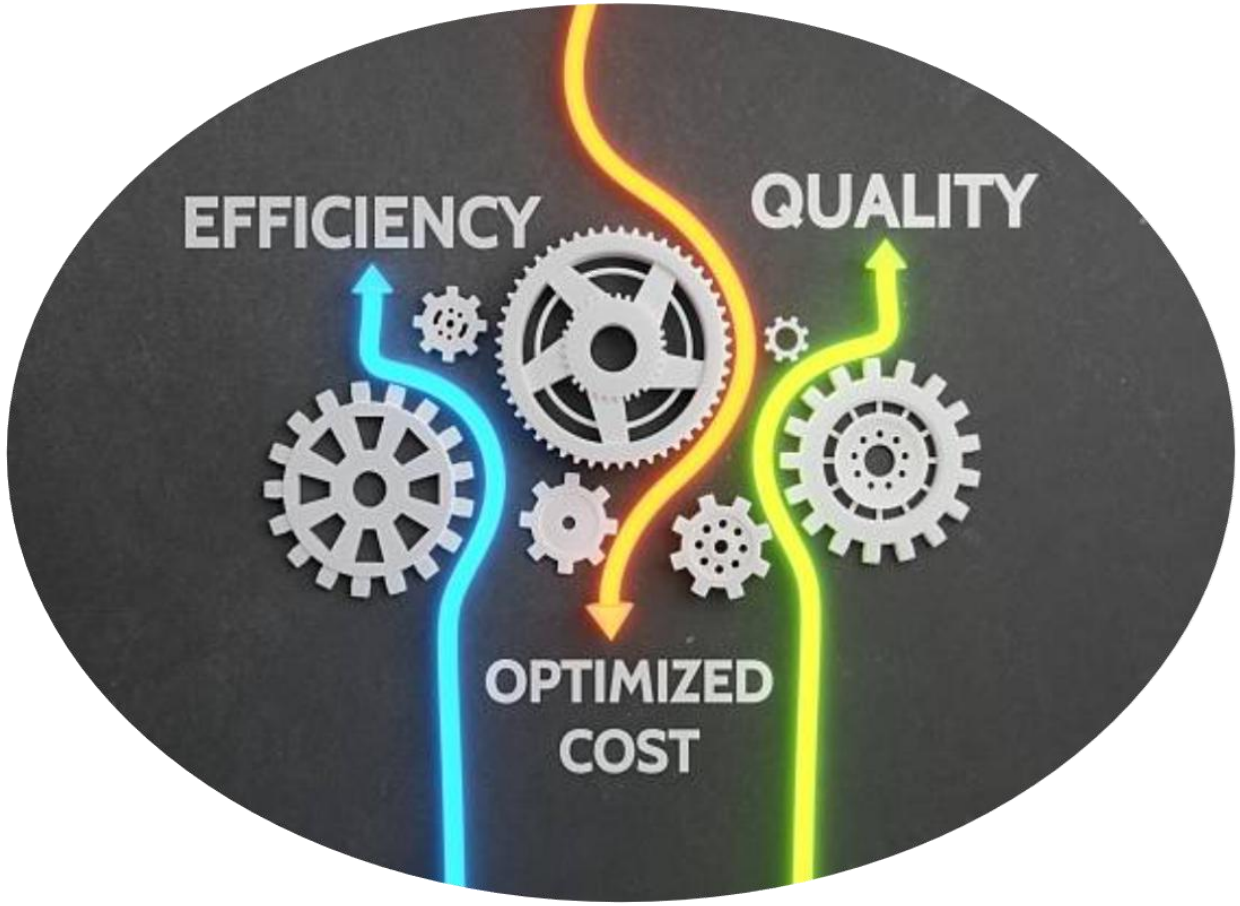




152

Code Amendments that result in Cost Effective & Efficient Designs

- Revisit of Partition wall design in ASCE 7-22
- Drift scaling for tall buildings
- New anchor qualifications for concrete anchors
- Analysis of Base Isolated Buildings



153

Partition Wall Design Impacts from ASCE 7-22 Updates

- F_p equation has changed from ASCE 7-16 to ASCE 7-22, along with the non-structural response coefficients. This has resulted in large force level increases in walls with a height over 9’

What has Changed?

ASCE 7-16

$$F_p = \frac{0.4 a_p S_{DS} W_p}{\left(\frac{R_p}{I_p}\right)} \left(1 + 2\frac{z}{h}\right)$$

ASCE 7-22

$$F_p = 0.4 S_{DS} I_p W_p \left[\frac{H_f}{R_\mu}\right] \left[\frac{C_{AR}}{R_{po}}\right]$$

Table 13.5-1 Coefficients for Architectural Components

Architectural Component	a_p[a]	R_p	Ω_0[b]
Interior nonstructural walls and partitions[c]			
Plain (unreinforced) masonry walls	1	1½	1½
All other walls and partitions	1	2½	2

Table 13.5-1. Coefficients for Architectural Components.

Architectural Component	C_{AR}: Supported at or below grade plane	C_{AR}: Supported above grade plane by a structure	R_{po}	Ω_{op}[a]
Interior nonstructural walls and partitions[b]				
Light frame ≤ 9 ft (2.74 m) in height	1	1	1.5	2
Light frame > 9 ft (2.74 m) in height	1.4	1.4	1.5	2

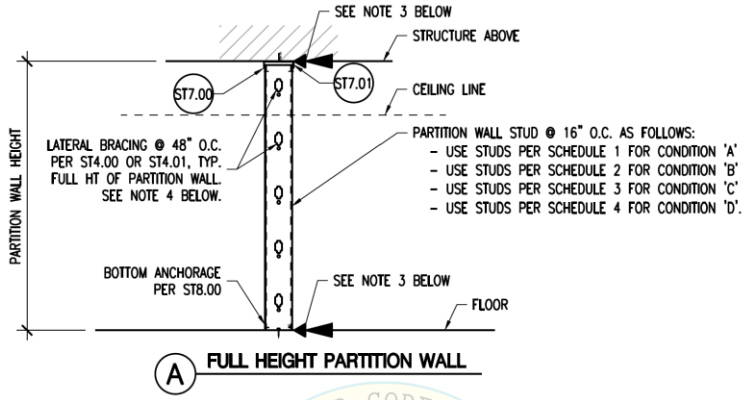
2.33 increase in the component amplification factor partition walls > 9’

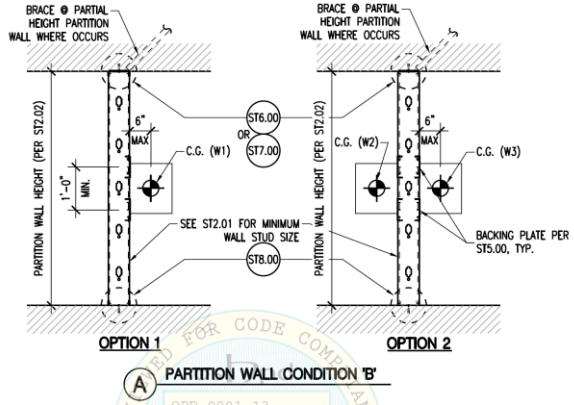
Partition Wall Design Impacts using ASCE 7-22

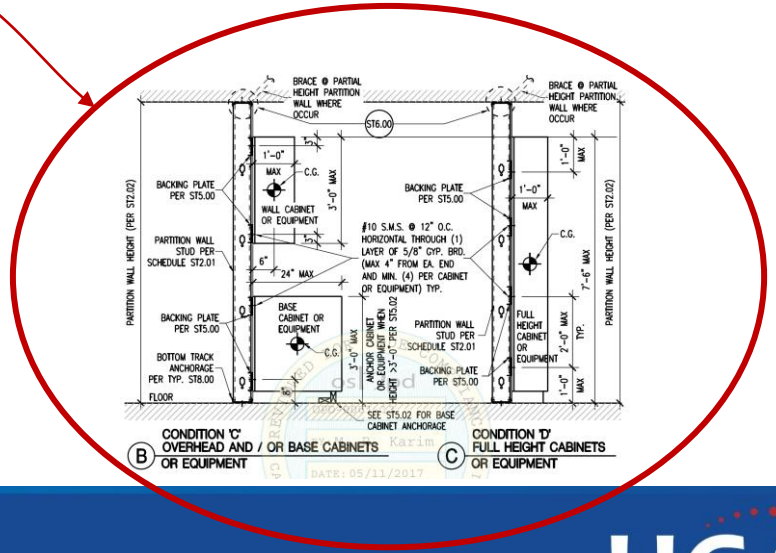
- New force requirements in ASCE 7-22 have increased the design seismic forces for partition walls in hospital buildings which have doubled in some cases

- Mtl. Stud sizes and anchorage at the top and bottom track have increased resulting in higher costs for material and labor

- For high seismic areas demands are outside the existing range of S_{DS} in the OSHPD Partition Preapproved Design tables (OPD) requiring custom details with 14 gage or even 12 gage studs for conditions C or D







Partition Wall Stud Size

	ASCE 7-22 F_p/W_p Range	
S_{ds}	<= 9 ft	> 9 ft
0.25-0.99	0.27-1.07	0.38-1.49
1.00-1.25	1.08-1.35	1.51-1.88
1.26-1.45	1.36-1.56	1.90-2.19
1.46-1.95	1.57-2.1	2.20-2.94

SCHEDULE 3: MINIMUM PARTITION WALL STUD SIZE (PARTITION CONDITION 'C')

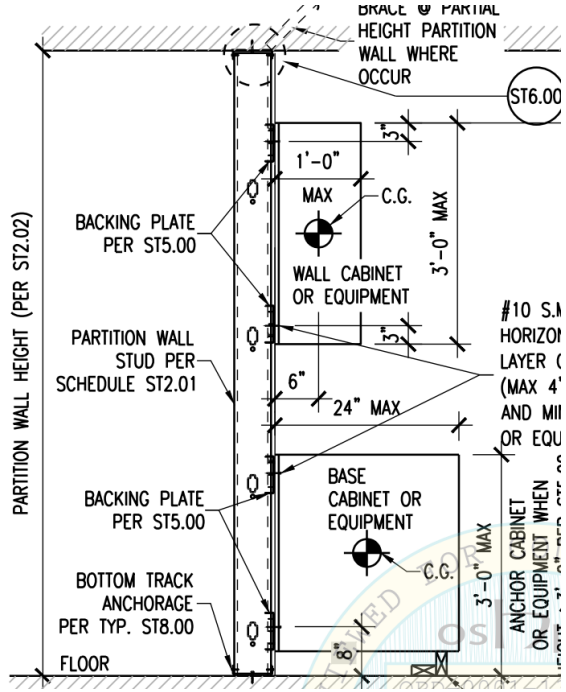
Fp/Wp Range		12 FT			16 FT	
2.26 - > 3.00		362S137-118	400S137-118	600S137-68	600S137-97	2025 OPD 01
1.46–1.95		NA	NA	600S137–54	600S137–54	2013 OPD 01

25% 73%

Mtl. Stud Weight Increase

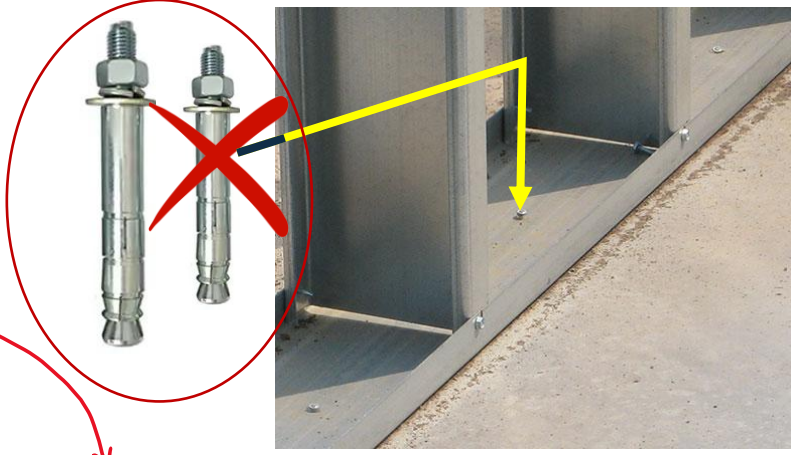
Designation Thickness (mil)	Minimum Thickness [1] (in)
43	0.0428
54	0.0538
68	0.0677
97	0.0966
118	0.1180

26% thicker than 54 mil
80% thicker than 54 mil



Assumes cabinet weight of 38 lbs per ft^3

Anchor Requirements For Partition Walls



Bottom Connection

Deeper embedment and larger diameter anchor options

2013 OPD 01

BOTTOM CONNECTION DEMANDS (PARTITION WALL CONDITIONS 'C' & 'D')

MAX PARTITION WALL HEIGHT	S_{DS}	MAXIMUM FASTENER SPACING IN INCHES AT BOT		
		PAF	3/8"ø EXP ANCHOR W/ 2" EMBED	1/2"ø EXP ANCHOR W/ 2 1/4" EMBED
9 FT	0.25-0.99	-	32	32
	1.00-1.25	-	32	32
	1.26-1.45	-	32	32
	1.46-1.95	-	24	32
12 FT	0.25-0.99	-	32	32
	1.00-1.25	-	32	32
	1.26-1.45	-	24	32
	1.46-1.95	-	16	24
16 FT	0.25-0.99	-	32	32
	1.00-1.25	-	32	32
	1.26-1.45	-	24	32
	1.46-1.95	-	16	24

2025 OPD 01

OPD CONDITION C

MAX PARTITION WALL HEIGHT	F_p/W_p RANGE	MAXIMUM FASTENER SPACING IN INCHES AT BOTTOM CONNECTION		
		3/8"ϕ EXP. ANCHOR W/ 2" EMBED	1/2"ϕ EXP. ANCHOR W/ 3-1/4" EMBED	5/8"ϕ EXP. ANCHOR W/ 2-3/4" EMBED
9 FT	0.00 -> 0.75	32	32	32
	0.76 -> 1.50	24	32	32
	1.51 -> 2.25	16	32	32
	2.26 -> 3.00	8	24	32
12 FT	0.00 -> 0.75	32	32	32
	0.76 -> 1.50	24	32	32
	1.51 -> 2.25	16	32	32
	2.26 -> 3.00	8	24	32
16 FT	0.00 -> 0.75	32	32	32
	0.76 -> 1.50	24	32	32
	1.51 -> 2.25	16	32	32
	2.26 -> 3.00	8	24	32

Spacing reduced

2028 CBC - New Anchor Qualification Requirements

- ACI 318-25 now adopts ACI 355.2 (24) and ACI 355.4 (24) by reference, and ACI 318-25 is adopted by the 2027 IBC

- ACI 355.2 (24) and ACI 355.4 (24) now have a new testing protocol for anchor qualification that requires good performance of anchors under repeated crack width cycling under sustained tension loads.

Background for testing parameters

Behavior and Testing of Anchors in Simulated Seismic Cracks

by Matthew S. Hoehler and Rolf Eligehausen

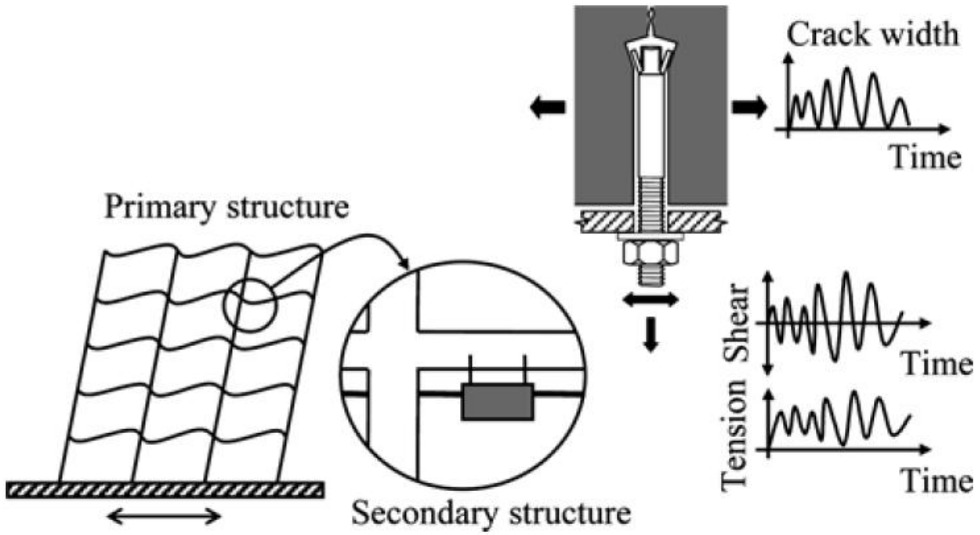


Fig. 1—Actions acting on nonstructural anchorage under earthquake loading.

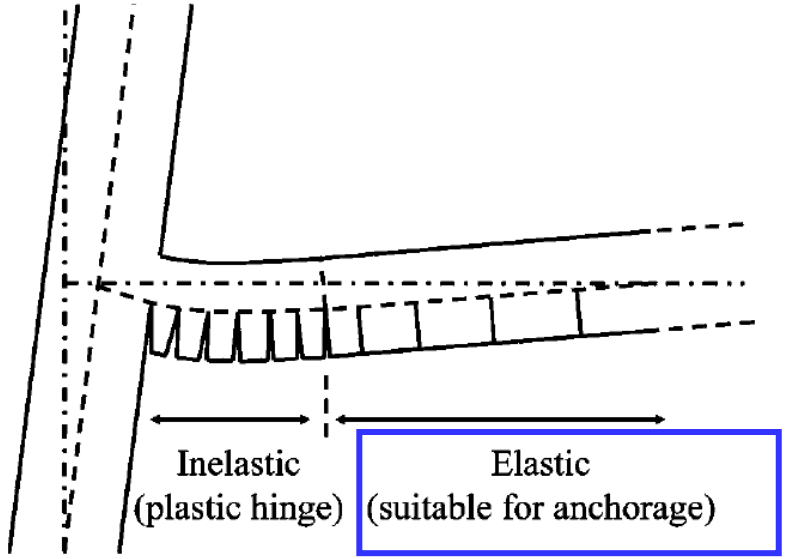


Fig. 2—Idealization of cracking in beam caused by transverse motion of building.

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New Requirements for Anchor Qualification

- Investigating the necessity for crack cycling of anchors in concrete for anchor qualification.

TABLE 3.8: REQUIRED LOAD AMPLITUDE FOR TEST NO. 5, TABLE 3.2

Anchor load	Number of cycles	Crack width Δw in. (mm)
N_{w1}	20	0.004 (0.1)
N_{w1}	10	0.008 (0.2)
N_{w1}	5	0.012 (0.3)
N_{w1}	5	0.016 (0.4)
N_{w1}	5	0.020 (0.5)
N_{w2}	5	0.024 (0.6)
N_{w2}	5	0.028 (0.7)
N_{w2}	4	0.032 (0.8)
Total	59	

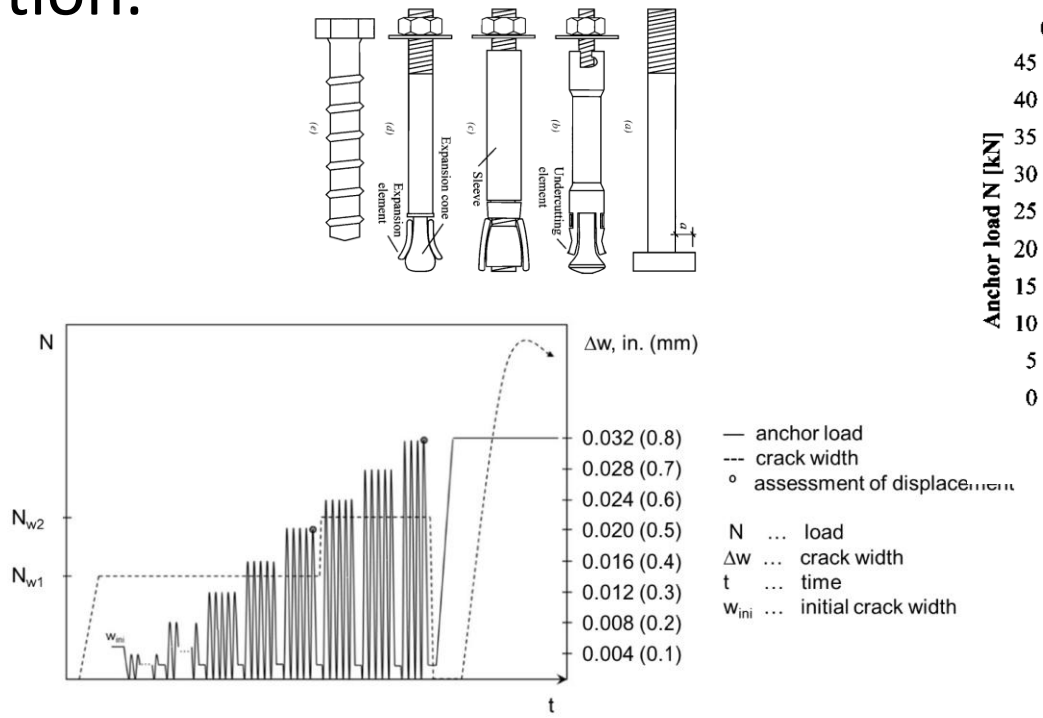
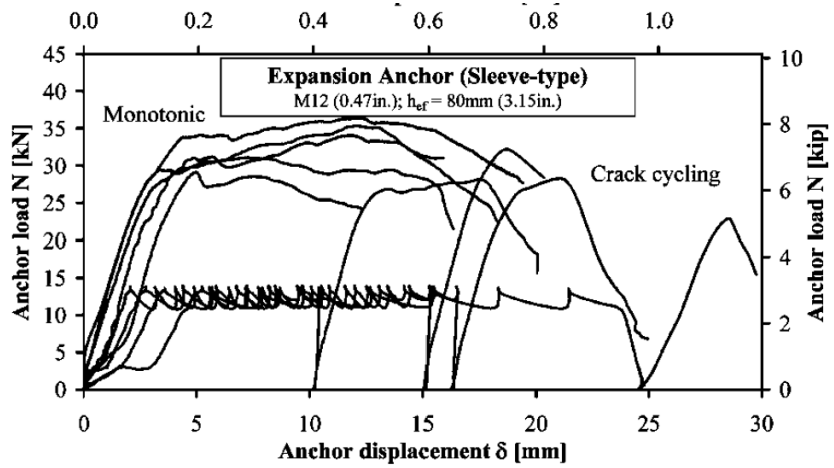
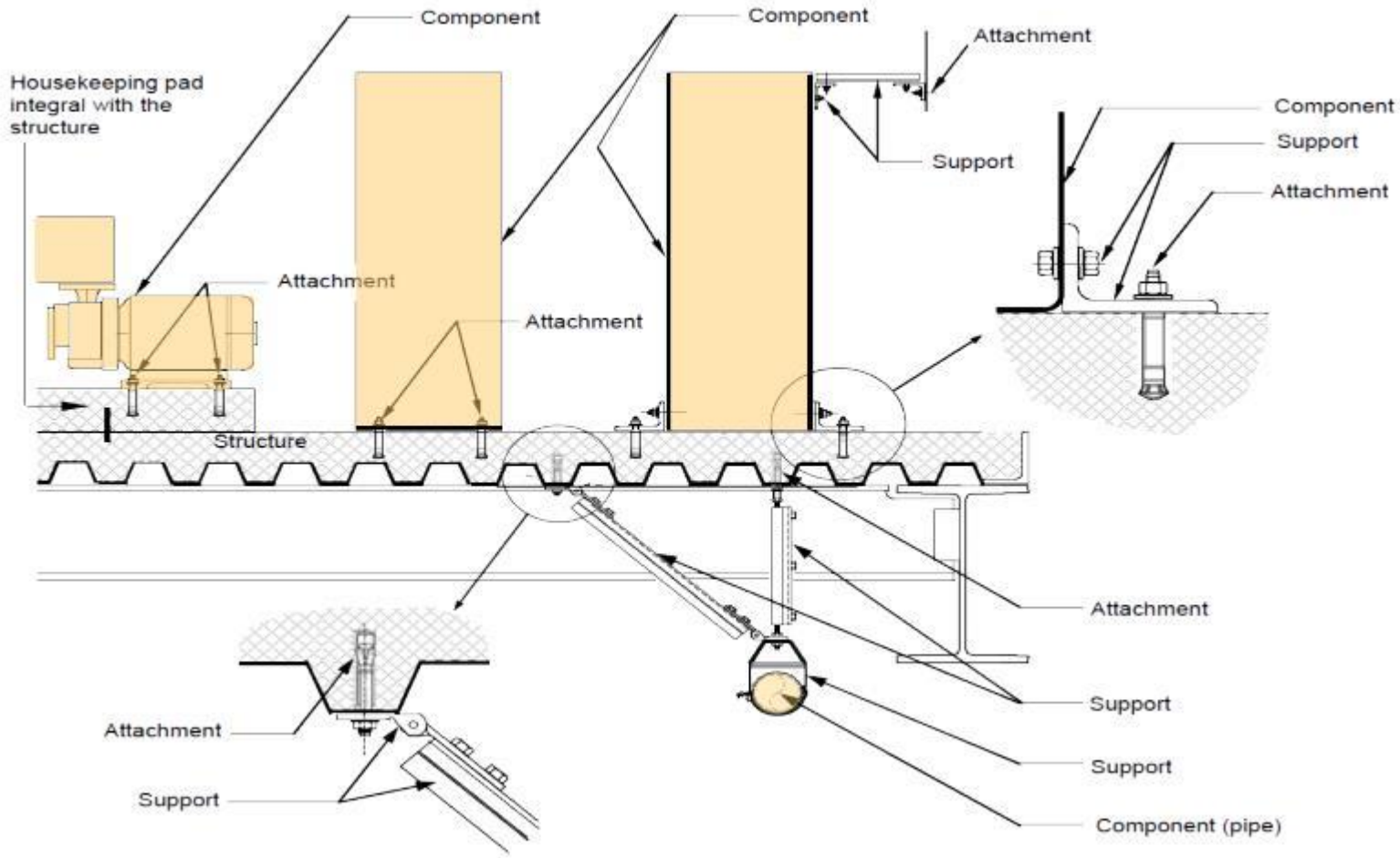


FIGURE 3.12: SCHEMATIC TEST PROCEDURE FOR TEST NO. 5, TABLE 3.2



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Typical Anchorage of Nonstructural Components in Concrete



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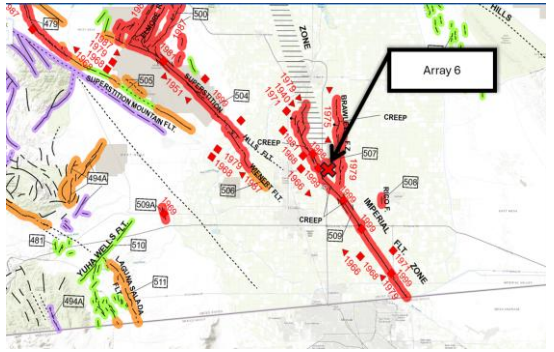
Issues with crack cycling for post installed anchor qualification

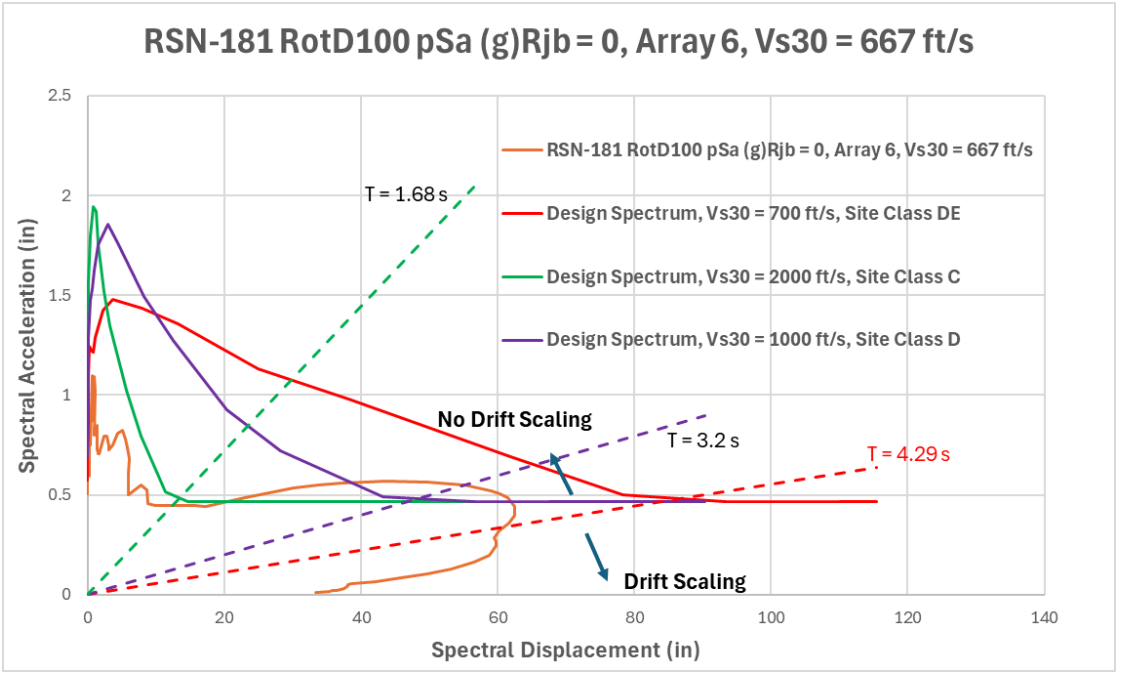
- Anchors for floor mounted equipment are not subject to sustained tension loads.
- Anchors to diagonal braces for seismic bracing of distribution systems are not subject to sustained tension.
- Vertical hangers of brace assemblies could support tributary gravity loads and are in sustained tension, but that load is expected to be small relative to the seismic tension. System could be supported by multiple gravity supports not subject to seismic cyclic loads.
- Location where crack cycling is expected to occur will have reinforcement. Not suitable locations for post installed anchors.
- Max. crack open and tension load occur at different times.
- No evidence provided from tests or past earthquake failures to show how the new protocol prevents failures from earthquakes where the current protocol does not.



Drift Scaling Requirement for Long Period Buildings

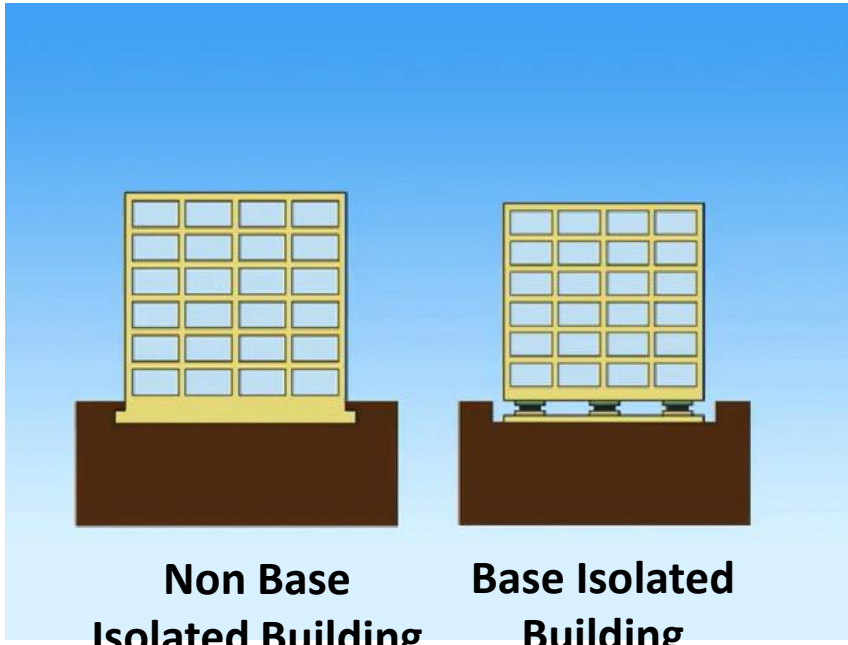
- Designs including scaling for drifts could significantly increase cost.
- Initially introduced in the 1997 UBC to address large displacement and velocity pulses observed in near fault ground motion.
- Due to improvements on seismic detailing new buildings now have improved ductility, propose to limit drift scaling to near fault sites and to Site Classes C or better.





New Base Isolated Buildings

- **Three new Base Isolated Buildings**
- **Research Areas where cost reductions can be realized without adversely impacting safety**
  - Ground Motions leading to large displacements resulting in larger isolators
  - Superstructure of base isolated buildings target the MCE earthquake and do not account for the inherent ductility in special systems resulting in essentially elastic designs.
  - Optimizing number of nonlinear analyses required but adequately bound the design.



Non Base Isolated Building (Building Directly supported by the Ground)

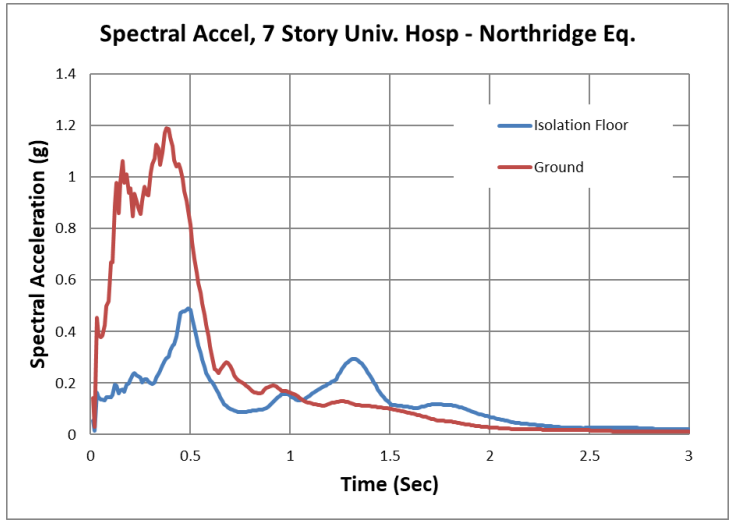
Base Isolated Building (Building **Not** Directly supported by the Ground)

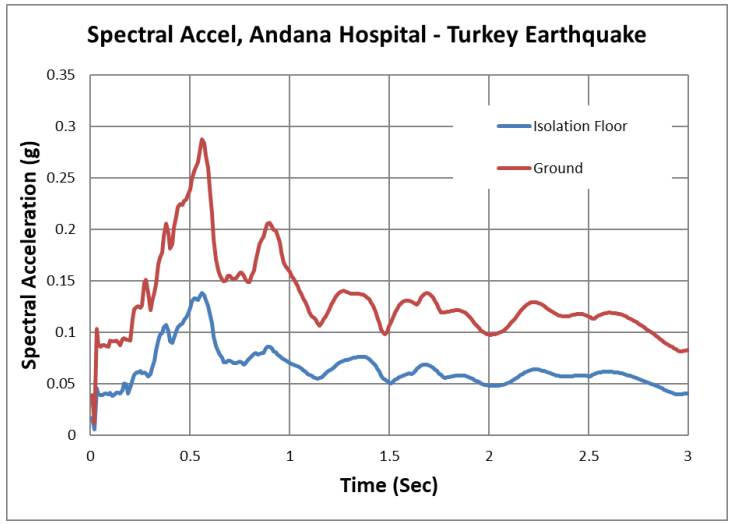
Research Efforts Resulting in Cost Effective & Efficient Designs

Design of nonstructural components in base isolated buildings.









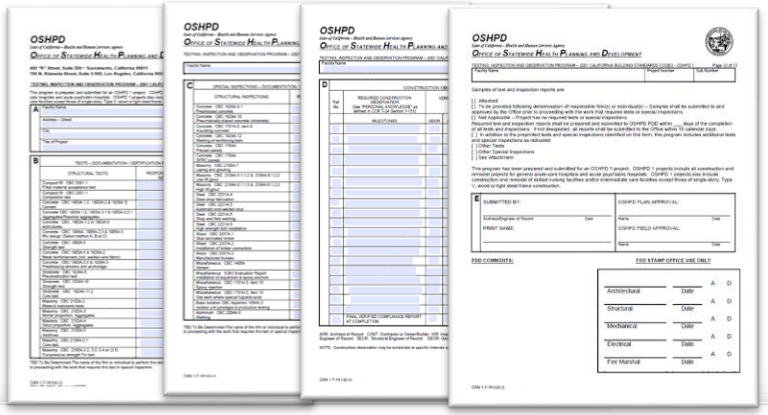
Medicare and Medicaid Programs; Fire Safety Requirements for Health Care Facilities

- *"Health care facilities located in buildings that are taller than 75 feet are required to install automatic sprinkler systems within 12 years after the rule's effective date."*
  - NFPA 1 and 101 requires high rise hospitals to be fully sprinklered within 12 years of the adoption of NFPA 1.
  - CMS adopted the subject rule in 2016
  - Final compliance date July 5, 2028
- 42 CFR Parts 403, 416, 418, 460, 482, 483, and 485[CMS-3277-F]

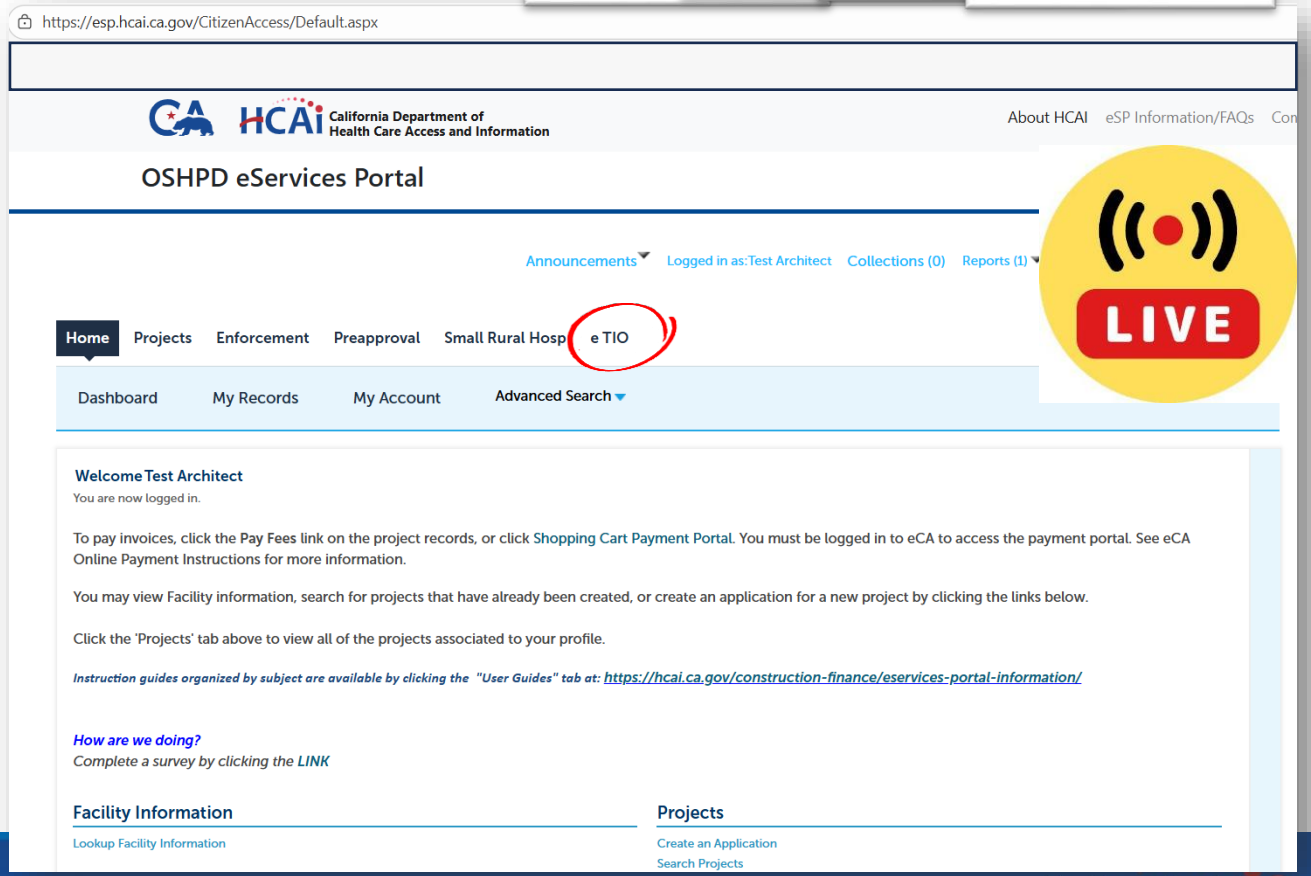


Electronic Testing Inspection & Observation

eTIO



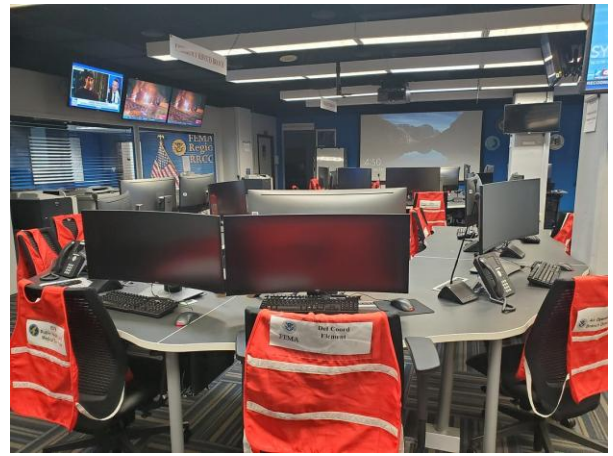
- The TIO is in public testing!
- Actively resolving issues to ensure resubmission is prevented.
- Currently, test projects employing the eTIO are in progress, spanning construction and plan review.
- Expect a gradual role out with more training sessions soon to be available
- On track for all projects by end of year



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HCAI/OSHPD Emergency Operations Center (EOC)

- The EOC's activation
  - Established by CA Statutes after an emergency or disaster
  - Coordinate HCAI/OSHPD's efforts to assess safety & Function of Hospital/Skilled Nursing Facility (SNF) buildings



- Command center for all emergency operations following an event
  - Per the Incident Command System (ICS)
  - When deployed the ICS is flexible and expandable



HCAI/OSHPD Staff SAP Evaluator Training/Recertification 06/23/2026



The Safety Assessment Program (SAP)

- **HCAI/OSHPD Staff require specialized training & certification**
- Statewide training and certification program for professional engineers, architects, and certified building inspectors.
- Prepares participants to conduct post-disaster safety evaluations of buildings and other structures.
- Upon successful completion:
  - Certification and registration with Cal OES
  - Issuance of official SAP identification cards

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CA. 6/24/26

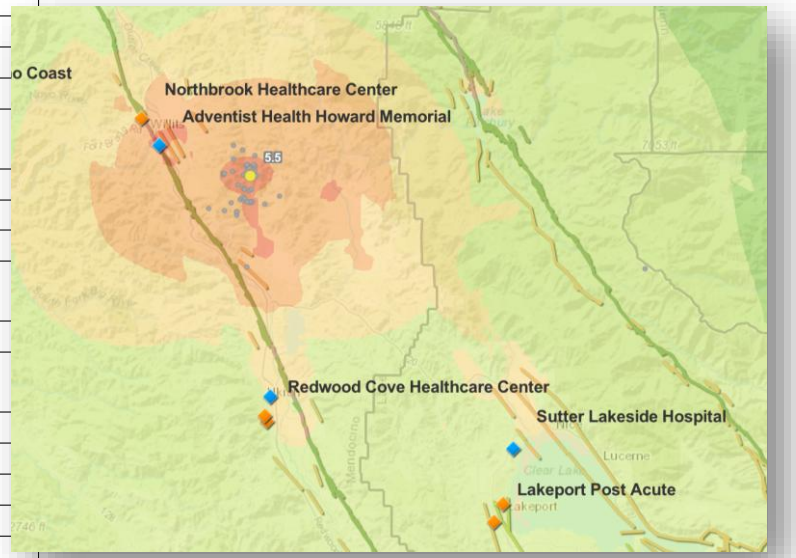


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Summary of HCAI/OSHPD EQ. Reconnaissance

FACILITY:	20245 - Rocky Point Care Center 625 16th St, Lakeport, CA 95453	25635 - Lakeport Post Acute 1291 Craig Ave, Lakeport, CA 95453	10247 - Adventist Health Clearlake 15630 18th Ave, Clearlake, CA 95422	26687 - Meadowood Nursing Center 3805 Dexter Lane, Clearlake, CA 95422	23355 - Sherwood Oaks Post Acute Care LLC 130 Dana St, Fort Bragg, CA 95437
1. Were there any injuries to patients, staff, or public?	no	no	no	no	no
2. Is there is visual damage to the exterior or interior of the building?	no	no	no	no	no
3. Did you lose power, if so at what time?	no	no	no	no	no
4. If lost power did your emergency generator come on?	N/A	N/A	N/A	N/A	N/A
5. What type of fuel does your generator use?		Diesel	Diesel	Diesel	Diesel
6. Are you running on generator power now ? if so, what are your fuel reserves?	no	no	no	no	no
7. Do you have normal communications, telephone, internet, cell phones?	yes	yes	yes	yes	yes
8. Did natural gas or propane shut off?	no	no	no	no	no
9. Any other utilities interrupted?	no	no	no	no	no
10. Any services interrupted?	no	no	no	no	no
11. Any damage to equipment, boilers, elevators, piping, electrical?	no	no	no	no	no
12. Is the facility accepting any patients in the ED?	N/A	N/A	Yes	N/A	N/A
13. Is anything HCAI can assist you with ?	no	no	no	no	no

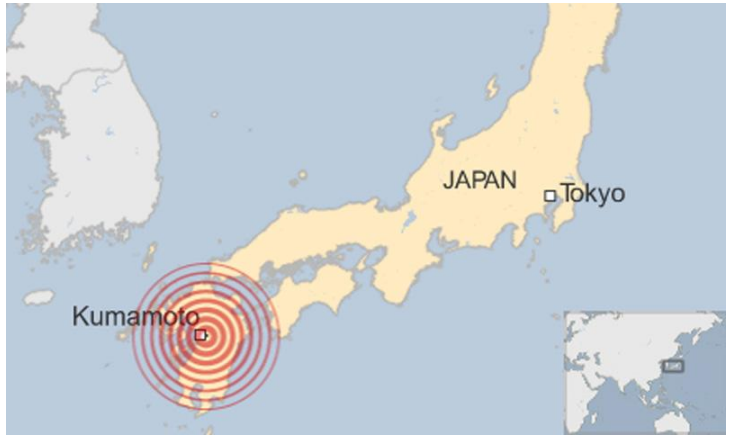
M 5.6 - 11 km N of Redwood Valley, CA. 6/24/26

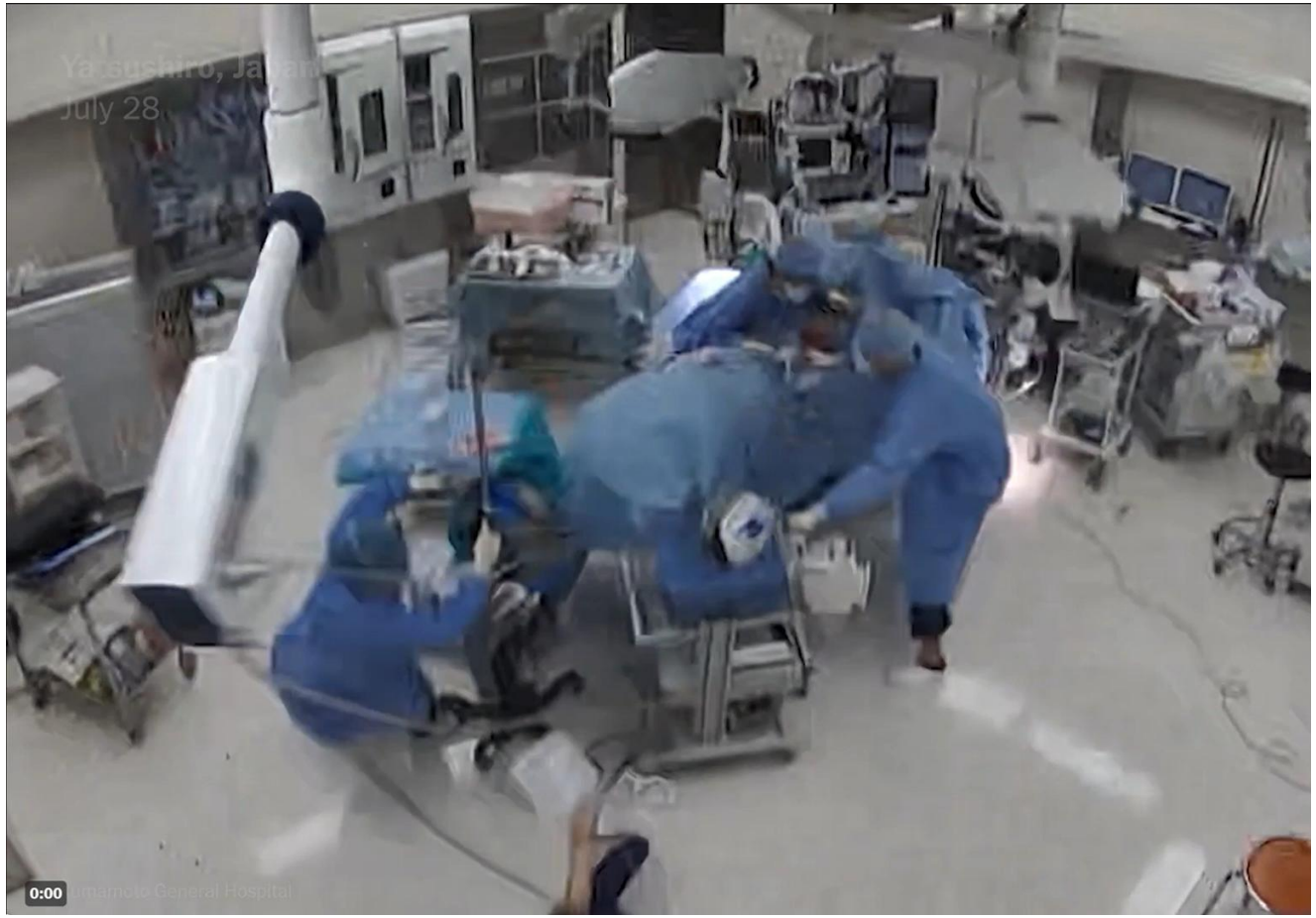


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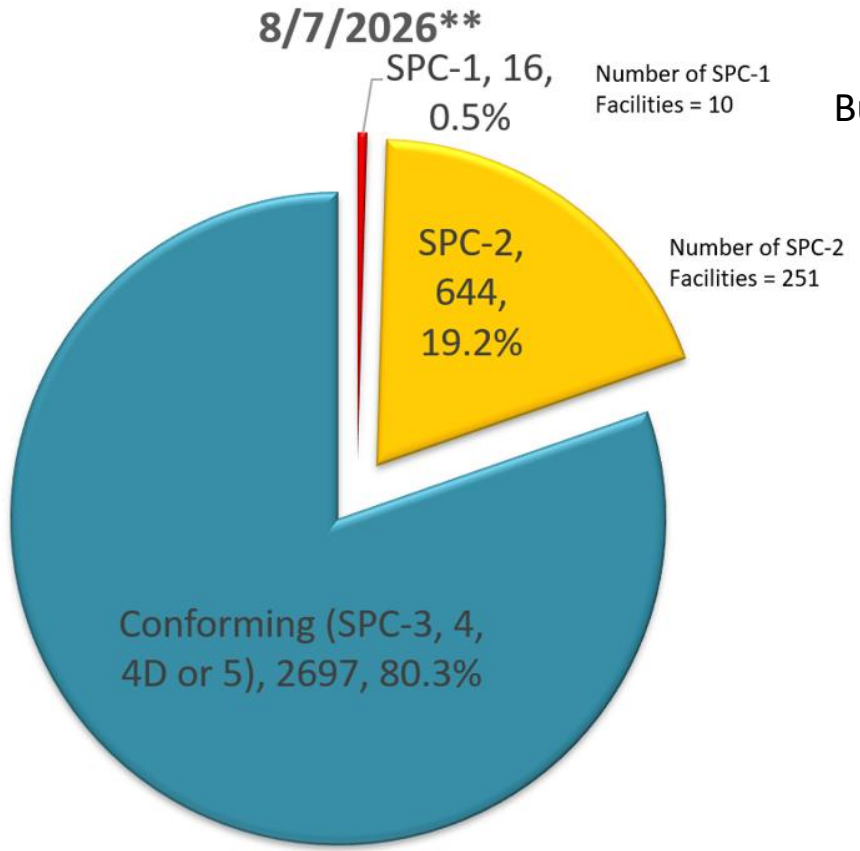
Earthquake Shakes Hospital Operating Room in Japan

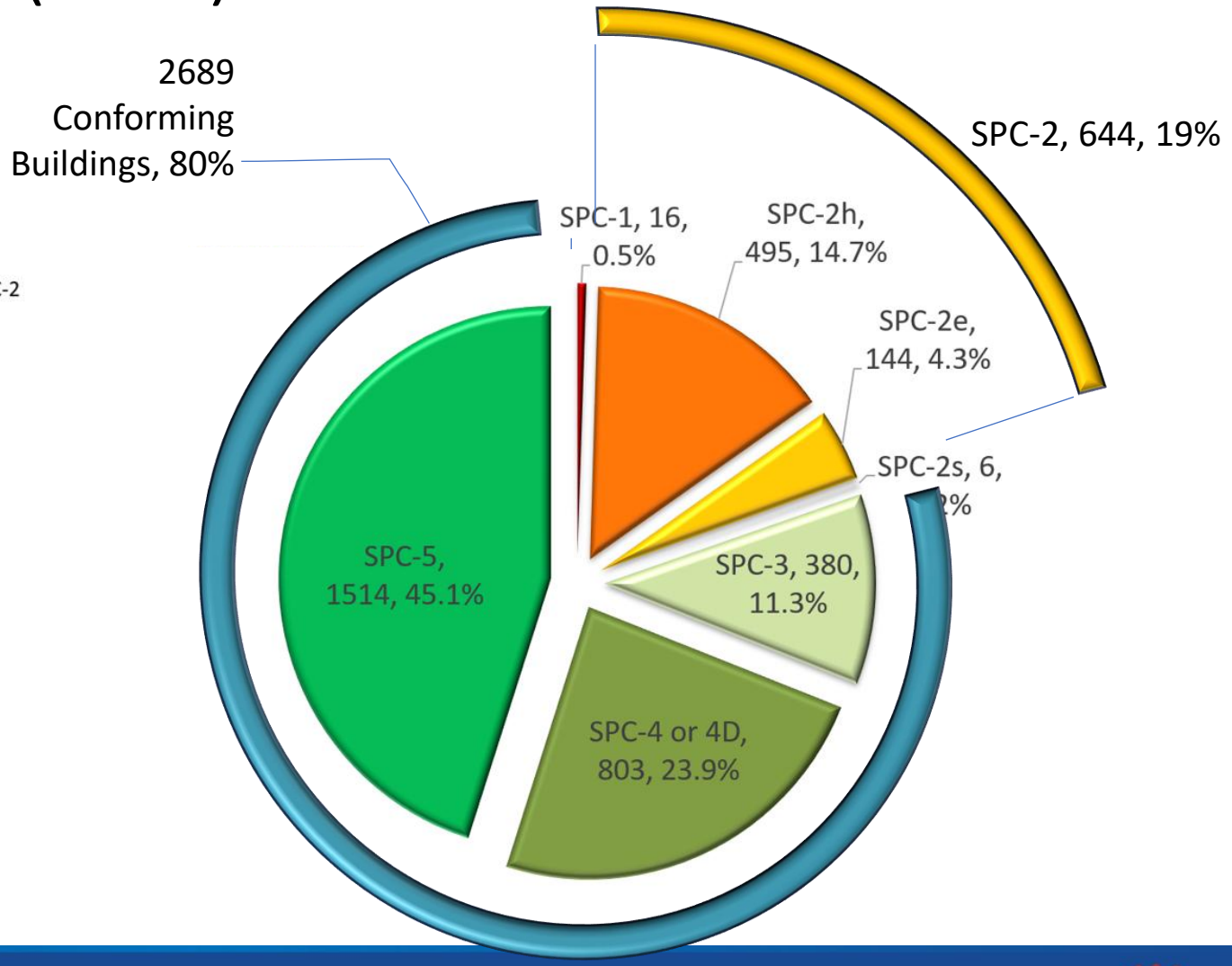
July 28, 2026, 7.1 M
earthquake struck **Kumamoto Prefecture, Japan**, hitting **Kumamoto Comprehensive Hospital**





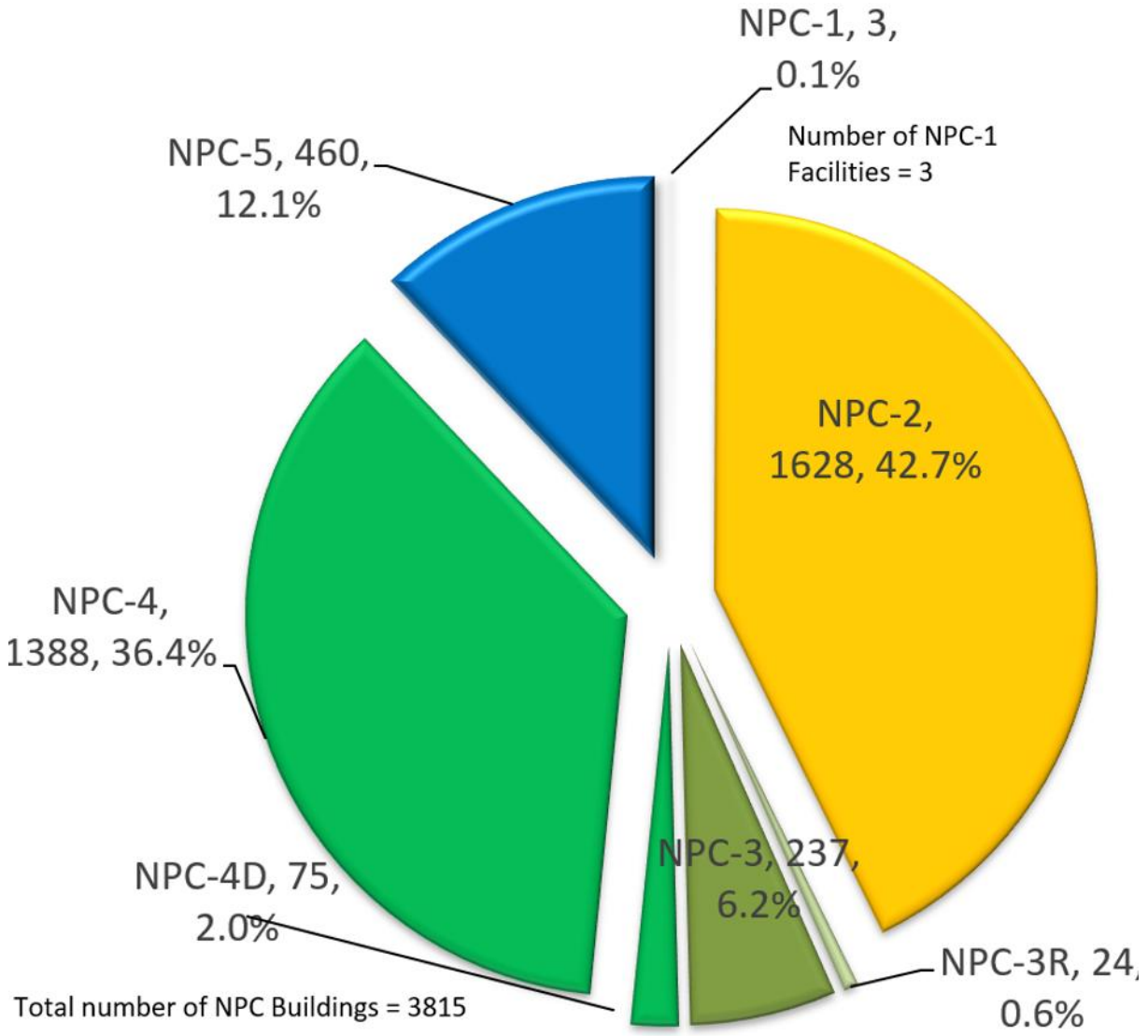
Seismic Compliance (SPC)



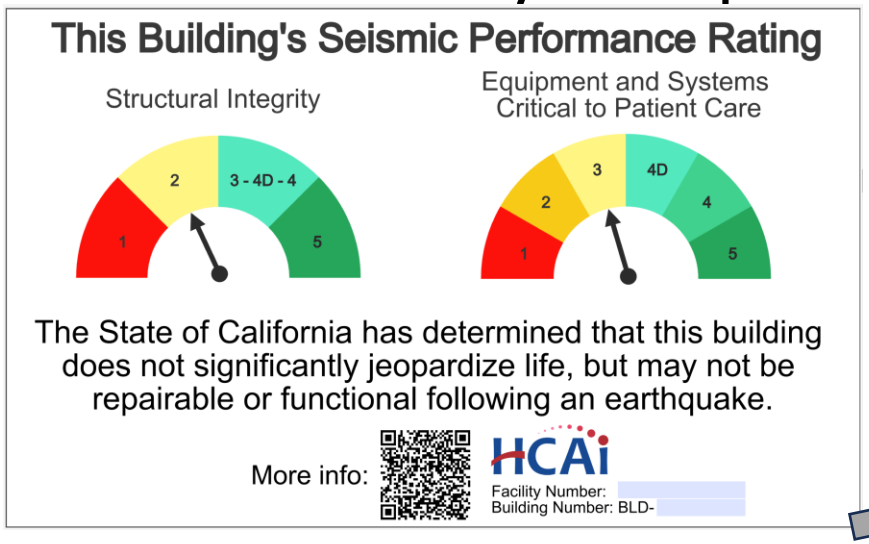


Total No. of SPC Buildings = 3357 in 412 Facilities

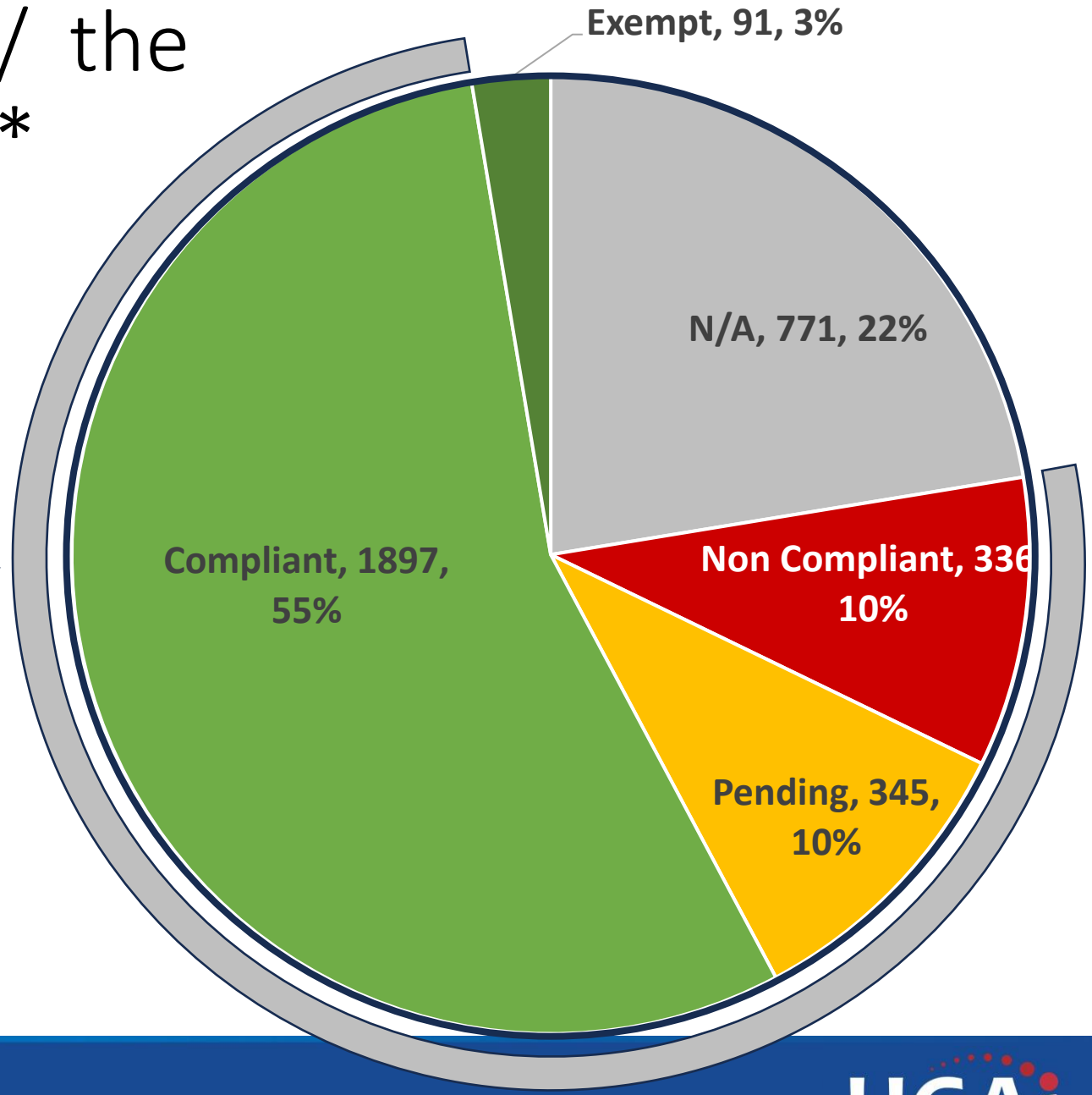
Seismic Compliance (NPC)



Notice of Non-Compliance w/ the Seismic Safety Requirements*



- 2656 Hospital ***Buildings*** required to be posted noticing the patients or the public



*AB 1882, Chapter 584, Stats, 2022

Compliance Plan Webpage

Building Safety

Facility Detail

Click on the **Facility List Drop-down** below and scroll to find and select a facility. Or click the drop-down and begin typing a facility name or number to filter the list. Data is updated every 2 weeks.

New: AB 2190 Quarterly Reports are now available.

For accessible copies of facility site plans email Seismic Compliance Unit.

Facility Info | Building List/Seismic Info | Building Services | Instrumented Buildings | AB2190 Report | Unauthorized Construction | Building Operational Plan

Show facilities:
- (All)
- Do not have Extensions
- Have Extensions

Facility List Drop-down

County: Riverside
License Type: General Acute Care
MSSA Designation: Urban
HCAI Geographic Region: South Region

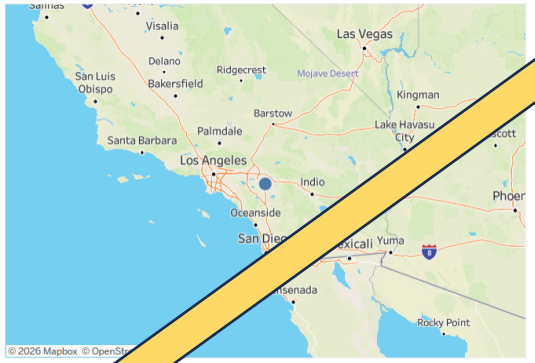
Plan Review Supervisor:
Bryan Tran (213) 897-8893
Bryan.Tran@hcai.ca.gov

Regional Compliance Officer:
Joseph Farag (916) 548-4443
Joseph.Farag@hcai.ca.gov

Compliance Officer:
Eduardo Marquez (916) 284-2235
Eduardo.Marquez@hcai.ca.gov

District Structural Engineer:
Oscar (KaYeung) Cheung (213) 897-4094
Oscar.(KaYeung) Cheung@hcai.ca.gov

Fire Life Safety Officer:
Bryan Winn (213) 897-4185
Bryan.Winn@hcai.ca.gov



*Click on the dot ... Maps.

All Facilities Map

Site Plan

Open Projects

Building List/Seismic Inf...

In Closure/Closed Projects

Bu... ...ervices

Old Logbook Projects

Compliance Plan

AB2190 Attestation Submitted

Licensing Information (Maintained by HCAI)

HCAI Department of Health Care Access and Information

Site Plan

Lookup a facility by entering a facility number or name:

Regulatory Deadlines per 2025 CAC Chapter 6, Article 1, Section 1.5.2:
March 1, 2026: Deadline to submit construction documents for NPC 4/4D, NPC 5, Demolition, and Removal of Acute Care Service projects
March 1, 2028: Deadline for permits to be obtained for NPC 4/4D, NPC 5, Demolition, and Removal of Acute Care Service projects
January 1, 2030: Deadline for all sesimic compliance projects to be completed

What You'll Find on This Page
This page is organized into several sections that explain how the hospital plans to achieve seismic compliance across its campus. Each section presents a different level of detail, from high-level timelines to building-specific information.

Seismic Compliance Plan for

Status: Not Approved

"Not Approved" indicates that the submitted Compliance Plan has been reviewed and is not approved because the plan does not include a sufficiently detailed path to resolve all areas of non-compliance and the compliance plan does not have 10 critical milestones. See the following comments. The facility is reporting that it will be compliant with the January 1, 2030 deadline, the Compliance Plan indicates that the facility will be non-compliant with the March, 1, 2028 deadline .An amended Compliance Plan shall be submitted to address and resolve these comments, the Office is available to discuss any comments with the facility and to provide support in resolving the outstanding issues. Please note that if the Office determines that the only remaining issue with the amended compliance plan is the noncompliance with March, 1, 2028 deadline, the amended compliance plan may be determined "Approved with Non-Compliance Noted" which indicates that the submitted Compliance Plan has been reviewed and approved, but that the facility is reporting that it will be non-compliant with one or both NPC regulatory deadlines.

Summary Schedule - Click to Expand

Comp... ...pe Tables - Click to Expand

Building Mile... ...cription Table - Click to Expand

Facility's ... ...r Delay - Click to Expand

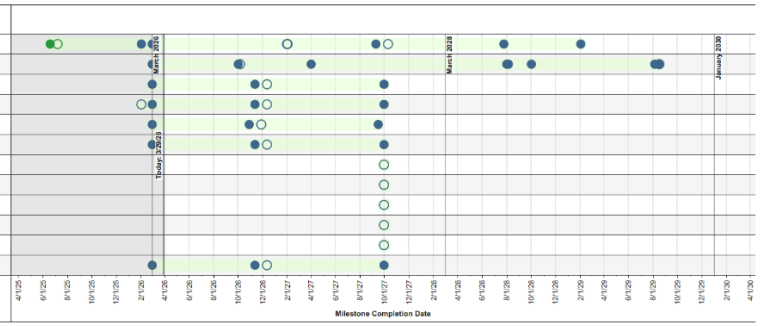
Facility Property Owner Name: Siri Nelson
Facility Property Owner Type: Non-profit Corporation (incl. Church-related)
Facility Property Owner also the managing organization:
Managing organization or licensee type:
Managing organization or licensee name:
Contact financially obligated for infrastructure improvements: Managing Organization/Licensee
Other contact financially obligated for infrastructure improvements None

Summary Schedule - ... Hide

Summary Schedule
This section provides a visual timeline for each building on the hospital's campus, showing the reported plan for achieving seismic ...nce. Milestones are represented by circles on the timeline—hover over a circle to see additional details. All milestones and dates are reported by the hospital. If HCAI has verified that a milestone was met, it is marked as met.

Summary Schedule Legend
- Milestone
- Critical Milestone
- Missed Milestone
- Missed Critical Milestone
- Met Milestone
- Met Critical Milestone

Building No.	Bldg Name	SPC	NPC	Compliance Type (Reported by Hospital)	Progress
BLD-00489	Original Building (Bldg I)	2	2	SPC and NPC Retrofit	
BLD-00490	1971 Addition No. 1 (Bldg II)	2	2	SPC and NPC Retrofit	
BLD-00492	1974 Addition (Bldg IV)	4	2	NPC Retrofit	
BLD-00493	1981 Addition No. 1 (Bldg V)	4	2	NPC Retrofit	
BLD-00494	1981 Addition No. 2 (Bldg VI)	4	2	NPC Retrofit	
BLD-00495	1988 Addition (Bldg VII)	4	2	NPC Retrofit	
BLD-05594	2012 Addition	5	4	2030 Compliant Building	
BLD-06515	2012 Addition - Connecting Corridor	5	4	2030 Compliant Building	
BLD-06516	2012 Addition - Bridge	5	4	2030 Compliant Building	
BLD-06517	2012 Addition - South Canopy	5	4	2030 Compliant Building	
BLD-06518	2012 Addition - Center Canopy	5	4	2030 Compliant Building	
BLD-06617	Equipment Yard	N/A	2	NPC Retrofit	



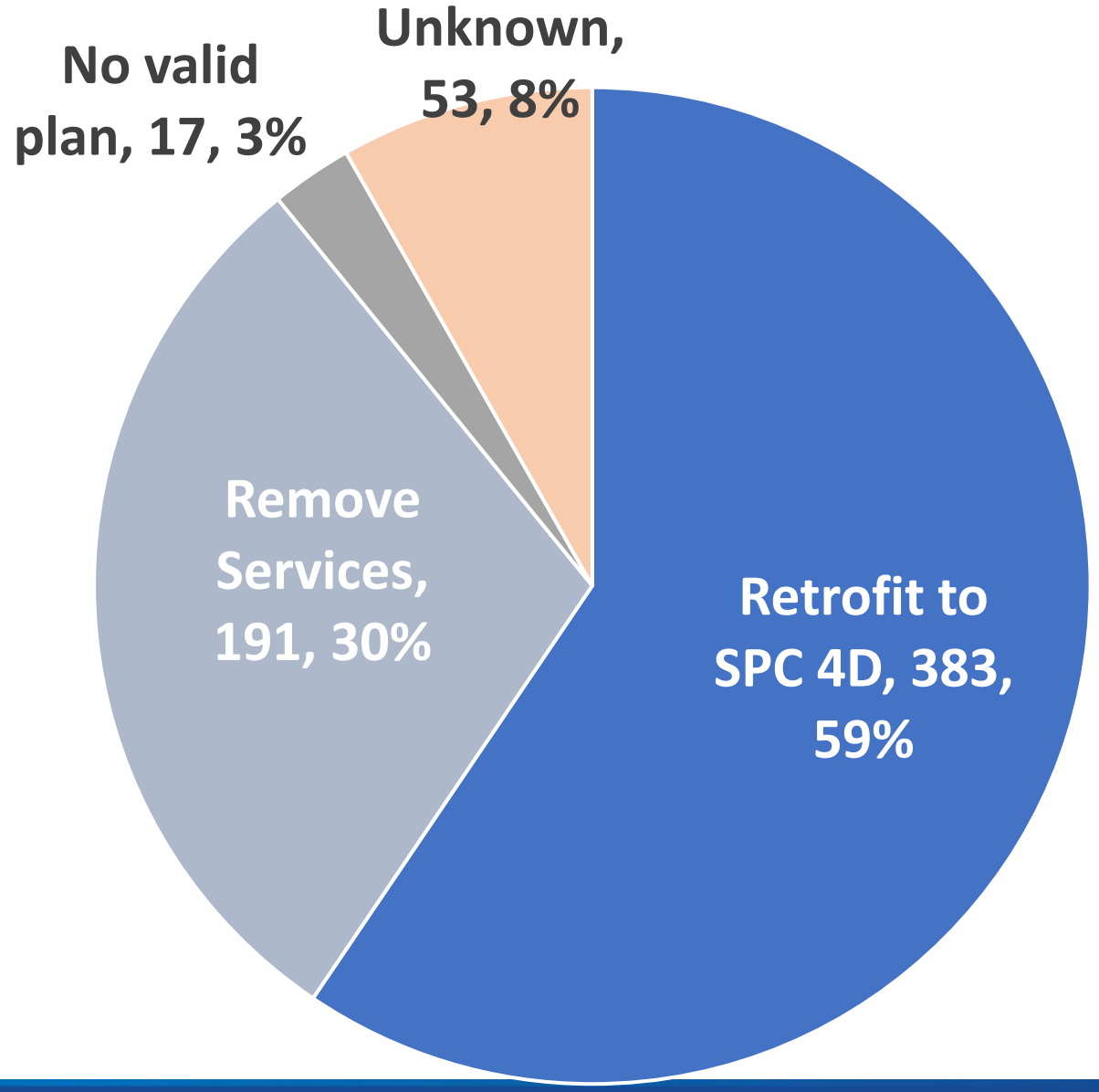
HCAI Department of Health Care Access and Information



SPC 2 Buildings' Future Plans

TOTAL = **644 SPC-2** buildings

(Based on the compliance plans submitted as of 8/9/2026)





NPC 2 / NPC 3 Buildings' Future Plans

TOTAL = 1855 reported NPC 2/NPC 3 buildings

(Based on the compliance plans submitted as of 8/9/2026)

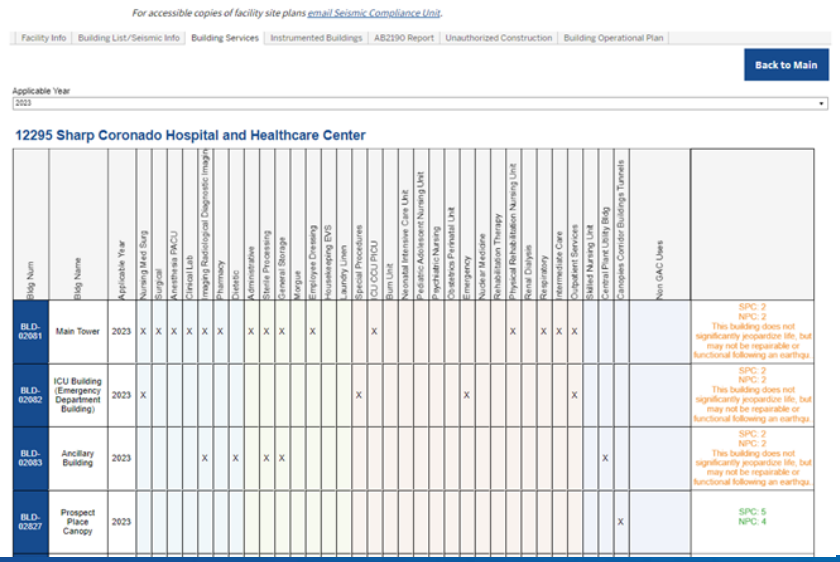
- **Majority (77%) of NPC 2 / 3 buildings reported intent to retrofit,**
- **23 % of NPC 2 / 3 buildings reported intent to remove general acute care services.**

AB 1882- Services Status

AB 1882 Services Reporting

Facility Count 01/28/2026

- Services reporting portal closed for 2025 year.



For accessible copies of facility site plans email Seismic Compliance Unit.

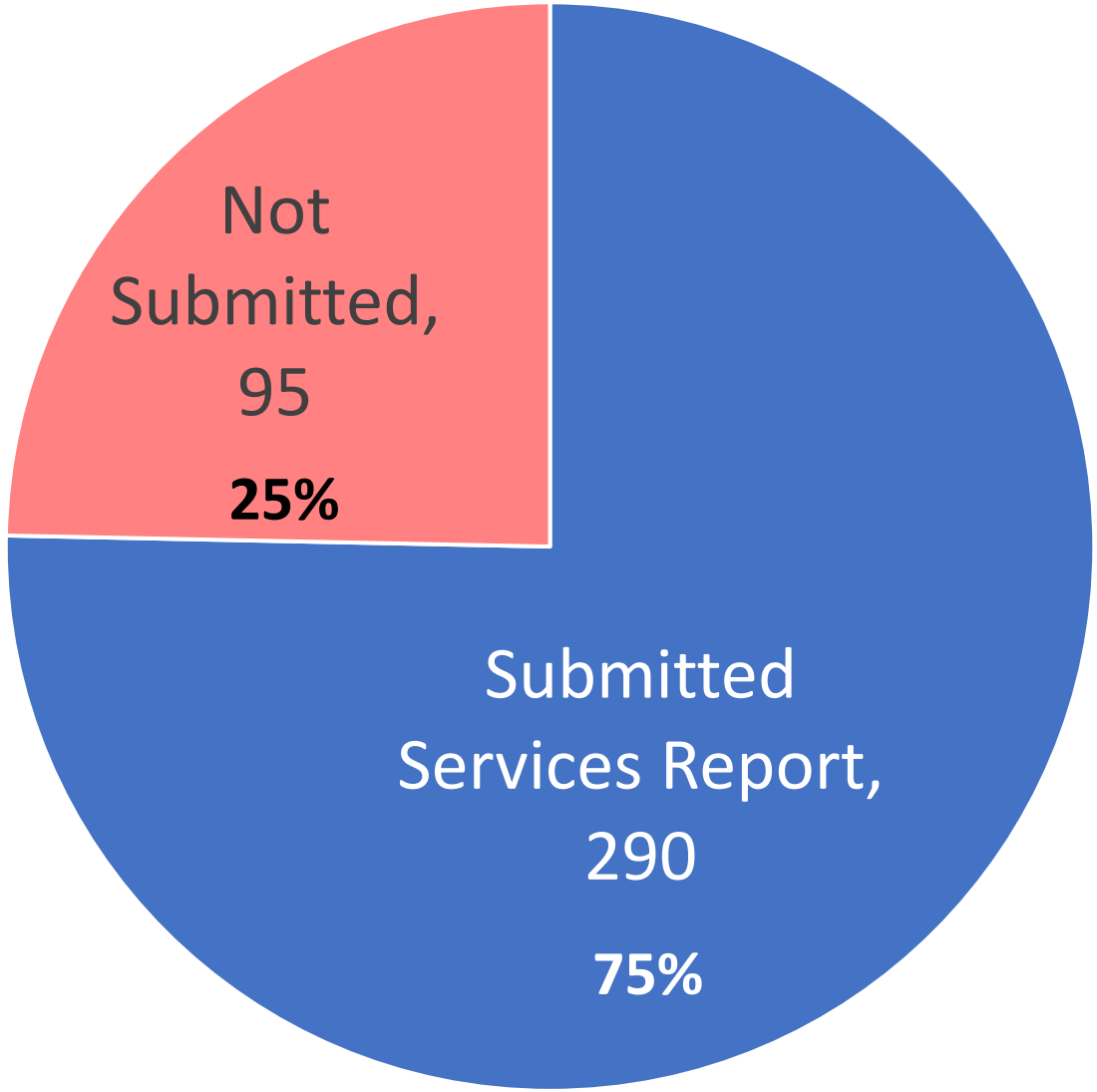
Facility Info | Building List/Seismic Info | Building Services | Instrumented Buildings | AB2190 Report | Unauthorized Construction | Building Operational Plan

Back to Main

Applicable Year: 2023

12295 Sharp Coronado Hospital and Healthcare Center

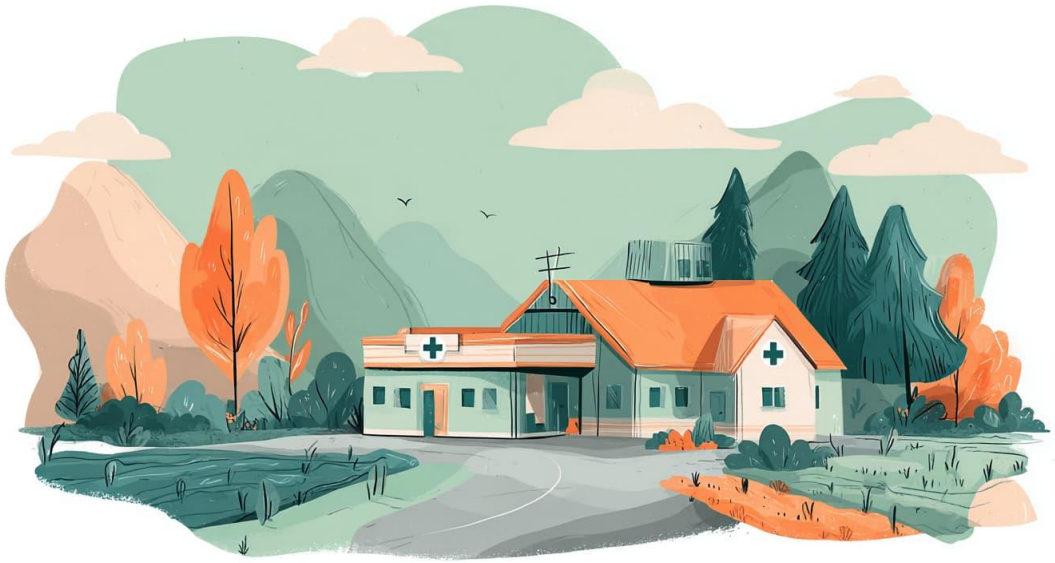
Bldg Num	Bldg Name	Applicable Year	Nursing Med Surg	Surgical	Anesthesia PACU	Critical Lab	Imaging Radiological Diagnostic Imaging	Pharmacy	Dietetic	Administrative	Sterile Processing	General Storage	Morgue	Employee Dressing	Housekeeping EVS	Laundry Linen	Special Procedures	CU CCU PICU	Burn Unit	Neonatal Intensive Care Unit	Pediatric Adolescent Nursing Unit	Psychiatric Nursing	Obstetrics Perinatal Unit	Emergency	Nuclear Medicine	Rehabilitation Therapy	Physical Rehabilitation Nursing Unit	Renal Dialysis	Respiratory	Intermediate Care	Outpatient Services	Skilled Nursing Unit	Central Plant Utility Bldg	Canopies Corridor Buildings Tunnels	Non GAC Uses	
BLD-02081	Main Tower	2023	X	X	X	X	X	X	X		X	X	X		X				X									X		X	X	X				SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repairable or functional following an earthqu...
BLD-02082	ICU Building (Emergency Department Building)	2023	X															X						X							X					SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repairable or functional following an earthqu...
BLD-02083	Ancillary Building	2023					X		X		X	X																					X			SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repairable or functional following an earthqu...
BLD-02827	Prospect Place Canopy	2023																																X		SPC: 5 NPC: 4



HCAi Department of Health Care Access and Information

Small and Rural Hospital Relief Program

Grant Award Status



Awards and Fund Availability

- $18.2 million Small and Rural grants awarded so far
- $6 million potential awards in progress
- ~ $50 million in Small and Rural Grant funds currently available
- The fund receives ~$2.6 million/year





AB 869 – Delay to 2030 deadline

- Authorizes an up to 3-year delay of the 2030 seismic compliance deadline for:
  - Distressed Hospital Loan Program Recipient,
  - Small hospital,
  - Rural hospital,
  - Critical access hospital or a health care district hospital (with some exceptions); and,
- Subject to HCAI approval of a seismic compliance plan & an NPC-5 evaluation report



AB 869 Application Status

- HCAI has reviewed and responded to all **42 applications**.
- 5 approved.
- 7 denied (facilities can object and request reconsideration).
- The **remaining applications are remarked** and awaiting responses from the facilities.

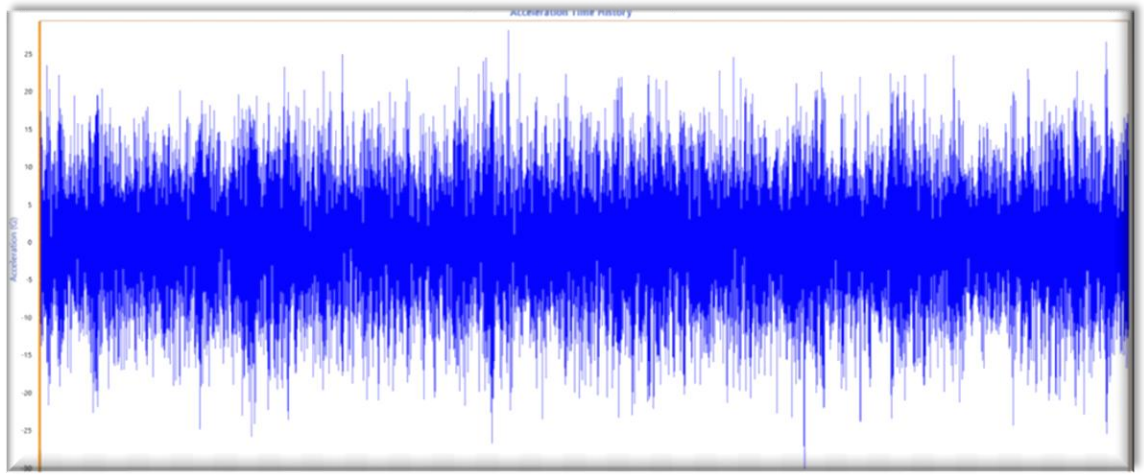
Preapproval Programs

https://hcai.ca.gov/construction-finance/preapproval-programs/

OSP – Special Seismic Certification Preapproval

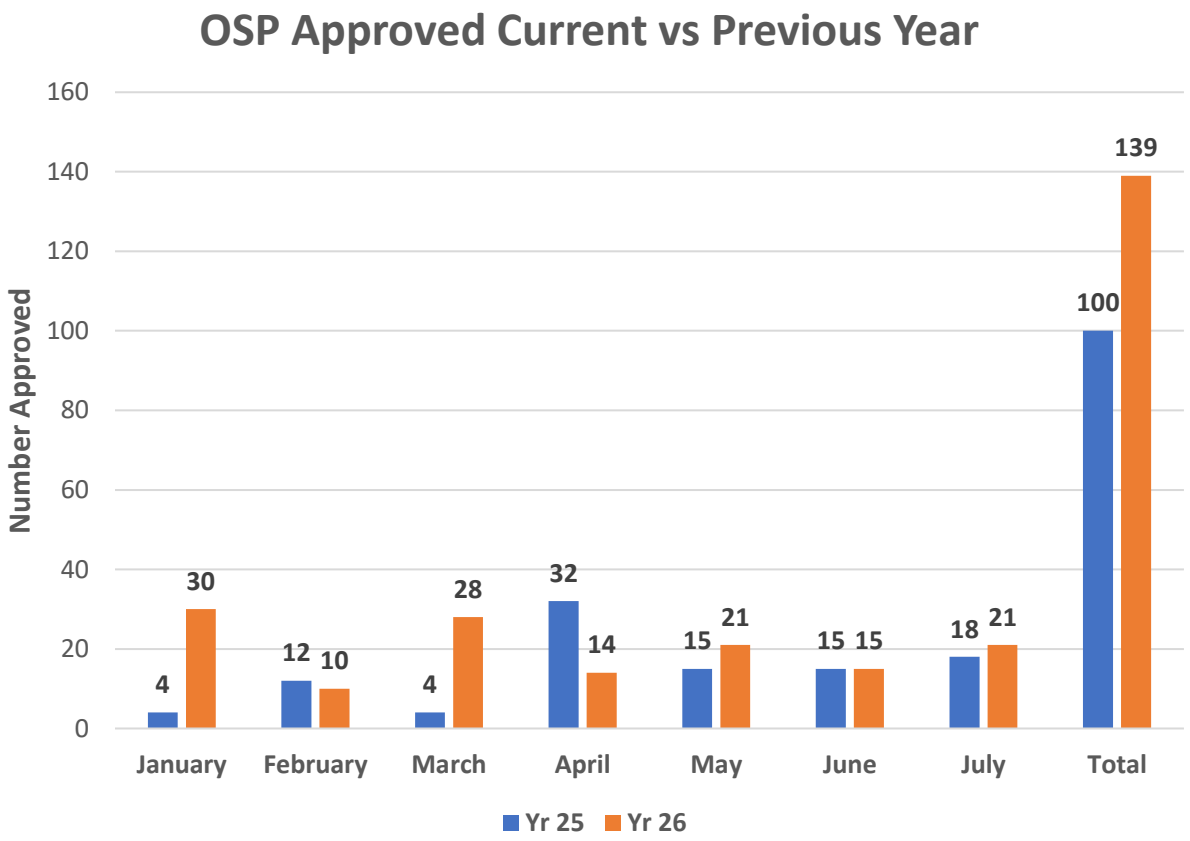
Preapproved
Mechanical/Electrical Equipment
by Shake Table Testing

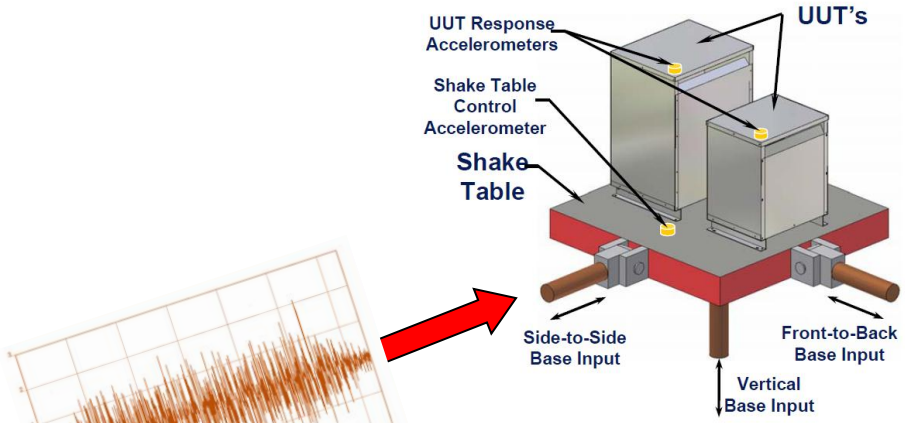




OSP Submittals Current vs Previous Year

Special Seismic Certification Preapproval Program



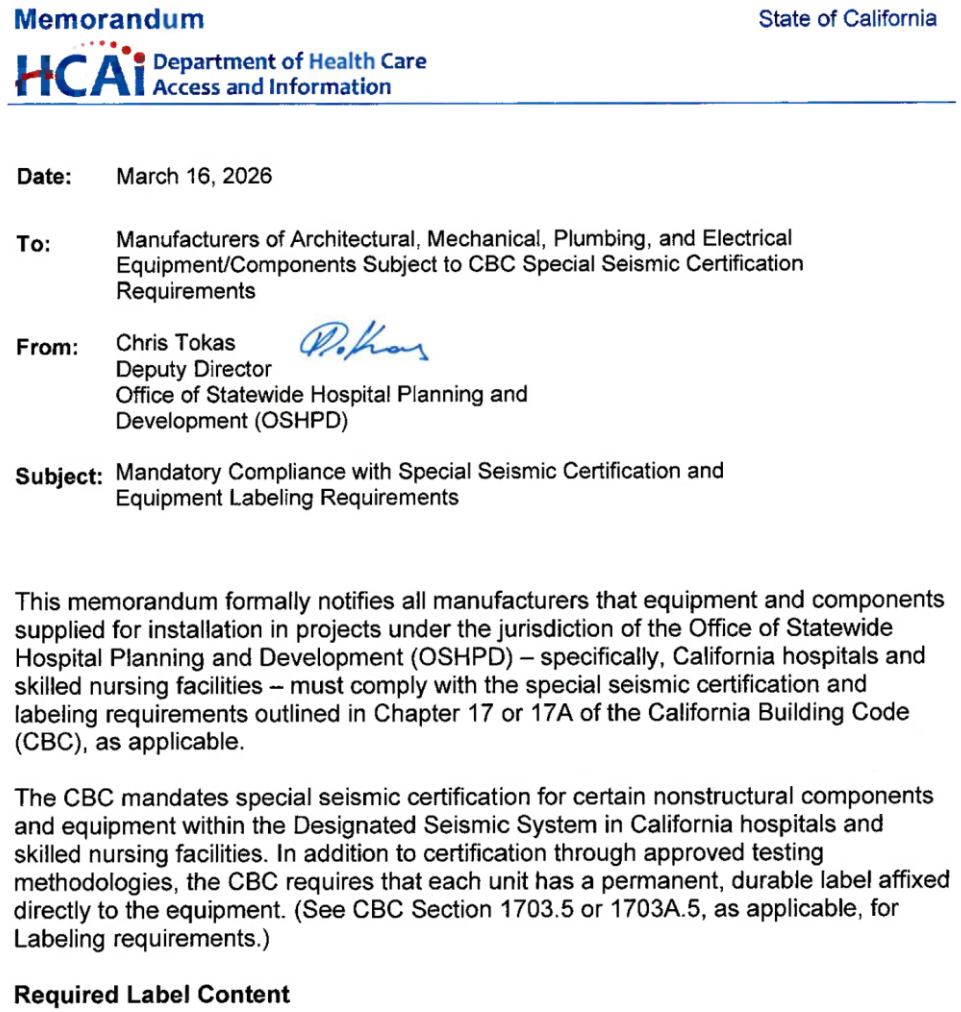




CBC Chapter 17 & 17A SPECIAL INSPECTIONS AND TESTS

OSP Labeling

- Memo to Manufacturers
- Preconstruction Meeting
- Plan Review Checklist



Memorandum State of California

HCAi Department of Health Care Access and Information

Date: March 16, 2026

To: Manufacturers of Architectural, Mechanical, Plumbing, and Electrical Equipment/Components Subject to CBC Special Seismic Certification Requirements

From: Chris Tokas
Deputy Director
Office of Statewide Hospital Planning and Development (OSHPD)

Subject: Mandatory Compliance with Special Seismic Certification and Equipment Labeling Requirements

This memorandum formally notifies all manufacturers that equipment and components supplied for installation in projects under the jurisdiction of the Office of Statewide Hospital Planning and Development (OSHPD) – specifically, California hospitals and skilled nursing facilities – must comply with the special seismic certification and labeling requirements outlined in Chapter 17 or 17A of the California Building Code (CBC), as applicable.

The CBC mandates special seismic certification for certain nonstructural components and equipment within the Designated Seismic System in California hospitals and skilled nursing facilities. In addition to certification through approved testing methodologies, the CBC requires that each unit has a permanent, durable label affixed directly to the equipment. (See CBC Section 1703.5 or 1703A.5, as applicable, for Labeling requirements.)

Required Label Content

OSP Labeling

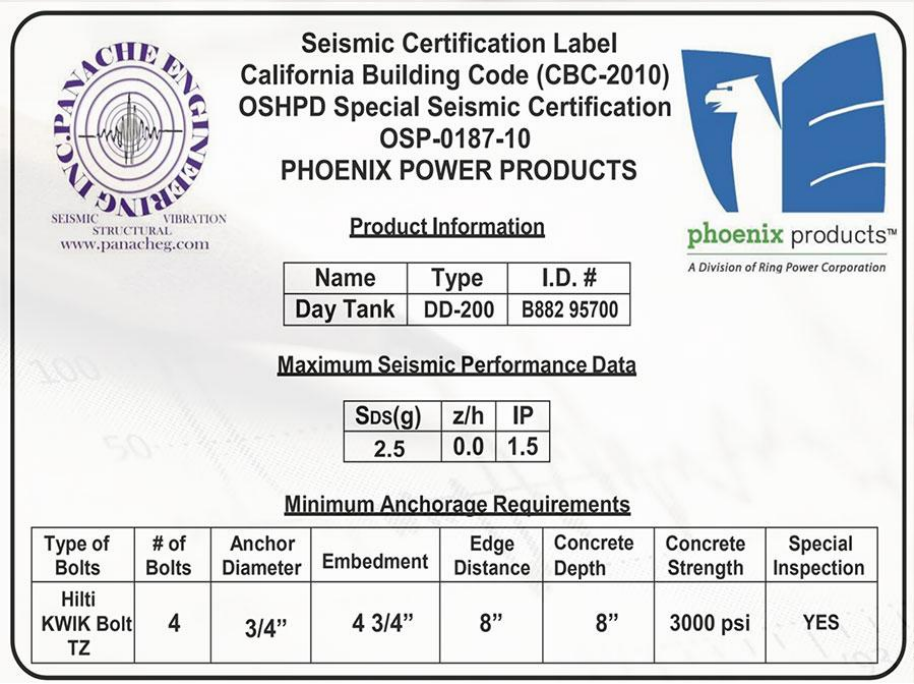
Examples of Labels that comply with CBC 1703A.5.3.

SEISMIC CERTIFICATION LABEL

Mfg. Series: 3000/3200
Product type: Single and Dual Duct VAV
Mounting method: Rigid Rod Hung, Cable brace
Seismic Performance: S_{DS}=2.5; z/h=1.0; Ip=1.5; F_D/W_p=1.88
Code: IBC 2009, 2012,2015; CBC 2010, 2013, 2016
Mfg Model: i.e. 30RWQ OSP#:0xxx-##
Mfg ID.#: ##### COC#: N101-COC-1701

Nailor® Industries Inc.

SSI Listed



PANACHE ENGINEERING INC.
SEISMIC STRUCTURAL VIBRATION
www.panacheg.com

Seismic Certification Label
California Building Code (CBC-2010)
OSHPD Special Seismic Certification
OSP-0187-10
PHOENIX POWER PRODUCTS

phoenix products™
A Division of Ring Power Corporation

Product Information

Name	Type	I.D. #
Day Tank	DD-200	B882 95700

Maximum Seismic Performance Data

SDS(g)	z/h	IP
2.5	0.0	1.5

Minimum Anchorage Requirements

Type of Bolts	# of Bolts	Anchor Diameter	Embedment	Edge Distance	Concrete Depth	Concrete Strength	Special Inspection
Hilti KWIK Bolt TZ	4	3/4"	4 3/4"	8"	8"	3000 psi	YES

Are UL 969 Labels Acceptable?

- OSHPD accepts labels applied **in-plant under the manufacturer's control** that comply with UL 969 for **outdoor use**, provided they meet the necessary durability and permanence criteria.

- **Paper-based labels** that only meet UL 969 indoor installation requirements **are unacceptable**.

Are Field Testing Required for UL 969 Labels?

- **No additional testing is required for UL 969 labels rated for outdoor use**, provided they meet the specified durability and permanence criteria.

- "Durability and permanence" refers to ensuring the label is applied to an appropriate substrate, free from air bubbles or other surface imperfections that could hinder proper attachment. Special inspectors can visually verify this in accordance with CBC 2025 Section 1705A.13.4.

Why Insist on UL 969 Outdoor Labels?

- For outdoor UL 969 compliance, manufacturers use highly durable synthetic alternatives with a paper-like, printable finish. Common materials include polyester (PET), vinyl (PVC), and polypropylene, as these are far more resistant to tearing, moisture, and chemicals than paper labels.

- UL 969 covers **paper labels for indoor use**, where extreme durability is not required. However, our field conditions—including exposure to sunlight, rain, snow, condensation, temperature cycles, humidity, and windborne contaminants—mean that even occasional exposure **necessitates an outdoor-rated** label. This level of exposure is inevitable given how labels are handled and used in our projects.

Why Accept UL 969 Labels?

- UL 969 tests the entire labeling system. The UL 969-approved label must be paired with a compatible ribbon or ink system and printed using an approved method to maintain certification.

- UL 969 Label consider both the surface material to which the label will be applied and the expected environmental conditions.

Outreach

The BSU actively interacts with outside groups, agencies, and organizations.

- Bi-weekly meetings with CDPH to coordinate overlap and interagency dialogue.
- OSHPD “Share-Out” meetings with Sacramento AIA-Academy of Architecture for Health. Discussions, observations, questions.
- Quarterly check-ins with the California Association of Health Facilities (CAHF), for Skilled Nursing Facilities.
- Participation in Technical Lead QA/QC reviews for architecture, mechanical, and electrical.
- Representation at the 2026 ASHE/AIA PDC Conference (Houston) w/ deep dive discussions with FGI.
- Active Participation on NFPA 99 and ASHRAE 170 National Committees.
- New 2026 Energy Code Playbook for Hospitals – 2025 Code Cycle – San Diego Gas & Electric Webinar

Eric Jacobsen Retires

Richard Tannahill returns to the BSU as acting Supervisor

Looking for replacement opportunities







HCAi
Department of Health Care Access and Information

Item #16 Discussion on the use of third-party Inspector of Record broker firms on hospital construction projects as it relates to the California Administrative Code, Title 24, Part 1

- Discussion and public input

Facilitator: James O. Malley (or designee)

Item #17 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: James O. Malley (or designee)

Item #18 Adjournment