okay it's now time to start our first webinar of this series again my name is Cesar I'm with the office of statewide Health Planning and Development and welcome to our first webinar on the 2019 California Building Standards code as applied to buildings regulated by OSHPD but a couple of housekeeping items please know that all of you will be muted during the presentation we will be taking questions via the question box on the go-to webinar tool settings and please know that we're going to be collecting your questions and we're going to answer them towards the end of the presentation in our Q and A session if you can please keep your questions in a more generic sense and if you have specific questions for specific projects please feel free to email us at regsunit@oshpd.ca.gov or an alternate email address would be FDD.webinar@oshpd.ca.gov so again with that thank you and know that towards the end of the presentation you will receive a survey and so please feel free to fill that out and send it back to us so we can keep improving our webinar series and with that being said I'm going to hand it off to Mr. Richard Tannahill who will be presenting this awesome presentation. Thank You Cesar. hello everyone, this is not only the first webinar in this series for the 2019 code changes also the first webinar that we're doing in OSHPD news studio so we may have some technical difficulties that we're going to be working through so bear with us on that but hopefully not the first question we have to you, can you, some have, you asked that you raise your hands, make sure everyone can hear us because we don't have an outside connection.
Can I see some hands going up thank you very much okay we're going to go ahead and get started
this is an introduction to the 2019

Building Standards Code, we'll be covering a lot of information in four sessions as we go through. So, what we're doing to get the 2019 code together what we do is we take the International Building Code, we take the 2016 Building Codes in cycle and then we take the OSHPD amendments that have previously been submitted as well as the future ones that we're proposing put that all together and we get the 2019 CBSC the whole Building Standards Code. And today we'll be looking at the major highlights we have an intro to OSHPD 1R. We'll kind of walk through what that is and how its applied what it means. We'll also go over Part 10 for the Existing Building Code and Part 1 of the Administrative Code today. Other items that we'll be looking at will be coming in the future sessions are parts two, three, four, five, and six. Those are kind of the primary changes that were made in the 2019 code. So, session one today as I mentioned is the 1R Part 10 and Part 1. There are three other sessions and these are the dates and the content so, you can sign up for which ones you need please note that you do have to register for each one independently and also, we had a lot of questions that a lot of people were originally intending to watch these in the conference room at their office with all their staff. If that is the case everybody does need to sign up and register independently if they're going to be viewing these from home. So as Cesar mentioned where we anticipate questions go ahead and put your questions in the question box as we go through and we'll have time at the end to answer those questions but we're going to go straight through this first we have a lot of information to cover. So, let's get started with Session 1 starting with the introduction to the 1R this is a new concept for this code cycle and we'll kind of go

through kind of a series of discussion of how we came to that and what it actually means. So, per the California Administrative Code a hospital building from which care services and beds have been removed or a non-conforming hospital building without SPC and NPC ratings shall not provide general acute care services unless modified to comply. This kind of takes the, to me the opposite approach you have an existing acute care service building you're NPC and SPC ratings may not be up to the current requirements so you're going to remove that building from acute care service that is a building that could potentially be a 1R Building so looking at the history of a lot of the hospitals is that they originally start out with a building back in the 50s or 60s you know a long time ago and as time goes on we expand to a nursing tower, we put in a replacement hospital on another nursing tower, etc., etc., and it grows what we end up with is a conglomerate of a bunch of different structures that we call the hospital. So, what we're looking at doing when we remove these buildings from acute care service you can tell by the cluster and the proximity of the other buildings that this can be quite complicated or difficult to do so that's where the 1R classification comes in and we'll go into the details on that but basically what we're showing is the basic services here the nursing surgical etc. have to be removed from the building that's going to be removed from acute care services so, all these services have to be relocated into the replacement hospital or elsewhere so that there are no acute care services remaining in the building being removed from acute care. So, the timeline on this is SPC 1 buildings need to be removed from service by January 1st, 2020 that date has already passed

there are about, approximately about, 60 buildings still remaining in our inventory that are in the process of being removed from service or updated SPC 2 buildings have till 2030. Okay and this is where a lot of these removal from acute care service or RACS type projects will take effect. So back to our diagram here you'll see this a lot as we go through this there's different opportunities to repurpose the building that's being removed from acute care services a lot of cases they're either being torn down and replaced, they can be repurposed into a 1R or a non OSHPD building or they can be upgraded to comply with the standards for SPC and NPC. Here we're showing in SPC 1 building is again an SPC 2 does need to be removed from service by 2030 unless the law changes by then. So now we're going to look at what is a 1R building. Buildings that previously provided basic or supplemental services that have been removed from acute care service in compliance with Part 10 that will go over Part 10 it's the Existing Building Code, a lot of people it's a newer for the hospitals and so it's removed from acute care service and it remains under the jurisdiction of OSHPD. Those are the requirements for a 1R Building.

When the removal of the general acute care this can be a cause at change of use, change of occupancy, change the function, change at licensure, combination of these so, you can have different floors with different uses. There's a lot of opportunities and options that are available to reuse these buildings. The other option is it can go to local jurisdictions these have their own pros, the pros and cons and we'll cover those later on. So is the building freestanding or not? Let me go into some quick definitions of what that is. When buildings were as we said when hospitals

expanded over the years, the requirement for the seismic separation was less if it remained as a hospital to a hospital than if it was removed from OSHPD jurisdiction there was a larger requirement. Again. we'll cover that later on. So, what we have is a non-freestanding building that remains under OSHPD jurisdiction and then we have a free-standing building that is separated by is a structural separation and the requirement here is a little bit larger. For these freestanding buildings and doesn't have to be this close to can be in the parking lot elsewhere it can remain under OSHPD jurisdiction if it has qualifying services and they also have to meet the height and area limits for buildings on the same lot. Here's some terms that we're going to go over and we'll hit those. Okay the term building is, sometimes can get confusing especially when it comes to OSHPD because we have SPC buildings and hospital buildings and just buildings and it's used in the law differently but we're trying to standardize how they're applied so for the purpose of removing a general acute care services we've added some definitions in Part 10 which is the California Existing Building Code and we also have a CAN that's listed here that has explanations on this as well. So, the definition of a building is the area included within the surrounding exterior walls or combination of exterior walls. So basically, the building is when you look at a hospital it's what you see, they are whole surrounding building as a whole. When you look at SPC buildings those are the individual structures that define that building you know where they're separated by the seismic separations. So for an SPC seismic separation it's a building separated in accordance with Administrative Code basically what this

says is if it's within two inches times the number of story's away from the building being evaluated it can be a seismic separation, there's a lot less requirement as if it was not a hospital building. For a structural separation the gap between the adjacent structures is sufficient to avoid damage of contact playing with the current structural provisions shown here and I'm not going to go to the detail on this calculation but the result is there's a wider seismic separation or structural separation required on these buildings. So now I'm going to go over a quick definition of the freestanding options for hospital buildings you have detached hospital building means a building containing general acute care service that meets the following criteria. Here the structural separation shall comply with the applicable provisions of the Building Code and the fire ratings have to comply and buildings on the same lot will comply with the height and area limitations. Now I'm going to jump over to a free-standing nonhospital building which is a building that does not contain any in general acute care services and look at the requirements for this criteria they're identical to the other one. So that's been adding a lot of confusion but basically a free-standing nonhospital building can be used for many types of uses and functions. Whereas a detached hospital building
containing general acute care services you're going to kind of be limited to psychiatric and skilled nursing facilities in these buildings even though the definitions are the same you have to have again a qualifying service. Hopefully that wasn't too confusing I was jumping between the slides but they basically, say the same thing other than the definition itself. So, going to some quick Fire terms because this has, this is

related to how the buildings are separated. So, if you're not freestanding again, not only do you have a benefit in a lesser seismic separation you also have a benefit of a fire barrier can be used to separate the occupancies. The reason this is, is because the building is remaining under OSHPD jurisdiction
any changes to that building any future projects will come through OSHPD and we can kind of monitor what services are going in there and they may not even be healthcare related but there were there are several options for, for that, and we'll go into that as well. So, when you have a fire barrier, fire resistant rated wall assembly materials designed to restrict the spread of fire in which continuity is maintained. Basically, it depends on the at the adjacent occupancy as to their fire rating level required. So, this is what we're trying to avoid is the fire wall. When you get into a free-standing situation again you have a larger structural separation required but you also have a fire wall requirement which means basically we'll go over this in detail but when building falls down it doesn't affect the other one. So, the area of the building is also calculated so the height and the width or the area has to be calculated per the California Building Code for the footprint and it has to meet the requirements for two buildings on the same site. I'm not going to go to how to do that just saying the it does apply
and buildings that have overhangs it goes by the furthest outside dimension, the footprint is the area that you would use for that calculation. Okay the code allows for buildings to be viewed as one if the height and area and story limitations are met. However, they've never considered buildings in the same lot under different jurisdictions it’s always

been in the same jurisdiction either the locals or under OSHPD. So, buildings are defined as noted in the previous slides surrounded by exterior fire walls in order to have two buildings under different jurisdictions the building walls shall be defined by the exterior walls or fire walls in accordance with the CBC. I'm going to jump back kind of show you this is what we're talking about so this is going to be your separate building and that's why you have the fire wall. Okay so with each portion of a building separated by one or more fire walls that comply with the provision of the section shall be considered as separate building. Okay, the big thing here is if one building falls, collapses due to the fire, the other one is not affected or affected minimally, it won't, by the fall. Okay, if you have a different occupancies in the different buildings the most restrictive requirements of the separation shall apply.

And, this basically just says what I just said that the wall should be designed and constructed to allow collapse of a structure on either side without the collapse or wall under the fire conditions. And, here's an example of that happening, this is not a hospital but it did have fire walls and you can see the, this area, this building caught on fire but, yet the adjacent buildings are minimally affected. So, the fire wall, the fire wall resistant, fire resistant ratings, again, are based on occupancy, what's going next door and the fire rating must be on the hospital side. Now, local jurisdictions may have a requirement that it be on their side as well so that's something to consider. We've had several projects come in that they are actually doing projects to expand the structural separation make it larger, so they can go to local jurisdictions after going to the locals to find out what would be required.

The locals are actually requiring them to upgrade their fire walls, their structure, their accessibility, everything within it, and so, the benefit of going there was diminished. And, they came back and said you know we're going to keep this under OSHPD so we're not that bad all the time.
We do have our benefits. But, anyway the double fire walls may be required. Ok, this is just an FYI slide, CMS actually has a new requirement. It started in 2018 where they are requiring that any high-rise building, new and existing, be fully sprinklered, there's a 10-year period to get this into effect. So, by 2028 all buildings have to be, all high-rise buildings have to be fully sprinklered. And, what this does is we're allowing some leniency for projects that do not intend to remain under OSHPD jurisdiction beyond 2030. We're not requiring certain upgrades to be done for SPC and NPC and what this is basically, saying though if you have a building without fire sprinklers by 2028 they have to be sprinklered. So, we have a two-year gap between 2030 and 2028 though, we wouldn't have required it but they are being required a little earlier. So, it's just something to consider when you're doing your planning into the future. So, how do you become a OSHPD 1R? First you want to decide on the Jurisdiction, do you want to go to the Locals, you want to stay with OSHPD? So, this is a real quick flowchart here so you want a complete project to remove general acute care services and modify infrastructure or fire life safety and structure as needed you go with OSHPD. You just submit the project to OSHPD there's going to be a series of projects to make this happen
we'll go for that also, in a little bit
and then you end up with a final application non construction, just to

verify the work was done. If you want to go to the locals you have the same requirements to remove the services and the utilities but you also have to do the work to make it a free-standing building that part of that is consulting your local AHJ for added requirements that they may have like I said sometimes they have requirements that are above and beyond what OSHPD requires and some of them don't. And then you have to show evidence that the locals acknowledged that, and again, you have to go through the same process, a series of projects to show that you're meeting the requirements and then you do a final application to remove it it's just a verification non-construction and we remove it from our inventory and the building gets turned over to the local jurisdictions.

So. this is what's required you have to have removed general acute care services. The utilities have to be, cannot traverse from one side to the other without modification there are exceptions to that and this will affect mechanical, plumbing, your med gases, electrical, fire suppression and alarm, and other things as necessary. And the exiting through the SPC Building is not permitted as a means of egress from the acute care hospital. Can go the other way and we'll cover that. So, we came up with the acronym for fuse, you want your fire protection and fire detection, fire protection and detection to be on the to be split between the systems, if there's a shared controller it must be on the hospital side, you have to isolate your utilities, you have to provide the appropriate seismic separation, and you have to provide for egress without going through the RACS building on the 1R building. So, again fire alarm, fire sprinklers be on separate systems if they are shared they can only go from the hospital to the 1R and they

must have shutoff valves if something happens to the 1R building that their, the operation isn't disrupted to the hospital. Your vacant spaces have to be addressed and this is 1R or non if you're doing a project, you're opening up a new hospital and you're moving your occupants from an older space into the new space and you're leaving a lot of space vacated even for a temporary time it should be a project to address that condition either, you know securing the doors, making sure there's trap primers are either cleared or sealed isolating any cut offs or dead legs and the water system things like that.
So, in CBC 116 we talk about the conditions that need to be met. So, we want to make sure that the conditions are not unsafe or unsanitary. You don't have any deficiencies from inadequate means of egress, lighting, or ventilation. That there are no fire hazards or dangers to human life or public welfare and we all make sure there's no unsafe conditions due to illegal occupancy, people moving their offices and they're sleeping in there. Inadequate maintenance you know a lot of these places they'd like to keep them running which is good but they need to be maintained and secured against unauthorized entry. So, there are requirements that need to be met like I said locked door, signage, and, and emptying the traps on the plumbing to make sure there's no, that they're not drying out. Okay, so when we're looking at removal acute care services again this is kind of repetitive but these are the steps we need to go through make sure you have the proper seismic separation. And, this is done again it could be over a period of time it could be started already with projects that are already doing NPC SPC work. They can be all accumulated to turn in for your final project to show compliance. Okay, we want to make sure your cross corridor doors

are not preventing egress from spaces of adjacent buildings. You want to make sure you have the proper fire barrier installed or being installed, make sure that the elevators don't dump from one building into another. And, you know there's going to be a series of remodels to make this happen so those projects can be done as one or as individual ones that address different areas we've seen all types come through. And, again you're ending up with a final project that's more than just showing compliance.

So, flex connections at the seismic separations can be used. You have to provide disconnect switches at the utilities.

Again, on the hospital side and some of these are automatic and some of them like med gases cannot be, they have to fail safe or operational and same with the emergency shut offs. And again, just rerouting the utilities so that they are complying with requirements of the Existing Building Code that basically you're familiar with the SPC 1, 2 that you can't route utilities from an older building into the newer one and again, addressing the egress, you can egress from a 1R back into the hospital but you cannot exit from the hospital into a 1R building. Okay, on our website there's also, it's actually an older one but the same process for removal acute care services there's a guide that you can be downloaded and here's the address and can use these handouts will be available, we're going to post them probably either later today or in the next couple days. So, let's get into Part 10 just we just covered the 1R stuff you'll see that coming up a lot as we go through almost all of the volumes or parts of the code because that was one of the more significant changes so a lot of the even the mechanical, electrical are being modified to accept the 1R so you'll see that coming up a lot, but we'll go into

Part 10 which also addresses this as Well. So, Part 10 for hospitals used to be in Chapter 34A, that we were asked why is it in the Existing Building Code? As it applies to existing construction so it was moved into 309A and this little chart here. Sorry, Chapter 3A this little chart shows where things, if you have additions or alterations went from 304.1 A to 301A and so forth down the line here but there's a little cheat sheet to help you find what you might have been looking for in 34A previously. Again, a lot of this is just renaming chapters, this was moved from 3419 to 310A. And we just clarified a lot of the language to identify and added a banner for OSHPD 1R in these so you have a non general acute care buildings now called OSHPD 1R freestanding buildings. Also, refer what would apply if they were 1R. Please note that OSHPD 1R building is a building type, we really only use it for tracking and not for the occupancy that's going into it, the occupancy can still be a 2, 3, 5, or a B, whatever it might be.

The 1R is really for the building type and where the 1R will apply for these, for the building code is actually, if there are requirements for the building itself if example would be if the utilities are coming over and being supported from the hospital and looping back those utilities have to meet the same requirements as the hospital but the as far as the occupancy was within them, they all go to the occupancy that is being installed. Okay, and a change of function this has been added to our Remodel CAN. Change the function shall require compliance with all the functional requirements for new construction so just the functional requirements that are being added or change I'm not going to go into detail on that but if you're going from a med-surg to pediatric unit the pediatric

unit has additional functional requirements those do have to be added. The rooms are patient rooms that they remain patient rooms. No upgrades are required to those patient rooms, not for accessibility, not for operations. Ok, those rooms are, may remain as they were. Ok, we did add an exception for 1 R buildings, my opinion, the exception probably is kind of redundant from what I just said but basically if you remove hospital from acute care services the room sizes are typically going to be smaller than what's currently required in the code and now you're putting a skilled nursing facility or psychiatric unit, even outpatient services in the area the room sizes can go to pre-2001 sizes for these new uses that they're considered a new use. So, that's going to be a great benefit to the facilities to be able to repurpose these buildings. One of the things that has been happening is when we have as I mentioned a hospital building is the whole series of SPC buildings clumped together, when one of these buildings is removed from acute care service, there's nothing that tells you that you're walking through a corridor, and you're stepping over a almost invisible seismic cover plate that you're leaving the hospital and going into a non acute-care building so signage is going to be required saying no general acute care service beyond this point. This also helps with licensing and for people just putting services within their building thinking well it's part of the hospital, when the reality it is a non OSHPD building or a non acute care building I should say. So, Part 10 we're also defining substantial structural damage they're actually reducing the percentage and in the calculations for this on the but just so you know one of the things that did happen when they printed in the 2019 code is, when we made

this change it meant to be for OSHPD 1 and 4 only. They revised the model code language to reflect these new numbers that will be being corrected in the future intervening cycle code that's going to be being published produced right now. So, just keep that in mind that the 33% it still applies to non OSHPD buildings and 10% currently for OSHPD. Okay, this is getting back into the service and utilities traveling from one building to another the systems and utility shall only originate in pass-through or under structures which are under the jurisdiction of OSHPD. That doesn't mean any building that's under the jurisdiction of OSHPD, you still have to look at the uses if the 1R, you can't originate in a 1 R and serve the hospital and those are defined in individual sections in Part 10. Again, the means of egress through existing buildings shall be in accordance to California Building Code and shall only pass through buildings that are in the jurisdiction of OSHPD the same thing here applies if there are other areas that say you cannot egress from an OSHPD 1R into the OSHPD 1 building that would still apply. Okay, then the Part 1 going into or into Part 10 kind of jumping around a little bit and apologize going into Part 1 for the Administrative Code, NPC-4D is coming this is in response to the 2030 deadlines for compliance. There are several things to consider here when you're looking at NPC seismic category D, you have to meet that requirement by 2030. Okay, the other requirements actually the dates have already passed to meet those with the extensions, there are a few extensions out there for the NPC-3 or 3 R. This will make more sense when you get to the next couple slides. So, there's a hundred buildings at 25 facilities are still and NPC-1 & NPC-2 was required by 2002 it's more

than 17 years overdue on those. Under chapter 6
under the article 1 if a building is less than NPC-2 compliant no building permits after January 2020 will be accepted for review unless they specifically address seismic compliance, maintenance, or emergency repairs. Here's the status from 2001 compared to 2018 where we had 74 percent of our buildings are NPC-1
now it's, we're down to 4 percent but you can still see there's a large amount of NPC-2 buildings out there's 58 percent that still are being addressed.
So, what provisions do we have for these as for SPC-2 buildings coming in. Again, here's our SPC-2 building in the diagram. Do we rebuild, repurpose, or upgrade? So, after January 2030 these buildings must have general acute care services removed from them if they have not been upgraded to NPC-5 and SPC-3, 4, 4D or 5. Ok,
to continue to general acute care services beyond 2030 now go with some dates here I'm going to slide coming up you must notify OSHPD of the intent to upgrade and if you're going to remove acute services you also need to notify us the intent they will not be upgrading and will be removed from acute care service and again, that's because there is some leniency allowed if you're doing a new project not all the same requirements are going to be required of you to upgrade or do that project you won't have to worry about the NPC upgrade, so that just gives us a flag to put in our system to tell the reviewers these things do not need to be upgraded because it's going to be removed from acute care service. So, if you
intend to complete SPC upgrades here's the dates I was talking about, by January 2024 you have to notify us or OSHPD through a, with complete non structural evaluation that you intend to

upgrade to NPC-4, 4d and NPC-5. Ok, by January 2026 you have to notify us that they're deemed ready for rehab drawings ready for review by the office for each building to remain in acute care service. So, 2024 we have to be notified, by 2026 we need construction drawings, by 2028
the facilities should have
obtained a building permit to begin the construction to change that. Okay, if it's not done the hospital will not get any further permits other than seismic compliance maintenance and emergency repairs, get just the kind of reminder that hospitals must be NPC-4 or NPC-4D and NPC-5 compliant by 2030. There are different requirements there, so that's why the and. NPC work to be included in remodels and renovations after January 2028 buildings with NPC ratings less than 4 shall include anchorage of bracing for all equipment and services within the boundary of the scope of work for
compliance. So, after 2028 all your projects need to address the NPC requirements to upgrade those, this is if you're upgrading because there are there are exceptions and go those right now. Remodel renovations or other construction work that remove room or space from a service, use, or occupancy for less than 24 hours. So basically, it's temporary you don't have to worry about it
if there's 20% or less of the effective existing structure is to be removed to access equipment and services for anchorage again, it's, that's an exception, and exception 3's buildings that have been removed from a general acute care service do not meet
that requirement so no additional anchorage would be required after that time.
The new non-structural
performance category NPC-4D what is that?

So, what we're looking at is really there's a new dates associated with this category, but there's three levels of compliance. It's actually pretty easy to meet. An operational plan is required that identifies what will happen in case of emergency. And I'll go through those levels. Level one is all systems equipment required to comply with NPC as revised plus the operational plan. Level two is level one and all service and utilities as necessary to accommodate continuation of operations after an event, these get really into the nitty gritty, the differences. But these services are anchored braced and shall include elevators selected provide service to the patients. And then level three includes level two plus also some equipment to be anchored braced and additional service is determined by the hospital and so operational plan. So, level one is the easiest or I shouldn't say easiest, it's the least compliant, and would require an operational plan that would show what would happen if anything happened during an event or emergency. Level two, you're getting a little further along, level three you're almost all the way there. So the requirements for the operational plan will be less.
For minimum compliance for NPC-4 D the facility must prepare an owner, owner approve, that's the key word here, owner approved not OSHPD approved, it's an owner approved operational plan specifying how it will repair non structural damage and bring the systems back online in the case of a an emergency or critical care operation.
Okay,
sorry this stuff it's a little dry but it's uh, it's new and there's a lot of requirements for it though speaking of dry, and sip of water, sorry. Get a plan, operation plan may include other units or departments in the hospital

wish to keep operational for a minimum of 72 hours after a seismic event or natural or human-made disaster, similar what we're going through now. Operational plan shall be filed with the Office and shall be included executive summary and detailed narrative, provisions, sustainability, and alternate means. Again, it says the owner approved but it is filed with OSHPD, we do not approve it, it will include bracings of ceilings of less than 300 square feet, wall and floor mounted cabinets, elevator guide rails, tanks and vessels, and the load path check, may be limited to connection of the equipment of support equipment. Okay, I went through that pretty quick but everything's going to be here for you to read I'm not a structural engineer and but these are the basic requirements of the operational plan. For buildings intended to remain at SPC-2 and not go into beyond 2030 they're going to remove general acute care services. It's a little bit easier, by January 2024 you need to notify our Office that you're removing the buildings are intended to be removed from acute care service beyond and not go beyond 2030. By 2028 the hospital shall submit a RACS project that includes construction documents to show that they're moving forward.

Okay, the services and utilities for the buildings are permitted to pass through or under buildings that have been removed from acute care service only if the following conditions are met. The building is removed from acute care service remains under OSHPD jurisdiction, that they only support SPC-1 or 2 buildings where no critical care hospital functions occur, it's critical care hospital functions occur in it, and the SPC-1 or SPC-2 buildings must be NPC-2 and served with essential power from a conforming building which does not pass through or under a building removed from acute

care service. The SPC-2 building must be removed from acute care service no later than January 2026 that's if you're going to have the utilities running through it. Okay, here's a quick chart showing kind of the dates and the cut-offs if the SPC-1 should have been done by now, SPC-2 remove from acute care services, if you're removing acute care service by 2020 you can remain NPC-2 indefinitely. And then the rest are all the same, you have to be NPC-3 by January 2024. Again it's going to depends on your seismic classification here, F, and D and F, you have to be NPC-4 or 4D and 5 by 2030. I know that causes some confusion but it's 4D or 4 or 4D and 5 there's different requirements there. Use of pre-approvals ok, getting away from the NPC stuff. Ok, when you're using pre-approved details we really encourage this, they're very useful but the design professional and the engineers using them are responsible for making sure they comply with the building or the project that they're doing, ok. So, basically, we're saying is look at the details make sure they are applicable to the type of construction and so forth, stamping and signing of the construction drawings are required and the CAC Administrative Code and shall be continuing to be used for this purpose. Okay, so what you would do is put the pre-approved details on a sheet and then the engineer of record or the design professional of record will stamp and sign or sign, depending on their authority but that sheet the details themselves typically, only reviewed by us for applicability and not for content so it goes were really fast. And when pre-approvals are used, like I said they should be incorporated and incorporated into the construction documents. You cannot reference some, say, per pre-approval book whatever number we're going to do this now. They have to

be added to the documents, that's why I said you paste them onto a sheet or copy and paste them on however you're going to do it and they must be incorporated without any modification, once you modify it, you just remove the pre-approval and they have to be reviewed as a regular detail at that point. Pre-approval is submitted after construction has started after it's been approved and you want to make some changes actually this is really easy you can do it as an ASI if you're not modifying the general concept of it you're just replacing one detail for another they're pre-approved you can do it as an ASI or an SI so it's considered non material altered. Okay, there's some confusion but if you want, if that their material altered says that you're modifying the construction documents but it is non material altered and you can trade out a pre-approved detail for another pre-approved detail. I'm also with pre-approved details you have to comply with the manufacturer's instructions, anything not covered by the approval will need to be substantiated with the drawing specs calculations and stamped and signed by the registered professional just like you would a regular detail. Okay, for the Energy Code there's one mention in Part 1, I just want to bring up
that basically says if you're doing a new project and expansion new building in addition, that there are requirements for the new Energy Code that come into effect if you're doing a remodel, remodel only, you are, it is exempt from this currently, it's not nothing's required but if you are doing a new project the four systems that we're looking at is HVAC systems, indoor lighting systems, water heating system efficiencies, and the building envelope considerations. Where a basis of design is required for those per Part 6 but remember this is for only new elements and for additions

and new buildings only. We will be talking about Part 6 and one of the other sessions and we'll go into more detail about that. Okay, we did modify the fees for OSHPD OSP's which is your special seismic certification pre-approvals they are hourly now and with the minimum filing fee at $250. There are some administrative, some changes here, I just want to point out the IOR shall maintain a log of changes to the work prepared by the architect or engineer in responsible charge the IOR only has to maintain a log it's the architect or the engineer of record that is responsible for the TIO. The definition for personal knowledge has been modified for the verified compliance reports and basically what it says is personal knowledge is applied to the architect engineer etc. shall be in accordance to the Health and Safety Code 129830 just the language has been revised a little nothing that's going to change the way we work. A certification and approval from of hospital inspectors various sections have been modified we're not going into detail of what those are but the qualifications and testing criteria have been modified and there are just a modification to Class B still coming in the intervening and just requiring certain levels of experience. So, that concludes what I'm talking about today we do encourage you all to be involved in our process we have a Hospital Building Safety Board that we do have a code committee that we discuss future codes if you have ideas you can also email them to us or ask questions of us or make proposals to us but we want to encourage you to be involved in the process that we're trying to do the best we can to make these codes more clear more understandable more easy to apply so again, we encourage your participation so

we're going to go into our question and answer so I have the timer on this and keeps changing my slide on me. The email address as you see here is our Regs Unit and this our webinar website email address. If you have questions you can post them there after the fact or if you have any questions about the webinars in general or regulations you can talk to the Regs Unit or FDD webinar site. So, we're going to go into the Q&A period so bear with me a second I look through these.
Okay, here I got to go to a different screen so one second, I have to get past all the we can't hear you emails.
Okay
one of the questions we have is. When are double fire walls required? A fire wall by nature, is actually two walls the way they're constructed again there are ways to get around that, but they're very, very, difficult and costly to do, a double fire wall are pretty much standard. If we were talking about the fire barriers then from the other slide that we do require a fire barrier in the OSHPD side of the building or the Fire wall on the OSHPD side of the building and that the they are also applied on, could be applied on the enforcing agency, the local may require their own requirements for the fire protection on that side but basically, we require I think it's a minimum of three hours on the OSHPD side of the building and there can't be any, for a free-standing there's not committing structural attachments. But if we're talking again about fire barriers they can be split between the two because again it remains under OSHPD jurisdiction. Great Richard next question that we have is what are as it relates to OSHPD 1R what are the pros and cons? The pros and cons to a 1R is the biggest thing is you don't have the seismic or the structural separation

required, like I said I've had several projects come through where they're actually adding new columns to increase that structural separation and that's very, very costly plus the fire walls involved in that. Some people say the pro of removing it from OSHPD jurisdiction is you don't have to deal with OSHPD for any future remodels in that space. Again, you have to weigh those cons out with the requirements of local enforcement agency of what they're going to require. I've actually heard them say that if OSHPD doesn't want it, if they consider it a collapse hazard, we don't want it either. So, you need to bring it up to full compliance and now that might be the exception rather than the rule
but there's definitely, could be an advantage to that, if you keep it under OSHPD jurisdiction. Again, most of the complaints there are the review times, but these will be reviewed under model code even if they're under OSHPD jurisdiction. Again, it's based on the occupancy not the building. Right, next question we have is as again as it relates to OSHPD 1R why keep it as an OSHPD 1R versus a non OSHPD service? Can you repeat that question, why keep it as an OSHPD 1R versus a non OSHPD service? Kind of the same reasoning, really, it's really the cost of separating them out. You keep it as a 1R you don't have the separation issues to deal with for separating the buildings. Now remember if you do have a free stand building they can keep supporting hospital services within there, like redundant services above and beyond what's the basic services required in the hospital. The hospital building must have all requirements to maintain operations within that building but the other building can be used for additional storage, might have a second kitchen over there that's not required

but can provide food, materials management, a lot of other services can go in there. So, but really the advantage is like not having the cost of separating the buildings. Very good last question as it pertains to OSHPD 1R. Does this apply to behavioral health systems with patient and acute care but not medical? If I understand the question you can put behavioral health patients in a 1R building. They, the only thing, even though it's an acute care psychiatric it can go in a 1R building because you don't the requirements for the NPC SPC ratings. Same with the skilled nursing facility. We're seeing a lot of these buildings converted to a skilled nursing facility, psychiatric facilities, observation outpatient observation units and even doctor sleep rooms, a lot of healthcare uses are remaining in these buildings. But that's not required, they can become almost anything, b occupancies they can be leased to other facilities, they can be leased floor-by-floor to different doctors or organizations. Moving on to the next topic, as it relates to the California Existing Building Code if a pre-approved detail was not in the approved contract documents set and needed to be added in, does it have to be submitted as an ACD? Good question, right now I'm going to say yes, cuz it was not previously submitted, it's kind of the replacement of details. Let me think about that for a second the whole idea that this, these pre-approved details are provided is so that because they are already reviewed, they already applied the review. So, I'm going to reverse that answer and say, yes, it's a non-material altered, they can be added to a project as an ASI now the IOR and the compliance officer after the design professionals have verified it will check compliance with that and they can be issued as an ASI. One of the questions we get a lot is any type UL detail can

they be done as an ASI as well because they are also considered in a sense pre-approved. As of now, no they will be submitted as ACD's we are looking at that, if you look at the language it does talk about referenced certified referenced drawings may be non material altered. But, as of right now those are will be added as an ACD but OSHPD pre-approvals can be issued as ASI's or an SI. Perfect, and next subject as it relates to the California Administrative Code can you go over the use of pre-approvals again please? Okay, the way we do pre-approvals, on our website we have ones for fire, we have them for ceilings we have for wall construction, there's a lot of pre approvals on there. What you need to do is select the pre approved details that apply to your project. You don't want to put them all in there, you don't want to put a whole book in there if they need to be specific to the project and they have to be cut and pasted on to a, one of your drawing sheets title blocks and stamped and signed by the engineer that's overseeing that review and signed by the design professional of record. Again, the signature only by the design professional now maybe the architects doing both in which case they only need to, they do need stamp and sign it but that would suffice. Once they are submitted we just check them for applicability and move on. So that sheet is really in a sense skipped over, we just look make sure they apply to the type of construction that's being done and that's really it and they're really again, they're really useful in the field because they can be swapped out for other pre approved details or added to. We actually, surprisingly see very few projects that use these. There are some firms that would, that's use them exclusively which again really expedites the process. Perfect and to continue on

with the pre-approval subject the section on usage of pre approved details is this applicable to the new code revisions or has it been applicable since before? It's applicable from previous, they are, they are good for I believe I want to say two code cycles. So, but they've been in use for a few years now and it's actually not a code thing it's an OSHPD, there's a CAN on a that but they are, they have been around. Very good again with pre-approvals if, if we if we were to email you would you be able to provide an example or maybe share an example of a owner approved operations plan for NPC 4D? As mentioned earlier OSHPD does not approve them.
We only file them so actually if you email me that information I can get you a better answer but to be honest I have not seen any come in. but, they actually, they would go to the seismic compliance unit and not the general plan review staff so go ahead and email me your question and I can answer it more specifically, but again, we have not seen a whole lot of these come in yet. Very good moving on to the 1R subject can you explain the benefits of being 1R instead of downgrading to a B occupancy? Again, 1R is a building type it's not an occupancy. So, once you have a 1R building, you can put a B occupancy in there, you can put an A occupancy in there, you can put in an OSHPD 2, 4 or not 4, a 3, or a 5. Again, the OSHPD 1R is not an occupancy type it's, it's just a way to track the building. The building itself can be used for almost anything. Again, we keep it under OSHPD jurisdiction so that somebody's not putting a fireworks factory in there or anything hazardous. So, if you do the 1R, it's really there, there's a benefit if you're talking about downgrading to 1R to a B really going from OSHPD 1 to a B the benefits there is just you do have

to meet the requirements of the B. An OSHPD 1 project may not have, you know door closers are rated doors in the patient rooms if those are being converted to a b area with offices you may have to rate those doors or provide door closers. So, it's just a matter of the occupancy. You need to meet the requirements the occupancy going into the space. So, that benefit would have to be something that the designer or the facility have to weigh. We can always meet with you ahead of time to discuss options because we had a lot of conversations on this, we have seen several go through prior to the 2019 code change but we were familiar with the process. Thank you next question can the fire barrier at an OSHPD 1 building be set back through seismic separation such as at a corridor intersection where the rated doors need to be recessed from the perpendicular corridor and the GAC so they do not block that corridor? That one I would have to ask you to submit a PDF of the drawings normally or better yet wait two weeks and ask Nanci that are Chief Fire Life Safety Officer, Nanci Timmins will be presenting in two weeks on the Fire Life Safety Code and she addresses that in detail, but if you have a specific question or something for us to look at and this goes for all questions we have people all the time telling us they don't want to bother us send the PDF with a question. If it's a simple question, it's a simple PDF, we can answer that question very easily and get an answer to you turn around usually within it the same day if not, you know next couple days. All right we're almost out of time so we're going to go through these fairly quickly. If a proposed OSHPD 1R building chilled water system is being supplied by an OSHPD central plant are manual isolation valves acceptable as a means for isolation? If the 1R building? Yes, if a

proposed OSHPD 1R building chilled water system is being supplied by an OSHPD central plant are manual isolation valves acceptable as a mean of isolation? I'm going to have to defer that to the mechanical but I believe they're going to be automatic shutoff valves are going to be required the only place I've seen the manual ones were for med gas because the med gas has to remain operational even after an event and you can't shut off oxygen or something too some patient that might be on the other side of the wall that's using it. But everything else is going to be an automatic shutoff valve. Perfect thank you next question,
when facilities submit plans for a building to RACS
will OSHPD look into the amount of beds available in the area etc. and make a determination of whether the hospital will be allowed to RACS or can OSHPD require the hospital to upgrade to NPC 5 D and 5 instead of RACS? We won't require again, the questions a little technical but if you read the first part of that? Yes, the question reads when facility submit plans for a building to RACS well OSHPD look into the amount of beds available in the area etc.? Okay the RACS project will not have any more beds so I'm a little confused by the question. The hospital must be able to stand alone already
without the building that's being removed from acute care service. All the basic services need to already be in that hospital before you can remove the other building from acute care. When we look at the project, what we're looking at is the utilities, we're looking at the services, make sure all the basic services are in the hospital already, that there's nothing remaining in the RACS building, that still would be considered a basic service unless it is supplemental, if you already meet the

requirement for your storage in the hospital but you're going to put some additional storage and keep some additional storage in the old building that's fine. Same thing with the loading docks, you can have a loading dock in the new building, one loading dock, and continuing to use the old loading dock in the old building.
If that works for you because it's all supplemental. So, as far as beds, they're in theory, unless it's a skilled nursing or a psychiatric there shouldn't be any patient beds left on the other side. I'd be happy to answer that question in more detail if I had more information. Perfect we have an energy code question. How will the Energy Code apply if the project has both remodeled and addition and it's one continuous space? The addition space would need to meet the requirements again, we have to look at the project specifically, if you have a new air handling HVAC unit air handling units serving the entire space that would need to comply with the new requirements be it if it was on the remodel side or the expansion side or the addition side. As far as the fenestration that would have to comply, the chilled water system if it's existing and just serving the space you're fine, if you're not touching it you're fine, if the HVAC unit was on the existing building and had enough capacity to serve the expansion without replacing it nothing's required at that point. One of the things a lot of people get worried about what the Energy Code is how much more is this going to cost me and the reality is if you're putting in a new HVAC unit now you're going to meet the requirement of that because you can't buy them in California and without them already complying. The same with the the water heating systems, a lot of these things, the lighting you're already going in and doing this stuff anyway, like LEDs

we haven't had a project yet where they're swapping out the LEDs for incandescent lights.
Everyone's going the other way so it's all really coming into compliance already, with that I'm getting the signal that I'm out of time. I thank you all, you'll be receiving a survey and the actually, I think comes out with about an hour after the thing closes, if you can fill that out and provide any information that you think we can do to make this better, we'd appreciate it if you have any ideas for future webinars. We basically have the whole year booked Up for webinars with all kinds of topics that we'll be doing, Remodel CAN will be coming up, new accessibility CAN webinar will be coming up, as well as the three additional sessions that we'll be going over. I think I have a slide for that. Yeah right here, it's in two weeks, we have Fire Life Safety. I'll be back for the Building Code in session 3 and session 4, we're going to have our, David Mason and Bill Gow with me, doing Mechanical, Electrical, Plumbing, and Energy. So again, if you have any ideas or get your questions ready for those would be appreciated we thank you for your time and hope this was helpful y'all take care out there.
English (auto-generated)