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Monterey Momentum: Creating and Maintaining Resilient Healthcare Spaces

May 8 – 10, 2024 | Monterey Marriott Hotel | Monterey, CA

OSHPD Update

Chris Tokas, S.E., F. SEAOC, C.B.O, Deputy Director, HCAI/FDD

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Topics

1. Sustainability/Electrification Trends in the Design and Construction of Hospital Buildings
2. CDPH and OSHPD joint issues, collaboration, task force groups, etc.
3. Operating Room Temperature Control Requirements
4. Update on the status of the Hospital Seismic Compliance
5. Latest Changes to the FREER Manual
6. Updates to the 2022 California Building Code (Intervening Code Changes)
7. 2025 CBSC proposed amendments (High Level)
8. Off-site construction, fabrication, pre-assembly, etc. – Upcoming Webinar
9. Hospital Engineer's role in planning and design

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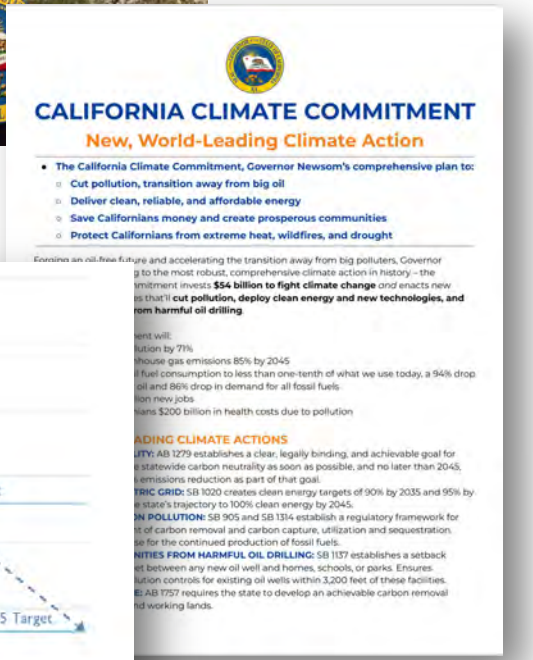
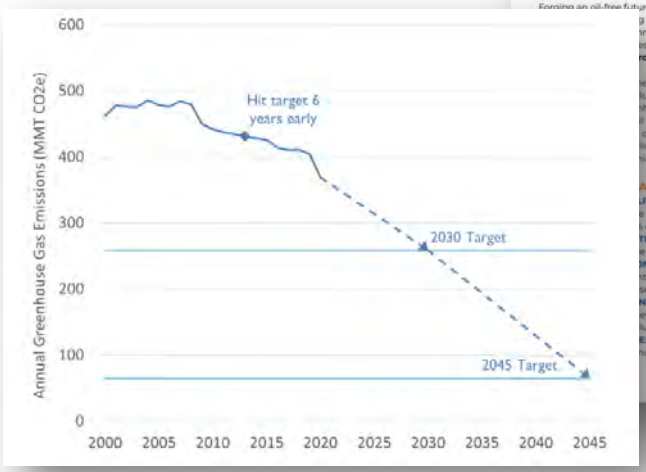
California's Climate Commitment

- 2006: AB 32 Global Warming Solutions Act of 2006
  - Reduce its greenhouse gas (GHG) emissions emissions to 1990 levels by 2020
- 2021: Governor Newsom Signs Climate Action Bills to Tackle the Climate Crisis and Protect Vulnerable Communities
- 2022: California Releases World's First Plan to Achieve Net Zero Carbon Pollution
- 2023: Governor Newsom Unveils New Proposals to Build California's Clean Energy Future





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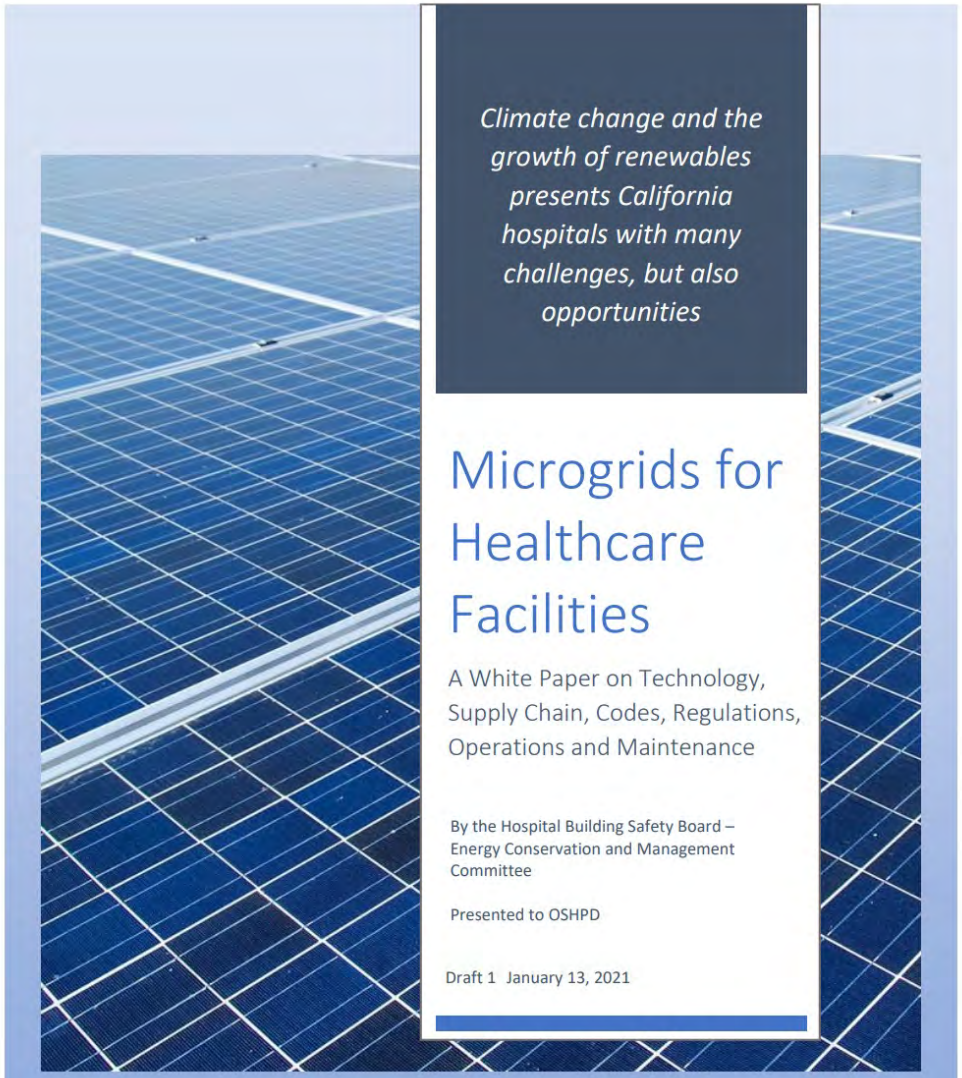

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AB 2511 - CMS Categorical Waiver

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Back to Policy & Memos to States and CMS Locations

Categorical Waiver – Health Care Microgrid Systems (HCMSs)

Title	Categorical Waiver – Health Care Microgrid Systems (HCMSs)
Memo #	QSO-23-11-LSC

electricity can be provided by clean energy technologies (e.g., fuel cells, solar, wind, energy storage, etc.). • Except as noted below, CMS is issuing a categorical waiver permitting new and existing health care facilities subject to CMS requirements to utilize alternate sources of power other than a generator set or battery system only if in accordance with the 2021 edition of the NFPA 99, 2023 edition of the National Electric Code (NFPA 70), and associated references. •

noted below, CMS is issuing a categorical waiver permitting new and existing health care facilities subject to CMS requirements to utilize alternate sources of power other than a generator set or battery system only if in accordance with the 2021 edition of the NFPA 99, 2023 edition of the National Electric Code (NFPA 70), and associated references. • The categorical waiver excludes long-term care (LTC) facilities that provide life support as the LTC requirements at 42 CFR 483.90(c)(2) requires these facilities to have an emergency generator without exception.

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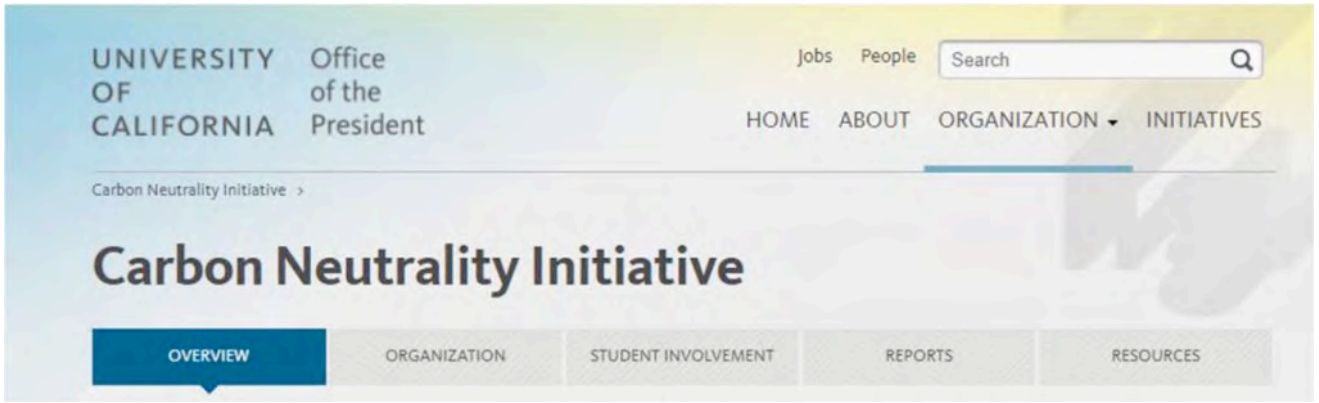
Energy Resilient Healthcare Facilities

- **University of California Office of the President (UCOP) - Carbon Neutrality Initiative**

https://ucop.edu/carbon-neutrality-initiative/index.html



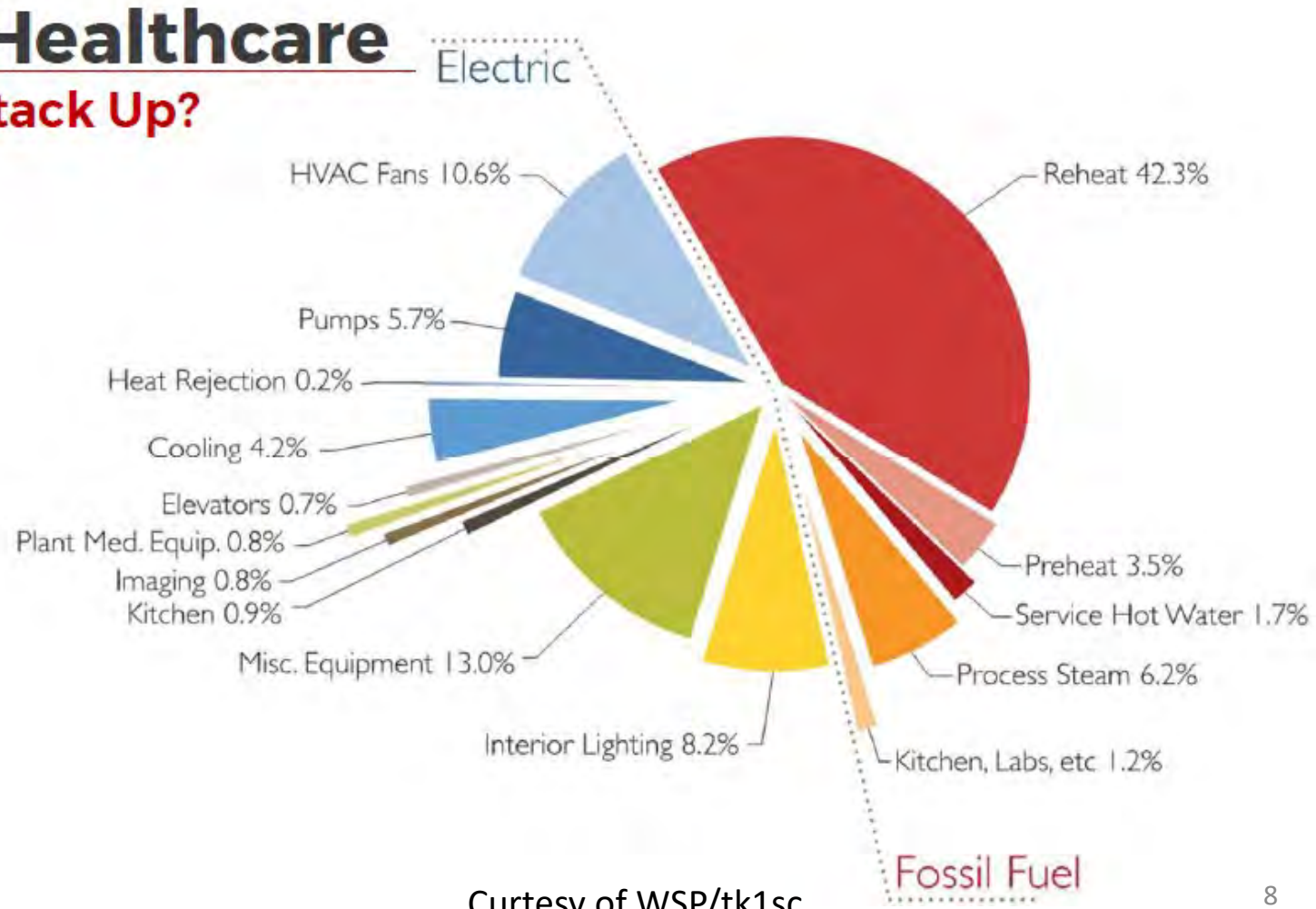
UC, a national leader in sustainability, has pledged to become carbon neutral by 2025, becoming the first major university to accomplish this achievement.

UCI Health-Delivering the Nation's First All-Electric Hospital

**Artist conceptual rendering, subject to change*

Energy Resilient Healthcare Facilities

- Kaiser Permanente
- University of California Health Facilities



Curtesy of WSP/tk1sc

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CDPH and OSHPD joint issues, task force groups, etc.

- **Hospital Water Conservation/Water Rationing Plans**
  - Required for NPC-5 1/1/2030 compliance
    - Water Rationing Plan Submittal: January 1, 2024
    - 120 submittals currently
    - OSHPD/CDPH Coordinated reviews
    - Holding standing meetings every two weeks to monitor and facilitate progress.

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CDPH and OSHPD joint issues, task force groups, etc.

- **CDPH Program Flexures (Flex)**
  - OSHPD consultations to CDPH's Program Flex Unit (PFU)
  - Occurrence: ± 6/Week
  - OSHPD & PFU Joint monthly meetings
    - Typ. evaluate use of existing space temporarily for other services and may need some adjustment of the physical plant to accommodate that temporary use.
    - Occasionally, more complex assessment and may lead to providing guidance to the facility itself.
- **Purpose:** Provide valuable service!
  - Utilizing specialized attributes only available when collaborating with both offices.

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CDPH and OSHPD joint issues, task force groups, etc.

- **Imaging Room Classification**
  - Imaging modalities & use in therapeutic procedures evolving very quickly
  - In 2018 FGI introduced a classification system
  - Adopted in 2022 the CBC
- Determination of procedures for ea. *Class of Imaging Room* is very clinical
  - Difficult to address in construction standards
  - FGI to quantify procedure room/imaging room classification
  - OSHPD/CDPH working sessions to finalize White Paper

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CDPH and OSHPD joint issues, task force groups, etc.

- **Operating Room Temperature Control Requirements**
  - CBC/CMC requirements emanate from CDPH/CMS policies & min. requirements
    - CMS: ASHRAE Standard 170 for Ventilation of Health Care Facilities as a Condition of Participation.
  - CMC Table 4A Reflects the ASHRAE 170 requirements.
    - Design temperatures for various spaces, including Operating Rooms, set at a range from 68 – 75 degrees.
      - Permitted to be lowered in response to surgical procedures
    - CDPH in discussion with OSHPD regarding status of the ORs after the event of an Earthquake.
      - **The Issue:**
        - Ventilation is required to continue to be supplied to each OR,
        - **<u>Cooling not included in the “essential mechanical provisions”.</u>**
      - **The question**: Is cooling for ORs essential for continued operation after a seismic event? All ORs, some? . . .

Design Guide for Planning and Preparing for Disasters - Best Practices for Emergency Planning, Preparation, and Solutions

ACKNOWLEDGEMENTS

Department of Health Care Access and Information (HCAI)
Hospital Building Safety Board (HBSB) and Codes and Processes Committee

Office of Statewide Hospital Planning and Development
Chris Tokas, Deputy Director
Richard Tannahill, Deputy Division Chief

Emergency Design Task Force

Dr. Michael Bennett, MD	CA Department of Public Health
Matthew Bernard	OSHPD, Field Compliance Unit (North Los Angeles)
Hussain Bhatia	OSHPD, Architectural & Engineering Unit (Coastal Region)
Braden Bill	R&A Engineering Solutions, Inc.
Lori Campbell	OSHPD, Building Standards Unit
Paul Coleman	OSHPD, Building Standards Unit
Abdel Darwich	Guttmann & Blaevoet Consulting Engineers
Gary Dunger	Cedars-Sinai Health System
Teresa Endres	Taylor Design
John Genest	Children's Hospital Los Angeles
Nathanial Gilmore	CA Department of Public Health
Bill Gow	OSHPD, Building Standards Unit
John Griffiths	CONTECH-CA
Rachel Hole	Taylor Design
Murat Karakas	Arup
David Mason	OSHPD, Building Standards Unit
Diana Navarro	OSHPD, Architectural & Engineering Unit (North Los Angeles Region)
Mark Paone	MJP Architects
Ravi Rao	Taylor Design
Diana Scaturro	OSHPD, Architectural & Engineering Unit (North Region)
Carl Scheuerman	OSHPD, Seismic Compliance Unit
Nanci Timmins	OSHPD, Fire Prevention Unit
Evett Torres	OSHPD, Hospital Building Safety Board Staff
Ramya Vasudevan	Taylor Design
Joe Warner	Nichols, Melberg, Rosetto

https://hcai.ca.gov/facilities/building-safety/resources/training-education/

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Design Guide for Planning and Preparing for Disasters
Best Practices for Emergency Planning, Preparation, and Solutions

- Planning, Preparing, and Implementing Solutions for a Seismic Event
- Emergency Patient Room Ventilation Conversion
- Emergency Operations for Surge Capacity
- Spaces That Can be Split into Multiple Zones
- Other Considerations for Surge Capacity
- HVAC System Considerations for Handling Smoke During Wildfires
- Upgrading Air Filters
- How To Expedite Emergency Projects
- OSHPD’s Response for Disasters
- Coordination for Temporary Surge Facilities and Alternate Care Sites

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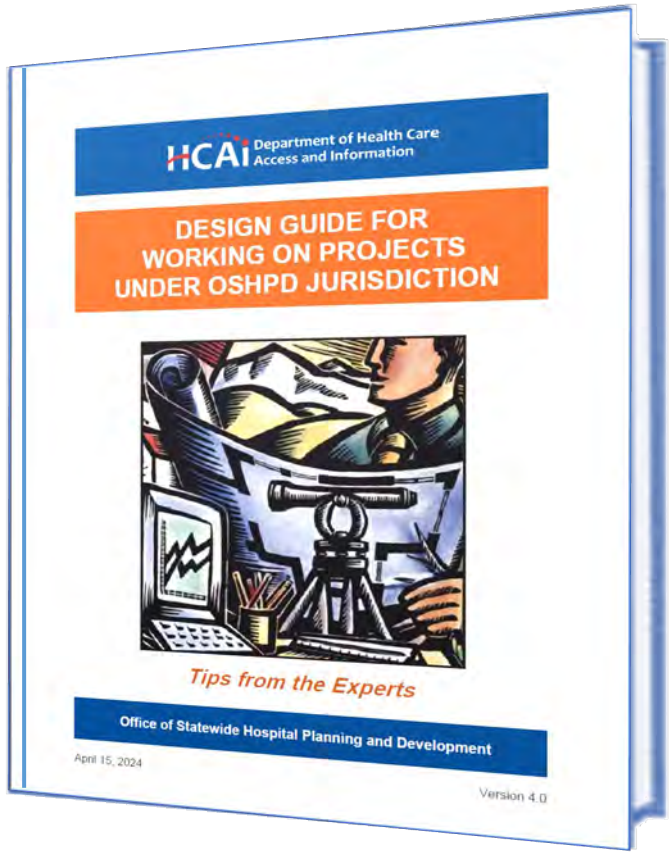
Design Guide for Working on Projects Under OSHPD Jurisdiction



California Hospital Projects A to Z . . .
Tips from the Experts

FOCUS:

HCAI/OSHPD
- The History of the Guide
- HCAI/OSHPD W5: Who, What, When, Where, and Why?
- Seven areas of OSHPD responsibility
- Electronic Services Portal

Tips for Owners
- Organizing the work
- Project Phases

Submittals, Design, and OSHPD Review
- HCAI/OSHPD Roles and Jurisdiction
- Geologic Hazards
- Architect's Roles and Responsibilities
- The Structural Engineer's Roles and Responsibilities
- MEP Roles and Responsibilities

Working with OSHPD in the Field
- Inspector of Record Guidelines
- Testing, Inspection and Observation Guidelines
- Working with HCAI/OSHPD Field Staff

Thursday, October 5, 2023
DoubleTree Newark – Fremont
39900 Balentine Dr.
Newark, CA 94560
(510) 490-8390

Tuesday, October 10, 2023
Hilton Irvine/Orange County Airport
18800 MacArthur Blvd.
Irvine, CA 92612
(949) 833-9999

SEMINAR INFORMATION:

$220 per person Includes breakfast, buffet lunch, and morning and afternoon refreshments
7:30 am – 8:30 am Registration & Breakfast
8:30 am – 4:45 pm Seminar (includes one-hour lunch)

REGISTER ONLINE:
https://payments.hcai.ca.gov/hbsb/

- No refunds for cancellations received less than one week prior to the event, or for no-shows.
- Registered attendees will receive an email with a link to the seminar materials three days before the seminar, as well as a copy of the *Guide for Working on Projects Under OSHPD Jurisdiction* at the seminar.
- Questions: OSHPD.Seminar@hcai.ca.gov or (916) 440-8411

HCAI/HBSB Educational Seminar of 2023: California Hospital Projects A to Z... Tips from the Experts

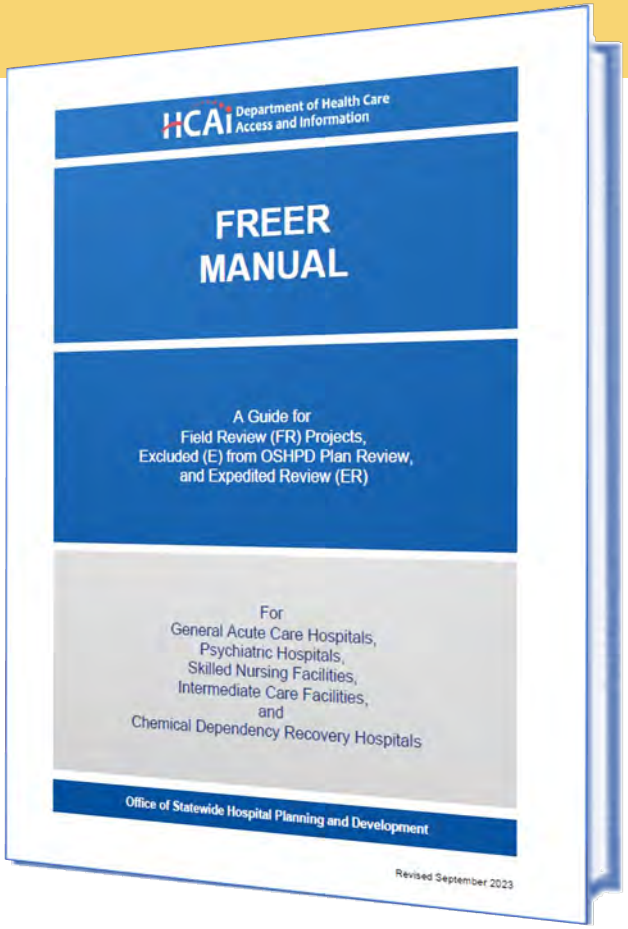
https://hcai.ca.gov/facilities/building-safety/resources/training-education/

Projects Exempt from Plan Review

- FREER Manual: Guide for **Field Reviewed** or **Excluded** or **Expedited Review** for many minor projects.

- Updates completed in:
  - 1997 ⇨ 2013 ⇨ 2017 ⇨ 2022 ⇨ 2023

- **FR-E-ER (FR) = Field Review (E) = Excluded (ER) = Expedited Review**



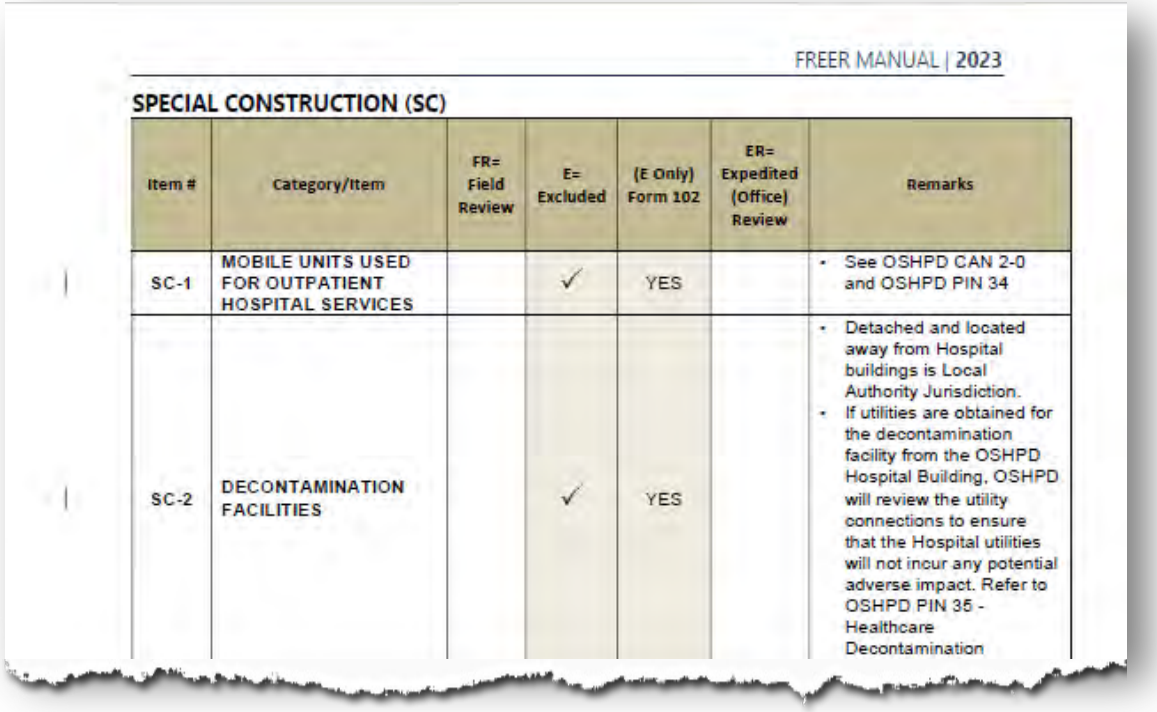
Revised September 2023

https://hcai.ca.gov/wp-content/uploads/2024/02/FREER-Manual_Revised-092223_A.pdf

FREER Manual

Benefits:

- Reduce Red Tape
- Cut Costs
- Faster Delivery
- Better Outcomes



FREER MANUAL | 2023

SPECIAL CONSTRUCTION (SC)

Item #	Category/Item	FR= Field Review	E= Excluded	(E Only) Form 102	ER= Expedited (Office) Review	Remarks
SC-1	MOBILE UNITS USED FOR OUTPATIENT HOSPITAL SERVICES		✓	YES		• See OSHPD CAN 2-0 and OSHPD PIN 34
SC-2	DECONTAMINATION FACILITIES		✓	YES		• Detached and located away from Hospital buildings is Local Authority Jurisdiction. • If utilities are obtained for the decontamination facility from the OSHPD Hospital Building, OSHPD will review the utility connections to ensure that the Hospital utilities will not incur any potential adverse impact. Refer to OSHPD PIN 35 - Healthcare Decontamination

…If processed is followed!

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FREER Benefits

- Prerequisites
  - "Talk to OSHPD" → Many FREER projects require consultation with the HCAI Compliance Officer (CO) prior to starting construction.
  - Understand scope → Know the full scope of the project you are planning and disclose all issues to OSHPD Field Staff
  - Know the limits of FREER → Confirm that your project 'reasonably' aligns with the requirements of the FREER and talk to the HCAI CO & RCO

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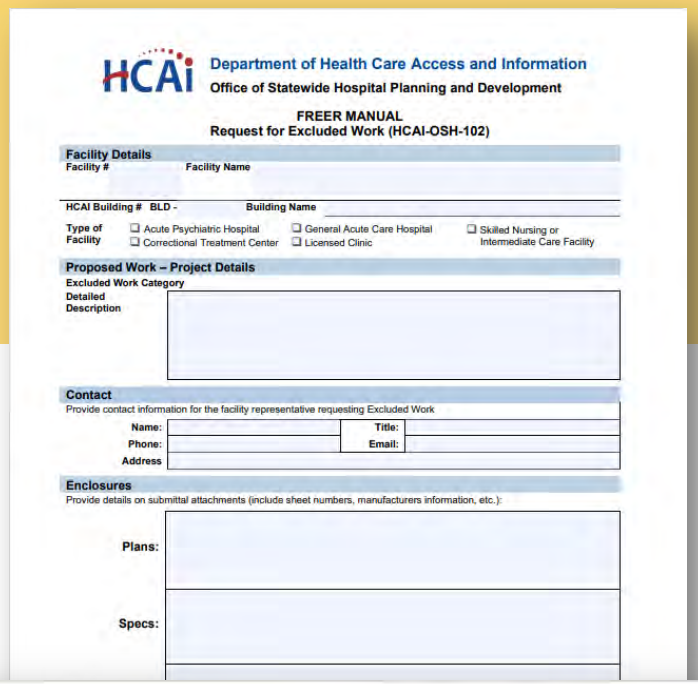
FREER Requirements



HCAi Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development

FREER MANUAL
Request for Excluded Work (HCAI-OSH-102)

Facility Details
Facility # Facility Name
HCAI Building # BLD - Building Name
Type of Facility ❑ Acute Psychiatric Hospital ❑ General Acute Care Hospital ❑ Skilled Nursing or Intermediate Care Facility ❑ Correctional Treatment Center ❑ Licensed Clinic

Proposed Work – Project Details
Excluded Work Category
Detailed Description

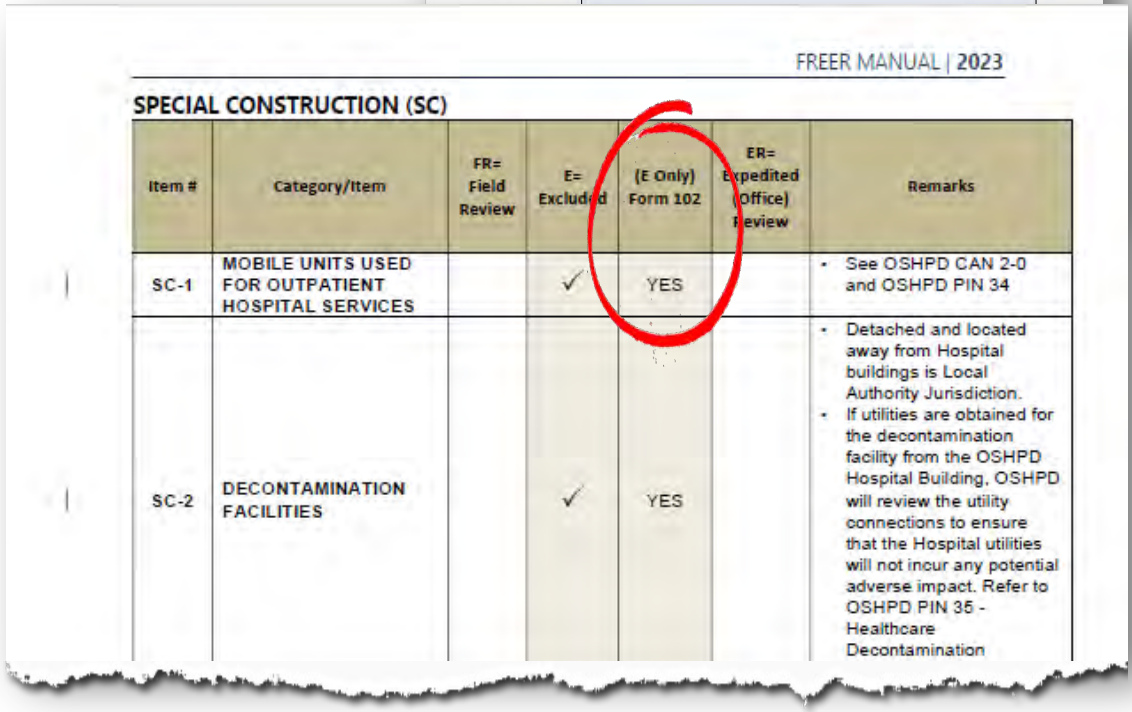
Contact
Provide contact information for the facility representative requesting Excluded Work
Name: Title:
Phone: Email:
Address

Enclosures
Provide details on submittal attachments (include sheet numbers, manufacturers information, etc.):
Plans:
Specs:

EXCLUDED WORK FORM:

HCAI-OSH-102 form (Revised 9/22/2023)

REQUIRED SOMETIMES. REFER TO SECTION IX TABLES



FREER MANUAL | 2023

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SC-2	DECONTAMINATION FACILITIES		✓	YES		• Detached and located away from Hospital buildings is Local Authority Jurisdiction. • If utilities are obtained for the decontamination facility from the OSHPD Hospital Building, OSHPD will review the utility connections to ensure that the Hospital utilities will not incur any potential adverse impact. Refer to OSHPD PIN 35 - Healthcare Decontamination

NOTE: For some Excluded work requests, submit to OSHPD field staff HCAI-OSH-102 form per the FREER Project Table in this document. The **HCAI-OSH-102 form is required for excluded work items if "YES" is in the "(E Only) Form 102" column**

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FREER Requirements

FREER	DPOR, ALTERNATES, DELEGATES	PLAN APPROVAL	IOR	PERMIT	TIO	NOSC	CO FVR FINAL	FEES PAID	VCRs	COMPLIANCE OFFICER COMMUNICATION	EXCLUDED WORK REQUEST FORM
FIELD REVIEW	●	●	●	●	●	●	●	●	●	●	○
EXCLUDED	○	○	○	○	○	○	○	○	○	◔	◑
EXPEDITED REVIEW	●	●	●	●	●	●	●	●	●	◔	○
EXEMPT (SB1838)	●	○	●	●	●	●	●	●	●	◑	○

...except as guides allow differently!

LEGEND

● ALWAYS REQUIRED

◔ USUALLY REQUIRED

◑ SOMETIMES REQUIRED

○ NEVER REQUIRED

Refer to:

SECTION IX: FREER PROJECT GUIDE TABLE

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January 1, 2024 - Seismic Compliance Required Submittals

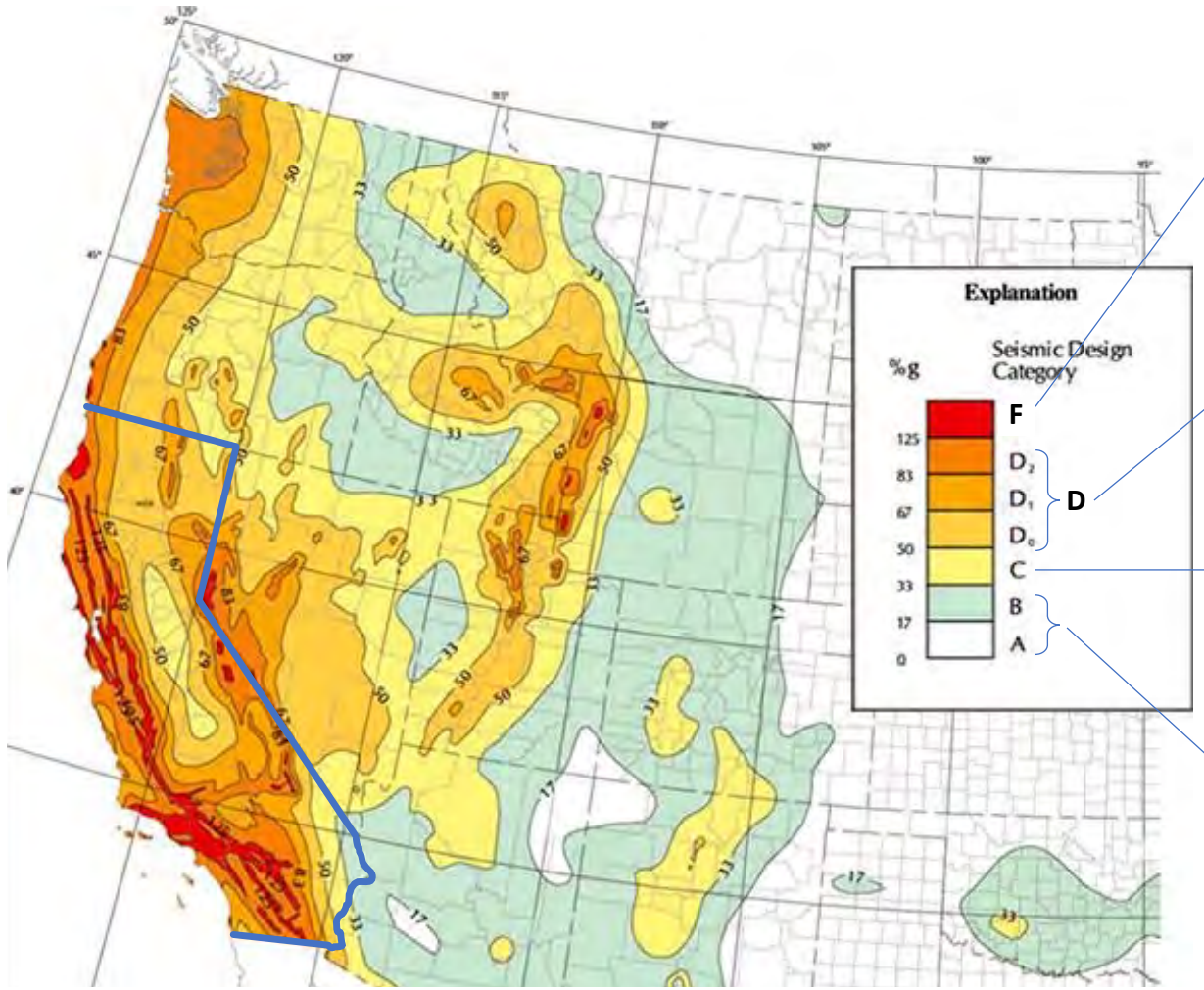
NPC Submittals (Required by California Administrate Code Chapter 6)

- NPC 3 compliance construction final document *[If GAC building is NPC 2 and located in extremely high seismic site – Seismic Design Category F]*
- NPC 4D Evaluation report including Operational Plan or NPC 4 Evaluation report
- NPC 5 Evaluation report including 72hr fuel evaluation and Water Rationing Plan
- Letter of Intent stating GAC services in the building will be removed by 1/1/2030 *[For GAC buildings planned to be removed from GAC services by 1/1/2030]*

AB 1882 Submittals

- Licensed GAC Services Reporting Application [*[All buildings under HCAI jurisdiction]*
- Signage Application *[All GAC Buildings]*

Seismic Design Category F (CBC)



- Very High seismic hazard areas (red) are most likely to experience violent ground-shaking, intense enough to destroy buildings, as they are located near a major fault.
- High seismic hazard areas (orange) could experience very strong shaking capable of producing great damage in poorly built structures.
- Moderate seismic hazard areas (yellow) may experience strong shaking during earthquakes which can cause considerable damage in poorly built structures.
- Low seismic hazard areas could experience moderate intensity shaking.

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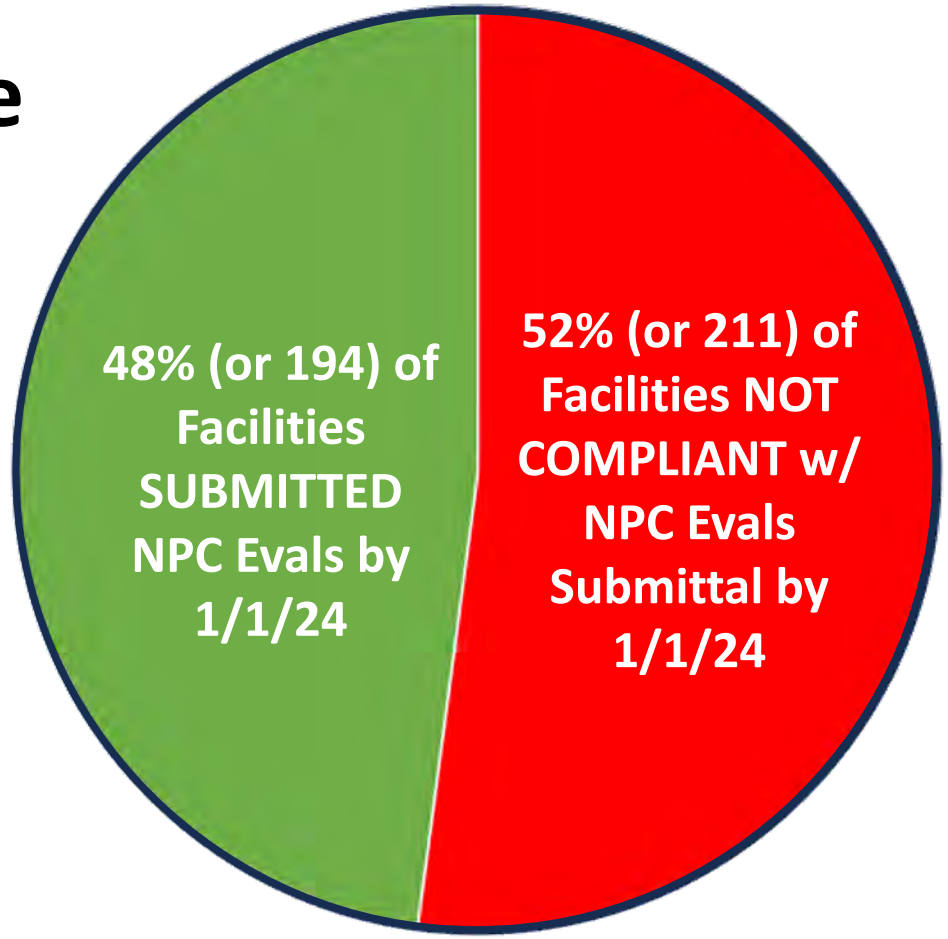
January 1, 2024 - Seismic Compliance Required Submittals

Non-Structural Performance (NPC) evaluations

- 405 Hospital ***Facilities*** Required to submit NPC evaluations



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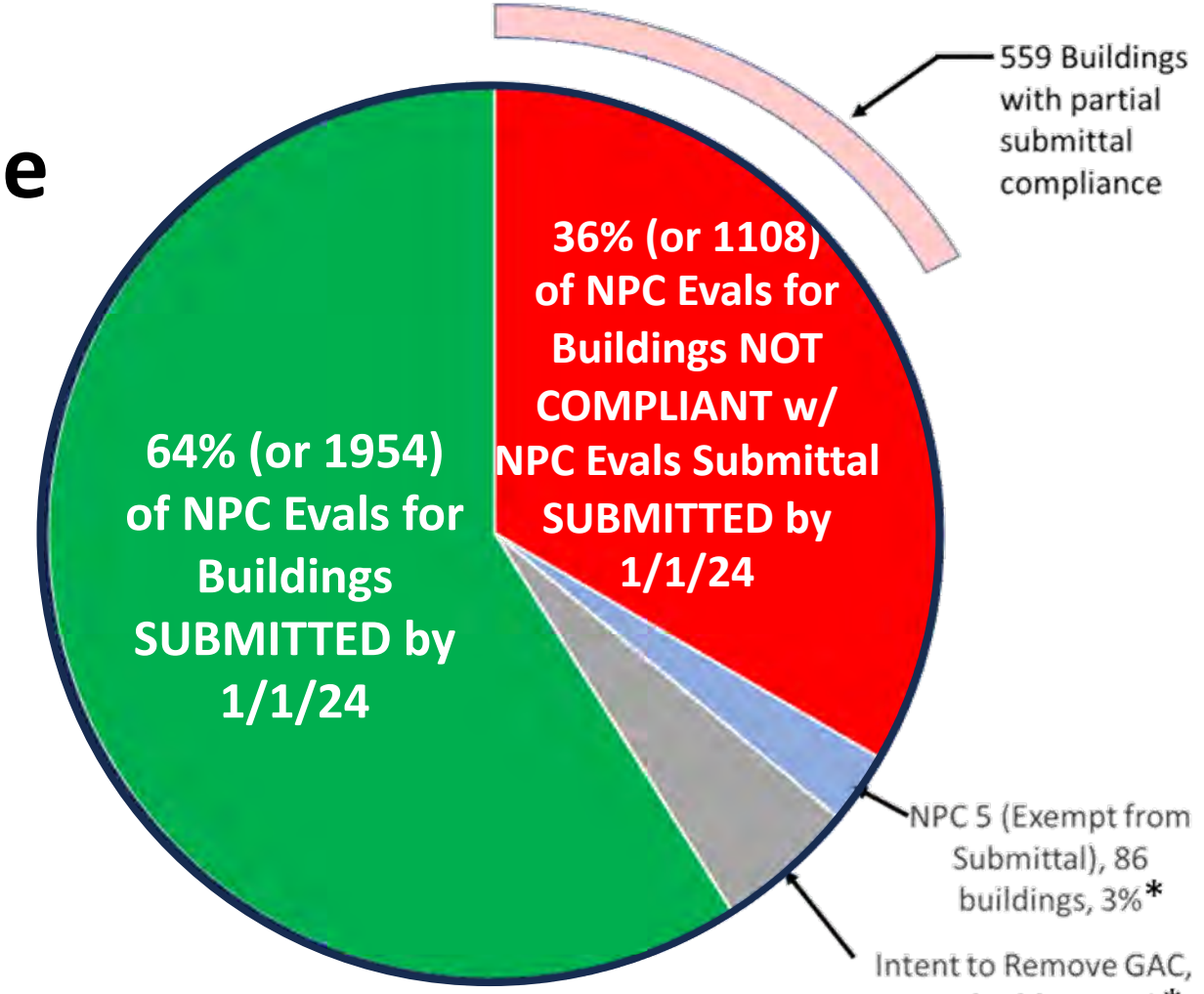
January 1, 2024 - Seismic Compliance Required Submittals

Non-Structural Performance (NPC) evaluations

- 3062 Hospital ***Buildings*** required to submit evaluations



*of total 3316 No of Buildings

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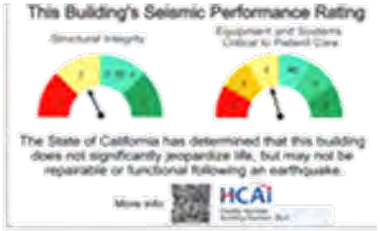
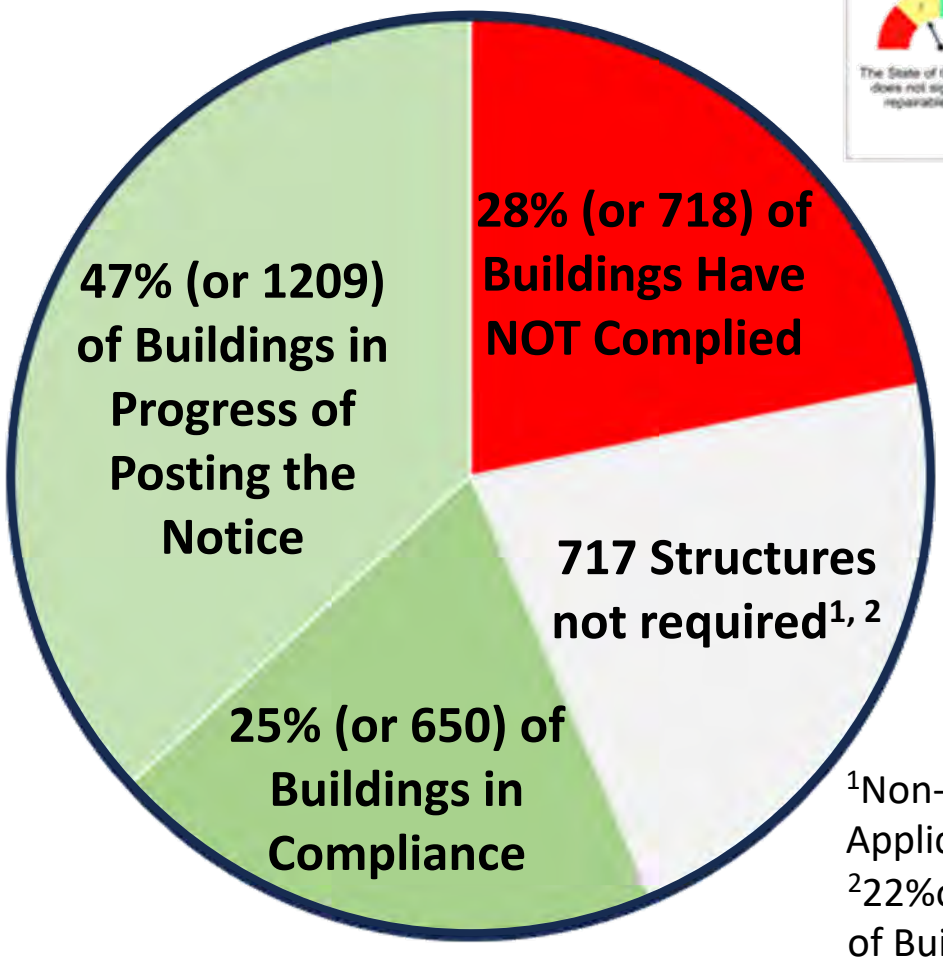
January 1, 2024 – Notice of Non-Compliance w/ the Seismic Safety Requirements*



- 2577 Hospital ***Buildings*** required to be posted noticing the patients or the public



*AB 1882, Chapter 584, Stats, 2022

[1]Non-Applicable/Exempt
[2]22%of total 3316 No of Buildings

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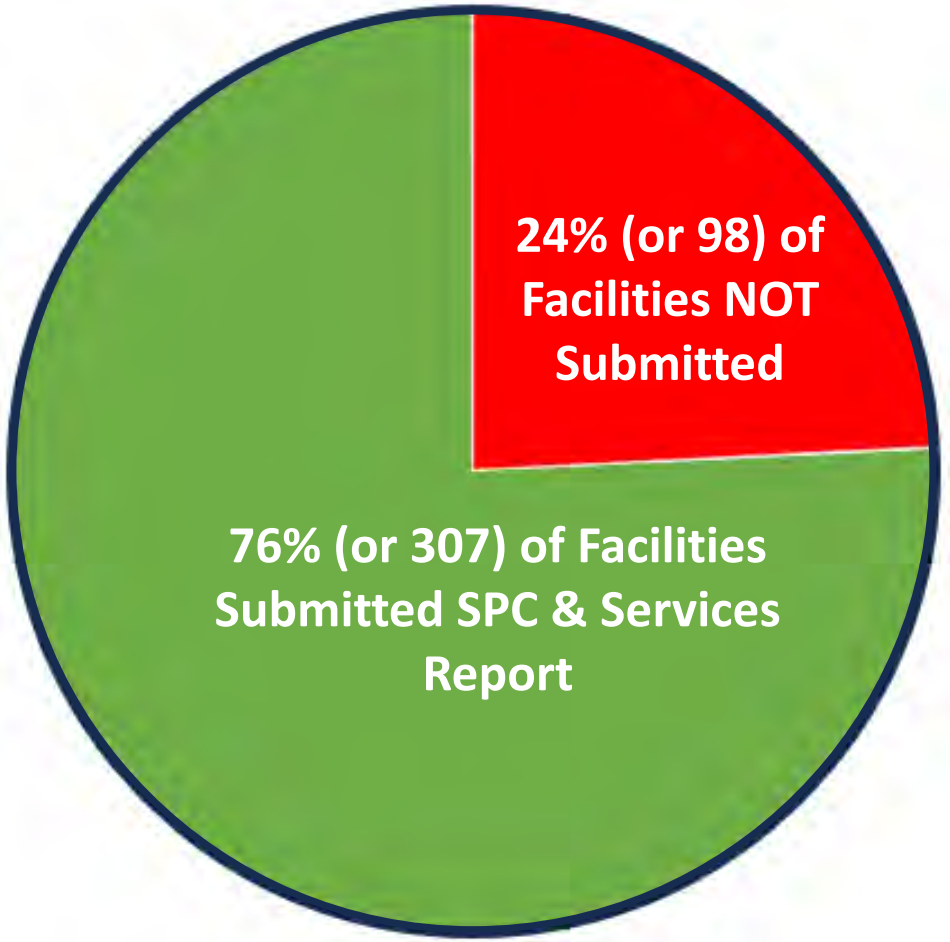
January 1, 2024 – Reporting Requirements of SPC & Services for ea. Building *

Required annual status update on the SPC ratings of the building and the services provided in each hospital building on the hospital campus

- 405 Hospital Facilities required to submit annual status update

*AB 1882, Chapter 584, Stats, 2022



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https://hcai.ca.gov

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HCAI

Building Safety & Finance | Loan Repayments, Scholarships & Grants | Health Workforce

Building Safety & Finance
- Building & Construction Projects
- eServices Portal (eSP)
- Forms, Training, and Resources
- Facility Detail
- Preapproval Programs
- Codes and Regulations
- Seismic Compliance and Safety
- Hospital Inspection Services

of Health Care Access and Information

ewide Health Planning and Development. HCAI is committed to expanding

HCAI

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Back to Building Safety and Finance

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 AB 2190 Extensions
- Have AB 2190 Extensions

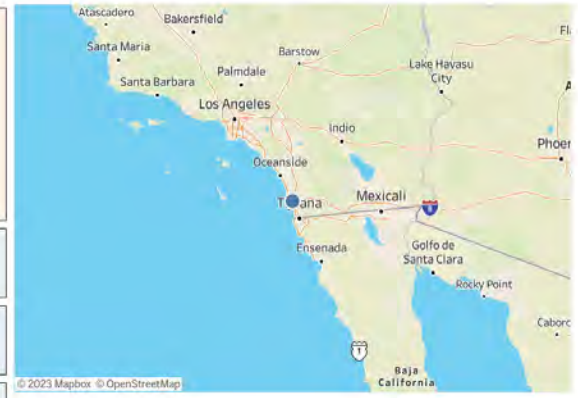
Facility List Drop-down

Plan Review Supervisor:
Diana Navarro (213) 620-6506
Diana.Navarro@hcai.ca.gov

Regional Compliance Officer:
Michael Marrs (916) 284-2672
Michael.Marrs@hcai.ca.gov

Compliance Officer:
Thomas Shanks (818) 470-6934
Thomas.Shanks@hcai.ca.gov

District Structural Engineer Name:



*Click on the dot to view in Google Maps

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

Back to Main

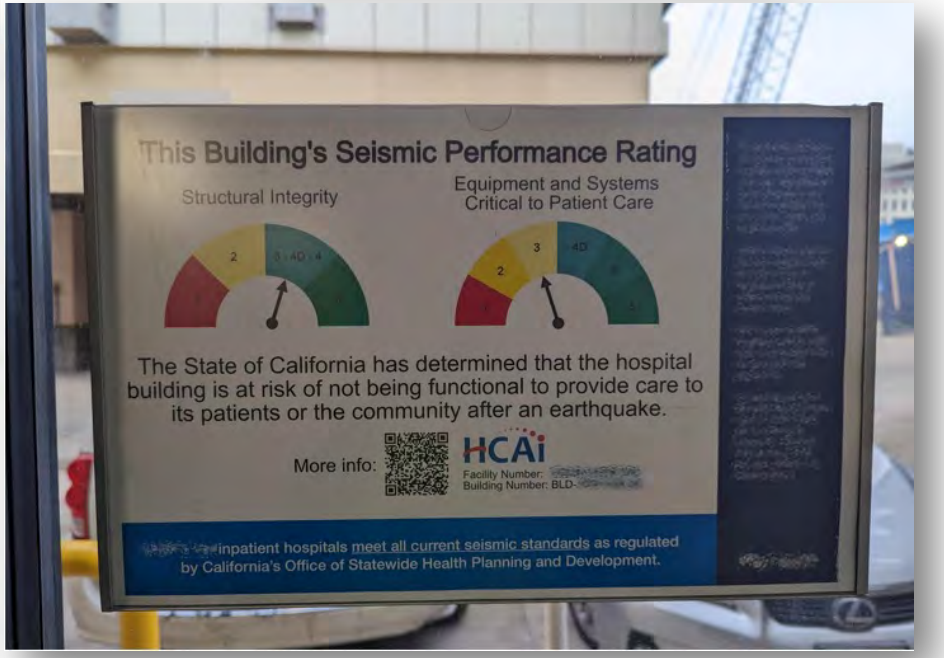
Applicable Year: 2023

[redacted] Hospital

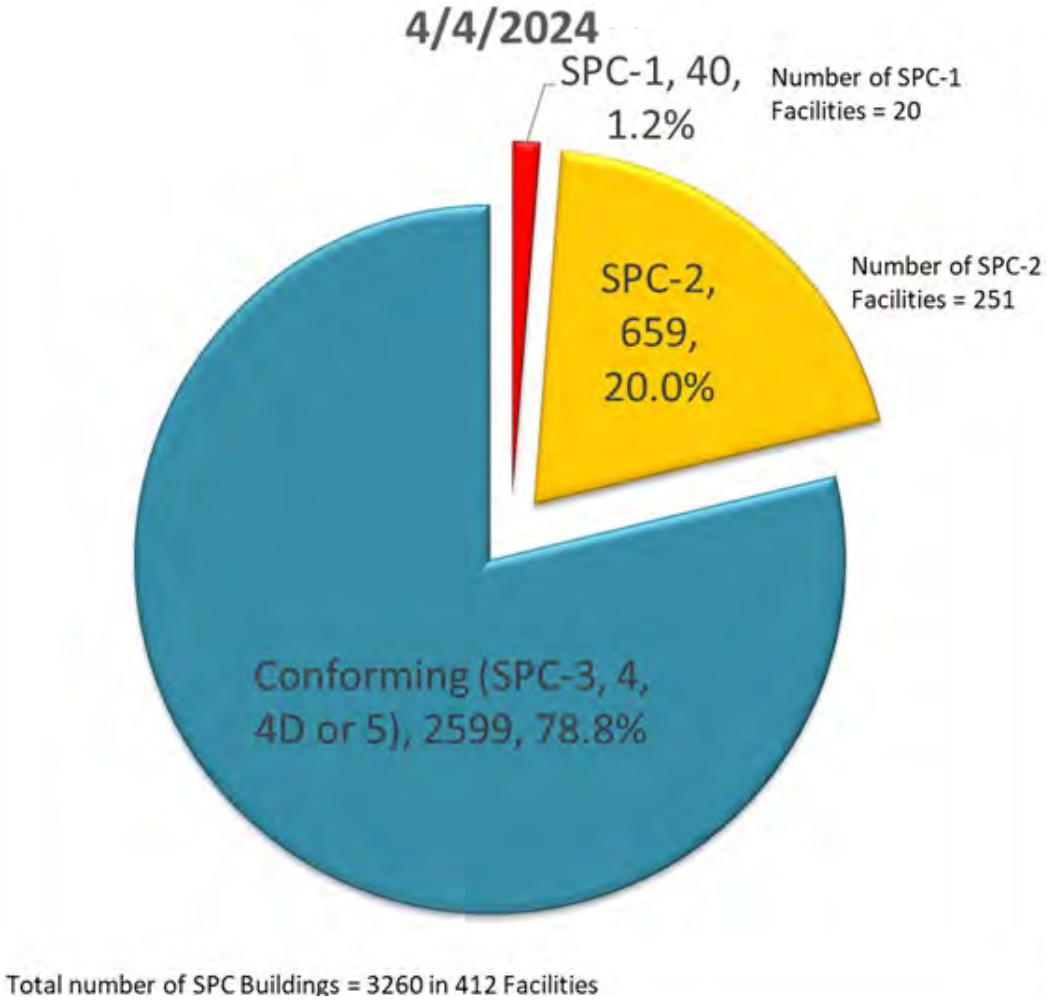
Bldg Num	Bldg Name	Applicable Year	Nursing Med Surg	Surgical	Anesthesia PACU	Clinical Lab	Imaging Radiological Diagnostic Imagin	Pharmacy	Dietetic	Administrative	Sterile Processing	General Storage	Morgue	Employee Dressing	Housekeeping EVS	Laundry Linen	Special Procedures	ICU CCU PICU	Burn Unit	Neonatal 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-01130	North Tower - East Building	2023		X			X																													SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repairable or functional following an earthqu...
BLD-01131	North Tower - Central 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-01132	North Tower - West Building	2023			X					X																										SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repairable or functional following an earthqu...
BLD-01133	Inter-Hospital Passageway	2023																																X		SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repairable or functional following an earthqu...
BLD-01134	South Tower	2023	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-01135	Rehabilitation Center	2023																								X					X					SPC: 3 NPC: 2
BLD-01136	Emergency / Radiology	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...
																																				SPC: 2 NPC: 2

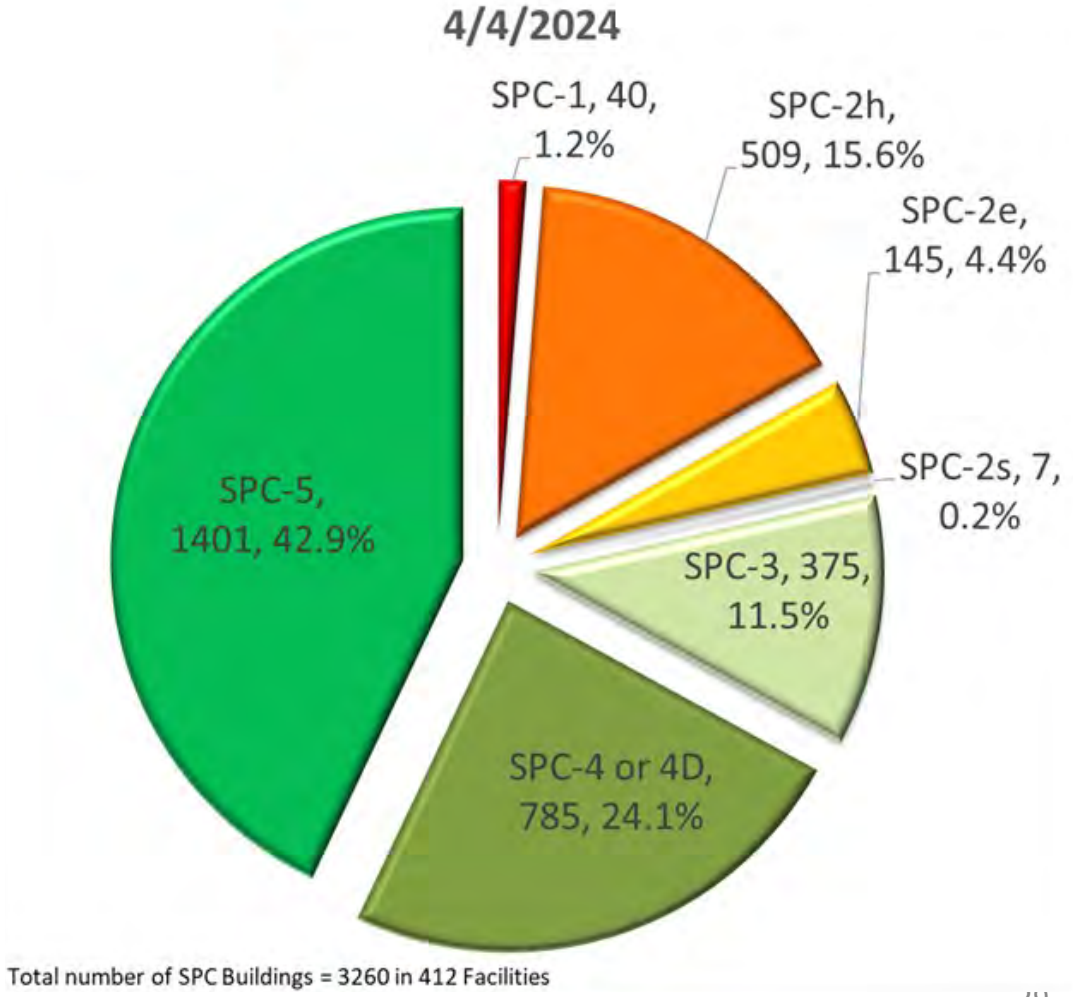
SPC = Structural Performance Category
NPC = Nonstructural Performance Category
SPC and NPC are applicable to Hospital Buildings only
3s, 4s and 5s indicate SPC/NPC rating self-reported by the hospital and not verified by OSHPD

Download PDF

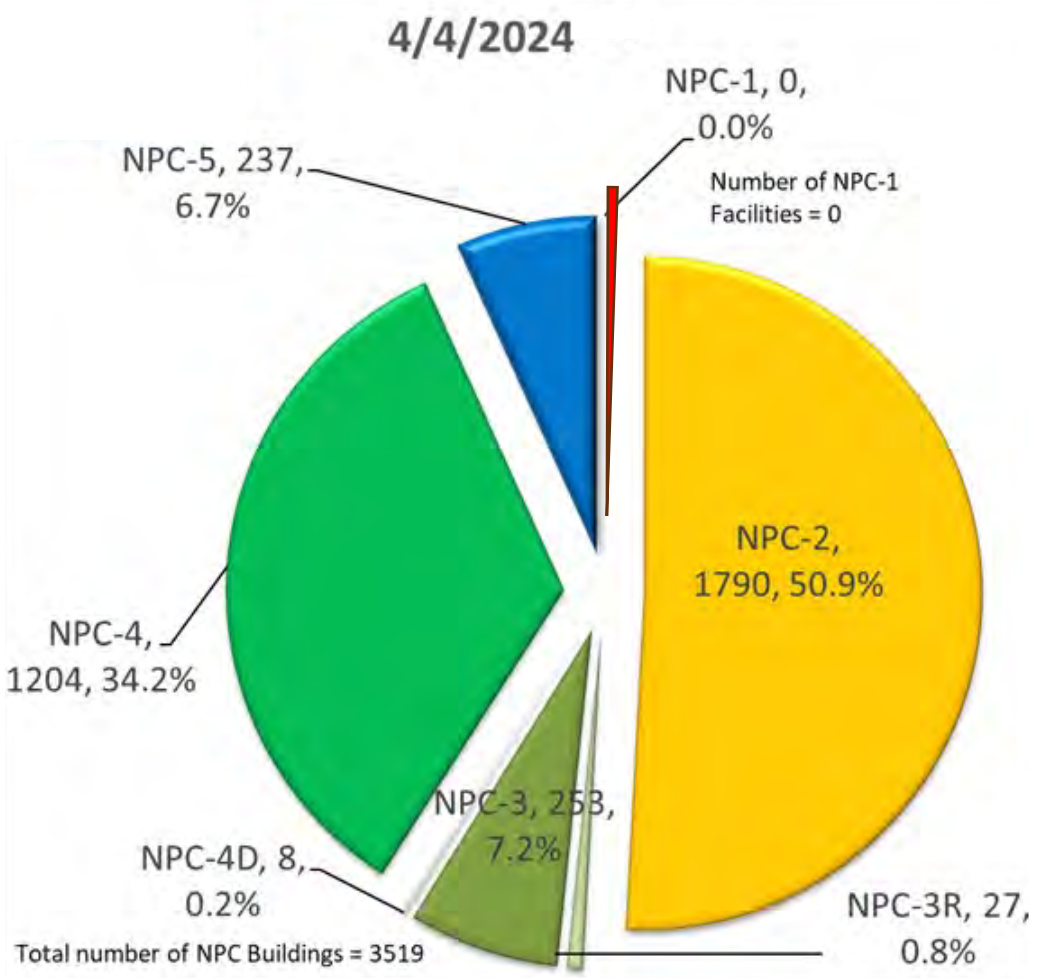


Seismic Compliance (SPC)





Seismic Compliance (NPC)



Small and Rural Hospital Relief Program

- $2.5M transferred into Fund 3391 total to date
- 36 Applications Received
- 23 Eligibility Approved, 8 Pending Finalization, one not eligible
- **$460K awarded to date**

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Outreach Efforts

June 13, 2022	**Targeted E-mail Announcement** **"**HCAI Launches Small and Rural Hospital Relief Program" Sent to 102 hospitals in California that meet at least one eligibility criterion for technical assistance.
June 18, 2022	**Webinar:** Presented the program to healthcare architects and administrators in the American Institute of Architects, Central Valley (AIACV) Chapter
July 6, 2022	**Targeted E-mail Announcement Reminder** "The Small and Rural Hospital Relief Program Provides Assistance in Reaching Seismic Compliance" Sent to 102 hospitals in California that meet at least one eligibility criterion for technical assistance (with the SRHRP information sent to all Small and Rural Hospitals Administrators).
December 14, 2022	**Presentation**: California Critical Access Hospital Network
April 10, 2023	**Targeted E-mail Invitation*** "Small and Rural Hospital Relief Program to Start Accepting Grant Applications on April 17" Sent to 102 hospitals in California that meet at least one eligibility criterion for technical assistance.
April 18, 2023	**E-Mail Invitation Reminder*** "Small and Rural Hospital Relief Program Now Accepting Grant Applications"
October 2, 2023	**E-mail Webinar Announcement*** "Small and Rural Hospital Relief Program (SRHRP)"
October 11, 2023	**E-mail Webinar Reminder*** "Small and Rural Hospital Relief Program (SRHRP)"
October 18, 2023	**Webinar**: Small and Rural Hospital Relief Program (SRHRP) by HCAI Hospital Building Safety Board
March 27, 2024	**Webinar**: Small and Rural Hospital Relief Program (SRHRP) to the Association of Medical Facility Professionals (AMFP)

January 13, 2022	**HBSB SNSR Meeting** *Presentation-Discussion-Public Input* Introduce SB 395 as Statute and HCAI Implementation Plan
April 28, 2022	**HBSB Meeting** *Overview-Approval-Public Input* HBSB-SNSR January 13, 2022 Meeting Report and OSHPD Program Update
June 22, 2022	**HBSB SNSR Meeting** *Presentation-Discussion-Public Input* Policy Intent Notice (PIN) 71, Compliance Plan Requirements for Participants in the Small and Rural Hospital Relief Program
August 11, 2022	**HBSB Meeting** *Overview-Approval-Public Input* HBSB-SNSR June 22, 2022 Meeting Report and OSHPD Program Update
November 7, 2022	**HBSB SNSR Meeting** *Presentation-Discussion-Public Input* Title 24, California Code of Regulations, California Building Standards Code, 2022 Intervening Code Cycle Change Proposals, for Small and Rural Hospital Relief Program
December 7-8, 2022	**HBSB Meeting** *Overview-Approval-Public Input* OSHPD Program Update including the Seismic Compliance Unit and Small and Rural Hospital Relief Program
April 11, 2023	**HBSB SNSR Meeting** *Presentation-Discussion-Public Input* OSHPD Seismic Compliance Unit Update
April 20, 2023	**HBSB Meeting** *Overview-Approval-Public Input* HBSB-SNSR November 7, 2022 Meeting Report and OSHPD Program Update
August 17, 2023	**HBSB Meeting** *Overview-Approval-Public Input* HBSB-SNSR April 11, 2023 Meeting Report and OSHPD Program Update

AB 2511 – 96 Hours Emergency Power

HCAI efforts for SNFs to Comply Successfully

- October/November 2022
  - HCAI Policy Intent Notice (PIN)
    - Endorsed by 3 HBSB Committees (Technology, Energy Conservation, and Codes and Processes, 11/1/2022)
    - Ready for Publication
- December 2022
  - HCAI publishes Policy Intent Notice
  - 12/1, HCAI submits proposed building standards/regulations to the CBSC (2022 Intervening building Code Cycle)
- January 1, 2023
  - eSP augmentations operational to accept project submittals
  - eSP augmentations to monitor implementation progress
  - AB 2511 requirements become enforceable
  - SNF projects submitted to HCAI
- March 2023
  - **HCAI published Advisory Guide (How-To)**
- January 1, 2024
  - Final deadline for SNFs to comply

AB 2511 – Facility Assessment Submittals/Status of compliance

	Qty	Assessment State
	399	No Assessment
759	10	Being Submitted
	2	Submitted – Returned to Client
	67	Submitted – Remarked & Returned to Client
	30	Submitted – In Review
	2	Re-Submitted – In Review
	6	Submitted – Pending Determination
	618	HCAI Non-Compliant
	2	HCAI Compliant - Awaiting CDPH Concurrence
	22	HCAI Compliant – w/ CDPH Concurrence
	1158	

759 submitted, 22 determined to be compliant

CBSC 2022 Intervening Code Adoption Schedule

12/2022
Start of Intervening Cycle*
State Agencies initial submittals of proposed code changes and CBSC review

2/2023 - 3/2023
CAC Meetings*

1/1/24
Publication date
Title 24 - All Parts

7/1/2024
Effective Date
of the 2022 California Building Standards Code Supplements

12/2022 2/23 3/23 4/23 5/23 6/23 7/23 8/23 9/23 10/23 11/23 12/23 2/24 3/24 4/24 5/24 6/24 7/2024

1/23

1/24

1/2022 - 12/2022
State Agency Workshops

3/2023 - 5/2023
Public Review* 45-Day Submittals
Regulatory notice and 45-Day public comment periods

7/2023 - 8/2023
Commission* Meeting
for Adoption, Approval and Filing with Secretary of State

8/2023 - 12/2023
Publication Period
CBSC and State Agencies proof for accuracy

1/2024 - 7/2024
Statutorily Required
180 day - period between publication date and effective date

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Updates to the 2022 California Building Code (Intervening Code Changes)

2022 California Administrative Code, T-24, Part 1

- **7-129. Time limitations.**
  - 7-129 (e) . . . . Once project completion Substantial Compliance or a Certificate of Occupancy is issued, final closeout documentation must be submitted within 90 days or the Substantial Compliance or Certificate of Occupancy will be revoked, ...
- **7-133. Fees.**
  - (q) Amended construction documents (AMCs). . .
    - 2. AMC for Cost reductions or No cost: Filing fee $500.00 + actual costs for review and approval
  - (r) Projects with no construction.
    - Filing fee of $250.00 + actual costs for the review of project

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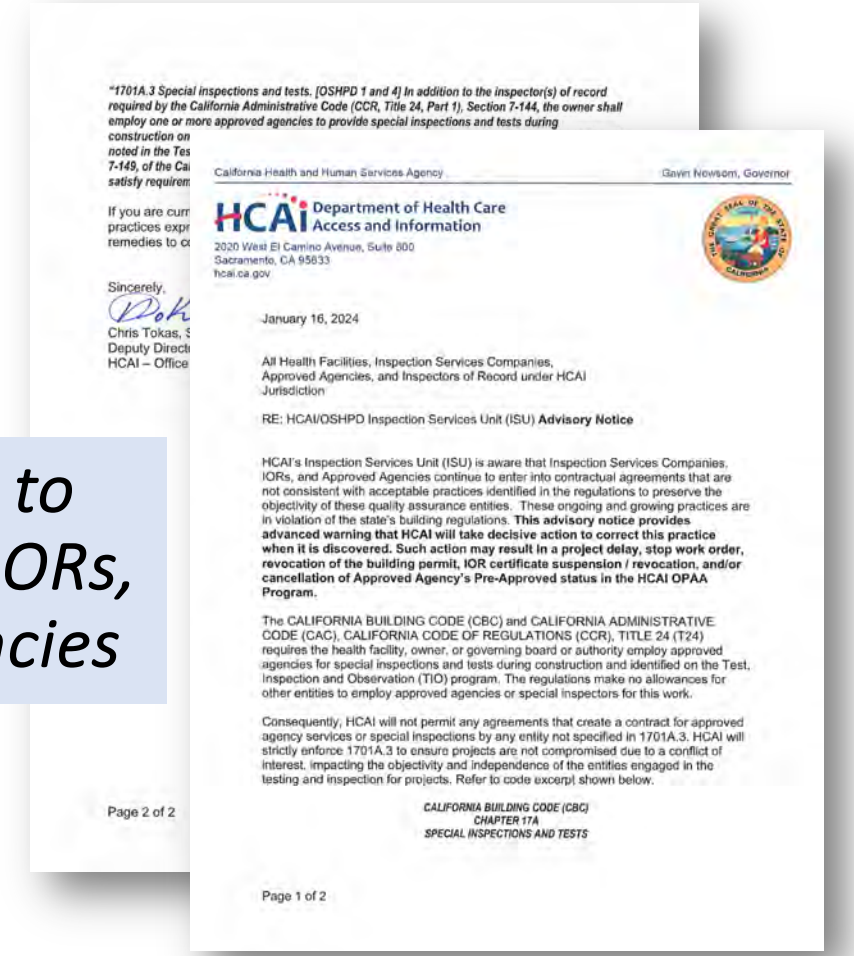
Updates to the 2022 California Building Code (Intervening Code Changes)

2022 California Administrative Code, T-24, Part 1

- **7-144. Inspection.**
  - (a) The hospital governing board or authority shall provide for competent, adequate and continuous inspection by one or more Inspector(s) of Record (IOR) . . .
  - (b) . . .
  - (c) . . .
  - (d) . . .
- **7-215. Conduct relative to performance. . .**

Advisory Notice to Health Facilities, IORs, & Approved Agencies



"1701A.3 Special inspections and tests. [OSHPD 1 and 4] In addition to the inspector(s) of record required by the California Administrative Code (CCR, Title 24, Part 1), Section 7-144, the owner shall employ one or more approved agencies to provide special inspections and tests during construction on noted in the Tes 7-149, of the Ca satisfy requirem

If you are curr practices expr remedies to c

Sincerely,

Chris Tokas, S Deputy Direct HCAI – Office

Page 2 of 2

California Health and Human Services Agency — Gavin Newsom, Governor

HCAI Department of Health Care Access and Information

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

January 16, 2024

All Health Facilities, Inspection Services Companies, Approved Agencies, and Inspectors of Record under HCAI Jurisdiction

RE: HCAI/OSHPD Inspection Services Unit (ISU) **Advisory Notice**

HCAI's Inspection Services Unit (ISU) is aware that Inspection Services Companies, IORs, and Approved Agencies continue to enter into contractual agreements that are not consistent with acceptable practices identified in the regulations to preserve the objectivity of these quality assurance entities. These ongoing and growing practices are in violation of the state's building regulations. **This advisory notice provides advanced warning that HCAI will take decisive action to correct this practice when it is discovered. Such action may result in a project delay, stop work order, revocation of the building permit, IOR certificate suspension / revocation, and/or cancellation of Approved Agency's Pre-Approved status in the HCAI OPAA Program.**

The CALIFORNIA BUILDING CODE (CBC) and CALIFORNIA ADMINISTRATIVE CODE (CAC), CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 24 (T24) requires the health facility, owner, or governing board or authority employ approved agencies for special inspections and tests during construction and identified on the Test, Inspection and Observation (TIO) program. The regulations make no allowances for other entities to employ approved agencies or special inspectors for this work.

Consequently, HCAI will not permit any agreements that create a contract for approved agency services or special inspections by any entity not specified in 1701A.3. HCAI will strictly enforce 1701A.3 to ensure projects are not compromised due to a conflict of interest, impacting the objectivity and independence of the entities engaged in the testing and inspection for projects. Refer to code excerpt shown below.

CALIFORNIA BUILDING CODE (CBC)
CHAPTER 17A
SPECIAL INSPECTIONS AND TESTS

Page 1 of 2

Updates to the 2022 California Building Code (Intervening Code Changes)

2022 California Building Code, T-24, Part 2, Volume 1

1224.33 EMERGENCY SERVICE . . .

1224.33.2.7 Observation area . . .

- **1224.33.2.7.1 Behavioral health observation area.** If provided, a patient station with
  - Under the visual control of an emergency service staff work area
  - Visual privacy from casual observation by other patients and visitors
  - Min clear floor area of 40 square feet
  - Min of 3 feet at one side and any wall or any other fixed obstruction
  - Min clearance of 3 feet between beds, and 4 feet shall be available at the foot of each bed to permit the passage of equipment and beds.
  - A handwashing station shall be located in each room

  . . .

Updates to the 2022 California Building Code (Intervening Code Changes)

2022 California Building Code, T-24, Part 2, Volume 1

- **AB 2096 (Mullin), CHAPTER 233, Stats 2022**
  - Authorizes a chemical dependency recovery hospital (CDRH) to be located within a building that houses:
    - A distinct part acute psychiatric hospital,
    - An acute psychiatric hospital (APH), or
    - A general acute care hospital (GACH) where other services are provided,
  - If :
    - The CDRH meets all other applicable building standards, and is separated by a wall, floor, or other permanent partition.
  - CDRH does not need to be a “freestanding” building provided it shares an elevator, stairs, or stairwell with the facility in which it is located

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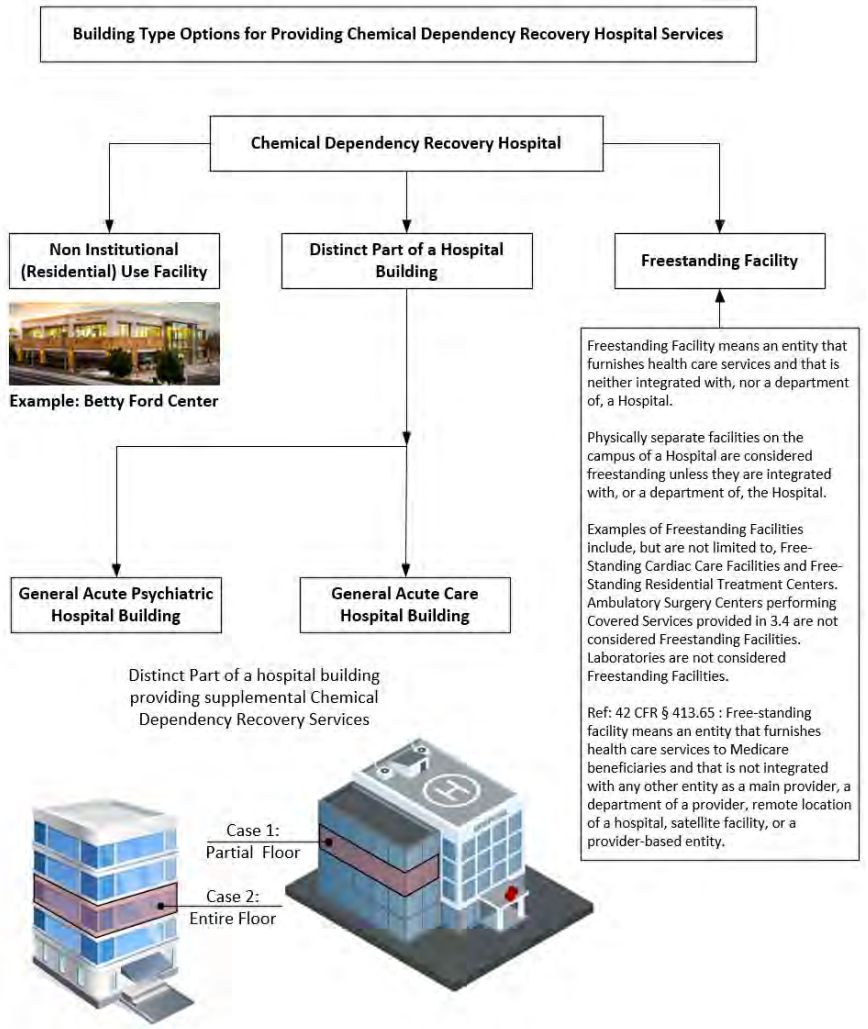
Updates to the 2022 California Building Code (Intervening Code Changes)

2022 California Building Code, T-24, Part 2, Volume 1

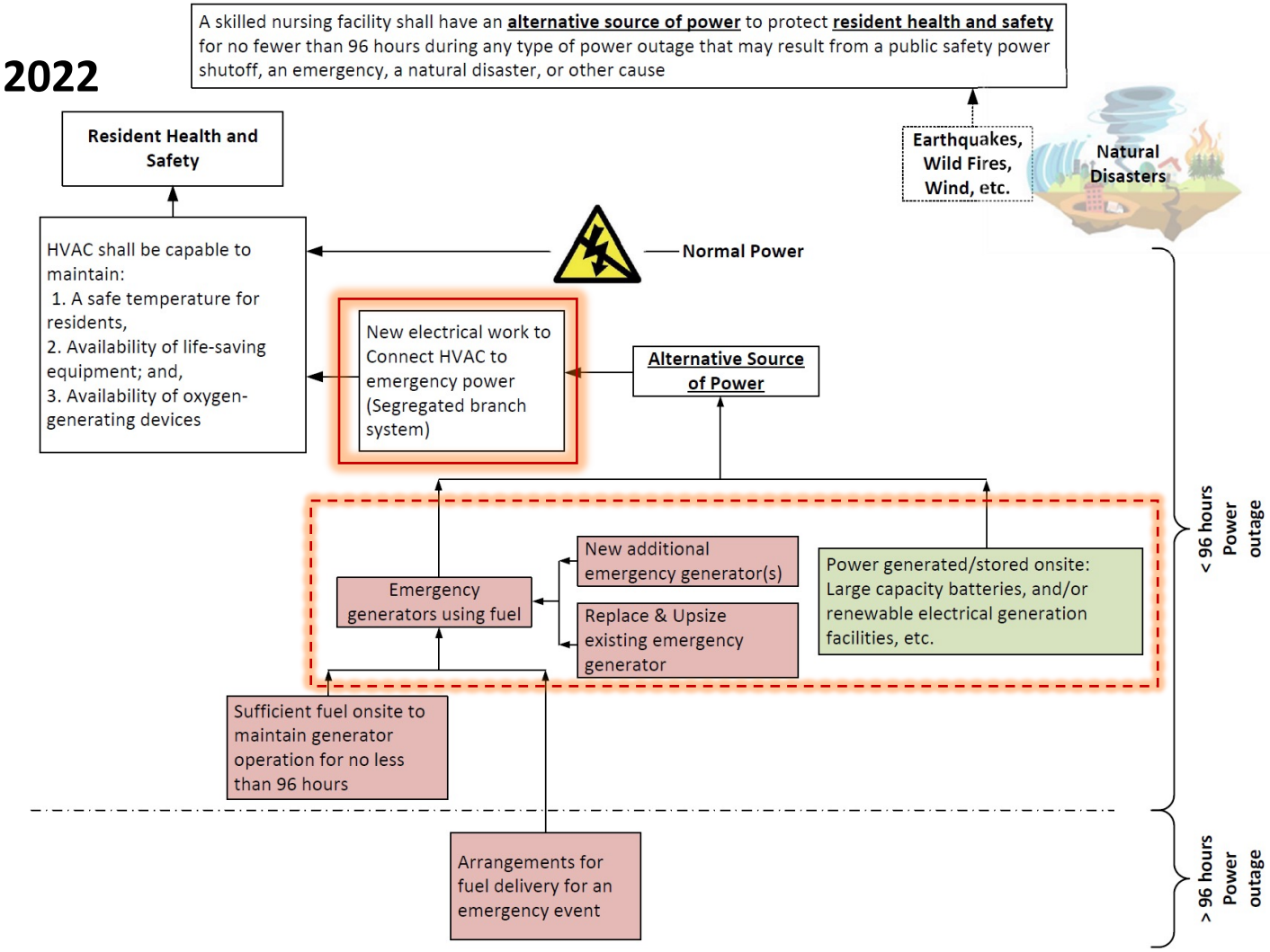
- **CHEMICAL DEPENDENCY RECOVERY HOSPITALS (OSHPD 6)**
  - **1229.1 Scope.** . . . GAC hospitals and APH hospitals licensed under Health & Safety Code Section 1250 may provide chemical dependency services as a supplemental service located within a distinct part as a separate unit. . . .



Updates to the 2022 California Building Code (Intervening Code Changes)

AB 2511 (Irwin), CHAPTER 788, Stats 2022

- SNFs requirements:
  - Alternative source of power, for no fewer than 96 hours during any type of power outage
  - Comply by January 1, 2024.
  - If noncompliant with the requirements of AB 2511 may be committing a crime or infraction. (Section 6 of Article XIIIB of the California Constitution)



Updates to the 2022 California Building Code (Intervening Code Changes)

2022 California Electrical Code, T-24, Part 3

Alternate Power Requirements for SNFs

CEC Section 517.1 Scope

. . .

- **(B) OSHPD 2.** In addition to the essential power requirements included in this section, Skilled Nursing Facilities (SNFs) shall have an alternate source of power generated or stored onsite to supply power, during a power outage (caused by public safety power shutoff, an emergency, a natural disaster, or other cause) to feed:
  - Mechanical equipment required to maintain safe temperatures for residents.
  - Life-saving equipment.
  - Oxygen-generating devices.

. . .
. . .

Updates to the 2022 California Building Code (Intervening Code Changes)

2022 California Electrical Code, T-24, Part 3

Microgrids as Emergency Power Source for Hospitals and SNFs

CEC Section 517.30 Sources of Power

- **(B) Types of Power Sources**

  . . .

  - (4) Health Care Microgrid. EES shall be permitted to be supplied by a Health Care Microgrid that also supplies nonessential loads.
  - Permitted to share distributed resources with the normal source.
  - Designed with sufficient reliability to provide effective facility operation consistent with the facility emergency operations plan.
  - Shall not be compromised by failure of the normal source.
  - Meet the installation and commissioning requirements of NFPA 99 Article 6.10.

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2024 CBSC Triennial Timeline (2025 T-24)

California Building Standards Commission

2025 California Building Standards Code, Title 24
Effective January 1, 2026

2024 Triennial Code Adoption Cycle

9/2023 - 3/2024
State Agency* Workshops

5/2024 - 8/2024
CAC Meetings*

11/1/2024
Final Submittals
From Agencies

7/1/2025
Publication Date
Title 24 - All Parts

1/1/2026
Effective Date
of the 2025
California Building
Standards Code

4/1/2024 | 5/24 | 6/24 | 7/24 | 8/24 | 9/24 | 10/24 | 11/24 | 12/24 | 1/25 | 2/25 | 3/25 | 4/25 | 5/25 | 6/25 | 7/25 | 8/25 | 9/25 | 10/25 | 11/25 | 12/25 | 1/1/2026

2/1/2024
Initial Submittals
of IAPMO, Green & NEC** Proposed Code Changes

5/3/2024
Initial Submittals
of ICC Proposed Code Changes

7/2024 - 10/2024
45-Day Public Review*
Regulatory Notice and 45-Day Public Comment Periods

12/2024 - 1/2025
Commission* Meeting
for Adoption, Approval and File with Secretary of State

2/2025 - 7/2025
Codification and Publication Period

7/2025 - 1/2026
Statutorily Required
180-Day Period between Publication Date and Effective Date

Code Advisory Committees (CAC):
ACCESS – Accessibility
BFO – Building, Fire & Other
GREEN – Green Building
HF – Health Facilities
PEME – Plumbing, Electrical, Mechanical & Energy
SDLF – Structural Design/Lateral Forces

Model Code Publishers:
ICC – International Code Council
IAPMO – International Association of Plumbing and Mechanical Officials
NFPA – National Fire Protection Association
**NEC resubmittal if necessary

* Public Participation Opportunity

dgs.ca.gov/BSC
(916) 263-0916

Rev. 02/2022
All dates are subject to change

- **2025 edition of Title 24**
- ✓ **Sept. 28, Coordinating Council**
- ✓ **Aug. 2023, Submitted CEC**
- **Feb. 2024, Submit CMC and CPC**
- **May 2024, CAC, CBC Vol. 1 & 2, CEBC.**

- **Effective Date: Jan. 1, 2026**

2025 California Mechanical Code, T-24, Part 4

Operating Room Temperature Control Requirements

SECTION 321.0 Essential Mechanical Provisions. [OSHPD 1, ~~1R~~, 2, 3 (Surgical Clinics only) 4 & 5] *During periods of power outages essential electrical power shall be provided for the following equipment:*

. . .

321.3 *Cooling equipment necessary to maintain temperature and humidity listed in Table 4A for a minimum of one operating room and other category 1 spaces as identified in the facility's safety risk assessment.*

. . .

2025 California Mechanical Code, T-24, Part 4

Hazardous Exhaust Outlets

407.2.2 Exhaust Outlets. *Exhaust outlets shall be located a minimum of 10 feet . .*

. . .

407.2.2.1 Hazardous Exhaust Outlets. *Hazardous exhaust outlets from airborne infection isolation rooms, bronchoscopy and sputum collection exhaust, hazardous drug compounding, morgues, autopsy rooms and laboratory chemical fume hoods shall discharge a minimum of 10 feet above the adjacent roof surface and a minimum of 30 feet from outdoor air intakes, building openings and areas normally accessible to the public.*

2025 California Plumbing Code

2025 California Plumbing Code, T-24, Part 5

Emergency Water Supply

616.0[OSHPD 1] Emergency Water Supply.
616.1 For new acute care hospital buildings submitted…

616.3 *Storage tanks connections and circulation shall be designed to limit water stagnation and temperature stratification. Supplemental disinfection and circulation shall be provided where the disinfection levels of the public water supply are not adequate to maintain minimum levels of disinfectant for water quality consistent with the facility's water management program.*

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2025 California Electrical Code

2025 California Electrical Code, T-24, Part 3

Electric Service Permitted to be Other Than the Utility Service

517.4 [OSHPD 1, 1R, 2, 4 & 5] Electric Power Sources, Feeders and Services /Systems and Utilities.

- *One source (or sets of sources) shall be sized to supply power to support the entire healthcare facility electrical load*
- *The source(s) shall be one of the following:*
  a. *An off-site public utility source with service to the site*
  b. *On-site resources (PV's Batteries, fuel cells, etc.)*
  c. *A combination of both*
- *All sources (other than utility owned equipment) shall have Special Seismic Certification,* ***and be*** *located to minimize interruptions caused by natural forces or natural disasters identified in the facilities emergency operations plan.*

2025 California Electrical Code, T-24, Part 3

Requirements for the Separation of Microgrid Components Used as EPS

517.29 Type 1 Essential Electrical Systems. . . . .

(A.1) [OSHPD 1, 3 (Surgical Clinics only), 4 & 5] Two Independent Power Sources.

- The EES shall be served by two or more independent sources (or sets of sources)
- The facility shall have one on-site source (or sets of sources) sized to supply the entire EES
  - This is in addition to the EPS called out in 517.4
- Both sources (entire site and EES) may share resources, however neither source (or sets of sources) shall depend on resources from the other to meet calculated load values for loads they are designated to feed
- All EES components to be depicted on the design documents
- The two independent sources (or sets of sources) shall be located to reduce the likelihood of simultaneous interruption of EES components and non-EES components

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Upcoming Educational Webinars/Seminars

- OSHPD/Building Standards Unit upcoming Seminars/Webinars:
  - Non-Material Alterations (CAN 1-7-153(b)),
    - May 7, 2024
  - Intervening Code Changes
    - T-24, Parts 1 & 2, Administrative Regulations & Architectural Requirements,
      - June 2024
    - T-24, Parts 3 & 5 Electrical and Mechanical Requirements,
      - June 2024

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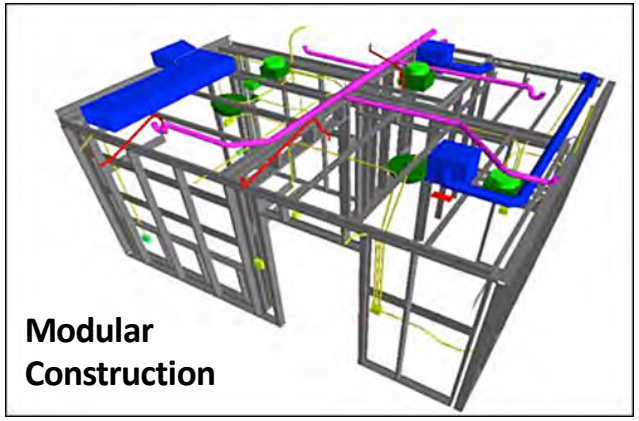
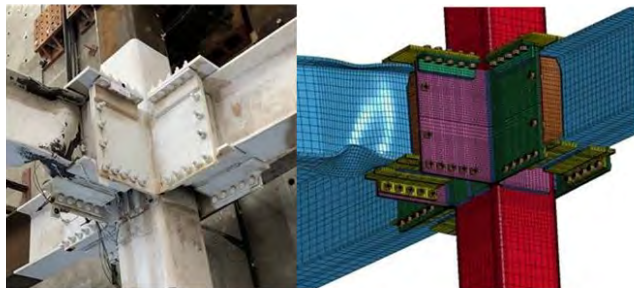
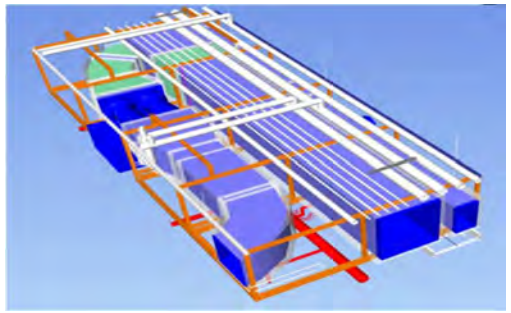
HBSB Seminar Offsite Fabrication& Preassembling

HCAI Pre-Approved Fabricated Components & Systems, June 2024







Hospital Engineer's Role in Planning and Design

- Resilient hospital buildings must have reliable engineering systems appropriate for the clinical and environmental needs of their facility.
  - Once installed, building systems drive engineering practices and costs for the life of the building.
- The role of the hospital engineer in project planning is:
  - Make the case for life-cycle considerations in system design
    - Initial equipment quality with long engineered life spans,
    - Ease of maintenance,
    - Low cost to operate; and
    - Means to replace major units at the end of their lifespans with minimal to no impact to clinical operations

Hospital Engineer's Role in Planning and Design

- The Hospital engineers play a very important role and have the most influence when it comes to hiring:
  - IORs,
  - DPORs,
  - Approved Agencies; and,
  - Contractors

- Any Additional Thoughts or Discussion?
- Any Questions?