

- h) therapeutic gardens;

Note: Consider non-allergenic plant materials, space for eating, lighting, etc.

- i) shade;
- j) tables (for games, picnics, etc.); and
- k) security and safety is important.

8.5.3.1.6

All electrical receptacles shall be tamper-resistant.

8.5.3.1.7

In HCFs where emergency units have no dedicated facilities for those children who, after initial treatment, either need a period of observation prior to discharge or where the decision to admit is as yet uncertain, an appropriately staffed assessment unit in the pediatric unit could be an option, rather than mixing children with adults.

8.5.3.1.8

Depending on the size of the pediatric service, consideration should be given to creating a “pediatric precinct” that incorporates facilities for inpatient care, emergency assessment/observation, day care, and outpatient clinics. Depending on the service plan, facilities for day care could be a two or four bedroom space that is somewhat removed from the main ward, but with access to all necessary support facilities. Similarly, depending on volumes and utilization, it might also be appropriate to operate dedicated pediatric clinics through the unit via a small number of consulting rooms.

8.5.3.1.9

Consideration should be given to creating a technologically advanced environment. In this situation, control of information by the HCF is important. Some examples are

- a) WI-FI (for “bring-your-own-device” connectivity) — for patients and families; and
- b) a “virtual playroom”.

8.5.3.2 Privacy and confidentiality

In the communications, charting, and staff areas of the inpatient unit, consideration shall be given to providing separation of the area from common space (e.g., use of multi-purpose rooms for confidential discussions with family members).

8.5.3.3 Infection prevention and control

See Clause [7.5](#).

8.5.3.4 Furniture, fittings, and equipment

Furniture, fittings, and equipment shall be scaled to suit a variety of patient body sizes ranging from infants to older adolescents. Rooms shall be capable of being transformed quickly to adapt to diverse patients’ needs within this large age range; cribs will need to be replaced with platform beds or electric beds and vice-versa. Storage space to accommodate this equipment shall be provided.

8.5.3.5 Safety and security

8.5.3.5.1

A HCF with a pediatric and adolescent inpatient unit shall be secured to minimize and contain the risk of a child's unaccompanied egress or abduction from the unit and prevent interference from unauthorized persons. Safety and security measures should include the following as appropriate to the HCF:

- a) Monitoring of unit access through
 - i) direct staff observation;
 - ii) video surveillance system (VSS);
 - iii) monitoring of unit access; or
 - iv) intercom;
- b) restricted window openings;
Note: Fall hazards should be considered.
- c) lockable doors;
- d) staff emergency assistance alarm stations located at receptions, near patient rooms, and staff stations or ideally mobile devices carried by staff;
- e) child monitoring and tagging especially for young children via radio frequency identification;
Note: Examples include RFID systems or other systems (e.g., RTLS).
- f) Secured access points.
- g) Wireless duress buttons for staff and video surveillance system in high-risk patient rooms.
Note: Privacy issues should be considered with these types of systems. They should not be set up to record.

Door swings shall be planned and arranged so that there is reduced danger of hitting a small child on the other side. In mental health rooms, consideration should be given to dual swing doors in cases where a patient or other occupant barricades themselves in a room.

8.5.3.5.2

Consideration should be given to visual control (including electronic surveillance) on nursing units of corridors, dining areas, and social areas such as dayrooms and activity areas. Hidden alcoves or blind corners or areas shall be avoided.

8.5.3.5.3

If an electronic surveillance system is used, it shall comply with the following:

- a) Devices in patient areas shall be mounted in a tamper-resistant enclosure that is unobtrusive.
- b) Devices shall be located so they are not readily observable by the general public or other patients.
- c) Devices shall be supplied with power from the emergency electrical power supply system in the event of a disruption of normal electrical power.
- d) Signage shall be posted that shows the space is being monitored.
- e) The system shall be designed to create back-up recordings for redundancy.

8.5.4 Space details

Table 8.5 presents the standard requirements for key spaces in the pediatric and adolescent area. Common areas are detailed in Clause 11.

Table 8.5
Key space requirements and recommendations — Pediatric and adolescent
(See Clause 8.5.4.)

Item no.	Room name	Net area, m ²	Requirements and recommendations
1	1-bed room suite	See adult inpatient bedroom for size (11.0 common requirements)	<p>See Table 11.1, Item 24 for common requirements and recommendations for a patient bedroom.</p> <p>Mandatory:</p> <ul style="list-style-type: none"> a) All electrical receptacles shall be tamper-resistant. <p>Advisory:</p> <ul style="list-style-type: none"> a) Internet access should be proved as separate ports (or WI-FI) for patient and family. b) Space for a bassinet or crib should be provided. c) The room design should accommodate the possible need for parent/family member live-in or high dependency care (e.g., by providing support for monitoring equipment). d) Provision should be made for infant bathing. e) A chair should be provided for breastfeeding if required. f) A supplementary heat source should be provided in the washroom to avoid sudden change in temperature (based on patient population need). g) Depending upon model of care, sleeping area for up to two family members should be provided.
2	1-bed room suite, AIR isolation	See Item 1 (11.0 common requirements)	See Table 11.1, Item 26 for requirements and recommendations.
3	Play area, pediatric or adolescents	Size varies by program	See Table 11.1, Item 36.
4	Staff education room	Size varies by program	<p>See Table 11.1, Item 7.</p> <p>Advisory:</p> <ul style="list-style-type: none"> a) Furnishings should include tables/chairs and soft seating. <p>Note: See Clause 7.3.</p> <ul style="list-style-type: none"> b) Internet access port(s) or wireless access should be provided.
5	Pediatric education room (Classroom)	Varies by program; minimum 18.5	See Table 11.1, Item 7.

(Continued)

Table 8.5 (Concluded)

Item no.	Room name	Net area, m ²	Requirements and recommendations
Mandatory:			
a) Medical gas (oxygen/medical vacuum) shall be provided — two stations depending upon room layout. Where patients are not able to be moved to a classroom, provisions for education at bedside or an alternate location shall be provided.			
b) An internet and technology connection shall be provided as required.			
c) An additional room area for nursing support to patients shall be provided.			
d) The room size shall be in accordance with applicable jurisdictional requirements.			
<i>Note: Provincial/territorial or local regulations and bylaws can apply.</i>			
Advisory			
a) Furnishings should include height adjustable tables/chairs.			
b) Internet access port(s) or wireless access should be provided.			

8.6 Rehabilitation care

8.6.1 Description

8.6.1.1 General

Rehabilitation care is a program of services directed toward restoring patients to their highest level of physical independence and emotional wellness after experiencing the effects of disease or debilitating injury.

Rehabilitative care is typically provided as a discrete unit of an acute care HCF. Patients of rehabilitative care could be patients residing in the HCF or else visiting the HCF on an outpatient basis.

Dedicated rehabilitation facilities, not connected to an acute care HCF, can also be established to serve patients with specialized illnesses or disabilities. In general, dedicated rehabilitation facilities typically have larger space requirements than similar facilities in acute care HCFs, the patients could have longer lengths of stay, and the facilities are less institutional and more residential.

Children's HCFs, or acute care HCFs with major pediatric services, generate their own specific spatial needs for rehabilitative care.

Patients of all ages will use rehabilitation services. Almost all patients receiving rehabilitative care will be, to some extent, physically incapacitated. Many patients will use wheelchairs or walking aids and, increasingly, motorized chairs that have implications for parking and recharging. Some patients with visible injuries (e.g., burns, throat surgery, etc.) could require a non-threatening, private environment.

8.6.1.2 General services

The services provided by rehabilitation units generally include

- a) patient assessment and establishment of an individualized treatment plan;

- b) physical therapy (e.g., exercise, massage, manipulation);
- c) occupational therapy for the improvement of daily functional capacity;
- d) speech pathology;
- e) audiology;
- f) personal care, counselling, education, and support to patients and their families or caregivers to adapt to changes in functional ability;
- g) comprehensive discharge planning; and
- h) medication management.

8.6.1.3 Specialized services

Some rehabilitation services provide additional specialized services such as

- a) hydrotherapy;
- b) specialized treatment for uncommon conditions/diseases (e.g., burns, spinal cord injury);
- c) gait analysis;
- d) orthotics/prosthetics;
- e) specialized seating;
- f) video fluoroscopy; and
- g) chiropody services.

8.6.1.4 Pediatric rehabilitation

8.6.1.4.1 General

8.6.1.4.1.1

Children's HCFs and acute care HCFs with major pediatric services that provide outpatient rehabilitation services will have additional spatial needs for specific types of rehabilitative care. These services include a comprehensive range of ambulatory rehabilitation, developmental, behavioural, and recreational therapy services to infants, children, and youth with behavioural, physical, and developmental disabilities, autism, and communication disorders, and to children who are deaf and blind.

8.6.1.4.1.2

The outpatient rehabilitation services will utilize interdisciplinary/interprofessional expertise and maximize the use of technology.

8.6.1.4.1.3

The care provided by the interdisciplinary team should be family-centred, holistic, and based on the individual needs of each child and their family. The services should be flexibly organized to provide support in the right place for the child and their family including therapy at the HCF, at home, in day care, in school, and in the community where children and youth may need support.

8.6.1.4.1.4

The services typically include assessment, diagnosis, treatment, rehabilitation, consultation, liaison, advocacy, and client and family education. Intervention generally focuses on

- a) skills development including life skills, social skills, behavioural skills, communication skills, and physical skills;
- b) stabilization, treatment, and recovery from a diagnosis of either a physical or neuro-developmental condition;
- c) creating environments that promote optimal community inclusion; and

- d) involving the family in all aspects of decision-making and care.

8.6.2 Functional requirements

8.6.2.1 General

8.6.2.1.1

The rehabilitation unit should have ready access to allied health units such as speech pathology and social work where those units are not represented or located within the unit itself. There shall be ready access to orthopaedic clinics by physiotherapy.

Note: *In a HCF with inpatient units and rehabilitation medicine services, the most critical relationship is with inpatient units in the HCF. In determining whether to centralize treatment, or to provide treatment in the inpatient units, the logistics of patient travel and transport should be considered. In some instances there might need to be duplication of facilities.*

8.6.2.1.2

The design shall include connections to the following services, either through proximity or by means of convenient circulation routes:

- a) medical imaging;
- b) public areas such as retail, chapel, and cafeteria, for patients, families and visitors to access; and
- c) the outpatient rehabilitation area (if it is to be used by inpatients).

8.6.2.1.3

The rehabilitation unit should be accessible from inside the HCF's main entrance.

8.6.2.1.4

The inpatient rehabilitation unit may share some services such as rehabilitation equipment and gymnasium with the outpatient services and have a process of tracking patients through the entire continuum of care.

8.6.2.1.5

Storage space shall be provided within or immediately adjacent to the unit, so that staff has easy access to therapy equipment. The amount of storage should be gauged based on the type of program and the equipment used.

Note: *Overflow of storage into halls or rooms can hamper emergency egress routes, as well as create other risks to patients, staff, and equipment.*

8.6.2.2 Pediatric rehabilitation

8.6.2.2.1

Pediatric rehabilitation services shall be designed in accordance with the following principles and assumptions:

- a) All therapy spaces and furnishings shall accommodate large wheelchairs and strollers and be age appropriate.
- b) Treatment rooms shall have movable/adjustable-height tables and chairs.
- c) All treatment rooms and gymnasiums should provide easy access to windows, views, and daylight.
- d) Spaces should be designed to facilitate movement from one type of treatment room/space to another as therapy progresses.

- e) There shall be direct access from the therapy areas to outdoor therapeutic play spaces.

8.6.2.2.2

Pediatric services shall be designed to support family involvement in all aspects of residence, treatment, and care.

8.6.2.2.3

Provision shall be made for the education of the patient and family.

Note: Education can take place in assessment and consultation rooms, as well as in dedicated rooms.

8.6.2.2.4

Outpatient rehabilitation facilities may be centralized for specialty type rehabilitation within a HCF, but consideration should be given to providing select rehab services in clinics and, as much as possible, closer to home, school, day care and community.

8.6.3 Technical requirements

8.6.3.1 General

8.6.3.1.1

Rehabilitation inpatients typically have longer lengths of stay in a HCF than acute care inpatients. Rehabilitation inpatients can have a greater number of personal items than a typical acute inpatient and consideration should be given to providing storage/locker space to accommodate such items.

8.6.3.1.2

Corridors should be designed with therapeutic as well as circulation considerations in mind. Wayfinding landmarks and cueing devices shall be provided.

Note: Corridors should be considered as more than just circulation spaces, for they also fulfill a therapeutic function. A continuous looping corridor is not always a successful wandering path. (Patients with some forms of cognitive impairment are often walking with a purpose. In these cases, a loop might reinforce the frustration of not reaching that purpose.)

8.6.3.1.3

Outdoor spaces should be provided.

Note: Outdoor space is an important program component, although climate conditions can prevent its use on a year-round basis.

8.6.3.1.4

Sufficient space shall be provided for storage of returned loan equipment, separate from the storage for clean equipment available for loan. Cleaning and decontamination shall take place in the MDRD or in a separate designated area in accordance with CAN/CSA-Z314.

8.6.3.1.5

Means shall be provided (e.g., ventilation and air flow) to control odours.

8.6.3.1.6

In an inpatient setting for rehabilitation services

- a) there shall be a reception area and a control station. These may be combined. The control station shall permit visual control of waiting and activities areas, including a child play area for pediatric patients (this may be combined with office and clerical space);
- b) an area for wheelchair/stretcher accommodation shall be provided adjacent to reception; and
- c) all therapy areas should be conveniently accessible from the reception.

8.6.3.1.7

When services are decentralized, shared meeting, conference, resource, and documentation areas shall be centralized on the unit. Washrooms shall be conveniently located specific for staff use. Space for storing wheelchairs and stretchers shall be out of traffic while patients are using the services. These spaces may be separate from the service area but shall be conveniently located.

8.6.3.1.8

Furniture, fittings, and equipment selection shall balance the need for encouraging active rehabilitation against the limited mobility of some patients. All selections shall be consistent with the accessibility needs of patients, staff, and visitors.

8.6.3.2 Occupational therapy and physiotherapy

Workspace provisions shall include

- a) a central therapeutic recreation room, which should be located near the occupational therapy services or, depending on program requirements, may also be associated with rehabilitation, physiotherapy, or an inpatient continuing facility; and
- b) smaller therapeutic recreation rooms, which may be located on the inpatient floors.

8.6.3.3 Speech/language pathology

8.6.3.3.1

If the speech/language pathology section is to be located on the patient unit, it should be close to other areas where therapy is taking place.

8.6.3.3.2

If video fluoroscopy is used, the speech/language pathology section shall have convenient access to medical imaging.

8.6.3.3.3

The speech/language pathology assessment/treatment and pediatric group room should have convenient access to the following services:

- a) occupational therapy;
- b) ambulatory care;
- c) rehabilitation; and
- d) pediatrics.

8.6.3.4 Audiology

8.6.3.4.1

The audiology testing suite should be located near related modalities, which can include ambulatory care, physiotherapy, occupational therapy, recreational therapy, psychology, and speech-language pathology.

8.6.3.4.2

The audiology testing room should be located in a low traffic area to minimize distraction caused by other noises.

8.6.3.5 Gymnasium

8.6.3.5.1

If a gymnasium is provided, sound dampening measures should be used in its construction.

8.6.3.5.2

Wall finishes shall be impact resistant to a height of 2 m from the floor. Floor materials shall be appropriate for gymnasium use.

8.6.3.5.3

Gymnasium ceiling heights should be a minimum of 3.3 m.

8.6.3.6 Pediatric rehabilitation services

8.6.3.6.1

Spaces within pediatric rehabilitation services should accommodate varying levels of care from 1:1 therapy to the provision of group activities/therapies.

8.6.3.6.2

Pediatric rehabilitation facilities and exterior spaces shall be designed to be fully accessible in accordance with current accessibility standards, and with applicable requirements.

Note: Federal, provincial/territorial, and local regulations can apply.

8.6.3.6.3

In keeping with the principles of accessible environments for all, outpatient rehab facilities shall accommodate transgender or gender non-conforming people in the design of washrooms, change rooms, and other gender-specific services and facilities based on their lived gender identity.

8.6.3.6.4

For clients/patients and families arriving at the HCF, a drop off/entry and short-term parking shall be provided to facilitate a parent helping a child into a wheelchair or other mobility device.

8.6.3.6.5

Assessment/examination rooms shall comply with the requirements for examination rooms in Table 11.1.

8.6.3.6.6

All multi-use therapy rooms shall be designed to be used in various flexible ways over time for the following (as applicable to the services being provided):

- a) consultation — by behaviour consultants, psychologists, social workers, instructor therapists, transition services;
- b) active therapy — by occupational therapists, physiotherapists, speech-language pathologists, instructor/behaviour therapists; and
- c) assessments by psychologists/psychometrists, and staff involved in autism diagnosis and treatment.

8.6.3.6.7

Multi-use individual and group therapy rooms shall be designed to be flexible in use and support the varying needs of clients and families. The rooms should accommodate the following:

- a) storage of clients' and families' coats adjacent to the therapy rooms;
- b) active toy storage, potentially accessible from both inside and outside of the room;
- c) storage for testing/screening "kits" (as applicable to the services being provided and the use of the room);
- d) workspace with computer (hand-held or other technology);
- e) adjustable height client activity table;
- f) chairs for family members;
- g) infant stroller space (parking) in addition to wheelchairs/stroller seating systems;
- h) potential filing space for frequently-used forms or technology enabled alternative;
- i) multi-media;
- j) hand hygiene station;
- k) counter space in some rooms (splinting); and
- l) emergency support systems where required (e.g., O₂, AED).

8.6.3.6.8

All furnishings should be movable; chairs should be stackable. Storage shall be near the therapy rooms for the short-term accommodation of therapy equipment and furniture.

Note: Some services/therapy rooms could need to be equipped with lounge-type sofas and chairs for consultation with various professionals.

8.6.3.6.9

All therapy spaces and furnishings shall be designed to accommodate large wheelchairs and strollers and be age appropriate.

8.6.3.6.10

Spaces shall be designed to take into account age considerations and sensory tolerance.

8.6.3.6.11

Bare therapy rooms for behavioural consultations and functional analyses shall be empty of furnishings and have walls and floors finished in soft materials.

8.6.3.6.12

Ideally, at least one of the group rooms should have access to outdoor space for recess type activities, i.e., an area for playing catch and running games (space to move). It shall be enclosed for safety of clients at risk of eloping.

8.6.3.6.13

Some group rooms should have a two-piece accessible washroom with access from the group room instead of the corridor.

8.6.3.6.14

The design should provide direct access to an outdoor, enclosed recreation/garden area and therapeutic play area(s). This may take several forms and include a playground with climbing structure, a courtyard, a roof garden, a terrace, etc.

8.6.3.6.15

Where possible, doors should not be used; if doors are required, consideration should be given to providing automatic doors to support independence.

8.6.4 Space details

Tables 8.6 a) and 8.6 b) specify the standard requirements for key spaces in the rehabilitation area. Common areas are detailed in Clause 11.

Table 8.6 a)
Key space requirements and recommendations — Rehabilitation care
(See Clause 8.6.4 and Table 8.8.)

Item no.	Room name	Net area, m ²	Requirements and recommendations
1	Speech/ language pathology assessment room	16.0	<p>Mandatory:</p> <ul style="list-style-type: none"> a) The room shall be accessible. b) There shall be a hand hygiene sink at the entrance. c) There shall be a staff workstation, small round meeting table, and securable file storage. d) Storage for PPE shall be provided. <p>Advisory: Equipment should be assessed before setting size. Equipment may include a computerized speech lab, digital stethoscope, wall-mounted TV.</p>
2	Therapeutic recreation room	Varies by program	<p>Mandatory:</p> <ul style="list-style-type: none"> a) The room shall be accessible. b) There shall be a hand hygiene sink at the entrance. c) There shall be adequate space for equipment and storage. d) Daylight shall be provided if a horticulture therapy program is included. <p>Advisory: The size of this space may vary, based on access for <ul style="list-style-type: none"> a) physically challenged patients; b) bariatric patients; c) patients using scooters and other mobility aids; d) large and small groups; and e) personal caregivers. </p>

(Continued)

Table 8.6 a) (Continued)

Item no.	Room name	Net area, m ²	Requirements and recommendations
3	1-bedroom suite, AIR	See See Table 11.1 for adult inpatient bedroom size	<p>See Table 11.1, Item 24 for common requirements and recommendations for a patient bedroom.</p> <p>Mandatory:</p> <ul style="list-style-type: none"> a) Access to at least one AIR inpatient bedroom shall be provided per mid- to large-sized rehab unit; at least easy access shall be provided from a small inpatient continuing care unit, as the program dictates, to avoid, if possible, transfer of the patient to acute care. b) A place to charge a wheelchair shall be provided in the room. c) The room and door design shall permit staff to view the patient at any time without entering the room. A window shall be provided in both vestibule doors, positioned to allow a view from the bed. d) A flexible sanitary window screen shall be provided to allow for privacy when the patient's condition allows. e) Individual temperature control shall be provided. f) The vestibule shall be pressurized. g) A visitor space close to the patient, for ease of visual/auditory access, shall be accommodated. h) An anteroom shall be provided. <p>Advisory:</p> <ul style="list-style-type: none"> a) Privacy and care requirements, such as visibility by staff from the corridor versus patient privacy, should be balanced. b) The wardrobe need not be close to the bed. c) Finishes that resemble home environments should be used.
4	Tub/shower room		See Table 11.1, Item 47 common requirements.
			<p>Mandatory:</p> <ul style="list-style-type: none"> a) Access to oxygen and a medical vacuum shall be provided within the room. b) A secure limiting device shall be provided if the window is operable.
5	Dining room		See Table 11.1, Item 13 common requirements.
6	ADL kitchen	Varies by program; assume enclosed room minimum 9.5	<p>Mandatory:</p> <ul style="list-style-type: none"> a) The kitchen shall be wheelchair accessible. b) Both standard and accessible kitchens shall be included so that patients can be prepared for the configuration they will be going home to. <p>Note: <i>An accessible kitchen is not required in an ADL apartment if one is already provided separately in a convenient location as an ADL kitchen elsewhere.</i></p> <p>c) The kitchen shall reflect similar challenges of the home as part of the transition.</p>

(Continued)

Table 8.6 a) (Continued)

Item no.	Room name	Net area, m ²	Requirements and recommendations
			<p>d) Doors shall be a minimum 860 mm, with 600 mm open side leaf.</p> <p>e) Standard kitchen counter, appliances, and fixtures shall be provided, as well as an accessible kitchen counter conveniently located within rehab unit.</p> <p>f) Windows, whether direct to the outdoors or not, shall resemble the orientation typically found in a home.</p> <p>g) Fixtures shall resemble lighting at home.</p> <p>h) Flexibility shall be provided to allow for task lighting.</p> <p>i) Multiple electrical receptacles shall be provided to allow flexibility in furniture/lighting placement.</p> <p>j) Individual temperature control shall be provided.</p> <p>k) Finishes shall resemble those commonly found at home.</p> <p>l) A family/visitor space to assist the patient shall be accommodated.</p> <p>m) Nurse call system shall be provided.</p> <p>Advisory:</p> <p>a) To ease orientation, the use of contrasting colours to delineate interior wall planes and furniture should be considered.</p> <p>b) Combining the ADL laundry and kitchen in one area should be considered.</p> <p>c) Consideration should be given to whether, based on program requirements, a full ADL apartment is required or only a laundry and kitchen.</p> <p>d) Contrasting colours for furniture should be used to ease orientation.</p> <p>e) Visibility by staff versus patient privacy should be balanced.</p>
7	ADL laundry	11.0	See Table 11.1, Item 28 common requirements.
8	ADL apartment	Varies by program and the range of components included in the ADL suite	<p>Mandatory:</p> <p>a) Space for a double bed shall be included in the bedroom area.</p> <p>b) A window (whether direct to outside or not) and curtain shall be provided in all bedrooms.</p> <p>c) The apartments shall be wheelchair accessible.</p> <p>d) For wet areas with barefoot traffic (e.g., showers or tub room), slip-resistant flooring shall be used, suitable to the application and use for shoed and barefoot traffic.</p> <p>e) A standard bathroom shall be incorporated, but with easily adapted accessible features to reflect the reality of the transition to home.</p> <p>f) Both standard and accessible kitchens shall be included for ease of transition to either at home.</p> <p>Note: An accessible kitchen is not required in an ADL apartment if one is already provided separately as an easily accessed ADL kitchen elsewhere.</p> <p>g) The grab-bar, if located above the toilet, shall not be in conflict with the commode.</p>

(Continued)

Table 8.6 a) (Continued)

Item no.	Room name	Net area, m ²	Requirements and recommendations
			<ul style="list-style-type: none"> h) The apartment shall reflect similar challenges of the home as part of the transition. i) A second door into the bedroom shall be provided to enable access to the bedroom and bathroom without going through the kitchen/living room. j) The ability to transfer patients from a mechanical lift to the bed shall be provided. k) One side of the bed shall be wheelchair accessible. l) Doors shall be a minimum 860 mm, with 600 mm open side leaf. m) Space for living room furniture, including a sofa bed, shall be provided. n) Medical gases shall be provided in one wall of the bedroom. o) A dresser and accessible closet shall be provided in the bedroom. p) Standard kitchen counter, appliances, and bathroom fixtures shall be provided, as well as an accessible kitchen counter conveniently located within the rehab unit. q) A place to charge wheelchairs shall be provided in the apartment. r) Provision shall be made for a washer and dryer, but only as secondary if an ADL laundry room is provided elsewhere. s) The wardrobe shall be movable but securely fixed to the wall for safety. t) Windows (whether direct to outdoors or not) shall resemble orientation at home (e.g., in the bedroom). u) Fixtures shall resemble lighting at home. v) Flexibility shall be provided to allow for task lighting. w) Multiple wall receptacles shall be provided to allow flexibility in furniture/lighting placement. x) Individual temperature control shall be provided. y) Finishes shall resemble those commonly found at home. z) Visitor space to assist patient shall be accommodated. aa) A nurse call button/bell shall be provided. <p>Advisory:</p> <ul style="list-style-type: none"> a) Combining the ADL laundry and kitchen in one area should be considered. b) Consideration should be given to whether, based on program requirements, a full ADL apartment is required or only a laundry and kitchen. c) Visibility by staff versus patient privacy should be balanced.
9	Small multi-disciplinary assessment/treatment room	Varies	See Table 11.1, Item 41.

(Continued)

Table 8.6 a) (Continued)

Item no.	Room name	Net area, m²	Requirements and recommendations
10	Large multi-disciplinary assessment/treatment room	Varies	See Table 11.1, Item 42.
11	Physical therapy		<p>Mandatory:</p> <ul style="list-style-type: none"> a) Storage for equipment shall be provided nearby. b) Visual privacy shall be ensured (e.g., with a privacy curtain). c) One therapy area for one patient or one patient and family member shall be accommodated. d) The area shall accommodate the treatment table plus staff workspace with a portable computer. e) A minimum 1800 mm turning circle shall be provided for standard wheelchair accessibility on one side of the treatment table for ease of therapy on both sides. f) Access to three sides of the treatment table shall be incorporated. g) A minimum 900 mm shall be provided at the foot of the treatment table (when not a fixed partition). h) A minimum 900 mm shall be provided on one side and 1800 mm on the other, shared with adjacent treatment table. i) Allowance shall be made for space for staff equipment, including a small work area with seat and counter, and storage above the treatment table. j) Space shall be provided for sitting adjacent to the patient. k) There shall be a monolithic ceiling to accommodate adjustable poles. l) Provision shall be made for wall reinforcing for pulleys, etc. m) The ceiling structure shall accommodate the weight of therapy grids. n) A minimum of one hand hygiene sink shall be provided for the overall treatment area. <p>Note: <i>The default recommendation of one sink per three treatment spaces is excepted in this application.</i></p> <ul style="list-style-type: none"> o) Lockable space shall be provided for cleaning products. p) Ample storage shall be provided for both small items and large equipment. q) The door into the general area shall be in accordance with the requirements in Clause 7.8.8. r) A light shall be provided over the treatment table area. s) Daylight-simulated light fixtures shall be provided. t) One emergency power supply shall be provided per three treatment tables. u) One light switch shall be provided per treatment bed/treatment table. v) A high-voltage outlet shall be provided per three treatment tables.

(Continued)

Table 8.6 a) (Continued)

Item no.	Room name	Net area, m ²	Requirements and recommendations
			<p>w) A family/support person space to enable assistance shall be provided.</p> <p>x) An easily accessible and safe nurse call system, connected to nearest team station, shall be provided.</p> <p>y) For a PT double treatment table, the area shall be a minimum of 9.5 m², and a bobath-sized template shall be used for the standard treatment table area.</p> <p>Advisory:</p> <ul style="list-style-type: none"> a) Privacy and care requirements, such as visibility by staff from the corridor versus patient privacy, should be balanced. b) Based on the patient population, piping easily accessible medical gases into the wall within the overall treatment room should be considered. c) Zoned temperature control should be considered for the room.
13	Circulation	Varies	<p>Mandatory:</p> <ul style="list-style-type: none"> a) The importance of circulation as therapeutic space for this patient group shall be taken into account. b) Mobility shall be promoted by providing focal points. c) Finishes that facilitate manoeuvrability shall be used. d) There shall be no direct visual access from the corridor to patient bathing spaces. e) Patient-accessible and service space entries shall be differentiated. f) Direct openings and visual links to social/therapeutic/common areas shall be created whenever possible. g) Opportunities for meeting and greeting shall be provided. h) Unobtrusive observation of patients shall be ensured where surveillance is necessary. i) Adequate overall illumination shall be provided, along with accent lighting for pictures, plants, and furnishings. j) Direct and indirect glare onto flooring surfaces shall be prevented. <p>Advisory:</p> <ul style="list-style-type: none"> a) Low-maintenance but non-institutional decor should be used in finishes and accessories, including lighting and railings. b) The design of circulation areas should avoid features that could confuse cognitively or visually impaired patients by presenting an unclear or unreachable goal. A window with a view at the end of a destination can be frustrating if the view is not reachable. For example, a dead end corridor can be more successfully navigated if there is a touchable focus. c) Providing focal points can deter wandering (see Clause 8.8.2.4.3).

(Continued)

Table 8.6 a) (Concluded)

Item no.	Room name	Net area, m ²	Requirements and recommendations
			<p>d) Residential treatment of clinically required accessories, such as corner guards, bumper rails, and handrails, should be considered.</p> <p>e) Finishes that reduce reflected noise on walls and ceilings increase sound absorbency and tend to prevent agitation.</p>
14	Team care station — Decentralized		See Clause 11
15	Outdoor space		See Table 11.1, Item 35.

Table 8.6 b)
Key space requirements and recommendations — Pediatric rehabilitation care
(See Clause 8.6.4 and Table 8.8.)

Item No.	Room names	Net area, m ²	Requirements/recommendations
1	Consultation room	Size varies per number of users	<p>Note: This room is used for consultation with families and among staff.</p>
2	Examination/assessment room, individual, multi-use	See Table 11.1, Item 14a, Examination room; would increase in size to accommodate inter-professional team and family members	<p>Mandatory: The examination/assessment room shall</p> <ul style="list-style-type: none"> a) allow for flexible use; b) be accessible; and c) allow for assessment of child on height adjustable table as well as on the floor; in larger rooms open floor space required. <p>Note: This room is used to accommodate the client, family member(s), and therapist.</p>
3	Weigh scale	2	<p>Mandatory:</p> <ul style="list-style-type: none"> a) The floor shall be recessed to accommodate children in wheelchairs.
4	Treatment room, individual, multi-use	15	<p>Note: This room is used to accommodate the client, family member(s), and therapist.</p> <p>Mandatory: The treatment room shall be accessible. The treatment room shall be designed to allow for flexible use.</p>
5	Treatment room, individual, multi-use, large	18.5	<p>Mandatory: The treatment room shall have individual therapy space and be sized to accommodate the turning radius of a wheeled mobility device.</p>
6	Treatment room, individual,	14	<p>Note: This room is used for individual therapy to accommodate one client and several adults.</p> <p>Mandatory:</p>

(Continued)

Table 8.6 b) (Continued)

Item No.	Room names	Net area, m²	Requirements/recommendations
	multi-use, behaviour		The room shall a) be an empty space with observation window; b) accommodate audio/visual recording devices; c) be safe and secure; and d) have rounded corners in the room, and padded or soft wall materials.
7	Treatment room, group, multi-use	Varies in size depending on activities and number of participants	
8	Treatment room, group, feeding, oral motor, multi-use	Varies	Mandatory: a) A kitchenette and related equipment shall be provided.
9	Sensory integration room, group		Note: <i>This room is intended as a larger open space to accommodate ceiling and floor-mounted therapeutic equipment (e.g., ball pit, tent ceiling, stairs, exercise balls).</i> Mandatory: The room shall a) be in a location that provides for easy access; and b) have high ceilings.
10	Snoezelen room		Mandatory: The room shall be designed with a) multi-level platforms; b) specialized lighting; c) no windows; d) portable snoezelen equipment; e) a central location for access by all therapies.
11	Observation room	Varies	Advisory: The room may provide direct view into adjacent room or viewing by remote electronic access
12	Equipment storage, short-term	Varies	Mandatory: The room shall be located in close adjacency to treatment rooms so it can be easily accessed by therapists. Note: <i>This room is intended for short-term accommodation of equipment, e.g., therapeutic toys used in therapy rooms.</i>
13	Therapy gymnasium, group, large/mobility area	Varies depending on number of pieces of equipment	Mandatory: The room shall have a) open floor space to accommodate treadmill(s), stair (s), plinth(s), parallel bars, mats, balls; open floor space; and b) high ceilings.

(Continued)

Table 8.6 b) (Continued)

Item No.	Room names	Net area, m²	Requirements/recommendations
14	Storage room, equipment	Varies	<p>Mandatory:</p> <ul style="list-style-type: none"> a) The room shall be located in close adjacency to treatment rooms so it can be easily accessed by therapists. b) Storage space shall be provided for all rehab equipment and shall be exclusively for this purpose. See Clause 7.7.1.7.
15	Gymnasium, group, multi-use	Varies	<p>Mandatory:</p> <p>The gymnasium shall have</p> <ul style="list-style-type: none"> a) large open floor area to accommodate gross motor activities, art, games, music, drama productions; b) high ceilings c) a stage; access to the outside therapeutic play area; d) easily accessed from parking for use by community; e) a staff workstation; f) a piano or keyboard; g) a counter with a deep sink; and h) acoustical isolation from the surrounding areas; <p>Note: Music and/or art materials can be accommodated in a separate room depending on the size of the facilities)</p> <p>Advisory:</p> <ul style="list-style-type: none"> a) The room may have an adjacent (ADL) kitchen.
16	Kitchen, teaching, ADL, shared	Varies	<p>Mandatory:</p> <p>The kitchen shall have the following:</p> <ul style="list-style-type: none"> a) kitchen counter; b) double sink; c) stove top, oven; d) refrigerator; e) dishwasher; and f) storage.
17	Laundry room, teaching, ADL	Varies	<p>Mandatory:</p> <p>The room shall have the following:</p> <ul style="list-style-type: none"> a) (commercial grade) clothes washer, (commercial grade) clothes dryer; b) folding counter; and c) storage for detergent.
18	Materials preparation room	Varies	<p>Mandatory:</p> <p>The room shall have the following:</p> <ul style="list-style-type: none"> a) laminator (requiring special ventilation); b) large layout counter; c) computer workstations; d) upper and lower materials storage; e) staff workspace; and f) access to copy/fax/scan.
19	Staff resource room	Varies	<p>Mandatory:</p> <p>The room shall have</p> <ul style="list-style-type: none"> a) storage shelving and cabinets for toy storage and assessment forms; and

(Continued)

Table 8.6 b) (Concluded)

Item No.	Room names	Net area, m²	Requirements/recommendations
			b) a central layout counter.
20	Washroom, client/family, accessible change	10	<p>Mandatory: The washroom shall</p> <ul style="list-style-type: none"> a) be provided with a toilet and sink; b) be accessible to wheeled mobility users, with 2400 mm turning radius; c) be provided with an adult sized adjustable height change table in accordance with CSA B651; and d) be provided with a ceiling mounted lift. <p>Advisory: One washroom may be located as an ensuite to a group activity room.</p>
21	Splinting room, orthotics		<p>Mandatory: The room shall be in a location that is easily accessed by OT staff, and shall include</p> <ul style="list-style-type: none"> a) splinting materials storage; and b) a sewing machine.
22	Toy cleaning area/room	Varies	<p>Note: <i>This room is intended for washing/disinfecting toys and small equipment.</i></p> <p>Mandatory: The room shall have space for</p> <ul style="list-style-type: none"> a) a deep double sink with counter; and b) storage racks. <p>Advisory: Space to accommodate 1–2 dishwasher(s) should be provided.</p>
23	Materials preparation room	Varies	<p>Mandatory: The room shall include</p> <ul style="list-style-type: none"> a) a laminator (with appropriate ventilation); b) a large layout counter; c) computer workstations; d) upper and lower materials storage; e) staff workspace; and f) access to copy and scanning services.

8.7 Burn unit

8.7.1 Description

8.7.1.1

The burn unit offers a progressive program of treatment, therapy, and rehabilitation for patients who have received the following:

- a) chemical burn;
- b) scald or thermal (fire);
- c) electrical burn, including lightning;
- d) inhalation injury; and

- e) other skin disorders [e.g., Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TENS)].

8.7.1.2

The burn unit is physically designed to maximize the healing opportunities for patients to receive specialized care, but not limited to the following disciplines:

- a) critical care;
- b) plastic surgery;
- c) physiotherapy;
- d) occupational therapy;
- e) speech pathology;
- f) psychiatry;
- g) nutrition;
- h) addictive medicine;
- i) spiritual care; and
- j) social work.

8.7.2 Functional requirements

8.7.2.1 Rooms

Design of burn treatment services shall include the following:

- a) single inpatient bedrooms complete with
 - i) washroom;
 - ii) patient waste disposal; and
 - iii) hand hygiene sink for staff;

Note: For new construction (i.e., where the plumbing does not have existing biofilms), the use of ultraviolet lights in the supply pipes for the hand hygiene sink can reduce the spread of infection from water systems. Environmental controls and ventilation systems provide a positive pressure environment. This includes a separate anteroom. See Clause 11.
- b) family/visitor room suitable for both waiting and private for consultation; and
- c) education room suitable for teaching activities for patients, families, caregivers, and staff.

8.7.2.2 Equipment and furnishings

Air fluidized therapy (AFT) beds shall be provided.

Note: AFT beds allow patients to heal faster. Pressures well below capillary closing improve blood flow to the skin, reducing pain and accelerating healing. The result is greater patient comfort, fewer re-hospitalizations, and lower cost of care.

8.7.2.3 Examination and treatment spaces

Procedure and therapy spaces in burn treatment services shall be designed to accommodate the additional supplies and workspace that could be needed for treating burns.

Note: Depending on the size and scope of the services, additional provisions could be needed for supply carts, utility sinks, etc.

8.7.3 Space details

Table 8.7 presents the standard requirements for key spaces in the burn treatment services area. Common areas are detailed in Clause 11.

Table 8.7
Key space requirements and recommendations — Burn treatment services
(See Clause 8.7.3.)

Item no.	Room name	Net area, m ²	Requirements and recommendations
1	Patient bedroom suite, adult and child		See Table 11.1, Item 24 for common requirements and recommendations for an inpatient bedroom. Mandatory: In addition to the common requirements and recommendations for an inpatient bedroom in Table 11.1, the burn treatment services inpatient bedroom shall have
	Bed area	22.7	a) a clear area exclusive of washroom, closet/locker; b) a water/drain connection for a portable dialysis machine; c) a patient care zone of a minimum 4.5 m ² ; d) a family zone with seating/sleeping/work area that does not interfere with patient care activities;
	Wash-room with shower stall)	5.6 (3-pce)	e) a staff zone with a hand-washing hygiene station, and computer station which shall not interfere with function; f) a waste disposal system to avoid any risk of contamination to the patient/bed area;
	Family zone	Included in bed area	g) space for a bed, equipment (i.e., monitor, ventilator, supply cart), furnishings (i.e., side chairs, recliner chair, over bed table), staff, and visitors; and h) storage for patient personal belongings.
	Staff zone	Included in bed area	The minimum distances around and between beds shall be in accordance with Table 7.1.
	Waste disposal system area	0.5	
	Charting area	1.4	Advisory: A soiled workspace may be added (may be shared between two to three rooms). If this room is added, the net area shall be not less than 3.0 m ² .
	Supply alcove	1.4	Other washroom types may be used instead of the regular three-piece washroom with shower: a) a three-piece washroom with sink, toilet, and tub with shower — 7.0 m ² ; and b) a three-piece washroom with hand-held wand — 4.6 m ² .

8.8 Complex care

8.8.1 Description

8.8.1.1 General

8.8.1.1.1

Inpatient complex care is a program of services provided by a team of health care professionals to persons who have chronic, complex medical conditions requiring specialized care (chronic ventilator/respiratory respite/respiratory end-of-life programs, brain injury with severe and unpredictable behaviours, and enhanced long-term care for residents with complex or specialized needs) as well as client populations requiring restorative care (a post-acute inpatient program to provide goal-directed, structured rehabilitation, and/or habilitation following surgery or illness). The complexity of patient needs requires the intensity of staffing levels typical of a hospital environment. The goal of the program is to optimize patients' quality of life, maximize their independence, and improve their function to the

greatest extent possible. In most instances, discharge will not be possible due to the complexity of patient needs.

8.8.1.2

Clause 8.8 covers the continuum of complex care, which can be provided within freestanding facilities or as distinct parts of a general hospital or other HCF.

The continuum of nursing services and facilities can be distinguished by the levels of care, staff support areas, and service areas provided.

8.8.1.2 General services

The services generally provided by complex care programs include

- a) comprehensive assessment of patient needs and establishment of patient goals by the patient, his/her network, and the patient complex care team; and
- b) health care services, counselling, and education to patients and their families or caregivers by a team of health professionals.

8.8.1.3 Additional services

Depending on local conditions, some complex care programs can provide additional services (which can require different types or organization of space), including

- a) low intensity, long duration, goal-oriented rehabilitation focusing on improvement of health and function; and
- b) complex technology supported care, such as chronic assisted ventilator care, acquired brain injury with severe/unpredictable behaviour or dialysis.

8.8.1.4 Special care services

Special care services can include the following:

- a) sub-acute care; and
- b) adult day health care.

8.8.1.5 Auxiliary services

When the nursing unit is part of, or contractually linked with, another HCF, services such as dietary, storage, pharmacy, linen, and laundry may be shared insofar as practical. In some cases, all ancillary service requirements will be met by the principal HCF and the only modifications necessary will be within the nursing unit. In other cases, programmatic concerns and requirements can dictate separate service areas.

8.8.1.6 Planning operational models

8.8.1.6.1

The administration of care involves procedures, which are in line with accepted care policies and practices for aged or otherwise incapacitated patients. The goal is to achieve an environment and program that is suitable to each patient's individual level of adaptability.

The importance of facilitating and maintaining a sense of "family" and place within the lives of patients is not to be understated. Patients in this type of HCF will tend to be more mindful of their needs in respect to internal and external support networks, social interactions, and issues of choice.

There will be generally three shifts per day for care staff. The general public, management, hotel, and other ancillary services will most likely be restricted to day and evening use.

8.8.1.6.2

Depending upon the type of service and care plan to be provided, direct care staff work areas need not be equipped with all of the provisions for a supervisory administrative staff work area. In some decentralized arrangements, care-giving functions may be accommodated at a piece of residential furniture (such as a table or a desk) or at a work counter recessed into an alcove off a corridor or activity space, with or without computer and communications equipment, storage facilities, etc.

8.8.2 Functional requirements

8.8.2.1 General

8.8.2.1.1

The built environment shall be designed to maximize the dignity of patients while facilitating appropriate levels and models of professional care culminating in the establishment of a therapeutic, supported, and residential-style environment.

8.8.2.1.2

The HCF shall be designed to facilitate independence-oriented care, focusing on health and welfare maintenance, rehabilitation, and the achievement of an optimized lifestyle. Sufficient and subtle support should be provided to enable each individual patient to function at the highest level of independence.

8.8.2.1.3

Patient spaces should support a variety of activities and offer areas for individual respite.

8.8.2.1.4

The ambience of the HCF should be as close as possible to residential-style, consistent with the need to provide care to as many patients as will live in this HCF for a number of years. Care and support shall be provided in a clearly defined, identifiably domestic setting to minimize confusion. This minimizes the need for patients to relearn a new spatial grammar within the HCF.

Note: *This also applies to areas for public use (e.g., offices, care areas, utility spaces, parking, roadways, public and private courtyards, and delivery areas).*

8.8.2.1.5

Staff work areas should be designed to minimize the institutional character, command-station appearance, and noise associated with traditional medical nursing stations, and should foster close, open relationships between patients and staff. Confidential or noisy staff conversations should be accommodated in an enclosed staff lounge and/or conference area. At least part of each staff work area should be low enough and open enough to permit easy conversations between staff and patients seated in wheelchairs.

8.8.2.1.6

Services appropriate to the individual's past and present life patterns, involving consideration of social and cultural factors, shall be provided.

8.8.2.2 Internal functional relationships

8.8.2.2.1

Patients shall have direct access from bedrooms to areas for socialization and activities such as the dining room, lounge, and activity rooms.

8.8.2.2.2

For clinical providers there should be convenient access to

- a) supply rooms from patient bedrooms;**
- b) the team station from the medication room and team room; and**
- c) the team station from bedrooms used for acutely ill and/or at-risk patients.**

8.8.2.2.3

The staff room to store staff belongings shall be near the entrance to the unit.

8.8.2.2.4

The team station, or the reception area, if a decentralized team station model is used, shall be located at the entrance to the unit to act as a control point to the unit.

8.8.2.2.5

Optimal views should be provided from the team station to the non-bedroom patient areas on the unit, such as the dining room, activity room, and therapy area.

8.8.2.2.6

To promote a multidisciplinary team approach, there should be a team room with a sufficient number of workstations for the full team to complete charting and other administrative tasks. The creation of separate team rooms/workstations for each discipline should be avoided.

8.8.2.2.7

Patient rooms shall be arranged in groups adjacent to decentralized service areas, optional satellite staff work areas, and optional decentralized patient support areas.

8.8.2.3 Staff functional requirements

8.8.2.3.1

A portion of the bedrooms should be positioned and designed to allow staff to monitor high acuity patients, particularly at night or other times when staffing levels are lower. The number and position of these bedrooms should be consistent with the expected patient population and needs as defined in the functional program.

Note: Technology may be used to accomplish this function, consistent with privacy considerations.

8.8.2.3.2

The staff station should be sized to accommodate most team members at the same time and have efficiently designed workspaces that provide opportunities for private information sharing on a one-to-one and group basis.

8.8.2.3.3

A shared staff lounge shall be located within close proximity to the inpatient unit to support easy access to the unit during breaks.

8.8.2.4 Patient functional requirements

8.8.2.4.1

The care environment shall be enabling and allow patients to safely achieve, from a multi-sensory perspective, increasing levels of independence and wellness. There shall be high levels of accessibility within all patient areas, recognizing the interdependence between staff assisting patients and patients achieving various levels of independence.

8.8.2.4.2

Spaces and design features shall support and facilitate patient mobility and independence while contributing to an aesthetically pleasing environment. Where there are competing needs between aesthetics and mobility/independence, mobility/independence shall have priority.

8.8.2.4.3

Corridors should be designed for therapeutic as well as circulation purposes, and should have wayfinding landmarks and identifiable focal points.

In facilities with dementia patients, a secure interior circulation route shall be provided. This circulation route shall be visible to staff to facilitate monitoring. The design shall support independence and safe mobility.

Note: *A continuous looping corridor is not always a successful wandering path. Patients with some forms of cognitive impairment are often walking with a purpose. In these cases a loop can reinforce the frustration of not reaching that purpose and promote continuous wandering. The provision of touchable focal points along the route can deter wandering. In addition, the design should avoid patterned floors that contain solid lines or shapes that could be viewed as holes. Some patients with dementia will perceive them as barriers.*

8.8.2.4.4

The use of two-bed rooms may be considered for use by couples or by others for whom there would be a social benefit. The need for increased socialization opportunities shall be balanced against patient management priorities, such as patient privacy and infection prevention and control. See Clause 4.5.3.4.

8.8.2.4.5

There shall be a mix of spaces outside the bedrooms, both on and off the inpatient unit, that offer opportunities for socialization on a one-to-one and group basis.

8.8.2.4.6

All patients should have the opportunity to customize their bedroom space in accordance with HCF policy.

8.8.2.4.7

Washrooms shall have sufficient space to enable independent and/or assisted transfer from the front and both sides of the toilet.

Note: *Provincial/territorial health and safety legislation can apply.*

8.8.2.4.8

The patient shall have direct access to the washroom from the bed area (i.e., without having to travel through the bed area of another patient).

8.8.2.4.9

Each patient should have direct access to a shower facility from his or her bedroom (i.e., without having to travel through a public corridor).

8.8.2.4.10

To protect patient privacy, access to private consultation and examination rooms shall be provided on the unit.

Note: *This will be particularly important for patients in two-bed rooms.*

8.8.2.4.11

Patients shall have options for dining, including congregate dining for varied sized groups and individual/private dining.

8.8.2.4.12

Patients shall be able to access therapy areas independently if they are able. Therapy areas for this service shall be within or adjacent to the inpatient unit.

8.8.2.4.13

All patient areas should include technology and other features to support the full range of medical services for this patient group, to minimize transfers to other units.

Note: *Such technology could include piped-in oxygen and medical vacuum, with sufficient electrical receptacles in bedrooms, dining rooms, and lounges.*

8.8.2.4.14

Easy access from the inpatient unit to a therapeutic outdoor area should be provided.

8.8.2.5 Adult day health care program functional requirements**8.8.2.5.1**

Each adult day program, when it is located in a HCF housing other services, shall have its own identifiable space. When permitted by the functional program, support spaces may be shared.

8.8.2.5.2

Adult day programs shall have sufficient space, furnishings, and equipment to accommodate the range of program activities and services for the number of participants as required by the functional program. This space shall include designated area(s) to be utilized when the privacy of the participants requires it.

Note: *For the purposes of this Clause, the number of participants is calculated as being the number of people, exclusive of staff, expected to occupy the space at one time.*

8.8.2.5.3

When possible, the adult day program shall be located at street level or shall be equipped with ramps or elevators to allow easy access for persons with disabilities.

8.8.2.5.4

All communal activity areas shall have convenient access to a hand hygiene sink or waterless hand hygiene station.

8.8.2.5.5

There shall be an area and/or a designated space to permit privacy and to isolate participants who become ill or disruptive or who require inactivity.

These areas shall be

- a) permitted to be part of the medical/health treatment room or nurse station;
- b) located in a place that can be clearly monitored and that is near a toilet room; and
- c) considered part of the usable activity space.

8.8.2.5.6

Dedicated staff toilets shall be provided in accordance with the functional program.

8.8.2.5.7

The number of toilets and sinks supplied shall be determined based on the functional program and applicable requirements. There shall be a variety of toilet room types, consistent with the functional program.

Note: *Toilet room types can include independent, fully accessible, one-person assist, or two-person assist.*

All facilities shall include at least one toilet room that can accommodate a two-person assisted transfer between wheelchair and toilet.

Participant toilet rooms shall be located not more than 12 m away from the activity area. Emergency call stations shall be provided in toilet rooms to which patients have access.

Notes:

- 1) *Applicable building codes should also be consulted.*
- 2) *The distance between toilet rooms and dining areas should reflect a balance between convenience and patient privacy.*

8.8.2.6 Support services functional requirements**8.8.2.6.1**

The design shall reflect the most efficient method to deliver support services (including medication distribution) and minimize travel distances between frequently accessed support and patient areas.

8.8.2.6.2

Provision shall be made for patients to congregate, private dining options, access to kitchen space for patients and families to prepare and store food, and a food service system that supports a variety of dietary requirements.

Note: *Food will be of significant importance within the complex care program.*

8.8.2.6.3

Spaces and systems shall allow for high levels of odour control and noise reduction.

8.8.2.6.4

Storage shall be provided for program equipment and operating supplies. Patient and public spaces shall not be used for storage.

Note: *On-unit storage requirements will be significant due to the large pieces of equipment required for patient care and mobility.*

8.8.2.6.5

Provision should be made for the charging of electric wheelchairs/scooters in the patient's bedroom.

8.8.2.6.6

A space shall be available for participants and family/caregivers to have private meetings with staff.

8.8.2.6.7

A shower or bathtub area shall be provided in all adult day HCFs. If the functional program indicates the need for bathing services, an assisted bathing facility shall be provided.

8.8.2.6.8

Emergency call stations shall be provided in bathing facilities used by participants.

8.8.2.7 Shared services

Each nursing unit shall, as a minimum, contain the elements described within the applicable requirements in Clause 8.8. However, when a project calls for sharing or purchasing services, there may be appropriate modifications or deletions in space and parking requirements.

8.8.3 Technical requirements**8.8.3.1 Environmental considerations****8.8.3.1.1**

The design of inpatient complex care services shall incorporate sufficient lighting and the use of visual cues to facilitate patient orientation.

Note: See CSA Z317.5.

8.8.3.1.2

Acoustic control shall be given careful consideration in planning layouts and finishes.

8.8.3.2 Flexibility

Nursing facilities shall be designed to provide flexibility in order to meet the changing physical, medical, and psychological needs of their patients. Dining space(s) shall be adaptable for multi-purpose activities.

8.8.3.3 Supportive environment

The HCF design shall produce a supportive environment to enhance and extend quality of life for patients and facilitate wayfinding while promoting privacy, dignity, and self-determination.

8.8.3.4 Accessibility

The architectural design, through the organization of functional space, the specification of ergonomically appropriate and arranged furniture and equipment, and the selection of details and

finishes, shall eliminate as many barriers as possible to effective access and use by patients of all space, services, equipment, and utilities appropriate for daily living.

8.8.3.5 Atmosphere of care

Design shall maximize opportunities for ambulation and self-care, socialization and independence, and minimize the negative aspects of an institutional environment.

8.8.3.6 Materials and finishes

8.8.3.6.1 Windows

All inpatient rooms and suites shall have window(s), as follows:

- a) Operable windows or vents that open from the inside shall be restricted to inhibit passage by patients or intruders.
- b) Windows shall have sills located above grade. The patient shall be able to see out, with the sight line based on lower point of
 - i) lying in bed; or
 - ii) sitting in a chair.
- c) Exterior windows should provide views to the natural environment and light when possible, to provide visual stimulation.
- d) Plantings and other visually interesting objects should be provided when exterior views of the natural environment are not possible due to existing building adjacencies.

Note: See Clause 12.2.4 for additional requirements related to windows.

8.8.3.6.2 Screens

Windows and outer doors that can be left open shall have insect screens.

8.8.3.6.3 Glazing materials

Glazing in doors, sidelights, borrowed lights, and windows where glazing is less than 460 mm from the floor shall be constructed of safety glass, wire glass, tempered glass, or plastic glazing material that resists breaking and creates no dangerous cutting edges when broken.

Similar materials shall be used in wall openings in activity areas (such as recreation rooms and exercise rooms) if permitted by local requirements.

8.8.4 Space details

Table 8.8 presents the standard requirements for space in the inpatient complex care service area. All requirements also apply to palliative care, respite care, and adult day care. Where more specific requirements apply to these three services, those requirements are indicated.

See Clause 11 for common requirements in addition to those in Table 8.8.

Note: While inpatient complex care facilities can be similar to hospitals in their spatial layout, they have additional design requirements due to the specialized services they need to provide.

Table 8.8
Key space requirements and recommendations — Inpatient complex care

Item no.	Room name	Net area, m ²	Requirements and recommendations
1	1-bed room	1-bed room suite	See Table 11.1, Item 24 for common requirements and recommendations for a patient bedroom.
	Bed area	15.0	Mandatory:
	Washroom	5.6 3-pce (with shower stall)	In addition to the common area requirements and recommendations for an inpatient bedroom in Table 11.1, the inpatient complex care inpatient bedroom shall have the following:
	Vestibule	5.0	a) A minimum of one window shall be operable. b) Where there are operable windows, secure limiting devices shall be provided to withstand designated loading beyond the building code for security.
	Family zone	Included in bed area	c) Individual temperature control shall be provided. d) A place to charge a wheelchair shall be provided in the room.
	Staff zone	Included in bed area	e) In addition to the space requirements in Table 11.1, Item 24, the family zone in an inpatient complex care bedroom shall be designed, sized, and positioned to facilitate visual/auditory access, for day and overnight visiting.
	Charting area	1.4	f) All units shall have the ability to be secured.
	Supply alcove	1.4	
	Ventilation care (bed area)	18.2 – 20.7	Advisory: a) A visitor chair should be able to be pulled out for sleeping. b) Daylight-simulated light fixtures should be considered. c) Indirect lighting should be considered for ease of orientation. d) Privacy and care requirements, such as visibility by staff from the corridor versus patient privacy, should be balanced. e) Wardrobes, if movable rather than built-in, should be fixed to the wall for safety. f) Finishes that resemble home environments should be considered. g) A HCF-wide security system should be considered for wandering patients. h) A larger washroom may be provided to accommodate a 1.8 m turning radius for larger, more complex chairs to be provided to patients. Assume 6.5 m ² for a 3-piece washroom if the larger turning radius is required. i) An alternative washroom configuration in lieu of the 3-piece washroom with shower stall may be planned. Washroom options and sizes without a 1.8 m turning radius should be i) 3-piece washroom — traditional (sink, toilet, and tub with shower) — 7.0 m ² ; ii) 3-piece washroom with hand-held wand — 4.6 m ² ; and iii) 2-piece washroom — 4.6 m ² . j) In addition to the required access to one side of the toilet, space for staff to assist should be provided on the opposite side.
2	1-bed AIR suite	See Table 11.1, Item 26 for sizes	See Clause 11 for common requirements and recommendations for an AIR suite.
			Mandatory: The room will frequently be used by inpatients not requiring isolation and every consideration shall be given to their needs.

(Continued)

Table 8.8 (Continued)

Item no.	Room name	Net area, m²	Requirements and recommendations
3	Inpatient washroom	6.0	<p>See Clause 11 for common requirements and recommendations for a patient washroom.</p> <p>Mandatory:</p> <ul style="list-style-type: none"> a) Patient-enabling hardware shall be provided. b) Allowance shall be made for dim night lighting as well as daylight-simulated bright lighting. c) The washroom shall be well ventilated. d) Access shall be provided for family/caregiver. e) A readily accessible nurse call system, to be shut off only at source, shall be provided. <p>Advisory:</p> <ul style="list-style-type: none"> a) Consideration should be given to the location of grab-bars beyond building code requirements to facilitate self-enablement (e.g., at the sink) as well as to facilitate assistance. b) A swing door should be avoided, if possible. c) Hollow-core doors should be used to facilitate movement. d) Sensory lighting adjustable for brightness should be provided. e) Providing a heat lamp in the shower area should be considered.
4	Tub/shower room	15.0	See Table 11.1, Item 47 for common requirements and recommendations for a tub/shower room and stretcher shower room.
	Stretcher shower room	16.0	<p>Advisory:</p> <p>Open shelving for storage of residential-style bathroom components should be considered.</p>
5	Laundry room		See Table 11.1, Item 28.
6	Small multi-disciplinary assessment/treatment room		See Table 11.1, Item 41.
7	Large multi-disciplinary assessment/treatment room		See Table 11.1, Item 42.
8	Circulation		<p>Mandatory:</p> <p>The requirements in Table 8.6 a), Item 13 shall apply.</p>
9	Storage	Varies	See Table 11.1, Item 45 for common requirements and recommendations for a storage room.
10	Team station	Varies; 4.6 for each workstation and additional	See Clause 11 for common requirements and recommendations for a primary communication station.

(Continued)

Table 8.8 (Concluded)

Item no.	Room name	Net area, m²	Requirements and recommendations
		circulation space	<p>Mandatory:</p> <ul style="list-style-type: none"> a) Based on the project-specific program, either a centralized or decentralized station shall be provided, with adequate secure storage for all data related to care delivery. b) Privacy and sitting space shall be provided for patients, family, and staff to communicate. c) Adequate team conference space shall be provided. d) A portion of the team station shall be accessible as well as acoustically and visually easy to use. <p>Advisory:</p> <ul style="list-style-type: none"> a) The extent (program-dependent) to which the team station can be used for a variety of functions should be considered. b) The needs for staff privacy and patient and visitor accessibility should be balanced.
11	Outdoor space		See Table 11.1, Item 35.

8.9 Long-term care

8.9.1 Description

8.9.1.1 General

8.9.1.1.1

Long-term care is a program of services provided by a team of health care professionals in a residential-style facility to persons who require special care because of cognitive or physical limitations. In addition, a long-term care home can offer services for persons who require supervised/nursing care, but not the services of an acute, complex, or extended treatment hospital.

Notes:

- 1) *This Clause uses the term "residents" rather than "patients", to align with the terminology most commonly used in long-term care facilities.*
- 2) *This provides a framework and principles for the design of long-term care facilities. It is not intended to restrict the design of facilities, but rather to provide the direction to ensure that the essential components are part of the basis for design. It is understood that each long-term care facility can have site-specific requirements. The detailed description of services is intended to inform the overall design requirement.*

8.9.1.1.2

The philosophy of care in long-term care facilities responds to the physical, psychological, and social needs of each resident to offer a positive quality of life. The care is provided in a protective, supportive environment for residents with significant health issues who can have complex care needs and require a secure housing/care environment to live safely and with dignity. The residents are generally frail or aged, and in addition could be physically disabled, cognitively impaired, acquired brain injured, and/or subject to other chronic physical or mental deficits. The length of stay for any resident is usually for the remainder of their life.

8.9.1.1.3

The design for long-term care should provide a positive environment and incorporate features to promote resident care within a residential-style environment rather than an institutional setting. The design should provide for privacy, security and comfort, flexibility and reasonable independence, accounting for spiritual and cultural diversity. The design shall maximize opportunities for ambulation and self-care, socialization and independence, and minimize the negative aspects of an institutional environment.

8.9.1.1.4

This Clause covers the continuum of long-term care, which is usually provided within freestanding facilities and separate from an acute care facility or other HCF.

The range of services/programs can be distinguished by the levels of care, staff support areas, and service areas provided. In addition to basic care, the residents could require specific care services such as, but not limited to, palliative care, alternative care (e.g., dementia care), behavioural support/treatment, and respite care. In addition, a day health care program could be provided for community residents who do not live in the facility.

Residents living in a long-term care facility will usually need assistance with a variety of personal functions, but not limited to, bathing, dressing, dental, assistance with meals/feeding, ambulation, toileting, and behaviour management. Safety and security are also provided to address potential physical harm (e.g., choking, falls), and elopement. Because of their physical limitations, residents would generally not be capable of evacuation from the facility in an emergency without the assistance of another person.

8.9.1.2 General services

The services generally provided are a comprehensive assessment of the resident's physical and emotional/mental needs to establish a program with opportunities/care tailored to provide reasonable independence and support as necessary.

8.9.1.3 Additional services

Depending on local requirements, additional services/programs could be provided. Consideration shall be given to the likely different types or organization of space. Depending upon the program operational model, enhanced staffing could be needed. Examples of additional services that could be provided include the following:

- a) Palliative care — A program offered to residents to provide specialized medical care focusing on relief from the symptoms, pain, physical stress, and mental stress of a serious illness, whatever the diagnosis.

Note: Residents who require palliative care can receive care within their original room or be relocated to a separate care area.

- b) Alternative care environment (also known as general dementia care/special needs unit) — A program offered to residents who exhibit moderate behaviours that limit their ability to fit safely in the general population of the facility.

Notes:

- 1) Residents in this environment need more intense care by a multi-disciplinary staff team to provide consistent routine, cueing, and supervision to ensure their safety. Behaviours could include physical resistance, increased anxiety, unusual sleep patterns, wandering, and risk of elopement.
- 2) Residents require a quiet and calm environment with specialized programs to support their behaviour.

- c) Behavioural support and care environment — A program offered to residents who exhibit physical/verbal aggression/agitation that put themselves or others at risk.
Note: *In these environments, additional physical features to address the safety needs of both residents and staff should be considered.*
- d) Behavioural treatment unit — A program for residents to provide additional assessment and short-term treatment because they are not manageable in their current environment.
Note: *These units accommodate residents who need specific programming to address their behaviour, with the goal of reintegrating the individual back to their previous home (general population, alternative care). They are not mental health treatment facilities.*
- e) Respite care — A program offered to individuals (residents or external) to provide relief to a caregiver over a set period of time.
Note: *These programs are provided for individuals who cannot function safely without the primary caregiver.*
- f) Adult day health care — A program that offers daytime activities and services to individuals (residents or external).
Note: *This program can include specific social, physical, or care activities (e.g., bathing).*

8.9.1.4 Auxiliary services

Depending upon the specific program, services such as nutrition services, pharmacy, materials management, facility maintenance/storage, and/or laundry may be part of the facility or shared with an adjacent facility.

8.9.1.5 Planning operational models

8.9.1.5.1

The administration of long-term care involves procedures that are in line with accepted care policies and practices for the residents. The design goal is to achieve an environment that is suitable to each resident's individual needs for level of care and adaptability.

8.9.1.5.2

Work areas for direct care staff work should be decentralized and approachable.

Note: *Staff work areas generally do not need the type of supervisory staff work area that would be provided in an acute care hospital. A decentralized arrangement for care-giving functions is preferred and may be accommodated at a piece of residential furniture (such as a table or a desk) or at a work counter recessed into an alcove off a corridor or activity space within each resident neighbourhood.*

8.9.1.5.3

Separate space shall be provided for staff to perform tasks that need quiet, privacy, and freedom from disruption, such as resident charting and care planning. Such spaces should be designed to accommodate the use of technology as needed for the functions and activities taking place there.

8.9.2 Functional requirements

8.9.2.1 General

8.9.2.1.1

The long-term care facility shall be designed as a therapeutic, supportive, and residential environment, with the objective to maximize the dignity of residents while facilitating appropriate levels and models of multi-disciplinary care.

8.9.2.1.2

The facility shall be designed for an optimized lifestyle. Sufficient and subtle support should be provided to enable each individual resident to function at the highest level of independence. The layout shall contribute to the residents' ability to easily access and enjoy living spaces, amenity spaces, and the outdoors.

Notes:

- 1) *The actual building design/configuration will be site specific. The design is developed based upon such elements as property size/restrictions, number of resident rooms, and general program elements.*
- 2) *The building may be single-story or multi-story.*
- 3) *It is not advisable to locate program functions in the basement. This includes laundry, food services, staff lockers, mechanical, electrical, or communications.*

8.9.2.1.3

The resident rooms should be clustered within neighbourhoods. A total facility may include many such neighbourhoods with shared common areas. The number of resident rooms clustered in a neighbourhood is determined by the program requirements. Clusters of 10 to 12 resident rooms should be considered.

8.9.2.1.4

The overall design should consider the provision of the following program elements, such as:

- a) Administration —
 - i) reception/main entry waiting;
 - ii) offices; and
 - iii) meeting spaces.
- b) Common/shared —
 - i) multi-purpose space for large gatherings of residents (e.g., concerts and spiritual care services);
 - ii) lounges for residents and their visitors (multiple different spaces);
 - iii) family suite (overnight stay) and family dining;
 - iv) hair care, tuck shop, resident laundry; and
 - v) resident care (e.g., foot care, physical exams).
- c) Resident living neighbourhood —
 - i) individual resident room with private washroom (with or without shower, as determined by the program);
 - ii) dining area;
 - iii) servery/kitchen, depending upon food service model;
 - iv) activity/recreation area/general therapy room;
 - v) bathing/shower room;
 - vi) clean supply and soiled utility;
 - vii) storage areas (linen, equipment); and
 - viii) staff work areas.
- d) Support —
 - i) nutrition/laundry services, depending upon service model;
 - ii) housekeeping/maintenance services;
 - iii) materials management;
 - iv) staff facilities (break room, lockers, washrooms/showers);
 - v) exterior storage (grounds equipment);
 - vi) exterior landscaping, walkways, and activity areas; and

vii) exterior entry drop-off area.

Note: The exterior drop-off area should have a canopy for weather protection.

8.9.2.1.5

The ambience should be as close as possible to residential style, consistent with the need to provide care and support. Services appropriate to the resident's past and present life patterns involving consideration of social and cultural factors shall be provided.

Notes:

- 1) *A clearly defined domestic setting can minimize confusion and the need for residents to "re-learn" a new spatial grammar within the facility.*
- 2) *These design considerations also apply to areas for public use (e.g., care areas, parking, roadways, public and private courtyards, and delivery areas).*

8.9.2.1.6

Staff work areas should be decentralized and located within each residential neighbourhood to foster close, open relationships between residents and staff. Private conversations should be accommodated in an enclosed staff lounge and/or meeting room areas. The staff work area shall be accessible and allow easy conversations between staff and residents seated in wheelchairs.

8.9.2.1.7

Common areas, corridors, and outdoor spaces (where applicable) shall be designed to maximize staff's ability to observe residents' circulation and activities particularly around entry/exit points.

8.9.2.2 Internal functional relationships

8.9.2.2.1

Resident rooms should be arranged in neighbourhoods adjacent to decentralized service areas, satellite staff work areas, and optional decentralized resident support areas.

Residents shall have direct access from their bedrooms to areas for socialization and activities such as the dining room, lounge, and activity rooms.

Residents shall have easy access to common use areas such as the multi-purpose area, lounges, hair care, tuck shop, and treatment rooms. Residents shall have options for dining, including congregate dining for varied sized groups and individual/private dining.

8.9.2.2.2

The staff team station, or the reception area if a decentralized team station model is used, should be located at the entrance to the neighbourhood to act as a control point.

The staff team station should be sized to accommodate most on-duty team members and at the same time have efficiently designed workspaces that provide opportunities for private information sharing on a one-to-one and group basis.

Optimal views shall be provided from the staff work areas to the resident areas such as dining, activity, and lounge areas.

For staff, there should be convenient access to clean supply, utility, and storage rooms from resident bedrooms.

8.9.2.2.3

The staff area should include space to store staff belongings and provide change rooms and washrooms. The staff break room shall be separate from the resident neighbourhoods and public areas.

8.9.2.2.4

To promote a multidisciplinary team approach, there should be a team room with a sufficient number of workstations for the full team to complete charting and other administrative tasks. The creation of separate team rooms/workstations for each discipline should be avoided.

8.9.2.2.5

The support areas should be remote from the resident neighbourhoods to provide security and separation.

8.9.2.3 General resident services functional requirements

8.9.2.3.1

The resident neighbourhoods shall be designed to allow accessibility within the individual neighbourhood, recognizing the interdependence between staff assisting residents and residents achieving various levels of independence. Consideration should be given to limiting residents from accessing different neighbourhoods, in order to respect the privacy and security needs of the other residents. There shall be flexibility in design to address specific program requirements.

8.9.2.3.2

As determined by the functional program, each resident shall have a single room with adjoining washroom. The washroom may include a shower, as determined by the specific program.

The use of adjoining rooms may be considered for use by couples or by others for whom there would be a social benefit. The need for increased socialization opportunities shall be balanced against resident management priorities such as privacy and infection prevention and control.

8.9.2.3.3

Where indicated in the functional program, recessed locked memory boxes should be provided at a location in the corridor beside each individual resident room entry.

Note: *These boxes hold items that are unique and memorable to the specific resident, and can be used to provide cueing signals.*

8.9.2.3.4

Means should be provided to distinguish the individual resident rooms from each other, e.g., by using different design features for the doors, as would be the case in a residential house neighbourhood.

Note: *Differences can be made in door style, door trim, or door colour.*

8.9.2.3.5

Depending upon the total number of resident rooms, there should be larger rooms to accommodate a bariatric resident. The number of bariatric rooms shall be determined by the functional program.

8.9.2.3.6

Corridors should be designed for therapeutic as well as circulation purposes, and should have wayfinding landmarks and identifiable focal points. This circulation route shall be visible to staff to facilitate monitoring, but the design shall support independence and safe mobility.

Note: *A continuous looping corridor is not always a successful wandering path. Residents with some forms of cognitive impairment are often walking with a purpose. In these cases, a loop could reinforce the frustration of not reaching that purpose and promote continuous wandering. The provision of landmarks/focal points along the route can provide different views to enhance the wandering experience and provide positive stimulation to the resident.*

8.9.2.3.7

There shall be a mix of spaces outside the bedrooms within the neighbourhood as well as the main communal space that offer opportunities for socialization on a one-to-one and group basis for residents and visitors. Residents shall be able to access activity areas independently if they are able. Activity areas shall be both within the resident's neighbourhood and a larger communal area shared by all residents. A separate general therapy room should be considered to provide a separate/private space for residents to receive physical and other therapies.

Note: *This space is not a common/general use activity room.*

8.9.2.3.8

All residents should have the opportunity to customize their bedroom space, which can require the accommodating of personal pieces of furniture and equipment in accordance with health care facility policy.

8.9.2.3.9

A resident bathing suite shall be provided with a shower, bathtub, and toilet and sink in each neighbourhood. The suite should provide a relaxing environment.

The shower, tub, and toilet areas shall be separate, but the room function should be used by one resident at a time.

The shower, tub, and toilet areas shall be equipped with an overhead lift system to ensure safe movement of the resident.

8.9.2.3.10

A separate resident treatment room should be provided for visiting health care professionals, and for services such as foot care and wound care.

Note: *This specific room allows treatment/care to be delivered away from the resident bedroom.*

8.9.2.3.11

Easy access from the resident neighbourhoods to a therapeutic outdoor area should be provided. As determined by the functional program, elements should include gardens, pathways, shade structures, and activity areas.

The outdoor area shall be observable and be securely contained at the perimeter. Fencing shall not be climbable and shall not obstruct views (if appropriate).

Outdoor areas should have the design and capacity to provide separate areas for grouping of residents/families.

All elements of outdoor space shall be accessible. All walkways, patios, etc. shall be flush with the grade to eliminate a height difference.

8.9.2.4 Special services functional requirements

8.9.2.4.1 Palliative care

There are no special functional requirements in addition to the requirements for resident rooms except, depending upon the functional program, a dedicated bathing room should be considered.

8.9.2.4.2 Alternative care environment

There are no special functional requirements except, depending upon the functional program, a dedicated bathing room should be considered and the neighbourhood shall be secure to prevent residents from elopement.

8.9.2.4.3 Behavioural support and care environment

There are no special functional requirements except, depending upon the functional program, a dedicated bathing room should be considered and the neighbourhood shall be secure to prevent residents from elopement.

8.9.2.4.4 Behavioural treatment unit

There are no special functional requirements except, depending upon the functional program, a dedicated bathing room should be considered and the neighbourhood shall be secure to prevent residents from elopement.

8.9.2.4.5 Respite care

There are no special functional requirements.

8.9.2.4.6 Adult day health care program functional requirements

8.9.2.4.6.1

Each adult day program, when it is located in a long-term care facility, shall have its own identifiable space. When permitted by the functional program, support spaces may be shared.

8.9.2.4.6.2

Adult day programs shall have sufficient space, furnishings, and equipment to accommodate the range of program activities and services for the number of participants as required by the functional program. This space shall include designated area(s) to be utilized when the privacy of the participants requires it.

Note: *For the purposes of this Clause, the number of participants is calculated as being the number of people, exclusive of staff, expected to occupy the space at one time.*

8.9.2.4.6.3

When possible, the adult day program shall be located at street level or shall be equipped with ramps or elevators to allow easy access for persons with disabilities.

8.9.2.4.6.4

All communal activity areas shall have convenient access to a hand hygiene sink or waterless hand hygiene station.

8.9.2.4.6.5

There shall be an area and/or a designated space to permit privacy and to isolate participants who become ill or disruptive or who require inactivity.

These areas shall be

- a) permitted to be part of the medical/health treatment room or nurse station;
- b) located in a place that can be clearly monitored and that is near a toilet room; and
- c) considered part of the usable activity space.

8.9.2.4.6.6

Space should include a dedicated bathing suite for participants.

8.9.2.5 Support services functional requirements

8.9.2.5.1

The design shall reflect the most efficient method to deliver support services (including medication distribution) and minimize travel distances between frequently accessed support and resident areas.

8.9.2.5.2

Provision shall be made for residents to congregate, and for private dining options with family/visitors, access to kitchen space for residents and families to prepare and store food, and a food service system that supports a variety of dietary requirements.

Note: This does not include the facility's commercial kitchen.

8.9.2.5.3

On-unit storage requirements will be significant due to the large pieces of equipment required for resident care and mobility. Resident and public spaces shall not be used for storage. Storage shall be provided for program equipment and operating supplies

8.9.2.5.4

A space shall be available for residents and family/caregivers to have private meetings with staff.

8.9.2.5.5

At least one dedicated staff toilet shall be provided per resident neighbourhood. At least one dedicated resident toilet shall be provided adjacent to the shared/public spaces (dining, lounge, activity areas). Emergency call stations shall be provided in toilet rooms to which residents have access.

Note: The distance between toilet rooms and shared/public areas should reflect a balance between convenience and resident privacy.

8.9.2.6 Shared services

Each resident neighbourhood should, as a minimum, contain the elements described within the applicable clauses of Clause 8.9. If the functional program calls for sharing of procurement services, appropriate modifications or deletions in space and parking requirements may be made.

8.9.3 Technical requirements

8.9.3.1 Environmental considerations

8.9.3.1.1

The layout and finishes shall appear to be domestic/residential in nature to provide a residential setting. Quality of materials shall be chosen to suit the intended use/abuse (e.g., door/frame and wall protection).

8.9.3.1.2

Floor finishes shall facilitate safe resident mobility and prevention of falls. The design should avoid patterned floors that contain solid lines or shapes that could be perceived as "holes" or barriers.

8.9.3.1.3

There shall be no raised thresholds or features below a resident's field of usual vision (i.e., low-level planters).

8.9.3.1.4

Planning layouts and finishes shall support acoustic control, including reduced sound transmission between resident rooms (i.e., room-to-room and corridor-to-room), activity, dining, bathing, and support areas (i.e., laundry, food services).

8.9.3.1.5

The colour scheme should reflect the reduced ability of many residents to distinguish colours within very light or very dark ranges. Monochromatic colour schemes shall not be used. The colour scheme should be used to highlight resident rooms and "hide" non-resident rooms.

8.9.3.2 Infection prevention and control

See Clause 7.5.

8.9.3.2.1

An ICRA shall be completed to determine if an exception to the requirements noted in Clause 7.5 are acceptable as part of the requirements of Clause 7.5.12. The ICRA shall consider the level of care provided to residents (i.e., wound care/general health of residents) and identify if a HHS is required in resident bedrooms.

8.9.3.2.2

Based upon the ICRA, the planner shall confirm with the facility owner the need for HHS in the resident bedroom. The availability of alternately located HHS and the specific sink features (e.g., off-set drain, backsplash, overflow valves) shall be considered during the planning process to ensure that locations for hand hygiene are included as appropriate for the functional program.

Note: These requirements are intended to provide a safe environment for residents and staff by providing a convenient HHS in close proximity to the location of care. It is not implied that hand hygiene is less important in long-term care facilities.

8.9.3.4 Furniture, fittings, and equipment

Furniture, fittings, and equipment shall be appropriate to the functional program requirements.

A variety of seating arrangements/styles should be provided to accommodate resident body sizes/frailness.

8.9.3.5 Safety and security

8.9.3.5.1

Security and safety features are an important requirement to be incorporated into the design. Exit control of residents eloping from both the specific bedroom neighbourhood as well as the building shall be incorporated into the design. Uncontrolled access to secure outdoor space should be incorporated in the design.

8.9.3.5.2

The method of exit control may include features such as electronically locked doors, non-intrusive security monitoring, and a resident-worn exiting alarm system.

Note: *These systems would be facility-specific and subject to provincial/territorial and local building codes.*

8.9.3.5.3

Outdoor areas shall be designed to prevent elopement and illegal entry.

8.9.3.5.4

Residents shall not have access to service areas such as the kitchen, laundry, staff areas, storage, and maintenance.

8.9.3.6 Communications

Nurse call stations shall be provided in the resident bedrooms and other shared spaces as determined by the functional program.

Emergency call stations shall be provided in resident washrooms, bathing rooms, and other shared spaces as determined by the functional program.

8.9.3.7 Patient lifting devices

Ceiling-mounted lifting devices/tracks shall be in accordance with Clause 7.6.6.2 and CSA Z10535.2.

8.9.3.8 Mechanical

8.9.3.8.1

Domestic hot water shall be provided to resident areas at a safe and comfortable temperature. Hot water temperatures shall meet the requirements of CSA Z317.1.

8.9.3.8.2

Mechanical systems shall be designed to maintain indoor temperatures and relative humidity at a level that considers resident comfort and needs. Ventilation rates shall meet the requirements of CAN/CSA-Z317.2.

8.9.3.8.3

Ventilation systems shall control odour common in this type of facility. Air pressure differential in odour-generating areas shall be negative in relation to surrounding areas.

8.9.3.9 Electrical

8.9.3.9.1

The lighting design shall provide consistent lighting levels, glare reduction, task lighting, and resident room night lighting. The design should avoid “pools” of light that could be perceived as barriers.

8.9.3.9.2

Provision should be made for the charging of electric wheelchairs/scooters in the resident bedrooms and dining/activity areas.

8.3.9.9.3

As determined by the functional program, the facility should have an emergency generator power supply that has the capacity to maintain the following essential building systems and services, in the event of a power outage:

- a) heating and control system;
- b) elevators;
- c) domestic water supply pumps and sump pumps;
- d) emergency lighting in hallways, corridors, stairways, and exits;
- e) fire safety systems;
- f) life support systems;
- g) nurse call system; and
- h) required kitchen equipment to enable basic operation of dietary services.

8.9.3.10 Materials and finishes

8.9.3.10.1

When possible, exterior windows should provide views to the natural environment and light to provide visual stimulation.

8.9.3.10.2

Plantings and other visually interesting objects should be provided when exterior views of the natural environment are not possible due to existing building adjacencies.

8.9.4 Space details

Table 8.9 presents the standard requirements for space in the long-term/personal care service. Where more specific requirements apply to these three services, those requirements are indicated.

Table 8.9
Key space requirements and recommendations — Long-term/personal care
(See Clause 8.9.4.)

See Clause 11 for common requirements in addition to the requirements and recommendations in this Table.

Item no.	Room name	Net area, m ²	Requirements and recommendations
1	Multi-purpose room for large gathering of residents/ visitors	Varies according to the functional program. Consider 3.0 per occupant.	<p>Mandatory:</p> <ul style="list-style-type: none"> a) There shall be seating for residents and visitors, including space for wheelchairs; b) Acoustic treatment shall be provided to reduce ambient noise and acoustic separation from other area; c) Built-in lockable storage shall be provided; d) Adjustable lighting levels shall be provided; e) Hand hygiene station(s) shall be provided; and f) A nurse call station shall be nearby.
2	Lounge	2.5 per occupant (including circulation)	<p>Mandatory:</p> <ul style="list-style-type: none"> a) Locations for lounges shall be determined by the functional program. <p><i>Note: Multiple lounges should be provided, to allow for different types of activities.</i></p> <ul style="list-style-type: none"> b) Rooms shall have acoustic treatment to reduce ambient noise. c) A variety of seating styles and arrangements shall be provided. <p>Advisory:</p> <ul style="list-style-type: none"> a) Natural light and a view to the outdoors should be provided to the lounge whenever possible. b) The lounge should not be used for eating meals.
3	Family suite with kitchenette and washroom/ shower	18.5	<p>Mandatory:</p> <ul style="list-style-type: none"> a) Locations for lounges shall be determined by the functional program. b) A sink shall be provided. c) A counter for food preparation shall be provided. d) Rooms shall have acoustic treatment to reduce ambient noise. e) A variety of furnishings shall be provided, including chairs, sofa/pull-out to bed, and tables. f) Adjustable lighting with dimmer control shall be provided. g) There shall be a washroom with shower. See Clause 11 for requirements. <p>Advisory:</p> <ul style="list-style-type: none"> a) Natural light and a view to the outdoors should be provided whenever possible. b) Additional appliances such as microwave, toaster, etc. should be provided.
4	Family dining	18.5 or 2.5 per occupant	<p>Mandatory:</p> <ul style="list-style-type: none"> a) Tables and chairs shall be provided; b) A counter with sink shall be provided;

(Continued)

Table 8.9 (Continued)

Item no.	Room name	Net area, m²	Requirements and recommendations
		(including circulation)	<p>c) Acoustic treatment shall be provided to reduce ambient noise; and</p> <p>d) Dimmable lighting shall be provided</p> <p>Advisory: Natural light and a view to the outdoors should be provided where possible.</p>
5	Hair care	12.0	<p>Mandatory:</p> <p>a) The space shall provide the layout, features, and furnishings specific for hair care functions (e.g., hair wash sink, workstation);</p> <p>b) A secure storage space for supplies/chemicals shall be provided</p> <p>c) Mechanical system enhancements (e.g., increased air changes per hour) shall be provided as needed to exhaust chemicals used during the hairdressing process;</p> <p>d) Hand hygiene station shall be provided;</p> <p>e) Sufficient electrical outlets and current capacity shall be provided to enable the use of multiple hair dryers; and</p> <p>f) The hairdressing sink shall not be opposite the corridor door.</p>
6	Tuck shop	6.0	<p>Mandatory:</p> <p>a) The space shall be designed with features and furnishings to support the anticipated display and selling functions. (e.g., display racks, transaction counter, cash register, etc.).</p> <p>b) Secure storage space for supplies shall be provided.</p>
7	1-bed room Bed area Entry area	Varies according to the functional program. 20.0 usual	<p>Mandatory:</p> <p>a) Bedrooms shall be designed to meet the needs in the specific program and should have a minimum of 15.0 m² of clear floor area exclusive of entry area.</p> <p>b) There shall be sufficient space for the bed, recliner chair, side chair, lockable wardrobe (personal belongs), desk/dresser, power wheelchair, staff, and visitors.</p> <p>c) Provision of a resident lift device shall be in accordance with Clause 7.6.6.2.</p> <p>d) Windows shall have sills located above grade. The resident shall be able to see out, with the sight line based on the lower point of lying in bed or sitting in a chair. A minimum of one window shall be operable with a secure limiting device to prevent resident elopement or intrusion.</p> <p>e) Individual room temperature control shall be provided. See CAN/CSA-Z317.2.</p> <p>f) A nurse call system shall be provided and be easily accessible from the bed and chair positions.</p> <p>g) Accommodations of connections for such devices as a telephone, TV, and Internet shall be provided.</p> <p>h) A place to charge a wheelchair shall be provided in the room.</p>

(Continued)

Table 8.9 (Concluded)

Item no.	Room name	Net area, m ²	Requirements and recommendations
			<p>Advisory:</p> <ul style="list-style-type: none"> a) A hand wash station shall be considered depending upon program requirements. b) A visitor chair should be able to be pulled out for sleeping. c) Daylight-simulated light fixtures should be considered. d) Indirect lighting should be considered for ease of orientation. e) Privacy and care requirements, such as visibility by staff from the corridor versus resident privacy, should be balanced. f) Wardrobes, if movable rather than built-in, should be fixed to the wall for safety. g) Finishes that resemble home environments should be considered.
8	Resident washroom	<p>Varies according to the functional program.</p> <p>5.0 no shower</p> <p>6.0 with shower</p>	<p>See Table 11 for common requirements and recommendations for a patient washroom.</p> <p>Mandatory:</p> <ul style="list-style-type: none"> a) Each resident room shall have direct access to a washroom. The provision of a shower area shall be in accordance with the functional program. b) The washroom shall be well ventilated. c) Storage space for personal items shall be provided along with separate lockable space for staff-use items such as cleaning supplies, personal products, etc. d) Sufficient space shall be provided to enable independent and/or assisted transfer from the front and both sides. e) Access shall be provided for the family/caregiver. f) Electronically controlled faucets shall not be used. g) A nurse call system shall be provided and be easily accessible. <p>Advisory:</p> <ul style="list-style-type: none"> a) Consideration should be given to the location of grab-bars beyond building code requirements to facilitate self-enablement (at the sink and toilet, for example) as well as facilitate assistance. b) A swing door should be avoided, if possible. <p>Note: Bi-parting sliding doors should be considered to allow for continuous travel of the overhead rail of lift system between the bed and the washroom.</p>

9 Diagnostic and treatment functional services requirements

Notes:

- 1) Clause 9 addresses all types of diagnostic and treatment services, from primary care up to and including major surgical procedures. It is organized to provide an appropriate level of safety and support for health care delivery services, based on the complexity and associated risks for each type of service. Certain design measures are common to all HCFs, and as risks increase (e.g., with surgical procedures and use of anaesthesia), additional requirements are applied to maintain the safety, efficacy, and efficiency of health care delivery.

- 2) *The services described in this Clause include inpatient services, outpatient/ambulatory services and supporting functions. For some patients (e.g., mental health and addictions), Clauses 8 and 9 outline a continuum of care that spans both clauses.*
- 3) *Consistent with patient safety and the OASIS principles, the HCF should consider how planning and purchasing decisions made in the design of these services will affect the operating budget of the facility.*

9.1 General

9.1.1 Description

9.1.1.1

This Clause sets out specific planning, design, and construction requirements for all health care facilities. Its scope includes facilities providing all types of diagnostic and treatment services, from primary care up to and including major surgical procedures.

Note: This edition of CSA Z8000 introduces a risk categorization system. While it is recognized that this can add complexity, the intent is for HCFs to be built with the appropriate safeguards for the level of risk that is likely to apply to its activities. The current classification system for HCFs (Class A, B, and C) was originally set up to deal with mechanical resilience, i.e., to make sure a facility could continue to function for the amount of time needed to ensure proper patient care. As health care has evolved, more and more procedures are taking place in stand-alone clinics rather than traditional acute care facilities, and there is a need to address a broader range of risks. With the increase in high-risk procedures taking place outside of acute care hospitals, the current classification and categorization systems in this Standard are intended to ensure that all HCFs — whether a traditional hospital or a stand-alone facility — have the necessary systems for air handling, infection control, and medical device reprocessing so they can operate safely. At the same time, this Standard sets out guidance and expectations for facilities that do mostly low-risk activities, with the intent that there is less chance of including elements and features of higher risk procedures that are not appropriate to the lower level of risk they will be encountering. In addition, services in the community are changing rapidly. Designing to allow for future flexibility for the facility to be able to accommodate different services should be strongly considered (e.g., standardized examination rooms).

9.1.1.2

For the purposes of this Standard, diagnostic and treatment services shall be categorized by potential risk as follows:

a) Category I

Category I comprises services that are associated with lower risks to patients. These services include counselling, physical examination, non-invasive diagnostic procedures (i.e., that involve contact with intact skin or mucous membranes), short-duration percutaneous injections, specimen collection, non-invasive and non-sedative diagnostic imaging, and minor surgery (i.e., "lumps and bumps") under local anaesthetic. HCFs that provide Category I services exclusively are usually ambulatory care facilities. In terms of the HCF definition, they would be classified as C-2. Most are in community settings, but they can also be located within a hospital. They include provision of services such as general primary care and outpatient ambulatory care services that may be located in hospitals, purpose-built ambulatory care facilities, or centres such as

- i) physician offices;
- ii) community health centres;
- iii) family health team;
- iv) nurse practitioner run clinics;
- v) aboriginal health access centres;
- vi) walk-in clinics; and
- vii) outpatient mental health clinics.

b) Category II

Category II refers to longer-term and more invasive procedures. Risks to patients can increase as a result of invasiveness of procedures, duration of the treatment, and decreased ability to self-preserve in an emergency. These facilities could need higher levels of staffing for adequate medical supervision of patients and sufficient support spaces should be taken into consideration when planning. Category II services include but are not limited to dialysis and other infusion treatments (e.g., chemotherapy), diagnostic imaging that involves conscious sedation, laboratory specimen collection, and low-risk invasive procedures under local anaesthetic or conscious sedation. In terms of the HCF definition, they would be classified as C-1 or C-2. HCFs providing Category II services can be stand-alone facilities located in the community, or in hospitals.

Examples of such facilities include

- i) renal dialysis centres or “satellite clinics” (see Clause 9.4);
 - ii) oncology centres (see Clause 9.5);
 - iii) diagnostic imaging, including endoscopy (see Clause 9.6); and
- Note: This category would not include diagnostic imaging that invades intact skin (e.g., cardiac catheterization, which would be in Category III).*
- iv) urgent care centres (see Clause 9.7).

c) **Category III**

Category III refers to the highest risk services. Services under this category include surgical procedures under general anaesthetic, diagnostic procedures that require invasion of intact skin, and day surgery that requires local or general anaesthetic and medically supervised recovery. Traditionally, Category III services were provided almost exclusively in hospitals, but over the past decade some have been offered in stand-alone clinics.

Examples of facilities providing Category III services include:

- i) acute care hospitals;
- ii) stand-alone surgical and specialty centres (e.g., cataract/ophthalmology surgery, endoscopy, major cosmetic surgery);
- iii) surgical centres or operating suites where regional block is used;
- iv) robotics and hybrid operating suites; and
- v) hospital emergency departments.

9.1.1.3

A new HCF, renovation, or addition shall be designed and constructed to accommodate the highest category of service that is expected to take place there. If the purpose of a HCF is changed, it shall be upgraded as needed to accommodate the highest category of service that will take place under the new function.

9.1.2 Category requirements

9.1.2.1 All categories

Diagnostic and treatment locations shall be designed in accordance with the functional program for the HCF, including the specification within the functional program of the services that will be provided, and the associated risk categories.

9.1.2.2 Category I

HCFs that only provide Category I services shall comply with the requirements in Clause 9.2. Table 9.1 provides requirements for room design and dimensions in all HCFs, including Category I HCFs.

Note: Table 9.1 specifies minimum size and other requirements for rooms that could be part of a HCF providing diagnosis and treatment services. Decisions on which rooms to include are made based on the functional program for the HCF.

9.1.2.3 Category II

HCFs providing Category II services shall comply with Clauses 9.1 and 9.3 as applicable. Category II services can occur as a defined program area in an acute care facility or in a stand-alone ambulatory facility or clinic. When planning for specific services, the HCF shall also ensure that the design complies with the relevant requirements in Clauses 9.4 through 9.13.

Note: *Clauses 9.4 through 9.13 present requirements and recommendations for HCFs providing specific health care services as follows:*

- a) *Clause 9.4 — Dialysis services;*
- b) *Clause 9.5 — Oncology services;*
- c) *Clause 9.6 — Endoscopy services;*
- d) *Clause 9.7 — Emergency care;*
- e) *Clause 9.8 — Allied health services;*
- f) *Clause 9.9 — Electrodiagnostic services;*
- g) *Clause 9.10 — Respiratory services;*
- h) *Clause 9.11 — Medical imaging services;*
- i) *Clause 9.12 — Clinical laboratory; and*
- j) *Clause 9.13 — Pharmacy.*

9.1.2.4 Category III

HCFs providing Category III services shall comply with Clauses 9.1 and 9.3. When planning for specific services, the HCF shall also ensure that the design complies with the relevant requirements in Clauses 9.4 through 9.13.

9.1.3 Functional requirements

9.1.3.1 General

9.1.3.1.1

The following factors should be considered when planning space and equipment for diagnostic and treatment locations:

- a) the anticipated volume of activity;
- b) clear and direct access to reception and registration;
- c) the need for screening of patients entering the service for infectious symptoms and physical segregation, particularly during an outbreak/pandemic situations;
- d) adjacencies with other services (both in terms of efficient interactions with related services, and avoidance of conflicts with incompatible services);
- e) the ability to implement and maintain infection prevention and control measures;
- f) separation of patient circulation from support services circulation; and
- g) access from other clinical areas or facilities (especially for multidisciplinary team members who work in different areas of the organization).

Notes:

- 1) *The term "reception area" encompasses all entry points to a service, including surgical intake spaces, clinic admissions, triage, etc.*
- 2) *Ambulance access should be considered as dictated by program needs.*

9.1.3.1.2

If the diagnostic and treatment location is designated by its jurisdiction as having a role in catastrophic events, planning should include the following as appropriate:

- a) adaptability, such as the use for surge or overflow during outbreaks to support increased emergency care activity;
- b) access to essential utilities and potential alternates (e.g., availability of delivery services to supplement or replace piped natural gas);
- c) proximity to other HCFs that could either be a source or a destination of overflow patients in an emergency (e.g., a pandemic situation); and
- d) whether an AIR is needed.

Note: *The need for an AIR depends on the services provided, the demographics of patient population served (i.e., pediatrics, recent immigrants, dialysis patients, immunocompromised patients), and the presence within the community of other HCFs that can provide airborne isolation in the event of an outbreak.*

9.1.3.2 Workflow

9.1.3.2.1

The reception and registration area shall be designed for efficiency to allow patients or responsible staff to find it on entry to the service, and to move easily to and from the treatment areas. The area shall also be designed to accommodate the anticipated numbers of patients, support persons, and mobility aids. See common requirements in Table 9.1.

9.1.3.2.2

Waiting areas shall be as specified in Table 9.1.

9.1.3.2.3

Adequate space shall be provided for waiting, registration, and supplies, so that infection prevention and control principles can be adhered to.

Note: *Consideration of infection prevention and control is important in the design of this service. Treatment spaces are used for a variety of patients. It is possible that infectious patients will use the same treatment spaces as immunosuppressed patients at different times on the same day.*

9.1.3.3 Patient care areas

9.1.3.3.1

For patients, there should be easy access from

- a) the building entrance (for outpatient facilities) or related services (e.g., in an acute care hospital);
- b) the reception and registration area to the waiting area;
- c) the waiting area to the diagnosis or treatment areas, including the sub-waiting areas where appropriate; and
- d) the diagnosis and treatment areas to the rebooking area (where applicable).

9.1.3.3.2

For providers, there should be ease of access from the teamwork area to the diagnosis and treatment areas.

9.1.3.3.3

Reception and waiting areas should be designed so that clerical staff can obtain information confidentially from patients or responsible staff.

9.1.3.3.4

Adequate storage area shall be provided adjacent to the waiting room. See Table 9.1.

9.1.3.3.5

Patient changing, if required, shall occur in a change room near or in the diagnosis and treatment area, and the paths between changing rooms and diagnosis/treatment rooms should be designed to preserve patient dignity and privacy.

9.1.3.3.6

Private conversations shall occur in enclosed rooms to respect patient privacy and confidentiality.

9.1.3.3.7

The design of the service should allow for family members or support persons to accompany the patient as much as possible during reception, registration, diagnosis/treatment activities, and recovery.

9.1.3.4 Staff work areas**9.1.3.4.1**

Staff work areas shall be designed for operational efficiency (i.e., allowing staff to easily move to and from diagnosis and treatment areas, and to and from reception areas). It shall provide a degree of privacy for staff and a quiet area where they can work away from the demands of patients and relatives.

9.1.3.4.2

The key components of design shall be flexible to accommodate different levels of use at different times of the day.

9.1.3.4.3

Consistent with privacy considerations, the design shall permit direct observation from staff workstations to patient areas.

Note: *This can enable timely clinical intervention if it is needed.*

9.1.3.4.4

Supplies, medication, blood products, warming cabinets, nourishment areas, etc. shall be conveniently located in order to minimize the time away from the patient and maximize direct care, while at the same time adhering to infection control principles.

9.1.3.4.5

A staff lounge should be provided in either a team room or a central shared area. Such an area should be conveniently close to diagnosis and treatment areas so staff can reasonably use the room during break.

9.1.3.4.6

Staff change facilities, where provided, shall be located and designed to facilitate compliance with the HCF's policies for uniform changing and laundering.

9.1.3.5 Treatment support areas

Support areas should be located to support the model of care and should be planned to be flexible with the use of the space.

9.1.4 Technical requirements

9.1.4.1 Support facilities

9.1.4.1.1

A central staff station shall include a work counter, communication system, space for supplies, and provisions for charting.

9.1.4.1.2

There shall be a drug distribution station if medications are to be dispensed in the service. This may be a part of the central staff station. Drug distribution stations shall include a work counter, hand hygiene sink, refrigerator, and locked storage for biologicals and drugs.

9.1.4.1.3

Areas for storing and preparing medications shall have

- a) sufficient storage space and workspace for appropriate storage, handling, preparation, and disposal of medications; and
- b) sufficient electrical receptacles, and Ethernet or wireless access to permit use of computerized services.

Note: In a larger HCF, this could include, for example, automated drug dispensing cabinets, computerized physician order entry (CPOE), computers on wheels (COWs), bar coding to point-of-care (BPOC), wireless med carts, etc.

9.1.4.1.4

Areas and storage facilities (including refrigerators) for blood components and blood products shall be consistent with CAN/CSA-Z902 and the supplier's label or circular information.

9.1.4.1.5

Reprocessing of medical devices, if performed, shall be done in the facility's medical device reprocessing area, or if done on-site, in an area that meets the following requirements for area design and environmental controls:

- a) the area and environmental control requirements in CAN/CSA-Z314, if only decontamination and disinfection is done; and
- b) the area and environmental requirements in CAN/CSA-Z314, if sterilization is also done.

9.1.4.1.6

A separate room or closet for storing clean and sterile supplies shall be provided. This storage shall be in addition to general storage in the service (e.g., cabinets and shelves).

9.1.4.1.7

Cleaned mobile equipment such as that used in larger HCFs (e.g., crash carts, stretchers, wheelchairs, and other necessary mobile equipment) shall be stored in dedicated clean storage spaces that are convenient to diagnosis/treatment areas and support services, and that are protected from contamination and damage.

9.1.4.1.8

Provisions shall be made for separate collection, storage, and disposal of soiled materials.

9.1.4.1.9

General storage facilities shall be provided for

- a) supplies;
- b) equipment; and
- c) mobility aids.

Special storage for staff personal effects with locking drawers or cabinets (may be individual desks or cabinets) shall be provided. Such storage shall be convenient to individual workstations and shall be staff controlled.

Storage areas shall be located out of the direct line of traffic.

9.1.4.1.10

At least one housekeeping closet shall be provided. In larger HCFs, the housekeeping closet shall comply with Clause 11.

9.1.4.1.11

In larger HCFs (i.e., other than a Class C clinic), supplies and linen shall be delivered to a central location in the services for distribution by clinic staff to the appropriate examination, treatment, and procedure rooms.

9.1.4.2 Support areas for patients**9.1.4.2.1**

Toilet(s) for patient use shall be provided separate from public use toilet(s) and located to permit access from patient care areas without passing through publicly accessible areas.

9.1.4.2.2

Toilet(s) for public use shall be conveniently accessible from the waiting area without passing through patient care or staff work areas or suites.

9.1.4.2.3

The service shall be designed to permit timely access to health records at all times during its operations. Provision shall be made for securing health records.

The design shall

- a) facilitate efficient transportation;
- b) support the use of electronic health records where appropriate; and
- c) provide the necessary support for picture archiving and communication systems.