





# Grossing Factors & Net Areas Guidelines For Healthcare Facilities in Alberta

July, 2016

# **Acknowledgements**

This document was developed by Agnew Peckham Health Care Consultants and DIALOG for Alberta Infrastructure. The document reflects the collaboration between Agnew Peckham, DIALOG, Alberta Health, Alberta Health Services, and Alberta Infrastructure. The project and information included in this document was directed by Alberta Infrastructure, and is based on the approval and direction of all three organizations.

Special acknowledgement goes to Project Leads Bev Knudtson of Alberta Health Services and Marie Fontaine of Alberta Infrastructure for seeing this complex project through over several years.

The Steering Committee would also like to acknowledge the participation of Alberta Health Services clinical staff that provided valuable feedback to the Net Area study. The clinical review groups were:

- Ambulatory Care
- Coronary Care & Cardiology
- Critical Care (NICU, PICU)
- Diagnostic Imaging
- Emergency Department
- Infection Prevention & Control (IP&C)
- Inpatient Units
- Labour & Delivery
- Mental Health
- Rehabilitation
- Surgical Suite & PARR
- Workplace Health & Safety

# Copyright

This document is the property of Alberta Infrastructure and cannot be reproduced or copied in anyform, without written permission of Alberta Infrastructure.

Feedback or questions on this report can be directed to:

INFRAS.GFNA@gov.ab.ca

#### **Disclaimer**

Please note that these nets areas and grossing factors are provided as recommended guidelines only. It is expected that individual projects will adjust the room areas to suit specific project needs.

Concept drawings provided as part of the Net Areas Room Data Sheets are for illustrative purposes only. They are test-fit options for reference and are not meant to be the only prescribed way of fitting out specific rooms

# **Table of Contents**

How to Use this Guide				
I. II. III. IV.			7 7 8 8	
Section	A: Net Areas and	d Grossing Factors	11	
l.			11	
II. III.			14 16	
II. Net Areas and Grossing Factors IV. Glossary & Definition  Section A: Net Areas and Grossing Factors  I. Recommended Room Type Net Area III. Recommended Departmental Grossing Factors IIII. Recommended Building Grossing Factors  Section B: Net Area Room Data Sheets  • Ambulatory Care  - A-01 Examination Room, Type 1 - A-02 Examination Room, Type 2 - A-03 Procedure Room, Type 1 - A-04 Procedure Room, Type 1 - A-05 Consultation Room/Clinical Office - A-06 Endoscopy Room - A-07 Cystoscopy Room - A-08 Urodynamics Room - A-09 Ear Nose Throat Room - A-10 Treatment Station, Isolation - A-11 Treatment Station, Type 1 - A-12 EEG Room - A-12 EEG Room - A-13 Pulmonary Function Treatment Room  • Emergency Department - B-01 Universal Treatment Space - B-03 Resuscitation/Trauma Room - B-04 Mental Health Room  • Cardiology Services - C-01 ECG Room - C-02 Stress Testing Room - C-02 Stress Testing Room - PARR - D-01 PARR - D-02 Isolation Room - D-03 Pre-Op Holding				
	<ul> <li>Ambulatory</li> </ul>	Care		
	- A-01	Examination Room, Type 1	25	
	- A-02	Examination Room, Type 2	29	
	- A-03		33	
	- A-04		37	
	– A-05	Consultation Room/Clinical Office	41	
	- A-06	Endoscopy Room	45	
	– A-07		49	
	– A-08	Urodynamics Room	53	
	- A-09	Ear Nose Throat Room	57	
	– A-10	Treatment Station, Isolation	61	
	– A-11	Treatment Station, Type 1	65	
	– A-12	EEG Room	69	
	– A-13	Pulmonary Function Treatment Room	73	
	<ul> <li>Emergency</li> </ul>	Department		
	- B-01	Universal Treatment Space	77	
	- B-02	Airborne Treatment Space	83	
	- B-03	Resuscitation/Trauma Room	87	
	- B-04	Mental Health Room	91	
	<ul> <li>Cardiology S</li> </ul>	Services		
	- C-01	ECG Room	95	
	- C <b>-</b> 02	Stress Testing Room	99	
	- C <b>-</b> 03	CATH Lab/Control/Computer Room	103	
	<ul><li>PARR</li></ul>			
	- <b>D-01</b>	PARR	107	
	– <b>D-02</b>	Isolation Room	111	
	- D <b>-</b> 03	Pre-Op Holding	115	
	- D-04	Pre-Op Holding Isolation	119	

•	Inp	atient Unit –	Medical/Surgical	
	_	E-01	Private Bed Room, Isolation	123
	_	E-02	Private Bed Room	127
	_	E-03	Semi Private Bed Room	131
	_	E-04	Private Bed Room, Paediatric	135
	_	E-05	Semi Bed Room, Paediatric	139
	_	E-06	4-bed Observation/Special Purpose Room	143
	_	E-07	Palliative Care Bed Room	147
	-	E-08	Medication Room	151
	-	E-09	Housekeeping	155
	_	E-10	Clean Supply	159
	-	E-11	Soiled Holding	163
•	Crit	ical Care Un	it	
	-	F-01	Private Bed Room, CCU	167
	_	F-02	Private Bed Room, ICU	171
	-	F-03	Private Bed Room, CVICU	175
	-	F-04	Private Bed Room, PICU	179
	-	F-05	Private Bed Room, NICU	183
	-	F-06	Patient Room, Isolation	187
•	Lab	our and Deli	very	
	-	G-01	LDR Room	191
	_	G-02	Operative Birthing Room	195
	_	G-03	Semi Private Room, Post-Partum	199
	-	G-04	Private Bed Room, Post-Partum	203
•	Sur	gical Suite		
	-	H-01	Operating Room, General	207
	-	H-02	Operating Room, Special	211
•	Rel	nabilitation M	ledicine	
	_	I-01	Private Bed Room, Rehab, Isolation	217
	_	I-02	Private Bed Room, Rehab	221
	-	I-03	Semi Private Bed Room, Rehab	225
•	Me	ntal Health a	nd Addictions	
	-	J-01	Private Bed Room, Mental Health, Isolation	229
	-	J-02	Private Bed Room, Mental Health	233
	-	J-03	Semi Private Bed Room, Mental Health Diagnostic Imaging	237
•	Dia	gnostic Imag	ine	
	-	K-01	General Radiography	241
	-	K-02	Fluoroscopy Room	245
	-	K-03	CT Scanner	249
	-	K-04	Mammography Room	255
	-	K-05	MRI	259
	_	K-06	Ultrasound	263
	-	K-07	Interventional Radiography	267
	_	K-08	SPECT/CT Scanner	273

	<ul> <li>Other</li> </ul>		
	– L <b>-</b> 01	Video-Conference Room, Type 1	277
	– L <b>-</b> 02	Video-Conference Room, Type 2	281
	– L-03	Video-Conference Room, Type 3	285
Section	C: Project Repo	ort	289
I.	Project Backgro	und	289
II.	Approach		291
III.	Study Overview		298

## **HOW TO USE THIS GUIDELINE**

#### I. Purpose

The purpose of this guideline is to provide "best practice" information for all stakeholders and participants in the planning, design, and evaluation of healthcare facilities in the Province of Alberta.

#### II. Context

The baseline numbers provided in this guideline are the result of an extensive, three years, international study (2008-2011) conducted by health facility planning consultant Agnew Peckham and architectural consultant Dialog with close and active support from Alberta Health (Health), Alberta Health Services (AHS), and Alberta Infrastructure (INFRA).

The benchmarking of grossing factors in the original study were done by Steve Bagworth of Andrew Peckham as part of a collaboration with Texas A&M University (TAMU) as part of their ongoing research in healthcare architecture.

TAMU had already spent a number of years gathering metrics from numerous recently constructed healthcare facilities across Canada, United States, Australia, United Kingdom, Germany and the Middle East. Agreements between TAMU and the project team allowed the sharing and exchange of data between both parties giving the project team access to metrics that they normally would not have. As such the recommendations provided in this publication is a true, international, balanced benchmarking.

Furthermore, specific criteria were deployed in the selection of relevant, participating facilities from the various countries as part of a rigourous effort in developing objectives and methodologies for this study. For example, all of the facilities benchmarked were built within the past five years from the time of the original study so the results are truly representative of leading trends in the development of healthcare facilities in the developed world.

Once the preliminary survey and benchmarking were complete, extensive reviews of the recommendations by AHS were conducted through a series of provincial review workshops attended by key AHS staff from across the province. Additional comments and feedback from AHS Infection Prevention and Control(IP&C) staff and the Workplace Health and Safety representatives were also incorporated into the drawings and templates used in this study.

As a result, the recommended room type net areas and grossing factors contained in this guideline are not merely simple numerical averages from the surveyed facilities. Rather, the recommendations contained in this guideline have been thoroughly vetted by AHS to ensure that they are relevant and applicable to the specific healthcare needs of Albertans for the present and the future.

Lastly, it was the hope of the project team that the recommendations in this guideline will be updated and revised on a regular basis to support effective, safe, innovative and sustainable healthcare infrastructure in the province of Alberta.

Additional details on the original study are provided in Section C of this publication.

#### III. Net Areas and Grossing Factors

Section A of this publication contains three sets of critical numbers. The first set is recommended Net Areas for 65 specific room types in healthcare facilities. The second set is Departmental Grossing Factors used to determine departmental layouts and area calculations. The third set is Building Grossing Factors to guide the design and layout of entire healthcare buildings.

The room type Net Areas listed in this publication are meant to serve as recommended starting points in developing concept departmental and building design in accordance with the functional programs for specific healthcare facilities. These areas are not meant as absolute limits on maximum or minimum room sizes. Design teams are allowed to deviate from the recommended areas based on the particular needs of individual healthcare facilities.

The Departmental Grossing Factors and Building Grossing Factors are provided so that design teams can quickly determine overall departmental sizes and overall building areas based on a functional program for planning and costing purposes. Again, both sets of numbers are recommended best practice and are not meant as hard limits. It is expected that each design team will arrive at their final departmental and building sizes through detailed design based on the specific functional programming for each facility. Grossing Factors can also be used to check if the total planned circulation space is within the recommended ranges.

Section B of this publication contains the Net Area Room Data Sheets (RDS) for each of the 65 room types listing planning assumptions, equipment and services provided, and basic design considerations.

Each room type Net Area template also contains a generic floor plan showing the potential layout of all the equipment and services provided in the room. The final layouts of each room will be based on the particular needs of individual healthcare facilities.

#### IV. Glossary & Definitions

The following definitions were used in relation to the Net Area Room Guidelines.

Table 1: Definitions

Ambulatory Care	A mode of delivering health care services on a same-day basis, not requiring overnight hospitalization.
Building Gross Area	The total area required for the building; including net room areas, departmental circulation, building circulation, mechanical and electrical space and exterior walls.
<b>Building Grossing</b>	Assists in determining the appropriate gross-up from departmental gross area to
Factors	building gross area
Clinical	Primary purpose of room is for clinical diagnostics, with diagnostics equipment
Diagnostic	and supplies in room where required
Decentralized	Dispersing frequently accessed functions throughout a unit in order to reduce the amount of time and travel required by staff. Decentralization can include but is not limited to nurse stations, charting, storage, or medication dispensing. The functions are typically dispersed in close proximity to the point of care and are meant to increase the amount of time the care giver is accessible to the patient.

Department Area	Total floor area within the boundaries of a department; includes net room areas,	
	the partitions separating the rooms and circulation within the department.	
Department	Assists in determining the gross-up from net area to departmental gross area.	
<b>Grossing Factors</b>		
<b>Grossing Factors</b>	Grossing factors apply a percentage of additional space required to address	
	horizontal and vertical circulation, partitions, mechanical, electrical & IT services,	
	and external walls.	
Handwashing	Includes sink, soap dispenser, lotion dispenser, paper towel dispenser, waste	
Station	disposal. 1000mm radius splash zone to be free of curtains, equipment and	
	furniture.	
Inpatient Care	tient Care Care for patients that require hospitalization and observation/monitoring.	
Interdisciplinary	Care and consultation provided by variety of disciplines and departments.	
Major Treatment Use of general anaesthetic		
	Implantable devices	
	Patient requires respiratory assistance	
Minor Treatment	Generally ambulatory procedures	
	No general anaesthetic	
Net Area	The space (floor area) inside the walls of an individual room or the space (floor	
	area) that includes the space for the specific function where there are no walls.	
Outpatient Care	See "Ambulatory Care".	

# **SECTION A. NET AREAS AND GROSSING FACTORS**

The following three tables summarize the recommended room net areas and departmental grossing factors for healthcare facilities in the Province of Alberta.

## I. Recommended Room Type Net Area

Table 2: Summary of Recommended Net Areas:

Room	Room Standard Types				
Α	AMBULATORY CARE				
-1	Examination Room, Type 1	12.0			
-2	Examination Room, Type 2	13.0			
-3	Procedure Room, Type 1	15.5			
-4	Procedure Room, Type 2	22.5			
-5	Clinical Consultation Room	10.0			
-6	Endoscopy Room	24.0			
-7	Cystoscopy Room	24.0			
-8	Urodynamics Room	33.0			
-9	Ear Nose Throat Room	15.5			
-10	Treatment Room Isolation	23.0			
-11	Treatment Station	9.0			
-12	EEG Room	14.5			
-13	Pulmonary Function Treatment Room 12.0				
В	EMERGENCY DEPARTMENT				
-1	Universal Treatment Space	12.0			
-2	Airborne Isolation Room 24.0				
-3	Resuscitation/Trauma Room	33.0			
-4	Mental Health Room	11.0			
С	CARDIOLOGY SERVICES				
-1	ECG Room	13.5			
-2	Stress Testing Room	22.0			
-3	CATH LAB / Control / Equipment 70.0				
D	PARR (Post Anesthesia Recovery Room)				
-1	Patient Post Anaesthesia Recovery	10.0			
-2	Isolation Room	21.5			
-3	Pre-Op Holding 5.0/9.0				
-4	Pre-Op Holding Isolation 21.5				

	_	
Е	INPATIENT MEDICAL/SURGICAL	
-1	Private Bed Room, Isolation	35.0
-2	Private Bed Room	28.5
-3	Semi Private Bed Room	49.0
-4	Private Bed Room, Pediatrics	31.0
<b>-</b> 5	Semi Bed Room, Pediatrics	49.0
-6	4 Bed Observation/Special Purpose Rm	144.0
-7	Palliative Care Bed Room	31.0
-8	Medication Room	15.0
-9	Housekeeping	7.0/11.0
-10	Clean Supply	11.0
-11	Soiled Holding	13.5
F	CRITICAL CARE UNIT	
-1	Private Bed Room, CCU	31.0
-2	Private Bed Room, ICU	29.5
-3	Private Bed Room, CVICU	31.0
-4	Private Bed Room, PICU	34.0
-5	Private Bed Room, NICU	28.0
-6	Patient Room, Isolation	39.0
G	MATERNAL NEWBORN	
-1	LDR room	38.0
-2	Operative Birthing Room	60.0
-3	Semi Private Room, Post-partum	49.0
-4	Private Bed Room, Post-partum	28.5
Н	SURGICAL SUITE	
-1	Operating Room, General	60.0
-2	Operating Room, Special	70.0
I	REHABILITATION MEDICINE	
-1	Private Bedroom, Rehab, Isolation	35.0
-2	Private Bedroom, Rehab	28.5
-3	Semi Private Bedroom, Rehab	49.0
J	MENTAL HEALTH & ADDICTIONS	
-1	Private Bedroom, Isolation	24.0
-2	Private Bedroom	23.0

-3	Semi Private Bedroom	41.0
K	DIAGNOSTIC IMAGING	
-1	General Radiography	35.0
-2	Fluoroscopy Room	40.0
-3	CT Scanner	42.0
-4	Mammography Room	15.0
-5	MRI	88.0
-6	Ultrasound	13.0
-7	Interventional Radiography	80.0
-8	SPECT/CT Scanner	42.0
L	OTHER	
-3	Video-conference Room, Type 1	22.0
-4	Video-conference Room, Type 2	27.0
-5	Video-conference Room, Type 3	57.5
		·

# II. Recommended Departmental Grossing Factors

Table 3: Departmental Grossing Factors

De	partment	Proposed Departmental Grossing Factor
1	Ambulatory Care - Hospital - Community Health Centre	1.46 1.44
2	Emergency Department - Hospital - Community Health Centre (urgent care centre)	1.60 1.50
3	Cardiology Services, Electrodiagnostic Services	1.50
4	Day Surgery/PARR	1.55
5	Medical/Surgical Inpatient Unit - inpatient areas - support areas	1.55
6	Critical Care Unit	1.55
7	Labour and Delivery/Birthing Unit	1.55
8	Surgical Suite (including operating rooms) - operating rooms - PACU - offices	1.60 1.60 1.60 a
9	Rehabilitation Services - inpatient unit - outpatient rehab areas	1.55 1.40
10	Mental Health & Addictions - inpatient unit - ambulatory care clinic areas	1.55 <i>1.45</i>

11	Diagnostic Imaging	1.50
12	Haemodialysis	1.50
13	Laboratory	1.35
14	Pharmacy	1.30
15	Education and Training	1.30
16	Respite and Palliative Care	1.55
17	Central Sterilization & Re-processing	1.25
18	Food Services	1.25

a If planned as flex space, use 1.60

# **III. Recommended Building Grossing Factors**

Table 4: Building Grossing Factors

		Hosp	ital			Commu	nity F	lealth
Proposed building Grossing Factor	Up to 10	00 beds	100 Beds Plus		lus	Centre		
Component	1.30 %	1.34	1.37	10	1.41	1.20	10	1.26
- circulation	1.18 -	1.20	1.22		1.24	1.14		1.18
- core mechanical and electrical	1.10 -	1.12	1.12		1.14	1.05		1.0

Note: Total Building Grossing Factors are compounded; total values are determined by applying the circulation factor to the gross departmental area. The core mechanical/electrical is then applied to the total (the total departmental and building circulation).

# **Section B: Net Areas Room Data Sheets**

# I. Net Areas Room Data Sheet List

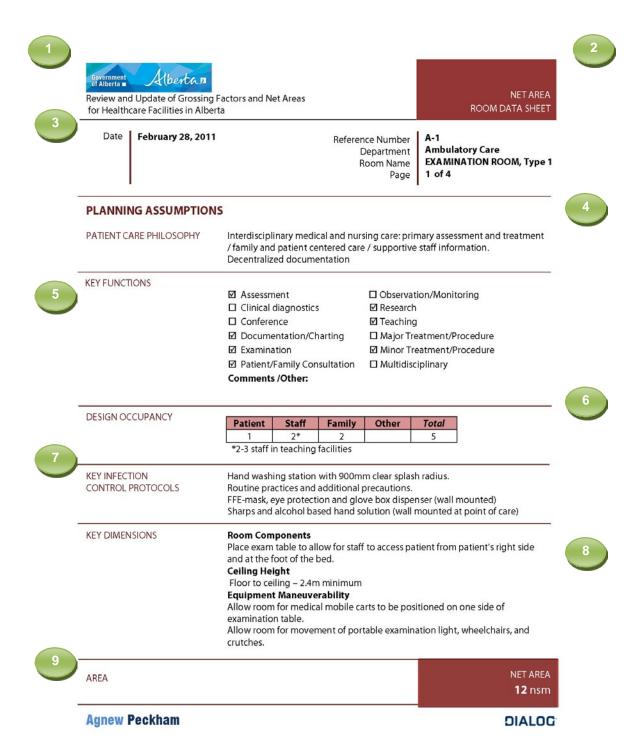
•	Ar	nbulatory C	are						
	_	A-01	Examination Room, Type 1	25					
	_	A-02	Examination Room, Type 2	29					
	_	A-03	Procedure Room, Type 1	33					
	_	A-04	Procedure Room, Type 2	37					
	_	A-05	Consultation Room/Clinical Office	41					
	-	A-06	Endoscopy Room	45					
	-	A-07	Cystoscopy Room	49					
	-	A-08	Urodynamics Room	53					
	-	A-09	Ear Nose Throat Room	57					
	-	A-10	Treatment Station, Isolation	61					
	-	A-11	Treatment Station, Type 1	65					
	_	A-12	EEG Room	69					
	-	A-13	Pulmonary Function Treatment Room	73					
•	En	nergency De	epartment						
	-	B-01	Universal Treatment Space	77					
	-	B-02	Airborne Treatment Space	83					
	-	B-03	Resuscitation/Trauma Room	87					
	_	B-04	Mental Health Room	91					
•	Ca	Cardiology Services							
	-	C-01	ECG Room	95					
	-	C-02	Stress Testing Room	99					
	-	C-03	CATH Lab/Control/Computer Room	103					
•	PA	ARR							
	-	D-01	PARR	107					
	-	D-02	Isolation Room	111					
	-	D-03	Pre-Op Holding	115					
	_	D-04	Pre-Op Holding Isolation	119					
•	Inj	•	- Medical/Surgical						
	-	E-01	Private Bed Room, Isolation	123					
	-	E-02	Private Bed Room	127					
	-	E-03	Semi Private Bed Room	131					
	-	E-04	Private Bed Room, Paediatric	135					
	-	E-05	Semi Bed Room, Paediatric	139					
	-	E-06	4-bed Observation/Special Purpose Room	143					
	_	E-07	Palliative Care Bed Room	147					
	-	E-08	Medication Room	151					
	_	E-09	Housekeeping	155					
	-	E-10	Clean Supply	159					
	_	E-11	Soiled Holding	163					

•	Crit	ical Care U	nit	
	-	F-01	Private Bed Room, CCU	167
	_	F-02	Private Bed Room, ICU	17′
	-	F-03	Private Bed Room, CVICU	175
	-	F-04	Private Bed Room, PICU	179
	-	F-05	Private Bed Room, NICU	183
	_	F-06	Patient Room, Isolation	187
•	Lab	our and De	livery	
	_	G-01	LDR Room	191
	_	G-02	Operative Birthing Room	195
	-	G-03	Semi Private Room, Post-Partum	199
	_	G-04	Private Bed Room, Post-Partum	203
•	Sur	gical Suite		
	-	H-01	Operating Room, General	207
	_	H-02	Operating Room, Special	211
•	Reh	abilitation	Medicine	
	-	I-01	Private Bed Room, Rehab, Isolation	217
	-	I-02	Private Bed Room, Rehab	221
	_	I-03	Semi Private Bed Room, Rehab	225
•	Mer	ntal Health a	and Addictions	
	_	J-01	Private Bed Room, Mental Health, Isolation	229
	-	J-02	Private Bed Room, Mental Health	233
	_	J-03	Semi Private Bed Room, Mental Health Diagnostic Imaging	237
•	Diag	gnostic Ima	ging	
	-	K-01	General Radiography	241
	_	K-02	Fluoroscopy Room	245
	_	K-03	CT Scanner	249
	-	K-04	Mammography Room	255
	_	K-05	MRI	259
	_	K-06	Ultrasound	263
	_	K-07	Interventional Radiography	267
	_	K-08	SPECT/CT Scanner	273
•	Oth	er		
	_	L-01	Video-Conference Room, Type 1	277
	_	L-02	Video-Conference Room, Type 2	281
	_	L-03	Video-Conference Room, Type 3	285

# II. Net Areas Room Data Sheet Legend

The following diagrams illustrate the net area room guidelines template that was developed. The legend number highlights decisions that were made in the template design.

	Project title
2	Report identification
3	Sheet identification
4	This section identifies patient care philosophy and protocols that have impact on room size and layout.
5	This section identifies key room functions that have impact on room's size through activities and equipment.
6	This chart identifies recommended design occupancy for net area. To accommodate for times of fluctuation (example: teaching) this number is sometimes indicated as a minimum/maximum.
7	This section identifies ancillary spaces such as an anteroom as well as IP&C procedures, fixtures, and accessories.
8	This section highlights key dimensions (length, width, and height) that have impact on room size as well as access and equipment mobility requirements.
9	This section identifies a recommended net area in net square meters (nsm).
10	Fixed Elements include key equipment and services that affect room size and are structurally or permanently attached to the structure/finishes and layout are identified in this section.
11	Mobile elements include key patient care equipment including beds and stretchers that have an impact on room's size and/or function.
12	Furniture and Equipment identifies key items located in room that have an impact on room size and/or function but are not specifically used for patient care.
13	Clinical Assumptions indicate assumptions that were made with respect to the use, service model, layout, and organization of the room.
14	This section identifies rooms that are adjacent, connect, or are critical to be closeby.
15	This section identifies considerations for design layouts.
16	This section identifies references for use by designers. It is not comprehensive or authoritative.
17	Room diagram is illustrative of a possible room layout based on the area and functional requirements.





Review and Update of Grossing Factors and Net Areas for Healthcare Facilities in Alberta

ROOM DATA SHEET

Date | February 28, 2011

Reference Number Department Room Name Page **Ambulatory Care** EXAMINATION ROOM, Type 1 2 of 4

#### **EQUIPMENT/SERVICES**

#### FIXED ELEMENTS



Ceiling Mounted	Qty.	Remarks
Privacy curtain	1	Out of splash radius
Wall Mounted		
Hand washing station	1	
Floor Mounted		

#### MOBILE ELEMENTS



Туре	Qty.	Remarks	
Patient wheelchair access	1		
Supply cart	1	C-lockers	
Linen hamper*	1		
Waste receptacle	1		
Scale	1	Can be shared between rooms	
Mobile exam light	1		

<sup>\*</sup>optional

#### **FURNITURE & EQUIPMENT**



Туре	Qty.	Remarks
Examination table	1	
Guest chair	2	For family or patient
Computer/charting station*	1	Mobile workstation with PC visible to patients
Work counter*	1	Upper and lower shelves with counter can be replaced by cart with working surface.
Stool	1	For staff
Task stool	1	
Utility table	1	

<sup>\*</sup>optional

**Agnew Peckham** 

DIALOG

**JULY 2016** 21



NET AREA ROOM DATA SHEET

	Date	February 28, 2011	Reference Number Department Room Name Page	A-1 Ambulatory Care EXAMINATION ROOM, Type 1 3 of 4
-	DESIGN	CONSIDERATIONS		
13	CLINICAL ASSUMPTION	ONS	Does not allow for stretcher access.	
14	KEY ROOM ADJACENCIES		Alcove for gowning and PPE (Personal Protective Equipment)	
	DESIGN FLI	EXIBILITY	Standardize exam room modules for multiple Allow for less millwork, more use of mobile ca	
	REGULATIO	SNS	National Building Code of Canada (2005) Alberta Building Code (2006)	
16	REFERENCE GUIDELINE		Ontario Ministry of Health and Long-Term Cal Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health and Wellness I Strategy and Standards (2008) Government of Alberta Occupational Health & AlA Guidelines for Design and Construction o PIDAC-Provincial Infectious Diseases Advisory Infection Prevention and Control (IPC) General Health Region Construction / Renovation Pro- Canadian Standards Association Draft Standa Facilities (2010)	nfection Prevention and Control & Safety Code Part 35 (2009) f Health Care Facilities (2010) / Committee al Design Standards for Calgary jects (July 2, 2008)

Agnew Peckham DIALOG

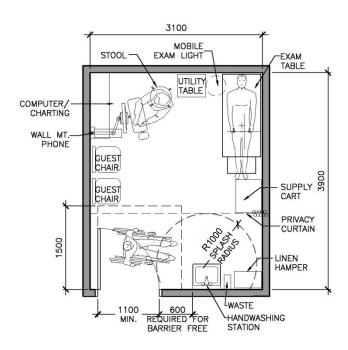
NET AREA ROOM DATA SHEET

Date

February 28, 2011

Reference Number Department Room Name Page A-1 Ambulatory Care EXAMINATION ROOM, Type 1 4 of 4





NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE FURNITURE & EQUIPMENT REQUIRMENTS MAY VARY BY SITE

0 500 1000 2000

AgnewPeckham

DIALOG

**12** nsm

#### **Grossing Factors & Net Areas**

Date December 2014 A-1 Reference Number **Ambulatory Care** Department EXAMINATION ROOM, Type 1 Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Interdisciplinary medical and nursing care: primary assessment and treatment / family and patient centered care / supportive staffinformation. Decentralized documentation **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ☐ Major Treatment/Procedure ■ Documentation/Charting ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff **Family** Other Total 2\* 5 \*2-3 staff in teaching facilities **KEY INFECTION** Hand washing station with 1000mm clear splash radius. **CONTROL PROTOCOLS** Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Place exam table to allow for staff to access patient from patient's right side and at the foot of the bed. Ceiling Height Floor to ceiling – 2.4m minimum **Equipment Maneuverability** Allow room for medical mobile carts to be positioned on one side of examination table. Allow room for movement of portable examination light, wheelchairs, and crutches. **NET AREA AREA** 

Date December 2014

Reference Number
Department
Room Name
Page
Page

A-1
Ambulatory Care
EXAMINATION ROOM, Type 1
2 of 4

## **EQUIPMENT/SERVICES**

#### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Privacy curtain	1	Out of splash radius
Wall Mounted		
Hand washing station	1	
Floor Mounted		

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Patient wheelchair access	1	
Supply cart	1	C- lockers
Linen hamper*	1	
Waste receptacle	1	
Scale	1	Can be shared between rooms
Mobile exam light	1	

<sup>\*</sup>optional

#### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks	
Examination table	1		
Guest chair	2	For family or patient	
Computer/charting station* 1		Mobile workstation with PC visible to patients	
Work counter*	1	Upper and lower shelves with counter can be replaced by cart with working surface.	
Stool	1	For staff	
Task stool	1		
Utility table	1		

<sup>\*</sup>optional

## Grossing Factors & Net Areas

Reference Number A-1

Date December 2014

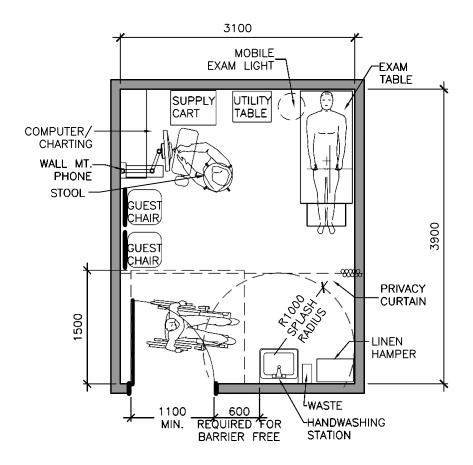
Date	December 2014	Reference Number Department Room Name Page	A-1 Ambulatory Care EXAMINATION ROOM, Type 1 3 of 4			
DESIGN	CONSIDERATION	S				
CLINICAL ASSUMPTI	ONS	Does not allow for stretcher access.				
KEY ROON ADJACENC		Alcove for gowning and PPE (Personal Protect	Alcove for gowning and PPE (Personal Protective Equipment)			
DESIGN FL	EXIBILITY	Standardize exam room modules for multiple room cliniclayouts. Allow for less millwork, more use of mobile carts.				
REGULATI	ONS	National Building Code of Canada (2005) Alberta Building Code (2006)				
REFERENC GUIDELINE		Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AlA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.				

**JULY 2016** 27 Date

December 2014

Reference Number Department Room Name Page A-1 Ambulatory Care EXAMINATION ROOM, Type 1 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





**13** nsm

#### **Grossing Factors & Net Areas**

Date December 2014 A-2 Reference Number **Ambulatory Care** Department EXAMINATION ROOM, Type 2 Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Interdisciplinary medical and nursing care: primary assessment and treatment / family and patient centered care / specialty clinic / stretcheraccess. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 2\* 5 \*2-3 staff in teaching facilities **KEY INFECTION** Hand washing station with 1000mm clear splash radius. **CONTROL PROTOCOLS** Routine practices and additional precautions FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Place exam table to allow for staff to access patient from patient's rightside and at foot of the bed. **Ceiling Height** Floor to ceiling - 2.4m minimum **Equipment Maneuverability** Allow room for medical mobile carts to be positioned on one side of examination table. Allow access by patient on stretcher for examination. Allow for adequate space for EMS stretcher access. **AREA NET AREA** 

Date	December 2014	Reference Number Department Room Name Page	A-2 Ambulatory Care EXAMINATION ROOM, Type 2 2 of 4
		raye	- *. 4

# **EQUIPMENT/SERVICES**

#### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Privacy curtain	1	Out of splash radius
Wall Mounted		
Hand washing station	1	
Floor Mounted		

<sup>\*</sup>optional

#### MOBILE ELEMENTS

Туре	Qty.	Remarks
Single patient stretcher/wheelchair	1	
Supply cart	1	C – lockers.
Linen hamper	1	
Waste receptacle	1	
Mobile exam light	1	
Scale	1	Can be shared between rooms.

#### FURNITURE & EQUIPMENT

Type	Qty.	Remarks
Examination table	1	
Guest chair	2	For family and patients
Computer/charting station*	1	Mobile workstation with PC visible to patient.
Work counter*	1	Upper and lower shelves with counter can be replaced by cart with working surface.
Stool	1	For staff
Task stool	1	
Utility table	1	

<sup>\*</sup>optional

A-2

**Ambulatory Care** 

## Grossing Factors & Net Areas

Reference Number

Department

Date | December 2014

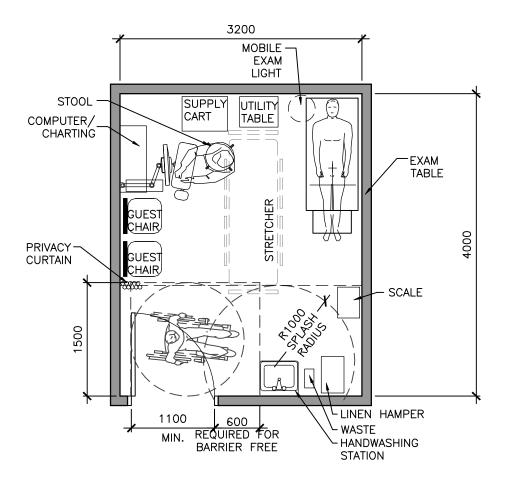
	Department Room Name Page	EXAMINATION ROOM, Type 2 3 of 4		
DESIGN CONSIDERATIONS				
CLINICAL ASSUMPTIONS	Allow for stretcher and wheelchair access.			
KEY ROOM ADJACENCIES	Alcove for gowning and PPE (Personal Protect	ive Equipment)		
DESIGN FLEXIBILITY	Standardize exam room modules for multiple Allow for less millwork, more use of mobile car			
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)			
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategyand Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AlA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.			

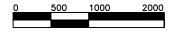
Date

December 2014

Reference Number Department Room Name Page A-2 Ambulatory Care EXAMINATION ROOM, Type 2 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





#### **Grossing Factors & Net Areas**

Date December 2014 A-3 Reference Number **Ambulatory Care** Department PROCEDURE ROOM, Type 1 Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical, surgical and nursing cares. Minor procedures: no conscious sedation. Multidisciplinary integrated care / patient and family centered care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Staff Family Other Patient Total 1 2 5 Hand washing station with 1000mm clear splash radius. **KEY INFECTION** Routine practices and additional precautions. **CONTROL PROTOCOLS** FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Place procedure table to allow for staff to access 3 sides of patient. Provide a goomm work zone around the procedure table. Ceiling Height Floor to ceiling – 2.7m minimum Equipment Maneuverability Allow room for medical mobile carts to be positioned on three sides of stretcher. Provide door size to allow for stretcher access into room. **NET AREA AREA 15.5** nsm

Date	December 2014		A-3 Ambulatory Care PROCEDURE ROOM, Type 1 2 of 4
------	---------------	--	------------------------------------------------------------

### **EQUIPMENT/SERVICES**

#### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Privacy curtain	1	
Lighting	1	Surgical lights/exam lights
Patient lift*	1	
Wall Mounted		
Hand washing station	1	
Headwall*	1	Medical gases, power

<sup>\*</sup>optional

#### MOBILE ELEMENTS

Туре	Qty.	Remarks
IV stand	1	
Single patient stretcher	1	Access into room by transport stretcher
Linen hamper	1	
Vital sign monitor*	1	As required
Procedure cart	1	
Procedure table	1	
Mayo stand	1	
Waste receptacle	1	
Biohazard waste receptacle	1	
Kick bucket	1	

<sup>\*</sup>optional

#### FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Stool	1	For staff
Computer/charting station	1	Mobile workstation
Work counter	1	For charting station
Task stool	1	
Guest chair	2	For family and patients

Date   December 2014	Reference Number Department Room Name Page	A-3 Ambulatory Care PROCEDURE ROOM, Type 1 3 of 4
DESIGN CONSIDERATIONS		
CLINICAL ASSUMPTIONS	Procedure room, local and regional anesthesia physiological monitoring. Procedure examples: minor, suturing, lancing, central line No implantable devices (devices intended to b rooms, not a minor O.R.s.	vasectomies, insertion of
KEY ROOM ADJACENCIES	Optional scrub sink by procedure types	
DESIGN FLEXIBILITY		
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)	
REFERENCES AND	Ontario Ministry of Health and Long-Term Ca	re: Generic Output

REFERENCES AND GUIDELINES

Ontario Ministry of Health and Long-Term Care: Generic Output  $\label{eq:continuous} % \begin{center} \bend{center} \begin{center} \begin{center} \begin{center} \begin{ce$ 

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

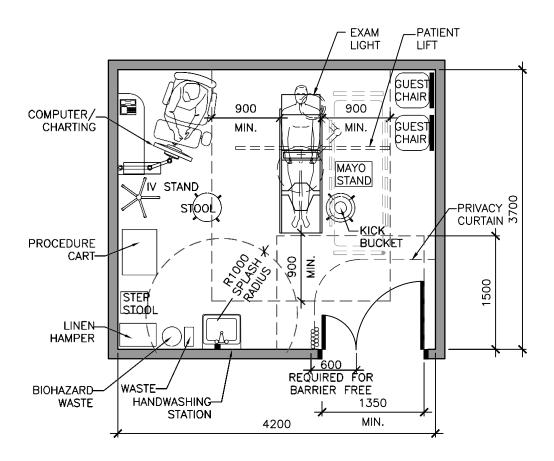
Activities, May 2013.

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

December 2014

Reference Number Department Room Name Page A-3 Ambulatory Care PROCEDURE ROOM, Type 1 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





**22.5** nsm

## **Grossing Factors & Net Areas**

December 2014 Date Reference Number **Ambulatory Care** Department PROCEDURE ROOM, Type 2 Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical, surgical and nursing cares. Conscious sedation. Multidisciplinary integrated care. Patient and family centered care. **KEY FUNCTIONS** ☐ Observation/Monitoring ☐ Assessment ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 6 Family presence is less common in this room, but dependent on situation (e.g. children, translation) **KEY INFECTION** Hand washing station with 1000mm clear splash radius. Routine practices and additional precautions **CONTROL PROTOCOLS** FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Place procedure table to allow for staff to access all sides of patient. Provide a goomm staff work zone around the procedure table. Ceiling Height Floor to ceiling –approx. 3m to allow for ceiling mounted service column/surgical lights – to be verified by equipment vendor. **Equipment Maneuverability** Allow room for medical mobile carts & equipment to be positioned on all sides of stretcher. Provide door size to allow for stretcher access into room. **NET AREA AREA** 

Date December 2014

Reference Number Department Room Name Page A-4 Ambulatory Care PROCEDURE ROOM, Type 2 2 of 4

## **EQUIPMENT/SERVICES**

## FIXED ELEMENTS+

Ceiling Mounted	Qty.	Remarks
Service column	1	Medical gases, power,
IV track	1	
Exam Light	1	Surgical lights/ exam lights
Privacy curtain	1	Out of splash radius
Patient lift	1	
Wall Mounted		
Hand washing station	1	
Floor Mounted		
Procedure table*	1	Access into room by transport stretcher

<sup>\*</sup>optional

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Supply cart	1	
Mobile diagnostic	1	Ultrasound, C-arm (as required), portable x-ray
Utility cart	1	
Instrument table	1	
Biohazard waste receptacle	1	
Waste receptacle	1	
Linen hamper	1	
Kick bucket	1	
Mayo stand	1	
Procedure cart	1	

<sup>\*</sup>optional

## FURNITURE & EQUIPMENT

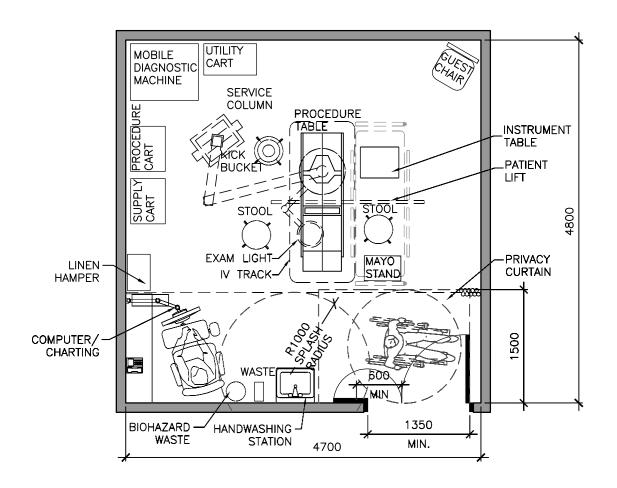
Type	Qty.	Remarks
Stool	2	For staff
Computer/charting station	1	Mobile workstation
Work counter	1	For charting station
Task stool	1	
Guest chair	1	

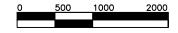
Date December 2014	Reference Number Department Room Name Page  A-4 Ambulatory Care PROCEDURE ROOM, Type 2 3 of 4
DESIGN CONSIDERATIO	INS
CLINICAL ASSUMPTIONS	Supplies storage, local and regional anesthesia. Physiological monitoring. Example procedures: chest tube insertion, phlebotomy, pericardial tap, not minor O.R.  No implantable devices (devices intended to be in for more than 30 days).  Not a minor O.R.s.
KEY ROOM ADJACENCIES	Crash cart/resuscitation Scrub sink alcove
DESIGN FLEXIBILITY	Allow for potential/optional telehealth capabilities
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategyand Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

December 2014

Reference Number Department Room Name Page A-4 Ambulatory Care PROCEDURE ROOM, Type 2 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





**10** nsm

#### **Grossing Factors & Net Areas**

December 2014 Date Reference Number **Ambulatory Care** Department **CLINICAL CONSULTATION ROOM** Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical consultation, patient/family education. Staff, patient and family safety and security. Patient and family centered care. **KEY FUNCTIONS** ☐ Observation/Monitoring ☐ Assessment ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure □ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 6 **KEY INFECTION** No sinks are to be located in this room. **CONTROL PROTOCOLS** Routine practices and additional precautions FFE-mask, eye protection and glove box dispenser (wall mounted) Alcohol based hand solution (wall mounted). **KEY DIMENSIONS Room Components** Meeting area and consultation area **Ceiling Height** Floor to ceiling – 2.4 m minimum Equipment Maneuverability Provide door size to allow movement of wheelchairs, crutches, etc. **NET AREA AREA** 

Date

December 2014

Reference Number Department Room Name Page A-5 Ambulatory Care CLINICAL CONSULTATION ROOM 2 of 4

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Wall Mounted		
Floor Mounted		
Counter Mounted		

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Recycle receptacle	1	
Waste receptacle	1	

## **FURNITURE & EQUIPMENT**

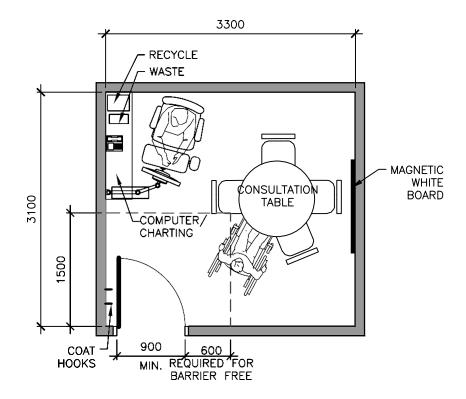
Type	Qty.	Remarks
Chair	2	For staff
Consultation table	1	
Guest chair	4	Family and patient
Computer / charting station	1	Mobile workstation with computer and printer
Work counter	1	For charting station
Magnetic whiteboard	1	
Coat hooks	1	

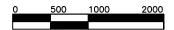
Date December 2014	Reference Number Department Room Name Page  A-5 Ambulatory Care CLINICAL CONSULTATION ROOM 3 of 4
DESIGN CONSIDERATIO	INS
CLINICAL ASSUMPTIONS	Does not accommodate physical examinations. Clinical research, medical consent. Psychosocial/IQ testing and assessment (no physicals).
KEY ROOM ADJACENCIES	
DESIGN FLEXIBILITY	Allow for telehealth capabilities
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AlA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

December 2014

Reference Number Department Room Name Page A-5 Ambulatory Care CLINICAL CONSULTATION ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





**24** nsm

## **Grossing Factors & Net Areas**

December 2014 A-6 Date Reference Number **Ambulatory Care** Department **ENDOSCOPY ROOM** Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Interdisciplinary medical and nursing care, and patient centered care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ☐ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Other Staff Family Total 4 \*includes students **KEY INFECTION** Centralized cleaning at MDR (CSR) or within unit. **CONTROL PROTOCOLS** Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) Scrub sink outside of room. **KEY DIMENSIONS Room Components** Allow access to all 4 sides of stretcher. Allow 1.5m wide staff work zone around the stretcher. Allow for equipment zone around the perimeter. Ceiling Height Floor to ceiling - 3m minimum for ceiling mounted equipment and lights. **Equipment Maneuverability** Allow room for medical mobile carts on all sides of examination table. Provide door size to allow for stretcher access into room. **NET AREA** 

JULY 2016 45

**AREA** 

December 2014

Reference Number Department Room Name Page A-6 Ambulatory Care ENDOSCOPY ROOM 2 of 4

## **EQUIPMENT/SERVICES**

## **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Patient lift*	1	
Service column*	1	Medical gases, power, camera
Procedure light	1	
Vital sign monitor	1	Can also be wall mounted
Wall Mounted		
Handwash sink	1	
Headwall*	1	
Endoscopy monitor	1	
Counter*	1	With supply storage
Floor Mounted		
Scope cabinet	1	Outside of room
Warming Unit	1	
Counter Mounted		

<sup>\*</sup>optional

## MOBILE ELEMENTS

Type	Qty.	Remarks
Patient stretcher	1	
Endoscopy system	1	
C-locker storage	2	
Supply cart	1	
IV stand	1	
Linen hamper	1	
Procedure cart	1	
Mayo stand	1	
Biohazard waste receptacle	1	
Waste receptacle	2	
Exam table	1	

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Task stool	1	For charting station
Stool	1	For physician
Computer/charting station	1	Mobile workstation with computer

Date	December 2014	Reference Number Department Room Name Page	A-6 Ambulatory Care ENDOSCOPY ROOM 3 of 4	
DESIGN CONSIDERATIONS				

# CLINICAL Dictation to occur in a separate room. **ASSUMPTIONS** Scope cabinet exterior to room Sedation – no general anesthesia, including conscious sedation Centralized cleaning at MDR (CSR) or within unit. Scrub sink alcove **KEY ROOM ADJACENCIES DESIGN FLEXIBILITY** Allow same layout as other procedure rooms for future flexibility **REGULATIONS** National Building Code of Canada (2005) Alberta Building Code (2006) **REFERENCES AND** Ontario Ministry of Health and Long-Term Care: Generic Output **GUIDELINES** Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility DesignGuidelines

Activities, May 2013.

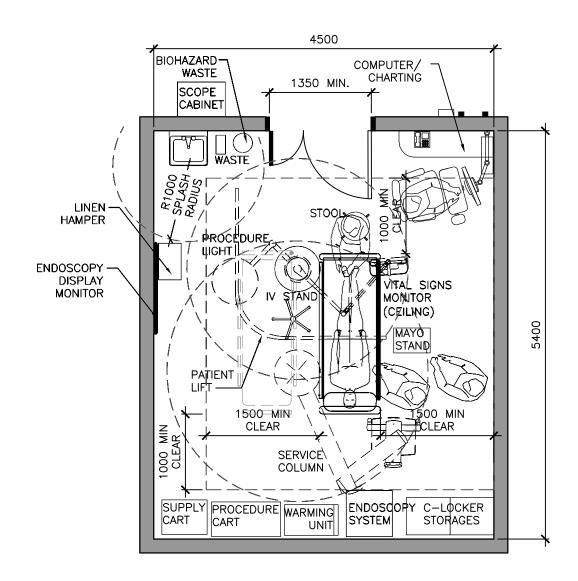
and Preventive Measures for Construction, Renovation and Maintenance

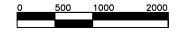
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

December 2014

Reference Number Department Room Name Page A-6 Ambulatory Care ENDOSCOPY ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 Reference Number **Ambulatory Care** Department CYSTOSCOPY ROOM Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Ambulatory Care – Urology. Interdisciplinary medical and nursing care, and patient centered care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Multidisciplinary ☐ Patient/Family Consultation Comments /Other: **DESIGN OCCUPANCY** Staff Patient Family Other Total 3 4 Hand washing station with 1000mm clear splash radius, centralized cleaning at **KEY INFECTION CONTROL PROTOCOLS** MDR (CSR). Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow access to all 4 sides of stretcher. Allow 1.5m wide staff work zone around the stretcher. Allow for equipment zone around the perimeter. Ceiling Height Floor to ceiling –3m minimum for service column Equipment Maneuverability Allow space for medical mobile carts/equipment on either side of examination table. Allow space to maneuver stretcher into position. Equipment and supplies around perimeter of room. **NET AREA AREA 24** nsm

December 2014

Reference Number Department Room Name Page A-7 Ambulatory Care CYSTOSCOPY ROOM 2 of 4

# **EQUIPMENT/SERVICES**

## **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Service column*	1	Medical gases, power, cystoscopy equipment (or on cart)
Patient lift*	1	
Procedure light	1	
Vital sign monitor*	1	Can also be wall mounted
Wall Mounted		
Scrub sink	1	Outside room complete with supplies
Headwall*	1	Medical gases, power
Counter*	1	With supply storage
Floor Mounted		
Warming unit	1	
Scope cabinet	1	
Counter Mounted		

<sup>\*</sup>optional

## MOBILE ELEMENTS

Type	Qty.	Remarks
Cystoscopy equipment*	1	Equipment on cart or column
Exam table*	1	Exam chair may be used instead of table
Exam chair*	1	May be used instead of examtable
Supply cart*	1	All carts need to be closed carts
Mayo stand	1	
Linen hamper	1	
Biohazard waste receptacle	1	
Waste receptacle	1	
Procedure cart	1	All carts need to be closed carts
IV stand	1	
C-locker storage	1	

<sup>\*</sup>optional

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Stool	1	
Computer/charting station	1	Mobile work station with computer
Work counter	1	For charting station
Step stool	1	

<sup>\*</sup>optional

Date December 2014

Reference Number Department Room Name Page

**Ambulatory Care** CYSTOSCOPY ROOM 3 of 4

#### **DESIGN CONSIDERATIONS**

CLINICAL Scope cabinet exterior to room **ASSUMPTIONS** Dictation in a separate room

Scope cleaning/reprocessing to be centralized

**KEY ROOM ADJACENCIES**  Scrub sink alcove

Room sized for future equipment and procedures **DESIGN FLEXIBILITY** 

National Building Code of Canada (2005) **REGULATIONS** 

Alberta Building Code (2006)

**REFERENCES AND GUIDELINES** 

Ontario Ministry of Health and Long-Term Care: Generic Output

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines

and Preventive Measures for Construction, Renovation and Maintenance

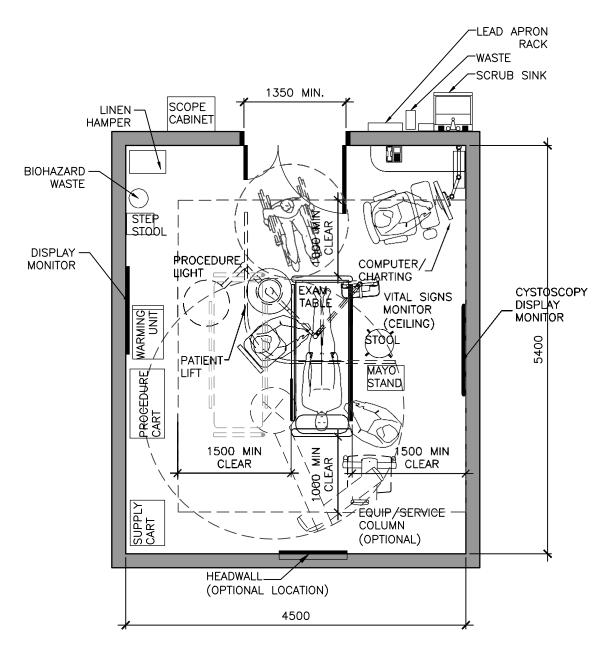
Activities, May 2013.

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

December 2014

Reference Number Department Room Name Page A-7 Ambulatory Care CYSTOSCOPY ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





JULY 2016 DRAFT 52

Date December 2014 **A-8** Reference Number **Ambulatory Care** Department **URODYNAMICS ROOM** Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: primary diagnostic assessment and treatment. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 0 3 4 **KEY INFECTION** Hand washing station with 1000mm clear splash radius. **CONTROL PROTOCOLS** Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Place the urodynamic table centrally to allow for a 1200mm at sides and 900mm at ends staff work zone around the table. Allow for a computer work area and control room within protective radiation shielding. **Ceiling Height** Floor to ceiling – 2.7m minimum Confirm ceiling height with uroscope equipment vender **Equipment Maneuverability** Provide door size to allow room for stretcher access into the room. **NET AREA AREA 33** nsm

Date | December 2014

Reference Number Department Room Name Page

A-8 **Ambulatory Care** URODYNAMICS ROOM 2 of 4

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Exam Light	1	
Patient lift	1	
Radiation shielding		Vender equipment dependent
Wall Mounted		
Hand washing station	2	
Lead apron rack	1	
Work counter	1	In urodynamics room for effluent disposal system with upper cabinet
Grab Bars	1	
Floor Mounted		
Urological table	1	
Counter Mounted		

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient stretcher	1	
Biohazard waste receptacle	1	
Waste receptacle	1	
Supply cart	1	
Equipment table	1	
Transducer tower	1	
Effluent disposal system	1	

## **FURNITURE & EQUIPMENT**

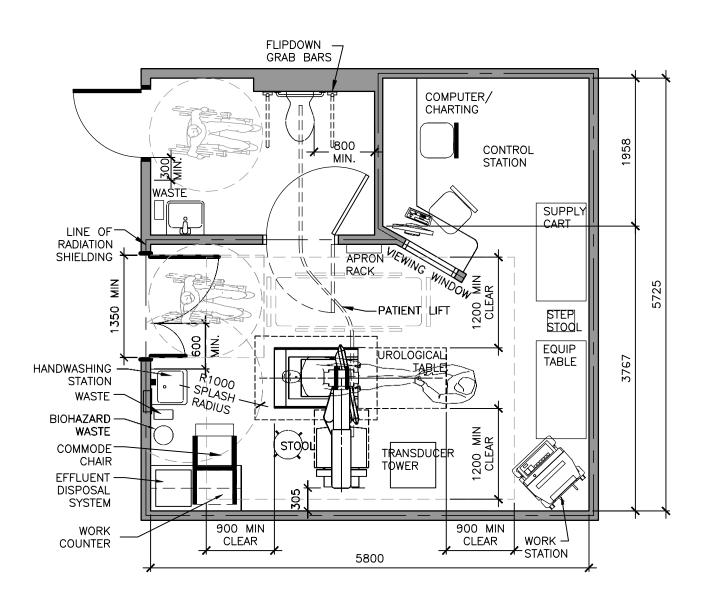
Туре	Qty.	Remarks
Stool	1	For physician
Computer/charting station	1	Mobile workstation with computer
Step stool	1	
Commode chair	1	Stored under counter
Work counter	2	Sitting height, in control station
Chairs	2	Control Station

Date December 2014	Reference Number Department Room Name Page  A-8 Ambulatory Care URODYNAMICS ROOM 3 of 4				
DESIGN CONSIDERATIONS	;				
CLINICAL ASSUMPTIONS					
KEY ROOM ADJACENCIES	Allow for direct access to barrier-free patient washroom.				
DESIGN FLEXIBILITY	Room size may change based on the equipment selection and procedure.				
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)				
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AlA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.				

December 2014

Reference Number Department Room Name Page A-8 Ambulatory Care URODYNAMICS ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





15.5 nsm

#### **Grossing Factors & Net Areas**

Date December 2014 Reference Number **Ambulatory Care** Department **EAR NOSE THROAT ROOM** Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Interdisciplinary medical and nursing care: primary assessment and treatment. Family and patient centered care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference ☐ Teaching ☐ Major Treatment/Procedure ■ Documentation/Charting ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other **Total** 4 **KEY INFECTION** Hand washing station with 1000mm clear splash radius. **CONTROL PROTOCOLS** Terminal cleaning Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Place chair to allow access to the patient's head on three sides. Provide a 900mm work zone around the patient. Ceiling Height Floor to ceiling - 2.4 m minimum **Equipment Maneuverability** Allow room for medical mobile carts on either side of examination chair. Allow room for movement of wheelchairs, crutches, etc. **NET AREA** 

JULY 2016 57

**AREA** 

Date | December 2014

Reference Number Department Room Name Page

A-9 **Ambulatory Care** EAR NOSE THROAT ROOM 2 of 4

## **EQUIPMENT/SERVICES**

## **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Procedure light	1	
Wall Mounted		
Hand washing station	1	
Microscope	1	By ENT workstation
Vital signs monitor	1	Can also be mobile equipment
Floor Mounted		
Utility counter *	1	Upper and lower shelves with utility sink
Counter Mounted		
Utility sink	1	

<sup>\*</sup>optional

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient stretcher/wheelchair/ENT		
chair	1	
Biohazard waste receptacle	1	
ENT workstation	1	
Utility cart	1	
Video stand	1	With light source
Mayo stand	1	
Linen hamper	1	
Waste receptacle	1	
Storage cabinet	1	
Vital signs monitor	1	
Slit lamp	1	
Hyfrecator machine	1	

## **FURNITURE & EQUIPMENT**

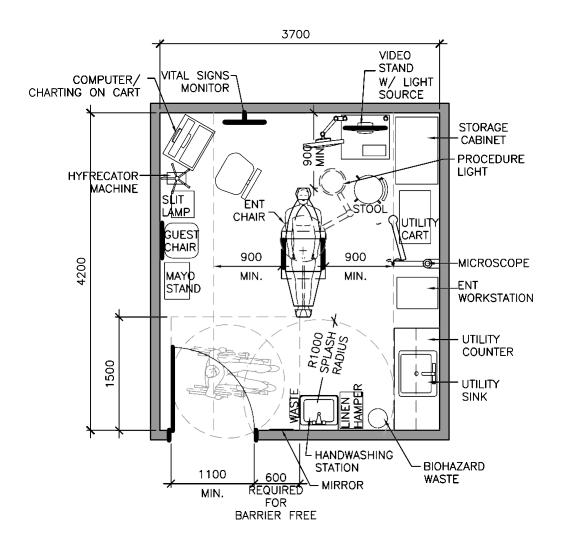
Туре	Qty.	Remarks
Task chair	1	For charting station
Guest chair	1	For family
Computer/charting station	1	Mobile workstation
Stool	1	For Surgeon, with back support
Mirror	1	

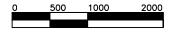
Date December 2014	Reference Number Department Room Name Page  A-9 Ambulatory Care EAR NOSE THROAT ROOM 3 of 4
DESIGN CONSIDERATIONS	S
CLINICAL ASSUMPTIONS	
KEY ROOM ADJACENCIES	
DESIGN FLEXIBILITY	Allow for potential to accommodate functions of other rooms for future flexibility
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

December 2014

Reference Number Department Room Name Page A-9 Ambulatory Care EAR NOSE THROAT ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





**23** nsm

## **Grossing Factors & Net Areas**

Date December 2014 A-10 Reference Number **Ambulatory Care** Department TREATMENT ROOM, Isolation Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: focused on family and patient centered care and treatment. Specialty clinic. Staff, patient, and family safety. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting □MajorTreatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 4 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, contactisolation, **CONTROL PROTOCOLS** airborne isolation, droplet isolation, positive pressure anteroom, Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 1200mm clear at each side and foot of stretcher. Allow access to right hand side of patient. Allow for chair for support person. Allow for supply/procedure carts. Ceiling Height Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Provide door size and allow space for medical mobile carts on either side of bed and stretcher accessibility. Allow for circulation through anteroom. **NET AREA** AREA

Date | December 2014

Reference Number Department Room Name Page

A-10 **Ambulatory Care** TREATMENT ROOM, Isolation 2 of 4

## **EQUIPMENT/SERVICES**

## **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Patient lift	1	
Privacy curtain	1	Out of splash radius
Wall Mounted		
Hand washing station	3	1 in anteroom, 1 in patient room, 1 in patient washroom
Headwall	1	Medical gases, power
Bed bumper	1	
Grab bar	2	In patient washroom
Floor Mounted		

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient bed or chair	1	
Over bed table	1	
Linen hamper	1	1 outside of room
Utility cart	1	
IV stand	1	
Biohazard waste receptacle	1	
Waste receptacle	3	1 in anteroom, 1 in patient washroom, 1 in treatment room
Isolation supplies cart	1	In anteroom
Dialysis machine	1	Moves in and out of room as required
Shelving system	1	In anteroom, either counter or cart
Procedure cart	1	Moves in and out of room as required
Cart	1	
Commode Chair	1	To be moved in and out as necessary

## **FURNITURE & EQUIPMENT**

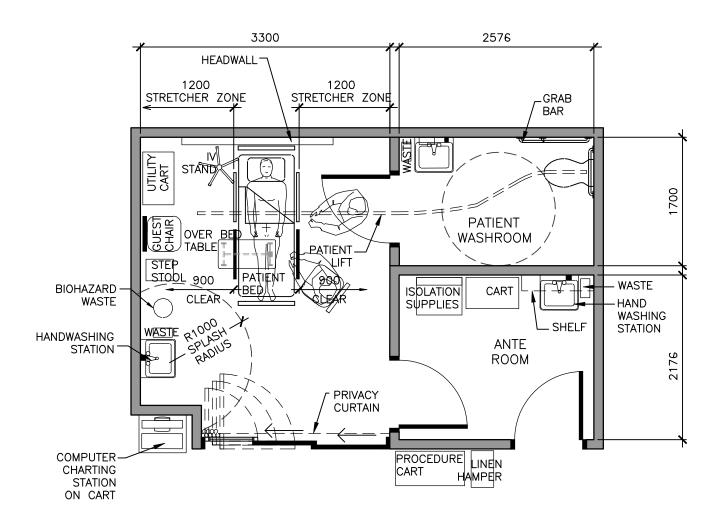
Туре	Qty.	Remarks
Guest chair	1	For family/support
Step stool	1	
Computer/charting station	1	Mobile workstation

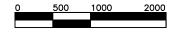
Date December 2014	Reference Number Department Room Name Page  A-10 Ambulatory Care TREATMENT ROOM, Isolation 3 of 4
DESIGN CONSIDERATION	DNS
CLINICAL ASSUMPTIONS	Length of stay will be greater than 4 hours
KEY ROOM ADJACENCIES	Anteroom and patient washroom
DESIGN FLEXIBILITY	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number Department Room Name Page A-10 Ambulatory Care TREATMENT ROOM,Isolation 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





9 nsm

#### **Grossing Factors & Net Areas**

Date December 2014 A-11 Reference Number **Ambulatory Care** Department TREATMENT STATION, Type 1 Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Interdisciplinary medical and nursing care: focused on family and patient centered care and treatment. Dialysis, chemotherapy, IV therapy, blood transfusion. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ☐ Major Treatment/Procedure ☐ Documentation/Charting ☐ Minor Treatment/Procedure ■ Examination ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff **Family** Other **Total** 1 1 1 3 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, maximum 1 sink per 4 **CONTROL PROTOCOLS** patients, Routine practices and additional precautions FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care). **KEY DIMENSIONS** Room Components Allow for patient treatment bed or lounge type chair **Ceiling Height** Floor to ceiling – 2.4m minimum **Equipment Maneuverability** Allow room for medical mobile carts and equipment on either side of bed/chair. **NET AREA** 

JULY 2016 65

**AREA** 

Date | December 2014

Reference Number Department Room Name Page

A-11 **Ambulatory Care** TREATMENT STATION, Type 1 2 of 4

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Privacy curtain	1	
LCD Television	1	
Wall Mounted		
Headwall	1	Medical gases, power
Dialysis unit*	1	Recessed
Hand washing station	1	Outside of room (Shared between rooms)
Vital signs monitor	1	Mounted to headwall
Floor Mounted		

<sup>\*</sup> optional

## MOBILE ELEMENTS

Type	Qty.	Remarks
Patient bed/stretcher or chair	1	
IV stand	1	
Mobile treatment equipment	1	Move in and out as required
Waste receptacle	3	1 per patient, 1 in hand washing station
Supply cart	2	1 per patient
Procedure cart	1	
Dialysis machine	1	Move in and out as required
Linen hamper	1	
Over bed table	1	
Warming cabinet	1	In alcove outside of treatment space

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Guest chair	1	
Charting station	1	In alcove, 1 per 2 stations

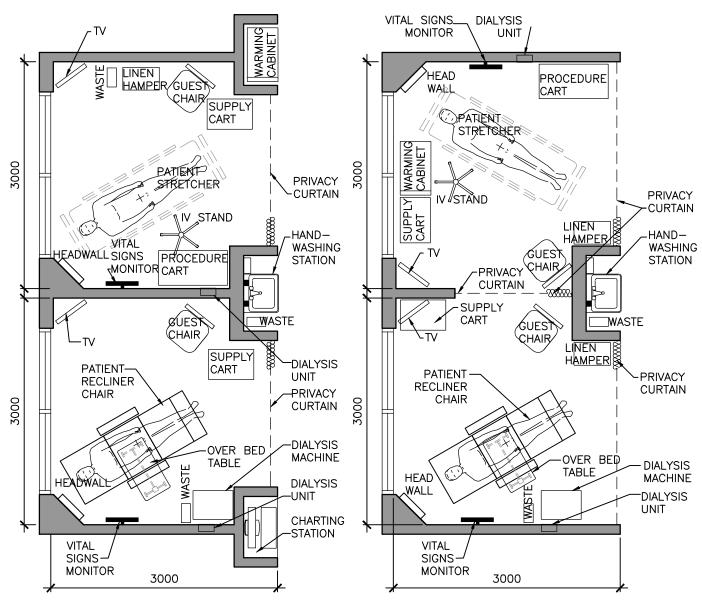
Date Dece	mber 2014	Reference Number Department Room Name Page	A-11 Ambulatory Care TREATMENT STATION, Type 1 3 of 4			
DESIGN CONS	SIDERATIONS					
CLINICAL ASSUMPTIONS		Area based on open or partially enclosed room increased for fully enclosed rooms.	ns. Area would need to be			
KEY ROOM ADJACENCIES		Hand washing station Warming cabinet alcove				
DESIGN FLEXIBIL	ITY	Allow for multiple treatment procedures Provide line of sight from nursing station				
REGULATIONS		National Building Code of Canada (2005) Alberta Building Code (2006)				
REFERENCES ANI GUIDELINES	D	Ontario Ministry of Health and Long-Term Car Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Preve Standards (2008) Government of Alberta Occupational Health & AIA Guidelines for Design and Construction of PIDAC-Provincial Infectious Diseases Advisory AHS Infection Prevention and Control - Health and Preventive Measures for Construction, Re Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care	ention and Control Strategy and & Safety Code Part 35 (2009) Health Care Facilities (2010) Committee Care Facility Design Guidelines novation and Maintenance			

Date December 2014

Reference Number
Department
Room Name
Page

A-11 Ambulatory Care TREATMENT STATION, Type 1 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 A-12 Reference Number **Ambulatory Care** Department **EEG Room** Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: focused on assessment and procedure. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ☐ Minor Treatment/Procedure ■ Examination ☐ Patient/Family Consultation ■ Multidisciplinary Comments /Other: Electroencephalography room **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 1 3 **KEY INFECTION** Hand washing station with 1000mm clear splash radius Routine practices and additional precautions **CONTROL PROTOCOLS** FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow for access to the right hand side of the patient. Ceiling Height Floor to ceiling - 2.4m minimum **Equipment Maneuverability** Provide door size and allow room for medical mobile carts on one side of bed, and stretcher access into room. **NET AREA AREA 14.5** nsm

Date | December 2014

Reference Number Department Room Name Page A-12 Ambulatory Care EEG Room 2 of 4

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Privacy Curtain	1	Out of splash radius
Wall Mounted		
Headwall	1	Medical gases, power
Hand washing station	1	
Floor Mounted		
EEG lead cabinet	1	

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Patient stretcher	1	
EEG machine	1	
Linen hamper	1	
Waste receptacle	1	

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Guest chair	1	For family
Computer/charting station	1	
Step stool	1	
Task chair	1	
Work counter	1	With upper shelving for linen

Date December 2014 Reference Number Department Room Name Page A-12

Ambulatory Care EEG Room 3 of 4

#### **DESIGN CONSIDERATIONS**

CLINICAL ASSUMPTIONS

Does not allow for stretcher access

KEY ROOM ADJACENCIES

#### **DESIGN FLEXIBILITY**

**REGULATIONS** 

National Building Code of Canada (2005)

Alberta Building Code (2006)

REFERENCES AND GUIDELINES

Ontario Ministry of Health and Long-Term Care: Generic Output  $\label{eq:continuous} % \begin{center} \bend{center} \begin{center} \begin{center} \begin{center} \begin{ce$ 

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009)

AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines

and Preventive Measures for Construction, Renovation and Maintenance

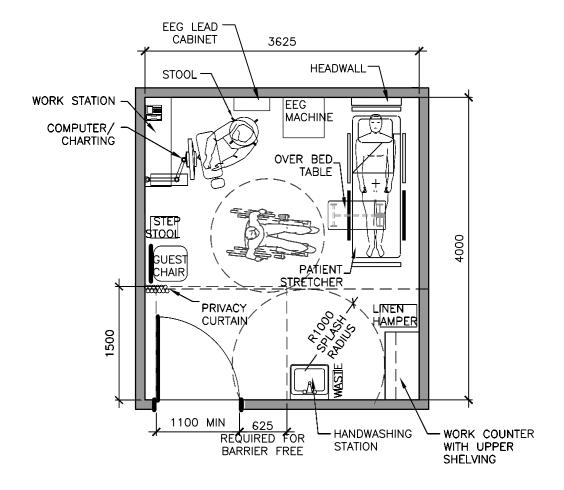
Activities, May 2013.

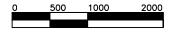
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

December 2014

Reference Number Department Room Name Page A-12 Ambulatory Care EEG ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Reference Number A-13 Date December 2014 **Ambulatory Care** Department **PULMONARY FUNCTION** Room Name TREATMENT ROOM Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Clinical Support: focused on family and patient-centered diagnosis, assessment and treatment. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching □ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 4 **KEY INFECTION** Hand washing station with 1000mm clear splash radius. **CONTROL PROTOCOLS** Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Body plethysmograph cabinet and pulmonary function testing computer. **Ceiling Height** Floor to ceiling – 2.4m minimum **Equipment Maneuverability** 

AREA NET AREA

12 nsm

Date December 2014

Reference Number
Department
Room Name
Page

A-13
Ambulatory Care
PULMONARY FUNCTION
TREATMENT ROOM
2 of 4

# **EQUIPMENT/SERVICES**

# **FIXED ELEMENTS**

· · · · · · · · · · · · · · · · · · ·		
Ceiling Mounted	Qty.	Remarks
Privacy curtain	1	Out of splash radius
Wall Mounted		
Headwall*	1	Medical gases, power
Hand washing station	1	
Floor Mounted		

<sup>\*</sup>optional

# MOBILE ELEMENTS

Туре	Qty.	Remarks
Scale	1	
Waste receptacle	1	

# **FURNITURE & EQUIPMENT**

Type	Qty.	Remarks
Guest chair	1	
Computer/charting station	1	
Work station	1	With upper shelving
Task chair	1	
C- Locker	1	
Under-counter fridge	1	
Body plethysmograph	1	

Reference Number A-13 Date December 2014 **Ambulatory Care** Department **PULMONARY FUNCTION** Room Name TREATMENT ROOM Page 3 of 4 **DESIGN CONSIDERATIONS CLINICAL ASSUMPTIONS KEY ROOM ADJACENCIES DESIGN FLEXIBILITY REGULATIONS** National Building Code of Canada (2005) Alberta Building Code (2006) Ontario Ministry of Health and Long-Term Care: Generic Output **REFERENCES AND** Specifications (2008) **GUIDELINES** Alberta Barrier-Free Design Guide (2008) Government of Alberta Health and Wellness Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013.

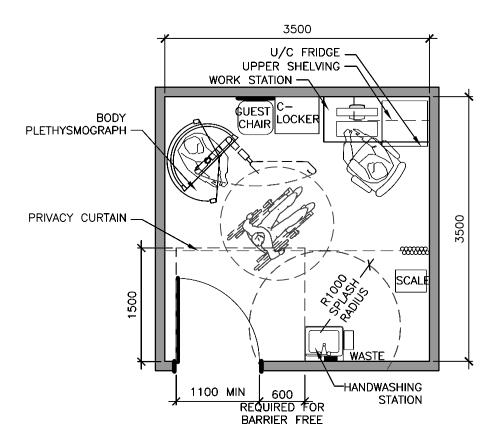
JULY 2016 75

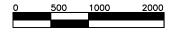
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

December 2014

Reference Number Department Room Name Page A-13 Ambulatory Care PULMONARY FUNCTION TREATMENT ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 B-1 Reference Number **Emergency Department** Department **UNIVERSAL TREATMENT SPACE** Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Interdisciplinary medical and nursing care: focused on family centered care, primary assessment, diagnosis, and treatment. Flexible for a range of acuity levels. **KEY FUNCTIONS** ☐ Assessment □ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total \*4-5 people during code As acuity and number of staff increase, family numbers decrease **KEY INFECTION** Hand washing station with 1000mm clear splash radius **CONTROL PROTOCOLS** Routine practices and additional precautions, FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Centre stretcher in treatment space to allow for access from both sides. Allow for minimum 900mm clearance on each side of stretcher. Partitions or single rooms separating patients from one another; Multitreatment spaces - minimum 2m on either side of bed or treatment chair During a code, 900mm minimum clearance around stretcher on all 4 sides required. **Ceiling Height** Floor to ceiling – 2.7m Minimum Equipment Maneuverability Allow room for medical mobile carts on either side of bed. **NET AREA AREA 12** nsm

Date December 2014

Reference Number Department Room Name Page
Page

December 2014

Reference Number Department UNIVERSAL TREATMENT SPACE 2 of 4

# **EQUIPMENT/SERVICES**

# FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Privacy curtain	1	
Exam light	1	Surgical/exam lights
Wall Mounted		
Hand washing station	1	
Headwall	1	Medical gases, power (2 sets)
Bed bumper	1	
Physiological monitor	1	
Floor Mounted		

# MOBILE ELEMENTS

Type	Qty.	Remarks
Patient stretcher	1	
Mobile diagnostic	1	Ultrasound, ECG, telehealth, xray, moved in and out as required
Linen hamper	1	
IV stand/pump	1	
Mobile patient lift	1	Moved in and out as required
Waste receptacle	1	
Procedure cart	2	
Crash cart	1	In alcove outside of room
Mayo stand	1	
IV cart	1	

# **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Guest chair	2	For family
Computer/charting station	1	Mobile workstation moves in and out of room as necessary
Stool	1	

Date	December 2014	Room Name	B-1 Emergency Department UNIVERSAL TREATMENT SPACE 3 of 4
------	---------------	-----------	--------------------------------------------------------------------

# **DESIGN CONSIDERATIONS**

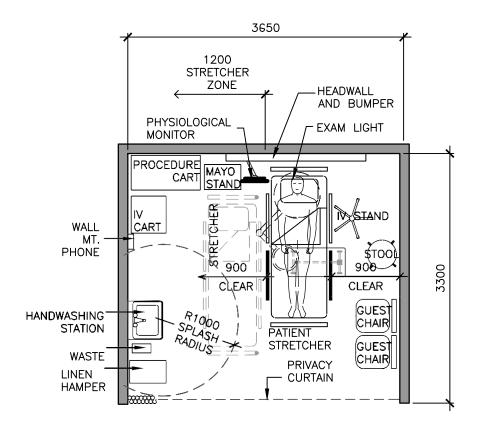
CLINICAL ASSUMPTIONS	Allow for stretcher access  Decentralized supplies and equipment nearby
KEY ROOM ADJACENCIES	Washrooms Crash cart alcove Nurse station
DESIGN FLEXIBILITY	Capacity for dialysis Room must be multi-purpose to accommodate a wide range of cases and acuities Treatment space can be divided by full-height walls or curtains
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

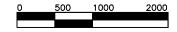
December 2014

Reference Number
Department
Room Name
Page

B-1 Emergency Department UNIVERSAL TREATMENT SPACE 4 of 5

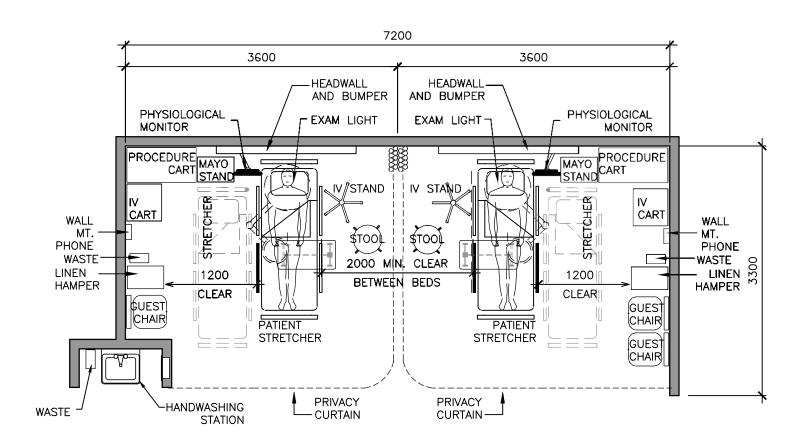
NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 Reference Number
Department
Room Name
Page
Page
B-1
Emergency Department
UNIVERSAL TREATMENT SPACE
5 of 5

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 Reference Number B-2 Department **Emergency Department** AIRBORNE ISOLATION ROOM Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: focused on family centered care, primary assessment, diagnosis, and treatment. Flexible for a range of acuity levels **KEY FUNCTIONS** ☐ Observation/Monitoring ☐ Assessment ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multidisciplinary Comments /Other: Isolation space **DESIGN OCCUPANCY** Patient Staff Family Other **Total** 1 1 3 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, contactisolation, **CONTROL PROTOCOLS** airborne isolation, anteroom Routine practices and additional precautions FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Center stretcher in treatment space to allow for access from both sides. Allow for minimum goomm clearance on each side of stretcher. Provide space for hand wash sink, isolation supplies cart and waste within anteroom. Ceiling Height Floor to ceiling – 2.4m minimum **Equipment Maneuverability** Allow room for medical mobile carts/equipment on either side of bed. **NET AREA AREA 24** nsm (incl. anteroom & WC)

Date December 2014

Reference Number
Department
Room Name
Page
Page

B-2
Emergency Department
AIRBORNE ISOLATION ROOM
2 of 4

# **EQUIPMENT/SERVICES**

# FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Privacy curtain	1	
Wall Mounted		
Hand washing station	3	1 in anteroom, 1 in isolation room, 1 in patient washroom
Headwall	1	Medical gases, power
Bed bumper	1	
Vital signs monitor	1	
Floor Mounted		

## **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Patient stretcher	1	
Mobile diagnostic	1	Ultrasound, ECG, telehealth, xray, moved in and out as required
Over bed table	1	
Waste receptacle	3	1 in isolation room, 1 in ante room, 1 in patient washroom
Linen hamper	2	1 in isolation room and 1 in alcove
IV stand/pump	1	
IV cart	1	
Portable patient lift	1	Moved in and out as required
Commode chair	1	To be moved in and out as necesary
Crash cart	1	Alcove outside of room
Mayo stand	1	
Isolation supplies cart	1	In Ante Room

# **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Guest chair	1	For family
Computer/charting station	1	Mobile workstation
Supplies shelving	2	Upper shelving, In anteroom and patient washroom

Date December 2014 Reference Number B-2 Department **Emergency Department** AIRBORNE ISOLATION ROOM Room Name Page 3 of 4 **DESIGN CONSIDERATIONS** CLINICAL **ASSUMPTIONS KEY ROOM** Anteroom **ADJACENCIES** Crash cart alcove Patient washroom **DESIGN FLEXIBILITY** National Building Code of Canada (2005) **REGULATIONS** Alberta Building Code (2006) Ontario Ministry of Health and Long-Term Care: Generic Output **REFERENCES AND** 

**GUIDELINES** 

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines

and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

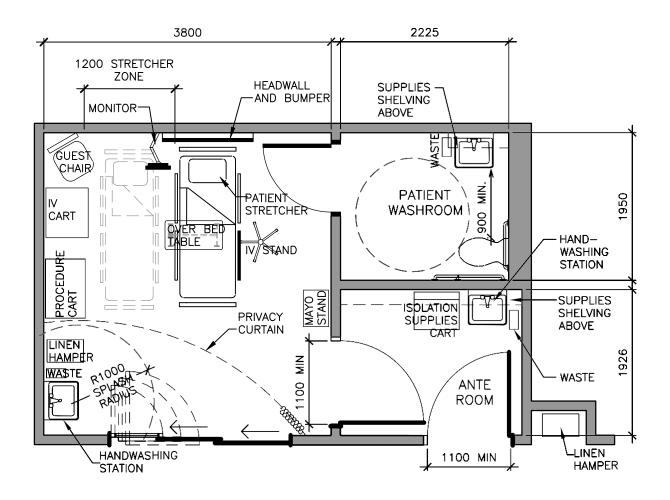
**JULY 2016** 85

December 2014

Reference Number
Department
Room Name
Page

B-2 Emergency Department AIRBORNE ISOLATION ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 Reference Number В-3 Department **Emergency Department RESUSCITATION/TRAUMA ROOM** Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Emergency care resuscitation/trauma: focused on emergency care, life saving and patient stabilization for transfer. Staff, family and patient safety. Adult and pediatric patient care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ☐ Documentation/Charting ☐ Major Treatment/Procedure ☐ Minor Treatment/Procedure ■ Examination ☐ Patient/Family Consultation ■ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1-2 10-11 As acuity increases staff numbers increase, family numbers decrease. Hand washing station with 1000mm clear splash radius **KEY INFECTION CONTROL PROTOCOLS** Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow access on all sides of stretcher Allow for 1800mm staff work area around all 4 sides of stretcher Ceiling Height Floor to ceiling – 3.om minimum to allow for ceiling mounted service column/ surgical lights – to be verified by equipment vendor. Equipment Maneuverability Allow room for emergency and medical mobile equipment and carts on either side of stretcher. Allow for ventilator at head of patient stretcher, as well as patientservice column Provide storage space around perimeter for emergency supply carts and equipment **NET AREA AREA 33** nsm

Date December 2014

Reference Number Department Room Name Page

Page

Reference Number Department Resuscitation/TRAUMA ROOM 2 of 4

# **EQUIPMENT/SERVICES**

# FIXED SERVICES

Ceiling Mounted	Qty.	Remarks
Service column*	1	Medical gases, power (floor mounted) with monitor
X-ray*	1	Overhead equipment (optional – would increase roomssize)
Exam Light	1	Surgical/exam lights
Wall Mounted		
Scrub sink	1	Scrub alcove inside room
PACS monitor	1	
Floor Mounted		

<sup>\*</sup>optional

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Resuscitation stretcher	1	X-ray compatible with weigh scale preferred
Crash cart	1	
DAM cart		
Supply cart	1	Allow for multiple supply carts
Mobile diagnostic equipment	1	Ultrasound, ECG , moved in and out as required
Mayo stand	1	
IV stand	1	
Kick bucket	1	
Procedure cart	1	
Case cart	1	
Back table	1	
Linen hamper	1	
Ventilator	1	
Waste receptacle	2	
Portable patient lift	1	Moved in and out as required
Invasive cart	1	
Medication cart	1	
Floor sharps container	2	

Б.	1 5 1		1
Date	December 2014	Reference Number	B-3
		Department	Emergency Department
		Room Name	RESUSCITATION/TRAUMA ROOM
		Page	3 of 4

## FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Computer /charting station	1	Mobile workstation
Task chair	1	
Stools	2	
Work station	1	

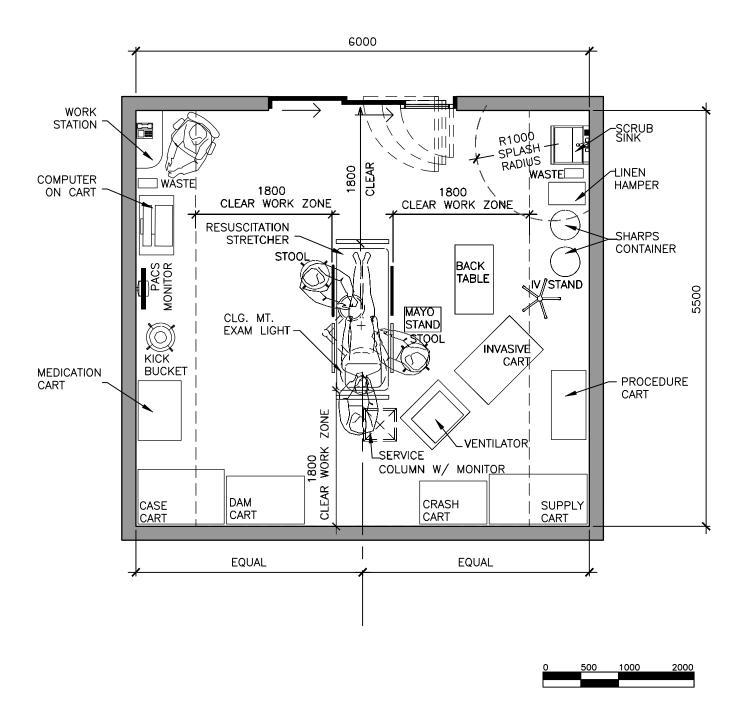
# **DESIGN CONSIDERATIONS**

CLINICAL ASSUMPTIONS	No overhead radiology shown in layout
KEY ROOM ADJACENCIES	Scrub alcove
DESIGN FLEXIBILITY	Full height walls could be substituted with curtained partitions.  Optional built-in x-ray equipment would affect room area depending on the type of system installed.  Accommodates pediatric patients and associated equipment
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014 Reference Number Department Room Name Page B-3

Here December 2014 Reference Number Department Resuscitation/TRAUMA ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Date December 2014 Reference Number B-4 Department **Emergency Department** Room Name **MENTAL HEALTH ROOM** Page 1 of 4 **PLANNING ASSUMPTIONS** PATIENT CARE PHILOSOPHY Psychiatric care and mental health assessment. Secure holding patients. **KEY FUNCTIONS**  $\square$  Observation/Monitoring ☐ Assessment ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching ☐ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 2\* 3 \*Does not include security guard **KEY INFECTION** Hand washing station (outside of the room) Routine practices and additional precautions. **CONTROL PROTOCOLS** Alcohol based hand solution outside of room **KEY DIMENSIONS Room Components** Allow for fixed bed. **Ceiling Height** Floor to ceiling – 2.4m minimum **Equipment Maneuverability** Allow for patient transfer to stretcher from one side of bed.

AREA

NET AREA

11 nsm

Date December 2014

Reference Number
Department
Room Name
Page

December 2014

B-4
Emergency Department
MENTAL HEALTH ROOM
2 of 4

# **EQUIPMENT/SERVICES**

# FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Observation camera	1	Tamper proof
Wall Mounted		
Headwall	1	Tamper proof secure head wall
Floor Mounted		
Fixed Bed	1	Tamper resistant (fastened to structure)
Counter Mounted		

## **MOBILE ELEMENTS**

Туре	Qty.	Remarks

# FURNITURE & EQUIPMENT

Туре	Qty.	Remarks

Date	December 2014	Reference Number	B-4
		Department	B-4 Emergency Department MENTAL HEALTH ROOM
		Room Name	MENTAL HEALTH ROOM
		Page	३ of 4

#### **DESIGN CONSIDERATIONS**

CLINICAL Impact resistant window and doors
ASSUMPTIONS Patient will be monitored continuously

Remote release and monitoring for electronic hardware and patient room

KEY ROOM ADJACENCIES

Security guard/ nursing station

#### **DESIGN FLEXIBILITY**

REGULATIONS National Building Code of Canada (2005)

Alberta Building Code (2006)

REFERENCES AND GUIDELINES

Ontario Ministry of Health and Long-Term Care: Generic Output

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

 ${\bf Government\ of\ Alberta\ Health\ Infection\ Prevention\ and\ Control\ Strategy} \ and$ 

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

Canadian Standards Association Standard Z8000 Canadian Health Care

Facilities (2010)NHS Health Building Notes # 35 – Accommodation for people

with mental illness

Queensland Health Building Guidelines for Queensland Mental Health

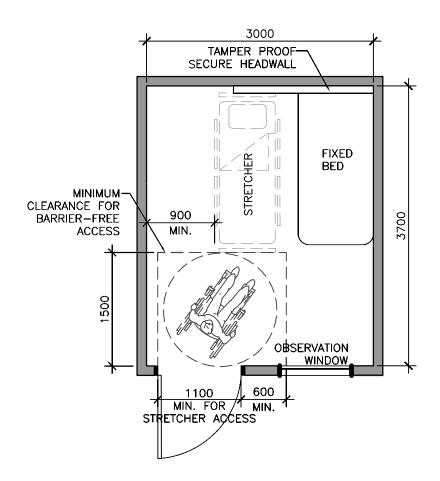
Facilities (2003)

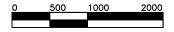
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

December 2014

Reference Number Department Room Name Page B-4 Emergency Department MENTAL HEALTHROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 Reference Number **Cardiology Services** Department Room Name **ECG Room** Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical care: focused on assessment. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ☐ Minor Treatment/Procedure ■ Examination ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Staff Patient Family Other Total 1 1 4 **KEY INFECTION** Hand washing station with 1000mm clear splash radius **CONTROL PROTOCOLS** Routine practices and additional precautions. Alcohol based hand solution (wall mounted at point ofcare) **KEY DIMENSIONS Room Components** Allow for access to the right hand side of the patient. **Ceiling Height** Floor to ceiling – 2.4m minimum **Equipment Maneuverability** Allow room for medical carts and equipment along side of stretcher.

**AREA** 

NET AREA 13.5 nsm

Date December 2014 Reference Number Department Room Name Page C-1

Page 2 of 4

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Privacy curtain	1	Out of splash radius
Wall Mounted		
Hand washing station	1	
Headwall	1	
Floor Mounted		

## MOBILE ELEMENTS

Type	Qty.	Remarks
Patient stretcher	1	
ECG machine	1	
Linen hamper	1	

# **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Task chair	1	
Guest chair	1	
Computer/charting station	1	
Waste receptacle	1	
Work station	1	Counter with upper shelving

Date December 2014

Reference Number Department Room Name Page

C-1 Cardiology Services ECG Room 3 of 4

#### **DESIGN CONSIDERATIONS**

CLINICAL ASSUMPTIONS

Allow for stretcher access

KEY ROOM ADJACENCIES Crash cart alcove

#### **DESIGN FLEXIBILITY**

**REGULATIONS** 

National Building Code of Canada (2005)

Alberta Building Code (2006)

REFERENCES AND GUIDELINES

Ontario Ministry of Health and Long-Term Care: Generic Output

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35(2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines

and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

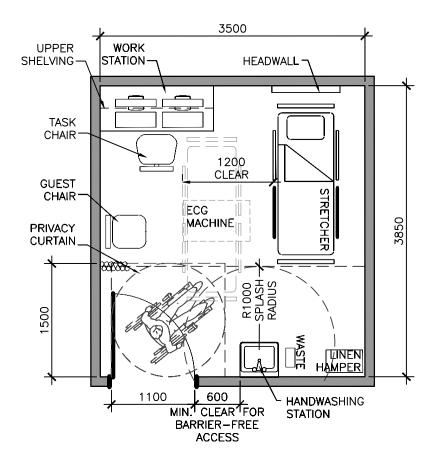
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

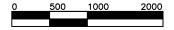
December 2014

Reference Number
Department
Room Name
Page

C-1 Cardiology Services ECG ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 C-2 Reference Number **Cardiology Services** Department STRESS TESTING ROOM Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical care: focused on assessment and treatment. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring Clinical diagnostics ☐ Research ☐ Conference □ Teaching □ Documentation/Charting ☐ Major Treatment/Procedure ☐ Minor Treatment/Procedure ■ Examination ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff **Family** Other Total 1 3 **KEY INFECTION** Hand washing station with 1000mm clear splash radius **CONTROL PROTOCOLS** Routine practices and additional precautions. Alcohol based hand solution (wall mounted at point ofcare) **KEY DIMENSIONS Room Components** Allow space along each side of treadmill and stretcher for patient and staff access. Ceiling Height Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Allow room for movement of equipment, wheelchairs and stretchers.

**AREA** 

NET AREA 22 nsm

Date | December 2014

Reference Number Department Room Name Page

C-2 **Cardiology Services** STRESS TESTING ROOM 2 of 4

# **EQUIPMENT/SERVICES**

# FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Privacy curtain	1	
Wall Mounted		
Headwall	1	Medical gases, power
Hand washing station	1	In alcove outside room
Floor Mounted		

# MOBILE ELEMENTS

Туре	Qty.	Remarks
Stress test system with treadmill	1	
Crash cart	1	
Linen hamper	1	In alcove
Utility / supply cart	1	
Patient stretcher	1	
Waste receptacle	2	1 in stress testing room, 1 in hand washing alcove

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Chair	1	For patient
Computer/charting station	1	
Task chair	1	
Work station	1	Counter with upper shelving

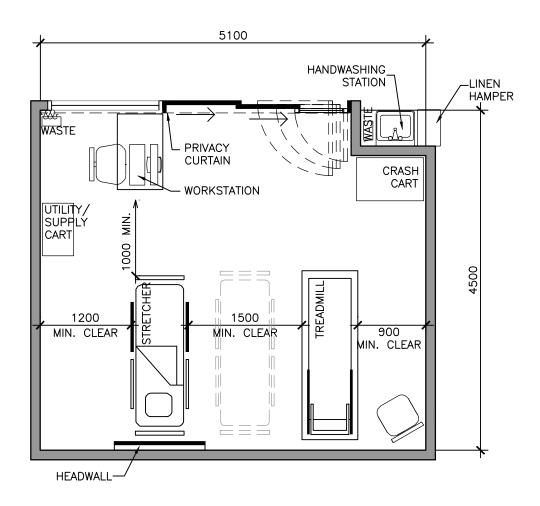
**JULY 2016** 10

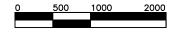
Date [	December 2014	Reference Number Department Room Name Page	C-2 Cardiology Services STRESS TESTING ROOM 3 of 4
DESIGN CO	ONSIDERATIONS	;	
CLINICAL ASSUMPTION	NS		
KEY ROOM ADJACENCIES	5	Physician observation area, Hand washing alco	ove
DESIGN FLEX	(IBILITY		
REGULATION	NS	National Building Code of Canada (2005) Alberta Building Code (2006)	
REFERENCES	SAND	Ontario Ministry of Health and Long-Term Car Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Preve Standards (2008) Government of Alberta Occupational Health & AIA Guidelines for Design and Construction of PIDAC-Provincial Infectious Diseases Advisory AHS Infection Prevention and Control - Health and Preventive Measures for Construction, Re Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care	ntion and Control Strategy and  Second Secon

December 2014

Reference Number Department Room Name Page C-2 Cardiology Services STRESS TESTING ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 Reference Number C-3 Department Cardiology Room Name CATH Lab/Control/Equipment Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Acute care: cardiology. Single patient examination supported by special equipment, sedation physiological monitoring, suppliesstorage **KEY FUNCTIONS** ☐ Observation/Monitoring ☐ Assessment ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure □ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 1 2 0 4 4 **KEY INFECTION** Hand washing station with 1000mm clear splash radius **CONTROL PROTOCOLS** Routine practices and additional precautions, FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) Hepafiltered air / min. air changes **KEY DIMENSIONS Room Components** Patient zone is the angiography table. Equipment zone is centered on and around the table (5mx 6.5m.) Components of the angiography system are located within this area mounted on the floor and ceiling. This area allows for table rotation. Allow for 1.om circulation zone area around equipment zone. Allow for perimeter supply storage Ceiling Height Floor to ceiling - as required by equipment vendor **Equipment Maneuverability** Allow for patient transfer from stretcher to one side of patient table. Allow room for mobile carts. **NET AREA AREA 70** nsm (incl. Support

Date | December 2014

Reference Number Department Room Name Page

C-3 Cardiology CATH Lab/Control/Equipment 2 of 4

# **EQUIPMENT/SERVICES - CATH. Lab**

## FIXED ELEMENTS

FIXED ELEIWEN 13		
Qty.	Remarks	
1	Can also be a floor mounted system	
1		
1	Retractable	
1		
4	Option as mobile elements	
1	Controls for integration system in Equipment Room	
1		
1		
1	Fixed Location	
1	Counter-top	
1	Undercounter	
	1 1 1 1 4 1 1 1	

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Back table	1	
Kick bucket	1	
Anesthesia machine	1	
Anesthesia cart	1	
Crash cart	1	
Utility cart	1	
Shield	1	
Mayo stand	1	
Waste receptacle	1	
Bio-hazard waste receptacle	1	
Linen hamper	1	
Instrument table	1	
Oxygen structure equipment	1	
IABP	1	
ACT	1	
Cardiac output equipment	1	

# FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Exam stool	1	
Task chair	1	

**JULY 2016** 104

Date	December 2014	Reference Number Department Room Name Page	C-3 Cardiology CATH Lab/Control/Equipment 3 of 4
------	---------------	-----------------------------------------------------	-----------------------------------------------------------

# **EQUIPMENT/SERVICES - Control Room**

## FIXED ELEMENTS

Counter top	Qty.	Remarks
Angiography control equipment		Countertop mounted

# FURNITURE & EQUIPMENT

Type	Qty.	Remarks
Task chairs	4	2 @ system controls, 1 @ workstation, 1@PACS
Waste receptacle	1	
Work counter	1	

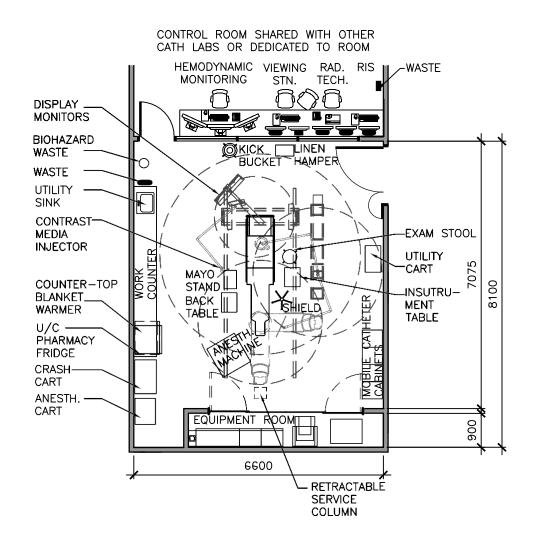
D	FSI	GN	COI	VISIL	)FRA	TIONS

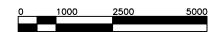
CLINICAL ASSUMPTIONS	Space accommodate bi-plane angiounit		
KEY ROOM ADJACENCIES	Control room Equipment room (optional) Scrub area Crash cart alcove Medical cart alcove		
DESIGN FLEXIBILITY			
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)		
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.		

December 2014

Reference Number Department Room Name Page C-3 Cardiology Services CATH LAB/CONTROL ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 D-1 Reference Number **PARR** Department **PATIENT POST ANAETHESIA** Room Name **RECOVERY** Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: recovery observation from surgical procedures. Patient and family centered care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching ☐ Major Treatment/Procedure ■ Documentation/Charting ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total **KEY INFECTION** Hand washing station with 1000mm clear splash radius Routine practices and additional precautions. **CONTROL PROTOCOLS** Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Patient zone 1m x 2.4m (patient stretcher) Work and family zone 1200mm clear on both sides of stretcher Minimum 2m separation between patients (beds). Allow for access to patient's head for airway management. Ventilator access and intubation to occur in an emergency Ceiling Height Floor to ceiling – 2.7m minimum. 3m minimum for ceiling column. **Equipment Maneuverability** Allow room to maneuver stretcher into position. Allow room for medical mobile carts/equipment on either side of stretcher. **NET AREA AREA 10** nsm

Date December 2014
Reference Number
Department
Room Name
PATIENT POST ANAETHESIA
RECOVERY
Page 2 of 4

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Service column*	1	Medical gases, power; in 'head-out' model
Privacy curtain*	1	
IV track*	1	
Wall Mounted		
Hand washing station	1	1 sink per 4 bays
Headwall*	1	Medical gases, power for head-in model
Bed bumper	1	
Physiological monitor	1	Can be on service column
Computer monitor*	1	Patient care information (could be part of mobile charting station)
Floor Mounted		
Patient storage	1	In 'head-in' model

<sup>\*</sup>optional

### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Patient stretcher	2	
Resuscitation cart	1	In area
Charting station	1	In area
Crash cart	1	In area
Linen hamper	1	In 'head-in' model
Waste receptacle	1	In 'head-in' model
Over bed table	2	1in 'head-out' model, 1 in 'head-in' model
Fridge*	1	In area
Warming cabinet*	1	In area

<sup>\*</sup>optional

# FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Stool	1	For staff charting and observation
Chair	1	For family; 1 for 'head-out' model, 1 for 'head-in' model
Computer/charting station	1	Mobile workstation

Date December 2014

Reference Number Department Room Name
Reference Number PARR
PATIENT POST ANAETHESIA
RECOVERY
Page 3 of 4

### **DESIGN CONSIDERATIONS**

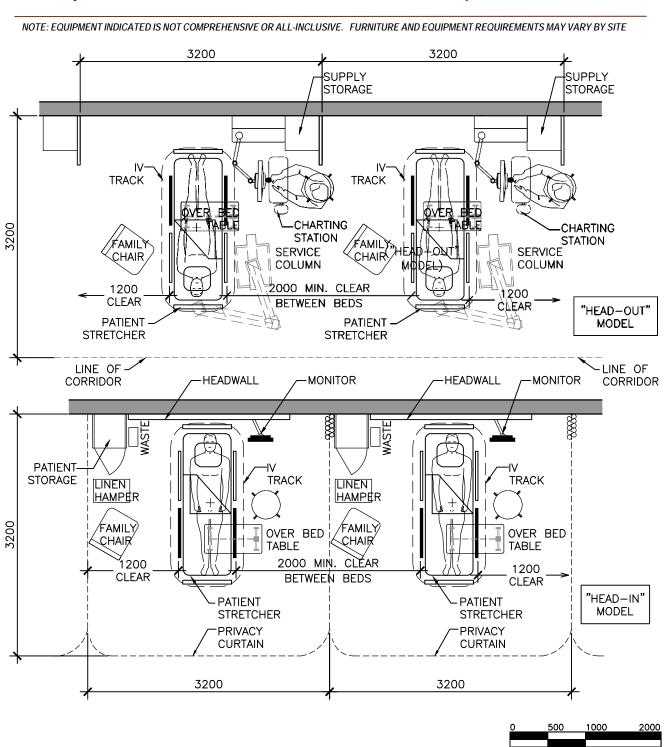
CLINICAL ASSUMPTIONS

KEY ROOM ADJACENCIES	Hand washing station Crash care in alcove
DESIGN FLEXIBILITY	Accommodate either the 'head-in' or 'head-out' model
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AlA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number
Department
Room Name
Page

D-1
PARR
PATIENT POST ANAESTHESIA RECOVERY
4 of 4



**21.5** nsm (incl. WC)

#### **Grossing Factors & Net Areas**

Date December 2014 Reference Number D-2 Department **PARR** Room Name **ISOLATION ROOM** Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: recovery from surgical procedures requiring single patient isolation. Patient and family centered care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 2 1 3 **KEY INFECTION** Hand washing station with 1000mm clear splash radius **CONTROL PROTOCOLS** Contact Isolation, droplet Isolation, airborne isolation Routine practices and additional precautions Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Patient zone 1m x 2m (patient stretcher) Allow 1.5m perimeter around patient stretcher for carezone. Allow for access to patient's head for airway management. Ventilator access and intubation to occur in an emergency Ceiling Height Floor to ceiling – 2.7m minimum. 3m minimum for ceiling mounted service column. **Equipment Maneuverability** Allow room to maneuver stretcher into position. Allow room for medical mobile carts/equipment on either side of stretcher. AREA **NET AREA** 

Date | December 2014

Reference Number Department Room Name Page

D-2 **PARR ISOLATION ROOM** 2 of 4

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Service column*	1	Medical gases, power
Wall Mounted		
Hand washing station	1	
Headwall*	1	Medical gases, power
Bed bumper	1	
Physiological monitor	1	
Computer monitor*	1	Patient care information
Floor Mounted		
Service column*	1	Medical gases, power

<sup>\*</sup>optional

### MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient stretcher	1	
Linen hamper	1	Outside of room
Waste receptacle	1	
Over bed table	1	
IV stand	1	

### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Stool	1	For staff charting and observation
Guest chair	2	For family; in isolation room
Computer/charting station	1	
Bedside cabinet	1	
Patient storage	1	

**JULY 2016** 112

Date December 2014 Reference Number D-2
Department Room Name Page Page 3 of 4

### **DESIGN CONSIDERATIONS**

CLINICAL ASSUMPTIONS

KEY ROOM ADJACENCIES	Crash cart alcove
DESIGN FLEXIBILITY	Can be used as either pre or post surgery patient area
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AlA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines

Activities, May 2013.

and Preventive Measures for Construction, Renovation and Maintenance

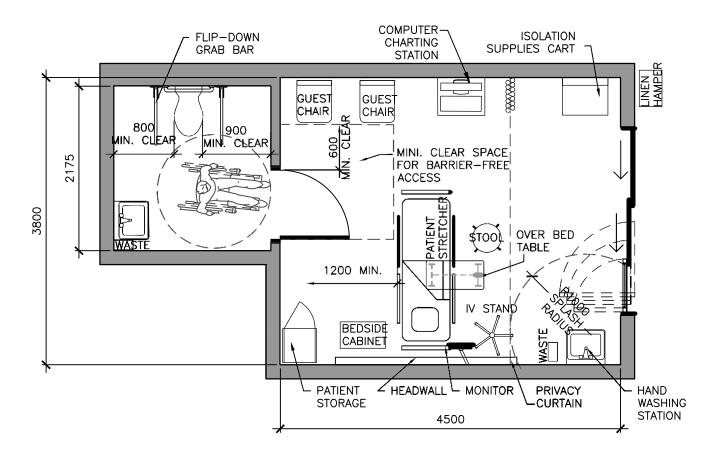
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number Department Room Name Page

D-2 PARR ISOLATION ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





9 nsm (Stretcher)

#### **Grossing Factors & Net Areas**

Date December 2014 Reference Number D-3 Department **PARR** Room Name **PRE-OP HOLDING** Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: surgical preparation. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: Single patient area, medical consent **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 **KEY INFECTION** Hand washing station with 1000mm clear splash radius **CONTROL PROTOCOLS** Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Patient zone 1m x 2m (patient stretcher or patient recliner) Patient zone 2500mm X 2000mm (patient wheelchair) Ceiling Height Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Allow sufficient space to maneuver stretcher into position. Allow room for medical mobile carts/equipment on either side of stretcher. **NET AREA** AREA 5 nsm (Wheelchair)

Date | December 2014

Reference Number Department Room Name Page D-3 PARR PRE-OP HOLDING 2 of 4

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Privacy curtains	1	
Wall Mounted		
Hand washing station	1	1 per 4 bays.
Headwall	1	Medical gases, power
Floor Mounted		

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Stretcher	1	
IV stand	2	
Crash cart	1	In alcove

### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Computer/charting station	1	Shared
Patient recliner	1	As required for ambulatory patients
Chair	1	For family, as required
Stool	2	For Physician, as required

Date December 2014 Reference Number D-3
Department Room Name Page Page 3 of 4

# **DESIGN CONSIDERATIONS**

CLINICAL ASSUMPTIONS

KEY ROOM ADJACENCIES	Patient washroom Crash cart alcove
DESIGN FLEXIBILITY	If designated to be used for PACU overflow capacity, then PACU standard to be used.
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013.

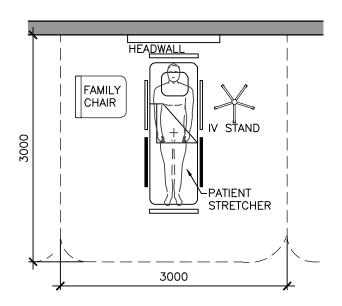
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

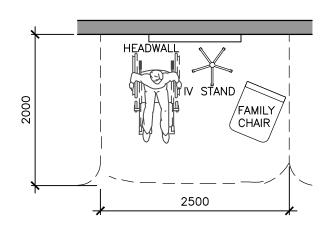
Date

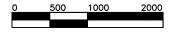
December 2014

Reference Number Department Room Name Page D-3 PARR PRE-OPHOLDING 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE







**21.5** nsm (incl. WC)

#### **Grossing Factors & Net Areas**

Date December 2014 D-4 Reference Number **PARR** Department **PRE- OP HOLDING ISOLATION** Room Name **ROOM** Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: recovery from surgical procedures. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching ☐ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: Single patient isolation, supplies storage, respiratory services **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 0 **KEY INFECTION** Hand washing station, contact Isolation, droplet Isolation, airborne isolation, **CONTROL PROTOCOLS** anteroom Routine practices and additional precautions Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Patient zone 1m x 2m (patient stretcher) Allow 1.5m perimeter around patient stretcher for carezone. Allow for access to patient's head for airway management. Ventilator access and intubation to occur in an emergency Ceiling Height Floor to ceiling – 2.7m minimum 3m minimum for ceiling mounted service column. **Equipment Maneuverability** Allow room to maneuver stretcher into position. Allow room for medical mobile carts/equipment on either side of stretcher. **NET AREA AREA** 

Date December 2014

Reference Number Department Room Name Page 2 of 4

D-4
PARR
PARR
PRE- OP HOLDING ISOLATION
ROOM

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Service column*	1	Medical gases, power
Wall Mounted		
Hand washing station	1	
Headwall*	1	Medical gases, power
Bed bumper	1	
Physiological monitor	1	
Computer monitor*	1	Patient care information
Grab bar		
Floor Mounted		
Service column*	1	Medical gases, power

<sup>\*</sup>optional

# MOBILE ELEMENTS

Type	Qty.	Remarks
Patient stretcher	1	
Linen hamper	1	Outside of room
Waste receptacle	2	1 in isolation room, 1 in washroom
Over bed table	1	
IV stand	1	

### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Stool	1	For staff charting and observation
Guest chair	2	For family; in isolation room
Computer/charting station	1	
Bedside cabinet	1	
Patient storage	1	

Date December 2014

Reference Number Department Room Name
Room Name
Page
PARR
PRE- OP HOLDING ISOLATION
ROOM
3 of 4

#### **DESIGN CONSIDERATIONS**

CLINICAL ASSUMPTIONS

KEY ROOM ADJACENCIES Ante room
Patient washroom
Nursing station
Crush cart alcove

**DESIGN FLEXIBILITY** 

REGULATIONS

National Building Code of Canada (2005)

Alberta Building Code (2006)

REFERENCES AND GUIDELINES

Ontario Ministry of Health and Long-Term Care: Generic Output

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35(2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines

and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

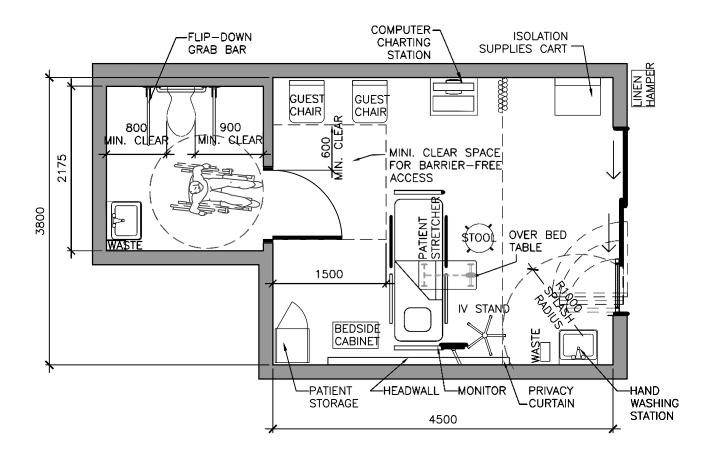
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

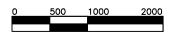
Date December 2014

Reference Number Department Room Name Page

D-4
PARR
PRE-OP HOLDING ISOLATION ROOM
4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





35 nsm (incl ante & WC

#### **Grossing Factors & Net Areas**

Date December 2014 Reference Number Department Inpatient Unit - Medical/Surgical PRIVATE BED ROOM, Isolation Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care, family centered care, decentralized workstations; private room with anteroom and private washroom. Multidisciplinary integrated care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 5-7 staff members during code, 8-10 during educational rounds **KEY INFECTION** Hand washing station with 1000mm clear splash radius, contactisolation, negative pressure patient room, positive pressure anteroom, private **CONTROL PROTOCOLS** washroom. Routine practices and additional precautions FFE-mask and eye protection (wall mounted) and glove box dispenser. Sharps and alcohol based hand solution (wall mounted at point of care) Airborne exhaust isolation **KEY DIMENSIONS Room Components** Allow 3.4m x3.6m patient care zone. Ceiling Height Floor to ceiling – 2.7m minimum 3m minimum for ceiling mounted equipment and lights. **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts/equipment on either side of bed. **NET AREA** 

JULY 2016 123

**AREA** 

Date December 2014

Reference Number
Department
Room Name
Page

E-1
Inpatient Unit – Medical/Surgical
PRIVATE BED ROOM, Isolation
2 of 4

# **EQUIPMENT/SERVICES**

### **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Lighting	1	Exam light over bed
Patient lift	1	
Privacy curtain	1	
Privacy Blinds	1	
Service column*	1	
Wall Mounted		
Hand washing station	2	1 in isolation room, 1 in anteroom
Lighting	1	On headwall
Headwall*	1	Medical gases, power, monitor
Bed bumper	1	
Shower curtain	1	
Grab bar	1	
Physiological monitor	1	
LCD television	1	
Floor Mounted		

<sup>\*</sup>optional

### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Patient bed	1	
Supply cart	1	Moved in and out as required
Mobile diagnostic	1	Ultrasound, move in
Waste receptacle	5	
Defibrillator cart	1	In decentralized charting station
Bio-hazard waste receptacle	1	
Linen hamper	2	1 in isolation room, 1 in outside of the room
Over bed table	1	
Isolation supplies cart	1	In ante room
IV stand	1	
Mobile treatment cart	1	
Mobile dialysis machine*	1	

Date	December 2014	Room Name	E-1 Inpatient Unit – Medical/Surgical PRIVATE BED ROOM, Isolation 3 of 4
------	---------------	-----------	-----------------------------------------------------------------------------------

#### **FURNITURE & EQUIPMENT**

Type	Qty.	Remarks
Computer/charting station	1	Mobile computer cart in decentralized charting station
Patient storage	1	Patient use
Bedside cabinet	1	Patient use
High back chair	1	Patient use
Commode/shower chair	1	In patient washroom
Coat hooks	1	
Desk/storage	1	Family use
Task chair	1	
Supplies shelving	1	In ante room
Supply storage	1	1 in decentralized charting station

# **DESIGN CONSIDERATIONS**

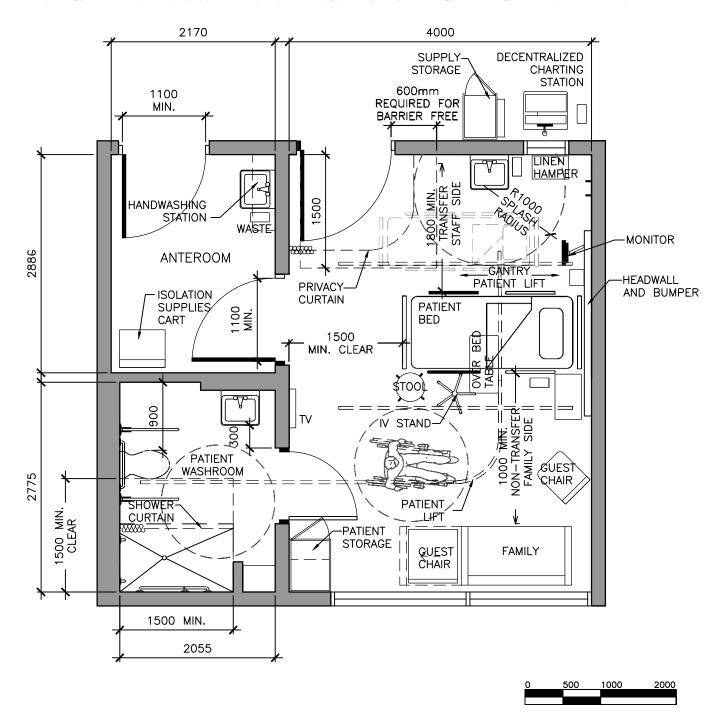
CLINICAL ASSUMPTIONS	Does not accommodate bariatric patient Equipment and staff will go throughanteroom
KEY ROOM ADJACENCIES	Washroom, Ante room, Decentralized nursing station, Med preproom
DESIGN FLEXIBILITY	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number Department Room Name Page

E-1 Inpatient Unit-Medical/Surgical PRIVATE BEDROOM, Isolation 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Date December 2014 Reference Number Department Inpatient Unit-Medical/Surgical PRIVATE BED ROOM Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: provision for family centered care, decentralized workstations; private room with washroom. Multidisciplinary integrated care. **KEY FUNCTIONS** ☐ Assessment □ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multidisciplinary Comments /Other: Infection prevention protocols, storage (supply and personal), rooming- in **DESIGN OCCUPANCY** Patient Staff Family Other Total 6 5-7 staff members during code, 8-10 during educational rounds **KEY INFECTION** Hand washing station with 1000mm clear splash radius, contactisolation, **CONTROL PROTOCOLS** private washroom Routine practices and additional precautions FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 3.4m x3.6m for patient care zone. Ceiling Height Floor to ceiling – 2.7m minimum. 3m minimum for ceiling mounted equipment and lights. **Equipment Maneuverability** Provide door size to allow for stretcher access into room Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts on either side of bed **NET AREA AREA 28.5** nsm

Date December 2014 Reference Number Department Room Name Page PRIVATE BED ROOM 2 of 4

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift	1	
Service column*		
Exam light	1	
Privacy curtain	1	
Wall Mounted		
Hand washing station	1	
Lighting	1	On headwall
Headwall*	1	Medical gases, power, monitor
Bed bumper	1	
LCD television	1	Can also be ceiling mounted
Shower curtain	1	
Grab bars	Varie s	Grab bars to be near toilet and in shower
Physiological monitor	1	
Floor Mounted		

<sup>\*</sup>optional service locations

# MOBILE ELEMENTS

Type	Qty.	Remarks
Patient bed	1	
Supply cart	1	Moved in and out as required
Mobile diagnostic	1	Ultrasound, ECG,
Mobile treatment	1	Dialysis
Waste receptacle	4	
Linen hamper	1	
Over bed table	1	
IV stand	1	
Med prep cart	1	Moves in and out of room as required

Date	December 2014	Room Name	E-2 Inpatient Unit – Medical/Surgical PRIVATE BED ROOM 3 of 4
------	---------------	-----------	------------------------------------------------------------------------

#### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Family sleeper/chair	1	Forfamily
Guest chair	1	For visitors
High back chair	1	For patient
Computer/charting station	1	In decentralized charting station
Patient storage	1	For patients
Bedside cabinet	1	For patients
Stool	1	
Commode/shower chair	1	In patient washroom
Supply storage	2	1 in patient room, 1 in decentralized charting station

# **DESIGN CONSIDERATIONS**

CLINICAL	
ASSUMPTIO	)NS

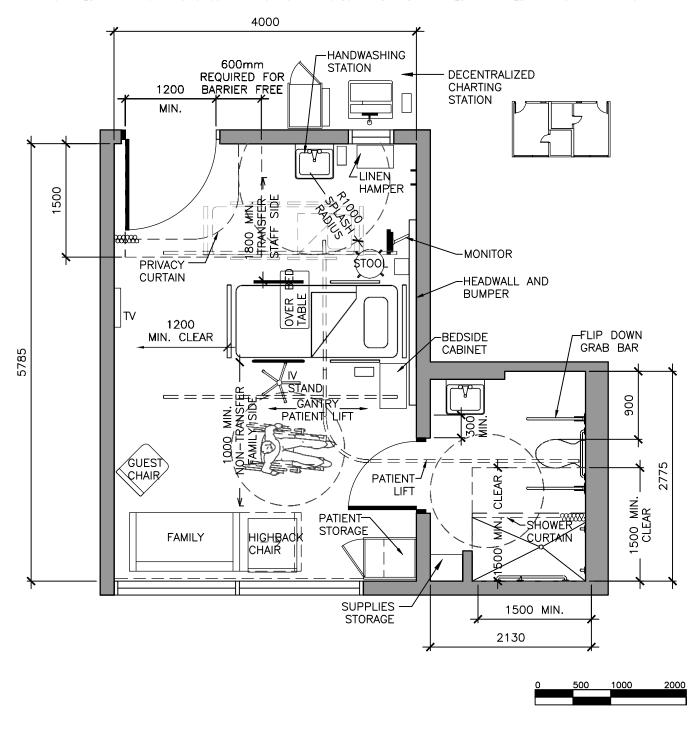
ASSOMI TIONS	
KEY ROOM ADJACENCIES	Washroom, Decentralized nursing station Crash cart to be easily accessible.
DESIGN FLEXIBILITY	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number Department Room Name Page

Inpatient Unit-Medical/Surgical PRIVATE BEDROOM
4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



**NET AREA** 

49 nsm (incl. 2 WC)

#### **Grossing Factors & Net Areas**

Date December 2014 Reference Number Department Inpatient Unit - Medical/Surgical **SEMI PRIVATE BED ROOM** Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: provision for family centered care, decentralized workstations. Multidisciplinary integrated care. Patient confidentiality. **KEY FUNCTIONS** ☐ Observation/Monitoring ☐ Assessment ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 10 5-7 staff members during code, 8-10 during educational rounds **KEY INFECTION** Hand washing station with 1000mm clear splash radius, routine practices and **CONTROL PROTOCOLS** additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 3.4m x3.6m patient care zone. (Per patient) Minimum 2m separation between patients (beds). Ceiling Height Floor to ceiling – 2.7m minimum. 3m minimum for ceiling mounted equipment and lights. **Equipment Maneuverability** Provide door size to allow for stretcher access into room. Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts on either side of bed.

JULY 2016 131

**AREA** 

Date December 2014

Reference Number
Department
Room Name
Page
Page

December 2014

Reference Number
Department
Room Name
Page
2 of 4

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift	2	
Exam light	2	
Privacy curtain	2	
Privacy Blinds	1	
Wall Mounted		
Hand washing station	3	1 in patient room, 2 in patient washroom
Lighting	2	On headwall
Headwall*	2	Medical G-gases, power, monitor
Bed bumper	2	
Physiological monitor	2	
Grab bar	2	
Shower curtain	2	
LCD television	2	
Floor Mounted		
Service column*	2	

<sup>\*</sup>optional

### MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient bed	2	
Supply cart	1	Moved in and out as required
Mobile diagnostic	1	CT, ultrasound, ECG
Mobile treatment	1	Dialysis
Waste receptacle	6	2 in semi-private room, 2 in patient washroom, 1 in decentralized charting station, 1 in hand washing station
IV stand	2	
Med prep cart	1	
Over bed table	2	
Linen hamper	1	

Date	December 2014	Room Name	E-3 Inpatient Unit – Medical/Surgical SEMI PRIVATE BED ROOM 3 of 4
------	---------------	-----------	-----------------------------------------------------------------------------

#### **FURNITURE & EQUIPMENT**

Type	Qty.	Remarks
Family sleeper/chair	2	For family
Guest chair	2	For visitors
Patient storage	2	For patients
Bedside cabinet	2	For patients
Computer / charting station	1	In decentralized charting station
Workstation	1	Counter with storage cupboards in decentralized charting station
Stool	1	
Commode/shower chair	2	In patient shower rooms
Coat hooks	2	
Supply storage	2	In decentralized charting station

### **DESIGN CONSIDERATIONS**

# CLINICAL ASSUMPTIONS

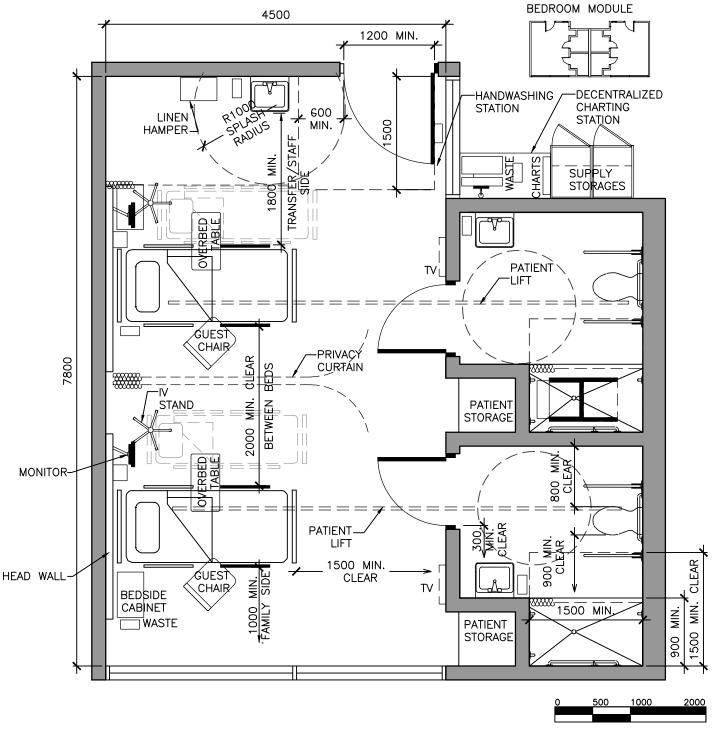
KEY ROOM ADJACENCIES	2 Washrooms, Decentralized charting station Crash cart alcove easily accessible.
DESIGN FLEXIBILITY	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date [

December 2014

Reference Number Department Room Name Page E-3 Inpatient Unit-Medical/Surgical SEMI PRIVATEBEDROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Date December 2014 Reference Number Inpatient Unit - Medical/Surgical Department PRIVATE BEDROOM, PAEDIATRIC Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: accommodate family centered care, decentralized workstations. Flexibility to accommodate newborn to 17 year old patients. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 8 3 4 5-7 staff members during code, 8-10 during educational rounds **KEY INFECTION** Hand washing station with 1000mm clear splash radius, contactisolation, **CONTROL PROTOCOLS** Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 3.4m x 3.6m for patient care zone. Allow 3.5m2 for family zone. Ceiling Height Floor to ceiling - 2.7m minimum, 3m minimum for ceiling mounted equipment and lights. **Equipment Maneuverability** Provide door size to allow for stretcher or bed access into room. Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts on either side of bed. Allow access to both sides of toilet **AREA NET AREA 31** nsm

Date | December 2014

Reference Number Department Room Name Page

Inpatient Unit – Medical/Surgical PRIVATE BEDROOM, PAEDIATRIC 2 of 4

# **EQUIPMENT/SERVICES**

# FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift	1	
Exam light	1	
Privacy curtain	1	
Service column*		
Wall Mounted		
Hand washing station	1	
Lighting	1	On headwall
Headwall*	1	Medical gases, power, monitor
Bed bumper	1	
Grab bar	Varie s	Grab bars near toilet and in shower
Shower curtain	1	
LCD television	1	Can also be ceiling mounted
Physiological monitor	1	
Floor Mounted		

<sup>\*</sup>optional

# MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient bed	1	
Supply cart	1	Moved in and out as required
Mobile diagnostic	1	Ultrasound. Moved in and out as required
IV stand	1	
Defibrillator cart	1	In decentralized charting station
Linen hamper	1	
Over bed table	1	
Waste receptacle	4	
Med prep cart	1	Moved in and out as required

**JULY 2016** 136

Date	December 2014	Reference Number Department Room Name Page	Inpatient Unit – Medical/Surgical PRIVATE BEDROOM, PAEDIATRIC
------	---------------	-----------------------------------------------------	---------------------------------------------------------------

### FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Family sleeper/chair	1	For family
Guest chair	1	For visitors
Computer / charting station	1	In decentralized charting station
High back chair	1	For patient
Baby change station	1	Not kept in room
Patient storage	1	For patient
Bedside cabinet	1	For patient
Commode/shower chair	1	
Supply storage	2	1 in decentralized charting station, 1 in patient room

# **DESIGN CONSIDERATIONS**

# CLINICAL ASSUMPTIONS

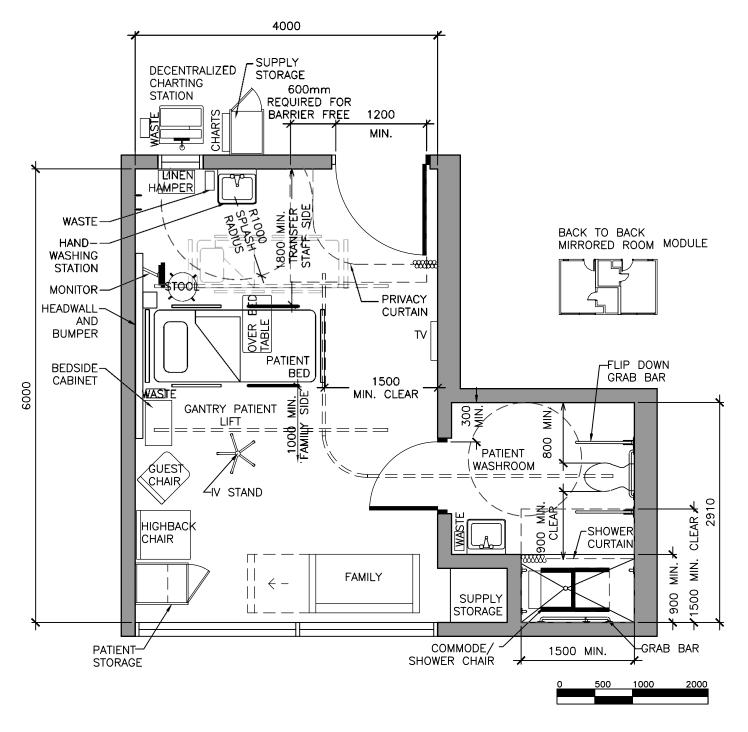
KEY ROOM ADJACENCIES	Washroom, Decentralized nursing station, Crash cart easily accessible
DESIGN FLEXIBILITY	Pediatric rooms can be designed to be similar in size to the adult rooms for flexibility.
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number
Department
Room Name
Page

E-4 Inpatient Unit-Medical/Surgical PRIVATE BEDROOM, PAEDIATRIC 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



49 nsm(incl.

#### **Grossing Factors & Net Areas**

Date December 2014 Reference Number Inpatient Unit - Medical/Surgical Department SEMI PRIVATE BEDROOM, Room Name **PAEDIATRICS** Page 1 of 4 **KEY PLANNING ASSUMPTIONS** PATIENT CARE PHILOSOPHY Medical and nursing care: accommodate for family centered care, decentralized workstations. Multidisciplinary integrated care. Flexibility to accommodate newborns to 17 year old patients. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 4 10 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, routine practices and **CONTROL PROTOCOLS** additional precautions, FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 3.4m x 3.6m for patient care zone. (perpatient) Allow 3.5m<sup>2</sup> for family zone. (perpatient) Minimum 2m separation between patients (beds). Ceiling Height Floor to ceiling – 2.7m minimum 3m minimum for ceiling mounted equipment and lights. **Equipment Maneuverability** Provide door size to allow for stretcher access into room. Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts on either side ofbed. Allow for access to both sides of toilet **AREA NET AREA** 

Page

Date December 2014 Reference Number Department Room Name

Inpatient Unit – Medical/Surgical SEMI PRIVATE BEDROOM, **PAEDIATRICS** 2 of 4

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift	2	
Exam light	2	
Privacy curtain	2	
Service Column*	2	
Wall Mounted		
Hand washing station	3	1 in patient room, 2 in patient washroom
Lighting	2	On headwall
Headwall*	2	Medical gases, power, monitor
Bed bumper	2	
Physiological monitor	2	
Shower curtain	2	
Grab bars	Varie	Grab bars near toilet and in showers
GIAD DAIS	S	
LCD television	2	Can also be ceiling mounted
Floor Mounted		

<sup>\*</sup>optional

# MOBILE ELEMENTS

Туре	Qty.	Remarks	
Patient bed	2		
Supply cart	1	Moved in and out as required	
Mobile diagnostic	1	Ultrasound. Moved in and out as required.	
IV stand	2		
Waste receptacle	6	2 in semi-private room, 2 in patient washroom, 1 in decentralized charting station, 1 in hand washing station	
Linen hamper	1		
Over bed table	2		
Med prep cart	1	Moved in and out as required	

**JULY 2016** 140

Room Name	E-5 Inpatient Unit – Medical/Surgical SEMI PRIVATE BEDROOM, PAEDIATRICS 3 of 4
-----------	--------------------------------------------------------------------------------

### FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Family sleeper / chair	2	Forfamily
Guest chair	2	For visitors
Computer / charting station	1	In decentralized charting station
Workstation	1	Counter with storage cupboards in decentralized charting station
Patient storage	2	For patient
Bedside cabinet	2	For patient For patient
Commode/shower chair	2	In patient washrooms
Supply storage	2	In decentralized charting station

# **DESIGN CONSIDERATIONS**

ASSUMPTIONS
KEY ROOM

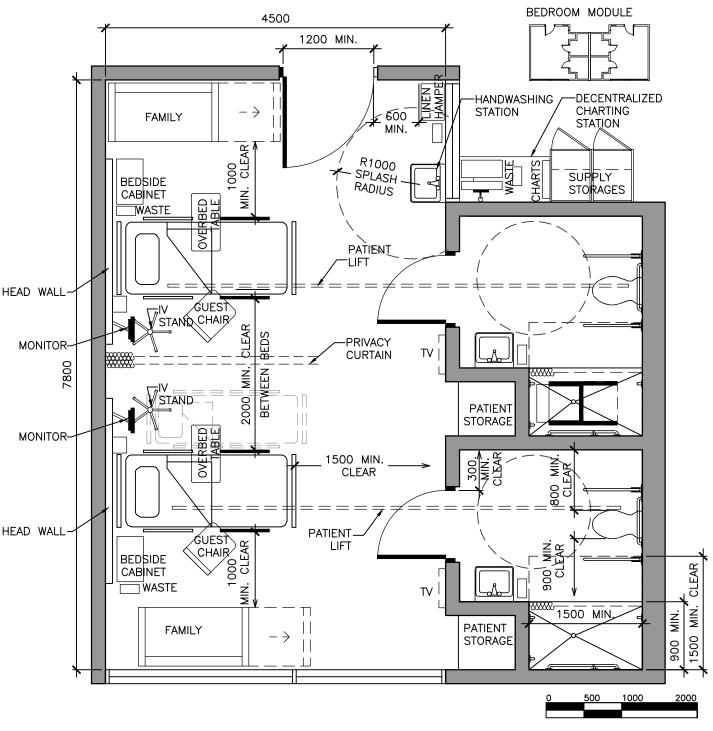
CLINICAL

KEY ROOM ADJACENCIES	Patient washrooms, Decentralized charting station Crash cart alcove easily accessible.
DESIGN FLEXIBILITY	Pediatric rooms can be designed to be similar in size of the adult rooms for flexibility
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number Department Room Name Page E-5 Inpatient Unit-Medical/Surgical SEMI PRIVATE BEDROOM, Paeds 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



**NET AREA** 

**144** nsm

#### **Grossing Factors & Net Areas**

Reference Number Date December 2014 Department Inpatient Unit - Medical/Surgical 4 BEDROOM, Observation Room Name / Special purpose room 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: Accommodate family centered care, decentralized workstations. Multidisciplinary integrated care. Observation and stabilization of patients needing special care or extra observation. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ☐ Major Treatment/Procedure ☐ Documentation/Charting ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other **Total** 8 16 4 Staff numbers do not include PT/OT aids **KEY INFECTION** Hand washing station with 1000mm clear splash radius, contact isolation, four **CONTROL PROTOCOLS** shared washrooms Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 13.6m<sup>2</sup> for patient care zone. (perpatient) Minimum 2m separation between patients (beds); 1 hand washing station per 3 patients, no more than 6m from patient space. Ceiling Height Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Provide door size to allow for stretcher access into room. Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts on either side of bed

JULY 2016 143

**AREA** 

Date December 2014

Reference Number Department Room Name

Reference Number Department Room Name

Page

Page

Reference Number Department ABEDROOM, Observation / Special purpose room 2 of 4

# **EQUIPMENT/SERVICES**

#### **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Patient lift	4	
Exam light	4	
Privacy curtain	4	
Service column*	4	
Wall Mounted		
Hand washing station	2min.	
Lighting	4	On to headwall
Headwall	4	Medical gases, power, monitor
Bed bumper	4	
Grab bar	Varie	Grab bars near toilets and in showers
Grabbar	S	Grab bars flear tollets and inshowers
Shower curtain	1	
Floor Mounted		

<sup>\*</sup>optional

# MOBILE ELEMENTS

Type	Qty.	Remarks
Patient bed	4	
Supply cart	2	Stored in supply alcove
Mobile diagnostic	1	Ultrasound. Moves in and out of room as required.
Linen hamper	1	
Waste receptacle	8	
Over bed table	4	
IV stand	4	
Mobile treatment	4	
Med prep cart	1	
Dialysis machine*	1	

<sup>\*</sup>optional

Date	December 2014	Room Name	Inpatient Unit – Medical/Surgical 4 BEDROOM, Observation / Special purpose room
	I	Page	3 of 4

## FURNITURE & EQUIPMENT

Type	Qty.	Remarks
Guest Chair	4	For visitors
Touch-down station	1	Counter with storage cupboards
Patient storage	4	Patient use
Bedside cabinet	4	Patient use
Commode/shower chair	4	In patient washrooms
Work counter	1	Counter with storage cupboards in Med prep and supplyalcove

DESIGN CONSIDERATION	S
CLINICAL ASSUMPTIONS	Staffing ratio is 2:1 Short length of stay
KEY ROOM ADJACENCIES	Patient washrooms, Med prep room, Decentralized nursing station Crash cart easily accessible.
DESIGN FLEXIBILITY	Quad rooms should be designed to be the same size as two semiprivate rooms for flexibility.
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AlA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013.

JULY 2016 145

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date

December 2014

Reference Number Department Room Name Page E-6
Inpatient Unit-Medical/Surgical
4 BEDROOM, Observation/ Special purpose room
4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE **SUPPLY** CART PATIENT STORAGE ALCOVE ALCOVE **PATIENT** LINEN HAMPER LIFT (OPTIONAL) PATIENT LIFT-**HANDWASHING STATION** GUEST CHAIR OVERBED TABLE PRIVACY CURTAIN 3500 TOUCH-DOWN STATION MONITOR-PRIVACY CURTAIN HEADWALL-1500 BEDSIDE CABINET IV STAND PATIENT **STORAGE PRIVACY** CART CURTAIN MED PREP ALCOVE LCOVE 300 MIN. 1500 MIN **CLEAR** CLEAR 800 900 MIN. MIN. GUEAR 8300

**31** nsm

#### **Grossing Factors & Net Areas**

December2014 Date Reference Number Inpatient Unit-Medical/Surgical Department PALLIATIVE CARE BED ROOM Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: accommodate family centered care. Multidisciplinary integrated care. 'Home-like' environment. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Other Staff Family Total 4 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, routine practices and **CONTROL PROTOCOLS** additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 12m<sup>2</sup> for patient care zone. Ceiling Height Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts on either side of bed. **NET AREA AREA** 

Date

December2014

Reference Number Department Room Name Page

Inpatient Unit – Medical/Surgical
PALLIATIVE CARE BED ROOM
2 of 4

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift	1	
Exam light	1	
Privacy curtain	1	
Wall Mounted		
Hand washing station	1	
Lighting	1	On to headwall
Headwall	1	Medical gases, power
Bed bumper	1	
Dialysis unit*	1	Piped-in RO water
LCD television	1	Can also be ceiling mounted
Grab bar	Varie	Grab bars near toilet and at shower
	5	
Shower curtain	1	
Floor Mounted		

<sup>\*</sup>optional

# MOBILE ELEMENTS

Туре	Qty.	Remarks	
Patient bed	1		
Supply cart	1	Moved in and out as required	
Mobile diagnostic	1	CT, ultrasound, ECG. Moved in and out of room as required.	
Mobile treatment	1	Dialysis machine. Moved in and out of room as required.	
Waste receptacle	4		
Linen hamper	1		
Over bed table	1		
IV stand	1		
Med prep cart	1	Moved in and out of room as required.	

Date	December2014	Room Name	E-7 Inpatient Unit – Medical/Surgical PALLIATIVE CARE BED ROOM 3 of 4
------	--------------	-----------	--------------------------------------------------------------------------------

## FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Table	1	Patient use, includes kitchen station (microwave, etc)
Guest chair	1	Family use
Patient storage	1	Patient use
Bedside cabinet	1	Patient use
High back chair	1	Patient use
Family sleeper/chair	1	Family use
Computer / charting station	1	In decentralized charting station
Commode/shower chair	1	In patient washrooms
Supply storage	2	1 in decentralized charting station, 1 in patient room

# **DESIGN CONSIDERATIONS**

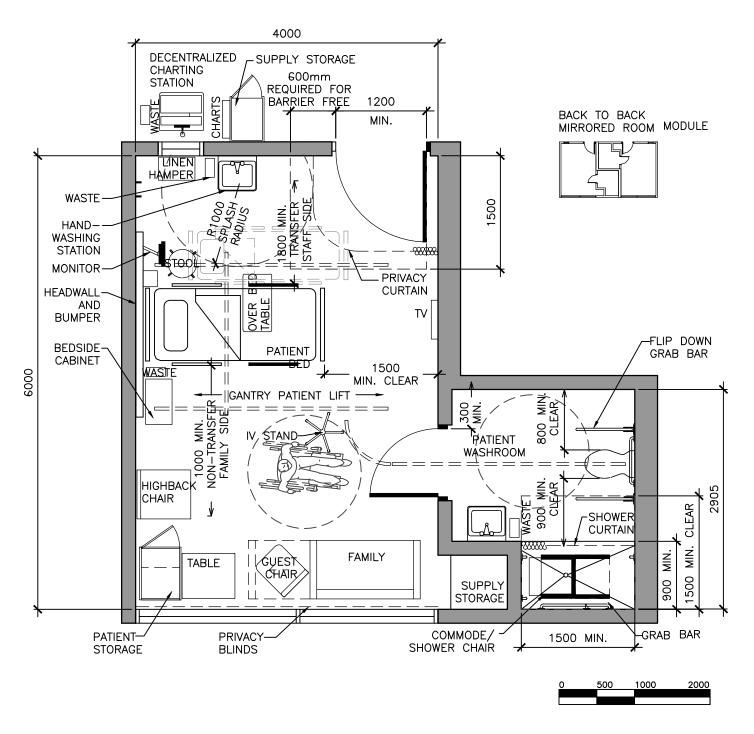
CLINICAL	
ASSUMPT	ONS

ASSUMPTIONS	
KEY ROOM ADJACENCIES	Washroom, Decentralized nursing station Crash cart easily accessible.
DESIGN FLEXIBILITY	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AlA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

**JULY 2016** 149 Date December 2014

Reference Number Department Room Name Page E-7 Inpatient Unit-Medical/Surgical PALLIATIVE CARE BEDROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Date December 2014 Reference Number Department Inpatient Unit - Medical/Surgical **MEDICATION ROOM** Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Efficient and safe preparation, allocation, and distribution of medications. Secure storage of medications. Staff safety and efficient workflow. Flexibility to accommodate multiple medication dispensing systems. **KEY FUNCTIONS** ☐ Observation/Monitoring ☐ Assessment ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure □ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 3 3 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, separateliquid **CONTROL PROTOCOLS** dispensing sink. Sharps and alcohol based hand solution **KEY DIMENSIONS Room Components** Allow entire room for staff zone. Ceiling Height Floor to ceiling - 2.4m minimum **Equipment Maneuverability** Allow room for multiple medication carts to move in and out of room. Allow clearance for pull-out drawers of automated dispensing machines. **NET AREA AREA 15** nsm

Date	December 2014	Room Name	E-8 Inpatient Unit – Medical/Surgical MEDICATION ROOM 2 of 4
------	---------------	-----------	-----------------------------------------------------------------------

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
	,	
Wall Mounted		
Hand washing station	1	
Magnifying light	2	
Liquid dispensing sink*	1	Infection prevention protocols may require a separate sinkfor dispensing liquids.
Utility sink	1	
Floor Mounted		
Medication dispensing system (PYXIS)*	3	Main, auxiliary, tower
Medication fridge	1	Alarmed and connected to BMS
Vaccine fridge	1	small

<sup>\*</sup>optional

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Waste receptacle	3	
Biohazard waste receptacle	1	

## FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Stool	2	
Medication prep station	2	Counter with storage cupboards, computer
IV Prep counter	1	Store and prepare IVs
Sharps disposal container	2	Under counter

Date	December 2014	Room Name	E-8 Inpatient Unit – Medical/Surgical MEDICATION ROOM 3 of 4
			<u>'</u>

#### **DESIGN CONSIDERATIONS**

CLINICAL **ASSUMPTIONS**  Based on a model of decentralized medication stocking to decentralized

medication carts

Accommodates a full set of medication dispensing systems

Base on two med prep stations

**KEY ROOM ADJACENCIES** 

**DESIGN FLEXIBILITY** 

**REGULATIONS** National Building Code of Canada (2005)

Alberta Building Code (2006)

**REFERENCES AND GUIDELINES** 

Ontario Ministry of Health and Long-Term Care: Generic Output

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

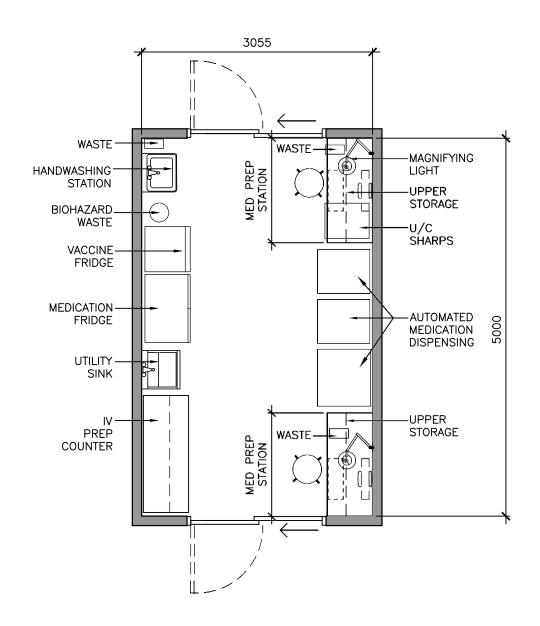
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

**JULY 2016** 153 Date

December 2014

Reference Number Department Room Name Page E-8 Inpatient Unit - Medical/Surgical MEDICATION ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 Reference Number Inpatient Unit - Medical/Surgical Department **HOUSEKEEPING** Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Non clinical support: cleaning and maintenance offacilities. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching ☐ Documentation/Charting ☐ Major Treatment/Procedure ☐ Minor Treatment/Procedure □ Examination ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 1 **KEY INFECTION** Hand washing station **CONTROL PROTOCOLS KEY DIMENSIONS Room Components** Ceiling Height Floor to ceiling – 2.4m minimum **Equipment Maneuverability** Allow room for cleaning cart to move in and out of room.

AREA

NET AREA 7 nsm (Decentralized) 11 nsm (Centralized)

Date December 2014

Reference Number Department Room Name Page

Page

December 2014

Reference Number Department Room Name Page

2 of 4

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Wall Mounted		
Hand washing station	1	
Chemical solution dispenser	1	
Soap dispenser	1	
Floor Mounted		
Mop sink	1	

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Housekeeping cart	1	
Waste receptacle	1	
Utility cart	1	In decentralized housekeeping room
Ladder	1	
Carpet vacuum	1	
Wet/dry vacuum	1	In decentralized housekeeping room
Floor buffer	1	In decentralized housekeeping room
Floor machine extractor	1	In decentralized housekeeping room

## **FURNITURE & EQUIPMENT**

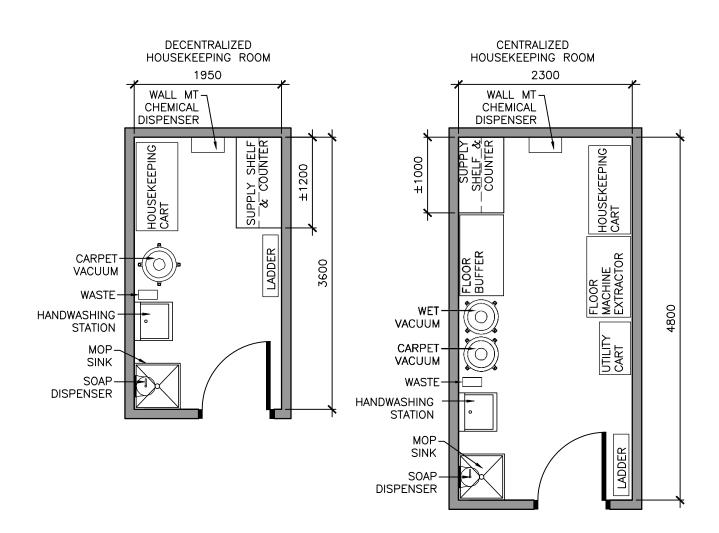
	rpe	Qty.	Remarks
Su	ipply shelf & counter	1	

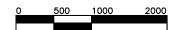
Date December 2014	Reference Number Department Room Name Page  E-9 Inpatient Unit – Medical/Surgical HOUSEKEEPING 3 of 4
DESIGN CONSIDERATION	NS
CLINICAL ASSUMPTIONS	
KEY ROOM ADJACENCIES	
DESIGN FLEXIBILITY	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number Department Room Name Page E-9
Inpatient Unit-Medical/Surgical
HOUSEKEEPING
4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014		nce Number Department Room Name Page  L-10 Inpatient Unit – Medical/St CLEAN SUPPLY 1 of 4		
PLANNING ASSUMPTION	IS			
PATIENT CARE PHILOSOPHY	Safe storage of facility supplies. E	Efficient access	s andflexibility.	
KEYFUNCTIONS	<ul> <li>□ Assessment</li> <li>□ Clinical diagnostics</li> <li>□ Conference</li> <li>□ Documentation/Charting</li> <li>□ Examination</li> <li>□ Patient/Family Consultation</li> <li>Comments /Other:</li> </ul>	<ul> <li>□ Observation/Monitoring</li> <li>□ Research</li> <li>□ Teaching</li> <li>□ Major Treatment/Procedure</li> <li>□ Minor Treatment/Procedure</li> <li>□ Multi disciplinary</li> </ul>		
DESIGN OCCUPANCY	Patient Staff Family	Other	Total 2	
KEY INFECTION CONTROL PROTOCOLS	No sinks are to be located in this	room		
KEY DIMENSIONS	<b>Ceiling Height</b> Floor to ceiling — 2.4m minimum			
	<b>Equipment Maneuverability</b> Allow room for a supply cart to m	ove in and out	of the room.	

AREA

NET AREA **11** nsm

Date December 2014

Reference Number Department Room Name Page
Page

December 2014

Reference Number Inpatient Unit – Medical/Surgical CLEAN SUPPLY 2 of 4

# **EQUIPMENT/SERVICES**

## **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Wall Mounted		
Floor Mounted		

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Supply cart	4	
Warming cabinet*	1	
Linen cart	2	

<sup>\*</sup> optional

#### **FURNITURE & EQUIPMENT**

Type	Qty.	Remarks

Date December 2014 Reference Number Department Inpatient Unit - Medical/Surgical Room Name **CLEAN SUPPLY** Page 3 of 4 **DESIGN CONSIDERATIONS** CLINICAL Based on a top-up system of material supply **ASSUMPTIONS** Size of room and number of rooms on a unit typically based on bed numbers and material management system. **KEY ROOM ADJACENCIES DESIGN FLEXIBILITY REGULATIONS** National Building Code of Canada (2005) Alberta Building Code (2006) **REFERENCES AND** Ontario Ministry of Health and Long-Term Care: Generic Output **GUIDELINES** Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013.

JULY 2016 161

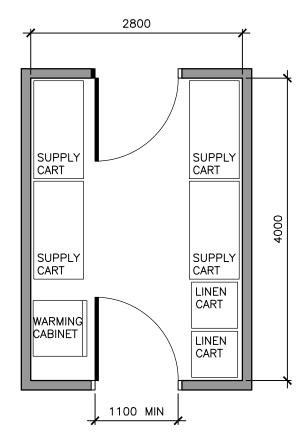
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

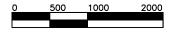
Date

December 2014

Reference Number Department Room Name Page E-10 Inpatient Unit-Medical/Surgical CLEAN SUPPLY 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 Reference Number Inpatient Unit - Medical/Surgical Department **SOILED HOLDING** Room Name Page 1 of 4 PLANNING ASSUMPTIONS Safe disposal and storage of facility waste. Efficient access and flexibility. PATIENT CARE PHILOSOPHY Not for cleaning equipment or storing dirty equipment. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching ☐ Documentation/Charting ☐ Major Treatment/Procedure □ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff **Family** Other Total **KEY INFECTION** Hand washing station with 1000mm clear splash radius, aerosol containment, **CONTROL PROTOCOLS** separation of soiled materials from clean patient areas, utility sink. Safe and efficient sharps disposal. **KEY DIMENSIONS Room Components** Allow for equipment and containers to be stored in the room. Ceiling Height Floor to ceiling – 2.4m minimum **Equipment Maneuverability** Allow room for linen and waste carts to move in and out of room.

AREA

NET AREA 13.5 nsm

Date | December 2014

Reference Number Department Room Name Page

E-11 Inpatient Unit – Medical/Surgical SOILED HOLDING 2 of 4

# **EQUIPMENT/SERVICES**

# FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Wall Mounted		
Hand washing station	1	
Utility Sink	1	Disposal sink for liquids
Upper and lower cupboards	1	With stainless steel work surface, cleaning solutions storage
Floor Mounted		
Bedpan sanitizer	1	Sanitizer for bedpans, etc.

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Linen hamper	1	Soiled linen to be picked up
Waste receptacle	1	
Biohazard receptacle	1	
Sharps disposal container	1	
CSR cart	1	Soiled equipment to be picked up
Utility cart	1	
Recycle bins	3	
Soiled linen "tilt truck"	1	

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks

**JULY 2016** 164

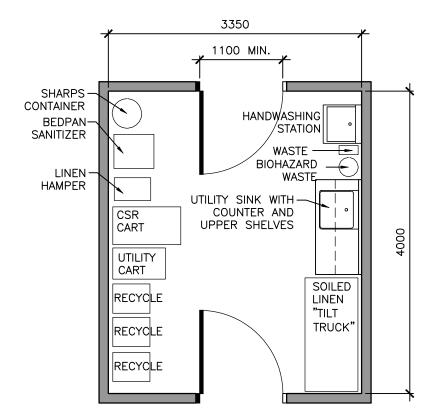
Date   December 201	Reference Number Department Room Name Page  Reference Number Inpatient Unit – Medical/Surgical SOILED HOLDING 3 of 4
DESIGN CONSIDERAT	ΓIONS
CLINICAL ASSUMPTIONS	
KEY ROOM ADJACENCIES	
DESIGN FLEXIBILITY	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

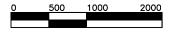
Date

December 2014

Reference Number Department Room Name Page E-11 Inpatient Unit-Medical/Surgical SOILED HOLDING 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 Reference Number Department Critical Care Unit: CCU Room Name **PRIVATE BED ROOM** Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Critical care one-on-one nursing care, stabilization, coronary system and ventilation support, resuscitation and family centered care, highaccess **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring □ Research Clinical diagnostics ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 2 1 4 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, routine practices and **CONTROL PROTOCOLS** additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow access to all sides of patient bed. Provide access to enclosed toilet room or waste disposal areas. Ceiling Height Floor to ceiling – 2.7m minimum, 3m minimum for ceiling mounted service column. **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for medical carts and equipment on either side of bed. Space at end of bed for IABP and Impella **NET AREA AREA** 31nsm

Date | December 2014

Reference Number Department Room Name Page

**Critical Care Unit: CCU** PRIVATE BED ROOM 2 of 4

# **EQUIPMENT/SERVICES**

## **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Patient lift	1	
Service column*	1	Medical gases, power
Privacy curtain	2	
IV track		
Wall Mounted		
Hand washing station	2	
Headwall*	1	Medical gases, power
Bed bumper	1	
Physiological monitor	2	1 in private bed room. 1 in decentralized charting station
LCD television	1	Can also be ceiling mounted
Floor Mounted		

<sup>\*</sup>Optional

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient bed	1	
Mobile diagnostic	1	Ultrasound, ECG – moves in and out of room as needed
Mobile treatment	1	Dialysis machine – moves in and out of room as needed
Linen hamper	1	
IV stand*	1	
Bedpan sanitizer*	1	
Over bed table	1	
Med prep cart	1	Moves in and out of room as needed
Crush cart	1	

<sup>\*</sup>optional

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Family sleeper/chair	1	
Guest chair	1	For visitor
Computer/charting station	1	In decentralized charting station
Workstation	1	Counter with storage cupboards in decentralized charting station
Patient storage	1	For patient
Bedside cabinet	1	For patient
Stool	1	In decentralized charting station

**JULY 2016** 168

	Grossing Factors & Net Areas	ROOM DATA SHEET
Date December 2014	Reference Number Department Room Name Page	F-1 Critical Care Unit: CCU PRIVATE BED ROOM 3 of 4
DESIGN CONSIDERATION	DNS	
CLINICAL ASSUMPTIONS		
KEY ROOM ADJACENCIES	Decentralized nursing station and access/view Crash cart easily accessible	v to adjacentroom
DESIGN FLEXIBILITY		
REGULATIONS	National Building Code of Canada (2005)	
	Alberta Building Code (2006)	
REFERENCES AND	Ontario Ministry of Health and Long-Term Ca	re: Generic Output

**GUIDELINES** 

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategyand

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

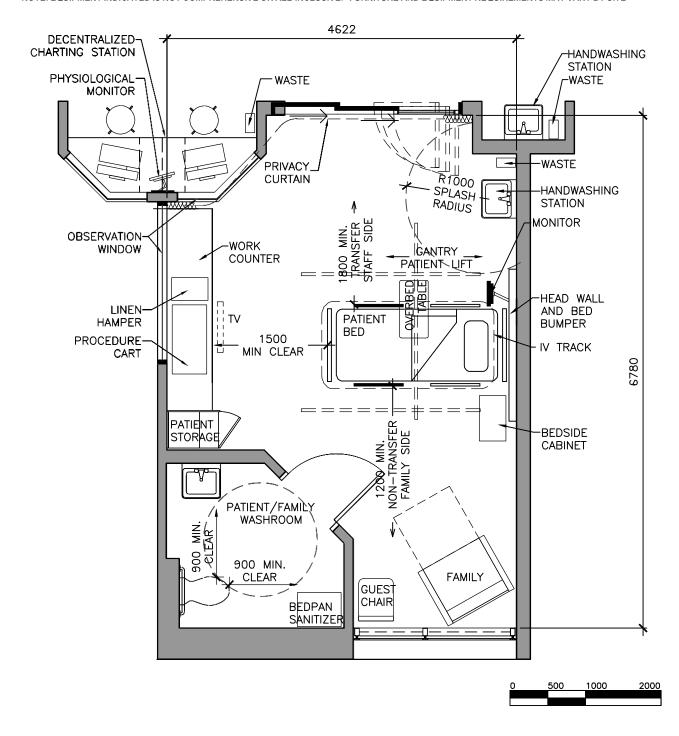
**JULY 2016** 169 Date

December 2014

Reference Number
Department
Room Name
Page

F-1 Critical Care Unit PRIVATE BEDROOM, CCU 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



**29.5** nsm

#### **Grossing Factors & Net Areas**

Date December 2014 Reference Number Department Critical Care Unit: ICU Room Name **PRIVATE BED ROOM** Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Critical care one-on-one nursing care, stabilization, resuscitation, ventilation support, end-of-life care and family centered care. Standardization and flexibility of rooms. Flexible to accommodate a number of different procedures and equipment for multiple organ failure. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ☐ Major Treatment/Procedure ■ Documentation/Charting ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary **DESIGN OCCUPANCY** Patient Staff Family Other Total 6 During a code, staff numbers increase to 10 people. Typically 4 staff members every 2 hours. As staff numbers increase, family numbers decrease. **KEY INFECTION** Hand washing station with 1000mm clear splash radius contactisolation. Minimum number of air changes to allow for invasive procedures within **CONTROL PROTOCOLS** rooms. Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow access to all sides of patient bed and maneuverability of stretcher and equipment on all sides of bed. Allow for maneuverability of articulating service column on each side of bed Ceiling Height Floor to ceiling - 3m minimum for ceiling mounted service column. **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for medical carts and equipment on all sides ofbed. Allow clear ceiling space for gantry patient lift **NET AREA** 

JULY 2016 171

**AREA** 

Date | December 2014

Reference Number Department Room Name Page

**Critical Care Unit: ICU** PRIVATE BED ROOM 2 of 4

# **EQUIPMENT/SERVICES**

#### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift	1	
Service column	1	Medical gases, power, monitors
Privacy curtain	1	
Wall Mounted		
Hand washing station	3	1 in hand wash alcove, 1 in ICU bedroom, 1 shared between pairs of room at bedpan sanitizer
Bed bumper	1	
Dialysis cabinet	1	
Physiological monitor	2	1 on service column, 1 in decentralized charting station
LCD television	1	
Floor Mounted		
Bedpan sanitizer	1	Can be shared between pairs of room

### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
ICU patient bed	1	
Procedure cart	1	
Mobile diagnostic	1	Ultrasound, ECG, C-arm
Mobile treatment	1	Dialysis & R.O tanks, crash cart, ventilator (can be boommnt'd)
Waste receptacle	5	
IV stand	1	
Over bed table	1	
Linen hamper	1	
Ventilator	1	
Med prep cart		
Crush cart	1	

# FURNITURE & EQUIPMENT

Туре	Qty.	Remarks	
Family sleeper/chair	1	For family	
Guest chair	3	2 for family, 1 for patient	
Stool	1	In decentralized charting station	
Patient storage	1	For patient	
Computer/charting station	1	Can be shared between pairs of rooms, work surface with storage below, 2 computers	
Work station	1	Counter with storage cupboards in decentralized chartingstn.	
Work counter	1	In patient room	
Step stool	1	Moved in and out as required	

**JULY 2016** 172

Date	December 2014	Reference Number Department Room Name Page	F-2 Critical Care Unit: ICU PRIVATE BED ROOM 3 of 4
DESIGN	CONSIDERATIONS		
CLINICAL ASSUMPTI	ONS	Every patient room has direct access to a shar washroom Window view to adjacent patient room to aid :	•

KEY ROOM ADJACENCIES	Decentralized nursing station. Crash cart easily assessable Bedpan sanitization utility room or patientwashroom Hand wash sink alcove (can be shared between pairs ofrooms)	
DESIGN FLEXIBILITY	Allow for patient bed to be rotated within the room Allow for constantly changing equipment and technology	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)	
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008)	

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013.

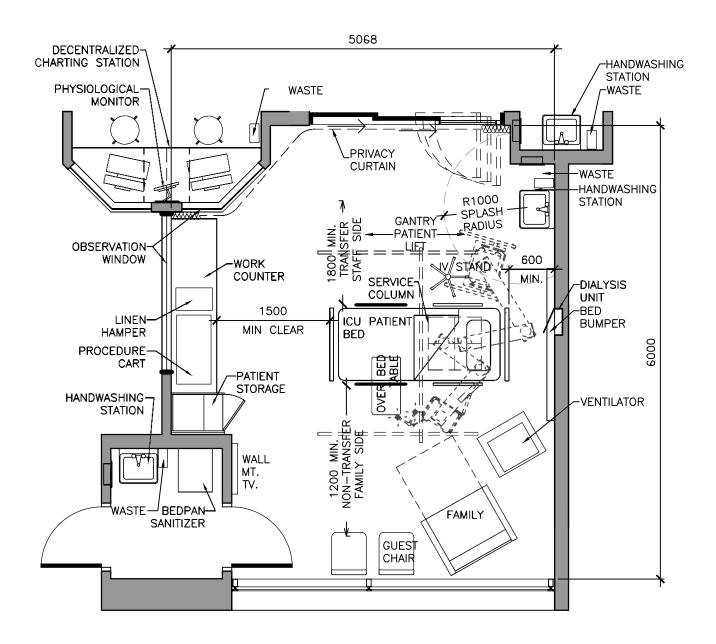
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

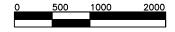
Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

Date December 2014 Reference Number Department Room Name Page F-2 Critical Care Unit PRIVATE BEDROOM,ICU 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





**31** nsm

#### **Grossing Factors & Net Areas**

Date December 2014 Reference Number **Critical Care Unit: CVICU** Department **PRIVATE BED ROOM** Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Critical care one-on-one nursing care, stabilization, and family centered care, high access **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ☐ Major Treatment/Procedure ■ Documentation/Charting ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total Hand washing station with 1000mm clear splash radius, routine practices and **KEY INFECTION CONTROL PROTOCOLS** additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow access to all sides of patient bed. Provide access to enclosed toilet room or waste disposal areas. Ceiling Height Floor to ceiling - 3m minimum for ceiling mounted service column **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for medical carts and equipment on either side of bed. **AREA NET AREA** 

Date | December 2014

Reference Number Department Room Name Page

**Critical Care Unit: CVICU** PRIVATE BED ROOM 2 of 4

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Exam Light	1	
Patient lift	1	
Service column	1	Medical gases, power
Privacy curtain	2	
Wall Mounted		
Hand washing station	1	
Bed bumper	1	
LCD television	1	
Physiological monitor	2	1 on service column, 1 in decentralized charting station
Floor Mounted		

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient bed	1	
Over bed table	1	
Mobile diagnostic	1	Ultrasound, ECG – move in and out of room as needed
Mobile treatment	1	Dialysis, crash cart – move in and out of room as needed
Linen hamper	1	
IV stand	1	
Blood coagulation system	1	
Med prep cart	1	

#### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks	
Family sleeper/chair	1	For family	
Guest chair	1	For visitors	
Patient storage	1	For patient	
Computer/charting station	1	In decentralized charting station	
Workstation	1	Counter with storage cupboards in decentralized charting station	
Cardiac chair	1		
Stool	1	In decentralized nurse charting station	
Bedside cabinet	1	For patient	

**JULY 2016** 176

		Grossing Factors & Net Areas	ROOM DATA SHEET	
Date	December 2014	Reference Number Department Room Name Page	F-3 Critical Care Unit: CVICU PRIVATE BED ROOM 3 of 4	
DESIGN	CONSIDERATION	S		
CLINICAL ASSUMPTI	ONS			
	KEY ROOM ADJACENCIES Decentralized nursing station and access view to adjacentroom Patient washroom Crash cart easily accessible			
DESIGN FL	EXIBILITY			
REGULATI	ONS	National Building Code of Canada (2005) Alberta Building Code (2006)		

# REFERENCES AND GUIDELINES

Ontario Ministry of Health and Long-Term Care: Generic Output  $\label{eq:continuous} % \begin{center} \bend{center} \begin{center} \begin{center} \begin{center} \begin{ce$ 

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

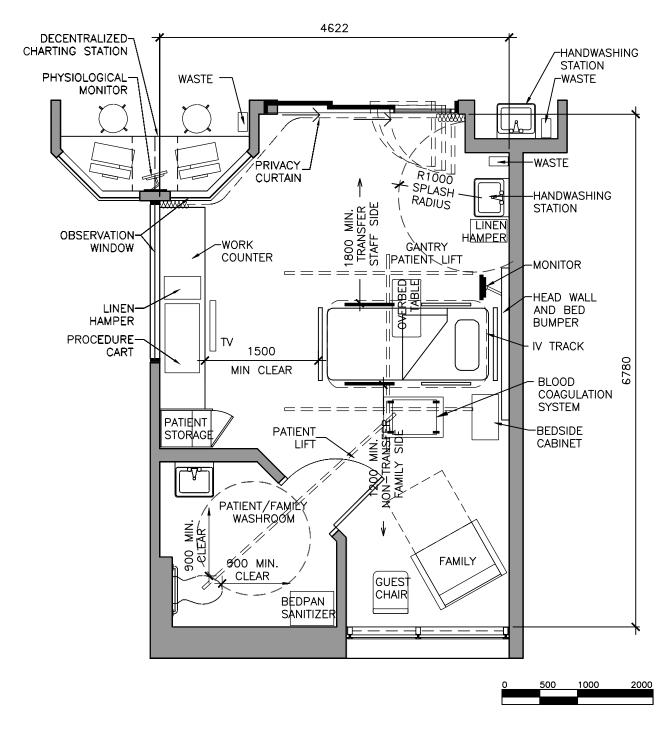
Date

December 2014

Reference Number
Department
Room Name
Page

F-3 Critical Care Unit: CVICU PRIVATE BEDROOM, CVICU 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Date December 2014 Reference Number **Critical Care Unit: PICU** Department **PRIVATE BED ROOM** Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Critical care one-on-one nursing care, stabilization, resuscitation, ventilation support, end-of-life care and family centered care. Standardization and flexibility of rooms. Flexible to accommodate a number of different procedures and equipment for multiple organ failure. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ☐ Major Treatment/Procedure ☐ Documentation/Charting ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 2 2 5 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, routine practices and additional precautions, FFE-mask and eye protection (wall mounted) and glove **CONTROL PROTOCOLS** box dispenser. Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow access to all sides of patient bed and maneuverability of stretcher and equipment on all sides of bed. Ceiling Height Floor to ceiling – 3m minimum for ceiling mounted service column **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow space for medical carts and equipment on either side of bed as well as head of bed. **NET AREA AREA 32** nsm

Date | December 2014

Reference Number Department Room Name Page

**Critical Care Unit: PICU** PRIVATE BED ROOM 2 of 4

## **EQUIPMENT/SERVICES**

## **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Exam Light	1	
Patient lift	1	
Service column*	1	Medical gases, power
Privacy curtain	1	
LCD TV	1	Can also be wall mounted
Wall Mounted		
Hand washing station	2	
Headwall*	1	Medical gases, power
Bed bumper	1	
Physiological monitor	2	1 on service column, 1 in decentralized charting station
Floor Mounted		
Bedpan sanitizer	1	In patient washroom

<sup>\*</sup>optional

## **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Patient bed	1	
Procedure cart	1	
Mobile diagnostic	1	Ultrasound, ECG – moves in and out of room as needed
Mobile treatment	1	Dialysis, ventilator – moves in and out of room as needed
IV stand	1	
Linen hamper	1	
Over bed table	1	
Ventilator	1	
Med prep cart	1	Moves in and out of room as needed

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Family sleeper/chair	1	For family
Guest chair	1	For visitor
Patient storage	1	Family and patient use
Computer/charting station	1	In decentralized charting station
Workstation	1	Counter with storage cupboards in decentralized charting station
Work counter	1	In patient room
Bedside cabinet	1	For patient
Waste receptacle	5	

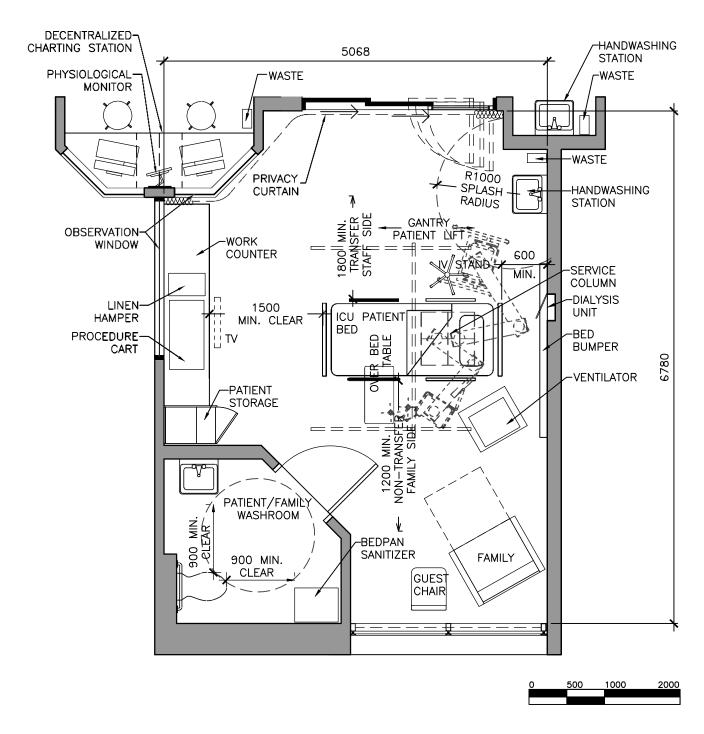
Date December 2014	Reference Number Department Room Name Page  F-4 Critical Care Unit: PICU PRIVATE BED ROOM 3 of 4
DESIGN CONSIDERATION	NS
CLINICAL ASSUMPTIONS	Every patient room has direct access to a shared waste disposal unit and/or washroom Window view to adjacent patient room to aid staffing supervision
KEY ROOM ADJACENCIES	Decentralized nursing station Hand wash sink alcove (can be shared between pairs of rooms) Washroom
DESIGN FLEXIBILITY	Allow for patient bed to be rotated within the room Allow for constantly changing equipment and technology
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number
Department
Room Name
Page

F-4 Critical Care Unit: PICU PRIVATE BEDROOM, PICU 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Date December 2014 Reference Number **Critical Care Unit: NICU** Department **PRIVATE BED ROOM** Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Critical care one to three level 2 nursing care, stabilization, resuscitation and family centered care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1\* 2-6 5 Assuming single infant (room may accommodate twins). **KEY INFECTION** Hand washing station with 1000mm clear splash radius, routine practices and **CONTROL PROTOCOLS** additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow space along each side of incubator/infant care bed for equipment, staff, and family. Allow family space for sleeping, storage and rocking chair Multi-bed room: 2.44m between patient spaces; 1 hand washing station for every 2 spaces, no more than 6.1m from patient space. Ceiling Height Floor to ceiling – 2.7m minimum 3m minimum for ceiling mounted service column **Equipment Maneuverability** Allow room for medical carts and equipment along both sides of incubator/infant care bed. **NET AREA AREA** 28nsm

Date | December 2014

Reference Number Department Room Name Page

**Critical Care Unit: NICU** PRIVATE BED ROOM 2 of 4

## **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Service column	1	Medical gases, power
Privacy curtain	1	
Wall Mounted		
Hand washing station	1	1 in patient room
Physiological monitor	1	
Floor Mounted		

<sup>\*</sup>optional

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Incubator/infant care bed	1	
Procedure cart	1	
Mobile equipment	1	Nitric oxide unit, ventilation equipment, high frequency oscillator
Waste receptacle	2	
Linen hamper	1	
IV stand	1	
Neonatal ventilator	1	
Cooling machine	1	

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Family bench	1	For family, pull out to double bed
Rocking chair	1	For family
Guest chair	1	For visitor
Family storage	2	
Computer/charting station	1	In decentralized charting station
Work counter	1	In patient room
Table	1	For family

		Grossing Factors & Net Areas	ROOM DATA SHEET
Date	December 2014	Reference Number Department Room Name Page	F-5 Critical Care Unit: NICU PRIVATE BED ROOM 3 of 4
DESIGN	CONSIDERATION	IS	
CLINICAL ASSUMPTI	ONS		
KEY ROON ADJACENC		Decentralized nursing station	
DESIGN FL	EXIBILITY	Room to be flexible enough to accommodate	twins.
REGULATI	ONS	National Building Code of Canada (2005) Alberta Building Code (2006)	
DEEEDENIC	TEC AND	Ontario Ministry of Health and Long Torm Ca	ro. Conoric Output

REFERENCES AND GUIDELINES

Ontario Ministry of Health and Long-Term Care: Generic Output  $\label{eq:continuous} % \[ \mathcal{L}_{\mathcal{A}} = \mathcal{L}_{\mathcal{A$ 

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

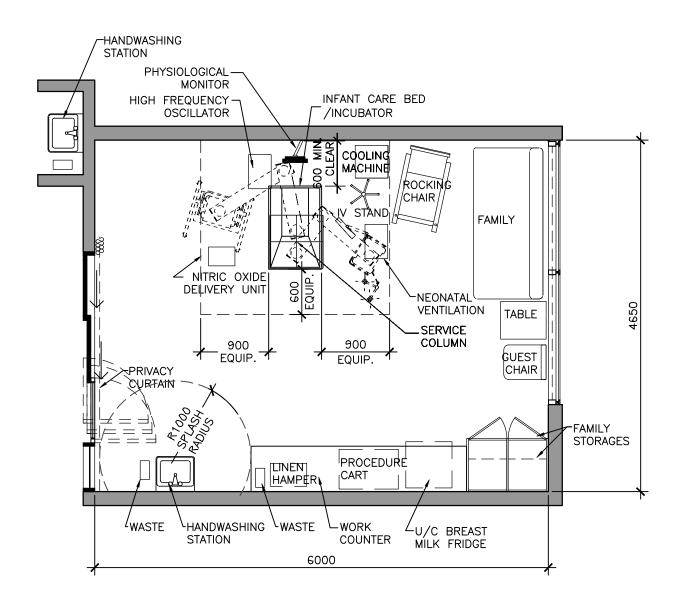
Activities, May 2013.

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number Department Room Name Page F-5 Critical Care Unit: NICU PRIVATE BEDROOM, NICU 4 of 5

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 F-6 Reference Number Critical Care Unit Department **PATIENT ROOM, Isolation** Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Critical care one-on-one nursing care, stabilization, resuscitation, isolation and family centered care **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ☐ Minor Treatment/Procedure ■ Examination ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 5 3 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, contactisolation, **CONTROL PROTOCOLS** negative pressure patient room, positive pressure anteroom Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow access to all sides of patient bed and maneuverability of stretcher and equipment on all sides of bed. Direct access to sanitization utility room or patient washroom Hand wash sink. Family area Ante Room with isolation supplies cart and hand washsink. Ceiling Height Floor to ceiling - 3m minimum for ceiling mounted equipment and lights. **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for medical carts and equipment on both sides and head of bed.

JULY 2016 187

NET AREA

AREA

Date | December 2014

Reference Number Department Room Name Page

F-6 **Critical Care Unit** PATIENT ROOM, Isolation 2 of 4

## **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift*	1	Optional ceiling mounted patient lift
Service column*	1	Medical gases, power, monitor
Privacy curtain	1	
Exam Light	4	
Wall Mounted		
Hand washing station	3	1 in patient room, 1 in washroom, 1 in anteroom
Headwall*	1	Medical gases, power
Bed bumper	1	
Dialysis cabinet	1	
Physiological monitor	2	1 on service column, 1 in decentralized charting station
Isolation supplies shelf	1	In ante room
LCD television	1	Can also be ceiling mounted
Grab Bars	Varie	
GIAD DAIS	S	
Floor Mounted		
Bedpan sanitizer	1	In patient washroom

<sup>\*</sup>optional

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient bed	1	
Procedure cart	1	
Mobile diagnostic	1	Ultrasound, ECG
Mobile treatment	1	Dialysis, ventilator, crash cart
Linen hamper	1	Outside of the room
Waste receptacle	3	
Over bed table	1	
Supply cart	1	
Isolation supplies cart	1	In ante room

Date	December 2014	Reference Number Department Room Name Page	F-6 Critical Care Unit PATIENT ROOM, Isolation 3 of 4
------	---------------	-----------------------------------------------------	----------------------------------------------------------------

## FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Family sleeper/chair	1	For family
Stool	1	In decentralized charting station
Patient storage	1	For patient
Computer/charting station	1	In decentralized charting station, can be shared between pairs of rooms
Workstation	1	Counter with storage cupboard below, decentralized charting station
Step stool	1	Moved in and out as required
Work counter	2	1 in patient room, 1 in ante room

# **DESIGN CONSIDERATIONS**

# CLINICAL ASSUMPTIONS

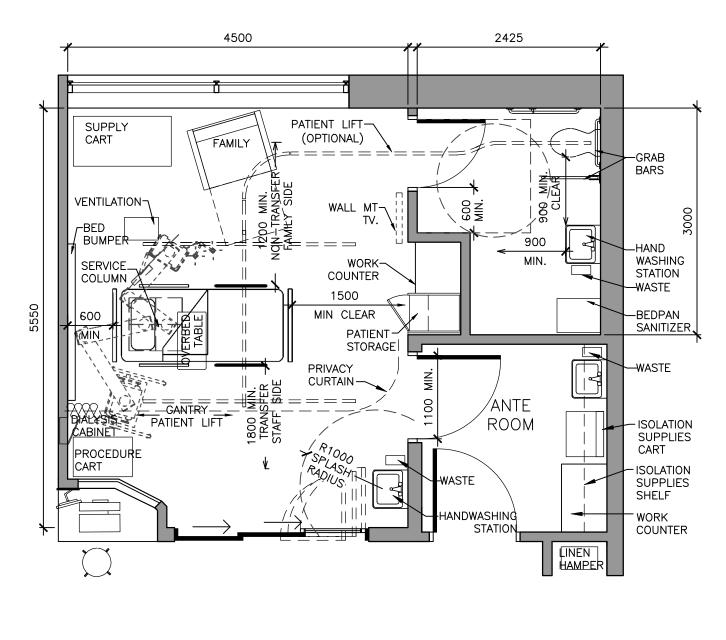
KEY ROOM ADJACENCIES	Anteroom Washroom or bedpan sanitizer utility room Decentralize carting station
DESIGN FLEXIBILITY	Allow for patient bed to be rotated within the room Allow for constantly changing equipment and technology
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.)

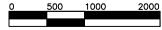
Date December 2014

Reference Number
Department
Room Name
Page

F-6 Critical Care Unit PATIENT ROOM, Isolation 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





**NET AREA** 

**38** nsm

## **Grossing Factors & Net Areas**

Date December 2014 G-1 Reference Number Maternal and Newborn Department LDR ROOM Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Acute medical and nursing care: focused on family centered care. Acceptance of different patient care models (i.e. midwifery, etc.). Accommodate potential of emergency situations to occur. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ☐ Major Treatment/Procedure ■ Documentation/Charting ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 5-6 9-10 \*includes baby Staff numbers do not include extra staff in cases of urgent situations, teaching or education **KEY INFECTION** Hand washing station with 1000mm clear splash radius, routine practices and **CONTROL PROTOCOLS** additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS** Room Components Allow for space at both sides and foot of bed for staff and equipment access. Family area with seating and storage Ceiling Height Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for mobile medical carts, patient bed and equipment. Allow for movement of infant bassinet/incubator

JULY 2016 191

**AREA** 

Date | December 2014

Reference Number Department Room Name Page

G-1 Maternal and Newborn LDR ROOM 2 of 4

## **EQUIPMENT/SERVICES**

#### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Exam light	1	Exam/obstetric light
Wall Mounted		
Hand washing station	2	1 in patient room, 1 in patient washroom
Headwall	2	Medical gases, power (1 for mother, 1 for baby)
Bed bumper	2	Medical gases, power (1 for mother, 1 for baby)
Shower curtain	1	
LCD television	1	Can also be ceiling mounted
Physiological monitor	2	1 for birthing bed, 1 for bassinet/incubator
Grab bar	Varie	
Grab bar	S	
Floor Mounted		

## **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Patient birthing bed	1	
Case cart	1	
Fetal monitor	1	
Bassinet/incubator	1	With drawers
Waste receptacle	4	
Linen hamper	2	
Mobile vital sign monitor	1	
Over bed table	1	
Epidural cart	1	Not kept in room
Baby therm	1	

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Family bench	1	
Guest chair	2	1 for family, 1 for staff
Patient storage	1	Family storage
Computer/charting station	1	Mobile workstation
Bedside cabinet	1	For patient

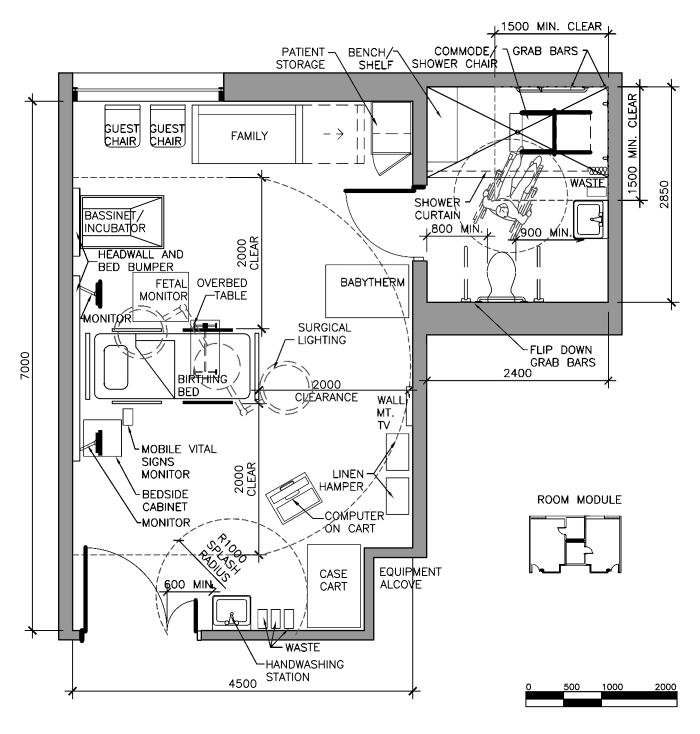
Date December 2014	Reference Number Department Room Name Page  G-1  Maternal and Newborn LDR ROOM 3 of 4
DESIGN CONSIDERATIONS	5
CLINICAL ASSUMPTIONS	
KEY ROOM ADJACENCIES	Washroom
DESIGN FLEXIBILITY	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number
Department
Room Name
Page

G-1 Maternal and Newborn LDR ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Reference Number Date December 2014 Department **Maternal and Newborn** Room Name **OPERATIVE BIRTHING ROOM** Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Emergent and acute care surgical operations for safe and interceptive birthing. Family centered care. Flexibility to accommodate multiple births **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: Surgical procedures supported by special equipment, documentation, supplies storage, physiological monitoring, general anesthesia, sedation, and resuscitation. Includes emergent as well as acute cases (scheduled c-sections) **DESIGN OCCUPANCY Patient** Staff **Family** Other **Total** 8-10 1 11-13 \*including single baby. Design to accommodate multiple births Hand washing station with scrub sink. Minimize number of supplies storedin **INFECTION CONTROL PROTOCOLS** room Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution. **KEY DIMENSIONS Room Components** Ceiling Height Floor to ceiling - 3m minimum for ceiling mounted service column **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of surgical table. Allow space for surgical mobile carts and equipment on side of surgical table. Allow space for multiple 'Infant Care Centres' in the cases of multiple births **NET AREA AREA 60** nsm

Date December 2014

Reference Number
Department
Room Name
Page
Page

Reference Number
Department
Room Name
Page
2 of 4

## **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Service column	1	Medical gases, power
Surgical light	1	
Anesthesia gas column	1	
Physiological monitors	1	On service column
Wall Mounted		
Supply cabinet	2	
Headwall	2	1 headwall per "infant care centre"
Communication cabinet	1	
Scrub sink	2	In scrub alcove
Floor Mounted		
Anesthesia C-Locker	1	

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Surgical table	1	
Prep table	1	
Anesthesia cart & machine	1	
Resuscitation cart	1	
Infant care centre	2	Include mobile infant scale & warmer, transfer for newborns,
Waste receptacle	2	1 in scrub alcove, 1 in delivery room
Linen hamper	1	
Case cart	1	
Blanket warmer	1	
Layout table	1	
Mayo cart	2	
Epidural cart	1	
Electrosurgical unit	1	
Hypothermia unit	1	
Fluid & Blood warmer	1	
Kick bucket	1	
Suction machine	1	
Fetal monitor	1	

mber 2014 R	eference Number Department Room Name Page	G-2 Maternal and Newborn OPERATIVE BIRTHING ROOM 3 of 4
r	mber 2014 R	mber 2014 Reference Number Department Room Name Page

## FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Computer/charting station	1	Counter with storage cupboards, 2 computers
Stool	2	For OR nurse
Anesthesia stool	1	
Task chair	1	
Family chair	1	

## **DESIGN CONSIDERATIONS**

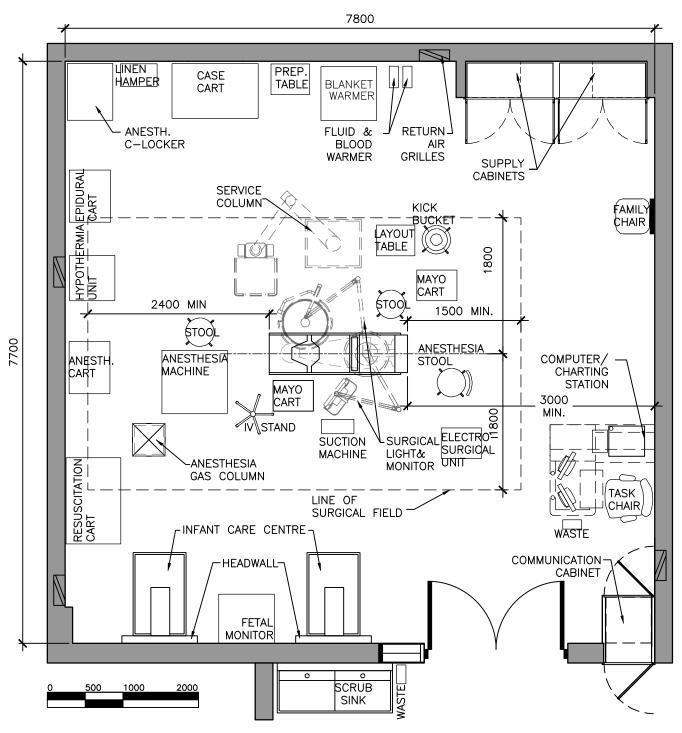
CLINICAL ASSUMPTIONS	Premature/ distressed babies born to be stabilized in OR and / in adjacent infant resuscitation area
KEY ROOM ADJACENCIES	Scrub area Sub-sterile room Infant resuscitation area
DESIGN FLEXIBILITY	Allow for multiple births
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number
Department
Room Name
Page

G-2
Maternal and Newborn
OPERATIVE BIRTHING ROOM
4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



49 nsm (Incl. WC)

## **Grossing Factors & Net Areas**

G-3 Reference Number Date December 2014 **Labour and Delivery** Department SEMI PRIVATE ROOM, Room Name Post-partum Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: focused on family centered care, a decentralized nursing station and a semi private room. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research □ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 4\* 3 2 9 \*includes baby **KEY INFECTION** Hand washing station with 1000mm clear splash radius, routine practices and **CONTROL PROTOCOLS** additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow approximately 9m<sup>2</sup> patient care zone. (Per patient) Allow for shared patient washroom with shower/tub. Allow for space on either side of patient bed for bassinet and family chair. Minimum 2m separation between patients (beds). Ceiling Height Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts and equipment on either side of bed. **NET AREA AREA** 

Date December 2014

Reference Number Department Room Name

G-3 **Labour and Delivery** SEMI PRIVATE ROOM, Post-partum

Page 2 of 4

## **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift*	2	Optional ceiling mounted patient lift
Privacy curtain	2	
Wall Mounted		
Hand washing station	1	
Headwall	2	Medical gases, power
Bed bumper	2	
Physiological monitor	2	
Shower curtain	2	
Grab bar	Varie	
Grab bar	S	
LCD television	2	Can also be ceiling mounted
Floor Mounted		

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient bed	2	
Waste receptacle	6	
Mobile chart rack	1	In decentralized charting station
Over bed table	2	
Linen hamper	1	
Commode/shower chair	2	In patient washroom

#### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Guest chair	2	For family
Computer / charting station	1	In decentralized charting station
Workstation	1	Counter with storage cupboards in decentralized charting station
Patient storage	2	
Bedside cabinet	2	For patient For patient
Bassinet	2	
Step stool	2	
Task chair	1	
Supply storage	2	In decentralized station

Date December 2014

Reference Number
Department
Room Name
Page

Reference Number
Department
Room Name
Page

G-3
Labour and Delivery
SEMI PRIVATE ROOM,
Post-partum
3 of 4

## **DESIGN CONSIDERATIONS**

CLINICAL ASSUMPTIONS

KEY ROOM 2 washrooms

ADJACENCIES Decentralized charting station

**DESIGN FLEXIBILITY** 

REGULATIONS National Building Code of Canada (2005)

Alberta Building Code (2006)

REFERENCES AND Ontario Ministry of Health and Long-Term Care: Generic Output

GUIDELINES Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines

and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

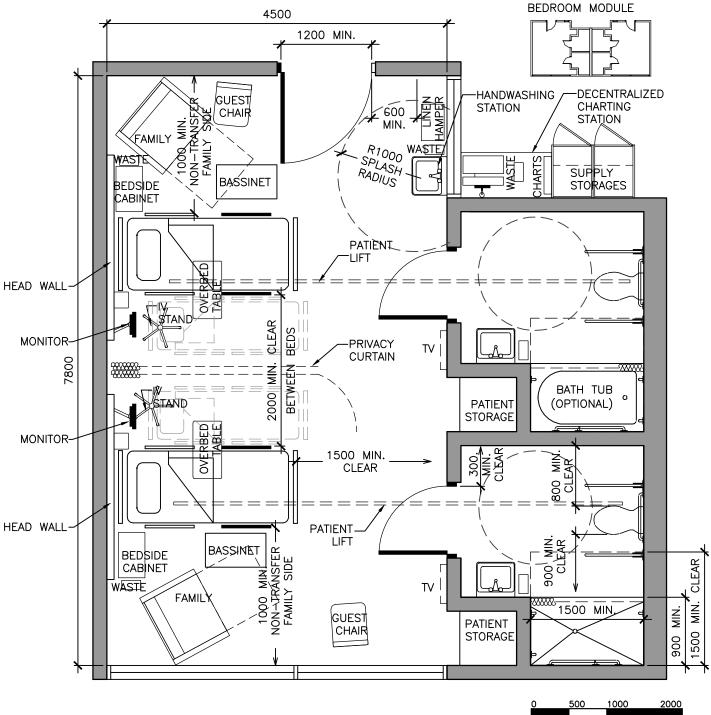
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date D

December 2014

Reference Number Department Room Name Page G-3 Maternal and Newborn Post-partum, Semi-Private 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Date December 2014 Reference Number Maternal and Newborn Department PRIVATE BED ROOM, Post-partum Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: focused on family centered care, a decentralized nursing station. Acceptance of different patient care models (i.e. midwifery, etc.). **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1-2 2-4 5-8 \*includes baby **KEY INFECTION** Hand washing station with 1000mm clear splash radius, routine practices and **CONTROL PROTOCOLS** additional precautions, FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow minimum 9m² patient care zone. Allow minimum 900mm clear on each side of bed. Allow for patient washroom with shower/tub. Allow for space on either side of patient bed for bassinet and family chair. Ceiling Height Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts and equipment on either side of bed. **AREA NET AREA 28.5** nsm

Date | December 2014

Reference Number Department Room Name Page G-4 Maternal and Newborn PRIVATE BED ROOM, Post-partum 2 of 4

## **EQUIPMENT/SERVICES**

## **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Privacy curtain	1	
Privacy blinds	1	
Wall Mounted		
Hand washing station	2	1 in patient room, 1 in patient washroom
Headwall	1	Medical gases, power
Bed bumper	1	
Physiological monitor	1	
Grab bar	2	
LCD television	1	
Floor Mounted		

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Patient bed	1	
Linen hamper	1	
Bassinet	1	
IV stand	1	
Over bed table	1	
Baby change station	1	Not kept in room

## FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Family sleeper/chair	1	For family
Patient storage	1	
Bedside cabinet	1	
Task stool	1	
Guest chair	1	
Rocking Chair	1	
Commode / shower chair	1	In patient washroom
Computer / charting station	1	In decentralized charting station
Coat hooks	1	
Supply storage	1	

Date December 2014

Reference Number
Department
Room Name
Page

Reference Number
Department
Room Name
Page

G-4
Maternal and Newborn
PRIVATE BED ROOM, Post-partum
3 of 4

#### **DESIGN CONSIDERATIONS**

CLINICAL ASSUMPTIONS

KEY ROOM ADJACENCIES Washroom

Decentralized nurse charting station

**DESIGN FLEXIBILITY** 

REGULATIONS National Building Code of Canada (2005)

Alberta Building Code (2006)

REFERENCES AND GUIDELINES

Ontario Ministry of Health and Long-Term Care: Generic Output

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines

and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

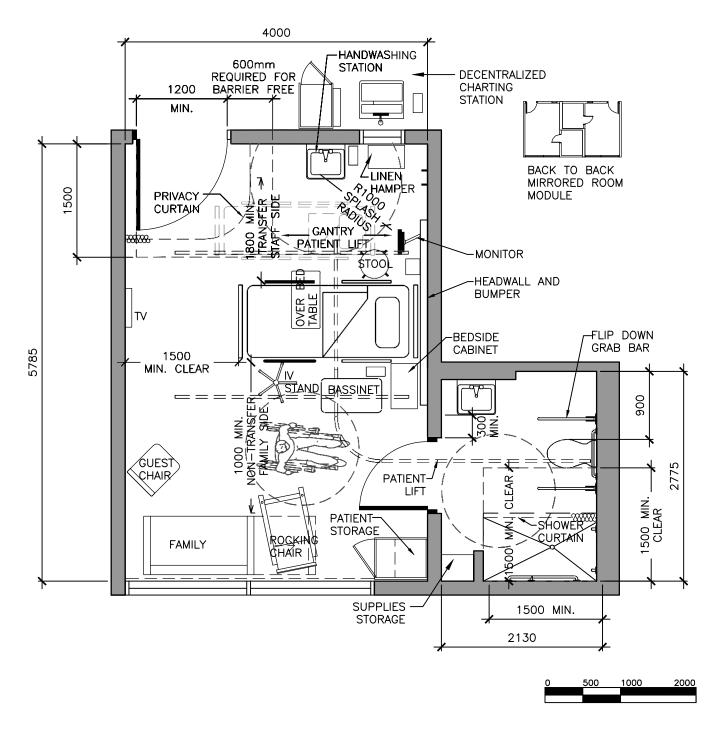
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number Department Room Name Page

G-4 Maternal and Newborn PRIVATE BEDROOM, Post-Partum 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Date December 2014 H-1 Reference Number **Surgical Suite** Department **OPERATING ROOM, General** Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Surgical Services. Standardization and flexibility of rooms, lean efficient processes and workflow, sterile clean operating environment **KEY FUNCTIONS** ☐ Observation/Monitoring ☐ Assessment ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary **DESIGN OCCUPANCY Family** Patient Staff Other **Total** Minimum 4 staff, maximum 10 staff, dependant on specific cases and teaching requirement Hand washing station with scrub sinks. **KEY INFECTION CONTROL PROTOCOLS** Minimize number of supplies stored in room (central supply storage) Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution **KEY DIMENSIONS Room Components** Allow 1m X 2.5m patient zone centered on surgical table. Allow an additional 2m perimeter around surgical table for staff and case specific equipment including fixed ceiling mounted equipment. Allow for 1.5 m general circulation around surgical area Around perimeter of room allow for supplies, carts and other equipment. Allow for separate charge nurse control area with direct view to surgical field. Allow for separate anesthesia/respiratory areas within the surgical area. Ceiling Height Floor to ceiling - 3m minimum or as required by equipment vendor. **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of surgical table. Allow room for medical mobile carts. **NET AREA AREA** 60 nsm

Date | December 2014

Reference Number Department Room Name Page

H-1 Surgical Suite OPERATING ROOM, General 2 of 4

## **EQUIPMENT/SERVICES\***

## **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Anesthesia gas column	1	For use by anesthesia
Surgical lighting	2	2 dual headed ceiling mounted fixtures
Service column	1	
Monitors*	4	
Video camera*	2	Optional part of surgical lighting system
Wall Mounted		
PACS system*	1	Optional component of OR integration system
Monitor	1	Large format wall monitor
Video camera*	2	
Scrub sink	1	Outside of room
Floor Mounted		
Surgical table*	1	
Supply storage	2	Stainless steel

<sup>\*</sup>optional

## MOBILE ELEMENTS

Type	Qty.	Remarks
Anesthesia cart & machine	1	
Supply cart	3	
Mobile diagnostic	1	C-arm, ultrasound; moves in and out of room as needed
Preparation table	1	
Backtable	2	
Mayo stand	1	
Quarter back table	2	
Case cart	1-3	Varies
Suture cart	1	
Linen hamper	2	
Mobile operating microscope	1	
Kick bucket	1	
Double basin stand	1	
Single basin stand	1	
Utility table	1	
Blood warmer	1	
Blanket warmer	1	
Patient warmer	1	
Waste receptacle	6	
IV stand	2	

Date	December 2014		H-1 Surgical Suite OPERATING ROOM, General 3 of 4
------	---------------	--	------------------------------------------------------------

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Computer workstation	1	Charge nurse workstation, 2 computers
Anesthesia stool	1	
Stool with back & footrest	2	For physicians
Step stool	4	
Task chair	2	Charting station

<sup>\*</sup>Equipment can vary greatly depending on type of case.

## **DESIGN CONSIDERATIONS**

DESIGN CONSIDERATION	S
CLINICAL ASSUMPTIONS	Immediate access to CSR department Patient induction in OR Sterile storage model Does not accommodate pediatric procedures Does not accommodate airborne isolation patients (additional room type with anteroom)
KEY ROOM ADJACENCIES	Scrub area Stretcher alcove Crash cart alcove Malignant hypothermia alcove
DESIGN FLEXIBILITY	Design must accommodate variety of procedure types, equipment & changing equipment technology
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

JULY 2016 209

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Activities, May 2013.

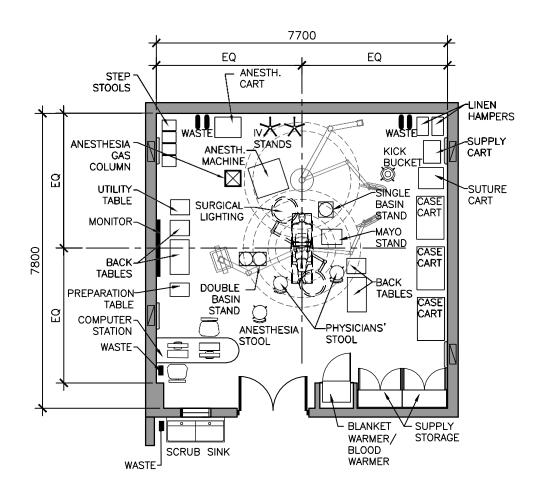
Date

December 2014

Reference Number
Department
Room Name
Page

H-1 Surgical Suite OPERATING ROOM, GENERAL 5 of 5

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





**70** nsm

## **Grossing Factors & Net Areas**

Date December 2014 H-2 Reference Number **Surgical Suite** Department **OPERATING ROOM, Special** Room Name Page 1 of 5 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Surgical Services. Standardization and flexibility of rooms, lean efficient processes and workflow, sterile clean operating environment **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 6-12 7-13 **KEY INFECTION** Hand washing station with scrub sinks. **CONTROL PROTOCOLS** Minimize number of supplies stored in room (central supply storage). Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution **KEY DIMENSIONS Room Components** Allow 1m X 2.5.m patient zone centered on fixed surgical table. Allow an additional 2.5m perimeter around surgical table for staff and case specific equipment including fixed ceiling mounted equipment. Allow for 1.5 m general circulation around surgical area Around perimeter of room allow for supplies, carts and other equipment. Allow for separate charge nurse control area with direct view to the surgical field. Allow for separate anesthesia/respiratory areas within the surgical area. Ceiling Height Floor to ceiling - 3m minimum or as required by equipment vendor. Equipment Maneuverability Allow for patient transfer from stretcher to either side of surgical table. Allow room for medical mobile carts. **NET AREA** 

JULY 2016 211

**AREA** 

Date Dec

December 2014

Reference Number Department Room Name Page H-2 Surgical Suite OPERATING ROOM, Special 2 of 5

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Anesthesia gas column	1	For use by anesthesia
Surgical light	2	2 dual headed ceiling mounted fixtures
Surgical column	1	
Monitors*	4	
Video camera*	2	Optional component of surgical lighting system
Wall Mounted		
PACS system*	1	Optional component, could be part of the OR integration
1 ACS System		system
Monitor*	1	Large format wall monitor
Integration cabinet	1	Integration system components (optional)
Video camera*	2	
Scrub sink	1	Outside of room
Floor Mounted		
Surgical table*	1	
Supply storage	2	Stainless steel

<sup>\*</sup>optional

Date December 2014

Reference Number Department Room Name Page

H-2 Surgical Suite OPERATING ROOM, Special 3 of 5

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Anesthesia cart & machine	1	
Supply cart	3	
Mobile diagnostic	1	C-arm, ultrasound
Mobile case cart	4	
Preparation table	1	
Backtable	2	Large
Instrument table	1	
Mayo stand	1	
Quarter back table	2	
Suture cart	1	
Linen hamper	2	
Mobile operating microscope	1	
Kick bucket	1	
Utility table	1	
Double basin stand	1	
Single basin stand	1	
Blood warmer	1	
Blanket warmer	1	
Waste receptacle	6	
IV stand	2	

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Task chair	2	For charting station
Computer workstation	1	Charge nurse workstation, 2 computers
Anesthesia stool	1	
Stool with back & footrest	2	For physicians
Step stool	4	

Date December 2014	Reference Number Department Room Name Page  H-2 Surgical Suite OPERATING ROOM, Special 4 of 5	
--------------------	-----------------------------------------------------------------------------------------------	--

## **DESIGN CONSIDERATIONS**

CLINICAL Does not accommodate trauma procedures or interventional OR ASSUMPTIONS Immediate access to CSR department

Patient induction in OR

Central sterile storage model

Does not accommodate pediatric procedures

Does not accommodate airborne isolation patients (additional room type

with anteroom)

KEY ROOM Scrub area
ADJACENCIES Stretcher alcove
Crash cart alcove

Malignant hypothermia alcove

Control room /pump room (optional / site specific)

DESIGN FLEXIBILITY Generic size for surgical procedures that require larger and/ormore

equipment/case carts, as well as increased staffnumbers

REGULATIONS National Building Code of Canada (2005)

Alberta Building Code (2006)

REFERENCES AND Ontario Ministry of Health and Long-Term Care: Generic Output

GUIDELINES Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

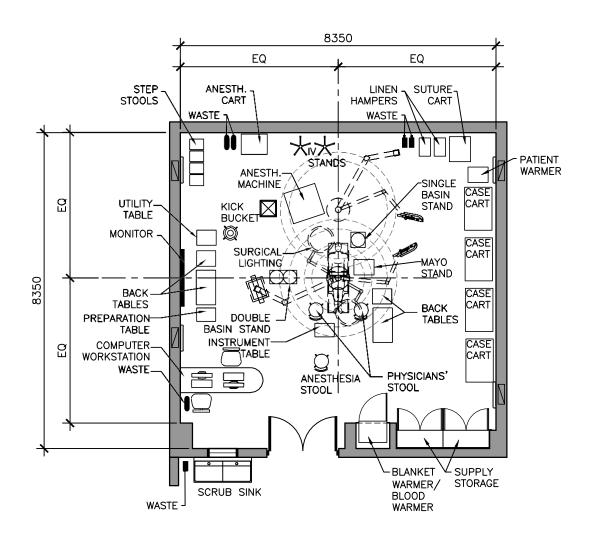
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

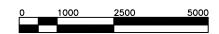
Date

December 2014

Reference Number Department Room Name Page H-2 Surgical Suite OPERATING ROOM, SPECIAL 5 of 5

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 Reference Number **Rehabilitation Medicine** Department PRIVATE BEDROOM, Rehab, Room Name Isolation Page 1 of 4 **PLANNING ASSUMPTIONS** PATIENT CARE PHILOSOPHY Medical and nursing care: provision for family centered care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary **DESIGN OCCUPANCY** Patient Staff Family Other **Total** 1 1 1 3 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, contactisolation, negative pressure patient room, positive pressure anteroom, private **CONTROL PROTOCOLS** washroom Routine practices and additional precautions,. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 12m<sup>2</sup> for patient care zone. Provide a 1500mm wide work zone on the right hand side of the patient bed. Ceiling Height Floor to ceiling – 2.7m minimum Equipment Maneuverability Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts and equipment on either side of bed. **NET AREA AREA 35**nsm

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift	1	
Privacy curtain	1	
Wall Mounted		
Hand washing station	2	1 in anteroom, 1 in private bedroom
Lighting	1	On to headwall
Headwall	1	Medical gases, power, monitor
Bed bumper	1	
LCD television	1	Can also be ceiling mounted
Shower curtain	1	
Grab bar	Varie	Grab bars at toilet and shower
	S	Grab bars at tollet and shower
Floor Mounted		

### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Single patient bed	1	
Mobile diagnostic	1	Ultrasound, not kept in room
Over bed table	1	
Linen hamper	2	1 in patient room, 1 in outside of anteroom
Waste receptacle	4	
Patient walker *	1	
Wheel chair*	1	

<sup>\*</sup>optional

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Isolation supplies shelf	1	In ante room
Desk	1	Patient use
Reclining chair	1	Family use
Task chair	1	Patient use
Guest chair		
Patient storage	1	Patient use, with side table
Bedside cabinet	1	Patient use
Commode/shower chair	1	Moved in and out of room as required.

Date   December 2014	Reference Number Department Room Name    I-1   Rehabilitation Medicine   PRIVATE BEDROOM, Rehab,
	Isolation Page 3 of 4
DESIGN CONSIDERATION	•
CLINICAL ASSUMPTIONS	
KEY ROOM ADJACENCIES	Washroom Anteroom
DESIGN FLEXIBILITY	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AlA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013.

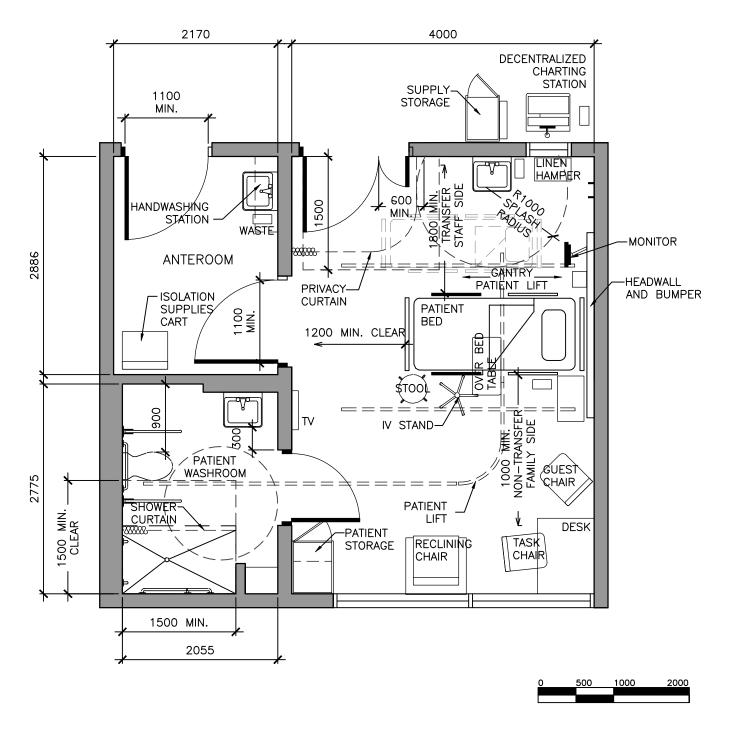
JULY 2016 219

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014 Reference Number Department Room Name Page I-1

Rehabilitation Medicine PRIVATE BEDROOM, Isolation 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Date December 2014 Reference Number **Rehabilitation Medicine** Department PRIVATE BEDROOM, Rehab Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: provision for family centered care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: Rehabilitation treatment, storage (personal and supply) and rooming-in **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 1 1 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, routine practices and **CONTROL PROTOCOLS** additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 12m² for patient care zone. Provide a 1500mm wide work zone on the right hand side of the patient bed. **Ceiling Height** Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts on either side of bed. AREA **NET AREA 28.5** nsm

Date | December 2014

Reference Number Department Room Name Page

**Rehabilitation Medicine** PRIVATE BEDROOM, Rehab 2 of 4

## **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift	1	
Privacy curtain	1	
Wall Mounted		
Hand washing station	1	
Lighting	1	On to headwall
Headwall	1	Medical gases, power, monitor
Bed bumper	1	
LCD Television	1	
Grab bar	Varie s	Grab bars at toilet and shower.
Shower curtain	1	
Floor Mounted		

### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Single patient bed	1	
Supply cart	1	Moved in and out as required
Mobile diagnostic	1	Ultrasound. Moved in and out as required
Over bed table	1	
Linen hamper	1	
Waste receptacle	3	
Step stool	1	
Patient walker *	1	
Wheel chair*	1	

<sup>\*</sup>optional

## **FURNITURE & EQUIPMENT**

Type	Qty.	Remarks
Desk	1	
Task chair	1	
Guest chair	1	
Reclining chair	1	Family use
Patient storage	1	With side table
Bedside cabinet	1	
Commode / shower chair	1	

**JULY 2016** 222

	drossing racti	UIS & INEL AIEdS	ROOMBATASHEET
Date December:	2014 F	Reference Number Department Room Name Page	I-2 Rehabilitation Medicine PRIVATE BEDROOM, Rehab 3 of 4
DESIGN CONSIDER	ATIONS		
CLINICAL ASSUMPTIONS			
KEY ROOM ADJACENCIES	Washroom		
DESIGN FLEXIBILITY			
REGULATIONS	National Building Code of Alberta Building Code (200		
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Lon Alberta Barrier-Free Design Guide		ic Output Specifications (2008)

Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013.

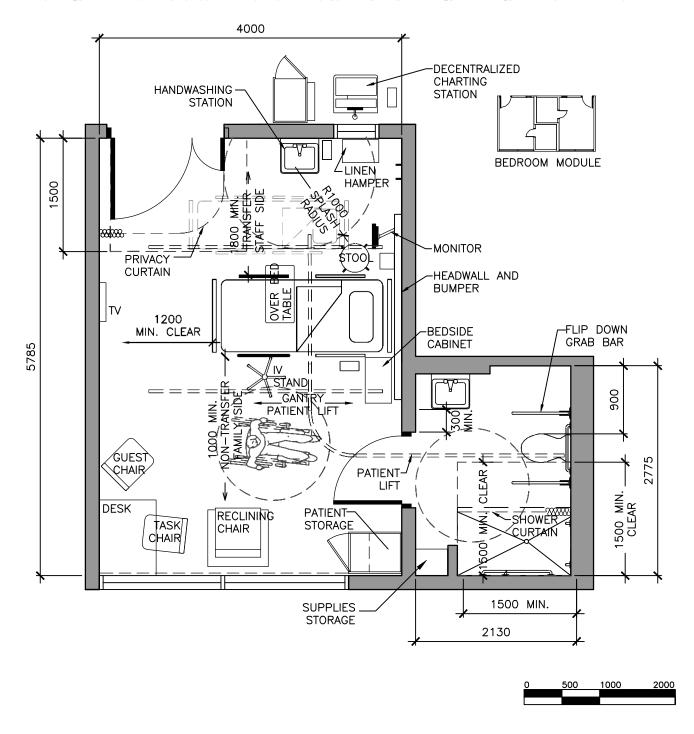
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

**JULY 2016** 223 Date December 2014

Reference Number
Department
Room Name
Page

Rehabilitation Medicine
PRIVATE BEDROOM, Rehab
4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Date December 2014 Reference Number **Rehabilitation Medicine** Department SEMI PRIVATE BEDROOM, Rehab Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Medical and nursing care: provision for family centered care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary **DESIGN OCCUPANCY** Patient Staff Family Other Total 6 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, routine practices and **CONTROL PROTOCOLS** additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 12m2 for patient care zone. Provide a 1500mm wide work zone on side of the patient bed. Minimum 2m separation between patients (beds). Ceiling Height Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts on either side of bed.

AREA NET AREA

49 nsm

Date December 2014

Reference Number Department Room Name Page

Rehabilitation Medicine
SEMI PRIVATE BEDROOM, Rehab
2 of 4

## **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift	2	
Privacy curtain	2	
Wall Mounted		
Hand washing station	3	1 in patient room, 2 in washrooms
Lighting	2	On to headwall
Headwall	2	Medical gases, power
Bed bumper	2	
Physiological monitor	2	
Grab bars	2	
Shower curtain	2	
LCD television	2	Can also be ceiling mounted.
Floor Mounted		

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Single patient bed	2	
Supply cart	1	Move in and out as required
Mobile diagnostic	1	Ultrasound (not kept within room)
Mobile treatment	1	Dialysis (not kept within room)
Waste receptacle	6	
Over bed table	2	
IV stand	1	
Med prep cart		

## **FURNITURE & EQUIPMENT**

Type	Qty.	Remarks
Guest chair	2	Family use
Reclining chair	2	Family use
Patient storage	2	Patient use,
Bedside cabinet	2	Patient use
Commode/shower chair	2	In patient washroom
Supply storage	2	In decentralized charting station
Computer/charting station	1	In decentralized charting station
Work station	1	Counter with storage cupboards , in decentralized charting station

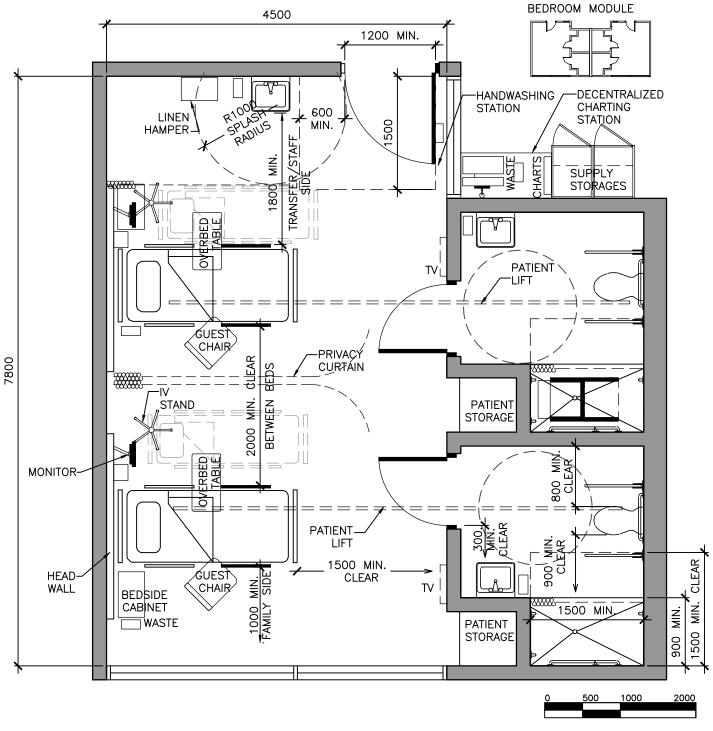
Date December 2014	Reference Number Department Room Name Page  I-3 Rehabilitation Medicine SEMI PRIVATE BEDROOM, Rehab 3 of 4
DESIGN CONSIDERATIO CLINICAL ASSUMPTIONS	NS
KEY ROOM ADJACENCIES	2 washrooms Decentralized charting station
DESIGN FLEXIBILITY	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategyand Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number
Department
Room Name
Page

I-3 Rehabilitation Medicine SEMI PRIVATE BEDROOM, Rehab 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Reference Number Date December 2014 Department **Mental Health and Addictions** PRIVATE BEDROOM, Isolation Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Safe and secure psychiatric, medical and nursing care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary **DESIGN OCCUPANCY** Patient Staff Family Other Total 6 **KEY INFECTION** Hand washing station with 1000mm clear splash radius., contact isolation, negative pressure patient room, positive pressure anteroom, private washroom **CONTROL PROTOCOLS** Routine practices and additional precautions Alcohol based hand solution (outside of the room) **KEY DIMENSIONS Room Components** Allow for anteroom and private washroom. Ceiling Height Floor to ceiling – 2.7m minimum Equipment Maneuverability Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts on either side of bed. Allow for single (recessed) patient lift ceiling mountedtrack

AREA NET AREA

24 nsm

# **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift	1	Single recessed rail, mental health certified
Observation camera	1	
Wall Mounted		
Grab bar	Varie s	Tamper proof, mental health certified
Privacy screen	1	Translucent, tamper proof, mental health certified
Head wall	1	Recessed, lockable
Hand washing station	2	1 in ante room, 1 in patient washroom
Floor Mounted		

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient bed	1	Mental health certified
Isolation supply cart	1	In ante room
Linen hamper	1	Outside of room

### FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Desk	1	Family use
Task chair	2	1 in observation area, 1 in patient room
Patient storage	1	Patient use
Bedside cabinet	1	Patient use
Commode/shower chair	1	Tamper proof, mental health certified
Work counter	1	At observation area

Date December 2014	Reference Number Department Room Name Page  J-1  Mental Health and Addictions PRIVATE BEDROOM, Isolation 3 of 4
DESIGN CONSIDERATION	S
CLINICAL ASSUMPTIONS	High (critical) patient observation Decentralized nursing care Tamper proof mental health certified bathroom fixtures and plumbing
KEY ROOM ADJACENCIES	Patient washroom – (must be visible from observation desk) Anteroom
DESIGN FLEXIBILITY	
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	NHS Health Building Notes # 35 – Accommodation for people withmental illness Queensland Health Building Guidelines for Queensland Mental Health Facilities (2003) National Association of Psychiatric Health Systems – Design guide for the Built Environment of Behavioral Health Facilities (2010) Ontario Ministry of Health and Long-Term Care: Generic Output Specifications

Alberta Barrier-Free Design Guide (2008)

Standards (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

(2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013.

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

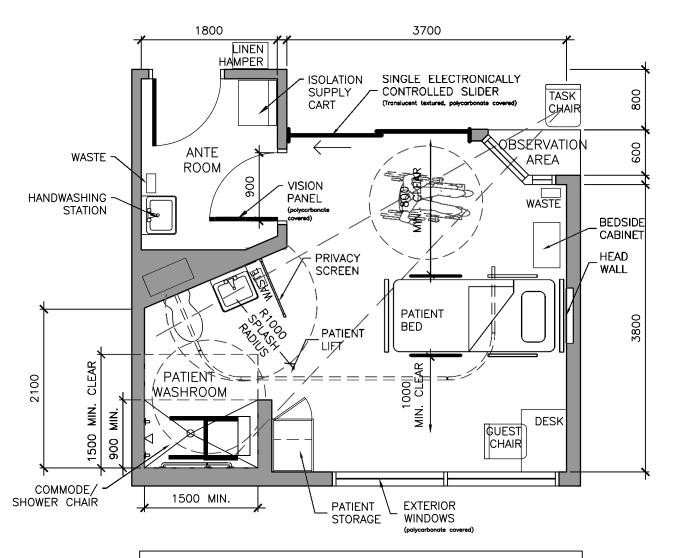
**JULY 2016** 231 Date

December 2014

Reference Number
Department
Room Name
Page

J-1 Mental Health & Addictions PRIVATE BEDROOM, Isolation 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



NOTE:

PATIENT OBSERVATION FROM CORRIDOR IS CRITICAL ALL WASHROOM ITEMS TO BE TAMPER PROOF CERTIFIED MENTAL HEALTH



**NET AREA** 

**23** nsm

### **Grossing Factors & Net Areas**

Date December 2014 Reference Number **Mental Health and Addictions** Department Room Name **PRIVATE BEDROOM** 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Safe and secure psychiatric, medical and nursing care. Multidisciplinary integrated care, family centered care. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring □ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multi disciplinary **DESIGN OCCUPANCY** Patient Staff Family Other **Total** 1 6 **KEY INFECTION** Hand washing station (Sink located outside the room) Routine practices and additional precautions, **CONTROL PROTOCOLS** Alcohol based hand solution (outside of the room) **KEY DIMENSIONS Room Components** Allow 12m<sup>2</sup> for patient care zone. Allow for a private washroom. Ceiling Height Floor to ceiling - 2.7m **Equipment Maneuverability** Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts on either side of bed. Allow for single (recessed) patient lift ceiling mounted track

JULY 2016 233

**AREA** 

Date | December 2014

Reference Number Department Room Name Page

Mental Health and Addictions **PRIVATE BEDROOM** 2 of 4

## **EQUIPMENT/SERVICES**

### **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Patient lift	1	Single, recessed, mental health certified
Wall Mounted		
Grab bar	Varie	Tamper proof, mental health certified
	S	Tamper proof, mentarnealtificertified
Hand washing station *	1	
Floor Mounted		

<sup>\*</sup>optional

### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Patient bed	1	Mental health certified

### **FURNITURE & EQUIPMENT**

Type	Qty.	Remarks
Desk	1	Patient use
Task chair	1	Patient use
Patient storage	1	Patient use
Bedside cabinet	1	Patient use
Commode/shower chair	1	Temper proof, Mental health certified. Move in and out of room.

**JULY 2016** 234

Date December 2014	Reference Number Department Room Name Page	J-2 Mental Health and Addictions PRIVATE BEDROOM 3 of 4
--------------------	-----------------------------------------------------	------------------------------------------------------------------

### **DESIGN CONSIDERATIONS**

CLINICAL Assumes average length of stay of 3-14 days

ASSUMPTIONS Assumes increased family involvement with pediatric patients

High (critical) patient observation Decentralized nursing care

Tamper proof mental health certified bathroom fixtures and plumbing

KEY ROOM ADJACENCIES Washroom

#### **DESIGN FLEXIBILITY**

REGULATIONS National Building Code of Canada (2005)

Alberta Building Code (2006)

REFERENCES AND GUIDELINES

NHS Health Building Notes # 35 – Accommodation for people withmental

illness

Queensland Health Building Guidelines for Queensland Mental Health

Facilities (2003)

 $National\ Association\ of\ Psychiatric\ Health\ Systems-Design\ guide\ for\ the$ 

Built Environment of Behavioral Health Facilities (2010)

Ontario Ministry of Health and Long-Term Care: Generic Output

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategyand

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009)

AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines

and Preventive Measures for Construction, Renovation and Maintenance  $\,$ 

Activities, May 2013.

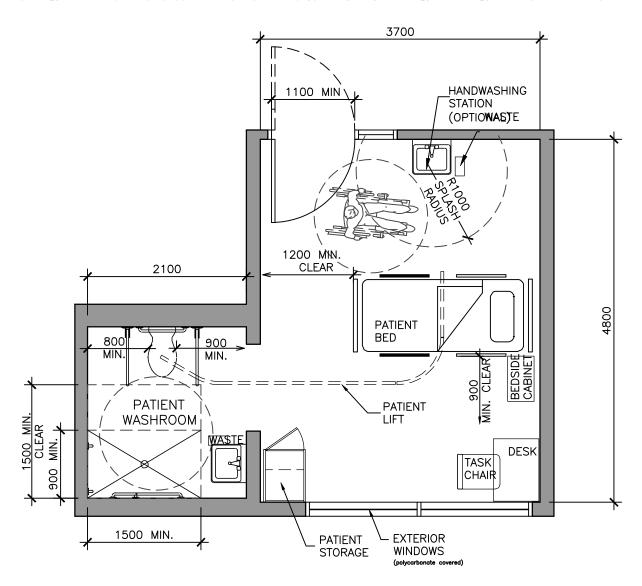
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date

December 2014

Reference Number Department Room Name Page J-2 Mental Health & Addictions PRIVATE BEDROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



NOTE: ALL WASHROOM ITEMS TO BE TAMPER PROOF CERTIFIED MENTAL HEALTH



Date December 2014	Reference Number Department Room Name Page  J-3  Mental Health and Addi SEMI PRIVATE BEDROO  1 of 4				
PLANNING ASSUMPTION	NS				
PATIENT CARE PHILOSOPHY	Psychiatric, medical a	and nursing o	care: provisio	n for family	centered care.
KEY FUNCTIONS	□ Assessment       □ Observation/Monitoring         □ Clinical diagnostics       □ Research         □ Conference       □ Teaching         □ Documentation/Charting       □ Major Treatment/Procedure         □ Examination       □ Minor Treatment/Procedure         □ Patient/Family Consultation       □ Multi disciplinary				rocedure
DESIGN OCCUPANCY	Patient Staff	Family	Other	Total	
	2 2			4	
KEY INFECTION CONTROL PROTOCOLS	Routine practices and additional precautions, Alcohol based hand solution (outside of the room)				
KEY DIMENSIONS	Room Components Minimum 2m separation between patients (beds).				
	<b>Ceiling Height</b> Floor to ceiling – 2.4m minimum				
	<b>Equipment Maneuverability</b> Allow for patient transfer from stretcher to either side of bed. Allow room for medical mobile carts on either side of bed.				

AREA

NET AREA **41** nsm

Date December 2014

Reference Number
Department
Room Name
Page

J-3

Mental Health and Addictions
SEMI PRIVATE BEDROOM
2 of 4

## **EQUIPMENT/SERVICES**

## FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Patient lift	2	Single recessed rail, Mental Health Certified
Wall Mounted		
Grab bar	Varie s	Mental health certified
Hand washing station*	1	
Floor Mounted		

<sup>\*</sup>Optional

## MOBILE ELEMENTS

Туре	Qty.	Remarks
Patient bed	2	Mental health certified
Supply cart	1	Outside of room
Linen hamper*	1	

<sup>\*</sup>optional

## **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Patient storage	2	Patient use
Bedside cabinet	2	Patient use
Guest chair	2	Family use
Commode/shower chair	2	Patient use. Moved in and out of room as required.
Supply storage	2	In decentralized charting station
Computer / charting station	1	In decentralized charting station
Work station	1	Counter with storage cupboards, in decentralized charting
Work station		station

Date December 2014

Reference Number
Department
Room Name
Page

Page

Reference Number
Department
Room Name
Page

J-3

Mental Health and Addictions
SEMI PRIVATE BEDROOM
3 of 4

#### **DESIGN CONSIDERATIONS**

CLINICAL High (critical) patient observation ASSUMPTIONS Decentralized nursing care

Tamper proof mental health certified bathroom fixtures and plumbing

KEY ROOM 2 washrooms

ADJACENCIES Decentralized charting station

**DESIGN FLEXIBILITY** 

REGULATIONS National Building Code of Canada (2005)

Alberta Building Code (2006)

REFERENCES AND GUIDELINES

NHS Health Building Notes # 35 – Accommodation for people withmental

illness

Queensland Health Building Guidelines for Queensland Mental Health

Facilities (2003)

National Association of Psychiatric Health Systems – Design guide for the

Built Environment of Behavioral Health Facilities (2010)

Ontario Ministry of Health and Long-Term Care: Generic Output

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

 $Government\ of\ Alberta\ Health\ Infection\ Prevention\ and\ Control\ Strategy\ and$ 

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009)

AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

 $AHS\ Infection\ Prevention\ and\ Control\ -\ Health\ Care\ Facility\ Design\ Guidelines$ 

and Preventive Measures for Construction, Renovation and Maintenance

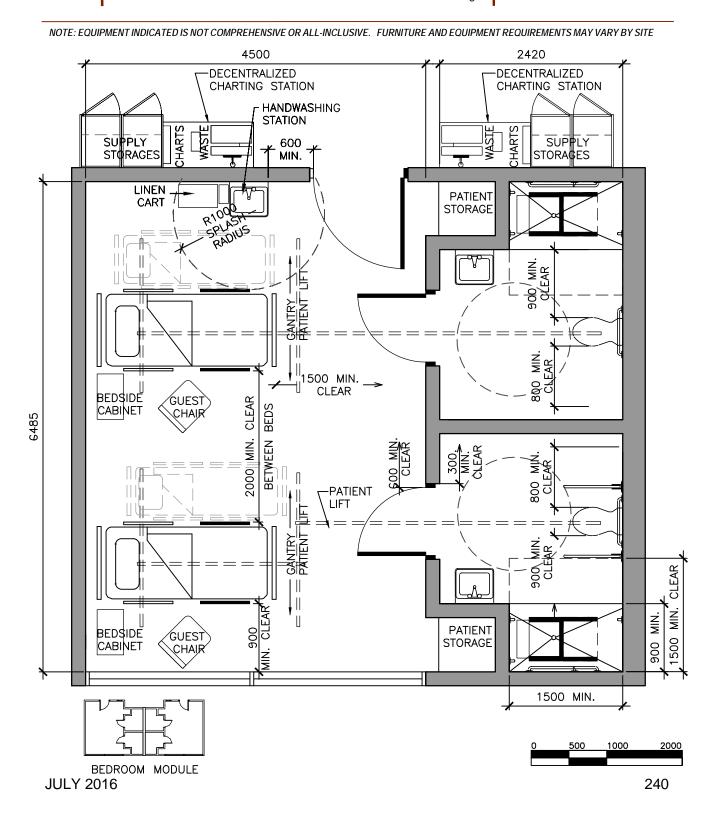
Activities, May 2013.

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date

December 2014

Reference Number Department Room Name Page J-3 Mental health & Addictions SEMIPRIVATE BEDROOM 4 of 4



Date December 2014 K-1 Reference Number **Diagnostic Imaging** Department **GENERAL RADIOGRAPHY** Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Clinical Services: Diagnostic Imaging., accessible care with new technologies and mixed modalities, support by base buildings infrastructure. Lean principles, shared control spaces for like modalities, efficient staffing and patient throughput. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary **DESIGN OCCUPANCY** Patient Staff Family Other Total 2\* \*Includes students Pediatric: 1 family member Trauma: 3 to 6 additional staff **KEY INFECTION** Hand washing station with 1000mm clear splash radius, all surfaces **CONTROL PROTOCOLS** scrubbable, increased air exchange. Routine practices and additional precautions, FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Patient zone is the radiographic table/upright detector Equipment zone/staff zone is centered on and around the radiographic table /long limb panorex (5m x 6m) View of patient at table and upright detector Ceiling Height Floor to ceiling – 2850 mm – to be verified by equipment vendor Accommodate a ceiling lift **AREA NET AREA 35** nsm

Date December 2014

Reference Number Diagnostic Imaging
Room Name
Page

December 2014

Reference Number Diagnostic Imaging
GENERAL RADIOGRAPHY
2 of 4

## **Equipment Maneuverability**

Allow for patient transfer from stretcher to one side of radiographic table. Allow for patient stretcher access and placement in front of upright detector. All for door width to accommodate patient bed Allow for staff movement behind radiographic table Allow unobstructed distance of 1800mm at upright detector for exposures

## **EQUIPMENT/SERVICES**

### **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Radiographic system	1	Ray tube and rail system
Patient lift	1	
Radiation shielding		
Wall Mounted		
Hand washing station	1	
Dirty sink*	1	
Headwall	1	Medical gases, power
Lead apron rack	1	
Floor Mounted		
Radiographic system	1	Patient table, upright detector, generator cabinets
Counter Mounted		
OEM control console		Upright detector affixed to the wall

<sup>\*</sup> optional

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks	
Linen hamper	1		
IV stand	1		
Waste receptacle	2	In imaging room & system control room	
Storage cabinet	2	Millwork or systems furn.	
Patient walker	1		
Pig-o-stat	1		
Generator cabinets	2		
Supply storage	1		

Date	December 2014	Room Name	K-1 Diagnostic Imaging GENERAL RADIOGRAPHY 3 of 4
------	---------------	-----------	------------------------------------------------------------

## FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Computer/charting station	1	Workstation with counter and computer system (PACS/RISPC), standing height, designed to accommodate system control components. Keep equipment off of floor
Task chair	1	In system control
Step stool	1	
Stool	1	For physician
Document scanner	1	
Workstation	1	

# **DESIGN CONSIDERATIONS**

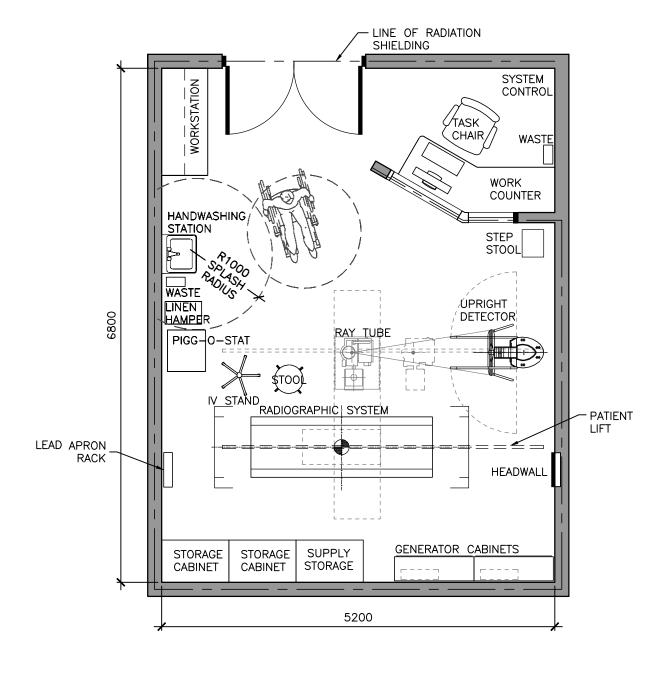
CLINICAL ASSUMPTIONS	Digital equipment is used—if not, additional space will be required for a plate reader and cassette storage  Typically provide room with shared control room  Area reflects space for 1 control technician
KEY ROOM ADJACENCIES	Control room Change rooms/patient washroom
DESIGN FLEXIBILITY	Large unistrut grid to accommodate multiple vendors Lead lined room May need to accommodate digital pan and Long length with associated work stations (control room)
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date

December 2014

Reference Number Department Room Name Page K-1 Diagnostic Imaging GENERAL RADIOGRAPHY 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 K-2 Reference Number **Diagnostic Imaging** Department **FLUOROSCOPY ROOM** Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Clinical Services: Diagnostic Imaging. Staff and patient safety (ALARA Principle), accessible care with new technologies and mixed modalities, support by base buildings infrastructure. Lean principles, shared control spaces for like modalities, efficient staffing and patient throughput. **KEY FUNCTIONS** ☐ Assessment □ Observation/Monitoring Clinical diagnostics □ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary Comments /Other: **DESIGN OCCUPANCY** Family Total Patient Staff Other 3-5\* 4-6 \*Includes a radiologist **KEY INFECTION** Hand washing station with 1000mm clear splash radius, biohazard disposal, **CONTROL PROTOCOLS** scrubable surfaces. Increase d air exchange. Routine practices and additional precautions, FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Patient zone is the fluoroscopy table Equipment zone is centered on and around the table (5m x6m) Table tilts to vertical Ceiling Height Floor to ceiling - 3m **Equipment Maneuverability** Allow for patient transfer from stretcher to one side of fluoroscopy table. Allow room for medical mobile carts. With table in upright position, patient may be sitting orstanding Allow for view of patient with table in upright position form control room **NET AREA** 

**AREA** 

**40** nsm

Date | December 2014

Reference Number Department Room Name Page

K-2 Diagnostic Imaging FLUOROSCOPY ROOM 2 of 4

### -FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Monitors (fluoroscopy)	1	
Radiation shielding	1	
Patient lift	1	
Wall Mounted		
Hand washing station	1	
Headwall	1	Medical gases, power
Lead apron rack	1	
Floor Mounted		
Fluoroscopy system	1	Allow space for generator and control cabinets

## MOBILE ELEMENTS

Type	Qty.	Remarks
Utility cart	1	
Patient stretcher		
Storage cabinets	1	
Mobile x-ray shield	1	
Linen hamper	1	
Waste receptacle	2	In fluoroscopy room & control room
Generator cabinets	1	
Biohazard waste	1	
IV Stand	1	
Procedure light	1	Moved in and out as required
Mobile detector holder	1	
Patient transfer board	1	

## FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Guest chair	1	
Stool	1	
Patient stool	1	

**JULY 2016** 246

Date	December 2014	Reference Number Department Room Name Page	Diagnostic Imaging FLUOROSCOPY ROOM
------	---------------	-----------------------------------------------------	-------------------------------------

## **CONTROL ROOM**

## FURNITURE & EQUIPMENT

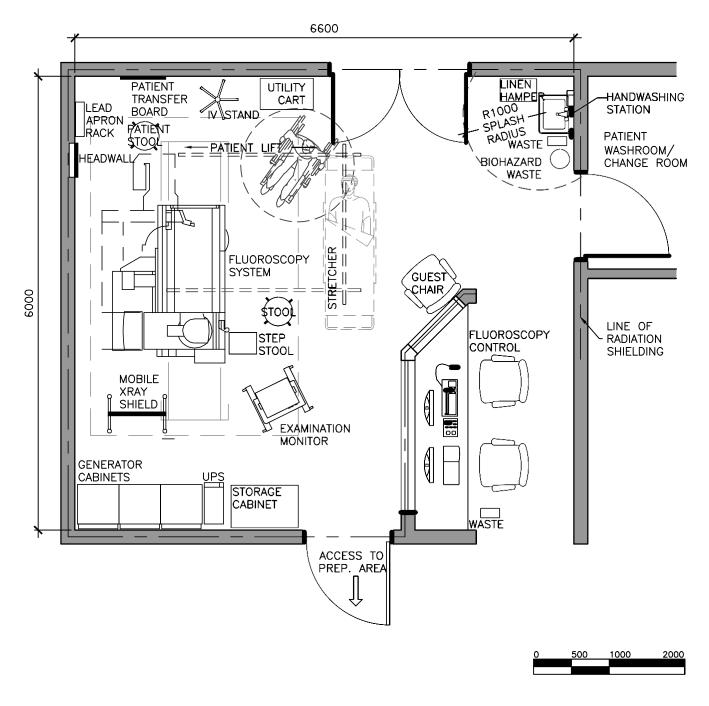
Type	Qty.	Remarks
OEM equipment control	1	
Document scanner	1	
Monitors	1	
Work counter	1	Sitting height
RIS PC	1	
DVD player/recorder (vendor)	1	
Task chair	2	

## **DESIGN CONSIDERATIONS**

CLINICAL ASSUMPTIONS	Fluoroscopy room is remotely located Contrast agent preparation area is outside of procedure area
KEY ROOM ADJACENCIES	Contrast agent preparation area Control room 1 (2 pcs) washroom for contrast work accessed from procedure room
DESIGN FLEXIBILITY	Room may need to accommodate tube suspension and upright detector
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014 Reference Number Department Room Name Page Reference Number Diagnostic Imaging FLUOROSCOPY ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



42nsm

### **Grossing Factors & Net Areas**

Date December 2014 Reference Number **Diagnostic Imaging** Department **CT SCANNER** Room Name 1 of 5 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Clinical Services: Diagnostic Imaging. Staff and patient safety (ALARA Principle), accessible care with new technologies and mixed modalities, support by base buildings infrastructure. Lean principles, shared control spaces for like modalities, efficient staffing and patient throughput. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ■ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 2\* \*Teaching/pediatrics/ICU/trauma: up to 6 with associated staff **KEY INFECTION** Hand washing station with 1000mm clear splash radius, scrubable surfaces, optional increased air exchange and low level exhaust **CONTROL PROTOCOLS** Routine practices and additional precautions FFE-mask, eye protection and glove box dispenser (wall mounted). Alcohol based hand solution (wall mounted at point ofcare) **KEY DIMENSIONS Room Components** Patient zone - CT scanner table Typically, the CT scanner gantry and table are angled to optimize visibility of the patient's head from the control room. Minimum room width to take gantry positioning into account The staff zone is the remainder of room area. Injector use at either side of table Ceiling Height Floor to ceiling - 3m minimum **NET AREA** 

JULY 2016 249

**AREA** 

Date December 2014

Reference Number Department Room Name Page

K-3
Diagnostic Imaging
CT SCANNER
2 of 5

## **Equipment Maneuverability**

Allow for patient transfer from stretcher to one side of CT table. Allow room for supply carts.

Allow for full movement of staff, table, gantry, and additional equipment

## **EQUIPMENT/SERVICES-CT Room**

#### **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
CCTV camera	1	Behind gantry (view of patients' head/face)
Patient lift	1	
Lighting	1	Photographic 'sky' type ceiling optional
Contrast media injector head	1	
IV stand	1	
CT Fluoro monitor*	1	
Radiation shielding	1	
Wall Mounted		
Hand washing station	1	
Headwall	1	Medical gases, power
Prep sink	1	
Lead apron tack	1	
Floor Mounted		
CT system	1	Allow space for system cabinets or in adjacent equipment room

<sup>\*</sup>optional

### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Supply cart	2	
Patient transfer board	1	
Mobile catheter cabinet*	1	Optional – interventional only
Linen hamper	1	
Mayo stand	1	
Step stool	1	
Contrast media warmer	1	
Waste receptacle	2	
Vitals monitor	1	
Ventilator	1	
Biohazard waste	1	
Back table*	1	

<sup>\*</sup>optional

Date December 2014

Reference Number Department Room Name Page

K-3 Diagnostic Imaging CT SCANNER 3 of 5

#### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Work counter	1	Counter with storage cupboards and sink

# **EQUIPMENT/SERVICES- Control Room**

# FIXED ELEMENTS

Counter Mounted	Qty	
CT system control	1	
Contrast media injector control	1	
Monitor for CCTV	1	
Computer/charting station	2	Workstation with 2 computers/PACS/RIS PC
Document scanner	1	
Work counter	1	Sitting height

### MOBILE ELEMENTS

Туре	Qty.	Remarks
Task chairs	2	
Waste receptacle	1	

Date December 2014 Reference Number **Diagnostic Imaging** Department **CT SCANNER** Room Name 4 of 5 Page

#### **DESIGN CONSIDERATIONS**

CLINICAL ASSUMPTIONS	Contrast agent prep area is outside of procedure area
KEY ROOM ADJACENCIES	Patient washroom-immediately adjacent Control room CT equipment room (optional) IV start room

rotore equipment	
Provide a robust system both air and water to accommod future equipment	ate current and
Directional lighting (not over patient) for IV start	
DESIGN FLEXIBILITY Optional CT fluoro	

REGULATIONS	National Building Code of Canada (2005)
	Alberta Building Code (2006)

REFERENCES AND	Ontario Ministry of Health and Long-Term Care: Generic Output
GUIDELINES	Specifications (2008)
	Alberta Barrier-Free Design Guide (2008)
	Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

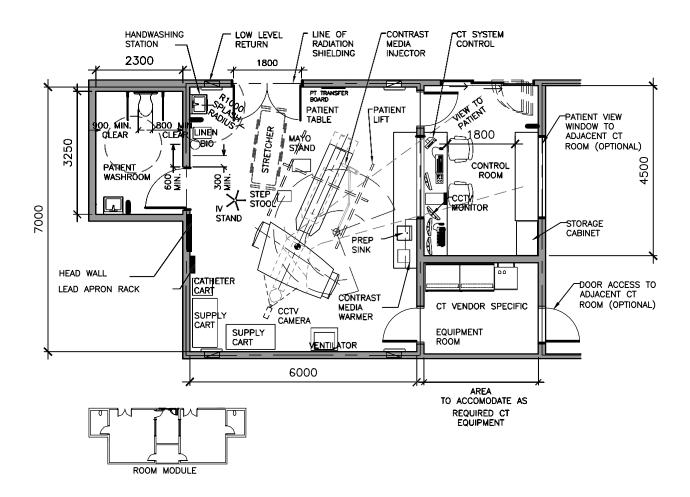
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

**JULY 2016** 252 Date December 2014

Reference Number
Department
Room Name
Page

K-3 Diagnostic Imaging CT SCANNER 5 of 5

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





**15** nsm

#### **Grossing Factors & Net Areas**

Date December 2014 K-4 Reference Number **Diagnostic Imaging** Department **MAMMOGRAPHY ROOM** Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Diagnostic clinical service care: diagnosis and assessment. Staff and patient safety (ALARA Principle), accessible care with new technologies and mixed modalities, support by base buildings infrastructure. Lean principles, shared control spaces for like modalities, efficient staffing and patient throughput. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research □ Conference □ Teaching ☐ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Family Patient Staff Other Total 1 1 2 Hand washing station with 1000mm clear splash radius, routine practices and **KEY INFECTION CONTROL PROTOCOLS** additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharp and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 8 m<sup>2</sup> for patient zone, including mammography imaging system and Allow 6m<sup>2</sup> for staff zone including Control Station. **Ceiling Height** Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Allow room for moving, rotating and extension of digital mammography system and attachments. Allow room for rotating and adjustment of mammography system Control Station. **NET AREA** 

JULY 2016 255

**AREA** 

Date December 2014

Reference Number Department Room Name Page K-4
Diagnostic Imaging
MAMMOGRAPHY ROOM
2 of 4

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Radiation shield*	1	
Wall Mounted		
Hand washing station	1	
Floor Mounted		
Imaging mammography system	1	Rotates, moves, and extends. Includes lead shield
Control station	1	

<sup>\*</sup>optional

### MOBILE ELEMENTS

Туре	Qty.	Remarks
Utility cart	1	
Waste receptacle	2	

## FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Computer/charting station	1	RIS PC
Stool	1	For staff
Storage cabinets	1	Supplies and forms – millwork or systems furn.
Task chair	1	
Document scanner	1	
Coat hooks	2	
Work station	1	

Date	December 2014	Reference Number Department Room Name Page	K-4 Diagnostic Imaging MAMMOGRAPHY ROOM 3 of 4
DESIGN	CONSIDERATIONS		

CLINICAL ASSUMPTIONS

KEY ROOM ADJACENCIES	Change room Patient washroom
DESIGN FLEXIBILITY	Ability to accommodate new technology in the future.  Need for radiation shielding is to be reviewed by a medical physicist and based on specific equipment requirements  Accommodate a clinical work station  Units are capable of biopsy, if this function is required add 15-20% room area
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013.

JULY 2016 257

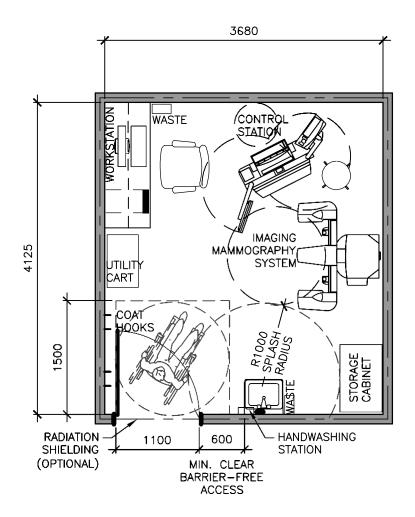
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

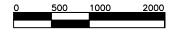
Date

December 2014

Reference Number Department Room Name Page K-4 Diagnostic Imaging MAMMOGRAPHY ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 Reference Number **Diagnostic Imaging** Department MRI Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Diagnostic clinical service care: diagnosis and assessment. Staff and patient safety (ALARA Principle), accessible care with new technologies and mixed modalities, support by base buildings infrastructure. Lean principles, shared control spaces for like modalities, efficient staffing and patient throughput. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference □ Teaching ☐ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 0 4 Assumes teaching component Optional respiratory technician Family member may accompany pediatric cases **KEY INFECTION** Hand washing station outside of magnet room, all surfaces scrubbable **CONTROL PROTOCOLS** Routine practices and additional precautions FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** MRI table is the patient zone. Equipment zone is set around patient zone. Space for equipment maneuverability and patient access varies based on type and model of MRI Scanner used (refer to manufacturers recommendations). Magnet room doors must swing out 5 gauss line to be within controlled area or contained within room

> NET AREA **88** nsm (Incl. Support Rooms)

**AREA** 

Date December 2014

Reference Number Department Room Name Page K-5 Diagnostic Imaging MRI 2 of 4

**Ceiling Height** 

Floor to ceiling - 3m minimum

Equipment Maneuverability

Allow for patient transfer from stretcher to MRI table. Allow for detachable table use

# **EQUIPMENT/SERVICES**

#### **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Quench pipe	1	
CCTV camera	1	
Contrast media injector head	1	
Magnetic & R.F. shielding		
Wall Mounted		
Headwall	1	Medical gases, power
Hand washing station	1	Outside of room
Floor Mounted		
MRI scanner	1	

#### **MOBILE ELEMENTS**

Туре	Qty.	Remarks
Anesthesia machine	1	
Stretcher	1	
IV stand	1	
Step stool	1	
Waste receptacle	3	
Chair	1	
Physiological monitor	1	
Coil storage	1	
Linen hamper	1	
Infusion pumps	1	MRI compatible

# **EQUIPMENT/SERVICES – CONTROL ROOM**

#### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Computer/charting station	2	Counter with storage cupboards, PACS/RISPC
Task chair	2	
Injector control	1	
System control	1	
Patient monitor	1	
Document scanner	1	

Reference Number Department Room Name Page  K-5 Diagnostic Imaging MRI 3 of 4

DEC	CNI	CO!	LCI	DED	A T	IONIC
DES	IGN	COL	งวเ	DEK	AI	IONS

CLINICAL Assumes 1.5T magnet
ASSUMPTIONS Assumes non-interven

Assumes non-interventional room—if interventional, add 6 nsm to control

room for additional equipment

Interventional MRI

Allow for biopsy devices and supplies (taken into room) Allow for biopsy planning workstation (control room) Allow for breast MR workstation (control room) Allow for magnet replacement/upgrade in the future

KEY ROOM Control room

ADJACENCIES MRI equipment room

Consent room

Patient safety vestibule Patient preparation/sedation

Patient washroom

DESIGN FLEXIBILITY Room requires full RF shielding (c/w RF waveguides)

Ferrous materials minimized/eliminated in room (all systems) Allow for sound attenuation and vibration minimization

For pediatrics and general anesthesia, additional control room space is

required

Design to accommodate a potential water chiller for equipment cooling.

Breast intervention with accessory equipment

REGULATIONS National Building Code of Canada (2005)

Alberta Building Code (2006)

REFERENCES AND

GUIDELINES

Ontario Ministry of Health and Long-Term Care: Generic Output

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

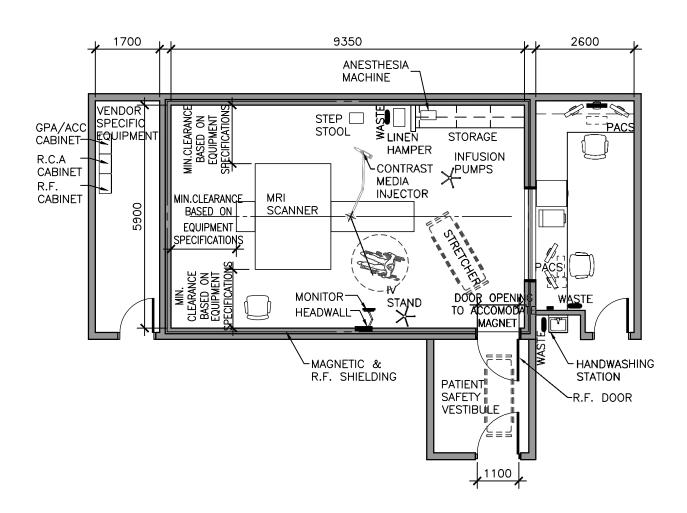
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014 Reference Number Department Room Name Page K-5

The page Number Diagnostic Imaging MRI

Fage 5 of 5

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





**13** nsm

#### **Grossing Factors & Net Areas**

Date December 2014 Reference Number K-6 Department **Diagnostic Imaging ULTRASOUND** Room Name Page 1 of 4 PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Clinical Services: Diagnostic Imaging, family centered care. Staff and patient safety (ALARA Principle), accessible care with new technologies and mixed modalities, support by base buildings infrastructure. Lean principles, shared control spaces for like modalities, efficient staffing and patient throughput. **KEY FUNCTIONS** ☐ Observation/Monitoring ☐ Assessment ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ☐ Documentation/Charting ☐ Major Treatment/Procedure ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multidisciplinary **DESIGN OCCUPANCY** Patient Staff Family Other Total 2\* \*Optional radiologist **KEY INFECTION** Hand washing station with 1000mm clear splash radius. **CONTROL PROTOCOLS** Interventional ultrasound: increased cleanability, probe not cleaned within room Routine practices and additional precautions FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Allow 1m x 2m for patient zone (examtable). Allow 4m2 for family zone. Remainder of room area allocated to staffzone. Scan from either side of table **Ceiling Height** Floor to ceiling – 2.7m minimum **Equipment Maneuverability** Allow room for medical mobile carts/equipment on either side of the exam table. **NET AREA AREA** 

Date | December 2014

Reference Number Department Room Name Page

K-6 Diagnostic Imaging ULTRASOUND 2 of 4

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Wall Mounted		
Hand washing station	1	
Headwall/In wall services	1	Medical gases, power
Transducer holder	1	
Wall monitor	1	Family viewing
Floor Mounted		
Counter Mounted		

### MOBILE ELEMENTS

Туре	Qty.	Remarks
Ultrasound machine	1	
Stretcher	1	
Linen hamper	1	
Waste receptacle	1	
Step stool	1	
Supply/linen storage	1	
Biohazard waste	1	
Gel warmer	1	
IV stand	1	
Supply cart	1	
Backtable	1	
Procedure light*	1	
Ventilator	1	

<sup>\*</sup> optional

# FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Guest chair	1	
Computer/charting station	1	RIS PC
Sonographer's Chair	1	
Document scanner	1	
Work surface	1	With upper cabinet for supply/linen storage above

**JULY 2016** 264

Date December 2014 Reference Number K-6 Department **Diagnostic Imaging ULTRASOUND** Room Name Page 3 of 4

#### **DESIGN CONSIDERATIONS**

CLINICAL **ASSUMPTIONS**  Assumes diagnostic ultrasound

**KEY ROOM ADJACENCIES**  Patient washroom Probe cleaning

**DESIGN FLEXIBILITY** 

Accommodate tele-ultrasound

**REGULATIONS** 

National Building Code of Canada (2005) Alberta Building Code (2006)

**REFERENCES AND GUIDELINES** 

Ontario Ministry of Health and Long-Term Care: Generic Output

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines

and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

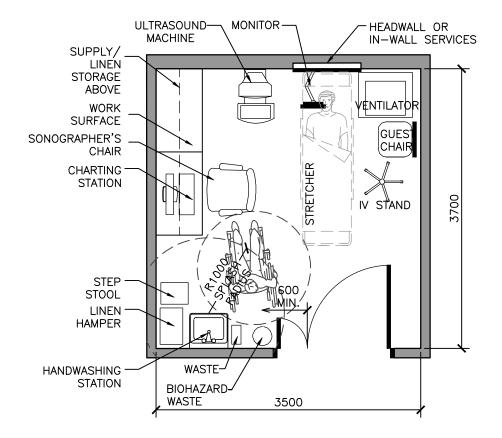
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

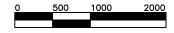
**JULY 2016** 265 Date

December 2014

Reference Number Department Room Name Page K-6 Diagnostic Imaging ULTRASOUND 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





(Incl. Control Room)

#### **Grossing Factors & Net Areas**

Date December 2014 Reference Number **Diagnostic Imaging** Department INTERVENTIONAL RADIOGRAPHY Room Name 1 of 5 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Acute Care: Diagnostic Imaging. Staff and patient safety (ALARA Principle), accessible care with new technologies and mixed modalities, support by base buildings infrastructure. Lean principles, shared control spaces for like modalities, efficient staffing and patientthroughput. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics □ Research ☐ Conference □ Teaching ☐ Major Treatment/Procedure ■ Documentation/Charting ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ■ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 1 6 5 (3 People in Angiography room/ 2 people in Control Room) **KEY INFECTION** Hand washing station with 1000mm clear splash radius, increased air **CONTROL PROTOCOLS** exchange, low level return, scrubbable surfaces, scrub sinks, laminar airflow, closed catheter storage Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted). Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Patient zone is the angiography table. Equipment zone is centered on and around the table (5mx 6.5m.) Components of the angiography system are located within this area mounted on the floor and ceiling. This area allows for table rotation. Allow for 1.om circulation zone area around equipment zone. Allow for perimeter supply storage Ceiling Height Floor to ceiling – typical ceiling heights range between 2.8m-3m. Consult vendor for required dimensions **NET AREA** 8o nsm **AREA** 

Date December 2014

Reference Number Department Room Name Page K-7 Diagnostic Imaging INTERVENTIONAL RADIOGRAPHY 2 of 5

### **Equipment Maneuverability**

Allow for patient transfer from stretcher to one side of patient table. Allow room for mobile carts.

Allow clear zone for c-arm rotation

# **EQUIPMENT/SERVICES-Angiography Room**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Angiography equipment	1	System could be either single or biplane
Radiation shielding	1	
Procedure light	1	
System monitor	1	
Wall Mounted		
Headwall	1-2	
Hand washing station	1	Scrub sink, outside room
Physiological monitor	1	
Injector*	1	
Floor Mounted		
Angiography system control equipment	1	System could be either single or biplane. Allow space for control cabinets in a separate equipment room.

### MOBILE ELEMENTS

Type	Qty.	Remarks
Instrument table	1	
Back tables	1	
Mayo stand	1	
Single basin stand	1	
Anesthesia machine*	1	
Anesthesia supply cart*	1	
Catheter cabinets	4	Closed front
Case cart	1	
Waste receptacle	2	
Utility cart	3	
Utility table	1	
IV stand	1	
Linen hamper	1	
Refrigerator	1	
Contrast warmer	1	
Biohazard waste	1	
Ultrasound	1	

\*optional

Date December 2014

Reference Number Department Room Name Page K-7 Diagnostic Imaging INTERVENTIONAL RADIOGRAPHY 3 of 5

#### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Stools	2	
Work surface	1	

# **EQUIPMENT/SERVICES-Control Room**

#### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Wall Mounted		
Floor Mounted		
Angiography control equipment	1	
Counter Mounted		
Computer workstation	2	
Angiography system controls	1	
Contrast media injector control	1	
Post processing workstation	1	
Document scanner	1	
RIS PC	1	

# FURNITURE & EQUIPMENT

Туре	Qty.	Remarks
Chairs	4	2 at system controls, 1 at workstation, 1at PACS
Workstation	1	

Date December 2014 Reference Number **Diagnostic Imaging** Department INTERVENTIONAL RADIOGRAPHY Room Name Page 4 of 5

#### **DESIGN CONSIDERATIONS**

CLINICAL Assumes single plane angiography system **ASSUMPTIONS** 

**KEY ROOM** Scrub area **ADJACENCIES** Control room

Angiography equipment room

Patient washroom Blanket warmer alcove

**DESIGN FLEXIBILITY** Room to accommodate either single or biplane angiography equipment

System may be floor mounted

National Building Code of Canada (2005) **REGULATIONS** 

Alberta Building Code (2006)

Ontario Ministry of Health and Long-Term Care: Generic Output **REFERENCES AND GUIDELINES** 

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

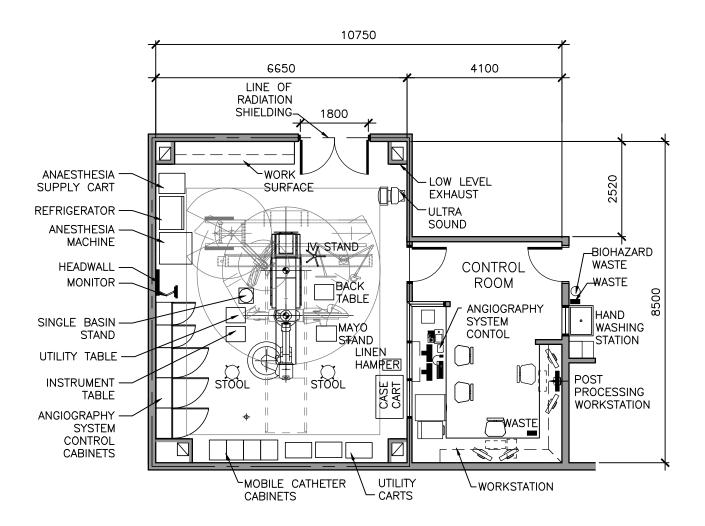
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

**JULY 2016** 270 Date December 2014

Reference Number Department Room Name Page

K-7
Diagnostic Imaging
INTERVENTIONAL RADIOGRAPHY
5 of 5

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Date December 2014 K-8 Reference Number **Diagnostic Imaging** Department SPECT/CT SCANNER Room Name 1 of 4 Page PLANNING ASSUMPTIONS PATIENT CARE PHILOSOPHY Clinical Services: Diagnostic Imaging. Staff and patient safety (ALARA Principle), accessible care with new technologies and mixed modalities, support by base buildings infrastructure. Lean principles, shared control spaces for like modalities, efficient staffing and patient throughput. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring □ Research ☐ Clinical diagnostics ☐ Conference □ Teaching ☐ Major Treatment/Procedure ■ Documentation/Charting ■ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 3 **KEY INFECTION** Hand washing station with 1000mm clear splash radius, scrubbable surfaces, **CONTROL PROTOCOLS** increased air exchange with low level exhaust Routine practices and additional precautions. FFE-mask, eye protection and glove box dispenser (wall mounted) Sharps and alcohol based hand solution (wall mounted at point of care) **KEY DIMENSIONS Room Components** Patient zone – SPECT/ CT scanner table Typically, the scanner gantry and table are angled to optimize visibility of the patient's head from the control room. Minimum room width to take gantry positioning into account The staff zone is the remainder of room area. Allow for control room of 7m2 Ceiling Height Floor to ceiling - 3m or as required by equipment vendor.

AREA

NET AREA **42** nsm (excl. control rm)

Date	December 2014	Room Name	K-8 Diagnostic Imaging SPECT/CT SCANNER 2 of 4	
------	---------------	-----------	------------------------------------------------	--

# Equipment Maneuverability

Allow for patient transfer from stretcher to one side of SPECT/CT table. Allow room for supply carts.

Design to accommodate full management of staff/table and gantry and additional equipment

# **EQUIPMENT/SERVICES- CT Room**

#### **FIXED ELEMENTS**

Ceiling Mounted	Qty.	Remarks
Lighting	1	Photographic 'sky' type ceiling optional
Radiation shielding		
CCTV camera	1	
Wall Mounted		
Hand washing station	1	
Headwall	1	Medical gases, power
Lead apron tack	1	
OEM equipment control system	1	
Floor Mounted		
SPECT /CT system	1	Allow space for equipment cabinets inside examroom

## MOBILE ELEMENTS

Qty.	Remarks
1	
1	
1	
1	
1	
1	
1	
	1 1 1 1

<sup>\*</sup>optional

#### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Step stool	1	

Reference Number Department Room Name Page  K-8 Diagnostic Imaging SPECT/CT SCANNER 3 of 4

# **EQUIPMENT/SERVICES- Control Room**

# FIXED ELEMENTS

Counter Mounted	Qty	
Document Scanner	1	
SPECT /CT system control	1	

### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Task chairs	2	
OEM post processing workstation	1	
General computable charting	1	

# **DESIGN CONSIDERATIONS**

CLINICAL ASSUMPTIONS

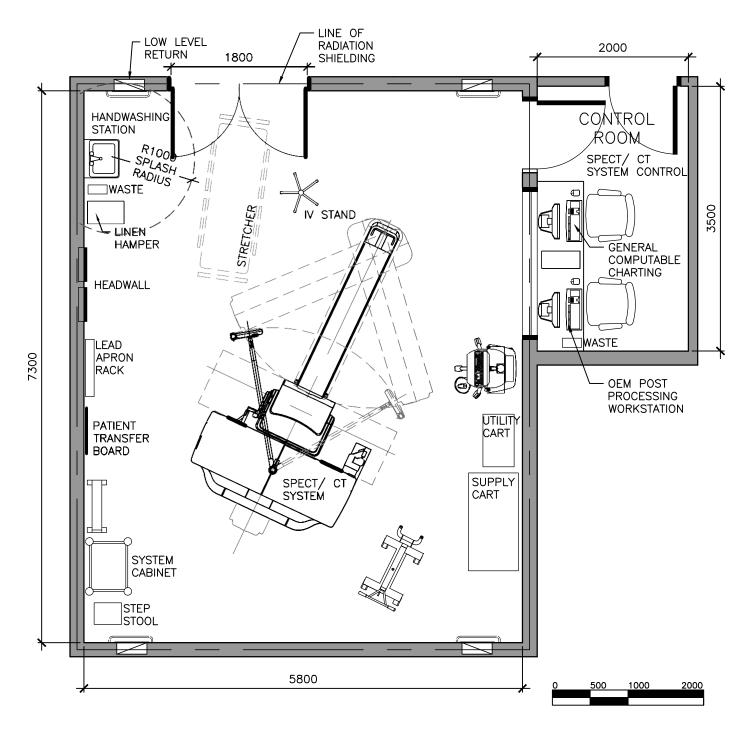
KEY ROOM ADJACENCIES	Control room Injection room Patient washroom
DESIGN FLEXIBILITY	Provide a robust cooling system both air and water to accommodate current and future equipment cooling needs
REGULATIONS	National Building Code of Canada (2005) Alberta Building Code (2006)
REFERENCES AND GUIDELINES	Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013. CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014

Reference Number
Department
Room Name
Page

K-8 Diagnostic Imaging SPECT/CT ROOM 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE



Reference Number L-1 December 2014 Date Department Other Room Name VIDEO-CONFERENCE ROOM, Type 1 Page | 1 of 4 **KEY PLANNING ASSUMPTIONS** Support space accommodating meetings, training, communication and PATIENT CARE PHILOSOPHY education. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching □ Documentation/Charting ☐ Major Treatment/Procedure ☐ Minor Treatment/Procedure □ Examination ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 8 8 **KEY INFECTION** Alcohol based hand solution (wall mounted) **CONTROL PROTOCOLS KEY DIMENSIONS Room Components** Allow room for electronic video conferencing equipment and clear pathway around all sides of conference table. **Ceiling Height** Floor to ceiling - 2.7m **Equipment Maneuverability** N/A

AREA

NET AREA **22** nsm

Date December 2014

Reference Number Department Room Name
Room Name
Page

Page

L-1

Other

VIDEO-CONFERENCE ROOM,
Type 1
2 of 4

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Projection Screen	1	
Projector	1	
Wall Mounted		
Interactive Projector	1	
Flat Panel TVs	2	
Camera	1	
Floor Mounted		

### MOBILE ELEMENTS

Туре	Qty.	Remarks
Waste receptacle	1	

### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Table	1	
Chair	8	
Magnetic whiteboard	1	
Counter with storage	1	
A/V podium	1	

		Grossing Factors & Net Areas	ROOM DATA SHEET
Date	December 2014	Reference Number Department Room Name Page	L-1 Other VIDEO-CONFERENCE ROOM, Type 1 3 of 4
DESIGN	CONSIDERATION	IS	
CLINICAL ASSUMPTI	ONS		
KEY ROON ADJACENC			
DESIGN FLEXIBILITY		Space should accommodate multiple differen video conferencing, teleconferencing, interna	,,
REGULATI	ONS	National Building Code of Canada (2005) Alberta Building Code (2006)	
REFERENC	CES AND	Ontario Ministry of Health and Long-Term Ca	re: Generic Output

# **GUIDELINES**

Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

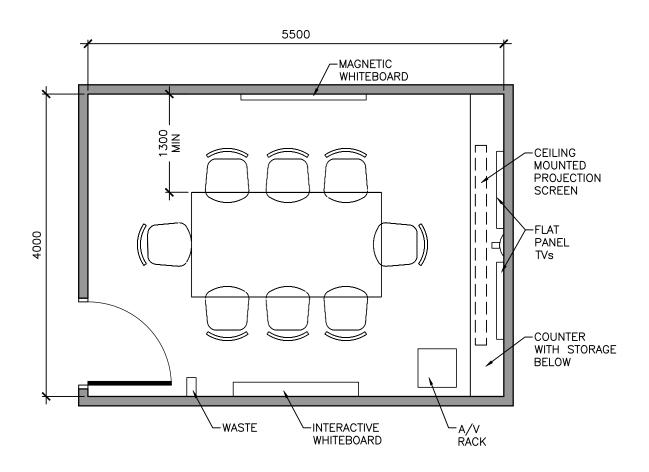
Activities, May 2013.

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

**JULY 2016** 279 Date December 2014

Reference Number Department Room Name Page L-1 Other VIDEO CONFERENCE ROOM Type 1 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





Reference Number L-2 December 2014 Date Department Other Room Name VIDEO-CONFERENCE ROOM, Type 2 Page | 1 of 4 **KEY PLANNING ASSUMPTIONS** PATIENT CARE PHILOSOPHY Support space accommodating meetings, training, communication and education. **KEY FUNCTIONS**  $\square$  Observation/Monitoring ☐ Assessment ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching ☐ Documentation/Charting ☐ Major Treatment/Procedure □ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff Family Other Total 12 **KEY INFECTION** Alcohol based hand solution (wall mounted) **CONTROL PROTOCOLS KEY DIMENSIONS Room Components** Allow room for electronic video conferencing equipment and clear pathway around all sides of conference table. **Ceiling Height** Floor to ceiling - 2.7m **Equipment Maneuverability** N/A

AREA NET AREA

27 nsm

Date December 2014

Reference Number Department Room Name
Room Name
Page
Page

L-2

Other
VIDEO-CONFERENCE ROOM,
Type 2
2 of 4

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Projection Screen	1	
Projector	1	
Wall Mounted		
Interactive Projector	1	
Flat Panel TVs	2	
Camera	1	
Floor Mounted		

### MOBILE ELEMENTS

Type	Qty.	Remarks
Waste receptacle	1	

### **FURNITURE & EQUIPMENT**

Туре	Qty.	Remarks
Table	1	
Chair	12	
Flip Chart	1	
Counter with storage	1	
A/V Podium	1	

Reference Number L-2 Date December 2014 Department Other Room Name VIDEO-CONFERENCE ROOM, Type 2 Page 3 of 4

#### **DESIGN CONSIDERATIONS**

**CLINICAL ASSUMPTIONS** 

**KEY ROOM ADJACENCIES** 

**DESIGN FLEXIBILITY** 

Space should accommodate multiple different types of meetings including video conferencing, teleconferencing, internal meetings, and presentations.

**REGULATIONS** 

National Building Code of Canada (2005) Alberta Building Code (2006)

**REFERENCES AND GUIDELINES** 

Ontario Ministry of Health and Long-Term Care: Generic Output Specifications (2008)

Alberta Barrier-Free Design Guide (2008)

Government of Alberta Health Infection Prevention and Control Strategy and

Standards (2008)

Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010)

PIDAC-Provincial Infectious Diseases Advisory Committee

AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance

Activities, May 2013.

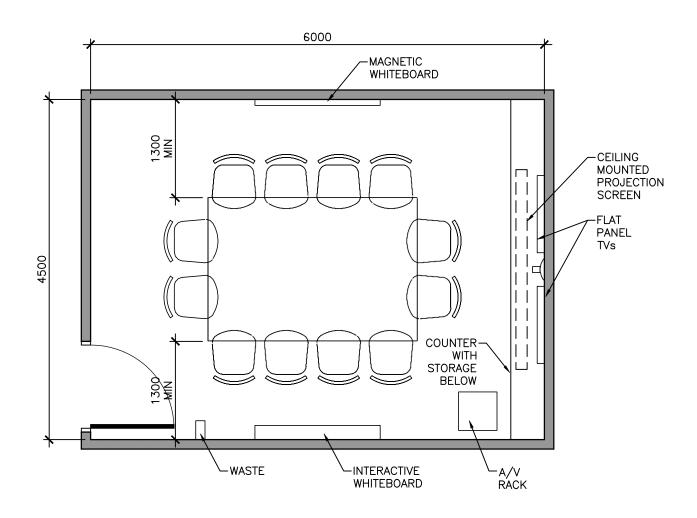
CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

**JULY 2016** 283

December 2014 Reference Number L-2 Date Other Department Room Name Page

**VIDEO CONFERENCE ROOM Type 2** 4 of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





**JULY 2016** 284

Reference Number L-3 Date December 2014 Department Other Room Name VIDEO-CONFERENCE ROOM, Type 3 Page | 1 of 4 **KEY PLANNING ASSUMPTIONS** PATIENT CARE PHILOSOPHY Support space accommodating meetings, training, communication and education. **KEY FUNCTIONS** ☐ Assessment ☐ Observation/Monitoring ☐ Clinical diagnostics ☐ Research ☐ Conference ☐ Teaching ☐ Documentation/Charting ☐ Major Treatment/Procedure □ Examination ☐ Minor Treatment/Procedure ☐ Patient/Family Consultation ☐ Multi disciplinary Comments /Other: **DESIGN OCCUPANCY** Patient Staff **Family** Other Total 20 20 **KEY INFECTION** Alcohol based hand solution (wall mounted) **CONTROL PROTOCOLS KEY DIMENSIONS Room Components** Allow room for electronic video conferencing equipment and clear pathway around all sides of conference table. **Ceiling Height** Floor to ceiling – 2.7m minimum **Equipment Maneuverability** N/A

**AREA** 

NET AREA **57.5** nsm

Date December 2014

Reference Number Department Room Name
Room Name
Page
Page

D-3

Other
VIDEO-CONFERENCE ROOM,
Type 3
2 of 4

# **EQUIPMENT/SERVICES**

### FIXED ELEMENTS

Ceiling Mounted	Qty.	Remarks
Projection Screen	1	
Projector	1	
Wall Mounted		
Interactive whiteboard	1	
Flat Panel TVs	2	
Camera	1	
Floor Mounted		

### MOBILE ELEMENTS

Туре	Qty.	Remarks

### **FURNITURE**

Туре	Qty.	Remarks
Table	1	
Chair	12	
Flip Chart	1	
A/V Podium	1	
Side table	2	
Magnetic whiteboard	1	
Counter with storage	1	

### **Grossing Factors & Net Areas**

Reference Number L-3 Date December 2014 Department Other Room Name VIDEO-CONFERENCE ROOM, Type 3 Page 3 of 4 **DESIGN CONSIDERATIONS CLINICAL ASSUMPTIONS KEY ROOM ADJACENCIES** Space should accommodate multiple different types of meetings including **DESIGN FLEXIBILITY** video conferencing, teleconferencing, internal meetings, and presentations. **REGULATIONS** National Building Code of Canada (2005) Alberta Building Code (2006) **REFERENCES AND** Ontario Ministry of Health and Long-Term Care: Generic Output **GUIDELINES** Specifications (2008) Alberta Barrier-Free Design Guide (2008) Government of Alberta Health Infection Prevention and Control Strategy and Standards (2008) Government of Alberta Occupational Health & Safety Code Part 35 (2009) AIA Guidelines for Design and Construction of Health Care Facilities (2010) PIDAC-Provincial Infectious Diseases Advisory Committee AHS Infection Prevention and Control - Health Care Facility Design Guidelines and Preventive Measures for Construction, Renovation and Maintenance Activities, May 2013.

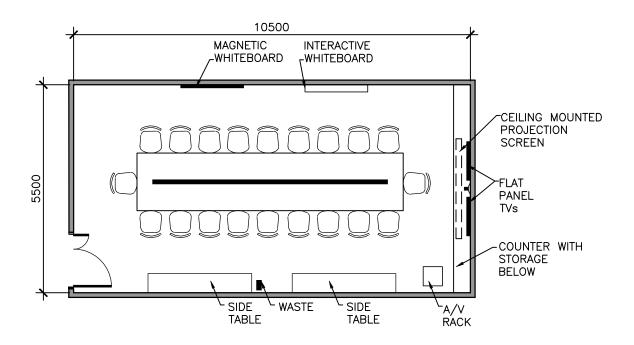
JULY 2016 287

CSA Standard Z8000-11 Canadian Health Care Facilities, September 2011.

Date December 2014 Reference Number Department Room Name Page Fage L-3

The Department Room Name Page Page A of 4

NOTE: EQUIPMENT INDICATED IS NOT COMPREHENSIVE OR ALL-INCLUSIVE. FURNITURE AND EQUIPMENT REQUIREMENTS MAY VARY BY SITE





# **SECTION C: PROJECT REPORT**

## I. Project Background

#### Introduction

In June 2008, Alberta Infrastructure tendered a project "Grossing Factors & Net Areas" to evaluate current and emerging facility planning practices and determine future targets necessary to ensure sustained quality for health care facilities. Agnew Peckham Health Care Planning Consultants and Dialog (formerly known as Cohos Evamy) formed an alliance to support this project which began in December, 2008. Final consultations with stakeholders occurred late in 2010.

A Project Steering Committee, comprised of representatives from Alberta Infrastructure (INFRA), Alberta Health and Alberta Health Services (AHS), was formed to oversee the project.

#### **Project Team**

The project team comprised of representatives from Alberta Infrastructure (INFRA), Alberta Health (Health) and Alberta Health Services (AHS).

The consultant project team was comprised of an alliance between Agnew Peckham Health Care Planning Consultants, acting as the lead consultant and DIALOG.

In addition to the alliance of these two firms, Texas A and M University (TAMU) agreed to provide support to Agnew Peckham for the grossing factors portion of the study in the form of data from several healthcare projects in the United States. TAMU is undertaking a similar study and has been collecting data for several years. Agnew Peckham and TAMU met at the beginning of the project and agreed to align methodologies and to share data. It is the hope that INFRA and TAMU will continue to work together to study and provide the global healthcare industry with accurate data on current healthcare facilities design in North America.

The project was also supported by the participation of several content experts to validate preliminary results and provide feedback to the team.

The Steering Committee would like to acknowledge the participation of these groups from AHS clinical staff that provided the valuable feedback to the Net Area study. The clinical review groups included representatives from:

- Ambulatory Care
- Coronary Care & Cardiology
- Critical Care (NICU, PICU)
- Diagnostic Imaging
- Emergency Department
- Infection Prevention & Control
- Inpatient Units
- Labour & Delivery

- Mental Health
- Rehabilitation
- Surgical Suite & PARR
- Workplace Health & Safety

### **Objectives**

The objective of the project was to identify facility planning guidelines to be used in the development of functional programs for future health facilities and to improve the design of health care facilities in the Province of Alberta by ensuring consistent and contemporary quality planning and design standards.

Based on research of current practices, benchmarking and analysis, the projectidentified recommendations for:

- Net room areas for key rooms/departments;
- Departmental grossing factors (to assist in determining the gross-ups from net areato departmental gross area) for selected departments; and,
- Building grossing factors (to determine the appropriate gross-ups from departmental gross area to building gross area).

## Scope

The study involved research of current practices, including a survey of existing space standards, a survey of 50 international health care facilities constructed within the past five years and discussion and a review of findings from the surveys and research by expert panels. The expert panels provided input and feedback on the proposed guidelines and recommendations.

#### **Outcome**

The study has produced a database of healthcare and hospital area calculations that can be updated and maintained over time. The searchable database contains collected data on industry trends for the ratio between departmental net and departmental gross square-footage in significant patient care, diagnostic and treatment departments within hospitals, including the provision of comparison data of space requirements from clinical programs and the buildings that resulted. This approach will make planning data available to the industry in a way that allows for better predictions of square footage requirements and improved performance of health care buildings.

The database and any ongoing updates and maintenance will occur largely through a partnership between INFRA and TAMU. This research study for INFRA was reviewed by the Human Subjects' Protection Program and/or the Institutional Review Board at TAMU. TAMU and its sponsor Herman Miller for Healthcare have conducted a similar research study of primarily US hospitals and the parties agreed to collaborate to enrich both projects. The TAMU study built on a preliminary pilot study, "Analysis of departmental area in contemporary hospitals: calculation methodologies and design factors in major patient care departments", as conducted by D. Allison of Clemson University and D. K. Hamilton of TAMU.

## II. Approach

#### Overview

As the Province of Alberta moves forward with new infrastructure projects, it has highlighted the importance of considering the impact of the quality of health facility design on enhancing and improving patient focused care, staff and physician satisfaction and the operational performance of the health care facility. The integration of planning and design concepts with outcomes for patient care and operational performance is a foundation of evidence based design and best practice. This philosophy formed the foundation for the overall project and the study methodology.

## **Review of Study Components**

The "Grossing Factors & Net Areas" identifies planning guidelines to be used in the development of functional programs and designs for future health care facilities in Alberta. Based on research of current practices, benchmarking and analysis, the project has developed recommendations for:

- net room areas for key rooms/departments;
- departmental grossing factors (to assist in determining the gross-ups from net areato departmental gross area); and,
- building grossing factors (to determine the appropriate gross-ups from departmental gross area to building gross area).

**Net Areas:** The objective of the net area room standards analysis was to identify guidelines for the appropriate net area for each of a number of typical rooms from a range of departments that are found in provincial health care facilities.

The net area room standards portion of the work included 65 room types in the final analysis. Net area is defined as the space (floor area) inside the walls of an individual room or the space (floor area) that includes the space for the specific function where there are no walls. (Refer to CAN/CSA-Z317.11.02 (R2007) – Area Measurement for Health Care Facilities.)

Grossing Factors, Departmental and Building: Recently constructed, innovative health care facilities in Canada, the United States, Australia, the United Kingdom, Germany and the Middle East were identified through agreed upon criteria for inclusion in the study. These facilities voluntarily agreed to participate and each provided a scaled floor plan (AutoCad files), which formed the database used in the study. The drawings received from these organizations were used to measure actual departmental (net-to-gross) and building (departmental-to-building) grossing factors. A database was developed to manage the information; this database provided the recommendations for the guidelines. As requested by some organizations, the identity of participants remains confidential and the report does not include any identifiers of specific facility information.

As the guidelines will form part of the Alberta Infrastructure Health Capital Planning manual, the recommendations were based upon current methods and projections regarding future trends and practices that could impact the outcomes. To maintain currency, only projects less than five years old were included.

Information was collected from health care facilities across a range of jurisdictions, within the full spectrum of facility types and sizes. The data was collected and recorded in a standardized manner so that it could be analyzed and the recommendations based on sound principles. The recommendations were presented and deliberated over with the Project Steering Committee comprising of representatives from the INFRA, AHS and Alberta Health. Canadian Standards Association (CSA) standard for area calculation in a health care facility was used to collect the data (CSA-Z317.11-02).

The approach and methodology behind each of the three components of the project was determined by the Project Steering Committee in the context of how the project results and recommendations would be presented, interpreted and used by the health care facility planners and designers.

For the Net Area Study, the Project Team identified 65 rooms for review, a compilation of the most frequently programmed rooms in health care facilities. For each of these rooms, a net area as a single number was recommended. This net area recommendation was compiled from research on existing room standards from Canada, United States and internationally. A net area room standards template was created to summarize the patient care philosophy, the key functions of the room, necessary equipment and potential design layouts. The net area recommendation, which was reviewed by both a Clinical Working Committee as well as the Project Steering Committee, is considered to be the "ideal" size for the room in question, given the planning parameters/assumptions that were developed for the project.

For the Grossing Factors Study, two components were identified:

- Departmental grossing factors; and,
- Building grossing factors.

### **Departmental Grossing Factor**

The recommended departmental grossing factors consist of a single number for each of the 18 departments under consideration. The study results were compiled through measurement of architectural plans for each of the identified departments in the study hospitals/facilities. The study results were summarized as an "average" and a "range" and then compared to results from other jurisdictions. "Proposed" guidelines for departmental grossing factors, a single number for each department, were developed for review by the industry including planners, architects, and mechanical and electrical professionals. Review of the study results and discussion on the appropriateness of the proposed guidelines occurred at a workshop convened to review the study results; the proposed recommendations were revised, as required, following this dialogue.

## **Building Grossing Factor**

The building grossing factor results were identified as a "range" for departmental to building grossing factors. The proposed guideline of building grossing factors was proposed after analysis of the study results. The proposed building grossing factors were reviewed in a workshop convened with planning and engineering consultants. It was anticipated that systems incorporating energy efficient and sustainable designs and/or smaller facilities in northern or extreme climates would drive differing grossing factors than conventional designs. It was considered important to develop a process to continue to deliberate the implications of sustainable design on gross-ups and to provide suitable, thoughtful

guidelines for future use. As a result of these discussions, a range of building grossing factors was created to serve as the guideline.

## **Objective**

The project "Grossing Factors & Net Areas" was initiated to identify planning guidelines for use in the development of functional programs and designs for future health care facilities. Based on research of current practices, benchmarking and analysis, the project identified recommendations for:

- Net room areas for key rooms/departments;
- Departmental grossing factors (to assist in determining the gross-ups from net area to departmental gross area); and,
- Building grossing factors (to determine the appropriate gross-ups from departmental gross area to building gross area).

The recommendations were based on measurements of existing facilities, including:

- A range of facility types Academic Acute, Community Acute (large, medium and small), Rural Acute Care, Community Health Care Facilities (50 in total to be surveyed).
- Jurisdictions Alberta, Canada, U.S., Australia, Europe and United Kingdom.
- Net room areas to be evaluated: 65 rooms in total.
- Departments to be analyzed for departmental gross square feet: 18 departments.

As indicated above, three related studies were developed:

- Part A: Net Room Areas, Project Lead: DIALOG, including clinical workshops with expert panel.
- Part B1: Departmental Grossing Factors, Project Lead: Agnew Peckham.
- Part B2: Building Grossing Factors, Project Lead: Agnew Peckham, including mechanical/electrical workshop, facilitated by DIALOG.

#### **TAMU Partnership**

The methodology and overall project were supported by a partnership between INFRA and TAMU for the collection and sharing of data related to net and gross areas for acute care health facilities in the USA. TAMU is known for its leadership in health care architecture and is committed to ongoing research in this field.

TAMU collected information from healthcare facilities located in the US. INFRA, with support from Agnew Peckham collected information from facilities located in Canada, Australia, and the United Kingdom. Both parties agreed to share the methodology of the data, relative to their area of expertise. To ensure success of the project, both parties created a common methodology for the measurement of healthcare facility data to ensure compatibility and compliance with Canadian Standards Association (CSA) standards, with a view to rendering the information useable and exchangeable by both parties. A site visit by the Alberta project team to TAMU in December 2008, confirmed the measurement standards that were used in the study. The database structure was refined to satisfy both studies and a document was created to track unusual circumstances for discussion and resolution by both parties to the agreement.

Common letters of invitation to participate in the study were sent out to healthcare facilities and architectural firms and it was the responsibility of each partner to keep in contact with and follow up with the firms/facilities they identified to get projects submitted.

Key benefits to the TAMU partnership included:

- Increased sample size for the same cost
- Fifteen (15) sites within the project timelines
- Access to an additional 15 sites in the future.
- Enhanced methodological rigour
- Shared methodology developed through group discussions and brainstorming.
- Experience of TAMU's recently completed work.
- Desire to publish and create/build on opportunities for continued collaboration.

## **Criteria for Selection of Participants**

Criteria for selection of participating facilities were determined by the project team, in collaboration with TAMU and with input from the Project Steering Committee. These are summarized below:

- Greenfield: the project could be a renovation/addition;
- Built/open within the last five years:
  - the project could be in the design phase but must be "approved" by regulatory authorities;
- Special circumstance, (e.g., "award winning" may extend the time); and,
- Specialty hospitals were selected to participate by the project team
  - specialized children's rehabilitation hospital
  - new inpatient tower on an existing campus
  - new critical services wing on an existing building
  - community hospital (opened in 1999), with a contemporary plan and winner of several awards.

In addition, specific criteria were developed for community health centres. It was determined early in the study that the projects nominated for inclusion represented a wide range of programs and services. The Project Steering Committee determined that their inclusion could set up an "apples-to oranges" comparison which could skew the results. Specific program criteria were developed for community health centres to create a more consistent "pool", at least from the functional prospective. Table 4 provides the criteria developed by the Steering Committee.

Table 5: Updating of Grossing Factors for Net and Departmental Areas Community health Centre Criteria

Service	Included	Possible	Excluded
Urgent Care		✓	
Primary Care Services (provided by MD or NP)	✓	•	
Primary Care Services (provided by Allied Health Providers)	•	✓	
Surgical Services (day procedures)			✓
Dialysis Clinics		✓	
Dialysis Treatment Places			✓
Diagnostic Imaging		✓	
Infusions/Chemotherapy		✓	
Inpatients/> 24 hours stay			✓
Public Health			
<ul> <li>Prenatal care</li> </ul>	✓		
<ul> <li>Post partumcare</li> </ul>	✓		
Health promotion/disease prevention	✓		
Communicable diseases	✓		
<ul> <li>Dental</li> </ul>	✓		
<ul> <li>Nutrition</li> </ul>	✓		
Travel immunization	✓		
<ul> <li>Community action and school health</li> </ul>	✓		
<ul> <li>Injury prevention</li> </ul>	✓		
<ul> <li>Tobacco reduction</li> </ul>	✓		
Bereavement services	✓		
Mental health			
<ul> <li>Drug and alcohol counselling</li> </ul>	✓		
<ul> <li>Children's mental health services</li> </ul>	✓		
Psychogeriatric services	✓		
Rehabilitation Services			
<ul> <li>Assessment and treatment</li> </ul>	✓		
• Clinics, e.g., mobility clinics	✓		
Home Care Services			
• Chronic <sup>a</sup>	✓		
• Acute <sup>a</sup>	✓		
<ul> <li>Rehabilitation <sup>a</sup></li> </ul>	✓		
Palliative <sup>a</sup>	✓		

Service	Included	Possible	Excluded
Community Care			
Wound care <sup>a</sup>	✓		
• IV clinics <sup>a</sup>	✓		
Seniors' services <sup>a</sup>	✓		
<ul> <li>Diabetes education <sup>a</sup></li> </ul>	✓		
<ul> <li>Diabetic nephrology prevention <sup>a</sup></li> </ul>	✓		
Enterostomal therapy <sup>a</sup>	✓		
Chronic disease prevention and management <sup>a</sup>	✓		
Alberta aids for daily living <sup>a</sup>	✓		
<sup>a</sup> Public Health			

The participating facilities remain anonymous, as required for their participation. However, Table 5 acknowledges the participation of several organizations that helped to provide the information for the study.

Table 6: List of Participating Individuals and Organizations

- Alberta Health Services, Capital Management
- Kirk Hamilton, TAMU, Texas
- Sarel Levy, TAMU, Texas
- Nick Thorn, TAMU, Texas
- Andrew J Gordon, Chief Executive, Canmore Partnership Limited, Glasgow
- Céline Drolet, architecte, Directrice par interim, Direction de la normalisation et de la veille technologique, Public Works and Government Services Canada (PWGSC), Québec
- Colin Stevenson, Vice President of Operations, Colchester East Hants Health Authority
- David Gilroy, Infrastructure Managers Limited, Edinburgh
- Jennifer Hands, Director Infrastructure Design & Policy Unit, Health Planning & Infrastructure Division, Queensland Health, Brisbane, Australia
- Jim D Kinnear, Director, Adams Consulting Group Ltd., Glasgow, UK
- Karen Connelly, Commissioning Manager, NHS Greater Glasgow and Clyde
- Liz Oke, Deputy Director of Operations, Corporate Development (Clinical Lead),
   Sherwood Forest Hospitals, UK
- Michael Hoefer, Northern Health
- Paul Whittlestone, Director of Consulting, Tribal Group, London, UK
- Peter Kamp, Chief Quantity Surveyor, Project Services Health Planning & Infrastructure Division, Queensland Health, Brisbane, Australia
- ANO Architects, Sudbury, Ontario
- DIALOG Design, Calgary, Alberta
- Farrow Architects Inc., Toronto, Ontario
- Jodoin Lamarre Pratte et Associes Architectes, Montréal, (Québec)
- McCallum Sather Architects, Hamilton, Ontario
- Montgomery Sisam Architects, Toronto, Ontario
- Parkin Architects, Toronto, Ontario
- Stantec Architecture, Toronto, Ontario
- Swanke Hayden Connell Architects, London, England

### Summary of Methodology

Each of the three studies took a generic methodology, as outlined below, and refined it to meet the needs of the three related studies:

- Research
- Measure
- Analyze
- Draft recommendations
- Receive feedback from expert panel and Steering Committee
- Publish results

While the focus was on the recommendations, the study also included presentations and discussions on:

- · Research and drawings of net room areas;
- Data collection and analysis for departmental and building grossing factors;
- · Recommendations, based on the research and survey findings;
- Review of a draft insert for the Health Facilities Capital Program Manual;
- An implementation plan for the recommendations as they relate to the planning manual for net areas and the grossing factors; and,
- Presentations and communication with clinical leadership in the province of Alberta.

The methodology was fine-tuned with TAMU and its research oversight team and the participating firms were consistent in its application.

## **III. Study Overview**

#### Part A: Net Areas

### Methodology

#### Introduction

The objective of the net area room standards analysis is to identify a standard net area for each of a number of typical rooms from a range of departments that are to be found in provincial healthcare facilities.

Net area is defined as the space (floor area) inside the walls of an individual room or the space (floor area) that includes the space for the specific function where there are no walls. The net areas are provided in metric to one decimal point.

The Project Team developed a Net Area Room Standards template that describes the parameters of each of the 65 rooms, and provides a recommended net area. The preliminary templates were reviewed by the Project Steering Committee and feedback was provided. The next step was for the Final Draft Room Templates to be reviewed not only by the Project Steering Committee, but also a Clinical Working Committee composed of clinical specialists from the appropriate departments. Their recommendations are included in the final Net Area Room Standards templates.

#### **Process**

The following process was used to develop the net areas:

- Survey of existing standards both Canadian and international.
- Review list of rooms with Steering Committee for net area standards.
- Project Team internal workshop to assess results/draft principles for room templates.
- Develop Net Area Room Standards template.
- Project Steering Committee preliminary review and approval.
- Draft templates for each of the 65 rooms.
- Develop room layout/space diagrams that achieve functional requirements and refine net areas as an area test comparison.
- Revise Room templates to include comparison information
- Draft recommendations for net areas and comparison chart.
- Project Steering Committee/Clinical Working Group review of Net Area Room Standard templates and room diagrams.
- Revisions to draft templates.
- Project Steering Committee final approval.

#### **Planning Assumptions**

The following assumptions relating to Patient Care Philosophy and current protocols informed the development of the typical Net Area Room Guidelines:

- Ambulatory Care Exam Rooms
  - Two exam rooms were developed to respond to patient access and care. The smaller room is wheelchair accessible; the larger room responds to stretcher access and the need to accommodate teaching.

#### Ambulatory Care - Procedure Rooms

 Two procedure rooms were developed. The smaller room responds to less intensive treatment. The larger procedure room responds to more intensive treatment and equipment access.

#### Ambulatory Care -Treatment Station

 Treatment stations are partitioned on three sides with full height walls and an open access on one side.

#### Critical Care

All critical care inpatient rooms are enclosed private rooms.

### Inpatient Unit – Medical/Surgical

- Inpatient rooms are either private or semi-private.
- All private inpatient rooms have enclosed 3 piece bathrooms. Semi-private rooms are to have two 3-piece washrooms. Accessible bathroom net area is included in standard net room area. Location of bathrooms would be determined during design.
- 4-bed Observation/Special Purpose Room is intended to be used for patients requiring higher levels of observation or patients that may require different patient-tonurse ratio than a typical private or semi-private patient room.

#### Patient Care Philosophy

- Family centered care Provision to accommodate the family or significant others is made in all inpatient rooms (except for isolation rooms and Mental Health inpatient rooms), exam rooms and acute care treatment cubicles.
- A decentralized nursing care philosophy is used. Decentralized nursing stations are provided on inpatient units. A decentralized station for one nurse is included in the net area for the inpatient bedroom for ICU and CCU.

## Surgical Suite

Two generic sizes of operating rooms were developed. The larger room is intended to be used for specialized surgeries that are more staff and equipment intensive.

#### Limitations

- Patient Care Philosophy
  - Any change to care philosophy and protocols may affect the room guidelines.

#### Infection Control Protocols

- Infection prevention control protocols and patient/staff safety protocols are noted where they affect net room area. The IP&C protocols are not comprehensive and reference should be made to current prevention and control strategy and standards.
- Isolation room ante rooms are sized for access by clinical staff only. Patienttransport access into the room by either stretcher or bed will take place via sliding doors directly into the inpatient room.

## Equipment and Furniture

- Room net areas include allowance for major pieces of equipment and furniture that support the room function. All equipment and furniture pieces have not been identified and equipment lists provided are neither comprehensive nor all-inclusive.
- Review of this report is required by INFRA, Alberta Health and AHS in order to coordinate information from an equipment review which is occurring independently of this document.

## Room Types

 Only a representative sample of rooms is included in the document. Additional rooms may be added in future projects.

## Room Diagrams

 The room diagrams are for area illustration only. Each project team will need to plan and design their own rooms to suit the individual project requirements.

#### Recommended Separate Studies

The following two areas were recommended for separate study due to complexity of care issues.

- Bariatric Patients
  - Room net area guidelines have not been sized for bariatric patients. Additional space and design requirements need to be provided to accommodate this patient group.
- Emergency Department
  - Triage, Primary Communication Centre, and Waiting Area and Admitting were removed from the scope of this study as insufficient operating information was available. It was recommended that a separate study be undertaken to review the model of care in the Emergency Department and identify room requirements for the various sizes of departments.

#### Recommended Updates

- Updates and Revisions
  - It is recommended that revisions to the templates be made over time on a regular ongoing basis.
- Medical, Diagnostic, Data and Communications, Equipment and Technologies
  - Systems relating to these technologies and equipment constantly change. It is recommended that the net areas be updated on an ongoing basis to reflect these changes.

#### Information Gathering and Review

The information gathering and review followed a three step process: International Benchmark Review, North American Area Reference Review and Provincial Alberta Health Services Review. This process enabled the recommended areas to be examined from a variety of perspectives.

#### International Benchmark Review

The Project Team reviewed a number of reference guidelines and standards internationally. The following standards were sourced for information on standards:

- AIA standards
- Australasian Health Facility Guidelines
- National Health Service, UK
- National Health Service Scotland
- Design Guidelines for Hospitals and Day Procedure Centres, Victoria, Australia
- New South Wales (based on Australasian Guidelines)
- Netherlands Performance Criteria

The following Table 6 compares these facility guideline areas using areas from the above documents.

Table 6: Room Standard Type – International Benchmark Review
Note: Some room sizes have been updated since the compilation of the original report.

					Com	parison	Guideli	nes (m2)	ı		
Roo	m Standard Type	Alberta Recommended Area October 2014	CSA Z8000 September 2011	AIA 2010	Australasian	NHS	SN	Ontario	6082	Scotland	Netherland
Α	AMBULATORY C	ARE									
-1	Examination Room, Type 1	12.0	12.0	11.2				12.4	13.0	7.5	10.0
-2	Examination Room, Type 2	13.0	13.0	7.4			11.2		13.9		
-3	Procedure Room, Type 1	15.5	16.5	0.0					16.7		
-4	Procedure Room, Type 2	22.5	23.0	0.0			16.3			20.0	
-5	Clinical Consultation Room	10.0	11.0	0.0	12.0		9.3	10.8	10.7	14.0	14.0
-6	Endoscopy Room	24.0	0.0	15.0	42.0	22.0	29.8				24.0
-7	Cystoscopy Room	24.0	0.0	32.5			41.85				24.0
-8	Urodynamics Room	33.0	0.0	0.0		22.5					
-9	Ear Nose Throat Room	15.5	15.5	0.0				12.4	15.8		
-10	Treatment Room Isolation	23.0	18.0	11.2	14.0				11.6		
-11	Treatment Station	9.0	9.5	7.4					7.4		
-12	EEG Room	14.5	16.0	0.0			11.2	14.4	14.9		
-13	Pulmonary Function Treatment Room	12.0	14.0	0.0			11.2	13.94	13.9		
В	EMERGENCY DE	PARTMENT									
-1	Universal Treatment Space	12.0	12.0	7.4	12.0			9.3	17.7		
-2	Airborne Isolation Room	24.0	19.0	11.2	14.0	16.0			23.7		
-3	Resuscitation/Traum a Room	33.0	28.0	23.23	16.0- 35.0	89.0		27.9			30.0
-4	Mental Health Room	11.0	12.0	0.0		11.0		11.2			

					Com	parison	Guideli	nes (m2)			
Roo	om Standard Type	Alberta Recommended Area October 2014	CSA Z8000 September 2011	AIA 2010	Australasian	NHS	Sn	Ontario	GOS 2	Scotland	Netherland
С	CARDIOLOGY SE	RVICES									
-1	ECG Room	13.5	12.0	0.0		16.0	13.1	12.1			16.0
-2	Stress Testing Room	22.0	29.2	0.0		12.0	23.3	19.5		24.0	
-3	CATH LAB / Control / Equipment	70.0	74.0	37.16+			55.8				
D	PARR										
-1	Patient Post Anaethesia Recovery	10.0	9.5	7.4		13.5	7.5				8.0
-2	Isolation Room	21.5	18.0	0.0	12.0		9.3				
-3	Pre-Op Holding	5.0/9.0	9.5/11.0	7.4			7.5				
-4	Pre-Op Holding Isolation	21.5									
E	INPATIENT MEDIC	CAL/SURGIC	AL								
-1	Private Bed Room, Isolation	35.0	38.6	14.86*	15.0*		15.8*	17.6*			
-2	Private Bed Room	28.5	27.0	14.86**	15.0**		15.8**	14.43**	26	26	14.0**
-3	Semi Private Bed Room	49.0	40.0	18.58**	25.0**			24.86**	36.7		21.0**
-4	Private Bed Room, Pediatrics	31.0	27.0	14.86**	15.0**	15**			26		
-5	Semi Bed Room, Pediatrics	49.0	0.0	18.58**	25.0**						
-6	4 Bed Observation/Special Purpose Rm	144.0	0.0	0.0	42.0**			49.72**			42.0**
-7	Palliative Care Bed Room	31.0	0.0	0.0							
-8	Medication Room	15.0	9.5 min.	4.7			9.3				
-9	Housekeeping	7.0/11.0	7.0/11.0	0.0			3.8				
-10	Clean Supply	11.0	11.0 min.	0.0	14		7.4			16.8	
-11	Soiled Holding	13.5	12.0-18.0	0.0	12		7.4			17.9	

					Com	parison	Guideli	nes (m2)			
Roo	m Standard Type	Alberta Recommended Area October 2014	CSA Z8000 September 2011	AIA 2010	Australasian	NHS	NS	Ontario	GOS 2	Scotland	Netherland
F	CRITICAL CARE	UNIT									
-1	Private Bed Room, CCU	31.0	30.6	18.58**	20.0- 24.0			30.5			
-2	Private Bed Room, ICU	29.5	29.0	0.0	20.0		21.4			26.1	18.0
-3	Private Bed Room, CVICU	31.0	30.6	18.58**							
-4	Private Bed Room, PICU	34.0	30.6	18.58**							
-5	Private Bed Room, NICU	28.0	18.0	11.15**	14.0						
-6	Patient Room, Isolation	39.0	38.1	0.0	20.0- 25.0	26.0	17.7*	33.35*		32.1	
G	MATERNAL NEW	BORN									
-1	LDR room	38.0	40.5	31.57	28.0	28.5		44.2			21.0
-2	Operative Birthing Room	60.0	60.0	40.85	36.0	40.0		66.0			
-3	Semi Private Room, Post-partum	49.0	0.0	0.0	25.0**						
-4	Private Bed Room, Post-partum	28.5	27.0	14.68**	15.0**	11.5**					
н	SURGICAL SUITE	Ē									
-1	Operating Room, General	60.0	55.0	37.16	42.0	55.0	41.86	51.0			36.0
-2	Operating Room, Special	70.0	60.0	55.74	52.0	55.0	65.0	60.0			42.0
ı	REHABILITATION	I MEDICINE									
-1	Private Bedroom, Rehab, Isolation	35.0	38.6	14.86**			27.9	17.1*			
-2	Private Bedroom, Rehab	28.5	0.0	13.01**			27.9	17.0**			
-3	Semi Private Bedroom, Rehab	49.0	41.4	23.22**				26.2- 34.0**			

Comparison							Guideli	nes (m2)			
Roo	om Standard Type	Alberta Recommended Area October 2014	CSA Z8000 September 2011	AIA 2010	Australasian	NHS	Sn	Ontario	GOS 2	Scotland	Netherland
J	MENTAL HEALTH	I & ADDICTIO	NS								
-1	Private Bedroom, Isolation	24.0	24.1	0.0		11.0*	7.5*				
-2	Private Bedroom	23.0	18.6	9.29**	14.0**	10.5**	11.7**	18.5			
-3	Semi Private Bedroom	41.0	29.6- 32.6	14.86**	28.0**		21.4**	29.7			
K	DIAGNOSTIC IMA	GING									
-1	General Radiography	35.0	29.0	16.7	30.0	30.0	27.9	35.3			26.0
-2	Fluoroscopy Room	40.0	41.1	23.2	36.0	39.0	29.8	42.8			
-3	CT Scanner	42.0	40.0	0.0	45.0	36.0	37.2	40.9			26.0
-4	Mammography Room	15.0	14.0	9.3	16.0	15.0	14.9	14.4			14.0
-5	MRI	88.0	81.7- 83.5	30.19- 57.6	42.0	45.0	46.5	51.1- 60.39		48.8	26.0
-6	Ultrasound	13.0	13.0	11.2	14.0	16.0	16.8	13.9			20.0
-7	Interventional Radiography	80.0	0.0	37.2	42.0	55.0		55.8		55.0	26.0
-8	SPECT/CT Scanner	42.0	0.0	0.0							
L	OTHER										
-1	Video-conference Room, Type 1	22.0	0.0	0.0							
-2	Video-conference Room, Type 2	27.0	30.0	0.0							
-3	Video-conference Room, Type 3	57.5	42.5	0.0							

<sup>\*</sup> Exclusive of areas for handwashing, gowning, storage of clean and soiled supplies, toilets, alcoves, etc. \*\* Exclusive of toilets, alcoves, vestibules, etc.

**JULY 2016** 304

### North American Area Reference Review

The project team reviewed the following North American References:

- AIA 2006/2010 Guidelines for Design and Construction of Health Care Facilities.
- Ontario Ministry of Health and Long Term Care: Generic Output Specifications (2008).
- Department of Veteran Affairs, U.S.
- Canadian Standards Association Draft Standard Z8000 Canadian Healthcare Facilities (2010) (CSA Z8000).
- New Red Deer Community Health Centre: Functional Programming Study (2005).
- Health and Welfare Canada Standards.
- Alberta 'Blue Book' (Technical Design requirements for Health Care Facilities).
- Infection Prevention and Control (IP&C) General Design Standards for CalgaryHealth Region Construction/Renovation Projects (July 2, 2008).
- National Association of Psychiatric Health Systems Design Guide for the Built Environment of Behavioural Health Facilities (2010).

### CSA and AIA Comparison

The following Table 7 compares the updated area with the CSA Z8000 guidelines and the AIA2010 guidelines. Team members participated on the CSA Z8000 committee where national committee members reviewed results.

Table 7: Area Comparison - North American Benchmark Review

·						
	Compa n	riso	Alberta F	Recommen	ded Areas	
Room Standard Type	CSA Z8000-11 September 2011	AIA 2010	Alberta Area March 2012	Alberta October 2014 Updated Area	Comparison March 2011 – October 2014	Comments

## A AMBULATORY CARE

	/ IIII DO L/ (1 O I (1 O / II (L						
-1	Examination Room, Type 1	12.0	11.15	12.0	12.0		
-2	Examination Room, Type 2	13.0	7.43	13.0	13.0		CSA Scooter access.
-3	Procedure Room, Type 1	16.5		15.5	15.5		CSA = 3 sided access
-4	Procedure Room, Type 2	23.0		22.5	22.5		CSA = 4 sided access
-5	Clinical Consultation Room	11.0		10.0	10.0		
-6	Endoscopy Room		15.00	24.0	24.0		
-7	Cystoscopy Room		32.52	24.0	24.0		
-8	Urodynamics Room			33.0	33.0		
-9	Ear Nose Throat Room	15.5		15.5	15.5		
-10	Treatment Room Isolation	18.0	11.15	23.0	23.0		AI - include WC
-11	Treatment Station	9.5	7.43	9.0	9.0		
-12	EEG Room	16.0		14.0	14.5	0.5	
-13	Pulmonary Function Treatment Room	14.0		12.0	12.0		

## **B** EMERGENCY DEPARTMENT

-1	Universal Treatment Space	12.0	7.43	12.0	12.0	
-2	Airborne Isolation Room	19.0	11.15	24.0	24.0	CSA does not include washroom
-3	Resuscitation/Trauma Room	28.0	23.23	33.0	33.0	
-4	Mental Health Room	12.0		11.0	11.0	

## C CARDIOLOGY SERVICES

-1	ECG Room	12.0		13.5	13.5	
-2	Stress Testing Room	29.2		22.0	22.0	
-3	CATH LAB / Control / Equipment	74.0	37.16+	70.0	70.0	

	Compa n	riso	Alberta R	Recommen	ded Areas	
Room Standard Type	CSA Z8000-11 September 2011	AIA 2010	Alberta Area March 2012	Alberta October 2014 Updated Area	Comparison March 2011 – October 2014	Comments

## D PARR

-1	Patient Post Anaethesia Recovery	9.5	7.43	10.0	10.0		
-2	Isolation Room	18.0		21.0	21.5	0.5	
-3	Pre-Op Holding	9.5/11.0	7.43	5.0/9.0	5.0/9.0		
-4	Pre-Op Holding Isolation Room			21.0	21.5	0.5	Room area increased to allow for 1m splash radius.

## E INPATIENT MEDICAL/SURGICAL

-1	Private Bed Room, Isolation	38.6	14.86*	35.0	35.0		
-2	Private Bed Room	27.0	14.86**	28.5	28.5		
-3	Semi Private Bed Room	40.0	18.58**	49.0	49.0		
-4	Private Bed Room, Pediatrics	27.0	14.86**	31.0	31.0		
-5	Semi Bed Room, Pediatrics		18.58**	49.0	49.0		
-6	4 Bed Observation/Special Purpose Rm			144.0	144.0		
-7	Palliative Care Bed Room			31.0	31.0		
-8	Medication Room	9.5 min.	4.65	15.0	15.0		
-9	Housekeeping	7.0/11.0		7.0/11.0	7.0/11.0		
-10	Clean Supply	11.0 min.		11.0	11.0		
-11	Soiled Holding	12.0-18.0		13.5	13.5		

## F CRITICAL CARE UNIT

-1	Private Bed Room, CCU	30.6	18.58**	26.0	31.0	5.0	Enclosed washroom provided. Clearances around bed revised based on CSA recommendations.
-2	Private Bed Room, ICU	29.0		29.5	29.5		
-3	Private Bed Room, CVICU	30.6	18.58**	28.0	31.0	3.0	Enclosed washroom provided. Clearances around bed revised based on CSA recommendations].

		Compa n	ariso	Alberta F	Recommen		
ı	Room Standard Type	CSA Z8000-11 September 2011	AIA 2010	Alberta Area March 2012	Alberta October 2014 Updated Area	Comparison March 2011 – October 2014	Comments
-4	Private Bed Room, PICU	30.6	18.58**	32.0	34.0	2.0	Clearances around bed revised based on CSA recommendations.
-5	Private Bed Room, NICU	18.0	11.15**	28.0	28.0		
-6	Patient Room, Isolation	38.1		39.0	39.0		
G	MATERNAL NEWBOR	N					
-1	LDR room	40.5	31.57	38.0	38.0		
-2	Operative Birthing Room	60.0	40.85	60.0	60.0		
-3	Semi Private Room, Post- partum			49.0	49.0		
-4	Private Bed Room, Post- partum	27.0	14.68**	28.5	28.5		
н	SURGICAL SUITE						
-1	Operating Room, General	55.0	37.16	60.0	60.0		
-2	Operating Room, Special	60.0	55.74	70.0	70.0		CSA = 70.0m <sup>2</sup> for Hybrid 9.5.3
ı	REHABILITATION MED	DICINE					
-1	Private Bedroom, Rehab, Isolation	38.6	14.86**	31.0	35.0	4.0	Area increase due to increase splash radius and revised clearances based on CSA recommendations.
-2	Private Bedroom, Rehab		13.01**	26.0	28.5	2.5	Area increase due to increase splash radius and revised clearances based on CSA recommendations.
l		1	1	1	1	•	

44.5

49.0

4.5

Semi Private Bedroom,

Rehab

41.4

23.22\*\*

-3

Area increase due to increase

splash radius, revised

between beds.

clearances based on CSA

recommendations and AHS direction of min. clearance

		Compa n	riso	Alberta F	Recommen		
i	Room Standard Type	CSA Z8000-11 September 2011	AIA 2010	Alberta Area March 2012	Alberta October 2014 Updated Area	Comparison March 2011 – October 2014	Comments
J	MENTAL HEALTH & A	DDICTIONS					
-1	Private Bedroom, Isolation	24.1		24.0	24.0		Including washroom. CSA= 18.5m² without washroom
-2	Private Bedroom	18.6	9.29**	23.0	23.0		Including washroom. CSA= 13m <sup>2</sup> without washroom
-3	Semi Private Bedroom	29.6-32.6	14.86**	41.0	41.0		
K	DIAGNOSTIC IMAGINO	3					
-1	General Radiography	29.0	16.72	35.0	35.0		
-2	Fluoroscopy Room	41.1	23.23	40.0	40.0		
-3	CT Scanner	40.0		42.0	42.0		Not inculding washroom or control room
-4	Mammography Room	14.0	9.29	15.0	15.0		
-5	MRI	81.7-83.5	30.19- 57.6	88.0	88.0		
-6	Ultrasound	13.0	11.15	13.0	13.0		
-7	Interventional Radiography		37.16	80.0	80.0		
-8	SPECT/CT Scanner			42.0	42.0		
L	OTHER						
-1	Video-conference Room, Type 1			22.0	22.0		
-2	Video-conference Room, Type 2	30.0		27.0	27.0		
-3	Video-conference Room, Type 3	42.5		57.5	57.5		

<sup>\*</sup> Exclusive of areas for handwashing, gowning, storage of clean and soiled supplies, toilets, alcoves, etc.

<sup>\*\*</sup> Exclusive of toilets, alcoves, vestibules, etc.

#### **Provincial Review**

Full day Clinical Review Workshops, were held in Edmonton and Calgary on June 8 and 9, 2010. Clinical Reviewers were invited by AHS and asked to review the room data guidelines. AHS representatives came from Calgary, Edmonton and Red Deer participated in the workshops. The following is a list of Clinical Review department representatives that were invited to the meetings:

- Ambulatory Care
- Emergency Department
- Surgical Suite and PARR
- Labour and Delivery
- IPU Medical/Surgical
- Coronary Care and Cardiology
- Critical Care
- Rehabilitation
- Mental Health
- Diagnostic Imaging

Comments were recorded during the meetings and used to revise the room data guidelines and areas. Drawing revisions were made to the test fit drawings that were used to facilitate review.

An additional workshop was held on October 6, 2010 with AHS IP&C, and Workplace Health and Safety representatives. Their comments have been incorporated into the drawings and templates.

An additional NICU teleconference was held to receive review comments. These comments have been incorporated into the drawings and templates.

Additional comments were received by email forwarded by AHS. These comments have been incorporated into the drawings.

Feedback specific to the following typical rooms was received by email:

### Ambulatory Care

- Urodynamics Room
- Ear Nose Throat Room
- EEG Room
- Endoscopy Room

#### Cardiology Services

- ECG Room
- Stress Testing Room
- Cath Lab/Control/Computer Room

#### PARR

- Adult Recovery
- Isolation Room
- Pre-op Holding

## Inpatient Unit – Medical/Surgical

Medication Room

## • Critical Care Unit

- Private Bed Room, CCU
- Private Bed Room, PICU

# • Diagnostic Imaging

- General Radiography Room
- Interventional Radiography
- Ultrasound Room
- CT Scanner
- SPECT/CT Room
- MRI

### **Definitions**

The following definitions were used in relation to the Net Area Room Guidelines.

Table 8: Key Definitions

Ambulatory Care	A mode of delivering health care services on a same-day basis, not requiring overnight hospitalization.
Building Gross Area	The total area required for the building; including net room areas, departmental circulation, building circulation, mechanical and electrical space and exterior walls.
Building Grossing Factors	Assists in determining the appropriate gross-up from departmental gross area to building gross area
Clinical Diagnostic	Primary purpose of room is for clinical diagnostics, with diagnostics equipment and supplies in room where required
Decentralized	Dispersing frequently accessed functions throughout a unit in order to reduce the amount of time and travel required by staff. Decentralization can include but is not limited to nurse stations, charting, storage, or medication dispensing. The functions are typically dispersed in close proximity to the point of care and are meant to increase the amount of time the care giver is accessible to the patient.
Department Area	Total floor area within the boundaries of a department; includes net room areas, the partitions separating the rooms and circulation within the department.
Department Grossing Factors	Assists in determining the gross-up from net area to departmental gross area.
Grossing Factors	Grossing factors apply a percentage of additional space required to address horizontal and vertical circulation, partitions, mechanical, electrical & IT services, and external walls.
Handwashing Station	Includes sink, soap dispenser, lotion dispenser, paper towel dispenser, waste disposal. 1000mm radius splash zone to be free of curtains, equipment and furniture.
Inpatient Care	Care for patients that require hospitalization and observation/monitoring.
Interdisciplinary	Care and consultation provided by variety of disciplines and departments.
Major Treatment	Use of general anaesthetic Implantable devices Patient requires respiratory assistance
Minor Treatment	Generally ambulatory procedures No general anaesthetic
Net Area	The space (floor area) inside the walls of an individual room or the space (floor area) that includes the space for the specific function where there are no walls.
Outpatient Care	See "Ambulatory Care".

### **List of Rooms for Net Area Guidelines**

The following is the list of the 65 rooms which have been selected for the development of net area guidelines. This list was reviewed and approved by the Steering Committee for the project. The list represents those rooms that the Steering Committee believed were the most representative of typical rooms for health care facilities.

## Ambulatory Care

_	A-01	Examination Room, Type 1
-	A-02	Examination Room, Type 2
_	A-03	Procedure Room, Type 1
_	A-04	Procedure Room, Type 2
_	A-05	Consultation Room/Clinical Office

A-06 Endoscopy Room
A-07 Cystoscopy Room
A-08 Urodynamics Room

A-09 Ear Nose Throat Room
 A-10 Treatment Station, Isolation
 A-11 Treatment Station, Type 1

A-12 EEG Room

A-13 Pulmonary Function Treatment Room

## Emergency Department

B-01 Universal Treatment Space
 B-02 Airborne Treatment Space
 B-03 Resuscitation/Trauma Room
 B-04 Mental Health Room

## Cardiology Services

C-01 ECG Room

C-02 Stress Testing Room

C-03
 CATH Lab/Control/Computer Room

#### PARR

– D-01 PARR

D-02 Isolation RoomD-03 Pre-Op Holding

D-04 Pre-Op Holding Isolation

#### Inpatient Unit – Medical/Surgical

E-01 Private Bed Room, Isolation

E-02 Private Bed Room

E-03 Semi Private Bed Room

E-04 Private Bed Room, Paediatric

- E-05 Semi Bed Room, Paediatric

E-06
 4-bed Observation/Special Purpose Room

E-07 Palliative Care Bed Room

E-08 Medication Room

E-09 HousekeepingE-10 Clean Supply

E-10 Clean SupplyE-11 Soiled Holding

### • Critical Care Unit

_	F-01	Private Bed Room, CCU
_	F-02	Private Bed Room, ICU
_	F-03	Private Bed Room, CVICU
_	F-04	Private Bed Room, PICU
_	F-05	Private Bed Room, NICU

F-06 Patient Room, Isolation **Labour and Delivery** G-01 LDR Room G-02 Operative Birthing Room G-03 Semi Private Room, Post-Partum G-04 Private Bed Room, Post-Partum **Surgical Suite** H-01 Operating Room, General H-02 Operating Room, Special **Rehabilitation Medicine** I-01 Private Bed Room, Rehab, Isolation I-02 Private Bed Room, Rehab I-03 Semi Private Bed Room, Rehab **Mental Health and Addictions** J-01 Private Bed Room, Mental Health, Isolation J-02 Private Bed Room, Mental Health J-03 Semi Private Bed Room, Mental Health **Diagnostic Imaging** K-01 General Radiography K-02 Fluoroscopy Room K-03 CT Scanner K-04 Mammography Room K-05 MRI K-06 Ultrasound K-07 Interventional Radiography K-08 Spect/CT Scanner Other L-01 Video-Conference Room, Type 1 L-02 Video-Conference Room, Type 2 L-03 Video-Conference Room, Type 3

## **Part B: Grossing Factors**

#### Introduction

As part of the methodology in the original pilot project, there were two components to the studyof grossing factors;

- Departmental grossing factors; and,
- Building grossing factors.

The overall methodology was consistent for these components; selected facilities were measured; the pertinent information was managed in a database; the data were analyzed for noticeable trends; preliminary results were vetted with the Steering Committee (and others as necessary); and final recommendations were published.

The following provides specific detail for the two components of the Grossing Factors study.

## **B1: Departmental Grossing Factors**

#### Methodology

The objective of this study was to identify the appropriate range for net to departmental grossing factors. This was established by measuring 50 recently constructed projects. The definition of "departmental area" was described as:

"Total floor area within the boundaries of a "department" and includes net room areas, the partitions separating the rooms and circulation within the department".

The study was based on the following tasks:

- Identification of potential subject facilities, by category;
- Application of screening survey to verify relevance to the study (to ensure 'apples-to-apples' comparisons);
- Data collection (measurement);
- Analysis and verification (including any additional surveys/follow-up with individual respondents);
- Recommendations based on current practices, emerging trends;
- Stakeholder input; and,
- Reporting.

The detailed methodology for this section involved the steps outlined below:

- Develop questionnaires
- Draft information package to be sent to facilities along with the questionnaire
- Research and identify facilities worldwide that meet criteria established during project initiation meeting
- Contact personnel at each facility to issue preliminary questionnaire and establish relationship

- Review questionnaire to assess eligibility into the study
- Conference call with candidate hospital to review questionnaire (as required)
- Document recommended short-list of candidate hospitals and conference call with Steering Committee to discuss and confirm
- Request updated drawings from candidate Hospitals
- Draft update to Steering Committee
- Receive and measure all eligible drawings
  - net room areas
  - total departmental areas
  - establish gross to net areas
- Summarize outcomes
- Analyze data to establish gross to net ratios for 18 departments
- Draft preliminary report/findings for Steering Committee

### The deliverables for this study were:

- A survey of 18 departments in 50 facilities, showing;
  - net areas for 18 departments
  - total departmental area for each department
  - net-to-departmental gross calculations; and,
- A database that identified:
  - trends in sizes for net areas
  - per cent allocation to clinical rooms (as compared to support areas, work space/offices)
  - relationships between departmental space and workload.

## **Study Results**

Table 8 provides the results for the net-to gross departmental grossing factors for the 18 departments which were studied in detail.

Table 9: Departmental Grossing Factor Benchmarking Study

Table 3. Departmental Grossing T							Proposed	
Department	Ontario	Current F Quebec	Practices Other	Alberta	Study R Range	esults Average	Departmental Grossing Factor	
Ambulatory Care     Hospital	1.50	1.45	1.50	1.40	1.25 - 1.64	1.460	1.46	
- Community Health Centre	1.50	1.45	1.40	1.40	1.36 - 1.56	1.45	1.44	
Emergency Department     Hospital     Community Health Centre (urgent care centre)	1.60 1.60	1.50 1.50	1.60 1.50	1.50 1.50	1.47 - 1.79 1.45 - 1.66	1.61 1.52	1.60 1.50	
3 Cardiology Services, Electrodiagnostic Services	1.50	1.55	1.50	1.30	1.35 - 1.57	1.48	1.50	
4 Day Surgery/PARR	1.60	1.50	1.50	1.40	1.44 - 1.67	1.57	1.55	
<ul><li>Medical/Surgical Inpatient Unit</li><li>inpatient areas</li><li>support areas</li></ul>	1.60	1.50	1.60	1.41 <sup>a</sup> 1.50 1.30	1.38 - 1.76	1.51	1.55	
6 Critical Care Unit	1.55	1.50	1.55	1.60	1.35 - 1.65	1.51	1.55	
7 Labour and Delivery/Birthing Unit	1.60	1.50 b	1.60	1.50	1.28 - 1.60	1.48	1.55	
Surgical Suite (including operating rooms)     operating rooms     PACU     offices	1.60 1.60 1.35 - 1.60	1.55 1.55 1.55	1.65 1.55 1.48	1.45 1.45 1.45	1.37 - 1.7 1.48 - 1.8 1.35 - 1.5	1.54 1.65 1.47	1.60 1.60 1.60 <sup>c</sup>	
9 Rehabilitation Services - inpatient unit - outpatient rehab areas	1.55 1.45	1.40 1.40	1.55 1.45	1.50 1.30	1.37 - 1.54	1.44	1.55 1.40	
10 Mental Health & Addictions - inpatient unit - ambulatory care clinic areas	1.50 1.50	1.50 1.50	1.50 1.50	1.40 1.40	1.45 - 1.7 1.34 - 1.6	1.55 1.43	1.55 <i>1.45</i>	
11 Diagnostic Imaging	1.55	1.55	1.55	1.50	1.35 - 1.67	1.50	1.50	
12 Haemodialysis	1.50 - 1.55	1.45	1.5250	1.40	1.26 - 1.62	1.47	1.50	
13 Laboratory	1.45	1.40	1.35	1.30 - 1.40	1.12 - 1.47	1.29	1.35	
14 Pharmacy	1.30	1.35	1.30	1.25	1.11 - 1.42	1.25	1.30	
15 Education and Training	1.15 - 1.35	1.40	1.25	1.30	1.11 - 1.34	1.23	1.30	
16 Respite and Palliative Care	1.55	1.50	1.55		1.42 - 1.51	1.47	1.55	
17 Central Sterilization & Re-processing	1.30	1.35	1.30	1.15	1.08 - 1.37	1.20	1.25	
18 Food Services	1.25	1.25	1.25	1.20	1.05 - 1.29	1.16	1.25	

 $<sup>^{\</sup>mathrm{a}}$  Assumes blended value based on 45 percent of the area is Support and 55 percent is clinical

b Caesarian Section room/area is grossed up at 1.55

c If planned as flex space, use 1.60

## **B2: Building Grossing Factors**

The objective of this component of the study was to identify the appropriate range for departmental to building grossing factors. The data/results are based on measurements from 50 recently constructed projects. The building gross area was defined as follows:

"The total area required for the building, including net room areas, departmental circulation, building circulation, mechanical and electrical space and exterior walls."

The study reviewed the breakdown of grossing factors in the following categories:

- Mechanical/electrical/data:
- Circulation (vertical and horizontal); and,
- Exterior wall thickness.

The standard building grossing factors were identified after a workshop with engineering consultants to create a range of standards, based on the building systems strategy. The workshop supported the previous systems incorporating energy efficient and sustainable designs and/or smaller facilities in northern or extreme climates will drive different grossing factors than conventional designs. This strategy is intended to avoid 'demotivating' creative sustainable designs.

The detailed methodology for this study is shown below:

- Develop building information sheet for each site (based on same survey results as Part B1)
- · Review drawings and
  - measure all total departments
  - measure all total building circulation, outside walls, stairwells, etc.
  - determine mechanical and electrical areas
- Summarize the outcomes
  - total departmental
  - gross-ups for building
  - gross-ups for mechanical/electrical
- Total building gross-ups
- Draft update to Steering Committee
- Convene workshop with multidisciplinary team, primarily mechanical and electrical professionals to
  - assess preliminary results
  - determine trends/best practices for all conditions (e.g., sustainability, northern climate, etc.)
- Develop DRAFT recommendations based on the outcomes of workshop, to address
  - gross-ups for building
  - gross-ups for mechanical/electrical
  - total building gross-ups
- Draft preliminary report/findings for the Steering Committee

The deliverables for this study were:

- A survey of 50 facilities, demonstrating
  - departmental gross area for every department
  - total mechanical and electrical area
  - total building circulation area
  - total exterior wall area
  - total gross building area
  - departmental to building gross calculations
- A database review identifying
  - per cent allocation of each department
  - implications of sustainable design on mechanical and electrical space

As noted above, the methodology for the grossing factors study included a mechanical and electrical stakeholders' workshop. The purpose of the workshop was to review the departmental to building gross-ups, specifically to identify outliers and investigate the potential rationale for these and to consider the implications of sustainable design on gross-ups and provide recommendations. This was facilitated by DIALOG/DIALOG engineers. Stakeholders included architects, engineers and functional programmers (consultants), engineers from authorities having jurisdiction, building users and project managers.

## **Study Results**

Table 10 provides the results of the building grossing factors portion of the report.

Table 10: Building Grossing Factor Benchmarking Study

		Community Health				
Source	Up to 100 k	oeds	100 Beds	s Plus		ntre
						_
Ontario		1.265		1.265	n	ı/a
- circulation		1.15		1.15		
- core mechanical and electrical		1.10		1.10		
Quebec		1.265		1.265	n	n/a
- circulation		1.15		1.15		
- core mechanical and electrical		1.10		1.10		
Other		1.00		1 44		1 015
Other		1.38		1.44		1.215
- circulation		1.20		1.22		1.125
- core mechanical and electrical		1.15		1.18		1.08
Alberta		1.27		1.29		1.20
Study Results						
Range	1.11 -	1.41	1.16 -	1.74		- 1.26
- circulation	1.06 -	1.24	1.12 -	1.39		- 1.18
- core mechanical and electrical	1.05 -	1.14	1.04 -	1.25	1.04	- 1.07
Average		1.29		1.37		1.15
- circulation		1.18		1.23		1.12
- core mechanical and electrical		1.09		1.11		1.03
<b>DRAFT Proposed Building Grossing Fa</b>	ctor	1.344		1.378		1.296
- circulation		1.200		1.225		1.200
- core mechanical and electrical		1.120		1.125		1.080
WORKSHOP FEEDBACK	1.38 to	1.40	1.42 to	1.44	1.24 to	o 1.34
- circulation	1.20 -	1.21	1.21 -	1.22	1.18	- 1.22
- core mechanical and electrical	1.15 -	1.16	1.17 -	1.18		- 1.10
Proposed Building Grossing Factor	1.30 to	1.34	<b>1.37</b> to	1.41	1.20	to 1.26
- circulation	1.18 -	1.20	1.22 -	1.24	1.14	- 1.18
- core mechanical and electrical	1.10 -	1.12	1.12 -	1.14	1.05	- 1.07

Note: Total Building Grossing Factors are compounded; total values are determined by applying the circulation factor to the gross departmental area. The core mechanical/electrical is then applied to the that total (the total departmental and the building circulation).