LONG TERM CARE FACILITY DESIGN REQUIREMENTS

Nova Scotia Department of Seniors and Long-Term Care

June 2025

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ACKNOWLEDGEMENTS

The Department of Seniors and Long-Term Care would like to acknowledge the support and expertise of our partners who participated in this revision of the *Long-Term Care Facility Requirements* document.

REVISION HISTORY

February 2022 - The *Long-Term Care Facility Requirements* has been updated to reflect energy and environmental considerations. Most notably a requirement that facilities are designed to exceed the National Energy Code (NECB 2017) by at least 25%. Operators are encouraged to consider facility lifecycle energy costs and greenhouse gas emissions.

March 2023 - The *Long-Term Care Facility Requirements Amendment March 2023* modifies the Long-Term Care Facility Design Requirements Manual February 2022. These changes are binding and effective immediately.

June 2025 - The *Long-Term Care Facility Requirements June 2025* incorporates the learnings and guidance from recent facility developments, infrastructure upgrades, the 2024 NS Building Code and best practices in long-term care to serve residents and staff.

INTRODUCTION

Long-Term Care (LTC) facilities are an important component of the continuum of care for Nova Scotians. The Department of Seniors and *Long-Term Care Nursing Home Facility Requirements* is intended to ensure that LTC services are delivered to a consistent standard, in an environment that promotes independence, dignity, choice, safety, efficiency, and the comfort of a home-like environment. The document describes evidence-based design concepts that emphasize smaller scale, residential household design features.

Smaller households allow for care to be organized in a way that more closely resembles daily life. This approach to design supports individualized care for residents and decreases noise levels, leading to reduced responsive behaviours and increased social interaction. Smaller units have also been shown to contribute to a calmer environment for both residents and staff, reducing staff stress and increasing staff job satisfaction.

The purpose of this document is to provide guidelines for the design and general layout of new construction LTC facilities within Nova Scotia. Parameters around what systems and spaces are required, the sizing of spaces, and adjacencies of those spaces can be found within the following pages. The document outlines:

1. Required spaces that must be present in all new LTC facilities.
2. Standards for building systems.
3. Areas of design where flexibility exists to allow innovation and new processes to address local community needs.

This document is not intended to be a complete inventory. Service providers are responsible to ensure that the necessary space, equipment and furnishings are provided to support the delivery of safe and comfortable LTC facilities. The facility design must be carried out by qualified consultants (e.g. Architect / Engineering team) who are experienced in LTC facility design and are fully conversant in current LTC best practices. Design submissions must be submitted to SLTC for review and approval, as detailed in the *Facility Design Approval Process* (FDAP). If service providers propose to move significantly away from the intended outcome or requirements of a space, as detailed within this document, it is expected that clear rationale will be provided to the Department for SLTC consideration and approval.

Efforts have been made to ensure all information in this document aligns with known, adopted and enforceable Codes and Standards applicable within the Province of Nova Scotia. However, should anything within this document contradict or contravene accepted technical Codes or Standards, the latter (provided they are legally binding) must take precedence.

All nursing homes in Nova Scotia must:

- Meet municipal, provincial and federal legislation and regulations, as appropriate for long-term care in Nova Scotia. See *Appendix C: References*.
- Provide barrier-free accessibility in conformance with applicable building codes and regulations.

- Use design principles, standards and materials that improve safety and reduce risk for residents.
- Use design standards that minimize spread of infection and are aligned with infection prevention and control leading practice.
- Include all spaces that are required for the provision of long-term care.
- Use a small household design that includes a maximum of 24 residents.
- Provide a home-like environment through design considerations including good acoustics, lighting, functional placement of support rooms in resident areas and by providing for both privacy and safety of residents and staff.
- Ensure outdoor spaces are readily accessible to residents.
- Incorporate current best-practices in dementia-friendly design of interior and exterior resident spaces, including the use of wayfinding principles. Design elements shall:
    - Support resident independence and choice.
    - Support resident orientation.
    - Provide appropriate physical and cognitive stimulation.
    - Provide residents with a feeling of safety and security.
- Demonstrate that the facility is designed to perform at least 25% better than the minimum requirements of the current National Energy Code of Canada for Buildings.

LTC facilities are not expected to meet the standards of an acute care facility. Discretion should be used by the design team as to which aspects serve the guiding principles of long-term care design and should be prepared to engage with SLTC for clarification and collaboration throughout the design process.

The design of the building and its systems are an integral part of the planning and commissioning process. There must be a coordinated effort between design, execution, start-up and functional testing; ensuring the design intent has been met. Documentation, manuals and employee training is a required part of this process.

GUIDING DESIGN PRINCIPLES

RESIDENT AND FAMILY FOCUS

- Help residents maintain choice and self-determination as their need for support increases.
- Encourage residents and families to be partners in care.
- Support a holistic approach to resident focused care - addressing physical, social, mental and spiritual well-being.
- Enable opportunities for meaningful interactions with other residents, family, staff and community.
- Provide a clean, accessible, comfortable, home-like and safe environment for residents and family.
- Ensure resident, family and visitor safety.

STAFF FOCUS

- Support the occupational and organizational health, well-being and safety of staff.
- Provide a workplace for staff that is pleasant.
- Support the efficient delivery of care by reducing travel distance and maintaining clear sight lines to common areas to facilitate staff supervision.

ECONOMIC VIABILITY AND ACCOUNTABILITY

- Optimize space to maximize utility, productivity and cost-effectiveness.
- Employ fiscal responsibility during construction and for the operational life of the facility.
- Utilize design features and building practices that enable a competitive sourcing practice leading to demonstrated best value in procurement.
- Reduce the environmental and operational costs associated with the use of energy in the design and operation of their facility.

INFECTION PREVENTION AND CONTROL

- Minimize the risk of infection among residents, staff and visitors through the provision of single rooms and washrooms, adherence to HVAC standards, hand hygiene practices, material selection and operational flow.

ENERGY EFFICIENCY

- Facility design supports the Province of Nova Scotia's environment and climate change goals. All new facilities are to be Net-Zero Emissions Ready.
- Facilities are designed to exceed the current National Energy Code for Buildings (NECB) by at least 25%. Project teams are required to integrate sustainable building practices and design energy efficient long-term care facilities while balancing operational costs, capital costs and reducing lifecycle greenhouse gas emissions.

ACCESSIBILITY

- Facility design supports the Province of Nova Scotia's Accessibility goals.
- Provide barrier free accessibility that meets the Nova Scotia Building Code to support the delivery of care in the facility.

INNOVATION

- Design to allow future adaptability to changing needs and evolving technologies.

PART 1 – USING THIS MANUAL

DEFINITIONS

Authorities Having Jurisdiction (AHJ): An organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, an installation, or a procedure.

Best Practice: Processes, systems or methods that have been shown to produce superior results.

Building Occupancy: The classification for which the building (or part thereof) is to be used, per the National Building Code.

Dementia-friendly design: Design principles chosen to maximize the wellbeing and independence of persons with dementia who may be experiencing visuo-spatial changes, changes in depth perception, impaired reasoning and challenges navigating new or challenging environments.

Department and SLTC: The Department of Seniors and Long-Term Care

Home-Like Environment: Resident Households and common spaces are designed to prioritize a look and feel of home, minimizing as much as possible traditional institutional care features.

Long-Term Care Facility: Nursing Home or Residential Care Facility licensed under the *Homes for Special Care Act*.

Net-Zero Emissions Ready: A facility that is designed to be energy efficient and produce low operational greenhouse gas (GHG) emissions. The facility could add or take advantage of renewable energy sources in the future to offset the annual GHG emissions associated with its operations.

New Construction: The construction of a new LTC building, or replacement of an existing LTC home structure. Does not include the Renovation of an existing LTC facility, either within or outside of the building footprint.

Nursing Home: defined by the Homes for Special Care Act R.S., c. 203, s.2 (1) (j), as "...a building or place or part of a building or place in which accommodation is provided or is available to persons requiring or receiving skilled nursing care..."

Outcome: The desired end result; the purpose or objective that must be achieved by the facility design.

Privacy: Free from undue intrusion; the right of individuals to control or influence what information related to them may be collected and stored and by whom and to whom that information may be disclosed.

Resident: A person who lives in a home licensed by the Department of Seniors and Long-Term Care.

Resident Household: Small, self-contained units within the long-term care facility that create a home-like environment for residents and support staff in the efficient delivery of care. They possess features commonly found in a family home, including spaces for everyday living and spaces that are necessary to support the functioning of the household, as outlined in Parts 2 and 3.

Secure: Refers to a space that is accessible only to authorized persons.

Space Standard: Requirements for spaces that must be present in all new long term care facilities.

Wayfinding: The process by which residents, visitors and staff orient themselves and navigate in a space or along a path.

MEASUREMENTS

Both metric and imperial measurements have been included for ease of use.

- NSM – Net Square Meters
- ft2 – square feet

Net Area Calculation:
The net area of all programmed or service and system spaces shall be calculated from face of interior wall to face of interior wall. Outdoor spaces, which may include patios, courtyards and approved storage buildings, are not to be included in the building area calculations. Outbuildings that support essential building services shall be included.

The area for each space and must be measured to the interior finished surfaces of all walls, partitions, and mechanical enclosures.

Gross Area Calculations:
The total gross building area is calculated 152mm (6”) from the interior face of the exterior wall for all floors and projections.

Exclusions from Gross Floor Area
The following areas shall be excluded when computing the gross floor area:

I. Exterior balconies.
II. Canopies.
III. Projections beyond the face of the exterior walls such as cornices, roof overhangs, columns, piers, or pilasters.
IV. Unenclosed, covered walkways.
V. Unfinished attic areas.
VI. Exterior paving, patios, and terraces.

Inclusions in Gross Floor Area
The following areas shall be included when computing the gross floor area:

I. Basements and future basement areas where only a floor slab is required for structural completion.
   Note: While included in the gross floor area, a separate compilation of the area of such spaces should be included.
II. Crawl spaces and interstitial spaces that are designed or intended for specific purposes (e.g., storage, mechanical equipment areas).
III. Serviced shelled space, i.e., enclosed unoccupied spaces with services already installed for future use ("plug and play").
IV. Penthouse space, used for mechanical and electrical equipment.
V. Sections of flooring that are physically finished and have a designated functional purpose, but where the final touches will be added later.

VI. Mezzanine floors and balconies that are within the enclosing walls of the structure.
VII. Rooms below grade or sidewalk level (e.g., transformer rooms).
VIII. Dormers, bay windows, and similar features that extend to the floor.
IX. Elevator and other machine-room floors within penthouses.
X. Enclosed connecting links or walkways.
XI. Penthouses and finished rooms in attics.
XII. Fully enclosed staircases and fire escapes.
XIII. Fully enclosed porches.
XIV. Staircases, ramps, elevator shafts, and like areas, within multi-story open spaces for each floor serviced.
XV. External service shafts.
XVI. Openings in floors for stairwells, elevators, ducts, and other similar facilities; and
XVII. Service spaces to support shipping and receiving areas, e.g., spaces used for breakout, staging, and office functions.

Grossing Factor

The ratio by which net area is converted to gross area. The grossing factor is always more than one since it is used to allow room for the components- such as walls, structural components, and circulation- that are required to make a designated space usable.

BUILDING DURABILITY

Facilities must be designed with robust and durable construction materials and systems that ensure long-term resilience, support ease of maintenance, and sustain optimal functionality over the building's lifespan.

- All building envelope components, including the roofing system and its perimeter flashing, must be designed and installed to withstand wind uplift forces. The roofing system must be mechanically fastened to ensure secure attachment, wind uplift resistance, and long-term durability.
- Wind uplift requirements must be calculated in accordance with FM I-90 and CSA A123.21 standards. The higher value should be used for each roof area: field, perimeter, and corners based on their varying susceptibility to wind pressures. These details must be clearly outlined in the specifications and roof plan drawings.
- Exterior equipment must be designed withstand anticipated conditions of the local environment.

  Note: Ballasted inverted membrane systems and vegetated roof assemblies are not supported and should not be included in the roofing design.

PART 2 – DESIGN REQUIREMENTS

1. BUILDING LOCATION AND LAYOUT

1.1 SITE LOCATION AND CHARACTERISTICS

OUTCOME

The building site provides an opportunity for views and placement to adjacent building(s) and other site elements. The Site may impact the building design, orientation, configuration, site access and development process.

SPACE STANDARDS

1. Sites for new LTC facilities must be large enough to accommodate the building and readily accessible outdoor space for residents. This includes:
   - Ensure adequate clearances at the driveway and entrances/exits for ambulances, fire trucks and service vehicles.
   - Accommodate outdoor spaces for use by residents (as outlined in section 4.1).
   - Ensure service areas (including fuel tanks, garbage and receiving area) are accessible and screened from adjacent neighbours and resident rooms to minimize visual and acoustic impact.

2. The site should be centrally located in the community with access to medical services, schools, places of worship, shopping and recreation services.

3. Consider choosing a site that is accessible to public transportation for use by families, staff and residents. If provided in the local community, consider the need for a barrier-free route.

4. Ensure sufficient water supply and pressure for sprinklers, other water-based fire protection systems and fire fighting. Where municipal systems are used, confirm pressure and supply of fire water to site with the local water utility.

5. Where possible, avoid heavily sloped sites that will require significant earthworks for regrading or result in highly sloped driveways, walkways and/or retaining of soils.

6. Consider water drainage and flood plains when determining the appropriate site. Reduce stormwater runoff by decreasing impervious surfaces like roads and sidewalks, while increasing the use of permeable materials and expanding vegetated areas on the site.

7. When selecting building site, ensure strong consideration is given to enabling building resiliency to adapt to the impacts of climate change (i.e. flooding, coastal erosion).

8. Select sites that provide best value, are available for purchase, and can be zoned appropriately for LTC development.

1.2 BUILDING CONFIGURATION AND LAYOUT

OUTCOME

The layout of the facility will enhance the residents' ability to easily access and enjoy shared living spaces, including amenities and outdoors.

SPACE STANDARDS

1. The building gross area must be proportional to the number or residents in the facility. The maximum gross square footage per resident must not exceed the following:
    - 78.6 m2/res (830 ft2/res) – 121-144 residents
    - 79.0 m2/res (835 ft2/res) – 97-120 residents
    - 79.5 m2/res (840 ft2/res) – 49-96 residents
    - 81.4 m2/res (860 ft2/res) - 24-48 residents

    * This area assumes the central kitchen, central laundry, receiving, mechanical, admin, etc. are all included as part of the building. If these functions are located at another facility, the area per resident is expected to be proportionately below this threshold, per *Appendix A: Space Target Table*.

2. Spaces included within the facility must meet the Space Targets indicated in Appendix A: Space Target Table.

3. Multi-storey facilities are permitted in response to site constraints, facility size and/or operational constraints. Facility operators must carefully assess the design, safety and operational implications of single-storey vs. multi-storey configurations during the programming, planning, design, and operationalization phases of New LTC Construction.

4. Facilities must be designed with a central administrative and support service core.

5. Facilities must be designed to allow an appropriate transition from public space, to shared resident space, to the private resident spaces of the facility.

6. Resident shared spaces (Community Connection Room, Hair Salon, Smoking Room) should be easily accessible from resident households but must not be located inside resident households. Residents, staff and visitors should not travel into or via resident households to access these spaces.

7. Resident household layout must meet the Space Standards described in sections 2 and 3.

8. Residents, staff and families must not travel through one resident household to access another resident household. However, interconnections between households may be incorporated if their inclusion increases efficiency and/or safety.

9. Facilities must provide 3-4 NSM per resident of living/activity space in the facility. A minimum of 2.5 NSM must be located on the household. The remaining area of living/activity space can be allocated according to the needs of the overall facility's residents and is most commonly allocated to the Community Connection space.

10. In order to observe resident flow and activities, sightlines for staff must be considered when designing household spaces such as care stations, common areas, corridors, and outdoor spaces.

11. Access to service spaces such as the central kitchen, central laundry, central housekeeping, maintenance, storage and staff areas, must be restricted and not accessible to residents or visitors.

12. Corridor widths must meet code requirements based on occupancy type, occupant load and exit capacity. At a minimum, width of corridors in resident and public areas must be 1830mm (6'-0"). Preferred width of corridors in resident areas is 2134mm (7'). **NOTE:** Evacuation or movement of residents is not intended to occur in the resident bed.

13. The ceiling height in the facility must not exceed 3.65 meters in all areas except the Mechanical Penthouse.

14. Controlled access/egress for all building and elevator doors must meet applicable codes and Authorities Having Jurisdiction. Additional details can be found in sections *2.1 – Resident Household Configuration* and *5.1 – Front Lobby/Reception*.

15. The design should prioritize personal safety and eliminate areas where persons could be trapped by an aggressor. This can be achieved by:
    - Ensuring that the main facility entrance is the only entry and exit points accessible to the public;
    - Enabling staff to screen access using technology and/or process. (i.e. incorporating an access control system or intercom system between visitor area and staff work area); and
    - Strategically placing high-risk areas in relation to other departments.

16. All public washrooms must:
    i. Meet accessibility standards.
    ii. Include Nurse Call, as outlined in Section 6.2.
    iii. Be gender inclusive.

17. Facilities must incorporate Infection Prevention and Control requirements outlined in Section 7.2.

2. RESIDENT HOUSEHOLD – LIVING SPACES

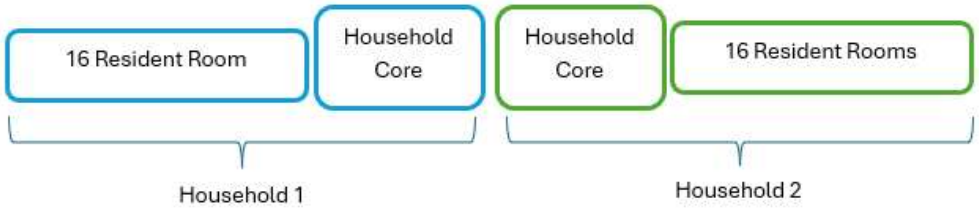
2.1 RESIDENT HOUSEHOLD CONFIGURATION

OUTCOME

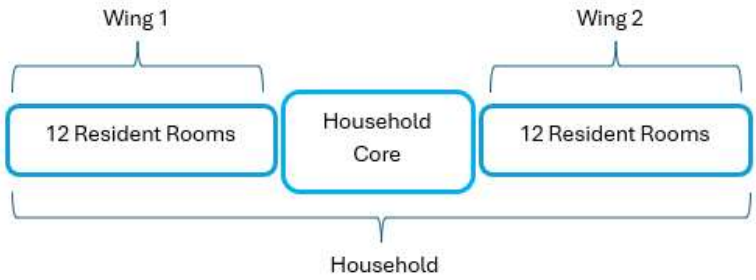
Enhanced resident experience and optimized staff working environments are supported by small household design. The well-being of residents, staff, volunteers and visitors is enhanced by design that incorporates home-like principles.

SPACE STANDARDS

1. Each Resident Household will be a self-contained unit that will accommodate either 16 or 24 residents.
   i. Resident bedrooms in households of 16 residents must be configured as one wing.



   ii. Resident bedrooms in households of 24 residents must be configured in two wings.



2. Resident households **must** also contain:
   i. Living and dining spaces that accommodate all residents in the household.
   ii. Resident assisted bathing suite (including tub, shower and two-piece washroom)
   iii. Care station, including space for administrative tasks and secure storage of resident records
   iv. Medication Administration space
   v. Clean and Soiled Utility rooms
   vi. Access to laundry services, food delivery, storage, housekeeping.

3. Resident households may share some service/amenity spaces with adjacent households but should fundamentally operate as independent units from the day-to-day perspective of residents. Design must ensure that IPAC requirements can be maintained in the event of an outbreak on one household.

4. All doors leading to non-resident areas must be equipped with locks to restrict unsupervised access to those areas by residents. Mechanisms used (i.e. bolt lock, keypads, card access, hands-free) must carefully consider the operational requirements of the space and the requirements of Authorities Having Jurisdiction.

5. For the security and privacy needs of the residents, the ability to prevent residents from entering and exiting different households must be incorporated into the design.

6. Access to outdoor space must be provided from each household.
    i. Households at grade-level must have access to a secure courtyard. The size of the courtyard must be carefully considered and aligned with their intended use.
    ii. In multi-storey facilities, access to outdoor space must be provided from each household and may take the form of balconies and/or rooftop patio spaces. Such space must be able to accommodate seating capacity of 25% of household residents at a time and must support planned programming for the facility. 3NSM should be allocated for each resident.
    iii. Balcony railing height must meet SLTC's or the NBC requirements, whichever is more stringent. SLTC's requirement is a minimum of 1370 mm (54"). Consideration should be given to not impede the view of residents who use wheelchairs.
    iv. Careful consideration must be given to access, supervision, safety and maintenance of such spaces including access for residents using specialized equipment.

7. When planning living spaces, design for some quiet spaces for residents.

8. Each household must contain conveniently located storage space for frequently used, large resident care equipment (e.g., lifts, weight scales, etc.).

9. Paired or outboard washroom designs are strongly preferred to reduce the use of vestibules in resident rooms.

10. The travel distance between resident bedroom entry doors and the entry to the household dining room must be less than 15.3 meters (50') for 50% of the household's residents and less than 27.45 meters (90') for the remainder of the residents. **NOTE:** SLTC may consider making an exception to the travel distance standard (above) if a paired washroom design is chosen.

11. One single occupancy resident bedroom/washroom per two households must be designed to accommodate residents who require specialized care or equipment (e.g. oversized equipment) (see section 2.2 for specifications).

12. At least one pair of adjoining rooms must be provided up to a maximum 1:48 resident ratio (see section 2.2 for specifications).

2.2 RESIDENT BEDROOM

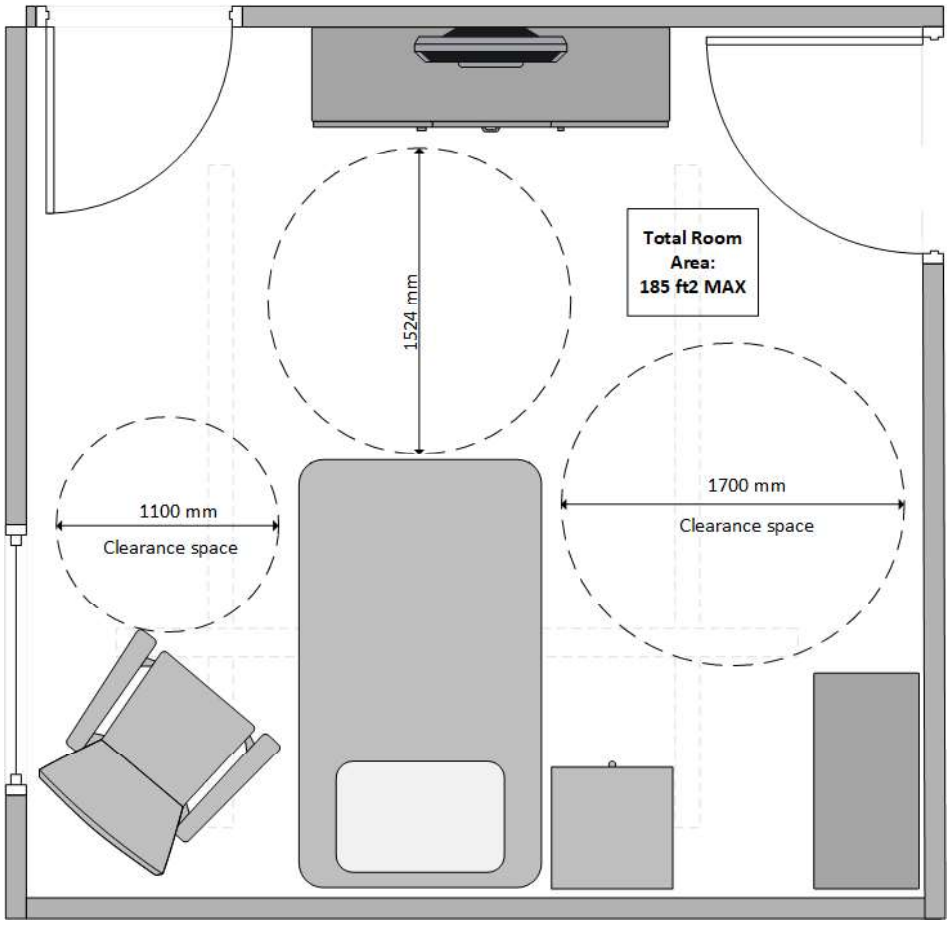
OUTCOME

Resident bedrooms support each resident's privacy, dignity, independence and care.

SPACE STANDARDS

1. Each single occupancy resident bedroom must meet the Space Targets indicated in *Appendix A: Space Target Table*.

2. The minimum clearance on each side of the frame of a standard 1000 mm (40") x 2100 mm (84") bed must be a minimum of:
   i. 1700 mm (5.58 ft) clear on transfer side of the bed.
   ii. 1100 mm (3.5 ft) clear on non-transfer side of the bed.
   iii. 1524 mm (5 ft) clear at foot of the bed.



3. The bedroom doorway must provide a minimum clear width of 1070mm in everyday usage.

4. Ceiling height of resident room must be considered to maintain the residential feel of the space.

5. All bedrooms must include:
    i. Sufficient space for; the bed, overbed table, side chair, television, power wheelchair, wardrobe, desk/dresser, staff and guests.
    ii. Storage space (wardrobe/closet) with doors for resident's clothes including space for seasonal resident clothing storage must be provided.
        - If the wardrobe is modular it must be securely fixed to the wall.
    iii. Secure storage space for resident's valuables or approved self-administered treatments.
    iv. CSA/UL approved ceiling mounted track for a mechanical lift to facilitate lifts and transfers.
        - Ceiling-mounted lifting devices/tracks (including their installation, testing and inspection) must be in accordance with CSA Z10535.2.
        - Lifting device/tracks must provide a lifting capacity of 250kg (550lbs).
        - Design and installation of ceiling lift tracks must not interfere with the fire and life safety system.
        - Modular track systems (i.e. XY, H-Track) may be considered to provide expanded floor area coverage in the resident rooms.
        - Extending lift track coverage into the washrooms in the Special Use Bedrooms, and a maximum of 15% of regular Resident Bedrooms, to accommodate those residents who may benefit most may be supported. Lift systems with Transition Gates are not preferred.

        NOTE: Department approval of the proposed resident lift systems is required. Decisions will be in consideration of the facility's functional program and project budget.
    v. A window with a view to the exterior, which is not less than 10% of the floor area (1.72 NSM).
        - Windowsills are required to be above grade.
        - The resident should be able to see out the window when laying in bed.
        - A minimum of one operable window is required and will have a secure limiting device to 100mm (4") opening, restricting egress.
    vi. Nurse call bell that is accessible to the resident when they are in bed.
    vii. Light switches that are easy to use by residents with cognitive and/or visual impairments and reduced strength. Motion sensor fixtures are not supported.
    viii. Space for residents to display and store personal items.
    ix. A space to charge a wheelchair in each resident room.
    x. Impact resistant wall protection behind the bed/headboard.
    xi. Furnishings and linens that meet the current fire and life safety standards.

6. Special Use bedrooms (one in every two households) must meet the requirements for Single Occupancy bedrooms above, and must also:
    i. Be structurally appropriate and designed to accommodate residents who require specialized equipment. Examples of specialized equipment include portable bariatric equipment and peritoneal dialysis equipment.
    ii. Each special use resident bedroom must meet the Space Targets indicated in *Appendix A: Space Target Table*.
    iii. The bedroom doorway must include a double leaf door and provide a minimum clear width of 1220 mm in everyday usage.

7. Adjoining rooms must be provided at a maximum 1:48 resident ratio.
    i. Ensure the location of the door does not interfere with main resident room door swing.
    ii. Adjoining rooms must not be between regular Resident Bedroom and Special Use Bedroom.

2.3 RESIDENT WASHROOM

OUTCOME

Resident washrooms support privacy, safety, dignity and independence.

SPACE STANDARDS

1. Each Resident Washroom for a regular resident bedroom must:
    i. Must meet the Space Targets indicated in *Appendix A: Space Target Table*.
    ii. Have a clear opening width of at least 914 mm (3'-0").

2. Each Resident Washroom for a Special Use bedroom must:
    i. Must meet the Space Targets indicated in *Appendix A: Space Target Table*.
    ii. Have a clear entrance width of at least 1050mm (41-3/8").
    iii. Be structurally appropriate and be designed to accommodate residents who require specialized or oversized equipment.
        - Toilets must be floor-mounted.
        - Two drop-down grab bars able to withstand downward force of 454kg (1000lbs).
        - Floor-mounted, wheelchair-accessible sink rated for 454kg (1000lbs).

3. All resident washrooms must have:
    i. Toilets that are appropriate for resident population, readily accessible and identifiable to maintain and encourage independence in toileting.
    ii. Floor-mounted toilets are preferred.
    iii. Toilets must be between 430mm (17") and 482mm (19") in height.
    iv. Minimum transfer distance of 900mm (2.95') from wall to edge of toilet on one side, and 600mm (1.97') from wall to edge of toilet on the other to support an assisted transfer from the front and both sides.
    v. Securely mounted, wall-mounted, fold-up bars installed on both sides of the toilet to accommodate lifts and transfers.
    vi. A sink that is accessible for residents and of sufficient size for daily activities.
    vii. Nurse call bell that is accessible to the resident from the toilet.
    viii. Paper towel dispenser that is accessible for residents in wheelchairs.
    ix. Light switches and taps that are easy to use by residents with cognitive and/or visual impairments and reduced strength. Motion sensor fixtures are not supported.
    x. A switched or automatic night-light (low wattage) fixture provided in the washroom close to the toilet.
    xi. A mirror which is located over the sink designed to accommodate residents of differing heights.
    xii. Wall mounted glove dispenser.
    xiii. Storage space for resident's personal toiletry items and secure storage for staff supplies.
    xiv. A lockable storage drawer or small cupboard.

4. The toilet must be located directly in front of washroom door to enhance cueing and access for residents.

5. Ensure there is no direct view of the toilet from the corridor when the bedroom door is open.

6. The use of towel bars is not supported.

7. Storage cabinets or shelves mounted above the toilets or located under sinks are not supported.

2.4 ASSISTED BATHING SUITE

OUTCOME

Residents will be bathed in a safe, dignified, private and comfortable manner.

SPACE STANDARDS

1. One resident-assisted bathing suite must be provided in each household.

2. The Assisted Bathing Suite (including tub area, shower area, washroom and vestibules) should meet the recommended Space Target indicated in *Appendix A: Space Target Table*.

3. The bathing suite must be able to be secured to prevent unsupervised resident access.

4. Doors to Assisted Bathing Suite and all spaces within (shower and washroom) must have an entrance width of at least 1050 mm (41-3/8") clear opening.

5. There must be visual privacy from the corridor when the door is open to ensure resident privacy in the bathtub or the shower when in use.

6. Each suite will include the following:
   i. One therapeutic tub area:
      - A therapeutic bathtub with hydraulic / electric / mechanical lift must be provided. Do not use water generated whirlpool type bathtub.
      - The bathtub must be positioned with 1220 mm (4'-0") access on three sides of the bathtub.
      - CSA/UL approved ceiling mounted lift track and motor with a weight capacity of 400kg, to facilitate resident transfers should be considered.
   ii. One shower area:
      - The shower room must be barrier free and designed to accommodate residents who require specialized equipment, including bariatric equipment.
      - These are to include equipment and fixtures with a capacity of 400 kg (e.g. grab bars).
   iii. One two-piece washroom (toilet and hand wash sink) that is directly accessible by both the tub room and shower room. Consider how the privacy of residents using this space will be maintained.
      - The washroom must meet all of the requirements listed in *Resident Washroom – Section 2.3.3 (i-xiv)*.

7. A dedicated hand hygiene sink must be provided in the Assisted Bathing Suite.

8. The inclusion of a hair shampoo sink in the assisted bathing suite is optional. If included, the sink must be wheelchair accessible and there must be enough work and storage space, including secure storage space for chemicals.

9. Flooring material must be carefully considered to ensure it does not increase the risk of falls when wet.

10. Room temperature control must be considered to ensure the space can be quickly warmed for resident comfort.

11. Assisted Bathing Suite must include a blanket warmer.

12. Resident bath and shower rooms must have enough secure storage space for all the required supplies.

13. Provide opportunities to improve the acoustics in the bathing suite and reduce echo. This may include the selection of noise-reducing materials. Tub selection criteria could include low noise levels.

2.5 HOUSEHOLD LIVING/ACTIVITY SPACE

OUTCOME

Residents are supported to interact with other residents, family members, visitors and staff in a comfortable, home-like and relaxed atmosphere that enhances resident quality of life.

SPACE STANDARDS

1. Household living/activity space must meet the Space Targets indicated in *Appendix A: Space Target Table*.

2. Each living room must have a direct view to the exterior.

3. Each living room must have a television and storage / shelving for recreation supplies.

4. Sufficient space to store wheelchairs and walkers (during resident use of the living room) must be located nearby. If living/activity and dining spaces are adjacent, consider sharing storage space for wheelchairs and walkers.

5. Location of electrical outlets should be considered to ensure ease of access for resident equipment such as power wheelchairs, oxygen concentrators, feeding pumps etc.

6. Minimize noise in these areas through the provision of finishes that reduce reflected noise and increase sound absorption, such as acoustic rated homogeneous resilient flooring, ceiling tiles and soft furnishings.

7. Select wall decorations, window treatments (e.g. blinds and curtains) and room finishes (e.g. paint colors, wallpaper, trim, wainscoting, etc.) that create a home-like environment (see Interior Finishes and Components, section 7.1).

8. Provide furnishings in each resident living room that encourage recreational activity.

9. All furniture must meet the fire and life safety standards and be constructed of material that is easily cleaned for infection control purposes.

2.6 DINING SPACE

OUTCOME

Resident nutritional and social needs are met in a comfortable atmosphere that supports independence.

SPACE STANDARDS

1. Dining Room must meet the Space Targets indicated in *Appendix A: Space Target Table*.

1. Each Dining Room must have a direct view to the exterior.

2. The Dining Room must have a dedicated hand hygiene sink in or immediately adjacent to the dining area.

3. Make efforts to minimize noise in the dining area by providing finishes that reduce reflected noise and increase sound absorption.

4. If a resident kitchenette is included, consider co-locating the Dining Room and the Resident Kitchenette. (See Section 3.3.2 for Space Standards for Resident Kitchenette).

5. All furniture must meet the fire and life safety standards and be constructed of material that easily cleaned for infection control purposes.

6. Consider the inclusion of height adjustable, multi-position tables to accommodate residents using wheelchairs.

3. RESIDENT HOUSEHOLD – SUPPORT SPACES

3.1 CARE STATION

OUTCOME

Staff will have a separate space to carry out tasks that would require a private and quiet work area.

SPACE STANDARDS

1. Care station must be located in close proximity to the resident living and dining areas.

2. Maximize sightlines from care station to household resident spaces (ie. Living and dining spaces and corridors).

3. Secure storage for resident records is required.

3.2 MEDICATION PREPARATION ROOM

OUTCOME

Resident health is supported through the safe storage, management and administration of medication. Staff can prepare medication in a space that is free of distraction. Privacy of resident's personal health information is protected.

SPACE STANDARDS

1. A secure separate medication preparation room is required on each household and must be located in close proximity to the resident dining room.

2. The Medication Preparation Room should meet the recommended Space Target indicated in *Appendix A: Space Target Table*.

3. One dedicated hand hygiene sink must be included.

4. A locked medication cabinet, one medication preparation sink, and medication fridge are required. Counters must meet infection control requirements for cleaning.

5. Secure storage for resident medication records and the medication cart is required. Medication room door must be secure and include an auto-closure mechanism.

3.3 HOUSEHOLD DIETARY SERVICE SPACES

3.3.1 Food Service Area

OUTCOME

Residents' nutritional requirements are met through enabling an individualized approach to meeting resident dietary needs and enhances the experience of a home-like environment.

SPACE STANDARDS

1. The facility's food delivery model must be planned and equipped to meet all residents' dietary needs. Facility design proposals must include detailed rationale linking the inclusion of a household Food Service Area to the facility food delivery model, the functional program and operations of the facility.

2. In determining the location of Food Service Areas, consideration must be given to:
   - Ease of access on and off household.
   - Opportunities for efficiencies between households.
   - Proximity to the dining area.
   - Designated location for hot carts, maintaining resident safety as well as IPAC practices. All hot surfaces must be inaccessible to residents.
   - Ensuring adequate storage for equipment and supplies.

3. Functions, layout, equipment, and safety measures must be reviewed with the Authorities Having Jurisdiction. Depending on the food-service delivery model for the facility, this may include (but not be limited to) the NS Department of Environment (Food Safety Public Health Inspection) and Climate Change and the NS Office of the Fire Marshal.

4. Food Service Areas must be inaccessible to residents and families.

5. Food Service Area must include a Hand Hygiene Sink.

6. Food Service Area must include secure storage for:
   - Resident dietary records and reference materials.
   - Hazardous chemicals (i.e. cleaning supplies).

3.3.2 Resident Kitchenette

OUTCOME

Residents are supported to engage in activities that reflect their nutritional requirements and support their independence.

SPACE STANDARDS

1. Resident Kitchenette must include a fridge, ice and water dispenser.

2. Resident Kitchenette must be separate from, but in close proximity to, the Food Service Area.

3. The following are optional for inclusion in the Resident Kitchenette:
    - A sink.
    - A microwave.
    - Home-like storage cabinets.
    - Counter space.

4. Safety and security must be addressed. Extent of such measures must be based on the activities and equipment in the kitchenettes. Locking cupboards/drawers must be provided to secure any potentially hazardous or significant nuisance items.

5. Appliances (other than fridges) if not locked, must have a key switch or other suitable power disconnect to prevent unauthorized resident use.

3.4 MEETING ROOM

OUTCOME

Staff are provided with a space for meetings with other staff, residents and families, which allows for the sharing of confidential information and maintains respect for the privacy of residents.

SPACE STANDARDS

1. Resident care and staff support space must be shared by a minimum of two households.
2. One wheelchair accessible/barrier free washroom must be located in close proximity.
3. Furnishings to support staff and family meetings must be included.
4. Acoustic privacy must be maintained to allow for confidential conversations.
5. Meeting rooms must be equipped with connectivity for computer, telephone and other required technology.

3.5 HOUSEHOLD ULTILITY SPACES

3.5.1 Soiled Utility Room

OUTCOME

Soiled equipment and materials are processed in keeping with infection prevention and control best practices.

SPACE STANDARDS

1. Each household must include a secure soiled utility room.

2. The Soiled Utility Room should meet the recommended Space Target indicated in *Appendix A: Space Target Table*.

3. Equipment must include:
    - A commercial flusher/disinfector.
    - Flushing rim sink (Hopper).
    - Double bowl stainless steel sink.
    - A dedicated hand hygiene sink.

4. The location of the soiled utility room must be carefully considered and must not be adjacent to the dining room, living room or household entrance. Soiled utility should be in close proximity to the resident rooms.

5. Space must be provided for the temporary storage of soiled linen carts. Soiled linen carts must be covered.

6. All surfaces must be smooth, impermeable to moisture and easily cleaned.

7. Adequate space will be provided for general waste, soiled linen, private waste, recycling, and medical/harmful waste, stored in separate mobile containers.

8. An eyewash station may be required depending on the hazards present in this space.

3.5.2 Clean Utility Room

OUTCOME

Resident safety and staff workflow are supported by the provision of secure, accessible storage spaces for clean supplies (e.g. incontinence products, nursing supplies and linens).

SPACE STANDARDS

1. Clean Utility rooms may be provided on each household or shared by no more than two households and must be able to be secured.

2. The Clean Utility Room must meet the recommended Space Target indicated in *Appendix A: Space Target Table*.

3. Design must be in compliance with CAN/CSA Z314 and should minimize potential for soiling or contamination of clean supplies.

4. Proximity to point of use must be carefully assessed to minimize excessive travel distance to supply rooms

3.5.3 Housekeeping Closet

OUTCOME

Housekeeping equipment and supplies are securely stored to ensure a clean and safe environment for residents, staff, family, and visitors utilizing infection prevention and control best practices.

SPACE STANDARDS

1. Every household must have a secure housekeeping closet that supports on-household cleaning. (see Section 5.6 – Housekeeping Spaces for additional requirements).

2. The housekeeping closet must meet the Space Target indicated in *Appendix A: Space Target Table*.

3. All surfaces (e.g. floors, walls, ceilings and shelves) must be smooth, impermeable to moisture and easily cleaned.

4. Housekeeping closets are best located close to areas of highest use (e.g. close to the resident assisted bathing suites, dining room and public washrooms).

5. An eyewash station may be required depending on the hazards present in this space

4. RESIDENT SHARED SPACES

4.1 OUTDOOR SPACES

OUTCOME

Residents will have access to safe, dementia-friendly outdoor spaces that promote activity, engagement and independence.

SPACE STANDARDS

1. Consider intent of outdoor space and plans for resident use when designing outdoor space.

2. Provide continuity between indoor space and outdoor space, subject to seasonal restrictions. Consider sight lines, or the provision of CCTV, when planning to support staff in supervising residents.

3. When designing outdoor spaces, resident safety must be considered. The design must prevent resident elopement and unlawful entry by others.

4. Doors to outdoor spaces must have a clear entrance width of at least 1070mm (42-1/8").

5. All exterior courtyard/garden areas are to be fenced and have controlled access/egress that can be appropriately secured. Fences should be a minimum of 1830mm (6') and a maximum of 2440mm (8') in height, of residential appearance and designed to prevent climbing.

6. Outdoor space design must be wheelchair accessible and dementia-friendly (e.g. circular pathways that enable secured/supervised wandering).

7. Provide a closed loop patterned pathway system that provides shade for residents and is protected from wind and harsh weather elements.

8. Have outdoor spaces that include adequate lighting and ensure that glare from light fixtures does not impact resident rooms and other indoor spaces.

9. Have paved routes for all exits to outdoor spaces used by residents. Use consistent pavement color and non-glare surfaces.

10. Preserve and enhance existing planting wherever possible. Do not use poisonous plants.

11. Feasibility of maintenance must be considered in the design of outdoor spaces.

4.2 COMMUNITY CONNECTION ROOM

OUTCOME

Residents have access to a multi-purpose gathering space that supports participation in facility programs and the maintenance of community connections. The Community Connection Room may also accommodate the emergency relocation of residents or community members.

SPACE STANDARDS

1. SLTC will provide funding for up to 1.5 NSM per resident for the Community Connection Room. This is the remainder of the 3-4NSM allowable living space that is not already accounted for on the households (Section 1.2 - Building Configuration and Layout). This must be factored into the overall building gross area per resident (Section 1.2 - Building Configuration and Layout).

2. When determining the location of the Community Connection room, consider a separate entrance to decrease the travel distance to the program space. If a separate entrance is not included, the facility entrance foyer should be adjacent to the Community Connection room. This is particularly critical if space will be used for community events, to manage access and security.

3. When determining the location of the Community Connection Room, consider providing direct views and access to exterior spaces.

4. Two barrier-free, gender-inclusive washrooms must be placed near the Community Connection Room. Washrooms must, at a minimum, meet the Resident Washroom space standard (section 2.3).

5. Make efforts to minimize noise in these areas through the provision of finishes that reduce reflected noise and increase sound absorption.

6. Provide adequate storage for chairs and tables to reduce the staff effort needed to rearrange heavy furniture or stack unused chairs.

7. Consider the use of acoustic movable partition walls to subdivide Community Connection Room as required to accommodate operational program needs. **NOTE:** Department approval of the proposed partition is required. Decisions will be in consideration of the facility's functional program and project budget.

8. Consider including a kitchen space for staff/residents or for the larger community to access that can also support community programming. If a kitchen is provided, consider including:
    - A double sink.
    - Storage cabinets/counter space (including secure storage).
    - Refrigerator space.

- Microwave.
- Stove (if included, ensure appropriate ventilation, fire protection and safety mechanisms, i.e. lockout switch).

9. Consider storage needs for visitors' coats, boots, mobility aids, etc.

4.3 REHABILITATION SPACE

OUTCOME

Supports the delivery of rehabilitation programming in the facility.

SPACE STANDARDS

1. Rehabilitation space must include office, storage and treatment area.

2. Treatment area and Office must meet the Space Targets indicated in *Appendix A: Space Target Table*.

3. Storage space must be provided and be large enough to accommodate equipment and supplies related to rehabilitation services.

4. Secure storage space for files and records must be provided.

4.4 RECREATION OFFICE AND STORAGE

OUTCOME

Supports the delivery of recreation programming in the facility.

SPACE STANDARDS

1. Recreation Office must meet the Space Targets indicated in *Appendix A: Space Target Table*.

2. Secure storage space for files and records must be provided.

5. Storage space must be provided and be large enough to accommodate equipment and supplies related to recreation services.

4.5 HAIR SALON

OUTCOME

A space where hair care and/or other personal services are provided.

SPACE STANDARDS

1. The hair salon must meet all requirements of other Authorities Having Jurisdiction (e.g. Cosmetology Association of NS). It is the facility's responsibility to ensure all appropriate standards are met.

2. An operational plan for this space must be included, demonstrating how the space will be staffed, maintained and whether it will be used by the larger community.

3. The hair salon must be centrally located. It may not be located on a resident household.

4. The hair salon, must:
    i. Include a shampoo sink.
    ii. Include a wheelchair accessible hairdressing station that meets the needs of the residents.
    iii. Have sufficient work and storage space, including secure storage space for chemicals.
    iv. Include mechanical system enhancements to exhaust chemicals that will be used.
    v. Have a sink to be used for handwashing and mixing solutions.

5. An eyewash station may be required depending on the hazards present in this space.

4.6 FAMILY ROOM

OUTCOME

Families are supported to participate in care and visit with their loved ones. The availability of a family room facilitates increased visitation by family and friends living far from the resident.

SPACE STANDARDS

1. A maximum of one family room will be supported.

2. Family room should be designed as independent sleeping accommodation, as the occupants will have control over the space and not be subject to staff supervision expected in the Resident-occupied portions of the building.

3. Family Room must have 2-hour fire separation.

4. Family room must not be located on a resident household.

5. Family room must:
    i. Have sleeping accommodations.
    ii. Family room must include a three-piece ensuite washroom.
    iii. Include individually annunciated smoke detector connected to the building fire alarm system.

4.7 SMOKING ROOM

OUTCOME

Supports resident choice to smoke and/or difficulties with smoking cessation.

SPACE STANDARDS

1. The construction and ventilation of smoking rooms must meet all applicable acts and regulations.

2. Exhausting smoking-room air directly to the outdoors must be considered.

3. Smoking room must not be located on a resident household.

4. There must be a window to the corridor, so staff can observe residents.

5. If located in a public space, the inclusion of a vestibule should be considered.

6. All furniture must meet the fire and life safety standards and be constructed of material that easily cleaned for infection control purposes.

7. A sign with maximum capacity must be posted.

4.8 RESIDENT LAUNDRY (OPTIONAL)

OUTCOME

Space is available for the laundering of resident clothing and equipment (i.e. slings). Residents are supported to participate in components of familiar activities, as appropriate.

SPACE STANDARDS

1. Resident laundry is an optional space. If included, rationale should be provided, and resident laundry must be shared by a minimum of two households. Additionally:
    - Consider providing residential size, commercial quality washer and dryer.
    - Consider location relative to exterior walls to minimize lengths of dryer ducts.

2. A dedicated hand wash sink must be conveniently located in the laundry area for staff use.

3. Surfaces must be smooth, impermeable to moisture and easily cleaned.

5. FACILITY OPERATIONAL SPACES

5.1 FRONT LOBBY/RECEPTION

OUTCOME

Space that supports resident care through effective and efficient management of the home.

SPACE STANDARDS

1. A covered vehicle drop-off/pick-up area for residents must be located adjacent to the main entrance. The covering does not need to be continuous with the building but must provide complete coverage of the drop-off area to shelter from inclement weather.

2. The main lobby of the facility will:
   i. Have a direct view of the vehicle drop-off/pick-up area.
   ii. Be in close proximity to the facility Administration space.
   iii. Provide seating appropriate for use by residents and visitors.
   iv. Provide wayfinding information for residents and visitors.

3. The size of the main lobby must be optimized to meet the operational requirements of this space.

4. Controls are provided at the main entrance so that building ingress and egress can be monitored and managed. Coordinate means and methods of exit control with applicable codes and Authorities Having Jurisdiction.

5.2 ADMINISTRATION

OUTCOME

Space that supports resident care through effective and efficient management of the home.

SPACE STANDARDS

1. Space for administration and operational staff must meet the Space Targets indicated in *Appendix A: Space Target Table*.

2. Secure storage space for files and records must be provided.

3. There must be a dedicated photocopier and related supplies space.

4. There must be space in the facility for staff meetings.

5.3 CENTRAL KITCHEN

OUTCOME

Space, if provided, enables the successful implementation of the food delivery model and ensures residents' nutritional requirements are met through a balanced diet.

SPACE STANDARDS

1. All LTC facilities must provide comprehensive dietary services. Department approval of the food delivery model is required. A decision regarding dietary spaces must occur early in the design phase and be considered in conjunction with the facility's functional program.

2. It is recommended that the area of the Central Kitchen meet the area per resident target, as indicated in *Appendix A: Space Target Table*.
   - The square footage of this space must be included within the overall building gross area per resident indicated in *Section 1.2 – Building Configuration and Layout*. Should this space not be required, the overall building gross area must be reduced appropriately.

3. Functions, layout, equipment, and safety measures for food preparation and delivery must meet the Food Safety Regulations and must be reviewed with the local Authorities Having Jurisdiction. Depending on the food-service delivery model for the facility, this will include (but is not limited to) the NS Department of Environment and Climate Change (Food Safety Public Health Inspection) and the NS Office of the Fire Marshal.

4. Have surfaces that are easily cleaned and impermeable to moisture.

5. Include floor drainage in the dishwashing area.

6. Hand washing stations must be easily accessible throughout the main dietary kitchen area in accordance with the NS Department of Environment and Climate Change.

7. A dedicated, barrier-free washroom must be available and accessible for food service staff, in accordance with the Nova Scotia Food Safety Regulations.

8. The central kitchen must be located close to the receiving and shipping areas for delivery access.

5.4 CENTRAL LAUNDRY

OUTCOME

Space, if provided, that supports effective and efficient laundry services.

SPACE STANDARDS

1. All LTC facilities must provide laundry services. Department approval of the laundry delivery model is required. A decision regarding laundry spaces must occur early in the design phase and be considered in conjunction with the facility's functional program.

2. It is recommended that the area of the Central Laundry meet the area per resident target, as indicated in *Appendix A: Space Target Table*.
   - The square footage of this space must be included within the overall building gross area per resident indicated in *Section 1.2 – Building Configuration and Layout*. Should this space not be required, the overall building gross area must be reduced appropriately.

3. If a central laundry space is provided within the facility, it must:
   i. Have an adequate allocation of space to accommodate the required equipment and supplies.
   ii. Clearly delineate the clean and soiled areas, allowing for one-way directional flow.
   iii. Have dedicated hand wash sink easily accessible for staff use.
   iv. Have surfaces that are easily cleaned and impermeable to moisture.
   v. Include floor drainage in the washing central laundry space. If a drainage trough is provided for the washer this must have a solid cover.
   vi. Space for laundry chemicals to be safely stored in the central laundry room.
   vii. The central laundry staff must have access to a separate area for the cleaning and sanitizing of laundry equipment such as baskets, carts and bags.
   viii. Be capable of being secured to prevent resident access.
   ix. Have instructions for equipment use clearly posted and visible.

4. If an off-site laundry service is used, there must be separate space in the facility for soiled laundry storage, and for receiving /distributing clean laundry.

5. Laundry room may include space for folding, labeling, ironing and mending activities.

6. An eyewash station and/or safety shower may be required depending on the hazards present in this space.

5.5 STAFF SPACES

OUTCOME

Space dedicated to staff that meets their needs, ensures their belongings are safe and secure and that is separate from resident care areas.

SPACE STANDARDS

1. One staff room per facility must be provided for staff breaks that is separate from resident care and common areas. It must include a fridge, microwave and sink.

2. The Staff Space should meet the recommended Space Target indicated in *Appendix A: Space Target Table*.

3. Secure storage and change areas and a minimum of one private three-piece, barrier-free washroom must be provided.
    - Consider designing gender-inclusive spaces when planning staff change areas and washroom(s).

4. Staff spaces should be easily accessed from the facility's staff entrance.

5.6 HOUSEKEEPING

5.6.1 Housekeeping Room(s)

OUTCOME

Housekeeping equipment and supplies are securely stored in a location that is easily accessible to the resident households.

SPACE STANDARDS

1. In addition to the housekeeping closet in each resident household, there must be one housekeeping room for every two resident households.

2. The housekeeping room must meet the Space Targets indicated in *Appendix A: Space Target Table*.

3. Each housekeeping room must be equipped with a hot and cold running water supply, a curbed service sink, a hand-wash sink and a floor drain.

4. The area around the floor sink is to have full waterproof wall protection.

5. All surfaces must be smooth, impermeable to moisture and easily cleaned.

6. Housekeeping room must be secure to prevent resident access.

7. An eyewash station is required in this space.

5.6.2 Environmental Services Area

OUTCOME

Environmental equipment and supplies are securely stored in a central location.

SPACE STANDARDS

1. There must be one Environmental Services room that is appropriately sized to manage supplies in the facility. Clean supply streams must be kept separate from soiled supplies and waste streams.

2. Provide sufficient space:
    - To collect, sort and pick up garbage and to support a recycling program.
    - For the secure storage of chemicals and other cleaning supplies, chemical dispensing units, storing carts and other housekeeping equipment, such as mops and pails.

3. This area must be able to be secured.

4. Each central housekeeping room must be equipped with a hot and cold running water supply, a curbed service sink, a hand hygiene sink and floor drain.

5. Storage and disposal of supplies, wet and dry garbage, and recycling must be in compliance with provincial/municipal Space Standards.

6. The area around the floor sink is to have full waterproof wall protection

7. All surfaces (e.g. floors, walls, ceilings and shelves) must be smooth, impermeable to moisture and easily cleaned.

8. An eyewash station and/or safety shower may be required depending on the hazards present in this space.

5.7 MAINTENANCE

OUTCOME

Space will support ongoing maintenance activities including equipment and building components.

SPACE STANDARDS

1. There must be dedicated maintenance space (shop, office and storage) provided to support the ongoing maintenance activities of the facility including:
    - Repairs on equipment, furnishings and other building contents.
    - Storage space for maintenance equipment, facility floor plans and operating manuals.
    - Portable machinery and tools.

2. It is recommended that the area of the Maintenance Shop meet the area per resident target, as indicated in *Appendix A: Space Target Table*.

3. The maintenance office must meet the Space Targets indicated in *Appendix A: Space Target Table*. Consider positioning to have a view of the shipping and receiving area.

4. The maintenance shop and maintenance office must be co-located.

5. There must be physical separation and good acoustical control between the maintenance and resident/public areas of the facility.

6. This space must be able to be secured.

7. An eyewash station and/or safety shower may be required depending on the hazards present in this space.

8. Landscaping equipment such as snow blowers and lawn mowers must be securely stored in a separate building (see Outbuildings, section 5.9).

5.8 MATERIALS MANAGEMENT

OUTCOME

Space provided to effectively and safely manage, store and distribute food supplies, dry goods, chemicals, paper products and resident supplies and equipment.

SPACE STANDARDS

1. Materials management space must provide year-round access for delivery, storage and distribution of supplies and equipment and be sized appropriately to manage the expected flow of materials to support the facility.

2. Materials management space must be separated from resident and public areas to prevent exposure to noise, noxious fumes and safety hazards. This space must be able to be secured.

3. In determining the location of the Materials Management space, ease of access must be considered for delivery vehicles as well as the safety of staff, visitors and pedestrian traffic. There must be a dedicated receiving entrance separate from the main entrance of the facility.

4. Storage space for the temporary accumulation of received goods must be provided that allows for the storage of dry good, supplies, and refrigerated/ frozen food that complies with provincial Space Standards.

5. Storage of wet and dry garbage and recycling must be done in compliance with provincial Space Standards. Consider a refrigerated garbage/compost room and separate space for dry garbage.

6. An area with drainage that supports the cleaning of carts and wheelchairs must be provided.

7. An eyewash station and/or safety shower may be required depending on the hazards present in this space.

5.9 STORAGE

OUTCOME

Adequate storage to support resident program delivery and operations is provided throughout the building.

SPACE STANDARDS

1. The quantity, size and location of storage spaces must be directly linked to the functional program.

2. Storage rooms or alcoves for equipment must include electrical outlets.

3. Storage spaces should be out of view of resident spaces and/or include design features/finishes that make them invisible to residents.

4. Storage rooms must be secure and inaccessible to residents and visitors.

5.10 UTILITY SHED (OPTIONAL)

OUTCOME

Adequate storage is provided for property maintenance equipment.

SPACE STANDARDS

1. The quantity, size and location of Utility Shed must be directly linked to the functional program and must be approved by SLTC.

2. The area of Utility Shed will not be included in the maximum gross area calculation for the facility, specified above in Section 1.2.

6. BUILDING SYSTEMS

6.1 MECHANICAL SYSTEMS

OUTCOME

The building's mechanical systems will be accessible, of durable, robust construction using high quality materials and meet the requirements of the building systems to deliver resident accommodation, comfort and care.

SPACE STANDARDS

6.1.1 General

1. When planning the building's mechanical systems, consider maintenance costs and operations. Specialized equipment requires additional skill and specialized knowledge to maintain.

2. The commissioning of mechanical systems by an independent third party must be carried out to ensure that the equipment is operational and within industry and manufacturer's tolerances and installed in accordance with design specifications. Commissioning must include static verification, start-up procedures, functional performance testing, post-occupancy evaluations, documentation of both the installation and performance of all systems.

3. All domestic hot water piping, cold water piping and ductwork must be insulated according to the National Energy Code of Canada for Buildings.

4. Domestic hot water must be generated and maintained at 70°C (158°F) in accordance with CAN/CSA-Z317.1 Special Requirements for Plumbing Installations in Health Care Facilities.

5. Domestic hot water piping distribution should be maintained at 60°C (140°F).

6. For resident, public, and general use outlets, temper the domestic hot water at mixing valves to 43°C (109°F).

7. Generate and maintain domestic hot water for laundry at 77°C (170°F).

8. Maintain hot water temperatures in compliance with the *Nova Scotia Food Retail and Food Service Code* for both mechanical and manual dishwashing.

9. Design the domestic hot water system to prevent generation of Legionella Pneumophila bacteria.

10. Provide grease interceptor for drains from the pot wash sink prior to connection to the building sanitary systems.

11. Provide electronic trap primers for floor drains.

12. Provide Institutional-grade CSA-approved plumbing fixtures.

13. Consider providing an exterior emergency domestic water supply connection, accessible by vehicle, as an alternative to onsite water storage. This will help ensure water access during municipal supply disruptions.

14. If the building will be serviced from an on-site well system,
    i. Ensure appropriate backup system/arrangements is in place.
    ii. Ensure water meets the quality standards for biological, chemical and radiological content, and that appropriate systems are in place to mitigate contaminants.

15. Provisions for radon gas mitigation system must be incorporated in the design.

6.1.2 Heating, Ventilation and Air-Conditioning (HVAC) System

1. HVAC systems must be enclosed in a penthouse that is safely accessible by stairs.

2. HVAC systems must be designed to maintain temperature, humidity, and ventilation in resident rooms and occupied spaces as specified in Table 1 of CSA Z317.2 Special Requirements for Heating, Ventilation, and Air Conditioning (HVAC) Systems in Health Care Facilities.

3. The air distribution systems must supply tempered and humidified air.

4. Humidification must be maintained at a minimum of 30% RH in winter.

5. Humidity in accordance with CSA Z317.2 must be maintained using steam humidifiers. Prohibited humidifier types include high-pressure spray, evaporative, and pan-type humidifiers. Adiabatic atomizing humidification is not permitted under this standard.

6. Separate systems must be provided if air flow requirements for the kitchen and/or laundry exceeds 800 litres / second.

7. Provide access doors for easy cleaning and maintenance for intake plenums, before and after coils, dryer vents and other serviceable devices.

8. Heat recovery of general exhaust is recommended.

9. HVAC equipment should be utilized to provide temperature relief during periods of high heat and humidity for resident areas and key staff areas including central laundry and central kitchen.

10. The HVAC systems must be designed to avoid adverse environmental impacts such as emissions of ozone-depleting substances.

11. Design air distribution systems to prevent generation of Legionella bacteria.

12. Outdoor air intakes should be strategically located to prevent contamination from nearby sources and prevent ingress of snow and water. Intake plenums to have sloped floors complete with drains.

13. Non-ferrous material must be used in locations of condensation such as drain pans, humidifier sections, cooling coil liners and casings. Ensure all drain pans are double sloped with a minimum slope of 2% to facilitate proper drainage.

14. HVAC systems should incorporate acoustic and vibration controls, including spring vibration isolators for rotating equipment over 2 HP. Provide acoustic control to mitigate noise levels in accordance with Table 5 of CSA Z317.2

15. Acoustic insulation must be double wall construction with solid liners to facilitate cleaning.

16. Provide standby heating capacity as per CSA-Z317.2 Special Requirements for Heating, Ventilation, and Air Conditioning (HVAC) Systems in Health Care Facilities.

17. Fuel storage systems must have capacity for one-week supply in winter design conditions.

18. Heating energy source selections should account for lifecycle operational costs and GHG emissions.

19. The heating coils in the air distribution systems should use glycol.

20. HVAC systems must be continuously monitored by the Building Automation System (BAS) to ensure they maintain the required temperature, relative humidity, and air exchanges as per CAN/CSA-Z317.2 Special Requirements for Heating, Ventilation, and Air Conditioning (HVAC) Systems in Health Care Facilities.

6.2 ELECTRICAL SYSTEMS

OUTCOME

The building's electrical systems will be accessible, of durable, robust construction using high quality materials and meet the requirements of the building systems to deliver resident accommodation, comfort and care programs.

SPACE STANDARDS

6.2.1 General

1. When planning the building's electrical systems, consider maintenance costs and operations. Increased system complexity requires additional skill and specialized knowledge to maintain. Consideration should be given to Net-Zero Ready design standard.

2. Field testing of the electrical systems must be carried out to ensure that the equipment is operational, within industry and manufacturer's tolerances and is installed in accordance with design specifications.

3. A fault level analysis, equipment interrupting evaluation, and a protective device coordination study for the electrical distribution system must be provided.

4. The electrical power distribution system must be designed to meet anticipated needs with sufficient spare capacity to allow reasonable load growth over the life of the building.

5. The main electrical service entrance must be grounded to the requirements of the Canadian Electrical Code. All panel feeders will contain a bonding conductor sized to the requirements of the Canadian Electrical Code.

6. Electrical junction and pull boxes must be color coded to identify electrical equipment and system type.

7. All electrical equipment enclosures, circuits and panels must be identified with Lamicoid nameplates. Lamicoid nameplates should display the designated name of the equipment, voltages, number of phases and wires, power source and circuit number.

8. Electrical equipment enclosures should not be located in areas accessible to residents.

9. Conductors must be color coded to indicate phase, neutral, bond and ground.

10. Receptacles and switches must be heavy duty specification grade. Every resident room must have two dedicated 15A plugs at bedside and one additional 20A plug available in the room. All

cover plates must be nylon in resident areas. These plugs must be identified with Lamicoid showing the panel number and circuit number.

11. All resident area plugs must be on emergency power and must be of residential appearance.

12. When considering rough-in for electrical vehicle charging infrastructure:
    i. Housing to be mounted on concrete base.
    ii. Level 2 electric vehicle charging stations.
    iii. AC charging 120/208 VAC or 120/240 VAC by industry standard SAE J1772E power connector.
    iv. Equipment shall meet the requirements of UL 2231 personnel protection systems for EV charging circuits.
    v. Protect the charging stations from damage with bollards.
    vi. Accessibility of location.

13. System designers should address harmonic currents produced by variable speed drives by selecting drives that generate low levels of harmonic current or by including filters to mitigate these currents and prevent voltage distortion. Harmonic currents injected into on-site power generators can be problematic.

14. An overhead emergency paging system must be available.

15. If a UPS is considered:
    i. Connect only critical loads, such as communication equipment, to reduce cost
    ii. Portable, self-contained UPS unit should be considered.
    iii. The UPS must have bypass capability for maintenance or in the event of its failure.
    iv. The UPS output waveform must be compatible with the powered equipment.

6.2.2 Emergency Electrical Power Distribution

1. An emergency electrical power distribution system must be provided and be designed to supply on-site generated emergency power to carry all facility electrical loads. The system must be in conformance with CSA Z32: 21 Electrical Safety and Essential Electrical Systems in Health Care Facilities.

2. Generally, the system will consist of the following:
    i. Diesel engine driven, radiator cooled generator, located within a dedicated generator room within or adjacent to the facility. If adjacent to the facility, the generator room must not block views from resident rooms or household spaces.
    ii. A dedicated above ground fuel storage tank with capacity to operate the emergency power generator at full load for at least 72 hours.

3. Automatic transfer switch that includes the following:
    i. Solenoid operating mechanism.
    ii. Double throw, interlocked transfer mechanism.
    iii. Overlapping neutral conductor.
    iv. Programmable microprocessor controller.
    v. Bypass and isolation feature.
    vi. In-phase monitor.
    vii. Surge protection device SPD.
    viii. Auxiliary contact sets.
    ix. CSA Type 1 enclosure, with drip shield.

4. An Automatic Temperature Control system must be installed to ensure generator room temperatures are maintained within acceptable parameters. A ventilation system must be installed to provide air for combustion and for cooling.

6.2.3 Elevators

1. In multi-storey buildings where grade-level entry/exit is not available to all resident floor levels, elevators must be provided.

2. A functional analysis is to be completed during the design phase to determine the appropriate quantity/size/speed of elevators suitable for the size, layout and function of the facility. Elevators must accommodate resident programming at peak times. At least one elevator must be large enough to facilitate movement of a fully reclined bed and equipment.

3. All elevators must meet barrier-free standards.

4. A second elevator must be provided that is sized, at a minimum, to meet EMS/stretcher movement requirements of the building code.

5. Elevators must be connected to the emergency power system of the building. Consideration may be given to only a subset of elevators being connected to emergency power, but such decision must be supported by an operational and safety assessment conducted by the facility prior to construction.

6. Elevators must be roughed in for access controls (e.g. keypad/swipe card, or integration with security system that delays egress from the building) when elevators are located within routine access of residents. Installation of these controls during initial construction should be determined based on elevator location, supervision and adjacent resident populations.

7. Passive means of dissuading use of elevators by residents with dementia should also be considered.

8. Careful consideration must be given to avoiding the use of elevators which have doors at both the front and back in resident areas, as they may potentially cause confusion for residents.

6.2.4 Structured Wiring System (Voice and Data)

1. A secure wireless network with full coverage across all facility zones must be integrated to support seamless connectivity for resident care, administrative operations, and guest communications, ensuring optimal bandwidth, and robust data security. When planning the building's wireless system, ensure completion of a wireless study.

2. Phone lines must be made available in all resident bedrooms.

3. Each resident bedroom and each living room in the resident house and resident care support space must be wired for voice and high-speed internet.

4. The system must include Category 6 UTP cabling, communication outlets and terminals.

6.2.5 Fire Alarm System

1. The system must include a two-stage, addressable, fire alarm system to meet the requirements of the National Building Code and local fire protection requirements. System wiring must consist of #12 RW90 cubic inch cable and conduit installed to the requirements to the Canadian Electrical Code.

2. The fire alarm system will include manual pull stations, audible-signaling devices as well as smoke and heat detectors.

3. Strobe signaling units must be provided in mechanical rooms and other areas with high ambient noise levels. Do not provide strobe signaling in resident areas.

4. Each resident bedroom must be equipped with a smoke detector, separately annunciated at a central location.

5. Additional annunciators must be provided in staff locations likely to be staffed night/day (24/7) in accordance with approved facility fire safety plans.

6. These annunciators should be located at the level of one per household or, where facility layer allows, in a centralized location between households that is convenient and audible from the households.

6.2.6 Nurse Call System

1. The resident/staff response system must meet all of the requirements of UL 1069.

2. The resident/staff response system must use dedicated wired and wireless components to initiate and receive calls for attention. Examples of wireless components include mobile device(s), pendants and other wearables.

3. The resident/staff response system must be designed with activation devices that are simple, easy and accessible for all residents and staff to use.

4. The resident/staff response system must be connected to the emergency generator and provide uninterrupted service.

5. The call annunciation should occur at both the nurse's station, nurse's mobile device and corridor dome lights, with sound levels adjusted to ensure they are audible to staff without being disturbing for residents. There should be both audible and visible zone annunciation.

6. The nurse call system must be able to identify the location of a call initiated by either staff or residents.

7. An emergency call can only be reset or canceled at the call initiation station or pendant from which it was activated.

8. Provision for two-way audio (voice) communication is permitted and must be considered supplementary operation.

9. Both the internal and interconnecting wiring must consist of insulated conductors having mechanical strength, voltage rating, temperature rating and current-carrying capacity for the service.

10. Wireways must be smooth and free of sharp edges, burrs, fins, moving parts, or any defects that could abrade the conductor insulation.

11. Resident/staff response system devices are required in all areas accessible to residents, including but not limited to:
    - Resident bedsides.
    - Resident washrooms.
    - Resident dining and living/activity spaces.
    - Resident bathing areas.
    - Balconies.
    - Resident hair care station.

- Family room.
- Resident laundry.
- Community connection rooms.
- Rehabilitation spaces.
- Public washrooms.
- Smoking room.

6.2.7 Lighting System

1. The building must be equipped with a lighting system that meets the illumination requirements of the Illuminating Engineering Society of North America (IESNA). The lighting system is to provide high illumination levels which are well distributed and uniform.

2. Appropriate levels of lighting enhance the overall comfort and functionality of nursing homes. Therefore, it is important to choose fixtures that provide adequate lighting to assist with positive perceptions and interpretations of surroundings.

3. The interior lighting system must be operated at 120 volts throughout, with local switching at each room.

4. Each resident bedroom must be equipped with appropriately located and aesthetically appealing light fixtures which have a non-institutional appearance. Consider locating fixtures to allow residents to control lighting from their beds. Residential style light fixtures contribute to the home-like environment.

5. A three-way switch for general room lighting must be provided.

6. Corridor lighting must be switched to provide lower levels of illumination for after-hour periods.

7. Light fixtures must be LED. Lamps must have a color temperature of 3000K and a CRI of 85.

8. Exterior lighting must be LED type and meet the requirements of the IESNA recommended standards and will include the illumination of vehicular drives, sidewalks, and landscaping features to orient users and to enhance the safety and security of the facility perimeter.

9. Ensure adequate lighting at staff entrances and parking areas to provide safe exiting for staff during overnight/evening hours.

10. Avoid excessive or misdirected lighting that may disrupt residents or neighbors or add to light pollution.

11. Emergency lighting must be LED type complete with auto test features. The emergency lighting must comply with the National Building Code and be powered by the emergency power distribution system. Battery packs complete with heads must be provided for emergency lighting in all electrical rooms.

12. The exit lighting system and exit signage must meet the requirements of the National Building Code.

13. Motion sensor switching is not to be used in resident areas.

6.2.8 Security System

1. When planning the building's security system, ensure completion of a study, with thorough consideration of the layout and function of areas within the facility. System components must be selected to ensure the safety of residents, staff and visitors.

2. Exterior and resident household doors must be alarmed and separately annunciated at a central location.

3. Local control must be provided using keypads and magnetic locks and include the ability to be bypassed. All magnetic locks must comply with the Nova Scotia Building Code.

4. A connection to the fire alarm system must provide an override where required by code.

5. Security cameras may be included in public areas (interior and exterior) and common resident areas but must not be located in private resident spaces such as bedrooms, washrooms and assisted-bathing suites).

7. OTHER

7.1 INTERIOR FINISHES AND COMPONENTS

OUTCOME

Buildings will support safe, resident-centred care, and efficient operations. Facility design and interior finishes should remind residents of home, be durable and support Infection Prevention and Control.

SPACE STANDARDS

1. The design, layout and finish of the home must be residential in scale. The intended use of the space must be considered when determining the quality of materials.

2. Interior products and finishes used must be durable, appropriate, code-compliant, and warranted for use in long term care facilities.

3. The approach to interior design must incorporate current recommendations and evidence regarding design of LTC and dementia-friendly environments with consideration to wayfinding, flooring, colour, acoustics, IPAC and all aspects of interior design that will benefit the comfort and safety of the residents and staff.

4. Thresholds and transition strips must be flush.

5. Objects and features must not be placed below a resident's field of vision.

6. Resident rooms must have individual temperature control that can also be managed from a central location.

7. Residents may struggle to differentiate within very light or very dark colour ranges and the colour scheme must minimize that by avoiding a monochromatic colour scheme. The facility design will include the use of color to highlight resident rooms and conceal rooms not intended for resident use.

8. Provide finishes with the following minimum Light Reflective Values: Ceilings 80-90 LRV, Walls 60-80 LRV, Floors 30-50 LRV.

9. Avoid materials and finishes that may lead to unintended misinterpretation of visual planes (e.g. shiny floors reading as wet, sky imagery on walls, etc.).

10. All edges on counters, cabinets and wall corners in resident areas must be smooth and rounded.

11. Walls in resident areas are prone to damage from equipment and daily use. In addition to handrails, bumper guards and corner guards, provide abuse resistant drywall and durable wall protection finishes at most frequently damaged wall areas such as wall below handrail height.

12. Exposed masonry, concrete, and gypsum board surfaces in resident/public areas must be painted. Resident safety must be considered in the choice of materials and finishes.

13. Handrails must be securely mounted on both sides of corridor walls in resident areas, as continuous as possible. The height and width of handrails must comply with building code. Handrails should be made from a smooth, non-porous surface.

14. Window draperies, privacy curtains and bed linens must:
    i. be tested to CAN/CGSB-4.162 "Hospital Textiles - Flammability performance Requirements", per requirements of the National Fire Code.
    ii. comply with SOR/2019-97 “Corded Window Coverings Regulations”. Note that design solutions that do not require the use of privacy curtains are preferable.

15. Mattresses used in LTC facilities must be tested to CAN/ULC-S137 “Standard Method of Test for Fire Growth of Mattresses (Open Flame Test)” per requirements of the National Fire Code.

16. Upholstered furniture, chairs, tables and other related furnishings within the perimeter of a space open to an access to exit (e.g. open plan living/dining areas) must be tested to recognized flammability standards.

17. Decisions regarding flooring and finishes must be made with consideration to preventing falls and promoting resident mobility.
    i. Floor colors must contrast with wall colors to facilitate spatial perception for sensory impaired persons.
    ii. Floor finish colors must be carefully considered to prevent confusion by residents with perceptual and visual impairments. High contrast patterned floors must be avoided
    iii. The following table describes acceptable floor finishes. If materials are proven to provide the same or better performance and meet the intents, alternate flooring types may be considered and approved by the Department:

Space	Floor	Base
Resident Bedroom Resident Living Room Resident Dining Room Community Connection Room Resident Care Support Space Corridors Hair Salon (optional) Smoking Room (optional)	Resilient sheet or resilient tile	Resilient cove
Resident Assisted Bathing Suite Resident Washroom Staff and Public Washrooms Soiled Utility Resident Laundry Central Kitchen Central Laundry Housekeeping	Slip resistant resilient sheet	Integral resilient welded or flash cove
Resident Kitchen	Slip resistant resilient sheet or slip resistant resilient tile	Integral resilient welded or flash cove
Clean Utility	Resilient sheet	Resilient cove
Entrance Foyer	Resilient sheet or resilient tile, ceramic in weather vestibule	Resilient cove, ceramic cove in weather vestibule
Services, Equipment & Material Handling Mechanical Rooms Receiving Areas/Loading Docks/Bulk Storage Rooms	Slip resistant floor paint on concrete or concrete hardener or welded slip resistant vinyl sheet floor, poured epoxy flooring	Resilient cove as required by wall construction
Administration	Resilient sheet, resilient tile or carpet tile	Resilient cove or carpet base
Staff Facilities	Resilient sheet or resilient tile (non-slip sheet or ceramic at showers)	Resilient cove (welded or flash cove at showers)

7.2 INFECTION PREVENTION AND CONTROL

OUTCOME

Infection Prevention and Control (IPAC) is an integral part of the operation and design of the building, reducing the risk of transmission of infections.

SPACE STANDARDS

1. Service providers must ensure a dedicated IPAC consultant with expertise in IPAC construction related activity completes an infection control risk assessment during the design phase of the project.

2. Appropriate and accessible hand hygiene stations must be provided for use by staff, residents and visitors.
    i. Hand Hygiene Sinks:
        a. Dedicated Hand Hygiene Sinks (HHS) must be available in the resident care areas. Placement of HHS shall be based on Infection Control Risk Assessment (ICRA) and relevant elements of the CSA standard based on multi-disciplinary team recommendations. Ensure planning considers the travel distance to HHS from point of care.
        b. HHS must be positioned for easy access by staff and visitors.
        c. HHS must meet accessibility standards, have electronic hands-free operation, offset drain, laminar flow faucets, 210mm depth and be of residential appearance.
        d. Every sink is required to have a liquid hand soap and no-touch paper towel dispenser.
        e. At a minimum, HHS must be located in the following **household** locations:
            - Dining Rooms.
            - Assisted Bathing Suites.
            - Medication Rooms.
            - Soiled Utility Rooms.
            - Resident Room Corridors, placement in consideration of 2.i.a (above)and with SLTC approval.
        f. At a minimum, HHS must be located in the following **non-household** locations:
            - Central Kitchen.
            - Central Laundry.
            - Central Housekeeping Room.
            - Community Connection Room.
            - Rehabilitation Room.

ii. Hand Sanitizer Stations:
    a. Hand Sanitizer Stations (HSS) must be available in the resident care areas. Placement of HSS shall be based on ICRA and relevant elements of the CSA standard based on multi-disciplinary team recommendations.
    b. Use of alcohol-based Hand Sanitizer must comply with any applicable Code or Standard (i.e. National Fire Code).
    c. HSS must be positioned for easy access by staff, residents and visitors.
    d. HSS must be positioned in a way as not to protrude or leak and cause injuries or falls.
    e. At a minimum, HSS must be located in the following locations:
        - Facility entrance/exit doors.
        - Household entrance/exit doors (including stairwells).
        - At entrance to resident rooms.
        - Near elevators.
        - Public and staff eating areas.
        - Common use or care areas.

iii. Glove Dispensers:
    a. Glove dispensers should be accessible at point of care along with HSS. Placement to be determined by the ICRA.
    b. Glove dispensers must be placed inside soiled utility rooms.

3. Materials and surfaces must enhance the residential character of the resident area and possess the following characteristics, tailored to their functional purpose:
    i. Easy to maintain, repair, and clean.
    ii. Free of textures or joints that trap dirt, dust, or liquids.
    iii. Resistant to microbial spread and growth.
    iv. Smooth and non-porous.
    v. Durable and withstand frequent cleaning.
    vi. Capable of being installed, demolished, and replaced with minimal downtime.
    vii. Designed for simplicity, durability, and stability.
    viii. Resilient and impact resistant.
    ix. Available in a variety of colors, patterns, and textures.
    x. Non-toxic.
    xi. Non-allergenic.
    xii. Non-glossy, with minimal glare or reflection.
    xiii. Constructed to be impermeable and prevent moisture absorption or retention.
    xiv. Low permeability.
    xv. Provide adequate traction for activities while ensuring ease of movement for mobility aids.

4. Flow of Materials:
    i. When planning spaces, ensure the separation of clean and soiled materials to avoid cross-contamination.
    ii. Central Laundry must have separation between and soiled and clean, with a one-way flow of materials from soiled to clean.
    iii. Access to Soiled Utility rooms shall be hands-free.

5. Construction considerations: Ensure adherence all relevant elements of CSA Z317.13, including but not limited to:
    i. Construction workers should be trained in infection control procedures relevant to the healthcare environment. Completion of the CSA Z317.13 course is an asset.
    ii. Personal protective equipment (PPE) may be required depending on the nature of the work and the classification of the risk.
    iii. Maintain appropriate ventilation and temperature within the construction zone to control humidity and prevent mold growth.
    iv. Flush and disinfect newly installed or modified water systems before they are put into service, in accordance with all testing protocols and procedures specified in the installation guidelines and commissioning plan.
    v. All opened ducts must be sealed during transport, storage and construction with cleaning of ductwork taking place if violations are identified.
    vi. Prohibiting food and drink inside the building to eliminate potential waste accumulation and opportunity for disposal in cavities, which can attract pests, create safety hazards, and promote mold growth.
    vii. Construction debris, including hazardous materials, should be handled and disposed of in a manner that prevents contamination of healthcare environments.
    viii. All materials should be managed and stored appropriately to minimize the risk of water absorption and to prevent any foot traffic on the materials.
    ix. Regular communication between the construction team, infection control specialists, and healthcare facility managers is critical to address issues as they arise.
    x. Implementation of walk-off mats as needed to create a barrier between finished and unfinished spaces within the building.
    xi. Upon completion, the construction area should be thoroughly cleaned and disinfected, followed by environmental testing (e.g., air sampling, water sampling, surface testing) to verify that infection control risks have been mitigated.

7.3 FURNITURE, FIXTURES AND EQUIPMENT

OUTCOME

Quality Furniture, Fixtures and Equipment that are appropriate for the care setting are procured for the facility.

SPACE STANDARDS

1. Furniture, Fixtures and Equipment (FF&E) in resident areas must support a home-like environment.

2. All FF&E must be safe, reliable, and high-quality.

3. All surfaces, including furniture, must be easily cleaned and withstand frequent cleaning. Refer to Section 7.2 for selection characteristics that support Infection Prevention and Control practices. Consider including the project's IPAC consultant in the selection process.

4. Consider the operational costs associated with chosen FF&E. This includes the cost of maintenance, operations and replacement.

5. Specify furniture and equipment that has minimal or so sharp edges, and equipment to minimize risks to residents and staff.

7.4 ENERGY EFFICIENCY

OUTCOME

Long-term care facilities are energy efficient and designed with consideration of lifecycle energy costs and greenhouse gas emissions. Energy efficient design also promotes the health and comfort of building occupants.

SPACE STANDARDS

The Department of Seniors and Long-term Care is committed to aligning its direction for *LTC Facility Design Requirements* to support the Province of Nova Scotia's *Environmental Goals and Climate Change Reduction Act (EGCCRA)*.

The *LTC Facility Design Requirements* are influenced by commitments within the Act and require that facilities are designed to exceed the current National Energy Code for Buildings (NECB) by at least 25%.

This requirement will be based on the modeled energy savings between the Baseline building and the Proposed building. The Baseline will be the NECB reference building as defined in NECB Part 8. The Proposed will be the project's final design which includes energy conservation measures.

Sustainable design principles to consider include:

- Passive design strategies such as building orientation, optimized window sizing and selection, and shading lower the building's energy consumption.
- Collaboration at each phase of the design process to ensure all parties are delivering a holistic approach to reduce impacts on the environment and occupant health.
- Specifying energy efficient, low carbon and right-sized heating, ventilation and air conditioning (HVAC) and hot water heating equipment.
- Ensuring appropriate indoor environmental quality through efficient ventilation and humidity control.
- Choosing energy efficient lighting and appliances such as EnergyStar® rated equipment.

This commitment lends itself to the support of **net-zero emissions ready** facilities that will have the opportunity to add or take advantage of renewable energy sources in the future.

PART 3 – APPENDICES

APPENDIX A – SPACE TARGETS

SPACE TARGET TABLE			
Requirement			
Resident Room	17.2 NSM (185 ft2)		
Resident Washroom	5.2 NSM (55 ft2)		
Special Use Room	24-26 NSM (258-280 ft2)		
Special Use Washroom	6.5-7.5 NSM (80 ft2)		
Living Room	2.5 NSM (26.9 ft2) per resident		
Dining Room	3 NSM (32.3 ft2) per resident		
Housekeeping Closet	Up to 2.5 NSM (27 ft2)		
Rehabilitation Treatment Space	18.6 NSM (200 ft2)		
Community Connection Room	Up to 1.5 NSM (16.1 ft2) per resident		
Housekeeping Room	6.5-7.5 NSM (65-80 ft2)		
Administrator Office	Up to 14 NSM (150 ft2)		
Administrative Space	6-7.5 NSM (65-80 ft2) per approved administrative staff person		
Offices	Maximum of 11 NSM (118 ft2)		
Recommendation	**48 Beds**	**96 Beds**	**144 Beds**
Assisted Bathing Suite	34 NSM (365 ft2)		
Medication Room	9 NSM (97 ft2)		
Soiled Utility Room	10 NSM (107.6 ft2)		
Clean Utility Room	10 NSM (107.6 ft2)		
Staff Space	1.0 NSM per resident	0.9 NSM per resident	0.8 NSM per resident
Central Kitchen	2.4 NSM per resident	2.2 NSM per resident	1.8 NSM per resident
Central Laundry	1.2 NSM per resident	0.9 NSM per resident	0.7 NSM per resident
Maintenance Shop	0.75 NSM per resident	0.6 NSM per resident	0.5 NSM per resident

Notes:

1. **Requirements** are specific limitations on the square footage of spaces. These targets must be met within the facility design.
2. **Recommendations** aim to provide guidance to help make the most of limited space, ensuring the facility remains functional, efficient, and adaptable. Recommendations are based on the thorough review of facility designs submitted to, and approved by, SLTC.

APPENDIX B – DESIGN VARIANCES

Where a variance to the design standards is desired or perceived to be required, a formal request must be submitted to the Department using an approved template form. The process by which a Variance may be requested must depend on the nature of the variance and the order of magnitude.

Variances from LTC Facility Requirements:

Variance Requests will be required for minor and major deviations from the program and space targets outlined in this document. Proposed Variances should be discussed with SLTC early in the design process – determining whether a formal Variance Request is required in consultation with SLTC.

Examples of when a Variance Request could be required include:

- ✓ A required or optional space will exceed the Space Target indicated in this document.
- ✓ A greater number of required spaces are proposed (i.e. two clean utility rooms per household).
- ✓ Service provider does not want to include a required space.
- ✓ An applicable reference standard will not be met.

Information required in order for SLTC to make a determination on a Variance Request includes:

- Details on the requested Variance (Clearly identify the Facility Design Requirement related to the request and the proposed changes).
- Rationale for the proposed variance.
- Capital or Operational Budget impacts.
- Schedule impacts.
- Risks / Challenges.
- Facility impacts:
    - Benefits to residents and staff
    - Benefits to facility (building/site)
    - Benefits to community

Additional Space:

Additional Space is space for a function which is outside the program outlined in this document and most often over and above the maximums outlined Section 1.2.1 and Appendix. Service Providers who would like to incorporate Additional Space into their building designs for new Long Term Care Facilities must seek SLTC pre-approval in accordance with the Additional Space Approval Policy using an approved template form.

Proposals for the inclusion of Additional Space must be submitted to SLTC in conjunction with the Functional Program (FDAP Step 3) and Conceptual Design (FDAP Step 4). All proposals must include a detailed description of the space, rationale for its inclusion and an estimate of the associated Capital Costs. Subject to approval, SLTC may fund the Capital Costs, but not the Capital Renewal or operational costs for the Additional Space.

APPENDIX C - REFERENCES

The following non-exhaustive list of references that may be referenced appropriately in the design of a Long-Term Care facility. Versions of documents below to be applied must be the latest editions adopted or referenced in building Codes at time of tender:

A Guide to Inspection of Homes for Special Care (Department of Agriculture)

ANSI/UL 1069 Standard for Nurse Call Equipment.

BICSI/TDMM Telecommunications Distribution Methods Manual

CSA B44 Safety Code for Elevators and Escalators

CAN/CGSB-4.162 Hospital Textiles - Flammability performance Requirements

CAN/CSA B139 Installation Code for Oil Burning Equipment

CAN/CSA B149.1 Natural Gas and Propane Installation Code

CAN/CSA Z317 Area Measurement for Health Care Facilities.

CAN/CSA Z317 Infection Control During Construction, Renovation, and Maintenance of Health Care Facilities

CAN/CSA Z317.1 Special Requirements for Plumbing Installations in Health Care Facilities

CAN/CSA Z317.2 Special Requirements for Heating, Ventilation, and Air Conditioning Systems in Health Care Facilities

CAN/CSA Z317.5 Illumination Systems in Health Care Facilities

CAN/CSA Z32 Electrical Safety and Essential Electrical Systems in Health Care Facilities

CAN/CSA-Z8001-13 (R2018) Commissioning of Health Care Facilities

CAN/CSA-Z8004 Long-term care home operations and infection prevention and control

CAN/ULC - S524 Standard for Installation of Fire Alarm Systems

CAN/ULC-S137 Standard Method of Test for Fire Growth of Mattresses (Open Flame Test

CSA A123.21 Standard Test Method for the Dynamic Wind Uplift Resistance of Mechanically Attached Membrane-Roofing Systems.

CSA B51 Boiler, Pressure Vessel and Pressure Piping Code

CSA C22.1-18 Canadian Electrical Code, Part 1

CSA Z10535.2 Lifts for the transfer of persons - Installation, use, and maintenance

FM Global Loss Prevention Sheets 1-28R/1-29R Roof Systems, 1-49 Perimeter Flashing, 1-33 Safeguarding Torch-Applied Roof Installations

FM Global Approval Standard 4470 and 4450

Food Safety Regulations

IESNA Standards including IES RP28 Lighting and the Visual Environment for Senior Living

J-STD-607A Commercial Building Grounding and Bonding Requirements for Telecommunications

NFPA 13-Standard for the Installation of Sprinkler Systems

NFPA 20 Standard for the Installation of Stationary Fire Pumps for Fire Protection

NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations

Nova Scotia Department of Environment - Petroleum Storage Regulation.

Nova Scotia Fire Safety Act & Regulations and the National Fire Code of Canada

Nova Scotia Government Communications Cabling Guidelines

Nova Scotia Smoke Free Places Act and Regulations

SLTC Capital Renewal Reserve Policy

SLTC Long-Term Care Facility Design Approval Process

SLTC Long Term Care Program Requirements

SOR/2019-97 Corded Window Coverings Regulations

The National Energy Code for Buildings

The Nova Scotia Building Code Act

The Nova Scotia Homes for Special Care Act and Regulations

The Nova Scotia Nursing Home Building Maintenance Standard