Long-Term Care Home Design Manual 2015

Ministry of Health and Long-Term Care

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Long-Term Care Home Design Manual 2015

Introduction

The *Long-Term Care Home Design Manual, 2015* (the Design Manual) contains the Ministry of Health and Long-Term Care's (the "ministry's") current design standards for long-term care (LTC) homes being developed or redeveloped in Ontario. This Design Manual is applicable to long-term care homes being developed or redeveloped where the applicable Development Agreement and/or Director's work approval under s. 305(3) and (3) of Regulation 79/10 (the Regulation) under the *Long-Term Care Homes Act, 2007 (the "LTCHA")* specifies that this Design Manual applies. In addition to complying with applicable design standards, all long-term care homes are required to comply with all applicable Ontario legislation and regulations, including, without limitation, the *LTCHA* and the Regulation, especially ss. 9-23 of the Regulation, the *Fire Code*, the *Building Code*, and the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) (as applicable). The Design Manual is composed of four main parts:

- Introduction: includes background information on the evolution of long-term care home design standards in Ontario.

- Part 1 - Using this Design Manual: includes definitions of words and terms in the Design Manual.

- Part 2 - The Design Standards: includes design objectives, design standards for long term care homes' resident, staff and public spaces. There are also Best Practices which are suggestions for optional design features that further promote quality design and quality care outcomes.

- Part 3 – Design Variance Standards: are defined or permitted exceptions to Design Standards that may be applied to redevelopment projects to address physical constraints that apply to an existing long-term care home that prevent the long-term care home from fully meeting one or more of the Design Standards.

Background

In 1998, the Government of Ontario announced a new capital program to support the building of approximately 20,000 new long-term care beds. This initiative included a new capital funding program and a new set of long-term care home design standards. The ministry consulted with many stakeholders in the development of these standards. The objective of the new standards was to create less institutional, more residential long-term care homes that would provide a higher quality of life to the people who lived there. The ministry published the new design standards in the *Long-Term Care Facility Design Manual, May 1999*.

In January 2002, the ministry introduced the 2002 D Bed Program to enable the redevelopment

of approximately 16,000 existing "D" classification long-term care beds. The D Bed Program included a "Retrofit Option" to provide operators with more flexibility to bring their existing long-term care homes up to current design standards.

The *Long-Term Care Retrofit Design Manual, January 2002* set out retrofit design standards based on the *Long-Term Care Facility Design Manual, May 1999*. In publishing the 2002 Retrofit Design Manual, the ministry recognized that there may be circumstances where an operator could not fully comply with the regular design standards within the existing structure.

The Long-Term Care Home Design Manual, 2009 further refined the design standards and incorporated regular and retrofit design standards into one integrated document.

The Design Manual represents a consolidation, clarification and updating of design standards from *The Long-Term Care Facility Design Manual, May 1999*, The *Long-Term Care Retrofit Design Manual, January 2002*, and *The Long-Term Care Home Design Manual*, 2009. .

The Design Manual continues to promote innovative design in long-term care homes in Ontario, by giving service providers flexibility to create environments that make it possible to respond positively and appropriately to the diverse physical, psychological, social and cultural needs of all long-term care home residents.

The Design Manual's goal is to integrate design concepts that will:

- facilitate the provision of quality resident care in an environment that is comfortable, aesthetically pleasing and as 'home-like' as possible; and

- support well-coordinated, interdisciplinary care for residents who have diverse care requirements.

The Ministry reserves the right to provide clarifications of any matter in connection with this Design Manual that the Ministry determines is unclear.

Summary of Changes in the Long-Term Care Home Design Manual from 2009 to 2015

- The following table describes the principal changes to the Design Manual since the 2009 version. There are no changes to the physical space requirements of the *Long-Term Care Home Design Manual, 2009*. The Design Manual has been updated to provide clarification and/or minor modifications in areas where concerns have been identified by

the LTC sector and/or the ministry and where design standards and regulations under the *LTCHA* needed to align. As well, Retrofit Design Standards have been renamed Design Variance Standards and are now described under 'Part 3' of the Design Manual.

- Note: This Summary of Changes (including the Table below) is for the convenience of the reader, does not constitute a formal part of the Design Manual, and may be removed from the document containing the Design Manual.

LONG-TERM CARE HOME DESIGN MANUAL COMPARISON 2009 TO 2015			
Item #	**STANDARD**	**DESIGN MANUAL 2009**	**DESIGN MANUAL 2015**
1	Resident/Staff Communication and Response System (Nurse Call System)	Requirements for locations listed in Section 8.1.	Requirements listed in Section 8.1 as well as under every design standard where applicable.
2	Resident Bedrooms	Definition for bedrooms (Private, Semi-private and Standard) located at beginning of manual.	Bedroom definitions moved. Section 2.1.
3	Resident Bedrooms	Definition for bedroom usable net floor space located under 'Definition' at beginning of manual.	Definitions for bedroom usable net floor space located under each standard for bedroom space requirements. Section 2.1.2 and 2.1.3
4	Resident Bedrooms	Lowest edge of glass must be no more than 600 mm (24 in.). Section 2.1.13	Bedrooms must have at least one window that provides a direct view to the outdoors when either sitting or lying in bed. Section 2.1.13
5	Resident Bedrooms	Privacy must be provided in all two-bed rooms. Section 2.1.14	Where there are two beds in a room there must be privacy drapes/ screening that provides complete privacy at each bed while still allowing access to common spaces in the room such as the window and entrance to the ensuite washroom. Section 2.1.18

LONG-TERM CARE HOME DESIGN MANUAL COMPARISON 2009 TO 2015			
Item #	**STANDARD**	**DESIGN MANUAL 2009**	**DESIGN MANUAL 2015**
6	Resident Washrooms	1.524 m (5 ft.) turning radius, Section 2.2.7	No furnishing or equipment such as storage cupboards, towel bars etc. can impede the 1.524 m (5 ft.) turning radius. Section 2.2.2
7	Resident Washrooms	Grab bars provided at every toilet. Section 2.2.7	Where the toilet is located in the centre of the washroom wall, fold down type grab bars are required on both sides of the toilet. Section 2.2.9
8	Resident Washrooms	Requirements with respect to flooring materials are not included	Non-slip flooring must be provided in resident washrooms. Section 2.2.14
9	Resident Bath Rooms and Shower Rooms	Did not specify door widths for resident bath rooms and shower rooms.	Doors leading into shower rooms and tub rooms must be minimum widths of 1120 mm (44 in.). Section 2.3.3
10	Resident Bath Rooms and Shower Rooms	Space must be provided to accommodate residents.	1.524 m (5ft.) turning radius required in the tub rooms, the shower rooms and the washrooms. Section 2.3.4 There must be access to both sides and the foot of the bath tub. Section 2.3.7
11	Dining Areas and Dietary Service Space	2.8 sq. m (30 sq. ft.) per resident excluding servery space. Section 5.1.2	The usable net floor space excludes the servery and the area immediately surrounding the servery where staff pick up meals, as well as storage areas, pillars, alcoves etc., where dining room table, chair and wheelchair access is restricted. Section 5.1.2
12	Place of Worship	Space must be provided.	The place of worship space can be shared with other common areas, but there must be the ability to convert/section off an area to provide appropriate worship space. Section 6.3.1

LONG-TERM CARE HOME DESIGN MANUAL COMPARISON 2009 TO 2015			
Item #	**STANDARD**	**DESIGN MANUAL 2009**	**DESIGN MANUAL 2015**
13	Housekeeping Service Support Space	Secure Space required. Section 7.2.1	Doors leading into housekeeping/janitor closets in areas to which residents have access must be self-closing and self- locking. Section 7.2.4
14	Utility Space	Secure Space required. Section 7.3.1	Doors leading into utility rooms in areas to which residents have access must be self-closing and self- locking. Section 7.3.3
15	Maintenance Service Support Space	Secure Space required. Section 7.4.1	Doors leading into maintenance spaces in areas to which residents have access must be self-closing and self-locking. Section 7.4.5
16	Door Access Control System	Requirements with respect to back-up alarms being connected to a back-up power supply are not included.	The back-up alarm must be connected to a back-up power supply. Included to align with LTCHA requirement. Section 8.2.6
17	Door Access Control System	Requirements with respect to elevator door security are not included.	Where elevators that are accessible to residents, open into non long-term care areas, (including but not limited to service areas, basements, co-located areas such as a retirement home, community space, etc.), controls must be placed in the elevators to restrict long-term care residents from accessing areas that are not to be accessed by residents. Included to align with LTCHA. Section 10.6.2.
18	Railing Heights	Requirements with respect to open stair cases were not included under Section 6.1.5.	Where railings/fencing/gates are required, both indoors and outdoors, the height of the railings/fencing/gates must be a minimum of 1.524 m (5 ft.) Section 8.4.1
19	Windows	Requirements with respect to window openable space	Every window where residents have access cannot be opened more

LONG-TERM CARE HOME DESIGN MANUAL COMPARISON 2009 TO 2015			
Item #	**STANDARD**	**DESIGN MANUAL 2009**	**DESIGN MANUAL 2015**
		were not included.	than 15 cm (6 in.). Included to align with LTCHA. Section 8.5.1
20	Generator	Section 9.3.1 Requirements with respect to Essential Services were included but with less detail.	An emergency generator power supply must be provided to support essential building systems and services, including dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident-staff communication and response system (nurse call system), elevators and life support, safety and emergency equipment. Included to align with LTCHA. Section 9.3.1

LONG TERM CARE HOME DESIGN MANUAL UPDATE 2015 (Continued) DESIGN VARIANCE STANDARDS (RETROFIT STANDARDS) ELIMINATED FROM 2015 MANUAL			
Item #	**STANDARD**	**DESIGN MANUAL 2009 (RETROFIT STANDARDS)**	**DESIGN MANUAL 2015 (DESIGN VARIANCE STANDARDS)**
1	2.1.3 (b)	Two-bed bedrooms may meet a minimum of 9.3 sq. m (100 sq. ft.) of usable net floor space per resident.	Eliminated
2	2.1.3 (b)	The average of the retrofitted two-bed bedrooms throughout the home is at least 9.75 sq. m (105 sq. ft.) of usable net floor space per resident.	Eliminated
3	2.1.3 (b)	No more than 10 percent of the retrofitted two-bed bedrooms throughout the home are less than 9.75 sq. m (105 sq. ft.) of usable net floor space per resident	Eliminated

LONG TERM CARE HOME DESIGN MANUAL UPDATE 2015 (Continued) DESIGN VARIANCE STANDARDS (RETROFIT STANDARDS) ELIMINATED FROM 2015 MANUAL			
Item #	**STANDARD**	**DESIGN MANUAL 2009 (RETROFIT STANDARDS)**	**DESIGN MANUAL 2015 (DESIGN VARIANCE STANDARDS)**
4	2.3.5 (a)	All resident bath and shower rooms must be equipped with an independently controlled thermostat or heat lamp to allow for resident comfort.	Eliminated
NOTES: 2009 Retrofit Design Standards have been renamed Design Variance Standards in the 2015 version. The Design Variance Standards are located in Part 3 of the Design Manual. In addition to specific permitted variances, application may be made to the Ministry for further variances due to extraordinary circumstance.			

The Resident Home Area Concept

In 1999, the ministry established the concept of 'Resident Home Areas'. Resident Home Areas (RHAs) are smaller, self-contained units within the home that:

- give residents more intimate and familiar living spaces; and
- support long-term care home staff in providing efficient care to residents

RHAs continue to be the foundation for Ontario's long-term care home design standards. In the *Long-Term Care Facility Design Manual, May 1999*, the ministry made the following commitment:

> ***"…as resident care, program and service requirements change, the development of new and revised design standards will be necessary to respond to these changes in resident needs...***
> ***it (the Design Manual) will be revised as necessary to incorporate new ideas that will support a facility design that best meets the care, program, and service needs of residents."***

The Design Manual continues that commitment.

Co-located Space - The Integrated Multi-Use Complex

- If a long-term care home is to be part of a larger integrated complex (for example, a combined complex that includes a rest/retirement home and a long-term care home):

    - resident areas of a long-term care home must be completely separate and distinct from space which is used for other purposes; and

    - there must be common areas outside of the RHAs that are dedicated to the long-term care home including a front entrance/vestibule into the home.

- In an integrated multi-use complex, it is acceptable to share building service areas such as the kitchen, laundry and staff rooms. In addition, it is also acceptable to share the internal building systems such as water, hydro, sewage, waste disposal, lighting heating and ventilation.

- Applicable law may include additional requirements.

PART 1 – Using This Design Manual

Definitions

The following words, terms and abbreviations used in this Design Manual have the meanings set out below except where the context indicates otherwise:

Best Practices–suggestions for optional design features that further promote quality long-term care home design and quality care outcomes.

Design Manual – the *Long-Term Care Home Design Manual, 2015.*

Design Objectives – the purpose and design expectations for each area, including how the space is to be used and what the resident focus should be to achieve the optimal care outcomes.

Design Standards – the requirements set out in Part 2 of this Design Manual that must be incorporated into the design of each long-term care home that is subject to the Design Manual, (subject to any permitted Design Variance Standards).

Design Variance Standards – are permitted exceptions to Design Standards, as set out in Part 3 of this Design Manual, that may be applied to redevelopment projects to address physical constraints that apply to an existing long-term care home that prevent the long-term care home from fully meeting one or more of the Design Standards.

Long-Term Care Homes –long-term care homes under the *Long-Term Care Homes Act, 2007*, (LTCHA).

Ministry – Ontario Ministry of Health and Long-Term Care.

New Construction **-** means the construction of a new building, conversion of an existing non-LTC home structure, or replacement of an existing LTC home structure, but does not include construction defined as ***Renovation (within existing building footprint)*** or ***Renovation (outside existing building footprint***).

Regulation **-** Ontario Regulation 79/10 under the LTCHA.

Resident Home Areas or RHAs – smaller, self-contained units within the long-term care home that give residents more intimate and familiar living spaces and support long-term care home staff in providing efficient care to residents.

Renovation (within existing building footprint) – means construction within an existing long-term care home building structure and/or construction of additional floors to an existing long-term care building where construction is within the existing LTC home building footprint (i.e. no expansion beyond existing external walls).

Renovation (outside existing building footprint) – means construction of an addition to an existing LTC home building structure that expands outside the existing LTC home building footprint (i.e. expansion beyond existing external walls).

Measurement Abbreviations

The following common abbreviations for measurement are used in this Design Manual:

- ft. – feet
- in. – inches
- m – metres
- mm – millimetres
- cm – centimetres
- sq. m – square metres
- sq. ft. – square feet
- lx – lux, luxes or luces

Note:
Both metric and imperial measurements have been included in the Design Manual for ease of use. However, design variance calculations for the construction funding subsidy will be based on metric measurements.

PART 2 – The Design Standards

The design standards are organized under the following 10 sections:

1. Resident Home Areas (RHAs)
2. Resident Personal Space in the RHA(s)
3. Work Space in the RHA(s)
4. Resident Lounge and Program/Activity Space
5. Dining Areas and Dietary Service Space
6. Resident Shared Space
7. Environmental Services
8. Safety and Security Features
9. Building Systems
10. Other Features

Each of the 10 sections contains a design objective and design standards component and may have additional commentary on long-term care sector best practices.

1.0 – Resident Home Areas (RHAs)

1.1 Resident Home Areas (RHAs)

Design Objective

Each RHA must be a self-contained unit for residents of that area to use. The intent is to create smaller home-like units that give residents more intimate and familiar living spaces.

Design Standards

1.1.1 RHAs must be clearly defined, distinct units located on the same floor and provide accommodation for a maximum of 32 residents.

1.1.2 Resident space including the bedrooms, the bath and shower rooms, dining area(s), lounge area(s) and program/activity space must be located in each RHA.

1.1.3 Staff work space including the documentation area, therapy space, storage for equipment and supplies and utility spaces must be located in each RHA.

1.1.4 The RHA must be self-contained and not a transitory passageway for persons not connected with the RHA to pass through the RHA to go to other areas of the home.

2.0 – Resident Personal Space in the RHA(s)

2.1 Resident Bedrooms

Design Objectives

The resident bedroom is the centre of a resident's personal space. Its design must meet the resident's need for comfort and safety, promote the resident's independence and provide for resident privacy. Each bedroom must be designed to maximize a sense of familiarity for residents and support staff in the safe delivery of quality resident care.

There are three types of accommodation:

Private bedroom – a one-bed bedroom accommodating one resident with a separate ensuite washroom;

Semi-private bedroom – a one-bed bedroom accommodating one resident, another one bed bedroom accommodating another resident with each bedroom having direct access into a shared ensuite washroom; and

Basic/Standard bedroom – a two-bed bedroom accommodating two residents with a separate ensuite washroom.

Design Standards

2.1.1 Resident bedrooms must have one or two beds but not more than two beds per bedroom.

2.1.2 A one-bed bedroom (private and semi-private layouts), must have at least 12.08 sq. m (130 sq. ft.) of usable net floor space. The usable net floor space excludes the clothes closet, resident ensuite washroom, vestibule and the space that is occupied by mechanical/electrical units, building structures (e.g. columns) and built-in furniture.

2.1.3 A two-bed bedroom must have at least 10.68 sq. m (115 sq. ft.) of usable net floor space per resident. The usable net floor space excludes the clothes closets, resident ensuite washroom, vestibule and the space that is occupied by mechanical/electrical units, building structures (e.g. columns) and built-in furniture.

2.1.4 Resident/staff communication and response system devices (nurse call bell) is required at the head of each bed.

2.1.5 Every bedroom must have an ensuite washroom.

2.1.6 The entrance to the washroom must be from within the bedroom itself (which includes the vestibule).

2.1.7 Bedrooms must have a clothes closet for each resident. Each clothes closet must have at least 0.56 sq. m (6 sq. ft.) of floor space. The clothes closet must be large enough in height and depth to store and hang clothes. If portable, the clothes closet must have a non-tipping design component.

2.1.8 Bedroom doors must be a minimum width of 1120 mm (44 in.).

2.1.9 If locks are installed on bedroom doors, the locks must be readily releasable and easy for residents and staff to open from outside the door.

2.1.10 In each bedroom, there must be sufficient space to give caregivers access to three sides of each bed; that is, both sides of the bed and the foot of the bed.

2.1.11 Bedrooms must be designed to allow specialized equipment access on both sides and at the foot of the bed.

2.1.12 Bedrooms must be designed to allow a 180 degrees change of direction of any care equipment within the room.

2.1.13 Bedrooms must have at least one window that provides a direct view to the outdoors to a person either sitting or lying in bed.

2.1.14 Bedroom windows must be equipped with blinds or curtains in order to provide privacy.

2.1.15 Windows that are accessible to residents cannot be opened more than 15 cm (6 in.).

2.1.16 Windows must have screens in the spring, summer and fall seasons.

2.1.17 Telephone, television and internet service capability must be provided for each resident in each bedroom.

2.1.18 Where there are two beds in a room, there must be privacy drapes/screening that provides complete privacy at each bed while still allowing access to common spaces in the room such as the window and entrance into the ensuite washroom.

Best Practices

- The lowest edge of window glass should be no more than 600 mm (2 ft.) from the floor to ensure an unobstructed view to the outside.
- Night lights should be considered especially in the vestibule and near the entrance to the washroom.
- Task lighting should be considered as part of the lighting layout of a bedroom. If staff are required to provide care in the night, can their work be safely completed with the proper lighting? Will a roommate in a standard bedroom be disturbed?

2.2 Resident Washrooms

Design Objective

Each washroom must be designed to promote resident privacy, dignity and independence. In addition, the washroom space must also allow caregivers to provide effective and safe care delivery.

Design Standards

2.2.1 Resident washrooms must contain a toilet, a hand washbasin and be equipped with toilet paper, soap dispensers as well as towel bar(s) for each resident.

2.2.2 In order to allow for sufficient space for a wheelchair or a walker, and for staff to assist a resident, there must be a 1.524 m (5 ft.) turning radius in each resident washroom. No furnishings or equipment such as storage cupboards, towel bars, etc. can impede the 1.524 m (5 ft.) turning radius.

Note:
The turning radius is measured from the edge of the toilet seat and from the edge of the countertop/sink.

2.2.3 Resident washrooms must have an entrance width of at least 914 mm (3 ft.).

2.2.4 Resident/staff communication and response system device (nurse call bell) is required at the toilet within easy reach for a resident. Residents cannot reach over their shoulders or from behind to access the nurse call cord.

2.2.5 When open, a washroom door must not block the bedroom entrance-way and must not swing into another door in the bedroom, such as the bedroom door or a clothes closet door.

2.2.6 If locks are provided on washroom doors, the locks must be readily releasable

and easy for residents and caregivers to open from outside the door.

2.2.7 There must be no direct view of the toilet in the ensuite washroom from the corridor when the washroom door is open.

2.2.8 Washrooms must have sufficient space to enable independent and/or assisted transfer from the front and at least one side of the toilet.

2.2.9 There must be securely fastened grab bars at every toilet within the resident's easy reach. Each grab bar must be of sufficient size and design to support the full weight of a resident and must be placed on a reinforced wall capable of sustaining the weight load.

Where the toilet is located in the centre of the washroom wall, fold down type grab bars are required on both sides of the toilet. One of the grab bars must be kept in the down position in order for a resident to be able to access the toilet paper dispenser. The toilet paper dispenser must be attached to the grab bar; it cannot be on the wall. The nurse call cord must also be attached to the grab bar in the down position in order for a resident to be able to access it.

2.2.10 Washrooms must have counter space to allow for easy placement of personal grooming items and be equipped with a mirror.

2.2.11 There must be accessible space in each washroom for individual storage of resident's personal items. Where two residents share a washroom, there must be separate storage space available for each resident.

2.2.12 Lever-handled taps that clearly distinguish between hot and cold water must be provided in all resident washrooms. This type of fixture is the preferred model for residents with visual impairments and for residents with physical disabilities that affect hand movement.

2.2.13 If a sliding door is installed in the washroom:

- door handles must be easy to grip ("C" or "D" type handles) and located on the door so that hands and knuckles will not be hit when opening and shutting the door;
- the door must shut completely to ensure resident privacy; and
- the door must slide easily to make it easy for resident use.

2.2.14 Non-slip flooring must be provided in resident washrooms.

Best Practices

- Consider having nursing staff involved at the construction stage when determining the best place to install grab bars, towel bar(s), toilet paper dispensers, soap and paper towel dispensers and the nurse call bell at the toilet.
- When determining the placement of storage areas for each resident, ensure that the cupboards do not impede wheelchair access.
- Consider providing a night-light in the bedroom near the doorway to the washroom.
- Where the toilet is placed in the centre of the wall with fold-down grab bars on both sides, consider locating toilet paper dispensers on both grab bars.
- Consider providing a mirror over the sink that can be adjusted to accommodate residents of differing heights and those using a wheelchair.
- Consider installing illuminated light switches.
- Ensure counter and cabinet finishes have rounded edges and not sharp corners.
- Consider reinforcing the wall(s) where towel bars will be located.

2.3 Resident Bath Rooms and Shower Rooms

Design Objective

Resident bath rooms and shower rooms must be safe, private and comfortable for residents. They must also be designed so that caregivers can easily and safely assist residents to bath or shower in a manner that protects resident dignity and promotes independence as much as possible.

Design Standards

2.3.1 RHA(s) must have a minimum of:

- one separate room with a raised bathtub equipped with a hydraulic, electric or mechanical lift. and that allows for access to 3 sides of the bathtub;
- one separate room with a shower (the showering area must have sufficient space to accommodate a shower chair so that a resident can receive assistance from a

seated position); and

- a washroom (toilet and a sink) located in each bath room and shower room or a shared washroom, (toilet and sink) with direct access from both rooms.

2.3.2 There must be no direct view of the bathtub, the shower or the toilet from the corridor outside of each resident bath room and shower room.

2.3.3 Doors leading into shower rooms and tub rooms must be a minimum width of 1120 mm (44 in.).

2.3.4 In order to allow for sufficient space for a wheelchair or a walker, and for staff to assist a resident, there must be a 1.524 m (5 ft.) turning radius in the tub rooms, the shower rooms and the washrooms. No furnishings or equipment such as storage cupboards, towel bars, etc. can impede the 1.524 m (5 ft.) turning radius.

Note:
The turning radius is measured from the edge of the toilet seat and from the edge of the countertop/sink.

2.3.5 The toilet in the resident bath room and shower room must be positioned so that independent and/or assisted transfer from at least the front and one side of the toilet can occur.

2.3.6 There must be a securely fastened grab bar for resident's use at each toilet, and on the faucet wall and on the adjacent wall of each shower**.** Where the toilet is located in the centre of the washroom wall, fold down type grab bars are required on both sides of the toilet. One of the grab bars must be kept in the down position in order for a resident to be able to access the toilet paper dispenser. The toilet paper dispenser must be attached to the grab bar; it cannot be on the wall. The nurse call cord must also be attached to the grab bar in the down position in order for a resident to be able to access it.

2.3.7 There must be access to both sides and the foot of the bath tub.

2.3.8 The washroom must be equipped with a paper towel and soap dispenser.

2.3.9 All resident bath rooms and shower rooms must be equipped with an independently controlled thermostat to allow the room temperature to be set at the resident's preference while bathing or showering.

2.3.10 Space must be provided in each bath and shower room to accommodate resident towels, personal clothing and toiletries.

2.3.11 Resident bath rooms and shower rooms must have secure areas to store

cleaning supplies.

2.3.12 Resident/staff communication and response system (nurse call bell) is required at each shower that is easily accessible to staff.

2.3.13 Resident/staff communication and response system (nurse call bells) are required on both sides of the tubs that are easily accessible to staff.

2.3.14 Non-slip flooring must be provided in all tub and shower rooms.

Best Practices

- Review all tub and shower room layouts to ensure the nurse call locations meet the needs of the staff.
- Consider an area in the resident bath rooms and shower rooms where residents can receive help with dressing and grooming after a bath or shower in order to support resident comfort, privacy and dignity.
- Consider providing a hair washing sink in the tub or shower room in the RHA.
- Consider not only task lighting for the tub and shower rooms but lighting that can be dimmed to provide a more relaxing atmosphere.
- Consider a two chair transfer (wheelchair or Broda type chair and tub or shower chair), and the space that is required in order to safely transfer a resident into the bath tub or into the shower.

3.0 – Work Space in the RHA(s)

3.1 Nursing and Program/Therapy Work Space

Design Objectives

The provision of resident care involves the assessment, planning, implementation, communication and evaluation of care. The work space for staff in each RHA must be designed to support a well-coordinated, multi-disciplinary system that will allow staff to meet resident care and treatment needs in an efficient and effective manner.

The work space for staff must also be designed so that it can readily be identified by residents,

staff, visitors and others as an information centre and an area for contacting staff. (Refer to Standard 10.5.1 - Signage)

Design Standards

3.1.1 RHAs must have work space for nursing and program/therapy staff so they can carry out their administrative duties. The space must accommodate:

- a work area to complete documentation;
- multi-disciplinary team activities; and
- Secure storage of resident care records.

3.1.2 On every floor where RHAs are located, there must be one space to support the delivery of therapeutic programs that the home provides such as podiatry, dental, ophthalmology, social and psychiatric services. There must be a minimum of one therapy room for every three RHAs. This space or spaces must be in a centrally accessible area.

3.1.3 In areas where therapeutic programs are delivered, there must be convenient access for residents to a washroom that is separate from resident bedroom washrooms. (Refer to Standards 10.7.1-7.8 - Public Washrooms)

Best Practices

- Consider the equipment that will be stored in the medication rooms (for example, medication carts, portable blood pressure machines, suction machines, etc.) when designing this space.
- Consider staff ease of access when pushing a medication cart through the area in order to store the cart in a locked space.

3.2 RHA Storage Space for Resident Care Supplies and Equipment

Design Objective

There must be space for storing required medications, supplies and equipment for the care and

treatment of residents in each RHA. Medications and nursing care supplies and equipment must be stored in a place where they are readily accessible to caregivers but do not intrude on the residents' personal space.

Design Standards

3.2.1 The storage space for resident care supplies and equipment must be convenient and accessible to the staff working in each RHA.

3.2.2 Secured space must be provided either within each RHA or shared between RHAs on the same floor, for the storage of resident medications, stock medications and medication carts.

3.2.3 There must be secure space with lockable cupboards for the storage of all supplies and equipment related to care delivery.

3.2.4 Areas used for charging of batteries (e.g., wheelchair batteries) must have adequate and continuous mechanical ventilation.

4.0 – Resident Lounge and Program/ Activity Space

4.1 Resident Lounge and Program/Activity Space

Design Objectives

Resident lounges must be comfortable and designed so that residents can interact in a relaxed atmosphere with other residents, family members and visitors. The lounges must be designed for conversation, reading, and other social activities.

Program and activity areas must be able to accommodate a variety of resident-focused activities and support social functions which promote resident quality of life.

Design Standards

4.1.1 The minimum total required space for resident lounge and program/activity space is 2.5 sq. m (27 sq. ft.) per resident.

4.1.2 At least 70 per cent of the required resident lounge and program/activity space for each RHA must be located in the RHA. The remaining required space for the resident lounge and program/activity space may be located outside the RHA(s) for access by

all residents of the long-term care home.

4.1.3 Each RHA must have at least one resident lounge with a minimum of 14 sq. m (150 sq. ft.) of total floor area.

4.1.4 Each RHA must have at least one resident program/activity space with a minimum of 14 sq. m (150 sq. ft.) of total floor area.

4.1.5 At least one resident lounge in each RHA must have a window with a direct view to the outside.

4.1.6 Resident program/activity areas must have convenient access to a washroom that is separate from and not located in resident bedrooms or tub and shower rooms. (Refer to Standards 10.7.1-10.7.8 - Public Washrooms)

4.1.7 Where resident-accessible electrical appliances are provided, there must be deactivation ("kill") switches.

4.1.8 Resident/staff communication and response system (nurse call bell) is required in every lounge and program/activity space.

Best Practices

- Consider task lighting in the lounges and activity rooms. For example, lighting at activity tables.
- Consider additional nurse call bells in large open areas where residents may choose to congregate.
- Shelving and storage needs to be considered when designing the space that will become lounges and activity rooms.
- Consider fireplaces that emit only low heat.
- When designing an area with a fireplace and a hearth, there should be no sharp edges or corners.
- Entrances into lounges and program/activity areas should be as large as possible with no single door widths. If doors are provided in these areas, they must be able to be kept in the open position. (Refer to Standard 8.2.7 – Door Access Control System)

5.0 – Dining Areas and Dietary Service Space

5.1 Resident Dining Areas

Design Objectives

All resident dining areas must include design features that promote a 'home-like' feel and that reinforce "familiar" eating patterns associated with smaller social gatherings.

Efforts must be made to keep noise to a minimum in dining area(s) by providing finishes that reduce reflected noise and increase sound absorption.

Design Standards

5.1.1 RHAs must have dedicated space for dining that is separate from any other type of space.

5.1.2 The minimum required usable space for dining area(s) in each RHA is 2.8 sq. m (30 sq. ft.) of floor area per resident of the RHA. The usable net floor space excludes the servery and the area immediately surrounding the servery where staff pick up the meals, as well as storage areas, pillars, alcoves, etc., where dining room table, chair and wheelchair access is restricted.

5.1.3 100 percent of the required space for dining areas must be located within the RHA.

5.1.4 Resident/staff communication and response system (nurse call bell) is required in every dining room.

5.1.5 Dining areas must have convenient access to a washroom that is separate from and not located in resident bedrooms, tub and shower rooms, and does not open directly into food preparation or dining areas. (Refer to Standards 10.7.1-10.7.8 - Public Washrooms)

5.1.6 Dining areas must incorporate storage space for equipment/supplies as necessary.

5.1.7 Dining areas must have a hand wash area either in the dining area or immediately next to the dining area for staff to use in preparing, delivering and serving food to the residents. If the hand washing sink is located in the servery, it must be accessible immediately upon entering the area.

5.1.8 Dining areas must provide a direct view to the outdoors.

5.1.9 To provide resident comfort and security while eating, dining area chairs must be equipped with arms.

5.1.10 To promote a 'home-like' dining atmosphere, dining tables must accommodate no more than four residents.

5.1.11 Dining areas must provide a servery area for assembling and serving meals. If the dining area is located immediately next to the kitchen, the kitchen can be used for the servery function.

5.1.12 A separate housekeeping/janitor's closet (with a curb service sink) to store the supplies and equipment used to clean the dining area and servery, must be provided close to each dining area.

Best Practices

- Consider both the location and design of the hand wash area that is required either in the dining room or immediately next to the dining room. With proper millwork, etc. these spaces can appear to be part of the dining room setting.
- When designing the dining room layouts, consider wheelchair access to the tables as well as staff accessibility in and around the tables as they serve the meals.
- Entrances into dining areas should be as large as possible with no single door widths. If doors are provided in these areas, they must be able to be kept in the open position. (Refer to Standard 8.2.7 – Door Access Control System)

5.2 Dietary Service Space

Note:
The kitchen of a long-term care home must comply with the design standards and other requirements set out in Ontario Regulation 562 (Food Premises) under the Health Protection and Promotion Act. Municipal governments administer this regulation. Please contact the applicable local public health unit/department with any questions on regulatory requirements.

Design Objectives

The design of the dietary service space must facilitate the delivery of a quality food service

program that responds to residents' physical, social and nutritional care needs. The design of the dietary service space must also be flexible enough to respond to changing dietary service models, to different cultural and therapeutic dietary requirements and to different food preparation methods.

Decisions about the type of meal service program and the necessary equipment to support that program must be determined before designing the dietary service space.

In addition to serving residents of the long-term care home, the dietary service space may also be used to provide dietary services to other types of homes (e.g., retirement home/rest home and supportive housing) or community support service programs (e.g., Meals-on-Wheels or non-resident community dining programs).

Dietary service space must accommodate the receiving, storage and preparation of food products and goods for the dietary program and the delivery of meals and snacks to the residents of the home.

Design Standards

5.2.1 The dietary service space must be designed so that the storage areas for small equipment and utensils and for non-refrigerated and frozen food are conveniently located for dietary staff to easily access and use them. Storage areas must be close to dietary work areas.

5.2.2 The dietary service space must include a work area for dietary staff that:

- is secure for records and reference materials;
- accommodates appropriate furnishings and equipment; and
- is accessible without passing through the food production area.

5.2.3 The design of the dietary service space must provide a layout that allows for an efficient work flow, prevents cross-contamination between clean and soiled areas and supports safe food production and delivery.

5.2.4 The design of the dietary service space must allow for the preparation of a range of food products prepared in a variety of methods.

5.2.5 The design of the dietary service space must support the delivery of a bulk food service system to the dining areas so that meals can be served by individual course.

5.2.6 The design of the dietary service space must include serving areas near the dining

area(s) so that residents have the opportunity to see and smell food, snacks can be prepared and residents can make food choices at the point of meal service.

5.2.7 Dietary service space must be provided to accommodate the required equipment to support the home's meal service program. The provided equipment must be appropriate in size and design to prepare and serve a variety of food products and beverages that meet the nutritional care needs of residents, retain the texture, colour and palatability of food items, and allow the home to meet the cultural requirements, therapeutic needs and food preferences of all of its residents.

5.2.8 The dietary service space must be designed to keep excessive noise, steam and heat to a minimum.

5.2.9 Depending on the food service program, the dietary service space must provide space for scraping, soaking, pre-rinsing, washing, rinsing, sanitizing, air drying and sorting of dishes, pots/pans, utensils, large equipment and carts.

5.2.10 The dietary service space must include adequate floor drainage.

5.2.11 There must be storage space for non-refrigerated (dry) goods and supplies. The storage space must be able to meet usual and peak capacity volume storage requirements and be well-ventilated.

5.2.12 There must be storage space for refrigerated and frozen food supplies. This storage space must be able to meet usual and peak capacity volume storage requirements.

5.2.13 The dietary service space must include hand washing area(s).

5.2.14 The dietary service space must include convenient access to electrical services and to hot and cold water supply services.

5.2.15 The dietary service space must provide separate and sufficient space for garbage cans/recycling bins.

5.2.16 The dietary service space must provide secure storage space for chemicals, cleaning supplies and equipment used to clean the dietary service space (e.g., kitchen mops and pails) and equipment used to deliver meals and snacks to residents (e.g., food carts).

5.2.17 The dietary service space must include a separate housekeeping/janitor's closet that is equipped with a curb service sink.

5.2.18 Where major electrical appliances are located in the servery(s) that are accessible to residents, there must be deactivation ("kill") switches.

5.2.19 Where a long-term care home is sharing the kitchen with another service space within the same complex (e.g., a hospital):

- serveries will have storage space for at least a 2-day supply of refrigerated/frozen and dry storage food items;
- the home shall have a contingency plan that ensures that, if part of the multi-use complex closes, the long-term care home will be able to continue to use the shared kitchen or that a kitchen will be added to the long-term care home; and
- serveries will have equipment (e.g., a range, microwave, toaster, etc.) that will allow the residents the opportunity to see and smell food cooking.

5.2.20 There must be a physical design solution to restrict resident access into the servery and to the steam tables while the meal service is underway and the equipment is hot (e.g., doors).

Best Practices

- A kitchen design consultant should be part of the planning of the food service program and designing the dietary service space.
- Where other services/programs share dietary service space, (e.g., Meals-on-Wheels), ensure additional dietary service space has been provided, to accommodate the needs of these services/programs without compromising the level of service required for the long- term care home residents.
- Consider the extent to which meals will be prepared both centrally and in a decentralized location when designing the dietary service space. The allocation of dietary service space will be different if all foods are prepared in a central kitchen versus a kitchenette or servery located in the RHA. While centralized production provides for the greatest control of quality food preparation, decentralized production maximizes individual service to the residents and promotes a ‘home-like’ atmosphere.
- Consider the ease of access for staff into the servery with food carts, dish carts, etc., as well as the width of the servery area where carts must pass through where staff are working.

6.0 – Resident Shared Space

6.1 Outdoor Space

Design Objective

The outdoor space must be designed to provide a safe environment for residents where they can enjoy the outdoors.

Design Standards

6.1.1 Outdoor space must be provided on every floor where there is an RHA.

6.1.2 The distance measured from the entrance of the resident outdoor space to the farthest resident bedroom must be no more than 61 m (200 ft.)

6.1.3 There must be outdoor space that is accessible at grade level.

6.1.4 At least one outdoor space at grade level must be enclosed to prevent unauthorized entering or exiting from the home.

6.1.5 Enclosed outdoor spaces, including grade level spaces, balconies, roof top terraces etc. must have a minimum railing/fencing/gate height of 1.6 m (5 ft.).

6.1.6 The landscaping and design of resident outdoor space must consider the safety needs of residents. Outdoor space in resident-accessible areas must incorporate hard, flat surfaces and not include inclines and steps.

6.1.7 Each outdoor space must have an area that provides shade, seating and protection from wind and other weather elements.

6.1.8 Resident/staff communication and response system (nurse call bell) is required in all outdoor spaces.

6.2 Beauty Salon/Barber Shop

Design Objective

The beauty salon/barber shop enables residents to participate in an enhanced level of grooming that is a familiar activity of daily living.

Design Standards

6.2.1 The long-term care home must have a beauty salon/barber shop that is available to all residents.

6.2.2 There must be sufficient space to include hairdressing chairs, work and storage counters, secured storage space for chemicals as well as a hair drying area.

6.2.3 The beauty salon/barber shop must contain a shampoo chair that allows residents to have their hair washed, either leaning forward over the basin or leaning back, and a hair wash sink equipped with a hose.

6.2.4 There must be a hand washing sink that is equipped with a paper towel dispenser and soap dispenser in the beauty salon/barber shop.

6.2.5 Resident/staff communication and response system (nurse call bell) is required in the beauty salon/barber shop.

Best Practices

- Consider locating the beauty salon/barber shop mechanical exhaust ventilation where it will best control the odours from the hairdressing process.
- Consider providing a hair wash sink with a high-low feature built in to provide resident comfort and less neck extension during hair washing.

6.3 Place of Worship

Design Objective

The place of worship provides residents a place to maintain their spiritual beliefs, religious observances, practices and affiliations.

Design Standard

6.3.1 A long-term care home must have space outside of the RHAs for the purpose of worship. The place of worship can be shared with other common areas but there must be the ability to convert/section off an area to provide appropriate worship space.

6.3.2 Resident/staff communication and response system (nurse call bell) is required in the place of worship.

Best Practices

- Consider a design that allows an area to be closed off in order to provide a quiet space when a smaller group of residents are gathered, and then the ability to open up when required to meet the needs of a larger resident population.

6.4 Enhanced Resident Common Space

Design Objective

Lounge and program/activity space located outside of the RHA(s) provides residents with opportunities to leave the RHA(s) and meet and interact for social purposes in a larger community setting.

Design Standards

6.4.1 If all of the required lounge space and program/activity space is located in the RHA(s), at least one additional area must be located outside the RHA(s).

6.4.2 Residents must have convenient access to a separate washroom, located outside the RHA(s). (Refer to Standards 10.7.1-10.7.8 - Public Washrooms)

6.4.3 Resident/staff communication and response system (nurse call bells) are required in all resident common spaces located outside of the RHA(s).

7.0 – Environmental Services

7.1 Laundry Space

Design Objective

Laundry space designed to meet the daily laundry requirements of all residents with consideration given to the design requirements for on-site laundry as well as design requirements for holding laundry prior to being processed off-site.

Design Standards

7.1.1 The laundry area must be able to accommodate industrial washers and dryers of appropriate size and capacity to meet the laundry service needs of the long-term care home. If the home shares laundry services with other operations (e.g. an adjoining rest/retirement home), the size of the laundry space must be able to accommodate maximum laundry service volumes.

7.1.2 If an off-site laundry service is to be used, there must be separate space in the long-term care home for soiled laundry storage and for clean laundry receiving and delivery.

7.1.3 The laundry area must be designed so that there is access to the back of the equipment (including washers, dryers and chemical dispensers) necessary to ensure easy cleaning and repair work as necessary.

7.1.4 The laundry area must be designed so that there is separation of, and a one way work flow between, clean and soiled areas.

7.1.5 The laundry area must be equipped with hand wash area(s) that are conveniently located for staff use.

7.1.6 The laundry area must include space for collecting, storing and sorting soiled laundry until it can be processed.

7.1.7 The laundry area must have space for all laundering process functions including storing, folding and hanging clean linen/personal clothing, and labelling personal clothing.

7.1.8 The laundry area must have access to space for cleaning and sanitizing laundry equipment such as carts used for soiled linens.

7.1.9 The laundry area must include storage space for laundry service supplies and equipment.

7.1.10 The laundry area must be provided with floor drains.

7.1.11 Where the home provides laundry chutes, resident access to the chutes must be restricted.

Best Practices:

- Consider providing a refrigerated storage area for soiled laundry with wash down features, when an off-site laundry service is to be used.
- Consider the space required for moving carts through the laundry process areas as well as the space required for storing the carts.

7.2 Housekeeping Service Support Space

Design Objective

Space dedicated to the housekeeping services to promote efficient and well-organized cleaning programs that will facilitate a clean and safe environment for all residents, staff, family and visitors.

Design Standards

7.2.1 Housekeeping/janitor's closets must be located inside every RHA as well as outside the RHAs (e.g. in service corridors, in areas where community space such as a cafe, beauty salon, place of worship, etc., are located) to support the long-term care home's housekeeping requirements.

7.2.2 Housekeeping/janitor's closets must be equipped with a hot and cold running water supply, a curb service sink.

7.2.3 Housekeeping/janitor's closets must have sufficient space and provide for securely storing chemicals, cleaning supplies and chemical dispensing units as well as space for storing carts and other housekeeping equipment such as mops and pails.

7.2.4 Doors leading into housekeeping/janitor closets in areas to which residents have access must be self-closing and self-locking.

7.3 Utility Space

Design Objective

Clean and soiled utility spaces provided to help facilitate a clean, safe and efficient working environment.

Design Standards

7.3.1 Clean and soiled utility rooms must be conveniently located in each RHA to support storage, cleaning and sanitizing of resident care equipment.

7.3.2 Clean and soiled utility rooms must be large enough to hold all the fixtures that the home uses for cleaning, sanitizing and storing care equipment. These fixtures may include, but are not limited to, a hopper sink, a bedpan flusher and/or sterilizer, rinse sinks, storage racks, counters and cupboards.

7.3.3 Doors leading into utility rooms in areas to which residents have access must be self-closing and self-locking.

7.3.4 The clean utility room must have a space for storing cleaning supplies and equipment and include counter space.

7.3.5 The soiled utility room must have space for storing the equipment used for collecting soiled materials (e.g., soiled linen and towels) and include counter space.

7.3.6 Clean and soiled utility rooms must have a conveniently located hand washing sink for staff use.

7.3.7 The soiled utility room must have floor drains.

Best Practices

- Consider the space required for the temporary storage of soiled linen carts in the soiled utility rooms in order to keep them out of the corridors.

7.4 Maintenance Service Support Space

Design Objectives

The design of the home must incorporate maintenance service support space to carry out ongoing maintenance activities for equipment, furnishings and all other building components.

Design Standards

7.4.1 There must be a secured dedicated maintenance service support space in the long-

term care home.

7.4.2 There must be an area within the maintenance service support space for storing maintenance equipment, machinery and tools.

7.4.3 There must be a secured area within the maintenance service support space for storing hazardous materials and equipment.

7.4.4 There must be a secured area, inaccessible to residents, for locating environmental controls and other building system controls.

7.4.5 Doors leading into maintenance spaces in areas to which residents have access must be self-closing and self-locking.

8.0 – Safety and Security Features

8.1 Resident/Staff Communication and Response System (Nurse Call System)

Design Objectives

A resident/staff communication and response system (nurse call system) must be provided in the long-term care home to give staff and residents the ability to alert others to the need for assistance. This system must be designed to facilitate prompt response to a resident or staff request. (Refer to s. 17 of the Regulation)

Design Standards

8.1.1 The resident/staff communication and response system (nurse call system) must be a designed system that is equipped with activation devices that are easily accessible, simple and easy to use by all residents and staff.

8.1.2 The resident/staff communication and response system (nurse call system) must be designed so that it remains on at all times.

8.1.3 The resident/staff communication and response system (nurse call system) must be connected to the back-up generator.

8.1.4 When a device for the resident/staff communication and response system (nurse call system) is activated, it must be designed to clearly show where the signal is coming from, either inside the RHA or in areas outside the RHA, so that staff can respond promptly. For example, bedrooms and ensuite washrooms should be identified by

numbers. Common areas such as the chapel, beauty salon, care, etc. must be identified by name.

8.1.5 The resident/staff communication and response system (nurse call system) must be designed so that when it is activated, the deactivation of the call can only occur at the source of the activation.

8.1.6 If the resident/staff communication and response system (nurse call system) uses sound to alert staff, it must be designed so that the level of sound is calibrated and equalized to be audible to staff but not excessive or unduly disruptive to residents. An audible system must be equally distributed in the areas that it covers.

8.1.7 Resident/staff communication and response system devices (nurse call bells) are required in all locations where residents have access. These locations include, but are not limited to:

- all toilets and urinals;
- auditoriums;
- balconies/terraces and courtyards;
- bath tubs (must be accessible from both sides of the tub);
- beauty salon/barber shop;
- dining rooms;
- family dining areas/café;
- lounges and program/activity rooms;
- place of worship;
- public washrooms (including common washroom toilets located in cubicles);
- resident bedsides;
- resident personal laundry rooms;
- showers; and
- therapy rooms.

8.1.8 The resident/staff communication and response system device (nurse call bell) must be located at every toilet so that residents are able to activate the device while in a sitting position without having to reach forward or backward. Where toilets are centrally located on the wall, the call cord must be attached to the grab bar.

8.1.9 Where pagers and/or phones are used and there is not an audible component, there must be an escalation feature that initially alerts the front line staff and then after a predetermined time, alerts senior staff.

8.2 Door Access Control System

Design Objectives

To provide a secure environment that ensures the safety of residents of the long-term care home. (Refer to the s. 9 of the Regulation)

Design Standards

8.2.1 All doors leading to non-resident areas must be equipped with locks to restrict unsupervised access to those areas by residents.

8.2.2 The door access control system must be designed so that it is on at all times.

8.2.3 All doors in the long-term care home leading to the outside, to non-long-term care resident areas, (including services areas such as the kitchen and laundry room, community space, retirement home, etc.), into stairwells, and on to open stairways, must be equipped with magnetic locks or similar devices, to prevent unauthorized entering or exiting from the home.

8.2.4 All doors must be provided with a back-up alarm system as an alert to staff in the event that a magnetic lock does not properly engage, therefore leaving the door(s) unlocked and unsupervised.

8.2.5 The back-up alarm should activate in approximately 10 seconds for doors that residents do not regularly access (for example doors into stairwells). For doors that residents will use, for example a main entrance door that automatically opens, the back-up alarm should activate in approximately 10-20 seconds. The delay prior to the door alarm activating allows staff and visitors where applicable, to go through the door without alerting other staff that the door has been opened

8.2.6 The back-up alarm must be connected to the back-up power supply.

8.2.7 The door access control system must be designed so that when an alarm is activated, the deactivation of the alarm can only occur at the source of the alarm.

8.2.8 If, under applicable law (e.g. the *Fire Code*), door closures are required on any door leading into resident areas (e.g., lounges, dining room, place of worship etc.) then the home must provide electronic "hold open" devices to ensure that residents have unobstructed access to resident areas.

8.2.9 The door access control system must be integrated with the resident/staff communication system (nurse call system).

8.2.10 Where elevators that are accessible to residents, open into non long-term care areas, (including but not limited to service areas, basements, co-located areas such as a retirement home, community space, etc.), controls must be placed in the elevator to restrict long-term care residents from accessing these spaces.

Best Practices

- Explaining the door alarm policy to non-staff (e.g., visitors) will assist the operator with preventing residents entering a stairwell or non-resident area when the door has been unlocked and the alarm has not yet activated.

8.3 Water Temperature Control System

Design Objectives

To provide safe water temperatures in areas of the long-term care home used by residents. (Refer to the s.90 (2)(g) of the Regulation.)

Design Standard

8.3.1 The water temperature control system must be designed to ensure hot water is provided to resident care areas at a safe and comfortable temperature for residents.

8.4 Railing Heights

Design Objective

To provide safe areas for residents where access surrounding that space needs to be restricted.

Design Standard

8.4.1 Where railings/fencing/gates are required, both indoors and outdoors, the height of the railings/fencing/gates must be a minimum of 1.524 m (5 ft.).

8.5 Windows

Design Objective

To provide a safe setting for residents where access needs to be permitted (at windows) but with safety restrictions in place. (Refer to the s.16 of the Regulation.)

Design Standard

8.5.1 Every window where residents have access cannot be opened more than 15 cm (6 in.).

9.0 – Building Systems

9.1 Lighting

Note: For the purposes of s. 18 of the Regulation, section 9.1 of the *Long-Term Care Home Design Manual, 2009,* (the 2009 Design Manual), continues to apply to long-term care homes that are subject to the Design Manual. For convenience of reference the relevant provisions of the 2009 Design Manual are excerpted below:

Design Objectives

Adequate lighting must be provided for residents, staff and visitors so that they can carry out their activities in comfort and safety. Lighting design must address age-related vision loss and diminished visual acuity (sharpness). Lighting must be designed and located in a manner that meets residents' needs as sensory orientation diminishes.

Design Standards

9.1.1 A lighting must be able to provide a minimum of 322.92 lux of continuous lighting levels in all corridors.

9.1.2 A lighting system must be able to provide continuous lighting levels of at least 322.92 lux in enclosed stairways.

9.1.3 A lighting system must able to provide general lighting levels of at least 322.92 lux in all other resident areas of the home including resident bedrooms and vestibules, washrooms, and tub and shower rooms.

Please Note - lighting levels are measured in the following ways:

1. *holding a light meter 3 to 4 feet[914.4 mm to 1219.2 mm] from the floor when determining lighting levels in the corridors.*
2. *holding a light meter 3 to 4 feet[914.4 mm to 1219.2 mm] from the floor in the vicinity of the bed when determining the lighting levels for resident bedrooms.*
3. *holding a light meter 3 to 4 feet [914.4 mm to 1219.2 mm]from the floor in the vicinity of the toilet and in the vicinity of the hand wash area when determining lighting levels for washrooms.*

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

Design Objectives

To ensure that air temperatures are maintained within a range that optimizes resident comfort throughout the year. (Refer to ss.20 and.21 of the Regulation)

Design Standards

9.2.1 There must be a mechanical system to cool air temperatures in all corridors, lounges, program/activity areas, all dining areas, the kitchen and the laundry space. The remaining areas of the long-term care home, including resident bedrooms, resident bath and shower rooms and resident washrooms, must have a system for tempering the air to keep air temperatures at a level that considers resident needs and comfort.

9.2.2 There must be negative air pressurization of the washrooms, soiled utility space, kitchen and laundry areas to contain odours. All of these rooms must have mechanical ventilation to exhaust air from these areas.

9.3 Emergency Generating System

Design Objectives

To ensure services are maintained to support resident care in the event of an electrical power outage. (Refer to s.19 of the Regulation)

Design Standards

9.3.1 An emergency generator power supply must be provided that is available at all times, and that has the capacity to maintain, in the event of a power outage:

a) the heating system;

b) emergency lighting in hallways, corridors, stairways and exits; and

c) essential building systems and services, including dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident-staff communication and response system (nurse call system), elevators, and life support, safety and emergency equipment.

10.0 – Other Features

10.1 Storage Space

Design Objectives

Additional storage space must be provided for resident belongings.

Design Standards

10.1.1 In addition to clothes closets in resident bedrooms, there must be additional storage space located in the long-term care home.

10.2 Non-Resident Space

Design Objectives

The design of a long-term care home must include space for use by all staff.

Design Standards

10.2.1 There must be office space for the Administrator, Director of Care, supervisory staff, visiting health care providers, social service providers and other professional service providers.

10.2.2 There must be space provided for administrative/clerical functions.

10.2.3 There must be an area, separate from resident care and common areas, for staff break periods.

10.2.4 There must be separate male and female staff change areas with lockers for storage of personal items.

10.2.5 There must be separate male and female washrooms in the area where locker rooms are located.

Best Practices

- Consider locating the staff break space in areas away from residents and families.

10.3 Receiving/Service Space

Design Objectives

A long-term care home must have well-organized space to effectively handle the delivery of goods, food supplies, dry goods and equipment.

Design Standards

10.3.1 The receiving/service space must be located away from the main entrance of the long- term care home and from all other resident and public areas so as not to expose residents and the public to noise, vehicle exhaust and safety hazards.

10.3.2 There must be a separate area for garbage storage and pick-up in the receiving/service space.

10.3.3 The receiving/service space must be in a location with convenient access to the dietary service space.

10.3.4 The receiving/service space must be designed so that no direct receipt of goods into food preparation area(s) occurs.

10.3.5 There must be storage space for the temporary accumulation of received goods.

10.3.6 Receiving/service space must provide year-round access for delivery services.

10.3.7 There must be an area used for cleaning and disinfecting equipment such as garbage containers, carts and racks, that is equipped with floor drains.

Best Practices

- Consider locating the receiving/service space convenient to general storage areas, the laundry space and the dietary service space.
- Consider having an overhang for the exterior of the receiving/service space that will provide staff and goods with protection from inclement weather.
- Consider equipping the receiving/service space with an exterior intercom system that will allow delivery personnel to alert home staff when goods have arrived.
- Consider providing refrigerated space for garbage storage.

10.4 Reception/Entrance

Design Objectives

The entrance is a welcoming introduction to the long-term care home.

Design Standard

10.4.1 The reception/entrance space must be close to an outside, protected vehicle pick-up and drop-off area for residents.

Best Practices

- Consider a vestibule that brings residents, families and visitors inside the main doors before having to enter a code to access the secured doors and enter into the home.
- Consider a telephone/intercom located in the home's vestibule to alert staff of visitors after hours.

10.5 Signage

Design Objectives

Signage or visual cueing is provided in the home to assist residents, staff and visitors in way-finding.

Design Standards

10.5.1 At a minimum, the following areas must be provided with signage and/or symbols that are easy to recognize, read and understand:

- all public washrooms;
- each bedroom entrance that includes the bedroom number and name of the resident(s) residing in the room;
- entrance to each RHA;
- resident common areas such as the place of worship, beauty salon/barber shop, café, therapy spaces, etc.;
- the lobby (both the main lobby and in elevator lobbies, where applicable), providing direction to RHAs, administration areas and to service areas; and
- work station(s) provided in the RHAs.

Best Practices

- Consider using a minimum of 40 Arial font sizes with a light background and dark print for signs.

10.6 Elevators

Design Objectives

Elevators located in multi-story long-term care homes must be designed so that they are safe and easy for residents to use. They must be located in areas that are accessible to residents, staff and the public. (Refer to s.10 of the Regulation)

Design Standards

10.6.1 At least one of the elevators in a long-term care home must be large enough to accommodate a stretcher and must be located close to the RHAs.

10.6.2 Where elevators that are accessible to residents, open into non long-term care areas, (including but not limited to service areas, basements, co-located areas such as a retirement home, community space, etc.), controls must be placed in the elevators to restrict long-term care residents from accessing areas that are not to be accessed by residents.

10.7 Public Washrooms

Design Objectives

Residents and visitors must have access to washrooms convenient to common-use areas.

Design Standards

10.7.1 Public washrooms must be equipped with a wheelchair accessible toilet and one wheelchair accessible hand washing sink.

10.7.2 Public washrooms must have locks that are readily releasable and easy to open from outside the door(s).

10.7.3 Public washrooms must have entrance widths of at least 914 mm (3 ft.).

10.7.4 Public washrooms must have sufficient space to enable independent and/or assisted transfer from the front and at least one side of the toilet(s).

10.7.5 In order to allow for sufficient space for a wheelchair or a walker, and for staff to assist a resident, there must be a 1.524 m (5 ft.) turning radius in each public washroom (note the 1.524 m (5 ft.) turning radius is measured from the edge of the toilet seat to the edge of the countertop/sink). No furnishings or equipment such as storage cupboards, towel bars, etc. can impede the 1.524 m (5 ft.) turning radius.

10.7.6 There must be a securely fastened grab bar located at every toilet within the resident's reach. Each grab bar must be of sufficient size and design to support the full weight of a resident and must be placed on a reinforced wall capable of sustaining the weight load.

Where the toilet is located in the centre of the washroom wall, fold down type grab bars are required on both sides of the toilet. One of the grab bars must be kept in the down position in order for a resident to be able to access the toilet paper dispenser. The toilet paper dispenser must be attached to the grab bar; it cannot be on the wall. The nurse call cord must also be attached to the grab bar in the down position in order for a resident to be able to access it.

10.7.7 Resident/staff communication and response system devices (nurse call bells) are required at the toilets and urinals in all public washrooms.

10.7.8 Lever-handled taps that clearly distinguish between hot and cold water must be used in all public washrooms. This type of fixture is the preferred model for residents with visual impairments and for residents with physical disabilities that affect hand movement.

Best Practices

- Consider providing toilet paper dispensers on both grab bars where the toilet is placed in the centre of the wall with fold down grab bars.
- Consider providing a mirror over the sink that can be adjusted to accommodate residents of differing heights and those using a wheel chair.
- Consider installing illuminated light switches.
- Ensure counter and cabinet finishes have rounded edges and not sharp corners.

10.8 Corridors

Design Objectives

Corridors provide the way for residents and staff to move throughout the home. The length of corridors should, where possible, be kept to a minimum to provide a more 'home-like' environment and reduce travel distance within the home for residents and staff.

Design Standards

10.8.1 All corridors in resident areas must be a minimum width of 1820 mm (72 in.).

10.8.2 Handrails must be securely mounted on both sides of all corridor walls in all resident areas. They should be installed at least 860 mm (34 in.) above the floor so that the handrails are at a height that residents can easily use.

Best Practices

- Consider providing handrail brackets at least 70 mm (2.7 in.) below the top of the hand rail so that resident hands can move freely along it.
- Ensure that the hand rails have been inspected for rough edges and joints.
- Consider including cueing where handrails end (for example notches).

PART 3 - DESIGN VARIANCE STANDARDS

Design Variance Standards are defined or permitted exceptions to Design Standards that may be applied to redevelopment projects to address physical constraints that apply to an existing long-term care home that prevent the long-term care home from fully meeting one or more of the Design Standards.

Design Variance Standards may be applied only to construction that meets the ministry's definition for 'Renovation (within existing building footprint)' or 'Renovation (outside of existing building footprint)'.

Design Variance Standards do not apply to New Construction.

Design Variance Standards include both:

(a) the defined maximum variances from the Design Standards that are specifically set out below in sections 1 through 7 of this Part, and
(b) other variances from the Design Standards that are permitted in writing by the Ministry.

For Renovations (within existing building footprint), the Design Variance Standards set out below in sections 1 through 7 of this Part may be relied on without application to, and specific permission from, the Ministry. If relied on, funding reductions may apply – Consult the applicable funding policy for details. All other use of Design Variance Standards requires Ministry permission in writing.

Applications for Ministry permission to rely on the Design Variance Standards may be made in accordance with any instructions provided by the Ministry from time to time, for:

(i) variances specifically set out below in sections 1 through 7 of this Part, with respect to construction that is classified as Renovation (outside existing building footprint) subject to applicable funding reductions,
(ii) other variances from the Design Standards, and/or
(iii) relief from applicable associated funding reductions associated specifically with the use of Design Variance Standards that may be set out in the applicable funding policy as identified in the applicable Development Agreement.

Note: Issues not specifically addressed under sections 1 through 7 of this Part are subject to the detailed requirements set out in the corresponding section(s) in Part 2, subject to any applicable Design Variance Standard specifically agreed to by the Ministry in writing.

Design Variance Standards do not under any circumstances excuse a licensee or approved operator of a long-term care home from compliance with all applicable law in respect of the home.

1.0 Resident Home Areas

1.1 RHAs must be clearly defined distinct units that may provide accommodation for a maximum of 40 residents.

1.1(a) RHAs must be clearly defined distinct units. They may be split between two adjacent floors provided that each floor of the split RHA has the following spaces:

- lounge space (there must be at least 1 lounge on each floor that is a minimum of 14 sq. m (150 sq. ft.);
- housekeeping/janitor closet;
- soiled utility space; and
- staff work space.

Note:
Dining space in a split RHA can be located on each floor or only on one of the floors. Where there is dining space on only one of the floors, the Project Summary (refer to the Preliminary and Working Drawing Plan Review Guidelines), must include the operator's plan for transporting residents from one floor to another for meal times.

2.0 Resident Bedrooms

2.1 A one-bed bedroom may have a minimum 11.15 sq. m (120 sq. ft.) of usable net floor space. The usable net floor space excludes the clothes closet, resident ensuite washroom, vestibule, and the space that is occupied by mechanical/electrical units, building structures (e.g. columns) and built-in furniture.

2.1(a) A two-bed bedroom may have a minimum of 9.75 sq. m (105 sq. ft.) of usable net floor space per resident. The usable net floor space excludes the clothes closets, resident ensuite washroom, vestibule, and the space that is occupied by mechanical/electrical units, building structures (e.g. columns) and built-in furniture.

2.1(b) Bedrooms must have clothes closets for each resident. Each clothes closet may have a minimum of 0.46 sq. m (5 sq. ft.) of floor space. The clothes closet must be large enough in height and depth to store and hang clothes. If portable, the clothes closet must have a non-tipping design.

3.0 Resident Washrooms

3.1 The 1.524 m (5 ft.) turning circle may go underneath the toilet and the sink however the amount of space that can be measured underneath the toilet and sink will be limited to the depth of the wheelchair pedals / foot rests. The 1.524 m (5 ft.) turning circle does not include the space all the way to the walls where the toilet and sink hang.

4.0 Resident Lounge and Program/Activity Space

4.1 The minimum total required space for resident lounge and program/activity space is 1.95 sq. m (21 sq. ft.) per resident.

4.1(a) Within each RHA, there must be a minimum of 1.39 sq. m (15 sq. ft.) of the required resident lounge, program/activity space. The remaining required space for lounge, program/activity space may be located outside the RHA(s) for access by all residents of the long- term care home.

5.0 Resident Dining Areas and Dietary Service Space

5.1 The minimum required usable space for dining area(s) is 2.32 sq. m (25 sq. ft.) of floor area per resident within each RHA. The usable net floor space excludes the servery and the area immediately surrounding the servery where staff pick up meals, as well as storage areas, pillars, alcoves, etc. where dining room tables, chairs and wheelchair access is restricted.

5.1(a) At least 70 per cent of the total required space for dining must be located within the RHA(s) and allocated based on the number of residents in each RHA. This is calculated at the minimum of 2.32 sq. m (25 sq. ft.) per resident within each RHA. Up to 30 per cent of the total required space for dining may be located outside the RHA(s). However, the applicable requirements for meal service (e.g., the provision of three meals per day, including alternates/choices, diet types, etc.) must be provided in these area(s).

6.0 Resident Outdoor Space

6.1 Residents must have access to adequate outdoor space.

7.0 Corridors

7.1 Corridors in resident areas may be a minimum of 1727 mm (68 in.).

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