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National Standard of Canada

Canadian health care facilities

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Technical Committee on Health Care Facilities

G. D. Burrill	Teegor Consulting Inc. Fredericton, New Brunswick, Canada *Category: Technical Consultants*	*Chair*
R. Snell	Parkin Architects Ltd. Toronto, Ontario, Canada *Category: Technical Consultants*	*Vice-Chair*
S. Aspinwall	Smith + Andersen Toronto, Ontario, Canada *Category: Technical Consultants*	
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S. Bagworth	Agnew Peckham and Associates Toronto, Ontario, Canada *Category: Technical Consultants*	
R. J. Belanger	CSA Consumer Representative Wasaga Beach, Ontario, Canada *Category: General Interest*	
S. Bogdan	Providence Healthcare and St. Joseph's Health Centre Toronto, Ontario, Canada *Category: User Interest*	
A. Bridge	Alberta Health Services Red Deer, Alberta, Canada *Category: General Interest*	
C. Chadwick	Archus Toronto, Ontario, Canada	*Non-voting*
B. Darrell	Government of Nova Scotia, Department of Seniors and Long-term Care Halifax, Nova Scotia, Canada *Category: Government and/or Regulatory Authority*	

M. Fontaine	MFontaine Consulting Ltd. Vancouver, British Columbia, Canada *Category: User Interest*	
J. Fullerton	The Ottawa Hospital Ottawa, Ontario, Canada *Category: User Interest*	
C. Harvey	Grand River Hospital Kitchener, Ontario, Canada *Category: User Interest*	
M. Heller	Hygiene Performance Solutions Mississauga, Ontario, Canada	*Non-voting*
M. Keen	Unity Health Toronto Toronto, Ontario, Canada *Category: General Interest*	
M. Lee	H. H. Angus and Associates Ltd. Toronto, Ontario, Canada *Category: Technical Consultants*	
D. MacKay	Government of Ontario, Ministry of Health Toronto, Ontario, Canada *Category: Government and/or Regulatory Authority*	
W. McCutcheon	Entro Communications Inc. Toronto, Ontario, Canada	*Non-voting*
C. McDonald	Provincial Health Services Authority (PHSA) New Westminster, British Columbia, Canada	*Non-voting*
S. McEwan	Fraser Health Surrey, British Columbia, Canada *Category: Government and/or Regulatory Authority*	
A. Mihailidis	University of Toronto/AGE-WELL Toronto, Ontario, Canada	*Non-voting*
L. M. Shea	Manitoba Health Winnipeg, Manitoba, Canada *Category: Government and/or Regulatory Authority*	

N. Stark	H. H. Angus and Associates Ltd. Toronto, Ontario, Canada *Category: Technical Consultants*	
K. Stockton	The Ottawa Hospital Ottawa, Ontario, Canada *Category: User Interest*	
M. Weimer	Canadian Healthcare Engineering Society (CHES) New Westminster, British Columbia, Canada *Category: Government and/or Regulatory Authority*	
K. Wyndham	Provincial Health Services Authority (PHSA) Burnaby, British Columbia, Canada *Category: User Interest*	
J. Vulovic	CSA Group Toronto, Ontario, Canada	*Project Manager*

Subcommittee on the Design and Construction of Health Care Facilities

S. Bagworth	Agnew Peckham and Associates Toronto, Ontario, Canada	*Chair*
G. D. Burrill	Teegor Consulting Inc. Fredericton, New Brunswick, Canada	*Vice-Chair*
N. Stark	H. H. Angus and Associates Ltd. Toronto, Ontario, Canada	*Vice-Chair*
J. Aubin	Ministère de la Santé et des Services sociaux du Québec Québec, Québec, Canada	
S. Bogdan	Providence Healthcare and St. Joseph's Health Centre Toronto, Ontario, Canada	
T. Eastwood	Stantec Architecture Toronto, Ontario, Canada	
M. Fontaine	MFontaine Consulting Ltd. Vancouver, British Columbia, Canada	
J. Fullerton	The Ottawa Hospital Ottawa, Ontario, Canada	
J. Guerrero	Scarborough Health Network Scarborough, Ontario, Canada	
C. Harvey	Grand River Hospital Kitchener, Ontario, Canada	
C. Jeffers	Sage Architecture Calgary, Alberta, Canada	
D. Kaardal	Stantec Consulting Ltd. Vancouver, British Columbia, Canada	

M. Keen	Unity Health Toronto Toronto, Ontario, Canada	
B. Knudtson	Government of Alberta Calgary, Alberta, Canada	
D. MacKay	Government of Ontario, Ministry of Health Toronto, Ontario, Canada	
B. Shea	William Osler Health System Port Hope, Ontario, Canada	
L. M. Shea	Manitoba Health Winnipeg, Manitoba, Canada	
D. J. Smits	Induspec North Bay, Ontario, Canada	
R. Snell	Parkin Architects Ltd. Toronto, Ontario, Canada	
K. Stockton	The Ottawa Hospital Ottawa, Ontario, Canada	
K. Suh	The Ottawa Hospital Ottawa, Ontario, Canada	
C. Wertheimer	Resource Planning Group (RPG) Inc. Toronto, Ontario, Canada	
K. Wyndham	Province Health Services Authority (PHSA) Burnaby, British Columbia, Canada	
T. Qasim	CSA Group Toronto, Ontario, Canada	*Project Manager*

Preface

This is the third edition of CSA Z8000, *Canadian health care facilities*. It supersedes the previous editions published in 2018 and 2011.

This Standard, part of a series of standards related to health care facility (HCF) engineering, sets forth planning, design, and construction requirements intended to support five key objectives for HCF design (also known as the OASIS principles).

The following are the major changes to this edition:

a) updates to the planning clauses to better align with provincial/territorial procurement practices;
b) the addition of a new clause to address long-term care facility design (see Clause 11);
c) new clauses to address climate resilience, sustainability programs, energy management, and HCF design for small and remote communities;
d) revisions to occupational health and safety (OHS), patient safety, and accessibility provisions;
e) updates to infection prevention and control (IPC) requirements to reflect advances in science, technology, and clinical practice related to IPC;
f) addition of new annexes on inclusive design and supplemental disinfection technologies;
g) updates to Clause 7.9 and the rest of the Standard to use the term "business continuity" instead of "catastrophic event management";
h) revisions and additions to harmonize this Standard with CSA Z8005;
i) reorganization of ambulatory care and procedures clauses to provide clear guidance and requirements for low-acuity community health facilities;
j) adjustments of room size requirements where needed to align with provincial/territorial planning guidelines and best practices;
k) updates to architectural requirements to accommodate newer building designs, technologies, and construction practices;
l) updates to clauses about medical device reprocessing and medical laboratories; and
m) substantial updates throughout the Standard to ensure it is aligned with the latest best practices and scientific evidence.

CSA Group acknowledges that the development of this Standard was made possible, in part, by the financial support of the Governments of Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Québec, Saskatchewan, and Yukon, as administered by Canada's Drug Agency (CDA-AMC), as well as by the financial support of Standards Council of Canada (SCC).

This Standard was prepared by the Subcommittee on the Design and Construction of Health Care Facilities, under the jurisdiction of the Technical Committee on Health Care Facilities and the Strategic Steering Committee on Health Care Technology and Systems, and has been formally approved by the Technical Committee.

This Standard has been developed in compliance with Standards Council of Canada requirements for National Standards of Canada. It has been published as a National Standard of Canada by CSA Group.

Notes:

1) *Use of the singular does not exclude the plural (and vice versa) when the sense allows.*
2) *Although the intended primary application of this Standard is stated in its Scope, it is important to note that it remains the responsibility of the users of the Standard to judge its suitability for their particular purpose.*
3) *This Standard was developed by consensus, which is defined by* CSA Policy governing standardization — Code of good practice for standardization *as "substantial agreement. Consensus implies much more than a simple*

