



**CSA Z8004:22**  
National Standard of Canada



# Long-term care home operations and infection prevention and control



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# Preface

This is the first edition of CSA Z8004, *Long-term care home operations and infection prevention and control*.

In response to the federal government's commitment in 2020 to improve the provision of long-term care (LTC) across Canada, the Standards Council of Canada (SCC), the Canadian Standards Association (CSA Group), and Health Standards Organization (HSO) agreed to develop two new complementary national standards for long-term care that would be shaped by the needs and voices of Canada's long-term care home (LTCH) residents, staff, and local communities, as well as broader members of the public. The national standard developed by CSA Group addresses the design, operation, and infection prevention and control (IPAC) practices in LTCHs, while the national standard developed by HSO addresses the delivery of safe, reliable, and high-quality long-term care services.

CSA Group acknowledges that the development of this Standard was made possible, in part, by the financial support of the Standards Council of Canada. The views expressed herein do not necessarily represent the views of the Standards Council of Canada.

This Standard was prepared by the Subcommittee on Long-Term Care Homes, under the jurisdiction of the Technical Committee on Health Care Facilities and the Strategic Steering Committee on Health and Well-Being, 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 majority, but not necessarily unanimity”. It is consistent with this definition that a member may be included in the Technical Committee list and yet not be in full agreement with all clauses of this Standard.*
  - 4) *To submit a request for interpretation of this Standard, please send the following information to [inquiries@csagroup.org](mailto:inquiries@csagroup.org) and include “Request for interpretation” in the subject line:*
    - a) *define the problem, making reference to the specific clause, and, where appropriate, include an illustrative sketch;*
    - b) *provide an explanation of circumstances surrounding the actual field condition; and*
    - c) *where possible, phrase the request in such a way that a specific “yes” or “no” answer will address the issue.*
- Committee interpretations are processed in accordance with the CSA Directives and guidelines governing standardization and are available on the Current Standards Activities page at [standardsactivities.csa.ca](https://standardsactivities.csa.ca).*
- 5) *This Standard is subject to review within five years from the date of publication. Suggestions for its improvement will be referred to the appropriate committee. To submit a proposal for change, please send the following information to [inquiries@csagroup.org](mailto:inquiries@csagroup.org) and include “Proposal for change” in the subject line:*
    - a) *Standard designation (number);*
    - b) *relevant clause, table, and/or figure number;*
    - c) *wording of the proposed change; and*
    - d) *rationale for the change.*

# CSA Z8004:22

## *Long-term care home operations and infection prevention and control*

### 0 Introduction

#### 0.1 General

This Standard provides requirements for the safe operation and IPAC of LTCHs. This Standard is intended for use by operational staff, operational management, infection control professionals (ICPs), directors of care, architects, designers, engineers, governmental and funding bodies, LTCH residents and their families, and essential family caregivers.

Engineers, architects, and designers will benefit from using this Standard alongside other detailed CSA Group Standards (see Clause [2](#)).

LTCHs in Canada can be subject to local, provincial, or territorial building and fire safety regulations, or in the absence of such regulations the *National Building Code of Canada* and *National Fire Code of Canada*. LTCHs are encouraged to adopt the most up-to-date policies, procedures, and methodologies as directed by their authority having jurisdiction (AHJ).

#### 0.2 Overview

LTC is a complex topic in Canada, receiving significant public attention. Significant gaps have been found in the quality and safety of care, and quality of life, for residents within LTCHs. LTC is not publicly insured under the *Canada Health Act* and is governed by provincial and territorial legislation, resulting in different jurisdictions offering a variable range of services and cost coverage for LTCHs across the country.

Residents of LTCHs are more vulnerable to infections and are at greater risk of experiencing severe symptoms, resulting in high rates of mortality due to congregate living circumstances. LTCH residents are more vulnerable due to being older and frailer than the general population, as well as being more prone to pre-existing medical conditions. They are also more susceptible to infection because of shared spaces (e.g., bedrooms) and supplies, transit of people within and between different HCFs, and visitation practices. Inadequate standards of practice can also contribute to transmission. As a result, staff at LTCHs are also at a higher risk of exposure. The purpose of this Standard is to provide guidance for operations, design, systems implementation, and policies and procedures for IPAC in LTCHs.

The Standard provides an overview of organizational commitments of LTCHs such as person-centred care, equity, diversity, inclusion, and sexual expression and intimacy of residents. The organizational commitments section (Clause [4](#)) is meant to be applied in operations, IPAC, and design considerations in all LTCHs. The objective is to balance safety and the resident's right to live with dignity and risk. In addition, the safety, health, and wellness of staff is considered, while balancing the resident's right to dignity.

The Standard provides an overview of operations including but not limited to visitor policies, nutrition and food, waste management, and communications. Guidance is provided for a transdisciplinary assessment team (TDAT) and for quality improvement, including risk management and quality auditing.