

Space Standards for Community Health Care Facilities

Health Capital Investment Branch
March 2017

Change Log

Version #	Date Changed	Description of Change	Approved By
2.0	2015-12-16	<ul style="list-style-type: none"> Updated to align with Community Health Capital Program Policy Changes to space tables-types, sizes and categorization of spaces 	Peter Kaftarian, Executive Director, Health Capital Division
3.0	2017-03-31	<ul style="list-style-type: none"> Space Tables updated to reflect room types and sizes for Residential MH&A Additional Room types and sizes added Renaming of some room types to make search more accessible Editing and formatting updates to meet AODA requirements Reorganization of content 	Peter Kaftarian, Assistant Deputy Minister, Health Capital Division

Ministry of Health and Long-Term Care

Copies of this report can be obtained from:

Health Capital Investment Branch

Email: HealthCapitalInvestmentBranch@ontario.ca

INFOline: 1-866-532-3161

TTY: 1-800-387-5559

Note

The room types and sizes in the Space Standards for Community Health Facilities (“Community Space Standards”) generally conform to those defined in CSA Z8000. Where there are variances, the Space Tables in this document ([Appendix 2](#)) supersedes CSA Z8000.

Disclaimer

Space types and size standards may be revised from time to time. This document endeavors to be current and complete, but the Ministry of Health and Long-Term Care (herein “ministry”) retains the right to make changes without notification to remain current with emerging best practices.

Table of Contents

Abbreviations.....	5
1. Introduction.....	6
1.1 Purpose	6
1.2 Intended Users.....	7
2. Community Space Standards	7
2.1 Overview of the Space Planning Process.....	7
2.1a. Description of Space Types	8
2.2 The Ministry’s Planning and Design Objectives: “OASIS”	10
2.2a. Principles in Effective Room Utilization	10
2.2b. Community Health Capital Program Toolkit	12
2.3 Ministry Space Standards.....	12
2.3a. Determining Total Space Needs.....	12
2.3b. Additional Design Factors to Reach the Total Area	13
2.3c. Space Provision	15
2.4 Design Considerations.....	15
2.4a. CSA Z8000 Canadian Health Care Facilities.....	16
2.4b. Infection Prevention and Control (IPAC)	16
2.4c. Building Systems for Community-based Health Care Facilities	16
3. Conclusion	17
4. Additional Resources	17
Appendix 1: Glossary	18
Appendix 2: Space Tables: Room Sizes and Requirements	21
Appendix 3: Application of Grossing Factors Examples.....	28

Abbreviations

Short Form	Long Form
AS	Administrative/Support Space
BFS	Building Facility Support Space
BGSF	Building Gross Square Footage
CGSF	Component Gross Square Footage
CHCP	Community Health Capital Programs
CSA	Canadian Standards Association
DSD	Direct Service Delivery/Support Space
FTE	Full-Time Equivalent
HSPs	Health Service Providers
HVAC	Heating, Ventilation, and Air-Conditioning
ICP	Infection Control Professional
ICRA	Infection Control Risk Assessment
IPAC	Infection Prevention and Control
ISD	Indirect Service Delivery/Support Space
MH&A	Mental Health and Addictions
NSF	Net Square Feet
OASIS	Operational efficiency; Accessibility; Safety and Security; Infection Prevention and Control; and Sustainability

1. Introduction

The Space Standards for Community Health Care Facilities (“Community Space Standards”) is designed to assist community health service providers (HSPs) to develop a proposed capital project for submission to the ministry for approval. The Community Space Standards support current government priorities and recognize fiscal challenges by assisting HSPs with the effective use of limited capital resources to plan high quality health care environments. The planning principles of the Community Space Standards promote right-sizing facilities to support efficient delivery of HSP services and to limit excessive operating costs over the lifetime of facilities.

The Community Space Standards will not replace the detailed work of HSPs and the planning and design consultant team to develop a facility, but it provides essential information that reflects the ministry’s capital funding structure and outlines the ministry’s facility planning expectations for a community health care setting.

The focus of this document is to provide guidance in defining space allocation and is not intended to provide complete technical facility design guidance. For technical building requirements such as building codes, electrical/emergency power, heating, ventilation and air conditioning, infection control, sterilization procedures, and construction-related issues, the HSP and its design team must refer to the applicable legislation, codes, standards, and other best practice industry sources. It also consolidates elements of health care facility standards from the Canadian Standards Association (CSA) and other health care planning guides to present a comprehensive set of recommendations for the community health care setting.

1.1 Purpose

The purpose of the Community Space Standards is to:

- Identify the types of space for an approved community capital project for which the ministry will provide funding;
- Identify the maximum amount of space for an approved community capital project for which the ministry will provide funding; and
- Outline the basic steps to develop the space needs of a community health care facility.

The Community Space Standards document was developed in conjunction with the following ministry documents:

- Community Health Capital Programs Policy (“CHCP”)
- Community Health Service Provider Cost Share Guide (“Community Cost Share Guide”)
- Community Health Capital Program Toolkit (“Community Toolkit”)

It is intended that these documents/tools are used together when planning proposed community capital projects. These resources provide the information necessary for HSPs to understand the types and amount of space the ministry will cost share for approved community capital projects to meet program and service delivery needs.

1.2 Intended Users

The Community Space Standards is intended for the following individuals and groups working with the Lead Organization as per the CHCP policy:

- Functional programmers, architects and engineers to ensure that planned space meets best practice design and ministry planning, design and funding requirements; and
- Other technical and health care professionals such as infection control and occupational health and safety personnel.

Ministry staff will confirm compliance with space and functional requirements that meet the ministry's planning and design objectives ("OASIS" – see [Section 2.2](#)).

The Community Space Standards is written to provide general information so that both the principles and specifics can be applied consistently to a variety of community health care facility types. It is the role of the HSP to determine which components of the Community Space Standards are most applicable to its programs and services.

2. Community Space Standards

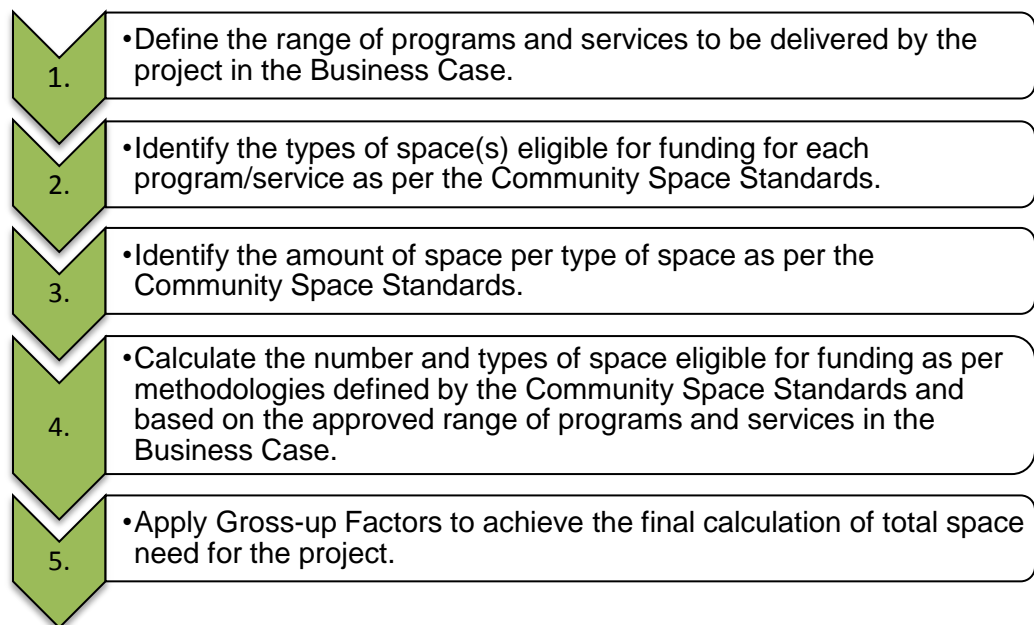
The Community Space Standards is organized into the following four sections:

- [2.1: Overview of the Space Planning Process](#)
- [2.2: The Ministry's Planning and Design Objectives: "OASIS"](#)
- [2.3: Ministry Space Standards](#) – Reference to Appendix 2 - Space Tables
- [2.4: Design Considerations](#) – Reference to CSA Z8000

2.1 Overview of the Space Planning Process

Figure 1 reflects the basic steps of space planning.

Figure 1. Steps for Calculating Eligible Ministry Funded Space for Community Capital Projects



The Business Case in the Community Toolkit is designed to guide administrators and their consultants engaged in the planning process through each of these steps. The Business Case defines programs and service composition, space requirements, overall size, cost, and all elements required to fully understand scope, size, cost, and timelines of the project.

The planning and design consultant team engaged by the Lead Organization may include functional programmers, architects, engineers, and an infection control professional (ICP).

2.1a. Description of Space Types

To assist organizations and the ministry in assessing the relative space proportions, room types are divided into categories based on function. Descriptions and examples of spaces for these categories are provided in Table 1:

Table 1: Ministry Classification of Space: Descriptions and Examples

Category	Description	Examples
Building Facility Support Space (BFS)	Includes all room types and spaces that are used 75% or more for the support of building operations.	<ul style="list-style-type: none"> • I&IT server rooms • Machine rooms • Cleaning supply storage areas • Cleaning closets
Administrative/ Support Space (AS)	Includes all room types that are used 75% or more for administrative oversight of the programs and services delivered by the HSP organization(s) in that facility.	<p>Dedicated or shared offices for executive, management and administrative support staff</p> <p>Support spaces:</p> <ul style="list-style-type: none"> • Administrative reception areas • Dedicated or shared supply storage spaces • Human resources records spaces
Direct Service Delivery/ Support Space (DSD)	Includes all room types that are used 75% or more for the provision of services directly between a service provider and a client or group of clients, and rooms required to support these activities. The types of rooms and support spaces required are defined by the services and programs that will be operating from that facility.	<p>For primary care or allied health services:</p> <ul style="list-style-type: none"> • Examination rooms • Treatment rooms • Counselling rooms <p>For health programs/education services:</p> <ul style="list-style-type: none"> • Teaching kitchens • Group rooms <p>Support spaces:</p> <ul style="list-style-type: none"> • Reception spaces • Client waiting areas • Supply storage rooms • Labs • Clean/dirty utility rooms • Client showers • Client records • Client/visitor washrooms
Indirect Service Delivery/ Support Space (ISD)	Includes all room types that are used 75% or more for developing health programs for delivery to client populations in the community or for the analysis of data/information that supports the development and delivery of those programs.	<p>Dedicated or shared offices/workstations</p> <p>Support spaces:</p> <ul style="list-style-type: none"> • Dedicated or shared supply storage spaces

2.2 The Ministry's Planning and Design Objectives: "OASIS"

A fundamental goal in the planning and design of capital health care projects is to create an environment that enables health services to be delivered in the most effective and efficient, accessible and safe manner while respecting the needs of patients or clients, and staff. Capital resources should be used effectively so that all capital projects are built as a long-term investment for the community they serve.

The ministry's planning and design goals and objectives are captured under the ministry's "OASIS" principles. These principles also form the fundamental principles of CSA Z8000:

- **Operational Efficiency**
- **Accessibility**
- **Safety and Security**
- **Infection Prevention and Control**
- **Sustainability**

When undertaking a capital project, the ministry expects these objectives to be met.

2.2a. Principles in Effective Room Utilization

When reviewing the Business Case and proposed space, the ministry will consider the following general principles in the review and approval process.

- The relationship between operations and space should result in the most effective usage or right-sizing of physical space; that is, all rooms are used with the least amount of time vacant or "down time", while allowing for some flexibility for unexpected or informal use.
- Opportunities should be identified where staff and group activities can share space based on effective scheduling. The number of common areas should be carefully planned to eliminate down time and facilitate sharing across programs. The Examination Rooms Utilization in the Community Toolkit provides a tool for the HSP to use in planning efficient use of this specific shared space.
- Similar methodologies should be used by the HSP in determining how best to fully utilize other spaces that can be shared across programs and services (i.e. calendaring of scheduled activities to optimize use of space).
- The ministry will not approve dedicated space for single functions or "one-time" events. For example, one large meeting room for an annual general meeting that is not required for daily/weekly use will not be approved. Spaces requested must have clinical or program evidence that support the need for the space through service volumes and/or frequency of usage.

- The ministry promotes a client-centred approach, where providers interact during patient/client encounters in one treatment space (e.g. exam room) rather than moving the patient/client to multiple points of care during one visit.

Table 2 below outlines examples of how the ministry's OASIS principles can be applied in regard to the relationship between operations and space.

Table 2: How to Apply OASIS Principles by Space Type

Room/Space	Application of OASIS Principles
Administrative Offices	Number of staff; function (full-time/part-time); hours of use/frequency; and privacy needs should be used to determine whether private offices, workstations or shared offices are appropriate.
Administrative Space/Support Space and Building Facility Support Space	The ministry will fund up to 30% of total space (before gross up) for administrative and support purposes in a main site and 20% in a satellite site. This policy promotes a facility that provides the majority of space for client/patient care.
Direct Service Support Office Space	Collaborative team space with workstations in a shared space with access to a swing or spare office for privacy should be planned as opposed to dedicated, private offices for uses such as charting and occasional administrative duties.
Exam Rooms and Waiting Room Size	Standard exam rooms should be planned to be flexible for different uses and occupied 60% to 80% of the time. Using data such as annual visits, appointments or encounters, clinic hours, and how long patients stay in a waiting room prior, will help determine the optimum number of rooms and numbers of people in a waiting room.
Meeting Rooms	Effective scheduling of the programs should facilitate sharing of rooms across multiple program groups, or rooms subdivided for flexibility. If the facility's full programming is met and there is still scheduling time available, the space may be considered for use for other community partners. Using data such as number of group types, frequency and length of group sessions, and a draft schedule, will help determine the optimum number of rooms.

2.2b. Community Health Capital Program Toolkit

The specific types and numbers of rooms the ministry will approve for funding in a community capital project is based on the list of approved programs and services, and associated volumes. The Community Toolkit assists the Lead Organization in moving through the steps of:

- Identifying programs and services that are eligible for ministry space funding;
- Identifying volumes and staffing to deliver services; and
- Identifying the space necessary to deliver those services.

The ministry will only fund space where the HSP or partner organizations can demonstrate that there is the operational funding in place to provide the FTE resources to support the reasonable service volume provision.

2.3 Ministry Space Standards

[Appendix 2](#) provides tables describing the types of space that are potentially eligible for ministry funding in a capital project. Whether any specific type of space will be found eligible by the ministry is based on justification in the Business Case that the space type is required to deliver ministry approved programs and services. The amount of each space type required to support staffing and service delivery volumes is also determined through the Business Case planning exercise.

2.3a. Determining Total Space Needs

The Space Tables in [Appendix 2](#) provides a complement of rooms that may occur in a community health care facility. Each room has an assigned Net Square Foot area (NSF). The NSF defines the net amount of space for each room type, not including space for circulation or building structure and thickness of walls.

The room sizes established in the Community Space Standards define:

- The space necessary to provide effective functionality;
- The space necessary to provide effective infection prevention and control; and
- The amount of space that the ministry funds for that room type.

HSPs that size rooms larger than the space standards may fund the size variance plus gross up size as an 'own funds' project component.

Note: HSPs may apply to the ministry to amend the Community Space Standards to define a larger size standard for that space type or a new room type with an associated space allocation standard in the Business Case document. Decisions by the ministry to revise space standards or add new space types and standards will not be determined on a project by project basis. Standards will only be amended or added where there is rationale for need across all project types.

2.3b. Additional Design Factors to Reach the Total Area

Planning factors must be applied to the total NSF to achieve a total Building Gross Square Footage (BGSF). These include:

- [Future Growth and Flexibility](#)
- [Component Grossing Factor](#)
- [Building Grossing Factor](#)

The grossing factors are recommended to be used at early planning stages to estimate overall space budgets. Variables, such as existing space configuration, structure or special program needs, may change the actual area represented by these factors. As planning progresses into detailed design, the actual areas should be measured and compared against these factors.

Future Growth and Flexibility

The ministry will provide the additional space necessary to accommodate 10% increased service volumes for all capital projects in anticipation of increased capacity due to efficiencies gained through redesign of physical space. This is calculated by adjusting current year historical volumes to account for any funded full-time equivalent (FTE) vacancies and applying the 10% to pro-rated volumes.

The ministry will provide additional growth space where an HSP can provide evidence that:

- New operational funding will be provided to a program area to add FTE staff resources to generate additional service volumes or provide indirect services;
- Programs and associated operational funding and FTE staff will be transferred from one facility to the end state build project resulting in additional FTE staff to generate additional service volumes or provide indirect services; and/or
- Funding for FTE staff is permanently reallocated from one program to another to generate additional service volumes or provide indirect services (this will result in a reduction of space in the area from which the funding was reallocated).

Future growth and flexibility space can be accommodated adjacent to the clinical zone or core program area by using spaces that can be converted with minimal capital investment. For example, storage, office space, or interview rooms that can be easily relocated could be planned adjacent to the clinical zone. If the soft space is intended for future clinical functions, the mechanical ventilation of this space should be designed with the potential to provide enhanced ventilation requirements with minimal alteration.

Component Grossing Factor

The Component Grossing Factor is a planning factor applied during the early planning stages to account for the space required for circulation between rooms and zones. This factor results in the Component Gross Square Footage or “CGSF”. The ministry expects

planning to be efficient and balanced to minimize circulation space, yet ensure safety and quality to achieve good patient flow, workflow and staff movement, and support accessibility. Once floor plans have been developed, the actual circulation area should be measured and documented.

For new build projects, apply the Component Grossing Factor of 1.35 (+35 %*) to the total NSF to arrive at the total area of the facility (within exterior walls). 35% should accommodate the circulation space necessary to link together the net spaces and area occupied by internal walls.

*35% represents a blend of areas within the facility.

For leasehold projects, the CGSF is the total gross floor area for the capital project.

Building Grossing Factor

The Building Grossing Factor is applied to the CGSF to account for the thickness of exterior walls, minor vertical engineering spaces (plumbing, ventilation, and electrical), and vertical spaces, such as stairways and elevators. This factor results in the Building Gross Square Footage or “BGSF”. The Building Grossing Factor must be applied to ensure that cost estimates account for construction materials and building configuration.

For new build projects, apply the Building Grossing Factor of 1.15 (+15 %*) to the CGSF to arrive at the BGSF (total building area of the capital project). Projects may experience a lower factor once the building design is refined.

*15% represents an approximate building gross up for recent new build projects. Once floor plans have been developed, the actual building gross up area should be measured and documented.

For leasehold projects, there is no vertical space or exterior wall thickness to calculate. The extent of the space is the rentable boundary. **Therefore, the “CGSF = BGSF”**. The facility will share some spaces with other tenants (e.g. common lobby / main entrance areas, service rooms, vestibules, stairways and elevators). The lease must clearly define these spaces with an associated area and lease rate. The HSP will be responsible to pay for the use of that space within the agreed-upon rent from its operational budget. Common space is not added to the total area and is not included in the capital funding used to construct the space.

The Landlord is responsible for all basic upgrades to those areas, and therefore, any upgrade work should not be included in the capital costs. However, if the facility requires specialized improvements, it should consult with the ministry to determine if the capital improvements to those spaces would be eligible for ministry funding support.

For examples of how the Component Grossing Factor and Building Grossing Factor are applied, please see [Appendix 3](#).

2.3c. Space Provision

Ministry space standard guidelines allow a community capital built environment to be flexible in order to provide capital funding to accommodate operational programming that may not be directly funded by the ministry. For example, group meeting rooms and other large multi-purpose space can be employed by a community sector HSP to fulfill a broad-based mandate.

All projects (Single Provider and Co-located or Integrated Facilities) are eligible for the provision of:

- 200 sq. ft. for shell and fit out of space for hoteling work stations for other organizations/non-ministry funded services and programs;
- 200 sq. ft. for shell for health related retail providers (e.g. dispensing pharmacy) where there is a contract for a minimum of five (5) years tenancy; and
- 50 sq. ft. for retail vending machines where there are contracts for a minimum of 5 years tenancy.

Note: The funding for Family Health Teams refers only to the ministry funded not-for-profit part of the operation. Medical doctors on Fee For Service will continue to pay for their own space and share of operating costs.

2.4 Design Considerations

For all capital projects, the ministry expects that all facilities will be compliant with all codes and standards, such as, but not limited to the most current and future versions of the following regulations:

- Ontario Building Code;
- Ontario Fire Code;
- Electrical Safety Code under the Electricity Act;
- CSA standards for health care facilities (see [Section 4](#));
- Accessibility for Ontarians with Disabilities Act; and
- Occupational Health and Safety Act.

It is the responsibility of the HSP to ensure that project submissions are designed and built to meet all applicable requirements. Establishing criteria for items such as fire safety for building occupants, cabling, emergency power needs, and plumbing requirements will impact budget planning and, possibly, site selection. Incorporation of the impacts of these requirements should be addressed as early as possible in the planning process.

2.4a. CSA Z8000 Canadian Health Care Facilities

[Appendix 2](#) of the Community Space Standards incorporates and adapts the applicable components of CSA Z8000 for primary and community health service provider facilities. CSA Z8000 sets national standards for the planning and design of a wide range of health care facilities, including acute care, primary care, and ambulatory settings. CSA Z8000 is not legislated; however, it is accepted by the ministry as the best practice standard for Ontario health care facility design. In the absence of another Canadian standard for community health service provider facilities, the Community Space Standards is based on the CSA Z8000 and future issues of it. The ministry reserves the right to define standards that may not be in accordance with CSA Z8000 recommended standards. Where this occurs, ministry standards will be the basis for calculating ministry funded space eligibility.

The ministry strongly encourages each HSP and its planning and design team to obtain a copy and be familiar with the standard and future updates.

2.4b. Infection Prevention and Control (IPAC)

Understanding the scope of IPAC planning is critical to planning a facility, from the early identification of the client risk profile with the preparation of an Infection Control Risk Assessment (ICRA), to location of hand hygiene sinks and alcohol-based hand rub stations. Sections on IPAC in CSA Z8000 provide an excellent overview of the principles and issues to be considered. The ministry requires that the IPAC measures of CSA Z8000 are incorporated into community HSP facilities. The HSP is required to retain an independent, accredited ICP as part of the facility planning and design team to lead the implementation of the standards and best practice.

2.4c. Building Systems for Community-based Health Care Facilities

Community health service provider facilities are classified as “Class C” facilities, as defined in *CAN/CSA Z317.2 Special Requirements for Heating, Ventilation, and Air-Conditioning (HVAC) Systems in Health Care Facilities*. “Class C” facilities are described by CSA as ambulatory facilities including outpatient clinics and doctors’ clinics. The standard requires enhanced ventilation and filtration systems. HSP facilities require a higher level of building services, such as ventilation, electrical and plumbing services, than commercial buildings. It is the responsibility of the HSP and its consultants to ensure that the facility design meets required health and life safety regulations, and is designed to standards that create the appropriate physical environment for the type of health care that is being provided.

For community HSP facilities located on leased premises, the selection of a suitable location and lease terms must adhere to health care facility requirements and CSA standards.

The ministry expects that facilities will be designed to meet the CSA standards and the costs to meet standards be included in early capital cost budgets and in more detailed cost estimates.

3. Conclusion

The use of the Community Space Standards document in conjunction with the Community Toolkit should enable health care facility administrators and planners to arrive at a total space requirement that aligns with program and service needs. The ministry encourages the HSP and their design teams to strive for the effective use of space to create a safe and quality environment for the delivery of health care.

4. Additional Resources

The current versions of:

Canadian Standards Association CSAZ317.1 - Special Requirements for Plumbing Installations in Health Care Facilities

Canadian Standards Association CAN/CSA Z317.2 - Special Requirements for Heating, Ventilation, and Air-Conditioning (HVAC) Systems in Health Care Facilities

Canadian Standards Association CSA Z317.13 - Infection Control during Construction, Renovation and Maintenance of Health Care Facilities

Canadian Standards Association CSA Z8000 - Canadian Health Care Facilities

Canadian Standards Association CSA Z32 - Electrical Safety Systems in Health Care Facilities

Canadian Standards Association CSA Z317.5 - Illumination Design in Health Care Facilities

Appendix 1: Glossary

Administrative/Support Space (AS)

All room types that are used 75% or more for administrative oversight of the programs and services delivered by the HSP organization(s) in that facility. Room types include dedicated or shared offices for executive, management and administrative support staff. Support spaces include administrative reception areas, shared or dedicated supply storage spaces, and human resources records spaces.

Building Facility Support Space (BFS)

All room types and spaces that are used 75% or more for the support of building operations. Examples of room/space types include I&IT server rooms, machine rooms, cleaning supply storage areas, and cleaning closets.

Building Gross Square Footage (BGSF)

For new-build projects, the Building Gross Square Footage is calculated by applying the Building Gross Factor to the Component Gross Square Footage during early planning stages. This total accounts for net square footage, circulation space, thickness of exterior walls, minor vertical engineering spaces, and vertical spaces (stairways and elevators).

Building Grossing Factor

The Building Grossing Factor is the planning factor that is applied to the Component Gross Square Footage (CGSF) to account for the thickness of exterior walls, minor vertical engineering spaces, and vertical spaces. The application of this factor results in the Building Gross Square Footage (BGSF).

In leasehold projects, the BGSF is the rentable boundary and is equivalent to the Component Gross Square Footage (CGSF).

Business Case

The Business Case will define programs and service composition, space requirements, overall size, cost and all other elements required to fully understand scope, size, cost and timelines of the project.

Component Gross Square Footage (CGSF)

For new-build projects, the Component Gross Square Footage is calculated by applying the Component Gross Factor to the total net square foot. This total accounts for the total net square footage and circulation space.

Component Grossing Factor

The Component Grossing Factor is a planning factor applied during the early planning stages to account for the space required for circulation between rooms and zones. The application of this factor results in the Component Gross Square Footage (CGSF).

Cost Share (or “Shareable Costs”)

The amount of a total project cost that the ministry can provide capital funding for under ministry cost share guidelines (i.e. not all costs in a capital project can be funded by the ministry. The non-shareable costs are the responsibility of the HSP).

Direct Service Delivery/Support Space (DSD)

All room types that are used 75% or more for the provision of services directly between a service provider and a client or group of clients, and rooms required to support these activities. For primary care or allied health services this could include, for example, examination rooms, treatment rooms, and counselling rooms. For health programs and education services this could include, for example, teaching kitchens and group rooms. Support spaces for these activities range from reception spaces to client waiting areas, supply storage rooms, labs, clean/dirty utility rooms, client showers, client records, and client/visitor washrooms. The types of rooms and support spaces required are defined by the services and programs that will be operating from the facility.

Indirect Service Delivery/Support Space (ISD)

All room types that are used 75% or more for developing health programs for delivery to client populations in the community or for the analysis of data/information that supports the development and delivery of those programs. Room types include dedicated or shared offices/workstations. Support spaces for these activities include shared or dedicated supply storage spaces.

Net Square Foot (NSF)

The NSF defines the net amount of space for each room type, not including space for circulation or building structure and thickness of walls.

Ontario Building Code

The Ontario Building Code is a regulation made under the Building Code Act. It:

- Focuses primarily on ensuring public safety in newly constructed buildings, but also supports the government’s commitments to energy conservation, barrier-free accessibility and economic development;
- Sets out objectives and requirements for new construction;
- Does not provide standards for existing buildings, with the exception of small on-site sewage systems; and
- Establishes the qualification and registration requirements in Ontario for certain building practitioners.

“Right-Sizing”

The principle of right-sizing focuses on optimizing the relationship between function and space to result in the most effective usage and allotment of physical space. To right-size facilities is to support the efficient delivery of HSP services and limit excessive operating costs over the lifetime of facilities, ensuring value for public investment in capital projects.

Total Net Square Foot (total NSF)

The total NSF area is the result of adding the individual room net areas.

Appendix 2: Space Tables: Room Sizes and Requirements

The Space Tables provide a complement of rooms that may occur in a community health care facility. Each room has an assigned Net Square Foot (NSF) area that defines the net amount of space, not including space for circulation or building structure and thickness of walls. The NSF for each room represents ministry or CSA standard room size limits. The sizes established define the space necessary to provide effective functionality and infection prevention and control, as well as the amount of space that the ministry will fund for that room type.

Room sizes and requirements are listed in the tables below, categorized by space category:

- [Table 1: Room Sizes and Requirements for Building/Facility Support Space](#)
- [Table 2: Room Sizes and Requirements for Administrative/Support Space](#)
- [Table 3: Room Sizes and Requirements for Direct Service/Support Space](#)
- [Table 4: Room Sizes and Requirements for Indirect Service/Support Space](#)

Table 1: Room Sizes and Requirements for Building/Facility Support Space

Building/Facility Support Space - Space Type	Space Size (Sq. Ft.)	Function
Data/Server Room	110	IT support
Elevator Machine Room	TBD	Facility requirements to be provided
Housekeeping Closet	75	Cleaning and small repairs only eligible if not available from landlord
Mechanical Electrical Room	60	Facility requirements to be provided
Waste Holding	70	Waste holding only eligible for stand-alone facilities

Table 2: Room Sizes and Requirements for Administrative/Support Space

Administrative/Support Space - Space Type	Space Size (Sq. Ft.)	Function
Barrier Free Washroom - Staff	50	2-Piece barrier-free
Office Administrative Executive (1 person with meeting space)	150	Administration
Office Administrative Management - Private (1 person with meeting space)	120	Administration
Office Administrative Management - Shared (2 person with meeting space)	180	Administration
Office Administrative - Private (1 person without meeting space)	100	Administration
Office Administrative - Shared (2 person without meeting space)	150	Administration
Photocopy Alcove	60	Photocopy
Purse Locker/Half-locker	3	Two 1.5sq. ft. half-lockers for staff and volunteers without offices or desks
Reception Desk	65	Administrative support
Staff Lounge	200	Lunch room, lounge, locker room; 20 staff per shift
Staff Meeting Room (6 person)	150	Dedicated staff conference/meeting room
Washroom - Staff	35	2-Piece
Workstation - Administrative	65	Administration

Table 3: Room Sizes and Requirements for Direct Service/Support Space

Direct Service/Support Space - Space Type	Space Size (Sq. Ft.)	Function
Aboriginal Meditation Room (15 person)	180	Support for meditation room for 15 people
Aboriginal Sweat Lodge - Large (16 person)	320	Support for traditional healing for 16 people
Aboriginal Sweat Lodge - Small (8 person)	224	Support for traditional healing for 8 people
Aboriginal Sweet Grass Room (10 person)	150	Support for traditional healing for 10 people
Airborne Precaution Room (APR) Exam Room	120	Examination isolation room
Barrier-Free Washroom - Client	50	2-Piece barrier-free
Single Enhanced Bed Room & 3-Piece Washroom - Enhanced Access	250	MH&A residential treatment facilities - stay under 1 year (washroom – 80 sq. ft.)
Bed Room (Single Occupancy) & 3-Piece Washroom	195	MH&A residential treatment facilities - stay under 1 year (washroom – 70 sq. ft.)
Bed Room (Double Occupancy) & 3-Piece Washroom	300	MH&A residential treatment facilities - stay under 1 year (washroom – 70 sq. ft.)
Chiropody Exam/Treatment Room	140	Assessment & treatment
Chiropody Lab	100	Lab for orthotics fabrication
Clean Utility	120	Clean utility/storage
Cloak Room (12 coats)	6	Coat room for client storage based on 12
Counselling Group – Large – Multipurpose	360	Group education/treatment/meditation for 30 people - dividable room
Counselling Group – Small/Medium – Multipurpose	180	Group education/treatment/meditation for 15 people
Counselling Office	120	1:1 Client counselling and up to 2 additional family members
Counselling Room – Small – Client And Family	110	1:1 Client counselling and up to 2 additional family members

Direct Service/Support Space - Space Type	Space Size (Sq. Ft.)	Function
Dental Operatory	100	Dental exam treatment charting and storage for dentist, hygienist and technician
Dental Support - Pump Space	50	Support/pump space for dental operatory
Dining Room	200	MH&A residential treatment facilities - stay under 1 year For up to 25 people; add 8 NSF for each client above 25.
Education Demonstration Kitchen	300	Demonstration kitchen - located adjacent to group room for use in isolation or with group room
Exam Room and Work Station Space - Allied Health Individual	120	1:1 Examination and treatment space; individual (physiotherapy or occupational therapy)
Exam Room - Multipurpose - MD and NP Care Teams	120	Examination, treatment, counselling and charting
Exam Room - Large - Multipurpose - MD and NP Care Teams	140	Examination, treatment, counselling and charting including families +/- bariatric, etc.
Exam, Group Space and Work Station Space – Multipurpose - Allied Health	170	Examination and treatment for individual and group clients and charting/office functions (one physiotherapist or occupational therapist)
Exam, Group Space and Work Station Space – Large - Multipurpose - Allied Health	250	Examination and treatment for individual and group clients and charting/office functions – shared with additional physiotherapist or occupational therapist
Free-Standing Hygiene Sink	10	Stand-alone hand hygiene sink in common areas
Hoteling Space	200	For partner groups
Kitchen	150	MH&A residential treatment facilities - stay under 1 year For client use to prepare own meals.

Direct Service/Support Space - Space Type	Space Size (Sq. Ft.)	Function
Lounge/Multi-Purpose	20	MH&A residential treatment facilities - stay under 1 year Total lounge space is allocated at 20 NSF per client; this total area may be distributed into smaller patient lounges
Medication Room	100	Secure medication room with fridge
Office/Exam Room - Combined	160	Examination, treatment, counselling and charting including families +/- bariatric; includes dedicated office space. Only full-time primary care providers are eligible. This replaces 1 exam room for that staff.
Parking Area (Indoors) - Strollers, Wheelchairs, Scooters (accommodates 2)	100	General waiting for scooters, wheelchairs and strollers, based on 2
Phlebotomy And EKG Diagnostic Room	100	Phlebotomy + EKG
Phlebotomy Diagnostic Alcove	80	Phlebotomy
Reception Desk - Client-Patient	130	Registration, chart prep & clinical support - space based on 2 FTEs
Retail Pharmacy	200	Must demonstrate 5 year contract commitment from retail dispensing pharmacy to operate in that space
Secure Records Room	150	Medical records (paper/electronic)
Soiled Utility	60	Soiled/holding room
Storage - General	218	15 sq. ft. for each approved FTE for MOH funded approved program
Storage - Medical Cart	75	Medical cart storage
Traditional Medication Storage Room	100	Traditional medication storage
Universal Barrier Free Washroom - Client	65	2-Piece plus adult change table - only where building does not provide in leasehold

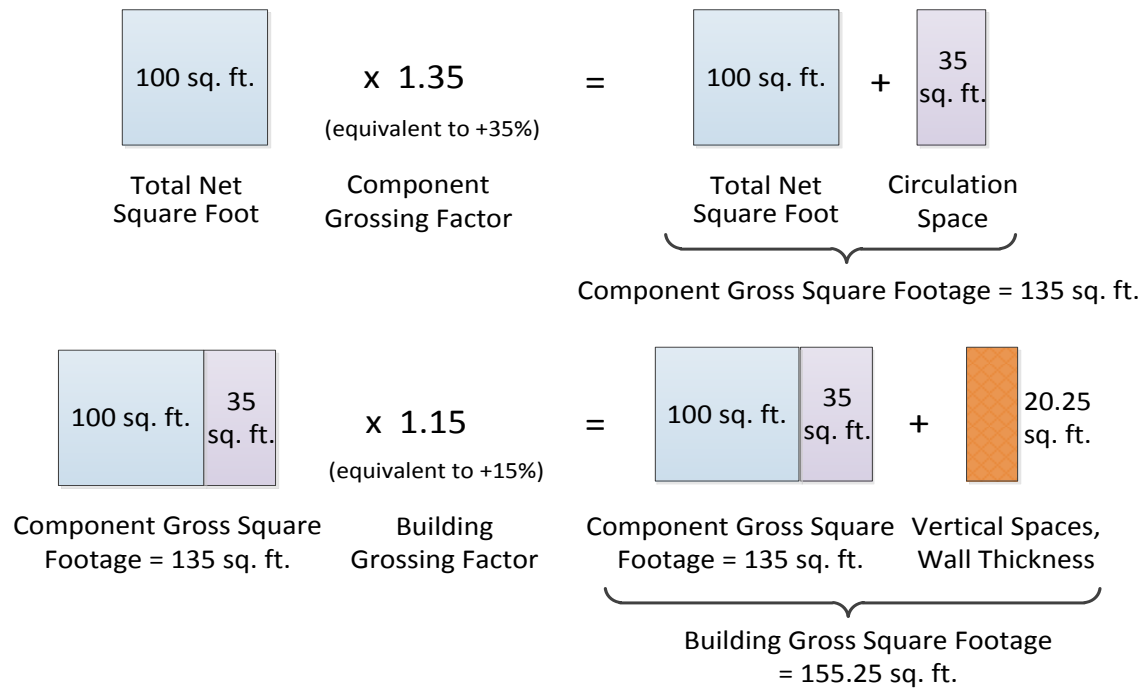
Direct Service/Support Space - Space Type	Space Size (Sq. Ft.)	Function
Vending Machine Space	50	Must demonstrate 5 year contract commitment from vending machine company to operate in that space
Waiting Area - Client/Patient (10 person)	160	General waiting including pediatrics based on 10 people (80% of waiting space is general seating at 15 sq. ft. per person and 20% special needs at 20 sq. ft. per person)
Washer & Dryer	80	MH&A residential treatment facilities - stay under 1 year. 80 NSF for up to 10 clients; add 50 NSF for every additional 10 clients.
Washroom - Client	35	2-Piece
Washroom With Shower Barrier Free - Client	75	3-Piece barrier-free. Must demonstrate need in Business Case, such as client demographics or patient profile, i.e. homeless population
Washroom With Shower Barrier Free - Staff	75	3-Piece barrier-free
Workstation - Clinical - General Purpose	65	Charting

Table 4: Room Sizes and Requirements for Indirect Service/Support Space

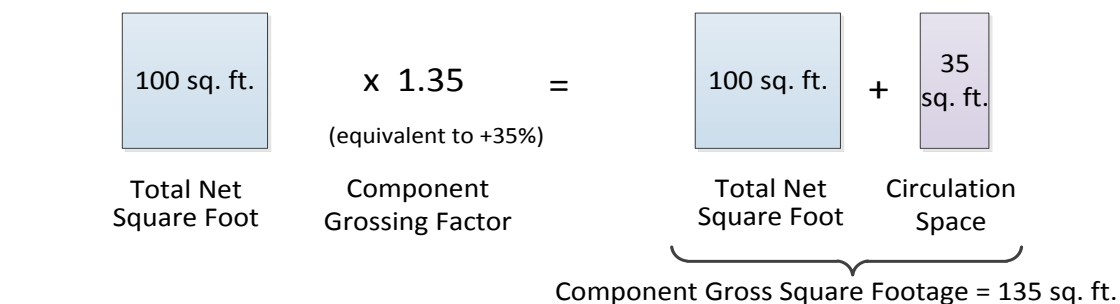
Indirect Service/Support Space - Space Type	Space Size (Sq. Ft.)	Function
Indirect Service Office – Private (with meeting space)	120	Health program planner or analyst
Indirect Service Office – Private (without meeting space)	100	Health program planner or analyst
Multipurpose Hoteling Space	200	For use by volunteers, students or NFP partners
Office - Health Program Planner Or Analyst- Shared (2 persons without meeting space)	180	Health program planner or analyst
Workstation - Other - General Purpose	65	Health planning/analytics/virtual services

Appendix 3: Application of Grossing Factors Examples

For New-Build Projects:



For Leasehold Projects:



Note: The Component Gross Square Footage should be equal to the rental area.*



The Building Grossing Factor space equivalent (vertical space, minor vertical engineering space, and wall thickness area) should be provided by the landlord and is not included in the Component Gross Square Footage or the rental space.

*The rentable area may exceed the Component Gross Square Footage area, as a result of spaces shared with other tenants (e.g. stairs, elevators, lobby space, etc.). This excess area should be outside of the leasehold project scope.

