

**THE NEW SURREY HOSPITAL  
AND  
BC CANCER CENTRE PROJECT**

**Appendix 1A - Clinical Specifications and  
Functional Space Requirements**

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## **PART 1. PROJECT OVERVIEW**

## 1.1 PURPOSE

### 1.1.1 APPENDIX 1A DOCUMENT PURPOSE

- 1.1.1.1 The purpose of Appendix 1A - Clinical Specifications and Functional Space Requirements is to define the scope of the New Surrey Hospital and BC Cancer Centre (NSHBCCC) in terms of its programs and services, functionality, and space requirements. This document describes and outlines the key needs and building design attributes required to successfully implement clinical operations.

## 1.2 FACILITY-WIDE DESCRIPTION

### 1.2.1 PROJECT BACKGROUND, VISION AND SCOPE

- 1.2.1.1 With a population of over 500,000 people, Surrey is the twelfth largest city in Canada and the second largest in British Columbia. By 2041, Surrey is projected to surpass Vancouver as the largest city in the province. This growing demand for services, coupled with an aging and chronically ill population has put significant pressure on existing resources in Surrey, particularly Surrey Memorial Hospital (SMH) and surrounding community hospitals.
- 1.2.1.2 BC Cancer - Surrey supports Patients who have been diagnosed with cancer within the Fraser Health Authority (FHA). Current insufficient capacity locally means Patients who live in this area are being subjected to longer wait times or required to travel to other centres for care.
- 1.2.1.3 To respond to these growing needs, a Business Plan for a new community Core Hospital in Surrey with an integrated BC Cancer Centre was developed and approved by the Ministry of Health (MoH) in June 2021.
- 1.2.1.4 This Project is a collaborative initiative under the leadership of Fraser Health (FH) in partnership with the MoH, the Provincial Health Services Authority (PHSA)/BC Cancer (BCC) and key participating organizations including the Surrey Hospitals Foundation, and the BCC Foundation. The goal is to ensure the timely delivery of a new Facility to provide much needed service capacity to the catchment region. The joint Project will be referred to as the New Surrey Hospital and BC Cancer Centre (NSHBCCC) and will be located in the southeast quadrant of the City of Surrey in an area known as Cloverdale.
- 1.2.1.5 The Project will have two (2) groups of integrated Clinical Components referred to as the Core Hospital (CH) and the BC Cancer Centre (BCCC) throughout this document. The CH and BCCC Clinical Components will share resources and services from Clinical and Non-Clinical Support Components in the Facility.
- 1.2.1.6 The vision for the CH will be a community hospital enabled by a virtual first strategy within a responsive care environment to expand emergency, inpatient,



surgical, and ambulatory services in Surrey and within FH's integrated system of care.

- 1.2.1.7 The vision for the BCCC will be to deliver leading, high quality, comprehensive cancer care that integrates Person- and Family-Centred Care, highly innovative technologies (including virtual health), founded on research and education, personalized medicine, and multidisciplinary approach to Patient care.
- 1.2.1.8 The Project strives to be at the forefront of exceptional care by implementing leading system models and best evidence-based practices and by maximizing operational efficiency. The Project aims to design spaces that promote wellness for Patients and providers and create a work environment that protects and enhances the physical and emotional safety of Patients, families and Staff.

## 1.2.2 FUNCTIONAL COMPONENTS

- 1.2.2.1 Program requirements and space analysis for the Functional Components within the scope of the Project will be reviewed according to the following list:

### 1.2.2.1(1) Core Hospital Clinical Components

- 1.2.2.1(1)(a) A. Ambulatory Care
- 1.2.2.1(1)(b) B. Inpatient Unit
- 1.2.2.1(1)(c) C. Emergency
- 1.2.2.1(1)(d) D. Perioperative
- 1.2.2.1(1)(e) E. Laboratory
- 1.2.2.1(1)(f) F. Medical Imaging

### 1.2.2.1(2) BC Cancer Centre Clinical Components

- 1.2.2.1(2)(a) G. Oncology Ambulatory Care Unit (OACU)
- 1.2.2.1(2)(b) H. Clinical Trials Unit
- 1.2.2.1(2)(c) I. Systemic Therapy
- 1.2.2.1(2)(d) J. Oncology Pharmacy
- 1.2.2.1(2)(e) K. Radiation Therapy Planning
  - 1.2.2.1.2.(e).1 K1. Medical Physics
  - 1.2.2.1.2.(e).2 K2. Dosimetry
  - 1.2.2.1.2.(e).3 K3. CT Simulation Suite
  - 1.2.2.1.2.(e).4 K4. MRI Simulation Suite

- 1.2.2.1(2)(f) L. Radiation Therapy Delivery
- 1.2.2.1(2)(g) M. Functional Imaging
  - 1.2.2.1.2.(g).1 M1. Cyclotron/Radiopharmaceutical Facility
  - 1.2.2.1.2.(g).2 M2. PET CT/Theranostics
- 1.2.2.1(3) Clinical Support Components
  - 1.2.2.1(3)(a) N. Interprofessional Team (IPT)
    - 1.2.2.1.3.(a).1 N1. Cardiac Diagnostics
    - 1.2.2.1.3.(a).2 N2. Respiratory Therapy
    - 1.2.2.1.3.(a).3 N3. IPT Staff Support Space
  - 1.2.2.1(3)(b) O. Biomedical Engineering
  - 1.2.2.1(3)(c) P. Medical Devices Reprocessing (MDR)
  - 1.2.2.1(3)(d) Q. Patient Transfer and Portering
    - 1.2.2.1.3.(d).1 Q1. Patient Transfer
    - 1.2.2.1.3.(d).2 Q2. Morgue
    - 1.2.2.1.3.(d).3 Q3. Centralized Portering Area
  - 1.2.2.1(3)(e) R. Pharmacy Services
  - 1.2.2.1(3)(f) S. Virtual Health (VH)
- 1.2.2.1(4) Non-Clinical Support Components
  - 1.2.2.1(4)(a) T. Public Spaces
    - 1.2.2.1.4.(a).1 T1. Main Entrance Spaces
    - 1.2.2.1.4.(a).2 T2. Public Spaces - CC
    - 1.2.2.1.4.(a).3 T3. Retail Spaces
    - 1.2.2.1.4.(a).4 T4. Spiritual Care Suite
  - 1.2.2.1(4)(b) U. Administration
  - 1.2.2.1(4)(c) V. Meeting and Education
  - 1.2.2.1(4)(d) W. Back of House
    - 1.2.2.1.4.(d).1 W1. Service Entrance
    - 1.2.2.1.4.(d).2 W2. Environmental Services (EVS)
    - 1.2.2.1.4.(d).3 W3. Materials Management
    - 1.2.2.1.4.(d).4 W4. Facilities Maintenance Operations/  
Asset Management (FMO/AM)
    - 1.2.2.1.4.(d).5 W5. IM/IT
    - 1.2.2.1.4.(d).6 W6. Distributed Spaces
  - 1.2.2.1(4)(e) X. Patient Food Services

1.2.2.1(4)(f)	Y. Staff Facilities
1.2.2.1.4.(f).1	Y1. Shared Staff Facilities
1.2.2.1.4.(f).2	Y2. Medical Staff Facilities - CH
1.2.2.1.4.(f).3	Y3. Medical/Academic Learner Facilities
1.2.2.1.4.(f).4	Y4. Medical Staff Facilities - CC
1.2.2.1.4.(f).5	Y5. Distributed Staff Lounges

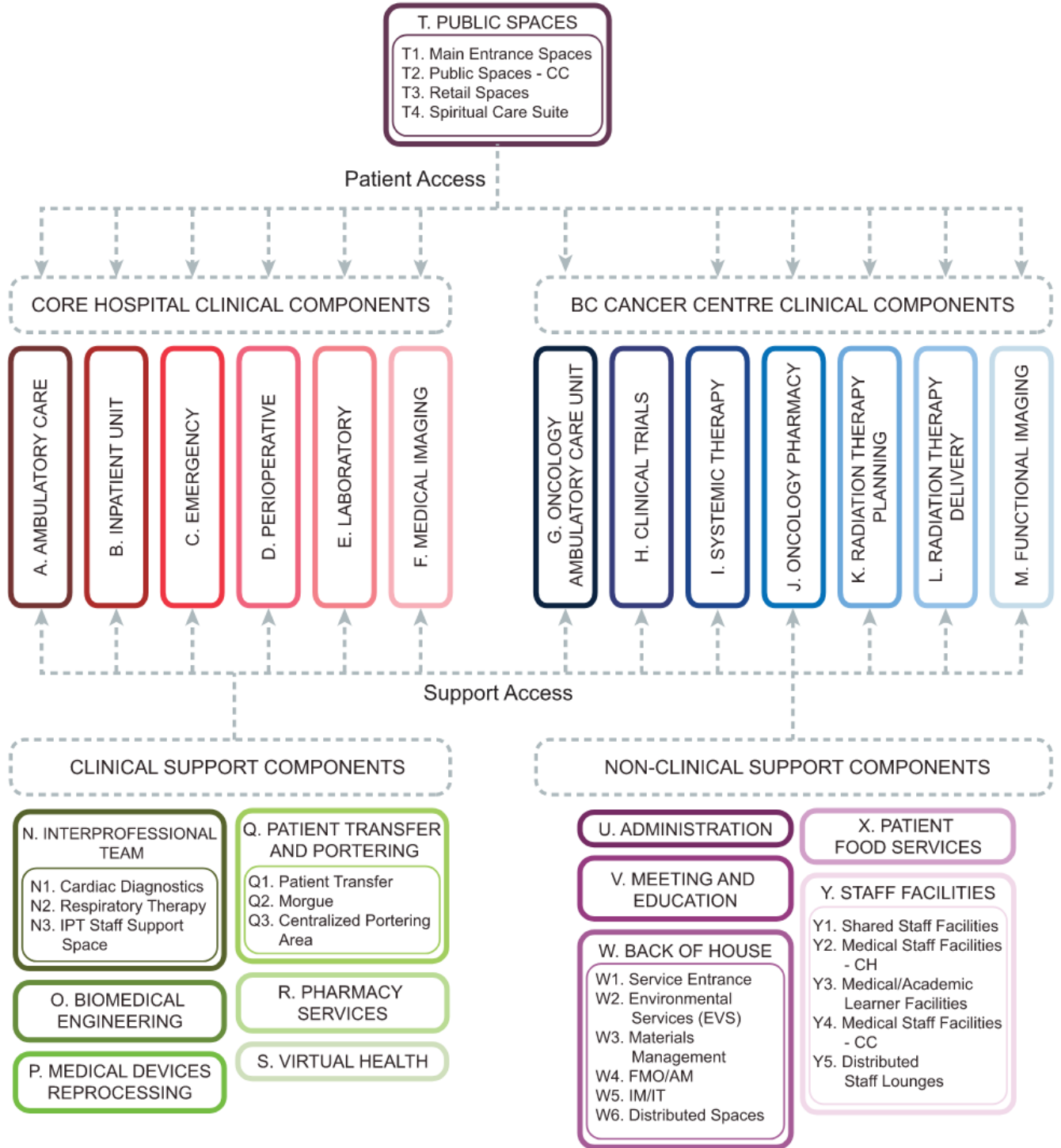
### 1.2.3 AREA SUMMARY AND DIAGRAM

1.2.3.1 The following table presents the proposed NSHBCCC area summary requirements broken down by Functional Components.

COMPONENT	TOTAL NSM
<b>Core Hospital Clinical Components</b>	
A. AmbulatoryCare	719.8
B. Inpatient Unit	6,997.2
C. Emergency	1,661.0
D. Perioperative	2,360.0
E. Laboratory	908.3
F. Medical Imaging	2,000.1
<b>BC Cancer Centre Clinical Components</b>	
G. Oncology AmbulatoryCare Unit	2,190.8
H. Clinical Trials Unit	221.1
I. Systemic Therapy	1,143.4
J. Oncology Pharmacy	379.5
K. Radiation TherapyPlanning	990.4
L. Radiation Therapy Delivery	1,514.3
M. Functional Imaging	1,306.3
<b>Clinical Support Components</b>	
N. Interprofessional Team	352.7
O. Biomedical Engineering	114.3
P. Medical Devices Reprocessing	968.9
Q. Patient Transfer and Porterage	115.3
R. Pharmacy Services	435.3
S. Virtual Health	132.8
<b>Non-Clinical Support Components</b>	
T. Public Spaces	717.9
U. Administration	828.7

<b>COMPONENT</b>	<b>TOTAL NSM</b>
V. Meeting and Education	460.0
W. Back of House	1,980.3
X. Patient Food Services	573.4
Y. Staff Facilities	1,528.0
<b>GRAND TOTAL</b>	<b>30,599.8</b>

- 1.2.3.2 The following diagram illustrates the various Clinical and Support Components which form the basis of this Appendix and how they interrelate. Each Functional Component is described in more detail in its associated Part 2 Functional Components section.



## 1.2.4 HOURS OF OPERATION SUMMARY TABLE

1.2.4.1 The following table presents the anticipated hours of operation for the Functional Components.

COMPONENT	HOURS OF OPERATION
<b>Core Hospital Clinical Components</b>	
A. Ambulatory Care	<ul style="list-style-type: none"> <li>• 0800-2000 hours, 7 days a week (exclusive of statutory holidays). Some clinics may run outside of these hours.</li> </ul>
B. Inpatient Unit	<ul style="list-style-type: none"> <li>• 24/7.</li> </ul>
C. Emergency	<ul style="list-style-type: none"> <li>• 24/7 for Zone 1 (Acute) and Zone 2 (Sub-Acute).</li> <li>• 1100-2300 hours, 7 days a week for Zone 3 (Minor Treatment).</li> <li>• 24/7 for Satellite Imaging (CT and General Radiography).</li> </ul>
D. Perioperative	<ul style="list-style-type: none"> <li>• 0745-1715 hours, M-F for Operating Room (OR) booked time.</li> <li>• 0745-1715 hours, M-F for Procedure Room (PR) booked time.</li> <li>• 0600-2000 hours, M-F for Anesthetic Care Unit (ACU).</li> <li>• 0800-1800 hours, M-F for brachytherapy Patients or as demand for service warrants.</li> <li>• Hours may change in the future to support demand for both ORs and PRs.</li> <li>• Hours may fluctuate based on emergent/unscheduled cases that meet site parameters.</li> </ul>
E. Laboratory	<ul style="list-style-type: none"> <li>• 24/7 for inpatient collections and laboratory testing.</li> <li>• 0700-1500 hours, M-F for Outpatient Specimen Collection.</li> </ul>
F. Medical Imaging	<p>The areas below will operate beyond these hours; dependent on Patient demand, staffing and budget:</p> <ul style="list-style-type: none"> <li>• 0800-2000/0800-1600 hours, M-F/Sa-Su for Screening Mammography.</li> <li>• 0700-1700 hours, M-F for Diagnostic Mammography.</li> <li>• 0800-1600 hours, M-Sa for Bone Density.</li> <li>• 0700-2200 hours, 7 days a week for Ultrasound.</li> <li>• 0700-2200 hours, 7 days a week for Echo.</li> <li>• 0700-2200 hours, 7 days a week for General Radiography.</li> <li>• 24/7 for Fluoroscopy.</li> <li>• 0700-2200 hours, 7 days a week for CT.</li> <li>• 0700-2300 hours, 7 days a week for MRI.</li> </ul>
<b>BC Cancer Centre Clinical Components</b>	
G. Oncology Ambulatory Care Unit	<ul style="list-style-type: none"> <li>• 0800-1800 hours, M-F or as demand for service warrants.</li> </ul>
H. Clinical Trials Unit	<ul style="list-style-type: none"> <li>• 0800-1800 hours, M-F.</li> </ul>
I. Systemic Therapy	<ul style="list-style-type: none"> <li>• 0800-1800 hours, M-F or as demand for service warrants.</li> </ul>
J. Oncology Pharmacy	<ul style="list-style-type: none"> <li>• 0800-1800 hours, M-F or as demand for service warrants.</li> </ul>
K. Radiation Therapy Planning	<ul style="list-style-type: none"> <li>• 0800-1800 hours, M-F for Medical Physics.</li> <li>• 0800-1800 hours, M-F for Dosimetry.</li> </ul>

COMPONENT	HOURS OF OPERATION
	<ul style="list-style-type: none"> <li>• 0800-1800 hours, M-F or as demand for service warrants for CT Simulation Suite and MRI Simulation Suite.</li> </ul>
L. Radiation Therapy Delivery	<ul style="list-style-type: none"> <li>• 0800-1800 hours, M-F or as demand for service warrants.</li> </ul>
M. Functional Imaging	<ul style="list-style-type: none"> <li>• Cyclotron/Radiopharmaceutical Facility, as required to produce isotopes to meet demand for radiopharmaceuticals at PET CT/Theranostics facilities (may include weekends and after-hours access).</li> <li>• 0800-1800 hours, M-F or as demand for service warrants for PET CT/Theranostics (may include weekends and after-hours access).</li> </ul>
<b>Clinical Support Components</b>	
N. Interprofessional Team	<ul style="list-style-type: none"> <li>• 24/7 for Respiratory Therapy and social workers.</li> <li>• 0800-2200 hours, M-F for Cardiac Diagnostics, with 24/7 Electrocardiography (ECG) support to Clinical Components within the Facility.</li> <li>• 24/7 for spiritual health professionals to access all Clinical Components and Patient Care Areas based on Patient/family/Staff need.</li> <li>• 0700-2000 hours, 7 days a week for physiotherapy/occupational therapy, home health liaison, rehabilitation assistant, speech language pathology, recreation worker.</li> <li>• 0800-1600 hours, 7 days a week for registered dietitians.</li> </ul>
O. Biomedical Engineering	<ul style="list-style-type: none"> <li>• 0800-1600 hours, M-F (after-hours support will be available on-call).</li> <li>• Currently at other FH sites there is no support for Medical Imaging Biomedical Engineering services after 2300 hours and on weekends. In the future, this may change as many FH Medical Imaging Components are expanding operating hours (up to 24/7) to meet the high Patient demand and MoH requirements.</li> </ul>
P. Medical Devices Reprocessing	<ul style="list-style-type: none"> <li>• 0700-2300 hours, 7 days a week to support the 24/7 services of the Facility (hours are dependent upon OR and PR hours).</li> </ul>
Q. Patient Transfer and Portering	<ul style="list-style-type: none"> <li>• 0600-2200 hours, 7 days a week for inter-facility Patient Transfer (if a trip is booked 24 hours in advance, pick-ups outside of the core hours will be accommodated).</li> <li>• 24/7 for Morgue.</li> <li>• Porter services will align with Medical Imaging service delivery times.</li> <li>• After-hours, clinical service Staff will transport Patients if required (e.g., if a Patient needs to be transported from Emergency to Inpatient Unit, Emergency Staff will need to transport the Patient).</li> </ul>
R. Pharmacy Services	<ul style="list-style-type: none"> <li>• 0800-2000 hours, 7 days a week.</li> <li>• After-hours support will be provided via an on-call clinical consultation service from the SMH.</li> </ul>
S. Virtual Health	<ul style="list-style-type: none"> <li>• 24/7 with peak service hours expected to be between 0700-2100 hours.</li> </ul>
<b>Non-Clinical Support Components</b>	

COMPONENT	HOURS OF OPERATION
T. Public Spaces	<ul style="list-style-type: none"> <li>• 0800-2200 hours, 7 days a week for Main Entrance Spaces (Release-of-Information Kiosk will be accessible during public hours).</li> <li>• 24/7 for access to all Clinical Components and Patient Care Areas based on Patient/family/Staff need (Patient/family after-hours access via Emergency walk-in entry).</li> </ul>
U. Administration	<ul style="list-style-type: none"> <li>• 0700-2200 hours, M-F for Administration access.</li> <li>• 0700-1900 hours, M-F for program clerks.</li> <li>• 0800-1600 hours, M-F for Health Information Management (HIM).</li> <li>• 24/7 with peak service hours expected to be between 0700-2100 hours for Command Centre.</li> </ul>
V. Meeting and Education	<ul style="list-style-type: none"> <li>• 0700-2200 hours, 7 days a week.</li> </ul>
W. Back of House	<ul style="list-style-type: none"> <li>• 24/7 for EVS.</li> <li>• 0700-2200 hours, 7 days a week for Linen.</li> <li>• 0300-1500 (truck delivery), with core hours between 0700-1500, 7 days a week for Materials Management.</li> <li>• 0700-1500 hours, 7 days a week for FMO/AM with 24/7 service support from Energy Centre (EC) shift operations Staff.</li> <li>• 24/7 for CH IM/IT, on-site IT technical desktop and value add service desk support provided through the Provincial agreement with Nippon Telegraph and Telephone (NTT) (WEST Initiative).</li> <li>• 0700-1800 hours, 7 days a week with after-hours support as per established priorities for CH IM/IT, on-site specialized IT virtual health support services.</li> <li>• CH business hours for IM/IT, on-site IM support for care delivery and operational support systems.</li> <li>• 0700-2200 hours, M-F for BCCC IM/IT.</li> </ul>
X. Patient Food Services	<ul style="list-style-type: none"> <li>• 0530-2000 hours, 7 days a week for hours of operation.</li> <li>• 0700-1900 hours, 7 days a week for hours of service.</li> <li>• 0800-1600 hours (typically 8-hour day shifts), 7 days a week for dietitian services.</li> </ul>
Y. Staff Facilities	<ul style="list-style-type: none"> <li>• 24-7 with Staff-only access via electronic means for Shared Staff Facilities, Medical Staff Facilities - CH and Medical/Academic Learner Facilities.</li> <li>• 0700-2200 hours, M-F for Medical Staff Facilities - CC.</li> <li>• 0700-2200 hours, M-F for Distributed Staff Lounges.</li> </ul>

### 1.2.5 MAXIMUM OCCUPANCY SUMMARY TABLE

- 1.2.5.1 The following table represents the estimated maximum occupancy in 2026/27 during peak periods broken down by Functional Components. Maximum occupancy includes the maximum number of Patients, visitors and Staff/learners present in each Component. The intent is to provide this information for each Component individually at its potential busiest time and the table contains some repeated numbers between Components, as some Patients, visitors and Staff/learners will be transient (travel to different Components). For example, some Staff that are counted in specific Components,



also travel to and are counted in Meeting Rooms, Public Spaces, Staff Facilities and Administration, or support Staff that are counted in all Clinical Components in addition to their main Components, Meeting Rooms, etc.

COMPONENT	PATIENTS	VISITORS	STAFF/ LEARNERS	TOTAL
<b>Core Hospital Clinical Components</b>				
A. AmbulatoryCare	41	20	41	102
B. Inpatient Unit	168	192	355	715
C. Emergency	83	125	45	253
D. Perioperative	67	50	164	281
E. Laboratory	10	8	63	81
F. Medical Imaging	64	28	162	254
<b>BC Cancer Centre Clinical Components</b>				
G. Oncology AmbulatoryCare Unit	123	137	271	531
H. Clinical Trials Unit	0	0	45	45
I. Systemic Therapy	65	63	44	172
J. Oncology Pharmacy	1	1	52	54
K. Radiation TherapyPlanning	29	21	122	172
L. Radiation Therapy Delivery	74	68	88	230
M. Functional Imaging	44	14	100	158
<b>Clinical Support Components</b>				
N. Interprofessional Team	2	6	44	52
O. Biomedical Engineering	0	2	7	9
P. Medical Devices Reprocessing	0	2	24	26
Q. Patient Transfer and Portering	0	5	20	25
R. Pharmacy Services	0	2	35	37
S. Virtual Health	0	2	24	26
<b>Non-Clinical Support Components</b>				
T. Public Spaces	51	50	20	121
U. Administration	0	9	119	128
V. Meeting and Education	40	150	95	285
W. Back of House	0	0	37	37
X. Patient Food Services	0	0	35	35
Y. Staff Facilities	0	0	190	190

## 1.2.6 FACILITY-WIDE FLOW DESCRIPTIONS

1.2.6.1 The following list describes Facility-wide flows that are common to all Functional Components within the Facility. Any flows unique to each Component or Sub-Component will be described in its associated Part 2 Functional Components section as applicable.

### 1.2.6.1(1) Patient Flow

- 1.2.6.1(1)(a) During regular business hours for the Facility, Patients will access the Facility through main entrance, Emergency walk-in entry, Vestibule - Patient Transfer or Parking Shuttle Passenger Elevators from the underground parking.
- 1.2.6.1(1)(b) After-hours, when main entrance is locked, there will be one point of entry for Patients, at Emergency walk-in entry, where Patients will be vetted by Integrated Protection Services (IPS) Staff at Security Station or Staff at Patient Check-In - ED, before being allowed to access the Facility through a secure access point.
- 1.2.6.1(1)(c) Underground parking will be closed after-hours for Patient entry from outside (gates down). During this time, Patients will be able to take Parking Shuttle Passenger Elevators from Main Entrance Lobby down to underground parking to exit by car.
- 1.2.6.1(1)(d) Escorted Patient transport between Components will utilize Staff and Patient Service Elevators and Service Circulation.
- 1.2.6.1(1)(e) Unescorted Patient travel between Components will utilize Public Passenger Elevators and Public Circulation.
- 1.2.6.1(1)(f) Ease of accessibility will be provided in all service access points for Patients.
- 1.2.6.1(1)(g) For Core Hospital Clinical Components, all self-presenting Patients will travel directly via Public Circulation to the applicable Component's Patient Check-In station to be received and registered.
- 1.2.6.1(1)(h) For BC Cancer Centre Clinical Components, all self-presenting Patients will first travel to Reception - Cancer Centre in Public Spaces - CC Sub-Component near Main Entrance Lobby to be received and registered. After this

step, Patients will travel via Public Circulation to the applicable Component's Patient Check-In station to indicate their arrival.

#### 1.2.6.1(2) Family/Visitor Flow

1.2.6.1(2)(a) During regular business hours for the Facility, family/visitors will access the Facility through main entrance, Emergency walk-in entry, Vestibule - Patient Transfer or Parking Shuttle Passenger Elevators from the underground parking, and freely travel through Public Circulation.

1.2.6.1(2)(b) After-hours, when main entrance is locked, there will be one point of entry for family/visitors, at Emergency walk-in entry, where family/visitors will be vetted by IPS Staff at Security Station or Staff at Patient Check-In - ED, before being allowed to access the Facility through a secure access point.

1.2.6.1(2)(c) Underground parking will be closed after-hours for family/visitor entry from outside (gates down). During this time, family/visitors will be able to take Parking Shuttle Passenger Elevators from Main Entrance Lobby down to underground parking to exit by car.

#### 1.2.6.1(3) Staff Flow

1.2.6.1(3)(a) Staff will utilize either Public or Service Circulation, including elevators and stairs, to enable them to choose the shortest path between destinations.

1.2.6.1(3)(b) After-hours access will be provided via access control system at entry points.

1.2.6.1(3)(c) After-hours, Staff will be able to enter underground parking with card access.

#### 1.2.6.1(4) Support Services Flow

1.2.6.1(4)(a) In general, support services Staff will use Staff and Patient Service Elevators and Service Circulation to access and serve all Components.

1.2.6.1(4)(b) Clinical Support Flow

1.2.6.1.4.(b).1 Pharmacy

- (b).1.1 Pharmacy Staff will transport medications on carts from Pharmacy Services Component to Staff and Patient Service Elevators via Service Circulation to access and replenish bulk medication stocks to various applicable locations in each Component. Pharmacy Staff will bring their cart into designated rooms or alcoves while replenishing stocks and re-stocking ADCs. Pneumatic tube system will be used to transport medications in some instances.
- (b).1.2 Care Staff will deliver medications on carts from medication storage locations in each Component to Patient Care Areas as prescribed.
- 1.2.6.1.4.(b).2 Medical Imaging
  - (b).2.1 To provide medical imaging services (e.g., mobile X-rays) at point-of-care, Staff from Medical Imaging will travel from their Component to Staff and Patient Service Elevators to access each Component. Mobile imaging will be performed within Patient Care Areas when necessary.
- 1.2.6.1.4.(b).3 Laboratory
  - (b).3.1 To provide inpatient laboratory services (e.g., specimen collection), Staff from Laboratory will travel with a phlebotomy cart from Laboratory Component to Staff and Patient Service Elevators to access each Component. Laboratory Staff will access Patients at the bedside within Patient Care Areas. Specimens will be either shipped via pneumatic tube system or manually transported via Service Circulation back to Laboratory Component for testing. Pneumatic tube system will be used to transport specimens and blood products in most instances.
  - (b).3.2 Outpatient laboratory services will take place within Laboratory Component. Outpatients will use Public Circulation to access Outpatient Specimen Collection area in Laboratory Component.

- 1.2.6.1.4.(b).4 Interprofessional Team
- (b).4.1 IPT Staff will travel from their base Component location(s) to each Clinical Component via Staff and Patient Service Elevators, Service Circulation and stairs.
  - (b).4.2 See IPT Component for individual service flow descriptions per discipline (e.g., physiotherapy, occupational therapy, respiratory therapy, cardiac diagnostics, etc.).
  - (b).4.3 If a Code Blue is called, Code Blue team members will travel to the Component using the quickest route possible. Crash carts will be centrally located in each Clinical Component.
- 1.2.6.1(4)(c) Non-Clinical Support Flow
- 1.2.6.1.4.(c).1 Equipment - Cleaning and Disinfection - EVS
    - (c).1.1 After Patient use, Equipment (including wheelchairs) needing special cleaning will be wiped down at point-of-use and moved to a Cleaning and Disinfection Room for cleaning. Each clinical floor will have one central Cleaning and Disinfection Room. Once cleaned and disinfected, the Equipment will be distinctly marked/identified as clean (i.e., Green means clean system). Clean Equipment will either be returned directly to a Patient Care Area or will be moved to the applicable clean Equipment storage location.
  - 1.2.6.1.4.(c).2 Medical Devices
    - (c).2.1 Care Staff will pre-treat soiled medical devices at point-of-use, place in a designated enclosed, puncture-resistant transport bin, and transport to a designated room on each floor or Component (e.g., Soiled Holding room or Soiled Utility Room). MDR Staff will pick up soiled medical devices from these locations and transport bins to MDR Component on a defined schedule. Care Staff may deliver some soiled medical

- devices in a transport bin directly to MDR Component via Service Circulation.
- (c).2.2 MDR Staff will deliver clean and sterile medical devices to the applicable Components on a regular schedule via Service Circulation. Care Staff may pick up clean and sterile medical devices directly from MDR Component in some instances.
- 1.2.6.1.4.(c).3 Supplies - Materials Management  
(c).3.1 Materials Management area supply attendants will transport clean supplies on carts via Staff and Patient Service Elevators to stock clean supply storage locations within each Component. Area supply attendants will monitor, order, and deliver supplies to distributed clean storage rooms and areas. Clean supplies will be kept separate from soiled supplies and waste.
- 1.2.6.1.4.(c).4 EVS - Housekeeping  
(c).4.1 EVS Staff will be responsible for scheduled/routine cleaning, on demand cleaning, and project cleaning as required throughout the Facility. Housekeeping services to each Component will be supported by distributed Housekeeping Rooms, which will store applicable housekeeping carts, Equipment and supplies near point-of-use. EVS Staff will use Service Circulation to access each Component.
- (c).4.2 A central Equipment Room - EVS in Back of House Component will store and support larger cleaning Equipment for use throughout the Facility (e.g., floor scrubbers, vacuums).
- 1.2.6.1.4.(c).5 EVS - Linen  
(c).5.1 Laundry services will be provided by an off-site service provider, which will deliver linen to, and remove linen from the Facility via the loading dock.
- (c).5.2 Within the Facility, EVS Staff will be responsible for removal of soiled linen from each Component. Collection carts,

- stored in Soiled Utility Rooms, will be used to collect soiled linen from rooms within a Component at a defined schedule. Soiled linen will then be transferred to larger collection carts located within each floor's Soiled Holding room before being removed from the floor for transport to cart staging area in EVS Sub-Component.
- (c).5.3 EVS Staff will bring clean linen to each Component on exchange linen supply carts and will either replenish clean linen on specified carts or exchange the carts. Exchanged linen supply carts will be directly removed from each Component via Staff and Patient Service Elevators and returned to cart staging area in EVS Sub-Component.
- 1.2.6.1.4.(c).6 EVS - Waste Management
- (c).6.1 EVS Staff will be responsible for the removal of waste and recycling from each Component. Specific carts will be used to collect waste from rooms on each floor at a defined schedule. The carts will be staged in a Soiled Holding room on each floor, before being removed from the floor via Staff and Patient Service Elevators for transport to the loading dock.
- 1.2.6.1.4.(c).7 Patient Food Services
- (c).7.1 Patient Food Services Staff will transport food carts from Patient Food Services Component via Service Circulation to access and serve applicable areas in each Component. Patient Food Services Staff will also replenish supplies within Alcove - Nourishment Stations.
- 1.2.6.1.4.(c).8 Biomedical Engineering
- (c).8.1 Biomedical Engineering Staff will travel from their Component to Staff and Patient Service Elevators to transport medical Equipment to and from each Component via Service Circulation for the purpose of maintenance and repairs. Biomedical Engineering Staff will also

- have a dedicated workroom within Medical Imaging Component.
- 1.2.6.1.4.(c).9 FMO/AM  
 (c).9.1 FMO/AM Staff will travel from their Component to Staff and Patient Service Elevators to transport Equipment to and from each Component for the purpose of maintenance and repairs. FMO/AM Staff will also have a dedicated storage and workspace in Workshop - FMO adjacent to MDR Component.
- 1.2.6.1.4.(c).10 Information Management  
 (c).10.1 Clinical information systems Staff will provide maintenance and support for clinical information systems remotely or will travel via Service or Public Circulation to the identified Component needing support.
- (c).10.2 Electronic medical records (EMRs) will be provided and maintained by clinical information systems operated by both FH and BCC.
- (c).10.3 Care Staff will use a clinical information system to register Patient information, enter orders, document and retrieve Patient information which will interface with Patient monitoring systems to record data directly (e.g., Patient vital signs).
- (c).10.4 Despite broad usage of technology-based clinical information systems, it is anticipated that some paper records will still be necessary for select purposes. Provisions will be made in the Design of the Facility such as Storage - Records/Files for storage and management of these documents.
- (c).10.5 Depending on specific user needs, EMRs will be accessed using a variety of physical devices, including WOWs. WOWs will be parked in allocated alcoves for charging when not in use.
- 1.2.6.1.4.(c).11 Security  
 (c).11.1 IPS Staff will provide security services to the Facility. With a main station at



Emergency Component walk-in entry and a satellite station at the Facility main entrance, IPS Staff will monitor security systems and respond as needed throughout the Facility via the fastest method in a given situation (e.g., by stairs or elevator).

### 1.3 DOCUMENT ORGANIZATION AND CONTENTS

#### 1.3.1 PART 1. PROJECT OVERVIEW

1.3.1.1 Appendix 1A Clinical Specifications and Functional Space Requirements, Part 1 Project Overview describes the purpose of this document and provides a high-level description of the Project including background, vision, scope, list of Functional Components with area summary, hours of operation, maximum occupancy and Facility-wide flows. This section also provides a general description of the document organization and contents.

#### 1.3.2 PART 2. FUNCTIONAL COMPONENTS

1.3.2.1 Appendix 1A Clinical Specifications and Functional Space Requirements, Part 2 Functional Components outlines Service Description, Component Internal Flow Descriptions, External Adjacency Requirements and Internal Functional Relationships Diagrams, Design Criteria and Schedule of Accommodations for each of the respective Components. The information for each Functional Component is organized as follows:

##### 1.3.2.1(1) Service Description

1.3.2.1(1)(a) Service Description provides a summary of general services and activities provided in each Component or Sub-Component. If applicable, this section also includes information regarding Patient population and service exclusions.

##### 1.3.2.1(2) Component Internal Flow Descriptions

1.3.2.1(2)(a) Component Internal Flow Descriptions provides an overview of process and flows in each Component or Sub-Component. This section describes different types of flows unique to the Component and outlines the flow of Patients, family/visitors, Staff and Clinical and Non-Clinical Support services which support the functional activity of the Component or Sub-Component.

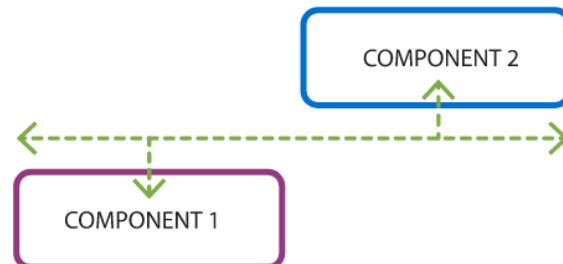
##### 1.3.2.1(3) Component Design Criteria

- 1.3.2.1(3)(a) External Adjacency Requirements Diagrams
  - 1.3.2.1.3.(a).1 External Adjacency Requirements Diagrams describe the Functional Components' external relationships with other Functional Components in the Facility and the level of access required between the Components.
  - 1.3.2.1.3.(a).2 In the context of External Adjacency Requirements Diagrams, two (2) terms will be used throughout this document:
    - (a).2.1 Direct Access
    - (a).2.2 Convenient Access
  - 1.3.2.1.3.(a).3 Access will be provided through the following two (2) circulation types:
    - (a).3.1 Public Circulation
    - (a).3.2 Service Circulation
  - 1.3.2.1.3.(a).4 The priorities of the Component for its location relative to other Components are described as follows:

- (a).4.1 Direct Access by Public Circulation



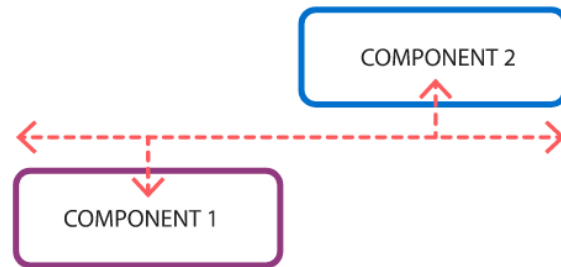
- (a).4.2 Convenient Access by Public Circulation



- (a).4.3 Direct Access by Service Circulation



## (a).4.4 Convenient Access by Service Circulation



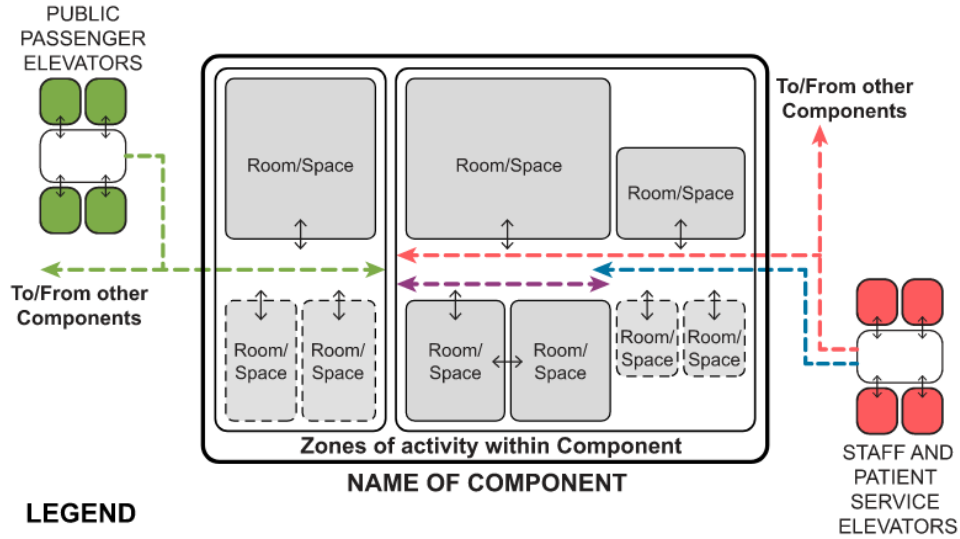
## 1.3.2.1(3)(b) Internal Functional Relationships Diagrams

1.3.2.1.3.(b).1 Internal Functional Relationships Diagrams indicate the basic criteria and concepts for the spatial organization and environmental design of the Component, including zones/blocks of spaces identified in the Schedule of Accommodations, internal adjacencies, circulation, flows and access points.

1.3.2.1.3.(b).2 In the context of Internal Functional Relationships Diagrams, four (4) types of flows will be shown:

- (b).2.1 Public Flow: path of travel for public, including Patients, families, visitors and Staff entering, exiting, and moving throughout the Component.
- (b).2.2 Patient Flow: path of travel for authorized Patients, families and visitors entering, exiting, and moving throughout the Component.
- (b).2.3 Staff Flow: path of travel for Staff and for Patients, families and visitors accompanied by Staff entering, exiting, and moving throughout the Component.
- (b).2.4 Service Flow: Path of travel for services, including Equipment, supplies, materials, carts, pallets, etc. entering, exiting, and moving throughout the Component.

1.3.2.1.3.(b).3 Internal Functional Relationships Diagrams are conceptual diagrams that are not to scale. Not all rooms/spaces will be shown on these diagrams. An example of an Internal Functional Relationships Diagram is shown below:



**LEGEND**

- ← - - - Public Flow
- ← - - - Patient Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ← - - - Cart Flow
- ← - - - Waste Flow
- ← - - - Instrument Flow
- ← - - - Case Cart Flow
- ← - - - Scope/Probe Flow
- ← - - - Container/ Basin Flow
- ← - - - Soiled Flow
- ← - - - Return Flow
- ↔ Room/Space Access
- ↔ Pass-Through Window/Chamber
- ↔ Interior Window
- ↔ Transaction Window
- → Public Passenger Elevators
- → Staff and Patient Service Elevators
- → Parking Shuttle Passenger Elevators
- → MDR Clean and Soiled Elevators
- Enclosed Space
- Open Space

**1.3.2.1(3)(c) General Requirements**

1.3.2.1.3.(c).1 The Functional Components' key external relationships with other Components listed in the priority order are described in this section.

1.3.2.1.3.(c).2 This section also outlines the general design requirements pertaining to the Functional Component.

**1.3.2.1(3)(d) Sub-Component/Zone Requirements**

1.3.2.1.3.(d).1 This section cites key design, internal adjacencies, configuration and technology features related to each Sub-Component/zone within the Component.

1.3.2.1.3.(d).2 This section also describes internal room functional requirements and layout guidance for rooms that are specific to a Component or Sub-Component.

#### 1.3.2.1(4) Schedule of Accommodations

- 1.3.2.1(4)(a) Schedule of Accommodations details the room-by-room requirements with a reference number, room type, quantity, Net Square Metres (NSM) and remarks providing additional internal space features for each space.
- 1.3.2.1(4)(b) Rooms are organized into specific zones according to their function and general role in delivering services.
- 1.3.2.1(4)(c) Any spaces that will be accessed through another space appear as indented under that room or space in the Schedule of Accommodations.
- 1.3.2.1(4)(d) The Design-Builder will be solely responsible to determine the appropriate grossing factors including Component and building grossing factors, for the Design of the Project to meet the functional and technical requirements of Schedule 1 [Statement of Requirements] and all appendices.

#### 1.3.2.1(5) Future Conversion

- 1.3.2.1(5)(a) Two (2) Components, Radiation Therapy Planning and Radiation Therapy Delivery include an additional section describing future conversion of certain areas within these Components.

### 1.3.3 PART 3. FACILITY RECURRING ROOMS

- 1.3.3.1 The Recurring Rooms section lists and describes spaces or rooms that are repeated in multiple Functional Components or Sub-Components throughout the Facility.

### 1.3.4 GLOSSARY OF TERMS

- 1.3.4.1 **Clinical information system:** a system with the capability to transmit and store clinical information including Patient records. It is not limited to one platform (i.e., MEDITECH/CST Cerner) and is able to functionally network with various systems and components throughout the facility.
- 1.3.4.2 **Electronic medical record (EMR):** operational function for use within the clinical information system (i.e., Meditech/CST Cerner) for creating, altering and securely storing a Patient clinical record.

- 1.3.4.3 **Electronic resource information:** resource information of an educational nature which may be provided or accessed electronically (via virtual means or online/web-based).
- 1.3.4.4 **Medical devices:** the term medical devices, as defined in the Food and Drugs Act, covers a wide range of health or medical instruments used in the treatment, mitigation, diagnosis or prevention of a disease or abnormal physical condition.
- 1.3.4.5 **Picture archiving and communications system (PACS):** imaging technology which provides access to and storage of images from multiple modalities.
- 1.3.4.6 **Remote Patient monitoring:** a method of monitoring a Patient's health status (such as vital signs) at a distance. This can be asynchronous or synchronous.
- 1.3.4.7 **Smart room:** a room designed to support the following features:
- 1.3.4.7(1) Patient beds that continuously capture (contact free) key clinical data points. Bed features include real-time fall alerts (movement sensors), position monitor alerts with built in repositioning mechanisms and weight capturing capabilities.
  - 1.3.4.7(2) Visual display monitors will be bedside mounted (Integrated Bedside Terminal) or wall mounted. The monitors will support real-time audio-visual meetings/education/consultations between Patient, care providers, family and other third-party entities that will occur at Patient bedside.
  - 1.3.4.7(3) Ability to incorporate the use of voice controlled Intelligent Personal Assistants.
  - 1.3.4.7(4) Virtual reality headsets used to support a sub-section of the Patient population. Potential areas of utilization include pain management, rehabilitation exercises and other Patient teaching opportunities, older adults for calming and support in dementia care.
  - 1.3.4.7(5) Visual display monitors outside each Patient Room for notifying Staff and visitors of any alerts and communication regarding that room (an example will be integrated communication from EVS for room cleaned and available notifications).
- 1.3.4.8 **Virtual care:** the act or care provided between health care professional and Patient using virtual health methods.
- 1.3.4.9 **Virtual care pod:** a pod-based work environment designed to remotely connect health care providers (HCPs) and Patients.

- 1.3.4.10 **Virtual consultation:** provider to provider consultation that occurs using a virtual method. Some examples of virtual consultation use include handover, transfers, or specialist consultations.
- 1.3.4.11 **Virtual enabled room:** rooms that are enabled with video and audio-conferencing capabilities in either fixed or mobile solution including hardware such as desktop or laptop computer, tablet, and/or smart phone and software platforms such as Skype, Zoom, and Teams.
- 1.3.4.12 **Virtual first:** a clinical planning objective to impact the Patient journey and clinical workflow in such a way that maximizes the potential for each Patient's first point of connection with the health care system to be via virtual health methods where clinically appropriate.
- 1.3.4.13 **Virtual format:** refers to group or individual session.
- 1.3.4.14 **Virtual health:** the overarching term that describes the HCP use of information and communication technologies to provide health care services and health education to Patients. Virtual health is used between HCPs and Patients when they are not at the same location or unable to come into close physical contact. Virtual health can include various methods and tools to enable access to care, information exchange, and efficiency of care.
- 1.3.4.15 **Virtual health methods:** communication technologies used to deliver virtual health care and virtual consultation. Methods include video, telephone, streaming, email, text, instant messaging, electronic fax, etc.
- 1.3.4.16 **Virtual health service:** refers to the organization's service offerings of virtual care.
- 1.3.4.17 **Virtual last:** a clinical planning objective to impact the Patient journey and clinical workflow in such a way that supports the Patient virtually upon/beyond discharge in a way that provides ongoing treatment, education, care and/or support via virtual health methods where clinically appropriate.
- 1.3.4.18 **Virtual triage:** a virtual care connection between HCP and Patient. It is the first point of contact for Patients to seek assistance in understanding their condition/presenting symptoms and directs the Patient to services (triage) accordingly. This service functions to direct the Patient to the most appropriate care setting for their presenting symptoms (primary care provider, urgent primary care centre, Emergency Component, virtual care services). The triage assessment and interaction are documented into the Patient EMR and are available for viewing at next point of care.
- 1.3.4.19 **Virtual visit(s)/virtual encounter(s):** HCP visit or encounter (regardless of acute, community, or primary care) with the Patient that was provided using virtual care.

## **PART 2. FUNCTIONAL COMPONENTS**



## **CORE HOSPITAL CLINICAL COMPONENTS**

## 2.1 A. AMBULATORY CARE

### 2.1.1 SERVICE DESCRIPTION

- 2.1.1.1 Ambulatory Care Component will focus on outpatient service visits that support and facilitate timely discharge/efficient Patient throughput and avoid admissions and re-admissions, as well as pre- and post-surgical service requirements.
- 2.1.1.2 Patient population in this Component will be adult Patients requiring outpatient services. Patients may have been discharged from the NSHBCCC, referred from a community service or the NSHBCCC Emergency.
- 2.1.1.3 Ambulatory Care Component will include the following clinics:
- 2.1.1.3(1) Outpatient Clinics in Pod 1
- 2.1.1.3(1)(a) Cast Clinic will provide care to Patients requiring cast application or removal, as well as to those requiring orthopedic post-trauma or post-operative follow-up by an orthopedic surgeon.
- 2.1.1.3(1)(b) Preadmission Clinic (PAC) will provide screening of all Patients by health care professionals before the surgery date to ensure completeness of the information provided in Patient records, as well as Patient's readiness for surgery. Some Patient visits will include referrals to Laboratory and Medical Imaging Components. In most cases, referral orders will be communicated between Ambulatory Care and Laboratory/Medical Imaging in an electronic form.
- 2.1.1.3(1)(c) PAC will also provide consultation and education with various disciplines (e.g., dietitian) to improve post-surgical outcomes.
- 2.1.1.3(1)(d) PAC will utilize a virtual first approach to all services. Where possible, consultations with specialists will occur in Consult Rooms, Exam Rooms or Exam/Treatment Rooms using virtual health methods.
- 2.1.1.3.1.(d).1 Patient discharge/transition home coordination and/or post-discharge appointment will apply the virtual first and virtual last approach to all services. This service will facilitate Patient/care provider meetings for successful discharge to home with a defined care plan and assistance by virtual health methods.

- 2.1.1.3(1)(e) At time of discharge, Patients will receive remote home monitoring devices (if required) and/or education at their inpatient location. On rare occasion, some Patients will attend Ambulatory Care Component to receive remote home monitoring devices and/or education.
- 2.1.1.3(2) Medical Day Care (MDC) in Pod 2
- 2.1.1.3(2)(a) Patients will be treated for various medical problems requiring treatment such as IV antibiotics, blood transfusions, IV hydration, other infusions, wound care, central line maintenance and associated clinical functions. These Patients will be managing acute and chronic conditions and include referred BCC Patients.
- 2.1.1.3(2)(b) The Outpatient Infectious Disease Rapid Access Clinic (ID RAC) will provide specialized antibiotic therapy, wound assessments and treatment under the direction of an infectious diseases specialized physician. This service will consider a virtual first and virtual last approach where the physician will utilize virtual health methods both in a fixed and/or mobile solution.
- 2.1.1.3(2)(c) The Internal Medicine Clinic will be centred on treatment of diseases affecting several systems (cardiac, respiratory, etc.) in adults. This specialized consultation service will include the following pathologies, among others: thyroid conditions, hormone disorders, cardiac disorders, respiratory diseases, high blood pressure and kidney diseases (through a virtual first and virtual last approach to services, where possible).
- 2.1.1.3(2)(d) For operational purposes, all exam/treatment spaces will be utilized for physical examinations and active treatment. Consult services will occur through either virtual health methods via a fixed and/or mobile solution or in defined Consult Rooms, Exam Rooms or Exam/Treatment Rooms.
- 2.1.1.4 Clinical activities in this Component will vary over time, with services being added or deleted according to need and focus, therefore flexibility and adaptability of Ambulatory Care Component is a key operational characteristic.
- 2.1.1.5 Additional growth/volume of Patients will be accommodated in the future by extending hours of operation, virtual care and home care opportunities.

### 2.1.1.6 Service Exclusions

- 2.1.1.6(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
- 2.1.1.6(1)(a) There will be no pediatric or perinatal clinics within the Component.
  - 2.1.1.6(1)(b) No outpatient cardiac diagnostic testing will be provided.
  - 2.1.1.6(1)(c) Hazardous drugs may be administered in MDC but will not be part of an oncology protocol as these Patients will receive care within the BCCC Clinical Components.
  - 2.1.1.6(1)(d) Wound care for BCC Patients will be provided in BCCC Radiation Therapy Delivery Component.

### 2.1.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

#### 2.1.2.1 Patient Flow

- 2.1.2.1(1) Patients will enter into Patient Arrival and Check-In area from Public Circulation and report to Patient Check-In station.
- 2.1.2.1(2) At Patient Check-In, a clerk will receive and register the Patient using electronic health record, which will involve swiping Patient's CareCard and confirming personal information. In the future, Patients will have the ability to pre-register, which will shorten this interaction.
- 2.1.2.1(3) If an exam/treatment space is available, the Patient will be directed to Care Team Station in Pod 1 or Pod 2, to be placed in an exam/treatment space.
- 2.1.2.1(4) If an exam/treatment space is not immediately available, the Patient will be asked to wait in Waiting Area and will be called in when an exam/treatment space is ready.
- 2.1.2.1(5) Patients with known or suspected airborne pathogens (i.e., tuberculosis) will be cared for in Exam/Treatment Room - AIR which will be located as close to the pod Patient entry point as possible. Consideration of appointment spacing for Patients requiring AIR will be made so they can be directed to Exam/Treatment Room - AIR immediately upon arrival via the most direct route to the room from Patient Check-In location.

- 2.1.2.1(6) Some Patients referred by BCC will receive IV therapies in Pod 2 area of Ambulatory Care Component.
- 2.1.2.1(7) After treatment, some Patients will require observation or monitoring for a period of time. Depending on the Patient's condition, the Patient will be observed or monitored in an exam/treatment space or a chair bay.
- 2.1.2.1(8) Patients being discharged from an Inpatient Unit will receive their discharge education at their inpatient location. If this is not possible, they may be directed to Ambulatory Care Component Patient Check-In area upon discharge. These Patients will receive their Patient teaching and/or home monitoring devices in the appropriate Patient Care Area within the Component.
- 2.1.2.2 Family/Visitor Flow
- 2.1.2.2(1)(a) Some family/visitors will accompany the Patient to exam/treatment area when space is available or wait in Waiting Area.
- 2.1.2.3 Staff Flow
- 2.1.2.3(1)(a) Care Staff will provide direct Patient care in exam/treatment spaces.
- 2.1.2.3(1)(b) Care Staff will travel to Shared Support Space areas for supplies and medication.
- 2.1.2.3(1)(c) Care Staff in Casting Room will retrieve supplies from a dedicated Storage - Clean Supply room.
- 2.1.2.3(1)(d) Mobile workstations in each exam/treatment space will allow care Staff to document or access the EMR.
- 2.1.2.3(1)(e) Care Staff may circulate to a Care Team Station to document or for Staff collaboration.
- 2.1.2.3(1)(f) Care Staff may need to travel to Laboratory or Pharmacy Services Components for pick-up or drop-off of items, which will require Convenient Access to Staff and Patient Service Elevators.
- 2.1.2.3(1)(g) If a Code Blue is called, the Code team will travel to the Component. A crash cart will be centrally located in the Component.

- 2.1.2.3(1)(h) Care Staff will use virtual health methods to enable specialist consultation from other sites. This will include the ability to live audio/video-stream into and out of the location.

#### 2.1.2.4 Clinical Support Flow

- 2.1.2.4(1) In general, Clinical Support Staff will use Service Circulation to access and enter Ambulatory Care Component from the Back-of-House Staff entry point. Common Clinical Support flows are as described in the Facility-wide flows. Any flows unique for Ambulatory Care Component are described below.
- 2.1.2.4(2) Pharmacy
  - 2.1.2.4(2)(a) Clinical Pharmacy specialists and pharmacists will support Patient medication needs and be part of the interdisciplinary team. Pharmacy Staff will have access to electronic resource information (i.e., drug interaction database) and EMR within Medication Room and Care Team Stations.
  - 2.1.2.4(2)(b) Medications will be stored in secure ADCs within Medication Room. Staff will deliver medications to Patient Care Areas by medication cart as prescribed.
- 2.1.2.4(3) Medical Imaging
  - 2.1.2.4(3)(a) If Medical Imaging diagnostics are ordered, Patients will travel unescorted to and from Medical Imaging Component via Public Circulation.
  - 2.1.2.4(3)(b) A physician will view imaging results via EMR in an exam/treatment space or a Staff area.
- 2.1.2.4(4) Laboratory
  - 2.1.2.4(4)(a) If non-urgent laboratory diagnostics are ordered, Patients will travel unescorted to and from Laboratory Component via Public Circulation.
  - 2.1.2.4(4)(b) For urgent laboratory tests, clinic care Staff or Laboratory Staff will collect samples in an Ambulatory Care exam/treatment space and deliver the specimen to Laboratory Component.
  - 2.1.2.4(4)(c) Care Staff will view lab results via EMR in an exam/treatment space or a Staff area.

- 2.1.2.4(4)(d) Laboratory Staff will deliver blood products to Ambulatory Care as required, using pneumatic tube system.
- 2.1.2.4(5) Interprofessional Team
  - 2.1.2.4(5)(a) As per Facility-wide flow.
  - 2.1.2.4(5)(b) Some care providers from IPT will travel from other Components (e.g., registered dietitians, Pharmacy Services) to provide Patient care and/or teaching as required.
- 2.1.2.5 Non-Clinical Support Flow
  - 2.1.2.5(1) Equipment
    - 2.1.2.5(1)(a) As per Facility-wide flow.
    - 2.1.2.5(1)(b) After Patient use, Equipment needing special cleaning will be wiped down at point-of-use and moved to the floor's Cleaning and Disinfection Room for cleaning by EVS Staff. Once cleaned, the Equipment will either be returned directly to a Patient Care Area or moved to the Component's Storage - Clean Equipment room.
  - 2.1.2.5(2) Medical Devices
    - 2.1.2.5(2)(a) MDR Staff will deliver clean or sterile instruments to Storage - Clean Supply room once per day. Soiled instruments will be stored in Soiled Utility Room on a cart until they are picked up and delivered back to MDR. STAT clean or sterile instruments will be ordered by phone and will be delivered by MDR Staff or picked up by Ambulatory Care Staff depending on Staff availability.
  - 2.1.2.5(3) Supplies (Materials Management)
    - 2.1.2.5(3)(a) As per Facility-wide flow.
  - 2.1.2.5(4) EVS (Housekeeping/Linen/Waste Management)
    - 2.1.2.5(4)(a) As per Facility-wide flow.
  - 2.1.2.5(5) Patient Food Services
    - 2.1.2.5(5)(a) As per Facility-wide flow.

2.1.2.5(5)(b) Alcove - Nourishment Station will be restocked by Patient Food Services Staff. No meal service to this Component will be provided.

2.1.2.5(6) Biomedical Engineering

2.1.2.5(6)(a) As per Facility-wide flow.

2.1.2.5(7) FMO/AM

2.1.2.5(7)(a) As per Facility-wide flow.

2.1.2.5(8) Information Management

2.1.2.5(8)(a) As per Facility-wide flow.

2.1.2.5(8)(b) Electronic information flow between acute care and community care providers will be achieved via integration based in Unifying Clinical Information (UCI) platform.

2.1.2.5(9) Security

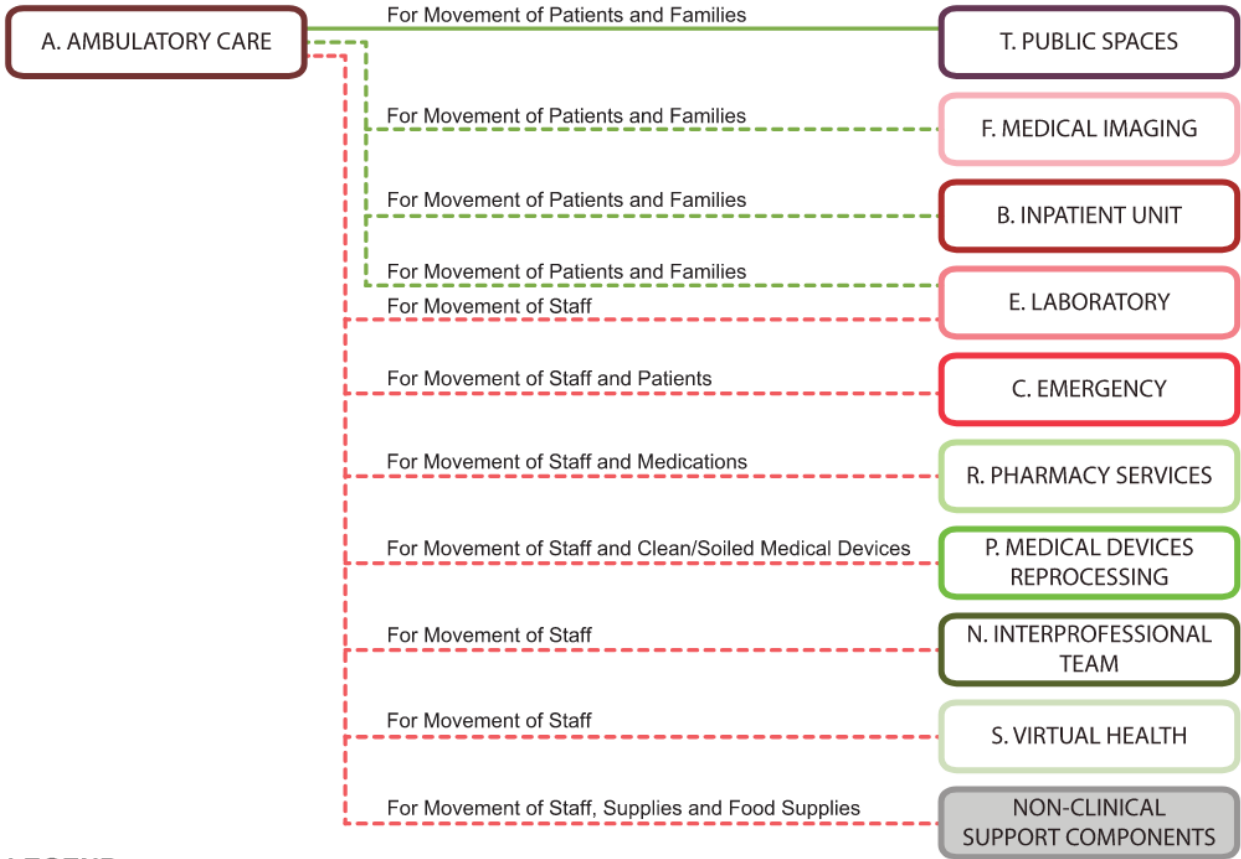
2.1.2.5(9)(a) As per Facility-wide flow.

### 2.1.3 COMPONENT DESIGN CRITERIA

2.1.3.1 External Agency Requirements Diagram

2.1.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.





**LEGEND**

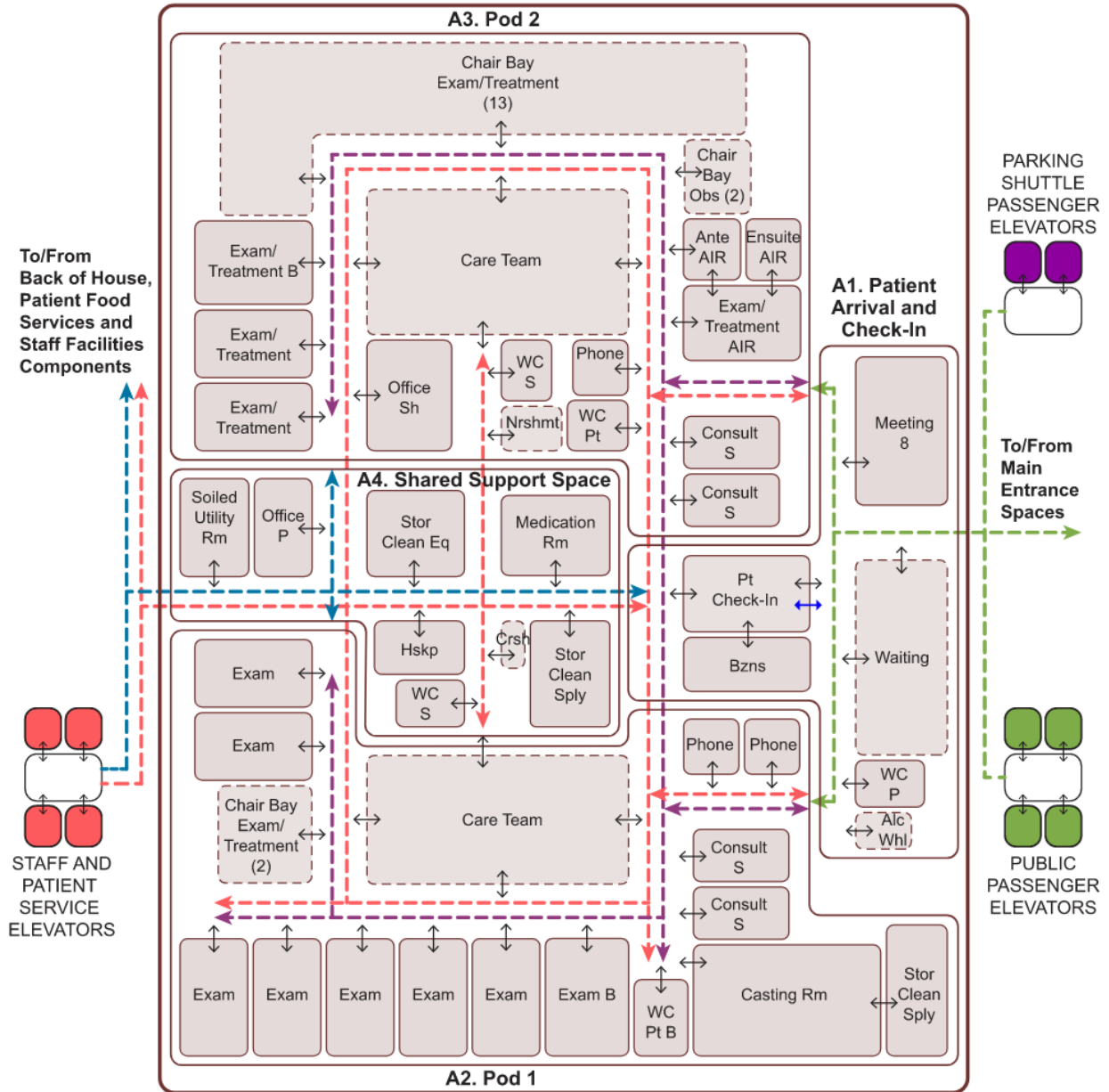
Direct Access by Public Circulation

Convenient Access by Public Circulation

Convenient Access by Service Circulation

2.1.3.2 Internal Functional Relationships Diagram

2.1.3.2(1) The following diagram indicates internal functional relationships within this Component.



**LEGEND**

- ← Public Flow
- ← Patient Flow
- ← Staff Flow
- ← Service Flow
- ↔ Room/Space Access
- ↔ Transaction Window

### 2.1.3.3 General Requirements

- 2.1.3.3(1) Ambulatory Care Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.1.3.3(1)(a) Direct Access from Main Entrance Lobby to enable Patients and families to access main entrance, Parking Shuttle Passenger Elevators and services available in other Components in the Facility via Public Passenger Elevators. This connection between the Facility and Ambulatory Care Component will not require Staff assistance or intervention.
  - 2.1.3.3(1)(b) Convenient Access via Public Circulation to Medical Imaging and Laboratory for the convenience of Patients and their families to access outpatient imaging needs and Outpatient Specimen Collection area.
  - 2.1.3.3(1)(c) Convenient Access via Public Circulation from Inpatient Units upon discharge for Patient teaching.
  - 2.1.3.3(1)(d) Convenient Access via Service Circulation to Laboratory and Pharmacy Services for movement and collaboration of Staff and medications.
  - 2.1.3.3(1)(e) Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
  - 2.1.3.3(1)(f) Convenient Access via Service Circulation to Emergency for quick and safe movement of Patients.
- 2.1.3.3(2) Zones of activity within Ambulatory Care Component will include the following:
- 2.1.3.3(2)(a) A1. Patient Arrival and Check-In
  - 2.1.3.3(2)(b) A2. Pod 1 (Outpatient Clinics)
  - 2.1.3.3(2)(c) A3. Pod 2 (MDC)
  - 2.1.3.3(2)(d) A4. Shared Support Space
- 2.1.3.3(3) Ambulatory Care Component will be located adjacent to Emergency Component for possible future expansion of Emergency Component.

- 2.1.3.3(4) Ambulatory Care Staff will need to be able to flow between all zones of the Component, from Patient Arrival and Check-In to Pod 1, Pod 2 and Shared Support Area.
  - 2.1.3.3(5) Pod 1 and Pod 2 will be designed to provide flexibility of use between pods. Design will allow direct flow of Patients and/or Staff between pods and facilitate sharing of spaces and rooms across Pod 1 and Pod 2.
  - 2.1.3.3(6) Access to all Exam Rooms and Exam/Treatment Rooms within this Component will accommodate stretcher movement.
  - 2.1.3.3(7) All Exam Rooms will be designed (e.g., room configuration, room proportions, clearances, placement of services and infrastructure, type and placement of Equipment, etc.) to allow for future conversion to Exam/Treatment Rooms for possible future expansion of Emergency Component.
  - 2.1.3.3(8) A variety of types of consultation and treatment spaces will allow for a variety of care services to be offered to Patients in both pods.
- 2.1.3.4 A1. Patient Arrival and Check-In
- 2.1.3.4(1) Patients and families will be able to freely access Patient Arrival and Check-In during operating hours.
  - 2.1.3.4(2) Patient Arrival and Check-In will have Direct Access to Pod 1 and Pod 2 with secure entry points.
  - 2.1.3.4(3) This area will include a Patient Check-In and a Waiting Area located adjacent to Ambulatory Care Component public entry point.
  - 2.1.3.4(4) Patient Arrival and Check-In will also have Direct Access to Meeting Room - 8-Seat located adjacent to Waiting Area. Patients and families will be able to travel directly into this Meeting Room for education or consultation purposes without entering the pods.
  - 2.1.3.4(5) Patient Check-In will include four (4) transaction stations with transaction windows. It will also have Direct Access to Business Work Area with pneumatic tube station.
  - 2.1.3.4(6) Patient Check-In station will have Line of Sight to Ambulatory Care Component public entry point, Waiting Area and secure entry points leading into Pod 1 and Pod 2.

- 2.1.3.4(7) Staff will have Convenient Access from Pod 1 and Pod 2 Care Team Stations to Patient Check-In.
  - 2.1.3.4(8) Waiting Area will accommodate twenty-two (22) standard seats and two (2) bariatric seats and will have Convenient Access to a Washroom - Public.
  - 2.1.3.4(9) An Alcove - Wheelchair Storage for eight (8) stacked wheelchairs will be located with Convenient Access to Ambulatory Care public entry point.
- 2.1.3.5 A2. Pod 1 (Outpatient Clinics)
- 2.1.3.5(1) Phone Room - 2-Seat and Consult Room - Small will be located adjacent to Patient entry point to Pod 1.
  - 2.1.3.5(2) Casting Room will be located adjacent to Patient entry point to Pod 1 and will have Direct Access to a dedicated Storage - Clean Supply room. Location and layout of Casting Room will provide space for Staff and Patient access and circulation, as well as movement of stretchers and other mobility aids.
  - 2.1.3.5(3) Casting Room will include four (4) Patient positions separated with curtains for visual privacy. Two (2) Patient positions will accommodate stretchers (7.5 nsm each) and two (2) Patient positions will accommodate ortho chairs with arms (6.0 nsm each).
  - 2.1.3.5(4) Casting Room will also include two (2) workstations, two (2) PACS workstations, an alcove for utility sink and an alcove for equipment. A hand hygiene sink will be mounted on the wall inside the room adjacent to the door from corridor. Location of hand hygiene sink will not affect circulation into and within the room.
  - 2.1.3.5(5) A Washroom - Patient - Bariatric will have Convenient Access from Exam/Treatment Room - Bariatric.
  - 2.1.3.5(6) Care Team Station will be located centrally in Pod 1 and designed to ensure privacy of Patient information is protected.
  - 2.1.3.5(7) Care Team Station will include five (5) workstations, two (2) drop down workstations, two (2) standing workstations, (1) dictation workstation in a discrete location, pneumatic tube station and Business Work Area.

- 2.1.3.5(8) Wayfinding for Patients from Patient Check-In station to Care Team Station will be intuitive and simple.
- 2.1.3.5(9) Staff sitting at Care Team Station will have Line of Sight to those entering or leaving the following spaces, listed in priority order:
  - 2.1.3.5(9)(a) Secure entry point from Patient Arrival and Check-In;
  - 2.1.3.5(9)(b) Chair Bay - Exam/Treatment;
  - 2.1.3.5(9)(c) Exam Rooms and Exam Room - Bariatric;
  - 2.1.3.5(9)(d) Casting Room; and
  - 2.1.3.5(9)(e) Phone Room - 2-Seat and Consult Room - Small.
- 2.1.3.5(10) One (1) Alcove - Hand Hygiene Sink will be shared between two (2) Chair Bay - Exam/Treatment and one (1) Alcove - Hand Hygiene Sink will be located within 6.0 m of Care Team Station.
- 2.1.3.6 A3. Pod 2 (MDC)
  - 2.1.3.6(1) Phone Room - 2-Seat and Consult Room - Small will be located adjacent to Patient entry point to Pod 2.
  - 2.1.3.6(2) Chair Bay - Observation will include recliner chairs and solid barrier between bays. Length of solid barriers between Chair Bays will be 3/4 of depth of the bays.
  - 2.1.3.6(3) Exam/Treatment Room - AIR will have Convenient Access to Pod 2 Patient entry point to limit travel distance and spread of infection.
  - 2.1.3.6(4) Care Team Station will be located centrally in Pod 2 and designed to ensure privacy of Patient information is protected.
  - 2.1.3.6(5) Care Team Station will include six (6) workstations, three (3) drop down workstations, three (3) standing workstations, one (1) dictation workstation in a discrete location, pneumatic tube station and Business Work Area.
  - 2.1.3.6(6) Wayfinding for Patients from Patient Check-In station to Care Team Station will be intuitive and simple.
  - 2.1.3.6(7) Staff sitting at Care Team Station will have Line of Sight to those entering or leaving the following spaces, listed in priority order:
    - 2.1.3.6(7)(a) Secure entry point from Patient Arrival and Check-In;

- 2.1.3.6(7)(b) Chair Bay - Observation and Chair Bay - Exam/Treatment;
  - 2.1.3.6(7)(c) Exam/Treatment Room, Exam/Treatment Room - AIR and Exam/Treatment Room - Bariatric; and
  - 2.1.3.6(7)(d) Phone Room - 2-Seat and Consult Room - Small.
- 2.1.3.6(8) One (1) Alcove - Hand Hygiene Sink will be shared between each three (3) Chair Bay - Exam/Treatment and Chair Bay - Observation. One (1) of these sinks will be located within 6.0 m of Care Team Station.
- 2.1.3.6(9) Alcove - Nourishment Station will be located in a Staff-only area with Convenient Access from Care Team Station.
- 2.1.3.6(10) One (1) Alcove - Mobile Equipment will accommodate a portable weigh scale for Patient access.
- 2.1.3.6(11) An Office - Shared with two (2) workstations will be included in this pod.
- 2.1.3.7 A4. Shared Support Space
- 2.1.3.7(1) A Back-of-House Staff entry point will be provided to allow care Staff and support Staff to enter the Component without having to pass through Patient Arrival and Check-In. This entry point will have Convenient Access to Staff and Patient Service Elevators and the loading dock via Service Circulation.
  - 2.1.3.7(2) Path of travel for non-clinical support Staff to access Shared Support Space from the Back-of-House Staff entry point will be minimized.
  - 2.1.3.7(3) Shared Support Space will be centrally located between Pod 1 and Pod 2 to provide Direct Access from both pods.
  - 2.1.3.7(4) Medication Room will be centrally located with access from both pods, but priority access will be for Staff from Pod 2, as usage will be more frequent from this pod. This room will have Direct Access from internal corridor.
  - 2.1.3.7(5) Storage - Clean Equipment, Storage - Clean Supply, Soiled Utility Room and Housekeeping Room will be strategically placed to optimize flow and promote best Infection Prevention and Control protocols.
  - 2.1.3.7(6) Storage - Clean Supply will be grouped with Medication Room.

- 2.1.3.7(7) One (1) Alcove - Clean Linen for clean linen carts will be located in each pod.



## 2.1.4 SCHEDULE OF ACCOMMODATIONS

2.1.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Ambulatory Care**

<b>A. AMBULATORY CARE</b>		
A1. PATIENT ARRIVAL AND CHECK-IN		79.4
A2. POD 1		263.6
A3. POD 2		275.8
A4. SHARED SUPPORT SPACE		101.0
<b>AMBULATORY CARE PROGRAMMED SPACE NSM:</b>		<b>719.8</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>A. AMBULATORY CARE</b>					
<b>A1. PATIENT ARRIVAL AND CHECK-IN</b>					
A1.01	Patient Check-In	1	18.4	18.4	
A1.02	Business Work Area	1	13.0	13.0	
A1.03	Waiting Area	1	40.0	40.0	
A1.04	Washroom - Public	1	5.0	5.0	
A1.05	Alcove - Wheelchair Storage	1	3.0	3.0	
<b>SUBTOTAL NSM: PATIENT ARRIVAL AND CHECK-IN</b>				<b>79.4</b>	
<b>A2. POD 1</b>					
A2.01	Consult Room - Small	2	7.4	14.8	
A2.02	Phone Room - 2-Seat	2	5.0	10.0	
A2.03	Exam Room	7	12.0	84.0	
A2.04	Exam Room - Bariatric	1	16.0	16.0	
A2.05	Chair Bay - Exam/Treatment	2	7.5	15.0	
A2.06	Alcove - Hand Hygiene Sink	2	1.0	2.0	
A2.07	Washroom - Patient - Bariatric	1	5.6	5.6	
A2.08	Alcove - Mobile Equipment	1	2.0	2.0	To be located centrally within pod.
A2.09	Care Team Station	1	47.4	47.4	
A2.10	Alcove - Workstation-on-Wheels	3	0.5	1.5	To be located centrally within pod.
A2.11	Casting Room	1	45.3	45.3	For Cast Clinic activities.

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
A2.12	Storage - Clean Supply	1	20.0	20.0	
<b>SUBTOTAL NSM: POD 1</b>				<b>263.6</b>	
<b>A3. POD 2</b>					
A3.01	Consult Room - Small	2	7.4	14.8	
A3.02	Phone Room - 2-Seat	1	5.0	5.0	
A3.03	Exam/Treatment Room	2	12.0	24.0	
A3.04	Exam/Treatment Room - AIR	1	13.0	13.0	
A3.05	Ensuite - AIR	1	5.0	5.0	
A3.06	Anteroom - AIR	1	5.0	5.0	
A3.07	Exam/Treatment Room - Bariatric	1	16.0	16.0	
A3.08	Chair Bay - Exam/Treatment	13	7.5	97.5	
A3.09	Chair Bay - Observation	2	3.0	6.0	For Patient observation post-treatment.
A3.10	Alcove - Hand Hygiene Sink	5	1.0	5.0	
A3.11	Washroom - Patient	1	5.0	5.0	
A3.12	Alcove - Nourishment Station	1	4.0	4.0	
A3.13	Alcove - Mobile Equipment	2	1.0	2.0	To be distributed within pod.
A3.14	Care Team Station	1	58.5	58.5	
A3.15	Alcove - Workstation-on-Wheels	6	0.5	3.0	To be located centrally within pod.
A3.16	Office - Shared	1	12.0	12.0	
<b>SUBTOTAL NSM: POD 2</b>				<b>275.8</b>	
<b>A4. SHARED SUPPORT SPACE</b>					
A4.01	Medication Room	1	13.0	13.0	
A4.02	Meeting Room - 8-Seat	1	20.0	20.0	For Patient education.
A4.03	Storage - Clean Equipment	1	14.0	14.0	For clean Equipment incl. SLP/virtual care devices.
A4.04	Storage - Clean Supply	1	13.0	13.0	
A4.05	Soiled Utility Room	1	10.0	10.0	
A4.06	Office - Private	1	9.0	9.0	
A4.07	Washroom - Staff	1	5.0	5.0	
A4.08	Alcove - Crash Cart	1	1.0	1.0	
A4.09	Alcove - Clean Linen	2	2.0	4.0	1 per Pod.
A4.10	Alcove - Blanket Warmer	1	1.5	1.5	
A4.11	Housekeeping Room	1	7.0	7.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
A4.12	Was hroom - Staff - Non-Acc	1	3.5	3.5	
<b>SUBTOTAL NSM: SHARED SUPPORT SPACE</b>				<b>101.0</b>	
<b>TOTAL NSM: AMBULATORY CARE</b>				<b>719.8</b>	

## 2.2 B. INPATIENT UNIT

### 2.2.1 SERVICE DESCRIPTION

- 2.2.1.1 Inpatient Unit Component will accommodate one hundred sixty-eight (168) acuity adaptable inpatient beds to support low to mid acuity medicine (inclusive of infectious disease and internal medicine), medical oncology, surgical, and high acuity/stabilization care.
- 2.2.1.2 Patient population in this Component will be adult Patients not requiring specialized tertiary or quaternary services.
- 2.2.1.3 High Acuity Unit (HAU) will care for Patients who require:
- 2.2.1.3(1) Stabilization and transfer to another facility; for those requiring higher level of care needs but not requiring trauma care; and
  - 2.2.1.3(2) Short-term care needs above and beyond general medical/surgical care but that do not require the intensity of care provided in an Intensive Care Unit (ICU).
- 2.2.1.4 Service Exclusions
- 2.2.1.4(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
    - 2.2.1.4(1)(a) No pediatric, maternity or mental health inpatient services will be provided.

### 2.2.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

#### 2.2.2.1 Patient Flow

- 2.2.2.1(1) For most inpatients, the decision to admit a Patient to the Facility will be made in Emergency or Perioperative Components. Once admitted, the Patient will be transported by Porter Staff from the originating Component (e.g., Emergency, Perioperative) to Inpatient Unit.
- 2.2.2.1(2) Patients will generally be transported to a 24-Bed Unit or 12-Bed Unit on a stretcher or wheelchair via Service Circulation, enter the unit via Back-of-House Staff entry point, and be escorted directly to their assigned Patient room.
- 2.2.2.1(3) Patients admitted from another facility will be transported by inter-facility transport, which will arrive onto the Component via Service Circulation, enter the unit via Back-of-House Staff

entry point, and escort the Patient directly to their assigned Patient room.

- 2.2.2.1(4) Some Patients will arrive on their own for pre-scheduled admissions (e.g., inpatient chemotherapy) via Public Circulation and present at Front-of-House public entry point. On locked units, Patients will be required to use audio-video door intercom with remote door release to gain access and report directly to Care Team Station.
- 2.2.2.1(5) While admitted to an Inpatient Unit, some Patients will travel to and from Rehabilitation Therapy Room or around the walking loop within each 12-Bed Unit or Pod. Patients will use Washroom - Public if needed while in 48-Bed Shared Support Space zone.
- 2.2.2.1(6) Patients receiving theranostics treatment who require inpatient admission will remain in Patient Room - Private - Shielded. Treatment and admission stay will depend on acuity.
- 2.2.2.1(7) Patients with known or suspected airborne pathogens (e.g., tuberculosis) will be cared for in Patient Room - AIR - Bariatric or Patient Room - AIR - Bariatric - HAU.
- 2.2.2.1(8) Patient rooms will have a private ensuite bathroom for each Patient, including a wheelchair accessible water closet, sink, and shower with x-y gantry ceiling lift coverage. Based on the ability of the Patient, some Patients will shower themselves, standing or in a movable bathing chair, or will be assisted by Staff.
- 2.2.2.1(9) Patients who are being discharged from an Inpatient Unit will receive Patient teaching and any remote home monitoring Equipment required for home use within their room. In a rare instance, upon discharge the Patient will report directly to Ambulatory Care Component for their teaching. If the Patient does not require Patient teaching (or has already received teaching), it is assumed the Patient will go directly home upon discharge. If a Patient needs to wait for pick-up, they may do so in the Main Entrance Lobby in the Facility.
- 2.2.2.1(10) Deceased Patients will be transported to Morgue by Portering Staff or other designated Staff via Service Circulation. The Patient's personal effects will be stored in a secure storage area within Care Team Station, until they can be claimed by a family member. For cultural reasons, a Patient's family may request that a personal item remain with the Patient.

### 2.2.2.2 Family/Visitor Flow

- 2.2.2.2(1) Family/visitors will be welcome during scheduled visiting hours on Inpatient Unit, which may be twenty-four (24) hours-a-day depending on Patient/operational circumstances. As well, visitor numbers per Patient will be limited to space availability.
- 2.2.2.2(2) Family/visitors will arrive to Inpatient Unit Component via Public Circulation.
- 2.2.2.2(3) Family/visitors will enter a 12-Bed Unit or Pod via Front-of-House public entry point. On locked units, family and visitors will be required to use audio-video door intercom with remote door release to gain access.
- 2.2.2.2(4) Upon the family/visitors' first visit, they will report directly to Care Team Station for Patient status and location.
- 2.2.2.2(5) While in a 12-Bed Unit or Pod, family/visitors may flow between Patient room, Care Team Station, and Washroom - Public.
- 2.2.2.2(6) Family/visitors will have designated space within each Patient room and may also rest in a Lounge - Family/Visitor located on each Inpatient Unit floor. Some family/visitors will stay overnight in Patient rooms.

### 2.2.2.3 Staff Flow

- 2.2.2.3(1) Care Staff will primarily enter the 12-Bed Units and Pods via Back-of-House Staff entry point and may also use Front-of-House public entry point when convenient.
- 2.2.2.3(2) Care Staff will generally circulate through all areas of Inpatient Unit. The prioritized adjacencies listed for Patient room demonstrate areas important for Patient care activities.
- 2.2.2.3(3) Each Patient Room - AIR - Bariatric, Patient Room - HAU and Patient Room - AIR - Bariatric - HAU will have a bedpan disinfectant within its associated ensuite to minimize the care Staff travel distance for this function.
- 2.2.2.3(4) If a Code Blue is called, the Code team will travel to the Component. Crash carts will be centrally located in each 12-Bed Unit or Pod.
- 2.2.2.3(5) Medical and radiation oncologists will provide consults within Patient rooms and will be required to travel to this Component via Service Circulation for an in-person consult. Some consults

will be through virtual health methods via fixed and/or mobile solutions.

2.2.2.3(6) The majority of Patient care will occur at the bedside.

2.2.2.3(7) Patients requiring mechanical ventilation will be managed in HAU until they can safely be transported to a higher level of care.

#### 2.2.2.4 Clinical Support Flow

2.2.2.4(1) In general, Clinical Support Staff will use Staff and Patient Service Elevators and Service Circulation to access Inpatient Unit Component and enter the 12-Bed Unit or Pod from the Back-of-House Staff entry point. Common Clinical Support flows are as described in the Facility-wide flows. Any flows unique for Inpatient Unit Component are described below.

##### 2.2.2.4(2) Pharmacy

2.2.2.4(2)(a) As per Facility-wide flow.

2.2.2.4(2)(b) Clinical pharmacy specialists and pharmacists will support Patient medication needs and be part of the interdisciplinary team.

2.2.2.4(2)(c) For inpatient chemotherapy medication delivery, the chemotherapy medication will be prepared in Pharmacy Services Component on the day of administration. Pharmacy Staff will deliver the medication to the designated Medication Room on 12-Bed Unit, Medical-Oncology, where care Staff will prepare the medication before taking to Patient room.

##### 2.2.2.4(3) Medical Imaging

2.2.2.4(3)(a) As per Facility-wide flow.

2.2.2.4(3)(b) Medical imaging will be performed with mobile imaging Equipment within Patient rooms when Patient is not stable to be brought to Medical Imaging Component.

2.2.2.4(3)(c) For service to Inpatient Unit Component, a mobile imaging machine will be brought from Medical Imaging Component and/or stored in an Alcove - Mobile Equipment on one of Inpatient Units.

- 2.2.2.4(3)(d) If a Patient requires imaging that cannot be done with mobile Equipment, a porter will transfer the Patient to Medical Imaging Component and back to Patient room once imaging is complete.
- 2.2.2.4(4) Laboratory
  - 2.2.2.4(4)(a) As per Facility-wide flow.
- 2.2.2.4(5) Interprofessional Team
  - 2.2.2.4(5)(a) Some care providers will be coming from other Components to provide Patient care and/or teaching (e.g., rehabilitation, social work, respiratory therapy). Flows will be as per Facility-wide flow.
  - 2.2.2.4(5)(b) Specialty consults will be required from providers at other sites. Virtual health methods will be used to enable timely consultation. Some consults will occur in-person with the specialist coming to the Facility.
  - 2.2.2.4(5)(c) Patients will receive some rehabilitation therapy in their room. If they need therapy that cannot be provided in their room, they will be escorted or transferred to a Rehabilitation Therapy Room by Staff.
  - 2.2.2.4(5)(d) If a Patient requires an exercise stress test, Porter Staff or care Staff will escort the Patient to Stress Testing Room in Cardiac Diagnostics Sub-Component.
- 2.2.2.5 Non-Clinical Support Flow
  - 2.2.2.5(1) Equipment
    - 2.2.2.5(1)(a) As per Facility-wide flow.
    - 2.2.2.5(1)(b) After Patient use, wheelchairs and mobility aids will be given an initial wipe down at point-of-use, then moved to the dedicated Cleaning and Disinfection Room - Rehab Therapy for specific low-level disinfection processes. When clean, wheelchairs and mobility aids will be moved directly to the adjacent Storage - OT/PT Equipment for storage and dispatch.
  - 2.2.2.5(2) Medical Devices
    - 2.2.2.5(2)(a) As per Facility-wide flow.



- 2.2.2.5(2)(b) Soiled reusable medical devices will be placed in a dedicated bin/cart in Soiled Holding room by care Staff. MDR Staff will pick up soiled medical devices on a regular schedule. Care Staff may deliver some soiled instruments directly to MDR Component.
- 2.2.2.5(2)(c) MDR Staff will deliver clean and sterile medical devices to Storage - Clean Supply rooms on Inpatient Units on a regular schedule.
- 2.2.2.5(3) Supplies (Materials Management)
- 2.2.2.5(3)(a) As per Facility-wide flow.
- 2.2.2.5(4) EVS (Housekeeping/Linen/Waste Management)
- 2.2.2.5(4)(a) As per Facility-wide flow.
- 2.2.2.5(4)(b) Soiled items from Patient Room - Private - Shielded will be stored in Soiled Holding - Shielded room until safe removal from the Facility through standard waste pathways.
- 2.2.2.5(5) Patient Food Services
- 2.2.2.5(5)(a) As per Facility-wide flow.
- 2.2.2.5(5)(b) Patient Food Services will provide meal service to Patients Rooms within Inpatient Unit Component, as well as restock Alcove - Nourishment Stations with supplies and snacks.
- 2.2.2.5(5)(c) Patient Food Services Staff will transport food trays on carts via Service Circulation and Staff and Patient Service Elevators and will enter the 12-Bed Unit or Pod through Back-of-House Staff entry point.
- 2.2.2.5(5)(d) Meals will be delivered to Patient rooms by Patient Food Services Staff. Dirty trays will be picked up by Patient Food Services Staff and transported directly back to Patient Food Services Component via Service Circulation. For Patients on isolation precautions, care Staff will deliver and retrieve the food trays in and out of Patient room.
- 2.2.2.5(5)(e) Late trays will be placed on an enclosed tray cart located within Alcove - Dirty Food Tray by care Staff.

This tray cart will be collected by Patient Food Services Staff.

2.2.2.5(6) Biomedical Engineering

2.2.2.5(6)(a) As per Facility-wide flow.

2.2.2.5(7) FMO/AM

2.2.2.5(7)(a) As per Facility-wide flow.

2.2.2.5(8) Information Management

2.2.2.5(8)(a) As per Facility-wide flow.

2.2.2.5(8)(b) Patient record retrieval and documentation will occur at Patient bedside, Alcove - Observation and Care Team Station. Some documentation at bedside and Alcove - Observation will be done on mobile WOWs.

2.2.2.5(8)(c) Spaces supporting medical oncology and theranostics will have access to CST Cerner.

2.2.2.5(9) Security

2.2.2.5(9)(a) As per Facility-wide flow.

2.2.3 COMPONENT DESIGN CRITERIA

2.2.3.1 External Adjacency Requirements Diagram

2.2.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.



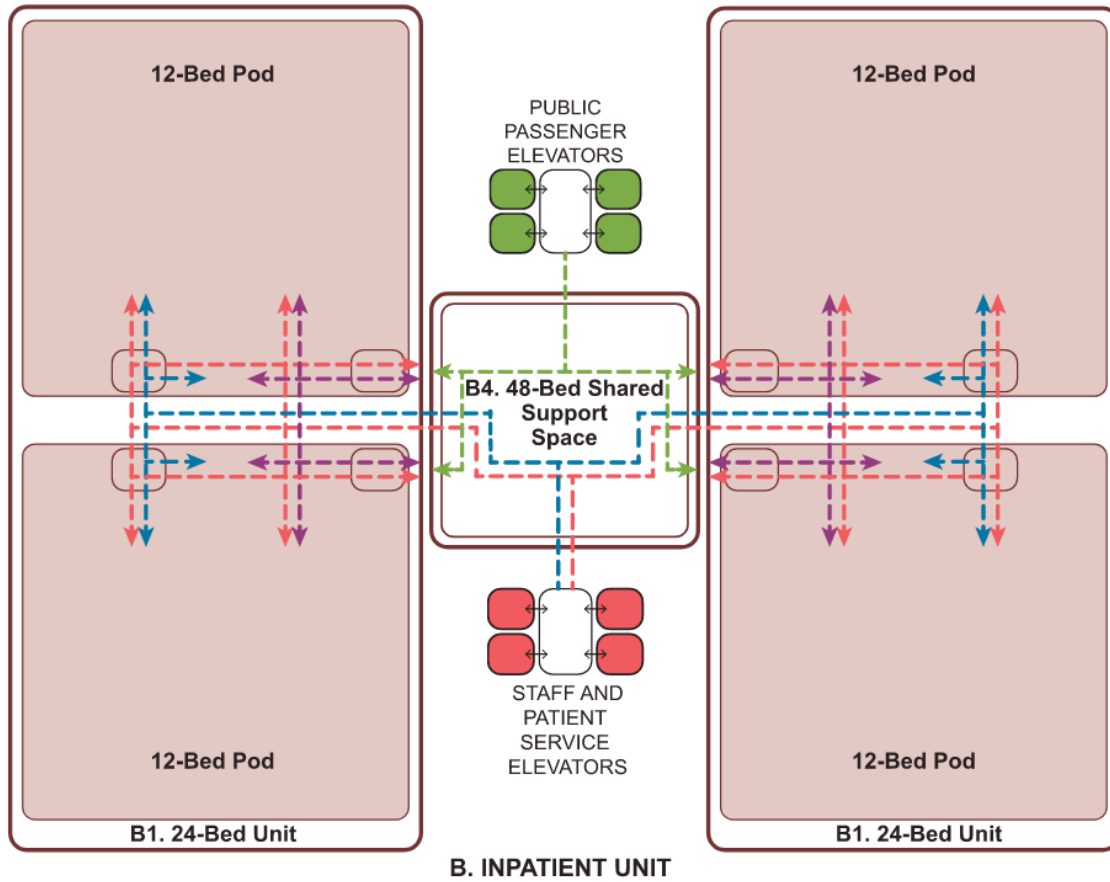
**LEGEND**

Convenient Access by Public Circulation

Convenient Access by Service Circulation

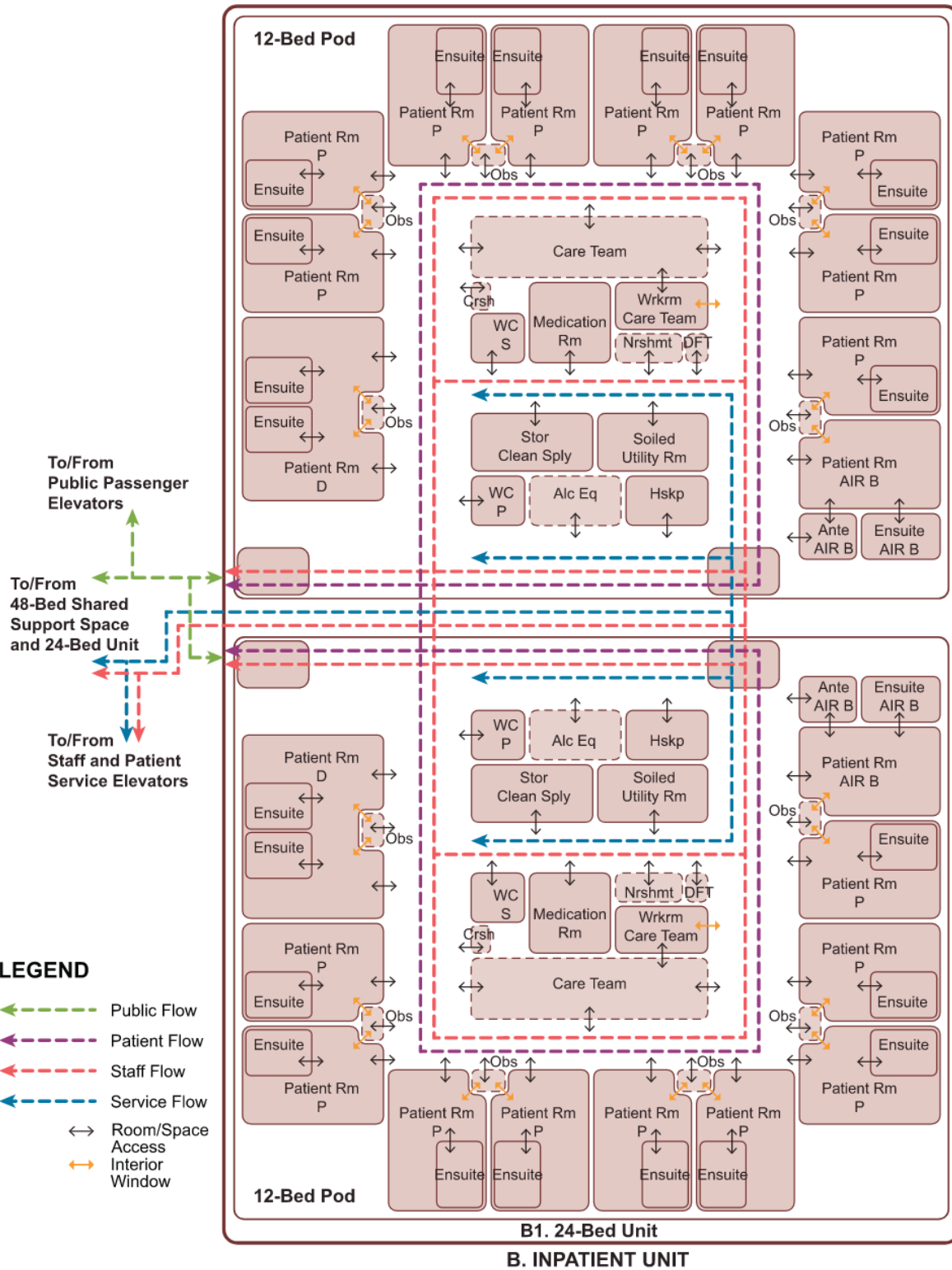
2.2.3.2 Internal Functional Relationships Diagram

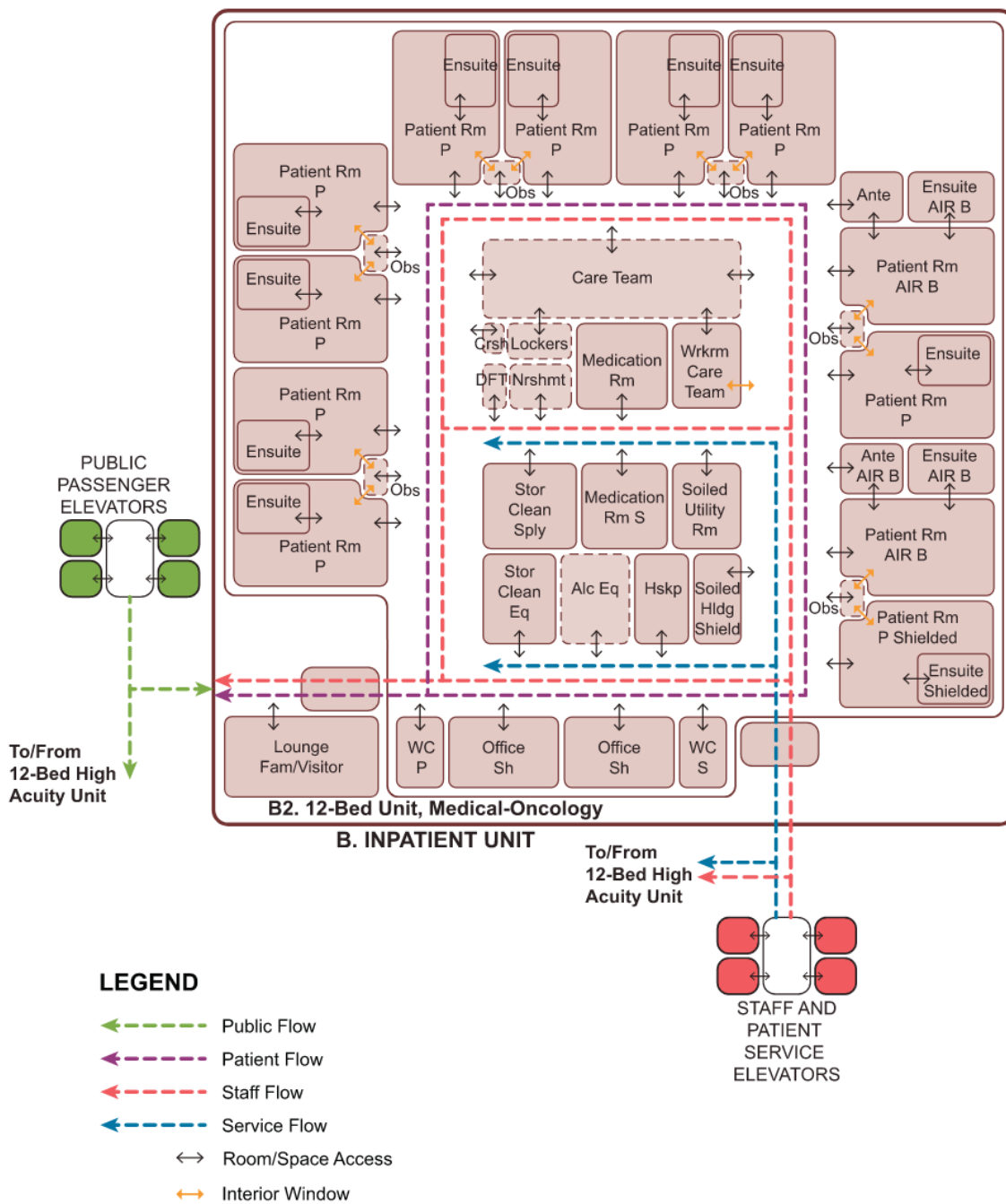
2.2.3.2(1) The following diagrams indicate internal functional relationships within this Component.

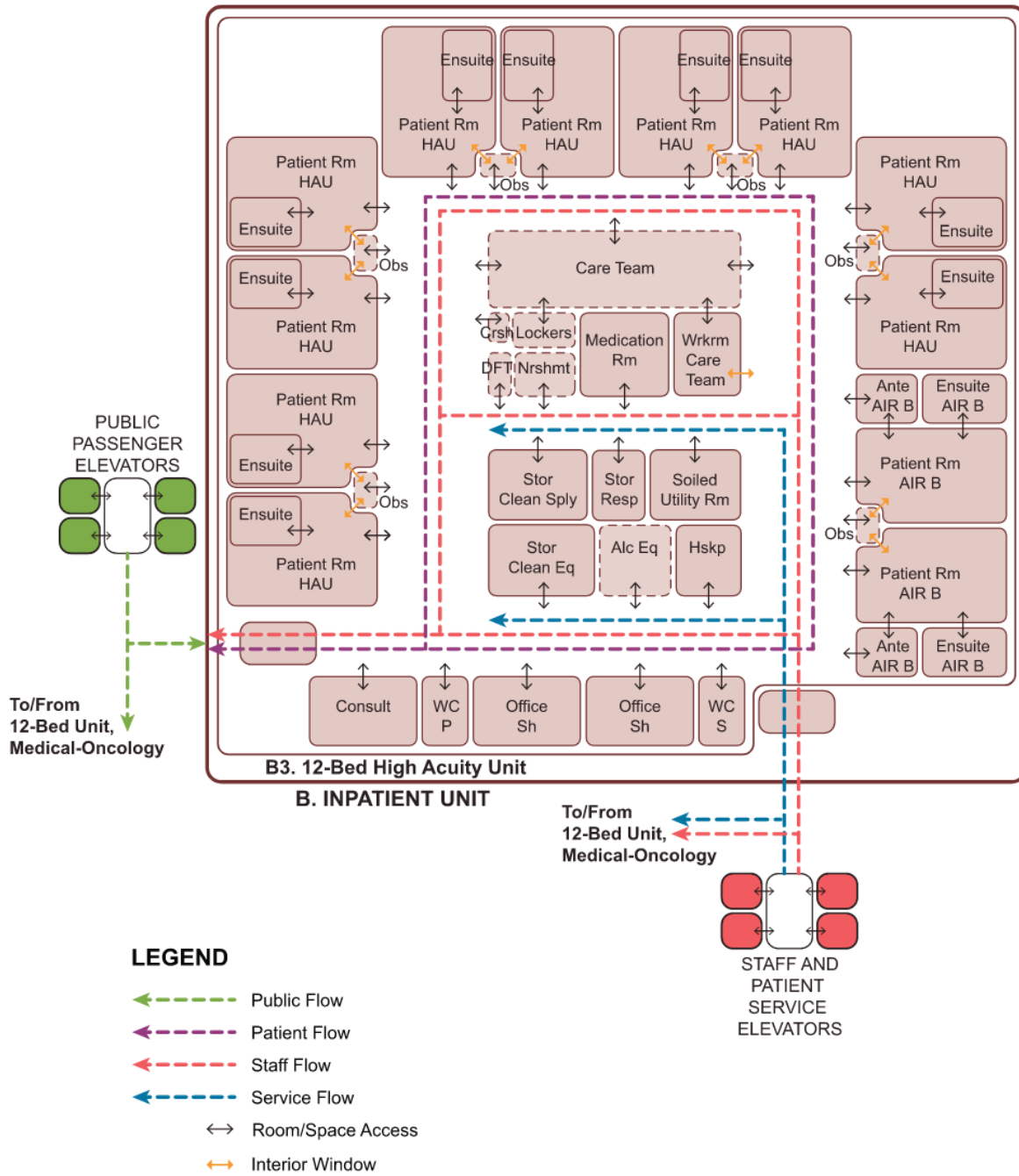


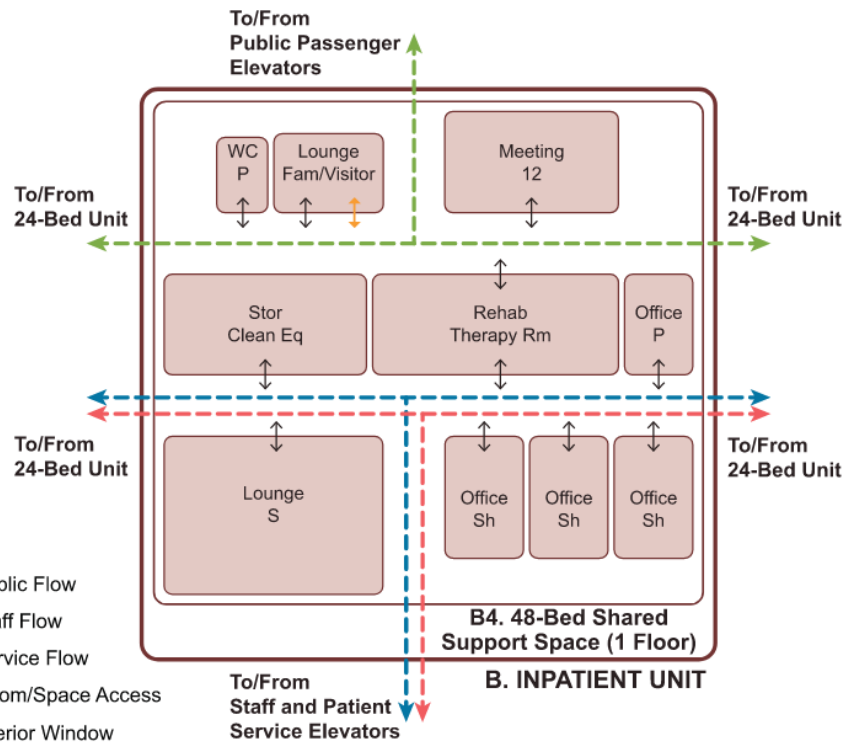
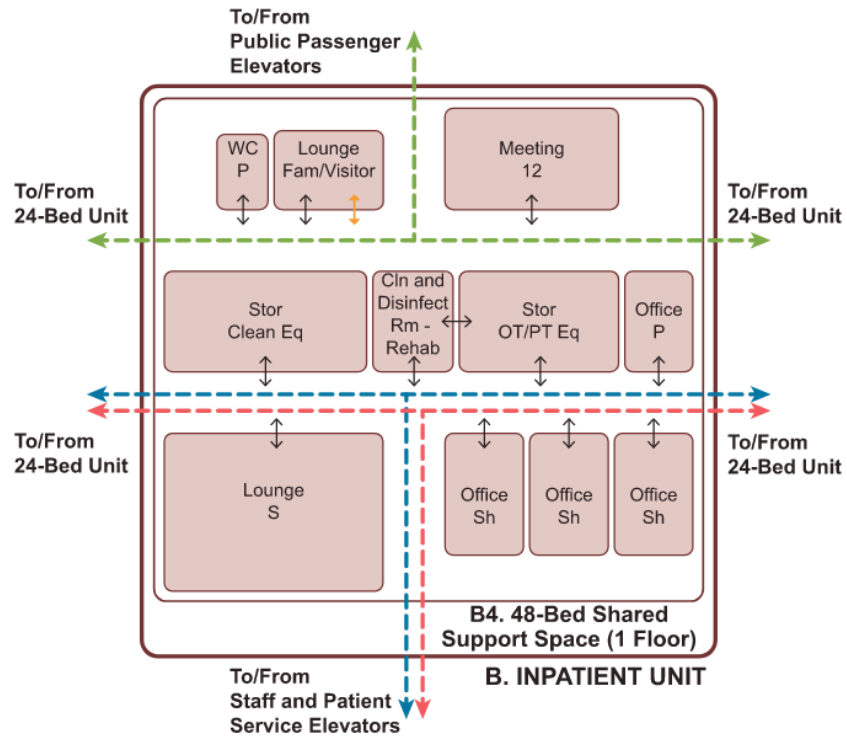
**LEGEND**

- ← Public Flow
- ← Patient Flow
- ← Staff Flow
- ← Service Flow









**LEGEND**

- ← - - - - Public Flow
- ← - - - - Staff Flow
- ← - - - - Service Flow
- ↔ Room/Space Access
- ↔ Interior Window



### 2.2.3.3 General Requirements

- 2.2.3.3(1) Inpatient Unit Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.2.3.3(1)(a) Convenient Access via Public Circulation for Patients, families and visitor access to and from Main Entrance Lobby.
  - 2.2.3.3(1)(b) Convenient Access via Service Circulation from Emergency for movement of Patients and Staff.
  - 2.2.3.3(1)(c) Convenient Access via Service Circulation to Medical Imaging for movement of Patients, Staff and Equipment to provide diagnostic services.
  - 2.2.3.3(1)(d) Convenient Access via Service Circulation to Perioperative for movement of Patients and Staff.
  - 2.2.3.3(1)(e) Convenient Access via Public Circulation to Ambulatory Care upon discharge for Patient teaching.
  - 2.2.3.3(1)(f) Convenient Access via Service Circulation to Laboratory and Pharmacy Services for movement and collaboration of Staff and medications.
  - 2.2.3.3(1)(g) Convenient Access via Service Circulation from 12-Bed Unit, Medical-Oncology to CT Simulation Suite, MRI Simulation Suite, Radiation Treatment and PET CT/Theranostics for movement of Patients and Staff.
- 2.2.3.3(2) Zones of activity within Inpatient Unit Component will include the following:
- 2.2.3.3(2)(a) B1. 24-Bed Unit (6) with the ability to isolate to two (2) 12-Bed Pods for outbreak management
  - 2.2.3.3(2)(b) B2. 12-Bed Unit, Medical-Oncology
  - 2.2.3.3(2)(c) B3. 12-Bed High Acuity Unit (HAU)
  - 2.2.3.3(2)(d) B4. 48-Bed Shared Support Space (3)
- 2.2.3.3(3) Inpatient Unit Component will have 48-beds arranged per floor in two (2) units of twenty-four (24) beds each divided into two (2) pods of twelve (12) beds.

- 2.2.3.3(4) This Component will also include a standalone 12-Bed Unit, Medical-Oncology and a standalone 12-Bed High Acuity Unit which will be co-located to share some services. These two (2) units will function independently.
- 2.2.3.3(5) All Patient rooms will support smart room technology.
- 2.2.3.3(6) A minimum of thirty-six (36) rooms will be outfitted as smart rooms at opening day.
- 2.2.3.3(7) Nurses will be able to make visual checks on Patients from the Component circulation while passing by Patient rooms.
- 2.2.3.3(8) Line of Sight will be maximized for Staff sitting at Care Team Stations to those entering or leaving Patient rooms.
- 2.2.3.3(9) Alcove - Observation will be utilized by care Staff and will be located between two (2) Patient rooms, providing care Staff sitting in Alcove - Observation Line of Sight to Patient's head and torso while lying in bed in both Patient rooms.
- 2.2.3.3(10) Inpatient Unit layout will be as compact as possible to minimize Staff travel by locating frequently utilized Staff work areas and support spaces close to Patient rooms. The following rooms, listed in priority order, will be centrally located to provide Convenient Access from Patient rooms for Staff: Soiled Utility Room, Storage - Clean Supply, Medication Room, Care Team Station. Staff will have the ability to easily move from one side of the unit or pod to the other side without having to go through Care Team Station or a room.
- 2.2.3.3(11) Wayfinding for Patients/family/visitors from Inpatient Unit public entry point to Care Team Station will be intuitive and simple.
- 2.2.3.3(12) Access control system will allow each 12-Bed Unit, 24-Bed Unit and 12-Bed Pod to be locked down during chosen hours of the day. At each Front-of-House public entry point, there will be an audio-video door intercom for Staff at Care Team Station to communicate with visitors and allow remote door release.
- 2.2.3.3(13) Each Care Team Station will have Direct Access to an adjacent enclosed Workroom - Care Team with three (3) drop down workstations. Workroom - Care Team will have interior windows to provide Line of Sight to adjacent areas when Staff are inside the room.

- 2.2.3.3(14) One (1) Medication Room in each 12-Bed Unit or Pod will be grouped with Care Team Station and Storage - Clean Supply and will have Direct Access from internal corridor.
- 2.2.3.3(15) One (1) Alcove - Nourishment Station will be located in a Staff-only area with Convenient Access from each Care Team Station. It will be adjacent to one (1) Alcove - Dirty Food Tray.
- 2.2.3.3(16) One (1) Alcove - Crash Cart will be located centrally adjacent to each Care Team Station.
- 2.2.3.3(17) Alcove - Hand Hygiene Sinks will be distributed evenly in units/pods with Convenient Access to Patient rooms. One (1) of these sinks will also be located within 6.0 m of each Care Team Station.
- 2.2.3.3(18) Alcove - Blanket Warmer will be located adjacent to Alcove - Clean Linen.
- 2.2.3.3(19) Patient Room - AIR - Bariatric and Patient Room - AIR - Bariatric - HAU will have Convenient Access from Staff and Patient Service Elevators to limit travel distance and spread of infection. The path of travel to transfer a Patient to these Patient rooms will not pass Public Passenger Elevators access area.
- 2.2.3.3(20) One (1) shared central Secure Outdoor Space with Direct Access from Public Circulation will be provided for this Component.
- 2.2.3.3(21) Outbreak Control Zone
  - 2.2.3.3(21)(a) In case of an airborne infection outbreak, two (2) Outbreak Control Zones containing 12-Bed Pods and one (1) Outbreak Control Zone containing 24-bed Unit on each 48-Bed floor will have negative pressurization capability to isolate the pod or unit from the surrounding areas.
  - 2.2.3.3(21)(b) 12-Bed Unit, Medical-Oncology and 12-Bed HAU each will also act as an Outbreak Control Zone in case of an airborne infection pandemic outbreak.
  - 2.2.3.3(21)(c) Outbreak Control Zone will meet the following requirements:
    - 2.2.3.3.21.(c).1 All support spaces for each unit or pod including Medication Room, Storage - Clean Supply, Soiled Utility Room and Housekeeping Room

- will be provided within the Outbreak Control Zone.
- 2.2.3.3.21.(c).2 48-Bed Shared Support Space zone will be outside the Outbreak Control Zone.
- 2.2.3.3.21.(c).3 Outbreak Control Zone will be bounded by construction that allows the mechanical ventilation systems to create negative pressure within a zone relative to adjacent areas.
- 2.2.3.3.21.(c).4 Outbreak Control Zone will contain space that can be converted into an anteroom (e.g., double set of powered doors) adjacent to each entry point to the zone and will be equipped with a hand hygiene sink and space for PPE storage. The anteroom will be large enough to accommodate a bed when both sets of doors are closed and will allow Staff to wheel a Patient on a bed into anteroom, close door, walk around Patient and open other door with minimal effort. Door widths will accommodate movement of beds.
- 2.2.3.3.21.(c).5 Both sets of power doors will have automatic opening and access control to prevent the doors being open simultaneously to maintain pressure differential and provide airlock. Access control will be located on the entry side of the first set of doors and on the exit side of the second set of doors far enough away from the doors to allow them to open before a bed is present. Under normal operations, the doors will remain open but will be closed when the Outbreak Control Zone is in use.
- 2.2.3.4 B1. 24-Bed Unit (6)
- 2.2.3.4(1) The layout of 24-Bed Units and 48-Bed floors will be standardized on all floors.
- 2.2.3.4(2) Under normal conditions, 24-Bed Units will function as one (1) Unit, with two (2) connected 12-Bed Pods. Under outbreak conditions, 12-Bed Pods in each 24-Bed Unit will have the ability to isolate from each other, each with support spaces to be self-sufficient.
- 2.2.3.4(3) Each 12-Bed Pod on a 24-Bed Unit will have a dedicated, secure Back-of-House Staff entry point, supporting a service flow from Staff and Patient Service Elevators to each pod.

- 2.2.3.4(4) Each 12-Bed Pod on a 24-Bed Unit will have a dedicated, secure Front-of-House public entry point, supporting a Patients/family/visitors flow from Public Passenger Elevators to each pod.
  - 2.2.3.4(5) Staff/Patients/family/visitors arriving to a 12-bed Pod will not pass through another 12-bed Pod to reach their intended destination.
  - 2.2.3.4(6) A walking loop will be provided for Patients that allows them to walk in a continuous loop around a 12-Bed Pod, without having to back-track (i.e., no dead ends) or leave the pod.
  - 2.2.3.4(7) Each 12-Bed Pod will have an open Care Team Station located centrally in the pod including one (1) workstation, three (3) drop down workstations, two (2) dictation workstations in a discrete location, pneumatic tube station, Business Work Area and a lockable cabinet for deceased Patient's belongings.
- 2.2.3.5 B2. 12-Bed Unit, Medical-Oncology
- 2.2.3.5(1) 12-Bed Unit, Medical-Oncology will support oncology and theranostics admissions.
  - 2.2.3.5(2) This unit will have a dedicated, secure Back-of-House Staff entry point, supporting a service flow from Staff and Patient Service Elevators to the unit.
  - 2.2.3.5(3) 12-Bed Unit, Medical-Oncology will have a dedicated, secure Front-of-House public entry point, supporting a Patients/family/visitors flow from Public Passenger Elevators to the unit.
  - 2.2.3.5(4) A walking loop will be provided for Patients that allows them to walk in a continuous loop around 12-Bed Unit, Medical-Oncology, without having to back-track (i.e., no dead ends) or leave the unit.
  - 2.2.3.5(5) 12-Bed Unit, Medical-Oncology will include one (1) Patient Room - Private - Shielded with Ensuite - Patient Room - Shielded to support theranostics treatment. Patient will remain in this room for the duration of their treatment. Patient zone within this room will include the ensuite and the area between the bed and ensuite as well as anywhere the Patient will walk. Floor demarcation will be provided to indicate Patient zone and safe zone for specialty trained Staff to enter the room and safely deliver food trays, medications, or other Patient needs. Items

delivered by Staff will be placed on a surface within the safe zone for Patient to retrieve.

- 2.2.3.5(6) Other than the design elements required for theranostics treatment in Patient Room - Private - Shielded and Ensuite - Patient Room - Shielded, these rooms will be standardized to have the same layout and contents as the other Patient Room - Private and Ensuite - Patient Room in this unit, providing flexibility to be used by general medical oncology Patients when not being used for theranostics treatment.
  - 2.2.3.5(7) 12-Bed Unit, Medical-Oncology will have an open Care Team Station located centrally in the unit including one (1) workstation, four (4) drop down workstations, two (2) dictation workstations in a discrete location, pneumatic tube station, Business Work Area and a lockable cabinet for deceased Patient's belongings.
  - 2.2.3.5(8) One (1) Alcove - Hand Hygiene Sink will have Convenient Access to Patient Room - Private - Shielded.
  - 2.2.3.5(9) Soiled Holding - Shielded will be used to stage soiled radioactive items until safe for standard disposal and will be located with Convenient Access from Patient Room - Private - Shielded.
  - 2.2.3.5(10) Two (2) Office - Shared each with two (2) workstations will be included in this unit.
  - 2.2.3.5(11) Alcove - Purse Lockers will be located in a Staff-only corridor.
  - 2.2.3.5(12) One (1) Lounge - Family/Visitor will be located along Public Circulation outside the unit but with Convenient Access to 12-Bed Unit, Medical-Oncology and 12-Bed HAU public entry points.
  - 2.2.3.5(13) Access to CST Cerner for medical oncology and theranostics Patients in this Component will be required.
- 2.2.3.6 B3. 12-Bed High Acuity Unit
- 2.2.3.6(1) 12-Bed HAU will have a dedicated, secure Back-of-House Staff entry point, supporting a service flow from Staff and Patient Service Elevators to the unit.
  - 2.2.3.6(2) 12-Bed HAU will have a dedicated, secure Front-of-House public entry point, supporting a family/visitor flow from Public Passenger Elevators to the unit.

- 2.2.3.6(3) A walking loop will be provided for Patients that allows them to walk in a continuous loop around 12-Bed HAU, without having to back-track (i.e., no dead ends) or leave the unit.
  - 2.2.3.6(4) 12-Bed HAU will have an open Care Team Station located centrally in the unit including one (1) workstation, four (4) drop down workstations, two (2) dictation workstations in a discrete location, pneumatic tube station, Business Work Area and a lockable cabinet for deceased Patient's belongings.
  - 2.2.3.6(5) Two (2) Office - Shared each with two (2) workstations will be included in this unit.
  - 2.2.3.6(6) Consult Room will have Convenient Access to 12-Bed HAU public entry point.
  - 2.2.3.6(7) Alcove - Clean Supplies will be located centrally to each group of four (4) Patient rooms.
  - 2.2.3.6(8) Alcove - Purse Lockers will be located in a Staff-only corridor.
- 2.2.3.7 B4. 48-Bed Shared Support Space (3)
- 2.2.3.7(1) One (1) 48-Bed Shared Support Space zone will be Located centrally on each floor with equal access from two (2) 24-Bed Units. Two (2) 24-Bed Units will have similar access to all 48-Bed Shared Support Space rooms, including visitor/family amenities (e.g., Lounge - Family/Visitor, Washroom - Public) and Staff amenities and support spaces (e.g., Meeting Room - 12-Seat, Lounge - Staff).
  - 2.2.3.7(2) Patients, family, visitors and Staff will access this zone from Public Passenger Elevators and Staff and Patient Service Elevators without entering 24-Bed Units.
  - 2.2.3.7(3) 48-Bed Shared Support Space zone will provide a separate secure public access point to each 12-Bed Pod from Public Circulation and a separate secure Staff access point to each 12-Bed Pod from Service Circulation. Separation of public and service flows will be maximized.
  - 2.2.3.7(4) Patients/family/visitors arriving to Inpatient Unit Component by Public Passenger Elevators will enter directly into a Front-of-House area with access to public amenities (Lounge - Family/Visitor, Washroom - Public and Meeting Room - 12-Seat) and each 12-Bed Pod public entry point via Public Circulation.

- 2.2.3.7(5) Staff arriving to Inpatient Unit Component by Staff and Patient Service Elevators will enter directly into a Back-of-House area with access to Staff support spaces (Lounge - Staff, offices, Storage - Clean Equipment and Alcove - Weigh Scale) and each 12-Bed Pod Staff entry point via Service Circulation. This Back-of-House area will be used by support services for supply delivery, waste removal and Patient transport.
- 2.2.3.7(6) Staff will also arrive at Inpatient Unit Component via stairs.
- 2.2.3.7(7) The layout of 48-Bed Shared Support Space will be standardized on all floors.
- 2.2.3.7(8) Lounge - Family/Visitor will have Direct Access to Public Circulation and Convenient Access to Washroom - Public. Location of Lounge - Family/Visitor will provide Convenient Access to each 12-Bed Pod public entry point, while minimizing noise transfer to Patient Care Areas.
- 2.2.3.7(9) An interior window from Public Circulation into Lounge - Family/Visitor will be provided to allow for casual observation by public or Staff walking past this room. Access to power/data will be provided for charging personal electronic devices.
- 2.2.3.7(10) One (1) Meeting Room - 12-Seat located on the middle floor of three (3) 48-Bed Shared Support Spaces will include an x-y gantry ceiling lift for Staff training and will allow a bed/stretchers through the door.
- 2.2.3.7(11) Three (3) Office - Shared each with two (2) workstations will be included in this zone on each of three (3) floors.
- 2.2.3.7(12) Storage - Clean Equipment will have Convenient Access to the floor's Cleaning and Disinfection Room.
- 2.2.3.7(13) On two (2) Inpatient Unit floors, in the same location, with the same programmed area, either a Rehabilitation Therapy Room or a Storage - OT/PT Equipment room with a dedicated Cleaning and Disinfection Room - Rehab Therapy will be provided.
- 2.2.3.7(14) Storage - OT/PT Equipment room with a dedicated Cleaning and Disinfection Room - Rehab Therapy will be located on the middle floor of three (3) 48-Bed Shared Support Spaces.
- 2.2.3.7(15) Rehabilitation Therapy Room will be located on the lowest floor of three (3) 48-Bed Shared Support Spaces.



- 2.2.3.7(16) Highest floor of three (3) 48-Bed Shared Support Spaces will not include a Rehabilitation Therapy or a Storage - OT/PT Equipment room with a dedicated Cleaning and Disinfection Room - Rehab Therapy.
- 2.2.3.7(17) Rehabilitation Therapy Room will include two (2) workstations, x-y gantry ceiling lift coverage over parallel bars and plinth and circulation space between each rehabilitation Equipment area. This space will have Convenient Access to Staff and Patient Service Elevators and will have two (2) access points, with one (1) door to Front-of-House Public Circulation and one (1) door to Back-of-House Service Circulation.
- 2.2.3.7(18) Storage - OT/PT Equipment will include one (1) workstation, open floorspace for wheelchair storage and mobility devices, and shelving for parts/Equipment.
- 2.2.3.7(19) Storage - OT/PT Equipment will have Direct Access to Service Circulation and to dedicated Cleaning and Disinfection Room - Rehab Therapy.
- 2.2.3.7(20) Cleaning and Disinfection Room - Rehab Therapy will also have Direct Access to Service Circulation. The layout of this room will support a one-way flow for cleaning and disinfection of wheelchairs and other rehab Equipment.

## 2.2.4 SCHEDULE OF ACCOMMODATIONS

2.2.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Inpatient Unit**

<b>B. INPATIENT UNIT</b>		
B1. 24-BED UNIT (6)	6 x 874.7	5,248.2
B2. 12-BED UNIT, MEDICAL-ONCOLOGY		538.1
B3. 12-BED HIGH ACUITY UNIT		578.3
B4. 48-BED SHARED SUPPORT SPACE (3)	2 x 224.2 1 x 184.2	632.6
<b>INPATIENT UNIT PROGRAMMED SPACE NSM:</b>		<b>6,997.2</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>B. INPATIENT UNIT</b>					
<b>B1. 24-BED UNIT (6)</b>					
B1.01	Patient Room - Private	18	21.4	385.2	9 per 12-Bed Pod.
B1.02	Patient Room - Double	2	33.5	67.0	1 per 12-Bed Pod.
B1.03	Ensuite - Patient Room	22	5.6	123.2	11 per 12-Bed Pod.
B1.04	Patient Room - AIR - Bariatric	2	26.5	53.0	1 per 12-Bed Pod.
B1.05	Ensuite - Patient Room - AIR - Bariatric	2	7.0	14.0	1 per 12-Bed Pod.
B1.06	Anteroom - AIR - Bariatric	2	5.0	10.0	1 per 12-Bed Pod.
B1.07	Alcove - Observation	12	1.4	16.8	1 per 2 Patient beds.
B1.08	Alcove - Clean Linen	4	2.0	8.0	1 per 6 Patient beds. To be distributed.
B1.09	Alcove - Hand Hygiene Sink	4	1.0	4.0	For Staff use. 1 per 6 Patient beds.
B1.10	Care Team Station	2	22.5	45.0	1 per 12-Bed Pod.
B1.11	Workroom - Care Team	2	9.0	18.0	For Staff collaboration. 1 per 12-Bed Pod.
B1.12	Medication Room	2	13.0	26.0	1 per 12-Bed Pod.
B1.13	Alcove - Nourishment Station	2	4.0	8.0	1 per 12-Bed Pod.
B1.14	Storage - Clean Supply	2	13.0	26.0	1 per 12-Bed Pod.
B1.15	Soiled Utility Room	2	12.0	24.0	1 per 12-Bed Pod.
B1.16	Housekeeping Room	2	7.0	14.0	1 per 12-Bed Pod.
B1.17	Alcove - Crash Cart	2	1.0	2.0	1 per 12-Bed Pod.

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
B1.18	Alcove - Mobile Equipment	4	1.5	6.0	For imaging Equipment, mobile Equipment, non-mobile Equipment. 2 per 12-Bed Pod. To be distributed.
B1.19	Alcove - Dirty Food Tray	2	1.5	3.0	For enclosed dirty food tray cart. 1 per 12-Bed Pod.
B1.20	Washroom - Staff	1	5.0	5.0	1 per one 12-Bed Pod in a 24-Bed Unit.
B1.21	Washroom - Public	2	5.0	10.0	1 per 12-Bed Pod.
B1.22	Alcove - Blanket Warmer	2	1.5	3.0	1 per 12-Bed Pod.
B1.23	Washroom - Staff - Non-Acc	1	3.5	3.5	1 per one 12-Bed Pod in a 24-Bed Unit.
<b>SUBTOTAL NSM: 24-BED UNIT</b>			<b>6 x 874.7</b>	<b>5,248.2</b>	
<b>B2. 12-BED UNIT, MEDICAL-ONCOLOGY</b>					
B2.01	Patient Room - Private	9	21.4	192.6	
B2.02	Ensuite - Patient Room	9	5.6	50.4	
B2.03	Patient Room - Private - Shielded	1	21.4	21.4	For theranostics in patients.
B2.04	Ensuite - Patient Room - Shielded	1	5.6	5.6	
B2.05	Patient Room - AIR - Bariatric	2	26.5	53.0	
B2.06	Ensuite - Patient Room - AIR - Bariatric	2	7.0	14.0	
B2.07	Anteroom - AIR - Bariatric	2	5.0	10.0	
B2.08	Alcove - Observation	6	1.4	8.4	1 per 2 Patient beds.
B2.09	Alcove - Clean Linen	2	2.0	4.0	1 per 6 Patient beds. To be distributed.
B2.10	Soiled Holding - Shielded	1	6.0	6.0	
B2.11	Alcove - Hand Hygiene Sink	2	1.0	2.0	For Staff use. 1 per 6 Patient beds.
B2.12	Alcove - Nourishment Station	1	4.0	4.0	
B2.13	Washroom - Public	1	5.0	5.0	
B2.14	Care Team Station	1	28.2	28.2	
B2.15	Workroom - Care Team	1	9.0	9.0	For Staff collaboration.
B2.16	Medication Room	1	13.0	13.0	
B2.17	Medication Room - Small	1	9.5	9.5	For oncology use.
B2.18	Storage - Clean Supply	1	13.0	13.0	
B2.19	Soiled Utility Room	1	12.0	12.0	
B2.20	Alcove - Mobile Equipment	4	2.0	8.0	For mobile Equipment incl. ECG cart as needed. To be distributed.
B2.21	Alcove - Crash Cart	1	1.0	1.0	
B2.22	Washroom - Staff	1	5.0	5.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
B2.23	Housekeeping Room	1	7.0	7.0	
B2.24	Alcove - Dirty Food Tray	1	1.5	1.5	For enclosed dirty food tray cart.
B2.25	Office - Shared	2	12.0	24.0	
B2.26	Alcove - Purse Lockers	1	4.0	4.0	
B2.27	Storage - Clean Equipment	1	10.0	10.0	
B2.28	Lounge - Family/Visitor	1	15.0	15.0	Respite space for families and visitors.
B2.30	Alcove - Blanket Warmer	1	1.5	1.5	
<b>SUBTOTAL NSM: 12-BED UNIT, MEDICAL-ONCOLOGY</b>				<b>538.1</b>	
<b>B3. 12-BED HIGH ACUITY UNIT</b>					
B3.01	Patient Room - HAU	10	26.0	260.0	
B3.02	Ensuite - Patient Room - HAU	10	5.6	56.0	
B3.03	Patient Room - AIR - Bariatric - HAU	2	26.5	53.0	
B3.04	Ensuite - Patient Room - AIR - Bariatric	2	7.0	14.0	
B3.05	Anteroom - AIR - Bariatric	2	5.0	10.0	
B3.06	Alcove - Observation	6	1.4	8.4	1 per 2 Patient beds.
B3.07	Alcove - Clean Linen	2	2.0	4.0	1 per 6 Patient beds. To be distributed.
B3.08	Alcove - Clean Supplies	3	1.0	3.0	For satellite clean supply storage. 1 per 4 Patient beds.
B3.09	Alcove - Hand Hygiene Sink	2	1.0	2.0	For Staff use. 1 per 6 Patient beds.
B3.10	Consult Room	1	12.0	12.0	
B3.11	Alcove - Nourishment Station	1	4.0	4.0	
B3.12	Washroom - Public	1	5.0	5.0	
B3.13	Care Team Station	1	29.4	29.4	
B3.14	Workroom - Care Team	1	9.0	9.0	For Staff collaboration.
B3.15	Medication Room	1	13.0	13.0	
B3.16	Storage - Clean Supply	1	13.0	13.0	
B3.17	Soiled Utility Room	1	12.0	12.0	
B3.18	Storage - Clean Equipment	1	14.0	14.0	For clean Equipment incl. VH.
B3.19	Storage - Clean Equipment - Resp Therapy	1	6.0	6.0	For storage of Respiratory Therapy Equipment and supplies.
B3.20	Alcove - Crash Cart	1	1.0	1.0	
B3.21	Alcove - Mobile Equipment	2	4.0	8.0	For storage of mobile Equipment incl. blanket warmer, ECG cart. To be distributed.

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
B3.22	Washroom - Staff	1	5.0	5.0	
B3.23	Housekeeping Room	1	7.0	7.0	
B3.24	Alcove - Dirty Food Tray	1	1.5	1.5	For enclosed dirty food tray cart.
B3.25	Office - Shared	2	12.0	24.0	
B3.26	Alcove - Purse Lockers	1	4.0	4.0	
<b>SUBTOTAL NSM: 12-BED HIGH ACUITY UNIT</b>				<b>578.3</b>	
<b>B4. 48-BED SHARED SUPPORT SPACE (3)</b>					
B4.01	Lounge - Family/Visitor	3	15.0	45.0	Respite space for families and visitors. 1 per each floor.
B4.02	Washroom - Public	3	5.0	15.0	1 per each floor.
B4.03	Storage - Clean Equipment	3	30.0	90.0	For clean Equipment incl. VH, disaster cabinet, IV pumps and poles. 1 per each floor.
B4.04	Alcove - Weigh Scale	3	1.8	5.4	1 per each floor.
B4.05a	Rehabilitation Therapy Room	1	40.0	40.0	1 on 1 floor.
B4.05b	Storage - OT/PT Equipment	1	28.0	28.0	For clean Equipment. 1 on 1 floor.
B4.05c	Cleaning and Disinfection Room - Rehab Therapy	1	12.0	12.0	1 on 1 floor.
B4.06	Meeting Room - 12-Seat	3	30.0	90.0	1 per each floor.
B4.07	Office - Private	3	9.0	27.0	For manager. 1 per each floor.
B4.08	Office - Shared	9	12.0	108.0	3 per each floor.
B4.09	Lounge - Staff	3	57.4	172.2	1 per each floor.
<b>SUBTOTAL NSM: 48-BED SHARED SUPPORT SPACE</b>			<b>2 x 224.2</b> <b>1 x 184.2</b>	<b>632.6</b>	
<b>TOTAL NSM: INPATIENT UNIT</b>				<b>6,997.2</b>	

## 2.3 C. EMERGENCY

### 2.3.1 SERVICE DESCRIPTION

- 2.3.1.1 Emergency Component will operate 24/7 offering a full range of emergency services and accepting all Canadian Triage and Acuity Scale (CTAS) levels. It is anticipated that some types of Patient presentations will require redirection to a tertiary care centre for higher level of care.
- 2.3.1.2 Patient population in this Component will be unscheduled Patients of all ages arriving by ambulance, walk-in or by police/corrections escort.
- 2.3.1.3 The following key services will be provided to Patients in this Component:
- 2.3.1.3(1) Assessment and treatment of acute injuries or illnesses;
  - 2.3.1.3(2) Examinations, diagnostic testing, treatments, and referrals;
  - 2.3.1.3(3) Setting/splinting/casting of fractured bones/dislocations (with or without procedural sedation);
  - 2.3.1.3(4) Assessment, crisis intervention, stabilization of mental health and pediatric Patients and appropriate transfer;
  - 2.3.1.3(5) Providing emergent medical care for those who have experienced sexual assault or domestic violence; these Patients would then be transferred to a designated Sexual Assault Nurse Examinations (SANE) site;
  - 2.3.1.3(6) Resuscitation, stabilization and transfer to other facilities as required;
  - 2.3.1.3(7) Conducting shift reports and participating in Patient rounds, meetings and conferences;
  - 2.3.1.3(8) Virtual consultation with specialists via fixed and/or mobile solutions; and
  - 2.3.1.3(9) Providing education and training for Staff, students and learners (i.e., residents, nursing students, and IPT students).
- 2.3.1.4 Service Exclusions
- 2.3.1.4(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

- 2.3.1.4(1)(a) Patients with all CTAS Levels (1-5) will be accommodated, however Patients presenting with life-threatening or potentially life-threatening conditions (or in the case where a Patient deteriorates) will be stabilized and transferred to an appropriate acute care setting via ambulance following Life Limb Threatened Organ (LLTO)/No Refusal policy guidelines.
- 2.3.1.4(1)(b) Bypass protocols will be implemented with British Columbia Ambulance Services (BCAS) for higher level of care needs (i.e., trauma, stroke). Bypass protocols will also be implemented for specific mental health and pediatric services not available at the Facility.
- 2.3.1.4(1)(c) For walk-in Patients, mental health, pediatric and maternity protocols will be implemented that require Patients to be transferred to an appropriate care facility or outpatient program.

## 2.3.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

### 2.3.2.1 Patient Flow

#### 2.3.2.1(1) Patient Arrival and Check-In

- 2.3.2.1(1)(a) Walk-in Patients will enter the Component through Vestibule - Walk-In Entry and will be received at Patient Check-In - ED, where a registration clerk or triage nurse will obtain preliminary demographic and CareCard information and apply an arm band. A triage nurse will perform a rapid assessment and assign a triage score according to the CTAS level. When triage is complete, if it is appropriate and there is time, the registration clerk will complete registration at Patient Check-In - ED with the Patient. Otherwise the Patient will be directed to the appropriate zone, where registration will be completed. WOWs will be used to complete registration within each zone.
- 2.3.2.1(1)(b) Patients directed to Emergency Component as a result of their virtual health interaction will report to Patient Check-In - ED where Staff will be aware of their pending arrival. Patient's information from their virtual health interaction will be entered into their EMR and accessed by Emergency Staff. Their demographics and CareCard information will be confirmed, arm band applied, and

they will be directed to the appropriate zone for follow-up care.

- 2.3.2.1(1)(c) In times of surge, Patients will be received at walk-in entry point and asked to wait in Waiting Area until called to Patient Check-In - ED for triage and registration. WOWs or other mobile devices may be used for receiving Patients at the walk-in entry. At Patient Check-In - ED, after registration, some low-acuity or minor Patients will be diverted from a full triage assessment and sent directly to Zone 3 Waiting Area - Intake.
- 2.3.2.1(1)(d) The Triage care provider may order diagnostics, including bloodwork and ECG, based on established Nurse-Initiated Orders (NIO) protocols. If an NIO is initiated at Patient Check-In - ED, diagnostics can be performed in a treatment space (e.g., Exam/Treatment Room), if one is available and the Patient is brought directly in. If a treatment space is not immediately available, diagnostics can be initiated in Chair Bay - Diagnostic Testing adjacent to Zone 1 or Zone 2 Waiting Area - Intake.
- 2.3.2.1(1)(e) If a critically ill Patient presents at Patient Check-In - ED, the triage nurse will escort/transport the Patient to the appropriate care zone and treatment space where necessary intervention will begin. The triage nurse will note direct-to-care on the triage document. The registration clerk will register the individual with the help of a family member or friend if available or will confer with the Patient once the Patient is able.

#### 2.3.2.1(2) Ambulance Arrival

- 2.3.2.1(2)(a) If a critically ill Patient arrives by ambulance through Vestibule - Ambulance Entry, they will be transported directly to Trauma Room or appropriate Patient Care Area, which will be prepared in advance of their arrival. Emergency Component will receive a notification from the ambulance team in advance of Patient arrival either by phone or electronic means.
- 2.3.2.1(2)(b) Non-critically ill Patients arriving by ambulance will be held in a Stretcher Bay - Holding until the triage nurse can see and speak to the Patient and complete the



triage process. The intent of Stretcher Bay - Holding will be for this triage function, before moving the Patient into a treatment space.

#### 2.3.2.1(3) Decontamination

2.3.2.1(3)(a) Most Patients requiring decontamination will arrive by ambulance and will be assisted by ambulance personnel and care Staff as required. Some Patients will be required to use the Decontamination Showers exterior to the Facility. Patients will enter Decontamination Room from the exterior of the building. Patients will then be washed down in Decontamination Room before being brought into Emergency treatment area. If a Patient is off gassing, they will stay in Decontamination Room or be moved directly into an AIR.

2.3.2.1(3)(b) Walk-in Patients requiring decontamination who present at Patient Check-In - ED will be directed back outside to Decontamination Room entrance.

#### 2.3.2.1(4) Agitated Patients Arriving with Police/Corrections

2.3.2.1(4)(a) Agitated Patients arriving with police/corrections will be placed in Decision Room, which will act as a transition space located near Vestibule - Ambulance Entry. This space will be utilized when making placement decisions for agitated Patients that arrive via police/corrections escort. Physician assessment and decision will determine appropriate care location.

2.3.2.1(4)(b) The Patient will not be left alone in Decision Room. If the Patient is in handcuffs, the handcuffs may be secured to a bench within the room. The Patient will continue to be in the custody of the police/corrections until care can be handed over to a care provider. HCPs cannot utilize any restraint until detained under the Mental Health Act by a physician.

2.3.2.1(4)(c) If physician determines Patient requires medical care, the Patient will be transitioned to a Patient Care Area, and police/corrections will escort the Patient to a treatment space. Some Patients will be restrained, if needed, with physical restraints. Alternately, some Patients will be restrained on stretcher outside of Decision Room, then wheeled to a treatment space. Patient will be medicated in the most appropriate area

as ordered. A Code White will be called if needed. Once Patient is transferred to a treatment space, police/corrections will hand over care to care Staff.

2.3.2.1(4)(d) If a physician determines Patient is at risk to harm themselves or others, a Code White will be called and, under physician direction, Patient will be escorted to Secure Room to be detained under the mental health act. Patient will be medicated as per physician order.

2.3.2.1(5) Patient Arrival Requiring Mental Health and Substance Use (MHSU) Services

2.3.2.1(5)(a) Patients presenting at Patient Check-In - ED primarily with an MHSU issue will be triaged to a Consult Room - ED. Patients will be seen by the psychiatric liaison social worker/registered nurse and Emergency physician. An assessment will be completed to determine if the Patient requires medical treatment, can return home, or requires transfer to another care facility.

2.3.2.1(5)(b) If a mental health Patient escalates or becomes violent while in a Consult Room - ED, or elsewhere in the Component, a Code White will be called and Patient may be restrained physically and/or chemically to ensure safety of Patient and Staff. If a physician determines Patient is at risk to harm themselves or others, Patient will be escorted to Secure Room to be detained under the mental health act. Patient will be medicated as per physician order.

2.3.2.1(5)(c) Virtual care consultation services will be available through virtual health methods such as live audio/videoconferencing via fixed and/or mobile solutions to Patients as clinically indicated prior to their transfer.

2.3.2.1(5)(d) If the Patient requires transfer to another care facility for MHSU care, the Patient will be assessed to be medically stable prior to transfer. As a non-designated MHSU site, it will have a designated receiving site for Patients requiring transfer for higher level of care.

2.3.2.1(6) Patient Arrival with Infectious Disease

2.3.2.1(6)(a) Walk-in entry will have a hand hygiene station with alcohol-based hand rub and mask dispensers with signs

posted providing directions. Patients presenting with a cough or other defined symptoms will be able to self-mask at the entrance. Screening of infectious diseases will be done at the Patient's first point of contact, Patient Check-In - ED. If a Patient requires isolation, the Patient will be taken directly to an appropriate treatment space. The registration clerk will register the individual with the help of a family member or friend if available.

2.3.2.1(6)(b) In the event of an outbreak or pandemic, other pre-screening processes may be implemented, including pre-screening before entry into the Facility.

#### 2.3.2.1(7) Patient Flow within Care Zones

2.3.2.1(7)(a) Care zones will include sub-waiting areas, such as Waiting Area - Intake and Waiting Area - Results Pending.

2.3.2.1(7)(b) Under normal conditions, when Patients move from Patient Check-In - ED into the appropriate care zone, they will report directly to a care team Staff member in Waiting Area - Intake or to Care Team Station to drop off any relevant or required documents and indicate they have arrived. Some Patients will wait in Waiting Area - Intake prior to being assigned to a specific treatment space. If a treatment space is not immediately available, care may be initiated at Waiting Area - Intake by care Staff.

2.3.2.1(7)(c) Patient care, including a nurse and physician assessment, will occur in a treatment space.

2.3.2.1(7)(d) After initial assessment, treatment, and diagnostics, some Patients will be moved to Waiting Area - Results Pending to free up the treatment space for the next Patient and expedite Patient intake flow.

2.3.2.1(7)(e) Treatment may continue in a Waiting Area - Results Pending recliner chair if needed.

2.3.2.1(7)(f) Patients requiring mechanical ventilation will be managed in Emergency Component until they can safely be transported to a higher level of care.

- 2.3.2.1(7)(g) Discharge from Emergency Component will be to the following destinations: home; transfer to another facility; admission to an inpatient bed within the Facility; admission to a virtual health service; and Morgue.
- 2.3.2.1(7)(h) Deceased Patients will be transported to Morgue by Porterage or other designated Staff. The Patient's personal effects will be stored in a secure storage area within Care Team Station in Zone 1, until they can be claimed by a family member. For cultural reasons, a Patient's family may request that a personal item remain with the Patient.

#### 2.3.2.2 Family/Visitor Flow

- 2.3.2.2(1) If operationally possible, a family member/support person will be welcome to stay with the Patient throughout their stay in Emergency, this will be determined based on Patient needs and/or Component requirements.
- 2.3.2.2(2) Family/support persons may stay with the Patient within each treatment space, per above and may also wait in Waiting Area located in Patient Arrival and Check-In area.
- 2.3.2.2(3) Family/support persons not arriving with the Patient will ask for access into the applicable zone at a Patient Check-In - ED station and report to the zone's Care Team Station, where they can ask care Staff for Patient status and location.
- 2.3.2.2(4) In Patient Arrival and Check-In Waiting Area, a Patient status tracking system may be available, so that family/support persons can track the Patient's movement through Emergency Component. A unique identifier would be used to maintain Patient confidentiality.

#### 2.3.2.3 Staff Flow

- 2.3.2.3(1) Care Staff will primarily enter Emergency Component via a Back-of-House Staff entry point from Service Circulation.
- 2.3.2.3(2) Staff will change into appropriate work attire prior to their shift in centralized Staff Locker Rooms in Shared Staff Facilities Sub-Component.

- 2.3.2.3(3) Emergency Staff will have access to a dedicated Lounge - Staff, as they are not always able to leave the Component area for breaks.
- 2.3.2.3(4) Care Staff will generally circulate through all areas of the Component. The prioritized adjacencies listed for Exam/Treatment Room demonstrate areas important for Patient care activities.
- 2.3.2.3(5) In Patient Arrival and Check-In Waiting Area, at a volunteer station, volunteers will assist Patients and family/support persons with Wayfinding, as well as assisting with non-clinical inquiries to those in Waiting Area. Volunteers will be available during daytime and evening shifts.
- 2.3.2.3(6) For Code Blue:
  - 2.3.2.3(6)(a) Staff will provide Code Blue support throughout the Facility.
  - 2.3.2.3(6)(b) For medical emergencies within Emergency Component, Code Blue will be called internally within the Component, with crash carts located within Trauma Room and centrally within all zones.
  - 2.3.2.3(6)(c) If a Code Blue is called in another Component, the Code team will travel to the Component using the quickest route possible.
- 2.3.2.4 Clinical Support Flow
  - 2.3.2.4(1) In general, Clinical Support Staff will enter Emergency Component from a Back-of-House Staff entry point via Service Circulation. Common Clinical Support flows are as described in the Facility-wide flows. Any flows unique for Emergency Component are described below.
  - 2.3.2.4(2) Pharmacy
    - 2.3.2.4(2)(a) Clinical Pharmacy specialists and pharmacists will support Patient medication needs and be part of the interdisciplinary team.
    - 2.3.2.4(2)(b) Pharmacy Services will be available during regular (in-person or via virtual health methods) business hours. After-hours support will be provided via virtual health methods via a fixed and/or mobile solution.

2.3.2.4(2)(c) Pharmacy Staff will transport medications by cart from Pharmacy to Medication Rooms and other medication storage locations in the Component and will re-stock medications in the ADC.

2.3.2.4(2)(d) Medications will be stored in secure ADCs within Medication Rooms. Staff will deliver medications to the Patient Care Areas by medication cart as prescribed or carry directly to a treatment space.

#### 2.3.2.4(3) Medical Imaging

2.3.2.4(3)(a) If a Patient requires Medical Imaging diagnostics, but their condition prohibits or restricts transportation, imaging will be accommodated in a treatment space using portable imaging Equipment (e.g., X-ray, ultrasound).

2.3.2.4(3)(b) There will be an ED Satellite Imaging zone within Emergency Component. ED Satellite Imaging zone will be located in a Back-of-House area and will not block connections between Emergency care zones

2.3.2.4(3)(c) For a majority of Medical Imaging diagnostics within Emergency Component, for X-ray or CT, the Patient will be escorted or directed to ED Satellite Imaging zone, which will have a dedicated Change Room and Waiting Area if an imaging room is not immediately available.

2.3.2.4(3)(d) Medical Imaging Staff will have access to a mobile X-ray machine stored close to Trauma Room in Emergency Component.

2.3.2.4(3)(e) Some Medical Imaging diagnostics (e.g., ultrasound, fluoroscopy, MRI), may require the Patient to be transported to Medical Imaging Component via Service Circulation.

#### 2.3.2.4(4) Laboratory

2.3.2.4(4)(a) Laboratory Staff will provide service as described in Facility-wide flows and Laboratory Component description. Laboratory Staff may retrieve specialized supplies or store a phlebotomy cart at a dedicated location within Emergency Component. Lab specimens may be collected in any treatment space or Chair Bay - Diagnostic Testing and sent via pneumatic tube system.

Some samples will be manually transported to Laboratory Component for testing.

#### 2.3.2.4(5) Interprofessional Team

- 2.3.2.4(5)(a) Social workers dedicated to Emergency will provide advocacy and counselling services for Patients, family members and other caregivers responsible for a Patient. Some counselling services will occur within any treatment space.
- 2.3.2.4(5)(b) Some care providers will travel from other Components [e.g., rehabilitation Staff (PT, OT, SLP), social work (if required)] to provide Patient care and/or teaching within the treatment space in Emergency Component. Flows will be as per Facility-wide flows.
- 2.3.2.4(5)(c) Respiratory Therapy will provide services as described in the Facility-wide flows and IPT Component description as needed within any treatment space. Respiratory therapists may retrieve specialized supplies or Equipment from dedicated storage locations within Emergency Component.
- 2.3.2.4(5)(d) Cardiac Diagnostics will provide services as described in the Facility-wide flows and IPT Component description as needed within any treatment space. Cardiac Diagnostics Staff may retrieve specialized supplies and ECG cart from a dedicated storage location within Emergency Component.
- 2.3.2.4(5)(e) Registered dietitians will provide consults for medical nutrition therapy as needed within any treatment space.
- 2.3.2.4(5)(f) Specialty consults will be required from providers at other sites. Virtual health methods to enable in-reach and out-reach videoconferencing will be used to enable timely consultation. Some consults will occur in-person with the specialist coming to the Facility.

#### 2.3.2.5 Non-Clinical Support Flow

##### 2.3.2.5(1) Equipment

- 2.3.2.5(1)(a) Specialty cleaning flows for Equipment, via Cleaning and Disinfection Room, will be as per Facility-wide flows.

- 2.3.2.5(1)(b) Clean Equipment not immediately required in treatment spaces will be stored in Storage - Clean Equipment rooms and Alcove - Mobile Equipment.
- 2.3.2.5(2) Reusable Medical Devices
- 2.3.2.5(2)(a) Soiled reusable medical devices will be placed on a cart in a Soiled Utility Room by care Staff. MDR Staff will pick up soiled medical devices on a regular schedule. Care Staff may deliver some soiled medical devices directly to MDR Component.
- 2.3.2.5(2)(b) MDR Staff will deliver clean and sterile medical devices to Storage - Clean Supply room a regular schedule. Clean and sterile medical devices will be distributed from Storage - Clean Supply room to storage locations within the Component by Emergency Staff.
- 2.3.2.5(2)(c) Urgent items will be ordered by phone or online and will be delivered by MDR Staff or picked up by Emergency Staff, via Service Circulation.
- 2.3.2.5(3) Supplies (Materials Management)
- 2.3.2.5(3)(a) As per Facility-wide flow.
- 2.3.2.5(4) EVS (Housekeeping/Linen/Waste Management)
- 2.3.2.5(4)(a) As per Facility-wide flow.
- 2.3.2.5(5) Patient Food Services
- 2.3.2.5(5)(a) Patient Food Services Staff will restock Alcove - Nourishment Station with supplies, snacks, and some boxed or bagged meals.
- 2.3.2.5(5)(b) While Patients in Emergency Component will not regularly receive meals, some will receive a bagged meal or snack upon request of Emergency Staff. These items will be delivered to Emergency by Patient Food Services Staff.
- 2.3.2.5(5)(c) For admitted Patients waiting for transport to an Inpatient Unit, tray meals may be ordered on an exception basis and delivered to Patient bedside by Patient Food Services Staff.

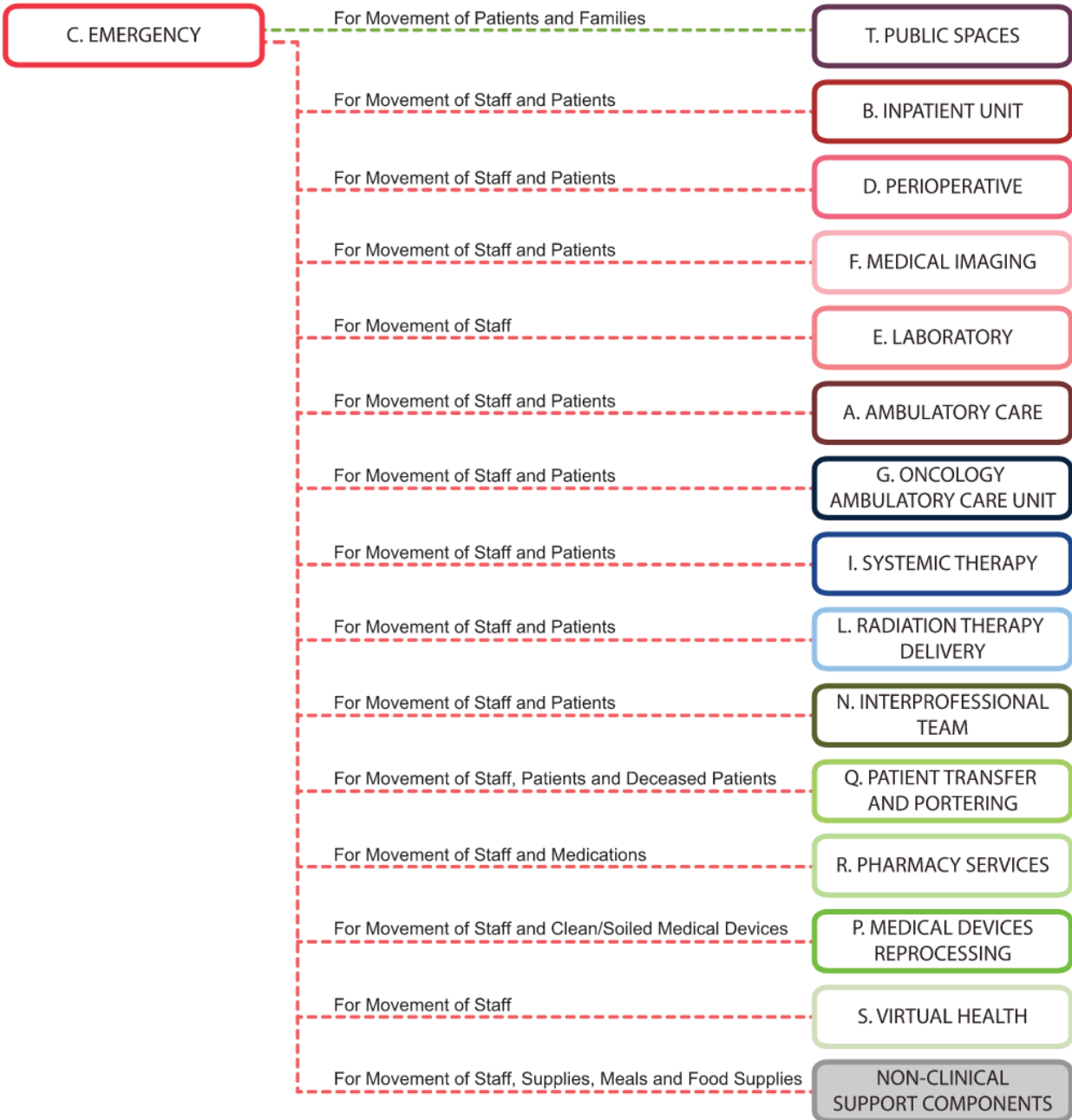


- 2.3.2.5(5)(d) Patient Food Services Staff will transport food and supplies on carts via Service Circulation and will enter the Component through a Back-of-House Staff entry point.
- 2.3.2.5(6) Biomedical Engineering
  - 2.3.2.5(6)(a) As per Facility-wide flow.
- 2.3.2.5(7) FMO/AM
  - 2.3.2.5(7)(a) As per Facility-wide flow.
- 2.3.2.5(8) Information Management
  - 2.3.2.5(8)(a) As per Facility-wide flow.
  - 2.3.2.5(8)(b) Documentation will occur at the Patient bedside and Care Team Station. Patient record retrieval and some documentation at bedside will be done on mobile WOWs.
  - 2.3.2.5(8)(c) Virtual health methods will be available for physician consults which include the ability for in-reach and outreach support.
- 2.3.2.5(9) Security
  - 2.3.2.5(9)(a) The main station for IPS Staff, for the Facility, will be at walk-in entry to Emergency Component to provide a presence in Patient Arrival and Check-In area. IPS Staff will also perform scheduled Facility rounds, respond to calls and codes as appropriate, and escort Staff and Patients as requested.
  - 2.3.2.5(9)(b) After-hours, access to the Facility for Patients and family/visitors will be provided at a secure access point within Patient Arrival and Check-In area. IPS Staff will vet Patients and family/visitors before providing access through the secure access point. If IPS Staff are away from Security Station, Emergency Staff at Patient Check-In - ED will provide this access to Patients/family/visitors.

### 2.3.3 COMPONENT DESIGN CRITERIA

#### 2.3.3.1 External Adjacency Requirements Diagram

2.3.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.



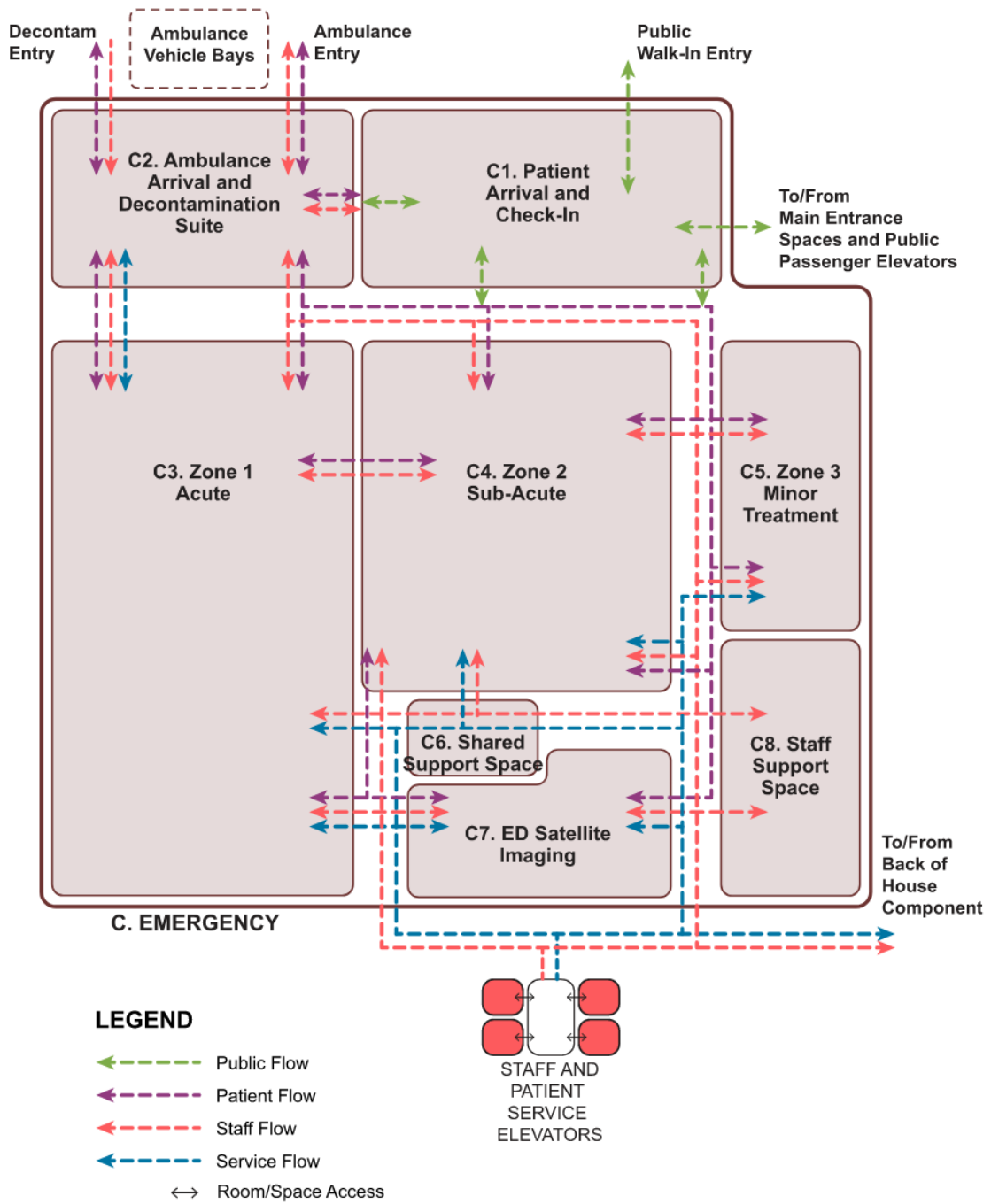
**LEGEND**

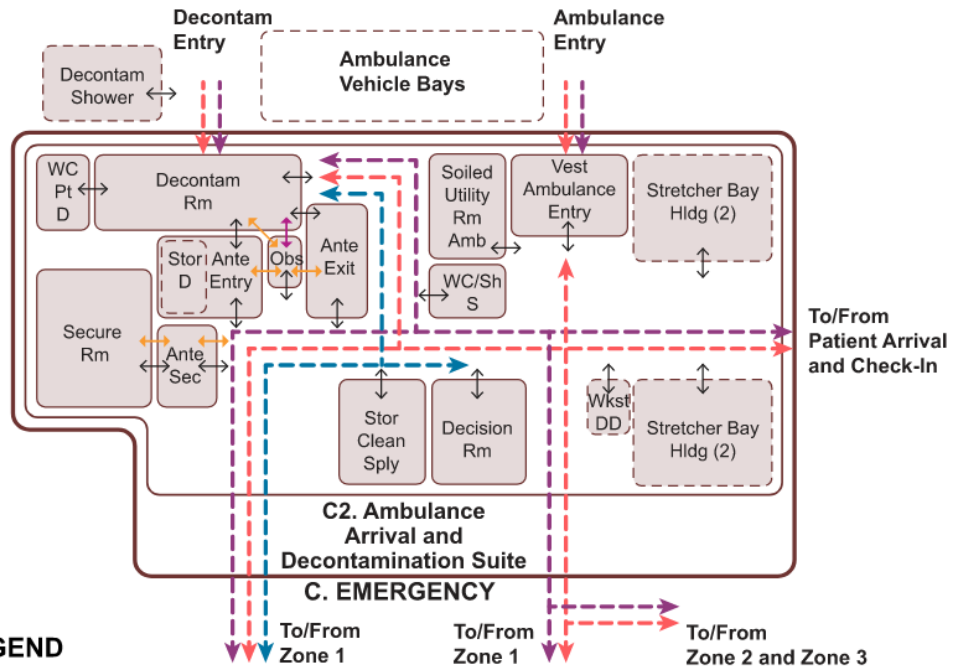
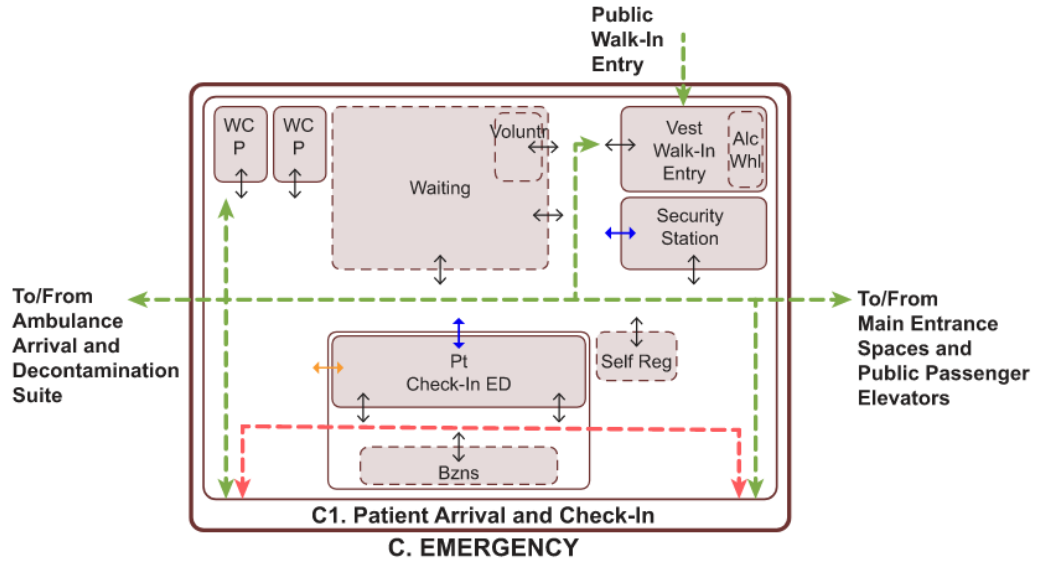
Convenient Access by Public Circulation

Convenient Access by Service Circulation

2.3.3.2 Internal Functional Relationships Diagram

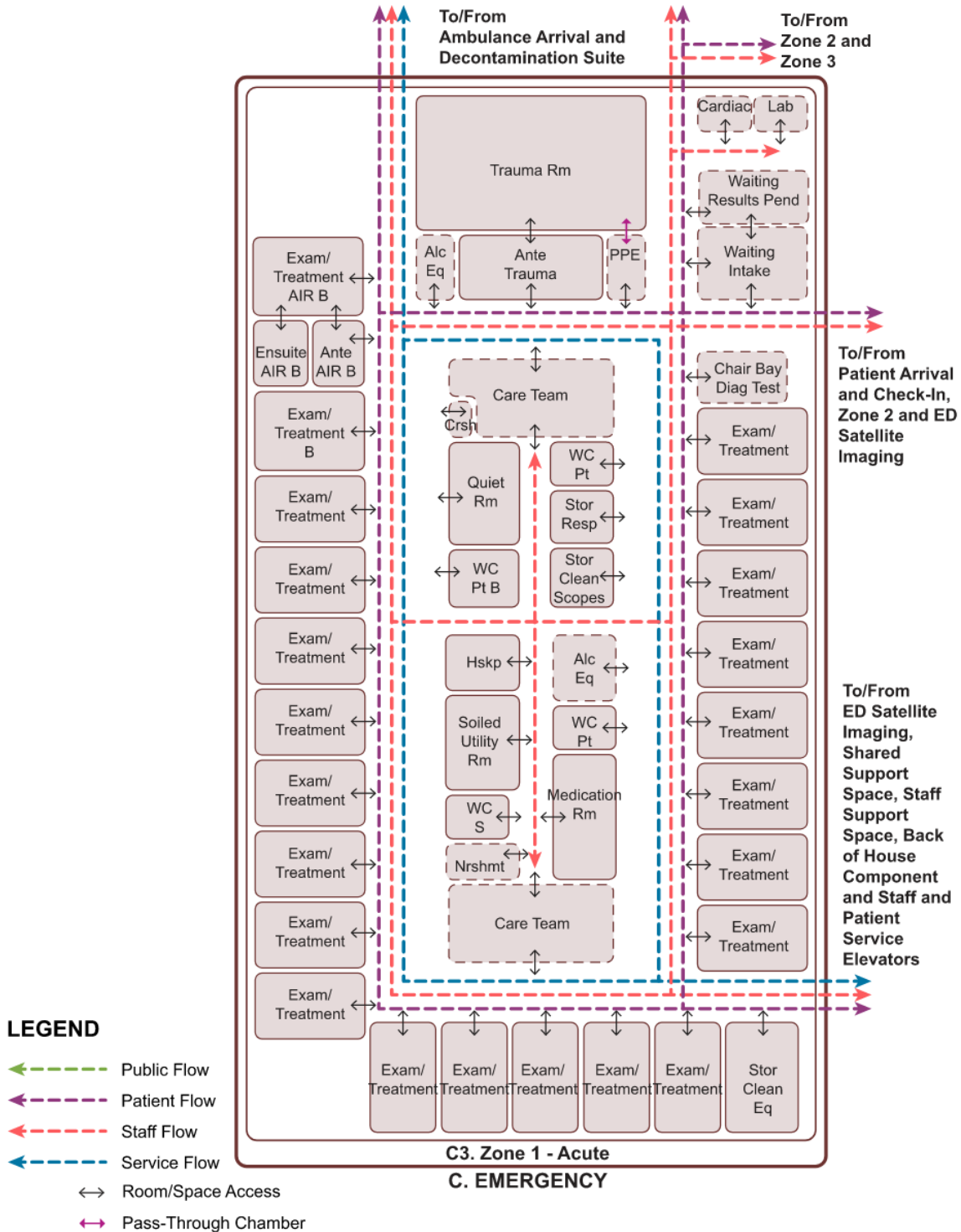
2.3.3.2(1) The following diagrams indicate internal functional relationships within this Component.

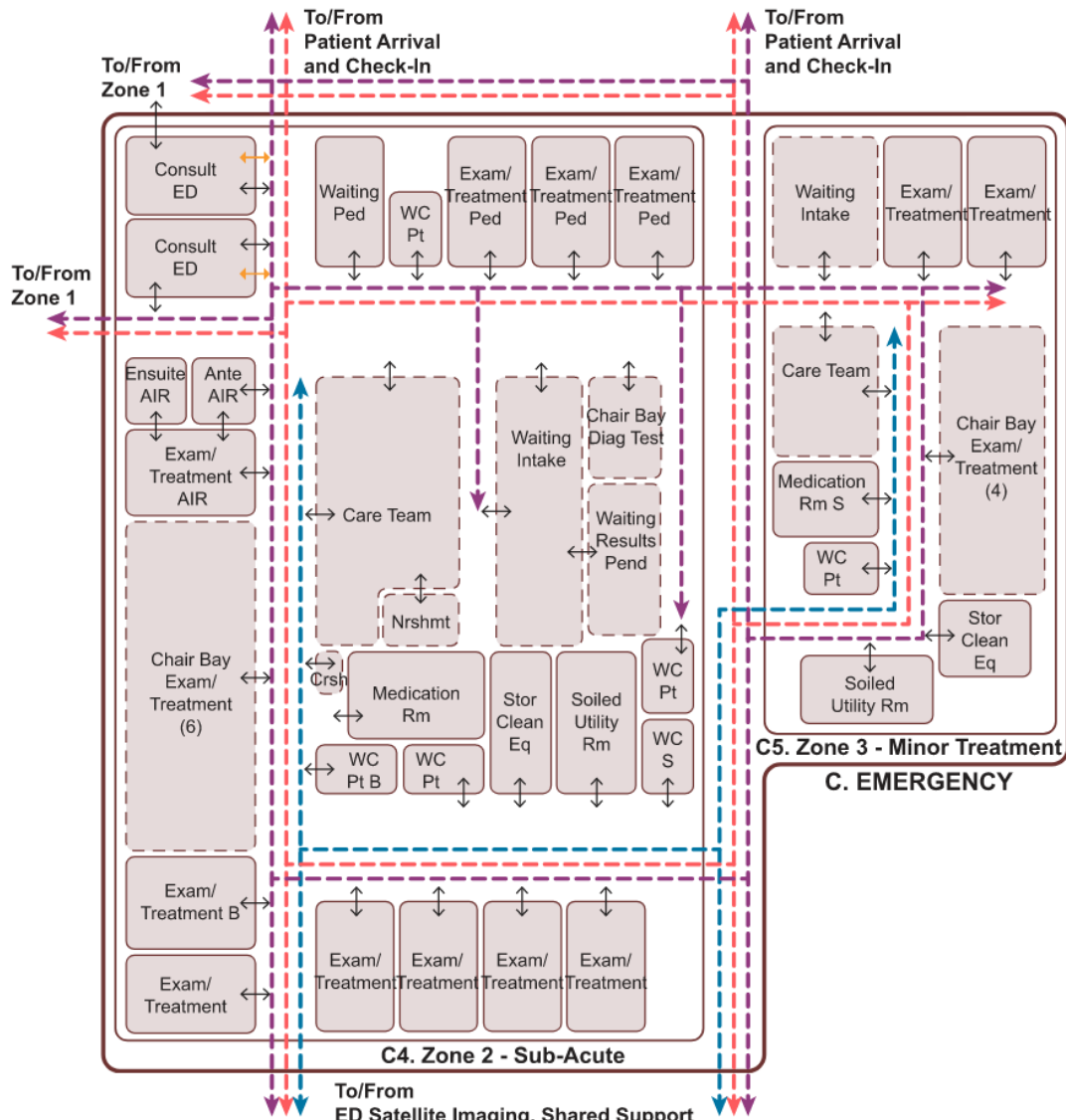




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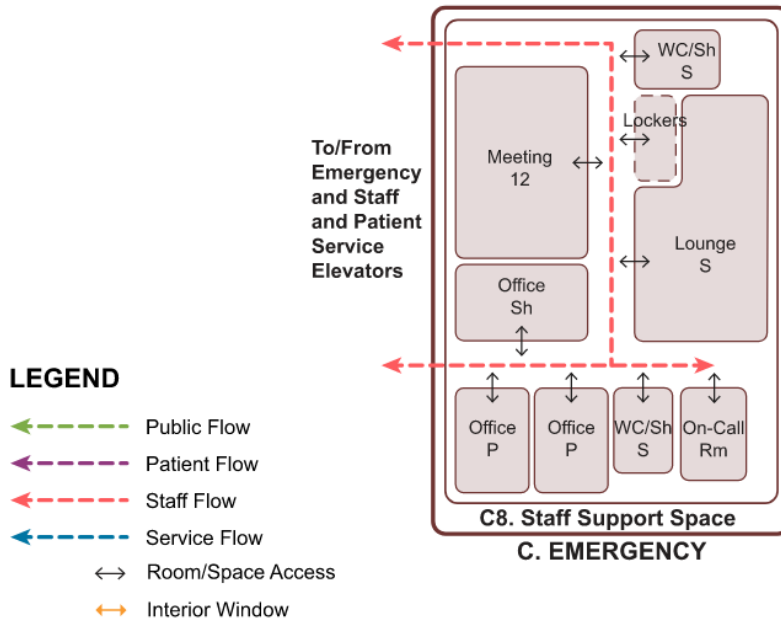
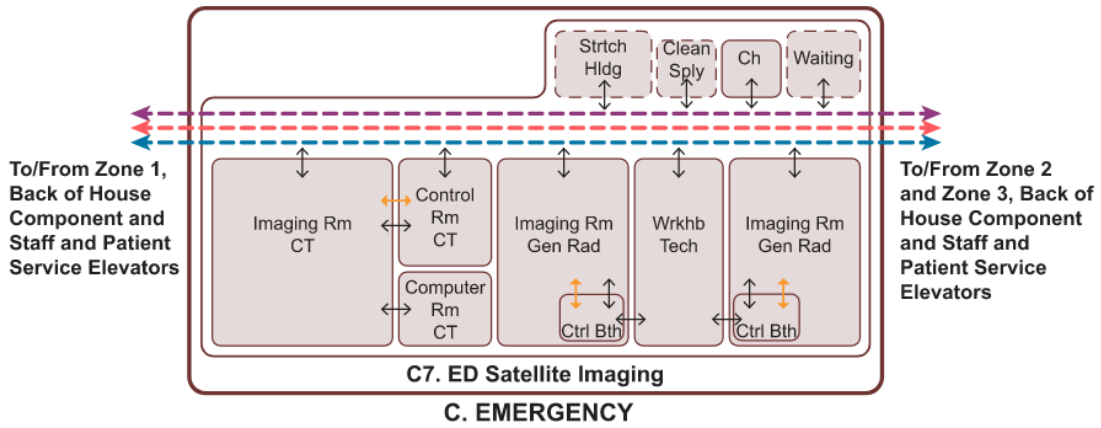
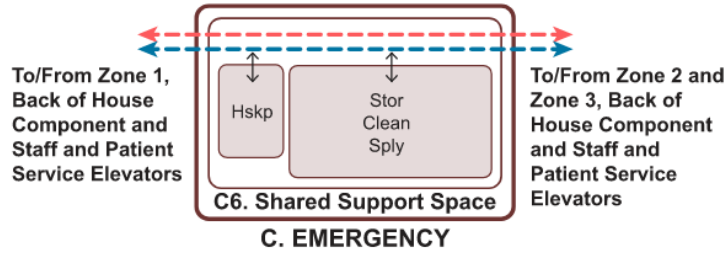
- ← - - - - Public Flow
- ← - - - - Patient Flow
- ← - - - - Staff Flow
- ← - - - - Service Flow
- ↔ Room/Space Access
- ↔ Pass-Through Chamber
- ↔ Interior Window
- ↔ Transaction Window





**LEGEND**

- ← - - - - Public Flow
- ← - - - - Patient Flow
- ← - - - - Staff Flow
- ← - - - - Service Flow
- ↔ Room/Space Access
- ↔ Interior Window



### 2.3.3.3 General Requirements

2.3.3.3(1) Emergency Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

2.3.3.3(1)(a) Convenient Access via Public Circulation to and from Main Entrance Lobby to enable Patients, families and visitors to access public amenities within the Lobby and Public Passenger Elevators.

2.3.3.3(1)(b) Convenient Access via Service Circulation to Medical Imaging for movement of Patients and Equipment and collaboration of Staff to provide diagnostic services.

2.3.3.3(1)(c) Convenient Access via Service Circulation to Laboratory and Pharmacy Services for movement and collaboration of Staff and medications.

2.3.3.3(1)(d) Convenient Access via Service Circulation to 12-Bed HAU and other Inpatient Units for quick and safe movement of Patients and collaboration of Staff.

2.3.3.3(1)(e) Convenient Access via Service Circulation to Perioperative for quick and safe movement of Patients requiring emergency surgery and collaboration of Staff.

2.3.3.3(1)(f) Convenient Access via Service Circulation from Ambulatory Care, OACU, Systemic Therapy and Radiation Treatment for quick and safe movement of Patients.

2.3.3.3(2) Zones of activity within Emergency Component will include the following:

2.3.3.3(2)(a) C1. Patient Arrival and Check-In

2.3.3.3(2)(b) C2. Ambulance Arrival and Decontamination Suite

2.3.3.3(2)(c) C3. Zone 1 - Acute

2.3.3.3(2)(d) C4. Zone 2 - Sub-Acute

2.3.3.3(2)(e) C5. Zone 3 - Minor Treatment

2.3.3.3(2)(f) C6. Shared Support Space

2.3.3.3(2)(g) C7. ED Satellite Imaging



## 2.3.3.3(2)(h) C8. Staff Support Space

- 2.3.3.3(3) Patient Care Areas will be clustered and arranged to minimize Staff travel distances and maximize Line of Sight.
- 2.3.3.3(4) Each zone within Emergency will be connected to internal corridor to allow for circulation from one zone to another without having to leave the Component. Zone 1 and 2 will be directly connected to each other to allow ease of Patient and Staff movement between them.
- 2.3.3.3(5) Zone 1 and 2 will be designed to provide flexibility of use between zones to operate the Component effectively during varying workloads with varying levels of staffing. Design will allow direct flow of Patients and/or Staff between zones and facilitate sharing of spaces and rooms across Zone 1 and 2.
- 2.3.3.3(6) Frequently utilized Staff work areas and support spaces will be located with Convenient Access to Exam/Treatment Rooms. Convenient Access from Exam/Treatment Rooms to Soiled Utility Room, Alcove - Clean Supplies, Medication Room and Care Team Station will be provided.
- 2.3.3.3(7) Support spaces will not be interspersed between Patient Care Areas which results in increased travel distances and inhibited Line of Sight.
- 2.3.3.3(8) Alcoves and under-counter areas will be utilized for storage of carts and Equipment to keep travel distances short while expediting quick access.
- 2.3.3.3(9) Alcove - Mobile Equipment, Alcove - Clean Linen, Alcove - Clean Supplies and Alcove - Workstation-on-Wheels will be distributed and located along internal corridors to provide storage locations that do not interfere with circulation, while expediting access to appropriate Equipment and supplies.
- 2.3.3.3(10) Line of Sight will be maximized from Care Team Station to Patient Care Areas. Care Staff will be able to make visual checks on Patients from Component internal corridors while passing by Patient Care Areas.

## 2.3.3.4 C1. Patient Arrival and Check-In

- 2.3.3.4(1) Unrestricted public access to Patient Arrival and Check-In area will be required at all times.

- 2.3.3.4(2) Access to Public Circulation system of the Facility from Patient Arrival and Check-In area will be required to enable public to access services available in other parts of the Facility without requiring them to enter or pass through Emergency Component. This connection between the Facility and Emergency Component will not require Emergency Component Staff/personnel assistance or intervention during regular hours.
- 2.3.3.4(3) During regular hours, access to the rest of the Facility through Emergency Component will be unrestricted with the doors open.
- 2.3.3.4(4) For after-hours Patient and visitor access, doors from Patient Arrival and Check-In area to the Facility will be closed and locked. Access will be granted by Staff at Patient Check-In - ED and/or Security Station.
- 2.3.3.4(5) Vestibule - Walk-In Entry will accommodate access by Patient/visitor arrivals walking, in wheelchairs, or on scooter. The vestibule will provide Direct Access into Patient Arrival and Check-In area.
- 2.3.3.4(6) Vestibule - Walk-In Entry will be designed to prevent high-velocity air flow in/through the vestibule and include a Respiratory Etiquette station.
- 2.3.3.4(7) Alcove - Wheelchair Storage will be located either within or with Convenient Access to Walk-In Entry Vestibule and accommodate eight (8) stackable wheelchairs.
- 2.3.3.4(8) Security Station will be located adjacent to Vestibule - Walk-In Entry and include three (3) workstations, storage, counter space for required monitors, glazed enclosure and one (1) transaction window. The transaction window will allow IPS Staff to communicate with person in Patient Arrival and Check-In area without the use of a speaker (transaction window will open a maximum of 0.15 m).
- 2.3.3.4(9) Location of Security Station will provide Line of Sight to Vestibule - Walk-In Entry, Patient Check-In - ED, Waiting Area, access Point to rest of the Facility and access Point to care zones.
- 2.3.3.4(10) Waiting Area will include sixteen (16) standard seats and two (2) wheelchair spaces, an alcove for three (3) vending machines and an alcove for phones. Waiting Area will have Line of Sight from Patient Check-In - ED.

- 2.3.3.4(11) Waiting Area will include space for a movable volunteer station that will be used for Patient receiving in times of high surge and will also be repurposed for screening in times of pandemic protocols. Volunteer station will be located adjacent to walk-in entry inside Emergency Component.
- 2.3.3.4(12) Washroom - Public will be located with Convenient Access from Waiting Area.
- 2.3.3.4(13) Location of two (2) Alcove - Self-Registration Kiosks will have Convenient Access to Vestibule - Walk-In Entry.
- 2.3.3.4(14) A clear circulation path to Patient Check-In - ED and Waiting Area will be immediately evident upon entry into walk-in entry from the building exterior. The area in front of Patient Check-In - ED will accommodate Patient queuing without blocking the circulation.
- 2.3.3.4(15) Movement of Patients and those accompanying the Patients beyond Patient Check-In - ED into Emergency Component Patient care zones will be via monitored and controlled entry points with access granted by Staff at Patient Check-In - ED.
- 2.3.3.4(16) Patient Check-In - ED will be an enclosed space with glazed enclosure, three (3) sitting-height transaction stations and one (1) adjacent EHS check-in station with a standing height transaction counter. EHS check-in station will have the shortest distance to the access point leading to Ambulance Arrival area.
- 2.3.3.4(17) Each check-in station will accommodate one (1) triage nurse and one (1) registration clerk on Staff side of a transaction counter. EHS check-in station will accommodate one (1) Staff member on Staff side of the standing height transaction counter to support EHS triage and will have Line of Sight to the access point leading to Ambulance Arrival area.
- 2.3.3.4(18) Location of Patient Check-In - ED will provide Line of Sight to Vestibule - Walk-In Entry, Security Station, Waiting Area, access Point to rest of the Facility and access Point to care zones.
- 2.3.3.4(19) Staff side of Patient Check-In - ED will provide Direct Access to a Back-of-House area of refuge, as well as Convenient Access to Front-of-House Waiting Area for Staff.
- 2.3.3.4(20) Patient Check-In - ED transaction counter will be one continuous worksurface with a curved recessed area designed to allow Staff closer access to Patients for a triage assessment. A transaction

window between Staff and Patients will be provided with an opening large enough to allow Patients to pass documents, CareCards, or to have their blood pressure taken. The opening will be 360 mm high by 610 mm wide. Dividers will be provided between transaction windows for Patient privacy (e.g., to protect voice and visual privacy).

- 2.3.3.4(21) Design of Patient Check-In - ED will comply with Fraser Health Standard: Emergency Department - Patient Check-in Station.
  - 2.3.3.4(22) The Staff side of the Patient Check-In - ED stations will have Direct Access to an Alcove - Hand Hygiene Sink and will be connected via a Staff-only internal corridor to a Business Work Area.
  - 2.3.3.4(23) Staff at each Patient Check- In - ED station will have the ability to page Patients from overhead speakers in Waiting Area and adjacent Washroom - Public. Each station will have an audio-video door intercom with remote door release to provide after-hours access for Patients/family/visitors from Vestibule - Walk-In Entry. Each station will also have a remote door release to provide after-hours access for Patients/family/visitors to the rest of the Facility.
- 2.3.3.5 C2. Ambulance Arrival and Decontamination Suite
- 2.3.3.5(1) Vestibule - Ambulance Entry will have Direct Access from external Ambulance Bays and accommodate Patient arrival on stretcher.
  - 2.3.3.5(2) Vestibule - Ambulance Entry will be designed to prevent high-velocity airflow in/through the vestibule .
  - 2.3.3.5(3) Emergency Ambulance Arrival area will have Direct Access to Patient Arrival and Check-In area.
  - 2.3.3.5(4) A Storage - Clean Supply and a Soiled Utility Room - Ambulance will have Convenient Access from Vestibule - Ambulance Entry.
  - 2.3.3.5(5) Decision Room will provide a quiet, private space to temporarily hold Patients being escorted by police or EMS and will have Convenient Access to Ambulance entry. Patients in this room will not be left unattended.
  - 2.3.3.5(6) Decontamination Suite will have an external entrance with Convenient Access from Emergency Component walk-in entry and Ambulance entry.

- 2.3.3.5(7) External Decontamination showers will be located adjacent to Decontamination Suite external entrance.
- 2.3.3.5(8) Decontamination Suite design will be provided in accordance with the latest FH Emergency Department Decontamination and Isolation Suite Design Standard.
- 2.3.3.5(9) Washroom - Patient - Decontamination will have Direct Access from Decontamination Room.
- 2.3.3.5(10) Anteroom - Entry and Anteroom - Exit will provide Direct Access between Decontamination Room and Emergency Component internal corridor. Storage - Decontamination will be combined with and located within Anteroom - Entry.
- 2.3.3.5(11) Decontamination Room will also have Direct Access to Emergency Component internal corridor without passing through anterooms.
- 2.3.3.5(12) Alcove - Observation will be located adjacent to Decontamination Room and between Anteroom - Entry and Anteroom - Exit with interior windows to provide Line of Sight to all three (3) rooms and to observe doffing protocol in Anteroom - Exit. It will also have a pass-through chamber to Decontamination Room.
- 2.3.3.5(13) Alcove - Observation will provide a two-way audio intercom to Decontamination Room, Anteroom - Exit and exterior doors leading into Decontamination Room. It will also provide remote door release for exterior door leading into Decontamination Room.
- 2.3.3.5(14) A Washroom/Shower - Staff will be located with Convenient Access to Anteroom - Exit.
- 2.3.3.5(15) Ambulance Arrival and Decontamination Suite will include a Secure Room with Anteroom - Secure Room. Secure Room will be used to hold a Patient who is at risk of harming themselves or others. Patient will be contained within this room and exit will be denied. Staff will monitor the Patient frequently with face-to-face and audio-visual (audio-video intercom system and observation camera) means. The goal will be to minimize the trauma of the Patient by supporting a baseline level of comfort and safety until the Patient is deemed safe to participate in step-down procedures.

- 2.3.3.5(16) Anteroom - Secure Room will be the transition space between Secure Room and internal corridor and will provide visual privacy for the Patient in Secure Room from corridor. Anteroom - Secure Room will provide space for Staff to observe and communicate with Patient in Secure Room and to transition the Patient in and out of Secure Room.
- 2.3.3.5(17) Secure Room will be located in a discrete, low traffic internal corridor with Convenient Access to Vestibule - Ambulance Entry and access point to Zone 1 from Ambulance Arrival and Decontamination Suite.
- 2.3.3.5(18) Secure Room location will avoid/minimize introduction of disruptive behaviour and noise to Zone 1 Patient Care Areas and Stretcher Bay - Holding in Ambulance Arrival and Decontamination Suite, while allowing for quick response by Zone 1 care Staff in an emergency situation.
- 2.3.3.5(19) Design of Secure Room will provide the Patient with access to Direct Natural Light and a view to the exterior to provide a connection to the time of day. The exterior window will prevent views from outside into Secure Room. Staff will be able to control window treatment from Anteroom - Secure Room.
- 2.3.3.5(20) Secure Room will include a nurse call system that allows Patient to call for nurse by voice activation. Secure Room will also include a toilet and ability for Patient to have a drink of water. Patient will be unable to stand on toilet/sink and reach items located on the ceiling. Design will allow Patient to lie on floor without getting cold.
- 2.3.3.5(21) Anteroom - Secure Room will allow multiple Staff enter with a crash cart, stretcher and Equipment and will include hand hygiene sink. Access from internal corridor to anteroom and from anteroom to Secure Room will be straight with no turns. Location of hand hygiene sink within Anteroom - Secure Room will not interfere with direction of travel through the space. Anteroom doors will open 180 degrees, accommodate large Equipment and include vision panels.
- 2.3.3.5(22) Design will provide a viewing window into Secure Room from anteroom that will allow Staff to observe Patients no matter where they are in Secure Room. Patients will be able to see Staff from the waist up and communicate with Staff without the use of technology.

- 2.3.3.5(23) Design of Secure Room and Anteroom - Secure Room will comply with Provincial Quality, Health & Safety Standards and Guidelines for Secure Rooms.
- 2.3.3.6 C3. Zone 1 - Acute
- 2.3.3.6(1) Zone 1 will have Direct Access from Patient Arrival and Check-In area, and Ambulance Arrival and Decontamination Suite via controlled access doors. Zone 1 will also have Direct Access to Zone 2.
- 2.3.3.6(2) Waiting Area - Intake will be located at entry point to Zone 1 from Patient Arrival and Check-In area. It will include eight (8) standard seats and a standing workstation or WOW with Line of Sight to Patients seated in this area.
- 2.3.3.6(3) Waiting Area - Results Pending will be co-located with Waiting Area - Intake. It will include three (3) recliner chairs with a solid barrier between each two (2) chairs.
- 2.3.3.6(4) Alcove - Lab and Alcove - Cardiac Diagnostics will have Convenient Access to Zone 1 Waiting Area - Intake and Waiting Area - Results Pending.
- 2.3.3.6(5) Chair Bay - Diagnostic Testing will have Direct Access to Zone 1 Waiting Area - Intake and include a treatment chair with three (3) walls and privacy curtain at the front.
- 2.3.3.6(6) Patients entering Zone 1 from Patient Arrival and Check-In area will have Line of Sight to Care Team Station for intuitive and simple Wayfinding.
- 2.3.3.6(7) Care Team Station will have Line of Sight to Waiting Area - Intake and Waiting Area - Results Pending. Line of Sight to Exam/Treatment Rooms will be maximized. Convenient Access from Care Team Station to Trauma Room will be provided to be able to hear Staff calls for assistance.
- 2.3.3.6(8) Care Team Station will include two (2) workstations, four (4) dropdown workstations, two (2) dictation workstations in a discrete location, two (2) PACS workstations, pneumatic tube station, Business Work Area and lockable storage for deceased Patients' personal effects. Care Team Station will be split into two (2) to maximize Line of Sight if direct Staff connection is maintained between split Care Team Stations.

- 2.3.3.6(9) One (1) Exam/Treatment Room in Zone 1 will be designated as a Staff First Aid Room with a first aid supply cart and Alcove - Eyewash Station directly adjacent to it.
- 2.3.3.6(10) Exam/Treatment Room - AIR - Bariatric will have Convenient Access to Ambulance Arrival and Decontamination Suite area entry into Zone 1.
- 2.3.3.6(11) Zone 1 will include one (1) Trauma Room located with convenient access from Vestibule - Ambulance Entry and Zone 1 Care Team Station. Trauma Room will be one (1) room with two (2) trauma bays.
- 2.3.3.6(12) Trauma Room design will provide Staff with sufficient space around four sides of the bed to perform procedures, treatments, transfers and care activities. Minimum clear distance will be 1500 mm at the head and 1200 mm on all other sides of the bed. Design will account for Equipment parked along the walls.
- 2.3.3.6(13) Trauma Room will include an inter-locked pass-through chamber to internal corridor.
- 2.3.3.6(14) Unobstructed Line of Sight from one (1) trauma bay into the other trauma bay for nursing cross coverage will be provided.
- 2.3.3.6(15) A two-way audio intercom between Staff within Trauma Room and Staff in internal corridor will be provided.
- 2.3.3.6(16) Access into Trauma Room will exclusively be via Anteroom - Trauma. Anteroom - Trauma design will allow Staff to wheel a Patient on stretcher into Anteroom, close door, walk around Patient and open other door with minimal effort. Anteroom - Trauma will allow Equipment to get in and out of Trauma Room and will provide space for doffing of PPE.
- 2.3.3.6(17) An Alcove - PPE will be provided with Convenient Access to Anteroom - Trauma to allow Staff to don PPE before entering the anteroom. Staff will not don PPE within the anteroom.
- 2.3.3.6(18) Quiet Room and an Alcove - Mobile Equipment will be located with Convenient Access to Trauma Room.
- 2.3.3.6(19) Two (2) Alcove - Hand Hygiene Sink will be distributed across Zone 1, one (1) within 6.0 m from Care Team Station.



- 2.3.3.6(20) Medication Room and Alcove - Nourishment Station will be located with Convenient Access from Care Team Station.
  - 2.3.3.6(21) Convenient Access for Patients from Zone 1 to ED Satellite Imaging will be provided. An internal circulation with minimal turns will be provided between Trauma Room and Imaging Room - CT within ED Satellite Imaging.
- 2.3.3.7 C4. Zone 2 Sub-Acute
- 2.3.3.7(1) Zone 2 will have Direct Access from Patient Arrival and Check-In area via controlled access doors. Zone 2 will also have Direct Access to Zone 1 via internal corridor.
  - 2.3.3.7(2) Waiting Area - Intake will be located at entry point to Zone 2 from Patient Arrival and Check-In area. It will include twenty (20) standard seats and a standing workstation or WOW with Line of Sight to Patients seated in this area. A Washroom - Patient will have Convenient Access to Waiting Area - Intake.
  - 2.3.3.7(3) Waiting Area - Results Pending will be co-located with Waiting Area - Intake. It will include four (4) recliner chairs with a solid barrier between each chair.
  - 2.3.3.7(4) Chair Bay - Diagnostic Testing will have Direct Access to Zone 2 Waiting Area - Intake and include a treatment chair with three (3) walls and privacy curtain at the front.
  - 2.3.3.7(5) Two (2) Consult Room - ED will be co-located with Convenient Access from Patient Arrival and Check-In area as well as Convenient Access to Decision Room in Ambulance Arrival and Decontamination Suite.
  - 2.3.3.7(6) Consult Room - ED will be used for mental health interviews and will have interior windows into the room from internal corridor for casual observation.
  - 2.3.3.7(7) Patients entering Zone 2 from Patient Arrival and Check-In area will have Line of Sight to Care Team Station for intuitive and simple Wayfinding.
  - 2.3.3.7(8) Care Team Station will have Line of Sight to Waiting Area - Pediatric, Waiting Area - Intake, Waiting Area - Results Pending and Chair Bay - Exam/Treatment. Line of Sight to Exam/Treatment Rooms will be maximized.

- 2.3.3.7(9) Care Team Station will include two (2) workstations, four (4) dropdown workstations, two (2) dictation workstations in a discrete location, two (2) PACS workstations, pneumatic tube station, and Business Work Area.
- 2.3.3.7(10) A Washroom - Patient will have Convenient Access from Chair Bay - Exam/Treatment and Exam/Treatment Rooms.
- 2.3.3.7(11) Two (2) Alcove - Hand Hygiene Sink will be distributed across Zone 2, one (1) within 6.0 m from Care Team Station.
- 2.3.3.7(12) Medication Room and Alcove - Nourishment Station will be located with Convenient Access from Care Team Station.
- 2.3.3.7(13) Convenient Access for Patients from Zone 2 to ED Satellite Imaging via internal circulation will be provided.
- 2.3.3.7(14) Pediatrics
- 2.3.3.7(14)(a) Emergency Component will not have a dedicated pediatric zone but will have three (3) co-located Exam/Treatment Room - Pediatric and one (1) Exam/Treatment Room - AIR in Zone 2 themed for the pediatric population with child friendly wall graphics and visual distractions. These Exam/Treatment Rooms will be located adjacent to Waiting Area - Pediatric.
- 2.3.3.7(14)(b) Pediatric themed Exam/Treatment Rooms and Waiting Area will be monitored by Zone 2 Care Team Station and located in a location that minimizes traumatic experiences for pediatric Patients (i.e., sounds/sights of acute adult care in Emergency).
- 2.3.3.7(14)(c) Waiting Area - Pediatric will include six (6) standard seats and will be designed to support privacy.
- 2.3.3.7(14)(d) A Washroom - Patient and Alcove - Clean Supplies - Pediatric will also be located with Convenient Access to these pediatric-themed Exam/Treatment Rooms.
- 2.3.3.7(14)(e) Other than the design elements making these Exam/Treatment Rooms pediatric friendly, they will be standardized to have the same layout and contents as the other Exam/Treatment Rooms within the Component, providing flexibility to be used by adult Patients when not being used by the pediatric population.

- 2.3.3.8 C5. Zone 3 - Minor Treatment
- 2.3.3.8(1) Zone 3 will have Direct Access from Patient Arrival and Check-In area via controlled access doors.
  - 2.3.3.8(2) Waiting Area - Intake will be located at entrance to Zone 3 from Patient Arrival and Check-In area. It will include ten (10) standard seats and a standing workstation or WOW with Line of Sight to Patients seated in this area. A Washroom - Patient will have Convenient Access to Waiting Area - Intake. Operationally, Zone 3 will close down overnight.
  - 2.3.3.8(3) Patients entering Zone 3 from Patient Arrival and Check-In area will have Line of Sight to Care Team Station for intuitive and simple Wayfinding.
  - 2.3.3.8(4) Care Team Station will have Line of Sight to Waiting Area - Intake and Chair Bay - Exam/Treatment. Line of Sight to Exam/Treatment Rooms will be maximized.
  - 2.3.3.8(5) Care Team Station will include two (2) dropdown workstations, one (1) dictation workstation in a discrete location, one (1) PACS workstation and Business Work Area.
  - 2.3.3.8(6) Two (2) Alcove - Hand Hygiene Sink will be distributed across Zone 2, one (1) within 6.0 m from Care Team Station.
  - 2.3.3.8(7) Medication Room - Small will be located with Convenient Access from Care Team Station.
  - 2.3.3.8(8) Convenient Access for Patients from Zone 3 to ED Satellite Imaging will be provided via internal circulation.
  - 2.3.3.8(9) Waiting Area - Intake will be located with Convenient Access to ED Satellite Imaging. The route via internal circulation will be intuitive, supporting Patients to self-navigate to and from ED Satellite Imaging.
  - 2.3.3.8(10) Washroom - Patient will be located adjacent to Chair Bay - Exam/Treatment and Exam/Treatment Rooms with Convenient Access from ED Satellite Imaging.
- 2.3.3.9 C6. Shared Support Space
- 2.3.3.9(1) Storage - Clean Equipment - Resp Therapy will have Convenient Access to Trauma Room in Zone 1.

- 2.3.3.9(2) The centralized Storage - Clean Supply will be located with Convenient Access to Zone 1 and Zone 2.
- 2.3.3.9(3) Two (2) Housekeeping Rooms will be distributed with Convenient Access to Zone 1 and Zone 2.
- 2.3.3.10 C7. ED Satellite Imaging
  - 2.3.3.10(1) ED Satellite Imaging will have a Waiting Area with two (2) standard seats and one (1) wheelchair space. It will also include a Stretcher Bay - Holding.
  - 2.3.3.10(2) One (1) Change Room will be located adjacent to Waiting Area.
  - 2.3.3.10(3) Imaging Room - CT will have Convenient Access from Trauma Room in Zone 1.
  - 2.3.3.10(4) Imaging Room - Gen Rad will have Convenient Access from Zone 2 and Zone 3.
  - 2.3.3.10(5) Work Hub - Technologists will include three (3) workstations. This Room will have Direct Access to both Control Booth - Gen Rad and internal corridor.
  - 2.3.3.10(6) Patients will have Convenient Access to Washroom - Patient located in Zone 2 and Zone 3.
  - 2.3.3.10(7) An Alcove - Clean Supplies will have Direct access from internal corridor and Convenient access from Work Hub - Technologists.
- 2.3.3.11 C8. Staff Support Space
  - 2.3.3.11(1) A Back-of-House Staff entry point will be provided to allow care Staff to enter the Component without having to pass through Patient Care Areas. This entrance will have Convenient Access to Staff and Patient Service Elevators and the loading dock via Service Circulation.
  - 2.3.3.11(2) Staff Support Spaces will be grouped, accessed from Back-of-House Staff entry point with Convenient Access to all zones and will be shared between all Emergency Component Staff.
  - 2.3.3.11(3) Office - Shared will include two (2) workstations.
  - 2.3.3.11(4) On-Call Room will be located in a quiet area and will have Convenient Access to one (1) Washroom/Shower - Staff.

- 2.3.3.11(5) Alcove - Purse Lockers will have Direct Access from internal corridor and Convenient Access to Lounge - Staff.

## 2.3.4 SCHEDULE OF ACCOMMODATIONS

2.3.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Emergency**

<b>C. EMERGENCY</b>		
C1. PATIENT ARRIVAL AND CHECK-IN		108.2
C2. AMBULANCE ARRIVAL AND DECONTAMINATION SUITE		140.7
C3. ZONE 1 - ACUTE		565.3
C4. ZONE 2 - SUB-ACUTE		394.5
C5. ZONE 3 - MINOR TREATMENT		125.9
C6. SHARED SUPPORT SPACE		46.0
C7. ED SATELLITE IMAGING		160.0
C8. STAFF SUPPORT SPACE		120.4
<b>EMERGENCY PROGRAMMED SPACE NSM:</b>		<b>1,661.0</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>C. EMERGENCY</b>					
<b>C1. PATIENT ARRIVAL AND CHECK-IN</b>					
C1.01	Vestibule - Walk-In Entry	1	11.0	11.0	
C1.02	Alcove - Wheelchair Storage	1	3.0	3.0	
C1.03	Security Station	1	11.0	11.0	
C1.04	Waiting Area	1	38.6	38.6	
C1.05	Washroom - Public	2	5.0	10.0	
C1.06	Alcove - Self-Registration Kiosk	2	1.0	2.0	
C1.08	Patient Check-In - ED	1	22.6	22.6	For Patient receiving, triage, registration.
C1.09	Business Work Area	1	9.0	9.0	
C1.10	Alcove - Hand Hygiene Sink	1	1.0	1.0	
<b>SUBTOTAL NSM: PATIENT ARRIVAL AND CHECK-IN</b>				<b>108.2</b>	
<b>C2. AMBULANCE ARRIVAL AND DECONTAMINATION SUITE</b>					
C2.01	Vestibule - Ambulance Entry	1	11.0	11.0	
C2.02	Decision Room	1	12.0	12.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
C2.03	Stretcher Bay - Holding	4	7.5	30.0	
C2.04	Workstation - Drop Down	1	2.8	2.8	For EHS/police.
C2.05	Storage - Clean Supply	1	11.0	11.0	For clean supplies and linen for Ambulance restocking.
C2.06	Soiled Utility Room - Ambulance	1	8.0	8.0	For cleaning of Ambulance Equipment.
C2.07	Decontamination Shower	1	0.0	0.0	
C2.08	Decontamination Room	1	16.0	16.0	
C2.09	Washroom - Patient - Decontamination	1	5.0	5.0	
C2.10	Anteroom - Entry	1	5.0	5.0	
C2.11	Storage - Decontamination	1	4.0	4.0	
C2.12	Anteroom - Exit	1	7.5	7.5	
C2.13	Alcove - Observation	1	1.4	1.4	
C2.14	Washroom/Shower - Staff	1	6.0	6.0	
C2.15	Secure Room	1	16.0	16.0	
C2.16	Anteroom - Secure Room	1	5.0	5.0	
<b>SUBTOTAL NSM: AMBULANCE ARRIVAL AND DECONTAMINATION SUITE</b>				<b>140.7</b>	
<b>C3. ZONE 1 - ACUTE</b>					
C3.01	Alcove - PPE	1	5.0	5.0	
C3.02	Anteroom - Trauma	1	14.0	14.0	
C3.03	Trauma Room	1	63.2	63.2	
C3.04	Alcove - Mobile Equipment	1	6.5	6.5	For mobile imaging carts.
C3.05	Quiet Room	1	12.0	12.0	
C3.06.01	Waiting Area - Intake	1	13.8	13.8	
C3.06.02	Waiting Area - Results Pending	1	9.0	9.0	
C3.07	Chair Bay - Diagnostic Testing	1	7.5	7.5	For diagnostics (e.g., ECG, bloodwork) to be performed if a treatment space is not immediately available.
C3.08	Alcove - Lab	1	3.0	3.0	For Lab Staff to store phlebotomy cart, access work orders, and store phlebotomy supplies.
C3.09	Alcove - Cardiac Diagnostics	1	3.0	3.0	For Cardiac Diagnostics Staff to store ECG cart, access work orders, and store ECG supplies.
C3.13	Exam/Treatment Room - AIR - Bariatric	1	16.0	16.0	
C3.14	Ensuite - AIR - Bariatric	1	5.6	5.6	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
C3.15	Anteroom - AIR- Bariatric	1	5.0	5.0	
C3.16	Exam/Treatment Room	21	12.0	252.0	
C3.17	Washroom - Patient	2	5.0	10.0	
C3.18	Exam/Treatment Room - Bariatric	1	16.0	16.0	
C3.19	Washroom - Patient - Bariatric	1	5.6	5.6	
C3.20	Alcove - Clean Linen	2	2.0	4.0	To be distributed.
C3.21	Alcove - Clean Supplies	4	2.0	8.0	For medical carts. 1 per 6 treatment spaces. To be distributed.
C3.22	Care Team Station	1	42.6	42.6	
C3.23	Alcove - Workstation-on-Wheels	12	0.5	6.0	To be located centrally.
C3.24	Alcove - Hand Hygiene Sink	2	1.0	2.0	To be distributed.
C3.25	Medication Room	1	13.0	13.0	
C3.26	Alcove - Nourishment Station	1	4.0	4.0	
C3.27	Alcove - Crash Cart	1	1.0	1.0	To be located centrally.
C3.28	Alcove - Mobile Equipment	1	1.5	1.5	For supply carts and mobile Equipment.
C3.29	Alcove - Eyewash Station	1	1.0	1.0	
C3.30	Storage - Clean Scopes	1	6.0	6.0	
C3.31	Storage - Clean Equipment	1	12.0	12.0	For clean Equipment incl. VH, PPE carts while not in use.
C3.32	Soiled Utility Room	1	12.0	12.0	
C3.33	Washroom - Staff - Non-Acc	1	3.5	3.5	
C3.34	Alcove - Blanket Warmer	1	1.5	1.5	To be located centrally.
<b>SUBTOTAL NSM: ZONE 1 - ACUTE</b>				<b>565.3</b>	
<b>C4. ZONE 2 - SUB-ACUTE</b>					
C4.01	Consult Room - ED	2	12.0	24.0	For mental health interview.
C4.02.01	Waiting Area - Intake	1	31.8	31.8	
C4.02.02	Waiting Area - Results Pending	1	12.0	12.0	
C4.03	Chair Bay - Diagnostic Testing	1	7.5	7.5	For diagnostics (e.g., ECG, bloodwork) to be performed if a treatment space is not immediately available.
C4.04	Washroom - Patient	3	5.0	15.0	
C4.05	Waiting Area - Pediatric	1	9.0	9.0	Pediatric friendly/themed.
C4.06	Exam/Treatment Room - Pediatric	3	12.0	36.0	Pediatric friendly/themed.
C4.07	Alcove - Clean Supplies - Pediatric	2	1.0	2.0	For pediatric supplies and Broselow cart.



Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
C4.08	Exam/Treatment Room - AIR	1	13.0	13.0	Pediatric friendly/themed.
C4.09	Ensuite - AIR	1	5.0	5.0	
C4.10	Anteroom - AIR	1	5.0	5.0	
C4.12	Exam/Treatment Room	5	12.0	60.0	
C4.13	Exam/Treatment Room - Bariatric	1	16.0	16.0	
C4.14	Chair Bay - Exam/Treatment	6	7.5	45.0	
C4.15	Washroom - Patient - Bariatric	1	5.6	5.6	
C4.16	Alcove - Clean Linen	2	2.0	4.0	To be distributed.
C4.17	Alcove - Clean Supplies	8	1.0	8.0	For medical carts, PPE carts. 1 per 2 treatment spaces. To be distributed.
C4.18	Care Team Station	1	42.6	42.6	
C4.19	Alcove - Workstation-on-Wheels	8	0.5	4.0	To be located centrally.
C4.20	Alcove - Hand Hygiene Sink	2	1.0	2.0	To be distributed.
C4.21	Medication Room	1	13.0	13.0	
C4.22	Alcove - Nourishment Station	1	4.0	4.0	
C4.23	Alcove - Crash Cart	1	1.0	1.0	To be located centrally.
C4.24	Alcove - Mobile Equipment	1	1.5	1.5	For medical imaging and other mobile Equipment.
C4.25	Washroom - Staff	1	5.0	5.0	
C4.26	Storage - Clean Equipment	1	9.0	9.0	For clean Equipment incl. VH.
C4.27	Soiled Utility Room	1	12.0	12.0	
C4.28	Alcove - Blanket Warmer	1	1.5	1.5	To be located centrally.
<b>SUBTOTAL NSM: ZONE 2 - SUB-ACUTE</b>				<b>394.5</b>	
<b>C5. ZONE 3 - MINOR TREATMENT</b>					
C5.01	Waiting Area - Intake	1	16.8	16.8	
C5.02	Care Team Station	1	16.6	16.6	
C5.03	Alcove - Workstation-on-Wheels	2	0.5	1.0	To be located centrally.
C5.04	Chair Bay - Exam/Treatment	4	7.5	30.0	
C5.05	Alcove - Hand Hygiene Sink	2	1.0	2.0	To be distributed.
C5.06	Medication Room - Small	1	9.5	9.5	
C5.07	Exam/Treatment Room	2	12.0	24.0	
C5.08	Washroom - Patient	1	5.0	5.0	
C5.09	Alcove - Clean Supplies	2	2.0	4.0	For clean supply carts. 1 per 2 treatment spaces. To be distributed.

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
C5.10	Storage - Clean Equipment	1	7.0	7.0	For clean Equipment incl. VH.
C5.11	Soiled Utility Room	1	10.0	10.0	
<b>SUBTOTAL NSM: ZONE 3 - MINOR TREATMENT</b>				<b>125.9</b>	
<b>C6. SHARED SUPPORT SPACE</b>					
C6.01	Storage - Clean Equipment - Resp Therapy	1	6.0	6.0	For Resp Therapy specific Equipment and supplies.
C6.02	Storage - Clean Supply	1	26.0	26.0	For clean medical supplies/clean packs from MDR.
C6.03	Housekeeping Room	2	7.0	14.0	
<b>SUBTOTAL NSM: SHARED SUPPORT SPACE</b>				<b>46.0</b>	
<b>C7. ED SATELLITE IMAGING</b>					
C7.01	Waiting Area	1	6.0	6.0	
C7.02	Stretcher Bay - Holding	1	7.5	7.5	
C7.03	Alcove - Clean Supplies	1	4.0	4.0	
C7.04	Work Hub - Technologists	1	19.0	19.0	
C7.05	Imaging Room - Gen Rad	2	29.0	58.0	
C7.06	Control Booth - Gen Rad	2	3.0	6.0	
C7.07	Imaging Room - CT	1	40.0	40.0	
C7.08	Control Room - CT	1	11.0	11.0	
C7.09	Computer Room - CT	1	5.0	5.0	
C7.10	Change Room	1	3.5	3.5	
<b>SUBTOTAL NSM: ED SATELLITE IMAGING</b>				<b>160.0</b>	
<b>C8. STAFF SUPPORT SPACE</b>					
C8.01	Meeting Room - 12-Seat	1	30.0	30.0	
C8.02	Office - Private	2	9.0	18.0	For manager, physician lead.
C8.03	Office - Shared	1	12.0	12.0	For CNE, PCC.
C8.04	On-Call Room	1	7.0	7.0	
C8.05	Washroom/Shower - Staff	2	6.0	12.0	
C8.06	Lounge - Staff	1	37.4	37.4	
C8.07	Alcove - Purse Lockers	1	4.0	4.0	
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>120.4</b>	
<b>TOTAL NSM: EMERGENCY</b>				<b>1,661.0</b>	

## 2.4 D. PERIOPERATIVE

### 2.4.1 SERVICE DESCRIPTION

- 2.4.1.1 Perioperative Component will accommodate the spaces required to support Perioperative program for the Facility and will mainly provide inpatient and outpatient elective scheduled procedures. Select emergent/urgent, unscheduled surgeries may be accommodated for Patients arriving through Emergency Component (e.g., acute cholecystitis/appendicitis, hip fractures, etc.).
- 2.4.1.2 Specialties in this Component will include orthopedics (primarily hip and knee surgery), general surgery, GI endoscopy, (including Colon Screening Program colonoscopies), plastics and select other specialties as clinical needs dictate.
- 2.4.1.3 Operating Room Area in this Component will include a shielded Brachytherapy Suite. Brachytherapy Suite will be equipped with radiation safety devices as per Canadian Nuclear Safety Commission (CNSC) regulations. High dose rate (HDR) and low dose rate (LDR) brachytherapy treatments are an alternative or complimentary treatment to external beam radiation. HDR radiation is delivered to the tumour directly utilizing a specialized machine by positioning the radioactive source at the treatment site. The radioactive source remains stored in machine, when not used. The LDR radiation is delivered by directly implanting the radioactive material into the treatment site. These are ambulatory procedures in an OR sterile environment.
- 2.4.1.4 The brachytherapy program will be managed by BCC in collaboration with FH. The brachytherapy Suite will include an Operating Room - HDR and additional support spaces which will be used by other programs for treatment delivery when not in use for brachytherapy. Activities performed in this area will include the following:
- 2.4.1.4(1) Patient setup will include applicator placement for HDR;
  - 2.4.1.4(2) LDR brachytherapy;
  - 2.4.1.4(3) MRI Simulation and other imaging (e.g., C-Arm kv X-ray, cone beam CT, transabdominal, transvaginal and transrectal ultrasound, etc.) during the procedure to ensure accurate placement of applicators;
  - 2.4.1.4(4) Treatment plan generation using specialized brachytherapy treatment planning software;
  - 2.4.1.4(5) Delivery of dose per treatment plan; and

- 2.4.1.4(6) Patient prep and recovery [provided in Perioperative Anesthetic Care Unit (ACU) zone].
- 2.4.1.5 Patient population in this Component will include:
- 2.4.1.5(1) Low to mid acuity adult Patients;
- 2.4.1.5(2) Predictable/elective inpatient and outpatient services for adults not requiring critical care; tertiary, quaternary and/or specialized services;
- 2.4.1.5(3) Of the cohort noted, those with predictable stays; and
- 2.4.1.5(4) BCC Patients receiving brachytherapy treatments.
- 2.4.1.6 Design of Perioperative Component will support flows of care through Operating Room (OR), Procedure Room (PR) and ACU in an efficient progression through the required phases of care:
- 2.4.1.6(1) Arrival - registration and check-in of Patients for day surgery or same day inpatient admissions (brachytherapy Patients will register at Reception - Cancer Centre prior to checking in at Radiation Therapy Delivery Patient Check-In);
- 2.4.1.6(2) Pre-Surgical Care - assessing and preparing Patients for surgery or procedure;
- 2.4.1.6(3) Anesthesia Intervention - OR Patients may require spinal or regional blocks performed within Anesthesia Block Room;
- 2.4.1.6(4) Operative and Procedural Care - surgery or procedures under various levels of sedation or local anesthesia;
- 2.4.1.6(5) MRI Simulation - only for brachytherapy Patients moving from Anesthetic Care Unit (ACU) into MRI Simulation Suite (Zone 2);
- 2.4.1.6(6) Post-Surgical Care - monitoring and assessing Patients during Phase 1 and Phase 2 recovery from anesthesia; and
- 2.4.1.6(7) Discharge or Transfer - to home, to an Inpatient Unit or to a virtual health service.
- 2.4.1.7 Satellite MDR - Scope Reprocessing zone within Perioperative Component will support reprocessing needs of flexible scopes and other items requiring high-level disinfection in accordance with CSA Z314-18 - Canadian Medical Device Reprocessing.
- 2.4.1.8 Services of Satellite MDR - Scope Reprocessing will include:

- 2.4.1.8(1) Receiving and staging of soiled flexible scopes;
  - 2.4.1.8(2) Decontamination of soiled flexible scopes using a variety of manual and semi-automated cleaning processes;
  - 2.4.1.8(3) High-level disinfection of flexible scopes;
  - 2.4.1.8(4) Inspection and assembly; and
  - 2.4.1.8(5) Tracking, transportation and delivery of reprocessed flexible scopes to clean storage locations.
- 2.4.1.9 Service Exclusions
- 2.4.1.9(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
    - 2.4.1.9(1)(a) The following surgeries will not be performed at the Facility: thoracic surgery, bariatric surgery, planned bronchoscopies (unplanned bronchoscopies will be done in a Patient Room - AIR - Bariatric - HAU in 12-Bed HAU), head and neck, obstetrical, pediatric and cardiac surgeries.

## 2.4.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

### 2.4.2.1 Patient Flow

- 2.4.2.1(1) Outpatient Surgical/Procedure Flow - Pre-Procedure
  - 2.4.2.1(1)(a) Outpatient surgery and procedure Patients will arrive to the Facility and travel to Perioperative Component via Public Circulation. Upon arrival at Perioperative Component, Patient will enter into Patient Arrival and Check-In area and report to a Patient Check-In station to be received and registered.
  - 2.4.2.1(1)(b) Patient will be directed to a Stretcher Bay - ACU, where they will change into a gown. Patient's belongings will be placed in a locker by care Staff. ACU care Staff will perform pre-procedure assessments (e.g., history, vital signs) and preparation. The operative Patient may also be seen by the surgeon, anesthesiologist and OR nurse in Stretcher Bay - ACU.
  - 2.4.2.1(1)(c) Patient will be escorted to OR or PR for their procedure. Most Patients will be ambulatory and will walk,

however, some Patients will be transferred on a stretcher or wheelchair.

2.4.2.1(1)(d) If a Patient requires special anesthetic preparation (e.g., spinal block), the Patient may be transferred to Anesthesia Block Room before going to an OR.

2.4.2.1(1)(e) Patients with known or suspected airborne pathogens will be scheduled at the end of OR/PR slate and will be placed on airborne precautions. Following their procedure, the room will remain empty until sufficient air exchanges have occurred and the room has been cleaned. These Patients will be placed in Exam/Treatment Room - AIR - Bariatric for their pre- and post-care. OR Patients will receive their intra-operative care within Operating Room - Isolation.

#### 2.4.2.1(2) Patients from Emergency - Pre-Procedure

2.4.2.1(2)(a) If a Patient presenting in Emergency Component requires surgery or endoscopy, and the surgical requirement can be met at the NSHBCCC, Emergency Staff will notify Perioperative services. When Perioperative is ready, Patient will be transported from Emergency Component to Perioperative Component via Service Circulation. Patient will be transported to the appropriate location within Perioperative, either a Stretcher Bay - ACU for pre-surgical preparation or directly to an OR/PR, depending on the situation.

#### 2.4.2.1(3) Inpatient Surgical Patient Flow - Pre-Procedure

2.4.2.1(3)(a) Inpatient surgical Patients will be transported from an Inpatient Unit to Perioperative Component via Service Circulation, directly to a Stretcher Bay - ACU for pre-procedure care.

#### 2.4.2.1(4) Brachytherapy Flow (BCCC Patient) - Pre-Procedure

2.4.2.1(4)(a) Patients undergoing brachytherapy procedures, upon arrival to the Facility, will travel via Public Circulation to Reception - Cancer Centre in Main Entrance Lobby to be received and registered before moving to Patient Check-In at Radiation Therapy Delivery Component. When checked-in, Patient will be escorted by Staff up to Perioperative Component, to a Stretcher Bay - ACU to change into a gown and receive pre-procedure care.

#### 2.4.2.1(5) Brachytherapy Flow (BCCC Patient) - Intra-Procedure

2.4.2.1(5)(a) Brachytherapy procedures will be performed in Operating Room - HDR. Patients will travel from Operating Room - HDR to a Stretcher Bay - ACU within ACU zone for recovery as described in 2.4.2.1(7)(a). When sufficiently recovered, Patient will be transported to either MRI Simulation Suite or CT Simulation Suite to confirm placement of the applicators. Patient will then be transported back to a Stretcher Bay - ACU to wait while treatment planning is in progress, then to Operating Room - HDR to complete the procedure.

#### 2.4.2.1(6) Medical Imaging Procedural Patients Requiring Post-Procedure Recovery

2.4.2.1(6)(a) Patients undergoing interventional procedures in Medical Imaging Component may receive sedation for the procedure and require post-procedure monitoring. Upon arrival to the Facility, these Patients will first report to Perioperative Component Patient Check-In to be received and registered, and will receive pre-procedure care in ACU, including changing into a gown. Patient will then be transported by portering services to Medical Imaging Component via Service Circulation for their procedure. Post-procedure, the Patient will be transported back to a Perioperative Component Stretcher Bay - ACU for recovery care and observation. Typically, these Patients will receive light sedation and require Phase 2 recovery. When the Patient meets discharge criteria, Patient may exit the Facility using Public Circulation via Patient Arrival and Check-In zone.

#### 2.4.2.1(7) Outpatient Surgical/Procedure Flow - Post-Procedure

2.4.2.1(7)(a) Post-surgery/procedure, Patients receiving deep sedation will require Phase 1 recovery, and will be transported to a Stretcher Bay - ACU allocated for this purpose. When Patient meets a certain criteria, the Patient may be moved to a Stretcher Bay - ACU allocated for Phase 2 recovery. Patients receiving light sedation or local anesthesia will be transported directly to a Phase 2 Stretcher Bay - ACU.

2.4.2.1(7)(b) When outpatient surgical/procedure Patients meet recovery criteria in a Stretcher Bay - ACU, care Staff will

retrieve Patient's personal belongings from Alcove - Lockers - Patient and the Patient will change back into their clothes in Stretcher Bay - ACU.

2.4.2.1(7)(c) Patient's family will be notified that the Patient is ready for discharge and may be escorted to Stretcher Bay - ACU, where the Patient and family will receive information, instructions, medication and Equipment. Patients will exit the Component via Patient Arrival and Check-In zone to Public Circulation.

2.4.2.1(8) Brachytherapy Flow (BCCC Patient) - Post-Procedure

2.4.2.1(8)(a) Post-procedure, Patients will travel from Operating Room - HDR to a Stretcher Bay - ACU within ACU zone for recovery as described in 2.4.2.1(7)(a).

2.4.2.1(8)(b) When Patient has sufficiently recovered and meets discharge criteria, the Patient will leave the Component via Patient Arrival and Check-In zone and exit the Facility via Public Circulation.

2.4.2.1(9) Inpatient Post-Surgical Flow

2.4.2.1(9)(a) Post-surgery, when inpatient surgical Patients meet recovery criteria in a Stretcher Bay - ACU, they will be transported via Service Circulation by a porter to an Inpatient Unit.

2.4.2.1(10) Escalation of Care

2.4.2.1(10)(a) If a surgical Patient deteriorates beyond the capabilities within the Component, the Patient will be transferred to another facility for a higher level of care or to 12-Bed HAU if short term stabilization is required.

2.4.2.2 Family/Visitor Flow

2.4.2.2(1) Many spaces within the Component will be Restricted or Semi-Restricted with Staff-only areas and Staff and Patient only areas.

2.4.2.2(2) Some family/visitors will be brought into Stretcher Bay - ACU area to accompany the Patient, but during the procedure family/visitors will wait in public accessible areas like Waiting Area or Public Spaces Component. In Waiting Area, a Patient tracking system may be available, so that family/support



persons can track the Patient's progress. A unique identifier would be used to maintain Patient confidentiality.

#### 2.4.2.3 Staff Flow

- 2.4.2.3(1) Care Staff will primarily enter Perioperative Component via a Back-of-House Staff entry point from Service Circulation.
- 2.4.2.3(2) Staff will change into appropriate surgical attire prior to their shift in dedicated, internal Staff Locker Rooms in Perioperative Component, where Staff may store their personal belongings.
- 2.4.2.3(3) Perioperative Staff will have access to a dedicated, internal Lounge - Staff, as they are not always able to leave the Component for breaks. Lounge - Staff will have a stronger adjacency to Operating Room Area than Procedure Room Area or ACU.
- 2.4.2.3(4) Staff will generally travel to all areas within Perioperative Component. Some Staff such as anesthesiologists and surgeons will support more than one area and will flow between all areas of Perioperative Component. Efficient and Convenient Access between different zones will be provided via internal corridor to minimize travel distances.
- 2.4.2.3(5) BCCC care Staff will travel between their designated spaces within Operating Room Area zone, including Operating Room - HDR, Control Room - HDR, Sealed Source Room, Workroom - Planning - Brachytherapy as well as ACU zone.
- 2.4.2.3(6) At end of shift, Staff will return to Locker Rooms to doff surgical attire and change back into street clothes, before departing via a Staff entry point.
- 2.4.2.3(7) For medical emergencies, Code Blue will be called internally within Perioperative Component and attended by Perioperative Staff. Perioperative Staff may attend Code Blue throughout the Facility as part of the Facility Code team.

#### 2.4.2.4 Clinical Support Flow

- 2.4.2.4(1) In general, Clinical Support Staff will enter Perioperative Component from a Back-of-House Staff entry point via Service Circulation and observe the dress code requirements of the Component. Common Clinical Support flows are as described in the Facility-wide flows. Any flows unique for Perioperative Component are described below.

## 2.4.2.4(2) Pharmacy

- 2.4.2.4(2)(a) Clinical Pharmacy specialists and pharmacists will support Patient medication needs and will be part of the interdisciplinary team.
- 2.4.2.4(2)(b) Pharmacy Services will be available during regular business hours, in-person or virtual health service. After-hours support will be provided via a regional clinical consultation via virtual health methods or in-person.
- 2.4.2.4(2)(c) Pharmacy Staff will transport medications by cart from Pharmacy Services to Medication Rooms and medication storage areas in the Component and will re-stock medications in ADCs.
- 2.4.2.4(2)(d) For ACU, medications will be stored in secure ADCs within Medication Rooms. Staff will deliver medications to Patient Care Areas by medication cart as prescribed or carry directly to a treatment space.
- 2.4.2.4(2)(e) For ORs, anesthesia workstations will be utilized to store and record medication inventory. Pharmacy Staff will stock these anesthesia workstations directly within ORs.

## 2.4.2.4(3) Medical Imaging

- 2.4.2.4(3)(a) Perioperative Component will have dedicated, portable Medical Imaging Equipment (e.g., C-arms, X-ray machines, ultrasounds) stored within the Component, close to point-of-use. Treatment spaces will be able to fully accommodate C-arm without moving other Equipment out of the way.
- 2.4.2.4(3)(b) Imaging Equipment may be moved to any treatment space as required, including Stretcher Bay - ACU, ORs and PRs.
- 2.4.2.4(3)(c) Some Medical Imaging Staff will need to travel back and forth from Perioperative to Medical Imaging, using Service Circulation.

## 2.4.2.4(4) Laboratory

- 2.4.2.4(4)(a) Laboratory will provide service as per Facility-wide flows. Lab specimens may be collected in any treatment space and will be manually transported to Laboratory Component for testing. Some samples will be sent via pneumatic tube system.
- 2.4.2.4(4)(b) Blood bank services will be provided from an off-site location with some blood bank storage and distribution capabilities in Laboratory Component. Blood products will be transported to Perioperative Component by Laboratory Staff via Service Circulation.
- 2.4.2.4(4)(c) For surgeries requiring tissue diagnostics in/near real-time, a frozen section service will be provided within Perioperative Component by Laboratory Staff. The service will be performed in Frozen Section Room near ORs to ensure minimum turn-around-time for results, and to maintain the integrity of the tissue sample.
- 2.4.2.4(4)(d) Laboratory Staff may travel to and from Perioperative Component via Service Circulation to support this service.
- 2.4.2.4(4)(e) To transfer specimens from OR to Frozen Section Room, standard practice will be for the pathologist to enter OR and receive the specimen directly from the surgeon. This will allow direct verbal communication to establish the context for the frozen section and clinical circumstances. Audio intercom is required between these areas. A two-way audio intercom between ORs and Frozen section room will be utilized for direct communication between the surgeon and pathologist.

## 2.4.2.4(5) Interprofessional Team

- 2.4.2.4(5)(a) IPT Staff (e.g., Cardiac Diagnostics, Respiratory Therapy, SLP) will come from other Components via Service Circulation to provide Patient care and/or teaching within any treatment space in Perioperative Component. Flows will be as per Facility-wide flows.
- 2.4.2.4(5)(b) Specialty consults may be required from providers at other sites via virtual health methods of real-time remote videoconferencing to enable timely

consultation. Some consults will occur in-person with the specialist coming to the Facility.

#### 2.4.2.5 Non-Clinical Support Flow

##### 2.4.2.5(1) Equipment

- 2.4.2.5(1)(a) As Design of ORs and PRs will be standardized for flexibility, Equipment will be moved in and out of these rooms as required, following cleaning and disinfecting protocols, and stored in Storage - Clean Equipment locations.
- 2.4.2.5(1)(b) In Operating Room - HDR, the HDR brachytherapy machine will be stored, secured in place and locked in a shielded and alarmed closet within the OR while not in use, as per CNSC regulations.
- 2.4.2.5(1)(c) HDR source for HDR brachytherapy machine, which is replaced quarterly, will come in a shielded container. This container will also be stored in this shielded and alarmed closet within the OR.

##### 2.4.2.5(2) Case Carts

- 2.4.2.5(2)(a) MDR Staff will assemble surgical case carts with single use and sterile medical devices in MDR where they will be staged in a case cart holding area until they are needed. Using a dedicated MDR Clean Elevator, MDR Staff will transport prepared carts directly to Sterile Supply Core in Perioperative Component.
- 2.4.2.5(2)(b) Case carts destined for ORs will be distributed to case cart storage locations within Sterile Supply Core. Case carts destined for PRs will travel from Sterile Supply Core to the case cart storage locations within Clean Supply Core via Semi-Restricted Corridor and Service Circulation.
- 2.4.2.5(2)(c) Specific case carts will be delivered multiple times per day by MDR Staff as per the day's surgical/procedural slate. These case carts will be moved directly into ORs/PRs from Sterile/Clean Supply Core when needed.
- 2.4.2.5(2)(d) For ORs, post-procedure, case carts will be transported via Semi-Restricted Corridor to Perioperative Component's dedicated Soiled Holding room, where

they will be staged before being returned to MDR via a dedicated MDR Soiled Elevator.

2.4.2.5(2)(e) For PRs, soiled case carts will be transported via Service Circulation to Perioperative Component's dedicated Soiled Holding room, where they will be staged before being returned to MDR via a dedicated MDR Soiled Elevator.

#### 2.4.2.5(3) Instruments

2.4.2.5(3)(a) MDR Staff will assemble surgical case carts with single use and sterile instruments in MDR where they will be held in a case cart holding area until they are needed. Instruments will be transported in case carts to ORs and PRs in Perioperative as per the Case Cart flow description.

2.4.2.5(3)(b) For urgent or STAT item requests, Perioperative Staff will contact MDR Staff by phone. Items will be delivered by MDR Staff or picked up by Perioperative Staff via Service Circulation.

2.4.2.5(3)(c) For ORs, post-procedure, soiled instruments will be transported in case carts via Semi-Restricted Corridor to Perioperative Component's dedicated Soiled Holding room, where they will be staged before being returned to MDR via a dedicated MDR Soiled Elevator.

2.4.2.5(3)(d) For PRs, post-procedure, soiled instruments including scopes requiring High Level Disinfection will be pre-cleaned at point-of-care as needed and transported via Service Circulation to carts in Alcove - Receiving - Soiled at Satellite MDR - Scope Reprocessing or to Perioperative Component's dedicated Soiled Holding room. MDR Staff will pick up soiled instruments from these drop-off/staging locations and move to the appropriate location for reprocessing.

#### 2.4.2.5(4) Scopes

2.4.2.5(4)(a) There will be a Satellite MDR - Scope Reprocessing within Perioperative Component to support High-Level Disinfection needs (e.g., flexible scope reprocessing) to support a high volume of endoscopy procedures in PRs. This Satellite MDR - Scope Reprocessing will also support High-Level Disinfection needs for the Facility.

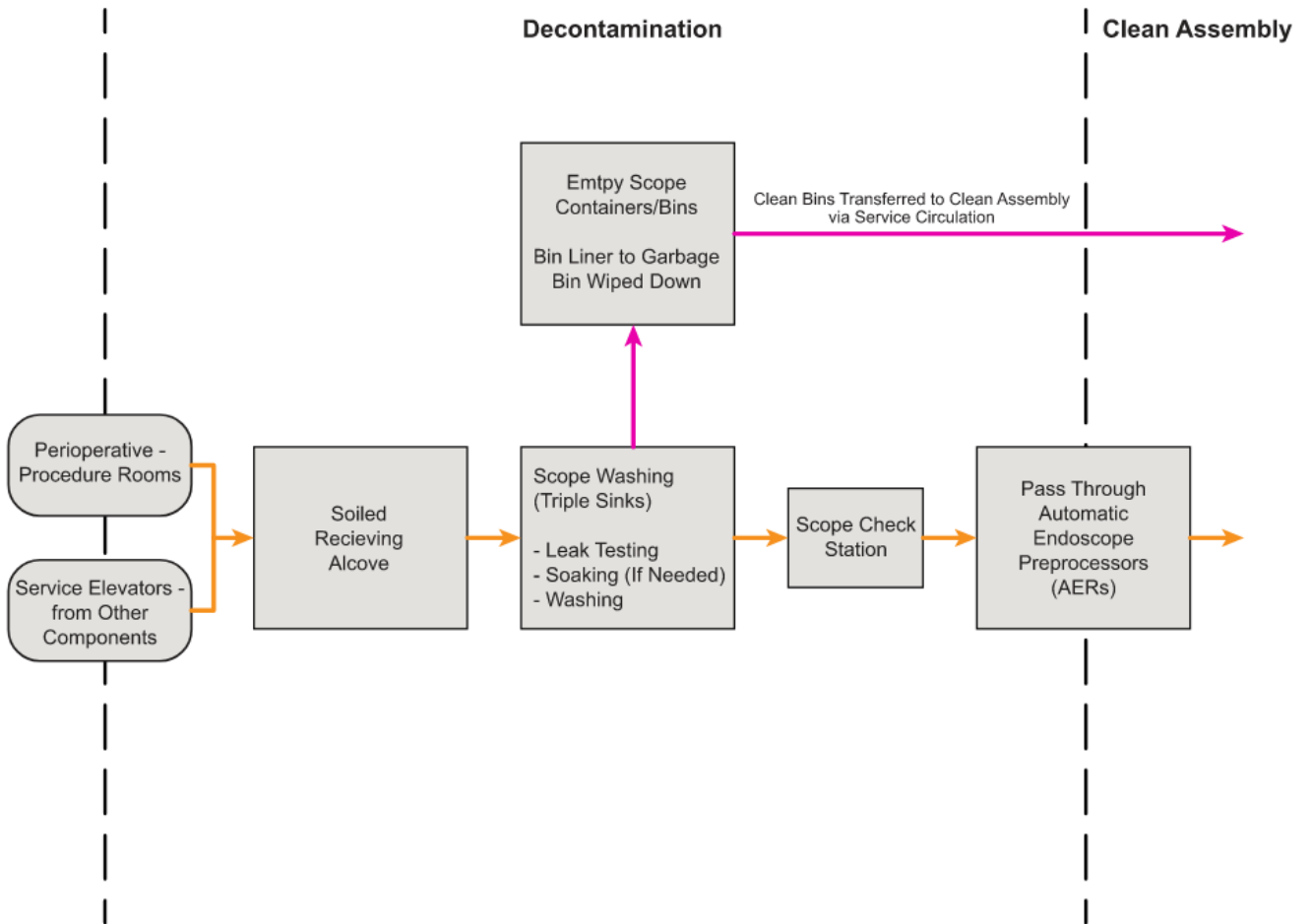
- 2.4.2.5(4)(b) Scopes requiring sterilization will be reprocessed in MDR Component.
- 2.4.2.5(4)(c) For PRs, post-procedure, scopes will be pre-cleaned at point-of-use by care Staff, immediately after the procedure. Perioperative Staff will transport soiled scopes in a closed soiled scope bin to Alcove - Receiving - Soiled at Satellite MDR - Scope Reprocessing within Perioperative Component. Scopes requiring sterilization (e.g., rigid scopes) will be transported to MDR Component via Service Circulation.
- 2.4.2.5(5) Supplies (Materials Management)
- 2.4.2.5(5)(a) As per Facility-wide flow.
- 2.4.2.5(5)(b) DPC clerks will direct order supplies and Equipment for ORs and PRs. These supplies will be transported via Service Circulation to DPC clerk offices.
- 2.4.2.5(5)(c) Radioisotopes will be delivered to Perioperative Component via Service Circulation and will be stored in Sealed Source Room.
- 2.4.2.5(6) EVS (Housekeeping/Linen/Waste Management)
- 2.4.2.5(6)(a) As per Facility-wide flow.
- 2.4.2.5(6)(b) EVS will be notified through electronic means when a room requires cleaning.
- 2.4.2.5(6)(c) Waste and soiled linen from areas within Perioperative Component will be staged in the dedicated Soiled Holding room, before removal from the Component via Service Circulation.
- 2.4.2.5(6)(d) A closed fluid management system will be utilized in ORs and PRs to collect fluid surgical waste in mobile collection units. The mobile collection units will be transported via Semi-Restricted Corridor to the dedicated Perioperative Soiled Holding room and connected to specific docking ports for drainage and cleaning cycles.
- 2.4.2.5(7) Patient Food Services
- 2.4.2.5(7)(a) Patient Food Services Staff will restock Alcove - Nourishment Station with supplies and snacks.

- 2.4.2.5(7)(b) While Patients in Perioperative will not regularly receive meal trays, some will receive a bagged meal or snack upon request of Perioperative Staff.
- 2.4.2.5(7)(c) For admitted Patients waiting for transport to an Inpatient Unit, tray meals may be ordered on an exception basis and delivered by Patient Food Services Staff.
- 2.4.2.5(7)(d) Patient Food Services Staff will transport food and supplies on carts via Service Circulation and will enter the Component through a Back-of-House Staff entry point.
- 2.4.2.5(8) Biomedical Engineering
  - 2.4.2.5(8)(a) As per Facility-wide flow.
- 2.4.2.5(9) FMO/AM
  - 2.4.2.5(9)(a) As per Facility-wide flow.
- 2.4.2.5(10) Information Management
  - 2.4.2.5(10)(a) As per Facility-wide flow.
  - 2.4.2.5(10)(b) Information retrieval from all clinical information systems and documentation will occur at Patient bedside and Care Team Stations. This work at the bedside may be done on mobile WOWs.
  - 2.4.2.5(10)(c) Spaces supporting brachytherapy will have access to CST Cerner. CST Cerner will be accessed in ACU with mobile WOWs.
  - 2.4.2.5(10)(d) Surgeons and anesthesiologists will dictate in ORs, PRs, or a dictation workstation in a discrete location at ACU Care Team Stations.
  - 2.4.2.5(10)(e) Virtual health methods will be available for consultation purposes with the ability for in-reach and outreach support in real-time.
- 2.4.2.5(11) Security
  - 2.4.2.5(11)(a) As per Facility-wide flow.

- 2.4.2.6 Scope Reprocessing Flow (Satellite MDR)
- 2.4.2.6(1) A one-way, linear flow from soiled to clean will be required, to adhere to CSA and Infection Prevention and Control protocols. As each item advances in the reprocessing cycle, it will not retrace a previous path. The physical organization will prevent flows from crossing in order to maintain separation of clean and contaminated items.
- 2.4.2.6(2) Soiled scopes will be received at Alcove - Receiving - Soiled. MDR Staff will transfer the scopes from the soiled bin to a triple sink at Scope Washing - Satellite MDR for a leak test, soaking phase (if required), flushing, cleaning and rinsing.
- 2.4.2.6(3) The soiled scope bin liner will be disposed, and the bin will be cleaned and disinfected with appropriate disinfectant wipes and transferred to Alcove - Clean Cart Staging on the clean side of Satellite MDR via Service Circulation. These bins will go to MDR for reprocessing in Cart Washer at regular intervals.
- 2.4.2.6(4) After washing, scopes will be checked for cleanliness at Scope Check Station before being placed in a pass-through Automatic Endoscope Reprocessor (AER).
- 2.4.2.6(5) On the clean side of Satellite MDR, MDR Staff will retrieve the reprocessed scope from AER and manually flush the channels with alcohol at Scope Assembly - Satellite MDR, and with minimal handling, will place scope in a clean bin.
- 2.4.2.6(6) The clean scope within clean bin will then be placed on a cart in Alcove - Clean Cart Staging, to be transported by MDR Staff to Storage - Clean Scopes location within Perioperative Component, as well as to other clean scope storage locations throughout the Facility via Service Circulation.
- 2.4.2.6(7) The following Satellite MDR - Scope Reprocessing process flow maps provide a more detailed step-by-step description.



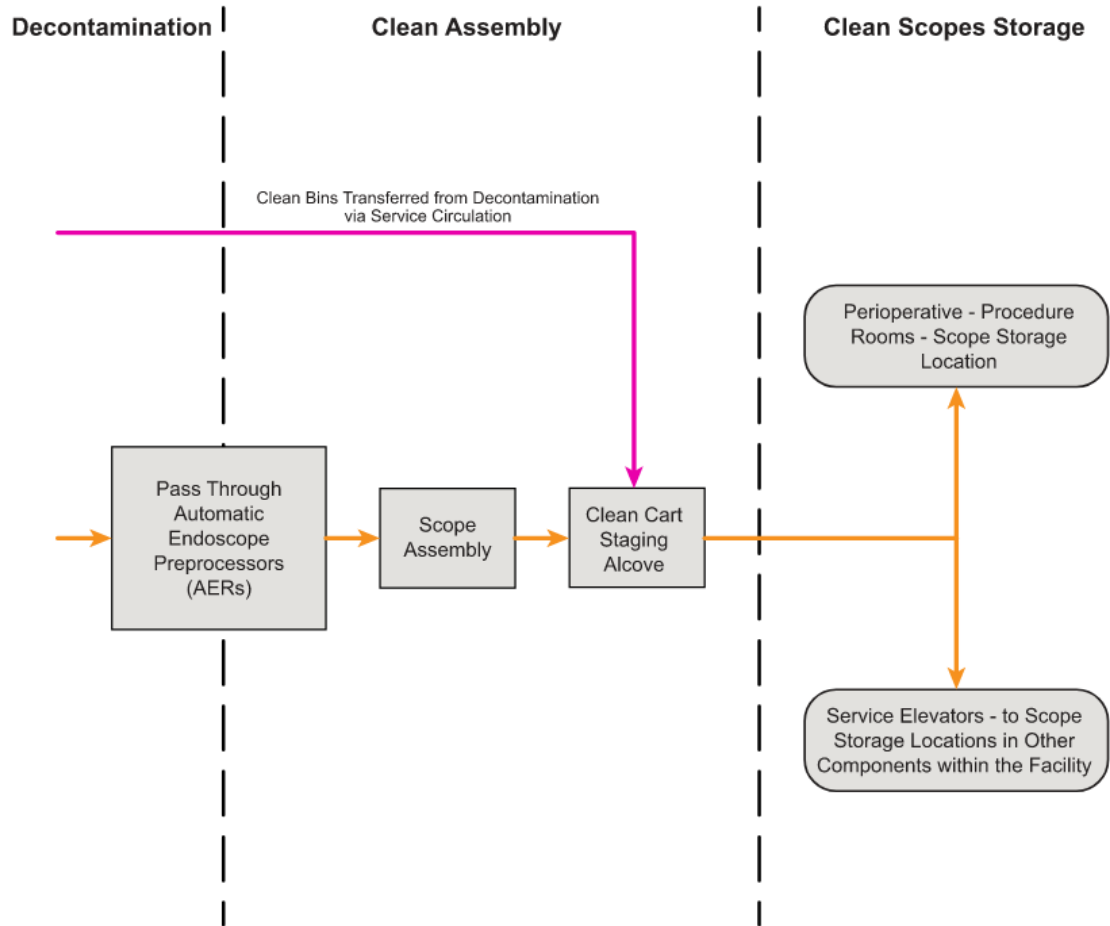
**Satellite MDR - Scope Reprocessing Decontamination Flow**



**SATELLITE MDR FLOWS**

- Instruments
- Case Carts
- Scopes & Probes
- Containers & Basins
- Dotted lines show flows back into Decontamination

**Satellite MDR - Scope Reprocessing Clean Assembly Flow**



**SATELLITE MDR FLOWS**

- Instruments
- Case Carts
- Scopes & Probes
- Containers & Basins
- Dotted lines show flows back into Decontamination

2.4.3 COMPONENT DESIGN CRITERIA

2.4.3.1 External Adjacency Requirements Diagram

2.4.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.



**LEGEND**

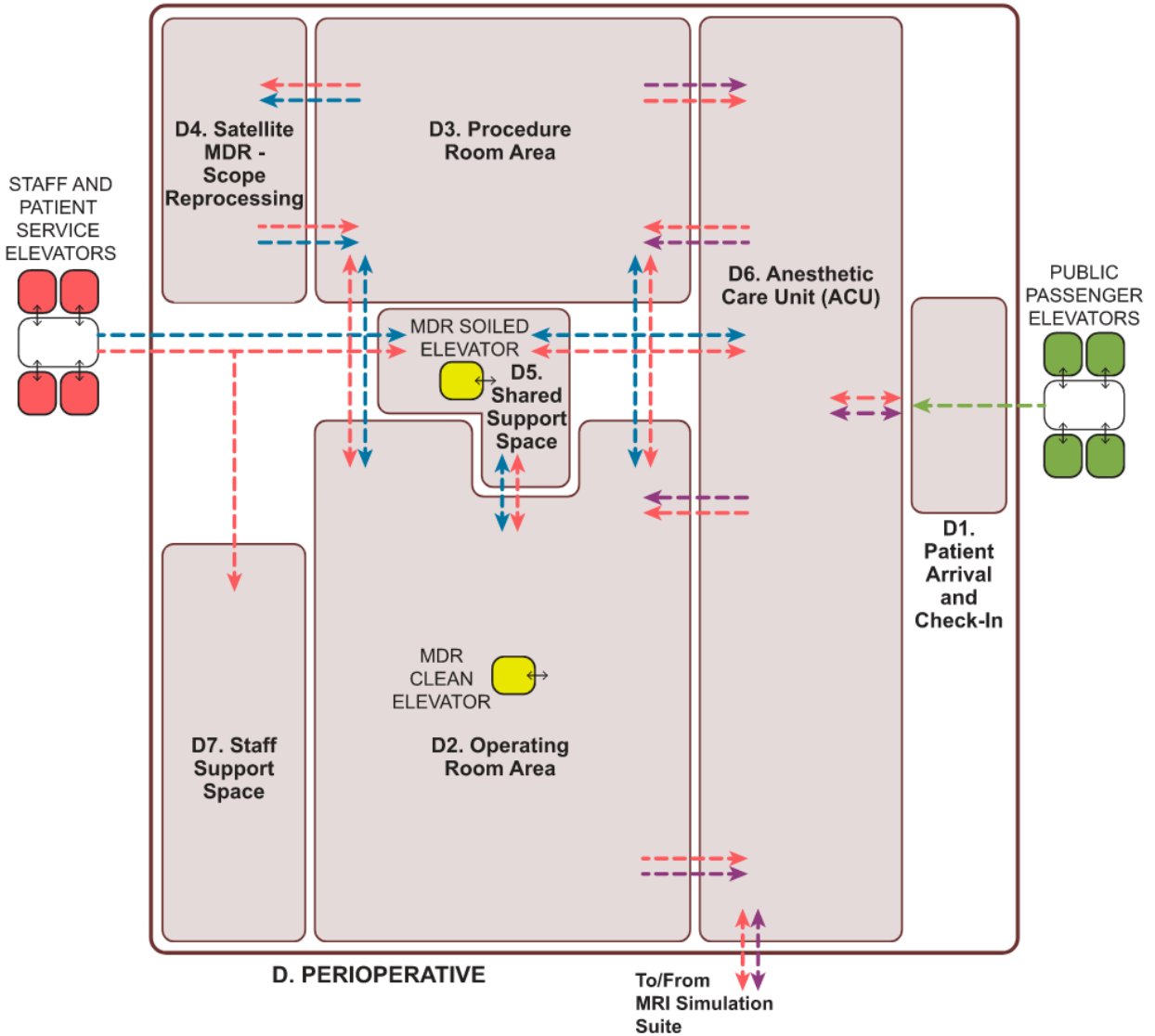
Convenient Access by Public Circulation

Direct Access by Service Circulation

Convenient Access by Service Circulation

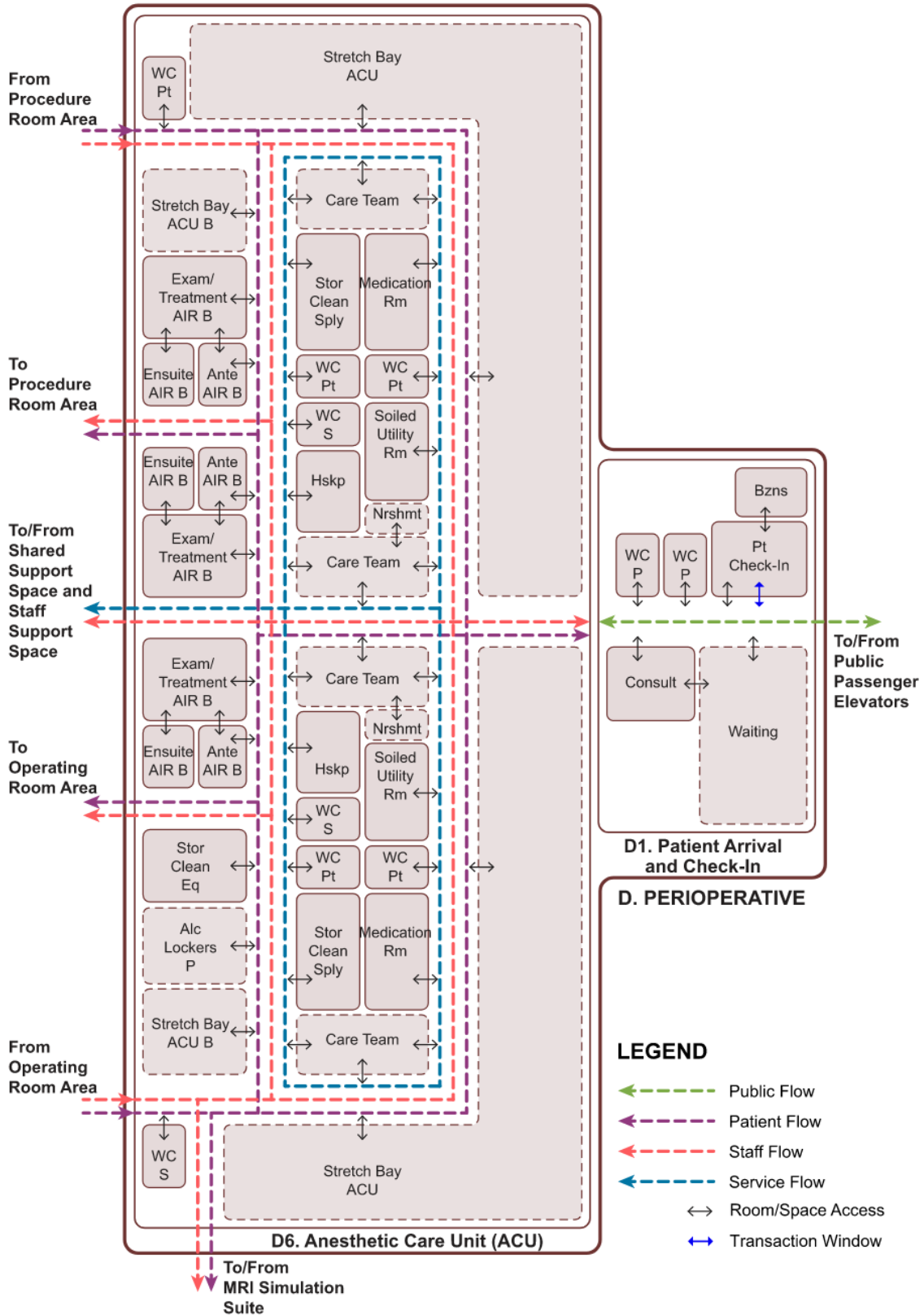
2.4.3.2 Internal Functional Relationships Diagram

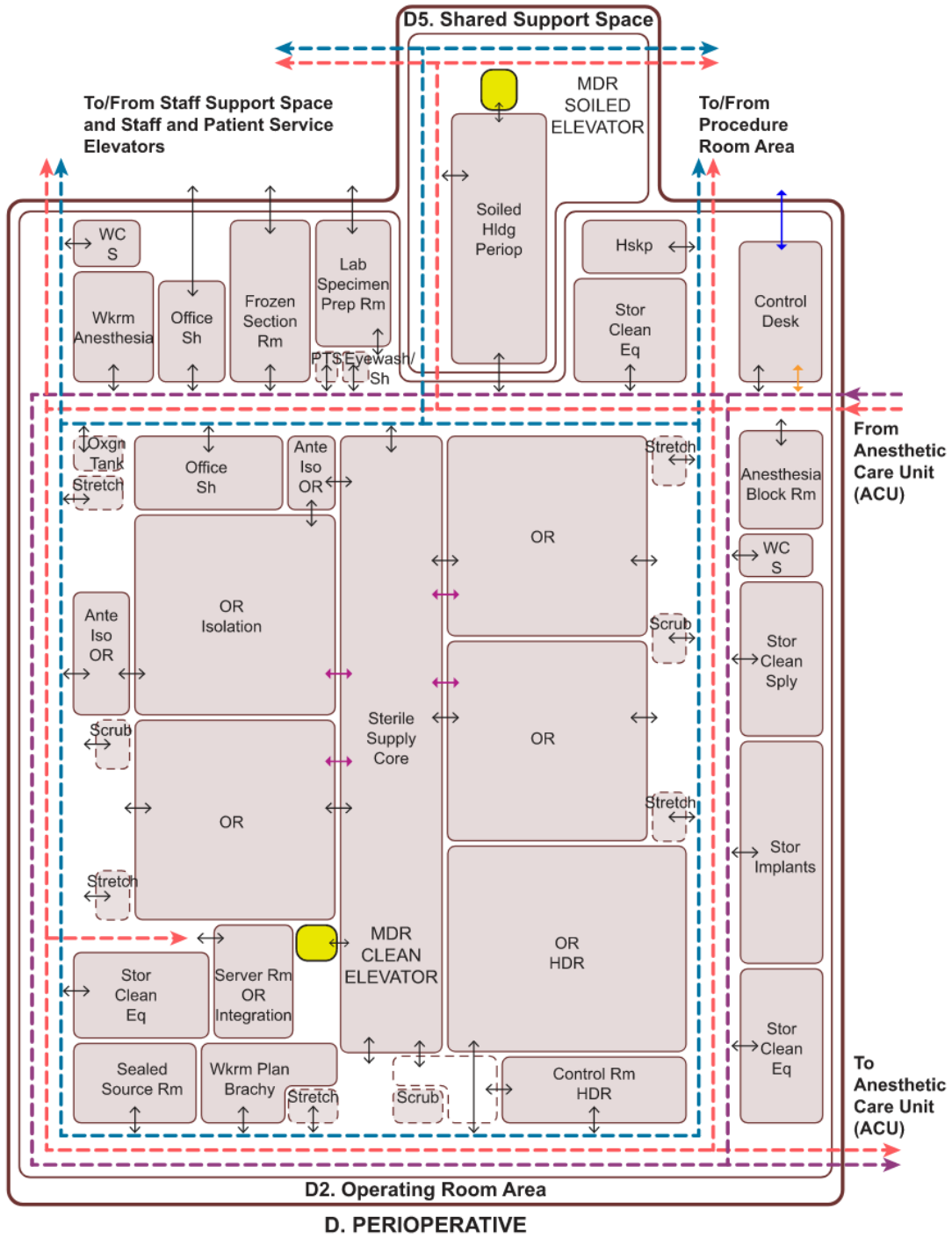
2.4.3.2(1) The following diagrams indicate internal functional relationships within this Component.



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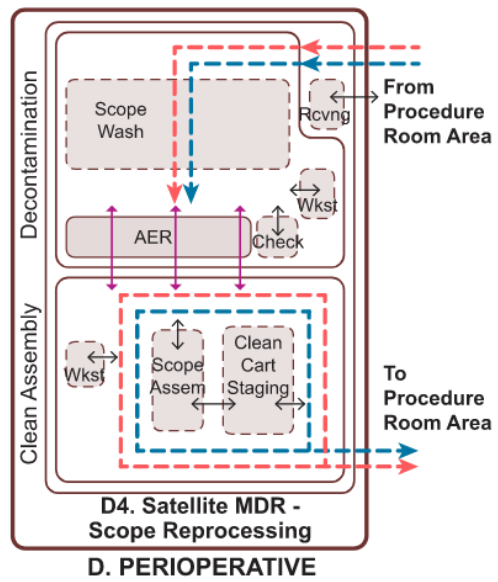
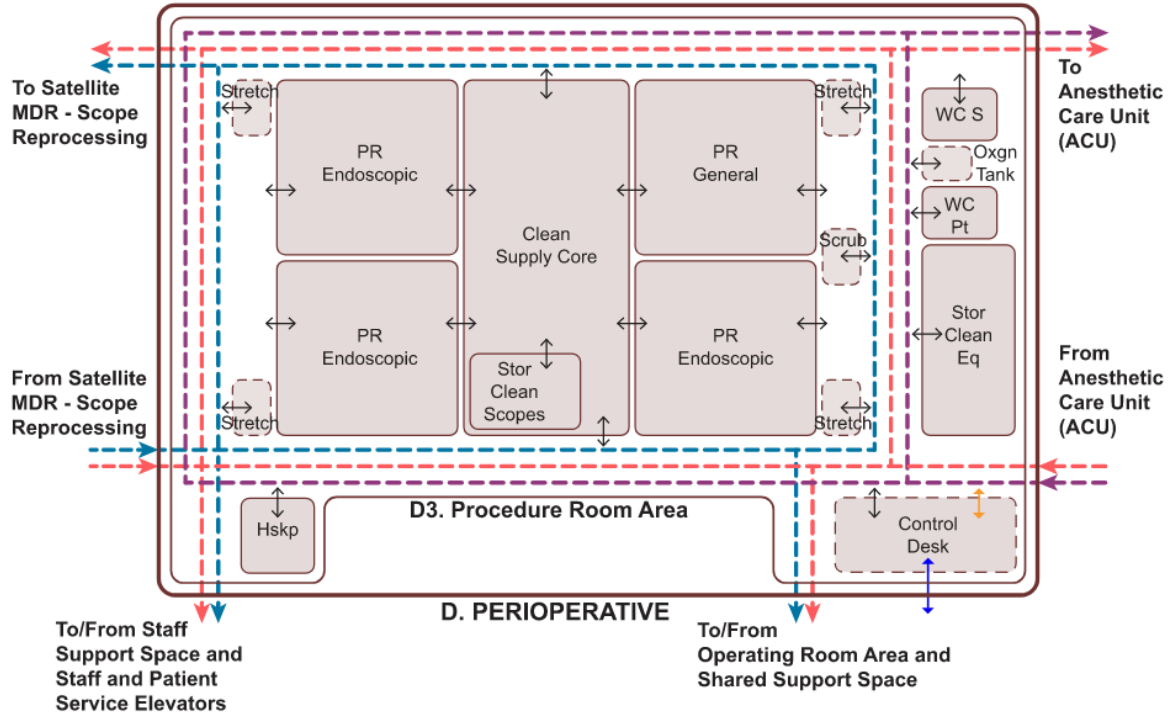
- ← Public Flow
- ← Patient Flow
- ← Staff Flow
- ← Service Flow
- ↔ Room/Space Access





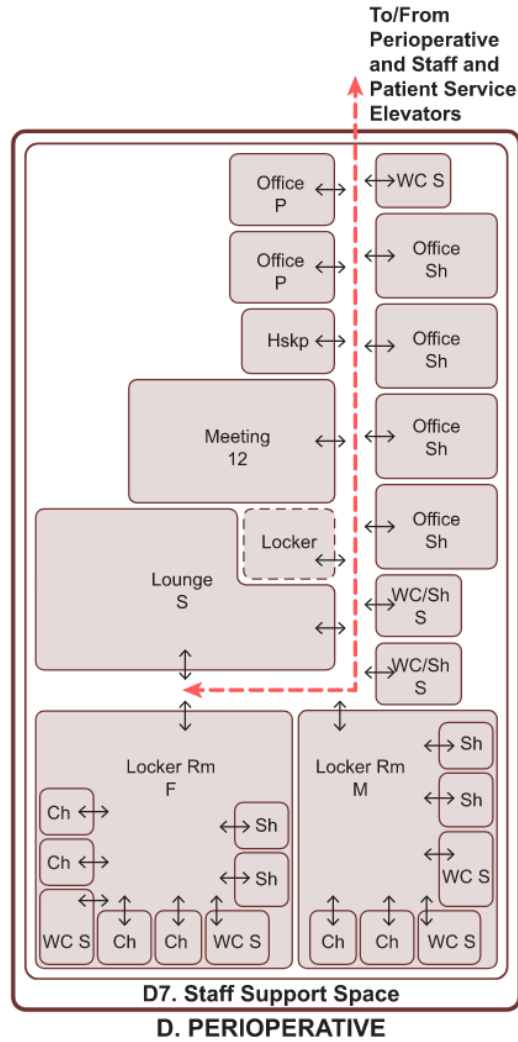
**LEGEND**

- ← - - - Public Flow    
 ← - - - Staff Flow    
 ↔ Room/Space Access    
 ↔ Interior Window
- ← - - - Patient Flow    
 ← - - - Service Flow    
 ↔ Pass-Through Chamber    
 ↔ Transaction Window



**LEGEND**

- ← Patient Flow
- ← Staff Flow
- ← Service Flow
- ↔ Room/Space Access
- ↔ Pass-Through
- ↔ Interior Window
- ↔ Transaction Window



**LEGEND**

- ← - - - Staff Flow
- ↔ Room/Space Access

2.4.3.3 General Requirements

2.4.3.3(1) Perioperative Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.4.3.3(1)(a) Convenient Access via Public Circulation for Patients, families and visitor access to and from Main Entrance Lobby.
- 2.4.3.3(1)(b) Direct Access via Service Circulation from MDR through dedicated MDR Clean Elevator to transport sterile



medical devices efficiently, quickly and without risk of contamination.

- 2.4.3.3(1)(c) Direct Access via Service Circulation to MDR through dedicated MDR Soiled Elevator for removal of contaminated medical devices.
  - 2.4.3.3(1)(d) Direct Access via Service Circulation to and from MRI Simulation Suite for imaging during procedures for brachytherapy Patients.
  - 2.4.3.3(1)(e) Convenient Access via Service Circulation from Emergency for quick and safe movement of Patients requiring emergency/unscheduled surgery and collaboration of Staff.
  - 2.4.3.3(1)(f) Convenient Access via Service Circulation to Inpatient Units for movement of Patients and collaboration of Staff.
  - 2.4.3.3(1)(g) Convenient Access via Service Circulation to and from Medical Imaging for movement of Patients and collaboration of Staff.
  - 2.4.3.3(1)(h) Convenient Access via Service Circulation to and from Laboratory for quick access to Transfusion Medicine, movement of specimen and collaboration of Staff.
  - 2.4.3.3(1)(i) Convenient Access via Service Circulation to Biomedical Engineering for high volume medical Equipment repair and maintenance.
- 2.4.3.3(2) Zones of activity within Perioperative Component will include the following:
- 2.4.3.3(2)(a) D1. Patient Arrival and Check-In
  - 2.4.3.3(2)(b) D2. Operating Room Area
  - 2.4.3.3(2)(c) D3. Procedure Room Area
  - 2.4.3.3(2)(d) D4. Satellite MDR - Scope Reprocessing
  - 2.4.3.3(2)(e) D5. Shared Support Space
  - 2.4.3.3(2)(f) D6. Anesthetic Care Unit (ACU)
  - 2.4.3.3(2)(g) D7. Staff Support Space

- 2.4.3.3(3) Layout of Patient Care Areas and circulation routes will provide for a one-way flow of day surgery Patients through the Component.
- 2.4.3.3(4) Internal corridor routes will be configured to:
  - 2.4.3.3(4)(a) Minimize travel distances and corners for Staff and for transport of Patients and supplies.
  - 2.4.3.3(4)(b) Maximize separation of clean and soiled flows.
  - 2.4.3.3(4)(c) Maximize separation of Patient transport routes from transport of materials and waste.
- 2.4.3.3(5) Design will provide the most direct route with minimal turns and soft corners as necessary between Operating rooms and Stretcher Bay - ACU allocated for Phase 1 Recovery.
- 2.4.3.3(6) Corridor widths will accommodate transport of a bariatric bed, medical Equipment and a full care team.
- 2.4.3.3(7) Access control will be provided to Operating Room Area and Procedure Room Area.
- 2.4.3.4 D1. Patient Arrival and Check-In
  - 2.4.3.4(1) Patients and families will be able to freely access Patient Arrival and Check-In area during operating hours. An audio-video door intercom and remote door release will be provided between Care Team Stations in ACU and Public entry point to Patient Arrival and Check-In zone for after-hours access.
  - 2.4.3.4(2) Patient Arrival and Check-In will have Direct Access to monitored and secure ACU entry point.
  - 2.4.3.4(3) This area will include a Patient Check-In and a Waiting Area located adjacent to Perioperative Component public entry point.
  - 2.4.3.4(4) Patient Check-In will include three (3) transaction stations with transaction windows. It will also have Direct Access to Business Work Area.
  - 2.4.3.4(5) Patient Check-In station will have Line of Sight to Perioperative Component public entry point, Waiting Area and secure entry point leading into ACU.

- 2.4.3.4(6) Waiting Area will accommodate eighteen (18) standard seats and two (2) bariatric seats and will have Convenient Access to two (2) Washroom - Public.
- 2.4.3.4(7) Consult Room will be located with Convenient Access to Waiting Area.
- 2.4.3.5 D2. Operating Room Area
  - 2.4.3.5(1) Perioperative Component will have specific access and attire requirements for the following area types:
    - 2.4.3.5(1)(a) Semi-restricted areas will include peripheral support areas of ORs and corridors leading to restricted areas. Access to these areas will be controlled. Appropriate surgical attire, including head covers, will be required.
    - 2.4.3.5(1)(b) Restricted areas will only be accessible through a semi-restricted area and include ORs as well as Sterile Supply Core. Appropriate surgical attire will be required, including head covers. Masks will be required in an OR where a sterile procedure is being performed.
  - 2.4.3.5(2) Access points to Operating Room Area will be designed to ensure members of the public or unauthorized Staff will not enter an unauthorized area and will clearly indicate where surgical attire is required.
  - 2.4.3.5(3) Operating Room Area will be designed with ORs centrally located and surrounded by support services spaces.
  - 2.4.3.5(4) The circulation system will provide a corridor around ORs and a Sterile Supply Core in the middle.
  - 2.4.3.5(5) Control Desk will be the space for coordination and flow of surgeries, monitoring of Equipment and Staff in this zone. Control Desk will be an enclosed room with Direct Access to semi-restricted corridor and a transaction window to Service Circulation outside the zone but within the Component.
  - 2.4.3.5(6) Control Desk will have Line of Sight to entry points from ACU to semi-restricted corridor to view Patients/Staff entering and leaving the area. Line of Sight from Control Desk to semi-restricted corridor will be maximized.

- 2.4.3.5(7) Control Desk will include one (1) workstation, two (2) drop down workstations, pneumatic tube station and Business Work Area.
- 2.4.3.5(8) Design of all ORs will be standardized to allow for a range of procedures as required. All OR layouts will include the following areas:
- 2.4.3.5(8)(a) A sterile zone on four (4) sides of the OR table including sterile Equipment for the procedure, minimum two (2) doctors, minimum one (1) nurse, circulation space for Staff and Patient position. Door swings will not affect the sterile area.
  - 2.4.3.5(8)(b) A non-sterile zone that will surround the sterile zone including space for anesthesia cart and work zone, circulating nurse's tasks, and Equipment/supplies coming in and out. Circulation within non-sterile zone will not interfere with sterile zone in OR.
  - 2.4.3.5(8)(c) A work zone for anesthetist that will not affect circulation paths for other Staff. Access to gases will not be blocked by supply carts and door swings will not affect this work zone.
  - 2.4.3.5(8)(d) Circulation space within room for Equipment, carts, and stretchers including turning radius and parking spaces.
  - 2.4.3.5(8)(e) Traffic will be minimized to anesthesia and sterile zones.
  - 2.4.3.5(8)(f) Doors to ORs from internal corridor will be inset so that Staff walking by will not be hit by opening doors.
- 2.4.3.5(9) Three (3) Operating Rooms will have two (2) access points with one (1) single door in the back of the room leading to Sterile Supply Core and one (1) double door for Patient and Staff access in front of the room to semi-restricted corridor. These ORs will have a pass-through chamber to Sterile Supply Core.
- 2.4.3.5(10) One (1) Operating Room - Isolation will be provided and will have one (1) Anteroom - Isolation OR from semi-restricted corridor to transfer Patients in and out of Operating Room - Isolation. Operating Room - Isolation will also have a second Anteroom - Isolation OR to allow Staff to access the Sterile Supply Core. The purpose of anterooms will be to prevent air from Operating Room - Isolation from entering the semi-

restricted corridor and Sterile Supply Core. Anterooms will not be used for donning PPE.

- 2.4.3.5(11) The layout of Operating Room - Isolation will be similar to other Operating Rooms to achieve standardization. Operating Room - Isolation will not have Direct Access to semi-restricted corridor or Sterile Supply Core but will have a pass-through chamber to Sterile Supply Core.
- 2.4.3.5(12) Entry point locations to Operating Room - Isolation via anterooms will be aligned with other Operating Rooms to the greatest extent possible.
- 2.4.3.5(13) Proportions and layout of large Anteroom - Isolation OR from semi-restricted corridor will fit a bariatric bed and accompanying care Staff to enter the anteroom and have the first door closed before opening the second door. The internal length of this anteroom will provide minimum 2400 mm clearance. Access from semi-restricted corridor to Operating Room - Isolation through this Anteroom - Isolation OR will be straight without any turns.
- 2.4.3.5(14) Proportions and layout of small Anteroom - Isolation OR from Sterile Supply Core will accommodate Staff and case cart flow to enter the anteroom and have the first door closed before opening the second door. Movement through the anteroom will not be impeded by door swings.
- 2.4.3.5(15) One (1) Operating Room - HDR with maze entry will be provided in this zone for brachytherapy procedures. This room will include a shielded storage closet for HDR unit. Maze entry width will accommodate movement of stretchers and Equipment.
- 2.4.3.5(16) Control Room - HDR will have Direct Access to semi-restricted corridor and to maze entry to Operating Room - HDR.
- 2.4.3.5(17) Clinical Observation Camera System will be mounted in Operating Room - HDR to allow for monitoring Patient and Equipment. A two-way audio intercom between Control Room - HDR and Operating Room - HDR will be provided.
- 2.4.3.5(18) Sterile Supply Core will have Direct Access from semi-restricted corridor, Operating Rooms, Anteroom - Isolation OR and Operating Room - HDR maze entry. This space will also have Direct Access to dedicated MDR Clean Elevator.

- 2.4.3.5(19) Clearance around MDR Clean Elevator within Sterile Supply Core will be provided to facilitate elevator maintenance and repairs access and installation of Infection Prevention and Control barriers during maintenance/repairs.
- 2.4.3.5(20) Sterile Supply Core will include storage space for supplies/consumables and space to store twenty (20) case carts (4 per OR). It will also include a medication storage area and two (2) distributed dropdown workstations. Case carts will not block access to the Elevator, circulation within Sterile Supply Core and access points to ORs.
- 2.4.3.5(21) One (1) Alcove - Stretcher Storage will be located outside each OR adjacent to the door from semi-restricted corridor.
- 2.4.3.5(22) One (1) Alcove - Scrub Station will be shared between two (2) Operating Rooms and one (1) Alcove - Scrub Station will be shared between one (1) Operating Room and Operating Room - Isolation. These alcoves will have three (3) sinks each and will be located adjacent to access point to ORs from semi-restricted corridor.
- 2.4.3.5(23) One (1) Alcove - Scrub Station will be provided at access point to Operating Room - HDR maze entry from semi-restricted corridor and will include two (2) sinks and gown storage.
- 2.4.3.5(24) Sealed Source Room and Workroom - Planning - Brachytherapy will have Direct Access to semi-restricted corridor and Convenient Access to Operating Room - HDR maze entry. Workroom - Planning - Brachytherapy will include four (4) workstations.
- 2.4.3.5(25) Anesthesia Block Room will be an enclosed room with Direct Access from semi-restricted corridor and Convenient Access from entry point from ACU.
- 2.4.3.5(26) In Lab Specimen Prep Room, Staff will prepare specimens, and store tissue specimens obtained within ORs or PRs. Activities within this room will include Formalin dispensing.
- 2.4.3.5(27) Lab Specimen Prep Room will have Direct Access from both semi-restricted corridor and Service Circulation outside the zone and will be located adjacent to Frozen Section Room.
- 2.4.3.5(28) An Alcove - Pneumatic Tube Station will be located in semi-restricted corridor with Convenient Access to Lab Specimen Prep Room and access point to Sterile Supply Core.

- 2.4.3.5(29) In Frozen Section Room, Lab Staff will perform examination of tissue samples from organs and other tissues. Activities within this room will include grossing, staining, and microscopic examination. After examination, Lab Staff will communicate directly with Perioperative Staff regarding findings. Samples may be moved back to Lab Specimen Prep Room for storage/staging before being transported to Laboratory Component for further examination and/or storage.
- 2.4.3.5(30) Frozen Section Room will have Direct Access from both Semi-Restricted Corridor and Service Circulation outside the zone. A two-way audio intercom between each OR and PR, and Frozen Section Room will be utilized for direct communication between surgeon and pathologist.
- 2.4.3.5(31) An Alcove - Eyewash/Shower Station will be located in semi-restricted corridor with Convenient Access to Frozen Section Room.
- 2.4.3.5(32) Workroom - Anesthesia will have Direct Access from Semi-Restricted Corridor and will include two (2) workstations.
- 2.4.3.5(33) One (1) Office - Shared will be co-located with Workroom - Anesthesia and will have Direct Access from both semi-restricted corridor and Service Circulation outside the zone. This Office will include two (2) drop down workstations.
- 2.4.3.5(34) One (1) Office - Shared will have Direct Access from semi-restricted corridor and Convenient Access to Control Desk. This Office will include three (3) workstations.
- 2.4.3.5(35) Server Room - OR Integration System will be the central room to support integration system in all Operating Rooms. This room will have Direct Access from semi-restricted corridor. Path of travel to this room will not pass through or enter restricted areas of this zone.
- 2.4.3.5(36) Storage - Clean Equipment, Storage - Clean Supply and Storage - Implants will have Direct Access from semi-restricted corridor.
- 2.4.3.6 D3. Procedure Room Area
- 2.4.3.6(1) Access points to Procedure Room Area will be designed to ensure members of the public or unauthorized Staff will not enter this area.

- 2.4.3.6(2) Procedure Room Area will be designed with PRs centrally located and surrounded by support services spaces.
- 2.4.3.6(3) The circulation system will provide a corridor around PRs and a Clean Supply Core in the middle.
- 2.4.3.6(4) Control Desk will be the space for coordination and flow of procedures, monitoring of Equipment and Staff in this zone. Control Desk will be an enclosed room with Direct access to Procedure Room Area internal corridor and a transaction window to Service Circulation outside the zone but within the Component.
- 2.4.3.6(5) Control Desk will have Line of Sight to entry points from ACU to Procedure Room Area internal corridor to view Patients/Staff entering and leaving the area. Line of Sight from Control Desk to Procedure Room Area internal corridor will be maximized.
- 2.4.3.6(6) Control Desk will include one (1) workstation, two (2) drop down workstations, pneumatic tube station and a Business Work Area.
- 2.4.3.6(7) Design of all PRs will be standardized to allow for a range of procedures as required.
- 2.4.3.6(8) All PRs will have two (2) access points with one (1) single door in the back of the room leading to Clean Supply Core and one (1) double door for Patient and Staff access in front of the room from Patient internal corridor.
- 2.4.3.6(9) Clean Supply Core will have Direct Access from Procedure Room Area internal corridor and PRs. This space will include storage space for supplies/consumables and space to store twelve (12) case carts (3 per PR).
- 2.4.3.6(10) One (1) Alcove - Stretcher Storage will be located outside each PR adjacent to the door from Procedure Room Area internal corridor.
- 2.4.3.6(11) One (1) Alcove - Scrub Station will be located centrally and shared between all PRs. This alcove will have three (3) sinks.
- 2.4.3.6(12) Storage - Clean Scopes will have Convenient Access to all PRs. This room will be enclosed and located with Direct Access from Clean Supply Core.
- 2.4.3.6(13) Washroom - Patient will have Convenient Access from PRs.



- 2.4.3.7 D4. Satellite MDR - Scope Reprocessing
- 2.4.3.7(1) Satellite MDR - Scope Reprocessing will be the designated area for High-Level Disinfection of scopes for the Facility.
- 2.4.3.7(2) A one-way, linear flow from soiled to clean will be required in this zone, to adhere to CSA standards and Infection Prevention and Control protocols. As each item advances in the reprocessing cycle, it will not retrace a previous path. The physical organization will prevent flows from crossing in order to maintain separation of clean and contaminated items.
- 2.4.3.7(3) The area will have Convenient Access from Procedure Rooms and Direct Access from Procedure Room Area Restricted (non-Patient) internal corridor.
- 2.4.3.7(4) The layout will physically separate the Decontamination zone and Clean Assembly zone by full height walls.
- 2.4.3.7(5) Decontamination zone and Clean Assembly zone will each have an entry point from Procedure Room Area Restricted (non-Patient) internal corridor. Staff will not be able to travel directly from Decontamination to Clean Assembly.
- 2.4.3.7(6) Design will optimize ergonomics to reduce incidence of repetitive stress injury and musculoskeletal malalignment.
- 2.4.3.7(7) Alcove - Receiving -Soiled will have Direct Access from internal corridor and will include one (1) alcove for soiled scopes and one (1) alcove for soiled instruments. One (1) cart will be located in each alcove to receive soiled items. Alcove - Receiving -Soiled will be located adjacent to entry point to Decontamination zone.
- 2.4.3.7(8) An Alcove - PPE will be located at entry point to Decontamination zone for MDR Staff to don/doff PPE before entering Decontamination zone.
- 2.4.3.7(9) An Alcove - Hand Hygiene Sink will also be located at entry point to Decontamination zone for MDR Staff to perform hand hygiene as part of don/doff protocol before entering Decontamination zone.
- 2.4.3.7(10) An Alcove - Eyewash/Shower Station will be located outside and adjacent to Decontamination zone entry point, with Direct Access from internal corridor.

- 2.4.3.7(11) Scope Washing - Satellite MDR will provide three (3) height adjustable stainless steel triple sink bays. Local exhaust ventilation will be required as close to the chemical exposure source/sink as possible. A circulating space of minimum 1800 mm clear distance between sink bays will be provided to allow Staff to work back-to-back and for passage of carts.
  - 2.4.3.7(12) Decontamination zone will include one (1) Workstation - Standing and one (1) Scope Check Station for checking cleanliness of scopes after hand washing and before placing in Automatic Endoscope Reprocessors (AERs).
  - 2.4.3.7(13) Decontamination zone will include three (3) pass-through AERs. AERs will be located between Decontamination zone and Clean Assembly zone.
  - 2.4.3.7(14) Clean Assembly zone will have a Scope Assembly - Satellite MDR on unload side of AERs for inspection of clean scopes. Scope Assembly - Satellite MDR will include a scope assembly table.
  - 2.4.3.7(15) Alcove - Clean Cart Staging will have Direct Access from scope assembly table and Convenient Access to Clean Assembly zone entry point from internal corridor. Alcove - Clean Cart Staging will be used for loading clean scopes onto clean carts for transport to clean storage locations.
  - 2.4.3.7(16) Clean Assembly will also include one (1) Alcove - Hand Hygiene Sink and one (1) Workstation - Standing.
- 2.4.3.8 D5. Shared Support Space
- 2.4.3.8(1) Soiled Holding - Perioperative be used for temporary holding of biohazard and general waste, soiled linens, soiled equip from OR/PRs, before being taken to Back of House/MDR.
  - 2.4.3.8(2) This room will accommodate draining fluids (e.g., IV bags), staging of soiled case carts, emptying fluid management system at docking stations, staging of waste, recycling, biohazardous items and soiled linen.
  - 2.4.3.8(3) Soiled Holding - Perioperative will be shared between Operating Room Area and Procedure Room Area and will have Direct Access to dedicated MDR Soiled Elevator, semi-restricted corridor and Service Circulation.
  - 2.4.3.8(4) Soiled Holding - Perioperative will have Convenient Access to Staff and Patient Service Elevators.

- 2.4.3.8(5) Soiled case carts within Soiled Holding - Perioperative will be located adjacent to MDR Soiled Elevator prior to loading without blocking access to the Elevator and the corridor.
- 2.4.3.9 D6. Anesthetic Care Unit (ACU)
- 2.4.3.9(1) ACU will have secure Direct Access from Patient Arrival and Check-In, Operating Room Area and Procedure Room Area. ACU will also have Convenient Access to Back-of-House Staff entry point.
- 2.4.3.9(2) ACU will be arranged in pods that will serve Pre-Op/Phase 2 recovery and Phase 1 recovery functions.
- 2.4.3.9(3) ACU layout will provide flexibility to accommodate a varying number of Patients throughout the day. Pods will be contiguous to allow them to flex for pre- and post- procedure care as needed.
- 2.4.3.9(4) To optimize Phase 1 recovery care, one (1) pod will be created to allow doors to be closed to create a quiet environment, separated from the sounds of high traffic areas. This pod will have Direct Access from the semi-restricted corridor in Operating Room Area to support post-op Patient flow for Phase 1 recovery. The minimum number of Stretcher Bay - ACU in this pod will be twelve (12). Three (3) Alcove - Mobile Equipment will be located in this pod and evenly distributed to minimize Staff travel distances.
- 2.4.3.9(5) Design of Stretcher Bay - ACU, Stretcher Bay - ACU - Bariatric and Exam/Treatment Room - AIR - Bariatric will be standardized to allow for maximum flexibility in use.
- 2.4.3.9(6) Stretcher Bay - ACU and Stretcher Bay - ACU - Bariatric will include walls on three (3) sides with privacy curtain at the front. Design of Stretcher Bays in Phase 1 recovery will provide minimum 1200 mm clearance on both sides of the stretcher and 1200 mm at the foot of the bed. Design of Stretcher Bays in Phase 2 recovery will provide minimum 1200 mm clearance on Staff side and 900 mm on the other side of the stretcher and 1200 mm at the foot of the bed. Length of sidewalls will be 3/4 of depth of the bays to allow Staff quicker access between bays. Privacy curtain at the front will wrap around the corners of the bays to cover 1/4 of depth of the bays.

- 2.4.3.9(7) One (1) Alcove - Hand Hygiene Sink will be shared between each three (3) stretcher bays. Four (4) of these sinks will also be located within 6.0 m of each Care Team Station.
  - 2.4.3.9(8) One (1) Exam/Treatment Room - AIR - Bariatric will be located within the area where Phase 1 Recovery will occur. Two (2) Exam/Treatment Room - AIR - Bariatric will be located within the areas where Pre-Op/Phase 2 Recovery will occur.
  - 2.4.3.9(9) Four (4) Care Team Stations will be distributed in ACU to maximize Line of Sight to ACU stretcher bays. Each Care Team Station will include one (1) workstation, two (2) standing workstations and a Business Work Area.
  - 2.4.3.9(10) Two (2) Care Team Stations will each have one (1) dictation workstation in a discrete location and other two (2) Care Team Stations will each have a pneumatic tube station.
  - 2.4.3.9(11) One (1) pneumatic tube station will be located at a central Care Team Station serving Pre-Op/Phase 2 recovery. One (1) pneumatic tube station will be located at Care Team Station serving Phase 1 recovery with the closest adjacency to Operating Room Area.
  - 2.4.3.9(12) Staff in ACU Care Team Stations will require the ability to respond to family picking up Patients. An audio-video door intercom and remote door release will be provided between Care Team Stations and entry point from Patient Arrival and Check-In zone.
  - 2.4.3.9(13) Medication Room will be distributed and located adjacent to Care Team Stations.
  - 2.4.3.9(14) Alcove - Nourishment Station will be used by Staff only and will have Convenient Access to Care Team Stations.
  - 2.4.3.9(15) Alcove - Lockers - Patient will have Convenient Access from stretcher bays intended for Pre-Op/Phase 2 Recovery. This space will be used for storing Patient belongings during procedure.
- 2.4.3.10 D7. Staff Support Space
- 2.4.3.10(1) Staff Support Space will have Convenient Access to Perioperative Component Back-of-House Staff entry point.

- 2.4.3.10(2) All Perioperative Staff will have Convenient Access to Lounge-Staff, with a priority to those working within Operating Room Area.
- 2.4.3.10(3) This zone will include Locker Room - Male and Locker Room - Female with Direct Access from Staff-only internal corridor through privacy vestibules. Locker Rooms will be co-located with Lounge - Staff.
- 2.4.3.10(4) Alcove - Lockers will have Direct Access from Staff-only internal corridor and Convenient Access from Washroom/Shower - Staff and Locker Rooms.
- 2.4.3.10(5) Meeting Room - 12-Seat will have Convenient Access from Lounge - Staff.
- 2.4.3.10(6) Office - Shared will include two (2) workstations each.
- 2.4.3.10(7) One (1) Office - Shared will have Convenient Access to Operating Room Area and ACU.
- 2.4.3.10(8) One (1) Office - Shared will have Convenient Access to Procedure Room Area.
- 2.4.3.10(9) Two (2) Office - Shared will be located in Back-of-House Staff Support Space.

## 2.4.4 SCHEDULE OF ACCOMMODATIONS

2.4.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Perioperative**

<b>D. PERIOPERATIVE</b>		
D1. PATIENT ARRIVAL AND CHECK-IN		74.8
D2. OPERATING ROOM AREA		749.1
D3. PROCEDURE ROOM AREA		299.4
D4. SATELLITE MDR - SCOPE REPROCESSING		53.0
D5. SHARED SUPPORT SPACE		48.0
D6. ANESTHETIC CARE UNIT (ACU)		823.3
D7. STAFF SUPPORT SPACE		312.4
<b>PERIOPERATIVE PROGRAMMED SPACE NSM:</b>		<b>2,360.0</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>D. PERIOPERATIVE</b>					
<b>D1. PATIENT ARRIVAL AND CHECK-IN</b>					
D1.01	Patient Check-In	1	13.8	13.8	
D1.02	Business Work Area	1	6.0	6.0	
D1.03	Waiting Area	1	33.0	33.0	
D1.04	Washroom - Public	2	5.0	10.0	
D1.05	Consult Room	1	12.0	12.0	
<b>SUBTOTAL NSM: PATIENT ARRIVAL AND CHECK-IN</b>				<b>74.8</b>	
<b>D2. OPERATING ROOM AREA</b>					
D2.01	Control Desk	1	14.1	14.1	
D2.02	Anteroom - Isolation OR	1	10.0	10.0	For access between Operating Room - Isolation and semi-restricted corridor.
D2.03	Anteroom - Isolation OR	1	5.0	5.0	For access between Operating Room - Isolation and Sterile Supply Core.
D2.04	Operating Room - Isolation	1	60.0	60.0	
D2.05	Operating Room	3	60.0	180.0	
D2.06	Operating Room - HDR	1	75.0	75.0	
D2.07	Control Room - HDR	1	18.0	18.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
D2.08	Sealed Source Room	1	16.0	16.0	For radioactive sources/seeds and radioactive linac parts storage.
D2.09	Workroom - Planning - Brachytherapy	1	15.0	15.0	
D2.10	Storage - Clean Equipment	3	20.0	60.0	To be distributed.
D2.11	Alcove - Scrub Station	3	2.4	7.2	
D2.12	Sterile Supply Core	1	94.3	94.3	
D2.13	Anesthesia Block Room	1	13.0	13.0	For pre-procedure preparation of Patient with regional anesthesia.
D2.14	Alcove - Pneumatic Tube Station	1	1.0	1.0	
D2.15	Lab Specimen Prep Room	1	14.0	14.0	For preparation and storage of specimens and formalin dispensing.
D2.16	Frozen Section Room	1	18.0	18.0	
D2.17	Workroom - Anesthesia	1	14.0	14.0	For preparation of anesthesia carts and drop down repairs of smaller Equipment.
D2.18	Office - Shared	1	12.0	12.0	For anesthetists.
D2.19	Office - Shared	1	16.0	16.0	For DPC clerks.
D2.20	Storage - Implants	1	30.0	30.0	For implants and unique items.
D2.21	Alcove - Stretcher Storage	5	2.5	12.5	
D2.22	Alcove - Blanket Warmer	1	1.5	1.5	To be located centrally.
D2.23	Alcove - Clean Linen	2	2.0	4.0	To be distributed.
D2.24	Alcove - Mobile Equipment	3	1.5	4.5	For MI and other mobile Equipment/carts. To be distributed.
D2.25	Alcove - Oxygen Tank Storage	1	2.0	2.0	For secure gas cylinders.
D2.26	Washroom - Staff - Non-Acc	2	3.5	7.0	
D2.27	Housekeeping Room	1	7.0	7.0	
D2.28	Storage - Clean Supply	1	20.0	20.0	For clean consumable supplies. To be located centrally.
D2.29	Alcove - Eyewash/Shower Station	1	1.0	1.0	
D2.30	Server Room - OR Integration System	1	17.0	17.0	
<b>SUBTOTAL NSM: OPERATING ROOM AREA</b>				<b>749.1</b>	
<b>D3. PROCEDURE ROOM AREA</b>					
D3.01	Control Desk	1	14.1	14.1	
D3.02	Procedure Room - Endoscopic	3	38.0	114.0	
D3.03	Procedure Room - General	1	38.0	38.0	
D3.04	Clean Supply Core	1	61.9	61.9	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
D3.05	Alcove - Stretcher Storage	4	2.5	10.0	
D3.15	Alcove - Scrub Station	1	2.4	2.4	
D3.06	Alcove - Blanket Warmer	1	1.5	1.5	To be located centrally.
D3.07	Alcove - Clean Linen	2	2.0	4.0	To be distributed. 1 per 2 PRs.
D3.08	Alcove - Mobile Equipment	4	1.5	6.0	For Medical Imaging and other mobile Equipment/carts. To be distributed.
D3.09	Storage - Clean Scopes	1	10.0	10.0	
D3.10	Alcove - Oxygen Tank Storage	1	2.0	2.0	For secure gas cylinders.
D3.11	Storage - Clean Equipment	1	20.0	20.0	
D3.12	Washroom - Staff - Non-Acc	1	3.5	3.5	
D3.13	Housekeeping Room	1	7.0	7.0	
D3.14	Washroom - Patient	1	5.0	5.0	
<b>SUBTOTAL NSM: PROCEDURE ROOM AREA</b>				<b>299.4</b>	
<b>D4. SATELLITE MDR - SCOPE REPROCESSING</b>					
<b>D4.01</b>	<b>Decontamination</b>				
D4.01.01	Alcove - Receiving - Soiled	2	1.0	2.0	For dropping off soiled scopes and instruments in bins on carts.
D4.01.02	Alcove - PPE	1	2.0	2.0	
D4.01.03	Alcove - Hand Hygiene Sink	1	1.0	1.0	
D4.01.04	Workstation - Standing	1	1.8	1.8	
D4.01.05	Scope Washing - Satellite MDR	1	16.8	16.8	
D4.01.06	Scope Check Station	1	2.2	2.2	
D4.01.07	Automatic Endoscope Reprocessor (AER)	1	8.4	8.4	
D4.01.08	Alcove - Eyewash/Shower Station	1	1.0	1.0	
	<b>Subtotal NSM: Decontamination</b>			<b>35.2</b>	
<b>D4.02</b>	<b>Clean Assembly</b>				
D4.02.01	Alcove - Hand Hygiene Sink	1	1.0	1.0	
D4.02.02	Alcove - Clean Cart Staging	1	10.0	10.0	
D4.02.03	Workstation - Standing	1	1.8	1.8	
D4.02.04	Scope Assembly - Satellite MDR	1	5.0	5.0	
	<b>Subtotal NSM: Clean Assembly</b>			<b>17.8</b>	
<b>SUBTOTAL NSM: SATELLITE MDR - SCOPE REPROCESSING</b>				<b>53.0</b>	
<b>D5. SHARED SUPPORT SPACE</b>					



Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
D5.01	Soiled Holding - Perioperative	1	48.0	48.0	
<b>SUBTOTAL NSM: SHARED SUPPORT SPACE</b>				<b>48.0</b>	
<b>D6. ANESTHETIC CARE UNIT (ACU)</b>					
D6.01	Stretcher Bay - ACU	42	11.0	462.0	
D6.02	Stretcher Bay - ACU - Bariatric	2	16.0	32.0	
D6.06	Exam/Treatment Room - AIR - Bariatric	3	16.0	48.0	
D6.07	Ensuite - AIR - Bariatric	3	5.6	16.8	
D6.08	Anteroom - AIR - Bariatric	3	5.0	15.0	
D6.09	Alcove - Hand Hygiene Sink	14	1.0	14.0	To be distributed.
D6.10	Alcove - Lockers - Patient	1	18.5	18.5	
D6.11	Washroom - Patient	5	5.0	25.0	To be distributed.
D6.12	Care Team Station	4	14.0	56.0	
D6.13	Medication Room	2	13.0	26.0	To be distributed.
D6.14	Alcove - Nourishment Station	2	4.0	8.0	To be distributed.
D6.15	Alcove - Mobile Equipment	6	1.5	9.0	For Medical Imaging and other mobile Equipment/carts, including crash cart. To be distributed.
D6.16	Alcove - Blanket Warmer	1	1.5	1.5	
D6.17	Alcove - Clean Linen	1	2.0	2.0	
D6.18	Storage - Clean Supply	2	13.0	26.0	
D6.19	Soiled Utility Room	2	12.0	24.0	
D6.20	Washroom - Staff - Non-Acc	3	3.5	10.5	
D6.21	Storage - Clean Equipment	1	15.0	15.0	For clean Equipment (incl. VH).
D6.22	Housekeeping Room	2	7.0	14.0	To be distributed.
<b>SUBTOTAL NSM: ANESTHETIC CARE UNIT (ACU)</b>				<b>823.3</b>	
<b>D7. STAFF SUPPORT SPACE</b>					
D7.01	Meeting Room - 12-Seat	1	30.0	30.0	
D7.02	Washroom - Staff	1	5.0	5.0	
D7.03	Office - Private	2	9.0	18.0	For manager.
D7.04	Office - Shared	4	12.0	48.0	For PCC, CNE, ORB, DPC clerk.
D7.05	Locker Room - Male	1	51.2	51.2	
D7.09	Locker Room - Female	1	72.4	72.4	
D7.13	Washroom/Shower - Staff	2	6.0	12.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
D7.14	Alcove - Lockers	1	9.0	9.0	
D7.15	Lounge - Staff	1	59.8	59.8	
D7.16	Housekeeping Room	1	7.0	7.0	
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>312.4</b>	
<b>TOTAL NSM: PERIOPERATIVE</b>				<b>2,360.0</b>	

## 2.5 E. LABORATORY

### 2.5.1 SERVICE DESCRIPTION

- 2.5.1.1 Laboratory Component will provide analysis of blood, body fluids, and tissues to be used in the diagnosis and evaluation of disease for the Facility and surrounding community.
- 2.5.1.2 Patient population in this Component will include the NSHBCCC inpatient and community outpatient population.
- 2.5.1.3 This Laboratory Component will be part of the existing laboratory network within FH. The following key services will be provided in this Component:
- 2.5.1.3(1) Specimen Collection and Testing - inpatient, outpatient (including BCC Patients), referrals, perioperative testing, and other laboratory tests as required;
  - 2.5.1.3(2) Accessioning - pre-analytical functions, specimen receiving, specimen shipping, data entry, centrifugation, sample pour-off and distribution of specimens across all areas of Laboratory testing;
  - 2.5.1.3(3) Biochemistry - routine chemistry evaluation of electrolytes, enzymes, immuno-proteins, and hormone levels, therapeutic and substance use drug level testing, urinalysis, blood gases, cardiac tests;
  - 2.5.1.3(4) Hematology - cell counts and morphological assessment, coagulation testing, serological testing, slide preparation; and
  - 2.5.1.3(5) Transfusion Medicine - cross matching, typing and screening of blood products as well as storage and release of blood and blood components. The team will have access to a regional tissue bank service.
- 2.5.1.4 Service Exclusions
- 2.5.1.4(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
    - 2.5.1.4(1)(a) No cardio functions such as ECGs or Holter Monitoring will be provided by Laboratory Staff. These functions will be performed by cardiology technologists 24/7 for inpatients. Outpatient Cardiac Diagnostic services will not be provided.

- 2.5.1.4(1)(b) Inpatient collections and phlebotomy will be performed in Ambulatory Care, Inpatient Unit, Perioperative Unit and Emergency Components, not in Laboratory Component.
- 2.5.1.4(1)(c) All microbiology testing will continue to be shipped to Surrey Memorial Hospital (SMH).
- 2.5.1.4(1)(d) Cytology and Anatomic Pathology services will be available off-site from NSHBCCC.

## 2.5.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

### 2.5.2.1 Patient Flow

- 2.5.2.1(1) Patients will only enter Outpatient Specimen Collection zone.
- 2.5.2.1(2) Patients will enter into the Outpatient Specimen Collection zone from Public Circulation and will report to a Patient Check-In station.
- 2.5.2.1(3) At Patient Check-In, a clerk will receive and register the Patient using a clinical information system, which will involve swiping Patient's CareCard, confirming personal information and reviewing the Patient's requisition electronically or on paper.
- 2.5.2.1(4) Patient will be asked to wait in Waiting Area to be called in when a treatment space is ready. Patient will be escorted by care Staff to a Chair Bay - Phlebotomy or Exam/Treatment Room for specimen collection. Some Patients will be asked to provide a urine sample within Washroom - Patient and place the sample container in a specimen pass-through cabinet.
- 2.5.2.1(5) When specimen collection is complete, Patient will leave Outpatient Specimen Collection zone to Public Circulation.

### 2.5.2.2 Family/Visitor Flow

- 2.5.2.2(1) Some family/support persons will accompany the Patient to the treatment space or wait in Waiting Area.

### 2.5.2.3 Staff Flow

- 2.5.2.3(1) Start and End of Shift
  - 2.5.2.3(1)(a) Laboratory Staff arriving for start of shift will change and lock their personal belongings in centralized Locker Rooms in Shared Staff Facilities Sub-Component. A

dedicated, internal Lounge - Staff will be available for Laboratory Staff. Purse lockers will be available to Staff within dedicated Lounge - Staff.

2.5.2.3(1)(b) Laboratory Staff will enter Laboratory Component via a Back-of-House Staff entry point from Service Circulation. At beginning of shift, Staff will sign-in and proceed to their respective work area for most of the day.

2.5.2.3(1)(c) At end of shift, Laboratory Staff will sign-out and will use Service Circulation to either travel to centralized Shared Staff Facilities Sub-Component or to leave the Facility.

#### 2.5.2.3(2) Inpatient Lab Specimen Collection

2.5.2.3(2)(a) Phlebotomists will stock and collect a phlebotomy cart from Storage - Clean Supply - Phlebotomy Carts room, then travel to other Components throughout the Facility via Service Circulation as required to collect lab specimens. Convenient Access to Staff and Patient Service Elevators is important to support this flow. Phlebotomists will generally use pneumatic tube system to transport lab specimens back to Laboratory for accessioning and processing but may deliver lab specimens to Laboratory in some instances via Service Circulation.

2.5.2.3(2)(b) Upon return to Laboratory, Phlebotomists will return their cart to Storage - Clean Supply - Phlebotomy Carts, then carry lab specimens directly into Lab Entry - Central Processing for accessioning.

#### 2.5.2.3(3) Outpatient Lab Specimen Collection

2.5.2.3(3)(a) For outpatient lab specimen collection in Outpatient Specimen Collection zone, Laboratory Staff will call a Patient in from Waiting Area when a treatment space is available and escort them to the treatment space.

2.5.2.3(3)(b) Laboratory Staff will collect lab specimens from Patients in treatment spaces (e.g., Chair Bay - Phlebotomy, Exam/Treatment Room) or Washroom - Patient. Laboratory Staff will then take these specimens directly into Lab Entry - Central Processing zone for accessioning.

- 2.5.2.3(3)(c) Within Outpatient Specimen Collection zone, Laboratory Staff will travel from treatment spaces to and from Alcove - Phlebotomy for access to the electronic health record and supplies, as well as to and from Patient Check-in to collaborate with the clerical Staff.
- 2.5.2.3(4) Lab Entry - Central Processing
- 2.5.2.3(4)(a) Laboratory Staff within Lab Entry - Central Processing receive all collected lab specimens and accession/process as applicable.
- 2.5.2.3(4)(b) Whole blood specimens and other samples that do not require preparatory centrifugation will be passed directly to the appropriate testing station within Laboratory Component. Other specimens will be spun, divided into aliquots if necessary, and labelled before being delivered to the applicable test station within Laboratory Component.
- 2.5.2.3(4)(c) Laboratory Staff will deliver specimens from Lab Entry - Central Processing to the appropriate testing/receiving station in each zone as required.
- 2.5.2.3(4)(d) For specimens that will be tested external to the Facility (e.g., microbiology, cytology), Laboratory Staff will assemble, package, and store the specimen in Package Holding/Shipping Staging Area in preparation for courier pick-up and shipping to applicable location. Courier pick-up/drop-off may occur 24/7.
- 2.5.2.3(4)(e) Specimens will be refrigerated, frozen or kept at room temperature for courier pick-up.
- 2.5.2.3(4)(f) Courier deliveries to Laboratory will be received at Vestibule - Shipping/Receiving, or at a transaction window at Package Holding/Staging Area by Laboratory Staff, who will process and deliver the package to the appropriate zone within Laboratory Component.
- 2.5.2.3(5) Chemistry
- 2.5.2.3(5)(a) From Lab Entry - Central Processing, Laboratory Staff will place specimens for Chemistry in a rack at Receiving Bench - Chemistry adjacent to Automated High-Volume Analyzer Area. From there, the Chemistry Lab tech will

load the chemistry analyzer for automated processing. All samples remaining after processing will be retained for one week for re-testing. Approximately 90% of samples will be refrigerated with the remaining samples stored in a frozen state for up to six weeks.

2.5.2.3(5)(b) Specimens may also be received directly at Urinalysis Area or Blood Gas/Whole Blood Analysis Area for testing as per applicable processes.

#### 2.5.2.3(6) Hematology

2.5.2.3(6)(a) Laboratory Staff in Hematology zone will receive specimens at Receiving Bench - Hematology adjacent to Automated Coagulation Area. Routine hematology samples will be loaded into the automated cell counter. Abnormal samples will be flagged for further study by microscope examination in Microscopy Area. Blood smears will be made on glass slides and stained on an autostainer at Workbench - Slide Stainer.

2.5.2.3(6)(b) Specimens may also be delivered to Bone Marrow Work Area, or Workbench - Manual Hematology and Fluids. Testing will be performed as per applicable processes.

2.5.2.3(6)(c) Routine smears will be retained on-site for one (1) week. Slides for pathologist review will be retained for three (3) months on-site. Routine hematology samples will be retained on-site for five (5) days in refrigeration. Abnormal slides will be retained for ten (10) years off-site.

#### 2.5.2.3(7) Transfusion Medicine

2.5.2.3(7)(a) Laboratory Staff in Transfusion Medicine zone will receive or send specimens or blood products at Receiving/Dispensing Area, which involves courier drop-off/pick-up of specimens/blood products from/to external locations. Direct Access to Public Circulation from Receiving/Dispensing Area is required to support this flow, including both a secure access door and a transaction window.

2.5.2.3(7)(b) Portering or care Staff requiring access to unmatched blood product during a trauma in Emergency Component will present at Transfusion Medicine

Receiving/Dispensing Area to pick up the blood products.

2.5.2.3(7)(c) Laboratory Staff or Porter Staff will deliver blood products to various Components within the Facility (e.g., Ambulatory Care) via Service Circulation.

2.5.2.3(7)(d) Blood products will be transported via pneumatic tube system in some cases.

2.5.2.3(7)(e) From Receiving/Dispensing Area, after centrifugation, samples for blood grouping, antibody screening and cross match are brought by Laboratory Staff into Transfusion Medicine for processing and testing.

2.5.2.3(7)(f) Specimens will be retained on-site for one (1) month in a secure refrigeration unit.

#### 2.5.2.3(8) Anatomic Pathology

2.5.2.3(8)(a) Staff transporting Anatomic Pathology specimens from other locations within the Facility will enter Laboratory Component via a Staff Back-of-House entry point and deliver to Central Processing - Accessioning. From there, specimens will be prepared to ship out to another facility for analysis.

#### 2.5.2.3(9) Frozen Section Flow

2.5.2.3(9)(a) For surgeries requiring tissue diagnostics in/near real-time, a frozen section service will be provided within Perioperative Component by Laboratory Staff. Laboratory Staff will travel to and from Perioperative Component via Service Circulation to support this service.

#### 2.5.2.3(10) Shared Support Space

2.5.2.3(10)(a) Laboratory Staff from all zones will travel to Shared Support Space zone to retrieve clean supplies, clean soiled items, or dispose of waste.

#### 2.5.2.3(11) Staff Support Space

2.5.2.3(11)(a) Laboratory Staff from all zones will circulate to Staff Support Space zone to access the dedicated, internal Lounge - Staff, Business Work Area, and Meeting Room - 12-Seat.



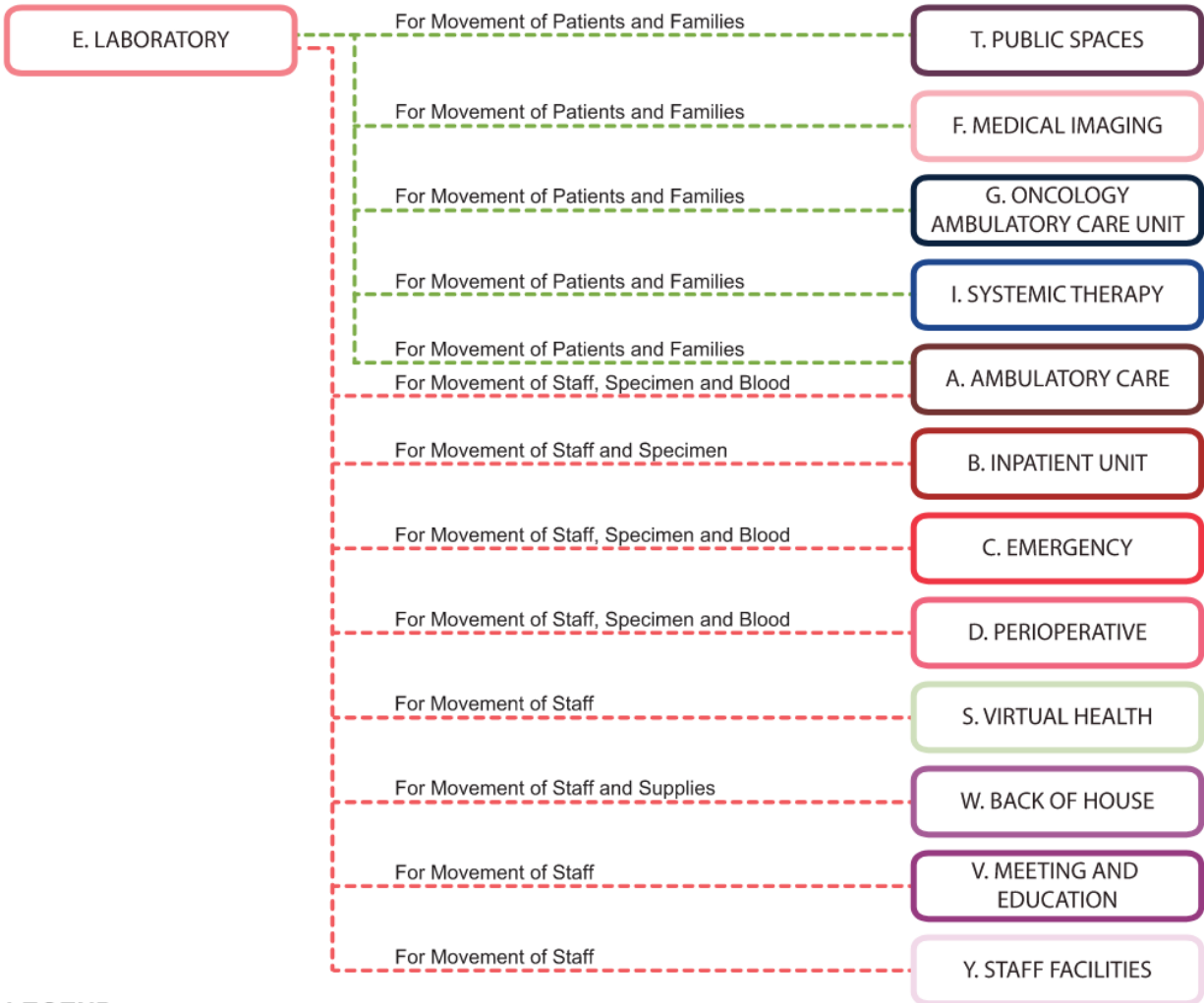
- 2.5.2.4 Clinical Support Flow
  - 2.5.2.4(1) Pharmacy
    - 2.5.2.4(1)(a) N/A
  - 2.5.2.4(2) Medical Imaging
    - 2.5.2.4(2)(a) N/A
  - 2.5.2.4(3) Laboratory
    - 2.5.2.4(3)(a) N/A
  - 2.5.2.4(4) Interprofessional Team
    - 2.5.2.4(4)(a) Respiratory Therapy Staff may hand deliver Arterial Blood Gas samples from Clinical Components directly to Lab Entry - Central Processing. Pneumatic tube system may also be used.
- 2.5.2.5 Non-Clinical Support Flow
  - 2.5.2.5(1) Equipment
    - 2.5.2.5(1)(a) When new Equipment is brought in or is being tested, the designated Testing Workstation within the Chemistry zone will be used to ensure the Equipment is working properly before being placed into use within Laboratory.
  - 2.5.2.5(2) Medical Devices
    - 2.5.2.5(2)(a) MDR Staff will deliver instruments to Storage - Clean Supply room once per day. Soiled instruments will be stored in Laboratory Soiled Holding room on a cart until they are picked up and delivered back to MDR. STAT sterile items will be ordered by phone and may be delivered by MDR Staff or picked up by Laboratory Staff depending on Staff availability.
  - 2.5.2.5(3) Supplies (Materials Management)
    - 2.5.2.5(3)(a) As per Facility-wide flow.
  - 2.5.2.5(4) EVS (Housekeeping/Linen/Waste Management)
    - 2.5.2.5(4)(a) As per Facility-wide flow.

- 2.5.2.5(5) Patient Food Services
  - 2.5.2.5(5)(a) As per Facility-wide flow.
- 2.5.2.5(6) Biomedical Engineering
  - 2.5.2.5(6)(a) As per Facility-wide flow.
- 2.5.2.5(7) FMO/AM
  - 2.5.2.5(7)(a) As per Facility-wide flow.
- 2.5.2.5(8) Information Management
  - 2.5.2.5(8)(a) Key information flows needed to support Laboratory Component will include:
    - 2.5.2.5.8.(a).1 Outpatient appointment scheduling;
    - 2.5.2.5.8.(a).2 Laboratory orders, originating from both clinical units inside the Facility, as well as from community sources. Outpatient collections will be done through drop in and appointment scheduling;
    - 2.5.2.5.8.(a).3 Specimen collection, including positive Patient ID, specimen labelling, and associated data (time collected, etc.);
    - 2.5.2.5.8.(a).4 Results reporting, to clinical Staff located within and outside the Facility; and
    - 2.5.2.5.8.(a).5 Notification of abnormal lab results.
  - 2.5.2.5(8)(b) Reporting: Most analyzers will have communication capability allowing direct download of results into Laboratory Information Management System. Some test results will need to be entered into the system manually. Results will be reported and released by the technologists for electronic reporting. STAT orders will be automatically broadcast to the appropriate location upon release. All results will continue to be reported electronically using appropriate security protocols.
- 2.5.2.5(9) Security
  - 2.5.2.5(9)(a) As per Facility-wide flow.

2.5.3 COMPONENT DESIGN CRITERIA

2.5.3.1 External Adjacency Requirements Diagram

2.5.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.



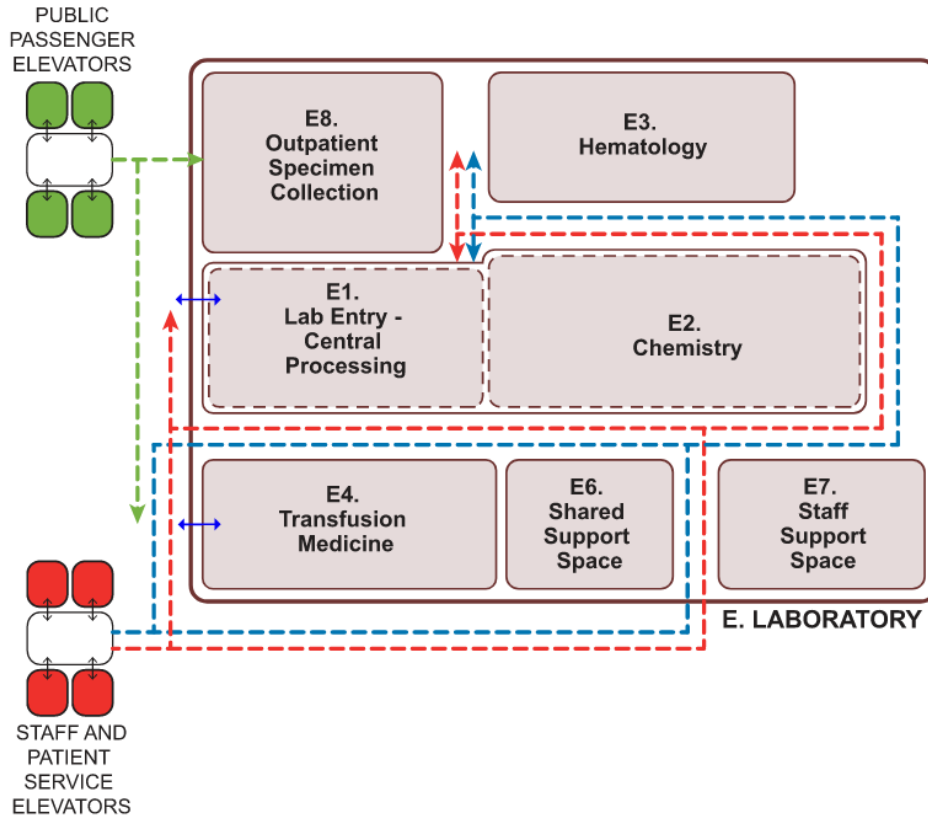
**LEGEND**

Convenient Access by Public Circulation

Convenient Access by Service Circulation

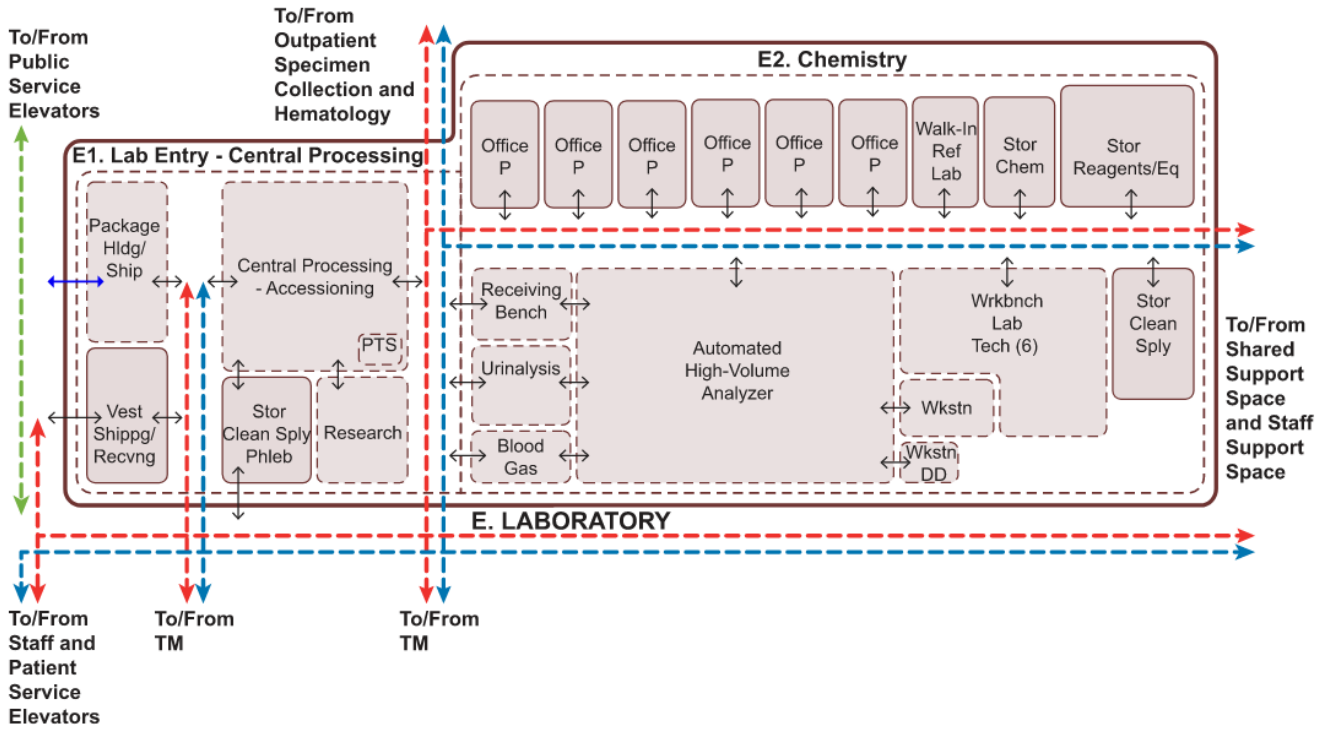
2.5.3.2 Internal Functional Relationships Diagram

2.5.3.2(1) The following diagrams indicate internal functional relationships within this Component.



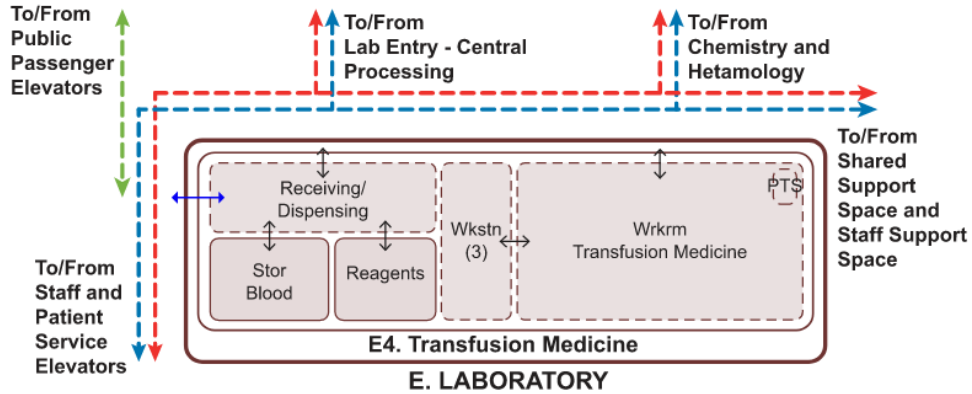
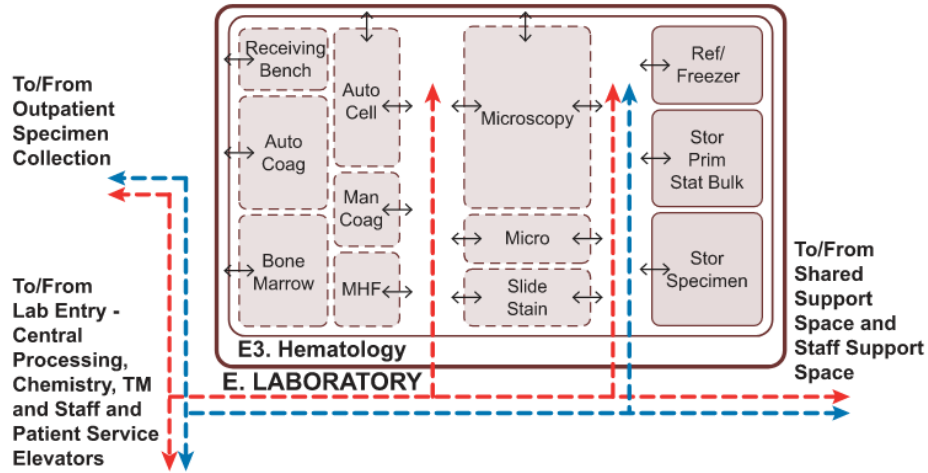
**LEGEND**

- ← - - - Public Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ Transaction Window



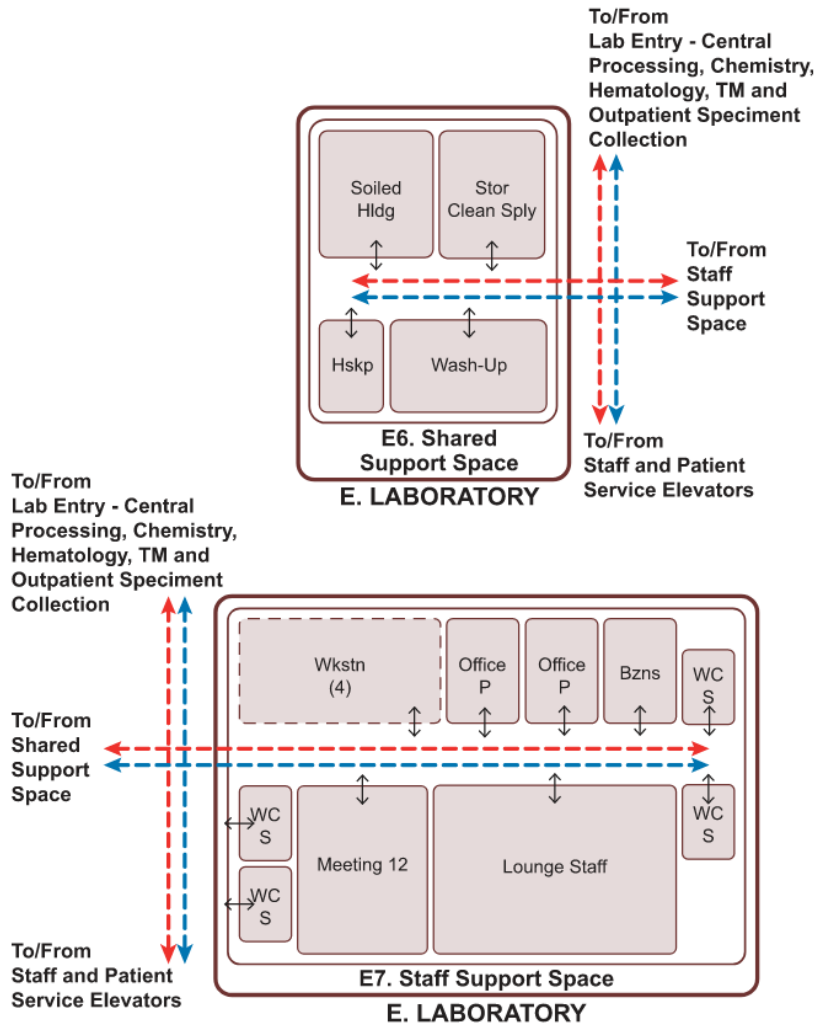
**LEGEND**

- ← - - - - Public Flow
- ← - - - - Staff Flow
- ← - - - - Service Flow
- ↔ Room/Space Access
- ↔ Transaction Window



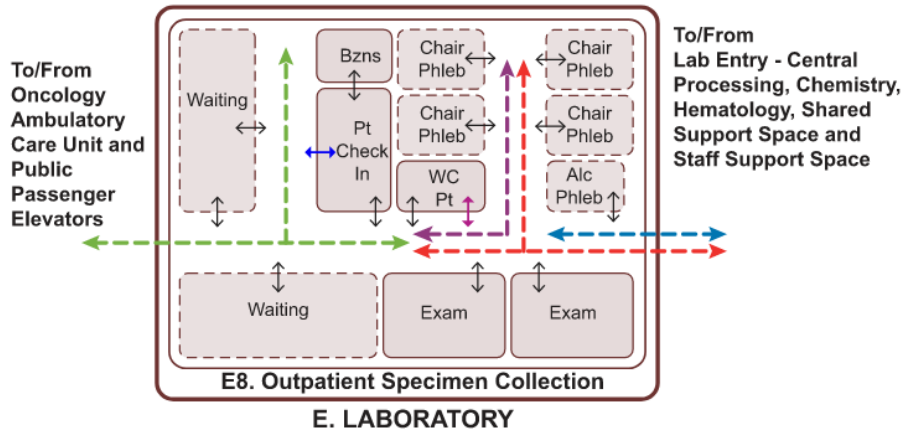
**LEGEND**

- ← - - - Public Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ Transaction Window



**LEGEND**

- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access

**LEGEND**

- ← Public Flow
- ← Patient Flow
- ← Staff Flow
- ← Service Flow
- ↔ Room/Space Access
- ↔ Pass-Through Chamber
- ↔ Transaction Window

## 2.5.3.3 General Requirements

2.5.3.3(1) Laboratory Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.5.3.3(1)(a) Convenient Access via Public Circulation for Patients, families and visitor access to and from Main Entrance Lobby.
- 2.5.3.3(1)(b) Convenient Access via Service Circulation to Emergency for movement of Staff, specimens and blood.
- 2.5.3.3(1)(c) Convenient Access via Service Circulation to Perioperative for movement of Staff, specimens and blood.
- 2.5.3.3(1)(d) Convenient Access via Service Circulation to Inpatient Units for movement of Staff and specimens.
- 2.5.3.3(1)(e) Convenient Access via Service Circulation to Ambulatory Care for movement of Staff, specimens and blood.

2.5.3.3(2) Zones of activity within Laboratory Component will include the following:



- 2.5.3.3(2)(a) E1. Lab Entry - Central Processing
  - 2.5.3.3(2)(b) E2. Chemistry
  - 2.5.3.3(2)(c) E3. Hematology
  - 2.5.3.3(2)(d) E4. Transfusion Medicine
  - 2.5.3.3(2)(e) E6. Shared Support Space
  - 2.5.3.3(2)(f) E7. Shared Staff Support
  - 2.5.3.3(2)(g) E8. Outpatient Specimen Collection
- 2.5.3.3(3) The general concept of Laboratory Component will be to maximize the open areas to see across to other Staff within the area, which is a concern at night with low staffing levels. It will also maximize the flexibility of Equipment layout and potential future reconfigurations.
- 2.5.3.3(4) Zones E2, E3, and E4 will be open and contiguous with one another to allow ease of movement for Staff and specimens. The open space will accommodate flexible arrangement of benches and Equipment.
- 2.5.3.3(5) Lab Entry - Central Processing will provide Direct Access for courier and Canadian Blood Services (CBS) deliveries via Public Circulation for receipt and shipping of specimens and blood products.
- 2.5.3.3(6) Shared Support Spaces will be located separate from the testing areas, but with Convenient Access from all Laboratory zones.
- 2.5.3.3(7) Shared Support Spaces will be located near a Back-of-House Staff entry point from Service Circulation to support clean and soiled flows and will be reached without passing through any testing areas.
- 2.5.3.3(8) Outpatient Specimen Collection will have Direct Access from Public Circulation.
- 2.5.3.4 E1. Lab Entry - Central Processing
- 2.5.3.4(1) Accessioning - Central Processing will be the space for receiving, accessioning, and manual processing of specimens.

- 2.5.3.4(2) Vestibule - Shipping/Receiving will include porter drop-off area, courier drop/pick-up, mail drop-off and will provide sorting surface to sort packages.
  - 2.5.3.4(3) Vestibule - Shipping/Receiving will have Direct Access from Public Circulation and will be co-located with Package Holding/Staging Area with a secure with secure access between two (2) spaces.
  - 2.5.3.4(4) Couriers with access to Vestibule - Shipping/Receiving will not be able to access the rest of the Lab Entry - Central Processing zone or other Laboratory areas.
  - 2.5.3.4(5) Package Holding/Staging Area will include a drop-off transaction window from Public Circulation.
  - 2.5.3.4(6) An audio-video door intercom outside the door to Vestibule - Shipping/Receiving will be provided for clients to notify Lab Staff of their presence.
  - 2.5.3.4(7) Alcove - Pneumatic Tube Station will have Direct Access from Central Processing - Accessioning and will also have a critical connection with Receiving Bench - Chemistry, with the shortest path possible, to support time-critical sample delivery.
  - 2.5.3.4(8) Alcove - PPE will have Convenient Access to Package Holding/Staging Area and Central Processing - Accessioning for use by Staff as they enter this zone.
  - 2.5.3.4(9) Central Processing - Accessioning will include four (4) workstations and manual processing area.
  - 2.5.3.4(10) Research Area will include two (2) workstations. Research Area will need to be separated from the rest of Central Processing - Accessioning, although it will not need to be an enclosed room.
  - 2.5.3.4(11) Storage - Clean Supply - Phlebotomy Carts will have Direct Access from Component internal corridor and Central Processing - Accessioning, with Convenient Access to Package Holding/Staging Area.
- 2.5.3.5 E2. Chemistry
- 2.5.3.5(1) Chemistry Work Area will be an open workspace to support Chemistry with enclosed Storage - Chemistry, Walk-In Refrigerator - Lab, Storage - Clean Supply, Storage - Reagents/Equipment and offices around the perimeter.

- 2.5.3.5(2) Blood Gas/Whole Blood Analysis Area and Urinalysis Area will have Convenient Access to Alcove - Pneumatic Tube Station in Lab Entry - Central Processing.
- 2.5.3.6 E3. Hematology
- 2.5.3.6(1) Hematology Work Area will be an open workspace with enclosed Storage - Specimen, Storage - Primary - STAT - Backup and Refrigerator/Freezer Room around the perimeter.
- 2.5.3.6(2) Receiving Bench - Hematology will have Convenient Access to Lab Entry - Central Processing.
- 2.5.3.6(3) Automated Cell Counter will be located adjacent to Receiving Bench - Hematology. In this space, 1400 mm clear width behind the bench will be required for servicing Equipment.
- 2.5.3.6(4) Microscopy Area will include four (4) workstations.
- 2.5.3.6(5) Traffic past Biological Safety Cabinet in Bone Marrow Work Area will be minimized.
- 2.5.3.7 E4. Transfusion Medicine
- 2.5.3.7(1) Transfusion Medicine Work Area will be an open workspace with enclosed Storage - Blood Components and Refrigerated Storage - Reagents around the perimeter.
- 2.5.3.7(2) Receiving/Dispensing Area will include drop-off transaction window from Public circulation and will have Convenient Access to Vestibule - Shipping/Receiving in Lab Entry - Central Processing.
- 2.5.3.7(3) Couriers with access to Receiving/Dispensing Area will not be able to access the rest of the Transfusion Medicine Sub-Component or other Laboratory areas.
- 2.5.3.7(4) Workroom - Transfusion Medicine will be an open work area for Transfusion Medicine workbenches.
- 2.5.3.7(5) Workstation will be an open work area with three (3) Transfusion Medicine Tech Workstations.
- 2.5.3.8 E6. Shared Support Space
- 2.5.3.8(1) Wash-Up/Glassware Soaking Room will include Reverse Osmosis (RO) water system. In this room, glassware will be

soaked in double sinks, then rinsed, and cleaned in an ultrasonic cleaner that is connected to the RO water system.

2.5.3.8(2) Soiled Holding will have Convenient Access to Laboratory Back-of-House Staff entry point for ease of waste removal to Staff and Patient Service Elevators.

#### 2.5.3.9 E7. Shared Staff Support

2.5.3.9(1) Lounge - Staff will have Convenient Access to Staff entry point to the Component.

2.5.3.9(2) Office - Private, Workstation and Meeting Room - 12-Seat will be co-located with Convenient Access to Business Work Area.

2.5.3.9(3) Meeting Room - 12-Seat will have Direct Access from Service Circulation and from within Lab Component.

2.5.3.9(4) One (1) Washroom - Staff and one (1) Washroom - Staff - Non-Acc will be located adjacent to Lounge - Staff. Two (2) Washroom - Staff - Non-Acc will be distributed within the Component.

#### 2.5.3.10 E8. Outpatient Specimen Collection

2.5.3.10(1) Patients and families will be able to freely access Outpatient Specimen Collection during operating hours.

2.5.3.10(2) Outpatient Specimen Collection will have Direct Access from Public Circulation for public and from Lab Entry - Central Processing for Staff.

2.5.3.10(3) Patient Check-In and Waiting Area will be located adjacent to Outpatient Specimen Collection public entry point.

2.5.3.10(4) Patient Check-In will include two (2) transaction stations with transaction windows. It will also have Direct Access to Business Work Area.

2.5.3.10(5) Patient Check-In station will have Line of Sight to Outpatient Specimen Collection public entry point and Waiting Area.

2.5.3.10(6) Waiting Area will accommodate fourteen (14) standard seats, two (2) bariatric seats and an electronic numbering system visible from the seated area.

2.5.3.10(7) Patient Check-In and Waiting Area will be visually separate from Patient Care Areas.

- 2.5.3.10(8) Washroom - Patient will have Convenient Access from Exam/Treatment Rooms and Waiting Area and include a pass-through for Staff collection of samples.
- 2.5.3.10(9) Chair Bay - Phlebotomy will include space for phlebotomy chair and phlebotomy supply carts. Visual separation between Chair Bay - Phlebotomy and from Waiting Area will be provided.
- 2.5.3.10(10) Alcove - Phlebotomy will have Convenient Access from Chair Bay - Phlebotomy and include one (1) standing workstation.
- 2.5.3.10(11) Two (2) Exam/Treatment Rooms will have Convenient Access from Waiting Area.

## 2.5.4 SCHEDULE OF ACCOMMODATIONS

2.5.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Laboratory**

<b>E. LABORATORY</b>		
E1. LAB ENTRY - CENTRAL PROCESSING		106.0
E2. CHEMISTRY		263.5
E3. HEMATOLOGY		128.7
E4. TRANSFUSION MEDICINE		109.6
E5. NOT USED		0.0
E6. SHARED SUPPORT SPACE		56.0
E7. STAFF SUPPORT SPACE		139.3
E8. OUTPATIENT SPECIMEN COLLECTION		105.2
<b>LABORATORY PROGRAMMED SPACE NSM:</b>		<b>908.3</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>E. LABORATORY</b>					
<b>E1. LAB ENTRY - CENTRAL PROCESSING</b>					
E1.01	Accessioning - Central Processing				
E1.01.02	Alcove - Pneumatic Tube Station	1	1.0	1.0	
E1.01.03	Alcove - PPE	1	1.5	1.5	
E1.01.04	Central Processing - Accessioning	1	49.5	49.5	
E1.01.05	Research Area	1	12.0	12.0	
E1.01.06	Package Holding/Staging Area	1	16.0	16.0	
E1.02	Storage - Clean Supply - Phlebotomy Carts	1	12.0	12.0	
E1.03	Vestibule - Shipping/Receiving	1	14.0	14.0	
<b>SUBTOTAL NSM: LAB ENTRY - CENTRAL PROCESSING</b>				<b>106.0</b>	
<b>E2. CHEMISTRY</b>					
E2.01	Chemistry Work Area				
E2.01.01	Automated High-Volume Analyzer Area	1	80.3	80.3	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
E2.01.02	Blood Gas/Whole Blood Analysis Area	1	6.5	6.5	
E2.01.03	Urinalysis Area	1	10.0	10.0	
E2.01.04	Receiving Bench - Chemistry	1	9.0	9.0	
E2.01.05	Alcove - Eye wash Station	1	1.0	1.0	
E2.01.06	Alcove - Hand Hygiene Sink	1	1.0	1.0	
E2.01.07	Workstation - Drop Down	1	2.8	2.8	
E2.01.08	Workbench - Lab Tech	6	5.5	33.0	
E2.01.09	Workstation	1	4.6	4.6	
E2.02	Storage - Chemistry	1	10.0	10.0	
E2.03	Walk-In Refrigerator - Lab	1	9.3	9.3	
E2.04	Office - Private	6	9.0	54.0	
E2.05	Storage - Clean Supply	1	12.0	12.0	
E2.06	Storage - Reagents/Equipment	1	30.0	30.0	
<b>SUBTOTAL NSM: CHEMISTRY</b>				<b>263.5</b>	
<b>E3. HEMATOLOGY</b>					
E3.01	Hematology Work Area				
E3.01.01	Receiving Bench - Hematology	1	6.5	6.5	
E3.01.02	Automated Cell Counter	1	8.0	8.0	
E3.01.03	Workbench - Microscopy	1	5.5	5.5	
E3.01.04	Workbench - Slide Stainer	1	5.5	5.5	
E3.01.05	Automated Coagulation Area	1	11.5	11.5	
E3.01.06	Manual Coagulation Area	1	6.0	6.0	
E3.01.07	Workbench - Manual Hematology and Fluids	1	5.5	5.5	
E3.01.08	Microscopy Area	1	27.2	27.2	
E3.01.09	Bone Marrow Work Area	1	12.0	12.0	
E3.01.10	Not Used	0	0.0	0.0	
E3.01.11	Storage - Specimen	1	15.0	15.0	
E3.01.12	Storage - Primary - STAT - Backup	1	12.0	12.0	
E3.01.13	Alcove - Eye wash Station	1	1.0	1.0	
E3.01.14	Alcove - PPE	1	2.0	2.0	
E3.01.15	Alcove - Hand Hygiene Sink	1	1.0	1.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
E3.02	Refrigerator/Freezer Room	1	10.0	10.0	
<b>SUBTOTAL NSM: HEMATOLOGY</b>				<b>128.7</b>	
<b>E4. TRANSFUSION MEDICINE</b>					
E4.01	Transfusion Medicine Work Area				
E4.01.01	Receiving/Dispensing Area	1	16.0	16.0	
E4.01.02	Alcove - Pneumatic Tube Station	1	1.0	1.0	
E4.01.03	Alcove - PPE	1	1.5	1.5	
E4.01.05	Workroom - Transfusion Medicine	1	55.0	55.0	
E4.01.06	Workstation	3	4.6	13.8	
E4.02	Storage - Blood Components	1	13.0	13.0	
E4.03	Not Used	0	0.0	0.0	
E4.04	Refrigerated Storage - Reagents	1	9.3	9.3	
<b>SUBTOTAL NSM: TRANSFUSION MEDICINE</b>				<b>109.6</b>	
<b>E5. NOT USED</b>					
E5.01	Not Used				
E5.01.01	Not Used	0	0.0	0.0	
E5.01.02	Not Used	0	0.0	0.0	
E5.01.03	Not Used	0	0.0	0.0	
E5.01.04	Not Used	0	0.0	0.0	
E5.01.05	Not Used	0	0.0	0.0	
E5.01.06	Not Used	0	0.0	0.0	
E5.02	Not Used	0	0.0	0.0	
E5.03	Not Used	0	0.0	0.0	
E5.04	Not Used	0	0.0	0.0	
E5.05	Not Used	0	0.0	0.0	
<b>SUBTOTAL NSM: NOT USED</b>				<b>0.0</b>	
<b>E6. SHARED SUPPORT SPACE</b>					
E6.01	Wash-Up/Glassware Soaking Room	1	18.0	18.0	
E6.02	Storage - Clean Supply	1	15.0	15.0	
E6.03	Soiled Holding	1	16.0	16.0	
E6.04	Housekeeping Room	1	7.0	7.0	



Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>SUBTOTAL NSM: SHARED SUPPORT SPACE</b>				<b>56.0</b>	
<b>E7. STAFF SUPPORT SPACE</b>					
E7.01	Office - Private	2	9.0	18.0	
E7.03	Workstation	4	4.6	18.4	
E7.04	Business Work Area	1	9.0	9.0	
E7.05	Washroom - Staff	1	5.0	5.0	
E7.06	Lounge - Staff	1	48.4	48.4	
E7.07	Meeting Room - 12-Seat	1	30.0	30.0	
E7.08	Washroom - Staff - Non-Acc	3	3.0	10.5	
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>139.3</b>	
<b>E8. OUTPATIENT SPECIMEN COLLECTION</b>					
E8.01	Patient Check-In	1	9.2	9.2	
E8.02	Business Work Area	1	6.0	6.0	
E8.03	Waiting Area	1	31.0	31.0	
E8.04	Washroom - Patient	1	5.0	5.0	
E8.05	Chair Bay - Phlebotomy	4	6.0	24.0	
E8.06	Alcove - Phlebotomy	1	6.0	6.0	
E8.07	Exam/Treatment Room	2	12.0	24.0	
<b>SUBTOTAL NSM: OUTPATIENT SPECIMEN COLLECTION</b>				<b>105.2</b>	
<b>TOTAL NSM: LABORATORY</b>				<b>908.3</b>	

## 2.6 F. MEDICAL IMAGING

### 2.6.1 SERVICE DESCRIPTION

- 2.6.1.1 Medical Imaging Component (including Satellite Imaging within Emergency Component) will provide advanced diagnostic, some treatment and screening imaging procedures to meet the needs of Patients in the NSHBCCC and surrounding community.
- 2.6.1.2 Patient population in this Component will include the NSHBCCC inpatients, community outpatients, Emergency Patients and BCC Patients.
- 2.6.1.3 Medical Imaging modalities located within this Component to support walk-in and scheduled exams with some urgent/emergent exams will include:
- 2.6.1.3(1) Breast Imaging - screening (BCC under PHSA) and diagnostic, including stereotactic core biopsies;
  - 2.6.1.3(2) Bone Density (BD) Scans;
  - 2.6.1.3(3) Ultrasound (US) - all exam types, including biopsy procedures and Doppler Vascular studies;
  - 2.6.1.3(4) Echocardiography (Echo) - all exam types, including Stress Echocardiography, TTE (Trans Thoracic Echo's) including potential for contrast and bubble studies and inpatient TEE (Trans Esophageal Echo);
  - 2.6.1.3(5) General X-ray - all exam types will be performed; the majority will be walk in Patients;
  - 2.6.1.3(6) Fluoroscopy (Fluoro) and Multipurpose IR - all diagnostic Fluoro studies and minor interventional procedures, such as joint injections, pain injections, tube insertions, line insertions, minor vascular procedures, pic insertions, and a variety of drainages and biopsies. Ultrasound will be available as an adjunct to the procedure. The majority of procedures will be sterile procedures and require adequate air flow and space to move around sterile trays;
  - 2.6.1.3(7) Computed Tomography (CT) Scan - all exam types will be performed, including cardiac CT, some CT guided biopsies and minor interventional procedures. Ultrasound will be available as an adjunct to the procedure. The majority of procedures will be sterile procedures and require adequate air flow and space to move around sterile trays; and

- 2.6.1.3(8) Magnetic Resonance Imaging (MRI) - all exam types will be performed, including cardiac MRI, breast MRI, breast biopsies, prostate. Arthrograms will have their injection under Fluoro guidance prior to their MRI.
- 2.6.1.4 This Component will be a 'home-base' for all Medical Imaging Staff in the Facility; in the off hours Staff will be in the ED Satellite Imaging zone in Emergency Component. Emergency, Perioperative and Inpatient Unit Components will have alcoves for Medical Imaging mobile Equipment to ensure Medical Imaging Staff are able to move through the Facility efficiently to provide imaging services for Patients that are not able to leave their care area.
- 2.6.1.5 Service Exclusions
- 2.6.1.5(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
- 2.6.1.5(1)(a) Nuclear medicine exams will not be performed at the NSHBCCC.
  - 2.6.1.5(1)(b) PET will be done in Functional Imaging Component (NSHBCCC).
  - 2.6.1.5(1)(c) Breast health surgeries will not be performed at the NSHBCCC.
  - 2.6.1.5(1)(d) Intravascular interventional radiology procedures will not be performed at the NSHBCCC.
  - 2.6.1.5(1)(e) Nuchal translucency services in Ultrasound (no maternity at the Facility) will not be performed at the NSHBCCC.
  - 2.6.1.5(1)(f) Orthopantomograms will not be performed at the NSHBCCC.
- 2.6.2 COMPONENT INTERNAL FLOW DESCRIPTIONS
- 2.6.2.1 Patient Flow
- 2.6.2.1(1) Patients will enter into Medical Imaging Patient Arrival and Check-In area from Public Circulation and will report to a Patient Check-In station.
  - 2.6.2.1(2) Patients arriving for appointments for Breast Imaging will report directly to a separate, dedicated Patient Check-In station from Public Circulation.

- 2.6.2.1(3) At Patient Check-In, a clerk will receive and register the Patient using a clinical information system, which will involve swiping Patient's CareCard and confirming personal information.
- 2.6.2.1(4) Patients will be directed to the appropriate Medical Imaging zone.
- 2.6.2.1(5) As part of Medical Imaging treatment or imaging, most Patients will be asked to change into a gown in the applicable zone's Change Rooms, place their personal belongings in a locker and wait in the zone's sub-Waiting Area. Some Patients will require preparation (e.g., IV insertion, medication administration) in a Chair Bay - Patient Prep or Stretcher Bay - Patient Prep before being brought into an imaging room. Patients will bring valuables with them into imaging room, with the exception of MRI.
- 2.6.2.1(6) Upon completion of imaging or a procedure, the Patient may be instructed to wait (e.g., if a radiologist must first review the image) in a sub-Waiting Area. Once released, the Patient will change into their clothes and will leave the Component directly to Public Circulation through Patient Arrival and Check-In area.
- 2.6.2.1(7) For minor interventional procedures involving sedation and post-procedure care, Patient flow will differ from the standard Medical Imaging Patient flow. Patients arriving for their interventional procedure will check-in at Perioperative Component and receive pre-procedure care in a Stretcher Bay - ACU. The Patient will be transported to Medical Imaging Component for their procedure, then transported back to Perioperative for post-procedure monitoring and observation within a Stretcher Bay - ACU. When the Patient has sufficiently recovered, and is discharged by a radiologist, the Patient will leave the Facility directly from Perioperative via Public Circulation.
- 2.6.2.1(8) Patients being transported from a Component within the Facility (e.g., Emergency, Inpatient Unit, Perioperative) in a wheelchair or stretcher, will arrive via Service Circulation and may wait in Stretcher Bay - Holding within the applicable zone before being brought into an imaging room. Once imaging is complete, these Patients will be transported back to their Component in a timely fashion to allow for flow of next Patient arriving for imaging.
- 2.6.2.1(9) CT

- 2.6.2.1(9)(a) For cardiac CT, Patients will be prepared for heart pacing procedures by a registered nurse or licensed practical nurse in a Chair Bay - Patient Prep, where Patients will be monitored with heart monitors, medicated, and accommodated in comfortable treatment chairs prior to going into CT.
- 2.6.2.1(9)(b) Medical Imaging Staff will insert an IV into a Patient in a Chair Bay - Patient Prep, if required for contrast injection during the procedure.
- 2.6.2.1(10) MRI
- 2.6.2.1(10)(a) For MRI, Patients will travel through safety zones as per safety standards. Patients will be brought first to Zone 2 to change into a gown, lock their valuables and belongings in a locker, and wait in Waiting Area - Gowned or receive pre-procedure or final preparation in a Stretcher Bay - Patient Prep.
- 2.6.2.1(10)(b) The Patient will then be brought into Zone 4, Imaging Room - MRI through Zone 3.
- 2.6.2.2 Family/Visitor Flow
- 2.6.2.2(1) Family/visitors will accompany Patients to a treatment/imaging space or wait in Waiting Area.
- 2.6.2.3 Staff Flow
- 2.6.2.3(1) Upon arrival to the Facility, Staff from this Component will travel via Service Circulation to centralized Shared Staff Facilities Sub-Component to access Locker Rooms to change into appropriate work attire and store their personal belongings.
- 2.6.2.3(2) At start of shift, Medical Imaging Staff will sign-in within their applicable Component and receive their assignment/Patient workload for the day.
- 2.6.2.3(3) Medical Imaging Staff will have access to an internal Lounge - Staff for breaks, use a computer or rest. Some personal belongings and valuables will be stored in purse lockers within Lounge - Staff.
- 2.6.2.3(4) Clerks at Patient Check-In will receive and register arriving Patient, cross check the requisition, determine whether pre-

procedure preparations have been performed, then notify Medical Imaging Staff that the Patient has arrived.

- 2.6.2.3(5) Tech aides will facilitate the flow of Patients from Waiting Areas, through the Component to changing and sub-Waiting Areas, and to imaging rooms.
  - 2.6.2.3(6) Medical Imaging Staff will provide direct Patient care in treatment spaces and imaging rooms and will travel to support spaces such as Storage - Clean Supply rooms and Storage - Clean Equipment rooms to support their work. Medical Imaging Staff will be responsible for cleaning all Equipment and for replacing clean linen on stretchers and imaging tables between exams as applicable.
  - 2.6.2.3(7) Radiologists or cardiologists will review and interpret images on PACS in Reading Rooms. Medical Imaging Staff, or Staff from within the Facility, will travel to applicable Reading Rooms to consult with radiologists or cardiologists.
  - 2.6.2.3(8) Central technologist work hubs will support internal Staff workflows within General Radiology and Ultrasound zones.
  - 2.6.2.3(9) If a Code Blue is called, the Code Blue team will travel to the Component. Two (2) crash carts will be centrally located in the Component within dedicated alcoves.
- 2.6.2.4 Clinical Support Flow
- 2.6.2.4(1) Pharmacy
    - 2.6.2.4(1)(a) Pharmacy Staff will monitor and replenish medications stored in secure ADCs within Alcove - Medication Storage/Prep. Medical Imaging Staff will deliver medications to Patient Care Areas as needed.
  - 2.6.2.4(2) Medical Imaging
    - 2.6.2.4(2)(a) N/A
  - 2.6.2.4(3) Laboratory
    - 2.6.2.4(3)(a) Laboratory Staff will collect samples in a Medical Imaging treatment space and deliver the specimen to Laboratory Component.
    - 2.6.2.4(3)(b) Medical Imaging Staff will view lab results via EMR in a treatment space or a Staff area.

- 2.6.2.4(4) Interprofessional Team
  - 2.6.2.4(4)(a) N/A
- 2.6.2.5 Non-Clinical Support Flow
  - 2.6.2.5(1) Equipment
    - 2.6.2.5(1)(a) As per Facility-wide flow.
  - 2.6.2.5(2) Medical Devices
    - 2.6.2.5(2)(a) Medical Imaging Staff will move soiled instruments to the floor's Soiled Holding room and place on a cart until they are picked up and delivered back to MDR by MDR Staff. MDR Staff will deliver clean and sterile instruments to a Storage - Clean Supply room within Medical Imaging once per day. STAT sterile instruments will be ordered by phone and may be delivered by MDR Staff or picked up by Medical Imaging Staff depending on Staff availability.
    - 2.6.2.5(2)(b) Soiled TEE probes will be taken to Soiled Utility Room by Medical Imaging Staff and placed on a cart. MDR Staff will pick up on a regular schedule for reprocessing in MDR.
    - 2.6.2.5(2)(c) Ultrasound probes will be cleaned and reprocessed within Medical Imaging Component in Probe Reprocessing Room. When clean, probes will be moved to Ultrasound zone's Storage - Clean Supply room for storage until next use.
  - 2.6.2.5(3) Supplies (Materials Management)
    - 2.6.2.5(3)(a) As per Facility-wide flow.
    - 2.6.2.5(3)(b) Materials Management area supply attendants will assist Medical Imaging Staff with purchasing supplies and Equipment.
  - 2.6.2.5(4) EVS (Housekeeping/Linen/Waste Management)
    - 2.6.2.5(4)(a) As per Facility-wide flow.
  - 2.6.2.5(5) Patient Food Services
    - 2.6.2.5(5)(a) N/A

- 2.6.2.5(6) Biomedical Engineering
- 2.6.2.5(6)(a) As per Facility-wide flow.
- 2.6.2.5(6)(b) For Medical Imaging-specific Equipment and imaging machines, there will be in-house Biomedical Engineering Staff, dedicated to Medical Imaging, served by a Workroom - Biomed, Equipment Testing - Biomed room and Storage - Cryogen - Biomed room within the Component.
- 2.6.2.5(7) FMO/AM
- 2.6.2.5(7)(a) As per Facility-wide flow.
- 2.6.2.5(8) Information Management
- 2.6.2.5(8)(a) As per Facility-wide flow.
- 2.6.2.5(8)(b) Key information flows needed to support Medical Imaging Component will include:
- 2.6.2.5.8.(b).1 MI orders, scheduling, reminder notifications, self-book, self-check-in, originating from both clinical units inside the Facility, as well as from community sources;
- 2.6.2.5.8.(b).2 Portable imaging, including positive Patient ID, and associated data (confirmation of order; date/time; delivery method);
- 2.6.2.5.8.(b).3 Results reporting, to clinical Staff located within and outside the Facility; and
- 2.6.2.5.8.(b).4 Results available via EMR and PACS.
- 2.6.2.5(8)(c) All images will be captured digitally and will be available on PACS and specialty reading software reading stations throughout the Facility as appropriate.
- 2.6.2.5(9) Security
- 2.6.2.5(9)(a) As per Facility-wide flow.

## 2.6.3 COMPONENT DESIGN CRITERIA

### 2.6.3.1 External Adjacency Requirements Diagram

- 2.6.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.





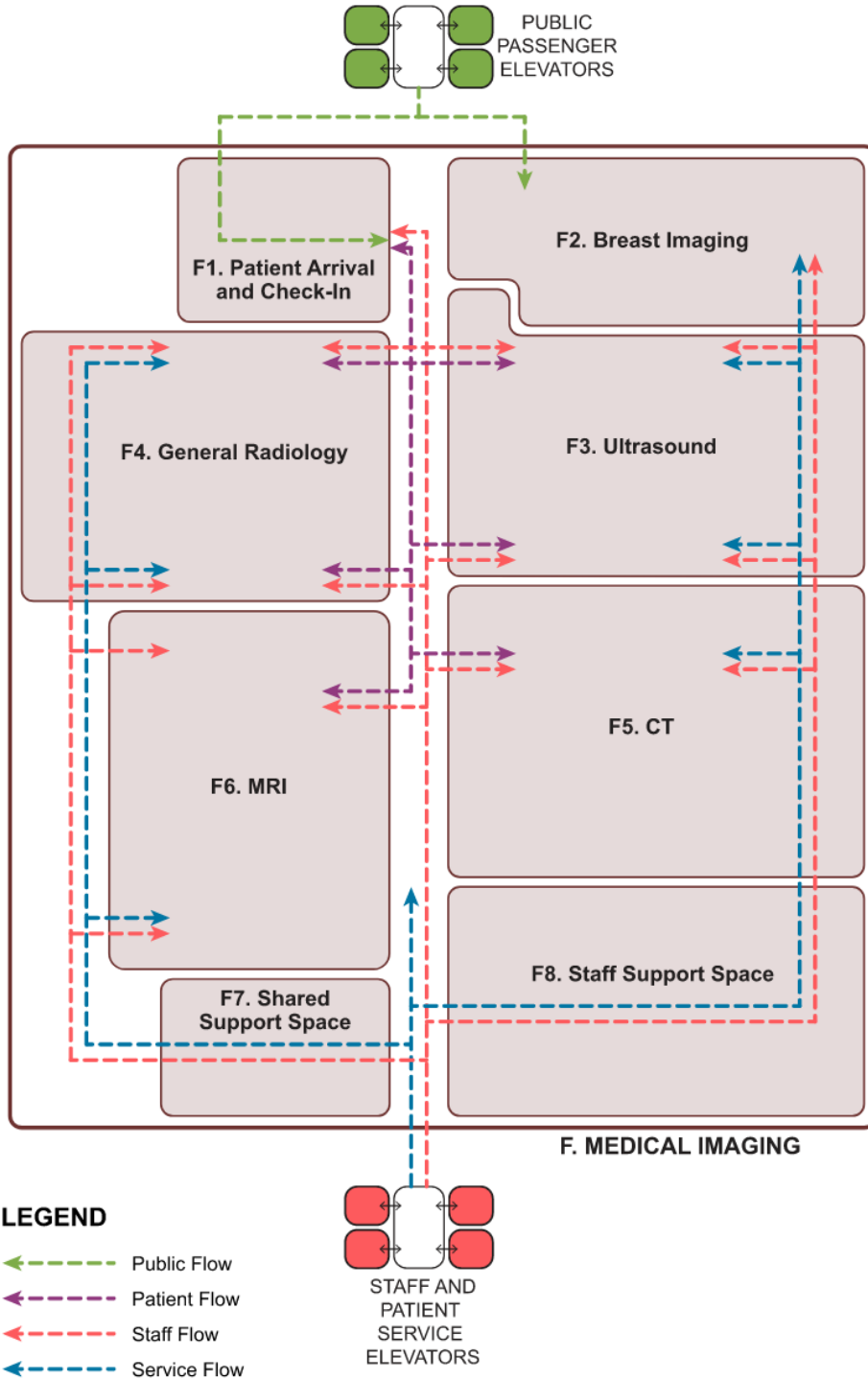
**LEGEND**

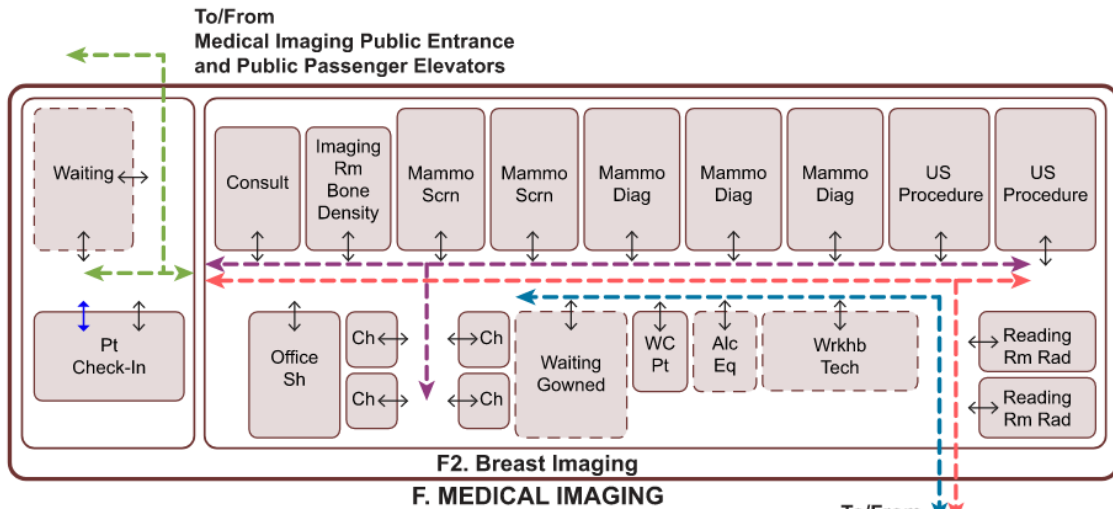
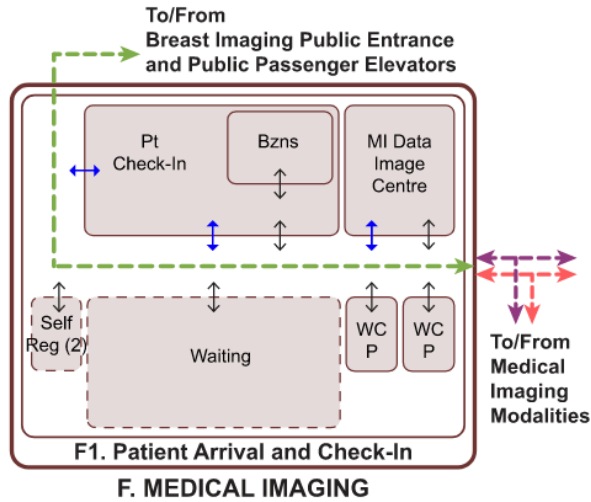
Convenient Access by Service Circulation

Convenient Access by Public Circulation

2.6.3.2 Internal Functional Relationships Diagram

2.6.3.2(1) The following diagrams indicate internal functional relationships within this Component.

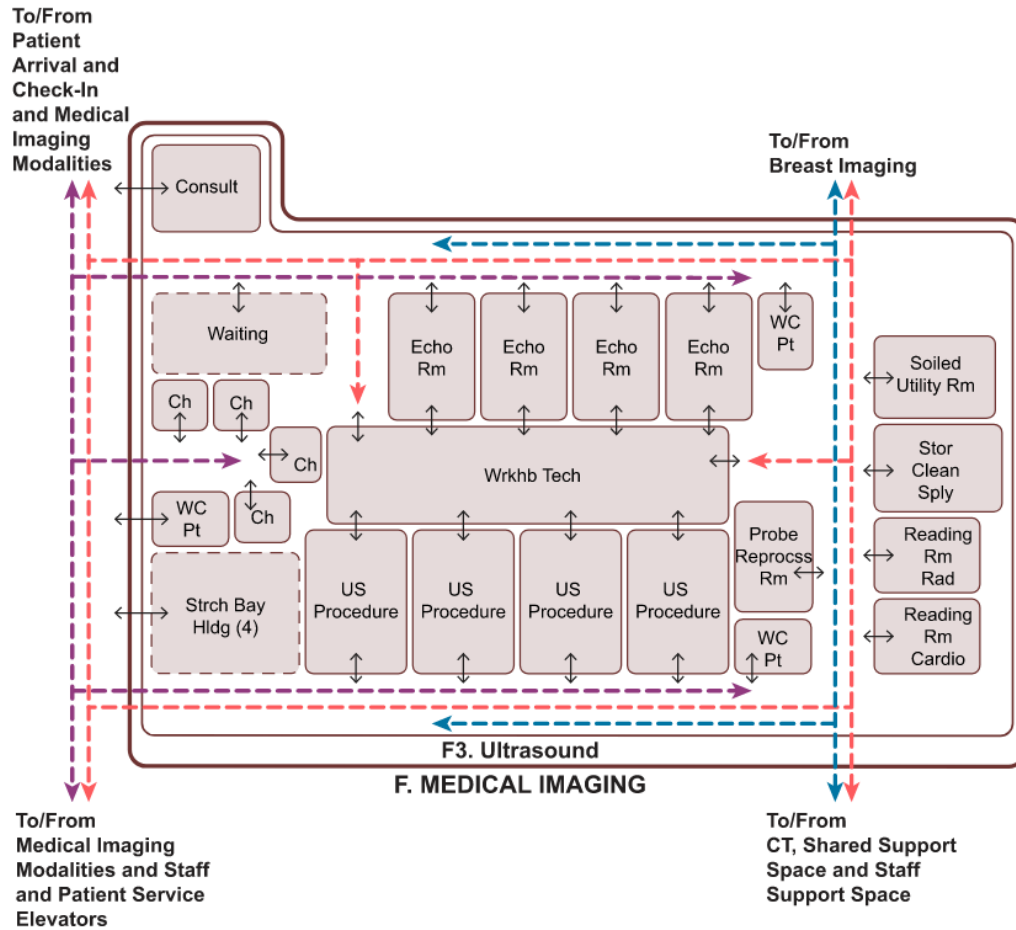




**LEGEND**

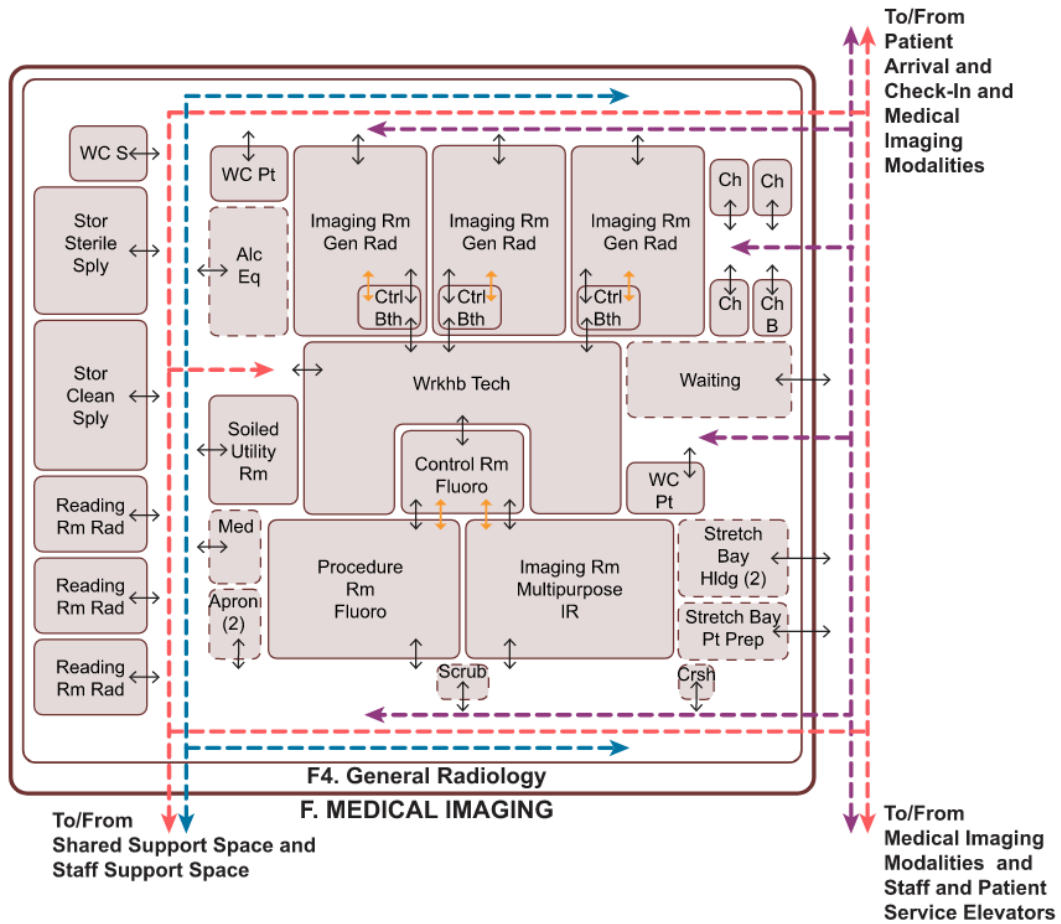
- ← Public Flow
- ← Patient Flow
- ← Staff Flow
- ← Service Flow
- ↔ Room/Space Access
- ↔ Transaction Window

To/From  
Ultrasound, Shared  
Support Space,  
Staff Support  
Space and Staff  
and Patient Service  
Elevators



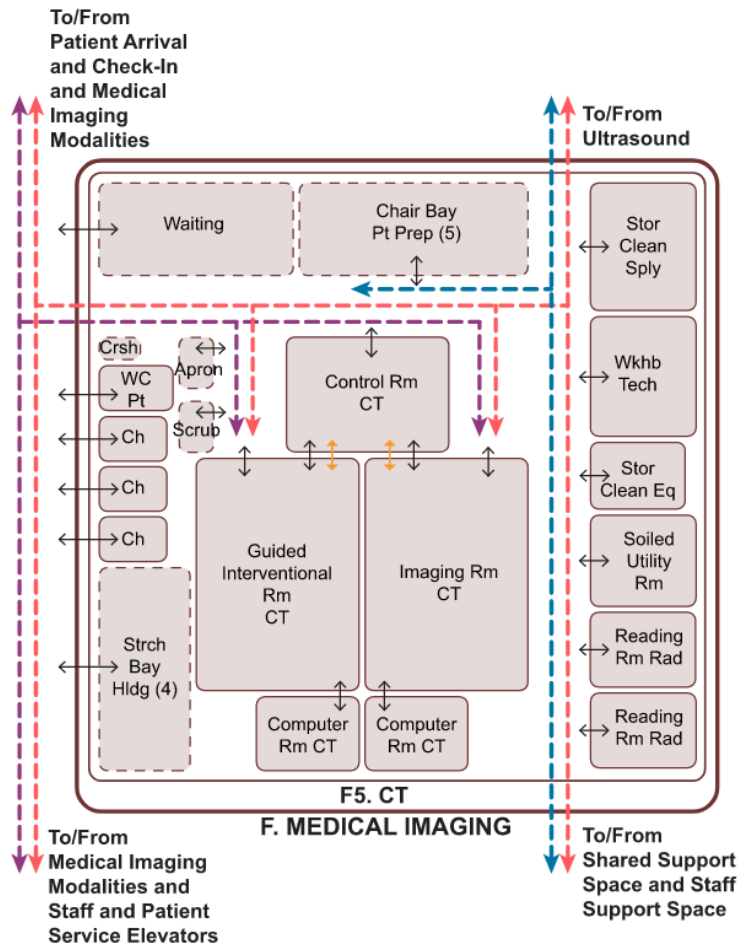
**LEGEND**

- ← - - - Patient Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access



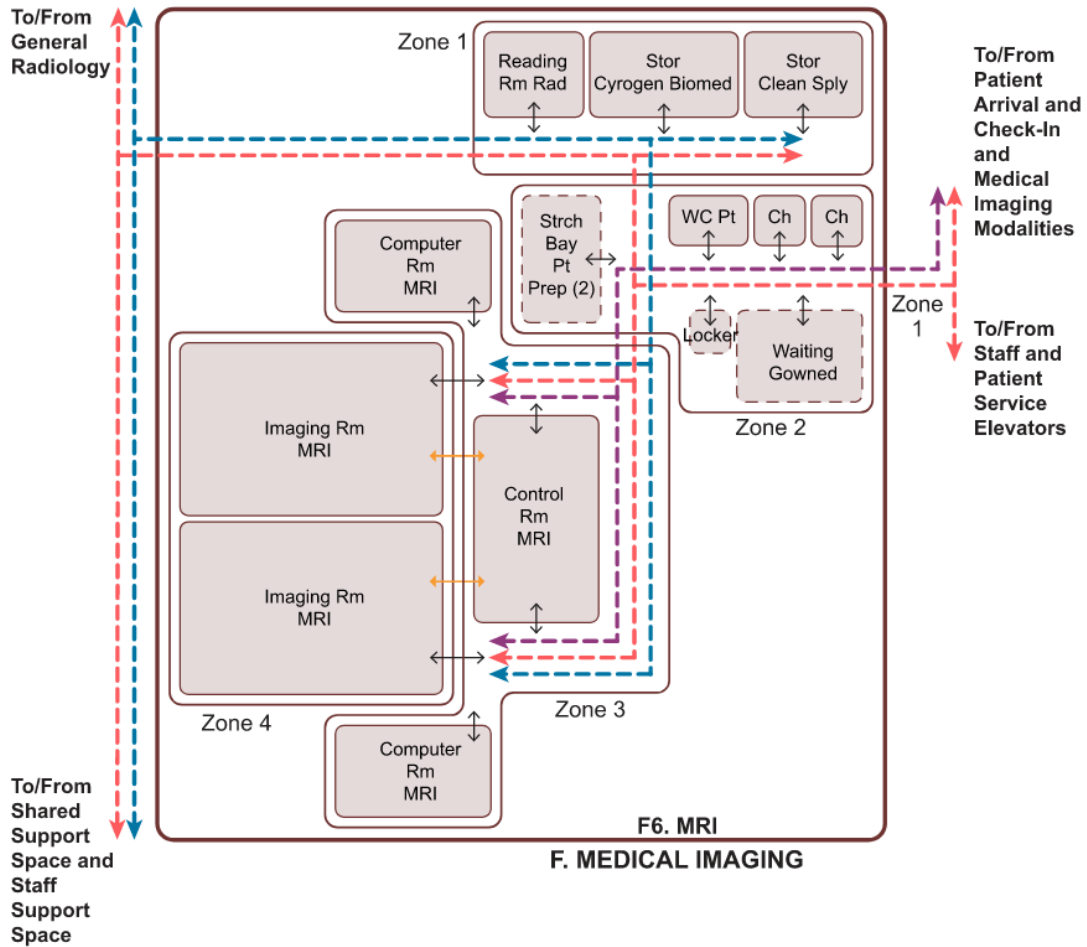
**LEGEND**

- ← Patient Flow
- ← Staff Flow
- ← Service Flow
- ↔ Room/Space Access
- ↔ Interior Window



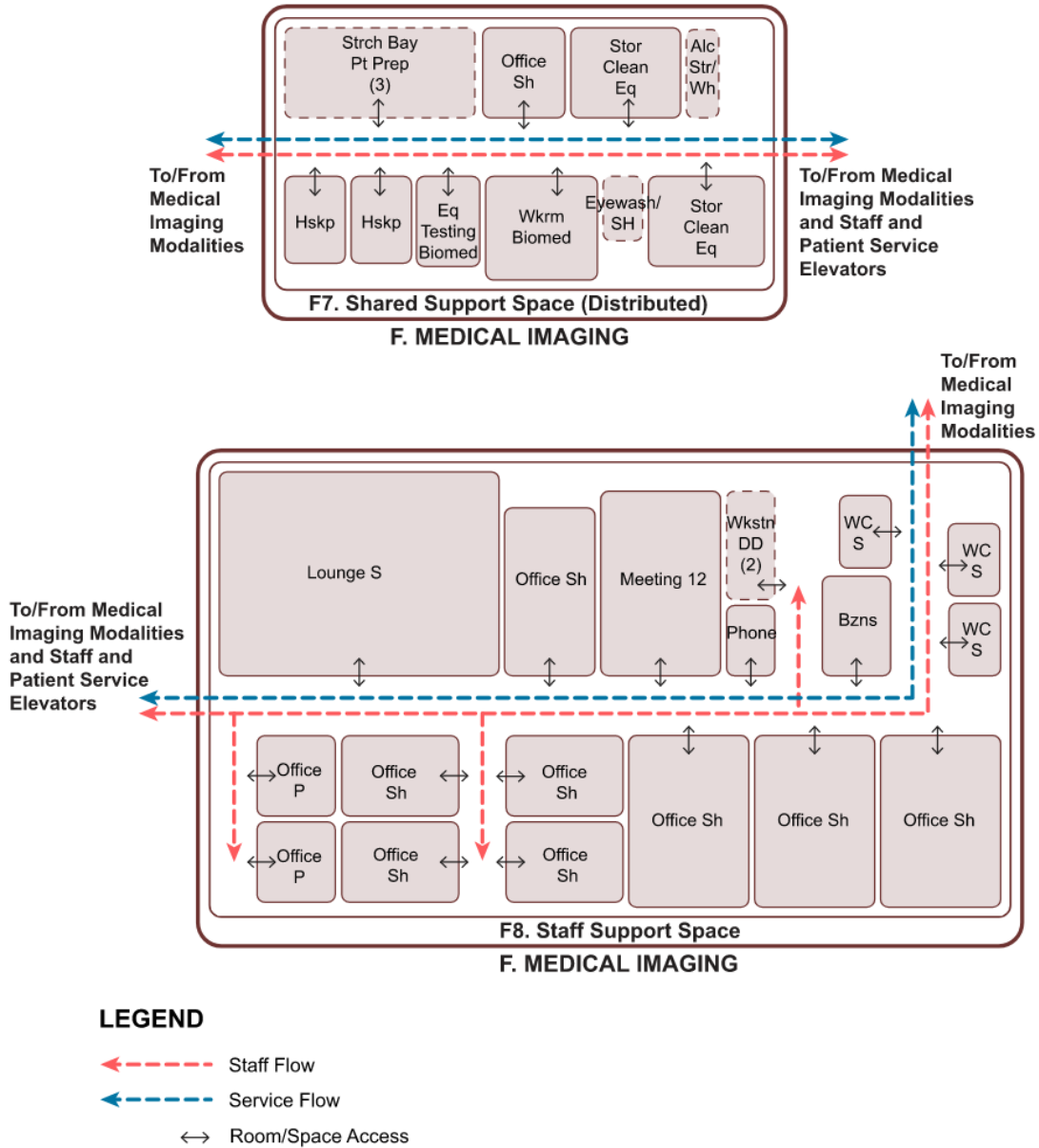
**LEGEND**

- ← - - - Patient Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ Interior Window



**LEGEND**

- ← - - - Patient Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ Interior Window



2.6.3.3 General Requirements

2.6.3.3(1) Medical Imaging Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.6.3.3(1)(a) Convenient Access via Public Circulation for Patients, families and visitor access to and from Main Entrance Lobby.
- 2.6.3.3(1)(b) Convenient Access via Public Circulation to Ambulatory Care and OACU for movement of Patients and families.



- 2.6.3.3(1)(c) Convenient Access via Service Circulation to Emergency for movement of Patients, Staff and Equipment.
- 2.6.3.3(1)(d) Convenient Access via Service Circulation to Perioperative for movement of Patients, Staff and Equipment.
- 2.6.3.3(1)(e) Convenient Access via Service Circulation to Inpatient Units for movement of Patients, Staff and Equipment.
- 2.6.3.3(2) Zones of activity within Medical Imaging Component will include the following:
  - 2.6.3.3(2)(a) F1. Patient Arrival and Check-In
  - 2.6.3.3(2)(b) F2. Breast Imaging
  - 2.6.3.3(2)(c) F3. Ultrasound
  - 2.6.3.3(2)(d) F4. General Radiology
  - 2.6.3.3(2)(e) F5. CT
  - 2.6.3.3(2)(f) F6. MRI
  - 2.6.3.3(2)(g) F7. Shared Support Space
  - 2.6.3.3(2)(h) F8. Staff Support Space
- 2.6.3.3(3) This Component will have a Front-of House public entry point to Patient Arrival and Check-In and Breast Imaging zones.
- 2.6.3.3(4) Entry points to all other zones will be arranged along a central internal corridor which will house the sub-Waiting Areas and accessed from Patient Arrival and Check-In.
- 2.6.3.3(5) Patients being transported from another Component within the Facility will travel via Service Circulation and enter Medical Imaging Component via a secure Back-of-House Staff entry point. This entry point will have Convenient Access to Staff and Patient Service Elevators. This Patient transport route will not cross Public Circulation or the public facing Waiting Areas.
- 2.6.3.3(6) To protect Patient privacy and dignity, access to procedure/imaging rooms will be simple and direct without crossing or passing any Waiting Areas.

- 2.6.3.3(7) Patient positions in an imaging room will be such that there is no Patient view to the next imaging room through a shared control room.
  - 2.6.3.3(8) All modalities will be designed to have the ability to view a Patient who is in an imaging room alone via direct Line of Sight or Clinical Observation Camera System.
  - 2.6.3.3(9) In all imaging rooms, with the exception of Imaging Room - MRI, a hand hygiene sink will be mounted on the wall inside the room adjacent to the door from internal corridor. Location of hand hygiene sink will not affect circulation into and within imaging room.
  - 2.6.3.3(10) All Reading Room - Radiologist and Reading Room - Cardiologist will be located away from high traffic areas.
- 2.6.3.4 F1. Patient Arrival and Check-In
- 2.6.3.4(1) Patients and families will be able to freely access Patient Arrival and Check-In during operating hours.
  - 2.6.3.4(2) Patient Arrival and Check-In will have Direct Access to a central internal corridor to access all zones in Medical Imaging.
  - 2.6.3.4(3) This area will include a Patient Check-In and a Waiting Area located adjacent to Medical Imaging Component public entry point.
  - 2.6.3.4(4) Patient Check-In will include five (5) transaction stations with transaction windows and a pneumatic tube station. It will also have Direct Access to Business Work Area.
  - 2.6.3.4(5) Patient Check-In station will have Line of Sight to Medical Imaging Component public entry point, Waiting Area and entry point leading into central internal corridor.
  - 2.6.3.4(6) Alcove - Self-Registration Kiosks will have Convenient Access to Waiting Area.
  - 2.6.3.4(7) Waiting Area will accommodate eighteen (18) standard seats, two (2) bariatric seats and a child play area and will have Convenient Access to two (2) Washroom - Public.
  - 2.6.3.4(8) Data Image Centre - Medical Imaging will be located adjacent to public entry point to Medical Imaging with Direct Access to Medical Imaging Public Circulation via a transaction window. It will include three (3) workstations.

- 2.6.3.5 F2. Breast Imaging
- 2.6.3.5(1) Breast Imaging zone will have Direct Access to Ultrasound zone and Convenient Access to main Medical Imaging Patient Arrival and Check-In zone.
  - 2.6.3.5(2) Patients and families will be able to freely access Breast Imaging Patient Check-In and Waiting Area located adjacent to Breast Imaging public entry point during operating hours.
  - 2.6.3.5(3) Patient Check-In and Waiting Area for Breast Imaging will be separate from main Medical Imaging Patient Arrival and Check-In zone.
  - 2.6.3.5(4) Patient Check-In and Waiting Area will have secure Direct Access to an internal corridor to access all spaces in Breast Imaging.
  - 2.6.3.5(5) Patient Check-In will include three (3) transaction stations with transaction windows. Patient Check-In station will have Line of Sight to Breast Imaging public entry point, Waiting Area and secure entry point leading into internal corridor.
  - 2.6.3.5(6) Waiting Area will accommodate eight (8) standard seats and will have Direct Access from Public Circulation.
  - 2.6.3.5(7) Office - Shared will include three (3) workstations and will have Convenient Access to Patient Check-In.
  - 2.6.3.5(8) Waiting Area - Gowned will have Direct Access from internal corridor and include eight (8) standard seats.
  - 2.6.3.5(9) Four (4) Change Rooms with an adjacent Alcove - Clean Linen will have Convenient Access to Waiting Area - Gowned.
  - 2.6.3.5(10) One (1) Consult Room will be located with Convenient Access to Breast Imaging public entry.
  - 2.6.3.5(11) Breast Imaging will include Imaging Room - Bone Density, Screening Mammography Rooms, Diagnostic Mammography Rooms and Ultrasound Procedure Room. These rooms will be co-located with Convenient Access from Work Hub - Technologists.
  - 2.6.3.5(12) Work Hub - Technologists will be a secure shared work area with seven (7) workstations.
- 2.6.3.6 F3. Ultrasound

- 2.6.3.6(1) Ultrasound zone will have Direct Access to Breast Imaging zone.
  - 2.6.3.6(2) Waiting Area will have Direct Access from central internal corridor and include twelve (12) standard seats.
  - 2.6.3.6(3) Four (4) Change Rooms with an adjacent Alcove - Clean Linen will have Convenient Access to Waiting Area.
  - 2.6.3.6(4) Four (4) Stretcher Bay - Holding and one (1) Consult Room will be located with Convenient Access to Ultrasound zone Patient entry point from central internal corridor. One (1) hand hygiene sink will be shared between each two (2) Stretcher Bays.
  - 2.6.3.6(5) Ultrasound will include Ultrasound Procedure Rooms and Echo Rooms. These rooms will have Direct Access from Work Hub - Technologists.
  - 2.6.3.6(6) Work Hub - Technologists will be a secure shared work area with ten (10) workstations.
  - 2.6.3.6(7) Storage - Clean Supply and Soiled Utility Room will have Convenient Access to and shared with Breast Imaging zone.
  - 2.6.3.6(8) Probe Reprocessing Room layout will allow for a one-way flow and will be designed to meet the requirements of CSA Z314-18 [13 Ultrasound Transducer Probes].
  - 2.6.3.6(9) Probe Reprocessing Room will have Convenient Access from Ultrasound Procedure Rooms to facilitate flow of supplies and instruments.
  - 2.6.3.6(10) Probe Reprocessing Room will be located in Staff-only corridor with minimal traffic to minimize the risk of damage to sensitive and valuable instruments and infection/contamination of Patients and Staff during transfer.
- 2.6.3.7 F4. General Radiology
- 2.6.3.7(1) Waiting Area will have Direct Access from central internal corridor and include six (6) standard seats.
  - 2.6.3.7(2) Three (3) Change Rooms co-located with one (1) Change Room - Bariatric and an adjacent Alcove - Clean Linen will have Convenient Access to Waiting Area.
  - 2.6.3.7(3) Two (2) Stretcher Bay - Holding and one (1) Stretcher Bay - Patient Prep will be located with Convenient Access to General Radiology zone Patient entry point from central internal

corridor. One (1) hand hygiene sink will be shared between Stretcher Bays.

- 2.6.3.7(4) General Radiology will include Imaging Room - Gen Rad, Imaging Room - Multipurpose IR and Procedure Room - Fluoro with associated Control Booth - Gen Rad and Control Room - Fluoro. One (1) Imaging Room - Gen Rad and associated Control Booth - Gen Rad will be shelled space.
- 2.6.3.7(5) All three (3) Imaging Room - Gen Rad will be grouped with Direct Access from internal corridor for Patients. Two (2) Control Booth - Gen Rad may be combined and shared between two (2) Imaging Room - Gen Rad.
- 2.6.3.7(6) Work Hub - Technologists will be a secure shared work area with seven (7) workstations and Direct Access to Control Booth - Gen Rad and Control Room - Fluoro.
- 2.6.3.7(7) Imaging Room - Multipurpose IR and Procedure Room - Fluoro will have Direct Access from internal corridor for Patients and Direct Access from Control Room - Fluoro for Staff. Control Room - Fluoro will be shared between Imaging Room - Multipurpose IR and Procedure Room - Fluoro and will have unobstructed Line of Sight to both rooms through an interior window.
- 2.6.3.7(8) Design of Control Room - Fluoro, Imaging Room - Multipurpose IR and Procedure Room - Fluoro will allow for elimination of doors between control room and imaging rooms while providing radiation safety within Control Room - Fluoro.
- 2.6.3.7(9) Alcove - Scrub Station will be shared between Imaging Room - Multipurpose IR and Procedure Room - Fluoro with Direct Access from internal corridor. Alcove - Lead Aprons will have Convenient Access to Procedure Room - Fluoro.
- 2.6.3.7(10) Alcove - Medication Storage/Prep will be located in Staff-only corridor with convenient Access to Imaging Room - Multipurpose IR, Procedure Room - Fluoro and CT zone.
- 2.6.3.7(11) Alcove - Mobile Equipment and Storage - Sterile Supply will be located in Staff-only corridor.
- 2.6.3.8 F5. CT
- 2.6.3.8(1) CT zone will be co-located with MRI zone.

- 2.6.3.8(2) Waiting Area will have Direct Access from central internal corridor and will be shared between CT and MRI Patients. Waiting Area will include (10) standard seats.
- 2.6.3.8(3) Three (3) Change Rooms with an adjacent Alcove - Clean Linen will have Convenient Access to Waiting Area.
- 2.6.3.8(4) Chair Bay - Patient Prep, Stretcher Bay - Holding, Alcove - Crash Cart, Storage - Clean Supply and Soiled Utility Room will be Shared with between CT and MRI zones.
- 2.6.3.8(5) Five (5) Chair Bay - Patient Prep and four (4) Stretcher Bay - Holding will be located with Convenient Access to CT and MRI Patient entry points from central internal corridor. One (1) hand hygiene sink will be shared between each two (2) or three (3) Bays.
- 2.6.3.8(6) CT zone will include Imaging Room - CT, Guided Interventional Room - CT and a shared Control Room - CT and Alcove - Scrub Station, each with Direct Access from internal corridor.
- 2.6.3.8(7) Control Room - CT will also have Direct Access to Imaging Room - CT and Guided Interventional Room - CT.
- 2.6.3.8(8) Design of Control Room - CT, Imaging Room - CT and Guided Interventional Room - CT will allow for elimination of doors between control room and imaging rooms while providing radiation safety within Control Room - CT.
- 2.6.3.8(9) Guided Interventional Room - CT will have Direct Access to a dedicated Computer Room - CT and will provide space for Staff and Patient circulation, movement of stretchers and other mobility aids, work surface, storage and carts.
- 2.6.3.8(10) A hand hygiene sink will be mounted on the wall inside Guided Interventional Room - CT adjacent to the door from corridor. Location of hand hygiene sink will not affect circulation into and within the room.
- 2.6.3.8(11) Staff will have easy access to oxygen, medical air and medical vacuum in Guided Interventional Room - CT which will not interfere with procedures. Medical vacuum containers will be protected from damage from movement of Equipment.
- 2.6.3.8(12) There will be unobstructed Line of Sight from Staff sitting at console in Control Room - CT to Patient in CT scanner and the

clock in Imaging Room - CT and Guided Interventional Room - CT through a lead glass interior window.

- 2.6.3.8(13) Two-way audio intercom will be provided between Staff in Control Room - CT and Patient in Imaging Room - CT and Guided Interventional Room - CT.
- 2.6.3.8(14) Alcove - Lead Aprons will be located with Convenient Access to both Imaging Room - CT and Guided Interventional Room - CT.
- 2.6.3.8(15) Work Hub - Technologists will be a secure shared work area with five (5) workstations and will be Shared with between CT and MRI zones.
- 2.6.3.8(16) Reading Rooms will have Convenient Access to Control Room - CT.

#### 2.6.3.9 F6. MRI

- 2.6.3.9(1) Only pre-screened Staff and Patients will have access to MRI area. All Patients and Staff will be required to adhere to the safety zones based on College of Physicians and Surgeons of BC Diagnostic Accreditation Program guidelines.
- 2.6.3.9(2) Access to the MRI area will be restricted by establishing the following four (4) zones around MRI scanners:
  - 2.6.3.9(2)(a) Zone 1: This zone refers to spaces outside the restricted MRI environment, including Medical Imaging central internal corridor. Patients and Staff will pass through Zone 1 to access Zone 2 and the restricted MRI environment. This zone will also include Storage - Cryogen - Biomed, Reading Room - Radiologist and Storage - Clean Supply as these spaces will be accessed from outside the restricted MRI environment.
  - 2.6.3.9(2)(b) Zone 2: This zone will be the interface between Zone 1 and the strictly controlled Zone 3 and Zone 4. MRI screening, confidential medical history, and appropriate Patient gowning/preparation will take place in Zone 2. Some Patients will be brought to Stretcher Bays in Zone 2 for IV starts. Once successfully changed and screened, Patients will be moved directly to Zone 4 through Zone 3. For Patient safety considerations, access to Zone 3 from Zone 2 will be restricted and controlled by MRI Staff. Zone 2 will include Waiting Area - Gowned, Change Rooms, Alcove - Clean Linen, Alcove - Lockers -

Patient, Washroom - Patient and Stretcher Bay - Patient Prep.

- 2.6.3.9(2)(c) Zone 3: Access by Patients and non-MRI Staff to this secure zone and supervision over Zone 3 (and Zone 4) will be controlled by MRI Staff at all times. Patients will enter Zone 4 from this zone. Zone 3 will include Control Room - MRI and Computer Room - MRI.
- 2.6.3.9(2)(d) Zone 4: This secure zone will contain Imaging Room - MRI. Only screened Patients, technologists and Biomedical Engineering Staff (when scheduled to repair/maintain Equipment) will enter Zone 4 from Zone 3.
- 2.6.3.9(3) Imaging Room - MRI will be placed on or near an exterior wall for ease of replacement of Equipment.
- 2.6.3.9(4) Zone 2 will have Direct Access from central internal corridor. Waiting Area - Gowned within this zone will include six (6) standard seats.
- 2.6.3.9(5) Two (2) Change Rooms with an adjacent Alcove - Clean Linen will have Convenient Access to Waiting Area - Gowned.
- 2.6.3.9(6) Alcove - Lockers - Patient and Washroom - Patient will be co-located with Waiting Area - Gowned in Zone 2.
- 2.6.3.9(7) Two (2) Stretcher Bay - Patient Prep will be located in Zone 2 for preparing and transferring Patients to mobile MRI table. One (1) hand hygiene sink will be shared between two (2) Stretcher Bays.
- 2.6.3.9(8) Control Room - MRI will be a shared control room for both Imaging Room - MRI. This control room will be located adjacent to both Imaging Room - MRI and will have Direct Access from internal corridor within Zone 3.
- 2.6.3.9(9) Technologists seated in control room will have unobstructed Line of Sight to the bore of the magnet through a RF shielded interior window. Staff at Control Room - MRI will also have Line of Sight to every door between Zone 2 and Zone 3 as well as the approach to Imaging Room - MRI door. Observation cameras will be installed to allow monitoring of Zone 2 by Staff in Control Room - MRI.



- 2.6.3.9(10) Computer Room - MRI will be located adjacent to Imaging Room - MRI and will have Direct Access from internal corridor within Zone 3.
  - 2.6.3.9(11) Imaging Room - MRI will have Direct Access to internal corridor within Zone 3. Imaging Room - MRI doors will swing out into the corridor for safety purposes. A skylight feature on ceiling of these rooms will provide a visual distraction for the Patient.
  - 2.6.3.9(12) A two-way audio intercom between Staff in Control Room - MRI and Patient on MRI table in Imaging Room - MRI will be provided.
  - 2.6.3.9(13) Storage - Cryogen - Biomed, Reading Room - Radiologist and Storage - Clean Supply will have Convenient Access to MRI Zone 2 through a Staff-only corridor.
  - 2.6.3.9(14) Storage - Cryogen - Biomed will also have Convenient Access from Workroom - Biomed.
- 2.6.3.10 F7. Shared Support Space
- 2.6.3.10(1) Alcove - Stretcher/Wheelchair Storage will accommodate two (2) stretchers and eight (8) wheelchairs and have Convenient Access to Staff and Patient Service Elevators.
  - 2.6.3.10(2) Alcove - Oxygen Tank Storage will also have Convenient Access to Staff and Patient Service Elevators.
  - 2.6.3.10(3) Workroom - Biomed will be Biomedical Engineering workroom/shop with workbenches, parts storage, ceiling mounted chain hoist and floor lift Equipment. Workroom - Biomed will be co-located with Equipment Testing - Biomed for testing medical imaging Equipment, one (1) Storage - Clean Equipment and Alcove - Eyewash/Shower Station.
  - 2.6.3.10(4) The other Storage - Clean Equipment will be located within the Component, but with Convenient Access to Staff and Patient Service Elevators.
  - 2.6.3.10(5) Three (3) Stretcher Bay - Patient Prep will be grouped together with Convenient Access to Back-of-House Staff entry point from the Patient and Staff Service Elevators. One (1) hand hygiene sink will be shared between three (3) Stretcher Bay.
  - 2.6.3.10(6) Office - Shared will include two (2) workstations.

- 2.6.3.10(7) Alcove - Ice Machine will have Convenient Access to CT Chair Bay- Patient Prep.
- 2.6.3.11 F8. Staff Support Space
  - 2.6.3.11(1) Four (4) Office - Shared will include two (2) workstations each, three (3) Office - Shared will include four (4) workstations each and one (1) Office - Shared will include three (3) workstations.
  - 2.6.3.11(2) A Business Work Area will have Convenient Access to Staff work areas.
  - 2.6.3.11(3) Lounge - Staff will have Convenient Access to Back-of-House Staff entry point to the Component.
  - 2.6.3.11(4) One (1) Washroom - Staff will be located adjacent to Lounge - Staff. Two (2) Washroom - Staff - Non-Acc will be distributed within the Component.

## 2.6.4 SCHEDULE OF ACCOMMODATIONS

2.6.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Medical Imaging**

<b>F. MEDICAL IMAGING</b>		
F1. PATIENT ARRIVAL AND CHECK-IN		105.0
F2. BREAST IMAGING		266.4
F3. ULTRASOUND		310.0
F4. GENERAL RADIOLOGY		370.2
F5. CT		281.3
F6. MRI		246.5
F7. SHARED SUPPORT SPACE		114.0
F8. STAFF SUPPORT SPACE		306.7
<b>MEDICAL IMAGING PROGRAMMED SPACE NSM:</b>		<b>2,000.1</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>F. MEDICAL IMAGING</b>					
<b>F1. PATIENT ARRIVAL AND CHECK-IN</b>					
F1.01	Patient Check-In	1	29.0	29.0	For clerks, volunteer/tech aide/student.
F1.02	Business Work Area	1	9.0	9.0	
F1.03	Alcove - Self-Registration Kiosk	2	1.0	2.0	
F1.04	Waiting Area	1	37.0	37.0	
F1.05	Washroom - Public	2	5.0	10.0	
F1.06	Data Image Centre - Medical Imaging	1	18.0	18.0	For processing requests for information related to MI and meeting with requestors.
<b>SUBTOTAL NSM: PATIENT ARRIVAL AND CHECK-IN</b>				<b>105.0</b>	
<b>F2. BREAST IMAGING</b>					
F2.01	Waiting Area	1	16.0	16.0	
F2.02	Patient Check-In	1	17.3	17.3	For clerks.
F2.03	Office - Shared	1	16.0	16.0	For booking clerk.
F2.04	Change Room	4	3.5	14.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
F2.05	Washroom - Patient	1	5.0	5.0	
F2.06	Alcove - Clean Linen	1	2.0	2.0	
F2.07	Waiting Area - Gowned	1	16.0	16.0	
F2.08	Consult Room	1	12.0	12.0	For conferring results to Patients.
F2.09	Imaging Room - Bone Density	1	12.5	12.5	For bone density scanning.
F2.10	Screening Mammography Room	2	14.0	28.0	
F2.11	Diagnostic Mammography Room	3	16.0	48.0	
F2.12	Ultrasound Procedure Room	2	17.0	34.0	
F2.13	Alcove - Mobile Equipment	1	5.6	5.6	For spare stretcher.
F2.14	Work Hub - Technologists	1	22.0	22.0	
F2.15	Reading Room - Radiologist	2	9.0	18.0	
<b>SUBTOTAL NSM: BREAST IMAGING</b>				<b>266.4</b>	
<b>F3. ULTRASOUND</b>					
F3.01	Waiting Area	1	24.0	24.0	
F3.02	Change Room	4	3.5	14.0	
F3.03	Alcove - Clean Linen	1	2.0	2.0	
F3.04	Stretcher Bay - Holding	4	7.5	30.0	
F3.05	Consult Room	1	12.0	12.0	For conferring results to Patients.
F3.06	Washroom - Patient	3	5.0	15.0	
F3.07	Ultrasound Procedure Room	4	17.0	68.0	
F3.08	Echo Room	4	13.0	52.0	For echocardiogram testing.
F3.09	Work Hub - Technologists	1	40.0	40.0	
F3.10	Reading Room - Radiologist	1	9.0	9.0	
F3.11	Reading Room - Cardiologist	1	9.0	9.0	
F3.12	Probe Reprocessing Room	1	10.0	10.0	For high level disinfection of US probes.
F3.13	Storage - Clean Supply	1	13.0	13.0	
F3.14	Soiled Utility Room	1	12.0	12.0	
<b>SUBTOTAL NSM: ULTRASOUND</b>				<b>310.0</b>	
<b>F4. GENERAL RADIOLOGY</b>					
F4.01	Waiting Area	1	12.0	12.0	
F4.02	Change Room	3	3.5	10.5	
F4.22	Change Room - Bariatric	1	4.6	4.6	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
F4.03	Alcove - Clean Linen	1	2.0	2.0	
F4.04	Washroom - Patient	2	5.0	10.0	
F4.05	Stretcher Bay - Holding	2	7.5	15.0	
F4.06	Stretcher Bay - Patient Prep	1	7.5	7.5	
F4.07	Imaging Room - Gen Rad	3	29.0	87.0	
F4.08	Control Booth - Gen Rad	3	3.0	9.0	
F4.09	Work Hub - Technologists	1	32.0	32.0	
F4.10	Procedure Room - Fluoro	1	32.5	32.5	For fluoroscopy procedures.
F4.11	Control Room - Fluoro	1	12.0	12.0	
F4.12	Alcove - Scrub Station	1	2.0	2.0	
F4.13	Alcove - Lead Aprons	2	1.8	3.6	For racks for hanging lead aprons.
F4.14	Alcove - Medication Storage/Prep	1	4.0	4.0	For storage and preparation of medications needed for CT and fluoro procedures.
F4.15	Alcove - Mobile Equipment	1	10.0	10.0	For mobile imaging Equipment.
F4.16	Alcove - Crash Cart	1	1.0	1.0	To be located centrally.
F4.17	Washroom - Staff - Non-Acc	1	3.5	3.5	
F4.18	Reading Room - Radiologist	3	9.0	27.0	
F4.19	Storage - Sterile Supply	1	15.0	15.0	For sterile supplies on carts for interventional procedures.
F4.20	Storage - Clean Supply	1	18.0	18.0	
F4.21	Soiled Utility Room	1	12.0	12.0	
F4.23	Imaging Room - Multipurpose IR	1	40.0	40.0	For radiology/fluoroscopy procedures.
<b>SUBTOTAL NSM: GENERAL RADIOLOGY</b>				<b>370.2</b>	
<b>F5. CT</b>					
F5.01	Waiting Area	1	20.0	20.0	
F5.02	Change Room	3	3.5	10.5	
F5.03	Alcove - Clean Linen	1	2.0	2.0	
F5.04	Washroom - Patient	1	5.0	5.0	
F5.05	Chair Bay - Patient Prep	5	5.0	25.0	
F5.06	Alcove - Crash Cart	1	1.0	1.0	
F5.07	Alcove - Scrub Station	1	1.0	1.0	
F5.08	Stretcher Bay - Holding	4	7.5	30.0	
F5.09	Imaging Room - CT	1	40.0	40.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
F5.10	Guided Interventional Room - CT	1	45.0	45.0	
F5.11	Control Room - CT	1	22.0	22.0	
F5.12	Computer Room - CT	2	5.0	10.0	
F5.13	Alcove - Lead Aprons	1	1.8	1.8	For racks for hanging lead aprons.
F5.14	Work Hub - Technologists	1	15.0	15.0	
F5.15	Reading Room - Radiologist	2	9.0	18.0	
F5.16	Storage - Clean Equipment	1	8.0	8.0	
F5.17	Storage - Clean Supply	1	15.0	15.0	
F5.18	Soiled Utility Room	1	12.0	12.0	
<b>SUBTOTAL NSM: CT</b>				<b>281.3</b>	
<b>F6. MRI</b>					
<b>Zone 1</b>					
F6.06	Storage - Cryogen - Biomed	1	20.0	20.0	For cryogen and biomedical Equipment, parts and supplies.
F6.07	Reading Room - Radiologist	1	9.0	9.0	
F6.11	Storage - Clean Supply	1	12.0	12.0	
<b>Zone 2</b>					
F6.01	Waiting Area - Gowned	1	12.0	12.0	
F6.02	Change Room	2	3.5	7.0	
F6.03	Alcove - Clean Linen	1	2.0	2.0	
F6.04	Alcove - Lockers - Patient	1	1.5	1.5	
F6.05	Washroom - Patient	1	5.0	5.0	
F6.08	Stretcher Bay - Patient Prep	2	7.5	15.0	
<b>Zone 3</b>					
F6.09	Control Room - MRI	1	28.0	28.0	
F6.10	Computer Room - MRI	2	17.5	35.0	
<b>Zone 4</b>					
F6.12	Imaging Room - MRI	2	50.0	100.0	
<b>SUBTOTAL NSM: MRI</b>				<b>246.5</b>	
<b>F7. SHARED SUPPORT SPACE</b>					
F7.01	Alcove - Ice Machine	1	1.5	1.5	
F7.02	Stretcher Bay - Patient Prep	3	7.5	22.5	
F7.03	Alcove - Blanket Warmer	2	1.5	3.0	To be distributed.

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
F7.04	Alcove - Stretcher/Wheelchair Storage	1	8.0	8.0	For staging wheelchairs and stretchers.
F7.05	Alcove - Oxygen Tank Storage	1	2.0	2.0	For small oxygen tanks for Patient replacement.
F7.06	Storage - Clean Equipment	1	15.0	15.0	For mobile Medical Imaging Equipment.
F7.07	Office - Shared	1	12.0	12.0	For informatics coordinator, quality coordinator.
F7.08	Workroom - Biomed	1	12.0	12.0	
F7.09	Equipment Testing - Biomed	1	8.0	8.0	
F7.10	Storage - Clean Equipment	1	15.0	15.0	For biomed.
F7.11	Housekeeping Room	2	7.0	14.0	To be distributed.
F7.12	Alcove - Eyewash/Shower Station	1	1.0	1.0	
<b>SUBTOTAL NSM: SHARED SUPPORT SPACE</b>				<b>114.0</b>	
<b>F8. STAFF SUPPORT SPACE</b>					
F8.01	Office - Private	2	9.0	18.0	For manager, portfolio clerk.
F8.02	Office - Shared	4	12.0	48.0	For supervisors, clerk supervisors, senior booking clerk, drop down.
F8.03	Office - Shared	3	26.8	80.4	For booking clerks.
F8.04	Office - Shared	1	19.5	19.5	For clinical educator, students.
F8.05	Phone Room - 2-Seat	1	5.0	5.0	
F8.06	Workstation - Drop Down	2	2.8	5.6	For tech aides.
F8.07	Business Work Area	1	9.0	9.0	
F8.08	Meeting Room - 12-Seat	1	30.0	30.0	
F8.09	Washroom - Staff	1	5.0	5.0	
F8.10	Lounge - Staff	1	79.2	79.2	
F8.11	Washroom - Staff - Non-Acc	2	3.5	7.0	To be distributed.
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>306.7</b>	
<b>TOTAL NSM: MEDICAL IMAGING</b>				<b>2,000.1</b>	

## **BC CANCER CENTRE CLINICAL COMPONENTS**



## 2.7 G. ONCOLOGY AMBULATORY CARE UNIT

### 2.7.1 SERVICE DESCRIPTION

- 2.7.1.1 OACU Component will accommodate a collaborative multidisciplinary, multi-modality tumour-based approach to Patient management of cancer. OACU is a Component that provides space for Patient examination and consultation, care planning and minor treatment, supportive care, and access to clinical trials. Patients and families will be seen both in person and/or via virtual health, if preferred by the Patient.
- 2.7.1.2 A number of care providers will be involved in consulting and planning care for each Patient. This may include physicians in radiation, medical and surgical oncology, palliative care, general practitioners in oncology, consulting physicians, dentists, residents/students, nurses, nurse practitioners, dermatologists and endocrinologists, supportive care and other allied health professionals, pharmacists, and Clinical Trials Unit Staff. The area will provide flexible facilities that can be used for consultation, examination, and counselling. Virtual health will be enabled through telephone or web-based videoconferencing.
- 2.7.1.3 OACU Component will include the following specialty and/or site specific clinics:
- 2.7.1.3(1) Breast;
  - 2.7.1.3(2) Sarcoma;
  - 2.7.1.3(3) Head and Neck;
  - 2.7.1.3(4) Gynaecology;
  - 2.7.1.3(5) Lung;
  - 2.7.1.3(6) CNS;
  - 2.7.1.3(7) Pain Control/Symptom/Palliative Management;
  - 2.7.1.3(8) Upper and Lower Gastrointestinal;
  - 2.7.1.3(9) Genitourinary;
  - 2.7.1.3(10) Dermatology;
  - 2.7.1.3(11) Endocrinology; and
  - 2.7.1.3(12) Nurse led Task Clinic.

- 2.7.1.4 The following activities will be accommodated in this Component:
- 2.7.1.4(1) Consultations with new Patients will include a full history and physical examination for initial assessment and determination of treatment. Patients will be seen by various members of the multidisciplinary care team. All disciplines involved in Patient consult will come to the Patient in Exam Room. This allows for the Patient to not be moved around unnecessarily;
  - 2.7.1.4(2) Follow-up visits will include review of results from relevant diagnostic tests, interval history and physical examination, counselling and education for Patients and family members. Patients and families will be seen in an Exam Room or in a Consult Room or both on a given visit to the Component;
  - 2.7.1.4(3) Patients will be transported by dedicated transportation to OACU from other facilities for consultation and assessment in an Exam Room;
  - 2.7.1.4(4) One of the clinic pods will support Task Clinic functions and minor procedures. Task Clinic functions will include central line care, injections, Patient teaching, observation/holding and discontinuation of elastomeric chemotherapy infusers;
  - 2.7.1.4(5) Specimen collection will be provided by Laboratory Staff to serve the needs of all BCC Patients;
  - 2.7.1.4(6) Patient navigators will afford continuity of care for each Patient from referral to initial consult through to completion of treatment and during follow-up visits. Patient care issues which occur between clinic visits will be handled by the tumour-based clinic nurses and/or Patient navigators, for example, symptom control, change in condition, with physician consultation as required. Every effort, where appropriate, to redirect care to the community will be taken;
  - 2.7.1.4(7) Supportive care will provide the necessary services to meet the physical, informational, psychological, social, and spiritual needs of those living with or affected by cancer during the pre-diagnostic, diagnostic, treatment, and follow-up phases, encompassing issues of survivorship, palliation, and bereavement. Supportive care providers will provide direct Patient care within OACU. Patients and families will define their service delivery needs in consultation with their care team;

- 2.7.1.4(8) Comprehensive nutritional care and counselling will be provided by dietitians to cancer Patients and their families through clinical intervention and educational activities;
  - 2.7.1.4(9) Cancer Patients will have access to rehabilitative and allied health services for respiratory therapy, SLP, OT and PT;
  - 2.7.1.4(10) Outpatient Pain and Symptom, Palliative Care Management Clinics will be located in OACU;
  - 2.7.1.4(11) Clinical trials Patient assessment, evaluation and education activities will occur in OACU;
  - 2.7.1.4(12) After consultation in OACU, a treatment plan will be developed for the Patient. Patients for whom radiation therapy is the treatment choice will be referred to Radiation Therapy Planning Component for treatment planning. Patients for whom systemic therapy will be warranted may return for a subsequent appointment prior to treatment. Follow-up with specific aspects of supportive care will also be arranged with the Patient and their support(s);
  - 2.7.1.4(13) Staff facilitated counselling groups and self-help workshops/groups, such as the Look Good Feel Better Program, will have access to appropriate Group Rooms located within OACU Component or Meeting and Education Component; and
  - 2.7.1.4(14) Special Access to drug coverage will be managed by a Drug Access Navigator who will need space in the supportive care work area.
- 2.7.1.5 Service Exclusions
- 2.7.1.5(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
    - 2.7.1.5(1)(a) Systemic and radiation treatments will be provided in other Components outside of OACU in accordance with the care plan.

## 2.7.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

### 2.7.2.1 Patient Flow

#### 2.7.2.1(1) Patient Arrival and Registration

- 2.7.2.1(1)(a) Upon arrival to the Facility, OACU Patients will report to Reception - Cancer Centre in Public Spaces for registration, where a clerk will confirm their personal information and appointment using the EMR.
- 2.7.2.1(1)(b) Patients will be required to fill out the Oncology Comprehensive Intake (OCI) questionnaire. Currently, Patients complete the PRISM form at their initial consult; future state, nurses will contact the Patient to complete the OCI prior to initial consult. In future state if there is a Patient portal, Patients will have the option of completing the OCI and other documentation prior to coming in for their first appointment.
- 2.7.2.1(1)(c) Future plans call for self-registration kiosks to be available for those who choose to utilize that means of confirming their attendance and updating their demographic information, located near Reception - Cancer Centre in Public Spaces.
- 2.7.2.1(1)(d) After registration is complete, Patients will be given directions as to which OACU pod to report to. The Patient will then travel to OACU Component via Public Circulation.
- 2.7.2.1(1)(e) Patients will enter into OACU Component from Public Circulation and report directly to the appropriate pod's Patient Check-In station to be received by a health unit clerk, who will utilize the electronic health record to verify demographic and CareCard information and update as needed. Identity wrist bands will be placed on Patients requiring medication stored in an ADC.
- 2.7.2.1(2) Patient Requiring Treatment
- 2.7.2.1(2)(a) Patients will be asked to wait in the pod's Waiting Area to be called in when a treatment space is ready. A care provider will call the Patient, escort them into the Patient Care Area to Alcove - Weigh Scale to assess their height and weight, then take them to the appropriate care/treatment space.
- 2.7.2.1(2)(b) Patients with known or suspected infection control precautions will be escorted directly to, and will be cared for in, an Exam/Treatment Room - AIR or an appropriate private room for non-airborne precautions.

Appropriate cleaning and disinfection of the health care environment will take place between Patients.

2.7.2.1(2)(c) Some OACU Patients will report directly to, and receive treatment within, Task Clinic.

2.7.2.1(3) Consult

2.7.2.1(3)(a) Patient consultation will be done in an appropriate care space of the clinic (e.g., Consult Room). Patients will be seen by various members of the multidisciplinary team as part of their visit/appointment.

2.7.2.1(4) Post Consultation

2.7.2.1(4)(a) Following their appointment, some Patients will be scheduled for a follow-up appointment, to return for teaching before treatment starts, or for other tests and diagnostics. Unit clerks at Patient Check-In station will arrange for these follow-up appointments, booking for treatment modality teach class and start dates of treatment modality. For any medical imaging or laboratory tests, or medications, Patients will be directed to the NSHBCCC Components where these will be available.

2.7.2.1(4)(b) If oral chemotherapy medication is prescribed, the medication will be available at Oncology Pharmacy Component Dispensing Counters for Patient pick-up. Patients will travel to Oncology Pharmacy via Public Circulation.

2.7.2.2 Family/Visitor Flow

2.7.2.2(1) Patient's family, caregiver or care support are integral to the Patient's treatment journey and will be allowed to accompany the Patient during the visits, unless restrictions policy is in place.

2.7.2.2(2) Patient's family, caregiver or care support can stay in a pod's Waiting Area or use Resource Centre - Patient/Family or other facilities in the Public Spaces Component.

2.7.2.3 Staff Flow

2.7.2.3(1) Upon arrival to the Facility, Staff from this Component will travel via Service Circulation to the centralized Staff Facilities to

access Locker Rooms to change into appropriate work attire and store their personal belongings.

- 2.7.2.3(2) At start of shift, Staff will sign-in within their applicable OACU pod and receive their assignment/Patient workload for the day. Staff may travel via Service Circulation to a same-level, distributed Lounge - Staff for breaks.
- 2.7.2.3(3) Once a Patient is received at Patient Check-In, care Staff will be alerted that the Patient is in Waiting Area. Entry of the Patient into the EMR will alert the multidisciplinary team that Patient has arrived. This information will be available in the EMR system (CST Cerner) and on the Patient Information Board.
- 2.7.2.3(4) Care Staff will call the Patient from Waiting Area, take Patient's height and weight at Alcove - Weigh Scale, then bring the Patient to a treatment space (e.g., Exam Room or Consult Room) and complete appropriate Patient assessments or consultations.
- 2.7.2.3(5) According to Patient-centred principles, the multidisciplinary team that has been booked to review and assess the Patient will come to the Patient's care space (e.g., Consult Room or Exam Room). During the consultation, the oncologist will discuss treatment options, and together with the Patient and support person(s) to determine needs for supportive care. Treatment orders will be entered into the EMR system, sending the orders to the appropriate treatment modality. This could include IV or oral systemic therapy, and/or radiation therapy (internal or external).
- 2.7.2.3(6) Virtual health consults will occur within treatment spaces to facilitate consultation with Patients, between sites and to community clinics. Virtual health consults will also facilitate the inclusion of family members who are unable to attend an in-person visit (e.g., family member in another province).
- 2.7.2.3(7) Staff will travel from Clinical Trials Unit Component to OACU via Service Circulation. Clinical Trials Unit nurse coordinator will be called to counsel and provide education to Patients on the medication, participation benefits and expectations and trial protocols.
- 2.7.2.3(8) Physician dictation will be done at dictation workstations in a discrete location within Workroom - MDT.

2.7.2.3(9) After Patient leaves the care space (e.g., Consult Room or Exam Room), clinic aides will wipe clean and disinfect high touch surfaces and all non-critical medical devices and change the sheet on examination couch, etc. If the Patient is seen using Additional Precautions, an Additional Precautions discharge clean will be conducted by EVS Staff. During infectious disease outbreaks, cleaning protocols will be adhered to according to the outbreak.

#### 2.7.2.4 Clinical Support Flow

##### 2.7.2.4(1) Pharmacy

2.7.2.4(1)(a) Oncology Pharmacy Staff will manage medications stock in OACU.

2.7.2.4(1)(b) Pharmacy technicians from Oncology Pharmacy Component will travel to this Component with a cart via Service Circulation to restock ADCs in each Medication Room on a routine basis.

2.7.2.4(1)(c) Clinical Pharmacy specialists and pharmacists will support Patient medication needs and be part of the multidisciplinary team.

2.7.2.4(1)(d) IV hydration will be done in Task Clinic. IV hydration and/or infusions which require pharmacy preparation will be prepared at Oncology Pharmacy. Staff from Task Clinic will travel to Oncology Pharmacy via Service Circulation to pick up these infusions.

##### 2.7.2.4(2) Medical Imaging

2.7.2.4(2)(a) If medical imaging diagnostics are ordered, Patients will travel unescorted to and from Medical Imaging Component via Public Circulation.

2.7.2.4(2)(b) All imaging results will be digital and will be accessible through PACS. A physician will view imaging results via EMR in a treatment space or a Staff area.

2.7.2.4(2)(c) BCCC SLP Staff will travel from OACU to Medical Imaging Component via Service Circulation to conduct videofluoroscopic swallowing studies (VFSS) for BCCC Patients.

##### 2.7.2.4(3) Laboratory

- 2.7.2.4(3)(a) If laboratory diagnostics are ordered, Patients will travel unescorted to and from Laboratory Component via Public Circulation.
- 2.7.2.4(4) Interprofessional Team
  - 2.7.2.4(4)(a) If a Code Blue is called, the NSHBCCC Code Blue team will travel to OACU. An Alcove - Crash Cart will be located centrally in the Component clinic space.
- 2.7.2.5 Non-Clinical Support Flow
  - 2.7.2.5(1) Equipment
    - 2.7.2.5(1)(a) Equipment like IV poles, IV pumps and wheelchairs will be cleaned and stored within the Component. After Patient use, all items will be wiped down and low-level disinfected at point-of-use. Clean Equipment will either be stored within Patient Care Areas or within designated clean Equipment storage rooms or alcoves.
  - 2.7.2.5(2) Medical Devices
    - 2.7.2.5(2)(a) OACU Staff will pre-clean instruments immediately after use at point-of-care before transport to MDR Component for reprocessing. OACU Staff will pick up medical devices from MDR after reprocessing and store within designated OACU clean storage locations.
    - 2.7.2.5(2)(b) One (1) OACU pod will have Exam/Treatment Room - AIR to support ENT exams. After Patient use, ENT scopes will be taken directly to the pod's Soiled Utility Room to be wiped down, placed into an enclosed leak proof bin and placed on a cart for transport by OACU care Staff to MDR Component via Service Circulation for sterilization. Sterilized scopes will be retrieved from MDR by OACU care Staff and transported on a cart via Service Circulation to OACU Storage - Clean Scopes.
  - 2.7.2.5(3) Supplies (Materials Management)
    - 2.7.2.5(3)(a) As per Facility-wide flow.
  - 2.7.2.5(4) EVS (Housekeeping/Linen/Waste Management)
    - 2.7.2.5(4)(a) As per Facility-wide flow.



- 2.7.2.5(4)(b) Linen supplies will be provided on an exchange cart system from EVS.
- 2.7.2.5(5) Patient Food Services
  - 2.7.2.5(5)(a) As per Facility-wide flow for Alcove - Nourishment Station.
- 2.7.2.5(6) Biomedical Engineering
  - 2.7.2.5(6)(a) As per Facility-wide flow.
- 2.7.2.5(7) FMO/AM
  - 2.7.2.5(7)(a) As per Facility-wide flow.
- 2.7.2.5(8) Information Management
  - 2.7.2.5(8)(a) To mitigate the current state incomplete, inaccurate information, missing referrals, there will be an intelligent, error proof, standardized, fillable referral form (with mandatory information fields) available on BCC's website (health care professional/physician portal). The referral form will be geared towards the needs of each of the tumour site.
  - 2.7.2.5(8)(b) The referring physician will also be able to upload all relevant Patient information, test results, etc. in the BCC's website healthcare/physician portal.
  - 2.7.2.5(8)(c) CST Cerner is assumed to be the EMR system to be used. It will be able to receive the referral form which will be alerted to the new Patient referral clerk's worklist.
  - 2.7.2.5(8)(d) There will be an auto acknowledgment of referral receipt to the referring provider and electronic appointment notification and reminder system.
  - 2.7.2.5(8)(e) There will be available technology to enable visual conversations with interpreters. This is separate from digital signage. Videoconferencing technology will be made available to support visual conversations with interpreters (using iPad, WOW, etc.) and links to PHSA Provincial Language Services.
- 2.7.2.5(9) Security

2.7.2.5(9)(a) As per Facility-wide flow.

2.7.3 COMPONENT DESIGN CRITERIA

2.7.3.1 External Adjacency Requirements Diagram

2.7.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.



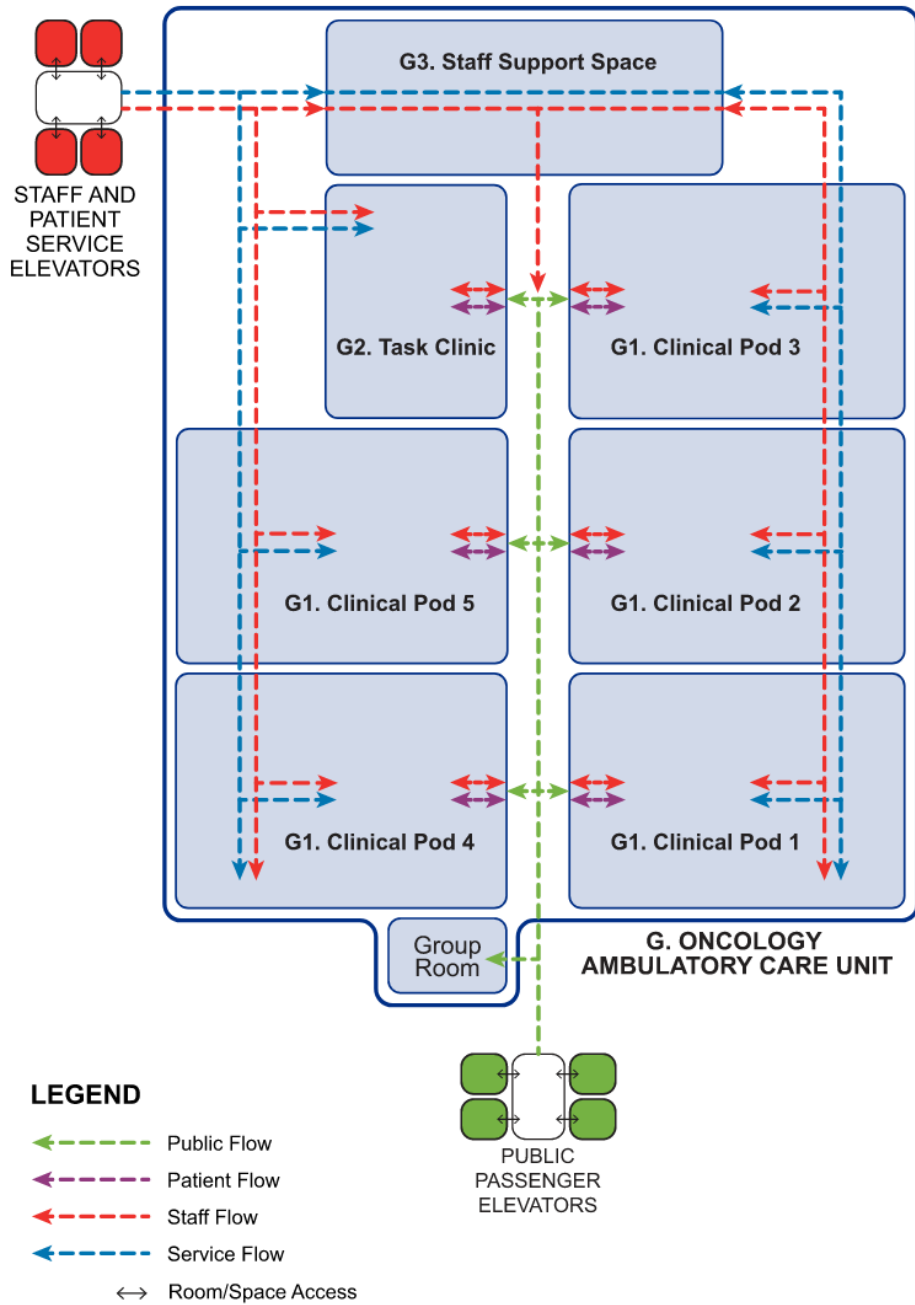
**LEGEND**

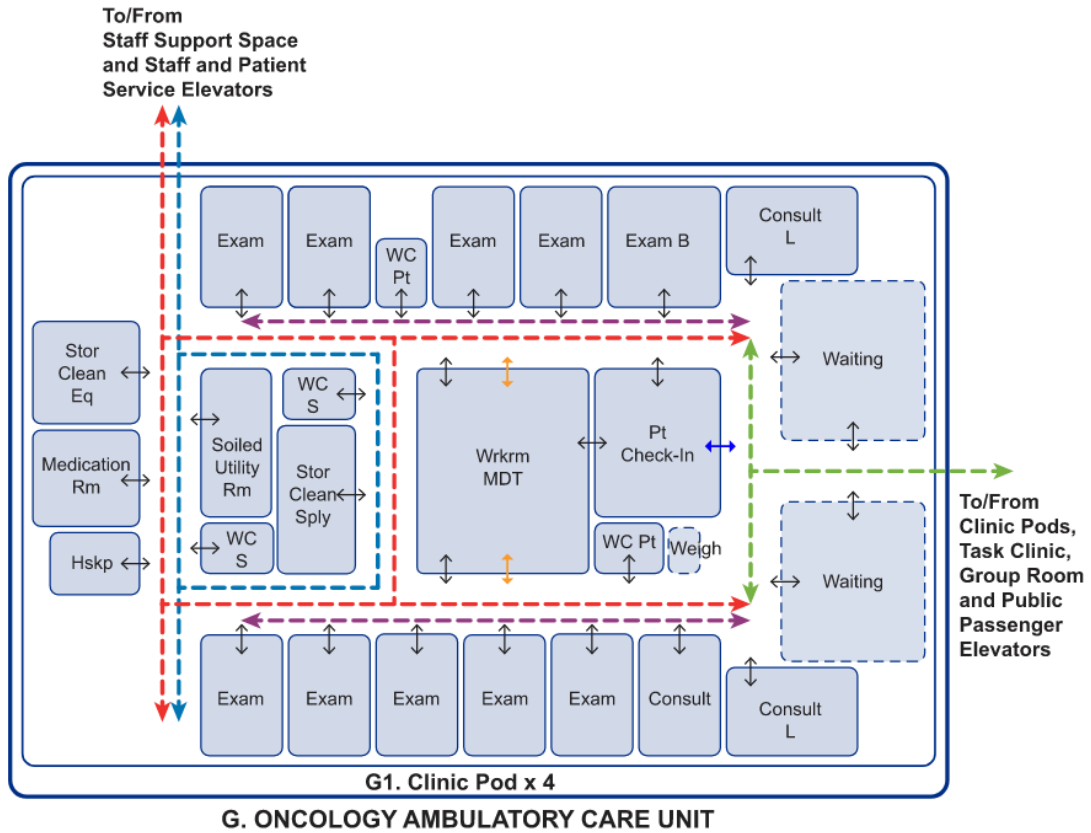
Convenient Access by Public Circulation

Convenient Access by Service Circulation

2.7.3.2 Internal Functional Relationships Diagram

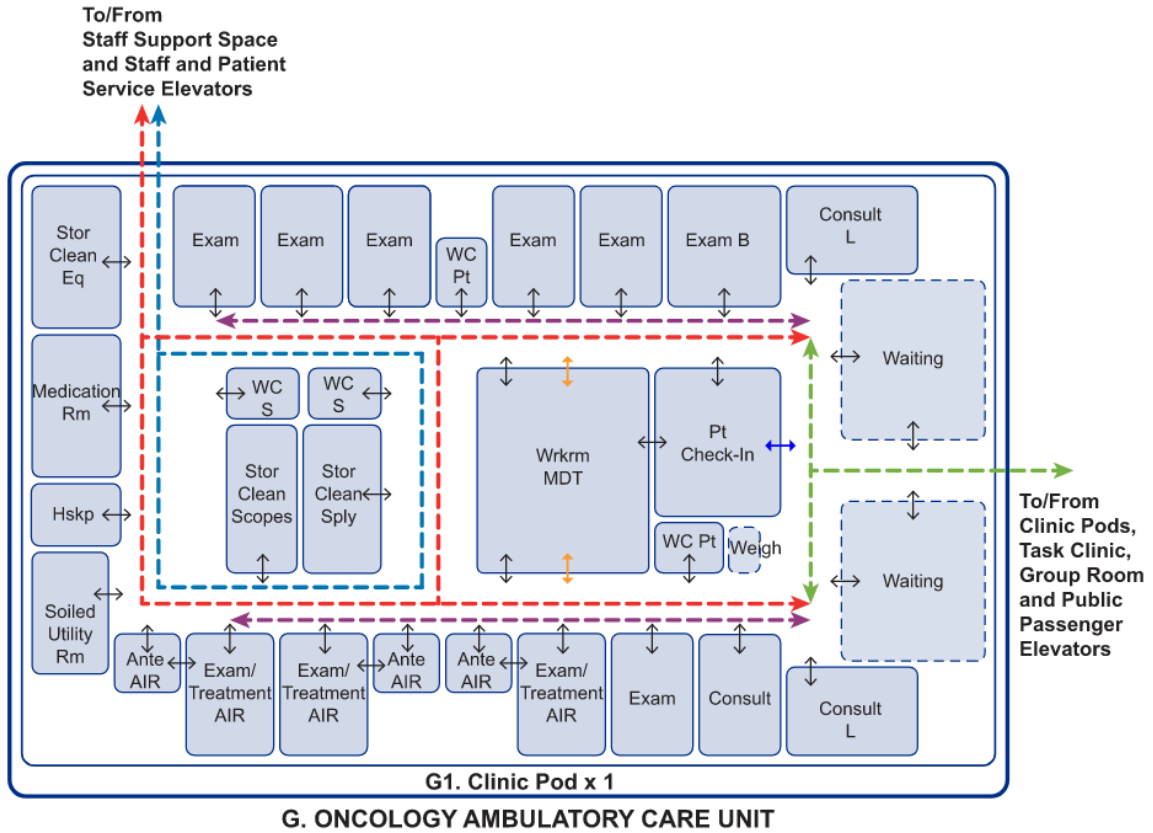
2.7.3.2(1) The following diagrams indicate internal functional relationships within this Component.





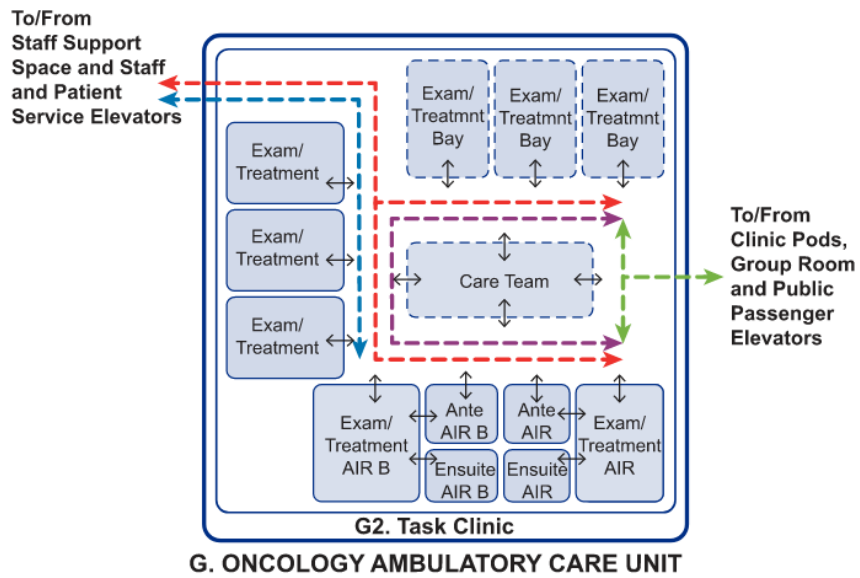
**LEGEND**

- ← Public Flow
- ← Patient Flow
- ← Staff Flow
- ← Service Flow
- ↔ Room/Space Access
- ↔ Interior Window
- ↔ Transaction Window



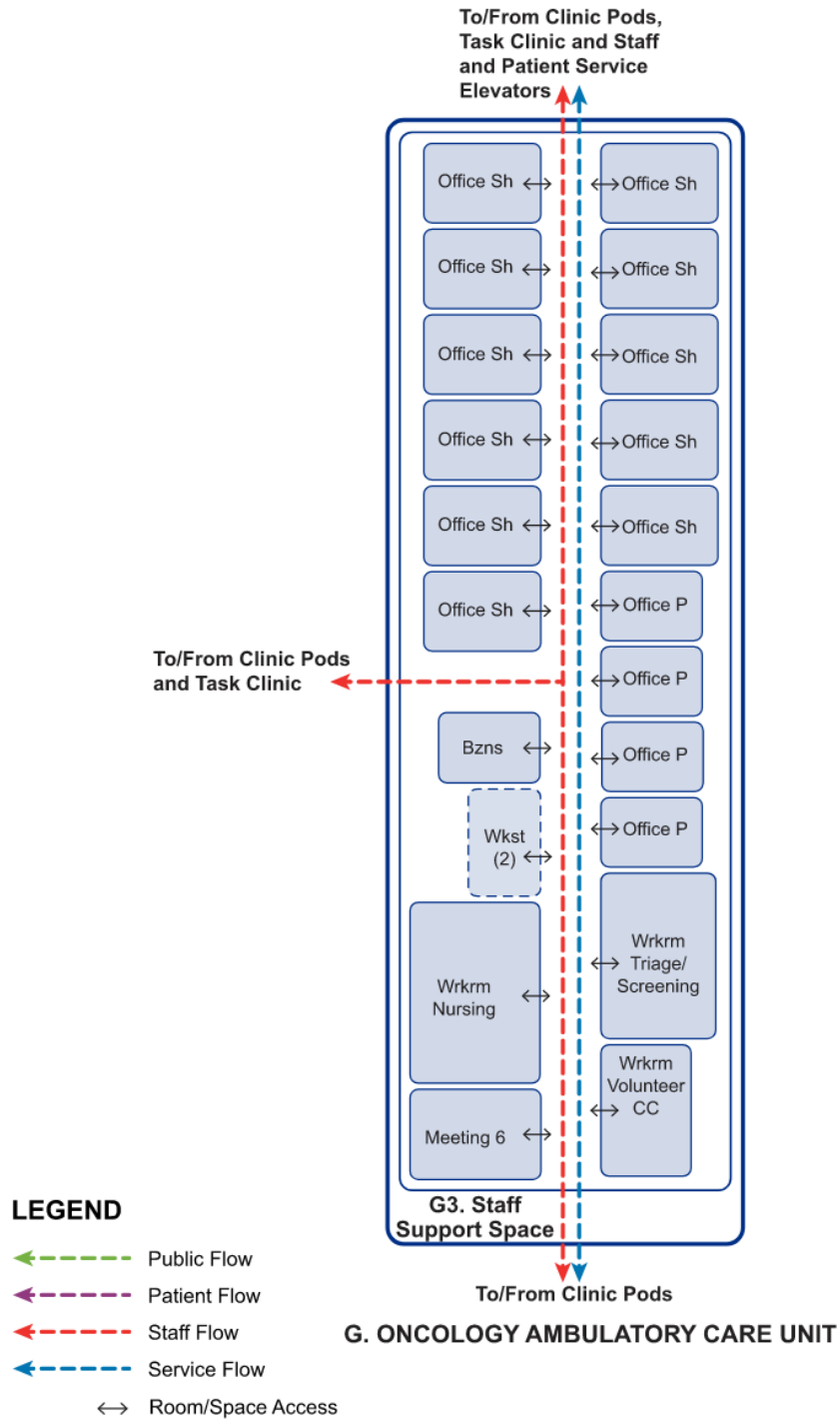
**LEGEND**

- ← - - - Public Flow
- ← - - - Patient Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ Interior Window
- ↔ Transaction Window



**LEGEND**

- ← Public Flow
- ← Patient Flow
- ← Staff Flow
- ← Service Flow
- ↔ Room/Space Access





### 2.7.3.3 General Requirements

2.7.3.3(1) OACU Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.7.3.3(1)(a) Convenient Access via Public Circulation from Main Entrance Lobby to enable Patients and families to access the main entrance, Parking Shuttle Passenger Elevators and services available in other Components in the Facility via Public Passenger Elevators.
- 2.7.3.3(1)(b) Convenient Access via Public Circulation to Laboratory Component for convenience of Patients and their families to access Outpatient Specimen Collection.
- 2.7.3.3(1)(c) Convenient Access via Public Circulation to Oncology Pharmacy Dispensing Counters for ease of access for Patients receiving oral chemotherapy.
- 2.7.3.3(1)(d) Convenient Access via Public Circulation to Meeting and Education for movement of Patients and families for meeting, teaching and education purposes.
- 2.7.3.3(1)(e) Convenient Access via Service Circulation to MDR for movement of Staff and scopes.
- 2.7.3.3(1)(f) Convenient Access via Service Circulation to Oncology Pharmacy for movement of Staff and IV hydration/infusion for Task Clinic.
- 2.7.3.3(1)(g) Convenient Access via Service Circulation to Medical Staff Facilities - CC, Shared Staff Facilities and Distributed Staff Lounges in Staff Facilities to minimize Staff travel distance.
- 2.7.3.3(1)(h) Convenient Access via Service Circulation to Clinical Trials Unit for movement of Clinical Trials Unit Staff.

2.7.3.3(2) Zones of activity within OACU Component will include the following:

- 2.7.3.3(2)(a) G1. Clinic Pods (5)
- 2.7.3.3(2)(b) G2. Task Clinic
- 2.7.3.3(2)(c) G3. Staff Support Space

- 2.7.3.3(3) OACU will be located on the consecutive floor above Main Entrance Lobby and will be connected to the Facility main entrance through Public Passenger Elevators and Main Entrance Lobby convenience stairs.
  - 2.7.3.3(4) OACU Staff will be able to flow between all zones of the Component.
  - 2.7.3.3(5) A Group Room for Patient teaching will have Convenient Access from Component public entry point And Clinic Pods Waiting Areas.
- 2.7.3.4 G1. Clinic Pods (5)
- 2.7.3.4(1) OACU Component will include five (5) Clinic Pods which will be standardized across the Component. Clinic Pods will be designed to provide flexibility, to facilitate multiple uses and care needs, and to accommodate the number of practitioners involved in a Patient's care.
  - 2.7.3.4(2) Each pod will have Patient Care Areas clustered around multidisciplinary workspace and associated support spaces including Workroom - MDT, Patient Check-In and an adjacent Waiting Area.
  - 2.7.3.4(3) Four (4) Clinic Pods will consist of one (1) Consult Room, two (2) Consult Room - Large, nine (9) Exam Rooms and one (1) Exam Room - Bariatric.
  - 2.7.3.4(4) One (1) Clinic Pod will consist of one (1) Consult Room, two (2) Consult Room - Large, six (6) Exam Rooms, one (1) Exam Room - Bariatric and three (3) Exam/Treatment Room - AIR. This pod will have Convenient Access to Front-of-House public entry point to the Component to limit travel distance and spread of infection.
  - 2.7.3.4(5) Exam/Treatment Room - AIR will be used for upper airway scope exams and Fiberoptic Endoscopic Evaluation of Voice/Swallowing (FEEVS). To support these activities, three (3) Exam/Treatment Room - AIR will be co-located with a Soiled Utility Room and Storage - Clean Scopes in this pod.
  - 2.7.3.4(6) Patients and families will be able to access Patient Check-In and Waiting Area in each pod during operating hours directly from Public Circulation.
  - 2.7.3.4(7) Each pod will also have a Back-of-House Staff-only access point.

- 2.7.3.4(8) Patient Check-In and Waiting Area will be located adjacent to each pod's public entry point.
  - 2.7.3.4(9) Patient Check-In will include three (3) transaction stations with transaction windows. It will have Direct Access to Business Work Area. Patient Check-In station will have Line of Sight to each pod's public access, Waiting Area and access points leading into pod's Patient treatment spaces.
  - 2.7.3.4(10) Each Waiting Area will accommodate eighteen (18) standard seats, two (2) bariatric seats and two (2) wheelchair spaces. Seating will be distributed in groups of two (2) to six (6) people and will have Convenient Access to a Washroom - Patient.
  - 2.7.3.4(11) Consult Room and Consult Room - Large will have Convenient Access to Waiting Area.
  - 2.7.3.4(12) Workroom - MDT will be a secure enclosed room with interior windows to internal corridors. This Workroom will be located centrally in the pod and will have Direct Access to back of Patient Check-In stations.
  - 2.7.3.4(13) Workroom - MDT will include two (2) clerical workstations, four (4) care team workstations, four (4) drop down workstations, two (2) dictation workstations in a discrete location, WOW charging/docking stations, hand hygiene sink and a Business Work Area.
  - 2.7.3.4(14) A wheelchair accessible Alcove - Weigh Scale will have Convenient Access from Workroom - MDT and Waiting Area.
- 2.7.3.5 G2. Task Clinic
- 2.7.3.5(1) Task Clinic will be associated with one of the Clinic Pods to provide additional functionality and will have Convenient Access to Staff and Patient Service Elevators.
  - 2.7.3.5(2) Task Clinic will include Exam/Treatment Bays and Exam/Treatment Rooms, an Exam/Treatment Room - AIR and an Exam/Treatment Room - AIR - Bariatric and will have convenient Access to Staff and Patient Service Elevators.
  - 2.7.3.5(3) Exam/Treatment Bays will include walls on three (3) sides with privacy curtain at the front. Design of Exam/Treatment Bays will provide a minimum of 1220 mm clearance on both sides of the stretcher and 900 mm at the foot.

- 2.7.3.5(4) One (1) Alcove - Hand Hygiene Sink will have Convenient Access from Exam/Treatment Bays and located within 6.0 m of Care Team Station - Distributed.
- 2.7.3.5(5) Care Team Station - Distributed will include two (2) drop down workstations and will have Line of Sight to Exam/Treatment Bays.
- 2.7.3.6 G3. Staff Support Space
  - 2.7.3.6(1) A Back-of-House Staff entry point will be provided to allow Staff and support Staff to enter the Component without having to pass through Clinic Pods Waiting Areas. This entry point will have Convenient Access to Staff and Patient Service Elevators.
  - 2.7.3.6(2) Staff Support Space zone will include nursing and supportive care work areas for team members when not actively in clinic, Patient referral, and telephone triage. Patients will not be seen in this zone.
  - 2.7.3.6(3) This zone will consist of a combination of workstations, Office - Private, Office - Shared, Workrooms and a Business Work Area.
  - 2.7.3.6(4) Each Office - Shared will include two (2) workstations.
  - 2.7.3.6(5) Workroom - Telephone Triage/Screening Support will include four (4) workstations.
  - 2.7.3.6(6) Workroom - Nursing will include seven (7) workstations. An office - Private for clinical manager will be adjacent to this workroom.
  - 2.7.3.6(7) Workroom - Volunteer - CC will be located in an area with Convenient Access to the Component public entry point and Waiting Areas. This space will include a nourishment station.
  - 2.7.3.6(8) Staff working in this Component will have access to a same-level distributed Lounge - Staff. Access to Distributed Staff Lounges Sub-Component will not require Staff to travel through Patient Waiting Areas or Public Circulation.

## 2.7.4 SCHEDULE OF ACCOMMODATIONS

2.7.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Oncology Ambulatory Care Unit**

<b>G. ONCOLOGY AMBULATORY CARE UNIT</b>	
G1. CLINIC PODS (5)	1,777.0
G2. TASK CLINIC	131.6
G3. STAFF SUPPORT SPACE	282.2
<b>ONCOLOGY AMBULATORY CARE UNIT PROGRAMMED SPACE NSM:</b>	<b>2,190.8</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>G. ONCOLOGY AMBULATORY CARE UNIT</b>					
<b>G1. CLINIC PODS (5)</b>					
G1.01	Waiting Area	5	44.0	220.0	1 per Clinic Pod.
G1.02	Patient Check-In	5	24.0	120.0	1 per Clinic Pod.
G1.03	Exam Room	42	12.0	504.0	
G1.04	Exam Room - Bariatric	5	16.0	80.0	
G1.05	Alcove - Weigh Scale	5	2.8	14.0	1 per Clinic Pod.
G1.06	Consult Room - Large	10	15.0	150.0	2 per Clinic Pod.
G1.07	Consult Room	5	12.0	60.0	1 per Clinic Pod.
G1.08	Workroom - MDT	5	50.4	252.0	1 per Clinic Pod.
G1.09	Alcove - Nourishment Station	1	4.0	4.0	
G1.10	Group Room	1	25.0	25.0	
G1.11	Alcove - Clean Linen	5	2.0	10.0	1 per Clinic Pod.
G1.12	Washroom - Patient	10	5.0	50.0	2 per Clinic Pod.
G1.13	Washroom - Staff	2	5.0	10.0	To be distributed in 2 Clinic Pods.
G1.14	Storage - Clean Supply	5	13.0	65.0	1 per Clinic Pod.
G1.15	Soiled Utility Room	5	10.0	50.0	1 per Clinic Pod.
G1.16	Medication Room	2	13.0	26.0	To be distributed.
G1.17	Alcove - Crash Cart	1	1.0	1.0	To be located centrally.
G1.18	Alcove - Mobile Equipment	1	2.0	2.0	To be located centrally.
G1.19	Alcove - Blanket Warmer	2	1.5	3.0	To be distributed.
G1.20	Housekeeping Room	2	7.0	14.0	To be distributed.

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
G1.22	Storage - Clean Equipment	1	13.0	13.0	To be located centrally.
G1.23	Storage - Clean Equipment	2	6.0	12.0	To be distributed.
G1.24	Storage - Clean Scopes	1	10.0	10.0	For clean ENT scopes storage.
G1.26	Exam/Treatment Room - AIR	3	13.0	39.0	For ENT examinations.
G1.27	Anteroom - AIR	3	5.0	15.0	
G1.28	Washroom - Staff - Non-Acc	8	3.5	28.0	2 per Clinic Pod.
<b>SUBTOTAL NSM: CLINIC PODS</b>				<b>1,777.0</b>	
<b>G2. TASK CLINIC</b>					
G2.01	Exam/Treatment Bay	3	12.0	36.0	
G2.02	Exam/Treatment Room	3	12.0	36.0	
G2.03	Alcove - Hand Hygiene Sink	1	1.0	1.0	
G2.04	Care Team Station - Distributed	1	9.0	9.0	
G2.05	Exam/Treatment Room - AIR	1	13.0	13.0	
G2.06	Ensuite - AIR	1	5.0	5.0	
G2.07	Anteroom - AIR	1	5.0	5.0	
G2.08	Exam/Treatment Room - AIR - Bariatric	1	16.0	16.0	
G2.09	Ensuite - AIR - Bariatric	1	5.6	5.6	
G2.10	Anteroom - AIR - Bariatric	1	5.0	5.0	
<b>SUBTOTAL NSM: TASK CLINIC</b>				<b>131.6</b>	
<b>G3. STAFF SUPPORT SPACE</b>					
G3.01	Workroom - Telephone Triage/Screening Support	1	24.0	24.0	
G3.02	Workroom - Nursing	1	42.0	42.0	For nursing work (e.g., charting, follow-up).
G3.03	Office - Shared	11	12.0	132.0	For supportive care.
G3.04	Office - Private	4	9.0	36.0	For clinical lead, manager, supervisor.
G3.05	Workroom - Volunteer - CC	1	15.0	15.0	
G3.06	Workstation	2	4.6	9.2	For secretary/admin.
G3.07	Business Work Area	1	9.0	9.0	
G3.08	Meeting Room - 6-Seat	1	15.0	15.0	For small internal Staff meetings.
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>282.2</b>	
<b>TOTAL NSM: ONCOLOGY AMBULATORY CARE UNIT</b>				<b>2,190.8</b>	

## 2.8 H. CLINICAL TRIALS UNIT

### 2.8.1 SERVICE DESCRIPTION

- 2.8.1.1 Clinical Trials Unit (CTU) Component will provide the administrative structure and operational support for clinical trials carried out by the BCCC and will liaise with other agencies in the region conducting trials to develop a regional network. Such trials will involve participation by the BCCC in various clinical studies designed to evaluate the effectiveness of new treatment regimens on consenting Patients.
- 2.8.1.2 Patient population in this Component will be the growing and diverse population of Surrey and surrounding regions, now and into the future. The people who will take part in clinical trials will be Patients with disease.
- 2.8.1.3 Clinical Trials Unit team will be led by physicians as Principal Investigators (PI), clinical trials manager, admin assistant, clinical trials data coordinators, clinical trials nurse coordinators, clinical research and trials coordinators, unit clerks, clinical trials assigned pharmacists and pharmacy technicians.
- 2.8.1.4 Nurse to data coordinator or clinical research and trials coordinator ratio will be 1:1.
- 2.8.1.5 Key service delivery elements in CTU Component will include the following:
- 2.8.1.5(1) Integration into multidisciplinary teams within OACU to increase availability of clinical trials to Patients and families who are out of Standard of Care (SoC) options;
  - 2.8.1.5(2) Promote Patient accruals into clinical trials;
  - 2.8.1.5(3) Ensure appropriate space to house clinical trials materials and facilitate audits from governing authorities; and
  - 2.8.1.5(4) Gradually increase Patient accrual rates reaching 5% for radiation and systemic therapies, respectively.
- 2.8.1.6 The following activities will be accommodated in this Component:
- 2.8.1.6(1) CTU is an integral part of BCC activities. The Unit will be involved in:
    - 2.8.1.6(1)(a) Phase Two (2) Trials which demonstrate which cancers respond to treatment, evaluate the best route, and schedule of administration, and give more information regarding toxicities; and

- 2.8.1.6(1)(b) Phase Three (3) Trials which compare new treatment regimens against current standards in a much larger Patient population. These trials can go on for years.
- 2.8.1.6(2) Patients will be referred by either radiation or medical oncology directly to CTU.
- 2.8.1.6(3) Patients will be identified to be eligible for clinical trials by CTU Staff.
- 2.8.1.6(4) Trials will be focused mainly on treatment and supportive care. Patients enrolled in these studies can be for drug studies, radiation scheduling and dosage or both drug and radiation effect studies.
- 2.8.1.6(5) CTU activity will be distinct from basic research activities. It will be driven by clinicians at the BCCC and may involve studies developed in-house or studies initiated by external third parties such as the Canadian Cancer Trials Group (CCTG). CTU will be part of a large provincial clinical trials program.
- 2.8.1.6(6) CTU team will participate as members in site specific multidisciplinary teams working in OACU to ensure continued integration of clinical trials into Patient care. Activities will include accrual of Patients to clinical trials, follow-up with Patients on trial and Patient education.
- 2.8.1.6(7) CTU Staff may also work in Systemic Therapy Component to meet with Patients on trial and collect information from Patients required by various protocols.
- 2.8.1.6(8) CTU team will work in their administrative area in CTU Component when not working in OACU and Systemic Therapy Components.
- 2.8.1.6(9) Workload will also include follow-up of Patients after completion of active study treatment as specified on study protocol.
- 2.8.1.7 Service Exclusions
- 2.8.1.7(1) N/A
- 2.8.2 COMPONENT INTERNAL FLOW DESCRIPTIONS
- 2.8.2.1 Patient Flow



- 2.8.2.1(1) There will be no in-person Patient visits within this Component. Patients will be seen in OACU or virtually.
- 2.8.2.2 Family/Visitor Flow
- 2.8.2.2(1) Family, visitors and caregivers will not be seen in-person within this Component. Consultations will occur within OACU or virtually.
- 2.8.2.2(2) Caregiver and care support will be kept abreast of clinical trials information and progress of Patient.
- 2.8.2.2(3) Family will be able to participate in Patient consultation and reviews in OACU.
- 2.8.2.3 Staff Flow
- 2.8.2.3(1) Upon arrival to the Facility, Staff from this Component will travel via Service Circulation to the centralized Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.
- 2.8.2.3(2) At start of shift, Staff will sign-in within their applicable work area and receive their assignment/workload for the day.
- 2.8.2.3(3) Staff will travel via Service Circulation to OACU, Systemic Therapy and Radiation Therapy Delivery Components to consult with Patients.
- 2.8.2.3(4) Staff may travel via Service Circulation to a same-level distributed Lounge - Staff for breaks.
- 2.8.2.3(5) CTU team will work with qualified investigators to identify Patients for enrolment, obtaining consent, protocol preparations, monitoring Patients on trial, collection of samples as required for different studies protocols, follow-up of Patients, documenting the studies' results.
- 2.8.2.3(6) CTU team members will participate in multidisciplinary case conferences in Meeting and Education Component to identify potential Patients for enrollment in trials.
- 2.8.2.3(7) Once the physician has identified the Patient, CTU nurse coordinator will be called to come and do the enrolment with the physician. Patient will receive explanation on the process for clinical trials, what it entails and what is required of them in OACU Component Consult Rooms and Exam Rooms.

- 2.8.2.3(8) Clinical trials nurse coordinator will document the nursing perspective, complete Patient questionnaire, assessment to confirm if Patient will receive next trial medication per trial protocol after each treatment. Continuous assessment and evaluation per clinical trials protocols will be conducted throughout the duration of clinical trials in OACU Component.
- 2.8.2.3(9) Clinical trials data coordinator or clinical research and trials coordinator will enter the information into a sponsor specific system for each trial, at each check point including tests done, perform regulatory body notification and record everything clinical trials nurse coordinator is doing in Workroom - Data Coordinators.
- 2.8.2.3(10) Documentation and reporting will occur in CTU Component.
- 2.8.2.3(11) Clinical trials audits will occur routinely as part of clinical trials process in Office - Private and Meeting Room - 12-Seat.
- 2.8.2.4 Clinical Support Flow
  - 2.8.2.4(1) Pharmacy
    - 2.8.2.4(1)(a) No medications will be stored or administered within this Component. Clinical trials drug and other supporting medications like antiemetics (both oral and intravenous) will be sent directly by the sponsoring pharmaceutical company to Oncology Pharmacy Component for Patient pick-up.
  - 2.8.2.4(2) Medical Imaging
    - 2.8.2.4(2)(a) N/A
  - 2.8.2.4(3) Laboratory
    - 2.8.2.4(3)(a) Lab work testing for trials will be conducted within Laboratory Component.
  - 2.8.2.4(4) Interprofessional Team
    - 2.8.2.4(4)(a) N/A
- 2.8.2.5 Non-Clinical Support Flow
  - 2.8.2.5(1) Equipment

- 2.8.2.5(1)(a) Any specific Patient-related Equipment required for clinical trials will be provided by the sponsoring organization.
- 2.8.2.5(2) Medical Devices
  - 2.8.2.5(2)(a) N/A
- 2.8.2.5(3) Supplies (Materials Management)
  - 2.8.2.5(3)(a) Supplies needed for clinical trials will be delivered directly to CTU in carton boxes by Materials Management.
  - 2.8.2.5(3)(b) Patient care supplies will be unpacked, stored on shelves and locked within Storage - Clean Supply room according to CSA standards for clean supply rooms.
- 2.8.2.5(4) EVS (Housekeeping/Linen/Waste Management)
  - 2.8.2.5(4)(a) As per Facility-wide flow.
- 2.8.2.5(5) Patient Food Services
  - 2.8.2.5(5)(a) N/A
- 2.8.2.5(6) Biomedical Engineering
  - 2.8.2.5(6)(a) N/A
- 2.8.2.5(7) FMO/AM
  - 2.8.2.5(7)(a) As per Facility-wide flow.
- 2.8.2.5(8) Information Management
  - 2.8.2.5(8)(a) CST Cerner is assumed to be the EMR system to be used. It is assumed that CST Cerner will have all charts in it, including trial information and assessment. Clinical trials assessments will be recorded by clinical trials nurse coordinators.
  - 2.8.2.5(8)(b) Documentation that will not be in CST Cerner e.g., contractual documents, confidentiality agreements, protocols, communications will be stored in Realtime, BCC's Clinical Trial Management System.
  - 2.8.2.5(8)(c) Clinical trials data coordinator, with restricted CST Cerner access, will pull information from CST Cerner and

populate it into the sponsor specific platform e.g., RAVE, Medidata.

2.8.2.5(8)(d) Audit monitors from sponsor organizations will retrieve clinical trials information from both CST Cerner and Realtime. Restricted access to these systems will be planned for. There will be minimum paper documentation.

2.8.2.5(9) Security

2.8.2.5(9)(a) As per Facility-wide flow.

2.8.3 COMPONENT DESIGN CRITERIA

2.8.3.1 External Adjacency Requirements Diagram

2.8.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.

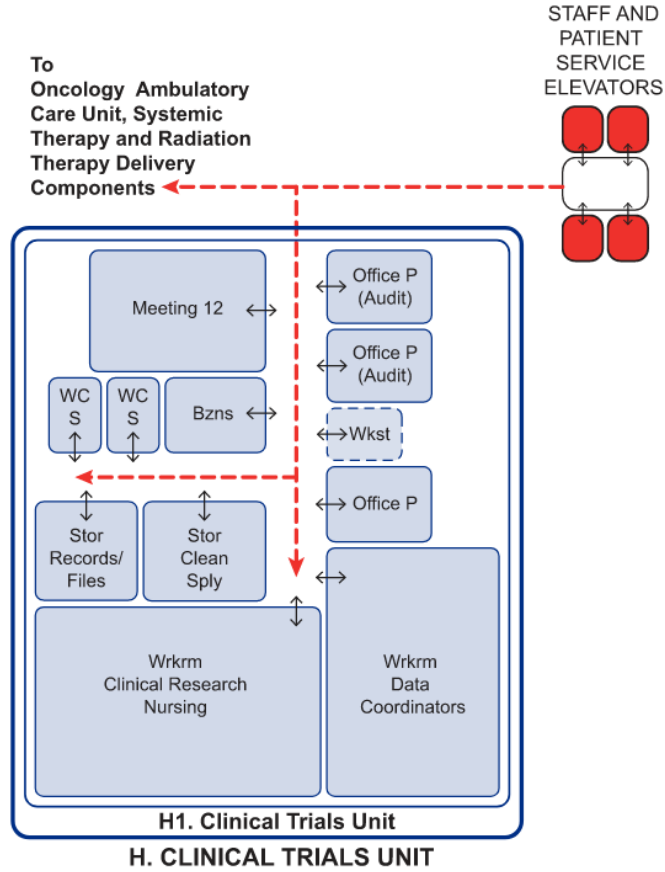


**LEGEND**

Convenient Access by Service Circulation

2.8.3.2 Internal Functional Relationships Diagram

2.8.3.2(1) The following diagram indicates internal functional relationships within this Component.



**LEGEND**

- - - - - Staff Flow
- $\leftrightarrow$  Room/Space Access

2.8.3.3 General Requirements

2.8.3.3(1) Clinical Trials Unit Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.8.3.3(1)(a) Convenient Access via Service Circulation to OACU, Systemic Therapy and Radiation Therapy Delivery for movement of CTU Staff.
- 2.8.3.3(1)(b) Convenient Access via Service Circulation to Oncology Pharmacy for movement of Staff and medications.

- 2.8.3.3(1)(c) Convenient Access via Service Circulation to Shared Staff Facilities and Distributed Staff Lounges in Staff Facilities to minimize Staff travel distance.
- 2.8.3.3(2) CTU Staff will utilize Consult Rooms in OACU for interviewing potential Patient enrollees.
- 2.8.3.3(3) This Component will be a Staff-only space and will always be secure.
- 2.8.3.3(4) Two (2) Office - Private for audit monitors while on-site will be located adjacent to Staff entry point to this Component.
- 2.8.3.3(5) Meeting Room - 12-Seat will be used for audit review meetings, team meetings and collaboration amongst MDC team members and will have Convenient Access from audit monitors Office - Private.
- 2.8.3.3(6) Workroom - Clinical Research Nursing will be a shared office environment with thirteen (13) workstations. Two (2) workstations in Workroom - Clinical Research Nursing will be for unit clerks.
- 2.8.3.3(7) Workroom - Data Coordinators will be a shared office environment with twelve (12) workstations.
- 2.8.3.3(8) Business Work Area will be located centrally in the Component.

## 2.8.4 SCHEDULE OF ACCOMMODATIONS

2.8.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Clinical Trials Unit**

<b>H. CLINICAL TRIALS UNIT</b>	
<b>CLINICAL TRIALS UNIT PROGRAMMED SPACE NSM:</b>	<b>221.1</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>H. CLINICAL TRIALS UNIT</b>					
H1.01	Office - Private	3	9.0	27.0	For manager and a udit monitors.
H1.02	Workroom - Clinical Research Nursing	1	59.8	59.8	
H1.03	Workroom - Data Coordinators	1	55.2	55.2	
H1.05	Meeting Room - 12-Seat	1	30.0	30.0	
H1.06	Workstation	1	4.6	4.6	For admin assistant.
H1.07	Storage - Records/Files	1	12.0	12.0	For charts.
H1.08	Storage - Clean Supply	1	15.0	15.0	For documentation materials.
H1.09	Business Work Area	1	9.0	9.0	
H1.10	Washroom - Staff	1	5.0	5.0	
H1.11	Washroom - Staff - Non-Acc	1	3.5	3.5	
<b>TOTAL NSM: CLINICAL TRIALS UNIT</b>				<b>221.1</b>	

## 2.9 I. SYSTEMIC THERAPY

### 2.9.1 SERVICE DESCRIPTION

- 2.9.1.1 Systemic Therapy Component in the BCCC will provide cancer treatment which includes the safe administration of chemotherapy, monoclonal antibodies (targeted therapy), and immunotherapy. Treatment will be provided by way of intravenous, injections and or oral medications.
- 2.9.1.2 Patient population in this Component will be Patients receiving systemic therapy. This will be administered as a standalone treatment or in combination with radiation therapy (external or internal), surgical procedures or as palliative treatment.
- 2.9.1.3 Systemic therapy will normally entail multiple outpatient visits over an extended time interval, commonly 6-24 months. Individual visits will be daily, weekly, or monthly and range in duration from 0.5 to greater than eight (8) hours. These procedures will need to be undertaken in a separate specialized outpatient Systemic Therapy nursing area adjacent to Oncology Pharmacy Component and staffed by Systemic Therapy certified nurses. For oral medications, Patients will pick up their medications at Oncology Pharmacy Dispensing Counter or will have them mailed out to them.
- 2.9.1.4 The following activities will be accommodated in this Component:
- 2.9.1.4(1) Certified Systemic Therapy nurses will administer prescribed High Alert Medications as identified in BCC Nursing Policy - C-252;
  - 2.9.1.4(2) Nurses will counsel Patients on symptom management of systemic therapy treatment including urgent/emergent troubleshooting and how/when to contact appropriate resources;
  - 2.9.1.4(3) CTU Staff will interact with Patients and other members of the care team in Systemic Therapy Component; and
  - 2.9.1.4(4) Patients on early phase clinical trials will require frequent monitoring during treatment.
- 2.9.1.5 Service Exclusions
- 2.9.1.5(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:



- 2.9.1.5(1)(a) For the NSHBCCC inpatient systemic therapy, Patients will not travel to this Component and will receive their treatment in Inpatient Unit Component;
- 2.9.1.5(1)(b) Oncology Pharmacy Component will be responsible for preparation and delivery of all medications administered in this Component;
- 2.9.1.5(1)(c) Systemic Therapy Patients will utilize Outpatient Specimen Collection in Laboratory Component or in their community prior to attending the centre;
- 2.9.1.5(1)(d) Patients who require blood transfusion and other supportive therapies will use MDC in Pod 2 of Ambulatory Care Component and/or their community hospital; and
- 2.9.1.5(1)(e) Consultation will be done at OACU and appointment will be made for treatment start for systemic therapy.

## 2.9.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

### 2.9.2.1 Patient Flow

- 2.9.2.1(1) On arrival to the Facility for systemic therapy treatment, Patients will present at Reception - Cancer Centre in Public Spaces - CC Sub-Component for registration and screening.
- 2.9.2.1(2) Patients will then travel via Public Circulation to Systemic Therapy Component and check in to Patient Check-In station. The clerk will document Patient as arrived in EMR. Demographic and CareCard information will be reviewed to verify Patient's identity. An arm band will be provided at Patient Check-In station only to those that require medication. Patients will wait in Waiting Area until Staff escort them into the Patient Care Area.
- 2.9.2.1(3) Patients will be brought to an Infusion space and assessed by the nurse according to the pre-chemotherapy nursing assessment record and specific systemic therapy protocol.
- 2.9.2.1(4) Patients requiring additional infection control precautions due to a known or suspected infectious organism will be brought directly into an Exam Room for their treatment. If Airborne precautions are required, they will be taken directly to Exam/Treatment Room - AIR. For contact and/or droplet Patients may go to any private treatment room.

- 2.9.2.1(5) Systemic therapy treatment will be provided to Patients as per physician's medical orders and monitored for duration of appointment.
  - 2.9.2.1(6) Post treatment, Patients will remain in the Infusion space for observation.
  - 2.9.2.1(7) Patients will confirm their return appointments with clerical Staff at Care Team Station before exiting the Component to Public Circulation to exit the Facility.
  - 2.9.2.1(8) Patient or Staff education may occur within a Consult Room.
- 2.9.2.2 Family/Visitor Flow
- 2.9.2.2(1) Accommodation for family attending with Patient will be restricted to one (1) person and will not interfere with nurse access to the Patient.
  - 2.9.2.2(2) Family will be able to bring own meals for the Patient. There will be no access to a refrigerator for Patients.
- 2.9.2.3 Staff Flow
- 2.9.2.3(1) Upon arrival to the Facility, Staff from this Component will travel via Service Circulation to the centralized Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.
  - 2.9.2.3(2) At start of shift, Staff will sign-in within their applicable work area and receive their assignment/workload for the day.
  - 2.9.2.3(3) Staff may travel via Service Circulation to a same-level distributed Lounge - Staff for breaks.
  - 2.9.2.3(4) Once a Patient is received at Patient Check-In, care Staff will be alerted that the Patient is in Waiting Area. Entry of Patient arrival into the EMR will alert the multidisciplinary team that Patient has arrived. This information will be available in the EMR system (CST Cerner) and on Patient Information Board in Care Team Station.
  - 2.9.2.3(5) Care Staff will meet the Patient in Waiting Area and conduct an infection control point-of-care risk assessment (PCRA) prior to taking the Patient into the Patient Care Area. Results of this PCRA will indicate appropriate treatment space for Patient.

- 2.9.2.3(6) In the infusion space, the oncology nurse will then complete the pre-chemotherapy nursing assessment record (PCNAR) and ensure all diagnostic tests required per protocol are completed and satisfactory. Additional chair time may be required for the administration of pre-medications prior to specific systemic therapy.
- 2.9.2.3(7) If it is a new Patient, additional teaching will be done in the infusion space. When assessment is complete, and Patient is ready, the nurse will signal in the EMR to Oncology Pharmacy Component to mix or deliver pre-mixed medication.
- 2.9.2.3(8) When the drug is ready, the nurse will be alerted and go to two (2) side-by-side secure pass-through chambers in Alcove - Medication Pass-Through to retrieve the medication prepared in Oncology Pharmacy Component. The verification and infusion preparation process will occur in Workroom - Medication.
- 2.9.2.3(9) The nurse will then administer the drug and indicate in the EMR system that treatment has begun using a WOW in the infusion space.
- 2.9.2.3(10) Nurses will monitor Patients throughout treatment utilizing satellite Care Team Station - Distributed within each Pod.
- 2.9.2.3(11) Alcove - Nourishment Station will be for Staff access only to provide light snacks and beverages if requested by the Patient.
- 2.9.2.3(12) At the end of treatment, the nurse confirms Patient is stable, and indicates end of treatment in the EMR and discharges Patient from care.
- 2.9.2.3(13) After the Patient leaves, Staff will wipe non-critical medical Equipment and high touch surfaces prior to the next Patient. If the Patient was treated on additional precautions, EVS will clean prior to next Patient.
- 2.9.2.4 Clinical Support Flow
- 2.9.2.4(1) Pharmacy
- 2.9.2.4(1)(a) Depending on the treatment ordered, Oncology Pharmacy will prepare the medication on treatment day. Oncology Pharmacy will mix and send the medication when the Patient is ready. Pharmacy assessment and review will be done prior to mixing and delivery of the drug.

- 2.9.2.4(1)(b) Medications will be collected from the two (2) side-by-side secure pass-through chambers in Alcove - Medication Pass-Through by Staff. Medications will be sorted at the Alcove, then transported to Workroom - Medication for infusion preparation.
- 2.9.2.4(1)(c) Medications will be stored in secure ADCs within Workroom - Medication. Oncology Pharmacy Staff will deliver medications on carts to stock the ADCs.
- 2.9.2.4(1)(d) Oncology Pharmacy specialists and pharmacists will support Patient medication needs and will be part of the multidisciplinary team.
- 2.9.2.4(2) Medical Imaging
  - 2.9.2.4(2)(a) N/A
- 2.9.2.4(3) Laboratory
  - 2.9.2.4(3)(a) As per Facility-wide flow.
- 2.9.2.4(4) Interprofessional Team
  - 2.9.2.4(4)(a) N/A
- 2.9.2.5 Non-Clinical Support Flow
  - 2.9.2.5(1) Equipment
    - 2.9.2.5(1)(a) Infusion pumps not in use will be serviced by Biomedical Engineering Component and extras will be stored in Storage - Clean Equipment room within the Component. Power outlets are required to charge chemo pumps.
  - 2.9.2.5(2) Medical Devices
    - 2.9.2.5(2)(a) As per Facility-wide flow.
  - 2.9.2.5(3) Supplies (Materials Management)
    - 2.9.2.5(3)(a) As per Facility-wide flow.
    - 2.9.2.5(3)(b) BCCC health unit clerks will monitor, order specialty supplies and Materials Management area supply attendants will deliver supplies to Storage - Clean Supply rooms on an as needed basis.
  - 2.9.2.5(4) EVS (Housekeeping/Linen/Waste Management)

2.9.2.5(4)(a) As per Facility-wide flow.

2.9.2.5(5) Patient Food Services

2.9.2.5(5)(a) Alcove - Nourishment Station will be stocked by Patient Food Services with beverages and light snacks.

2.9.2.5(6) Biomedical Engineering

2.9.2.5(6)(a) As per Facility-wide flow.

2.9.2.5(6)(b) Infusion pumps will be serviced in Biomedical Engineering Component.

2.9.2.5(7) FMO/AM

2.9.2.5(7)(a) As per Facility-wide flow.

2.9.2.5(8) Information Management

2.9.2.5(8)(a) CST Cerner is assumed to be the EMR system to be used and will be able to receive the referral form that will be alerted to the new Patient referral clerks worklist.

2.9.2.5(8)(b) Clinical trials information will be recorded in a sponsored organization laptop and on paper documentation required by the organization.

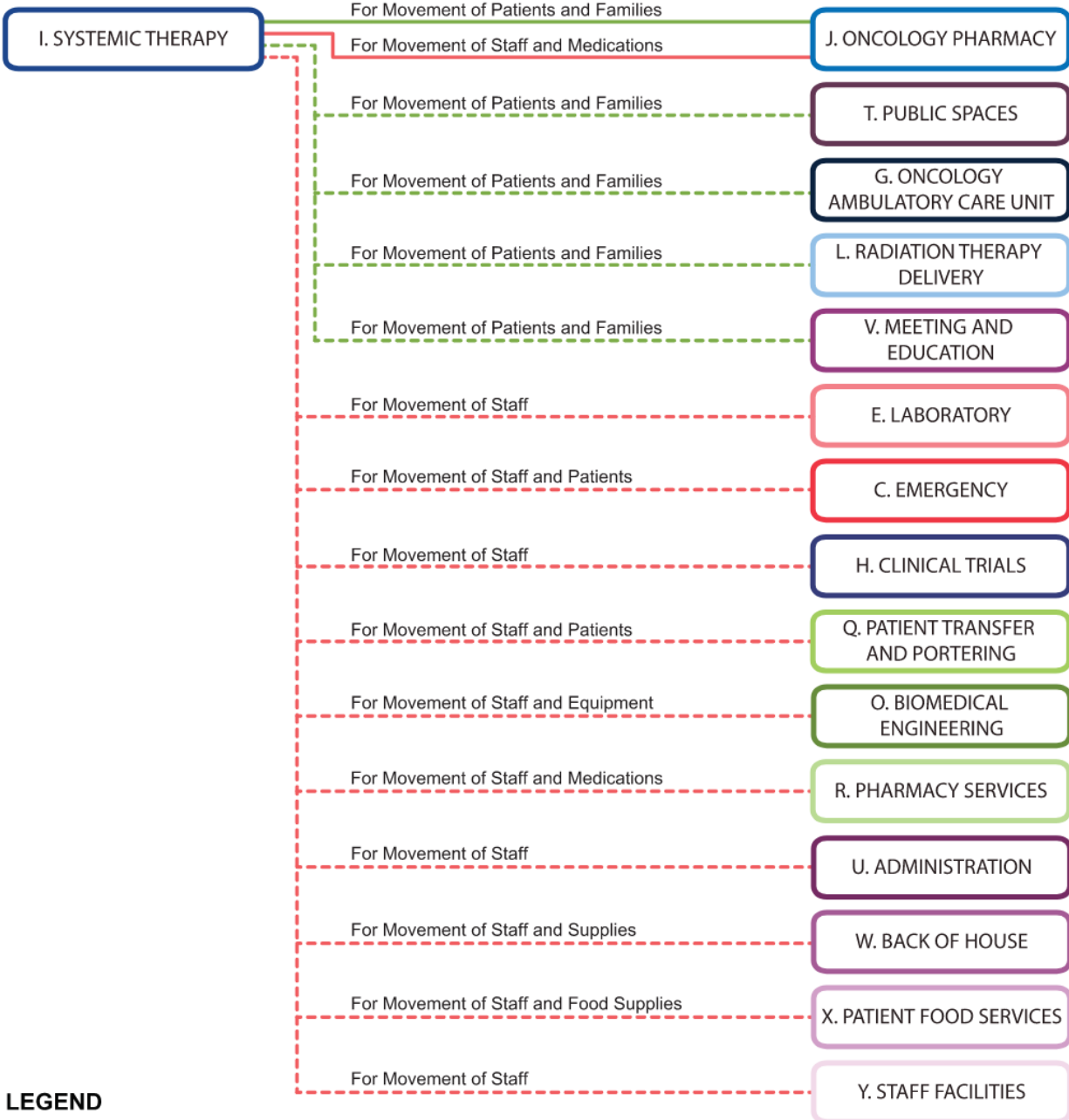
2.9.2.5(9) Security

2.9.2.5(9)(a) As per Facility-wide flow.

### 2.9.3 COMPONENT DESIGN CRITERIA

#### 2.9.3.1 External Adjacency Requirements Diagram

2.9.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.



**LEGEND**

Direct Access by Public Circulation

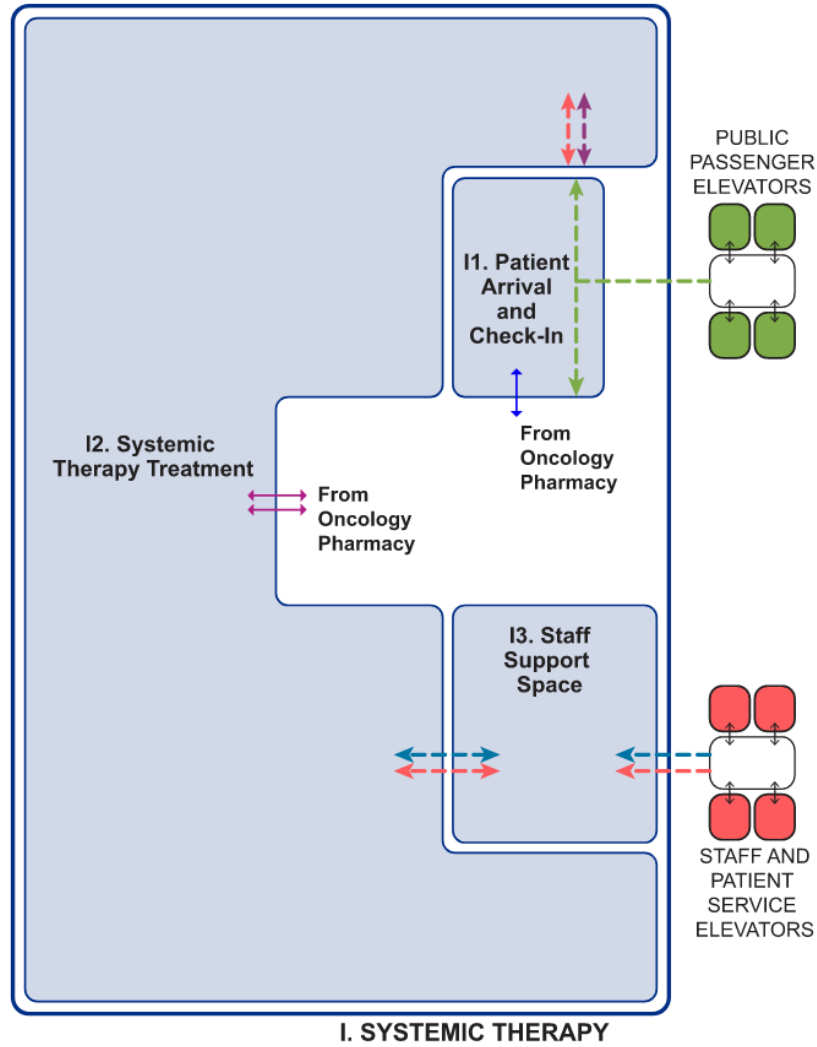
Convenient Access by Public Circulation

Direct Access by Service Circulation

Convenient Access by Service Circulation

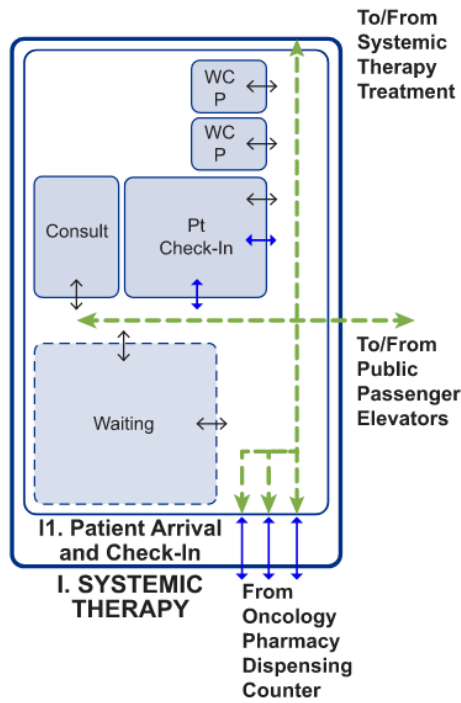
2.9.3.2 Internal Functional Relationships Diagram

2.9.3.2(1) The following diagrams indicate internal functional relationships within this Component.



**LEGEND**

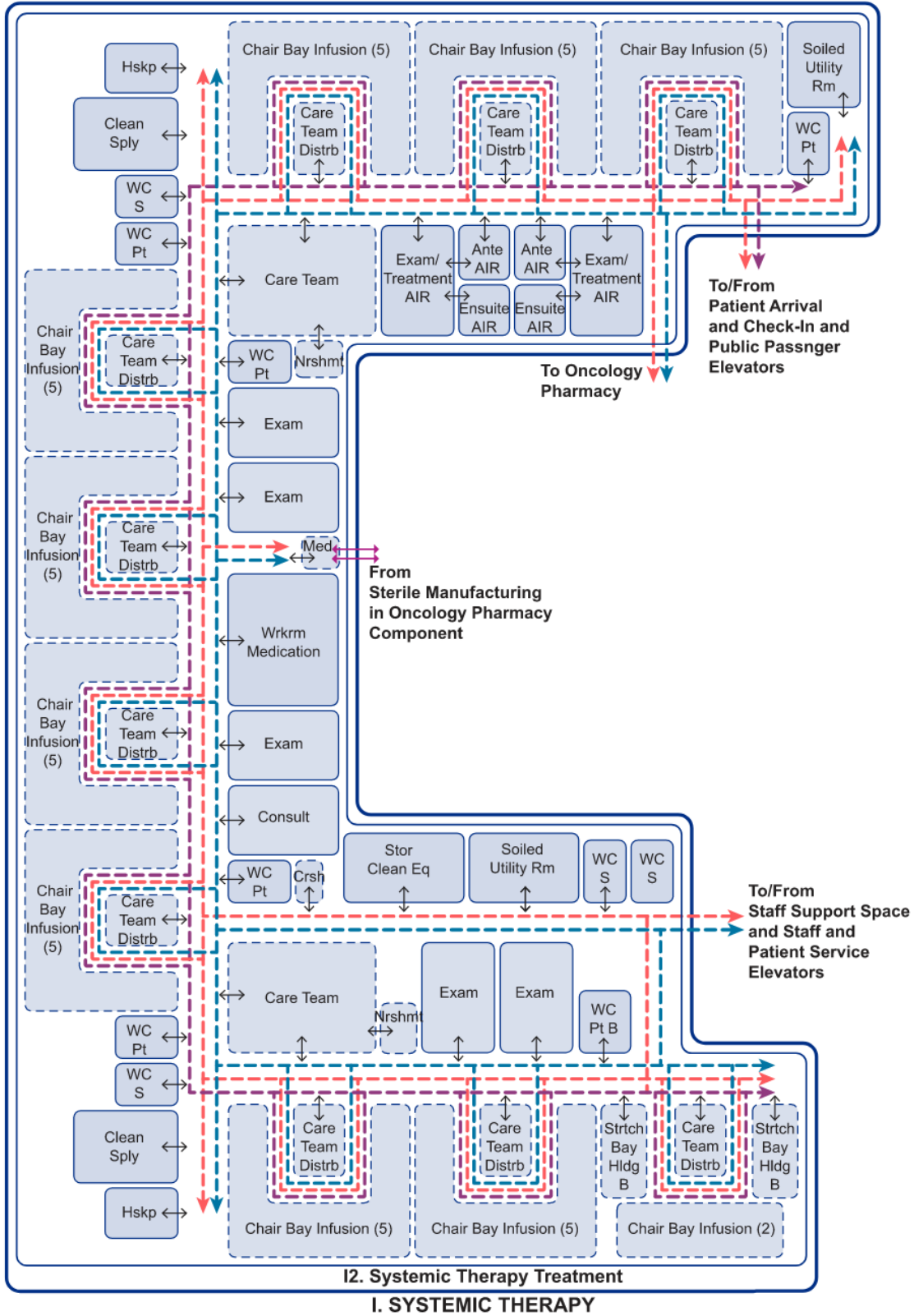
- ← - - - Public Flow
- ← - - - Patient Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ Pass-Through Chamber
- ↔ Transaction Window



**LEGEND**

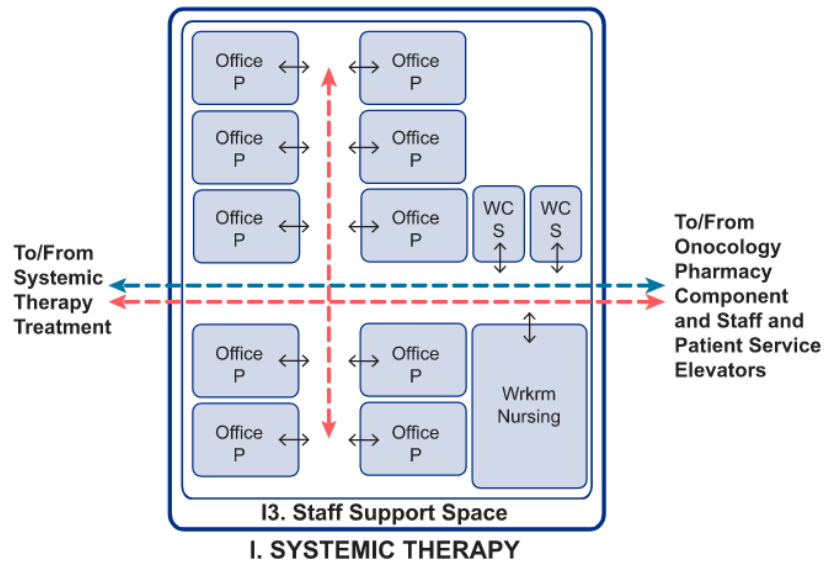
- ← - - - Public Flow
- ← - - - Patient Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ Transaction Window





**LEGEND**

- ← Public Flow
- ← Staff Flow
- ↔ Room/Space Access
- ← Patient Flow
- ← Service Flow
- ↔ Pass-Through Chamber

**LEGEND**

- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access

## 2.9.3.3 General Requirements

2.9.3.3(1) Systemic Therapy Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.9.3.3(1)(a) Direct Access via Public Circulation to Oncology Pharmacy for movement of Patients for medication pick-up.
- 2.9.3.3(1)(b) Direct Access via Service Circulation to Oncology Pharmacy for movement of Staff and medications.
- 2.9.3.3(1)(c) Convenient Access via Public Circulation for Patients, families and visitor access to and from Main Entrance Lobby.
- 2.9.3.3(1)(d) Convenient Access via Public Circulation to Meeting and Education for movement of Patients and families for meeting, teaching and education purposes.
- 2.9.3.3(1)(e) Convenient Access via Public Circulation to OACU and Radiation Therapy Delivery for movement of Patients receiving concurrent treatment.

- 2.9.3.3(1)(f) Convenient Access via Service Circulation to Medical Staff Facilities - CC, Shared Staff Facilities and Distributed Staff Lounges in Staff Facilities to minimize Staff travel distance.
- 2.9.3.3(1)(g) Convenient Access via Service Circulation to CTU for movement of CTU Staff.
- 2.9.3.3(2) Zones of activity within Systemic Therapy Component will include the following:
  - 2.9.3.3(2)(a) I1. Patient Arrival and Check-In
  - 2.9.3.3(2)(b) I2. Systemic Therapy Treatment
  - 2.9.3.3(2)(c) I3. Staff Support Space
- 2.9.3.3(3) Systemic Therapy Component will be located immediately adjacent to Oncology Pharmacy Component and will have Convenient Access to OACU.
- 2.9.3.3(4) Systemic Therapy Component will have an open-concept physical layout to maximize Line of Sight to Patients receiving treatment in Chair Bay - Infusion and Exam Rooms.
- 2.9.3.3(5) The medical condition of many Patients in this Component is fragile; therefore, the Component will be configured with a Back-of-House Staff entry point enabling quick access to Code Blue team members from Staff and Patient Service Elevators.
- 2.9.3.3(6) Some Patient visits to Systemic Therapy Component will be long and special attention will be devoted to the atmosphere and ambience of the area while maintaining dignity, confidentiality and safety. Direct Natural Light into the treatment pods open area and materials which reduce noise transmission will be included in the Design.
- 2.9.3.4 I1. Patient Arrival and Check-In
  - 2.9.3.4(1) Patients and families will be able to freely access Patient Arrival and Check-In during operating hours.
  - 2.9.3.4(2) This area will include a Patient Check-In and a Waiting Area located adjacent to Systemic Therapy Component public entry point.
  - 2.9.3.4(3) Patient Arrival and Check-In will also have Direct Access to a Consult Room located adjacent to Waiting Area.

- 2.9.3.4(4) Patient Check-In will include three (3) transaction stations with transaction windows. Patient Check-In station will have Line of Sight to Systemic Therapy Component public entry point, Waiting Area and access point to an internal corridor leading to Patient Care Areas.
- 2.9.3.4(5) Waiting Area will accommodate eighteen (18) standard seats, two (2) bariatric seats and two (2) wheelchair spaces. Seating will be distributed in groups of two (2) to six (6) people and will have Convenient Access to two (2) Washroom - Patient.
- 2.9.3.4(6) Waiting Area will be located adjacent to Oncology Pharmacy Dispensing Counter.
- 2.9.3.5 12. Systemic Therapy Treatment
- 2.9.3.5(1) Systemic Therapy Treatment zone will be an open area with ten (10) infusion treatment pod clusters. Nine (9) clusters will include five (5) Chair Bay - Infusion each. One (1) cluster will include two (2) Chair Bay - Infusion and two (2) Stretcher Bay - Holding - Bariatric.
- 2.9.3.5(2) Each infusion treatment pod will be supported by a dedicated Care Team Station - Distributed. Each Care Team Station - Distributed will accommodate two (2) care Staff working within a treatment pod. Staff sitting at Care Team Station - Distributed will have Line of Sight to Patients in each Chair Bay - Infusion and Stretcher Bay - Holding - Bariatric.
- 2.9.3.5(3) Chair Bay - Infusion layout will provide access to Patient from both sides of treatment chair and will accommodate a side chair for a support person.
- 2.9.3.5(4) Stretcher Bay - Holding - Bariatric will accommodate a bariatric stretcher and will have Convenient Access to Washroom - Patient - Bariatric, Back-of-House Staff entry point to the Component and Staff and Patient Service Elevators.
- 2.9.3.5(5) Some systemic therapy Patients will become ill and require special care and monitoring during their treatment. The design and layout of treatment pods will allow for Patient privacy while providing visibility for nurse observation if required.
- 2.9.3.5(6) To maximize Line of Sight from Care Team Stations to infusion treatment pods and between infusion treatment pods while maintaining Patient privacy, the pods will be enclosed with a pony wall and glass above. The extent and height of the glass

and pony walls AFF will be as determined in consultation with the Authority.

- 2.9.3.5(7) There will be two (2) Alcove - Hand Hygiene Sink for each treatment pod of infusion spaces with maximum 6.0 m distance between any Patient station and Care Team Station - Distributed to the nearest hand hygiene sink.
- 2.9.3.5(8) Five (5) treatment Pods will have Convenient Access to an Exam Room each. Exam Rooms will be located at perimeter of Systemic Therapy Treatment open space and will have Line of Sight from one (1) Care Team Station - Distributed, while maintaining the open area throughout treatment pods.
- 2.9.3.5(9) Systemic Therapy Treatment will include two (2) Exam/Treatment Room - AIR with Convenient Access to Patient entry point from Patient Arrival and Check-In. Exam/Treatment Room - AIR will provide private treatment space while remaining accessible and visible to Staff for Patient safety.
- 2.9.3.5(10) One (1) Consult Room will be located centrally to the treatment pods.
- 2.9.3.5(11) Two (2) Care Team Stations will support work of the multidisciplinary team, and each will include six (6) workstations, two (2) drop down workstations, two (2) standing workstations and a Business Work Area. Line of Sight from each Care Team Station to open treatment pods will be maximized. Half of open treatment pods will be visible from one (1) Care Team Station. Care Team Stations will also have Line of Sight to Systemic Therapy Treatment internal corridor.
- 2.9.3.5(12) Workroom - Medication will be located centrally to the treatment pods and will have Convenient Access from Alcove - Medication Pass-Through.
- 2.9.3.5(13) Alcove - Medication Pass-Through will be located adjacent to Workroom - Medication and will have access from Systemic Therapy Treatment internal corridor. This Alcove will include a work counter and will have Direct Access to two (2) side-by-side medication pass-through chambers from Oncology Pharmacy Component. Pass-through chambers will be required to be secure with card access.
- 2.9.3.5(14) Alcove - Eyewash/Shower Station will have Convenient Access to Workroom - Medication.

- 2.9.3.5(15) Support spaces within Systemic Therapy Treatment zone will be distributed and located to minimize travel distances for Staff from each treatment pod.
  - 2.9.3.5(16) One (1) Alcove - Weigh Scale will have Convenient Access from Patient entry point from Patient Arrival and Check-In. Another Alcove - Weigh Scale will be located centrally within the Component for Convenient Access from treatment pods.
  - 2.9.3.5(17) Alcove - Nourishment Station will be located adjacent to Care Team Stations and will be for Staff access only.
- 2.9.3.6 13. Staff Support Space
- 2.9.3.6(1) Staff Support Space will include offices and one (1) Workroom - Nursing with four (4) workstations. These rooms will be co-located with Convenient Access to Staff entry point.

## 2.9.4 SCHEDULE OF ACCOMMODATIONS

2.9.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Systemic Therapy**

<b>I. SYSTEMIC THERAPY</b>		
I1. PATIENT ARRIVAL AND CHECK-IN		84.4
I2. SYSTEMIC THERAPY TREATMENT		931.5
I3. STAFF SUPPORT SPACE		127.5
<b>SYSTEMIC THERAPY PROGRAMMED SPACE NSM:</b>		<b>1,143.4</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>I. SYSTEMIC THERAPY</b>					
<b>I1. PATIENT ARRIVAL AND CHECK-IN</b>					
I1.01	Patient Check-In	1	18.4	18.4	
I1.02	Waiting Area	1	44.0	44.0	
I1.03	Consult Room	1	12.0	12.0	
I1.04	Washroom - Public	2	5.0	10.0	
<b>SUBTOTAL NSM: PATIENT ARRIVAL AND CHECK-IN</b>				<b>84.4</b>	
<b>I2. SYSTEMIC THERAPY TREATMENT</b>					
I2.01	Workroom - Medication	1	30.0	30.0	
I2.02	Care Team Station	2	46.4	92.8	
I2.03	Care Team Station - Distributed	10	8.0	80.0	1 per treatment pod.
I2.04	Chair Bay - Infusion	47	9.0	423.0	For chemo infusion delivery.
I2.05	Stretcher Bay - Holding - Bariatric	2	16.0	32.0	
I2.06	Exam Room	5	12.0	60.0	For chemo infusion delivery.
I2.07	Exam/Treatment Room - AIR	2	13.0	26.0	For chemo infusion delivery.
I2.08	Ensuite - AIR	2	5.0	10.0	
I2.09	Anteroom - AIR	2	5.0	10.0	
I2.10	Consult Room	1	12.0	12.0	
I2.11	Alcove - Weigh Scale	2	2.8	5.6	
I2.12	Alcove - Hand Hygiene Sink	20	1.0	20.0	2 per treatment pod.
I2.13	Alcove - Clean Linen	3	2.0	6.0	To be distributed.

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
12.14	Alcove - Blanket Warmer	3	1.5	4.5	To be distributed.
12.15	Alcove - Crash Cart	1	1.0	1.0	To be located centrally.
12.16	Storage - Clean Equipment	1	13.0	13.0	For chemo pumps. To be located centrally.
12.17	Alcove - Nourishment Station	2	4.0	8.0	
12.18	Storage - Clean Supply	2	13.0	26.0	To be distributed.
12.19	Soiled Utility Room	2	12.0	24.0	To be distributed.
12.20	Washroom - Patient	5	5.0	25.0	1 per 2 treatment pods. To be distributed.
12.21	Washroom - Patient - Bariatric	1	5.6	5.6	
12.22	Housekeeping Room	2	7.0	14.0	To be distributed.
12.23	Alcove - Eye wash/Shower Station	1	1.0	1.0	
12.24	Alcove - Medication Pass-Through	1	2.0	2.0	
<b>SUBTOTAL NSM: SYSTEMIC THERAPY TREATMENT</b>				<b>931.5</b>	
<b>13. STAFF SUPPORT SPACE</b>					
13.01	Office - Private	10	9.0	90.0	For clinical lead, manager, clinical educator.
13.02	Workroom - Nursing	1	22.0	22.0	For nursing work (e.g., charting, follow-up).
13.03	Washroom - Staff	1	5.0	5.0	
13.04	Washroom - Staff - Non-Acc	3	3.5	10.5	To be distributed.
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>127.5</b>	
<b>TOTAL NSM: SYSTEMIC THERAPY</b>				<b>1,143.4</b>	



## 2.10 J. ONCOLOGY PHARMACY

### 2.10.1 SERVICE DESCRIPTION

- 2.10.1.1 Oncology Pharmacy Component will be responsible for the preparation of medications prescribed for ambulatory oncology Patients. This Component will be staffed and operated by BCC and required to adhere to the significant safety requirements of an Oncology Pharmacy.
- 2.10.1.2 All drug purchasing, stocking and inventory management for the cancer program is handled through the regional cancer centre and drugs are purchased directly from the distributors and manufacturers. Oncology Pharmacy will receive drugs directly from that program or clinical trial companies.
- 2.10.1.3 The following activities will be accommodated in this Component:
- 2.10.1.3(1) Clinically review cancer treatment orders for appropriate dose and route of administration;
  - 2.10.1.3(2) Clinically review Patient toxicity assessments and lab results prior to chemotherapy administration;
  - 2.10.1.3(3) Ensure accurate and safe sterile hazardous drug preparation and distribution for outpatients requiring systemic therapy;
  - 2.10.1.3(4) Provide drug information to Patients, medical and other health professional Staff;
  - 2.10.1.3(5) Provide pharmaceutical care including Patient counseling, drug monitoring, medication reconciliation and drug histories as required;
  - 2.10.1.3(6) Participate in policies and procedures development for BCC;
  - 2.10.1.3(7) Provide pharmacy support to clinical drug trials with cooperative clinical trials groups (e.g., NCIC) or with drug companies;
  - 2.10.1.3(8) Provide inventory management, purchasing and receiving of medications and supplies;
  - 2.10.1.3(9) Manage medication supplies for ADCs;
  - 2.10.1.3(10) Track workload metrics, drug usage statistics and costs;
  - 2.10.1.3(11) Outpatient dispensing for oral and take-home cancer treatment medications;

- 2.10.1.3(12) Arrange pharmacy counseling and prescription delivery via virtual health methods, if needed;
- 2.10.1.3(13) Manage, dispense, and counsel Patients on restricted distribution medications (e.g., lenalidomide) for all Patients in the local area (including Patients being treated at Community Oncology Network Hospitals);
- 2.10.1.3(14) Provide drug access navigator services for Patients needing to access medications not funded by BCC;
- 2.10.1.3(15) Precept pharmacists, pharmacy residents, pharmacy technicians and other health professionals on rotation; and
- 2.10.1.3(16) Act as a resource and provide education for local hospitals in oncology pharmacy practice.
- 2.10.1.4 Pharmacy Component will be planned to the most current National Association of Pharmacy Regulatory Authorities (NAPRA) standards.
- 2.10.1.5 Service Exclusions
  - 2.10.1.5(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
    - 2.10.1.5(1)(a) 12-Bed Unit, Medical-Oncology inpatient will receive pharmacy services including oncology medications from CH Pharmacy Services Component.

## 2.10.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.10.2.1 Patient Flow
  - 2.10.2.1(1) Patients will present at Dispensing Counter via Public Circulation to pick up prescribed medications.
  - 2.10.2.1(2) Patients will receive education and counseling within a public facing Consult Room.
- 2.10.2.2 Family/Visitor Flow
  - 2.10.2.2(1) Families will participate in Oncology Pharmacy Patient education and drug reviews.
- 2.10.2.3 Staff Flow

- 2.10.2.3(1) Oncology Pharmacy Staff will enter Oncology Pharmacy Component via a dedicated Staff entry point from Service Circulation.
- 2.10.2.3(2) Staff will change into appropriate work attire prior to their shift in a dedicated, internal Staff Locker Room - Universal found in Staff Support Space zone, where Staff will store their personal belongings.
- 2.10.2.3(3) At start of shift, Staff will sign-in within their applicable work area and receive their assignment/workload for the day. Staff may travel via Service Circulation to a same-level, distributed Lounge - Staff for breaks.
- 2.10.2.3(4) Pharmacists will travel to BCCC Clinical Components within the Facility via Service Circulation to actively participate in multidisciplinary team rounds to develop comprehensive pharmaceutical care plans. Clinical pharmacy specialists and pharmacists will support Patient medication needs and be part of the multidisciplinary team.
- 2.10.2.3(5) Clinical pharmacists will provide comprehensive pharmaceutical care including Patient education in Patient Care Areas. Clinical pharmacist will also perform chart reviews, research etc., in Workroom - Pharmacists.
- 2.10.2.3(6) Pharmacy Staff will travel to each BCCC Clinical Component via Service Circulation with a supply cart to monitor and replenish medications stored in secure ADCs within Medication Rooms and other medication storage locations.
- 2.10.2.3(7) Pharmacists, pharmacy technicians/assistants ensure adherence to NAPRA standards and clinical trials protocols.
- 2.10.2.3(8) IV hydration will be done in Task Clinic in OACU or MDC in Pod 2 of Ambulatory Care Component, depending on Patient's needs. IV hydration and/or infusions which require pharmacy preparation will be done at Oncology Pharmacy Sterile Manufacturing zone (i.e., Clean Room - Sterile HD Compounding) and Staff from Task Clinic will come to Oncology Pharmacy's Back-of-House Receiving/ADC Replenishment zone to pick up.
- 2.10.2.3(9) General Pharmacy
  - 2.10.2.3(9)(a) All orders entered in the EMR system (CST Cerner) for oncology chemo suite treatment will be received and

processed by oncology pharmacists in Workroom - General Pharmacy. This would include orders for IV chemotherapy, monoclonal antibodies (targeted therapy), immunotherapy, hormone therapy injections and per oral medications for clinic settings or through home injection programs. Orders entered in the EMR will then be printed and entered into Oncology Pharmacy system.

2.10.2.3(9)(b) The oncology pharmacist will review the chart in the EMR system to ensure order is appropriate. Any questions the oncology pharmacist has related to the orders will be discussed with the ordering physician. Physicians' orders will be reviewed by pharmacists and labels generated upon validation.

2.10.2.3(9)(c) If required, the oncology pharmacists will travel via a direct connection to Systemic Therapy Component to see Patients, physicians, systemic nurses to provide pharmacy consultations and counselling.

#### 2.10.2.3(10) Sterile Manufacturing

2.10.2.3(10)(a) Staff will access Sterile Manufacturing zone via Anteroom - Gowning, where Staff will wash hands and don appropriate PPE.

2.10.2.3(10)(b) Staff will enter into internal circulation to access rooms/areas within the zone.

2.10.2.3(10)(c) Six (6) pharmacy technicians will be working in Sterile Manufacturing zone. Half of these pharmacy technicians will be working outside the clean rooms (i.e., Storage - Hazardous Drug, Workroom - ISO 8 - Controlled IV Setup). The other half of the pharmacy technicians will be working in the clean rooms, (i.e., Clean Room - Sterile HD Compounding, and Sterile BIO HD Compounding).

2.10.2.3(10)(d) Pharmacy technicians working in Clean Room - Sterile HD Compounding and Sterile BIO HD Compounding will enter and leave these rooms via Anteroom - ISO 7 - Sterile Compounding. They will wash their hands using the scrub sink, don appropriate wear and PPE in Anteroom - ISO 7 - Sterile Compounding before entering the clean rooms. To exit, they will doff and leave soiled

wear and PPE in the soiled linen hamper and waste bin in the anteroom.

- 2.10.2.3(10)(e) Pharmacy technician(s) working in Sterile Manufacturing zone will receive supplies on a supply cart via a floor pass-through chamber outside of but adjacent to Receiving and Breakdown Area.
- 2.10.2.3(10)(f) Hazardous drug supplies will be stored in Storage - Hazardous Drug until needed.
- 2.10.2.3(10)(g) Hazardous drugs will be taken from Storage - Hazardous Drug to Clean Room - Sterile HD Compounding and Sterile BIO HD Compounding for mixing/final preparation by pharmacy technicians working in these clean rooms.
- 2.10.2.3(10)(h) Medications/IV set-up will begin in Workroom - ISO 8 - Controlled IV Setup by pharmacy technicians working in this area. Once set-up is complete, the set-up trays/IV bags will be sent into either Clean Room - Sterile HD Compounding or Sterile BIO HD Compounding via a pass-through chamber and on a cart through a floor pass-through chamber for final mixing/preparation.
- 2.10.2.3(10)(i) Once the medications/IV bags are mixed/finished/prepared in Clean Room - Sterile HD Compounding and Sterile BIO HD Compounding, they will be sent out via pass-through chambers back to Workroom - ISO 8 - Controlled IV Setup for verification (e.g., accuracy of medication ordered & prepared).
- 2.10.2.3(10)(j) Once medications are verified in Workroom - ISO 8 - Controlled IV Setup, Staff will place them in one (1) of the two (2) side-by-side pass-through chambers to Systemic Therapy Component.
- 2.10.2.3(10)(k) Nurses from Systemic Therapy Component will pick-up the medications/IV bags from the two (2) side-by-side secure pass-through chambers, where the nurse will perform a final verification.
- 2.10.2.3(10)(l) IV hydration and/or infusions for Task Clinic, Radiation Therapy, OACU will be prepared in Clean Room - Sterile HD Compounding as well. Staff from these Components will pick up the medications from a secure transaction counter at Oncology Pharmacy receiving and shipping

door in Receiving/ADC Replenishment zone. These medications will be transferred from Sterile Manufacturing to Receiving/ADC Replenishment via the connecting pass-through chamber.

#### 2.10.2.3(11) Dispensing

- 2.10.2.3(11)(a) Oncology dispensing pharmacists will be reviewing and processing medication orders (including calling the physicians, Patients) received in Dispensing/Preparation Room. Medication orders can be dropped off by Patients at Dispensing Counter or will be sent directly via EMR.
- 2.10.2.3(11)(b) Once medication orders are processed by the dispensing pharmacists, the dispensing pharmacy technicians will be preparing, counting, packaging, labelling the medications in Dispensing/Preparation Room.
- 2.10.2.3(11)(c) Oral oncology medications will be picked up at Oncology Pharmacy Dispensing counter or will be mailed out to the Patient. Patient counselling with an oncology pharmacy Staff will be done during each pick-up of medications. Where needed, oncology pharmacy Staff will also bring the Patient or caregiver into a Consult Room for further education and counselling on the oncology medication and possible side effects. This consultation may be done virtually via virtual health methods in Consult Room.

#### 2.10.2.3(12) Receiving/ADC Replenishment

- 2.10.2.3(12)(a) All medications and supplies will be ordered by Oncology Pharmacy purchaser using one (1) of three (3) workstations in Workstation - Drop Down.
- 2.10.2.3(12)(b) Clinical trials medications/supplies will be ordered and coordinated by clinical trial technician using a workstation in Workstation - Drop Down
- 2.10.2.3(12)(c) Medications and supplies will be delivered directly to Oncology Pharmacy receiving and shipping door in Receiving/ADC Replenishment zone.
- 2.10.2.3(12)(d) Service delivery Staff/courier will use Service Circulation from Service Entrance Sub-Component or Public

Circulation via a secure access door to get to the Back-of-House Oncology Pharmacy receiving and shipping door. This area will be a restricted access zone. To enter, service delivery personnel/courier and Oncology Pharmacy receiver will use an audio-video door intercom located in Courier Reception and Packaging to allow Oncology Pharmacy Staff to verify/identify the delivery before opening the door via remote door release.

- 2.10.2.3(12)(e) Medications and supplies received will be checked and unpacked by the receiver in Receiving and Breakdown Area. Hazardous drugs will be sent to Storage - Hazardous Drug for storage on a cart via a floor pass-through chamber. Non-Hazardous drugs and supplies will be delivered to and/or stored within Storage - Non-Hazardous Drug, Storage - Clean Supply, Dispensing/Preparation Room, or ADC Replenishing. The receiver will use a workstation in Workstation - Drop Down to report discrepancy or receive medications/supplies in the purchasing system.
- 2.10.2.3(12)(f) An ADC technician will access the Oncology Pharmacy system via a computer to generate an ADC inventory/pick-list to stock up the ADC supply cart in ADC Replenishing. Once the supply cart is stocked, the ADC technician will travel via Service Circulation to various BCCC Clinical Components to replenish the ADCs.
- 2.10.2.3(12)(g) Staff from Task Clinic, OACU, Radiation Therapy will pick up IV Hydration, Infusions from a secure transaction counter at Oncology Pharmacy receiving and shipping door.
- 2.10.2.3(12)(h) All soiled and waste items produced in Oncology Pharmacy Component will be collected and temporarily held in Soiled Holding - Hazardous Waste and Soiled Holding rooms then delivered to the loading dock by EVS Staff for proper disposal.

#### 2.10.2.4 Clinical Support Flow

##### 2.10.2.4(1) Pharmacy

##### 2.10.2.4(1)(a) N/A

- 2.10.2.4(2) Medical Imaging
  - 2.10.2.4(2)(a) N/A
- 2.10.2.4(3) Laboratory
  - 2.10.2.4(3)(a) N/A
- 2.10.2.4(4) Interprofessional Team
  - 2.10.2.4(4)(a) N/A
- 2.10.2.5 Non-Clinical Support Flow
  - 2.10.2.5(1) Equipment
    - 2.10.2.5(1)(a) N/A
  - 2.10.2.5(2) Medical Devices
    - 2.10.2.5(2)(a) N/A
  - 2.10.2.5(3) Supplies (Materials Management)
    - 2.10.2.5(3)(a) Supplies such as IV fluids, compounding supplies, fluids, and PPE supplies will be provided to Oncology Pharmacy by Materials Management.
    - 2.10.2.5(3)(b) Purchasing of pharmaceuticals will be coordinated by the technician Staff under the supervision of an oncology pharmacist. Minimum and maximum order levels will be established.
    - 2.10.2.5(3)(c) All orders will be entered and communicated electronically, by phone, or fax to BCC pharmacy vendors/suppliers. Flow assumes two types of deliveries will occur: regularly scheduled shipments, and those arriving via courier outside of set times (clinical trials and special orders). In both cases, the deliveries will need to be signed off by Oncology Pharmacy Staff. Shipments for narcotic and controlled medication will be received in Oncology Pharmacy by technician Staff, require dual signature by licensed Oncology Pharmacy Staff and stocked in the appropriate secure and controlled storage.
  - 2.10.2.5(4) EVS (Housekeeping/Linen/Waste Management)

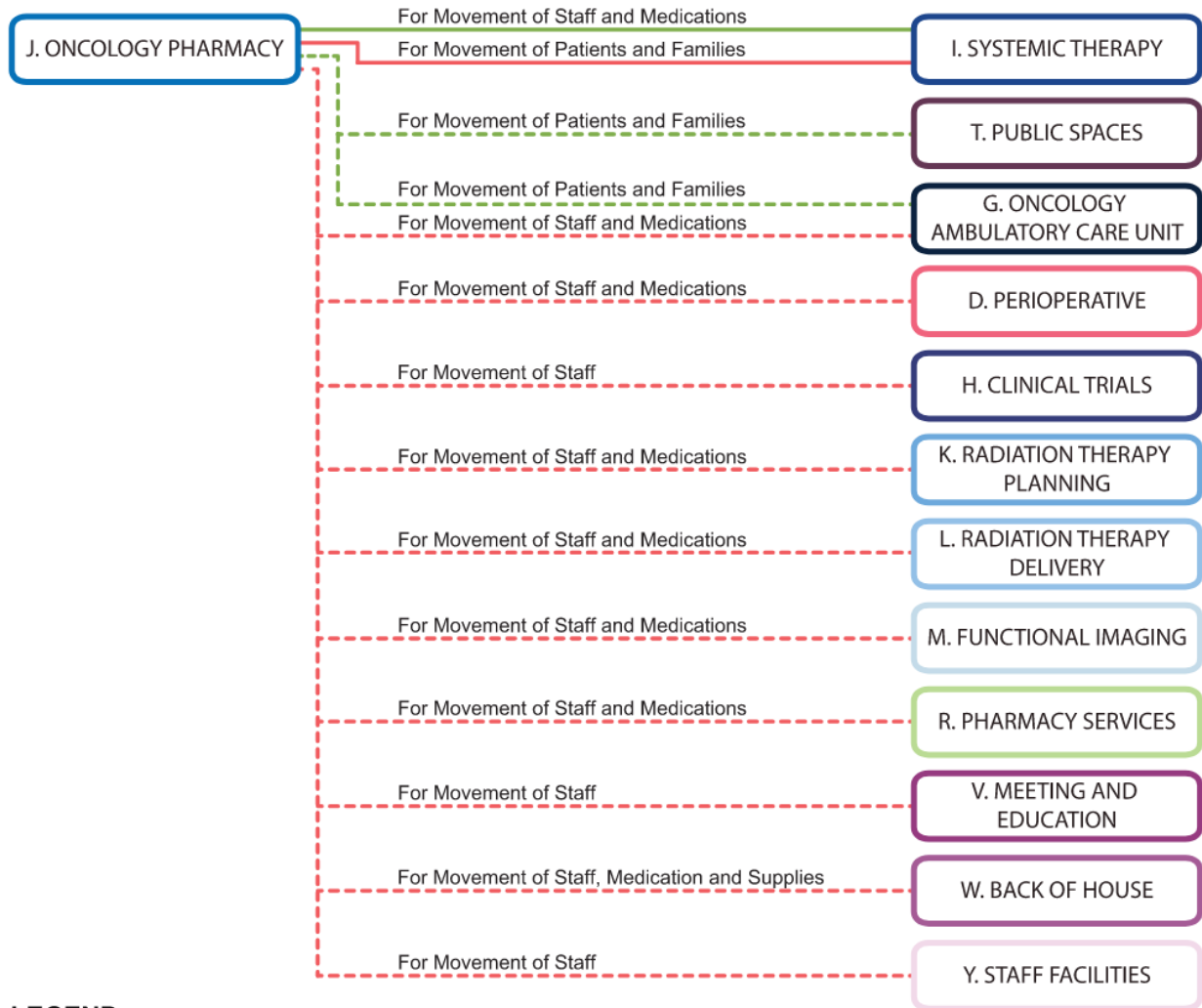


- 2.10.2.5(4)(a) To clean spaces within Sterile Manufacturing, EVS Staff will access a mop handle and a bucket stored within a small enclosed cabinet within anterooms. All other items used to clean this space are disposable and will be removed from the area after cleaning.
- 2.10.2.5(5) Patient Food Services
  - 2.10.2.5(5)(a) N/A
- 2.10.2.5(6) Biomedical Engineering
  - 2.10.2.5(6)(a) N/A
- 2.10.2.5(7) FMO/AM
  - 2.10.2.5(7)(a) As per Facility-wide flow.
- 2.10.2.5(8) Information Management
  - 2.10.2.5(8)(a) CST Cerner, closed loop pharmacy systems, remote compounding verification system, outpatient dispensing system, temperature monitoring system, security system, Compassionate Access Program (CAP) will be utilized.
- 2.10.2.5(9) Security
  - 2.10.2.5(9)(a) As per Facility-wide flow.

2.10.3 COMPONENT DESIGN CRITERIA

2.10.3.1 External Adjacency Requirements Diagram

2.10.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.

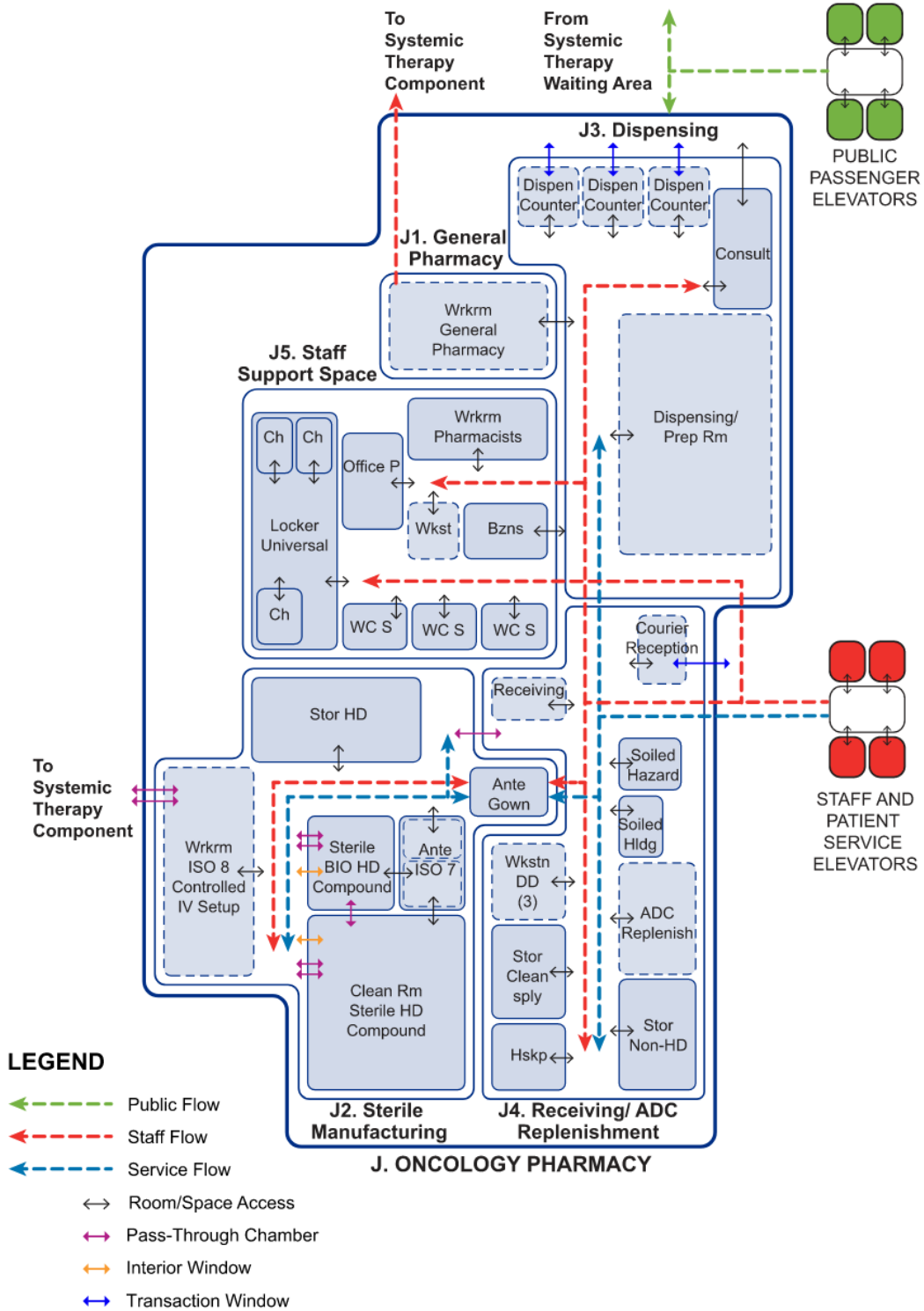


**LEGEND**

- Direct Access by Public Circulation
- Convenient Access by Public Circulation
- Direct Access by Service Circulation
- Convenient Access by Service Circulation

2.10.3.2 Internal Functional Relationships Diagram

2.10.3.2(1) The following diagram indicates internal functional relationships within this Component.



### 2.10.3.3 General Requirements

- 2.10.3.3(1) Oncology Pharmacy Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.10.3.3(1)(a) Direct Access via Public Circulation to Systemic Therapy for movement of Patients for medication pick-up.
  - 2.10.3.3(1)(b) Direct Access via Service Circulation to Systemic Therapy for movement of Staff and medications.
  - 2.10.3.3(1)(c) Convenient Access via Public Circulation for Patients, families and visitor access to and from Main Entrance Lobby.
  - 2.10.3.3(1)(d) Convenient Access via Public Circulation to OACU for movement of Patients for medication pick-up.
  - 2.10.3.3(1)(e) Convenient Access via Service Circulation to Medical Staff Facilities - CC, Shared Staff Facilities and Distributed Staff Lounges in Staff Facilities to minimize Staff travel distance.
  - 2.10.3.3(1)(f) Convenient Access via Service Circulation to Back of House and Service Entrance for movement of Staff, medications and supplies.
- 2.10.3.3(2) Zones of activity within Oncology Pharmacy Component will include the following:
- 2.10.3.3(2)(a) J1. General Pharmacy
  - 2.10.3.3(2)(b) J2. Sterile Manufacturing
  - 2.10.3.3(2)(c) J3. Dispensing
  - 2.10.3.3(2)(d) J4. Receiving/ADC Replenishment
  - 2.10.3.3(2)(e) J5. Staff Support Space
- 2.10.3.3(3) Oncology Pharmacy Component will be adjacent to Systemic Therapy Component with Direct Access through two (2) side-by-side secure pass-through chambers to minimize transportation.
- 2.10.3.3(4) Access to this Component will be secure at all times.

- 2.10.3.3(5) Oncology Pharmacy will have secure floor to ceiling non-penetrable walls.
  - 2.10.3.3(6) Physical configuration and planning of Oncology Pharmacy will support efficient production and meet industry requirements for quality control in all drug production areas.
  - 2.10.3.3(7) The Component will be accessed from Service Circulation on a route that does not traverse Patient Care Areas.
  - 2.10.3.3(8) Oncology Pharmacy Staff entering and working in this Component will enter through a restricted access Staff entry point from Service Circulation. Another entry point to Oncology Pharmacy will be provided for shipping and receiving in Receiving/ADC Replenishment zone.
  - 2.10.3.3(9) Design will include designated spaces for skids and carts in different areas and internal corridor to maneuver carts.
  - 2.10.3.3(10) Hand hygiene sink locations will not affect circulation within this Component.
  - 2.10.3.3(11) Refrigerators and freezers will be centrally monitored by FMO and alarmed.
  - 2.10.3.3(12) Exposure to Direct Natural Light will not compromise the Component's security or operations.
  - 2.10.3.3(13) Planning and design considerations will be based on NAPRA Model Standards for Pharmacy Compounding of Hazardous Sterile and Non-Hazardous Sterile Preparations.
- 2.10.3.4 J1. General Pharmacy
- 2.10.3.4(1) Workroom - General Pharmacy will be an open work area and will include countertop workspace and seven (7) workstations for pharmacists and technicians to prepare drugs that do not require a controlled environment.
  - 2.10.3.4(2) Workroom - General Pharmacy will have Convenient Access to Systemic Therapy Component via a Staff-only internal corridor. It will also have Convenient Access to Business Work Area.
- 2.10.3.5 J2. Sterile Manufacturing
- 2.10.3.5(1) Sterile Manufacturing zone will be an enclosed suite and will be organized to accommodate two (2) separate streams, sterile non-hazardous compounding and hazardous compounding.

- 2.10.3.5(2) All surfaces in this area will be easily washed and disinfected. All work surfaces and cabinets will be chemically resistant.
- 2.10.3.5(3) All pass-through chambers will comply with LMPS Quality Recommendations, Pharmacy Sterile Compounding and sealed with a door interlock system that prevents both doors being opened simultaneously.
- 2.10.3.5(4) Anteroom - Gowning will be located between the controlled and non-controlled areas of Oncology Pharmacy acting as a transition space to enter Sterile Manufacturing zone. Staff will enter this space from Oncology Pharmacy internal corridor.
- 2.10.3.5(5) Anteroom - Gowning will include a small cabinet for EVS mop handle and small bucket. Location of hand hygiene sink in this anteroom will not affect circulation into and within the anteroom.
- 2.10.3.5(6) An Alcove - Eyewash/Shower Station will be located within Sterile Manufacturing zone adjacent to the door from Anteroom - Gowning and will have Convenient Access from the rest of the spaces in this zone.
- 2.10.3.5(7) Storage - Hazardous Drug will be a negative pressure room for storage of hazardous drugs. This room will have Convenient Access to Workroom - ISO 8 - Controlled IV Setup.
- 2.10.3.5(8) Hazardous drug supplies and medications unpacked in Receiving/ADC Replenishment zone will be moved into Sterile Manufacturing controlled area via a floor pass-through chamber for cart access. The pass-through will be outside of but adjacent to Storage - Hazardous Drug in Sterile Manufacturing zone.
- 2.10.3.5(9) Workroom - ISO 8 - Controlled IV Setup will be an open work area adjacent to Storage - Hazardous Drug, Clean Room - Sterile HD Compounding, Sterile BIO HD Compounding and will have Direct Access to the controlled area internal corridor. Workroom - ISO 8 - Controlled IV Setup area will not be used for circulation to access the adjacent rooms.
- 2.10.3.5(10) Workroom - ISO 8 - Controlled IV Setup will include two (2) side-by-side pass-through chambers leading directly to Systemic Therapy Component for direct delivery of chemotherapy medications. Pass-through chambers will be secure with card access on Systemic Therapy side.

- 2.10.3.5(11) Anteroom - ISO 7 - Sterile Compounding will have Convenient Access to Workroom - ISO 8 - Controlled IV Setup via controlled area internal corridor. It will also be shared between and have Direct Access to Clean Room - Sterile HD Compounding and Sterile BIO HD Compounding.
- 2.10.3.5(12) Anteroom - ISO 7 - Sterile Compounding will have a door interlock system that prevents doors being opened simultaneously. Doors will have motion activated door operators.
- 2.10.3.5(13) Floor demarcation will separate Anteroom - ISO 7 - Sterile Compounding into soiled and clean sides. Soiled side of anteroom will access Sterile Manufacturing internal corridor and clean side of anteroom will access both compounding rooms. Staff will cross over to clean side of anteroom after washing hands at scrub sink. Scrub sink location will not affect circulation within this anteroom.
- 2.10.3.5(14) Anteroom - ISO 7 - Sterile Compounding will include a small cabinet for EVS mop handle and small bucket.
- 2.10.3.5(15) Line of Sight from Anteroom - ISO 7 - Sterile Compounding to both compounding rooms will be provided for safety.
- 2.10.3.5(16) Staff will enter Clean Room - Sterile HD Compounding and Sterile BIO HD Compounding through Anteroom - ISO 7 - Sterile Compounding.
- 2.10.3.5(17) Clean Room - Sterile HD Compounding will include four (4) Class 2 - Type B2 biological safety cabinets. Sterile BIO HD Compounding will include one (1) Class 2 - Type B2 biological safety cabinet.
- 2.10.3.5(18) A pass-through chamber will be provided between two (2) compounding rooms.
- 2.10.3.5(19) Clean Room - Sterile HD Compounding and Sterile BIO HD Compounding will have interior windows to Workroom - ISO 8 - Controlled IV Setup to allow Staff passing by the rooms to see that Staff are safe within these rooms.
- 2.10.3.5(20) Each compounding room will have one (1) floor pass-through chamber for carts and one (1) pass-through chamber above to Workroom - ISO 8 - Controlled IV Setup.

- 2.10.3.5(21) An audio-video intercom will be provided between Workroom - ISO 8 - Controlled IV Setup and each compounding room as well as Systemic Therapy Component.
- 2.10.3.5(22) Anteroom - ISO 7 - Sterile Compounding, Clean Room - Sterile HD Compounding, Sterile BIO HD Compounding, Storage - Hazardous Drug and Workroom - ISO 8 - Controlled IV Setup will follow the CSA standards and meet the minimum NAPRA facility design standards and ISO Level requirements.
- 2.10.3.5(23) ISO classifications in Sterile Manufacturing zone are as follows:

Ref. No.	Room Type	ISO
J2.01	Anteroom - Gowning	8
J2.03	Storage - Hazardous Drug	8
J2.04	Anteroom - ISO 7 - Sterile Compounding	7
J2.05	Clean Room - Sterile HD Compounding	7
J2.06	Sterile BIO HD Compounding	7
J2.07	Workroom - ISO 8 - Controlled IV Setup	8

### 2.10.3.6 J3. Dispensing

- 2.10.3.6(1) Dispensing zone will include Dispensing/Preparation Room with an adjacent Consult Room and three (3) Dispensing Counters.
- 2.10.3.6(2) Dispensing/Preparation Room will be located in non-controlled area with Direct Access from Oncology Pharmacy internal corridor and will include a work counter, six (6) pharmacy review workstations and three (3) pre-packaging workstations.
- 2.10.3.6(3) Oncology dispensing pharmacists process oncology medication orders, consult/phone call with physicians, perform daily administrative work, clinical reviews, clinical trials, and documentation in the pharmacists' workstations in Dispensing/Preparation Room. Pharmacists' workstations will have appropriate sound barrier from dispensing work counter due to various sorting and dispensing tasks performed by dispensing pharmacy technicians.
- 2.10.3.6(4) Dispensing/Preparation Room will have visual and acoustic privacy from Dispensing Counters.
- 2.10.3.6(5) Dispensing Counter will include three (3) recessed transaction windows for Patient medication pick-up from Public Circulation



in Systemic Therapy (2 standing counters, 1 wheelchair accessible).

- 2.10.3.6(6) Dispensing Counter will have Convenient Access to Consult Room.
- 2.10.3.6(7) Consult Room will have Direct Access from Public Circulation outside the Component and from Dispensing/Preparation Room for Staff access.
- 2.10.3.6(8) Dispensing Counter and Consult Room will require Convenient Access from Systemic Therapy Waiting Area.

#### 2.10.3.7 J4. Receiving/ADC Replenishment

- 2.10.3.7(1) Receiving/ADC Replenishment will have Direct Access to Service Circulation outside the Component.
- 2.10.3.7(2) This zone will also have Direct Access to Sterile Manufacturing Anteroom - Gowning within Oncology Pharmacy Component.
- 2.10.3.7(3) Courier Reception and Packaging will be located at receiving and shipping entry point to the Component and will have a transaction counter and window to Service Circulation.
- 2.10.3.7(4) Courier Reception and Packaging will have an audio-video door intercom and remote door release to allow access from the secure entry point from Service Circulation outside the Component to Receiving/ADC Replenishment zone and also allow access from a secure door between Public Circulation and Service Circulation on the same floor.
- 2.10.3.7(5) Receiving and Breakdown Area will have a floor pass-through chamber for cart access to controlled area corridor in Sterile Manufacturing zone. The pass-through will be outside of but adjacent to Receiving and Breakdown Area in Receiving/ADC Replenishment zone.

#### 2.10.3.8 J5. Staff Support Space

- 2.10.3.8(1) Staff Support Space will be located centrally to provide Convenient Access to all zones in Oncology Pharmacy. It will also have Convenient Access to a Staff entry point to the Component.
- 2.10.3.8(2) A dedicated Locker Room - Universal within Oncology Pharmacy will have Convenient Access to one (1) Washroom - Staff and two (2) Washroom - Staff - Non-Acc.

- 2.10.3.8(3) Office - Private, Workroom - Pharmacists with three (3) workstations and an open Workstation will be co-located and have Convenient Access to Business Work Area.
- 2.10.3.8(4) Same-level distributed Lounge - Staff will be utilized by Staff working within Oncology Pharmacy. This space will be located in a manner that Staff will not have to traverse through Patient areas or Public Circulation to gain access.

## 2.10.4 SCHEDULE OF ACCOMMODATIONS

2.10.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Oncology Pharmacy**

<b>J. ONCOLOGY PHARMACY</b>	
J1. GENERAL PHARMACY	22.1
J2. STERILE MANUFACTURING	129.6
J3. DISPENSING	84.6
J4. RECEIVING/ADC REPLENISHMENT	69.4
J5. STAFF SUPPORT SPACE	73.8
<b>ONCOLOGY PHARMACY PROGRAMMED SPACE NSM:</b>	<b>379.5</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>J. ONCOLOGY PHARMACY</b>					
<b>J1. GENERAL PHARMACY</b>					
J1.01	Workroom - General Pharmacy	1	22.1	22.1	For pharmacists.
<b>SUBTOTAL NSM: GENERAL PHARMACY</b>				<b>22.1</b>	
<b>J2. STERILE MANUFACTURING</b>					
J2.01	Anteroom - Gowning	1	6.0	6.0	
J2.02	Alcove - Eyewash/Shower Station	1	1.0	1.0	
J2.03	Storage - Hazardous Drug	1	30.0	30.0	
J2.04	Anteroom - ISO7 - Sterile Compounding	1	10.4	10.4	
J2.05	Clean Room - Sterile HD Compounding	1	45.0	45.0	
J2.06	Sterile BIO HD Compounding	1	12.0	12.0	
J2.07	Workroom - ISO 8 - Controlled IV Setup	1	25.2	25.2	For medication prep.
<b>SUBTOTAL NSM: STERILE MANUFACTURING</b>				<b>129.6</b>	
<b>J3. DISPENSING</b>					
J3.01	Dispensing/Preparation Room	1	57.6	57.6	
J3.02	Dispensing Counter	3	5.0	15.0	For dispensing of oral chemo drugs to Patients.
J3.03	Consult Room	1	12.0	12.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>SUBTOTAL NSM: DISPENSING</b>				<b>84.6</b>	
<b>J4. RECEIVING/ADC REPLENISHMENT</b>					
J4.01.01	Courier Reception and Packaging	1	5.0	5.0	For mailing oral drugs to Patients.
J4.01.02	Receiving and Breakdown Area	1	5.0	5.0	
J4.01.03	Workstation - Drop Down	3	2.8	8.4	For clinical trials tech, inventory/purchaser to order supplies.
J4.02	ADC Replenishing	1	13.0	13.0	
J4.03	Storage - Non-Hazardous Drug	1	13.0	13.0	
J4.04	Storage - Clean Supply	1	9.0	9.0	
J4.05	Soiled Holding - Hazardous Waste	1	5.0	5.0	
J4.06	Soiled Holding	1	4.0	4.0	
J4.07	Housekeeping Room	1	7.0	7.0	
<b>SUBTOTAL NSM: RECEIVING/ADC REPLENISHMENT</b>				<b>69.4</b>	
<b>J5. STAFF SUPPORT SPACE</b>					
J5.01	Locker Room - Universal	1	25.4	25.4	
J5.03	Washroom - Staff	1	5.0	5.0	
J5.04	Office - Private	1	9.0	9.0	For pharmacy practice leader.
J5.05	Workroom - Pharmacists	1	13.8	13.8	For pharmacists clinical trials.
J5.06	Workstation	1	4.6	4.6	For tech supervisor.
J5.07	Business Work Area	1	9.0	9.0	
J5.08	Washroom - Staff - Non-Acc	2	3.5	7.0	
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>73.8</b>	
<b>TOTAL NSM: ONCOLOGY PHARMACY</b>				<b>379.5</b>	

## 2.11 K. RADIATION THERAPY PLANNING

### 2.11.1 K1. MEDICAL PHYSICS

#### 2.11.1.1 SERVICE DESCRIPTION

- 2.11.1.1(1) Medical Physics Sub-Component in Radiation Therapy Planning Component will accommodate medical physicists, radiation therapy service technologists (RTSTs) and machinists providing expertise in the physical and mathematical sciences which complement the modern practice of radiation oncology and radiation therapy.
- 2.11.1.1(2) The responsibilities of this Sub-Component will fall into the following three (3) primary areas:
- 2.11.1.1(2)(a) Scientific and technical support services to ensure a safe and accurate treatment unit calibration and dosimetry;
  - 2.11.1.1(2)(b) A program of applied research and development aimed at improving the quality of Patient treatment; and
  - 2.11.1.1(2)(c) Radiation protection services for Patients and Staff in the radiation oncology program.
- 2.11.1.1(3) The following activities will be accommodated in this Sub-Component:
- 2.11.1.1(3)(a) Guidance and direction for all aspects of radiation safety, licensing, and compliance with federal and provincial regulations (CNSC) and Occupational Health and Safety (OHS) Regulation BC will be provided;
  - 2.11.1.1(3)(b) Guidance and direction for commissioning, calibration of treatment units and ongoing quality assurance (QA) will be provided to ensure the integrity of clinical dosimetry;
  - 2.11.1.1(3)(c) Guidance and direction for radiation therapists who will generate treatment plans and dose calculations for radiation oncology Patients will be provided. These activities will include the use of dedicated treatment planning computers, implementation of complex treatments, development of dosimetry protocols and new treatment techniques, and quality assurance on treatment plans;

- 2.11.1.1(3)(d) Advice and recommendations on Equipment selection and procurement will be provided;
  - 2.11.1.1(3)(e) Medical physics and radiation safety will be taught to radiation oncology residents and radiation therapy students; and
  - 2.11.1.1(3)(f) Students at undergraduate and graduate levels, and residents in Medical Physics will be trained and supervised to ensure there are skilled candidates for future recruitment.
- 2.11.1.1(4) RTSTs or electronic engineer and mechanical engineer machinists will perform the following tasks in Medical Physics Sub-Component:
- 2.11.1.1(4)(a) Machinists and RTSTs will carry out preventative maintenance and servicing of radiation treatment and imaging units and other medical and radiation safety Equipment;
  - 2.11.1.1(4)(b) Machinists will be responsible for the design and construction of Patient accessories, immobilization devices, machine accessories, QA phantoms and assist with research projects in Medical Physics; and
  - 2.11.1.1(4)(c) RTSTs will be involved in the design, construction and installation of electronic systems as attachments to radiation therapy Equipment and will assist with research projects in Medical Physics.
- 2.11.1.1(5) Radiation oncology information technologists will be responsible for maintaining server infrastructure, software and managed computer hardware in Radiation Therapy Delivery Component required for the safe delivery of radiation treatment. Machines and computers will have a clear and easy access for repair and maintenance.
- 2.11.1.1(6) Service Exclusions
- 2.11.1.1(6)(a) N/A
- 2.11.1.2 COMPONENT INTERNAL FLOW DESCRIPTIONS
- 2.11.1.2(1) Patient Flow
- 2.11.1.2(1)(a) There will be no in-person Patient visits to this Sub-Component.

## 2.11.1.2(2) Family/Visitor Flow

2.11.1.2(2)(a) N/A

## 2.11.1.2(3) Staff Flow

2.11.1.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to the centralized Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.

2.11.1.2(3)(b) At start of shift, Staff will sign-in within their applicable work area and receive their assignment/workload for the day.

2.11.1.2(3)(c) Staff may travel via Service Circulation to a same-level distributed Lounge - Staff for breaks.

2.11.1.2(3)(d) Medical Physics Staff will frequently travel between the Work Area and Staff Support Space zones.

2.11.1.2(3)(e) Medical Physics Staff will travel to CT and MRI Simulation Suites and Radiation Therapy Delivery Component via Service Circulation to consult with Staff and Patients within those areas or for the purposes of Equipment needs, maintenance, and calibration.

2.11.1.2(3)(f) Medical physicists, students, residents, RTSTs and machinists will be involved in the daily activities of radiation planning and treatment.

2.11.1.2(3)(g) In general, medical physicists will be responsible for ongoing radiation safety in compliance with CNSC and provincial regulations and ensure that Equipment is correctly calibrated. These functions will require complex routine testing of Equipment specifications and output using testing devices and computerized systems. For this work, Equipment that can be moved will be brought to Work Area zone. Some Equipment will be worked on in-situ within the clinical areas.

2.11.1.2(3)(h) Medical physicists and radiation therapists working in dosimetry will consult with radiation oncologists in the development of radiation treatment plans. They will supervise Staff and students working within the Sub-Component.

## 2.11.1.2(4) Clinical Support Flow

2.11.1.2(4)(a) Pharmacy  
2.11.1.2.4.(a).1 N/A

2.11.1.2(4)(b) Medical Imaging  
2.11.1.2.4.(b).1 N/A

2.11.1.2(4)(c) Laboratory  
2.11.1.2.4.(c).1 N/A

2.11.1.2(4)(d) Interprofessional Team  
2.11.1.2.4.(d).1 N/A

## 2.11.1.2(5) Non-Clinical Support Flow

2.11.1.2(5)(a) Equipment

2.11.1.2.5.(a).1 Medical Physics Staff will transport Equipment and tools on carts between Medical Physics Sub-Component and Radiation Therapy Delivery Component, as well as CT and MRI Simulation Suites via Service Circulation.

2.11.1.2.5.(a).2 RTSTs and machinists reporting to Medical Physicists will be responsible for the radiation treatment machine maintenance and repairs. These Staff will liaise with Equipment vendors to ensure manufacturer's instructions for use are followed, perform preventative maintenance on the Equipment, complete repairs and take vendor courses to maintain skill levels. These Staff will work between their workshops and labs and radiation simulator and treatment machines fabricating accessories for the Equipment, changing/repairing circuit boards and sourcing and installing spare parts as required.

2.11.1.2.5.(a).3

2.11.1.2(5)(b) Medical Devices

2.11.1.2.5.(b).1 N/A

2.11.1.2(5)(c) Supplies (Materials Management)

2.11.1.2.5.(c).1 Electronics Shop - RT System Technologists: Electronic circuitry will be sourced by team and shipped directly to the Sub-Component via Service Entrance to service and maintain radiation Equipment.



- 2.11.1.2.5.(c).2 Machine Shop: Construction materials and supplies sourced by the Sub-Component will be delivered to Service Entrance and then delivered to Machine Shop by Materials Management.
- 2.11.1.2.5.(c).3 Materials Management area supply attendants will monitor, order, and deliver some supplies to clean storage areas within Medical Physics on a regular basis and as needed for special order items.
- 2.11.1.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
  - 2.11.1.2.5.(d).1 As per Facility-wide flow.
- 2.11.1.2(5)(e) Patient Food Services
  - 2.11.1.2.5.(e).1 N/A
- 2.11.1.2(5)(f) Biomedical Engineering
  - 2.11.1.2.5.(f).1 N/A
- 2.11.1.2(5)(g) FMO/AM
  - 2.11.1.2.5.(g).1 As per Facility-wide flow.
- 2.11.1.2(5)(h) Information Management
  - 2.11.1.2.5.(h).1 Radiation Oncology Information System, Treatment Planning Systems, CST Cerner will be utilized.
- 2.11.1.2(5)(i) Security
  - (i).1.1 As per Facility-wide flow.
- 2.11.1.3 COMPONENT DESIGN CRITERIA
  - 2.11.1.3(1) External Adjacency Requirements Diagram
    - 2.11.1.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

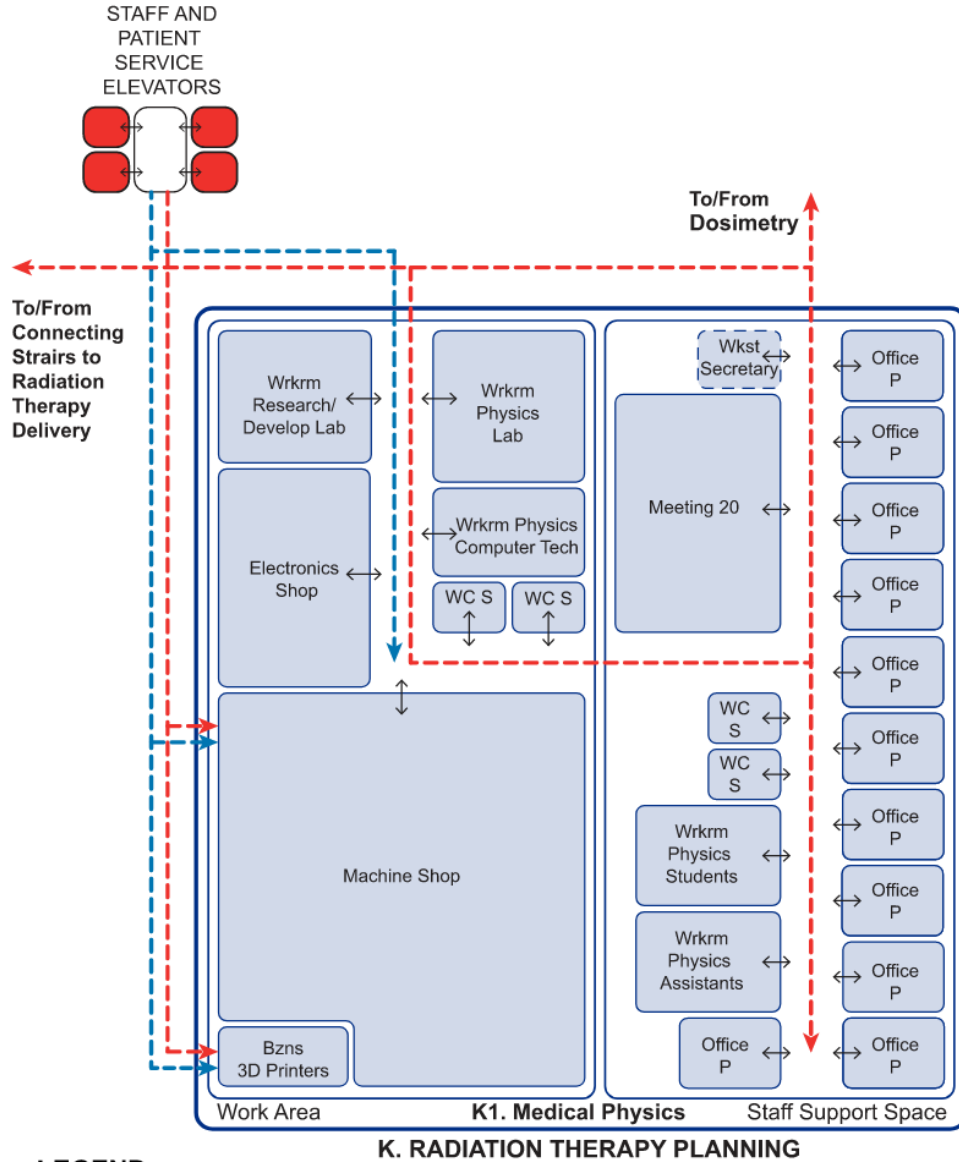


**LEGEND**

Convenient Access by Service Circulation

2.11.1.3(2) Internal Functional Relationships Diagram

2.11.1.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



**LEGEND**

- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access

2.11.1.3(3) General Requirements

2.11.1.3(3)(a) Medical Physics Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

2.11.1.3.3.(a).1 Same-level Convenient Access via Service Circulation to Dosimetry for movement of Staff.

- 2.11.1.3.3.(a).2 Convenient Access via Service Circulation to Radiation Therapy Delivery for movement of Staff and Equipment.
- 2.11.1.3.3.(a).3 Convenient Access via Service Circulation to CT and MRI Simulation Suites for movement of Staff and Equipment.
- 2.11.1.3.3.(a).4 Convenient Access via Service Circulation to Perioperative Component for movement of Staff and Equipment to support Operating Room - HDR.
- 2.11.1.3.3.(a).5 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use Distributed Staff Lounges as well as centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.11.1.3(3)(b) Zones of activity within Medical Physics Sub-Component will be grouped together and include the following:
  - 2.11.1.3.3.(b).1 Work Area
  - 2.11.1.3.3.(b).2 Staff Support Space
- 2.11.1.3(3)(c) Medical Physics will be a Staff-only area and will be co-located with Dosimetry Sub-Component.
- 2.11.1.3(3)(d) Work Area and Staff Support Space will be connected through a Staff-only internal corridor.
- 2.11.1.3(4) Work Area
  - 2.11.1.3(4)(a) Rooms within this zone will be arranged along a Staff-only internal corridor.
  - 2.11.1.3(4)(b) Workroom - Physics Lab will provide a shared workbench environment with workbenches, workstations and storage.
  - 2.11.1.3(4)(c) Workroom - Research/Development Lab will provide a dedicated workbench environment with workbenches, workstations and storage.
  - 2.11.1.3(4)(d) Workroom - Physics Computer Technologist will include two (2) workstations and storage.
  - 2.11.1.3(4)(e) Electronics Shop - RT System Technologists will be located in Medical Physics Work Area with Direct Access from internal corridor and Convenient Access to

radiation treatment machines in Radiation Therapy Delivery Component.

- 2.11.1.3(4)(f) Electronics Shop - RT System Technologists will require a work area with workbenches and a separate area for storage. Layout of this space will provide a quiet design/work area for the electronics engineers and space to house Equipment in a variety of work environments to accommodate the technology and workplace safety requirements.
  - 2.11.1.3(4)(g) Machine Shop will have Convenient Access from Staff and Patient Service Elevators and Direct Access from Service Circulation outside the Sub-Component for movement of large Equipment. This space will also have Direct Access from internal corridor.
  - 2.11.1.3(4)(h) Machine Shop will provide workbenches and workstations, vented welding enclosure, a portable Equipment lift and space to house Equipment in a variety of work environments to accommodate the technology and workplace safety requirements.
  - 2.11.1.3(4)(i) Business Work Area - 3D Printers will have Direct Access from Service Circulation outside the Sub-Component and Convenient Access to utility sink in Machine Shop.
  - 2.11.1.3(4)(j) Washroom - Staff - Non-Acc will have Direct Access from internal corridor and Convenient Access to Staff work areas.
  - 2.11.1.3(4)(k) A dedicated Medical Physics Storage - Clean Equipment for secure storage of tools and spare parts will be included in Radiation Therapy Delivery Component with Convenient Access to treatment machines on the same floor.
- 2.11.1.3(5) Staff Support Space
- 2.11.1.3(5)(a) Rooms within this zone will be arranged along a Staff-only internal corridor.
  - 2.11.1.3(5)(b) All Office - Private will be grouped together in this area.
  - 2.11.1.3(5)(c) A Workstation open to internal corridor leading to Office - Private will provide a semi-private quiet working environment for the secretary.

- 2.11.1.3(5)(d) Workroom - Physics Students will provide four (4) workstations and library space for physics residents/grad students. This space will have Convenient Access to Office - Private.
- 2.11.1.3(5)(e) Workroom - Physics Assistants will provide four (4) workstations for physics assistants. This space will have Convenient Access to Office - Private.
- 2.11.1.3(5)(f) Meeting Room - 20-Seat and Washroom - Staff will have Direct Access from internal corridor and Convenient Access to Staff work areas.

## 2.11.2 K2. DOSIMETRY

## 2.11.2.1 SERVICE DESCRIPTION

- 2.11.2.1(1) Dosimetry Sub-Component in Radiation Therapy Planning Component will generate treatment plans and dose calculations for radiation oncology Patients in collaboration with Medical Physics. The radiation oncologist will decide on the specific treatment modality and radiation dosage, based on Patient's tumour type, stage and location of cancer. CT scans, alone or in combination with MRI or PET, and other diagnostic scans, will allow the physician to map out the exact location of the area to be treated.
- 2.11.2.1(2) Radiation therapists working in dosimetry will use their knowledge and skills in conjunction with advanced computer technology to design a treatment plan specifically for each Patient for both external beam radiation therapy and brachytherapy.
- 2.11.2.1(3) The following activities will be accommodated in this Sub-Component:
- 2.11.2.1(3)(a) Treatment planning computerized software systems will be used to calculate dose distributions;
  - 2.11.2.1(3)(b) Participation in normal tissue contouring will be provided; and
  - 2.11.2.1(3)(c) Quality assurance of treatment plans will be provided. Physicists and radiation oncologists will be consulted as required.
- 2.11.2.1(4) Radiation therapists working in dosimetry may rotate through Dosimetry Sub-Component and participate in treatment planning activities. Radiation oncologists will use electronic tools to review treatment plans remotely, however, they will be able to come to this Sub-Component to collaborate with radiation therapists.
- 2.11.2.1(5) Service Exclusions
- 2.11.2.1(5)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

- 2.11.2.1.5.(a).1 Treatment plans for brachytherapy will be refined in Workroom - Planning - Brachytherapy in Perioperative Component.

## 2.11.2.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

### 2.11.2.2(1) Patient Flow

- 2.11.2.2(1)(a) Patients will not be seen in-person within this Sub-Component.

### 2.11.2.2(2) Family/Visitor Flow

- 2.11.2.2(2)(a) N/A

### 2.11.2.2(3) Staff Flow

- 2.11.2.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to the centralized Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.
- 2.11.2.2(3)(b) At start of shift, Staff will sign-in within this Sub-Component and receive their assignment/workload for the day.
- 2.11.2.2(3)(c) Staff may travel via Service Circulation to a same-level distributed Lounge - Staff for breaks.
- 2.11.2.2(3)(d) Dosimetry Staff will travel to CT and MRI Simulation Suites and Radiation Therapy Delivery Component via Service Circulation to consult with Staff and Patients within those areas.
- 2.11.2.2(3)(e) Radiation therapists in dosimetry working with treatment planning systems in collaboration with medical physicists as directed by a radiation oncologist will develop treatment plans for the delivery of radiation treatment.
- 2.11.2.2(3)(f) With adaptive radiation treatment it is expected that treatment plans will be amended or adjusted during the course of treatment.
- 2.11.2.2(3)(g) Once image datasets are loaded from the simulation process (these may come from more than one imaging technology) and the tumours are identified, radiation



therapists will develop a complex plan using specialized treatment planning systems.

- 2.11.2.2(3)(h) Treatment planning will be reviewed by a radiation oncologist prior to electronic transmission to the treatment unit. Additional QA performed by medical physicists and radiation therapists will be required before radiation treatment is delivered.
- 2.11.2.2(3)(i) Adaptative radiation treatment has become more available as the technology on the radiation treatment units continues to advance. This approach to treatment delivery will require additional treatment planning which will be done in Dosimetry Sub-Component or adjacent to the treatment units in Radiation Therapy Delivery Component.

2.11.2.2(4) Clinical Support Flow

- 2.11.2.2(4)(a) Pharmacy  
2.11.2.2.4.(a).1 N/A

- 2.11.2.2(4)(b) Medical Imaging  
2.11.2.2.4.(b).1 N/A

- 2.11.2.2(4)(c) Laboratory  
2.11.2.2.4.(c).1 N/A

- 2.11.2.2(4)(d) Interprofessional Team  
2.11.2.2.4.(d).1 N/A

2.11.2.2(5) Non-Clinical Support Flow

- 2.11.2.2(5)(a) Equipment  
2.11.2.2.5.(a).1 N/A

- 2.11.2.2(5)(b) Medical Devices  
2.11.2.2.5.(b).1 N/A

- 2.11.2.2(5)(c) Supplies (Materials Management)  
2.11.2.2.5.(c).1 As per Facility-wide flow.

- 2.11.2.2(5)(d) EVS (Housekeeping/Linen/Waste Management)  
2.11.2.2.5.(d).1 As per Facility-wide flow.

- 2.11.2.2(5)(e) Patient Food Services  
2.11.2.2.5.(e).1 N/A

- 2.11.2.2(5)(f) Biomedical Engineering  
2.11.2.2.5.(f).1 N/A
- 2.11.2.2(5)(g) FMO/AM  
2.11.2.2.5.(g).1 As per Facility-wide flow.
- 2.11.2.2(5)(h) Information Management  
2.11.2.2.5.(h).1 External Beam Treatment Planning Systems, Brachytherapy Treatment Planning System, ROIS and CST Cerner will be utilized.
- 2.11.2.2(5)(i) Security  
(i).1.1 As per Facility-wide flow.

2.11.2.3 COMPONENT DESIGN CRITERIA

2.11.2.3(1) External Adjacency Requirements Diagram

2.11.2.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

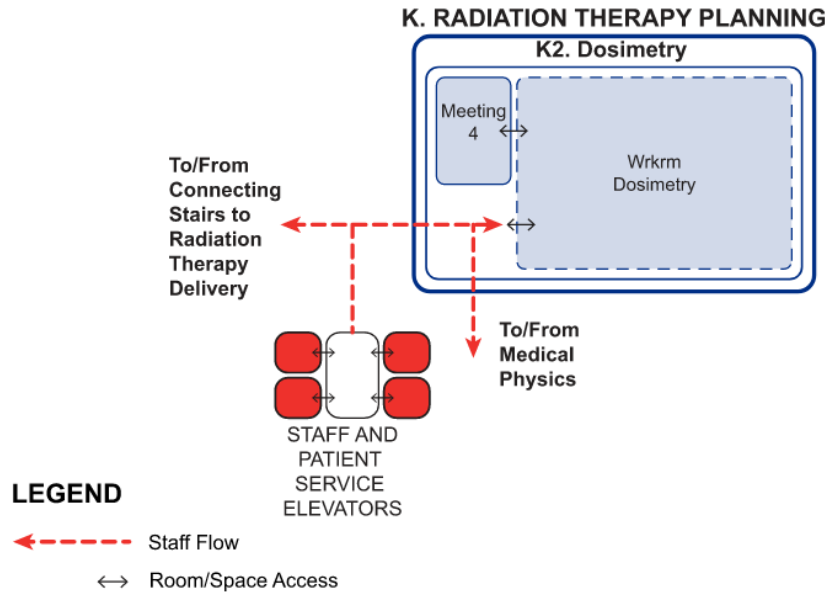


**LEGEND**

Convenient Access by Service Circulation

## 2.11.2.3(2) Internal Functional Relationships Diagram

2.11.2.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



## 2.11.2.3(3) General Requirements

2.11.2.3(3)(a) Dosimetry Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.11.2.3.3.(a).1 Same-Level Convenient Access via Service Circulation to Medical Physics for movement of Staff.
- 2.11.2.3.3.(a).2 Convenient Access via Service Circulation to Radiation Therapy Delivery for movement of Staff.
- 2.11.2.3.3.(a).3 Convenient Access via Service Circulation to CT and MRI Simulation Suites for movement of Staff.
- 2.11.2.3.3.(a).4 Convenient Access via Service Circulation to Perioperative Component for movement of Staff to support brachytherapy planning.
- 2.11.2.3.3.(a).5 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use Distributed Staff Lounges as well as centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.

- 2.11.2.3(3)(b) Dosimetry will be a Staff-only area and will be co-located with Medical Physics Sub-Component.
- 2.11.2.3(3)(c) Workroom - Dosimetry and Meeting Room - 4-Seat will be co-located and will have Direct Access from Staff-only internal corridor.
- 2.11.2.3(3)(d) Workroom - Dosimetry will include eleven (11) treatment planning workstations which will be used by radiation therapists who will consult with observers at their location. Workstations will also be used by medical physics and radiation therapy students.

## 2.11.3 K3. CT SIMULATION SUITE

## 2.11.3.1 SERVICE DESCRIPTION

- 2.11.3.1(1) CT Simulation Suite Sub-Component in Radiation Therapy Planning Component will accommodate Treatment Simulation used to acquire images and facilitate the treatment planning process required before radiation is delivered to the Patient. Simulation will involve the use of CT simulators programmed in this Sub-Component.
- 2.11.3.1(2) Patient population in this Sub-Component will be Patients for whom radiation therapy becomes the treatment of choice (alone or in conjunction with other treatment modalities) will be referred to Treatment Simulation and Imaging for treatment planning.
- 2.11.3.1(3) During the simulation, the radiation treatment setup will be simulated by positioning the Patient on the flat couch immobilized by specially designed devices. Imaging data will be acquired using CT simulator units and will be used to develop the radiation treatment plan in Dosimetry.
- 2.11.3.1(4) The following activities will be accommodated in this Sub-Component:
- 2.11.3.1(4)(a) Information gathered during simulation will be utilized by team members to develop treatment plans in Dosimetry Sub-Component. Some urgent or palliative treatment plans may be developed in CT Simulation Suite and Dosimetry Staff will not be required for these plans;
  - 2.11.3.1(4)(b) Some Patients will require further consultation, teaching, or examination prior to simulation. Thermoplastic devices or other immobilization devices will be fitted to Patients. Some Patients will have accessory devices manufactured in the simulation;
  - 2.11.3.1(4)(c) Some Patients may require IV contrast injection or oral contrast administration for their CT Simulation scan;
  - 2.11.3.1(4)(d) Activities in Control Room - CT - Simulation will include operation of the simulator, Patient monitoring, and treatment planning using workstations; and

2.11.3.1(4)(e) Palliative Patients may be planned in CT Simulation Suite prior to receiving their radiation following this appointment.

2.11.3.1(5) Service Exclusions

2.11.3.1(5)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

2.11.3.1.5.(a).1 Simulation may also involve the use of MRI simulators in MRI Simulation Suite Sub-Component and/or PETCT housed in Functional Imaging Component.

2.11.3.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

2.11.3.2(1) Patient Flow

2.11.3.2(1)(a) On arrival to the Facility for CT simulation, Patients will present at Reception - Cancer Centre in Public Spaces - CC Sub-Component for registration and screening.

2.11.3.2(1)(b) Patients will then travel via Public Circulation to Radiation Therapy Delivery Component and check in at Patient Check-In station. The registration clerk will document the Patient as arrived in EMR and review demographic and CareCard information to verify Patient's identity. Patients will wait in Waiting Area until Staff bring them into the Patient Care Area. Patients who are deemed infection control risk will be escorted to wait in an Exam Room in Radiation Treatment Support zone in Radiation Therapy Delivery Component until Staff bring them into CT Simulation Suite.

2.11.3.2(1)(c) If Patient requires preparation (e.g., IV insertion for contrast, physical assessment), Patient will be escorted to an Exam Room in Radiation Treatment Support zone in Radiation Therapy Delivery Component. Patient will be then escorted by Staff to CT Simulation Suite Sub-Component to either a Consult Room (e.g., review care plan, viewing of Patient education video, education) or to Waiting Area. Some Patient preparation (e.g., drinking water to achieve a full bladder) will be done in Waiting Area.

2.11.3.2(1)(d) Patient will be required to change into a gown in a Change Room and store their clothing in Alcove -

Lockers - Patient. When changed into a gown, Patient will wait in a small sub-Waiting Area closer to Imaging Room - CT - Simulation for gowned Patients (if an Imaging Room - CT - Simulation is not immediately available).

- 2.11.3.2(1)(e) Patients arriving on stretcher will be brought directly into Stretcher Bay - Holding in Radiation Treatment Support zone in Radiation Therapy Delivery Component upon arrival.
- 2.11.3.2(1)(f) Patients will be escorted into an Imaging Room - CT - Simulation for imaging. Some Patients will also have immobilization devices fitted/customized in Exam Room - Patient Fitting.
- 2.11.3.2(1)(g) If contrast is utilized, Patient will be escorted after imaging back to an Exam Room to remove IV and ensure Patient is stable (vital signs). Patients will be monitored for a thirty (30) minute period after IV contrast.
- 2.11.3.2(1)(h) When Patient's visit is complete, Patient will change back into street clothes in a Change Room, then will travel back to Radiation Therapy Delivery Patient Check-In station to book a return appointment (if necessary) before exiting the Facility via Public Circulation.
- 2.11.3.2(1)(i) Patients requiring emergency radiation therapy treatment may require after-hours access to CT Simulation Suite for radiation therapy treatment planning. These Patients will be escorted by BCC Staff to CT Simulation Suite.

#### 2.11.3.2(2) Family/Visitor Flow

- 2.11.3.2(2)(a) Family may wait in Waiting Area while Patients are in all other aspects of simulation and planning. On occasion a family member will accompany Patient when required. Family may accompany Patient in planning/education conversations in Consult Room.

#### 2.11.3.2(3) Staff Flow

- 2.11.3.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to the centralized Staff Facilities to access Locker Rooms to

change into work attire and store their personal belongings.

- 2.11.3.2(3)(b) At start of shift, Staff will sign-in within their applicable work area and receive their assignment/workload for the day.
- 2.11.3.2(3)(c) Staff may travel via Service Circulation to a same-level distributed Lounge - Staff for breaks.
- 2.11.3.2(3)(d) Simulation Staff will require Convenient Access via Service Circulation to travel between CT Simulation Suite, PET CT/SPECT Suite and MRI Simulation Suite.
- 2.11.3.2(3)(e) Once a Patient is received at Patient Check-In, care Staff will be alerted that Patient is in Waiting Area. Care Staff will escort Patient from Waiting Area to relevant Patient Care Area as per Patient needs.
- 2.11.3.2(3)(f) Nurses in Radiation Treatment Support zone in Radiation Therapy Delivery Component will be starting the IVs, maintaining them, and removing them after a thirty (30) minute post contrast observation. Nurses will clean and store IV Equipment.
- 2.11.3.2(3)(g) At the end of treatment and IV line removal (as needed), care Staff will confirm Patient is stable. After Patient leaves, Staff will wipe non-critical medical Equipment and high touch surfaces prior to next Patient. If Patient was treated on additional precautions, EVS will clean prior to next Patient.
- 2.11.3.2(3)(h) After-hours, BCC Staff's access to CT Simulation Suite will be required for planning emergency radiation therapy treatments.

#### 2.11.3.2(4) Clinical Support Flow

- 2.11.3.2(4)(a) Pharmacy
  - 2.11.3.2.4.(a).1 N/A
- 2.11.3.2(4)(b) Medical Imaging
  - 2.11.3.2.4.(b).1 N/A
- 2.11.3.2(4)(c) Laboratory
  - 2.11.3.2.4.(c).1 N/A
- 2.11.3.2(4)(d) Interprofessional Team



2.11.3.2.4.(d).1 As per facility-wide flow.

2.11.3.2(5) Non-Clinical Support Flow

2.11.3.2(5)(a) Equipment

2.11.3.2.5.(a).1 As per facility-wide flow.

2.11.3.2(5)(b) Medical Devices

2.11.3.2.5.(b).1 Soiled instruments will be pre-cleaned at point-of-use by Staff before taking them to Soiled Utility Room in Radiation Treatment Support zone in Radiation Therapy Delivery Component. MDR Staff will pick up soiled instruments from Soiled Utility Room on a regular schedule and transport to MDR Component for reprocessing.

2.11.3.2.5.(b).2 Clean and sterile instruments will be transported from MDR by MDR Staff via Service Circulation to Storage - Clean Supply within CT Simulation Suite Sub-Component.

2.11.3.2(5)(c) Supplies (Materials Management)

2.11.3.2.5.(c).1 Materials Management area supply attendants will monitor, order, and deliver some supplies to clean storage areas within CT Simulation Suite on a regular basis and as needed for special order items.

2.11.3.2(5)(d) EVS (Housekeeping/Linen/Waste Management)

2.11.3.2.5.(d).1 As per Facility-wide flow.

2.11.3.2(5)(e) Patient Food Services

2.11.3.2.5.(e).1 N/A

2.11.3.2(5)(f) Biomedical Engineering

2.11.3.2.5.(f).1 As per Facility-wide flow.

2.11.3.2(5)(g) FMO/AM

2.11.3.2.5.(g).1 As per Facility-wide flow.

2.11.3.2(5)(h) Information Management

2.11.3.2.5.(h).1 To mitigate the current state incomplete, inaccurate information, missing referrals, there will be an intelligent, error proof, standardized, fillable referral form (with mandatory information fields) available on BCC's website (healthcare/physician/physician portal).

Referral form will be geared towards the needs of each of the tumour sites.

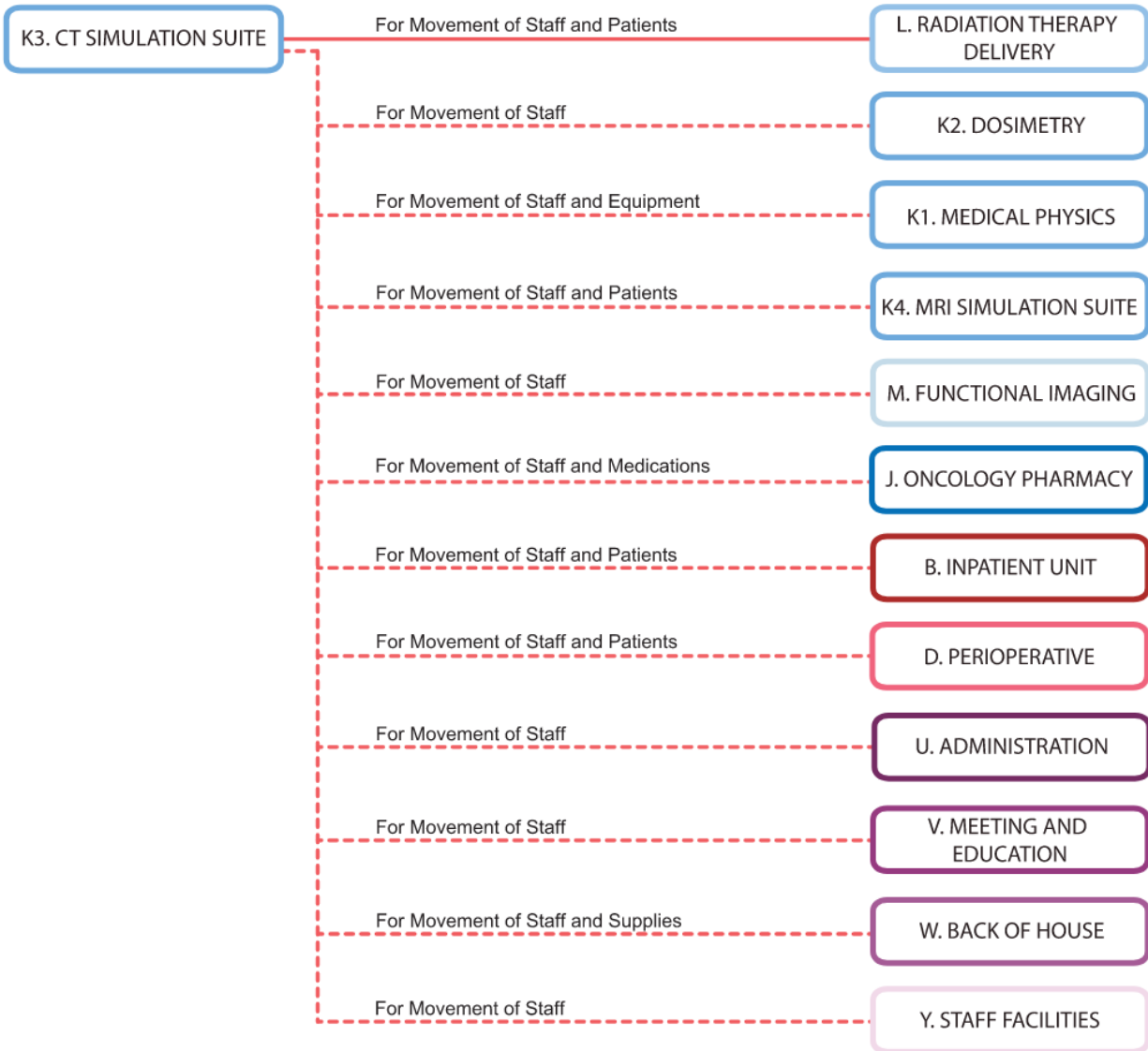
- 2.11.3.2.5.(h).2 The referring physician will also be able to upload all relevant Patient information, test results, etc. in the BCC's website healthcare/physician portal.
- 2.11.3.2.5.(h).3 CST Cerner is assumed to be the EMR system to be used. It will be able to receive the referral form which will be alerted to the new Patient referral clerks worklist.
- 2.11.3.2.5.(h).4 There will be available technology to enable visual conversations with interpreters.
- 2.11.3.2.5.(h).5 Radiation therapy Staff in CT Simulation Suite will require External Beam Treatment Planning Systems, Brachytherapy Treatment Planning System, ROIS.

- 2.11.3.2(5)(i) Security
  - (i).1.1 As per Facility-wide flow.

### 2.11.3.3 COMPONENT DESIGN CRITERIA

#### 2.11.3.3(1) External Adjacency Requirements Diagram

- 2.11.3.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



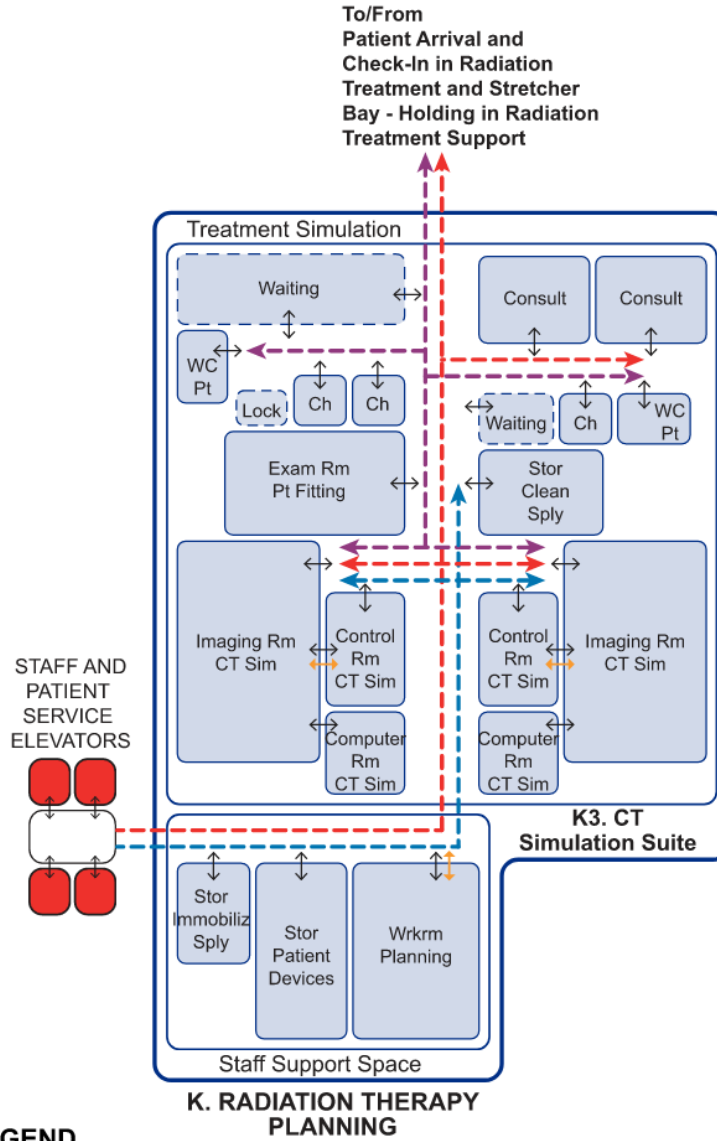
**LEGEND**

Direct Access by Service Circulation

Convenient Access by Service Circulation

2.11.3.3(2) Internal Functional Relationships Diagram

2.11.3.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



**LEGEND**

- ← - - - Patient Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ Interior Window

**2.11.3.3(3) General Requirements**

2.11.3.3(3)(a) CT Simulation Suite Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

2.11.3.3.3.(a).1 Direct Access via Service Circulation to Radiation Therapy Delivery Component

- (specifically Radiation Therapy Support zone) for movement of Staff and Patients.
- 2.11.3.3.3.(a).2 Convenient Access via Service Circulation to Medical Physics and Dosimetry for movement of Staff and Equipment.
  - 2.11.3.3.3.(a).3 Convenient Access via Service Circulation to MRI Simulation Suite and PET CT/SPECT Suite for movement of Staff.
  - 2.11.3.3.3.(a).4 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use Distributed Staff Lounges as well as centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.11.3.3(3)(b) Zones of activity within CT Simulation Suite Sub-Component will be grouped together and include the following:
- 2.11.3.3.3.(b).1 Treatment Simulation
  - 2.11.3.3.3.(b).2 Staff Support Space
- 2.11.3.3(3)(c) This Sub-Component will not be required to be co-located with other Sub-Components of Radiation Therapy Planning.
- 2.11.3.3(3)(d) This Sub-Component will be co-located and have Direct Access to Radiation Treatment Support zone and Convenient Access to Patient Arrival and Check-In zone in Radiation Therapy Delivery Component.
- 2.11.3.3(4) Treatment Simulation
- 2.11.3.3(4)(a) Treatment Simulation zone will have a Patient entry point from Radiation Therapy Delivery Component and a Staff entry point from Service Circulation outside the Sub-Component with Convenient Access to Staff and Patient Service Elevators.
  - 2.11.3.3(4)(b) Waiting Area will be located adjacent to Patient entry point to Treatment Simulation and will include ten (10) standard seats, one (1) bariatric seat and one (1) wheelchair space. The seating will be distributed in groups of two (2) to six (6).
  - 2.11.3.3(4)(c) Waiting Area will be divided, with visual separation, to allow for a small gowned sub-Waiting Area for Patients

- with Convenient Access to Imaging Room - CT - Simulation.
- 2.11.3.3(4)(d) Three (3) Change Rooms with an adjacent Alcove - Clean Linen and Alcove - Lockers - Patient will have Convenient Access to Waiting Area.
- 2.11.3.3(4)(e) Two (2) Consult Room and two (2) Washroom - Patient will have Direct Access from internal corridor and Convenient Access from CT Simulation Suite Patient entry point.
- 2.11.3.3(4)(f) Exam Room - Patient Fitting, Imaging Room - CT - Simulation, Control Room - CT - Simulation, Computer Room - CT - Simulation and Storage - Clean Supply will be grouped in a secure area with Direct Access to Treatment Simulation Front-of-House areas and Staff-only entry point through internal circulation.
- 2.11.3.3(4)(g) Exam Room - Patient Fitting will include one (1) workstation, couch (similar to the one in Imaging Room - CT - Simulation) with 4-sided access to Patient and lasers to facilitate Patient setup with 'Laser In Use' sign.
- 2.11.3.3(4)(h) Vendor Equipment specifications will be consulted in design of Imaging Room - CT - Simulation and adjacent supporting spaces.
- 2.11.3.3(4)(i) Control Room - CT - Simulation and Computer Room - CT - Simulation will be located adjacent to Imaging Room - CT - Simulation.
- 2.11.3.3(4)(j) Design will provide Direct Access from Control Room - CT - Simulation into Imaging Room - CT - Simulation for Staff. Imaging Room - CT - Simulation will also have Direct Access from internal corridor for Patients.
- 2.11.3.3(4)(k) Door access to Imaging Room - CT - Simulation from internal corridor will allow for machine delivery and provide stretcher access.
- 2.11.3.3(4)(l) Proportions and layout of Imaging Room - CT - Simulation will accommodate stretcher traffic between extended couch and control room wall.

- 2.11.3.3(4)(m) Imaging Room - CT - Simulation ceiling will be configured to allow for an intravenous contrast injector device.
  - 2.11.3.3(4)(n) A hand hygiene sink will be mounted on the wall inside Imaging Room - CT - Simulation adjacent to the door from corridor. Location of hand hygiene sink will not affect circulation into and within the room.
  - 2.11.3.3(4)(o) Control Room - CT - Simulation will also have Direct Access to internal corridor for Staff.
  - 2.11.3.3(4)(p) There will be unobstructed Line of Sight from Staff sitting in Control Room - CT - Simulation to Patient in Imaging Room - CT - Simulation through a lead glass interior window.
  - 2.11.3.3(4)(q) Clinical Observation Camera System will be mounted in Imaging Room - CT - Simulation to allow monitoring Patient and Equipment during imaging from Control Room - CT - Simulation. This system will include any additional cameras necessary to ensure visualization of Patient, especially their face and hands.
  - 2.11.3.3(4)(r) Two-way audio intercom will be provided between Staff in Control Room - CT - Simulation and Patient in Imaging Room - CT - Simulation.
- 2.11.3.3(5) Staff Support Space
- 2.11.3.3(5)(a) Staff Support Space zone will have Direct Access to Treatment Simulation zone through a Staff-only internal corridor and will have Convenient Access from Staff entry point from Service Circulation outside the Sub-Component.
  - 2.11.3.3(5)(b) Workroom - Planning in this zone will be an enclosed team consultation and palliative planning area including ten (10) drop down workstations (5 per each Imaging Room - CT - Simulation) and will provide a quiet environment separate from Treatment Simulation zone.
  - 2.11.3.3(5)(c) Workroom - Planning will have Line of Sight to internal corridor within the Sub-Component.

- 2.11.3.3(5)(d) Storage - Immobilization Supplies will include appropriate shelving to store supplies used to create immobilization devices.
- 2.11.3.3(5)(e) Storage - Patient Devices will include appropriate shelving for heavy items (e.g., breast boards, Cerrobend shielding products), radiation therapy devices (e.g., chest, head and neck shells) and medical vacuum cushions.
- 2.11.3.3(5)(f) Alcove - Eyewash Station will have Convenient Access to Exam Room - Patient Fitting.



## 2.11.4 K4. MRI SIMULATION SUITE

## 2.11.4.1 SERVICE DESCRIPTION

- 2.11.4.1(1) MRI Simulation Suite Sub-Component in Radiation Therapy Planning Component will accommodate treatment simulation used to acquire images and facilitate the treatment planning process required before radiation is delivered to the Patient. Simulation will involve the use of MRI simulators programmed in this Sub-Component.
- 2.11.4.1(2) Patient population in this Sub-Component will be Patients for whom radiation therapy becomes the treatment of choice (alone or in conjunction with other treatment modalities) and will be referred to Treatment Simulation and Imaging for treatment planning. This Sub-Component will also accommodate brachytherapy Patients.
- 2.11.4.1(3) During simulation, radiation treatment setup will be simulated by positioning the Patient on the flat couch immobilized by specially designed MR safe devices. Images acquired from the MR unit will be used to develop the radiation treatment plan in Dosimetry.
- 2.11.4.1(4) The following activities will be accommodated in this Sub-Component:
- 2.11.4.1(4)(a) Information gathered during simulation will be utilized by team members to develop treatment plans in Dosimetry area;
  - 2.11.4.1(4)(b) Some Patients will require further consultation, teaching, or examination prior to simulation. Stretcher Bay - Patient Prep will also be used to prepare Patients for injections or administration of contrast media;
  - 2.11.4.1(4)(c) Activities in Control Room - MRI - Simulation will include operation of the simulator, Patient monitoring, and treatment planning using workstations;
  - 2.11.4.1(4)(d) Palliative Patients may be planned in MRI Simulation Suite prior to receiving their radiation following this appointment; and
  - 2.11.4.1(4)(e) MRI Simulation will be conducted during some brachytherapy procedures to ensure accurate placement of applicators.

## 2.11.4.1(5) Service Exclusions

2.11.4.1(5)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

2.11.4.1.5.(a).1 Simulation may also involve the use of CT simulators in CT Simulation Suite Sub-Component and/or PET CT/SPECT Suite in Functional Imaging Component.

## 2.11.4.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

## 2.11.4.2(1) Patient Flow

2.11.4.2(1)(a) On arrival to the Facility for MRI simulation, Patients will present at Reception - Cancer Centre in Public Spaces - CC Sub-Component for registration and screening.

2.11.4.2(1)(b) Patients will then travel via Public Circulation to Radiation Therapy Delivery Component and check in at Patient Check-In station. The registration clerk will document Patient as arrived in EMR and review demographic and CareCard information to verify Patient's identity. Patients will wait in Waiting Area until Staff bring them to the appropriate Patient Care Area.

2.11.4.2(1)(c) Patients will be escorted either directly into Radiation Treatment Support zone in Radiation Therapy Delivery Component to a Consult Room (e.g., review care plan, education) or to MRI Simulation Suite Sub-Component via Service Circulation from Waiting Area. For Patients requiring infection control isolation, they will be escorted to wait in an Exam Room or Consult Room in Radiation Treatment Support zone in Radiation Therapy Delivery Component, then escorted to Imaging Room - MRI - Simulation by Staff.

2.11.4.2(1)(d) In MRI Simulation Suite, Patients will be required to change into a gown in a Change Room and store their clothing in Alcove - Lockers - Patient.

2.11.4.2(1)(e) Patients arriving on stretcher will be brought directly into Stretcher Bay - Holding upon arrival.

2.11.4.2(1)(f) Patients will be screened and prepared for imaging as per protocol, then escorted into Imaging Room - MRI -

Simulation for imaging. Some Patient preparation will occur within Stretcher Bay - Patient Prep.

2.11.4.2(1)(g) When Patient's visit is complete, Patient will change back into street clothes in a Change Room, then will travel back to Radiation Therapy Delivery Patient Check-In station via Public Circulation to book a return appointment (if necessary) before exiting the Facility. If IV contrast is used, Patients will be escorted back to an Exam Room within Radiation Treatment Support zone in Radiation Therapy Delivery Component via Service Circulation for an observation period of thirty (30) minutes after the MRI scan.

2.11.4.2(2) Family/Visitor Flow

2.11.4.2(2)(a) Family may wait in Waiting Area while Patients are in all other aspects of simulation and planning. On occasion a family member will accompany Patient when required. Family may accompany Patient in planning/education conversations in Consult Room.

2.11.4.2(3) Staff Flow

2.11.4.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to the centralized Staff Facilities to access Locker Rooms to change into work attire and store their personal belongings.

2.11.4.2(3)(b) At start of shift, Staff will sign-in within their applicable work area and receive their assignment/workload for the day.

2.11.4.2(3)(c) Staff may travel via Service Circulation to a same-level distributed Lounge - Staff for breaks.

2.11.4.2(3)(d) Simulation Staff will require Convenient Access via Service Circulation to travel between CT Simulation Suite and MRI Simulation Suite.

2.11.4.2(3)(e) Once a Patient is received at Patient Check-In, care Staff will be alerted that the Patient is in Waiting Area. Care Staff will escort Patient from Waiting Area to relevant Patient Care Area as per Patient needs.

2.11.4.2(3)(f) At the end of treatment, care Staff will remove IV line (if needed) and confirm Patient is stable. After Patient leaves, Staff will wipe non-critical medical Equipment and high touch surfaces prior to next Patient. If Patient was treated on additional precautions, EVS will clean prior to next Patient.

2.11.4.2(4) Clinical Support Flow

2.11.4.2(4)(a) Pharmacy

2.11.4.2.4.(a).1 N/A

2.11.4.2(4)(b) Medical Imaging

2.11.4.2.4.(b).1 N/A

2.11.4.2(4)(c) Laboratory

2.11.4.2.4.(c).1 N/A

2.11.4.2(4)(d) Interprofessional Team

2.11.4.2.4.(d).1 N/A

2.11.4.2(5) Non-Clinical Support Flow

2.11.4.2(5)(a) Equipment

2.11.4.2.5.(a).1 MRI scanners will be used to acquire Patient images used in radiation treatment planning, as part of Patient setup for radiation delivery. Immobilization devices may be required and will be fabricated using specialized materials and tools within the suite. Clinical Observation Camera System may be used to monitor Patients, injector system may be required for contrast delivery to Patient.

2.11.4.2(5)(b) Medical Devices

2.11.4.2.5.(b).1 As per Facility-wide flow.

2.11.4.2.5.(b).2 Soiled Instruments will be pre-cleaned at point-of-use by Staff before taking them to the floor's central Soiled Holding room. MDR Staff will pick up soiled instruments from Soiled Holding room on a regular schedule and transport to MDR Component for reprocessing.

2.11.4.2.5.(b).3 Clean and Sterile Instruments will be transported from MDR by MDR Staff via Service Circulation to Storage - Clean Supply within MRI Simulation Suite Sub-Component.

- 2.11.4.2(5)(c) Supplies (Materials Management)
  - 2.11.4.2.5.(c).1 As per Facility-wide flow.
  - 2.11.4.2.5.(c).2 Materials Management area supply attendants will monitor, order, and deliver some supplies to clean storage areas within MRI Simulation Suite on a regular basis and as needed for special order items.
- 2.11.4.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
  - 2.11.4.2.5.(d).1 As per Facility-wide flow.
- 2.11.4.2(5)(e) Patient Food Services
  - 2.11.4.2.5.(e).1 N/A
- 2.11.4.2(5)(f) Biomedical Engineering
  - 2.11.4.2.5.(f).1 As per Facility-wide flow.
- 2.11.4.2(5)(g) FMO/AM
  - 2.11.4.2.5.(g).1 As per Facility-wide flow.
- 2.11.4.2(5)(h) Information Management
  - 2.11.4.2.5.(h).1 Radiation Oncology Information System, CST Cerner will be utilized.
- 2.11.4.2(5)(i) Security
  - 2.11.4.2.5.(i).1 As per Facility-wide flow.

#### 2.11.4.3 COMPONENT DESIGN CRITERIA

- 2.11.4.3(1) External Adjacency Requirements Diagram
  - 2.11.4.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



**LEGEND**

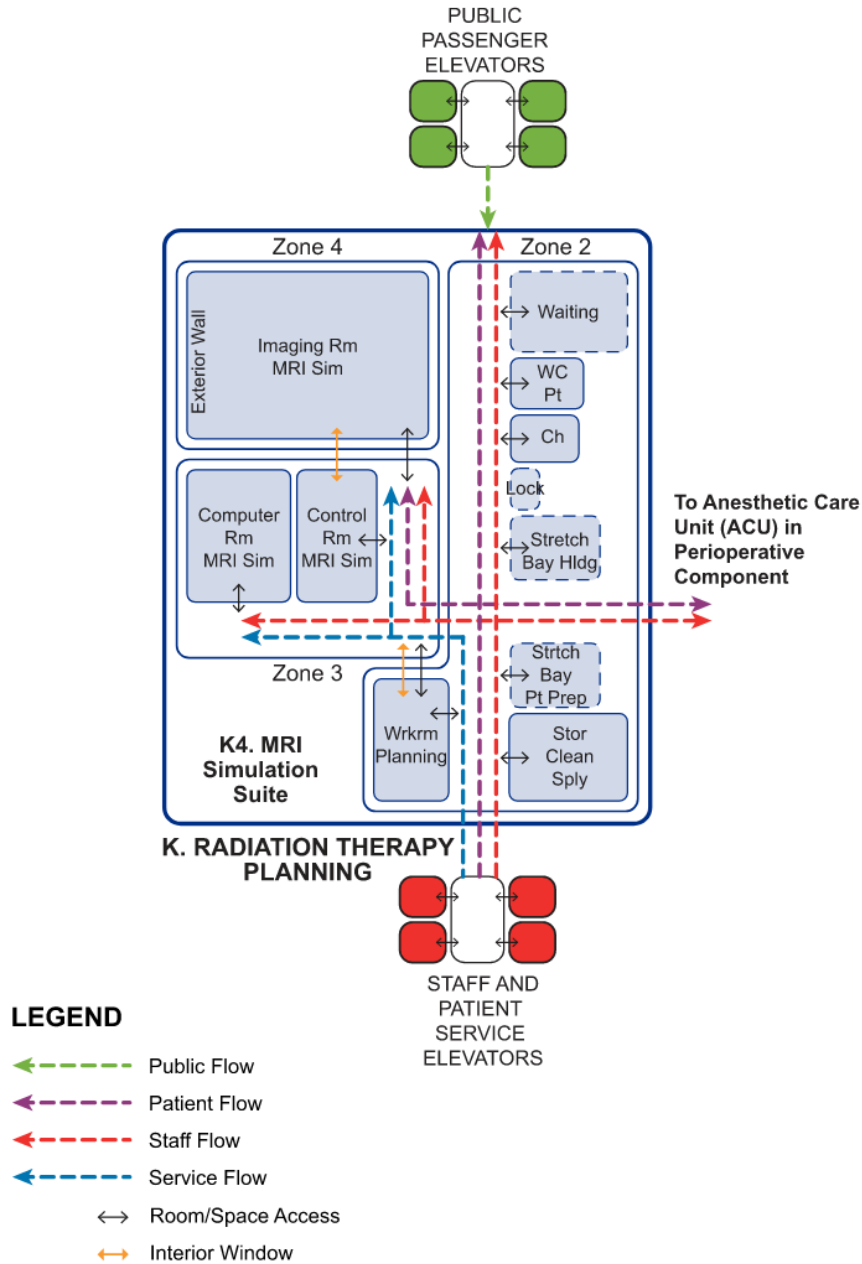
Convenient Access by Public Circulation

Direct Access by Service Circulation

Convenient Access by Service Circulation

2.11.4.3(2) Internal Functional Relationships Diagram

2.11.4.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



2.11.4.3(3) General Requirements

2.11.4.3(3)(a) MRI Simulation Suite Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.11.4.3.3.(a).1 Convenient Access via internal circulation to Anesthetic Care Unit (ACU) within Perioperative for movement of brachytherapy Staff and Patients from Stretcher Bay - ACU to MRI Zone 2 spaces.

- 2.11.4.3.3.(a).2 Convenient Access via Public Circulation and Service Circulation to Radiation Therapy Delivery (specifically Radiation Therapy Support zone for isolation Patients, IV insertion and post IV contrast monitoring) for movement of Staff and Patients.
  - 2.11.4.3.3.(a).3 Convenient Access via Service Circulation to Medical Physics and Dosimetry for movement of Staff and Equipment.
  - 2.11.4.3.3.(a).4 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use Distributed Staff Lounges as well as centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.11.4.3(3)(b) This Sub-Component will not be required to be co-located with other Sub-Components of Radiation Therapy Planning.
- 2.11.4.3(3)(c) This Sub-Component will be co-located and have secure Convenient Access via internal circulation to Anesthetic Care Unit (ACU) within Perioperative Component. It will also have Convenient Access to Public Passenger Elevators through a Patient entry point and to Staff and Patient Service Elevators through a Staff entry point.
- 2.11.4.3(3)(d) Only pre-screened Staff and Patients will have access to MRI Simulation Suite. All Patients and Staff will be required to adhere to the safety zones based on College of Physicians and Surgeons of BC Diagnostic Accreditation Program guidelines.
- 2.11.4.3(3)(e) Access to MRI Simulation Suite will be restricted by establishing the following four (4) zones around MRI simulator:
- 2.11.4.3.3.(e).1 Zone 1: This zone will include all areas that will be freely accessible to the general public. Zone 1 will be outside MRI Simulation Suite, and Patients and Staff will access MRI Simulation Suite through this zone. All three (3) entry points to MRI Simulation Suite from Perioperative Component and Public and Service Circulation outside the Sub-Component will be between Zone 1 and Zone 2.



- 2.11.4.3.3.(e).2 Zone 2: This zone will be the interface between the publicly accessible uncontrolled Zone 1 and the strictly controlled Zone 3 and Zone 4. MRI screening, confidential medical history, and appropriate Patient gowning/preparation will take place in Zone 2. Once successfully changed and screened, Patients will be moved directly to Zone 4 through Zone 3. For Patient safety considerations, access to Zone 3 from Zone 2 will be restricted and controlled by MRI Simulation Suite Staff. Zone 2 will include Waiting Area, Change Room, Alcove - Clean Linen, Alcove - Lockers - Patient, Stretcher Bay - Holding, Stretcher Bay - Patient Prep, Washroom - Patient, Workroom - Planning and Storage - Clean Supply.
- 2.11.4.3.3.(e).3 Zone 3: Access by Patients and non-MRI Simulation Suite Staff to this secure zone and supervision over Zone 3 (and Zone 4) will be controlled by MRI Simulation Suite Staff at all times. Patients will enter Zone 4 from this zone. Zone 3 will include Control Room - MRI - Simulation and Computer Room - MRI - Simulation.
- 2.11.4.3.3.(e).4 Zone 4: This secure zone will contain Imaging Room - MRI - Simulation. Only screened Patients and technologists will enter Zone 4 from Zone 3.
- 2.11.4.3(3)(f) MRI Simulation Suite will be placed on or near an exterior wall for ease of replacement of Equipment.
- 2.11.4.3(3)(g) All devices and Equipment in MRI Simulation Suite will be MR compatible/safe.
- 2.11.4.3(3)(h) Waiting Area will have Convenient Access to Patient entry point to Zone 2 and will include three (3) standard seats, one (1) bariatric seat and one (1) wheelchair space.
- 2.11.4.3(3)(i) One (1) Change Room with an adjacent Alcove - Clean Linen and Alcove - Lockers - Patient will have Convenient Access to Waiting Area.

- 2.11.4.3(3)(j) Stretcher Bay - Holding and Washroom - Patient will be co-located with Waiting Area in Zone 2 and will have Direct Access from internal corridor.
- 2.11.4.3(3)(k) Vendor Equipment specifications will be consulted in design of Imaging Room - MRI - Simulation and adjacent supporting spaces.
- 2.11.4.3(3)(l) Control Room - MRI - Simulation will be located adjacent to Imaging Room - MRI - Simulation and will have Direct Access from internal corridor within Zone 3.
- 2.11.4.3(3)(m) Technologists seated in control room will have unobstructed Line of Sight to the bore of the magnet through a RF shielded interior window. Staff at Control Room - MRI - Simulation will also have Line of Sight to every door between Zone 2 and Zone 3 as well as the approach to Imaging Room - MRI - Simulation door. Observation cameras will be installed to allow monitoring of Zone 2 by Staff in Control Room - MRI - Simulation.
- 2.11.4.3(3)(n) Computer Room - MRI - Simulation will be located adjacent to Imaging Room - MRI - Simulation and will have Direct Access from internal corridor within Zone 3.
- 2.11.4.3(3)(o) Imaging Room - MRI - Simulation will have Direct Access to internal corridor within Zone 3. Imaging Room - MRI - Simulation doors will swing out into the corridor for safety purposes. A skylight feature on ceiling of these rooms will provide a visual distraction for the Patient.
- 2.11.4.3(3)(p) Door access to Imaging Room - MRI - Simulation from internal corridor will allow for machine delivery and provide stretcher access.
- 2.11.4.3(3)(q) Proportions and layout of Imaging Room - MRI - Simulation will accommodate stretcher traffic between MRI table and control room wall.
- 2.11.4.3(3)(r) Imaging Room - MRI - Simulation ceiling will be configured to allow for a Patient injector device.
- 2.11.4.3(3)(s) A hand hygiene sink will be mounted on the wall outside Imaging Room - MRI - Simulation adjacent to the door from corridor. Location of hand hygiene sink will not affect circulation into the room.

- 2.11.4.3(3)(t) Clinical Observation Camera System will be mounted in Imaging Room - MRI - Simulation to allow monitoring Patient and Equipment during imaging from control room. This system will include any additional cameras necessary to ensure visualization of Patient, especially their face and hands.
- 2.11.4.3(3)(u) A two-way audio intercom between Staff in Control Room - MRI - Simulation and Patient on MRI table in Imaging Room - MRI - Simulation will be provided.
- 2.11.4.3(3)(v) One (1) Stretcher Bay - Patient Prep will be located in Zone 2 for preparing and transferring Patients to mobile MRI table.
- 2.11.4.3(3)(w) Workroom - Planning in Zone 2 will include three (3) drop down workstations and will provide a quiet environment. This Workroom will have Direct Access to Zone 2 internal corridor and secure Direct Access to Zone 3 internal corridor and will also have Line of Sight to Zone 3 internal corridor and Imaging Room - MRI - Simulation access point.

## 2.11.5 SCHEDULE OF ACCOMMODATIONS

2.11.5.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Radiation Therapy Planning**

<b>K. RADIATION THERAPY PLANNING</b>	
K1. MEDICAL PHYSICS	484.7
K2. DOSIMETRY	76.0
K3. CT SIMULATION SUITE	284.7
K4. MRI SIMULATION SUITE	145.0
<b>RADIATION THERAPY PLANNING PROGRAMMED SPACE NSM:</b>	<b>990.4</b>

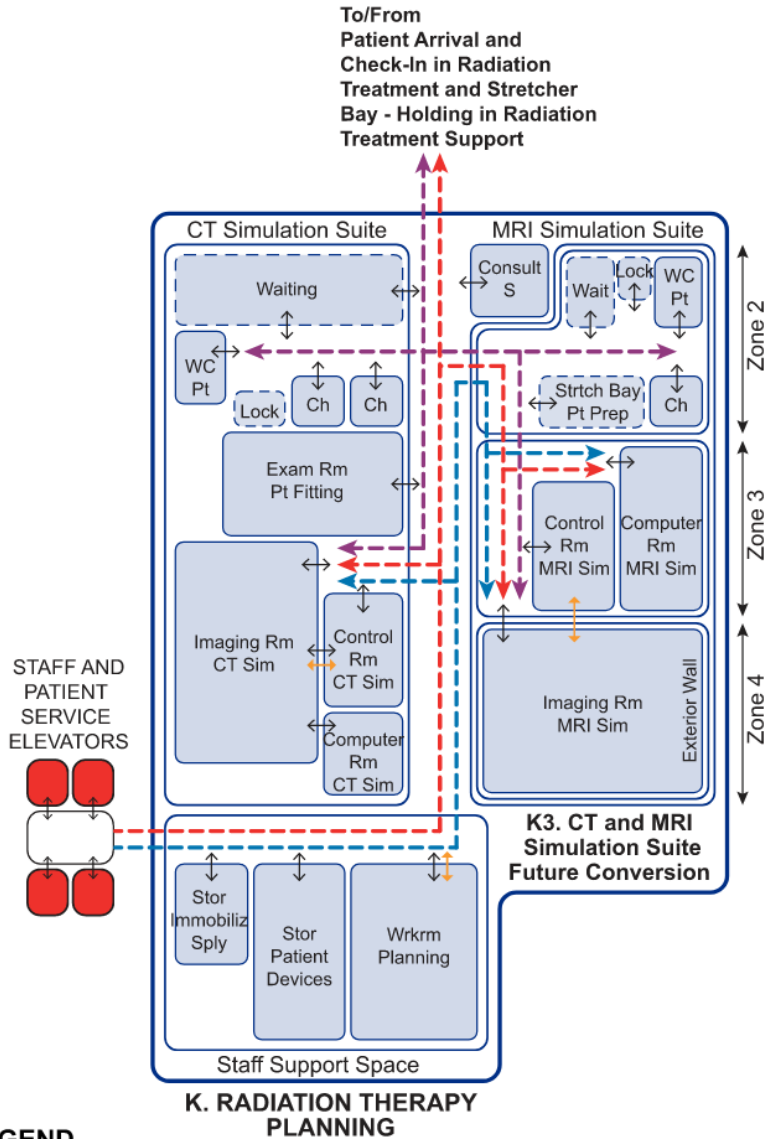
Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>K. RADIATION THERAPY PLANNING</b>					
<b>K1. MEDICAL PHYSICS</b>					
	<b>Work Area</b>				
K1.01	Workroom - Physics Lab	1	35.0	35.0	
K1.02	Workroom - Research/Development Lab	1	23.0	23.0	For setup of research projects.
K1.03	Workroom - Physics Computer Technologist	1	14.2	14.2	
K1.04	Electronics Shop - RT System Technologists	1	42.0	42.0	For RT system technologists.
K1.05	Machine Shop	1	158.6	158.6	
K1.14	Not Used	0	0.0	0.0	
K1.15	Business Work Area - 3D Printers	1	6.0	6.0	For 3D printing.
K1.06	Washroom - Staff - Non-Acc	3	3.5	10.5	
	<b>Staff Support Space</b>				
K1.07	Office - Private	11	9.0	99.0	For professional practice lead, physicists.
K1.08	Workroom - Physics Assistants	1	18.4	18.4	
K1.09	Workroom - Physics Students	1	18.4	18.4	
K1.11	Workstation	1	4.6	4.6	
K1.12	Meeting Room - 20-Seat	1	50.0	50.0	
K1.13	Washroom - Staff	1	5.0	5.0	
<b>SUBTOTAL NSM: MEDICAL PHYSICS</b>				<b>484.7</b>	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>K2. DOSIMETRY</b>					
K2.01	Workroom - Dosimetry	1	66.0	66.0	
K2.02	Meeting Room - 4-Seat	1	10.0	10.0	
<b>SUBTOTAL NSM: DOSIMETRY</b>				<b>76.0</b>	
<b>K3. CT SIMULATION SUITE</b>					
<b>Treatment Simulation</b>					
K3.01	Waiting Area	1	24.0	24.0	
K3.02	Change Room	3	3.5	10.5	
K3.03	Alcove - Lockers - Patient	1	2.2	2.2	
K3.04	Alcove - Clean Linen	1	2.0	2.0	
K3.05	Washroom - Patient	2	5.0	10.0	
K3.06	Consult Room	2	12.0	24.0	
K3.07	Exam Room - Patient Fitting	1	23.0	23.0	For customization of immobilization devices for radiation therapy use.
K3.08	Imaging Room - CT - Simulation	2	40.0	80.0	
K3.09	Control Room - CT - Simulation	2	11.0	22.0	
K3.10	Computer Room - CT - Simulation	2	8.0	16.0	
K3.14	Storage - Clean Supply	1	13.0	13.0	
<b>Staff Support Space</b>					
K3.11	Workroom - Planning	1	28.0	28.0	For team consultation, palliative planning.
K3.12	Storage - Immobilization Supplies	1	9.0	9.0	
K3.13	Storage - Patient Devices	1	20.0	20.0	
K3.15	Alcove - Eyewash Station	1	1.0	1.0	
<b>SUBTOTAL NSM: CT SIMULATION SUITE</b>				<b>284.7</b>	
<b>K4. MRI SIMULATION SUITE</b>					
<b>Zone 2</b>					
K4.01	Waiting Area	1	11.5	11.5	
K4.02	Stretcher Bay - Holding	1	7.5	7.5	
K4.03	Change Room	1	3.5	3.5	
K4.04	Alcove - Lockers - Patient	1	1.5	1.5	
K4.05	Alcove - Clean Linen	1	2.0	2.0	
K4.06	Washroom - Patient	1	5.0	5.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
K4.07	Stretcher Bay - Patient Prep	1	7.5	7.5	
K4.10	Storage - Clean Supply	1	13.0	13.0	
K4.11	Workroom - Planning	1	12.0	12.0	For team consultation, palliative planning.
<b>Zone 3</b>					
K4.08	Control Room - MRI - Simulation	1	14.0	14.0	
K4.09	Computer Room - MRI - Simulation	1	17.5	17.5	
<b>Zone 4</b>					
K4.12	Imaging Room - MRI - Simulation	1	50.0	50.0	
<b>SUBTOTAL NSM: MRI SIMULATION SUITE</b>				<b>145.0</b>	
<b>TOTAL NSM: RADIATION THERAPY PLANNING</b>				<b>990.4</b>	

## 2.11.6 FUTURE CONVERSION

- 2.11.6.1 Location and Design of CT Simulation Suite Sub-Component will allow for future conversion of one (1) CT simulator to one (1) MRI simulator with minimal disruption to operations of the Sub-Component and adjacent areas. This planning will include the anticipated route to exchange large Equipment in the future.
- 2.11.6.2 Treatment Simulation zone in CT Simulation Suite on opening day state will become two (2) separate CT Simulation Suite and MRI Simulation Suite zones in CT and MRI Simulation Suite in future state. Staff Support Space zone will remain unchanged.
- 2.11.6.3 Future conversion of CT Simulation Suite to CT and MRI Simulation Suite will maintain all entry points to the Sub-Component. One (1) CT simulator with all associated support spaces as well as Staff Support Space zone will remain fully operational and accessible during this conversion.
- 2.11.6.4 Future MRI Simulation Suite entry point will have Convenient Access to Sub-Component Patient entry point from Radiation Therapy Delivery Component. Patients in MRI Simulation Suite will be able to utilize Patient waiting and changing facilities in the adjacent CT Simulation Suite before entering their space.
- 2.11.6.5 Only pre-screened Staff and Patients will have access to MRI Simulation Suite in future state. All Patients and Staff will be required to adhere to the safety zones based on College of Physicians and Surgeons of BC Diagnostic Accreditation Program guidelines. Access to MRI Simulation Suite will be restricted by establishing four (4) zones around MRI simulator. These safety zones are indicated in Internal Functional Relationships Diagram and Schedule of Accommodations below.
- 2.11.6.6 Future Conversion Internal Functional Relationships Diagram
- 2.11.6.6(1) The following diagram indicates internal functional relationships within this Sub-Component in future state (CT and MRI Simulation Suite).



2.11.6.7 Future Conversion Schedule of Accommodations

2.11.6.7(1) The following table lists the number of spaces and Net Areas as minimum requirements and provides a line-by-line comparison between opening day state and future state for spaces that will be modified or converted to allow for future conversion of CT Simulation Suite to CT and MRI Simulation Suite.





OPENING DAY STATE				
Ref. No.	Room Type	Area Requirements		
		units	nsm/unit	nsm
K3.12	Storage - Immobilization Supplies	1	9.0	9.0
K3.13	Storage - Patient Devices	1	20.0	20.0
K3.15	Alcove - Eye wash Station	1	1.0	1.0
<b>SUBTOTAL NSM: CT SIMULATION SUITE</b>				<b>284.7</b>

FUTURE STATE				
Ref. No.	Room Type	Area Requirements		
		units	nsm/unit	nsm
K3.12	Storage - Immobilization Supplies	1	9.0	9.0
K3.13	Storage - Patient Devices	1	20.0	20.0
K3.15	Alcove - Eyewash Station	1	1.0	1.0
<b>SUBTOTAL NSM: CT AND MRI SIMULATION SUITE</b>				<b>284.7</b>

## 2.12 L. RADIATION THERAPY DELIVERY

### 2.12.1 SERVICE DESCRIPTION

- 2.12.1.1 Radiation Therapy Delivery Component will accommodate Radiation Treatment and Radiation Treatment Support areas.
- 2.12.1.2 Radiation therapists will provide radiation treatment to Patients using a variety of radiation producing treatment machines situated in specially designed shielded treatment rooms. Radiation treatment will take place after the required simulations, immobilization device manufacturing and dosimetry is complete.
- 2.12.1.3 Radiation Treatment Support zone will provide multidisciplinary assessment of Patients on active treatment. This area will also provide space for wound care, administration of medications prior to treatment, assessment of Patient's status, and help with transfers, etc. Side effect management or counselling will also be provided within this space.
- 2.12.1.4 Patient population in this Component will be ambulatory Patients, the NSHBCCC inpatients arriving by stretcher and Patients transferred from other hospitals. Radiation Treatment Support zone will include stretcher bays with nursing monitoring for transfer Patients or Patients that become ill during care.
- 2.12.1.5 The following activities will be accommodated in this Component:
  - 2.12.1.5(1) All treatment delivery activity will occur after treatment planning;
  - 2.12.1.5(2) Stretcher Bay - Holding will provide area for supportive therapies, light sedation, waiting for some Patients on concurrent systemic therapy, inpatients waiting for porters and Patients waiting for transport back to other hospitals or facilities;
  - 2.12.1.5(3) Radiation treatment will be delivered in a custom designed, fully shielded treatment room, accessed by a maze entry system. Radiation treatment rooms will be shielded and equipped with radiation safety devices as per CNSC regulations;
  - 2.12.1.5(4) Patient education will be provided in Consult Room;
  - 2.12.1.5(5) A variety of QA activities using computer and other systems will occur in control rooms and treatment bunkers;
  - 2.12.1.5(6) Radiation Treatment Support team will include radiation oncologists, medical physicists, residents/fellows and medical students, radiation therapists, radiation therapy students,

nurses, supportive care, and clerical Staff. All Patients receiving radiation treatment will be reviewed at least once a week by a member of the health care team;

2.12.1.5(7) While receiving radiation treatment, some Patients will require additional visits for wound or side effect management, counselling or other interventions. These visits will occur in Radiation Treatment Support Exam Rooms and typically will not be scheduled. There will also be some additional visits for side effect management or nursing follow-up with Patients that may be pre-scheduled

2.12.1.5(8) Patients will be reviewed during physician-specific clinic times either before or after their scheduled radiation treatment appointment.

2.12.1.5(9) Clinical Trials Staff will interview some Patients in Radiation Treatment Support or OACU Consult Rooms.

#### 2.12.1.6 Service Exclusions

2.12.1.6(1) N/A

### 2.12.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

#### 2.12.2.1 Patient Flow

2.12.2.1(1) For a Patient's first radiation treatment, upon arrival at the Facility, Patient will present at Reception - Cancer Centre in Public Spaces - CC Sub-Component for registration and screening.

2.12.2.1(2) Patients will then travel via Public Circulation to Radiation Therapy Delivery Component and check in at Patient Check-In station. Registration clerk will document Patient as arrived in EMR and review demographic and CareCard information to verify Patient's identity. Patients will wait in Waiting Area until Staff bring them into the Patient Care Area. Patients requiring infection control isolation will be escorted to wait in a Consult Room, Exam Room or Exam/Treatment Room - AIR (if airborne precaution is required) in Radiation Therapy Support zone in Radiation Therapy Delivery Component.

2.12.2.1(3) BCCC ambulatory Patients that return for repeat radiation treatment appointments will check in at Reception - Cancer Centre in Public Spaces - CC Sub-Component and proceed directly to the appropriate Radiation Treatment zone Patient

Change Room and Waiting Area - Gowned for their scheduled treatment appointment.

- 2.12.2.1(4) Some Patients may receive radiation treatment or combined chemotherapy/radiation, requiring transport between the Facility Components via Service Circulation. Patients may also self-navigate between Components via Public Circulation. Patients arriving from another Component will require check-in at Radiation Therapy Delivery Patient Check-In station.
- 2.12.2.1(5) Patients arriving on stretcher from inpatient areas, other BCCC Components, or arriving by ambulance from other facilities will enter Radiation Therapy Delivery Component via Service Circulation. Ambulance/transfer Staff will alert Radiation Therapy Delivery Check-In Staff that Patient has arrived. Radiation Therapy Delivery Check-In Staff will coordinate with Radiation Treatment Support Staff to assign Patient to a Stretcher Bay - Holding in Radiation Treatment Support. Ambulance/transfer Staff will bring the Patient to the assigned Stretcher Bay - Holding in Radiation Treatment Support where Patient will be transferred from transport stretcher to BCCC stretcher. Nursing Staff will be required to be present to receive and assess a Patient arriving via stretcher or ambulance. Post treatment, they may return to Stretcher Bay - Holding awaiting Patient transfer or wait in an Exam Room or Exam/Treatment Room - AIR if isolation is required.
- 2.12.2.1(6) Patients requiring emergency radiation treatment may require after-hours access to Radiation Treatment area. These Patients will be escorted by BCC Staff to Radiation Treatment zone.
- 2.12.2.1(7) Radiation Treatment
  - 2.12.2.1(7)(a) Patients who will be required to change for treatment do so in a Change Room prior to entering Waiting Area - Gowned.
  - 2.12.2.1(7)(b) Patients will be escorted into Treatment Bunker Interior unit by radiation therapists who position the Patient on treatment machine couch. The therapist will return to Control Room - Treatment Bunker outside Treatment Bunker Interior to administer treatment.
  - 2.12.2.1(7)(c) Before or after treatment, Patients may go to Radiation Treatment Support for consultation with oncologist, nursing, or members of supportive care team in a Consult Room or an Exam Room.

2.12.2.1(7)(d) After Patient's visit is complete, Patients may stop at Patient Check-In station to confirm or change upcoming treatment appointments before exiting the Component to Public Circulation.

2.12.2.1(8) Radiation Treatment Support

2.12.2.1(8)(a) Patients will check in at Radiation Treatment Patient Check-In and wait in Waiting Area until they are called and escorted to an Exam Room or Ultrasound Procedure Room - TRUS. Patients requiring infection control isolation will be escorted to a Consult Room, Exam Room or Exam/Treatment Room - AIR in Radiation Treatment Support to wait.

2.12.2.1(8)(b) Multidisciplinary consultation will occur during a scheduled or ad hoc appointment as required to address Patient needs. These visits will occur in Consult Room, Exam Room or Stretcher Bay - Holding.

2.12.2.1(8)(c) Patients requiring IV contrast for CT or MRI simulation will be observed for thirty (30) minutes post imaging procedure in Radiation Treatment Support.

2.12.2.2 Family/Visitor Flow

2.12.2.2(1) Family may wait for Patients in Waiting Area or Waiting Area - Gowned. Family may also attend education/consult sessions in Consult Rooms.

2.12.2.2(2) Family are welcome to attend all aspects of Patient care within this Component. Allowances for one (1) to two (2) family members in spaces will be planned for.

2.12.2.3 Staff Flow

2.12.2.3(1) Upon arrival to the Facility, Staff from this Component will travel via Service Circulation to centralized Staff Facilities to access Locker Rooms to change into work attire and store their personal belongings.

2.12.2.3(2) At start of shift, Staff will sign-in within their applicable work area and receive their assignment/workload for the day.

2.12.2.3(3) Staff may travel via Service Circulation to a same-level distributed Lounge - Staff for breaks.

- 2.12.2.3(4) Once a Patient is received at Patient Check-In, care Staff will be alerted that Patient is in Waiting Area. Care Staff will escort the Patient from Waiting Area to relevant Patient Care Area as per Patient needs. As per Patient visit needs, Staff will attend to Patients in a variety of Patient care spaces, including Exam Room, Consult Room and Treatment Bunker Interior.
- 2.12.2.3(5) Nursing, radiation therapists (RTT), medical physicists, medical oncologists, radiation oncologists, general practitioner oncology (GPO), nurse practitioners (NP), and members of the interprofessional supportive care team will provide care within all areas of this Component.
- 2.12.2.3(6) After-hours BCC Staff access to Radiation Therapy Delivery Component will be required for delivery of emergency radiation therapy treatments.
- 2.12.2.4 Clinical Support Flow
  - 2.12.2.4(1) Pharmacy
    - 2.12.2.4(1)(a) Oncology Pharmacy will provide pharmaceuticals using an automated medication dispensing system located within Radiation Treatment Support area.
  - 2.12.2.4(2) Medical Imaging
    - 2.12.2.4(2)(a) N/A
  - 2.12.2.4(3) Laboratory
    - 2.12.2.4(3)(a) Lab tests will be required for some procedures in Radiation Therapy Delivery Component. Laboratory Staff will travel to Radiation Therapy Delivery Component via Service Circulation to draw bloodwork or obtain other specimens. Alternatively, Patients may travel via Public Circulation to Laboratory Component for this purpose.
  - 2.12.2.4(4) Interprofessional Team
    - 2.12.2.4(4)(a) While there may be occasions where CH Interprofessional Team members will be called to support Patient care within this Component (e.g., arterial blood gas by respiratory therapy, ECG's by cardiac diagnostics), BC Cancer will employ dedicated health care professional team members to support

BCCC Clinical Components (e.g., nursing, radiation therapists, SLP, social work) in a multidisciplinary team (MDT) model.

#### 2.12.2.5 Non-Clinical Support Flow

##### 2.12.2.5(1) Equipment

2.12.2.5(1)(a) High energy linear accelerators and orthovoltage/superficial units will be operated using computer consoles from control rooms. Vendor installed Clinical Observation Camera System Equipment and audio (may or may not be vendor provided) will be used for Patient monitoring during delivery of radiation.

2.12.2.5(1)(b) Each Treatment Bunker Interior room will have a neutron shielded door (if required) and virtual door interlock system connected to treatment units for radiation safety which will be activated when the machines are delivering treatment. If design does not require a neutron shielded door, a physical door will be required for infection control/airborne precaution purposes. This infection control door will remain open most of the time but may be closed for treating Patients requiring airborne precautions.

2.12.2.5(1)(c) Each Treatment Bunker Interior will be equipped with radiation safety devices (e.g., last person out, emergency stops, beam indicators, etc.) as per CNSC and provincial regulations.

2.12.2.5(1)(d) Medical Physics Staff will use Equipment calibration devices daily for QA and servicing, some of these devices are large and will be stored in a Storage - Clean Equipment within Radiation Therapy Delivery Component.

##### 2.12.2.5(2) Medical Devices

2.12.2.5(2)(a) As per Facility-wide flow.

##### 2.12.2.5(3) Supplies (Materials Management)

2.12.2.5(3)(a) Materials Management area supply attendants will monitor, order, and deliver some supplies to clean



storage areas within the Component on a regular basis and as needed for special order items.

2.12.2.5(4) EVS (Housekeeping/Linen/Waste Management)

2.12.2.5(4)(a) As per Facility-wide flow.

2.12.2.5(5) Patient Food Services

2.12.2.5(5)(a) Patient Food Services will restock Alcove - Nourishment Station with refreshments (e.g., juices, snacks) for Patients in this Component.

2.12.2.5(6) Biomedical Engineering

2.12.2.5(6)(a) As per Facility-wide flow.

2.12.2.5(7) FMO/AM

2.12.2.5(7)(a) As per Facility-wide flow.

2.12.2.5(8) Information Management

2.12.2.5(8)(a) Radiation Oncology Information System (ROIS) and CST Cerner will be utilized.

2.12.2.5(9) Security

2.12.2.5(9)(a) As per Facility-wide flow.

2.12.3 COMPONENT DESIGN CRITERIA

2.12.3.1 External Adjacency Requirements Diagram

2.12.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.



**LEGEND**

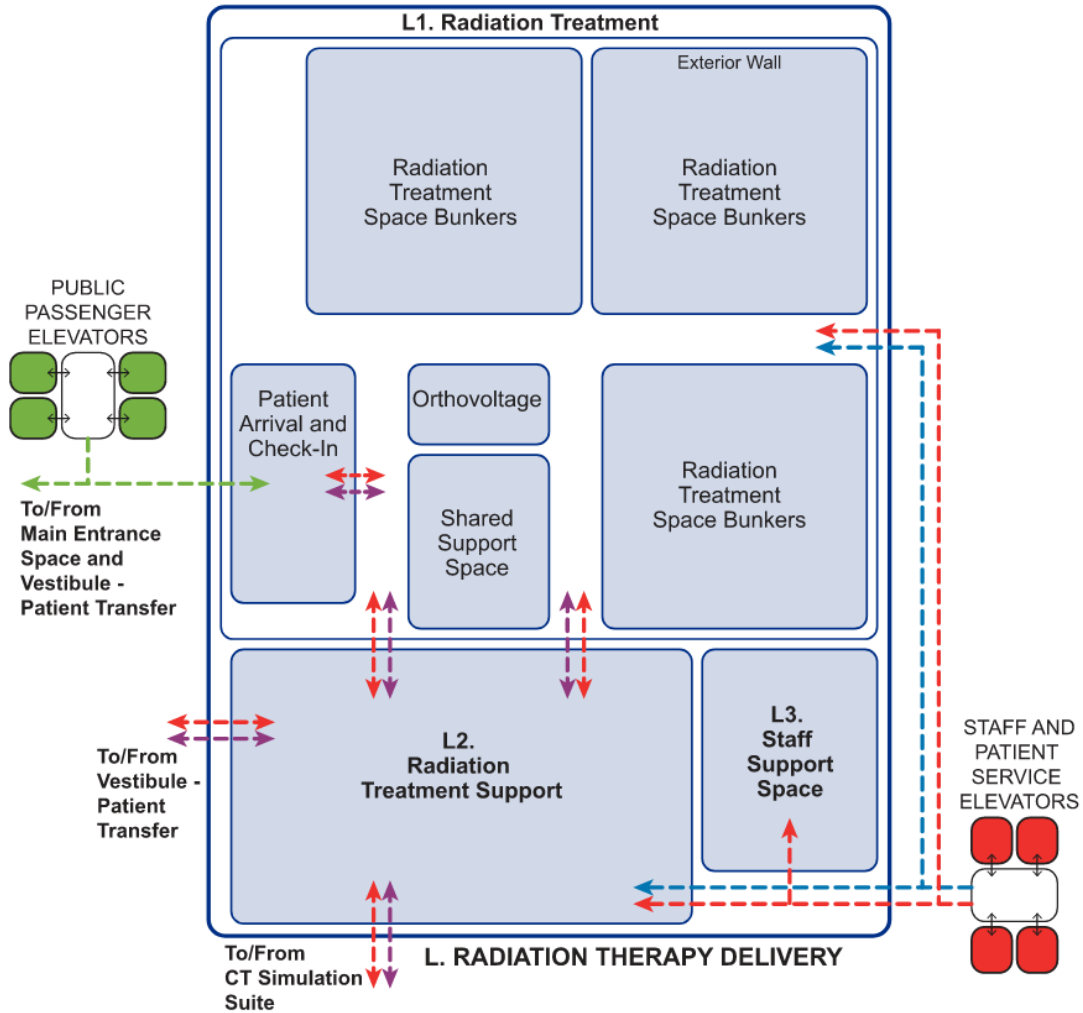
Direct Access by Public Circulation

Convenient Access by Public Circulation

Convenient Access by Service Circulation

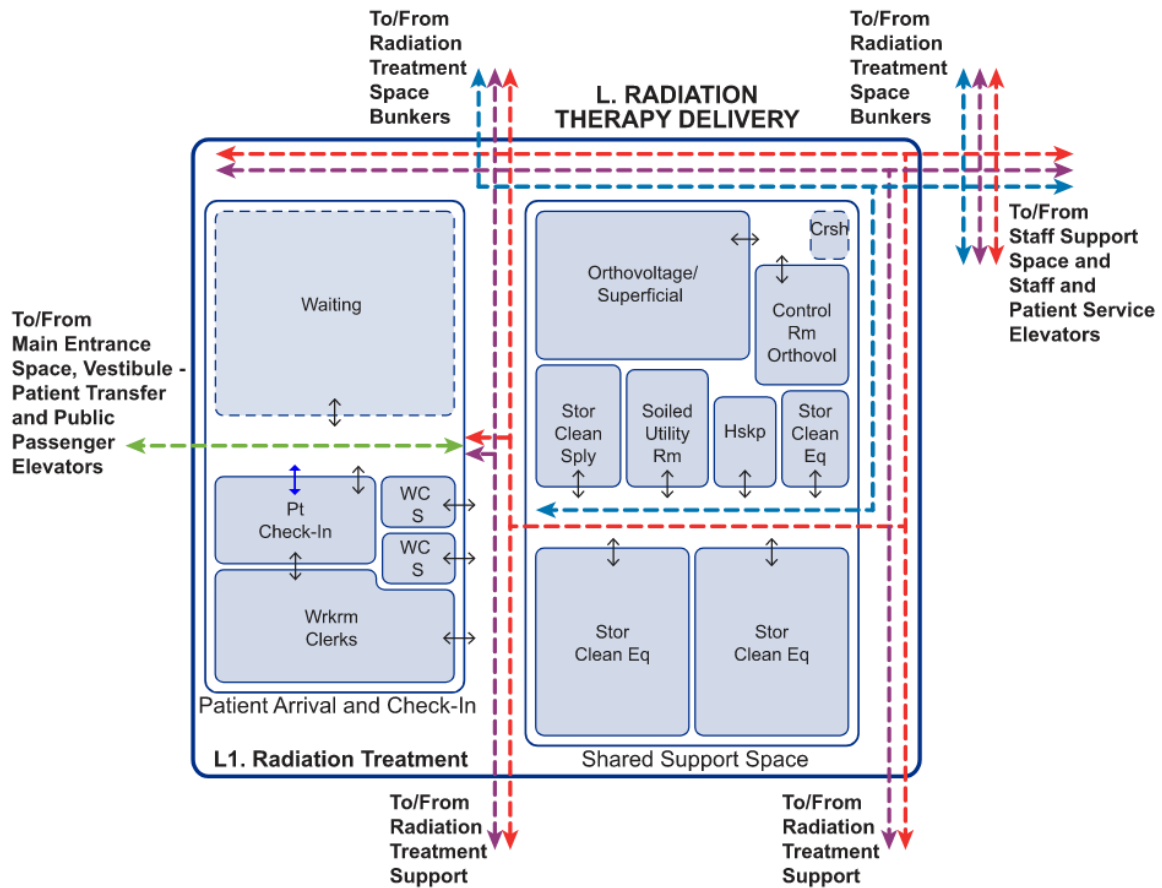
2.12.3.2 Internal Functional Relationships Diagram

2.12.3.2(1) The following diagrams indicate internal functional relationships within this Component.



**LEGEND**

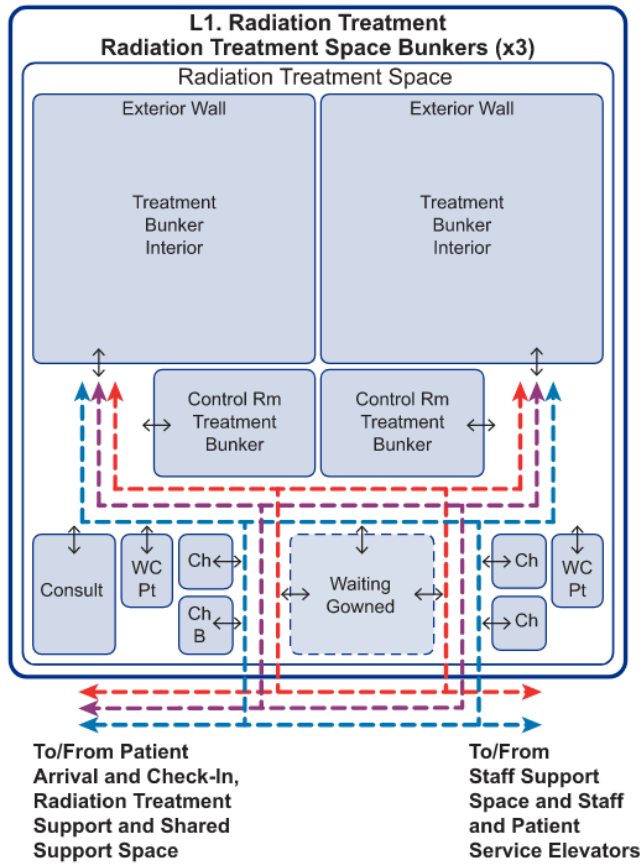
- ← Public Flow
- ← Patient Flow
- ← Staff Flow
- ← Service Flow
- ↔ Room/Space Access



**LEGEND**

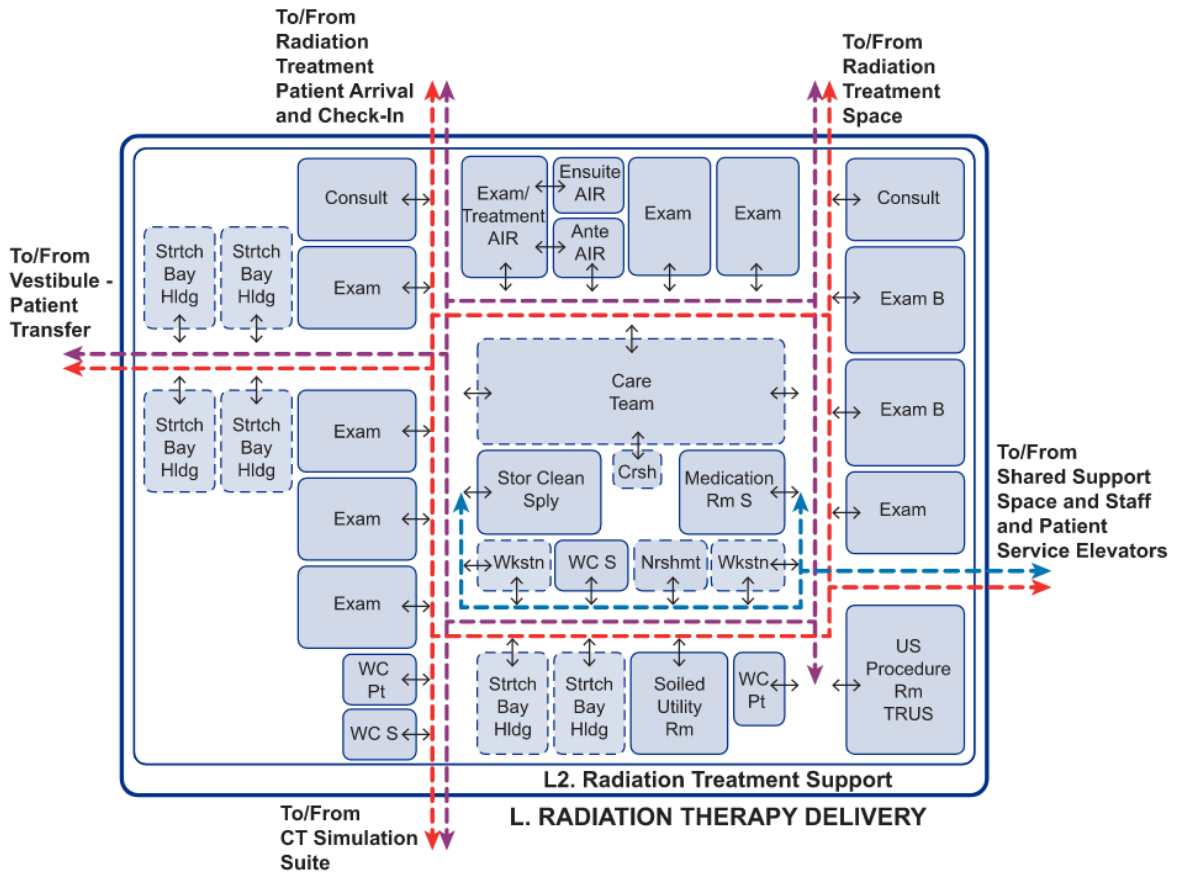
- ← - - - Public Flow
- ← - - - Patient Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ Transaction Window

**L. RADIATION THERAPY DELIVERY**



**LEGEND**

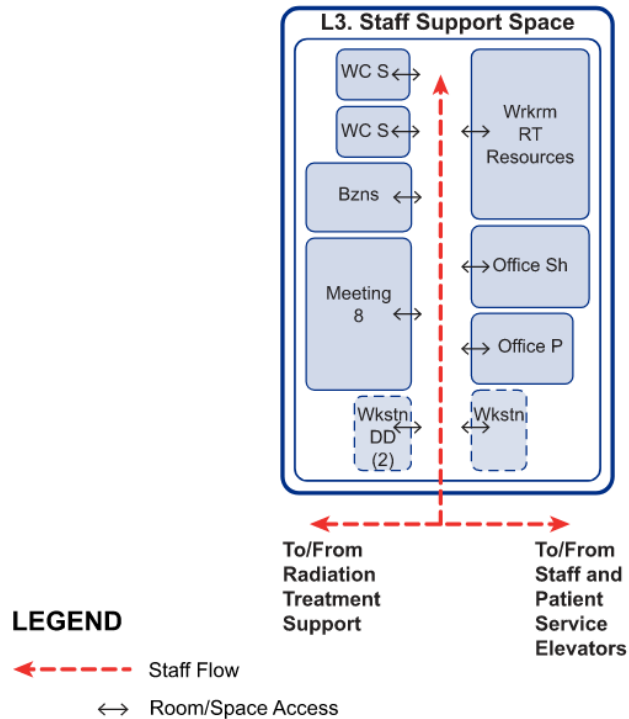
- - - Patient Flow
- - - Staff Flow
- - - Service Flow
- ↔ Room/Space Access



**LEGEND**

- ← Patient Flow
- ← Staff Flow
- ← Service Flow
- ↔ Room/Space Access

## L. RADIATION THERAPY DELIVERY



## 2.12.3.3 General Requirements

2.12.3.3(1) Radiation Therapy Delivery Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.12.3.3(1)(a) Direct Access via Public Circulation to Public Spaces for quick and easy access for Patients and families.
- 2.12.3.3(1)(b) Direct Access via Internal Circulation to CT Simulation Suite Sub-Component for movement of Staff, Patients and families.
- 2.12.3.3(1)(c) Convenient Access via Public Circulation to MRI Simulation Suite and OACU for movement of Patients and families.
- 2.12.3.3(1)(d) Convenient Access via Service Circulation to MRI Simulation Suites, Medical Physics, Dosimetry, Functional Imaging and OACU for movement of Staff and Patients.
- 2.12.3.3(1)(e) Convenient Access via Service Circulation to Inpatient Units for movement of Staff and Patients.

- 2.12.3.3(1)(f) Convenient Access via Service Circulation to Medical Staff Facilities - CC, Shared Staff Facilities and Distributed Staff Lounges in Staff Facilities to minimize Staff travel distance.
- 2.12.3.3(2) Zones of activity within Radiation Therapy Delivery Component will include the following:
  - 2.12.3.3(2)(a) L1. Radiation Treatment
  - 2.12.3.3(2)(b) L2. Radiation Treatment Support
  - 2.12.3.3(2)(c) L3. Staff Support Space
- 2.12.3.4 L1. Radiation Treatment
  - 2.12.3.4(1) Radiation Treatment zone will include Patient Arrival and Check-In, Radiation Treatment Space and Shared Support Space.
  - 2.12.3.4(2) Patients and families will be able to freely access Patient Arrival and Check-In area during operating hours.
  - 2.12.3.4(3) Patient Arrival and Check-In will support both Radiation Treatment and Radiation Treatment Support zones.
  - 2.12.3.4(4) Patient Arrival and Check-In will have Direct Access to Radiation Treatment Space and Radiation Treatment Support zone with secure entry points.
  - 2.12.3.4(5) This area will include a Patient Check-In and a Waiting Area located adjacent to Radiation Therapy Delivery Component public entry point.
  - 2.12.3.4(6) Patient Check-In will include three (3) transaction stations with transaction windows. It will also have Direct Access to Workroom - Clerks with five (5) workstations.
  - 2.12.3.4(7) Workroom - Clerks will also have Direct Access to an internal corridor within the Component.
  - 2.12.3.4(8) Patient Check-In station will have Line of Sight to Radiation Therapy Delivery Component public entry point, Waiting Area and secure entry points leading into Radiation Treatment Space and Radiation Treatment Support zone.
  - 2.12.3.4(9) Waiting Area will accommodate ten (10) standard seats, two (2) bariatric seats and two (2) wheelchair spaces.



- 2.12.3.4(10) Radiation Treatment Space will include six (6) Treatment Bunker Interior arranged in clusters of two (2) bunkers with their associated spaces. One (1) Treatment Bunker Interior will be shelled space.
- 2.12.3.4(11) Access to each cluster of two (2) bunkers will be from an internal corridor with Convenient Access to Patient Arrival and Check-In.
- 2.12.3.4(12) Each cluster will include Two (2) Treatment Bunker Interior, two (2) Control Room - Treatment Bunker, three (3) Change Rooms, one (1) Change Room - Bariatric, a Waiting Area - Gowned, one (1) Alcove - Blanket Warmer, one (1) Consult Room and two (2) Washroom - Patient.
- 2.12.3.4(13) Waiting Area - Gowned with adjacent Change Rooms, Consult Room and Washroom - Patient will have Convenient Access to the cluster entry point from the main internal corridor in Radiation Therapy Delivery and will provide separation between Treatment Bunker Interior rooms and main corridor to provide appropriate radiation protection.
- 2.12.3.4(14) Waiting Area - Gowned will include twelve (12) standard seats and will have Convenient Access to Treatment Bunker Interior and Control Room - Treatment Bunker access points.
- 2.12.3.4(15) Treatment Bunker Interior rooms will be shielded treatment rooms. Shielding design specifications will be determined by a radiation safety officer (RSO) in compliance with CNSC.
- 2.12.3.4(16) Treatment Bunker Interior rooms will be designed to accommodate dual high-energy linear accelerators. The design will be flexible to accommodate the specifications of various vendors.
- 2.12.3.4(17) Treatment Bunker Interior rooms will include a maze-like corridor at the entry point. They will be shielded and equipped with a neutron shielded door (if required), virtual door, and radiation safety devices (e.g., door interlocks, beam indicator, emergency stops, last persons out buttons) as per CNSC regulations. If design does not require a neutron shielded door, a physical infection control door will be provided.
- 2.12.3.4(18) The maze corridor width will accommodate movement of stretchers and wheelchairs, service Equipment and gantry frames.

- 2.12.3.4(19) Each Control Room - Treatment Bunker will be located adjacent to one (1) Treatment Bunker Interior. Control Room - Treatment Bunker will have Convenient Access to Treatment Bunker Interior access point via a shared internal corridor outside the rooms.
- 2.12.3.4(20) Each Control Room - Treatment Bunker will accommodate six (6) people and will be configured to account for activities performed and Equipment layouts.
- 2.12.3.4(21) Control Room - Treatment Bunker will be designed to minimize distractions and interruptions from Patients in Waiting Area - Gowned or Staff from other areas. Patients in Waiting Area - Gowned and internal corridors will not have Line of Sight to control rooms.
- 2.12.3.4(22) An Orthovoltage/Superficial room with an adjacent Control Room - Orthovoltage will be provided in Radiation Treatment Space. Patients will use waiting and changing facilities in one (1) of Treatment Bunker Interior clusters prior to using this room.
- 2.12.3.4(23) Orthovoltage/Superficial will be a shielded treatment room. Shielding design specifications will be determined by a RSO in compliance with CNSC. Access and entry to Orthovoltage/Superficial will accommodate movement of stretchers and wheelchairs, service Equipment and gantry frames.
- 2.12.3.4(24) Control Room - Orthovoltage will be located adjacent to Orthovoltage/Superficial room. Control Room - Orthovoltage will have Convenient Access to Orthovoltage/Superficial access point via a shared internal corridor outside the rooms.
- 2.12.3.4(25) Control Room - Orthovoltage will accommodate four (4) people and will be designed to minimize distractions and interruptions from Patients or Staff from other areas.
- 2.12.3.4(26) Clinical Observation Camera System will be mounted in Treatment Bunker Interior and Orthovoltage/Superficial to allow for monitoring Patient and Equipment during treatment from control rooms.
- 2.12.3.4(27) A two-way audio intercom between Staff in control rooms and Patient in Orthovoltage/Superficial and Treatment Bunker Interior will be provided.

- 2.12.3.4(28) Floors in the Component will be level and smooth to facilitate movement of delicate calibration Equipment on carts across the Component daily.
  - 2.12.3.4(29) Treatment Bunker Interior and Orthovoltage/Superficial treatment rooms will utilize Storage - Clean Equipment, Storage - Clean Supply and Soiled Utility Room and will have Convenient Access to these rooms.
  - 2.12.3.4(30) Housekeeping Rooms will be distributed to support both Radiation Treatment and Radiation Treatment Support zones.
- 2.12.3.5 L2. Radiation Treatment Support
- 2.12.3.5(1) Radiation Treatment Support zone will have Convenient Access from Patient Arrival and Check-In for Patients. It will also provide Direct Access to CT Simulation Suite Sub-Component.
  - 2.12.3.5(2) The route for Patients between Patient Arrival and Check-In and CT Simulation Suite through Radiation Treatment Support via main internal corridor in Radiation Therapy Delivery will allow for intuitive and simple Wayfinding.
  - 2.12.3.5(3) Radiation Treatment Support zone will have Direct Access to Service Circulation outside the Component through a Staff-only entry point connecting to Vestibule - Patient Transfer for transfer of Patient on a stretcher from another facility.
  - 2.12.3.5(4) Radiation Treatment Support zone will have Convenient Access to Staff and Patient Service Elevators through a Staff-only entry point for transfer of Patient on a stretcher within the Facility.
  - 2.12.3.5(5) Radiation Treatment Support zone will have an open Care Team Station located centrally including five (5) workstations and three (3) drop down workstations.
  - 2.12.3.5(6) Care Team Station will have Line of Sight to access points to Exam Room, Exam Room - Bariatric and Exam/Treatment Room - AIR to view those entering or leaving these rooms.
  - 2.12.3.5(7) Care Team Station will be co-located with Storage - Clean Supply, Medication Room - Small and Alcove - Nourishment Station.
  - 2.12.3.5(8) Consult Rooms will have Convenient Access from access point from Patient Arrival and Check-In area.

- 2.12.3.5(9) Exam/Treatment Room - AIR will have Convenient Access to the entry point from Patient Arrival and Check-In to limit travel distance and spread of infection.
  - 2.12.3.5(10) Two (2) Stretcher Bay - Holding will be located with Convenient Access to CT Simulation Suite entry point. These stretcher bays will be shared with CT Simulation Suite.
  - 2.12.3.5(11) Four (4) Stretcher Bay - Holding will be located with Convenient Access to Staff-only entry point from Service Circulation outside the Component.
  - 2.12.3.5(12) One (1) Alcove - Observation will be shared between each two (2) Stretcher Bay - Holding.
  - 2.12.3.5(13) Radiation Treatment Support zone will include an Ultrasound Procedure Room - TRUS. This room will have an operating table with circulation space around the table, and a ceiling mounted trapeze bar. This room will have Convenient Access from Care Team Station.
  - 2.12.3.5(14) Two (2) Washroom-Patient will be utilized by Patients for collection of samples and will be distributed to provide Convenient Access from Exam Rooms.
  - 2.12.3.5(15) Alcove - Crash Cart and Alcove - Weigh Scale will have Convenient Access from Care Team Station.
  - 2.12.3.5(16) Soiled Utility Room will have Convenient Access from Exam Rooms and CT Simulation Suite.
- 2.12.3.6 L3. Staff Support Space
- 2.12.3.6(1) Staff Support Space zone will have Direct Access to a Staff-only entry point to access Service Circulation and Staff and Patient Service Elevators outside the Component.
  - 2.12.3.6(2) Staff Support Space zone will have Convenient Access to both Radiation Treatment and Radiation Treatment Support zones.
  - 2.12.3.6(3) Offices, Workroom - RT Resources, Workstation, Business Work Area and Meeting Room - 8-Seat will be co-located.
  - 2.12.3.6(4) Office - Shared will include two (2) workstations. Workroom - RT Resources will include five (5) workstations.

- 2.12.3.6(5) Workstation - Drop Down will be an open workstation area with Convenient Access to Treatment Bunker Interior and control rooms.

## 2.12.4 SCHEDULE OF ACCOMMODATIONS

2.12.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Radiation Therapy Delivery**

<b>L. RADIATION THERAPY DELIVERY</b>	
L1. RADIATION TREATMENT	1,073.6
L2. RADIATION TREATMENT SUPPORT	345.0
L3. STAFF SUPPORT SPACE	95.7
<b>RADIATION THERAPY DELIVERY PROGRAMMED SPACE NSM:</b>	<b>1,514.3</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>L. RADIATION THERAPY DELIVERY</b>					
<b>L1. RADIATION TREATMENT</b>					
<b>Patient Arrival and Check-In</b>					
L1.01	Waiting Area	1	32.0	32.0	
L1.02	Patient Check-In	1	13.8	13.8	
L1.03	Workroom - Clerks	1	23.0	23.0	
<b>Radiation Treatment Space</b>					
L1.04	Treatment Bunker Interior	6	90.0	540.0	
L1.05	Control Room - Treatment Bunker	6	20.5	123.0	
L1.06	Orthovoltage/Superficial	1	26.0	26.0	
L1.07	Control Room - Orthovoltage	1	11.0	11.0	
L1.08	Change Room	9	3.5	31.5	
L1.20	Change Room - Bariatric	3	4.6	13.8	
L1.09	Waiting Area - Gowned	3	20.0	60.0	
L1.21	Alcove - Blanket Warmer	3	1.5	4.5	
L1.10	Consult Room	3	12.0	36.0	
L1.11	Washroom - Patient	6	5.0	30.0	
L1.12	Washroom - Staff - Non-Acc	2	3.5	7.0	To be distributed.
L1.13	Storage - Clean Equipment	1	8.0	8.0	For tools and parts for RT system techs.
<b>Shared Support Space</b>					
L1.14	Alcove - Crash Cart	1	1.0	1.0	To be located centrally in the Component.

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
L1.15	Storage - Clean Supply	2	13.0	26.0	To be distributed.
L1.16	Soiled Utility Room	1	12.0	12.0	
L1.17	Storage - Clean Equipment	2	30.0	60.0	To be distributed. For electronics (e.g., A-frame) and for medical physics (e.g., water tank).
L1.18	Housekeeping Room	2	7.0	14.0	To be distributed.
L1.19	Alcove - Eyewash/Shower Station	1	1.0	1.0	To be located centrally in the Component.
<b>SUBTOTAL NSM: RADIATION TREATMENT</b>				<b>1,073.6</b>	
<b>L2. RADIATION TREATMENT SUPPORT</b>					
L2.01	Stretcher Bay - Holding	6	7.5	45.0	
L2.02	Exam Room	7	12.0	84.0	
L2.03	Exam Room - Bariatric	2	16.0	32.0	
L2.04	Exam/Treatment Room - AIR	1	13.0	13.0	
L2.05	Ensuite - AIR	1	5.0	5.0	
L2.06	Anteroom - AIR	1	5.0	5.0	
L2.19	Ultrasound Procedure Room - TRUS	1	26.0	26.0	For transrectal prostate ultrasound (TRUS) assessment for implant.
L2.07	Consult Room	2	12.0	24.0	
L2.08	Alcove - Observation	3	1.4	4.2	
L2.09	Alcove - Weigh Scale	1	2.8	2.8	To be located centrally.
L2.10	Care Team Station	1	36.8	36.8	
L2.11	Alcove - Blanket Warmer	1	1.5	1.5	To be located centrally.
L2.12	Alcove - Crash Cart	1	1.0	1.0	To be located centrally.
L2.13	Workstation	2	4.6	9.2	To be distributed.
L2.14	Storage - Clean Supply	1	13.0	13.0	
L2.15	Soiled Utility Room	1	12.0	12.0	
L2.16	Washroom - Patient	2	5.0	10.0	
L2.17	Washroom - Staff - Non-Acc	2	3.5	7.0	To be distributed.
L2.18	Medication Room - Small	1	9.5	9.5	
L2.20	Alcove - Nourishment Station	1	4.0	4.0	
<b>SUBTOTAL NSM: RADIATION TREATMENT SUPPORT</b>				<b>345.0</b>	
<b>L3. STAFF SUPPORT SPACE</b>					
L3.01	Office - Private	1	9.0	9.0	For chief, radiation therapy.
L3.02	Office - Shared	1	12.0	12.0	For educators.

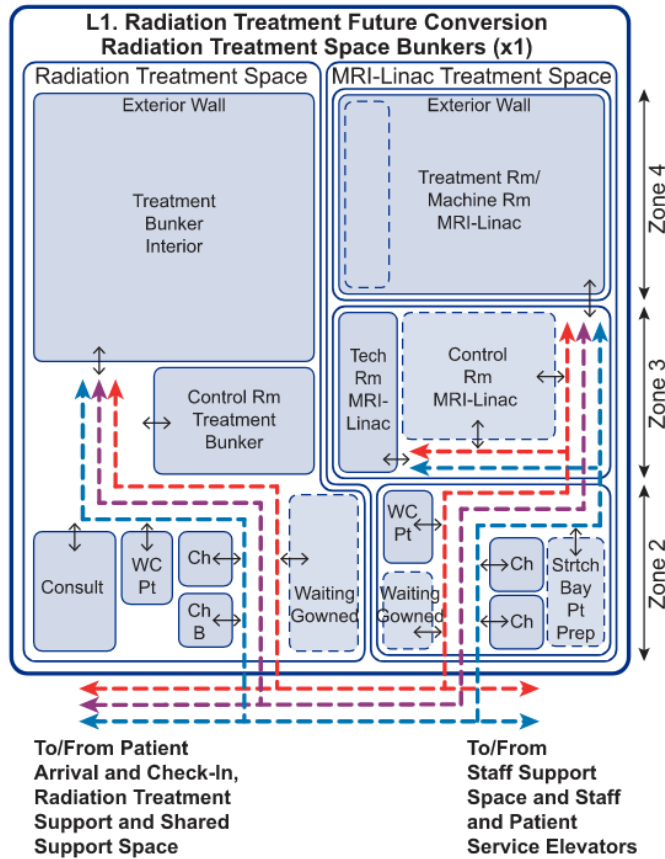
Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
L3.08	Workroom - RT Resources	1	27.0	27.0	For RT resources.
L3.03	Workstation - Drop Down	2	2.8	5.6	For radiation therapists.
L3.04	Workstation	1	4.6	4.6	For secretary.
L3.05	Business Work Area	1	9.0	9.0	
L3.06	Meeting Room - 8-Seat	1	20.0	20.0	
L3.07	Washroom - Staff	1	5.0	5.0	
L3.09	Washroom - Staff - Non-Acc	1	3.5	3.5	
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>95.7</b>	
<b>TOTAL NSM: RADIATION THERAPY DELIVERY</b>				<b>1,514.3</b>	



## 2.12.5 FUTURE CONVERSION

- 2.12.5.1 Location and Design of one (1) of Treatment Bunker Interior clusters in Radiation Therapy Delivery Component will allow for future conversion of one (1) Treatment Bunker Interior to one (1) MRI-Linac Treatment Space with minimal disruption to operations of the Component and adjacent areas. This planning will include the anticipated route to exchange large Equipment in the future.
- 2.12.5.2 A cluster of two (2) Treatment Bunker Interior rooms with their associated spaces in Radiation Treatment Space in opening day state will become two (2) separate areas. One area will remain as one (1) Treatment Bunker Interior room with its associated spaces. The other area will be converted to one (1) MRI-Linac Treatment Space with its associated spaces in future state. Other Treatment Bunker Interior clusters and other spaces in Radiation Therapy Delivery Component will remain unchanged.
- 2.12.5.3 Future conversion of Treatment Bunker Interior to MRI-Linac Treatment Space will maintain all entry points to the cluster. All other five (5) Treatment Bunker Interior rooms with all associated support spaces and other spaces in the Component will remain fully operational and accessible during this conversion.
- 2.12.5.4 Future MRI-Linac Treatment Space entry point will have Convenient Access to the adjacent Treatment Bunker Interior cluster Patient entry point from the Component main internal corridor. Patients in future MRI-Linac Treatment Space will be able to utilize Patient waiting and changing facilities in the adjacent Treatment Bunker Interior cluster before entering their space.
- 2.12.5.5 Only pre-screened Staff and Patients will have access to MRI-Linac Treatment Space in future state. All Patients and Staff will be required to adhere to the safety zones based on College of Physicians and Surgeons of BC Diagnostic Accreditation Program guidelines. Access to MRI-Linac Treatment Space will be restricted by establishing four (4) zones around MRI-Linac. These safety zones are indicated in Internal Functional Relationships Diagram and Schedule of Accommodations below.
- 2.12.5.6 Future Conversion Internal Functional Relationships Diagram
- 2.12.5.6(1) The following diagram indicates internal functional relationships within this Component in future state with one (1) MRI-Linac Treatment Space.

**L. RADIATION THERAPY DELIVERY**



**LEGEND**

- ← - - - Patient Flow
- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access

2.12.5.7 Future Conversion Schedule of Accommodations

2.12.5.7(1) The following table lists the number of spaces and Net Areas as minimum requirements and provides a line-by-line comparison between opening day state and future state for spaces that will be modified or converted to allow for future conversion of one (1) Treatment Bunker Interior to one (1) MRI-Linac Treatment Space.

OPENING DAY STATE				
Ref. No.	Room Type	Area Requirements		
		units	nsm/unit	nsm
<b>L. RADIATION THERAPY DELIVERY</b>				
<b>L1. RADIATION TREATMENT</b>				
	<b>Patient Arrival and Check-In</b>			
L1.01	Waiting Area	1	32.0	32.0
L1.02	Patient Check-In	1	13.8	13.8
L1.03	Workroom - Clerks	1	23.0	23.0
	<b>Radiation Treatment Space</b>			
L1.04	Treatment Bunker Interior	6	90.0	540.0
L1.05	Control Room - Treatment Bunker	6	20.5	123.0
L1.06	Orthovoltage/ Superficial	1	26.0	26.0
L1.07	Control Room - Orthovoltage	1	11.0	11.0
L1.08	Change Room	9	3.5	31.5
L1.20	Change Room - Bariatric	3	4.6	13.8
L1.09	Waiting Area - Gowned	3	20.0	60.0
L1.21	Alcove - Blanket Warmer	3	1.5	4.5
L1.10	Consult Room	3	12.0	36.0
L1.11	Washroom - Patient	6	5.0	30.0
L1.12	Washroom - Staff - Non-Acc	2	3.5	7.0
L1.13	Storage - Clean Equipment	1	8.0	8.0

FUTURE STATE				
Ref. No.	Room Type	Area Requirements		
		units	nsm/unit	nsm
<b>L. RADIATION THERAPY DELIVERY</b>				
<b>L1. RADIATION TREATMENT</b>				
	<b>Patient Arrival and Check-In</b>			
L1.01	Waiting Area	1	32.0	32.0
L1.02	Patient Check-In	1	13.8	13.8
L1.03	Workroom - Clerks	1	23.0	23.0
	<b>Radiation Treatment Space</b>			
L1.04	Treatment Bunker Interior	5	90.0	450.0
L1.05	Control Room - Treatment Bunker	5	20.5	102.5
L1.06	Orthovoltage/ Superficial	1	26.0	26.0
L1.07	Control Room - Orthovoltage	1	11.0	11.0
L1.08	Change Room	7	3.5	24.5
L1.20	Change Room - Bariatric	3	4.6	13.8
L1.09	Waiting Area - Gowned	2	20.0	40.0
L1.22	Waiting Area - Gowned	1	16.0	16.0
L1.21	Alcove - Blanket Warmer	3	1.5	4.5
L1.10	Consult Room	3	12.0	36.0
L1.11	Washroom - Patient	5	5.0	25.0
L1.12	Washroom - Staff - Non-Acc	2	3.5	7.0
L1.13	Storage - Clean Equipment	1	8.0	8.0
	<b>MRI-Linac Treatment Space</b>			
	<b>Zone 2</b>			
L1.23	Waiting Area - Gowned	1	4.0	4.0
L1.24	Change Room	2	3.5	7.0
L1.25	Stretcher Bay - Patient Prep	1	7.5	7.5
L1.26	Alcove - Blanket Warmer	1	1.5	1.5
L1.27	Washroom - Patient	1	5.0	5.0
	<b>Zone 3</b>			

OPENING DAY STATE				
Ref. No.	Room Type	Area Requirements		
		units	nsm/unit	nsm
	<b>Shared Support Space</b>			
L1.14	Alcove - Crash Cart	1	1.0	1.0
L1.15	Storage - Clean Supply	2	13.0	26.0
L1.16	Soiled Utility Room	1	12.0	12.0
L1.17	Storage - Clean Equipment	2	30.0	60.0
L1.18	Housekeeping Room	2	7.0	14.0
L1.19	Alcove - Eyewash/Shower Station	1	1.0	1.0
<b>SUBTOTAL NSM: RADIATION TREATMENT</b>				<b>1,073.6</b>

FUTURE STATE				
Ref. No.	Room Type	Area Requirements		
		units	nsm/unit	nsm
L1.28	Control Room - MRI-Linac	1	24.0	24.0
L1.29	Technical Room - MRI-Linac	1	12.0	12.0
	<b>Zone 4</b>			
L1.30	Treatment Room/Machine Room - MRI-Linac	1	65.5	65.5
	<b>Shared Support Space</b>			
L1.14	Alcove - Crash Cart	1	1.0	1.0
L1.15	Storage - Clean Supply	2	13.0	26.0
L1.16	Soiled Utility Room	1	12.0	12.0
L1.17	Storage - Clean Equipment	2	30.0	60.0
L1.18	Housekeeping Room	2	7.0	14.0
L1.19	Alcove - Eyewash/Shower Station	1	1.0	1.0
<b>SUBTOTAL NSM: RADIATION TREATMENT</b>				<b>1,073.6</b>

## 2.13 M. FUNCTIONAL IMAGING

### 2.13.1 M1. CYCLOTRON/RADIOPHARMACEUTICAL FACILITY

#### 2.13.1.1 SERVICE DESCRIPTION

2.13.1.1(1) Cyclotron/Radiopharmaceutical Facility Sub-Component in Functional Imaging Component will produce both clinical and research radiotracers for the publicly funded provincial functional imaging program. These tracers will be used for Positron Emission Tomography/Computed Tomography (PET CT) scans that inform diagnostic decisions and radiation treatment planning as well as theranostics procedures.

2.13.1.1(2) Radiopharmaceutical laboratory will be used for preparation of radiopharmaceuticals supplied from the adjacent cyclotron under strict controls and using sterile manufacturing techniques. For example, the radionuclide F18 produced in cyclotron will be combined with the carrier fluorodeoxyglucose (FDG) to make the radiopharmaceutical F18-FDG. The F18-FDG will be used for injection in Patients to perform PET CT scans.

2.13.1.1(3) The following activities will be accommodated in this Sub-Component:

2.13.1.1(3)(a) The use of cyclotron to produce short-lived radioactive isotopes by accelerating particles (such as hydrogen ions) to extremely high speeds and focusing them on a target substance where a reaction takes place that will produce a radioactive element. Both the accelerated particles and target substance will be specifically chosen to produce the desired radioactive element. The radioactive elements are combined with a specific carrier in Cyclotron/Radiopharmaceutical Facility to ultimately produce a radiopharmaceutical used in PET CT scanning.

2.13.1.1(4) This Sub-Component may provide radiopharmaceuticals to other imaging and/or treatment facilities and will provide redundancy for existing provincial cyclotron/radiopharmacy programs.

2.13.1.1(5) Service Exclusions

2.13.1.1(5)(a) N/A

#### 2.13.1.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.13.1.2(1) Patient Flow
  - 2.13.1.2(1)(a) N/A
- 2.13.1.2(2) Family/Visitor Flow
  - 2.13.1.2(2)(a) N/A
- 2.13.1.2(3) Staff Flow
  - 2.13.1.2(3)(a) Upon arrival to the Facility, Staff will travel via Service Circulation to this Sub-Component and access the internal Locker Room to change into work attire and store their personal belongings.
  - 2.13.1.2(3)(b) At start of shift, Staff will sign-in within their applicable work area and receive their assignment/workload for the day.
  - 2.13.1.2(3)(c) Staff will flow between Staff Support Space zone to Production zone through Anteroom - Production, where Staff will don/doff PPE.
  - 2.13.1.2(3)(d) Staff will access clean rooms within Production zone via Airlock, leading to three (3) clean rooms.
  - 2.13.1.2(3)(e) Staff will access Cyclotron zone through Production zone.
- 2.13.1.2(4) Clinical Support Flow
  - 2.13.1.2(4)(a) Pharmacy
    - 2.13.1.2.4.(a).1 N/A
  - 2.13.1.2(4)(b) Medical Imaging
    - 2.13.1.2.4.(b).1 N/A
  - 2.13.1.2(4)(c) Laboratory
    - 2.13.1.2.4.(c).1 N/A
  - 2.13.1.2(4)(d) Interprofessional Team
    - 2.13.1.2.4.(d).1 N/A
- 2.13.1.2(5) Non-Clinical Support Flow
  - 2.13.1.2(5)(a) Equipment
    - 2.13.1.2.5.(a).1 Cyclotron, radiopharmaceutical clean rooms and hot cells, radiation monitors and specific

- procedures/Equipment will be used in radiopharmacy to ensure safety of product prior to release for Patient use as part of Quality Control tools used in the production of radioisotopes.
- 2.13.1.2.5.(a).2 Shielded containers will move through the Sub-Component from Vestibule - Receiving to Shipping/Receiving Room to clean rooms. Pass-throughs and process will consider methods of transport (e.g., carts) to reduce lifting and handling.
- 2.13.1.2(5)(b) Medical Devices  
2.13.1.2.5.(b).1 N/A
- 2.13.1.2(5)(c) Supplies (Materials Management)  
2.13.1.2.5.(c).1 Supplies required for cyclotron program will come through Materials Management and Service Entrance.  
2.13.1.2.5.(c).2 Radioactive materials being delivered to or delivered from Cyclotron/ Radiopharmaceutical Facility will bypass Materials Management for delivery directly to the Facility using a controlled drop-off and pick-up zone and approved shipping containers according to applicable regulations.
- 2.13.1.2(5)(d) EVS (Housekeeping/Linen/Waste Management)  
2.13.1.2.5.(d).1 As per Facility-wide flow.
- 2.13.1.2(5)(e) Patient Food Services  
2.13.1.2.5.(e).1 N/A
- 2.13.1.2(5)(f) Biomedical Engineering  
2.13.1.2.5.(f).1 N/A
- 2.13.1.2(5)(g) FMO/AM  
2.13.1.2.5.(g).1 As per Facility-wide flow.
- 2.13.1.2(5)(h) Information Management  
2.13.1.2.5.(h).1 Clinical tracer synthesis, radiation field monitoring, material tracking databases, laboratory information management system, label printing, gamma spectroscopy software, acquisition software for radio-TLC for final product testing, gas chromatograph software, HPLC software, production modules, CPP

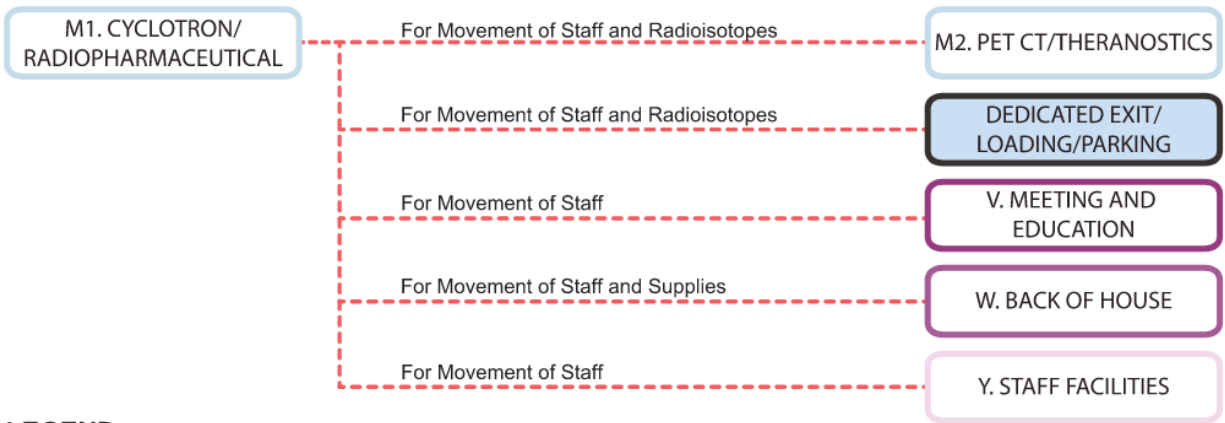
application, and dose dispensing software system will be utilized.

- 2.13.1.2(5)(i) Security (i).1.1 As per Facility-wide flow.

2.13.1.3 COMPONENT DESIGN CRITERIA

2.13.1.3(1) External Adjacency Requirements Diagram

2.13.1.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



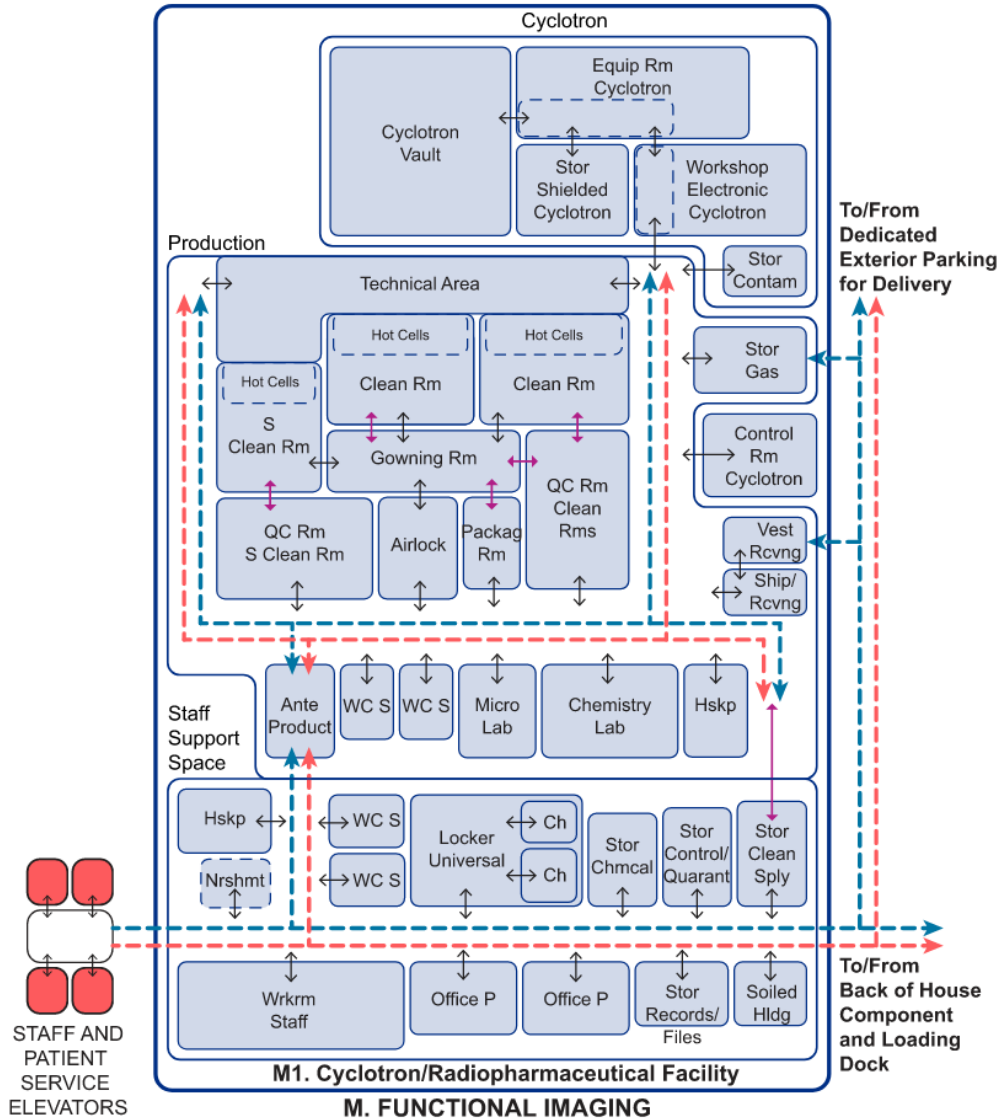
**LEGEND**

Convenient Access by Service Circulation

2.13.1.3(2) Internal Functional Relationships Diagram

2.13.1.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.





2.13.1.3(3) General Requirements

2.13.1.3(3)(a) Cyclotron/Radiopharmaceutical Facility Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.13.1.3.3.(a).1 Convenient Access via Service Circulation to PET CT/Theranostics for efficient and safe movement of Staff and radioactive products.
  - 2.13.1.3.3.(a).2 Convenient Access via Service Circulation to a dedicated exit, exterior loading area and courier parking for efficient and safe movement of radioactive products. Radioactive products will not go through the loading dock to exit the Facility.
  - 2.13.1.3.3.(a).3 Convenient Access via Service Circulation to Shared Staff Facilities and Distributed Staff Lounges in Staff Facilities to minimize Staff travel distance.
- 2.13.1.3(3)(b) Zones of activity within Cyclotron/Radiopharmaceutical Facility Sub-Component will include the following:
- 2.13.1.3.3.(b).1 Staff Support Space: Non-restricted administrative and shipping/receiving area.
  - 2.13.1.3.3.(b).2 Production: Restricted access for Staff only through Anteroom - Production. Secure Direct Access from Service Circulation outside the Sub-Component through Vestibule - Receiving.
  - 2.13.1.3.3.(b).3 Cyclotron: Restricted cyclotron and related operations.
- 2.13.1.3(3)(c) Cyclotron/Radiopharmaceutical Facility is a Staff-only area. Access to this Sub-Component will be secure at all times and entry will be controlled with card access.
- 2.13.1.3(3)(d) Staff entry point to this Sub-Component will be separate from material/goods entry point.
- 2.13.1.3(3)(e) All spaces will be constructed and operated in compliance with relevant CNSC and Health Canada standards and licensing requirements. CNSC and Health Canada guidelines will be monitored by a BCCC RSO and QA manager respectively.
- 2.13.1.3(3)(f) A qualified RSO will determine the shielding requirements for the rooms, based upon the room layout/adjacencies, Equipment placement, weekly projected workloads in conjunction with the materials used to construct the floors, ceilings, doors, interior and exterior windows, and any other requirements.

- 2.13.1.3(3)(g) Management of radioactive substance spills is a key safety consideration within Functional Imaging Component.
  - 2.13.1.3(3)(h) All surfaces including floors, bench tops, walls and junctions will be impermeable to liquids and easy to clean. These finishing materials will be approved by QA manager to ensure GMP compliance.
  - 2.13.1.3(3)(i) All pass-through chambers will be sealed with a door interlock system that prevents both doors being opened simultaneously.
  - 2.13.1.3(3)(j) Alcove - Eyewash/Shower Station for Staff will be accessible and located in close proximity to all areas of exposure.
  - 2.13.1.3(3)(k) A decontamination kit will be stored in Production zone for quick access to contain and clean up radioactive spills. All critical Equipment and environmental systems will be connected to the building control system for monitoring and reporting consistent with radiation safety requirements.
- 2.13.1.3(4) Staff Support Space
- 2.13.1.3(4)(a) Staff Support Space zone will be the administrative and shipping/receiving area with a secure Staff entry point with card access from Service Circulation outside the Sub-Component. The Staff entry point will have Convenient Access to Staff and Patient Service Elevators.
  - 2.13.1.3(4)(b) Staff Support Space zone will also provide secure access to Production zone through Anteroom - Production.
  - 2.13.1.3(4)(c) A Locker Room - Universal co-located with one (1) Washroom - Staff and one (1) Washroom - Staff - Non-Acc will have Convenient Access to Anteroom - Production entry. Washroom - Staff and Washroom - Staff - Non-Acc access will be through internal corridor.
  - 2.13.1.3(4)(d) Other areas in this zone will include offices, Workroom - Staff and other supporting areas.
  - 2.13.1.3(4)(e) Workroom - Staff will be an open shared workspace with six (6) workstations.

2.13.1.3(4)(f) Storage - Clean Supply in this zone will be co-located with Storage - Controlled/Quarantine and will have a pass-through chamber to internal corridor in Production zone.

2.13.1.3(5) Production

2.13.1.3(5)(a) Access to Production Zone will be provided through Anteroom - Production. Anteroom door and layout will allow for large product deliveries.

2.13.1.3(5)(b) One (1) Alcove - Eyewash/Shower Station will be located adjacent to Anteroom - Production in Production zone.

2.13.1.3(5)(c) This zone will include a Micro Lab and a Chemistry Lab. An Alcove - Hand Hygiene Sink will be located in Production zone with Convenient Access to Micro Lab.

2.13.1.3(5)(d) Vestibule - Receiving will be material/goods entry point to this Sub-Component and will facilitate receiving of radioactive material for internal (from within the Facility) and external (from outside of the Facility) deliveries.

2.13.1.3(5)(e) Vestibule - Receiving will have secure Direct Access from Service Circulation outside the Sub-Component, with an audio-video door intercom and remote door release between Service Circulation and Production zone for notification of arrival.

2.13.1.3(5)(f) Entry point to Vestibule - Receiving from Service Circulation will have Convenient Access to a dedicated exit, exterior loading area and courier parking. The exterior door to the dedicated courier exit will also have an audio-video door intercom and remote door release to Production zone for notification of arrival.

2.13.1.3(5)(g) Vestibule - Receiving will also have Direct Access to Shipping/Receiving Room via a 1/2 door (open at bottom) to allow only packages to be passed through.

2.13.1.3(5)(h) Shipping/Receiving Room will be the transaction space between Staff receiving materials and shipping radioisotopes to outside facilities. This room will have Direct Access to Production zone in addition to Direct Access to Vestibule - Receiving via a 1/2 door.

- 2.13.1.3(5)(i) Storage - Gas Cylinders will have Direct Access from both Service Circulation outside the Sub-Component and internal corridor within Production zone. It will also have Convenient Access to Technical Area. This space will have wall mounted gas cylinder storage for twelve (12) large cylinders to allow for vendor pick-up and drop-off.
- 2.13.1.3(5)(j) Access to three (3) clean rooms will be through Airlock and Gowning Room.
- 2.13.1.3(5)(k) Airlock will have Direct Access from internal corridor within Production zone and Gowning Room. Airlock will include storage/shelving for Equipment and supplies and a hand hygiene sink. Location of hand hygiene sink will not affect circulation into and within the room.
- 2.13.1.3(5)(l) Gowning Room will be used by Staff for donning/doffing PPE/gowns and supporting flow to and from clean rooms from Airlock. Gowning Room will have Direct Access to all three (3) clean rooms.
- 2.13.1.3(5)(m) Floor demarcation will separate Gowning Room into dirty and clean sides. Dirty side of Gowning Room will access Airlock and clean side of Gowning Room will access clean rooms. Staff will cross over to clean side of Gowning Room after donning PPE.
- 2.13.1.3(5)(n) Two (2) Clean Rooms will contain shielded hot cells, laminar flow hot cells and synthesis modules. One (1) Clean Room will have a pass-through chamber to clean side of Gowning Room and one (1) Clean Room will have a pass-through chamber to Quality Control Room - Clean Rooms.
- 2.13.1.3(5)(o) Quality Control Room - Clean Rooms will be used for quality control testing shared between two (2) Clean Rooms. This room will have Direct Access to Production zone internal corridor and will include one (1) pass-through chamber to clean side of Gowning Room and one (1) pass-through chamber to one (1) Clean Room.
- 2.13.1.3(5)(p) Small Clean Room will contain shielded hot cells, laminar flow hot cells and synthesis modules with a pass-through chamber to Quality Control Room - Small Clean Room.

- 2.13.1.3(5)(q) Quality Control Room - Small Clean Room will have Direct Access to Production zone internal corridor.
- 2.13.1.3(5)(r) Packaging Room will have a pass-through chamber with easy and clear access for heavy items to be slid at the opening to clean side of Gowning Room. This Room will have Direct Access to Production zone internal corridor and Staff will not have to pass through Airlock to access this room.
- 2.13.1.3(5)(s) Technical Area will be located between clean room hot cells and Cyclotron Vault to support hot cells and will have access to Production zone internal corridor on both ends. This area will also store large compressed cylinders and will have 1800 mm clear width.
- 2.13.1.3(5)(t) GMP grade/ISO classification in Production zone are as follows:

Ref. No.	Room Type	GMP	ISO
M1.15	Micro Lab	D	8
M1.16	Chemistry Lab	D	8
M1.22	Quality Control Room - Clean Rooms	D	8
M1.23	Quality Control Room - Small Clean Room	D	8
M1.24	Packaging Room	D	8
M1.38	Gowning Room	C	7
M1.26	Clean Room	C	7
M1.27	Small Clean Room	C	7
M1.25	Airlock	C	7
M1.33	Cyclotron Vault	Unclassified	N/A
M1.39	Technical Area	Unclassified	N/A

#### 2.13.1.3(6) Cyclotron

- 2.13.1.3(6)(a) Access to Cyclotron zone will be provided through Production zone.
- 2.13.1.3(6)(b) Control Room - Cyclotron will have Direct Access to Production zone. Control Room - Cyclotron will not require adjacency to Cyclotron Vault.
- 2.13.1.3(6)(c) Observation cameras will be mounted in Technical Area and Equipment Room - Cyclotron to allow monitoring of

Technical Area space and Cyclotron Vault door from Control Room - Cyclotron.

- 2.13.1.3(6)(d) Workshop - Electronic - Cyclotron will be the shielded repair zone for cyclotron parts. Staff will flow through this space from Production zone to Equipment Room - Cyclotron to Cyclotron Vault access point.
- 2.13.1.3(6)(e) Equipment Room - Cyclotron will house cyclotron vendor Equipment cabinets, chillers, etc. and will have Direct Access to Cyclotron Vault, Workshop - Electronic - Cyclotron, and Storage - Shielded - Cyclotron.
- 2.13.1.3(6)(f) A clear path of travel will be provided within Workshop - Electronic - Cyclotron and Equipment Room - Cyclotron for Staff and Equipment access between Production zone, Cyclotron Vault and Storage - Shielded - Cyclotron.
- 2.13.1.3(6)(g) Storage - Shielded - Cyclotron will store higher activity radioactive material until it becomes disposable waste. Travel path from Cyclotron Vault access point to Storage - Shielded - Cyclotron will be minimized.
- 2.13.1.3(6)(h) Storage - Contaminated Waste will be the holding space for lower activity radioactive material in bins until it becomes disposable waste and removed from the Sub-Component. This storage will not be used for higher activity radioactive material and will have Direct Access to Production zone.

## 2.13.2 M2. PET CT/THERANOSTICS

### 2.13.2.1 SERVICE DESCRIPTION

- 2.13.2.1(1) PET CT/Theranostics Sub-Component in Functional Imaging Component will provide PET CT scanning for the diagnosis and staging treatment of cancer and operate a theranostics program for the treatment of cancer.
- 2.13.2.1(2) PET CT/SPECT Suite will house three (3) scanners used in cancer assessment and ongoing evaluation of treatment response. The scanners will also be used for radiation treatment simulation in combination with other data obtained in Radiation Therapy Planning simulation suites.
- 2.13.2.1(3) The theranostics program will combine therapeutics and diagnostics for image-guided therapy to complement the emerging area of personalized medicine in oncology treatment.
- 2.13.2.1(4) The following activities will be accommodated in this Sub-Component:
  - 2.13.2.1(4)(a) PET CT imaging using radioactive tracers injected into Patients. Patients will wait in a shielded PET Injection/Uptake Room for a defined time to allow the tracer to circulate in the body after which time they will be imaged using the PET CT unit. PET images will be combined with CT images performed on Patient during the same session;
  - 2.13.2.1(4)(b) Radiation shielded Exam Rooms will be used to provide flexible opportunities to support theranostics. SPECT/CT camera in PET CT/SPECT Suite will provide dosimetry information to the clinical team and verification that dose is being delivered to the Patient as planned; and
  - 2.13.2.1(4)(c) Clinical trials will be integrated into functional imaging activities.
- 2.13.2.1(5) Service Exclusions
  - 2.13.2.1(5)(a) N/A

### 2.13.2.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.13.2.2(1) Patient Flow



- 2.13.2.2(1)(a) On arrival to the Facility for PET CT imaging, Patients will present at Reception - Cancer Centre in Public Spaces - CC Sub-Component for registration and screening.
- 2.13.2.2(1)(b) Patients will then travel via Public Circulation to PET CT/SPECT Suite and check in at Patient Check-In station. The registration clerk will document the Patient as arrived in EMR. Demographic and CareCard information to verify Patient's identity will be reviewed. Patients will wait in Waiting Area until Staff bring them into the Patient Care Area.
- 2.13.2.2(1)(c) Patients will be asked to complete a questionnaire pertinent to PET CT scanning in Waiting Area.
- 2.13.2.2(1)(d) Patients coming for PET CT will be brought from Waiting Area to Change Room where Patients will change into a hospital gown. Patients will place their belongings into a bin to carry with them during their treatment. Patients will then be brought to a PET Injection/Uptake Room - Chair or PET Injection/Uptake Room - Stretcher, where an intravenous (IV) line will be set up for the delivery of the radioactive tracer.
- 2.13.2.2(1)(e) After tracer injection, Patients will be asked to relax in PET Injection/Uptake Room for about an hour to allow adequate distribution time for the tracer (uptake period). PET Injection/Uptake Room - Stretcher will be used for Patients arriving on a stretcher.
- 2.13.2.2(1)(f) Once radiotracer uptake is complete, Patients will be escorted to a shielded Washroom - Patient to empty bladder and then to an Imaging Room - PETCT Scanner where the scan will be performed.
- 2.13.2.2(1)(g) After the scan is done, the IV line will be removed in imaging room, Patients will be brought to Change Room to change back into their street clothes. From here, Patients will leave the Facility via Public Circulation. If coming from an Inpatient Unit, Patients will stay in a Stretcher Bay - Holding until hospital transport arrives.
- 2.13.2.2(2) Family/Visitor Flow

2.13.2.2(2)(a) BCCC values the family, caregiver participation in Patient's care and recognizes that they will be integral to the Patient's imaging journey.

2.13.2.2(2)(b) Family members will typically not be in the clinical imaging area and will wait in Waiting Area. There will be Patient/family resource spaces available in Waiting Area with educational, program, and support services information.

### 2.13.2.2(3) Staff Flow

#### 2.13.2.2(3)(a) Staff Arrival for Shift

- 2.13.2.2.3.(a).1 Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to the centralized Staff Facilities to access Locker Rooms to change into work attire and store their personal belongings.
- 2.13.2.2.3.(a).2 At start of shift, Staff will sign-in within their applicable work area and receive their assignment/workload for the day.
- 2.13.2.2.3.(a).3 Staff may travel via Service Circulation to a same-level distributed Lounge - Staff for breaks.

#### 2.13.2.2(3)(b) Preparation/Procedure

- 2.13.2.2.3.(b).1 Once a Patient is checked in at Patient Check-In station by a clerk into the EMR system, Staff will see their arrival in the EMR system and will travel to Waiting Area to lead them in. PET technologist will take the Patient to Change Room, then to a PET Injection/Uptake Room for IV line insertion, radiotracer injection, and radiotracer uptake (approximately 60 mins).
- 2.13.2.2.3.(b).2 After uptake completion, PET tech will take Patient to a designated shielded Washroom - Patient to empty bladder just prior to PET CT scan.
- 2.13.2.2.3.(b).3 PET tech will take Patient into Imaging Room - PETCT Scanner for PET CT scan.
- 2.13.2.2.3.(b).4 After scan, the IV line will be removed in imaging room. PET tech will take Patient to get changed back into street clothes, then to Patient Arrival and Check-In area, where Patient will leave the Facility via Public Circulation, or if an inpatient, to a Stretcher Bay - Holding to wait for hospital transport.

## 2.13.2.2(3)(c) Production of Radiotracers

- 2.13.2.2.3.(c).1 PET technologist at PET CT/Theranostics Sub-Component will pre-order daily requirements for radiotracer amounts required to fulfill clinical scanning needs. Radiotracers will be transported by Staff from Cyclotron/Radiopharmaceutical Facility Sub-Component to Hot Lab in PET CT/SPECT Suite.
- 2.13.2.2.3.(c).2 Daily cyclotron production volumes will be coordinated by cyclotron operators and radiochemists to meet daily orders.
- 2.13.2.2.3.(c).3 Radiochemist will package radiotracer in approved shipping container for delivery to each imaging component.

## 2.13.2.2(4) Clinical Support Flow

## 2.13.2.2(4)(a) Pharmacy

- 2.13.2.2.4.(a).1 Oncology Pharmacy will provide non-radioactive pharmaceuticals using an automated medication dispensing system (Omnicell) located centrally in Functional Imaging Component in Theranostics Storage - Clean Supply. The cabinet will be stocked by Oncology Pharmacy.

## 2.13.2.2(4)(b) Medical Imaging

- 2.13.2.2.4.(b).1 N/A

## 2.13.2.2(4)(c) Laboratory

- 2.13.2.2.4.(c).1 N/A

## 2.13.2.2(4)(d) Interprofessional Team

- 2.13.2.2.4.(d).1 N/A

## 2.13.2.2(5) Non-Clinical Support Flow

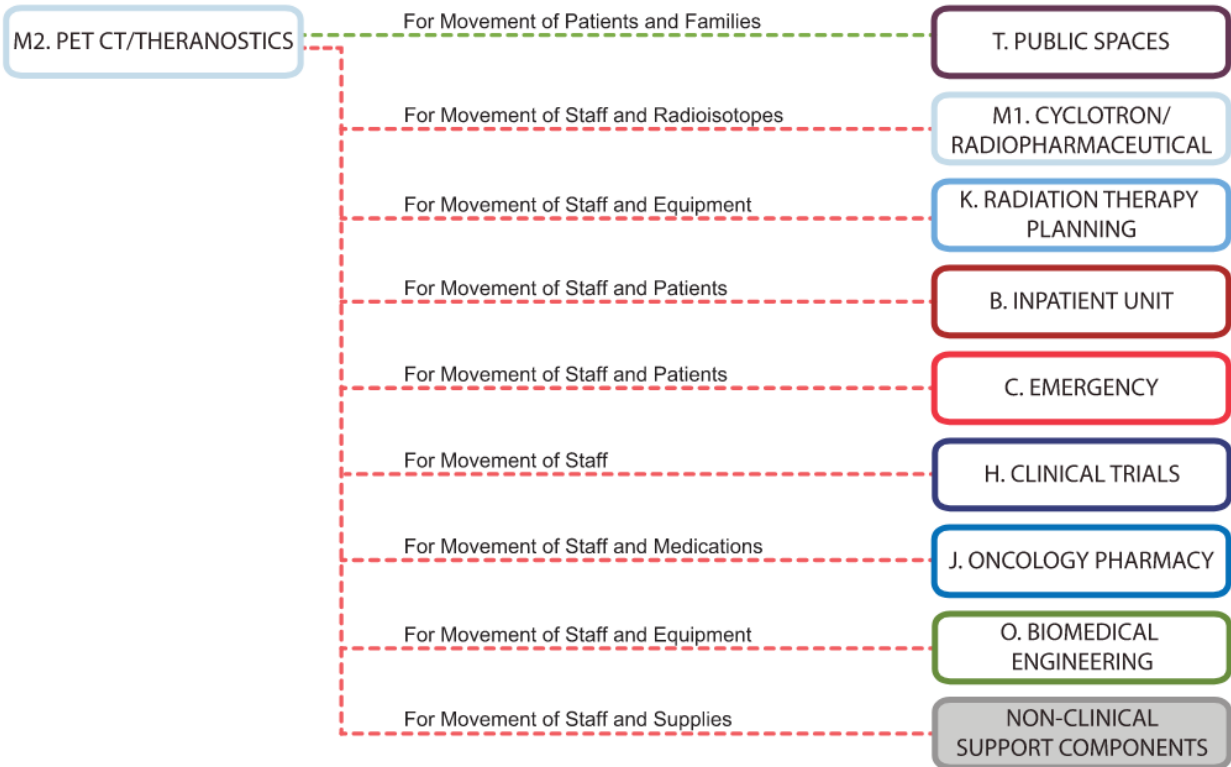
## 2.13.2.2(5)(a) Equipment

- 2.13.2.2.5.(a).1 Autoinjectors will be used for radiotracer injection and PET CT scanners including computer console and monitors will be used to acquire images on the scanners.
- 2.13.2.2.5.(a).2 General use and specialized computers (including servers) will be used for general Staff communication and clinical imaging functions. Connectivity to robust communications infrastructure/support will be essential.

- 2.13.2.2(5)(b) Medical Devices
  - 2.13.2.2.5.(b).1 As per Facility-wide flow.
- 2.13.2.2(5)(c) Supplies (Materials Management)
  - 2.13.2.2.5.(c).1 Clinical and general supplies required for Functional Imaging (PET CT and theranostics) will come through Materials Management and Service Entrance.
  - 2.13.2.2.5.(c).2 Radioactive materials being delivered to or delivered from PET CT and theranostics will bypass Materials Management for delivery directly to the Sub-Component in approved shipping containers and according to applicable regulations.
- 2.13.2.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
  - 2.13.2.2.5.(d).1 As per Facility-wide flow.
- 2.13.2.2(5)(e) Patient Food Services
  - 2.13.2.2.5.(e).1 N/A
- 2.13.2.2(5)(f) Biomedical Engineering
  - 2.13.2.2.5.(f).1 As per Facility-wide flow.
- 2.13.2.2(5)(g) FMO/AM
  - 2.13.2.2.5.(g).1 As per Facility-wide flow.
- 2.13.2.2(5)(h) Information Management
  - 2.13.2.2.5.(h).1 CST Cerner, scanning software, physician reading software, dictation software will be utilized. Patient scanning reports will be sent to the referring physician.
- 2.13.2.2(5)(i) Security
  - (i).1.1 As per Facility-wide flow.

### 2.13.2.3 COMPONENT DESIGN CRITERIA

- 2.13.2.3(1) External Adjacency Requirements Diagram
  - 2.13.2.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



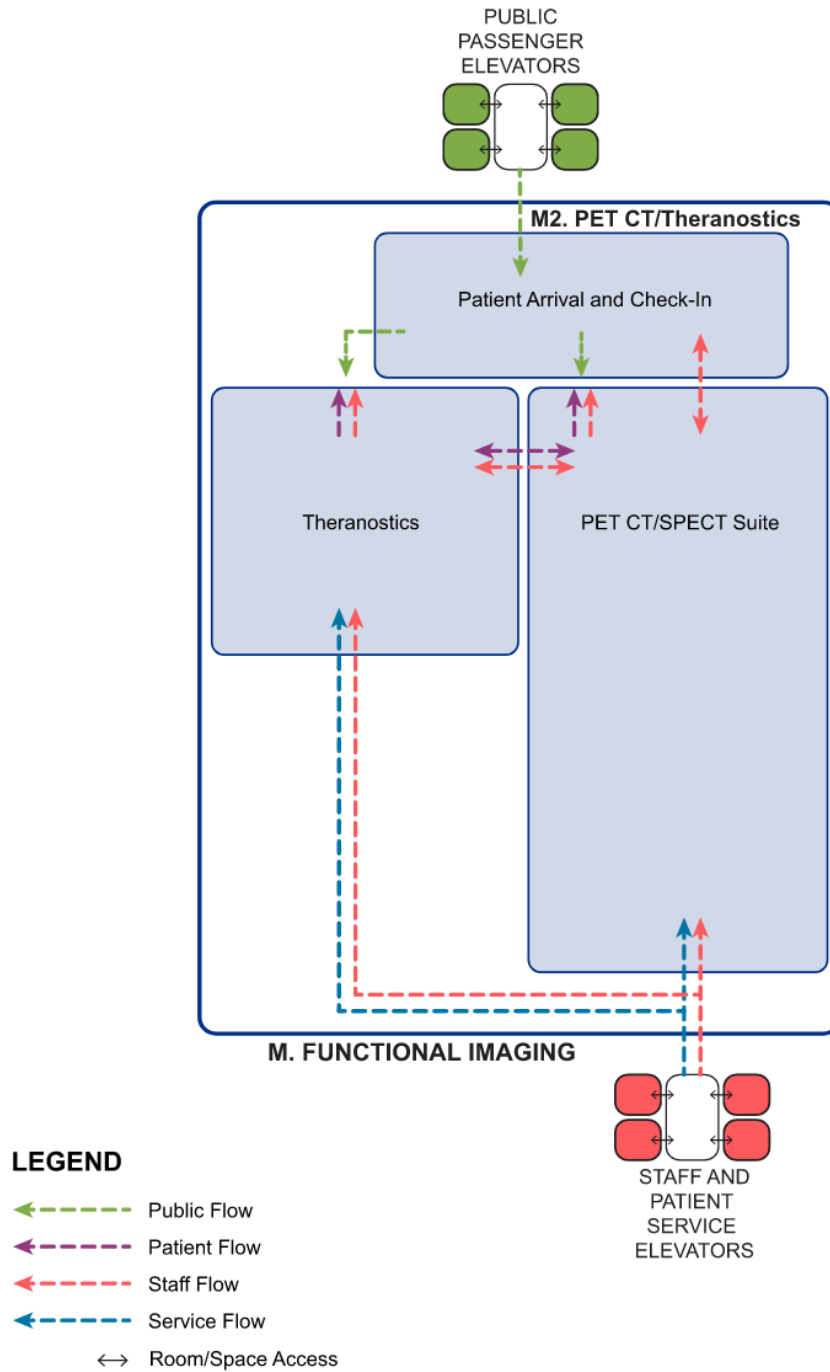
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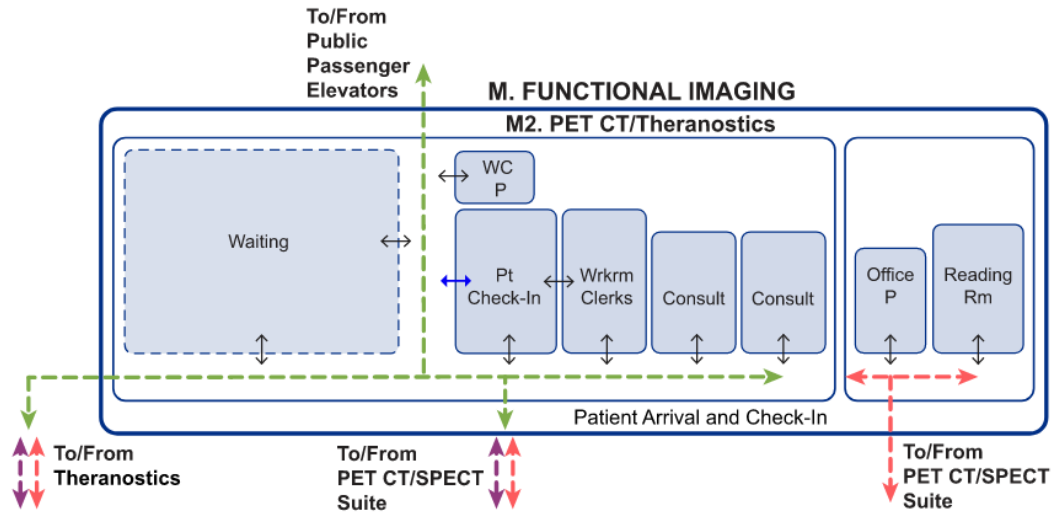
Convenient Access by Public Circulation

Convenient Access by Service Circulation

2.13.2.3(2) Internal Functional Relationships Diagram

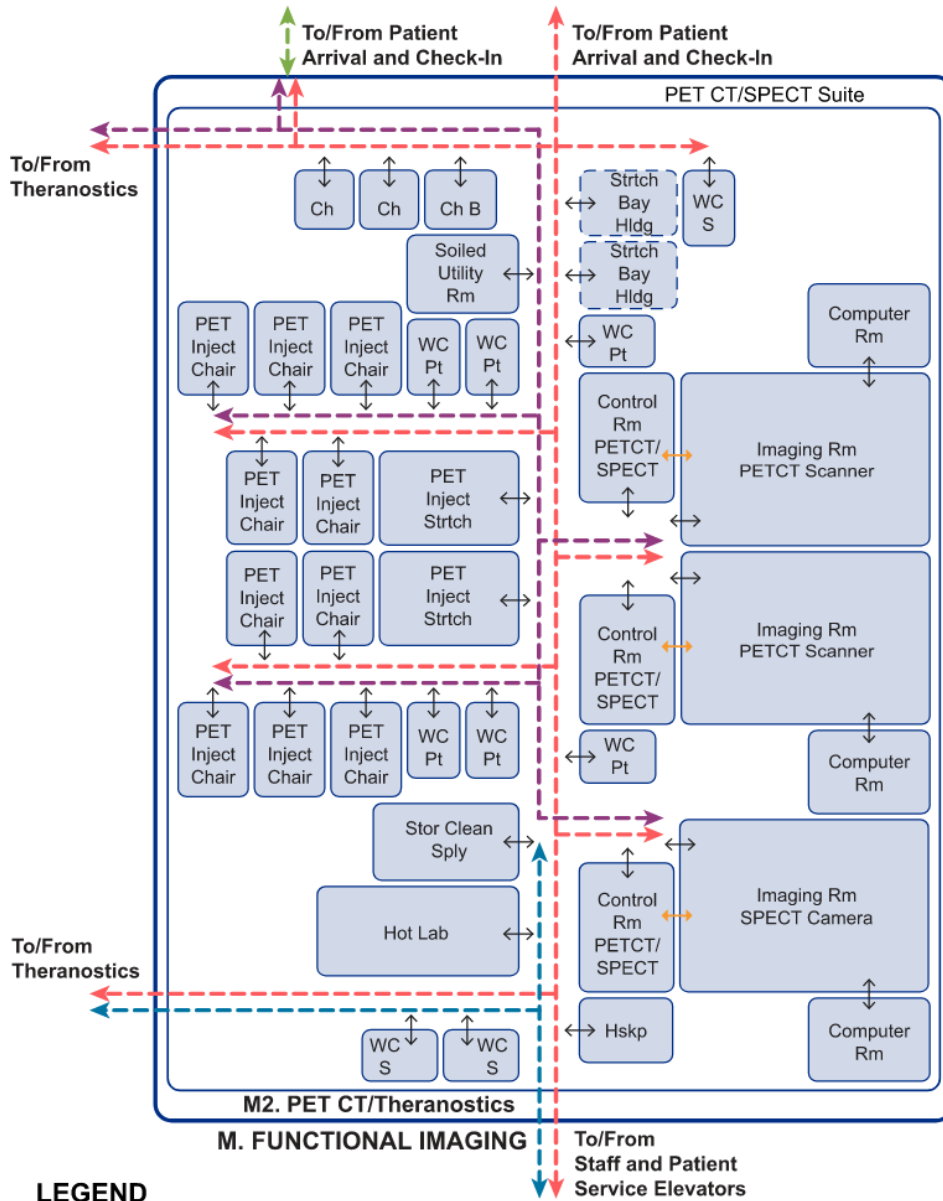
2.13.2.3(2)(a) The following diagrams indicate internal functional relationships within this Sub-Component.



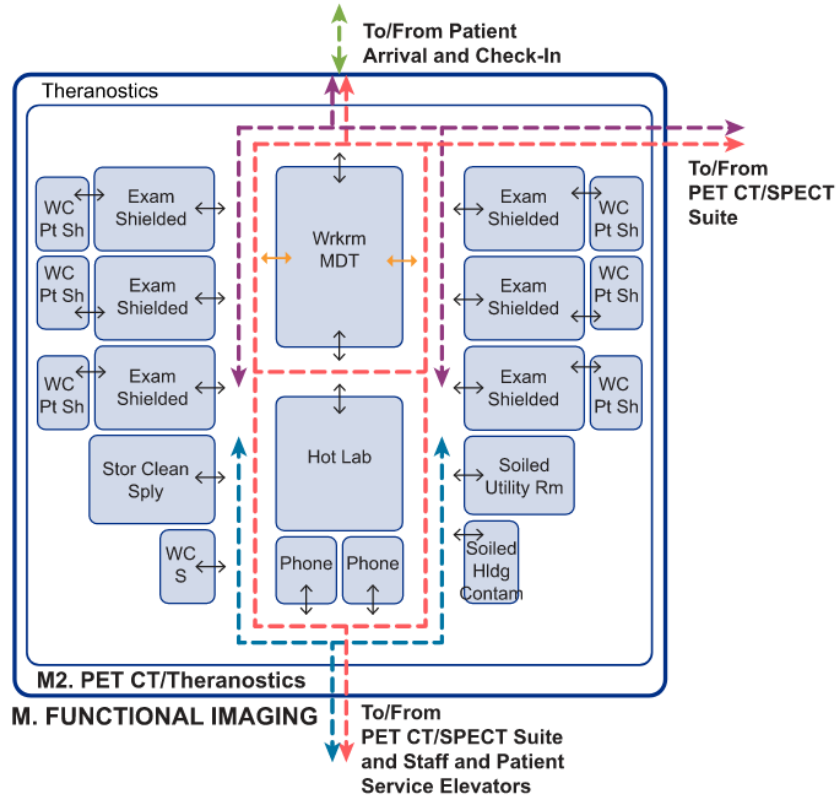


**LEGEND**

- ← - - - - Public Flow
- ← - - - - Patient Flow
- ← - - - - Staff Flow
- ↔ Room/Space Access
- ↔ Transaction Window







### 2.13.2.3(3) General Requirements

- 2.13.2.3(3)(a) PET CT/Theranostics Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.13.2.3.3.(a).1 Convenient Access via Public Circulation for Patients, families and visitor access to and from Main Entrance Lobby.
  - 2.13.2.3.3.(a).2 Convenient Access via Service Circulation to Cyclotron for efficient and safe movement of radioactive products.
  - 2.13.2.3.3.(a).3 Convenient Access via Service Circulation to Radiation Therapy Planning for movement of Staff.

- 2.13.2.3.3.(a).4 Convenient Access via Service Circulation to Medical Staff Facilities - CC, Shared Staff Facilities and Distributed Staff Lounges in Staff Facilities to minimize Staff travel distance.
- 2.13.2.3(3)(b) Zones of activity within PET CT/Theranostics Sub-Component will include the following:
  - 2.13.2.3.3.(b).1 Patient Arrival and Check-In
  - 2.13.2.3.3.(b).2 PET CT/SPECT Suite
  - 2.13.2.3.3.(b).3 Theranostics
- 2.13.2.3(3)(c) All spaces will be constructed and operated in compliance with relevant CNSC and Health Canada standards and licensing requirements. CNSC and Health Canada guidelines will be monitored by a BCCC RSO and PET CT manager respectively.
- 2.13.2.3(3)(d) A qualified RSO will determine the shielding requirements for the rooms, based upon the room layout/adjacencies, Equipment placement, weekly projected workloads in conjunction with the materials used to construct the floors, ceilings, doors, interior and exterior windows, and any other requirements.
- 2.13.2.3(3)(e) Management of radioactive substance spills is a key safety consideration within Functional Imaging.
- 2.13.2.3(3)(f) All surfaces including floors, bench tops, walls and junctions will be impermeable to liquids and easy to clean.
- 2.13.2.3(3)(g) Alcove - Eyewash/Shower Station for Patients and Staff will be accessible and located in close proximity to all areas of exposure such as Hot Labs in both PET CT/SPECT Suite and Theranostics.
- 2.13.2.3(3)(h) A decontamination kit will be stored in each zone for quick access to contain and clean up radioactive spills.
- 2.13.2.3(3)(i) Staff will be able to flow between all zones of the Sub-Component, from Patient Arrival and Check-In to PET CT/SPECT Suite and Theranostics.
- 2.13.2.3(3)(j) Separation and access control between un-dosed areas and dosed areas of this Sub-Component will be provided.

## 2.13.2.3(4) Patient Arrival and Check-In

- 2.13.2.3(4)(a) Patients and families will be able to freely access Patient Arrival and Check-In during operating hours.
- 2.13.2.3(4)(b) Patient Arrival and Check-In will have Direct Access to and serve both PET CT/SPECT Suite and Theranostics zones with secure entry points. PET CT/SPECT Suite will have the closest access to PET CT/Theranostics Sub-Component public entry point.
- 2.13.2.3(4)(c) There will also be Direct Access between PET CT/SPECT Suite and Theranostics through an internal corridor.
- 2.13.2.3(4)(d) Patient Arrival and Check-In will include a Patient Check-In and a Waiting Area located adjacent to PET CT/Theranostics Sub-Component public entry point.
- 2.13.2.3(4)(e) Patient Check-In will include four (4) transaction stations with transaction windows. It will also have Direct Access to Workroom - Clerks with three (3) workstations.
- 2.13.2.3(4)(f) Workroom - Clerks will also have Direct Access to an internal corridor within the Sub-Component.
- 2.13.2.3(4)(g) Patient Check-In station will have Line of Sight to PET CT/Theranostics Sub-Component public entry point, Waiting Area and secure entry points leading into PET CT/SPECT Suite and Theranostics.
- 2.13.2.3(4)(h) Waiting Area will accommodate twenty-six (26) standard seats, two (2) bariatric seats and four (4) wheelchair spaces. Seating will be distributed in groups of two (2) to six (6) people and will have an adjacent Washroom - Patient.
- 2.13.2.3(4)(i) Two (2) Consult Rooms will be located in this zone with Direct Access from Public Circulation within the Sub-Component.
- 2.13.2.3(4)(j) Patient Arrival and Check-In will also include an Office - Private and a Reading Room which will have Direct Access to a Staff-only internal corridor. Staff will be able to access these rooms without entering PET CT/SPECT Suite or Theranostics.

## 2.13.2.3(5) PET CT/SPECT Suite

- 2.13.2.3(5)(a) Two (2) Change Rooms and one (1) Change Room - Bariatric will be co-located with Direct Access to PET CT/SPECT Suite or Theranostics zones and Convenient Access to Patient Arrival and Check-In.
- 2.13.2.3(5)(b) Change Rooms will not have Line of Sight from Patient Arrival and Check-In and will be located prior to secure Patient entry points to PET CT/SPECT Suite or Theranostics.
- 2.13.2.3(5)(c) Two (2) Stretcher Bay - Holding will have Convenient Access to PET CT/SPECT Suite Patient entry point from Patient Arrival and Check-In zone. One (1) hand hygiene sink will be shared between stretcher bays. Due to use of radioisotope tracer, these Patients will not be held in other transfer Stretcher Bay - Holding areas.
- 2.13.2.3(5)(d) Ten (10) shielded PET Injection/Uptake Room - Chair and two (2) shielded PET Injection/Uptake Room - Stretcher will be clustered in two (2) pods. Each pod of six (6) PET Injection/Uptake Rooms will have Convenient Access to one (1) Imaging Room - PETCT Scanner.
- 2.13.2.3(5)(e) Five (5) shielded Washroom - Patient will be distributed around PET Injection/Uptake Rooms, and one (1) shielded Washroom - Patient will have Convenient Access to Imaging Room - SPECT Camera. Patients will move between PET Injection/Uptake Rooms and washrooms without accessing the main internal corridor and exposing Staff and passing traffic to radiation.
- 2.13.2.3(5)(f) Each three (3) PET Injection/Uptake Rooms will share one (1) Alcove - Hand Hygiene Sink.
- 2.13.2.3(5)(g) Two (2) Imaging Room - PETCT Scanners will provide an enclosed, radiation shielded room with a hybrid PET and CT Scanning unit (single machine) for non-invasive scanning procedures. One (1) Imaging Room - SPECT Camera will also provide an enclosed, radiation shielded room for non-invasive scanning procedures.
- 2.13.2.3(5)(h) The CT component of the PET CT scan will also be used for radiation therapy simulation with the addition of laser positioning lights in the scanning room.

- 2.13.2.3(5)(i) Imaging Room - SPECT Camera will have Convenient Access to Theranostics zone through an internal corridor.
- 2.13.2.3(5)(j) Control Room - PETCT/SPECT and Computer Room - PETCT/SPECT will be located adjacent to imaging rooms.
- 2.13.2.3(5)(k) Imaging rooms will have Direct Access from internal corridor for Patients. Control Room - PETCT/SPECT will also have Direct Access to internal corridor for Staff.
- 2.13.2.3(5)(l) There will be unobstructed Line of Sight from Staff sitting in Control Room - PETCT/SPECT to Patient in imaging rooms through an interior window.
- 2.13.2.3(5)(m) Two-way audio intercom will be provided between Staff in Control Room - PETCT/SPECT and Patient in imaging rooms.
- 2.13.2.3(5)(n) Vendor Equipment specifications will be consulted in design of Imaging Room - PETCT Scanner, Imaging Room - SPECT Camera and adjacent supporting spaces.
- 2.13.2.3(5)(o) A secure Back-of-House Staff entry point will be provided for PET CT/SPECT Suite to allow care Staff and support Staff to enter the Sub-Component without having to pass through Patient Arrival and Check-In. This entrance will have Convenient Access to Staff and Patient Service Elevators via Service Circulation.
- 2.13.2.3(5)(p) Hot Lab will be a secure, radiation shielded room for storage of sealed sources and radioactive waste. Hot Lab will be located with Convenient Access from PET Injection/Uptake Rooms as well as Staff entry point for removal of waste when it is safe for disposal.
- 2.13.2.3(5)(q) Radiochemists deliver FDG via Staff entry point from Cyclotron/Radiopharmaceutical Facility for loading into autoinjectors by technologist Staff in Hot Lab once a day or more. Autoinjectors will be brought into PET Injection/Uptake Rooms from Hot Lab.
- 2.13.2.3(5)(r) Alcove - Clean Linen and Alcove - Blanket Warmer will be co-located with Convenient Access from imaging rooms.

- 2.13.2.3(5)(s) Storage - Clean Supply, Soiled Utility Room and Housekeeping Room will be located centrally to Patient Care Areas.
  - 2.13.2.3(5)(t) Storage - Clean Supply will be located adjacent to Hot Lab.
  - 2.13.2.3(5)(u) Staff will be able to access Washroom - Staff - Non-Acc in PET CT/SPECT Suite without accessing the main internal corridor and being exposed to radiation.
- 2.13.2.3(6) Theranostics
- 2.13.2.3(6)(a) Theranostics zone will consist of six (6) Exam Room - Shielded clustered around Workroom - MDT and associated support spaces.
  - 2.13.2.3(6)(b) Patients will receive IV infusions in this zone within Exam Room - Shielded. Each Exam Room - Shielded will have Direct Access to a dedicated Washroom - Patient - Shielded.
  - 2.13.2.3(6)(c) All Exam Room - Shielded will be designed for access on both sides of a recliner chair or stretcher and will meet the requirements of Universal Design.
  - 2.13.2.3(6)(d) One (1) Alcove - Hand Hygiene Sink will be shared between each three (3) Exam Room - Shielded.
  - 2.13.2.3(6)(e) A multidisciplinary care team will work from the centralized and shared Workroom - MDT.
  - 2.13.2.3(6)(f) Workroom - MDT will be a secure enclosed room with six (6) workstations and interior windows to provide Line of Sight to internal corridor and doors to all Exam Room - Shielded.
  - 2.13.2.3(6)(g) Workroom - MDT will have Convenient Access to two (2) Phone Room - 2-Seat.
  - 2.13.2.3(6)(h) A secure Back-of-House Staff entry point will be provided for Theranostics to allow care Staff and support Staff to enter the Sub-Component without having to pass through Patient Arrival and Check-In. This entrance will have Convenient Access to Staff and Patient Service Elevators via Service Circulation.

- 2.13.2.3(6)(i) Hot Lab will be a secure, radiation shielded room for storage and preparation of radioligand doses given to Patients in Exam Room - Shielded. Hot Lab will be located with Convenient Access from all Exam Room - Shielded as well as Staff entry point. Autoinjectors will be loaded with radioisotope in this room and will be brought into Exam Room - Shielded from Hot Lab.
- 2.13.2.3(6)(j) Storage - Clean Supply and Soiled Utility Room will be located centrally to Patient Care Areas. Storage - Clean Supply will include an ADC.
- 2.13.2.3(6)(k) Soiled Holding - Contaminated will be the holding area for waste pickup and disposal and will have Convenient Access to Staff entry point. This room will not have windows for radiation safety reasons.

## 2.13.3 SCHEDULE OF ACCOMMODATIONS

2.13.3.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Functional Imaging**

<b>M. FUNCTIONAL IMAGING</b>	
M1. CYCLOTRON/RADIOPHARMACEUTICAL FACILITY	492.1
M2. PET CT/THERANOSTICS	814.2
<b>FUNCTIONAL IMAGING PROGRAMMED SPACE NSM:</b>	<b>1,306.3</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>M. FUNCTIONAL IMAGING</b>					
<b>M1. CYCLOTRON/RADIOPHARMACEUTICAL FACILITY</b>					
<b>Staff Support Space</b>					
M1.01	Locker Room - Universal	1	19.0	19.0	
M1.03	Washroom - Staff	1	5.0	5.0	
M1.04	Workroom - Staff	1	27.6	27.6	For nuclear medicine dedicated workstations and transient workspace.
M1.05	Office - Private	2	9.0	18.0	For manager, QA.
M1.06	Storage - Records/Files	1	6.0	6.0	For document storage.
M1.07	Alcove - Nourishment Station	1	4.0	4.0	
M1.08	Storage - Clean Supply	1	9.0	9.0	
M1.09	Storage - Controlled/Quarantine	1	8.0	8.0	For receiving materials until being released.
M1.10	Storage - Chemical	1	7.0	7.0	
M1.11	Soiled Holding	1	5.0	5.0	
M1.12	Housekeeping Room	1	7.0	7.0	
M1.41	Washroom - Staff - Non-Acc	1	3.5	3.5	
<b>Subtotal NSM: Staff Support Space</b>				<b>119.1</b>	
<b>Production</b>					
M1.13	Anteroom - Production	1	8.0	8.0	
M1.14	Alcove - Eyewash/Shower Station	2	1.0	2.0	
M1.15	Micro Lab	1	10.0	10.0	
M1.16	Chemistry Lab	1	15.0	15.0	
M1.40	Alcove - Hand Hygiene Sink	1	1.0	1.0	



Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
M1.17	Vestibule - Receiving	1	5.0	5.0	
M1.18	Shipping/Receiving Room	1	5.0	5.0	
M1.19	Storage - Gas Cylinders	1	9.0	9.0	
M1.20	Washroom - Staff - Non-Acc	2	3.5	7.0	
M1.21	Housekeeping Room	1	7.0	7.0	
M1.22	Quality Control Room - Clean Rooms	1	24.0	24.0	
M1.23	Quality Control Room - Small Clean Room	1	24.0	24.0	
M1.24	Packaging Room	1	6.0	6.0	
M1.25	Airlock	1	10.0	10.0	
M1.38	Gowning Room	1	17.0	17.0	
M1.26	Clean Room	2	25.0	50.0	
M1.27	Small Clean Room	1	13.0	13.0	
M1.39	Technical Area	1	35.0	35.0	
	<b>Subtotal NSM: Production</b>			<b>248.0</b>	
	<b>Cyclotron</b>				
M1.28	Control Room - Cyclotron	1	10.0	10.0	
M1.29	Storage - Contaminated Waste	1	5.0	5.0	
M1.30	Workshop - Electronic - Cyclotron	1	20.0	20.0	
M1.31	Equipment Room - Cyclotron	1	30.0	30.0	
M1.32	Storage - Shielded - Cyclotron	1	15.0	15.0	
M1.33	Cyclotron Vault	1	45.0	45.0	
	<b>Subtotal NSM: Cyclotron</b>			<b>125.0</b>	
	<b>SUBTOTAL NSM: CYCLOTRON/RADIOPHARMACEUTICAL FACILITY</b>			<b>492.1</b>	
<b>M2. PET CT/THERANOSTICS</b>					
	<b>Patient Arrival and Check-In</b>				
M2.01	Waiting Area	1	62.0	62.0	
M2.02	Patient Check-In	1	18.4	18.4	
M2.03	Workroom - Clerks	1	13.8	13.8	
M2.04	Washroom - Public	1	5.0	5.0	
M2.05	Consult Room	2	12.0	24.0	
M2.06	Office - Private	1	9.0	9.0	For chief PET tech.

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
M2.07	Reading Room	1	16.8	16.8	For reviewing electronic images from PET CT.
<b>Subtotal NSM: Patient Arrival and Check-In</b>				<b>149.0</b>	
<b>PET CT/SPECT Suite</b>					
M2.08	Change Room	2	3.5	7.0	
M2.09	Stretcher Bay - Holding	2	7.5	15.0	
M2.10	Storage - Clean Supply	1	13.0	13.0	
M2.11	Soiled Utility Room	1	10.0	10.0	
M2.12	Housekeeping Room	1	7.0	7.0	
M2.13	Washroom - Staff - Non-Acc	3	3.5	10.5	
M2.14	Hot Lab	1	25.0	25.0	For radioisotope storage cabinet and autoinjector storage.
M2.15	PET Injection/Uptake Room - Chair	10	8.0	80.0	
M2.16	PET Injection/Uptake Room - Stretcher	2	15.0	30.0	
M2.17	Washroom - Patient	6	5.0	30.0	
M2.18	Alcove - Eyewash/Shower Station	1	1.0	1.0	
M2.19	Alcove - Clean Linen	2	2.0	4.0	
M2.20	Alcove - Blanket Warmer	2	1.5	3.0	
M2.21	Imaging Room - PETCT Scanner	2	50.0	100.0	
M2.22	Imaging Room - SPECT Camera	1	50.0	50.0	
M2.23	Control Room - PETCT/SPECT	3	15.0	45.0	
M2.24	Computer Room - PETCT/SPECT	3	10.0	30.0	
M2.35	Change Room - Bariatric	1	4.6	4.6	
M2.36	Alcove - Hand Hygiene Sink	4	1.0	4.0	
<b>Subtotal NSM: PET CT/SPECT Suite</b>				<b>469.1</b>	
<b>Theranostics</b>					
M2.25	Exam Room - Shielded	6	12.0	72.0	For Patient treatment.
M2.26	Washroom - Patient - Shielded	6	5.0	30.0	
M2.27	Workroom - MDT	1	27.6	27.6	To be located centrally.
M2.28	Phone Room - 2-Seat	2	5.0	10.0	
M2.29	Hot Lab	1	20.0	20.0	For radioisotope storage cabinet.
M2.30	Alcove - Eyewash/Shower Station	1	1.0	1.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
M2.31	Soiled Holding - Contaminated	1	5.0	5.0	
M2.32	Storage - Clean Supply	1	13.0	13.0	
M2.33	Soiled Utility Room	1	10.0	10.0	
M2.34	Washroom - Staff	1	5.0	5.0	
M2.37	Alcove - Hand Hygiene Sink	2	1.0	2.0	
M2.40	Alcove - Water Station	1	0.5	0.5	To be located centrally.
	<b>Subtotal NSM: Theranostics</b>			<b>196.1</b>	
<b>SUBTOTAL NSM: PET CT/THERANOSTICS</b>				<b>814.2</b>	
<b>TOTAL NSM: FUNCTIONAL IMAGING</b>				<b>1,306.3</b>	

## **CLINICAL SUPPORT COMPONENTS**

## 2.14 N. INTERPROFESSIONAL TEAM

### 2.14.1 N1. CARDIAC DIAGNOSTICS

#### 2.14.1.1 SERVICE DESCRIPTION

2.14.1.1(1) Cardiac Diagnostics Sub-Component in IPT Component will provide inpatient Holter monitoring, cardiac device monitoring and stress testing services to all Clinical Components.

2.14.1.1(2) Cardiac Diagnostics will provide 24/7 ECG services to all Clinical Components within the Facility.

2.14.1.1(3) Patient population in this Sub-Component will be Patients over the age of 17 considered for therapy services once deemed appropriate.

2.14.1.1(4) Service Exclusions

2.14.1.1(4)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

2.14.1.1.4.(a).1 Storage of cardiac diagnostics materials (e.g., ECG electrodes) and Equipment (e.g., ECG carts stored within Clinical Components close to point-of-use) will be accommodated in other areas of the Facility except as noted.

2.14.1.1.4.(a).2 Outpatient cardiac diagnostics services are not in scope, with the assumption these will be provided in the community or other health care sites.

#### 2.14.1.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

2.14.1.2(1) Patient Flow

2.14.1.2(1)(a) Cardiac Diagnostics will be the only IPT Sub-Component with Patient care activities within it.

2.14.1.2(1)(b) Inpatients requiring an exercise stress test will be escorted to Cardiac Diagnostics Sub-Component by Porter or designated Staff via Service Circulation. Upon entry into Cardiac Diagnostics Sub-Component, the Patient will be escorted directly to Stress Testing Room. When the test is complete, the Patient will be escorted/transported back to the sending Component.

2.14.1.2(2) Family/Visitor Flow

2.14.1.2(2)(a) Family/visitors will accompany Patient within Cardiac Diagnostic testing space or will wait within the sending Component.

2.14.1.2(3) Staff Flow

2.14.1.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.

2.14.1.2(3)(b) At start of shift, Cardiac Diagnostics Staff will sign-in within their applicable Sub-Component and receive their assignment/Patient workload for the day.

2.14.1.2(3)(c) Cardiac Diagnostics Staff may travel via Service Circulation to centralized Shared Staff Facilities to access Lounge - Staff for breaks.

2.14.1.2(3)(d) Inpatient exercise stress tests will be performed in Stress Testing Room located within the Cardiac Diagnostic Sub-Component space.

2.14.1.2(3)(e) Cardiac Diagnostics Staff will circulate within the Sub-Component to retrieve supplies or Equipment.

2.14.1.2(3)(f) Workstations within the Sub-Component will allow care Staff to document, access the EMRs, and manage diagnostic test information. Analysis and results of exercise stress test and Holter monitoring will be viewed on dedicated Workstations in this Sub-Component.

2.14.1.2(3)(g) Cardiologists will travel from Medical Imaging Component to Cardiac Diagnostics Sub-Component via Service Circulation to support diagnostic testing performed by Cardiac Diagnostics Staff and to supervise/administer exercise stress testing. The cardiologist will utilize Reading Rooms within Medical Imaging Component to interpret diagnostic test results.

2.14.1.2(3)(h) If a Code Blue is called, the Code Blue team will travel to the Sub-Component. A crash cart will be centrally located in this Sub-Component.

- 2.14.1.2(3)(i) Diagnostic Cardiology Staff will travel with required Equipment to Clinical Components within the Facility via Service Circulation to perform bedside diagnostics (e.g., ECG, Holter monitoring, device monitoring) within Patient Care Areas.
- 2.14.1.2(4) Clinical Support Flow
- 2.14.1.2(4)(a) Pharmacy
- 2.14.1.2.4.(a).1 N/A
- 2.14.1.2(4)(b) Medical Imaging
- 2.14.1.2.4.(b).1 N/A
- 2.14.1.2(4)(c) Laboratory
- 2.14.1.2.4.(c).1 N/A
- 2.14.1.2(4)(d) Interprofessional Team
- 2.14.1.2.4.(d).1 N/A
- 2.14.1.2(5) Non-Clinical Support Flow
- 2.14.1.2(5)(a) Equipment
- 2.14.1.2.5.(a).1 Mobile ECG machines will be stored near point-of-use within Emergency Component and 12-Bed HAU Sub-Component.
- 2.14.1.2.5.(a).2 For other Clinical Components within the Facility, Cardiac Diagnostics Staff will transport an ECG cart from Cardiac Diagnostics Sub-Component to the required Clinical Component via Service Circulation. Within Cardiac Diagnostics Sub-Component, ECG carts will be stored within Storage - Clean Equipment or Alcove - Mobile Equipment.
- 2.14.1.2(5)(b) Medical Devices
- 2.14.1.2.5.(b).1 N/A
- 2.14.1.2(5)(c) Supplies (Materials Management)
- 2.14.1.2.5.(c).1 As per Facility-wide flow.
- 2.14.1.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
- 2.14.1.2.5.(d).1 As per Facility-wide flow.
- 2.14.1.2(5)(e) Patient Food Services
- 2.14.1.2.5.(e).1 N/A
- 2.14.1.2(5)(f) Biomedical Engineering

- 2.14.1.2.5.(f).1 As per Facility-wide flow.
- 2.14.1.2.5.(f).2 Equipment requiring regular scheduled maintenance will be picked up by Biomedical Engineering Staff and transported to Biomedical Engineering Component via Service Circulation.

2.14.1.2(5)(g) FMO/AM

- 2.14.1.2.5.(g).1 As per Facility-wide flow.

2.14.1.2(5)(h) Information Management

- 2.14.1.2.5.(h).1 As per Facility-wide flow.
- 2.14.1.2.5.(h).2 Referrals for cardiac diagnostics services will be sent via clinical information system order entry, which will include specific reason for referral and priority level.
- 2.14.1.2.5.(h).3 Documentation will be done online in clinical information system using FH IPT specific documentation standards.
- 2.14.1.2.5.(h).4 Results reporting, to clinical Staff located within and outside the Facility will be available in the EMR.

2.14.1.2(5)(i) Security

- 2.14.1.2.5.(i).1 As per Facility-wide flow.

2.14.1.3 COMPONENT DESIGN CRITERIA

2.14.1.3(1) External Adjacency Requirements Diagram

- 2.14.1.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



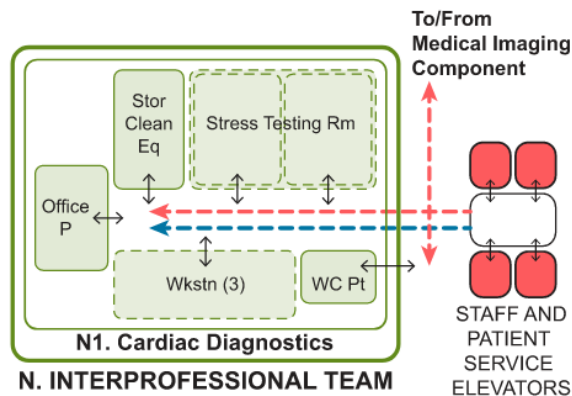


**LEGEND**

Convenient Access by Service Circulation

2.14.1.3(2) Internal Functional Relationships Diagram

2.14.1.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



**LEGEND**

- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access

## 2.14.1.3(3) General Requirements

- 2.14.1.3(3)(a) Cardiac Diagnostics Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.14.1.3.3.(a).1 Convenient Access via Service Circulation to Medical Imaging for movement of cardiologists.
  - 2.14.1.3.3.(a).2 Convenient Access via Service Circulation to Emergency for movement of Staff.
  - 2.14.1.3.3.(a).3 Convenient Access via Service Circulation to Inpatient Units for movement of Staff and Patients.
  - 2.14.1.3.3.(a).4 Convenient Access via Service Circulation to Ambulatory Care for movement of Staff.
  - 2.14.1.3.3.(a).5 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.14.1.3(3)(b) This Sub-Component will not be required to be co-located with other Sub-Components of IPT Component.
- 2.14.1.3(3)(c) This Sub-Component will be co-located with Medical Imaging Component for cardiologists' access and will have Convenient Access to Staff and Patient Service Elevators for inpatients.
- 2.14.1.3(3)(d) Inpatients will enter this Sub-Component for stress testing.
- 2.14.1.3(3)(e) Stress Testing Room will be one room with two (2) stress testing bays each with a treadmill, stretcher, mobile workstation, privacy curtain between the bays and at the front and medical gases.
- 2.14.1.3(3)(f) Stress Testing Room will be configured to permit access to both sides of the Patient on the treadmill.
- 2.14.1.3(3)(g) One (1) adult weigh scale and one (1) hand hygiene sink will be shared between stress testing bays. One (1) x-y gantry ceiling lift will cover both bays in Stress Testing Room.
- 2.14.1.3(3)(h) Stress Testing Room will be open to the rest of Cardiac Diagnostics Sub-Component but the ability to provide

visual privacy for each stress testing bay will be required.

- 2.14.1.3(3)(i) Stress Testing Room will have Convenient Access to Storage - Clean Equipment and Alcove - Clean Linen.
- 2.14.1.3(3)(j) Access to Storage - Clean Equipment will allow movement of loaded carts.
- 2.14.1.3(3)(k) Cardiac Diagnostics Sub-Component will include three (3) open Workstations with Line of Sight to both bays in Stress Testing Room.
- 2.14.1.3(3)(l) Alcove - Mobile Equipment will be located adjacent to Stress Testing Room and accommodate crash cart and mobile Equipment.
- 2.14.1.3(3)(m) Washroom - Patient will be located adjacent to Cardiac Diagnostics Sub-Component with Direct Access from Service Circulation outside the Sub-Component and Convenient Access from within the Sub-Component.

## 2.14.2 N2. RESPIRATORY THERAPY

## 2.14.2.1 SERVICE DESCRIPTION

- 2.14.2.1(1) Respiratory Therapy Sub-Component in IPT Component will accommodate primary storage and repair of respiratory therapy Equipment.
- 2.14.2.1(2) Respiratory therapists in the Facility will provide clinical practice leadership and Patient care when needed. They will also act as a Deteriorating Patient Outreach member to provide on-site assistance.
- 2.14.2.1(3) Patient population in this Sub-Component will be Patients over the age of 17 considered for therapy services once deemed appropriate. Exception will be in Emergency Component where Respiratory Therapy Staff will attend to all age groups.
- 2.14.2.1(4) Service Exclusions
- 2.14.2.1(4)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
- 2.14.2.1.4.(a).1 This Sub-Component is a Staff-only area, no in-person Patient care will be provided in this space.
- 2.14.2.1.4.(a).2 Storage of respiratory therapy materials and Equipment will be accommodated in Components within the Facility except as noted.

## 2.14.2.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.14.2.2(1) Patient Flow
- 2.14.2.2(1)(a) N/A
- 2.14.2.2(2) Family/Visitor Flow
- 2.14.2.2(2)(a) N/A
- 2.14.2.2(3) Staff Flow
- 2.14.2.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.

- 2.14.2.2(3)(b) At start of shift, Respiratory Therapy Staff will sign-in within their applicable Sub-Component and receive their assignment/Patient workload for the day, then travel to Clinical Components within the Facility via Service Circulation to provide Patient care within Patient Care Areas.
- 2.14.2.2(3)(c) Respiratory Therapy Staff will be part of the Code Blue response team and will travel to Code Blue calls throughout the Facility.
- 2.14.2.2(3)(d) Respiratory Therapy Staff may travel via Service Circulation to centralized Shared Staff Facilities to access Lounge - Staff for breaks.

#### 2.14.2.2(4) Clinical Support Flow

- 2.14.2.2(4)(a) Pharmacy
  - 2.14.2.2.4.(a).1 N/A
- 2.14.2.2(4)(b) Medical Imaging
  - 2.14.2.2.4.(b).1 N/A
- 2.14.2.2(4)(c) Laboratory
  - 2.14.2.2.4.(c).1 N/A
- 2.14.2.2(4)(d) Interprofessional Team
  - 2.14.2.2.4.(d).1 N/A

#### 2.14.2.2(5) Non-Clinical Support Flow

- 2.14.2.2(5)(a) Equipment
  - 2.14.2.2.5.(a).1 The bulk of respiratory therapy Equipment inventory (mainly ventilators) and specialty supplies will be held in Equipment Storage and Dispatch Room of this Sub-Component with dedicated decentralized storage provided in Emergency and Inpatient Unit (12-Bed HAU) Components near point-of-use.
  - 2.14.2.2.5.(a).2 Utilizing a one-way flow process, ventilators will be cleaned at point-of-use, prior to transport back to Respiratory Therapy Sub-Component.
  - 2.14.2.2.5.(a).3 After use on a Patient, or at regular intervals, clean ventilator machines will be re-circuited and tested in Ventilator Assembly and Testing Room by Respiratory Therapy Staff.

- 2.14.2.2.5.(a).4 When testing is complete, the Equipment will be moved to Equipment Storage and Dispatch Room. This Equipment will then be moved to the applicable Component within the Facility as needed via Service Circulation.
- 2.14.2.2(5)(b) Medical Devices
- 2.14.2.2.5.(b).1 For specialized Equipment and medical devices needing reprocessing within MDR (e.g., probes, masks, airway Equipment), Respiratory Therapy Staff will disassemble and clean soiled medical devices within Patient Care Areas after Patient use, then transport soiled items in a designated enclosed, puncture-resistant transport bin from point-of-use directly to MDR for reprocessing via Service Circulation.
- 2.14.2.2.5.(b).2 Reprocessed items will either be delivered directly to Respiratory Therapy Sub-Component by MDR Staff or picked up by Respiratory Therapy Staff from MDR, for re-assembly, testing and calibration by Respiratory Therapy Staff.
- 2.14.2.2(5)(c) Supplies (Materials Management)
- 2.14.2.2.5.(c).1 As per Facility-wide flow.
- 2.14.2.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
- 2.14.2.2.5.(d).1 As per Facility-wide flow.
- 2.14.2.2(5)(e) Patient Food Services
- 2.14.2.2.5.(e).1 N/A
- 2.14.2.2(5)(f) Biomedical Engineering
- 2.14.2.2.5.(f).1 As per Facility-wide flow.
- 2.14.2.2.5.(f).2 Equipment (e.g., ventilators) requiring regular scheduled maintenance or repair will be picked up by Biomedical Engineering Staff and transported to Biomedical Engineering Component via Service Circulation.
- 2.14.2.2(5)(g) FMO/AM
- 2.14.2.2.5.(g).1 As per Facility-wide flow.
- 2.14.2.2(5)(h) Information Management
- 2.14.2.2.5.(h).1 As per Facility-wide flow.
- 2.14.2.2.5.(h).2 Referrals for respiratory therapy services will be sent via clinical information system order entry,

which will include specific reason for referral and priority level.

2.14.2.2.5.(h).3 Documentation will be done online in clinical information system using FH IPT specific documentation standards.

2.14.2.2.5.(h).4 Results reporting, to clinical Staff located within and outside the Facility will be available in the EMR.

2.14.2.2.5.(h).5 Additional information flows will be via communication device for urgent/code requests.

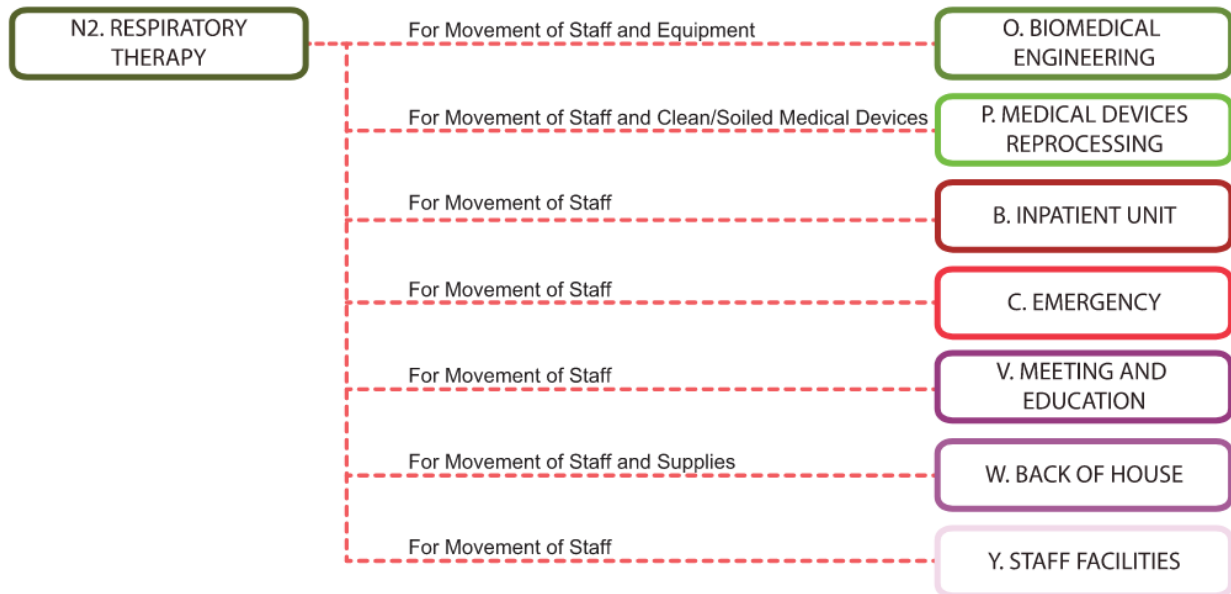
2.14.2.2(5)(i) Security

2.14.2.2.5.(i).1 As per Facility-wide flow.

2.14.2.3 COMPONENT DESIGN CRITERIA

2.14.2.3(1) External Adjacency Requirements Diagram

2.14.2.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

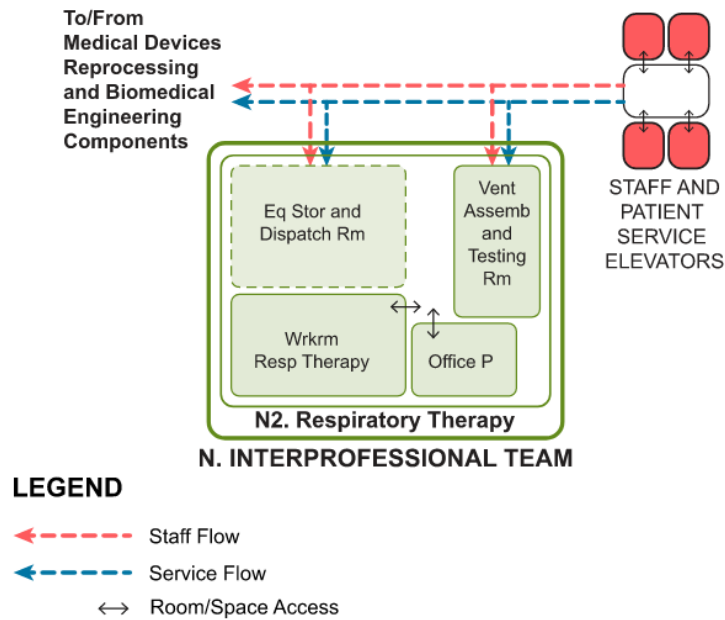


**LEGEND**

Convenient Access by Service Circulation

2.14.2.3(2) Internal Functional Relationships Diagram

2.14.2.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



### 2.14.2.3(3) General Requirements

2.14.2.3(3)(a) Respiratory Therapy Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.14.2.3.3.(a).1 Convenient Access via Service Circulation and adjacency to Biomedical Engineering and MDR for movement of Staff, Equipment and medical devices.
- 2.14.2.3.3.(a).2 Convenient Access via Service Circulation to Inpatient Units for movement of Staff.
- 2.14.2.3.3.(a).3 Convenient Access via Service Circulation to Emergency for movement of Staff.
- 2.14.2.3.3.(a).4 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.

2.14.2.3(3)(b) This Sub-Component will be a Staff-only area and will not be required to be co-located with other Sub-Components of IPT Component.

2.14.2.3(3)(c) This Sub-Component will be located centrally within the Facility to provide services to all Components. It will also have Convenient Access to Staff and Patient Service Elevators.



- 2.14.2.3(3)(d) Equipment Storage and Dispatch Room will have Direct Access from Service Circulation outside the Sub-Component for ease of movement of Equipment.
- 2.14.2.3(3)(e) Equipment Storage and Dispatch Room will include open floorspace/circulation in centre of the room for gathering and accessing mobile Equipment or Equipment on carts, and open floorspace along walls for mobile Equipment storage and charging.
- 2.14.2.3(3)(f) Ventilator Assembly and Testing Room will have Direct Access from Service Circulation outside the Sub-Component and include supply storage and two (2) workstations for recircuiting, calibration and testing.
- 2.14.2.3(3)(g) Workroom - Respiratory Therapy will include four (4) drop down workstations.
- 2.14.2.3(3)(h) Workroom - Respiratory Therapy will have an audio-video door intercom and remote door release to allow public access from a secure Public Passenger Elevator lobby located on the same floor.

## 2.14.3 N3. IPT STAFF SUPPORT SPACE

## 2.14.3.1 SERVICE DESCRIPTION

- 2.14.3.1(1) IPT Staff Support Space Sub-Component in IPT Component will accommodate offices for IPT service providers for the Facility including anesthesia assistants, dietitian services, social workers (SW), rehabilitation services, recreation services and spiritual care services. Rehabilitation services will include physiotherapy (PT), occupational therapy (OT), speech language pathology (SLP), rehabilitation assistants, and home health liaison services.
- 2.14.3.1(2) Patient population in this Sub-Component will be Patients over the age of 17 considered for therapy services once deemed appropriate.
- 2.14.3.1(3) The following activities will be accommodated in this Sub-Component:
- 2.14.3.1(3)(a) Case management;
  - 2.14.3.1(3)(b) IPT administration for the Facility;
  - 2.14.3.1(3)(c) Liaison with virtual HCPs and community supports;
  - 2.14.3.1(3)(d) Referrals to various providers and organizations;
  - 2.14.3.1(3)(e) Team huddles and communication;
  - 2.14.3.1(3)(f) Nutrition consultation services;
  - 2.14.3.1(3)(g) Documentation, workload measurement recording and analyzing;
  - 2.14.3.1(3)(h) Documentation and communication related to discharge planning;
  - 2.14.3.1(3)(i) Documentation and communication related to assisting with medical Equipment planning for Patients; and
  - 2.14.3.1(3)(j) Home health liaison team will coordinate home discharges, arrange Equipment, in-home care supports, community linkages, and long-term care assessments coordinating placements in collaboration with community access.
- 2.14.3.1(4) This Sub-Component will act as a 'home-base' for IPT services. The majority of IPT Staff will perform their work and provide

their services outside of this Sub-Component in other areas of the Facility.

#### 2.14.3.1(5) Service Exclusions

2.14.3.1(5)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

- 2.14.3.1.5.(a).1 This Sub-Component is a Staff-only area, no in-person Patient care will be provided in this space.
- 2.14.3.1.5.(a).2 Storage of materials and Equipment will primarily be in other areas of the Facility except as noted.
- 2.14.3.1.5.(a).3 Pediatrics and mental health services will be excluded.
- 2.14.3.1.5.(a).4 Outpatient rehabilitation services will not be provided at the NSHBCCC.
- 2.14.3.1.5.(a).5 BCCC will employ dedicated SLPs, SLP Equipment, and SW professionals to be accommodated within BCCC Component spaces.

#### 2.14.3.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

##### 2.14.3.2(1) Patient Flow

- 2.14.3.2(1)(a) Patient consultations will be provided through virtual health methods.
- 2.14.3.2(1)(b) In-person Patient consultations will occur in appropriate Patient Care Areas outside of this Sub-Component, within Clinical Components.

##### 2.14.3.2(2) Family/Visitor Flow

- 2.14.3.2(2)(a) Family consultations will be provided through virtual health methods.
- 2.14.3.2(2)(b) In-person family consultations will occur in appropriate Patient Care Areas outside of this Sub-Component, within Clinical Components.

##### 2.14.3.2(3) Staff Flow

- 2.14.3.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to

centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.

- 2.14.3.2(3)(b) At start of shift, IPT Staff will sign-in within their applicable Sub-Component and receive their assignment/Patient workload for the day, then travel to Clinical Components within the Facility via Service Circulation to provide Patient care within Patient Care Areas.
- 2.14.3.2(3)(c) IPT Staff may travel via Service Circulation to centralized Shared Staff Facilities to access Lounge - Staff for breaks.
- 2.14.3.2(3)(d) Physical therapists (PTs), occupational therapists (OTs), rehabilitation assistants, recreation therapists, and speech language pathologists (SLPs) will travel to Clinical Components within the Facility to provide hands-on care, assessments and education in Patient Care Areas, Patient Rooms and Rehabilitation Therapy Room.
- 2.14.3.2(3)(e) Social workers (SWs) will provide advocacy, counselling, and mediation services for Patients, Patients' family members and other caregivers responsible for a Patient beyond their stay. Such activities will take place within Patient Care Areas, Patient rooms or Consult Rooms.
- 2.14.3.2(3)(f) Spiritual care practitioners will travel to Clinical Components within the Facility as needed to provide spiritual care services within Patient Care Areas, or within Spiritual Care Suite.
- 2.14.3.2(3)(g) Home health liaison Staff will primarily spend their time on Inpatient Unit Component with some coordination done from this Sub-Component.
- 2.14.3.2(3)(h) Registered dietitians will travel to Clinical Components within the Facility to provide hands-on care, assessments and education within Patient Care Areas. Nutrition education will also be provided using virtual health methods via fixed and/or mobile solutions.
- 2.14.3.2(3)(i) Patient and/or family interactions through virtual health methods will occur in IPT Sub-Component at shared or drop down workstations within Workroom - IPT. Staff

will have access to Phone Room - 2-Seat and Meeting Room - 6-Seat in this Sub-Component or through connection in VH Component for confidential calls, video calls, and ad hoc discussions.

2.14.3.2(4) Clinical Support Flow

2.14.3.2(4)(a) Pharmacy

2.14.3.2.4.(a).1 N/A

2.14.3.2(4)(b) Medical Imaging

2.14.3.2.4.(b).1 N/A

2.14.3.2(4)(c) Laboratory

2.14.3.2.4.(c).1 N/A

2.14.3.2(4)(d) Interprofessional Team

2.14.3.2.4.(d).1 N/A

2.14.3.2(5) Non-Clinical Support Flow

2.14.3.2(5)(a) Equipment

2.14.3.2.5.(a).1 A majority of Equipment for use by Staff from this Sub-Component will be stored in areas throughout the Facility, including Storage - OT/PT Equipment in Inpatient Unit Component.

2.14.3.2.5.(a).2 Some IPT related Equipment including needs for SLP will be stored within this Sub-Component in Storage - Clean Equipment.

2.14.3.2(5)(b) Medical Devices

2.14.3.2.5.(b).1 Specialty items and Equipment used by SLPs will require reprocessing in MDR Component. SLP Staff will deliver these soiled items from point-of-use directly to MDR Component for reprocessing. Reprocessed items will either be delivered directly to Storage - Clean Equipment room in IPT Staff Support Space Sub-Component by MDR Staff or picked up by SLP Staff from MDR Component.

2.14.3.2(5)(c) Supplies (Materials Management)

2.14.3.2.5.(c).1 IPT Staff will have access to clean supplies in work areas outside of this Sub-Component.

2.14.3.2(5)(d) EVS (Housekeeping/Linen/Waste Management)

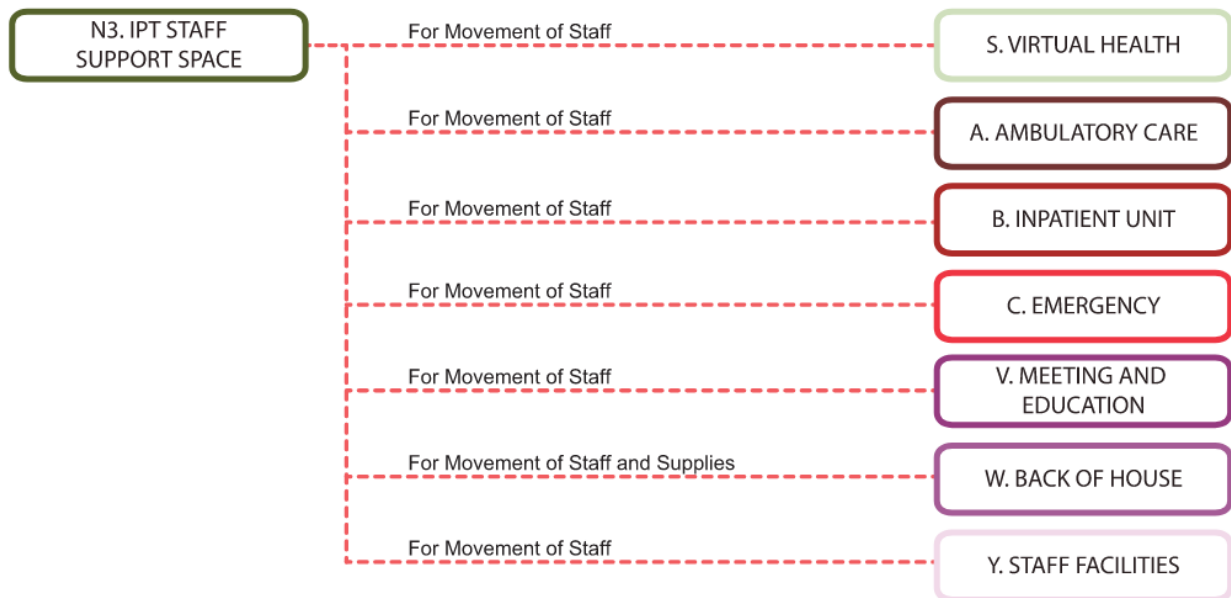
2.14.3.2.5.(d).1 As per Facility-wide flow.

- 2.14.3.2(5)(e) Patient Food Services
  - 2.14.3.2.5.(e).1 N/A
- 2.14.3.2(5)(f) Biomedical Engineering
  - 2.14.3.2.5.(f).1 As per Facility-wide flow.
- 2.14.3.2(5)(g) FMO/AM
  - 2.14.3.2.5.(g).1 As per Facility-wide flow.
- 2.14.3.2(5)(h) Information Management
  - 2.14.3.2.5.(h).1 As per Facility-wide flow.
  - 2.14.3.2.5.(h).2 Referrals for IPT services will be sent via clinical information system order entry, which will include specific reason for referral and priority level.
  - 2.14.3.2.5.(h).3 Documentation will be done online in clinical information system using FH IPT specific documentation standards.
- 2.14.3.2(5)(i) Security
  - 2.14.3.2.5.(i).1 As per Facility-wide flow.

2.14.3.3 COMPONENT DESIGN CRITERIA

2.14.3.3(1) External Adjacency Requirements Diagram

2.14.3.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

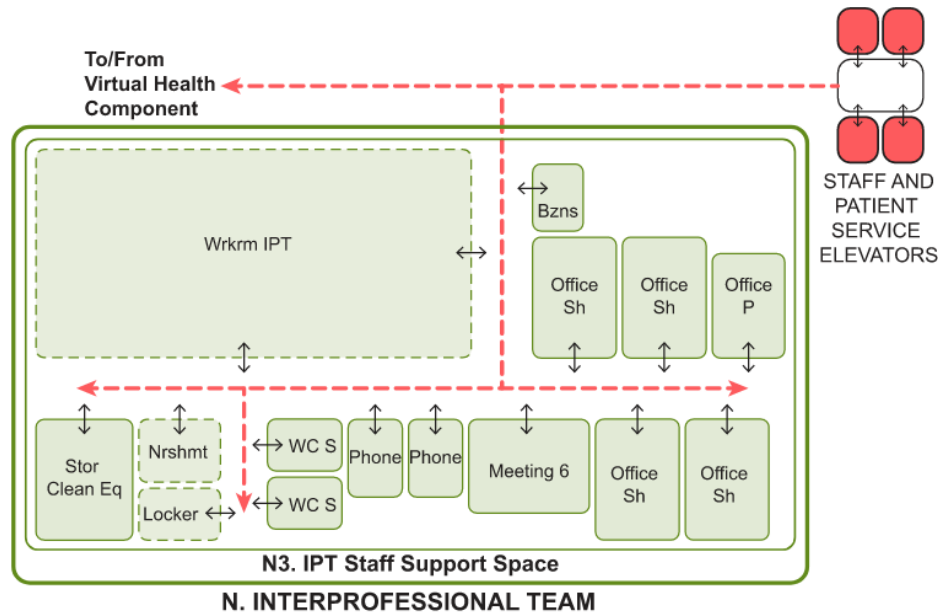


**LEGEND**

Convenient Access by Service Circulation

## 2.14.3.3(2) Internal Functional Relationships Diagram

2.14.3.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.

**LEGEND**

- Red dashed arrow: Staff Flow
- Double-headed arrow: Room/Space Access

## 2.14.3.3(3) General Requirements

- 2.14.3.3(3)(a) IPT Staff Support Space Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.14.3.3.3.(a).1 Convenient Access via Service Circulation to VH Component for movement of Staff.
  - 2.14.3.3.3.(a).2 Convenient Access via Service Circulation to Inpatient Units for movement of Staff.
  - 2.14.3.3.3.(a).3 Convenient Access via Service Circulation to Ambulatory Care for movement of Staff.
  - 2.14.3.3.3.(a).4 Convenient Access via Service Circulation to Emergency for movement of Staff.
  - 2.14.3.3.3.(a).5 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.

- 2.14.3.3(3)(b) This Sub-Component will be a Staff-only area and will not be required to be co-located with other Sub-Components of IPT Component.
- 2.14.3.3(3)(c) This Sub-Component will be located centrally within the Facility to provide services to all Components. It will also have Convenient Access to Staff and Patient Service Elevators.
- 2.14.3.3(3)(d) IPT Staff Support Space will include an open Workroom - IPT with two (2) workstations for dietitian services, six (6) workstations for admin support clerks, twelve (12) workstations shared between various IPT members and three (3) drop down workstations shared among OT/PT/SLP/rehabilitation assistants/educators.
- 2.14.3.3(3)(e) Business Work Area and Phone Room - 2-Seat will be shared among IPT Staff and have Convenient Access to all Staff work areas.
- 2.14.3.3(3)(f) This Sub-Component will include multiple offices which will be grouped together. Each Office - Shared will include two (2) workstations.
- 2.14.3.3(3)(g) Alcove - Purse Lockers will have Convenient Access to Washroom - Staff and Washroom - Staff - Non-Acc.
- 2.14.3.3(3)(h) Storage - Clean Equipment will have adjustable shelving units on two (2) walls, SLP-scope hanging Equipment on one (1) wall and open area for carts, assembly of supplies, Equipment that will be moved to other Components.



## 2.14.4 SCHEDULE OF ACCOMMODATIONS

2.14.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Interprofessional Team**

<b>N. INTERPROFESSIONAL TEAM</b>		
N1. CARDIAC DIAGNOSTICS		65.8
N2. RESPIRATORY THERAPY		68.0
N3. IPT STAFF SUPPORT SPACE		218.9
<b>INTERPROFESSIONAL TEAM PROGRAMMED SPACE NSM:</b>		<b>352.7</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>N. INTERPROFESSIONAL TEAM</b>					
<b>N1. CARDIAC DIAGNOSTICS</b>					
N1.01	Stress Testing Room	1	24.0	24.0	
N1.02	Storage - Clean Equipment	1	10.0	10.0	
N1.03	Workstation	3	4.6	13.8	For cardiology techs.
N1.04	Office - Private	1	9.0	9.0	For manager.
N1.05	Alcove - Clean Linen	1	2.0	2.0	
N1.06	Alcove - Mobile Equipment	1	2.0	2.0	
N1.07	Washroom - Patient	1	5.0	5.0	
<b>SUBTOTAL NSM: CARDIAC DIAGNOSTICS</b>				<b>65.8</b>	
<b>N2. RESPIRATORY THERAPY</b>					
N2.01	Equipment Storage and Dispatch Room	1	25.0	25.0	Main/central clean Equipment storage and dispatch room for Respiratory Therapy.
N2.02	Ventilator Assembly and Testing Room	1	14.0	14.0	For assembly and testing of ventilator Equipment, storage of supplies.
N2.03	Office - Private	1	9.0	9.0	For clinical practice lead/supervisor.
N2.04	Workroom - Respiratory Therapy	1	20.0	20.0	For respiratory therapists to receive work orders, workload planning, handover and community connections.
<b>SUBTOTAL NSM: RESPIRATORY THERAPY</b>				<b>68.0</b>	
<b>N3. IPT STAFF SUPPORT SPACE</b>					
N3.01	Workroom - IPT	1	100.4	100.4	
N3.02	Business Work Area	1	4.0	4.0	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
N3.03	Phone Room - 2-Seat	2	5.0	10.0	
N3.04	Meeting Room - 6-Seat	1	15.0	15.0	
N3.05	Office - Private	1	9.0	9.0	For rehab manager operations lead.
N3.06	Office - Shared	4	12.0	48.0	For clinical practice leads/supervisors.
N3.07	Alcove - Nourishment Station	1	4.0	4.0	
N3.08	Alcove - Purse Lockers	1	6.0	6.0	
N3.09	Storage - Clean Equipment	1	14.0	14.0	For IPT supplies and Equipment.
N3.10	Washroom - Staff	1	5.0	5.0	
N3.11	Washroom - Staff - Non-Acc	1	3.5	3.5	
<b>SUBTOTAL NSM: IPT STAFF SUPPORT SPACE</b>				<b>218.9</b>	
<b>TOTAL NSM: INTERPROFESSIONAL TEAM</b>				<b>352.7</b>	

## 2.15 O. BIOMEDICAL ENGINEERING

### 2.15.1 SERVICE DESCRIPTION

- 2.15.1.1 Biomedical Engineering Component will be responsible for safe and proper operation of electronic medical devices that are connected to Patients or involve some form of Patient-machine interface.
- 2.15.1.2 The following activities will be accommodated in this Component:
- 2.15.1.2(1) Incoming inspections of Patient-related electro-medical devices to assure proper performance and compliance with approved safety standards before use in the Facility;
  - 2.15.1.2(2) Installation and/or management of installation of Patient-related electro-medical systems and devices;
  - 2.15.1.2(3) Repair and maintenance of above-noted systems and devices;
  - 2.15.1.2(4) Preventative maintenance of Equipment in-situ;
  - 2.15.1.2(5) Technology assessment and evaluation of medical devices during the purchasing process;
  - 2.15.1.2(6) Consultation to clinicians considering new Equipment;
  - 2.15.1.2(7) Creation and maintenance of an inventory database of medical devices and service/maintenance repair history of those devices;
  - 2.15.1.2(8) Coordination and tracking of vendor services and contracts related to electro-medical Equipment;
  - 2.15.1.2(9) Risk management activities related to medical devices including manufacturer recalls and hazard alert follow-up and tracking;
  - 2.15.1.2(10) Provision of in-service education to Staff on the use of Equipment; and
  - 2.15.1.2(11) Incident reporting, investigation, and follow-up.
- 2.15.1.3 Biomedical Engineering will provide services to Ambulatory Care, Inpatient Unit, Emergency, Medical Imaging and ED Satellite Imaging in Emergency Component, Perioperative, MDR and Satellite MDR - Scope Reprocessing in Perioperative Component, Cardiac Diagnostics and BCCC Clinical Components.
- 2.15.1.4 This Component will be a 'home-base' for all clinical Biomedical Engineering Staff in the Facility. Medical Imaging biomedical engineering Staff will have a

'home-base' at other FH sites and will move between sites as required. Biomedical Engineering supervisors and clerical Staff will have a 'home-base' at other FH sites and will be on-site as required.

2.15.1.5 Biomedical Engineering will utilize Service Entrance Staging Area (in Back of House Component) for the following:

2.15.1.5(1) New Equipment will be received, unpacked, assembled, and acceptance testing completed prior to being delivered to the designated user area by Biomedical Engineering Staff; and

2.15.1.5(2) Equipment that is waiting for pick-up by vendors etc.

2.15.1.6 Service Exclusions

2.15.1.6(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

2.15.1.6(1)(a) Surgical scopes are expected to be sent off-site for service.

2.15.1.6(1)(b) Specialty Equipment (including those pieces of Equipment where the warranty dictates that the vendor must service) will be sent off-site for service.

2.15.1.6(1)(c) Leased pieces of Equipment will be sent off-site for service.

2.15.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

2.15.2.1 Patient Flow

2.15.2.1(1) N/A

2.15.2.2 Family/Visitor Flow

2.15.2.2(1) N/A

2.15.2.3 Staff Flow

2.15.2.3(1) Upon arrival to the Facility, Staff from this Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.

- 2.15.2.3(2) At start of shift, Biomedical Engineering Staff will sign-in within the Component and receive their assignment/workload for the day.
- 2.15.2.3(3) Biomedical Engineering Staff will perform Equipment preventative maintenance and repairs within Biomedical Engineering Component. For larger Equipment, repairs or maintenance will be done in-situ therefore access and clearance around all larger Equipment will be provided for maintenance and repair purposes. To retrieve and deliver Equipment, Staff will travel via Service Circulation to various Clinical Components within the Facility.
- 2.15.2.3(4) Biomedical Engineering Staff may travel via Service Circulation to centralized Shared Staff Facilities to access Lounge - Staff for breaks.
- 2.15.2.4 Clinical Support Flow
  - 2.15.2.4(1) Pharmacy
    - 2.15.2.4(1)(a) N/A
  - 2.15.2.4(2) Medical Imaging
    - 2.15.2.4(2)(a) N/A
  - 2.15.2.4(3) Laboratory
    - 2.15.2.4(3)(a) N/A
  - 2.15.2.4(4) Interprofessional Team
    - 2.15.2.4(4)(a) N/A
- 2.15.2.5 Non-Clinical Support Flow
  - 2.15.2.5(1) Equipment
    - 2.15.2.5(1)(a) New Equipment delivered to the Facility will arrive at the loading dock and held in Staging Area of Back of House Component, where it will be received by Materials Management, who will alert Biomedical Engineering of the delivery. If Equipment needs to remain in Staging Area temporarily, it will be held in a locked, caged, temporary holding area. Biomedical Engineering Staff will travel to Staging Area, where some packaging and cardboard will be removed before

transporting Equipment to Biomedical Engineering Component via Service Circulation. Some Equipment transported to Biomedical Engineering Component will be on pallets and, upon arrival at Biomedical Engineering Component, staged in Receiving and Holding Area. The Equipment will then be unpacked, assembled, configured, catalogued and tested before being delivered to the designated user area by Biomedical Engineering Staff.

- 2.15.2.5(1)(b) Scheduled preventative maintenance of medical Equipment (e.g., ventilators) will involve Biomedical Engineering Staff retrieving Equipment from the applicable Component's storage location (e.g., Storage - Clean Equipment room) and moving it to Biomedical Engineering Component.
- 2.15.2.5(1)(c) Biomedical Engineering will be informed of Equipment needing repair through a FH online request service. Once Equipment is retrieved from the requesting Component, it will first enter into Receiving and Cleaning zone, where it will be cleaned in Equipment Cleaning Area before moving to Workroom - Biomed for repair. It is expected that all Equipment coming to the Component will be clean, however Equipment Cleaning Area will be utilized for cleaning Equipment before, during or after service.
- 2.15.2.5(1)(d) Some Equipment will be sent off-site for repair, depending on service contract, warranty status and nature of Equipment. This Equipment will be transported by Biomedical Engineering Staff to Staging Area in Back of House Component, where it will be placed in a locked, caged, temporary holding area prior to shipment and pick-up.

2.15.2.5(2) Medical Devices

2.15.2.5(2)(a) N/A

2.15.2.5(3) Supplies (Materials Management)

2.15.2.5(3)(a) As per Facility-wide flow.

2.15.2.5(4) EVS (Housekeeping/Linen/Waste Management)

2.15.2.5(4)(a) As per Facility-wide flow.

2.15.2.5(4)(b) EVS front line cleaners will be responsible for daily, preventative maintenance cleaning, and project cleaning of all surfaces in the Component.

2.15.2.5(5) Patient Food Services

2.15.2.5(5)(a) N/A

2.15.2.5(6) Biomedical Engineering

2.15.2.5(6)(a) N/A

2.15.2.5(7) FMO/AM

2.15.2.5(7)(a) As per Facility-wide flow.

2.15.2.5(7)(b) There will be collaboration between FMO and Biomedical Engineering in terms of sharing specialty tools and Equipment needed for repair.

2.15.2.5(8) Information Management

2.15.2.5(8)(a) As per Facility-wide flow.

2.15.2.5(8)(b) Referrals for biomedical engineering services will be sent via FH online service request, which will include specific reason for referral and priority level.

2.15.2.5(8)(c) Equipment maintenance and repairs will be tracked using an Asset Management system.

2.15.2.5(8)(d) Workstations within the Component will allow Staff to access and update the Asset Management system as well as the online service request system.

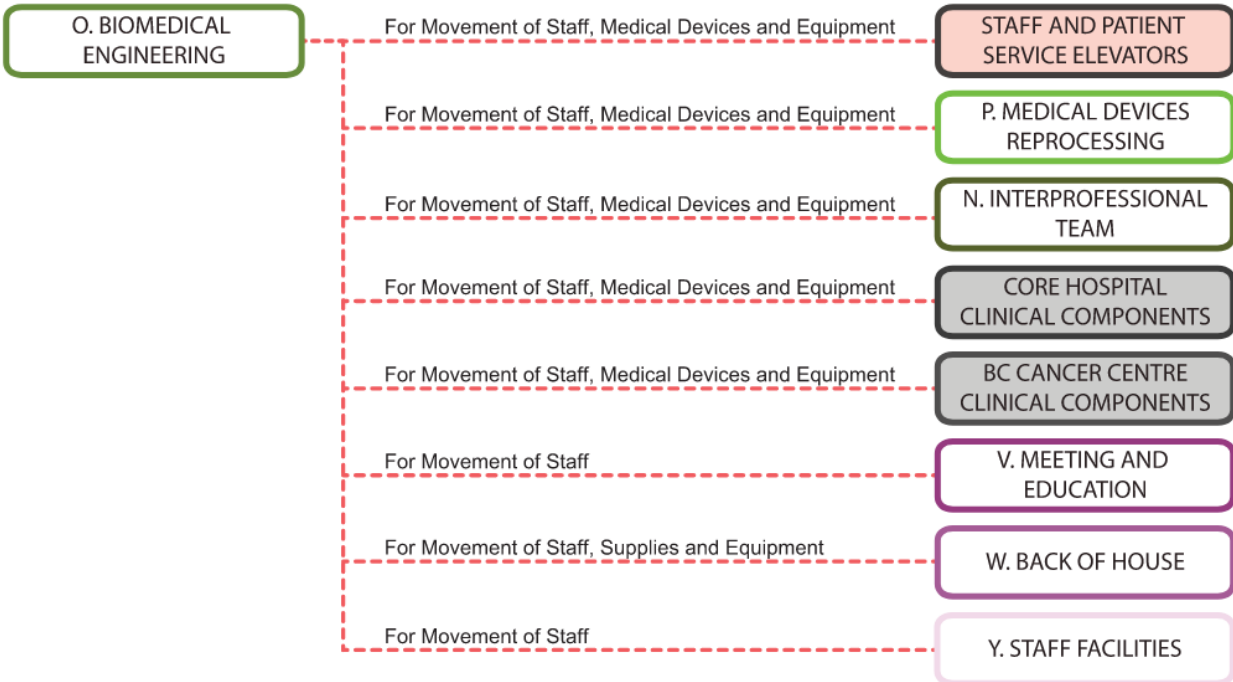
2.15.2.5(9) Security

2.15.2.5(9)(a) As per Facility-wide flow.

### 2.15.3 COMPONENT DESIGN CRITERIA

#### 2.15.3.1 External Adjacency Requirements Diagram

2.15.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.

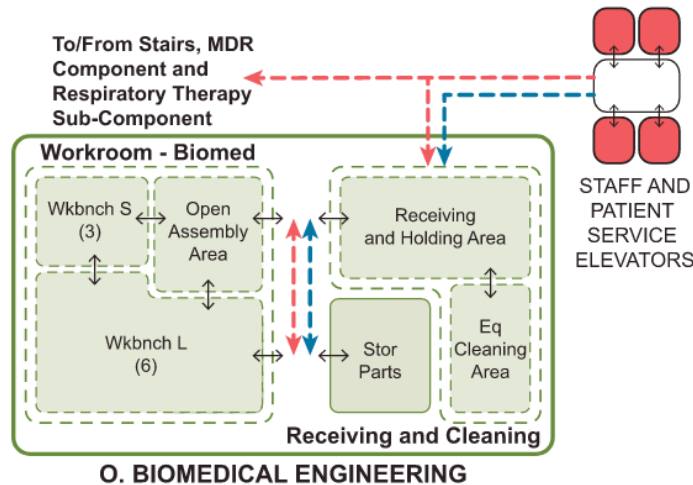


**LEGEND**

Convenient Access by Service Circulation

2.15.3.2 Internal Functional Relationships Diagram

2.15.3.2(1) The following diagram indicates internal functional relationships within this Component.



**LEGEND**

- ← Staff Flow
- ← Service Flow
- ↔ Room/Space Access



### 2.15.3.3 General Requirements

- 2.15.3.3(1) Biomedical Engineering Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.15.3.3(1)(a) Convenient Access via Service Circulation to Staff and Patient Service Elevators and stairs for movement of Staff, medical devices and Equipment.
  - 2.15.3.3(1)(b) Convenient Access via Service Circulation to the CH and BCCC Clinical Components, with priority to MDR Component and Respiratory Therapy Sub-Component for movement of Staff, medical devices and Equipment to minimize Equipment travel distances.
  - 2.15.3.3(1)(c) Convenient Access via Service Circulation to the loading dock, Service Entrance, Materials Management and EVS in Back of House Component for movement of Equipment and collaboration of Staff.
  - 2.15.3.3(1)(d) Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.15.3.3(2) Zones of activity within Biomedical Engineering Component will include the following:
- 2.15.3.3(2)(a) O1.01. Receiving and Cleaning
  - 2.15.3.3(2)(b) O1.02. Workroom - Biomed
  - 2.15.3.3(2)(c) O1.03. Storage - Parts
- 2.15.3.3(3) Biomedical Engineering Component will be located centrally within the Facility to minimize Equipment travel distances.
- 2.15.3.3(4) Door and access routes width between the loading dock and this Component will allow for efficient and safe movement of large Equipment and pallets.
- 2.15.3.3(5) Design of this Component will accommodate movement of large Equipment.
- 2.15.3.3(6) Design and location of this Component will minimize disruption within the Component and to other Components due to noise and activity.

- 2.15.3.3(7) Biomedical Engineering Component design will provide a one-way soiled to clean flow.
- 2.15.3.3(8) This Component will have a satellite Workroom - Biomed in Medical Imaging Component for high volume medical device repair and maintenance.
- 2.15.3.4 01.01. Receiving and Cleaning
- 2.15.3.4(1) Receiving and Cleaning zone will have Direct Access to Service Circulation outside the Component and Workroom - Biomed zone and will include Receiving and Holding Area and Equipment Cleaning Area.
- 2.15.3.4(2) Receiving and Holding Area will be an open area accommodating the entry point of this Component. It will include shelving and open area for mobile Equipment.
- 2.15.3.4(3) The entry point of Receiving and Holding Area from Service Circulation will accommodate PPE storage, hand hygiene sink, and plumbed emergency eyewash station which will not affect circulation into and within this space.
- 2.15.3.4(4) Equipment Cleaning Area will be an open space adjacent to Receiving and Holding Area and will be located away from workbenches in Workroom - Biomed. This open area will accommodate mobile Equipment.
- 2.15.3.5 01.02. Workroom - Biomed
- 2.15.3.5(1) Workroom - Biomed zone will be an open space with Direct Access from Receiving and Cleaning zone. Workroom - Biomed zone and Receiving and Cleaning zone will be contiguous.
- 2.15.3.5(2) Workroom - Biomed will have an audio-video door intercom and remote door release to allow public access from a secure Public Passenger Elevator lobby located on the same floor.
- 2.15.3.5(3) Workroom - Biomed will also have an audio-video door intercom and remote door release from the corridor outside the Component at the entry door to the Component.
- 2.15.3.5(4) Workroom - Biomed zone will include a shared Open Assembly Area, workbenches and a small open Tool Storage Area.
- 2.15.3.5(5) A hand hygiene sink will be located at entry to Open Assembly Area from Receiving and Holding Area. Location of hand hygiene sink will not affect circulation within the space.

- 2.15.3.5(6) Workbenches will be located along walls with Direct Access to Open Assembly Area. Design will provide circulation space around workbenches that include movement and parking spaces for carts and incoming Equipment.
  - 2.15.3.5(7) Open Assembly Area will have minimum clear dimensions of 3000 mm or more and allow for 360-degree access around medical Equipment to perform maintenance.
  - 2.15.3.5(8) This zone will include a portable dust collection system.
- 2.15.3.6 O1.03. Storage - Parts
- 2.15.3.6(1) Storage - Parts will be an enclosed secure storage with Direct Access from Workroom - Biomed and will include a workbench for testing of noisy Equipment.
  - 2.15.3.6(2) This Room will at times be used for laser testing with 'Laser In Use' sign.
  - 2.15.3.6(3) Any interior and exterior window in this room will require window covering for laser testing.

## 2.15.4 SCHEDULE OF ACCOMMODATIONS

2.15.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Biomedical Engineering**

<b>O. BIOMEDICAL ENGINEERING</b>	
<b>BIOMEDICAL ENGINEERING PROGRAMMED SPACE NSM:</b>	<b>114.3</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>O. BIOMEDICAL ENGINEERING</b>					
O1.01	Receiving and Cleaning				
O1.01.01	Receiving and Holding Area	1	24.8	24.8	For Equipment receiving and holding.
O1.01.02	Equipment Cleaning Area	1	12.0	12.0	For inspection and cleaning mobile Equipment.
O1.02	Workroom - Biomed				
O1.02.01	Open Assembly Area	1	16.0	16.0	
O1.02.02	Workbench - Large	6	6.0	36.0	For regular Biomedical Engineering Staff to perform maintenance and emergency repairs.
O1.02.03	Workbench - Small	3	4.0	12.0	For visiting Staff from other facilities, vendor demonstrations, visiting station for Biomedical Engineering management Staff.
O1.02.04	Tool Storage Area	1	1.5	1.5	For shared tools storage.
O1.03	Storage - Parts	1	12.0	12.0	
<b>TOTAL NSM: BIOMEDICAL ENGINEERING</b>				<b>114.3</b>	

## 2.16 P. MEDICAL DEVICES REPROCESSING

### 2.16.1 SERVICE DESCRIPTION

- 2.16.1.1 MDR Component will provide medical devices reprocessing services to support the Facility including Perioperative with five (5) ORs (including one HDR OR) and four (4) PRs, one hundred sixty-eight (168) Inpatient Unit beds, Ambulatory Care, Emergency, Medical Imaging and BCCC Components.
- 2.16.1.2 There is potential for MDR Component to support some satellite community programs such as the home birthing program, depending on workload capacity.
- 2.16.1.3 MDR Component will support capacity for all medical devices reprocessing needs across the Facility, with the exception of flexible scopes and other items requiring high-level disinfection, which will be accommodated by Satellite MDR - Scope Reprocessing within Perioperative Component.
- 2.16.1.4 This Component will accommodate reprocessing of scopes and other items requiring sterilization.
- 2.16.1.5 The following activities will be accommodated in this Component:
- 2.16.1.5(1) Receiving and staging of soiled instruments, utensils, and Equipment;
  - 2.16.1.5(2) Decontamination of soiled instruments, utensils, and Equipment using a variety of Equipment, such as sinks, washer/disinfectors, ultrasonic cleaners and cart washers;
  - 2.16.1.5(3) Inspection, assembly, and wrapping of instrument sets;
  - 2.16.1.5(4) Sterilization and cooling of instrument sets and other items using high and low temperature sterilization methods;
  - 2.16.1.5(5) Soiled case cart processing plus delivery, pick-up and return of case carts;
  - 2.16.1.5(6) Storage and assembly of the majority of reprocessed supplies and new supplies that will be used on OR/procedure carts;
  - 2.16.1.5(7) Preparation of packs of supplies (case picking) that include single use items, sterile instruments and reprocessed items;
  - 2.16.1.5(8) Tracking, transportation and delivery of sterile items; and
  - 2.16.1.5(9) Consulting services associated with the purchasing of instruments that may be destined for reprocessing in MDR.

- 2.16.1.6 MDR Component will receive soiled instruments, scopes and carts directly from Perioperative Component, which are then cleaned, assembled, packaged, sterilized, thermally disinfected, stored and delivered directly back to Perioperative Component for reuse. This Direct Access will be achieved via dedicated MDR Clean and Soiled Elevators.
- 2.16.1.7 Medical devices from other Components (including BCCC) will be reprocessed in the same way as items from Perioperative but have drop-off and pick-up locations associated with Service Circulation rather than dedicated elevator connections.
- 2.16.1.8 Service Exclusions
- 2.16.1.8(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
- 2.16.1.8(1)(a) No ethylene oxide sterilizers will be used at the Facility.
- 2.16.1.8(1)(b) Medical Imaging will reprocess ultrasound probes in their own Component in accordance with MoH standards, MDR accreditation requirements, and CSA standards for MDR.

## 2.16.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.16.2.1 Patient Flow
- 2.16.2.1(1) N/A
- 2.16.2.2 Family/Visitor Flow
- 2.16.2.2(1) Visitors (e.g., vendors, community clinicians, non-MDR Staff) will access the Component via Public Passenger Elevators through a secure lobby to Service Circulation.
- 2.16.2.3 Staff Flow
- 2.16.2.3(1) Staff will enter MDR Component via Service Circulation.
- 2.16.2.3(2) Staff will change into appropriate work attire prior to their shift in dedicated, internal Staff Locker Rooms in MDR Component, where Staff will store their personal belongings.
- 2.16.2.3(3) MDR Staff will have access to a dedicated, internal Lounge - Staff.

- 2.16.2.3(4) Anterooms will be the only access points for Staff entering or exiting Decontamination or Clean Assembly from Service Circulation. Staff will don/doff required PPE in Anterooms.
  - 2.16.2.3(5) For Staff, Sterile Storage will only be accessed internally from Clean Assembly.
  - 2.16.2.3(6) Staff will not pass directly from Decontamination to Clean Assembly or Sterile Storage.
  - 2.16.2.3(7) At end of shift, Staff will return to Locker Rooms to change back into street clothes, before departing via Service Circulation.
- 2.16.2.4 Clinical Support Flow
- 2.16.2.4(1) In general, Clinical Support Staff will access MDR via Service Circulation. Common Clinical Support flows are as described in the Facility-wide flows.
  - 2.16.2.4(2) Pharmacy
    - 2.16.2.4(2)(a) N/A
  - 2.16.2.4(3) Medical Imaging
    - 2.16.2.4(3)(a) N/A
  - 2.16.2.4(4) Laboratory
    - 2.16.2.4(4)(a) N/A
  - 2.16.2.4(5) Interprofessional Team
    - 2.16.2.4(5)(a) N/A
- 2.16.2.5 Non-Clinical Support Flow
- 2.16.2.5(1) Equipment
    - 2.16.2.5(1)(a) MDR will allow for replacement of large pieces of Equipment. Doors and access routes will therefore allow for the movement of pre-assembled cart washers and steam sterilizers in and out. Additionally, such Equipment will require adequate access space in order to be serviced and properly maintained by external technicians.
  - 2.16.2.5(2) Medical Devices

- 2.16.2.5(2)(a) Medical devices will be transported to and from MDR via Service Circulation.
  - 2.16.2.5(2)(b) New medical devices will be delivered by vendors to Receiving - Clean Devices room via Service circulation. Most new medical devices will come to MDR from Perioperative through DPC clerk.
  - 2.16.2.5(2)(c) The NSHBCCC will receive loaner medical instruments/ devices from outside facilities and vendors. MDR will take receipt of the shipment, prepare the instruments for OR, reprocess the instruments and arrange shipment out of the Facility.
- 2.16.2.5(3) Supplies (Materials Management)
- 2.16.2.5(3)(a) Materials Management area supply attendants will monitor, order, and deliver supplies to Storage - Clean Supply room and Sterile Stores Supplies area within the Component.
  - 2.16.2.5(3)(b) MDR Staff will move clean supplies from Storage - Clean Supply room to replenish various internal work areas within Clean Assembly and Sterile Storage as needed.
  - 2.16.2.5(3)(c) Materials Management Staff will also be responsible for the supply of detergent jugs to Detergent Dispensing Room via Service Circulation.
- 2.16.2.5(4) EVS (Housekeeping/Linen/Waste Management)
- 2.16.2.5(4)(a) Housekeeping Staff will access Housekeeping Rooms from within Decontamination and Clean Assembly.
  - 2.16.2.5(4)(b) Staff Support Space zone will be supported by a dedicated Housekeeping Room, accessed from Service Circulation.
  - 2.16.2.5(4)(c) To enable flow of materials in and out of MDR, some rooms will be accessed from both Service Circulation and from within each zone, but operationally are not meant as thoroughfares for Staff.
  - 2.16.2.5(4)(d) Waste and soiled linen will flow out of Decontamination through Soiled Holding room before removal from the Component via Service Circulation by EVS Staff.



- 2.16.2.5(4)(e) EVS Staff will be responsible for daily preventative maintenance cleaning and project cleaning of all surfaces in MDR.
- 2.16.2.5(4)(f) EVS Staff will deliver clean linen (e.g., scrubs, tray covers) on covered clean linen supply carts to Storage - Clean Supply room on a regular basis via Service Circulation.
- 2.16.2.5(5) Patient Food Services
  - 2.16.2.5(5)(a) N/A
- 2.16.2.5(6) Biomedical Engineering
  - 2.16.2.5(6)(a) N/A
- 2.16.2.5(7) FMO/AM
  - 2.16.2.5(7)(a) FMO will store parts, supplies, and tools within Workshop - FMO to support repairs and maintenance of MDR Equipment.
  - 2.16.2.5(7)(b) FMO Staff will support repair and maintenance of MDR Equipment where there are no existing vendor contracts for that service.
  - 2.16.2.5(7)(c) FMO Staff will travel from FMO/AM Sub-Component to MDR via Service Circulation. Equipment needing repair or maintenance will either be brought back to FMO/AM Sub-Component or repaired in-situ within MDR.
- 2.16.2.5(8) Information Management
  - 2.16.2.5(8)(a) Surgical slates will be accessed through a clinical information system to determine Equipment pick and delivery lists. There may be a limited requirement for paper records that will be stored in Office - Shared.
  - 2.16.2.5(8)(b) A Sterile Processing Management System (SPMS) will be used to record reprocessing cycles, track instruments and manage sterile processing within MDR Component.
  - 2.16.2.5(8)(c) Electronic tracking boards located in Clean Assembly and Sterile Storage will provide real-time information on case volume activity in Perioperative Component.
  - 2.16.2.5(8)(d) SPMS requirements are as follows:

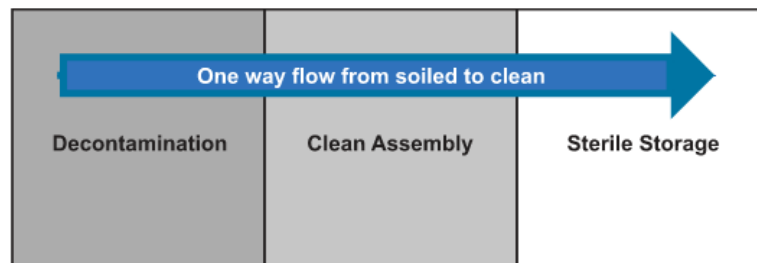
- 2.16.2.5.8.(d).1 Key capabilities will include:
- (d).1.1 Assembly;
  - (d).1.2 Tracking and locating; and
  - (d).1.3 Reporting (e.g., MDR throughput, sterilization reports, operational performance).
- 2.16.2.5.8.(d).2 A fully deployed SPMS will require end-use devices, including computer workstations, WOWs, wall mount brackets, barcode scanners and printers.

2.16.2.5(9) Security

- 2.16.2.5(9)(a) As per Facility-wide flow.

2.16.2.6 Reprocessing Flow

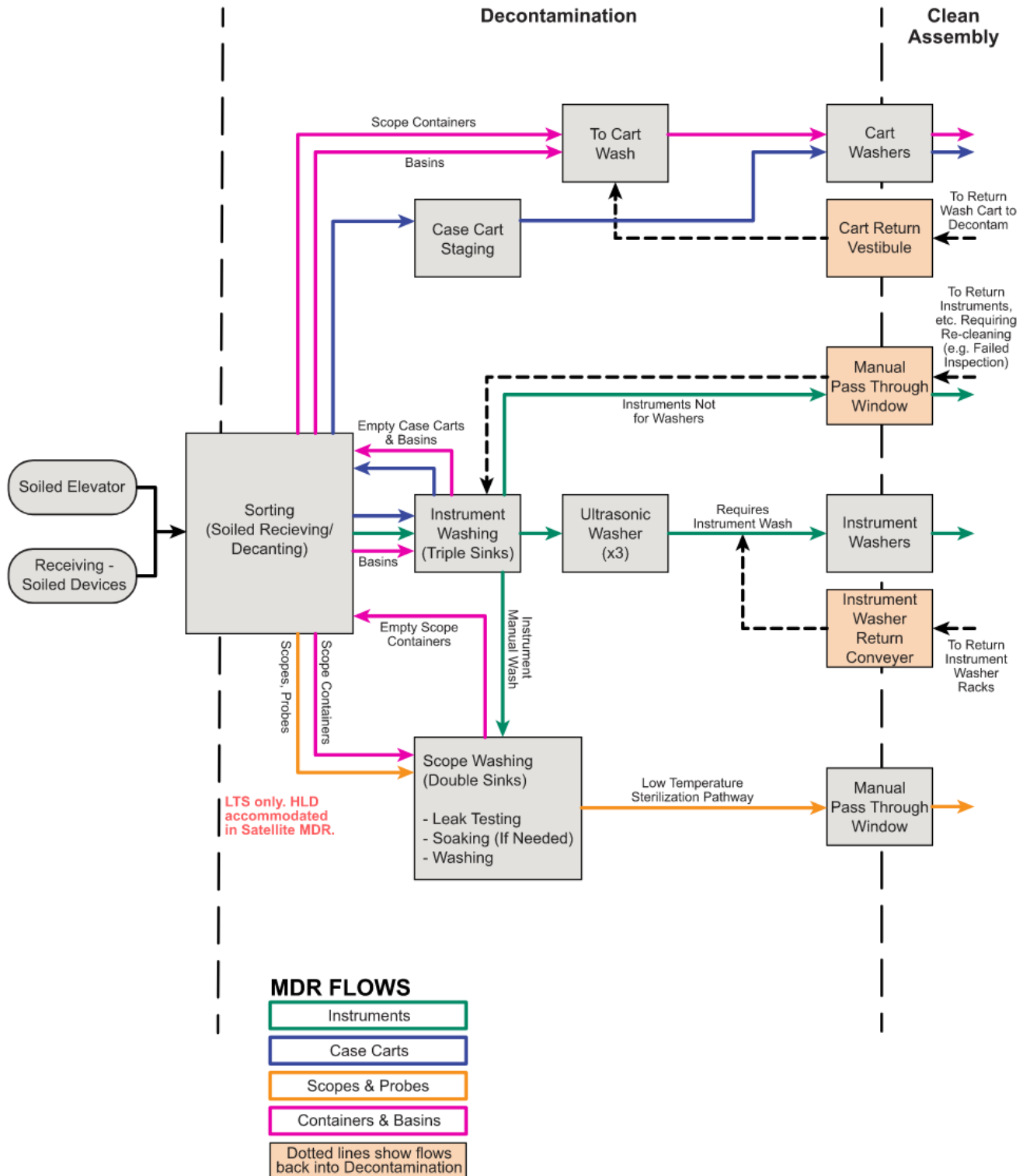
- 2.16.2.6(1) A one-way, linear flow from soiled to clean will be required, as illustrated, to adhere to CSA standards and Infection Prevention and Control protocols. As each item advances in the reprocessing cycle, it does not retrace a previous path. The physical organization will prevent flows from crossing in order to maintain separation of clean and contaminated items.



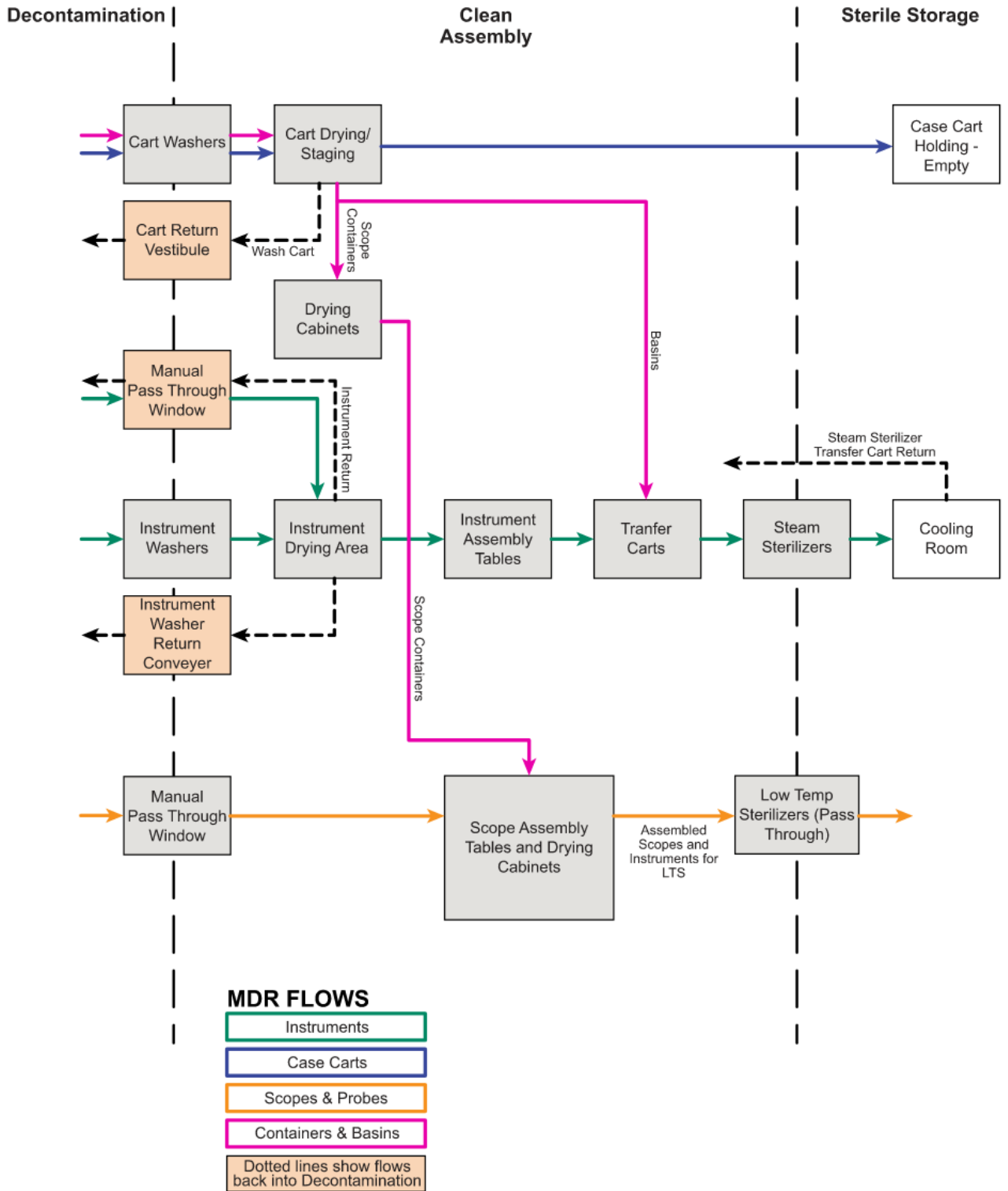
- 2.16.2.6(2) Medical devices reprocessed within MDR will be grouped into three (3) categories/flow streams: instruments, scopes and carts.
- 2.16.2.6(3) Medical devices to be reprocessed in MDR will be delivered to Decontamination via:
- 2.16.2.6(3)(a) Dedicated MDR Soiled Elevator from Perioperative Component; and
  - 2.16.2.6(3)(b) Receiving - Soiled Devices from Service Circulation.

- 2.16.2.6(4) Non-MDR and MDR Staff will deliver soiled medical devices from non-perioperative service areas directly to Receiving - Soiled Devices via Service Circulation.
- 2.16.2.6(5) Medical devices will be sorted in Soiled Receiving/Decanting area and moved to the appropriate flow stream area within Decontamination.
- 2.16.2.6(6) Clean Assembly will accept items following initial reprocessing in Decontamination. Staff will not be able to walk medical devices from Decontamination to Clean Assembly, but rather, pass through processes will be used.
- 2.16.2.6(7) Sterile Storage will accommodate the final stages of reprocessing. Staff, carts, and some items will pass directly through double doors leading from Clean Assembly to Sterile Storage. Other items will be received via pass-through sterilizers.
- 2.16.2.6(8) The following MDR process flow maps provide a more detailed step-by-step description.

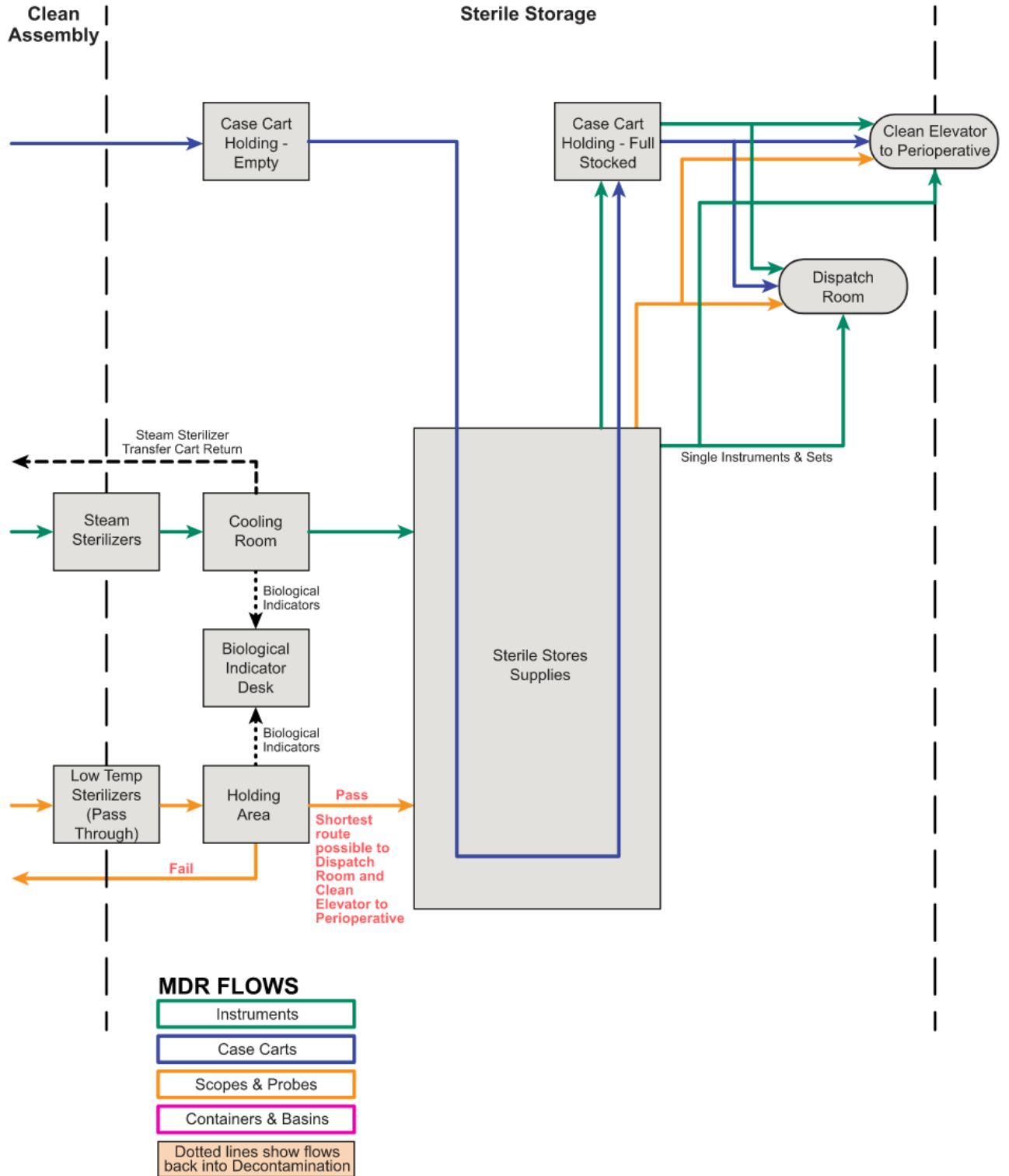
MDR Decontamination Flow



**MDR Clean Assembly Flow**



MDR Sterile Storage Flow



## 2.16.2.6(9) Instrument Flow

## 2.16.2.6(9)(a) Decontamination

- 2.16.2.6.9.(a).1 Instrument Washing: case carts received from dedicated MDR Soiled Elevator will be scanned on arrival, temporarily staged in Soiled Receiving/Decanting, and then parked beside the appropriate sink bank, where the instruments within them are unloaded. Staff will scan instruments and review cleaning instructions on a monitor. Instrument sets will be disassembled, washed and placed on a drain rack. Some instruments will be placed in an ultrasonic machine for further fine cleaning.
- 2.16.2.6.9.(a).2 Instrument Cleaning: washed items will be transferred on carts to Instrument Cleaning area and placed onto manifolds, which load into instrument washer/disinfectors. Delicate items that cannot be washed in instrument washer/disinfectors will be passed through to Clean Assembly via a pass-through window.

## 2.16.2.6(9)(b) Clean Assembly

- 2.16.2.6.9.(b).1 Instrument Assembly Area: instruments will dry in instrument drying area located on the exit conveyors after exiting instrument washer/disinfectors. Select instruments will be hand carried to Alcove - Drying Cabinets. Dry instruments will be loaded onto carts for transfer to assembly tables. Washing racks will be returned to Decontamination via a return conveyor.
- 2.16.2.6.9.(b).2 At instrument assembly tables, Staff will inspect instruments, consult instructions on a monitor, assemble, label and scan per work instructions/SPMS in preparation for sterilization.
- 2.16.2.6.9.(b).3 Steam Sterilizers: instrument sets will be scanned and placed on sterilization carts. These carts will be placed into Steam Sterilizers, which pass through to Sterile Storage.

## 2.16.2.6(9)(c) Sterile Storage

- 2.16.2.6.9.(c).1 Cooling Room - Steam Sterilizers: sterilization carts will empty from steam sterilizers directly into Cooling Room - Steam Sterilizers, where

they are left to cool to the required temperature per CSA. Staff will then unload instruments from sterilization carts onto transport carts and scan items before distribution to applicable storage locations within Sterile Storage. Some instruments will be staged within Dispatch Room before pick-up or delivery via Service Circulation to storage locations throughout the Facility.

2.16.2.6.9.(c).2 MDR Staff will assemble surgical case carts with clean supplies and sterile instruments in MDR where they will be held in Case Cart Holding - Full/Stocked area until they are needed. Case carts will be transported to ORs and PRs in Perioperative Component as per case cart flow description.

#### 2.16.2.6(10) Scope Flow

##### 2.16.2.6(10)(a) Decontamination

2.16.2.6.10.(a).1 Scopes requiring sterilization will be reprocessed in MDR Component.

2.16.2.6.10.(a).2 Scope Washing: soiled scopes will be placed on the surface next to sink bank, scanned, leak tested and manually cleaned in the sinks. Cleaned scopes will be passed through to Clean Assembly via pass-through drying cabinet or pass-through window.

##### 2.16.2.6(10)(b) Clean Assembly

2.16.2.6.10.(b).1 Scope Assembly: scopes will be brought from pass-through drying cabinet or pass-through window to a scope assembly table for reassembly, inspection, tracking and placement into rigid containers. Scopes will be brought in their rigid containers to Low Temperature Sterilizers, which pass through to Sterile Storage.

##### 2.16.2.6(10)(c) Sterile Storage

2.16.2.6.10.(c).1 Scopes will be removed on Sterile Storage side of Low Temperature Sterilizers, scanned, and transferred to appropriate storage locations within Sterile Storage.

2.16.2.6.10.(c).2 Scopes will be either stored in Sterile Storage, taken directly to storage locations within



Perioperative Component via dedicated MDR Clean Elevator, or staged within Dispatch Room before delivery via Service Circulation to scope storage locations throughout the Facility.

#### 2.16.2.6(11) Cart Flow

##### 2.16.2.6(11)(a) Decontamination

- 2.16.2.6.11.(a).1 Soiled Receiving/Decanting: soiled case cart contents will be emptied and sorted. Empty carts will then be staged in this area before they are placed in cart washers.
- 2.16.2.6.11.(a).2 Cart Washer: carts placed into cart washers will be received on Clean Assembly side. Large items, like basins and endoscope bins, will be cleaned in cart washers on specialized wash carts. The cart washers will also be used for instrument cleaning when instrument washer/disinfectors are not operational.

##### 2.16.2.6(11)(b) Clean Assembly

- 2.16.2.6.11.(b).1 Cart Drying/Staging: when clean case carts exit the cart washers, they will be held in a drying area directly outside the cart washer, where the carts are hand dried. When carts are dry, they will be staged before being moved to Sterile Storage.
- 2.16.2.6.11.(b).2 Large items washed on specialized wash carts in cart washers will be removed and manually dried or be dried in one of the drying cabinets. Specialized wash carts will be passed back to Decontamination via Vestibule - Cart Return and stored in Decontamination when not in use.

##### 2.16.2.6(11)(c) Sterile Storage

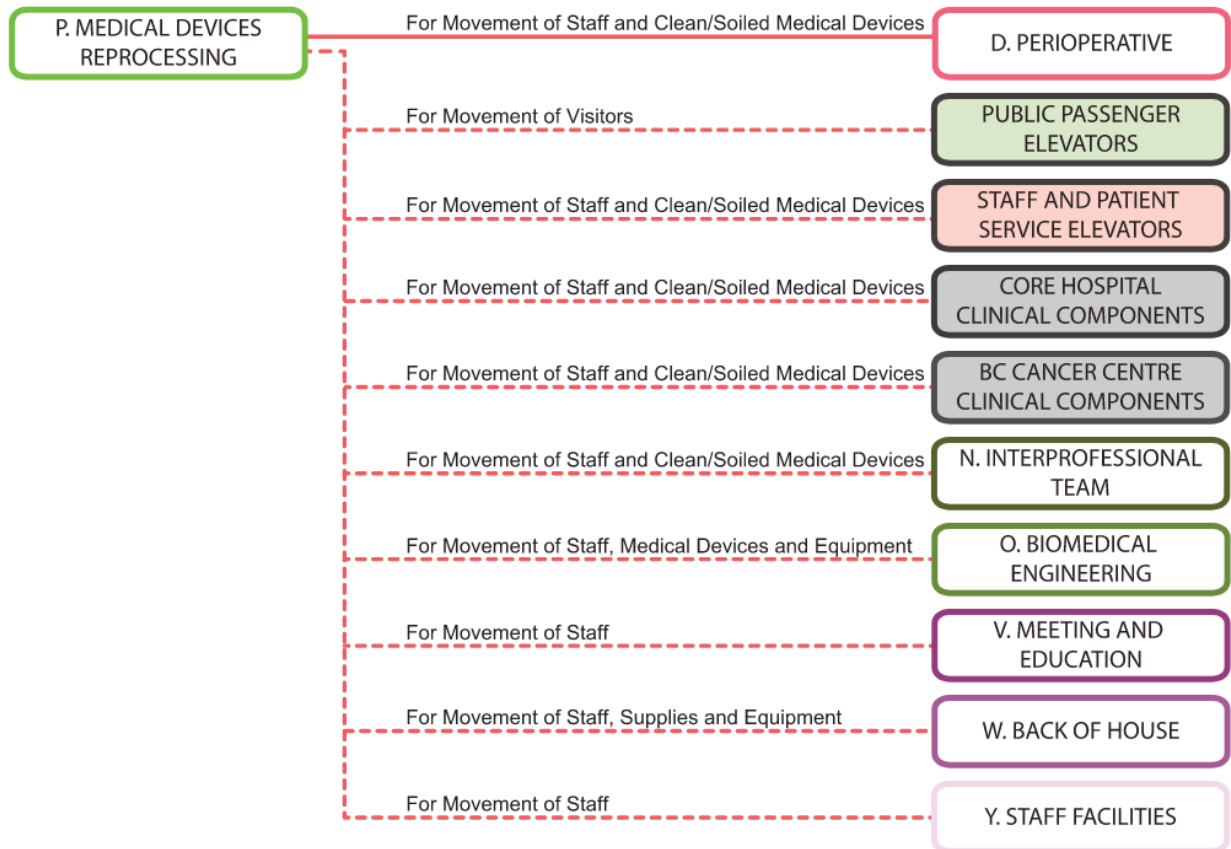
- 2.16.2.6.11.(c).1 Case Cart Holding - Empty: clean and dry case carts will be brought from Cart Drying/Staging through double doors and staged within Case Cart Holding - Empty.
- 2.16.2.6.11.(c).2 Sterile Stores Supplies: from Case Cart Holding - Empty, carts will be brought into Sterile Stores Supplies area and loaded with the required sterile packs according to surgical slate's needs.
- 2.16.2.6.11.(c).3 Case Cart Holding - Full/Stocked: completed case carts will be scanned and staged in Case Cart Holding - Full/Stocked, before being moved

up to Sterile Supply Core of Perioperative Component via dedicated MDR Clean Elevator.  
 2.16.2.6.11.(c).4 Stocked case carts destined for other Components within the Facility will be staged in Dispatch Room and transported via Service Circulation by MDR Staff or other designated Staff.

2.16.3 COMPONENT DESIGN CRITERIA

2.16.3.1 External Adjacency Requirements Diagram

2.16.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.



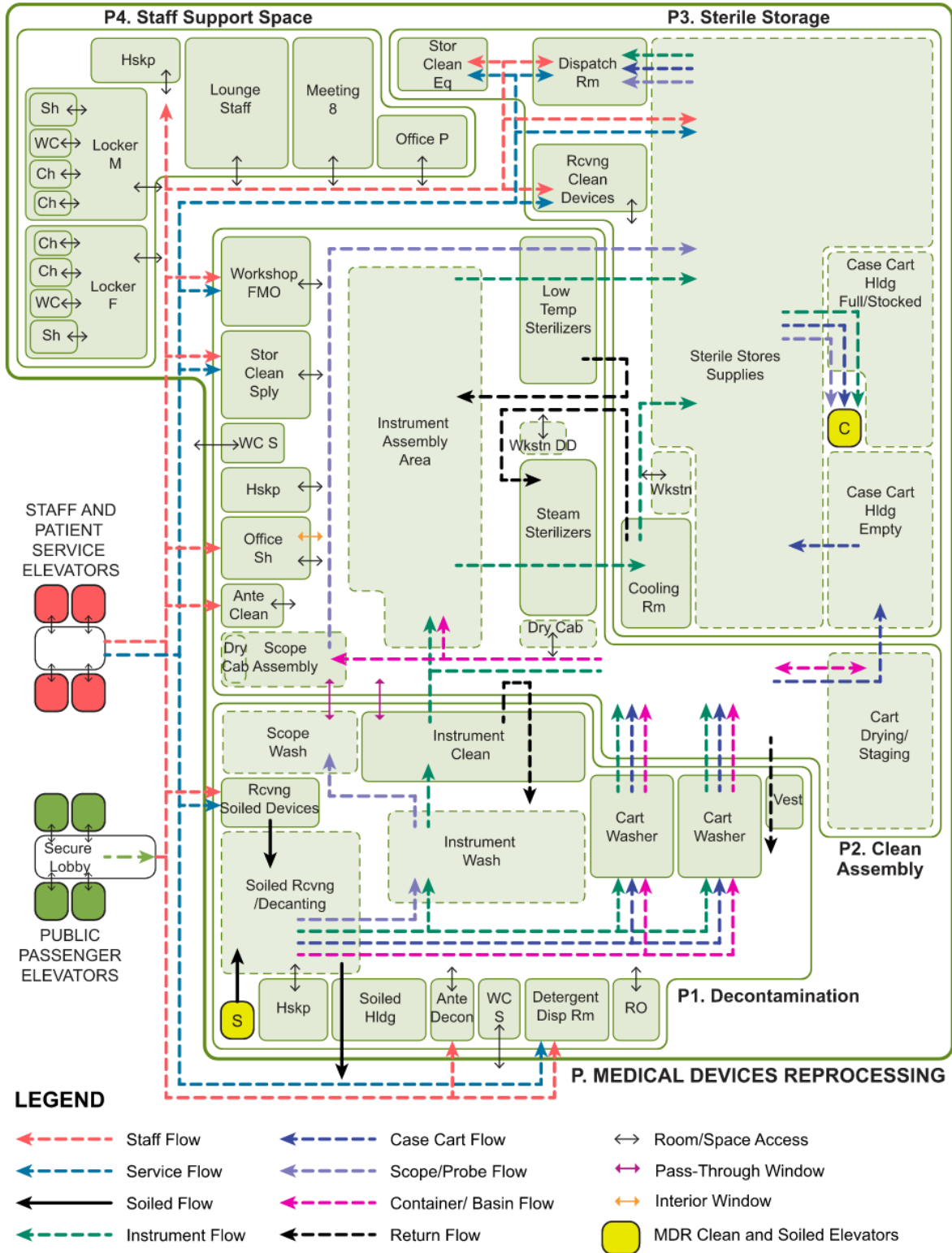
**LEGEND**

Direct Access by Service Circulation

Convenient Access by Service Circulation

2.16.3.2 Internal Functional Relationships Diagram

2.16.3.2(1) The following diagram indicates internal functional relationships within this Component.



### 2.16.3.3 General Requirements

- 2.16.3.3(1) MDR Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.16.3.3(1)(a) Direct Access via Service Circulation through dedicated MDR Clean and Soiled Elevators to Perioperative for movement of clean and soiled medical devices and collaboration of Staff.
  - 2.16.3.3(1)(b) Convenient Access via Service Circulation through Staff and Patient Service Elevators to CH and BCCC Clinical Components for movement of clean and soiled medical devices.
  - 2.16.3.3(1)(c) Convenient Access via Service Circulation to Public Passenger Elevators through a secure vestibule for visitor access.
- 2.16.3.3(2) Zones of activity within MDR Component will include the following:
- 2.16.3.3(2)(a) P1. Decontamination
  - 2.16.3.3(2)(b) P2. Clean Assembly
  - 2.16.3.3(2)(c) P3. Sterile Storage
  - 2.16.3.3(2)(d) P4. Staff Support Space
- 2.16.3.3(3) Access to this Component will be secure at all times.
- 2.16.3.3(4) MDR Component will provide a one-way soiled to clean process. Sterile supplies and medical devices will not cross paths with soiled supplies and medical devices or the public. Design of this Component will enforce a one-way flow throughout MDR.
- 2.16.3.3(5) Physical zones will be established to achieve separation of flows for clean and soiled medical devices. The layout will physically separate the Decontamination zone, Clean Assembly zone, Sterile Storage zone and Staff Support Space.
- 2.16.3.3(6) Decontamination zone, Clean Assembly zone including sterilization, and Sterile Storage zones will be separated by full height walls.

- 2.16.3.3(7) Design will optimize ergonomics to reduce incidence of repetitive stress injury and musculoskeletal malalignment.
- 2.16.3.3(8) Staff will enter Decontamination and Clean Assembly zones each through an anteroom that will include a hand hygiene sink, a donning/doffing zone and PPE storage. Location of hand hygiene sink will not affect circulation in anterooms.
- 2.16.3.3(9) Sterile Storage and Office - shared will have an audio-video door intercom and remote door release to allow public access from a secure Public Passenger Elevator lobby located on the same building level. Final locations for audio-video door intercoms with remote door release for this purpose will be determined in consultation with the Authority.
- 2.16.3.3(10) An audio-video door intercom and remote door release will be provided between the areas listed below. Final location of each intercom system will be determined in consultation with the Authority.
  - 2.16.3.3(10)(a) Service Circulation outside the Component at Receiving - Soiled Devices entry door to Decontamination zone and Office - shared;
  - 2.16.3.3(10)(b) Service Circulation outside the Component at Dispatch Room entry door to Sterile Storage and Office - shared; and
  - 2.16.3.3(10)(c) Service Circulation outside the Component at Receiving - Clean Devices entry door to Sterile Storage and Office - shared.
- 2.16.3.3(11) A two-way audio intercom system will be provided between the areas listed below. Final location of each intercom system will be determined in consultation with the Authority.
  - 2.16.3.3(11)(a) Decontamination zone and Instrument Assembly Area tables;
  - 2.16.3.3(11)(b) Decontamination zone and Sterile Storage;
  - 2.16.3.3(11)(c) Decontamination zone and dedicated MDR Soiled Elevator; and
  - 2.16.3.3(11)(d) Instrument Assembly Area tables, Sterile Storage and Sterile Supply Core in Operating Room Area in Perioperative Component.

- 2.16.3.3(12) Design will include designated spaces for carts and medical devices at different stages and circulation space between spaces and tasks. Programmed space in Schedule of Accommodations does not include circulation space between areas.
- 2.16.3.3(13) Each MDR zone will include areas dedicated to specific functions with specialized Equipment. Areas related to specific flows will be located adjacent to one another to support an efficient workflow and minimize Staff travel distance, both within each zone, as well as between different zones.
- 2.16.3.3(14) Minimum 1000 mm clearance around all Equipment will be provided for maintenance purposes.
- 2.16.3.3(15) Line of Sight from open work areas to all entry doors to the Component will be provided. Perimeter doors will have access control, motion activated door operator and a small vision panel to allow for identification.
- 2.16.3.3(16) Height adjustable sink bays and instrument assembly tables will be used to minimize physical stress or accidents and maximize the comfort of MDR Staff.
- 2.16.3.3(17) MDR will have level, even and non-slip floors to minimize Staff injuries.
- 2.16.3.3(18) Counters, carts, and loading devices will be at the same height for easy horizontal movement of materials.
- 2.16.3.4 P1. Decontamination
- 2.16.3.4(1) Decontamination zone will be located adjacent to Clean Assembly zone with no Direct Access for Staff moving between two (2) zones. Work in this zone will flow in one direction from Soiled Receiving/Decanting to Instrument Washing towards Instrument Cleaning and Cart Washer area.
- 2.16.3.4(2) Decontamination zone will be an open area serving multiple reprocessing streams.
- 2.16.3.4(3) Receiving - Soiled Devices will have a secure Direct Access from Service Circulation outside the Component. It will also have Direct Access from Decontamination Area.
- 2.16.3.4(4) Soiled Receiving/Decanting will be an open space to hold incoming carts, instruments, and scopes prior to unloading

them in Instrument Washing or Scope Washing. Incoming carts will arrive at this area either through an adjacent MDR Soiled Elevator or from adjacent Receiving - Soiled Devices room. This area will include a hand hygiene sink and an emergency eyewash/shower station which will not affect circulation in this area.

- 2.16.3.4(5) Soiled Receiving/Decanting will have Direct Access to MDR Soiled Elevator and Receiving - Soiled Devices and will provide staging space for thirty (30) case carts without blocking access to the elevator. This area will also have a spill kit cart and charging station for recharging PAPR batteries away from the sinks to avoid splashes. A staging space with Convenient Access to Cart Washers will be provided for Cart Washer transfer carts.
- 2.16.3.4(6) Instrument Washing will provide five (5) height adjustable stainless steel triple sink bays and three (3) ultrasonic washers located at the end of the bays. Local exhaust ventilation is required as close to the chemical exposure source/sink as possible. Refer to Health and Safety Design requirements - MDRD and Position Statement MDR Ventilation.
- 2.16.3.4(7) Scope Washing will provide two (2) height adjustable stainless steel double sink bays with a work counter on both sides of sink bays. A pass-through window from Scope Washing to Scope Assembly area in Clean Assembly zone will be provided.
- 2.16.3.4(8) A circulating space of minimum 1800 mm clear distance between sink bays will be provided to allow Staff to work back-to-back and for passage of instrument racks and manifolds. Space will be provided on soiled end of sink bays for a cart to unload and on clean side of sink bays for a transport cart to load.
- 2.16.3.4(9) Stainless steel sink bays will be standardized with two (2) or three (3) basins, integrated counter, storage shelving, detergent dispenser, Reverse Osmosis (RO) water, medical vacuum, task lighting, computer, power and data.
- 2.16.3.4(10) All decontamination technology will interface with the regional standard for instrument tracking system and with adequate workstations to support all instrument tracking.
- 2.16.3.4(11) Instrument Cleaning will include four (4) instrument washer/disinfectors, with space for transfer carts, instrument washer returns conveyor and a pass-through window to Clean Assembly Area.

- 2.16.3.4(12) This Pass-through window will be used to pass clean delicate instruments to Clean Assembly from Decontamination, and it will activate with a touchless sensor and close automatically from both sides. Both sides of Pass-through window will include a stainless steel shelf. Pass-through window opening will be large enough for required items to pass through.
- 2.16.3.4(13) Instrument Cleaning will have stainless steel enclosures and will be fully enclosed on both Decontamination and Clean Assembly sides. There will be a service area with a stainless steel access panel and lighting between and above instrument washer/disinfectors to allow access for mechanical servicing.
- 2.16.3.4(14) Decontamination zone will include two (2) Cart Washers with adjacent holding area for fourteen (14) soiled carts awaiting Cart Washers. Cart Washers will be pit mounted on level flooring and located to facilitate process flow of work from sink bays in Instrument Washing.
- 2.16.3.4(15) Cart washers will have stainless steel enclosures and will be fully enclosed on both Decontamination and Clean Assembly sides. There will be a service area with a full size stainless steel access door and lighting between Cart washers to allow access for mechanical servicing.
- 2.16.3.4(16) Decontamination zone will have a Vestibule - Cart Return from Clean Assembly zone for return of carts. This Vestibule will have a door interlock system that prevents both doors being open simultaneously to maintain pressure differential between two (2) zones. Door width will accommodate carts to enter.
- 2.16.3.4(17) Soiled Holding room will have Direct Access from Service Circulation outside the Component and Soiled Receiving/Decanting area and include staging space for waste, glass, recycling, biohazard container and soiled linen holding.
- 2.16.3.4(18) RO Water Tank Room will have Direct Access from Decontamination zone and include concrete curbs around perimeter of the room to contain leakage.
- 2.16.3.4(19) Detergent Dispensing Room will be located adjacent to Instrument Cleaning and Cart Washer areas. For the purposes of restocking, Staff will have Direct Access to this room from a Service Circulation outside the Component without having to enter Decontamination zone.



- 2.16.3.4(20) Detergent Dispensing Room will have a pre-mixed chemical supplies system and piping to instrument washer/disinfectors and Cart Washers and include shelving to store detergent.
- 2.16.3.4(21) An Emergency Shower/Eye Wash Station will be located outside the Detergent Dispensing Room in Service Circulation outside the Component.
- 2.16.3.4(22) Decontamination zone will have a dedicated Housekeeping Room with Direct Access from Soiled Receiving/Decanting area.
- 2.16.3.5 P2. Clean Assembly
- 2.16.3.5(1) Clean Assembly zone will be located between Decontamination and Sterile Storage zones. Work in this zone will flow in one direction from Instrument Cleaning and Cart Washer area towards Sterilizers.
- 2.16.3.5(2) Cart Drying/Staging will be an open area in Clean Assembly with Direct Access to clean side of cart washers and include drying space for six (6) case carts and staging space for fourteen (14) dry case carts.
- 2.16.3.5(3) An Alcove - Drying Cabinets with two (2) drying cabinets will be located with Convenient Access to clean side of instrument washer/disinfectors and Cart Washers. The priority is adjacency to instrument washer/disinfectors.
- 2.16.3.5(4) Instrument Assembly Area will include instrument drying area on clean side of instrument washer/disinfectors, fifteen (15) height adjustable assembly tables with storage and eight (8) supply carts. Assembly tables will have task lighting and computer and provide minimum 1800 mm wide clear circulation space for Staff to move Equipment carts around tables. Access to medical air, medical vacuum, power and data will be provided via modular ceiling plates above assembly tables.
- 2.16.3.5(5) Scope Assembly area will include two (2) height adjustable scope assembly tables and two (2) drying cabinets with Convenient Access to clean side of pass-through window from Scope Washing.
- 2.16.3.5(6) Clean Assembly zone will be equipped with three (3) floor loading, pass-through Steam Sterilizers and space for ten (10) transfer carts. Steam Sterilizers will have stainless steel enclosures. There will be a service area with a full size stainless

steel access door and lighting between Steam Sterilizers to allow access for mechanical servicing.

- 2.16.3.5(7) Clean Assembly zone will also include four (4) pass-through low temperature sterilizers to allow for sterilization of critical devices that cannot tolerate steam.
  - 2.16.3.5(8) Space will be provided in front of sterilizers to allow Staff to stage and load sterilizer carts without blocking internal circulation within Clean Assembly Area or affecting the function of assembly tables.
  - 2.16.3.5(9) Design will provide space adjacent to the unload side of Low Temperature Sterilizers for transportation carts.
  - 2.16.3.5(10) Workstation - Drop Down will be located between Steam Sterilizers and Low Temperature Sterilizers to support all QC and QA instrument tracking activities during this process.
  - 2.16.3.5(11) Staff will be able to view Perioperative electronic tracking boards from work areas within Clean Assembly Area.
  - 2.16.3.5(12) Storage - Clean Supply and Workshop - FMO will have Direct Access from Service Circulation outside the Component and Clean Assembly Area.
  - 2.16.3.5(13) Workshop - FMO will provide space for FMO repair work and storage of FMO parts and supplies needed in MDR.
  - 2.16.3.5(14) An Office-Shared with two (2) workstations will be located inside Clean Assembly zone with Line of Sight to Clean Assembly Area. This office will have Direct Access from Service Circulation outside the Component and Clean Assembly Area.
  - 2.16.3.5(15) An Alcove - Hand Hygiene Sink will be located at the entry point from Clean Assembly zone to Sterile Storage zone. Location of hand hygiene sink will not affect circulation in this area.
  - 2.16.3.5(16) Clean Assembly zone will have a dedicated Housekeeping Room with Direct Access from Clean Assembly Area for cleaning Clean Assembly and Sterile Storage zones.
- 2.16.3.6 P3. Sterile Storage
- 2.16.3.6(1) Sterile Storage zone will be located adjacent to Clean Assembly zone. Double doors with motion activated door operator will be provided between two (2) zones.

- 2.16.3.6(2) For climate control, Cooling Room - Steam Sterilizers will be enclosed and physically separated from the rest of the Sterile Storage zone, where dry instruments are stored, due to temperature and humidity control requirements.
- 2.16.3.6(3) Cooling Room - Steam Sterilizers will capture and exhaust steam from all three (3) Steam Sterilizers on the unload side. Design will prevent the Steam Sterilizers opening directly into Sterile Storage zone or steam entering into Sterile Storage zone.
- 2.16.3.6(4) Cooling Room - Steam Sterilizers will include a cart cooling area for carts unloaded from steam sterilizers and staged to allow for air drying. This area will not have direct airflow to prevent condensation.
- 2.16.3.6(5) Sterile Storage Area will be an open area to store sterile instruments and other sterile medical devices on shelving and will require minimum 1500 mm wide space between storage shelving to allow multiple Staff with a cart to work in this area.
- 2.16.3.6(6) A Workstation will be located in Sterile Storage zone between Cooling Room - Steam Sterilizers and clean side of Low Temperature Sterilizers to check biological indicators from both of these areas.
- 2.16.3.6(7) Case Cart Holding - Empty area will hold up to fifty (50) empty clean case carts before the cases are picked. This space will be adjacent to Sterile Stores Supplies and have Convenient Access from Cart Drying/Staging area.
- 2.16.3.6(8) Case Cart Holding - Full/Stocked will hold up to thirty (30) full/stocked case carts and include a workstation to support scanning of full/stocked case carts and manage direct workflow and communication with Perioperative Component. This space will be designed to allow case carts to only be stacked a maximum of two (2) carts deep to allow MDR Staff to locate and retrieve specific carts when needed. This space will be adjacent to Sterile Stores Supplies and Clean MDR Elevator for temporary storage of carts prior to loading without blocking access to the elevator.
- 2.16.3.6(9) A dedicated Clean MDR Elevator to Perioperative Component will be located adjacent to Sterile Storage Area in an area that can be temporarily isolated for purpose of elevator repairs.

- 2.16.3.6(10) Dispatch Room and Receiving - Clean Devices will have Direct Access from Service Circulation outside the Component and Sterile Storage Area.
  - 2.16.3.6(11) Dispatch Room will be used for dispatch storage and include shelving.
  - 2.16.3.6(12) Receiving - Clean Devices will be accessed by Materials Management Staff for delivery by carts and restocking of one-time-use supplies and devices in Sterile Storage Area. This room will include a workstation and shelving.
  - 2.16.3.6(13) Storage - Clean Equipment will include shelving and open floorspace for Equipment storage. This room will have Direct Access from Service Circulation outside the Component and Convenient Access from Receiving - Clean Devices.
- 2.16.3.7 P4. Staff Support Space
- 2.16.3.7(1) MDR Component Staff Support Space will be co-located with other MDR zones and have Convenient Access to Anteroom - Decontamination and Anteroom - Clean Assembly.
  - 2.16.3.7(2) MDR Component Staff Support Space will include Locker Room - Male and Locker Room - Female.
  - 2.16.3.7(3) Washroom - Staff and Washroom - Staff - Non-Acc will have Direct Access from Service Circulation outside the Component. Washroom - Staff - Non-Acc will have Convenient Access from Anteroom - Decontamination and Washroom - Staff will have Convenient Access from Anteroom - Clean Assembly.
  - 2.16.3.7(4) An Alcove - Clean Linen will be located with Convenient Access from two (2) Locker Rooms with Direct Access from Service Circulation.
  - 2.16.3.7(5) Housekeeping Room will also have Direct Access from Service Circulation.

## 2.16.4 SCHEDULE OF ACCOMMODATIONS

2.16.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Medical Devices Reprocessing**

<b>P. MEDICAL DEVICES REPROCESSING</b>	
P1. DECONTAMINATION	218.3
P2. CLEAN ASSEMBLY	270.9
P3. STERILE STORAGE	363.4
P4. STAFF SUPPORT SPACE	116.3
<b>MEDICAL DEVICES REPROCESSING PROGRAMMED SPACE NSM:</b>	<b>968.9</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>P. MEDICAL DEVICES REPROCESSING</b>					
<b>P1. DECONTAMINATION</b>					
P1.01	Receiving - Soiled Devices	1	10.0	10.0	For drop-off of soiled medical devices from non-Perioperative areas.
P1.02	Anteroom - Decontamination	1	5.0	5.0	For Staff access from Service Circulation to Decontamination.
P1.03	Decontamination Area				
P1.03.01	Soiled Receiving/Decanting	1	53.0	53.0	For receiving and decanting soiled case carts, instruments, and scopes.
P1.03.02	Instrument Washing	1	36.4	36.4	
P1.03.03	Instrument Cleaning	1	28.8	28.8	
P1.03.04	Scope Washing	1	12.0	12.0	For supporting LTS scope flow.
P1.05	Cart Washer	2	18.0	36.0	
P1.06	Vestibule - Cart Return	1	3.7	3.7	
P1.08	Soiled Holding	1	10.4	10.4	For staging waste from Decontamination zone before removal from the Component.
P1.09	Housekeeping Room	1	7.0	7.0	
P1.10	RO Water Tank Room	1	5.0	5.0	
P1.11	Detergent Dispensing Room	1	10.0	10.0	For storing and pumping detergent to instrument washer/disinfectors and Cart Washers.
P1.12	Alcove - Eye wash/Shower Station	1	1.0	1.0	
<b>SUBTOTAL NSM: DECONTAMINATION</b>				<b>218.3</b>	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>P2. CLEAN ASSEMBLY</b>					
P2.01	Anteroom - Clean Assembly	1	5.0	5.0	For Staff access from Service Circulation to Clean Assembly.
P2.02	Storage - Clean Supply	1	20.0	20.0	
P2.03	Clean Assembly Area				
P2.03.01	Cart Drying/Staging	1	38.0	38.0	
P2.03.02	Instrument Assembly Area	1	88.2	88.2	
P2.03.03	Scope Assembly	1	15.6	15.6	For receiving scopes on clean side of pass-through window from Scope Washing for assembly/inspection.
P2.03.04	Steam Sterilizers	1	31.5	31.5	
P2.03.05	Low Temperature Sterilizers	1	22.4	22.4	
P2.03.06	Workstation - Drop Down	1	2.8	2.8	
P2.03.07	Alcove - Hand Hygiene Sink	1	1.0	1.0	
P2.03.08	Alcove - Drying Cabinets	1	7.4	7.4	
P2.04	Housekeeping Room	1	7.0	7.0	
P2.05	Workshop - FMO	1	20.0	20.0	
P2.06	Office - Shared	1	12.0	12.0	For supervisors.
<b>SUBTOTAL NSM: CLEAN ASSEMBLY</b>				<b>270.9</b>	
<b>P3. STERILE STORAGE</b>					
P3.01	Cooling Room - Steam Sterilizers	3	5.6	16.8	For receiving devices from Steam Sterilizers to allow items to cool and dry.
P3.02	Sterile Storage Area				
P3.02.01	Workstation	1	4.6	4.6	For checking biological indicators.
P3.02.02	Case Cart Holding - Full/Stocked	1	30.0	30.0	For full/stocked case carts waiting to go to Perioperative.
P3.02.03	Case Cart Holding - Empty	1	50.0	50.0	For empty case carts.
P3.02.04	Sterile Stores Supplies	1	223.0	223.0	
P3.03	Dispatch Room	1	15.0	15.0	For storing clean instruments for pick-up or delivery to areas other than Perioperative Component.
P3.04	Receiving - Clean Devices	1	15.0	15.0	For instrument clerk workspace and receiving and unpacking delivered supplies, Equipment and medical devices.
P3.05	Storage - Clean Equipment	1	9.0	9.0	For resource Equipment, vendor loaners and loaner bins.
<b>SUBTOTAL NSM: STERILE STORAGE</b>				<b>363.4</b>	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>P4. STAFF SUPPORT SPACE</b>					
P4.01	Office - Private	1	9.0	9.0	For manager.
P4.02	Meeting Room - 8-Seat	1	20.0	20.0	
P4.03	Washroom - Staff	1	5.0	5.0	
P4.04	Lounge - Staff	1	26.2	26.2	
P4.05	Alcove - Clean Linen	1	2.0	2.0	
P4.06	Locker Room - Male	1	21.8	21.8	
P4.08	Locker Room - Female	1	21.8	21.8	
P4.10	Housekeeping Room	1	7.0	7.0	
P4.11	Washroom - Staff - Non-Acc	1	3.5	3.5	
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>116.3</b>	
<b>TOTAL NSM: MEDICAL DEVICES REPROCESSING</b>				<b>968.9</b>	

## 2.17 Q. PATIENT TRANSFER AND PORTERING

### 2.17.1 Q1. PATIENT TRANSFER

#### 2.17.1.1 SERVICE DESCRIPTION

- 2.17.1.1(1) Patient Transfer Sub-Component in Patient Transfer and Portering Component will utilize designated, covered external hospital transfer vehicle pick-up and drop-off locations for inter-facility Patient transfers.
- 2.17.1.1(2) Patient population in this Sub-Component will include any Patients requiring inter-facility transfer within the NSHBCCC. Patients with airborne infectious diseases will be transferred by BC Ambulance Services, not by inter-facility Patient transfer.
- 2.17.1.1(3) Inter-facility Patient transfer services will be managed via a centralized regional model, where the NSHBCCC will utilize a central pool of inter-facility Patient transfer resources that is shared with all FH sites.
- 2.17.1.1(4) Service Exclusions
  - 2.17.1.1(4)(a) N/A

#### 2.17.1.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.17.1.2(1) Patient Flow (Patients requiring transfer to/from other facility or home)
  - 2.17.1.2(1)(a) When inter-facility Patient transfer Staff arrive at the Facility, they will park in one of the designated parking locations, enter the Facility via a Vestibule - Patient Transfer and travel via Service Circulation to the applicable Component for Patient pick-up/drop-off.
  - 2.17.1.2(1)(b) Inter-facility Patient transfer pick-up/drop-off will be accommodated outside of the CH hours, following the same travel paths as during regular business hours, enabled through card access for inter-facility Patient transfer Staff.
  - 2.17.1.2(1)(c) Some Patients arriving via inter-facility Patient transfer services (e.g., HandyDART) will exit the transfer vehicle at designated parking locations at the main entrance and travel unescorted via Public Circulation to their destination Component.



- 2.17.1.2(2) Family/Visitor Flow (Families of Patients requiring inter-facility Patient transfer)
  - 2.17.1.2(2)(a) Depending on space available in hospital transfer vehicle, one (1) or two (2) members of Patient's family or other companions may travel with the Patient.
- 2.17.1.2(3) Staff Flow
  - 2.17.1.2(3)(a) N/A
- 2.17.1.2(4) Clinical Support Flow
  - 2.17.1.2(4)(a) Pharmacy
    - 2.17.1.2.4.(a).1 N/A
  - 2.17.1.2(4)(b) Medical Imaging
    - 2.17.1.2.4.(b).1 N/A
  - 2.17.1.2(4)(c) Laboratory
    - 2.17.1.2.4.(c).1 N/A
  - 2.17.1.2(4)(d) Interprofessional Team
    - 2.17.1.2.4.(d).1 N/A
- 2.17.1.2(5) Non-Clinical Support Flow
  - 2.17.1.2(5)(a) Equipment
    - 2.17.1.2.5.(a).1 N/A
  - 2.17.1.2(5)(b) Medical Devices
    - 2.17.1.2.5.(b).1 N/A
  - 2.17.1.2(5)(c) Supplies (Materials Management)
    - 2.17.1.2.5.(c).1 N/A
  - 2.17.1.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
    - 2.17.1.2.5.(d).1 As per Facility-wide flow.
  - 2.17.1.2(5)(e) Patient Food Services
    - 2.17.1.2.5.(e).1 N/A
  - 2.17.1.2(5)(f) Biomedical Engineering
    - 2.17.1.2.5.(f).1 N/A
  - 2.17.1.2(5)(g) FMO/AM
    - 2.17.1.2.5.(g).1 As per Facility-wide flow.
  - 2.17.1.2(5)(h) Information Management

2.17.1.2.5.(h).1 Scheduling of inter-facility Patient transfer will be coordinated between the sending and receiving facilities either electronically or by phone.

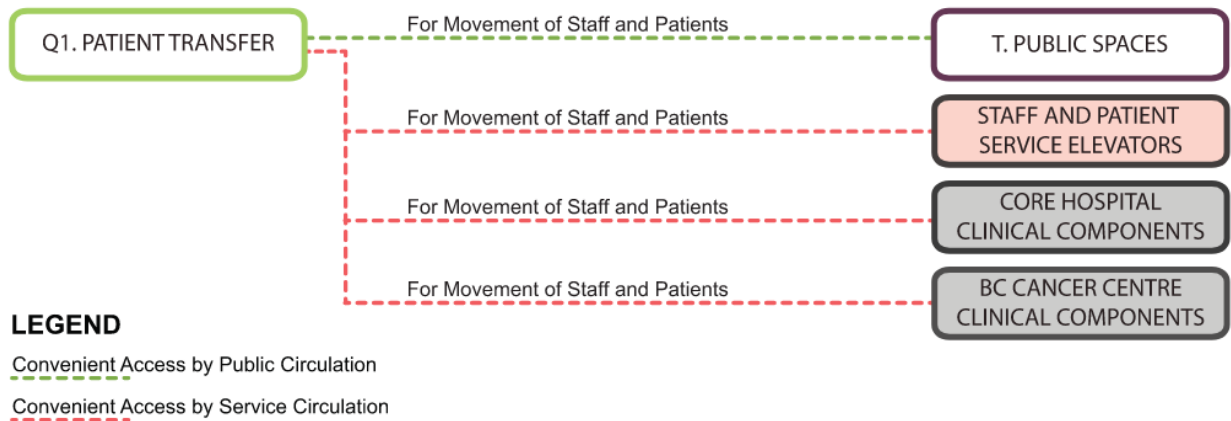
2.17.1.2(5)(i) Security

2.17.1.2.5.(i).1 As per Facility-wide flow.

2.17.1.3 COMPONENT DESIGN CRITERIA

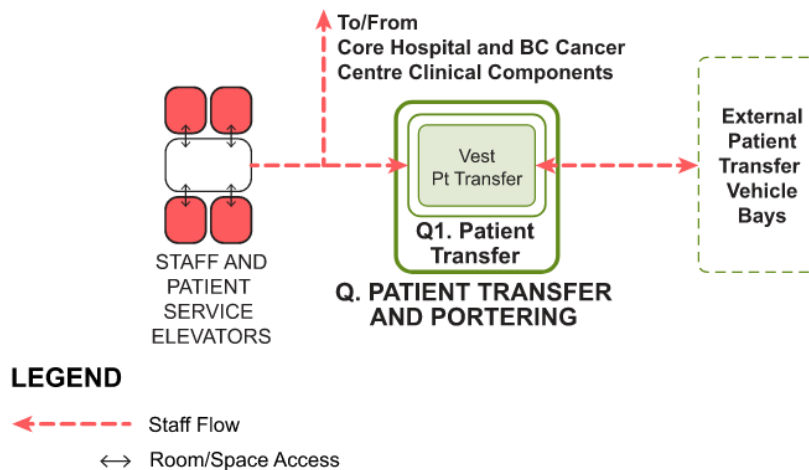
2.17.1.3(1) External Adjacency Requirements Diagram

2.17.1.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



2.17.1.3(2) Internal Functional Relationships Diagram

2.17.1.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



### 2.17.1.3(3) General Requirements

- 2.17.1.3(3)(a) Patient Transfer Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.17.1.3.3.(a).1 Convenient Access via Public Circulation to Main Entrance Lobby for transfer of Patients.
  - 2.17.1.3.3.(a).2 Convenient Access via Service Circulation to Staff and Patient Service Elevators and CH and BCCC Clinical Components for transfer of Patients.
- 2.17.1.3(3)(b) This Sub-Component will not be required to be co-located with other Sub-Components of Patient Transfer and Portering Component.
- 2.17.1.3(3)(c) This Sub-Component will include two (2) Vestibule - Patient Transfer for Patient transfer entry from external layby pick-up and drop-off parking stalls for hospital transfer vehicles and HandyDART.
- 2.17.1.3(3)(d) One (1) Vestibule - Patient Transfer will be located on main level with Convenient Access to Radiation Therapy Delivery Patient Arrival and Check-In.
- 2.17.1.3(3)(e) One (1) Vestibule - Patient Transfer will be located at underground parking with Direct Access to Staff and Patient Service elevators.
- 2.17.1.3(3)(f) Vestibule - Patient Transfer door placement will minimize airflow from the exterior into the Facility. Interior spaces adjacent to Vestibule - Patient Transfer will be draft-free, by means of appropriate vestibule design. Doors will be secured between 2200-0600 hours.
- 2.17.1.3(3)(g) An Alcove - Hand Hygiene Sink will be located within or adjacent to each Vestibule - Patient Transfer.
- 2.17.1.3(3)(h) Patients will also be transferred to the Facility via Main Entrance Lobby.
- 2.17.1.3(3)(i) Access path from external Patient transfer vehicle layby pick-up and drop-off parking stalls to Vestibule - Patient Transfer will be covered and sheltered from weather.

## 2.17.2 Q2. MORGUE

### 2.17.2.1 SERVICE DESCRIPTION

- 2.17.2.1(1) Morgue Sub-Component in Patient Transfer and Portering Component will receive and temporarily store bodies awaiting transfer to community services (e.g., funeral homes).
- 2.17.2.1(2) The following activities will be accommodated in this Sub-Component:
  - 2.17.2.1(2)(a) Receiving and temporary cold storage of inpatient and outpatient decedents;
  - 2.17.2.1(2)(b) Family and provider viewing and/or identification of the body;
  - 2.17.2.1(2)(c) Receiving community providers who will transfer bodies out of the Facility to local funeral homes; and
  - 2.17.2.1(2)(d) Clinical and administrative functions (e.g., documentation of incoming or outgoing bodies, report preparation).
- 2.17.2.1(3) Morgue will be managed jointly by the Patient Access and Community Transition (PACT) Manager and Site Operations.
- 2.17.2.1(4) Service Exclusions
  - 2.17.2.1(4)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
    - 2.17.2.1.4.(a).1 Morgue will not perform autopsies. Autopsies (and some forensic autopsies) will be performed at Royal Columbian Hospital (RCH).

### 2.17.2.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.17.2.2(1) Patient Flow (Deceased Patients)
  - 2.17.2.2(1)(a) Deceased Patients will be prepared for transport to Morgue by clinical Staff within the Component that the Patient expires. If no family member is available to take the deceased Patient's belongings home, the belongings will remain in a lockable cabinet within Component's Care Team Station. For cultural reasons, a Patient's family may request that a personal item remain with

the Patient. Deceased Patient will be transported by Porter Staff to Morgue via Service Circulation.

#### 2.17.2.2(2) Family/Visitor Flow (Families of deceased Patients)

- 2.17.2.2(2)(a) Typically, family members will be able to spend time with deceased Patient prior to Patient leaving Patient Care Area. In instances where this is not possible, a Viewing Room in Morgue will be available. Family members can request to view a loved one through clinical Staff. Families will be escorted via Service Circulation to Viewing Room by available Staff such as social work, spiritual care, or other clinical Staff.

#### 2.17.2.2(3) Staff Flow

- 2.17.2.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.
- 2.17.2.2(3)(b) Morgue Staff may travel via Service Circulation to centralized Shared Staff Facilities to access Lounge - Staff for breaks.
- 2.17.2.2(3)(c) At start of shift, Staff from this Sub-Component will sign-in within their applicable Sub-Component and receive their assignment/workload for the day.
- 2.17.2.2(3)(d) Porters will transport deceased Patients from Patient Care Areas via Service Circulation to Morgue.
- 2.17.2.2(3)(e) Pick-up of deceased Patients from Morgue will be through a discreet enclosed hearse Sally-Port from Morgue.
- 2.17.2.2(3)(f) There will be operational procedures for when Morgue is overcapacity, which under normal circumstances would be transfer through inter-facility Patient transfer to a designated site. Under extreme circumstances (e.g., pandemic) a mobile trailer solution may be utilized at a designated location On-Site.

#### 2.17.2.2(4) Clinical Support Flow

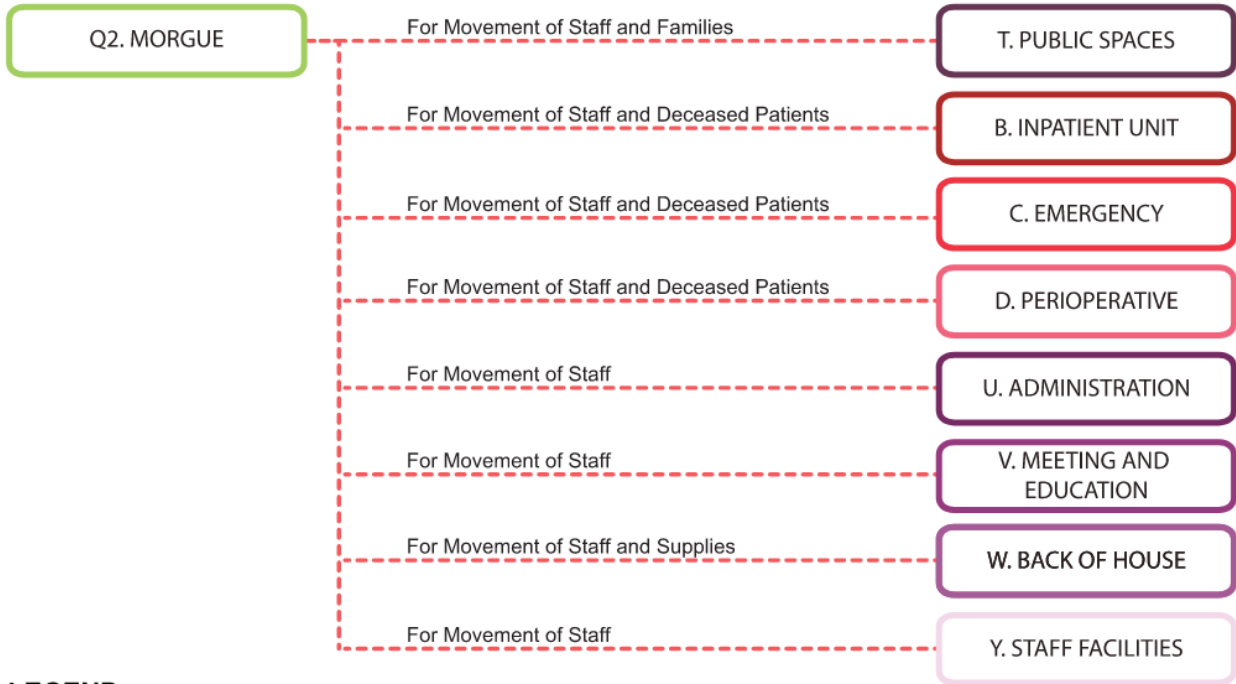
- 2.17.2.2(4)(a) Pharmacy

- 2.17.2.2.4.(a).1 N/A
- 2.17.2.2(4)(b) Medical Imaging
  - 2.17.2.2.4.(b).1 N/A
- 2.17.2.2(4)(c) Laboratory
  - 2.17.2.2.4.(c).1 N/A
- 2.17.2.2(4)(d) Interprofessional Team
  - 2.17.2.2.4.(d).1 N/A
- 2.17.2.2(5) Non-Clinical Support Flow
  - 2.17.2.2(5)(a) Equipment
    - 2.17.2.2.5.(a).1 N/A
  - 2.17.2.2(5)(b) Medical Devices
    - 2.17.2.2.5.(b).1 N/A
  - 2.17.2.2(5)(c) Supplies (Materials Management)
    - 2.17.2.2.5.(c).1 As per Facility-wide flow.
  - 2.17.2.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
    - 2.17.2.2.5.(d).1 As per Facility-wide flow.
    - 2.17.2.2.5.(d).2 EVS front line cleaners will be responsible for daily, preventative maintenance cleaning, and project cleaning of all surfaces in Sub-Component.
  - 2.17.2.2(5)(e) Patient Food Services
    - 2.17.2.2.5.(e).1 N/A
  - 2.17.2.2(5)(f) Biomedical Engineering
    - 2.17.2.2.5.(f).1 N/A
  - 2.17.2.2(5)(g) FMO/AM
    - 2.17.2.2.5.(g).1 As per Facility-wide flow.
  - 2.17.2.2(5)(h) Information Management
    - 2.17.2.2.5.(h).1 Access, control, and paperwork of deceased Patients to funeral homes will be managed by registration Staff in Emergency Component Patient Check-In - ED during regular hospital hours and after-hours.
  - 2.17.2.2(5)(i) Security
    - 2.17.2.2.5.(i).1 As per Facility-wide flow.

2.17.2.3 COMPONENT DESIGN CRITERIA

2.17.2.3(1) External Adjacency Requirements Diagram

2.17.2.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

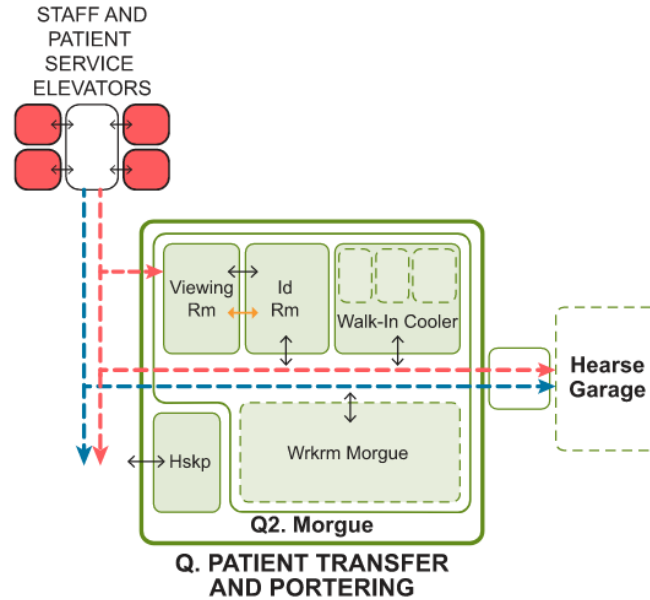


**LEGEND**

Convenient Access by Service Circulation

2.17.2.3(2) Internal Functional Relationships Diagram

2.17.2.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



### LEGEND

- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ Interior Window

#### 2.17.2.3(3) General Requirements

2.17.2.3(3)(a) Morgue Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.17.2.3.3.(a).1 Convenient Access via Service Circulation to Inpatient Units, Emergency and Perioperative for movement of deceased Patients.
- 2.17.2.3.3.(a).2 Convenient Access via Service Circulation to Public Spaces for movement of family to Viewing Room in Morgue.
- 2.17.2.3.3.(a).3 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.

2.17.2.3(3)(b) This Sub-Component will not be required to be co-located with other Sub-Components of Patient Transfer and Portering Component.

2.17.2.3(3)(c) Access to this Sub-Component will be secure at all times.



- 2.17.2.3(3)(d) Morgue will provide Direct Access for private and dignified transfer to an enclosed Sally-Port for a hearse vehicle.
- 2.17.2.3(3)(e) Morgue external access and Sally-Port will be separate from Service Entrance and will not be visible by the public (including those in the Facility) or those in Service Entrance and the loading dock.
- 2.17.2.3(3)(f) Discrete Convenient Access to Morgue will be provided for stretcher transfer from the Facility Components via Service Circulation.
- 2.17.2.3(3)(g) Families and visitors will be escorted by Staff from Main Entrance Lobby to Morgue via Service Circulation.
- 2.17.2.3(3)(h) A Housekeeping Room will be located adjacent to Morgue with Direct Access from Service Circulation outside the Sub-Component.
- 2.17.2.3(3)(i) Internal layout and doors within Morgue will allow for transport trolley circulation within and between Workroom - Morgue, Walk-In Cooler - Racks and Identification Room.
- 2.17.2.3(3)(j) Morgue will have level, even and non-slip floors to prevent Staff injuries.
- 2.17.2.3(3)(k) Morgue will be divided into four (4) main rooms:
- 2.17.2.3.3.(k).1 Workroom - Morgue
  - 2.17.2.3.3.(k).2 Walk-In Cooler - Racks
  - 2.17.2.3.3.(k).3 Identification Room
  - 2.17.2.3.3.(k).4 Viewing Room
- 2.17.2.3(3)(l) Workroom - Morgue will be an open area with Direct Access to Walk-In Cooler - Racks and Identification Room.
- 2.17.2.3(3)(m) Workroom - Morgue will include ceiling lift, parking space for a transport trolley and parking space for a hoist/elevating trolley.
- 2.17.2.3(3)(n) Workroom - Morgue will include a hand hygiene sink adjacent to the door to Walk-In Cooler - Racks. Location of hand hygiene sink will not affect circulation within the space.

- 2.17.2.3(3)(o) Workroom - Morgue will have an audio-video door intercom and remote door release to allow Staff access from Service Circulation outside the Sub-Component and from Sally-Port.
- 2.17.2.3(3)(p) Walk-In Cooler - Racks will have capacity for two (2) standard racks (4 bodies stacked) and one (1) bariatric rack (3 bodies stacked). It will also include a ceiling lift with bariatric capacity.
- 2.17.2.3(3)(q) Walk-In Cooler - Racks will be designed with efficient use of space around racking system.
- 2.17.2.3(3)(r) Identification Room will have one (1) door to Workroom - Morgue and one (1) door to Viewing Room.
- 2.17.2.3(3)(s) A large viewing interior window between Identification Room and Viewing Room will provide Line of Sight to full length of stretcher/body tray within Identification Room. Blinds for this interior window will be controlled by Staff in Identification Room.
- 2.17.2.3(3)(t) Identification Room will have parking space for a transport trolley. Confidential conversations in this room will not be heard in Viewing Room.
- 2.17.2.3(3)(u) Viewing Room will be located adjacent to Identification Room with discrete and secure entry point from Service Circulation outside the Sub-Component.
- 2.17.2.3(3)(v) Viewing Room will accommodate smudging ceremony.
- 2.17.2.3(3)(w) If Morgue is located on a floor with no Convenient Access to a Washroom - Staff or Washroom - Staff - Non-Acc, a Washroom - Staff - Non-Acc from another Component/Sub-Component will be moved to Morgue Sub-Component as determined in consultation with the Authority. This Washroom - Staff - Non-Acc will be located adjacent to Morgue with Direct Access from Service Circulation outside the Sub-Component.

### 2.17.3 Q3. CENTRALIZED PORTERING AREA

#### 2.17.3.1 SERVICE DESCRIPTION

2.17.3.1(1) Centralized Portering Area Sub-Component in Patient Transfer and Portering Component will support a centralized portering model with all services in the Facility utilizing a central pool of porters.

2.17.3.1(2) Patient population will include any Patient requiring portering services within the Facility.

2.17.3.1(3) Service Exclusions

2.17.3.1(3)(a) N/A

#### 2.17.3.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

2.17.3.2(1) Patient Flow

2.17.3.2(1)(a) Portering services Staff will transport Patients within the Facility as needed or requested, on wheelchairs, stretchers or beds, from Component to Component using Service Circulation.

2.17.3.2(2) Family/Visitor Flow

2.17.3.2(2)(a) N/A

2.17.3.2(3) Staff Flow

2.17.3.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.

2.17.3.2(3)(b) Portering Staff may travel via Service Circulation to centralized Shared Staff Facilities to access Lounge - Staff for breaks.

2.17.3.2(3)(c) Portering Staff will start and end their shift in Office - Shared, where they will sign-in and receive their assignment/workload for the day, along with any relevant information about the Facility or current issues. Work orders will be received electronically throughout the shift as service requests are submitted by the Facility's Components. Staff will at times be

required to complete online training within Office - Shared.

2.17.3.2(3)(d) Portering Staff will retrieve their communication device to be used during their shift from Office - Private, where these devices will have a charging station.

2.17.3.2(3)(e) To support Patient transport requests, porters will retrieve a wheelchair or stretcher from stretcher and wheelchair storage alcoves located on key locations within the Facility.

2.17.3.2(4) Clinical Support Flow

2.17.3.2(4)(a) Pharmacy

2.17.3.2.4.(a).1 Porters will be available to transfer medications that cannot be transferred via pneumatic tube system.

2.17.3.2(4)(b) Medical Imaging

2.17.3.2.4.(b).1 N/A

2.17.3.2(4)(c) Laboratory

2.17.3.2.4.(c).1 Porters will be available to transfer lab products (e.g., blood products) that cannot be transferred via pneumatic tube system.

2.17.3.2(4)(d) Interprofessional Team

2.17.3.2.4.(d).1 N/A

2.17.3.2(5) Non-Clinical Support Flow

2.17.3.2(5)(a) Equipment

2.17.3.2.5.(a).1 There will be a charging station in Office - Private for Portering Staff's mobile devices.

2.17.3.2(5)(b) Medical Devices

2.17.3.2.5.(b).1 N/A

2.17.3.2(5)(c) Supplies (Materials Management)

2.17.3.2.5.(c).1 N/A

2.17.3.2(5)(d) EVS (Housekeeping/Linen/Waste Management)

2.17.3.2.5.(d).1 As per Facility-wide flow.

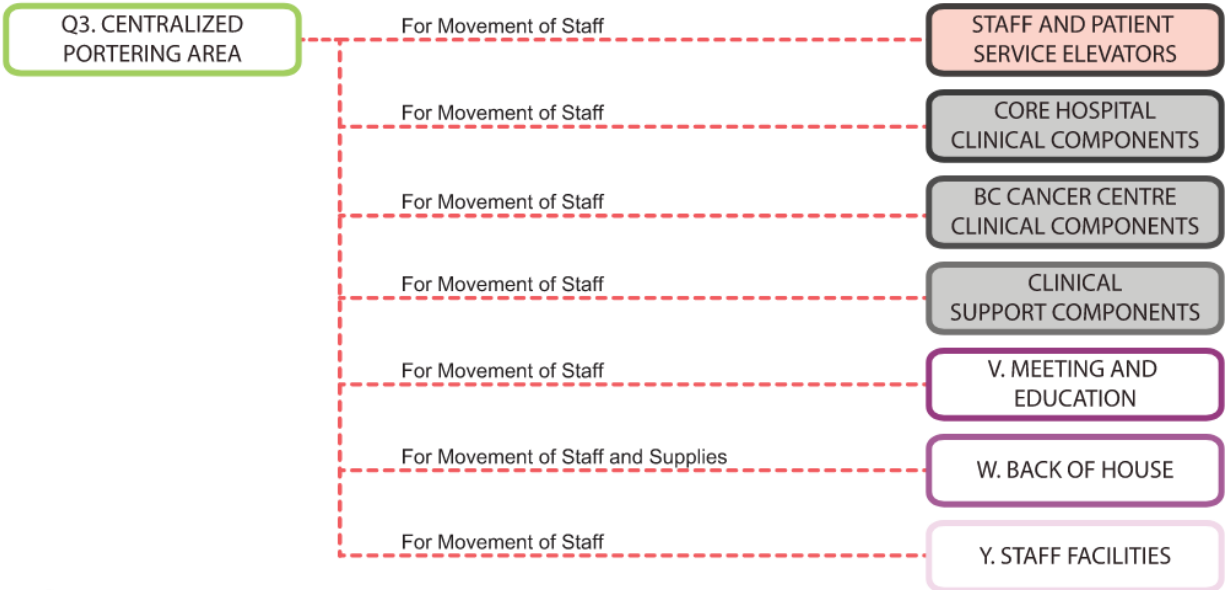
2.17.3.2.5.(d).2 EVS front line cleaners will be responsible for daily, preventative maintenance cleaning, and project cleaning of all surfaces in Sub-Component.

- 2.17.3.2(5)(e) Patient Food Services  
2.17.3.2.5.(e).1 N/A
- 2.17.3.2(5)(f) Biomedical Engineering  
2.17.3.2.5.(f).1 N/A
- 2.17.3.2(5)(g) FMO/AM  
2.17.3.2.5.(g).1 As per Facility-wide flow.
- 2.17.3.2(5)(h) Information Management
- 2.17.3.2.5.(h).1 Portering services will be booked through an online tracking system. This system will prioritize and dispatch requests. The Facility Staff and care providers will initiate portering requests either electronically or by phone.
- 2.17.3.2.5.(h).2 Porters will be available to transfer Patients and items not transferable via pneumatic tube system (e.g., blood products, medications, etc.).
- 2.17.3.2.5.(h).3 Once a request has been entered, it will show up in the system. Available Portering Staff will 'accept' the request. If priority changes are needed, the supervisor will make the change.
- 2.17.3.2.5.(h).4 Once the Patient or item arrives at their intended destination, the porter will complete the request in the system and show themselves as available for other transfers. A Patient's belongings will be placed in designated Facility Patient bags and will travel with the Patient, when required, during transport.
- 2.17.3.2.5.(h).5 If a porter arrives for a request and is not able to begin the transfer within five (5) minutes of arrival (i.e., the Patient or item is not ready for transport), they will notify the supervisor for direction. If the delay is too long, they will be re-directed by the supervisor to other requests.
- 2.17.3.2.5.(h).6 Porter supervisors will be available to assist with prioritization of requests and re-routing of Portering Staff when required. The system will allow the supervisor to monitor what is happening in real-time and react accordingly.
- 2.17.3.2(5)(i) Security  
2.17.3.2.5.(i).1 As per Facility-wide flow.

2.17.3.3 COMPONENT DESIGN CRITERIA

2.17.3.3(1) External Adjacency Requirements Diagram

2.17.3.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

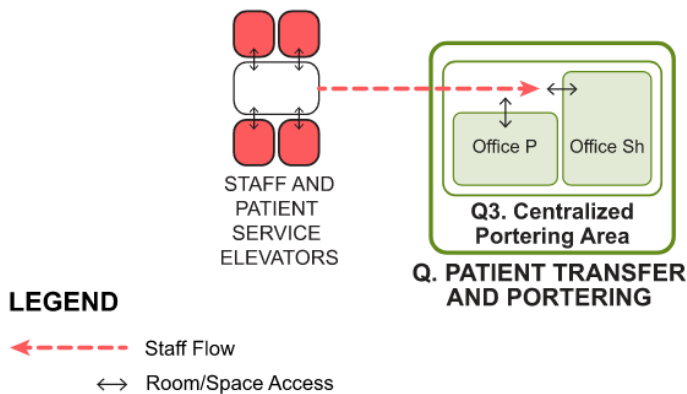


**LEGEND**

Convenient Access by Service Circulation

2.17.3.3(2) Internal Functional Relationships Diagram

2.17.3.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



### 2.17.3.3(3) General Requirements

- 2.17.3.3(3)(a) Central Portering Area Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
  - 2.17.3.3.3.(a).1 Convenient Access via Service Circulation to Staff and Patient Service Elevators, CH and BCCC Clinical Components and Clinical Support Components for quick movement of Staff.
  - 2.17.3.3.3.(a).2 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.17.3.3(3)(b) This Sub-Component will not be required to be co-located with other Sub-Components of Patient Transfer and Portering Component.
- 2.17.3.3(3)(c) This Sub-Component will be centrally located within the Facility to provide quick access for Staff to all Components.
- 2.17.3.3(3)(d) Central Portering Area will include an Office - Shared adjacent to an Office-Private.
- 2.17.3.3(3)(e) Office - Shared will include two (2) drop down workstations for Staff to access work orders, training and education.
- 2.17.3.3(3)(f) Office - Shared will also include a hand hygiene sink. Location of hand hygiene sink will not affect circulation into and within the room.

## 2.17.4 SCHEDULE OF ACCOMMODATIONS

2.17.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Patient Transfer and Portering**

<b>Q. PATIENT TRANSFER AND PORTERING</b>	
Q1. PATIENT TRANSFER	24.0
Q2. MORGUE	70.3
Q3. CENTRALIZED PORTERING AREA	21.0
<b>PATIENT TRANSFER AND PORTERING PROGRAMMED SPACE NSM:</b>	<b>115.3</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>Q. PATIENT TRANSFER AND PORTERING</b>					
<b>Q1. PATIENT TRANSFER</b>					
Q1.01	Vestibule - Patient Transfer	2	11.0	22.0	For Patient transfer entry.
Q1.02	Alcove - Hand Hygiene Sink	2	1.0	2.0	
<b>SUBTOTAL NSM: PATIENT TRANSFER</b>				<b>24.0</b>	
<b>Q2. MORGUE</b>					
Q2.01	Housekeeping Room	1	7.0	7.0	
Q2.02	Workroom - Morgue	1	24.0	24.0	
Q2.03	Walk-In Cooler - Racks	1	18.3	18.3	
Q2.04	Identification Room	1	11.0	11.0	For body to be placed for viewing from Viewing Room.
Q2.05	Viewing Room	1	10.0	10.0	For family to view body in Identification Room.
<b>SUBTOTAL NSM: MORGUE</b>				<b>70.3</b>	
<b>Q3. CENTRALIZED PORTERING AREA</b>					
Q3.01	Office - Shared	1	12.0	12.0	For Portering Staff.
Q3.02	Office - Private	1	9.0	9.0	For Portering supervisor.
<b>SUBTOTAL NSM: CENTRALIZED PORTERING AREA</b>				<b>21.0</b>	
<b>TOTAL NSM: PATIENT TRANSFER AND PORTERING</b>				<b>115.3</b>	



## 2.18 R. PHARMACY SERVICES

### 2.18.1 SERVICE DESCRIPTION

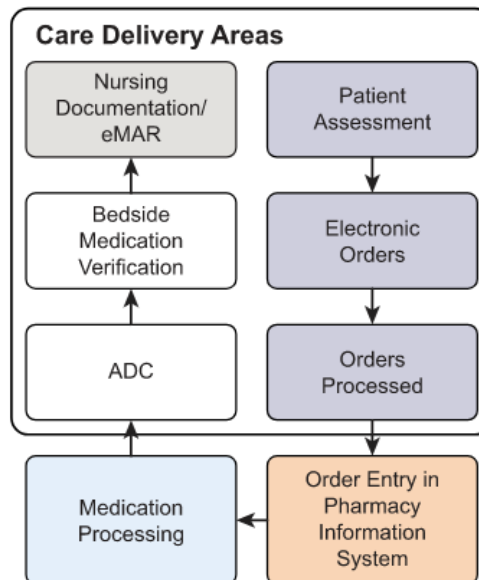
- 2.18.1.1 Pharmacy Services Component will be serving an adult inpatient and outpatient population by providing purchasing, storage, dispensing, and distribution of medications and clinical pharmaceutical consultation.
- 2.18.1.2 Pharmacy Services will ensure that each Patient's medication is appropriate for their diagnosis through the medication verification process, is cost-effective, and is provided at an appropriate dose and in sufficient quantity for their use in the Facility. It will also minimize potential adverse drug reactions, side effects, and drug-related problems by working together with the Patient and other members of the health care team and will provide community pharmacy engagement as part of the workflow for Patients discharging from the NSH BCCC.
- 2.18.1.3 The following activities will be accommodated in this Component:
- 2.18.1.3(1) Storage, control and supply of all medications, including purchasing and distribution. Pre-packaging for inpatients being discharged may occur on a rare occasion;
  - 2.18.1.3(2) In collaboration with the overall Lower Mainland Pharmacy Services (LMPS), compiling and effectively maintaining a formulary suited to the Facility's needs. The service will include working with both the Provincial Pharmacy and Therapeutics (P&T) Committee, and the FH Medication Safety Council to work through requests for changes to this formulary;
  - 2.18.1.3(3) Participating in development of drug-related policy and procedures within the Facility in collaboration with the overall LMPS and reviewing and improving policy and procedures relative to safe, effective, and economical use of medications; and
  - 2.18.1.3(4) Providing drug information to all customers such as physicians, nurses, Patients and families at the Facility. This information will be given electronically, by virtual health methods, face-to-face and/or via printed Patient medication leaflets.
- 2.18.1.4 Specific functions in this Component will also include:
- 2.18.1.4(1) ADC supply and top-up: ADCs will be profile driven for inpatients where appropriate. Outpatients will have non-profiled ADCs. 24-hour pharmacy services support may be provided by on-site Pharmacy Staff combined with an on-call pharmacy consultation service;

- 2.18.1.4(2) Preparation will include, but will not be limited to, central IV admixtures (CIVA) and parenteral nutrition;
  - 2.18.1.4(3) Specialized compounding of solutions, ointments, etc.;
  - 2.18.1.4(4) IV preparations for oncology inpatient requiring cytotoxic medications (hazardous drugs);
  - 2.18.1.4(5) Clinical services for adult inpatients and outpatients as part of pharmaceutical care model including therapeutic drug monitoring, Patient education, drug dosing, drug information, and consultation; and
  - 2.18.1.4(6) 24-hour tele-pharmacy support through overnight regional on-call for urgent ad hoc medication requests or selective information.
- 2.18.1.5 Clinical pharmacists will be outside of the Component working/consulting in the inpatient and outpatient areas of the Facility during peak operational hours. Dedicated workstations for clinical pharmacists as part of IPT will be provided within Ambulatory Care, Inpatient Unit and Emergency Components.
- 2.18.1.6 Processes will be implemented at the NSHBCCC in support of Closed Loop Medication Management (CLMM) system and include Computerized Provider Order Entry (CPOE), Electronic Medication Administration Record (eMAR) and Bedside Medication Verification (BMV).
- 2.18.1.7 Service Exclusions
- 2.18.1.7(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
    - 2.18.1.7(1)(a) Medications prescribed for ambulatory oncology Patients will be prepared in Oncology Pharmacy Component.
- 2.18.2 COMPONENT INTERNAL FLOW DESCRIPTIONS
- 2.18.2.1 Patient Flow
    - 2.18.2.1(1) N/A
  - 2.18.2.2 Family/Visitor Flow
    - 2.18.2.2(1) N/A
  - 2.18.2.3 Staff Flow

- 2.18.2.3(1) Upon arrival to the Facility, Staff from this Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.
  - 2.18.2.3(2) At start of shift, Staff will enter Pharmacy Services Component and sign-in within their applicable zone.
  - 2.18.2.3(3) Pharmacy Staff will have access to an internal Lounge - Staff for breaks. Some personal belongings and valuables will be stored in purse lockers within Lounge - Staff.
  - 2.18.2.3(4) Pharmacy Staff will have access to a Change Room and half lockers prior to accessing IV Formation area.
  - 2.18.2.3(5) Pharmacists will travel to Clinical Components within the Facility via Service Circulation to actively participate in interdisciplinary team rounds to develop comprehensive pharmaceutical care plans. Clinical pharmacists will provide comprehensive pharmaceutical care.
  - 2.18.2.3(6) Clinical pharmacists will support Patients through virtual health methods by utilizing real-time videoconferencing for medication related information. This support will be a remote connection from Pharmacy Services Component or within VH Component.
  - 2.18.2.3(7) Pharmacy assistants/technicians will travel to each Clinical Component via Service Circulation with a supply cart to monitor and replenish medications stored in secure ADCs within Medication Rooms and other medication storage locations throughout the Facility.
- 2.18.2.4 Clinical Support Flow
- 2.18.2.4(1) Pharmacy (Medications)
    - 2.18.2.4(1)(a) Compounding and Packaging
      - 2.18.2.4.1.(a).1 Most pharmaceutical items will be purchased in a manufactured form and/or received from pharmacy central distribution centre. Commercially available medications will be obtained from LMPS pharmacy wholesalers/manufacturers. Limited amount of medications will be repackaged on-site (using appropriate packaging Equipment). The 'fill-list' will be compiled electronically and linked from the ADCs.

- 2.18.2.4.1.(a).2 Compounding of ointments, creams and other topical applications, as well as oral liquids will be prepared in Pharmacy Services Component (if not available commercially) on an as-needed basis.
- 2.18.2.4(1)(b) Medication Order Processing and Administration
- 2.18.2.4.1.(b).1 A point-of-use medication inventory management system will combine bar-coding and wireless technologies to link physicians, nurses and Pharmacy Services at point-of-care (i.e., bedside). Using hand-held devices, computer networks, and ADCs, Patients will be administered medication including narcotics through point-of-use system.
- 2.18.2.4.1.(b).2 There will be several steps to order processing and administration functions for acute care sites as outlined below and shown in the following diagram:

#### Medication Order Processing and Administration Flow



- (b).2.1 Ordering: Patients will receive a bar-coded identification bracelet, which will store relevant Patient information. Medication orders will be processed and entered into a clinical information system that supports CPOE functionality, which

- will monitor for drug interactions, allergies, duplicate therapy and dosage;
- (b).2.2 Verification: submitted orders will be verified by a pharmacist. Verification may also be done remotely by the tele-pharmacy and/or via 'bypass' pharmacist verification protocols (e.g., after-hours). STAT orders will be queued to the top of the list of drugs ready for verification;
- (b).2.3 Items not stored in ADC will be dispensed in Pharmacy Services Component and delivered to Patient Care Areas by Pharmacy Staff or by other means such as porters or pneumatic tube system. The point-of-use inventory management system will instantly update the Patient's record and the nurse's hand-held unit;
- (b).2.4 Administration: To retrieve ordered medications, nursing Staff in clinical areas will sign into an ADC and select Patient's medication. The ADC will open the correct drawer and direct the nurse to the bin containing the correct medication. The nurse will scan the bar-coded medication and Patient's bracelet at the bedside to confirm the information, for added security, and ensuring once again; the Patient, medication, dosage and time of drug administration. The medication will be administered and documented on eMAR.
- (b).2.5 IV medication orders will also be entered into point-of-use medication inventory system. Labels will be generated in IV Staging and Prep/Checking area in Pharmacy Services Component for select products.
- (b).2.6 IV medications will be prepared within Pharmacy Services Component in IV Formation area. Prepared product will be delivered by Pharmacy Staff on a scheduled basis and stored in Medication Rooms within each Clinical Component in refrigerated and non-refrigerated storage units. Some IV medications will be

- prepared by nursing unit Staff in Clinical Components.
- (b).2.7 Chemotherapy medications for use in 12-Bed Unit, Medical-Oncology in Inpatient Unit Component will be prepared within Pharmacy Services Component in IV Formation area. Prepared product will be delivered to the unit by appropriate Staff member in dedicated transport cart for this purpose.
- 2.18.2.4(1)(c) Staff in Pharmacy Services Component will adhere to FH Hazardous Drugs - Handling Precautions - Pharmacy Staff Policy for dispensing, packaging, and labeling hazardous drugs.
- 2.18.2.4(2) Medical Imaging
- 2.18.2.4(2)(a) N/A
- 2.18.2.4(3) Laboratory
- 2.18.2.4(3)(a) N/A
- 2.18.2.4(4) Interprofessional Team
- 2.18.2.4(4)(a) N/A
- 2.18.2.5 Non-Clinical Support Flow
- 2.18.2.5(1) Equipment
- 2.18.2.5(1)(a) ADC Replenishment
- 2.18.2.5.1.(a).1 All medications stocked in Clinical Components will be stored in drawers in ADCs. In Pharmacy Services Component, medications will be filled with fill-lists generated through the point-of-use medication inventory system and loaded onto master replenishment carts. Pharmacy Staff will fill all medications, placing them into drawers of the distribution cart with a record of dispensing, using bar coding technology. These will be brought to the floors and replenished on a scheduled basis by Pharmacy Staff.
- 2.18.2.5(1)(b) Crash Cart Medication Flow

- 2.18.2.5.1.(b).1 The Code Blue team will manage the inventory of crash carts and request drug kits when required. Component or unit-based Staff will include drug kit expiry date review as part of their routine checks of crash carts.
- 2.18.2.5.1.(b).2 When a drug kit is used (or expired), unit Staff will clean and label it before returning to Pharmacy Services Component. Pharmacy will provide crash cart medication trays.
- 2.18.2.5.1.(b).3 Replenished drug kits will be returned to Pharmacy Services Component for short term storage. Pharmacy Staff will deliver these to Clinical Components when needed.

2.18.2.5(2) Medical Devices

2.18.2.5(2)(a) N/A

2.18.2.5(3) Supplies (Materials Management)

2.18.2.5(3)(a) As per Facility-wide flow.

2.18.2.5(3)(b) Materials Management area supply attendants will assist Pharmacy Staff with purchasing supplies and Equipment and will deliver ordered items to Pharmacy Services Component.

2.18.2.5(3)(c) Purchasing of pharmaceuticals will be coordinated by Pharmacy Staff/assistants under supervision of a pharmacist. Minimum and maximum order levels will be established. All orders will be entered and communicated electronically, by phone, or fax to central Pharmacy vendors/suppliers.

2.18.2.5(3)(d) Flow assumes two types of deliveries, both facilitated through Materials Management, and both requiring sign-off by Pharmacy Staff:

2.18.2.5.3.(d).1 Regularly scheduled shipments; and

2.18.2.5.3.(d).2 Those arriving via courier outside of set times.

2.18.2.5(3)(e) Regularly scheduled shipments will be received in Pharmacy Services Component by Pharmacy Staff at Component's Shipping/Receiving Area, where the shipment is verified, then stocked in the appropriate area within the Component.

2.18.2.5(3)(f) Shipments arriving via courier outside regular office hours will be delivered and held in secure Vestibule - Courier Reception, until received by Pharmacy Staff.

2.18.2.5(4) EVS (Housekeeping/Linen/Waste Management)

2.18.2.5(4)(a) As per Facility-wide flow.

2.18.2.5(4)(b) EVS Staff working within Pharmacy sterile compounding areas will employ specific cleaning requirements as outlined in LMPS Quality Recommendations, Pharmacy Sterile Compounding policies. IV Formation area is supported by a dedicated Housekeeping Room for this purpose.

2.18.2.5(5) Patient Food Services

2.18.2.5(5)(a) N/A

2.18.2.5(6) Biomedical Engineering

2.18.2.5(6)(a) As per Facility-wide flow.

2.18.2.5(7) FMO/AM

2.18.2.5(7)(a) As per Facility-wide flow.

2.18.2.5(8) Information Management

2.18.2.5(8)(a) As per Facility-wide flow.

2.18.2.5(8)(b) Key information flows needed to support Pharmacy Services will be the following:

2.18.2.5.8.(b).1 Medication orders;

2.18.2.5.8.(b).2 Drug interaction dictionaries; and

2.18.2.5.8.(b).3 Formulary.

2.18.2.5(9) Security

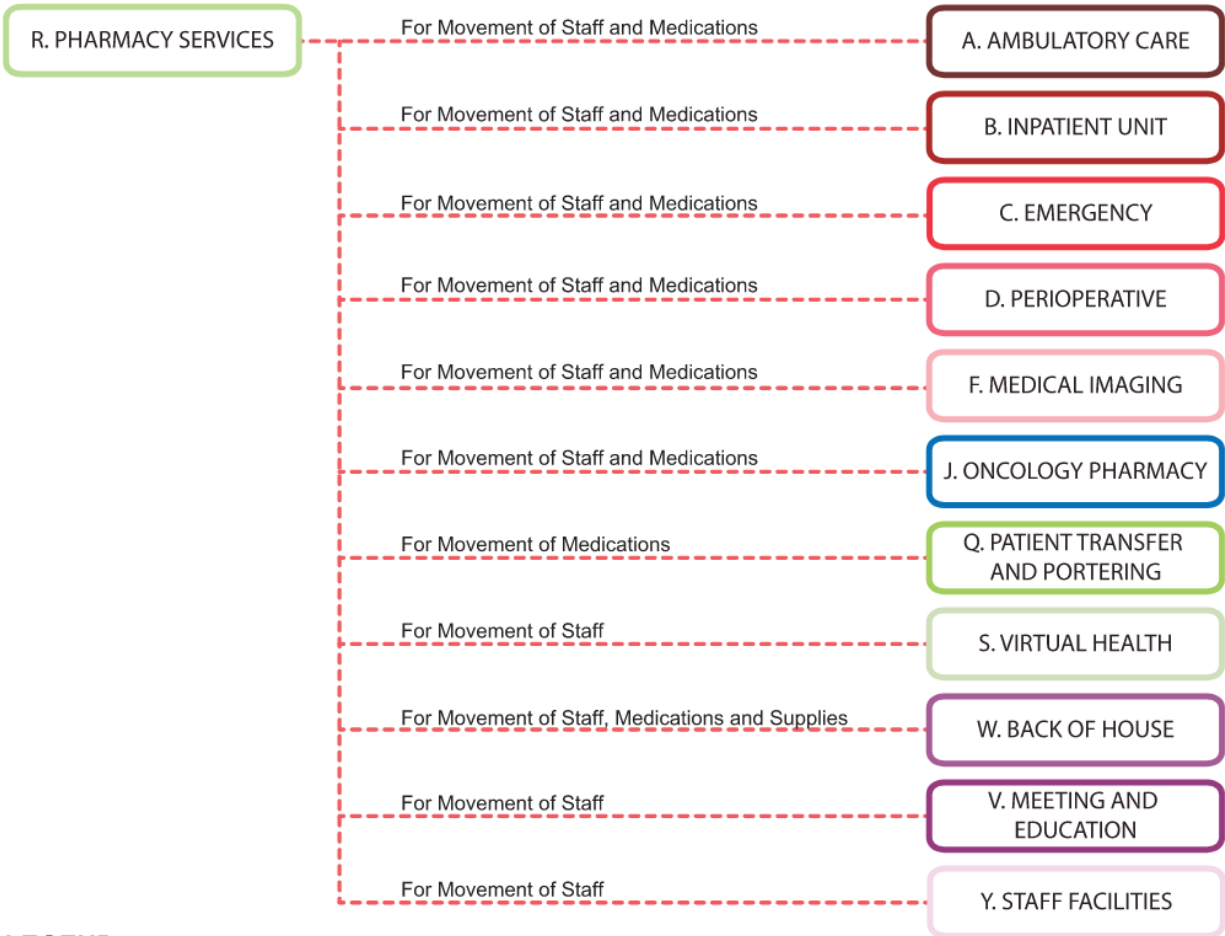
2.18.2.5(9)(a) As per Facility-wide flow.

## 2.18.3 COMPONENT DESIGN CRITERIA

### 2.18.3.1 External Adjacency Requirements Diagram

2.18.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.



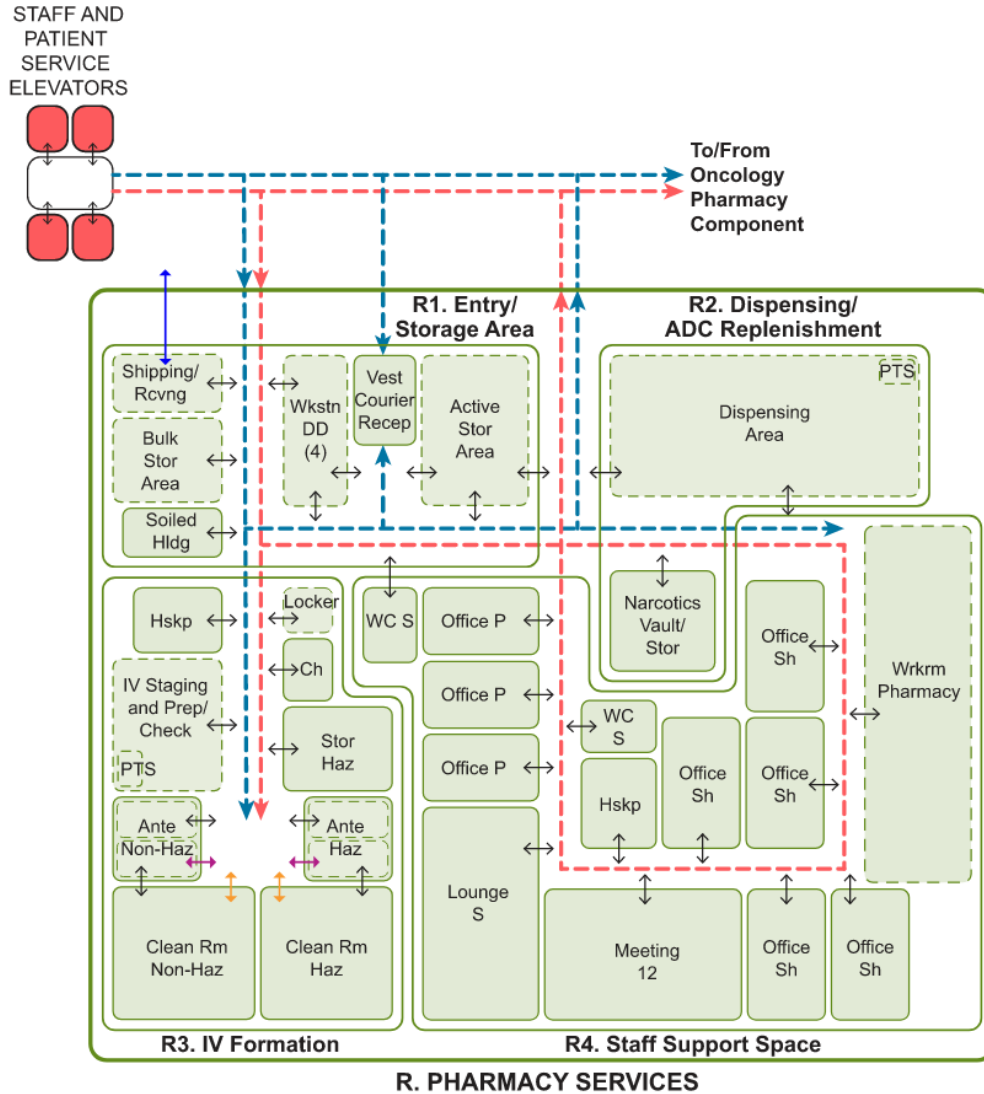


**LEGEND**

Convenient Access by Service Circulation

2.18.3.2 Internal Functional Relationships Diagram

2.18.3.2(1) The following diagram indicates internal functional relationships within this Component.



**LEGEND**

- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ (pink) Pass-Through Chamber
- ↔ (orange) Interior Window
- ↔ (blue) Transaction Window

**2.18.3.3 General Requirements**

2.18.3.3(1) Pharmacy Services key external relationships with other Components listed in the priority order for the purposes stated are the following:

2.18.3.3(1)(a) Convenient Access via Service Circulation to Inpatient Units, Emergency, Ambulatory Care, Perioperative and

- Medical Imaging for movement of medications and collaboration of Staff.
- 2.18.3.3(1)(b) Convenient Access via Service Circulation to Back of House and Service Entrance for movement of Staff, medications and supplies.
  - 2.18.3.3(1)(c) Convenient Access via Service Circulation to Oncology Pharmacy for movement of Staff and medications.
  - 2.18.3.3(1)(d) Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.18.3.3(2) Zones of activity within Pharmacy Services Component will include the following:
- 2.18.3.3(2)(a) R1. Entry/Storage Area
  - 2.18.3.3(2)(b) R2. Dispensing/ADC Replenishment
  - 2.18.3.3(2)(c) R3. IV Formation
  - 2.18.3.3(2)(d) R4. Staff Support Space
- 2.18.3.3(3) Access to this Component will be secure at all times.
- 2.18.3.3(4) Pharmacy Services will have secure floor to ceiling non-penetrable walls.
- 2.18.3.3(5) An open floor design will be provided for most areas of Pharmacy Services. In general, most fixtures will be of modular design thus enabling easy movement and reconfiguration as Pharmacy Services program changes.
- 2.18.3.3(6) Physical configuration and planning of Pharmacy Services will support efficient production and meet industry requirements for quality control in all drug production areas.
- 2.18.3.3(7) The Component will be accessed from Service Circulation on a route that does not traverse Patient Care Areas.
- 2.18.3.3(8) Pharmacy Services Staff entering and working in this Component will enter through restricted access entry points from Service Circulation.

- 2.18.3.3(9) Design will include designated spaces for skids and carts in different areas and internal corridor to maneuver carts.
  - 2.18.3.3(10) Hand hygiene sinks will be accessible throughout Pharmacy Services and located with Convenient Access from workstations where medications are prepared. Location of hand hygiene sinks will not affect circulation within this Component.
  - 2.18.3.3(11) Refrigerators and freezers will be centrally monitored by FMO and alarmed.
  - 2.18.3.3(12) Line of Sight to all entry doors to the Component from open work areas in Entry/Storage Area and Dispensing/ADC Replenishment will be provided.
  - 2.18.3.3(13) Exposure to Direct Natural Light will not compromise the Component's security or operations.
  - 2.18.3.3(14) Pharmacy Services design will conform to the regulations of the professional and government authorities having jurisdiction, including the College of Pharmacists of BC, Canadian Society of Hospital Pharmacists, and NAPRA.
  - 2.18.3.3(15) Drug compounding facilities and Equipment will be installed and conform to the appropriate specifications including the following:
    - 2.18.3.3(15)(a) College of Pharmacists of BC Standards and Guidelines;
    - 2.18.3.3(15)(b) WSBC Occupational Health and Safety Regulation Guidelines, Section 6.53 and G6.53(1), and Section 30.12 Biological Safety Cabinets;
    - 2.18.3.3(15)(c) NAPRA Model Standards;
    - 2.18.3.3(15)(d) National Guidelines for Handling Hazardous Substances by the Canadian Centre for Occupational Health and Safety (CCOHS);
    - 2.18.3.3(15)(e) Controlled Environment Testing Association (CETA); and
    - 2.18.3.3(15)(f) Manufacturer's specifications.
- 2.18.3.4 R1. Entry/Storage Area
- 2.18.3.4(1) Entry/Storage Area will have Direct Access to Service Circulation outside the Component.

- 2.18.3.4(2) This Area will also have Direct Access to IV Formation Area and Dispensing/ADC Replenishment within Pharmacy Services Component.
- 2.18.3.4(3) Vestibule - Courier Reception
  - 2.18.3.4(3)(a) Vestibule - Courier Reception is an enclosed secure space with Direct Access from Service Circulation outside the Component and internal corridor within Entry/Storage Area.
- 2.18.3.4(4) Shipping/Receiving Area
  - 2.18.3.4(4)(a) Shipping/Receiving Area will be an open area adjacent to Bulk Storage Area and secure Component entry from Service Circulation outside the Component. A hand hygiene sink will be located at entry point to the Component.
  - 2.18.3.4(4)(b) Doorway and access path to Shipping/Receiving Area and its open floor space will accommodate receiving, movement and breakdown of pallets, packages and skids.
  - 2.18.3.4(4)(c) An audio-video door intercom outside the door in Service Circulation will be provided for delivery Staff to communicate with Shipping/Receiving Area Staff.
  - 2.18.3.4(4)(d) Shipping/Receiving Area will include counter/work surface and a transaction window to Service Circulation outside the Component.
  - 2.18.3.4(4)(e) Shipping/Receiving Area will be located adjacent to an open area with four (4) Workstation - Drop Down and an enclosed Soiled Holding - Hazardous Waste.
- 2.18.3.4(5) Bulk Storage Area
  - 2.18.3.4(5)(a) Bulk Storage Area will be an open area adjacent to Shipping/Receiving Area with Direct Access to internal corridor and Convenient Access to Dispensing Area and Narcotics Vault/Storage.
  - 2.18.3.4(5)(b) Bulk Storage Area will include modular shelving for drugs and non-drug inventory, and staging space for three (3) carts.

- 2.18.3.4(5)(c) Staff will use carts to stock shelves with drugs and remove inventory. Carts will be parked at the end of the modular shelving to allow for Staff maneuverability around the shelving.
- 2.18.3.4(5)(d) Multiple Staff with carts will be able to maneuver between shelving, move unimpeded without hitting shelving and other Equipment or impeding Staff flow.
- 2.18.3.4(5)(e) Bulk Storage Area may be combined with Shipping/Receiving Area.
- 2.18.3.4(6) Active Storage Area
  - 2.18.3.4(6)(a) Active Storage Area will be an open area with Convenient Access to Bulk Storage Area and Direct Access to internal corridor and Service Circulation outside the Component.
  - 2.18.3.4(6)(b) This area will accommodate eight (8) mobile carts and modular shelving units.
  - 2.18.3.4(6)(c) An audio-video door intercom outside the door in Service Circulation will be provided to communicate with Dispensing Area Staff.
- 2.18.3.4(7) Soiled Holding - Hazardous Waste
  - 2.18.3.4(7)(a) Soiled Holding - Hazardous Waste will be an enclosed negative pressure room with Convenient Access to Entry/Storage Area entry point from Service Circulation outside the Component.
- 2.18.3.5 R2. Dispensing/ADC Replenishment
  - 2.18.3.5(1) Dispensing/ADC Replenishment zone will be located adjacent to Entry/Storage Area and Staff Support Space zones.
  - 2.18.3.5(2) Dispensing Area
    - 2.18.3.5(2)(a) Dispensing Area will be an open area with Direct Access to internal corridor and Convenient Access to Entry/Storage Area and IV Formation.
    - 2.18.3.5(2)(b) This area will have Direct Access to an Alcove - Pneumatic Tube Station, an Alcove - PPE, an Alcove - Hand Hygiene Sink and an Alcove - Eyewash/Shower

Station. It will also have Convenient Access to Narcotics Vault/Storage.

- 2.18.3.5(2)(c) Pharmacy Services Staff will retrieve medication from storage locations within the Component and fill and check medication orders in Dispensing Area.
- 2.18.3.5(2)(d) Dispensing Area will include five (5) pharmacist order review workstations and one (1) pre-packaging workstation. It will also accommodate dispensing station with shelving.
- 2.18.3.5(2)(e) Acoustic considerations will be provided in this area to function as a quiet work area to reduce medication errors.
- 2.18.3.5(2)(f) A two-way audio-video intercom will be provided in Dispensing Area to communicate with IV Staging and Prep/Checking area in IV Formation zone.

#### 2.18.3.5(3) Narcotics Vault/Storage

- 2.18.3.5(3)(a) Narcotics Vault/Storage will be an enclosed secure room with Direct Access to internal corridor and Convenient Access to Dispensing Area and Bulk Storage Area.
- 2.18.3.5(3)(b) Narcotics Vault/Storage will not be located on the perimeter wall of the Pharmacy.
- 2.18.3.5(3)(c) This room will have secure floor to ceiling non-penetrable walls and secure, non-accessible ceiling.
- 2.18.3.5(3)(d) Narcotics Vault/Storage will meet Health Authorities governing policies and provincial and federal requirements for the storage of narcotics.
- 2.18.3.5(3)(e) Narcotics and controlled drugs will be stored in ADC within Narcotics Vault/Storage. This room will provide staging space for one (1) dedicated lockable delivery cart.

#### 2.18.3.6 R3. IV Formation

- 2.18.3.6(1) IV Formation will be an enclosed suite and organized to accommodate two (2) separate streams, sterile non-hazardous compounding and hazardous compounding. The spaces supporting each stream will be adjacent to but independent of

each other. To minimize risk of cross contamination, processes associated with hazardous compounding will be separated from processes associated with sterile non-hazardous compounding. This will require separate rooms and flows in each stream.

- 2.18.3.6(2) ISO air quality requirements in IV Formation area based on current NAPRA standards are as follows:
  - 2.18.3.6(2)(a) Anteroom - Non-Hazardous: ISO 8
  - 2.18.3.6(2)(b) Clean Room - Non-Hazardous: ISO 7
  - 2.18.3.6(2)(c) Anteroom - Hazardous: ISO 7
  - 2.18.3.6(2)(d) Clean Room - Hazardous: ISO 7
  - 2.18.3.6(2)(e) Storage - Hazardous: ISO 7
- 2.18.3.6(3) Change Room will be located at entry point to IV Formation zone and will be supported with Convenient Access to Alcove - Lockers and an Alcove - Hand Hygiene Sink.
- 2.18.3.6(4) A Housekeeping Room will be located adjacent to entry point into IV Formation area.
- 2.18.3.6(5) All surfaces in this area will be easily washed and disinfected. All work surfaces and cabinets will be chemically resistant.
- 2.18.3.6(6) All pass-through chambers will comply with LMPS Quality Recommendations, Pharmacy Sterile Compounding and sealed with a door interlock system that prevents both doors being opened simultaneously.
- 2.18.3.6(7) IV Staging and Prep/Checking Room
  - 2.18.3.6(7)(a) IV Staging and Prep/Checking will be adjacent to both sterile non-hazardous compounding and hazardous compounding spaces and will have Direct Access to internal corridor.
  - 2.18.3.6(7)(b) IV Staging and Prep/Checking will be an open work area and will not be used for circulation to access the adjacent rooms.
  - 2.18.3.6(7)(c) IV Staging and Prep/Checking will have Direct Access to Anteroom - Hazardous and Anteroom - Non-Hazardous.



- 2.18.3.6(7)(d) IV Staging and Prep/Checking will include two (2) hand hygiene sinks located at each anteroom entrance and will have Direct Access to an Alcove - Pneumatic Tube Station.
  - 2.18.3.6(7)(e) IV Staging and Prep/Checking is subject to protocols for asepsis and sterile production.
  - 2.18.3.6(7)(f) Clean Room - Non-Hazardous and Clean Room - Hazardous will have through interior windows to allow Staff passing by the rooms to see that Staff are safe within these rooms.
  - 2.18.3.6(7)(g) An Alcove - Eyewash/Shower Station will be located with Convenient Access to IV Staging and Prep/Checking and anterooms.
- 2.18.3.6(8) Sterile Non-Hazardous Compounding
- 2.18.3.6(8)(a) Sterile non-hazardous compounding area will include Anteroom - Non-Hazardous and Clean Room - Non-Hazardous.
  - 2.18.3.6(8)(b) Staff will enter Anteroom - Non-Hazardous from IV Staging and Prep/Checking to access Clean Room - Non-Hazardous.
  - 2.18.3.6(8)(c) Anteroom - Non-Hazardous will have a door interlock system that prevents both doors being opened simultaneously. Doors will have motion activated door operators.
  - 2.18.3.6(8)(d) Floor demarcation will separate Anteroom - Non-Hazardous into dirty and clean sides. Dirty side of anteroom will access IV Staging and Prep/Checking and clean side of anteroom will access Clean Room - Non-Hazardous. Staff will cross over to clean side of anteroom after washing hands at scrub sink.
  - 2.18.3.6(8)(e) Anteroom - Non-Hazardous will have one (1) pass-through chamber to IV Staging and Prep/Checking or internal corridor located on clean side of anteroom.
  - 2.18.3.6(8)(f) Line of Sight from Anteroom - Non-Hazardous to Clean Room - Non-Hazardous will be provided for safety.

- 2.18.3.6(8)(g) Line of Sight from internal corridor in IV Formation zone to Clean Room - Non-Hazardous will be provided via an interior window.
  - 2.18.3.6(8)(h) Anteroom - Non-Hazardous will include PPE storage and scrub sink.
  - 2.18.3.6(8)(i) Staff will enter Clean Room - Non-Hazardous through Anteroom - Non-Hazardous to compound sterile non-hazardous products in laminar flow hoods. Products move into and exit this room via the door to anteroom.
  - 2.18.3.6(8)(j) Clean Room - Non-Hazardous will include laminar flow hoods and supply storage. Space will be provided for utility/supply carts and other Equipment that will be used in the area.
  - 2.18.3.6(8)(k) Clean Room - Non-Hazardous design and infrastructure will accommodate potential future installation of an additional laminar flow hood.
  - 2.18.3.6(8)(l) A two-way audio-video intercom from Clean Room - Non-Hazardous to IV Staging and Prep/Checking and Dispensing Area will be provided.
  - 2.18.3.6(8)(m) Windows in Clean Room - Non-Hazardous to exterior of the building will not be permitted.
- 2.18.3.6(9) Hazardous Compounding
- 2.18.3.6(9)(a) Hazardous compounding area will include Storage - Hazardous, Anteroom - Hazardous and Clean Room - Hazardous.
  - 2.18.3.6(9)(b) Storage - Hazardous will be located adjacent to Anteroom - Hazardous with Direct Access from internal corridor.
  - 2.18.3.6(9)(c) Staff will enter Anteroom - Hazardous from IV Staging and Prep/Checking to access Clean Room - Hazardous.
  - 2.18.3.6(9)(d) Anteroom - Hazardous will have a door interlock system that prevents both doors being opened simultaneously. Doors will have motion activated door operators.
  - 2.18.3.6(9)(e) Floor demarcation will separate Anteroom - Hazardous into dirty and clean sides. Dirty side of anteroom will access IV Staging and Prep/Checking and clean side of

anteroom will access Clean Room - Hazardous. Staff will cross over to clean side of anteroom after washing hands at scrub sink.

- 2.18.3.6(9)(f) Anteroom - Hazardous will have one (1) pass-through chamber to IV Staging and Prep/Checking or internal corridor located on clean side of anteroom.
- 2.18.3.6(9)(g) Line of Sight from Anteroom - Hazardous to Clean Room - Hazardous will be provided for safety.
- 2.18.3.6(9)(h) Line of Sight from internal corridor in IV Formation zone to Clean Room - Hazardous will be provided via an interior window.
- 2.18.3.6(9)(i) Anteroom - Hazardous will include PPE storage, and scrub sink.
- 2.18.3.6(9)(j) Staff will enter Clean Room - Hazardous through Anteroom - Hazardous to compound hazardous products in biological safety cabinets. Products move into and exit this room via the door to anteroom.
- 2.18.3.6(9)(k) Clean Room - Hazardous will include biological safety cabinets. Space will be provided for utility/supply carts and other Equipment that will be used in the area.
- 2.18.3.6(9)(l) A two-way audio-video intercom from Clean Room - Hazardous to IV Staging and Prep/Checking and Dispensing Area will be provided.
- 2.18.3.6(9)(m) Windows in Clean Room - Hazardous to exterior of the building will not be permitted.

#### 2.18.3.7 R4. Staff Support Space

- 2.18.3.7(1) Staff Support Space zone will be located at the periphery of the Component with Convenient Access to other zones in Pharmacy Services Component.
- 2.18.3.7(2) Office - Shared will include two (2) workstations.
- 2.18.3.7(3) Workroom - Pharmacy will be an open work area adjacent to Dispensing Area and include seven (7) workstations and two (2) dropdown workstations.
- 2.18.3.7(4) Lounge-Staff will be located within Pharmacy Services Component therefore Staff will not be required to leave the

secure area of the Pharmacy to access this room. Lounge - Staff will have Convenient Access to a Back-of-House Staff entry point to the Component.

## 2.18.4 SCHEDULE OF ACCOMMODATIONS

2.18.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Pharmacy Services**

<b>R. PHARMACY SERVICES</b>		
R1. ENTRY/STORAGE AREA		68.8
R2. DISPENSING/ADC REPLENISHMENT		63.4
R3. IV FORMATION		103.0
R4. STAFF SUPPORT SPACE		200.1
<b>PHARMACY SERVICES PROGRAMMED SPACE NSM:</b>		<b>435.3</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>R. PHARMACY SERVICES</b>					
<b>R1. ENTRY/STORAGE AREA</b>					
R1.01	Vestibule - Courier Reception	1	6.6	6.6	For receiving and holding courier deliveries, incl. overnight delivery of pallet or PDDC cage.
R1.02.01	Shipping/Receiving Area	1	8.0	8.0	
R1.02.02	Workstation - Drop Down	4	2.8	11.2	For pharmacy Staff, inventory/purchaser.
R1.02.03	Bulk Storage Area	1	15.0	15.0	
R1.02.04	Active Storage Area	1	22.0	22.0	
R1.03	Soiled Holding - Hazardous Waste	1	6.0	6.0	For alcohol/gas storage, recycling and hazardous waste, returned medications.
<b>SUBTOTAL NSM: ENTRY/STORAGE AREA</b>				<b>68.8</b>	
<b>R2. DISPENSING/ADC REPLENISHMENT</b>					
R2.01	Alcove - PPE	1	2.0	2.0	
R2.02	Alcove - Hand Hygiene Sink	1	1.0	1.0	
R2.03	Alcove - Eyewash/Shower Station	1	1.0	1.0	
R2.04	Alcove - Pneumatic Tube Station	1	1.0	1.0	
R2.05	Dispensing Area	1	47.4	47.4	
R2.06	Narcotics Vault/Storage	1	11.0	11.0	
<b>SUBTOTAL NSM: DISPENSING/ADC REPLENISHMENT</b>				<b>63.4</b>	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>R3. IV FORMATION</b>					
R3.01	Alcove - Pneumatic Tube Station	1	1.0	1.0	
R3.02	IV Staging and Prep/Checking	1	15.6	15.6	
R3.03	Anteroom - Non-Hazardous	1	8.4	8.4	
R3.04	Clean Room - Non-Hazardous	1	23.5	23.5	
R3.05	Anteroom - Hazardous	1	8.4	8.4	
R3.06	Storage - Hazardous	1	11.2	11.2	
R3.07	Clean Room - Hazardous	1	20.2	20.2	
R3.08	Change Room	1	3.5	3.5	
R3.09	Housekeeping Room	1	7.0	7.0	
R3.10	Alcove - Lockers	1	2.2	2.2	
R3.11	Alcove - Hand Hygiene Sink	1	1.0	1.0	
R3.12	Alcove - Eyewash/Shower Station	1	1.0	1.0	
<b>SUBTOTAL NSM: IV FORMATION</b>				<b>103.0</b>	
<b>R4. STAFF SUPPORT SPACE</b>					
R4.01	Office - Private	3	9.0	27.0	For manager, clinical and distribution coordinators.
R4.02	Office - Shared	5	12.0	60.0	For clinical pharmacy specialists, tech supervisor, admin, timekeeper.
R4.03	Workroom - Pharmacy	1	37.8	37.8	For dispensary based pharmacist, dispensary based tech.
R4.05	Lounge - Staff	1	29.8	29.8	
R4.06	Meeting Room - 12-Seat	1	30.0	30.0	
R4.07	Washroom - Staff	1	5.0	5.0	
R4.08	Housekeeping Room	1	7.0	7.0	
R4.09	Washroom - Staff - Non-Acc	1	3.5	3.5	
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>200.1</b>	
<b>TOTAL NSM: PHARMACY SERVICES</b>				<b>435.3</b>	

## 2.19 S. VIRTUAL HEALTH

### 2.19.1 SERVICE DESCRIPTION

- 2.19.1.1 VH Component will play an integral role in provision of care both within the physical walls of the NSHBCCC and extending into the community. Virtual first and virtual last will be incorporated into the Patient journey from pre-admission to discharge to community and home.
- 2.19.1.2 Virtual health innovation drivers will include the following:
- 2.19.1.2(1) Virtual annex (extending care services at home): expanding health care capacity by extending, 'virtualizing' and delivering care services to acute and ambulatory Patients at home via virtual health, in real-time and asynchronous through virtual methods. Virtual health services will be delivered to Patients outside the Facility from care providers within the Facility via VH Component, housing a series of virtual care pods. Each virtual care pod service type will develop Patient inclusion/exclusion criteria which will change over time in tandem with devices available to Patients, Patient acuity level and involvement of community-based health care Staff.
  - 2.19.1.2(2) Virtual Patient intake, registration and EMRs: supporting Patient care including pre-admission, self-guided registration/appointment booking, and increased automation of Patient data.
  - 2.19.1.2(3) Remote monitoring/remote consultation: enabling clinicians/specialists to view and monitor Patients remotely. This will be inpatients or home-based Patients.
  - 2.19.1.2(4) Pre- and post-surgical virtual applications: using virtual health as a means to optimize both pre- and post-surgical processes and follow-up for both Patients and surgeons.
  - 2.19.1.2(5) Foundational Capabilities: infrastructure required to support and enable foundational capabilities and opportunities including flexible communications infrastructure, Wi-Fi, integrated EMR and integrated analytics. Wi-Fi will be consistently and readily available throughout the Facility (including stairways). It will be dependable and have the bandwidth and capacity to manage a high number of users and significant degree of information flow while remaining fast and secure.

- 2.19.1.3 Through VH Component support will be provided to Patients in their home environment for consultation, care and monitoring, and virtual triage. VH Component will provide the following services including:
- 2.19.1.3(1) Remote home monitoring of Patients, of which real-time vital signs is one example;
  - 2.19.1.3(2) Remote engagement and virtual visits/virtual encounters with Patients;
  - 2.19.1.3(3) Ordering of tests or procedures, and post-discharge follow-up;
  - 2.19.1.3(4) Overall care coordination including referrals to other care providers, care organizations, and escalation of care;
  - 2.19.1.3(5) Conducting shift reports and participating in Patient rounds, meetings, and conferences; and
  - 2.19.1.3(6) Patient Equipment management.
- 2.19.1.4 This Component will be part of a broader regional network of virtual health programs and services. VH Component will be staffed by both dedicated VH Staff as well as interdisciplinary Staff from other Components in the Facility.
- 2.19.1.5 Service Exclusions
- 2.19.1.5(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
    - 2.19.1.5(1)(a) No in-person Patient interactions will occur in this Component other than virtually. All Patient contact will be through in-reach or outreach virtual health.
    - 2.19.1.5(1)(b) VH Component will not be expected to support BCCC services.
    - 2.19.1.5(1)(c) Translation (virtually) is currently done through diversity services and PHSA, not owned by VH Component. This service will eventually be available from anywhere in FH.
- 2.19.2 COMPONENT INTERNAL FLOW DESCRIPTIONS
- 2.19.2.1 Patient Flow
- 2.19.2.1(1) No Patients will be seen in-person within this Component. All Patient consultations will be through virtual health methods.



- 2.19.2.2 Family/Visitor Flow
- 2.19.2.2(1) As there are no in-person consultations within this Component, there will be no family/visitors entering this Component in-person. Family/visitors may accompany Patient during virtual consultation.
- 2.19.2.3 Staff Flow
- 2.19.2.3(1) VH Component Staff will provide Patient consultation or perform remote Patient monitoring at Workroom - Virtual Health, Phone Room - 2-Seat, or Meeting Room - 8-Seat within this Component.
- 2.19.2.3(2) VH Component Staff will access Business Work Area, Meeting Room - 8-Seat or Storage - Clean Equipment room within Shared Support Space.
- 2.19.2.3(3) Workstations will allow Staff to have virtual collaboration with Patients and/or other care providers, provide teaching and demonstration, monitor Patients, document and access EMR.
- 2.19.2.3(4) Some Staff will travel from other Components (e.g., IPT, Emergency, Ambulatory Care, Pharmacy Services, Perioperative) to provide virtual health care, consultations and/or teaching within this Component as required.
- 2.19.2.3(5) VH Component Staff will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms and Lounge - Staff.
- 2.19.2.4 Clinical Support Flow
- 2.19.2.4(1) Pharmacy
- 2.19.2.4(1)(a) N/A
- 2.19.2.4(2) Medical Imaging
- 2.19.2.4(2)(a) N/A
- 2.19.2.4(3) Laboratory
- 2.19.2.4(3)(a) N/A
- 2.19.2.4(4) Interprofessional Team
- 2.19.2.4(4)(a) N/A (described as part of Staff Flow)

## 2.19.2.5 Non-Clinical Support Flow

## 2.19.2.5(1) Equipment

2.19.2.5(1)(a) Some VH Component Equipment will be cleaned and disinfected at point-of-use and will be stored in Storage - Clean Equipment room. Other VH Component Equipment will be stored in Storage - Clean Equipment rooms within various Clinical Components in the Facility.

2.19.2.5(1)(b) Remote Patient monitoring Equipment will be stored within this Component's Storage - Clean Equipment room. VH Component Staff and/or clinical Staff from other Components will support Equipment management and Patient education regarding Equipment use at home before leaving the Facility.

## 2.19.2.5(2) Medical Devices

2.19.2.5(2)(a) N/A

## 2.19.2.5(3) Supplies (Materials Management)

2.19.2.5(3)(a) N/A

## 2.19.2.5(4) EVS (Housekeeping/Linen/Waste Management)

2.19.2.5(4)(a) As per Facility-wide flow.

## 2.19.2.5(5) Patient Food Services

2.19.2.5(5)(a) N/A

## 2.19.2.5(6) Biomedical Engineering

2.19.2.5(6)(a) As per Facility-wide flow.

## 2.19.2.5(7) FMO/AM

2.19.2.5(7)(a) As per Facility-wide flow.

## 2.19.2.5(8) Information Management

2.19.2.5(8)(a) As per Facility-wide flow.

2.19.2.5(8)(b) There will be the potential need for care providers to request internal and/or external diagnostic testing electronically.

- 2.19.2.5(8)(c) Staff and physicians working in VH Component will have access to Patient EMR, PACS, monitoring platforms, telemetry readings, etc.
- 2.19.2.5(8)(d) Real-time remote monitoring will be provided to Patients at home with wearable devices. Patient information will be automatically uploaded into Patient EMR.
- 2.19.2.5(8)(e) Access to stored Patient information from wearable devices will be provided.
- 2.19.2.5(8)(f) Real-time information will be exchanged between care provider and Patient.

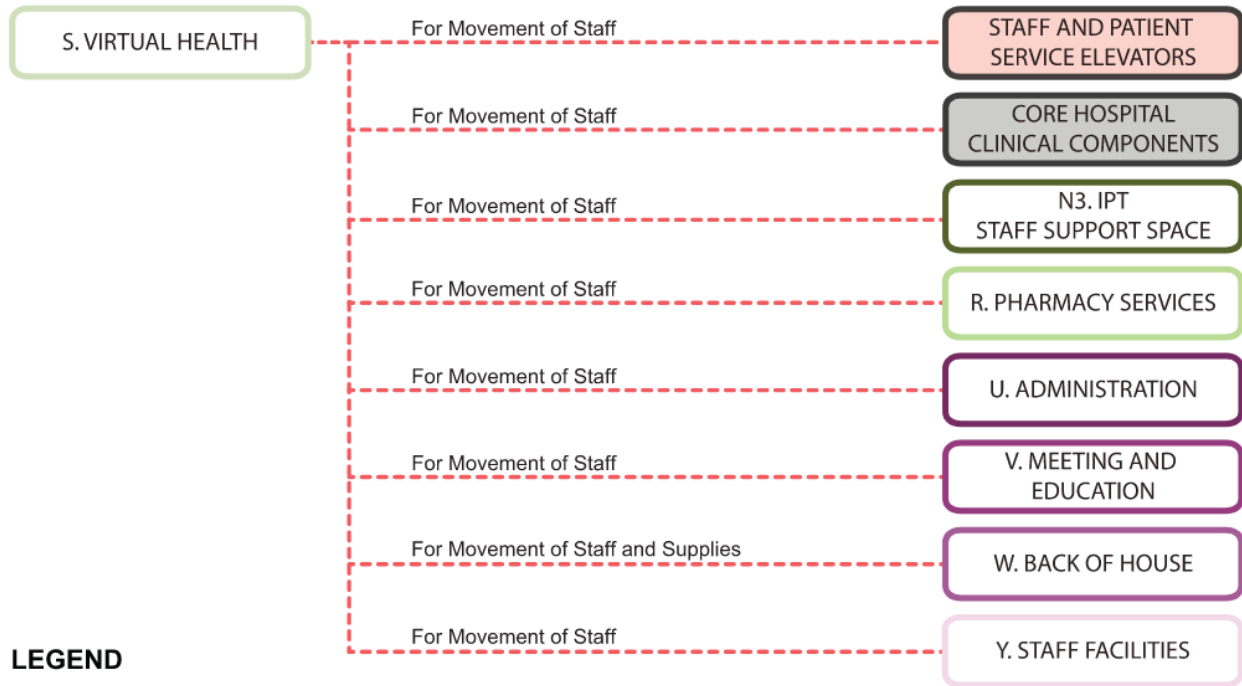
2.19.2.5(9) Security

- 2.19.2.5(9)(a) As per Facility-wide flow.

2.19.3 COMPONENT DESIGN CRITERIA

2.19.3.1 External Agency Requirements Diagram

- 2.19.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.

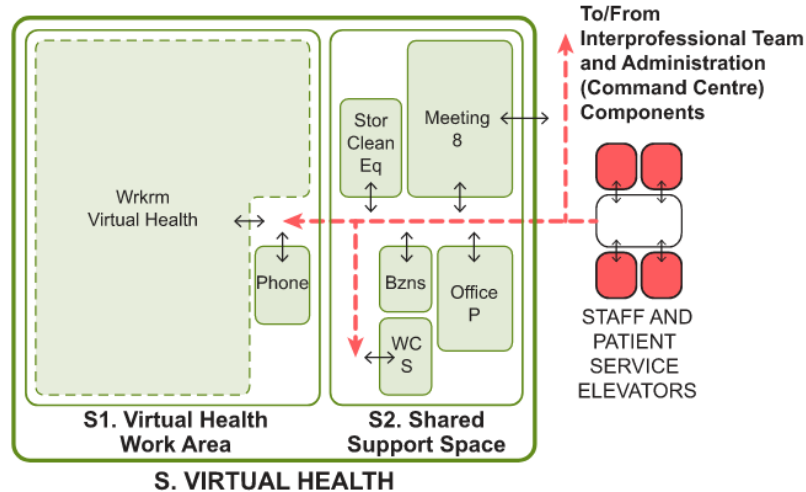


**LEGEND**

Convenient Access by Service Circulation

### 2.19.3.2 Internal Functional Relationships Diagram

2.19.3.2(1) The following diagram indicates internal functional relationships within this Component.



#### LEGEND

- ← - - - Staff Flow
- ↔ Room/Space Access

### 2.19.3.3 General Requirements

2.19.3.3(1) VH Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.19.3.3(1)(a) Convenient Access via Service Circulation to Staff and Patient Service Elevators to support this Component in a central location for movement and collaboration of Staff from Ambulatory Care, Inpatient Unit, Emergency, Perioperative, Laboratory, Medical Imaging and Pharmacy Services.
- 2.19.3.3(1)(b) Convenient Access via Service Circulation to IPT Staff Support Space Sub-Component for movement and collaboration of Staff.
- 2.19.3.3(1)(c) Convenient Access via Service Circulation to Administration Component including Administration - CH, HIM and Command Centre for movement and collaboration of Staff.

- 2.19.3.3(1)(d) Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.19.3.3(2) Zones of activity within VH Component will include the following:
  - 2.19.3.3(2)(a) S1. Virtual Health Work Area
  - 2.19.3.3(2)(b) S2. Shared Support Space
- 2.19.3.3(3) VH Component will be located centrally within the Facility with Convenient Access to Staff and Patient Service Elevators for quick Staff access from various CH Clinical Components and Clinical Support Components.
- 2.19.3.3(4) VH Component will be located adjacent to an area that will allow for possible Future Expansion of this Component to meet future/long-term requirements.
- 2.19.3.4 S1. Virtual Health Work Area
  - 2.19.3.4(1) Virtual Health Work Area will include an open Workroom - Virtual Health and an adjacent Phone Room - 2-Seat.
  - 2.19.3.4(2) Workroom - Virtual Health will include eighteen (18) workstations to support virtual health services.
  - 2.19.3.4(3) All workstations in Workroom - Virtual Health will be used for remote inpatient and/or home Patient monitoring and will include wearable monitoring devices and tele sitting opportunities.
  - 2.19.3.4(4) All communication Equipment at workstations will have voice and sound control to ensure ambient sounds in VH Component will not be heard by the Patient.
  - 2.19.3.4(5) The physical layout of Workroom - Virtual Health and distance between workstations will promote privacy, limit background visibility by Patients and provide noise buffer between workstations.
  - 2.19.3.4(6) The layout will also include space for movement of Staff to demonstrate exercises for teaching.
  - 2.19.3.4(7) Workstations in Workroom - Virtual Health will be adjustable with movable dividers in between to provide flexibility for Staff.

- 2.19.3.4(8) Phone Room - 2-Seat with virtual health Equipment will be used for confidential or noisy interactions, to not disrupt others in Workroom - Virtual Health.
- 2.19.3.5 S2. Shared Support Space
- 2.19.3.5(1) Component access will be through Shared Support Space to provide a buffer between Service Circulation outside the Component and Virtual Health Work Area.
- 2.19.3.5(2) Meeting Room - 8-Seat will be located adjacent to the Component entry point. It will have one (1) door to inside the Component and one (1) door to Service Circulation outside the Component.
- 2.19.3.5(3) Storage - Clean Equipment will include shelving on two (2) walls, ability to hang devices on another wall and open area for carts to transport Equipment for training purposes. This room will accommodate charging for virtual health Equipment and devices.

## 2.19.4 SCHEDULE OF ACCOMMODATIONS

2.19.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Virtual Health**

<b>S. VIRTUAL HEALTH</b>	
S1. VIRTUAL HEALTH WORK AREA	87.8
S2. SHARED SUPPORT SPACE	45.0
<b>VIRTUAL HEALTH PROGRAMMED SPACE NSM:</b>	<b>132.8</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>S. VIRTUAL HEALTH</b>					
<b>S1. VIRTUAL HEALTH WORK AREA</b>					
S1.01	Workroom - Virtual Health	1	82.8	82.8	For virtual health and remote Patient monitoring.
S1.02	Phone Room - 2-Seat	1	5.0	5.0	
<b>SUBTOTAL NSM: VIRTUAL HEALTH WORK AREA</b>				<b>87.8</b>	
<b>S2. SHARED SUPPORT SPACE</b>					
S2.01	Business Work Area	1	4.0	4.0	
S2.02	Meeting Room - 8-Seat	1	20.0	20.0	For Staff daily rounds.
S2.03	Office - Private	1	9.0	9.0	For manager.
S2.04	Washroom - Staff	1	5.0	5.0	
S2.05	Storage - Clean Equipment	1	7.0	7.0	For Equipment commonly used for virtual health demonstration, teaching and loan program.
<b>SUBTOTAL NSM: SHARED SUPPORT SPACE</b>				<b>45.0</b>	
<b>TOTAL NSM: VIRTUAL HEALTH</b>				<b>132.8</b>	

## **NON-CLINICAL SUPPORT COMPONENTS**



## 2.20 T. PUBLIC SPACES

### 2.20.1 T1. MAIN ENTRANCE SPACES

#### 2.20.1.1 SERVICE DESCRIPTION

- 2.20.1.1(1) Main Entrance Spaces Sub-Component in Public Spaces Component will serve as the main public entrance to the Facility and accommodate a wide variety of services and spaces associated with the Facility Main Entrance Lobby aimed at providing Patients, families, and visitors, as well as Staff, with a pleasant environmental experience upon entering the building, emphasizing healing, reflection and hope.
- 2.20.1.1(2) Main Entrance Lobby will be a bright, welcoming public space providing intuitive connections to spaces and services on this level, as well as other floors of the Facility for both the CH and the BCCC.
- 2.20.1.1(3) The Sub-Component will serve as an attraction away from the Facility Components for Patients, families, and Staff, to provide a positive diversion for family members who are awaiting a Patient receiving treatment, to give respite to visitors who are spending lengthy amounts of time at the bedside, and to provide Staff with a bright open space to spend time during breaks.
- 2.20.1.1(4) The following activities will be accommodated in this Sub-Component:
- 2.20.1.1(4)(a) A large Vestibule - Main Entrance will allow for screening in the event of suspected infectious Patients, infectious outbreaks, or other unforeseen events;
  - 2.20.1.1(4)(b) Patient and family greeting and Wayfinding services through volunteers at Information/Security Station;
  - 2.20.1.1(4)(c) Some Patients will request Patient records at Alcove - Release-of-Information Kiosk;
  - 2.20.1.1(4)(d) Public waiting and gathering areas including drop-off/pick-up Waiting Areas;
  - 2.20.1.1(4)(e) Promotional displays and kiosks;
  - 2.20.1.1(4)(f) Public access to the CH Foundation Office - Hospital Foundation; and

2.20.1.1(4)(g) Foundation promotional and donor recognition feature wall.

2.20.1.1(5) Service Exclusions

2.20.1.1(5)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

2.20.1.1.5.(a).1 CH Patient registration.

## 2.20.1.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

2.20.1.2(1) Patient Flow

2.20.1.2(1)(a) CH Patients, upon entering the Facility for a scheduled appointment, will travel directly to the applicable Component via Public Circulation and report to the Component's Patient Check-In station to be received and registered.

2.20.1.2(1)(b) After-hours, when main entrance is locked, Patients arriving for a scheduled appointment (e.g., in Medical Imaging) will enter through Emergency Component walk-in entry and will be vetted by Integrated Protection Services (IPS) Staff at Security Station or Staff at Patient Check-In - ED, before being allowed to access the Facility through a secure access point. From secure access point, Patients will travel to the applicable Component via Public Circulation.

2.20.1.2(2) Family/Visitor Flow

2.20.1.2(2)(a) During regular hours, family and visitors will freely access amenities within Main Entrance Lobby (e.g., Waiting Area) and Office - Hospital Foundation via Public Circulation.

2.20.1.2(2)(b) After-hours, family and visitors arriving to visit a Patient within the Facility will enter through Emergency Component walk-in entry and will be vetted by Integrated Protection Services (IPS) Staff at Security Station or Staff at Patient Check-In - ED, before being allowed to access the Facility through a secure access point. From secure access point, family and visitors will travel to the applicable Component via Public Circulation.

## 2.20.1.2(3) Staff Flow

- 2.20.1.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.
- 2.20.1.2(3)(b) Staff working within this Sub-Component may travel via Service Circulation to centralized Shared Staff Facilities to access Lounge - Staff for breaks.
- 2.20.1.2(3)(c) At start of shift, Staff from this Sub-Component will sign-in within their applicable workspace and receive their assignment/workload for the day.
- 2.20.1.2(3)(d) When FH volunteer resources arrive at the Facility, they will travel to Workroom - Volunteer - FH via Public Circulation to sign-in, lock personal belongings in lockers, and receive their assignment/workload for the day.
- 2.20.1.2(3)(e) FH volunteer resources will provide service within Information/Security Station or will be mobile to assist with Patient and family Wayfinding services and participate as needed within the Facility. Mobile volunteers will have card access and will be required to move throughout the Facility for varying purposes.
- 2.20.1.2(3)(f) All lost and found items turned in to Information/Security Station will be turned over to EVS for safekeeping in Storage - Lost-and-Found room within Back of House Component.
- 2.20.1.2(3)(g) Upon arrival to the Facility, the CH Foundation Staff will travel directly to Office - Hospital Foundation via Public Circulation. Foundation Staff may travel to Administration Component via Public Circulation or may utilize Staff amenities within Staff Facilities Component via Service Circulation.

## 2.20.1.2(4) Clinical Support Flow

- 2.20.1.2(4)(a) Pharmacy
  - 2.20.1.2.4.(a).1 N/A
- 2.20.1.2(4)(b) Medical Imaging

- 2.20.1.2.4.(b).1 N/A
- 2.20.1.2(4)(c) Laboratory
  - 2.20.1.2.4.(c).1 N/A
- 2.20.1.2(4)(d) Interprofessional Team
  - 2.20.1.2.4.(d).1 N/A
- 2.20.1.2(5) Non-Clinical Support Flow
  - 2.20.1.2(5)(a) Equipment
    - 2.20.1.2.5.(a).1 An Alcove - Wheelchair Storage will be utilized to store wheelchairs with Convenient Access from Vestibule - Main Entrance.
    - 2.20.1.2.5.(a).2 A stackable transport chair corral will be located in a covered area outside the main entrance, at drop-off/pick-up area.
  - 2.20.1.2(5)(b) Medical Devices
    - 2.20.1.2.5.(b).1 N/A
  - 2.20.1.2(5)(c) Supplies (Materials Management)
    - 2.20.1.2.5.(c).1 As per Facility-wide flow.
  - 2.20.1.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
    - 2.20.1.2.5.(d).1 As per Facility-wide flow.
    - 2.20.1.2.5.(d).2 EVS front line cleaners will be responsible for daily, preventative maintenance cleaning, and project cleaning of all surfaces, including wheelchairs and stackable transport chairs, in the Sub-Component.
    - 2.20.1.2.5.(d).3 Waste or soiled linen collected from this Sub-Component will be staged in the floor's Soiled Holding room before being moved to Back of House Component for removal from the Facility.
  - 2.20.1.2(5)(e) Patient Food Services
    - 2.20.1.2.5.(e).1 N/A
  - 2.20.1.2(5)(f) Biomedical Engineering
    - 2.20.1.2.5.(f).1 N/A
  - 2.20.1.2(5)(g) FMO/AM
    - 2.20.1.2.5.(g).1 As per Facility-wide flow.
  - 2.20.1.2(5)(h) Information Management

2.20.1.2.5.(h).1 Administration Staff in Administration Component will be responsible for regularly posting and changing electronic messaging (e.g., Facility news, events and information) on display boards in the public areas.

2.20.1.2.5.(h).2 Patients will attend Alcove - Release-of-Information Kiosk in Main Entrance Spaces Sub-Component to access and fill out an electronic release for information form and confirm their (Patient) identification. The request will be sent electronically to HIM for processing. The request will be fulfilled within thirty (30) days with the results being mailed, picked up, or viewed by the requestor through electronic means.

2.20.1.2(5)(i) Security

2.20.1.2.5.(i).1 As per Facility-wide flow.

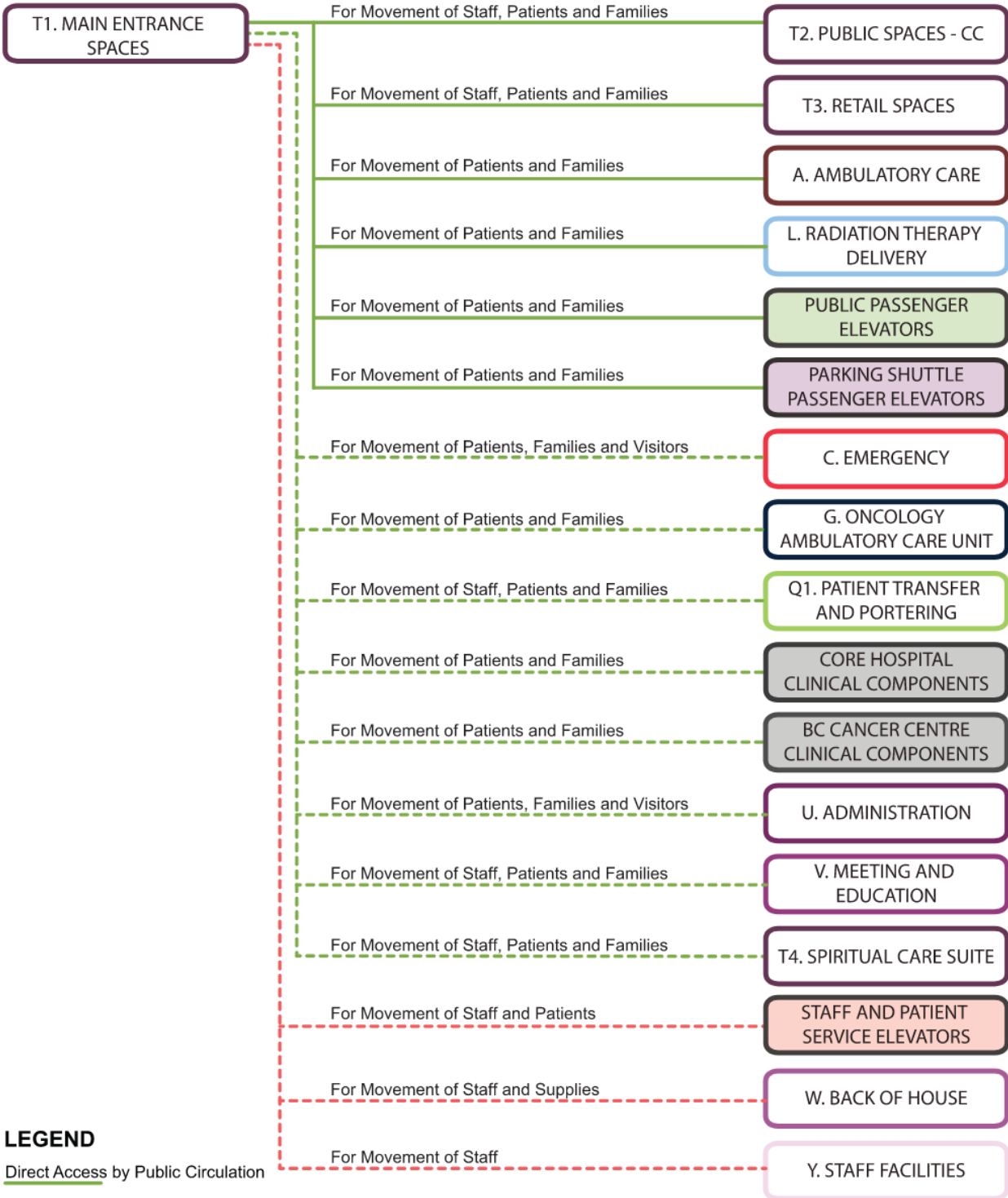
2.20.1.2.5.(i).2 IPS Staff will have a satellite station within Main Entrance Spaces Sub-Component for use during regular hours and at Emergency walk-in entry 24/7. IPS Staff will perform scheduled rounds, attend codes as appropriate, escort Staff and Patients as requested to ensure the security of the Facility and its occupants.

2.20.1.2.5.(i).3 At start of shift, IPS Staff will travel to Lounge - Security via Service Circulation to change into uniform, secure personal belongings in a locker, sign-in and receive assignment/workload for the shift. IPS Staff will be able to view recorded footage, or live feeds, from security cameras throughout the Facility in Office - Security. Facility security monitoring systems (e.g., panic duress, alarms, door access) will also be available in Office - Security for viewing.

2.20.1.3 COMPONENT DESIGN CRITERIA

2.20.1.3(1) External Adjacency Requirements Diagram

2.20.1.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



**LEGEND**

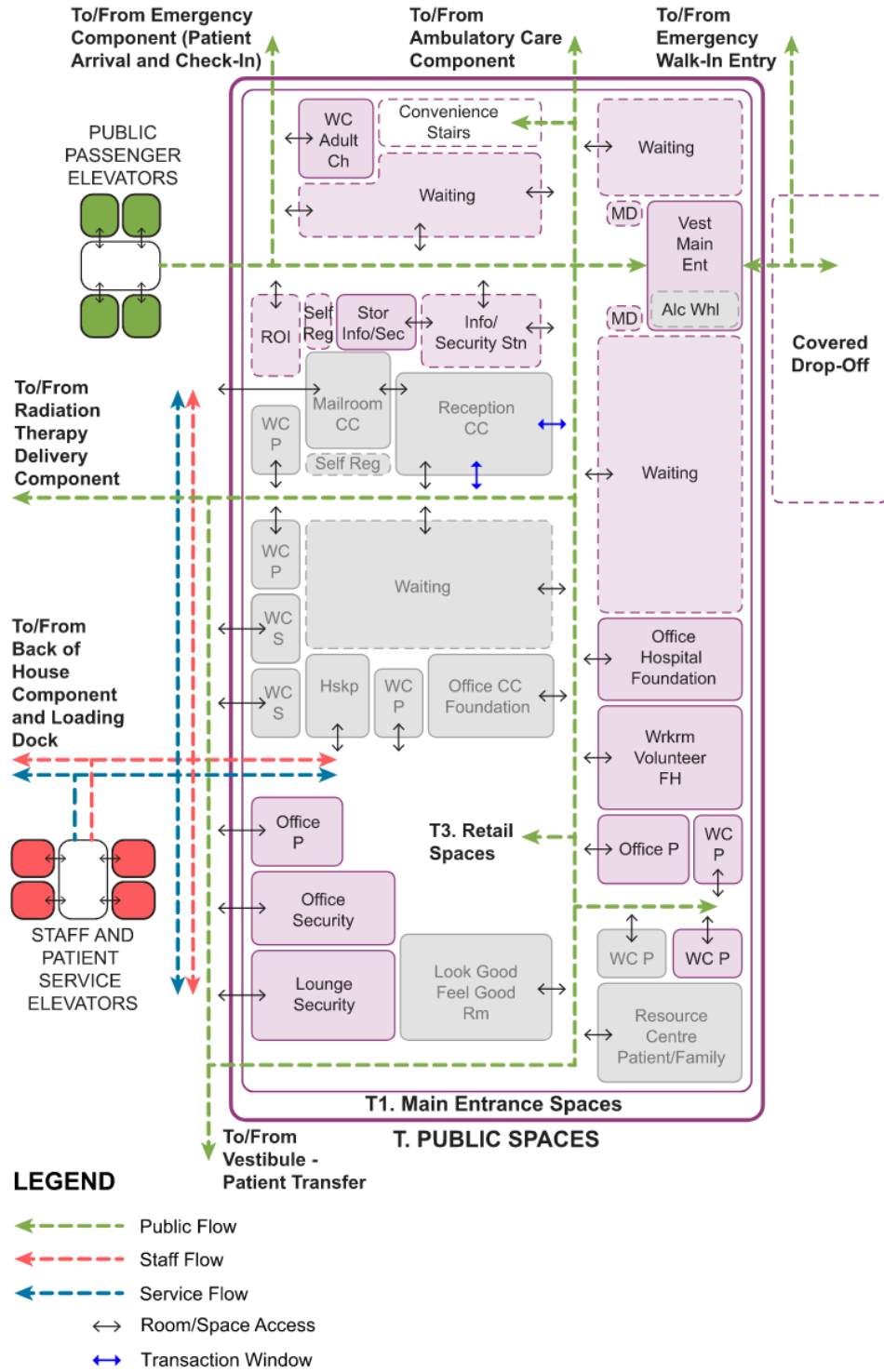
Direct Access by Public Circulation

Convenient Access by Public Circulation

Convenient Access by Service Circulation

2.20.1.3(2) Internal Functional Relationships Diagram

2.20.1.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.





### 2.20.1.3(3) General Requirements

2.20.1.3(3)(a) Main Entrance Spaces Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.20.1.3.3.(a).1 Direct Access via Public Circulation to Public Spaces - CC and Retail Spaces to enable Staff, Patients, families and visitors to easily access public amenities located in the Facility Main Entrance Lobby and Public Spaces.
- 2.20.1.3.3.(a).2 Direct Access via Public Circulation to Public Passenger Elevators and Parking Shuttle Passenger Elevators to allow Patients and families access parking and all Patient care floors.
- 2.20.1.3.3.(a).3 Direct Access via Public Circulation to Ambulatory Care and Radiation Therapy Delivery for quick movement of Patients and families.
- 2.20.1.3.3.(a).4 Convenient Access via Public Circulation to Vestibule - Patient Transfer in Patient Transfer and Portering for quick access for Staff, Patients and families.
- 2.20.1.3.3.(a).5 Convenient Access via Public Circulation to Emergency (on the same floor) for quick and safe after-hours access for Patients and families.
- 2.20.1.3.3.(a).6 Convenient Access via Public Circulation to OACU (on the consecutive floor above) for quick access for Patients and families.
- 2.20.1.3.3.(a).7 Convenient Access via Public Circulation to all other CH and BCCC Clinical Components, Spiritual Care Suite, Administration, and Meeting and Education for movement of Patients, families and visitors.
- 2.20.1.3.3.(a).8 Convenient Access via Service Circulation to Staff and Patient Service Elevators and Back of House for movement of Staff and Supplies.
- 2.20.1.3.3.(a).9 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.

- 2.20.1.3(3)(b) The NSHBCCC main entrance and approach paths will be clearly identified.
- 2.20.1.3(3)(c) The NSHBCCC main entrance will have Direct Access to a covered vehicle drop-off and pick-up zone including private vehicles, taxis, HandyDART, hospital transfer vehicles and nearby parkade to allow for efficient access to Main Entrance Lobby for Patients, families and visitors.
- 2.20.1.3(3)(d) The Facility main entrance will have protection against inclement weather on the exterior. This overhead weather protection will fully extend over the drop-off and pick-up zone to cover the stopped vehicles and drivers and passengers being dropped off or picked up.
- 2.20.1.3(3)(e) There will be a dedicated storage for fourteen (14) stackable transport chairs outside and adjacent to main entrance for those requiring mobility assistance. Stackable transport chair storage area will be covered for weather protection.
- 2.20.1.3(3)(f) Main Entrance Spaces, Public Spaces - CC and Retail Spaces Sub-Components will be co-located contiguously and arranged to simplify Patient, family and visitor access. This will provide continuous flow of Patients and families between the CH and BCCC public spaces.
- 2.20.1.3(3)(g) Public Passenger Elevators, stairways and washrooms will be intuitively located in Main Entrance Lobby without the need for detailed Wayfinding information. Wayfinding from Parking Shuttle Passenger Elevators to Main Entrance Lobby will be simple and intuitive. Parking pay machines will be located adjacent to Public Passenger Elevators and Parking Shuttle Passenger Elevators.
- 2.20.1.3(3)(h) Convenience stairs will be provided in a prominent and visible location in Main Entrance Lobby to the Facility for Convenient Access to Level 2 from Level 1.
- 2.20.1.3(3)(i) Main Entrance Lobby will function as an orientation space where people will receive directions to their destinations, either by means of signage, Display - Electronic Wayfinding System or volunteers. This area will accommodate a range of 'front door' services and activities of the Facility.

- 2.20.1.3(3)(j) External access to Main Entrance Lobby will be secure overnight. After-hours secure access to the Facility will be through Emergency Component walk-in entry and a secure access point.
- 2.20.1.3(3)(k) Underground parking will be closed after-hours for Patient entry from outside (gates down). During this time, Patients will be able to take Parking Shuttle Passenger Elevators from Main Entrance Lobby down to underground parking to exit by car.
- 2.20.1.3(3)(l) Main Entrance Lobby will facilitate the following primary functions:
- 2.20.1.3.3.(l).1 Arrival and departure;
  - 2.20.1.3.3.(l).2 Dropping off and picking up;
  - 2.20.1.3.3.(l).3 Security, information, and internal communication;
  - 2.20.1.3.3.(l).4 Wayfinding;
  - 2.20.1.3.3.(l).5 Waiting;
  - 2.20.1.3.3.(l).6 After-hours access to seating areas; and
  - 2.20.1.3.3.(l).7 After-hours egress.
- 2.20.1.3(3)(m) The spatial layout of Main Entrance Lobby will maximize flexibility for use. The overall design will provide a warm and pleasant environment through the use of colour, attractive finishes and furnishings, lighting, effective ventilation and signage.
- 2.20.1.3(3)(n) The overall environment will be inviting and de-institutionalized, promoting a restorative and inviting community space representative of cultural diversity. It will reflect a commitment to Person- and Family-Centred Care and a focus on Patient calming and well-being.
- 2.20.1.3(3)(o) Design of the Facility will include partnership with local Indigenous peoples and the Nations on whose territories the Facility is located to create culturally appropriate physical environments that will visibly include Indigenous artwork, signage and territorial acknowledgement throughout the Facility.
- 2.20.1.3(3)(p) Main Entrance Lobby will include infrastructure and space for temporary set up of mobile retail/coffee kiosks. Retail - Food in Retails Spaces Sub-Component will provide support for mobile coffee kiosk.

- 2.20.1.3(3)(q) Natural light and exterior views will be provided throughout, creating a healthy environment in public and Patient areas.
- 2.20.1.3(3)(r) Physical design attributes in Main Entrance Lobby will make accommodation for Persons with Disabilities maneuvering in mobility aids including canes, crutches, walkers, wheelchairs, stretchers and motorized chairs/scooters.
- 2.20.1.3(3)(s) Materials and goods will not be moved through Main Entrance Lobby. There will be Back-of-House Convenient Access to various functions and services in Main Entrance Lobby area for movement of supplies, mail, waste and recycling, as well as Staff. If there are any security concerns or a potential threat in Main Entrance Lobby, Staff and volunteers will be able to exit their respective areas through Back-of-House internal corridor.
- 2.20.1.3(3)(t) Vestibule - Main Entrance will be the Facility main entrance for Patients, families and visitors and provide weather break for Main Entrance Lobby. The Vestibule door placement will minimize airflow from the exterior into the Lobby. Interior spaces adjacent to Vestibule - Main Entrance will be draft-free, by means of appropriate vestibule design. The outside weather will not interfere or impact the interior temperature of Main Entrance Lobby.
- 2.20.1.3(3)(u) Vestibule - Main Entrance will be used for Patient screening if required and will accommodate two (2) standard seats and two (2) wheelchair spaces out of the path of the traffic flow between the doors for Patients waiting to be picked up.
- 2.20.1.3(3)(v) Main Entrance Lobby will include infrastructure and space for two (2) Station - Metal Detectors for potential future installation located immediately inside Main Entrance Lobby when exiting Vestibule - Main Entrance inside the Facility.
- 2.20.1.3(3)(w) Four (4) Station - Hand Hygiene ABHR will be located in prominent locations in Main Entrance Lobby and along main Public Circulation with signage to encourage use and alert public, Patients and Staff to clean their hands

as they walk into or exit the Facility. Other infection control precautions such as face masks will be available during influenza season and as directed by Infection Prevention and Control protocols.

- 2.20.1.3(3)(x) An open Information/Security Station with two (2) workstations for volunteers and one (1) drop down satellite workstation for IPS Staff will be located at Main Entrance Lobby.
- 2.20.1.3(3)(y) Information/Security Station will have Line of Sight to and from Vestibule - Main Entrance but it will be out of airflow path from the Vestibule. It will also have Line of Sight to Alcove - Release-of-Information Kiosk and Public Passenger Elevators.
- 2.20.1.3(3)(z) Information/Security Station will have wheelchair accessible and standing height transaction counters and Direct Access to Storage - Information/Security Station. It will also be used for the public to drop off lost and found items.
- 2.20.1.3(3)(aa) Infrastructure and space for two (2) Alcove - Self-Registration Kiosks will be provided for potential future installation of self-registration kiosks with Convenient Access to Information/Security Station and Vestibule - Main Entrance.
- 2.20.1.3(3)(bb) One (1) Alcove - Release-of-Information Kiosk will be located in Main Entrance Lobby with Convenient Access from Information/Security Station. This Kiosk will include one (1) workstation while providing visual privacy for seated users and their information.
- 2.20.1.3(3)(cc) Main Entrance Lobby will include Waiting Areas with a minimum of twenty-two (22) standard seats and six (6) bariatric seats. The seating will be distributed in groups of four (4) or six (6) throughout Main Entrance Lobby. A seating area with a minimum of six (6) standard seats and two (2) wheelchair spaces will be provided with Convenient Access to Vestibule - Main Entrance and Line of Sight to the pick-up/drop-off area outside the Facility for those waiting to be picked up.
- 2.20.1.3(3)(dd) Waiting Area will also include the following:

- 2.20.1.3.3.(dd).1 Alcoves for two (2) ATM's with Line of Sight from main entrance and Information/Security Station;
  - 2.20.1.3.3.(dd).2 Alcoves for two (2) phones;
  - 2.20.1.3.3.(dd).3 Alcoves for five (5) vending machines;
  - 2.20.1.3.3.(dd).4 Wheelchair storage alcove, with space for eight (8) wheelchairs; and
  - 2.20.1.3.3.(dd).5 Donor recognition feature area.
- 2.20.1.3(3)(ee) Donor recognition feature area will be incorporated into the design of Main Entrance Lobby.
- 2.20.1.3(3)(ff) Office - Hospital Foundation will be located in a prominent and highly visible location in Main Entrance Lobby. It will have one (1) workstation and a small meeting area.
- 2.20.1.3(3)(gg) Workroom - Volunteer - FH will be the sign-in space for volunteers with two (2) workstations. This Workroom will be located adjacent to Office - Private.
- 2.20.1.3(3)(hh) Three (3) Display - Electronic Wayfinding Systems will be provided with standing area in front of each and Line of Sight from the Facility main entrance and main Public Circulation.
- 2.20.1.3(3)(ii) Two (2) Washroom - Public and one (1) Washroom - Adult Change Space will have Convenient Access to Main Entrance Lobby and Retail - Food area. Washroom - Adult Change Space will also have Convenient Access to Information/Security Station for key access.
- 2.20.1.3(3)(jj) Office - Security will be a secure office with Direct Access from Service Circulation and Convenient Access from Main Entrance Lobby. This office will include two (2) workstations and viewing station for scanning recorded information. Monitors will not be visible from Service Circulation while door to the office is open.
- 2.20.1.3(3)(kk) Lounge - Security will have Direct Access from Service Circulation and Convenient Access from Office - Security. Lounge - Security will include one (1) change cubicle and nourishment station.
- 2.20.1.3(3)(ll) Office - Private will have Direct Access from Service Circulation and is not required to be co-located with Office - Security or Lounge - Security.

- 2.20.1.3(3)(mm) Washroom - Adult Change Space will be accessible for Persons with Disabilities and will be used as an adult change facility complying with requirements of NBC 2020.
- 2.20.1.3(3)(nn) Washroom - Adult Change Space will be 2-piece with water closet and lavatory sink and will include a height adjustable adult-sized changing table and full-room x-y gantry ceiling lift coverage. Access to this room will only be provided to ceiling lift trained caregivers.
- 2.20.1.3(3)(oo) This room will have sufficient clear space to enable Persons with Disabilities and two caregivers to maneuver around the room. Direct access from the door into the maneuvering space will be provided with no thresholds at doorway. Fixed and free-standing equipment and accessories in this room will be positioned to maximize maneuvering space.
- 2.20.1.3(3)(pp) Minimum 900 mm of clear space on both sides of the water closet, measured from the edge of the water closet to nearest obstruction will provide space for transfer and dual sided access to the water closet for Staff to assist the Patient. Water closet will have back rest cushion and flip-down grab bars on both sides. A wall mounted privacy screen will provide screening for the water closet from view of the doorway without causing an obstruction when retracted. The privacy screen will be located with no less than 900 mm from the front or edge of the water closet.
- 2.20.1.3(3)(qq) Height adjustable adult-sized changing table with side safety rails will be minimum 1800mm long and 800mm wide located against the wall on its long edge. A stainless steel shelf for storage of supplies by users of the room will be mounted adjacent to the changing table.

## 2.20.2 T2. PUBLIC SPACES - CC

## 2.20.2.1 SERVICE DESCRIPTION

2.20.2.1(1) Public Spaces - CC Sub-Component in Public Spaces Component will provide access to a variety of cancer services, resources and spaces associated with the Facility main entrance for Patients and families. Spaces provided for the public will contribute to an atmosphere which will be non-clinical, comfortable and will facilitate Wayfinding to consultation and treatment areas within the Facility.

2.20.2.1(2) The following activities will be accommodated in this Sub-Component:

2.20.2.1(2)(a) Reception to support registration for the BCCC new Patients and offer volunteer services and Wayfinding services for Patients, families, and visitors;

2.20.2.1(2)(b) Public waiting and gathering areas including drop-off/pick-up waiting areas for BCCC Patients;

2.20.2.1(2)(c) Look Good Feel Good Room will provide the opportunity for wig fitting and teaching other beauty techniques to people with cancer to help them manage the appearance-related side effects of cancer treatment. Look Good Feel Better Program workshops/groups will be accommodated in this room;

2.20.2.1(2)(d) Resource Centre - Patient/Family will offer a dedicated space to access education materials in print and electronically;

2.20.2.1(2)(e) Office - CC Foundation will provide work area and a presence in Main Entrance Lobby; and

2.20.2.1(2)(f) A secure Mailroom - CC for BCCC Staff to pick up mail.

2.20.2.1(3) Service Exclusions

2.20.2.1(3)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

2.20.2.1.3.(a).1 Oncology Pharmacy and Functional Imaging Components will have deliveries made to their receiving areas from Service Entrance Sub-Component.



## 2.20.2.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

### 2.20.2.2(1) Patient Flow

- 2.20.2.2(1)(a) The BCCC Patients, upon entering the Facility for a scheduled appointment, will first report to Reception - Cancer Centre to be received and registered before proceeding to the applicable Component via Public Circulation.
- 2.20.2.2(1)(b) Reception - Cancer Centre design will ensure Patient privacy is provided as Patient personal information will be reviewed with reception Staff.
- 2.20.2.2(1)(c) The BCCC Patients will have access to various amenity spaces to augment their care (e.g., Look Good Feel Good Room, Resource Centre - Patient/Family), accessed directly from Public Circulation in more discrete locations off of Main Entrance Lobby.
- 2.20.2.2(1)(d) After-hours, when main entrance is locked, Patients arriving for a scheduled appointment (e.g., in Medical Imaging Component) will enter through Emergency Component walk-in entry and will be vetted by Integrated Protection Services (IPS) Staff at Security Station or Staff at Patient Check-In - ED, before being allowed to access the Facility through a secure access point. From secure access point, Patients will travel to the applicable Component via Public Circulation.

### 2.20.2.2(2) Family/Visitor Flow

- 2.20.2.2(2)(a) During regular hours, family and visitors will freely access amenities within Main Entrance Lobby (e.g., Waiting Area) and Office - CC Foundation via Public Circulation.
- 2.20.2.2(2)(b) After-hours, family and visitors arriving to visit a Patient within the Facility will enter through Emergency Component walk-in entry and will be vetted by Integrated Protection Services (IPS) Staff at Security Station or Staff at Patient Check-In - ED, before being allowed to access the Facility through a secure access point. From secure access point, family and visitors will travel to the applicable Component via Public Circulation.

## 2.20.2.2(3) Staff Flow

- 2.20.2.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.
- 2.20.2.2(3)(b) Staff working within this Sub-Component may travel via Service Circulation to centralized Shared Staff Facilities or Distributed Staff Lounges to access Lounge - Staff for breaks.
- 2.20.2.2(3)(c) At start of shift, Staff from this Sub-Component will sign-in within their applicable workspace and receive their assignment/workload for the day.
- 2.20.2.2(3)(d) When BCCC volunteer resources arrive at the Facility, they will travel to Workroom - Volunteer - CC in OACU Component via Public Circulation to sign-in and receive their assignment/workload for the day.
- 2.20.2.2(3)(e) BCCC volunteer resources will provide service within Reception - Cancer Centre or will be mobile to assist with Patient and family Wayfinding services, respond to Resource Centre - Patient/Family queries and participate as needed within the Facility. All lost and found items turned in to Reception - Cancer Centre will be turned over to EVS for safekeeping in Storage - Lost-and-Found room within Back of House Component.
- 2.20.2.2(3)(f) Upon arrival to the Facility, BCCC Foundation Staff will travel directly to Office - CC Foundation via Public Circulation. BCCC Foundation Staff may travel to Administration Component via Public Circulation or may utilize Staff amenities within centralized Shared Staff Facilities or Distributed Staff Lounges via Service Circulation.

## 2.20.2.2(4) Clinical Support Flow

- 2.20.2.2(4)(a) Pharmacy  
2.20.2.2.4.(a).1 N/A
- 2.20.2.2(4)(b) Medical Imaging  
2.20.2.2.4.(b).1 N/A

- 2.20.2.2(4)(c) Laboratory
  - 2.20.2.2.4.(c).1 N/A
- 2.20.2.2(4)(d) Interprofessional Team
  - 2.20.2.2.4.(d).1 N/A
- 2.20.2.2(5) Non-Clinical Support Flow
  - 2.20.2.2(5)(a) Equipment
    - 2.20.2.2.5.(a).1 N/A
  - 2.20.2.2(5)(b) Medical Devices
    - 2.20.2.2.5.(b).1 N/A
  - 2.20.2.2(5)(c) Supplies (Materials Management)
    - 2.20.2.2.5.(c).1 As per Facility-wide flow.
    - 2.20.2.2.5.(c).2 The BCCC will receive and distribute Canada Post mail, internal mail and courier deliveries within Mailroom - CC in this Sub-Component, accessed from Service Circulation. Incoming mail will be received on-site by Materials Management in Back of House Component and delivered to Mailroom - CC. Outgoing mail will be picked up by Materials Management Staff from Mailroom - CC and routed to the appropriate delivery service through Back of House Component.
  - 2.20.2.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
    - 2.20.2.2.5.(d).1 As per Facility-wide flow.
    - 2.20.2.2.5.(d).2 EVS front line cleaners will be responsible for daily, preventative maintenance cleaning, and project cleaning of all surfaces in Sub-Component.
    - 2.20.2.2.5.(d).3 Waste or soiled linen collected from this Sub-Component will be staged in the floor's Soiled Holding room before being moved to Back of House Component for removal from the Facility.
  - 2.20.2.2(5)(e) Patient Food Services
    - 2.20.2.2.5.(e).1 N/A
  - 2.20.2.2(5)(f) Biomedical Engineering
    - 2.20.2.2.5.(f).1 N/A
  - 2.20.2.2(5)(g) FMO/AM

2.20.2.2.5.(g).1 As per Facility-wide flow.

2.20.2.2(5)(h) Information Management

2.20.2.2.5.(h).1 Administration Staff in Administration Component will be responsible for regularly posting and changing electronic messaging (e.g., Facility news, events and information) on display boards in the public areas.

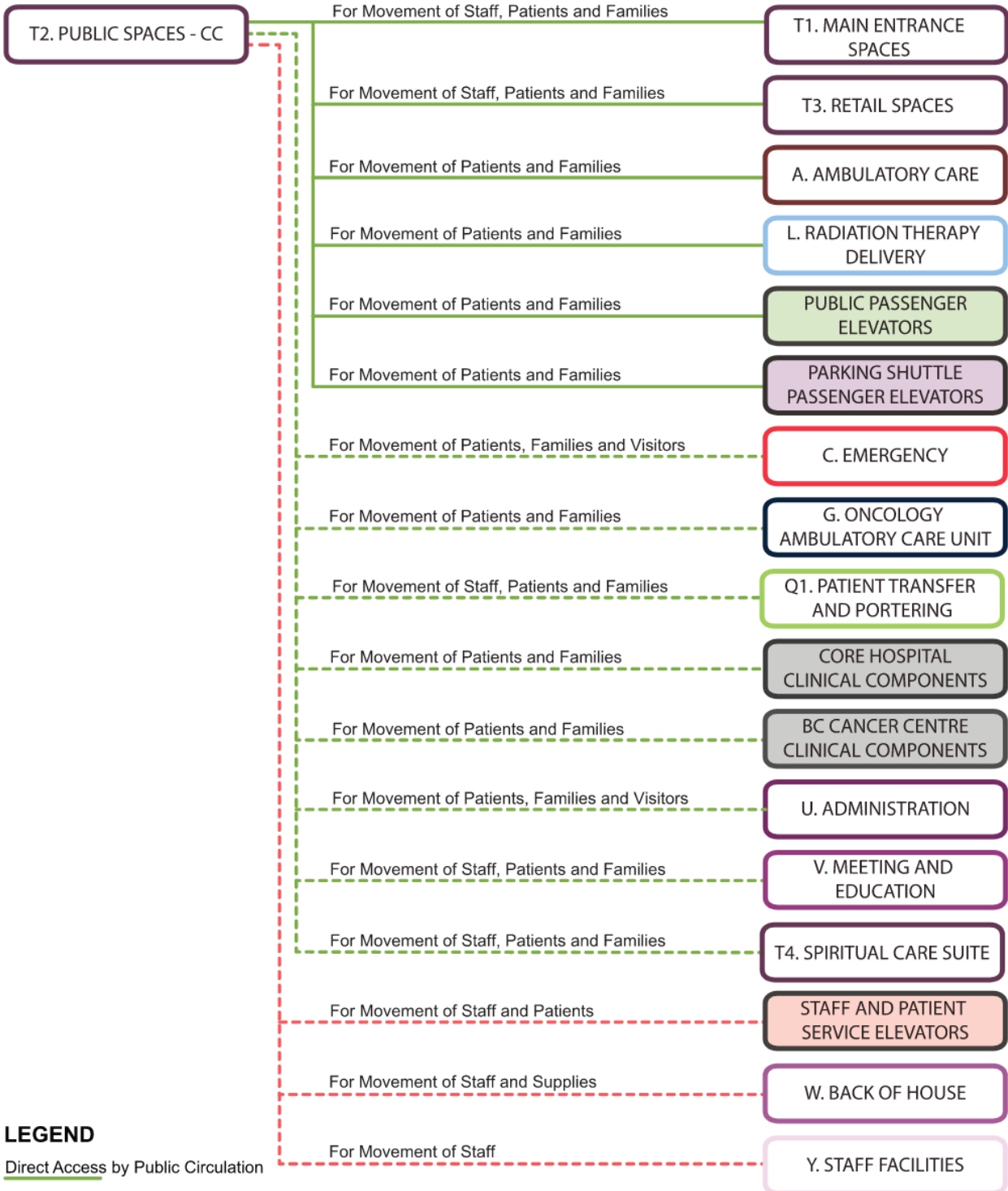
2.20.2.2(5)(i) Security

2.20.2.2.5.(i).1 As per Facility-wide flow.

2.20.2.3 COMPONENT DESIGN CRITERIA

2.20.2.3(1) External Adjacency Requirements Diagram

2.20.2.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



**LEGEND**

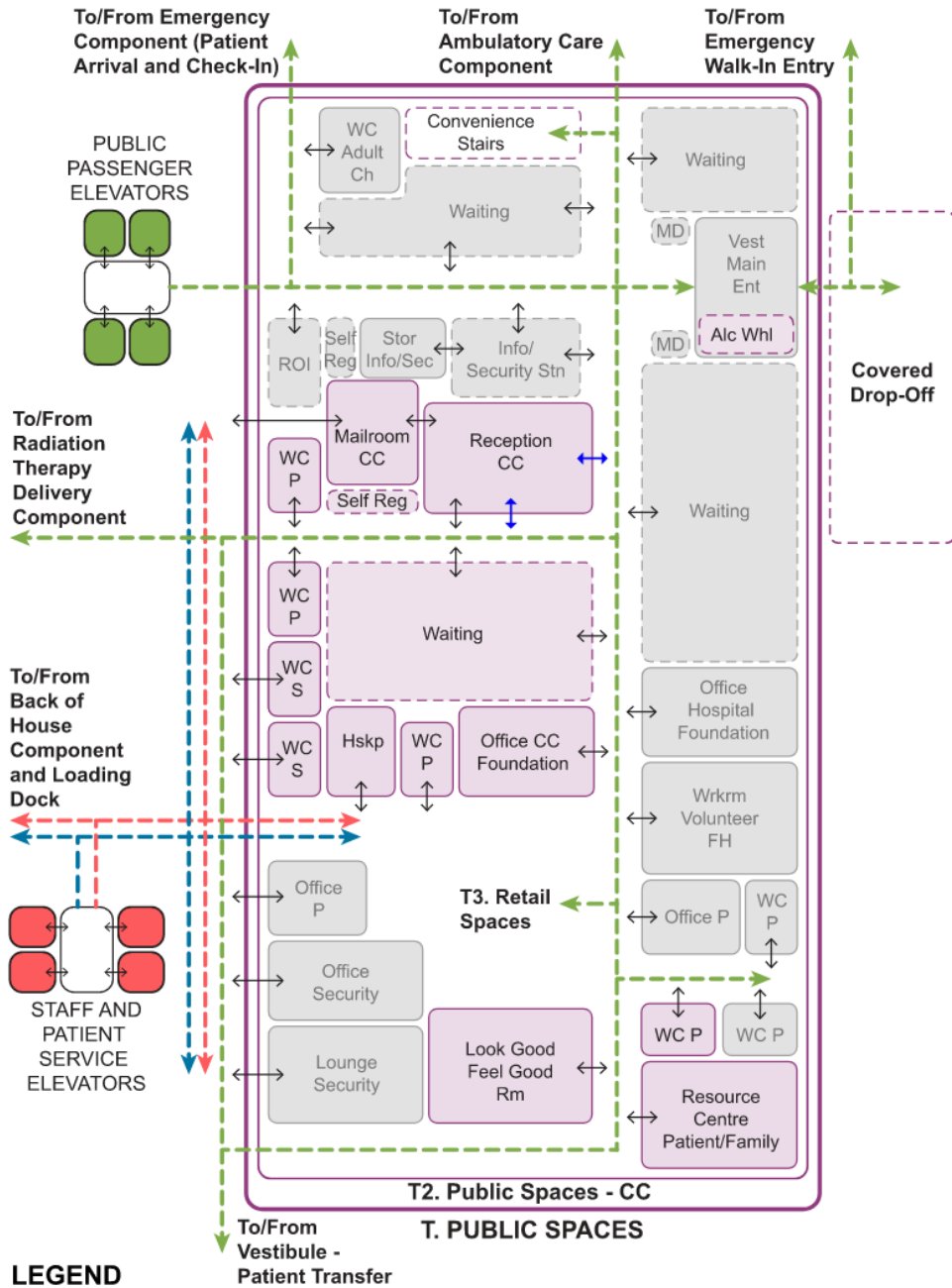
Direct Access by Public Circulation

Convenient Access by Public Circulation

Convenient Access by Service Circulation

2.20.2.3(2) Internal Functional Relationships Diagram

2.20.2.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



- LEGEND**
- ← Public Flow
  - ← Staff Flow
  - ← Service Flow
  - ↔ Room/Space Access
  - ↔ Transaction Window

## 2.20.2.3(3) General Requirements

2.20.2.3(3)(a) Public Spaces - CC Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.20.2.3.3.(a).1 Direct Access via Public Circulation to Main Entrance Spaces and Retail Spaces to enable Staff, Patients, families and visitors to easily access public amenities located in the Facility Main Entrance Lobby and Public Spaces.
- 2.20.2.3.3.(a).2 Direct Access via Public Circulation to Public Passenger Elevators and Parking Shuttle Passenger Elevators to allow Patients and families access parking and all Patient care floors.
- 2.20.2.3.3.(a).3 Direct Access via Public Circulation to Ambulatory Care and Radiation Therapy Delivery for quick movement of Patients and families.
- 2.20.2.3.3.(a).4 Convenient Access via Public Circulation to Vestibule - Patient Transfer in Patient Transfer and Portering for quick access for Staff, Patients and families.
- 2.20.2.3.3.(a).5 Convenient Access via Public Circulation to Emergency (on the same floor) for quick and safe after-hours access for Patient and families.
- 2.20.2.3.3.(a).6 Convenient Access via Public Circulation to OACU (on the consecutive floor above) for quick access for Patients and families.
- 2.20.2.3.3.(a).7 Convenient Access via Public Circulation to all other CH and BCCC Clinical Components, Spiritual Care Suite, Administration and Meeting and Education for movement of Patients, families and visitors.
- 2.20.2.3.3.(a).8 Convenient Access via Service Circulation to Staff and Patient Service Elevators and Back of House for movement of Staff and Supplies.
- 2.20.2.3.3.(a).9 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.

2.20.2.3(3)(b) Public Spaces - CC will have Direct Access to a secondary covered vehicle drop-off and pick-up zone including



- private vehicles, taxis, HandyDART, hospital transfer vehicles and nearby surface parking through Vestibule - Patient Transfer in Patient Transfer Sub-Component to allow for efficient access to Main Entrance Lobby and Patient Care Areas for Patients, families and visitors.
- 2.20.2.3(3)(c) Inter-facility transfer for Patients coming for radiation therapy entering through Vestibule - Patient Transfer will have a discrete route to Radiation Therapy Delivery Component Patient Check-In that minimizes or avoids travel through Main Entrance Lobby spaces.
- 2.20.2.3(3)(d) The secondary entrance through Vestibule - Patient Transfer will have protection against inclement weather on the exterior. This overhead weather protection will fully extend over the drop-off and pick-up zone to cover the stopped vehicles and drivers and passengers being dropped off or picked up.
- 2.20.2.3(3)(e) External access through Vestibule - Patient Transfer will be secure after-hours.
- 2.20.2.3(3)(f) Public Spaces - CC, Main Entrance Spaces and Retail Spaces Sub-Components will be co-located contiguously and arranged to simplify Patient, family and visitor access. This will provide continuous flow of Patients and families between the BCCC and CH public spaces.
- 2.20.2.3(3)(g) The spatial layout of Public Spaces - CC will maximize flexibility for use. The overall design and environment will be similar to Main Entrance Spaces. Natural light and exterior views will be provided throughout, creating a healthy environment in public and Patient areas.
- 2.20.2.3(3)(h) Physical design attributes in Public Spaces - CC will make accommodation for Persons with Disabilities maneuvering in mobility aids including canes, crutches, walkers, wheelchairs, stretchers and motorized chairs/scooters.
- 2.20.2.3(3)(i) Materials and goods will not be moved through Public Spaces - CC. There will be Back-of-House Convenient Access to various functions and services in Public Spaces - CC for movement of supplies, mail, waste and recycling, as well as Staff. If there are any security concerns or a potential threat in Public Spaces - CC,

Staff and volunteers will be able to exit their respective areas through Back-of-House internal corridor.

- 2.20.2.3(3)(j) Reception - Cancer Centre will have Convenient Access from Vestibule - Main Entrance. BCCC Patients will immediately see the location of Reception - Cancer Centre when entering Main Entrance Lobby through Vestibule - Main Entrance and know where to go.
- 2.20.2.3(3)(k) Access from the Facility main and secondary entrances to Reception - Cancer Centre will be clear and direct to minimize the walking distance for BCCC Patients.
- 2.20.2.3(3)(l) Reception - Cancer Centre will be an enclosed space with seven (7) transaction stations including five (5) stations for registration and two (2) stations for volunteers. Stations will have transaction counter and glazed enclosure with seven (7) transaction windows.
- 2.20.2.3(3)(m) Reception - Cancer Centre will have Line of Sight to Alcove - Self-Registration Kiosk and a dedicated adjacent Waiting Area. Reception counters/stations will be recessed from Public Circulation to ensure Public Circulation flow will not be impeded by Patients standing at Reception counter.
- 2.20.2.3(3)(n) Reception - Cancer Centre will require dividers between transaction windows for Patient privacy. This space will accommodate visitors sitting in a chair or wheelchair and will provide a surface for placing items like a purse or signing documents.
- 2.20.2.3(3)(o) Staff at Reception - Cancer Centre will have the ability to page Patients from overhead speakers in Waiting Area and adjacent Washroom - Public.
- 2.20.2.3(3)(p) Public Spaces - CC will include a Waiting Area separate from Main Entrance Spaces. This area will accommodate eighteen (18) standard seats, two (2) bariatric seats and two (2) wheelchair spaces. The seating will be distributed in groups of four (4) or six (6).
- 2.20.2.3(3)(q) Infrastructure and space for three (3) Alcove - Self-Registration Kiosks will be provided for potential future installation of self-registration kiosks with Convenient Access to Reception - Cancer Centre.

- 2.20.2.3(3)(r) Office - CC Foundation will be located in a prominent and highly visible location in Main Entrance Lobby. Main Entrance Lobby will have Direct Access to Office - CC Foundation.
- 2.20.2.3(3)(s) Office - CC Foundation will have one (1) workstation and a small meeting area.
- 2.20.2.3(3)(t) Mailroom - CC will accommodate BCCC Staff mailboxes and a sorting table with Direct Access from Service Circulation and Reception - Cancer Centre.
- 2.20.2.3(3)(u) Resource Centre - Patient/Family will be used by BCCC Patients and Families and include one (1) public workstation and one (1) workstation and printer for librarian. This room will be secure after-hours and will provide a calm environment with artwork on walls and natural light.
- 2.20.2.3(3)(v) Look Good Feel Good Room will have twelve (12) wig storage cubes, counterspace, lockable storage, hand hygiene sink and seating with mirrors on wall (like a salon). This room will have Convenient Access from main entrance and Vestibule - Patient Transfer. For Patient privacy, there will be no Line of Sight into this space from adjacent areas/corridors.
- 2.20.2.3(3)(w) An Alcove - Wheelchair Storage for fourteen (14) stacked wheelchairs will be located with Convenient Access to Vestibule - Main Entrance.
- 2.20.2.3(3)(x) Four (4) Washroom - Public will have Convenient Access to Reception - Cancer Centre and Waiting Area.
- 2.20.2.3(3)(y) Washroom - Staff and Washroom - Staff - Non-Acc will have Direct Access from Service Circulation.

## 2.20.3 T3. RETAIL SPACES

### 2.20.3.1 SERVICE DESCRIPTION

2.20.3.1(1) Retail Spaces Sub-Component in Public Spaces Component will accommodate independently contracted retail food and retail pharmacy services in a high traffic area, easily accessible to Patients, families, visitors, and Staff.

2.20.3.1(2) The following activities will be accommodated in this Sub-Component:

2.20.3.1(2)(a) Retail - Food outlet also responsible for provision of catering; and

2.20.3.1(2)(b) Retail - Pharmacy outlet.

2.20.3.1(3) Service Exclusions

2.20.3.1(3)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

2.20.3.1.3.(a).1 Fundraising retail space.

2.20.3.1.3.(a).2 Patient Food Services.

### 2.20.3.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

2.20.3.2(1) Patient Flow

2.20.3.2(1)(a) During regular hours, Patients will freely access Retail Spaces Sub-Component via Public Circulation.

2.20.3.2(2) Family/Visitor Flow

2.20.3.2(2)(a) During regular hours, family and visitors will freely access Retail Spaces Sub-Component via Public Circulation.

2.20.3.2(3) Staff Flow

2.20.3.2(3)(a) During regular hours, Staff will freely access Retail Spaces Sub-Component via Public Circulation.

2.20.3.2(4) Clinical Support Flow

2.20.3.2(4)(a) Pharmacy

2.20.3.2.4.(a).1 There will be a Retail - Pharmacy included in this Sub-Component for Patient/family

convenience, enabling Patients to fill prescriptions or purchase medical Equipment before leaving the Facility.

2.20.3.2(4)(b) Medical Imaging  
2.20.3.2.4.(b).1 N/A

2.20.3.2(4)(c) Laboratory  
2.20.3.2.4.(c).1 N/A

2.20.3.2(4)(d) Interprofessional Team  
2.20.3.2.4.(d).1 N/A

2.20.3.2(5) Non-Clinical Support Flow

2.20.3.2(5)(a) Equipment  
2.20.3.2.5.(a).1 N/A

2.20.3.2(5)(b) Medical Devices  
2.20.3.2.5.(b).1 N/A

2.20.3.2(5)(c) Supplies (Materials Management)  
2.20.3.2.5.(c).1 Supply deliveries for Retail - Pharmacy and Retail - Food will arrive at the loading dock in Back of House Component and will be transported to the applicable retail storage rooms via Service Circulation.

2.20.3.2(5)(d) EVS (Housekeeping/Linen/Waste Management)  
2.20.3.2.5.(d).1 As per Facility-wide flow.  
2.20.3.2.5.(d).2 EVS front line cleaners will be responsible for daily, preventative maintenance cleaning, and project cleaning of all surfaces in Sub-Component.  
2.20.3.2.5.(d).3 Waste collected from this Sub-Component will be staged in the floor's Soiled Holding room before being moved to Back of House Component for removal from the Facility.

2.20.3.2(5)(e) Patient Food Services  
2.20.3.2.5.(e).1 N/A

2.20.3.2(5)(f) Biomedical Engineering  
2.20.3.2.5.(f).1 N/A

2.20.3.2(5)(g) FMO/AM  
2.20.3.2.5.(g).1 As per Facility-wide flow.

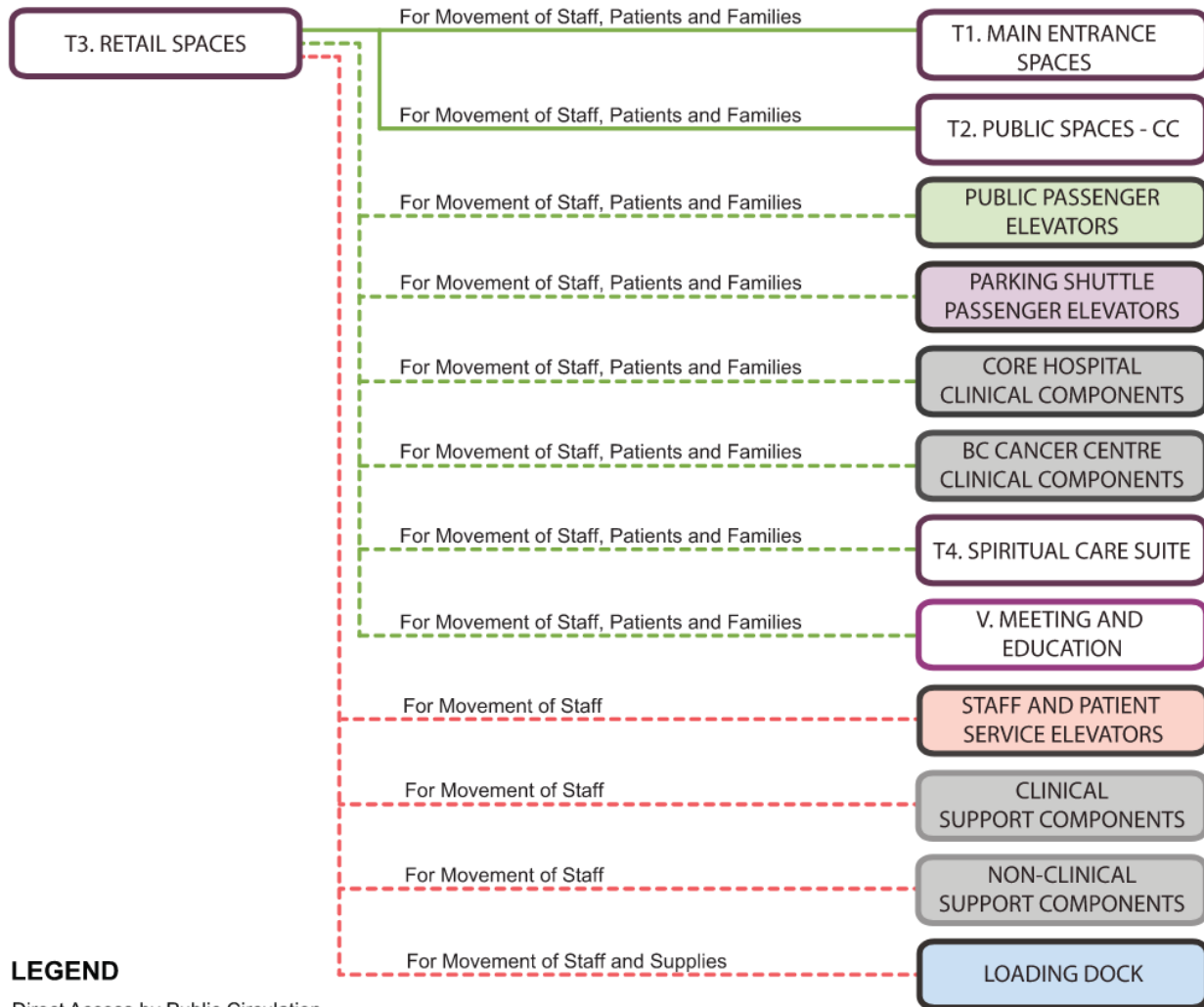
2.20.3.2(5)(h) Information Management  
 2.20.3.2.5.(h).1 As per Facility-wide flow.

2.20.3.2(5)(i) Security  
 2.20.3.2.5.(i).1 As per Facility-wide flow.

2.20.3.3 COMPONENT DESIGN CRITERIA

2.20.3.3(1) External Adjacency Requirements Diagram

2.20.3.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



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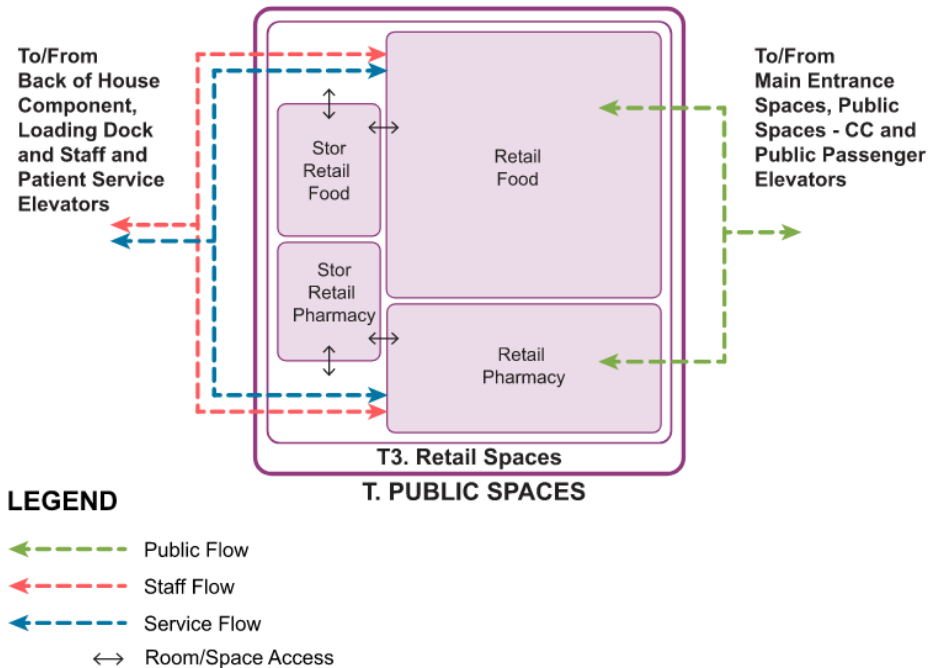
Direct Access by Public Circulation

Convenient Access by Public Circulation

Convenient Access by Service Circulation

### 2.20.3.3(2) Internal Functional Relationships Diagram

2.20.3.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



### 2.20.3.3(3) General Requirements

2.20.3.3(3)(a) Retail Spaces Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.20.3.3.3.(a).1 Direct Access via Public Circulation to Main Entrance Spaces and Public Spaces - CC to enable Staff, Patients, families and visitors to easily access public amenities located in the Facility Main Entrance Lobby and Public Spaces.
- 2.20.3.3.3.(a).2 Convenient Access via Public Circulation to Public Passenger Elevators and Parking Shuttle Passenger Elevators to allow Patients and families access parking and all Patient care floors.
- 2.20.3.3.3.(a).3 Convenient Access via Public Circulation to all CH and BCCC Clinical Components, Spiritual Care Suite and Meeting and Education for movement of Patients, families and visitors.

- 2.20.3.3.3.(a).4 Convenient Access via Service Circulation to Staff and Patient Service Elevators and Clinical and Non-Clinical Support Components for movement of Staff.
- 2.20.3.3.3.(a).5 Convenient Access via Service Circulation to the loading dock for movement of Staff and supplies, food and waste disposal.
- 2.20.3.3(3)(b) Retail Spaces Sub-Component will include shelled spaces for a Retail - Pharmacy and a Retail - Food.
- 2.20.3.3(3)(c) Retail - Pharmacy and Retail - Food will be integrated with Main Entrance Lobby and Waiting Areas. Access for Patients in wheelchairs will be provided.
- 2.20.3.3(3)(d) These services will be provided by contracted retail pharmacy and food providers.
- 2.20.3.3(3)(e) Retail - Pharmacy and Retail - Food will have Direct Access from main Public Circulation and Convenient Access from the Facility main entrance.
- 2.20.3.3(3)(f) Retail - Pharmacy and Retail - Food access from Public Circulation will be secure after-hours.
- 2.20.3.3(3)(g) Retail - Pharmacy will have Direct Access to an adjacent Storage - Retail Pharmacy. Storage - Retail Pharmacy will also have Convenient Access to Service Circulation. Both doors in Storage - Retail Pharmacy will accommodate the movement of loaded carts and pallets.
- 2.20.3.3(3)(h) Retail - Food will have Direct Access to an adjacent Storage - Retail Food. Storage - Retail Food will also have Direct Access to Service Circulation. Both doors in Storage - Retail Food will accommodate the movement of loaded carts and pallets.
- 2.20.3.3(3)(i) Retail - Food location will provide views to natural settings outside of the Facility.
- 2.20.3.3(3)(j) A portion of Waiting Area seating will have Convenient Access to Retail - Food to allow for spillover seating to support this service. Additional seating will be provided in an outdoor seating area, allowing users the option of eating outside.



## 2.20.4 T4. SPIRITUAL CARE SUITE

## 2.20.4.1 SERVICE DESCRIPTION

- 2.20.4.1(1) Spiritual Care Suite Sub-Component in Public Spaces Component will support the cultural, emotional and spiritual needs of Patients, families, and Staff based on the person's beliefs, cultural background, values, traditions and practices.
- 2.20.4.1(2) Spiritual care professionals and Elders in Residence will be available to provide holistic, spiritual and cultural care based on a Patient's declaration for those services. Services will assist in the provision of a healthy journey for Patients, families, and Staff.
- 2.20.4.1(3) The following activities will be accommodated in this Sub-Component:
  - 2.20.4.1(3)(a) Spiritual activities within Gathering Area and Sacred Space.
- 2.20.4.1(4) Smudging will be permitted in both Gathering Area and Sacred Space.
- 2.20.4.1(5) Service Exclusions
  - 2.20.4.1(5)(a) N/A

## 2.20.4.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.20.4.2(1) Patient Flow
  - 2.20.4.2(1)(a) Patients will be able to freely access Spiritual Care Suite Sub-Component at all times via Public Circulation.
- 2.20.4.2(2) Family/Visitor Flow
  - 2.20.4.2(2)(a) Family and visitors will be able to freely access Spiritual Care Suite Sub-Component at all times via Public Circulation.
- 2.20.4.2(3) Staff Flow
  - 2.20.4.2(3)(a) Spiritual care practitioners and Elders will travel to Clinical Components within the Facility as needed to provide spiritual care services within treatment spaces, or within Spiritual Care Suite.

## 2.20.4.2(4) Clinical Support Flow

## 2.20.4.2(4)(a) Pharmacy

2.20.4.2.4.(a).1 N/A

## 2.20.4.2(4)(b) Medical Imaging

2.20.4.2.4.(b).1 N/A

## 2.20.4.2(4)(c) Laboratory

2.20.4.2.4.(c).1 N/A

## 2.20.4.2(4)(d) Interprofessional Team

2.20.4.2.4.(d).1 N/A

## 2.20.4.2(5) Non-Clinical Support Flow

## 2.20.4.2(5)(a) Equipment

2.20.4.2.5.(a).1 N/A

## 2.20.4.2(5)(b) Medical Devices

2.20.4.2.5.(b).1 N/A

## 2.20.4.2(5)(c) Supplies (Materials Management)

2.20.4.2.5.(c).1 As per Facility-wide flow.

## 2.20.4.2(5)(d) EVS (Housekeeping/Linen/Waste Management)

2.20.4.2.5.(d).1 As per Facility-wide flow.

2.20.4.2.5.(d).2 EVS front line cleaners will be responsible for daily, preventative maintenance cleaning, and project cleaning of all surfaces in Sub-Component.

2.20.4.2.5.(d).3 Waste collected from this Sub-Component will be staged in the floor's Soiled Holding room before being moved to Back of House Component for removal from the Facility.

## 2.20.4.2(5)(e) Patient Food Services

2.20.4.2.5.(e).1 As per Facility-wide flow for restocking of supplies in Alcove - Nourishment Station. No meal service to this Component will be provided.

## 2.20.4.2(5)(f) Biomedical Engineering

2.20.4.2.5.(f).1 N/A

## 2.20.4.2(5)(g) FMO/AM

2.20.4.2.5.(g).1 As per Facility-wide flow.

2.20.4.2(5)(h) Information Management  
 2.20.4.2.5.(h).1 As per Facility-wide flow.

2.20.4.2(5)(i) Security  
 2.20.4.2.5.(i).1 As per Facility-wide flow.

2.20.4.3 COMPONENT DESIGN CRITERIA

2.20.4.3(1) External Adjacency Requirements Diagram

2.20.4.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



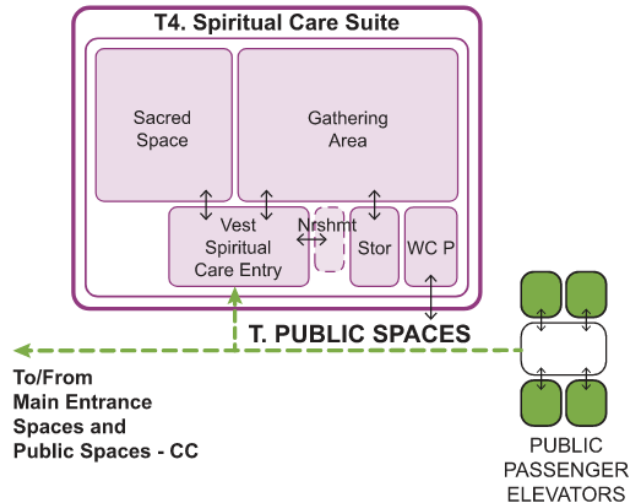
**LEGEND**

Convenient Access by Public Circulation

Convenient Access by Service Circulation

2.20.4.3(2) Internal Functional Relationships Diagram

2.20.4.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



## LEGEND

- ← Public Flow
- ↔ Room/Space Access

### 2.20.4.3(3) General Requirements

- 2.20.4.3(3)(a) Spiritual Care Suite Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.20.4.3.3.(a).1 Convenient Access via Public Circulation to Main Entrance Spaces, Public Spaces - CC and Retail Spaces for movement of Staff, Patients and families.
  - 2.20.4.3.3.(a).2 Convenient Access via Public Circulation to Public Passenger Elevators, CH and BCCC Clinical Components to allow Staff, Patients and families access from Patient care floors.
  - 2.20.4.3.3.(a).3 Convenient Access via Service Circulation to IPT Staff Support Space for movement of Staff.
  - 2.20.4.3.3.(a).4 Convenient Access via Service Circulation to Back of House for movement of Staff and supplies.
  - 2.20.4.3.3.(a).5 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.20.4.3(3)(b) This Sub-Component will not be required to be co-located with other Sub-Components of Public Spaces Component.

- 2.20.4.3(3)(c) Spiritual Care Suite environment will be quiet, non-disruptive and comfortable to allow for privacy. Vestibule - Spiritual Care Entry will provide access to Spiritual Care Suite and acoustical privacy from surrounding areas.
- 2.20.4.3(3)(d) This Sub-Component will be a welcoming space for all and will address cultural and spiritual needs of the Facility's users.
- 2.20.4.3(3)(e) Spiritual Care Suite will be adjacent and have Convenient Access to Main Entrance Spaces on the same floor or one (1) consecutive floor above connected via Public Circulation (e.g., Public Passenger Elevators and/or convenience stairs).
- 2.20.4.3(3)(f) Vestibule - Spiritual Care Entry will have Direct Access from Public Circulation.
- 2.20.4.3(3)(g) Vestibule - Spiritual Care Entry will also have Direct Access to Gathering Area, Sacred Space and Alcove - Nourishment Station. This vestibule will include a hand hygiene sink and shoe rack immediately outside the entry point to the Sacred Space. Location of hand hygiene sink will not affect circulation within this vestibule.
- 2.20.4.3(3)(h) Gathering Area will have Direct Access from Vestibule - Spiritual Care Entry. Design of this room will enable flexible room configurations and functions. Line of Sight from Public Circulation into Gathering Area will not be provided to ensure privacy of the room is maintained.
- 2.20.4.3(3)(i) Storage - Spiritual Care will be located with Direct Access to Gathering Area. This room will be used for storage of furniture for Gathering Area and accommodate movement of furniture carts/dollies.
- 2.20.4.3(3)(j) Sacred Space will have Direct Access from Vestibule - Spiritual Care Entry. This room will be designed in accordance to FH Indigenous Design Guidelines.
- 2.20.4.3(3)(k) Both Gathering Area and Sacred Space will be capable of accommodating smudging/religious rituals involving burning of organic materials, etc.

- 2.20.4.3(3)(l) A Washroom - Public will be co-located with Spiritual Care Suite and will have Direct Access to Public Circulation outside the Sub-Component.

## 2.20.5 SCHEDULE OF ACCOMMODATIONS

2.20.5.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Public Spaces**

<b>T. PUBLIC SPACES</b>	
T1. MAIN ENTRANCE SPACES	286.7
T2. PUBLIC SPACES - CC	185.7
T3. RETAIL SPACES	155.5
T4. SPIRITUAL CARE SUITE	90.0
<b>PUBLIC SPACES PROGRAMMED SPACE NSM:</b>	<b>717.9</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>T. PUBLIC SPACES</b>					
<b>T1. MAIN ENTRANCE SPACES</b>					
T1.01	Vestibule - Main Entrance	1	16.0	16.0	
T1.02	Main Entrance Lobby				
T1.02.01	Station - Metal Detector	2	1.2	2.4	
T1.02.02	Station - Hand Hygiene ABHR	4	0.9	3.6	To be distributed.
T1.02.03	Display - Electronic Wayfinding System	3	1.0	3.0	
T1.02.04	Information/Security Station	1	12.0	12.0	
T1.02.05	Storage - Information/Security Station	1	6.0	6.0	For forms, etc.
T1.02.06	Alcove - Self-Registration Kiosk	2	1.0	2.0	
T1.02.07	Alcove - Release-of-Information Kiosk	1	6.0	6.0	For Patients and families to initiate a query for their own medical records.
T1.02.08	Waiting Area	1	121.2	121.2	
T1.03	Washroom - Public	2	5.0	10.0	
T1.04	Office - Hospital Foundation	1	15.0	15.0	
T1.05	Workroom - Volunteer - FH	1	25.0	25.0	For volunteers, coordinator, volunteer resources.
T1.06	Office - Private	1	9.0	9.0	For manager, volunteer resources.
T1.07	Office - Security	1	15.0	15.0	For security-related recording/viewing Equipment.
T1.08	Lounge - Security	1	19.0	19.0	For IPS Staff changing and break space.
T1.09	Office - Private	1	9.0	9.0	For IPS manager.

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
T1.10	Washroom - Adult Change Space	1	12.5	12.5	
<b>SUBTOTAL NSM: MAIN ENTRANCE SPACES</b>				<b>286.7</b>	
<b>T2. PUBLIC SPACES - CC</b>					
T2.01.01	Reception - Cancer Centre	1	28.0	28.0	
T2.01.02	Waiting Area	1	44.0	44.0	
T2.01.03	Alcove - Wheelchair Storage	1	5.2	5.2	
T2.01.04	Alcove - Self-Registration Kiosk	3	1.0	3.0	
T2.02	Washroom - Public	4	5.0	20.0	
T2.03	Resource Centre - Patient/Family	1	20.0	20.0	Resource centre for BCCC Patients and families.
T2.04	Look Good Feel Good Room	1	20.0	20.0	For receiving a appearance-related support.
T2.05	Office - CC Foundation	1	15.0	15.0	
T2.06	Mailroom - CC	1	15.0	15.0	
T2.07	Washroom - Staff	1	5.0	5.0	
T2.08	Housekeeping Room	1	7.0	7.0	
T2.09	Washroom - Staff - Non-Acc	1	3.5	3.5	
<b>SUBTOTAL NSM: PUBLIC SPACES - CC</b>				<b>185.7</b>	
<b>T3. RETAIL SPACES</b>					
T3.01	Retail - Pharmacy	1	40.0	40.0	
T3.02	Storage - Retail Pharmacy	1	14.5	14.5	For Retail Pharmacy receiving/storage.
T3.03	Retail - Food	1	85.0	85.0	
T3.04	Storage - Retail Food	1	16.0	16.0	For Retail Food receiving/storage.
<b>SUBTOTAL NSM: RETAIL SPACES</b>				<b>155.5</b>	
<b>T4. SPIRITUAL CARE SUITE</b>					
T4.01	Vestibule - Spiritual Care Entry	1	10.0	10.0	
T4.02	Gathering Area	1	40.0	40.0	For family and friends gathering.
T4.03	Storage - Spiritual Care	1	6.0	6.0	
T4.04	Sacred Space	1	25.0	25.0	Multi-faith space.
T4.05	Alcove - Nourishment Station	1	4.0	4.0	
T4.06	Washroom - Public	1	5.0	5.0	
<b>SUBTOTAL NSM: SPIRITUAL CARE SUITE</b>				<b>90.0</b>	
<b>TOTAL NSM: PUBLIC SPACES</b>				<b>717.9</b>	



## 2.21 U. ADMINISTRATION

### 2.21.1 SERVICE DESCRIPTION

2.21.1.1 Administration Component will support administration and site support services including CH and BCCC Administration spaces, Staffing Services, Infection Prevention and Control (IPC), HIM, and Command Centre activities within the Facility.

2.21.1.2 This will mainly be a Staff-only Component. Patients will report to Reception - HIM - Release of Information for consent and document access. Visitors will report to Reception - Administration.

#### 2.21.1.3 Administration - CH

2.21.1.3(1) The following activities will be accommodated in Administration - CH:

2.21.1.3(1)(a) Reception and waiting;

2.21.1.3(1)(b) Administrative activities related to the Facility operations;

2.21.1.3(1)(c) CH medical Staff administration;

2.21.1.3(1)(d) Finance activities related to the Facility operations;

2.21.1.3(1)(e) Supporting corporate activities which may include quality assurance, disaster planning, life safety, public relations/communications for the Facility, human resource and financial planning; and

2.21.1.3(1)(f) Meetings with visitors in this area is expected.

#### 2.21.1.4 Administration - CC

2.21.1.4(1) The following activities will be accommodated in Administration - CC:

2.21.1.4(1)(a) Manage human, financial, and physical resources of the BCCC in an operationally effective manner within an integrated program model;

2.21.1.4(1)(b) Gather, analyze, report, and manage administrative, clinical, and statistical data as required;

2.21.1.4(1)(c) Maintain effective communication and working relationships between community hospitals, other

health care organizations such as hospice, The Canadian Cancer Society, community partners, community physicians and health care agencies in the catchment area;

- 2.21.1.4(1)(d) Participate in local and regional health care planning and development as pertains to cancer programs;
- 2.21.1.4(1)(e) Explore alternative methods of centre operations to improve efficiency without compromising quality of health care;
- 2.21.1.4(1)(f) Coordinate internal and external communication activities of the Cancer Program;
- 2.21.1.4(1)(g) Develop and coordinate an active quality management and accreditation program for the BCCC;
- 2.21.1.4(1)(h) Support and enhance research and education activities; and
- 2.21.1.4(1)(i) Meetings with visitors in this area is expected.

#### 2.21.1.5 Non-Admin Offices

2.21.1.5(1) The following activities will be accommodated in Non-Admin Offices:

- 2.21.1.5(1)(a) Staffing Services
  - 2.21.1.5.1.(a).1 Program scheduling of employees; and
  - 2.21.1.5.1.(a).2 Development of master rotations.
- 2.21.1.5(1)(b) IPC
  - 2.21.1.5.1.(b).1 Research latest Infection Prevention and Control practices;
  - 2.21.1.5.1.(b).2 Infection Prevention and Control administration for the Facility;
  - 2.21.1.5.1.(b).3 Consultation with policy makers and practitioners on Infection Prevention and Control policy, education, and training; and
  - 2.21.1.5.1.(b).4 Quality assurance.

#### 2.21.1.6 HIM

2.21.1.6(1) CH HIM

- 2.21.1.6(1)(a) The following activities will be accommodated in CH HIM:

- 2.21.1.6.1.(a).1 Record Processing: gathering and compiling health records by assembling paper documentation into a paper file or by scanning documentation into an EMR and ensuring appropriate indexing/filing for documents to be retrievable and viewable by HCPs. This function also includes securing the record (if there is a legal case review), pulling and providing records for Patient care and other purposes, merging paper records as required, as well as requesting records from an off-site storage vendor. Records processing will ensure that all Patient records in HIM custody are stored appropriately and protected from unauthorized access.
- 2.21.1.6.1.(a).2 Record Completion: involves quantitative analysis and monitoring of health records for accuracy and completeness to ensure required information is available for future Patient care, research, and other purposes. Record completion Staff send notifications to HCPs to alert them of deficiencies in documentation and ensure compliance of Medical Staff Rules; notified Staff will travel to HIM to complete the documentation.
- 2.21.1.6.1.(a).3 Release of Information: responsible for providing copies of health record to authorized requestors such as HCPs, lawyers, insurance companies, Patients, and others for continuity of care or non-continuity of care purposes. Staff will be responsible to ascertain appropriateness of the request prior to any release to ensure that only authorized persons receive health information for a Patient. Records management Staff are currently located within FH sites to be accessible to walk-in requesters (Patients, police, and public) as well as the need to be able to access and process paper documentation which still resides on-site. With future implementation of EMRs (including scanning) and implementation of portal technology for direct Patient access to their own health records, there will be an opportunity for Patients to request their records online, at the Facility at Alcove - Release-of-Information Kiosk in Public Spaces

- Component, or in-person at Administration Component.
- 2.21.1.6.1(a).4 Form Services: responsible for digitizing administrative and clinical forms into electronic format for sites with scanning. These forms will be available on demand for printing with Patient identification and barcode at all FH sites.
- 2.21.1.6.1(a).5 Patient Registration: self-registration kiosks will be made available in the future for those who choose to utilize that means of confirming their attendance and updating their demographic information.
- (a).5.1 For CH Clinical Components, a decentralized registration/intake model will be utilized within the Facility with Patient registration available in areas such as Ambulatory Care, Perioperative, Medical Imaging, and Outpatient Specimen Collection within Laboratory Component.
- (a).5.2 For deceased Patients, Clinical Components Staff will register a Patient in the medical information system, the information will flow from the unit to Patient registration, which will then be released to the funeral home. Patient registration will work closely with the Clinical Component to resolve any unforeseen or over-capacity issues.
- 2.21.1.6(2) BCCC HIM
- 2.21.1.6(2)(a) The following activities will be accommodated in BCCC HIM:
- 2.21.1.6.2(a).1 New Patient Referral and Registration: future state workflows will be confirmed with implementation of CST Cerner and changes with tumour-based multidisciplinary team model of care.
- (a).1.1 New Patient referrals will be received via fax, email, and regular mail. Referral clerks will check to see that referrals are complete and if not, will obtain any required information for physician triage.

- Triage physicians will determine if referral will be accepted and if so, they will determine urgency and modality of treatment.
- (a).1.2 New Patient referral clerks will schedule the Patient to multidisciplinary tumour specific clinic based upon instructions given by triage physician, will liaise with Patients and ensure that all required Patient documentation is available for the scheduled clinic appointment.
- 2.21.1.6.2.(a).2 Health Records Clerical: Patient record audits and analysis will be conducted to ensure record completeness. All paper forms, test results and paper records will be scanned into the EMR. All faxed documents coming into CST Cerner HIM filters will be matched/indexed for viewing in CST Cerner.
- 2.21.1.6.2.(a).3 Release of Information: consent from Patients will be obtained to release their health information to others or themselves. All pertinent information will be gathered and distributed as required.
- 2.21.1.7 Command Centre
- 2.21.1.7(1) Command Centre will support several business processes related to Bed Management, Capacity Utilization, Operational Reporting, and Synchronized Reporting with FH Regional Command Centre. These will be oriented around the functional capabilities commonly found in operational centres in other jurisdictions including:
- 2.21.1.7(1)(a) Bed Management
- 2.21.1.7.1.(a).1 Patient placement; and
- 2.21.1.7.1.(a).2 Assessments and clinical criteria.
- 2.21.1.7(1)(b) Capacity Utilization
- 2.21.1.7.1.(b).1 Discharge planning;
- 2.21.1.7.1.(b).2 Support service coordination;
- 2.21.1.7.1.(b).3 Clinical communication and collaboration; and
- 2.21.1.7.1.(b).4 Operational alerts and flags.
- 2.21.1.7(1)(c) Operational Reporting
- 2.21.1.7.1.(c).1 ER status updates;
- 2.21.1.7.1.(c).2 Real-time surgical tele-tracking system;

- 2.21.1.7.1.(c).3 Virtual annex status; and
  - 2.21.1.7.1.(c).4 Coordination of Services.
- 2.21.1.7(1)(d) Synchronized Reporting with FH Regional Command Centre
- 2.21.1.7.1.(d).1 Regional capacity;
  - 2.21.1.7.1.(d).2 FH networks;
  - 2.21.1.7.1.(d).3 FH virtual hospital; and
  - 2.21.1.7.1.(d).4 Regional alerts and flags.
- 2.21.1.7(2) The information and support from Command Centre Staff will provide Facility clinical Staff with actions on strategic decisions in the following key operational objectives/service streams in the Facility's continuum of care.
- 2.21.1.7(2)(a) Command Centre will provide a collaborative forum for the care team (e.g., general practitioner in the community, care providers in acute care) to optimize/expedite Patient flows and transition from the Facility to the community.
  - 2.21.1.7(2)(b) Command Centre Staff will maintain and align Command Centre analytical tools with the Facility's services. This will require collaboration with FH Systems Optimization department to support development and implementation of the data visualization tools.
  - 2.21.1.7(2)(c) IM/IT and Systems Optimization Staff will work closely with Command Centre Staff to ensure timely and accurate information flows, maintenance of Equipment, and provision of orientation to new software and hardware used in the Component.
  - 2.21.1.7(2)(d) VH Component Staff will work closely with Command Centre Staff enabling discharges to home and the community ensuring the continuum of care for Patients. Likewise, as the condition of a Patient being monitored at home requires admission or a visit to the Facility, the teams will ensure Patient information/status is communicated.
  - 2.21.1.7(2)(e) Command Centre and Patient Transfer and Portering will be using an online booking system that will enable real-time tracking of Patient movement. This will assist Command Centre Staff in monitoring Patients between facilities and between Components or floors.

- 2.21.1.7(3) This zone will host Emergency Operations Centre (EOC) for the Facility, which will be operationalized in the event of earthquakes, pandemics, extreme weather events and other community and site disasters requiring a centralized command response.
- 2.21.1.8 Service Exclusions
- 2.21.1.8(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
- 2.21.1.8(1)(a) Workspace for medical Staff for CH and BCCC (with the exception of medical directors) will be included in Staff Facilities Component.
- 2.21.1.8(1)(b) Meeting Rooms for more than twenty (20) people will be included in Meeting and Education Component.
- 2.21.2 COMPONENT INTERNAL FLOW DESCRIPTIONS
- 2.21.2.1 Patient Flow
- 2.21.2.1(1) To submit a release of information request, some Patients will travel via Public Circulation to Reception - HIM - Release of Information.
- 2.21.2.2 Family/Visitor Flow
- 2.21.2.2(1) Visitors will travel to Administration Component via Public Circulation.
- 2.21.2.2(2) Visitors for CH or BCCC Administration zones, as well as Command Centre zone, will report upon arrival at Reception - Administration.
- 2.21.2.2(3) Visitors for CH or BCCC HIM zone will report upon arrival at Reception - HIM - Release of Information.
- 2.21.2.2(4) Visitors may be asked to wait in the designated Waiting Area.
- 2.21.2.2(5) With the exception of Waiting Area, visitors will be escorted by Staff at all times within other areas of Administration Component to ensure there is no access to private or confidential information.
- 2.21.2.3 Staff Flow

- 2.21.2.3(1) Upon arrival to the Facility, Staff will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.
  - 2.21.2.3(2) Staff working within Administration Component will travel via Service Circulation to the Component.
  - 2.21.2.3(3) While there is an internal, dedicated Lounge - Staff for this Component, Staff may travel via Service Circulation to centralized Shared Staff Facilities to access Lounge - Staff for breaks or Exercise/Wellness Room.
  - 2.21.2.3(4) Administration Staff that typically work at other sites may be required to drop in to work at this Component at various times, or to attend a meeting. These visiting Staff will report to Reception - Administration to check-in and arrange for a temporary workspace within Administration Component if required.
  - 2.21.2.3(5) To access Command Centre, operational Staff will travel from other Components via Service Circulation and enter Administration Component via a secure Back-of-House Staff entry point throughout the day. Administration Staff will also travel from CH Administration zone to Command Centre via internal corridor within the Component.
  - 2.21.2.3(6) From Command Centre, Staff will flow internally within the Component to Staff Support Space zone to access Lounge - Staff, Washroom - Staff - Non-Acc and Washroom - Staff, particularly when EOC is activated.
  - 2.21.2.3(7) Non-administration Facility Staff will travel from other Components via Service Circulation.
  - 2.21.2.3(8) HIM Staff and other applicable Staff (e.g., physicians, care Staff) will be able to enter HIM zones through Staff entry point. HIM areas will support collection, assembly, scanning, storage, retrieval, and dissemination of health records.
- 2.21.2.4 Clinical Support Flow
- 2.21.2.4(1) Pharmacy
    - 2.21.2.4(1)(a) N/A
  - 2.21.2.4(2) Medical Imaging



- 2.21.2.4(2)(a) N/A
- 2.21.2.4(3) Laboratory
  - 2.21.2.4(3)(a) N/A
- 2.21.2.4(4) Interprofessional Team
  - 2.21.2.4(4)(a) N/A
- 2.21.2.5 Non-Clinical Support Flow
  - 2.21.2.5(1) Equipment
    - 2.21.2.5(1)(a) N/A
  - 2.21.2.5(2) Medical Devices
    - 2.21.2.5(2)(a) N/A
  - 2.21.2.5(3) Supplies (Materials Management)
    - 2.21.2.5(3)(a) As per Facility-wide flow.
    - 2.21.2.5(3)(b) Materials Management will be responsible for responding to deliveries of supplies related to the Component, responding to access to Service Entrance requests initiated by Command Centre, and responding to notifications of assistance from Command Centre.
  - 2.21.2.5(4) EVS (Housekeeping/Linen/Waste Management)
    - 2.21.2.5(4)(a) As per Facility-wide flow.
  - 2.21.2.5(5) Patient Food Services
    - 2.21.2.5(5)(a) N/A
  - 2.21.2.5(6) Biomedical Engineering
    - 2.21.2.5(6)(a) N/A
  - 2.21.2.5(7) FMO/AM
    - 2.21.2.5(7)(a) As per Facility-wide flow.
  - 2.21.2.5(8) Information Management
    - 2.21.2.5(8)(a) As per Facility-wide flow.

- 2.21.2.5(8)(b) Hard copy Patient records that are scanned, will be stored on-site in HIM for three (3) months prior to being shredded.
- 2.21.2.5(8)(c) Administration: it is assumed that FH corporate Staff scheduling software platform (currently Kronos ESP) will be extended to the Facility, and in addition, it is assumed that FH corporate software for managing short-term absences (currently ASC) will be extended to the Facility.
- 2.21.2.5(8)(d) HIM: it is assumed that clinical information system modules associated with 'Patient Access and Revenue Cycle' will be extended to support HIM requirements. These modules include:
- 2.21.2.5.8.(d).1 Abstracting;
  - 2.21.2.5.8.(d).2 HIM;
  - 2.21.2.5.8.(d).3 Registration; and
  - 2.21.2.5.8.(d).4 Scanning and archiving.
- 2.21.2.5(8)(e) Command Centre: it is assumed that IM/IT enablement for Command Centre will consist of a combination of both hardware and software.
- 2.21.2.5(8)(f) Command Centre hardware will include the following:
- 2.21.2.5.8.(f).1 Displays and associated display wall technology; and
  - 2.21.2.5.8.(f).2 Desk-top end-use devices.
- 2.21.2.5(8)(g) Enabling software to support the functions of Command Centre, will likely include the following:
- 2.21.2.5.8.(g).1 Patient flow logistics, which consists of admission (incl. Patient placement and tracking), discharge and transfer for CH and virtual annex;
  - 2.21.2.5.8.(g).2 Support services coordination, including EVS, Patient Transfer and Portering management;
  - 2.21.2.5.8.(g).3 Operational alerts and flags;
  - 2.21.2.5.8.(g).4 Discharge planning and coordination;
  - 2.21.2.5.8.(g).5 Performance reporting;
  - 2.21.2.5.8.(g).6 Quality management and reporting;
  - 2.21.2.5.8.(g).7 Resource and capacity planning;
  - 2.21.2.5.8.(g).8 Emergency management/surge response; and
  - 2.21.2.5.8.(g).9 Information synchronization with FH Regional Command Centre.

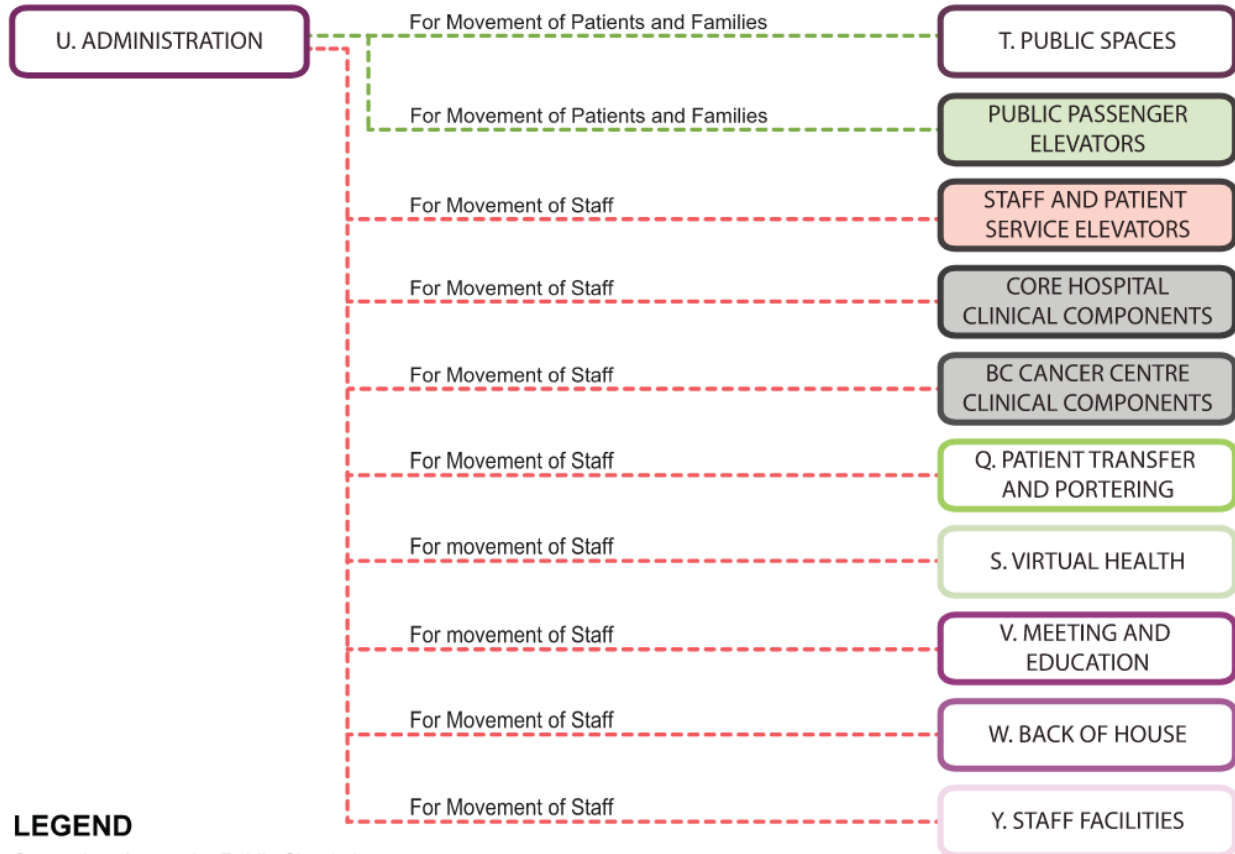
2.21.2.5(9) Security

2.21.2.5(9)(a) As per Facility-wide flow.

2.21.3 COMPONENT DESIGN CRITERIA

2.21.3.1 External Adjacency Requirements Diagram

2.21.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.



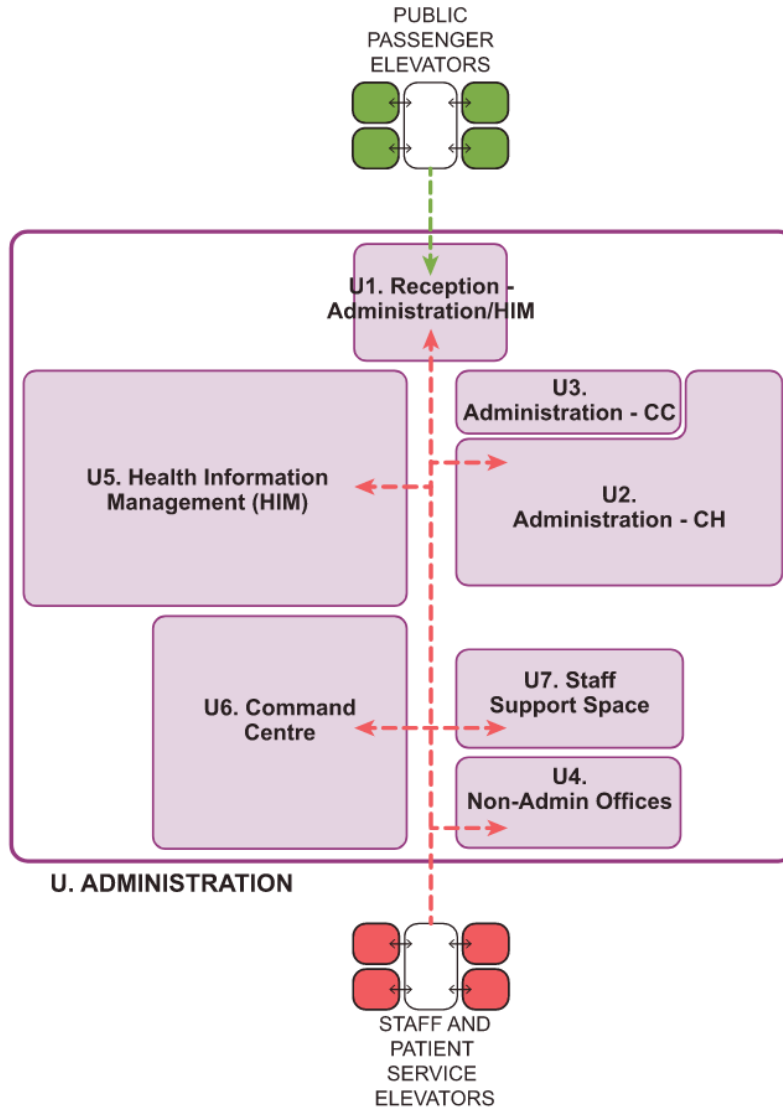
**LEGEND**

Convenient Access by Public Circulation

Convenient Access by Service Circulation

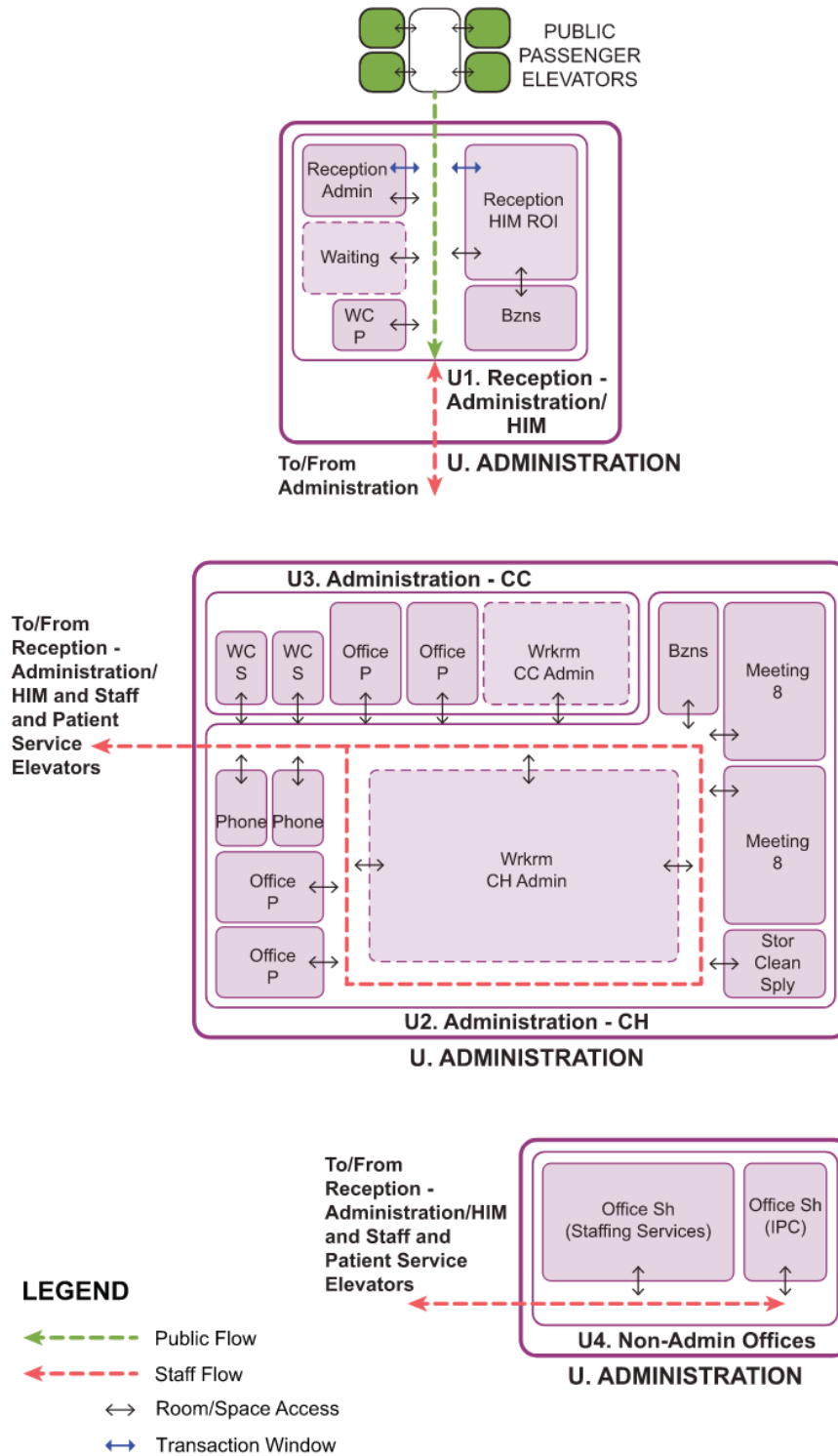
2.21.3.2 Internal Functional Relationships Diagram

2.21.3.2(1) The following diagrams indicate internal functional relationships within this Component.



**LEGEND**

- ← - - - Public Flow
- ← - - - Staff Flow
- ↔ Room/Space Access





### 2.21.3.3 General Requirements

- 2.21.3.3(1) Administration Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.21.3.3(1)(a) Convenient Access via Public Circulation to Main Entrance Lobby and Public Passenger Elevators to facilitate movement of Patients, families, and visitors to this Component.
  - 2.21.3.3(1)(b) Convenient Access via Service Circulation to Staff and Patient Service Elevators and CH and BCCC Clinical Components for collaboration and movement of Staff and to facilitate health records support.
  - 2.21.3.3(1)(c) Convenient Access via Service Circulation to VH Component for Staff collaboration ensuring the continuum of care for Patients upon discharge to home.
  - 2.21.3.3(1)(d) Convenient Access via Service Circulation to Meeting and Education for movement of Staff for meeting, training and education purposes.
  - 2.21.3.3(1)(e) Convenient Access via Service Circulation to Back of House and Patient Transfer and Portering Components for collaboration and movement of Staff.
- 2.21.3.3(2) Zones of activity within Administration Component will include the following:
- 2.21.3.3(2)(a) U1. Reception - Administration/HIM
  - 2.21.3.3(2)(b) U2. Administration - CH
  - 2.21.3.3(2)(c) U3. Administration - CC
  - 2.21.3.3(2)(d) U4. Non-Admin Offices
  - 2.21.3.3(2)(e) U5. HIM
  - 2.21.3.3(2)(f) U6. Command Centre
  - 2.21.3.3(2)(g) U7. Staff Support Space
- 2.21.3.3(3) Reception - Administration/HIM zone will be a welcoming space with Direct Access to Public Circulation and is the Component's Front-of-House public entry point. Patients, families and visitors

will enter this zone without having to enter the other zones in the Component during operating hours. This zone will have Direct Access to other zones in the Component with secure access points.

- 2.21.3.3(4) A Back-of-House Staff entry point will be provided to allow Staff and support Staff to enter the Component from Service Circulation without having to pass through Reception - Administration/HIM zone. This secure entry point will have Convenient Access to Staff and Patient Service Elevators and will access all zones in this Component.
- 2.21.3.3(5) Access to any zone in this Component will not pass through other zones.
- 2.21.3.4 U1. Reception - Administration/HIM
  - 2.21.3.4(1) Reception - Administration/HIM zone will accommodate two (2) separate enclosed reception areas and an adjacent Waiting Area. Administration and HIM reception areas will not be grouped or combined.
  - 2.21.3.4(2) Both reception areas will be located adjacent to and have Line of Sight to Administration public entry point and Waiting Area and will have Direct Access to Public Circulation to allow public/Patient interaction without having to enter the Component. Visitors will have Line of Sight and Direct Access to these reception areas upon entry from Public Circulation.
  - 2.21.3.4(3) Reception - Administration will be an enclosed space with two (2) transaction stations, transaction counter, glazed enclosure and two (2) transaction windows. This space will accommodate wheelchair access.
  - 2.21.3.4(4) Reception - HIM - Release of Information will be an enclosed space with three (3) transaction stations, transaction counter, glazed enclosure and three (3) transaction windows. This space will require dividers between transaction windows for Patient privacy (e.g., to protect voice and visual privacy while requests are being discussed with HIM Staff or to protect privacy of documents being prepared by HIM Staff within reception area and Business Work Area) and will have Direct Access to an adjacent dedicated Business Work Area.
  - 2.21.3.4(5) Reception - HIM - Release of Information stations will accommodate visitors sitting in a chair or wheelchair and will



provide a surface for placing items like a purse or signing documents.

- 2.21.3.4(6) Waiting Area will accommodate four (4) standard seats and one (1) bariatric seat. This area will have Direct Access from Public Circulation and Convenient Access to a Washroom - Public.
- 2.21.3.4(7) Washroom - Public will also have Direct Access from Public Circulation.
- 2.21.3.5 U2. Administration - CH
  - 2.21.3.5(1) Administration - CH and Administration - CC zones will be grouped to form a contiguous, open work area. Access to these zones will be from a Staff-only internal corridor and will not pass through Reception - Administration/HIM, HIM or Command Centre zones.
  - 2.21.3.5(2) Administration - CH zone will include two (2) Office - Private and Workroom - CH Administration, which will be an open work area accommodating thirteen (13) assigned workstations and three (3) unassigned drop down workstations.
  - 2.21.3.5(3) Phone Room - 2-Seat and Meeting Room - 8-Seat will be used as shared breakout rooms in this zone and have Convenient Access to all Staff work areas.
  - 2.21.3.5(4) A Business Work Area will support administration offices and workstations in this zone and have Convenient Access to all Staff work areas.
  - 2.21.3.5(5) Storage - Clean Supply will have Direct Access from internal corridor and include open area for storage of carts.
- 2.21.3.6 U3. Administration - CC
  - 2.21.3.6(1) Administration - CC zone will include two (2) Office - Private and Workroom - CC Administration, which will be an open work area accommodating four (4) assigned workstations.
  - 2.21.3.6(2) Workroom - CC Administration will have Convenient Access to Office - Private and will be combined with Workroom - CH Administration.
- 2.21.3.7 U4. Non-Admin Offices
  - 2.21.3.7(1) Offices within Non-Admin Offices zone will be separate from Administration zones. Access to these offices will be from a

- Staff-only internal corridor and will not pass through Reception - Administration/HIM, Administration, HIM, or Command Centre zones.
- 2.21.3.7(2) Office - Shared for Staffing Services will include five (5) workstations and one (1) drop down workstation with a Business work Area.
- 2.21.3.7(3) Office - Shared for IPC will include two (2) workstations.
- 2.21.3.8 U5. HIM
- 2.21.3.8(1) Access to HIM zone will be from a Staff-only internal corridor and will not pass through Reception - Administration/HIM, Administration or Command Centre zones.
- 2.21.3.8(2) Workroom - HIM - FH will include three (3) workstations and two (2) unassigned drop down workstations which may be used for dictation. Workroom - HIM - FH will have an assembly area with a sorting surface and a record scanning area.
- 2.21.3.8(3) Meeting Room - 4-Seat will be a breakout room for smaller internal meetings and a touchdown space for manager when on-site and will have Convenient Access to Workroom - HIM - FH. One (1) Storage - Records/Files will also have Convenient Access to Workroom - HIM - FH.
- 2.21.3.8(4) Workroom - Clerks - CC will include fourteen (14) workstations, Workroom - Clerical - CC will include seventeen (17) workstations and Scanning Room - CC will include (14) workstations with scanning machines.
- 2.21.3.8(5) One (1) Storage - Records/Files will have Convenient Access to Scanning Room - CC, Workroom - Clerks - CC and Workroom - Clerical - CC.
- 2.21.3.8(6) Office - Private will have Convenient Access from Workroom - HIM - FM and Direct Access from an internal corridor.
- 2.21.3.8(7) Office - Shared will have Convenient Access from Workroom - Clerks - CC and Direct Access from an internal corridor.
- 2.21.3.9 U6. Command Centre
- 2.21.3.9(1) Command Centre will normally be used as a centralized area for Staff leaders on a day-to-day basis to monitor operations, Staff levels and bed usage. In times of a disaster situation, this space

will support EOC activities, provided that Command Centre functions can continue when EOC is activated.

- 2.21.3.9(2) Command Centre will include the technology to support its intended functions during normal operations; with the capability to support EOC activities when activated.
- 2.21.3.9(3) Access to Command Centre zone will be from a Staff-only internal corridor and will not pass through Reception - Administration/HIM, Administration or HIM zones. This zone will have Convenient Access to Lounge - Staff, Washroom - Staff - Non-Acc and Washroom - Staff in Staff Support Space zone.
- 2.21.3.9(4) Workroom - Command Centre will be secure with Direct Access from internal corridor.
- 2.21.3.9(5) Workroom - Command Centre will include a data wall, four (4) assigned workstations and four (4) drop down workstations in an open work area.
- 2.21.3.9(6) In Workroom - Command Centre, Staff sitting at all workstations will have Line of Sight to data wall. Data wall will not be visible from Public Circulation.
- 2.21.3.9(7) Workroom - Command Centre will have open floor space for Staff to stand, congregate and collaborate, with Line of Sight to data wall.
- 2.21.3.9(8) Meeting Room - EOC will be designated as the EOC during disaster situation and as needed, and will have the following requirements:
  - 2.21.3.9(8)(a) MSAT phone, analog phone lines, cable TV services, trunk radio, fax lines, network connections and/or Wi-Fi (to accommodate laptops and copier, printer and scanner);
  - 2.21.3.9(8)(b) Large monitors, AV and videoconferencing capabilities and satellite connections;
  - 2.21.3.9(8)(c) Lockable storage cabinets for EOC supplies; and
  - 2.21.3.9(8)(d) Flexibility to accommodate a large number of people working in the room at the same time doing a variety of tasks.
- 2.21.3.9(9) Meeting Room - EOC will be located adjacent to Workroom - Command Centre for possible future expansion and will have

Direct Access from internal corridor and Workroom - Command Centre.

- 2.21.3.9(10) The seating arrangement for Meeting Room - EOC will be flexible. Configuration and seating type will ensure clear circulation behind those seated around a table at full capacity.
  - 2.21.3.9(11) Meeting Room - EOC will be designed for acoustic privacy to prevent conversations within this room from being heard in corridor and adjacent rooms. Design will ensure that conversations inside the room are clearly heard within this room.
  - 2.21.3.9(12) Meeting Room - 4-Seat will have Direct Access from Workroom - Command Centre and will be used for Staff breakout/team huddle.
  - 2.21.3.9(13) Business Work Area will have Convenient Access from Workroom - Command Centre.
  - 2.21.3.9(14) Office - Private and Office - Shared will have Direct Access from internal corridor. Office - Shared will include two (2) workstations.
  - 2.21.3.9(15) Storage - Radio/Equip - EOC will support both Command Centre and EOC and will have Direct Access from Meeting Room - EOC.
- 2.21.3.10 U7. Staff Support Space
- 2.21.3.10(1) Lounge - Staff in this zone will have Convenient Access to all zones of the Component and Direct Access from internal corridor.
  - 2.21.3.10(2) Washroom - Staff and Washroom - Staff - Non-Acc will be located with Convenient Access to Lounge - Staff and will have Direct Access from internal corridor.

## 2.21.4 SCHEDULE OF ACCOMMODATIONS

2.21.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Administration**

<b>U. ADMINISTRATION</b>		
U1. RECEPTION - ADMINISTRATION/HIM		51.0
U2. ADMINISTRATION - CH		150.4
U3. ADMINISTRATION - CC		43.4
U4. NON-ADMIN OFFICES		41.8
U5. HIM		328.5
U6. COMMAND CENTRE		152.6
U7. STAFF SUPPORT SPACE		61.0
<b>ADMINISTRATION PROGRAMMED SPACE NSM:</b>		<b>828.7</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>U. ADMINISTRATION</b>					
<b>U1. RECEPTION - ADMINISTRATION/HIM</b>					
U1.01	Reception - Administration	1	9.2	9.2	For reception clerks to support Administration.
U1.02	Waiting Area	1	9.0	9.0	
U1.03	Washroom - Public	1	5.0	5.0	
U1.04	Reception - HIM - Release of Information	1	18.8	18.8	For HIM clerks (CH and BCCC) to get Patient consent at transaction counter.
U1.05	Business Work Area	1	9.0	9.0	
<b>SUBTOTAL NSM: RECEPTION - ADMINISTRATION/HIM</b>				<b>51.0</b>	
<b>U2. ADMINISTRATION - CH</b>					
U2.01	Office - Private	2	9.0	18.0	For executive director and medical director.
U2.02	Workroom - CH Administration	1	65.4	65.4	For clinical director, support position, quality, HR, finance, PACT.
U2.03	Business Work Area	1	9.0	9.0	
U2.04	Storage - Clean Supply	1	8.0	8.0	For supplies and Equipment.
U2.05	Phone Room - 2-Seat	2	5.0	10.0	
U2.06	Meeting Room - 8-Seat	2	20.0	40.0	
<b>SUBTOTAL NSM: ADMINISTRATION - CH</b>				<b>150.4</b>	

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>U3. ADMINISTRATION - CC</b>					
U3.01	Office - Private	2	9.0	18.0	For executive medical director and operations director.
U3.02	Workroom - CC Administration	1	18.4	18.4	For centre service manager, BCCC coordinator, executive assistants.
U3.03	Washroom - Staff - Non-Acc	2	3.5	7.0	
<b>SUBTOTAL NSM: ADMINISTRATION - CC</b>				<b>43.4</b>	
<b>U4. NON-ADMIN OFFICES</b>					
U4.01	Office - Shared	1	29.8	29.8	For Staffing Services program clerk/schedulers.
U4.03	Office - Shared	1	12.0	12.0	For IPC.
<b>SUBTOTAL NSM: NON-ADMIN OFFICES</b>				<b>41.8</b>	
<b>U5. HIM</b>					
U5.01	Workroom - HIM - FH	1	43.7	43.7	For HIM records clerks.
U5.02	Meeting Room - 4-Seat	1	10.0	10.0	
U5.03	Storage - Records/Files	1	30.0	30.0	For FH HIM.
U5.04	Office - Private	1	9.0	9.0	For FH registration supervisor.
U5.05	Office - Shared	1	12.0	12.0	For BCCC manager, supervisor.
U5.06	Workroom - Clerks - CC	1	64.4	64.4	For new Patient referral, registration, completeness.
U5.07	Workroom - Clerical - CC	1	78.2	78.2	For audit and data.
U5.08	Scanning Room - CC	1	39.2	39.2	For BCCC scanning.
U5.09	Storage - Records/Files	1	30.0	30.0	For BCCC HIM.
U5.10	Washroom - Staff	1	5.0	5.0	
U5.11	Washroom - Staff - Non-Acc	2	3.5	7.0	
<b>SUBTOTAL NSM: HIM</b>				<b>328.5</b>	
<b>U6. COMMAND CENTRE</b>					
U6.01	Workroom - Command Centre	1	55.6	55.6	For Command Centre coordinator, Command Centre operators, operational Staff, visitor drop down at peak times.
U6.02	Meeting Room - 4-Seat	1	10.0	10.0	
U6.03	Business Work Area	1	9.0	9.0	
U6.04	Meeting Room - EOC	1	50.0	50.0	For Command Centre meetings, to be designated for EOC as needed.
U6.05	Office - Private	1	9.0	9.0	For Command Centre manager.
U6.06	Office - Shared	1	14.0	14.0	For educators.

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
U6.07	Storage - Radio/Equip - EOC	1	5.0	5.0	For radio Equipment.
<b>SUBTOTAL NSM: COMMAND CENTRE</b>				<b>152.6</b>	
<b>U7. STAFF SUPPORT SPACE</b>					
U7.01	Lounge - Staff	1	45.5	45.5	
U7.02	Washroom - Staff	1	5.0	5.0	
U7.03	Housekeeping Room	1	7.0	7.0	
U7.04	Washroom - Staff - Non-Acc	1	3.5	3.5	
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>61.0</b>	
<b>TOTAL NSM: ADMINISTRATION</b>				<b>828.7</b>	

## 2.22 V. MEETING AND EDUCATION

### 2.22.1 SERVICE DESCRIPTION

2.22.1.1 Meeting and Education Component will provide facilities for conference, education, and meeting for the CH and BCCC Staff and affiliated groups. Space for teaching and training of UBC undergraduate medical learners and post graduate resident trainees (learners), nursing Staff, other Staff groups, as well as public education initiatives will be provided in this Component.

2.22.1.2 The following activities will be accommodated in this Component:

2.22.1.2(1) These spaces will be used to facilitate interactions for research, education, Patient case conferences, large group sessions;

2.22.1.2(2) Oncology rounds and multidisciplinary disease site tumour boards will become regular activities;

2.22.1.2(3) In addition to Staff use, the public will use these spaces for meetings, groups, and education sessions, in-person and through virtual health methods;

2.22.1.2(4) Some learners will be trained in this Component;

2.22.1.2(5) As virtual health activities will increase over time, all Meeting Rooms will be suitably designed and equipped for videoconferencing; and

2.22.1.2(6) There will be a centralized scheduling/booking system for all conference and meeting spaces, with the exception of Videoconference/Seminar Room - UBC, which will utilize UBC FoM booking system.

2.22.1.3 Service Exclusions

2.22.1.3(1) N/A

### 2.22.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

2.22.2.1 Patient Flow

2.22.2.1(1) Patients will access this Component via Public Circulation to attend therapy or educational sessions.

2.22.2.2 Family/Visitor Flow

2.22.2.2(1) Family and members of the public will access this Component via Public Circulation to attend therapy or educational sessions.



- 2.22.2.3 Staff Flow
  - 2.22.2.3(1) Staff will access this Component via Public or Service Circulation to attend or facilitate clinical, operational or educational sessions.
- 2.22.2.4 Clinical Support Flow
  - 2.22.2.4(1) Pharmacy
    - 2.22.2.4(1)(a) N/A
  - 2.22.2.4(2) Medical Imaging
    - 2.22.2.4(2)(a) N/A
  - 2.22.2.4(3) Laboratory
    - 2.22.2.4(3)(a) N/A
  - 2.22.2.4(4) Interprofessional Team
    - 2.22.2.4(4)(a) N/A
- 2.22.2.5 Non-Clinical Support Flow
  - 2.22.2.5(1) Equipment
    - 2.22.2.5(1)(a) Equipment to be used within Group Rooms or Meeting Rooms (e.g., tables, chairs) will be stored within associated Storage - Clean Equipment rooms.
  - 2.22.2.5(2) Medical Devices
    - 2.22.2.5(2)(a) N/A
  - 2.22.2.5(3) Supplies (Materials Management)
    - 2.22.2.5(3)(a) N/A
  - 2.22.2.5(4) EVS (Housekeeping/Linen/Waste Management)
    - 2.22.2.5(4)(a) As per Facility-wide flow.
  - 2.22.2.5(5) Patient Food Services
    - 2.22.2.5(5)(a) As per Facility-Wide flow (for Alcove - Nourishment Station).

2.22.2.5(5)(b) Catering provided for a Group Room or Meeting Room event will utilize Alcove - Nourishment Station counters or refrigerators to serve/store food.

2.22.2.5(6) Biomedical Engineering

2.22.2.5(6)(a) N/A

2.22.2.5(7) FMO/AM

2.22.2.5(7)(a) As per Facility-wide flow.

2.22.2.5(8) Information Management

2.22.2.5(8)(a) As per Facility-wide flow.

2.22.2.5(8)(b) Access to FH and the Facility electronic information systems and videoconferencing connectivity will be provided.

2.22.2.5(8)(c) Administration Component will be responsible for meeting room electronic booking system for the Facility.

2.22.2.5(8)(d) Videoconference/Seminar Room - UBC will be designed in accordance with UBC FoM Design Guidelines and Functional Requirements.

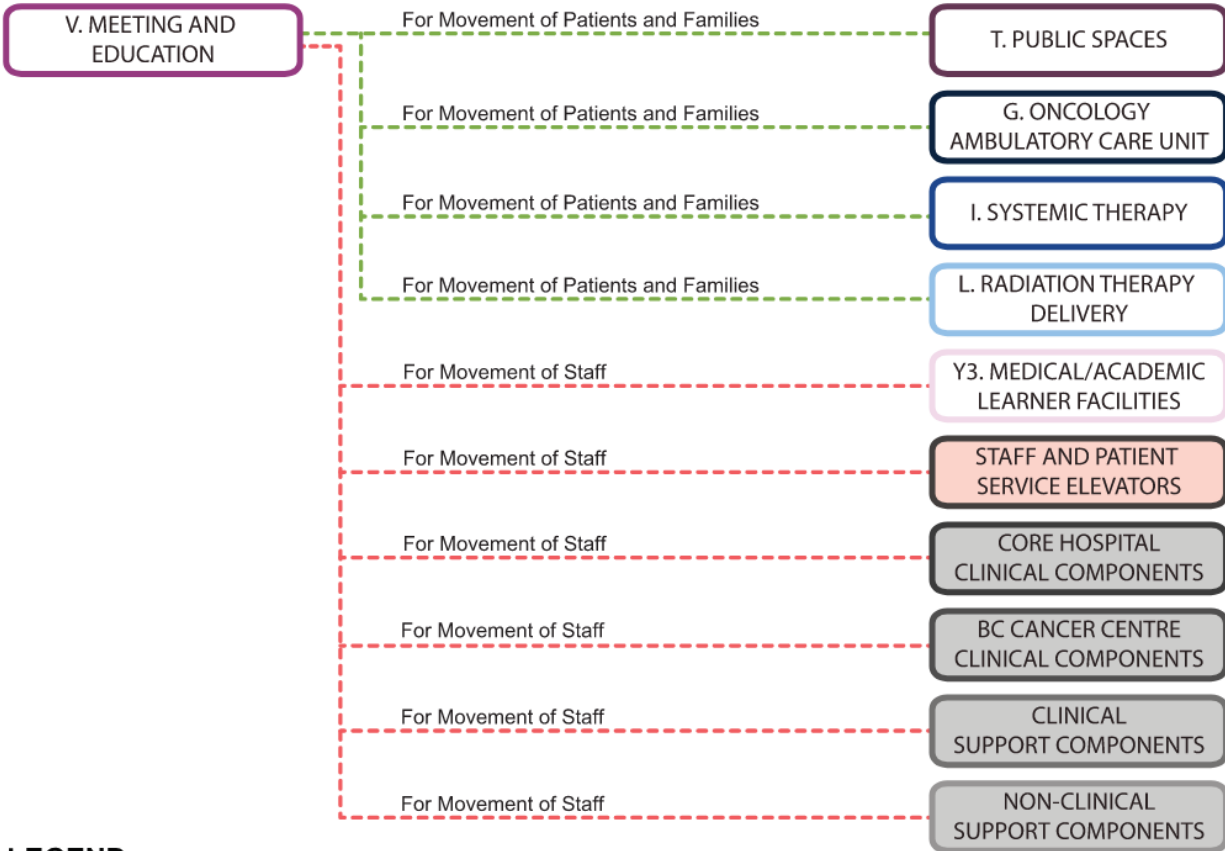
2.22.2.5(9) Security

2.22.2.5(9)(a) As per Facility-wide flow.

### 2.22.3 COMPONENT DESIGN CRITERIA

#### 2.22.3.1 External Adjacency Requirements Diagram

2.22.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.



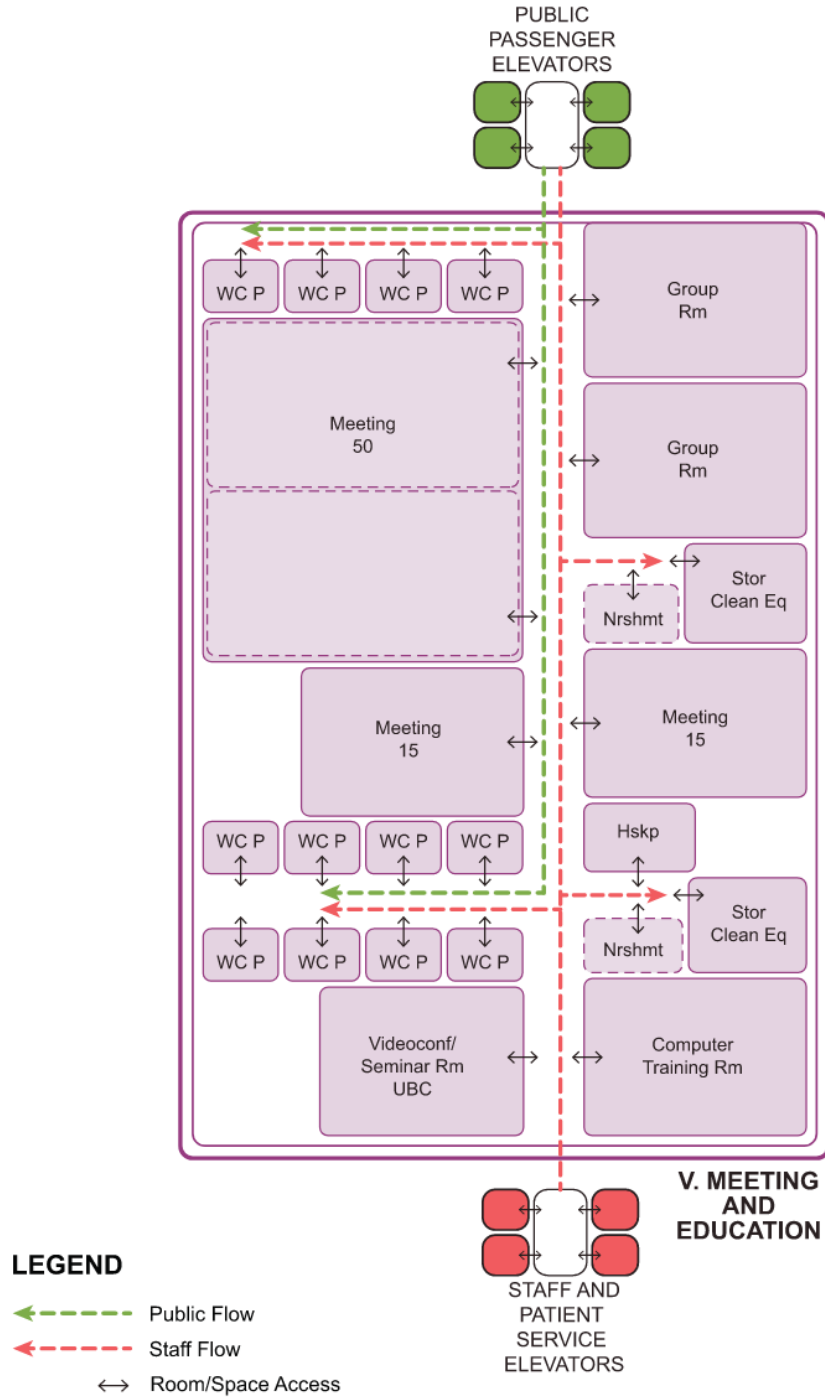
**LEGEND**

Convenient Access by Public Circulation

Convenient Access by Service Circulation

2.22.3.2 Internal Functional Relationships Diagram

2.22.3.2(1) The following diagram indicates internal functional relationships within this Component.



2.22.3.3 General Requirements

2.22.3.3(1) Meeting and Education Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.22.3.3(1)(a) Convenient Access via Public Circulation to Main Entrance Lobby for movement of Patients, families, and visitors entering the Facility and using Public Spaces.
- 2.22.3.3(1)(b) Convenient Access via Public Circulation to OACU, Systemic Therapy and Radiation Therapy Delivery for movement of Patients and families for meeting, teaching and education purposes.
- 2.22.3.3(1)(c) Convenient Access to Medical/Academic Learner Facilities via Service Circulation for movement of UBC FoM medical students/residents to Videoconference/Seminar Room - UBC.
- 2.22.3.3(1)(d) Convenient Access to Staff and Patient Service Elevators for movement of Staff from all Components in the Facility for meeting, training and education purposes.
- 2.22.3.3(2) This Component will have one (1) Front-of-House public entry point adjacent to Public Passenger Elevators and one (1) Back-of-House Staff entry point with Convenient Access to Staff and Patient Service Elevators.
- 2.22.3.3(3) Two (2) Group Rooms in this Component will be used for Patient teaching therefore these rooms will be located closest to Front-of-House public entry point to the Component. Meeting Room - 50-Seat will have the second priority adjacency to public entry point.
- 2.22.3.3(4) Group Rooms will be grouped with associated support spaces including one (1) Alcove - Nourishment Station, one (1) Storage - Clean Equipment and four (4) Washroom - Public.
- 2.22.3.3(5) Meeting Room - 50-Seat will have Convenient Access to the Component's Front-of-House public entry point. This room will have an acoustic operable partition to be able to be divided into two (2) smaller meeting spaces. Having two (2) doors to the corridor, will allow the two (2) smaller meeting spaces to be accessed independently. This room will have a catering counter.
- 2.22.3.3(6) This Component will include two (2) Meeting Room - 15-Seat and a Computer Training Room.
- 2.22.3.3(7) Computer Training Room will seat twelve (12) students and one (1) instructor at the front of the room facing the class at fixed computer workstations and will be mainly used for Staff

education. This room will be located with Convenient Access to Staff entry point to this Component.

- 2.22.3.3(8) In Computer Training Room, 2000 mm wide clearance from front row of student workstations to front wall will be maintained. One (1) computer workstation will be wheelchair accessible from the entry point to the room. This room will be secured and alarmed after-hours.
- 2.22.3.3(9) All Meeting Rooms will have Convenient Access to associated support spaces including one (1) Alcove - Nourishment Station, one (1) Storage - Clean Equipment and eight (8) Washroom - Public.
- 2.22.3.3(10) This Component will also include Videoconference/Seminar Room - UBC which will be designed in accordance with UBC FoM Design Guidelines and Functional Requirements for Learning Spaces.
- 2.22.3.3(11) Videoconference/Seminar Room - UBC will be located with Convenient Access to Staff entry point to this Component.
- 2.22.3.3(12) All Alcove - Nourishment Station and Storage - Clean Equipment will have Direct Access from internal corridor.
- 2.22.3.3(13) Housekeeping Room will have Convenient Access to Staff entry point to the Component.

## 2.22.4 SCHEDULE OF ACCOMMODATIONS

2.22.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Meeting and Education**

<b>V. MEETING AND EDUCATION</b>	
<b>MEETING AND EDUCATION PROGRAMMED SPACE NSM:</b>	<b>460.0</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>V. MEETING AND EDUCATION</b>					
V1.01	Group Room	2	40.0	80.0	For Patient teaching in group settings.
V1.02	Alcove - Nourishment Station	2	4.0	8.0	
V1.03	Storage - Clean Equipment	2	15.0	30.0	For tables and chairs to facilitate flexible seating arrangements.
V1.04	Washroom - Public	12	5.0	60.0	
V1.05	Meeting Room - 50-Seat	1	125.0	125.0	
V1.06	Not Used	0	0.0	0.0	
V1.07	Meeting Room - 15-Seat	2	37.5	75.0	
V1.08	Computer Training Room	1	40.0	40.0	
V1.13	Videoconference/Seminar Room - UBC	1	35.0	35.0	For UBC undergraduate medical learners and post graduate resident trainees and Staff.
V1.12	Housekeeping Room	1	7.0	7.0	
<b>TOTAL NSM: MEETING AND EDUCATION</b>				<b>460.0</b>	

2.23 W. BACK OF HOUSE

2.23.1 W1. SERVICE ENTRANCE

2.23.1.1 SERVICE DESCRIPTION

- 2.23.1.1(1) Service Entrance Sub-Component in Back of House Component will include the loading dock and supporting areas. This Sub-Component will be the Back-of-House entrance to the Facility and support the entire NSHBCCC in deliveries and pick-ups.
- 2.23.1.1(2) The following activities will be accommodated in this Sub-Component:
- 2.23.1.1(2)(a) The loading dock will be used for deliveries and item removal for all Components within the Facility. All NSHBCCC Components will have Convenient Access to Service Entrance;
  - 2.23.1.1(2)(b) All scheduled deliveries destined for areas of the Facility will be coordinated through Materials Management to facilitate dock management. Notification protocols will be established for unscheduled deliveries to ensure efficient distribution. Approved vendors will be screened and provided card access for direct deliveries to various Components (e.g., Laboratory, Pharmacy Services and Patient Food Service) as appropriate;
  - 2.23.1.1(2)(c) Materials Management Staff will notify the applicable Component/service of Equipment deliveries and will assist with/coordinate access to Service Entrance;
  - 2.23.1.1(2)(d) After-hours access to Service Entrance will be granted as per established procedures. Exterior viewing capability at Service Entrance will facilitate remote access for approved vendors as determined in consultation with the Authority; and
  - 2.23.1.1(2)(e) After-hours access for private couriers and taxi cabs for Laboratory STAT deliveries and pick-ups will not be through Service Entrance but it will be through Emergency walk-in entry.
- 2.23.1.1(3) Service Exclusions
- 2.23.1.1(3)(a) N/A



## 2.23.1.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

## 2.23.1.2(1) Patient Flow

2.23.1.2(1)(a) N/A

## 2.23.1.2(2) Family/Visitor Flow

2.23.1.2(2)(a) N/A

## 2.23.1.2(3) Staff Flow

2.23.1.2(3)(a) As per Facility-wide flow.

2.23.1.2(3)(b) Unionized Facility Staff will travel to this Sub-Component via Service Circulation to visit Office - Shared.

## 2.23.1.2(4) Clinical Support Flow

2.23.1.2(4)(a) Pharmacy

2.23.1.2.4.(a).1 N/A

2.23.1.2(4)(b) Medical Imaging

2.23.1.2.4.(b).1 N/A

2.23.1.2(4)(c) Laboratory

2.23.1.2.4.(c).1 N/A

2.23.1.2(4)(d) Interprofessional Team

2.23.1.2.4.(d).1 N/A

## 2.23.1.2(5) Non-Clinical Support Flow

2.23.1.2(5)(a) Equipment

2.23.1.2.5.(a).1 N/A

2.23.1.2(5)(b) Medical Devices

2.23.1.2.5.(b).1 N/A

2.23.1.2(5)(c) Supplies (Materials Management)

2.23.1.2.5.(c).1 Clean supplies stocked for emergency/disaster situations will be stored within Storage - Clean Supply room adjacent to Staging Area.

2.23.1.2.5.(c).2 Full compressed gas cylinders will be delivered directly to Storage - Gas Cylinders - Centralized with carts or dollies by the vendor and empty

cylinders are removed directly to the delivery truck.

2.23.1.2.5.(c).3 Gas manifolds in Manifold Room - Centralized will be stocked directly from Storage - Gas Cylinders - Centralized room.

2.23.1.2(5)(d) EVS (Housekeeping/Linen/Waste Management)

2.23.1.2.5.(d).1 As per Facility-wide flow.

2.23.1.2.5.(d).2 EVS Staff will transport waste and recycling to compactors at the loading dock.

2.23.1.2(5)(e) Patient Food Services

2.23.1.2.5.(e).1 Deliveries for Patient Food Services Component will be coordinated with Materials Management at the loading dock and Staging Area. Pallets of goods will be transported from the loading dock or Staging Area to Patient Food Services Component via clean Service Circulation.

2.23.1.2(5)(f) Biomedical Engineering

2.23.1.2.5.(f).1 As per Facility-wide flow.

2.23.1.2(5)(g) FMO/AM

2.23.1.2.5.(g).1 As per Facility-wide flow.

2.23.1.2(5)(h) Information Management

2.23.1.2.5.(h).1 As per Facility-wide flow.

2.23.1.2(5)(i) Security

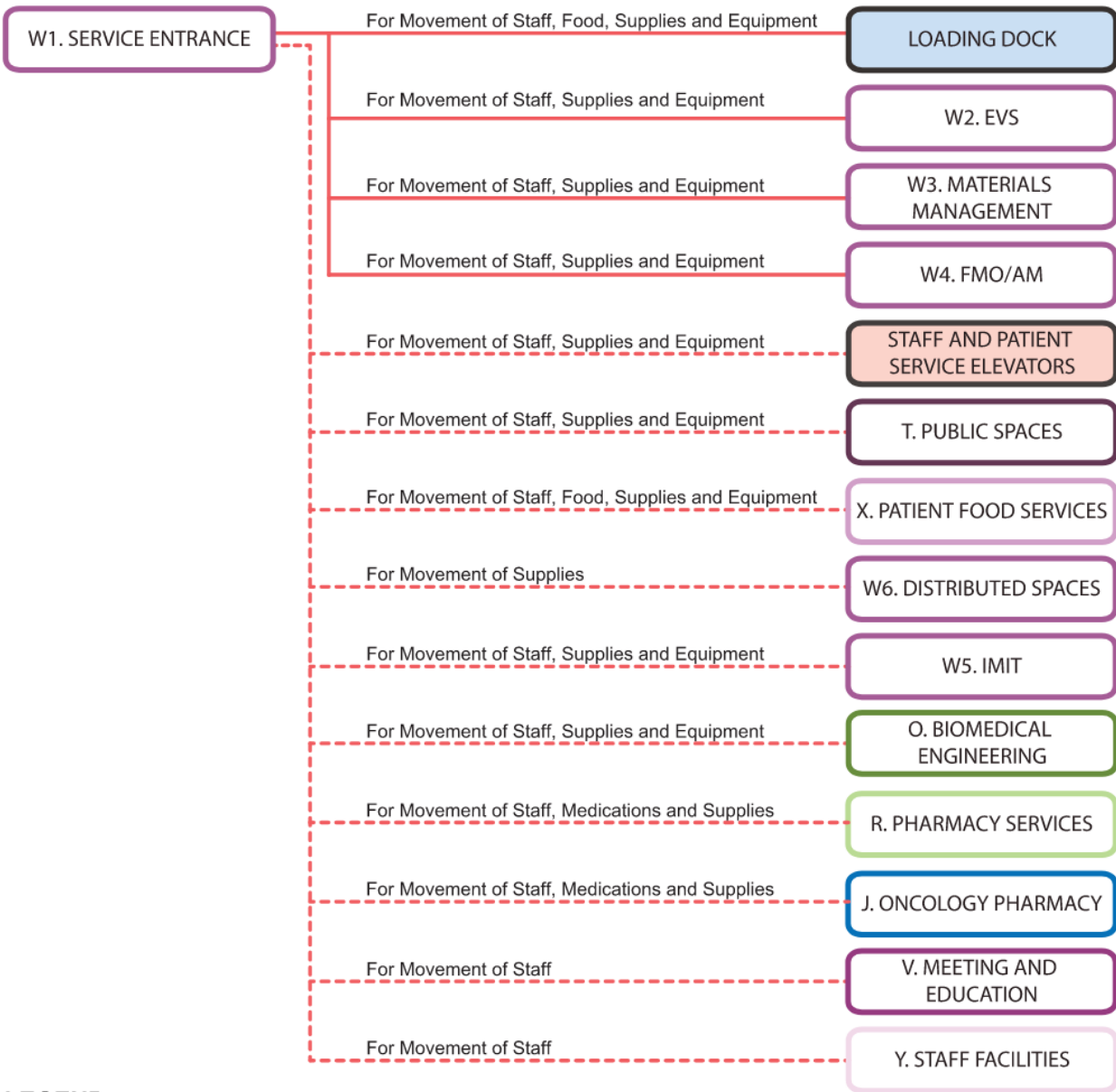
2.23.1.2.5.(i).1 As per Facility-wide flow.

2.23.1.2.5.(i).2 Access to Service Entrance will be provided through an access control system complete with exterior viewing capability to those at the entrance doors.

### 2.23.1.3 COMPONENT DESIGN CRITERIA

2.23.1.3(1) External Adjacency Requirements Diagram

2.23.1.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



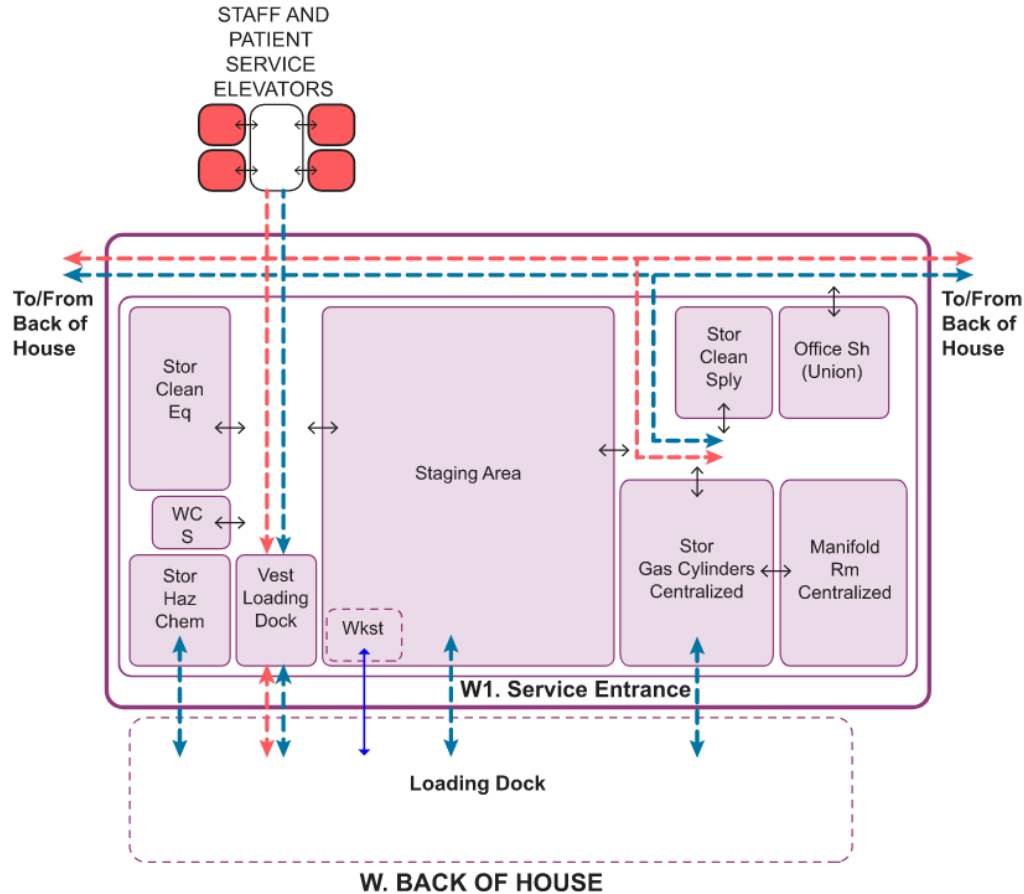
**LEGEND**

Direct Access by Service Circulation

Convenient Access by Service Circulation

2.23.1.3(2) Internal Functional Relationships Diagram

2.23.1.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.

**LEGEND**

- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access
- ↔ Transaction Window

## 2.23.1.3(3) General Requirements

- 2.23.1.3(3)(a) Service Entrance Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.23.1.3.3.(a).1 Direct Access via Service Circulation to the loading dock for Movement of Staff, food, supplies and Equipment.
  - 2.23.1.3.3.(a).2 Direct Access via Service Circulation to EVS, Materials Management, FMO/AM for Movement of Staff, supplies and Equipment.
  - 2.23.1.3.3.(a).3 Convenient Access via Service Circulation to Staff and Patient Service Elevators and Public

- Spaces for movement of Staff, supplies and Equipment throughout the Facility.
- 2.23.1.3.3.(a).4 Convenient Access via Service Circulation to Patient Food Services for movement of Staff, food, supplies and Equipment.
- 2.23.1.3.3.(a).5 Convenient Access via Service Circulation to IM/IT and Biomedical Engineering for movement of Staff and Equipment.
- 2.23.1.3.3.(a).6 Convenient Access via Service Circulation to Pharmacy Services and Oncology Pharmacy for movement of Staff, medications and supplies.
- 2.23.1.3.3.(a).7 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.23.1.3.3.(a).8 Convenient Access via Service Circulation to Distributed Spaces to support future AGV carts servicing all applicable floors.
- 2.23.1.3(3)(b) The Facility loading dock design will accommodate two (2) separate, but proximally located docks with:
  - 2.23.1.3.3.(b).1 A clean loading dock; and
  - 2.23.1.3.3.(b).2 A soiled loading dock.
- 2.23.1.3(3)(c) Service Entrance Sub-Component spaces will be grouped with Materials Management.
- 2.23.1.3(3)(d) A separation of clean incoming flows and soiled outgoing flows in Service Entrance and the loading dock will be required.
- 2.23.1.3(3)(e) One (1) Vestibule - Loading Dock will provide a secure connection between the clean loading dock and the building.
- 2.23.1.3(3)(f) One (1) Vestibule - Loading Dock will provide a secure connection between the soiled loading dock and the building to provide environmental separation. This Vestibule - Loading Dock will have Convenient Access to Linen and Waste Management zones in EVS Sub-Component.
- 2.23.1.3(3)(g) Staging Area will include receiving and post-receiving area for a minimum of eighteen (18) pallets, lockable caged holding and a separate area for unpacking of

clean/sterile supplies. A separate area for unpacking of clean/sterile supplies will be required in this area.

- 2.23.1.3(3)(h) Staging Area will have large roll-up doors from the loading dock and include Materials Management Receiver workstation directly inside entry point to Staging Area from the loading dock to function as a receiving/courier/porter Station.
- 2.23.1.3(3)(i) Receiver workstation will have a direct and unobstructed Line of Sight to the loading dock. This workstation will also have one (1) transaction window directly to the loading dock.
- 2.23.1.3(3)(j) Receiver workstation in Staging Area will have an audio-video door intercom and remote door release to allow access from the exterior of Vestibule - Loading Dock at the clean loading dock.
- 2.23.1.3(3)(k) Staging Area will include a hand hygiene sink adjacent to entry point from the loading dock. Location of hand hygiene sink will not affect circulation into and within Staging Area.
- 2.23.1.3(3)(l) Powered pallet jacks and manual pallet jacks will be used in Staging Area to lift and move pallets of materials. Materials Management Staff will unload deliveries onto flat platform carts or stainless steel service carts for distribution throughout the Facility.
- 2.23.1.3(3)(m) Storage - Clean Supply with open floor area for storage of supplies on carts will be included in Service Entrance Sub-Component.
- 2.23.1.3(3)(n) Storage - Clean Equipment with open floor area in this Sub-Component will have Direct Access from Service Circulation between Staff and Patient Service Elevators and the loading dock. It will also have Convenient Access from Staging Area.
- 2.23.1.3(3)(o) Storage - Clean Equipment will be used as a clean equipment storage room in opening day state and will be converted to AGV Depot in the future to support cleaning and disinfection of AGVs, charging/docking stations and an AGV maintenance workshop. This space with a minimum clear area of 4800 mm deep and 4200 mm wide will include all required services and

infrastructure for future conversion to AGV Depot for fleet of five (5) AGVs located to avoid interference with the Facility operations when vehicles are parked during periods of low use.

- 2.23.1.3(3)(p) Storage - Clean Equipment will have Convenient Access via Service Circulation to all Alcove - AGV Charging and Alcove - AGV Cart Staging for Linen and Waste Management zones in EVS Sub-Component and Patient Food Services Component.
- 2.23.1.3(3)(q) Storage - Hazardous Chemical will be located on perimeter of the building with explosion wall (or a stand-alone structure) with Direct Access from exterior of the building only. An Alcove - Eyewash/Shower Station will be located exterior to the room, adjacent to the room entry point.
- 2.23.1.3(3)(r) Storage - Gas Cylinders - Centralized will be located on a perimeter wall with explosion wall.
- 2.23.1.3(3)(s) Storage - Gas Cylinders - Centralized will have Direct Access from both the loading dock and from interior of the building. This room will be configured in two (2) clearly identified areas, one (1) for stock and one (1) for empty cylinders.
- 2.23.1.3(3)(t) Manifold Room - Centralized will have Direct Access to Storage - Gas Cylinders - Centralized.
- 2.23.1.3(3)(u) Materials Management Staff will manage vendor access to Storage - Gas Cylinders - Centralized. The medical gas distributor will obtain keys from receiver in Staging Area.
- 2.23.1.3(3)(v) The medical gas distributor will travel from Storage - Gas Cylinders - Centralized to Components within the Facility via Service Circulation to distribute or retrieve medical gas cylinders (e.g., oxygen cylinders, large medical gas cylinders) on carts, dollies, or mobile cages.
- 2.23.1.3(3)(w) At times, the Facility Portering Staff will travel within the Facility via Service Circulation to Storage - Gas Cylinders - Centralized to retrieve full gas cylinders from this room and deposit empty cylinders.

- 2.23.1.3(3)(x) FMO Staff will access Storage - Gas Cylinders - Centralized and Manifold Room - Centralized to remove and hook up cylinders to the gas manifolds.
- 2.23.1.3(3)(y) Office - Shared for Union Office will include three (3) workstations and a Business Work Area with Direct Access from Service Circulation.
- 2.23.1.3(3)(z) A Washroom - Staff will be provided for use with Convenient Access from the loading dock.
- 2.23.1.3(3)(aa) Ten (10) Alcove - AGV Cart Staging will be distributed within Back of House Component to provide sufficient space for AGV send/receive locations in the following areas.
  - 2.23.1.3.3.(aa).1 One (1) alcove for cart send positions and one (1) alcove for cart receive positions with Direct Access from or within Staging Area in Service Entrance Sub-Component.
  - 2.23.1.3.3.(aa).2 Two (2) alcoves for clean cart send and receive positions near Clean Cart Staging and two (2) alcoves for soiled cart send and receive positions near Soiled Cart Staging for Linen zone in EVS Sub-Component. All alcoves will have Direct Access to Service Circulation outside the Sub-Component.
  - 2.23.1.3.3.(aa).3 One (1) alcove for cart send positions and one (1) alcove for cart receive positions with Convenient Access to waste Compactors for Waste Management zone in EVS Sub-Component. All alcoves will have Direct Access to Service Circulation within the Facility, not on the loading lock.
  - 2.23.1.3.3.(aa).4 One (1) alcove for clean cart send positions near Meal Assembly area and one (1) alcove for soiled cart receive positions near Soiled Cart Holding area for Patient Food Services Component. Both alcoves will have Direct Access to Service Circulation outside the Component.
- 2.23.1.3(3)(bb) Each Alcove - AGV Cart Staging will be minimum 2785 mm x 3034 mm to accommodate two (2) AGV carts in tandem for pick-up or drop-off by AGV and will be located to avoid interference with the Facility operations including cart or Staff circulation.



- 2.23.1.3(3)(cc) Two (2) Alcove - AGV Charging will be located along the Service Circulation from Staff and Patient Service Elevators to Alcove - AGV Cart Staging (send/receive locations) within Back of House Component. Each Alcove - AGV Charging will be minimum 1600 mm x 2670 mm unless otherwise agreed by the Authority.
- 2.23.1.3(3)(dd) AGV path between Staff and Patient Service Elevators, all Alcove - AGV Cart Staging, Alcove - AGV Charging and Storage - Clean Equipment on Level 1 and all Alcove - AGV Cart Staging on other applicable floors will allow for AGV movement and maneuverability.

## 2.23.2 W2. ENVIRONMENTAL SERVICES (EVS)

## 2.23.2.1 SERVICE DESCRIPTION

- 2.23.2.1(1) EVS Sub-Component in Back of House Component will be a 'home-base' for all EVS Staff working in the Facility.
- 2.23.2.1(2) EVS Staff will be responsible for the daily reactive cleaning, preventative maintenance cleaning, and project cleaning requests within this Sub-Component, as with the rest of the Facility. EVS will not clean all surfaces, cleaning and disinfection of environmental surfaces will be based on a risk matrix approach.
- 2.23.2.1(3) EVS Staff will be responsible for the delivery of clean linen from Back of House Component to the various Facility Components.
- 2.23.2.1(4) EVS Staff will be responsible for the removal of waste and soiled linen from the various Facility Components to Back of House Component for removal from the Facility.
- 2.23.2.1(5) The following activities will be accommodated in this Sub-Component:
- 2.23.2.1(5)(a) Centralized and distributed housekeeping services;
  - 2.23.2.1(5)(b) Waste management services including waste, recyclables, biomedical waste, and confidential shredding;
  - 2.23.2.1(5)(c) Monitoring of paper storage and limited cleaning chemical supplies storage; and
  - 2.23.2.1(5)(d) Linen services including delivery and pick-up of laundry carts and linen throughout the Facility, monitoring of volumes and adjusting accordingly.
- 2.23.2.1(6) Service Exclusions
- 2.23.2.1(6)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
    - 2.23.2.1.6.(a).1 Housekeeping Rooms and Alcove - Clean Linen programmed in other Components have not been included in the area required for this Sub-Component.
    - 2.23.2.1.6.(a).2 Laundry services will be provided from off-site with only cart storage required on-site.

## 2.23.2.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

## 2.23.2.2(1) Patient Flow

2.23.2.2(1)(a) N/A

## 2.23.2.2(2) Family/Visitor Flow

2.23.2.2(2)(a) N/A

## 2.23.2.2(3) Staff Flow

2.23.2.2(3)(a) As per Facility-wide flow.

2.23.2.2(3)(b) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.

2.23.2.2(3)(c) At start of shift, Staff from this Sub-Component will sign-in within their applicable area and receive their assignment/workload for the day.

2.23.2.2(3)(d) Staff may travel via Service Circulation to centralized Shared Staff Facilities to access Lounge - Staff for breaks.

2.23.2.2(3)(e) Equipment requiring special cleaning protocols (e.g., wheelchairs, IV pumps, commodes) will first be wiped down at point-of-use, before being taken to the floor's Cleaning and Disinfection Room. When EVS Staff has performed the cleaning of this Equipment as per protocol, EVS Staff will transfer this Equipment to the applicable clean Equipment storage location.

2.23.2.2(3)(f) If soiled mobile Equipment or beds require repair, they will be cleaned by EVS at point-of-use before they are moved to Back of House or Biomedical Engineering Components for repair.

2.23.2.2(3)(g) EVS Staff will retrieve large cleaning Equipment (e.g., floor scrubbers, vacuums) from a central Equipment Room - EVS for use throughout the Facility.

2.23.2.2(3)(h) Linen/laundry services will be provided by an off-site contracted service provider.

- 2.23.2.2(3)(i) Clean linen will be delivered daily to the loading dock and linen services Staff will unload clean linen supply carts from the truck to Clean Cart Staging room within EVS Sub-Component. EVS Staff will transport enclosed clean linen supply carts from Clean Cart Staging room via Service Circulation to applicable locations throughout the Facility for restocking of clean linen or exchanging clean linen supply carts. Exchanged clean linen supply carts will be returned to Back of House Component via Service Circulation and staged within Clean Cart Staging room for pick-up by linen services.
- 2.23.2.2(3)(j) EVS Staff will collect soiled linens and waste from each Component on a scheduled basis and stage in Soiled Holding room on each Patient care floor in the Facility adjacent to Staff and Patient Service Elevators. Soiled linen and waste will be moved to Back of House Component via Service Circulation for processing as follows:
- 2.23.2.2.3.(j).1 Soiled linen transported from the Components to Back of House Component will be staged in Soiled Cart Staging room. Linen service provider Staff will remove soiled linen carts from Soiled Cart Staging room to the loading dock for removal from the site. Soiled linen pick-up will occur daily;
- 2.23.2.2.3.(j).2 Linen contracted service provider Staff will need access from the loading dock to Clean Cart Staging and Soiled Cart Staging rooms by IPS Staff or operational process to enable after-hours deliveries taking place outside Materials Management operating hours; and
- 2.23.2.2.3.(j).3 EVS Staff will dispose of general waste, cardboard, and recycling in compactors at the loading dock with tilt bins. Soiled bins will be washed at the Bin Wash Station before being placed back in circulation within Soiled Holding rooms. Biomedical waste will be weighed and staged in secure Storage - Biohazard Waste before pick-up by a contracted service provider.
- 2.23.2.2(3)(k) EVS Staff will be responsible for the lost and found function for the Facility. This Sub-Component will store a found item for a prescribed period before it is turned

over to EVS to hold for a set period of time in Storage - Lost-and-Found.

2.23.2.2(4) Clinical Support Flow

2.23.2.2(4)(a) Pharmacy

2.23.2.2.4.(a).1 N/A

2.23.2.2(4)(b) Medical Imaging

2.23.2.2.4.(b).1 N/A

2.23.2.2(4)(c) Laboratory

2.23.2.2.4.(c).1 N/A

2.23.2.2(4)(d) Interprofessional Team

2.23.2.2.4.(d).1 N/A

2.23.2.2(5) Non-Clinical Support Flow

2.23.2.2(5)(a) Equipment

2.23.2.2.5.(a).1 Equipment flows described within Staff flow descriptions.

2.23.2.2(5)(b) Medical Devices

2.23.2.2.5.(b).1 N/A

2.23.2.2(5)(c) Supplies (Materials Management)

2.23.2.2.5.(c).1 As per Facility-wide flow.

2.23.2.2(5)(d) EVS (Housekeeping/Linen/Waste Management)

2.23.2.2.5.(d).1 As per Facility-wide flow.

2.23.2.2(5)(e) Patient Food Services

2.23.2.2.5.(e).1 N/A

2.23.2.2(5)(f) Biomedical Engineering

2.23.2.2.5.(f).1 N/A

2.23.2.2(5)(g) FMO/AM

2.23.2.2.5.(g).1 As per Facility-wide flow.

2.23.2.2(5)(h) Information Management

2.23.2.2.5.(h).1 As per Facility-wide flow.

2.23.2.2.5.(h).2 Referrals for EVS services will be sent via online service request, which will include specific reason for referral and priority level.

2.23.2.2.5.(h).3 EVS Staff will be able to electronically notify Command Centre of Patient rooms that have

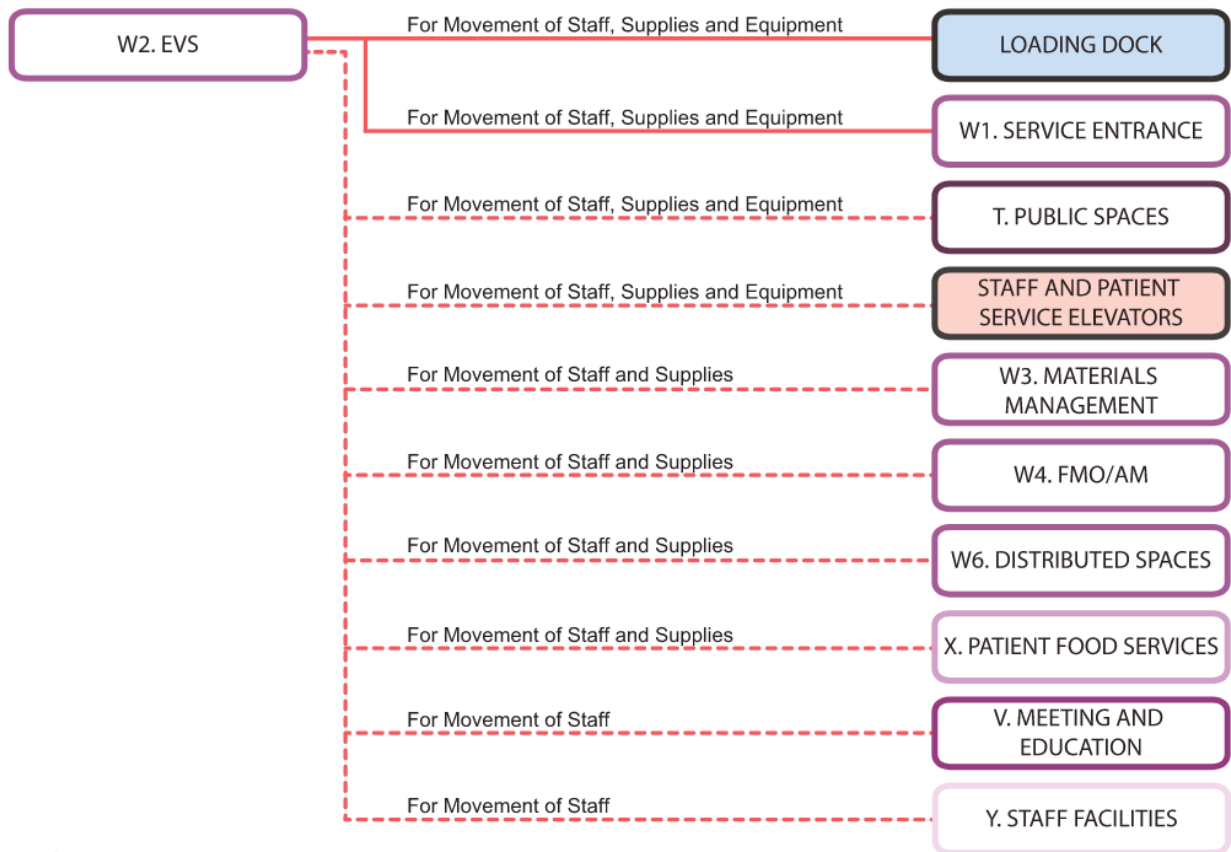
been terminally cleaned after a Patient discharge to aid in the flow through of the Facility.

- 2.23.2.2(5)(i) Security
- 2.23.2.2.5.(i).1 As per Facility-wide flow.

2.23.2.3 COMPONENT DESIGN CRITERIA

2.23.2.3(1) External Adjacency Requirements Diagram

2.23.2.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



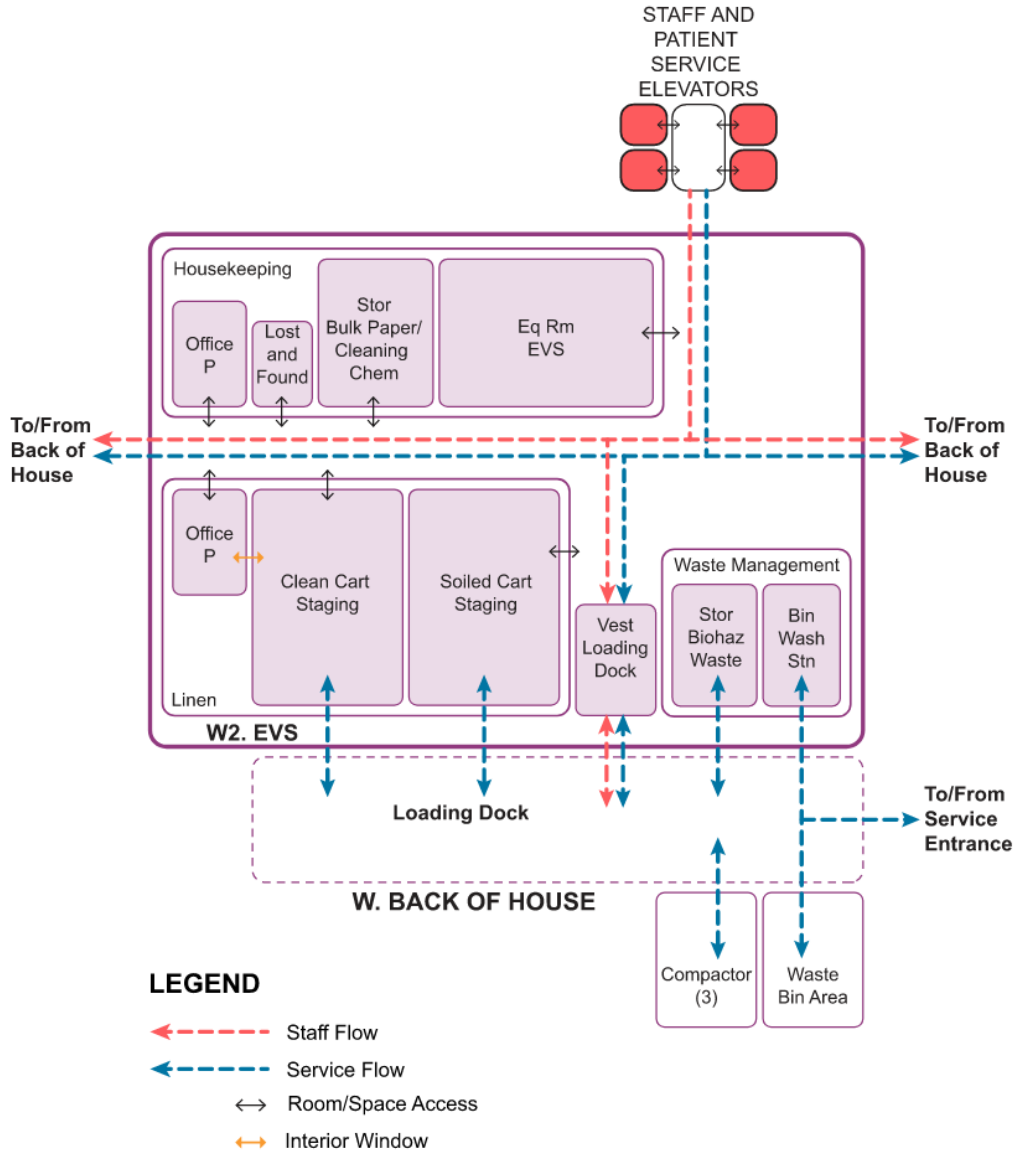
**LEGEND**

Direct Access by Service Circulation

Convenient Access by Service Circulation

2.23.2.3(2) Internal Functional Relationships Diagram

2.23.2.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



2.23.2.3(3) General Requirements

2.23.2.3(3)(a) EVS Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.23.2.3.3.(a).1 Direct Access via Service Circulation to the loading dock and Service Entrance for Movement of Staff, supplies and Equipment.
- 2.23.2.3.3.(a).2 Convenient Access via Service Circulation to Staff and Patient Service Elevators and Public Spaces for movement of Staff, supplies and Equipment throughout the Facility.

- 2.23.2.3.3.(a).3 Convenient Access via Service Circulation to Materials Management, FMO/AM, Distributed Spaces and Patient Food Services for movement of Staff and supplies.
- 2.23.2.3.3.(a).4 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.23.2.3(3)(b) Zones of activity within EVS Sub-Component will be grouped together and include the following:
  - 2.23.2.3.3.(b).1 Housekeeping
  - 2.23.2.3.3.(b).2 Linen
  - 2.23.2.3.3.(b).3 Waste Management
- 2.23.2.3(3)(c) Separation of clean incoming flows and soiled outgoing flows in EVS will be required.
- 2.23.2.3(3)(d) EVS Sub-Component will have Convenient Access to shared Meeting Room - 12-Seat in FMO/AM Sub-Component.
- 2.23.2.3(4) Housekeeping
  - 2.23.2.3(4)(a) This zone will include a secure Office - Private which will also be used as sign-in area for EVS Staff and will accommodate electronic swipe timecard system.
  - 2.23.2.3(4)(b) A Storage - Lost-and-Found will have Direct Access from Service Circulation and Convenient Access to Office - Private.
  - 2.23.2.3(4)(c) Storage - Bulk Paper/Cleaning Chemicals will have Direct Access from Service Circulation and include shelving on three (3) sides with an open area in the centre for loading carts and storage space for four (4) pallets.
  - 2.23.2.3(4)(d) Equipment Room - EVS will be the central storage and charging location for large EVS Equipment.
  - 2.23.2.3(4)(e) Equipment Room - EVS will have Convenient Access to Staff and Patient Service Elevators.
- 2.23.2.3(5) Linen



- 2.23.2.3(5)(a) This zone will include a secure Office - Private which will also be used as sign-in area for Linen Staff and will accommodate electronic swipe timecard system.
  - 2.23.2.3(5)(b) Clean Cart Staging will have Direct Access to the clean loading dock and Soiled Cart Staging will have Direct Access to the soiled loading dock.
  - 2.23.2.3(5)(c) Clean Cart Staging will accommodate twenty-four (24) clean linen supply carts, one (1) workstation and additional circulation.
  - 2.23.2.3(5)(d) Soiled Cart Staging will accommodate twenty-four (24) soiled linen carts/bins and additional circulation.
- 2.23.2.3(6) Waste Management
- 2.23.2.3(6)(a) Storage - Biohazard Waste will only have exterior Direct Access to Service Entrance and the loading dock for ease of removal of waste. A weigh scale to weigh biohazard bins will be provided in this secure room.
  - 2.23.2.3(6)(b) Bin Wash Station will be located at the loading dock with access from exterior of the building at Service Entrance. Bin Wash Station will be an enclosed room to contain spray of water and chemicals and will have Convenient Access from compactors.
  - 2.23.2.3(6)(c) Three (3) Compactors will be located at the exterior of the building. Compactors will have Direct Access from the loading dock with a canopy extended over them to protect hydraulics and electronic components from weather. The loading dock circulation will not be impeded by compactor tilt bin interface/emptying platform.
  - 2.23.2.3(6)(d) Waste Bin Area will be located at the exterior of the building. Waste Bin Area will accommodate bins for paper, glass, metal, organics and have Direct Access to Service Entrance.

### 2.23.3 W3. MATERIALS MANAGEMENT

#### 2.23.3.1 SERVICE DESCRIPTION

- 2.23.3.1(1) Materials Management Sub-Component in Back of House Component will support supply management for the Facility. This will include ordering, unpacking, confirmation, storage, distribution and replenishment of a variety of the inventory items used within the NSHBCCC.
- 2.23.3.1(2) The following activities will be accommodated in this Sub-Component:
- 2.23.3.1(2)(a) Monitoring, ordering, and delivering supplies to clean storage areas within the Sub-Component on a regular basis and as needed for special order items. Electronic stock scanning will facilitate order placing. Out of stock items will be noted, with alternative products offered for substitution as needed, by Materials Management supervisor/analyst;
  - 2.23.3.1(2)(b) Receiving CH and BCCC related Canada Post and internal mail and distributing throughout the Facility;
  - 2.23.3.1(2)(c) Directing couriers arriving at Service Entrance to the appropriate Component;
  - 2.23.3.1(2)(d) Distributing, retrieving, and storing of medical chemical, solvent, and gas cylinder supplies; and
  - 2.23.3.1(2)(e) Coordination of access for scheduled and unscheduled deliveries requiring the loading dock access, including Equipment deliveries that will be received by Biomedical Engineering, FMO/AM, and IM/IT, or other Components within the Facility.

#### 2.23.3.1(3) Service Exclusions

- 2.23.3.1(3)(a) N/A

#### 2.23.3.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.23.3.2(1) Patient Flow
- 2.23.3.2(1)(a) N/A
- 2.23.3.2(2) Family/Visitor Flow

- 2.23.3.2(2)(a) N/A
- 2.23.3.2(3) Staff Flow
- 2.23.3.2(3)(a) As per Facility-wide flow.
- 2.23.3.2(3)(b) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.
- 2.23.3.2(3)(c) At start of shift, Staff from this Sub-Component will sign-in within their applicable area and receive their assignment/workload for the day.
- 2.23.3.2(3)(d) Staff may travel via Service Circulation to centralized Shared Staff Facilities to access Lounge - Staff for breaks.
- 2.23.3.2(3)(e) Upon arrival of supply/Equipment delivery, skids will be moved from trucks to Staging Area to breakdown skids. Hand-jacks will be used to transport skids. Materials Management Staff will load stock onto carts for storage within Bulk Storage Rooms and delivery to clean supply storage locations throughout the Facility via Service Circulation.
- 2.23.3.2(3)(f) Materials Management area supply attendants will monitor, electronically order, and deliver supplies to clean storage areas within the Facility Components on a regular basis and as needed for special order items.
- 2.23.3.2(3)(g) Materials Management Staff will sign for and receive Canada Post and internal mail at Mailroom - NSHBCCC, before distributing throughout the Facility.
- 2.23.3.2(4) Clinical Support Flow
- 2.23.3.2(4)(a) Pharmacy
- 2.23.3.2.4.(a).1 N/A
- 2.23.3.2(4)(b) Medical Imaging
- 2.23.3.2.4.(b).1 N/A
- 2.23.3.2(4)(c) Laboratory
- 2.23.3.2.4.(c).1 N/A

2.23.3.2(4)(d) Interprofessional Team

2.23.3.2.4.(d).1 N/A

2.23.3.2(5) Non-Clinical Support Flow

2.23.3.2(5)(a) Equipment

2.23.3.2.5.(a).1 Equipment flows described within Staff flow descriptions.

2.23.3.2(5)(b) Medical Devices

2.23.3.2.5.(b).1 N/A

2.23.3.2(5)(c) Supplies (Materials Management)

2.23.3.2.5.(c).1 As per Facility-wide flow.

2.23.3.2(5)(d) EVS (Housekeeping/Linen/Waste Management)

2.23.3.2.5.(d).1 As per Facility-wide flow.

2.23.3.2.5.(d).2 EVS front line cleaners will be responsible for daily, preventative maintenance cleaning, and project cleaning of all surfaces in Sub-Component.

2.23.3.2(5)(e) Patient Food Services

2.23.3.2.5.(e).1 N/A

2.23.3.2(5)(f) Biomedical Engineering

2.23.3.2.5.(f).1 As per Facility-wide flow.

2.23.3.2(5)(g) FMO/AM

2.23.3.2.5.(g).1 As per Facility-wide flow.

2.23.3.2(5)(h) Information Management

2.23.3.2.5.(h).1 As per Facility-wide flow.

2.23.3.2.5.(h).2 Materials Management will provide direct purchasing support to Components within the Facility. This will be done electronically online.

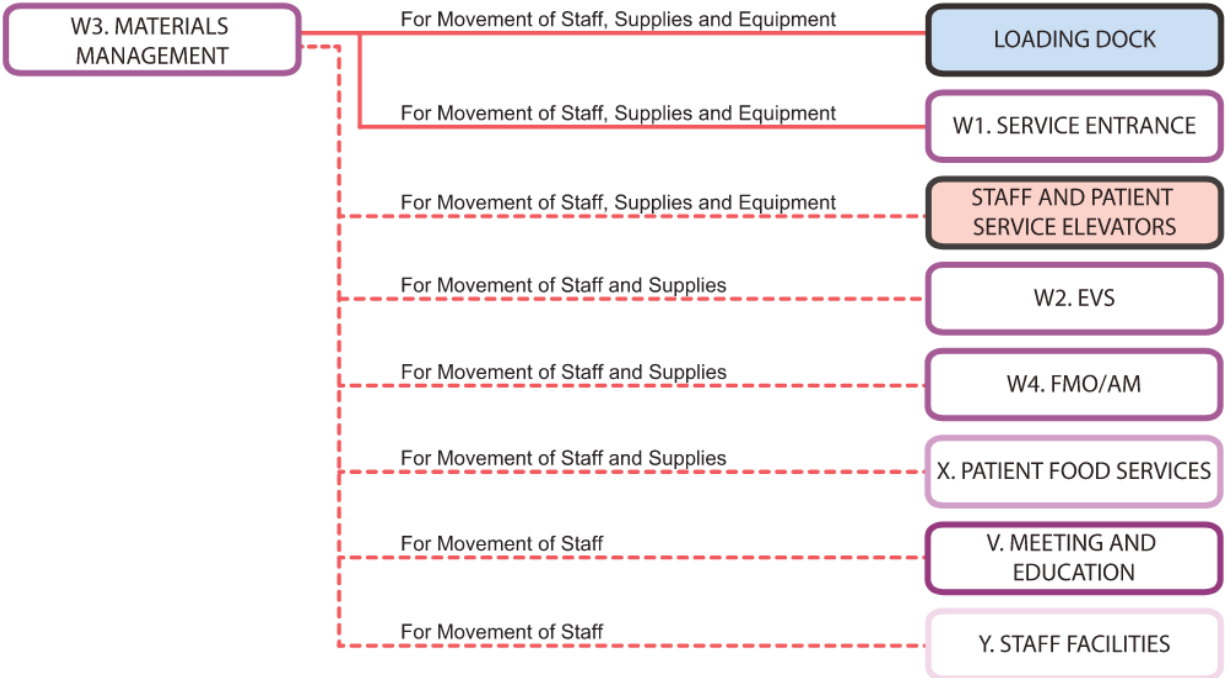
2.23.3.2(5)(i) Security

2.23.3.2.5.(i).1 As per Facility-wide flow.

2.23.3.3 COMPONENT DESIGN CRITERIA

2.23.3.3(1) External Adjacency Requirements Diagram

2.23.3.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



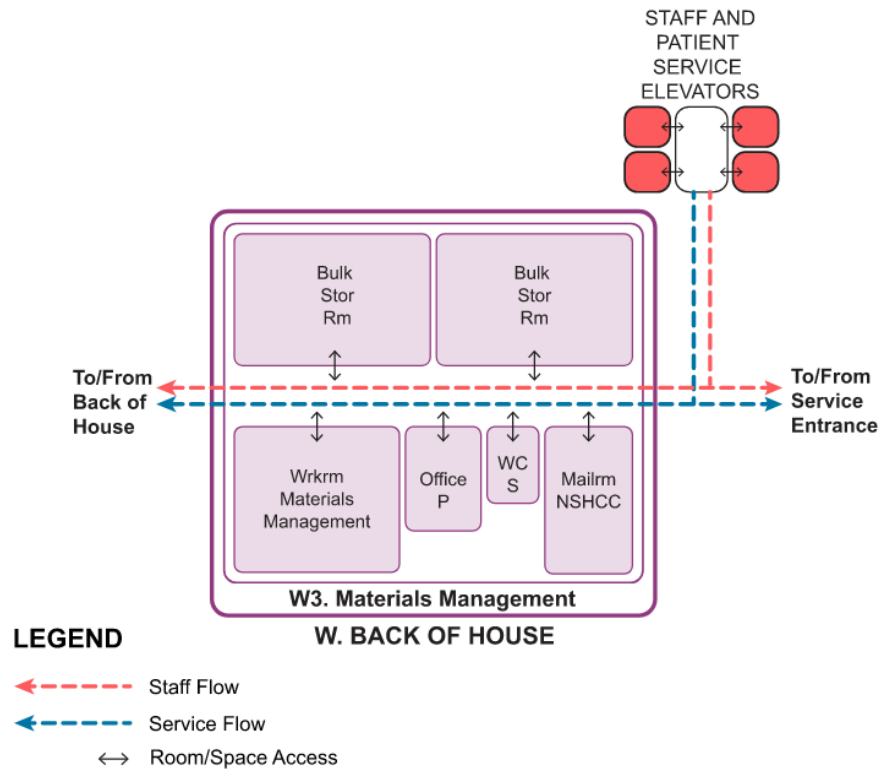
**LEGEND**

Direct Access by Service Circulation

Convenient Access by Service Circulation

2.23.3.3(2) Internal Functional Relationships Diagram

2.23.3.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



### 2.23.3.3(3) General Requirements

- 2.23.3.3(3)(a) Materials Management Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.23.3.3.3.(a).1 Direct Access via Service Circulation to the loading dock and Service Entrance for Movement of Staff, supplies and Equipment.
  - 2.23.3.3.3.(a).2 Convenient Access via Service Circulation to Staff and Patient Service Elevators for movement of Staff, supplies and Equipment throughout the Facility.
  - 2.23.3.3.3.(a).3 Convenient Access via Service Circulation to EVS, FMO/AM and Patient Food Services for movement of Staff and supplies.
  - 2.23.3.3.3.(a).4 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.23.3.3(3)(b) Materials Management Sub-Component spaces will be grouped with Service Entrance.

- 2.23.3.3(3)(c) A separation of clean incoming flows and soiled outgoing flows in Materials Management will be required.
- 2.23.3.3(3)(d) Materials Management Sub-Component will have Convenient Access to shared Meeting Room - 12-Seat in FMO/AM Sub-Component.
- 2.23.3.3(3)(e) Materials Management Sub-Component will include an Office - Private and a Workroom - Materials Management with four (4) workstations.
- 2.23.3.3(3)(f) This Sub-Component will also include two (2) secure Bulk Storage Rooms.
- 2.23.3.3(3)(g) Mailroom - NSHBCCC will be a secure room serving the Facility and have an open floor space for carts/sorting.
- 2.23.3.3(3)(h) Doors to Bulk Storage Rooms and Mailroom - NSHBCCC will accommodate movement of large carts, pallets and Equipment.

## 2.23.4 W4. FMO/AM

## 2.23.4.1 SERVICE DESCRIPTION

- 2.23.4.1(1) Facilities Maintenance Operations/Asset Management (FMO/AM) Sub-Component in Back of House Component will provide routine maintenance, preventative maintenance and upkeep of the NSHBCCC. Services will include electrical, mechanical, Utility systems, building structure and grounds maintenance. FMO/AM will also manage the On-Site EC and is responsible for all site-based construction activities.
- 2.23.4.1(2) FMO/AM will respond to demand requests as per established priorities.
- 2.23.4.1(3) FMO/AM will collaborate with other Facility services (e.g., Biomedical Engineering, IM/IT) for specialty fabrications that will require welding, IM/IT input.
- 2.23.4.1(4) FMO/AM team will be responsible for the receiving of construction supplies to the Facility.
- 2.23.4.1(5) Asset Management Staff will plan the annual preventative, predictive and demand maintenance and Asset Life Cycle renewal programs based on asset risk and quality performance and reporting. Asset Management Staff will manage the Risk Management program that will inform annual and Life Cycle programs.
- 2.23.4.1(6) FMO/AM will liaise with Energy and Environmental Sustainability (EES) on all energy, sustainability, climate, and resiliency programs and concepts (e.g., 5R - Refuse, Reduce, Reuse, Recycle, Repurpose) for the Facility.
- 2.23.4.1(7) The following activities will be accommodated in this Sub-Component:
- 2.23.4.1(7)(a) Operation and maintenance of building infrastructure, related systems, equipment, as well as some mobile Patient care Equipment (e.g., Patient beds), collectively known as 'Assets';
- 2.23.4.1(7)(b) Operation of the EC including boilers, chillers, and generators;



- 2.23.4.1(7)(c) A range of trade services including plumbing, HVAC, carpentry, painting, electrical, mechanical, and maintenance;
- 2.23.4.1(7)(d) Responsibility for grounds maintenance including parking facilities (physical asset only), project management, systems controls, and keyed access (re-keying, key copying, replacement locks);
- 2.23.4.1(7)(e) Monitoring of indoor and outdoor contracted construction, renovation and preventative maintenance programs including landscaping and snow removal;
- 2.23.4.1(7)(f) Performing on demand/non-contracted maintenance and simple/non-contracted repairs to the Facility and medical Equipment;
- 2.23.4.1(7)(g) Monitoring of Facility related parts and supply storage; and
- 2.23.4.1(7)(h) Monitoring, holding and executing disposal of large non-functioning Equipment from the Facility.

#### 2.23.4.1(8) Service Exclusions

- 2.23.4.1(8)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
  - 2.23.4.1.8.(a).1 Card access readers, security systems and infrastructure (managed by IPS).
  - 2.23.4.1.8.(a).2 Communications network cabling and Equipment.
  - 2.23.4.1.8.(a).3 Support for biomedical devices (supported by Biomedical Engineering Component).

#### 2.23.4.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

##### 2.23.4.2(1) Patient Flow

2.23.4.2(1)(a) N/A

##### 2.23.4.2(2) Family/Visitor Flow

2.23.4.2(2)(a) N/A

##### 2.23.4.2(3) Staff Flow

2.23.4.2(3)(a) As per Facility-wide flow.

- 2.23.4.2(3)(b) FMO/AM Staff will travel to internal, dedicated Locker Rooms via Service Circulation to change into appropriate work attire and store their personal belongings.
- 2.23.4.2(3)(c) At start of shift, FMO/AM Staff will sign-in within their applicable area and receive their assignment/workload for the day.
- 2.23.4.2(3)(d) FMO/AM Staff will have access to an internal, dedicated Lounge - Staff for breaks.
- 2.23.4.2(3)(e) Building related contractors will check in at FMO/AM reception within Workroom - FMO and will receive safety training in Meeting Room - 12-Seat prior to being provided with a day-use visitor access card for access to the relevant area they will be working in for demand or preventative maintenance. Building related contractors will travel to the applicable Component via Service Circulation. Contractors will sign-out and return the visitor access card when leaving the Facility.
- 2.23.4.2(3)(f) To retrieve and deliver Equipment, FMO/AM Staff will travel via Service Circulation to various Components within the Facility.
- 2.23.4.2(3)(g) Notifications for Equipment repairs will be received through critical call by phone or through online service request. If the Equipment is portable or can be moved safely based on certain parameters, it will be brought to the appropriate workshop by FMO/AM, Materials Management or Porter Staff via Service Circulation.
- 2.23.4.2(3)(h) FMO/AM Staff will perform Equipment preventative maintenance and repairs within FMO/AM Sub-Component. For larger Equipment that is not easily moved or cannot be moved, repairs or maintenance will be done in-situ.
- 2.23.4.2(3)(i) Clean mobile Equipment (e.g., Patient beds) awaiting parts for repair will be held in Storage - Equipment/Parts/Supplies.
- 2.23.4.2(4) Clinical Support Flow
  - 2.23.4.2(4)(a) Pharmacy

- 2.23.4.2.4.(a).1 Remote monitoring for temperature excursions in medication refrigerators and freezers within the Facility will be recorded electronically twice daily to document any variances from established tolerances as per College of Pharmacists of BC (CPBC) guidelines.
- 2.23.4.2(4)(b) Medical Imaging
  - 2.23.4.2.4.(b).1 N/A
- 2.23.4.2(4)(c) Laboratory
  - 2.23.4.2.4.(c).1 N/A
- 2.23.4.2(4)(d) Interprofessional Team
  - 2.23.4.2.4.(d).1 N/A
- 2.23.4.2(5) Non-Clinical Support Flow
  - 2.23.4.2(5)(a) Equipment
    - 2.23.4.2.5.(a).1 Equipment flows described within Staff flow descriptions.
  - 2.23.4.2(5)(b) Medical Devices
    - 2.23.4.2.5.(b).1 N/A
  - 2.23.4.2(5)(c) Supplies (Materials Management)
    - 2.23.4.2.5.(c).1 As per Facility-wide flow.
  - 2.23.4.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
    - 2.23.4.2.5.(d).1 As per Facility-wide flow.
    - 2.23.4.2.5.(d).2 EVS front line cleaners will be responsible for daily, preventative maintenance cleaning, and project cleaning of all surfaces in Sub-Component.
  - 2.23.4.2(5)(e) Patient Food Services
    - 2.23.4.2.5.(e).1 N/A
  - 2.23.4.2(5)(f) Biomedical Engineering
    - 2.23.4.2.5.(f).1 As per Facility-wide flow.
  - 2.23.4.2(5)(g) FMO/AM
    - 2.23.4.2.5.(g).1 As per Facility-wide flow.
    - 2.23.4.2.5.(g).2 There will be collaboration between FMO/AM, Biomedical Engineering, and BCCC Medical Physics in terms of sharing specialty tools and Equipment needed for repair.

## 2.23.4.2(5)(h) Information Management

2.23.4.2.5.(h).1 As per Facility-wide flow.

2.23.4.2.5.(h).2 Referrals for FMO/AM services will be sent via online service request, which will include specific reason for referral and priority level.

2.23.4.2.5.(h).3 FMO/AM will utilize a Computerized Maintenance Management System (CMMS) for Facility work orders. The orders will be picked up and communicated by the supervisor, on a mobile platform, or from a workstation in FMO/AM Sub-Component. Work orders will be for preventative, predictive, and demand maintenance for all mechanical, electrical, and architectural building and infrastructure systems, equipment and components.

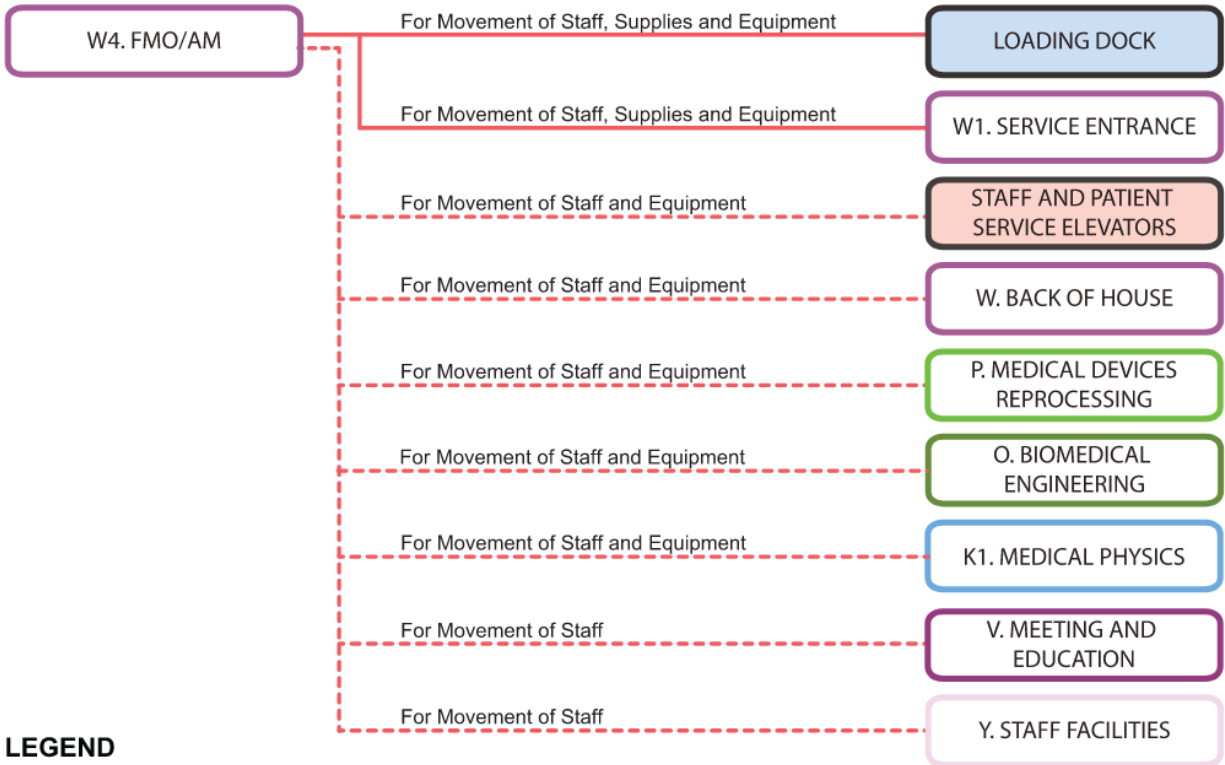
## 2.23.4.2(5)(i) Security

2.23.4.2.5.(i).1 As per Facility-wide flow.

## 2.23.4.3 COMPONENT DESIGN CRITERIA

## 2.23.4.3(1) External Agency Requirements Diagram

2.23.4.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.



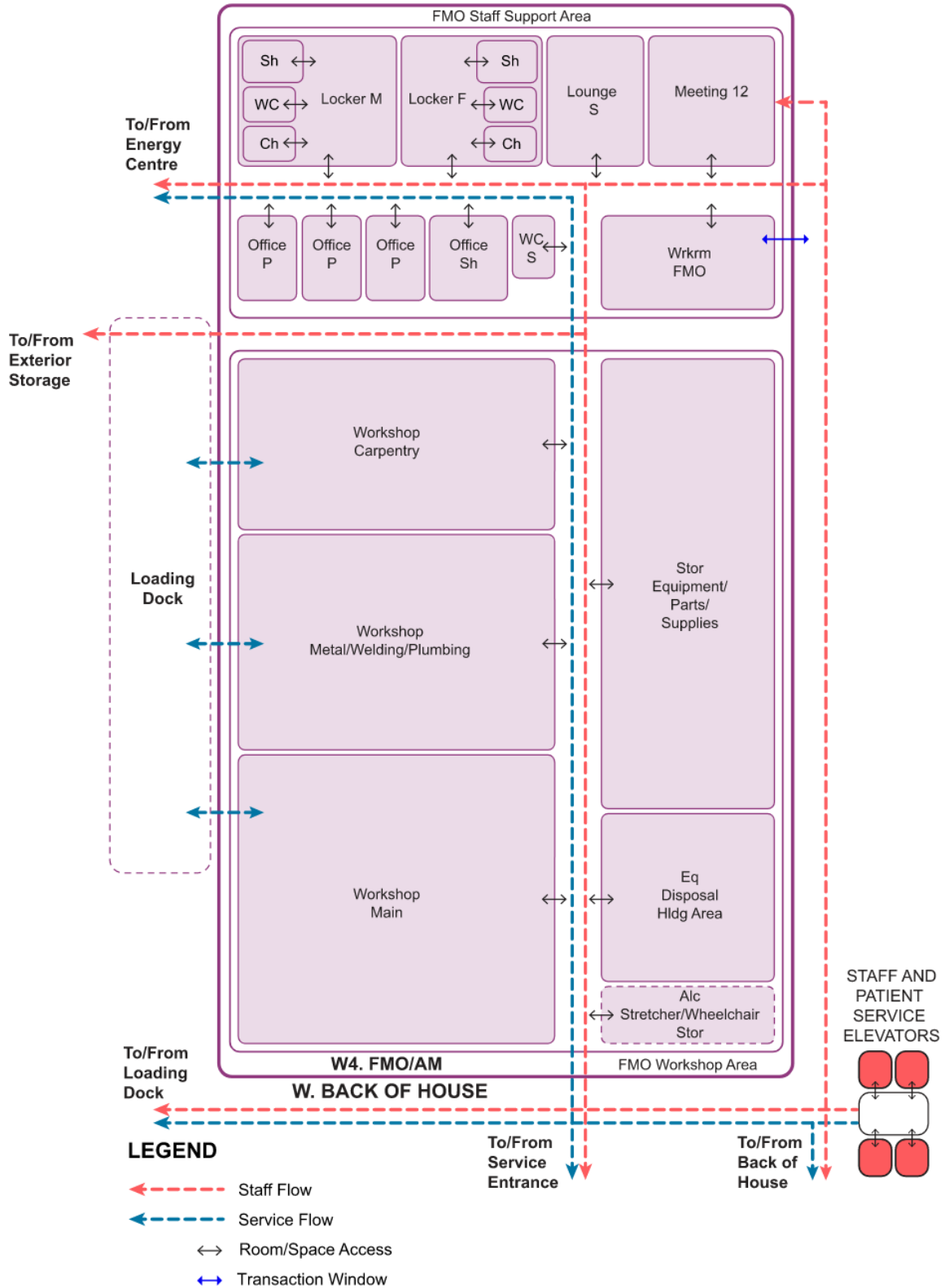
**LEGEND**

Direct Access by Service Circulation

Convenient Access by Service Circulation

2.23.4.3(2) Internal Functional Relationships Diagram

2.23.4.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



### 2.23.4.3(3) General Requirements

- 2.23.4.3(3)(a) FMO/AM Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
  - 2.23.4.3.3.(a).1 Direct Access to the loading dock and Service Entrance for Movement of Staff, supplies and Equipment.
  - 2.23.4.3.3.(a).2 Convenient Access via Service Circulation to Staff and Patient Service Elevators and Back of House for movement of Staff and Equipment throughout the Facility.
  - 2.23.4.3.3.(a).3 Convenient Access via Service Circulation to MDR, Biomedical Engineering and Medical Physics for movement of Equipment and collaboration of Staff.
- 2.23.4.3(3)(b) Zones of activity within FMO/AM Sub-Component will be grouped together and include the following:
  - 2.23.4.3.3.(b).1 FMO Workshop Area
  - 2.23.4.3.3.(b).2 FMO Staff Support Area
- 2.23.4.3(3)(c) This Sub-Component will not be required to be co-located with other Sub-Components of Back of House Component.
- 2.23.4.3(3)(d) This Sub-Component will be located with Convenient Access to EC for use of workshops.
- 2.23.4.3(3)(e) Secure access to FMO/AM space from the loading dock will be provided. Reception desk in Workroom - FMO will have an audio-video door intercom and remote door release to allow visitors from the loading dock.

### 2.23.4.3(4) FMO Workshop Area

- 2.23.4.3(4)(a) Several dedicated engineering workshops will be grouped in FMO Workshop Area, including Workshop - Main, Workshop - Carpentry and Workshop - Metal/Welding/Plumbing.
- 2.23.4.3(4)(b) All workshops will be large open areas with circulation around different work areas, workbenches and Equipment.
- 2.23.4.3(4)(c) Workshop - Main will have Direct Access from internal Service Circulation and the loading dock.

- 2.23.4.3(4)(d) Workshop - Main layout will be flexible to accommodate general maintenance work on rolling stock and other Equipment including carpentry work, paint/glue work, electrical work and other projects not requiring dedicated/special exhaust.
- 2.23.4.3(4)(e) Workshop - Main will provide workbenches and storage. Access to services (e.g., compressed air, power, data, etc.) will be provided on the ceiling to allow for flexible locations of work. Two (2) wall-mounted workstations will also be provided.
- 2.23.4.3(4)(f) Workshop - Main will have an open floor area adjacent to entry point with hoist/lift and will include one (1) emergency eyewash/shower station which will not affect circulation in this area.
- 2.23.4.3(4)(g) Workshop - Carpentry will have Direct Access from internal Service Circulation and the loading dock.
- 2.23.4.3(4)(h) Workshop - Carpentry will include workbenches (with dust collection system), working space and storage. Access to services (e.g., compressed air, power, data, etc.) will be provided on the ceiling to allow for flexible locations of work.
- 2.23.4.3(4)(i) Workshop - Carpentry will provide the ability to separate an area for gluing and painting with ventilation for these activities.
- 2.23.4.3(4)(j) Workshop - Carpentry will also have an area for locksmith/key work and will include one (1) emergency eyewash/shower station which will not affect circulation in this area.
- 2.23.4.3(4)(k) Workshop - Metal/Welding/Plumbing will have Direct Access from internal Service Circulation and the loading dock.
- 2.23.4.3(4)(l) Workshop - Metal/Welding/Plumbing will have dedicated open areas for plumbing work and welding work.
- 2.23.4.3(4)(m) Welding work area in Workshop - Metal/Welding/Plumbing will accommodate large Equipment (e.g., bed frames, carts from Morgue). Welding area will also include a welding bench with



dedicated exhaust and ability to pull curtains around this area.

- 2.23.4.3(4)(n) Workshop - Metal/Welding/Plumbing will also include two (2) wall-mounted workstations and one (1) emergency eyewash/shower station which will not affect circulation in this area.
- 2.23.4.3(4)(o) Storage - Equipment/Parts/Supplies will be located in FMO Workshop Area and will have Convenient Access to all workshops. This room will include open floorspace for mobile Equipment and four (4) stackable bed storage units.
- 2.23.4.3(4)(p) Equipment Disposal Holding Area will be a secure space, and either be a caged area or an enclosed room.
- 2.23.4.3(4)(q) Alcove - Stretcher/Wheelchair Storage will have Convenient Access to FMO Workshop Area and will accommodate four (4) stretchers/beds.

#### 2.23.4.3(5) FMO Staff Support Area

- 2.23.4.3(5)(a) FMO Staff Support Area will include Workroom - FMO, multiple offices, Meeting Room - 12-Seat, Lounge - Staff and Locker Rooms arranged around a Staff-only internal corridor.
- 2.23.4.3(5)(b) Workroom - FMO will be located at entry point to FMO Staff Support Area and will accommodate reception/check-in desk for clerk, small waiting area with two (2) standard seats, seven (7) drop down workstations and pneumatic tube station. Reception/check-in desk will include a transaction window to Service Circulation outside the Component.
- 2.23.4.3(5)(c) Office - Shared will include three (3) workstations.
- 2.23.4.3(5)(d) Meeting Room - 12-Seat will have Direct Access from within FMO/AM space, as well as Direct Access from a Service Circulation outside the Sub-Component to allow use by Materials Management and EVS Staff.
- 2.23.4.3(5)(e) Lounge - Staff will have Direct Access to Staff-only internal corridor.

- 2.23.4.3(5)(f) This area will include Locker Room - Male and Locker Room - Female with Direct Access to Staff-only internal corridor through privacy vestibules.
- 2.23.4.3(5)(g) A partially covered exterior storage for storage of snow removal and landscaping equipment will have Convenient Access to FMO/AM exterior entrance.

## 2.23.5 W5. IM/IT

## 2.23.5.1 SERVICE DESCRIPTION

- 2.23.5.1(1) IM/IT Sub-Component in Back of House Component will provide service desk and hardware support including repair and storage for the CH and the BCCC.
- 2.23.5.1(2) IM/IT will manage the three-year lease contract(s) for laptops, tablets, printers, desktops, and phones. Network components such as network switches will be refreshed every five (5) to eight (8) years.
- 2.23.5.1(3) IM/IT Staff will be on-site to provide weekly training of users, orientation to new applications or new Staff, and provide general support for upgrades during rollout/go live periods for new software and/or hardware and devices.
- 2.23.5.1(4) IM/IT Staff will collaborate with clinical programs and Staff on resolving or making better use of IM capabilities and IM/IT service offerings.
- 2.23.5.1(5) FMO/AM will provide assistance to, and coordinate with, IT infrastructure engineers and contractors for IT infrastructure adds, changes, and removals.
- 2.23.5.1(6) CH IM/IT
- 2.23.5.1(6)(a) Information Management (IM) services and support activities to support the NSHBCCC will include:
- 2.23.5.1.6.(a).1 Development and implementation of IM strategies related to the site strategies/priorities providing the framework and focus for the IM plan;
- 2.23.5.1.6.(a).2 Coordinating the implementation of the IM capabilities, determining the functional 'building blocks' that will enable the site to perform as planned; and
- 2.23.5.1.6.(a).3 Management of IM assets (systems and technologies) deployed to deliver the anticipated capability.
- 2.23.5.1(6)(b) Information Technology (IT) services and support activities relevant to the NSHBCCC will include:
- 2.23.5.1.6.(b).1 Implementation and support of all communications, local area networking (LAN), distributed antenna support, virtual health

- capabilities, virtual health methods technology, and management of Communications Rooms; and
- 2.23.5.1.6.(b).2 Maintenance of linkages to external databases and providers, including other HCPs, regional and provincial databases, and others.
- 2.23.5.1(7) BCCC IM/IT
- 2.23.5.1(7)(a) Implementation, interfacing, and integration for all information systems used by Staff and physicians at the BCCC will be the responsibility of PHSA. These will include the centre-wide computer systems which are utilized for Patient care, management, and centre support services. IM/IT will support and manage regional/provincial network links, connections to hospital-based systems and will participate in the development and operation of regional Information Technology initiatives.
- 2.23.5.1(7)(b) The following activities will be accommodated in the BCCC IM/IT:
- 2.23.5.1.7.(b).1 Monitor and maintain local area network for administrative systems which may include both wired and wireless technology for clinical and administrative systems such as email, intranet/internet sites, finance, human resources, decision support and others;
- 2.23.5.1.7.(b).2 Monitor and maintain Patient care information systems;
- 2.23.5.1.7.(b).3 Monitor and maintain connectivity/interface with the CH systems, health care facilities throughout the region linked to the BCCC and outside research databases, as necessary;
- 2.23.5.1.7.(b).4 Ensure the development of solutions for capturing clinical and financial data for statistical analysis;
- 2.23.5.1.7.(b).5 Participate in the development of a single electronic health record for the BCCC including interfaces as required to other provincial systems;
- 2.23.5.1.7.(b).6 Provide IM/IT Help Desk functions and computer training for the BCCC Staff; and
- 2.23.5.1.7.(b).7 Ensure that IM/IT Staff will remain current with present and emerging technologies relevant to the BCCC operations.

## 2.23.5.1(8) Service Exclusions

2.23.5.1(8)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

2.23.5.1.8.(a).1 IM/IT Staff will provide training to clinicians and support Staff for various technologies used throughout the Facility on a one-on-one basis at the learner's workstation or in groups within Meeting Rooms and Computer Training Room in Meeting and Education Component.

## 2.23.5.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

## 2.23.5.2(1) Patient Flow

2.23.5.2(1)(a) N/A

## 2.23.5.2(2) Family/Visitor Flow

2.23.5.2(2)(a) N/A

## 2.23.5.2(3) Staff Flow

2.23.5.2(3)(a) Upon arrival to the Facility, Staff from this Sub-Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.

2.23.5.2(3)(b) At start of shift, Staff from this Sub-Component will sign-in within their applicable Sub-Component and receive their assignment/workload for the day.

2.23.5.2(3)(c) Staff working within this Sub-Component may travel via Service Circulation to centralized Shared Staff Facilities or Distributed Staff Lounges to access Lounge - Staff for breaks.

2.23.5.2(3)(d) Leased IM/IT Equipment will arrive partially configured with the IT team providing on-site specialized configurations for specific Equipment as required.

2.23.5.2(3)(e) New IM/IT Equipment delivered to the Facility will arrive at the loading dock and held in Staging Area of Back of House Component, where it will be received by Materials Management, who will alert IM/IT of the delivery. If Equipment needs to remain in Staging Area

temporarily, it will be held in a locked, caged, temporary holding area. IM/IT Staff will travel to Staging Area, where some packaging and cardboard will be removed before transporting Equipment to IM/IT Sub-Component via Service Circulation. Some Equipment transported to IM/IT Sub-Component will be on pallets and, upon arrival at Workroom - Configuration Lab - FH or Office - Shared, Equipment will then be unpacked, assembled, configured, catalogued and tested before being delivered to the designated user area by IM/IT Staff.

2.23.5.2(3)(f) IM/IT Staff will be informed of service requests through a centralized FH online/phone service desk. At times, IM/IT Staff will be required to travel to a Component within the Facility via Service Circulation to respond to a service request that cannot be resolved over the phone.

2.23.5.2(3)(g) IM/IT Staff will travel to Computer Training Room within Meeting and Education Component to facilitate user training. User training will also occur in other Meeting Rooms throughout the Facility or within individual work areas within Components.

2.23.5.2(4) Clinical Support Flow

2.23.5.2(4)(a) Pharmacy  
2.23.5.2.4.(a).1 N/A

2.23.5.2(4)(b) Medical Imaging  
2.23.5.2.4.(b).1 N/A

2.23.5.2(4)(c) Laboratory  
2.23.5.2.4.(c).1 N/A

2.23.5.2(4)(d) Interprofessional Team  
2.23.5.2.4.(d).1 N/A

2.23.5.2(5) Non-Clinical Support Flow

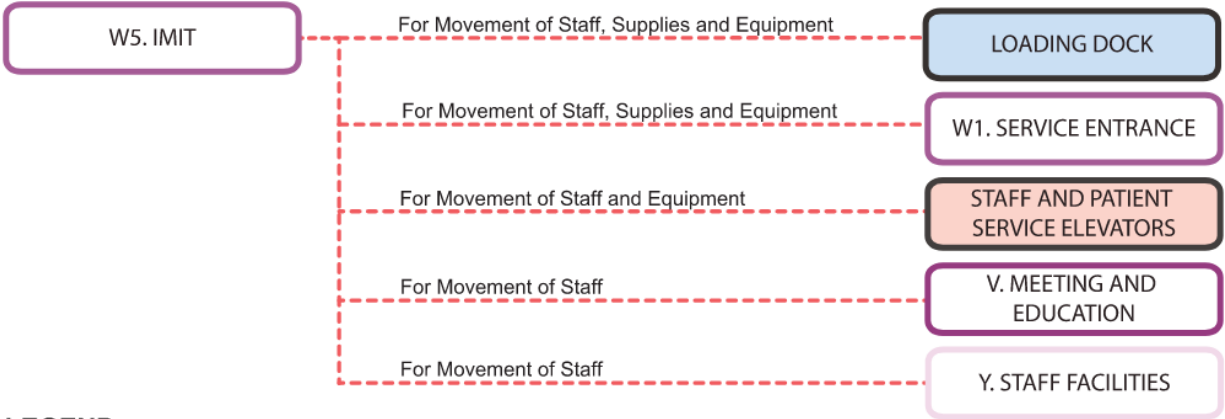
2.23.5.2(5)(a) Equipment  
2.23.5.2.5.(a).1 Equipment flows described within Staff flow descriptions.

2.23.5.2(5)(b) Medical Devices  
2.23.5.2.5.(b).1 N/A

- 2.23.5.2(5)(c) Supplies (Materials Management)
  - 2.23.5.2.5.(c).1 As per Facility-wide flow.
- 2.23.5.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
  - 2.23.5.2.5.(d).1 As per Facility-wide flow.
  - 2.23.5.2.5.(d).2 EVS front line cleaners will be responsible for daily, preventative maintenance cleaning, and project cleaning of all surfaces in Sub-Component.
- 2.23.5.2(5)(e) Patient Food Services
  - 2.23.5.2.5.(e).1 N/A
- 2.23.5.2(5)(f) Biomedical Engineering
  - 2.23.5.2.5.(f).1 N/A
- 2.23.5.2(5)(g) FMO/AM
  - 2.23.5.2.5.(g).1 As per Facility-wide flow.
- 2.23.5.2(5)(h) Information Management
  - 2.23.5.2.5.(h).1 As per Facility-wide flow.
  - 2.23.5.2.5.(h).2 Referrals for IM/IT services will be sent via online service request, which will include specific reason for referral and priority level.
- 2.23.5.2(5)(i) Security
  - 2.23.5.2.5.(i).1 As per Facility-wide flow.

### 2.23.5.3 COMPONENT DESIGN CRITERIA

- 2.23.5.3(1) External Adjacency Requirements Diagram
  - 2.23.5.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

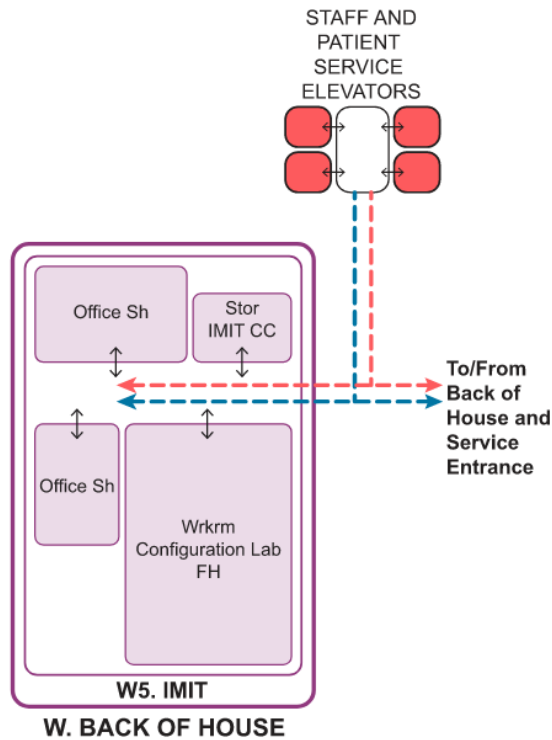


**LEGEND**

Convenient Access by Service Circulation

2.23.5.3(2) Internal Functional Relationships Diagram

2.23.5.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



**LEGEND**

- ←-- Staff Flow
- ←-- Service Flow
- ↔ Room/Space Access



## 2.23.5.3(3) General Requirements

- 2.23.5.3(3)(a) IM/IT Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.23.5.3.3.(a).1 Convenient Access via Service Circulation to the loading dock and Service Entrance for Movement of Staff, supplies and Equipment.
  - 2.23.5.3.3.(a).2 Convenient Access via Service Circulation to Staff and Patient Service Elevators for movement of Staff and Equipment throughout the Facility.
  - 2.23.5.3.3.(a).3 Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.23.5.3(3)(b) This Sub-Component will not be required to be co-located with other Sub-Components of Back of House Component.
- 2.23.5.3(3)(c) This Sub-Component will include CH and BCCC IM/IT Offices and storage areas.
- 2.23.5.3(3)(d) CH IM/IT spaces will include Workroom - Configuration Lab - FH with eight (8) workstations. This workroom will be secure with doors that will accommodate movement of skid/pallet of Equipment into the room.
- 2.23.5.3(3)(e) Workroom - Configuration Lab - FH will include storage for refreshed Equipment and an area for preparing Equipment for distribution, etc. This room will have Convenient Access from Service Entrance and Staff and Patient Service Entrance.
- 2.23.5.3(3)(f) One (1) Office - Shared will be located adjacent to Workroom - Configuration Lab - FH and include four (4) drop down workstations.
- 2.23.5.3(3)(g) BCCC IM/IT spaces will include one (1) Office - Shared with three (3) workstations located adjacent to Storage - IM/IT - CC for secure storage.

## 2.23.6 W6. DISTRIBUTED SPACES

## 2.23.6.1 SERVICE DESCRIPTION

2.23.6.1(1) Distributed Spaces Sub-Component in Back of House Component will include the following spaces on all Patient care floors in the Facility:

2.23.6.1(1)(a) Soiled Holding rooms for temporary holding of biohazard and general waste, soiled linens and soiled Equipment before being brought to Back of House or MDR Components.

2.23.6.1(1)(b) Cleaning and Disinfection Room for Equipment cleaning as per EVS processes.

2.23.6.1(2) Distributed Spaces Sub-Component will also include Alcove - Stretcher/Wheelchair Storage to stage clean stretchers and wheelchairs on key floors to support portering services.

2.23.6.1(3) This Sub-Component will also include Alcove - AGV Cart Staging to support future AGV cart staging locations for pick-up/drop-off (send/receive locations) on all floors in the Facility except Level 1, mechanical floors, interstitial floors, mechanical penthouse and below grade parking levels.

2.23.6.1(4) Service Exclusions

2.23.6.1(4)(a) N/A

## 2.23.6.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

2.23.6.2(1) Patient Flow

2.23.6.2(1)(a) N/A

2.23.6.2(2) Family/Visitor Flow

2.23.6.2(2)(a) N/A

2.23.6.2(3) Staff Flow

2.23.6.2(3)(a) As per Facility-wide flow.

2.23.6.2(3)(b) As per EVS Sub-Component Staff flow.

2.23.6.2(3)(c) As per Centralized Portering Area Sub-Component Staff flow.

## 2.23.6.2(4) Clinical Support Flow

2.23.6.2(4)(a) Pharmacy  
2.23.6.2.4.(a).1 N/A

2.23.6.2(4)(b) Medical Imaging  
2.23.6.2.4.(b).1 N/A

2.23.6.2(4)(c) Laboratory  
2.23.6.2.4.(c).1 N/A

2.23.6.2(4)(d) Interprofessional Team  
2.23.6.2.4.(d).1 N/A

## 2.23.6.2(5) Non-Clinical Support Flow

2.23.6.2(5)(a) Equipment  
2.23.6.2.5.(a).1 Equipment flows described within Staff flow descriptions.

2.23.6.2(5)(b) Medical Devices  
2.23.6.2.5.(b).1 N/A

2.23.6.2(5)(c) Supplies (Materials Management)  
2.23.6.2.5.(c).1 As per Facility-wide flow.

2.23.6.2(5)(d) EVS (Housekeeping/Linen/Waste Management)  
2.23.6.2.5.(d).1 As per Facility-wide flow.

2.23.6.2(5)(e) Patient Food Services  
2.23.6.2.5.(e).1 As per Facility-wide flow.

2.23.6.2(5)(f) Biomedical Engineering  
2.23.6.2.5.(f).1 N/A

2.23.6.2(5)(g) FMO/AM  
2.23.6.2.5.(g).1 As per Facility-wide flow.

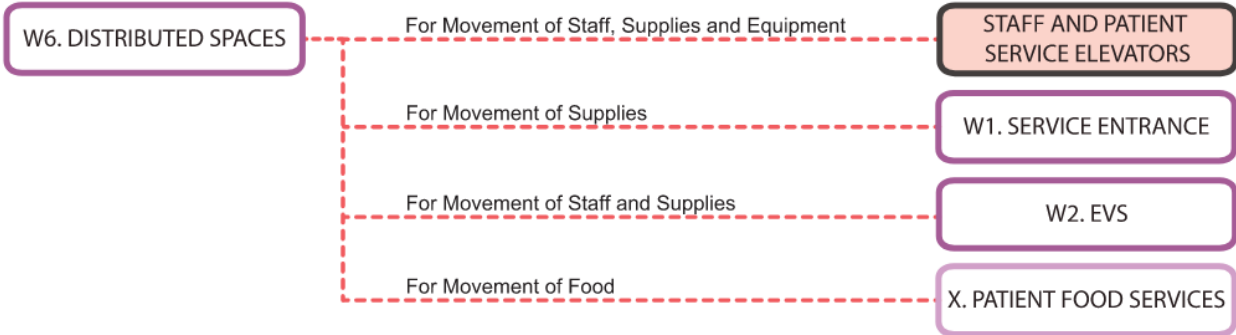
2.23.6.2(5)(h) Information Management  
2.23.6.2.5.(h).1 As per Facility-wide flow.  
2.23.6.2.5.(h).2 As per EVS Sub-Component Information Management flow.

2.23.6.2(5)(i) Security  
2.23.6.2.5.(i).1 As per Facility-wide flow.

## 2.23.6.3 COMPONENT DESIGN CRITERIA

2.23.6.3(1) External Adjacency Requirements Diagram

2.23.6.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

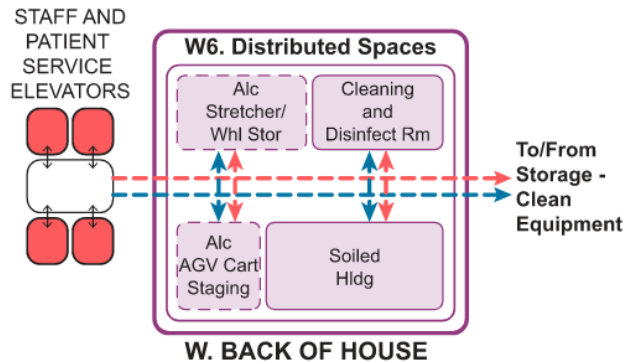


**LEGEND**

                     Convenient Access by Service Circulation

2.23.6.3(2) Internal Functional Relationships Diagram

2.23.6.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



**LEGEND**

- ← - - - Staff Flow
- ← - - - Service Flow
- ↔ Room/Space Access

2.23.6.3(3) General Requirements

2.23.6.3(3)(a) Distributed Spaces Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.23.6.3.3.(a).1 Convenient Access via Service Circulation to Staff and Patient Service Elevators for movement of Staff, supplies and Equipment throughout the Facility.

- 2.23.6.3.3.(a).2 Convenient Access via Service Circulation to Service Entrance, EVS and Patient Food Services for movement of Staff, food and supplies.
- 2.23.6.3(3)(b) This Sub-Component will not be required to be co-located with other Sub-Components of Back of House Component.
- 2.23.6.3(3)(c) This Sub-Component will include one (1) Soiled Holding room, one (1) Cleaning and Disinfection Room and one (1) Alcove - Eyewash/Shower Station per Patient care floor in the Facility for a total of nine (9) each.
- 2.23.6.3(3)(d) Soiled Holding room and Alcove - Eyewash/Shower Station will be located adjacent to Staff and Patient Service Elevators.
- 2.23.6.3(3)(e) Cleaning and Disinfection Room will have Convenient Access to Staff and Patient Service Elevators and Storage - Clean Equipment located on the same floor. Cleaning and Disinfection Room will allow for a one-way flow.
- 2.23.6.3(3)(f) Cleaning and Disinfection Room will include shelving for staging smaller Equipment items and open floor space for mobile/wheeled Equipment. EVS will bring housekeeping cart into room for some cleaning products brought from Housekeeping Room.
- 2.23.6.3(3)(g) Distributed Spaces Sub-Component will include one (1) Alcove - Stretcher/Wheelchair Storage on each Inpatient Unit floor, one (1) on Perioperative floor and one (1) on Level 1. This Alcove will accommodate four (4) stretchers and will be located adjacent to Staff and Patient Service Elevators.
- 2.23.6.3(3)(h) This Sub-Component will include one (1) Alcove - AGV Cart Staging on all Patient care floors except Level 1 and one (1) on MDR Component floor for a total of eight (8). This Alcove will have Direct Access to Staff and Patient Service Elevators lobby.
- 2.23.6.3(3)(i) Alcove - AGV Cart Staging will be minimum 2785 mm x 3034 mm to accommodate two (2) AGV carts in tandem for pick-up or drop-off by AGV.

## 2.23.7 SCHEDULE OF ACCOMMODATIONS

2.23.7.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Back of House**

<b>W. BACK OF HOUSE</b>		
W1. SERVICE ENTRANCE		376.5
W2. ENVIRONMENTAL SERVICES (EVS)		175.0
W3. MATERIALS MANAGEMENT		126.2
W4. FMO/AM		832.0
W5. IM/IT		82.0
W6. DISTRIBUTED SPACES		388.6
<b>BACK OF HOUSE PROGRAMMED SPACE NSM:</b>		<b>1,980.3</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>W. BACK OF HOUSE</b>					
<b>W1. SERVICE ENTRANCE</b>					
W1.01	Vestibule - Loading Dock	2	10.0	20.0	
W1.02	Staging Area	1	121.6	121.6	For staging and unpacking delivered items.
W1.03	Storage - Clean Supply	1	13.0	13.0	For NSHBCCC disaster supplies.
W1.04	Storage - Hazardous Chemical	1	12.0	12.0	
W1.05	Alcove - Eyewash/Shower Station	1	1.0	1.0	
W1.06	Storage - Gas Cylinders - Centralized	1	40.0	40.0	For gas cylinder exchange (empty and full cylinders).
W1.07	Washroom - Staff	1	5.0	5.0	
W1.09	Manifold Room - Centralized	1	35.0	35.0	For compressed gas manifolds.
W1.10	Office - Shared	1	15.8	15.8	For Union Office Staff.
W1.11	Storage - Clean Equipment	1	20.0	20.0	For supporting future installation of AGV Depot.
W1.12	Alcove - AGV Cart Staging	10	8.45	84.5	For supporting future AGV cart staging locations for pick-up/drop-off (send/receive locations).
W1.13	Alcove - AGV Charging	2	4.3	8.6	For supporting future AGV charging needs.
<b>SUBTOTAL NSM: SERVICE ENTRANCE</b>				<b>376.5</b>	
<b>W2. ENVIRONMENTAL SERVICES (EVS)</b>					

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
	<b>Housekeeping</b>				
W2.01	Office - Private	1	9.0	9.0	For EVS supervisor.
W2.02	Storage - Lost-and-Found	1	6.0	6.0	
W2.03	Storage - Bulk Paper/Cleaning Chemicals	1	20.0	20.0	
W2.04	Equipment Room - EVS	1	37.0	37.0	
	<b>Linen</b>				
W2.05	Office - Private	1	9.0	9.0	For Linen manager.
W2.06	Clean Cart Staging	1	38.0	38.0	
W2.07	Soiled Cart Staging	1	34.0	34.0	
	<b>Waste Management</b>				
W2.08	Storage - Biohazard Waste	1	12.0	12.0	
W2.09	Bin Wash Station	1	10.0	10.0	
W2.10	Compactor	3	0.0	0.0	
<b>SUBTOTAL NSM: ENVIRONMENTAL SERVICES (EVS)</b>				<b>175.0</b>	
<b>W3. MATERIALS MANAGEMENT</b>					
W3.02	Office - Private	1	9.0	9.0	For supervisor/analyst.
W3.03	Workroom - Materials Management	1	28.7	28.7	For In-Hospital Replenishment team.
W3.04	Bulk Storage Room	2	35.0	70.0	For backup inventory and STAT storage.
W3.06	Mailroom - NSHCC	1	15.0	15.0	For external and internal mail delivery/pick-up, courier drop-off.
W3.07	Washroom - Staff - Non-Acc	1	3.5	3.5	
<b>SUBTOTAL NSM: MATERIALS MANAGEMENT</b>				<b>126.2</b>	
<b>W4. FMO/AM</b>					
	<b>FMO Workshop Area</b>				
W4.01	Workshop - Main	1	210.0	210.0	For general maintenance work.
W4.02	Workshop - Carpentry	1	115.0	115.0	For carpentry, keying, and painting/gluing work.
W4.04	Workshop - Metal/Welding/Plumbing	1	100.0	100.0	
W4.07	Storage - Equipment/Parts/Supplies	1	155.0	155.0	For FMO parts, supplies and Equipment.
W4.22	Alcove - Stretcher/Wheelchair Storage	1	10.0	10.0	For surge capacity/exchange beds.
W4.23	Equipment Disposal Holding Area	1	40.0	40.0	
	<b>FMO Staff Support Area</b>				

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
W4.09	Workroom - FMO	1	40.3	40.3	For FMO/AM Staff.
W4.24	Office - Shared	1	15.0	15.0	For computer-based Staff training, computer work and checking CMMS.
W4.11	Office - Private	3	9.0	27.0	For FMO site manager, FMO/AM Supervisors.
W4.12	Meeting Room - 12-Seat	1	30.0	30.0	
W4.13	Lounge - Staff	1	23.8	23.8	
W4.14	Locker Room - Male	1	34.8	34.8	
W4.18	Locker Room - Female	1	27.6	27.6	
W4.25	Washroom - Staff - Non-Acc	1	3.5	3.5	
<b>SUBTOTAL NSM: FMO/AM</b>				<b>832.0</b>	
<b>W5. IM/IT</b>					
W5.01	Workroom - Configuration Lab - FH	1	47.0	47.0	For FH IM/IT technicians.
W5.02	Office - Shared	1	12.0	12.0	For FH IM/IT.
W5.03	Office - Shared	1	15.0	15.0	For BCCM IM/IT.
W5.04	Storage - IM/IT - CC	1	8.0	8.0	For spare systems and Equipment.
<b>SUBTOTAL NSM: IM/IT</b>				<b>82.0</b>	
<b>W6. DISTRIBUTED SPACES</b>					
W6.01	Soiled Holding	9	18.0	162.0	For temporary holding of biohazard and general waste, soiled linens, soiled Equipment.
W6.02	Cleaning and Disinfection Room	9	10.0	90.0	For Equipment cleaning as per EVS processes.
W6.03	Alcove - Stretcher/Wheelchair Storage	6	10.0	60.0	
W6.04	Alcove - Eye wash/Shower Station	9	1.0	9.0	
W6.05	Alcove - AGV Cart Staging	8	8.45	67.6	For supporting future AGV cart staging locations for pick-up/drop-off (send/receive locations).
<b>SUBTOTAL NSM: DISTRIBUTED SPACES</b>				<b>388.6</b>	
<b>TOTAL NSM: BACK OF HOUSE</b>				<b>1,980.3</b>	



## 2.24 X. PATIENT FOOD SERVICES

### 2.24.1 SERVICE DESCRIPTION

- 2.24.1.1 Patient food services and dietitian services will be provided to inpatients who receive care and treatment at the NSHBCCC and will include provision of meals, tube feeds, nourishments/snacks and beverages for Patients on regular and therapeutic diets. Meals and snacks will be provided for Emergency Patients as needed.
- 2.24.1.2 A 'Choice Dining' Patient-centred service model will be employed. Eligible Patients will be offered a selective restaurant style menu aligned with their individual diet profile and ability to make meal selection either on demand or in advance of meal service.
- 2.24.1.3 The service model will be supported by technology allowing Patients to place orders by tablet or an app on Patient's/caregiver's own device. Orders will be received at Workroom - Diet. Patient and/or caregiver (e.g., care Staff, family member) will be able to interface with dietary software application on their own compatible phones or electronic devices. For those unable to utilize these technologies, Patient Food Services Staff will visit eligible Patients at bed side in between meals to facilitate orders. For Patients unable to make selections, they will be offered a system select meal in accordance with their diet. A health care worker may need to flag a Patient's suitability for using Choice Dining service. Patients that have not ordered a meal will be flagged in the system.
- 2.24.1.4 Patient food services will include menu planning, receiving and storage of supplies, food preparation and production, assembly and distribution to Inpatient Units and collection and sanitation of carts, trays and service wares.
- 2.24.1.5 A majority of meals will be produced on-site, supplemented with the procurement of processed or semi processed items. On-site scratch cooking and blast chilling capability will be provided to allow for bulk batch cooking or common menu items.
- 2.24.1.6 The menu will be designed so as to increase use of local food items, promote sustainability, embrace more ethnic diversity and inclusion of comfort foods.
- 2.24.1.7 Lean cells will be utilized for assembly of Choice Dining menu and/or on demand meals.
- 2.24.1.8 Outflow from this Component will include Choice Dining, fully assembled meals, nourishments and supplies to most Clinical Components, Inpatient Units and waste from Dishwashing room to the loading dock.

- 2.24.1.9 Inflow from this Component will include receipt of incoming goods from the loading dock and return of soiled carts, trays and service wares from Inpatient Units.
- 2.24.1.10 Dishwashing and Pot Washing facilities will be provided within Patient Food Services Component for sanitation of carts, trays, service wares and production wares.
- 2.24.1.11 Dietitian services will include:
- 2.24.1.11(1) A consultation service (in-person or through virtual health methods) to provide medical nutrition therapy to inpatients and outpatients. The care process will include assessment, nutrition diagnosis, intervention and monitoring. Nutrition therapy will include oral, enteral and parenteral nutrition therapy, micronutrient support, fluid management, nutrition education, and discharge planning;
  - 2.24.1.11(2) Consultation services for specific/individual diets, and in conjunction with SLP, assist with swallowing assessments to determine food textures to ensure sufficient caloric intake and food safety;
  - 2.24.1.11(3) Use of virtual health methods such as real-time videoconferencing for increased access to dietitian services;
  - 2.24.1.11(4) Pooling dietitian resources so that Patients are seen according to Priority Intervention Criteria (PIC) levels and dietitians can be deployed to any area within the Facility depending on PIC needs/gaps in service;
  - 2.24.1.11(5) Utilize outreach follow-up to facilitate discharge;
  - 2.24.1.11(6) Nutrition optimization prior to surgery to improve outcomes in the Facility; and
  - 2.24.1.11(7) Collaboration for menu development and medical nutrition therapy.
- 2.24.1.12 Patient Food Services will provide the following education and training opportunities:
- 2.24.1.12(1) Supporting dietetic and food service management student programs.
- 2.24.1.13 Patient Food Services will be committed to a culture of continuous quality improvement, a systematic approach to providing and improving quality of services to best enhance Patient's health and satisfaction.

## 2.24.1.14 Service Exclusions

2.24.1.14(1) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

2.24.1.14(1)(a) Retail food services.

2.24.1.14(1)(b) Provision of food services for decentralized Staff lounges and/or stocking of Staff areas.

## 2.24.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

## 2.24.2.1 Patient Flow

2.24.2.1(1) N/A

## 2.24.2.2 Family/Visitor Flow

2.24.2.2(1) Visitors (e.g., vendors) will report to Office - Private or Workroom - Diet.

## 2.24.2.3 Staff Flow

2.24.2.3(1) Upon arrival to the Facility, Staff from this Component will travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms to change into appropriate work attire and store their personal belongings.

2.24.2.3(2) At start of shift, Staff will sign-in within their applicable Component and receive their assignment/workload for the day.

2.24.2.3(3) Staff may travel via Service Circulation to centralized Shared Staff Facilities to access Lounge - Staff for breaks.

2.24.2.3(4) Patient Food Services Staff will be responsible for taking food orders (where appropriate), preparing, assembling, and delivering meals to Patients, and delivering soiled service wares back to the Component.

2.24.2.3(5) Patient Food Services Staff will travel with food tray carts to Inpatient Units via Service Circulation several times per day to deliver prepared food trays directly to Patients within Patient rooms on an order demand system. Trays will be collected by Patient Food Services Staff and transported back to Patient Food Services Component via Service Circulation for cleaning. On an exception basis, tray meals will be ordered and delivered

to other Components (e.g., Emergency) if an admitted Patient is waiting for transfer for a period of time.

- 2.24.2.3(6) Meal trays collected after regular dirty tray pickup on Inpatient Units will be placed on an enclosed cart by care Staff in Alcove - Dirty Food Tray. These carts will be collected by Patient Food Services Staff with a cart exchange process and will transport the cart to Patient Food Services Component via Service Circulation for cleaning.
  - 2.24.2.3(7) Patient Food Services Staff will travel with supply carts to Components across the Facility via Service Circulation to restock Alcove - Nourishment Station in Patient Care Areas with snacks and supplies on a regular basis. For eligible Components that do not have tray meal service, bagged or boxed meals may be provided/stocked.
  - 2.24.2.3(8) Registered dietitians will flow between IPT Component, Clinical Components, and Patient Food Services Component via Service Circulation.
- 2.24.2.4 Clinical Support Flow
- 2.24.2.4(1) Pharmacy
    - 2.24.2.4(1)(a) N/A
  - 2.24.2.4(2) Medical Imaging
    - 2.24.2.4(2)(a) N/A
  - 2.24.2.4(3) Laboratory
    - 2.24.2.4(3)(a) N/A
  - 2.24.2.4(4) Interprofessional Team
    - 2.24.2.4(4)(a) N/A
- 2.24.2.5 Non-Clinical Support Flow
- 2.24.2.5(1) Equipment
    - 2.24.2.5(1)(a) Dirty food tray carts will enter the Component directly into Warewashing Suite and will be staged in Soiled Cart Holding area. Carts will be moved to Cart Wash area for cleaning/washing, then moved to Clean Cart Holding area.

- 2.24.2.5(1)(b) Dishware will be unloaded from dirty food tray carts in Soiled Cart Holding area and moved to Dishwashing area for cleaning/washing. When clean and dry, dishware is placed on lowerators, wire shelves or carts and moved to Storage - Clean Supply and/or Meal Assembly for next meal.
- 2.24.2.5(1)(c) As needed, clean food tray carts and dishware will be retrieved from Clean Cart Holding and Storage - Clean Supply and moved into Meal Assembly area to be loaded with prepared meal trays for delivery.
- 2.24.2.5(1)(d) Carts containing fully assembled meals will exit the Component directly from Meal Assembly area within Central Kitchen Facilities zone.
- 2.24.2.5(2) Medical Devices
- 2.24.2.5(2)(a) N/A
- 2.24.2.5(3) Supplies (Materials Management)
- 2.24.2.5(3)(a) Materials Management Component will receive and deliver selected supplies as requisitioned by Patient Food Services administrative or management Staff.
- 2.24.2.5(3)(b) All raw, semi-processed, and non-perishable food related items will be received at the loading dock of the Facility and de-cased. Patient Food Services supervisor on duty will receive notification of supply delivery at Service Entrance and will be responsible for ensuring moving the supplies to the appropriate Patient Food Services storage areas. Notification of delivery and movement of deliveries will be coordinated with Materials Management to ensure food safety and loading dock access.
- 2.24.2.5(3)(c) Patient Food Services Staff will inspect the product received prior to placing the items directly into the appropriate refrigerator, freezer, or dry storage areas. These items will be inventoried electronically by Patient Food Services Staff.
- 2.24.2.5(3)(d) Daily, selected ready-to-use food items will be removed from Walk-In Freezer and tempered. Once tempered, chilled items will be placed in a holding Inventory Refrigerator.

- 2.24.2.5(3)(e) Non-food items and supplies will be requisitioned by Patient Food Services Staff at regular intervals. Upon delivery, these items will enter the Component through Receiving/De-casing area and stored within Storage - Non-Food Products. From there, Patient Food Services Staff will transfer items into day storage areas within work areas.
- 2.24.2.5(3)(f) Meal production will consist of primarily on-site production of selected Patient menu items, supplemented with a combination of purchased chilled and frozen pre-prepared food products.
- 2.24.2.5(3)(g) Blast chilling and/or freezing technologies will be utilized for items produced on-site. Items will be prepared and panned in advance of meal service, chilled and/or frozen and placed in refrigerator/freezer holding/inventory.
- 2.24.2.5(3)(h) Raw and semi-processed ingredients will be removed from refrigerated and dry storage and transferred to Ingredient Control Room and Preparation area. Raw ingredients will be moved to Hot Production/Main Cooking area for cooking. Pre-portioned cold items will be moved to Meal Assembly.
- 2.24.2.5(3)(i) Patient orders will be received electronically and validated against Patient diet profile. Tray tickets will be printed at a la carte production and Meal Assembly area for Choice Dining and will be printed in Workroom - Diet for set mealtimes. Eligible Inpatient Units on Choice Dining model meals will be cooked/finished upon receipt of order, trays assembled and placed in food tray carts awaiting distribution to individual Inpatient Units. To ensure delivery within forty-five (45) minutes of order, carts will be accompanied with timers that are activated as soon as the first tray is placed in the cart. Carts will be released typically within fifteen (15) minutes following the placement of first tray regardless of number of trays within the cart. Choice Dining menu or standard tray tickets will be printed in advance of meal service and meal trays finished, plated, and delivered to Inpatient Units at set-times. Cold items such as salads, sandwiches, desserts may be pre-portioned in advance and along with beverages added to trays at service times.

2.24.2.5(4) EVS (Housekeeping/Linen/Waste Management)

- 2.24.2.5(4)(a) Cleaning will be a combined responsibility between Patient Food Services Staff and EVS.
- 2.24.2.5(4)(b) EVS will be responsible for cleaning and sanitizing in food production area (e.g., floors, walls, interior windows, exterior windows, floors and walls of freezers and refrigerators, ventilation hoods, ceiling lights), and will collect waste and recyclable materials from holding areas for removal from the Component to the loading dock.
- 2.24.2.5(4)(c) EVS will also be responsible for cleaning Patient Food Services administrative areas.
- 2.24.2.5(4)(d) EVS Staff will pick up and deliver linen, aprons, and scrubs for Patient Food Services Staff.
- 2.24.2.5(4)(e) Patient Food Services Staff will clean Patient Food Services-specific Equipment.

2.24.2.5(5) Biomedical Engineering

- 2.24.2.5(5)(a) N/A

2.24.2.5(6) FMO/AM

- 2.24.2.5(6)(a) FMO/AM and/or external contracts will be responsible for preventative maintenance and repair of Patient Food Services Equipment. This will include servicing grease traps and all Equipment according to manufacturer's specifications or annually (minimum).
- 2.24.2.5(6)(b) FMO/AM will also have the responsibility for temperature and drainage issues.

2.24.2.5(7) Information Management

- 2.24.2.5(7)(a) As per Facility-wide flow.
- 2.24.2.5(7)(b) A computerized dietary management information system which interfaces with the Facility clinical information systems will be used to support the operation.
- 2.24.2.5(7)(c) The Choice Dining service model will require that Patient, caregiver (care Staff, family member) be able to

interface with the dietary software application on their own compatible phones or electronic devices. Patient Food Services Staff will support those who are unable to use the Patient app. Vendor software will accommodate different types of personal devices. Patients will be provided paper or electronic brochures describing the service and the 'applnforma'.

- 2.24.2.5(7)(d) If the Patient app for meal selection is not available in different languages, interpreter services will be required for some Patients.
- 2.24.2.5(7)(e) There will be another process in place to flag Patients that have not ordered meals or those not suitable for Choice Dining. Those who have ordered something not on their profile will be called to confirm alternatives they are able to have.
- 2.24.2.5(7)(f) Patient Food Services will utilize software that supports tray tracking for meal service delivery times for Inpatient Units on Choice Dining.
- 2.24.2.5(7)(g) For Patients who will have food timed with receiving of medications, their requirements can be flagged to ensure their food arrives at the correct time for Inpatient Units on Choice Dining.
- 2.24.2.5(7)(h) IM/IT Staff will house servers and maintain and service any computer systems utilized within Patient Food Services.
- 2.24.2.5(8) Security
  - 2.24.2.5(8)(a) As per Facility-wide flow.



2.24.3 COMPONENT DESIGN CRITERIA

2.24.3.1 External Adjacency Requirements Diagram

2.24.3.1(1) The following diagram indicates other Components that have a functional relationship with this Component.

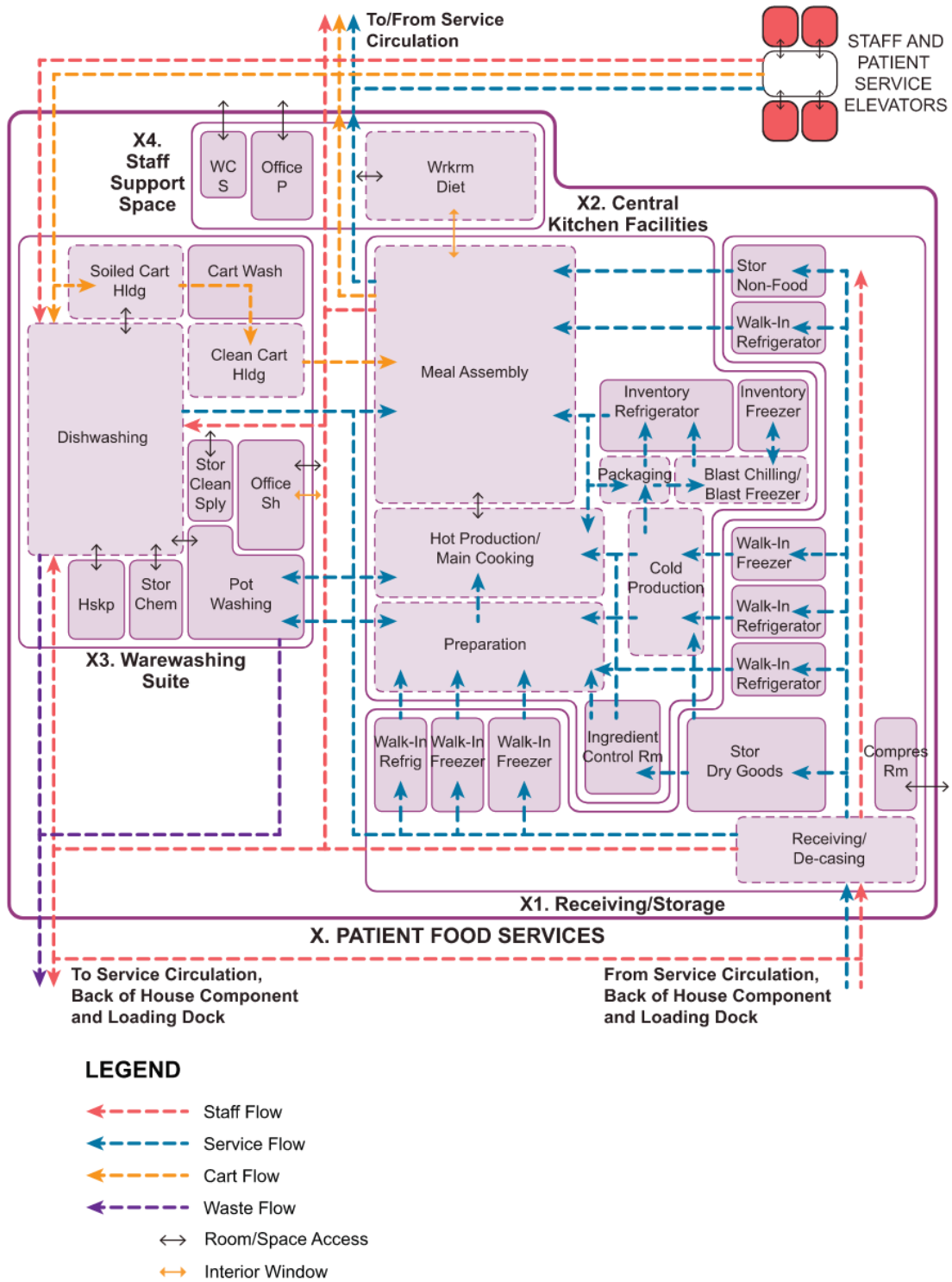


**LEGEND**

Convenient Access by Service Circulation

2.24.3.2 Internal Functional Relationships Diagram

2.24.3.2(1) The following diagram indicates internal functional relationships within this Component.



### 2.24.3.3 General Requirements

2.24.3.3(1) Patient Food Services Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

2.24.3.3(1)(a) Convenient Access via Service Circulation to Back of House and the clean loading dock for receipt of food products and the soiled loading dock for removal of waste.

2.24.3.3(1)(b) Convenient Access via Service Circulation and Staff and Patient Service Elevators to Inpatient Units for delivery of meals and food supplies to Patients and return of soiled carts, trays and service wares.

2.24.3.3(1)(c) Convenient Access via Service Circulation to Staff Facilities to enable Staff to use centralized Shared Staff Facilities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.

2.24.3.3(1)(d) Convenient Access via Service Circulation and Staff and Patient Service Elevators to the Components with Alcove - Nourishment Station for delivery of food supplies. The Components with Alcove - Nourishment Station to support Patient care include Ambulatory Care, Emergency, Perioperative, OACU, Systemic Therapy and Radiation Therapy Delivery.

2.24.3.3(2) Zones of activity within Patient Food Services Component will include the following:

2.24.3.3(2)(a) X1. Receiving/Storage

2.24.3.3(2)(b) X2. Central Kitchen Facilities

2.24.3.3(2)(c) X3. Warewashing Suite

2.24.3.3(2)(d) X4. Staff Support Space

2.24.3.3(3) Patient Food Services Component will be designed to support a forward workflow (from receiving through storage and preparation/production to assembly and distribution) and a separate and non-crossing flow of waste and soiled carts and service wares.

- 2.24.3.3(4) Design will allow the flow of fully prepared chilled and frozen products to be separate from the flow of semi-processed or raw items.
- 2.24.3.3(5) Proportions and aspect ratio of Patient Food Services Component will not be more than 3:1. Shape of Patient Food Services Component will be designed to ensure appropriate forward workflow and allow for the following separate and distinct points of access and egress:
  - 2.24.3.3(5)(a) Receipt of incoming goods at Receiving/De-casing area;
  - 2.24.3.3(5)(b) Distribution of meals from Meal Assembly;
  - 2.24.3.3(5)(c) Return of soiled carts, trays and service wares to Soiled Cart Holding area in Warewashing Suite; and
  - 2.24.3.3(5)(d) Staff and visitor access.
- 2.24.3.3(6) Functional areas will be arranged to minimize travel distances from one function to another and placement of Equipment and supplies will promote the concept of reducing travel time and distance for Staff.
- 2.24.3.3(7) Complementary functional areas will be adjacent to one another for easy and direct movement of Staff and products.
- 2.24.3.3(8) Layout of preparation and production areas will include capability of storing products needed and/or will be located adjacent to storage rooms for easy access to ingredients.
- 2.24.3.3(9) Room layouts, configurations and services will be standardized to maximize flexibility in use and ease of orientation.
- 2.24.3.3(10) Equipment configuration will be positioned to ensure complementary items are adjacent to one another.
- 2.24.3.3(11) Design of this Component will meet or exceed applicable provincial Infection Prevention and Control guidelines and BC Food Premises Regulation, including:
  - 2.24.3.3(11)(a) All Patient Food Services areas will support a food safety management (Hazard Analysis Critical Control Point) program. Hazard analysis is the process of identifying and assessing where hazards may enter the food processing flow and affect food safety. Critical control points are operational procedures or functions

where identified hazards will be controlled and continuously monitored.

- 2.24.3.3(11)(b) Central to Hazard Analysis Critical Control Point program will be the control of time-temperature relationships through food processing flow. To support this effort, Equipment such as Walk-In Refrigerators and Walk-In Freezers within Patient Food Services Component will include temperature recorders and alarms.
- 2.24.3.3(11)(c) Hand hygiene sinks with soap dispensers and automatic alcohol-based hand rub dispensers will be provided in all work areas and point of access or egress into the Component. Location of hand hygiene sinks will not affect circulation into and within the Component.
- 2.24.3.3(12) Use of mobile Equipment will be maximized to allow for movement and repositioning in the future, easy replacement and ease of cleaning.
- 2.24.3.3(13) Ramps or step-up into Walk-In Refrigerators and Walk-In Freezers will not be allowed.
- 2.24.3.3(14) Deliveries will not pass through Preparation/Production area to be placed into storage.
- 2.24.3.4 X1. Receiving/Storage
  - 2.24.3.4(1) All circulation to/from this zone will be a clear minimum of 2400 mm wide and 2400 mm high.
  - 2.24.3.4(2) Receiving/De-casing area will be configured to accommodate holding and breakdown of pallets with incoming goods and supplies.
  - 2.24.3.4(3) Receiving/De-casing area will include one (1) workstation for Patient Food Services receiver.
  - 2.24.3.4(4) Storage - Non-Food Products will be located adjacent to Meal Assembly area.
  - 2.24.3.4(5) Storage - Dry Goods will be adjacent to Ingredient Control Room and located away from any heat and humidity producing areas and from Direct Natural Light.
  - 2.24.3.4(6) Storage - Dry Goods will accommodate space for seventy-two (72) hours emergency water supply for Patients.

- 2.24.3.4(7) Walk-In Freezers and Walk-In Refrigerators will be accessible from Preparation, Cold Production and Hot Production/Main Cooking areas.
  - 2.24.3.4(8) One (1) Walk-In Refrigerator will have Direct Access to Meal Assembly area.
  - 2.24.3.4(9) Walk-In Refrigerators and Walk-In Freezers will be prefabricated with sliding doors to optimize design and workflow.
  - 2.24.3.4(10) A minimum of 1800 mm clear width for circulation will be required between Storage - Dry Goods, Walk-In Refrigerators, Walk-In Freezers, and work areas in Preparation/Production for movement of goods and Staff.
  - 2.24.3.4(11) Compressor Room will be co-located with Receiving/Storage zone but will have Direct Access to Service Circulation outside the Component.
- 2.24.3.5 X2. Central Kitchen Facilities
- 2.24.3.5(1) Preparation, Cold Production, Hot Production/Main Cooking, Blast Chilling/Blast Freezer/Rapid Thaw, Packaging and Meal Assembly will be open areas without wall partitions.
  - 2.24.3.5(2) Hot Production/Main Cooking and Cold Production will have Direct Access to Blast Chilling/Blast Freezer/Rapid Thaw and Packaging areas.
  - 2.24.3.5(3) Hot Production/Main Cooking will be designed such that a la carte production is adjacent to one of Meal Assembly cells to support on demand orders associated with Choice Dining model.
  - 2.24.3.5(4) Inventory Refrigerator and Inventory Freezer will be prefabricated with sliding doors to optimize design and workflow.
  - 2.24.3.5(5) An Alcove - Clean Linen will have Convenient Access to entry point to the Component and Meal Assembly for easy exchange of clean linen supply cart from Service Circulation.
- 2.24.3.6 X3. Warewashing Suite
- 2.24.3.6(1) Warewashing Suite will be an enclosed area within Patient Food Services Component designed to contain sound, humidity and to provide a separate access point for soiled carts.

- 2.24.3.6(2) Pot Washing will be designed to contain sound, humidity and to be adjacent to Hot Production/Main Cooking, Preparation and Meal Assembly areas.
  - 2.24.3.6(3) Dishwashing will be located adjacent to Meal Assembly area and accommodate dishwashers configured in a straight line for improved ergonomics.
  - 2.24.3.6(4) Clean Cart Holding and Storage - Clean Supply will have Direct Access to Meal Assembly.
- 2.24.3.7 X4. Staff Support Space
- 2.24.3.7(1) Office - Private and Washroom - Staff will be co-located with Staff Support Space with Direct Access to Service Circulation outside the Component and Convenient Access to entry point to the Component.
  - 2.24.3.7(2) Office - Shared will include two (2) workstations.
  - 2.24.3.7(3) Office - Shared will be accessed from within the Component and will have an interior window to provide Line of Sight to Preparation, Cold Production, Hot Production/Main Cooking and Meal Assembly areas.
  - 2.24.3.7(4) Workroom - Diet will be accessed from within the Component adjacent to Meal Assembly and will also have Convenient Access to entry point to the Component. This room will have an interior window to provide Line of Sight to Meal Assembly area.
  - 2.24.3.7(5) Workroom - Diet will include four (4) workstations and a Business Work Area.

## 2.24.4 SCHEDULE OF ACCOMMODATIONS

2.24.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Patient Food Services**

<b>X. PATIENT FOOD SERVICES</b>		
X1. RECEIVING/STORAGE		137.0
X2. CENTRAL KITCHEN FACILITIES		238.9
X3. WAREWASHING SUITE		147.3
X4. STAFF SUPPORT SPACE		50.2
<b>PATIENT FOOD SERVICES PROGRAMMED SPACE NSM:</b>		<b>573.4</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>X. PATIENT FOOD SERVICES</b>					
<b>X1. RECEIVING/STORAGE</b>					
X1.01	Receiving/De-casing	1	23.6	23.6	
X1.02	Storage - Non-Food Products	1	9.0	9.0	Incl. compact storage system.
X1.03	Storage - Dry Goods	1	28.0	28.0	Incl. compact storage system.
X1.04	Walk-In Freezer	1	15.0	15.0	
X1.05	Walk-In Freezer	2	9.0	18.0	
X1.06	Walk-In Refrigerator	4	9.0	36.0	
X1.07	Compressor Room	1	7.4	7.4	
<b>SUBTOTAL NSM: RECEIVING/STORAGE</b>				<b>137.0</b>	
<b>X2. CENTRAL KITCHEN FACILITIES</b>					
X2.01	Preparation/Production				
X2.01.01	Meal Assembly	1	71.0	71.0	For tray assembly pods and Choice Dining assembly.
X2.01.03	Preparation	1	37.2	37.2	For vegetable and meat preparation.
X2.01.04	Hot Production/Main Cooking	1	37.2	37.2	
X2.01.05	Cold Production	1	24.0	24.0	For production of sandwich fillings and pre-portioned items for assembly.
X2.01.06	Blast Chilling/Blast Freezer/Rapid Thaw	1	12.0	12.0	For chilling, freezing, thawing.
X2.01.07	Packaging	1	7.0	7.0	
X2.01.08	Alcove - Clean Linen	1	2.0	2.0	



Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
X2.02	Ingredient Control Room	1	14.5	14.5	Incl. compact storage system.
X2.03	Inventory Refrigerator	1	25.0	25.0	
X2.04	Inventory Freezer	1	9.0	9.0	For pre-prepared meals.
<b>SUBTOTAL NSM: CENTRAL KITCHEN FACILITIES</b>				<b>238.9</b>	
<b>X3. WAREWASHING SUITE</b>					
X3.01	Pot Washing	1	23.2	23.2	
X3.02.01	Soiled Cart Holding	1	15.0	15.0	
X3.02.02	Dishwashing	1	57.4	57.4	
X3.02.03	Cart Wash	1	16.7	16.7	
X3.02.05	Storage - Clean Supply	1	6.0	6.0	For new/unused dishes, wares, etc.
X3.02.06	Alcove - Eye wash/Shower Station	1	1.0	1.0	
X3.03	Clean Cart Holding	1	15.0	15.0	
X3.04	Storage - Chemical	1	6.0	6.0	
X3.05	Housekeeping Room	1	7.0	7.0	
<b>SUBTOTAL NSM: WAREWASHING SUITE</b>				<b>147.3</b>	
<b>X4. STAFF SUPPORT SPACE</b>					
X4.01	Office - Private	1	9.0	9.0	For manager.
X4.02	Office - Shared	1	12.0	12.0	For supervisors.
X4.03	Workroom - Diet	1	24.2	24.2	For diet techs and shared diet use.
X4.04	Washroom - Staff	1	5.0	5.0	
<b>SUBTOTAL NSM: STAFF SUPPORT SPACE</b>				<b>50.2</b>	
<b>TOTAL NSM: PATIENT FOOD SERVICES</b>				<b>573.4</b>	

## 2.25 Y. STAFF FACILITIES

## 2.25.1 Y1. SHARED STAFF FACILITIES

## 2.25.1.1 SERVICE DESCRIPTION

- 2.25.1.1(1) Shared Staff Facilities Sub-Component in Staff Facilities Component will accommodate a wide variety of amenities in support of Staff in the CH and BCCC.
- 2.25.1.1(2) The following service and support elements will be included in this Sub-Component:
- 2.25.1.1(2)(a) Centralized Staff lounge/break facilities. Lounge - Staff will be interdisciplinary and will be shared by Facility Staff, learners, and medical Staff;
  - 2.25.1.1(2)(b) Centralized Staff Locker Rooms, Change Rooms, and Washroom/Showers; and
  - 2.25.1.1(2)(c) An Exercise/Wellness Room.
- 2.25.1.1(3) Service Exclusions
- 2.25.1.1(3)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
    - 2.25.1.1.3.(a).1 Dedicated Staff lounge/break facilities will be available in select Components.
    - 2.25.1.1.3.(a).2 Dedicated Locker Rooms will be available in Components in which Staff will be unable to leave their work area.
    - 2.25.1.1.3.(a).3 Lounge - Staff will not be stocked by Patient Food Services.

## 2.25.1.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.25.1.2(1) Patient Flow
- 2.25.1.2(1)(a) N/A
- 2.25.1.2(2) Family/Visitor Flow
- 2.25.1.2(2)(a) N/A
- 2.25.1.2(3) Staff Flow

- 2.25.1.2(3)(a) Staff will have the option to enter the Facility via a separate entrance from Patients and families.
- 2.25.1.2(3)(b) Upon arrival to the Facility, Facility Staff may travel via Service Circulation to centralized Shared Staff Facilities to access Locker Rooms or Change Rooms to change into appropriate work attire and store their personal belongings. Staff arriving by bicycle may first lock their bicycle within dedicated Staff bicycle parking before making their way to Shared Staff Facilities Sub-Component or utilizing change facilities within bicycle parking area as set out in Schedule 1 [Statement of Requirements].
- 2.25.1.2(3)(c) Staff may travel via Service Circulation from their Component to centralized Shared Staff Facilities to access Lounge - Staff for breaks or Exercise/Wellness Room.
- 2.25.1.2(4) Clinical Support Flow
  - 2.25.1.2(4)(a) Pharmacy
    - 2.25.1.2.4.(a).1 N/A
  - 2.25.1.2(4)(b) Medical Imaging
    - 2.25.1.2.4.(b).1 N/A
  - 2.25.1.2(4)(c) Laboratory
    - 2.25.1.2.4.(c).1 N/A
  - 2.25.1.2(4)(d) Interprofessional Team
    - 2.25.1.2.4.(d).1 N/A
- 2.25.1.2(5) Non-Clinical Support Flow
  - 2.25.1.2(5)(a) Equipment
    - 2.25.1.2.5.(a).1 N/A
  - 2.25.1.2(5)(b) Medical Devices
    - 2.25.1.2.5.(b).1 N/A
  - 2.25.1.2(5)(c) Supplies (Materials Management)
    - 2.25.1.2.5.(c).1 N/A
  - 2.25.1.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
    - 2.25.1.2.5.(d).1 As per Facility-wide flow.
  - 2.25.1.2(5)(e) Patient Food Services

2.25.1.2.5.(e).1 N/A

2.25.1.2(5)(f) Biomedical Engineering

2.25.1.2.5.(f).1 N/A

2.25.1.2(5)(g) FMO/AM

2.25.1.2.5.(g).1 As per Facility-wide flow.

2.25.1.2(5)(h) Information Management

2.25.1.2.5.(h).1 As per Facility-wide flow.

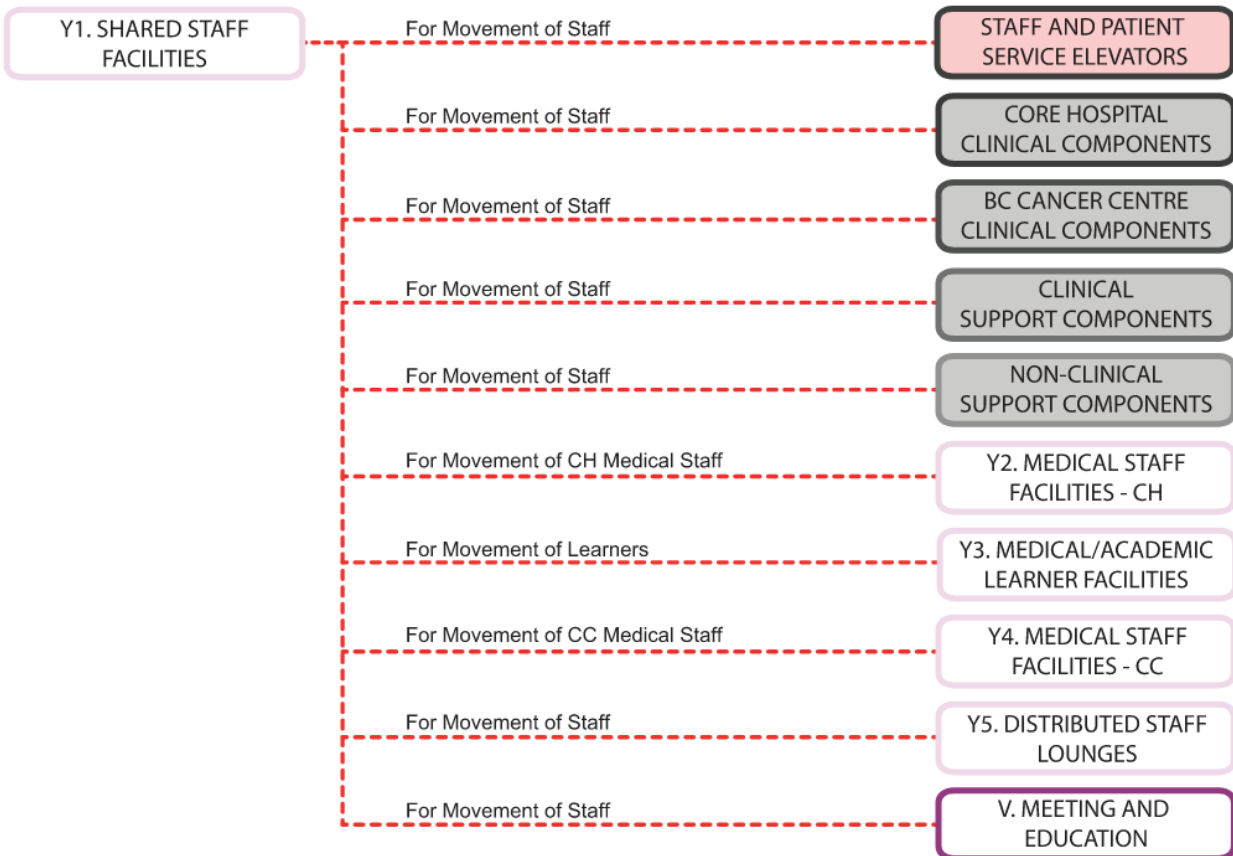
2.25.1.2(5)(i) Security

2.25.1.2.5.(i).1 As per Facility-wide flow.

2.25.1.3 COMPONENT DESIGN CRITERIA

2.25.1.3(1) External Adjacency Requirements Diagram

2.25.1.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

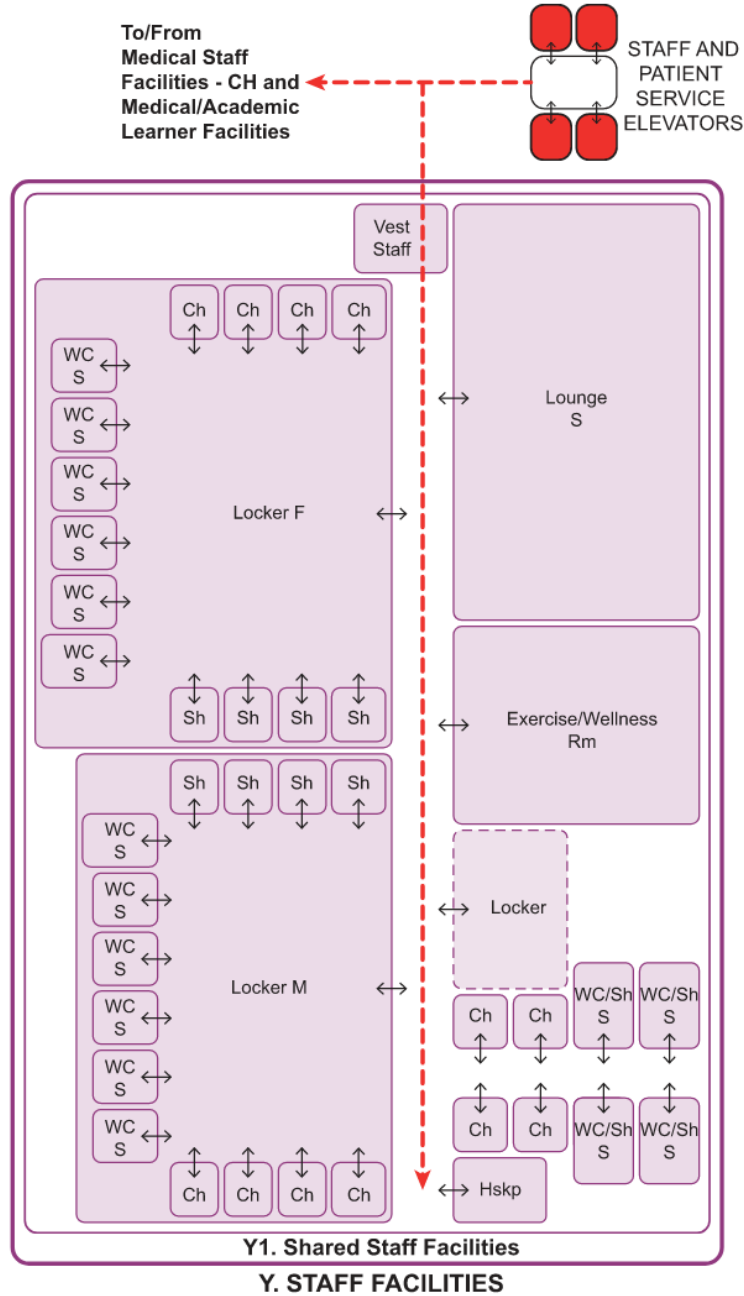


**LEGEND**

Convenient Access by Service Circulation

2.25.1.3(2) Internal Functional Relationships Diagram

2.25.1.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



**LEGEND**

- - - - - Staff Flow
- $\leftrightarrow$  Room/Space Access

## 2.25.1.3(3) General Requirements

- 2.25.1.3(3)(a) Shared Staff Facilities Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.25.1.3.3.(a).1 Convenient Access via Service Circulation to Staff and Patient Service Elevators and all NSHBCCC Components for Staff access.
  - 2.25.1.3.3.(a).2 Convenient Access via Service Circulation to other Staff Facilities Sub-Components for Staff, medical Staff and learner access.
- 2.25.1.3(3)(b) This Sub-Component will be co-located with Medical Staff Facilities - CH and Medical/Academic Learner Facilities Sub-Components. It will not be required to be co-located with the other Sub-Components of Staff Facilities Component.
- 2.25.1.3(3)(c) Shared Staff Facilities will be a Staff-only area accessed from Service Circulation with a dedicated Staff entry point through a secure Vestibule - Staff Facilities Entry and include various changing and showering options and other Staff amenities.
- 2.25.1.3(3)(d) This area will include Locker Room - Male and Locker Room - Female with Direct Access to Staff-only internal corridor through privacy vestibules.
- 2.25.1.3(3)(e) Single-occupancy universal Washroom/Shower - Staff, Change Rooms, and Alcove - Lockers will be co-located with Direct Access from Staff-only internal corridor.
- 2.25.1.3(3)(f) Exercise/Wellness Room will have Convenient Access to centralized Locker Rooms through Staff-only internal corridor. Exercise/Wellness Room entry point will have a digital display monitor which will be managed/updated by Administration Staff for the purposes of sharing information and education.
- 2.25.1.3(3)(g) Exercise/Wellness Room will accommodate a stretching area, a cardio work out area, cubby storage for gym bags and waste/recycling alcove.
- 2.25.1.3(3)(h) An Alcove - Water Station will be located in Staff-only internal corridor adjacent to Exercise/Wellness Room entry point.

- 2.25.1.3(3)(i) A Lounge - Staff will be included in this area and will be used for ad hoc meetings/Staff events.

## 2.25.2 Y2. MEDICAL STAFF FACILITIES - CH

## 2.25.2.1 SERVICE DESCRIPTION

- 2.25.2.1(1) Medical Staff Facilities - CH Sub-Component in Staff Facilities Component will accommodate a wide variety of amenities in support of physicians in the CH.
- 2.25.2.1(2) The following service and support elements will be included in this Sub-Component:
- 2.25.2.1(2)(a) Centralized drop down workstations and support space for physicians; and
  - 2.25.2.1(2)(b) Centralized On-Call Rooms.
- 2.25.2.1(3) Service Exclusions
- 2.25.2.1(3)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
- 2.25.2.1.3.(a).1 One (1) On-Call Room in Emergency Component.
  - 2.25.2.1.3.(a).2 Videoconference/Seminar Room - UBC in Meeting and Education Component.

## 2.25.2.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.25.2.2(1) Patient Flow
- 2.25.2.2(1)(a) N/A
- 2.25.2.2(2) Family/Visitor Flow
- 2.25.2.2(2)(a) N/A
- 2.25.2.2(3) Staff Flow
- 2.25.2.2(3)(a) Staff will have the option to enter the Facility via a separate entrance from Patients and families.
  - 2.25.2.2(3)(b) CH medical Staff will utilize centralized Staff amenities (e.g., Locker Rooms, Change Rooms, Washroom/Shower - Staff) within Shared Staff Facilities Sub-Component.
  - 2.25.2.2(3)(c) CH medical Staff will travel via Service Circulation from their applicable Facility Component to centralized



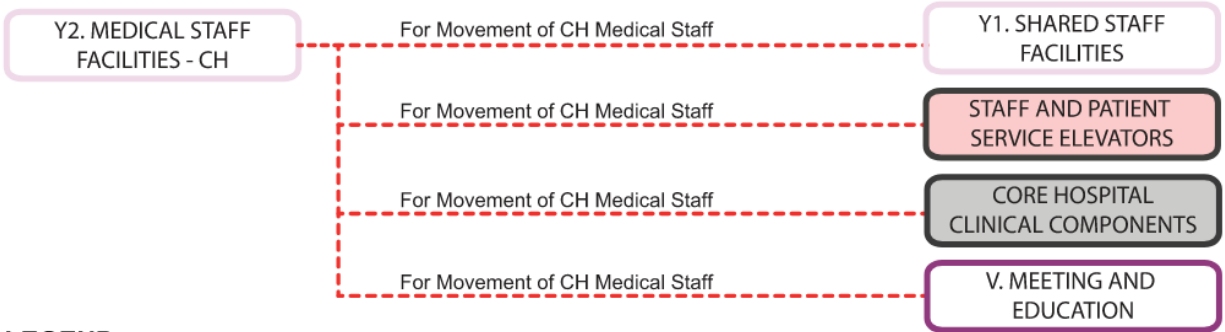
Medical Staff Facilities - CH Sub-Component within Staff  
Facilities Component.

- 2.25.2.2(4) Clinical Support Flow
  - 2.25.2.2(4)(a) Pharmacy
    - 2.25.2.2.4.(a).1 N/A
  - 2.25.2.2(4)(b) Medical Imaging
    - 2.25.2.2.4.(b).1 N/A
  - 2.25.2.2(4)(c) Laboratory
    - 2.25.2.2.4.(c).1 N/A
  - 2.25.2.2(4)(d) Interprofessional Team
    - 2.25.2.2.4.(d).1 N/A
- 2.25.2.2(5) Non-Clinical Support Flow
  - 2.25.2.2(5)(a) Equipment
    - 2.25.2.2.5.(a).1 N/A
  - 2.25.2.2(5)(b) Medical Devices
    - 2.25.2.2.5.(b).1 N/A
  - 2.25.2.2(5)(c) Supplies (Materials Management)
    - 2.25.2.2.5.(c).1 N/A
  - 2.25.2.2(5)(d) EVS (Housekeeping/Linen/Waste Management)
    - 2.25.2.2.5.(d).1 As per Facility-wide flow.
  - 2.25.2.2(5)(e) Patient Food Services
    - 2.25.2.2.5.(e).1 N/A
  - 2.25.2.2(5)(f) Biomedical Engineering
    - 2.25.2.2.5.(f).1 N/A
  - 2.25.2.2(5)(g) FMO/AM
    - 2.25.2.2.5.(g).1 As per Facility-wide flow.
  - 2.25.2.2(5)(h) Information Management
    - 2.25.2.2.5.(h).1 As per Facility-wide flow.
  - 2.25.2.2(5)(i) Security
    - 2.25.2.2.5.(i).1 As per Facility-wide flow.

2.25.2.3 COMPONENT DESIGN CRITERIA

2.25.2.3(1) External Adjacency Requirements Diagram

2.25.2.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

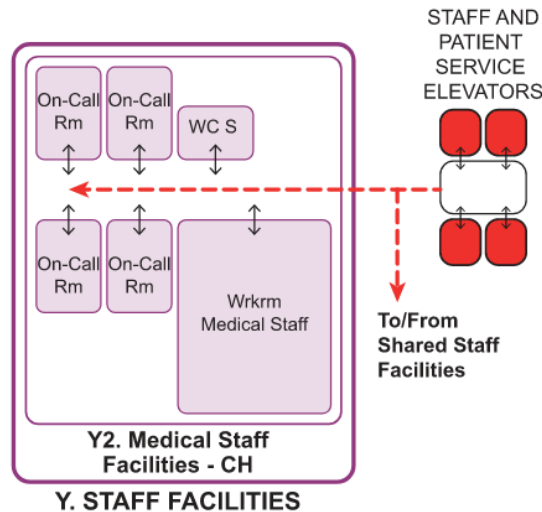


**LEGEND**

Convenient Access by Service Circulation

2.25.2.3(2) Internal Functional Relationships Diagram

2.25.2.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



**LEGEND**

← - - - Staff Flow  
 ↔ Room/Space Access

2.25.2.3(3) General Requirements

2.25.2.3(3)(a) Medical Staff Facilities - CH Sub-Component key external relationships with other Components listed in

the priority order for the purposes stated are the following:

- 2.25.2.3.3.(a).1 Convenient Access via Service Circulation to Shared Staff Facilities to enable CH medical Staff to use centralized Staff amenities such as Washroom/Shower - Staff, Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.25.2.3.3.(a).2 Convenient Access via Service Circulation to Staff and Patient Service Elevators and CH Clinical Components for CH medical Staff access.
- 2.25.2.3.3.(a).3 Convenient Access via Service Circulation to Meeting and Education for movement of CH medical Staff for meeting, training and education purposes.
- 2.25.2.3(3)(b) This Sub-Component will be co-located with Shared Staff Facilities Sub-Component. It will not be required to be co-located with other Sub-Components of Staff Facilities Component.
- 2.25.2.3(3)(c) Medical Staff Facilities - CH will be a Staff-only area designed as a secure suite accessed from Service Circulation and located away from high traffic corridors.
- 2.25.2.3(3)(d) This Sub-Component will have a Workroom - Medical Staff with six (6) unassigned drop down workstations, flexible seating, nourishment station, Business Work Area and mail slots.
- 2.25.2.3(3)(e) On-Call Rooms will have Convenient Access to a Washroom - Staff and Washroom/Shower - Staff in Shared Staff Facilities Sub-Component.
- 2.25.2.3(3)(f) Workroom - Medical Staff and Washroom - Staff will have Direct Access from internal corridor.

### 2.25.3 Y3. MEDICAL/ACADEMIC LEARNER FACILITIES

#### 2.25.3.1 SERVICE DESCRIPTION

- 2.25.3.1(1) Medical/Academic Learner Facilities Sub-Component in Staff Facilities Component will accommodate a wide variety of amenities in support of UBC FoM undergraduate medical learners and post graduate resident trainees (learners) and other academic programs in the CH.
- 2.25.3.1(2) The following service and support elements will be included in this Sub-Component:
- 2.25.3.1(2)(a) Centralized Lounge - Study Stations and Book Collection - UBC and Alcove - Lockers - UBC;
  - 2.25.3.1(2)(b) Centralized On-Call Rooms; and
  - 2.25.3.1(2)(c) Administration Offices.
- 2.25.3.1(3) Service Exclusions
- 2.25.3.1(3)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
- 2.25.3.1.3.(a).1 Meeting and education functions will be accommodated in distributed Meeting Rooms in various Components as well as Meeting and Education Component.

#### 2.25.3.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.25.3.2(1) Patient Flow
- 2.25.3.2(1)(a) N/A
- 2.25.3.2(2) Family/Visitor Flow
- 2.25.3.2(2)(a) N/A
- 2.25.3.2(3) Staff Flow
- 2.25.3.2(3)(a) Medical/academic learners will have the option to enter the Facility via a separate entrance from Patients and families.
  - 2.25.3.2(3)(b) Medical/academic learners will utilize centralized Staff amenities (e.g., Locker Rooms, Change Rooms,

Washroom/Shower - Staff) within Shared Staff Facilities Sub-Component.

2.25.3.2(3)(c) Medical/academic learners, including UBC FoM undergraduate medical learners and post graduate resident trainees will travel via Service Circulation from their applicable Facility Component to centralized Medical/Academic Learner Facilities Sub-Component within Staff Facilities Component.

2.25.3.2(4) Clinical Support Flow

2.25.3.2(4)(a) Pharmacy  
2.25.3.2.4.(a).1 N/A

2.25.3.2(4)(b) Medical Imaging  
2.25.3.2.4.(b).1 N/A

2.25.3.2(4)(c) Laboratory  
2.25.3.2.4.(c).1 N/A

2.25.3.2(4)(d) Interprofessional Team  
2.25.3.2.4.(d).1 N/A

2.25.3.2(5) Non-Clinical Support Flow

2.25.3.2(5)(a) Equipment  
2.25.3.2.5.(a).1 N/A

2.25.3.2(5)(b) Medical Devices  
2.25.3.2.5.(b).1 N/A

2.25.3.2(5)(c) Supplies (Materials Management)  
2.25.3.2.5.(c).1 N/A

2.25.3.2(5)(d) EVS (Housekeeping/Linen/Waste Management)  
2.25.3.2.5.(d).1 As per Facility-wide flow.

2.25.3.2(5)(e) Patient Food Services  
2.25.3.2.5.(e).1 N/A

2.25.3.2(5)(f) Biomedical Engineering  
2.25.3.2.5.(f).1 N/A

2.25.3.2(5)(g) FMO/AM  
2.25.3.2.5.(g).1 As per Facility-wide flow.

2.25.3.2(5)(h) Information Management

2.25.3.2.5.(h).1 As per Facility-wide flow.

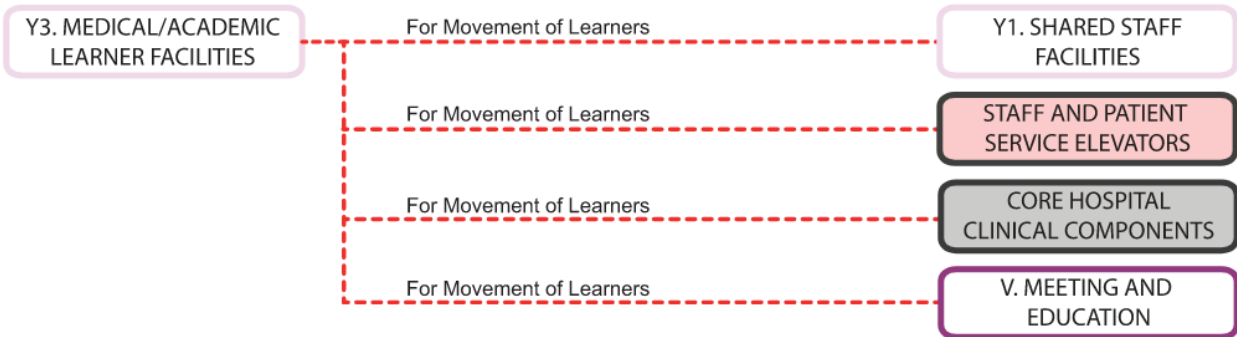
2.25.3.2(5)(i) Security

2.25.3.2.5.(i).1 As per Facility-wide flow.

2.25.3.3 COMPONENT DESIGN CRITERIA

2.25.3.3(1) External Adjacency Requirements Diagram

2.25.3.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

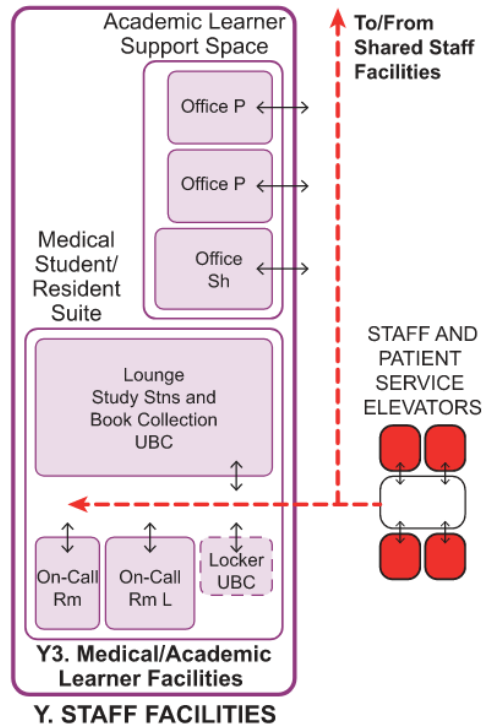


**LEGEND**

Convenient Access by Service Circulation

2.25.3.3(2) Internal Functional Relationships Diagram

2.25.3.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



### LEGEND

- ← - - - Staff Flow
- ↔ Room/Space Access

## 2.25.3.3(3) General Requirements

2.25.3.3(3)(a) Medical/Academic Learner Facilities Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.25.3.3.3.(a).1 Convenient Access via Service Circulation to Shared Staff Facilities to enable learners to use the centralized Staff amenities such as Washroom/Shower - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.25.3.3.3.(a).2 Convenient Access via Service Circulation to Staff and Patient Service Elevators and CH Clinical Components for learner access.
- 2.25.3.3.3.(a).3 Convenient Access via Service Circulation to Meeting and Education for movement of learners for meeting, training and education purposes.

2.25.3.3(3)(b) This Sub-Component will be co-located with Shared Staff Facilities Sub-Component. It will not be required to

- be co-located with other Sub-Components of Staff Facilities Component.
- 2.25.3.3(3)(c) Medical/Academic Learner Facilities will be accessed from Service Circulation and located away from high traffic corridors.
- 2.25.3.3(3)(d) Medical/Academic Learner Facilities will contain a secure Medical Student/Resident Suite and separate Academic Learner Support Space.
- 2.25.3.3(3)(e) Lounge - Study Stations and Book Collection - UBC, Alcove - Lockers - UBC, On-Call Room and On-Call Room - Large will be located and accessed from within Medical Student/Resident Suite and will be designed in accordance with UBC FoM Design Guidelines and Functional Requirements for Learning Spaces.
- 2.25.3.3(3)(f) Access to Medical Student/Resident Suite will be restricted to UBC FoM undergraduate medical learners and post graduate resident trainees (learners).
- 2.25.3.3(3)(g) Lounge - Study Stations and Book Collection - UBC will have a nourishment station and five (5) unassigned drop down workstations.
- 2.25.3.3(3)(h) On-Call Room and On-Call Room - Large within Medical Student/Resident Suite will have Convenient Access to Washroom/Shower - Staff in Shared Staff Facilities Sub-Component.
- 2.25.3.3(3)(i) On-Call Room - Large will be accessible for Persons with Disabilities and will also be used as a lactation room.
- 2.25.3.3(3)(j) Medical Student/Resident Suite will have Convenient Access to Academic Learner Support Space.
- 2.25.3.3(3)(k) Academic Learner Support Space will include multiple offices which will be grouped together and accessed from Service Circulation outside Medical Student/Resident Suite. Office - Shared will include two (2) workstations.



## 2.25.4 Y4. MEDICAL STAFF FACILITIES - CC

## 2.25.4.1 SERVICE DESCRIPTION

2.25.4.1(1) Medical Staff Facilities - CC Sub-Component in Staff Facilities Component will provide quiet workspace and support facilities for the physicians working as a multidisciplinary team in radiation oncology, systemic oncology, surgical oncology, supportive care, and other cancer specialists including visiting physicians from other facilities. Centralizing these professional resources will promote interaction and communication between various disciplines reflecting a collaborative multidisciplinary approach to Patient care.

2.25.4.1(2) The following service and support elements will be included in this Sub-Component:

2.25.4.1(2)(a) Physicians will work individually or interact with each other on general or specific Patient care issues; and

2.25.4.1(2)(b) Some visitors (non-Patient) access to medical Staff offices will be expected.

2.25.4.1(3) Service Exclusions

2.25.4.1(3)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:

2.25.4.1.3.(a).1 The workspace in this Sub-Component will not be used for in-person Patient interaction. All Patient activity will occur in the clinical areas of the BCCC or virtually.

## 2.25.4.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

2.25.4.2(1) Patient Flow

2.25.4.2(1)(a) N/A

2.25.4.2(2) Family/Visitor Flow

2.25.4.2(2)(a) N/A

2.25.4.2(3) Staff Flow

2.25.4.2(3)(a) Staff will have the option to enter the Facility via a separate entrance from Patients and families.

- 2.25.4.2(3)(b) BCCC medical Staff will travel via Service Circulation from their applicable Facility Component to centralized Medical Staff Facilities - CC Sub-Component, with access to a dedicated Workroom - CC Medical Staff Facilities and offices.
- 2.25.4.2(3)(c) Visiting professionals accessing and entering this Sub-Component will be escorted/ accompanied by a Staff member.
- 2.25.4.2(4) Clinical Support Flow
- 2.25.4.2(4)(a) Pharmacy  
2.25.4.2.4.(a).1 N/A
- 2.25.4.2(4)(b) Medical Imaging  
2.25.4.2.4.(b).1 N/A
- 2.25.4.2(4)(c) Laboratory  
2.25.4.2.4.(c).1 N/A
- 2.25.4.2(4)(d) Interprofessional Team  
2.25.4.2.4.(d).1 N/A
- 2.25.4.2(5) Non-Clinical Support Flow
- 2.25.4.2(5)(a) Equipment  
2.25.4.2.5.(a).1 N/A
- 2.25.4.2(5)(b) Medical Devices  
2.25.4.2.5.(b).1 N/A
- 2.25.4.2(5)(c) Supplies (Materials Management)  
2.25.4.2.5.(c).1 N/A
- 2.25.4.2(5)(d) EVS (Housekeeping/Linen/Waste Management)  
2.25.4.2.5.(d).1 As per Facility-wide flow.
- 2.25.4.2(5)(e) Patient Food Services  
2.25.4.2.5.(e).1 N/A
- 2.25.4.2(5)(f) Biomedical Engineering  
2.25.4.2.5.(f).1 N/A
- 2.25.4.2(5)(g) FMO/AM  
2.25.4.2.5.(g).1 As per Facility-wide flow.
- 2.25.4.2(5)(h) Information Management

2.25.4.2.5.(h).1 As per Facility-wide flow.

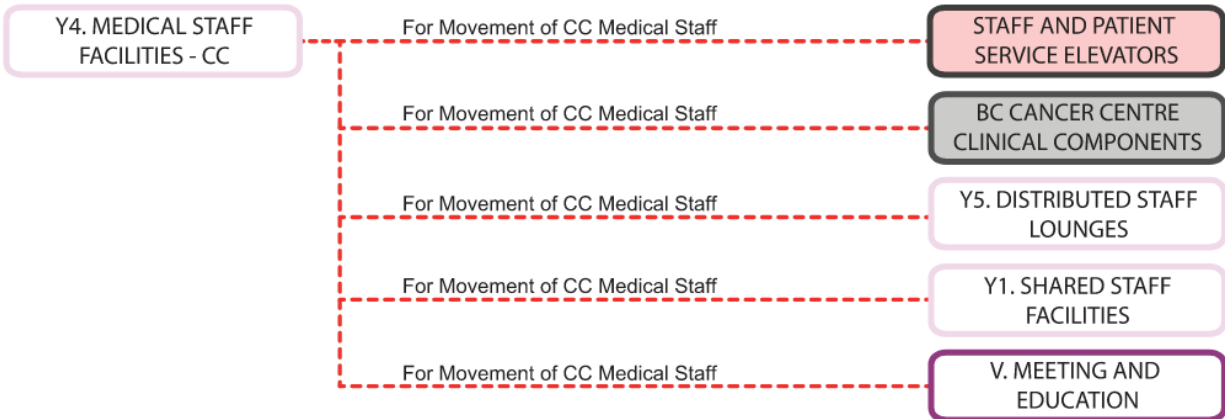
2.25.4.2(5)(i) Security

2.25.4.2.5.(i).1 As per Facility-wide flow.

2.25.4.3 COMPONENT DESIGN CRITERIA

2.25.4.3(1) External Adjacency Requirements Diagram

2.25.4.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

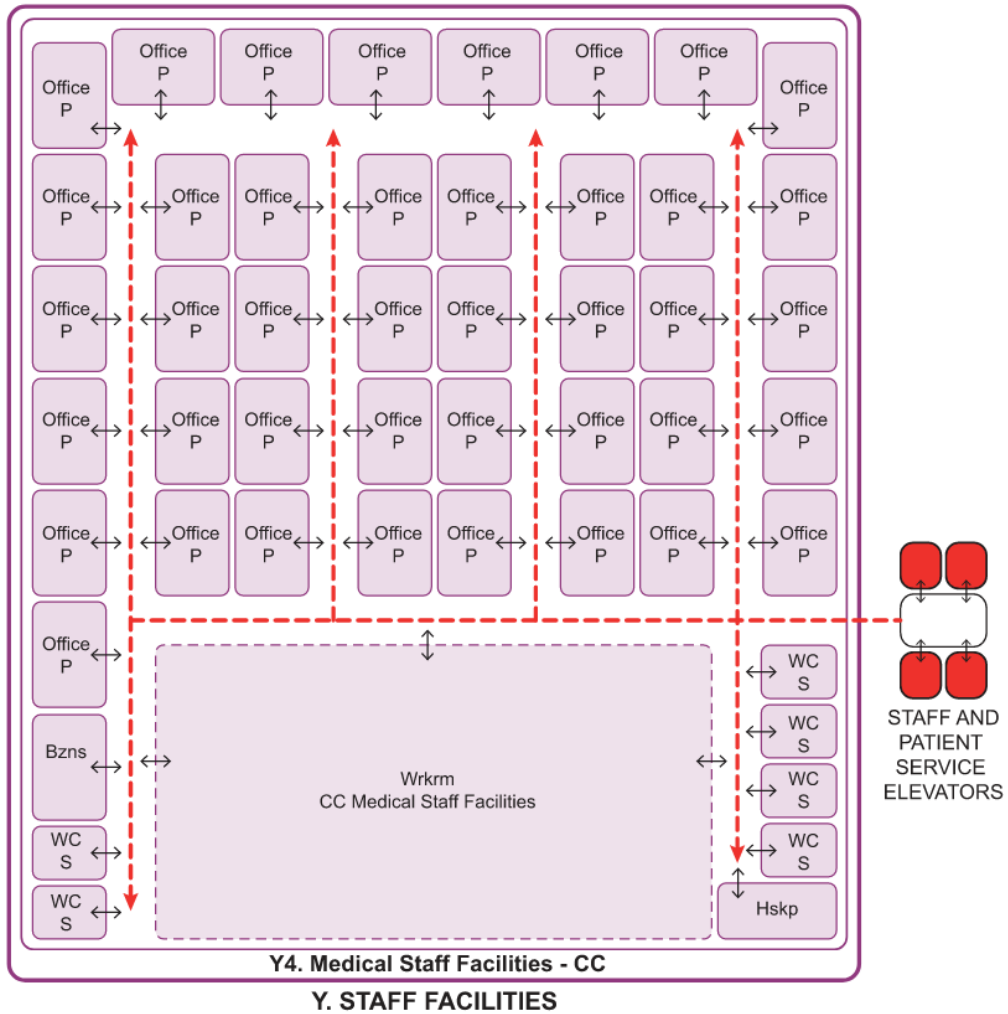


**LEGEND**

Convenient Access by Service Circulation

2.25.4.3(2) Internal Functional Relationships Diagram

2.25.4.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



**LEGEND**

- ← - - - Staff Flow
- ↔ Room/Space Access

**2.25.4.3(3) General Requirements**

2.25.4.3(3)(a) Medical Staff Facilities - CC Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:

- 2.25.4.3.3.(a).1 Convenient Access via Service Circulation to Staff and Patient Service Elevators and BCCC Clinical Components for BCCC medical Staff access.
- 2.25.4.3.3.(a).2 Convenient Access via Service Circulation to Distributed Staff Lounges for BCCC medical Staff access.

- 2.25.4.3.3.(a).3 Convenient Access via Service Circulation to Shared Staff Facilities to enable BCCC medical Staff to use centralized Staff amenities such as Lounge - Staff, Exercise/Wellness Room and Locker Rooms in the Facility.
- 2.25.4.3.3.(a).4 Convenient Access via Service Circulation to Meeting and Education for movement of BCCC medical Staff for meeting, training and education purposes.
- 2.25.4.3(3)(b) This Sub-Component will not be required to be co-located with other Sub-Components in Staff Facilities Component.
- 2.25.4.3(3)(c) Medical Staff Facilities - CC will include multiple Office - Private and one (1) Workroom - CC Medical Staff Facilities grouped together.
- 2.25.4.3(3)(d) Workroom - CC Medical Staff Facilities will be an open work area with thirty-four (34) assigned workstations and seven (7) drop down workstations for visiting professionals.
- 2.25.4.3(3)(e) Business Work Area, Washroom - Staff - Non-Acc and Washroom - Staff will be shared among BCCC medical Staff and have Convenient Access to all BCCC medical Staff work areas.

## 2.25.5 Y5. DISTRIBUTED STAFF LOUNGES

## 2.25.5.1 SERVICE DESCRIPTION

- 2.25.5.1(1) Distributed Staff Lounges Sub-Component in Staff Facilities Component will include space for respite, breaks, hydration/nourishment/meals and education and provide the necessary separation from Patient Care Areas.
- 2.25.5.1(2) These amenities will be strategically located within the Facility to maximize flexibility and add value providing Staff the opportunity to refresh and recharge in locations that are convenient to their work areas.
- 2.25.5.1(3) Lounge - Staff will be interdisciplinary and will be shared by Facility Staff, learners, and medical Staff.
- 2.25.5.1(4) Service Exclusions
- 2.25.5.1(4)(a) The following list specifies functions that are understood to occur in other Functional Components in the NSHBCCC or outside the NSHBCCC:
- 2.25.5.1.4.(a).1 Staff will access centralized Staff Locker Rooms, Change Rooms, and Washroom/Shower - Staff in Shared Staff Facilities Sub-Component.
- 2.25.5.1.4.(a).2 Staff will be able to purchase food from on-site vendors and eat in Public Spaces Component within the Facility.

## 2.25.5.2 COMPONENT INTERNAL FLOW DESCRIPTIONS

- 2.25.5.2(1) Patient Flow
- 2.25.5.2(1)(a) N/A
- 2.25.5.2(2) Family/Visitor Flow
- 2.25.5.2(2)(a) N/A
- 2.25.5.2(3) Staff Flow
- 2.25.5.2(3)(a) For breaks, BCCC and CH Staff will have the option to utilize same level distributed Lounge - Staff.
- 2.25.5.2(4) Clinical Support Flow
- 2.25.5.2(4)(a) Pharmacy
- 2.25.5.2.4.(a).1 N/A

2.25.5.2(4)(b) Medical Imaging

2.25.5.2.4.(b).1 N/A

2.25.5.2(4)(c) Laboratory

2.25.5.2.4.(c).1 N/A

2.25.5.2(4)(d) Interprofessional Team

2.25.5.2.4.(d).1 N/A

2.25.5.2(5) Non-Clinical Support Flow

2.25.5.2(5)(a) Equipment

2.25.5.2.5.(a).1 N/A

2.25.5.2(5)(b) Medical Devices

2.25.5.2.5.(b).1 N/A

2.25.5.2(5)(c) Supplies (Materials Management)

2.25.5.2.5.(c).1 N/A

2.25.5.2(5)(d) EVS (Housekeeping/Linen/Waste Management)

2.25.5.2.5.(d).1 As per Facility-wide flow.

2.25.5.2(5)(e) Patient Food Services

2.25.5.2.5.(e).1 N/A

2.25.5.2(5)(f) Biomedical Engineering

2.25.5.2.5.(f).1 N/A

2.25.5.2(5)(g) FMO/AM

2.25.5.2.5.(g).1 As per Facility-wide flow.

2.25.5.2(5)(h) Information Management

2.25.5.2.5.(h).1 As per Facility-wide flow.

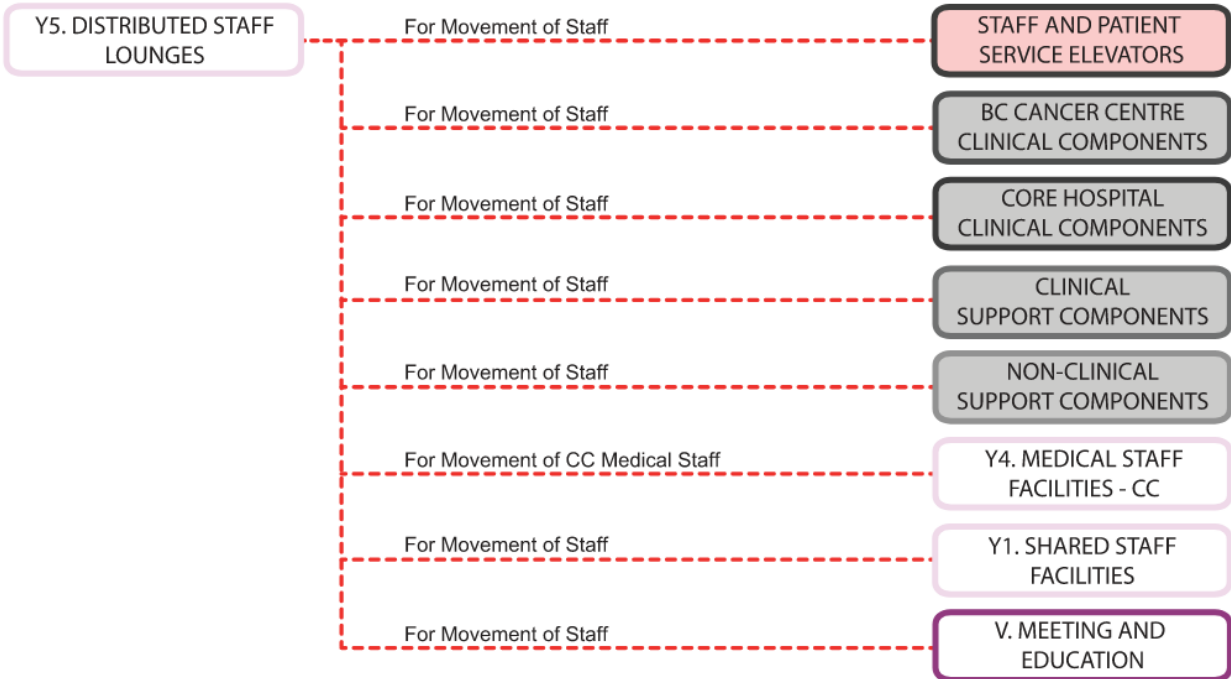
2.25.5.2(5)(i) Security

2.25.5.2.5.(i).1 As per Facility-wide flow.

2.25.5.3 COMPONENT DESIGN CRITERIA

2.25.5.3(1) External Adjacency Requirements Diagram

2.25.5.3(1)(a) The following diagram indicates other Components that have a functional relationship with this Sub-Component.

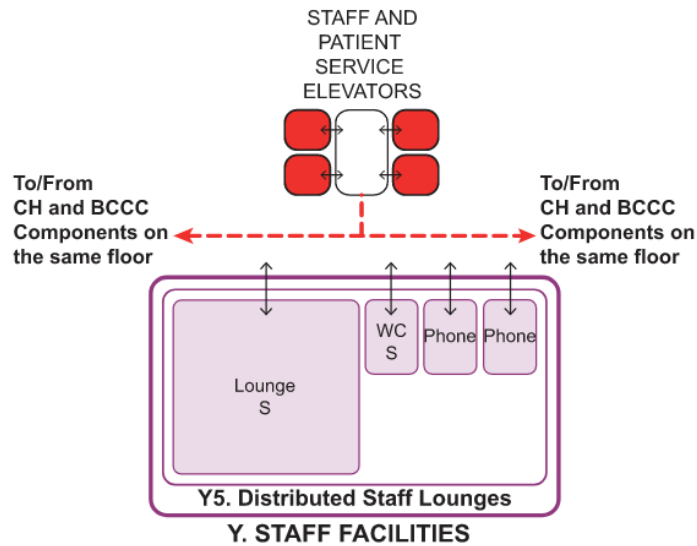


**LEGEND**

----- Convenient Access by Service Circulation

2.25.5.3(2) Internal Functional Relationships Diagram

2.25.5.3(2)(a) The following diagram indicates internal functional relationships within this Sub-Component.



**LEGEND**

←----- Staff Flow

↔ Room/Space Access



### 2.25.5.3(3) General Requirements

- 2.25.5.3(3)(a) Distributed Staff Lounges Sub-Component key external relationships with other Components listed in the priority order for the purposes stated are the following:
- 2.25.5.3.3.(a).1 Same-level Convenient Access via Service Circulation to CH and BCCC Components for Staff access.
  - 2.25.5.3.3.(a).2 Convenient Access via Service Circulation to Staff and Patient Service Elevators for Staff access.
  - 2.25.5.3.3.(a).3 Convenient Access via Service Circulation to Medical Staff Facilities - CC for BCCC medical Staff access.
- 2.25.5.3(3)(b) This Sub-Component will not be required to be co-located with other Sub-Components in Staff Facilities Component.
- 2.25.5.3(3)(c) This Sub-Component will include distributed BCCC Staff facilities located on each floor with BCCC Clinical Components, which will also be utilized by CH Staff. It will have Convenient Access to BCCC and CH Components on the same floor.
- 2.25.5.3(3)(d) Lounge - Staff in this Sub-Component will have Direct Access from Service Circulation. Each Lounge - Staff will be co-located with two (2) Phone Room - 2-Seat and one (1) Washroom - Staff.
- 2.25.5.3(3)(e) Phone Room - 2-Seat and Washroom - Staff will have Direct Access from Service Circulation.

## 2.25.6 SCHEDULE OF ACCOMMODATIONS

2.25.6.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

**Summary of Staff Facilities**

<b>Y. STAFF FACILITIES</b>		
Y1. SHARED STAFF FACILITIES		534.5
Y2. MEDICAL STAFF FACILITIES - CH		65.0
Y3. MEDICAL/ACADEMIC LEARNER FACILITIES		92.0
Y4. MEDICAL STAFF FACILITIES - CC		583.5
Y5. DISTRIBUTED STAFF LOUNGES		253.0
<b>STAFF FACILITIES PROGRAMMED SPACE NSM:</b>		<b>1,528.0</b>

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>Y. STAFF FACILITIES</b>					
<b>Y1. SHARED STAFF FACILITIES</b>					
Y1.01	Vestibule - Staff Facilities Entry	1	8.0	8.0	
Y1.02	Locker Room - Male	1	116.0	116.0	
Y1.06	Locker Room - Female	1	156.3	156.3	
Y1.10	Washroom/Shower - Staff	4	6.0	24.0	
Y1.11	Change Room	4	3.5	14.0	
Y1.12	Alcove - Lockers	1	18.5	18.5	
Y1.13	Exercise/Wellness Room	1	60.0	60.0	
Y1.14	Alcove - Water Station	1	0.5	0.5	
Y1.15	Housekeeping Room	1	7.0	7.0	
Y1.16	Lounge - Staff	1	130.2	130.2	
<b>SUBTOTAL NSM: SHARED STAFF FACILITIES</b>				<b>534.5</b>	
<b>Y2. MEDICAL STAFF FACILITIES - CH</b>					
Y2.01	Workroom - Medical Staff	1	32.0	32.0	For CH medical Staff.
Y2.02	Washroom - Staff	1	5.0	5.0	
Y2.03	On-Call Room	4	7.0	28.0	For CH medical Staff.
<b>SUBTOTAL NSM: MEDICAL STAFF FACILITIES - CH</b>				<b>65.0</b>	
<b>Y3. MEDICAL/ACADEMIC LEARNER FACILITIES</b>					

Ref. No.	Room Type	Area Requirements			Remarks
		units	nsm/unit	nsm	
<b>Medical Student/Resident Suite</b>					
Y3.01	Lounge - Study Stations and Book Collection - UBC	1	40.0	40.0	For studying and respite.
Y3.02	Alcove - Lockers - UBC	1	5.0	5.0	
Y3.03	On-Call Room	1	7.0	7.0	
Y3.06	On-Call Room - Large	1	10.0	10.0	
<b>Academic Learner Support Space</b>					
Y3.04	Office - Private	2	9.0	18.0	Shared space for postgraduate, undergraduate and family practice, student affairs, faculty development.
Y3.05	Office - Shared	1	12.0	12.0	Shared space for administration assistants for postgraduate, undergraduate and family practice, student affairs, faculty development.
<b>SUBTOTAL NSM: MEDICAL/ACADEMIC LEARNER FACILITIES</b>				<b>92.0</b>	
<b>Y4. MEDICAL STAFF FACILITIES - CC</b>					
Y4.01	Office - Private	41	9.0	369.0	For program director, medical professional Staff.
Y4.02	Workroom - CC Medical Staff Facilities	1	176.0	176.0	For clinical associates, residents, advance practice nurse, secretarial Staff.
Y4.03	Business Work Area	1	9.0	9.0	
Y4.04	Washroom - Staff	1	5.0	5.0	
Y4.05	Housekeeping Room	1	7.0	7.0	
Y4.06	Washroom - Staff - Non-Acc	5	3.5	17.5	
<b>SUBTOTAL NSM: MEDICAL STAFF FACILITIES - CC</b>				<b>583.5</b>	
<b>Y5. DISTRIBUTED STAFF LOUNGES</b>					
Y5.01	Lounge - Staff	5	35.6	178.0	
Y5.02	Phone Room - 2-Seat	10	5.0	50.0	
Y5.03	Washroom - Staff	5	5.0	25.0	
<b>SUBTOTAL NSM: DISTRIBUTED STAFF LOUNGES</b>				<b>253.0</b>	
<b>TOTAL NSM: STAFF FACILITIES</b>				<b>1,528.0</b>	

## **PART 3. FACILITY RECURRING ROOMS**

### 3.1 RECURRING ROOMS

#### 3.1.1 RECURRING ROOMS INTRODUCTION

- 3.1.1.1 Recurring Rooms are spaces or rooms that are of the same type, have the same functional requirements and are repeated or listed as multiple units throughout the Facility. The required NSM for these rooms may be different.
- 3.1.1.2 All Recurring Rooms that have similar functional requirements will be standardized within the Facility. Variations in standardization will not impact clinical operations. The standardization will apply to the following room elements:
- 3.1.1.2(1) Room proportions;
  - 3.1.1.2(2) Room configurations;
  - 3.1.1.2(3) Room finishes;
  - 3.1.1.2(4) Fixed Equipment;
  - 3.1.1.2(5) Millwork;
  - 3.1.1.2(6) Furniture locations;
  - 3.1.1.2(7) Patient bed/table locations;
  - 3.1.1.2(8) Room accessories;
  - 3.1.1.2(9) Plumbing fixtures and locations;
  - 3.1.1.2(10) Medical gases and locations;
  - 3.1.1.2(11) Electrical fixtures and locations;
  - 3.1.1.2(12) Communication services;
  - 3.1.1.2(13) Controls;
  - 3.1.1.2(14) X-y gantry ceiling lifts; and
  - 3.1.1.2(15) Door, interior and exterior window locations.
- 3.1.1.3 Part 3 Facility Recurring Rooms will describe standardized internal room functional requirements and layout guidance for Recurring Rooms. This information will not be described under Part 2 Functional Components.
- 3.1.1.4 Part 2 Functional Components will describe any unique internal room functional requirements and layout guidance for Recurring Rooms that are specific to a

Component or Sub-Component (e.g., number of workstations in a Care Team Station, number of seats in a Waiting Area).

### 3.1.2 RECURRING ROOMS LIST

3.1.2.1 Recurring Rooms in the Project are divided into the following categories:

3.1.2.1(1) Patient Check-In and Waiting Areas;

3.1.2.1(2) Patient Care Areas;

3.1.2.1(3) Staff Work Areas;

3.1.2.1(4) Staff Support Areas;

3.1.2.1(5) Medical Imaging Areas;

3.1.2.1(6) Meeting Areas;

3.1.2.1(7) Support Service Areas;

3.1.2.1(8) Alcoves; and

3.1.2.1(9) Washrooms and Change Rooms.

3.1.2.2 Further requirements for some Recurring Rooms (e.g., Meeting Room, Consult Room, Exam Room, etc.) are described in Appendix 1K [Multimedia Room Matrix].

### 3.1.3 RECURRING ROOM FUNCTIONAL REQUIREMENTS

3.1.3.1 Patient Check-In and Waiting Areas

3.1.3.1(1) Patient Check-In and Waiting Areas are categorized into the following Recurring Room types:

3.1.3.1(1)(a) Patient Check-In; and

3.1.3.1(1)(b) Waiting Area.

3.1.3.1(2) Patient Check-In and Waiting Areas will be located at public entry point to different Components or Sub-Components. Some Waiting Areas will be located within Clinical Components or Sub-Components.

3.1.3.1(3) Patient Check-In and Waiting Areas will not have Line of Sight to Patient Care Areas.

- 3.1.3.1(4) Access route from Public Passenger Elevators to Patient Check-In and Waiting Areas will not cross Service Circulation or Staff and Patient Service Elevators access area.
- 3.1.3.1(5) Patient Check-In
- 3.1.3.1(5)(a) Patient Check-In is a space where Patients will be received to seek information, register and check-in to notify appropriate Staff of their arrival.
  - 3.1.3.1(5)(b) Patients will have Line of Sight and Direct Access to Patient Check-In upon entry from Public Circulation.
  - 3.1.3.1(5)(c) Staff sitting at Patient Check-In stations will have Line of Sight to Component/Sub-Component adjacent Waiting Area and public entry point.
  - 3.1.3.1(5)(d) Patient Check-In will be an enclosed space with transaction stations. Stations will have transaction counter and glazed enclosure with opening for communication and transactions.
  - 3.1.3.1(5)(e) Transaction counter where Staff and Patient are sitting will be provided. Public side of desk will accommodate wheelchairs and provide a surface for placing items like a purse or signing documents.
  - 3.1.3.1(5)(f) Dividers will be provided between transaction windows for Patient privacy. Finishes will be applied to ensure that conversations are clearly heard between Staff and Patient and do not broadcast these conversations.
  - 3.1.3.1(5)(g) Each Patient Check-In station will have a remote door release to allow access to Patient Care Areas from Waiting Area. Placement of control buttons, panic/duress and door release will be within easy reach, intuitive and not located where they will be accidentally triggered. Door release button will be located separately from other buttons like panic or Code Blue.
  - 3.1.3.1(5)(h) Staff at each Patient Check-In station will have the ability to page Patients from overhead speakers in Waiting Area and adjacent Washroom - Public or Washroom - Patient.

- 3.1.3.1(5)(i) The number of transaction stations in each Patient Check-In area will vary in different Components/Sub-Components.
  - 3.1.3.1(5)(j) An area of refuge within Patient Check-In station will be provided. Door to access the area of refuge will open in path of travel. Patient Check-In space will provide Staff with means to call for assistance.
  - 3.1.3.1(5)(k) Some Patient Check-In stations will have Direct Access to an adjacent Business Work Area or pneumatic tube station.
  - 3.1.3.1(5)(l) Patient Check-In stations will be designed to meet Fraser Health Ergonomic Standard for Workstations.
- 3.1.3.1(6) Waiting Area
- 3.1.3.1(6)(a) Waiting Areas are categorized into the following room types:
    - 3.1.3.1.6.(a).1 Waiting Area
    - 3.1.3.1.6.(a).2 Waiting Area - Gowned
  - 3.1.3.1(6)(b) Waiting Areas will be used by Patients, family and/or visitors while waiting for an appointment or to be called into Patient Care Areas. Family and/or visitors will also be able to wait in this area while Patient is receiving care.
  - 3.1.3.1(6)(c) Waiting Area - Gowned will be used by gowned Patients waiting for treatment and will have Convenient Access to their respective treatment spaces. Intent of Waiting Area - Gowned is to provide visual privacy so Patients in gowns are not visible from Public Circulation.
  - 3.1.3.1(6)(d) Waiting Areas will have a combination of standard seats, bariatric seats and wheelchair spaces with a variety of groupings and arrangements.
  - 3.1.3.1(6)(e) The number of seats in each Waiting Area will vary in different Components/Sub-Components.
  - 3.1.3.1(6)(f) Waiting Areas will have Convenient Access to a public or Patient washroom. If a washroom is not located within Line of Sight of Waiting Area, signage will be provided to inform where the washroom is located.



- 3.1.3.1(6)(g) Location of Waiting Areas will provide Convenient Access to Patient Care Areas while minimizing noise transfer to these areas.
- 3.1.3.1(6)(h) Access to power/data will be provided for charging personal electronic devices.

### 3.1.3.2 Patient Care Areas

3.1.3.2(1) Patient Care Areas are categorized into the following Recurring Room types:

- 3.1.3.2(1)(a) Consult Room;
- 3.1.3.2(1)(b) Exam Room;
- 3.1.3.2(1)(c) Exam/Treatment Room;
- 3.1.3.2(1)(d) Chair Bay;
- 3.1.3.2(1)(e) Stretcher Bay;
- 3.1.3.2(1)(f) Patient Room;
- 3.1.3.2(1)(g) Anteroom; and
- 3.1.3.2(1)(h) Ensuite.

3.1.3.2(2) Patient Care Areas will be utilizing standard room sizes and configuration to accommodate the broad scope of diagnosis, therapy and treatment required for the Patient populations expected and for future flexibility. Patient Care Areas will meet the requirements of Universal Design.

3.1.3.2(3) Design and choice of finishes will ensure that conversations are not heard in circulation or adjoining rooms.

3.1.3.2(4) Design of rooms will ensure that Patient is not visible receiving treatment or examination, by those in the corridor when the room door is open.

3.1.3.2(5) Consult Room

3.1.3.2(5)(a) Consult Rooms are categorized into the following room types:

- 3.1.3.2.5.(a).1 Consult Room
- 3.1.3.2.5.(a).2 Consult Room - Small
- 3.1.3.2.5.(a).3 Consult Room - Large

- 3.1.3.2(5)(b) Consult Rooms will support confidential discussions/counselling between Patients and/or their families and Staff in person or via virtual health methods. Consult Rooms will not be used for physical examinations or Patient treatments.
- 3.1.3.2(5)(c) Consult Rooms will provide Staff with second means of egress. This second means of egress will not lead into another Patient Care Area. The room layout will provide Staff a direct path to the door and the door will open in the path of travel.
- 3.1.3.2(5)(d) Consult Room - Small and Consult Room - Large will not require a second means of egress for Staff.
- 3.1.3.2(5)(e) Consult Room design and layout will provide the following for Patients:
  - 3.1.3.2.5.(e).1 Enable Patient to quickly leave the room;
  - 3.1.3.2.5.(e).2 Patient can clearly see the Staff's face during the visit and view information on the monitor. Position of workstation will not position Staff with their back turned to Patient; and
  - 3.1.3.2.5.(e).3 Achieve a seating distance of 1200 mm to 1500 mm between Staff and Patient.
- 3.1.3.2(6) Exam Room
  - 3.1.3.2(6)(a) Exam Rooms are categorized into the following room types:
    - 3.1.3.2.6.(a).1 Exam Room
    - 3.1.3.2.6.(a).2 Exam Room - Bariatric
  - 3.1.3.2(6)(b) Exam Rooms will be used to perform consulting, physical examinations and treatments.
  - 3.1.3.2(6)(c) Design of Exam Rooms will provide two (2) areas, a space to consult with the Patient and a space to examine the Patient.
  - 3.1.3.2(6)(d) Design will ensure that Staff have access to Patient's right side when lying on the exam table or stretcher.
  - 3.1.3.2(6)(e) Design will provide the following circulation spaces in Exam Rooms:
    - 3.1.3.2.6.(e).1 All Exam Rooms will be designed for 3-sided access to the exam table or stretcher for flexibility.

- 3.1.3.2.6.(e).2 For 3-sided access to the exam table or stretcher, design will locate the table or stretcher with minimum 900 mm clearance on both sides of the exam table or stretcher plus 900 mm from the foot.
- 3.1.3.2.6.(e).3 Operationally, if exam table or stretcher is located against the wall, minimum 900 mm of clearance on Patient's right side plus 900 mm of clearance from the foot will be provided.
- 3.1.3.2(6)(f) Design will provide the following circulation spaces in Exam Room - Bariatric:
  - 3.1.3.2.6.(f).1 A minimum clearance of 1220 mm at each side and at the foot of the exam table or stretcher will be provided.
- 3.1.3.2(6)(g) Staff will have easy access to oxygen, medical air and medical vacuum on Patient's right side of the bed. No medical vacuum containers, power or medical gas outlets will be located directly behind the head of the exam table/bed/stretcher. Medical vacuum containers will be protected from damage by the exam table, stretcher or other Equipment.
- 3.1.3.2(6)(h) Design will accommodate supply carts and space for Staff to use a computer without affecting circulation.
- 3.1.3.2(6)(i) Patients will clearly see Staff's face during consult and a distance of 1200 mm to 1500 mm will be provided between Staff and Patient. Position of workstation will not position Staff with their back turned to Patient.
- 3.1.3.2(6)(j) Exam Rooms will provide seating for family to be present in the room and they will be able to see the face of Staff.
- 3.1.3.2(6)(k) A hand hygiene sink will be mounted on the wall adjacent to the door. Location of hand hygiene sink will not affect circulation within the room.
- 3.1.3.2(6)(l) A clock will be located where Patient can observe time while waiting in the chair or on the exam table or stretcher.
- 3.1.3.2(6)(m) Design will provide visual privacy during physical examinations from those that enter the room. A privacy curtain will be located adjacent to the door, but away

from the door swing. Another privacy curtain dividing space around the exam table or stretcher will be provided.

- 3.1.3.2(6)(n) To enable virtual health visits, all Exam Rooms will have capability to enable virtual health methods of service.

3.1.3.2(7) Exam/Treatment Room

- 3.1.3.2(7)(a) Exam/Treatment Rooms are categorized into the following room types:

- 3.1.3.2.7.(a).1 Exam/Treatment Room
- 3.1.3.2.7.(a).2 Exam/Treatment Room - Bariatric
- 3.1.3.2.7.(a).3 Exam/Treatment Room - AIR
- 3.1.3.2.7.(a).4 Exam/Treatment Room - AIR - Bariatric

- 3.1.3.2(7)(b) Exam/Treatment Rooms will support physical examinations, diagnostic testing, monitoring, and a wide range of treatments for Patients and include space for family to be present.

- 3.1.3.2(7)(c) Design will provide a minimum of 1220 mm space on both sides of the stretcher and 900 mm at the foot.

- 3.1.3.2(7)(d) Exam/Treatment Rooms will be same-handed, with a Staff zone on Patient's right side.

- 3.1.3.2(7)(e) A hand hygiene sink will be located on Staff zone side of room, adjacent to room entry point. Location of hand hygiene sink will not affect circulation of a Patient being brought into room on a stretcher, or a portable X-ray into and within the room.

- 3.1.3.2(7)(f) Staff will have easy access to oxygen, medical air and medical vacuum on both sides of the stretcher. No medical vacuum containers, power or medical gas outlets will be located directly behind the head of the bed/stretcher. Medical vacuum containers will be protected from damage from movement of Equipment.

- 3.1.3.2(7)(g) Privacy curtain will be located in the room to block Line of Sight from corridor to the stretcher.

- 3.1.3.2(7)(h) Space will be provided to store a walker or wheelchair without affecting circulation around the stretcher.

- 3.1.3.2(7)(i) Exam/Treatment Room - AIR and Exam/Treatment Room - AIR - Bariatric will have Direct Access to an adjoining Anteroom - AIR and Anteroom - AIR - Bariatric.
- 3.1.3.2(7)(j) Exam/Treatment Room - AIR and Exam/Treatment Room - AIR - Bariatric will have Direct Access to an adjoining 2-piece Ensuite - AIR and Ensuite - AIR - Bariatric.
- 3.1.3.2(7)(k) Exam/Treatment Room - AIR and Exam/Treatment Room - AIR - Bariatric will be equipped with x-y gantry ceiling lifts and ensuite pony walls to transfer Patients directly on to ensuite while maximizing coverage and ease of Patient movement. Ceiling lift coverage in these rooms will extend from the stretcher to the water closet in the adjoining ensuite.
- 3.1.3.2(8) Chair Bay - Exam/Treatment
- 3.1.3.2(8)(a) Chair Bay - Exam/Treatment will be used to perform a wide range of physical examinations, treatments, diagnostic testing and monitoring where Patient is in the sitting position.
- 3.1.3.2(8)(b) Chair Bay - Exam/Treatment will include a solid barrier between Chair Bays with privacy curtain at the front.
- 3.1.3.2(8)(c) Design of Chair Bay - Exam/Treatment will provide minimum 900 mm clearance between the chair and solid barrier on either side.
- 3.1.3.2(8)(d) Length of solid barriers between Chair Bays will be 3/4 of depth of the bays. Privacy curtain at the front will wrap around the corners of Chair Bays to cover 1/4 of depth of the bays.
- 3.1.3.2(8)(e) Staff will have easy access to oxygen, medical air and medical vacuum on headwall. Medical vacuum containers will be protected from damage from movement of Equipment.
- 3.1.3.2(8)(f) Design will locate vital signs monitor where Staff can access the screen and attach leads to Patient. Attached leads will not create a tripping hazard.

- 3.1.3.2(8)(g) Design will provide location for mobile supply cart at headwall on Patient's right side.
- 3.1.3.2(8)(h) Hand hygiene sinks will be provided either within Chair Bay - Exam/Treatment or within 6.0 m from Chair Bays without affecting circulation. Hand hygiene sinks will have a maximum ratio of one (1) sink to three (3) Chair Bays.
- 3.1.3.2(9) Stretcher Bay
- 3.1.3.2(9)(a) Stretcher Bays are categorized into the following room types:
- 3.1.3.2.9.(a).1 Stretcher Bay - Holding
  - 3.1.3.2.9.(a).2 Stretcher Bay - Patient Prep
- 3.1.3.2(9)(b) Stretcher Bay - Holding will be used for temporary holding of Patients upon arrival to, or upon departure from, a Clinical Component, and will be used as a Patient transfer location from one stretcher to another.
- 3.1.3.2(9)(c) Stretcher Bay - Patient Prep will be used for preparation of Patients for imaging procedures.
- 3.1.3.2(9)(d) Stretcher Bays will include walls on three (3) sides with privacy curtain at the front.
- 3.1.3.2(9)(e) Where an x-y gantry ceiling lift is shared between two (2) or more Stretcher Bays, walls between bays will be pony walls (partial height walls). The height of the pony walls AFF will be uniform, as required to accommodate the x-y gantry ceiling lift system, and as determined in consultation with the Authority.
- 3.1.3.2(9)(f) Design of Stretcher Bays will provide 900 mm clearance on both sides of the stretcher and 900 mm at the foot.
- 3.1.3.2(9)(g) Staff will have easy access to oxygen, medical air and medical vacuum on headwall. Medical vacuum containers will be protected from damage from movement of stretcher or other Equipment.
- 3.1.3.2(9)(h) Design of Stretcher Bays will accommodate supply carts without affecting the circulation.
- 3.1.3.2(9)(i) Hand hygiene sinks will be provided either within Stretcher Bays or within 6.0 m from Stretcher Bays

without affecting the circulation. Hand hygiene sinks will have a maximum ratio of one (1) sink to three (3) Stretcher Bays.

### 3.1.3.2(10) Patient Room

3.1.3.2(10)(a) Patient Rooms are categorized into the following room types:

- 3.1.3.2.10.(a).1 Patient Room - Private
- 3.1.3.2.10.(a).2 Patient Room - Double
- 3.1.3.2.10.(a).3 Patient Room - AIR - Bariatric
- 3.1.3.2.10.(a).4 Patient Room - Private - Shielded
- 3.1.3.2.10.(a).5 Patient Room - HAU
- 3.1.3.2.10.(a).6 Patient Room - AIR - Bariatric - HAU

3.1.3.2(10)(b) Patient Rooms will be acuity adaptable; each room will be designed with standardized features (e.g., medical gases, monitors, bed clearances) that will support care for Patients regardless of level of acuity and health care needs. Future applications of technology utilization will be considered.

3.1.3.2(10)(c) Patient Rooms will have three (3) zones: family zone, Patient zone and Staff zone. Design of this room will minimize overlap and conflict between the activities in each zone.

- 3.1.3.2.10.(c).1 Family zone will foster face-to-face dialogue between the Patient and their family member, while the Patient is lying in their bed. Family Zone will include seating/sleeping/work area that does not interfere with Patient care activities.
- 3.1.3.2.10.(c).2 Patient Zone will have space for a bed, Equipment (e.g., monitor, supply cart), furnishings (e.g., Patient chair, over bed table), Staff and visitors, and lockable storage for Patients' personal belongings. A Patient lying in bed or sitting in a chair will have access to view to the exterior.
- 3.1.3.2.10.(c).3 Staff zone will include hand hygiene sink at entry to the room and space for a mobile workstation that does not interfere with Patient care functions.

3.1.3.2(10)(d) Design of Patient Rooms will provide an area between the bed and the wall/door from the corridor that is

primarily for Staff to provide care, locate crash carts for Code Blue and for Patient to self-transfer. This area will provide:

- 3.1.3.2.10.(d).1 Clear space of minimum 1200 mm x 1800 mm in Patient Room - Private and Patient Room - Private - Shielded, and clear space of minimum 1800 mm x 1800 mm in Patient Room - HAU;
  - 3.1.3.2.10.(d).2 Staff access to head of Patient;
  - 3.1.3.2.10.(d).3 Staff access to oxygen, medical air, medical vacuum and power outlets and data on headwall;
  - 3.1.3.2.10.(d).4 Staff access to a supply alcove;
  - 3.1.3.2.10.(d).5 Space for Staff to use a sit/stand mechanical lift; and
  - 3.1.3.2.10.(d).6 Space for Patient to self-transfer and park wheelchair.
- 3.1.3.2(10)(e) Design of Patient Rooms will provide space at foot of the bed allowing the bed to be moved away from the wall to perform a Code Blue. This area will provide:
- 3.1.3.2.10.(e).1 Clear space of minimum 1200 mm from the foot of the bed to the facing wall or nearest obstruction radiused on the corners of the bed in Patient Room - Private, Patient Room - Private - Shielded and Patient Room - Double, and clear space of minimum 1500 mm from the foot of the bed to the facing wall or nearest obstruction radiused on the corners of the bed in Patient Room - HAU;
  - 3.1.3.2.10.(e).2 Space to navigate sit/stand mechanical lift into room, around foot of the bed; and
  - 3.1.3.2.10.(e).3 Space for Patient to self-propel themselves around foot of the bed.
- 3.1.3.2(10)(f) Design of Patient Rooms will provide space on non-transfer side of the bed for Staff to perform Patient transfer using a mechanical lift or for Patient to self-transfer. This area will provide:
- 3.1.3.2.10.(f).1 Clear space of minimum 1400 mm x 1800 mm;
  - 3.1.3.2.10.(f).2 Staff access to head of Patient,
  - 3.1.3.2.10.(f).3 Staff access to oxygen, medical air, medical vacuum, power outlets and data on headwall;
  - 3.1.3.2.10.(f).4 Space for Staff to use a sit/stand mechanical lift;
  - 3.1.3.2.10.(f).5 Space for Patient to self-transfer and park wheelchair; and



- 3.1.3.2.10.(f).6 Space for chair for Patient to sit in with a view to outside without affecting circulation for Staff.
- 3.1.3.2(10)(g) Staff will have easy access to oxygen, medical air and medical vacuum on headwall or booms on both sides of the bed. No Equipment, medical vacuum containers, power or medical gas outlets will be located directly behind the head of the bed. Medical vacuum containers will be protected from damage from movement of Equipment.
- 3.1.3.2(10)(h) Patient Rooms will be designed to minimize the risk of falls (e.g., use of night lights or supplemental lighting).
- 3.1.3.2(10)(i) Patient Rooms will be equipped with x-y gantry ceiling lifts and ensuite pony walls to transfer Patients directly to the ensuite while maximizing coverage and ease of Patient movement.
- 3.1.3.2(10)(j) Patient Rooms will have Direct Access to an adjoining 3-piece ensuite. Patient Room - Double will have two (2) separate and distinct Ensuite - Patient Room. One (1) Ensuite - Patient Room will be provided for each Patient and assigned to that Patient.
- 3.1.3.2(10)(k) A hand hygiene sink will be mounted on the wall adjacent to the door where Staff enter Patient Room. Location of hand hygiene sink will not affect circulation into and within the room.
- 3.1.3.2(10)(l) Patient Rooms will have Patient controlled ambient lighting and temperature control.
- 3.1.3.2(10)(m) Task lighting will be required directly over the bed to support Staff performing care on Patients.
- 3.1.3.2(10)(n) Lighting will be provided to support Staff performing duties at night without disturbing the Patient.
- 3.1.3.2(10)(o) Patient Room - Double will have a minimum distance of 2000 mm centreline to centreline of beds if the bed arrangement is side-by-side. A Patient will not pass through another Patient's bed space to access the ensuite in a Patient Room - Double. Both Patients will have access to view to the exterior while lying in bed.

- 3.1.3.2(10)(p) Patient Room - AIR - Bariatric and Patient Room - AIR - Bariatric - HAU will have provisions to accommodate bariatric needs including a clear space of minimum 2440 mm for wheelchair turning and stretcher access between the bed and the wall/door from the corridor, a clear space of minimum 1725 mm from the foot of the bed to the facing wall or nearest obstruction and a clear space of minimum 1500 mm on non-transfer side of the bed.
- 3.1.3.2(10)(q) Patient Room - AIR - Bariatric and Patient Room - AIR - Bariatric - HAU circulation will accommodate the movement of a bariatric bed in and out of the room. These rooms will be capable of accommodating special Equipment such as bariatric beds, stretchers and seating as required for bariatric Patients.
- 3.1.3.2(10)(r) Patient Room - AIR - Bariatric and Patient Room - AIR - Bariatric - HAU will have Direct Access to an adjoining Anteroom - AIR - Bariatric.

#### 3.1.3.2(11) Anteroom

- 3.1.3.2(11)(a) Anterooms are categorized into the following room types:
- 3.1.3.2.11.(a).1 Anteroom - AIR
  - 3.1.3.2.11.(a).2 Anteroom - AIR - Bariatric
- 3.1.3.2(11)(b) Anterooms will be provided for Exam/Treatment Rooms and Patient Rooms that will be used as an airborne isolation room.
- 3.1.3.2(11)(c) Anterooms will be used for Staff access and egress and include PPE storage and hand hygiene sink.
- 3.1.3.2(11)(d) Anteroom - AIR will be located on the side of Exam/Treatment Room - AIR. Anteroom - AIR - Bariatric will be located on the side of Exam/Treatment Room - AIR - Bariatric, Patient Room - AIR - Bariatric and Patient Room - AIR - Bariatric - HAU. Anterooms will not be located directly between the adjoining Exam/Treatment Room or Patient Room and the corridor.
- 3.1.3.2(11)(e) Line of Sight will be provided from Anterooms into the adjoining Exam/Treatment Rooms and Patient Rooms to view Patient's head and Patient's monitor.

## 3.1.3.2(12) Ensuite

3.1.3.2(12)(a) Ensuites are categorized into the following room types:

- 3.1.3.2.12.(a).1 Ensuite - AIR
- 3.1.3.2.12.(a).2 Ensuite - AIR - Bariatric
- 3.1.3.2.12.(a).3 Ensuite - Patient Room
- 3.1.3.2.12.(a).4 Ensuite - Patient Room - AIR - Bariatric
- 3.1.3.2.12.(a).5 Ensuite - Patient Room - Shielded
- 3.1.3.2.12.(a).6 Ensuite - Patient Room - HAU

3.1.3.2(12)(b) An Ensuite will allow Patient to perform personal hygiene, toileting and showering either independently or with assistance.

3.1.3.2(12)(c) Ensuite - AIR and Ensuite - AIR - Bariatric will be 2-piece with water closet and lavatory sink.

3.1.3.2(12)(d) Patient Room Ensuites will be 3-piece with water closet, lavatory sink and roll-in shower.

3.1.3.2(12)(e) Design of Ensuites will comply with requirements of CSA B651-18 Accessible Design for the Built Environment.

3.1.3.2(12)(f) Ensuite design will include the following:

- 3.1.3.2.12.(f).1 Accessible for Persons with Disabilities with no thresholds at doorway or shower area;
- 3.1.3.2.12.(f).2 Door will not need to be opened more than 90 degrees to gain access to the Ensuite when traveling from the bed;
- 3.1.3.2.12.(f).3 Turning radius for wheelchair in accordance with applicable code requirements;
- 3.1.3.2.12.(f).4 Minimum 1400 mm clearance in front of the water closet to accommodate a mechanical floor lift. 1400 mm clearance will be allowed to be measured with the Ensuite door in open position;
- 3.1.3.2.12.(f).5 Minimum 900 mm of clear space on both sides of the water closet, measured from the edge of the water closet to nearest obstruction to provide space for transfer and dual sided access to the water closet for Staff to assist the Patient;
- 3.1.3.2.12.(f).6 Shower area open to the water closet area with a minimum dimension of 1200 mm × 1500 mm;

- 3.1.3.2.12.(f).7 Access area in front of the shower for Staff to assist and to easily access controls without getting wet;
  - 3.1.3.2.12.(f).8 Location of Ensuite accessories will not affect Staff circulation or circulation of mobility aids; and
  - 3.1.3.2.12.(f).9 Circulation areas will be allowed to overlap each other.
- 3.1.3.2(12)(g) Design of Ensuite - AIR - Bariatric and Ensuite - Patient Room - AIR - Bariatric will also include the following:
- 3.1.3.2.12.(g).1 Minimum 1800 mm turning radius to accommodate mobility devices used by bariatric Patients;
  - 3.1.3.2.12.(g).2 A minimum clear area of 2440 mm wide and 1830 mm deep to provide access for bariatric Patients with larger wheelchairs or assistive devices;
  - 3.1.3.2.12.(g).3 Minimum 1500 mm of clear space on one side and 900 mm of clear space on the other side of the water closet, measured from the edge of the water closet to nearest obstruction to provide space for transfer and dual sided access to the water closet for Staff to assist the Patient; and
  - 3.1.3.2.12.(g).4 Shower area open to the water closet area with a minimum dimension of 1500 mm × 1800 mm.
- 3.1.3.2(12)(h) Commode will be utilized over water closet for Patients who do not have torso strength to support themselves even with grab bars in place.
- 3.1.3.2(12)(i) Flip-down grab bars will be provided on both sides of the water closet. Grab bars will have the following requirements:
- 3.1.3.2.12.(i).1 365 mm centreline of water closet bowl to centreline of grab bar;
  - 3.1.3.2.12.(i).2 800 mm AFF to top of grab bar;
  - 3.1.3.2.12.(i).3 Extend 150 mm past the front edge on either side of the water closet;
  - 3.1.3.2.12.(i).4 Easily raised and lowered from a wheelchair;
  - 3.1.3.2.12.(i).5 Stay in upright position when not in use; and
  - 3.1.3.2.12.(i).6 Contrasting colour to wall and floor.

- 3.1.3.2(12)(j) A mirror will be provided to accommodate a Patient sitting in a wheelchair as well as a Patient who is standing.
- 3.1.3.2(12)(k) A shelf will be mounted at a height accessible to all Staff to provide easy access to a bedpan and/or urine bottle.
- 3.1.3.2(12)(l) Location of toilet paper dispenser will not require the Patient to twist to access and will not affect use of grab bars.
- 3.1.3.2(12)(m) An accessible shelf for storage of personal items like toothpaste, toothbrush, comb, etc. will be provided to support activities at lavatory sink.
- 3.1.3.2(12)(n) Design of Patient Room Ensuites will contain water in the shower area, and ensure that items like towels, toilet paper, clean clothes and clinical supplies remain dry.
- 3.1.3.2(12)(o) Patient Room Ensuites will have a floor sloped to a drain in the shower area. Transition from level to sloped floor within Patient Room Ensuites will be seamless.
- 3.1.3.2(12)(p) Patient Room Ensuites will be designed with a path for wheelchair travel to all other ensuite fixtures that can be navigated without crossing the area of sloped floor.
- 3.1.3.2(12)(q) X-y gantry ceiling lifts in Ensuites will have the following requirements:
- 3.1.3.2.12.(q).1 Seamlessly transferring the Patient from the bed in Exam/Treatment Room or Patient Room to Ensuite without the need of a gate;
  - 3.1.3.2.12.(q).2 Providing a straight line from doorway to water closet;
  - 3.1.3.2.12.(q).3 Accommodating a Patient being lowered in a sling onto the water closet;
  - 3.1.3.2.12.(q).4 Allowing for repositioning on water closet /commode, shower, and pick-up from anywhere on the floor within Ensuite; and
  - 3.1.3.2.12.(q).5 Pony walls to transfer Patients directly to Ensuite while maximizing coverage and ease of Patient movement. Top of pony wall will be easily cleaned and will withstand use of cleaning chemicals.

- 3.1.3.2(12)(r) A night light will be provided to illuminate the location of the water closet. The location of the luminaire will not shine light directly into the eyes of the Patient while sleeping.

### 3.1.3.3 Staff Work Areas

- 3.1.3.3(1) Staff Work Areas are categorized into the following Recurring Room types:
  - 3.1.3.3(1)(a) Care Team Station;
  - 3.1.3.3(1)(b) Office;
  - 3.1.3.3(1)(c) Workstation;
  - 3.1.3.3(1)(d) Workroom; and
  - 3.1.3.3(1)(e) Business Work Area.
- 3.1.3.3(2) Physical environment of Staff Work Areas will facilitate team collaboration while maintaining privacy.
- 3.1.3.3(3) Staff Work Areas will be designed with the use of modular furnishings and casework to provide maximum flexibility.
- 3.1.3.3(4) All Offices and Workstations will be designed ergonomically to meet Fraser Health Ergonomic Standard for Workstations.
- 3.1.3.3(5) Care Team Station
  - 3.1.3.3(5)(a) Care Team Stations are categorized into the following room types:
    - 3.1.3.3.5.(a).1 Care Team Station
    - 3.1.3.3.5.(a).2 Care Team Station - Distributed
  - 3.1.3.3(5)(b) Care Team Stations will provide space for Staff to perform operational and administrative tasks and will be efficiently designed to provide opportunities for private information sharing on a one-to-one and group basis.
  - 3.1.3.3(5)(c) Care Team Stations will be located in an area with Convenient Access from all areas of the Components/Sub-Component, minimizing the walking distance for the Staff.

- 3.1.3.3(5)(d) Design of Care Team Stations will include a group of workstations that face towards Patient Care Areas and will create an efficient layout for the balance of workstations required without affecting circulation space behind Staff sitting at workstations.
- 3.1.3.3(5)(e) The number of workstations in each Care Team Station will vary in different Components/Sub-Components.
- 3.1.3.3(5)(f) Design will provide a transaction counter where family can check in with Staff. This transaction counter will accommodate a wheelchair and provide a surface for placing items like a purse or signing documents.
- 3.1.3.3(5)(g) Finishes applied to Care Team Stations will ensure that conversations are clearly heard between Staff and Patient and do not broadcast these conversations.
- 3.1.3.3(5)(h) Electronic bed board location within Care Team Stations will provide easy viewing by Staff while minimizing visibility to non-intended viewers. Location will not affect Line of Sight or create a safety hazard to Staff.
- 3.1.3.3(5)(i) Some Care Team Stations will have Direct Access to an adjacent Business Work Area or pneumatic tube station.
- 3.1.3.3(5)(j) Care Team Stations will provide Staff with two (2) means of egress.
- 3.1.3.3(6) Office
  - 3.1.3.3(6)(a) Offices are categorized into the following room types:
    - 3.1.3.3.6.(a).1 Office - Private
    - 3.1.3.3.6.(a).2 Office - Shared
  - 3.1.3.3(6)(b) Offices will provide Staff with a level of privacy for concentration or sensitive human resource functions.
  - 3.1.3.3(6)(c) Design of Offices will allow for multiple furniture layouts.
  - 3.1.3.3(6)(d) Office users will have Line of Sight to the door when seated at their workstations.
  - 3.1.3.3(6)(e) Offices will be designed for acoustic privacy to prevent conversations within these rooms from being heard in corridor and adjacent rooms.

3.1.3.3(6)(f) Design of Offices will ensure that conversations inside these rooms are clearly heard.

3.1.3.3(6)(g) The number of workstations in each Office - Shared will vary in different Components/Sub-Components.

#### 3.1.3.3(7) Workstation

3.1.3.3(7)(a) Workstations are categorized into the following room types:

3.1.3.3.7.(a).1 Workstation

3.1.3.3.7.(a).2 Workstation - Drop Down

3.1.3.3.7.(a).3 Workstation - Standing

3.1.3.3(7)(b) Workstations will be designed and organized to allow for variable levels of visibility, interaction, privacy, collaboration and sound attenuation for concentration in correlation with the activity of the Components/Sub-Component.

3.1.3.3(7)(c) Workstation refers to a sitting workstation with adequate surface space to accommodate dual monitors, keyboard, mouse, phone, and paper-based tasks, a task chair, and floor space for file storage. Workstations will accommodate Staff performing desk-related activities for extended periods of time.

3.1.3.3(7)(d) Workstation - Drop Down refers to a sitting workstation with adequate surface space to accommodate dual monitors, keyboard, mouse, phone, and paper-based tasks, and a task chair. Workstation - Drop Down will accommodate Staff performing desk-related activities for short periods of time, on a temporary/as-needed basis.

3.1.3.3(7)(e) Workstation - Standing refers to a standing-height workstation with adequate surface space to accommodate a single monitor, keyboard, mouse, and paper-based tasks. Workstation - Standing will accommodate Staff performing computer-based activities for short periods of time, on a temporary/as-needed basis.

#### 3.1.3.3(8) Workroom

3.1.3.3(8)(a) Workrooms are categorized into the following room types:



3.1.3.3.8.(a).1	Workroom - CC Administration
3.1.3.3.8.(a).2	Workroom - CC Medical Staff Facilities
3.1.3.3.8.(a).3	Workroom - CH Administration
3.1.3.3.8.(a).4	Workroom - Clerical - CC
3.1.3.3.8.(a).5	Workroom - Clerks
3.1.3.3.8.(a).6	Workroom - Clerks - CC
3.1.3.3.8.(a).7	Workroom - Clinical Research Nursing
3.1.3.3.8.(a).8	Workroom - Data Coordinators
3.1.3.3.8.(a).9	Workroom - Diet
3.1.3.3.8.(a).10	Workroom - Dosimetry
3.1.3.3.8.(a).11	Workroom - HIM - FH
3.1.3.3.8.(a).12	Workroom - IPT
3.1.3.3.8.(a).13	Workroom - Materials Management
3.1.3.3.8.(a).14	Workroom - MDT
3.1.3.3.8.(a).15	Workroom - Nursing
3.1.3.3.8.(a).16	Workroom - Pharmacists
3.1.3.3.8.(a).17	Workroom - Pharmacy
3.1.3.3.8.(a).18	Workroom - Physics Assistants
3.1.3.3.8.(a).19	Workroom - Physics Computer Technologist
3.1.3.3.8.(a).20	Workroom - Physics Students
3.1.3.3.8.(a).21	Workroom - Planning
3.1.3.3.8.(a).22	Workroom - Planning - Brachytherapy
3.1.3.3.8.(a).23	Workroom - Respiratory Therapy
3.1.3.3.8.(a).24	Workroom - Staff
3.1.3.3.8.(a).25	Workroom - Telephone Triage/Screening Support

3.1.3.3(8)(b) Workroom refers to a shared office environment and will be an open work area with multiple assigned and/or drop down workstations.

3.1.3.3(8)(c) Workrooms will provide space for Staff to perform a variety of operational and administrative tasks.

3.1.3.3(8)(d) Workrooms will be efficiently designed and organized to allow for variable levels of visibility, interaction, privacy, collaboration and sound attenuation for concentration in correlation with the activity of the Components/Sub-Component.

3.1.3.3(8)(e) The number of workstations and other space requirements in each Workroom will vary in different Components/Sub-Components.

3.1.3.3(9) Business Work Area

- 3.1.3.3(9)(a) Business Work Areas will support Staff Work Areas for printing/faxing/copying needs, paper sorting, confidential shredding, as well as storage for stationary supplies.
- 3.1.3.3(9)(b) Business Work Areas will include a counter for layout space and open and enclosed upper and lower storage cabinets.

#### 3.1.3.4 Staff Support Areas

- 3.1.3.4(1) Staff Support Areas are categorized into the following Recurring Room types:
  - 3.1.3.4(1)(a) Lounge - Staff;
  - 3.1.3.4(1)(b) On-Call Room; and
  - 3.1.3.4(1)(c) Locker Room.
- 3.1.3.4(2) Staff Support Areas are amenity spaces that will be separate from Patient Care Areas and accessed by Staff only.
- 3.1.3.4(3) Lounge - Staff
  - 3.1.3.4(3)(a) Lounge - Staff will be used by Staff to take breaks, rest, enjoy hydration/nourishment/meals, gather and interact with peers.
  - 3.1.3.4(3)(b) Lounge - Staff will be placed with Convenient Access to Staff Work Areas and Staff Support Areas and will have Direct Access from Service Circulation.
  - 3.1.3.4(3)(c) Access route to Lounge - Staff will not require Staff to travel through Patient Check-In and Waiting Areas, Public Circulation or Public Passenger Elevators access area.
  - 3.1.3.4(3)(d) Lounge - Staff will include a nourishment station and flexible seating options.
  - 3.1.3.4(3)(e) The nourishment station will include a hand hygiene sink, upper and lower millwork cabinets with a kitchen sink and a waste/recycling alcove.
  - 3.1.3.4(3)(f) Some Lounge - Staff will include Staff lockers for Staff day use.

## 3.1.3.4(4) On-Call Room

- 3.1.3.4(4)(a) All On-Call Rooms will be designed in accordance with UBC FoM Design Guidelines and Functional Requirements.
- 3.1.3.4(4)(b) On-Call Rooms will be a quiet, secure respite space used by medical Staff and medical learners for resting during on-call coverage.
- 3.1.3.4(4)(c) Configuration and location of On-Call Rooms will create a quiet environment away from busy corridors, busy Components/Sub-Components, busy spaces and Patient or Staff gathering areas.
- 3.1.3.4(4)(d) On-Call Rooms will be grouped together and have Convenient Access to a Washroom - Staff or Washroom/Shower - Staff.
- 3.1.3.4(4)(e) Acoustic separation between On-Call Rooms and adjacent spaces will be required.

## 3.1.3.4(5) Locker Room

- 3.1.3.4(5)(a) Locker Rooms are categorized into the following room types:
  - 3.1.3.4.5.(a).1 Locker Room - Female
  - 3.1.3.4.5.(a).2 Locker Room - Male
  - 3.1.3.4.5.(a).3 Locker Room - Universal
- 3.1.3.4(5)(b) Locker Rooms will be secure spaces for Staff to change, shower and to safely store items.
- 3.1.3.4(5)(c) Locker Rooms will be placed with Direct Access from Staff-only Service Circulation and Convenient Access to Staff Work Areas and Staff Support Areas.
- 3.1.3.4(5)(d) Design of Locker Rooms will include an entry vestibule space to provide visual privacy for those changing in the main locker area from Service Circulation and from Staff that deliver clean linen and pick up soiled linen.
- 3.1.3.4(5)(e) Carts for clean linen and soiled linen hampers will be located inside Locker Rooms at the entry point.
- 3.1.3.4(5)(f) Locker Rooms will include benches, shoe racks, lockers to store personal items and an area with coat hooks to hang coats.

- 3.1.3.4(5)(g) Locker Rooms will also include change cubicles, shower stalls, toilet stalls, vanity with lavatory sink(s) and counter space to place personal items and easy access to power outlets. A mirror will be provided above each lavatory sink to accommodate both a sitting and a standing person.
- 3.1.3.4(5)(h) Design will provide change cubicles that prevent those outside the cubicle from peering under, over or around panels or door.
- 3.1.3.4(5)(i) Design will provide shower stalls which include a change area that remains dry without use of curtains. A bench and coat hooks to hang items will be provided in change area. Grab bars and a place to store shampoo and soap will be provided in shower area.
- 3.1.3.4(5)(j) Design will provide toilet stalls which include a coat hook and a place to store personal items like a purse or laptop while preventing them from getting wet or falling on the floor.
- 3.1.3.4(5)(k) Minimum one (1) change cubicle, shower stall, toilet stall, and vanity with lavatory sink will be designed to be accessible for Persons with Disabilities in each Locker Room. Design will comply with requirements of CSA B651-18 Accessible Design for the Built Environment. MDR Component Locker Rooms will not require a change cubicle, shower stall and toilet stall designed to be accessible for Persons with Disabilities.
- 3.1.3.4(5)(l) Design of accessible toilet stall will also include the following:
- 3.1.3.4.5.(l).1 Entire length of grab bar will be useable and not affected by placement of toilet paper dispenser;
  - 3.1.3.4.5.(l).2 Toilet paper dispenser will be located within easy reach and will not be located behind the person requiring the person to twist to access; and
  - 3.1.3.4.5.(l).3 Location of toilet paper dispenser will not affect circulation of a wheelchair.
- 3.1.3.4(5)(m) Location of accessories in Locker Rooms will not affect Staff circulation or circulation of mobility aids.

### 3.1.3.5 Medical Imaging Areas

- 3.1.3.5(1) Medical Imaging Areas are categorized into the following Recurring Room types:
- 3.1.3.5(1)(a) Imaging CT;
  - 3.1.3.5(1)(b) Imaging General Radiology; and
  - 3.1.3.5(1)(c) Work Hub - Technologists.
- 3.1.3.5(2) Medical Imaging Areas will provide diagnostic testing for inpatients, outpatients and emergency Patients to support the assessment and diagnosis of Patients.
- 3.1.3.5(3) Imaging CT
- 3.1.3.5(3)(a) Imaging CT is categorized into the following room types:
    - 3.1.3.5.3.(a).1 Imaging Room - CT
    - 3.1.3.5.3.(a).2 Control Room - CT
    - 3.1.3.5.3.(a).3 Computer Room - CT
  - 3.1.3.5(3)(b) Imaging CT will enable Computerized Tomography Scans and related procedures.
  - 3.1.3.5(3)(c) Imaging Room - CT design will provide space for Staff and Patient circulation, movement of stretchers and other mobility aids, work surface, storage and carts.
  - 3.1.3.5(3)(d) Imaging Room - CT will have Direct Access from internal corridor for Patients.
  - 3.1.3.5(3)(e) A hand hygiene sink will be mounted on the wall inside the room adjacent to the door from corridor. Location of hand hygiene sink will not affect circulation into and within the room.
  - 3.1.3.5(3)(f) Staff will have easy access to oxygen, medical air and medical vacuum which will not interfere with procedures. Medical vacuum containers will be protected from damage from movement of Equipment.
  - 3.1.3.5(3)(g) Control Room - CT will have Direct Access to Imaging Room - CT and internal corridor for Staff.
  - 3.1.3.5(3)(h) Design of Control Room - CT and Imaging Room - CT will allow for elimination of doors between control room and imaging room while providing radiation safety within Control Room - CT.

- 3.1.3.5(3)(i) There will be unobstructed Line of Sight from Staff sitting at console in Control Room - CT to Patient in CT scanner and the clock in Imaging Room - CT through a lead glass interior window.
- 3.1.3.5(3)(j) Computer Room - CT will have Direct Access from Imaging Room - CT.
- 3.1.3.5(3)(k) Two-way audio intercom will be provided between Staff in Control Room - CT and Patient in Imaging Room - CT.

#### 3.1.3.5(4) Imaging General Radiology

- 3.1.3.5(4)(a) Imaging General Radiology is categorized into the following room types:
  - 3.1.3.5.4.(a).1 Imaging Room - Gen Rad
  - 3.1.3.5.4.(a).2 Control Booth - Gen Rad
- 3.1.3.5(4)(b) Imaging General Radiology will enable X-ray Imaging.
- 3.1.3.5(4)(c) A turning radius of minimum 1825 mm will be provided on one side of the X-ray table. Minimum clear space of 1000 mm will also be provided on all other sides.
- 3.1.3.5(4)(d) Imaging Room - Gen Rad will be located adjacent to Work Hub - Technologists.
- 3.1.3.5(4)(e) Design will provide Direct Access from Work Hub - Technologists into Imaging Room - Gen Rad through Control Booth - Gen Rad for Staff. Imaging Room - Gen Rad will also have Direct Access from internal corridor for Patients.
- 3.1.3.5(4)(f) A hand hygiene sink will be mounted on the wall inside the room adjacent to the door from corridor. Location of hand hygiene sink will not affect circulation into and within the room.
- 3.1.3.5(4)(g) Staff will have easy access to oxygen, medical air and medical vacuum from the X-ray table. Medical vacuum containers will be protected from damage from movement of Equipment.
- 3.1.3.5(4)(h) Control Booth - Gen Rad will be located within Imaging Room - Gen Rad where Staff will be protected from radiation, have unobstructed Line of Sight to Patient on the X-ray table through a lead glass interior window, be

able to control the X-ray imaging machine, and have Direct Access from Work Hub - Technologists.

3.1.3.5(4)(i) The path between Control Booth - Gen Rad and X-ray table/Bucky Board will be short and straight.

3.1.3.5(4)(j) For safety, Control Booth - Gen Rad will be arranged to allow Staff in one (1) Control Booth to be heard from another Control Booth when calling for help.

3.1.3.5(5) Work Hub - Technologists

3.1.3.5(5)(a) Work Hub - Technologists will be the central space for imaging technologists, tech aides and students to manage requisitions.

3.1.3.5(5)(b) Work Hub - Technologists will be an open work area centrally located between imaging rooms, with Direct Access to each imaging room's control room.

3.1.3.5(5)(c) The number of workstations in each Work Hub - Technologists will vary in different Components/Sub-Components.

3.1.3.6 Meeting Areas

3.1.3.6(1) Meeting Areas are categorized into the following Recurring Room types:

3.1.3.6(1)(a) Meeting Room;

3.1.3.6(1)(b) Groups Room; and

3.1.3.6(1)(c) Phone Room - 2-Seat.

3.1.3.6(2) All Meeting Areas will be fully virtual enabled rooms.

3.1.3.6(3) All Meeting Areas will enable meetings in person, by teleconference, videoconference, or web conference.

3.1.3.6(4) Seating arrangement for all Meeting Areas will be flexible. Configuration and seating type will ensure clear circulation behind those seated around a table at full capacity.

3.1.3.6(5) Design of Meeting Areas will enable those seated in attendance to have view of the presenter and any projected images.

- 3.1.3.6(6) Presenter will be able to read paper documents or take notes during the presentation, have access to audiovisual Equipment to control the projected images and have space to circulate.
- 3.1.3.6(7) Location of the door to Meeting Areas will minimize interruptions within the room.
- 3.1.3.6(8) Meeting Areas will be designed for acoustic privacy to prevent conversations within these rooms from being heard in corridor and adjacent rooms. Design will ensure that conversations inside the room are clearly heard within these rooms.
- 3.1.3.6(9) Meeting Room
  - 3.1.3.6(9)(a) Meeting Rooms are categorized into the following room types:
    - 3.1.3.6.9.(a).1 Meeting Room - 4-Seat
    - 3.1.3.6.9.(a).2 Meeting Room - 6-Seat
    - 3.1.3.6.9.(a).3 Meeting Room - 8-Seat
    - 3.1.3.6.9.(a).4 Meeting Room - 12-Seat
    - 3.1.3.6.9.(a).5 Meeting Room - 15-Seat
    - 3.1.3.6.9.(a).6 Meeting Room - 20-Seat
    - 3.1.3.6.9.(a).7 Meeting Room - 50-Seat
  - 3.1.3.6(9)(b) Meeting Rooms will be used for Staff internal meetings, training, education, collaboration and breakout/team huddle.
  - 3.1.3.6(9)(c) Meeting Rooms will also be used for Patient education and consultation or public events.
- 3.1.3.6(10) Group Room
  - 3.1.3.6(10)(a) Group Rooms will be mainly used for Patient teaching in Group Settings but will also be used as Meeting Rooms.
  - 3.1.3.6(10)(b) The number of seats in each Group Room will vary in different Components.
- 3.1.3.6(11) Phone Room - 2-Seat
  - 3.1.3.6(11)(a) Phone Room - 2-Seat will be used by Staff as a shared breakout room for meetings, confidential discussions, phone calls and drop down workstation.
  - 3.1.3.6(11)(b) Phone Room - 2-Seat will also be used for Patient teaching and education.



### 3.1.3.7 Support Service Areas

3.1.3.7(1) Support Service Areas are categorized into the following Recurring Room types:

- 3.1.3.7(1)(a) Medication Room;
- 3.1.3.7(1)(b) Soiled Utility Room;
- 3.1.3.7(1)(c) Housekeeping Room;
- 3.1.3.7(1)(d) Clean Storage;
- 3.1.3.7(1)(e) Soiled Storage;
- 3.1.3.7(1)(f) Cleaning and Disinfection Room; and
- 3.1.3.7(1)(g) Hot Lab.

3.1.3.7(2) Support Service Areas will be located to support applicable flows within each Component/Sub-Component.

3.1.3.7(3) Support Service Areas will be only accessed by Staff.

3.1.3.7(4) Medication Room

3.1.3.7(4)(a) Medication Rooms are categorized into the following room types:

- 3.1.3.7.4.(a).1 Medication Room
- 3.1.3.7.4.(a).2 Medication Room - Small

3.1.3.7(4)(b) Medication Rooms will be used to store and prepare medications.

3.1.3.7(4)(c) Medication Rooms will be fully enclosed and centrally located for quick access for Staff.

3.1.3.7(4)(d) Medication Room doors will have Convenient Access from Care Team Stations and Direct Access from the corridor to allow for carts to be brought into the room for restocking purposes.

3.1.3.7(4)(e) Medication Rooms will include interior window on the corridor wall to provide casual observation into and out of this room for Staff safety.

3.1.3.7(4)(f) Design of Medication Rooms will allow minimum two (2) Staff to work in the room at one time, accessing ADCs, computer, and work surface. Design will plan to

retain circulation while drawers of ADCs and doors of medication fridge are fully extended and will include a work surface to place items removed from ADCs.

- 3.1.3.7(4)(g) Design of Medication Rooms will provide circulation space for incoming carts to stock ADCs and storage areas.
- 3.1.3.7(4)(h) A hand hygiene sink will be mounted on the wall adjacent to the door and minimum 1000 mm away from medication preparation area. Location of hand hygiene sink will not affect circulation within the room.
- 3.1.3.7(4)(i) Design will provide a modular storage system that maximizes vertical and horizontal space with components that are adjustable by Staff and will be able to be replaced or exchanged with minimal changes. Supplies will not to be stored above 1700 mm from finished floor.

#### 3.1.3.7(5) Soiled Utility Room

- 3.1.3.7(5)(a) Soiled Utility Rooms will be used to rinse and temporarily store soiled supplies, Equipment and other wastes.
- 3.1.3.7(5)(b) Location of Soiled Utility Rooms will provide Convenient Access for Staff to deposit soiled materials and minimize exposure of Patients, Staff, and visitors to odour, noise, and the visual impact of medical waste operations.
- 3.1.3.7(5)(c) Design of Soiled Utility Rooms will allow for a one-way flow if soiled items are washed or wiped within the room.
- 3.1.3.7(5)(d) Design will provide circulation space for several Staff, work surface, storage, Equipment, carts, waste and recycling/biohazard bins.
- 3.1.3.7(5)(e) A hand hygiene sink will be mounted on the wall adjacent to the door and minimum 1000 mm away from work surfaces. Location of hand hygiene sink will not affect circulation within the room.

#### 3.1.3.7(6) Housekeeping Room

- 3.1.3.7(6)(a) Housekeeping Rooms will be used to store housekeeping related Equipment and supplies.
- 3.1.3.7(6)(b) Design of Housekeeping Rooms will provide an area of 1300 mm x 1500 mm for a cart to park inside the room and include circulation space around one side of the cart to load and unload items.
- 3.1.3.7(6)(c) A hand hygiene sink will be mounted on the wall adjacent to the door. Location of hand hygiene sink will not affect circulation within the room.
- 3.1.3.7(6)(d) Any Component/Sub-Component without a dedicated Housekeeping Room will have Convenient Access to Housekeeping Room in another Component/Sub-Component on the same floor.

#### 3.1.3.7(7) Clean Storage

- 3.1.3.7(7)(a) Clean Storage rooms are categorized into the following room types:
  - 3.1.3.7.7.(a).1 Storage - Clean Equipment
  - 3.1.3.7.7.(a).2 Storage - Clean Equipment - Resp Therapy
  - 3.1.3.7.7.(a).3 Storage - Clean Scopes
  - 3.1.3.7.7.(a).4 Storage - Clean Supply
  - 3.1.3.7.7.(a).5 Storage - Records/Files
- 3.1.3.7(7)(b) Clean Storage rooms will be used to store clean devices, Equipment, supplies, parts or documents.
- 3.1.3.7(7)(c) Design for Clean Storage rooms will provide circulation space for Staff, carts and mobile Equipment.
- 3.1.3.7(7)(d) The area and space requirements of Clean Storage rooms will vary in different Components/Sub-Components.

#### 3.1.3.7(8) Soiled Storage

- 3.1.3.7(8)(a) Soiled Storage rooms are categorized into the following room types:
  - 3.1.3.7.8.(a).1 Soiled Holding
  - 3.1.3.7.8.(a).2 Soiled Holding - Hazardous Waste
  - 3.1.3.7.8.(a).3 Storage - Chemical
- 3.1.3.7(8)(b) Soiled Storage rooms will be used to temporarily stage soiled Equipment, medical devices and linen, as well as

waste, recyclables, and chemicals before removal to the loading dock and from the Facility.

3.1.3.7(8)(c) Design for Soiled Storage rooms will provide circulation space for Staff and carts.

3.1.3.7(8)(d) A hand hygiene sink will be mounted on the wall adjacent to the door in some Soiled Storage rooms. Location of hand hygiene sink will not affect circulation within the room.

3.1.3.7(8)(e) The area and space requirements of Soiled Storage rooms will vary in different Components/Sub-Components.

#### 3.1.3.7(9) Cleaning and Disinfection Room

3.1.3.7(9)(a) Cleaning and Disinfection Room will be used for Equipment cleaning as per EVS processes.

3.1.3.7(9)(b) Design for Cleaning and Disinfection Room will provide circulation space for Staff, carts, and fixed and mobile/wheeled Equipment.

3.1.3.7(9)(c) A hand hygiene sink will be mounted on the wall adjacent to the door and minimum 1000 mm away from work surfaces. Location of hand hygiene sink will not affect circulation within the room.

#### 3.1.3.7(10) Hot Lab

3.1.3.7(10)(a) Hot Lab will provide space for radioisotope storage cabinet and injector carts. Radioactive materials will be temporarily staged within this room. Auto-injectors will be loaded with radioisotope in this room.

3.1.3.7(10)(b) Hot Lab will not have windows for radiation safety reasons.

#### 3.1.3.8 Alcoves

3.1.3.8(1) Alcoves are categorized into the following Recurring Room types:

3.1.3.8(1)(a) Alcove - Blanket Warmer;

3.1.3.8(1)(b) Alcove - Clean Linen;

- 3.1.3.8(1)(c) Alcove - Clean Supplies;
  - 3.1.3.8(1)(d) Alcove - Crash Cart;
  - 3.1.3.8(1)(e) Alcove - Eyewash Station;
  - 3.1.3.8(1)(f) Alcove - Eyewash/Shower Station;
  - 3.1.3.8(1)(g) Alcove - Hand Hygiene Sink;
  - 3.1.3.8(1)(h) Alcove - Lockers;
  - 3.1.3.8(1)(i) Alcove - Lockers - Patient;
  - 3.1.3.8(1)(j) Alcove - Mobile Equipment;
  - 3.1.3.8(1)(k) Alcove - Nourishment Station;
  - 3.1.3.8(1)(l) Alcove - Observation;
  - 3.1.3.8(1)(m) Alcove - Oxygen Tank Storage;
  - 3.1.3.8(1)(n) Alcove - Pneumatic Tube Station;
  - 3.1.3.8(1)(o) Alcove - PPE;
  - 3.1.3.8(1)(p) Alcove - Purse Lockers;
  - 3.1.3.8(1)(q) Alcove - Scrub Station;
  - 3.1.3.8(1)(r) Alcove - Self-Registration Kiosk;
  - 3.1.3.8(1)(s) Alcove - Stretcher/Wheelchair Storage;
  - 3.1.3.8(1)(t) Alcove - Water Station;
  - 3.1.3.8(1)(u) Alcove - Weigh Scale;
  - 3.1.3.8(1)(v) Alcove - Wheelchair Storage; and
  - 3.1.3.8(1)(w) Alcove - Workstation-on-Wheels.
- 3.1.3.8(2) Alcoves will be accessed directly from the corridor and proportions will fully accommodate respective furniture, Equipment or fixtures, so that corridor circulation remains clear.
- 3.1.3.8(3) All alcoves will have power and data for future flexibility.

- 3.1.3.8(4) Alcove - Clean Linen dimensions will be minimum 2200 mm x 900 mm to accommodate a linen exchange cart to maneuver in and out of the alcove.
- 3.1.3.8(5) Alcove - Eyewash Station and Alcove - Eyewash/Shower Station will accommodate a plumbed emergency eyewash or eyewash/shower station. Location of these alcoves will be determined based on adjacencies and hazards in the spaces in consultation with the Authority.
- 3.1.3.8(6) Alcove - Hand Hygiene Sink will be strategically located within a Component or Sub-Component with respect to workflows to facilitate hand hygiene best practice in all clinical areas as per Infection Prevention and Control protocols. Alcove - Hand Hygiene Sink will accommodate a hand hygiene sink, paper towel dispenser, waste receptacle/bin and soap dispenser.
- 3.1.3.8(7) Alcove - Lockers will accommodate unassigned lockers for Staff day use and will be placed with Convenient Access to Staff Work Areas and Staff Support Areas and away from Public Circulation.
- 3.1.3.8(8) Alcove - Lockers - Patient will accommodate lockers for Patient belongings during treatment.
- 3.1.3.8(9) Depending on the location, Alcove - Nourishment Station will be for Staff access only to prepare their own food or provide snacks and beverages to Patients, or for public access.
- 3.1.3.8(10) Alcove - Observation will accommodate Staff sitting to chart and have Line of Sight to Patient in bed in Patient Rooms, while not interfering with corridor circulation. Alcove - Observation design will allow for required corridor clearance for movement of people and materials behind seated Staff.
- 3.1.3.8(11) Alcove - Oxygen Tank Storage will accommodate secured gas cylinders.
- 3.1.3.8(12) Alcove - PPE will be used for storage of PPE and donning/doffing PPE by Staff.
- 3.1.3.8(13) Alcove - Purse Lockers will accommodate unassigned lockers for Staff day use and be placed with Convenient Access to Staff Work Areas and Staff Support Areas and away from Public Circulation.
- 3.1.3.8(14) Alcove - Scrub Station will be provided in corridors, beyond the minimum required corridor width.

- 3.1.3.8(15) Alcove - Self-Registration Kiosk will provide infrastructure and space for potential future installation of self-registration kiosks for self-registration and/or self-triage.
- 3.1.3.8(16) Alcove - Weigh Scale will provide space to weigh Patients. This Alcove will be sized to accommodate a wheelchair scale, will be wheelchair accessible and will be designed sufficiently deep to allow a wheelchair on the scale without obstructing the corridor.
- 3.1.3.8(17) Alcove - Workstation-on-Wheels will be used to dock and charge WOWs. WOW battery chargers will be mounted on the wall within these alcoves. Alcove - Workstation-on-Wheels will either be located off the corridors or incorporated into outer perimeter of Care Team Stations if layout and design of Care Team Stations allow.

### 3.1.3.9 Washrooms and Change Rooms

- 3.1.3.9(1) Washrooms and Change Rooms are categorized into the following Recurring Room types:
  - 3.1.3.9(1)(a) Washroom - Public
  - 3.1.3.9(1)(b) Washroom - Patient
  - 3.1.3.9(1)(c) Washroom - Patient - Bariatric
  - 3.1.3.9(1)(d) Washroom - Staff
  - 3.1.3.9(1)(e) Washroom - Staff - Non-Acc
  - 3.1.3.9(1)(f) Washroom/Shower - Staff
  - 3.1.3.9(1)(g) Change Room
  - 3.1.3.9(1)(h) Change Room - Bariatric
- 3.1.3.9(2) All Washrooms, Washroom/Shower - Staff and Change Rooms will have Direct Access from a corridor.
- 3.1.3.9(3) All Washrooms, Washroom/Shower - Staff and Change Rooms will be accessible for Persons with Disabilities and will meet the requirements of CSA B651-18 Accessible Design for the Built Environment.
- 3.1.3.9(4) Washroom - Staff - Non-Acc will not be accessible for Persons with Disabilities and will not be required to meet the

requirements of CSA B651-18 Accessible Design for the Built Environment.

- 3.1.3.9(5) A mirror will be provided in Washrooms, Washroom/Shower - Staff and Change Rooms to accommodate a Patient sitting in a wheelchair as well as a Patient who is standing.
- 3.1.3.9(6) Entire length of grab bar in Washrooms and Washroom/Shower - Staff will be useable and not affected by placement of toilet paper dispenser.
- 3.1.3.9(7) Location of toilet paper dispenser in Washrooms and Washroom/Shower - Staff will not require the Patient to twist to access.
- 3.1.3.9(8) All Washrooms and Washroom/Shower - Staff will include a shelf to provide space to place personal items like a purse or laptop where they will not get wet or fall on the floor.
- 3.1.3.9(9) Location of Washroom and Change Room accessories will not affect Staff circulation or circulation of mobility aids.
- 3.1.3.9(10) All Washrooms will be 2-piece (water closet/lavatory sink) single occupancy spaces for use by public, Patients or Staff.
- 3.1.3.9(11) All Washroom/Shower - Staff will be 3-piece (water closet/lavatory sink/shower stall) single occupancy spaces for use by Staff.
- 3.1.3.9(12) Washroom - Public will have Direct Access from Public Circulation and Convenient Access from Component/Sub-Component public entry points or Waiting Areas.
- 3.1.3.9(13) Washroom - Patient will be placed with Convenient Access from Patient Care Areas or Waiting Areas.
- 3.1.3.9(14) Washroom - Patient - Bariatric will support bariatric Patient needs and will be placed with Convenient Access from bariatric Patient Care Areas.
- 3.1.3.9(15) Washroom - Staff, Washroom - Staff - Non-Acc and Washroom/Shower - Staff will be placed with Convenient Access from Staff Work Areas and Staff Support Areas and away from Public Circulation.
- 3.1.3.9(16) Any Component/Sub-Component without a dedicated Washroom - Staff or Washroom - Staff - Non-Acc will have Convenient Access to Washroom - Staff or Washroom - Staff -



Non-Acc in another Component/Sub-Component on the same floor.

- 3.1.3.9(17) Change Rooms will be used by individual Patients to change in/out of gowns or Staff to change in/out of work attire.
- 3.1.3.9(18) All Change Rooms will be single occupancy spaces for use by Patients or Staff.
- 3.1.3.9(19) Change Rooms for Patient use will be placed with Convenient Access from Patient Care Areas or Waiting Areas.
- 3.1.3.9(20) Change Room - Bariatric will support bariatric Patient needs and will be co-located with standard Change Rooms.
- 3.1.3.9(21) Change Rooms for Staff use will be placed with Convenient Access from Staff Work Areas and Staff Support Areas and away from Public Circulation.