



Non-Hospital Medical and Surgical Facilities Accreditation Program

# Policy

## Major Renovations for Reasons of Maintenance or Restoration

### PURPOSE

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee is responsible for establishing accreditation standards for non-hospital facilities and ensuring that facilities meet required standards for the quality and safety of service delivery in an accredited non-hospital facility.

The proper operation and maintenance of a non-hospital facility is essential to the safe and effective delivery of health-care services and to the health and safety of staff.

This policy addresses the requirements for facilities undergoing major renovations for reasons of maintenance or restoration following significant structural damage (e.g. flood, fire).

### POLICY

#### Maintenance

Replacement of worn or failed fixtures and finishing (e.g. flooring, windows) or mechanical components (e.g. HVAC cooling towers) is generally considered to be maintenance. Before major renovations arising from maintenance are made to an existing facility, the medical director shall first provide written notification to the committee at least 90 days in advance of the commencement of any renovations to enable the committee to confirm the standards which would apply.

Fixtures and finishing replacement for reasons of maintenance are required to meet current standards as specified in the Canadian Standards Association (CSA) standard *CSA Z8000 Canadian healthcare facilities (design)*, as amended from time to time.

Direct replacement of a major system component may be “like-for-like” (i.e. based upon the technical specifications of the existing component), if permitted by current building code. However, the facility should consider adhering to the current technical specifications for the component as specified in the applicable CSA standard, as amended from time to time.

#### Restoration

In accordance with section 5-9(2) of the College Bylaws, if the facility has been subject to flood, fire, hazardous material incident or suffered significant structural damage, the medical director shall immediately notify the College and the facility must immediately cease operations until it has been approved by the committee to resume operations.

Fixtures and finishing replacement for reasons of restoration are required to meet current standards as specified in the Canadian Standards Association (CSA) standard *CSA Z8000 Canadian healthcare facilities (design)*, as amended from time to time.

Direct replacement of a major system component may be “like-for-like” (i.e. based upon the technical specifications of the existing component), if permitted by current building code. However, the facility should consider adhering to the current technical specifications for the component as specified in the applicable CSA standard, as amended from time to time.

Changes to a major system may require the facility to meet specific clauses of the current CSA standards (i.e. a room undergoes a change of use for improved workflow affecting relative pressurization requirements) as determined by the committee.

Although not required, restoration project planning and design processes should include consideration for upgrading the facility to meet current functional, technical and space requirements (e.g. space details/workflow, infection, prevention and control, room sizes) as specified in CSA Z8000, as amended from time to time.

### **Infection, prevention and control**

Restoration, renovation and maintenance projects in non-hospital facilities pose a potential risk of infection to current and future occupants. Therefore, all restoration, renovation and maintenance projects must adhere to CSA Z317.13 *Infection control during construction, renovation, and maintenance of health care facilities*, as amended from time to time. This includes establishing a multidisciplinary team (MDT) with site knowledge and appropriate expertise which includes an infection, prevention and control (IPAC) professional (e.g. certified professional in infection prevention and control (CIC®)). The IPAC professional should be an independent contractor retained directly by the facility (i.e. not a contractor of/retained by the corporation managing the project).

Throughout the project, the appropriate levels of preventive measures must be adhered to and include precautions related to the heating, ventilation and air-conditioning (HVAC) system in the construction area (i.e. sealing vent openings), as appropriate. The IPC is required to be an active member of the MDT from the planning stage to the final evaluation after completion of the work and regularly visits the construction area(s) with the facility project manager to ensure that the appropriate preventive measures (e.g. I, II, III or IV) are being adhered to (i.e. hoarding, traffic control, environmental cleaning procedures).

IPC reports documenting their assessments throughout the project, from planning to the final evaluation after project completion, must be on file with the project records.

### **DEFINITIONS**

<b>like-for-like</b>	The technical specifications of the replacement component is based upon the technical specifications of the original component.
<b>minor renovation</b>	Defined as small-scale improvement work (e.g. minor refurbishment) usually cosmetic in nature. Examples include but are not limited to painting and decorating. A minor renovation does not involve activities that require demolition or require removal of a fixed facility component or assembly to any semi-restricted or restricted areas of the facility. A minor renovation also includes converting a space, room or area used for the same or similar purpose (e.g. post-anesthesia recovery bay is converted to an overnight stay bed).
<b>major renovation</b>	Defined as construction to modify or upgrade the existing facility or the repair or replacement of the physical infrastructure for the purpose of maintenance. A

major renovation involves activities that cause a service disruption, require demolition, require removal of a fixed facility component (e.g. sink) or assembly (e.g. countertop) to any semi-restricted or restricted areas of the facility.

Examples include but are not limited to:

- a space, room or area that is undergoing a change of use (e.g. consult room is converted to a medical device reprocessing room)
- removal of floor covering, ceiling tiles and cabinetry
- replacement of window
- new wall construction
- heating, ventilation and air-conditioning upgrades
- plumbing work that requires disruption of the water supply for more than 30 minutes

<b>renovation</b>	Construction to modify or upgrade the existing facility or the repair or replacement of the physical infrastructure for the purpose of maintenance. Renovations may be major or minor.
<b>restoration</b>	The process of bringing a facility back to its original state following significant structural damage (e.g. flood, fire).
<b>maintenance</b>	Activities (i.e. repairs, replacement of parts/components) necessary to maintain the physical infrastructure of the facility in good working order.
<b>restricted area</b>	Includes operating rooms and procedure rooms.
<b>semi-restricted area</b>	Includes but is not limited to clean and sterile storage, scrub sink areas, corridors leading to restricted area, laboratories, medical device reprocessing areas, pre-operation holding areas, waste storage areas and laundry/linen storage areas.

## RESPONSIBILITIES

Role	Responsibility
Medical director	<ul style="list-style-type: none"> <li>• Provide prior written notification to the committee of the intent to commence renovations for the purpose of maintenance or restoration</li> </ul>
NHMSFAP staff	<ul style="list-style-type: none"> <li>• Review documentation and makes a recommendation to the committee for consideration</li> </ul>
NHMSFAP Committee	<ul style="list-style-type: none"> <li>• Determine the standards which would apply to major renovations for the purpose of maintenance or restoration</li> </ul>

## REFERENCES

College of Physicians and Surgeons of British Columbia. Bylaws [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2009 [revised 2019 May 3]. [cited 2019 Nov 5]. 100 p. Available from: <https://www.cpsbc.ca/files/pdf/HPA-Bylaws.pdf>

Non-Hospital Medical and Surgical Facilities Accreditation Program; College of Physicians and Surgeons of British Columbia. Bylaw policy: renovations and new construction to a facility [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2017 [cited 2019 Nov 5]. 3 p. Available from: <https://www.cpsbc.ca/files/pdf/NHMSFAP-BP-Renovations-New-Construction.pdf>

Canadian Standards Association. Canadian health care facilities. 2<sup>nd</sup> ed. Toronto: Canadian Standards Association; 2018. 518 p. CSA Standard: Z8000-18.

Canadian Standards Association. Operation and maintenance of health care facilities. 2<sup>nd</sup> ed. Toronto: Canadian Standards Association; 2019. 113 p. CSA Standard: Z8002-19.

Canadian Standards Association. Special requirements for heating, ventilation, and air-conditioning (HVAC) systems in health care facilities. 4<sup>th</sup> ed. Toronto: Canadian Standards Association; 2015. 117 p. CSA Standard: Z317.2-15.

Canadian Standards Association. Infection control during construction, renovation, and maintenance of health care facilities. 4<sup>th</sup> ed. Toronto: Canadian Standards Association; 2017. 148 p. CSA Standard: Z317.13-17.