

Part B – Health facility briefing and planning

Planning

- 60 .1.00 The location and development of the site shall be in accordance with the requirements of the Local Authority Town Planning Scheme, or in the absence of a scheme be approved by the Local Council or Authority.

Environmental Impact

- 60 .2.00 The aesthetics and form of a hospital facility shall be sympathetic with its immediate environment, either built or natural; for example domestic scale and treatments where built in a residential area. The building should enhance the streetscape.
Note: This is not a mandatory requirement but is highly recommended.
- 60 .3.00 Consideration should also be given to the siting of a hospital facility to ensure that it is accepted as an asset by the majority of the community, and not thought of as an imposition and inconvenience on the neighbourhood.

Landscaping

- 60 .4.00 A suitable landscaping scheme shall be provided to ensure that the outdoor spaces are pleasant areas for patients to view from their beds and in which patients, visitors and staff may relax. The scheme should also ensure that the buildings blend into the surrounding environment, built or natural.
- 60 .5.00 Water conservation should be a consideration when designing layouts and selecting plants. Bore water (if available) for reticulation is recommended. The use of mains water for reticulation is restricted. The Water Supply Authority should be consulted for current regulations.

Site Grading

- 60 .6.00 The balance of a Hospital site not covered by buildings should be graded to facilitate safe movement of the public and staff. Where this is not possible, access should be restricted.

Public Utilities

- 60 .7.00 Impact on existing local service networks will be substantial. In establishing a hospital facility on any site, the requirements and regulations of authorities regulating water, electricity, gas, telephones, sewerage and any other responsible Statutory or Local Authority must be complied with.

Structural requirements

- 60 .8.00 If the site is low lying, on the side of a hill, or partly consists of rock, then structural engineering advice should be sought at an early stage to minimise future drainage or settlement problems.

70 CONSTRUCTION STANDARDS

Building Regulations

- 70 .1.00 Construction and design standards in new and refurbished projects shall comply with the requirements of the latest edition of the Building Code of Australia (BCA).

The requirements of these Guidelines may be in addition to or in excess of the BCA requirements. In such situations, the higher standard or further requirements of these Guidelines will be required.

Nothing in these Guidelines implies that compliance with a provision of the BCA is not required.

Both the BCA and these Guidelines refer to other codes and standards such as the Australian standard AS1428. When such standards are referenced by the BCA or these Guidelines, they also become a mandatory requirement.

- 70 .2.00 Under the Building Code of Australia, a hospital is regarded as class 9a building. Day Procedure Centres, depending on size and operation may be regarded as class 9a or class 5.

Therefore, the Department of Human Services requires that all Day Procedure Centres shall be constructed to a BCA building classification 9a.

- 70 .3.00 OTHER BUILDING REGULATIONS

Facilities covered by these Guidelines may also be covered by other building regulations covering areas such as:

- Local Government planning instruments
- State Government policies and directives
- Food Services regulations
- Federal Anti-discrimination Acts (such as the DDA)
- EPA or ESD regulations
- Import bans
- Occupational Health and Safety Acts

Compliance with these Guidelines does not imply compliance with any other regulations. Approval under the Health Services Act 1988 of a Hospital or Day Procedure Centre by the Department of Human Services does not imply that the facility has complied with other relevant regulations.

The Department of Human Services, through its approval and licensing processes will, in accordance with the Health Services Act 1988, require verification or proof of compliance with other relevant regulations.

- 70 .4.00 DISABILITY DISCRIMINATION ACT (DDA) - ADVISORY NOTE

This Federal Act has the potential to influence many aspects of the design and construction of health facilities covered by these Guidelines. This influence goes beyond the other disabled access standards such as AS1428 series.

Designers are strongly advised to review the DDA and proceed with caution. It is helpful to employ a disability specialist to recommend the best way of complying with the DDA requirements without causing conflicts with these and other Guidelines and codes.

- 70 .5.00 LEGISLATIVE REQUIREMENTS

70 .5.00

These Guidelines include specified dimensions, areas, Room Data Sheets and Room Layout Sheets covering these Guidelines only. No undertaking is given or implied that these Guidelines or any of these attachments demonstrate compliance with other legislative or statutory requirements. It remains the responsibility of designers and users of these Guidelines to determine compliance with the full range of legislative and statutory requirements, independent of these Guidelines.

Building Materials

- 70 .6.00 All building materials used in the construction of a Hospital shall be new and of a type suitable for use in the particular element of construction. Installation shall be to the manufacturers' recommendations, or as dictated by codes. The exceptions to this rule are renovated or restored historical elements, such as door units and leadlight glazing and elements suitable for reuse in a facility redevelopment, such as existing doors and windows.

Experimental materials or components are not acceptable for inclusion, although small sample areas for evaluation purposes are allowed. This clause does not prohibit the first time use in Victoria of new materials that comply with all the relevant codes and requirements of these guidelines.

Roof Construction

- 70 .7.00 Low pitch metal decking should be avoided if possible. Where low pitch metal decking is necessary and unavoidable, the minimum recommended pitch is 3°, but 5° is preferred.
- 70 .8.00 It is recommended that flashing on the high side of the major roof penetrations (mechanical) extends back to the ridgeline.
- 70 .9.00 Box gutters are best avoided. The design of box gutters, if absolutely necessary, should be capable of handling the most extreme downpour. Overflow pops of substantial capacity are essential. Vortex breakers at the head of downpipes are also recommended. Box gutters should not pass over internal spaces, but where there is no option, special arrangements should be made for water leakage protection. Box gutters should never pass over areas such as main electrical switchboards, operating rooms, critical care areas, lift machine rooms and shafts.
- 70 .10.00 Consideration should be given to box gutter expansion joints, for example, the maximum spacing recommended are:
- P.G.I./Zincalume 18 m
 - S.S./Aluminium 12 m
 - Copper/Zinc 7 m
- 70 .11.00 Box gutters, where wide enough, should also be made trafficable.
Note: In this context, wide means equal or more than 450 mm.
- 70 .12.00 Adequate access to all plant must be provided in accordance with relevant Occupational Health and Safety Regulations/ Standards. Where access is required to a roof, consideration must be given to appropriate methods of preventing falls, i.e. the provision of handrails or permanent anchorage points for individual fall arrest systems and safety harnesses.

This requirement also applies to trafficable box gutters.

Planning

80 .1.00 The planning of Hospitals and Day Procedure Centres requires general knowledge of the appropriate relationships between the various components. Certain components (also referred to as Hospital Planning Units or HPUs) need to be adjacent or close to other components. Most components must be accessible independently without having to go through other components. In short, the planning of a Health Facility requires a certain logic which is derived from the way the facility functions.

80 .2.00 Good planning relationships:

- Increase the efficiency of operation
- Promote good practice and safe health care delivery
- Minimise recurrent costs
- Improve privacy, dignity and comfort
- Minimise travel distances
- Support a variety of good operational policy models
- Allow for growth and change over time.

Inappropriate planning relationships:

- Result in duplication and inefficiency
- May result in unsafe practices
- Increase running costs
- May result in reduced privacy, dignity and comfort
- Increases travel distance or force un-necessary travel
- Result in lack of flexibility to respond to future growth and change
- May limit the range of operational possibilities.

Planning Models

80 .3.00 Planning of a complex Hospital of Day Procedure Centre depends on commonly recognised "good relationships" as well as site constraints and conformity with various codes and guidelines.

In theory it is possible to go back to the basics every time. In practice, however, designers soon discover that this is an inefficient way of arriving at appropriate planning solutions.

Just as in other buildings types eg Hotels and Shopping Centres, Hospitals and Day Procedure Centres have overtime evolved around a number of workable Planning Models. These can be seen as templates, modules, prototypes or patterns for the design of new facilities. Typically each model will best suit a certain facility size and site condition.

80 .4.00 These Guidelines include a number of flow diagrams which represent Planning Models for various Hospital Planning Units (HPUs). The diagrams are included in the enclosures.

The flow diagrams are referred to in the appropriate sections of these Guidelines. They may cover not only internal planning of HPUs, but also relationships between HPUs. Designers may use these diagrams to set out the various components and then manipulate them into the appropriate shapes to suit the site constraints.

80 .5.00 Designers are encouraged to see the overall design as a model. A good Health Facility Plan is usually reducible to a flow diagram. If the diagram has clarity, simplicity and logic, as demonstrated in the enclosures to these Guidelines, it probably has good potential for development.

If on the other hand the model is too hard to reduce to a simple, clear and logical flow diagram, it should be critically examined.

It is not sufficient to satisfy immediate or on-off relationships. Similarly, it may not be sufficient to satisfy only a limited, odd or temporary operational policy. It is more important to incorporate planning relationships that can satisfy multiple operational policies due to their inherent simplicity and logic.

Some of the typical planning policies which may be adopted to achieve these goals are covered under Planning Policies in these Guidelines.

Masterplanning

80 .6.00 MASTERPLAN

In the health care industry, Masterplan has different meanings in different contexts. The most common use of the term Masterplan refers to words, diagrams and drawings describing the "global arrangement of activities" in a health facility with particular emphasis on land use, indicating growth and change over time.

Under the above definition, a Masterplan is a fundamental planning tool to identify options for the current needs as well as projected future needs. Its purpose is to guide decision making for clients and designers,

Health facility owners and designers are encouraged to prepare a Masterplan before any detailed design. A Masterplan can be prepared in parallel with detailed briefing, so that valuable feedback can be obtained regarding real-world opportunities and constraints. Ideally, a successful Masterplan will avoid wrong long term strategic decisions, minimise abortive work, prevent future bottlenecks and minimise expectations that can not be met in the given circumstances.

A Masterplan diagram or drawings is typically a simplified plan showing the following:

- The overall site or section of site relating to the development
- Departmental boundaries for each level related to the development
- Major entry and exit points to the site and the relevant departments
- Vertical transport including stairs and lifts
- Main inter-departmental corridors (arterial corridors)
- Location of critical activity zones within departments but without full detail
- Likely future site development
- Areas (if any) set aside for future growth and change
- Arrows and notes indicating major paths of travel for vehicles, pedestrians, goods and beds
- Services masterplan showing the engineering impact, plant locations, availability of services and future demand.

Refer also to Department of Human Services Capital Management Guidelines.

80 .7.00 Masterplan diagrams and drawings should be prepared for all logical options (typically 3) to an equal level of resolution and presentation so that each option reaches its maximum potential. Only then a decision maker is in a position to compare options on equal terms. The above diagrams and drawings are typically accompanied by a report covering the following headings as a minimum:

- Project description
- Outline brief
- Opportunities and constraints

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- Options considered
- Evaluation criteria
- Evaluation of the options including cost impact (if any)
- Recommended option
- Executive summary and recommendation

80 .8.00 Depending on the nature of the project, the exact deliverables for a Masterplan can be fine tuned. The most typical additional deliverables are listed so that clients may refer to them by name and by reference to these Guidelines.

Stacking Plans- This is typically used for locating departments in major multi-storey developments where the shell is already well defined

Master Concept plan - This is typically used as a further development of the preferred masterplan option so that the design implications can be further tested and costed

Staging Plan - A staging plan shows a complete Masterplan defined for each stage of the development rather than simply a zone allocation for future works

Strategic Plan - A Strategic Plan refers to higher level "what if" studies, providing a range of development scenarios. These may include the use of alternate sites, private-public collocation, purchase vs lease, alternate operational policies etc.

Planning Policies

80 .9.00 Planning Policies refer to a collection of non-mandatory guidelines that may be adopted by Health Facility designers or owners. These policies generally promote good planning, efficiency and flexibility.

The planning policies are included in these Guidelines so that in the process of briefing, designers or clients can simply refer to them by name or require compliance from others.

80 .10.00 LOOSE FIT

Loose Fit is the opposite of Tight Fit. This policy refers to a type of plan which is not so tightly configured around only one operational policy that it is incapable of adapting to another.

In Health Care, operational policies change frequently. The average cycle seems to be around 5 years. It may be a result of management change, Government policy change, turn-over of key staff or change in the market place. On the other hand, major health facilities are typically designed for 30 years but tend to last more than 50 years.

This immediately presents a conflict. If, for example, a major hospital is designed very tightly around the operational policies of the day or the opinion of a few individuals (who may leave at any time), then a significant investment may be at risk of early obsolescence.

The Loose Fit Planning Policy refers to planning models which can not only adequately respond to today's operational policy but have the inherent flexibility to adapt to a range of alternative, proven and forward looking policies.

At the Macro Level, many of the commonly adopted Hospital Planning Models, including those in the enclosures to these Guidelines, have proved flexible in dealing with multiple operational policies.

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At the micro level, designers should consider simple, well proportioned, rectangular rooms with good access to simple circulation networks that are uncomplicated by a desire to create interest. Interior features should not be achieved by creating unnecessary complexity.

80 .11.00 CHANGE BY MANAGEMENT

This concept refers to plans which allow for changes in operating mode as a function of management rather than physical building change. For example, two Inpatient Units can be designed back to back so that a range of rooms can be shared. The shared section may be capable of isolation from one or the other Inpatient Unit by a set of doors. This type of sharing is commonly referred to as Swing Beds. It represents a change to the size of one Inpatient Unit without any need to expand the unit or make any physical changes.

The same concept can be applied to a range of planning models to achieve greater flexibility for the management. Also see other planning policies in this section.

80 .12.00 OVERFLOW DESIGN

Some functions can be designed to serve as overflow for other areas that are subject to fluctuating demand. For example, a waiting area for an Emergency Unit may be designed so that it can overflow into the hospital main entrance waiting area.

An Emergency Unit Procedure Room or a Birthing Room may be designed specifically to provide an emergency operating room for caesarean sections in case the standard allocated operating room is not available.

Any area that includes bed bays such as an Emergency Unit may be designed to absorb the available open space and provide room for additional beds in case of natural disasters.

80 .13.00 PROGRESSIVE SHUTDOWN

Even large facilities may be subject to fluctuating demand. It is desirable to implement a Progressive Shutdown policy to close off certain sections when they are not in use. This allows for savings in energy, maintenance and staff costs. It also concentrates the staff around patients and improves communication security. In designing for progressive shutdown, designers must ensure:

- None of the requirements of these Guidelines are compromised in the remaining open sections
- The open sections comply with other statutory requirements such as fire egress
- The open patient care sections maintain the level of observation required by these guidelines
- In the closed sections, lights and air-conditioning can be shut off independently of other areas
- The closed sections are not required as a thoroughfare for access to other functions
- Nurse Call and other communication systems can adapt to the shut-down mode appropriately
- The shut-down strategy allows access to items requiring routine maintenance.

80 .14.00 OPEN ENDED PLANNING

A hospital facility designed within a 'finite' shape, where various departments

and functions are located with correct internal relationships, may look and function very well at first; however, any expansion will be difficult. Some expansion requirements can be accommodated in new external buildings with covered links; but over time the site will become complicated with random buildings and long walkways.

The opposite of this scenario is to use planning models and Architectural shapes that have the capability to grow, change and develop additional wings (horizontally or vertically) in a controlled way. Here are some of the concepts involved in Open Ended Planning Policies:

- Major corridors should be located so that they can be extended outside the building.
- As far as possible, HPUs should have one side exposed to the outside to permit possible expansion.
- If a critical HPU must be internal, it should be adjacent to other areas that can be relocated, such as large stores or administration areas.
- External shapes, should not be finite.
- External shapes should be capable of expansion.
- Finite shapes may be reserved for one-off feature elements such as a Main Entrance Foyer.
- Roof design should consider expansion in a variety of directions.
- Avoid HPUs that are totally land-locked between major corridors.
- Stairs should not be designed to block the end of major corridors.
- The overall facility flow diagram should be capable of linear or radial expansion whilst keeping all the desirable relationships intact.
- Fixed internal services such as plant rooms, risers, service cupboards should be placed along major corridors rather than in the centre of HPUs.

Open Ended Planning Policies can be applied to entire facilities as well as individual HPUs.

Note: Also refer to Enclosure-B21 for an example of a Hospital Flow Diagram which promotes open ended planning.

80.15.00 MODULAR DESIGN

This is the concept of designing a facility by combining perfectly designed standard components. For example a designer may create a range of Patient Bedrooms, a range of utility rooms and other common rooms that are based on a regular grid such as 600mm. These rooms can then be combined to create larger planning units such as an Inpatient Unit. The Inpatient Unit can then be used as a module and repeated a number of times as required.

This approach, in the hands of a skilled designer has many benefits. Modules can be designed only once, to work very well. No redesign is necessary to adjust to different planning configurations. Instead the plan is assembled to adapt to the modules. Errors in both design and construction can therefore be minimised.

The opposite to this approach is to start from a different Architectural shape for each HPU, divide it into various shapes for the rooms, then design the interior of each room independently. This approach, in the hands of a skilled designer can also result in satisfactory solutions, but at a higher risk of errors and at a greater cost. For example, in a typical hospital, one might find 10 Dirty Utility Rooms which are entirely different.

Modular Design should not necessarily be seen as a limitation to the designer's creativity, but a tool to achieve better results. Designers are encouraged to consult with clients and user groups to agree on perfect modules, then adopt them across all HPUs.

Planning Policies

80.16.00 UNIVERSAL DESIGN

This concept is similar to Modular Design. Universal Design refers to Modules (or standard components) designed to perform multiple functions by management choice.

For example, a typical patient single bedroom can be designed to suit a variety of disciplines including Medical/ Surgical/ Maternity and Orthopaedics. Such a room can be standardised across all compatible Inpatient Units. This will permit a change of use between departments if the need arises. Such Universal Design must take into account the requirements of all compatible uses and allow for all of them. The opposite of this policy is to "specialise" the design of each component to the point of inflexibility.

Other examples of Universal Design are as follows:

- Universal Operating Rooms which suit a range of operations
- Bed cubicles in Day Surgery which suit both Pre-op and Post-op
- Offices which are standardised into only a limited number of types for example 9 m2 and 12 m2
- Toilets may all be designed for disabled access or as unisex.

The main point of Universal Design is to resist unnecessary variation in similar components, where the change in functionality can be accommodated in one standard design.

80.17.00 SINGLE HANDING

It is common design practice to design identical and adjoining planning modules in mirror image. This is most common in the assembly of Patient Bedrooms with Ensuites. It is commonly believed that this is also more economical.

The concept of Single Handing is the exact opposite. Single Handing refers to situations where mirror image (Handing) may not be necessary.

In areas requiring a high level of staff training, such as in operating suites, it may be more appropriate to "hand" all key rooms in identical manner. This makes the task of staff training easier and may also reduce the possibility of mistakes.

In a hypothetical example, a staff member entering any operating room, regardless of its location and approach from corridor will find the service panel on the left, X-ray viewer on the right and the door to the Sterile Stock Room in the front.

In another example, at micro level, medical gases may always be located to the left side of patients bedhead regardless of the direction of approach.

Note: Single Handing is a matter of individual choice and may not suit all conditions.

Natural Disaster

- 80.18.00 All hospital facilities should be capable of continued operation during and after a natural disaster, except in instances where a facility sustains primary impact. This means that special design consideration is needed to protect essential services such as emergency power generation, heating systems, water (if applicable), etc. Typical problems such as disruption to public utilities such as water or sewer mains and energy supplies, may affect the operation of onsite services.

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Appropriate construction detailing and structural provision shall be made to protect occupants and to ensure continuity of essential services in areas where there is a history of earthquakes, cyclones, flooding, bushfires or other natural disasters.

80 .19.00 Consideration shall be given to possible flood effects when selecting and developing a site. Where possible, facilities shall NOT be located on designated flood plains. Where this is unavoidable, take extra care when selecting structural and construction methodology, and incorporate protective measures against flooding into the design.

80 .20.00 Facilities shall be designed and constructed to withstand the force assumptions of AS1170 Part 4 - Minimum design loads on structures - Earthquake loads.

In cyclonic areas, special attention shall be given, not only to protection against the effects of the direct force of wind (structural detailing, special cladding fixings, cyclonic glazing etc.), but also against such things as wind generated projectiles (trees, cladding, fencing etc.) and localised flooding.

80 .21.00 Facilities shall be designed and constructed to conform with AS3959 - Construction of buildings in bushfire prone areas.

Protection against bushfires shall be addressed in site selection, creation of firebreaks, fire resistant construction, sufficient water supply and building sprinkler systems (external).

80 .22.00 In all cases, effective long range communications systems, which do not rely on ground lines to function, are essential.

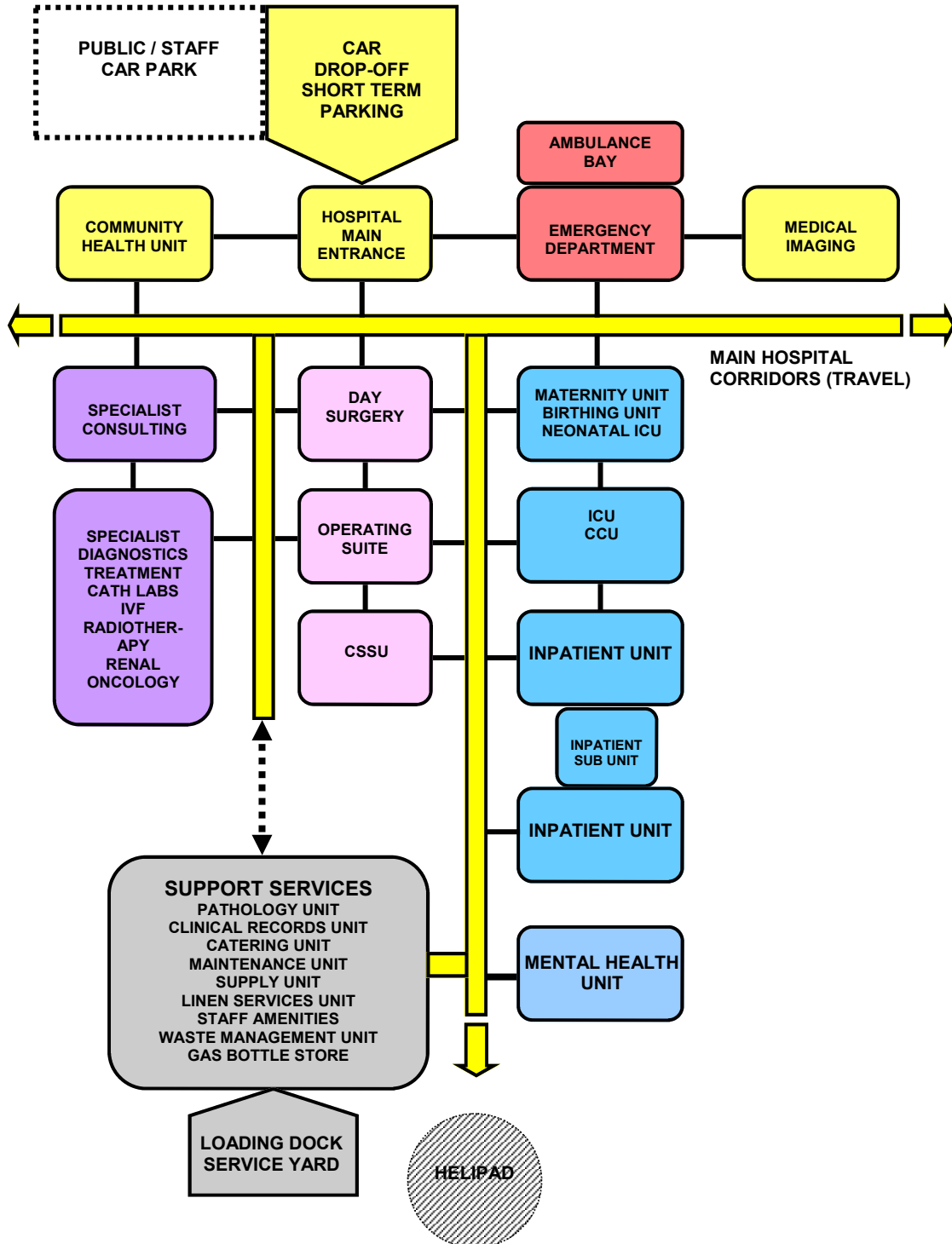
Consultation with the State Emergency Service is recommended to ensure arrangements are in place for emergency long range communications assistance in the event of emergency situations or a major disaster.

Functional Relationships Diagram/s

80 .23.00 Refer to attached Enclosures for the Functional Relationships Diagram for a typical Hospital.

FUNCTIONAL RELATIONSHIPS DIAGRAM - TYPICAL HOSPITAL

NOTE: ALL FACILITIES MAY NOT BE PRESENT IN EVERY HOSPITAL



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90 STANDARD COMPONENTS

INDEX

General

- 90 .1.01 This section describes a range of standard rooms that fulfil the same or similar purpose across many Health Planning Units. Key planning considerations only are addressed for each. For further detail with respect to fittings, equipment and services, refer to the Room Data Sheets and Room Layout Sheets attached to these Guidelines

Floor areas given are recommended spaces and increases or decreases must be justified.

Refer to Pat B Construction Standards - Legislative Requirements for the relationship between requirements of these Guidelines and other legislative or statutory requirements.

Rooms List

- 90 .1.02

ROOM NAME	Area M2 minimum	Room Data Sheet Code	Room Layout Sheet Dwg No
1 BED ROOM (INBOARD ENSUITE)	15	1BR-A	1BR-A
1 BED ROOM (OUTBOARD ENSUITE)	15	1BR-A	1BR-B
1 BED ROOM (SHARED ENSUITE)	15	1BR-A	1BR-D
1 BED ROOM - CRITICAL CARE	22	1BR-CC	1BR-CC
1 BED BAY - CRITICAL CARE	20	1BB-CC	1BB-CC
1 BED ROOM - ISOLATION (STANDARD)	15	1BRI-S	1BRI-S
1 BED ROOM - ISOLATION (POSITIVE PRESSURE)	15	1BRI-S	1BRI-P
1 BED ROOM - ISOLATION (NEGATIVE PRESSURE)	15	1BRI-S	1BRI-N
1 BED ROOM - MENTAL HEALTH (BACK TO BACK ENSUITES)	15	1BR-C	1BR-C
1 BED ROOM - MENTAL HEALTH (SHARED ENSUITES)	15	1BR-C	1BR-E
1 BED ROOM - MENTAL HEALTH (INBOARD ENSUITE)	15	1BR-C	1BR-F
1 BED ROOM - SPECIAL	18	1BR-S	1BR-S
1 BED ROOM - SPECIAL CCU	18	1BRS-CCU	1BRS-CCU
2 BED ROOM (INBOARD ENSUITE)	25	2BR-A	2BR-A
2 BED ROOM (OUTBOARD ENSUITE)	25	2BR-A	2BR-B
2 BED ROOM (SHARED ENSUITE)	25	2BR-A	2BR-D

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2 BED ROOM - MENTAL HEALTH (BACK TO BACK ENSUITE)	25	2BR-C	2BR-C
2 BED ROOM - MENTAL HEALTH (INBOARD ENSUITE)	25	2BR-C	2BR-E
4 BED ROM (INBOARD ENSUITE)	42	4BR-A	4BR-A
4 BED ROM (OUTBOARD ENSUITE)	42	4BR-A	BR-B
4 BED ROM (IN/OUTBOARD ENSUITE)	42	4BR-A	BR-C
ADL BATHROOM	10	ADLB	ADLB
ADL KITCHEN	12	ADLK	ADLK
ADL LAUNDRY	8	ADLL	ADLL
ANAESTHETIC INDUCTION ROOM	15	ANIN	ANIN
ANTEROOM	8	ANRM	ANRM
BATHROOM	10, 12	BATH	BATH
BAY - BEVERAGE	3	BBEV	BBEV
BAY - FLOWERS	2	BFLW	BFLW
BAY - HANDWASHING	1	BHWS	BHWS
BAY - LINEN	2	BLIN	BLIN
BAY - MOBILE EQUIPMENT	4	BMEQ	BMEQ
BAY - PERSONAL PROTECTIVE EQUIPMENT	2	BPPE	BPPE
BAY - RESUSCITATION TROLLEY	2	BREST	BREST
BIRTHING ROOM - LDR	28	BIRM	BIRM
CATHETER LABORATORY	38	CLAB	CLAB
CATHETER LABORATORY CONTROL-REPORTING ROOM	10	CORT	CORT
CHANGE CUBICLE - PATIENT	2	CHPT	CHPT
CHANGE - STAFF	8	CHST	CHST
CLEANER'S ROOM	4	CLRM	CLRM
CLEAN-UP ROOM	7	CLUP	CLUP
CLEAN UTILITY	12, 14	CLUR	CLUR
CLEAN UTILITY - SUB	8	CLUR-S	CLUR-S
CONSULT ROOM	12	CONS	CONS
DENTAL SURGERY	14	DSUR	DSUR
DIRTY UTILITY	10, 12, 14	DTUR	DTUR

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DIRTY UTILITY - SUB	8	DTUR-S	DTUR-S
DISPOSAL ROOM	8	DISP	DISP
ENSUITE (INBOARD)	5	ENS-A	ENS-A
ENSUITE (INBOARD ALTERNATIVE)	5	ENS-A	ENS-F
ENSUITE (OUTBOARD)	5	ENS-A	ENS-B
ENSUITE (SHARED)	6	ENS-A	ENS-C
ENSUITE (SHARED ALTERNATIVE)	7	ENS-A	ENS-G
ENSUITE (SPECIAL)	7	ENS-A	ENS-D
ENSUITE - MENTAL HEALTH	5	ENS-E	ENS-E
ENSUITE - MENTAL HEALTH (OUTBOARD)	5	ENS-E	ENS-H
ENSUITE - MENTAL HEALTH (OUTBOARD FOR 2 BED)	5	ENS-E	ENS-I
ENSUITE - MENTAL HEALTH (OUTBOARD FOR 1 BED)	5	ENS-E	ENS-J
FORMULA ROOM	9	FORM	FORM
GYMNASIUM	45	GYAH	GYAH
INTERVIEW ROOM	9	INT	INT
INTERVIEW ROOM - FAMILY/ LARGE	12	INTF	INTF
LOUNGE - PATIENT	15	LNPT	LNPT
MEETING ROOM - SMALL	9, 12	MEET-S	MEET-S
MEETING ROOM - MEDIUM/ LARGE	15, 20, 25, 30	MEET-L	MEET-L
NEONATAL BAY - GENERAL CARE	5	NBGC	NBGC
NEONATAL BAY - INTENSIVE CARE	12	NBICU	NBICU
NEONATAL BAY - SPECIAL CARE	10	NBSC	NBSC
OFFICE - 2 PERSON SHARED	12	OFF-2P	OFF-2P
OFFICE - 3 PERSON SHARED	16	OFF-3P	OFF-3P
OFFICE - 4 PERSON SHARED	20	OFF-4P	OFF-4P
OFFICE - CEO	15	OFF-CEO	OFF-CEO
OFFICE - CLINICAL/ HANDOVER	12	OFF-CLN	OFF-CLN
OFFICE - CONSULT	12	OFF-CON	OFF-CON
OFFICE - SINGLE PERSON 9 M2	9	OFF-S9	OFF-S9
OFFICE - SINGLE PERSON 12 M2	12	OFF-S12	OFF-S12

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OFFICE - WORKSTATION TYPICAL	6	OFF-WS	OFF-WS
OFFICE - WRITE-UP BAY	2	OFF-WI	OFF-WI
OPERATING ROOM - GENERAL	42	ORGN	ORGN
OPERATING ROOM - LARGE	50	ORLA	ORLA
OPERATING ROOM - MINOR	36	ORMS	ORMS
OVERNIGHT STAY - BEDROOM	10	OVBR	OVBR
OVERNIGHT STAY - ENSUITE	4	OVES	OVES
PANTRY	8	PTRY	PTRY
PATIENT BAY (HOLDING)	9	PBTR-H	PBTR-H
PATIENT BAY (TRAUMA)	12	PBTR-T	PBTR-T
PATIENT BAY (CRITICAL)	25	PBTR-C	PBTR-C
PLASTER ROOM	14	PLST	PLST
PROPERTY BAY - STAFF	6	PROP	PROP
RECEPTION	10 nominal	RECW	RECW
SCRUB-UP/ GOWNING	6	SCRB	SCRB
SECLUSION ROOM	14	SECL	SECL
SHOWER - PATIENT	4	SHPT	SHPT
SHOWER - STAFF	2	SHST	SHST
STAFF ROOM	15	SRM	SRM
STAFF STATION	14	SSTN	SSTN
STORE - CLEANER'S	12	STCL	STCL
STORE - EQUIPMENT	20 nominal	STEQ	STEQ
STORE - FILES	10	STFS	STFS
STORE - GENERAL	9	STGN	STGN
STORE - PHOTOCOPY/ STATIONERY	8	STPS	STPS
STORE - STERILE STOCK	10	STSS	STSS
TOILET - DISABLED	5	WCDS	WCDS
TOILET - PATIENT	4	WCPT	WCPT
TOILET - PUBLIC	3, 4	WCPU	WCPU
TOILET - STAFF	2	WCST	WCST

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TREATMENT ROOM	15	TRMT	TRMT
ULTRA-ISOLATION AIRLOCKS	4	UIF-CU UIF-AL	UIF-CU UIF-AL
ULTRA-ISOLATION CLEAN UTILITY	11	UIF-CU	UIF-CU
ULTRA-ISOLATION DIRTY UTILITY	9	UIF-DU	UIF--DU
ULTRA-ISOLATION ENSUITE	6	UIF-ENS	UIF-ENS
ULTRA-ISOLATION PATIENT BED ROOM	25	UIF-BR	UIF-BR
ULTRA-ISOLATION STAFF CHANGE	5	UIF-SC	UIF-SC
WAITING	10	WAITG	WAITG
X-RAY VIEWING AND REPORTING	12	XRRR	XRRR

COMPONENTS OF THE UNIT

1 Bed Room

90 .1.10 DESCRIPTION AND FUNCTION

A 1 Bed Room will accommodate one patient for the delivery of nursing and medical care and treatment.

A 1 Bed Room shall be a minimum of 15 m2.

90 .1.20 LOCATION AND RELATIONSHIPS

Bedrooms should be located close to, and visible from a Staff Station.

Ensuites shall be dedicated to each room and directly accessible from the bedroom.

90 .1.30 CONSIDERATIONS

External windows should be provided in accordance with BCA requirements.

Each Patient Bedroom shall include a clinical handwashing basin within the room.

For additional room considerations and details refer to Room Data Sheets.

1 Bed Room - Critical Care

90 .2.10 DESCRIPTION AND FUNCTION

A 1 Bed Room for patients requiring critical care nursing and medical treatment.

A 1 Bed Room - Critical Care shall be a minimum of 22 m2.

90 .2.20 LOCATION AND RELATIONSHIPS

The Critical Care Bedrooms should be visible from a Staff Station. Patient Showers and Patient Toilets may be shared.

90 .2.30 CONSIDERATIONS

- 90 .3.20 Bedside monitoring equipment should be located to permit easy access and viewing and should not interfere with the visualisation of, or access to the patient.
External windows should be provided in accordance with BCA requirements. Glazed walls and doors are recommended to maintain visual access to Staff Station.

For additional room considerations refer to Part B - Intensive Care - General, Room Data Sheets and Room Layout Sheets.

1 Bed Bay - Critical Care

90 .3.10 DESCRIPTION AND FUNCTION

A 1 Bed Bay for patients requiring critical care nursing and medical treatment.

A 1 Bed Bay Critical Care shall be a minimum of 20 m2.

90 .3.20 LOCATION AND RELATIONSHIPS

The Critical Care Bed Bays should be visible from a Staff Station. Patient Showers and Patient Toilets may be shared.

90 .3.30 CONSIDERATIONS

Bedside monitoring equipment should be located to permit easy access and viewing and should not interfere with the visualisation of, or access to the patient.
External windows should be provided in accordance with BCA requirements.

For additional room considerations refer to Part B - Intensive Care - General and Room Data Sheets.

1 Bed Room - Isolation

90 .4.10 DESCRIPTION AND FUNCTION

Isolation Rooms are used to isolate patients with known infectious conditions, or to protect patients from infection. They may be positive pressure or negative pressure but not both.

A 1 Bed Isolation Room must be a minimum of 15 m2.

90 .4.20 LOCATION AND RELATIONSHIPS

The Isolation Room requires direct access to an Ensuite, comprising shower, toilet and handbasin.

Where an Isolation Room is pressurised an Anteroom or Airlock will be required for pressure stabilisation. Refer to the DHS Isolation Guidelines.

90 .4.30 CONSIDERATIONS

Each Isolation Room shall include a clinical handwashing basin within the room.

All surfaces including the ceiling must be impervious and designed for easy cleaning.

Refer to Part D - Infection Control in these Guidelines for other aspects of

Isolation Rooms. For additional room considerations refer to Room Data Sheets and Room Layout Sheets.

1 Bed Room - Mental Health

90 .5.10 DESCRIPTION AND FUNCTION

A Single Bedroom for a general mental health patient.

A 1 Bed Room - Mental Health shall be a minimum of 15 m2.

90 .5.20 LOCATION AND RELATIONSHIPS

The 1 bed Room Mental Health shall have an adjoining Ensuite and be located with ready access to Lounge, Dining and patient activities area.

The Bedrooms should be observable from the Staff Station

90 .5.30 CONSIDERATIONS

An observation panel in the door or a window is required for discrete observation. There should be no blind spots in the room.

The room should be capable of locking for patient privacy and security.

Fittings, fixtures and furniture must meet the safety and security needs of both patients and staff.

For additional room considerations refer to Room Data Sheets and Room Layout Sheets.

1 Bed Room - Special

90 .6.10 DESCRIPTION AND FUNCTION

A 1 Bed Room - Special will accommodate one patient for the delivery of nursing and medical care and treatment. It will be a larger room to accommodate special needs patients, Sub-acute Care, Rehabilitation and High Dependency. The additional floor area allows for larger or additional furniture and equipment. It also permits overnight stay by relatives.

Natural light and outlook is essential. The room requires the ability to view out of the window from either chair or bed. Bedrooms for Palliative Care may also include a beverage making area with a small refrigerator.

A 1 Bed Room - Special shall be a minimum of 18 m2.

90 .6.20 LOCATION AND RELATIONSHIPS

Each 1 Bed Room - Special will have direct access to an Ensuite - Special.

90 .6.30 CONSIDERATIONS

Each Bed Room - Special shall include a clinical handwashing basin within the room.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets

1 Bed Room - Special Coronary Care

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90 .7.10 DESCRIPTION AND FUNCTION

One Bed Room for patient requiring cardiac care treatment. Glazed doors and partition walls are recommended for patient visibility and privacy.

A 1 Bed Room - Special Coronary Care shall be a minimum of 18m².

90 .7.20 LOCATION AND RELATIONSHIPS

The Coronary Care Bed Rooms should be visible from a Staff Station. Each Coronary Care Room should have a dedicated Ensuite, directly accessible from the bedroom.

90 .7.30 CONSIDERATIONS

Each Bed Room - Special Coronary Care shall include a clinical handwashing basin within the room.

Provisions are required for patient monitoring which may be hard wired or telemetry.

Bedside monitoring equipment should be located to permit easy access and viewing, and should not interfere with the visualisation of or access to the patient.

For additional considerations and details refer to Room Data Sheets and Room Layout Sheets

2 Bed Room

90 .8.10 DESCRIPTION AND FUNCTION

A 2 Bed Room will accommodate two patients with similar nursing needs for delivery of nursing and medical care and treatments.

The room may also be used for obstetric care, either pre or post natal, and may include bassinets.

A 2 Bed Room shall be a minimum of 25 m² (not including an Ensuite).

90 .8.20 LOCATION AND RELATIONSHIPS

Bed Rooms should be located close to, and visible from, a Staff Station, and have natural light and outlook. Ensuites shall be directly accessible from the Bed Room, or from directly adjacent to the entry door.

90 .8.30 CONSIDERATIONS

Each 2 Bed Room shall include a clinical handwashing basin within the room.

For additional room considerations and room details refer to Room Data Sheets.

2 Bed Room - Mental Health

90 .9.10 DESCRIPTION AND FUNCTION

A two Bed Room for general mental health patients.

A 2 Bed Room - Mental Health shall be a minimum of 25 m².

2 Bed Room - Mental Health

90 .9.20 LOCATION AND RELATIONSHIPS

The 2 Bed Room Mental Health shall have an adjoining Ensuite and be located with ready access to Lounge, Dining and patient activities area.

The Bedrooms should be observable from the Staff Station

90 .9.30 CONSIDERATIONS

An observation panel in the door or a window is required for discrete observation. There should be no blind spots in the room.

The room should be capable of locking for patient privacy and security.

Fittings, fixtures and furniture must meet the safety and security needs of both patients and staff.

For additional room considerations refer to Room Data Sheets and Room Layout Sheets.

4 Bed Room

90 .10.10 DESCRIPTION AND FUNCTION

A 4 Bed Room will accommodate four patients with similar nursing needs for the delivery of nursing and medical care and treatment

A 4 Bed Room shall be a minimum of 42 m2 (not including an Ensuite).

90 .10.20 LOCATION AND RELATIONSHIPS

Bed Rooms should be located close to, and visible from, a Staff Station, and have natural light and outlook

Visual privacy from casual observation by other patients and visitors shall be provided for each patient. The design for privacy shall not restrict patient access to the room entrance, the patient toilet or shower.

90 .10.30 CONSIDERATIONS

Each 4 Bed Room shall include a clinical handwashing basin within the room.

For additional room considerations and details refer to Room Data Sheets.

ADL Bathroom

90 .11.10 DESCRIPTION AND FUNCTION

Domestic style Bathroom for patient Activities of Daily Living assessment and training.

The ADL Bathroom shall be a minimum of 10 m2.

90 .11.20 LOCATION AND RELATIONSHIPS

The ADL Bathroom should have ready access to patient dining / lounge areas with direct access to the Unit corridor.

90 .11.30 CONSIDERATIONS

The shower must not have a raised hob or steps.

For additional room considerations and details refer to Room Data Sheets.

ADL Kitchen

90 .12.10 DESCRIPTION AND FUNCTION

Domestic style kitchen for patient Activities of Daily Living assessment and training.

The ADL Kitchen shall be a minimum of 12 m2.

90 .12.20 LOCATION AND RELATIONSHIPS

The ADL Kitchen should have ready access to patient dining / lounge areas with direct access to the Unit corridor.

90 .12.30 CONSIDERATIONS

Benches and cupboards should be wheelchair accessible.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

ADL Laundry

90 .13.10 DESCRIPTION AND FUNCTION

Domestic style laundry for patient Activities of Daily Living assessment and training.

The ADL Laundry shall be eight m2.

90 .13.20 LOCATION AND RELATIONSHIPS

The ADL Laundry should have direct access to the Unit corridor with ready access to patient therapy and dining/ lounge areas.

90 .13.30 CONSIDERATIONS

The ADL laundry and equipment should be wheelchair accessible.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Anaesthetic Induction

90 .14.10 DESCRIPTION AND FUNCTION

The Anaesthetic Induction Room is for holding patients on mobile beds or trolleys prior to operative procedures at times when the Operating Room is not available. Local, regional or general anaesthesia may be administered in this area.

The Anaesthetic Induction Room shall be a minimum of 15 m2.

90 .14.20 LOCATION AND RELATIONSHIPS

The Anaesthetic Induction Room may be directly connected to the Operating/

Procedure Room.

The Anaesthetic Induction Room may be shared between two Operating / Procedures Rooms. It should be located enroute from the entrance of the Unit to the Operating Room.

90 .14.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Anteroom

90 .15.10 DESCRIPTION AND FUNCTION

Anterooms are required to ensure pressure stabilisation and for staff and visitors to change and dispose of personal protective gear used on entering or exit of an Isolation Room.

The Anteroom shall be a minimum of eight m2.

90 .15.20 LOCATION AND RELATIONSHIPS

The Anteroom must be located adjacent to an Isolation Room; staff must pass through the Anteroom to enter the Isolation Room. The Anteroom shall not be shared between Isolation Rooms.

90 .15.30 CONSIDERATIONS

For additional information refer to Part D - Infection Control.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Bathroom

90 .16.10 DESCRIPTION AND FUNCTION

The Bathroom provides for assisted bathing of patients, patient dressing, undressing, grooming and handwashing. It is also used for bathing of patients for treatment and aromatherapy.

The Bathroom should allow for independent disabled access as well as the manoeuvring of a patient on a lifting device, wheelchair or assisted chair. Space may be required to enable transfer of a patient to a bath from both sides. A low height adjustable shower is required. The placement of the toilet should also allow assistance from both sides.

The minimum Bathroom size is 10 m2. If a separate shower is provided, the room size should be increased by two m2 accordingly.

Note: The size of the room will be determined by the space required for fixed and mobile fittings and equipment, as well as the free floor areas required to ensure adequate circulation space for semi and non-ambulant patients.

90 .16.20 LOCATION AND RELATIONSHIPS

The Bathroom should be central to all bedroom areas and placed in a low traffic area.

The entrance to the Bathroom is to be flush with the adjoining corridor.

90 .16.30 CONSIDERATIONS

Finishes: Floors are to be slip resistant and impervious to water; walls to wet areas are to have water resistant finish with no gaps and the ceiling is to be water resistant.

Hydraulic lift baths may be considered for occupational health and safety purposes, depending on the patient requirements.

If the bathroom is for use by children, the height, scale and type of fittings / fixtures should be suitable.

For additional room considerations and details refer to Room Data Sheets.

Bay - Beverage

90 .17.10 DESCRIPTION AND FUNCTION

The Beverage Room/ Bay is for preparing and/or heating refreshments, snacks and some meals for patients, washing some utensils, storing food and drink and disposing of food waste.

The Beverage Bay shall be a minimum of three m2. If an enclosed room is provided, the floor area may be increased to six m2. If food rethermalisation trolleys are to be located in the room during meal times, an additional four m2 should be added to the total area.

90 .17.20 LOCATION AND RELATIONSHIPS

The Beverage Room / Bay should have ready access to patient areas, Unit corridor, staff or patient lounges and conference/ meeting rooms as required.

90 .17.30 CONSIDERATIONS

If located in a corridor, the space is to be adequately recessed.

For additional room considerations and details refer to Room Data Sheets.

Bay - Flowers

90 .18.10 DESCRIPTION AND FUNCTION

An area with bench and sink for use by staff, relatives, visitors and volunteers to maintain patients' flowers.

The Flower Bay shall be a minimum of two m2.

90 .18.20 LOCATION AND RELATIONSHIPS

The Flower Bay should have direct access to the Unit corridor with ready access to patient areas.

90 .18.30 CONSIDERATIONS

It is recommended that a Flower Bay be excluded in Oncology/ Haematology Units.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Bay - Handwashing

90 .19.10 DESCRIPTION AND FUNCTION

Handwashing bays are provided for staff to cleanse their hands before and after every patient contact.

Hand-washing Bays shall be a minimum of one m2.

90 .19.20 LOCATION AND RELATIONSHIPS

Handwashing Bays should have direct access to the Unit corridor and ready access to patient bedrooms.

90 .19.30 CONSIDERATIONS

For a description of Handbasin Types refer to Part D - Infection Control - Staff Hand-washing.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Bay - Linen

90 .20.10 DESCRIPTION AND FUNCTION

The Linen Bay is a recessed space or alcove to accommodate a linen supply or exchange trolley. Blankets and pillows may also be stored.

A Linen Bay shall be a minimum of two m2.

90 .20.20 LOCATION AND RELATIONSHIPS

The Linen Bay shall have ready access to patient areas and direct access to the Unit corridor.

90 .20.30 CONSIDERATIONS

If the bay is enclosed, the doors must not impede trolley access. Wall protection and corner guards may be required to protect against trolley impact. If a blanket warming cabinet is to be included in the linen bay area add 1 m2.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Bay - Mobile Equipment

90 .21.10 DESCRIPTION AND FUNCTION

The Mobile Equipment Bay is an open storage bay for one or more items of mobile equipment in frequent use which may include wheelchairs, mobile scales, commode chairs, chair scales, shower chairs, patient lifting devices, other equipment or X-ray equipment.

A Mobile Equipment Bay shall be a minimum of four m2. If X-ray equipment is to be stored, the bay shall be six m2. Floor area and depth of the bay may vary to suit the type of equipment stored.

Bay - Mobile Equipment

90 .21.20 LOCATION AND RELATIONSHIPS

The Mobile Equipment Bay should be located in a low traffic area, close to areas of use.

90 .21.30 CONSIDERATIONS

Mobile Equipment Bays should be deep enough to allow storage of equipment without projection into the corridor.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Bay - Personal Protective Equipment

90 .22.10 DESCRIPTION AND FUNCTION

An open storage bay for location of personal protective equipment such as gloves, gowns, overshoes and masks.

The Personal Protective Equipment Bay shall be a minimum of two m2.

90 .22.20 LOCATION AND RELATIONSHIPS

The Bay should be located immediately outside Isolation Rooms of all types, unless an Anteroom is provided. It should have direct access to the Unit corridor.

90 .22.30 CONSIDERATIONS

Refer to Part D - Infection Control for further information.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Bay - Resuscitation Trolley

90 .23.10 DESCRIPTION AND FUNCTION

The Resuscitation Trolley Bay is for the supervised holding of the resuscitation trolley and equipment.

The Resuscitation Trolley Bay shall be a minimum of two m2.

90 .23.20 LOCATION AND RELATIONSHIPS

The Resuscitation Trolley Bay must be located adjacent to a Staff Station and elsewhere as required, with direct access to the Unit corridor.

Rapid emergency access to the trolley from this area to patient areas is essential.

90 .23.30 CONSIDERATIONS

The Resuscitation Trolley Bay may be incorporated in the Clean Utility in an Inpatient Unit.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Birthing Room - LDR

90 .24.10 DESCRIPTION AND FUNCTION

Birthing Rooms provide for the entire process of preparation and delivery, including the following functions:

- patient preparation, relaxation and analgesia during labour
- delivery
- infant resuscitation
- post-natal recovery and observation

A Birthing Room (LDR) shall be a minimum of 28 m2.

90 .24.20 LOCATION AND RELATIONSHIPS

Birthing Rooms should be located with ready access to the Unit entry and Staff Station. Each Birthing Room should have a dedicated Ensuite or Bathroom, a scrub basin and access to a storage area for mobile equipment.

90 .24.30 CONSIDERATIONS

The décor and finishes for a Birthing Room should be in a domestic style. Clinical items such as medical gases and equipment should be concealed but within easy reach.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Catheter Laboratory

90 .25.10 DESCRIPTION AND FUNCTION

Procedure room where cardiac catheter procedures and electrophysiology studies are undertaken in a controlled environment. A clinical scrub basin should be located immediately adjacent to the room entry.

The Catheter Laboratory shall be a minimum of 38 m2.

90 .25.20 LOCATION AND RELATIONSHIPS

The Catheter Laboratory shall be located adjacent to a Control/ Reporting room and Computer Equipment Room. It should have ready access to the Unit corridor and Patient Holding / Recovery area.

90 .25.30 CONSIDERATIONS

Radiation shielding shall be assessed by a certified Radiation Consultant or authority.

For additional considerations and details refer to Cardiac Catheterisation Unit in these Guidelines and Room Data Sheets.

Catheter Lab Control/ Reporting

90 .26.10 DESCRIPTION AND FUNCTION

A room adjacent to Cardiac Catheter Room/s with direct visibility to the patient for remote control of equipment and review and reporting of procedure images. The Control/ Reporting room may serve two procedure rooms.

The Control/ Reporting Room shall be a minimum of 10 m2 for a single procedure room.

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90 .26.20 LOCATION AND RELATIONSHIPS

The Control/Reporting Room shall be located adjacent to the Catheter laboratory with direct access to the procedure room and the circulation corridor.

90 .26.30 CONSIDERATIONS

Radiation shielding shall be assessed by a certified Radiation Consultant or authority.

For additional considerations and details refer to Cardiac Catheterisation Unit in these Guidelines and Room Data Sheets.

Change Cubicle - Patient

90 .27.10 DESCRIPTION AND FUNCTION

The Change Cubicle - Patient is a screened area for ambulant patients to undress from street clothes into a hospital gown, as appropriate, prior to examination or treatment. Following examination or treatment, the patient will re-dress in street clothes.

The Change Cubicle should provide hanging facilities for clothes, and a bench for the patient to sit on whilst changing.

The Change Cubicle - Patient shall be a minimum of two m² and five m² for disabled access.

90 .27.20 LOCATION AND RELATIONSHIPS

The Change Cubicle - Patient should be located near or directly adjacent to Treatment areas with ready access to Waiting areas and Public Amenities

90 .27.30 CONSIDERATIONS

Security of patient belongings should be ensured. Privacy and accessibility from Waiting areas should be considered.

For additional room considerations and details refer to Room Data Sheets and Room layout Sheets.

Change - Staff

90 .28.10 DESCRIPTION AND FUNCTION

Staff Change areas are provided for staff to change into appropriate work clothing or gowns, to store their street clothing and to perform personal ablutions.

The staff change shall be a minimum of eight m² for a single person at any one time. Increase the space by one m² for each additional person.

The total area for Staff Change will depend on the size of the Unit but should also be divided into male and female areas on a proportional basis to meet the specific requirements of the project brief.

90 .28.20 LOCATION AND RELATIONSHIPS

In Operating Units, for security and control purposes it is desirable that the traffic pattern to and from the Staff Change can be overviewed from the

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Reception/ Entry Area.

In other areas, Staff Change Areas should be located in a convenient position, generally near the entry.

Access may be required to showers, toilets and decontamination facilities depending on the nature of the Unit.

90 .28.30 CONSIDERATIONS

Provision should generally be made for two Staff Change areas - separate male and female change rooms. If staff numbers are small and predominantly of one sex, unisex facilities may be considered. Secure storage for personnel property will be required.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Cleaner's Room

90 .29.10 DESCRIPTION AND FUNCTION

A secure room for the storage and decanting of cleaning materials and agents, storage of cleaning equipment and trolley, washing and storage of mops, buckets, brooms etc and for waste disposal.

The Cleaner's Room shall be a minimum of four m2.

90 .29.20 LOCATION AND RELATIONSHIPS

The Cleaner's Room should be central to the area it serves, with direct access to the Unit corridor

90 .29.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets.

Clean-Up Room

90 .30.10 DESCRIPTION AND FUNCTION

The Clean-Up Room is used for holding of used trolleys and articles from Operating Rooms or Procedure Rooms. Items may be sorted, rinsed and despatched to Waste Holding / CSSU areas as appropriate. One Clean-Up room may be shared between two Operating Rooms.

The Clean-Up Room shall be a minimum of 7 m2; where the Clean-Up room is shared by more than one Operating Room it should be 10 m2.

90 .30.20 LOCATION AND RELATIONSHIPS

The Clean-Up Room should be located adjacent to its associated Operating Room or Procedure Room, with direct access to the Exit area or circulation corridor.

90 .30.30 CONSIDERATIONS

If Glutaraldehyde is to be used in this space, refer to 'Guidelines for the Use of Glutaraldehyde in the Health Industry' - Department of Human Services, Victoria, for detailed design and ventilation requirements. Refer also to Part E

Building Services of these Guidelines.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Clean Utility

90 .31.10 DESCRIPTION AND FUNCTION

The Clean Utility is for the storage and preparation of clean and sterile consumables and equipment for patient treatment, secure storage and preparation of medications, including intravenous fluids. It may also function as an alternative storage area for the medication trolley.

The room may also provide storage for dangerous drugs in accordance with relevant legislation.

The Clean Utility shall be a minimum of 12 m² or 14 m² when access is required from two sides of the room.

90 .31.20 LOCATION AND RELATIONSHIPS

The Clean Utility is to have direct access from the Unit corridor, with close proximity to the Staff Station and ready access to patient areas.

Depending on the configuration of the Unit, access may be from two sides.

90 .31.30 CONSIDERATIONS

Doors to the Clean Utility should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Clean Utility - Sub

90 .32.10 DESCRIPTION AND FUNCTION

The Clean Utility - Sub room is a small Clean Utility for the storage and preparation of clean and sterile stock, patient care items and secure storage of medications. The Clean Utility - Sub shall not be provided in Inpatient Units used for overnight accommodation; in these units a full sized Clean Utility is required.

The Clean Utility - Sub shall be a minimum of eight m².

90 .32.20 LOCATION AND RELATIONSHIPS

The Clean Utility - Sub should be located within ready access of the Staff Station and treatment areas.

90 .32.30 CONSIDERATIONS

The doors to the Clean Utility - Sub should be lockable.

For additional room considerations refer to Room Data Sheets and Room Layout Sheets.

Consult Room

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90 .33.10 DESCRIPTION AND FUNCTION

The Consult Room will provide for private consultation and examination of patients with or without support persons present.

The Consult Room must be a minimum of 12 m2.

90 .33.20 LOCATION AND RELATIONSHIPS

The Consult Room should be easily accessible from Entry and Waiting areas and where possible, close to Clean and Dirty Utility rooms.

The Consult Room may be grouped with other Consult Rooms.

Two doors may be required into the room in certain situations - refer to Part C of these Guidelines for further information.

90 .33.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Dental Surgery

90 .34.10 DESCRIPTION AND FUNCTION

The Dental Surgery Room provides for dental consultation, examination and treatments for patients.

The Dental Surgery shall be a minimum of 14 m2.

90 .34.20 LOCATION AND RELATIONSHIPS

The Dental Surgery may be provided as a discrete Unit in located in an outpatient area or as a room located within an acute Unit such as an Emergency Unit. It should have ready access to waiting areas and public amenities.

90 .34.30 CONSIDERATIONS

The Dental Surgery will require provisions and services for a dental chair, examination light, dental X-ray unit, preparation and work benches.

A clinical handbasin shall be provided within the room.

For additional room considerations and room details refer to Room Data Sheets and Room layout Sheets

Dirty Utility

90 .35.10 DESCRIPTION AND FUNCTION

The Dirty Utility provides for the following functions;

- Cleaning and holding of used equipment for collection and sterilisation elsewhere
- Disposal of clinical and other wastes and soiled linen
- Testing and disposing of patient specimens
- Decontamination and storage of patient utensils such as pans, urinals and bowls

In smaller Units, the Dirty Utility Room may be combined with a Disposal Room for space efficiency.

The Dirty Utility shall be a minimum of 10 m² or 12 m² when access is required from two sides of the room. If combined with Disposal Room, the combined Dirty Utility/ Disposal shall be minimum of 14 m².

90 .35.20 LOCATION AND RELATIONSHIPS

The Dirty Utility requires a central position to allow for ready access from the patient areas served and have easy access to handwashing facilities.

The Dirty Utility will have direct access to the Unit corridor and close proximity to the Clean Utility.

90 .35.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Dirty Utility - Sub

90 .36.10 DESCRIPTION AND FUNCTION

The Sub-Dirty Utility is a small Dirty Utility Room providing for cleaning and holding of used equipment for collection, disposal of clinical and other wastes and soiled linen, testing and disposal of patient specimens; decontamination and storage of patient bedpans, urinals and bowls is optional in the Dirty Utility - Sub.

The Dirty Utility - Sub shall not be provided in Inpatient Units used for overnight accommodation; in these units a full sized Dirty Utility is required.

The Dirty Utility - Sub shall be a minimum of eight m².

90 .36.20 LOCATION AND RELATIONSHIPS

The Dirty Utility - Sub should have ready access to patient areas and Unit corridor.

90 .36.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layouts.

Disposal Room

90 .37.10 DESCRIPTION AND FUNCTION

The Disposal Room provides for the temporary storage of contaminated waste, sharps, soiled linen and recyclables prior to removal.

In smaller Units the Disposal Room may be combined with the Dirty Utility Room, for space efficiency.

The Disposal Room shall be a minimum of eight m².

90 .37.20 LOCATION AND RELATIONSHIPS

The Disposal Room should have direct access to the Unit corridor and ready access to service lifts.

Disposal Room

90 .37.30 CONSIDERATIONS

The Disposal Room shall be lockable.
The room may be shared by two or more Units.
In some Units, space may be required for cytotoxic waste bins.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Ensuite

90 .38.10 DESCRIPTION AND FUNCTION

An Ensuite is for a patient to wash, shave, groom themselves, shower and use the toilet, either independently or with assistance. The area and layout must accommodate an assisting nurse, patient lifter and wheelchair access.

A number of alternatives have been provided in Room Layout Sheets showing different configurations that may suit different patient types. The actual choice should depend on the patient type and the Operational Policy.

An Ensuite - Standard shall be a minimum of five m²; an Ensuite - Shared shall be a minimum of six m² and an Ensuite - Special shall be a minimum of seven m².

90 .38.20 LOCATION AND RELATIONSHIPS

The Ensuite must be adjacent to the Bed Room entry door or directly accessible from each Bed Room. Individual shower and toilet compartments may be used for patients in shared bedrooms; refer to Shower - Patient and Toilet - Patient.

90 .38.30 CONSIDERATIONS

Doors must open outwards and be fitted with emergency release function.

Fittings including grab rails and shower must comply with AS 1428.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Ensuite - Mental Health

90 .39.10 DESCRIPTION AND FUNCTION

The Ensuite - Mental Health will provide a shower, toilet and handbasin for use by mental health patients. The Ensuite will be lockable from the outside with a privacy latch on the inside.

The Ensuite - Mental Health shall be a minimum of five m².

90 .39.20 LOCATION AND RELATIONSHIPS

The Ensuite - Mental health should be located adjacent to the Patient Bedroom entry door or have direct access from the Patient Bedroom.

90 .39.30 CONSIDERATIONS

All fittings and fixtures shall be suitable for mental health patients.

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For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Formula Room

90 .40.10 DESCRIPTION AND FUNCTION

The Formula Room provides space for the preparation, distribution and storage of baby feeds. All prepacked feeds will be stored in this area. The room will accommodate the following functions:

- Washing, sterilisation and storage of baby bottles, teats and equipment
- Preparation of baby formulas
- Refrigerated storage of baby feeds
- Demonstration to mothers on formula preparation.

A Formula Room shall be a minimum of nine m2.

90 .40.20 LOCATION AND RELATIONSHIPS

The Formula Room should be located with direct access to a circulation corridor with ready access to Nursery areas. It should be located separately from the Nursery

90 .40.30 CONSIDERATIONS

A clinical handwashing basin shall be located within the room.

For additional room considerations and details refer to Room Data Sheets and Room Layout sheets.

Gymnasium

90 .41.10 DESCRIPTION AND FUNCTION

A room for patient evaluation, rehabilitation exercise activities, therapy and ambulation training.

The Gymnasium shall be a minimum of 45 m2.

90 .41.20 LOCATION AND RELATIONSHIPS

The Gymnasium shall be located close to patient therapy areas with ready access to the circulation corridor, the Unit entry, waiting areas and amenities areas.

90 .41.30 CONSIDERATIONS

For additional considerations, refer to Allied Health Unit in these Guidelines and Room Data Sheets.

Interview Room

90 .42.10 DESCRIPTION AND FUNCTION

A room to undertake confidential discussion and/ or counselling between staff, patients and family members where required. This room may also be used as a multipurpose room for small staff groups or discussions. The room may also be used as a family/ relatives room.

The Interview Room shall be a minimum of 9 m2. If the room is required for

family or group discussions the minimum area shall be 12 m².

90 .42.20 LOCATION AND RELATIONSHIPS

The Interview Room should be located close to waiting and reception areas, with ready access to a Beverage Bay

90 .42.30 CONSIDERATIONS

A second exit door may be considered where an additional staff escape route is required.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Lounge - Patient

90 .43.10 DESCRIPTION AND FUNCTION

The Patient Lounge provides for a change of environment away from clinical areas for patients and visitors. It is an area where family groups can visit and patients can socialise.

The Patient Lounge shall have a minimum floor area of 15 m². Depending on the patient population, number of single rooms and access to other sitting areas, a ratio of 0.8 m² per patient may be used to calculate the area of a Patient Lounge.

90 .43.20 LOCATION AND RELATIONSHIPS

The Patient Lounge should be on an external wall to take advantage of natural light and outlook. The Patient Lounge should be located away from patient bedrooms but staff should be able to observe and monitor its use by patients, with direct access to the Unit corridor.

Where possible, direct access to a secure landscaped area offering partial covering against sun, wind and rain should be provided.

90 .43.30 CONSIDERATIONS

Low window sill heights promote access to a view from a seated position.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets

Meeting Room - Small

90 .44.10 DESCRIPTION AND FUNCTION

A multipurpose room for interviews, consultation, staff meetings, teaching and training activities. The small meeting room may also function as a distressed relatives room for grieving family/visitors.

A Meeting Room - Small shall be nine m² or 12 m².

90 .44.20 LOCATION AND RELATIONSHIPS

The Meeting Room should be located near the main Waiting area or Unit entry and away from Treatment areas with ready access to public / staff amenities.

Where used for accommodation of distressed relatives, it should be located in

a quiet, low traffic area.

90 .44.30 CONSIDERATIONS

Where used for accommodation of distressed relatives, a Beverage Bay may be located in close proximity.

For additional room considerations and details refer to Room Data Sheets.

Meeting Room - Medium/Large

90 .45.10 DESCRIPTION AND FUNCTION

The Medium and Large Meeting Rooms will accommodate staff and other meetings such as those held with the Mental Health Review Board in a Mental Health Unit. It is a multi-purpose room also used for staff meetings, training or educational purposes.

A Meeting Room for Seminar/ Training shall be a minimum of 15 m² (5 to 10 people). A Meeting Room - Medium shall be a minimum of 20 m² (12 to 15 people) and a Meeting Room - Large shall be 25 - 30 m² (15 to 25 people).

90 .45.20 LOCATION AND RELATIONSHIPS

Meeting Rooms used for seminars or training may be located in a low traffic area on the periphery of a Unit or between a number of Units.

Medium and Large Meeting Rooms should be located close to the entry point for a Unit to enable ready access for people from outside the Unit and shared use by adjacent Units.

In a Mental Health Unit, the Magistrates Meeting Room should be accessible from the Entry/ Reception areas as well as from Inpatient Areas, with discreet access from the Secure Unit.

90 .45.30 CONSIDERATIONS

When used as part of a Mental Health Unit, two points of exit should be provided. Duress alarms will be required and more than one telephone outlet provided. Video and teleconferencing facilities may be required.

For additional room considerations and details refer to Room Data Sheets.

Neonatal Bay - General Care

90 .46.10 DESCRIPTION AND FUNCTION

A single Bay for the care of well babies away from their mother's bed area which may include treatments such as phototherapy.

The Neonatal Bay shall be a minimum of 5 m², which includes a circulation area of one metre between Bays.

90 .46.20 LOCATION AND RELATIONSHIPS

The Neonatal Bay - General Care will be located within the Neonatal Nursery. The Neonatal Nursery will be located with ready access to Maternity inpatient bedrooms used for post-natal care.

90 .46.30 CONSIDERATIONS

90 .46.30

A staff handwash basin (type A or B) should be provided for each four Neonatal Bays - General Care.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Neonatal Bay - Intensive Care

90 .47.10 DESCRIPTION AND FUNCTION

A single Bay or Room for neonates requiring Intensive Care nursing and medical treatment. The Bay (or room) will include provisions for charting and storage.

The Neonatal Bay/ Room - ICU shall be a minimum of 12m². In multi-bed rooms a minimum of 2.4 metres is required between infants' beds, with an aisle of 1.2 metres between beds facing each other.

90 .47.20 LOCATION AND RELATIONSHIPS

The Neonatal Bay - ICU will be located within the Intensive Care Unit - Neonatal/ Special Care, which will have ready access to the Maternity Inpatient Unit, Obstetric Unit, Operating Unit, Emergency Unit and Pathology Unit.

90 .47.30 CONSIDERATIONS

A staff clinical handwash basin (Type A) is required in close proximity to each Neonatal Bay - ICU. Each Bay shall be within six metres of a handwash basin. If a room is provided, the handbasin shall be located within the room.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Neonatal Bay - Special Care

90 .48.10 DESCRIPTION AND FUNCTION

A single Bay for neonates requiring Special Care nursing and medical treatment. The Bay will include provisions for charting and storage.

The Neonatal Bay/ Room - ICU shall be a minimum of 10 m². In multi-bed rooms a minimum of 1.2 metres is required between infants' beds, with an aisle of 1.5 metres between beds facing each other.

90 .48.20 LOCATION AND RELATIONSHIPS

The Neonatal Bay - Special Care will be located within the Intensive Care Unit - Neonatal/ Special Care, which will have ready access to the Maternity Inpatient Unit, Obstetric Unit, Operating Unit, Emergency Unit and Pathology Unit.

90 .48.30 CONSIDERATIONS

A staff clinical handwash basin (type A) is required in close proximity to each Neonatal Bay - Special Care.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Office - 2 Person Shared

90 .49.10 DESCRIPTION AND FUNCTION

An Office for two persons to carry out administrative functions in a degree of privacy. This may include preparing rosters, reports, counselling, interviewing staff and patients.

The 2 Person Shared Office shall be a minimum of 12 m2.

90 .49.20 LOCATION AND RELATIONSHIPS

The Office should be located close to the Staff Station with ready access to the Unit corridor.

90 .49.30 CONSIDERATIONS

The Office should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Office - 3 Person Shared

90 .50.10 DESCRIPTION AND FUNCTION

A Shared Office for three persons to carry out administrative functions in a degree of privacy. This may include patient care coordination and preparation of reports.

A 3 Person Shared Office shall be a minimum of 16 m2.

90 .50.20 LOCATION AND RELATIONSHIPS

The 3 Person shared office should be located away from the clinical area.

90 .50.30 CONSIDERATIONS

The Office should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Office - 4 Person Shared

90 .51.10 DESCRIPTION AND FUNCTION

Office space to be shared by four persons for carrying out administrative functions in a degree of privacy.

A 4 Person Shared Office shall be a minimum of 20 m2.

90 .51.20 LOCATION AND RELATIONSHIPS

The 4 Person Shared Office should be located away from clinical areas.

90 .51.30 CONSIDERATIONS

The Office should be lockable.

Part B - Health Facility Briefing and Planning

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Office - CEO

90 .52.10 DESCRIPTION AND FUNCTION

An Office to be used by the CEO/ General Manager to perform administrative duties and allows for confidential discussion in a degree of privacy.

The Office - CEO/DCO shall be 15 m2.

90 .52.20 LOCATION AND RELATIONSHIPS

The CEO/DCO Office should be located in an administrative zone away from clinical areas.

90 .52.30 CONSIDERATIONS

The room area allows for a small meeting area incorporated into the office. Inclusions for this room shall assume a 'Clean Office Policy'.

For additional room considerations and details refer to Room Data Sheets.

Office - Clinical/Handover

90 .53.10 DESCRIPTION AND FUNCTION

An Office for staff to write up notes, view digital imaging, hold confidential discussions, store records and have handovers.

The Office Clinical/ Handover shall be nominally 12 m2; the actual size will be dependant on the number of staff using the space at any one time.

90 .53.20 LOCATION AND RELATIONSHIPS

The Office - Clinical / Handover should be located adjacent to the Staff Station.

90 .53.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Office - Consult

90 .54.10 DESCRIPTION AND FUNCTION

A room where clinical consultation and administrative functions are combined, and may be used by medical, nursing and allied health staff.

The Office/Consult Room shall be 12 m2.

90 .54.20 LOCATION AND RELATIONSHIPS

The Office / Consult should be located near patient treatment areas with close access to patient waiting areas.

90 .54.30 CONSIDERATIONS

Part B - Health Facility Briefing and Planning

For additional room considerations and details refer to Room Data Sheets.

Office - Single Person 9 m2

90 .55.10 DESCRIPTION AND FUNCTION

A Single Person Office where Unit Managers can carry out administrative functions in a degree of privacy. This includes preparing rosters, reports, counselling, interviewing staff and patients.

A Single Person Office shall be a minimum of nine m2.

90 .55.20 LOCATION AND RELATIONSHIPS

The Office - Single Person should be located close to the Staff Station, in a quieter traffic area.

90 .55.30 CONSIDERATIONS

Inclusions in this room shall assume a 'Clean Office Policy'.
The Office should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Office - Single Person 12 m2

90 .56.10 DESCRIPTION AND FUNCTION

A Single Person Office 12m2 is provided for a Director or other senior manager to carry out administrative functions in a degree of privacy. This includes preparing reports, counselling and interviewing. The room size allows for a small meeting area within the room.

A Single Person Office shall be a minimum of 12 m2.

90 .56.20 LOCATION AND RELATIONSHIPS

The Office - Single Person 12m2 should be located away from clinical areas, preferably located with other office areas.

90 .56.30 CONSIDERATIONS

Inclusions in this room shall assume a 'Clean Office Policy'.
The Office should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room layout Sheets.

Office - Workstation Typical

90 .57.10 DESCRIPTION AND FUNCTION

A workstation within an open plan arrangement for staff to carry out administrative functions.

A Typical Workstation in a shared open-plan area or office shall be a minimum of six m2.

90 .57.20 LOCATION AND RELATIONSHIPS

90 .57.20

The Typical Workstation should be located within a shared open plan office area away from clinical areas.

90 .57.30 CONSIDERATIONS

Inclusions for this room shall assume a 'Clean Office Policy'. Refer to Part C - Access, Mobility, OH & S in these Guidelines for workstation requirements with respect to OH&S and ergonomic aspects.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Office - Write-up Bay

90 .58.10 DESCRIPTION AND FUNCTION

This bay provides a write-up bench for use by members of the patient care team. In this space the user may review and write-up patient records, enter patient data on computer and make telephone calls.

The Write-up Bay shall be a minimum of two m2.

90 .58.20 LOCATION AND RELATIONSHIPS

The Write-up Bay should be located in a corridor near patient care areas.

90 .58.30 CONSIDERATIONS

The Write-up Bay should be recessed sufficiently to not create a protrusion into the corridor.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Operating Room - General

90 .59.10 DESCRIPTION AND FUNCTION

The Operating Room - General provides an aseptic environment in which to carry out surgical procedures under local, regional or general anaesthetic.

The General Operating Room may be used for general surgery and specialties including ENT, Urology, Gynaecology, Ophthalmology, Plastic Surgery and any other procedures that do not require bulky equipment.

The Operating Room - General shall be 42 m2.

90 .59.20 LOCATION AND RELATIONSHIPS

The Operating Room is located within the Operating Unit and away from through traffic.

Direct access is required to the Holding Bay/ Anaesthetic Room, Scrub Room and Exit Bay/ circulation corridor.

Ready access is required to Recovery, Clean-up areas, Sterilising Bay, Sterile Store and CSSD.

90 .59.30 CONSIDERATIONS

90 .59.30

It is essential that at least one wall be not only free from door openings but also free from those services which require frequent attention. This provides an area for sterile equipment and scrubbed personnel, which is not compromised by traffic in and out of the Operating Room or to and from serviced item. It is preferable for the adjacent wall to be free, or impinged upon only for exit from the Operating Room.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Operating Room - Large

90 .60.10 DESCRIPTION AND FUNCTION

The Operating Room - Large provides an aseptic environment in which to carry out surgical procedures under local, regional or general anaesthetic.

The Operating Room - Large may be used for surgical procedures that require large and bulky equipment, including neurosurgery, orthopaedics and cardiac surgery.

The Operating Room - Large shall be a minimum of 50 m².

90 .60.20 LOCATION AND RELATIONSHIPS

The Operating Room is located within the Operating Unit and away from through traffic.

Direct access is required to the Holding Bay/ Anaesthetic Room, Scrub Room and Exit Bay/ circulation corridor.

Ready access is required to Recovery, Clean-up areas, Sterilising Bay, Sterile Store and CSSD.

90 .60.30 CONSIDERATIONS

It is essential that at least one wall be not only free from door openings but also free from those services which require frequent attention. This provides an area for sterile equipment and scrubbed personnel, which is not compromised by traffic in and out of the Operating Room or to and from serviced item. It is preferable for the adjacent wall to be free, or impinged upon only for exit from the Operating Room.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Operating Room - Minor

90 .61.10 DESCRIPTION AND FUNCTION

The Operating Room - Minor provides a clean and/or aseptic environment in which to carry out endoscopic and/or minor surgical procedures under local, regional or general anaesthetic.

The Operating Room - Minor shall be 36 m².

90 .61.20 LOCATION AND RELATIONSHIPS

The Operating Room is located within the Operating Unit and away from

through traffic.

Direct access is required to the Holding Bay/ Anaesthetic Room, Scrub Room and Exit Bay/ circulation corridor.

Ready access is required to Recovery, Clean-up areas, Sterilising Bay, Sterile Store and CSSD.

90 .61.30 CONSIDERATIONS

It is essential that at least one wall be not only free from door openings but also free from those services which require frequent attention. This provides an area for sterile equipment and scrubbed personnel, which is not compromised by traffic in and out of the Operating Room or to and from serviced item. It is preferable for the adjacent wall to be free, or impinged upon only for exit from the Operating Room.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Overnight Stay - Bedroom

90 .62.10 DESCRIPTION AND FUNCTION

Single Bedroom with an adjoining Ensuite for clinical staff or parents needing to remain on close call overnight.

The Overnight Stay Bedroom shall be a minimum of 10 m2.

90 .62.20 LOCATION AND RELATIONSHIPS

The Overnight Stay Bedroom shall be located in a discrete area with ready access to the critical care areas.

90 .62.30 CONSIDERATIONS

The Bedroom should be lockable and requires acoustic privacy.

Staff or parents using the Overnight Stay facilities need to be contactable using a telephone or paging system.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Overnight Stay - Ensuite

90 .63.10 DESCRIPTION AND FUNCTION

Ensuite adjoining an Overnight Stay Bedroom for use by staff or parents.

90 .63.20 LOCATION AND RELATIONSHIPS

The Ensuite shall be located adjacent to the Overnight Stay Bedroom. Access to the Ensuite will be from the Bedroom.

90 .63.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Pantry

90 .64.10 DESCRIPTION AND FUNCTION

The Pantry is for preparing and/or heating refreshments, snacks and some meals for patients, washing some utensils, storing food and drink and disposing of food waste. It may also provide space for a meal tray collection trolley.

The Pantry shall be a minimum of eight m². If food rethermalisation trolleys are to be located in the room during meal times, up to an additional four m² should be added to the total area.

90 .64.20 LOCATION AND RELATIONSHIPS

The Pantry should have ready access to patient areas and the Unit corridor.

90 .64.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets.

Patient Bay

90 .65.10 DESCRIPTION AND FUNCTION

A Patient Bed Bay may be used for the treatment or management of patients in various types of treatment or holding spaces. Depending on the type of space, the patient will receive clinical intervention ranging from resuscitation, through clinical, acute, non-acute treatment to observation or holding.

The Patient Bed Bay will vary in size, depending on the function and type of patient to be accommodated. Three alternatives have been provided in Room Data Sheets and Room Layout sheets showing different sizes that may suit different patient types including:

- Patient Bay - Trauma (12 m²)
- Patient Bay - Critical (Resuscitation) (25 m²)
- Patient Bay - Holding or Non-Acute (9 m²)

Patient Bed Bays may be closed or open; this will affect the space required. The actual choice of Bay type should depend on the patient type and the Operational Policy.

90 .65.20 LOCATION AND RELATIONSHIPS

Patient Bed Bays should be generally located with other patient treatment areas and near the Staff Station.

90 .65.30 CONSIDERATIONS

For additional considerations and details refer to Room Data Sheets and Room Layout Sheets.

Plaster Room

90 .66.10 DESCRIPTION AND FUNCTION

The Paster Room allows for the application of Plaster of Paris, or other splints and for the closed reduction of displaced fractures or dislocations under sedative or regional anaesthesia.

The Plaster Room shall be a minimum of 14 m².

Plaster Room

90 .66.20 LOCATION AND RELATIONSHIPS

The Plaster Room should be located close to Treatment Areas with ready access from Waiting Areas.

90 .66.30 CONSIDERATIONS

A Splint and Crutch Store will be accessible to the Plaster Room.

Clear access to the plaster trap is required for maintenance purposes.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Property Bay - Staff

90 .67.10 DESCRIPTION AND FUNCTION

A bay containing lockers for the secure storage of staff property including clothing, handbags and personal effects.

The Property Bay - Staff shall be six m², although final calculation of floor area will depend on the number of lockers required for staff numbers working in the Unit.

90 .67.20 LOCATION AND RELATIONSHIPS

Staff Property Bays shall be located adjacent to Staff Stations or main Work Areas for security. The Bay should have discreet access from the Unit corridor and ready access to the Staff Lounge.

90 .67.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Reception

90 .68.10 DESCRIPTION AND FUNCTION

An area where visitors to the Unit or facility can be received and either immediately directed to their destination or to a Waiting Area.

A Reception Area should be a minimum of 10 m², although this will vary according to the Unit and number of staff.

90 .68.20 LOCATION AND RELATIONSHIPS

The Reception should be located near the entry point to the Unit or facility and adjacent to the Waiting Area.

90 .68.30 CONSIDERATIONS

Refer to Part C - Access, Mobility, OH&S for information regarding counter heights and access requirements.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Scrub-Up / Gowning

90 .69.10 DESCRIPTION AND FUNCTION

The Scrub-up / Gowning room provides an enclosed area for pre-operative scrubbing, gowning and gloving.

The Scrub-up/ Gowning area shall be a minimum of six m2 per Operating Room, or eight m2 where one Scrub-up bay is shared between two Operating Rooms. A minimum of 800 mm is required between scrub stations.

90 .69.20 LOCATION AND RELATIONSHIPS

The Scrub-up area should be directly accessible from the Operating Unit corridor and from the associated Operating or Procedure Room.

Access should also be available from the staff Change and Staff Lounge.

90 .69.30 CONSIDERATIONS

The activities of scrubbing and gowning/ gloving should be separate within the space. Taps should be non-touch - automatically operated or foot operated.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Seclusion Room

90 .70.10 DESCRIPTION AND FUNCTION

A Seclusion Room provides for the sole confinement of a distressed or agitated person requiring separation for short periods at any hour of the day or night on an involuntary basis. The door and windows of the room are locked from the outside.

Note: A person receiving treatment for a mental disorder in an approved mental health service may be kept in seclusion only:

- If it is necessary to protect the person or any other person from an immediate or imminent risk to his or her health or safety or to prevent the person from absconding
- If the use of seclusion has been approved by the authorised psychiatrist, or in the case of an emergency, authorized by the senior registered nurse on duty and notified to a registered medical practitioner without delay
- for the period of time specified in the approval or authorization under the second paragraph

It is not necessary to obtain a person's consent to keep him or her in seclusion. Where a seclusion room is required for an involuntary patient it should be designed as part of a designated High Dependency Suite within the Unit. A High Dependency suite also includes a Secure Courtyard, a small Lounge and Ensuite. A toilet with a door that can be locked open or shut should be directly accessible from the room.

The Seclusion room shall be a minimum of 14 m2.

90 .70.20 LOCATION AND RELATIONSHIPS

The Seclusion Room should be adjacent to the Staff Station and High Dependency and have no 'blind spots'.

90 .70.30 CONSIDERATIONS

The Seclusion Room will require a door with an external swing and a viewing panel and be secure in construction with specific locks. The door shall be wide enough for three staff abreast and can be lockable inside and outside with a key.

The door to the seclusion room and walls must be capable of withstanding extreme force from inside the room in the event that the patient tries to force their way out.

The ceiling height is to be three metres.

Finishes, furniture fittings and fixtures must be robust and not provide an opportunity for self harm. The room must meet OH&S Guidelines for staff safety.

For additional room considerations and details refer to the Room Data Sheets

Shower - Patient

90 .71.10 DESCRIPTION AND FUNCTION

The Shower - Patient is a room containing a shower and handbasin for patients in multi-bed rooms to shower or wash, either independently or with nurse assistance. Commode access is required.

A Patient Shower shall be a minimum of four m2 .

90 .71.20 LOCATION AND RELATIONSHIPS

The Shower - Patient shall be located immediately adjacent to or directly accessible from Bed Rooms or the Unit corridor.

90 .71.30 CONSIDERATIONS

The door must be fitted with escape hardware to allow staff access in an emergency.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Shower - Staff

90 .72.10 DESCRIPTION AND FUNCTION

A shower for staff use; it may be gender specific or unisex.

The Staff Shower shall be two m2

90 .72.20 LOCATION AND RELATIONSHIPS

The Staff Shower should be located near the Staff Toilet, Staff Change Area and Staff Lounge areas.

90 .72.30 CONSIDERATIONS

A privacy latch is required.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Staff Room

90 .73.10 DESCRIPTION AND FUNCTION

The Staff Room is used by staff for respite, rest and relaxation during tea and meal breaks, especially where it is difficult for staff to use centrally located facilities including at night. It may also be used for small meetings or tutorials and for the storage of staff resources or library materials.

The Staff Room shall be a minimum of 15 m²; size will be dependant on the number of persons using the space at any one time; allow 1.5 m² per person.

90 .73.20 LOCATION AND RELATIONSHIPS

The Staff Room should be located away from Patient, Treatment and Visitor areas. Where possible, the Staff Room may be shared between two Inpatient Units, or one per floor provided in larger facilities.

90 .73.30 CONSIDERATIONS

Facilities for food and beverage preparation and storage should be provided.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Staff Station

90 .74.10 DESCRIPTION AND FUNCTION

The Staff Station is the administrative base for the Unit and enquiry point for patients and visitors. It provides for the coordination of patient care, observation, writing up of clinical notes, entering data into computers, making and receiving telephone calls. The Staff Station may also accommodate a Unit Receptionist/ Clerk.

The Floor area will vary according to the Unit and will depend on the activity level, the number of full and part-time staff, the operational model and the building layout.

For Planning purposes, a 30 Bed Inpatient Unit will require a Staff station of 14 m².

90 .74.20 LOCATION AND RELATIONSHIPS

At least one Staff Station shall be provided within an Inpatient Unit, central to Bed Rooms to allow observation of patients.

90 .74.30 CONSIDERATIONS

The model of care adopted will determine the need for additional stations and their placement within the Unit.
Lockable stable doors may be provided for additional security if required.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Store - Cleaner's

90 .75.10 DESCRIPTION AND FUNCTION

The Cleaner's Store is a bulk store provided for the central storage of large items of cleaning equipment, bulk containers of cleaning chemicals and a

cleaner's trolley.

The Cleaner's Store should be a minimum of 12 m².

90 .75.20 LOCATION AND RELATIONSHIPS

The Cleaner's Store should be located with other storage areas, or in a central area where cleaning staff can access easily in the course of their duties.

90 .75.30 CONSIDERATIONS

Clean paper goods such as toilet paper and hand towels should be stored in an adjacent dry store or cupboard. The Cleaner's Store must be lockable and comply with OH&S guidelines. Refer to Part C of these Guidelines for additional information.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Store - Equipment

90 .76.10 DESCRIPTION AND FUNCTION

The Equipment Store is used for the storage of medical equipment when not in use and recharging of electrical items. Space is required for parking of mobile equipment including IV poles, wheelchairs, lifting equipment, trolleys, cradles and commode chairs for the Unit.

The floor area shall be nominally 20 m². This may vary depending on the Unit size and service profile and the use/ provision of bays for mobile equipment.

90 .76.20 LOCATION AND RELATIONSHIPS

The Equipment Store should be centrally located in a low traffic area with direct access to the Unit corridor.

90 .76.30 CONSIDERATIONS

The Equipment Store should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Store - Files

90 .77.10 DESCRIPTION AND FUNCTION

A secure room for the storage of departmental files and patient clinical records.

The Files Store shall be a minimum of 10 m².

90 .77.20 LOCATION AND RELATIONSHIPS

The Files Store should have direct access to the Staff Station or be located adjacent to the office areas served.

90 .77.30 CONSIDERATIONS

The Files Store should be lockable.

For additional room considerations and details refer to Room Data Sheets and

Room Layout Sheets.

Store - General

90 .78.10 DESCRIPTION AND FUNCTION

A secure room for the storage of general supplies used within the Unit. Equipment may also be recharged in this room.

The General Store shall be a minimum of nine m2.

90 .78.20 LOCATION AND FUNCTION

The General Store should be centrally located within a Unit or group of Units when shared.

90 .78.30 CONSIDERATIONS

The General Store should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Store - Photocopy/Stationery

90 .79.10 DESCRIPTION AND FUNCTION

A room for the photocopier and for secure storage of paper and stationery supplies. The facsimile and printers may also be located in this area if required.

The Photocopy/ Stationery Store shall be nominally eight m2.

90 .79.20 LOCATION AND RELATIONSHIPS

The Photocopy/ Stationery Store should be located adjacent to administrative areas served, with direct access to the administrative area circulation corridor.

90 .79.30 CONSIDERATIONS

Exhaust to be provided to photocopier area, to meet OH&S requirements.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Store - Sterile Stock

90 .80.10 DESCRIPTION AND FUNCTION

An area centrally located within the Operating Unit or other Treatment Areas for storage and holding of sterile stock in a clean environment. This area may accommodate drugs in lockable cupboards or safe as required.

The Sterile Stock Store shall be a minimum of 10 m2.

90 .80.20 LOCATION AND RELATIONSHIPS

The Sterile Stock Store should be located near or directly adjacent to Operating, Procedure and Treatment Rooms. It should have ready access to Central Sterile Supply Unit (CSSU) or Theatre Sterile Supply Unit (TSSU) and

may be provided as a part of the CSSU/ TSSU.

90 .80.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Toilet - Disabled

90 .81.10 DESCRIPTION AND FUNCTION

A toilet and handbasin for use by disabled persons with or without assistance. The room shall comply with AS 1428.

The Toilet - Disabled shall be a minimum of five m2.

90 .81.20 LOCATION AND RELATIONSHIPS

The Disabled Toilets should have direct access to a waiting or circulation corridor. Disabled Toilets for public use should be readily accessible from Public Areas.

90 .81.30 CONSIDERATIONS

Disabled Toilets may also include facilities for baby change. Disabled Toilets to be used by patients must also include patient/ nurse call and emergency call buttons and indicators.

For additional room considerations and details refer to Room data Sheets and Room Layout Sheets.

Toilet - Patient

90 .82.10 DESCRIPTION AND FUNCTION

A room containing a toilet and handbasin for patients in multi-bed rooms or adjacent to communal patient areas.

A Patient Toilet shall be a minimum of four m2.

90 .82.20 LOCATION AND RELATIONSHIPS

The Patient Toilet should be located immediately adjacent to, or directly accessible from Patient Bed Rooms, Unit corridor or patient areas served.

90 .82.30 CONSIDERATIONS

The door will be fitted with escape hardware to allow staff access in an emergency.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Toilet - Public

90 .83.10 DESCRIPTION AND FUNCTION

A room containing toilet and handbasin for public or visitor use. The Public Toilet may also include facilities for baby change.

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The Public Toilet shall be a minimum of three m2. If baby change facilities are included, the size may be increased to four m2.

90 .83.20 LOCATION AND RELATIONSHIPS

Toilets for public use should be readily accessible from public areas including circulation corridors, Entrances and Waiting Areas.

90 .83.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Toilet - Staff

90 .84.10 DESCRIPTION AND FUNCTION

A toilet and handbasin for staff use.

A Staff Toilet shall be a minimum of two m2.

90 .84.20 LOCATION AND RELATIONSHIPS

Toilets for staff use should be readily accessible from staff work areas. They should be located central to a Unit

90 .84.30 CONSIDERATIONS

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Treatment Room

90 .85.10 DESCRIPTION AND FUNCTION

The Treatment Room provides a controlled environment, privacy and facilities for carrying out consultations, examinations and treatments which may include wound dressings.

The Treatment Room shall be a minimum of 15 m2.

90 .85.20 LOCATION AND RELATIONSHIPS

The Treatment Room should be located with other patient care areas, near the Clean Utility.

90 .85.30 CONSIDERATIONS

The door should be lockable.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

Ultra-Isolation Airlock

90 .86.10 DESCRIPTION AND FUNCTION

Separate Entry and Exit Anterooms to ensure negative pressurisation of the Ultra-Isolation area. The Airlock allows for transit of patient bed and bed isolator moving into the patient bedroom. The Entry Airlock area also may accommodate gowns, gloves, masks, overboots, goggles and linen. The Exit

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Airlock may accommodate an autoclave for sterilisation of patient equipment prior to removal from the area.

The Ultra-Isolation Airlock/s shall be a minimum of four m2.

90 .86.20 LOCATION AND RELATIONSHIPS

The Airlock/s should be located adjacent to the Patient Bed Room with direct access to the circulation corridor.

90 .86.30 CONSIDERATIONS

All materials used in the room and interior surfaces are to be easily cleanable and able to withstand fumigation. All penetrations for fittings in walls and ceilings must be fully sealed. Double glazed windows with integral Venetians are preferred, however, where curtains or blinds are used, they should be washable.

For additional room considerations refer to Room Data Sheets.

Ultra-Isolation Clean Utility

90 .87.10 DESCRIPTION AND FUNCTION

Room for storage and preparation of consumables, equipment for patient treatment and medications for use within the Ultra-Isolation Facility. The room may contain a write-up bay.

The Ultra-Isolation Clean Utility shall be a minimum of 11 m2.

90 .87.20 LOCATION AND RELATIONSHIPS

The Ultra-Isolation Clean Utility shall be located adjacent to both the Entry Airlock and the Patient Bed Room.

90 .87.30 CONSIDERATIONS

All aspects of the room are to be easily cleaned and permit fumigation. Floors, walls and other surfaces should be impervious to water and resistant to damage from disinfectants.

For additional room considerations and room details refer to Room Data Sheets.

Ultra-Isolation Dirty Utility

90 .88.10 DESCRIPTION AND FUNCTION

Room within the Ultra-Isolation Facility for storage and cleaning of utensils and disposal of linen and waste. Equipment to be located within the room includes a dual function pan sanitiser/ utensil washer, slop hopper and a pass through autoclave.

The Ultra-Isolation Dirty utility shall be a minimum of eight m2.

90 .88.20 LOCATION AND RELATIONSHIPS

The Dirty Utility will be located adjacent to the Patient Bed Room with external access to the circulation corridor for removal of waste, linen and equipment.

90 .88.30 CONSIDERATIONS

90 .88.30

All aspects of the room are to be easily cleaned and permit fumigation. Floors, walls and other surfaces should be impervious to water and resistant to damage from disinfectants.

For additional room considerations and room details refer to Room Data Sheets.

Ultra-Isolation Ensuite

90 .89.10 DESCRIPTION AND FUNCTION

A room for patients to shower, toilet and use handbasin, within the Ultra-Isolation Facility. The spatial allocation reflects the requirement for nursing assistance and the use of equipment.

The Ultra-Isolation Ensuite shall be a minimum of six m2.

90 .89.20 LOCATION AND RELATIONSHIPS

The Ensuite will have direct access to the Patient Bed Room within the Ultra-Isolation Facility.

90 .89.30 CONSIDERATIONS

All aspects of the room are to be easily cleaned and permit fumigation. Floors, walls and other surfaces should be impervious to water and resistant to damage from disinfectants.

For additional room considerations and room details refer to Room Data Sheets.

Ultra-Isolation Patient Bed Room

90 .90.10 DESCRIPTION AND FUNCTION

One Bed Isolation Room for patient requiring intensive care treatment and ultra-isolation for quarantinable infectious diseases.

The Ultra-Isolation Patient Bedroom shall be a minimum of 25 m2.

90 .90.20 LOCATION AND RELATIONSHIPS

The Ultra-Isolation Patient Bed Room shall be located adjacent to the Entry Airlock and shall have an adjoining Ensuite.

90 .90.30 CONSIDERATIONS

All materials used in the room and interior surfaces are to be easily cleanable and able to withstand fumigation. All penetrations for fittings in walls and ceilings must be fully sealed. Double glazed windows with integral Venetians are preferred, however, where curtains or blinds are used, they should be washable.

A handsfree communication system is required between the patient Bed Room and the Entry Airlock, to communicate with personnel within either room.

For additional room considerations refer to Room Data Sheets.

Ultra-Isolation Staff Change

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90 .91.10 DESCRIPTION AND FUNCTION

A room with shower and toilet facilities for staff to change on entry and exit from the Ultra-Isolation Facility. The shower is required in cases of accidental contamination.

The Ultra-Isolation Staff Change shall be a minimum of five m².

90 .91.20 LOCATION AND RELATIONSHIPS

The Staff Change/ Toilet will require direct access from the Entry Airlock and from the Dirty Utility exit.

90 .91.30 CONSIDERATIONS

All aspects of the room are to be easily cleaned and permit fumigation. Floors, walls and other surfaces should be impervious to water and resistant to damage from disinfectants.

For additional room considerations and room details refer to Room Data Sheets.

Waiting

90 .92.10 DESCRIPTION AND FUNCTION

An area for visitors and patients to wait in comfort prior to or during visits to a Unit. A Waiting Area may be for the use of the public, patients, families and other visitors to a facility or Unit.

A range of occupants will require waiting space and these will include adults and children, both able-bodied and disabled. Circulation requirements must cater for this.

The Waiting area shall be a nominal 10 m². The size will be dependant on the number of people to be accommodated but will generally require 0.5 m² per able-bodied person or one m² per wheelchair occupant or other disabled person.

90 .92.20 LOCATION AND RELATIONSHIPS

Waiting areas should be located near to the entry of a Facility or Unit and be observable from the Reception area. The Waiting area requires direct access to the circulation corridor and ready access to public amenities.

90 .92.30 CONSIDERATIONS

Natural light is desirable. Waiting areas may be shared between Units. Paediatric waiting areas should allow access for prams and have baby change facilities nearby. Refer to Part C for additional information related to access and mobility.

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

X-Ray Viewing and Reporting

90 .93.10 DESCRIPTION AND FUNCTION

A room within a Clinical or Diagnostic Unit for reviewing and reporting of patient imaging film or computerised images.

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The X-ray Viewing and reporting Room shall be 12 m².

90 .93.20 LOCATION AND RELATIONSHIPS

The X-ray Viewing and Reporting Room should be accessible from the Unit corridor and located near other staff work areas.

90 .93.30 CONSIDERATIONS

Facilities may be required to accommodate both imaging film (X-ray boxes) and computerised images (computer screens).

For additional room considerations and details refer to Room Data Sheets and Room Layout Sheets.

110 ACUTE SPINAL UNIT

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INTRODUCTION

General

- 110 .2.00 The Acute Spinal Unit provides for the acute therapeutic needs of patients following trauma or other disabling events. It also provides for the ongoing case management of complex issues such as spasticity, chronic pain, bladder and bowel function and interpersonal relationships.
- 110 .3.00 The overall aim of the Acute Spinal Unit is for the patient to achieve maximum independence. To achieve this aim, it is vital to maintain a continuum of care involving close liaison between acute care, rehabilitation care and community services.

PLANNING

Functional Areas

- 110 .4.00 The Acute Spinal Unit will consist of the following Functional Areas:
- Patient Areas including Acute Bedrooms, Non-acute Bedrooms and Ensuites
 - Staff Areas including Staff Station, Offices, Meeting Rooms, Staff Change and Toilets
 - Support Areas including Utilities, Stores, Beverage Bay and Cleaner's Room; Support areas may also be shared between adjacent Units.

Functional Relationships

- 110 .5.00 The acute spinal unit will ideally be located close to the following units or facilities:
- Intensive Care Unit
 - Operating Unit
 - Helipad for emergency transfers
 - Spinal Rehabilitation Inpatient Unit
 - Rehabilitation therapy areas.

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DESIGN

General

- 110 .6.00 The design of the Acute Spinal Unit should contribute to reducing noise and activity levels within the patient environment. The Acute Spinal Unit should not form a thoroughfare to any other unit or department.
- 110 .7.00 The design for an Acute Spinal Unit should take into account that the Unit will need to accommodate patients of a wide age range, from young adults to elderly. Visibility from the Staff Station to patient beds is to be maximised.

COMPONENTS OF THE UNIT

Introduction

- 110 .8.00 The Acute Spinal Unit may consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in the Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets and Room Layout Sheets.

Standard Components

- 110 .9.00 Provide the Standard Components as identified in the Generic Schedule of Accommodation.

Non-Standard Components

- 110 .10.00 There are no Non-Standard Components in the Acute Spinal Unit.

APPENDICES

Acute Spinal Generic Schedule of Accommodation

- 110 .11.00 Schedule of Accommodation for an Acute Spinal Unit of 10 beds:

PATIENT AREAS

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED BAY - ACUTE	see remarks				5 x 20	5 x 20	Similar to Standard Component for 1 Bed Room-Critical Care
1 BED ROOM - SPECIAL	yes				4 x 18	4 x 18	For patients stabilised but not yet ready for Rehabilitation
1 BED ROOM - ACUTE	see remarks				1 x 22	1 x 22	Similar to Standard Component for 1 Bed Room-Critical Care
ENSUITE - STANDARD	yes				4 x 5	4 x 5	
ENSUITE - SPECIAL	yes				2 x 7	2 x 7	

110 .12.00 STAFF AREAS

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes				1 x 3	1 x 3	

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BAY - HANDWASHING	yes				2 x 1	2 x 1	In addition to handbasins for each bed
BAY - LINEN	yes				1 x 2	1 x 2	
BAY - MOBILE EQUIPMENT	yes				1 x 4	1 x 4	
BAY - RESUS TROLLEY	yes				1 x 2	1 x 2	
CLEAN UTILITY	yes				1 x 12	1 x 12	
DIRTY UTILITY	yes				1 x 10	1 x 10	
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9	1 x 9	Unit Manager
STAFF STATION	yes				1 x 14	1 x 14	
TOILET - STAFF	yes				1 x 2	1 x 2	
CIRCULATION %					40	40	

110.13.00 SHARED AREAS

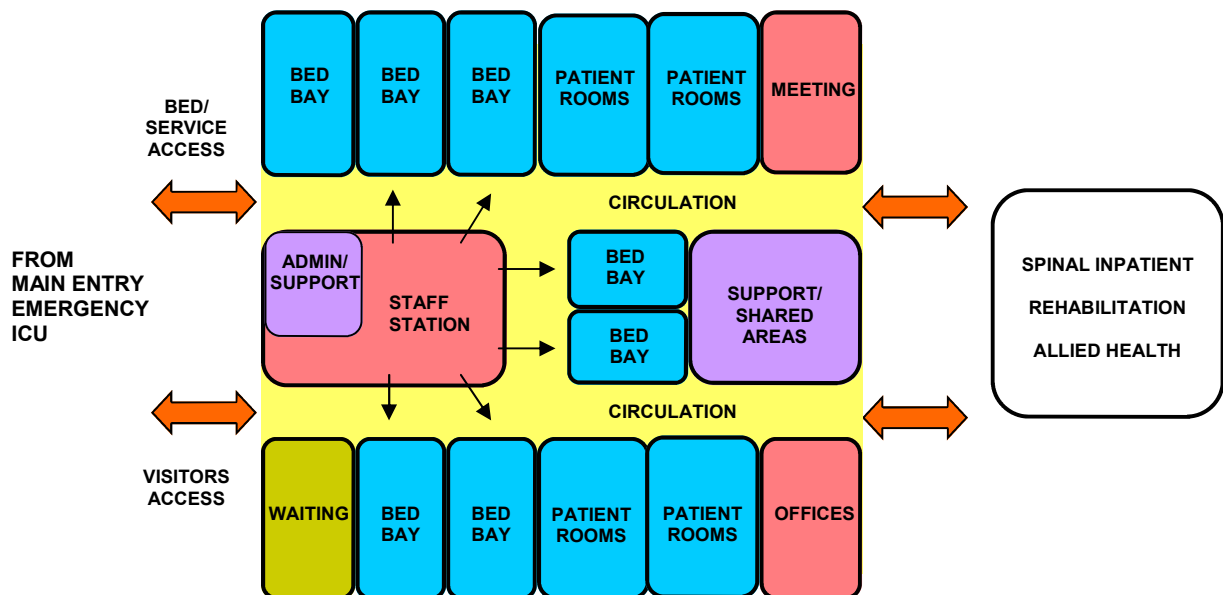
ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
CLEANER'S ROOM	yes				1 x 4	1 x 4	
MEETING ROOM - SMALL	yes				1 x 9	1 x 9	For Distressed Relatives
MEETING ROOM - MEDIUM	yes				1 x 15	1 x 15	
OFFICE - CLINICAL/ HANDOVER	yes				1 x 12	1 x 12	
PROPERTY BAY - STAFF	yes				1 x 6	1 x 6	
STAFF ROOM	yes				1 x 15	1 x 15	
STORE - EQUIPMENT	yes				1 x 20	1 x 20	
STORE - GENERAL	yes				1 x 9	1 x 9	

References and Further Reading

- 110.14.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- NSW Health, SESAHS Redevelopment Unit, Project Definition Plan: POW/PHH Spinal Medicine & Rehabilitation Unit, 2000.
 - NSW Health, DS-12 Health Building Guidelines, 20 Bed Assessment & Rehabilitation Inpatient Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - ACUTE SPINAL UNIT



120 ADMINISTRATION UNIT

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INTRODUCTION

General

- 120 .2.00 The level and range of facilities provided for general office and executive administration functions will vary greatly depending on the size of the proposed facility, the range of services prescribed in the Operational Policy Statement, and the management arrangements that will apply.

PLANNING

Functional Areas

- 120 .3.00 Facilities shall be provided to accommodate the following administrative functions according to the Operational Policy:
- General and/or individual office accommodation for appropriate clerical, administrative, medical and nursing personnel, if required
 - Storage of office equipment, stationery and supplies
 - Meetings and conferences as required.
- 120 .4.00 The Administrative and Clerical staff shall have access to toilet and dining facilities, which may be shared with other hospital staff.

Functional Relationships

- 120 .5.00 Administration facilities should be provided, where possible, in reasonable proximity to the main entrance of the facility.

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DESIGN

Occupational Health and Safety

- 120 .6.00 Consideration shall be given to the role of computers in the planning and design of the area. Ergonomic design, lighting, etc. shall address occupational health issues. Refer to Part C - Access, Mobility, OH&S for specific design requirements related to ergonomics.

COMPONENTS OF THE UNIT

Introduction

- 120 .7.00 The Administration Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 120 .8.00 Provide the Standard Components as identified in the Generic Schedule of accommodation. Provision of Offices, Workstations and support areas will be dependant on the Operational Policy and service demand and may vary from the Schedule of Accommodation, however, room sizes should remain consistent.

Non-Standard Components

- 120 .9.00 There are no Non-Standard Components in this Unit.

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APPENDICES

Administration Generic Schedule of Accommodation

120.10.00 Schedule of Accommodation for an Administration Unit in a Hospital at Levels 3, 4, 5 and 6:

STAFF AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - CEO	yes			1 x 15	1 x 15	1 x 15	Room size includes a small meeting area within the room
OFFICE - SINGLE PERSON 12 M2	yes		1 x 12	1 x 12	1 x 12	1 x 12	Director Clinical/ Nursing Service
OFFICE - SINGLE PERSON 12 M2	yes			1 x 12	1 x 12	1 x 12	Director Finance
OFFICE - 2 PERSON SHARED	yes				1 x 12	1 x 12	Accounts
OFFICE - WORKSTATION	yes				3 x 6	3 x 6	Assistants to Directors
OFFICE - WORKSTATION	yes				6 x 6	6 x 6	Accounts / Clerical staff
RECEPTION	yes			1 x 10	1 x 10	1 x 10	
STORE - FILES	yes		1 x 10	1 x 10	1 x 10	1 x 10	Accounts, Records
STORE - PHOTOCOPY/ STATIONERY	yes		1 x 8 optional	1 x 8	1 x 8	1 x 8	
CIRCULATION %			20	20	20	20	

120.11.00 SUPPORT AREAS
(Support Areas are dependent on the Operational Policy and management structure):

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9 optional	1 x 9 optional	1 x 9 optional	Manager Human Resources
OFFICE - SINGLE PERSON 9M2	yes				6 x 9 optional	6 x 9 optional	Human Resources personnel for Nursing, Medical and General staff
OFFICE - SINGLE PERSON 9M2	yes				1 x 9 optional	1 x 9 optional	Casemix
OFFICE - SINGLE PERSON 9M2	yes				1 x 9 optional	1 x 9 optional	Quality Assurance
OFFICE - SINGLE PERSON 9M2	yes				1 x 9 optional	1 x 9 optional	Public Relations
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9 optional	1 x 9 optional	1 x 9 optional	Information Technology
OFFICE - 2 PERSON SHARED	yes		1 x 12 optional	1 x 12 optional	1 x 12 optional	1 x 12 optional	Accounts and Payroll
OFFICE - WORKSTATION	yes				4 x 6 optional	4 x 6 optional	Human Resources personnel for Nursing, Medical and General staff
OFFICE - WORKSTATION	yes				3 x 6 optional	3 x 6 optional	Casemix

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OFFICE - WORKSTATION	yes				2 x 6 optional	2 x 6 optional	Information Technology
OFFICE - WORKSTATION	yes		2 x 6 optional	3 x 6 optional	8 x 6 optional	8 x 6 optional	General staff

120 .12.00 SHARED AREAS

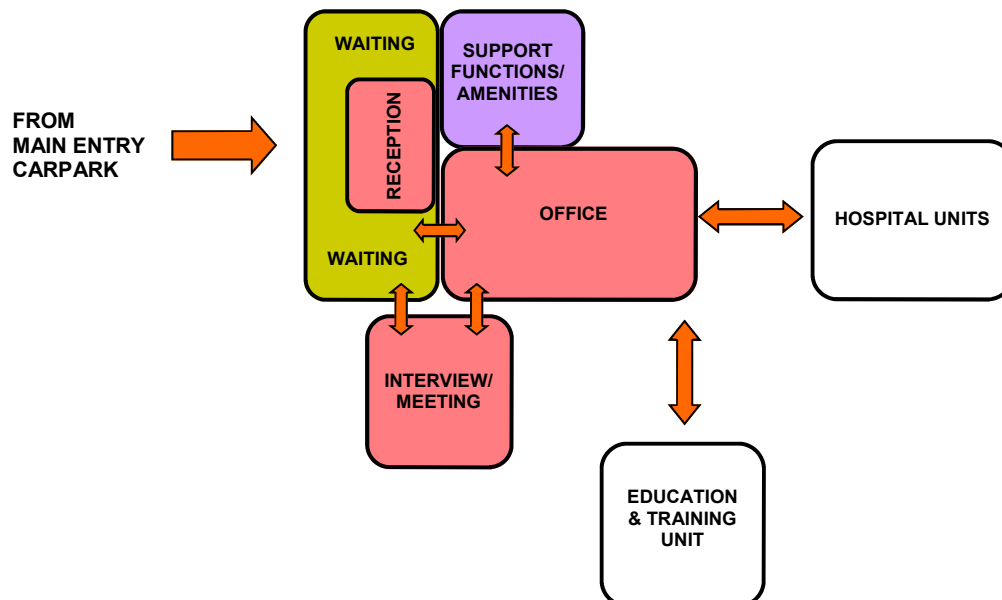
ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes		1 x 3	1 x 3	1 x 3	1 x 3	
INTERVIEW ROOM	yes		1 x 9	1 x 9	1 x 9	1 x 9	
MEETING ROOM - LARGE	yes		1 x 30	1 x 30	1 x 36	1 x 36	Board Room
MEETING ROOM - MEDIUM	yes		1 x 20	1 x 20	1 x 20	1 x 20	
STAFF ROOM	yes				1 x 15	1 x 15	
TOILET - STAFF	yes		2 x 2	2 x 2	6 x 2	6 x 2	Quantities will be dependant on staffing establishment
WAITING	yes		1 x 6	1 x 6	1 x 10	1 x 10	

References and Further Reading

- 120 .13.00 - Australian Standard 3590 Screen -based workstations Parts 1, 2 & 3, 1990.
- Health Department Western Australia, Private Hospital Guidelines, 1988.
 - Standards Australia, Handbook: Ergonomics - The human factor, A practical approach to work systems design, SAA HB59-1994.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - ADMINISTRATION UNIT



130 ADMISSIONS UNIT

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INTRODUCTION

General

- 130 .2.00 The range of facilities provided for Admissions will vary depending on the size of the proposed facility and the range of services prescribed in the Operational Policy. Admissions functions may also be accommodated in the Main Reception area.

PLANNING

Functional Areas

- 130 .3.00 The Admissions Unit should accommodate the following functions:
- Patient admissions
 - Patient interviews or private discussions
 - Cashier
 - Bed allocations.

Functional Relationships

- 130 .4.00 The Admissions Unit should ideally be located adjacent to the Main Reception area with close access to public amenities and waiting areas.

COMPONENTS OF THE UNIT

Introduction

- 130 .5.00 The Admissions Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 130 .6.00 Provide the Standard Components as identified in the Generic Schedule of Accommodation. Provision of accommodation for Admissions will depend on the Operational Policy and service demand.

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Non-Standard Components

130 .7.00 Provide the Non-Standard Components described in this section, according to Operational Policy and service demand.

130 .8.00 CASHIER

DESCRIPTION AND FUNCTION

Secured area for payment transactions. The area will include an office or workstation and a secure serving counter. The size may vary according to the number of personnel to be accommodated.

130 .9.00 LOCATION AND RELATIONSHIPS

The Cashier should be located close to the Main Entrance area with ready access to public amenities.

130 .10.00 CONSIDERATIONS

The Cashier's area will require security provisions. Provisions for electronic funds payments and transfers should also be available.

APPENDICES

Admissions Generic Schedule of Accommodation

130 .11.00 The Schedule of Accommodation-Admissions for a 120 bed Level 4 Hospital:

ROOM / SPACE	Standard Component			Level 4 Qty x m2			Remarks
CASHIER				1 x 9 optional			
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional			Manager
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional			Security
CIRCULATION %				20			

130 .12.00 SHARED AREAS

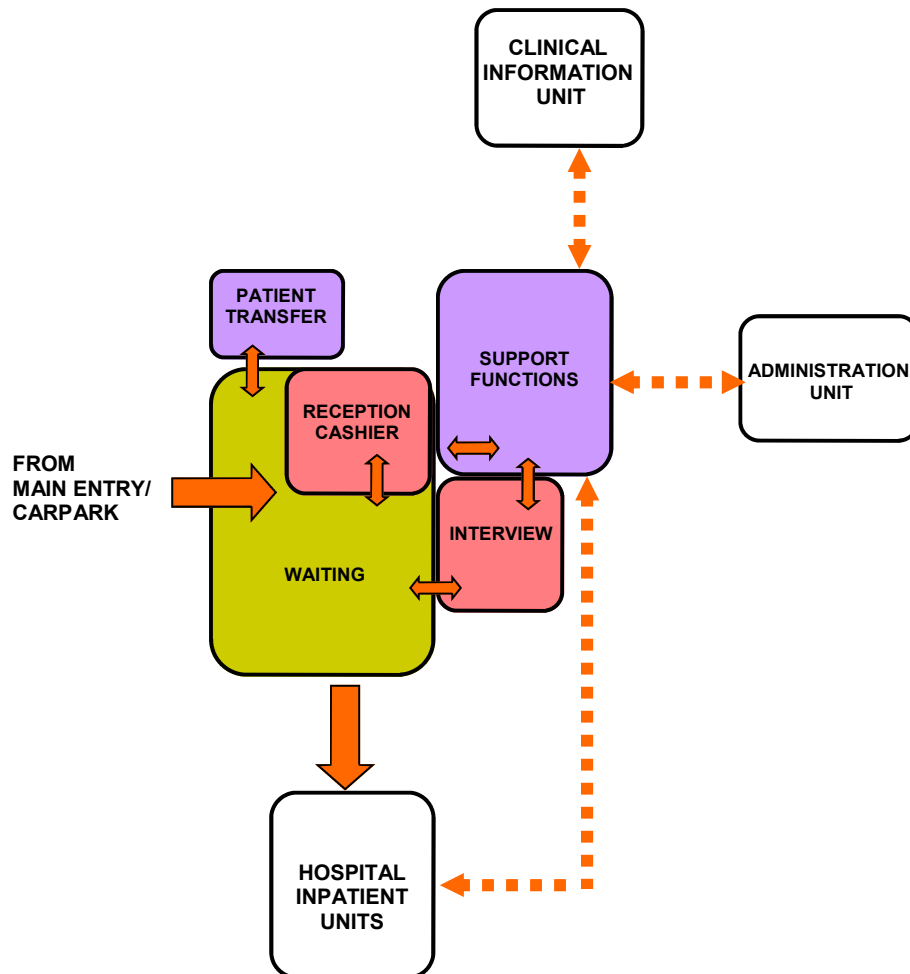
ROOM / SPACE	Standard Component			Level 4 Qty x m2			Remarks
BAY - MOBILE EQUIPMENT	yes			1 x 6			For wheelchairs, may be accommodated in Main Entrance area
OFFICE - SINGLE PERSON 9 M2	yes			3 x 9			May also be provided as cubicles
RECEPTION	yes			1 x 12			May be shared with the Main Reception
WAITING	yes			1 x 20			May be shared with the Main Reception

References and Further Reading

130 .13.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - ADMISSIONS UNIT



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INTRODUCTION

	Description
132 .2.00	<p>The Adolescent Acute Mental Health Inpatient Unit provides short term acute inpatient mental health assessment and treatment of young people between 10 -12yrs and 16 -18 years where community approaches have proven (or are likely to prove) inadequate. The Child and Family Acute Mental Health Inpatient Unit admits young people up to 10 to 12 years of age.</p> <p>The design, layout and functionality of both the Child and Family and the Adolescent Units should meet the developmental needs of their age cohorts. Notably, the Child and Family Unit should enable active family involvement in daily care, treatment and program activities including family admission and residence where appropriate. An Adolescent Unit and a Child and Family Unit may be co-located to optimise staffing arrangements and efficient use of resources. Where co-located, they should be operated as two discrete service types with separate functional areas, programs and activities although co-location clearly offers opportunities to share some facilities.</p>
132 .3.00	<p>The patients in each unit will have a broad range of mental health problems and disorders and challenging behaviours that must be managed safely and effectively. Both the Child and Family Unit and the Adolescent Unit admit children and young people at varying stages of social, emotional and intellectual development which the layout and design of the units will need to accommodate. Young people in the Adolescent Unit will have families and others involved in their care who should feel welcome on the unit. Children in the Child and Family Unit will usually be admitted with at least one other family member also in residence.</p> <p>The unit may admit and treat patients who have:</p> <ul style="list-style-type: none">- A risk of self injury- A risk of self neglect- A risk of injury to others- A severe affective disorder

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- Psychosis including early onset schizophrenia
- Pervasive developmental disorders
- Anorexia nervosa and related eating disorders
- Severe anxiety disorders
- Obsessive compulsive disorder
- Tourette's syndrome
- Comorbid drug and alcohol problems
- Severe family relationship difficulties.

PLANNING

Functional Areas

132 .4.00 The Units will cater for both male and female clients and family members (Child and Family Unit). Bed rooms in the Child and Family Unit will also need to accommodate family members in a bed sitting arrangement with a separate bedroom to the child. They may share an Ensuite arrangement

132 .5.00 Support areas required in Adolescent / Child & Family Units will include:

- Room that can be used for legislative functions (eg: Mental Health Review Board sittings in Victoria); this room could be a multi-purpose room made available for a sitting of the Board. It will not be required in the Child and Family Unit.
- Multipurpose Group Therapy/ Activity rooms that can also be used for education purposes
- Large Interview Rooms to accommodate families

The Units will each require immediate access to outdoor space for recreation activities.

Storage will be required for general ward equipment, occupational therapy equipment and a range of age appropriate, therapy, sport and recreation equipment in each setting.

Office accommodation should be located in a non-patient area of the unit with secured access/ egress.

132 .6.00 ASSESSMENT/ MEDICATION ROOM (may be a shared facility):

A suitably equipped room for physical/ neurological examinations which will also contain locked cupboards for dressings, medications and emergency equipment in keeping with legislative requirements. The Room will require two entry/ exit doors.

132 .7.00 EXTERNAL RELAXATION/ ACTIVITIES AREAS

Each Unit will require a discrete and separate out of doors relaxation area. These areas will not be locked but access to and from the units should be only from the respective Unit and easily observed and monitored by staff. Staff should however be able to prevent access to these areas at night. A common external activity area may be shared if Units are co-located.

132 .8.00 HIGH DEPENDENCY / INTENSIVE CARE UNIT (Adolescent Unit only):

The Adolescent Unit will require a lockable high dependency unit consisting of at least one seclusion room (public mental health facilities only operated in accord with the Mental Health Act 1986) and toilet/bath/ shower room opening onto a locked lounge area which in turn has immediate access to an external secure courtyard separate to other external recreation areas. Entry to this area directly from outside the Unit will be required for police assisted admissions or

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where a young person is highly disturbed and at immediate risk of harm to themselves or others.

132 .9.00 PATIENT BEDROOMS

Single patient bedrooms shall be provided, each with an Ensuite. The patient bedroom doors must be able to be unlocked from the outside, even if locked on the inside. It is advisable to have the capacity to restrict the access to the Ensuite.

The fittings and furniture required for a Child and Family/ Adolescent Mental Health Units include:

- Built-in wardrobe
- Built-in desk
- Pinboard for photos and posters.

Fittings must not provide opportunities for self harm and are to have a breaking strain of less than 15 kg. Blinds to external windows are to be within double glazing. Chairs should be light weight and flexible.

132 .10.00 Services will include the following:

- Two power outlets - RCD protected
- Staff alarm system.

Medical gases will not be required.

132 .11.00 PATIENT ENSUITES

An Ensuite shall be provided to each bedroom to comply with Standard Components Ensuite - Mental Health. The fittings must not provide opportunities for self harm and are to have a breaking strain of less than 15 kg.

132 .12.00 PARENT/ FAMILY/ CARER BEDROOMS (Child and Family Unit only)

Bedrooms for parents or other family members should include a double bed and a single bed and be of sufficient size to allow a fold away cot for very young children. A shared Ensuite to enable parents/ carers to look after their child accommodated in another room should be available to each parent/ family/ carer bedroom.

132 .13.00 QUIET/TIME OUT ROOM (Child and Family Unit only):

The unit will require a room to be used for quiet time/ time out for agitated and distressed children. The room should be located in an area that will minimise disruption to unit activities. The room will be very plain and simple with unbreakable fittings. The room should have ready access to a toilet and washing facilities close by that does not require traversing the unit.

132 .14.00 RECEPTION/ ENTRY AREA

The entrance to each unit should be readily observable from the nursing station/office and should incorporate a greeting/ waiting area for family, friends and others which is separated from all other functional areas on the units. The area should assist staff to prevent unauthorised entry to the unit and to provide a safe and therapeutic environment for children, adolescents and family members (Child and Family Unit only). Passive observation of the patient activity / recreation area from the ward office / nurses station is desirable.

Functional Areas

132.15.00 OFFICE ACCOMMODATION

Offices and workstations shall be provided according to the Operational Policy and staffing establishment. The Office area should be located in the 'patient-free' area of the unit. Administrative and Office areas may be shared with adjacent Units.

Functional Relationships

132.16.00 The Child and Family / Adolescent Acute Mental Health Inpatient Units shall have functional relationships with the following units, services and organizations:

- Emergency Unit
- Paediatric Inpatient Unit
- Paediatric Outpatient services
- Child Protection Unit
- Departments of Education, Community Services, Juvenile Justice, Police and Ambulance
- Diagnostic Pathology Unit
- Allied Health Unit
- Early childhood services
- Child and family support services
- Other CAMHS community services including intensive outreach services and day programs
- Drug treatment services
- Adult Mental Health Services
- Adolescent medical units.

DESIGN

General

- #### 132.17.00
- The following design issues are mandatory requirements:
- Access to the Unit must not be through other units, also the unit must not form a thoroughfare to any other unit
 - Bedrooms should provide a comfortable domestic environment with comfortable, robust furniture and furnishings
 - All glazing must be safety glass such as 'Lexan' or similar products
 - Where co-located, the Child and Family and Adolescent Acute Mental Health Inpatient Units should allow full independent operation and separation while enabling common use of appropriate facilities
 - Rooms and equipment need to meet the therapeutic and educational requirements of the patient group, with provisions for video conferencing in at least one large family Meeting Room and video taping in at least one Interview Room or wet and dry Therapy/ Play Room.

Safety and Security

- #### 132.18.00
- The entry to the Adolescent and Child & Family Acute Mental Health Inpatient Units should have a direct view of the Reception / Staff Station. Security features are required at all entrances and exits. These may include electronic locking, intercoms, and video surveillance.

The Entry areas to both Units require a Visitors' Toilet - Disabled with baby change facilities and a Waiting Area in close proximity.

A separate secured entry may be required for patients arriving with a police escort (applicable to Adolescent Units only).

All Meeting, Counselling, Group Therapy, Family Therapy and Review Board Meeting rooms require two means of egress and a duress alarm.

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Furniture should be robust but light weight and designed to minimise damage or injury likely to occur if thrown.

These design elements should not be evident to the casual observer.

COMPONENTS OF THE UNIT

Introduction

- 132 .19.00 The Adolescent Acute Mental Health Inpatient Unit and the Child & Family Acute Mental Health Inpatient Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 132 .20.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 132 .21.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation.

- 132 .22.00 DINING ROOM / PANTRY/ KITCHEN

DESCRIPTION AND FUNCTION

An area for staff and parents/ family members (Child and Family Unit) to prepare meals and snacks.

- 132 .23.00 LOCATION AND RELATIONSHIPS

Ready access is required between the Dining Room and Pantry but with the ability to secure the kitchen area if needed. Access and space will be required for food trolleys.

- 132 .24.00 CONSIDERATIONS

Fittings, fixtures and equipment will include:

- Dining tables and chairs
- Bench with sink, cupboards and drawers
- Dishwasher
- Microwave oven - secured
- Domestic refrigerator.

- 132 .25.00 PLAY THERAPY ROOM (Child & Family Unit Only)

DESCRIPTION AND FUNCTION

A Play Therapy Room shall be provided for 'regressive' therapies such as artwork, doll play and clay modelling. The room shall be designed with the young child 10-12 years in mind.

- 132 .26.00 LOCATION AND RELATIONSHIPS

The Play Therapy Room should be located within the patient treatment /

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therapy zone of the Unit.

132 .27.00 CONSIDERATIONS

Fittings, fixtures and equipment will include:

- Bench, open under
- Storage cupboards for materials
- Whiteboard
- Chairs
- Handbasin with soap and paper towel fittings.

Finishes should be smooth and easily cleaned, flooring should be vinyl.

132 .28.00 RECREATION / DAY AREA

DESCRIPTION AND FUNCTION

A Recreation / Day area shall be provided for a wide range of activities including watching TV, listening to music, computer and other activities.

132 .29.00 LOCATION AND RELATIONSHIPS

The area requires ready access to the secured courtyard and must be overseen from the Staff Station.

132 .30.00 CONSIDERATIONS

Fittings and furniture should be suitable for children up to 10-12 years, for parents in residence in the Child and Family Unit and for teenagers and their visiting family members in the Adolescent Unit.

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APPENDICES

Adolescent/Child & Family Units Generic Schedule of

132 .31.00 Schedules of Accommodation for an Adolescent Acute Mental Health Inpatient Unit and Child & Family Acute Mental Health Inpatient Unit for Levels 5/ 6:
(note Level 6 is similar to Level 5 with the addition of research functions)

ADOLESCENT ACUTE MENTAL HEALTH INPATIENT UNIT

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED ROOM - MENTAL HEALTH	yes				12 x 15	12 x 15	
ASSESSMENT/ MEDICATION ROOM					1 x 12	1 x 12	May be shared with Child & Family Unit if co-located
BAY - HANDWASHING	yes				3 x 1	3 x 1	
BAY - LINEN	yes				1 x 2	1 x 2	
DINING ROOM					1 x 20	1 x 20	
ENSUITE - MENTAL HEALTH	yes				12 x 5	12 x 5	
EXTERNAL SECURE COURTYARD					1 x 30	1 x 30	
MULTIPURPOSE ROOM					1 x 20	1 x 20	For Classroom use, games, arts & craft, etc
PANTRY / KITCHEN AREA	see remarks				1 x 12	1 x 12	Refer to Standard Component - Pantry; may be co-located with Dining Room
RECREATION / DAY AREA					1 x 30	1 x 30	
CIRCULATION %					30	30	

132 .32.00 ADOLESCENT HIGH DEPENDENCY UNIT

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BATHROOM	see remarks				1 x 12	1 x 12	Refer to Standard Component - Bathroom; with Mental Health standard fittings
EXTERNAL SECURE COURTYARD					1 x 12	1 x 12	
LOUNGE / SITTING AREA					1 x 16	1 x 16	
SECLUSION ROOM	yes				1 x 14	1 x 14	

132 .33.00 CHILD & FAMILY ACUTE MENTAL HEALTH INPATIENT UNIT - 8 BED

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED ROOM - MENTAL HEALTH	yes				8 x 15	8 x 15	

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ASSESSMENT/ MEDICATION ROOM					1 x 12	1 x 12	May be shared with Adolescent Unit if co-located
BAY - HANDWASHING	yes				2 x 1	2 x 1	
BAY - LINEN	yes				1 x 2	1 x 2	
BATHROOM	yes				1 x 12	1 x 12	Mental Health standard fittings; Locate close to time out area
BEDROOM - PARENT'S					1 x 12	1 x 12	Adjoining Patient Bedroom, Ensuite shared with Patient Bedroom
DINING ROOM					1 x 15	1 x 15	
ENSUITE - MENTAL HEALTH	yes				8 x 5	8 x 5	
EXTERNAL SECURE COURTYARD					1 x 25	1 x 25	
MULTIPURPOSE ROOM					1 x 20	1 x 20	For use as Classroom, for games, arts & craft etc
PANTRY/ KITCHEN	see remarks				1 x 12	1 x 12	Refer to Standard Component - Pantry
PLAY THERAPY					1 x 12 optional	1 x 12 optional	
QUIET / TIME OUT ROOM					1 x 12	1 x 12	
RECREATION/ DAY AREA					1 x 20	1 x 20	
SITTING ROOM - PARENT'S					1 x 10	1 x 10	Adjoining Parent's and Patient's Bedroom

132 .34.00 STAFF AND SUPPORT AREAS

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes				1 x 3	1 x 3	Co-located with Staff Room
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Unit Manager
OFFICE - SINGLE PERSON 12 M2	yes				2 x 12 optional	2 x 12 optional	Psychiatrist, Psychologist
OFFICE - 2 PERSON SHARED	yes				2 x 12	3 x 12	For use by Allied Health, teachers
OFFICE - WORKSTATION	yes				6 x 6 optional	6 x 6 optional	
STAFF STATION	yes				1 x 14	1 x 14	May also function as Reception
STAFF ROOM	yes				1 x 15	1 x 15	For Unit staff

132 .35.00 SHARED AREAS

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
CLEANER'S ROOM	yes				1 x 4	1 x 4	
CLEAN UTILITY	yes				1 x 12	1 x 12	

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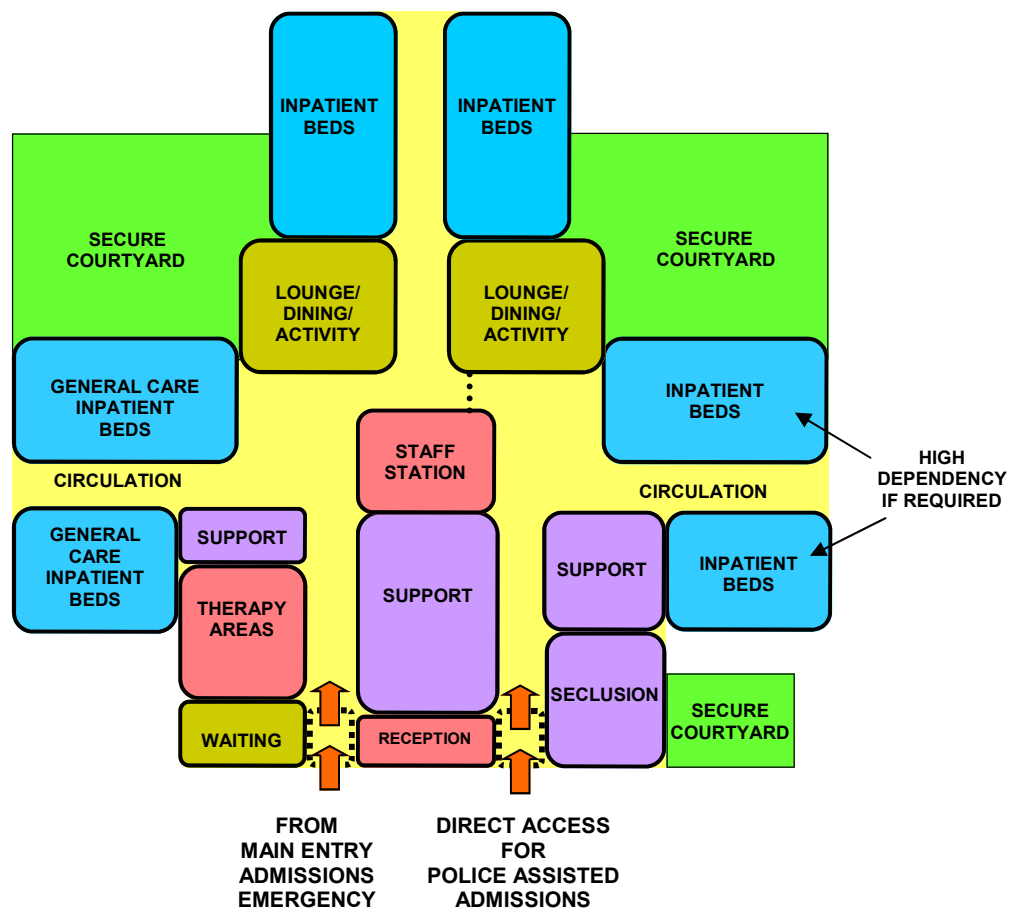
CONSULT ROOM	yes				2 x 12	2 x 12	
DIRTY UTILITY	yes				1 x 10	1 x 10	
DISPOSAL ROOM	yes				1 x 8	1 x 8	
MEETING ROOM	yes				2 x 15	2 x 15	For Counselling
MEETING ROOM	yes				1 x 30	1 x 30	For Mental Health Review Board Sitings, Education sessions etc
OFFICE - CLINICAL/ HANDOVER	yes				1 x 12	1 x 12	
PROPERTY BAY - STAFF	yes				1 x 6	1 x 6	
SHOWER - STAFF	yes				1 x 2	1 x 2	
STORE - GENERAL	yes				1 x 9	1 x 9	
TOILET - DISABLED	yes				1 x 5	1 x 5	
TOILET - STAFF	yes				2 x 2	2 x 2	
WAITING	yes				1 x 12	1 x 12	

References and Further Reading

- 132 .36.00 - NSW Health - Hunter Area Health Service, HAHS Capital Works, Project Definition Plan: Child and Adolescent Mental Health, 2001.
- NSW Health, Design Standard 26 - Mental Health Facility Planning Guideline, 2000.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - ADOLESCENT/CHILD & FAMILY ACUTE MENTAL HEALTH UNIT



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134 ADULT ACUTE PSYCHIATRIC INPATIENT UNIT

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INTRODUCTION

General

- 134 .2.00 This section is applicable to:
- A stand alone Adult Acute Psychiatric Inpatient Unit or group of units
 - A dedicated Adult Acute Psychiatric Inpatient Unit within a general hospital
 - A number of dedicated Patient Bedrooms as an annexe to an Acute Inpatient Unit.
- 134 .3.00 The Operational Policy shall determine the size and function of the Adult Acute Psychiatric Inpatient Unit.
- 134 .4.00 An Adult Acute Psychiatric Inpatient Unit shall comply with the requirements outlined for Inpatient Accommodation, but with the noted modifications or additions in this section.

PLANNING

Planning Models

- 134 .5.00 Some patients may at times exhibit disturbed or high risk behaviour. Appropriate planning and use of materials (for example safety glass, low maintenance/ resilient surface etcetera) can achieve an environment where all patients can co-exist with minimal disruption to each other. The building should be able to accommodate patients of all levels of disturbance without taking on the characteristics of a jail.
- 134 .6.00 Externally the principal concept of planning should be to integrate the new facility with its surrounds, and with the other buildings. Planning of external spaces must take into account the requirement for provision of a secure garden associated with the High Dependency area, and an open garden area

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for general use. This area should be around 80 m2.

- 134 .7.00 The design of external spaces, as for the building, should be domestic in nature, rather than formal or monumental. They should have the following features:
- The building should consciously have a front and a back
 - It should provide opportunities for privacy, recreation and self expression
 - It should provide opportunities for movement/ambulation both indoors and outdoors with unobtrusive environmental boundaries and with appropriate safety provisions
 - Single rooms are recommended.
- 134 .8.00 Additional considerations include:
- Flexibility of space usage through consideration of a range of patient needs for personal and shared space
 - Clearly defined patient residential areas readily identifiable by patients who may be disoriented or disturbed
 - An effective balance between opportunities for patients' privacy and the need for staff to observe patient behaviours.

Functional Areas

- 134 .9.00 The Adult Acute Psychiatric Inpatient Unit will consist of a number of functional areas or zones as follows:
- Main Entry/ Reception / Clerical area
 - Assessment/ Procedural area
 - Staff Offices/ Administrative and management area
 - Staff Amenities area
 - Inpatient Area including outdoor areas
 - Secure Area including secured courtyard
- 134 .10.00 ADMINISTRATION AND OFFICE AREAS
- The Unit Manager's Office should be located in, or directly adjacent to the patient area and in particular, the Staff Station.
- 134 .11.00 There should be the capacity to control patient's access to administrative and office areas. There may be a requirement for a communication system between interview areas and the Staff Station to signal the need for assistance. There should be provision for a Secure Store as part of the Group/View Room to house audio-visual equipment.
- 134 .12.00 ADMISSIONS AREA
- The Admissions area will comprise an Admission Office, general purpose Interview Room and Examination Room and will be used by nursing, allied health and medical staff to interview relatives/ patients. Examination and consultation of patients will be carried out in these areas. Duress alarms are required in all these areas.
- 134 .13.00 The Admissions Area should be directly screened from the Waiting Area. Noise transmission between these rooms and the waiting area should be reduced to a minimum so that conversations are not overheard.
- 134 .14.00 DAY ROOMS
- At least two separate social spaces shall be provided, one for quiet activities and one appropriate for noisy activities.

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Functional Areas

134 .15.00 DRUG DISPENSING / STORAGE

The Drug Distribution Station shall include extra provision for security against unauthorised access.

134 .16.00 ECT FACILITIES

ECT procedures should be undertaken in the Day Procedures Unit, ECT Suite or Operating Unit.

134 .17.00 ENSUITES

In a psychiatric facility whose role is covered by the Mental Health Act or equivalent, Ensuite doors are to be fitted with locks, that can be overridden by staff.

134 .18.00 ENTRY AREAS

The Entrance provides direct access to the unit for patients referred for admission as involuntary patients arriving either via police or ambulance and alternative access to the unit for patients arriving via the Emergency Unit of the main hospital.

Provision should be made for a gun safe (that complies with relevant firearms legislation) that allows Police to deposit firearms when they are in attendance at the Inpatient Unit.

134 .19.00 The Emergency Entrance should be capable of direct approach by ambulance/ police vehicles and should have sufficient shelter to allow transfer of patients in shelter from the elements. The Entrance should have an airlock capable of accepting an ambulance trolley with ease.

134 .20.00 There should be provision for an intercom between the Emergency Entrance and the Staff Station.

134 .21.00 The Entrance Area zone of the building should attempt to break down the 'threshold' feeling of many institutional buildings, while maintaining a sense of direction to the approach.

134 .22.00 GROUP THERAPY AREA

Space for group therapy shall be provided. This may be combined with the quiet space noted above, provided that an additional 0.7 m² per patient is added and a minimum room area of 21 m², enclosed for privacy, is available for therapy activities.

134 .23.00 HIGH DEPENDENCY / SECLUSION / INTENSIVE CARE AREA

The high dependency bedrooms must be lockable and accessible to both the low dependency and high dependency sections of the unit.

Intensive Care Area refers to a High Dependency Unit in a Private mental health facility. The High Dependency/ Intensive Care Areas will require access to a Seclusion Room.

Only Approved Mental Health services under the Mental Health Act can seclude Mental Health patients.

Functional Areas

134 .24.00 The High Dependency Unit, for client and staff safety purposes, should back on to the Staff Station to ensure easy visibility of the interior of the High Dependency Unit and rapid response in times of patient emergency. Patients in this area will require access to a secured courtyard.

134 .25.00 OCCUPATIONAL THERAPY AREA

Each Adult Acute Psychiatric Inpatient Unit shall contain 1.5 m2 of separate space per patient for Occupational Therapy with a minimum total area of 20.0 m2.

134 .26.00 The space shall include provisions for:

- Hand-washing
- Workbenches
- Storage
- Displays.

Occupational Therapy Areas may serve more than one Inpatient Unit.

Functional Relationships

134 .27.00 The Adult Acute Psychiatric Inpatient Unit should be located with ready access to the Emergency Unit, Main Entry and service and support areas including Catering Unit, Cleaning/ Housekeeping, Linen Handling, Waste Management and Supply Unit.

DESIGN

Environmental Considerations

134 .28.00 ACOUSTICS

Acoustic treatment should be applied to the following areas:

- Day Areas such as patient living, dining and activities areas
- Consulting Rooms
- Admission Areas.

134 .29.00 In acoustically treated rooms, return air grilles should be acoustically treated to avoid transfer of conversations to adjacent areas. Door grilles to these areas should be avoided.

134 .30.00 WINDOWS AND GLAZING

For glazing, graduate the impact resistance of the glass from toughest at lower level to weakest at high level. Avoid glazing at floor level particularly to doors.

134 .31.00 In areas where damage to glass may be expected, avoid larger pane sizes. Smaller panes are inherently stronger for a given thickness than larger panes. Where toughened glass is used it should be treated with a protective film to ensure glass is held together when broken.

134 .32.00 Laminated / toughened glass of various thicknesses should be installed dependent upon the likelihood of patient injury or building damage.

134 .33.00 All windows and observation panels shall be glazed with safety glass or a suitable alternative material such as polycarbonate.

Environmental Considerations

- 134 .34.00 Where windows are openable, effective security features such as narrow windows that will not allow patient escape, shall be provided. Locks, under the control of staff, shall be fitted. The aesthetics are to be warm and user-friendly wherever possible.

Fixtures & Fittings

- 134 .35.00 Fixtures and fittings should be safe and durable.
- 134 .36.00 Avoid exposed services, for example, sink wastes which may be easily damaged.
- 134 .37.00 Generally, all fixings should be heavy duty, concealed, and where exposed, tamper proof.
- 134 .38.00 Fittings, including hooks, curtain tracks, bathroom fittings, should be plastic where possible, and have a breaking strain of not more than 15kgs.
- 134 .39.00 Fittings should avoid the potential to be used either as a weapon or to inflict personal damage. Paintings, mirrors and signage should be rigidly fixed to walls with tamper proof fixings.
- 134 .40.00 Mirrors shall be of safety glass or other appropriate impact resistant and shatterproof construction. They shall be fully glued to a backing to prevent availability of loose fragments of broken glass.
- 134 .41.00 Holland blinds, Venetian blinds and curtains should be avoided in patient areas.
- 134 .42.00 Curtain tracks, pelmets and other fittings that provide potential for patients to hang themselves should be avoided or designed so that the potential is removed.
- 134 .43.00 Light fittings, smoke detectors, thermal detectors and air-conditioning vents to higher dependent areas, particularly Seclusion Rooms, should be vandal proof and incapable of supporting a patient's weight.

Safety and Security

- 134 .44.00 Security within the facility and the surrounding outdoor area as it relates to patient movements, requires careful consideration. The security of access for staff, community and domestic service deliveries should also be considered.
- 134 .45.00 The following additional aspects should be considered:
- Safety of patients and staff
 - Patients' legal rights
 - The status of the hospital or part thereof under the Mental Health Legislation in force at the time of development.
- 134 .46.00 The design should assist staff to carry out their duties safely and to supervise patients by allowing or restricting access to areas in a manner which is consistent with patients needs/skills. Staff should be able to view patient movements and activities as naturally as possible, whenever necessary.

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Safety and Security

- 134 .47.00 Controlled and/or concealed access will be required as an option in a number of functional areas. Functionally the only difference between an open and a closed (locked) area in their design should be the provision of controls over the flow to, from and throughout the facility. Such controls should be as unobtrusive as possible.
- 134 .48.00 An Adult Acute Psychiatric Inpatient Unit providing services not covered by Mental Health Legislation, shall have general security provision as for an Inpatient Accommodation Unit, although at least one Intensive Care unit per Inpatient Unit shall be provided for emergency situations.
- 134 .49.00 Where the Adult Acute Psychiatric Inpatient Unit is providing services covered by Mental Health Legislation, the unit shall be capable of secure lockable isolation, area by area within and as a complete nursing unit. This is to ensure containment of potentially dangerous situations that may be expected with some patients, such as danger to staff and other patients and patients themselves.
- 134 .50.00 When the Adult Acute Psychiatric Inpatient Unit is located within a multi-storey building, access to external spaces above ground level such as balconies or roof is to be prevented.
- 134 .51.00 The perimeter security of the outdoor area surrounding the building is important in reducing staff anxiety in relation to patients movement and safety.
- 134 .52.00 A communication system which enables staff to signal for assistance from other staff should be included.

COMPONENTS OF THE UNIT

Introduction

- 134 .53.00 The Adult Acute Psychiatric Inpatient Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 134 .54.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 134 .55.00 Provide the Non-Standard Components as identified in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

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APPENDICES

Adult Acute Psychiatric Unit Generic Schedule of Accommodation

134 .56.00 Schedule of Accommodation for a 25 Bed Adult Acute Psychiatric Inpatient Unit, incorporating a Secured Unit for levels 4, 5 and 6:

GENERAL INPATIENT UNIT

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED ROOM - MENTAL HEALTH	yes			21 x 15	25 x 15	25 x 15	
2 BED ROOM - MENTAL HEALTH	yes			2 x 25 optional			
BAY - HANDWASHING	yes			6 x 1	6 x 1	6 x 1	Refer to Infection Control Guidelines
BAY - LINEN	yes			2 x 2	2 x 2	2 x 2	
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes			1 x 12	1 x 12	1 x 12	Includes Medications and Medication Dispensing area
CONSULT ROOM	yes			2 x 12	4 x 12	4 x 12	
DINING ROOM / KITCHEN				1 x 36	1 x 36	1 x 36	
DIRTY UTILITY	yes			1 x 10	1 x 10	1 x 10	
DISPOSAL ROOM	yes			1 x 8	1 x 8	1 x 8	
ENSUITE - MENTAL HEALTH	yes			23 x 5	25 x 5	25 x 5	
LOUNGE / ACTIVITY AREA				1 x 45	1 x 45	1 x 45	
MULTIFUNCTION ACTIVITY AREA				1 x 35 optional	1 x 35	1 x 35	
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9	1 x 9	1 x 9	Nursing Manager
PANTRY	yes			1 x 8	1 x 8	1 x 8	With Food Servery counter
SECURE COURTYARD AREA				1 x 60	1 x 60	1 x 60	
STAFF STATION	yes			1 x 14	1 x 14	1 x 14	
STORE - EQUIPMENT	yes			1 x 15	1 x 15	1 x 15	
STORE - FILES	yes			1 x 10	1 x 10	1 x 10	
STORE - GENERAL	yes			1 x 9	1 x 9	1 x 9	
STORE - PATIENT PROPERTY				1 x 8 optional	1 x 8 optional	1 x 8 optional	
CIRCULATION %				35	35	35	

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134 .57.00 SECURED UNIT

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED ROOM - MENTAL HEALTH	yes			4 x 15 optional	6 x 15	6 x 15	Fixtures & Fittings suitable for Secured Mental Health Unit
ENSUITE - MENTAL HEALTH	yes			4 x 5 optional	6 x 5	6 x 5	Fixtures & Fittings suitable for Secured Mental Health Unit
ENTRY - SECURED				1 x 6 optional	1 x 6	1 x 6	
LOUNGE / DINING / ACTIVITIES ROOM				1 x 15 optional	1 x 20	1 x 20	
SECLUSION ROOM	yes			1 x 14 optional	2 x 14	2 x 14	Level 4 is an Intensive care Unit in a Private health facility
SECURED COURTYARD				1 x 30 optional	1 x 60	1 x 60	
TOILET - PATIENT	see remarks			1 x 4 optional	3 x 4	3 x 4	Fixtures & Fittings suitable for Secured Mental Health Unit

134 .58.00 SHARED AREAS

Note: Offices and Support Areas are dependent on the Operational Policy:

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BATHROOM	yes			1 x 10	1 x 10	1 x 10	Fittings and Fictus suitable for mental health patients
BAY - BEVERAGE	yes			1 x 3	1 x 3	1 x 3	Locate adjacent to Staff Room / Conference Room
MEETING ROOM	yes			1 x 25 optional	1 x 25	1 x 25	Also for Mental Health Review Board sittings
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12	1 x 12	Director
OFFICE - SINGLE PERSON 12 M2	yes			1 x 12	1 x 12	1 x 12	Psychiatrist, according to staffing establishment
OFFICE - 2 PERSON SHARED	yes			1 x 12	1 x 12	1 x 12	Medical Personnel
OFFICE - 4 PERSON SHARED	yes				1 x 20	1 x 20	Allied Health, According to staffing establishment
PROPERTY BAY - STAFF	yes			1 x 6	1 x 6	1 x 6	
RECEPTION	yes			1 x 10	1 x 10	1 x 1	
STAFF ROOM	yes			1 x 15	1 x 15	1 x 15	
TOILET - DISABLED	yes			1 x 5	1 x 5	1 x 5	
TOILET - STAFF	yes			1 x 2	2 x 2	2 x 2	
TREATMENT ROOM	yes				1 x 15	1 x 15	For Examination / Assessment
WAITING	yes			1 x 15	1 x 15	1 x 15	

References and Further Reading

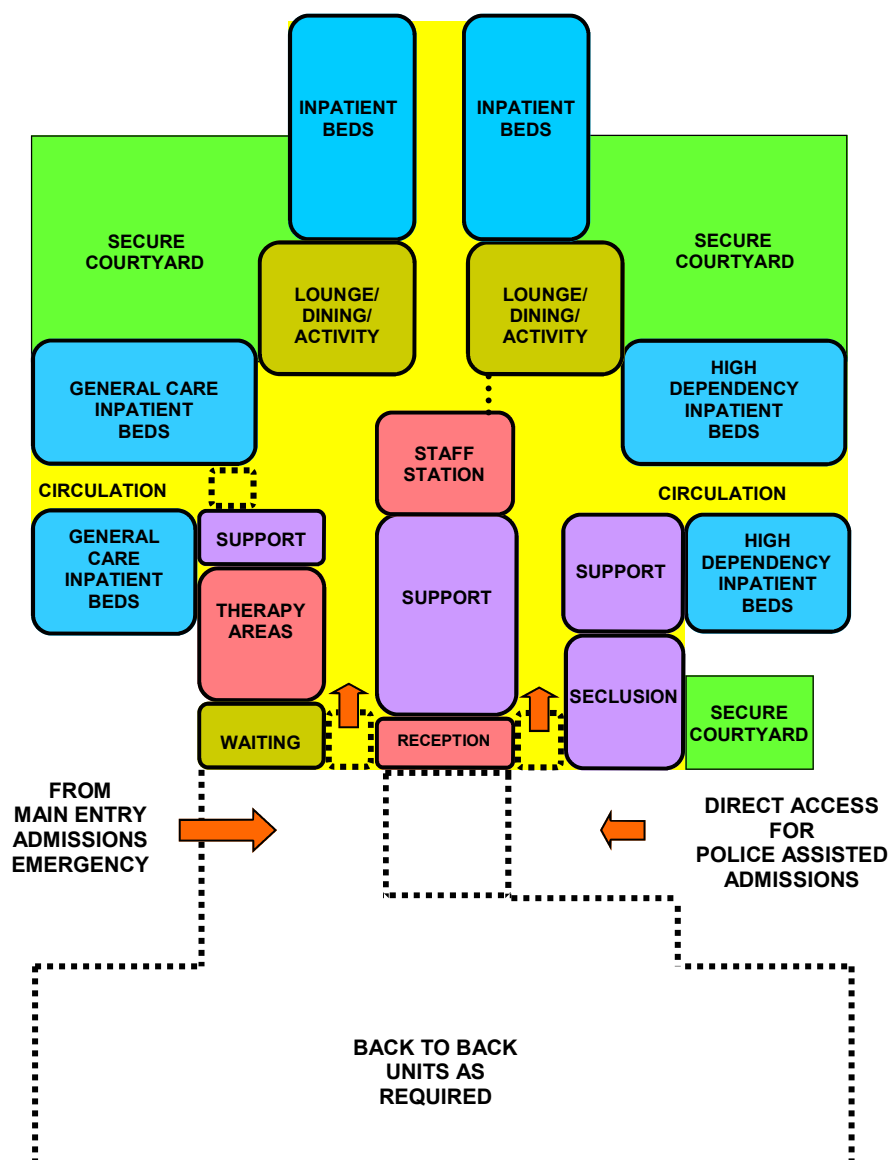
134 .59.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.

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- Department of Human Services: Aged Community & Mental Health Division, Acute Psychiatric Inpatient Unit - 25 Beds Generic Brief, 1996.
- Health Department Western Australia, Private Hospital Guidelines, 1998.
- NSW Health, Design Standard 26 Health Building Guidelines - Adult and Adolescent Mental Health Acute Inpatient Units, 2002.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - ADULT ACUTE PSYCHIATRIC UNIT



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135 AGED PERSONS ACUTE PSYCHIATRIC UNIT

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INTRODUCTION

General

135 .2.00	The Aged Persons Acute Psychiatric Unit specifically offers a service to adults 65 years and over. It functions as a secure unit. Some patients will be admitted on an involuntary basis. It must provide a safe, restorative environment. Patients may have: <ul style="list-style-type: none">- Tendency to wander, become lost or abscond- Reduced personal and social skills and require assistance with personal hygiene, dressing, toileting and eating- Disturbed or aggressive behaviours (verbal / physical)- Confusion, bewilderment, agitation, memory loss- Repetitive, persistent or noisy behaviour- Resistance to care- Withdrawn behaviour- Intentional self harming behaviour- Physical co-morbidity.
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PLANNING

Planning Models

135 .3.00	Some patients may at times exhibit disturbed or high risk behaviour. Appropriate planning and use of materials (for example safety glass, low maintenance/ resilient surfaces etc.) can achieve an environment where all patients can co-exist with minimal disruption to each other. The building should be able to accommodate patient of all levels of disturbance without taking on the characteristics of a jail.
135 .4.00	Externally the principle concept of planning should be to integrate the new facility with its surrounds, and with the other buildings. Planning of external

spaces must take into account the requirement for provision of a secure garden. This area should be around 80 m² for 20 patients.

- 135 .5.00 The design of external spaces, as for the building, should be domestic in nature rather than formal or monumental. They should have the following features:
- The building should consciously have a front and a back
 - It should provide opportunities for privacy, recreation and self expression
 - It should provide opportunities for movement/ ambulation both indoors and outdoors with unobtrusive environmental boundaries and with appropriate safety provisions
 - Single rooms with ensuites are recommended.
- 135 .6.00 Additional considerations include:
- Flexibility of space usage through consideration of a range of patient needs for personal and shared space
 - Clearly defined patient accommodation areas identifiable by patients who may be disoriented or disturbed
 - An effective balance between opportunities for patients' privacy and the need for staff to observe patient behaviours.

Functional Areas

- 135 .7.00 The Aged Persons Acute Psychiatric Unit will consist of a number of functional areas or zones as follows:
- Main Entry/ Reception/ Clerical area
 - Assessment/ Admissions area
 - Staff Offices/ Administrative area
 - Staff Amities Area
 - Inpatient Accommodation Areas including outdoor areas; patient accommodation can be divided into smaller functional zones of approximately 10 to 15 beds

135 .8.00 ADMINISTRATION AND OFFICE AREAS

The Unit Manager's Office should be located in, or directly adjacent to the patient area and in particular, the Staff Station.

There should be the capacity to control patient's access to administrative and office areas. There may be a requirement for a communication system between interview areas and the Staff Station to signal the need for assistance.

135 .9.00 ADMISSIONS AREA

The Admissions area will comprise an Admission Office, general purpose Interview Room and Examination Room and will be used by nursing, allied health and medical staff to interview relatives/ patients. Examination and consultation of patients will be carried out in these areas. Duress alarms are required in all these areas.

The Admissions Area should be directly screened from the Waiting Area. Noise transmission between these rooms and the waiting area should be reduced to a minimum so that conversations are not overheard.

135 .10.00 DRUG DISPENSING / STORAGE

The Drug Distribution Station shall include extra provision for security against unauthorised access.

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Functional Areas

135 .11.00 ECT FACILITIES

ECT procedures should be undertaken in the Day Procedures Unit.

135 .12.00 ENSUITES

In a psychiatric facility whose role is covered by the Mental Health Act or equivalent, Ensuite doors are to be fitted with locks, activated from without, that can be solely under the control of staff.

135 .13.00 ENTRY AREAS

The Emergency Entrance provides direct access to the unit for patients referred for admission as involuntary patients arriving either via police or ambulance and alternative access to the unit for patients arriving via the Emergency Unit of the main hospital.

The Emergency Entrance should be capable of direct approach by ambulance/ police vehicles and should have sufficient shelter to allow transfer of patients in shelter from the elements. The Entrance should have an airlock capable of accepting an ambulance trolley with ease.

There should be provision for an intercom between the Emergency Entrance and the Staff Station.

135 .14.00 The Main Entrance Area zone of the building should attempt to break down the 'threshold' feeling of many institutional buildings, while maintaining a sense of direction to the approach.

135 .15.00 STAFF STATION

There is a need for visual connection between the staff base and the Main Entry to the unit.

Functional Relationships

135 .16.00 The Aged Persons Acute Psychiatric Unit should be located with ready access to the Emergency Unit, Main Entry and service and support areas including Catering Unit, Cleaning/ Housekeeping, Linen Handling, Waste Management and Supply Unit.

DESIGN

General

135 .17.00 The basic concept of the Aged Persons Acute Psychiatric Unit should avoid the impersonal, institutional structures associated with hospitals. Generally the design of the unit should create a pleasant, reassuring atmosphere whilst retaining necessary functional requirements.

Environmental Considerations

135 .18.00 The Main Entrance Area / Waiting Room is the first point of contact with the unit for members of the community. It will communicate that the building is part of the community and that service users are valued members of the community. It will communicate to relatives/carers that they are welcome and that a wide range of concerns may be discussed with the staff of the facility.

Access must be suitable for people with locomotor disabilities, including those who use walking aids. Staff will have the option of controlling access from

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Entrance Areas to the patient areas and to the outdoors. The main entrance doors may be electrically operated by night staff with connected remote control devices. However, it may be safer for staff to go to the door to allow entry to and from the unit, particularly after hours. An intercom system may also be advisable.

The Waiting Area will need to accommodate four to six people, and at least one wheelchair.

135 .19.00 ACOUSTICS

Acoustic treatment should be applied to the following areas:

- Day Areas such as patient living, dining and activities areas
- Consulting Rooms
- Admission Areas.

In acoustically treated rooms, return air grilles should be acoustically treated to avoid transfer of conversations to adjacent areas. Door grilles to these areas should be avoided.

135 .20.00 WINDOWS AND GLAZING

For glazing, graduate the impact resistance of the glass from toughest at lower level to weakest at high level. Avoid glazing at floor level particularly to doors.

In areas where damage to glass may be expected, avoid larger pane sizes. Smaller panes are inherently stronger for a given thickness than larger panes. Where toughened glass is used it should be treated with a protective film to ensure glass is held together when broken.

135 .21.00 Laminated / toughened glass of various thicknesses should be installed dependent upon the likelihood of patient injury or building damage. All windows and observation panels shall be glazed with safety glass or a suitable alternative material such as polycarbonate.

135 .22.00 Where windows are openable, effective security features such as narrow windows that will not allow patient escape, shall be provided. Locks, under the control of staff, shall be fitted. The aesthetics are to be warm and user-friendly wherever possible.

Fixtures & Fittings

135 .23.00 Fixtures and fittings should be safe and durable.

135 .24.00 Avoid exposed services, for example, sink wastes which may be easily damaged.

135 .25.00 Generally, all fixings should be heavy duty, concealed, and where exposed, tamper proof.

135 .26.00 Fittings, including hooks, curtain tracks, bathroom fittings, should be plastic where possible, and have a breaking strain of not more than 15kgs.

135 .27.00 Fittings should avoid the potential to be used either as a weapon or to inflict personal damage. Paintings, mirrors and signage should be rigidly fixed to walls with tamper proof fixings.

Fixtures & Fittings

- 135 .28.00 Mirrors shall be of safety glass or other appropriate impact resistant and shatterproof construction. They shall be fully glued to a backing to prevent availability of loose fragments of broken glass.
- 135 .29.00 Holland blinds, Venetian blinds and curtains should be avoided in patient areas.
- 135 .30.00 Curtain tracks, pelmets and other fittings that provide potential for patients to hang themselves should be avoided or designed so that the potential is removed.
- 135 .31.00 Light fittings, smoke detectors, thermal detectors and air-conditioning vents to higher dependent areas, particularly Seclusion Rooms, should be vandal proof and incapable of supporting a patient's weight.

Safety and Security

- 135 .32.00 As a result of behavioural disabilities, patients require care in an environment modified for safety and security. In this regard, the following general design considerations are relevant:
- Sound insulation is important as disturbed behaviour may be noisy, and intrusive external noises may increase agitation
 - Fittings, fixtures and surfaces should have a safe finish and surfaces should be smooth but not slippery
 - Controlled or concealed access to some functional areas will be necessary
 - The unit will require appropriate visuo-spatial cues, to maximise patient's abilities and minimise disabilities
 - The spatial requirements for organised day programmes that are consistent with patient needs and interests must be catered for within the unit.
- 135 .33.00 The security system is an extremely important part of the design. It must be as unobtrusive as possible. Internal security should allow the patients to wander during the day, however, it should be possible to arm doors in the evening and at night. There will be a security fence around the entire perimeter of the external area to which patients have access.

The major security considerations relate to patient safety if they access functional areas where their disabilities would put them at risk. The risk of patients leaving the building and surrounding outdoor area without the assistance or supervision of staff and relatives also raises safety issues.

In this regard, the security of the building and surrounding outdoor areas may be broadly considered as three zones:

- Perimeter security
 - An intermediate security area or buffer zone that allows access for the community and domestic service deliveries and collections; Staff, visitors and patients must pass through this area in order to leave the facility
 - Internal security areas that are flexible and operate at staff discretion. Functional areas may have locked/controlled access.
- 135 .34.00 The following additional aspects should be considered:
- Safety of patients and staff
 - Patients' legal rights
 - The status of the hospital or part thereof under the Mental Health Legislation in force at the time of development.
- 135 .35.00 The design should assist staff to carry out their duties safely and to supervise patients by allowing or restricting access to areas in a manner which is

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consistent with patients needs/skills. Staff should be able to view patient movements and activities as naturally as possible, whenever necessary.

- 135 .36.00 Controlled and/or concealed access will be required as an option in a number of functional areas. Functionally the only difference between an open and a closed (locked) area in their design should be the provision of controls over the flow to, from and throughout the facility. Such controls should be as unobtrusive as possible.
- 135 .37.00 An Aged Persons Acute Psychiatric Inpatient Unit providing services not covered by Mental Health Legislation or equivalent, shall have general security provision as for an Inpatient Accommodation Unit, although at least one Seclusion Room per Inpatient Unit shall be provided for emergency situations.
- 135 .38.00 Where the Aged Persons Acute Psychiatric Inpatient Unit is providing services covered by Mental Health Legislation, or equivalent, the unit shall be capable of secure lockable isolation, area by area within and as a complete nursing unit. This is to ensure containment of potentially dangerous situations that may be expected with some patients, such as danger to staff and other patients and patients themselves.
- 135 .39.00 When the Aged Persons Acute Psychiatric Inpatient Unit is located within a multi-storey building, access to external spaces above ground level such as balconies or roof is to be prevented.
- 135 .40.00 The perimeter security of the outdoor area surrounding the building is important in reducing staff anxiety in relation to patients movement and safety.
- 135 .41.00 A communication system which enables staff to signal for assistance from other staff should be included.

COMPONENTS OF THE UNIT

Introduction

- 135 .42.00 The Aged Persons Acute Psychiatric Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with Standard Components in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 135 .43.00 Provide the Standard Components as identified in the Generic Schedule of accommodation.

Non-Standard Components

- 135 .44.00 Provide the Non-Standard Components as described in this section.

- 135 .45.00 ACTIVITIES / OCCUPATIONAL THERAPY ROOM

DESCRIPTION AND FUNCTION

The Activities/ Occupational Therapy Room will be used for therapeutic activity programmes. These may include exercises to music, table games and

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stimulating activities. Films/videos may be shown.

135 .46.00 LOCATION AND RELATIONSHIPS

The Activities/ Occupational Therapy Room should be located in the service core but be easily accessible from all patient areas. Access from the activity area to toilet facilities, therapy equipment store and the Interview / Consulting Room is required. A view of the Outdoor Area and access to the Outdoor Area are desirable.

The activities area may be adjacent to the Meeting / Seminar Room, offering shared access to the audio-visual equipment store cupboard. Visual contact from the adjoining passage is also desirable.

Access from the activity area to the equipment store, the audio-visual store cupboard and to the outdoors, must all have the potential for security control. The door from the adjoining passage into the activity area must be able to be locked.

135 .47.00 CONSIDERATIONS

Seating should be provided for up to 30 patients, three or four staff and three or four visitors that may use this area at any one time.

Sound insulation of this area is important. In this way, quiet activities will not be disturbed by noise from other parts of the building. Similarly, noisy activities will not disturb staff/ patients in office/ patient areas.

Refer to Standard Components - Meeting Room Large for room requirements. Additional provisions will include the following:

- Handwashing
- Workbenches
- Storage
- Displays
- Blackout curtains
- Noticeboards in a poster display area
- Telephone.

135 .48.00 DINING ROOM

DESCRIPTION AND FUNCTION

A domestic style kitchen can be shared between two 10 to 15 bed zones. Each 10 to 15 bed zone will require a patient Dining Room for patient meals. An important aspect of the daily routine will be mealtime and after-meals relaxation within each unit.

135 .49.00 LOCATION AND RELATIONSHIPS

The Dining Room should be adjacent to the Lounge and Kitchen Areas and have access to the outdoors. Natural light will enhance the environment and the design should incorporate views to the outdoors from the Dining Room.

135 .50.00 CONSIDERATIONS

Tables should be arranged in such a way as to enable independent movement by patients. Tables should be oblong or square, not circular as these offer confusing visuo-spatial cues.

Non-Standard Components

135 .51.00 KITCHEN

DESCRIPTION AND FUNCTION

Each 10 to 15 bed zone will require access to a domestic style Kitchen. This area will offer patients the opportunity to maintain residual domestic skills, however this will be primarily part of a supervised activity programme. The Kitchen requires an oven and hot plates that can be key locked for safety purposes, space for a microwave, and a telephone point.

135 .52.00 LOCATION AND RELATIONSHIPS

The Kitchen should be located adjacent to the Dining and Lounge Areas of the unit.

135 .53.00 CONSIDERATIONS

Restricted access to equipment will be required. A kitchen gate may be required.

Refer to Standard Components - Pantry for basic room requirements. Additional fittings and fixtures will include:

- Oven and hot plates - lockable
- Grill - lockable
- Rangehood

135 .54.00 OUTDOOR AREAS

DESCRIPTION AND FUNCTION

The Outdoor Areas should provide a pleasant setting for the building. The Outdoor Areas should enable patients to maintain ambulation and domestic skills and offer opportunities for recreation and socialisation. The design of the Outdoor Areas should be domestic in style in order to communicate familiarity to patients. Formal areas with traditional front garden shrubs and flowers should be toward the front of the building.

The Outdoor Areas may also include a lockable barbecue area and an external assisted toilet with handbasin. There should be extensive provision for walking, including covered areas or verandas where patients can walk under shelter during inclement weather conditions.

135 .55.00 LOCATION AND RELATIONSHIPS

Ideally the garden should be a logical extension of the living areas of the unit with the windows and exterior doors providing views to the garden.

Building and maintenance services and fire services will require access to the Outdoor Areas. All access points should be suitable for wheelchairs and the walking paths fairly flat.

Access to the outdoors will be from a number of points within the internal security area.

135 .56.00 CONSIDERATIONS

Protection from the sun and wind, and reduction of glare should be provided. The garden should be a continuous spatial unit with strongly defined boundaries. It is preferred that the patients cannot see through the boundary covering and patient's privacy be maintained.

Pathways must be non slip and some heavy and stable domestic gardening equipment should be provided.

The perimeter security fence should abut the intermediate security area. This fence should be secure and concealed to some extent by trees, shrubs and creepers. All external doors should be lockable and the only access for visitors to the outdoor security area should be via the intermediate security area.

The area surrounding the perimeter fence may be landscaped with some insulation. Plants may be planted on the outside of the fence in the event of those inside not being allowed to grow.

135 .57.00 QUIET ROOM

DESCRIPTION AND FUNCTION

The Quiet Room is a separate room that is centrally located and does not open onto a lounge area. The function of a Quiet Room is to provide a safe, quiet rest area for patients who are agitated. Staff may also use the Quiet Room for confidential conversations between themselves or with patients and relatives. It is a room where patients/visitors/staff can express emotion, either on their own or in the company of chosen individuals.

135 .58.00 LOCATION AND RELATIONSHIPS

The Quiet Room should be remote from the living areas of the units. It should preferably be located adjacent to the staff base so that it is visually and physically accessible from the Staff Station. A view to the outside will assist in creating a relaxing and calming atmosphere. Adequate sound insulation is required between the passage and other adjoining areas.

135 .59.00 CONSIDERATIONS

Seating for up to four people is needed. Colours and furnishings shall be soft, to create a calming environment. Stimulation should be kept to a minimum. The room should have a window and be relatively central.

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APPENDICES

Aged Acute Psychiatric Unit Generic Schedule of Accommodation

- 135 .60.00 Schedule of Accommodation for a 30 Bed Aged Persons Acute Psychiatric Unit at Levels 4, 5 and 6
(Note: Level 6 is similar to Level 5 with the addition of teaching and research functions):

PATIENT AREAS

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED ROOM - MENTAL HEALTH	yes			18 x 15	30 x 15	30 x 15	May be arranged in clusters of 10-15 Beds
2 BED ROOM - MENTAL HEALTH	yes			6 x 25 optional			May be arranged in clusters of 10-15 Beds
ENSUITE - MENTAL HEALTH	yes			24 x 5	30 x 5	30 x 5	
KITCHEN				3 x 8	3 x 8	3 x 8	One Kitchen required for each cluster of 10-15 beds
LOUNGE - PATIENT	yes			3 x 15	3 x 15	3 x 15	One Lounge required for each cluster of 10-15 Beds; with external view
MEETING ROOM - LARGE	yes			1 x 30	1 x 30	1 x 30	Activities / Occupational Therapy Room
SECLUSION ROOM	yes			1 x 14	1 x 14	1 x 14	Level 4 is an Intensive Care Unit in a Private Health Facility

- 135 .61.00 STAFF AREAS
(Provision of Offices and Support Areas such as Staff and Meeting rooms will depend on the Operational Policy and management structure):

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes			1 x 3	1 x 3	1 x 3	Co-locate with Staff Room
BAY - HANDWASHING	yes			7 x 1	7 x 1	7 x 1	Refer to Part D Infection Control
BAY - LINEN	yes			3 x 2	3 x 2	3 x 2	
BAY - MOBILE EQUIPMENT	yes			1 x 4	1 x 4	1 x 4	For Wheelchairs
BAY - RESUS TROLLEY	yes			1 x 2	1 x 2	1 x 2	
CLEAN UTILITY	yes			1 x 12	1 x 12	1 x 12	Includes Medications and Medication Dispensing Area
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
DIRTY UTILITY	yes			1 x 10	1 x 10	1 x 10	
DISPOSAL ROOM	yes			1 x 8	1 x 8	1 x 8	
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9	1 x 9	1 x 9	Manager
OFFICE - 4 PERSON SHARED	yes				1 x 20 optional	1 x 20 optional	

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STAFF STATION	yes			1 x 14	1 x 14	1 x 14	
STORE - GENERAL	yes			1 x 9	1 x 9	1 x 9	
STORE - EQUIPMENT	yes			1 x 20	1 x 20	1 x 20	
CIRCULATION %				35	35	35	

135 .62.00 SHARED AREAS

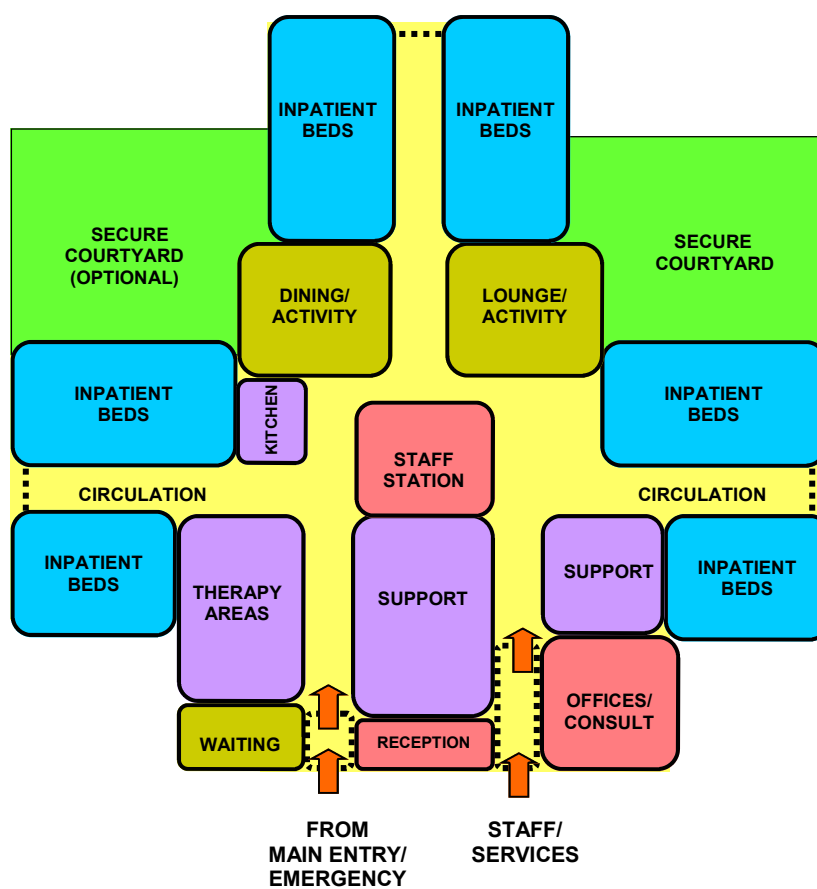
ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BATHROOM	yes			1 x 10	1 x 10	1 x 10	Fixtures and Fittings suitable for mental health patients
CONSULT ROOM	yes			1 x 12	2 x 12	2 x 12	
DINING ROOM				3 x 20	3 x 20	3 x 20	One Dining Room for each cluster of 10-15 Beds
MEETING ROOM - SMALL	yes			1 x 12	1 x 12	1 x 12	Quiet Room
MEETING ROOM - MEDIUM	yes			1 x 15	1 x 25	1 x 25	
MEETING ROOM - SMALL	yes				1 x 12	1 x 12	Tutorials, handovers
OFFICE - SINGLE PERSON 9M2	yes				1 x 9 optional	1 x 9 optional	May be located adjacent to Reception for general office functions
PROPERTY BAY - STAFF	yes			2 x 6	2 x 6	2 x 6	
RECEPTION	yes			1 x 10	1 x 10	1 x 10	
STAFF ROOM	yes			1 x 15	1 x 15	1 x 15	May be shared with an adjoining Unit
TOILET - DISABLED	yes			1 x 5	1 x 5	1 x 5	
TOILET - STAFF	yes			1 x 2	1 x 2	1 x 2	
TREATMENT ROOM	yes			1 x 15	1 x 15	1 x 15	
WAITING	yes			1 x 20	1 x 20	1 x 20	May be shared with other areas

References and Further Reading

- 135 .63.00 - NSW Health, Design Standard 26 - Mental Health Facility Planning Guideline, 2000.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - AGED PERSONS ACUTE PSYCHIATRIC UNIT



140 ALLIED HEALTH UNIT

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INTRODUCTION

Description

- 140 .2.00 Allied Health Care covers a range of services which are primarily concerned with the provision of rehabilitation therapy.
- 140 .3.00 Facilities for most Allied Health Care Services may vary greatly, ranging from large, purpose designed, central facilities for inpatients and/or outpatients, to basic on-ward or bedside services.

PLANNING

Functional Areas

- 140 .4.00 Allied Health services may include Dietetics, Hydrotherapy, Occupational Therapy, Physiotherapy, Podiatry, Psychology, Speech Pathology, and Social Work.
- In general, the minimum requirement for provision of these services shall be the availability of appropriate Consult Rooms, Waiting Areas, Treatment/Therapy Areas, Group Activity area, access to Outpatient Facilities and storage for equipment and supplies.
- 140 .5.00 Where an Occupational Therapy service is to be provided the following functions or facilities shall be allowed for:
- Therapy areas
 - Office / administrative areas
 - Hand-washing facilities
 - Access to a Disabled Toilet
- 140 .6.00 Where a Physiotherapy service is to be provided the following facilities shall be allowed for:
- Individual treatment area or areas that provide for patient privacy
 - Staff hand-washing facilities close to each treatment space; this may serve several treatment spaces

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- An exercise area with facilities appropriate for the level of intended service
- Clean linen storage; in the form of built in cupboards, cabinets or on mobile storage trolleys
- Storage for equipment and supplies
- Storage for soiled linen and waste
- Patient dressing and changing with secure storage of clothing and valuables
- Showering and toilet facilities
- Ice-making facilities to be available in or near the department
- Wall oxygen in patient waiting areas depending on service mode, and access to appropriate outdoor therapy areas.

These requirements shall apply where the physiotherapy service is also for outpatient use and they shall be capable of access and use by the disabled.

140 .7.00 HYDROTHERAPY POOL

The need for a hydrotherapy pool should be carefully considered. The cost per unit of treatment is high and conditions for which hydrotherapy is the only appropriate treatment are limited. Hydrotherapy pools should only be provided where patient numbers are appropriate and where the pool is required for a minimum of four hours per day, five days per week.

Hydrotherapy Pools must comply with AS 3979 - Hydrotherapy Pools.

140 .8.00 POOL SIZE

The recommended pool size is 7500 mm x 4500 mm. A rectangular shape is recommended, with the length of the pool generally one and a half times the width.

140 .9.00 POOL DEPTH

To optimise the use of a pool for therapeutic purposes, consideration should be given to the average height of both the smallest users and the tallest users. The recommended minimum depth is 800 mm at the shallow end and the maximum depth is 1500 mm at the deep end.

140 .10.00 GRADIENT OF POOL FLOOR

The floor of the pool should contain no steps.

140 .11.00 ENTRY TO POOL

Steps are the accepted method of entry and exit and can also provide functional training. Steps should be placed at the shallow end of the pool and should not intrude into the working area of the pool.

A hoist should be provided and placed at a depth where the therapist can stand and maintain body balance to float the patient off and on the hoist without difficulty.

140 .12.00 TEMPERATURE

The water temperature should be maintained in the range of 30 to 35 degrees Celsius with an optimum temperature of 34-35 degrees for most conditions being treated. The ambient temperature should be lower than the water temperature for comfort of pool side staff and patients.

Humidity control needs to be provided to minimise condensation. A pool cover may be considered to assist in maintaining water temperature and to reduce heating costs.

140 .13.00 REFLECTION

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- 140 .13.00 The lighting should allow the floor of the pool to be seen and should minimise reflection / glare off the surface of the water.
- 140 .14.00 **POOL SURROUNDS**
Non-slip surfaces shall be used for the pool surrounds. Ample space should be provided around the pool for staff and patient movement as well as to provide space for patients who are waiting to enter the pool or relaxing after leaving the pool. The building structure, including all fittings, should be rust-proof.
- 140 .15.00 **CHANGE FACILITIES**
Change facilities will be required for patients and staff; the size will be dependant upon the size of the pool and the expected number of users.
- 140 .16.00 **EMERGENCY CALL SYSTEM**
Adequate emergency call points should be provided. Emergency call points should also be accessible from the concourse area and from within the pool.
- 140 .17.00 **PLANT ROOM**
Consideration should be given to the requirements for water quality and the Plant Room requirements for associated equipment.
- 140 .18.00 **FOOTBATHS/ SHOWERS**
Footbaths, foot sprays or showers may be considered in the design of the pool area.
- 140 .19.00 **SECURITY**
Security design should address:
- Personal security of patients and staff
- Property security for patients and staff
- Unit premises and equipment
- Emergency access and egress
- 140 .20.00 **STORAGE**
Design should address the following storage requirements:
- Therapy equipment
- Consumables, and pool supplies
- Pool aids and exercise equipment
- Personal property of patient and staff

Functional Relationships

- 140 .21.00 Allied Health Areas should be located close to Rehabilitation therapy, patient treatment, day patient and inpatient areas. Ready access to storage areas is required.

DESIGN

Environmental Considerations

- 140 .22.00 Acoustic requirements of the Speech Pathology Service should be given special consideration since the effective provision of the service requires reduced intrusive noise levels.

COMPONENTS OF THE UNIT

Introduction

- 140 .23.00 Allied Health Units will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 140 .24.00 Provide the Standard Components as identified in the Generic Schedule of Accommodation. Provision of accommodation for Allied Health will be dependant on the Operational Policy and service demand.

Non-Standard Components

- 140 .25.00 Provide the Non-Standard Components as described in this section, according to Operational Policy and service demand.

- 140 .26.00 ADL BEDROOM

DESCRIPTION AND FUNCTION

The ADL Bedroom is a domestic style bedroom for patient assessment and training purposes, to assist patients to return to normal living. The ADL Bedroom may require use of wheelchairs and lifting equipment and specially adapted equipment may also be demonstrated in this space.

The ADL Bedroom shall be a minimum of 13 m2.

- 140 .27.00 LOCATION AND RELATIONSHIPS

The ADL Bedroom may be located with other ADL facilities, in the Allied Health / rehabilitation patient treatment zone, with ready access to waiting and amenities areas.

- 140 .28.00 CONSIDERATIONS

Furniture and fittings may include:

- Domestic bed
- Bedside table
- Bedside chair
- A patient/nurse call and access to an emergency call point is required
- GPOs are required for bedside use
- Fittings and finishes should be domestic in nature; the floor should be carpeted

- 140 .29.00 ADL LOUNGE

DESCRIPTION AND FUNCTION

The ADL Lounge is a domestic style lounge provided for patient assessment and training purposes. The ADL Lounge will require seating of varying heights and types, and will require access for wheelchairs and other mobility aids. The ADL Lounge may be combined with other therapy areas.

- 140 .30.00 LOCATION AND RELATIONSHIPS

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The ADL Lounge may be located with other ADL facilities, in the Allied Health / rehabilitation patient treatment zone, with ready access to waiting and amenities areas.

140 .31.00 CONSIDERATIONS

The ADL Lounge will require the following fittings and furniture

- Lounge chairs of varying heights
- Dining chairs of varying heights

The area may be carpeted.

140 .32.00 AUDIOLOGY ROOM

DESCRIPTION AND FUNCTION

The Audiology Room is an acoustically isolated room containing an audiology booth and workstation area to undertake audiology testing and assessment.

140 .33.00 LOCATION AND RELATIONSHIPS

The Audiology Room should be located in a quiet zone within the Allied Health patient consult and treatment areas. It should have ready access to waiting and amenities areas.

140 .34.00 CONSIDERATIONS

The following fittings and equipment will be required:

- Soundproof booth
- Desk and chairs
- Staff handbasin with liquid soap and paper towel fittings
- GPOs for desk and booth
- Telephone and computer outlets

140 .35.00 OCCUPATIONAL THERAPY AREA

DESCRIPTION AND FUNCTION

The Occupational Therapy area is a large open space provided to enable a range of static and dynamic activities to take place. The area may include space for table based activities, such as upper limb activities or functional mobility activities such as woodwork or splinting activities.

The Room area will be sized according to the number of patients to be accommodated and will be dependant on Operational Policy and service demand.

140 .36.00 LOCATION AND RELATIONSHIPS

The Occupational Therapy area may be located adjacent to rehabilitation therapy areas, with ready access to waiting and amenities areas.

140 .37.00 CONSIDERATIONS

Fittings and Equipment required in this area may include:

- Benches with inset sink, wheelchair accessible
- Shelving for storage of equipment or tools
- Tables, adjustable height
- Chairs, adjustable height

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- Hand-washing basin with liquid soap and paper towel fittings
- Pinboard and whiteboard for displays
- Sufficient GPOs for equipment or tools to be used in activity areas

140 .38.00 PODIATRY TREATMENT

DESCRIPTION AND FUNCTION

Treatment Room with a Podiatry chair for a Podiatrist to undertake assessment and treatment of the feet. The Room will also require a workstation area.

140 .39.00 LOCATION AND RELATIONSHIPS

The Podiatry Treatment Room should be located within the Allied Health patient treatment zone, with ready access to waiting and amenities areas.

140 .40.00 CONSIDERATIONS

The following fittings and services will be required:

- Bench with sink, cupboards and drawers for preparation, storage and cleaning
- Podiatry chair (may be electric and adjustable)
- X-ray viewing boxes
- Examination light to chair area
- Staff handbasin with liquid soap and paper towel fittings
- Workstation for writing-up with clerical chair
- GPOs for treatment and workstation areas
- Telephone and computer outlets

140 .41.00 STORE - LOAN POOL

DESCRIPTION AND FUNCTION

A secured room for storage of equipment and aids for loan to patients.

The room will be sized according to the amount of equipment to be accommodated.

140 .42.00 LOCATION AND RELATIONSHIPS

The Store - Loan Pool may be sited near the service entry for efficient transport of equipment for home assessments. Ready access to a cleaning area is required for cleaning equipment.

140 .43.00 CONSIDERATIONS

Fittings and services shall include:

- Shelving, heavy duty
- Hooks, for hanging equipment such as walking frames

140 .44.00 STORE - OCCUPATIONAL THERAPY

DESCRIPTION AND FUNCTION

Secured room for storage of splinting equipment, mobility aids, adaptive equipment, demonstration equipment and appliances.

The room will be sized according to the amount of equipment and

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consumables to be accommodated.

140 .45.00 LOCATION AND RELATIONSHIPS

The Store should be located adjacent to the Occupation Therapy Room.

140 .46.00 CONSIDERATIONS

Fittings and services shall include:

- Shelving, heavy duty
- Hooks, for hanging equipment such as walking frames
- GPOs for recharging of equipment.

140 .47.00 STORE - PHYSIOTHERAPY

DESCRIPTION AND FUNCTION

Secured room for storage of electromedical equipment, mobility aids including crutches, and consumables used for Physiotherapy treatment.

The room will be sized according to the amount of equipment to be accommodated.

140 .48.00 LOCATION AND RELATIONSHIPS

The Store - Physiotherapy will be located with close access to the Gymnasium and other Physiotherapy treatment areas.

140 .49.00 CONSIDERATIONS

Fittings and services will include:

- Shelving, heavy duty
- Hooks, for hanging of equipment such as walking frames
- GPOs for recharging of equipment.

140 .50.00 TREATMENT CUBICLES

DESCRIPTION AND FUNCTION

Individual treatment cubicles are required that provide acoustic and visual privacy for the patient.

140 .51.00 LOCATION AND RELATIONSHIPS

Treatment Cubicles may be located in close proximity to the Gymnasium and other Allied Health/ Rehabilitation patient treatment areas. Close access to patient amenities is required.

140 .52.00 CONSIDERATIONS

Fittings and equipment include:

- Plinth, may be electric and/or adjustable
- Patient chair
- Clothes hooks for patient clothing
- Cubicle screen track and curtains
- Patient/nurse call point and access to an emergency call point
- Body protected power outlets
- Clinical handbasin in close proximity

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Non-Standard Components

140 .53.00 VIEWING ROOM

DESCRIPTION AND FUNCTION

A discreet room with one-way glass for unobserved viewing of patients in therapy.

140 .54.00 LOCATION AND RELATIONSHIPS

The Viewing Room may be located adjacent to Speech Pathology Consult/ Treatment Rooms.

140 .55.00 CONSIDERATIONS

The following features will be required:

- One way glass between therapy and viewing areas
- Separately controlled lighting
- Curtain track and light proof screen curtains to viewing window (both sides)
- Viewing area to be sound isolated
- Electronic sound system from treatment to viewing area

APPENDICES

Allied Health Generic Schedule of Accommodation

140 .56.00 A Generic Schedule of Accommodation for an Allied Health Unit in a Hospital providing Rehabilitation services, at Levels 3,4,5 and 6:

ALLIED HEALTH AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
AUDIOLOGY ROOM				1 x 10 optional	1 x 10 optional	1 x 10 optional	
OFFICE - CONSULT	yes			1 x 12 optional	1 x 12 optional	1 x 12 optional	Speech Pathology
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9 optional	1 x 9 optional	1 x 9 optional	Dietetics
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9 optional	2 x 9 optional	2 x 9 optional	Social Work
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Psychology
PODIATRY TREATMENT				1 x 14 optional	1 x 14 optional	1 x 14 optional	
VIEWING ROOM				1 x 6 optional	1 x 6 optional	1 x 6 optional	Adjacent to Audiology Room if required
CIRCULATION %				25	25	25	

140 .57.00 OCCUPATIONAL THERAPY AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks

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ADL BATHROOM	yes			1 x 12 optional	1 x 12 optional	1 x 12 optional	
ADL BEDROOM				1 x 13 optional	1 x 13 optional	1 x 13 optional	
ADL KITCHEN	yes			1 x 12 optional	1 x 12 optional	1 x 12 optional	
ADL LAUNDRY	yes			1 x 8 optional	1 x 8 optional	1 x 8 optional	May be incorporated into Occupational Therapy Room
ADL LOUNGE				1 x 12 optional	1 x 12 optional	1 x 12 optional	
LOAN POOL EQUIPMENT				1 x 14 optional	1 x 18 optional	1 x 18 optional	May be located separately; requires vehicle access
OCCUPATIONAL THERAPY ROOM				1 x 30 optional	1 x 50 optional	1 x 50 optional	Size dependant on service demand
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9 optional			Occupational Therapist
OFFICE - 4 PERSON SHARED	yes				1 x 20 optional	1 x 20 optional	Will be dependant on staffing establishment
STORE - OCCUPATIONAL THERAPY			1 x 10 optional	1 x 14 optional	1 x 20 optional	1 x 20 optional	

140.58.00 PHYSIOTHERAPY AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
GYMNASIUM	yes			1 x 45 optional	1 x 80 optional	1 x 80 optional	Size according to Operational Policy and service to be provided
OFFICE - 2 PERSON SHARED	yes			1 x 12 optional			
OFFICE - 4 PERSON SHARED	yes				1 x 20 optional	1 x 20 optional	Provision of offices will be dependant on staffing establishment
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional				
PATIENT BAY	yes			4 x 9 optional	5 x 9 optional	5 x 9 optional	Treatment Cubicles
PLASTER ROOM	yes			1 x 14 optional	1 x 14 optional	1 x 14 optional	
STORE - PHYSIO			1 x 9 optional	1 x 14 optional	1 x 20 optional	1 x 20 optional	Size will be according to equipment to be accommodated

140.59.00 SHARED AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes			1 x 3	1 x 3	1 x 3	
BAY - LINEN	yes			1 x 2	2 x 2	2 x 2	
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
CONSULT ROOM	yes		1 x 12	1 x 12	2 x 12	2 x 12	
DIRTY UTILITY - SUB	yes			1 x 8	1 x 8	1 x 8	May be co-located with Disposal
DISPOSAL ROOM	yes			1 x 8	1 x 8	1 x 8	

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MEETING ROOM	yes			1 x 15	1 x 20	1 x 20	
PROPERTY BAY - STAFF	yes			1 x 6	1 x 6	1 x 6	
RECEPTION	yes			1 x 10	1 x 10	1 x 10	
TOILET - DISABLED	yes				1 x 5	1 x 5	
TOILET - PATIENT	yes			2 x 4	4 x 4	4 x 4	
TOILET - STAFF	yes			1 x 2	2 x 2	2 x 2	
WAITING	yes			1 x 8	1 x 10	1 x 10	

Hydrotherapy Generic Schedule of Accommodation

140 .60.00 A Generic Schedule of Accommodation for a Hydrotherapy Pool in a Hospital with a Rehabilitation Unit at Levels 4, 5 and 6:

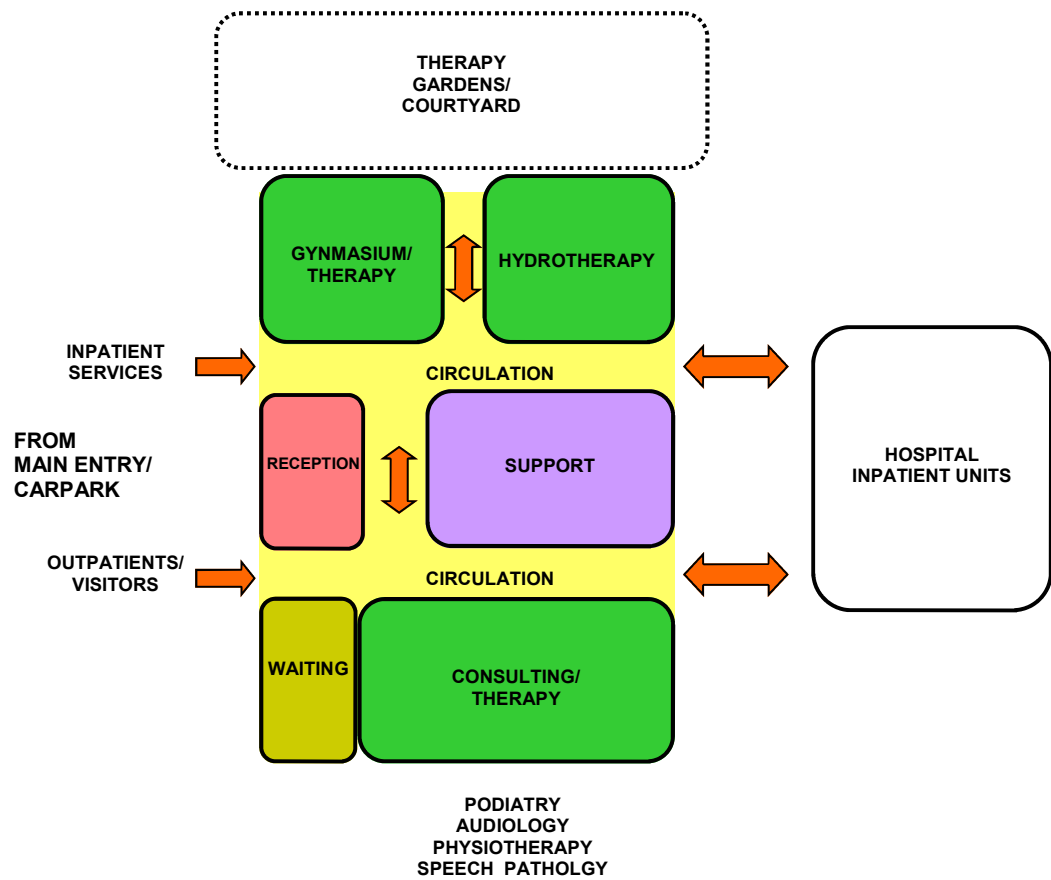
ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional	1 x 9 optional	1 x 9 optional	
OPEN SHOWER AREA				1 x 3 optional	1 x 6 optional	1 x 6 optional	This area may be included in the pool surround area
POOL AND SURROUNDS				1 x 90 optional	1 x 240 optional	1 x 240 optional	L5/6 pool size is 7.0 M x 15 M.
STORE - GENERAL	yes			1 x 9 optional	1 x 9 optional	1 x 9 optional	
SHOWER - DISABLED				1 x 5 optional	1 x 5 optional	1 x 5 optional	
TOILET - DISABLED	yes			1 x 5 optional	1 x 5 optional	1 x 5 optional	
TOILET / SHOWER / CHANGE - PATIENT				2 x 8 optional	2 x 24 optional	2 x 24 optional	
TOILET / SHOWER / CHANGE - STAFF				1 x 3 optional	1 x 6 optional	1 x 6 optional	
WORKSHOP EQUIPMENT & MATERIALS STORE				1 x 10 optional	1 x 12 optional	1 x 12 optional	
CIRCUALTION %				25	25	25	

References and Further Reading

- 140 .61.00
- DHS Victoria, Aged, Community & Mental Health Division, Community Rehabilitation Centres Generic Brief, 1999.
 - Health Department Western Australia, Private Hospital Guidelines, 1998.
 - NSW Health, DS-27 Health Building Guidelines, Rehabilitation/ Day Hospital, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - ALLIED HEALTH UNIT



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150 AMBULANCE UNIT

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INTRODUCTION

Description

- 150 .2.00 The specific requirements of the Ambulance Service(s) serving the area shall be obtained and complied with. These requirements will be in relation to areas such as ramp gradients, ambulance parking/unloading area gradients, height clearance and ambulance bay dimensions.
- Note 1: Some Ambulance Services may require drive-through Ambulance Bays for efficient movement, especially at busy Emergency Units.
- Note 2: Some Ambulance Services are not in favour of tandem ambulance parking bays and may require each Ambulance Bay to be independently accessible.

PLANNING

Functional Relationships

- 150 .3.00 Access for Ambulances shall not conflict with other vehicular or pedestrian traffic.
- Note: Nothing in this clause prevents a section of the road or driveway being shared between an ambulance and other vehicles.
- 150 .4.00 The Ambulance Access to a Hospital shall be located away from public entrances and shall be reasonably screened from public view.
- Note: In this context, "away from public entrances" means not shared with public entrances.
- Note: In day procedure units that are not part of a Hospital, Ambulance Entrances may be combined with public entrances, although a separate entrance is highly recommended.
- 150 .5.00 If the Ambulance Access is directly connected to a Hospital Department (such as Emergency Unit), an air lock shall be provided between the inside and the outside.
- Ambulance Access to an Emergency Unit shall not be via hospital corridors that are open for public access.

DESIGN

General

- 150 .6.00 The number of Ambulance Bays required depends on the services provided by the Hospital or Day Procedure Unit.

Any Hospital without an Emergency Unit, regardless of its size or level of service shall have a minimum of one Ambulance Bay.

Any Hospital with an Emergency Unit shall have one Ambulance Bay for each Resuscitation Room/Bay or a minimum of one.

- 150 .7.00 The Ambulance Collection/Drop Off Points in any Hospital must be discreet and shall be covered.

Ambulance access to and from a Day Procedure Unit must be readily accessible. A direct and dedicated way is recommended.

- 150 .8.00 Suitable access ways for trolleys will be flat (ie no ramps) and provide adequate turning circles/workspace for trolleys and carers between the entry/exit and the departments requiring access.

Doorways should be designed to allow easy access for trolleys and carers (automatic doors are recommended).

The need for ambulance vehicles to reverse should be minimised. Drive-through facilities minimise the risk to other pedestrians including staff.

Building Service Requirements

- 150 .9.00 In Ambulance Bays serving Hospitals which include an Emergency Unit, the following additional requirements shall apply:

1. A lockable storage cupboard or room no less than 2 m² shall be provided for Ambulance supplies. The cupboard or room shall have adjustable shelves and be lockable with a separate key or keypad lock.
2. A hose cock with attached hose shall be located close to an Ambulance Bay serving an Emergency Unit. It is recommended that the hose cock and hose be located in a discrete cabinet or recessed bay.
3. An intercom system shall be provided between the Ambulance door and the Emergency Unit Reception/Clerical Area, Triage Area or Staff Station. The Intercom system shall be integrated with a security CCTV system located to clearly show those requesting entry.
4. Emergency Units in Level 5 or 6 Facilities will require a Decontamination Area. If provided, this may be integrated with the Ambulance Bay by incorporating shower heads in a section of the Ambulance Bay ceiling. This may be further enhanced by a retractable plastic screen to contain the water flow. Any water flowing out of such a decontamination area shall be treated as contaminated water and treated accordingly.

- 150 .10.00 LIGHTING

Any Ambulance Bay used for access to an Emergency Unit or a Birthing Unit shall be permanently lit during the night.

In other Hospitals and Day Procedure Units, an Ambulance Bay shall have

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adequate lighting systems to be used as needed. This may involve a manual switch, timer or movement detector.

150 .11.00 SIGNAGE

All Ambulance Bays shall be clearly marked and sign-posted. The external signage system shall direct ambulances and vehicles carrying emergency cases to the Ambulance Bays. These sign(s) shall be clearly visible at the entrance to the Hospital and/or any major change of direction.

Signs directed to ambulance bays intended for emergency units or birthing units shall be permanently lit during the night.

In order to avoid confusion, the signage system shall be designed in such a way that ambulant patients, including ambulant access to an emergency unit are not to be directed to the ambulance bay or ambulance door.

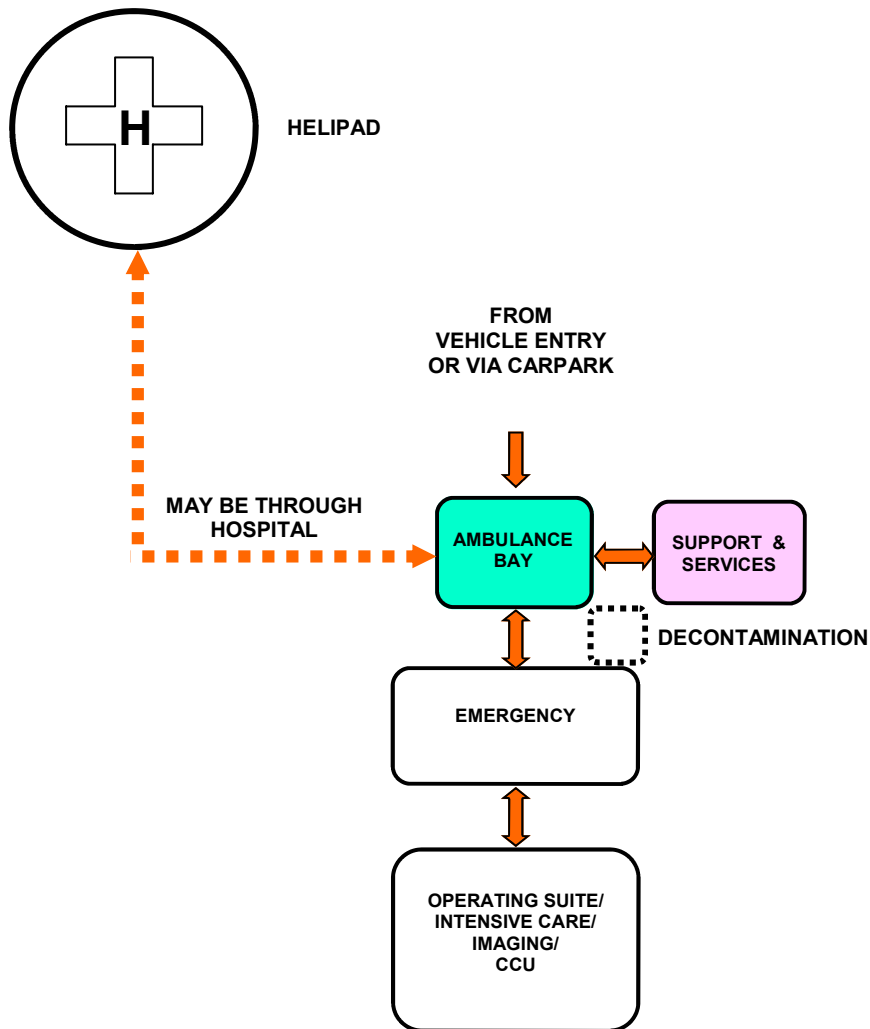
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References and Further Reading

- 150 .12.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - AMBULANCE UNIT



170 CARDIAC CATHETERISATION UNIT

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INTRODUCTION

General

- 170 .2.00 The Cardiac Catheterisation Unit may be provided as a separate unit, but it may be within the Medical Imaging Unit, provided that the appropriate sterile environment is provided. The Cardiac Catheterisation Unit can be combined with Angiography in low usage situations.

PLANNING

Functional Areas

- 170 .3.00 The Cardiac Catheterisation Unit will require the following minimum functional areas:
- Catheter Laboratory procedure room
 - Control Room which may be co-located with a Viewing and Reporting room
 - Equipment/ Computer room to accommodate the generating and computer modules
 - Scrub-up/ Gowning area
 - Patient bed bays for holding and recovery
 - Access to a film storage room
- 170 .4.00 If a Cardiac Catheterisation Unit is provided as a freestanding unit, the following additional facilities/requirements will be applicable:
- Reception / Clerical Area
 - Patient Toilet / Change
 - Staff Toilet / Change
 - Radiation protection.

Functional Relationships

- 170 .5.00 The Cardiac Catheterisation Unit may be a freestanding Unit or co-located with the Medical Imaging Unit. It should have ready access to the Operating Unit, Intensive Care/ Coronary Care Units and Cardiac Inpatient Accommodation Units.

DESIGN

Building Service Requirements

170 .6.00 RADIATION PROTECTION

Plans and specifications will require assessment for radiation protection by a certified physicist or other qualified expert as required by the Australian Radiation and Nuclear Safety Agency. The radiation protection assessment will specify the type, location and amount of radiation protection required according to the final equipment selections and layout. Radiation protection requirements shall be incorporated into the final specifications and building plans.

COMPONENTS OF THE UNIT

Introduction

170 .7.00 The Cardiac Catheterisation Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

170 .8.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

170 .9.00 Provide the Non-Standard Components identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

170 .10.00 EQUIPMENT/ COMPUTER ROOM

DESCRIPTION AND FUNCTION

An equipment room or enclosure to accommodate the X-ray transformers, power modules, and associated computer electronics and electrical gear shall be provided.

The Equipment/ Computer Room size may vary according to the equipment to be accommodated.

170 .11.00 LOCATION AND RELATIONSHIPS

The Equipment/ Computer room should be located with ready access to both the Catheter Laboratory and the Control Room. Equipment/ Computer rooms may be co-located for multiple Catheter Laboratory procedure rooms.

170 .12.00 CONSIDERATIONS

Special attention to ventilation and cooling of the room will be required.

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Cardiac Catheter Generic Schedule of Accommodation

170.13.00 Schedule of Accommodation for a Cardiac Catheterisation Unit in a Hospital at Levels 4, 5 and 6:

Note: Level 6 is similar to level 5 with the addition of research and teaching functions.

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - HANDWASHING	yes			1 x 1	2 x 1	2 x 1	
BAY - LINEN	yes			1 x 2	2 x 2	2 x 2	
BAY - MOBILE EQUIPMENT	yes			1 x 4	1 x 8	1 x 8	
BAY - RESUS TROLLEY	yes			1 x 2	1 x 2	1 x 2	
CATHETER LABORATORY	yes			2 x 38	4 x 38	4 x 38	
CONTROL ROOM	yes			2 x 10	4 x 10	4 x 10	May be shared for adjacent Catheter Laboratories
ENSUITE - STANDARD	yes			1 x 4	2 x 4	2 x 4	With change facilities
EQUIPMENT / COMPUTER				1 x 10	2 x 10	2 x 10	May be co-located for multiple Procedure Rooms
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional	1 x 9 optional	1 x 9 optional	Unit Manager
PATIENT BAY	yes			1 x 9	2 x 9	2 x 9	Holding; may be co-located with Recovery
PATIENT BAY	yes			3 x 9	10 x 9	10 x 9	Recovery
SCRUB-UP GOWNING	yes			1 x 10	2 x 10	2 x 10	Shared between Catheter Labs
CIRCULATION %				35	35	35	

170.14.00 STAFF AREAS

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Nursing personnel
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Radiographer

170.15.00 SHARED AREAS

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes				1 x 3	1 x 3	Co-locate with Staff Room

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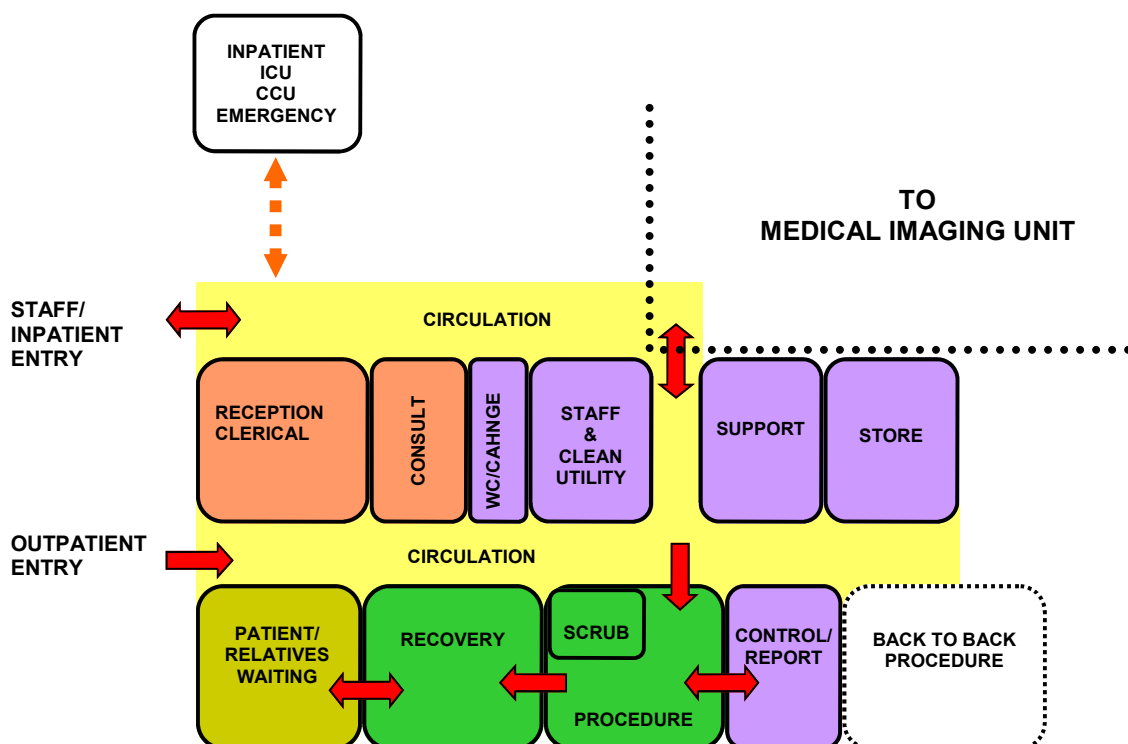
CHANGE ROOM - STAFF	yes			1 x 8	2 x 8	2 x 8	May be co-located with Toilet-Staff
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes			1 x 12	1 x 12	1 x 12	
DIRTY UTILITY - SUB	yes			1 x 8	2 x 8	2 x 8	May be co-located with Disposal
DISPOSAL ROOM	yes			1 x 8	1 x 8	1 x 8	
INTERVIEW ROOM	yes				1 x 12	1 x 12	Large - for family groups
MEETING ROOM	yes				1 x 20	1 x 20	
RECEPTION	yes			1 x 10	1 x 10	1 x 10	Also functions as a Staff Station
STAFF ROOM	yes				1 x 15	1 x 15	
STORE - FILM				1 x 8	1 x 12	1 x 12	
STORE - EQUIPMENT	yes				1 x 20	1 x 20	
STORE - GENERAL	yes			2 x 9	1 x 9	1 x 9	
TOILET - STAFF	yes			1 x 2	2 x 2	2 x 2	May be co-located with Change Room- Staff
X-RAY VIEWING AND REPORTING	yes			1 x 12	2 x 12	2 x 12	

References and Further Reading

- 170 .16.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - CARDIAC CATHETERIZATION UNIT



180 CATERING UNIT

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- 180 .2.00 The Catering System shall provide food service for staff, visitors, inpatients, outpatients, and ambulatory patients as appropriate. The Catering System shall also provide nourishment and snacks between scheduled meal services and cater for the special dietary needs of patients. Food service facilities and equipment shall conform with these Guidelines and other appropriate codes for food services.

PLANNING

Planning Models

- 180 .3.00 The Catering Unit may be designed to accommodate a Cook-Chill or a Cook-Serve food preparation system.
- Cook-Chill refers to the process where food (fresh or frozen) is prepared, cooked and then chilled for up to five days. Food may be chilled in bulk or cold plated and then chilled. Plated, chilled food may then be reconstituted and served. Alternatively, bulk chilled food may be reconstituted and then plated and served.
- 180 .4.00 Variations on Cook-Chill preparation include:
- Extended Shelf Life Cook-Chill, where food is processed according to the Cook-Chill method and stored chilled at a controlled temperature for up to 28 days
 - Cook-Freeze, where food is prepared, portioned or left in bulk form and frozen for up to 12 months; following thawing, food is processed the same way as conventional Cook-Chill.

180 .5.00 Cook-Serve refers to the process where food, fresh or frozen is prepared, cooked, plated and served immediately. Variations of the Cook-Serve process include:

- Hot plating, delivery and serving
- Delivery of hot bulk food, then plating and serving.

180 .6.00 Food preparation systems require space and equipment for receipt, storage, preparing, cooking and baking. Convenience food service systems such as frozen prepared meals, bulk packaged entrees, individual packaged portions, or systems using contractual commissioned services, require space and equipment for refrigeration, holding, thawing, portioning, cooking and/or baking.

180 .7.00 OFF SITE PREPARATION

If food is prepared off site or in a remote location on the hospital campus, then the following will apply:

- Briefed requirements under this section (Catering) may be reduced as appropriate
- Provide protection for food delivered to ensure it maintains freshness, retains temperature and avoids contamination.

If delivery is from outside sources, provide protection against the weather. Provisions must be made for thorough cleaning and sanitising of equipment to avoid mixing soiled and clean items. If food is brought in from a remote part of the hospital site, all connections must be under cover and reasonably weather protected.

Functional Areas

180 .8.00 Every Hospital shall have a suitably equipped Catering Unit (kitchen) to prepare and serve food for patients and staff. The Catering Unit may include the following Functional Areas

- Food preparation areas
- Cooking facilities
- Reheating facilities and/ or rethermalisation facilities if cook-chill food is processed
- Plating areas
- Dishwashing and pot washing areas
- Refrigerator/s, cool rooms and freezers of adequate size to store perishable foodstuffs
- Storage areas for dry goods
- Parking and cleaning areas for food distribution trolleys
- Staff Dining Room
- Access to staff amenities

Note: Preparation of food referred to above does not necessarily involve cooking on site. Food may be prepared off site, then reheated and served on site.

180 .9.00 FOOD DISTRIBUTION

A cart distribution system shall be provided with spaces for storage, loading, distribution, receiving, and sanitising of the food service carts.

The cart traffic and the cleaning and sanitising process shall be designed to eliminate any danger of cross-circulation between outgoing food carts and incoming, soiled carts. Cart traffic shall not be through food processing areas.

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Functional Areas

180 .10.00 The distribution service must ensure food is delivered to the patient hot or cold as required.

180 .11.00 GARBAGE DISPOSAL

Provision shall be made for regular wet and dry garbage storage, removal and disposal in accordance with Waste Management Guidelines. All garbage, and in particular wet garbage, shall be stored in sealed bins. Provision shall be made for the storage and cleaning of bins.

In large Hospitals or catering facilities, the following are highly recommended:

- Refrigerated wet waste storage.
- Special equipment to reduce the water content of wet waste.

180 .12.00 STAFF AMENITIES

Staff toilets and locker spaces shall be provided for the exclusive use of the catering staff. These shall not open directly into the food preparation areas, but must be in close proximity to them.

180 .13.00 STORAGE

Food storage components shall be grouped for convenient access from receiving and to the food preparation areas. All food shall be stored clear of the floor. The lowest shelf shall be not less than 300 mm above the floor or shall be closed in and sealed tight for ease of cleaning.

180 .14.00 Storage space for at least a four day supply of food shall be provided. Separate space will be required for refrigerated (cold and frozen) storage, dry foods storage and crockery, utensils and cutlery storage.

Facilities in remote areas may require proportionally more food storage facilities than needed for the four days recommended depending on the frequency and reliability of deliveries.

180 .15.00 SUPPLIES RECEIVAL

An area shall be provided for the receiving and control of incoming food supplies such as a loading dock. This area shall be separated from the general loading dock areas used for access to garbage areas, a morgue or body holding room.

The receiving area shall contain the following:

- A control station
 - A breakout for loading, uncrating, and weighing supplies.
- These areas may be shared with clean dock areas.

DESIGN

Finishes

180 .16.00 All tables, benches and other surfaces on which food is prepared or handled shall be covered in a smooth impervious material.

Infection Control

180 .17.00 Staff hand-washing facilities shall be provided and located in or close to the food preparation area.

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Safety and Security

- 180 .18.00 To prevent accidents, all internal kitchen doors shall have clear glazing to the top half.

Fixtures & Fittings

- 180 .19.00 Self dispensing ice-making facilities may be located in the food preparation area or in a separate room, but must be easy to clean and convenient to the food preparation area.

Building Service Requirements

- 180 .20.00 Under-counter conduits, piping, and drains shall be arranged to not interfere with cleaning of the equipment or of the floor below the counter.

- 180 .21.00 INSECT CONTROL

In new Hospitals the kitchen may not open directly to the outside. A form of air lock shall be provided between the kitchen and the outside. A section of hospital corridor may be used as an air lock

In existing kitchens being refurbished, any door leading directly from the kitchen to the outside shall be fitted with a fly screen door with a self closer.

COMPONENTS OF THE UNIT

Introduction

- 180 .22.00 The Catering Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 180 .23.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 180 .24.00 Provide the Non-Standard Components identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 180 .25.00 COOLROOMS/ FREEZERS

DESCRIPTION AND FUNCTION

Rooms for the refrigerated storage of perishable food supplies.

Coolrooms / Freezers shall be sized according to the amount of food to be stored; the minimum area is six m2.

- 180 .26.00 LOCATION AND RELATIONSHIPS

Coolrooms and freezers shall be located with ready access to food preparation areas and supplies receipt area.

- 180 .27.00 CONSIDERATIONS

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Walk-in Coolrooms and Freezers may be lockable from outside but must have a release mechanism for exit from inside at all times.

The Coolroom / Freezer interior shall have lighting installed which may be automatically operated when the door is opened. An additional over-ride switch inside the cool room is recommended.

All shelving shall be corrosion resistant, easily cleaned, and constructed and anchored to support the expected load.

180 .28.00 DISHWASHING

DESCRIPTION AND FUNCTION

The Catering Unit will provide separate stainless steel sinks and drainers or equipment for washing of dishes, utensils and cutlery. The area shall also provide space for receiving, scraping, rinsing, sorting and stacking of soiled tableware.

180 .29.00 LOCATION AND RELATIONSHIPS

Dedicated crockery, utensil and cutlery washing (warewashing) facilities shall be located as far as practical from the food preparation and serving area. It is recommended that where practical, a warewashing space be located in a separate room or alcove.

Warewashing facilities shall be designed to prevent contamination of clean wares with soiled wares through cross-traffic. The clean wares shall be transferred for storage or use in the Dining Area without having to pass through food preparation areas.

180 .30.00 CONSIDERATIONS

The Dishwashing area requires the following finishes:

- Walls and ceiling that are smooth, impervious and easily cleanable
- Floors that are impervious and non-slip

Commercial type washing equipment is recommended.

180 .31.00 POT WASHING

DESCRIPTION AND FUNCTION

The Catering Unit shall provide separate stainless steel sinks and drainers or equipment for washing of pots.

180 .32.00 LOCATION AND RELATIONSHIPS

Pot washing sinks or equipment shall be located with ready access to preparation and cooking areas and may be co-located with dishwashing areas.

180 .33.00 CONSIDERATIONS

The Potwashing area requires the following finishes:

- Walls and ceiling that are smooth, impervious and easily cleanable
- Floors that are impervious and non-slip

Pot scrubbing facilities are required that incorporate emergency manual warewashing facilities in the event of equipment failure.

180 .34.00 SERVERY

DESCRIPTION AND FUNCTION

An area for plating and serving food with facilities for keeping food warm or cool.

180 .35.00 LOCATION AND RELATIONSHIPS

The Servery may be located with close access to the Catering Unit and adjacent to Staff Dining Areas.

180 .36.00 CONSIDERATIONS

The Servery will require the following finishes:

- Walls and ceiling that are smooth, impervious and easily cleanable
- Floors that are impervious and non-slip

The Servery will require the following fittings and fixtures:

- A workbench with an impervious top and splashback
- A single or double bowl stainless steel sink set in the benchtop supplied with hot and cold reticulated water, lever action or automatically activated taps
- A disposable glove dispenser
- A handbasin, with liquid soap and paper towel dispensers

180 .37.00 STAFF DINING ROOM

DESCRIPTION AND FUNCTION

The Staff Dining Room provides an area for staff dining and relaxation. The Room shall provide space for all staff potentially requiring sit down dining space during any single shift.

Note: Staggered dining sessions is an acceptable way of reducing the size of this room.

The minimum area for a Staff Dining Room shall be 1.25 m² per person dining at any one time or 9.5 m² whichever is the greater.

180 .38.00 LOCATION AND RELATIONSHIPS

The Staff Dining Room should be located in a staff only, discreet area of the facility with direct access to a circulation corridor. It should have ready access to the Catering Unit. Access to an external dining area is desirable.

180 .39.00 CONSIDERATIONS

The Dining Room should incorporate the following:

- External windows
- Dining tables and chairs
- Telephone within or adjacent to the room for staff use
- Acoustic privacy may be required to adjoining areas.

180 .40.00 TROLLEY WASH

DESCRIPTION AND FUNCTION

An area shall be provided for stripping, washing and disinfecting of trolleys

and carts.

180 .41.00 LOCATION AND RELATIONSHIPS

The Trolley Wash area should be located remotely from the food preparation and storage areas. It should have ready access to the trolley return and parking areas.

180 .42.00 CONSIDERATIONS

The trolley washing area will require:

- Smooth, impervious and easily cleanable surfaces to walls and ceiling
- Impervious and non-slip finishes to the floor
- Hot and cold water outlets.

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APPENDICES

Catering Generic Schedule of Accommodation

180.43.00 The Schedule of Accommodation for a Catering Unit suitable for a Level 4 Hospital of 120 Beds, providing an on-site 'Cook-Serve' food preparation service.

Note - modifications required for a 'Cook-Chill' food preparation system are noted:

ROOM / SPACE	Standard Component		Level 4 Qty x m2		Remarks
BLAST CHILLERS			1 x 20 optional		Additional area if Cook-Chill system is used
COOLROOM - DAIRY/ VEGETABLE			1 x 12		
COOLROOM - MEAT			1 x 6		
COOKING			1 x 35		
DISHWASHING			1 x 25		
DRY STORE			1 x 15		
ENTRY / TROLLEY RETURN			1 x 15		
FREEZER			1 x 10		
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9		Manager
POT-WASHING			1 x 15		
PREPARATION - DIET			1 x 8		May be reduced if cooking is off-site
PREPARATION - MEAT			1 x 8		May be reduced if cooking is off-site
PREPARATION - PASTRY			1 x 8		May be reduced if cooking is off-site
PREPARATION - SALAD			1 x 8		
PREPARATION - VEGETABLE			1 x 8		May be reduced if cooking is off-site
PLATING / TRAY PREPARATION			1 x 35		
STAFF DINING			1 x 75 optional		Allows for up to 60 persons, may be located remotely
SERVERY			1 x 12 optional		
TROLLEY PARKING			1 x 15		
TROLLEY STRIPPING			1 x 15		
CIRCULATION %			25		

180.44.00 SHARED AREAS

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180 .44.00

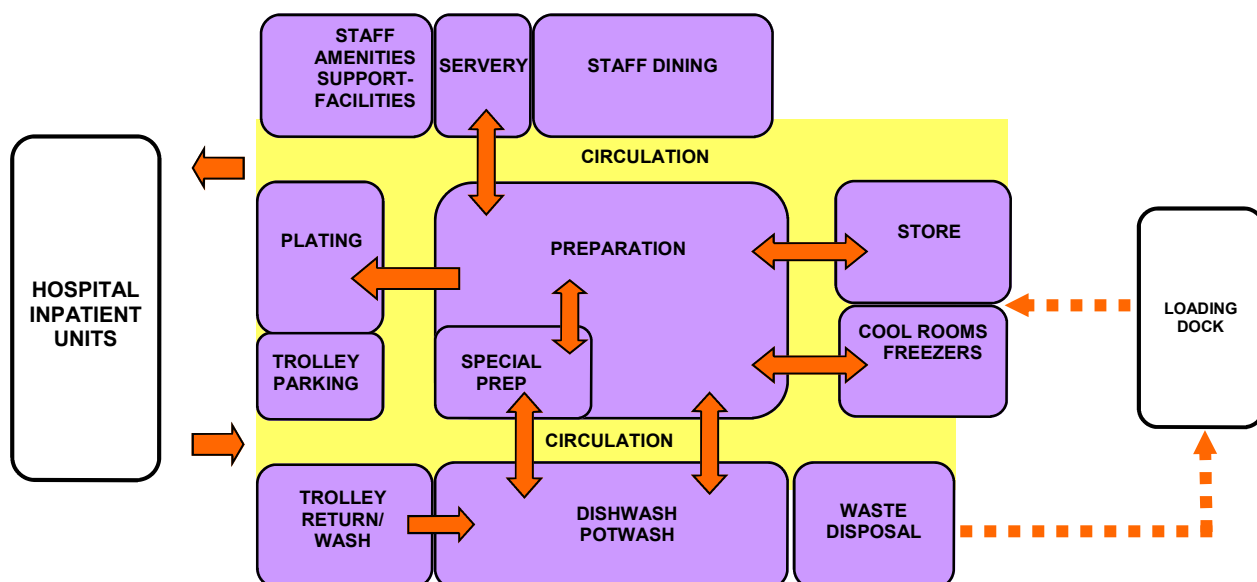
ROOM / SPACE	Standard Component			Level 4 Qty x m2			Remarks
CLEANER'S ROOM	yes			1 x 4			
DISPOSAL ROOM	yes			1 x 8			Preferrably located outside the Catering Unit
LOADING DOCK				1 x 20			Shared with clean Loading Dock areas
OFFICE - 2 PERSON SHARED	yes			1 x 12			Dietary staff; may be external to the Unit

References and Further Reading

- 180 .45.00
- American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
 - Department of Human Services, Victoria, Design Guidelines for Private Hospital Buildings, 1987.
 - Health Department Western Australia, Private Hospital Guidelines, 1998.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - CATERING UNIT



190 CENTRAL STERILE SUPPLY UNIT (CSSU)

INDEX

	Description
190 .1.00	INTRODUCTION General
	PLANNING Operational Models Functional Areas Functional Relationships
	DESIGN General Communications Finishes Building Service Requirements
	COMPONENTS OF THE UNIT Introduction Standard Components Non-Standard Components
	APPENDICES Schedule of Accommodation References and Further reading CSSU Flow Diagrams Functional Relationships Diagram

INTRODUCTION

General

- 190 .2.00 A Hospital must provide adequate facilities for cleaning, sterilisation and storage of equipment and instruments to ensure the care and safety of patients, and the safety of staff, at all times.
- 190 .3.00 The sterilisation process may be carried out entirely or partially on-site, the latter relying on an external supply source to regularly restock the hospital sterile goods store. The scale of operation can be small or large, dependent upon the requirements of the serviced departments, for example, an Operating Unit requires the services of a Theatre Sterile Supply Unit (TSSU) or a full Central Sterile Supply Department (CSSD), whereas an Acute Ward requires only a basic Sterile Supply Service.

PLANNING

Operational Models

- 190 .4.00 The size and role of the sterile goods supply service shall be clearly defined in the Operational Policy Statement. The following documents shall be referred to for design and operational standards:
- Australian Standard 4187 - Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment and maintenance of associated environments in Health Care Facilities
 - National Standard for the Operation of Sterile Supply Service in Health Care Facilities produced by the National Consultative Council for Therapeutic Goods, (NCCTG).

Functional Areas

- 190 .5.00 The Central Sterile Supply Unit will include the following functional areas or zones:
- Receiving Area where soiled articles for recycling are received on trolleys from Units throughout the facility
 - Cleaning Area where all articles are sorted, rinsed, ultrasonically cleaned or mechanically washed then mechanically dried; this area may also include cleaning of the delivery trolleys
 - Packing Area (Clean Workroom) where the clean instruments, equipment and other articles are sorted, counted and packaged for sterilising
 - Sterilising and Cooling Area where sterilisers are loaded, set into operation and unloaded following completion of the sterilising cycle
 - Despatch Area where sterile stock is held prior to despatch to Units in the facility; distribution trolleys may also be located in this area
 - Administrative Areas including Offices or Workstations
 - Staff Amenities which includes Staff Toilets, Change Rooms and Staff Rooms; these may also be shared with Operating Unit if convenient.

190 .6.00 ADMINISTRATIVE AREAS

A separate room, or space within the Workroom, shall be provided for routine clerical/administrative procedures. The provision of a separate office will depend upon the size of the unit/department. An area for write-up and storage of stationery and files shall be provided. A pinboard/whiteboard should also be considered.

190 .7.00 CLEAN WORKROOM AREA

A room shall be provided that contains hand-washing facilities, work space and equipment for terminal sterilising of medical and surgical equipment and supplies. Linen folding shall be carried out in a separate room, preferably the laundry. Where procedure packs are prepared in a sterile supply unit they shall be in a separate area to instrument preparation. The air handling system shall be filtered or discharged direct to the outside to prevent lint build-up and related industrial and fire safety problems. High level supply and low level exhaust is the recommended airflow pattern, with localised high level extraction for heat removal only. Special attention shall be given to the height and depth of workbenches to allow staff to work sitting or standing.

- 190 .8.00 Views to the outside are considered highly desirable.

190 .9.00 DISTRIBUTION

A distribution point, if required, shall be provided in the form of a staffed counter or stable door, or a pass through cupboard from the sterile store into an adjacent service corridor. No general access is allowed to the CSSU.

190 .10.00 STAFF AMENITIES

Showers, toilets and secure lockers for staff employed in this area shall be provided. These facilities shall be conveniently located and may be shared with the Operating Unit staff in cases where the Sterile Supply Department is attached to the Operating Unit. A lunch room can be a shared central facility outside the Sterile Supply Department. Access to a training room in close proximity to CSSU for formal training activities is recommended.

- 190 .11.00 Facilities shall also be provided in the Change Room to store caps, overalls and footwear protection. 'Barrier' principles are observed when entering the

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unit.

190 .12.00 STORAGE

A room shall be provided for the storage of processed sterile packs etc. Ventilation, humidity and temperature control is required. Supply air pressure shall be positive with respect to surrounding areas and the level of filtration shall equal or exceed that of the Operating Room. Storage cupboards shall be fitted with doors.

190 .13.00 A separate room shall be provided to store stock that is 'clean' but not sterile. Access to this room shall be provided from outside the unit/department for stocking, and from within the unit/department for drawing stock to process.

190 .14.00 Space shall also be provided for storing distribution trolleys as required.

Functional Relationships

190 .15.00 The Central Sterile Supply Unit (CSSU) should be located with direct or close access to the Operating Unit. It should have ready access to Supply Unit and Linen Handling Unit for delivery of supplies.

Access to the CSSU should be restricted to authorised personnel only.

DESIGN

General

190 .16.00 The planning of the facility must provide for separate clean and dirty working areas.

Communications

190 .17.00 A telephone or intercom system should be installed within the Clean Workroom and/or Office to allow communication with outside personnel and departments, without breaching the "clean barrier" regime.

Finishes

190 .18.00 Floor finishes shall be easy to clean. Welded sheet vinyl, covered up the wall, is recommended. Wall finishes shall also be easy to clean, with special consideration for damage by trolleys. Windows, if provided, must be unable to be opened.

190 .19.00 The ceiling shall be of a flush type and sealed against the walls.

Building Service Requirements

190 .20.00 AIR FILTRATION

Where the Sterile Supply Unit is attached to an Operating Unit, ventilation shall be provided by a treated air supply, with air-conditioning to comply with AS 1386 and HEPA filters to comply with AS 1324. Refer to Part E - HVAC Services for more detailed information.

190 .21.00 LIGHTING

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190 .21.00

Light fittings shall be fully recessed and selected to prevent dust and insects from entering.

190 .22.00 The light level shall be not less than 400 lux.

190 .23.00 SIGNAGE

Door signs are required to provide instruction as to the closed nature of the department and the limited access points for services.

COMPONENTS OF THE UNIT

Introduction

190 .24.00 The Central Sterile Supply Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

190 .25.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

190 .26.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

190 .27.00 DECONTAMINATION

DESCRIPTION AND FUNCTION

The Decontamination area shall contains work space and equipment for sorting, decontamination and cleaning medical and surgical equipment, and for disposal of used/soiled material. It shall include hand-washing facilities.

The Decontamination functions may also be provided in a Clean-Up Room.

190 .28.00 There will be a need to provide special types of cleaning equipment, dependent on the level of service, for example, ultrasonic cleaners, anaesthetic tubing washers and dryers.

190 .29.00 LOCATION AND RELATIONSHIPS

The Decontamination area should be located between the Receiving area and the Sorting/ Packing area.

190 .30.00 CONSIDERATIONS

The Decontamination area will require the following finishes:

- Walls and ceiling that are smooth, impervious, and easily cleanable
- Floors that are impervious and non slip.

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Fittings and fixtures located in this area will include the following:

- Stainless steel deep bowl sinks with tubing manifolds (air and water) and additional water outlets for water pistols
- Stainless steel benches
- Instrument and tubing washers/ decontaminators, according to service requirements
- Ultrasonic cleaner, according to service requirements
- Instrument and tubing dryers, according to service requirements
- Staff handwashing basin
- Exhaust air extraction over sinks and equipment doors.

All decontamination and washing equipment shall be installed and commissioned to the requirements of all relevant Australian Standards and Occupational Health requirements, in particular AS 2773 for Ultrasonic Cleaners and AS 2945, AS 3836 for Washer/Disinfectors.

190 .31.00 STERILISING AND COOLING

DESCRIPTION AND FUNCTION

The Sterilising and Cooling Area provides accommodation for sterilisers and parking space for steriliser and cooling trolleys. Following unloading of the steriliser, packs should not be handled until cool.

Specialised sterilisers such as ethylene oxide, require separate installation and accommodation. Low temperature specialised sterilisers require separate installation according to manufacturer's recommendations.

The size of the area will be dependent on the number and type of sterilisers installed.

190 .32.00 LOCATION AND RELATIONSHIPS

The Sterilising and Cooling area should be located between the Sorting and Packing area and the Despatch area.

Special consideration shall be given to the location of the sterilisers. External access to a steriliser duct is highly desirable so that repairs or routine maintenance do not interfere with the activities within the Workroom.

A duct enclosure can also minimise heat build-up within the Workroom. An exhaust over the front of the steriliser(s) shall also be considered, to extract both heat (cabinet) and steam (opening door).

190 .33.00 CONSIDERATIONS

An exhaust over the front of the steriliser(s) shall be considered, to extract both heat (cabinet) and steam (opening door).

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APPENDICES

CSSU Generic Schedule of Accommodation

190 .34.00 Schedule of Accommodation for a CSSU in a Hospital at levels 3, 4, 5 and 6:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
DEBOXING				1 x 15	1 x 15	1 x 15	
DECONTAMINATION / CLEAN-UP / WASHING			1 x 15	1 x 40	1 x 80	1 x 80	May be smaller if Decontamination included in Clean-up Rooms
DECONTAMINATION - RESPIRATORY				1 x 12	1 x 15	1 x 15	
DECONTAMINATION - SPECIAL INSTRUMENTS					1 x 30	1 x 30	
DISPATCH / TROLLEY HOLD				1 x 8	1 x 20	1 x 20	
DISPOSAL ROOM	yes		1 x 8	1 x 8	1 x 8	1 x 8	
ENTRY/ INSTRUMENT RETURN				1 x 15	1 x 15	1 x 15	
RESPIRATORY PACKING					1 x 20	1 x 20	
SORTING & PACKING			1 x 12	1 x 30	1 x 50	1 x 50	
STERILISING & COOLING			1 x 10	1 x 20	1 x 30	1 x 30	Area allows for 1 steriliser/plant for L3, up to 2 for L4 and up to 3 for L5/6
STORE - NON-STERILE			1 x 6	1 x 20	1 x 30	1 x 30	
STORE - STERILE STOCK	see remarks		1 x 6	1 x 20	1 x 30	1 x 30	Refer to Standard Component Store-Sterile; size according to quantity of stock
CIRCULATION %			20	20	20	20	

190 .35.00 STAFF AREAS

Note: Provision of Offices is dependent on the Operational Policy and Management Structure

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional	1 x 9 optional	1 x 9 optional	Manager
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	
OFFICE - WORKSTATION	yes		1 x 6 optional		2 x 6 optional	2 x 6 optional	

190 .36.00 SHARED AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes			1 x 3	1 x 3	1 x 3	

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CHANGE ROOM - STAFF	yes			2 x 8	2 x 10	2 x 10	May be shared with adjacent areas or Operating Unit
CLEANER'S ROOM	yes		1 x 4	1 x 4	1 x 4	1 x 4	
MEETING ROOM - LARGE	yes				1 x 40	1 x 40	
RECEPTION	yes				1 x 10	1 x 10	
STAFF ROOM	yes			1 x 15	1 x 15	1 x 15	
TOILET - STAFF	yes			2 x 2	4 x 2	4 x 2	May be shared with adjacent areas or Operating Unit

References and Further Reading

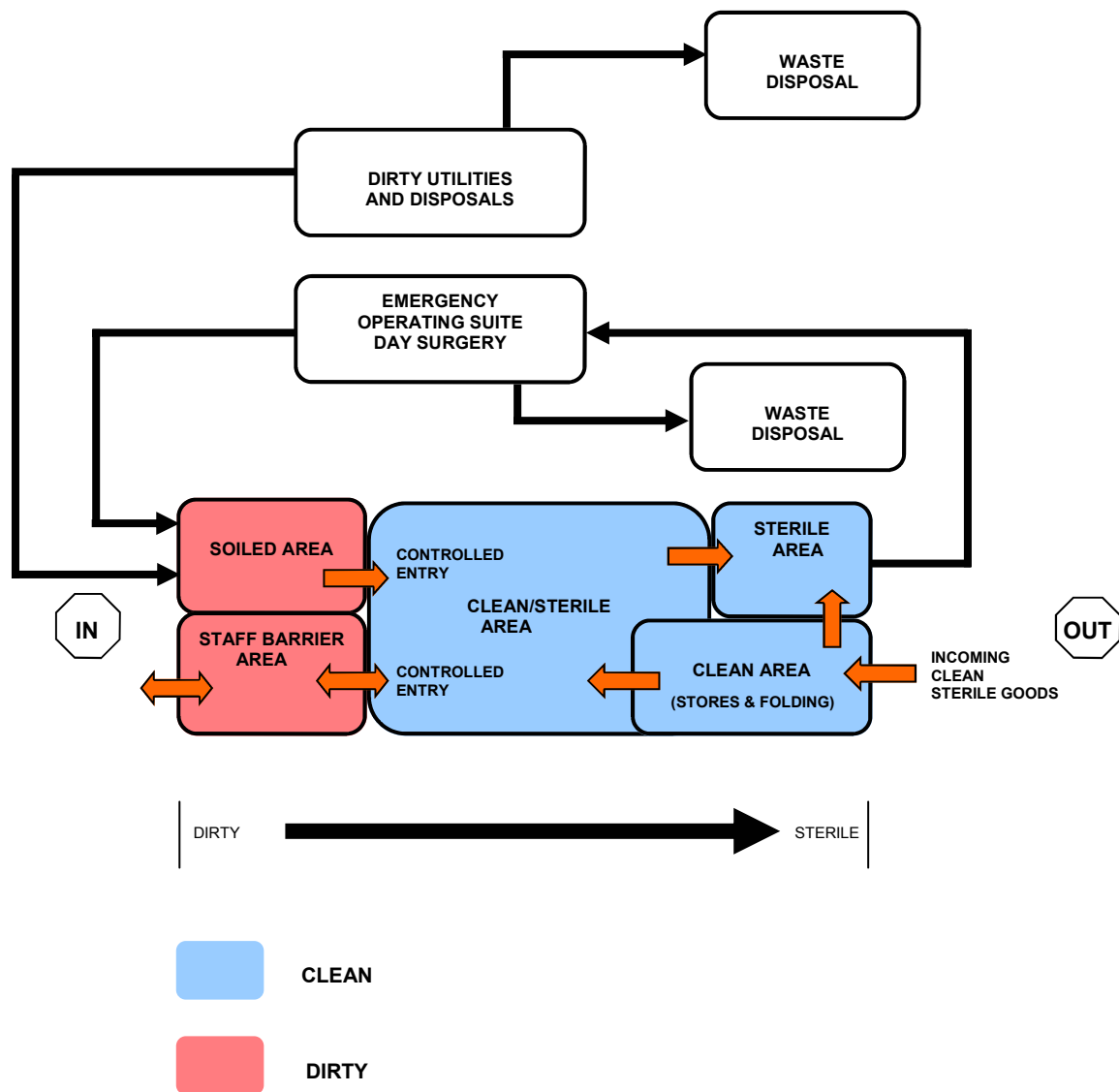
- 190 .37.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.
- Queensland Government, Private Health Facilities Building Code, 2000.

Functional Relationships Diagram/s

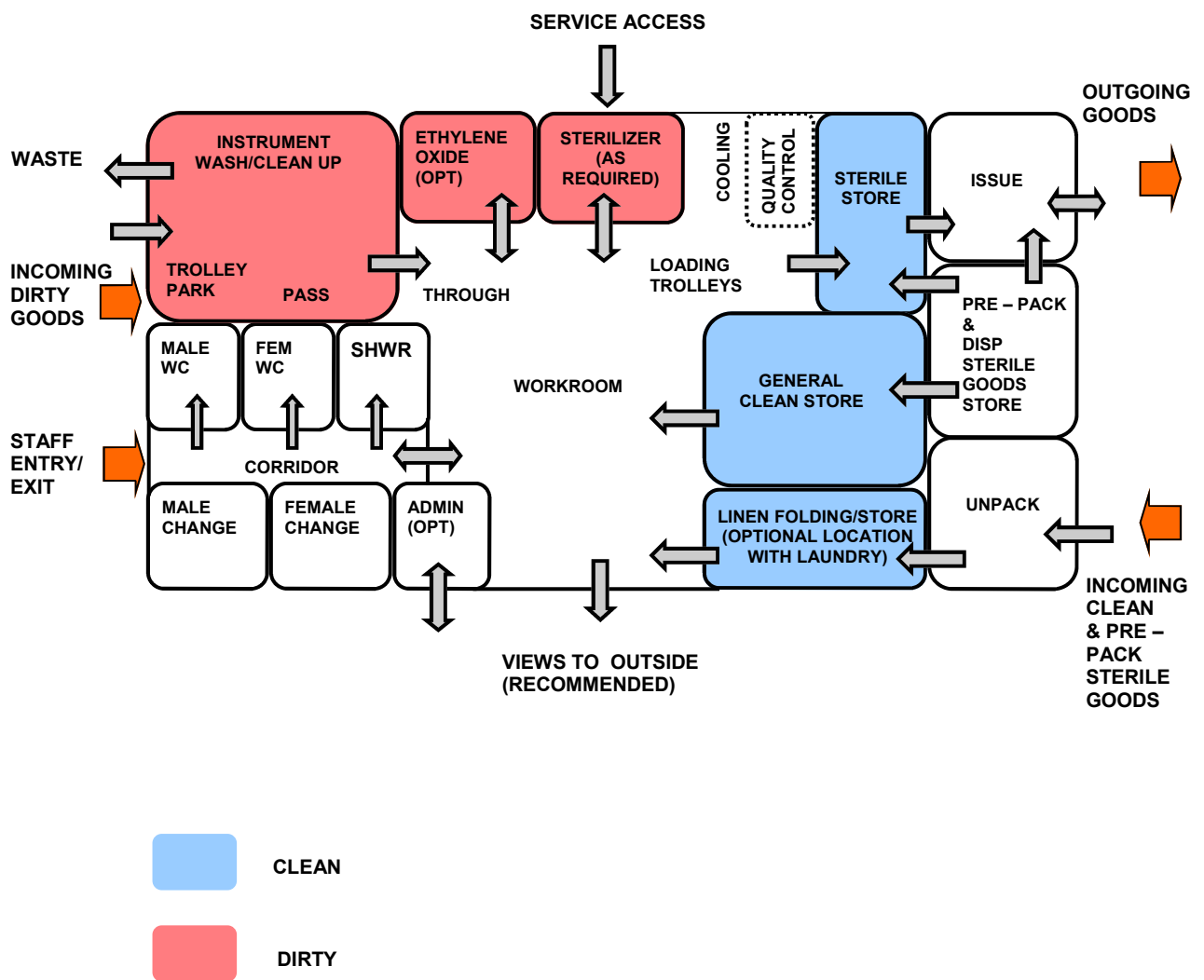
- 190 .38.00 Refer to Enclosure Sheet 1 for a flow diagram representing the Base Model.
- 190 .39.00 Refer to Enclosure Sheet 2 for a flow diagram representing a Stand-alone Model.
- 190 .40.00 Refer to Enclosure Sheet 3 for a diagram showing the pressure differentials.
- 190 .41.00 Refer to Enclosure Sheet 4 for a flow diagram indicating one sterile stock store.
- 190 .42.00 Refer to Enclosure Sheet 5 for a flow diagram indicating two sterile stock stores.
- 190 .43.00 Refer to Enclosure Sheet 6 for a flow diagram indicating a simple CSSU model which integrates (back to back) with an Operating Unit shown in Operating Unit Enclosure - Functional Relationship Diagram.

FUNCTIONAL RELATIONSHIPS DIAGRAM - CENTRAL STERILE SUPPLY UNIT

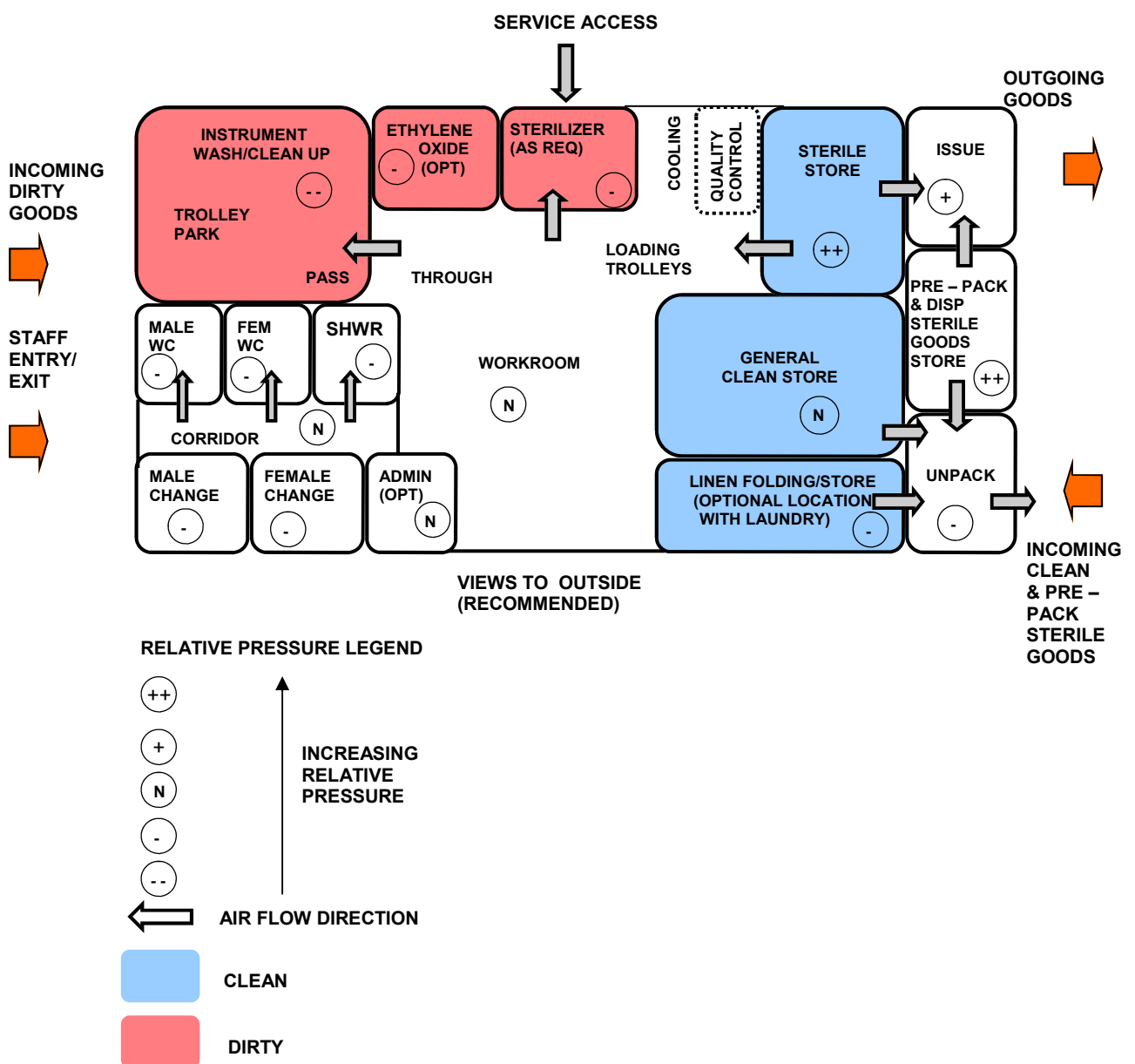
STAND ALONE FLOW DIAGRAM



SCHEMATIC FUNCTIONAL SPACE DIAGRAM (BASE MODEL)



AIR FLOW DIAGRAM WITH PRESSURE DIFFERENTIALS

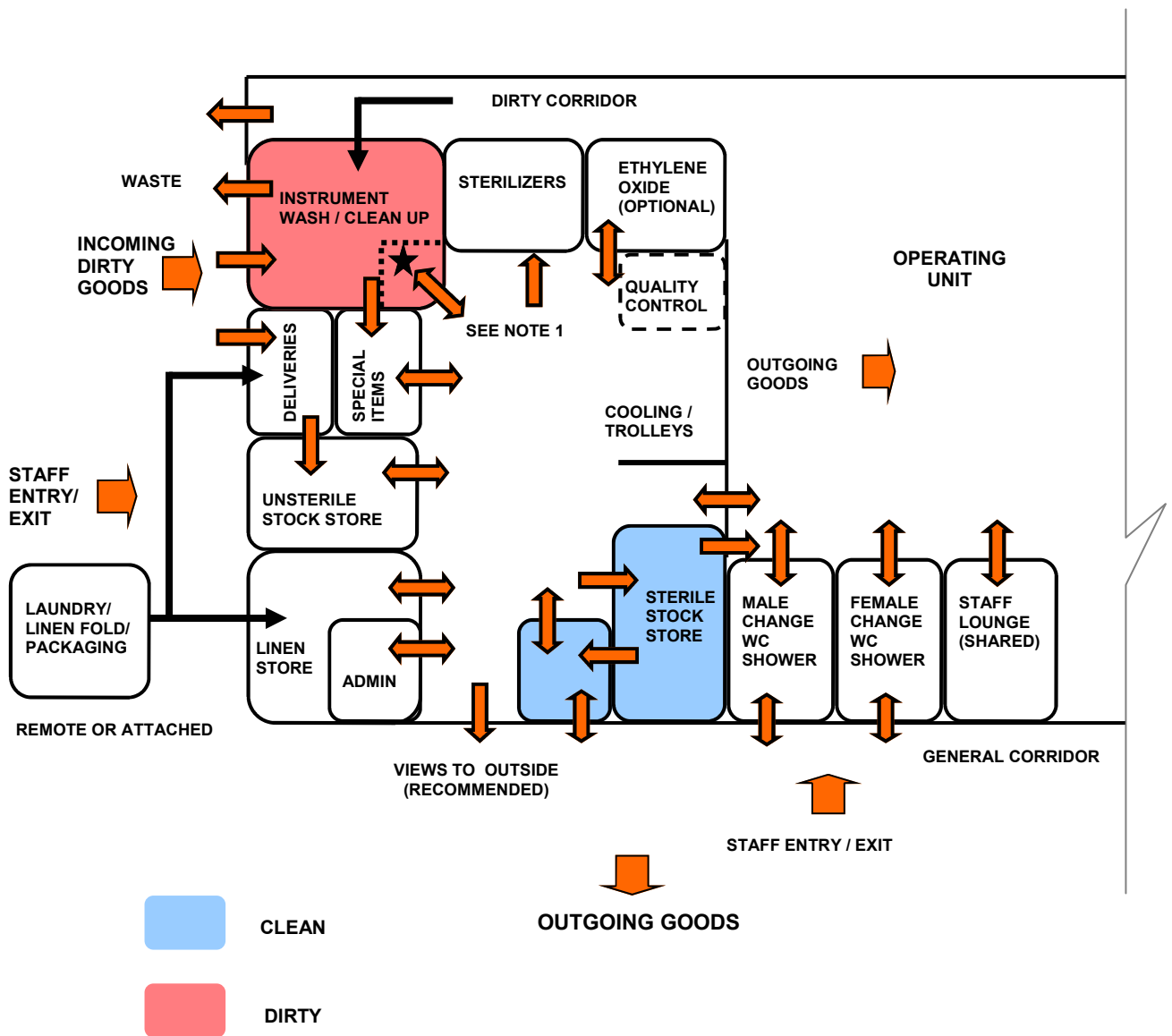


FUNCTIONAL RELATIONSHIPS DIAGRAM - CENTRAL STERILE SUPPLY UNIT

**SIMPLE MODEL 1 - INTEGRATED WITH OPERATING UNIT
(ONE STERILE STOCK STORE)**

NOTE 1 DIRECT ACCESS (OTHER THAN PASS THROUGH) BETWEEN INSTRUMENT WASH AND THE WORKROOM SHOULD BE RESTRICTED OTHER THAN IN SMALL FACILITIES WHERE DUPLICATION OF STAFF FOR BOTH "CLEAN" AND "DIRTY" AREAS IS NOT POSSIBLE

★ BARRIER ENTRY (SRUC - UP, GOWN, ETC PRIOR TO RE - ENTRY)

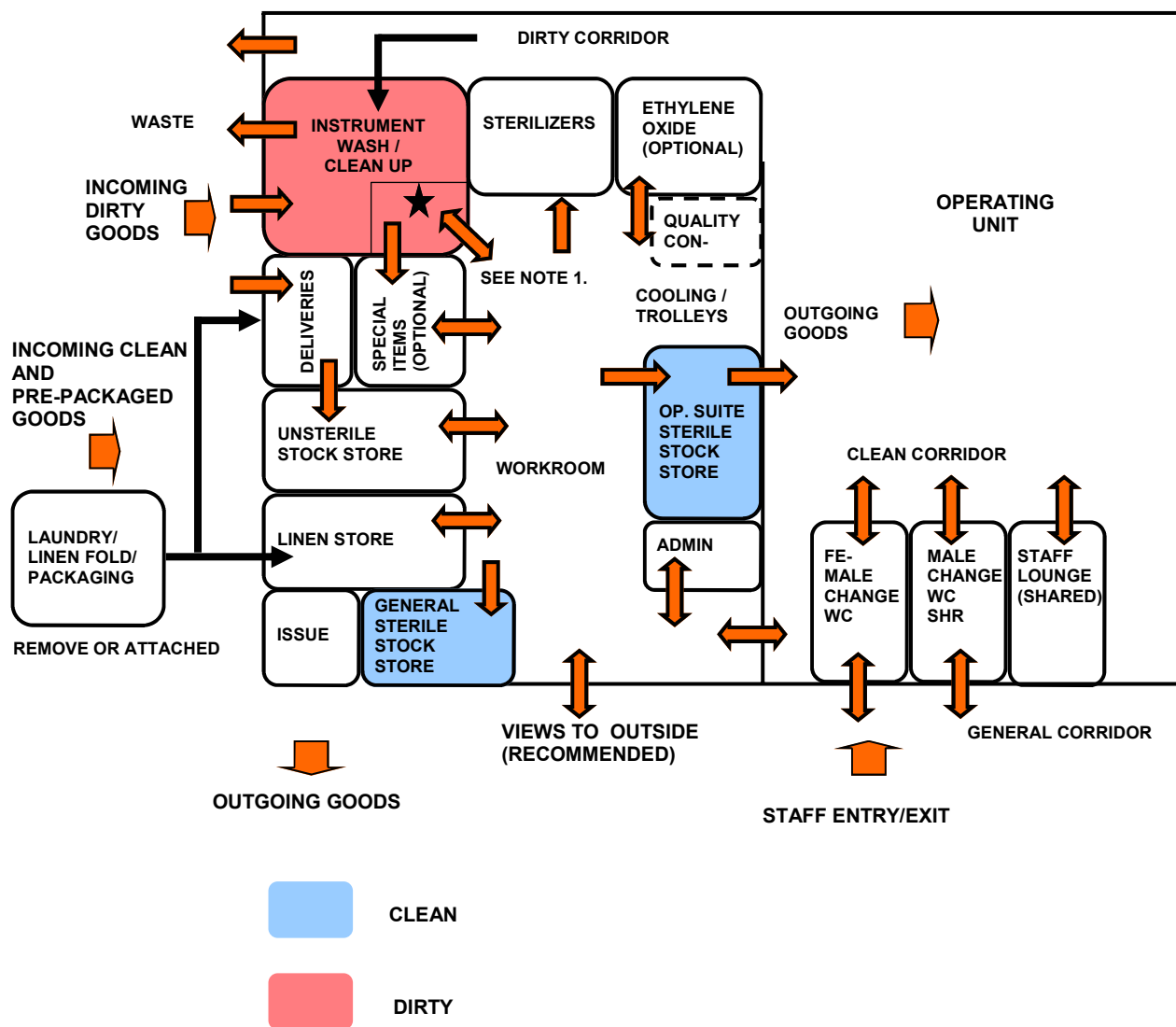


FUNCTIONAL RELATIONSHIPS DIAGRAM - CENTRAL STERILE SUPPLY UNIT

ALTERNATE MODEL 2
(TWO STERILE STOCK STORES)

NOTE 1 DIRECT ACCESS (OTHER THAN PASS THROUGH) BETWEEN INSTRUMENT WASH AND THE WORKROOM SHOULD BE RESTRICTED OTHER THAN IN SMALL FACILITIES WHERE DUPLICATION OF STAFF FOR BOTH "CLEAN" AND "DIRTY" AREAS IS NOT POSSIBLE

★ BARRIER ENTRY (SRUC - UP, GOWN, ETC PRIOR TO RE - ENTRY)

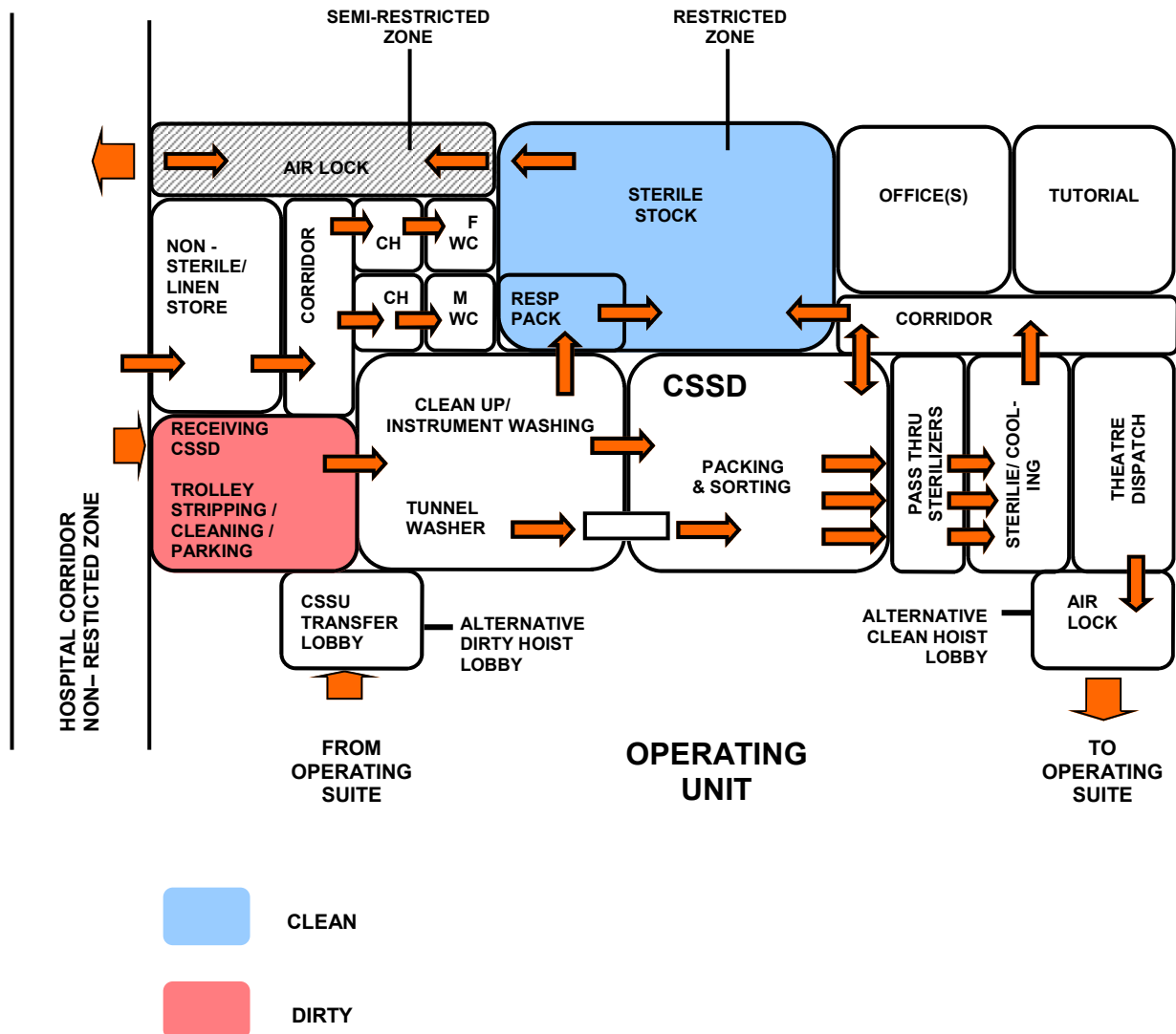


FUNCTIONAL RELATIONSHIPS DIAGRAM - CENTRAL STERILE SUPPLY UNIT

STERILE SUPPLY / SERVICE UNIT - SIMPLE MODEL
Integrated with Operating Suite

NOTE 1 ONLY THE MOST IMPORTANT FUNCTIONS ARE SHOWN FOR CLARITY

NOTE 2 CSSU MAY BE CONNECTED TO OPERATING SUITE VIA CLEAN/DIRTY HOISTS
CSSU TRANSFER LOBBY MAY BE REPLACED WITH DIRTY HOIST LOBBY
THEATRE DISPATCH AIR-LOCK MAY BE REPLACED WITH CLEAN HOIST LOBBY



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220 CHILD CARE UNIT

INDEX

Description

220 .1.00 INTRODUCTION
General

INTRODUCTION

General

220 .2.00 Provision of Child Care Facilities is not mandatory, but it is recommended that the provision of these facilities be considered.

The provision of a Child Care Centre requires compliance with The Children's Services Act 1996 and the Children's Services Regulations 1998. Please refer to this legislation for approval requirements and building guidelines

230 CLEANING/ HOUSEKEEPING UNIT

INDEX

Description

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Description
- PLANNING
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Functional Relationships
- COMPONENTS OF THE UNIT
Introduction
Standard Components
Non-Standard Components
- APPENDICES
Schedule of Accommodation
References and Further Reading
Functional Relationship Diagram

INTRODUCTION

Description

- 230 .2.00 The Cleaning Service may be contracted or in-house. In addition to the Cleaner's Rooms already requested in the specialist Units, others may be required throughout the facility to maintain a clean and sanitary environment.

PLANNING

Functional Areas

- 230 .3.00 A typical hospital Cleaning/ Housekeeping Unit comprises the following:
- Manager's Office
 - Cleaner's Meeting/ Briefing room
 - Cleaner's Equipment / Supply Store
 - Cleaner's Sign-on Bay

The above facilities are not mandatory. When provided, these should be sized adequately for the number of staff and the amount of equipment stored.

- 230 .4.00 Facilities shall be provided to clean and sanitise trolleys serving the Cleaning/ Housekeeping Unit, Catering Unit, and Linen Services. These facilities may be centralised or departmentalised.
- 230 .5.00 Storage areas are required for bulk cleaning materials, consumable supplies and equipment. Storage areas may be shared with the Supply Unit.

Functional Relationships

- 230 .6.00 The Cleaning/ Housekeeping Unit should be located in a service area of the facility with ready access to the Waste Management Area, the Loading Dock and Laundry/ Linen Handling areas.

COMPONENTS OF THE UNIT

Introduction

- 230 .7.00 The Cleaning/ Housekeeping Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 230 .8.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 230 .9.00 Provide the Non-Standard Components as identified in this section.

- 230 .10.00 BAY - SIGN-ON

DESCRIPTION AND FUNCTION

A recessed area for staff to sign-on, check and record rosters. The Sign-on Bay shall be a minimum of four m2.

- 230 .11.00 LOCATION AND RELATIONSHIPS

The Sign-on Bay should be located in a discreet area with ready access to staff entry area and circulation corridor. It may also be located close to the Unit Manager's Office.

- 230 .12.00 CONSIDERATIONS

The Sign-on Bay will require the following fittings and services:

- bench at standing height
- pinboard for display of rosters (or computer for computerised rosters)
- computer terminal (optional)
- power and data outlets for computers as required

Part B - Health Facility Briefing and Planning

APPENDICES

Cleaning Generic Schedule of Accommodation

230.13.00 Schedule of Accommodation - Cleaning/ Housekeeping Unit to service a Hospital at levels 1 to 6:

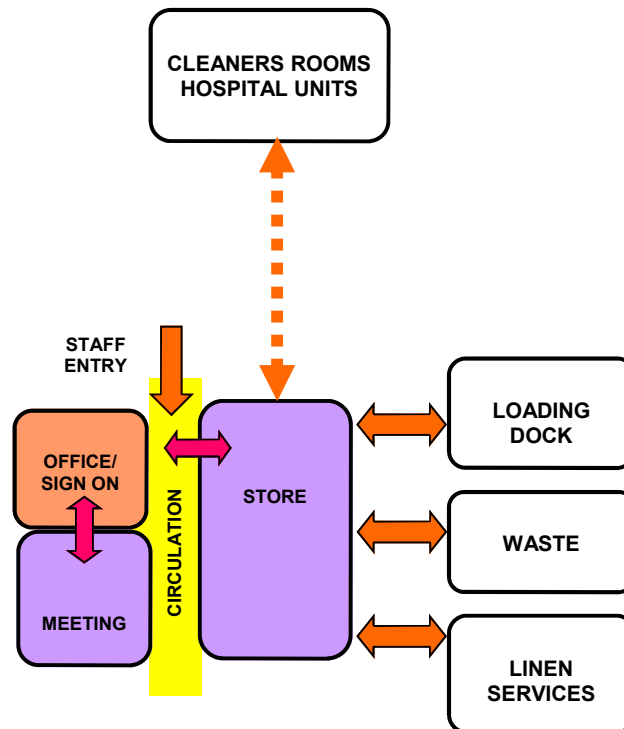
ROOM / SPACE	Standard Component	Level1/2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - MOBILE EQUIPMENT	yes			1 x 12 optional	1 x 12 optional	1 x 12 optional	
BAY - SIGN-ON				1 x 4 optional	1 x 4 optional	1 x 4 optional	May be co-located with Office -Manager
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	For Supervisor -Dependent on staffing establishment
STORE - CLEANER'S	yes	1 x12	1 x 12	2 x 12 optional	4 x 12 optional	4 x 12 optional	Cleaning chemical & supplies may be located in Supply Unit
CIRCULATION %		10	10	10	10	10	

References and Further Reading

- 230.14.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - CLEANING / HOUSEKEEPING UNIT



240 CLINICAL INFORMATION UNIT

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INTRODUCTION

Description

- 240 .2.00 A Health Facility must provide appropriate secure record storage and retrieval to ensure patient confidentiality at all times.
- 240 .3.00 A Health Facility must store all patient related administrative, historical and medical records in a fire rated construction as indicated in the Building Code of Australia, Section C2.5(g).

PLANNING

Functional Areas

- 240 .4.00 Rooms, areas, or offices for the following personnel and/or functions shall be provided:
- Medical Records Administrator / coding personnel
 - Review and Dictation
 - Sorting and Recording
 - Microfilming of records, if applicable
 - Record Storage, active and archived
- 240 .5.00 ELECTRONIC RECORDS
- If electronic records are held the following additional facilities will be required:
- An area for scanning
 - An area for retrieving hard copies of records
 - Secured disc storage
- 240 .6.00 MICROFILM RECORDS
- Microfilming of records may be attended on-site or off-site. If on-site Microfilming is performed, the following additional facilities are to be provided:
- Microfilming camera
 - Sorting bench
 - Secure storage of microfilm
 - Microfilm reading area

Functional Relationships

- 240 .7.00 The Clinical Information Unit should be located with ready access to the Emergency Unit, Admissions, Inpatient Units, Outpatient areas, Pathology Unit and Medical Imaging Units. Alternatively, a record transport system may be considered for rapid transfer of records. Location on an external face is desirable to ensure staff have external views and daylight.

COMPONENTS OF THE UNIT

Introduction

- 240 .8.00 The Clinical Information Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 240 .9.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 240 .10.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Functional Brief and Operational Policy.

- 240 .11.00 ACTIVE RECORDS STORE

DESCRIPTION AND FUNCTION

The Active Records Store should be able to accommodate current records for a minimum of five to seven years.

Active records storage space requirements will depend on the size of the Hospital and the type of record storage used, such as paper records, microfilm or optical disc.

- 240 .12.00 LOCATION AND RELATIONSHIPS

The Active records Store should be located with close access to the Assembly/ Sorting area.

- 240 .13.00 CONSIDERATIONS

Records may be accommodated in open shelving units or compactus shelving. Heights of shelves must comply with Occupational Health and Safety Guidelines.

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APPENDICES

Clinical Information Generic Schedule of Accommodation

240.14.00 Schedule of Accommodation for a Clinical Information Unit at Levels 2 to 6:

ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - MOBILE EQUIPMENT	yes		1 x 4	1 x 4	2 x 6	2 x 6	For trolleys
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9	2 x 9	2 x 9	Manager/ Supervisor, according to staffing establishment
OFFICE - 2 PERSON SHARED	yes				1 x 12	1 x 12	Medico-Legal
OFFICE - WORKSTATION	yes	1 x 6	2 x 6	2 x 6	2 x 6	3 x 6	Clerical / Typing - dependent on staffing establishment
OFFICE - WORKSTATION	yes		1 x 6	1 x 6	5 x 6	5 x 6	Coding - dependent on staffing establishment
RECORD SORTING/ ASSEMBLY			1 x 25	1 x 25	1 x 50	1 x 50	
RECORDS STORE - ACTIVE		1 x 15	1 x 60	1 x 60	1 x 200	1 x 300	Size dependent on quantity of records to be held
REVIEW / DICTATION CUBICLES			1 x 9	1 x 9	1 x 20	1 x 20	
STORE - GENERAL	yes		1 x 9 optional	1 x 9	1 x 9	1 x 9	
STORE - MICROFILM/ EQUIPMENT					1 x 20	1 x 20	
CIRCULATION %		15	15	15	15	15	

240.15.00 SHARED AREAS

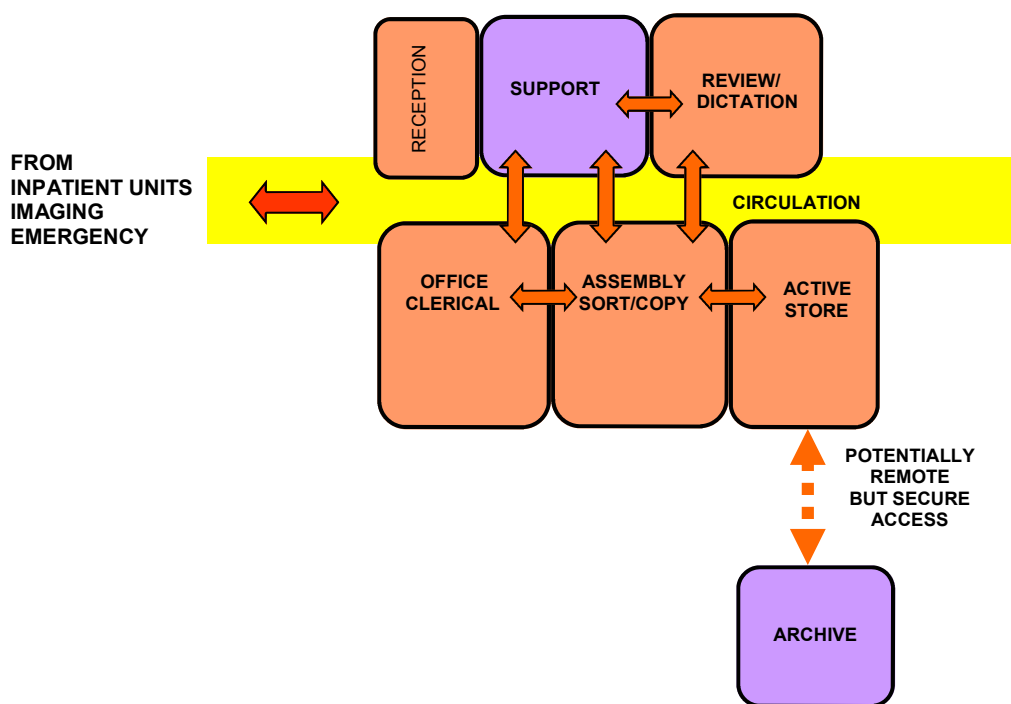
ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
INTERVIEW ROOM	yes				1 x 9	1 x 9	
PROPERTY BAY - STAFF	yes				1 x 6	1 x 6	
RECEPTION	yes		1 x 10	1 x 10	1 x 10	1 x 10	May include a small waiting area
RECORDS STORE - ARCHIVE		1 x 10	1 x 80	1 x 80	1 x 100	1 x 120	May be located remotely from the Unit
STAFF ROOM	yes				1 x 15	1 x 15	
STORE - PHOTOCOPY / STATIONERY	yes	1 x 8	1 x 8	1 x 8	1 x 8	1 x 8	
TOILET - STAFF	yes				1 x 2	1 x 2	

References and Further Reading

- 240.16.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
 - Queensland Government, Private Health Facilities Building Code, 2000.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - CLINICAL INFORMATION UNIT



250 COMMUNITY MENTAL HEALTH

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INTRODUCTION

	Description
250 .2.00	A Community Mental Health Centre (CMHC) delivers a range of community mental health services for people living in the catchment area who have a serious mental illness and/or significant enduring disabilities resulting from mental illness.
250 .3.00	A CMHC will incorporate Continuing Care, Clinical and Consulting Services, and could also include the Crisis Assessment Team Service (CAT), the Mobile Support and Treatment Service (MST), Primary Mental Health Team and the Homeless Person's Team.
250 .4.00	The target population of the CMHC are those suffering from serious mental illness, and in some cases ongoing disability, who are aged between 16 and 64. The CMHC provides Continuing Care, Clinical and Consultancy Services as well as Non-residential Rehabilitation Services to this population group.
250 .5.00	The provision of Continuing Care, Clinical and Consultancy Services includes: <ul style="list-style-type: none">- Intake/Duty - the provision of assessment services, crisis services to existing clients, and transitional case management- Clinical services - the provision of post-intake assessment, diagnosis, family work, discharge planning, and a range of individual and group therapeutic interventions- Case Management - provision of case management to clients referred and accepted from Clinical Services- Community Development - coordinate and provide consultation and education to agencies and develop networks to enhance access and service opportunities for clients- Administrative Support - administrative support services to the clinic.

PLANNING

Operational Models

- 250 .6.00 The clinic services generally operate from Monday to Friday, between 8.30 am to 5.30 pm. Some of the services located in the clinic will generally work extended hours and weekends.

Functional Areas

- 250 .7.00 The Community Mental Health Centre will consist of the following areas/zones:

- Public / Client areas including:
 - Reception Areas
 - Waiting Areas
 - Public Toilets
- Public / Client / Staff areas including:
 - Duty / Intake Room
 - Interview Rooms
 - Medical Examination / Treatment Room
 - Meeting / Group Rooms
- Staff Areas, including:
 - Offices
 - Staff facilities
 - Accommodation for teams
- Sheltered external area.

- 250 .8.00 ADMINISTRATIVE AND OFFICE AREAS

Clinical services staff with management responsibilities engage in confidential and sensitive discussions and require a private office. These include:

- Area manager
- Service manager
- Continuing care managers
- Consultant psychiatrists
- Senior psychologist
- Senior social worker
- Senior psychiatric nurse
- Senior occupational therapist
- Medical officer
- Case managers
- Program Manager, i.e. CAT, MST, PMHT etc if they are based at the clinic.

In some cases the area manager will be permanently based at a particular clinic. Their office requirements will therefore differ from those area managers who visit several clinics during the course of a week.

The service manager will need access to the administrative support staff and will require the use of a private space to engage in confidential and sensitive discussions. The functions of the service manager are only partially scheduled and ad hoc.

Other staff will require open-plan accommodation that is designed to meet team requirements. The open-plan accommodation shall provide a designated workstation for each person and access to Meeting and Interview Rooms. Students will also need to be accommodated in an open-plan area. Because of part-time employment the number of people working on any given day or part of day is variable and the design needs to accommodate the peaks of staff activity.

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Medical staff will require permanent access to medical/ physical examination space during these periods. The access required by allied health and nursing staff will be variable and will not be consistently applied across the day.

Case managers require access to other team members, Medical Records, administrative support, Reception and medical staff.

Offices are to comply with Standard Components.

- 250 .9.00 An area is required for administrative support staff whose primary function is word-processing and general clerical duties. These workers will each require a computer desk with return, computer, printer, chair, benchtop, two four-draw filing cabinets and shelf and cupboard space for storage. One worker may manage petty cash and may need access to a safe.

250 .10.00 ENTRY / WAITING AREAS

The Reception and Waiting Area is the first point of contact for clients and members of the community. It should communicate to clients and visitors that they are welcome and that a wide range of concerns may be discussed with the staff of the clinic.

The Waiting Area should be designed as a calm, comfortable and relaxing environment. The area will need to accommodate various sizes and types of groups including clients accompanied by children. Space should be made for children to play safely whilst under supervision from accompanying adults. Coffee and tea making facilities may be made available. An information area for the display of pamphlets will be required. People in the Waiting Room shall have direct access to toilets, which should include a fold down baby change table in each, and access to a sheltered external area which is not accessible from outside the building.

250 .11.00 CLINICAL RECORDS

Administrative support staff require access to the Clinical Records Area for information and, in particular, the receptionist needs immediate access to the clinical records administrative officer for back up support. The Clinical Records Area, therefore needs to be readily accessible to all clinical and administrative areas.

250 .12.00 RECEPTION AREA

The Reception Area is required where a receptionist can receive clients and other visitors.

The design of this area needs to include requirements to ensure the safety of the receptionist, while not being discomforting for clients. The telephone operation needs to be organised in a way that sufficiently isolates the sound from the Waiting Area while remaining responsive to those waiting. Public / Client / Staff Areas constitute the second zone of security.

The Reception area shall comply with Standard Components - Reception. Additional fittings / fixtures may include:

- Telephone command centre
- Duress alarm.

250 .13.00 STAFF DEVELOPMENT AND EDUCATION

Sufficient space and equipment is required to accommodate the needs of staff

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for on-the-job training and education, which includes a room for seminars and library materials.

Functional Relationships

250 .14.00 SITE PLANNING

The overriding concern in the selection of a suitable site for a CMHC is that it is co-located within the general community and within walking distance of other services such as shops, community services and public transport. Ground floor accommodation is strongly preferred for a CMHC. Good access from the street minimises the possibility of confusion for clients and visitors and ensures easy access to the building for clients, staff or visitors with functional disabilities. The clinic should have an individual street address.

250 .15.00 CAR PARKING

Car parking is required to provide staff with reasonable access to their work. At a minimum there must be sufficient car parking space for staff with clinic vehicles and a reasonable allocation for clients and visitors, including MST and CAT staff and interpreters. Disabled access parking is also required.

DESIGN

Safety and Security

250 .16.00 SECURITY ZONES

The Unit should incorporate security zones which allow supervised access to restricted areas as follows:

- The Waiting area should constitute the first zone of security and will be proximal to the Reception and Clinical Areas
- Public / Client / Staff Areas constitute the second zone of security
- Staff areas constitute the third zone of security.

250 .17.00 PHARMACEUTICAL STORAGE

Sufficient space for secure, locked storage shall be provided in the Medical Examination and Treatment Room to store the small amount of pharmaceuticals kept on site.

250 .18.00 RECEPTION AREA

The design of the reception area needs to include requirements to ensure the safety of the receptionist, while not being discomforting for clients.

COMPONENTS OF THE UNIT

Introduction

250 .19.00 The Community Mental Health Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

250 .20.00 Provide the Standard Components as identified in the Schedule of

Accommodation.

Non-Standard Components

250 .21.00 Provide the Non-Standard Components identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

250 .22.00 DUTY AND INTAKE ROOM

DESCRIPTION AND FUNCTION

The Duty/ Intake Room will be comprised of at least one separate Interview Room with a telephone to enable interviewing of up to four people. The Duty/ Intake workers will be placed in close proximity to this area.

250 .23.00 LOCATION AND RELATIONSHIPS

The work of the intake/duty workers is coordinated through the Switchboard / Reception. The Intake / Duty Room will be proximal to the Reception and Waiting Area for back-up in the case of walk-in crises.

The intake/duty workers need ready access to the Medical Records Area and to medical staff for consultation and review of clients. The intake/duty workers may provide a depot injection service to people outside of their regular appointment times and thus need easy access to the Medical Examination and Treatment Room. In addition, the intake/duty workers provide a security back-up function to all other areas of the service, therefore, ease of access to all other areas is required.

250 .24.00 CONSIDERATIONS

Sufficient space is required for each staff member to have a desk, chair, filing cabinet, whiteboard and telephone. One computer with access to a printer and a fax machine is also required.

The Intake/Duty room will also need a duress alarm system and a second door to allow the safe and quick withdrawal of the duty worker from the room where necessary.

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APPENDICES

CMHC Generic Schedule of Accommodation

250 .25.00 Schedule of Accommodation for a Community Mental Health Centre with levels of service 3, 4, 5 and 6:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
CONSULT ROOM	yes			3 x 15	3 x 15	3 x 15	For Counselling and interviewing; large for family groups
DUTY / INTAKE ROOM			1 x 15	1 x 15	1 x 15	1 x 15	
INTERVIEW ROOM	yes		4 x 12	4 x 12	4 x 12	4 x 12	Large - for family/ groups
MEDICATION DISPENSING				1 x 12	1 x 12	1 x 12	
MEETING ROOM	yes		1 x 30	1 x 30	2 x 30	2 x 30	Case Conferences / Group Room / Mental Health Review Board sittings
OFFICE - SINGLE PERSON 12 M2	yes		1 x 12	1 x 12	1 x 12	1 x 12	Service Manager
SHOWER - STAFF	yes		1 x 2 optional	1 x 2 optional	1 x 2 optional	1 x 2 optional	
TOILET - DISABLED	yes		2 x 5	2 x 5	2 x 5	2 x 5	
TOILET - STAFF	yes		1 x 2	1 x 2	1 x 2	1 x 2	Staff Toilet, Shower and Property Bay may be combined
TREATMENT ROOM	yes		1 x 15	2 x 15	2 x 15	2 x 15	
WAITING	yes		1 x 20	1 x 20	1 x 20	1 x 20	
CIRCULATION %			30	30	30	30	

250 .26.00 STAFF & SUPPORT AREAS

Note: Staff Offices are dependent on the staffing establishment and Operational Policy.

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
LIBRARY / RESOURCE					1 x 15 optional	1 x 15 optional	
OFFICE - SINGLE PERSON 12 M2	yes			1 x 12 optional	1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 12 M2	yes		1 x 12 optional	1 x 12 optional	1 x 12 optional	1 x 12 optional	Area Manager, according to Staffing establishment
OFFICE - SINGLE PERSON 9 M2	yes		7 x 9 optional	8 x 9 optional	8 x 9 optional	8 x 9 optional	Quantity according to staffing establishment
OFFICE - WORKSTATION	yes		18 x 6 optional	18 x 6 optional	18 x 6 optional	18 x 6 optional	Quantity according to staffing establishment

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CMHC Generic Schedule of Accommodation

250 .27.00 SHARED AREAS

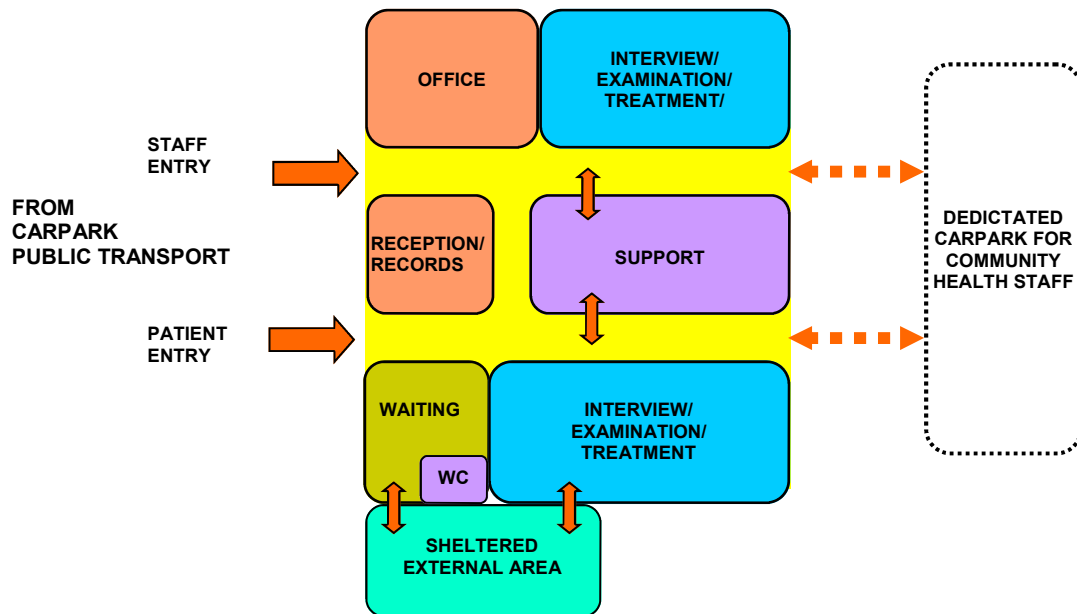
ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes		1 x 3	1 x 3	1 x 3	1 x 3	Co-located with Staff Room
PROPERTY BAY - STAFF	yes		1 x 6	1 x 6	1 x 6	1 x 6	
RECEPTION	yes		1 x 10	1 x 10	1 x 10	1 x 10	May be larger if accommodating more than 2 persons
STAFF ROOM	yes		1 x 15	1 x 15	1 x 15	1 x 15	
STORE - GENERAL	yes			1 x 9	1 x 9	1 x 9	

References and Further Reading

- 250 .28.00 - Department of Human Services, Victoria, Aged, Community & Mental Health Division, Generic Brief for a Community Mental Health Centre, 1997.
- NSW Health, DS 26 Mental Health Facility Planning Guideline, 2000.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - COMMUNITY MENTAL HEALTH UNIT



260 CORONARY CARE UNIT

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INTRODUCTION

Description

- 260 .2.00 Coronary patients have special needs. They are often fully aware of their surroundings but still need immediate and critical emergency care. In addition to the standards set out in Intensive Care, the following standards apply to the Coronary Critical Care Unit:

PLANNING

Functional Areas

- 260 .3.00 PATIENT AREAS
- Each coronary patient should have a separate room for acoustic and visual privacy.
- 260 .4.00 Each coronary patient should have access to a toilet in the room. (Portable commodes may be used in lieu of individual toilets, but provisions must be made for their storage, servicing, and odour control.)

Functional Relationships

- 260 .5.00 The Coronary care Unit should be located with ready access to the Operating Unit, Medical Imaging Units, Emergency Unit and Cardiac Inpatient Units. The Coronary Care Unit may also be co-located with the Intensive Care Unit, or an Inpatient Accommodation Unit

COMPONENTS OF THE UNIT

Introduction

- 260 .6.00 The Coronary Care Unit may consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 260 .7.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 260 .8.00 There are no Non-Standard Components in the Coronary Care Unit.

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APPENDICES

Coronary Care Generic Schedule of Accommodation

260.9.00 The Coronary Care Unit may be co-located with an Inpatient Accommodation Unit in order to efficiently share facilities. The Schedule of Accommodation for a 6 Bed / 8 Bed and 12 Bed CCU at Levels 4, 5 and 6 respectively:

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
				6 Bed	8 Bed	12 Bed	
1 BED ROOM - SPECIAL CCU	yes			6 x 18	7 x 18	11 x 18	
1 BED ROOM - ISOLATION	yes				1 x 18 optional	1 x 18 optional	Dependent on Service Demand
BAY - HANDWASHING	yes			2 x 1	2 x 1	3 x 1	
BAY - LINEN	yes			1 x 2	1 x 2	1 x 2	
BAY - RESUS TROLLEY	yes			1 x 2	1 x 2	1 x 2	
ENSUITE - STANDARD	yes			6 x 5	8 x 5	12 x 5	
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9	1 x 9	1 x 9	Unit Manager
OFFICE - SINGLE PERSON 12 M2	yes					1 x 12 optional	Cardiologist
OFFICE - 2 PERSON SHARED	yes				1 x 12 optional	1 x 12 optional	Registrars
STAFF STATION	yes			1 x 9	1 x 15	1 x 20	
STORE - GENERAL	yes			1 x 9	1 x 9	1 x 9	
WAITING	yes			1 x 10 optional	1 x 15 optional	1 x 15 optional	May be shared with an adjacent Unit
CIRCULATION %				35	35	35	

260.10.00 SHARED AREAS

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes			1 x 3	1 x 3	1 x 3	
CLEAN UTILITY	yes			1 x 12	1 x 12	1 x 12	
DIRTY UTILITY	yes			1 x 10	1 x 10	1 x 10	May be co-located with Disposal Room
DISPOSAL ROOM	yes			1 x 8	1 x 8	1 x 8	
MEETING ROOM	yes			1 x 12	1 x 15	1 x 15	For Meetings, Tutorials
PROPERTY BAY - STAFF	yes			1 x 6	1 x 6	1 x 6	

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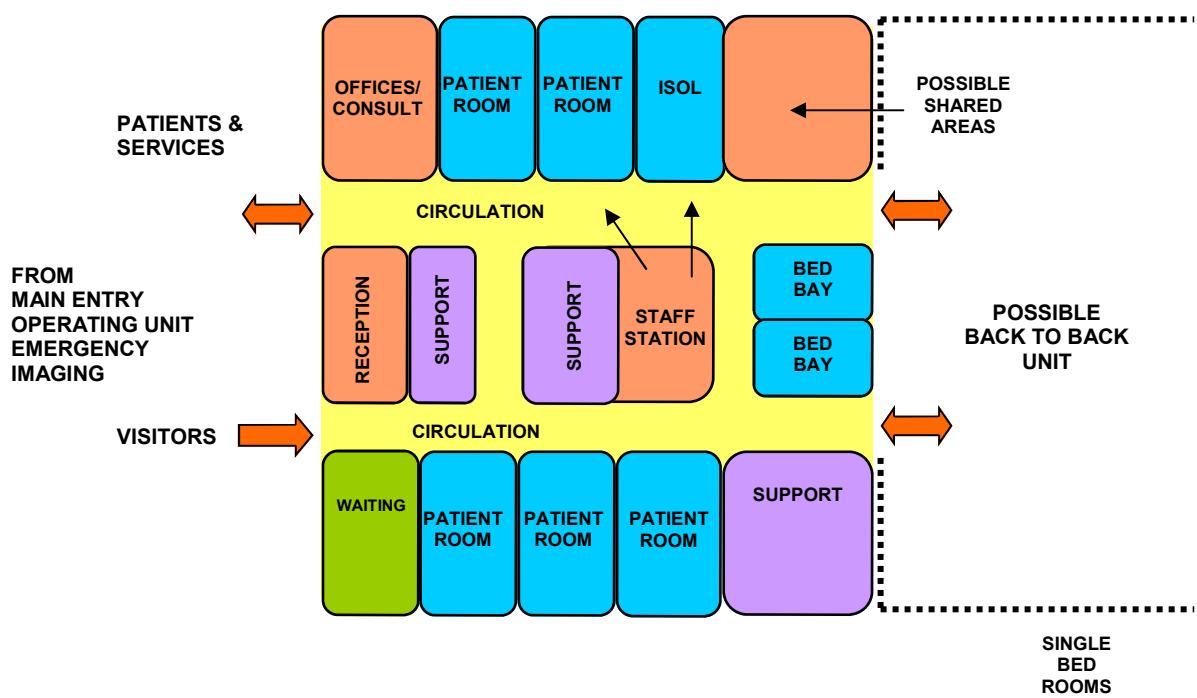
STAFF ROOM	yes			1 x 15	1 x 15	1 x 15	
TOILET - STAFF	yes			1 x 2	1 x 2	1 x 2	

References and Further Reading

- 260 .11.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- NSW Health, Design Standard 13 Health Building Guidelines - Intensive Care Unit, Coronary Care Unit, 1992.
 - Queensland Government, Private Health Facilities Building Code, 2000.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - CORONARY CARE UNIT



SINGLE
BED
ROOMS

270 DAY PROCEDURE UNIT

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INTRODUCTION

	Description
270 .2.00	A Day Procedure Unit is where operative procedures are performed. It comprises one or more Operating Rooms, with provision to deliver anaesthesia and accommodation for the immediate post operative recovery of day patients.
	General
270 .3.00	The Day Procedures Unit can be a stand-alone, attached or shared service. If the facility is part of an Acute Care Hospital or other Medical Facility, services can be shared, as appropriate to minimise duplication.

PLANNING

	Functional Areas
270 .4.00	The Unit functions as an appropriate and safe venue to perform surgical procedures, using inhalations and other anaesthetic agents and to provide adequate facilities for: <ul style="list-style-type: none">- Admission of patients- Procedures performed- Recovery and observation- Discharge of patients- Staff amenities.
270 .5.00	The design shall separate waiting patients from those recovering or undergoing procedures. Waiting patients shall not be exposed to frightening and distasteful noises.

- 270 .6.00 Additional requirements for a Day Procedures Unit are as follows:
- A clinical handbasin located in all patient care areas
 - All patient bed spaces to be provided with the following minimum requirements:
 - suction and oxygen
 - patient nurse call and emergency call
 - four GPOs with earth leakage protection
 - Floor and wall finishes are to be seamless, impervious or welded and washable
 - Floors are to be non-slip and graded to fall to floor wastes as required
 - Intersections of walls and floors are to be covered in continuous materials.

270 .7.00 ADMINISTRATIVE AREAS

General and individual offices shall be provided as required for business transactions, records and administrative and professional staff. These shall be separate from public and patient areas with provision for confidentiality of records. Enclosed office spaces shall be provided for:

- Administration and consultation
- Manager / Nurse Unit Manager as required

Offices are to comply with Standard Components.

270 .8.00 CLINICAL RECORDS

A secure room shall be provided with provision for storage, recording and retrieval of clinical records.

- 270 .9.00 If geographically appropriate, and if the day procedures unit is part of, or attached to, an acute hospital, the general clinical records facility might be used in lieu of a dedicated and separate room.

270 .10.00 ENDOSCOPY SERVICE

Where the Endoscopic Service is attached to an Operating Unit, then the Recovery Room, Recovery Lounge and Support Services can be shared.

270 .11.00 ENDOSCOPE ROOM/S

The number and operation of Endoscope Rooms shall be as determined by the Operational Policy.

- 270 .12.00 Room size will vary, dependent upon:

- The use of video equipment
- Electrosurgical laser treatment
- Fluoroscopy
- Multiple scope activity
- Multiple observers
- The use of X-ray (image intensifying)

- 270 .13.00 However, where basic endoscopy is to be performed, the room size shall be no smaller than 36 m². Where video equipment is used the room size may be 42 m². Larger sizes, where possible, are recommended for flexibility and future developments. The ceiling height shall be 3000 mm.

- 270 .14.00 Endoscope Room/s shall be fitted out as for a Minor Operating Room, for example, it will be suitable for general anaesthetic with appropriate medical gases, power, lighting, air-conditioning and ventilation. Staff assistance call shall be provided. Consideration shall also be given to the special

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requirements of laser equipment.

- 270 .15.00 A clinical scrub up basin shall be provided outside the entrance to the Endoscope Room.
Direct access to the Clean-up Room is recommended.
Impervious wall, floor and ceiling treatments are essential for ease of cleaning.

270 .16.00 ENTRY AREAS

A covered entrance for picking up patients after surgery shall be provided; this may be shared with other departments.

- 270 .17.00 The Entry shall include:
- Convenient access to wheelchair storage
 - Reception and information counter or desk
 - A Waiting Area that allows for the separation of paediatric and adult patients, if organised Paediatric Services are provided
 - A convenient access to public toilet facilities
 - A convenient access to public telephones
- This area may be a shared Outpatient Facility.

270 .18.00 HOLDING AREA

A Holding Area shall be provided where gowned patients enter after changing and wait for their procedure.

- 270 .19.00 The Pre-operative Holding area shall be provided with the following minimum requirements as appropriate to the proposed service:
- A patient trolley or patient seating
 - Privacy screening
 - Handbasin with liquid soap and paper towel fittings
 - Patient nurse call buttons with pendant handsets and indicators
 - Emergency call buttons with indicators
 - Medical gases including oxygen and suction to each bed
 - A minimum of four GPOs for each bed space.

270 .20.00 OPERATING/ PROCEDURES ROOMS

The design of the Operating / Procedure Rooms must allow for adequate space, ready access, free movement and demarcation of sterile and non sterile zones.

270 .21.00 PATIENT CHANGE AREAS

A separate area shall be provided where outpatients can change from street clothing into hospital gowns and be prepared for surgery. It shall be convenient to the Waiting Area. This patient change area shall include Waiting Rooms and lockers.

270 .22.00 PERI-OPERATIVE UNIT

Where Day Procedures (day only surgical service) are provided within the same area as Inpatient Acute Surgery (shared facility), the design shall consider the need to separate the two distinct functions at the incoming side. The design shall also preclude unrelated traffic from the Day Procedures Unit and the Operating Unit.

270 .23.00 PREPARATION ROOM

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270 .23.00

A Preparation Room may be required for patients undergoing certain procedures such as Endoscopy or Ophthalmology. If included, the Preparation Room should include:

- Handbasin - Clinical
- Bench, and cupboards for setting up of procedures
- Adequate space for procedures equipment trolleys
- Examination couch
- Patient privacy screening

270 .24.00 RECOVERY AREAS

In larger facilities it is often considered desirable to have a three stage recovery area. The first stage involves intensive supervision, the second stage has changing facilities in more casual surroundings and in the third stage, the patient is fully mobile and takes visitors. Supervision of the patient is vital at each stage.

270 .25.00 Patients in this area may recover in recliners/chairs. A ratio of two chairs (minimum) to each Operating/Procedure room, in addition to the above bed requirement, is considered appropriate.

270 .26.00 The number of bed/trolley spaces in the Stage 1 Recovery Area will be dependent upon the nature of surgery or procedures performed as outlined in the Operational Policy and the proposed throughput. As a minimum, 1.5 bed/trolley spaces per Operating Room shall be provided.

270 .27.00 If Paediatric Surgery is part of the function, the Recovery Room shall provide for the needs of parents/attendants. A Resuscitation trolley shall be located in this Unit.

270 .28.00 A Dirty Utility for disposal, cleaning and storage of bed pans shall be provided within easy access of the Recovery Room. The Dirty Utility is to comply with Standard Components - Dirty Utility.

270 .29.00 RECOVERY - STAGE 2

Stage 2 Recovery Room may be provided as required to accommodate:

- Patients who have regained consciousness after anaesthesia but require further observation
- Patients who have undergone procedures with local anaesthetic.

The patient is required to remain under observation until ready for discharge.

270 .30.00 Stage 2 Recovery areas can be further described as follows:

- Stage 2A: Provision of patient trolley bays
- Stage 2B: Provision of a combination of discreet patient trolley bays and patient recliners.

External windows are to be provided in Stage 2 Recovery.

Provision for immediate access to, and use of, a resuscitation trolley shall be made at both the Procedural and Recovery Areas

270 .31.00 Minimum space requirement is three bed / trolley / chair spaces per Room and some comfortable seating for ambulant patients.

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Functional Areas

270 .32.00 STORAGE

An area shall be provided for trolley/wheelchair storage/parking that is convenient and out of the direct line of traffic.

Functional Relationships

270 .33.00 There shall be appropriate access for non-ambulant patients and their attendants where the facility is not on the ground floor.

270 .34.00 AMBULANCE ACCESS

A discreet pick-up point, preferably under cover, shall be provided for the transfer of patients to and from the Day Procedure Unit.

270 .35.00 CAR PARKING

Adequate car parking facilities that comply with Local Council requirements need to be provided.

DESIGN

General

270 .36.00 Pre-operative and post-operative patient facilities can be located together as required.

Doors

270 .37.00 All door widths in patient areas shall allow access for trolley bed/ trolley transfer.

Fixtures & Fittings

270 .38.00 Consideration shall be given to patient privacy and dignity by providing bed screens.

Safety and Security

270 .39.00 Appropriate internal security shall be maintained by employing the following:

- All drugs shall be stored in a locked cupboard or a locked room; all keys shall be kept by the authorised officer.
- Narcotic substances shall be stored in a metal drug safe.

COMPONENTS OF THE UNIT

Introduction

270 .40.00 The Day Procedure Unit may consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

270 .41.00 Provide the Standard Components as identified in the Schedule of Accommodation.

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Non-Standard Components

270 .42.00 There are no Non-Standard Components in this Unit.

APPENDICES

Day Procedures Generic Schedule of Accommodation

270 .43.00 The Department Of Human Services may approve a modified Schedule of Accommodation in the case of Hospitals to be registered as freestanding Day Care Endoscopy Centres.

270 .44.00 Schedule of Accommodation for Day Procedures Unit from Levels 2 to 6:

ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes	1 x 3	1 x 3	1 x 3	1 x 3	1 x 3	May be located close to Lounge areas
BAY - HANDWASHING	yes	2 x 1	3 x 1	3 x 1	4 x 1	4 x 1	Refer to Infection Control Guidelines
BAY - LINEN	yes	1 x 2	1 x 2	1 x 2	2 x 2	2 x 2	Add 1 m2 if Blanket Warmer to be included in this space
BAY - MOBILE EQUIPMENT	yes	1 x 4	1 x 4	2 x 4	1 x 4	1 x 4	
BAY - RESUS TROLLEY	yes	1 x 2	1 x 2	1 x 2	1 x 2	1 x 2	
BATHROOM	yes			1 x 10 optional	1 x 10 optional	1 x 10 optional	
CHANGE CUBICLE - PATIENT	yes	1 x 2	1 x 2	1 x 2	1 x 2	1 x 2	
CHANGE CUBICLE - PATIENT DISABLED	see remarks	1 x 5	1 x 5	1 x 5	1 x 5	1 x 5	Refer to Standard Component - Change Cubicle Patient
CLEANER'S ROOM	yes	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4	
CLEAN-UP ROOM	see remarks	1 x 6	1 x 6	1 x 15	1 x 30	1 x 30	Refer to Standard Component - Clean_Up Room; size according to Operational Policy
CLEAN UTILITY	yes	1 x 12	1 x 12	1 x 12	1 x 12	1 x 12	
DIRTY UTILITY	yes	1 x 10	1 x 10	1 x 10	1 x 10	1 x 10	May be co-located with Disposal Room
OFFICE - WORKSTATION	yes	1 x 6	1 x 6				For Recovery - staff write-up area
OPERATING ROOM - MINOR	yes	1 x 36	1 x 36	1 x 36	1 x 36	1 x 36	May be located in Operating Unit
OPERATING ROOM - GENERAL	yes			1 x 42 optional	2 x 42 optional	2 x 42 optional	May be located in Operating Unit; Depending on Operational Policy
PATIENT BAY	yes	4 x 9	4 x 9	6 x 9	8 x 9	8 x 9	Holding
PATIENT BAY	yes	2 x 9	3 x 9	3 x 9	5 x 9	5 x 9	Recovery Stage 1
PATIENT BAY	yes	3 x 9	3 x 9	9 x 9	12 x 9	12 x 9	Recovery Stage 2A/ 2B and 3
SHOWER - PATIENT	yes	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4	With Change facilities
STAFF STATION	yes			1 x 14	1 x 14	1 x 14	For Recovery
STORE - EQUIPMENT	yes			1 x 9	1 x 20	1 x 20	

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STORE - GENERAL	yes	1 x 9	1 x 9	1 x 9	1 x 9	1 x 9	
TOILET - PATIENT	yes	1 x 4	2 x 4	2 x 4	3 x 4	3 x 4	With Change facilities
CIRCULATION 35%		35	35	35	35	35	

270 .45.00 STAFF AND SUPPORT AREAS

ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
CONSULT ROOM	yes	1 x 12 optional	1 x 12	1 x 12	2 x 12	2 x 12	
INTERVIEW ROOM	yes			1 x 9	1 x 9	1 x 9	
OFFICE - SINGLE PERSON 12 M2	yes			1 x 12 optional	1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 9 M2	yes	1 x 9 optional	1 x 9	1 x 9	1 x 9	1 x 9	Unit Manager
OFFICE - 2 PERSON SHARED	yes				1 x 12 optional	1 x 12 optional	CNC / Nurse Educators
OFFICE - 2 PERSON SHARED	yes				1 x 12 optional	1 x 12 optional	Registrars
OFFICE - WORKSTATION	yes				1 x 6 optional	1 x 6 optional	Secretarial
RECEPTION	yes	1 x 10 optional	1 x 10 optional	1 x 10	1 x 10	1 x 10	May be larger if more than 2 persons to be accommodated
TOILET - STAFF	yes	1 x 2	1 x 2	2 x 2	2 x 2	2 x 2	
WAITING	yes	1 x 6 optional	1 x 6 optional	1 x 15	1 x 18	1 x 18	

270 .46.00 SHARED AREAS

ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
CHANGE ROOM - STAFF	yes	1 x 8	1 x 8	2 x 8	2 x 10	2 x 10	May be shared with Operating Unit if co-located
DISPOSAL ROOM	yes			1 x 8	1 x 8	1 x 8	
MEETING ROOM	yes				1 x 20	1 x 20	Meetings, Tutorials

References and Further Reading

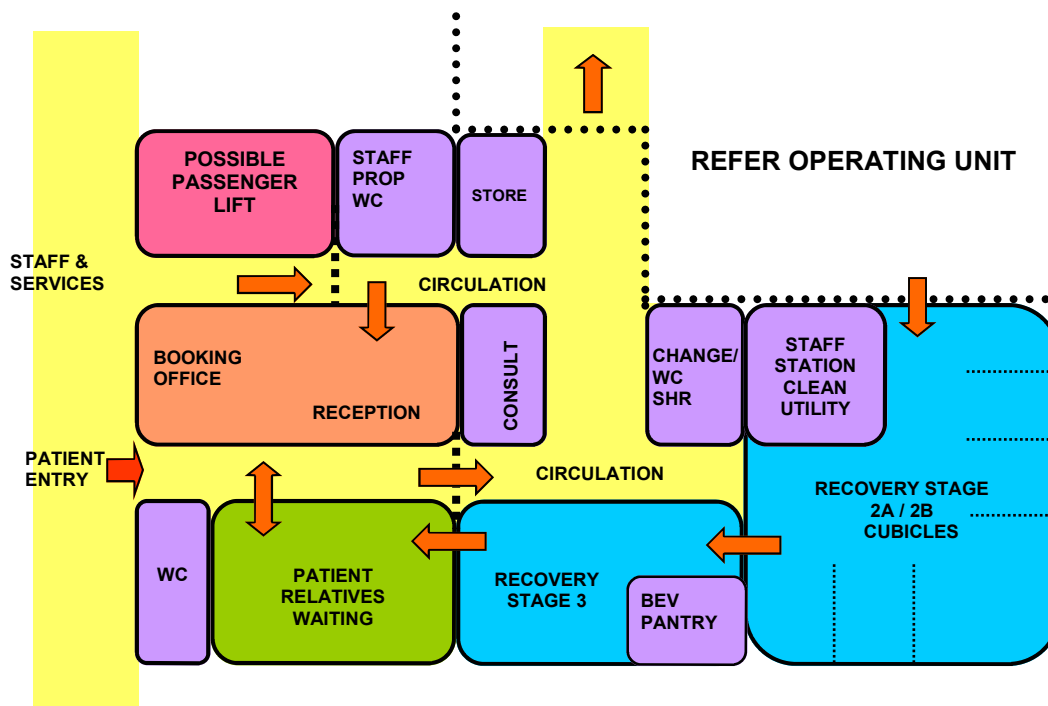
- 270 .47.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.
 - National Co-ordinating Committee on Therapeutic Goods - Standards for Operation of Sterile Supply Services in Healthcare Facilities.
 - Queensland Government, Private Health Facilities Building Code, 2000.

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- Tasmanian Department of Community & Health Services, Standards for Day Surgery/ Procedures Facilities, 1995.
- Technical Guideline TG 6.001, Department of Human Services Victoria, 1990 Revised 1998.
- The Australian Confederation of Operating Room Nurses (A.C.O.R.N.) Standards, Guidelines and Policy.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - DAY PROCEDURE UNIT



280 DENTAL UNIT

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INTRODUCTION

Description

- 280 .2.00 Dental Units may be attached to hospital departments, for example Emergency Units or Outpatients Units, or may be a freestanding department. Refer to Operating Unit for dental surgery as a function of an operating suite.

PLANNING

Functional Areas

- 280 .3.00 The Dental Unit will consist of the following Functional Areas:
- Reception Area and Waiting
 - Office area for administrative and clerical activities
 - Dental Surgery Rooms
 - Support Rooms including Clean-up Room, Laboratory, Store, Sterilising, X-ray processing area and Plant areas
 - Staff Amenities which may be shared with adjacent Units.

Functional Relationships

- 280 .4.00 The Dental Unit in a hospital precinct may be located close to other ambulatory care units. It should have ready access to Entry and Waiting areas and public amenities.

DESIGN

Building Service Requirements

- 280 .5.00 Radiation protection requirements for Dental Surgery Rooms will require assessment by radiation specialists. Compliance with any statutory authority regulations is required.

COMPONENTS OF THE UNIT

Introduction

- 280 .6.00 The Dental Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 280 .7.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 280 .8.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation.

- 280 .9.00 DENTAL LABORATORY

DESCRIPTION AND FUNCTION

Generally the manufacture of dentures is out sourced, but there is a requirement for a Dental Laboratory where dental staff are able to trim, adjust, or polish dentures. There may also be a need to pour impressions (with plaster) before they are sent out to a laboratory.

This area will require work bench space, a small sink with drainer, a dental bench lathe, and a laboratory trimming motor.

The Dental Laboratory shall be a minimum of five m2.

- 280 .10.00 LOCATION AND RELATIONSHIPS

The Dental Laboratory should be located with ready access to the Dental Surgery Rooms.

- 280 .11.00 CONSIDERATIONS

All joinery is to be moisture resistant. There is to be no exposed timber, all surfaces including drawers must be laminated or moulded plastic, for ease of cleaning.

Bench heights shall be 900 mm. The bench top is to be post formed with a coved upstand of 200 mm. A rubbish bin cupboard is required and should be located near the sink. The balance of the under bench joinery shall consist of storage cupboards and drawers. Some cupboards should be lockable.

Inclusion of a plaster trap under the sink is advised if there is a high denture workload envisaged. The sink and plaster trap may also be provided as a separate room.

Non slip vinyl flooring is recommended.

Air exhaust is recommended for dust extraction from this room.

- 280 .12.00 PLANT ROOM

DESCRIPTION AND FUNCTION

The Plant Room will accommodate equipment including water filtration equipment, silver water treatment system, dental suction plant and air compressors.

The Plant Room shall be a minimum of six m². The size will be dependent on the amount of equipment to be accommodated and the layout.

280 .13.00 LOCATION AND RELATIONSHIPS

The Plant Room should be located to minimise the impact of noise and heat generated by equipment accommodated within the room on adjacent areas. Access to the Plant Room through an external door is recommended as internal access may present noise issues.

280 .14.00 CONSIDERATIONS

Services required for equipment may include compressed air, cold water and both single and three phase power. Additional requirements include floor wastes and tundishes for waste water, external exhausting for suction system air discharge and room ventilation.

There may be a requirement to include a pit in the plant room floor to accommodate an air venturi for the suction system.

Remote isolation switches for plant should be considered (the sterilizing room or reception are ideal locations) so plant can be easily shut down at the end of the day.

280 .15.00 X-RAY PROCESSING

DESCRIPTION AND FUNCTION

The X-ray Processing Area will accommodate the dental X-ray developing machines. The area will require a bench and small sink for film washing. The X-Ray Processing area shall be a minimum of two m².

280 .16.00 LOCATION AND RELATIONSHIPS

The Processing area should be located with ready access to the dental Surgery Rooms. There should be restricted access for patients and children.

280 .17.00 CONSIDERATIONS

All joinery is to be moisture resistant. There is to be no exposed timber, all surfaces including drawers must be laminated or moulded plastic, for ease of cleaning.

Bench heights shall be 820 mm. The bench top is to be post formed with a coved upstand of 200 mm. Underbench storage shall be provided for storage of chemicals and must be lockable. A rubbish bin cupboard is required and should be located near the sink.

If this area is designed as an alcove off a corridor it is desirable to incorporate doors or some method of limiting access to patients, particularly children.

This is a convenient location for the placement of the treated water outlet for dental unit water bottle filling.

Air exhaust for extraction of developer chemicals is recommended.

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APPENDICES

Dental Unit Generic Schedule of Accommodation

280.18.00 The recommended Schedule of Accommodation for a freestanding Dental Unit with four Dental Surgery Rooms in a Level 4 Hospital of 120 Beds:

ROOM / SPACE	Standard Component			Level 4 Qty x m2		Remarks
CLEAN-UP ROOM	yes			1 x 10		
DENTAL LABORATORY				1 x 9		
DENTAL SURGERY	yes			4 x 14		
OFFICE - 2 PERSON SHARED	yes			1 x 12		
PLANT ROOM				1 x 6		
RECEPTION	yes			1 x 10		
STERILISING ROOM				1 x 15		
STORE - GENERAL	yes			1 x 9		
TOILET - PATIENT	yes			1 x 3		
TOILET - PUBLIC	yes			1 x 3		
X-RAY PROCESSING				1 x 2		
CIRCULATION %				20		

280.19.00 SHARED AREAS

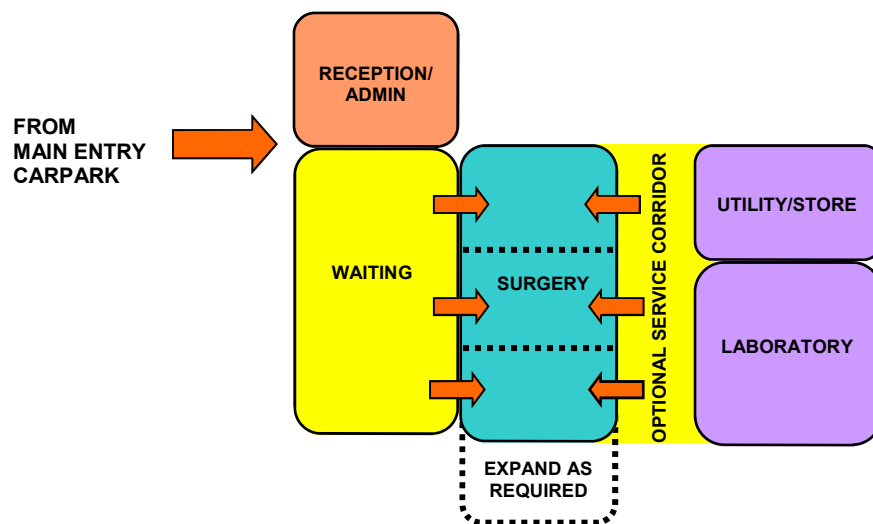
ROOM / SPACE	Standard Component			Level 4 Qty x m2		Remarks
BAY - BEVERAGE	yes			1 x 3		
CLINICAL RECORDS				1 x 6		
DISPOSAL ROOM	yes			1 x 8		
MEETING ROOM	yes			1 x 12		
STAFF ROOM	yes			1 x 15		
TOILET - STAFF	yes			1 x 2		
WAITING	yes			1 x 20		

References and Further Reading

- 280 .20.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - DENTAL UNIT



290 EDUCATION & TRAINING UNIT

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INTRODUCTION

General

- 290 .2.00 An Education and Training Unit requires access to suitable accommodation for the provision of ongoing education and training facility personnel.

PLANNING

Functional Areas

- 290 .3.00 Education and training facilities may include the following:
- Meeting Rooms for tutorials, conferences and seminars
 - Common Rooms
 - Demonstration Rooms
 - Lecture Rooms or Theatres
 - Library collection and reading areas
- 290 .4.00 LECTURE ROOM/S
- Provision of a Lecture Room is recommended, dependent upon the size of the facility and the requirement for training sessions or conferences. If provided, consideration should be given to acoustic privacy and audiovisual requirements.
- 290 .5.00 LIBRARY AREA
- A room or space fitted out for the storage of, and referral to, all types of reference material is recommended. Consideration should be given to the following inclusions:
- Desks/tables and chairs
 - Audiovisual facilities.

Functional Relationships

- 290 .6.00 Access to Public and/or Staff Amenities in close proximity to an Education/Training Unit is recommended.

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COMPONENTS OF THE UNIT

Introduction

- 290 .7.00 The Education and Training Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 290 .8.00 Provide the Standard Components as identified in the Generic Schedule of Accommodation.

Non-Standard Components

- 290 .9.00 Provide the Non Standard Components as described in the Schedule of Accommodation, according to Operational Policy and service demand.

APPENDICES

Education Generic Schedule of Accommodation

- 290 .10.00 Schedule of Accommodation for an Education & Training Unit at Levels 3, 4 5 and 6:

EDUCATION AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
COMMON ROOM - STUDENTS					1 x 40 optional	1 x 40 optional	
DEMONSTRATION ROOM					1 x 40 optional	1 x 40 optional	
LECTURE/ CONFERENCE RM			1 x 50 optional	1 x 75	2 x 40	2 x 40	Size allocation is based on an area of 1.5 m2 per person
LECTURE THEATRE LARGE					1 x 200	1 x 200	
LECTURE THEATRE SMALL					1 x 60 optional	1 x 60 optional	
MEETING ROOM - MEDIUM/ LARGE	yes		1 x 15 optional	1 x 15 optional	4 x 20 optional	4 x 20 optional	
STORE - AUDIOVISUAL EQUIPMENT			1 x 6 optional	1 x 6 optional	1 x 10 optional	1 x 10 optional	May be provided as locked cupboards within lecture room or separately
CIRCULATION %			15	15	15	15	

290 .11.00 LIBRARY AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
JOURNAL DISPLAY			1 x 5	1 x 5	1 x 25	1 x 25	

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LIBRARY COLLECTION			1 x 20	1 x 20	1 x 140	1 x 140	
LIBRARY WORKROOM					1 x 18 optional	1 x 18 optional	
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12	1 x 12	Librarian
READER ASSISTANCE DESK					1 x 15	1 x 15	
READER SERVICES AREA					1 x 8 optional	1 x 8 optional	
READING / STUDY AREA					1 x 70 optional	1 x 70 optional	
STORE - GENERAL	yes				1 x 9	1 x 9	

290 .12.00 SUPPORT AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
ARCHIVES / MUSEUM					1 x 20 optional	1 x 20 optional	
AUDIOVISUAL ROOM					1 x 15 optional	1 x 15 optional	
COMMUNICATIONS ROOM					1 x 20 optional	1 x 20 optional	
COMPUTER ROOM					1 x 15 optional	1 x 15 optional	
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Co-ordinator, according to staffing establishment
OFFICE - 2 PERSON SHARED	yes				1 x 12 optional	1 x 12 optional	According to Staffing establishment
OFFICE - 2 PERSON SHARED	yes				1 x 12 optional	1 x 12 optional	Audiovisual technicians
PREPARATION ROOM					2 x 10 optional	2 x 10 optional	
RECEPTION	yes				1 x 10 optional	1 x 10 optional	
STORE - PHOTOCOPY / STATIONERY	yes				1 x 8 optional	1 x 8 optional	
TOILET - DISABLED	yes				1 x 5	1 x 5	
TOILET - PUBLIC	yes				8 x 3	8 x 3	Apportioned for Males (4) and Females (4)

290 .13.00 SHARED AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes				1 x 3	1 x 3	
CLEANER'S ROOM	yes				1 x 4	1 x 4	
TOILET - STAFF	yes				4 x 2	4 x 2	Separate Male & Female facilities

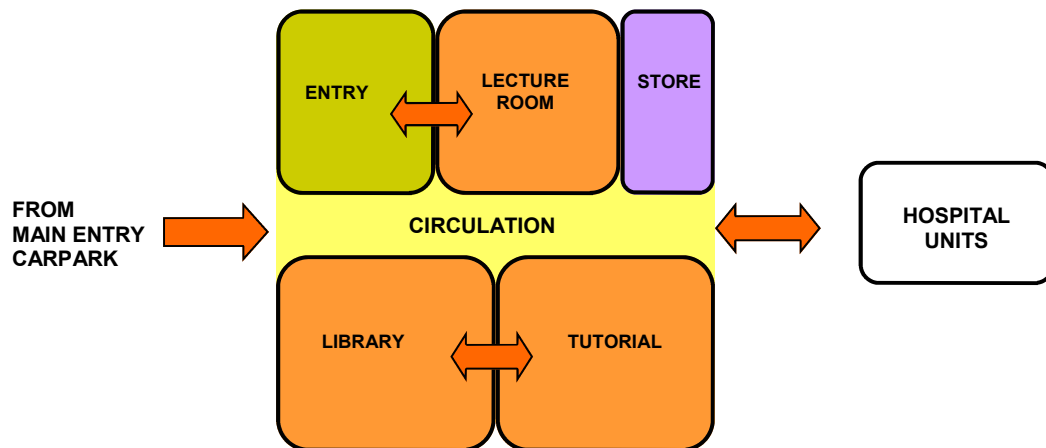
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References and Further Reading

- 290 .14.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - EDUCATION & TRAINING UNIT



300 EMERGENCY UNIT

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INTRODUCTION

	Description
300 .2.00	The function of the Emergency Unit is to receive, stabilise and manage patients who present with a large variety of urgent and non urgent conditions whether self or otherwise referred. The Emergency Unit also provides for the reception and management of disaster patients as part of the Unit's role within the Disaster Plan of each region.
300 .3.00	It is recommended that Hospitals that do not provide an Emergency Service display a prominent exterior sign at the main entrance stating this and giving the location of the nearest Hospital with an Emergency Service.

PLANNING

	Functional Areas
300 .4.00	An Emergency Unit is comprised of the following functional areas: <ul style="list-style-type: none">- Entrance/Reception- Resuscitation- Acute Treatment and associated Consultation Rooms / Workstations- Staff Amenities- Administration
300 .5.00	The main aggregation of clinical staff will be at the Staff Stating in the Acute Treatment/Resuscitation Area. This should be the focus around which the other clinical areas are grouped. The Entrance/Reception Area is the focus of initial presentation.

- 300 .6.00 In addition to clinical areas, Emergency Units may require facilities for the following essential functions:
- Teaching
 - Research
 - Administration
 - Staff amenities
- 300 .7.00 In addition to standard treatment areas, some departments may require additional, specifically designed areas to fulfil special roles, such as:
- Management of paediatric patients
 - Management of major trauma patients
 - Management of psychiatric patients
 - Management of patients following sexual assault
 - Extended observation and management of patients
 - Undergraduate and postgraduate teaching
 - Transport and retrieval services
 - Telemedical
- 300 .8.00 Provisions for Emergency Units shall include:
- A well-marked, illuminated, and covered entrance, at grade level.
 - Reception, triage, and control station shall be located so that staff can observe and control access to treatment areas, pedestrian and ambulance entrances, and public Waiting Areas.
- 300 .9.00 ENTRANCE AREA
- The entrance to the Emergency Unit must be at grade-level, well-marked, illuminated, and covered. It shall provide direct access from public roads for ambulance and vehicle traffic, with the entrance and driveway clearly marked. If a raised platform is used for ambulance discharge, provide a ramp for pedestrian and wheelchair access.
- 300 .10.00 The entrance to the Emergency Unit shall be paved to allow discharge of patients from cars and ambulances. Temporary parking should be provided close to the entrance.
- 300 .11.00 WAITING AREA
- The Waiting Area should provide sufficient space for waiting patients as well as relatives/escorts. The area should be open and easily observed from the Triage and Reception areas. Seating should be comfortable and adequate. Space should be allowed for wheelchairs, prams, walking aids and patients being assisted. There should be an area where children may play.
- Support facilities, such as a television should also be available. Fittings must not provide the opportunity for self harm or harm towards staff. Waiting Areas shall be negatively pressured.
- 300 .12.00 From the Waiting Area there must be access to:
- Triage and Reception Areas
 - Toilets
 - Baby Change Room
 - Light refreshment facilities which may include automatic beverage dispensing machines
 - Telephone and change machines
 - Health literature
- 300 .13.00 It is desirable to have a separate Waiting Area for children. This area will

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300 .13.00 provide equipment suitable for safe play activities, including a television. It shall be separated for sound from the general Waiting Room and must be visible to the Triage Nurse.

300 .14.00 The area should be monitored to safeguard security and patient well being.

300 .15.00 RECEPTION / CLERICAL AREAS

The Reception Area is required to accommodate:

- Reception of patients and visitors
- Registration interviews of patients
- Collation of clinical records
- Printing of identification labels.

The counter should provide seating and be partitioned for privacy at the interview area. There should be direct communication with the Reception / Triage area and the Staff Station in the Acute Treatment / Observation Area.

300 .16.00 The Reception/Clerical Area should be designed with due consideration for the safety of staff. This area requires a duress alarm.

300 .17.00 RECEPTION / TRIAGE

The Reception / Triage and Staff Station shall be located where staff can observe and control access to treatment areas, pedestrian and ambulance entrances, and public waiting areas. This area requires a duress alarm.

300 .18.00 The Emergency Unit should be accessible by two separate entrances: one for ambulance patients and the other for ambulant patients. It is recommended that each entrance area contains a separate foyer that can be sealed by remotely activating the security doors. Access to Treatment Areas should also be restricted by the use of security doors. The Ambulance Entrance should be screened as much as possible for sight and sound from the ambulant patient entrance. Both entrances should direct patient flow towards the Reception/Triage Area.

300 .19.00 The Reception / Triage area should have clear a vision to the Waiting Room, the children's play area (if provided) and the ambulance entrance. The Reception / Triage Area may perform observations and provide first aid in relative privacy.

300 .20.00 ACUTE MENTAL HEALTH AREA

The patient who is suffering from an acute psychological or psychiatric crisis has unique and often complex requirements. An Emergency Unit should have adequate facilities for the reception, assessment, stabilisation and initial treatment of patients presenting with acute mental health problems.

It is not intended that this should reduce the facilities of gazetted Mental Health Admission Centres, nor be used for prolonged observation of uncontrolled patients. The main purpose of such an area is to provide a safe and appropriate space to interview and stabilise patients. Acute mental health presentations have the potential to disrupt the normal operation of an Emergency Unit. Conversely, the busy environment of an Emergency Unit may not be conducive to the care of patients with acute mental health crises.

300 .21.00 Patient flows should be separated where possible to maximise privacy and

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- 300 .21.00 minimise disruption. A separate secure entrance for use by community emergency mental health teams and police may be desirable. Patients should be continuously observable by staff either directly or via closed circuit television
- 300 .22.00 The designated area should be within close proximity of other continuously staffed areas of the department, with ready access to assistance when required. As far as possible, the facility should not contain objects that could be thrown at staff. There should be two separate exits to allow the exit of staff if one exit is blocked. The exit doors should open outwards, and should be lockable from the outside but not from the inside. If a window is incorporated, any drapes or blinds shading the window should be operable from outside. All areas should have easily accessible duress alarms.
- 300 .23.00 As far as possible, the area should be free of heavy or breakable furniture, sharp or hard surfaces which could injure an uncontrolled patient, and should incorporate tamper resistant electrical fittings. It should also incorporate interior design features that promote calmness, such as muted colours and soft furnishings and appropriate lighting. Patient tracking devices may enhance security.
- 300 .24.00 The Acute Mental Health Assessment Facility should be separate enough from adjacent patient care areas to allow both privacy for the mental health patient and protection of other patients from potential disturbance or violence. There should be both acoustic and visual separation from adjacent clinical areas, but ready access for staff in the event of an urgent need for intervention. The incorporation of sound-insulating material is recommended.
- 300 .25.00 Ideally the facility should contain at least two separate but adjacent areas:
INTERVIEW ROOM
This room should have two exit doors, swinging outward and lockable from outside, to allow for the escape of staff members when one exit is blocked. One door should be large enough to allow a patient to be carried through it. Consideration should be given to installing a solid door with safety viewing glass.

The Interview Room should also be:

- Shielded from external noise
- Furnished with only soft furnishings with no hard edges
- Designed in such a way that observation of the patient by staff outside the room is possible at all times; this may be backed up with closed circuit television for the safety of staff
- Arranged to ensure that patients have no access to air vents or hanging points
- Fitted with a smoke detector
- Fitted with duress alarm at each exit.

EXAMINATION/TREATMENT ROOM

The Examination/Treatment Room should be immediately adjacent to the interview room. It should contain adequate facilities for physical examination of the patient, however the inclusion of unnecessary and easily dislodged equipment should be avoided.

If operational policy dictates that IV sedation is to occur in this area, it should contain the appropriate facilities and monitoring equipment, mounted out of reach of a potentially violent patient. It should contain the minimum of additional fittings or hard furnishings that could be used to harm an uncontrolled patient or staff. It should be of sufficient size to allow a restraint team of five people to surround a patient on a standard Emergency Unit bed and should be at least 12 m² in floor area.

300 .26.00 ACUTE TREATMENT AREAS

Acute Treatment Areas are used for the management of patients with acute illnesses. Requirements are as follows:

- Areas to fit a standard mobile bed
- Storage space for essential equipment
- Space to allow monitoring equipment to be housed
- Minimum space between beds is 2.4 m
- Each treatment area must be at least nine m² in area

300 .27.00 All Treatment Areas, including Triage, require the following:

- Service panel
- Examination light
- Wall mounted sphygmomanometer
- Shelving
- Waste bins and sharps containers
- Patient call and emergency call facilities

300 .28.00 When there are more than eight treatment areas in the Emergency Unit, a minimum of two Toilet Facilities will be required.

300 .29.00 CONSULTATION AREAS

Consultation Room/s are to be provided according to Unit size and requirements for examination and treatment of ambulant patients. Consult Rooms are to comply with Standard Components - Consult Room.

300 .30.00 CONSULTATION - OUTPATIENTS

If an Outpatient Consultation Service is to be provided, as listed in the Operational Policy, then the following facilities shall be provided:

- Entrance and Reception; this may be a shared facility with the hospital or other specialty departments
- Waiting Area may be shared
- Consulting / Examination room/s
- Treatment Room/s
- Nurses Office; dependent upon the size of the outpatient service
- Medical Laboratory / Utility Room; the size and type of this facility will be determined by the size of the outpatient service and whether or not shared facilities are available within the hospital
- Dirty Utility / Disposal Room
- Staff Room; may be shared with the hospital
- Toilets and Change Rooms; may be shared with the hospital-
- Storage; as required
- Cleaner's Room; may be shared with the hospital
- Environmental Requirements; special attention is to be given to the visual and acoustic privacy of patients when being interviewed and also to the quality of light when being examined (the latter requires adequate natural light or colour corrected artificial lighting or task lighting)
- Miscellaneous: construction, finishes, design for disabled access, parking, signposting etc., shall be in accordance with the other relevant sections of these Guidelines.

300 .31.00 DECONTAMINATION AREA

An Isolation Room should be available for patients who are contaminated with toxic substances. In addition to the requirements of an Isolation Room, this room must:

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- Be directly accessible from the ambulance bay without entering any other part of the unit
- Have a flexible water hose, floor drain and contaminated water trap.

300 .32.00 LABORATORY AREA

A designated area for performing laboratory investigations such as arterial blood gas analysis and microscopy should be considered in Units of Levels 5 or 6.

300 .33.00 PHARMACY / MEDICATION AREA

A Pharmacy / Medication area is required for the storage of medications used within the Emergency Department. Entry should be secure with a self-closing door. The area should be accessible to all clinical areas and have sufficient space to house a refrigerator, which is essential for the storage of heat sensitive drugs.

300 .34.00 RESUSCITATION AREA

The Resuscitation Room/Bay is used for the resuscitation and treatment of critically ill or injured patients. The Resuscitation Room/Bay requires:

- Space to fit a specialised resuscitation bed
- Space to ensure 360 degree access to all parts of the patient for uninterrupted procedures
- Circulation space to allow movement of staff and equipment around the work area
- Space for equipment, monitors, storage, wash up and disposal facilities
- Appropriate lighting and equipment to hang IV fluids
- Maximum possible visual and auditory privacy for the occupants of the room and other patients and relatives
- Easy access from the ambulance entrance and separate from patient circulation areas
- Easy access to the Acute Treatment/Observation area from the Staff Station
- A full range of physiological monitoring and resuscitation equipment
- Workbenches, storage cupboards, handbasins, X-ray viewing facilities (or digital electronic imaging system) and computer access
- Solid partitions between it and other areas (movable partitions between bed spaces are recommended).

300 .35.00 Each Resuscitation Bay should be equipped with:

- Service panel as described; service pendants or pods should be used to maximise access to patients
- Physiological monitor with facility for ECG, printing, NIBP, SpO₂, temperature probe, invasive pressure, CO₂ monitor
- An operating theatre light with a minimum illuminism of 80,000 lux
- Radiolucent resuscitation trolley with cassette trays
- Wall mounted diagnostic set (ophthalmoscope/otoscope)
- Overhead IV track

300 .36.00 Imaging facilities should include:

- Overhead X-ray
- X-ray screening (lead lining) of walls and partitions between beds
- Resuscitation trolley with X-ray capacity

300 .37.00 STAFF STATION

The Staff Station may be raised in order to have uninterrupted vision of the

patients. It should be centrally located and be constructed as an enclosed area to ensure confidential information can be conveyed without breach of privacy and to provide security to staff, information and privacy.

The use of sliding windows and adjustable blinds can be used to modulate external stimuli and a separate write-up area may be considered.

Functional Relationships

300 .38.00 LOCATION AND DESIGN

Decisions regarding the site location have a major influence on the eventual cost and operational efficiency of the Emergency Unit staff. The site of the Emergency Unit should, as much as possible, maximise the choices of layout. In particular, sites of access points must be carefully considered.

- 300 .39.00 The Emergency Unit should be located on the ground floor for easy access. It should be adequately signposted.

CAR PARKING

Car parking should be close to the Entrance, well lit and available exclusively for patients, their relatives and staff. Parking areas should be available close to the Emergency Unit for urgent call in staff.

Undercover car parking should be available for:

- Appropriate number of ambulances which will be determined by the case load and the availability of ambulance access to other parts of the hospital for non emergency patients
- Taxis and private vehicles that drop off/pick up patients adjacent to the ambulance entrance.

SIGNAGE

The emergency unit should be clearly identified from all approaches. Signposting that is illuminated is desirable to allow visibility at night. The use of graphic and character displays such as a white cross on a red background with the word emergency is encouraged.

- 300 .40.00 The design should allow for rapid access to every space with a minimum of cross traffic. There must be close proximity between the Resuscitation / Acute Treatment areas for non-ambulant patients, other treatment areas for non-ambulant patients and other treatment areas for ambulant patients, so that staff may be relocated at times of high workload. Visitor and patient access to all areas should not traverse clinical areas. Protection of visual, auditory and olfactory privacy is important whilst recognising the need for observation of patients by staff.

- 300 .41.00 The Emergency Unit will require ready access to the following key functional areas:
- Medical Imaging Unit
 - Operating Unit - rapid access is highly desirable for surgical emergencies
 - Coronary Care Unit
 - Pathology / Blood Bank Unit
 - Clinical Records Unit
 - Inpatient Accommodation Unit
 - Pharmacy Unit - proximity is required
 - Outpatients
 - Mortuary

300 .42.00 CLINICAL RECORDS

Access to clinical records is required so that patients' previous medical

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histories are obtainable without delay. A system of mechanical or electronic clinical record transfer is desirable to minimise delays and labour costs. Access to clinical records must be available 24 hours per day.

300 .43.00 MEDICAL IMAGING

The Medical Imaging Unit should have a general X-ray table, upright X-ray facilities and an additional overhead gantry in the Resuscitation Area is recommended. The presence/absence of a film processor is dependent upon close proximity to the main Medical Imaging Department or the use of digital radiology. Immediate access to CT scanning, Ultrasound and Nuclear Medicine modalities will enhance the Emergency Unit's effectiveness. A system of electronic display of imaging is desirable.

300 .44.00 PATHOLOGY

Rapid access to Pathology services is highly desirable to minimise turnaround times for laboratory investigations. Mechanical or pneumatic tube transport systems for specimen and electronic reporting of results are recommended. Point of care access for electrolyte and blood gas analysis are highly desirable.

300 .45.00 PHARMACY

Proximity to the Pharmacy Unit is desirable to enable prescriptions to be filled by patients with limited mobility.

DESIGN

Communications

300 .46.00 Emergency Units are high volume users of telecommunications and information technology. Telephones should be available in all offices, at all staff stations, in the clerical area and in all consultation and other clinical rooms. The use of multi-function, wireless communication devices should be considered. Additional phone jacks should be available for the use of facsimile machines and computer modems where required. A dedicated telephone to receive admitting requests from outside medical practitioners is desirable. A cordless phone or phone jack should be available for access to patients' beds.

300 .47.00 An electronic Emergency Unit Information System may be installed to support clinical management, patient tracking and departmental administration. Sufficient terminals should be available to ensure that queuing does not occur, even at peak times. Workspace design should include sufficient bench-widths or suitable suspension devices for terminals, keyboards, drives and printers. Additional computer terminals, software and peripheral devices should be installed to enable other departmental functions.

300 .48.00 An intercom or public address system that can reach all areas of the Emergency Unit should be considered. Public telephones with acoustic hoods should be available in the Waiting Area. A direct line to a taxi company is desirable. Direct telephone lines bypassing the hospital switchboard should be available for use in internal and external emergencies or when the hospital PABX is out of service.

300 .49.00 The Staff Station should have a dedicated inward line for the for the ambulance and police services. There should be facsimile lines in clerical areas as well as between the ambulance service and the Emergency Unit, including incoming aeromedical transport.

300 .50.00 TELEMEDICINE

Emergency Units using telemedicine facilities should have a dedicated, fully enclosed room with appropriate power and communications cabling provided. This room should be of suitable size to allow simultaneous viewing by members of multiple service teams and should be close to the Staff Station.

Corridors

300 .51.00 In general, the total corridor area within the department should be minimised to optimise the use of space. Where corridors are necessary, they should be of adequate width to allow the cross passage of two hospital beds or a hospital bed and linen trolley without difficulty. There should be adequate space for trolleys to enter or exit any of the Consulting Rooms, and to be turned around. Standard corridors should not be used for storage of equipment.

Note: Refer to Part C for corridor standards

Finishes

300 .52.00 The floor finishes in all patient care areas and corridors should have the following characteristics:

- Non-slip surface
- Impermeable to water, body fluids
- Durable
- Easy to clean
- Acoustic properties that reduce sound transmission
- Shock absorption to optimise staff comfort but facilitate movement of beds

Office/s, Tutorial Rooms, Staff Rooms, Clerical Areas and the Distressed Relatives' Room should be carpeted.

Infection Control

300 .53.00 Handbasins for hand-washing should be available within each treatment area and should be accessible without traversing any other clinical area. They should be available at a ratio of one for every four beds and at the ratio of one to one for every Procedure / Resuscitation / Consulting Room. All handbasins in clinical areas should be of surgical type with hands-free activation (Type A). Dispensers for non sterile latex gloves should be available in the vicinity of each handbasin and each treatment area.

300 .54.00 ISOLATION ROOMS

At least one negative pressure Isolation Room should be provided in Units in Level 5 & 6. The need for additional negative pressure Isolation Rooms shall be determined by the infection control risk assessment. Refer to Infection Control Part D.

Nurse Call

300 .55.00 All patient spaces and clinical areas, including beds, toilets, bathrooms, treatment areas, patient day areas and lounges should have access to an emergency call facility so staff can summon urgent assistance. The emergency call facility should alert to a central module situated adjacent to the Staff Station, as well as to the Staff and Tutorial rooms.

The Nurse Call / Emergency call system is to comply with AS 3811.

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Lighting

- 300 .56.00 It is essential that a high standard focused examination light is available in all treatment areas. Each examination light should have a power output of 30,000 lux, illuminate a field size of least 150 mm and be of robust construction.

Clinical care areas should have exposure to daylight wherever possible to minimise patient and staff disorientation. Lighting should conform to Australian Standards.

Safety and Security

- 300 .57.00 The Emergency Unit receives a large number of patients and their visitors, many of whom may be distressed, intoxicated or involved in violence. The hospital has a duty of care to provide for the safety and security of employees, patients and visitors. Both policies and structures should be in place to minimise injury, psychological trauma and damage or loss of property. The precise details of security features should be designed in conjunction with a security risk assessment for the specific site.

- 300 .58.00 The location of an office for security personnel near the entrance should be considered. This room should be positioned so that it allows Security Staff a clear view of the Waiting Room, Triage and Reception Areas. Immediate access to these areas is essential. Remote monitoring of other areas in the department by CCTV and of staff duress/personal alarms should also occur from this area.

- 300 .59.00 PERIMETER ACCESS CONTROL

Ambulatory and Ambulance entrances should be separate, with electronically operated locks. Access from the Waiting Areas to the treatment areas should be controlled. There should be restricted access from the remainder of the hospital into the Emergency Unit.

- 300 .60.00 RECEPTION / TRIAGE AREAS

The interface between the Waiting Areas and the Reception / Triage Areas should be carefully designed so as to permit communication and reassurance to distressed patients or visitors, yet provide safety and security for staff. Counters should be of sufficient height and depth to minimise the possibility of them being jumped over or reached over. The Reception Area should be elevated so that staff may sit at eye level with standing patients or visitors. The Reception / Triage area should have an unobstructed view of the entire Waiting Area.

- 300 .61.00 Fixed and/or personal duress alarms should be positioned in suitable areas as suggested by the security risk assessment.

- 300 .62.00 Uniformed security personnel may be required at very short notice to assist with a safety or security issue.

- 300 .63.00 Relatively secluded or isolated areas should be monitored electronically (for example, by closed circuit television), with monitors in easily visible and continuously staffed areas.

Space Standards and Components

- 300 .64.00 BED SPACING

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In the Acute Treatment Area there should be at least 2.4 metres of clear floor space between beds. The minimum length should be three metres.

Building Service Requirements

300 .65.00 ACOUSTICS

Clinical Areas should be designed to minimise the transmission of sound between adjacent treatment areas. Sound levels should conform to Australian Standards.

300 .66.00 BEDHEAD SERVICES

Medical gases should be reticulated to all patient care areas.

300 .67.00 WALL PROTECTION

Hospital beds, ambulance trolleys, and wheelchairs may cause damage to walls. All wall surfaces in areas which may come into contact with mobile equipment should be reinforced and protected with buffer rails or similar. Bed stops should be fitted to the floor to stop the bedhead from coming into contact with and damaging fittings and monitors.

COMPONENTS OF THE UNIT

Introduction

300 .68.00 The Emergency Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

300 .69.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

300 .70.00 Provide the Non-Standard Components as identified in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

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APPENDICES

Emergency Generic Schedule of Accommodation

300 .71.00 Schedule of Accommodation for an Emergency Unit at Levels 2 - 6:

ENTRY AND RECEPTION AREA

ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - HANDWASHING	yes		1 x 1	1 x 1	1 x 1	1 x 1	Adjacent to or in Triage
BAY - MOBILE EQUIPMENT	yes		1 x 4	1 x 4	2 x 4	3 x 4	For trolleys and wheelchairs; Add 6 m2 if required for mobile X-ray equipment
COMMUNICATIONS BASE - AMBULANCE					1 x 8	1 x 8	
CONSULT ROOM	yes	1 x 12	1 x 12	1 x 12	4 x 12	6 x 12	
INTERVIEW ROOM	yes			1 x 9	1 x 9	1 x 9	
RECEPTION	yes		1 x 10 optional	1 x 10	1 x 10	2 x 10	
TRIAGE			1 x 9 optional	1 x 12	1 x 16	1 x 20	
WAITING	yes		1 x 12	1 x 20	1 x 80	1 x 110	With Children's Play Area in larger facilities
TOILET - DISABLED	yes		1 x 5	1 x 5	1 x 5	1 x 5	
TOILET - PUBLIC	yes		1 x 4	1 x 4	4 x 4	6 x 4	With Baby Change facilities

300 .72.00 TREATMENT AREAS

ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED - ISOLATION	yes			1 x 15	2 x 15	2 x 15	Class N - Close to entrance
BAY - BLOOD GAS				1 x 4	1 x 4	1 x 4	
BAY - HANDWASHING	yes	2 x 1	2 x 1	4 x 1	8 x 1	10 x 1	
BAY - LINEN	yes	1 x 2	1 x 2	2 x 2	3 x 2	4 x 2	
BAY - MOBILE EQUIPMENT	yes		2 x 4	3 x 4	4 x 4	4 x 4	For Trolleys and Mobile X-ray Equipment
BATHROOM	yes			1 x 10	1 x 10	1 x 10	
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes		1 x 8	1 x 12	2 x 12	2 x 12	
DECONTAMINATION SHOWER				1 x 6 optional	1 x 6 optional	1 x 6 optional	Located outside
DIRTY UTILITY	yes		1 x 8	1 x 10	2 x 10	2 x 10	
DISASTER EQUIPMENT STORE				1 x 2 optional	1 x 2 optional	1 x 2 optional	

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DISPOSAL ROOM	yes			1 x 8	1 x 8	1 x 8	
ENSUITE - STANDARD	yes			1 x 5	2 x 5	2 x 5	
MEETING ROOM - SMALL	yes				1 x 12	1 x 12	For Distressed Relatives
PANTRY	yes			1 x 8	1 x 8	1 x 8	
PATIENT BAY	yes		2 x 9	4 x 9	12 x 9	16 x 9	Treatment / Observation; Patient Bay - Acute
PATIENT BAY	yes	1 x 18	1 x 18	2 x 18	2 x 25	3 x 25	Resuscitation; Patient Bay - Resuscitation
PHARMACY / MEDICATION AREA				1 x 6	1 x 16	1 x 16	
PLASTER ROOM	yes			1 x 14	1 x 14	2 x 14	
SECLUSION ROOM	yes			1 x 14	1 x 14	1 x 14	Smaller Units may combine Seclusion room function with Isolation Room
SHOWER - PATIENT	yes		1 x 4	1 x 4	2 x 4	3 x 4	
STAFF STATION	yes			1 x 14	1 x 20	1 x 20	
STORE - CRUTCHES					1 x 6 optional	1 x 8 optional	
STORE - EQUIPMENT	yes		1 x 6	1 x 20	1 x 20	1 x 20	
STORE - GENERAL	yes	1 x 9 optional	1 x 9	1 x 9	2 x 9	2 x 9	
TOILET - PATIENT	yes	1 x 4	1 x 4	1 x 4	3 x 4	4 x 4	
TREATMENT ROOM - PAEDIATRIC	yes			1 x 15	1 x 15	1 x 15	May be combined with Treatment/ Observation in smaller Units
TREATMENT ROOM	yes			1 x 15	2 x 15	2 x 15	
X-RAY ROOM - GENERAL					1 x 30 optional	1 x 30 optional	
X-RAY VIEWING AND REPORTING	yes				1 x 12 optional	2 x 12 optional	
CIRCULATION %		40	40	40	40	40	

300.73.00 STAFF & SUPPORT AREAS

Staff accommodation and Support Areas are dependent on the Operational Policy and management structure.

ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional	1 x 9 optional	1 x 9 optional	Manager
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9	1 x 9	2 x 9	Unit Manager
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Social Worker

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OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Research
OFFICE - 2 PERSON SHARED	yes		1 x 9 optional	1 x 9 optional	1 x 12 optional	1 x 12 optional	Medical / Registrars
OFFICE - 2 PERSON SHARED	yes				1 x 12 optional	1 x 12 optional	CNC/ Educators
OFFICE - WORKSTATION	yes			1 x 12 optional	4 x 6 optional	6 x 6 optional	Accommodation according to staffing establishment
STAFF ROOM	yes			1 x 15	2 x 15	2 x 15	
STORE - PHOTOCOPY / STATIONERY	yes			1 x 8	1 x 8	1 x 8	

300 .74.00 SHARED AREAS

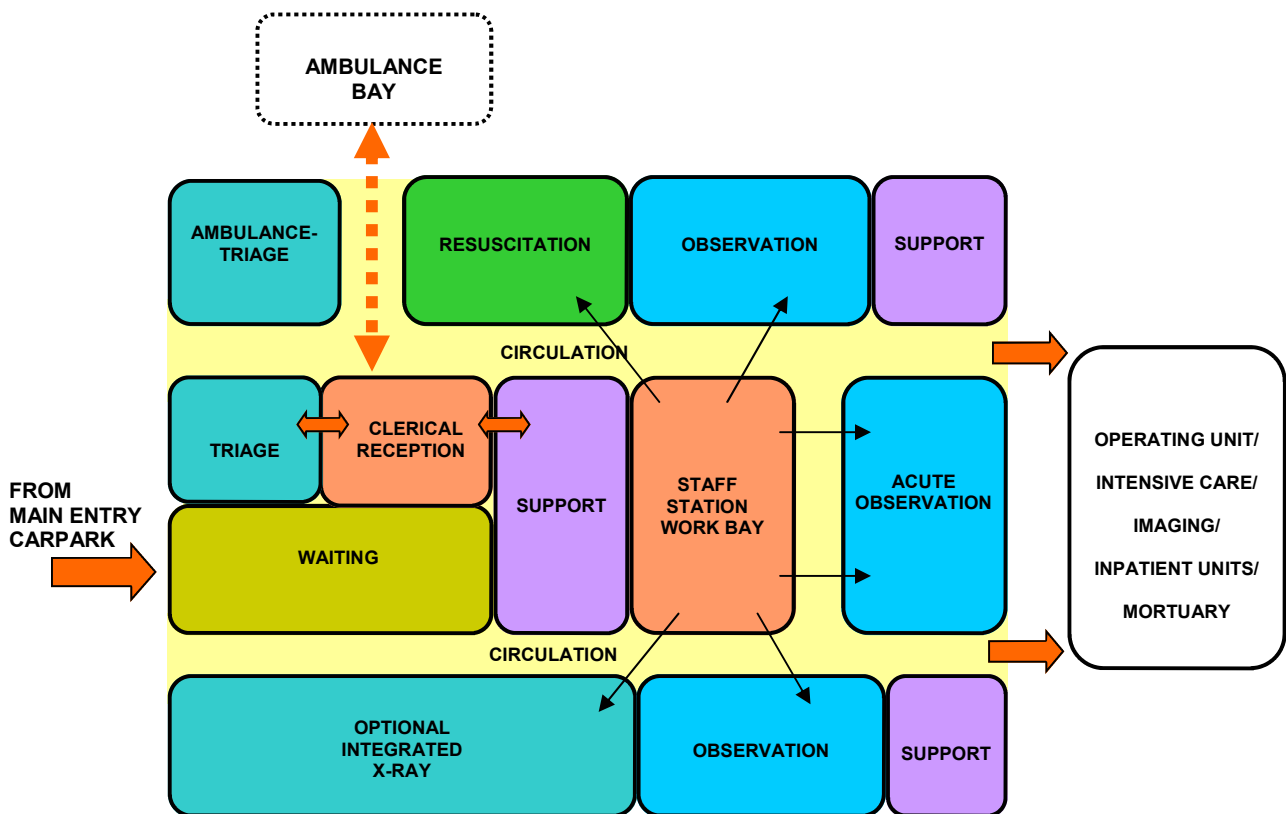
ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
CHANGE ROOM - STAFF	yes			1 x 8	2 x 8	2 x 8	Size dependent on staffing establishment
MEETING ROOM	yes			1 x 12	2 x 20	2 x 30	
SHOWER - STAFF	yes			1 x 2	1 x 2	1 x 2	
TOILET - STAFF	yes			2 x 2	4 x 2	4 x 2	

References and Further Reading

- 300 .75.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities. 1997.
- Australian College of Emergency Medicine, ACEM Guidelines - Emergency Department Design, 1999.
 - Health Department Western Australia, Private Hospital Guidelines, 1998.
 - NSW Health, Design Series 7, Health Building Guidelines - Emergency Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - EMERGENCY UNIT



310 ENGINEERING & MAINTENANCE UNIT

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INTRODUCTION

General

- 310 .2.00 All facilities, no matter how large or small, will require environmental support services in the form of:
- Maintenance services
 - Engineering
 - Cleaning services
 - Waste disposal
 - Gardening services
 - Storage

Description

- 310 .3.00 A Maintenance Service shall be provided. It may be in-house or contracted, with an on-call repair service. The complexity of the services within and provided by the facility will obviously dictate the nature and extent of the Maintenance Service required. The Maintenance Service is provided to effect preventative maintenance and repairs to all elements of the facility, from the building fabric to items of specialist equipment.
- 310 .4.00 Areas that require a 24 hour per day, 7 day per week 'on-call' maintenance service are:
- Medical gases and suction systems
 - Lifts
 - Fire systems
 - Bio-electronic equipment
 - Any life-support systems
 - Emergency power systems
 - Boiler plant
 - Telecommunications systems including PA, EWIS and Nurse Call

The potential life threatening nature of the failure of any of the above systems justifies a 24 hour service.

PLANNING

Functional Areas

- 310 .5.00 The Engineering and Maintenance Unit may consist of the following Functional Areas dependent on the Operational Policy and service demand:
- Workshop areas which may include separate areas for carpentry, mechanical, plumbing and electrical services
 - Storage areas for all specialty services/trades including paint, gardening and flammable liquids
 - Office area for administrative and clerical activities
 - Staff amenities which may be shared

310 .6.00 ELECTRONICS WORKSHOP

A separate workshop may be provided specifically for the storage, repair and testing of electronic and other medical equipment. The amount of space and type of utilities will vary with the type of equipment involved and types of service and maintenance contracts used.

310 .7.00 ENGINEER'S OFFICE

If on-staff, an Engineer's Office shall be provided with file space and provision for protected storage of facility drawings, records and manuals.

310 .8.00 GARDENER'S FACILITIES

A room or shed shall be provided for the storage of all the necessary gardening equipment and material. Depending upon the size of the grounds team, consideration shall also be given to the provision of a Head Gardener's office, hand-washing facilities, toilet facilities and showering facilities.

Note: Gardening services may be externally contracted, in which case onsite provisions may not be required.

310 .9.00 STORAGE AREAS

A storage room shall be provided for the storage of building maintenance supplies. Storage for solvents and flammable liquids shall comply with relevant statutory requirements and AS 1940 - The storage and handling of flammable and combustible liquids.

310 .10.00 WORKSHOP AREAS

A general maintenance Workshop shall be provided for repair and maintenance. Sufficient space is required for a workbench, drill press, angle grinder, stainless steel trough, tool peg board, storage cabinets. Floor space is also required for the standing of equipment during repairs. Adequate lighting, power and ventilation are required.

Note: If Maintenance Services are externally contracted, then a Workshop is not required.

- 310 .11.00 Maintenance workshops incorporating carpentry, metal fabrication, plumbing, refrigeration or other noise generating trades shall be acoustically isolated from non-maintenance areas.

Functional Relationships

- 310 .12.00 The Engineering & Maintenance Unit should be located on the ground floor to facilitate delivery and despatch of heavy items of equipment. Access to a

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loading dock is desirable. The Unit will require ready access to all areas of the hospital and in particular, to plant rooms and areas.

Depending on the size of the Unit and the Operational Policy, considerable noise and fumes may be generated by the Unit and care should be taken in locating the Unit relative to other units such as Inpatient Accommodation Units.

COMPONENTS OF THE UNIT

Introduction

- 310 .13.00 The Engineering and Maintenance Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 310 .14.00 Provide the Standard Component as identified in the Generic Schedule of Accommodation. Provision of accommodation for Engineering & Maintenance will depend on the Operational Policy and service demand.

Non-Standard Components

- 310 .15.00 Provide the Non-Standard Components identified in the Schedule of Accommodation, according to Operational Policy and service demand.

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APPENDICES

Engineering Generic Schedule of Accommodation

310.16.00 The following Generic Schedule of Accommodation is for a typical Engineering & Maintenance Unit in a Level 4 Hospital with 120 Beds and a range of diagnostic and treatment facilities. This schedule assumes that all services are provided in-house.

Note: For maximum functionality, some of the workshop areas should be combined into one large area.

ROOM / SPACE	Standard Component			Level 4 Qty x m2		Remarks
FLAMMABLE LIQUID STORE				1 x 2 optional		or Steel cupboard
GARDENING STORE / SHED				5 x 5.5 optional		
OFFICE - SINGLE PERSON 12 M2	yes			1 x 12		For Engineer if on staff
PAINTER'S STORE				1 x 9 optional		
PLAN FILE - STORAGE				1 x 12 optional		
WORKSHOP - CARPENTRY				4 x 6.5 optional		Including storage
WORKSHOP - MECHANICAL				4 x 6.5 optional		Including storage
WORKSHOP - PLUMBING				4 x 6.5 optional		Including storage
CIRCULATION %				15		

310.17.00 SHARED AREAS

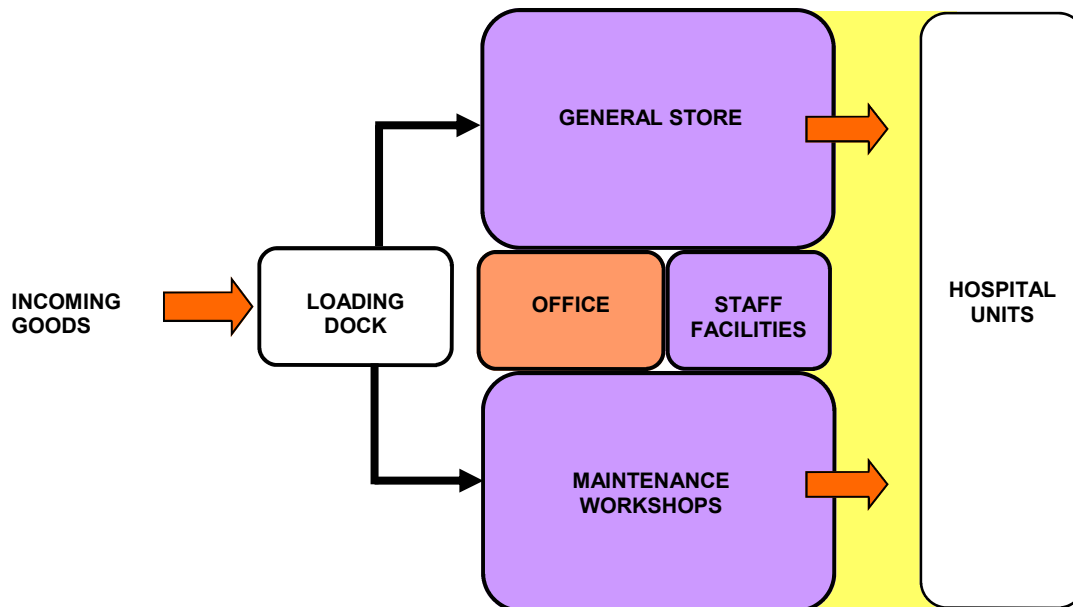
ROOM / SPACE	Standard Component			Level 4 Qty x m2		Remarks
BAY - CLEAN-UP				1 x 3		
STAFF ROOM	yes			1 x 15		
TOILET - STAFF	yes			2 x 2		

References and Further Reading

- 310.18.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - ENGINEERING & MAINTENANCE UNIT



320 GERIATRIC EVALUATION & MANAGEMENT

INTRODUCTION

Description

320 .1.00 Geriatric Evaluation and Management is care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who usually is (but not always) an older patient. This may also include younger adults with clinical conditions generally associated with old age. This care is usually evidenced by multi-disciplinary management and regular assessment against a management plan that is working towards negotiated goals within indicative time frames.

Refer to Sub-Acute Care in these Guidelines for requirements and Schedule of Accommodation.

APPENDICES

References and Further Reading

- 320 .2.00
- American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
 - Department of Human Services; Aged, Community & Mental Health Division, Sub-Acute Care Facilities and Specialist Clinics Generic Brief, 2000.

340 INPATIENT ACCOMMODATION UNIT

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340 .1.00	INTRODUCTION Description General PLANNING Planning Models Functional Areas Functional Relationships DESIGN Space Standards and Components Bed Spaces / Clearances Access, Mobility & OH&S Infection Control Building Service Requirements Fixtures & Fittings Safety and Security COMPONENTS OF THE UNIT Introduction Standard Components Non-Standard Components APPENDICES Generic Schedules of Accommodation References and Further Reading Functional Relationships Diagram

INTRODUCTION

	Description
340 .2.00	The Inpatient Accommodation Unit is for general medical and surgical patients. In larger health facilities this Unit includes specialist medical and surgical patients, for example, cardiac, neurology/ neurosurgery, integrated palliative care and obstetric patients. Patients awaiting placement elsewhere may also be accommodated in this type of facility.
340 .3.00	General The prime function of the Inpatient Unit is to provide appropriate accommodation for the delivery of health care services including diagnosis, care and treatment to inpatients. The Unit must also provide facilities and conditions to meet the needs of patients and visitors as well as the workplace requirements of staff.

PLANNING

Planning Models

340 .4.00 BED NUMBERS AND COMPLEMENT

Each Inpatient Unit may contain up to 32 patient beds and shall have Bedroom accommodation complying with the Standard Components.

340 .5.00 The preferred maximum number of beds in an acute Inpatient Unit in Maternity or Paediatric Units is 20-25 beds.

340 .6.00 A minimum of 20 % of the total bed complement shall be provided as Single Bedrooms in an Inpatient Unit used for overnight stay.

340 .7.00 SWING BEDS

For flexibility and added options for utilisation it may be desirable to include provisions for Swing Beds. This may be a single bed, a group of beds that may be quickly converted from one category of use to another. An example might be long-stay beds which may be converted to acute beds.

340 .8.00 At any given time, swing beds are part of an Inpatient Unit in terms of the total number of beds and the components of the unit. For example: Ward A + Swing Beds = One Inpatient Unit as per these Guidelines. Alternatively: Ward B + the same Swing Beds = One Inpatient Unit as per these Guidelines.

340 .9.00 Facility design for swing beds will often require additional corridor doors and provision for switching patient/ nurse call operation from one Staff Station to another. Security is also an issue, for example, converting General/Medical beds to Paediatric beds.

Functional Areas

- 340 .10.00 The Inpatient Accommodation Unit will comprise the following Functional Areas or zones:
- Patient Areas - areas where patients are accommodated or facilities specifically serve patients
 - Staff Areas - areas accessed by staff, including utility and storage areas
 - Shared Areas - areas that may be shared by two or more Inpatient Units

Functional Relationships

- 340 .11.00 Optimum internal relationships include:
- Patient occupied areas as the core of the unit
 - The Staff Station and associated areas need direct access and observation of Patient Areas
 - Utility and storage areas need ready access to both patient and staff work areas
 - Public Areas should be on the outer edge of the Unit
 - Shared Areas should be easily accessible from the Units served

Principal relationships with other Units include:

- Easy access from the Main Entrance of a facility
- Inpatient Units must not be located so that access to one Unit is via another
- Ready access to diagnostic facilities such as Medical Imaging and Pathology
- Ready access to Emergency and Critical Care Units
- Surgical Units require ready access to Operating/ Day Procedures Units
- Ready access to staff amenities.

DESIGN

Space Standards and Components

340 .12.00 ROOM CAPACITY AND DIMENSIONS

Maximum room capacity shall be four patients.

340 .13.00 Minimum dimensions, excluding such items as ensuites, built-in robes, alcoves, entrance lobbies and floor mounted mechanical equipment shall be as follows:

ROOM TYPE		WIDTH	LENGTH
SINGLE BED ROOM		3450 mm	3600mm
TWO BED ROOM		3450 mm	5600 mm
FOUR BED ROOM		6100 mm	5600 mm

340 .14.00 Minimum room dimensions are based on overall bed dimensions (buffer to buffer) of 2250 mm long x 1050 mm wide. Minor encroachments including columns and hand basins that do not interfere with functions may be ignored when determining space requirements.

Bed Spacing / Clearances

340 .15.00 Bed dimensions become a critical consideration in ascertaining final room sizes. The dimensions noted in these Guidelines are intended as minimums and do not prohibit the use of larger rooms where required.

340 .16.00 In multi-bed rooms there shall be a clearance of 1200 mm available at the foot of each bed to allow for easy movement of equipment and beds.

340 .17.00 In multiple-bed rooms, the minimum distance between bed centre lines shall be 2400 mm.

340 .18.00 Paediatric bedrooms that contain cots may have reduced bed centres, but consideration must be given to the spatial needs of visiting relatives. To allow for more flexible use of the room the 2400 mm centre line is still recommended. Consider allowing additional floor area within the room for the children to play.

Access, Mobility & OH&S

340 .19.00 Patient wheelchair access bedrooms and ensuites should comply with AS 1428 to enable normalisation of activity for wheelchair dependant patients, as opposed to patients who are in a wheelchair as a result of their hospitalisation.

Infection Control

340 .20.00 Hand-washing facilities shall not impact on minimum clear corridor widths. At least one is to be conveniently accessible to the Staff Station. Handbasins are to comply with Standard Components - Bay - Hand-washing and Part D - Infection Control.

Infection Control

- 340 .21.00 At least one 'Class S - Standard' Isolation Room shall be provided for each 32 bed Inpatient Unit. At least one 'Class N - Negative Pressure' Isolation Room shall be provided for each 100 beds in facilities of level 4 and above. These beds may be used for normal acute care when not required for isolation.

Building Service Requirements

- 340 .22.00 INFORMATION TECHNOLOGY/ COMMUNICATIONS

Unit design should address the following Information Technology/ Communications issues:

- Paperless records
- Hand-held computers
- PACS
- Paging and personal telephones replacing some aspects of call systems
- Data entry including scripts and investigation requests
- Email
- Bar coding for supplies and X-rays / Records.

- 340 .23.00 NURSE CALL

Hospitals must provide an electronic call system that allows patients and staff to alert nurses and other health care staff in a discreet manner at all times.

- 340 .24.00 Nurse call systems must be designed and installed to comply with AS 3811 - Hard wired Patient Alarm Systems.

Fixtures & Fittings

- 340 .25.00 BED SCREENS

In multiple-bed rooms, visual privacy from casual observation by other patients and visitors shall be provided for each patient. The design for privacy shall not restrict patient access to the entrance, toilet or shower.

- 340 .26.00 CURTAINS / BLINDS

Each room shall have partial blackout facilities (blinds or lined curtains) to allow patients to sleep easier during the daytime.

Safety and Security

- 340 .27.00 An Inpatient Unit shall provide a safe and secure environment for patients, staff and visitors, while remaining a non-threatening and supportive atmosphere conducive to recovery.

The facility, furniture, fittings and equipment must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.

- 340 .28.00 Security issues are important due to the increasing prevalence of violence and theft in health care facilities.

The arrangement of spaces and zones shall offer a high standard of security through the grouping of like functions, control over access and egress from the Unit and the provision of optimum observation for staff. The level of observation and visibility has security implications.

- 340 .29.00 DRUG STORAGE

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340 .29.00

Each Inpatient Accommodation Unit shall have a lockable storage area or cupboard containing:

- Benches and shelving
- Lockable cupboards for the storage of restricted substances
- A lockable steel cabinet for the storage of drugs of addiction
- A refrigerator, as required; to store restricted substances, it must be lockable or housed within a lockable storage area
- Space for medication trolley

Note: Storage for dangerous drugs must be in accordance with the relevant legislation.

COMPONENTS OF THE UNIT

Introduction

340 .30.00 The Inpatient Unit will contain a combination of Standard Components and may contain Non-Standard Components, according to Level of Service and Unit specialty.

Standard Components must comply with details in the Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

340 .31.00 Provide the Standard Components as identified in the Generic Schedules of Accommodation.

Non-Standard Components

340 .32.00 There are no Non-Standard Components in this Unit

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APPENDICES

Inpatient Accommodation Generic Schedule of Accommodation

340 .33.00 Schedule of Accommodation for a 32 Bed Inpatient Unit at Levels 3 to 6:

PATIENT AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED ROOM	yes		10 x 15	10 x 15	7 x 15	7 x 15	
1 BED ROOM - ISOLATION CLASS S/N	yes		1 x 15 optional	1 x 15 optional	2 x 15 optional	2 x 15 optional	Isolation Rooms Class S/N are provided as required by service demand
1 BED ROOM - SPECIAL	yes		1 x 18 optional	1 x 18 optional	1 x 18 optional	1 x 18 optional	
2 BED ROOM	yes		4 x 25 optional	4 x 25 optional	5 x 25 optional	5 x 25 optional	
4 BED ROOM	yes		3 x 42 optional	3 x 42 optional	3 x 42 optional	3 x 42 optional	
ENSUITE - STANDARD	yes		12 x 5	12 x 5	10 x 5	10 x 5	
ENSUITE - SHARED	yes		4 x 6 optional	4 x 6 optional	5 x 6 optional	5 x 6 optional	
ENSUITE - SPECIAL	yes		1 x 7 optional	1 x 7 optional	1 x 7 optional	1 x 7 optional	
LOUNGE - PATIENT	yes		1 x 15	1 x 15	1 x 15	1 x 15	Or Day Room
SHOWER - PATIENT	yes		3 x 4 optional	3 x 4 optional	3 x 4 optional	3 x 4 optional	For 4 Bed Rooms
TOILET - DISABLED	yes		1 x 5	1 x 5	1 x 5	1 x 5	Locate near Lounge - Patient
TOILET - PATIENT	yes		3 x 4 optional	3 x 4 optional	3 x 4 optional	3 x 4 optional	For 4 Bed Rooms
TOILET - PUBLIC	yes		1 x 3	1 x 3	1 x 3	1 x 3	

340 .34.00 STAFF AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - HANDWASHING	yes		2 x 1	2 x 1	2 x 1	2 x 1	In addition to handbasins in Bedrooms & service rooms
BAY - LINEN	yes		2 x 2	2 x 2	2 x 2	2 x 2	
BAY - MOBILE EQUIPMENT	yes		1 x 4	1 x 4	1 x 4	1 x 4	
BAY - RESUS TROLLEY	yes		1 x 2	1 x 2	1 x 2	1 x 2	
CLEANER'S ROOM	yes		1 x 4	1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes		1 x 12	1 x 12	1 x 12	1 x 12	May include medication storage
DIRTY UTILITY	yes		1 x 10	1 x 10	1 x 10	1 x 10	
DISPOSAL ROOM	yes		1 x 8	1 x 8	1 x 8	1 x 8	

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OFFICE - CLINICAL/ HANDOVER	yes		1 x 12 optional	1 x 12 optional	1 x 12 optional	1 x 12 optional	For Handovers/ clerical activities
OFFICE - SINGLE PERSON 9M2	yes		1 x 9	1 x 9	1 x 9	1 x 9	Nurse Manager
OFFICE - SINGLE PERSON 9M2	yes			1 x 9 optional	1 x 9 optional	1 x 9 optional	CNC, Educator; provision according to Operational Policy and Staff Structure
OFFICE - 2 PERSON SHARED	yes				1 x 12 optional	1 x 12 optional	Registrars, shared; Allow 6 m2 per person
PANTRY	yes		1 x 8	1 x 8	1 x 8	1 x 8	Add 2 m2 for meal trolley parking if required
STAFF STATION	yes		1 x 14	1 x 14	1 x 14	1 x 14	
STORE - EQUIPMENT	yes		1 x 20	1 x 20	1 x 20	1 x 20	
STORE - GENERAL	yes		1 x 9	1 x 9	1 x 9	1 x 9	
TOILET - STAFF	yes		1 x 2	1 x 2	1 x 2	1 x 2	
TREATMENT ROOM	yes		1 x 15 optional	1 x 15 optional	1 x 15 optional	1 x 15 optional	

340 .35.00 SHARED AREAS

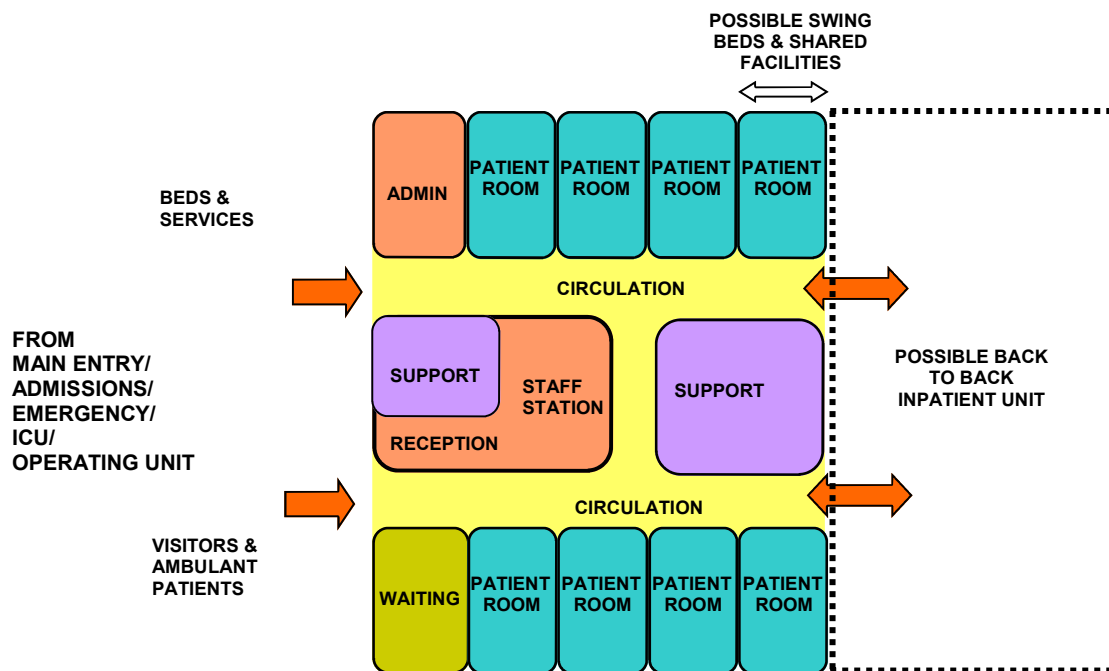
ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - FLOWER	yes		1 x 2	1 x 2	1 x 2	1 x 2	
BATHROOM	yes		1 x 10	1 x 10	1 x 10	1 x 10	
MEETING ROOM	yes		1 x 12	1 x 12	1 x 15	1 x 18	
PROPERTY BAY - STAFF	yes		1 x 6	1 x 6	1 x 6	1 x 6	
STAFF ROOM	yes			1 x 15	1 x 15	1 x 15	
CIRCULATION %			32	32	32	32	

References and Further Reading

- 340 .36.00
- American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
 - Health Department of Western Australia, Private Hospital Guidelines, 1998.
 - Queensland Government Private Health Facilities Building Code, 2000.
 - Queensland Health Capital Works Guidelines, 1997.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - INPATIENT UNIT



350 INTEGRATED HEALTH CARE CENTRES

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INTRODUCTION

Description

- 350 .2.00 Service components in an Integrated Care Centre (ICC) can include primary health care and community support as well as acute health and aged residential care. Some services such as allied health, medicine and nursing may span more than one of these areas of care.
- It should be noted that the range of services in an ICC will depend on the local community needs. Some components will be considered essential to the particular community in which the ICC is to be situated.
- 350 .3.00 The types of services that may be considered for inclusion in an ICC are:
- Primary Health and Community Services
 - Allied Health Services
 - Bed-based Services:
 - Aged Residential Care
 - Low care (hostel)
 - High care (nursing home)
 - Respite
 - Inpatient Accommodation:
 - Acute, lower level acute and post acute care
 - Palliative Care
 - Midwifery
 - Rehabilitation
 - Emergency and stabilisation
 - Ambulance Services.
- 350 .4.00 Integrated Care Centres will vary in size. Components and allocated spaces will depend on the outcome of a needs analysis and a service plan that is based on the location, size and the needs of the area in which an ICC is to be sited. Specific areas sizes will therefore be based on the throughput/occasions of service. These need to be well detailed in the service plan prior to the commencement of the capital planning process.
- An ICC will combine individual functional units with a philosophy of flexibility, shared resources and multiple use areas.

PLANNING

Planning Models

- 350 .5.00 An ICC may be sited in a new purpose-built facility, in an existing building that requires redevelopment or a combination of both. The selected design should always take into consideration the factors relating to integrating new designs within an existing old facility/ building.
- 350 .6.00 Building design must be flexible and adaptable to enable an ICC to cater for varying client and service needs and future service delivery changes. The design philosophy of an ICC, which is part of the local community, conveys a friendly and inviting environment and will encourage community members to utilise the available facilities for a variety of purposes.
- 350 .7.00 Buildings should be designed to cope with a wide range of possible conditions. The aim is to provide an environment that will allow the maximum mobility possible for each person. The ICC facility will include access for the disabled as required in the BCA.

Functional Areas

- 350 .8.00 The Integrated Care Centre will consist of a number of Functional Areas or zones as follows:
- Reception, Waiting and Administrative areas
 - Bed-based Services including Inpatient Accommodation Areas
 - Medical Procedures Areas
 - Emergency & Stabilisation Areas including Radiology
 - Primary Health, Allied Health Services and Day Centre Areas
 - Services and support areas
 - External spaces - parking, recreational, entrance canopies, and treatment areas

Functional Relationships

- 350 .9.00 The Integrated Health Care Centre requires ready access to public transport and carparking facilities. It should have easy access for emergency and service vehicles.

COMPONENTS OF THE UNIT

Introduction

- 350 .10.00 The Integrated Health Care Centre will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 350 .11.00 Provide the Standard Components as identified in the Schedules of Accommodation.

Non-Standard Components

- 350 .12.00 Provide the Non-Standard Components as identified in the Schedules of Accommodation, according to the Operational Policy and Functional Brief.

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APPENDICES

ICC Generic Schedule of Accommodation

350 .13.00 Schedule of Accommodation for a 15, 30 and 45 Bed Integrated Care Centre:

PATIENT AREAS

ROOM / SPACE	Standard Component		15 Bed Qty x m2	30 Bed Qty x m2	45 Bed Qty x m2		Remarks
1 BED ROOM	yes		9 x 15	10 x 15	11 x 15		
1 BED ROOM - SPECIAL	yes		2 x 18 optional	2 x 18 optional	2 x 18 optional		As required by service demand
2 BED ROOM	yes		2 x 25	9 x 25	16 x 25		
ACTIVITY AREA			1 x 20 optional	1 x 30 optional	1 x 40 optional		For Aged Care Programs
BATHROOM	yes		1 x 10	1 x 10	1 x 10		
BAY - HANDWASHING	yes		2 x 1	3 x 1	4 x 1		In addition to Handwash Basins in Bedrooms
BAY - LINEN	yes		1 x 2	1 x 2	2 x 2		
BAY - RESUS TROLLEY	yes		1 x 2	1 x 2	1 x 2		
CLEANER'S ROOM	yes		1 x 4	1 x 4	1 x 4		
CLEAN UTILITY	yes		1 x 12	1 x 12	2 x 12		
DINING / LOUNGE			1 x 15	1 x 30	1 x 45		
DIRTY UTILITY	yes		1 x 10	1 x 10	2 x 10		
ENSUITE - SPECIAL	yes		2 x 7 optional	2 x 7 optional	2 x 7 optional		For 1 Bed - Special
ENSUITE - STANDARD	yes		7 x 5	15 x 5	23 x 5		
ENSUITE - SHARED	yes		4 x 6	4 x 6	4 x 6		
MEETING ROOM	yes		1 x 12	2 x 12	2 x 12		Quiet Sitting Room / Multipurpose
PANTRY	yes		1 x 8	1 x 8	1 x 8		May include area for Plating
PATIENT BAY	yes		4 x 9	4 x 9	4 x 9		Day Chairs - Multi-use
STORE - EQUIPMENT	yes		1 x 10	1 x 10	1 x 10		Dependent on equipment to be stored
STORE - GENERAL	yes		1 x 9	1 x 9	1 x 9		
THERAPY AREA				1 x 12 optional	1 x 14 optional		
TOILET - PATIENT	yes		1 x 4	2 x 4	3 x 4		
CIRCULATION %			30	30	30		

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ICC Generic Schedule of Accommodation

350 .14.00 ADMINISTRATION AND STAFF AREAS

Note: Provision of office accommodation will be according to Operational Policy and staffing establishment.

ROOM / SPACE	Standard Component		15 Bed Qty x m2	30 Bed Qty x m2	45 Bed Qty x m2		Remarks
BAY - MOBILE EQUIPMENT	yes		1 x 4	1 x 4	1 x 4		
CLINICAL RECORDS			1 x 10	1 x 12	1 x 14		
ENTRY / LOBBY			1 x 6	1 x 6	1 x 8		
INTERVIEW ROOM	yes		1 x 12	1 x 12	2 x 12		Large for family groups
MEDICATION STORAGE			1 x 6 optional	1 x 8 optional	1 x 10 optional		
MEETING ROOM - SMALL	yes		1 x 12 optional	1 x 12 optional	1 x 12 optional		
OFFICE - CEO	yes		1 x 15	1 x 15	1 x 15		CEO function may be combined with DON function
OFFICE - SINGLE PERSON 12 M2	yes		1 x 12	1 x 12	1 x 12		Director of Nursing
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9 optional	2 x 9 optional		Dependent on staffing establishment
OFFICE - 2 PERSON SHARED	yes		1 x 12 optional	1 x 12 optional	1 x 12 optional		Community Nurse
OFFICE - WORKSTATION	yes			3 x 6	4 x 6		General clerical functions; dependent on staffing establishment
RECEPTION	yes				1 x 10		
STAFF STATION	yes		1 x 20	1 x 25	1 x 25		May also serve as a Reception
STORE - PHOTOCOPY/ STATIONERY	yes		1 x 8	1 x 8	1 x 8		
TOILET - DISABLED	yes		1 x 5	1 x 5	1 x 5		
TOILET - PUBLIC	yes		1 x 4	1 x 4	2 x 4		
WAITING	yes		1 x 15	1 x 20	1 x 24		

350 .15.00 SUPPORT SERVICES

For a 15, 30 and 45 Bed Integrated Care Centre

ROOM / SPACE	Standard Component		15 Bed Qty x m2	30 Bed Qty x m2	45 Bed Qty x m2		Remarks
CHANGE ROOM - STAFF	yes		1 x 12	2 x 8	2 x 12		Dependent on staffing establishment
CHEMICAL STORE			1 x 10	1 x 12	1 x 12		
CLEAN LINEN			1 x 12	1 x 15	1 x 18		
CLINICAL RECORDS ARCHIVES			1 x 15	1 x 20	1 x 25		

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CLINICAL WASTE			1 x 4	1 x 4	1 x 6	
DIRTY LINEN			1 x 12	1 x 15	1 x 18	
HOLDING ROOM				1 x 10 optional	1 x 10 optional	Depending on availability of local alternative arrangements
KITCHEN			1 x 45 optional	1 x 60 optional	1 x 80 optional	
LAUNDRY			1 x 20 optional	1 x 24 optional	1 x 28 optional	For hospital supply, may use external service
MEDICAL GASES STORE			1 x 4	1 x 4	1 x 6	
MEDICAL SUPPLIES STORE			1 x 15	1 x 20	1 x 20	
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	Engineer, as required
PHARMACY			1 x 10 optional	1 x 12 optional	1 x 14 optional	
PLANT ROOM			1 x 3	1 x 10	1 x 14	
SHOWER - STAFF	yes		1 x 2	2 x 2	2 x 2	
STAFF ROOM	yes		1 x 15	1 x 15	1 x 15	
STORE - EQUIPMENT	yes		1 x 20	2 x 20	2 x 20	Dependent on quantity of equipment to be stored
TOILET - STAFF	yes		2 x 2	2 x 2	4 x 2	
WORKSHOP			1 x 15 optional	1 x 20 optional	1 x 20 optional	
CIRCULATION %			20	20	20	

350.16.00 MEDICAL PROCEDURES

Additional areas that may be required based on Level of Service of the particular ICC.

ROOM / SPACE	Standard Component			Level 2 Qty x m2	Level 3 Qty x m2	Remarks
ANAESTHETIC INDUCTION ROOM	yes				1 x 15 optional	
CLEANER'S ROOM	yes			1 x 4	1 x 4	
CLEAN-UP ROOM	yes			1 x 10	1 x 10	
OFFICE - WORKSTATION	yes			1 x 6	1 x 6	Recovery
OPERATING ROOM - GENERAL	yes				1 x 42	
OPERATING ROOM - MINOR	yes			1 x 36		
PATIENT BAY	yes			1 x 9	1 x 9	Holding

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PATIENT BAY	yes			2 x 9	2 x 9		Recovery
SCRUB-UP / GOWNING	yes			1 x 10	1 x 10		
SHOWER - STAFF	yes			2 x 2	2 x 2		Within Staff Change area
STAFF STATION	yes				1 x 14		
STERILE SET-UP				1 x 10 optional	1 x 14 optional		
STERILISING AREA				1 x 16	1 x 16		Depending on Service Profile
STORE - GENERAL	yes			1 x 9	1 x 9		
STORE - STERILE STOCK	yes			1 x 12	1 x 15		
TOILET - STAFF	yes			2 x 2	2 x 2		Dependent on staffing establishment
CIRCULATION %				30	30		

350 .17.00 EMERGENCY AND STABILISATION / MEDICAL IMAGING:

Additional areas that may be required based on Level of Service of the particular ICC:

ROOM / SPACE	Standard Component		Level 1 Qty x m2	Level 2 Qty x m2	Level 3 Qty x m2		Remarks
1 BED BAY - CRITICAL CARE	yes				1 x 20		
AMBULANCE ENTRY / LOBBY				1 x 10	1 x 10		
BAY - MOBILE EQUIPMENT	yes		1 x 6 optional	1 x 6 optional	1 x 6 optional		Mobile X-ray Unit
ENSUITE - STANDARD	yes			1 x 5	1 x 5		
MEDICAL IMAGING AREA					1 x 40 optional		
PLASTER ROOM	yes				1 x 14 optional		
STORE - MOBILITY AIDS			1 x 4	1 x 4	1 x 6		
PATIENT BAY	yes		2 x 9	2 x 9	2 x 9		Treatment Cubicles
TREATMENT ROOM	yes			1 x 15	1 x 15		
WAITING	yes		1 x 4	1 x 6	1 x 10		
CIRCULATION %			30	30	30		

350 .18.00 PRIMARY HEALTH CARE, ALLIED HEALTH & DAY CENTRE:

Additional areas that may be required depending on service to be provided by the particular ICC:

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ROOM / SPACE	Standard Component			Level 3 Qty x m2		Remarks
ACTIVITY AREA				1 x 80 optional		For general use or Day Care patients
ADL KITCHEN	yes			1 x 12 optional		
CONSULT ROOM	yes			1 x 12		
CRAFT ROOM - DAY CARE				1 x 20 optional		
DENTAL ROOM				1 x 20 optional		Size allows for sterilising within the room
DINING ROOM - DAY CARE				1 x 30 optional		
ENTRY / LOBBY				1 x 6		
GYMNASIUM	yes			1 x 30		Physiotherapy exercise area
INTERVIEW ROOM	yes			1 x 12		Large for family groups
OFFICE - SINGLE PERSON 12 M2	yes			2 x 12		Co-ordinator/s
OFFICE - SINGLE PERSON 9 M2	yes			2 x 9 optional		Dependent on staffing establishment
OFFICE - WORKSTATION	yes			1 x 6 optional		Dependent on staffing establishment
ORTHOTICS WORK ROOM				1 x 6		
PHYSIOTHERAPY TREATMENT				1 x 10		
PODIATRY TREATMENT				1 x 15		
RECEPTION	yes			1 x 10		
TOILET - DISABLED	yes			1 x 5		
TOILET - PUBLIC	yes			4 x 3		
WAITING	yes			1 x 20		
CIRCULATION %			25	25		

350 .19.00 SHARED AREAS

Note: For Medical Procedures, Emergency Stabilisation, Medical Imaging, Primary Health Care and Allied Health components:

ROOM / SPACE	Standard Component		Level 1 Qty x m2	Level 2 Qty x m2	Level 3 Qty x m2	Remarks
CHANGE ROOM - STAFF	yes			1 x 10	1 x 15	Area dependent on staffing establishment

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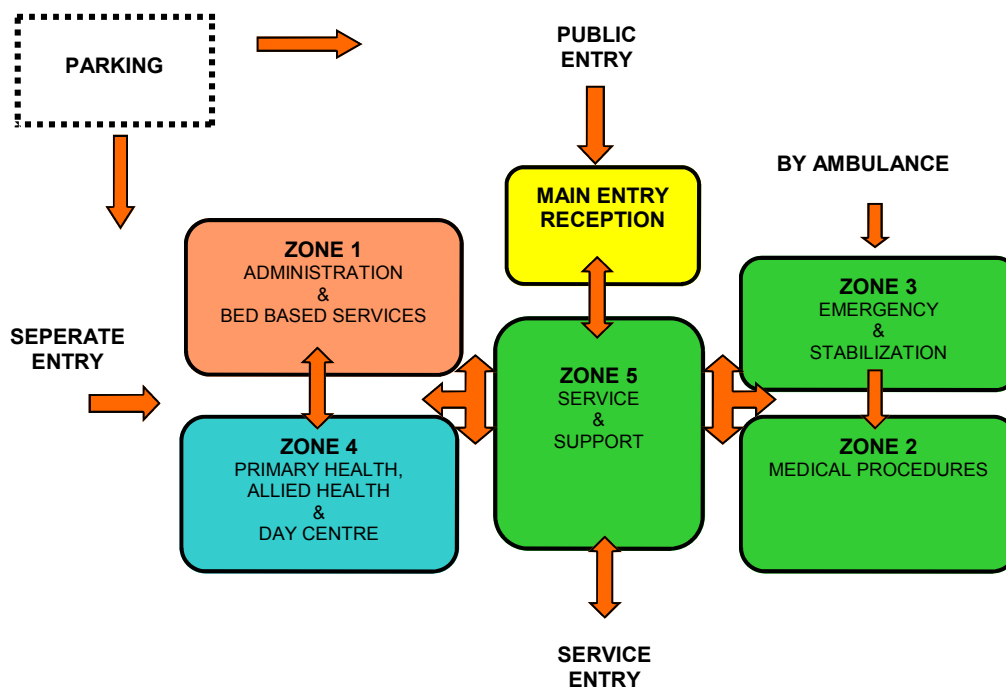
CLEANER'S ROOM	yes			1 x 4	1 x 4		
CLINICAL RECORDS					1 x 8		
DIRTY UTILITY	yes		1 x 10	1 x 10	1 x 10		
MEETING ROOM - MEDIUM	yes				1 x 25		
QUIET ROOM - DAY CARE					1 x 14		
RESOURCE LIBRARY					1 x 10		
STAFF ROOM	yes				1 x 15		
STORE - GENERAL	yes		1 x 9	1 x 9	1 x 9		
TOILET - STAFF	yes		1 x 2	2 x 2	2 X 2		Quantities dependent on staffing establishment

References and Further Reading

- 350 .20.00 - Department of Human Services, Aged, Community & Mental Health Division, Integrated Rural Health Services Generic Brief, 2000.
- NSW Health, Design Standard 35 Health Building Guidelines - Rural Health Service Building Guideline, 2000.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - INTEGRATED HEALTH CARE CENTRES



360 INTENSIVE CARE - GENERAL

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INTRODUCTION

Description

- 360 .2.00 Intensive Care is a dedicated unit for critically ill patients who require invasive life support, high levels of medical and nursing care and complex treatment.

PLANNING

Operational Models

- 360 .3.00 The level of Intensive Care available should support the delineated role of the particular hospital. The role of a particular ICU will vary, depending on staffing, facilities and support services as well as the type and number of patients it has to manage.

Functional Areas

- 360 .4.00 The Intensive Care Unit will consist of the following Functional Areas:
- Reception/ Waiting Areas
 - Patient Treatment Areas including patient beds, ensuites and treatment rooms
 - Support Areas including Utility Rooms, Store Rooms, Linen, Disposal Room, Cleaner's Room, Pantry
 - Administrative / Office Areas
 - Staff Amenities Areas.
- 360 .5.00 EQUIPMENT MAINTENANCE

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Dependent upon the size and intended use of the ICU, a dedicated electronic and pneumatic equipment maintenance service may have to be accommodated within the hospital or a 24 hour on-call emergency service made available. This same service would cover the Operating, Emergency and Medical Imaging Units.

360 .6.00 If a dedicated workshop is provided, its location should be in an area that is equally accessible to all of the above mentioned departments. The facility should have a degree of sound-proofing and be accessible from a non-sterile area.

360 .7.00 LABORATORY FACILITIES

All ICUs must have available 24-hr Clinical Laboratory services. When this service cannot be provided by the Central Hospital Laboratory, a satellite laboratory within or immediately adjacent to, the ICU must serve this function. Satellite facilities must be able to provide minimum chemistry and haematology testing, including arterial blood gas analysis.

360 .8.00 OVERNIGHT ACCOMMODATION

Depending upon the availability of nearby commercial accommodation, consideration should be given to the provision of overnight accommodation for relatives and staff, preferably near the unit. This will be dependent upon the size and intended function of the ICU. A motel type bed-sitter level of provision is recommended.

360 .9.00 SPECIAL PROCEDURES ROOM

A Special Procedures Room shall be provided if required by the Operational Policy.

360 .10.00 If a special Procedures Room is desired, it should be located within, or immediately adjacent to, the ICU. One special Procedures Room may serve several ICUs in close proximity. Consideration should be given to ease of access for patients transported from areas outside the ICU. Room size should be sufficient to accommodate the necessary equipment and personnel. Monitoring capabilities, equipment, support services, and safety considerations must be consistent with those services provided in the ICU proper. Work surfaces and storage areas must be adequate enough to maintain all necessary supplies and permit the performance of all desired procedures without the need for staff to leave the room.

360 .11.00 STAFF FACILITIES

A Staff Lounge shall be provided within the unit for staff to relax and prepare beverages. Inclusion of a window to the outside is desirable. Where only an Intensive Nursing facility is provided, the Hospital Staff Dining Room will suffice.

360 .12.00 A Library/ Reference area with an appropriate range of bench manuals, textbooks and journals for rapid access 24 hours a day should be available within the Intensive Care Unit.

360 .13.00 STORAGE AREAS

Mobile equipment such as cardiopulmonary resuscitation trolleys and mobile X-ray, that are used and located within the ICU, shall have storage areas that are out of traffic paths but conveniently located for easy access by staff.

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Consideration should be given to the ever increasing amount of equipment used.

360 .14.00 VISITORS FACILITIES

As determined by the size of the ICU and hospital operating policy, a Reception and Visitor's / Relatives' Waiting Area shall be provided immediately outside the entry to the ICU, but away from patient and staff Traffic areas. It is desirable that this room has provision for a drink dispenser, radio, television and comfortable seating. A separate Interview Room and a separate area for distressed relatives should be available.

Functional Relationships

360 .15.00 The ICU should be a separate unit within the hospital with easy access to the Emergency Unit, Operating Unit and Medical Imaging.

360 .16.00 The location shall be arranged to eliminate the need for through traffic.

DESIGN

Clocks

360 .17.00 An analogue clock/s with a second sweep hand shall be provided and conveniently located for easy reference from all bed positions and the Staff Station.

Communications

360 .18.00 All ICUs should have an intercommunication system that provides voice linkage between the Staff Station, Patient Modules, Staff-Overnight Stay Rooms, Conference Rooms, and Staff Lounge. Supply Areas and the Visitors' Lounge / Waiting Room may also be included in the system. When appropriate, linkage to key departments such as Blood Bank, Pharmacy, and Clinical Laboratories should be included.

In addition to a standard telephone service for each ICU, which should provide hospital-wide and external communications capabilities, there should be a mechanism for emergency internal and external communications when normal systems fail.

Environmental Considerations

360 .19.00 ACOUSTICS

Signals from patient call systems, alarms from monitoring equipment, and telephones add to the sensory overload in critical care units. Without reducing their importance or sense of urgency, such signals should be modulated to a level that will alert staff members, yet be rendered less intrusive. For these reasons, floor coverings that absorb sound should be used while keeping infection control, maintenance, and equipment movement needs under consideration. Walls and ceilings should be constructed of materials with high sound absorption capabilities. Ceiling soffits and baffles help reduce echoed sounds. Doorways should be offset, rather than being placed in symmetrically opposed positions, to reduce sound transmission. Counters, partitions, and glass doors are also effective in reducing noise levels.

360 .20.00 BED AREAS

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For an adult ICU the following is recommended:

- At least 22 m² floor area for single bed accommodation exclusive of service areas
- At least 20 m² floor area for multiple bed accommodation
- At least one clinical basin for every two beds is recommended; one handbasin per bed is preferred
- At least one single room should be available for every six open bedspaces
- A clinical basin for every single room
- An adequate number of service outlets depending on the purpose of the unit: A Level 3 unit will require at least three oxygen, two air, and three suction outlets and at least 16 power outlets for each bed space
- Electrical wiring and protection of Patient Treatment Areas must be Cardiac Protected to AS 3003
- Adequate and appropriate lighting for clinical observation
- Windows and bed access to an external area are desirable features for the psychological well being of patients and staff
- Design should take into account the need for patient privacy.

360 .21.00 BEDSIDE MONITORING

Bedside monitoring equipment should be located to permit easy access and viewing, and should not interfere with the visualisation of, or access to the patient. The bedside nurse and/or monitor technician must be able to observe the monitored status of each patient at a glance. This goal can be achieved either by a central monitoring station, or by bedside monitors that permit the observation of more than one patient simultaneously. Neither of these methods are intended to replace bedside observation.

Weight-bearing surfaces that support the monitoring equipment should be sturdy enough to withstand high levels of strain over time. It should be assumed that monitoring equipment will increase in volume over time. Therefore, space and electrical facilities should be designed accordingly.

360 .22.00 LIGHT AND WINDOWS

Every effort should be made to provide an environment that minimises stress to patients and staff. Therefore, ICU design should consider natural light and view. Windows are an important aspect of sensory orientation, and as many rooms as possible should have windows to reinforce day/night orientation. Drapes or shades of fireproof fabric can make attractive window coverings and absorb sound. Window treatments should be durable and easy to clean. If drapes or shades are not a viable option, consider the use of tinted glass, reflective glass, exterior overhangs or louvers to control the level of lighting. If windows cannot be provided in each room, an alternate option is to allow a remote view of an outside window or skylight.

360 .23.00 PATIENT VISIBILITY

Patients must be situated so that healthcare providers have direct or indirect visualization, such as by video monitoring, at all times. This approach permits the monitoring of patient status under both routine and emergency circumstances. The preferred design is to allow a direct line of vision between the patient and the central Staff Station. In ICUs with a modular design, patients should be visible from their respective nursing sub-stations. Sliding glass doors and partitions facilitate this arrangement and increase access to the room in emergency situations

Finishes

360 .24.00 In all areas where patient observation is critical, colours shall be chosen that

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do not alter the observer's perception of skin colour.

Fixtures & Fittings

- 360 .25.00 **BEDSIDE STORAGE**
Each patient bed space shall include storage and writing provision for staff use.

Infection Control

- 360 .26.00 Clinical Hand-washing Facilities shall be provided convenient to the Staff Station and patient bed areas. The ratio of provision shall be one Clinical Hand-washing Facility for every three patient beds in open-plan areas and one in each Patient Bedroom or cubicle.
- 360 .27.00 At least one Isolation Room per ICU shall be provided in Level 5 and 6 facilities. Entry shall be through an airlock. Clinical hand-washing, gown and mask storage, and waste disposal shall be provided within the airlock. An Ensuite - Special, directly accessible from the Isolation Room, shall also be provided.

Space Standards and Components

- 360 .28.00 Where an open plan arrangement is provided, bed spaces shall be arranged so that there is a clearance of at least 1200 mm from the side of the bed to the nearest fixed obstruction (including bed screens) or wall. At the head of the bed, at least 900 mm clearance shall be allowed between the bed and any fixed obstruction or wall.
- 360 .29.00 When an open plan arrangement is provided, a circulation space of 2200 mm minimum clear width shall be provided beyond dedicated cubicle space.
- 360 .30.00 Separate cubicles and Single Patient Bedrooms including Isolation Rooms, shall have minimum dimensions of 3900 mm X 3900 mm.
- 360 .31.00 All entry points, doors or openings, shall be a minimum of 1200 mm wide, unobstructed. Larger openings may be required for special equipment, as determined by the Operational Policy.

Building Service Requirements

- 360 .32.00 The unit shall have appropriate air conditioning that allows control of temperature, humidity and air change.
- 360 .33.00 Refer to Services Sections for the specific requirements for Mechanical and Electrical provision.

COMPONENTS OF THE UNIT

Introduction

- 360 .34.00 The Intensive Care Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

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Standard Components

- 360 .35.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 360 .36.00 Provide the Non-Standard Components as identified in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

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APPENDICES

ICU-General Generic Schedule of Accommodation

360 .37.00 Schedule of Accommodation for a 6 bed Intensive Care Unit at Level 4, a 12 bed Unit at level 5 and a 20 bed Unit at Level 6:

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
				6 Bed	12 Bed	20 Bed	
1 BED BAY - CRITICAL CARE	yes			4 x 20	6 x 20	12 x 20	
1 BED ROOM - CRITICAL CARE	yes			1 x 22	4 x 22	6 x 22	
1 BED ROOM - ISOLATION	yes			1 x 22	2 x 22	2 x 22	refer to Standard Component - 1 Bed Room - Critical Care
ANTEROOM	yes			1 x 8	2 x 8	2 x 8	If Class N Isolation Room is required
BAY - HANDWASHING	yes			2 x 1	4 x 1	4 x 1	In addition to handbasins for bedspaces
BAY - LINEN	yes			1 x 3	1 x 3	1 x 3	Includes allowance for Blanket Warming cabinet
BAY - MOBILE EQUIPMENT	yes			1 x 4	1 x 4	2 x 4	
BAY - RESUS TROLLEY	yes			1 x 2	1 x 2	2 x 2	
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
CLEAN-UP ROOM	yes			1 x 10	1 x 10	1 x 10	May also be used as a Sub-Pathology Room
CLEAN UTILITY	yes			1 x 12	1 x 12	1 x 12	
DIRTY UTILITY	yes			1 x 10	1 x 10	1 x 10	
DISPOSAL ROOM	yes			1 x 8	1 x 8	1 x 8	
ENSUITE - SPECIAL	yes			3 x 7	6 x 7	8 x 7	
MEDICATION ROOM				1 x 10	2 x 12	2 x 16	
MEETING ROOM	yes			1 x 12	1 x 12	1 x 12	For Distressed Relatives
OFFICE - CLINICAL/ HANDOVER	yes				2 x 12	2 x 12	
PANTRY	yes			1 x 8 optional	1 x 8	1 x 8	
RESPIRATORY WORKROOM					1 x 20 optional	1 x 20 optional	
STAFF STATION	yes			1 x 14	1 x 14	1 x 20	
STORE - EQUIPMENT	yes			1 x 20	1 x 30	1 x 35	
STORE - GENERAL	yes			1 x 9	1 x 15	1 x 20	
STORE - RESPIRATORY					1 x 40 optional	1 x 40 optional	

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X-RAY VIEWING & REPORTING	yes				1 x 12 optional	1 x 12 optional	
CIRCULATION %				40	40	40	

360 .38.00 STAFF AND SUPPORT AREAS

Note: Provision of Office and Support Areas is dependent on the Operational Policy and management structure:

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes			1 x 3	2 x 3	2 x 3	Located adjacent to Meeting / Staff Rooms
LIBRARY & RESOURCE ROOM					1 x 15 optional	1 x 15 optional	
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Medical Director
OFFICE - SINGLE PERSON 12 M2	yes				2 x 12 optional	3 x 12 optional	Staff Specialists, according to staffing establishment
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9	1 x 9	1 x 9	Unit Manager
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Medical Administration
OFFICE - 2 PERSON SHARED	yes				1 x 12 optional	1 x 12 optional	CNC / Educators, Research functions
OFFICE - 4 PERSON SHARED	yes				1 x 20 optional	1 x 20 optional	Clerical functions, according to staffing establishment
OFFICE - 4 PERSON SHARED	yes				1 x 20 optional	1 x 20 optional	Registrars
OFFICE - WORKSTATION	yes				2 x 6 optional	3 x 6 optional	According to staffing establishment
RECEPTION	yes			1 x 10	1 x 10	1 x 10	
TOILET - PUBLIC	yes			1 x 3	2 x 3	2 x 3	
TOILET - STAFF	yes			1 x 2	2 x 2	2 x 2	
WAITING	yes			1 x 12	1 x 14	1 x 14	

360 .39.00 SHARED AREAS

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BATHROOM	yes			1 x 10	2 x 10	2 x 10	
INTERVIEW ROOM	yes				1 x 12	1 x 12	Large for family groups
MEETING ROOM	yes			1 x 15	1 x 30	1 x 30	
PROPERTY BAY - STAFF	yes			1 x 6	1 x 10	1 x 10	
SHOWER - STAFF	yes			1 x 3	2 x 3	2 x 3	
STAFF ROOM	yes			1 x 15	1 x 15	1 x 20	

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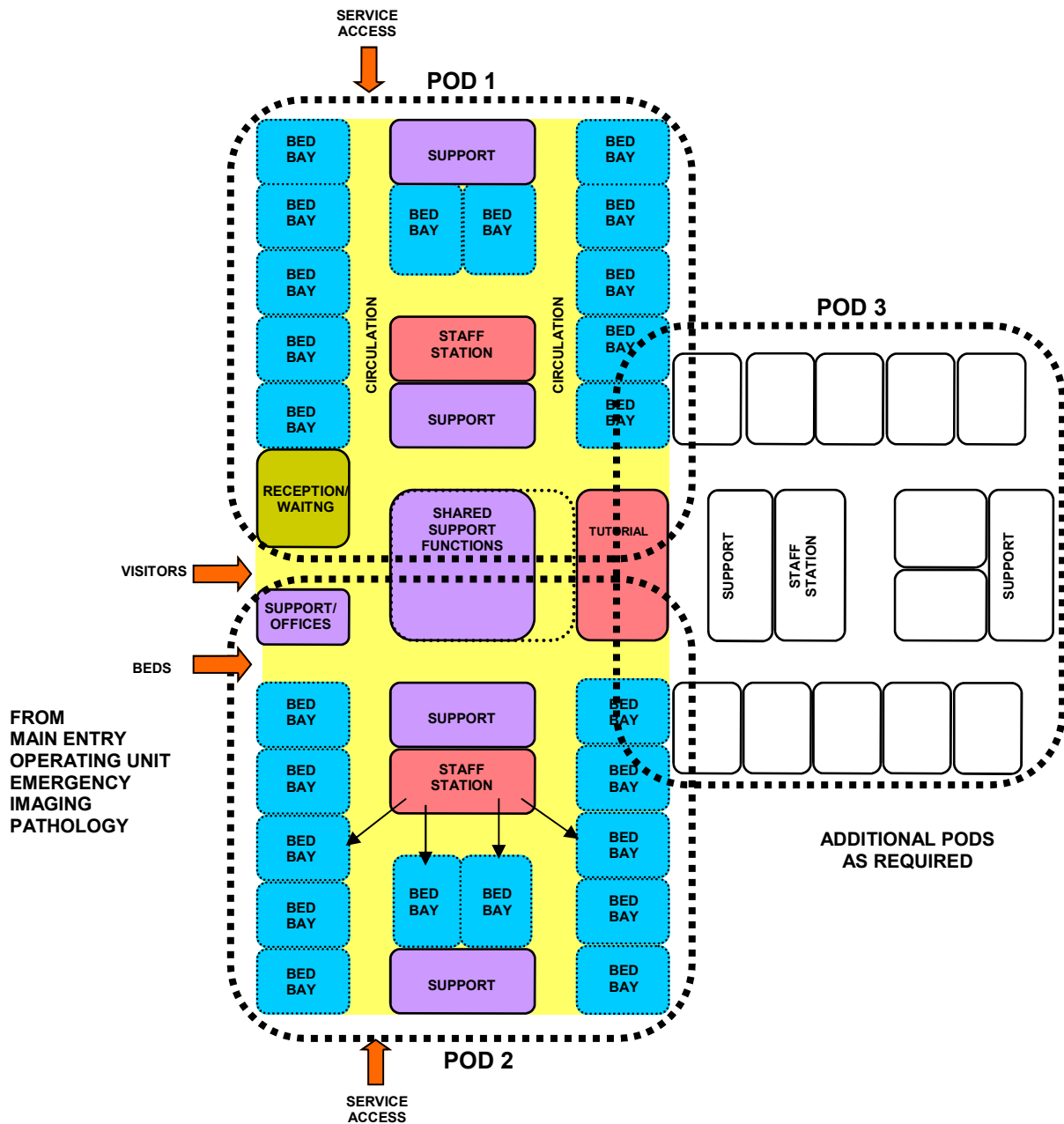
STORE - PHOTOCOPY / STATIONERY	yes			1 x 8	1 x 8	1 x 8	
TOILET - DISABLED	yes			1 x 5	1 x 5	1 x 5	

References and Further Reading

- 360.40.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- American College of Critical Care Medicine, Guidelines for Intensive Care Unit Design, 1998.
 - Australian and New Zealand Faculty of Intensive Care, Minimum Standards for Intensive Care Units, 1997.
 - Health Department Western Australia, Private Hospital Guidelines, 1998.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - INTENSIVE CARE (GENERAL)



NOTE: MAX 12 BEDS PER POD

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370 INTENSIVE CARE - CORONARY

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INTRODUCTION

General

- 370 .2.00 Cardiac patients have special needs. They are often fully aware of their surroundings but still need immediate and critical emergency care. In addition to the standards for ICUs above, the following shall apply to the Coronary Care Unit (CCU).

PLANNING

Functional Areas

- 370 .3.00 PATIENT BEDS
- It is preferable that each cardiac patient has a separate room or cubicle for acoustic and visual privacy.
- 370 .4.00 A minimum of 50% of CCU patients shall be accommodated in One Bed Patient Rooms.
- 370 .5.00 PATIENT TOILETS
- Cardiac patients shall have access to a shared Ensuite - Special.

Functional Relationships

- 370 .6.00 The Intensive Care - Coronary may be co-located with Intensive Care - General. It should have ready access to the Operating Unit, Medical Imaging Units, Emergency Unit and Cardiac Inpatient Units.

DESIGN

Fixtures & Fittings

370 .7.00 MONITORING

Equipment for monitoring cardiac patients shall have provision for visual display at both the bed location and the Staff Station. Additional space requirements to be considered to allow for additional monitoring equipment.

APPENDICES

Schedule of Accommodation

370 .8.00 Refer to the Generic Schedule of Accommodation for ICU - General which also applies to ICU - Coronary.

References and Further Reading

- 370 .9.00
- American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
 - Health Department Western Australia, Private Hospital Guidelines, 1998.

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390 INTENSIVE CARE - NEONATAL / SPECIAL CARE NURSERY

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INTRODUCTION

Description

- 390 .2.00 The Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN) is an Intensive Care Unit equipped and staffed to care for sick neonates requiring long term life support eg ventilation and advanced life support.

PLANNING

Planning Models

- 390 .3.00 The Neonatal Intensive Care (NICU) and Special Care Nursery (SCN) areas shall have a clearly identified Entrance and Reception Area for families. The area shall permit visual observation and contact with all traffic entering the unit.

Functional Areas

- 390 .4.00 The Neonatal Intensive Care / Special Care Nurseries will consist of the following Functional Areas:
- Patient Treatment Areas including Cot Bays, Isolation Rooms as appropriate, Treatment Rooms
 - Support Areas including a Bathing/ Examination area, Feeding area, Formula room, Store areas, Utilities, Cleaner's Room, Disposal
 - Staff Areas including Staff Station, Offices, Meeting Rooms and Staff Amenities
 - Visitors' facilities which may include access to Lounge or Waiting areas, Public Amenities and Overnight Accommodation as appropriate.
- 390 .5.00 OVERNIGHT ACCOMMODATION
- Sleeping space may be needed for parents who may be required to spend

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long hours with the neonate. This space may be separate from the NICU/SCN, but must be in communication with the NICU/SCN.

390 .6.00 Physicians' sleeping facilities, with access to a toilet and shower shall be provided. If not contained within the NICU / SCN itself, the area shall have a telephone or intercom connection to the patient care area.

390 .7.00 PATIENT TREATMENT AREAS

Each patient treatment area in the NICU is to be 12 m² and the SCU is to be 10 m² excluding sink and aisles. There shall be circulation adjacent to each cot bay.

Resuscitation Bay / Treatment Area as per NICU Patient Treatment area is to be included in the SCN.

A clinical handbasin is to be provided for every two NICU beds and every four SCN beds.

390 .8.00 SUPPORT AREAS

A Respiratory Therapy Work Area and Storage Room shall be provided as required by the Operational Policy.

Functional Relationships

390 .9.00 The Intensive Care - Neonatal/ Special Care Nursery should be a distinct Unit located with ready access to the Obstetric Unit, Operating Unit, Maternity Inpatient Unit and Pathology Unit. There shall be no traffic to other Units through this Unit.

There should be efficient and controlled access to the NICU / SCN from the Labour and Delivery Area, the Emergency Unit, or other referral entry points.

DESIGN

Doors

390 .10.00 At least one door to each room in the NICU/ SCN must be large enough to accommodate portable X-ray equipment. Both width and height must be considered.

Environmental Considerations

390 .11.00 ACOUSTICS

In the interest of noise control, sound attenuation shall be a design factor.

Infection Control

390 .12.00 ISOLATION ROOM/S

An Isolation Room (type N) is required in the NICU. The room shall be enclosed and separated from the Nursery Unit with provisions for observation of the infant from adjacent nurseries or control area/s.

Lighting

390 .13.00 Provisions shall be made for indirect lighting and high-intensity lighting in all nurseries.

Note: All general lighting shall be colour corrected to natural.

COMPONENTS OF THE UNIT

Introduction

390 .14.00 The Neonatal Intensive Care Unit/ Special Care Nursery will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

390 .15.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

390 .16.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

390 .17.00 CONSULT/ BREAST FEEDING AREA

DESCRIPTION AND FUNCTION

A Consult/ Breast Feeding Room shall be provided to be used for demonstrations, breast feeding or using breast pumps.

The Consult/ Breast Feeding Room shall be a minimum of nine m2.

390 .18.00 LOCATION AND RELATIONSHIPS

The Consult/ Breast Feeding Room/s shall be located with convenient access to the NICU/SCN.

390 .19.00 CONSIDERATIONS

The Consult/ Breast Feeding Room will require the following:

- A bench with an inset sink
- Comfortable chairs suitable for breastfeeding
- Refrigerator/ freezer
- Storage for pump and attachments
- General power outlets for use of a breast pump
- Access to educational material either within the room or conveniently located nearby.

The room will require visual and acoustic privacy.

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APPENDICES

ICU-Neonatal/ SCN Generic Schedule of Accommodation

390 .20.00 Schedule of Accommodation for a Neonatal ICU/ Special Care Nursery at Levels 4, 5 and 6:

ROOM / SPACE	Standard Component		Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BATHING / EXAM AREA			1 x 8	1 x 12	1 x 12	
BAY - BEVERAGE	yes		1 x 3	1 x 3	1 x 3	Locate near Meeting Room
BAY - HANDWASHING	yes		6 x 1	12 x 1	12 x 1	
BAY - LINEN	yes		1 x 2	3 x 3	3 x 3	Levels 5 & 6 includes area allowance for Blanket Warmer
BAY - MOBILE EQUIPMENT	yes			1 x 4	2 x 4	
BAY - RESUS TROLLEY	yes		1 x 2	1 x 2	2 x 2	
CLEANER'S ROOM	yes			1 x 4	1 x 4	
CLEAN UTILITY	yes		1 x 12	1 x 12	2 x 12	
CONSULT / BREAST FEEDING			1 x 9	2 x 9	4 x 9	
ISOLATION ROOM	see remarks		1 x 12	2 x 12	4 x 12	Refer to Standard Component - 1 Bed- Isolation
DIRTY UTILITY - SUB	yes		1 x 8	2 x 8	2 x 8	May be co-located with Disposal Room
DISPOSAL ROOM	yes		1 x 8 optional	1 x 8	1 x 8	
FORMULA ROOM	yes		1 x 9	1 x 15	1 x 15	
MEETING ROOM	yes			1 x 15	1 x 15	Also for use as Parent's Lounge
NEONATAL BAY - ICU	yes				20 x 12	NICU
NEONATAL BAY - SPECIAL CARE	yes		10 x 10	20 x 10	40 x 10	SCN
OFFICE - CLINICAL/ HANDOVER	yes			1 x 12	2 x 12	
STAFF STATION	yes		1 x 14	1 x 14	2 x 14	
STORE - EQUIPMENT	yes			1 x 20	2 x 20	
STORE - GENERAL	yes		1 x 9	1 x 15	1 x 30	Size according to amount of stock/ medical supplies to be accommodated
UTILITY - EQUIPMENT CLEANING				1 x 20	1 x 20	
CIRCULATION %			40	40	40	

390 .21.00 STAFF AND SUPPORT AREAS

Note: Offices and Support Areas are dependent on the Operational Policy and management structure:

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ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes					1 x 3	Co-located with Staff Room
OFFICE - SINGLE PERSON 9 M2	yes				2 x 9	2 x 9	Unit Manager
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	2 x 9 optional	Nursing personnel, according to staffing establishment
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Social Worker, according to staffing establishment
RECEPTION	yes					1 x 10	
WAITING	yes				1 x 10	1 x 10	May be shared

390 .22.00 SHARED AREAS

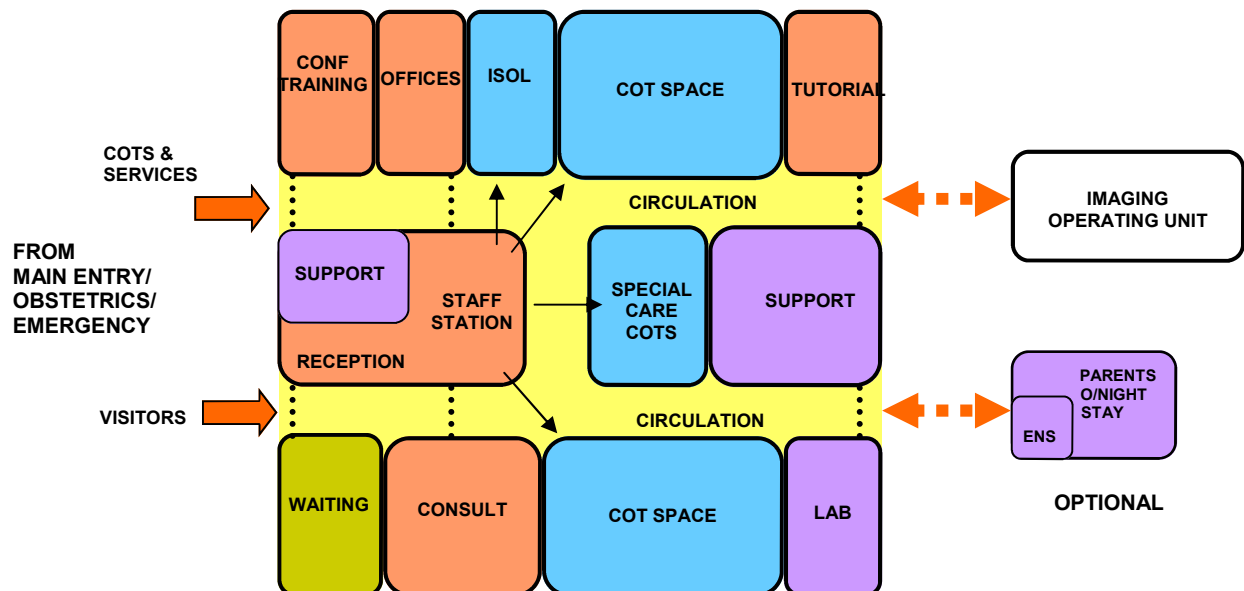
ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
INTERVIEW ROOM	yes				1 x 9	1 x 9	
INTERVIEW ROOM	yes				1 x 12	1 x 12	Large for family groups
MEETING ROOM	yes				1 x 30	1 x 30	
OVERNIGHT STAY - BEDROOM	yes			1 x 10	1 x 10	1 x 10	May be located within the Unit or nearby
OVERNIGHT STAY - ENSUITE	yes			1 x 4	1 x 4	1 x 4	
PROPERTY BAY - STAFF	yes			1 x 6	1 x 10	1 x 15	
STAFF ROOM						1 x 15	
TOILET - DISABLED	yes				1 x 5	1 x 5	
TOILET - PUBLIC	yes				2 x 3	2 x 3	
TOILET - STAFF	yes			1 x 2	2 x 2	2 x 2	

References and Further Reading

- 390 .23.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997
- Department of Human Services, Victoria, Neonatal Services Guidelines: Defining levels of care in Victorian hospitals, 2004.
 - NSW Health, Design Series 18; Health Building Guidelines - Obstetric Unit, 1992.

Part B - Health Facility Briefing and Planning

FUNCTIONAL RELATIONSHIPS DIAGRAM - INTENSIVE CARE (NEONATAL)



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400 INTENSIVE CARE - PAEDIATRIC

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General

- 400 .2.00 Critically ill paediatric patients, from neonates to adolescents, have unique physical and psychological needs.

PLANNING

Planning Models

- 400 .3.00 In addition to the standards previously listed for Intensive Care Units, each Paediatric Intensive Care Unit shall include space at each bedside for parents, and sleeping space for parents who may be required to spend long hours with the patient. If the sleeping area is separate from the patient area, it must be in communication with the Intensive Care Unit staff.
- 400 .4.00 The Paediatric ICU may be open-plan or may have all Single Patient Bedrooms or a mix of both. Where open-plan is provided, at least one in five beds must be located in a private room or cubicle for psychological needs, in addition to the medical isolation requirement.

Functional Areas

- 400 .5.00 The Intensive Care - Paediatric will consist of the following Functional Areas:
- Patient Treatment Areas including Patient Beds, Isolation Rooms as appropriate, Treatment Rooms
 - Support Areas including Formula Room, Linen bays, Utility Rooms, Store rooms, Cleaner's Room, Disposal
 - Staff Areas including Staff Station, Offices and access to Meeting Rooms and Staff Amenities
 - Visitors and Parents' Facilities which may include access to Lounge areas or Waiting Rooms, Public Amenities and Overnight Accommodation as appropriate.

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Functional Areas

400 .6.00 STORAGE

Each Paediatric Intensive Care Unit shall include separate storage cabinets or closets for toys and games for use by the paediatric patients.

Functional Relationships

- 400 .7.00 The Intensive Care - Paediatric Unit should have ready access to the Emergency Unit, Operating Unit, Medical Imaging Units, Pathology Unit and Pharmacy Unit. It should be located to avoid the need for through traffic.

DESIGN

Space Standards and Components

- 400 .8.00 The bassinets, incubators and warmers used for neonatal infants will need the same clearances as for adult beds.

COMPONENTS OF THE UNIT

Introduction

- 400 .9.00 The Paediatric Intensive Care Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 400 .10.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 400 .11.00 Provide the Non-Standard Components as identified in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

APPENDICES

ICU-Paediatric Generic Schedule of Accommodation

- 400 .12.00 Schedule of Accommodation for Intensive Care Unit - Paediatric:

In addition to the schedule identified for Intensive Care - General the following additional requirements will apply:

ROOM / SPACE	Standard Component					Level 6 Qty x m2	Remarks
STORE - GENERAL	yes					2 x 9	Including storage for cots and toys
TREATMENT ROOM	yes					1 x 15	With provisions for Paediatric patients
CIRCULATION %						40	

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ICU-Paediatric Generic Schedule of Accommodation

400 .13.00 SHARED AREAS

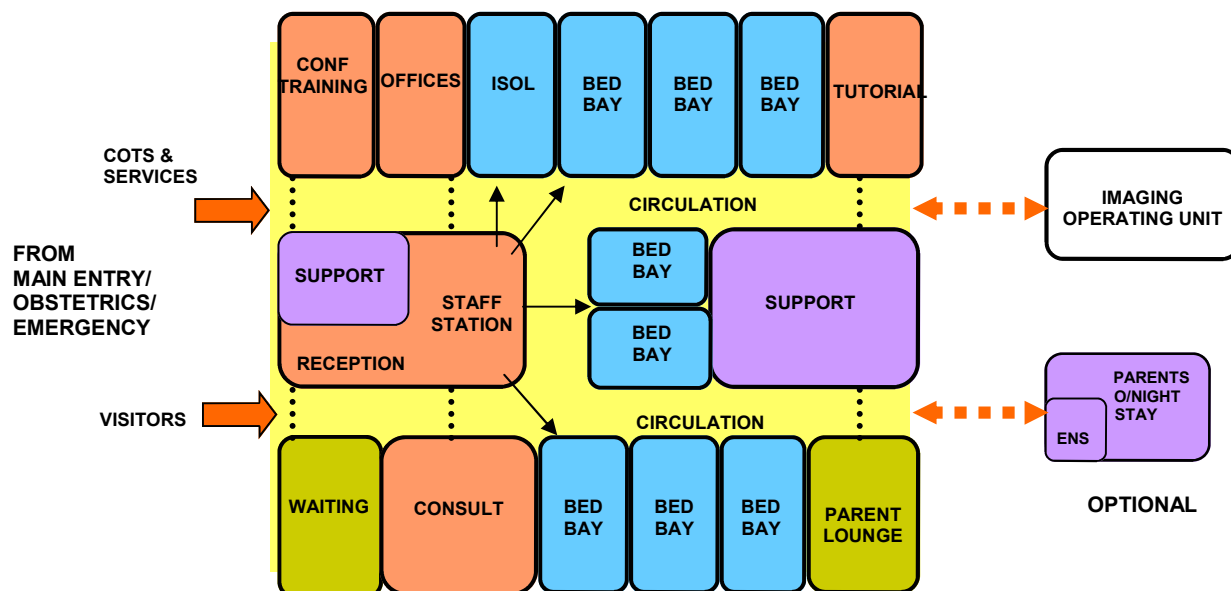
ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes					1 x 3	C-located with Lounge - Parent's
FORMULA ROOM	yes					1 x 15	
LOUNGE - PARENT'S						1 x 20	
OVERNIGHT STAY - BEDROOM	yes					1 x 10	For parents; may be located within the Unit or nearby
OVERNIGHT STAY - ENSUITE	yes					1 x 4	

References and Further Reading

- 400 .14.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.

Part B - Health Facility Briefing and Planning

FUNCTIONAL RELATIONSHIPS DIAGRAM - INTENSIVE CARE (PAEDIATRIC)



410 LAUNDRY / LINEN HANDLING UNIT

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INTRODUCTION

General

- 410 .2.00 Linen processing may be done within the hospital facility, or off-site in a commercial or shared laundry, depending on the Operational Policy.
- 410 .3.00 Each facility shall have provisions for storage and exchange of clean and soiled linen for appropriate patient care.

PLANNING

Functional Areas

- 410 .4.00 As a minimum, the following elements shall be provided:
- A separate room for receiving and holding soiled linen until ready for pick up or processing
 - A central, clean linen storage and issuing room/s that has the central storage capacity sufficient for the efficient operation of the hospital, in addition to the linen storage required at individual patient units
 - Trolley storage areas with separate storage of clean and soiled linen trolleys out of traffic paths
 - A clean linen inspection and mending room or area, located on or off the site, as part of the main linen service, as determined by the system identified in the hospital's Operational Policy
 - Hand-washing facilities shall be provided in each area where soiled linen is handled.
- 410 .5.00 LAUNDRY OFF-SITE
- If linen is processed outside the building, provisions shall be made for:
- A service entrance, protected from inclement weather, for loading and unloading of linen
 - An area for pick-up and receiving.
- 410 .6.00 LAUNDRY ON-SITE
- If linen is processed in a laundry facility which is part of the hospital, the

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following shall be provided:

- Laundry processing room with commercial type equipment that can process at least a seven day supply within the regular scheduled work week
- Storage for laundry supplies
- Employee hand-washing facilities in each separate room where clean or soiled linen is processed and handled
- Arrangement of equipment shall permit an orderly work flow with a minimum of cross traffic
- Convenient access to Staff Amenities, usually shared facilities
- Compliance with all of the relevant statutory requirements and regulations is required, in particular AS 4146.

Functional Relationships

- 410 .7.00 The linen exchange area should be situated to allow direct access to and from wards through corridors, passages, covered ways, etc. and have or be adjacent to, an external doorway.

COMPONENTS OF THE UNIT

Introduction

- 410 .8.00 The Laundry/ Linen Handling Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 410 .9.00 Provide the Standard Components as identified in the Generic Schedule of accommodation.

Non-Standard Components

- 410 .10.00 Provide the Non Standard Components as described in the Schedule of Accommodation, according to Operational Policy and Functional Brief.

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APPENDICES

Linens Handling Generic Schedule of Accommodation

410.11.00 Schedule of Accommodation for Linens Handling Unit providing an exchange linen service only, in a Hospital at levels 2 to 6:

ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
CLEAN LINEN HOLDING		1 x 15	1 x 30	1 x 45	1 x 80	1 x 100	
DIRTY LINEN HOLDING		1 x 12	1 x 20	1 x 20	1 x 40	1 x 60	
INSPECTION / MENDING				1 x 15 optional	1 x 15 optional	1 x 15 optional	May be provided off-site by the Linen Service provider
LAUNDRY - DOMESTIC		1 x 6 optional	1 x 6 optional	1 x 10 optional	1 x 10 optional	1 x 10 optional	For staff use
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9	1 x 9	Unit Manager or Supervisor
TROLLEY STORAGE			1 x 15	1 x 15	1 x 20	1 x 20	
CIRCULATION %		10	10	10	10	10	

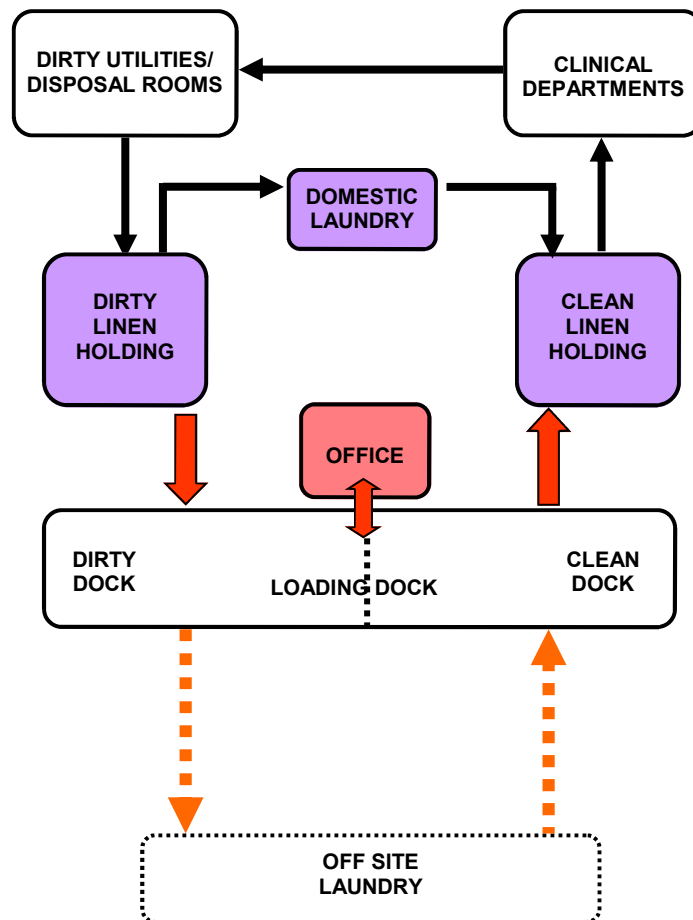
410.11.10 SHARED AREAS

ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
LOADING DOCK		1 x 20	1 x 20	1 x 20	1 x 25	1 x 25	Shared with other service Units

References and Further Reading

- 410.13.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Department of Human Services, Victoria, Design Guidelines for Private Hospital Buildings, 1987.
 - Health Department Western Australia, Private Hospital Guidelines, 1998.

FUNCTIONAL RELATIONSHIPS DIAGRAM - LAUNDRY/LINEN HANDLING UNIT



430 MAIN ENTRANCE UNIT

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INTRODUCTION

Description

- 430 .2.00 The Main Entrance Unit provides for the following functions:
- Entry to the hospital
 - Drop off and collection area
 - Patient reception
 - Patient and visitor enquiries

PLANNING

Functional Areas

- 430 .3.00 The Main Entrance shall include the following features:
- Reception desk, which may be shared with Admissions Unit
 - Waiting Area, which may be shared with Admissions and other adjacent hospital units
 - Holding area for wheelchairs.
- 430 .4.00 The provision of the following features is optional:
- Airlock to the entrance lobby
 - Undercover drop-off and collection point.

Functional Relationships

- 430 .5.00 The Main Entrance may be co-located with the Admissions Unit to share Reception and Waiting Areas. Ready access to Public Amenities is required.

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DESIGN

Environmental Considerations

430 .6.00 ENTRY AREA

The entrance shall be at grade level, sheltered from inclement weather, and accessible to the disabled.

430 .7.00 SIGNPOSTING

Particular attention must be given to signposting the Main Entrance and the hospital for the disabled under the requirements of the DDA (Disability Discrimination Act).

COMPONENTS OF THE UNIT

Introduction

430 .8.00 The Main Entrance Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

430 .9.00 Provide the Standard Component as identified in the Generic Schedule of Accommodation.

Non-Standard Components

430 .10.00 Provide the Non-Standard Components as identified in the Generic Schedule of Accommodation, according to the Operational Policy and Functional Brief.

APPENDICES

Main Entrance Generic Schedule of Accommodation

430 .11.00 A Schedule of Accommodation for a Main Entrance suitable for a Level 4 Hospital of 120 Beds:

ROOM / SPACE	standard Component			Level 4 Qty x m2			Remarks
AIRLOCK				1 x 12 optional			
BAY - MOBILE EQUIPMENT	yes			1 x 4			For wheelchairs
LOBBY				1 x 30 optional			
RECEPTION	yes			1 x 10			May be shared with Admissions
WAITING	yes			1 x 20			May be shared with Admissions
CIRCULATION %				20			

References and Further Reading

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430.12.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.

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INTRODUCTION

Description

- 440 .2.00 The Medical Imaging Unit is a discrete unit of the hospital which provides for General X-ray diagnostic investigations. Depending on the level of service the unit may also provide for diagnostic screening (fluoroscopy), ultrasound, mammography, computed tomography (CT) or interventional radiographic procedures.

PLANNING

Planning Models

- 440 .3.00 The layout of a Medical Imaging Unit should be developed in compliance with manufacturer's recommendations, because area requirements may vary from machine to machine. Since technology changes frequently and from manufacturer to manufacturer, rooms should be sized larger to allow upgrading of equipment in the future.

Functional Areas

- 440 .4.00 The Medical Imaging Unit may consist of the following Functional Areas depending on the Operational Policy and service demand:
- Reception and Waiting Areas
 - X-ray and screening rooms with access to patient change areas and toilets
 - Support areas including preparation areas, storage, disposal and utility rooms
 - Film processing areas - both daylight and darkroom areas as required
 - Film storage areas
 - Viewing and reporting areas
 - Administrative and Office areas
 - Staff Amenities areas including Staff Room, Staff change rooms and toilets

and access to Meeting Rooms

440 .5.00 CLEAN UTILITY / PREPARATION AREAS

The Clean Utility / Preparation Room shall provide for preparation and mixing of contrast media, storage of medications and sterile supplies. The Clean Utility / Preparation Room, if conveniently located, may serve any number of rooms. The Clean Utility / Preparation Room shall comply with requirements identified in Standard Components - Clean Utility. When pre-prepared media is used, additional storage shall be provided for the media.

440 .6.00 DIAGNOSTIC X-RAY AREAS

Diagnostic X-ray may include Tomography and Radiography / Fluoroscopy Rooms. Rooms for Diagnostic X-ray will need to be larger than standard X-ray Rooms to accommodate additional equipment and personnel. Diagnostic X-ray Rooms will require a scrub basin, preferably located adjacent to the room.

440 .7.00 FILM PROCESSING AREAS

A Darkroom shall be provided for processing film unless the processing equipment normally used does not require a Darkroom for loading and transfer. When daylight processing is used, the Darkroom may be minimal for emergency and special uses. Film processing shall be located convenient to the Imaging Rooms and to the quality control area. The darkroom will require special attention to lighting and ventilation.

440 .8.00 FILM STORAGE

A room with cabinets or shelves to file patient film for immediate retrieval shall be provided.

440 .9.00 A room or area that provides storage for archived film shall be provided. It may be outside the Imaging Unit, but must be properly secured to protect films against loss or damage.

440 .10.00 Storage facilities for unexposed film shall include protection of film against exposure of damage and shall not be warmer than the air of adjacent occupied spaces.

440 .11.00 OFF-SITE SERVICES

In smaller hospitals that cannot justify a full Medical Imaging Unit, access to off-site services is an important consideration in the planning phase, in particular, the selection of the site.

Functional Relationships

440 .12.00 The location of the Medical Imaging Unit, if provided, is variable. Consideration must be given to its proximity to Accident and Emergency, and to the Operating Unit where dedicated in-theatre X-ray is not provided. The requirement for an Outpatient X-ray Service may also dictate where in the facility it is located. In most instances, a compromise between travelling distance for inpatients (minor role) and convenience for outpatients (major role) will be made.

DESIGN

Infection Control

- 440 .13.00 Hand-washing facilities shall be provided for each Imaging Room, located outside the entry to the room.

Space Standards and Components

- 440 .14.00 Rooms shall be sized to suit the design requirements of the equipment to be used, to provide a safe working environment and to allow the effective movement of staff and patients.
- 440 .15.00 Ceiling heights shall suit the equipment, but shall not be less than 3000 mm for ceiling tube mount installations.
- 440 .16.00 Special consideration should also be given to the width and height of doorways to ensure delivery and removal of equipment is not impeded or prevented, and that patient trolley and bed movement is not hampered.

Standards & Codes

- 440 .17.00 Radiological facilities are to comply with relevant State legislation, regulations and statutory requirements.

Building Service Requirements

- 440 .18.00 Special attention is to be given to the following in the design of a Medical Imaging Unit:
- Structural support for equipment
 - Level floor for equipment positioning and safe patient movement
 - The impact on room space of large diameter electrical cable support tray (in floor and surface mounted)
 - Equipment ventilation
 - Radiation protection (lead shielding)
 - Procedure timing (clocks)
 - Task lighting/dimming
 - Room blackout, as required.
- 440 .19.00 Construction Standards for a Medical Imaging Unit include the following:
- Flooring shall be adequate to meet load requirements for equipment, patients, and personnel.
 - Provision for cable trays, ducts or conduits should be made in floors, walls, and ceilings as required.
 - Ceiling heights may be higher than normal.
 - Ceiling mounted equipment should have properly designed rigid support structures located above the finished ceiling.
 - A lay-in type ceiling should be considered for ease of installation, service, and remodelling.

440 .20.00 RADIATION PROTECTION

Most Medical Imaging requires radiation protection. Plans and specifications will require assessment for radiation protection by a certified physicist or other qualified expert as required by the Australian Radiation and Nuclear Safety Agency. The radiation protection assessment will specify the type, location and amount of radiation protection required according to the final equipment selections and layout. Radiation protection requirements shall be incorporated into the final specifications and the building plans.

COMPONENTS OF THE UNIT

Introduction

- 440 .21.00 The Medical Imaging - General Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 440 .22.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 440 .23.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 440 .24.00 MAMMOGRAPHY ROOM

DESCRIPTION AND FUNCTION

The Mammography Room provides specialised equipment for Mammography examinations.

A Mammography Room, if provided, should be a minimum of 12 m2.

- 440 .25.00 LOCATION AND RELATIONSHIPS

The Mammography Room should be located with ready access to patient change facilities either within the room or in close proximity and waiting areas.

- 440 .26.00 CONSIDERATIONS

The Mammography Room requires a staff handwashing basin within the room. Visual and acoustic privacy is required.

- 440 .27.00 ULTRASOUND ROOM

DESCRIPTION AND FUNCTION

The Ultrasound Room provides specialised equipment for ultrasound imaging. The Ultrasound Room, where provided, shall be a minimum of 12 m2.

- 440 .28.00 LOCATION AND RELATIONSHIPS

The Ultrasound Room should be located with access to patient toilet facilities from within the room and from the corridor. The Ultrasound Room requires ready access to patient change facilities and Waiting areas.

- 440 .29.00 CONSIDERATIONS

The Ultrasound Room requires the following fittings and fixtures:

- Patient examination/ procedure table or couch, patient privacy screens
- Desk and chair for clerical activities
- Staff hand-washing basin
- Storage cupboards.

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APPENDICES

Med Imag.-Gen Generic Schedule of Accommodation

440 .30.00 Schedule of Accommodation for a Medical Imaging Unit at Levels 2 to 6:

ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes				1 x 3 optional	1 x 3 optional	
BAY - HANDWASHING	yes	1 x 1	1 x 1	2 x 1	4 x 1	6 x 1	
BAY - LINEN TROLLEY	yes			1 x 2	2 x 2	2 x 2	
BAY - MOBILE EQUIPMENT	yes			1 x 4	2 x 4	2 x 4	
BAY - RESUS TROLLEY	yes			1 x 2	1 x 2	1 x 2	
CHANGE CUBICLE - PATIENT	yes		2 x 2	8 x 2	10 x 2	10 x 2	
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes			1 x 12	1 x 12	1 x 12	
COMPUTER PROCESSING AREA					1 x 50 optional	1 x 50 optional	
DARK ROOM				1 x 8	1 x 10	1 x 10	
DIRTY UTILITY	yes			1 x 10	1 x 10	1 x 10	
FILM PROCESSING		1 x 9	1 x 9	1 x 20	1 x 40	1 x 40	For Daylight processing
FILM STORAGE				1 x 25	1 x 60	1 x 60	
FLUOROSCOPY IMAGING ROOM			1 x 40 optional	1 x 40	2 x 40	2 x 40	
FLUOROSCOPY PREPARATION / STORE					1 x 10	1 x 10	For preparation of imaging media
FLUOROSCOPY VIEWING					1 x 10	1 x 10	
GENERAL X-RAY ROOM		1 x 38	1 x 38	2 x 38	4 x 38	4 x 38	
MAMMOGRAPHY ROOM				1 x 12	1 x 20	1 x 20	
PATIENT BAY	yes			2 x 9	4 x 9	6 x 9	For Holding
RECEPTION	yes		1 x 6	1 x 10	2 x 10	2 x 10	
REPORTING ROOM		1 x 6	1 x 10	1 x 10	2 x 35	2 x 35	
STORE - GENERAL	yes			1 x 10	2 x 10	2 x 10	Including Barium preparation supplies
TOILET - DISABLED	yes			1 x 5	1 x 5	1 x 5	
TOILET - PATIENT	yes		1 x 4	3 x 4	4 x 4	4 x 4	
ULTRASOUND ROOM				1 x 12	2 x 12	2 x 12	

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CIRCULATION %		35	35	35	35	35	

440 .31.00 STAFF AND SUPPORT AREAS

Note: Offices & Support Areas are dependent on the Operational Policy:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
LIBRARY					1 x 40 optional	1 x 40 optional	
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional	1 x 9 optional	1 x 9 optional	Radiologist
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional	2 x 9 optional	2 x 9 optional	Radiographer, Quality Assurance Radiographer
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Nursing personnel
OFFICE - 4 PERSON SHARED	yes				1 x 20 optional	1 x 20 optional	Transcription
OFFICE - WORKSTATION	yes				6 x 6 optional	6 x 6 optional	Information Technology, General Clerical
OFFICE - WORKSTATION	yes				1 x 6 optional	1 x 6 optional	Secretary to Director
OFFICE - WORKSTATION	yes				4 x 6 optional	6 x 6 optional	Registrars

440 .32.00 SHARED AREAS

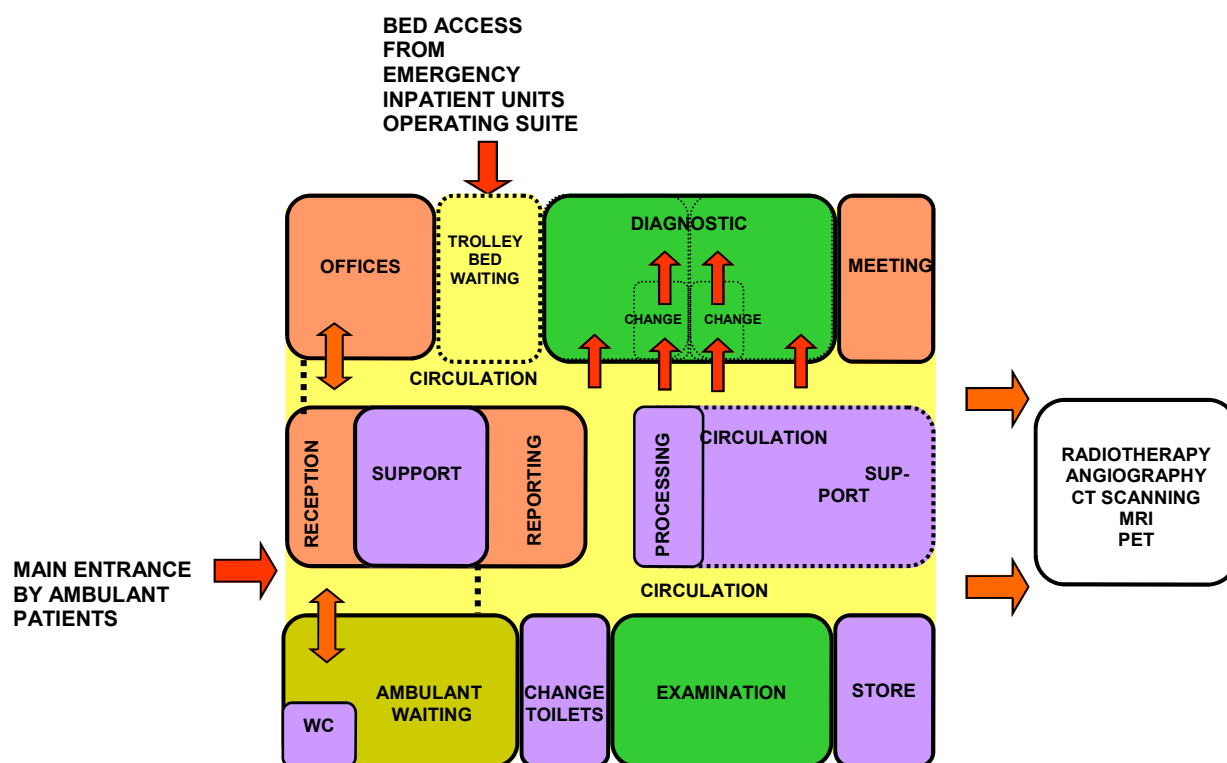
ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
DISPOSAL ROOM	yes			1 x 8	1 x 8	1 x 8	May be combined with Dirty Utility
MEETING ROOM - MEDIUM	yes				1 x 20	1 x 20	
MEETING ROOM - LARGE	yes				2 x 30	2 x 30	
PROPERTY BAY - STAFF	yes			1 x 6	2 x 6	2 x 6	
STAFF ROOM	yes			1 x 15	1 x 30	1 x 30	Area dependent on staffing establishment
TOILET - STAFF	yes			1 x 2	2 x 2	2 x 2	
WAITING	yes			1 x 20	1 x 45	1 x 45	

References and Further Reading

- 440 .33.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.
 - NSW Health, Design Standard 15, Health Building Guidelines - Medical Imaging Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - MEDICAL IMAGING (GENERAL)



450 MEDICAL IMAGING - ANGIOGRAPHY

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INTRODUCTION

Description

- 450 .2.00 The Angiography Unit may be an additional space within the Medical Imaging Unit or a separate Unit which provides facilities for diagnostic X-ray investigations of the heart and blood vessels.

PLANNING

Functional Areas

- 450 .3.00 If the Angiography Unit is provided as a freestanding facility, the following additional facilities/ requirements will be applicable:
- Reception
 - Film Storage
 - Clean Utility
 - Dirty Utility
 - Patient Toilet / Change
 - Staff Toilet / Change
 - Radiation Protection.

Functional Relationships

- 450 .4.00 The Angiography Imaging Unit should be located with ready access to the Emergency Unit, Operating Unit and Intensive Care/ Coronary Care Units

COMPONENTS OF THE UNIT

Introduction

- 450 .5.00 The Medical Imaging - Angiography Unit will contain a combination of Standard Components and Non-Standard Components, according to the Level of Service.

Standard Components must comply with details in the Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 450 .6.00 Provide the Standard Components as identified in the Generic Schedules of Accommodation.

Non-Standard Components

- 450 .7.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

450 .8.00 ANGIOGRAPHY ROOM

DESCRIPTION AND FUNCTION

The Angiography Room provides an area and equipment for Angiography examinations.

If provided, the Angiography Room should be a minimum of 38 m2.

450 .9.00 LOCATION AND RELATIONSHIPS

The Angiography Room should be located adjacent to the Control Room, and should have ready access to patient holding areas and Staff Change facilities.

450 .10.00 CONSIDERATIONS

A scrub sink is required for use by staff, and shall be located outside the staff entry to the Angiography Room.

For additional room details and requirements refer to Standard Component - Catheter Laboratory.

450 .11.00 CONTROL ROOM

DESCRIPTION AND FUNCTION

The Control Room provides for remote operation of the Angiography equipment and requires a viewing window to permit full view of the patient. The Control Room may be combined with a Reporting Room.

450 .12.00 LOCATION AND RELATIONSHIPS

The Control Room shall be located with direct access to the Angiography procedure room and may have external access to a circulation corridor.

450 .13.00 CONSIDERATIONS

For room details and requirements refer to Standard Components - Catheter Laboratory Control / Reporting Room.

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APPENDICES

Med Imag.-Angio.Generic Schedule of Accommodation

450.14.00 Schedule of Accommodation for an Angiography Unit at Levels 4, 5 & 6
(Note: Level 6 is similar to Level 5 with the addition of research and teaching):

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
ANAESTHETIC INDUCTION ROOM	yes			1 x 15 optional	2 x 15 optional	3 x 15 optional	
ANGIOGRAPHY ROOM	see remarks			1 x 38	2 x 38	3 x 38	Refer to Standard Component - Catheter Laboratory
BAY - HANDWASHING	yes			2 x 1	3 x 1	4 x 1	
CHANGE ROOM - STAFF	yes			1 x 8	2 x 8	2 x 8	May be shared
COMPUTER EQUIPMENT ROOM				1 x 6	2 x 6	3 x 6	May be co-located for multiple rooms
CONTROL ROOM	see remarks			1 x 8	2 x 8	3 x 8	Refer to Standard Component - Catheter Laboratory Control / Reporting
OFFICE - SINGLE PERSON 9 M2	yes				2 x 9 optional	2 x 9 optional	Nursing personnel, Radiographer; according to staffing establishment
PATIENT BAY	yes			3 x 9	5 x 9	6 x 9	For Holding / Recovery; Minimum of 2 Bays per Procedure Room
SCRUB-UP / GOWNING	yes			1 x 8	1 x 8	2 x 8	
STORE - STERILE STOCK	yes			1 x 6	1 x 12	1 x 12	May be combined with Clean Utility
TOILET - PATIENT	yes			1 x 4	2 x 4	2 x 4	Including Change facilities
TOILET - STAFF	yes			1 x 2	2 x 2	2 x 2	
CIRCULATION %				35	35	35	

450.15.00 SHARED AREAS

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - RESUS TROLLEY	yes			1 x 2	1 x 2	1 x 2	
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes			1 x 12	1 x 12	1 x 12	Also for preparation of contrast media
DIRTY UTILITY	yes			1 x 10	1 x 10	1 x 10	
RECEPTION	yes			1 x 10	1 x 10	1 x 10	
STORE - FILM				1 x 8	1 x 16	1 x 16	
TOILET - DISABLED	yes			1 x 5	1 x 5	1 x 5	

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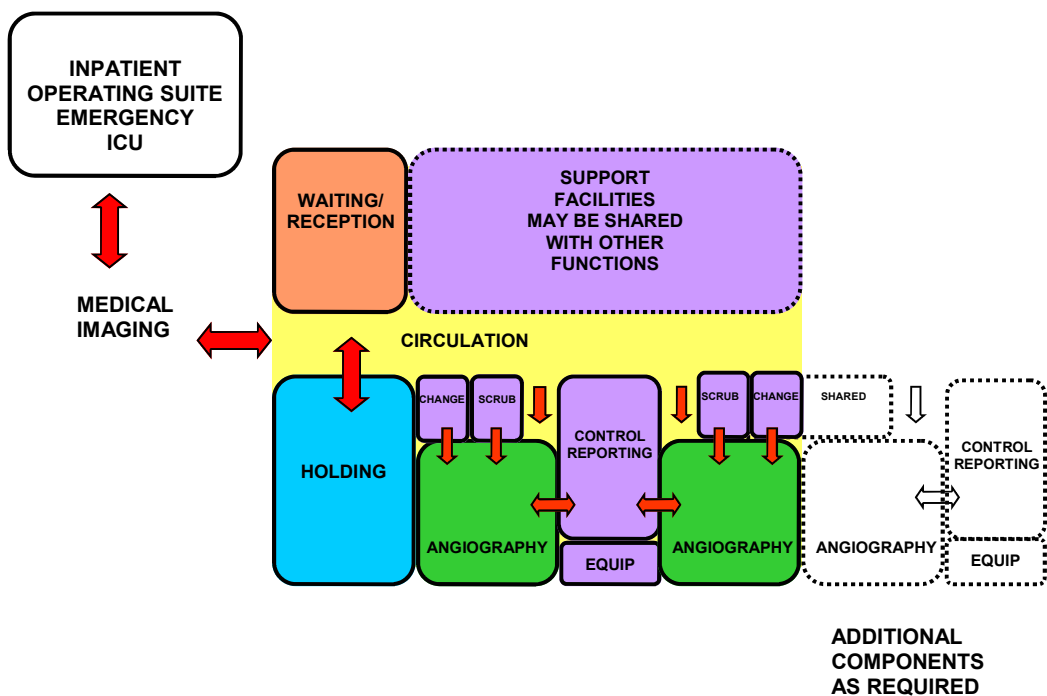
VIEWING AND REPORTING				1 x 8	1 x 25	1 x 25	
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References and Further Reading

- 450.16.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- NSW Health, Design Standard 15 Health Building Guidelines - Medical Imaging Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - MEDICAL IMAGING (ANGIOGRAPHY)



460 MEDICAL IMAGING - CT SCANNING

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INTRODUCTION

Description

- 460 .2.00 The CT Scanning area is an additional space within the Medical Imaging Unit for Computerised Tomography (CT) examinations involving cross sectional imaging of the human body.

PLANNING

Functional Areas

- 460 .3.00 The CT Scanning Area will consist of the following Functional Areas:
- CT Imaging Room, Control Room and Equipment Room
 - Scrub-up / Gowning Area
 - Patient Holding Area
 - Patient Toilet and Change facilities
 - Access to Staff Change and toilet facilities
 - Support Area including preparation, utilities and storage, which may be shared.

- 460 .4.00 PATIENT TOILET

Access to a Patient Toilet will be required for CT Scanning. It shall be convenient to the CT Scanning Room, and if directly accessible to the scanning room, arranged so that a patient may leave the toilet without having to re-enter the Scanning Room.

Functional Relationships

- 460 .5.00 The CT Scanning area should be located with ready access to the Emergency Unit, Operating Unit and Critical Care Units.

COMPONENTS OF THE UNIT

Introduction

- 460 .6.00 The Medical Imaging - CT Scanning will contain a combination of Standard Components and Non-Standard Components, according to the Level of Service.

Standard Components must comply with details in the Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 460 .7.00 Provide the Standard Components as identified in the Generic Schedules of Accommodation.

Non-Standard Components

- 460 .8.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 460 .9.00 CT SCANNING ROOM

DESCRIPTION AND FUNCTION

The CT Scanning room provides an area and equipment for CT examinations.

CT Scanning Rooms shall be sized as required to accommodate the equipment. The minimum area required will be 38 m².

- 460 .10.00 LOCATION AND RELATIONSHIPS

The CT Scanning Room should be located adjacent to the Control Room and should have ready access to patient holding areas, patient toilet/ change facilities, preparation and storage areas.

- 460 .11.00 CONSIDERATIONS

The CT Scanning Room will require clinical scrub facilities immediately adjacent to the room.

- 460 .12.00 CT CONTROL ROOM

DESCRIPTION AND FUNCTION

A Control Room shall be provided that is designed to accommodate the computer and other controls for the equipment. A viewing window shall be provided to permit full view of the patient. The angle between the Control Room and equipment centroid shall permit the control operator to see the patient's head.

- 460 .13.00 LOCATION AND RELATIONSHIPS

The Control Room shall be located with direct access to the CT Imaging room and ready access to film processing areas.

- 460 .14.00 CONSIDERATIONS

For additional room details and requirements refer to Standard Component -

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Cath Lab Control / Reporting room.

460 .15.00 CT COMPUTER ROOM

DESCRIPTION AND FUNCTION

The Computer Room provides an area for the computer and generator modules associated with the CT Scanning equipment.

460 .16.00 LOCATION AND RELATIONSHIPS

The Computer Room should be located adjacent to the CT Scanning and Control Rooms.

460 .17.00 CONSIDERATIONS

The Computer Room will require adequate ventilation for the computer equipment.

APPENDICES

CT Scanning Generic Schedule of Accommodation

460 .18.00 Schedule of Accommodation for CT Scanning: If CT Scanning facilities are required, the rooms identified are to be added to the Schedule of Accommodation for Medical Imaging - General.

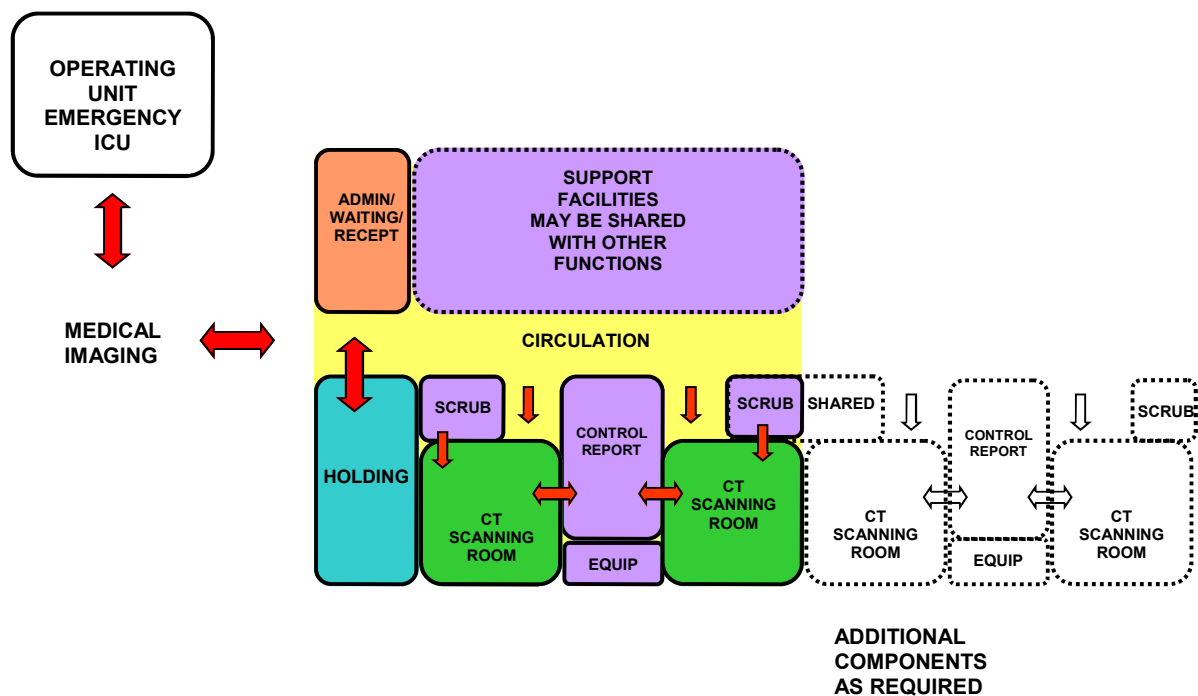
ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
CT SCANNING ROOM				1 x 38	2 x 42	2 x 42	
CT CONTROL ROOM	see remarks			1 x 6	2 x 8	2 x 8	Refer to Standard Component Catheter Laboratory Control/ Reporting
CT COMPUTER ROOM				1 x 6	2 x 6	2 x 6	
SCRUB-UP / GOWNING	yes			1 x 6	1 x 8	1 x 8	May be shared between Scanning Rooms
TOILET - PATIENT	yes			1 x 4	2 x 4	2 x 4	Including Change facilities
PATIENT BAY	yes			3 x 9	4 x 9	4 x 9	For Holding / Recovery; 2 Bays per Scanning Room
CIRCULATION %				35	35	35	

References and Further Reading

- 460 .19.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- NSW Health, Design Standard 15 Health Building Guidelines - Medical Imaging Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - MEDICAL IMAGING (CT SCANNING)



470 MEDICAL IMAGING - MRI

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INTRODUCTION

General

- 470 .2.00 MRI may be provided as a section of Medical Imaging or as a separate or freestanding unit. If MRI is provided as a freestanding unit, the following additional facilities/requirements will be applicable:
- Reception
 - Film Storage
 - Clean Utility
 - Dirty Utility
 - Patient Toilet / Change
 - Staff Toilet / Change
 - Radiation Protection

PLANNING

Functional Areas

- 470 .3.00 The MRI Unit may consist of the following Functional Areas:
- Reception and Waiting Areas
 - MRI Scanning Room with Control and Equipment Room
 - Film processing and storage areas
 - Anaesthetic Room (if applicable)
 - Patient Holding area and toilets
 - Support Rooms including Clean & Dirty Utilities and Preparation areas
 - Staff Areas including Reporting Rooms, Offices, Staff Toilets and Change areas.
- 470 .4.00 PROCESSING AREA
- A Darkroom may be required for processing cassettes and shall be located near the Control Room.

Functional Relationships

- 470 .5.00 The MRI Unit should be located with ready access to the Emergency Unit, Operating Unit and Critical Care Areas. It requires easy access for ambulant patients and beds/ stretchers. A Ground Floor location is preferred.

DESIGN

Building Service Requirements

- 470 .6.00 CRYOGEN FACILITIES

Cryogen storage may be required in areas where service to replenish supplies is not readily available. Cryogen venting is required.

COMPONENTS OF THE UNIT

Introduction

- 470 .7.00 The Medical Imaging - MRI will contain a combination of Standard Components and Non-Standard Components, according to the Level of Service.

Standard Components must comply with details in the Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 470 .8.00 Provide the Standard Components as identified in the Generic Schedules of Accommodation.

Non-Standard Components

- 470 .9.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 470 .10.00 MRI ROOM

DESCRIPTION AND FUNCTION

The MRI Room provides the area and equipment for MRI scanning procedures.

The MRI Room may range from 38 m² depending on the vendor and magnet strength.

- 470 .11.00 LOCATION AND RELATIONSHIPS

The MRI Room should be located with direct access to the Control Room and ready access to patient waiting areas, patient holding, preparation and utility areas.

When Spectroscopy is proposed, caution should be exercised in locating it in relation to the magnetic fringe fields.

- 470 .12.00 CONSIDERATIONS

Power conditioning and voltage regulation equipment as well as direct current (DC) may be required.

Magnetic shielding may be required to restrict the magnetic field plot. Radio

frequency shielding is required to attenuate stray radio frequencies.

470 .13.00 MRI COMPUTER ROOM

DESCRIPTION AND FUNCTION

A Computer Room shall be provided to accommodate computer equipment. A room of up to 35 m2 may be required depending on the equipment vendor and magnet strength.

470 .14.00 LOCATION AND RELATIONSHIPS

The MRI Computer Room shall be located adjacent to the MRI Scanning Room and Control Room.

470 .15.00 CONSIDERATIONS

The Computer room will require adequate ventilation/ air-conditioning for the computer equipment.

470 .16.00 MRI CONTROL ROOM

DESCRIPTION AND FUNCTION

The Control Room shall be provided that is designed to accommodate the computer and other controls for the equipment. The Control Room requires a full view of the MRI Room.

The Control Room should be a minimum of 9 m2, but may be larger depending on the vendor and magnet size.

470 .17.00 LOCATION AND RELATIONSHIPS

The MRI Control Room shall be located with direct access to the MRI Scanning Room.

470 .18.00 CONSIDERATIONS

The Control Room will require:

- Workbench
- MRI Scanner computer screens
- Telephones, computers, printers for staff use.

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APPENDICES

Med Imag.-MRI Generic Schedule of Accommodation

470.19.00 Schedule of Accommodation for an MRI Unit at levels 4, 5 and 6:

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
ANAESTHETIC INDUCTION ROOM	yes			1 x 15 optional	1 x 15 optional	2 x 15 optional	
BAY - HANDWASHING	yes			2 x 1	4 x 1	4 x 1	
MRI SCANNING ROOM				1 x 38	1 x 42	2 x 42	Depending on Operational Policy
MRI CONTROL				1 x 9	1 x 10	2 x 10	
MRI COMPUTER ROOM				1 x 10	1 x 10	2 x 10	
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Senior Radiographer, according to staffing establishment
OFFICE - SINGLE PERSON 9 M2	yes				2 x 9 optional	2 x 9 optional	Nursing personnel, Registrar, according to staffing establishment
PATIENT BAY	yes			2 x 9	2 x 9	4 x 9	Holding - Allow 2 Bays per MRI Room
TOILET - PATIENT	yes			1 x 4	1 x 4	2 x 4	With Change facilities
CIRCULATION %				35	35	35	

470.20.00 SHARED AREAS

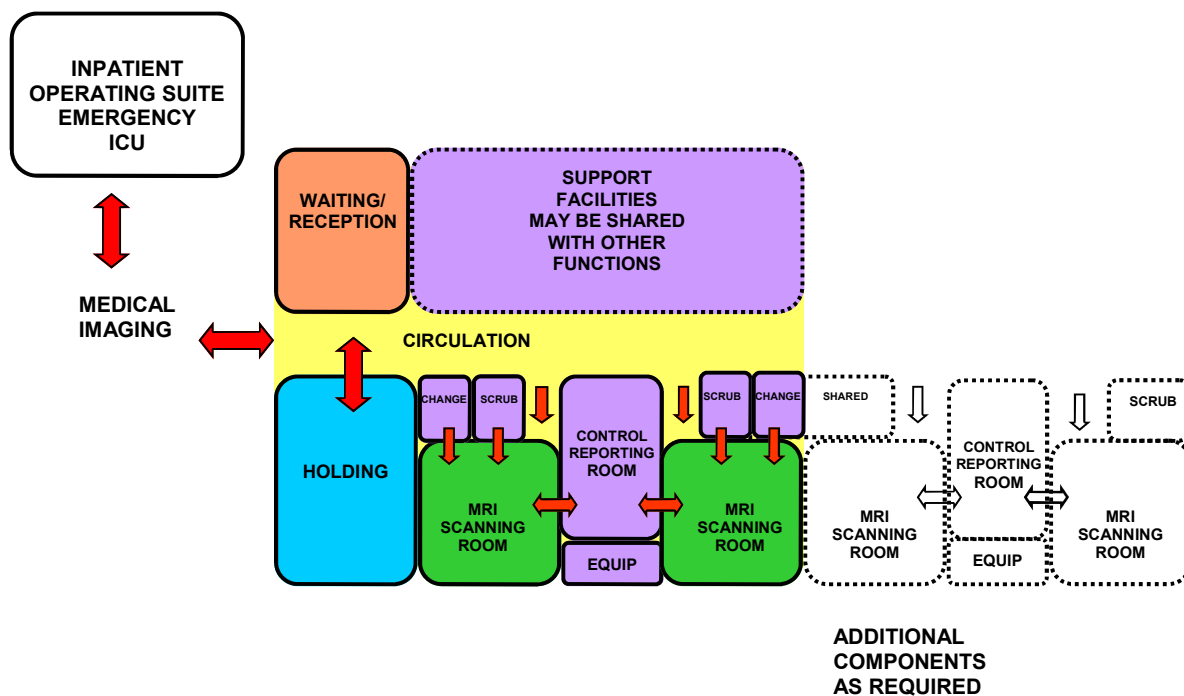
ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - LINEN	yes			1 x 2	1 x 2	1 x 2	
BAY - RESUS TROLLEY	yes			1 x 2	1 x 2	1 x 2	
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes			1 x 12	1 x 12	1 x 12	Also used for Preparation
DIRTY UTILITY	yes			1 x 10	1 x 10	1 x 10	
PROPERTY BAY - STAFF	yes			1 x 6	1 x 6	1 x 6	
RECEPTION	yes			1 x 10	1 x 10	1 x 10	
STORE - FILM				1 x 8	1 x 12	1 x 12	
TOILET - STAFF	yes			1 x 2	2 x 2	2 x 2	
X-RAY VIEWING AND REPORTING	yes			1 x 8	1 x 8	1 x 16	
WAITING	yes				1 x 12	1 x 12	

References and Further Reading

- 470 .21.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- NSW Health, Design Standard 15 Health Building Guidelines - Medical Imaging Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - MEDICAL IMAGING (MRI)



480 MEDICAL IMAGING - PET

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INTRODUCTION

Description

- 480 .2.00 The Positron Emission Tomography (PET) Unit may be provided as a section of a Medical Imaging Unit or as a separate unit for PET imaging procedures using radiopharmaceutical agents.

PLANNING

Functional Areas

- 480 .3.00 The PET Unit may consist of the following Functional Areas:
- PET Camera Room and Control Room
 - Cyclotron Room and Control Room (optional)
 - Laboratory areas including hot lab/ radiochemistry and quality control laboratory
 - Anaesthetic Room (optional)
 - Patient Holding area and Toilet
 - Support Areas including Clean Utility, Dirty Utility, Stores, Cleaner's Room
 - Staff Areas including Staff Station, Offices and Reporting areas, Change areas and Toilets.

480 .4.00 TOILET - INJECTED PATIENTS

A Patient Toilet is required for injected patients. Radiation shielding requirements will need to be assessed by a Radiation Consultant. Patient toilet provisions are to comply with Standard Components - Toilet - Patient.

480 .5.00 WAITING AREAS

BED WAITING (INJECTED PATIENTS)

A Patient Bay Area is required for patients on beds or trolleys who have received an injection of imaging agent and are awaiting the scanning procedure.

As the imaging agents emit a low level radiation, the Patient Bed Waiting Area may require radiation protection screening, the extent to be determined by a Radiation Consultant.

480 .6.00 SUB-WAITING (INJECTED PATIENTS)

A Sub-waiting Area with chairs and provisions for wheelchairs is required for patients who have received an injection of imaging agent and are awaiting the scanning procedure.

As the imaging agents emit a low level radiation, the waiting area may require radiation protection screening, the extent to be determined by a Radiation Consultant.

Functional Relationships

480 .7.00 The PET Unit ideally will be located with close access to:

- Nuclear Medicine Unit
- Medical Imaging Unit
- Emergency Unit (direct, non-public access is preferred)
- Intensive Care Unit (direct, non-public, vertical or horizontal access is preferred)
- Operating Unit (direct, non-public, vertical or horizontal access is preferred)
- Outpatient Consulting Unit.

480 .8.00 The PET Unit will require a ground level location due to the weight of the nuclear medical and PET equipment and for ease of installation and replacement.

COMPONENTS OF THE UNIT

Introduction

480 .9.00 The Medical Imaging - PET Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

480 .10.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

480 .11.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

480 .12.00 CYCLOTRON

DESCRIPTION AND FUNCTION

The Cyclotron is a device that is used to produce beams of charged particles that can be directed at a specific target. Cyclotrons are used for cancer treatment (proton therapy) and radioisotope production (FDG primarily for cancer diagnosis and Palladium 103 for prostate cancer implants).

Hospitals may prefer to install a Cyclotron to produce their own supplies of FDG or other radioisotopes; these agents however, may be outsourced.

The room size will be dependent on the equipment to be installed. The minimum room size will be 47 m² based on the smallest available machine.

480 .13.00 LOCATION AND RELATIONSHIPS

The Cyclotron, if installed should be located with ready access to the PET Camera Room, Hot Laboratory/ Radiochemistry and Quality Control Laboratory.

480 .14.00 CONSIDERATIONS

The Cyclotron equipment has specialised requirements and installation will be according to manufacturer's recommendations based on model and size. The following is an overview of room requirements:

- Weight loading of cyclotron and ancillary equipment exceeds 36000 kg and structural assessment may be required
- Air-conditioning:
 - room climate control is essential for equipment functioning
 - air pressure in the Cyclotron Room should be negative pressure relative to the surrounding areas
 - the cyclotron will have a filtered exhaust system
- Radiation protection requirements will need to be assessed by a Radiation Consultant
 - some Cyclotron machines are self shielding
 - the non-shielded machines will require concrete bunker walls to a thickness specified by the Radiation Consultant
- A dedicated, three phase power supply will be required
- Floor drains and a sink
- A chilled water supply
- Gas bottle storage
- Compressed air supply or cylinder.

480 .15.00 CYCLOTRON CONTROL ROOM

DESCRIPTION AND FUNCTION

The Cyclotron Control Room consists of terminals and printers from which the user controls the operation of the Cyclotron.

The Control Room shall be a minimum of 10 m².

480 .16.00 LOCATION AND RELATIONSHIPS

The Cyclotron Control Room should have direct access to the Cyclotron Room and may be co-located with the PET Camera Control Room.

480 .17.00 CONSIDERATIONS

Room requirements will be according to manufacturer's specifications and will include:

- Uninterrupted power supply to computer equipment
- Voice/data connections.

480 .18.00 HOT LABORATORY/ RADIOCHEMISTRY

DESCRIPTION AND FUNCTION

The Hot Laboratory will be used for preparation and storage of radiopharmaceuticals used in procedures.

Non-Standard Components

480 .19.00 LOCATION AND RELATIONSHIPS

The Hot Laboratory/ Radiochemistry should be located with ready access to the Quality Control Laboratory, the Preparation Room and the PET Camera Room.

480 .20.00 CONSIDERATIONS

The Hot Laboratory room will require:

- Smooth impervious laboratory benches with cupboards and sink
- Radiation protection assessment by a Radiation Consultant and may include radiopharmaceuticals storage areas within the room such as cupboards.

480 .21.00 LABORATORY - QUALITY CONTROL/ BLOOD COUNTING

DESCRIPTION AND FUNCTION

The Quality Control Laboratory will be required for preparation of radionuclides, quality control procedures involved in the production process and performance of blood testing procedures.

480 .22.00 LOCATION AND RELATIONSHIPS

The Quality Control Laboratory should be located with ready access to the Hot Laboratory and Preparation Room.

480 .23.00 CONSIDERATIONS

The Quality Control Laboratory will require:

- Smooth impervious laboratory benching
- Cupboards and shelving
- Sink
- Radiation protection assessment by a Radiation Consultant and may include radiopharmaceuticals storage areas within the room such as cupboards.

480 .24.00 PET CAMERA ROOM

DESCRIPTION AND FUNCTION

The PET Camera Room provides an area and equipment for PET Camera Scanning procedures.

The minimum room size will be 38 m² based on the smallest available scanner.

480 .25.00 LOCATION AND RELATIONSHIPS

The PET Camera Room should be located with ready access to patient waiting areas, Holding and Anaesthetic Room if provided, as well as Preparation Room and Laboratories. The Camera Room will require direct access to the Control Room.

480 .26.00 CONSIDERATIONS

The PET scanning equipment has specialised requirements and installation will be according to manufacturer's recommendations based on model and size. The following is an overview of room requirements:

- Floor covering to be antistatic
- Weight loading of scanner and ancillary equipment exceeds 3000 kg and structural assessment may be required
- Room lighting should be controllable and glare free
- Air-conditioning:
 - room climate control is essential for equipment functioning
 - air pressure in the scanning area should be negative pressure relative to the surrounding areas
- Radiation protection requirements will need to be assessed by a Radiation Consultant
- Ancillary equipment includes water/air chillers and transformers
- A dedicated, noise free, uninterrupted power supply will be required.

Additional room requirements will include:

- Access for beds/trolleys
- Medical gases, oxygen, medical air and suction
- Patient call, staff assist and emergency call system
- Visibility between Camera Room and Control Area
- Handsfree intercom facility between Camera Room and Control Area.

480 .27.00 PET CONTROL ROOM

DESCRIPTION AND FUNCTION

The PET Control Room provides for the computer and control for the PET equipment. The Control Room will require direct visibility of the Camera Room with intercom and microphone facilities. The PET Control Room shall be a minimum of 10 m².

480 .28.00 LOCATION AND RELATIONSHIPS

The Control Room will require direct access to the PET Camera Scanning Room and may serve more than one PET scanning room if co-located.

480 .29.00 CONSIDERATIONS

Room fittings will include:

- Workbench
- Camera control module and imaging screens
- PET camera computer and generator modules
- Computer, printer and telephone for staff use.

480 .30.00 PREPARATION ROOM

DESCRIPTION AND FUNCTION

A Preparation room is required for preparing radiopharmaceuticals and injecting patients.

The Preparation Room shall be a minimum of 12 m².

480 .31.00 LOCATION AND RELATIONSHIPS

The Preparation Room may be co-located with the Clean Utility and should have ready access to Patient Waiting areas and Laboratories.

480 .32.00 CONSIDERATIONS

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The Preparation Room will require:

- Laboratory type bench, impervious to moisture and spills, with cupboards and sink
- Handbasin with paper towel and soap dispenser fittings
- Examination couch and footstool
- Patient chair
- A minimum of six body protected GPOs
- Patient call, staff assist and emergency call points
- Radiation protection to be assessed by a Radiation Consultant and may include radiopharmaceutical storage areas within the room such as cupboards.

APPENDICES

PET Generic Schedule of Accommodation

480 .33.00 Schedule of Accommodation for a PET Unit at level 6:

ROOM / SPACE	Standard Component					Level 6 Qty x m2	Remarks
ANAESTHETIC INDUCTION ROOM	yes					1 x 15 optional	
BAY - HANDWASHING	yes					2 x 1	
CONTROL ROOM						2 x 10	PET Camera Room Control and Cyclotron Control Rooms may be co-located
CYCLOTRON						1 x 50	
HOT LABORATORY/ RADIOCHEMISTRY						1 x 20	
LABORATORY - QC/ BLOOD COUNTING						1 x 10	
PATIENT BAY	yes					3 x 9	Waiting - injected patients; may require radiation shielding
PET CAMERA ROOM						1 x 50	
PET COMPUTER ROOM						1 x 10	
TOILET - PATIENT	yes					1 x 4	May require radiation shielding
WAITING	yes					1 x 12	Injected patients; may require radiation shielding
CIRCULATION %						35	

480 .34.00 STAFF AREAS

Note: Staff Offices are dependent on the Operational Policy and management structure, additional Offices may be required:

ROOM / SPACE	Standard Component					Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 9 M2	yes					1 x 9 optional	Chief Operator
OFFICE - SINGLE PERSON 9 M2	yes					1 x 9 optional	Radiochemist

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480 .35.00 SHARED AREAS

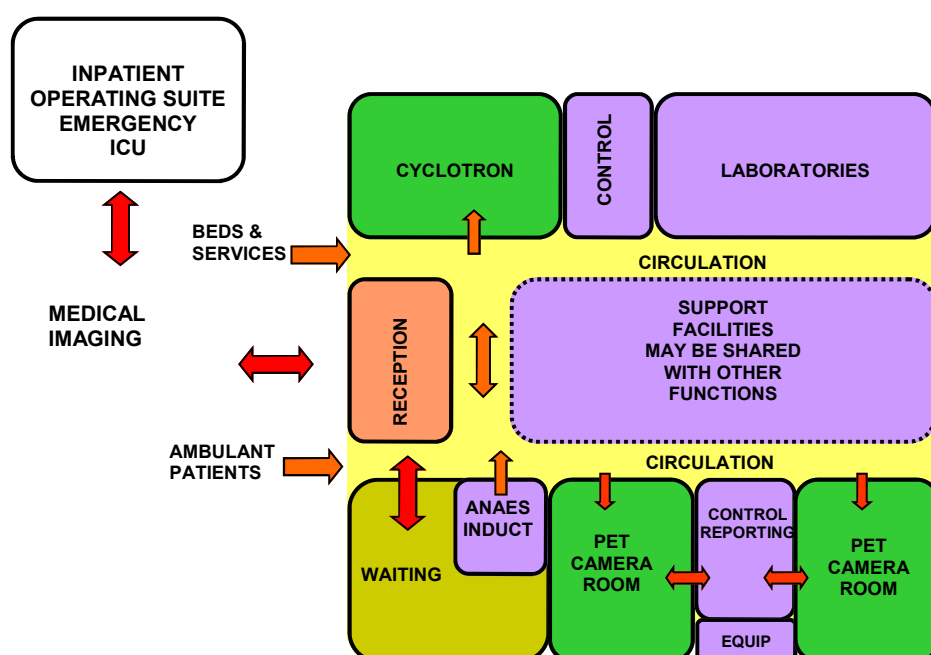
ROOM / SPACE	Standard Component				Level 6 Qty x m2	Remarks
BAY - LINEN	yes				1 x 2	
BAY - MOBILE EQUIPMENT	yes				1 x 4	
BAY - RESUS TROLLEY	yes				1 x 2	
CLEANER'S ROOM	yes				1 x 4	
CLEAN UTILITY	yes				1 x 12	May be co-located with Preparation Room
DIRTY UTILITY	yes				1 x 10	
PREPARATION ROOM					1 x 12	
PROPERTY BAY - STAFF	yes				1 x 6	
RECEPTION	yes				1 x 10	
STAFF STATION	yes				1 x 14	
STORE - GENERAL	yes				1 x 9	
TOILET- STAFF	yes				1 x 2	
WAITING	yes				1 x 15	Non-injected patients and visitors
XRAY VIEWING AND REPORTING	yes				1 x 12	

References and Further Reading

- 480 .36.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- NSW Health, Design Standard 15 Health Building Guidelines - Medical Imaging Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - MEDICAL IMAGING (PET)



490 MORTUARY UNIT

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INTRODUCTION

Description

- 490 .2.00 A Mortuary Unit is a facility for the holding of bodies, and for the viewing of bodies by authorised persons. The conducting of Post Mortems/Autopsies may or may not be included, depending on the Operational Policy of the hospital.

PLANNING

Functional Areas

- 490 .3.00 The Mortuary Unit will consist of the following Functional Areas depending on the size of the facility and the Operational Policy:
- Entry and clerical area
 - Body Holding area
 - Clean-Up Area
 - Waiting
 - Viewing Area.

- 490 .4.00 AUTOPSY FACILITIES

The following elements shall be provided when autopsies are performed in the hospital:

- Refrigerated facilities for body-holding
- An Autopsy Room containing the following
 - a work counter with a sink and handbasin
 - storage space for supplies, equipment, and specimens
 - an autopsy table
 - a deep sink for washing of specimens
- A cleaner's sink and storage of cleaning supplies.

Functional Relationships

- 490 .5.00 Mortuary / Holding facilities shall be accessible through an exterior entrance and shall be located to avoid the need for transporting bodies through public areas.

COMPONENTS OF THE UNIT

Introduction

- 490 .6.00 The Mortuary Unit will contain a combination of Standard Components and Non-Standard Components, according to the Level of Service.

Standard Components must comply with details in the Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 490 .7.00 Provide the Standard Components as identified in the Generic Schedules of Accommodation.

Non-Standard Components

- 490 .8.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 490 .9.00 BODY HOLDING ROOM

DESCRIPTION AND FUNCTION

As a minimum, every Hospital shall have a Holding Room for deceased patients that is not less than 1800 mm wide x 2400 mm deep.

- 490 .10.00 LOCATION AND RELATIONSHIPS

The Holding Room shall have or be located adjacent to an external doorway giving access to a driveway. It should have ready access to the Viewing Area and Autopsy area if provided.

- 490 .11.00 CONSIDERATIONS

The Holding Room shall include a handbasin and storage facilities for gowns and bags.

The room shall be fitted with permanent ventilation.

- 490 .12.00 VIEWING ROOM

DESCRIPTION AND FUNCTION

A Viewing Room or area is recommended, and should allow for discreet viewing of bodies by relatives or other authorised personnel.

The Viewing Room shall be a minimum of 10 m².

- 490 .13.00 LOCATION AND RELATIONSHIPS

The Viewing Room should be located with ready access to Waiting Areas, Public Amenities and Body Holding areas.

- 490 .14.00 CONSIDERATIONS

The room should contain a viewing window with privacy screening.

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Mortuary Generic Schedule of Accommodation

490.15.00 Schedule of Accommodation for a Mortuary / Holding area at levels 2 to 6:

ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
AUTOPSY ROOM				1 x 25 optional	2 x 25 optional	2 x 25 optional	Levels 5/6 areas include space for 2 mortuary tables
BODY HOLDING ROOM		1 x 12	1 x 12	1 x 20	1 x 35	1 x 50	Allow 3.5 m2 per Body Holding Bay; include space for trolley hoist and weighing equip
CHANGE ROOM - STAFF	yes		1 x 8 optional	1 x 8	1 x 8	1 x 8	
CLEANER'S ROOM	yes		1 x 4 optional	1 x 4 optional	1 x 4	1 x 4	
CLEAN-UP ROOM	yes			1 x 10	1 x 10	1 x 10	
ENTRY LOBBY			1 x 7 optional	1 x 7	1 x 7	1 x 7	
EXIT LOBBY				1 x 7 optional	1 x 7 optional	1 x 7 optional	
OFFICE - WORKSTATION	yes		1 x 6 optional	1 x 6 optional	1 x 6 optional	1 x 6 optional	May be located near entry
POLICE / PATHOLOGY AREA					1 x 9 optional	1 x 9 optional	
RECEPTION	yes				1 x 10	1 x 10	
VIEWING ROOM			1 x 10 optional	1 x 10 optional	1 x 10	1 x 10	
WAITING	yes				1 x 10	1 x 10	
CIRCULATION %		15	15	15	15	15	

490.16.00 SHARED AREAS

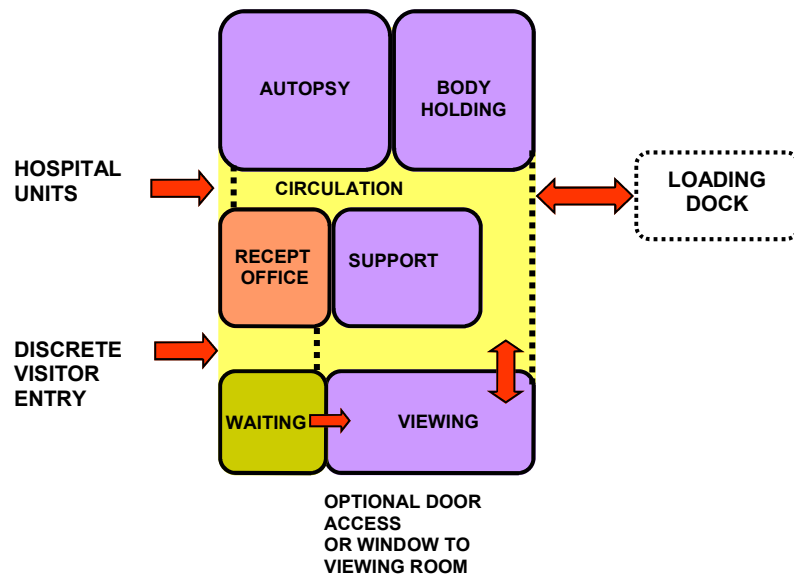
ROOM / SPACE	Standard Component	Level 2 Qty x m2	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
SHOWER - STAFF	yes			1 x 2	1 x 2	1 x 2	
TOILET - PUBLIC	yes				1 x 3	1 x 3	
TOILET - STAFF	yes			1 x 2	1 x 2	1 x 2	

References and Further Reading

- 490.17.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Department of Human Services, Victoria, Design Guidelines for Private Hospital Buildings, 1987.
 - Health Department Western Australia, Private Hospital Guidelines, 1998.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - MORTUARY UNIT



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500 NUCLEAR MEDICINE UNIT

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INTRODUCTION

Description

- 500 .2.00 The Nuclear Medicine Unit provides facilities for the administration of radiopharmaceutical agents to patients and patient imaging for diagnostic purposes. The Nuclear medicine Unit may be provided within the Medical Imaging Unit or as a freestanding Unit.

PLANNING

Functional Areas

- 500 .3.00 The Nuclear Medicine Unit requires facilities for the following:
- Gamma camera equipment
 - Patient holding
 - Exercise equipment including treadmill and/or bicycle
 - Radiopharmaceutical handling and storage.
- 500 .4.00 Nuclear medicine may include Positron Emission Tomography (P.E.T.), which is not common to most facilities.
- 500 .5.00 FILM STORAGE
- Film storage with cabinets or shelves to file patient film for immediate retrieval shall be provided.
- 500 .6.00 Storage for archived film which is properly secured to protect film against loss or damage, should be provided.

Functional Relationships

- 500 .7.00 The Nuclear Medicine Unit should be located with ready access to the Medical

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Imaging Unit, PET Unit if provided, Emergency Unit, Operating Unit and Critical Care areas. It requires easy access for ambulant patients and beds/stretchers.

DESIGN

Building Service Requirements

500 .8.00 AIR CONDITIONING

Special attention is required for cooling and ventilation of Gamma Camera Rooms as the equipment is sensitive to excessive ambient heat. Additional cooling and ventilation will be required.

500 .9.00 CONSTRUCTION

Construction Standards for a Nuclear Medicine Unit include the following:

- Flooring shall be adequate to meet load requirements for equipment, patients, and personnel.
- Floors and walls should be constructed of materials that are easily decontaminated in case of radioactive spills.
- Walls should contain necessary support systems for either built-in or mobile oxygen and vacuum, and vents for radioactive gases.
- Provision for cable trays, ducts or conduits should be made in floors, walls, and ceilings as required.
- Ceiling height should be a minimum of 3 metres.
- Ceiling mounted equipment should have properly designed rigid support structures located above the finished ceiling.
- A lay-in type ceiling should be considered for ease of installation, service and remodelling.

500 .10.00 RADIATION PROTECTION

Plans and specifications will require assessment for radiation protection by a certified physicist or other qualified expert, as required by the appropriate state authorities. The radiation protection assessment will specify the type, location and amount of radiation protection required according to the final equipment selections and layout. Radiation protection requirements shall be incorporated into the final specifications and the building plans.

COMPONENTS OF THE UNIT

Introduction

500 .11.00 The Nuclear Medicine Unit will contain a combination of Standard Components and Non-Standard Components, according to the Level of Service.

Standard Components must comply with details in the Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

500 .12.00 Provide the Standard Components as identified in the Generic Schedules of Accommodation.

Non-Standard Components

500 .13.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

500 .14.00 COMPUTER EQUIPMENT ROOM

DESCRIPTION AND FUNCTION

Provision shall be made for computer equipment, preferably in a separate room with access terminals available within the imaging Rooms. The Computer Equipment Room shall be a minimum of six m2.

500 .15.00 LOCATION AND RELATIONSHIPS

The Computer Room shall be located adjacent to the Gamma Camera Imaging Rooms and Control Room and may be co-located for multiple imaging rooms.

500 .16.00 CONSIDERATIONS

The Computer Equipment Room will require adequate ventilation/ air conditioning for the computer equipment.

500 .17.00 CONTROL ROOM

DESCRIPTION AND FUNCTION

Space should be provided for the gamma camera computer control and display terminals. The Control Room or area should be a minimum of six m2.

500 .18.00 LOCATION AND FUNCTION

The Control Room shall be located with direct access to the Gamma Camera Imaging Room and adjacent to the Computer Equipment Room.

500 .19.00 CONSIDERATIONS

A viewing window may be required, depending on the location of the Control Room. The Control Room will require:

- Workbench
- Gamma Camera Computer screens
- Computer, Printer and telephones for staff use.

500 .20.00 DARKROOM

DESCRIPTION AND FUNCTION

A Darkroom on-site may be required for film processing. The Darkroom shall be a minimum of six m2.

500 .21.00 LOCATION AND RELATIONSHIPS

The Darkroom should be located with ready access to Daylight processing areas, imaging rooms and reporting areas.

500 .22.00 CONSIDERATIONS

The Darkroom should contain protective storage facilities for unexposed film to protect the film against exposure or damage. Room requirements will include:

- Sink and bench
- Safe light

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- Film processing equipment
- Floor waste
- Light proof door seals and grilles.

500 .23.00 GAMMA CAMERA ROOM

DESCRIPTION AND FUNCTION

The Gamma Camera Rooms will need to accommodate the imaging equipment and permit entry and exit of patient trolleys. The room size will be determined by the equipment model and supplier. A minimum room size of 25 m² is recommended.

500 .24.00 LOCATION AND RELATIONSHIPS

The Gamma Camera Rooms should be located with direct access to the Control room and ready access to the Equipment Room, patient waiting areas, preparation and utility areas.

500 .25.00 CONSIDERATIONS

The Gamma Camera equipment has specialised requirements and installation will be according to manufacturer's recommendations. Room requirements will include:

- Adequate ventilation and air conditioning for equipment functioning.
- Radiation protection requirements will need to be assessed by a Radiation Consultant.

500 .26.00 HOT LABORATORY

DESCRIPTION AND FUNCTION

If radiopharmaceutical preparation is performed on-site, a Hot Laboratory adequate to house a radiopharmacy shall be provided with appropriate shielding.

The Hot Laboratory shall be a minimum of six m².

500 .27.00 LOCATION AND LATIONSHIPS

The Hot Laboratory should be located with ready access to the Gamma Camera Imaging rooms, preparation and dosing areas.

500 .28.00 CONSIDERATIONS

The Hot Laboratory room requirements are as follows:

- Adequate space for storage of radionuclides, chemicals for preparation, dose calibrators, and record-keeping.
- The floors and walls should be constructed of a material that is easily decontaminated, that has no gaps or crevices.
- Vents and traps for radioactive gases should be provided if such are used.
- Hoods for pharmaceutical preparation shall meet applicable standards, if used.
- If pre-prepared materials are used, storage and calculation areas may be considerably smaller than for on-site preparation.
- Space shall provide adequately for dose calibration, and quality assurance activities.
- The hot laboratory shielding may include the room walls and radionuclide storage areas within the room.

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Nuclear Medicine Generic Schedule of Accommodation

500 .29.00 Schedule of Accommodation for a Nuclear Medicine Unit at levels 4, 5 and 6:

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - HANDWASHING	yes			4 x 1	6 x 1	6 x 1	
BAY - LINEN	yes			1 x 2	1 x 2	1 x 2	
BAY - RESUS TROLLEY	yes			1 x 2	1 x 2	1 x 2	
BONE DENSITOMETER ROOM					1 x 12	1 x 12	
CONSULT ROOM	yes			1 x 12	2 x 12	2 x 12	
CONTROL ROOM				1 x 6	2 x 6	2 x 6	
COMPUTER EQUIPMENT ROOM				1 x 6	2 x 6	2 x 6	
EXERCISE / STRESS TESTING				1 x 10	1 x 15	1 x 15	
GAMMA CAMERA ROOM/S				1 x 25	2 x 25	2 x 25	Room size will depend on equipment model and supplier
HOT LABORATORY				1 x 6	1 x 12	1 x 12	
LABORATORY - MEDICAL PHYSICS					1 x 20	1 x 20	
LABORATORY - RADIOPHARMACY					1 x 15	1 x 15	
PATIENT BAY	yes			4 x 9	8 x 9	8 x 9	Holding Bays Pre-Procedure
TOILET - PATIENT	yes			1 x 4	2 x 4	2 x 4	With Change facilities
WARM LABORATORY					1 x 20	1 x 20	
CIRCULATION %				30	30	30	

500 .30.00 STAFF AREAS

Note: Offices are dependent on the Operational Policy and management structure:

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional	1 x 9 optional	1 x 9 optional	Nursing personnel
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Radiochemist
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Radiopharmacist

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OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional	1 x 9 optional	1 x 9 optional	Registrar
OFFICE - SINGLE PERSON 9 M2	yes				3 x 9 optional	3 x 9 optional	Technologists
OFFICE - WORKSTATION	yes				4 x 6 optional	4 x 6 optional	Reporting
OFFICE - WORKSTATION	yes				1 x 6 optional	1 x 6 optional	Secretary

500 .31.00 SHARED AREAS

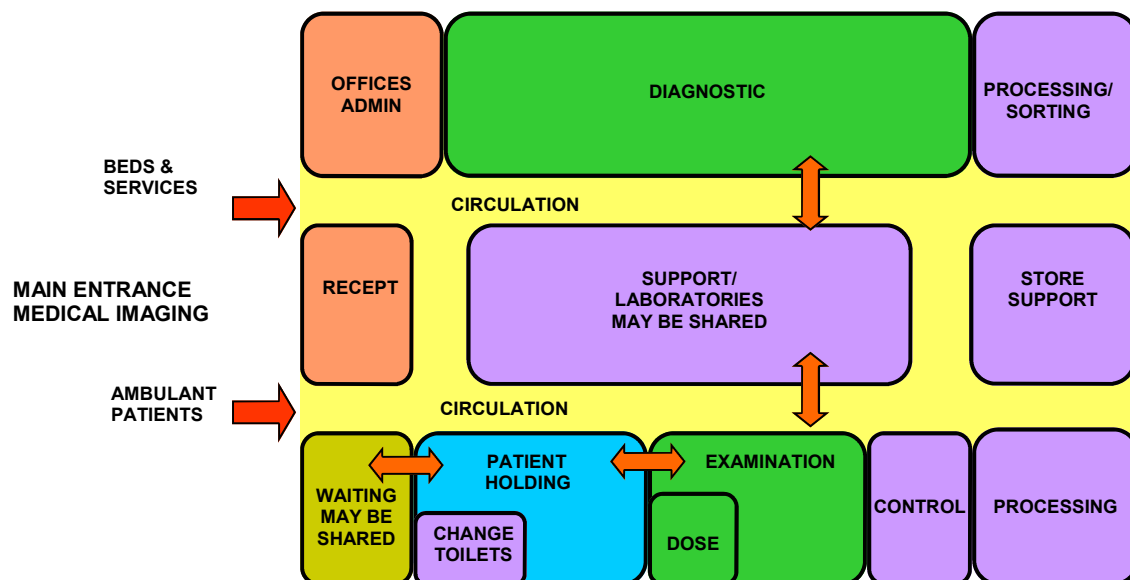
ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
DARK ROOM				1 x 6	1 x 6	1 x 6	
PROCESSING AREA					1 x 16	1 x 16	
RECEPTION	yes			1 x 10	1 x 10	1 x 10	
STORE - DIGITAL / VIDEO TAPES					1 x 10	1 x 10	
STORE - FILES	yes				1 x 10	1 x 10	
STORE - FILM				1 x 6	1 x 20	1 x 20	
STORE - PHOTOCOPY/ STATIONERY	yes				1 x 8	1 x 8	
WAITING	yes			1 x 9	2 x 9	2 x 9	Waiting for non-injected patients may be shared with adjacent Units

References and Further Reading

- 500 .32.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- NSW Health, Design Standard 15 Health Building Guidelines - Medical Imaging Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - NUCLEAR MEDICINE



510 OBSTETRIC UNIT

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INTRODUCTION

General

- 510 .2.00 The Obstetric Unit is a discreet Unit providing facilities for the safe pre and post natal care of mothers and their babies
- 510 .3.00 The number of birthing preparation rooms and the size of the associated service areas shall be as required by the proposed obstetrical workload as outlined in the Operational Policy.

PLANNING

Planning Models

- 510 .4.00 The preferred design for an Obstetric Unit includes a number of self contained rooms allowing for the total birthing process. The processes involved are:
- Labour
 - Delivery / Birthing
 - Recovery
 - Postnatal (or Post-Partum)

The design model combining Labour, Delivery and Recovery in one room will be referred to as LDR. The design model combining all four processes will be referred to as LDRP.

Functional Areas

- 510 .5.00 The Obstetric Unit consists of the following functional areas:
- Reception and arrival area including provisions for visitors and administrative activities
 - Inpatient areas
 - Birthing Areas
 - Neonatal Nursery Area - general care
 - Shared and Support areas including facilities that can be shared between

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zones or Units

510 .6.00 OPERATING ROOM

An Obstetric Unit shall have access to an Operating Room and support rooms. The minimum facilities required are:

- Operating Room to comply with Standard Components Operating Room - Minor, 36 m²
- Scrub-up/ Gowning Bay to comply with Standard Components Scrub-up/ Gowning, 6 m²
- Sterilising Area including a flash steriliser
- Two Patient Bed Bays for Recovery - to comply with Standard Components Patient Bay 9 m².

The distance to the Operating Room should not exceed three minutes of travel. Such travel should take into consideration:

- 1 metre per second travel speed
- Lifts (if any) to be lockable
- Lift delay and travel included in the time
- Distance measured from Birthing Room to Operating Room.

510 .7.00 WATER BIRTHING

If water birthing is included in the Operational Policy, the Unit will require access to a dedicated Bathroom. The Bathroom will require a large peninsular bath, with access to both sides of the bath. The Bathroom shall have a minimum area of 15 m². and comply with all other requirements noted in Standard Components - Bathroom.

Note: These Guidelines do not imply endorsement of Water Birthing as a safe or appropriate operational model.

Functional Relationships

510 .8.00 The Obstetric Unit shall be located and designed to prohibit non-related traffic through the unit. When Birthing and Operating Rooms are in close proximity, access and service arrangements shall be such that neither staff nor patients need to travel through one area to reach the other.

510 .9.00 It is highly desirable that, if an Intensive Care facility is to be provided for Obstetric use, then it be located as near as possible to the Obstetric Unit.

DESIGN

Doors

510 .10.00 Appropriately sized and located doors shall be provided for emergency bed transfer to the Birthing or Operating Units.

COMPONENTS OF THE UNIT

Introduction

510 .11.00 The Obstetric Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 510 .12.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 510 .13.00 Provide the Non-Standard Components identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 510 .14.00 DESCRIPTION AND FUNCTION

NURSERY - NEONATAL

The Neonatal Nursery will provide facilities for the care of well babies away from their mother's bed area and for the following functions:

- Bathing of babies using controlled temperature water
- Changing, cleaning and drying of babies
- Feeding of babies in comfortable chairs
- Hand-washing facilities
- Parent and staff education
- Phototherapy
- Resuscitation including oxygen, medical air and suction
- Sleeping of babies in daytime using partial blackout curtains
- Storage of supplies such as nappies, towels, creams and powders
- Waste and dirty linen disposal
- Weighing of babies
- Use of staff assistance call and emergency call.

A Neonatal Nursery in a hospital must have:

- A minimum floor area of 2.8 m² per bassinet and a minimum of one metre clear and unobstructed passageway between each bassinet with a minimum of one bassinet to every two obstetric beds.

- 510 .15.00 LOCATION AND RELATIONSHIPS

The Neonatal Nursery should be located centrally to patient Bedrooms with direct observation from the Staff Station.

- 510 .16.00 CONSIDERATIONS

The Neonatal Nursery will require the following:

- Natural and artificial lighting, colouring corrected to natural
- At least one clinical handbasin per four Neonatal Bays
- Clear glazed partitions installed complying with AS 1288, where provided
- General comfort air-conditioning
- An emergency call system complying with AS 3811
- A dedicated area within or adjacent to the nursery to allow easy examination and changing of the baby, and storage of necessary linen and equipment
- An area within the Nursery that can be made available for stabilisation prior to transport by a transport team.

Refer to Standard Components - Neonatal Bay - General Care for a description and room details required for each Neonatal Bay within the Nursery.

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Obstetric Unit Generic Schedule of Accommodation

510.17.00 Schedule of Accommodation for an Obstetric Unit at Levels 3, 4, 5 & 6:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
			2 Rms	4 Rms	10 Rms	12 Rms	
BAY - LINEN	yes			1 x 3	2 x 3	2 x 3	Includes space for Blanket/ Fluid Warming Cabinet
BAY - MOBILE EQUIPMENT	yes				2 x 4	2 x 4	
BAY - RESUS TROLLEY	yes		1 x 2	1 x 2	1 x 2	1 x 2	
BIRTHING ROOM	yes		2 x 28	4 x 28	10 x 28	12 x 28	Labour, Delivery, Recovery, Postnatal
CLEANER'S ROOM	yes		1 x 4 optional	1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes		1 x 12 optional	1 x 12	1 x 12	1 x 12	
DIRTY UTILITY	yes		1 x 10 optional	1 x 10	1 x 10	1 x 10	
DISPOSAL ROOM	yes		1 x 8 optional	1 x 8	1 x 8	1 x 8	
ENSUITE - SPECIAL	yes		2 x 7	4 x 7	10 x 7	10 x 7	If spa bath is required additional area may be required
EXAMINATION / ASSESSMENT	see remarks		1 x 28 optional	1 x 28 optional	2 x 28 optional	2 x 28 optional	Refer to Standard Component - Birthing Room
LOUNGE - PATIENT	yes		1 x 15 optional	1 x 15	1 x 20	1 x 20	
MEDICATION ROOM					1 x 6 optional	1 x 6 optional	May be incorporated into Clean Utility
PANTRY	yes		1 x 8 optional	1 x 8	1 x 8	1 x 8	
RECEPTION	yes		1 x 10 optional	1 x 10	1 x 10	1 x 10	
SCRUB-UP/ GOWNING	yes		1 x 6	2 x 6	5 x 6	6 x 6	May be located at Birthing Room entry; Shared between 2 Birthing Rooms
STAFF STATION	yes		1 x 14 optional	1 x 14	1 x 14	1 x 14	
STORE - BIRTHING ROOM			2 x 3 optional	4 x 3 optional	10 x 3 optional	10 x 3 optional	May be accommodated within the Birthing Room
STORE - EQUIPMENT	yes				1 x 20	1 x 20	
STORE - GENERAL	yes		1 x 9	1 x 9	2 x 9	2 x 9	
WAITING	yes		1 x 15 optional	1 x 15	1 x 20	1 x 20	
CIRCULATION %			35	35	35	35	

510.18.00 STAFF AND SUPPORT AREAS

Staff and Support Areas are dependent on the Operational Policy and management structure:

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ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9	1 x 9	1 x 9	Unit Manager
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Nursing Educator, according to staffing establishment
OVERNIGHT STAY - BEDROOM	yes		1 x 10 optional	1 x 10 optional	1 x 10 optional	1 x 10 optional	For Medical staff on close call
OVERNIGHT STAY - ENSUITE	yes		1 x 3 optional	1 x 3 optional	1 x 3 optional	1 x 3 optional	
TOILET - STAFF	yes		1 x 2 optional	1 x 2	2 x 2	2 x 2	

510.19.00 SHARED AREAS - STAFF & SUPPORT AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes		1 x 3	1 x 3	1 x 3	1 x 3	Co-located with Staff Room
CHANGE ROOM - STAFF	yes		1 x 8	1 x 8	2 x 8	2 x 8	Area dependent on staffing establishment
MEETING ROOM - MEDIUM	yes		1 x 15	1 x 15	1 x 20	1 x 20	
OFFICE - CLINICAL/ HANDOVER	yes				1 x 12	1 x 12	
SHOWER - STAFF	yes		1 x 2	1 x 2	1 x 2	1 x 2	
STAFF ROOM	yes			1 x 15	1 x 15	1 x 15	

510.20.00 SHARED AREAS - OPERATING UNIT

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OPERATING ROOM - MINOR	yes		1 x 36	1 x 36	1 x 36	1 x 36	
SCRUB-UP/ GOWNING	yes		1 x 6	1 x 6	1 x 6	1 x 6	
STERILISING AREA			1 x 6	1 x 6	1 x 6	1 x 6	
PATIENT BAY	yes		2 x 9	2 x 9	2 x 9	2 x 9	Recovery

510.21.00 NURSERY AREAS - GENERAL CARE

Note: Refer to Intensive Care - Neonatal/ Special Care Nursery for NICU/ Special Care Nursery requirements:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - LINEN	yes		1 x 2	1 x 2	2 x 2	2 x 2	
NURSERY - NEONATAL	see remarks		1 x 15	1 x 20	1 x 30	1 x 40	Refer to Standard Component Neonatal Bay-General Care for individual bays

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Obstetric Unit Generic Schedule of Accommodation

510 .22.00 SHARED AREAS - NURSERY

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BATHING / EXAMINATION			1 x 10	1 x 10	1 x 10	1 x 10	
FEEDING AREA			1 x 12	1 x 12	1 x 15	1 x 15	
FORMULA ROOM	yes		1 x 9	1 x 9	1 x 15	1 x 15	
STAFF STATION	yes		1 x 14	1 x 14	1 x 14	1 x 14	
STORE - GENERAL	yes		1 x 9	1 x 9	1 x 9	1 x 9	

Maternity Inpatient Generic Schedule of Accommodation

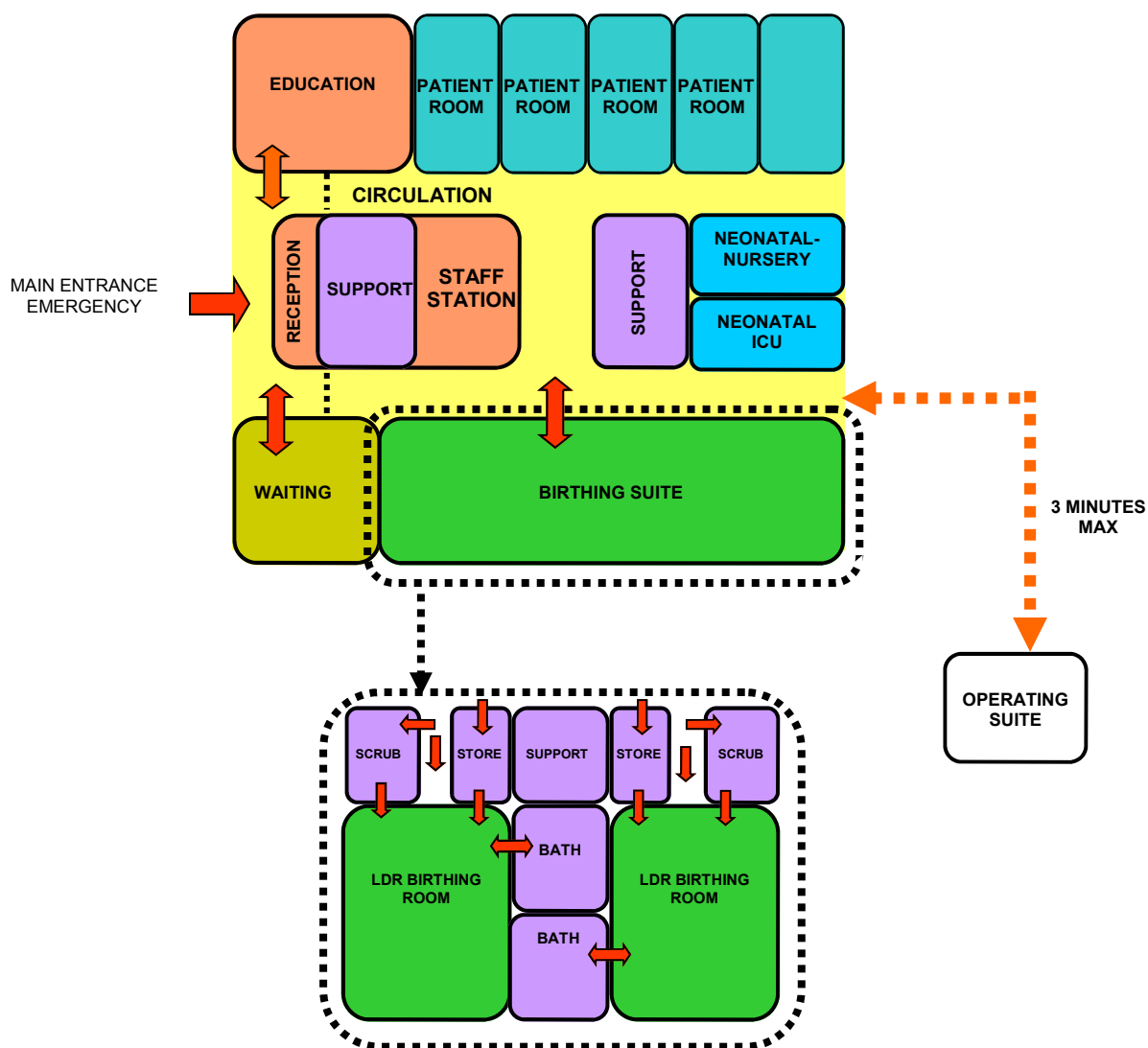
510 .23.00 Refer to Inpatient Accommodation Unit Generic Schedule of Accommodation for requirements applicable to Maternity Inpatient Unit.

References and Further Reading

- 510 .24.00
- American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities. 1997.
 - Department of Human Services, Victoria, Neonatal Services Guidelines: defining levels of care in Victorian hospitals, 2004.
 - Health Department Western Australia, Private Hospital Guidelines, 1998.
 - NSW Health, Design Series 18, Health Building Guidelines - Obstetric Unit, 1992.
 - Queensland Government, Private Health Facilities Building Code, 2000.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - OBSTETRIC UNIT



520 OPERATING UNIT

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INTRODUCTION

Description

- 520 .2.00 The Operating Unit provides a controlled climatic environment for the operative and peri-operative care of patients undergoing diagnostic and surgical procedures under anaesthesia.

PLANNING

Planning Models

- 520 .3.00 The number of Operating Rooms and Recovery beds and the sizes of the service areas shall be based on the expected surgical workload. In the brief, the size, location, and configuration of the surgical suite and support service departments shall reflect the projected volume of patients. This may be achieved by designing either a separate Day Procedures facility or a combined Inpatient-Day Surgical Unit. The Operating Unit shall be located and arranged to prevent non-related traffic through the suite.
- 520 .4.00 An Operating Unit design with a sterile core must provide for no cross traffic of staff and supplies from the decontaminated/soiled areas to the sterile/clean areas. The use of facilities outside the Operating Room for soiled decontaminated processing and clean assembly and sterile processing will be designed to move the flow of goods and personnel without compromising universal precautions or aseptic techniques in both departments.

Functional Areas

- 520 .5.00 The Operating Unit consists of the following functional areas:

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- Admissions and Reception Area for receipt and admission of patients to the Unit, with general overseeing of day to day operations, control of entry and exit from the Unit and completion of general administrative tasks
- Holding areas for holding and management of patients prior to their operation or procedure
- Operating Rooms area where procedures are carried out
- Support Areas including storage and management of stock and sterile supplies, disposal of waste and sterilisation of smaller items
- Recovery Areas where patients are assisted through the process of recovering from the effects of anaesthetic
- Administrative and Staff Areas including Change Rooms, Staff Room, Offices and administrative space for clinical staff.

520 .6.00 DENTAL SURGERY

In addition to the normal equipment required for surgical procedures such as an operating table, anaesthetic machine and trolleys, items considered essential for dental procedures are as follows:

- One compressed dental air outlet situated close to the service panels for medical gases, suction and electrical outlets, with the provision of a regulated bottle of appropriate compressed air as emergency backup or secondary use
- Access to a minimum of six power outlets with an additional four available for emergencies
- Facilities for dental X-ray.

520 .7.00 LABORATORY AREAS

Depending on the Operational Policy, an area for preparation and examination of frozen sections may be provided. This may be part of the general Pathology Laboratory if immediate results are obtainable without unnecessary delay in the completion of surgery.

520 .8.00 STAFF AMENITIES

CHANGE ROOMS

Appropriate Change Rooms shall be provided for male and female personnel (nurse, doctors and technicians) working within the Operating Unit. The Change Rooms shall contain adequate lockers, showers, toilets, handbasins and space for donning surgical attire and booting. These Staff Change Rooms shall be arranged to encourage a one-way traffic pattern so that personnel entering from outside the surgical suite can change and move directly into the Operating Unit.

Alternatively, the entrance to the Change Rooms may be planned in direct view of a Staff Station at the entrance to the Operating Unit.

The Change Room entrance door shall be provided with locks or electronic access devices to prevent the entry of unauthorised persons into the Operating Unit.

Toilets shall be provided at the minimum ratio of one per Operating Room but no fewer than two. Showers shall be provided at the minimum ratio of one per two Operating Rooms but no fewer than two. The above toilets and showers are to be divided equally between male and female change rooms.

Notes:

- It is desirable but not mandatory to increase the number of facilities for female change rooms by approximately 30%.
- In male change rooms urinals shall be avoided.
- Warm air hand dryers shall be avoided.

Functional Areas

520 .9.00 STERILISING FACILITIES

Sterilising facilities with high-speed sterilisers or other sterilising equipment for immediate or emergency use must be grouped to several Operating Rooms for convenient, efficient use. A work space and hand-washing facility shall be included. Such facilities shall be provided at the ratio of one per four Operating Rooms.

Other facilities for processing and sterilizing reusable instruments may be located in another hospital unit such as Central Sterilising Supply Department (CSSD) or Theatre Sterile Supply Unit (CSSU).

520 .10.00 STORAGE

Adequate Equipment Store room/s for equipment and supplies used in the Operating Unit shall be provided. Equipment Stores shall be provided at the minimum rate of 10 m² per Operating Room.

Notes:

- Store Rooms do not necessarily require doors.
- Store Rooms are best designed in an elongated rectangular shape to allow easy access to all items.

520 .11.00 Storage Bays shall be provided for equipment such as portable X-ray equipment, stretchers, fracture tables, warming devices and auxiliary lamps. Storage Bays shall be provided at the minimum rate of five m² per Operating Room and minimum dimension of 0.8 metre (one metre preferred). These areas shall be out of corridors and traffic. This can be satisfied by recessing the bay into the corridor walls or adding the minimum Storage Bay width to the corridor width.

Note: Mobile Equipment Bays are best designed as elongated rectangular shapes and combined as far as possible.

520 .12.00 An area for testing operating equipment also requires consideration in the planning stage of an Operating Unit to determine on-site facility needs. Part of the Operating Unit General Store may be used for this function, or a dedicated room for this purpose may be necessary.

Note: Such a dedicated room is sometimes referred to as the Biomedical Engineering Room.

520 .13.00 The design of the Operating Unit should allow for ease of access to the storage areas for delivery of Operating Unit consumables. Controlled access from an external corridor is highly desirable.

Functional Relationships

520 .14.00 Certain facilities may be shared with the Obstetric/Birthing Unit if the brief reflects this concept. Service areas, when shared with Delivery Rooms, shall be designed to avoid the passing of patients or staff between the Operating Room and the Delivery Room areas.

DESIGN

Finishes

- 520 .15.00 Operating Units shall have the following finishes:
- Floors that are smooth, non-slip impervious material laid in a continuous washable material and graded where necessary to fall to floor waste
 - Floor and wall finishes which are seamless, impervious, welded and washable
 - Ceilings which are smooth and impervious
 - Intersections of walls and architraves to be rendered watertight junctions.
- 520 .16.00 In all areas where patient observation is critical such as Operating Room/s, Anaesthetic Room/s, Recovery Area/Room, Holding Area/Room, colours shall be chosen that do not alter the observer's perception of skin colour.

Fixtures & Fittings

- 520 .17.00 An ice machine shall be provided to provide ice for treatments and patient use. Ice intended for human consumption shall be from self-dispensing ice makers.

Infection Control

- 520 .18.00 An Isolation Room is not required in a Recovery Area/Room. Provision for the recovery of a potentially infectious patient with an airborne infection shall be determined by the infection control risk assessment.

Lighting

- 520 .19.00 Operating Rooms shall have artificial lighting complying with AS 1680.1 and AS 1680.2.5.

Building Service Requirements

- 520 .20.00 MEDICAL GASES

Main storage of medical gases must be outside the facility and reticulated internally to gas outlets. Provision shall be made for additional separate storage of reserve gas cylinders necessary to complete at least one day's procedures.

COMPONENTS OF THE UNIT

Introduction

- 520 .21.00 The Operating Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 520 .22.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 520 .23.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

520 .24.00 ANAESTHETIC WORKROOM

DESCRIPTION AND FUNCTION

An Anaesthetic Workroom may be provided for cleaning, testing and storing of anaesthesia equipment. The Anaesthetic Workroom should provide space for Anaesthetic trolleys and other anaesthesia equipment.

520 .25.00 LOCATION AND RELATIONSHIPS

The Anaesthetic Room should be located with direct access to circulation corridors and ready access to the Operating Rooms.

520 .26.00 CONSIDERATIONS

The Anaesthetic Workroom shall contain workbenches, sink/s and racks for cylinders. Provisions shall be made for separate storage of clean and soiled items. The room will require sufficient power and data outlets and a medical gas panel for testing of equipment.

A clinical handwashing basin shall be provided within the room.

520 .27.00 BLOOD STORE

DESCRIPTION AND FUNCTION

There shall be adequate provisions for refrigerated blood storage. This may be a blood storage refrigerator in a dedicated room or in a shared space.

520 .28.00 LOCATION AND RELATIONSHIPS

The Blood Store area should be located with ready access to the Operating Rooms and may be combined with a Pathology Room.

520 .29.00 CONSIDERATIONS

The blood refrigerator requires essential power supply.

520 .30.00 SET-UP ROOM

DESCRIPTION AND FUNCTION

The Set-up Room is the Clean Workroom in the Operating Unit where clean or sterile materials are held and arranged prior to use in the Operating Rooms.

The main functions for which facilities shall be provided are:

- Flash sterilisation of dropped or specialised instruments:
 - where a Theatre Sterile Supply Unit (TSSU) service is available, this function may be omitted
 - alternatives to flash sterilisation shall be sought
- Storage of instruments and materials
- Holding of sterile supplies and packs
- Storage of lotions in a special purpose warming cabinet
- Preparation of dressing and instrument trolleys
- Storage of drugs including scheduled drugs
- Dry waste disposal
- Use of telephone

520 .31.00 A Set-Up Room, with direct access to the operating room may be provided. Sharing of one Set-up Room between two or more Operating Rooms is

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acceptable provided layout and size of the room facilitates such sharing. Set-up Rooms may be combined with the Sterile Stock Store with direct access to the Operating Room.

If provided, the Set-up Room should be a minimum of 20 m2.

Note: This room is not mandatory, but its provision can improve throughput in the Operating Rooms.

520 .32.00 LOCATION AND RELATIONSHIPS

The Set-up Room should be located so that it has direct access to Operating Rooms and Central Sterile Supply / Theatre Sterile Supply Unit.

520 .33.00 CONSIDERATIONS

Storage is required for sterile packs and items used in the Operating Unit. Consideration may be given to mobile, adjustable open shelving systems.

Space is required for assembled trolleys prior to delivery to the Operating Room.

A clinical handwashing basin shall be provided within the room.

The Set-up Room shall be positively pressured relative to adjoining rooms.

APPENDICES

Operating Unit Generic Schedule of Accommodation

520 .34.00 Schedule of Accommodation for an Operating Unit at Levels 3, 4, 5 and 6:

RECEPTION & OPERATING ROOM AREAS

ROOM / SPACE	Standard Component	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
ANAESTHETIC INDUCTION ROOM	yes	2 x 15 optional	4 x 15 optional	8 x 15 optional	10 x 15 optional	
EXIT BAY		2 x 6 optional	4 x 6 optional	8 x 10 optional	10 x 10 optional	From Operating Rooms
OPERATING ROOM -GENERAL	yes	1 x 42	3 x 42	5 x 42	6 x 42	
OPERATING ROOM - LARGE	yes			1 x 50	2 x 50	
OPERATING ROOM - MINOR	yes	1 x 36 optional	1 x 36 optional	2 x 36 optional	2 x 36 optional	
PATIENT BAY	yes	1 x 9 optional	1 x 9 optional	8 x 9 optional	10 x 9 optional	Holding Area - may be reduced if Anaesthetic induction rooms provided
PORTERS AREA				1 x 10 optional	1 x 10 optional	
RECEPTION	yes	1 x 10	1 x 10	2 x 10	2 x 10	
SCRUB-UP / GOWNING	yes	2 x 6	4 x 6	8 x 6	10 x 6	May be co-located between Operating Rooms
CIRCULATION %		40	40	40	40	

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Operating Unit Generic Schedule of Accommodation

520 .35.00 SUPPORT AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
ANAESTHETIC WORK ROOM			1 x 10 optional	1 x 10 optional	1 x 15 optional	1 x 15 optional	
BAY - LINEN	yes		1 x 3	2 x 3	4 x 3	5 x 3	Includes allowance for Blanket/Fluid Warmer
BAY - MOBILE EQUIPMENT	yes		4 x 4	4 x 4	10 x 4	10 x 4	
BLOOD STORE			1 x 4 optional	1 x 4	1 x 4	1 x 4	
CLEANER'S ROOM	yes		1 x 4	1 x 4	2 x 4	3 x 4	
CLEAN-UP ROOM	yes		1 x 10	1 x 10	2 x 10	3 x 10	
DISPOSAL ROOM	yes		1 x 8	1 x 8	2 x 8	2 x 8	
FLASH STERILISING			1 x 6	1 x 6	2 x 5	3 x 5	
LABORATORY / FROZEN SECTION			1 x 4 optional	1 x 4 optional	1 x 12 optional	1 x 12 optional	may be co-located with Clean Workroom or Blood Store
PERFUSION ROOM					1 x 50 optional	1 x 50 optional	
SET-UP ROOM			1 x 20 optional	1 x 20 optional			
STORE - ANAESTHETIC					1 x 20	1 x 20	
STORE - EQUIPMENT MAJOR	see remarks		1 x 20	1 x 30	1 x 50	1 x 60	Refer to Standard Component - Store - Equipment
STORE - EQUIPMENT MINOR	see remarks				1 x 40 optional	1 x 50 optional	Refer to Standard Component - Store - Equipment
STORE - NON STERILE/ DEBOXING			1 x 15	1 x 20	1 x 30	1 x 30	
STORE - STERILE STOCK	yes		1 x 20	1 x 40	1 x 80	1 x 100	Area allows for 10 m2 per Operating Room

520 .36.00 RECOVERY AREA

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - HANDWASHING	yes		2 x 1	3 x 1	4 x 1	5 x 1	
BAY - LINEN	yes		1 x 3	1 x 3	2 x 3	2 x 3	Includes allowance for Blanket Warmer
BAY - RESUS TROLLEY	yes		1 x 2	1 x 2	2 x 2	2 x 2	
CLEAN UTILITY	yes		1 x 12	1 x 12	1 x 12	1 x 12	
DIRTY UTILITY	yes		1 x 10	1 x 10	1 x 10	1 x 10	
PATIENT BAY	yes		3 x 9	6 x 9	12 x 9	15 x 9	Allow 2 bays per Operating Room
STAFF STATION	yes		1 x 6	1 x 6	1 x 14	1 x 14	

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Operating Unit Generic Schedule of Accommodation

520 .37.00 ADMINISTRATIVE AND STAFF AREAS

Note: Offices and Support Areas are dependent on Operational Policy and management structure:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes		1 x 3	1 x 3	2 x 3	2 x 3	Co-located with Staff Room
CHANGE ROOM - STAFF	yes		2 x 10	2 x 15	2 x 30	2 x 40	May need to be apportioned for Male & Female users
MEETING ROOM - MEDIUM	yes		1 x 12 optional	1 x 12 optional	1 x 20	1 x 20	
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9	1 x 9	1 x 9	1 x 9	Unit Manager
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9 optional	2 x 9 optional	3 x 9 optional	According to staffing establishment
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Nurse Educator/ s
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9	1 x 9	Recovery Unit Manager
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Radiographer
OFFICE - WRITE-UP BAY	yes		1 x 2 optional	2 x 2 optional	4 x 2 optional	5 x 2 optional	Dictation Area
SHOWER - STAFF	yes		2 x 2	2 x 2	4 x 2	4 x 2	
STAFF LOUNGE	see remarks		1 x 10	1 x 15	1 x 30	1 x 40	Refer to Standard Component - Staff Room; size according to staffing establishment
STORE - FILES	yes				1 x 10	1 x 10	
STORE - PHOTOCOPY/ STATIONERY	yes			1 x 8	1 x 8	1 x 8	
TOILET - STAFF	yes		2 x 2	3 x 2	4 x 2	4 x 2	

520 .38.00 SHARED AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BIOMEDICAL ENGINEERING					1 x 25	1 x 25	
INTERVIEW ROOM	yes		1 x 9	1 x 9	1 x 9	1 x 9	
MEETING ROOM - LARGE	yes				1 x 30	1 x 30	
STORE - GENERAL	yes		1 x 9	1 x 9	1 x 9	1 x 9	
WAITING	yes				1 x 4	1 x 4	

References and Further Reading

- 520 .39.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities. 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.

- NSW Health, Design Series 19, Health Building Guidelines - Operating Suite / Day Procedures Unit, 1992.
- Queensland Government, Private Health Facilities Building Code, 2000.

Functional Relationships Diagram/s

520 .40.00 The relationships between the various components within an Operating Unit are best described by functional relationships diagrams. The requirements for infection control and patient management result in a number of planning 'models' that have proved successful through numerous built examples and many years of practice. Most Operating Unit plans are a variation of one of these 'models'.

These have been provided in the enclosures to these Guidelines.

A plan substantially based on one of these diagrams is 'deemed to satisfy' the requirements of these Guidelines. A plan that is significantly different to these diagrams should be carefully examined against all the individual requirements of these Guidelines, especially those of Infection Control to determine if it is acceptable.

520 .41.00 The enclosed Operating Unit functional relationships diagrams also show the relationships between typical adjoining units such as CSSU and possibly Day Surgery. For separate diagrams for CSSU, please refer to enclosures attached to CSSU Sheets 1 to 6. For Operating Unit functional relationships diagrams refer to attached enclosures Sheets 1 to 3. Functional relationships diagrams CSSU Sheet 6 and Operating Unit Sheet 1 in combination create one complete surgical floor.

520 .42.00 In reviewing and using the enclosed Operating Unit flow diagrams, designers should carefully consider a number of issues:

- Each flow diagram represents a method of managing the patient access, clean/dirty flow, air pressurisation, sterilisation of dropped instruments etc.
- The diagrams are different but each addresses the issues involved in a satisfactory manner. Each option may suit a different management mode or building configuration.
- Designers are strongly cautioned against creating hybrid options by combining features of various diagrams. This may result in wrong clean/dirty flows or other unacceptable features. If in doubt, designers should seek advice from specialist Operating Room consultants and Infection Control nurses.

520 .43.00 The functional relationship diagram in enclosure Sheet 1 shows a base model. This is a linear model. It can be stretched to create the number of Operating Rooms desired. The support facilities required also grow with the number of Operating Rooms. This base model integrates fully with the CSSU simple model in CSSU Enclosure Sheet 1.

520 .44.00 Enclosure Sheet 2 shows alternatives to a typical Operating Room Module. Each module includes the configuration of:

- Operating Rooms
- Anaesthetic Induction Rooms
- Scrub Bays or Rooms
- Sterile Stock Store / Set-up Room
- Clean-up Room
- Flash Sterilising Bay

Enclosure Sheet 2 includes four alternatives that can be designed to work with

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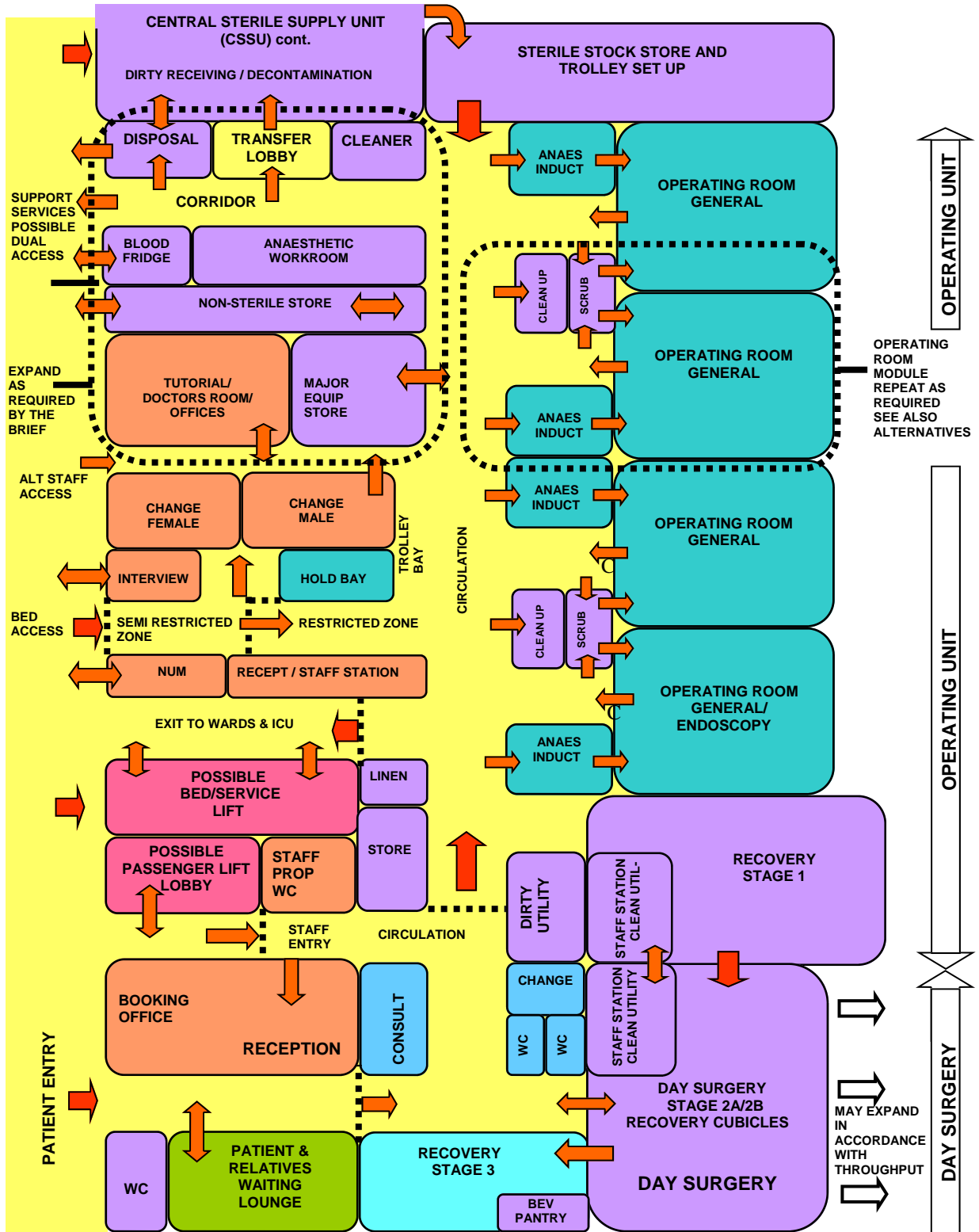
the base Operating Unit model shown in Enclosure Sheet 1.

- 520 .45.00 Enclosure Sheet 3 shows three more Operating Room Modules that represent a reversal of the flows compared with those in Enclosure Sheet 2. These modules can be designed to work with the basic features of the Operating Unit diagram shown in Sheet 1. Designers using these modules should adjust the connections to units such as Day Surgery / CSSU to suit the planning configuration.

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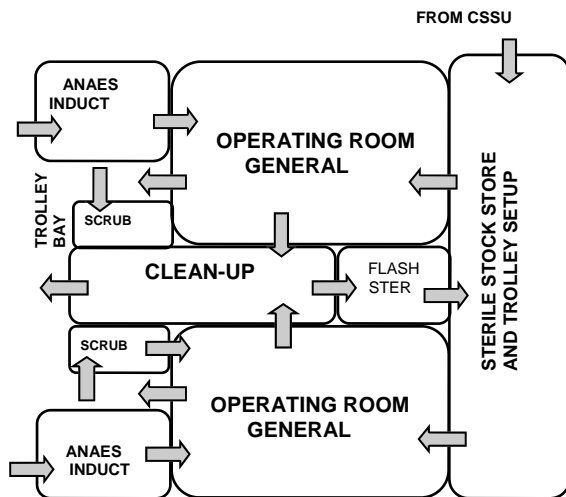
FUNCTIONAL RELATIONSHIPS DIAGRAM - OPERATING UNIT Alternative Single Corridor Model Sheet 1 of 4

- NOTE 1 ONLY THE MOST IMPORTANT FUNCTIONS ARE SHOWN FOR CLARITY
- NOTE 2 CSSU MAY BE CONNECTED TO OPERATING SUITE VIA CLEAN/DIRTY HOISTS
- NOTE 3 IF STERILE STOCK IS REMOTE FROM OPERATING ROOM, A CASE CART SYSTEM SHOULD BE USED
- NOTE 4 ANAESTHETIC INDUCTION ROOM IS OPTIONAL AND MAY BE CONSIDERED A HOLDING ROOM

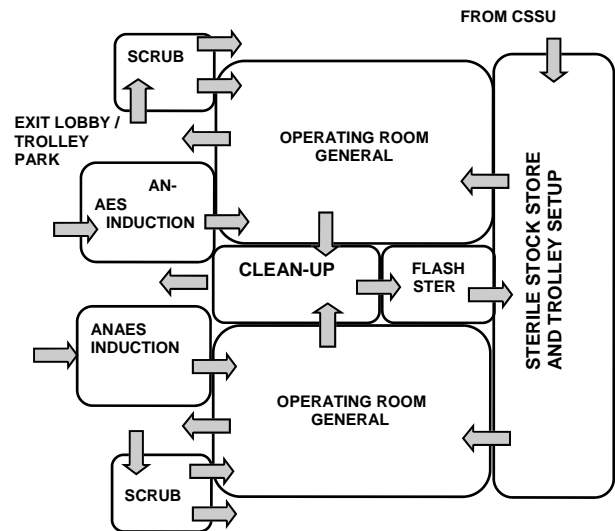


Operating Room Modules

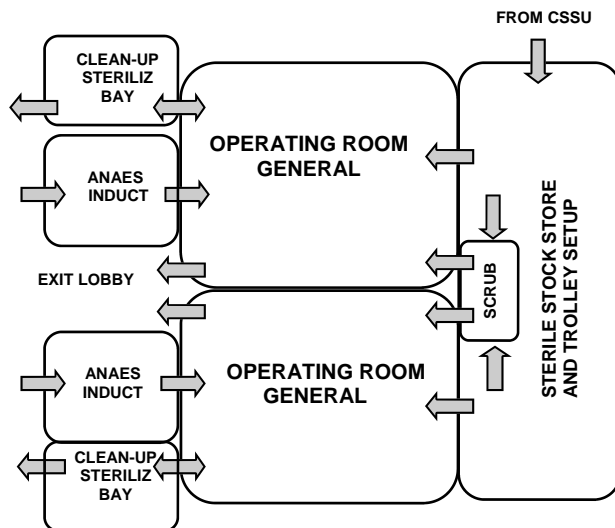
- NOTE 1 ONLY THE MOST IMPORTANT FUNCTIONS ARE SHOWN FOR CLARITY
- NOTE 2 CSSU MAY BE CONNECTED TO OPERATING SUITE VIA CLEAN/DIRTY HOISTS
- NOTE 3 OPERATING ROOM MODULE MAY BE MIRRORED AGAINST STERILE STOCK STORE TO DOUBLE THE NUMBER OF OPERATING ROOMS
- NOTE 4 ANAESTHETIC INDUCTION ROOM IS OPTIONAL AND MAY BE CONSIDERED A HOLDING ROOM



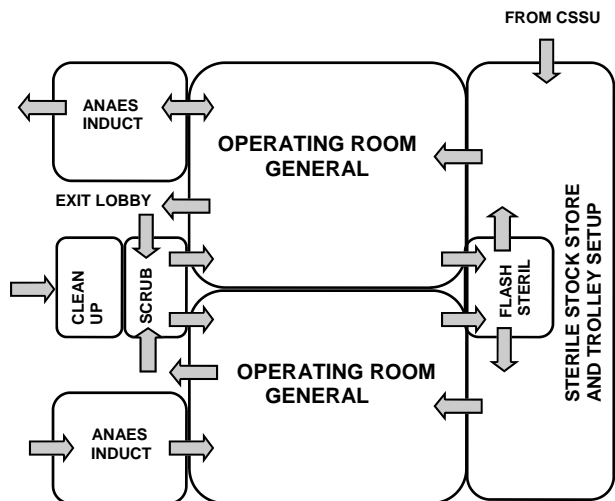
Operating Room Module Type A



Operating Room Module Type B



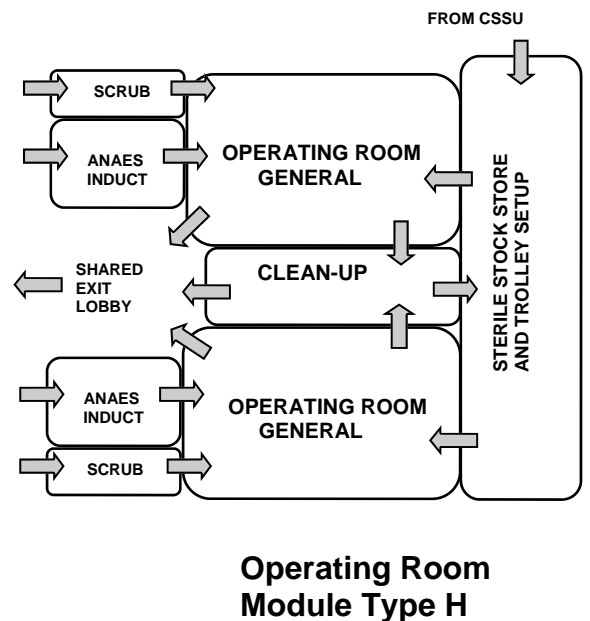
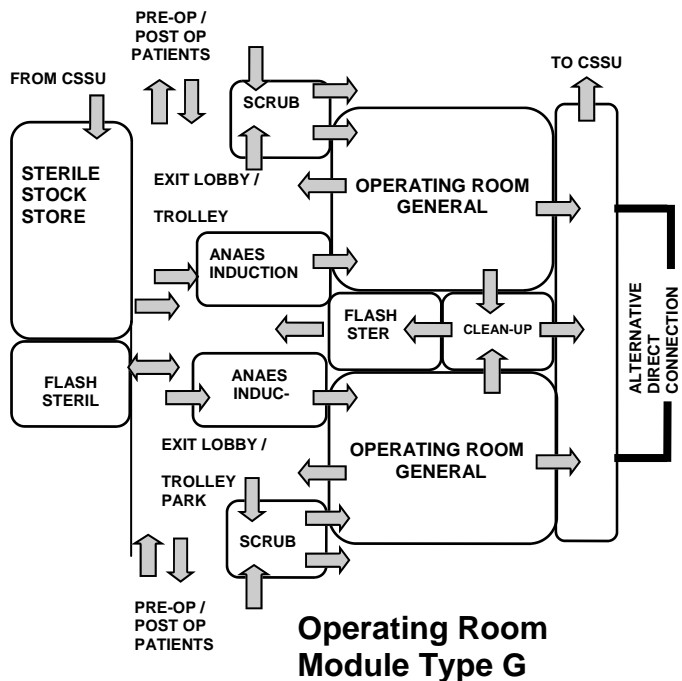
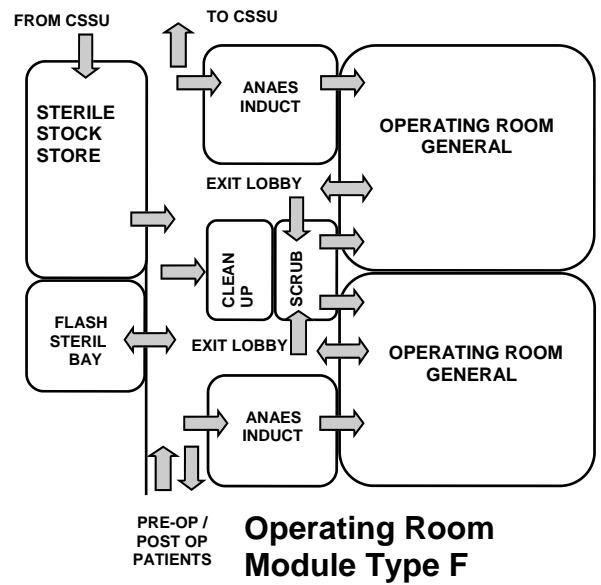
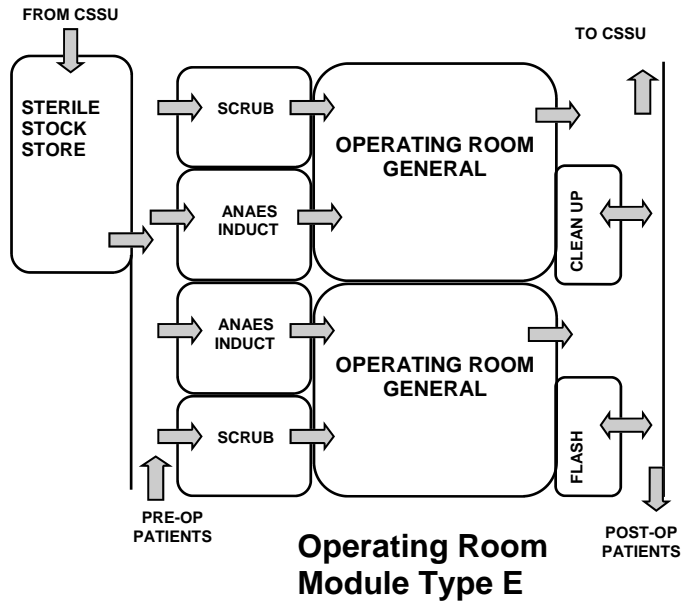
Operating Room Module Type C



Operating Room Module Type D

Operating Room Modules

- NOTE 1 ONLY THE MOST IMPORTANT FUNCTIONS ARE SHOWN FOR CLARITY
- NOTE 2 CSSU MAY BE CONNECTED TO OPERATING SUITE VIA CLEAN/DIRTY HOISTS
- NOTE 3 OPERATING ROOM MODULE MAY BE MIRRORED AGAINST STERILE STOCK STORE TO DOUBLE THE NUMBER OF OPERATING ROOMS
- NOTE 14 ANAESTHETIC INDUCTION ROOM IS OPTIONAL AND MAY BE CONSIDERED A HOLDING ROOM



530 ORTHOTICS UNIT

INDEX

Description

- 530 .1.00 INTRODUCTION
Description
- PLANNING
Functional Areas
Functional Relationships
- COMPONENTS OF THE UNIT
Introduction
Standard Components
Non-Standard Components
- APPENDICES
Schedule of Accommodation
References and Further Reading
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INTRODUCTION

Description

- 530 .2.00 The Orthotics Unit provides a comprehensive range of custom made and ready to fit orthoses for patients either as an outpatient service or an inpatient service. This includes the following functions:
- Providing in/outpatient assessment
 - Prescription advice
 - Orthotic treatment
 - Treatment planning and review
 - Measurement, casting, design manufacture, fitting and adjustment of orthoses.
- 530 .3.00 Orthotists from the Orthotics Unit will attend Outpatient Clinics, team meetings, ward rounds and other activities to enhance patient care. The Orthotics Unit will also provide in-service training and lectures to other health care personnel and raise awareness of orthotics in the local community.

PLANNING

Functional Areas

- 530 .4.00 The modern Orthotics Unit will have a number of different areas of activity that have different functional and environmental requirements including:
- Patient Assessment and Treatment Rooms
 - Cast modification areas
 - Orthotics manufacturing and finishing.
- Dust and fume extraction will be required to manufacturing areas. Sound isolation will be required between manufacturing and patient assessment and staff office areas.
- 530 .5.00 Design considerations will include:
- Restriction of clients to Waiting, Reception and Patient Assessment and Treatment Areas only - no access for patients to Laboratory or Workshop Areas
 - Wheelchair access for clients
 - Goods Delivery dock in close proximity for delivery of components and

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- materials, many of which are bulky or heavy
- Extraction of fumes and dust from Laboratory / Workshop Areas
- Control of excessive noise from Laboratory or Workshop Areas.

Functional Relationships

- 530 .6.00 The Orthotics Unit should be located adjacent to Inpatient Units, Outpatient Clinics and Physiotherapy Unit. It is also desirable that the unit be close to Occupational Therapy Units and the Social Work Unit.

COMPONENTS OF THE UNIT

Introduction

- 530 .7.00 The Orthotics Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 530 .8.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 530 .9.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

530 .10.00 GAIT ANALYSIS

DESCRIPTION AND FUNCTION

A Gait Analysis Area will be required to enable gait assessment and recording.

The Gait Analysis area should be a minimum length of five metres.

530 .11.00 LOCATION AND RELATIONSHIPS

The Gait Analysis Area should be located with ready access to patient waiting areas, Casting and Consult Room.

530 .12.00 CONSIDERATIONS

The Gait Analysis area may include the following:

- Parallel bars
- Patient change area with privacy screens
- Video camera and television for recording gait.

530 .13.00 LEATHER FINISHING WORKSHOP

DESCRIPTION AND FUNCTION

A Leather Finishing Workshop is required for processing, finishing and storing of leather.

The size of the room will be dependent on the quantity and placement of

equipment.

530 .14.00 LOCATION AND RELATIONSHIPS

The Leather Finishing Workshop should be located with other workshop areas and away from patient areas in the Orthotics Unit.

530 .15.00 CONSIDERATIONS

The Leather Finishing Workshop may include the following fittings and equipment:

- Heavy duty workbenches
- Leather cutting table/s
- Rivet pressing bench
- Heat gun equipment
- Sewing machines
- Drill press
- Large deep sink.

The room will require:

- Special exhaust and extraction for glue fumes
- Sufficient power for the equipment to be located in this room.

530 .16.00 LOADING DOCK

DESCRIPTION AND FUNCTION

A Loading Dock Area is required for the supplies and deliveries to the Orthotics Unit.

530 .17.00 LOCATION AND RELATIONSHIPS

The Loading Dock should be located with close access to the Main Store for direct transfer of heavy and bulky materials.

530 .18.00 CONSIDERATIONS

The Loading Dock will require access for stock delivered on pallets and large supply vehicles.

530 .19.00 MACHINE / DIRTY WORKSHOP

DESCRIPTION AND FUNCTION

The Machine / Dirty Workshop will be required to accommodate the following equipment:

- Bandsaw
- Grinders
- Disc cutter
- Routing machine
- Buffing machines.

530 .20.00 LOCATION AND RELATIONSHIPS

The Machine / Dirty Workshop should be located with other workshop areas and away from patient areas within the Orthotics Unit.

530 .21.00 CONSIDERATIONS

The following fittings and room requirements will be included:

- Bench for grinding and cutting equipment
- Special exhaust and extraction for dust and fumes, particularly adjacent to equipment
- Sufficient power for the equipment to be located in this area
- Enhanced level of lighting over machinery.

530 .22.00 MAIN WORKSHOP

DESCRIPTION AND FUNCTION

The Main Workshop will be a heavy manufacturing area and may include the following equipment:

- Metal guillotine
- Pedestal drill and drill bench
- Metal work anvil
- Lathe
- Welding equipment.

530 .23.00 LOCATION AND RELATIONSHIPS

The Main Workshop should be located with other workshop areas and away from patient areas within the Orthotics Unit. It should have ready access to the Loading Dock for delivery of bulky supplies.

530 .24.00 CONSIDERATIONS

Room requirements will include the following:

- Timber workbenches
- Storage racks for casts and metal lengths
- Deep sink
- Sufficient power suitable for the equipment to be located in this area
- Sealed concrete floor and concrete ceiling
- Acoustic treatment to adjacent rooms
- Special exhaust for fumes and dust located near to equipment.

530 .25.00 PATIENT CASTING

DESCRIPTION AND FUNCTION

A Patient Casting Room is required for measuring and fitting patient casts.

The Casting Room should be a minimum of 16 m².

530 .26.00 LOCATION AND RELATIONSHIPS

The Patient Casting Room should be located with ready access to Consult and Gait Analysis Rooms.

530 .27.00 CONSIDERATIONS

The Patient Casting Room will require access for wheelchairs and lifting frame. The room may include the following:

- Benches and cupboards for preparation and storage of casting materials
- Handwashing basin
- Sink and drainer with plaster trap
- Casting frame
- Examination couch with privacy screening.

Non-Standard Components

530 .28.00 PLASTER MODIFICATION

DESCRIPTION AND FUNCTION

A Plaster Workshop will be required for manufacture and modification of casts.

530 .29.00 LOCATION AND RELATIONSHIPS

The Plaster Modification Workshop should be located with ready access to the Patient Casting and Gait Analysis Rooms.

530 .30.00 CONSIDERATIONS

Room requirements will include the following:

- Workbenches
- Stainless steel sinks with plaster traps
- Storage racks for plaster tools
- Handwashing basin
- Drying cabinet for plaster casts
- Special exhaust and extraction for plaster dust
- Sufficient power for equipment to be located in this room
- Drainage to floor
- Easily cleanable surfaces and finishes.

530 .31.00 PLASTER STORE

DESCRIPTION AND FUNCTION

A separate storage area may be required for plaster supplies. The Plaster Store, if provided, should be a minimum of eight m2.

530 .32.00 LOCATION AND RELATIONSHIPS

The Plaster Store should be located with ready access to the Loading Dock area, Plaster Modification Room and Casting Rooms.

530 .33.00 CONSIDERATIONS

The room or area will require heavy duty shelving.

530 .34.00 PLASTICS HEAT ROOM

DESCRIPTION AND FUNCTION

The Plastics Heat Room is required to accommodate plastic manufacturing equipment and supplies. The size of the room be dependent on the quantity of equipment and the placement.

530 .35.00 LOCATION AND RELATIONSHIPS

The Plastics Heat Room should be located with other workshop areas and away from patient areas within the Orthotics Unit.

530 .36.00 CONSIDERATIONS

The Plastics Heat room requirements may include the following:

- Benches and shelving
- Plastic guillotine
- Tracing and cutting table/s

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- Plastics processing oven
- Special exhaust and extraction for glue fumes and plastics
- Sufficient power for the equipment to be located in this area
- Special ventilation for control of heat from oven/s
- Acoustic privacy to adjacent rooms.

530 .37.00 STORE - MAIN

DESCRIPTION AND FUNCTION

A Main Store is required to accommodate the supplies and consumables used in the Orthotics Unit.

530 .38.00 LOCATION AND REALTIONSHPIS

The Main Store should be located with close access to the Loading Dock area.

530 .39.00 CONSIDERATIONS

The Main Store should be lockable and will require:

- Racking for storage of sheet materials
- Pallet racking for storage of palletted materials
- Shelving, heavy duty.

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APPENDICES

Orthotics Generic Schedule of Accommodation

530 .40.00 Schedule of Accommodation for a Level 5 and 6 Orthotics Unit:

PATIENT AND WORKSHOP AREAS

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	
BAY - LINEN	yes				1 x 2	1 x 2	
CONSULT ROOM	yes				2 x 12	2 x 12	For Consult and Fittings
GAIT ANALYSIS					1 x 20 optional	1 x 20 optional	
LOADING DOCK					1 x 15	1 x 15	
PATIENT CASTING					1 x 16 optional	1 x 16 optional	
STORE - MAIN					1 x 30	1 x 30	
STORE - PLASTER					1 x 8 optional	1 x 8 optional	
WORKSHOP - LEATHER FINISHING					1 x 40 optional	1 x 40 optional	
WORKSHOP - MACHINE / DIRTY					1 x 25 optional	1 x 25 optional	
WORKSHOP - MAIN					1 x 100 optional	1 x 100 optional	
WORKSHOP - PLASTER MODIFICATION					1 x 30 optional	1 x 30 optional	
WORKSHOP - PLASTIC HEAT					1 x 45 optional	1 x 45 optional	
CIRCULATION %					20	20	

530 .41.00 STAFF AND SUPPORT AREAS

Note: Offices and Support areas are dependent on the Operational Policy and Management Structure:

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9	1 x 9	Manager
OFFICE - 2 PERSON SHARED	yes				1 x 12 optional	1 x 12 optional	According to staffing establishment
TOILET - STAFF	yes				1 x 2	1 x 2	

530 .42.00 SHARED AREAS

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks

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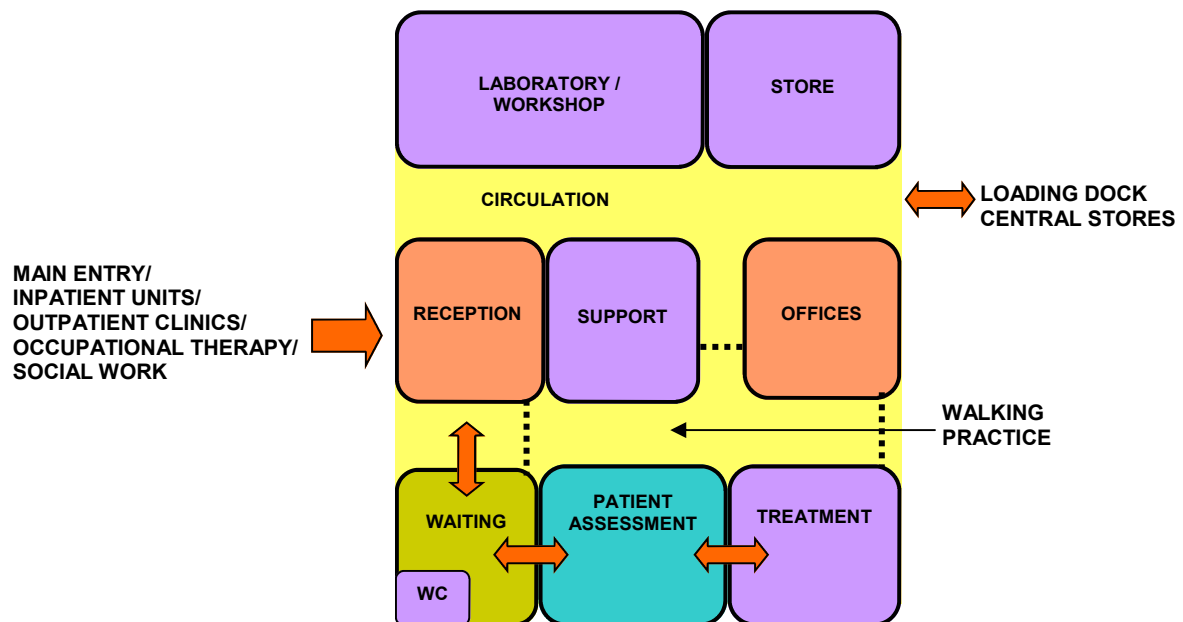
BAY - BEVERAGE	yes				1 x 3	1 x 3	Co-located with Staff Room
CLEANER'S ROOM	yes				1 x 4	1 x 4	
DISPOSAL ROOM	yes				1 x 8	1 x 8	
PROPERTY BAY - STAFF	yes				1 x 6	1 x 6	
RECEPTION	yes				1 x 10	1 x 10	
SHOWER - PATIENT	yes				1 x 4	1 x 4	
STAFF ROOM	yes				1 x 15	1 x 15	
TOILET - DISABLED	yes				1 x 5	1 x 5	
WAITING	yes				1 x 10	1 x 10	

References and Further Reading

- 530 .43.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities. 1997.
- NSW Health - SESAHS Redevelopment Unit, POW Hospital: Project Definition Plan - Spinal Medicine and Rehabilitation Unit, 2000.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - ORTHOTICS UNIT



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540 PAEDIATRIC/ ADOLESCENT UNIT

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INTRODUCTION

Description

- 540 .2.00 The Paediatric/ Adolescent Unit is an Inpatient Accommodation Unit with special provisions for paediatric and adolescent general medical and surgical patients.
- The Unit is specifically designed to reflect the varying physical and psychological needs of children and adolescents aged from one month to fourteen years.

PLANNING

Functional Areas

- 540 .3.00 The Paediatric/ Adolescent Unit will consist of the following Functional Areas:
- Patient areas including Bedrooms, Isolation Rooms, Play Areas, Multipurpose Activities area, Nursery and feeding areas, Ensuities and Bathrooms
 - Support areas including Staff Station, Utilities, Formula, Store, Pantry, Cleaner's and Disposal Rooms; support rooms may be shared with adjacent units if appropriate
 - Staff Areas including Offices, Meeting Rooms, Staff Change and Toilets.
- 540 .4.00 STORAGE
- Storage rooms or cabinets for toys and educational and recreational equipment shall be provided within the unit.
- 540 .5.00 Storage space shall be provided to permit exchange of cribs and adult beds. Provisions shall also be made for storage of equipment and supplies such as cots or recliners and extra linen for parents who stay with the patient overnight.

Functional Relationships

- 540 .6.00 The Paediatric/ Adolescent Unit should be located with ready access to Emergency Unit, Operating Unit, Critical Care areas and Medical Imaging areas. It should be located to avoid the need for through traffic.

DESIGN

Space Standards and Components

- 540 .7.00 PATIENT BEDROOMS

Maximum room capacity shall be four patients.

COMPONENTS OF THE UNIT

Introduction

- 540 .8.00 The Paediatric/ Adolescent Unit may consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 540 .9.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 540 .10.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 540 .11.00 NURSERY

DESCRIPTION AND FUNCTION

The Nursery will provide facilities for the care of babies. To minimize the possibility of cross infection, each Nursery Room (or defined Nursery Bay) serving paediatric patients shall contain no more than eight bassinets; each bassinet shall have a minimum clear floor area of 3.75 m².

Note: The above limitation on number of patients in a Nursery Room does not apply to the Paediatric Intensive Care Unit.

- 540 .12.00 LOCATION AND RELATIONSHIPS

The Nursery shall be located with direct observation from the Staff Station and with ready access to feeding areas and Clean Utility.

- 540 .13.00 CONSIDERATIONS

Each Paediatric Nursery shall have an area for instruction and parent contact with the infant including breast and/or bottle feeding. This may be a section of the nursery with provisions for privacy and quiet.

Additional room requirements will include the following:

- Staff handbasin with lever taps
- Emergency call system

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- Glazed viewing window for observing infants from public areas and workrooms
- Direct access to a Clean Utility.

540 .14.00 MULTIPURPOSE ROOM

DESCRIPTION AND FUNCTION

Multi-purpose or individual room/s shall be provided for dining, education, and developmentally appropriate play and recreation, with access and equipment for patients with physical restrictions. If the functional brief requires, an individual room shall be provided to allow for confidential parent/ family comfort, consultation, and teaching.

The size of the Multi-purpose Room will be dependent on the number of persons to be accommodated and the range of equipment and toys provided.

540 .15.00 LOCATION AND RELATIONSHIPS

The Multi-purpose Room should be located within or adjacent to areas serving paediatric and adolescent patients.

540 .16.00 CONSIDERATIONS

Insulation, isolation, and structural provisions shall minimise the transmission of impact noise through the floor, walls, or ceiling of the Multi-purpose Room/s.

Fittings and furniture will include provisions for children and adolescents including toys, computers, CD, television and video.

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APPENDICES

Paed/Adol. Unit Generic Schedule of Accommodation

540 .17.00 Schedule of Accommodation for a Paediatric/ Adolescent Unit at Levels 4 to 6:

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED ROOM	yes			4 x 15	4 x 15	4 x 15	
1 BED ROOM - ISOLATION	yes			1 x 15 optional	1 x 15 optional	1 x 15 optional	Refer to Infection Control for details
2 BED ROOM	yes			3 x 25 optional	3 x 25 optional	3 x 25 optional	
4 BED ROOM	yes			1 x 42 optional	1 x 42 optional	1 x 42 optional	
ANTEROOM	yes			1 x 8 optional	1 x 8 optional	1 x 8 optional	Refer to Infection Control
BAY - HANDWASHING	yes			4 x 1	4 x 1	4 x 1	In addition to handbasins in Bedrooms
BAY - LINEN	yes			1 x 3	1 x 3	1 x 3	Includes allowance for Blanket Warmer
BAY - RESUS TROLLEY	yes			1 x 2	1 x 2	1 x 2	
CLEANER'S ROOM	yes			1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes			1 x 12	1 x 12	1 x 12	
DISPOSAL ROOM	yes			1 x 8	1 x 8	1 x 8	
DIRTY UTILITY	yes			1 x 10	1 x 10	1 x 10	
ENSUITE - STANDARD	yes			9 x 5	9 x 5	9 x 5	
FEEDING ROOM				1 x 9	1 x 9	1 x 9	
FORMULA ROOM	yes			1 x 9	1 x 9	1 x 9	
MULTI-PURPOSE ROOM				1 x 24	1 x 24	1 x 24	With provisions for children/ adolescents including toys, computers etc
NURSERY				1 x 15	1 x 15	1 x 15	Will require access to Utility Rooms and Storage
PANTRY	yes			1 x 8	1 x 8	1 x 8	
PLAY ROOM				1 x 20	1 x 20	1 x 20	
SHOWER - PATIENT	yes			1 x 4 optional	1 x 4 optional	1 x 4 optional	For 4 Bed Room/s
STAFF STATION	yes			1 x 14	1 x 14	1 x 14	
STORE - BEDS / COTS				1 x 12	1 x 12	1 x 12	
STORE - GENERAL	yes			1 x 9	1 x 9	1 x 9	
TOILET - PATIENT	yes			1 x 4 optional	1 x 4 optional	1 x 4 optional	For 4 Bed Room/s
TREATMENT ROOM	yes			1 x 15	1 x 15	1 x 15	

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CIRCULATION %				32	32	32	

540.18.00 ADOLESCENT UNIT OF 15 BEDS

Note: For a Level 6 service, a group of beds are designated Adolescent:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED ROOM	yes					7 x 15	
2 BED ROOM	yes					4 x 25 optional	
BAY - HANDWASHING	yes					4 x 1	In addition to handbasins in Bedrooms
BAY - LINEN	yes					1 x 2	
BAY - RESUS TROLLEY	yes					1 x 2	
ENSUITE - STANDARD	yes					11 x 5	
LOUNGE - PATIENT / DAY ROOM	yes					1 x 15	To accommodate computers, games, CD players, videos etc
PANTRY	yes					1 x 8	
STAFF STATION	yes					1 x 14	
STORE - GENERAL	yes					1 x 9	

540.19.00 STAFF AND SUPPORT AREAS

Note: Offices and Support Areas are dependent on the Operational Policy and management structure:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
CONSULT ROOM	yes				1 x 12 optional	1 x 12 optional	
MEETING ROOM	yes				1 x 15 optional	1 x 15 optional	
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9	1 x 9	1 x 9	1 x 9	Unit Manager
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Registrar

540.20.00 SHARED AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BATHROOM	yes			1 x 10	1 x 10	1 x 10	
CLEAN UTILITY	yes					1 x 12	
DIRTY UTILITY	yes					1 x 10	

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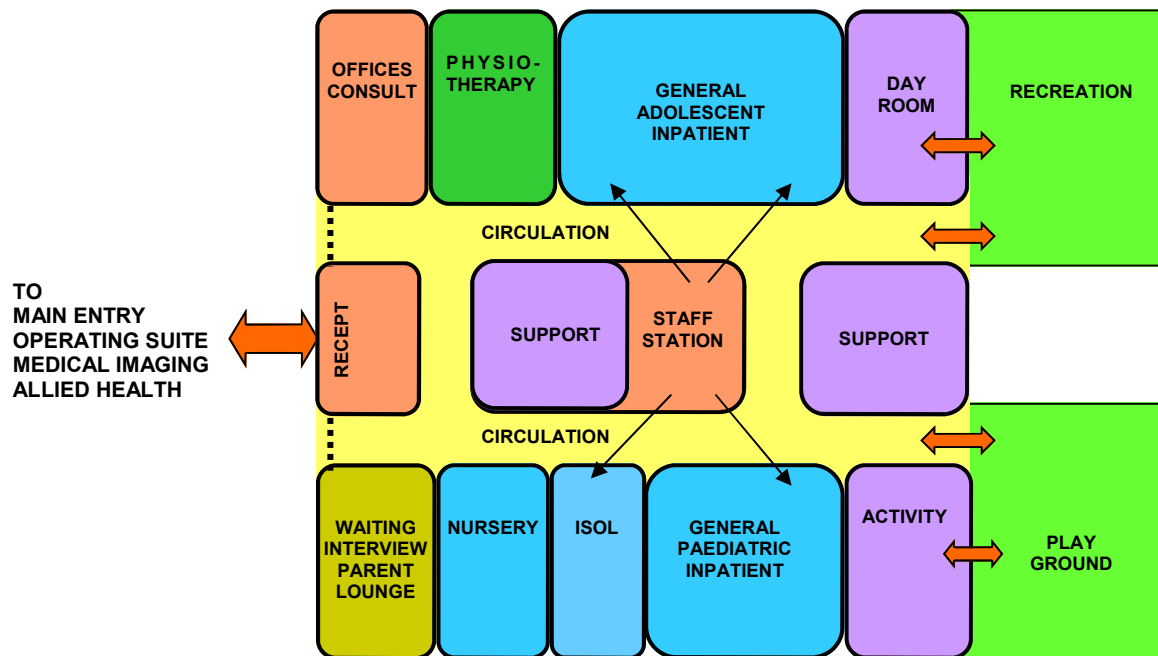
PHYSIOTHERAPY TREATMENT					1 x 20	1 x 20	
PROPERTY BAY - STAFF	yes		1 x 6	1 x 6	1 x 6	1 x 6	
TOILET - STAFF	yes		1 x 2	1 x 2	1 x 2	1 x 2	

References and Further Reading

- 540 .21.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- NSW Health, Design Standard 22 Health Building Guidelines - 12 Bed Paediatric/ Adolescent Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - PAEDIATRIC & ADOLESCENT UNIT



545 PALLIATIVE CARE UNIT

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INTRODUCTION

Description

- 545 .2.00 Palliative Care as defined by Palliative Care Australia should be understood to encompass a philosophy of care, a program, and a collection of services. Hospice is often used to refer to the concept of care for people living with an incurable illness, whether at home or in an Inpatient Unit. The words 'hospice' and 'palliative care' are often used interchangeably.
- 545 .3.00 A Palliative Care Unit shall be provided in facilities that are designed to deliver care in accordance with the principles of palliative care. Separate entrances to these facilities will be provided wherever possible. Environment is important, with an emphasis on ambience, accessibility, and availability predominantly of single rooms.

PLANNING

Functional Areas

- 545 .4.00 The Palliative Care Unit may include the following Functional Areas:
- Entry, Reception and Waiting areas
 - Patient accommodation areas including Lounge Rooms
 - Patient Activities areas including Day Areas and outdoor facilities
 - Support areas including Utility Rooms, Cleaner's Room, Disposal, Pantry, Store Rooms
 - Staff areas including Offices, Meeting Rooms, Staff Change and Toilets.
- 545 .5.00 ENTRANCE AREA
- The Entrance Area is the first point of contact for members of the community and should display clear direction informing people where to proceed. Design considerations for the Entrance should include:
- If the Palliative Care Unit is situated within or adjacent to another facility or hospital there needs to be 24 hour secure discreet access to the unit
 - Vehicle access to the Palliative Care Unit is required at all times
 - Entry facilities should be suitable for people with disabilities, such as limited mobility and poor vision
 - The entry can incorporate an airlock space and may have sensor or

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automatically opening doors to facilitate access.

545 .6.00 ENTRANCE CANOPY

If the Palliative Care Unit is stand-alone, an Entrance Canopy is required to provide dry access to the building.

Design considerations include:

- Ensuring the covered area is large enough to allow vehicles such as taxis, buses, cars, and emergency vehicles to manoeuvre beneath it, and is structured to facilitate free concurrent traffic flow for multiple vehicles
- The use of clear roofing material to maximise natural light inside the building

545 .7.00 FAMILY FACILITIES

A Multi-Purpose room is required for use as a Family Room or as Interview / Counselling room. It may be equipped to accommodate family members overnight, in which case an Ensuite may also be provided.

Design considerations include:

- Furniture should include sofa beds, tables and chairs
- Tea and coffee making facilities will be required, bench with sink, cupboards, drawers and Boiling Water unit
- The room should be lockable
- Telephone, power and data capabilities and television
- Sound isolation is required
- An external view is desirable.

545 .8.00 PALLIATIVE CARE DAY CARE FACILITY

A Palliative Care Day Care Facility may be required to provide a 'half-way house' between home care and inpatient services as an outpatient service. The space may be shared by inpatients and outpatients. Facilities that may be included are:

- Consultation
- Pain Management
- Medical treatments and minor procedures
- Physical care including bathing
- Dietary advice, pharmacy, occupation therapy assessment and intervention
- Counselling, social work, spiritual care, chaplaincy, volunteer support
- Physiotherapy gymnasium equipment and gentle exercise programs to improve mobility
- Diversional therapy providing crafts, television, video and other leisure activities
- Hairdressing and wig care, facials and manicure
- Complementary therapies, these may include massage, aromatherapy, relaxation techniques, meditation, music, etc
- Education sessions, computer and internet access
- A program of practical social recreational or health promotional activities that provides a therapeutic milieu where patients receive the necessary support, training and equipment to adapt to changes
- Respite on a regular basis and support that is practical and encompasses the emotional, spiritual and social aspects of care for carers.

545 .9.00 LIBRARY / RESOURCE AREA

A Library / Resource Area is required for staff and clients. Note: Larger facilities may have a specified room for this purpose, but a small unit can incorporate this facility into other areas, for example, the Multi-purpose Meeting Room or as part of a Waiting Area.

545 .10.00 OUTDOOR AREAS

Outdoor Areas, such as gardens, courtyards and terraces should be provided to give a pleasant domestic setting for the building. The outdoor areas such as courtyards, gardens or terraces should be adjacent to all of the Bed-Based Areas.

Design considerations should include the following:

- Adequate provision for sitting or walking
- Pathways that are clear, simple, non-slip and designed to lead somewhere
- Pathways must be wide enough and with a surface that allows for easy access by wheelchairs and beds
- Pathways should not end at a wall or fence
- A BBQ Area, with bottled or piped gas, may be considered for the outdoor facility
- A water sprinkling system is advisable for all Outdoor Areas that have gardens and pot plants.

545 .11.00 PATIENT / LIVING AREAS

Patient / Living areas of the Palliative Care Unit will incorporate bedrooms, ensuites, bathrooms, toilets, lounge areas, dining and recreational areas.

545 .12.00 Bedrooms may include two bed rooms but the majority of rooms should be single rooms.

545 .13.00 RECEPTION / WAITING AREA

The Reception Area is the main arrival and exit point of the Unit and will also function as a Waiting Area. Design considerations for the Reception / Waiting Area should include the following:

- The area needs to impart a welcoming feel and be spacious enough to allow for ample comfortable seating
- The Reception desk or counter should be designed to allow maximum communication with visitors, particularly those in wheelchairs
- Access to a public phone is required
- Access to Public Toilets is required

545 .14.00 SERVICE ENTRY / LOADING BAY/ CANOPY

The service entry is required to allow deliveries to the facility without having to pass through the main entrance of the building. It may also need to provide ambulance service access and egress in emergency circumstances.

Design considerations include:

- An area large enough to allow vehicles including ambulances to turn and manoeuvre
- A large enough space with sufficient blank wall length to allow for temporary storage of items such as linen or food trolleys, items of furniture or items of equipment for repair
- Access for picking up soiled linen from inside the building only through the service entry. Large institutions may have separate zones for the various utilities and deliveries
- Adequate infection control
- A loading bay located away from the client entry point to facilitate access for delivery staff and for staff who regularly load therapy equipment and mobility aids into vehicles.

Functional Relationships

- 545 .15.00 The Palliative Care Unit should be located in a position that is convenient to all potential users, including patients, family members, support people or team people. The site should allow easy movement around it for all users. This includes ensuring that there is level ground in client areas. A ground level site is preferable with easy access to outside areas.

COMPONENTS OF THE UNIT

Introduction

- 545 .16.00 The Palliative Care Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 545 .17.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 545 .18.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Service demand.

- 545 .19.00 MULTI-PURPOSE ACTIVITIES AREA

DESCRIPTION AND FUNCTION

A Multi-purpose Activities Area or room is required for inpatient and outpatient activities during the day; it may also function as a craft room.

The Multipurpose Activity Room should be sized according to the number of people to be accommodated and the range of activities.

- 545 .20.00 LOCATION AND RELATIONSHIPS

The Multi-purpose Activities Area should be located with ready access to inpatient areas and day patient areas. If used for outpatient day activities, it should be located close to dining facilities.

- 545 .21.00 CONSIDERATIONS

Design considerations for a Multi-Purpose Activities Area include:

- Space for tables and physical activities
- A quiet area for people who need a break in activities
- Chairs should be suitable for tables and for relaxation
- Fittings should include a whiteboard, a pinboard and projection screen or wall suitable for projection
- Direct access to outdoor areas is desirable
- Tea and coffee making facilities within close proximity
- Toilets located in close proximity
- Provision for television, video and computer facilities.

For additional room considerations refer to Standard Component - Meeting Room - Medium/ Large.

Non-Standard Components

545 .22.00 QUIET SITTING ROOM

DESCRIPTION AND FUNCTION

A Quiet Sitting room is required for quiet relaxation. This area may be used as a palliative care family room where families can relax during the day; it may also be used to provide overnight accommodation for relatives.

545 .23.00 LOCATION AND RELATIONSHIPS

The Quiet Sitting Room should be located with ready access to inpatient accommodation areas, day patient areas, patient and public amenities.

545 .24.00 CONSIDERATIONS

Design considerations for a Quiet/ Sitting Room include:

- Comfortable seating for up to six persons with domestic style furniture
- Nurse call, emergency call and indicator lights are required
- A direct access to external spaces is desirable
- Full height windows are recommended.

For additional room considerations refer to Standard Components - Meeting Room - Small.

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APPENDICES

Palliative Care Generic Schedule of Accommodation

545 .25.00 Schedule of Accommodation for a Bed Palliative Care Unit in a hospital at Levels 3 and 4

Note: Level 3 includes patient areas only as a part of an integrated Inpatient Unit sharing all support services:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2			Remarks
			6 Beds	10 beds			
1 BED ROOM - SPECIAL	yes		6 x 18	10 x 18			Rooms may also include refreshment facilities and families
BAY - HANDWASHING	yes		2 x 1	3 x 1			In addition to handbasins in Bedrooms
BAY - MOBILE EQUIPMENT	yes			1 x 4			
BAY - LINEN	yes			1 x 2			
CLEAN UTILITY	yes			1 x 12			
DIRTY UTILITY	yes			1 x 10			
ENSUITE - SPECIAL	yes		6 x 7	10 x 7			
INTERVIEW ROOM	yes			1 x 12			May also be used for family overnight stays
LOUNGE - PATIENT	yes		1 x 15	1 x 15			
MEETING ROOM - SMALL	yes		1 x 12	1 x 12			Quiet Sitting Room; Access to an Outdoor area is desirable
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9			Unit Manager
OFFICE - 3 PERSON SHARED	yes			1 x 16 optional			Dependent on staffing establishment
PANTRY	yes		1 x 8	1 x 8			
STAFF STATION	yes			1 x 14			May be shared with an adjoining HPU
STORE - EQUIPMENT	see remarks			1 x 10			Refer to Standard Component-Store-Equipment; size according to quantity
TOILET - DISABLED	yes			1 x 5			
CIRCULATION %			35	35			

545 .26.00 SHARED AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2			Remarks
BAY - FLOWERS	yes			1 x 2			

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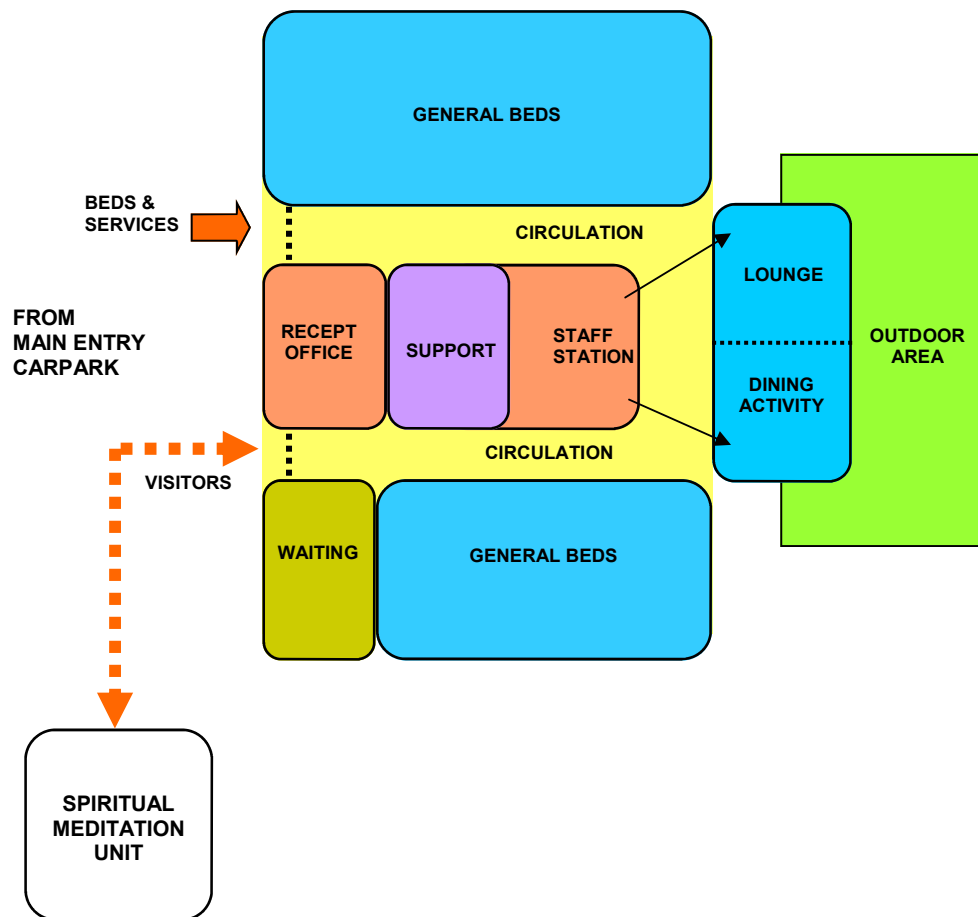
BATHROOM	yes		1 x 10	1 x 10			
CLEANER'S ROOM	yes			1 x 4			
DISPOSAL ROOM	yes			1 x 8			
MEETING ROOM - MEDIUM	yes			1 x 20			
MULTIPURPOSE ACTIVITIES ROOM				1 x 30			For inpatients and day patients
RECEPTION	yes			1 x 10			Co-located with Waiting
TOILET - STAFF	yes			1 x 2			

References and Further Reading

- 545 .27.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Department of Human Services, Victoria; Aged, Community & Mental Health Division, Hospice Unit Generic Brief, 1999.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - PALLIATIVE CARE UNIT



550 PATHOLOGY UNIT

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INTRODUCTION

General

- 550 .2.00 The Pathology Unit provides facilities and equipment for the examination of body tissues and fluids, involving receipt of patient specimens, testing and issue of reports.
- 550 .3.00 Dependent upon the Role Delineation and the Operational Policy of the facility, it may be necessary to provide a dedicated on-site Pathology Unit.

PLANNING

Functional Areas

- 550 .4.00 If the Pathology service is based in the hospital, the following facilities shall be provided for the Pathology Unit:
- A separate, purpose built Pathology Laboratory Room to provide a pathology service; must be capable of secure isolation and cannot be shared
 - A laboratory workbench with space for equipment such as microscopes, appropriate chemical analysers, incubator/s and centrifuge/s
 - Access to vacuum, gas and electrical services at the workbench
 - Sinks with hot and cold water; may be used for the disposal of non-toxic fluids
 - Refrigerated blood storage
 - Basin or bench sink for staff hand-washing
 - Storage facilities for reagents, standards, supplies, and stained specimen microscope slides including refrigeration, as needed.

Note: The size of the laboratory and workroom/s shall be appropriate to the function and provide a safe working environment.

Functional Areas

- 550 .5.00 For a hospital based Pathology Service, the following facilities shall also be provided:
- A blood collection area that shall have a workbench, space for patient seating and hand washing facilities
 - A urine and faeces collection room which shall be equipped with a toilet and handbasin
 - Chemical safety provisions including emergency shower, eye flushing devices and appropriate storage for flammable liquids
 - Facilities and equipment for terminal sterilisation (autoclave or electric oven) of contaminated specimens before transport; (terminal sterilisation is not required for specimens which are incinerated on site).
- 550 .6.00 Provision shall also be made for collecting and processing specimens. This can be mobile equipment for bedside or Consulting Room collection, or a dedicated Specimen Collection Room.

Functional Relationships

- 550 .7.00 The Pathology Unit, if in-house, is best located adjacent to the areas that utilise the service the most such as the Operating and Obstetric Units.

DESIGN

Environmental Considerations

- 550 .8.00 If radioactive materials are employed, facilities shall be available for long-term storage and disposal of these materials. No special provisions will normally be required for body waste products from most patients receiving low level isotope diagnostic material.

If the hospital based Pathology Service utilises radio-active materials, the facility may need to be considered for possible registration under the relevant State Radiation Safety Act. The appropriate Australian Standards for laboratories shall apply.

Fixtures & Fittings

- 550 .9.00 The Operational Policy shall describe the type and location of all special equipment that is to be wired, plumbed, or plugged in, and the utilities required to operate each.

Safety and Security

- 550 .10.00 Chemical safety provisions including emergency shower, eye-flushing devices, and appropriate storage for flammable liquids shall be made.

COMPONENTS OF THE UNIT

Introduction

- 550 .11.00 The Emergency Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 550 .12.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

550 .13.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

550 .14.00 BLOOD STORE

DESCRIPTION AND FUNCTION

The Blood Store provides for the secure, temperature controlled storage of blood and other blood products for access by authorised staff only.

The Blood Store should be a minimum of six m2.

550 .15.00 LOCATION AND RELATIONSHIPS

The Blood Store should be located with ready access to Pathology Unit, Emergency Unit, Operating Unit and Critical Care areas. Consideration shall be given to blood storage location in relation to external after-hours access and security.

550 .16.00 CONSIDERATIONS

The blood storage refrigerators shall be secured, accessed by authorised staff only, and equipped with temperature monitoring and alarm signals. Alarms and controls should be located to ensure easy staff control.

The blood refrigerators / freezers will require an essential power supply.

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APPENDICES

Pathology Generic Schedule of Accommodation

550 .17.00 Schedule of Accommodation for a Pathology Unit in a Level 4 Hospital of 120 Beds:

ROOM / SPACE	Standard Component			Level 4 Qty x m2			Remarks
BLOOD STORE				1 x 6			
CLEAN-UP / STERILISATION				1 x 12			
LABORATORY - PATHOLOGY				1 x 25			
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional			Manager
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9 optional			Pathologist, according to staffing establishment
RECEPTION	yes			1 x 10			
SPECIMEN COLLECTION				3 x 8			
SPECIMEN RECEPTION / SORTING				1 x 12			
STORE - FILES	yes			1 x 10			Located adjacent to Reception
STORE - GENERAL	yes			1 x 9			
CIRCULATION %				25			

550 .18.00 SHARED AREAS

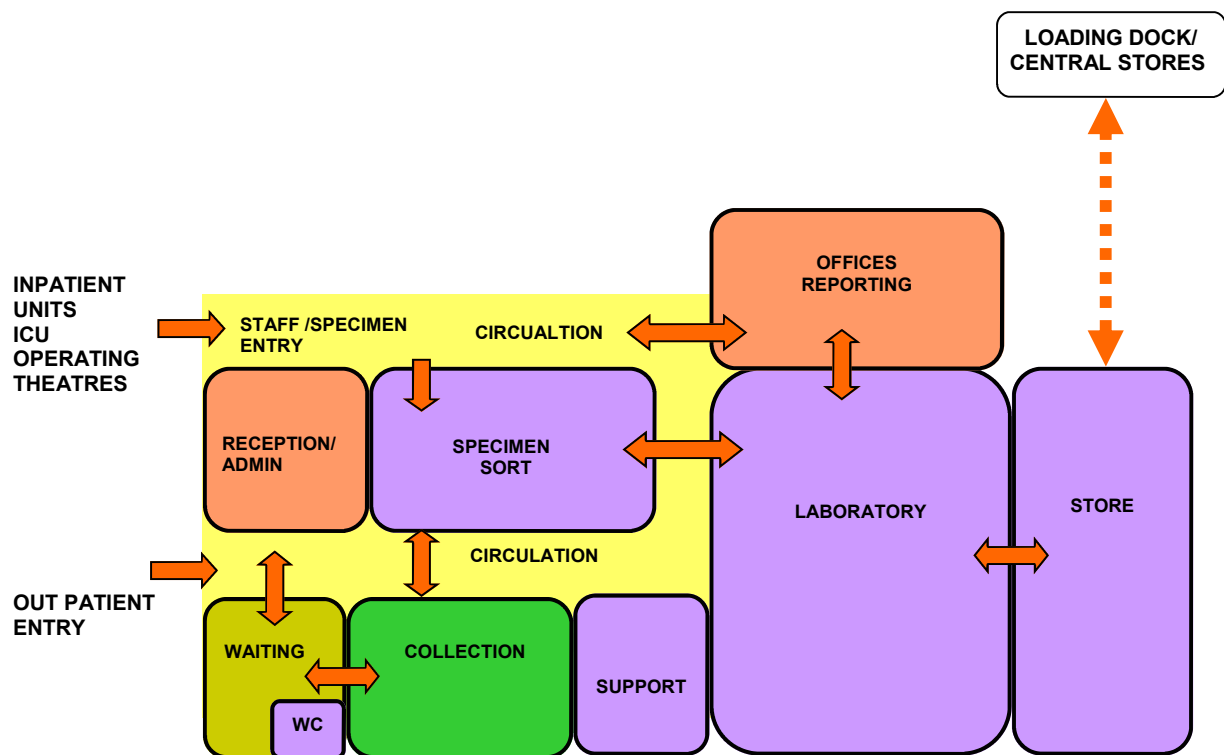
ROOM / SPACE	Standard Component			Level 4 Qty x m2			
PROPERTY BAY - STAFF	yes			1 x 6			
SHOWER - EMERGENCY				1 x 2			Dependent on Operational Policy
TOILET - PATIENT	yes			1 x 4			
TOILET - STAFF	yes			1 x 2			
WAITING	yes			1 x 15			

References and Further Reading

- 550 .19.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities. 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.
 - NSW Health, Design Series 21, Health Building Guidelines - Pathology Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - PATHOLOGY UNIT



560 PHARMACY UNIT

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INTRODUCTION

General

- 560 .2.00 The size and type of service to be provided in the Pharmacy Unit will depend upon the type of drug distribution system used, number of patients to be served, and extent of shared or purchased services. This shall be described in the Operational Policy.
- 560 .3.00 If unit dose procedure is used, provide additional space and equipment for supplies, packaging, labelling, and storage, as well as for the carts.
- 560 .4.00 The Pharmacy Unit facilities and provisions must comply with the Pharmacy Board of Victoria - Guidelines.

PLANNING

Functional Areas

- 560 .5.00 The Pharmacy Unit may consist of the following functional areas:
- Reception and Waiting areas
 - Patient counselling and consult areas
 - Dispensing Areas which may include separate areas for inpatients and ambulatory patients
 - Preparation and manufacturing areas
 - Storage areas including active stores for preparation and dispensing areas, bulk stores, secured stores for accountable drugs and refrigerated stores
 - Despatch area for deliveries to inpatient units
 - Drug information areas
 - After hours drug store for access only by authorised personnel
 - Staff areas including Offices, Workstations, Meeting Rooms, Staff Room, Change and Toilets

Functional Areas

- 560 .6.00 Depending on the Role Delineation and Operational Policy, the Pharmacy may also include:
- Sterile Manufacturing, which may include sterile and cytotoxic manufacturing suites, along with support facilities including Anterooms, Change Rooms and Storage
 - Facilities for clinical trials, which may include dispensing areas, secured storage and records area and workstations.
- 560 .7.00 DISPENSING STATIONS
- A Dispensing Station is an area on an Inpatient Unit used by pharmacists to dispense prescriptions for patients in that Unit. The Dispensing Station remains under the direction of the Pharmacy Unit.
- 560 .8.00 A Dispensing Station/s should be located in or adjacent to the Inpatient Unit drug storage area, preferably in a locked room.
- 560 .9.00 A Dispensing Station in an Inpatient Unit should be equipped with:
- A password-protected computer that is networked to the Pharmacy Unit
 - Dispensing equipment appropriate to the intended function including printers and labels
 - Tablet counting equipment
 - Direct access to reference texts appropriate to the activities of the Inpatient Unit and a complete set of mandatory reference texts
 - A telephone.
- 560 .10.00 A Dispensing station should:
- Be adequately lit
 - Have ready access to hand-washing facilities
 - Provide an impervious bench of sufficient size to accommodate dispensing equipment and provide 0.6 m² of clear working space
 - Be dedicated to use by the Pharmacy Unit
- 560 .11.00 A Dispensing Station may include a lockable drug storage facility.
- 560 .12.00 MANUFACTURING AREA
- The following minimum elements shall be included if manufacturing is performed on-site:
- Bulk compounding area
 - Provision of packaging and labelling area
 - Quality control area.
- 560 .13.00 SATELLITE PHARMACY
- A Pharmacy Unit Satellite is a room or unit in a hospital that is located remote from the Pharmacy Unit.
- 560 .14.00 A Satellite Pharmacy Unit must be constructed to be not less than 20 m², including shelving and working areas, unless a lesser area is approved by the Pharmacy Board in a particular case.
- 560 .15.00 A Satellite Pharmacy requires:
- A sink of stainless steel or other material approved by the Board with an impervious surround, and supplied with hot and cold running water
 - An impervious dispensing bench of not less than 40 cm width and of

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sufficient length so as to provide not less than three m² of free working space, in addition to the space occupied by computers and other equipment.

- 560 .16.00 A Satellite Pharmacy also has the following minimum requirements:
- An area for counselling of clients about dispensed or other medicines so that privacy can be assured
 - Adequate lighting and ventilation
 - Air temperature and humidity control suitable to the storage of drugs and medicines required to be kept there at all times.

- 560 .17.00 A Satellite Pharmacy must be:
- Constructed to prevent forced access through doors, windows, walls and ceilings
 - Fitted with a security intrusion detector alarm that is control room monitored to a central agency on a 24 hour basis
 - Constructed to prevent unauthorised access by persons other than staff of the Pharmacy Unit.

560 .18.00 STERILE PREPARATION AREA

If intravenous solutions are prepared in the Pharmacy, provide a sterile work area with laminar flow bench and hood. Arrangement and construction shall comply with the relevant Australian Standards and statutory requirements. Consideration shall be given to the physical requirements of specialist activities such as cytotoxic preparations, if they are to be carried out.

560 .19.00 STORAGE

The following minimum elements, in the form of cabinets, shelves, and/or separate rooms or closets, shall be included as required:

- Bulk storage
- Active storage
- Refrigerated storage
- Volatile fluids and alcohol storage with construction as required by the relevant regulations for substances involved
- Secure storage for narcotics and controlled drugs
- Storage for general supplies and equipment not in use.

Functional Relationships

- 560 .20.00 The Pharmacy Unit shall be located for convenient access, staff control, and security. Facilities (including satellite, if applicable) and equipment shall be as necessary to accommodate the requirements of the Operational Policy. Relevant State and Federal statutory requirements are to be complied with. Note: If manufacturing, refer to the 'Code of Good Manufacturing Practice for Therapeutic Goods'.

DESIGN

Infection Control

- 560 .21.00 Hand-washing facilities shall be provided within each separate room where open medication is handled.

Safety and Security

- 560 .22.00 Pharmacy Units and Pharmacies are required to be constructed so as to be as secure as practicable from unauthorised access through doors, windows, walls and ceilings, and to be fitted with a security intrusion detector alarm

which is control room monitored to a central agency on a 24 hour basis.

COMPONENTS OF THE UNIT

Introduction

560 .23.00 The Pharmacy Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

560 .24.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

560 .25.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

560 .26.00 DISPENSING

DESCRIPTION AND FUNCTION

Dispensing provides a secured area for delivery of dispensed prescriptions to the patient or to staff for inpatient unit collection.

The Dispensing area shall be:

- A minimum of 20 m² for a Pharmacy or Friendly Society Pharmacies, unless a smaller area is approved by the Board
- A minimum of 140 m² in a Pharmacy Department, unless a smaller area is approved by the Board.

560 .27.00 LOCATION AND RELATIONSHIPS

The Dispensing Area should be located with ready access to Waiting areas and patient counselling areas.

560 .28.00 CONSIDERATIONS

Dispensing areas shall include the following:

- A dispensing bench of an impervious material, not less than 40cm in width and with a minimum of three m² of working space
- A sink of stainless steel or other Board approved material with an impervious splashback and hot and cold running water
- Adequate lighting and ventilation
- Adequate heating facilities for dispensing and compounding drugs and medicines

The following minimum elements shall also be included as required:

- Controlled pick-up and receiving point/counter
- Area for review and recording orders
- Extemporaneous compounding area

When dispensing medication to outpatients forms part of the Operational Policy, provision should be made for consultation and patient education within the Pharmacy Unit.

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APPENDICES

Pharmacy Generic Schedule of Accommodation

560 .29.00 Schedule of Accommodation for a hospital based Pharmacy Unit at Levels 3, 4, 5 and 6:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
AFTER HOURS DRUG STORE				1 x 8	1 x 8	1 x 8	
CLEANER'S ROOM	yes		1 x 4	1 x 4	1 x 4	1 x 4	
DISPATCH / COLLECTION					1 x 11	1 x 11	For Inpatient Units
DISPENSING - CLINICAL TRIALS					1 x 11 optional	1 x 11 optional	
DISPENSING - INPATIENT / OUTPATIENT			1 x 30	1 x 30	1 x 40	1 x 40	
DISPENSING - MANUFACTURE			1 x 20 optional	1 x 20	1 x 60	1 x 60	
DRUG INFORMATION			1 x 9	1 x 9	1 x 18	1 x 18	Reference / Resource area
GENERAL PREPARATION					1 x 30	1 x 30	
GENERAL PREPARATION WET AREA					1 x 9	1 x 9	
GOODS RECEIPT			1 x 5	1 x 5	1 x 14	1 x 14	
INTERVIEW ROOM	yes		1 x 9 optional	1 x 9 optional	1 x 9 optional	1 x 9 optional	Locate near entry
QUALITY CONTROL / QUARANTINE					1 x 10	1 x 10	
RECEPTION	yes				1 x 10	1 x 10	Combine with Secretary's Workstation
STORE - ACTIVE / DISPENSING			1 x 9	1 x 9	1 x 24	1 x 24	
STORE - BULK			1 x 30	1 x 30	1 x 150	1 x 150	Includes area for pallet storage
STORE - FILES	yes		1 x 10	1 x 10	1 x 10	1 x 10	
STORE - IV FLUIDS					1 x 20	1 x 20	
STORE - REFRIGERATED			1 x 6	1 x 6	1 x 12	1 x 12	
STORE - SECURED			1 x 4	1 x 4	1 x 8	1 x 8	
CIRCULATION 25%			25	25	25	25	

560 .30.00 STERILE MAUNUFACTURING AREA

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks

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AIRLOCK TO CLEAN ROOMS					2 x 8 optional	2 x 8 optional	
ANTEROOM	yes				1 x 8 optional	1 x 8 optional	Include additional area for storage of clean / sterile items if required
ASEPTIC ROOM					1 x 20 optional	1 x 20 optional	Sterile Manufacturing
CHANGE ROOM - STAFF	yes				1 x 8 optional	1 x 8 optional	Size according to staffing establishment
CYTOTOXIC ROOM					1 x 15 optional	1 x 15 optional	Cytotoxic Manufacturing
OFFICE - WORKSTATION	yes				4 x 6 optional	4 x 6 optional	Adjacent to Sterile Suite
STORE - STERILE STOCK	see remarks				1 x 7 optional	1 x 7 optional	Refer to Standard Component - Store-Sterile, Size as required by Operational Policy

560 .31.00 STAFF AREAS

Note: Offices are dependent on the Operational Policy/ management structure:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9 optional	1 x 9 optional	1 x 9 optional	Manager
OFFICE - SINGLE PERSON 9 M2	yes				2 x 9 optional	2 x 9 optional	Deputy; Assistant; Clinical Trials; According to Operational Policy & staffing establishment
OFFICE - WORKSTATION	yes				4 x 6 optional	4 x 6 optional	Pharmacists; According to staffing establishment

560 .32.00 SHARED AREAS

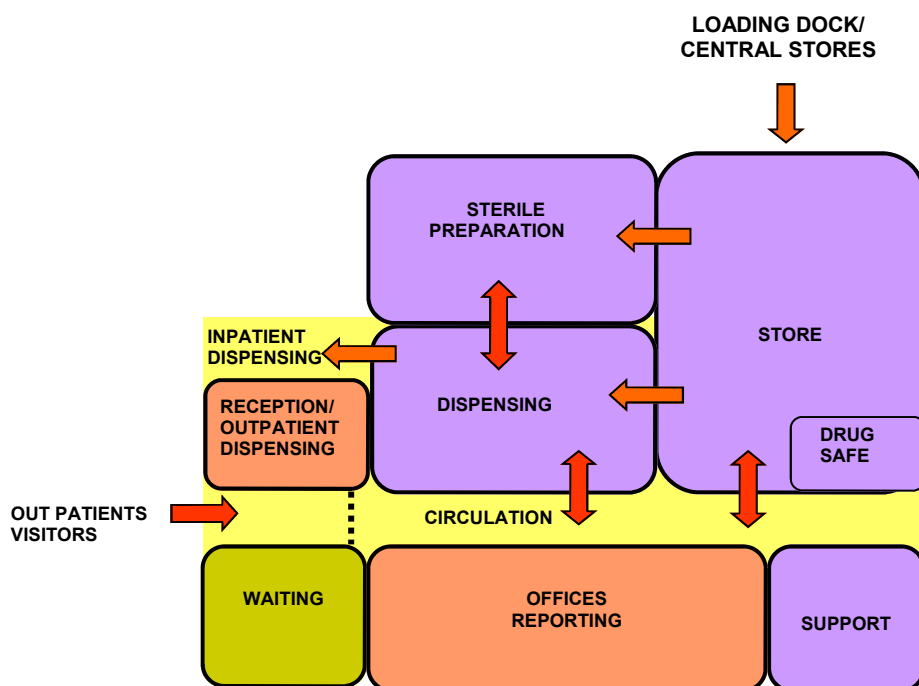
ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - WORKSTATION	yes				2 x 6	2 x 6	Dispensing Area
PROPERTY BAY - STAFF	yes		1 x 6	1 x 6	2 x 6	2 x 6	
STAFF ROOM	yes		1 x 15	1 x 15	2 x 15	2 x 15	
TOILET - STAFF	yes		1 x 2	1 x 2	2 x 2	2 x 2	
WAITING	yes		1 x 8	1 x 8	1 x 10	1 x 10	

References and Further Reading

- 560 .33.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.
 - NSW Health, Design Series 23, Health Building Guidelines - Pharmacy Unit, 1992.
 - Pharmacy Board - Victoria, Pharmacy Board Guidelines: Ward Dispensing Stations & Pharmacy Satellites in Hospitals, 2001.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - PHARMACY UNIT



590 PUBLIC AMENITIES UNIT

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INTRODUCTION

Description

590 .2.00	<p>Larger hospitals may provide optional public amenities for the visitors' convenience and comfort. Some of the amenities may optionally be used by patients who are allowed to walk through the hospital. These amenities may include:</p> <ul style="list-style-type: none">- Florist- Kiosk / Coffee Shop- Gift Shop / Newsagent- Retail Pharmacy- Banks or agencies- Hairdresser- Others as considered viable <p>The above public amenities are not mandatory, however, when provided, they should comply with all relevant statutory and authority codes.</p> <p>Note: Most of the above public amenities occupy small areas compared with the size of an average hospital. Under the BCA, these small additional areas can be designed as if they were under class 9a.</p> <p>These guidelines require that the above public amenities, if provided, must be designed as part of a class 9a classification, unless prohibited by the BCA due to the area. All other requirements of these Guidelines also apply.</p>
590 .3.00	<p>The provision of a cool palatable water supply such as a cold water drinking unit is a mandatory requirement and should be situated in a convenient public location. Multiple units will be necessary to service large facilities. A minimum of one per floor shall be provided.</p> <p>Note: Each required cold water drinking unit on each floor may be replaced with a drinks vending machine, a Kiosk or a Coffee Shop.</p>

PLANNING

Functional Areas

- 590 .4.00 The Public Amenities Unit will consist of the following mandatory Functional Areas:
- Public Toilets
 - Disabled Toilets
 - Area and facilities for drinking water.

Functional Relationships

- 590 .5.00 The Public Amenities Unit should be located close to the Main Entrance with ready access to waiting areas and lifts.

COMPONENTS OF THE UNIT

Introduction

- 590 .6.00 The Public Amenities Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 590 .7.00 Provide the Standard Components as identified in this section and in the Schedule of Accommodation.

590 .8.00 TOILETS - PUBLIC

As a mandatory minimum requirement, every Hospital or Day Procedure Centre shall have at least one Disabled Unisex Toilet with a toilet pan and basin for the exclusive use of visitors.

Non-Standard Components

- 590 .9.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Service demand.

590 .10.00 VENDING MACHINE BAY

DESCRIPTION AND FUNCTION

Vending machines are a popular way of providing 24 hour per day consumer services to the public, patients and staff. The Vending Machine Bay will be a recessed area for the location of vending machines according to service demand and the Operational Policy.

Vending machines are not mandatory, however if provided, they will replace the requirement for a cold water drinking unit.

590 .11.00 LOCATION AND RELATIONSHIPS

It is advisable to locate vending machines in fully recessed alcoves off public corridors to eliminate the possibility of such machines blocking major corridor systems in breach of these Guidelines.

590 .12.00 CONSIDERATIONS

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590 .12.00

Some vending machines supplying drinks may require a floor waste or water connection. In addition to a standard GPO, some vending machines may also require a telephone line.

APPENDICES

Public Amenities Generic Schedule of Accommodation

590 .13.00 A Generic Schedule of Accommodation for Public Amenities Unit for a Level 4 Hospital of 120 Beds:

ROOM / SPACE	Standard Component			Level 4 Qty x m2			Remarks
TOILET - DISABLED	yes			1 x 5			
TOILET - PUBLIC	yes			3 x 3			Male
TOILET - PUBLIC	yes			4 x 3			Female
BAY - VENDING MACHINE				1 x 3 optional			
CIRCULATION %				10			

590 .14.00 RETAIL AREAS

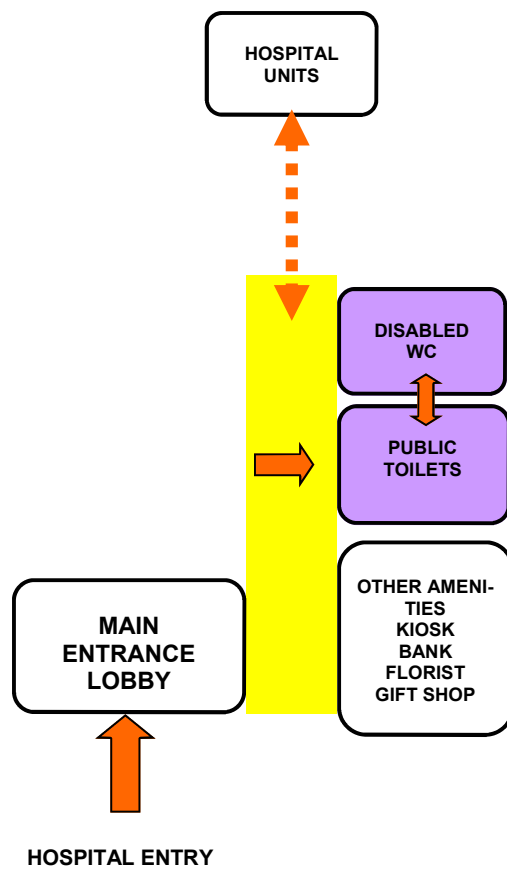
ROOM / SPACE	Standard Component			Level 4 Qty x m2			Remarks
COFFEE SHOP PREPARATION				1 x 12 optional			
COFFEE SHOP SEATING				1 x 50 optional			
COFFEE SHOP SERVERY				1 x 15 optional			
MIXED RETAIL SHOP				1 x 15 optional			

References and Further Reading

- 590 .15.00
- American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
 - Health Department Western Australia, Private Hospital Guidelines, 1998.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - PUBLIC AMENITIES UNIT



600 RADIOTHERAPY UNIT

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INTRODUCTION

Description

- 600 .2.00 The Radiotherapy Unit may contain one or both electron beam therapy and radiation therapy. Although not recommended, a Simulation Room may be omitted in small linear accelerator facilities where other positioning geometry is provided.
- Room sizes and specifications for a Radiotherapy Unit should accommodate the equipment manufacturer's recommendations, as space requirements may vary from one machine to another and one manufacturer to another.

PLANNING

Functional Areas

- 600 .3.00 The Radiotherapy Unit may include the following Functional Areas:
- Reception, Waiting, Administrative and records areas
 - Patient Treatment areas including Radiotherapy Bunkers, Treatment Planning, Simulation, Holding area, Patient Toilet
 - Film processing and storage areas
 - Support Areas including Consult, Utilities, Cleaner's Room, Store, Disposal rooms
 - Staff Areas including Staff Station, Offices, Staff Change and Toilets.
- 600 .4.00 SUPPORT AREAS
- The following optional support areas may be required:
- Quality control area with illuminated X-ray viewing boxes
 - Computer control area normally located adjacent to the Radiotherapy Room entry
 - Dosimetry equipment area
 - Hypothermia Room (may be combined with an Examination Room)
 - Oncologist's Office (may be combined with Consultation Room)

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- Physicist's Office (may be combined with Treatment Planning)
- Treatment Planning and Record Room.

600 .5.00 Provision shall be made for the following additional support areas for Linear Accelerator:

- Mould Room with exhaust hood and handbasin
- Block Room with storage (may be combined with the Mould Room).

600 .6.00 The Cobalt Room shall be provided with a Hot Laboratory.

600 .6.50 FILM STORAGE

Provision shall be made for a secure film storage area, and storage for unprocessed film.

Functional Relationships

600 .7.00 The Radiotherapy Unit should be located with ready access for ambulant patients and beds/trolleys. The Unit may be co-located with Medical Imaging Units. If intra-operative therapy is proposed, the Radiotherapy Unit should be located close to the Operating Unit or with a direct link.

A ground level location is preferred due to the weight of the equipment and shielding requirements, and for ease of installation and replacement.

DESIGN

Safety and Security

600 .9.00 RADIATION PROTECTION

Cobalt and linear accelerator rooms require radiation protection that may include concrete walls, floors and ceiling to a specified thickness. The radiation protection needs of the unit shall be assessed by a certified physicist or appropriate state agency. This assessment is to specify the type, location, and amount of protection to be installed in accordance with final approved department layout and equipment selection. The radiation protection requirements shall be incorporated into the final plans and specifications.

Building Service Requirements

600 .10.00 CONSTRUCTION STANDARDS

The flooring for a Radiotherapy Unit shall be adequate to meet the load requirements for equipment, patient, and personnel. Provision for cable ducts or conduits should be made in the floors and ceilings as required. Ceiling mounted equipment should have properly designed rigid support structures located above the finished ceiling. The minimum recommended ceiling height is 3 metres. A lay-in type of ceiling should be considered for ease of installation, service, and remodelling.

COMPONENTS OF THE UNIT

Introduction

- 600 .11.00 The Radiotherapy Unit will contain a combination of Standard Components and Non-Standard Components, according to the Level of Service.

Standard Components must comply with details in the Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 600 .12.00 Provide the Standard Components as identified in the Generic Schedules of Accommodation.

Non-Standard Components

- 600 .13.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 600 .14.00 DARKROOM

DESCRIPTION AND FUNCTION

A Darkroom shall be provided for film processing. Where daylight processing is used, the Darkroom may be minimal for emergency use.

The darkroom shall be a minimum of six m2.

- 600 .15.00 LOCATION AND RELATIONSHIPS

The Darkroom should be located with ready access to the daylight processing area, Treatment Room/s and the quality control area.

- 600 .16.00 CONSIDERATIONS

If automatic film processors are used, a receptacle of adequate size with hot and cold water for cleaning the processor racks shall be provided either in the Darkroom or nearby.

Room requirements will include:

- Sink and bench
- Safe light
- Film processing equipment
- Floor waste
- Light proof door seals and grilles

- 600 .17.00 FILM PROCESSING

DESCRIPTION AND FUNCTION

A film processing area is required to accommodate daylight processing equipment. The size of the film processing area may vary according to the number and type of processors to be installed.

- 600 .18.00 LOCATION AND RELATIONSHIPS

The Film Processing area should be located with ready access to Imaging Rooms, Darkroom and reporting areas.

Non-Standard Components

600 .19.00 CONSIDERATIONS

The Film Processing area will include the following:

- Daylight processing equipment installed to manufacturer's recommendations
- Deep sink for cleaning of processor racks
- X-ray viewing boxes, wall mounted for quality control checking of films

600 .20.00 RADIO THERAPY BUNKER ROOM/S

DESCRIPTION AND FUNCTION

Radiotherapy Bunker Rooms include Cobalt Rooms, Linear Accelerator and Simulator Rooms, provide an area and equipment for patient radiation treatment.

The Bunker Rooms shall be sized in accordance with equipment and access requirements and shall accommodate a patient trolley.

600 .21.00 LOCATION AND RELATIONSHIPS

The Bunker Rooms should be located with ready access to Patient Waiting, Holding, Treatment Planning and support areas including film processing areas and utility rooms.

600 .22.00 CONSIDERATIONS

Layouts shall be designed to prevent radioactive particles from escaping. Openings into the room, including doors, ductwork, vents and electrical raceways and conduits shall be baffled to prevent direct exposure to other areas of the facility.

Services requirements including electrical, hydraulics, and air-conditioning will be according to the equipment manufacturer's specifications.

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APPENDICES

Radiotherapy Generic Schedule of Accommodation

600 .23.00 Schedule of Accommodation for Radiotherapy Unit for levels 5 & 6:

TREATMENT AREAS

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - HANDWASHING	yes				1 x 1	1 x 1	
CONTROL ROOM					2 x 8	3 x 8	
MOULDS / MASK ROOM					1 x 20 optional	1 x 20 optional	
RADIOTHERAPY BUNKER ROOM					2 x 60	3 x 60	Room area dependent on equipment supplier, model and alignment within room
TREATMENT PLANNING (SIMULATOR)					1 x 42	1 x 42	
CIRCULATION %					30	30	

600 .24.00 STAFF AREAS

Note: Offices are dependent on the Operational Policy/ staffing structure:

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Manager
OFFICE - SINGLE PERSON 9 M2	yes				1 x 9 optional	1 x 9 optional	Registrar
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Radiographer

600 .25.00 SHARED AREAS

ROOM / SPACE	Standard Component				Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes				1 x 3	1 x 3	
CLEANER'S ROOM	yes				1 x 4	1 x 4	
CLEAN UTILITY	yes				1 x 12	1 x 12	
CONSULT ROOM	yes				2 x 12	4 x 12	
DARKROOM					1 x 6	1 x 6	
DIRTY UTILITY	yes				1 x 10	1 x 10	
FILM PROCESSING					1 x 15	1 x 15	
PATIENT BAY	yes				2 x 9	3 x 9	Holding Bays

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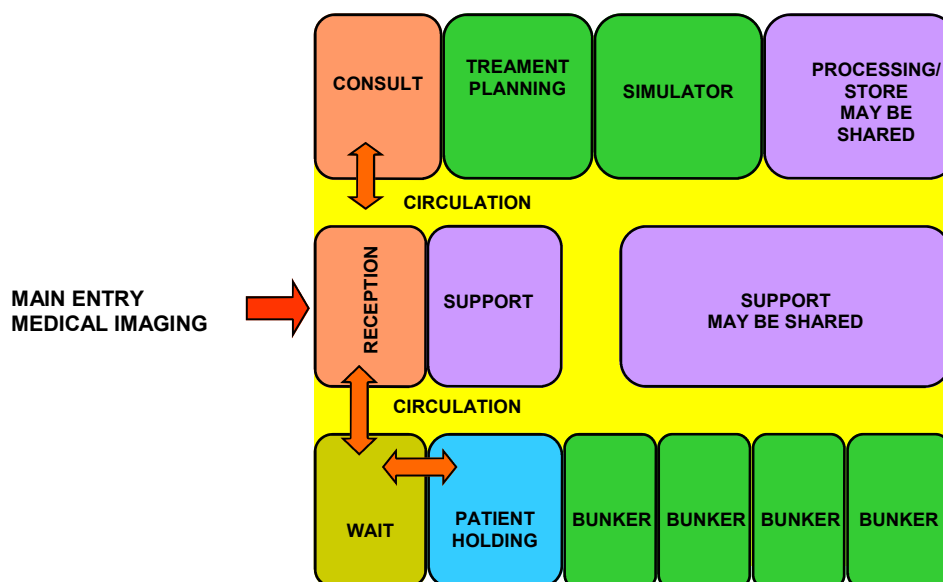
PROPERTY BAY - STAFF	yes				1 x 6	1 x 6	
RECEPTION	yes				1 x 10	1 x 10	
STAFF STATION	yes				1 x 14	1 x 14	
STORE - EQUIPMENT	yes				1 x 20	1 x 20	
STORE - FILES	yes				1 x 10	1 x 10	
STORE - GENERAL	yes				1 x 9	1 x 9	
TOILET - PATIENT	yes				1 x 4	3 x 4	With Change facilities
TOILET - STAFF	yes				1 x 2	1 x 2	
WAITING	yes				1 x 10	1 x 20	
X-RAY VIEWING AND REPORTING	yes				1 x 12	1 x 12	

References and Further Reading

- 600 .26.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - RADIOTHERAPY UNIT



610 REHABILITATION UNIT

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INTRODUCTION

	Description
610 .2.00	The Rehabilitation Unit provides a multi disciplinary rehabilitation service care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap.
610 .3.00	Sub-acute inpatient services are time limited and goal oriented. The Sub-acute inpatient unit places great emphasis on encouraging patients out of bed, compared to inpatient units. Patients are encouraged to dress each day and not remain in pyjamas or gowns. The activities of patients during the day may be predominantly located in the Rehabilitation Therapy area.

PLANNING

	Functional Areas
610 .4.00	The Rehabilitation Unit will include the following Functional Areas: <ul style="list-style-type: none">- Entry, Reception and waiting areas- Patient accommodation areas including Lounge and Dining areas- Patient Therapy areas which may be shared- Support areas including Utilities, Cleaner's Room, Disposal, Pantry and Store Rooms- Staff areas including Offices, Meeting Rooms, Staff Change and Toilets.
610 .5.00	ENTRY AREAS The entry canopy is required to provide dry access to the building. Design considerations include: <ul style="list-style-type: none">- Ensuring the covered area is large enough to allow vehicles such as taxis, buses, cars, and emergency vehicles to manoeuvre beneath it, and is structured to facilitate free concurrent traffic flow for multiple vehicles- The use of clear roofing material to maximise natural light inside the building.

Functional Areas

- 610 .6.00 The External Entrance Area, best sited at ground floor level, is the first point of contact for members of the community and should display clear directions informing people where to proceed. Design considerations include:
- Vehicle access is required at all times
 - Entry facilities should be suitable for people with disabilities, such as limited mobility and poor vision
 - The entry can incorporate an airlock space and may have sensor or automatically opening doors to facilitate access.

610 .7.00 PATIENT LOUNGE AREAS

A Lounge Area is required for therapeutic and social purposes. These include reading, writing and watching television or videos. The Lounge, Kitchenette and Dining Areas may be combined in a large Multi-purpose Day Room or in separate but adjacent areas.

610 .8.00 SERVICE AREAS

The service entry is required so that deliveries to the facility do not have to pass through the main entrance of the building. It may also provide ambulance service access and egress in emergency circumstances.

Design considerations include:

- An area large enough to allow vehicles including ambulances to turn and manoeuvre
- A large space with blank wall space for temporary storage of items such as linen or food trolleys, furniture or equipment for repair
- Access to soiled linen should only be available through the service entry or in large institutions separate zones may be available for the various utilities and deliveries
- Adequate infection control
- A loading bay that gives access for delivery staff and staff loading equipment and mobility aids into vehicles, located away from the client entry point.

610 .9.00 WHEELCHAIR PARKING

An area should be provided near the entrance for parking wheelchairs and electric scooters. The wheelchair parking area requires power outlets for recharging of electric wheelchairs and scooters when they are not in use. Cupboards may be provided over wheelchairs for additional storage.

Functional Relationships

- 610 .10.00 The Rehabilitation Inpatient Unit should be located at ground level with access to an outdoor area. To share facilities and services, the Rehabilitation Inpatient Unit should be adjacent to a Rehabilitation Day/ Allied Health therapy Area. The Unit should have easy access to Diagnostic, Speech Pathology and Social Work and Allied Health units.

DESIGN

General

- 610 .11.00 The design philosophy of the Rehabilitation Unit should convey a friendly and inviting environment and should encourage community members to utilise the available facilities for rehabilitation purposes. A non-institutional, safe and supportive environment needs to be promoted. Building design must be flexible and adaptable to enable the unit to cater for varying client and service needs.
- 610 .12.00 Buildings should be designed to cope with a wide range of possible conditions. The aim is to provide an environment that will allow the maximum mobility possible for each person. The Rehabilitation Unit will include access for the disabled as required in the BCA.

Space Standards and Components

- 610 .13.00 Some examples of the average circulation space sizes required for ambulant people using the following mobility aids are:
- One person using a walking stick - 750 mm width
 - One person using elbow crutches - 900 mm width
 - One person using two walking sticks - 800 mm width
 - One person using crutches - 950 mm width
 - One person using walking frame - 900 mm width

COMPONENTS OF THE UNIT

Introduction

- 610 .14.00 The Rehabilitation Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 610 .15.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 610 .16.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 610 .17.00 DINING ROOM

DESCRIPTION AND FUNCTION

A Dining Room is required for patients to have meals, socialise and undertake recreational activities.

The Dining Room size will be dependent on the number of persons to be accommodated.

- 610 .18.00 LOCATION AND RELATIONSHIPS

The Dining Room may be located adjacent to the Lounge area and should have ready access to inpatient and day patient areas, and patient toilets.

610 .19.00 CONSIDERATIONS

Fittings and furniture for this area should include:

- Individual tables with seating for up to four people with space for wheelchairs
- Tables that have the capacity to be joined to seat up to 10 people
- Domestic style furnishings that may include sideboards and audio equipment
- Wall and door protection for chairs and wheelchairs.

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APPENDICES

Rehabilitation Generic Schedule of Accommodation

610 .20.00 Schedule of Accommodation for an Inpatient Rehabilitation Unit at Levels 3/4 of 20 Beds and Levels 5/6 of 26 Beds:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
			20 Beds	20 Beds	26 Beds	26 Beds	
1 BED ROOM	yes		7 x 15	7 x 15	9 x 15	9 x 15	
1 BED - SPECIAL	yes		1 x 18 optional	1 x 18 optional	1 x 18 optional	1 x 18 optional	Transitional Bedroom
2 BED ROOM	yes		2 x 25 optional	2 x 25 optional	2 x 25 optional	2 x 25 optional	
4 BED ROOM	yes		2 x 42 optional	2 x 42 optional	3 x 42 optional	3 x 42 optional	
BAY - HANDWASHING	yes		2 x 1	2 x 1	3 x 1	3 x 1	In addition to handbasins in Bedrooms
BAY - LINEN	yes		1 x 2	1 x 2	1 x 2	1 x 2	
BAY - MOBILE EQUIPMENT	yes		3 x 4	3 x 4	3 x 4	3 x 4	Wheelchairs and trolleys
CLEANER'S ROOM	yes		1 x 4	1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes		1 x 12	1 x 12	1 x 12	1 x 12	
DINING ROOM			1 x 36	1 x 36	1 x 46	1 x 46	
DIRTY UTILITY	yes		1 x 10	1 x 10	1 x 10	1 x 10	
DISPOSAL ROOM	yes		1 x 8	1 x 8	1 x 8	1 x 8	
ENSUITE - SPECIAL	yes		2 x 7 optional	2 x 7 optional	2 x 7 optional	2 x 7 optional	
ENSUITE - STANDARD	yes		8 x 5	8 x 5	10 x 5	10 x 5	
LOUNGE - PATIENT	yes		1 x 15	1 x 15	2 x 15	2 x 15	
PANTRY	yes		1 x 8	1 x 8	1 x 8	1 x 8	
SHOWER - PATIENT	yes		2 x 4 optional	2 x 4 optional	2 x 4 optional	2 x 4 optional	For 4 Bed Rooms
STAFF STATION	yes		1 x 14	1 x 14	1 x 14	1 x 14	
STORE - EQUIPMENT	yes		1 x 20	1 x 20	1 x 20	1 x 20	
STORE - GENERAL	yes		1 x 9	1 x 9	1 x 9	1 x 9	
TOILET - DISABLED	yes		1 x 5	1 x 5	1 x 5	1 x 5	Patient & public use
TOILET - PATIENT	yes		2 x 4 optional	2 x 4 optional	2 x 4 optional	2 x 4 optional	For 4 Bed Rooms

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CIRCULATION %			32	32	32	32	
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610 .21.00 STAFF AND SUPPORT AREAS

Note: Offices and Support Areas are dependent on the Operational Policy and management structure:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
ALLIED HEALTH AREAS	see remarks						Refer to Allied Health HPU
HYDROTHERAPY AREAS	see remarks						Refer to Allied Health HPU
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9 optional	1 x 9 optional	1 x 9 optional	1 x 9 optional	Manager
OFFICE - 2 PERSON SHARED	yes		1 x 12 optional	1 x 12 optional	1 x 12 optional	1 x 12 optional	Allied Health

610 .22.00 SHARED AREAS

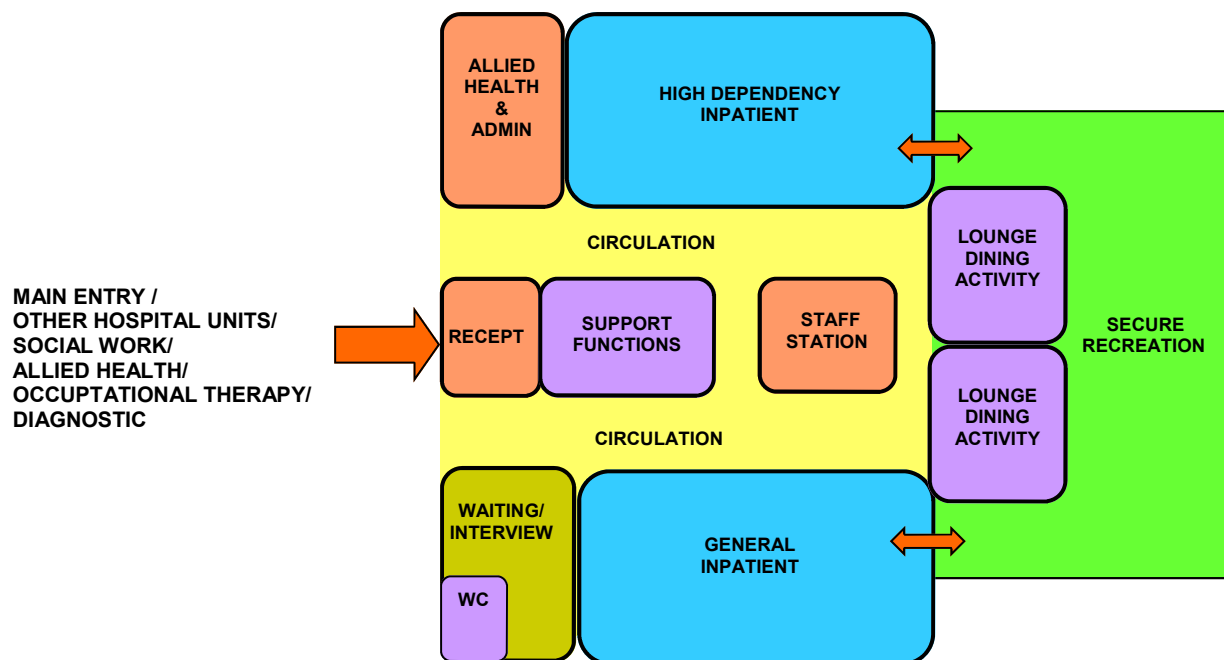
ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BATHROOM	yes		1 x 10	1 x 10	1 x 10	1 x 10	
INTERVIEW ROOM	yes		1 x 9	1 x 9	1 x 9	1 x 9	
MEETING ROOM	yes		1 x 15	1 x 15	1 x 15	1 x 15	
RECEPTION	yes		1 x 10	1 x 10	1 x 10	1 x 10	
STAFF ROOM	yes		1 x 15	1 x 15	1 x 15	1 x 15	
STORE - FILES	yes		1 x 10	1 x 10	1 x 10	1 x 10	
TOILET - PUBLIC	yes		1 x 3	1 x 3	1 x 3	1 x 3	Add 1 m2 if baby change facilities are to be included
TREATMENT ROOM	yes		1 x 15	1 x 15	1 x 15	1 x 15	
WAITNG	yes		1 x 5	1 x 5	1 x 5	1 x 5	

References and Further Reading

- 610 .23.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Department of Human Services, Victoria; Aged, Community & Mental Health Division, Community Rehabilitation Centres Generic Brief, 1999.
 - NSW Health, Design Standard 12- Health Building Guidelines, 20 Bed Assessment & Rehabilitation Inpatient Unit, 1992.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - REHABILITATION UNIT



620 RENAL DIALYSIS UNIT

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INTRODUCTION

General

- 620 .2.00 The number of Dialysis Stations provided in a Renal Dialysis Unit shall be based upon the expected workload and may include several work shifts per day.

PLANNING

Functional Areas

- 620 .3.00 The Renal Dialysis Unit may include the following Functional Areas:
- Reception, Waiting areas and Administrative areas including Clinical Records holding/ storage
 - Patient Treatment areas including Bedrooms, Isolation Rooms, open plan Bed Bays, Treatment Rooms
 - Support areas including Reprocessing Room (if applicable), Workshop/ Laboratory, plant areas, Utility Rooms, Store Rooms, Pantry, Cleaner's Room and Disposal
 - Staff areas including Staff Station, Offices, Meeting Rooms, Staff Change and Toilets.

- 620 .4.00 DIALYSIS TREATMENT AREA

The Treatment Area may be an open area and shall be separate from Administrative and Waiting Areas. The open unit shall be designed to provide privacy for each patient. Storage for patients' belongings shall be provided.

Functional Relationships

- 620 .5.00 The location of a Renal Dialysis Unit shall offer convenient access for outpatients. Accessibility to the unit from parking and public transportation shall be a consideration.

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DESIGN

Infection Control

620 .6.00 HANDWASHING FACILITIES

Hand-washing facilities shall be convenient to the Staff Station and patient treatment areas. There shall be at least one hand-washing facility serving no more than four patient treatment bays. These shall be uniformly distributed to provide equal access from each bay.

Building Service Requirements

620 .7.00 WATER TREATMENT

The water treatment equipment shall be located in an enclosed room.

COMPONENTS OF THE UNIT

Introduction

620 .8.00 The Renal Dialysis Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

620 .9.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

620 .10.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

620 .11.00 REPROCESSING ROOM

DESCRIPTION AND FUNCTION

A Reprocessing Room is required if dialysers are reused to clean and store dialysers. The room shall be sized according to service demand.

620 .12.00 LOCATION AND RELATIONSHIPS

The Reprocessing Room should be located with ready access to patient treatment areas and water treatment plant areas.

620 .13.00 CONSIDERATIONS

Room requirements will include the following:

- A one-way flow of materials from soiled to clean is required
- Decontamination/cleaning areas including sinks, benches and processors
- Refrigerator for temporary storage of dialysers
- Computer and Label printers
- Packaging area
- Dialyser storage cabinets
- Handwashing basin.

Non-Standard Components

620 .14.00 WORKSHOP

DESCRIPTION AND FUNCTION

The Workshop may be provided for servicing and repairing dialysis machines and equipment.

The Workshop shall be a minimum of eight m2.

620 .15.00 LOCATION AND RELATIONSHIPS

The Workshop shall be located with ready access to patient treatment areas and plant areas.

620 .16.00 CONSIDERATIONS

Room requirements will include:

- Handwashing basin
- Deep service sink
- Workbench
- Storage cabinets or shelving
- Dialysis port, data and electrical outlets for testing of equipment.

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APPENDICES

Renal Dialysis Generic Schedule of Accommodation

620 .17.00 Schedule of Accommodation for a Renal Dialysis Unit at Levels 3/4 with 6 bed/chair spaces and at Levels 5/6 with 15 bed/chair spaces:

Note: Level 1/2 relates to a patient consultation service only; Level 6 is similar to Level 5 with the addition of teaching and research roles

ROOM / SPACE	Standard Component	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
		6 Chair	6 Chair	15 Chair	15 Chair	
1 BED ROOM - ISOLATION	yes			2 x 15 optional	2 x 15 optional	
BAY - BEVERAGE	yes	1 x 3	1 x 3	1 x 3	1 x 3	
BAY - HANDWASHING	yes	2 x 1	2 x 1	4 x 1	4 x 1	
BAY - LINEN	yes	1 x 2	1 x 2	1 x 2	1 x 2	
BAY - MOBILE EQUIPMENT	yes	1 x 4	1 x 4	2 x 4	2 x 4	
BAY - RESUS TROLLEY	yes	1 x 2	1 x 2	1 x 2	1 x 2	
CLEANER'S ROOM	yes	1 x 4	1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes	1 x 12	1 x 12	1 x 12	1 x 12	
DIRTY UTILITY	yes	1 x 10	1 x 10	1 x 10	1 x 10	
ENSUITE - STANDARD	yes	1 x 5 optional	1 x 5 optional	2 x 5	2 x 5	
PATIENT BAY	yes	6 x 9	6 x 9	15 x 9	15 x 9	With provisions for dialysis
REPROCESSING ROOM		1 x 15	1 x 15	1 x 15	1 x 15	
STAFF STATION	yes	1 x 14	1 x 14	1 x 14	1 x 14	
STORE - EQUIPMENT	yes	1 x 20	1 x 20	1 x 20	1 x 20	Also for dialysis fluids on heavy duty shelving
STORE - GENERAL	yes	1 x 9	1 x 9	1 x 9	1 x 9	
TOILET - PATIENT	yes	1 x 4	1 x 4	2 x 4	2 x 4	
TREATMENT ROOM	yes			1 x 15 optional	1 x 15 optional	
WATER TREATMENT PLANT		1 x 6	1 x 6	1 x 6	1 x 6	
WORKSHOP/ LABORATORY		1 x 8	1 x 8	1 x 15	1 x 15	
CIRCULATION %		32	32	32	32	

620 .18.00 STAFF AND SUPPORT AREAS

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Note: Offices and Support Areas are dependent on Operational Policy and management structure:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 9 M2	yes		1 x 9	1 x 9	1 x 9	1 x 9	Unit Manager
OFFICE - 2 PERSON SHARED	yes				1 x 12 optional	1 x 12 optional	Medical personnel, according to staffing establishment
TOILET - STAFF	yes		1 x 2	1 x 2	1 x 2	1 x 2	

620 .19.00 SHARED AREAS

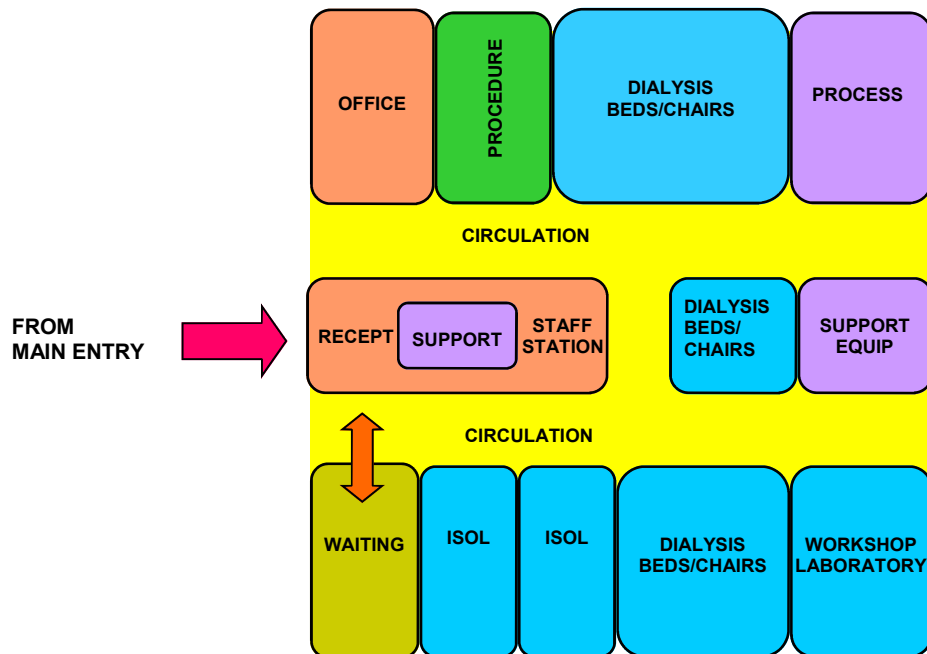
ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes				1 x 3	1 x 3	Co-located with Staff Room
DISPOSAL ROOM	yes				1 x 8	1 x 8	
PROPERTY BAY - STAFF	yes		1 x 6	1 x 6	1 x 6	1 x 6	
RECEPTION	yes		1 x 10	1 x 10	1 x 10	1 x 10	
STAFF ROOM	yes		1 x 15	1 x 15	1 x 15	1 x 15	
TOILET - PUBLIC	yes		1 x 3	1 x 3	1 x 3	1 x 3	
WAITING	yes		1 x 10	1 x 10	1 x 10	1 x 10	

References and Further Reading

- 620 .20.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - RENAL DIALYSIS UNIT



630 SECURE EXTENDED CARE UNIT

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INTRODUCTION

Description

- 630 .2.00 Secure Extended Care Units generally provide a region wide service and are built on the same site/campus as one of the adult Acute Inpatient Units in the region.

PLANNING

Planning Models

- 630 .3.00 In general, the planning of the Secure Extended Care Unit should provide for:
- The building to have a front and a back
 - Opportunities for privacy, recreation and self expression
 - Opportunities for movement/ambulation both indoors and outdoors with unobtrusive environmental boundaries and with appropriate safety provisions
 - Flexibility of space usage through consideration of a range of patient needs for personal and shared space
 - Clearly defined patient residential areas
 - An effective balance between opportunities for patient privacy and staff observation of patient behaviours
 - Clear delineation between patient and non-patient areas
 - Access to external sheltered space
 - Availability of visual information about the outdoor environment and weather conditions in all sleeping and living areas
 - Reduction of natural light with appropriate verandas/overhangs and pergolas to reduce glare
 - Appropriate landscape to ensure that views of surrounding areas from the building enhance feelings of well being in patient and staff.

Functional Areas

630 .4.00 The Secure Extended Care Unit will consist of the following functional areas or zones:

- Entry and Reception Area
- Inpatient Accommodation area
- High Dependency Area
- Staff Offices / Administration area
- Staff Amenities

630 .5.00 ENTRY AND RECEPTION AREAS

The Reception will require clerical space for administrative tasks, receiving of patients, visitors, telephone calls and enquiries. Waiting Areas and a Visitors' Toilet - disabled should be located in this area.

630 .6.00 HIGH DEPENDENCY AREA

A High Dependency Area is required for patients at immediate risk of harming themselves, others or property. The High Dependency Areas shall comprise single Secure Bedrooms, Ensuite, a minimum of two Seclusion Rooms, a Quiet Sitting Area with access to a secured external area, and access to a Utility Room.

630 .7.00 The Secured Bedrooms will require:

- Sufficient space for up to eight persons while engaging in restraint procedures
- Security doors with deadbolts to secure top, middle and bottom
- Viewing panel with safety glass to doors with internal blind
- Doors to the Secure Room/s should open outwards.

630 .8.00 Fittings in the Secure Ensuite/s will afford protection from self injury and property damage. A small locked cupboard for soap and supplies may be included. The Ensuite door should be lockable and open outwards.

630 .9.00 The Quiet Lounge should have direct visual access from the Staff Station. Features will include:

- Toughened glass windows, double glazed with integral blinds
- Access to a secured external area.

630 .10.00 A secured courtyard is required to provide secure outdoor recreational space for patients in the High Dependency Area. The area should include:

- Solid fixed seating
- Durable, non toxic plants
- Secure fence/wall.

630 .11.00 OUTDOOR AREAS

The principal concept of planning external spaces should be to seek to integrate the new facility with its surrounds, and with the other buildings. Planning of external spaces must take into account the requirement for provision of a secure courtyard associated with the high dependency area, and an outside secure garden area for each of the living units. The outside secure garden areas should be large enough for up to ten patients to walk freely; at least one area should be large enough to accommodate larger numbers of patients and allow space for outdoor games such as volleyball or kicking football while still retaining space for other patients to be outside who may not be directly involved in the activity. These areas should include aesthetically pleasing furnishings and provide significant covered areas where patients can shelter from the elements and direct sunlight. .

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The design of external areas, as for the building, should be domestic in nature, rather than formal or monumental, and should seek to play down the necessary security provision through appropriate planting strategies.

Functional Relationships

- 630 .12.00 To provide for maximum flexibility, it is essential that the Secure Extended Care Unit be located on one level. Due to the importance of access to external recreational spaces in the programs which will operate within the unit, it is necessary that the unit be located at ground level.
- 630 .13.00 The Secure Extended Care Unit should be adjacent to or in close proximity to the Adult Acute Unit. The entrance should be separated from other services, have different street frontage and be clearly identifiable.

DESIGN

General

- 630 .14.00 Some patients may at times exhibit disturbed or dangerous behaviour. Appropriate planning and use of materials such as safety glass and low maintenance/resilient surfaces, can achieve an environment where all patients can co-exist with minimal disruption to each other. The building should be able to accommodate patients of all levels of disturbance without taking on the characteristics of being enclosed.
- 630 .15.00 The ability to lock and unlock sections as required would need to be a design consideration.

Fixtures & Fittings

- 630 .16.00 Holland blinds and Venetian blinds should be avoided in patient areas. Curtain tracks and other fittings that provide potential for patients to hang themselves should be avoided.
- 630 .17.00 Light fittings, smoke/thermal detectors and air-conditioning vents to higher dependent areas, particularly Seclusion Rooms, should be vandal-proof.
- 630 .18.00 All doors should be a solid core type with knob type handles. Lever type handles should not be used due to a high incidence of damage to the levers when forced by patients whilst the door is locked.
- 630 .19.00 All glazing should be laminated or toughened glass of various thicknesses dependant on likelihood of damage.

Safety and Security

- 630 .20.00 The design/fabric should avoid the potential for the patient to do harm to themselves or others. Similarly, avoid the use of fixtures/finishes that could be used either as a weapon or to inflict personal damage. For example, paintings, mirrors and signage should be rigidly fixed to walls with tamper-proof fixings. Mirrors should be fully glued to a backing to prevent loose fragments becoming available if the mirror is broken.
- 630 .21.00 There should be a capacity to close off sections of the Secure Extended Care Unit to enable flexibility and provide a graduated level of care throughout. Each unit/activities area should be made secure and independent of each

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other. The utility/treatment areas are to be locked when not in use.

All locks on doors should be keyed alike, to enable all staff to have access with a single key.

630 .22.00 The staff alert/alarm system should be easily accessible by staff and allow quick response from staff. An indicator board is to be mounted in the Staff Station. It should be clear and large enough to read easily.

630 .23.00 The Secure Extended Care Unit should have only one main entrance point. Other exits/entry doors are for designated 'service' purposes, such as linen/meal delivery, and for use in emergencies.

The garden fences shall be aesthetically pleasing. They should be high enough to prevent them from being climbed over, but still allow an optimum view beyond the garden. A lockable emergency/ service gate shall be incorporated in each garden's fence to allow for access in the event of fire, and so on.

Windows that can only be opened to a defined limited degree should be utilised to prevent unauthorised exit of patients from the unit.

COMPONENTS OF THE UNIT

Introduction

630 .24.00 The Secure Extended Care Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

630 .25.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

630 .26.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

630 .27.00 ACTIVITIES LOUNGE

DESCRIPTION AND FUNCTION

The Activities Lounge Area will provide an area where patients may relax and interact after finishing structured program activities.

The size of the Activity Lounge area will vary according to the number of persons to be accommodated.

630 .28.00 LOCATION AND RELATIONSHIPS

The lounge should have access to external recreation areas.

630 .29.00 CONSIDERATIONS

Furniture and fittings will include:

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- Comfortable seating for up to 10 persons
- Coffee tables.

630 .30.00 ART AND CRAFT ROOM

DESCRIPTION AND FUNCTION

An Art and Craft Room will be required for specific inpatient activities such as pottery, drawing and painting.
The Art & Craft Room size will vary according to the Operational Policy.

630 .31.00 LOCATION AND RELATIONSHIPS

The Art and Craft Room will be located adjacent to and accessed from the Patient Lounge Area.

630 .32.00 CONSIDERATIONS

Fittings and furniture will include:

- Lockable walk in storage area for storage of art and pottery supplies
- A locked cupboard is required within the walk in storage area for chemicals such as turpentine and glazes
- A stainless steel trough and exhaust to remove fumes
- Laminated tables and chairs
- Telephone.

630 .33.00 DINING ROOM

DESCRIPTION AND FUNCTION

The Dining Room provides an area for inpatient dining and relaxation. Provision should be made for a common dining area for the total unit population.
The Dining Room size will vary according to the number of persons to be accommodated.

630 .34.00 LOCATION AND RELATIONSHIPS

The Dining Room should be adjacent to the Patient Lounge and Kitchen.

630 .35.00 CONSIDERATIONS

Fittings and furniture will include:

- Tables and chairs
- Sideboard (optional).

630 .36.00 KITCHEN

DESCRIPTION AND FUNCTION

A Kitchen shall be provided, where meals can be prepared and served by patients as part of their rehabilitation.

630 .37.00 LOCATION AND RELATIONSHIPS

The Kitchen should be located adjacent to the Dining Room and with ready access to patient activities area.

Non-Standard Components

630 .38.00 CONSIDERATIONS

The Kitchen should be lockable by a stable type door. Fittings will include:

- Oven and hotplates (power must be key locked for safety purposes)
- Built-in dishwasher
- Refrigerator/freezer
- Benches with sink and cupboards for storage of utensils and supplies
- Telephone/intercom point.

630 .39.00 MEDICATION ROOM

DESCRIPTION AND FUNCTION

A Medication Room is required for storage, preparation and dispensing of medications.

The Medication Room shall be a minimum of 12 m2.

630 .40.00 LOCATION AND RELATIONSHIPS

The Medication Room should be located adjacent to the Consult Room and with access to both Low and High Dependency areas for dispensing to patients.

630 .41.00 CONSIDERATIONS

The Medication Room shall be lockable. Fittings and equipment will include:

- Bench with sink
- Lockable cupboards above and below bench for storage of drugs
- Lockable tall cupboard for storage of medications
- Drug safe inside cupboard
- Handbasin with lever taps, and paper towel and soap fittings
- Underbench drug refrigerators (up to two)
- Telephone
- Trolleys including medication, resuscitation
- Stable doors for dispensing of drugs to high dependency and low dependency areas.

630 .42.00 RECREATIONAL AREA

DESCRIPTION AND FUNCTION

The Recreational Area provides an indoor area where patients can play pool or table tennis.

The size of the Recreational Area may vary according to the number of persons to be accommodated and the type of activities to be included.

630 .43.00 LOCATION AND RELATIONSHIPS

The Recreational Area should be located in visual contact with the staff station and have access to external areas.

630 .44.00 CONSIDERATIONS

Fittings and furniture may include:

- Lockable storage cupboard for games equipment
- Pool table / table tennis table
- Tables and chairs for board games.

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APPENDICES

S.E.C.U. Generic Schedule of Accommodation

630 .45.00 Schedule of Accommodation for a 22 Bed and 35 Bed Secure Extended Care Unit at Levels 4 and 5/6 respectively:

ROOM / SPACE	Standard Component		Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
			22 Bed	35 Bed	35 Bed	
1 BED ROOM - MENTAL HEALTH	yes		20 x 15	30 x 15	30 x 15	
ACTIVITIES LOUNGE			1 x 30	2 x 30	2 x 30	
ART AND CRAFT ROOM			1 x 20 optional	1 x 20 optional	1 x 20 optional	
BAY - HANDWASHING	yes		5 x 1	8 x 1	8 x 1	
BAY - LINEN	yes		1 x 2	2 x 2	2 x 2	
CLEANER'S ROOM	yes		1 x 4	1 x 4	1 x 4	
CLEAN UTILITY	yes		1 x 12	1 x 12	1 x 12	
CONSULT ROOM	yes		2 x 12	2 x 12	2 x 12	
DINING ROOM			1 x 14	1 x 60	1 x 60	
DIRTY UTILITY	yes		1 x 10	1 x 10	1 x 10	
DISPOSAL ROOM	yes		1 x 8	1 x 8	1 x 8	
ENSUITE - MENTAL HEALTH	yes		20 x 5	30 x 5	30 x 5	Fixtures and Fittings suitable for Mental Health patients
INTERVIEW ROOM	yes		2 x 12	2 x 12	3 x 12	Large - for family groups
KITCHEN			1 x 12	2 x 12	2 x 12	
LOUNGE - PATIENT	yes		1 x 30	1 x 45	1 x 45	
MEDICATION ROOM			1 x 12	1 x 12	1 x 12	
MEETING ROOM	yes		1 x 24	1 x 36	1 x 36	For Group Room activities; Adjoining Meeting Rooms with operable wall
MEETING ROOM - SMALL	yes		2 x 12	3 x 12	3 x 12	Quiet Room
RECEPTION	yes		1 x 10	1 x 10	1 x 10	
RECREATIONAL AREA			1 x 25 optional	1 x 25 optional	1 x 25 optional	
STAFF STATION	yes		1 x 14	1 x 14	1 x 14	
STORE - GENERAL	yes		1 x 9	1 x 9	1 x 9	
TOILET - DISABLED	yes		1 x 5	1 x 5	1 x 5	Public and patient use

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TOILET - PATIENT	yes			2 x 4	4 x 4	4 x 4	
TREATMENT ROOM	yes			1 x 15	1 x 15	1 x 15	
WAITING	yes			1 x 5	1 x 5	1 x 5	
CIRCULATION %				35	35	35	

630 .46.00 HIGH DEPENDENCY AREA

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
1 BED ROOM - MENTAL EALTH	yes			2 x 15	5 x 15	5 x 15	
ENSUITE - MENTAL HEALTH	yes			2 x 5	5 x 5	5 x 5	
QUIET SITTING ROOM				1 x 8 optional	1 x 12 optional	1 x 12 optional	
SECLUSION ROOM	yes			2 x 14	2 x 14	2 x 14	Level 4 is an Intensive Care Unit in a Private Health Facility

630 .47.00 STAFF AREAS

Note: Offices are dependent on the Operational Policy & staffing structure:

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
OFFICE - SINGLE PERSON 12 M2	yes				1 x 12 optional	1 x 12 optional	Director
OFFICE - SINGLE PERSON 12 M2	yes			1 x 12 optional	1 x 12 optional	1 x 12 optional	Psychiatrist, Registrar; according to staffing establishment
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9	1 x 9	1 x 9	Manager
OFFICE - 4 PERSON SHARED	yes			1 x 20 optional	1 x 20 optional	1 x 20 optional	Allied Health, according to staffing establishment

630 .48.00 SHARED AREAS

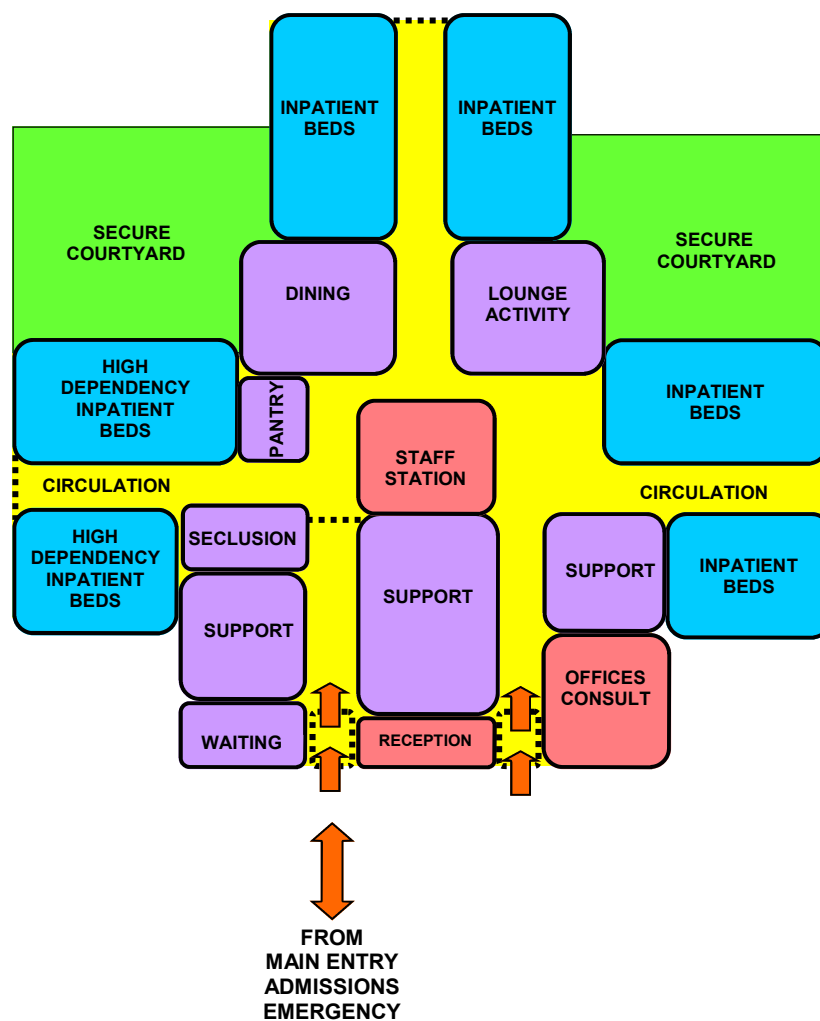
ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes			1 x 3	1 x 3	1 x 3	Co-located with Staff Room
BATHROOM	yes			1 x 10	1 x 10	1 x 10	
DIRTY UTILITY	yes			1 x 10	1 x 10	1 x 10	
MEETING ROOM	yes			1 x 12	2 x 12	2 x 12	
PROPERTY BAY - STAFF	yes			1 x 6	1 x 6	1 x 6	
STAFF ROOM	yes			1 x 15	1 x 15	1 x 15	
TOILET - STAFF	yes			1 x 2	2 x 2	2 x 2	

References and Further Reading

- 630 .49.00 - Department of Human Services, Aged Community & Mental Health Division, Secure Extended Care Unit Generic Brief, 1999.
- Department of Human Services, Aged Community & Mental Health Division, Generic Brief for a Pysychogeriatric Nursing Home - 30 Bed, 1997.
- NSW Health, Design Standard 26 Health Building Guidelines - Adult and Adolescent Mental Health Acute Inpatient Units, 2002.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - SECURE EXTENDED CARE UNIT



635 SPIRITUAL/ MEDITATION UNIT

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Description

- 635 .1.00 INTRODUCTION
Description
- PLANNING
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INTRODUCTION

Description

- 635 .2.00 Depending on the size and nature (religious base) of the facility, it is highly desirable, but not mandatory, to provide an acoustically private Multi-use Room, or separate rooms with singular functions, for:
- Consoling distressed relatives
 - Confidential interviews
 - Multi-denominational religious services

PLANNING

Functional Relationships

- 635 .3.00 Location and outlook are important considerations in the planning of such a facility. The room must allow for easy access by disabled people.

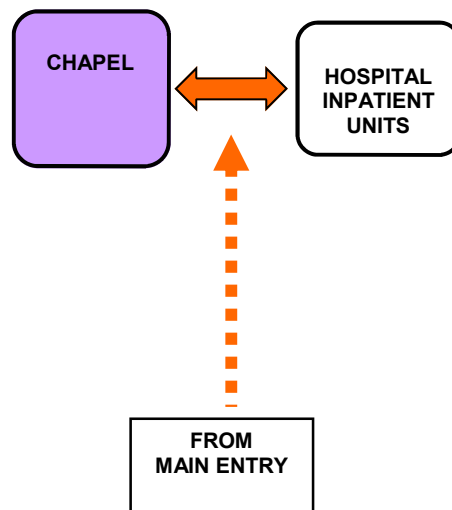
APPENDICES

References and Further Reading

- 635 .4.00 - Health Department Western Australia, Private Hospital Guidelines, 1998.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - SPIRITUAL/MEDITATION UNIT



640 STAFF AMENITIES UNIT

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Description

- 640 .1.00 INTRODUCTION
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- COMPONENTS OF THE UNIT
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INTRODUCTION

Description

- 640 .2.00 The Staff Amenities Unit provides facilities for the following staff functions:
- Changing
 - Secure storage of street clothing and valuables
 - Grooming/ hand-washing
 - Toileting
 - Showering
 - Relaxation (lounge)
 - Dining
- Staff is to be interpreted as meaning both employees and volunteers.
- 640 .3.00 Staff amenities described in this section shall be in addition to and separate from those required for specialist unit functional needs such as dedicated Change Rooms / Showers / Toilets and Lounges for Operating Unit, medical staff and facilities for public areas.

PLANNING

Functional Areas

- 640 .4.00 The Staff Amenities Unit will consist of the following Functional Areas:
- Staff Change Rooms
 - Staff Lounge
 - Staff Toilets and Showers
 - Staff Dining Room

Functional Relationships

- 640 .5.00 The Staff Amenities Unit should be located in a staff only accessed area of the facility. Staff Toilets should be located in close proximity to Staff Dining and Lounge areas. Staff Change should have ready access to arrival and exit points in the facility.

COMPONENTS OF THE UNIT

Introduction

- 640 .6.00 The Staff Amenities Unit may consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets and Room Layout Sheets.

Standard Components

- 640 .7.00 Provide the Standard Components as identified in this section and in the Schedule of Accommodation according to the Operational Policy and Functional Brief.

- 640 .8.00 CHANGE ROOM/S - STAFF

Hospitals shall provide Separate Change Rooms for male and female non-residential staff.

Refer to Standard Components in these Guidelines for the room description and details.

- 640 .9.00 TOILETS / SHOWERS - STAFF

Hospitals shall provide toilets, showers, and handbasins adjacent to the Staff Change and Staff Lounge in accordance with the following table:

ITEM		MALE	FEMALE
BASINS		1 per 15	1 per 15
SHOWERS		1 per 20	1 per 20
TOILETS		1 per 20	1 per 15
URINALS		1 per 10-25	N/A

- 640 .10.00 The number of persons either male or female is to be taken as the total number of persons commencing or finishing a period of duty at any one time. In the case of a Hospital that does not employ male staff on a regular basis, at least one toilet and handbasin shall be provided in a suitable location for use by tradesmen, maintenance staff, gardeners and the like.

Refer to Standard Components in these Guidelines for the room description and details.

- 640 .11.00 STAFF LOUNGE

The Staff Lounge should be located with views to the outside, and if feasible, access to outdoor areas. The Staff Lounge should incorporate facilities for relaxation, eating meals and preparation of hot beverages. This area may be co-located with Staff Dining Room.

Refer to Standard Components in these Guidelines for the room description and details.

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Non-Standard Components

640 .12.00 There are no Non-Standard Components in this Unit.

APPENDICES

Staff Amenities Generic Schedule of Accommodation

640 .13.00 Schedule of Accommodation for a Staff Amenities Unit:

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
CHANGE ROOM - STAFF	yes			1 x 60	required	required	Female
CHANGE ROOM - STAFF	yes			1 x 50	required	required	Male
SHOWER - STAFF	yes			2 x 2	required	required	Separate Male & Female
STAFF LOUNGE	see remarks			1 x 40	required	required	refer to Standard Component-Staff Room; May be combined with Staff Dining
TOILET - STAFF	yes			8 x 2	required	required	Separate Male & Female
CIRCULATION %				10	10	10	

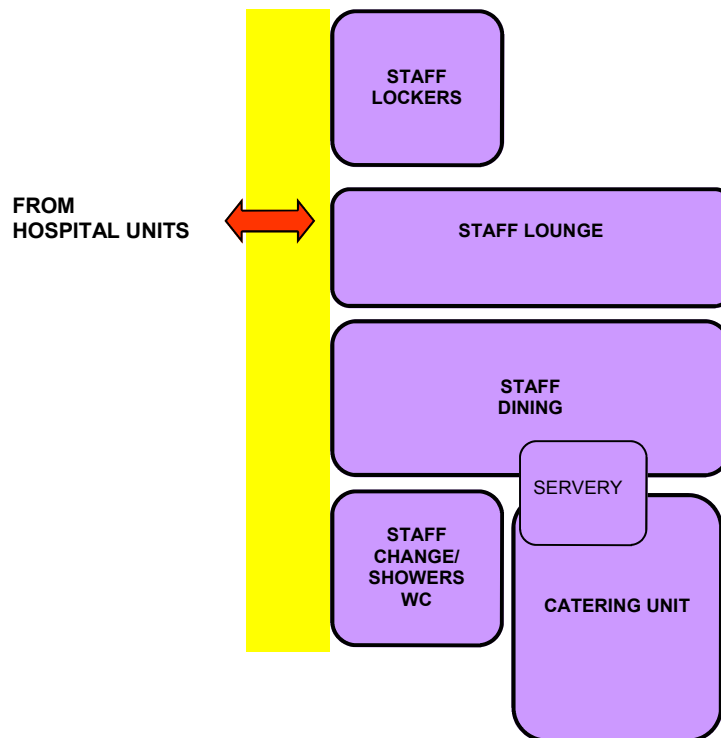
640 .14.00 Numbers for Levels 5 & 6 have not been provided as these depend on each hospital's Brief and Operational Policy. A sample only, for a Level 4 Hospital of 120 Beds has been provided as a guide.

References and Further Reading

- 640 .15.00
- American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
 - Department of Human Services, Victoria, Design Guidelines for Private Hospital Buildings, 1987.
 - Health Department Western Australia, Private Hospital Guidelines, 1998.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - STAFF AMENITIES UNIT



650 SUB-ACUTE CARE UNIT

INDEX

	Description
650 .1.00	INTRODUCTION Description
	PLANNING Functional Areas Functional Relationships
	DESIGN General
	COMPONENTS OF THE UNIT Introduction Standard Components Non-Standard Components
	APPENDICES Schedule of Accommodation References and Further Reading Functional Relationships Diagram

INTRODUCTION

	Description
650 .2.00	Sub-acute Care is the specialised health care delivered to patients who need time rather than intensity and a mix of clinical and professional skills rather than management by a single or principal specialty. It is problem-focused rather than diagnosis-focused and is provided in the setting most appropriate to their individual needs.
650 .3.00	Sub-acute Care service comprises the following streams of care: - Geriatric Evaluation and Management - Rehabilitation - Ambulatory Care Services (Community Rehabilitation and Specialist Clinics).
650 .4.00	GERIATRIC EVALUATION AND MANAGEMENT (GEM) Geriatric Evaluation and Management is care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who is usually (but not always) an older patient. This may also include younger adults with clinical conditions generally associated with old age. This care is usually evidenced by multi-disciplinary management and regular assessment against a management plan that is working towards negotiated goals within indicative time frames. Geriatric evaluation and management includes care provided in a GEM unit, in a designated GEM program, under the principal clinical management of a Geriatrician, and in the opinion of the treating doctor, when the principal clinical intent of care is GEM.
650 .5.00	REHABILITATION PROGRAM Rehabilitation is care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multi-disciplinary rehabilitation plan comprising negotiated goals and indicative time frames, which are evaluated by a periodic assessment using a recognised functional assessment measure.

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It includes care provided in a designated rehabilitation unit; under the principal clinical management of a rehabilitation physician, or in the opinion of the treating doctor, when the principal clinical intent of care is rehabilitation.

Refer to Rehabilitation Unit for a detailed description of unit requirements and accommodation.

650 .6.00 SUB-ACUTE AMBULATORY CARE SERVICES

Sub-acute ambulatory care based services are delivered in a person's home or at a community rehabilitation centre.

Sub-acute care in the community is typified as a person-focused, inter-disciplinary model of care, which is oriented towards flexible service delivery in a range of care settings (for example Community Rehabilitation Centres). Its aim is to improve and maintain a person's functional capacity and maximise their independence.

Sub-acute ambulatory care based services provide the following:

- A flow of care, where therapy in a community setting follows up an inpatient episode of care
- Time-limited, goal-centred episodes of care aimed at improving health outcomes
- The ability to reduce admissions and readmissions to inpatient services by providing people with home-based or centre-based therapeutic interventions that prevent the deterioration of an existing condition and/or improve functionality
- Therapy to people to assist them in achieving the maximum level of reintegration into their community after an inpatient episode.

650 .7.00 COMMUNITY REHABILITATION CENTRES

Community Rehabilitation Centres (CRCs) provide a multidisciplinary rehabilitation service to enable clients who are disabled, frail, chronically ill or recovering from traumatic injury to achieve and retain optimal functional independence.

The range of sub-acute specialist clinics includes:

- Continence clinics
- Cognitive Dementia and Memory
- Service (CDAMS) clinics; Falls and Mobility clinics
- Pain management clinics.

PLANNING

Functional Areas

650 .8.00 SETTINGS OF CARE

Sub-acute Care will include:

- Admitted patient/bed base care, delivered through:
 - Identified sub-acute beds within acute health services
 - Centres Promoting Health Independence
- Sub-acute community-based services, delivered through:
 - Community Rehabilitation Centres
 - Specialist Clinics
 - Centres Promoting Health Independence
 - The person's home.

650 .9.00 ADMINISTRATIVE & ENTRY AREAS

These areas comprise the:

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- Entry / Lobby, Reception / Waiting Area and Toilets
- Clinical / health records, computers, printers, photocopier and store
- Multi-use Interview Room
- Executive and administrative offices
- Multi-use Meeting Room and beverage preparation.

650 .10.00 CLINICAL / HEALTH RECORDS

The clinical records storage space should be located adjacent to the administrative areas, accessible to reception and clinical staff, particularly night nursing staff.

650 .11.00 FAMILY FACILITIES

A multi-function space for use as a family sitting area or interview/ counselling may be required. Fittings and furniture may include the following:

- Lounge chairs, or table and chairs
- Access to tea/coffee making facilities is desirable
- Sufficient power for appliances and television.

650 .12.00 LIBRARY / RESOURCE FACILITIES

An area is required for Library / resource material. Larger facilities may have a specified room for this purpose; smaller services may incorporate this facility into other areas such as the Meeting Room or Waiting Area.

650 .13.00 PANTRY

A Pantry may be required for the storage, preparation and cooking of food. The function of the Pantry will vary depending on whether there is a central Kitchen on site. The Pantry may need to function as an ADL training Kitchen.

650 .14.00 PATIENT LOUNGE

A Lounge is required where patients may relax and socialise. Lounge, Dining and Kitchen areas may be combined into one open space or in separate but adjacent areas. Patient Toilets should be located in close proximity.

650 .15.00 RECEPTION AREA

The Reception Area is the main arrival and exit point of the building. This space may also function as a Waiting Area. Clerical office space for receiving of patients, visitors, telephone calls and enquiries will be situated in this area. The Reception Area is located at the entry of the Sub-acute Care Inpatient Unit and should be in close proximity to administrative office personnel.

Functional Relationships

- 650 .16.00 Sub-acute Care Unit will require easy access for patients and visitors with limited mobility.

The Sub-acute Inpatient Unit should be in close proximity to the Allied Health / Treatment area.

DESIGN

General

- 650 .17.00 The design should provide an environment that will allow the maximum mobility for each person, particularly the increasing number of patients who are frail and require assistance from one or more staff.

The design should also accommodate patients with sensory impairments. The use of cues, orientation, colour, material surface changes and details such as varying the corridor widths or change in direction assist in providing a built environment in which the patient feels comfortable and secure.

COMPONENTS OF THE UNIT

Introduction

- 650 .18.00 The Sub-acute Care Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 650 .19.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 650 .20.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 650 .21.00 DINING ROOM

A Dining Room is required for patients to have meals and socialise.

The Dining Room size will be dependent on the number of persons to be accommodated.

- 650 .22.00 LOCATION AND RELATIONSHIPS

The Dining Room may be located adjacent to the Lounge and Kitchen areas and should have ready access to patient toilets.

- 650 .23.00 CONSIDERATIONS

Fittings and furniture for this area should include:

- Individual tables with seating for up to four people with space for wheelchairs
- Domestic style furnishings
- Wall and door protection for chairs and wheelchairs.

- 650 .24.00 MULTI-PURPOSE ACTIVITY AREA

DESCRIPTION AND FUNCTION

A Multi-purpose Activity Area is required for inpatients and outpatients to participate in therapeutic and social activities during the day.

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Non-Standard Components

650 .25.00 LOCATION AND RELATIONSHIPS

The Multi-purpose Activity Area should be located with ready access to inpatient and outpatient areas. Direct access to an external area is desirable.

650 .26.00 CONSIDERATIONS

Fittings and furniture will include:

- Lockable cupboards for storage of materials or equipment
- Chairs suitable for table activities and relaxation
- A whiteboard and pinboard
- A wall that may be used for projection
- Computer cabling if computer activities are to be included
- Television outlet and television.

For additional room considerations refer to Standard Component - Meeting Room - Medium/ Large.

APPENDICES

Sub-acute Care Generic Schedule of Accommodation

650 .27.00 Schedule of Accommodation for Sub-acute Care Facilities of 10, 20 30 and 40 Beds:

ENTRY & ADMINISTRATIVE AREA

ROOM / SPACE	Standard Component	10 Bed Qty x m2	20 Bed Qty x m2	30 Bed Qty x m2	40 Bed Qty x m2	Remarks
BAY - MOBILE EQUIPMENT	yes	2 x 4	3 x 4	4 x 4	4 x 4	Wheelchairs and trolleys
ENTRY LOBBY		1 x 6	1 x 6	1 x 8	1 x 8	
INTERVIEW ROOM	yes	1 x 12	1 x 12	1 x 12	2 x 12	Large for family groups
RECEPTION	yes	1 x 15	1 x 20	2 x 25	2 x 25	Area dependent on numbers of staff to be accommodated
STORE - FILES	yes	1 x 10	1 x 10	1 x 12	1 x 14	Clinical Records; area dependent on quantity of records to be held
STORE - PHOTOCOPY / STATIONERY	yes	1 x 8	1 x 8	1 x 8	1 x 8	
TOILET - DISABLED	yes	1 x 5	1 x 5	1 x 5	2 x 5	Public
WAITING	yes	1 x 15	1 x 20	1 x 24	1 x 24	

650 .28.00 INPATIENT AREAS

ROOM / SPACE	Standard Component	10 Bed Qty x m2	20 Bed Qty x m2	30 Bed Qty x m2	40 Bed Qty x m2	Remarks
1 BED ROOM	yes	7 x 15	15 x 15	23 x 15	30 x 15	
1 BED ROOM - SPECIAL	yes	1 x 18 optional	1 x 18 optional	1 x 18 optional	1 x 18 optional	
2 BED ROOM	yes	1 x 25	2 x 25	3 x 25	4 x 25	

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ADL KITCHEN	yes	1 x 12 optional	1 x 12 optional	1 x 12 optional	1 x 12 optional		
ADL BATHROOM	yes	1 x 12 optional	1 x 12 optional	1 x 12 optional	1 x 12 optional		
BAY - FLOWERS	yes	1 x 2 optional	1 x 2 optional	2 x 2 optional	2 x 2 optional		
BAY - HANDWASHING	yes	2 x 1	3 x 1	3 x 1	4 x 1		In addition to hanbasins in Bedrooms
BAY - LINEN	yes	1 x 2	1 x 2	2 x 2	2 x 2		
BAY - RESUS TROLLEY	yes	1 x 2	1 x 2	1 x 2	1 x 2		
CLEANER'S ROOM	yes	1 x 4	1 x 4	1 x 4	1 x 4		
CLEAN UTILITY	yes	1 x 12	1 x 12	1 x 12	2 x 12		
DINING		1 x 20	1 x 30	2 x 20	2 x 30		
DIRTY UTILITY	yes	1 x 10	1 x 10	2 x 10	2 x 10		
DISPOSAL ROOM	yes	1 x 8	1 x 8	1 x 8	2 x 8		
ENSUITE - STANDARD	yes	8 x 5	17 x 5	26 x 5	34 x 5		
ENSUITE - SPECIAL	yes	1 x 7	1 x 7	1 x 7	1 x 7		
LOUNGE - PATIENT	yes	1 x 15	2 x 15	3 x 15	4 x 15		
MEETING ROOM - LARGE	yes	1 x 30 optional	1 x 30 optional	1 x 30 optional	1 x 30 optional		Multi-use, for Activities
MEETING ROOM - SMALL	yes	1 x 12	2 x 12	3 x 12	4 x 12		Quiet Sitting Room
PANTRY	yes	1 x 8	1 x 8	2 x 8	2 x 8		Including oven, grill, cooktop and rangehood
STAFF STATION	yes	1 x 14	1 x 14	2 x 14	2 x 14		
STORE - GENERAL	yes	1 x 9	1 x 9	1 x 9	1 x 9		
STORE - EQUIPMENT	see remarks	1 x 10	1 x 10	1 x 20	1 x 20		Refer to Standard Component - Store - Equipment; size according to amount of
TOILET - PATIENT	yes	1 x 4	2 x 4	3 x 4	4 x 4		Locate near Dining / Activities areas
TREATMENT ROOM	yes	1 x 15	1 x 15	1 x 15	1 x 15		
CIRCULATION %		32	32	32	32		

650 .29.00 STAFF AND SUPPORT AREAS

Note: Offices and Support Areas are dependent on the Operational Policy and management structure:

ROOM / SPACE	Standard Component	10 Bed Qty x m2	20 Bed Qty x m2	30 Bed Qty x m2	40 Bed Qty x m2	Remarks
OFFICE - SINGLE PERSON 12 M2	yes	1 x 12 optional	1 x 12 optional	1 x 12 optional	1 x 12 optional	Director

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OFFICE - SINGLE PERSON 9 M2	yes	1 x 9	1 x 9	1 x 9	1 x 9		Unit Manager
OFFICE - 2 PERSON SHARED	yes	1 x 12 optional	1 x 12 optional	1 x 12 optional	2 x 12 optional		Administrative functions, according to staffing establishment
TOILET - STAFF	yes	1 x 2	1 x 2	2 x 2	2 x 2		

650 .30.00 COMMUNITY REHABILITATION CENTRE & SUPPORT AREAS

Note: Provision of clinic rooms for Specialist Clinics is dependent on the Operational Policy and service provision of the facility.

ROOM / SPACE	Standard Component	8 EFT Qty x m2	12 EFT Qty x m2	16 EFT Qty x m2	20 EFT Qty x m2		Remarks
AUDIOLOGY STORE				1 x 4 optional	1 x 4 optional		
CRAFT ROOM		1 x 20 optional	1 x 20 optional	1 x 20 optional	1 x 20 optional		
GERODONTAL		1 x 20 optional	1 x 20 optional	1 x 20 optional	1 x 20 optional		
OCCUPATIONAL THERAPY		1 x 40 optional	1 x 80 optional	1 x 80 optional	1 x 120 optional		
OFFICE - SINGLE PERSON 12 M2	yes	1 x 12 optional	1 x 12 optional	1 x 12 optional	1 x 12 optional		Audiology
ORTHOTICS WORK ROOM		1 x 6 optional	1 x 6 optional	1 x 6 optional	1 x 6 optional		
PATIENT BAY	yes	1 x 9	1 x 9	1 x 9	2 x 9		Physiotherapy Cubicles
PHYSIOTHERAPY GYMNASIUM	see remarks	1 x 70	1 x 100	1 x 100	1 x 140		Refer to Standard Component - Gymnasium; Size according to Operational Policy
PODIATRY		1 x 15 optional	1 x 15 optional	1 x 15 optional	1 x 15 optional		
PODIATRY STORE				1 x 4 optional	1 x 4 optional		
SPEECH PATHOLOGY		1 x 12 optional	1 x 12 optional	1 x 12 optional	1 x 12 optional		
SPLINT ROOM		1 x 12 optional	1 x 12 optional	1 x 12 optional	1 x 12 optional		
STORE - EQUIPMENT	see remarks	1 x 10 optional	1 x 15 optional	1 x 15 optional	1 x 20 optional		Occupational Therapy equipment; Refer to Standard Component Store - Equipment
STORE - EQUIPMENT	see remarks	1 x 8 optional	1 x 10 optional	1 x 10 optional	1 x 17 optional		Physiotherapy equipment; Refer to Standard Component Store - Equipment
URODYNAMICS		1 x 16 optional	1 x 16 optional	1 x 16 optional	1 x 16 optional		

650 .31.00 SHARED AREAS

ROOM / SPACE	Standard Component	10 Bed Qty x m2	20 Bed Qty x m2	30 Bed Qty x m2	40 Bed Qty x m2		Remarks
BATHROOM	yes	1 x 10	1 x 10	1 x 10	2 x 10		
BAY - BEVERAGE	yes	1 x 3	1 x 3	1 x 3	1 x 3		Co-locate with Staff Room
EXTERNAL TREATMENT AREA		1 x 150	1 x 150	1 x 150	1 x 150		
LIBRARY / RESOURCE AREA				1 x 10	1 x 10		

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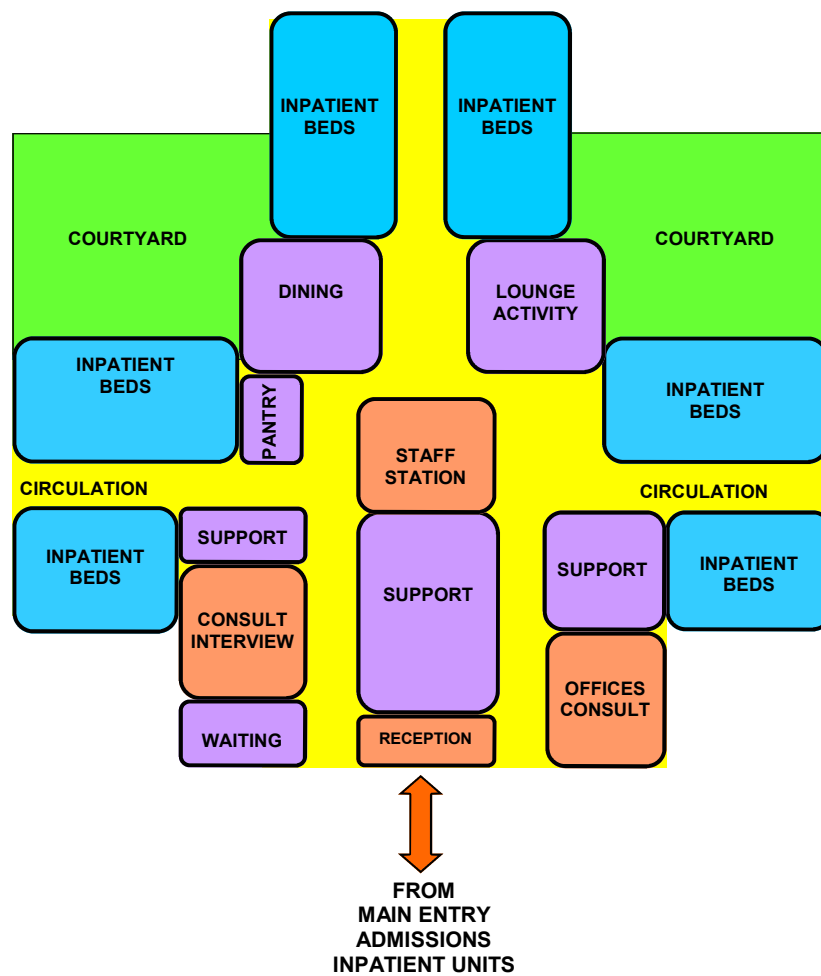
MEETING ROOM - LARGE	yes	1 x 30	1 x 30	1 x 30	1 x 30		
PROPERTY BAY - STAFF	yes	1 x 6	1 x 6	2 x 6	2 x 6		
STAFF ROOM	yes	1 x 15	1 x 15	1 x 15	1 x 15		

References and Further Reading

- 650 .32.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Department of Human Services, Aged, Community & Mental Health Division, Sub-acute Care Facilities and Specialist Clinics Generic Brief, 2000.
 - Department of Human Services, Aged, Community & Mental Health Division, Hospice Unit Generic Brief, 1999.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - SUB ACUTE CARE UNIT



660 SUPPLY UNIT

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INTRODUCTION

Description

- 660 .2.00 The Supply Unit shall provide for the following functions:
- Purchase and receipt of equipment and bulk medical supplies
 - Storage of bulk dry goods, consumables, intravenous fluids, drugs and flammable liquids
 - Storage of surplus hospital equipment and equipment awaiting repairs
 - Deliveries to hospital units for regular restocking of unit based supplies.

PLANNING

Functional Areas

- 660 .3.00 The Supply Unit may consist of the following Functional Areas:
- Loading Dock
 - Receivals area
 - Despatch areas for stock awaiting collection
 - Storage areas which may include bulk stores, palletted supplies, flammable stores, furniture and equipment and gas bottles
 - Staff areas including Offices, Workstations and access to Staff Change and Toilets.

660 .4.00 STORAGE AREAS - OUTPATIENTS

Additional storage areas for Outpatients shall be provided in an amount not less than 5 percent of the total area of the Outpatient Facilities. This may be combined with and in addition to the general stores or be located in a central area within the Outpatient Unit. A portion of this storage may be provided off-site.

Functional Relationships

- 660 .5.00 The Supply Unit may be located in a separate building on-site, but the preferred location is within the main building. A portion of the storage may be

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located off-site. Protection against inclement weather during transfer of supplies shall be provided. Fire protection and security are important considerations.

DESIGN

Safety and Security

- 660 .6.00 All entrances and exits shall be secured. An intercom or call bell should be located at the dock entrance area to announce deliveries when doors are closed.

COMPONENTS OF THE UNIT

Introduction

- 660 .7.00 The Supply Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 660 .8.00 Provide the Standard Components as identified in the Generic Schedule of accommodation.

Non-Standard Components

- 660 .9.00 Provide the Non Standard Components as described in this section and in the Schedule of Accommodation, according to Operational Policy and Functional Brief.

- 660 .10.00 RECEIVALS AREA

DESCRIPTION AND FUNCTION

A dedicated Receptions Area shall be provided for the receipt, checking, sorting and temporary holding of incoming stock. The Receptions Area will require off street unloading facilities.

- 660 .11.00 LOCATION AND RELATIONSHIPS

The Receptions Area shall be located adjacent to the Loading Dock and with ready access to the Bulk Store.

- 660 .12.00 CONSIDERATIONS

Security for incoming stock will require consideration. Visual control of the area from the Store Manager's office is recommended.

The Receptions Area may include a workstation with computer.

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APPENDICES

Supply Generic Schedule of Accommodation

660.13.00 The Schedule of Accommodation for a Supply Unit suitable for a Level 4 Hospital of 120 Beds:

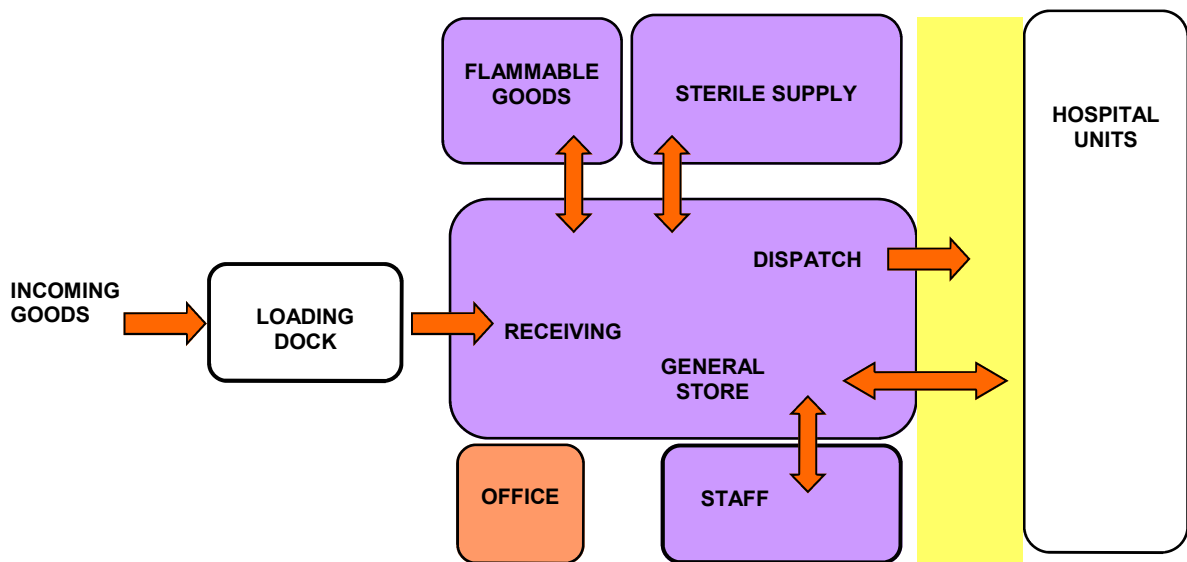
ROOM / SPACE	Standard Component			Level 4 Qty x m2			Remarks
DESPATCH AREA				1 x 12			
LOADING DOCK				1 x 20			May be shared with Catering and Linen
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9			Manager
OFFICE - WORKSTATION	yes			1 x 6 optional			Supply personnel
RECEIVALS AREA				1 x 12			
STORE - BULK				1 x 180			
STORE - FLAMMABLE LIQUIDS				1 x 6			
STORE - IV FLUIDS				1 x 20			
STORE - MEDICAL GAS BOTTLE				1 x 20 optional			May be located external to the hospital in secured area
STORE - SECURED				1 x 6 optional			For drugs - may be located in Pharmacy Unit
CIRCULATION %				10			

References and Further Reading

- 660.14.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1988.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - SUPPLY UNIT



670 WASTE MANAGEMENT UNIT

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INTRODUCTION

General

- 670 .2.00 A hospital must have a Waste Management Unit for storing waste and used linen. The Waste Management Unit shall have the following features:
- Located close to all functional areas
 - Accessible from within the unit and externally
 - Fitted with a deadlock
 - Located away from food and clean storage areas
 - Not accessible to the public.

PLANNING

Functional Areas

- 670 .3.00 The Waste Management Unit will include the following Functional Areas:
- Enclosed dust free workstation with a workbench, telephone and computer outlet to undertake recording and reporting functions; it should have visual control of the waste handling facility
 - General waste skip or compactor area with direct contractor access for removal; general waste may be compacted on site
 - Provision for front load bins
 - Clinical waste bin storage
 - Paper and recyclable materials bin storage
 - Clean bin storage area; a variety of bins need to be stored pending distribution to the hospital units
 - Storage space for consumables such as plastic bin liners and cleaning materials; could be located adjacent to the Work Management Station.
- 670 .4.00 The following Functional Areas are optional requirements:
- An area for bin receiving with room for pull tug and cart trolley access and bin sorting may be required.

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- A waste weighing and recording station, which includes a floor level digital weighbridge and bar code recorder, will be required if waste handling policy includes weighing and tracking.
- An upright freezer may be required to store tissue pending dispatch for incineration.

670 .5.00 BULK WASTE MOVEMENT

The waste handling area will be frequently serviced by site and contractor's vehicles removing waste in carts and front loading bulk bins. It is important that adequate traffic access is provided for delivery and removal of all wastes. The access roads need to be adequate and turning areas uncongested. Noise levels may be significant during waste collection periods.

670 .6.00 Bulk waste bin movement around the site and during the disposal process may require that the bins are accessed from a raised dock. A variable level platform may be considered as an option.

670 .7.00 CLINICAL WASTE

Contaminated waste bins should be located in strategic collection points for each clinical section. These collection points need to be easily accessible to the staff responsible for disposing of wastes, as well as to those servicing the facility in removing and replacing the bins.

670 .8.00 Contaminated waste bins should not be accessible to the public and should preferably be out of sight in a secure area.

670 .9.00 Separate colour-coded bins will be required for the disposal of sharps, human tissue, cytotoxic and radioactive materials. Receptacles, whether disposable or recyclable, are to comply with AS 4031 and AS 4261, and should be located in treatment areas. Wall mounting of the containers is recommended.

670 .10.00 Human tissue, cytotoxic and radioactive materials are only likely to occur in specific clinical units. Provision of receptacles and storage space for these materials will be required in the specific unit on an as-needed basis.

Functional Relationships

670 .11.00 Servicing of waste and linen storage areas should be undertaken via thoroughfares that avoid regular public, patients and staff facilities. Particular attention should be made to avoiding food handling and high profile public areas. A service lift devoted to materials movement within the hospital is highly recommended.

DESIGN

General

670 .12.00 The Waste Management Unit should be designed to secure the material, reduce organic decomposition, contain odours and allow hygienic cleaning of storage areas and carts. Larger institutions may benefit from the installation of a mechanised bin washing facility.

670 .13.00 Liquid waste emanating from disinfection procedures may need to be stabilised before disposal in sewerage systems.

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General

- 670 .14.00 Access doors to bin storage areas need to be a minimum of 900 mm wide and require a closing and locking facility. Wall and floor surfaces need to be sealed to allow cleaning of spills. A graded floor with drainage should be provided. A handbasin should be located near the access door.

Finishes

- 670 .15.00 Walls and floors in areas used for bin storage should be sealed to allow easy cleaning.

Infection Control

- 670 .16.00 Hand-washing facilities should be located adjacent to the waste collection area where clinical waste is handled.

Building Service Requirements

- 670 .17.00 Building service requirements for the Waste Management Unit will include the following:
- The temperature with the waste handling area should be maintained at a temperature that helps control odours; ideally a negative pressure environment should be provided to contain the spread of odours.
 - The areas used to store waste materials need to be secure from vermin and rodent infestation.
 - Hot and cold water outlets with a hose spray are the minimum requirements to be provided for cleaning waste holding areas and bins as required
 - A high pressure wash down unit should be provided for the adequate cleaning of the area.
 - Drainage from this area may include disinfectants, therefore liquid wastes may require special treatment prior to discharge.
 - Walls and floors should be sealed to withstand the frequent wash downs and the floors graded to allow run off.

COMPONENTS OF THE UNIT

Introduction

- 670 .18.00 The Waste Management Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 670 .19.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 670 .20.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

- 670 .21.00 BIN WASHING AREA

DESCRIPTION AND FUNCTION

The Bin Washing Area will provide an area and facilities for washing of bins as required. Bins may be cleaned off-site by external waste removal contractors.

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Non-Standard Components

670 .22.00 LOCATION AND RELATIONSHIPS

The Bin Washing Area should be located in the Waste Handling Unit with ready access to general and clinical waste holding areas.

670 .23.00 CONSIDERATIONS

Hot and cold water outlets with a hose spray are the minimum requirements to be provided for cleaning bins as required. Reticulated steam, pressure cleaning systems and air blow drying facilities may also be considered.

APPENDICES

Waste Management Generic Schedule of Accommodation

670 .24.00 Schedule of Accommodation for a Waste Management Unit suitable for a Level 4 Hospital of 120 Beds:

ROOM / SPACE	Standard Component			Level 4 Qty x m2		Remarks
BIN WASHING AREA				1 x 6 optional		May be omitted if washing done by external contractors off-site
CLEAN BIN HOLDING				1 x 8		
CLINICAL WASTE COLLECTION				1 x 20		
GENERAL WASTE COLLECTION				1 x 25		
PAPER & RECYCLABLE WASTE COLLECTION				1 x 10 optional		May be located in the General Waste area
CIRCULATION %				20		

670 .25.00 SHARED AREAS

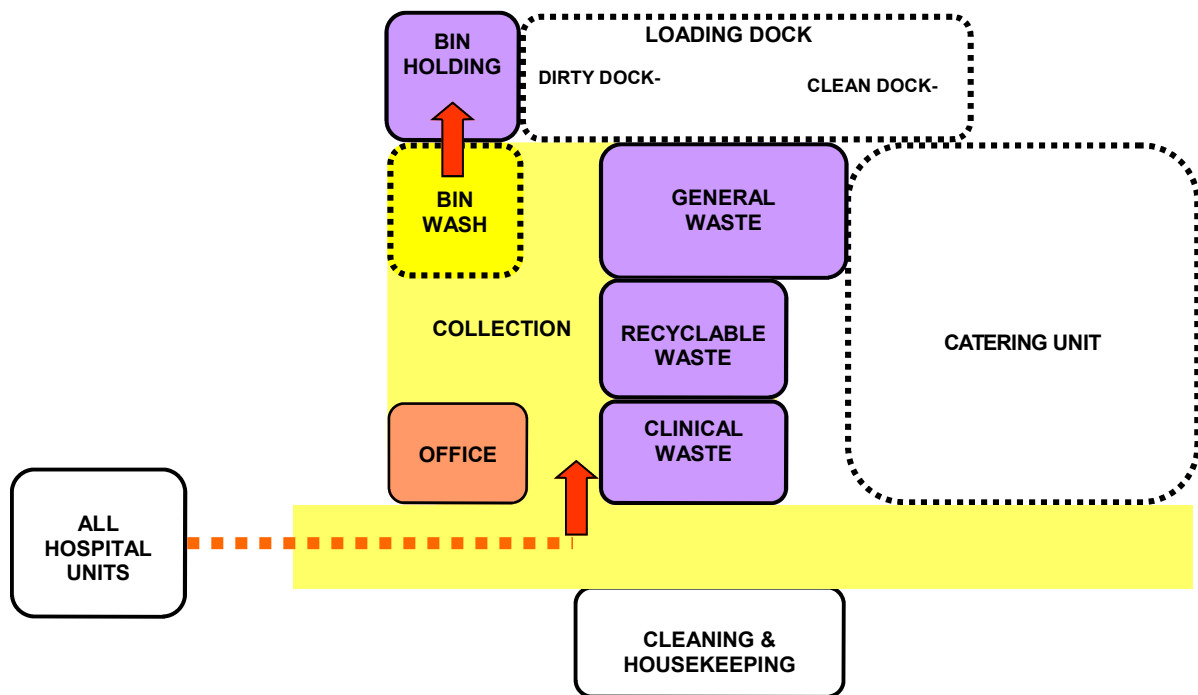
ROOM / SPACE	Standard Component			Level 4 Qty x m2		Remarks
OFFICE - WORKSTATION	yes			1 x 6		Waste Service personnel

References and Further Reading

- 670 .26.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Health Department Western Australia, Private Hospital Guidelines, 1998.
 - Queensland Government, Private Health Facilities Building Code, 2000.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - WASTE MANAGEMENT UNIT



680 FURNITURE & EQUIPMENT

General

- 680 .1.00 Furniture and equipment, both fixed and mobile, shall be provided in sufficient quantity and quality to satisfy the requirements of the Hospital's Operational Policy and to meet minimum Occupational Health & Safety requirements. All furniture and equipment is to be maintained in a clean, safe and serviceable condition.
- 680 .2.00 Fixtures and Fittings refer to items that are generally factory made or otherwise off-site manufactured then installed in the building. Some fixtures and fittings may be present at the time of the completion of the construction or renovation. Others may be installed at a later date. For the purpose of these Guidelines, all fixtures and fittings that are 'installed', that is, fixed to the building, are part of the building and subject to the requirements of these Guidelines. As such, they should comply with requirements of all parts, and in particular:
- Ergonomics & Human Engineering
 - Security and Safety Precautions
 - Infection Control

Spatial Requirements

- 680 .3.00 The design of the facility shall take into account the spatial requirements of furniture and equipment, for example, trolley bed impact on the design of corridors, doorways and room proportions and service area for sterilisers. Refer also to Part C - Access, Mobility, OH&S for discussion on spatial requirements of design.
- 680 .4.00 To enable an accurate assessment of the modus operandi of the facility or facility component, drawings submitted for approval must show the locations and spatial requirements of all furniture, fittings and equipment that will have a space planning impact on the design. The furniture and equipment is to be drawn to the manufacturers' dimensions, taking into account all overhangs and projections.
- 680 .5.00 Where final selection has not been made on an item of furniture or equipment, the dimensions of the largest option is to be used. Special service connections (such as mechanical, electrical and plumbing) should be considered when placing the equipment. Space requirements for accessing and servicing equipment also needs to be included.

Electro-medical Equipment

- 680 .6.00 All electro-medical equipment shall conform to the requirements of AS 3200 'Approval and test specification - Electro-medical equipment - General requirements', and any other appropriate Australian Standard. Particular attention shall also be given to the electrical safety of plugs and sockets for the electrical supply to freestanding equipment.

Bed Screens

- 680 .7.00 **GENERAL REQUIREMENTS**
To provide privacy between patients or between patients and other persons, beds in multiple-bed wards, and elsewhere as necessary, shall be screened by approved curtains. These curtains shall be hung on sliding tracks suspended from the ceiling at door head height to a maximum of 300 mm above floor level. Termination points shall be clear of electrical switches and outlets, including nurse call system fixtures.

680 .8.00 FIRE SAFETY

Bed screens shall be made of approved fire retardant materials. The material shall retain fire retardant properties after the normal hospital laundry processes.

PRIVACY

Bed screens should be reasonably opaque to obscure the bed cubicles, even when light shines through the material.

ACCESS TO LIGHT

Bed screens shall be designed in such a way that closing the screen on one cubicle does not deprive other cubicles from access to light and view.

Note: This typically means that bed screens, when closed, should not totally obscure the window.

ACCESS TO SERVICES

Bed screens shall be designed in such a way that access by one patient to bed head services such as medical gases and GPOs will not necessitate crossing the screen line.

Note: This requirement also applies to bed head services which shall be positioned in such a way that access by one patient to services such as medical gases and GPOs will not necessitate crossing the screen line.

Soft Furnishings

680 .9.00 Certain plastics and materials, in quantities, are known to produce large amounts of toxic gases. The use of these plastics and materials in mattresses, upholstery and other items, shall be avoided as far as practical.

680 .10.00 Cubicle screens, bed screens and curtains/window treatments shall be non-combustible or rendered flame retardant and shall comply with the Building Code of Australia, Section C1.10.

Note: Designers should consider the use of Trevira CS fabric for such screens. The fabric should be capable of withstanding Hospital standard laundry treatment without losing its fundamental properties.

Electronic Equipment

680 .11.00 Special consideration shall be given to protecting computerised equipment such as multiphasic laboratory testing units, as well as computers, from power surges and spikes that might damage the equipment or programs. Consideration shall also be given to the addition of a constant power source in areas where loss of data input might compromise patient care.

Major Technical Equipment

680 .12.00 Major Technical Equipment is specialised equipment, medical or non-medical, that is customarily installed by the manufacturer or vendor. Since major technical equipment may require special structural designs, electromechanical requirements, or other considerations, close co-ordination is required between building design, services, construction and operations.

690 TRAFFIC AND CAR PARKING

General

- 690 .1.00 Car parking shall be provided, either on-site or immediately adjacent to the site.
- 690 .2.00 The following guidelines are intended for use in the absence of a relevant Local Council car parking code. The parking requirements stated in this document should be regarded as an absolute minimum. A parking study is desirable to determine the site-specific rates of parking provision.

Car Parking Requirements

- 690 .3.00 The following car parking requirements are based on the results of surveys in a number of hospitals. The formulae for calculating the required number of parking spaces are based on a premise that different types of car park users at hospitals have peak demands at different times. These requirements do not include car parking for emergency facilities.
- 690 .4.00 The car parking requirements shall be taken as a maximum result from the two formulae (one for morning and one for afternoon conditions).
- 690 .5.00 City conditions:
- $$Pm = 0.8 Cpt Sm + 0.6 Ssm + 0.1 Bp + 0.2 Bm + 0.2 Bd + 1.3 DSo$$
- $$Pa = 0.8 Cpt Sa + 0.6 Ssa + 0.2 Bp + 0.3 Bm + 0.15 Bd + 1.0 Dso$$
- 690 .6.00 Suburban and country conditions:
- $$Pm = 0.9 Sm + 0.7 Ssm + 0.2 Bp + 0.3 Bm + 0.4 Bd + 1.5 DSo$$
- $$Pa = 0.9 Sa + 0.7 Ssa + 0.3 Bp + 0.4 Bm + 0.25 Bd + 1.5 Dso$$
- 690 .7.00 Explanation of Codes:
- | | |
|-------------|---|
| Pm | - required number of parking spaces during the morning peak |
| Pa | - required number of parking spaces during the afternoon peak |
| Sm | - number of staff during the morning peak (typically between 10.00 am and 11.00 am), including visiting doctors |
| Sa | - number of staff during the afternoon peak (such as during the nursing shift changeover, both morning and afternoon nursing shifts counted), including visiting doctors and medical research staff |
| Ssm and Ssa | - number of medical and nursing students present during the morning and afternoon peaks respectively; |
| Cpt | - coefficient of public transport provision - 0.9 if a public transport node such as a bus/rail interchange is located within 250 m from the facility boundary, otherwise 1.0 |
| Bp | - number of beds, all patients except maternity patients and children patients |
| Bm | - number of maternity and children beds |
| Bd | - number of beds or recliners for day patients |
| Dso | - number of effective full time doctors and specialists treating Outpatients including Community and Allied Health, Physiotherapy and Imaging. |
- 690 .8.00 In restrained conditions, it is possible to provide lower standard overflow parking (such as on a surface such as gravel) for the short period of nurses

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shift changeover. The number of these spaces may be calculated as 0.8 (Sa-Sm) for city conditions and 0.9 (Sa-Sm) for suburban and country conditions.

- 690 .9.00 In addition to the above requirements, a time restricted set down / pick up area is to be provided near the facility entry. The recommended number of spaces is:

$$P_{sp} = 0.01 (B_p + B_m) * + 0.5 B_d$$

* (B_p+B_m) rounded up to the nearest hundred of beds

It is desirable that the drop off/pick-up area be protected from bad weather conditions.

Emergency Access and Parking

- 690 .10.00 A drop off/pick-up area shall be provided near the entry to the Emergency Unit. Emergency parking should be separated from the staff, patient and visitor car parking areas and be as close as practicable to the Emergency Unit. The number of parking spaces shall be determined based on the likely throughput.

Bicycle and Motorcycle Parking

- 690 .11.00 Bicycle parking spaces shall be provided at a rate of one space per five car parking spaces for the first 100 car parking spaces or part thereof, plus two additional bicycle parking spaces for each additional 100 car parking spaces or part thereof.

Motorcycle parking spaces shall be provided at a rate of one space per 15 car parking spaces for the first 100 car parking spaces or part thereof plus one additional motorcycle parking space for each additional 100 parking spaces or part thereof.

Design Issues

- 690 .12.00 Due to a difference in the parking demand patterns between hospital staff, patients and visitors and in order to benefit from their overlapping demand, a single parking area is preferred to a number of parking areas. Design of car parking areas shall conform with the requirements of the Australian Standard 2890.1.
- 690 .13.00 Clear and conspicuous signposting shall be erected on approaches to the facility so as to direct incoming traffic to appropriate parking areas. Directional signs and linemarkings within the site shall serve to minimise the number of internal movements and to ensure pedestrian and vehicle safety. A plan of traffic management shall be prepared by a qualified traffic engineer.

Servicing, Loading and Unloading

- 690 .14.00 At least three loading bays shall be provided for the first 50 beds or part thereof plus 1 loading bay for each additional 100 beds or part thereof. The design of loading areas shall satisfy the requirements of Australian Standard 2890.2. Fifty per cent of loading bays shall be suitable for a Heavy Rigid Vehicle as defined in the Australian Standard and the remaining bays shall be suitable for a Small Rigid Vehicle. Access to servicing and delivery areas shall be separated from access to parking areas and from emergency and ambulance access.

Ambulance Access and Parking

- 690 .15.00 It is recommended that access for ambulance vehicles should be separated

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from access to staff and visitor parking areas.

- 690 .16.00 Manoeuvring areas and parking spaces for ambulance vehicles shall be designed to allow ambulance vehicles to enter and exit in a forward direction and/or allow the largest ambulance vehicle using the facility to turn around. Turning templates for an ambulance vehicle are contained in Annexure X.

Short term ambulance spaces shall be long enough for an ambulance vehicle with an additional five metre long clear area at the rear for unloading stretchers.

Manoeuvring areas and parking spaces for ambulance vehicles shall be designed to permit entry and exit in a forward direction and/or turning around of a largest ambulance vehicle using the facility. Currently, the largest common ambulance vehicle is Mercedes Benz 4WD 312D "Sprinter". The length of short term ambulance spaces shall allow for an ambulance vehicle with an additional 5 metre long clear area at the rear to permit stretcher unloading.

Public Transport

- 690 .17.00 A Hospital Facility shall be located where it will allow patients, staff and visitors reasonable access to public transportation, where it is available. When public transport is not available, representations should be made to the appropriate transport authority early in the planning stages for the provision of public transport to and from the site.

Note: It is not necessary to guarantee the success of such representations.

700 SERVICES BRIEFING

Electrical Services

- 700 .1.00 GENERAL**
A hospital or day procedure unit must be equipped with electrical components, fittings, appliances, equipment and apparatus to a standard that will provide a safe environment for patients, staff and visitors at all times.
- 700 .2.00** The details of the minimum briefing requirements for the electrical services can be found in the relevant sections of Part B of these Guidelines.

For the engineering and construction requirements refer to Part E 'Building Engineering and Environmental Design'.
- 700 .3.00 POWER REQUIREMENT**
Electrical power outlets shall be provided to suit the intended use of the room, area or the equipment (both mobile and fixed). The number of outlets should be sufficient to prevent the need for double adaptors or extension boards.
- 700 .4.00** The minimum number of power outlets for typical areas are set out in the following schedule. The mandatory minimum numbers are clearly noted. Other numbers are not mandatory but recommended.

ROOM/ AREA	STANDARD POWER	ESSENTIAL POWER	MANDATORY YES/NO
ACUTE BEDHEAD (ADDITIONAL MAY BE REQUIRED FOR L5/6)	4	2	Yes
ANAESTHETIC INDUCTION ROOM	6	2	Yes
BIRTHING/ DELIVERY ROOM	4	4	Yes
CLEAN UTILITY	4		Yes
CONSULT ROOM	6		No
CORRIDOR - PATIENT CARE AREA	2	2	No
DIRTY UTILITY	2		Yes
HDU BEDHEAD		6	Yes
ICU/ CCU BEDHEAD		8	yes
NEONATAL ICU	14	6	yes
OFFICE - 9 M2	4		No
OFFICE - 12 M2	6		No
OPERATING ROOM	6	6	Yes
PANTRY	2		Yes
PATIENT BAY - HOLDING/ RECOVERY	2	1	yes

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SPECIAL CARE NURSERY	4	4	yes
STAFF STATION	6	2	Yes
SUB-ACUTE BEDHEAD	3	1	Yes
TREATMENT ROOM	6	2	Yes

700 .5.00 CLEANER'S POWER OUTLETS

A dedicated Cleaner's power outlet is to be provided in patient areas according to AS 3003.

700 .6.00 EMERGENCY POWER

A backup generator is to be provided in a Hospital or Health Care Facility to ensure that uninterrupted power is supplied to:

- Intensive Care Unit
- Operating Unit
- Coronary Care Unit
- Induction Room/s
- Intensive Care - Neonatal
- Obstetric Unit
- Emergency Unit

Medical Gases

700 .7.00 Medical Gas outlets shall be provided according to the following schedule:

ROOM / SPACE	Oxygen	Med Air	Suction	Scavenge	Nitrous Oxide	Other	Remarks
ALLIED HEALTH: PHYSIO TREATMENT CUBICLE	1 Optional	1 Optional	1 Optional				May be shared
CARDIAC CATHETER:							
CATHETER LAB	2	1 Optional	2	1 Optional	1 Optional		
HOLDING / RECOVERY	1	1 Optional	1				
CORONARY CARE: BED SPACE	2	1 Optional	2				
DAY PROCEDURES:							
BED SPACE	1	1 Optional	1				
PRE-OP HOLDING	1	1 Optional	1				Shared
POST-OP BAY	1	1 Optional	1				Shared
EMERGENCY:							
RESUS BED SPACE	3	2	3				
TREATMENT/ OBSERVATION	1	1 Optional	1				May increase to 2 Oxygen, 2 Suction in Level 5/6 facilities
PLASTER TREATMENT	1	1 Optional	1	1 Optional	1 Optional		

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INTENSIVE CARE: BED SPACE	3	2	3				
INPATIENT ACCOMMODATION:							
BED SPACE	1	1 Optional	1				
HIGH DEPENDENCY BED	2	1 Optional	2				
TREATMENT	1	1 Optional	1				
MEDICAL IMAGING ROOMS	1	1 optional	1				
OBSTETRICS UNIT:							
BIRTHING ROOM	2	2 Optional	2	1	1		1 each Oxygen, Medical Air (Optional) and Suction for baby
NURSERY- GENERAL	1	1 Optional	1				Shared
NURSERY- NICU	3	3	3				
NURSERY- SP. CARE BAY	2	2 Optional	2				
MATERNITY BED	1	1 Optional	1				
OPERATING UNIT:							
OPERATING ROOM	4	2	4	2	2	Tool Air 1	Tourniquet air optional
HOLDING BED BAY	1	1 Optional	1				
ANAESTHETIC INDUCTION ROOM	2	1 Optional	1	1 Optional	1 Optional		
RECOVERY BED BAY	1	1 Optional	1				
ANAESTHETIC WORK ROOM	1	1	1		1		for testing
PAEDIATRIC/ ADOLESCENT:							
BED SPACE	1	1 Optional	1				
TREATMENT	1	1 Optional	1	1 Optional	1 Optional		

Nurse Call System

- 700 .8.00 The Nurse Call system features and specifications are to comply with AS 3811: Hard-wired patient alarm systems.
- 700 .9.00 Patient Call Points are to be placed in all patient areas including Patient Bedrooms, Treatment Rooms, Lounge Rooms, Patient Toilets, Ensuites and Bathrooms.
- 700 .10.00 Nurse Assist Call Points are an optional feature and if required should be located in all rooms which have a patient call point.
- 700 .11.00 Emergency Call Points are required in all Patient Bedrooms, Lounge Rooms, Treatment Rooms, Patient Toilets, Ensuites and Bathrooms.

Nurse Call System

- 700 .12.00 Nurse Call Tones are to be heard in all Patient Bedrooms, corridors, Staff Room/s, Utility Rooms and Treatment Rooms.
- 700 .13.00 Duress points may be included with the nurse call system. If required they should be located at Reception desks, Staff Stations, and Counselling / Interview rooms in a discreet location.
- 700 .14.00 Corridor Indicator lights are required in the corridor outside each room that has a patient call point. For Patient Bedrooms with an Ensuite, indicator lights are not required outside the Ensuite within the Patient Bedroom - the call may be adequately indicated by light colour and tone at the corridor light.
- 700 .15.00 Patient Call multi-function handsets for patient bed spaces are recommended. They should provide a patient call button, TV channel selector, volume control, reading light control and reassurance light.
No handset - only a wall point or pull cord is required in Ensuites, Toilets, Showers, Bathrooms, Lounge Rooms, Consult Rooms and Recovery Beds.
- 700 .16.00 Annunciators may be a simple 'follow me' light system only, a display box or a television screen based system. If display or television screen type are required they should be placed in Staff Stations and corridors.
- 700 .17.00 A paging interface is a desirable feature to link the nurse call system directly to the emergency call system and should be considered.
- 700 .18.00 Swing wards that offer the ability to capture beds or rooms from one ward to another and redirect calls accordingly is a desirable feature that should be considered during system specification.
- 700 .19.00 Nurse presence points provide the ability to identify rooms with a nurse present and is a desirable management feature that should be considered. If required they should be placed in all rooms with a patient call point.
- 700 .20.00 Speech facilities that offer the ability to speak directly to the patient bed originating the call is an option available for consideration in many nurse call systems. If provided, the call must still be cancelled only at the point of origin, according to AS 3811.

Part B - Health Facility Briefing and Planning

COMPLIANCE CHECKLIST

Name of HPU: _____ (Print and complete one per HPU)

Agreed Role Delineation Level: _____

No	Item	Yes	No
1.0	Planning:		
1.1	Have all Mandatory Functional Areas of the Unit been provided?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Have Functional Relationships been considered?	<input type="checkbox"/>	<input type="checkbox"/>
2.0	Design:		
2.1	Have the required Finishes been provided (if specified)?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Have the required minimum Fixtures and Fittings been provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Have Infection Control Issues been addressed?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Have Access, Mobility & OH&S Issues been addressed?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Space Standards and Components: Have Minimum Room Dimensions been provided (if specified)? Have Minimum Room sizes been provided as specified? Have sufficient clearances been provided (if specified)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.6	Have Safety and Security Issues addressed: Patient Area Staff Areas Drug Storage Areas	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.7	Does the Design Brief comply with the nominated Standards and Codes?	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Has the Private Hospital or Day Procedure Centre provided a Schedule of Accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
3.0	Components of the Unit		
3.1	Have all mandatory Components been included?	<input type="checkbox"/>	<input type="checkbox"/>

Checked and certified by:

Name: _____

Date: _____

Company: _____

Position _____

Signature: _____