

## 7.0 Windows and Glazing

### 7.1 General

All rooms occupied by patients or staff on a regular basis shall have glazed windows or doors to achieve external views and/or make use of direct or borrowed natural light, where practical.

All Patient Bedrooms shall have external windows overlooking external areas. An external area is defined as the perimeter space around a building as well as naturally ventilated and lit atriums and courtyards.

Note 1: It is also a requirement of these guidelines that all overnight Patient Bedrooms must have an external window. This however does not apply to the Operating Unit, Emergency Unit, ICU and similar areas.

Note 2: For the purpose of this clause, an internal atrium with artificial ventilation will be accepted if the area is more than 220 m<sup>2</sup> with a minimum dimension of 14 m and suitable permanent landscaping.

### 7.2 Window Types

In multi-level hospitals with ducted air-conditioning systems, or in buildings in cyclone prone areas, it is not always possible to include an operable window component. In these circumstances, fixed windows are acceptable, although access for external window cleaning should be considered.

Operable windows should have provision to restrict the degree of opening. Locks should be heavy duty, affixed to both sides of hopper windows and fixed securely through the frame with tamper proof fixings.

### 7.3 Window Types

Hopper windows should not be used in multi-storey buildings because they can act as smoke/heat scoops from fires in storeys below.

Note: Hopper windows are also known as 'awning' windows. These refer to windows hinged from the top.

### 7.4 Size

Each required external window and/or external glazed door shall have a net glazed area of not less than 10 per cent of the floor area of the room concerned. An opening component not less than five per cent of the floor area of that same room is considered highly desirable but not mandatory. These requirements together will ensure natural light and ventilation in the event of an electrical or air handling system failure.

If it is considered undesirable to allow patients to open windows, for reasons such as avoiding potential problems with the central air-conditioning, then the opening section of the windows should be operated with a lock or Allen key held by the staff.

Note 1: Any opening section of the window or door as described above shall be provided with a fly screen.

Note 2: The provision of opening windows also facilitates energy management and conservation as artificial lighting and air-conditioning systems may not be necessary at certain times of the day and year.



## 7.5 Cleaning

Window cleaning shall be considered and appropriate provisions made. The following options are provided for information:

- Inward opening windows allow for the cleaning of the outside surface in a safe manner while standing inside the building.
- With alternate outside opening windows it is possible to open one window to reach and clean the next window; however this type of window will require secure harness anchor points for the cleaner.
- A window cleaning ledge or balcony may be provided only for window cleaning with no patient access. If no hand rail is provided, a continuous harness system shall be provided with a harness cable or rail that must reach a safe access point.
- A window cleaning cradle that typically descends from the roof may be used. Cradles must be accessible from a safe position on the roof and comply with all safety legislation.
- Extension arms may be used to clean windows that are one level above the ground or accessible terrace.
- Hospital management may enter into a window cleaning contract with a contractor who uses a mobile Cherry Pickers or similar lifting device.

Note: For safety reasons cleaning windows using a ladder is not recommended.



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