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235 Operating Unit

1 Introduction

Description
The Operating Unit provides a safe and controlled environment for the operative care of patients undergoing diagnostic/ surgical procedures under anaesthesia and peri-operative care including post procedure recovery.

2 Functional and Planning Considerations

Operational Models
There are 4 basic models of surgery:
- Inpatient Surgery
- Day Surgery (Outpatient or Ambulatory Care Surgery) which may include
  - Catheter Lab procedures
  - Endoscopy procedures
- Same-day Surgery
- 23 Hour surgery.

All of these models should ideally be operated from the same integrated facility in the interest of efficiency, safety and economy. These models require the following basic facilities and services: Reception, Pre-operative facilities, Operating Room (or Procedure Room), Recovery Stage 1, Recovery Stage 2, Inpatient Unit (IPU) and Intensive Care Unit (ICU).

The difference between the models is the flow of patients from one unit to the next. The models may utilize some facilities and by-pass other facilities.

Inpatient Surgery
Patients undergoing Elective or Emergency surgery are first admitted to an IPU, ICU or are transferred from the Emergency Unit. After surgery, patients return to the IPU or ICU, but not Emergency Unit.

Inpatient Surgery may start early (e.g. 7 am) and continue into the late hours of the evening. Longer hours of operation are highly efficient as they increase the throughput for the same physical facility investment. A 30% increase in the hours of operation is almost exactly the same has having 30% more operating rooms with every other support facility. In some Asian countries, operating 24 hours is the norm.

Figure 1 Inpatient Surgery Model patient flow chart
Day Surgery (Outpatient Surgery)

Up to 70% of all surgery may be performed as Day Surgery. Every surgical case performed as Day Surgery will save between 1 and 3 bed-days\(^1\) as no IPU bed will be occupied by the patient. This will save costs whilst preserving valuable IPU beds for major inpatient surgery.

Day Surgery patients should be organised to arrive very early (e.g., 6 am) with the aim of starting surgery at 7 am. Day Surgery patients will recover in the unit and go home before the evening. This means sufficient time should be set aside for the last patient’s recovery. The last surgery may be around 4 pm or earlier. For some very minor procedures, the patient may not undergo general anaesthesia or may wake up immediately after surgery. These patients do not need to go through Stage 1 Recovery, they can go directly to Stage 2 Recovery.

Catheter Lab

The patient flow will be similar to Day Surgery. There is no need to separate Catheter Labs as a unit, however, the Catheter Lab should be located close to Stage 1 Recovery bays in order to share facilities.

Endoscopy

Endoscopy procedures may follow the same patient flows as Day Surgery. It is anticipated that over time many types of surgery will require a form of endoscopy. Therefore, surgical facilities need to gradually prepare themselves for every operating room to be regarded as an endoscopy theatre. With careful design, it is not necessary to perform endoscopy in a separate unit. As long as the endoscopy rooms are discretely located at one end of the surgical unit, there should be no need to duplicate other facilities.

Same-day Surgery (or Day of Surgery Admissions - DOSA)

This is also known as a Peri-operative model and is similar to Day Surgery. However, there is no expectation for the patient to recover and go home the same day. This model allows the patient to be admitted to the hospital on the ‘day of surgery’, not earlier. The patient goes through the same process as Day Surgery patients. However, the patient may undergo more complex surgery, then recover in an IPU between 1 and 4 days. Therefore, unlike Day Surgery, Same-day Surgery can continue into the late hours of the night (e.g., 10 pm). After Stage 1 Recovery, Same-day Surgery (DOSA) patients are formally admitted to an IPU bed, not before. This will save one bed-day for each DOSA patient, which will save costs for the health system. It also preserves one bed-day for inpatient surgery or medical use.

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\(^1\) Bed-days; the length of stay of admitted patients is measured in bed-days - beds available per day multiplied by the number of days of care, expressed as a percentage
23 Hour Surgery

Under all of the above models, the Stage 2 Recovery facilities will be unused overnight. This is seen as a waste of resources and valuable investment, resulting in the introduction of 23 Hour Surgery in some countries. This model is similar to Day Surgery, but there is no limit on how late the surgery can take place. A patient may be admitted in late afternoon and undergo surgery as late as 10 pm. Then the patient will recover overnight in the Recovery Stage 2 facilities and be discharged the next morning before the new patients require this facility. Discharge can occur by around 7 am the following morning.

![Figure 4: 23 Hour Surgery patient flow chart](image)

Planning Models

The Operating Unit must be located and arranged to prevent non-related traffic through the suite.

The number of Operating Rooms and Recovery beds and the sizes of the service areas shall be based on the service plan and expected surgical workload. The size, location, and configuration of the surgical suite and support service departments shall reflect the projected case load and service plan of the Unit.

A number of planning models may be adopted including:

Single Corridor

The single corridor model involves travel of all supplies (clean and used) as well as patients (pre and post-operative) in one main corridor. There is ongoing debate as to the suitability of this approach. However, this option is considered suitable provided:

- The main corridor is sufficiently wide in order to permit separation of passage of goods and patients
- Handling of clean supplies and waste is carefully managed to avoid cross contamination

A major disadvantage of this planning model is that a patient awaiting surgery may be exposed to post-operative patients

Dual Corridor or Race Track

The Dual Corridor or ‘Race Track’ model allows for all the Operating rooms to be accessed from an external corridor for patients and directly from a central Set Up/Sterile Stock Room for sterile goods. This model aims to separate ‘dirty’ from ‘clean’ traffic by controlling the uses of each corridor. In this design, there must not be cross traffic of staff and supplies from the decontaminated/soiled areas to the sterile/clean areas.

In this model, stock and staff can be concentrated in one location, preventing duplication of equipment stock and staff.

Clusters of Operating Rooms

In this model Operating Rooms may be clustered according to specialty, with a shared Sterile Stock and Set-up Room for each group or cluster.

Disadvantages of this model include:

- Additional corridor and circulation space required for corridors around clusters of rooms, which reduces the available space for stock;
Potential duplication of stock and additional staff requirements may result in increased operating costs.

**Dedicated Theatres with Fixed or Mobile Equipment**

In this model, Operating rooms are dedicated to specific types of surgery such as hybrid operating/imaging rooms, urology, vascular, neurology or other specialties requiring specific equipment. This may be beneficial in larger suites where the case volume justifies specialisation; however, smaller suites may favour flexibility of Operating Room use. Fixed equipment can preclude the multifunctional use of the room.

**TSSU/ SSU**

The Operating Unit is a major user of sterile stock and the location of the instrument processing area and sterile stock is of high importance.

There are two main options available for supply of sterile stock to the Operating Unit:

- A dedicated TSSU (Theatre Sterile Supply Unit) serving only the Operating Unit
- A SSU (Sterile Supply Unit) that also serves other areas of the hospital.

The TSSU may be located within the Operating Suite or externally. It is preferable to locate the TSSU adjacent with direct access to the Operating Suite. The TSSU may also be located on another floor of the building connected by dedicated clean and used goods lifts.

The SSU may be located in a service zone of the hospital. There is a strong functional link between the SSU and the Operating Unit; efficient transport of stock to and from each unit will require careful planning.

**Functional Areas**

The Operating Unit consists of the following functional areas:

- Admissions/ Reception and Holding area for receiving 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 including:
  - Reception and Waiting areas
  - Interview room
  - Staff Station and write up bay
  - Bays for handwashing, linen
  - Clean and dirty utilities
  - Holding bays for holding and management of patients prior to their operation or procedure

- Operating Rooms area where procedures are carried out including:
  - Operating Rooms, general, digital, specialty, hybrid imaging
  - Anaesthetic Induction Rooms
  - Scrub up rooms
  - Exit Bays

- Support Areas including:
  - Bays for linen, mobile equipment
  - Blood store
  - Cleaners room/s
  - Clean-up rooms
  - Flash sterilizer
  - Pathology area for frozen sections
  - Storerooms and storage areas for:
    - Anaesthetic supplies
    - Drugs
    - Equipment, including mobile items, table accessories, loan equipment
    - Perfusion equipment and supplies (if cardiac surgery is undertaken)
    - Sterile stock and non-sterile stock
Recovery Areas where patients are assisted through the process of recovering from the effects of anaesthetic including:
- Patient bed bays, open and enclosed for isolation
- Bays for blanket warmer, linen, handwashing
- Clean and Dirty Utilities
- Store for consumable items and equipment

Administrative and Staff Amenities including:
- Change Rooms with showers, toilets and lockers and additional separate toilets for large units
- Staff Room
- Meeting rooms
- Offices and administrative space for clinical staff.

Reception/ Waiting
The Reception is the receiving hub of the unit for patients and visitors entering the Operating Unit. Patients undergoing Inpatient Surgery arrive from the IPU, ICU or Emergency Unit on beds/trolleys. Day or day-of-surgery patients may arrive from the Peri-operative unit on foot, on a trolley or on a wheelchair.

The Reception serves as the control check point and should therefore ensure the security of the entire Unit through access control.

Waiting areas with access to amenities should be provided for family groups waiting for patients in surgery. The waiting area should be located to avoid conflict with patient traffic entering the Operating Unit. An Interview room should be available for discussions with patients and family members.

Pre-operative (Pre-op) Holding
Patients received are placed in a curtained holding bay or a private cubicle with solid side walls and curtain front. The recommended number of bays/ cubicles is a ratio of 1:1 for each operating room (or procedure room). If necessary, a patient relative or carer may accompany the patient and give assistance. In the Peri-operative unit there is no need for separate change rooms as the Pre-op cubicle is regarded as the equivalent of a temporary patient bedroom and changing is undertaken within the cubicle space. The bed bay/cubicle has facilities such as a bedside locker and medical gases. Patient toilets should be located nearby. Patients are generally transferred from this point on beds/trolleys and the same bed is transported to surgery without patient transfer.

Patient Pre-operative holding bays should be supervised from a staff base. This may be shared with the Reception if located conveniently.

Operating Room Areas
Anaesthetic Induction Rooms
The Anaesthetic room may be used for administration of local and spinal anaesthetics, patient monitoring or patient preparation prior to the procedure. General anaesthetics and sedations are typically administered in the operating room. Therefore, Anaesthetic induction rooms are optional and may be replaced with preparation bays or holding bays, depending on the operational policy of the facility.

Refer to Standard Components Room Data Sheets and Room Layout sheets for details and plans of Anaesthetic Induction rooms.

Operating/ Procedure Room/s
The Operating or Procedure rooms are designed and set up to perform any type of procedure on the patient. The procedures may be highly invasive, minimally invasive, sterile or non-sterile. The design may vary slightly according to the intended procedure. It is recommended that designers minimise the degree of specialisation as far as practical. A very high level of specialisation can
lead to inefficiency in surgical throughput due to the number of useable operating rooms. Under this definition, a Procedure room includes a Catheter Lab, Endoscopy procedure room etc.

Refer to Standard Components Room Data Sheets and Room Layout sheets for details and plans of operating rooms – Operating Room-General, Digital, Minor, Large and a range of specialty hybrid imaging rooms.

Dental Surgery
In addition to the standard operating room equipment and services, 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
- Facilities for dental X-ray.

Recovery Areas

Stage 1 Recovery
Following general surgery patients are recovered in the Stage 1 Recovery. Patients with complicated surgery may by-pass Stage 1 Recovery and be recovered directly in an ICU. The recommended ratio of beds in Stage 1 Recovery is 2:1 per General Operating/Procedure room and 1.5:1 per Day Surgery Operating/Procedure room.

Stage 2 Recovery
Day patients and short stay patients may progress to a Stage 2 Recovery, or be taken directly to a Stage 2 Recovery following some procedures requiring minimal sedation or local anaesthetics. In Stage 2 Recovery patients will have regained consciousness following a procedure, but still require observation and management. Stage 2 recovery may be provided as bed bays or chair bays or a combination of both. The recommended ratio of beds/chairs in Stage 2 recovery is 3:1 Operating/Procedure room. The higher number of beds/chairs per operating/procedure room allows for a rapid turnover for day surgery patients, particularly for procedures that take 15 minutes or less.

Stage 3 Recovery is a lounge area, where patients are recovered and dressed in street clothes, awaiting collection by relatives. The recommended ratio of chairs in Stage 3 recovery is 3:1 Operating/Procedure room. This number of chairs allows for patients to await relatives to arrive and transport them home without compromising the number of recovery bed bays required for patients undergoing procedures.

Support Areas:

Pathology Area
Depending on the service plan and unit 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.

Flash Sterilising Facilities
A Flash Steriliser should be located in the unit, however, the use of this method of sterilising should be restricted to situations where a single instrument has been dropped and there is no sterile duplicate available. Flash sterilising is not suitable for processing of cannulated, complex instruments, suction and other tubing, textiles, paper or liquids.

Storage
Adequate Equipment Store room/s for equipment and supplies used in the Operating Unit shall be provided including sterile stock, consumables, anaesthetic supplies, drugs, equipment such as operating table accessories, mobile microscopes and other mobile equipment. Sterile stock
storage should be provided at the minimum rate of 10 to 12 m² per Operating Room. Equipment storage should be provided at a rate of 10 to 11 m² per Operating Room, for larger Operating Units.

Note:
- Equipment Store Rooms do not necessarily require doors.
- Store Rooms are best designed in an elongated rectangular shape to allow easy access to all items.
- 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.

Mobile Equipment Bays shall be provided for equipment such as portable X-ray equipment, stretchers, trolleys, warming devices and other mobile equipment. Mobile Equipment Bays shall comply with Standard Components and provided at the minimum quantity of one per operating room. Equipment Bays are best designed as elongated rectangular shapes and may be combined for space efficiency.

**Administration/ Staff Amenities**

**Administration**

Offices and workstations will be required for senior staff managing the various zones of the unit to undertake administrative functions, or to facilitate educational and research activities. Offices and workstations may be located within a discreet zone remote from the operational areas.

Adequate access to meeting rooms should be provided to facilitate education and research activities within the Unit. Activities and procedures within the operating rooms may be streamed to meeting rooms for education and training purposes.

**Staff Amenities**

Appropriate Change Rooms, toilet and showers shall be provided for male and female personnel (nurses, 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. 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.

Notes:
- It is desirable but not mandatory to increase the number of facilities for female change rooms by approximately 30%
- In male change rooms 50% of toilets may be replaced with urinals
- Warm air hand dryers shall be avoided.

**Functional Relationships**

**External**

The Operating Unit requires close relationships with the following areas, particularly for urgent cases:
- Emergency Unit
- Intensive Care Units
- Obstetric/ Birthing Unit for Caesarean Section procedures
- Helipad
Links between these Units and the Operating Unit should be rapid, direct and discreet; transit of severely ill patients to and from the Unit through public corridors should be avoided.

The Operating Unit has a direct operational link with the following Units:

- Peri-operative Unit/ Day Surgery
- TSSU/ SSU

Other Units that have a close relationship include:

- Pathology
- Medical Imaging – staff access for imaging during operative procedures.

Internal

Internally, the Operating Unit will be arranged in functional zones. The entrance to the unit will provide access control with a Reception. Refer to the Functional Relationship Diagrams below.

Functional Relationship Diagrams

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'.

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.

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.

The functional relationship diagrams below show base linear models. The models can be stretched to create the number of Operating Rooms desired. The support facilities required also grow with the number of Operating Rooms.

Each module includes the configuration of:

- Operating Rooms
- Anaesthetic Induction Rooms
- Scrub Bays or Rooms
- Sterile Stock Store / Set-up Room
- Clean-up Room and Flash Sterilising Bay

The optimal internal relationships are demonstrated in the diagrams below:

- Arrows indicate the direction of flow
- Adjacencies of rooms indicate the desired relationships
- Separate entrances to the Unit for staff, services and patients
- Control of access for all persons and patients entering
- Staff Station located centrally to Bed areas.
Figure 5 Functional Relationship Diagram: Operating Unit – Single Corridor Model
Operating Unit Dual Corridor Model

Figure 6 Functional Relationship Diagram: Operating Unit – Dual Corridor Model

Modules and Air Pressurisation Diagrams

The module diagrams with air pressurisation shown below represent acceptable variations of the arrangement of Operating Rooms with Anaesthetic and support rooms. Each module represents ideal relationships and maintains correct clean/dirty flows.
Air pressurisation and traffic flows have been graded according to the following legend:

<table>
<thead>
<tr>
<th>RELATIVE PRESSURE LEGEND</th>
<th>TRAFFIC FLOW LEGEND</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOWEST</td>
<td>BEDS / PATIENTS</td>
</tr>
<tr>
<td>INCREASING RELATIVE</td>
<td>STAFF / STOCK / TROLLEYS</td>
</tr>
<tr>
<td>PRESSURE</td>
<td></td>
</tr>
<tr>
<td>INTENSE POSITIVE</td>
<td></td>
</tr>
<tr>
<td>POSITIVE</td>
<td></td>
</tr>
<tr>
<td>NEUTRAL</td>
<td></td>
</tr>
<tr>
<td>INTENSE NEGATIVE</td>
<td></td>
</tr>
</tbody>
</table>

### Modules A to D

**Operating Room Module Type A**

**Operating Room Module Type B**

**Operating Room Module Type C**

**Operating Room Module Type D**

*Figure 7 Air Pressurisation Diagrams: Operating Unit – Modules A to D*
Module Types E to H

Figure 8 Air Pressurisation Diagrams: Operating Unit – Modules E to H
3 Design

Environmental Considerations

Acoustics
Acoustic privacy is required in Operating Rooms, Procedure rooms, Interview, Treatment rooms and any rooms where confidential information will be discussed.

The transfer of sound between clinical spaces should be minimised to reduce the potential of staff error from disruptions and miscommunication and to increase patient safety and privacy. Noisy areas such as Staff rooms should be located away from procedural areas.

Natural Light
The need for an external view from the Operating Room is an important consideration. Provision of windows need to consider the following:

- Vision from the Operating Room could be through a corridor, set up area or directly to the external environment
- Many procedures require black-out
- There are heating, cooling and shading implications for windows in the Unit located on the outside of the building that may have an impact on the recurrent costs for maintenance and cleaning
- Viewing windows from a corridor to the Operating Room can be useful for supervision and training purposes
- Windows to Recovery, Staff Lounge and TSSU areas where staff spend a majority of their time should be given a high priority.

Privacy
Careful consideration of privacy and patient comfort is required to reduce discomfort and stress for patients and privacy screening will be required to all patient bed bays.

Interior Decor
Interior décor refers to colour, textures, surface finishes, fixtures, fittings, furnishings, artworks and atmosphere. It is desirable that these elements are combined to create a calming, non-threatening environment.

Colours should be used in combination with lighting to ensure that they do not mask skin colours as this can be a problem in areas where clinical observation takes place.

Space Standards and Components

Accessibility
The Reception desk, Waiting areas and Interview rooms should provide access for patient relatives and visitors in wheelchairs.

Doors
All entry points, doors or openings requiring bed/trolley access including Operating Rooms are recommended to be a minimum of 1400 mm wide, unobstructed. Larger openings may be required for special equipment, as determined by the Operational Policy, to allow the manoeuvring of equipment without manual handling risks and risk of damage.

Also refer to Part C – Access, Mobility, OH&S of these Guidelines.

Ergonomics/ OH&S
Design of clinical spaces including Operating and Procedure rooms must consider Ergonomics and OH&S issues for patient and staff safety and welfare.
Refer to Part C – Access, Mobility, OH&S of these Guidelines for more information.
Size of the Unit

The size of the Operating Unit will be determined by the Clinical Services Plan establishing the intended services scope and complexity.

Schedules of Accommodation have been provided for typical units at role delineation levels 2 (less complex services) to 6 (teaching/research facilities).

Safety and Security

Access control is required to the patient and staff entry areas of the Operating Unit. Limiting the number of entries and locating the Reception area with direct overview of entry areas is highly desirable. The perimeter of the Unit must be secured and consideration given to electronic access for all staff areas.

Finishes

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 material that resists staining is recommended
- Wall finishes which are seamless, impervious and washable
- Ceilings which are smooth and impervious
- Intersections of walls and architraves to be rendered watertight junctions.

Fixtures, Fittings and Equipment

Equipment, furniture, fittings and the facility itself shall be designed and constructed to be safe, robust and meet the needs of a range of users. All furniture, fittings and equipment selections for the Operating Unit should be made with consideration to ergonomic and Occupational Health and Safety (OH&S) aspects. Particular consideration should be given to compactus units for sterile items, storage and movement of loan equipment and shelving for storage of heavy items.

Refer to Part C of these Guidelines, the Room Layout Sheets (RLS) and Room Data Sheets (RDS) for more information.

Building Service Requirements

Communications

The Operating Unit will require special consideration of the following IT/Communications items in the design of the Unit:

- Picture archiving communications systems (PACS) and location of monitors
- Paging for staff and emergencies
- Voice and data cabling for telephones and computers
- Bar coding systems for supplies and records
- Wireless network requirements
- Videoconferencing requirements for meeting rooms
- Digital operating room requirements particularly linkages to seminar and education facilities for teaching purposes
- Communications rooms and server requirements.

Patient and Emergency Call facilities shall be provided in all patient bed areas (e.g. Holding bays, Recovery bays, Lounges, Change Rooms and Toilets) in order for patients and staff to request for urgent assistance.

The individual call buttons shall alert to an annunciator system. Annunciator panels should be located in strategic points visible from Staff Stations Staff Stations and audible in Staff Rooms,
and Meeting Rooms, and should be of the “non-scrolling” type, allowing all calls to be displayed at the same time.

**HVAC**

The Operating Rooms will require special air-conditioning with positive pressure and HEPA filtration to comply with relevant standards and guidelines. Individual Operating Room temperatures should be controllable by staff from within the room.

**Medical Gases**

The 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.

**Radiation Shielding and Radiation Safety**

Operating Rooms that are used for undertaking imaging procedures require radiation shielding. A certified physicist or qualified expert will need to assess the plans and specifications for radiation protection as required by the relevant local radiation/nuclear safety authorities. A radiation protection assessment will specify the type, location and amount of radiation protection required for an area according to the final equipment selections, the layout of the space and the relationship between the space and other occupied areas.

Incorporate all radiation protection requirements into the final specifications and building plans and re-evaluate radiation protection if the intended use of a room changes, equipment is upgraded or surrounding room occupancy is altered. Consideration should be given to the provision of floor and ceiling shielding when rooms immediately above and below are occupied.

**Infection Control**

Infection control issues are paramount in the Operating Unit and require careful attention to planning models and separation of clean and dirty workflows.

The need for Isolation rooms (Positive and Negative Pressure) in Holding and Recovery areas is to be evaluated by an infection control risk assessment and will reflect the requirements of the Service Plan.

Clinical hand-washing facilities shall be provided within all patient holding and recovery areas and convenient to the Staff Stations. The ratio of provision shall be a minimum of one clinical hand-washing facility for every four patient bays in open-plan areas.

Refer also to Part D - Infection Control in these Guidelines for additional information.

### 4 Components of the Unit

**Standard Components**

The Operating Unit will consist of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets and Room Layout Sheets.

**Non-Standard Components**

Non Standard rooms are identified in the Schedules of Accommodation as NS and are described below.

**Biomedical Store/ Workshop**

An area for testing operating equipment may be included in the Operating Unit. This room may be collocated with a General Store, or a dedicated room for this purpose may be necessary. A direct corridor access to this room is recommended, with controlled access to the remainder of the Operating Unit.
Perfusion Room

The Perfusion Room is for the preparation of perfusion equipment, and where set-up of perfusion equipment for cardiac procedures may be undertaken. The room will be located in close proximity to the Cardiac Operating Room/s and adjacent to a Perfusion Store.

Room requirements may include:

- Heavy duty shelving for storage of perfusion fluids and equipment
- Computer workstation for a perfusion technician including power and data outlets
- Handwashing basin Type B with paper towel and soap fittings
- Bench, sink and cupboard unit for servicing of the perfusion machine.
## 5 Schedule of Accommodation – Operating Unit

### Operating Unit at RDL 2 to 6

<table>
<thead>
<tr>
<th>ROOM/ SPACE</th>
<th>Standard Component Room Codes</th>
<th>RDL 2 Qty x m²</th>
<th>RDL 3 Qty x m²</th>
<th>RDL 4 Qty x m²</th>
<th>RDL 5/6 Qty x m²</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission/ Reception/ Pre-op Holding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception/ Clerical</td>
<td>RECL-9-I RECL-12-I RECL-15-I</td>
<td>1 OR x 9</td>
<td>1 OR x 12</td>
<td>1 OR x 12</td>
<td>1 OR x 15</td>
<td></td>
</tr>
<tr>
<td>Waiting</td>
<td>WNT-10-I WNT-25-I</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>1 x 25</td>
<td>May be divided into female/family areas as applicable</td>
</tr>
<tr>
<td>Waiting - Family</td>
<td>WNT-10-I WNT-25-I</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>1 x 25</td>
<td></td>
</tr>
<tr>
<td>Meeting Room - Small</td>
<td>MEET-9-I MEET-12-I</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>1 x 12</td>
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</tr>
<tr>
<td>Patient Bay - Holding (M/F)</td>
<td>PBTR-H-10-I</td>
<td>2 x 10</td>
<td>2 x 10</td>
<td>4 x 10</td>
<td>6 x 12</td>
<td>1 per Operating Room; optional; Separate Male/Female areas</td>
</tr>
<tr>
<td>Staff Station</td>
<td>SSTN-5-I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reception area can be used for levels 2-4</td>
</tr>
<tr>
<td>Bay - Blanket Warmer</td>
<td>BBW-I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>As required</td>
</tr>
<tr>
<td>Bay - Handwashing, Type B</td>
<td>BHMS-B-I</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>2 x 1</td>
<td></td>
</tr>
<tr>
<td>Bay - Linen</td>
<td>BLNH-I</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td></td>
<td>Linen Bay may be shared for Levels 2-3; 1 per 16 bed spaces</td>
</tr>
<tr>
<td>Clean Utility - Sub</td>
<td>CLUR-B-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>Levels 2-3 may share Dirty Utility</td>
</tr>
<tr>
<td>Dirty Utility - Sub</td>
<td>DTUR-S-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office - Write-up Bay</td>
<td>OFF-WH-6-I</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td></td>
<td>Staff work area based on 3m² per person, as required</td>
</tr>
<tr>
<td>Operating Rooms (OR) Areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaesthetic Induction</td>
<td>ANIN-I</td>
<td>1 x 15</td>
<td>2 x 15</td>
<td>4 x 15</td>
<td>10 x 15</td>
<td>Optional</td>
</tr>
<tr>
<td>Anaesthetic Induction - Large</td>
<td>ANIN-I (Similar)</td>
<td></td>
<td></td>
<td></td>
<td>2 x 18</td>
<td>Optional; larger room for specialty ORs as needed</td>
</tr>
<tr>
<td>Operating Room - General</td>
<td>ORGN-I</td>
<td>1 x 42</td>
<td>1 x 42</td>
<td>1 x 42</td>
<td>2 x 42</td>
<td>For minor procedures</td>
</tr>
<tr>
<td>Operating Room - Digital</td>
<td>OR-DIG-I</td>
<td>1 x 55</td>
<td>3 x 55</td>
<td>10 x 55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Room - Large</td>
<td>ORL-A-I</td>
<td></td>
<td></td>
<td></td>
<td>58</td>
<td>Optional; Provide according to service demand</td>
</tr>
<tr>
<td>Operating Room - Hybrid/ CT</td>
<td>OR-CHT-I</td>
<td></td>
<td></td>
<td></td>
<td>70</td>
<td>Optional; Provide according to service demand</td>
</tr>
<tr>
<td>Operating Room - Imaging (Vascular/ Cardiac)</td>
<td>OR-VC-I</td>
<td></td>
<td></td>
<td></td>
<td>65</td>
<td>Optional; Provide according to service demand</td>
</tr>
<tr>
<td>Scrub-Up/ Gowning</td>
<td>SCRB-8-I</td>
<td>1 x 8</td>
<td>2 x 8</td>
<td>8 x 8</td>
<td>12 x 8</td>
<td>1 per Operating Room</td>
</tr>
<tr>
<td>Exit Bay</td>
<td>NS</td>
<td>1 x 8</td>
<td>2 x 8</td>
<td>8 x 8</td>
<td>12 x 8</td>
<td>1 per Operating Room</td>
</tr>
<tr>
<td>OR Support Areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio-visual Room</td>
<td>AUDV-I</td>
<td></td>
<td></td>
<td></td>
<td>1 x 10</td>
<td>As required for digital recording</td>
</tr>
<tr>
<td>Anaesthetic Store</td>
<td>ANST-I</td>
<td>1 x 15</td>
<td>1 x 20</td>
<td>2 x 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaesthetic Workroom</td>
<td>ANWAM-I</td>
<td>1 x 10</td>
<td>1 x 15</td>
<td>1 x 20</td>
<td></td>
<td>Also used for Biomedical equipment</td>
</tr>
<tr>
<td>Bay - Blanket Warmer</td>
<td>BBW-I</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td></td>
<td>Optional</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>ROOM/SPACE</th>
<th>Standard Component Room Codes</th>
<th>RDL 2 Qty x m²</th>
<th>RDL 3 Qty x m²</th>
<th>RDL 4 Qty x m²</th>
<th>RDL 5/6 Qty x m²</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay - Linen</td>
<td>BLNH</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>2 x 2</td>
<td>2 x 2</td>
<td></td>
</tr>
<tr>
<td>Bay - Mobile Equipment</td>
<td>BMEO-2.5-I</td>
<td>1 x 2.5</td>
<td>1 x 2.5</td>
<td>2 x 2.5</td>
<td>2 x 2.5</td>
<td>1 per OR, may be collocated</td>
</tr>
<tr>
<td>Bay - Pathology</td>
<td>BPAH-I (similar)</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>1 x 4</td>
<td>1 x 6</td>
<td>Optional for RDL 3 &amp; 4</td>
</tr>
<tr>
<td>Blood Store</td>
<td>BLST-I (similar)</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>1 x 4</td>
<td></td>
</tr>
<tr>
<td>Cleaners Room</td>
<td>CLRM-I</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td>2 x 5</td>
<td>Minimum of 1 per approximately 1000m²</td>
</tr>
<tr>
<td>Clean-Up Room</td>
<td>CLUP-7-I</td>
<td>1 x 7</td>
<td>1 x 7</td>
<td>1 x 7</td>
<td>1 x 7</td>
<td>1 per OR, may be collocated and shared between ORs</td>
</tr>
<tr>
<td>Disposal Room</td>
<td>DISP-10-I</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>2 x 10</td>
<td></td>
</tr>
<tr>
<td>Flash Steriliser</td>
<td>FST-2-I</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td></td>
</tr>
<tr>
<td>Office - Write-up Bay</td>
<td>OFF-WM-6-I</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td></td>
</tr>
<tr>
<td>Set-up Room</td>
<td>SETUP-8-I SETUP-16-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 16</td>
<td>1 x 16</td>
<td>Optional, depends on Operational Policy of the unit</td>
</tr>
<tr>
<td>Store - Drugs</td>
<td>STD-5/1 STD-10-I</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td></td>
</tr>
<tr>
<td>Store - Equipment, Major</td>
<td>STEQ-10-I STEQ-14-I STEQ-30-I</td>
<td>1 x 10</td>
<td>1 x 15</td>
<td>1 x 30</td>
<td>2 x 36</td>
<td>6m² per OR recommended for RDL 5/6</td>
</tr>
<tr>
<td>Store - Equipment, Minor</td>
<td>STEQ-10-I STEQ-14-I STEQ-30-I</td>
<td>1 x 10</td>
<td>1 x 15</td>
<td>1 x 15</td>
<td>2 x 30</td>
<td>5m² per OR recommended for RDL 5/6</td>
</tr>
<tr>
<td>Store - Loan Equipment</td>
<td>STEQ-10-I STEQ-14-I</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>1 x 15</td>
<td>1 x 15</td>
<td>Optional, for equipment on consignment</td>
</tr>
<tr>
<td>Store - Non-Sterile De-boxing</td>
<td>STEQ-20-I STEQ-30-I</td>
<td>1 x 20</td>
<td>1 x 20</td>
<td>1 x 30</td>
<td>1 x 30</td>
<td></td>
</tr>
<tr>
<td>Store - Sterile Stock</td>
<td>STSS-12-I STSS-44-I (similar)</td>
<td>1 x 12</td>
<td>1 x 24</td>
<td>1 x 44</td>
<td>1 x 120</td>
<td>Based on 10-12 m² per OR</td>
</tr>
<tr>
<td>Perfusion Room</td>
<td>NS</td>
<td>1 x 20</td>
<td>1 x 20</td>
<td>1 x 20</td>
<td>1 x 20</td>
<td>Optional, for cardiac specialties</td>
</tr>
<tr>
<td>Store - Perfusion</td>
<td>STGN-20-I</td>
<td>1 x 20</td>
<td>1 x 20</td>
<td>1 x 20</td>
<td>1 x 20</td>
<td>Optional, for cardiac specialties</td>
</tr>
<tr>
<td>Toilet - Staff</td>
<td>WCST-I</td>
<td>1 x 3</td>
<td>1 x 3</td>
<td>1 x 3</td>
<td>1 x 3</td>
<td>In addition to toilets in Change Rooms</td>
</tr>
</tbody>
</table>

### Recovery Areas – Stage 1

<table>
<thead>
<tr>
<th></th>
<th>1 OR</th>
<th>2 ORs</th>
<th>4 ORs</th>
<th>12 ORs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Bay – Recovery Stage 1</td>
<td>PBTR-RS1-9-I PBTR-RS1-12-I</td>
<td>2 x 9</td>
<td>4 x 9</td>
<td>8 x 12</td>
</tr>
<tr>
<td>Patient Bay Enclosed – Recovery Stage 1, Isolation</td>
<td>PBTR-RS1-12-I</td>
<td>2 x 12</td>
<td>Provide according to service demand</td>
<td></td>
</tr>
<tr>
<td>Staff Station</td>
<td>SSTN-10-I SSTN-12-I SSTN-20-I</td>
<td>1 x 10</td>
<td>2 x 10</td>
<td>2 x 12</td>
</tr>
<tr>
<td>Bay – Blanket Warmer</td>
<td>BBW-I</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>1 x 1</td>
</tr>
<tr>
<td>Bay - Handwashing, Type A</td>
<td>BHMS-A-I</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>1 x 1</td>
</tr>
<tr>
<td>Bay - Linen</td>
<td>BLNH</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>2 x 2</td>
</tr>
<tr>
<td>Bay - Resuscitation</td>
<td>BRES-I</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
</tr>
<tr>
<td>Clean Utility</td>
<td>CLUR-12-I CLUR-14-I</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>2 x 12</td>
</tr>
<tr>
<td>Dirty Utility</td>
<td>DTLUR-12-I</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>2 x 12</td>
</tr>
<tr>
<td>Store - General</td>
<td>STGN-6-I STGN-10-I</td>
<td>1 x 6</td>
<td>2 x 6</td>
<td>2 x 10</td>
</tr>
</tbody>
</table>

### OR Staff Areas

<table>
<thead>
<tr>
<th></th>
<th>1 OR</th>
<th>2 ORs</th>
<th>4 ORs</th>
<th>12 ORs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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### Part B: Health Facility Briefing & Design

#### Operating Unit

<table>
<thead>
<tr>
<th>ROOM/SPACE</th>
<th>Standard Component Room Codes</th>
<th>RDL 2 Qty x m²</th>
<th>RDL 3 Qty x m²</th>
<th>RDL 4 Qty x m²</th>
<th>RDL 5/6 Qty x m²</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change - Staff (Male/Female)</td>
<td>CHST-12-I, CHST-14-I, CHST-20-I</td>
<td>2 x 12</td>
<td>2 x 20</td>
<td>2 x 35</td>
<td>2 x 120</td>
<td>Toilets, Shower and Lockers, size dependent on staffing numbers</td>
</tr>
<tr>
<td>Meeting Room - Small</td>
<td>MEET-9-I, MEET-12-I</td>
<td>shared</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>1 x 12</td>
<td>Optional, according to service demand</td>
</tr>
<tr>
<td>Meeting Room – Medium/Large</td>
<td>MEET-L-15-I, MEET-L-30-I</td>
<td>shared</td>
<td>1 x 15</td>
<td>1 x 30</td>
<td></td>
<td>Optional, according to service demand</td>
</tr>
<tr>
<td>Office - Single Person, 12 m²</td>
<td>OFF-S12-I</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>2 x 9</td>
<td></td>
<td>Note 1: Service Manager</td>
</tr>
<tr>
<td>Office - Single Person, 9 m²</td>
<td>OFF-S9-I</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>4 x 9</td>
<td></td>
<td>Note 1: Surgeons, Anaesthetists, Clinical Nurse Consultants</td>
</tr>
<tr>
<td>Office - Single Person, 9 m²</td>
<td>OFF-S9-I</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>4 x 9</td>
<td></td>
<td>Note 1: Surgeons, Anaesthetists, Clinical Nurse Consultants</td>
</tr>
<tr>
<td>Office - 2 Person, Shared</td>
<td>OFF-2P-I</td>
<td>1 x 12</td>
<td>2 x 15</td>
<td>6 x 15</td>
<td></td>
<td>Note 1: Nurse Educators, Medical Specialists, Clinicians</td>
</tr>
<tr>
<td>Office - 3 Person, Shared</td>
<td>OFF-3P-I</td>
<td>1 x 15</td>
<td>2 x 15</td>
<td>6 x 15</td>
<td></td>
<td>Note 1: Registrars, Medical Officers</td>
</tr>
<tr>
<td>Staff Room</td>
<td>SIRM-15-I, SIRM-30-I (similar)</td>
<td>1 x 15</td>
<td>1 x 15</td>
<td>1 x 30</td>
<td>1 x 60</td>
<td>May divide into Male &amp; Female areas</td>
</tr>
<tr>
<td>Toilet - Staff</td>
<td>WCST-I</td>
<td>1 x 3</td>
<td></td>
<td></td>
<td>1 x 3</td>
<td>In addition to toilets in Change Rooms, separate M/F</td>
</tr>
<tr>
<td>Toilet - Accessible, Staff</td>
<td>WCAC-I</td>
<td></td>
<td></td>
<td></td>
<td>1 x 6</td>
<td>Unless available nearby</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td></td>
<td>335.0</td>
<td>564.0</td>
<td>1051.5</td>
<td>2566.5</td>
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</tr>
<tr>
<td>Circulation %</td>
<td></td>
<td>35</td>
<td>35</td>
<td>40</td>
<td>45</td>
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</tr>
<tr>
<td><strong>Area Total</strong></td>
<td></td>
<td>452.3</td>
<td>761.4</td>
<td>1472.1</td>
<td>3721.4</td>
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</tr>
</tbody>
</table>

### Peri-operative Unit (Optional – May be Collocated with Operating Unit)

<table>
<thead>
<tr>
<th>ROOM/SPACE</th>
<th>Standard Component Room Codes</th>
<th>RDL 2 Qty x m²</th>
<th>RDL 3 Qty x m²</th>
<th>RDL 4 Qty x m²</th>
<th>RDL 5/6 Qty x m²</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions/ Reception</td>
<td>RECL-9-I, RECL-12-I</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>1 x 12</td>
<td>May be shared with OR/ Day Surgery Reception</td>
</tr>
<tr>
<td>Reception/ Clerical</td>
<td>OFF-S9-I, OFF-2P-I</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>2 x 3</td>
<td>2 x 3</td>
<td>Clerical Support/ records; May be shared with OR/ Day Surgery</td>
</tr>
<tr>
<td>Toilet – Public (Male/ Female)</td>
<td>WCPU-3-I</td>
<td>2 x 3</td>
<td>2 x 3</td>
<td>2 x 3</td>
<td>2 x 3</td>
<td>Unless access available nearby</td>
</tr>
<tr>
<td>Toilet – Accessible</td>
<td>WCAC-I</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td>2 x 6</td>
<td></td>
<td>Unless access available nearby</td>
</tr>
<tr>
<td>Waiting</td>
<td>WINT-10-I, WINT-20-I, WINT-25-I</td>
<td>1 x 10</td>
<td>1 x 20</td>
<td>1 x 20</td>
<td>1 x 25</td>
<td></td>
</tr>
<tr>
<td>Waiting – Female/ Family</td>
<td>WINT-15-I, WINT-30-I, WINT-50-I</td>
<td>1 x 15</td>
<td>1 x 20</td>
<td>1 x 30</td>
<td>1 x 50</td>
<td>Separate Female/ Family Waiting areas may be provided</td>
</tr>
<tr>
<td>Waiting</td>
<td>WINT-SUB-I</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td></td>
<td>Wards persons/ Orderlies</td>
</tr>
</tbody>
</table>

**Pre-operative Area**

<table>
<thead>
<tr>
<th>2 Bed</th>
<th>4 Bed</th>
<th>6 Bed</th>
<th>12 Bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change – Patient (Male/ Female)</td>
<td>CHPT-12-I (similar)</td>
<td>2 x 6</td>
<td>2 x 12</td>
</tr>
<tr>
<td>Waiting – Changed Patient (Male/ Female)</td>
<td>WINT-10-I, WINT-20-I, WINT-25-I</td>
<td>2 x 10</td>
<td>2 x 10</td>
</tr>
</tbody>
</table>

---

**International Health Facility Guidelines**

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Part B: Version 5.1 May 2017
<table>
<thead>
<tr>
<th>Room/Space</th>
<th>Standard Component</th>
<th>RDL 2</th>
<th>RDL 3</th>
<th>RDL 4</th>
<th>RDL 5/6</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Bay - Holding</td>
<td>PBTR-H-10-I</td>
<td>2 x 10</td>
<td>3 x 10</td>
<td>4 x 10</td>
<td>10 x 10</td>
<td>1 per OR recommended</td>
</tr>
<tr>
<td>Patient Bay Enclosed, Isolation</td>
<td>PBTR-H-E-12-I</td>
<td>1 x 12</td>
<td>2 x 12</td>
<td>2 x 12</td>
<td>18</td>
<td>Class S Isolation</td>
</tr>
<tr>
<td>1 Bed Room – Isolation, Negative Pressure</td>
<td>1BR-IS-N-I</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>16</td>
<td>Provide according to service demand</td>
</tr>
<tr>
<td>Anteroom</td>
<td>ANRM-I</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>For Isolation Room, Negative Pressure</td>
</tr>
<tr>
<td>Bay - Handwashing, Type B</td>
<td>BHWS-B-I</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>3 x 1</td>
<td>1 per 4 bays; Refer to Part D Infection Control</td>
</tr>
<tr>
<td>Bay - Linen</td>
<td>BLIN-I</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>May be shared with Recovery</td>
</tr>
<tr>
<td>Bay - Resuscitation Trolley</td>
<td>BRES-I</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>May be shared with Recovery if close</td>
</tr>
<tr>
<td>Clean Utility</td>
<td>CLUR-S-I CLUR-12-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>Includes medications; May be collocated with Staff Station</td>
</tr>
<tr>
<td>Consult/ Exam Room</td>
<td>CONS-I</td>
<td>2 x 14</td>
<td>2 x 14</td>
<td>3 x 14</td>
<td>4 x 14</td>
<td>Provide according to service demand</td>
</tr>
<tr>
<td>Dirty Utility</td>
<td>DTUR-S-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>May be shared with Recovery</td>
</tr>
<tr>
<td>Ensuite</td>
<td>ENS-ST-I</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td>2 x 5</td>
<td>2 x 5</td>
<td>For Enclosed Bed Bay &amp; Isolation Room Negative Pressure</td>
</tr>
<tr>
<td>Toilet – Accessible, Patient</td>
<td>WCAC-I</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td>2 x 6</td>
<td>2 x 6</td>
<td>May share with Recovery areas if close</td>
</tr>
<tr>
<td>Post-operative Area (Recovery Stage 2/3)</td>
<td></td>
<td>1 Proc Rm</td>
<td>2 Proc Rms</td>
<td>4 Proc Rms</td>
<td>6 Proc Rms</td>
<td></td>
</tr>
<tr>
<td>Patient Bay - Holding, Recovery Stage 2</td>
<td>PBTR-H-10-I</td>
<td>3 x 10</td>
<td>6 x 10</td>
<td>12 x 10</td>
<td>18 x 10</td>
<td>Separate Male/Female areas, may be combination of bed and chair spaces; allow 3 beds/chairs per Day Surgery OR</td>
</tr>
<tr>
<td>Lounge – Recovery, Stage 2/3</td>
<td>LNPT-RS2-I (similar)</td>
<td>2 x 12</td>
<td>2 x 18</td>
<td>2 x 36</td>
<td>2 x 54</td>
<td>Separate Male/Female areas, may be collocated; allow 3 lounge chairs per Day Surgery OR at 6m² per chair</td>
</tr>
<tr>
<td>Staff Station</td>
<td>SSTN-10-I SSTN-12-I SSTN-14-I</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>2 x 12</td>
<td>2 x 14</td>
<td></td>
</tr>
<tr>
<td>Bay - Beverage, Open Plan</td>
<td>BBEV-OP-I</td>
<td>1 x 4</td>
<td>1 x 4</td>
<td>1 x 4</td>
<td>1 x 4</td>
<td></td>
</tr>
<tr>
<td>Bay - Blanket/ Fluid Warmer</td>
<td>BBWI</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>As required</td>
</tr>
<tr>
<td>Bay - Handwashing, Type B</td>
<td>BHWS-B-I</td>
<td>2 x 1</td>
<td>4 x 1</td>
<td>6 x 1</td>
<td>9 x 1</td>
<td>1 per 4 beds/chairs; refer to Part D Infection Control</td>
</tr>
<tr>
<td>Bay - Linen</td>
<td>BLIN-I</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>2 x 2</td>
<td>2 x 2</td>
<td></td>
</tr>
<tr>
<td>Bay - Pathology</td>
<td>BPATH-I</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td></td>
</tr>
<tr>
<td>Bay - Resuscitation Trolley</td>
<td>BRES-I</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td></td>
</tr>
<tr>
<td>Cleaner’s Room</td>
<td>CLRM-5-I</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td></td>
</tr>
<tr>
<td>Clean Utility</td>
<td>CLUR-S-I CLUR-12-I CLUR-14-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 12</td>
<td>1 x 14</td>
<td></td>
</tr>
<tr>
<td>Dirty Utility</td>
<td>DTUR-S-I DTUR-12-I DTUR-14-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 12</td>
<td>1 x 14</td>
<td>May be shared</td>
</tr>
<tr>
<td>Disposal Room</td>
<td>DISP-S-I DISP-10-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>May be shared</td>
</tr>
<tr>
<td>Store – Equipment/ General</td>
<td>STEQ-15-I STEQ-20-I</td>
<td>1 x 12</td>
<td>1 x 15</td>
<td>1 x 15</td>
<td>1 x 20</td>
<td>Equipment, consumable stock</td>
</tr>
<tr>
<td>Toilet – Patient</td>
<td>WCPT-I</td>
<td>1 x 3</td>
<td>1 x 3</td>
<td>2 x 3</td>
<td>4 x 3</td>
<td></td>
</tr>
<tr>
<td>Toilet – Accessible</td>
<td>WCAC-I</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td>2 x 6</td>
<td>2 x 6</td>
<td></td>
</tr>
</tbody>
</table>

**Staff Areas**

| Meeting Room - Small | MEET-9-I | 1 x 9 | 1 x 9 | 1 x 9 | 1 x 9 | May be shared |
### ROOM SPACE

<table>
<thead>
<tr>
<th>Standard Component</th>
<th>RDL 2</th>
<th>RDL 3</th>
<th>RDL 4</th>
<th>RDL 5/6</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Qty x m²</td>
<td>Qty x m²</td>
<td>Qty x m²</td>
<td>Qty x m²</td>
<td></td>
</tr>
<tr>
<td><strong>Office – Write-up (Shared)</strong></td>
<td>OFF-WIS-I</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td></td>
</tr>
<tr>
<td><strong>Office – Single Person</strong></td>
<td>OFF-S9-I</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>Unit Nurse Manager</td>
</tr>
<tr>
<td><strong>Property Bay - Staff</strong></td>
<td>PROP-3-I</td>
<td>1 x 3</td>
<td>1 x 3</td>
<td>2 x 6</td>
<td>2 x 6</td>
</tr>
<tr>
<td><strong>Staff Room</strong></td>
<td>SRM-15-I</td>
<td>1 x 15</td>
<td>1 x 15</td>
<td>1 x 20</td>
<td>May share with an adjacent Unit</td>
</tr>
<tr>
<td><strong>Toilet - Staff</strong></td>
<td>WCST-I</td>
<td>1 x 3</td>
<td>1 x 3</td>
<td>2 x 3</td>
<td>2 x 3</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td>320.0</td>
<td>442.0</td>
<td>677.0</td>
<td>964.0</td>
<td></td>
</tr>
<tr>
<td><strong>Circulation %</strong></td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td><strong>Total Area</strong></td>
<td>432.0</td>
<td>596.7</td>
<td>914.0</td>
<td>1301.4</td>
<td></td>
</tr>
</tbody>
</table>

Note 1: Offices to be provided according to the number of approved full time positions within the Unit

Also note the following:
- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU.
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation.
- Exact requirements for room quantities and sizes will reflect Key Planning Units identified in the Service Plan and the Operational Policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Office areas are to be provided according to the Unit role delineation and number of endorsed full time positions in the unit.
- Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to reduce duplication of facilities.
6 Future Trends

When planning for future developments the following trends should be considered:

- Increasing demand for digital operating rooms
- Increasing availability and use of robotic surgery
- Increasing use of imaging within the operating room particularly CT scanning, MRI and angiography
- Technological development of support, monitoring, diagnostic, treatment and procedural equipment
- Increasing sophistication of information systems
- Demand for transparency about quality, safety and cost.

7 Further Reading

The International Health Facility Guidelines recommends the use of HFBS “Health Facility Briefing System” to edit all room data sheet information for your project.

HFBS provides edit access to all iHFG standard rooms, and departments, and more than 100 custom report templates.

The Health Facility Briefing System (HFBS) has numerous modules available via annual subscription. It suits healthcare Architects, Medical Planners, Equipment Planners Project Managers and Health Authorities.

Use the HFBS Briefing Module to quickly drag in health facility departments or pre-configured room templates from the iHFG standard, edit the room features such as finishes, furniture, fittings, fixtures, medical equipment, engineering services. The system can print or download as PDF more than 100 custom reports including room data sheets, schedules, and more…

To learn more about the HFBS web-based Healthcare Briefing and Design Software and to obtain editable versions of the “Standard Components” including Room Data Sheets (RDS) and Room Layout Sheets (RLS) offered on the iHFG website, signup for HFBS using the link below.

Get Started Now: hfbs.healthdesign.com.au

- iHFG Room Data Sheets and Departments are instantly editable in the HFBS software available online.
- You can access hundreds of report templates to print your iHFG room data in HFBS.
- HFBS has a onetime free 3 day trial available to all new users.

Get Started Now: hfbs.healthdesign.com.au