

Part B – Health Facility Briefing & Design

50 Community Health Unit



iHFG

International Health Facility Guidelines

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50 Community Health Unit

1 Introduction

Description

The purpose of the Community Health Unit (CHU) is to provide assessment, counselling, therapy, treatments, health education, community support and group programmes for outpatients. Community Health facilities can range from single rooms to multi-functional clinics and can either be integrated within a hospital campus or located in a stand-alone building.

Community Health Services are typically delivered in a community based rather than hospital based setting. Specific requirements for the facility are determined by the range of services to be provided and may include primary health services, mental health services, health promotion and education. Mental Health services delivered on an outpatient basis may require specialist facilities; refer to Mental Health Unit – Outpatient for specific details.

Staff may be based in the Unit or may be field workers visiting patients at home or other community locations. Some Community Health Services could also be provided in an Outpatient Unit or facility. This will be dictated by the Services plan for the facility.

Services Provided

Services within a Community Health Unit are aimed at health promotion and education while providing therapy services and minimally or non-invasive treatments. Services that may be included in a Community Health Unit include (but are not limited to) the following:

- Aged Care Services
- Antenatal / Postnatal Services
- Carer Support Services
- Child Protection Services
- Child, Youth and Family Health Services
- Chronic Disease Management Services
- Continence Services
- Counselling Services
- Dietetics & Nutrition
- Dental Services (Refer also to Dental Surgery Unit)
- Early Childhood Intervention Services
- Family Planning & Sexual Health
- HIV/AIDS Services
- Home Nursing Services
- Men's Health Services
- Multicultural Health Services
- Outpatients Care and Post-Acute Care Services (refer also to Outpatients Unit)
- Outreach Medical Clinics
- Palliative Care Services
- Pharmacotherapy (Methadone) Clinic
- Primary Medical Services (GP and Nurse Practitioners)
- Rehabilitation and Allied Health Services Including Physiotherapy; Occupational Therapy; Podiatry; Chiropractic; Social Work; Speech Pathology; Psychology; Audiology (refer also to Rehabilitation/ Allied Health Unit)
- Sexual Assault Services
- Women's Health Services

The Community Health Unit may contain facilities that are addressed by other specific Functional Planning Units. For details and further information on specialists units refer to the relevant Functional Planning Units identified above.

2 Planning

Operational Models

Hours of Operation

The Community Health Unit will generally operate up to eight hours per day, 5 days per week with some services available 24 Hours a day. However, extended hours services may be provided. Some services, such as community nursing, may be provided over weekends and public holidays. The facility may also be used by other community groups and voluntary organisations for meetings, education sessions or other activities on a booked basis and may require access after-hours and weekends.

Flexibility

The Community Health Unit may experience fluctuations in service provision, therefore a flexible accommodation model is recommended to provide for expansion and adaptation for future use.

Opportunities for sharing resources and facilities within the unit should also be examined e.g. Reception and Waiting Areas, Interview Rooms and Treatment Rooms. Use of shared spaces and multi-purpose rooms reduce the need for potentially under-utilised special purpose rooms and may avoid duplication of equipment requirements.

Operational Policies

Because the services that can be delivered by a community health unit are so diverse operational policies will vary greatly. Operational policies have a major impact on facility design, management, capital cost and recurrent costs of health facilities. It is recommended that users of the unit develop Operational Policies to suit the individual facility based on the services to be provided and the clientele to be served.

Staffing

Staffing mix and numbers will vary for each CHU, depending on Operational Policies, services provided, availability of staff, case mix, and role delineation of the facility. Staff may be located in the Unit or be mobile, using the Unit as a base and consult with patients in their homes, at their workplace or schools, or in other community facilities, such as home nursing services and community occupational therapy.

Planning Models

Location

The location of the CHU will vary, depending on the needs of the local area that it will serve. Options for locating units include:

- Free standing in a community location
- Attached or included in the development of commercial facilities e.g. shopping centre
- On the grounds of a hospital facility.

Configuration

The configuration of the CHU will depend on:

- Population profile
- Service mix
- Staff profile providing the services
- Relationship of the CHU with any adjacent hospital facilities

Functional Areas

The Community Health Unit will consist of individual spaces that combine to form areas, zones or groups of spaces with a similar purpose. The relationship between areas/ zones is considered important to ensure that the CHU operates efficiently and effectively.

A Community Health Unit will consist of the following Functional Areas/ Zones:

- Entry / Reception including:
 - Covered canopy in stand-alone facilities for patient and ambulance transport
 - Waiting, with provision for gender segregated family waiting, play area for children
 - Storage for wheelchairs
 - Amenities including toilets and parenting room for baby changing and feeding

- Client Areas comprising:
 - Consult rooms
 - Meeting and interview rooms of varying sizes to accommodate families or larger groups; a beverage bay may be located in close proximity to meeting rooms
 - Treatment room/s

- Support Areas including:
 - Handwashing bays
 - Storage for linen, resuscitation trolley, consumables, equipment, medical records, stationery and gas bottles if medical gases are required
 - Clean and Dirty Utility rooms
 - Disposal and waste holding rooms
 - Loading dock for delivery of supplies in stand-alone facilities

- Office / Administration areas with offices and workstations for the management, administration and clinical staff

- Staff Areas including:
 - Change rooms with toilets, showers and lockers
 - Staff room, that may be shared

- Specialist Areas which will depend on the Service Plan of the facility and may include:
 - Physiotherapy with Consult rooms, Gymnasiums, Treatment Bays and support rooms
 - Occupational Therapy with ADL facilities, Gymnasiums, and support rooms
 - Speech Pathology including office/consult rooms, observation rooms and storage
 - Audiology with office/ consult and audiology testing rooms
 - Podiatry including podiatry treatment rooms with office/ consult facilities
 - Dental Surgery with dental treatment rooms, clean-up, sterilising and support rooms
 - Pharmacotherapy (opioid replacement therapy) with waiting, dispensing and dosing areas.

Entry/ Reception

The Entry to the facility should be clearly identified through appropriate signage informing visitors where to proceed. The Entry may incorporate an airlock space and should have suitable weather protection. Entry doors should cater for disabled access and may require automatic doors.

The Entry should be located adjacent to a vehicle set down point and readily accessible from the street and parking areas. Reception and waiting areas should be adjacent.

The Reception area should be highly visible with good directional signposting. If the Reception is also used for Cashier functions, then security cash handling should be considered. Patients will generally register on arrival at the Reception desk and facilities may be included for patient self-registration.

Waiting areas must cater for disabled access, and make allowances for family groups, prams and play areas for children. Waiting areas, where appropriate, may be designed with separate enclosures to meet cultural requirements

In large Units a patient booking/ queuing system will be essential for efficient operation and patient management.

Client Areas

The Community Health Unit may include a number of Consult Rooms, Interview Rooms, Meeting Rooms and Treatment Rooms for use by Medical Practitioners, Nurses, Psychologists, Social workers, Counsellors and other staff. If multiple services are provided from the one unit then these rooms may be shared between services.

The quantity of rooms required will be dependent on the Service Plan for the combinations of services provided in the unit as well as operational policies regarding space sharing. For example, a Community Health Unit may contain a Chronic Disease Management service that employs a variety of professionals including occupational therapists, physiotherapists, dietitians, social workers, counsellors and community nursing workers.

The unit may simultaneously house a family planning and sexual health service that offers consultations with general practitioners and counsellors, as well as holding education evenings. Both services require office space for staff, meeting rooms, seminar rooms, consult rooms and staff facilities and these may be shared, with one service using a certain rooms at certain times.

Specialist Areas

Services and specialties such as Dental Surgery, Podiatry Clinics, Occupational Therapy, Physiotherapy, Prosthetists and Orthotists require specialist clinical areas. Occupational Therapy and Physiotherapy treatment areas will require access to an outdoor area for exercises and patient training. The CHU provides a base for therapists to work from, store equipment and complete documentation.

Refer to Standard Components Room Data Sheets and Room Layout Sheets for specific room sizes and details.

Physiotherapy

Physiotherapy will require an open treatment area with a number of bays to assist with evaluation, therapeutic exercise and ambulation training. The treatment area needs to accommodate equipment such as plinths, gym equipment, mats, treatment tables, parallel bars and steps. The Physiotherapy area should include a specifically designated area for electro-medical patient treatment.

Treatment areas may include curtained bays or enclosed rooms if additional privacy is required. Treatment bays and rooms should be located with close access to waiting areas for patient access and plaster rooms and other treatment spaces for staff access. Plinths should be adjustable height, some may be double size. Treatment bays may include mesh and pulleys for exercises to sides and ceiling space over the plinth.

Physiotherapists also may provide care through home visits, particularly if part of a service for a specific population such as those for chronic disease management, and neuromuscular disorders.

Occupational Therapy

Occupational therapy may require an open treatment / activities area for individual or group activities or evaluation of patient equipment needs. Specialist rooms or areas will be required for activities of daily living (ADL) training and may include an ADL Kitchen, Laundry, Bathroom and Bedroom. Refer to Standard Components for specific ADL room requirements.

Paediatric occupational therapy services may require a sensory play room to provide play therapies to children. Paediatric occupational therapy may be provided by a specific occupational

therapy service or by occupational therapy professionals within an early childhood intervention service in conjunction with other services such as speech pathology and physiotherapy.

Occupational therapists may also require smaller consult rooms and a plaster/ splinting room if hand therapy or lymphedema services are provided.

Some community occupational therapy services, including aged care, chronic illness and paediatric services are provided predominantly through home visitation. For this mode of service delivery the community health unit would provide a base for equipment storage, team meetings and undertaking documentation.

Allied Health Specialties

Allied Health services including Podiatry, Speech Therapy, Audiology will generally be accommodated in specialised treatment and diagnostic spaces. General consultation and interviews may occur in multipurpose interview and consult rooms that are shared with other disciplines in the Unit. Speech therapy consultation may be associated with an adjacent observation room with one-way glazing. The observation room provides discreet observation to assist in diagnosis and also may be used for education and training purposes.

For specialist rooms including Podiatry Treatment, Observation Room, and Audiology Testing refer to Standard Components Room Data Sheets and Room Layout Sheets.

Other Allied Health specialties including Psychology and Social Work and Dietetics may use shared multipurpose consult, interview and group rooms. An efficient booking system will be beneficial.

Dental Facilities

Depending on the services to be included in the CHU, there may be a requirement for Dental Surgery rooms for sessional dentist and dental nurse consultation with patients. If Dental facilities are included, there will be a need for space for sterilising equipment, portable X-Ray and X-Ray developing equipment. Design of the area for decontamination and sterilising must comply with the relevant local statutory standards and guidelines. Refer to Standard Components Dental Surgery, Dental Clean-up/ Sterilising and Dental Laboratory for additional details and room sizes to accommodate specialised dental functions and equipment.

If provided, Dental facilities should be located with close access to the Entry and Waiting Areas. Dental facilities must be acoustically isolated.

Refer to Dental Surgery FPU in these Guidelines for additional information on Dental Units.

Staff and Support Areas

Staff and Support areas for the Community Health Unit will include:

- Bays for linen, resuscitation trolley, mobile equipment
- Cleaners room
- Clean Utility with provision for drug storage
- Dirty Utility room including facilities for urine testing and waste holding
- Store Rooms for general stock and equipment; storage for sterile stock may be required for treatment areas, if physiotherapy and occupational therapy areas are included storage may be required for bulky equipment such as crutches, walking frames and other mobility equipment
- Offices for Unit Manager and clinical staff
- Offices for administrative staff
- Staff amenities including Staff Room, Toilets, Shower and Lockers.

Functional Relationships

External

The Community Health Unit should be carefully positioned to be:

- Easily accessible to the community with private and public transport connections in close proximity
- Close to other local resources such as a shopping centre or other public amenities.

The Community Health Unit will require convenient access to:

- Car parking areas
- Ambulance entry with ambulance trolley access; a discreet entry for ambulance entry is recommended
- Covered entry and vehicle set down for clients
- Service entry for deliveries and removal of waste
- Main entrance and other health care facilities on the site such as Medical Imaging, Laboratories and Pharmacy if co-located with a hospital.

Internal

The internal plan of the CHU must allow clients to easily move to and from treatment and activity areas, and enable efficient staffing. Optimum internal relationships include:

- Reception/ Clerical Areas should have a direct view of the entry and waiting areas and be visible from adjacent staff areas for optimal security.
- Medical records should be conveniently located for staff access or available as digital files. Access to consultation and treatment areas by clients should be controlled by the Reception area.
- Consult, interview, and treatment rooms should be easily accessible from the Unit entry and waiting areas for patients
- Meeting/ Activity Rooms should be adjacent to the entry/ waiting area so they can be accessed after hours and security maintained to the remainder of the Unit.
- Staff areas should be located with ready access entry, reception and client areas.
- Staff offices and amenities should be separate from client and public areas to provide privacy and security.

Functional Relationship Diagram
Community Health Unit – all models

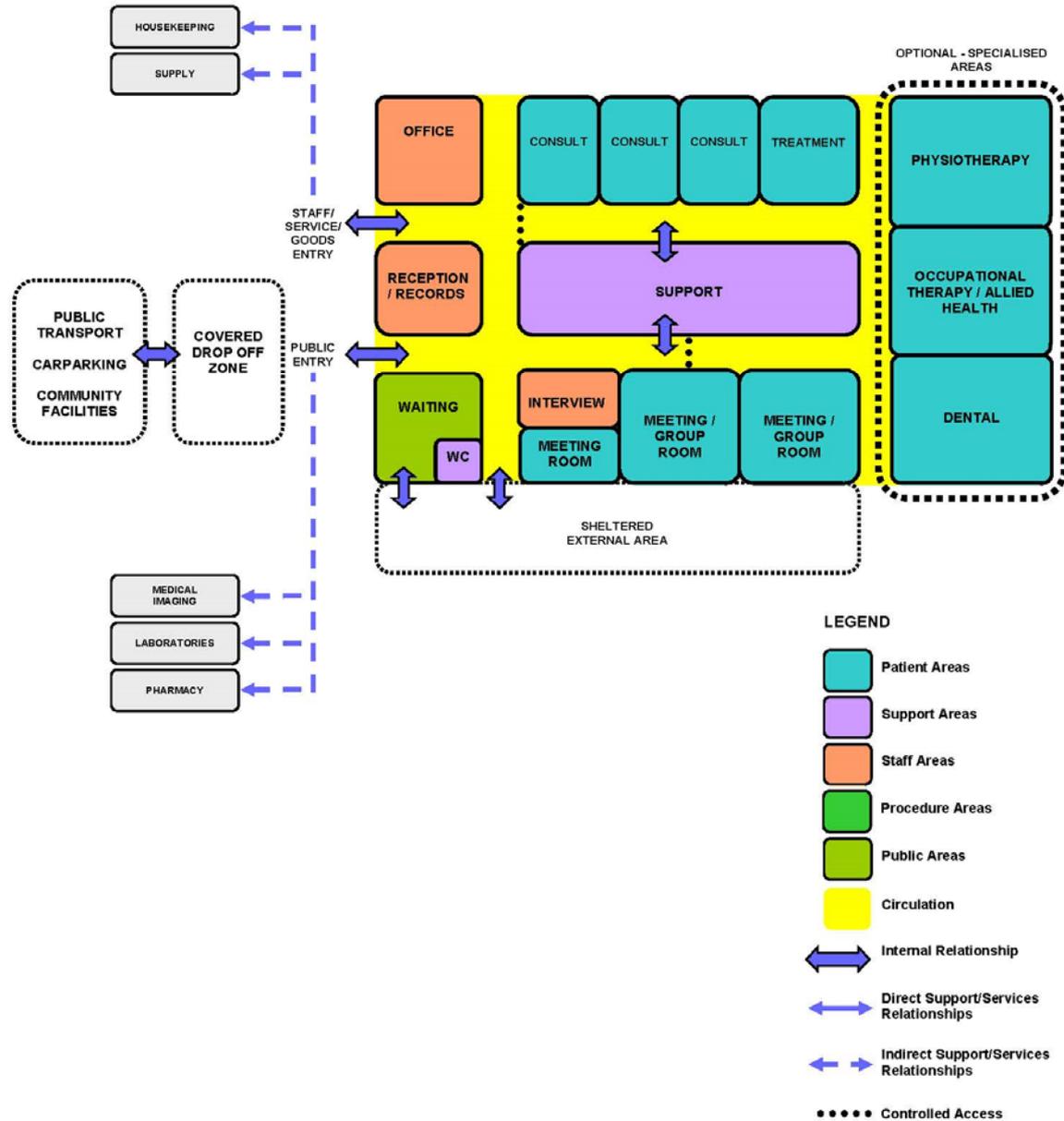


Figure 1: Functional Relationship Diagram – Community Health Unit

The ideal external functional relationships are demonstrated in the diagram above including:

- A distinct relationship between public transport, car parking and external community facilities with a covered drop off zone which has a direct relationship to the public Entry
- Staff entrance and access to and from service units via a service entry
- Access to related hospital and diagnostic units via a public corridor.

Correct internal relationships creating efficient design include the following:

- Reception, administration, waiting and interview areas at the entry to the Unit, where Reception may act as a control point
- Ready access to Consult and Meeting/ Group room/s from waiting areas
- Interview, Meeting/ Group rooms located at the front of the Unit to permit after hours access
- Centrally located support rooms with ready access to patient consult and therapy areas.

3 Design

Parking

Car parking will be required for clients, patient transport vehicles, hire taxi cab vehicles, staff and health service vehicles that may be stationed at the Unit. Car parking areas should have good access to the Unit entrance and amenities.

Disaster Management

The role of Community Health Unit in a disaster management situation should be considered as the unit will have the location and facilities which make it potentially useful in a disaster situation including:

- Focal point in the community with convenient transport access
- Reception, waiting rooms, large meeting rooms that may be used for disaster coordination or emergency accommodation
- Consult / Interview Rooms that may be used for triage

Environmental Considerations

Acoustics

The following functions require careful consideration of acoustic privacy:

- Waiting and play areas should be located further away from the consult rooms, treatment spaces and staff areas
- Interview areas with clients require acoustic treatment in order to maintain the confidentiality of conversations between clients and clinicians
- Meeting rooms and discussion areas for staff where confidential patient information will be shared require acoustic treatment
- Consultation/ treatment areas where loud equipment may be used or noise producing treatments are likely to take place should be treated to minimise the transmittal of noise to other areas of the CHU.

Natural Light/ Lighting

Windows are an important aspect of sensory orientation and psychological well-being of patients and staff. Windows should be provided to all patient and staff spaces wherever possible.

External lighting must be addressed for stand-alone units, including car parking areas, particularly if the Unit is accessed after-hours parking, according to Local Authority requirements.

Privacy

Staff observation of patients and patient privacy must be well-balanced within the Unit. Areas should be designed to avoid direct views into patient consult and treatment spaces from the outside, through the windows and through the doors. Privacy curtains should be provided where necessary.

Decentralised waiting areas may be included for segregation of patients into smaller clusters.

Space Standards and Components

Accessibility

Design should provide disabled access to all patient areas including Consult, Interview, Treatment and specialist clinical areas. Charging points for mobility equipment is useful and seating must accommodate a wide range of occupants including patients with mobility aids children and bariatric patients.

Ergonomics/ OH&S

Furniture, fittings, fixtures and equipment selections should consider ergonomics and occupational health and safety issues for patients, visitors and staff welfare.

Refer to Part C – Access, Mobility, OH&S in these Guidelines for further information

Size of the Unit

The size of the Unit will be influenced by:

- The size of the population served by the unit and the expected numbers of patients
- The clinical service plan that will determine the range of specialty services and programs to be included
- The community services available in the local district
- Referrals and transfers from other local districts.

A Schedule of Accommodation has been provided for a typical stand-alone CHU with optional specialist areas indicated.

Safety and Security

The Community Health Unit, either stand-alone or located within a hospital precinct will require good external security which may include CCTV surveillance. The perimeter of the Unit must be lockable.

Internal areas should be planned with a high level of security including:

- Zoning areas and grouping similar functions together with electronic access to areas
- Provide access and egress control which may use the Reception as the control point
- Provide good visibility to waiting and patient areas for staff
- Use of shutters and screens to provide additional security to public access points.

As community programs may be offered after-hours and weekends, security provisions allowing access to zones within the Unit will need to be considered.

Finishes

Internal finishes including floor, walls, joinery, and ceilings should be suitable for the function of the unit while promoting a pleasant environment for patients, visitors and staff.

The following factors shall be considered:

- Aesthetic appearance
- Acoustic properties
- Durability
- Fire safety
- Ease of cleaning and compliant with infection control standards
- Suitable floor finishes with respect to slip resistance, movement of equipment and impermeable to fluids in treatment areas.

Refer also to Part C – Access, Mobility and OH&S and Part D – Infection Control of these Guidelines for additional information.

Building Services Requirements

Communications

Unit design should address the following Information Technology/ Communications issues for optimal operation of the Unit:

- Electronic health records, prescriptions and investigation requests

- Patient Administration Systems (PAS), including patient booking systems
- Computers including mobile and handheld units, email and paging systems
- Picture Archiving Communication System (PACS)
- Bar coding of supplies, records and X-Rays
- Data and voice communication outlets, telephones and mobile telephones, servers and communication room requirements
- Network and wireless network requirements
- Video-conferencing teleconferencing and telemedicine requirements.

Nurse Call & Duress Alarm Systems

Nurse and Emergency Call facilities shall be provided in all patient areas (e.g. Consult/ exam rooms, toilets) and clinical areas (treatment and therapy rooms) in order for patients and staff to request urgent assistance. The individual call buttons shall activate a central module situated at or adjacent to the Staff Station, Staff Room and Meeting Rooms within the Unit. The alert to staff members shall be done in a discreet manner at all times.

Provision of a Duress Alarm system is required for the safety of staff members who may occasionally face threats imposed by clients/ visitors. Duress call buttons will be required at all Reception/ Staff Stations, Consult rooms and Treatment rooms where staff may spend time with a client in isolation or alone. The combination of fixed and personal duress units should be considered as part of the safety review during planning for the unit.

Heating, Ventilation and Air-conditioning (HVAC)

The air conditioning system in the unit should be designed to maintain a comfortable temperature range, not exceeding 25 degrees Celsius in patient areas including waiting areas, meeting rooms, therapy areas and consult rooms.

Infection Control

Standard precautions should be implemented in the Unit to prevent cross infection between potentially infectious patients. It is recommended that antiseptic hand gel dispensers be available at the Unit entry/ exits and in corridors in all patient zones.

Handwashing facilities for staff within the Unit must be readily available in all patient areas including Consult rooms, and treatment spaces. Where a hand wash basin is provided there shall be liquid soap, disposable paper towels, a garbage bin and PPE provided.

For further details refer to Part D - Infection Control of these Guidelines.

4 Components of the Unit

Standard Components

The Community Health Unit will contain Standard Components to comply with details described in these Guidelines. Refer to Standard Components Room Data Sheets and Room Layout Sheets.

Non-Standard Components

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

Entry Canopy.

A stand-alone facility will require a canopy at the Entry to provide undercover access to the building for vehicles. The Canopy should be sized to accommodate the type of vehicles expected at the facility including ambulances, taxi cabs, patient transport vehicles and private vehicles.

5 Schedule of Accommodation – Community Health Unit

The content and size of a Community Health Unit varies depending on the location, services provided and throughput. The Schedule of Accommodation that follows lists generic spaces that can be combined to form a Community Health Unit. Sizes and quantities of each space will need to be determined on a case by case basis.

Community Health Unit (Stand-alone Facility)

ROOM/ SPACE	Standard Component Room Codes								All RDLs Qty x m ²	Remarks
Entry / Reception										All room areas depend on size of service
Entry Canopy	NS								1 x 0	External area; allow for patient transport and ambulances
Airlock - Entry	AIRLE-10-I								1 x 10	Main Entry. Directly adjacent to reception and waiting areas.
Bay - Wheelchair Park	BWC-I								1 x 4	May also be used for prams.
Parenting Room	PAR-I								1 x 6	
Play Area - Paediatric	PLAP-15-I								1 x 15	Optional. Provide if paediatric / family services are provided. Close to main waiting for unit or to sub-waiting areas for paediatrics
Reception / Clerical	RECL								1 x 20	Up to 4 staff. May connect with clerical / administration areas.
Toilet - Accessible	WCAC-I								2 x 6	May be divided into gender segregated areas. Adjacent to waiting
Toilet - Public	WCPU-3-I								2 x 3	May be divided into gender segregated areas. Adjacent to waiting
Waiting	WAIT-50-I								1 x 50	May be divided into gender segregated areas. Size for client numbers and service mix. May be provided as sub waiting areas
Waiting - Family	WAIT-50-I								1 x 50	Optional. Provide if paediatric / family services are provided. Adjacent to play area. Include space for prams.
Client Areas										May be shared between services
Bay - Beverage (Enclosed)	BBEV-ENC-I								1 x 5	For large meeting rooms.
Consult / Exam Room	CONS-I								4 x 14	Multifunctional, programmed use.
Meeting Room - Small	MEET-9-I								2 x 9	Interview function. Suitable for mental health, drug and alcohol, counselling, etc. services.
Meeting Room - Small	MEET-12-I								2 x 12	Interview function. Suitable for paediatric / family services.
Meeting Room - Medium / Large	MEET-L-20-I								2 x 20	May include telehealth / videoconference facilities.
Meeting Room - Medium / Large	MEET-L-30-I								2 x 30	Group therapy / education function. External access for after-hours use. May include audio-visual / videoconference facilities.
Meeting Room - Large	MEET-L-55-I								1 x 55	Conference function. External access for after-hours use. May include audio-visual and videoconference facilities.
Observation Room	OBS-I								2 x 9	Optional. One-way window to small meeting rooms.
Treatment Room	TRMT-I								1 x 14	Multi-functional, programmed use.
Support Areas										

ROOM/ SPACE	Standard Component Room Codes								All RDLs Qty x m ²	Remarks
Bay - Handwashing, Type B	BHWS-B-I								4 x 1	Distributed as required. Refer to Part D - Infection Control.
Bay - Linen	BLIN-I								1 x 2	Need depends on operational policies.
Bay - Resuscitation Trolley	BRES-I								1 x 1.5	
Cleaner's Room	CLRM-5-I								1 x 5	1 per 1000m ²
Clean Utility	CLUR-14-I								1 x 14	Includes medication storage
Dirty Utility	DTUR-12-I								1 x 12	
Disposal Room	DISP-8-I								1 x 8	
Loading Dock	LODK-I								1 x 30	Optional; dependent on size of service; may share with main facility
Store - Equipment	STEQ-20-I								2 x 20	Size and quantity depends on equipment to be stored.
Store - Gas Bottle, Full	STGB-F-I								1 x 10	Near loading and service areas.
Store - General	STGN-9-I								2 x 9	
Store - Records (Active)	STRS-80-I								1 x 80	Ready access from reception and clinical areas
Store - Records (Inactive)	STRS-60-I								1 x 60	May be remote from main work areas
Store - Photocopy / Stationery	STPS-8-I								1 x 8	Adjacent to reception / administration areas.
Waste Compactor / Recyclables	WACO-I								1 x 45	Optional; dependent on size of service; may share with main facility
Office / Administration Areas										
Office - 4 Person Shared	OFF-4P-I								1 x 20	Administration. Adjacent to reception
Office - Single Person	OFF-S12-I								1 x 12	Unit Manager. Adjacent to reception and administration areas
Office - Single Person	OFF-S9-I								2 x 9	Depends on staffing and operational policies
Office - Workstation	OFF-WS-I								4 x 5.5	For clinical staff. Quantity depends on staffing profile
Staff Areas										
Change - Staff (Male / Female)	CHST-20-I								2 x 20	Toilets, Shower and Lockers; Size depends on staff numbers.
Staff Room	SRM-25-I								1 x 25	May include library / resource store. Size depends on staff numbers.
Toilet - Staff (M/F)	WCST-I								2 x 3	If required in addition to change room facilities in larger units.
Sub Total									953.5	
Circulation %									0.32	
Area Total									1258.6	

Specialist Areas

ROOM/ SPACE	Standard Component Room Codes								All RDLs Qty x m ²	Remarks
Physiotherapy Area										Optional
Bay - Resuscitation Trolley	BRES-I								1 x 1.5	
Consult / Exam Room	CONS-I								1 x 14	For assessment and treatment. May share consult rooms in general client area.
Change Cubicle - Patient	CHPT-I								2 x 2	Mix of large and small change cubicles depending on anticipated clientele.
Change Cubicle - Accessible	CHPT-D-I								2 x 4	Mix of large and small change cubicles depending on anticipated clientele.
Gymnasium	GYAH-60-I								1 x 60	For up to 6 patient per hour. Includes write-up. May be split into 2 x 30m ² spaces to allow gender separated areas
Office - Write-Up	OFF-WI-3-1								2 x 3	Adjacent to treatment cubicles.
Plaster Room	PLST-I								1 x 14	
Shower - Patient	SHPT-I								2 x 4	Gender separated areas
Store - Equipment	STEQ-14-I								1 x 14	
Toilet - Accessible	WCAC-I								2 x 6	Gender separated areas
Treatment Bay	PBTR-H-10-I								4 x 10	May be divided into gender segregated areas. Open bay with privacy screen.
Treatment Bay (Enclosed)	PBTR-H-E-12-I								2 x 12	May be divided into gender segregated areas.
Occupational Therapy Area										Optional
ADL Bathroom	ADLB-I								1 x 12	Optional; assessment may be conducted in patient's home
ADL Kitchen	ADLK-OP-I or ADLK-ENC-I								1 x 12	Optional; assessment may be conducted in patient's home
ADL Laundry	ADLL-I								1 x 8	Optional; assessment may be conducted in patient's home
Consult / Exam Room	CONS-I								1 x 14	For assessment and treatment. May share consult rooms in general client area.
Equipment Clean-Up	ECL-12-I								1 x 12	
Gymnasium - Paediatric	GYAH-P-I								1 x 45	Size depends on service demand.
Observation Room	OBS-I								1 x 9	Optional. To consult room and / or play gymnasium.
Office - Write-Up	OFF-WI-3-1								1 x 3	Adjacent to ADL training areas.
Plaster Room	PLST-I								1 x 14	For hand splinting and lymphedema services. May be shared with physiotherapy.
Store - Equipment	STEQ-14-I								1 x 14	
Speech Pathology Area										Optional
Office / Consult Room	CONS-I (similar)								1 x 14	Combined office and consultation room depends on unit policies. May share consult rooms in general client area.
Observation Room	OBS-I								1 x 9	Optional.
Office - Write-Up	OFF-WI-3-1								1 x 3	Optional. Provide if consult room and office not combined.

ROOM/ SPACE	Standard Component Room Codes								All RDLs Qty x m ²	Remarks
Store - General	STGN-10-I								1 x 10	Includes resource storage.
Audiology Area										Optional
Audiology Testing Room	AUDIO-I								1 x 14	
Office / Consult Room	CONS-I (similar)								1 x 14	Combined office and consultation room depends on unit policies. May share consult rooms in general client area.
Podiatry Area										Optional
Office / Consult Room	CONS-I (similar)								1 x 14	Combined office and consultation room depends on unit policies. May share consult rooms in general client area.
Podiatry Treatment	PODTR-14-I								2 x 14	
Equipment Clean-Up	ECL-10-I								1 x 10	
Dental Area										Optional
Dental Clean-Up / Sterilising	DENCU-8-I								1 x 8	
Dental Surgery	DENSR-14-I								2 x 14	
Dental Workroom	DENW-I								1 x 12	
Dental X-Ray	DENXR-I								1 x 6	Storage and developing.
Office - Write-Up Bay	OFFWI-6-I								1 x 6	
Pharmacotherapy Area (Opioid Replacement Therapy)										Optional
Pharmacotherapy Unit - Dispensing	PHCO-DISP-I								1 x 14	
Pharmacotherapy Unit - Dosing	PHCO-DOS-I								1 x 4	
Pharmacotherapy Unit - Waiting	PHCO-WAIT-I								2 x 15	6-10 people per room. May be gender segregated.
Office - 3 Person Shared	OFF-3P-I								1 x 15	
Toilet - Patient	WCPT-I								2 x 4	Specimen collection.
Sub Total									595.5	
Circulation %									0.32	
Total Areas									786.1	

Please 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.
- Offices and workstations to be provided according to the Operational Policy and the number of endorsed full time positions within the Unit
- Staff and support rooms may be shared between Functional Planning Units dependant on location and accessibility to each unit and may provide scope to reduce duplication of facilities.

6 References and Further Reading

- Australasian Health Facility Guidelines (AusHFG), Part B 'Health Facility Briefing and Planning-Community Health', 2016, refer to website: https://aushfg-prod-com-au.s3.amazonaws.com/HPU_B.0255_6_0.pdf
- Facility Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities; 2014 Edition; refer to website www.fgiguideines.org
- U.S. Department of Veterans Affairs, Office of Construction & Facilities Management: 'Prototype for Standardized Design and Construction of Community Based Outpatient Clinics' <http://www.cfm.va.gov/til/spclRqmts.asp#SIGN>
- Gov.UK DH Health Building Notes (HBN 00-01) 'Designing Health and Community Care Buildings' (2014) <https://www.gov.uk/government/collections/health-building-notes-core-elements>



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.

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