

Australasian Health Facility Guidelines

Part A:

**Introduction and
Instructions for use**

Release Notes

This release represents the first public issue of the Australasian Health Facility Guidelines (HFG).

This current release is for Industry Use and Commentary for a 12 month period commencing 24 November 2006.

Clauses are compiled from many different sources and every attempt is being made to bring consistent terminology to the clauses. The terminology or methods of measurement used in these guidelines may vary from that used within individual jurisdictions covered by Health Capital and Asset Management Consortium (HCAMC) in Australia and New Zealand.

These guidelines are compiled within a database framework, it is intended that each clause will cover one discrete concept. The clause numbering system allows for the insertion of new or modified clauses as needed.

To understand the philosophy behind the development of these guidelines, refer to the "Health Facility Guidelines Framework for Development" – the last section in the overall database and available from the web site www.healthdesign.com.au/aus.hfg

What is New?

This release consists of 19 Hospital Planning Units (HPUs) and 125 Standard Components. Part A – Introduction and Instructions for Use - and the General Requirements in Part B of the Guidelines have been updated to include reference to all jurisdictions where such information is available. Formatting maintains consistency with the Victorian and NSW versions

Important Information re: Copyright & Disclaimer

Disclaimer: These Guidelines are stand-alone documents. Nothing in these Guidelines implies that compliance with them will automatically result in compliance with other legislative or statutory requirements, the Australian and New Zealand Standards or the Building Codes of Australia and New Zealand. It is the responsibility of each user to ensure compliance with all other relevant legislative and statutory requirements.

Both words and concepts found in other Guidelines have been used when appropriate, sometimes with changes to terminology or methods of measurement. Since very similar concepts and requirements are covered by many different guidelines, a clause by clause reference to other guidelines would be impractical. A short list of other Guidelines reviewed for the preparation of these Guidelines can be found under "Reference and Further Reading" in each section of the Guidelines. Nothing in these Guidelines implies or guarantees compliance with every requirement of those other Guidelines.

These guidelines are not a substitute for professional judgement and where necessary, professional advice should be sought (whether legal, financial or other advice).

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General

- 600010 2.1.05 The Health Capital Asset Management Consortium (HCAMC) acknowledges the following contributors to the development of these Health Facility Guidelines:
- HCAMC Steering Committee who have overseen the project;
 - NSW Health for contributing the database from which these Guidelines have been developed;
 - The Victorian Department of Human Services for contributing the initial database from which the NSW Guidelines were developed;
 - Western Australia Department of Health for their original and ongoing contribution to the Victorian and NSW Guidelines via the Private Hospital Guidelines;
 - Health Projects International for advice and assistance in utilising the database;
 - The consultants who facilitated the working group processes and all members of working parties who have contributed to the development of these Guidelines;
 - All reviewers of the draft Guidelines.

Foreword

500020 3 .2.00 Many people undertake a capital development only once in their working life and may not be familiar with capital planning processes. These Guidelines therefore include not only information on capital planning, but also information on current policy directions. They also include information on service and facility planning that will be useful for any agency undertaking the planning, design and construction of a health facility. The Guidelines promote the importance of clearly defining a Service Plan, Model of Care and Operational Policies for the facility before embarking on the capital planning process.

The Guidelines have been developed with recognition of the fact that all parties involved in a facility planning process have a responsibility to ensure that they develop Health Care Facilities that comply with legislation. They also have a responsibility to ensure that Health Care Facility developments are designed to minimise asset management and maintenance costs and maximise efficiencies.

Description

- 600011 10 .1.05 This document represents the recommended design guidelines for Health Facilities in Australia and New Zealand. They are referred to as 'the HFG' or 'these Guidelines' throughout the text.

This issue of the Australasian HFG in an electronic database format sets the directions for HCAMC to update further HFG in this format

- 500040 10 .2.00 Generally designs that depart from these Guidelines will not be approved by the responsible Health Authority unless clear patient/service benefits can be demonstrated and justified.

- 600023 10 .2.05 Individual jurisdictions will provide instructions regarding the application of the Guidelines in capital projects.

Background

- 600012 10 .3.05 The development of these Guidelines in electronic format was made possible by NSW Health's contribution to the database derived from the Victorian Department of Human Services' Guidelines database as developed by Health Projects International in 2000. This contribution has allowed HCAMC to further develop and refine the database and guideline process in the production of an initial suite of priority Health Facility Guidelines to meet Australasian requirements.

Objectives

- 500033 10 .4.00 These Guidelines have been developed on the basis that provision of appropriate physical environments that support and enhance the delivery of high standards of patient care.

- 600013 10 .5.05 The main aims of these Guidelines are to:
- Establish acceptable standards for the design of Health Care Facilities;
 - Achieve affordable solutions for the planning and design of Health Care Facilities;
 - Maintain public confidence in the standard of Health Care Facilities;
 - Provide general guidance to designers seeking information on the special needs of typical Health Care Facilities;
 - Promote the design of Health Care Facilities with due regard for the safety, privacy and dignity of patients, staff and visitors;
 - Eliminate design features that result in unacceptable practices;
 - Update Guidelines to meet current clinical practice and standards on a regular basis;
 - Eliminate duplication between various existing Guidelines.
 - Minimise recurrent costs and encourage operational efficiencies.

Part A - Introduction and Instructions for Use

- 500038 10 .6.00 In most jurisdictions and depending on individual planning processes, the following should be defined and approved for the Facility prior to commencement of design:
- Service plan;
 - Model of care for service delivery;
 - Operational policies;
 - Health Planning Units/Functional Units;
 - Schedules of accommodation;
 - Functional relationships, external and internal;
 - Key planning principles.
- These will generally be set out in the planning brief for the project. Refer to Part B and Part C for further details.
- 600024 10 .6.05 In WA, refer to the Infrastructure Development – Process, Role and Responsibilities, Government of WA, Department of Health, 12 April 2005 document.

Facilities Covered

500664 20 .1.00 Depending on the individual jurisdiction, these Guidelines may apply to the following types of Health Care Facility:

- Public Hospitals;
- Licensed facilities contracted to provide services to public patients;
- Day Procedure Units - integrated or stand alone;
- Ambulatory Care Facilities - integrated or stand alone
- Mental Health Facilities;
- Rehabilitation Centres;
- Oral Health Units – integrated, stand-alone or mobile units;
- Palliative Care Centres;
- Multipurpose Centres (remote & rural areas including aged care facilities)
- Birthing Centres – stand-alone
- Community Health Centres.

Note: Licensed private health care facilities may have regard to these guidelines as a reference for facility standards and plan approvals under the relevant legislation. In Victoria and Western Australia the Guidelines are specifically mandated for Private Hospitals

500781 20 .2.00 These Guidelines do not apply to the following types of Health Care Facility although they may be voluntarily used in designing them:

- Aged Care Facilities – residential, hostel, nursing home (Commonwealth funded); (refer to Queensland Health Aged Care Facilities Guidelines available on www.health.qld.gov.au/cwamb)
- Medical Practitioner Consulting Suites;
- Pharmacies (retail stand-alone).

New Facility Types

500676 20 .3.00 Changes in health practice may result in new facility types, descriptions or names. The fundamental principles and processes set out in these Guidelines apply equally to all types of Health Care Facilities, whether new, traditional or combinations of these.

Changing the names of Health Care Facilities (or sub-components) will not alter the requirement to justify departure from the Guidelines that would apply to the traditional settings delivering similar services.

Part A - Introduction and Instructions for Use

New and Refurbished Buildings

500045 20 .4.00 All new work shall comply with these Guidelines. Each jurisdiction will determine to what extent refurbishment work will need to comply.

The Structure of these Guidelines

500673 30 .2.00 STRUCTURE

The Guidelines are divided into a number of "Parts". Each subject is covered once only in order to avoid duplication of the same information under different Planning Units. The Parts are as follows:

- Part A: Introduction and Instructions for Use;
- Part B: Health Facility Briefing and Planning - including Briefing and Planning, Standard Components and specific Hospital Planning Unit (HPU) sections;
- Part C: Access, Mobility, OHS and Security;
- Part D: Infection Control;
- Part E: Building Services and Environmental Design Briefing (under review for Australasian use)
- Part F: Project Implementation - including FF&E and Operational Commissioning;
- Enclosures: Generic Room Data Sheets (RDS) and Generic Room Layout Sheets (RLS).

Within the Parts, numbered headings are used to designate key sections or subjects such as requirements for a particular Health Planning Unit (HPU) e.g. Emergency, Intensive Care, or to cover issues such as Safety, 'Security', 'Access' requirements etc.

Part B contains generic sections that apply to all or most HealthCare Facilities and specific sections that apply to individual HPUs.

Part B also contains a selection of Standard Components i.e. rooms / spaces that apply to many Health Care Facilities. These Standard Components cross-reference to Room Data and Room Layout Sheets in the Enclosures.

Part C also contains a table indicating recommend discounted circulation for Hospital Planning Units.

501985 30 .3.00 REVIEW AND REVISION

A process of review and revision will be developed for the Guidelines. Industry comment will be sought and responded to in future issues of the Guidelines and the results of Post-Occupancy Evaluations will also be factored into the Guidelines.

500052 30 .4.00 APPLICATION

These Guidelines are expressed as a combination of performance-based standards and prescriptive requirements.

500053 30 .5.00 Mandatory requirements are identified by the words 'shall', 'must', 'mandatory', 'required', etc.

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Other non-mandatory or advisory information has also been provided. This is identified by words such as 'should', 'optional', 'non-mandatory', 'desirable', 'highly desirable', 'preferable', 'ideal', etc.

- 500041 30 .6.00 The primary objective of the Guidelines is to achieve a desired performance result or service.

Prescriptive limitations, when given, such as exact recommended dimensions or quantities, describe a condition commonly recognised as a practical standard for normal operation.

Where specific measurements, capacities or other standards are described, equivalent alternative solutions may be deemed acceptable if it is demonstrated that the intent of the standards has been met.

It is important to note that these Guidelines do not intend to restrict innovation that might improve performance and/or outcomes.

Statutory Codes and Regulations

- 600014 40 .1.05 Facility design shall comply with all statutory requirements including Australian and New Zealand Building Codes, referenced Australian and New Zealand Standards and local authority requirements. It is the responsibility of those referring to these documents or requirements to ensure that the latest version or edition is used.

Licensed Private Health Care Facilities must also meet the requirements of the relevant Acts and Regulations under which they are licensed.

Building Codes

- 600015 40 .2.05 Construction and design standards in new and refurbished projects shall comply with the requirements of the latest edition of the Building Code of Australia (BCA) or the New Zealand Building Code.

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

Nothing in these Guidelines implies that compliance with a provision of the Australian or New Zealand Building Code is not required.

Both the Building Codes and these Guidelines refer to other Codes and Standards. When such Standards are referenced by the Building Codes or these Guidelines, they also become a mandatory requirement.

Other Building Regulations

- 500686 40 .3.00 Facilities covered by these Guidelines may also be covered by other building regulations such as:

-Local Government planning instruments/agencies;

-Government policies and directives;

-Food Services regulations;

-Disability Discrimination legislation such as the Australian Commonwealth Disability Discrimination Act (DDA);

-Environmental Protection Authority (EPA) or Environmentally Sustainable Design (ESD) regulations;

-Import bans.

Compliance with these Guidelines does not imply compliance with any other regulations.

Approval of a Health Care Facility by one or more authorities does not imply that the Facility has complied with all other relevant regulations.

The relevant licensing authority, through its approval and licensing processes may require verification or proof of compliance with other relevant regulations.

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Disability Discrimination Legislation

500687 40 .4.00 In Australia, the Commonwealth Disability Discrimination Act (DDA) has the potential to influence many aspects of the design and construction of Health Care Facilities covered by these Guidelines. This influence goes beyond other disabled access standards such as AS1428 series.

Designers are strongly advised to review the DDA and proceed with caution. It may be helpful to employ a disability specialist to assist with compliance with DDA requirements and to avoid conflict with these and other Guidelines and Codes.

Also refer to Part C of these Guidelines for more details.

600016 40 .4.05 Designers in New Zealand should refer to the report - Human Rights in New Zealand Today
Ngā Tika Tangata O Te Motu. New Zealand Action Plan for Human Rights — Mana ki te Tangata.

OHS Acts and Regulations

600017 40 .5.05 Health Care Facility design shall comply with each jurisdiction's OHS legislation including referenced Australian and New Zealand Standards.

Refer to Part B and C of these Guidelines for further details on OHS requirements.

Non-Statutory Guidelines and Regulations

500043 40 .6.00 Compliance with non-statutory guidelines and regulations is required only when specifically nominated by each jurisdiction.

Accreditation

500044 40 .7.00 Accreditation is primarily concerned with hospital management and patient care practices, although provision of equipment and the standard of the built environment is taken into consideration.

In Australia, accreditation is conducted by the Australian Council on Health Care Standards (ACHS). Compliance with these Guidelines does not however imply that the Health Care Facility will automatically qualify for accreditation by ACHS.

For detailed information on accreditation requirements contact the ACHS - www.achs.org.au/default.htm

Quality Health New Zealand performs a similar service for accreditation of health care facilities.
<http://www.qualityhealth.org.nz/>

Introduction

- 500298 50 .1.00 Throughout these Guidelines, various terms, definitions and abbreviations are used. In order to standardise these, the following lists are given. These are not comprehensive lists.

Glossary of Terms

- 500065 50 .2.00 Act - An Act of Parliament.

Acceptable standard - A standard acceptable to the appropriate authority.

Area / Space - A room, space or 'area' noted in these Guidelines for a specific use. The area requirement may be enclosed or may be without walls as part of a larger area.

Building Code of Australia - The regulation controlling construction of all buildings in Australia and any subsequent amendments or updates.

Compliance - To act or provide in accordance with the requirements or recommendation of these Guidelines or referenced standards or regulations.

Disabled Facilities - Facilities that are designed for use by people with a disability.

Documentation - Preparation of the detailed plans and tender specifications that will control construction of the project.

Egress (Designated) - A designated means of escape in the event of an emergency.

En Suite - A room containing sanitary fixtures attached to a Bedroom, Treatment Room, Consult Room etc. Refer to Standard Components for a discussion of en suite options.

Facility - A complex of buildings, structures, roads and associated equipment, such as a Hospital or Health Care Facility that represents a single management unit for financial, operational maintenance or other purposes.

Fixed Equipment - Items that are permanently fixed to the building or permanently connected to a service distribution system.

Fully Assisted Facilities - Facilities for toileting, showering or bathing that are designed for two staff members to assist the patient. Hoists or other equipment may also be required to be used in these spaces.

Guidelines - A collection of requirements and recommendations that describe a minimum level of facility provision.

Health Planning Unit (HPU) - All the rooms, spaces and internal circulation that make up a particular health service department and that are necessary for that department to function.

Maximum - The highest level of provision that is considered appropriate for a given function. Anything above maximum must be justified and approved by the relevant health authority on a special case basis.

Minimum - The least level of provision that is considered necessary for a given function. Anything below minimum is considered unacceptable, unless justified

Part A - Introduction and Instructions for Use

and approved by the relevant health authority on a special case basis.

Mobile Equipment - Equipment items (medical or non-medical) that require electrical or mechanical connections or floor space. Includes such items as wheelchairs, patient lifters and monitoring equipment.

Nursing Unit - The module by which a hospital is developed to ensure cost-efficient nurse coverage for patient treatment, care and safety. For example One Nursing Unit = 30 acute patient beds = One Inpatient Unit.

Operating Suite - Operating Rooms and all support facilities; may include a Procedure Room.

Optimum – (Also optimal) The most favourable or advantageous condition or set of circumstances.

Partially Assisted Facilities - Facilities for toileting, showering and bathing that are designed for one staff member to assist the patient.

Patient Care Area - The Building Code of Australia defines this as 'a part of a health-care building normally used for the treatment, care, accommodation, recreation, dining and holding of patients including a ward and treatment area'.

Post Occupancy Evaluation (POE) - The fourth and final stage of the NSW Health Process of Facility Planning. To be developed for national use.

Treatment Area - The Building Code of Australia defines this as: 'an area within a patient care area such as an operating theatre and rooms used for recovery, minor procedures, resuscitation, intensive care and coronary care from which a patient may not be readily moved.'

Definitions

500297 50 .3.00 CIRCULATION

'Circulation space' is the space required within a department or unit to enable movement and functionality between individual rooms/ spaces. An example of circulation space is the corridor that joins two rows of rooms or the entrance alcove to a room. Circulation space is nominated as a percentage of total usable floor area prior to the development of the design. These figures can be seen in each of the Schedules of Accommodation and in the Schedule of Circulation Areas in Part C of these Guidelines.

The circulation space required depends on the scope of activities conducted in the space and the layout of the unit. The circulation factor could range from 15% up to 40% of the total room area.

If refurbishment work entails retention of existing corridors within a department, the measured area of the corridors should be added to the schedule of accommodation in lieu of a percentage.

Circulation factors will vary depending upon the type of design used, such as single or double corridor, racetrack, etc and whether sanitary facilities are inboard (adjacent to the corridor) or outboard (adjacent to the window line). Sharing of some facilities will also have an impact upon circulation factors.

A balance should be achieved between providing sufficient circulation space to ensure the unit provides a feeling of spaciousness and the wasting of space on poor functional relationships between spaces. If the circulation rate is unduly high it will add to the inconvenience of staff and patients who have to travel excessive distances.

600025 50 .3.05 PROCUREMENT METHODS

Different procurement methods are available for project delivery. The most commonly used are:

-Traditional Lump Sum: A process that requires completion of contract documents such as drawing and specification prior to the calling of tenders for a lump sum contract for construction.

-Design and Construct: The process whereby a contractor is appointed to deliver both the design and construction phases of a project as one contract. Usually a building contractor will fill this role and employ the architect or other designer as a subcontractor or subconsultant.

-Managed Contracts: The process whereby a construction manager is engaged to manage a series of contracts or subcontracts on behalf of a client on the basis of reimbursement for the actual contract sums negotiated plus an agreed management percentage or fee.

-BOOT: 'Build Own Operate and Transfer' - A process that sees a facility built and operated by a private firm or consortium with eventual transfer to the eventual owner (such as the public sector) after an agreed period of time.

-Public Private Partnership (PPP) or Private Finance Initiative (PFI) – A process that sees a facility built and maintained for a contracted period of time by a private firm or consortium and operated by the health organisation.

600026 50 .3.10 REFURBISHMENT

The Australian Institute of Quantity Surveyors advises that neither the Australian Cost Management Manual nor the Standard Method of Measurement documents as published by AIQS offer a precise definition of the term. Nor is the term defined in the NSW "Standard Facility Cost Planning Guidelines".

SAI HB 50 - Glossary of Building Terms refers "Refurbishment" to "Rehabilitation" defined as 'Extensive work intended to bring an asset up to a new standard or to alter it for a new use.' And 'Statutory Rehabilitation' defined as "Work required to ensure a building complies with current building regulations."

The Victorian DHS Capital Development Guidelines – Hospital Project Planning Benchmarks, Appendix E – Cost Benchmarks uses the following definitions:

Refurbishment Low - Redecorate
Refurbishment Medium - Part altered
Refurbishment High - Gut and refit.

600027 50 .3.15 TRAVEL AND ENGINEERING

-'Travel': The space that is required for the circulation of people and goods both vertically and horizontally in a facility. Examples include ramps, lift wells, links, tunnels, main corridors and detached covered ways joining two buildings.

-'Engineering': The spaces that are required to accommodate plant, ducts and service tunnels. These spaces will be located horizontally and vertically.

Horizontal service voids (ceiling spaces, roof spaces, sub-floors) are excluded from area calculations unless they have a floor to floor height of 1800mm or more. If the space meets this requirement it must be counted as plant floor.

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Abbreviations

500851 50 .4.00 Throughout these Guidelines, various terms, definitions and abbreviations are used in order to standardise the Guidelines. The following list is not comprehensive.

ADMIN - Administration

ADL - Activities of Daily Living

ANAES - Anaesthetic Induction Room

CBR - Chemical, Biological and Radiological (agents)

CCU – Cardiac (or Coronary) Care Unit

CLEAN - Cleaners Room

CLN - Clean-up Room (as in operating suite)

CSSU - Central Sterilising Supply Unit

CT - CT Scan Room

CU - Clean Utility

DIN - Dining

DU - Dirty Utility

ED - Emergency Department

END - Endoscopy

ENG - Engineering and Maintenance

ENS - En Suite

ENT - Entrance

EQUIP - Equipment Room or Bay

EWIS - Emergency Warning Intercommunication System

GEN - General as in GEN X-RAY

HDU - High Dependency Unit

HOLD - Holding Room or Bed Bay

HVAC - Heating, Ventilation and Air Conditioning

ICU - Intensive Care Unit

KIT - Kitchen or Catering

LDR - Labour, Delivery, Recovery room within a Birthing Unit

LDRP - Labour, Delivery, Recovery, Post Partum room within a Birthing Unit

LIN - Linen Room or Bay

MAMO - Mammography

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MATV - Master Antenna Television

MRI - Magnetic Resonance Imaging Room

NICU - Neonatal Intensive Care Unit

OR - Operating Room

PACU - Post Anaesthesia Care Unit within an Operating Suite, Day Procedure Unit or Day Surgery Unit

PATH - Pathology

PHA - Pharmacy

PPE - Personal Protective Equipment

REC - Records

SCRUB - Scrub-up Room (in Operating Unit)

TSSU - Theatre Sterilising Supply Unit

RAD - Radiology

ULT - Ultrasound

XRAY - X-ray Room.

General

- 500004 55 .1.00 These Guidelines should also be read in conjunction with the following documents or with reference to the nominated web sites. Note as these documents are regularly updated or reissued, users should always ensure that the latest version or edition is being used. The list is by no means inclusive and additional references and reading are provided in each individual Health Planning Unit.

Australasia

- 500299 55 .2.00 "Australian Cost Management Manual", vols 1-4, Australian Institute of Quantity Surveyors (AIQS) http://www.aiqs.com.au/Publications/Order_Pubs/Index.htm
- 100033 55 .3.00 Building Code of Australia, 2006 (comes into effect as of 1 May 2006 and will remain current until 30 April 2007).
- 600020 55 .4.00 AS4485 – Security for Health Care Facilities
Part 1: General Requirements
Part 2: Procedures Guide".
- 600019 55 .5.00 New Zealand Building Code and Building Regulations
- 600028 55 .6.00 Relevant Occupational Health and Safety Acts and Regulations. Refer Part B of these Guidelines for details.
- 600021 55 .7.00 HB 260 2003 - Hospital acquired infections - Engineering down the risk
- 600022 55 .8.00 The current legislation in each jurisdiction for licensed Private Health Care Facilities – Hospitals, Day Procedure Unit, Nursing Homes etc.

Individual Jurisdictions

- 100035 55 .9.00 NSW Health - TS11 - Engineering Services Guidelines, April 2003. (Under revision)
- 100030 55 .10.00 NSW Health - Guide to the Role Delineation of Health Services, 3rd edition, 2002.
- 100029 55 .11.00 NSW Health - The Process of Facility Planning, 2004

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60029 55 .11.00

600029 55 .12.00 Queensland Health : Clinical Services Capability Framework, Public and licensed private health facilities, Version 2, July 2005:

600030 55 .13.00 Western Australia – Health Implementation Taskforce - Metropolitan Clinical Services Planning.

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CHECKLIST

No	Item	Yes	No
1.0	Terms of Reference:		
1.1	Have you understood the Terms of Reference and Objectives of these Guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
2.0	How To Read		
2.1	Have you understood the structure of these Guidelines, how to read it and how to apply it correctly?	<input type="checkbox"/>	<input type="checkbox"/>
3.0	Administration		
3.1	Have you understood how these Guidelines will be administered in relation to your project?	<input type="checkbox"/>	<input type="checkbox"/>
4.0	Role Delineation		
4.2	Have you determined the Role Delineation level applicable to each one of the services in your project?	<input type="checkbox"/>	<input type="checkbox"/>

Checked and certified by:

Name: _____

Date: _____

Company: _____

Position: _____

Signature: _____