255 COMMUNITY HEALTH

INDEX

INTRODUCTION

Preamble

255 .1.00 This Facility Planning Guideline reflects advances in the understanding of optimal environments for the care and changing practices in primary health care service delivery.

Major ongoing changes in Australia's population, health technology and clinical practice are creating increasing demand for community based services, and leading to a reorientation of primary health care to meet consumer needs. To meet these challenges, it is vital to improve coordination between primary health care service providers. This task is greatly simplified when a range of primary health care services are located together in Community Health Centres.

Priority must be given to ensuring that the physical environment is therapeutic and welcoming for all its users, including children, young people, people of culturally and linguistically diverse backgrounds, Aboriginal people and others with special needs.

The physical relationship between services such as mental health, sexual health, drug and alcohol, and other health services requires careful consideration.

However welcoming the environment, there is always the possibility that some persons may be agitated or aggressive and potentially a risk to themselves or others, including staff. Therefore the environment must also have an appropriate level of security for both visitors and staff.

255 .2.00 The physical environment in which care is to be provided should be developed and built in ways that clearly indicate:

+ The person is valued, respected, and entitled to have his/her health care needs met in a pleasant, non-intimidating setting with appropriate amenities.

+ The facility is able to provide optimal therapeutic settings, bearing in mind that a broad range of services may be provided for people of all ages and backgrounds.

+ There is recognition of the positive value of light, space and high quality environments on providing Health Care Services.

+ The staff who provide care are valued, skilled and supported to achieve optimal care of the person in a safe and rewarding working environment.

255 .3.00 Models and patterns of service delivery change frequently, as do the needs and priorities of the populations served, so the facility design must continually evolve in response to community requirements. For example, Polyclinics in NSW are now providing services that may include after hours medical care, dental care, specialist health clinics, diabetes education and many other types of service.

255 .4.00 Equally, there is increasing recognition of the relationship between social and economic factors and health status, and the importance of building healthy communities to promote and protect the health of individuals and populations. In the future, the functions of Community Health Centres will extend beyond the provision of health services to an increased emphasis on serving as a focal point for action to build strong, healthy communities.

Introduction

255 .5.00 This Guideline is a resource to assist with the planning, design and construction of a Community Health Centre (CHC). It must be read in conjunction with generic requirements and Standard Components, which are described in Parts A, B and C of these Guidelines.

Community Health Centres may also contain facilities that are more fully covered by other unit specific Guidelines eg Mental Health, Ambulatory Care, Rehabilitation.

Policy Statement

255 .6.00 NSW HEALTH POLICY

The following section sets out the significant features of contemporary primary health care policy that have been used in the development of these Guidelines.

Primary health care is the most visible and commonly used part of the health sector, with over 90% of people in NSW accessing this form of care every year. The NSW Government is committed to the development of a whole-of-community system of primary health care that will improve the health and wellbeing of the people of NSW.

The policy framework for the provision of primary health care services gives priority to achieving the following outcomes (NSW Health Department, 2002. Strengthening Health Care in the Community. Sydney: NSW Government Action Plan):

+ Improving health outcomes for people requiring health care in the community;

+ Improving the quality of life for people requiring health care in the community, their carers and their families;

+ Strengthening primary health care services in NSW;

+ Improving the management of demand for all health services.

The following foundations underpin the policy framework to provide a direction for primary health care services. With the support of the NSW Health Department, each Area Health Service will:

+ Develop strategic plans for primary health care services, including clear directions for the development of primary health care services in their Area;

+ Define and implement a model of care for local primary health care that will identify the core range and level of services that can reasonably be expected in the local community - eg community nursing, therapy, mental health, drug & alcohol, early childhood, and child protection services;

+ Work towards an optimum mix of investment in health care, in order to improve the capacity of the health care system to manage demand effectively for all health services;

+ Prepare and implement a documented plan for each hospital that details discharge arrangements/transitional care, in order to ensure the seamless provision of services for patients leaving hospital for community setting;

+ Work together with other key interest groups in that Area to establish Primary Health Care Networks for coordinating and integrating the provision of primary health care services to geographically defined populations. Each Network will focus on the key factors that contribute to the health of the population in that Area.

The policy framework recognises that there are many compelling reasons to improve NSW's primary health care system:

+ Early health and social interventions are increasingly being recognised as a more effective way to improve the health of the population than treatment services alone;

+ Primary health care - delivered in the community where people live - has the best chance of reducing the gap in health status between the most and least disadvantaged in NSW, particularly for the Aboriginal community;

+ Greater coordination between primary health care providers would enable improved health care planning and delivery. It is particularly important to create better links with general practitioners, who have a central role in managing patients in the community setting;

+ A significant number of hospital admissions and re-admissions are now recognised as avoidable if the appropriate primary health care services are in place;

+ If we are to achieve better management of demand for health services, it is

essential to invest in a stronger and more effective primary health care sector, focusing on health promotion, early intervention and support in the community;

+ Better collaboration between the health care sectors has the potential to improve the effectiveness and efficiency of the health care system as a whole.

Description of Unit

255 .7.00 DEFINITION OF HPU

Community Health Facilities range from single rooms to Polyclinics and can either be stand-alone buildings or integrated with a Hospital Facility. Requirements for the Facility are determined by the range of services based at the Facility and the model of service delivery.

Community Health Services are provided to non-admitted patients and encompass Public Health, Health Promotion and Early Intervention Treatment Services such as Post Acute, Palliative, Episodic, Chronic, and Complex Care. Community Mental Health may be collocated with this facility or collocated with Mental Health Inpatient Facilities.

255 .8.00 FUNCTION

The prime functions of a Community Health Centre are to provide suitable accommodation to facilitate the delivery of health care services to clients, whilst also providing facilities and conditions to meet the working needs of staff. Activities undertaken include counselling, therapy, health education, community support and group programmes.

Community Health Services are typically ambulatory services delivered in a community based rather than hospital based setting. These services may include Community Acute Care, Post Acute Care and range from Hospital in the Home to Community Health Centre based services.

A Community Health Centre may be the physical base for a service rather than where the service is delivered or a combination of both. For example, outreach staff may be based in a CHC but deliver service in the home, whilst allied health services are delivered from the Centre, or in the home.

Some Community Health Services could also be provided in an Ambulatory Care facility. The Services Plan for a Facility must clearly define the services to be provided.

255 .9.00 POPULATION PROFILE

The population of a Community Health Centre comprises:

+ Staff;

+ Clients and carers;

+ Community groups;

There are two main groups of staff:

+ Unit based staff who are predominantly based in the Centre and provide a service at the Centre;

+ Field staff who undertake work in the community but return to the Centre for supplies and to carry out administrative tasks, attend meetings etc.

In addition, community health staff may be based at a Centre and provide outreach services from that Centre. There may also be other services provided as outreach to a Centre from services based at other locations.

The client population may range from the young to the old, comprise a variety of conditions, and come from a number of different ethnic backgrounds. The diversity of

client needs to be accommodated by the Centre must be identified during the briefing stages, and the facility must be designed with the flexibility to meet these needs.

A consumer consultation process will assist in ensuring the service to be provided meets realistic consumer expectations.

Community groups using the facility would do so outside normal working hours.

255 .10.00 GENERAL ARRANGEMENT

Community Health Centres (CHC) will vary in size. Components and allocated spaces will depend on the outcome of a needs analysis and a Service Plan that is based on the location, size and the needs of the area in which a CHC is to be sited. Space requirements will therefore be based on the throughput/occasions of service. These need to be well detailed in the Service Plan prior to the commencement of the capital planning process.

A CHC may be collocated with Ambulatory Care or Acute Inpatient Facilities.

Current policy is to collocate Community Mental Health in CHCs. However, a separate Guideline exists for these facilities which are therefore excluded from this CHC Guideline. This will eventually be integrated into a future edition of this Guideline.

255 .11.00 SERVICES PROVIDED:

Services that may be included in a Community Health Centre include:

PRIMARY HEALTH CARE

+ Aboriginal health services;
+ Allied health services;
  - Physiotherapy,
  - Occupational therapy,
  - Podiatry,
  - Chiropractic,
  - Social work,
  - Speech pathology,
  - Psychology,
  - Dietetics,
  - Audiology,
  - Nutrition.
+ Ambulatory and post-acute care services;
+ Antenatal / Postnatal clinics;
+ Assessment and/or referral (inc. Aged Care Assessment Teams);
+ Child and family health services;
  - Child assessment,
  - Early childhood centres,
  - Early childhood nursing (including Aboriginal early childhood nursing),

- Immunisation,
- Nurse home visits (post-natal).

+ Child Protection Services (including developmental issues, early intervention services and child protection counselling);

+ Chronic disease management services;

+ Continence services;

+ Counselling services (eg Bereavement, Adolescents, Problem Gambling, Generalist);

+ Dental services;

+ Eating disorders services;

+ Family planning;

+ Health Education (eg Asthma, Diabetes);

+ Health-related transport;

+ HIV/AIDS services;

+ Home nursing services;

+ Men's health services;

+ Multicultural health services;

+ Outreach Medical Clinics;

+ Palliative care;

+ Primary medical services (GPs and nurse practitioners);

+ Rehabilitation;

+ Sexual Assault services;

+ Sexual health services;

+ Stomal therapy;

+ Women's health services;

+ Youth health services.

255 .12.00 MENTAL HEALTH

+ Adolescent mental health;

+ Child mental health (including early intervention services);

+ Community mental health;

+ Early intervention in general with mental health issues;

+ Mental Health crisis mobile team;

+ Rehabilitation services;

Description of Unit

255 .13.00 HEALTH PROMOTION

+ Alcohol and drug treatment programs (including drug diversion programs, needle exchanges and social health services);

+ Community development (capacity building, community participation);

+ Health education;

+ Health information;

+ Nutrition (including eating disorders programs).

255 .14.00 PUBLIC HEALTH

+ Health education;

+ Health protection (including AIDS & infectious diseases, environmental health, food health).

PLANNING

Operational Models

255 .15.00 HOURS OF OPERATION

It is assumed the Unit will generally operate up to 12 hours per day, 5 days per week. Some services (eg crisis counselling) may require staff to be in attendance 24 hours per day. There is an increasing trend towards extended hours services.

Outreach services (eg community nursing) may be provided over weekends and public holidays.

Out of hours access may be required on a planned basis for community groups, voluntary organisations or other specific activities.

255 .16.00 FLEXIBILITY

Service mix, how services are delivered by individual staff (even within the same team), and demand for services change over time within a centre. A flexible accommodation model will enable change to be accommodated.

In many instances, facilities may be shared between different disciplines within a CHC, eg Reception and Waiting Areas, Interview and Treatment Rooms. The capacity to share spaces should be maximised, reducing the need for potentially under-utilised special purpose rooms.

Operational Policies and facility design should provide for optimal use and sharing of equipment. The equipment must be located in a position that is easy for users to access.

The use of space must be carefully managed and the design must ensure that there are opportunities to adapt and expand the facility as more services are located in Community Health Centres.

255 .17.00 OPERATIONAL POLICIES

Operational Policies have a major impact on facility requirements and the capital and recurrent costs of health facilities. These policies should be clearly articulated so that the facility design can reinforce the new practices.

Operational Policies will vary from Centre to Centre depending on a wide range of factors. Users must define their own Operational Policies.

Refer to Part B Section 80 of these Guidelines for general discussion in regard to

Operational Policies.

STAFFING LEVELS

Staffing levels will vary for each CHC, depending on Operational Policies, services provided, availability of staff, case mix and activity levels.

Planning Models

255 .18.00 LOCATION

The location of CHCs will vary, depending on the outcome of Service Planning at an Area Health Service level. Options for locating centres include:

+ Free standing in a community location;

+ Attached or included in the development of commercial facilities, eg shopping centres;

+ On the grounds of a hospital facility.

255 .19.00 DESIGN

A CHC may be sited in a new purpose-built facility, in an existing building that requires redevelopment or a combination of both.

255 .20.00 Building design must be flexible and adaptable to enable a CHC to cater for varying client and service needs and future service delivery changes. The design philosophy for a CHC, which is part of the local community, must convey a friendly and inviting environment that will encourage community members to utilise the available facilities for a variety of purposes.

255 .21.00 CONFIGURATION

The configuration of a CHC will depend on:

+ The number of staff to be accommodated;

+ The service mix;

+ The population who will use the service;

+ Whether it is collocated with another facility or free-standing.

+ OHS risk profile.

255 .22.00 TYPES OF COMMUNITY HEALTH CENTRES

Community Health Centres may vary in size from a few rooms shared with other community services to large complexes.

255 .23.00 DETERMINING OFFICE ACCOMMODATION

The NSW Health Office Accommodation Policy shall apply when determining office accommodation. Service planning and operational policies will also influence office provision for a facility.

In general:

+ An individual office is provided for the Centre Manager;

+ Staff with significant supervisory responsibilities, eg service managers, may also have individual offices;

+ Staff will undertake client treatments and consultations in a booked Client Treatment Room. Personal offices will not be used for this purpose;

+ All other staff (regardless of role/status etc) are assigned a workstation as part of an open office arrangement;

+ Workstations shall be 5.5 square metres for staff who spend much of their working day at their desk, eg administration staff, team leaders, and 4.4 square metres for all other staff;

+ Where possible, shared workstations shall be provided for part-time or job share staff;

+ Shared work base facilities shall be provided for visiting staff and students.

255 .24.00 MEETING ROOMS

A number of Meeting Rooms of varying size should be provided for interviews and meetings with clients, their carers, by staff or by community groups. Larger rooms will be required for group activities such as conferences, therapy sessions and tutorials. Operational policies may determine that one room is used for the intake function.

All rooms should be multi-functional.

Storage for equipment and materials should be provided nearby.

255 .25.00 DETERMINING CLINICAL ACCOMMODATION

Essentially the method described below is intended to maximise use of clinical spaces by all clinical staff and allows for changes in space usage as service delivery models change over time. For example some clinical staff may prefer to offer a range of services in a group environment while others prefer one-to-one consultation. The ageing population increases demand for some services, and increasingly, visiting services are delivering care on a booked basis in community health centres to increase access to a range of services such as Women's Health, Acute and Chronic care programs and Aged Care Assessment.

Estimation of interview, consultation and other group room requirements:

+ Determine the number and range of services delivered from the Centre;

+ Determine the mix of services delivered by clinical staff in the Centre and out of the Centre;

+ Determine the projected number of in-Centre appointments including visiting services. Incorporate trends in changes to care patterns such as increased use of Community Health Services for chronic care programs;

+ Estimate scheduled length of in-Centre appointments;

+ Determine client / patient mix including sex, age and likely support numbers;

+ Indicate room utilisation by plotting weekly or monthly appointment numbers and times by accommodation type required, ie generic facilities such as Interview, Consult and Group Rooms, or spaces for specific functions eg dental, audiology, physiotherapy.

+ Aim for 80% occupancy of specific spaces on a booked basis.

+ Implement a booking system for rooms. Clinical rooms should be available to all who have a specific need for a specific period of time.

+ Ensure that under-utilised specific clinical spaces can be used by other groups. For example an open plan gym area can be used after hours for ante-natal classes or community groups on a pre-booked basis.

+ Large group rooms should be planned to allow for their use after hours without impacting on the security of the rest of the facility.

Functional Areas

255 .26.00 FUNCTIONAL ZONES

Individual spaces combine to form zones or groups of spaces with a similar purpose. The relationship between zones is considered important to ensure that CHCs operate efficiently and effectively.

A Community Health Centre can be subdivided into three key Functional Zones:

+ Main Entry / Reception;

+ Client Areas - activities and treatment;

+ Staff Areas.

Functional Relationships

255 .27.00 EXTERNAL

ENVIRONMENT

Where possible, Community Health Centres should be in a quiet location, with a pleasant outlook and maximum environmental benefits.

255 .28.00 LOCATION

A CHC should be located in an area that is accessible to the community by both public and private transport and in close proximity to other local resources. Ideally this location will adjoin other public amenities routinely used by the community eg shopping precinct, transport hub, library. It should be noted that a CHC services may be located over more than one site and in more than one community.

Where a CHC is to be located on a hospital site, it should provide easy access to:

+ Main Entrance

+ Diagnostic facilities such as Medical Imaging and Pathology.

+ Emergency Unit.

+ Rehabilitation services;

+ Pharmacy;

+ Car Parking.

255 .29.00 ACCESS

Off-street access for vehicles transporting clients must be provided. Easy access is required to Car Parking Areas and other Health Care Facilities on the site if provided.

Some services may require a separate and discreet entry point. Ambulance access must be provided to the facility with trolley access to the Main Entry, Waiting and all Client Areas.

All-weather vehicle drop-off points should be provided for easy access by clients who are elderly, frail, have limited mobility or who are wheelchair bound.

255 .30.00 INTERNAL

255 .30.00

The internal plan of the CHC 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 clear view of Main Entry / Waiting Areas and be visible from adjacent Staff Areas. There should be easy access to stationery and medical records. The Reception Area should provide a barrier controlling access between Waiting and Treatment Areas.

+ Consultation / Examination / Interview Rooms should be easily accessible from the Main Entry / Waiting Area as well as the Staff Area;

+ Meeting / Activity Rooms should be adjacent to the Main Entry / Waiting Area so they can be accessed after hours, with the rest of the centre safely secure.

+ Staff areas must be designed so they allow staff to easily move between the Main Entry / Reception and Client Areas. Staff offices and amenities should be separate from Client and Public Areas to provide privacy and a quiet work area.

DESIGN

General

255 .31.00 Refer to Part B, Sections 80 and 90, and to Part C of these Guidelines for general design requirements.

Car Parking Requirements

255 .32.00 Refer to Part C of these Guidelines.

Generally car parking will be provided for clients and staff. In particular, times of attendance for staff and overnight parking for health service vehicles will impact on requirements. Security issues need to be addressed when planning for after-hours parking. These issues will vary from site to site, and will need to be determined in accordance with Local Authority requirements.

Disaster Planning

255 .33.00 Refer to Part B Section 80 of these Guidelines for issues to be considered.

The potential role of Community Health Centres in a disaster management situation should be assessed.

Attributes which make it potentially useful in a disaster situation include:

+ Large open spaces for disaster management or emergency accommodation;

+ Consult / Interview Rooms for assessment of victims;

+ Focal point in the community.

Infection Control

255 .34.00 Consideration of Infection Control is important in the design of this Unit. Treatment spaces will be used for a variety of clients.

It is possible that infectious patients will use the same treatment spaces as immunosuppressed patients at different times on the same day. Standard precautions must be taken for all clients regardless of their diagnosis or presumed infectious status.

Refer to Part D of these Guidelines for further information. Staff handwashing facilities, including disposable paper towels, must be readily available.

Environmental Considerations

255 .35.00 ACOUSTICS

Many functions undertaken within a CHC require consideration of acoustic privacy including:

+ Discussions / interviews with clients;

+ Exclusion of disturbing or distracting noises during client consultations / activities eg relaxation therapy, speech pathology, audiology assessments;

+ Isolation of noisy areas such as Public Waiting, Dental, Child Health Facilities;

+ Staff discussions regarding patient information.

Solutions to be considered include:

+ Selection of sound absorbing materials and finishes;

+ Use of sound isolating construction;

+ Planning separation of quiet areas from noisy areas;

+ Changes to operational management.

255 .36.00 NATURAL LIGHT

Natural lighting contributes to a sense of wellbeing, assists orientation of building users and improves service outcomes. The use of natural light should be maximised throughout the Unit.

Access to natural light and preferably a pleasant outlook will minimise stress and discomfort for patients and staff.

255 .37.00 PRIVACY

Client privacy and confidentiality are important considerations to be addressed. The facility should be designed to:

+ Ensure confidentiality of client discussions and records.

+ Provide discrete sub-waiting areas for clients wishing or needing to be separated.

+ Enable the reason for attendance to be kept confidential eg through use of generic consultation rooms. This is particularly important for services such as mental health, sexual health, drug and alcohol, etc.

+ Appropriately locate windows and doors to ensure privacy of clients, while maintaining security of staff.

255 .38.00 INTERIOR DESIGN

Interior design includes furnishings, style, colour, textures, ambience, perception and taste. This can assist in relaxing clients and preventing an institutional atmosphere. However, cleaning, infection control, fire safety, client service and the client's perception of a professional environment must always be considered.

Some colours and patterns can be disturbing to some clients. Bold primaries and green should be avoided in areas where clinical observation may occur such as Consultation / Treatment Areas.

Space Standards and Components

255 .39.00 ERGONOMICS

Refer to Part C of these Guidelines.

255 .40.00 ACCESS AND MOBILITY

Refer to Part C of these Guidelines.

Wheelchair access from Car Parks is required.

255 .41.00 Buildings should be designed to cope with a wide range of possible conditions. The aim is to provide an environment that will allow the maximum mobility possible for each person. The CHC facility will include access for the disabled as required in the BCA.

255 .42.00 DOORS

Refer to Part C of these Guidelines.

Doorways must be sufficiently wide and high to permit the manoeuvring of wheelchairs, trolleys and equipment without risk of damage to the doorway or the item being moved, and without creating manual handling risks.

255 .43.00 WINDOWS

Refer to Part C of these Guidelines.

Careful attention should be given to windows in Interview Rooms, Consulting Rooms, Treatment Rooms, Group Rooms, etc to preserve privacy for occupants.

255 .44.00 CORRIDORS

Refer to Part C of these Guidelines.

Safety and Security

255 .45.00 SAFETY

Refer to Part C of these Guidelines.

A Community Health Centre shall provide a safe and secure environment for clients, staff and visitors while remaining a non-threatening and supportive atmosphere conducive to the delivery of services.

Clients will have varying levels of physical and mental capabilities. They may be weak, unsteady, affected by medication or confused.

The facility, furniture, fittings and equipment must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.

255 .46.00 SECURITY

Refer to Part C of these Guidelines.

Security issues are important due to the increasing prevalence of violence and theft in Health Care Facilities.

The configuration of spaces and zones shall offer a high standard of security by grouping like functions, controlling access and egress from the Unit and providing optimum observation for staff.

The level of observation and visibility has security implications.

Planning shall allow for after hours access to Public Areas without compromising security of Staff Areas.

255 .47.00 Security issues to be considered in Community Health Centres are appended to this document.

Finishes

255 .48.00 WALL PROTECTION

Refer to Part C of these Guidelines.

255 .49.00 FLOOR FINISHES

Floor finishes shall be appropriate to the function of the space. Refer to Part C of these Guidelines.

Consideration must be given to the appearance and quality of environment required eg non-institutional, acoustic performance, slip resistance, consequences of client falls, infection control, movement of trolleys and maintenance.

255 .50.00 CEILING FINISHES

Refer Part C of these Guidelines.

Ceiling finishes shall be selected with regard to appearance, cleaning, infection control, acoustics and access to services.

Fixtures & Fittings

255 .51.00 Refer to Part C and FF&E in these Guidelines.

Building Service Requirements

255 .52.00 INFORMATION TECHNOLOGY / COMMUNICATIONS

Refer to Part B Section 80 of these Guidelines.

Unit design should address the following Information Technology / Communications issues:

+ Paperless records;

+ Handheld computers;

+ Picture Archiving Communication System (PACS);

+ Community Health Information Management Enterprise (CHIME);

+ Paging and personal telephones replacing some aspects of call systems;

+ Data entry including scripts and investigation requests;

+ Email;

+ Bar coding of supplies and X-Rays / records.

All clinical rooms, interview rooms and clinician work stations require data outlets to enable electronic use of records now and in the future.

255 .53.00 NURSE CALL

The need for provision of a call system that allows clients and staff to alert other health care staff in a discreet manner at all times should be considered.

Nurse call systems must be designed and installed to comply with AS 3811 - Hard wired Patient Alarm Systems.

255 .54.00 DURESS ALARM SYSTEM

Duress alarms should be provided in accordance with NSW Health Policy. Refer to Part C of these Guidelines.

A discreet duress alarm system will be required at all Reception Points and Client Treatment Areas, where a staff member may be alone with a client.

COMPONENTS OF THE UNIT

General

255 .55.00 This section must be read in conjunction with Part B Standard Components, Room Data Sheets and Room Layout Sheets. The following text describes only specific requirements not covered by these other documents.

255 .56.00 The components of a Community Health Centre will vary for each facility. Components and allocated spaces will depend on the outcome of a needs analysis and a Service Plan that is based on the location, size and the needs of the area in which an CHC is to be sited.

255 .57.00 The generic Schedule of Accommodation outlines the particular facilities required for each of the various services that may be contained within a CHC. For further details of Allied Health spaces refer to Allied Health Unit (future guideline).

Standard Components

255 .58.00 Provide the Standard Components as identified in the Generic Schedule of Accommodation. Provision of Offices, Workstations and support areas will be dependant on the Operational Policy and service demand and may vary from the Schedule of Accommodation, however, room sizes should remain consistent.

Non-Standard Components

255 .59.00 Provide the Non Standard Components as described in this section, according to Operational Policy and service demand.

255 .60.00 BAY - PRAM, WHEELCHAIRS

DESCRIPTION AND FUNCTION

An area for the temporary holding of prams, strollers, etc while clients are attending the CHC and for the storage of wheelchairs.

LOCATION AND RELATIONSHIPS

The Pram, Wheelchair Bay shall be located adjacent to the Main Entry and Waiting Areas. The Bay must not encroach on circulation areas.

255 .61.00 ENTRY CANOPY

DESCRIPTION AND FUNCTION

An Entry Canopy is required to provide undercover access to the building from vehicles. The Canopy should be large enough to allow vehicles such as taxis, buses, cars, and ambulances to manoeuvre beneath it.

LOCATION AND RELATIONSHIPS

Provide at Main Entry.

255 .62.00 EXTERNAL AREAS

DESCRIPTION AND FUNCTION

Outdoor Areas, such as drought resistant gardens, courtyards and terraces should be provided to give a pleasant domestic setting for the building.

Outdoor Treatment Areas may be required to provide specialised outdoor treatment space for clinical activities such as Occupational Therapy and Physiotherapy.

Design considerations include:

+ A secure area that does not allow exit from the CHC, unless necessary for an emergency exit;

+ Actively seeks to minimise security problems;

+ Adequate seating and other rest areas;

+ Facilities and surfaces for disabled access;

+ A range of surfaces, steps and slopes.

LOCATION AND RELATIONSHIPS

The Outdoor Treatment Areas need to have ease of access from the Physiotherapy and Occupational Therapy Clinical Areas.

255 .63.00 MAIN ENTRY

DESCRIPTION AND FUNCTION

The Main Entry to the facility should display clear directions informing people where to proceed. The Entry should have weather protection and may incorporate an airlock space. Doors that open automatically should be provided for easy access.

LOCATION AND RELATIONSHIPS

This 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.

255 .64.00 SUB - WAITING AREA

DESCRIPTION AND FUNCTION

Depending on the proximity of the services, there may be one or more smaller or Sub-Waiting Areas within an individual CHC facility. These are for use by clients who may require privacy due to distress or confidentiality, or associated with discrete services, eg Dental, Early Childhood.

LOCATION AND RELATIONSHIPS

A Sub-Waiting Area should be positioned adjacent to facilities served.

255 .65.00 ADL KITCHEN

DESCRIPTION AND FUNCTION

An ADL Kitchen provides facilities for assessment and teaching of activities of daily living (ADL) as part of Occupational Therapy services in the CHC. It should contain fittings and fixtures of varying heights and types to cater for both wheelchair users and

ambulant people.

LOCATION AND RELATIONSHIPS

An ADL Kitchen should be located adjacent to other occupational therapy facilities.

255 .66.00 SPECIALIST AREAS

Specialist clinical areas such as Occupational Therapy, Physiotherapy, Prosthetist, Orthotist, may be sited in close proximity to each other so that where possible they can share facilities such as outdoor treatment areas and splinting activities. Physiotherapy and Occupational Therapy staff should have visibility to the treatment areas from their offices.

Direct access to an outdoor area from the clinical area is required for Occupational Therapy and Physiotherapy.

Occupational Therapy requires a relatively large treatment area to facilitate individual function activities, activities of daily living, evaluation of equipment needs and group therapeutic activities.

If Physiotherapy is to be provided, an area is required to facilitate evaluation, therapeutic exercise and ambulation training. The treatment area needs to accommodate equipment such as electrotherapy machines, several plinths, gym equipment, mats, treatment tables, parallel bars and steps.

A specifically designated area should be provided where electric treatment modalities are required for Physiotherapy.

A suitable variety and number of counselling/interview rooms should be provided for use by psychologists, social workers and counsellors. See 'meeting room' description and RDS/RLS for fixtures and fittings.

Easy access and exit should be provided to meet OHS needs. One-way glass or point of vision (eg 'peep hole') may be required to meet safety requirements.

For further details of Allied Health Specialist areas refer to Allied Health Section of these guidelines (to be developed).

255 .67.00 DENTAL FACILITIES

DESCRIPTION AND FUNCTION

Depending on the CHC, there may be a specifically designated Dentistry Consulting Room or a sessional dentist and dental nurse may share accommodation with a Podiatrist.

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 Australian Standard.

Areas for Dentistry or Podiatry need to be investigated to allow room for specialised equipment including chairs.

LOCATION AND RELATIONSHIPS

The Dental Facilities shall be located with ready access to the Main Entry and Waiting Areas. The Dental facilities must be acoustically isolated and it may be better to separate them from other areas.

Access is required for patients using mobility aids such as walking frames or wheelchairs.

Schedule of Accommodation

255 .68.00 INTRODUCTION

The content and size of a Community Health Centre varies depending on the location, services provided and throughput.

Community Health Services are categorised into six levels of service. However, these do not necessarily lead to different physical requirements.

A generic Schedule of Accommodation follows that lists generic spaces that can be combined to form a Community Health Centre. Sizes and quantity of each space will need to be determined on a case by case basis.

ROOM / SPACE	Standard Component					Area m2 *Optional	Remarks
ENTRY / RECEPTION AREAS:							Note: All room sizes depend on size of service.
BAY - MOBILE EQUIPMENT	yes					3	
ENTRY CANOPY						30	Allows for ambulances.
EXTERNAL AREAS						-	Varies for each facility.
MAIN ENTRY						12	Directly adjacent to Reception & Waiting Areas
PARENTING ROOM	yes					6	
PLAY AREA	yes					10 - 15	Should relate to Sub-Wait areas, esp for Child & Family services.
RECEPTION	yes					20	up to 4 staff, may include admin function, or c/w clerical/admin area.
SUB-WAITING AREA						30	Allows for up to 20 clients waiting. Size & distribution depends on client numbers & mix.
TOILET - PUBLIC	yes					3	Near Waiting Area. May also be req'd for other areas eg Rehab, Early Childhood.
TOILET - DISABLED	yes					5	
WAITING	yes					40	20+ clients, prams, etc; info display; view from reception, adj to Child Play area.
CLIENT AREAS:							
BAY / ROOM - BEVERAGE	yes					8	For conference & large meeting room
CONSULT ROOM	yes					12	15m2- child-related services; multi funcl, programmed use; possible clinical play area.
MEETING ROOM - 9M2	yes					9	Up to 5 people.Possibler interview function, eg mental health, D & A counselling, etc.
MEETING ROOM - 12M2	yes					12	Suitable for childhood-related services, Intake & Family Therapy.
MEETING ROOM - MEDIUM	yes					20	Up to 15 people; may include req'ts for Telehealth
MEETING ROOM - LARGE	yes					Up to 40	One x ext access for a/hrs use. Others with internal access. Consider Telehealth req'ts.
MEETING ROOM - CONFERENCE						Up to 50	Ext access for a/hrs use. Consider Telehealth req'ts.
OBSERVATION ROOM						9	One way window to small/medium meeting room.
TREATMENT ROOM	yes					14	Multi-functional, used on programmed basis; ready access from waiting areas.
STAFF AREAS:							
BAY / ROOM - BEVERAGE	yes					3	Staff use.

BAY - HANDWASHING	yes					1	Distributed as required.
BAY - LINEN	yes					2	Need depends on operational policies
BAY - RESUSCITATION TROLLEY	yes					2	
CHANGE - STAFF	yes					30	Size depends on staff numbers, adj to staff toilets and showers.
CLEANER'S ROOM	yes					5	Per 1000m2.
CLEAN UTILITY	yes					14	Also for medications.
DIRTY UTILITY	yes					12*	Optional provision.
DISPOSAL	yes					8	
OFFICE - 4 PERSON SHARED	yes					20	Administration; size varies according to size of facility; may be c/w Reception function.
OFFICE - SINGLE PERSON 12M2	yes					12	Centre Manager; adj to Reception & admin areas.
OFFICE - SINGLE PERSON 9M2	yes					9	Depends on staffing & operational policies.
OFFICE - WORKSTATION	yes					4.4 - 5.5	For each clinical staff member; number & size depends on staffing profile.
SHOWER - STAFF	yes					3	OHS requirement.
STAFF ROOM	yes					25	May include library/resources; size depends on size of service.
STORE - EQUIPMENT	yes					20	More than one may be required e.g physio eqt, OT mobility aids, medical eqt, etc.
STORE - GENERAL	yes					9	Goods, non-sterile supplies, med supplies; > one may be reqd,central location.
STORE - FILE (ACTIVE)	yes					30	Active medical records, secure, ready access from reception + clinical areas.
STORE - FILE (ARCHIVE)	yes					30	Archived medical records, secure, may be remote from main work areas.
STORE - MEDICAL GAS	yes					2	Safe & secure, various size cylinders, adeq ventilation; near loading & service areas
STORE - PHOTOCOPY / STATIONERY	yes					8	
TOILET - STAFF	yes					3	
SPECIALIST AREAS:							
PHYSIOTHERAPY -							
ASSESSMENT / TREATMENT ROOM						12	
CHANGE CUBICLE - PATIENT	yes					2 - 4	Mix of small/large depends on profile of clientele.
GYMNASIUM						60	For up to 13 patients/hour. Includes write-up area.
PLASTER ROOM	yes					14	
BAY - RESUSCITATION TROLLEY	yes					2	
SHOWER - PATIENT	yes					4	
TOILET - DISABLED	yes					5	
TREATMENT CUBICLE - OPEN						7	
TREATMENT CUBICLE - CLOSED						10	
OFFICE - WRITEUP BAY	yes					3	Physio - adjacent to Treatment Areas

OCCUPATIONAL THERAPY -							
ADL KITCHEN						12	
ADL BATHROOM						12	
ASSESSMENT/TREATMENT						12	
EQUIPMENT CLEANING						12	
STORE - EQUIPMENT	yes					12	
TREATMENT ROOM - HAND SPLINTING						25	Shared by Physio
TREATMENT ROOM - PAEDIATRIC						Up to 70	Includes storage and wet areas. Size dependent on service demand.
OFFICE - WRITEUP BAY	yes					3	OT
SPEECH PATHOLOGY -							
OFFICE / CONSULT						12	Combined office and consult rooms depends on operational policies of unit.
OBSERVATION						9	
STORE - GENERAL	yes					10	Includes Resource Store
AUDIOLOGY -							
CONSULT						20	Sound proof booth included in room
PODIATRY -							
TREATMENT ROOM						12	To be shared where possible
UTILITY ROOM						10	
CARDIAC / PULMONARY -							
CONSULT - STRESS TEST						20	Includes write up and recovery areas.
SHOWER / WC - PATIENT	yes					5	Use Std Comp for Ensuite bathroom.
DENTAL -							
CLEAN UP / STERILISING						6	
STORE - GENERAL	yes					8	
TREATMENT - DENTAL						12	
WORKROOM - DENTAL						12	
OFFICE - WRITEUP BAY	yes					6	
X-RAY AREA						6	storage and developing.
METHADONE UNIT -							
DISPENSARY						9	
DOSING AREA						6	
OFFICE - 3 PERSON SHARED	yes					15	
TOILET - PATIENT	yes					5	Specimen collection.

WAITING AREA	yes					15	6 - 10 people.
OTHER AREAS -							
SERVICE ENTRY / LOADING BAY	yes					varies	Need for this, and its size depends on the facility size.
WASTE HOLDING AREA	yes					varies	Depends on size of facility

Functional Relationships

255 .69.00 A diagram of key functional relationships is attached.

Checklists

255 .70.00 A security checklist for Outpatient Areas is appended to this document.

References and Further Reading

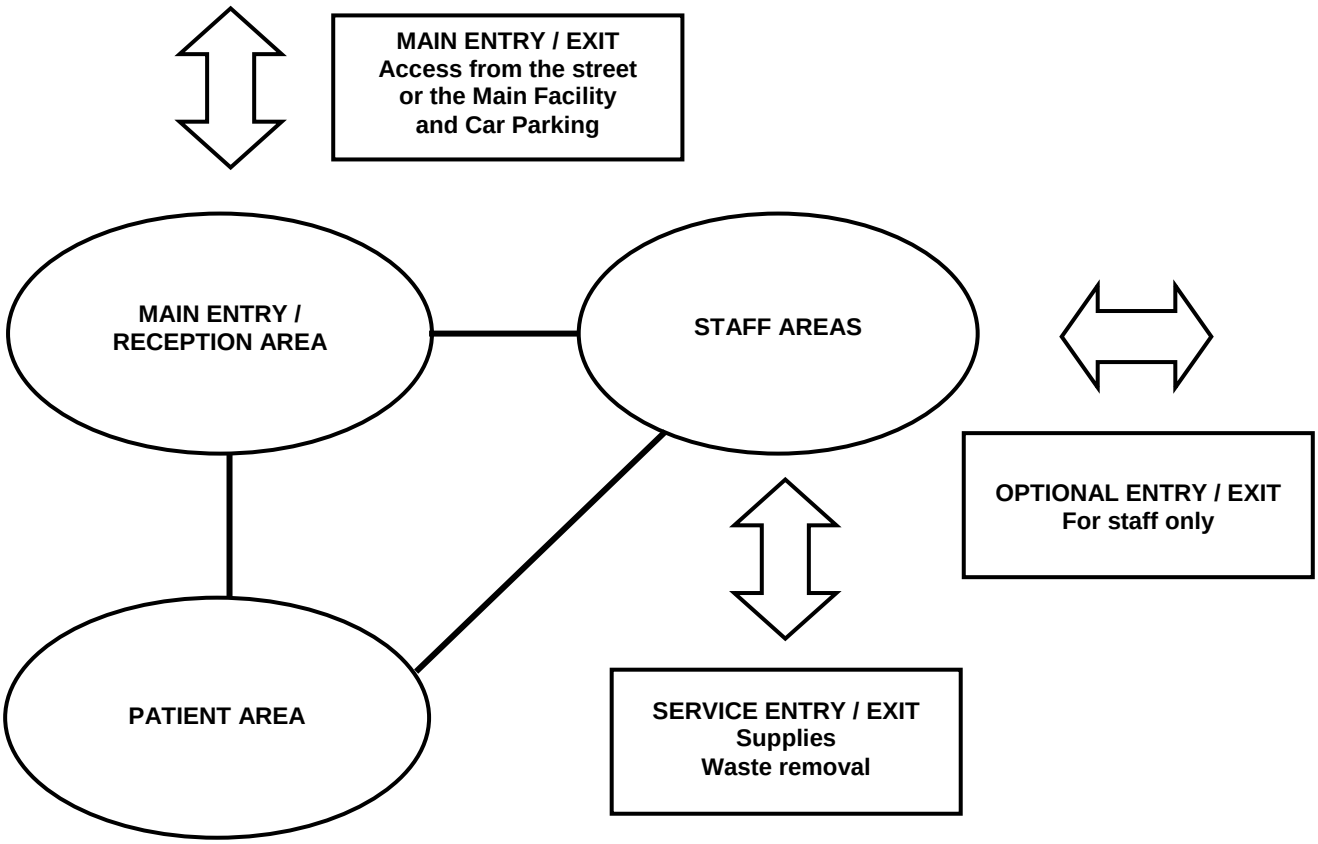
255 .71.00 The following references should be read in addition to the general references provided in these Guidelines:

DS 3.01 Community Health Unit Health Building Guideline, Capital Works Branch, NSW Health Department, 1992

DS 26 Mental Health Facility Planning Guideline, Volume 2 Ambulatory Care Unit, NSW Health Department, 2003

FUNCTIONAL RELATIONSHIP DIAGRAM – COMMUNITY HEALTH UNIT

The following diagram sets out the relationships between areas in a Community Health Unit:



SECURITY ISSUES TO BE CONSIDERED IN COMMUNITY HEALTH CENTRES

GENERIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Treatment Area.	1. Minimise and secure entry and exit doors.

SPECIFIC SAFETY AND/OR SECURITY RISKS	POTENTIAL SOLUTIONS
1. Client files	1. Personnel working on these files must return them to secure area after use or return to the Medical Records Store. 2. If any electronic files are produced, save in restricted area of hard drive.
2. Furniture fittings and equipment including Computers, Office and Medical Equipment	1. Non-removable 'Asset No.' on all equipment above a predetermined value. 2. Keep equipment in lockable area.
3. Drugs storage	1. Dangerous drug safe within the Clean Utility Area.
4. CHC personnel safety	1. Staff working in this area to have knowledge of where the fixed duress system is located and/or use a mobile duress pendant. 2. Appropriately designed waiting area including, where possible: - barrier between staff and patients, - bench seating, - ensure no loose fittings which can be utilised as a weapon, - vending machines. 3. Design shape of Interview/Meeting Rooms and Sub-Waiting Areas, and locate desks, etc, in such a way that minimises risk to health personnel. 4. Provide storage and store items not in constant use that could be used as weapons. 5. Minimise furniture that can be used as a weapon, ie, picked up and thrown. 6. Security procedures for after-hours staff including outreach workers. 7. Ensure secure access to staff office area especially after hours. 8. Easily accessible and well lit parking for health service and personal vehicles used by after-hours staff.
5. Staff personal effects	1. Provision for lockers in Staff Areas and lockable desk drawer to keep small personal effects.

SECURITY CHECKLIST – COMMUNITY HEALTH CENTRE

FACILITY:	**DEPARTMENT: COMMUNITY HEALTH CENTRE**
RISK ISSUE	**DESIGN RESPONSE**
1. Is access to patient records restricted to staff entitled to that access ?	
2. Is a system implemented to prevent theft of equipment, files, personal possessions, etc ?	
3. Are drug safes installed in accordance with current regulations ?	
4. How is this area secured during and after hours?	
5. Are there lockable storage areas available for specialised equipment?	
6. Is lockable furniture provided for storage of staff personal effects?	
7. Is waiting area appropriately designed to include, where appropriate: - barrier between patients and staff, - appropriate seating for patients, - absence of loose fittings, - vending machines, - TV	
8. Are Interview Rooms appropriately designed with specific reference to staff egress, furniture selection, furniture location, provision for storage of equipment, etc.	

DESIGN COMMENTARY/NOTES	**DESIGN SIGN-OFF**
	Name: …… Position: …… Signature: …… Date: ……
	Name: …… Position: …… Signature: …… Date: ……
	Name: …… Position: …… Signature: …… Date: ……